



MAR 31 2015

Dear Urban Indian Organization Leader:

I am writing to request your input on the new program requirements and Fiscal Year (FY) 2015 funding distribution for the Methamphetamine and Suicide Prevention Initiative (MSPI). The original funding distribution for MSPI was developed in consultation with Tribes and the National Tribal Advisory Committee on Behavioral Health (NTAC) which included recommendations to provide funding for Urban Indian Health Programs (UIHP). As a result, the MSPI was originally funded to be a demonstration/pilot project that included an evaluation to help demonstrate the effective use of funds for the intended purpose and identify successful evidence- and practice-based projects that can be replicated across the Indian health system. I have attached an enclosure with background information on the MSPI. The goal of the MSPI funds was and is to ensure that the limited available funding goes to those with the greatest need.

On May 27, 2014, IHS sent a letter to Tribes with information on the new MSPI program that will be developed using FY 2015 funding. The new program will operate on a 5-year funding cycle and will be based on best and promising practices, lessons learned, and evaluation data from the MSPI demonstration/pilot phase. Determining the new program requirements will be accomplished through a consultation with Tribes and a confer process with UIHP. Therefore, I invite you to provide input on the topics below before IHS develops the application for FY 2015 funding.

## 1. Funding Allocation

Background: The funding allocation for MSPI included IHS Area allocations that are based on a funding formula for IHS and Tribal projects. A set amount for UIHP and MSPI grantees was recommended by NTAC and approved by IHS (see Enclosure II). Urban Indian Health Programs received varying award amounts ranging from approximately \$88,000 to \$100,000. Not all UIHP 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 funding allocation amounts for UIHP remain the same or be changed?
- b) What criteria should be used to determine which UIHP applicants should receive awards given that there is not enough funding for all UIHP?
- c) How should IHS determine which UIHP applicants have the greatest need?
- d) Should the IHS continue to award varying amounts? Or should there be a standardized award amount? If standardized award amounts are chosen, should the amount be set the same for all projects or include minimum and/or maximum award amounts?

## **2. Process for Selecting Urban Indian Health Programs for Funding**

Background: Currently funded MSPI projects consist of Tribes, IHS facilities, Area Offices, Tribal organizations, Indian health boards, Youth Regional Treatment Centers, and UIHP. This variety of types of applicants was due to the original manner in which the MSPI projects 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. The UIHP applied through a competitive grant process. There were 12 UIHP funded during the MSPI demonstration/pilot phase.

Questions:

- a) Who should be eligible to apply for MSPI funding?
- b) If IHS opens the funding to new UIHP, should IHS also provide a continuation application to fund UIHP that received funding in the demonstration/pilot phase? If so, what should the process for selecting programs for continuation funding be?

## **3. New Program Components, Reporting Elements, and Evaluation.**

Background: The IHS anticipates the future of the MSPI program to focus on 1) strengthening a team-based workforce, 2) increasing staff competencies in providing methamphetamine and suicide 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 [www.ihs.gov/mspi](http://www.ihs.gov/mspi). The IHS needs to demonstrate effective use of MSPI 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 funding cycle.

## **4. Lessons Learned**

Question:

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

I look forward to hearing your input on how we should develop the new 5-year MSPI program using the best practices and lessons learned from all the great work accomplished during the demonstration/pilot phase. Please submit your input no later than 30 days from the date of this letter. You can submit your recommendations by email to [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov), or in writing to the address below.

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

Sincerely,

/Robert G. McSwain/

Robert G. McSwain  
Acting Director

Send input by email to:	<a href="mailto:urbanconfer@ihs.gov">urbanconfer@ihs.gov</a> Subject line: MSPI Funding Consultation
Send input by mail to:	Robert G. McSwain Acting Director Indian Health Service 801 Thompson Ave, Suite 440 Rockville MD 20852 ATTN: MSPI/DVPI Funding Confer

Enclosure I: MSPI Background Information

Enclosure II: MSPI Urban Indian Health Program Distribution