



JUL 30 2015

Dear Urban Indian Organization Leader:

I am writing to confer on the Secretary's Minority AIDS Initiative Fund (SMAIF) Fiscal Year (FY) 2015 funds distribution to the Indian Health Service (IHS or Agency) for Urban Indian Health Programs (UIHP). The IHS asks for recommendations regarding the program requirements and distribution of these funds. The funds are designated by the SMAIF program for use to conduct a variety of activities that aim to prevent new HIV infections and reduce drop-offs along the HIV care continuum for racial and ethnic minorities living with HIV and who bear a disproportionate burden of HIV disease. Specifically, the funding supports activities including HIV testing, linkage to and retention in treatment and care, as well as strengthening capacity of communities and health systems to provide primary and secondary HIV prevention and HIV care. This is the fifth year of SMAIF funding for UIHP.

Over the last FY, changes have been made to the purpose, focus, and activities of the SMAIF project. The FY 2015 plan responds to increased requests from the grantees for more technical assistance related to guidance and support for public health programs and activities including strategic planning, evaluation, Government Performance and Results Act (GPRA) assessments, research, epidemiology, statistics, and health professions. The current focus of the SMAIF is less on performing individual tests to diagnose HIV status and more on establishing improved processes for increasing aftercare treatment and services, along with case management to improve continuity of care for individuals with a positive HIV status.

Significant SMAIF benchmarks must be achieved in FY 2015. The IHS will increase funding for the Agency to provide technical assistance to UIHP grantees. In FY 2015, benchmarks will focus on program staff training, specifically increasing the number of clinical and program staff trained in HIV testing, risk management, patient navigation, and medical case management by at least 15% over baseline.

I request your input on the program requirements for and distribution of the FY 2015 IHS SMAIF funds to UIHP grantees.

1. Funding Distribution

Background: The current SMAIF awards were made after a competitive process involving OUIHP and the IHS Division of Grants Management. As a result of that process, in FY 2014, the \$400,000 in SMAIF funds were awarded to 11 grantees, with an average award amount of \$36,363. The FY 2015 SMAIF allocation to the IHS is \$125,000. If the FY 2014 funding distribution remains the same, the average award for of the 11 awardees will be \$11,363, approximately one-third of the FY 2014 awards. The FY 2015 focus of the SMAIF is less on performing individual tests to diagnose HIV status and more on establishing improved processes for increasing aftercare treatment and services, along with case management to improve continuity of care for individuals with a positive HIV status. The Agency plans to increase technical assistance to UIHP grantees to enable success in meeting the new GPRA measures relevant to HIV, and a portion of the funding will be used by the IHS to provide such technical assistance.

Questions:

- a. Should IHS limit the awards to continuation applications, or should the process be open to urban Indian organizations that have not received the awards in prior years?
- b. If continuation applications are accepted, what criteria should be included for selecting programs for continuation funding?
- c. What criteria should be used to determine which UIHP applicants, whether for new or continuation grants, should receive awards given that there is not enough funding for all UIHP to maintain FY14 levels?

- d. How should IHS determine which UIHP applicants have the greatest need?
- e. Should IHS continue to award standardized amounts? If yes, should the amount be set the same for all projects or include minimum and/or maximum award amounts?
- f. Should the IHS award the funds equally among the 11 sites that are currently funded (or among the final number of sites selected for FY 2015)?
- g. Should the IHS reduce the number of sites funded and make larger awards?

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

Background: The current focus of the SMAIF is less on performing individual tests to diagnose HIV status and more on establishing improved processes for increasing aftercare treatment and services, along with case management to improve continuity of care for individuals with a positive HIV status.

Question:

- a. Please provide your suggested improvements for program components and reporting/evaluation requirements under the FY 2015 SMAIF funding cycle.
- b. Should the IHS utilize the FY 2015 funding to increase the internal clinical staff support (through an HIV-specific detail to urban programs)? This would include development of enhanced processes for increasing case management and aftercare treatment and services that could be incorporated into the practice of all UIHP.

3. Lessons Learned

Question:

- a. If previously funded, what was your experience (strengths and opportunities for improvement)?

I look forward to hearing your input on how we should enhance the SMAIF using the best practices and lessons learned from all the great work accomplished thus far. Please submit your input no later than 14 calendar days from the date of this letter. You can submit your recommendations by email to urbanconfer@ihs.gov or in writing to Robert G. McSwain, Principal Deputy Director, Indian Health Service, 801 Thompson Ave., Suite 440, Rockville, MD 20852.

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

Sincerely,

/Robert McSwain/

Robert McSwain
Deputy Director