

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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Submitted via: consultation@ihs.gov

May 10, 2016

Mary L. Smith
Principal Deputy Director
Indian Health Service
Department of Health and Human Services
5600 Fishers Lane
Mail Stop: 08E86
Rockville, MD 20857

Attn: Substance Abuse and Suicide Prevention (SASP) FY 2016 Funding Consultation

RE: TSGAC Comments on SASP Program Funding Distribution

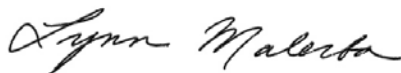
Dear Principal Deputy Director Smith,

On behalf of the Tribal Self-Governance Advisory Committee (TSGAC), we are pleased to offer the enclosed comments in response to the *Dear Tribal Leader Letter* dated April 1, 2016, request to provide input on the Substance Abuse and Suicide Prevention program in preparation for the funding opportunity announcement planned for early June 2016.

We welcome the opportunity to provide input and offer our comments included with this letter. TSGAC remains willing to assist IHS in any way possible. Please contact me if you have any questions on the issues addressed in these comments.

Should you have any questions or wish to discuss further, please do not hesitate to contact me at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut
Chairwoman, IHS TSGAC

cc: P. Benjamin Smith, Director, Office of Tribal Self-Governance
TSGAC Members and Technical Workgroup

**COMMENTS OF THE TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE (TSGAC)
IN RESPONSE TO THE DEAR TRIBAL LEADER LETTER DATED APRIL 1, 2016, INVITATION
TO PROVIDE INPUT ON THE SUBSTANCE ABUSE AND SUICIDE PREVENTION PROGRAM IN
PREPARATION FOR THE FUNDING OPPORUNITY PLANNED FOR EARLY 2016**

TSGAC fully supports the name change of the Methamphetamine Suicide Prevention Initiative to the Substance Abuse and Suicide Prevention as the new name seems to accurately reflect the focus of the program beyond just Methamphetamine abuse to all types of substance abuse.

TSGAC offers the following for each of the consultation topics stated in the Dear Tribal Leader Letter dated April 1, 2016:

Funding Distribution:

Background: After funding the ten Gen-I projects from the FY 2015 funding cycle and the five percent for a portion of national management, IHS has \$8,686,000 remaining to fund additional Gen-I projects and technical assistance on evaluation, establishing baseline data, and monitoring trends. In FY 2015, 80% was allocated for each IHS Area, 6% for urban Indian organizations, and 14% for national management. On March 9, 2016, the National Tribal Advisory Committee (NTAC) on Behavioral Health met and recommended 88% for Area allocation, 10% for urban Indian allocation, and 2% for national management.

Consultation Topic: IHS is requesting your feedback on the funding distribution for the \$8,686,000. What percentages should IHS use each to distribute the funding in three categories?

- Area Allocation – this percentage of funds will be used to provide grants to Tribes and tribal organizations and IHS Federal facilities.
- Urban Indian Allocation – this percentage of funds will be used to provide grants to urban Indian organizations.
- National Management – the percentage of funds will be used to provide technical assistance on evaluation, establishing baseline data, and monitoring trends for Gen-I projects.

TSGAC comments: TSGAC strongly recommends that these funds be distributed via a formula basis through Self-Governance funding agreements rather than as grants. Grant funding does not uphold the trust and treaty obligations of the United States. TSGAC firmly believes funding for American Indian and Alaska Native (AI/AN) Programs should reflect this trust obligation. Grant funding is competitive, non-recurring in many cases and burdensome due to varied application processes and reporting requirements. , Therefore, we recommend that each Tribe/Service Unit receive a proportionate amount of the funding automatically, rather than having to apply for an award. If IHS decides not to adopt this proposed change, TSGAC supports the NTAC on Behavioral Health's recommendations for the funding distribution.

Eligibility:

Background: The FY 2015 SASP funding cycle was a limited competition funding opportunity announcement that was open to Tribes, Tribal organizations, and urban Indian organizations as grants. The funding was also open to IHS Federal facilities as program awards. On March 9, 2016, the NTAC met and recommended the funding opportunity be open to both currently funded SASP projects and new projects.

Consultation Topic: Should IHS open the FY 2016 funding opportunity to only current SASP projects? Should new Tribes, Tribal organizations, urban Indian organizations, and IHS Federal facilities (not currently funded) be eligible for the new FY 2016 funding? Or should the funding opportunity be open to both groups?

TSGAC comments: TSGAC supports the NTAC on their behavioral health's recommendation that both those with current projects and those without projects should be permitted to apply. This would allow those in need of expansion to apply for further funding and would allow those without current projects to become involved.

Behavioral Health Providers:

Background: The new FY 2016 funding will require the addition of one objective for Gen-I projects to hire behavioral health staff to implement the objectives under this purpose area. More information on Gen-I is available at www.ihs.gov/mspi/aboutmspi/purposearea4. On March 9, 2016, the NTAC recommended that licensed professionals and paraprofessionals should be included in the funding opportunity announcement.

Consultation Topic: How should IHS provide guidance in the new FY 2016 funding opportunity announcement on what qualifies as "behavioral health staff" for child, adolescent, and family – should this include only licensed personnel or would Tribes recommend including paraprofessionals such as peer specialists and behavioral health technicians?

TSGAC comments: TSGAC supports the determination that the level of behavioral health staff to hire should be based on the scope of service outlined in the application. In addition, TSGAC supports the position that the reviewers should be responsible for determining if the match between services to be provided and requested staff for hire is appropriate. Both non-licensed and licensed staff can be helpful in the project, but a non-licensed professional should not hold clinical responsibilities. Smaller Tribes might need this funding to get some licensed staff on board for support and clinical assessments. If non-licensed staff is hired as primary staff it is imperative that their level of experience with the population and topics addressed by grant be at least a couple of years. The skills needed in this topic area are beyond someone who might be new to the field and placing an inexperienced staff member could be detrimental.

Conclusion

Thank you for requesting Tribal comments on how IHS should develop the guidelines for the new SASP FY 2016 funding. This funding is very critical for Indian country and will help us all to continue to provide health care services to our patients.