



FEB 6 2015

Dear Tribal Leader:

I am writing to request your input on the funding distribution for 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 and the National Tribal Advisory Committee on Behavioral Health (NTAC). The MSPI and DVPI were originally funded to be demonstration/pilot projects. Both initiatives included an evaluation that helped demonstrate the effective use of funds for the intended purpose and helped identify successful evidence- and practice-based projects that can be replicated across the Indian health system.

On May 27, 2014, I sent a letter to you requesting input on the next phase of the MSPI and DVPI, which will be a 5-year program that will be developed on best and promising practices, lessons learned and evaluation data from the MSPI and DVPI demonstration/pilot phase and would involve a new open competitive application process for FY 2015 funds that would be distributed by the end of the FY. For a variety of reasons, the Area discussions mentioned in the letter as a part of the consultation may or may not have occurred in the budget formulation process. Therefore I am writing to you to give you one more chance to provide input before IHS develops the application for FY 2015 funding. The goal of MSPI and DVPI was to ensure that the limited funding available goes to those with the greatest need.

I have enclosed background information on the MSPI and DVPI. You are invited to provide your input on the following topics:

1. Funding Allocation

Background: A funding formula currently determines the amount of funding allocated to each IHS Area from the total amount of funding allocated for MSPI and DVPI. Funds were distributed to applicants at the Area level based on need and in consultation with Tribes. MSPI/DVPI awards varied and amounts ranged from \$8000 to \$300,000. Not all applicants were able to receive funds given the limited funding. All projects, regardless of their funding amounts, have been required to implement project activities and adhere to reporting requirements so that we can demonstrate to Congress effective use of these resources.

Questions:

- a) Should the current funding formula for allocating funding to Areas from Headquarters remain the same or be changed?
- b) What criteria should be used to determine which applicants within an IHS Area should receive awards given that there is not enough funding for all Tribes or facilities?
- c) How should IHS determine which applicants have the greatest need?
- d) Should the IHS continue to award varying amounts? Or should there be a standardized award amount(s)? If standardized award amount(s) are chosen, should the amount be set for all projects or include minimum and/or maximum award amounts?

2. Process for Selecting IHS, Tribal and Urban Indian Health Programs for Funding

Background: Currently funded MSPI and DVPI projects consist of Tribes, IHS facilities, Area Offices, Tribal organizations, Indian health boards, Youth Regional Treatment Centers, and Urban Indian health programs. This variety of types of applicants was due to the original manner in which the MSPI and DVPI were selected. There was a process in each IHS Area to gather input from Tribes on how the funding in each Area should be distributed and applicants were selected in part based on that input.

Questions:

- a) Who should be eligible to apply for MSPI/DVPI funding?
- b) Should the process for selecting programs for funding continue to vary by IHS Area or should the selection process be similar in all IHS Areas?

3. Funding Mechanism

Background: The funding distribution of MSPI and DVPI to projects has involved different funding mechanisms since awardees include IHS facilities, Tribes, Urban Indian health programs, and other entities as listed above. Funding mechanisms have included Area Office transfers, Indian Self-Determination and Education Assistance Act (ISDEAA) contracts or compacts as separate amendments, Buy Indian contracts, or grants. Despite the different funding mechanisms, recipients must still submit a budget, comply with reporting requirements to show effective use of funds to Congress, and the MSPI/DVPI budget must be inclusive of all costs, a standard requirement for all federal financial assistance.

Because these are special initiatives, they are not funded through the “Secretarial amount” which comprises funding for recurring Programs, Functions, Services, or Activities (PFSAs); instead, they are authorized through a provision in the IHS annual appropriation that gives the IHS Director broad discretion over how to distribute the MSPI/DVPI funding. Because these funds are special initiative funding, the IHS must be able to predict the total costs of the program, including any indirect costs, in accordance with the submitted project budget. Thus, in the new funding cycle, IHS will again require that all costs necessary to implement the proposed project, for the entire term of the project, including indirect costs, be included in the budget.

Questions:

- a) Please provide comments on the funding mechanisms that should be used in the new five-year cycle to distribute MSPI/DVPI funds.

4. New Program Components, Reporting Elements, and Evaluation.

Background: IHS anticipates the future of the MSPI/DVPI programs to focus on 1) strengthening a team-based workforce, 2) increasing staff competencies in providing methamphetamine, suicide, and domestic and sexual violence clinical and preventive services,

3) supporting clinical and community resource relationships, 4) improving patient experiences with clinical services, and 5) delivering effective and efficient healthcare services. To view the current reporting requirements and outcome measures for MSPI, please visit <http://www.ihs.gov/mspi/>. For current DVPI reporting requirements and outcome measures, please visit <http://www.ihs.gov/dvpi/>. IHS needs to demonstrate effective use of MSPI and DVPI funding and is committed to streamlining reporting requirements as much as possible.

Question:

- a) Please provide your suggested improvements for program components and reporting/evaluation requirements under the new 5-year MSPI and DVPI funding cycle.

5. Lessons Learned

Question:

- a) If previously funded, what was your experience (strengths and opportunities for improvement) during the MSPI and/or DVPI pilot demonstration phase?

I look forward to hearing your input on how we should develop the new 5-year MSPI and DVPI program using the best practices and lessons learned from all the great work accomplished during the pilot demonstration phase. 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 below.

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

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Acting 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., Acting Director Indian Health Service 801 Thompson Ave, Suite 440 Rockville MD 20852 ATTN: MSPI/DVPI Funding Consultation

- Enclosure I: MSPI/DVPI Background Information
- Enclosure II: Funding Formula
- Enclosure III: MSPI Area Distribution
- Enclosure IV: DVPI Area Distribution