



DEC 16 2009

Dear Tribal Leader:

After careful deliberation and numerous discussions with Tribal Leaders and IHS staff, I am writing to inform you of my decision on allocation of the funding appropriated by the Omnibus Appropriations Act 2009, Public Law 111-8, through the Domestic Violence Prevention Initiative. The purpose of this initiative is to support a national effort by the IHS to address domestic violence and sexual assault within American Indian and Alaska Native communities.

Public Law 111-8 provides an increase in the IHS budget of \$7.5 million for this initiative with congressional appropriations report language that reads as follows:

“Domestic violence within the American Indian and Alaska Native (AI/AN) communities continues to be an area of serious concern. Children in these communities have the second highest rate of maltreatment in the country, and one in three AI/AN women will be physically or sexually abused in her lifetime. In order to provide the Indian Health Service (IHS) with additional tools to better address child and family violence in AI/AN communities, the bill includes \$7,500,000 to implement a nationally coordinated domestic violence prevention initiative. With these funds, the IHS is encouraged to further expand its outreach advocacy programs into Native communities, expand the Domestic Violence and Sexual Assault Pilot project already in operation; and use a portion of the funding for training and the purchase of forensic equipment to support the Sexual Assault Nurse Examiner program (SANE).”

The National Tribal Advisory Committee (NTAC) on Behavioral Health met on four occasions over a 5-month period to develop and provide their recommendations to me on how to distribute these funds and how to use these funds to best address the problems of domestic violence and sexual assault in the communities we serve. I personally met with the NTAC and its Tribal Chair several times to discuss options. The NTAC reported their recommendations to me on August 3 during their meeting in Minneapolis, Minnesota, and these recommendations included a funding distribution methodology that reflects the specific requirements spelled out in the congressional report language. The NTAC proposed that the IHS use the allocation methodology for 3 years and then re-evaluate this allocation method and make adjustments as necessary.

The NTAC recommended three major categories of funding along with specific funding amounts for each category:

1. National Management (evaluation, epidemiology, and national coordination) at \$950,000;
2. Domestic Violence Prevention Initiative (Tribal and Urban outreach) at \$2,521,750;

3. Sexual Assault Projects Expansion (Sexual Assault Nurse Examiner Programs (SANE), Sexual Assault Forensic Examiner Programs (SAFE), Sexual Assault Response Teams (SART), and Area/Urban funding) at \$4,028,250.

I indicated to the NTAC that I agreed with the above allocation methodology at their August 3 meeting. We discussed how difficult it was to determine this allocation method given that there is a great need in all AI/AN communities for these types of programs, but the amount of funding available through this appropriation is very small compared to the need. I asked the NTAC to have further discussions and make recommendations on how to best use the funding in each of the three major areas, which they previously identified. The NTAC met face-to-face and by conference call several times, and developed the following additional recommendations:

1. National Management (evaluation, epidemiology, and national coordination) at \$950,000;

The funding for national management is to be used for coordination and evaluation of this initiative.

2. Domestic Violence Prevention Initiative (Tribal and Urban outreach) at \$2,521,750;

The NTAC recommends that \$2,259,750 of the funding will be used for the following types of activities in IHS and Tribal programs: outreach, advocacy, intervention, policy development, community response teams, and school education programs.

The NTAC further recommends that \$262,000 of the funding will be used for Urban Indian Health Programs.

The NTAC recommends that programs that receive funding for this portion of the initiative implement one of the following models for Domestic Violence Prevention:

- Domestic Violence Pilot Project, which may include activities such as developing Tribal intimate partner violence codes for protection and safety, victim advocacy, community education (e.g., anti-bullying education) and hiring a program coordinator
- Victim Advocacy Programs that will provide increased access to victim advocacy services in the community
- Community/Collaborative Interventions, such as in the Duluth Model, which offers tools for communities to coordinate responses to domestic violence with both legal and human services.

The NTAC understands that there is not enough funding to fund all programs, so the NTAC recommends that this Domestic Violence Prevention Initiative funding will first be allocated to all 12 IHS Areas based on a formula that includes the following factors: Population, Disease Burden, and Poverty.

Once the funding amount is determined for each Area, funding should be targeted to IHS, Tribal, or Urban programs that can demonstrate the greatest need for these services in their communities and who are best able to implement and evaluate these services so that we can be accountable to Congress for these funds.

The NTAC recommends that this funding be distributed by a combination of contract modifications similar to the Methamphetamine and Suicide Prevention Initiative (MSPI) model for Tribal programs; program awards for IHS facilities; and grants for Urban programs for programs selected for funding. Selected programs will receive annual funding for up to 3 years starting in fiscal year (FY) 2010.

3. Sexual Assault Projects Expansion (SANE, SAFE, SART, and Area/Urban funding) at \$4,028,250.

The NTAC recommends that \$2,400,000 of this funding be used for SANE, SAFE, and SART. This funding addresses the severe lack of access to sexual assault forensic examinations in hospitals and clinics, and may include case coordination, victim advocacy, and coordination of SANE, SAFE, and SART activities.

The NTAC also recommends that the remaining \$1,628,250 of this funding be used for community-developed models of collaboration and intervention. Of this amount, \$1,366,250 is to be distributed to IHS and Tribal sites where programs do not currently exist, and \$262,000 is to be distributed to Urban programs. The community-developed models may include case management, behavioral health services, victim advocacy, and management of SANE, SAFE, and SART activities that may include the involvement of community health aids, community health representatives, licensed practical nurses, and other non-medical community members.

The NTAC understands that there is not enough funding to fund all programs, especially given the highly technical and intensive nature of these types of programs, so the NTAC recommends that funding should be targeted to IHS, Tribal, or Urban programs that can demonstrate the greatest need for these services in their communities and who are best able to implement and evaluate these services so that we can be accountable to Congress for these funds.

The NTAC recommends that this funding be distributed to programs selected for funding by a combination of contract modifications similar to the MSPI model for Tribal programs; program awards for IHS facilities; and grants for Urban programs. Selected programs will receive annual funding for up to 3 years starting in FY 2010.

I am writing to indicate my agreement with all of the above recommendations of the NTAC. The IHS will proceed quickly with the work that is necessary to distribute this funding as soon as possible. I would like to thank all the members of the NTAC for their hard work and patience with the process we used to develop these recommendations through a dialogue with me, our staff, and other workgroup members. One of my priorities is to renew and strengthen the IHS' partnership with Tribes. I am grateful for the partnership we have with the NTAC and all our Tribes as we begin to address the serious problem of domestic violence and sexual assault in our communities.

Sincerely yours,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director