



FEB 27 2014

Dear Tribal Leader:

I am writing to request your input on the future funding distribution of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI). The original funding distribution for both initiatives was developed in consultation with Tribes on recommendations by the National Tribal Advisory Committee on Behavioral Health (NTAC). The current MSPI and DVPI projects have been awarded funding through August 31, 2014. Below is a table with the funding awarded to date and the associated project years.

MSPI Funding:

Project Year	Funding Period	Funding Source
Year One	September 1, 2009 – August 31, 2010	FY 2008
Year Two	September 1, 2010 – August 31, 2011	FY 2009
Year Three	September 1, 2011 – August 31, 2012	FY 2010
Year Four	September 1, 2012 – August 31, 2013	Combined FY2011 and FY2012 into one lump sum
Year Five	September 1, 2013 – August 31, 2014	FY 2013

DVPI Funding:

Project Year	Funding Period	Funding Source
Year One	August 1, 2010 – July 31, 2011	FY 2009
Year Two	August 1, 2011 – July 31, 2012	FY 2010
Year Three	August 1, 2012 – July 31, 2013	Combined FY2011 and FY2012 into one lump sum
Year Four	September 1, 2013 – August 31, 2014	FY 2013

The purpose of this letter is to request your input to see if you concur with the recent recommendations of the NTAC to continue the current distribution methodology for FY 2014. A complete listing of NTAC's recommendations is included in the attached enclosure.

IHS also requested input on the FY 2013 MSPI and DVPI distribution methodology during the FY2015 Tribal budget formulation process and through a Dear Tribal Leader Letter dated May 6, 2013. Recommendations were received from most IHS Areas and while some Area Tribes recommended keeping the distribution the same, some other Area Tribes recommended that the funding distribution change or that a new competition for funding be initiated to allow other Tribes to receive this funding. There was not consensus on the Area recommendations, indicating the need for further discussion and consultation.

Therefore, you are invited to submit input on the following: 1) Should IHS continue to fund the same Tribes for MSPI and DVPI or open the opportunity to 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 (see attachment)? Please submit your input no later than 30 days from the date of this letter. You can submit your recommendations by email to consultation@ihs.gov, or in writing to the address listed below.

Thank you for your support and partnership as we use the MSPI and DVPI to address important public health challenges in the communities we serve.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Send input by email to:	consultation@ihs.gov Subject line: MSPI/DVPI Funding Consultation
Send input by mail to:	Yvette Roubideaux, M.D., M.P.H., Director Indian Health Service 801 Thompson Ave, Suite 440 Rockville, MD 20852 ATTN: MSPI/DVPI Funding Consultation

Enclosure: Background Information: MSPI and DVPI
NTAC Recommendations
Funding Formula

**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 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.

Four years after implementation, the MSPI accomplishments include more than 7,500 individuals entering treatment for methamphetamine abuse and the provision of more than 15,000 substance abuse and mental health encounters via tele-health. More than 10,000 professionals and community members were trained in suicide crisis response. Over 400,000 encounters with youth were provided as part of evidence-based and practice-based prevention activities.

In the first three years of implementation, the DVPI resulted in over 28,000 direct service encounters including crisis intervention, victim advocacy, case management, and counseling services. More than 36,000 referrals were made for domestic violence services, culturally-based services, and clinical behavioral health services. In addition, a total of 487 forensic evidence collection kits were submitted to Federal, State, and Tribal law enforcement.

NTAC Recommendations

On August 7, 2013, the National Tribal Advisory Committee on Behavioral Health (NTAC) met via webinar to discuss the Behavioral Health Work Group (BHWG) recommendations on the FY 2014 MSPI and DVPI funding. The NTAC approved the following findings and recommendations:

- MSPI and DVPI funding formulas should remain the same.
- Continue using the Indian Self-Determination and Education Assistance Act (ISDEAA) funding mechanism.
- Education is provided to all IHS Area Offices regarding the ISDEAA funding mechanism.
- Area guidance for administration of the DVPI and MSPI should be consistent across all IHS Area Offices and should be monitored for compliance.
- MSPI and DVPI funding should be distributed in a timely manner.
- Regional MSPI and DVPI representatives should be appointed.
- Encourage MSPI and DVPI projects to focus on strategies for sustainability.
- MSPI and DVPI project periods should be 5 years in length.
- Restore the urban DVPI grants in the amount of \$524,000 without reducing funding of other DVPI programs.
- Reporting requirements should remain the same.
- MSPI and DVPI applications, templates, and reporting should be simplified.
- Local evaluation should be better supported since this activity provides important community-level program information and can promote program sustainability.

Funding Formula

