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Submitted via
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May 2, 2016

Mary Smith, Principal Deputy Director
Indian Health Service
Mail Stop: 08E86
Rockville, MD 20857
ATTN: SASP FY2016 Funding Consultation

Re: USET SPF Comments on SASP FY 2016 Funding Consultation

Dear Ms. Smith,

The United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) is pleased to provide the Indian Health Service (IHS) with the following comments in response to the April 1, 2016 "Dear Tribal Leader" letter (DTLL) regarding consultation on the Generation-Indigenous (Gen-I) projects under the Substance Abuse and Suicide Prevention Programs (SASP), formerly the Methamphetamine and Suicide Prevention Initiative (MSPI). We appreciate the opportunity to provide recommendations for this program, as substance abuse and behavioral health issues are a major concern in Indian Country and across the United States.

USET SPF is a non-profit, inter-tribal organization representing 26 federally recognized Tribal Nations from Texas across to Florida and up to Maine[1]. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the IHS, which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities operated under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

Introduction

Of the 118 projects under SASP's funding five-year funding cycle, five of these programs are operated in the Nashville area by USET SPF member Tribal Nations. Three of these grantees are Federal Direct Service Units and two of these are Tribally-operated facilities under ISDEAA agreements. Each of these programs take multifaceted approaches to the prevention of substance abuse and suicide risk factors. Although these programs are not funded in the Gen-I purpose area, many of the initiatives are targeted toward and work effectively with youth. We offer the following comments to increase access to SASP Gen-I funding, and ensure full participation

[1] [1] USET member Tribes include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

by Tribal Nations impacted by the significant burden of substance abuse challenges among the youth and in their communities.

Support for distributing funding through ISDEAA Funding Agreements

USET SPF was disappointed by the IHS' June 22, 2015 DTLL announcing that the funding for MSPI and DVPI would be available through grants rather than through ISDEAA contracts and compacts as in previous years. Since the passage of ISDEAA, Tribal Nations and Organizations in partnership with the IHS have made a number of critical advances in self-determination. Through ISDEAA, Tribal Nations have proven that we are best positioned to design and directly administer programs that are responsive to the needs of our people. As an administration that supports Tribal self-determination, USET SPF asserts that IHS and Obama Administration should focus on promoting and expanding ISDEAA, rather than limiting opportunities to contract and compact federal dollars.

In addition, when funding is provided through grants and additional Contract Support Costs are not included in the program award, essential patient care dollars must be reallocated and used to support program overhead, which diminishes program efficacy. In some cases, the reduction in available funding for patient care can be as much as 25%. Furthermore, if the move to change the name of MSPI to SASP was to "signify the move from an initiative to an official program," then this should qualify as a "Program, Service, Function and Activity (PSFA)" and be transferrable under an ISDEAA contract or compact. One of the core arguments IHS used to exclude MSPI and DVPI from ISDEAA contracts and compacts was included in a February 6, 2015 DTLL explaining, "Because these are special initiatives, they are not funded through the 'Secretarial amount' which comprises funding for recurring Programs, Functions, Services, or Activities (PFSAs); instead, they are authorized through a provision in the IHS annual appropriation that gives the IHS Director broad discretion over how to distribute." The move to make SASP an official program should be enough justification for IHS to allow for these funds to be allocated through ISDEAA contracts and compacts. IHS should reconsider its position and provide Tribes with the greatest amount of program design/redesign and resources needed to attack this public health crisis.

Funding Distribution

USET SPF supports the recommendation by the National Tribal Advisory Committee (NTAC) to reduce the percentage of funding allocated to national management in order to increase resources allocated to Areas and Urban Indian Organizations. Further, we endorse the NTAC recommendation to provide 88% of funding for Area allocation, 10% for Urban Indian allocation, and 2% for national management. Although we recognize the value of technical assistance through national management, we believe this allocation will increase resources for newly-funded Tribal Nations, as well as capacity to offer programming under the Gen-I purpose area.

Eligibility for SASP Gen-I Projects

We encourage IHS to increase access to Gen-I projects under the SASP program to Tribal Nations not currently funded and those funded through other SASP purpose areas. Although they are not currently funded in Purpose Area 4, many Tribal Nations with SASP funding in the Nashville area are already addressing the aims of the Gen-I Purpose Area within their current SASP activities. Providing greater access to Gen-I resources will allow these Tribal Nations to continue to grow their substance abuse and suicide prevention infrastructure for youth. Additionally, we suggest making the $8.68 million accessible to Tribal Nations which are not currently funded through the SASP program. In our Area, 8% of all USET SPF Tribal citizen deaths are related to substance abuse. Of the substance related deaths, 26% were among people ages 15-34. Due to challenges and limitations with recording substance use data through the Resource and Patient Management System (RPMS) we suspect the number of actual substance related deaths is much higher than current data depicts. The lives of our Tribal

citizens are being taken much before their time. Increasing access to this funding will help our Tribal Nations in combatting risk factors for substance abuse and suicide.

Behavioral Health Providers

USET SPF supports the NTACs' recommendation to include licensed professionals and paraprofessionals in the group of providers designated as "behavioral health providers" for the SASP funding. The five USET SPF Indian health programs which are current SASP grantees reside in counties which are defined as Health Professional Shortage Areas (HPSA) for mental health providers. These counties have mental health provider HPSA scores ranging from 12 to a high of 18. These critical gaps in access should be filled by any licensed professionals or paraprofessionals available to Indian Health programs. Further, in exercise of our inherent sovereign rights, Tribal Nations must have the flexibility to establish hiring practices which best fit the needs of our communities. We hope IHS takes these concerns into consideration when determining the provider criteria under the SASP funding awards.

Conclusion

USET SPF appreciates the opportunity to provide comments on the DTLL to help ensure resources for combatting substance abuse and supporting suicide prevention activities reach and function well for Tribal communities. Should you have any questions or require additional information, please do not hesitate to contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at (202) 624-3550 or by e-mail at lmalerba@usetinc.org.

Sincerely,

Brian Patterson
President

Kitcki A. Carroll
Executive Director

CC: USET member Tribes
Wanda James, USET Deputy Director
Dee Sabattus, USET Director of Tribal Health Program Support
Hilary Andrews, USET Health Policy Analyst