

Indian Health Service National Tribal Advisory Committee on Behavioral Health (NTAC)

October 25-26, 2018
Albuquerque area ihs
Albuquerque, nm



Opening

- Invocation
- Remarks – Ms. Theresa Galvan, NTAC Tribal Co-Chair
- Roll Call – Ms. Courtney Wheeler, NIHB
- Introductions

Roll Call

- Alaska
- Albuquerque – VACANT
- Bemidji
- Billings
- California
- Great Plains
- Nashville
- Navajo
- Oklahoma
- Phoenix – VACANT
- Portland
- Tucson

Welcome Remarks

- **Mr. Benjamin Smith** – Deputy Director for Intergovernmental Affairs, IHS
- **Dr. Leonard Thomas** – Albuquerque Area Director, IHS
- **Dr. Beverly Cotton** – Acting Director, Office of Clinical & Preventive Services, IHS
- **Ms. Miranda Carman** – Acting Director, Division of Behavioral Health, IHS & NTAC Federal Co-Chair
- **Ms. Stacey Bohlen** – Chief Executive Officer, National Indian Health Board

NTAC Committee Business

- Meeting Summaries (May 11 & July 16)
- NTAC Charter
- Partnerships to Advance Tribal Health & Joint Tribal Advisory Committee Meeting – July 24, 2018

Partnerships to Advance Tribal Health (PATH) Meeting – July 24, 2018

- **National Town Hall on Combatting Opioids and Substance Abuse in Tribal Communities**
 - Part 1: <https://www.youtube.com/watch?v=tmCKPgEJQNU>
 - Part 2: <https://www.youtube.com/watch?v=C64Jr6fe7-E>
- **Joint Tribal Advisory Committee Meeting (JTAC)** – Purpose: Convene Agency Tribal Advisory Committees & Identify Common Areas of Interest and Opportunities for Alignment
 - Improving Data on American Indian and Alaska Native Health
 - Strategy for Tackling Tribal Workforce Needs

Overview:

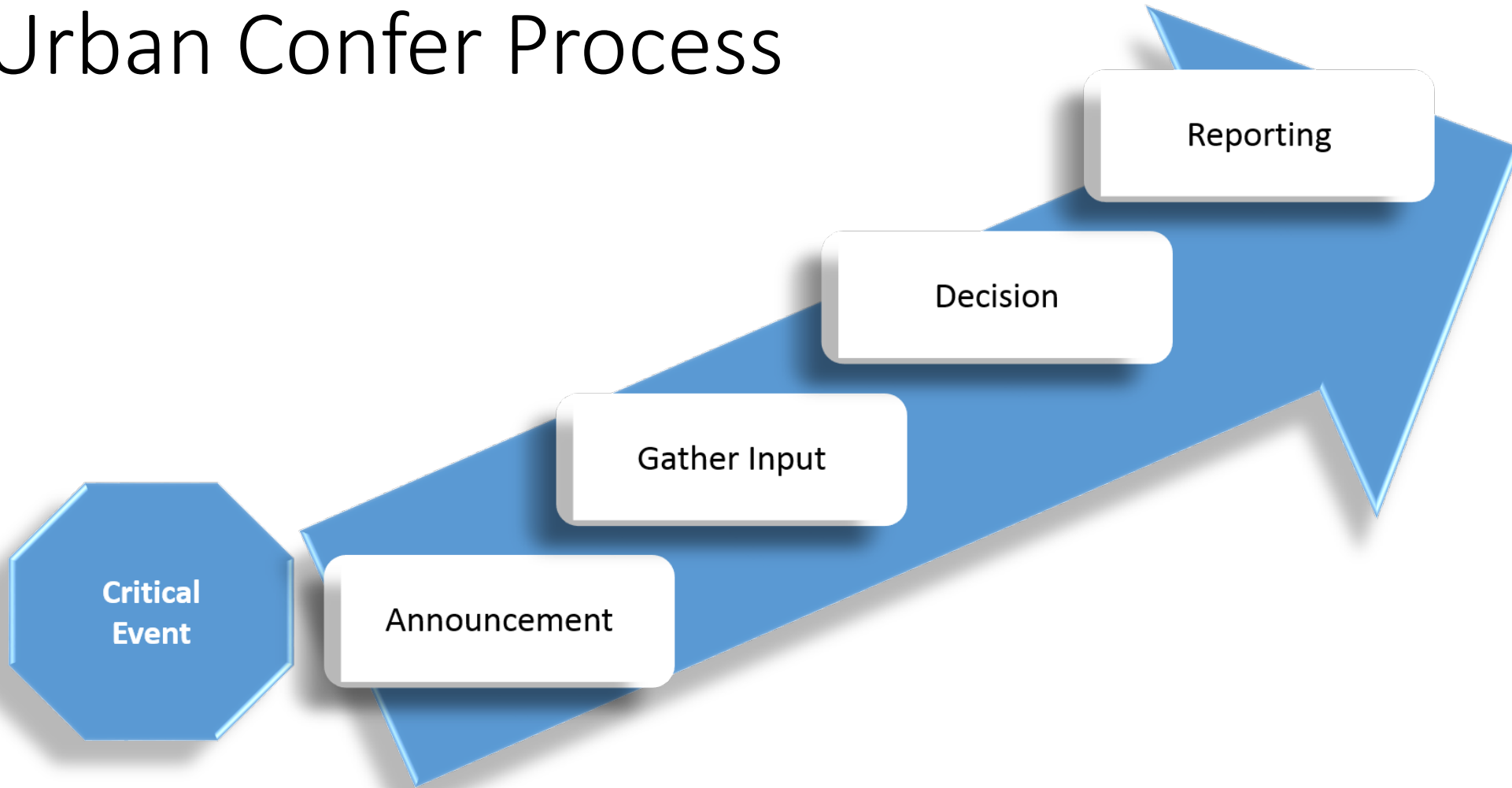
Behavioral Health Initiative Funding Tribal Consultation and Urban Confer Process

Ms. Anna Johnson

Management Analyst

Division of Behavioral Health, IHS

Tribal Consultation & Urban Confer Process



Consolidated Appropriations Act 2018

Explanatory Statement

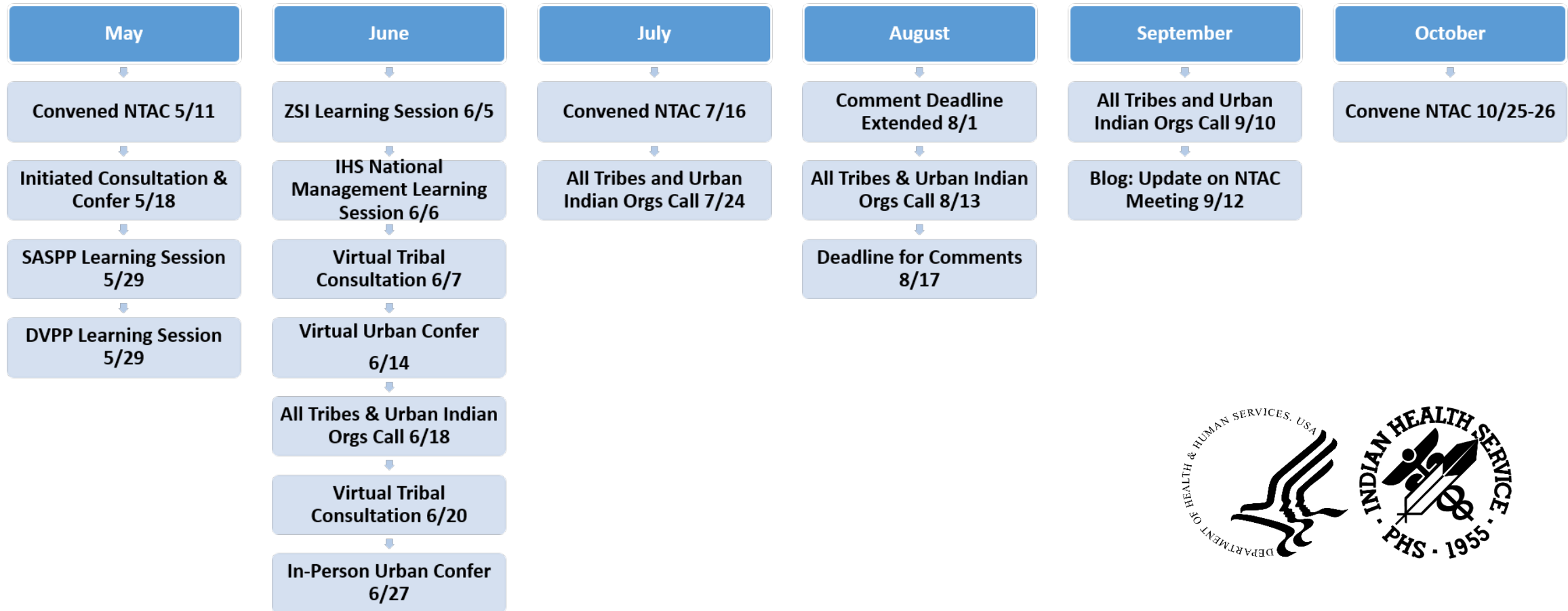
- ...encourages IHS to provide behavioral health grant funding through contracts and compacts authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) rather than through grant instruments to ensure that Contract Support Costs (CSC) are available.

Consultation & Confer Subject

The mechanism to distribute behavioral health initiative funding that is currently distributed through grants



Behavioral Health Initiative Funding Consultation & Confer Progress To Date



Behavioral Health Initiatives = \$48.5m

1. Substance Abuse and Suicide Prevention Program – \$31,975,137 (SASPP and formerly the Methamphetamine and Suicide Prevention Initiative or MSPI) <https://www.ihs.gov/mspi>
2. Domestic Violence Prevention Program(DVPP) – \$12,967,278 (DVPP and formerly the Domestic Violence Prevention Initiative or DVPI) <https://www.ihs.gov/dvpi>
3. Zero Suicide Initiative (ZSI) – \$3,600,000 <https://www.ihs.gov/suicideprevention/zerosuicide/>

Substance Abuse and Suicide Prevention Program (SASPP) Overview: \$31,975,137

- **175 Projects funded through 4 Purpose Areas**
 - 5 year funding cycle from 2015 – 2020
- **Tribal Grants (135):** **\$21,789, 176**
- **Federal Program Awards (18):** **\$ 3,128,907**
- **Urban Indian Organization Grants (22):** **\$ 3,054,164**
- **National Management:** **\$ 4,002,890**
 - **IHS Staff (14)**
 - 1 Suicide Prevention Coordinator
 - 1 Behavioral Health Recruitment Coordinator
 - 1 National SASPP Coordinator
 - 1 National Data Coordinator
 - 9 Area Project Officers
 - 1 Grants Management Specialist
 - **Cooperative Agreements (14)**
 - 12 Tribal Epidemiology Centers (TECs)
 - 1 National Indian Health Board (NIHB)
 - 1 National Council of Urban Indian Health (NCUIH)
 - **Contracts (1)**
 - Education Development Center for Zero Suicide (EDC)

Domestic Violence Prevention Program (DVPP) Overview: \$12,967,278

- **83 Projects funded through 2 Purpose Areas**
 - 5 year funding cycle from 2015 – 2020
- **Tribal Grants (56):** **\$ 7,505,450**
- **Federal Program Awards (13):** **\$ 2,270,388**
- **Urban Indian Organization Grants (14):** **\$ 1,400,000**
- **National Management:** **\$ 1,791,440**
 - **IHS Staff (9)**
 - 2 Forensic Nurse Consultants
 - 1 National DVPP Coordinator
 - 5 Area Project Officers
 - 1 Grants Management Specialist
 - **Cooperative Agreements (13)**
 - 12 Tribal Epidemiology Centers (TECs)
 - 1 National Indian Health Board (NIHB)
 - **Contracts (2)**
 - Johns Hopkins University Trauma Informed Care Learning Collaborative
 - International Association of Forensic Nurses

Zero Suicide Initiative (ZSI) Program Overview:

\$3,600,000

- **8 Projects funded**
 - 3 year funding cycle from 2017 – 2020
- **Tribal Grants (5):** **\$ 2,000,000**
- **Federal Program Awards (3):** **\$ 1,200,000**
- **National Management:** **\$ 400,000**
 - **IHS Staff (1)**
 - 1 ZSI Coordinator
 - **Cooperative Agreements (1)**
 - 1 Albuquerque Area Southwest Tribal Epidemiology Center

Resources

- www.ihs.gov/dbh/consultationandconfer
- Virtual Learning Series
- NTAC Information
- More Information



The screenshot displays the Indian Health Service (IHS) website. The header includes the IHS logo, the text 'Indian Health Service' and 'The Federal Health Program for American Indians and Alaska Natives', a search bar, and navigation links for 'A to Z Index', 'Employee Resources', and 'Feedback'. A secondary navigation bar lists 'About IHS', 'Locations', 'for Patients', 'for Providers', 'Community Health', 'Career Opportunities', and 'Newsroom'. The main content area is titled 'Tribal Consultation and Urban Confer' under the 'Division of Behavioral Health' section. The page text states: 'On May 18, 2018, the IHS Acting Director issued a [letter](#) [initiating Tribal Consultation and an Urban Confer](#) on the funding mechanism to distribute behavioral health initiatives that are currently distributed through grants.' It further notes: 'Written comments will be accepted through the duration of the Tribal Consultation and Urban Confer period. The deadline to provide comments is Wednesday, August 1, 2018. Send comments with the subject line "IHS Behavioral Health Funding" by e-mail to consultation@ihs.gov or consultation@ihs.gov.' A link for 'Questions? Please contact [Anna Johnson](#)' is also present. The footer of the page reads: 'IHS Headquarters, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857 - [Find a Mail Stop](#)'. The Windows taskbar at the bottom shows the time as 5:04 PM on 6/4/2018.

Overview:

Behavioral Health Initiative
Funding Tribal Consultation
and Urban Confer Feedback

Topics

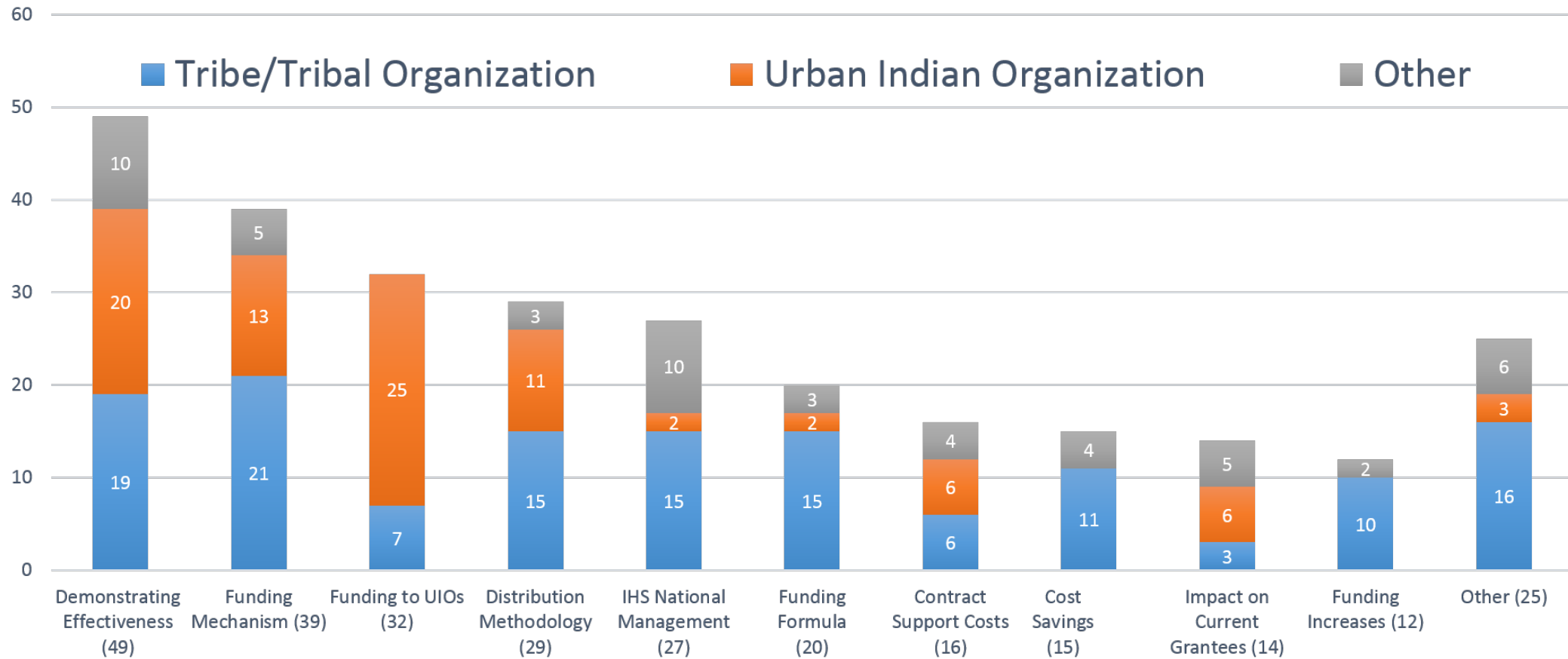
- **Distribution Methodologies**
- **Funding Formulas**
- **Funding for Urban Indian Organizations**
- **Impact on Current Grantees**
- **Funding Mechanism**
- **Demonstrating Effectiveness**
- **Advocacy and Raising National Awareness**

Feedback At A Glance



- Comment Period: (91 days or 3 months)
 - Initiated: May 18
 - Extended: August 1 (Closed: August 17)
- Received 278 comments representing:
 - 10 IHS Areas
 - 16 Tribes & Tribal Organizations (138 comments)
 - 16 Urban Indian Organizations (88 comments)
 - 8 other (52 comments)

BH Initiative Funding Comment Breakdown



Demonstrating Effectiveness (49 comments)

- 11: Continue funding TECs to assist with data reporting, determining national outcomes, and conducting evaluation activities
 - In Areas where Tribes do not support, then provide funding to Tribes
- 10: remove reporting requirements for Title V other than those required by ISDEAA
- 7: reallocate funding to the Areas associated with administrative set asides using national distribution methodology
- 7: TA is extremely vital to administering grants, eliminating this would negate effectiveness
- Consider a future line item for TECs
- Area Tribes should retain option to conduct TEC services
- Title V Tribes have authority to redesign funding

Funding Mechanism (39 comments)

- 8: Grants are essential to Urban Indian Organizations (UIOs), preserve availability of grants and cooperative agreement with NCUIH
- 7: All funding provided to current grantees should be converted from grants to ISDEAA agreements transferred through Title I or Title V
 - What is process for converting from grants to ISDEAA?
 - De-obligate and re-obligate?

Funding to UIOs (32 comments)

- 8: Continue funding UIO grantees at current level through grants, cooperative agreements, annual contracts, or any other appropriate mechanism
- Establish a set-aside
 - 8: At least 21.7%
 - 1: At least 25%
- 5: Supports NCUIH
- Continue funding until grant expires and then redistribute based on Tribal Shares Adjustment (TSA)
- Current UIO grantees should be grandfathered in
- Only make funding available to Title V UIOs

Distribution Methodology (29 comments)

- 12: Continue national distribution method allocating funds to all 12 Areas permitting Area stakeholders to determine distribution methodology appropriate to that Area
 - Areas can choose from various distribution methods:
- 6: Sets dangerous precedence transferring funding to ISDEAA
- 3: Methodologies that eliminate or restrict funding to UIOs are contrary to IHS' commitment to Urban Indian health
- Ensure equitable distribution –
 - not all Tribes or UIOs receive funding

IHS National Management (27 comments)

- 9: Reallocate funding for project officers, coordinators, grants management specialists, and consultants to Areas using national distribution methodology
- 7: Discontinue funding for contracts and cooperative agreements since these do not benefit all Tribes
- 7: Redirect funds from contracts and cooperative agreements to Direct Service Tribes
- Continue funding NIHB and NCUIH

Funding Formula (20 comments)

- 6: Continue use of national distribution method that allocates funding to Areas using relevant quantifiable metrics including: poverty, disease burden, TSA, and user population
- 5: No standard formula should be mandate at the Area level
- 3: Utilize TSA formula
 - For future increases
 - Use TSA in FY 2021 and notify Tribes of their expected distribution in FY 2020

Contract Support Costs (16 comments)

- 8: Request CSC in President's Request for FY 2020 and beyond to fully fund CSC needs related to recurring funds
- 8: UIOs are ineligible to receive CSC

Cost Savings (15 comments)

- 10: Additional funding made available as a result of discontinuing support for IHS program administration, cooperative agreements, and contracts should be added to IHS program amounts
 - 3: Cost savings should be made available no later than FY 2022
- Utilize transition period to downsize federal grant administrative functions and other set aside activities
- Reallocate funding to the areas associated with the administrative set-aside using national distribution methodology

Impact on Current Grantees (14 comments)

- 5: Hold all current grantees harmless, do not decrease funding to current grantees to redistribute funds
- 3: Continue funding through grant through 2020
- Eliminating funding eliminates services

Funding Increases (12 comments)

- 6: Request inflation and population growth increase for BH initiatives consistent with manner that such increases are requested for general sub-account line items in IHS appropriations
- 3: Increases made in FY2019 or FY 2020 should be distributed through TSA and do not increase current grant funding

Other (25 comments)

- Timing
 - Act swiftly so changes can be implemented for remaining FY 2018 funds
 - Transfer grants to ISDEAA for FY19 and beyond
 - Consider phased in approach from FY2018 – FY 2022

Background:

Historical Timeline,
Current Funding
Mechanism, and Area
Allocations

Historical Timeline

- **May 6, 2013** – IHS requests input on the FY 2013 funding distribution of MSPI & DVPI
- **February 27, 2014** – IHS requests input on funding distribution for MSPI & DVPI projects awarded through August 2014
- **May 27, 2014** – IHS extended funding pilot projects for one year using FY 14 funds and announced MSPI & DVPI would be funded through grants for FY 2015
- **February 6, 2015** – IHS requests input on funding distribution for MSPI & DVPI
- **June 22, 2015** – IHS provides update for how the Agency will fund MSPI & DVPI over the next 5 years

NTAC Recommendations (from 8/7/13)

- MSPI and DVPI funding formulas should remain the same.
- Continue using the Indian Self-Determination and Education Assistance Act (ISDEAA) funding mechanism.
- Education is provided to all IHS Area Offices regarding the ISDEAA funding mechanism.
- Area guidance for administration of the DVPI and MSPI should be consistent across all IHS Area Offices and should be monitored for compliance.
- MSPI and DVPI funding should be distributed in a timely manner.
- Regional MSPI and DVPI representatives should be appointed.
- Encourage MSPI and DVPI projects to focus on strategies for sustainability.
- MSPI and DVPI project periods should be 5 years in length.
- Restore urban DVPI grants in the amount of \$524k without reducing funding of other DVPI programs.
- Reporting requirements should remain the same.
- MSPI and DVPI applications, templates, and reporting should be simplified.
- Local evaluation should be better supported since this activity provides important community-level program information and can promote program sustainability.

Current Funding Mechanism (SASPP & DVPP)

- Distributed through the Division of Grants Management for Tribal and Urban Indian Health Programs projects.
- Distributed through Division of Behavioral Health for federal projects.
- Award amounts range from \$50,000-\$300,000
- Funding Awarded through Purpose Areas

MSPI & DVPI Purpose Areas

MSPI/SASPP Purpose AREAs

- **PA 1:** Conduct community and organizational needs assessments to develop a strategic plan and data sharing system
- **PA 2:** Provide suicide prevention, intervention, and postvention services
- **PA 3:** Provide methamphetamine prevention, treatment, and aftercare services
- **PA 4:** Provide youth interventions and positive development activities to support the Generation Indigenous Initiative

DVPI/DVPP Purpose Areas

- **PA 1:** Provide domestic and sexual violence prevention, advocacy, and coordinated community response activities
- **PA 2:** Provide forensic healthcare treatment services for victims of domestic and sexual violence

Historical MSPI & DVPI Allocation Formula

National Formula (3 Parts)

Tier 1: HQ
Allocates
to Areas by
Formula



3 datasets and calculations are shown in subsequent tables

Tier 2:
Area Level

Tier 2: Areas allocate to individual projects, sites, or grantees considering needs, proposals, and priorities.

Tier 3:
Project or
Program Level

Tier 3: Funding to project, site, or grantees to be used for specific programs, services, and purposes.

Area Allocation Amounts: DVPP and SASPP

<i>DVPP - Domestic Violence Prevention Program</i>	
	Year Four FY 2018 Funds 9/30/2018-9/29/2019
<i>Tribal Grants and Program Awards</i>	\$ 9,775,838
Alaska	\$ 1,666,437
Albuquerque	\$ 622,000
Bemidji	\$ 530,500
Billings	\$ 303,500
California	\$ 379,000
Great Plains	\$ 1,338,100
Nashville	\$ -
Navajo	\$ 1,550,200
Oklahoma City	\$ 1,565,500
Phoenix	\$ 1,111,389
Portland	\$ 609,712
Tucson	\$ 99,500
<i>Urban Indian Organization Grants</i>	\$ 1,400,000
<i>National Administration and Support</i>	\$ 1,791,440
<i>Staffing: Headquarters Division of Behavioral Health Staff: 2 Forensic Nurse Consultants, 1 DVPP National Coordinator, 5 Area Project Officers; Headquarters Division of Grants Management Staff: 1 Grants Management Specialist</i>	
<i>Technical Assistance Agreements and Contracts: 1.) Twelve cooperative agreements with the Regional Tribal Epidemiology Centers to provide technical assistance and evaluation; 2.) Cooperative Agreement with the National Indian Health Board to raise national awareness, visibility, and advocacy, and provide conference/meeting facilitation; 3.) Contract with Johns Hopkins University Trauma Informed Care Learning Collaborative; 4.) Contract with the International Association of Forensic Nurses offering forensic training to Indian Health Service/Tribal/Urban Indian healthcare providers.</i>	
<i>Grand Total</i>	\$ 12,967,278

<i>SASPP - Substance Abuse and Suicide Prevention</i>	
	Year Four FY 2018 Funds 9/30/2018-9/29/2019
<i>Tribal Grants and Program Awards</i>	\$ 24,918,083
Alaska	\$ 4,730,495
Albuquerque	\$ 1,361,000
Bemidji	\$ 1,662,567
Billings	\$ 1,168,120
California	\$ 1,247,000
Great Plains	\$ 2,375,033
Nashville	\$ 559,793
Navajo	\$ 3,117,406
Oklahoma City	\$ 4,729,139
Phoenix	\$ 2,029,583
Portland	\$ 1,658,647
Tucson	\$ 279,300
<i>Urban Indian Organization Grants</i>	\$ 3,054,164
<i>National Administration and Support</i>	\$ 4,002,890
<i>Staffing: Headquarters Division of Behavioral Health Staff: 1 Suicide Prevention Coordinator, 1 Behavioral Health Recruitment Coordinator, 1 National SASP Coordinator, 1 National Data Coordinator, 9 Area Project Officers; Headquarters Division of Grants Management Staff: 1 Grants Management Specialist</i>	
<i>Technical Assistance Agreements and Contracts: 1.) Twelve cooperative agreements with the Regional Tribal Epidemiology Centers to provide technical assistance and evaluation; 2.) One cooperative agreement with the National Indian Health Board to raise national awareness, visibility, and advocacy, and provide conference/meeting facilitation; 3.) One cooperative agreement with the National Council on Urban Indian Health to raise national awareness, visibility, and advocacy in support for the Urban Indian Organizations projects; 4.) Contract with the Education Development Center to provide technical assistance and training for Zero-Suicide.</i>	
<i>Grand Total</i>	\$ 31,975,137

Current Funding Mechanism and Formula (ZSI)

- Distributed through the Division of Grants Management for Tribal and Urban Indian Health Programs projects.
- Distributed through Division of Behavioral Health for Federal projects.
- 3-year funding cycle, 2017-2020
- 8 projects funded: \$400,000
 - Tribes/Tribal Organizations: 5 projects (grants)
 - IHS Federal Facilities: 3 projects (federal awards)

