

Northwest Portland Area Indian Health Board

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To: TLDC Tribal Delegates

From: Northwest Portland Area Indian Health Board

- Date: April 4, 2018
- Re: Special Diabetes Program for Indians (SDPI) FY 2019 Funding Chart (based on FY 2016) for Tribal Consultation

Congress provides funding on a mandatory basis to IHS and then IHS consults with Tribes and Urbans regarding where funding is needed. Mandatory funding is spending that Congress legislates outside of the annual appropriations process. Mandatory funding is beneficial because it is more stable authorization, however it must pass through legislation to exist as a program. SDPI has had the same level of funding since FY 2004-\$150 million. SDPI has been renewed at one to two-year increments.

The tribal consultation/urban confer is schedule from April to May for 30 days once the Dear Tribal Leader Letter is released. TLDC has requested that consultation not include the \$130.2M for Community-Directed Grantee Funds and the \$8.5M for Urban Health Care.

Recommended Questions for TLDC Tribal delegates to ask IHS:

- **1.** Would it be beneficial to each Area to ask IHS for a more detailed breakdown of funds to adequately answer IHS consultation questions?
- 2. Data infrastructure and program support: Could we strengthen the data and decrease data funds by giving a portion of data funds to Tribal Epidemiology Centers, while Grantees would remain the same throughout the cycle? Could TECs do better and more than what IHS can do and for how much?
- 3. Is there any carryover and if so, who decides where the carryover goes? Does it stay in the same line item?

*This is not comprehensive of the SDPI funding and includes the funding amounts that were provided in the March 26, 2018 IHS TLDC Virtual meeting presentation.

\$6.1M (x5=30.5M)– Program Support (Fixed,	Program Support (Variable, Expected Expenses)
Predictable Expenses)	
\$2.65M	\$85k
Multiple Services Contract (+DDTP Data Funds)	SDPI/Diabetes National Conference
 DDTP Contract Staff (support work to support SDPI, 	Question for Tribal Delegates: Should we allocate
data, trainings, website, patient education materials,	funds and if yes how much?
online catalog)	What was the cost of the last conference?
Question for Tribal delegates: Does this include DDTP	What is the number of those who attended the
staff salaries or just contract staff?	last conference?
 SDPI/Diabetes Conference (conference venue, logistics, web platform) 	What are the estimated costs of the upcoming conference already planned (FY 2018 funds)?
\$1.02M	\$85k
DGM Grants Management Specialists	DDTP travel to TLDC, Area/SDPI meetings (3),
	conferences
\$1.02M	\$60k
ADC Support (divided among 12 Areas)	Objective Review Panels
Question for Tribal delegates: Is this for salary? If not, what	Questions for Tribal Delegates: What are the Panels
type of support does the funding go to?	used for when submitting a re-application and during
	the grant cycles?
\$460k	\$36k
GrantSolutions and ARMS	National DMS Training (RPMS only) for local site
Question for Tribal delegates: Is ARMS the new way to	staff
\$300k	\$35k
DDTP Online Catalog Clearinghouse	Printing materials for online catalog
\$250k	\$25k
TLDC Support	Shipping special catalog orders, conference
	materials
	\$15k
	Equipment, supplies, software
	Question for Tribal delegates: Who is the equipment
	for?
	\$10k
	Staff training
	Questions for Tribal delegates: What and who is the
	training for?
	\$10k
	Fees for contracts, funds transfers, etc.
Program Support Unplanned Expenses	
Questions for Tribal delegates: How much is allocated for unplanned expenses? How much was spent	
was spent in Year 1 for Cycle 1 grantees?	
Sequestration 2013, 2014, 2017	
 Provided supplements to cover 3 months for Cycle 1 grantees when SDPI changes from 4 budget 	
cycles to 1 for FY 2016	
Question for Tribal delegates: How much of the unplanned expenses went to each year of sequestration?	

\$20k American Diabetes Association invited IHS to provide SDPI video for their annual conference \$5.2M (x5=26M)– Data Infrastructure Support Questions for Tribal Delegates: Should we keep the funds the same, increase or decrease? Should we request to break these sections down and ask Areas about each portion of the budget?		
Question for Tribal Delegates: Why doesn't this money go to IHS instead of the National OIT?		
•	\$9,600 Adobe Connect License	
•	\$137,649 Quality Measures and Clinical Care tools	
•	\$384,000 Diabetes Management System	
•	\$237,287 User support	
•	\$1,375,000 HealthShare License	
•	\$390,000 First Data Bank contract	
\$2M		
	Area IT Programs	
Questions for Tribal Delegates: Should these funds remain the same, increase or decrease?		
Should how tribes recommended these funds be use stay the same or should the funding or the scope of work be		
	changed?	
	 \$155,416 Alaska Area 	
	 \$135,416 Albuquerque Area 	
 \$165,416 Bemidji Area 		
	• \$125,416 Billings Area	
	• \$165,417 California Area	
	• \$195,417 Great Plains Area	
	 \$185,417 Nashville/USET Area 	
	• \$190,417 Navajo Area	
	 \$245,417 Oklahoma City Area 	
	 \$185,417 Phoenix Area 	
	• \$175,417 Portland Area	
	• \$75,417 Tucson Area	
	\$600k	
DDTP Data		
 \$480k for DDTP data and programming staff through multiple services contract (Program Support) 		
 \$110k Informatics/Pharmacy Consultant 		
 \$10k Data software, e 	•	
\$130.2M (x5-651M)- Community-Directed Grantee Funds		
Question for Tribal Delegates: Should we keep funds the same, increase or decrease?		
\$8.5M (x5=42.5M)- Urban Health Care		
Question for Tribal Delegates: Should we keep the funds the same, increase or decrease?		