

# National Indian Health Board



Submitted via e-mail: [consultation@ihs.gov](mailto:consultation@ihs.gov)

April 30, 2016

Mary Smith,  
Principle Deputy Director  
Indian Health Service  
5600 Fishers Lane  
Mail Stop: 08E86  
Rockville, MD 20857

## **Re: SASP FY 2016 Funding Consultation**

Dear Ms. Smith:

On behalf of the National Indian Health Board (NIHB), this letter responds to the Dear Tribal Leader Letter of April 1, 2016 that initiated Tribal consultation on the Substance Abuse and Suicide Prevention Program (SASP) in preparation for the funding opportunity announcement planned for early June, 2016. NIHB supports the name change of the Methamphetamine Suicide Prevention Initiative to the Substance Abuse and Suicide Prevention. We believe the new name better addresses the program's scope beyond just methamphetamine abuse, to include all types of substance abuse.

Our responses to Indian Health Services' (IHS) specific questions regarding the program are set out below.

### **Funding Distribution:**

Background: After funding the 10 Gen-I projects from the FY 2015 funding cycle and the five percent for a portion of 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.

NIHB Comments: We recommend that more funds be provided for national management. These funds will be used to pay for Area Project Officers due to an increased expectation in technical assistance delivery. There are currently several areas that lack a project officer, which means they lack a permanent person from whom they can receive project management technical assistance.

**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 to 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?

NIHB Comments: NIHB supports the NTAC on 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](http://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?

NIHB Comments: NIHB supports the determination of what level of behavioral health staff to hire should be based on the scope of service outlined in the application and that the reviewers would 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 would benefit for additional funding to get licensed staff on board for support and clinical assessments. If non-licensed staff are hired as primary staff it is imperative that their level of experience with the population and topics addressed by grant be at least several years. The skills needed in this topic area are beyond someone who might be new to the field and placing an inexperienced staff member in there could be detrimental.

**Conclusion:**

Thank you for the opportunity to provide comments on this important program in Indian Country. We are confident that, together, we can work toward improving healthcare delivery for American Indians and Alaska Natives.

Respectfully

A handwritten signature in blue ink, appearing to read 'Lester Secatero', with a stylized flourish at the end.

Lester Secatero  
Chairman

cc: NIHB Board of Directors  
NIHB Executive Director