Dear Urban Indian Organization Leader:

On March 31, 2015, the Indian Health Service (IHS) sent a letter to Urban Indian Organization Leaders requesting input on the next phase of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI), a five-year competitive award cycle set to begin after the completion of the demonstration project phase. I am writing to provide you with an update on how the IHS will move forward with MSPI and DVPI over the next five years.

Overall Funding Amounts
To provide critical services to urban Indian victims of domestic and sexual violence, $600,000 will be allocated for Urban Indian Health Program (UIHP) DVPI projects. This allocation supports the National Tribal Advisory Committee on Behavioral Health (NTAC) recommendation to restore the UIHP DVPI grants without reducing funding to other DVPI programs. Previously, in Fiscal Year (FY) 2010-2012, DVPI funded UIHP grantees for $524,000.

In FY 2015, IHS will adopt the NTAC recommendations to provide additional guidance and support for MSPI projects and improved support for local evaluation, since community-level program information can promote sustainability. This support will take the form of regional representatives in at least seven IHS Area Offices with the largest numbers of funded projects to provide consistent guidance and administration and regional evaluators to provide technical assistance on data collection and program evaluation.

With this new evaluation resource, individual projects will not be required to set aside up to 20 percent of their budget for local evaluation. Instead, the regional evaluators will work with funded projects to ensure efforts are coordinated to demonstrate the impact locally, regionally and nationally, supporting evidence that program efforts are making an impact within the community. To support these resources, MSPI funding available for project awards will be reduced from $1,188,000 for UIHPs to $1,000,000.

Selection Criteria
The selection criteria will be based on the following factors:
   1. Statement of Need – 35 points
   2. Proposed Approach/Project Plan – 20 points
   3. Organizational Capacity – 15 points
   4. Plan for Collecting Local Data – 20 points
   5. Budget and Justification – 10 points

The highest amount of points for MSPI/DVPI applications will be given in the category of “Statement of Need.” Given the limited amount of funding for MSPI and DVPI, IHS requested
input on how to determine greatest need among applicants. The majority of responses were in favor of using community data to demonstrate level of need.

I am aware of the challenges many urban Indian communities share surrounding data being readily available to demonstrate the level of need. In light of the conferral feedback and in consideration of the challenges around available data, IHS will accept data sources such as IHS Trends in Indian Health, epidemiological data from Tribal and Urban Epidemiology Centers and IHS Area Offices or Service Units, State data, or national data (e.g., Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, National Center for Health Statistics, Centers for Disease Control and Prevention reports, and Census data). This list is not comprehensive, and applicants may submit other valid data, as appropriate to their program.

Program Components and Reporting Requirements
The IHS plans to allow funding for four purpose areas in MSPI and two purpose areas in DVPI. Reporting requirements will move to an annual report and will be according to the purpose area selected in the application. In certain circumstances, eligible applicants may wish to apply to more than one purpose area.

The MSPI purpose areas are:
1) Purpose Area 1: Conduct community and organizational needs assessments to develop a strategic plan and data sharing system
2) Purpose Area 2: Provide suicide prevention, intervention, and postvention services
3) Purpose Area 3: Provide methamphetamine prevention, treatment, and aftercare services
4) Purpose Area 4: Provide youth interventions and positive development activities to support the Generation Indigenous Initiative

The DVPI purpose areas are:
1) Purpose Area 1: Provide domestic and sexual violence prevention, advocacy, and coordinated community response activities
2) Purpose Area 2: Provide forensic healthcare treatment services for victims of domestic and sexual violence

The IHS anticipates the announcement requesting applications for FY 2015 to be published in a Federal Register notice on or around June 26, 2015. Applications will be due 60 days after the Federal Register notice is issued. For additional information, please visit our websites at www.ihs.gov/mspi or www.ihs.gov/dvpi. If you have any questions, please contact Dr. Beverly Cotton, Director, IHS Division of Behavioral Health, by email at beverly.cotton@ihs.gov or by telephone at (301) 443-2038. Thank you for your continued work to address these serious issues in our communities.

Sincerely,

/Robert G. McSwain/
Robert G. McSwain
Acting Director