NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Tribes of Coos, Lower Umpqua, and Siuslaw
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
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Kalispel Tribe
Klamath Tribe
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Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
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Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

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SUBMITTED TO: consultation@ihs.gov

NOTE: This letter revises the NPAIHB Letter submitted on March 6, 2015. Please disregard the previous comment letter's recommendations.

March 9, 2015

Robert McSwain
Acting Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

REF: MSPI/DVPI Funding Consultation

Dear Mr. McSwain:

On behalf of our Portland Area Tribes, we are writing in response to the Acting IHS Director's February 6, 2015, Dear Tribal Leader letter (DTLL), requesting input on the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI) funds.

Our tribes discussed the continued funding of the MSPI and DVPI during our FY 2017 Budget Formulation session held in Seattle, Washington on December 1-2, 2014. The Board also conducts MSPI and DVPI projects in collaboration with our member Tribes. The following provide our recommendations from our budget formulation discussion and input from our MSPI/DVPI program staff.

General Comments on Methamphetamine & Suicide Prevention Initiative

Portland Area Tribes strongly support the existing structure and funding of both the MSPI and DVPI programs. The current Area set-asides within three quantifiable measures (poverty, disease burden, and user population) ensure funding for all twelve of the IHS Areas and their representative Tribes.

Portland Tribes further recommend that IHS request additional funding to support this program in order to expand its activities into new Tribal communities, especially those who do not have an educational or behavioral health program able to focus on suicide and meth prevention specifically. With additional funding Portland Tribes would be able to increase capacity and awareness that will sustain itself within the community and among its members. The increased opportunities that would result from additional funding will help to train additional staff and/or community members on the high rates of suicide and meth use in Indian Country, how to identify warning signs of abuse and suicide ideation, and treat those struggling. This will save more lives.

Unfortunately suicide is not an occurrence that can be decreased in just a few years, it is with the continuous efforts and support (financial support included) that will really allow front line workers and behind the scene processes to continue increasing awareness and access to resources and services that will help AI/ANs through their

tough times and abuse and find proper solutions to these struggles instead of letting people turn to drugs and suicide attempts or completions.

Portland Area Tribes further recommend that an evaluative and outcomes measure process be integrated into the grant program to ensure success and to identify promising practices that can be replicated in Tribal communities. A similar process was developed in the Special Diabetes Program for Indians and the MSPI should build on this successful model.

General Comments on Domestic Violence Prevention Initiative

Portland Area Tribes support continuing the present structure and funding for the DVPI program. Portland Tribes further recommend that IHS and HHS allocate additional funding for this program in order to expand its outreach advocacy programs to increase awareness about domestic violence and sexual assault by funding projects that provide victim advocacy training, intervention, policy development, community response teams, forensic training and community and school prevention education programs . These efforts have and will continue to aid in addressing the alarming domestic violence and sexual assault statistics in Indian Country.

Comments and Recommendations on issues requested in DTLL

1. Funding Allocation

a) Should the current funding formula for allocating funds to areas from headquarters remain the same or be changed?
   - We have not had any problems with the funding formula used to allocate funds.
   - NPAIHB recommends that IHS continue to allocate MSPI/DVPI funds in a national distribution that allocates funding based on price adjustments (cost of care), poverty adjustments, and disease adjustments for the population served.
   - For the DVPI project specifically, the amount of the funds allocated to the Portland Area is small and really only useful to tribes when it is given to the Area's Health Board to make regional trainings available to all the Tribes.
   - The formula for allocating funds must include recurring indirect and direct contract support costs.

b) What criteria should be used to determine which applicants within an IHS Area should receive awards given that there is not enough funding for all Tribes or facilities?
   - Applicants should provide a *scope of work* that includes a multilevel prevention strategy, a description of how the program or activities will be organized and evaluated, and a description of partnerships other Tribes and tribal organizations, to maximize funds and enhance system wide change.
   - Priority should also be given to existing MSPI/DVPI programs that have laid a foundation and are building capacity to address the issue, those that promote sustainability through capacity building, those that include collaboration and community input, and those that can demonstrate successful work plans and progressive long term goals.

- Having completed a *community readiness survey* could also be used to demonstrate investment in the cause, as having funds does not mean that agencies of the tribe are willing to cooperate to assist in prevention and response.

c) How should IHS determine which applicants have the greatest need?
   - Funding priorities should take into consideration the *number* of community members served, *epi data* provided by the IHS Areas, State health department(s), or by the applicant tribe/organization, as well as a *description of need* provided by the applicant.
   - For the DVPI project specifically, the number of assault-related services that are not currently available in a given service area (SANE, police force trained in responding to sexual assault claims, child abuse protocols in clinics), could also be used to substantiate regional need, as well as the number of people/tribes that do not have access to services due to distance or lack of contract health options for such services.

d) Should the IHS continue to award varying amounts? Or should there be a standardized award amount(s)? If standardized award amount(s) are chosen, should the amount be set for all projects or include minimum and/or maximum award amounts?
   - The amount should vary according to the size of the population served, with a capped minimum and maximum amount.

2. **Process for Selecting IHS, Tribal and Urban Indian Health Programs for Funding**

a. Who should be eligible to apply for MSPI/DVPI funding?
   - We strongly recommend that the IHS only allow MSPI/DVPI grants to Tribes and tribal organizations carrying out Indian health programs authorized under the Indian Health Care Improvement Act.
   - We support maintaining the current eligibility criteria, including those that have previously been awarded MSPI/DVPI funding – if they can show a need, impact on the community, and realistic scope of work.

b. Should the process for selecting programs for funding continue to vary by IHS Area or should the selection process be similar in all IHS Areas?
   - For equality and to decrease the possibility of negative comments, the application and selection process should probably be similar for all of the Areas. However the process should allow for unique local circumstances of the Areas (e.g. size of reservations, populations of reservations, capacity of existing health services, etc.).

3. Funding Mechanism

a. Please provide comments on the funding mechanisms that should be used in the new five-year cycle to distribute MSPI/DVPI funds.

- NPAIHB recommends that IHS continue to utilize Area Office transfers, Indian Self-Determination and Education Assistance Act (ISDEAA) contracts or compacts as separate amendments, Buy Indian contracts, or grants to allocate MSPI/DVPI resources. IHS should also continue to require MSPI/DVPI grantees to continue to submit annual program budgets and comply with federal reporting requirements that demonstrate effective use of funds received by Congress.
- NPAIHB concurs with the IHS to require that all costs necessary to implement the proposed project, for the entire term of the project, including direct and indirect contract support costs be included in the budget.
- NPAIHB recommends that IHS continues to allocate MSPI/DVPI funds in a national distribution that allocates funding based on price adjustments (cost of care), poverty adjustments, and disease adjustments for the population served.

4. **New Program Components, Reporting Elements, and Evaluation.**

   a. Please provide your suggested improvements for program components and reporting/evaluation requirements under the new 5-year MSPI and DVPI funding cycle.
      - For the MSPI project specifically, the request for applications should include specific evaluation tools or data collection strategies/forms/documents in the RFA/RFP and ask applicants to describe how they will collect and report on required measures. The request for applications should offer specific guidance on what age group(s)/audience(s) applicants MUST focus on, if any. If applicants are not implementing programs in a clinic (or mental health) setting, there should be a separate set of criteria for data collection and program evaluation, applicable to regional training, capacity building, and technical assistance.
      - Project evaluations should be done by staff, clients, and those trained in the field.
      - DVPI programs should be required to submit the number of people served in each of the various kinds of programs – such as emergency transport, training, conference presentations - and how many programs they run throughout the year. The project's annual report should include what was learned in the effort, project successes, what did not work well and a plan of action for improvement, and additional services needed but unable to provide due to limited funding.

5. **Lessons Learned**

   a) If previously funded, what was your experience (strengths and opportunities for improvement) during the MSPI and/or DVPI pilot demonstration phase?

      - Over the last 6 years, the MSPI funding has allowed the Northwest Portland Area Indian Health Board (and many of its member NW Tribes) to carry out a comprehensive array of suicide prevention activities that they would not have been able to do otherwise. These activities include:

i. Training over 45 tribal trainers in ASIST, QPR, and safeTALK in the Pacific Northwest
ii. Hosting over 40 local suicide prevention trainings in tribal communities.
iii. Funding over 35 NW Tribes to carry out and/or attend local suicide prevention activities.
iv. Designing and disseminating culturally-appropriate suicide and alcohol& drug prevention social marketing materials throughout the NW Tribes and schools, including:
    - Community is the Healer that Breaks the Silence – Suicide Prevention
    - Stand Up Stand Strong. Together We Prevent – Bullying Prevention
    - I Strengthen My Nation – A&D Prevention
    - My Body, Mind, and Spirit Are Sacred. Prevent Sexual Assault
    - What is Done to One is Felt By All. Honor Our People. – Family Violence focusing on child maltreatment, elder abuse, and intimate partner violence
v. Hosting an annual youth conference (*THRIVE Youth Conference*) each summer for approximately 65-70 Native youth that assists the youth in increasing their knowledge around suicide and how to positively channel challenging life situations through multimedia educational workshops.
vi. Funding tribal staff to attend educational and informational national conferences to increase knowledge around suicide prevention and intervention strategies.
vii. Funding tribal staff to attend trainings to help prevent suicide, increase protective factors, and decrease risk factors and behaviors, i.e. historical trauma, positive Indian parenting, etc.

- DVPI funding has allowed the Northwest Portland Area Indian Health Board, and many of its member Tribes, to raise awareness, create and strengthen DVPI program trainings and activities that are specific to their circumstances and changing needs.
    i. Tribes that received training in SARRC (Sexual Assault Resource and Response Circles), and SANE (Sexual Assault Nurse Examiners) were able to provide Tribal members more help and services within their community or area; this help could be culturally sensitive to their needs vs going off reservation for help.
    ii. DVPI funding has also brought awareness through:
        1. My Body, Mind, and Spirit Are Sacred. Prevent Sexual Assault
        2. What is Done to One is Felt By All. Honor Our People. – Family Violence focusing on child maltreatment, elder abuse, and intimate partner violence
    iii. Discussing needs and approaches in one space or Webinar has brought awareness that many DVPI prevention and response efforts need similar resources and funding and allowed for sharing of ideas.
    iv. Due to constant staff turnover in our communities, new people always need to be trained. However, those already trained are not lost to the overall awareness and human resource development; whether they leave the reservation or move to another job they will still have understanding and voice.

Thank you for this opportunity to provide our recommendations on the MSPI and DVPI funding. If you should have any questions, please contact Jim Roberts, Policy Analyst, at (503) 228-4185 or by email at jroberts@npaihb.org.

Sincerely,

Andy Joseph, Jr., Chairperson
NW Portland Area Indian Health Board and
Colville Tribal Council Member

cc: Portland Area Tribal Chairs
Portland Area Tribal Health Directors
NPAIHB Delegates
Dean Seyler, Area Director, IHS-PAO