IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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

September 3, 2019

RADM Michael Weahkee
Principal Deputy Director
Indian Health Service
5600 Fishers Lane
Mail Stop: 08E86
Rockville, MD 20857

RE: Comments on IHS Opioid Funding

Dear RADM Weahkee:

On behalf of the Indian Health Service's (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I write to provide a response to your June 21, 2019 "Dear Tribal Leader and Urban Indian Organization Leader Letter" about development of an IHS Opioid Grant Program. During the recent TSGAC meeting, leadership discussed potential opportunities for the limited funding and make the following recommendations for your consideration.

Though the Special Diabetes Program for Indians (SDPI) has made significant contributions to Diabetes prevention and treatment, the amount of funding available under for the Opioid grant significantly limits its ability to have the same national impact. As such, TSGAC recommends one of two IHS actions. First and preferentially, nationally distribute the funds and minimize data collection and reporting requirements. Second, select a limited number of grantees that focus on prevention or alternative treatments to those afforded in the Substance Abuse and Mental Health Administration's (SAMHSA) Tribal Opioid Response (TOR) grant.

TSGAC strongly disagrees that the funding should be dispersed through a competitive grant methodology and recommends a formula-driven distribution. Therefore, TSGAC recommends that IHS use the Tribal Size Adjustment (TSA) formula for distribution. IHS already uses the TSA formula to distribute funds. This formula provides a base amount for small Tribes, guaranteeing a certain amount of funds, and an adjustment factor for Tribes serving larger populations. Additionally, if new increases are provided in FY2020, those should be distributed based on the TSA formula. Use of TSA significantly limits administrative costs and responsibilities that can surely be assumed by current IHS HQ or Area Staff. Further, TSGAC requests that IHS explore options to enter into MOU's with other agencies to increase funding distribution through the formula methodology.

TSGAC recommends leveraging the funding provided to Tribal Epidemiology Centers (TEC) to assist the Tribes in their Areas with data reporting, determining national, local, and regional outcomes, and conducting evaluation activities. However, the TSGAC recommends that in Areas where Tribes do not support continued funding for such assistance, which is currently provided by TECs, Tribes will instead receive the funding to support their own data analysis and reporting, determine local, regional and national outcomes, evaluate program effectiveness, and continue to raise national awareness of behavioral health issues. To the extent other data or

information is needed to demonstrate effectiveness, we believe the TECs can work with individual programs to compile that information and produce reports that address this impact.

As noted above, TSGAC strongly disagrees with distribution of these funds through a grant mechanism. However, if grants are award, TSGAC suggests that these funds be awarded to applicants focusing on prevention or other opioid use disorder treatments outside of the limited scope of the SAMHSA Medication Assisted Treatment (MAT) TOR, grants. Part of SDPI's success is a dual focus on treatment and prevention, however, SAMHSA funds are limited to one particular type of treatment requirement. Not all Tribal communities support or require the use of the MAT. IHS should allow and require grantees to evaluate a different treatment delivery model.

If grants are awarded, TSGAC would suggest that the awards be for a period of time and at a level that would allow for sufficient evaluation and best practices reporting as is also the case for SDPI. IHS should evaluate applications based their ability to assess their proposed scope of work, rather than setting national standards which programs must meet. Additionally, data evaluation should be Tribally-driven.

Finally, TSGAC recommends that less than five percent (5%), if any, of the total appropriation be allocated toward IHS' grant administrative costs. IHS already has many behavioral health and substance abuse grants with administrative staff to support those awards. Therefore, there should not be any substantial burden to the existing organization if the Agency determines a limited number of grants are to be awarded.

We appreciate the opportunity to provide these comments and look forward to your support in ending one-time grant funding. While the opioid epidemic is an issue TSGAC takes very seriously, it is one among many health crises that our communities face. If you have any questions about our comments or questions, please feel free to contact me at lmalerba@mohegantribe.com. Thank you.

Sincerely,

Lynn Malerba

Marilynn "Lynn" Malerba
Chief, Mohegan Tribe
Chairwoman TSGAC

CC: Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS
TSGAC and Technical Workgroup Members