

BACKGROUND INFORMATION:

METHAMPHETAMINE SUICIDE PREVENTION INITIATIVE DOMESTIC VIOLENCE PREVENTION INITIATIVE

The Methamphetamine Suicide Prevention Initiative (MSPI) is a congressionally appropriated, nationally coordinated, demonstration/pilot project, which focuses on providing targeted resources for methamphetamine and suicide prevention and intervention services to Tribal communities in Indian Country with the greatest need for these projects. The approximately \$16.3 million annual appropriation supports 130 MSPI pilot projects that promote innovative practice- and evidence-based interventions developed and administered by the communities themselves. Each MSPI pilot project is community developed and delivered. These projects represent the growing support from the IHS to help communities address the dual crises of methamphetamine abuse and suicide in Indian Country.

The Domestic Violence Prevention Initiative (DVPI) is also a congressionally appropriated, nationally coordinated demonstration project/pilot program. The approximately \$10 million annual appropriation supports 65 DVPI pilot projects to develop domestic violence and sexual assault prevention and intervention resources in communities throughout Indian Country. The IHS is using DVPI funding as follows: to further expand outreach and advocacy programs; expand domestic violence and sexual assault community-developed programs, including support of Sexual Assault Examiner (SAE) and Sexual Assault Response Team (SART) activities; and to provide funding for Tribal and IHS hospitals and clinics to purchase forensic equipment, improve sexual assault services, and provide training and develop SARTs.

Funding

Congress requires that MSPI funds be used to specifically support methamphetamine and suicide prevention efforts and DVPI funds to be used to address domestic and sexual violence prevention and treatment efforts. The initial consultation on the distribution of these funds resulted in a distribution methodology that allocated funding to the 12 IHS Areas, taking into consideration three quantifiable metrics (poverty, disease burden, and user population). Funding was distributed through awards to IHS programs, modifications and amendments to 638 Tribal contracts and compacts, and grant awards to urban Indian health and youth programs. All projects submitted applications for funding. The National Tribal Advisory Committee on Behavioral Health (NTAC) regularly reviews progress of the MSPI and DVPI and makes recommendations on its funding distribution.

Evaluation

Both MSPI and DVPI adhere to reporting requirements established by the IHS and report on data and evidence-based outcome measures designed to help determine the most effective means for combating these issues in Tribal and Urban Indian communities. The completion of a national

evaluation of the MSPI and DVPI allows IHS to identify successful evidence- and practice-based projects that can be replicated across the Indian health system. The evaluation also allows IHS to demonstrate to Congress the effective use of these funds for the intended purpose.

Three years after implementation, MSPI accomplishments include nearly 5,000 individuals entering treatment for methamphetamine abuse and the provision of 7,000 substance abuse and mental health encounters via tele-health. More than 7,400 professionals and community members were trained in suicide crisis response. Over 200,000 encounters with youth were provided as part of evidence-based and practice-based prevention activities.

Two years after implementation, the DVPI resulted in over 151,000 screenings and more than 11,000 referrals for victims of domestic violence. Over 19,000 individuals received crisis counseling and related services, and over 6,000 professionals were trained on domestic violence prevention at 478 training events. Medical forensic equipment necessary for evidence collection was provided to 46 IHS and Tribal hospitals and clinics. A total of 344 SAFE kits were submitted to Federal, State, and Tribal law enforcement.

NTAC Recommendations

The NTAC met on November 9, 2012 to consider recommendations from the IHS Behavioral Health Workgroup on the MSPI and DVPI. The NTAC approved the following recommendations:

- The BHWG reviewed in detail each budget item for the MSPI and DVPI national program support. No duplication of technical assistance services was identified.
- The consensus of the group was that national evaluation and technical assistance efforts should not be reduced since these efforts are important in reporting of outputs/outcome data for MSPI and DVPI used in Congressional inquiries, Government Accountability Office (GAO) engagements, and budget justifications, as well as technical support for projects to be successful.
- MSPI and DVPI funding should be distributed in a timely manner.
- Area guidance for administration of the DVPI and MSPI should be consistent across all IHS Areas and should be monitored for compliance.
- Local evaluation should be better supported since this activity provides important community-level program information and can promote program sustainability.
- The NTAC recommends continuing with the current distribution methodology for FY2013.
- FY2013 funding covers the following program years:
 - o MSPI Year 5: September 1, 2013 – August 31, 2014
 - o DVPI Year 4: August 1, 2013 – July 31, 2014
- Subsequent discussions by the NTAC will occur through January 1, 2014, to determine recommendations for the distribution methodology for funds in FY2014 (and on).