

ENCLOSURE I

BACKGROUND INFORMATION

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 represent the growing support from the IHS to 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 every six months established by the IHS on 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 is expected at the end of the demonstration period in 2015. The evaluation 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.