

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL -- First Year, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI' COMMITTEES; SUPPORTING THE APPLICATION OF WINSLOW
INDIAN HEALTH CARE CENTER FOR A METHAMPHETAMINE AND SUICIDE
PREVENTION INITIATIVE GRANT THROUGH THE INDIAN HEALTH SERVICE

WHEREAS:

- A. The Health, Education and Human Services Committee has the authority to review and recommend resolutions relating to health. 2 N.N.C. § 401(B)(6)(a).
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all federal programs, i.e. Indian Health Service ("IHS"), to provide efficient services to Navajo members. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); see also CJA-03-13.
- C. The Indian Health Service (IHS), an agency which is part of the Department of Health and Human Services (HHS), is accepting applications to continue the planning, development, and implementation of the Methamphetamine and Suicide Prevention Initiative (MSPI). See Federal Register Announcement attached as Exhibit A.
- D. One of the purposes of the MSPI grant is to increase Tribal, Urban Indian Health Programs, and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans. Exhibit A.
- E. During this grant cycle, IHS expects to provide \$1,988,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period for the Navajo IHS Area. Exhibit A.

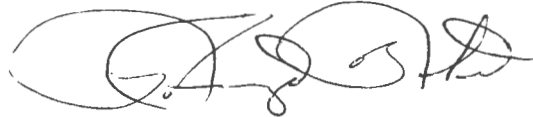
- F. To be eligible for this "Limited Competition" in an effort to address behavioral health disparities within American Indian/Alaska Native communities, IHS is limiting eligibility to Federally recognized Tribes, Tribal organizations, and urban Indian organizations. Exhibit A.
- G. A tribal organization, as defined by 25 U.S.C. 1603(26), means the recognized governing body of any Indian tribe or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Exhibit A.
- H. The Navajo Nation Council has previously designated the Winslow Indian Health Care Center as a tribal organization for the purpose of managing and operating contracts with the Indian Health Services under Public Law 93-638. See Resolution CJN-35-05 at Section 1 attached as Exhibit B.
- I. No cost sharing or fund matching is required for these grants. Exhibit A.
- J. Tribal Resolutions are required as part of the grant application process. Exhibit A.
- K. It is in the best interests to recognize the status of the Winslow Indian Health Care Center as a tribal organization in accordance with CJN-35-05, and to support their application for an MSPI grant for the five-year funding cycle. See Draft Grant Application attached as Exhibit C.

NOW, THEREFORE BE IT RESOLVED:

The Navajo Nation hereby recognizes the status of the Winslow Indian Health Care Center as a tribal organization in accordance with CJN-35-05 and supports their MSPI grant application for the five-year funding cycle.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona) at which a quorum was present and that the same was passed by a vote of 14 in favor and 0 opposed, this 8th day of October 2015.

A handwritten signature in black ink, appearing to read "LoRenzo Bates", written over a large, loopy circular flourish.

LoRenzo Bates, Chairperson
Naabik'íyáti' Committee

Motion: Honorable Jonathan L. Hale
Second: Honorable Lee Jack, Sr.

accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier sub-awards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a \$25,000 sub-award obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: 1) the project period start date was October 1, 2010 or after and 2) the primary awardee will have a \$25,000 sub-award obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting. For the full IHS award term implementing this requirement and additional award applicability information, visit DGM Grants Policy Web site at: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Beverly Cotton, Director, IHS Division of Behavioral Health, 801 Thompson Avenue, Rockville, MD 20874, Phone: (301) 443-2038, Fax: (301) 443-7623, Email: dbh@ihs.gov.

2. Questions on grants management and fiscal matters may be directed to: Patience Musikikongo, GMS, IHS Division of Grants Management, 801 Thompson Ave, TMP Suite 379, Rockville, MD 20874, Phone: (301) 443-2059, Fax: (301) 443-9602, Patience.Musikikongo@ihs.gov.

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-9602, E-Mail: Paul.Gettys@ihs.gov.

VIII. Other Information

The Public Health Service strongly

non-use of all tobacco products. In addition, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: June 30, 2015.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 2015-16750 Filed 7-7-15; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Announcement Number: HHS-2015-IHS-MSPI-0001; Catalog of Federal Domestic Assistance Number (CFDA): 93.933]

Division of Behavioral Health; Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative; Announcement Type: New—Limited Competition

Key Dates

Application Deadline Date: September 8, 2015.

Review Date: September 14-18, 2015.

Earliest Anticipated Start Date:

September 30, 2015.

Signed Tribal Resolutions Due Date:

September 11, 2015.

Proof of Non-Profit Status Due Date:

September 8, 2015.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), an agency which is part of the Department of Health and Human Services (HHS), is accepting applications for a five-year funding cycle to continue the planning, development, and implementation of the Methamphetamine and Suicide Prevention Initiative (Short Title: MSPI). This program was first established by the Consolidated Appropriations Act of 2008, Public Law 110-161, 121 Stat. 1844, 2135, and has been continued in the annual appropriations acts since that time. This program is authorized under the authority of 25 U.S.C. 13, the Snyder Act, and the Indian Health Care Improvement Act, 25 U.S.C. 1601-1683. The amounts made available for the MSPI shall be allocated at the discretion of the Director of IHS and shall remain available until expended. IHS utilizes a

national funding formula developed in consultation with Tribes and the National Tribal Advisory Committee (NTAC) on behavioral health, as well as conferring with urban Indian health programs (UIHPs). The funding formula provides the allocation methodology for each IHS Service Area. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

From September 2009–August 2015, IHS funded 130 IHS, Tribal, and UIHPs that participated in a nationally coordinated six-year demonstration pilot project, focusing on providing methamphetamine and suicide prevention and intervention resources for Indian Country. The MSPI promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine use and suicide prevention from a community-driven context. For a complete listing of demonstration pilot projects, please visit www.ihs.gov/mspi/pilotprojects.

Purpose

The primary purpose of this grant program is to accomplish the MSPI goals listed below:

1. Increase Tribal, UIHP, and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans.
2. Develop and foster data sharing systems among Tribal, UIHP, and Federal behavioral health service providers to demonstrate efficacy and impact.
3. Identify and address suicide ideations, attempts, and contagions among American Indian and Alaska Native (AI/AN) populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.
4. Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, treatment, and aftercare strategies.
5. Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.
6. Promote positive AI/AN youth development and family engagement



through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.

Funded projects are not expected to address all of the MSPI goals, only those relevant to the Purpose Area for which they are applying.

To accomplish the MSPI goals, IHS invites applicants to address one of the Purpose Areas below:

- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support.

In certain circumstances, applicants may choose to apply for more than one Purpose Area. If this is the case, applicants must submit a *separate application for each Purpose Area*. IHS encourages applicants to develop and submit applications that emphasize cross-system collaboration among the Purpose Areas, the inclusion of family, youth and community resources, and the application of cultural approaches.

Evidence-Based Practices, Practice-Based Evidence, Promising Practices, and Local Efforts

IHS strongly emphasizes the use of data and evidence in policymaking and program development and implementation. Applicants under Purpose Area 2, Purpose Area 3, and Purpose Area 4 must identify one or more evidence-based practice, practice-based evidence, best or promising practice, and/or local effort that they plan to implement in the Project Narrative section of their application. The MSPI Web site (<http://www.ihs.gov/mspi/bestpractices/>) is one resource that applicants may use to find information to build on the foundation of prior methamphetamine and suicide prevention and treatment efforts, in order to support the IHS, Tribes, and UIHPs in developing and implementing Tribal and/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies.

Purpose Areas

Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning: Lessons learned from the demonstration pilot project phase of the MSPI revealed the need for AI/AN communities to have access to resources, funding, and technical assistance to assess the needs of their community for suicide and/or

methamphetamine use to develop strategic approaches and leverage community and organizational resources before implementing specific programs. Strategic planning is especially critical to maximize available resources and eliminate duplicative efforts. Strategic planning should address gaps in policies and resources, as well as program barriers. Planning should focus on utilizing data from the community and organizational needs assessment to ensure coordinated community responses as well as system linkages for suicide prevention and methamphetamine use services. Based on the community and organizational needs assessment and analysis, projects will develop a strategic plan to address suicide and/or methamphetamine use (or other addicting substances). IHS is seeking applicants to address MSPI goals #1 and #2 by addressing the following two items:

- Assess and develop strategic approaches of leveraging community and organizational resources to address suicide and methamphetamine use; and
- Develop data sharing systems for continuous assessment and strategic planning.

Purpose Area 2: Suicide Prevention, Intervention, and Postvention: The focus of Purpose Area 2 is on the prevention, intervention, and postvention of suicide, suicide contagion, and suicide attempts or ideations among AI/AN populations.

IHS is seeking applicants to address MSPI goals #3 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of methamphetamine and other substance use disorders;
- Promote community education to prevent the use and spread of methamphetamine;
- Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;
- Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare: The focus of Purpose Area 3 is on the prevention, treatment, and aftercare for

methamphetamine use (and other addicting substances) among AI/AN populations. In addition to prevention programming, MSPI funds can be used to provide behavioral health treatment services (*i.e.*, direct services including in-patient and out-patient treatment, intervention, and aftercare).

IHS is seeking applicants to address MSPI goals #4 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of methamphetamine and other substance use disorders;
- Promote community education to prevent the use and spread of methamphetamine;
- Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;
- Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 4: Generation Indigenous Initiative Support: The focus of Purpose Area 4 is to promote early intervention strategies and implement positive youth development programming to reduce risk factors for suicidal behavior and substance abuse. IHS is seeking applicants to address MSPI goal #6 by working with Native youth ages 8 to 24 years old on the following broad objectives:

- Implement evidence-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native youth;
- Promote family engagement; and
- Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways.

Limited Competition Justification

There is limited competition under this announcement because the authorizing legislation restricts eligibility to Tribes that meet specific criteria. See the Consolidated Appropriations Act of 2008, Public Law 110–161, 121 Stat. 1844, 2135.

II. Award Information

Type of Award

Grant.

Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2015 is approximately \$12,500,000. IHS expects to allocate funding for the 12 IHS service areas as described below. Applicants will be awarded according to their location within their respective IHS service area and will not compete with applicants from other IHS service areas. UIHP applicants will be selected from a category set aside for UIHP applicants only. UIHP awards will be \$100,000 each. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the Agency. IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

The number of anticipated awards is dependent on the number of applications received in response to the announcement and available funds. The funding breakdown by area is as follows:

Alaska IHS Service Area

IHS expects to provide \$1,684,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Albuquerque IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Bemidji IHS Service Area

IHS expects to provide \$706,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Billings IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

California IHS Service Area

IHS expects to provide \$815,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Great Plains IHS Service Area

IHS expects to provide \$1,201,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Nashville IHS Service Area

IHS expects to provide \$333,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Navajo IHS Service Area

IHS expects to provide \$1,988,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Oklahoma City IHS Service Area

IHS expects to provide \$1,908,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Phoenix IHS Service Area

IHS expects to provide \$1,335,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Portland IHS Service Area

IHS expects to provide \$917,000 in total awards ranging from \$50,000 to \$100,000 for a 12-month project period.

Tucson IHS Service Area

IHS expects to provide \$206,000 in total awards ranging from \$50,000 to \$112,500 for a 12-month project period.

Urban Indian Health Programs

IHS expects to provide \$1,000,000 in total awards for a 12-month project period.

Project Period

The project period is for five years and will run consecutively from September 30, 2015, to September 29, 2020.

Continuation Applications

The current funding announcement is a request for the submission of proposals for a five-year project proposal; however due to the limited amount of funding available for competing and continuation awards issued under this announcement, the funds are subject to the availability of appropriations and budgetary priorities of the Agency (also reference "Estimated Funds Available" in this section, "Award Information"). Therefore, awardees will be required to submit a Continuation Application at the end of each project year (dates to be determined) after the initial funding award for Project Year 1, which will assist in determining continued funding from Project Year to Project Year for the five-year project funding cycle. Awardees will be required to submit an entire application package including all components listed under "Content and Form Application Submission" in the GrantsSolutions System to assist in determination of continued funding.

The continuation applications will assist IHS in ensuring that all awardees are meeting their goals and objectives, carrying out project activities, and submitting required documentation in a timely manner and according to the

terms and conditions of their Notice of Award (NoA) and the behavioral health program requirements.

III. Eligibility Information

1. Eligibility

To be eligible for this "Limited Competition" in an effort to address behavioral health disparities within AI/AN communities, IHS is limiting eligibility to Federally recognized Tribes, Tribal organizations, and urban Indian organizations. Eligible applicants are as follows:

- Federally recognized Indian Tribe, as defined by 25 U.S.C. 1603(14);
 - Tribal organization, as defined by 25 U.S.C. 1603(26);
 - Urban Indian organization, as defined by 25 U.S.C. 1603(29).
- Applicants must provide proof of non-profit status with the application, e.g., 501(c)(3).

Note: Please refer to section IV.2 (Application and Submission Information/ Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required such as Tribal resolutions, proof of non-profit status, etc.

2. Cost Sharing or Matching

IHS does not require matching funds or cost sharing for grants or cooperative agreements.

3. Other Requirements

a. If application budgets exceed the highest dollar amount outlined under the "Estimated Funds Available" section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by email by the Division of Grants Management (DGM) of this decision.

b. Awardee Meetings

Awardees are required to send the Project Director and/or Project Coordinator (the individual who runs the day-to-day project operations) to an annual MSPJ meeting. Participation will be in-person or virtual meetings. The awardee is required to include travel for this purpose in the budget and narrative of the project proposal. At these meetings, awardees will present updates and results of their projects including note of significant or ongoing concerns related to project implementation or management. Federal staff will provide updates and technical assistance to awardees in attendance.

Tribal Resolution

Signed Tribal Resolution—A signed Tribal resolution from each of the Indian Tribes served by the project must accompany the electronic application submission. An Indian Tribe that is proposing a project affecting another Indian Tribe must include resolutions from all affected Tribes to be served. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities.

Draft Tribal resolutions are acceptable in lieu of an official signed resolution and must be submitted along with the electronic application submission prior to the official application deadline date or prior to the start of the Objective Review Committee (ORC) date. However, an official signed Tribal resolution must be received by DGM prior to the beginning of the objective review. If an official signed resolution is not received by the review date listed under the Key Dates section on page one of this announcement, the application will be considered incomplete and ineligible.

Official signed Tribal resolutions can be mailed to DGM, Attn: Cherron Smith, 801 Thompson Avenue, TMP Suite 360, Rockville, Maryland 20852. Applicants submitting Tribal resolutions after or aside from the required online electronic application submission must ensure that the information is received by IHS/DGM. It is highly recommended that the documentation be sent by a delivery method that includes delivery confirmation and tracking. Please contact Ms. Cherron Smith by telephone at (301) 443-2192 prior to the review date regarding submission questions.

Proof of Non-Profit Status

Organizations claiming non-profit status must submit proof. A copy of the 501(c)(3) Certificate must be received with the application submission by the application deadline date listed under the Key Dates section on page one of this announcement.

An applicant submitting any of the above additional documentation after the initial application submission due date is required to ensure the information was received by IHS by obtaining documentation confirming delivery (i.e. FedEx tracking, postal return receipt, etc.).

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at <http://www.Grants.gov> or https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_funding.

Questions regarding the electronic application process may be directed to Mr. Paul Gettys at (301) 443-2114 or (301) 443-5204.

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Cover letter.
- Table of contents.
- Abstract (must be single-spaced and should not exceed one page).
- Application forms:
 - SF-424, Application for Federal Assistance.
 - SF-424A, Budget Information—Non-Construction Programs.
 - SF-424B, Assurances—Non-Construction Programs.
 - Statement of Need (must be single-spaced and not exceed two pages).
 - Includes the Tribe, Tribal organization, or UIHP background information.
 - Project Narrative (must be included as an attachment to the application package and must be single-spaced and not exceed 20 pages).
 - Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page timeframe chart, and a plan for local data collection.
 - Budget and Budget Narrative (must be single-spaced and not exceed four pages).
 - Tribal Resolution or Tribal Letter of Support (only required for Tribes and Tribal organizations).
 - See Key Dates for separate due date submission requirement.
 - Letter(s) of Support from organization's Board of Directors (or relevant equivalent), Local Organizational Partners and Tribal or Urban Indian Organizational and Community Partners (All Applicants).
 - 501(c)(3) Certificate (if applicable).
 - Biographical sketches for all key personnel.
 - Position descriptions for all key personnel.
 - Contractor/consultant qualifications and scope of work.
 - Disclosure of Lobbying Activities (SF-LLL).
 - Certification Regarding Lobbying (GG-Lobbying Form).

- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required) in order to receive IDC.

- Organizational Chart (optional).
- Documentation of current Office of Management and Budget (OMB) A-133 required Financial Audit or other required audit (if applicable).

Acceptable forms of documentation include:

- Email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
 - Face sheets from audit reports.
- These can be found on the FAC Web site: <http://harvester.census.gov/sac/dissemin/accessoptions.html?submit=Go+To+Database>

Public Policy Requirements

All Federal-wide public policies apply to IHS grants and cooperative agreements with exception of the discrimination policy.

Requirements for Project Proposals

The project narrative should be a separate Word document that is no longer than 20 pages and must: be single-spaced, type written, consecutively numbered pages, using black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8½" x 11" paper.

Successfully address and answer all questions listed under required application components and place all responses and required information in the correct section (noted below), or they shall not be considered or scored. These narratives will assist the ORC in becoming familiar with the applicant's activities and accomplishments prior to this grant award. If the narrative exceeds the page limit, only the first twenty (20) pages will be reviewed. The 20-page limit for the narrative does not include the cover letter, table of contents, abstract, statement of need, standard forms, Tribal resolutions, budget and budget narrative, and/or other appendix items.

Applications must include the following required application components:

- Cover Letter—Includes the title of the program and all contact information for the Tribe/Tribal organization or UIHP.
- Table of Contents.
- Abstract—Provides a summary of all the key information for the project. Must not exceed one single-spaced page.
- Statement of Need—Provides the facts and evidence that support the need for the project and establishes that the Tribe/Tribal organization or UIHP understands the problems and can

reasonably address them. Provides background information on the Tribe/ Tribal organization or UIHP. May not exceed two single-spaced pages.

- **Project Narrative**—The project narrative (description) describes the project. May not exceed 20 single-spaced pages.

Required components in the project narrative are as follows:

- A. Goals and Objectives.
- B. Project Activities.
- C. Timeline Chart.
- D. Organization Capacity and Staffing/Administration.
- E. Plan for Local Data Collection.

- **Budget and Budget Narrative**—Applicants are to submit a budget and budget narrative for *Project Year 1 only*. The budget and budget narrative must include a line item budget with a narrative justification for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for the first project year only. The budget and budget narrative may not exceed four single-spaced pages for both documents combined.

The MSPI Proposal Template and associated templates for the Timeline Chart, Biographical Sketch, Budget and Budget Narrative, can be located and downloaded at the MSPI Web site: <http://www.ihs.gov/mspi/fundingannouncement>.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 11:59 p.m. Eastern Daylight Time (EDT) on the application deadline date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. Grants.gov will notify the applicant via email if the application is rejected.

If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via email to support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If problems persist, contact Mr. Paul Gettys (Paul.Gettys@ihs.gov), DGM Grant Systems Coordinator, by telephone at (301) 443-2114 or (301) 443-5204. Please be sure to contact Mr. Gettys at least ten (10) days prior to the application deadline. Please do not contact DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a

tracking number, call DGM as soon as possible.

If the applicant needs to submit a paper application instead of submitting electronically through Grants.gov, a waiver must be requested. Prior approval must be requested and obtained from Ms. Tammy Bagley, Acting Director of DGM, (see section IV.6, Electronic Submission Requirements, below for additional information). The waiver must: (1) Be documented in writing (emails are acceptable) before submitting a paper application, and (2) include clear justification for the need to deviate from the required electronic grants submission process. A written waiver request must be sent to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Once the waiver request has been approved, the applicant will receive a confirmation of approval email containing submission instructions and the mailing address to submit the application. A copy of the written approval must be submitted along with the hardcopy of the application that is mailed to DGM. Paper applications that are submitted without a copy of the signed waiver from the Acting Director of DGM will not be reviewed or considered for funding. The applicant will be notified via email of this decision by the Grants Management Officer of DGM. Paper applications must be received by DGM no later than 5:00 p.m., EDT, on the application deadline date listed in the Key Dates section on page one of this announcement. Late applications will not be accepted for processing or considered for funding.

4. Intergovernmental Review

E.O. 12372 requiring intergovernmental review is not applicable to this program.

5. Funding Restrictions

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant/cooperative agreement will be awarded per applicant.

6. Electronic Submission Requirements

All applications must be submitted electronically. Please use the <http://www.Grants.gov> Web site to submit an application electronically and select the "Find Grant Opportunities" link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the completed application via the <http://www.Grants.gov> Web site. Electronic copies of the application may not be submitted as attachments to email

messages addressed to IHS employees or offices.

If the applicant receives a waiver to submit paper application documents, they must follow the rules and timelines that are noted below. The applicant must seek assistance at least ten (10) days prior to the application deadline date listed in the Key Dates section on page one of this announcement.

Applicants that do not adhere to the timelines for System for Award Management (SAM) and/or <http://www.Grants.gov> registration or that fail to request timely assistance with technical issues will not be considered for a waiver to submit a paper application.

Please be aware of the following:

- Please search for the application package in <http://www.Grants.gov> by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- If you experience technical challenges while submitting the application electronically, please contact Grants.gov Support directly at: support@grants.gov or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the Agency must be obtained.
- If it is determined that a waiver is needed, the applicant must submit a request in writing (emails are acceptable) to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Please include a clear justification for the need to deviate from the standard electronic submission process.
- If the waiver is approved, the application should be sent directly to DGM by the application deadline date listed in the Key Dates section on page one of this announcement.
- Applicants are strongly encouraged not to wait until the deadline date to begin the application process through Grants.gov as the registration process for SAM and Grants.gov could take up to fifteen working days.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by DGM.
- All applicants must comply with any page limitation requirements described in this funding announcement.
- After electronically submitting the application, the applicant will receive an automatic acknowledgment from

Grants.gov containing a Grants.gov tracking number. DGM will download the application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither DGM nor the behavioral health program will notify the applicant that the application has been received.

- Email applications will not be accepted under this announcement.
- IHS will not acknowledge receipt of applications.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, please access it through <http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended (Transparency Act), to report information on subawards. Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

System for Award Management (SAM)

Organizations that are not registered with Central Contractor Registration and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2–5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3–5 business days to process. Registration with SAM is free of charge. Applicants may register online at <https://www.sam.gov>.

Additional information on implementing the Transparency Act,

including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

V. Application Review Information

The instructions for preparing the application statement of need, project narrative, budget and budget narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 20 page narrative should include activities for the proposed one-year project. The statement of need, project narrative, budget and budget narrative sections should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 65 points is required for funding. Points are assigned as follows:

1. Criteria

Applications will be reviewed and scored according to the *quality* of responses to the required application components in sections A–E.

- In developing the Statement of Need, Project Narrative, Budget and Budget Narrative sections of the application, use the instructions provided for each section, which have been tailored to this program.
- The Statement of Need should not exceed two single-spaced pages.
- The Project Narrative (required components, sections A–E, in “Requirements for Project Proposals”) together should not exceed 20 single-spaced pages.
- The Budget and Budget Narrative the applicant provides will be considered by reviewers in assessing the applicant’s response, along with the material in the Project Narrative. The budget and budget narrative must not exceed four single-spaced pages.
- The applicant must use the five sections (sections A–E) listed below in developing the: (1) Statement of Need (section A); (2) Project Narrative (sections B, C and D); and (3) Budget and Budget Narrative (section E). The applicant must place the required information in the correct section, or it will not be considered. The application will be scored according to how well the applicant addresses the requirements for each section of the Statement of Need,

Project Narrative, Budget and Budget Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall section score.

Section A: Statement of Need (35 Points)

1. For all Purpose Areas: Identify the proposed catchment area and provide demographic information on the population(s) to receive services through the targeted systems or agencies, *e.g.*, race, ethnicity, Federally recognized Tribe, language, age, socioeconomic status, sexual identity (sexual orientation, gender identity), and other relevant factors, such as literacy. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.

2. For Purpose Area #1 only: Document the need and lack of data currently available. Document the need for an enhanced infrastructure and strategic planning processes to inform the work in the community.

3. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the prevalence of suicide ideations, attempts and completions, methamphetamine use rates, and alcohol and substance abuse rates. For Purpose Area #4, the data should be geared toward AI/AN children and youth.

4. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention and/or behavioral health services in the proposed catchment area that is consistent with the purpose of the program and the funding opportunity announcement. Based on available data, describe the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data (Tribal Epidemiology Centers, IHS area offices), state data (*e.g.*, from state needs assessments, Substance Abuse and Mental Health Administration’s (SAMHSA) National Survey on Drug Use and Health), and/or national data (*e.g.*, from SAMHSA’s National Survey

on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for the applicant's program.

5. For all Purpose Areas: Describe the existing behavioral health service gaps, barriers, and other systemic challenges related to the need for planning and infrastructure development and coordination of behavioral health and wellness services.

6. For all Purpose Areas: Describe potential project partners and community resources in the catchment area that can participate in the planning process and infrastructure development.

7. For all Purpose Areas: Affirm the goals of the project are consistent with priorities of the Tribal government or board of directors and that the governing body is in support of this application.

Section B: Project Narrative/Proposed Approach/Project Plan (20 Points)

1. For all Purpose Areas: Describe the purpose of the proposed project, including a clear statement of goals and objectives. Describe how achievement of goals will increase system capacity to support the goals and objectives or activities in the Purpose Area for which the applicant is applying.

2. For all Purpose Areas: Describe how project activities will increase the capacity of the identified community to plan and improve the coordination of a collaborative behavioral health and wellness service systems. Describe anticipated barriers to progress of the project and how these barriers will be addressed.

3. For all Purpose Areas: Discuss how the proposed approach addresses the local language, concepts, attitudes, norms and values about suicide, and/or methamphetamine use.

4. For all Purpose Areas: Describe how the proposed project will address issues of diversity within the population of focus including age, race, gender, ethnicity, culture/cultural identity, language, sexual orientation, disability, and literacy.

5. For all Purpose Areas: Describe how members of the community (including youth and families that may receive services) will be involved in the planning, implementation, and data collection and regional evaluation of the project.

6. For all Purpose Areas: Describe how the efforts of the proposed project will be coordinated with any other related Federal grants, including IHS, SAMHSA, or Bureau of Indian Affairs

(BIA) services provided in the community (if applicable).

7. For all Purpose Areas: Provide a timeline chart depicting a realistic timeline for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in the chosen Purpose Area. [Note: The timeline chart should be part of the Project Narrative as specified in the "Requirements for Project Proposals" section. It should not be placed as an attachment.]

8. For all Purpose Areas: If the applicant plans to include an advisory body in the project, describe its membership, roles and functions, and frequency of meetings.

9. For all Purpose Areas: Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include a list of these organizations as an *attachment* to the project proposal/application. In the attached list, indicate the organizations that the Tribe/Tribal organization or UIHP has worked with or currently works with. [Note: The attachment will not count as part of the 20-page maximum.]

Section C: Organizational Capacity and Staffing/Administration (15 Points)

All Purpose Areas should address all of the components listed below:

1. Describe the management capability and experience of the applicant Tribe, Tribal organization, or UIHP and other participating organizations in administering similar grants and projects.

2. Discuss the applicant Tribe, Tribal organization, or UIHP experience and capacity to provide culturally appropriate/competent services to the community and specific populations of focus.

3. Describe the resources available for the proposed project (e.g., facilities, equipment, information technology systems, and financial management systems).

4. Describe how project continuity will be maintained if/when there is a change in the operational environment (e.g., staff turnover, change in project leadership, change in elected officials) to ensure project stability over the life of the grant.

5. Provide a complete list of staff positions for the project, including the Project Director, Project Coordinator, and other key personnel, showing the role of each and their level of effort and qualifications.

6. Include position descriptions as *attachments* to the project proposal/application for the Project Director, Project Coordinator, and all key personnel. Position descriptions should not exceed one page each. [Note: Attachments will not count against the 20 page maximum].

7. For staff that are identified and currently on staff, include a biographical sketch (not to include personally identifiable information) for the Project Director, Project Coordinator, and other key positions as *attachments* to the project proposal/application. Each biographical sketch should not exceed one page. Reviewers will not consider information past page one. [Note: Attachments will not count against the 20 page maximum]. Do not include any of the following:

- i. Personally Identifiable Information;
- ii. Resumes; or
- iii. Curriculum Vitae.

Section D: Local Plan for Data Collection (20 Points)

Describe the applicant's plan for gathering local data, submitting data requirements, and document the applicant's ability to ensure accurate data tracking and reporting.

Funded projects are required to coordinate data collection efforts with a regional (IHS Area) evaluator. The regional evaluators will be identified and funded by IHS and coordinated with each local project and will feed the regional and national evaluation for MSPI. Awardees will work with the regional evaluator(s) to evaluate the core processes, outcomes, impacts, and benefits associated with the MSPI. Awardees shall collect local data related to the project and submit it in semi-annual progress reports. The data collected and submitted through the progress reports will be made available to the regional and national evaluator(s) for MSPI. The purpose of the regional and national evaluation is to assess the extent to which the projects are successful in achieving project goals and objectives and to determine the impact of MSPI-related activities on individuals and the larger community.

Progress reporting will be required on national and regionally selected data elements related to program outcomes and financial reporting for all awardees. Progress reports will be collected semi-annually throughout the project on a web-based portal. Progress reports include the compilation of quantitative (numerical) data (e.g., number served; screenings completed, etc.) and of qualitative or narrative (text) data. The regional and national evaluators will also coordinate the narrative data

collection and provide an analysis of the funded project's responses to open-ended questions about "program accomplishments," "barriers to implementation," and description of partnership and coalition work.

The reporting portal will be open to project staff on a 24 hour/7 day week basis for the duration of each reporting period. Reporting form formats allow awardees to report outcomes and include open-ended questions about current accomplishments and barriers during the reporting period. In addition, financial report forms (SF-425), which document funds received and expended during the semi-annual reporting period, will be available. All materials will be provided on the portal and are to be submitted online. Technical assistance for web-based data entry and for the completion of required fiscal documents will be timely and readily available to awardees by assigned IHS Project Officers.

Section E: Budget and Budget Narrative (10 Points)

The applicant is required to include a line item budget for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for *Project Year 1 only*. The budget should match the scope of work described in the project narrative for the first project year expenses only. The page limitation should not exceed four single-spaced pages.

The applicant must provide a narrative justification of the items included in the proposed line item budget supporting the mission and goals of MSPI, as well as a description of existing resources and other support the applicant expects to receive for the proposed project. Other support is defined as funds or resources, whether Federal, non-Federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-Federal means. (This should correspond to Item #18 on the applicant's SF-424, Estimated Funding.) Provide a narrative justification supporting the development or continued collaboration with other partners regarding the proposed activities to be implemented.

Additional documents can be uploaded as Appendix Items in Grants.gov

- Work plan, logic model and/or time line for proposed objectives.
- Position descriptions for key staff.
- Consultant or contractor proposed scope of work and letter of commitment (if applicable).
- Current Indirect Cost Agreement.

- Organizational chart.
- Map of area identifying project location(s).
- Additional documents to support narrative (*i.e.* data tables, key news articles, etc.).

2. Review and Selection

Each application will be prescreened by DGM staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation criteria in this funding announcement. The ORC could be composed of Tribal, urban and Federal reviewers appointed by the IHS program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via email of this decision by the Grants Management Officer of DGM. Applicants will be notified by DGM, via email, to outline minor missing components (*i.e.*, budget narratives, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DGM on or before the due date listed in the email of notification of missing documents required. To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Grants Management Officer and serves as the official notification of the grant award. The NoA will be initiated by DGM in our grant system, GrantSolutions (<https://www.grantsolutions.gov>). Each entity that is approved for funding under this announcement will need to request or have a user account in GrantSolutions in order to retrieve their NoA. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

Disapproved Applicants

Applicants who received a score less than the recommended funding level for

approval, 65 points, and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application submitted. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance if desired.

Approved But Unfunded Applicants

Approved but unfunded applicants that met the minimum score of 65 points and were deemed by the ORC to be "Approved," but were not funded due to lack of funding, will have their applications held by DGM for a period of one year. If additional funding becomes available during the course of FY 2015, the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

Note: Any correspondence other than the official NoA signed by an IHS Grants Management Official announcing to the Project Director that an award has been made to their organization is not an authorization to implement their program on behalf of IHS.

2. Administrative Requirements

Grants are administered in accordance with the following regulations, policies, and OMB cost principles:

A. The criteria as outlined in this program announcement.

B. Administrative Regulations for Grants:

- Uniform Administrative Requirements HHS Awards, located at 45 CFR part 75.

C. Grants Policy:

- HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

- Uniform Administrative Requirements for HHS Awards, "Cost Principles," located at 45 CFR part 75, subpart E.

E. Audit Requirements:

- Uniform Administrative Requirements for HHS Awards, "Audit Requirements," located at 45 CFR part 75, subpart F.

3. Indirect Costs

This section applies to all grant recipients that request reimbursement of IDC in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC rate agreement prior to award. The rate

agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to DGM.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) <https://rates.psc.gov/> and the Department of Interior (Interior Business Center) http://www.doi.gov/ibc/services/Indirect_Cost_Services/index.cfm. For questions regarding the indirect cost policy, please call the Grants Management Specialist listed under "Agency Contacts" or the main DGM office at (301) 443-5204.

4. Reporting Requirements

The grantee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. Reports must be submitted electronically via GrantSolutions. Personnel responsible for submitting reports will be required to obtain a login and password for GrantSolutions. Please see the Agency contacts list in section VII for the systems contact information.

The reporting requirements for this program are noted below.

A. Progress Reports

Progress reports are required semi-annually/annually through the national MSPI online progress report data portal, within thirty (30) days after the budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the reporting period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within

ninety (90) days of expiration of the budget/project period.

B. Financial Reports

Federal Financial Report FFR (SF-425), Cash Transaction Reports are due thirty (30) days after the close of every calendar quarter to the Payment Management Services, HHS at: <http://www.dpm.psc.gov>. It is recommended that the applicant also send a copy of the FFR (SF-425) report to the Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to the organization.

Grantees are responsible and accountable for accurate information being reported on all required reports: The Progress Reports and Federal Financial Report (SF-425).

C. Federal Subaward Reporting System (FSRS)

This award may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR part 170.

The Transparency Act requires OMB to establish a single searchable database, accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a \$25,000 subaward obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: (1) The project period start date was October 1, 2010 or after and (2) the primary awardee will have a \$25,000 subaward obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting. For the full IHS award term implementing this requirement and additional award applicability information, visit DGM Grants Policy Web site at: https://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Audrey Solimon, Health System Specialist, 5300 Homestead Rd. NE., Albuquerque, NM 87110, Phone: (505) 248-4330, Fax: (505) 248-4257, Email: Audrey.Solimon@ihs.gov.

2. Questions on grants management and fiscal matters may be directed to: Cherron Smith, GMS, IHS Division of Grants Management, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20874, Phone: (301) 443-2192, Fax: (301) 443-9602, Email: Cherron.Smith@ihs.gov.

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 801 Thompson Avenue, TMP Suite 360, Rockville, MD 20852, Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-9602, E-Mail: Paul.Gettys@ihs.gov.

VIII. Other Information

The Public Health Service strongly encourages all cooperative agreement and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: June 30, 2015.

Robert G. McSwain,
Acting Director, Indian Health Service.
[FR Doc. 2015-16744 Filed 7-7-15; 8:45 am]
BILLING CODE 4160-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Notice of Presentation

SUMMARY: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will host an online presentation to enable public discussion of the Institute's proposal to create a new division; Division of Medications Development. The proposal seeks to better reflect the NIAAA priorities by increasing the emphasis on medications development efforts on treating alcohol use disorders (AUD). The change is budget neutral and will use existing

Tribal Resolution

Signed Tribal Resolution—A signed Tribal resolution *from each of* the Indian Tribes served by the project *must accompany the electronic application submission*. An Indian Tribe that is proposing a project affecting another Indian Tribe must include *resolutions from all affected Tribes to be served*. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities. Show citation box.

Draft Tribal resolutions are acceptable in lieu of an official signed resolution and *must* be submitted along with the electronic application submission prior to the official application deadline date or prior to the start of the Objective Review Committee (ORC) date. However, an official signed Tribal resolution must be received by DGM prior to the beginning of the objective review. If an official signed resolution is not received by the review date listed under the Key Dates section on page one of this announcement, the application will be considered incomplete and ineligible.

Official signed Tribal resolutions can be mailed to DGM, Attn: Cherron Smith, 801 Thompson Avenue, TMP Suite 360, Rockville, Maryland 20852. Applicants submitting Tribal resolutions after or aside from the required online electronic application submission must ensure that the information is received by IHS/DGM. It is highly recommended that the documentation be sent by a delivery method that includes delivery confirmation and tracking. Please contact Ms. Cherron Smith by telephone at (301) 443-2192 prior to the review date regarding submission questions.

hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Summary progress on the following activities	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden hours
Home Visiting Competitive Grant Progress Report—FY 2012, FY 2013, FY 2014	37	1	37	25	925
Home Visiting Competitive Grant Progress Report—FY 2015	32	1	32	25	800
Home Visiting Competitive Grant Progress Report—FY2016 and FY 2017	47	2	94	25	2350
Total	116	166	25	4075

Jackie Painter,
Director, Division of the Executive Secretariat.
[FR Doc. 2015–17873 Filed 7–21–15; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Meeting on American Indian/Alaska Native Lesbian, Gay, Bisexual, and Transgender Health Issues

AGENCY: Indian Health Service, HHS.
ACTION: Notice of meeting.

SUMMARY: The Indian Health Service (IHS) is seeking broad public input as it begins efforts to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual, and Transgender (LGBT) community.

DATES: The meeting will be held as shown below:

1. July 27, 2015 from 9:00 a.m. EST to 4:30 p.m. EST.

ADDRESSES: The meeting location is:

1. Rockville, MD—801 Thompson Avenue, Rockville, MD 20852.

Written statements may be submitted to Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Lisa Neel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852, Telephone 301–443–4305. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: The meeting will be open to the public. To facilitate the building security process, those who plan to attend should RSVP to Lisa Neel at lisa.neel@ihs.gov or by telephone at 301–443–4305. (This is not

a toll-free number.) Public attendance may be limited to the space available. Members of the public may make statements during the meeting to the extent time permits and file written statements with the agency for its consideration. Written statements should be submitted to the address listed above. Summaries of the meeting will be available for public inspection and copying ten days following the meeting at the same address.

Dated: July 15, 2015.
Elizabeth A. Fowler,
Deputy Director for Management Operations,
Indian Health Service.

[FR Doc. 2015–17962 Filed 7–21–15; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Behavioral Health, Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the *Federal Register* on July 8, 2015, for the FY 2015 Methamphetamine and Suicide Prevention Initiative. The notice contained four incorrect broad objectives for Purpose Area #2.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management (DGM), Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone direct (301) 443–2114, or the DGM main number (301) 443–5204. (This is not a toll-free number.)

Corrections

In the *Federal Register* of July 8, 2015, in FR Doc. 2015–16744, on page 39132, in the second column, under the heading Purpose Area 2: Suicide Prevention, Intervention, and Postvention, all the bullet points with corrections should read as follows:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of suicide screening and evidence-based suicide care;
- Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicide ideations;
- Improve health system organizational practices to provide evidence-based suicide care;
- Establish local health system policies for suicide prevention, intervention, and postvention;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Dated: July 15, 2015.
Elizabeth A. Fowler,
Deputy Director for Management Operations,
Indian Health Service.

[FR Doc. 2015–17960 Filed 7–21–15; 8:45 am]

BILLING CODE 4160–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request Process and Outcomes Evaluation of NCI Physical Sciences in Oncology Centers (PS–OC) Initiative (NCI)

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National



JUN 22 2015

Dear Tribal Leader:

On February 6, the Indian Health Service (IHS) sent a letter to Tribal Leaders requesting tribal input on the next phase of the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI), a five-year competitive award cycle set to begin after the completion of the demonstration project phase. I am writing to provide you with an update on how the IHS will move forward with MSPI and DVPI over the next five years.

National Funding Distribution Formula

Based on the majority of feedback received in response to the February 6 letter and other opportunities for consultation, IHS will continue to use the current national funding distribution formula to allocate funding for both MSPI and DVPI among the IHS Areas. This formula was originally developed in consultation with Tribes and the IHS National Tribal Advisory Committee (NTAC) on Behavioral Health with the goal of concentrating the limited MSPI and DVPI funding in locations with the greatest need. The MSPI and DVPI national funding distribution formula is based on population, poverty, and disease burden.

Overall Funding Amounts

The DVPI funding for Fiscal Year (FY) 2015 will remain at the same level as FY 2014 for all IHS Areas. An additional amount of \$600,000 will be allocated for Urban Indian Health Program (UIHP) DVPI projects. This allocation supports the NTAC recommendation to restore the UIHP DVPI grants without reducing funding to other DVPI programs. Previously, in FY 2010–2012, DVPI funded Urban Indian Health Program (UIHP) grantees in the amount of \$524,000.

In FY 2015, IHS will adopt the NTAC recommendations to provide additional guidance and support for MSPI projects and improved support for local evaluation, since community-level program information can promote sustainability. This support will take the form of regional representatives in at least seven IHS Area Offices with the largest numbers of funded projects to provide consistent guidance and administration. Regional evaluators will provide technical assistance on data collection and program evaluation to all 12 IHS Areas.

With this new evaluation resource, individual projects will not be required to set aside up to 20 percent of their budget for local evaluation. Instead, the regional evaluators will work with funded projects to ensure efforts are coordinated to demonstrate the impact locally, regionally and nationally, supporting evidence that program efforts are making an impact within the community. To support these resources, MSPI funding available for project awards will be reduced from \$13,100,000 for IHS and Tribal projects and \$1,188,000 for UIHPs to \$12,500,000 for IHS and Tribal projects and \$1,000,000 for UIHPs in FY 2015.

In addition, the February 6 letter requested feedback on varying award amounts versus using a standardized award amount. In response to feedback favoring the variable amounts, IHS will award varying amounts ranging from \$50,000 to no more than \$300,000.

Funding Mechanism

The distribution of funds for MSPI and DVPI projects has previously involved a number of different funding mechanisms. In order to provide consistency and prevent confusion in the new funding cycle, IHS will fund all MSPI and DVPI projects through a grant mechanism for Tribal and UIHP MSPI and DVPI awardees. The new MSPI/DVPI grant program will prevent confusion regarding the allowable costs, including indirect costs, to be included in the budget, a standard requirement for all federal financial assistance. IHS facilities will continue to receive funding through program awards.

Eligibility and Selection Criteria

In the demonstration project phase, MSPI and DVPI project sites included Tribes, IHS facilities, Area Offices, Tribal organizations, Indian health boards, Youth Regional Treatment Centers (YRTCs), and UIHPs. The variety of types of awardees was due to the original manner in which the MSPI and DVPI recipients were selected based in part on input gathered from Tribes in each IHS Area. Recommendations on eligibility received following the February 6 letter varied greatly, and there was no consensus recommendation. The IHS has determined that eligibility for the new MSPI/DVPI award cycle will be limited to federally recognized Tribes, IHS facilities, Tribal organizations, YRTCs, and UIHPs. The selection criteria will be standardized across all IHS Areas and applicants will not compete for funding with applicants from other IHS Areas. Selection criteria will be based on the following factors:

1. Statement of Need – 35 points
2. Proposed Approach/Project Plan – 20 points
3. Organizational Capacity – 15 points
4. Plan for Collecting Local Data – 20 points
5. Budget and Justification – 10 points

The highest amount of points for MSPI and DVPI applications will be given in the category of “Statement of Need.” Given the limited amount of funding for MSPI and DVPI, IHS requested input on how to determine greatest need among applicants. The majority of responses were in favor of using community data to demonstrate level of need.

I am aware of the challenges many AI/AN communities face surrounding data being readily available to demonstrate the level of need. In light of the consultation feedback and in consideration of the challenges around available data, IHS will accept data sources such as IHS Trends in Indian Health, epidemiological data from Tribal Epidemiology Centers and IHS Area Offices or Service Units, State data, or national data (e.g., the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, National Center for Health Statistics, Centers for Disease Control and Prevention reports, and U.S. Census data). This list is not comprehensive, and applicants may submit other data, as appropriate to their program.

Program Components and Reporting Requirements

The IHS plans to allow funding for four purpose areas in MSPI and two purpose areas in DVPI. Reporting requirements will move to an annual report and will be according to the purpose area selected in the application. In certain circumstances, eligible applicants may wish to apply to more than one purpose area.

The MSPI, purpose areas are:

- 1) Purpose Area 1: Conduct community and organizational needs assessments to develop a strategic plan and data sharing system
- 2) Purpose Area 2: Provide suicide prevention, intervention, and postvention services
- 3) Purpose Area 3: Provide methamphetamine prevention, treatment, and aftercare services
- 4) Purpose Area 4: Provide youth interventions and positive development activities to support the Generation Indigenous Initiative

The DVPI purpose areas are:

- 1) Purpose Area 1: Provide domestic and sexual violence prevention, advocacy, and coordinated community response activities
- 2) Purpose Area 2: Provide forensic healthcare treatment services for victims of domestic and sexual violence

The IHS anticipates the announcement requesting new applications for FY 2015 to be published in a Federal Register notice on or around June 26. Applications will be due 60 days after the Federal Register notice is issued. For additional information, please visit our websites at www.ihs.gov/mspi or www.ihs.gov/dvpi. If you have any questions, please contact Dr. Beverly Cotton, Director, IHS Division of Behavioral Health, by e-mail at beverly.cotton@ihs.gov or by telephone at (301) 443-2038. Thank you for your continued work to address these serious issues in our communities.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director

CJN-35-05

RESOLUTION OF THE
NAVAJO NATION COUNCIL

20th NAVAJO NATION COUNCIL - Third Year, 2005

AN ACTION

RELATING TO HEALTH, AND INTERGOVERNMENTAL RELATIONS;
AMENDING RESOLUTION CAP-35-02, APPROVING THE
REAUTHORIZATION OF THE EXISTING HEALTH CARE 638
CONTRACTORS, AND ESTABLISHING A PROCEDURE FOR THE EXPANSION
OF HEALTH CARE 638 CONTRACTS AND AUTHORIZATION OF
ADDITIONAL HEALTH CARE 638 CONTRACTORS, BEGINNING OCTOBER
1, 2005 AND ENDING SEPTEMBER 30, 2020

BE IT ENACTED:

1. The Navajo Nation Council hereby amends Resolution CAP-35-02, attached hereto as Exhibit "A", by removing the "pilot project" status of the Utah Navajo Health Systems, Inc., the Tuba City Regional Health Care Corporation, and the Winslow Indian Health Care Center, Inc., and reauthorizing each of these corporations as tribal organizations for the purpose of managing and operating contracts with the Indian Health Service under Public Law 93-638 for a fifteen-year period beginning October 1, 2005 and ending September 30, 2020, for all programs, functions, services and activities (PFSAs) which those tribal organizations currently contract under Public Law 93-638.
2. The Navajo Nation Council hereby authorizes the Sage Memorial Hospital, Inc. as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service under Public Law 93-638 for a fifteen-year period beginning October 1, 2005 and ending September 30, 2020, for all programs, functions, services and activities (PFSAs) which those tribal organizations currently contracts under Public Law 93-638.

3. The Navajo Nation Council hereby specifically delegates to the Intergovernmental Relations Committee the authority to consider the expansion of the PFSAs which each of the above-referenced tribal organizations manage and operate under a Public Law 93-638 contract, upon a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the existing and expanded PFSAs; provided, that no expansion of the PFSAs which the above-referenced tribal organizations manage and operate under a Public Law 93-638 contract shall be approved in the absence of a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the existing and expanded PFSAs.
4. The Navajo Nation Council hereby specifically approves the authorization by the Intergovernmental Relations Committee of additional tribal organizations to manage and operate Public Law 93-638 contracts with the Indian Health Service for the provision of health care and related services to Navajos and other eligible recipients, upon a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served by the additional tribal organizations; provided, that no additional tribal organizations shall be authorized to manage and operate Public Law 93-638 contracts for the provision of health care and related services to Navajos and other eligible recipients in the absence of a recommendation for approval by the Health and Social Services Committee, and each of the Navajo Nation chapters which will be served under such Public Law 93-638 contract.
5. The Navajo Nation Council further conditions the reauthorizations, authorization, authorities for expansion of PFSAs, and additional of tribal organizations herein set forth upon the complete and continuing compliance of the tribal organizations with all conditions set forth on Exhibit "A", hereto attached.

CERTIFICATION

I heraby certify that the foregoing resolution was duly considered by the Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona) at which a quorum was present and that the same was passed by a vote of 65 in favor and 13 opposed, this 3rd day of June 2005.


Lawrence T. Morgan, Speaker
Navajo Nation Council

05 June '05
Date

Motion: Larry Noble
Second: Mel R. Begay

Conditions for Health Care 638 Contractors

- The Health Care 638 Contractor shall maintain its eligibility for third party payments under CMS.
- The Health Care 638 Contractor shall maintain continued certification by a nationally recognized accreditation organization.
- The Health Care 638 Contractor shall maintain compliance with all monitoring and reporting requirements established by the Navajo Nation.
- The Health Care 638 Contractor shall provide copies of all final Federal Single Audit Act audit reports and final audit reports issued by its nationally recognized accreditation organization(s) and all associated corrective action plans to the Navajo Nation Division of Health.
- The Health Care 638 Contractor shall provide copies of all Public Law 93-638 contracts and all Public Law 93-638 annual funding agreements to the Navajo Nation Division of Health.
- The Health Care 638 Contractor shall provide copies of its annual reports to the Navajo Nation Division of Health..
- The Health Care 638 Contractor shall maintain continued compliance with all applicable Navajo Nation laws, including the Navajo Preference in Employment Act.

500 North Indiana Avenue
Winslow, Arizona 86047

4 September 2015

Beverly Cotton, DNP, CPNP-PC
Director, Division of Behavioral Health
Indian Health Service Headquarters
801 Thompson Ave - RB 340
Rockville, MD 20874

Dear Dr. Cotton,

The Winslow Indian Health Care Center service area is pleased to transmit the following application for review and consideration for Methamphetamine and Suicide Prevention Initiative (MSPI). The total budget request for the first year of the proposal is \$166,000.00. This new MSPI program will focus on Purpose Area 4 for the next five years.

Suicide and substance abuse are two issues that are major public health concerns for the Navajo people and within the Winslow service area. By focusing on the youth and young adults will let us focus on the risk factors for suicide and substance abuse. Of major concerns are reasons why these two issues affect our people between ages 8 to 24 years of age. Risk factors such as historical grief and trauma, unemployment, loss of identity, and hopelessness are only a few of the obstacles our young people face. Winslow service area has focused much of its demonstration MSPI project on prevention and intervention training of the adults who are in contact with our young people. Now the focus will include strengthening the protective factors to build resiliency for the youth and young adults.

This proposal will incorporate evidence-based programs with traditional Navajo cultural practices to build on the foundations of local protective factors and reduce risk factors through early prevention and intervention.

Proposed Project Title: Siih Hasin, There is Hope for the Youth of the Winslow Indian Health Care Center service area.

Eligible Entity:

Tribal Organization Name & Address: Winslow Indian Health Care Center, Inc.
500 North Indiana Avenue, Winslow, Arizona 86047

Name of Main Contact: Ruth Begay

- **Phone Number:** (928) 289-6130
- **Fax Number:** (928) 289-6146
- **Email:** ruth.begay@wihcc.org
- **DUNS Number:** 149343803

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III. ABSTRACT

Suicide is not talked about in Navajo country. While there is a word for 'suicide' in the Navajo (Dine) language, it has been used very rarely. It is considered highly taboo to talk about the concept of suicide, much less death. When a Navajo person dies, there are very strict rituals and practices that must be performed in the four days following death, and in very specific places and manner. Suicide, in particular, is not discussed because talking about it is believed to invite the 'spirit of death'. Yet due to the number of suicides, attempts and ideations in Native communities, it needs to be talked about more and more. Nationwide, suicide is being discussed daily, at times, splashed across the news. Suicide and methamphetamine abuse is a public health crisis. For Native Americans, meth and suicide have a greater impact than for the general population of the US. In the recent past, the Winslow Indian Health Care Center WIHCC service area has experienced an increase of death by suicide just like many of its Navajo Nation service area counter parts. The Methamphetamine Suicide Prevention Initiative (MSPI) demonstration project was a significant protective factor starting in 2009. The WIHCC has since then been spreading awareness to the Navajo communities through its many activities to build protective factors along with the Navajo teachings, some of which can only be told during the winter months. Our elders have been sent to evidence-based teachings in order to have them reach a better understanding of the Western ways to prevent suicide. Our MSPI program has instructed ten Navajo youth workers in the American Indian Life Skills curriculum for communities. This is also how we are collaborating with our stakeholders so that these teachings can continue even after WIHCC MSPI is gone.

The WIHCC MSPI program has been visible in all of our communities and welcomed. We are proud of the fact that our activities are often matched with funds from other programs. We work with social services agencies, schools and the faith based organizations. We use evidenced based trainings, as well as Native traditional teachings to provide prevention education.

The WIHCC MSPI Program is submitting this application for the new Methamphetamine/Suicide Prevention Initiative (MSPI) funding to continue to spread awareness that Meth abuse and Suicide can be prevented. We would like to address methamphetamine abuse and suicide in our Native American youth and young adults aged 8-24 in the WIHCC service area. WIHCC MSPI will address the goal of promoting positive youth development and family engagement through the use of EB culturally appropriate programs such as Gathering of Native Americans GONA and Fatherhood and Motherhood is Sacred. We will use American Indian Life Skills along with the Navajo teachings by respected orators. By getting this funding again the WIHCC MSPI Program will be able to continue and expand the things we are doing. Especially by focusing on the youth, we will now have a specific group to cater to.

IV. STATEMENT OF NEED: Section A

Purpose Area 4: Generation Indigenous Initiative Support. The Winslow Indian Health Care service area (WIHCC) serves a mostly Navajo population living in small rural communities over approximately 3,200 square miles, including eight chapter houses on the Navajo reservation, and three border towns along Interstate 40. The user population is 16,649. 44% of the population is under 18 or over 65, compared with 33% for the general US population. The median age is 24 (37 for the US). About a third of the user population lives in the border towns. The service area has a mixed economy: a service economy in the border towns (unemployment rate varying between 7 and 10%; median income somewhat under \$30,000); and the reservation portion (unemployment between 40 and 50%, with some agriculture and limited public sector employment; median household income under \$22,000). Most of the user population lives in crushing poverty in extremely remote and rural settings.

Prevalence of Suicide Ideations, Attempts, and Completions. In the WIHCC service area during the past year, 5 young Navajos committed suicide. In addition, Winslow and Holbrook police report at least 149 suicide attempts between April 2010 and July 2015. In addition, Project staff have heard widespread ideations expressed at youth conferences sponsored by the WIHCC MSPI, where young people, encouraged by the Project's safe environment, realize that they are not alone, and express their feelings freely. Many of these young people live in dormitories located in Leupp, Winslow, and Holbrook, often because their home environments are too socially impaired to support children, resulting in children who have not learned the coping skills ordinarily acquired in a healthy family environment. Siblings living elsewhere often share suicidal ideations expressed by these children. For this reason, the dormitories are a major focus of the WIHCC MSPI program.

Need for Enhanced Infrastructure and Services. Suicide in a Navajo community has a strong multiplier effect: the entire community, not just one family, is affected by anger, abandonment, denial, helplessness, and shock. It is immobilizing, especially to communities struggling with dysfunctions ranging from poverty and isolation to substance abuse and domestic violence. This multiplier becomes even more difficult for Navajo families and communities because of still-strong cultural prohibitions against speaking about the recently deceased. Navajo traditions especially condemn suicide as an act leaving individuals in the same emotionally untenable conditions, but in the status of a ghost. Moreover, when a death occurs during a Blessingway ceremony unrelated to the death, clan-related individuals involved in the ceremony must suspend their participation. Yet young people finding themselves in dysfunctional home environments, pressured by substance abuse, violence, poverty, and hopelessness, and unwilling to manage a perceived stigma associated with seeking mental health assistance, continue to pursue suicide as an escape.

Suicide prevention programs developed for the general population cannot hope to make a difference in this population, which requires a sensitive and close focus on cultural traditions and realities.

Existing Behavioral Health Services Gaps, Barriers, and Other Challenges. Two major gaps occur for providing more effective services. First, between schools, the Indian Health Service (including MSPI), law enforcement, and other agencies, there is no established or legitimate protocol for collecting data and/or making referrals for suicide ideations. Secondly, a few individual elders in some of the more traditional communities, because of strongly held cultural beliefs about death, have been circumspect about participating in MSPI activities. Both of these challenges are specifically addressed in the proposed project.

Potential Project Partners and Community Resources. The WIHCC MSPI closely collaborates with regional agencies and schools, including the dormitories in Winslow and Leupp, the Little Singer School in Birdsprings with the Family And Child Education (FACE) program, Leupp Schools, Seba Dalkai Schools, Dilkon Community Schools, Jeddito Schools, and especially with Tiisyakin Residential Hall in Holbrook, which currently has an average of 140 Native students attending local schools.

At Tiisyakin, the Project provides training in the Fatherhood and Motherhood curriculum to the Residential Hall staff each week, and also teaches 9th, 10th, 11th, and 12th grade students the Navajo-adapted American Indian Life Skills Development Curriculum.

Another example of collaboration is with Dilkon Youth Services, a program funded by the Navajo Housing Authority. Its mission is to encourage and assist children, teens, and young adults by providing and creating opportunities so they can reach their full potential and prevent them from turning to substance abuse. The Project has trained two DYS staff in the American Indian Life Skills “Train the Trainer” curriculum, and will be collaborating with them at two local schools to implement it.

Consistency of Goals with Institutional Objectives. The WIHCC MSPI has served Navajo youth with projects based on its mission within the Health Promotion Disease Prevention Department to promote programs and activities in partnership with communities, which enhance personal, family, and community wellness. These activities enhance emotional, mental, physical and spiritual wellbeing of each person by focusing on the traditional four directions: East (children), South (adolescents), West (adults), North (elders and community). Services are derived from the culture of those to be served. Examples include the use of the Navajo Wellness Model and the American Indian Life Skills Development Curriculum adapted for Navajo youth, Applied Suicide Intervention Skills Trainings (ASIST), Gatekeeper, Question, Persuade, and Refer (QPR), safeTalk, and Native Pride. These evidence-based activities receive the strong institutional support of the WIHCC Board of Directors, and is consistent with Navajo Nation policy, resulting from a youth suicide state of emergency declared by then-president Joe Shirley, Jr. in 2010, and echoed in June 2015 by current Vice President Jonathan Nez in a formal recommendation to HHS Secretary Sylvia Burwell to redouble efforts to address what has been called a “silent epidemic.”

V. PROJECT NARRATIVE

The WIHCC's MSPI program, funded since 2009, has documented and responded to the needs of the families, chapters, local programs, law enforcement, schools, and health care organizations that make up the WIHCC service area. Because of closely-knit communities and the persistence of the Navajo clanship system, suicide has a devastating effect on multiple generations and a large number of people. Research shows that those who have had a family member take his or her own life are at high risk themselves for suicide. The surviving family members and anyone close to the suicide victim will need counseling or a traditional healing ceremony to be in harmony once again. It is an example of why public health and other services should be in step with local communities and cultures, but why the strategies they employ should essentially grow out of those communities and cultures. Communities in the WIHCC service area have consistently welcomed MSPI activities, because those activities speak directly to the special circumstances of Navajos in northeastern Arizona.

The WIHCC MSPI program will continue to use the American Indian Life Skills Curriculum (AILS) as a means to build an intergenerational infrastructure: by teaching our youth to talk about personal issues, we will foster a generation that will in turn teach their own children to address their feelings and coping skills, such as relationship problems, and emotions, such as depression, anxiety, anger and suicidal thoughts. The WIHCC MSPI program will raise awareness utilizing a public health approach regarding prevention, intervention and postvention resources.

This proposal will focus on Purpose Area 4 of the MSPI announcement for the new MSPI grant application. Under this purpose area, the broad objectives of the area have been identified by the funding agency as follows:

A. GOALS AND OBJECTIVES

The long-term goal of the project is a decrease in suicidal behaviors and substance abuse through early intervention using Evidence-based (EB) and practice-based (PB) programs and traditional cultural teachings. This goal of the WHICC MSPI application will be supported by activities designed to engage families, organizations and Native American youth and young adults (ages 8-24).

Based on EB and PB practices along with our Navajo traditional teachings, the proposed project will use four methods: *education* (workshops and classes), *engagement* through special activities (fun runs/fun walks, sweat lodge), *training for school and youth services staff*, and *family/community outreach*. Each of these methods falls within one or more of the Purpose Area 4 "broad objectives" described on p.8 of the MSPI grant announcement.

These four strategies will often employ published curricula (adapted to the Navajo context) which (according to evaluation data) participants—youth, families, community members, and service personnel—have found particularly relevant, effective, and appealing. These include gatekeeper programs such as QPR (Question, Persuade and Refer) and safeTALK, as well as intervention trainings like ASIST.

GOAL 1: EDUCATION. The first goal of the proposed MSPI project must be to provide frontline *Public Health educational services* to Navajo youth in the WIHCC service area. The proposed project will provide (and assess) classes, workshops, and other activities in educational settings consisting of information and strategies related to suicide and suicide ideation: prevention, intervention, and postvention, heavily emphasizing traditional Navajo methods and concepts, and focusing on immediately useable and practical skills.

Objective 1.1: As a result of ten educational presentations at local schools, at least 60% of participants will demonstrate (according to assessment criteria) an understanding and awareness of the relationship between substance abuse and suicide.

Rationale: Red Ribbon Week is a national campaign in schools and related institutions to promote awareness of alcohol, tobacco, drugs, and violence, observed each October. Since schools already plan on Red Ribbon Week activities, it is an ideal time for the project to partner with participating schools to hold special classes and presentations about the traditional Red Ribbon Week subjects, but also to provide information and activities that promote an understanding of how substance abuse and violence are related to suicide and suicidal thoughts. Past records of the MSPI program has shown that our people are interested and available to attend presentations such as ASIST, QPR, and safeTALK.

Objective 1.2: By the end of August 2016, as a result of the implementation of American Indian Life Skills (AILS) curriculum in six local schools, at least 60% of participating students will achieve minimum competency in the AILS curriculum as measured by pre- and post-testing.

Rationale: Noted Stanford education specialist Teresa D. LaFromboise originally developed the AILS curriculum in conjunction with suicide intervention efforts at Zuni. Since then, the curriculum has been modified to be used in any Native setting, with the flexibility to be adapted to specific local cultural environments. Some of the adaptations include Northern Plains tribes, young women at Blackfeet, and Sequoyah High School in Tahlequah, Oklahoma. In addition, the WIHCC MSPI has experience and prior collaboration of area schools in implementing AILS successfully. In March 2015, we had ten school staff trained in the AILS curriculum with whom we plan to implement the curriculum at additional local schools, with Navajo adaptations made to the curriculum.

GOAL 2: ENGAGEMENT. The second goal of the project will be to engage the target group using *special activities* as a means to promote interest and develop a sense of connection. Our engagement strategy consists of outside-the-building (or any building) experiences based on culturally appropriate activities. One kind of experience, which we call the Fun Run and Fun Walk, appeals not just to an active and healthy “youth culture,” but also to a time-honored Navajo spiritual tradition of running; and the other, the sweat lodge, is, of course, the traditional gathering of prayer and togetherness which in

many ways has become an almost universal symbol of spiritual healing and trust for Natives (and non-Natives) across North America. Through these non-institutional experiences participants develop a sense of personal connection with the message of our work, celebrating hope, expressed in the project title *Siih Hasin*, There is Hope, and by extension become aware not only of resources available to support a hope to an end to suicidal ideations, but also, as engaged learners, develop a sense of personal responsibility to overcome the perceived stigma often attached to using Behavioral Health and related services.

Objective 2.1: By March 1st of 2016, as a result of six community “fun-run/fun-walks” sponsored by the WIHCC MSPI, at least ten participants who are at risk of suicide and/or suicidal ideations will have taken advantage of behavioral health or other available resources either on their own initiative or by referral from the MSPI project.

Rationale: There are many reasons why a community fun run and fun walk is an ideal objective to support the goal of engagement. It is an informal, vastly healthy outdoor experience where “fun” is truly an operative term. It is not a race, but a collective celebration and affirmation of life, and actually has important roots not just in an active “youth culture,” but perhaps more importantly an extremely old Navajo cultural tradition, which honored the sky and the earth, which honored the idea of the Sacred, and which honored the sanctity and beauty of the human body. Long before Navajos acquired horses, the semi-nomadic Navajo ancestors relied on running for hunting, trade, and communication. Even today, many Navajo parents teach their children to honor the sacred spirits by running in the early morning toward the rising sun in the east, as far as their sense of joy, and their legs, will take them. No surprise, then, that across Native America, and especially in the Navajo world, running has become an important part of many Behavioral Health programs, from sobriety to building self-esteem. This activity, moreover, provides a venue for young people to meet individual staff members from service agencies as friends running or walking with them, not simply as officials working in offices, so that some will be encouraged to call on their running or walking partners in time of need. Our local BIE schools are not able to staff their physical education positions so it is to their benefit to team up with our school coordinator and the MSPI staff to provide walks. The public schools have insufficient funding and look to WIHCC MSPI for support of their cross-country track team.

Objective 2.2: By the end of August 2016, at least 60 youth from local schools will have participated in at least one of five sweat lodge ceremonies facilitated by the project. The outcome assessment of the objective is not quantified because of the spiritual nature of the activity. However, follow-up group discussions focusing on how the ceremony improved attitudes and changed behaviors will be conducted a week after the activity, and summarized by the project staff.

Rationale: There is little need to introduce the sweat lodge ceremony as a basic part of prevention and healing. Its popularity, arising from its profound spiritual effectiveness, has soared throughout Native America over the past twenty or thirty years. An

unbroken tradition of the use of sweat lodges in traditional Navajo culture has resulted in another long-standing modern Navajo tradition of incorporating the sweat lodge into Behavioral Health and related therapies and services (Colmant & Merta 1999).

GOAL 3: STAFF TRAINING. School and youth services (including dormitory) staff work in close personal contact with the target group every day. They are the most likely to see or hear suicidal ideations. Not only do they have daily personal contact, they are also most likely to know students' family and social environment, so that they can contextualize students' comments and attitudes, and observe periodic behavioral changes. The WIHCC MSPI will provide on-going training and support to these personnel as requested and needed.

Objective 3.1: By March 1st of 2016, 15 staff members from two cooperating schools will have met the minimum requirements for implementing the Red Cliff Wellness School Curriculum aimed to reduce risk factors and enhance protective factors related to substance abuse.

Rationale. The Red Cliff Wellness school curriculum (RCW) is the number one request from local area schools. RCW focuses on substance abuse, a key factor in suicides and ideations. It was developed for Native students, and emphasizes the use of small groups to help students develop appropriate interpersonal skills (sharing, respect, honesty, and kindness). The use of "talking circles" has long been a staple of Behavioral Health services as well as organizational or institutional behavior strategies in Native settings. By using the RCW school curriculum, the WIHCC MSPI will be able to introduce protective factors for at-risk students. MSPI will work with schools to begin spreading awareness that substance abuse can be prevented. By working with schools earlier, we can begin giving a name to this evil that is touching so many of our youth and they will begin to understand that they have a choice and that their choices have consequences.

GOAL 4: FAMILY/COMMUNITY OUTREACH. Young people do not live in a vacuum. They live in families and communities. This is especially true of the Navajo world, where the cultural, social, and spiritual structures of life are the family and community, as discussed in the Needs section. The traditional Navajo family and community is governed by specific relationships, each with its own required responsibilities and behaviors. The Navajo language itself provides many examples: when greeting a sibling, we do not simply say Greetings, Brother. We say Greetings Older Brother, *Yá'át'ééh Shinaaí*, or Greetings Younger Brother, *Yá'át'ééh Shitsilí*. *Yá'át'ééh Shidá'í* greets one's maternal uncle, but only if the speaker is male. If the speaker is female, the greeting is *Yá'át'ééh Shiyáázh*. In the traditional Navajo family, as expressed in the language itself, each member knows his or her place. Yet grinding poverty, substance abuse, and marginalization do much violence to traditions, resulting in an ongoing conflict between function and dysfunction, and one cannot be considered in isolation from the other. Suicide prevention must be a family and community effort, and the WIHCC MSPI will make that effort directly.

Objective 4.1: By March 1st of 2016, as a result of three MSPI *Siih Hasin* (There is Hope) workshops in the WIHCC service area, at least 60% of participants will have developed life-affirming skills needed for coping with grief and loss, as indicated by workshop interactional observations and assessments.

Rationale: As suggested in the objective, *Siih Hasin* workshops will address topics related to coping with grief and loss, which will provide life-affirming skills for youth and families. The Statement of Need (Need for Enhanced Infrastructure and Services) explains the special circumstances in Navajo culture for considering death and dying, grief, and loss. Traditionally, these subjects are avoided, with the result in the lack of relevant coping skills and even the lack of relevant ways of expressing and sharing grief. So embedded in Navajo ways are these prohibitions that, rather than calling these activities Grief and Loss workshops, instead we will use the project's actual name, *Siih Hasin* (There is Hope), which is much more than a workshop name: it describes the content and function of the workshop, which, again drawing from Navajo tradition, emphasizes paths to affirm life, rather than paralysis from grief.

Objective 4.2: By the end of May 2016, at least 100 young adults, youth, families, and community members will have participated in presentations, workshops, and other activities in one of two conferences sponsored by the WIHCC MSPI program, where, according to brief questionnaires they will be asked to complete, at least 80% will report positive and productive experiences.

Rationale: At the request of area school counselors who wanted help dealing with children who were experiencing loss, the WIHCC MSPI Program worked with Navajo therapists who created the booklet entitled *My Sacred Journey to Healing* to meet this need. What we found out was that while the adults that attended came to help their students and children, they had a lot of grief issues themselves. We want to offer three sessions so school staff will be more reflective when listening to children. There is a need to offer Connect Postvention for the area school and agencies that have lost a person to suicide.

The conferences provide a setting to gather all the stakeholders together in an environment that affirms and celebrates the unity of youth, families, and communities in the Navajo world. Activities from workshops and presentations to music and games will focus on promoting self-esteem and cultural pride, and provide positive and appropriate experiences designed to enhance participants' understanding of substance abuse, suicide, and bullying prevention.

Objective 4.3: By the end of August 2016, at least 80% of participants in one of three Gathering of Native Americans (GONA) family cultural events will report in brief pre- and post assessment questionnaires that their experience was positive, effective, and applicable to their needs.

Rationale: The Gathering of Native Americans (GONA), an adaptable and best-practice curriculum, was developed by SAMHSA and Native organizations to apply the four themes of Belonging, Mastery, Interdependence, and Generosity to the generalized goal of community healing, thus emphasizing our goal of family/community outreach. Since one of the WIHCC MSPI staff is a specialist in Native American history, the project will be able to particularly consider healing from historical trauma, one of the highlights of the GONA curriculum. Evidence-based practices are available but their high cost to purchase and difficulties implementing them are not realistic for our Navajo communities. Getting a school district to agree to implement an evidence-based practice and getting them to agree to train staff and devote part of their school day which will not be addressing their state test scores is time consuming. We can start the process but the fruits of our labor will be reached in the future. The WIHCC MSPI program is using the Navajo Traditional practitioners to teach our youth their Navajo values, cultures and language combined with EBP practices to prevent substance use and suicidal behaviors.

With experience gained by hosting a GONA at a local high school, and having the support of the local courts who want to see a workshop for parents and their children that they can refer their clients to, GONA will once again be offered to local schools and communities. Fatherhood Is Sacred and Motherhood Is Sacred is already being taught and is well accepted in the city of Winslow by one of our partners. The only difference will be that WIHCC MSPI will be in the schools.

We will host two youth summits modeled after Native HOPE. We have hosted several Native HOPE youth conferences the last three years. We can do this because the staff that help us are certified Native HOPE trainers and remain with the program now. WIHCC MSPI has developed a strong process for Native HOPE and believes it will provide opportunity for success.

B. PROJECT ACTIVITIES.

Over the past six years, the WIHCC MSPI has developed educational, engagement, training, and outreach strategies based on contemporary evidence-based practices and traditional Navajo teachings to improve the knowledge and skills levels for our community members in preventing meth use and suicidal behaviors.

Education. The project will use the following curricula:

- **Navajo Wellness Model:** The Navajo Health and Wellness Curriculum for Health Promotion *Sha'bek'ehogo As'ah Oooda'a'l', A Journey with Wellness and Healthy Lifestyle Guided by the Journey of the Sun* is a curriculum developed to foster awareness and understanding of core Navajo teachings about personal and family health, healthy communities, and healthy environments. The curriculum uses a cultural model incorporating the Navajo philosophical teachings of wellness according to the natural daily cycles. The teachings emphasize four domains of self-care, family health, healthy communities, and healthy environments from the Navajo. Plan: Will teach a weekly lesson to one high school residential hall for five months.
- **American Indian Life Skills Development (AILS):** American Indian Life Skills Development is a school-based suicide prevention curriculum designed to address this problem by reducing suicide risk and improving protective factors among American Indian adolescents 14 to 19 years old. The curriculum's lesson plans cover topics such as building self-esteem, identifying emotions and stress, increasing communication and problem-solving skills, recognizing and eliminating self-destructive behavior, learning about suicide, role-playing around suicide prevention, and setting personal and community goals. Plan: Will teach weekly at two schools.
- **Gathering of Native Americans (GONA):** GONA is a four-day program focused on increasing the strengths of Native youth and community, healing the past and building the future. This particular GONA is focused on youth, their families, and community members. Through the four components of *Belonging, Mastery, Interdependence* and *Generosity* we start to examine how to be an active participant in our own life and in creating a healthy community. Plan: Coordinate two GONA workshops at two local organizations.
- **Fatherhood Is Sacred & Motherhood Is Sacred (FIS & MIS):** A twelve-week program designed for mothers, fathers, and guardians of youth to strengthen Native families by responsibly involving fathers in the lives of their children, families, and communities, and partnering with mothers to provide happy and safe families. Our approach is based on a culturally rich model that inspires and motivates fathers and mothers to devote their best efforts in teaching

and raising children to develop their potential and the attributes needed for success in life. Plan: Will teach two organizations at two different sites.

- **My Sacred Journey to Healing:** A Grief and Loss curriculum that was developed by two Navajo counselors when faced with a huge number of children who had experienced a loss. Originally this workshop was just for providers who worked with children, but soon became apparent that those who attended had unresolved grief issues of their own. The premise is that if counselors and staff can resolve their issues before helping students they will be better prepared to help students. This curriculum is a six week program designed to help high school students through their grief process. One unique aspect of this program is that it incorporates Navajo culture and is respectful of Navajo cultural practices through-out its lessons. Plan: Will co-sponsor three My Sacred Journey to Healing Workshops.
- **Dine HOPE Youth Summit:** A curriculum which follows Dr. Clayton Small's, "Native HOPE curriculum" using Navajo terms and typical Navajo situations are used instead of the Northern Tribes' terms. The past 4 Native HOPE Youth Conferences for four area high schools and three Good Road of Life conferences for three community organizations suggests hope that utilizing this curriculum will be successful. These conferences will bring together students who are currently already participating in Native HOPE clubs at two local high schools and any other students who want to help other students deal with difficult situations and shows them alternative choices. Plan: Will co-sponsor two Dine HOPE Youth Summits.
- **Red Cliff Wellness School Curriculum:** The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. The Red Cliff program is taught by teachers who have been trained in interactive, cooperative learning techniques and facilitation. The manualized curriculum has separate components for grades K-3, 4-6, and 7-12. Each component includes 20-30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness and to assist students in understanding their emotions. Small-group discussions (described as "talking circles" in Native American terms) are extensively used, along with small-group process activities, independent workbook activities, and collaborative projects for older students. Plan: To begin the process of selling this curriculum to two local schools and begin implementing by January 2016.
- **ASIST:** Applied Suicide Intervention Skills Training (ASIST) is for individuals 16 or older, regardless of prior experience, seeking skills in providing suicide first aid.

Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. The ASIST program at WIHCC has been successfully attended by Navajo elders who do not speak English. A trainer fluent in the Navajo language engages participants in the role playing in the Navajo language. Navajo-speaking participants are able to ask questions and have a better understanding of the reasons for an individual who wants to end their life and how to prolong their life. ASIST training will continue with an ASIST on staff and another staff member going to T for T in September 2015. Applied Suicide Intervention Skills Training (ASIST) is for everyone 16 or older, regardless of prior experience, who wants to be able to provide suicide first aid. Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. Plan: Will hold three ASIST trainings at two local communities and at one school.

- **safeTALK:** safeTALK is a half-day alertness curriculum designed for individuals 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with internal pain. Through words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by referring them to life-saving intervention resources, such as caregivers trained in ASIST and Mental Health First Aid. Plan: To host three safeTALK trainings in three different communities.
- **Question, Persuade, Refer (QPR):** A gatekeeper curriculum for emergency suicide intervention and prevention, QPR (Question, Persuade and Refer) teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors using a "chain of survival": *question* their meaning to determine suicide intent or desire; *persuade* the person to accept or seek help, and *refer* the person to appropriate resources. Plan: Monthly QPR Gatekeeper training sessions at six schools and two community organizations.
- **Sweat Lodge:** The Navajo_Sweat lodge is a purification ceremony that cleanses and heals the body, the mind, the emotions, and the soul. The sweat lodge will follow the Navajo ways, guided by our traditional medicine practitioners. There will be two sweatlodges, one for males and one for females. The HPDP Traditional Medicine Practitioner will run the sweat lodge for the boys and a female traditional medicine practitioner will be hired to run the sweat lodge for the girls. Plan: Will conduct five sweat lodge sessions for the boys and the girls on the WIHCC campus.

Implementation of WIHCC MSPI proposal

GOAL 1: Identify and address suicide ideations, attempts, and contagions among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.

This goal and its objectives will focus on schools and those adults who come in contact with youth age 8 to 24. Four of the six activities have already been completed at one time or another by the WIHCC MSPI program. They have been well attended and the data from post surveys show increase in knowledge and satisfaction. This will be our first attempt to implement the Red Cliff Wellness School Curriculum (RCWSC) and the Connect Postvention.

Data collected: The quantitative data collected from all will include post surveys. These will be scanned and analyzed. The report will be used to change the direction or modify our approaches to more fully meet the needs of our target population. After viewing the outcomes and looking at the long-term and short-term goals, the program will change according to the assessment of the collected data.

Anticipated Outcomes: WIHCC MSPI has six years of experience in conducting these and other activities and anticipates that we will continue to be successful. As for the RCWSC and the Connect Postvention, we anticipate some resistance but have the support of both programs.

Potential Barriers: Potential barriers will be schools expecting that the WIHCC MSPI program to teach the Red Cliff Wellness School Curriculum, not providing time for school staff to be trained in this curriculum and resisting due to all the other requirements they have to meet for the federal and state standards. WHICC MSPI will patiently and persistently work with them. Since the Navajo Nation has trained staff in the Connect Postvention, we do not anticipate our Postvention trained staff finding a partner with whom to teach.

GOAL 2: Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.

The family engagement through the use of our activities will help to reduce risk of suicidal and substance abuse behaviors.

Activities will focus on activities which promote family involvement through physical exercise, interaction such as discussion or experiencing new learning or emotions together.

Data collected: The quantitative data will be collected to document attendance with information on demographics. The qualitative data will come from surveys which will show insights and behaviors changes. This will come from pre and post tests and if feasible, a six-month follow up survey.

Anticipated Outcomes: The WIHCC MSPI program anticipates a good outcome due to the fact that these activities have been done in the past.

Potential Barriers: There may be an issue of transporting high school students back home after an event. But with notices sent far enough in advance we anticipate it will be minor. Another barrier might be not having enough time or personnel to cover all the walks requested by the communities. In anticipation of this, the WIHCC MSPI will work to find collaborators to work with.

These issues and barriers can be overcome through more collaboration with our community schools and agencies. WIHCC MSPI will find resources no matter how small to match funds with in order to meet our goals and objectives.

Goal 3: Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways.

Activities: Will focus on those activities that will bring all the rich culture values, wisdom and humor to the youth. These activities will ensure that our Native American youth hear and understand what our ancestors endured so that they could be here today. They will appreciate the humor and learn the lessons taught by an elder which are only told during the winter months. From those stories and the American Life Skills Curriculum they will learn new coping skills.

Data collected: Data collected will show knowledge gained and insight found. The data will be quantitative and qualitative. The qualitative data will be gained when students answer open ended questions.

Anticipated Outcomes: The WIHCC MSPI program anticipates a reconnection of our youth and young adults to the traditional teachings of the Navajo people. We believe the shared knowledge and understanding of the past with the hardships of the present will focus our youth on overcoming their risk factors and using the protective factors of the MSPI to improve their lives.

Potential Barriers: There may be a drop in students participating in the Navajo Culture classes once basketball starts at local high schools. This can be overcome by scheduling classes when there is not a game. Other potential barriers will be not having enough funds for those all schools. We will attempt to overcome this by asking all to meet us half way in paying the orator.

C. TIMELINE CHART

Timeline Chart – Project Objectives: Title of Project: Silk Hasin, There Is Hope / Purpose Area #4 Year 1: September 30 2015 – September 29, 2016														
Key Project Activities	SEP 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016	Responsible Project Staff
ASIAN safeTALK					X			X						MSPI Coordinator, Project Staff
DRUM						X	X	X				X		Project Assistant
Navajo Culture Clashes		X	X	X	X	X								MSPI Coordinator & Project Assistant
Peace Making		X	X	X		X	X	X	X					MSPI Coordinator, Marketing Practitioner
Red Cliff Wellness			X	X	X	X	X	X						MSPI Coordinator & Project Assistant
Americans Indian (The Salte Curio (um)		X	X	X	X	X	X	X						Project Assistant
Gathering Of Native Americans (GONA)			X	X	X					X	X	X		MSPI Project Assistant
DRIVE HOME: GONA to 101			X	X			X							MSPI Coordinator
Connect Pictivation			X				X							MSPI Project Assistant
Red Ribbon Week		X												MSPI Project Assistant
Annual Suicide Awareness Walk/Run			X		X		X		X		X			MSPI Project Assistant
My Sacred Journey to Healing (Grief & Loss)		X				X				X				MSPI Coordinator & Project Assistant
Fatherhood & Motherhood Is Sacred		X	X	X	X	X	X	X	X					MSPI Coordinator & Project Assistant
Exhibition Collection		X	X	X	X	X	X	X	X	X	X	X		MSPI Coordinator & Project Assistant
Program Evaluation		X	X	X	X	X	X	X	X	X	X	X		MSPI Coordinator & Project Assistant

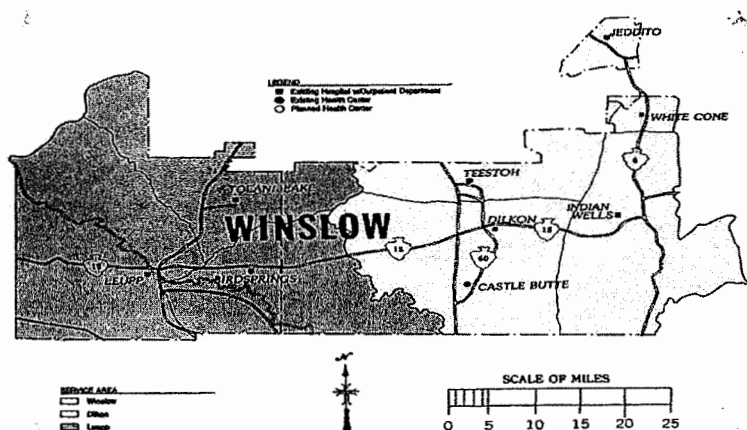
D. ORGANIZATIONAL CAPACITY & STAFFING/ADMINISTRATION: Section C

WIHCC Service area has had the MSPI program for almost six years. For a period of about six months, WIHCC was without a MSPI Program because the MSPI Coordinator retired.

The following are key personnel who work for the WIHCC Health Promotions and Disease Prevention (HPDP) and will work together to manage and conduct the proposed work for this grant award.

- Community Health Services Director, Rod Antone
- MSPI Coordinator, Ruth Begay, MSW
- MSPI Project Assistant, Chevonne Todicheeney, MPH
- Fitness/Recreational Specialist, Tiffany King
- School Health Coordinator, Annette Gonnig
- Health Promotion Communication Specialist, LA Williams
- Mobile Van Driver, Ella Dixon
- Navajo Traditional Medicine Practitioner, Thomas Edison Yazzie
- Three massage therapists
- Two clerks

Management capability and experience: The WIHCC HPDP Service area covers 2,180 square miles. It consists of eight communities and three border towns. It serves 17,000 Native Americans most of whom are Navajos. There are 160,000 visits a year.



The WIHCC HPDP oversees other programs funded by the Navajo Nation. One such program is the Navajo Coordinated School Health Program which funds three schools in our service area.

Organization experience and capacity: The WIHCC HPDP uses the Navajo Wellness Model as the basic principle for community healing. The

HPDP personnel are trained in the Navajo Wellness Model (NWM), which reflects the WIHCC vision statement, providing care in healing and *Hozhojii do K'e* (Harmonious Relationships). The Navajo Wellness Model uses *K'e* or clanships to promote life and help our community members know that they are not alone. Knowing *K'e* promotes harmony among relationships. The HPDP traditional medicine practitioner (TMP) uses the Navajo Wellness Model when presenting to medical staff and communities. The TMP will conduct sweat lodge sessions for high school boys and a female TMP will

conduct sessions for high school girls. The HPDP Communications Specialist will assist with MSPI events by producing radio spot ads, by emceeing MSPI events, and being the host for live broadcasts on radio. Of course, all HPDP will assist with MSPI 5K walks.

Available resources: The WIHCC HPDP is located on the WIHCC campus. Each staff member has their own office space with individual desktop computers (password and encrypted file protection provided by WIHCC's Management Information System (MIS) staff, and printers capable of producing high quality and quantity of relevant educational and promotional materials.

The Department of Finance operates with an MIS supported financial management system and provides financial reports appropriate for grant management reports. The MSPI staff will work with the finance department to ensure timely financial reports.

To ensure there is continuity, the HPDP staff has trained trainers in the current MSPI Program so that services will be maintained. In order to sustain future prevention efforts the School Coordinator will be trained in ASIST and three other staff will be trained in safeTALK using our No Cost Extension funds. In addition, we have 3 other community members trained in QPR. Also in March, 2015 we had nine staff and community members trained in the American Indian Life Skills by Dr. Theresa LaFromboise.

E. PLAN FOR LOCAL DATA COLLECTION: Section D

The WIHCC MSPI will focus on Purpose Area 4 promoting positive AI/AN Youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behaviors and substance abuse. The WIHCC MSPI program will implement the three objectives so that the youth and young adults will develop resiliency and strengthen protective factors so they will value and find a purpose to their lives. Our capacity-building efforts will demonstrate that suicide and substance abuse can be prevented. The efforts will also integrate the involvement of families. The three objectives supporting this effort have been developed to encourage participants to build on cultural protective factors (language, history, culture) and integrate evidence-based practices into these cultural practices. Through awareness, education, sharing, and capacity-building, the WIHCC MSPI will expand on its MSPI demonstration project and reduce substance abuse and suicidal behaviors among youth and young adults in the our service area.

All data collected for this proposal will be held private and confidential by MSPI program staff and evaluation team. No personal or identifiable data will be reported. All results will be gathered and reported to the funding agency as well as WIHCC leadership and community stakeholders. All survey instruments will be developed and created with the MSPI staff and designated local evaluator. The cultural component practices will be included in all evaluation and data collection methods developed for the WIHCC MSPI.

Two distinct data sets will be collected during the proposed work. First, quantitative data will be collected, collated and analyzed for participant demographics, retention, and completion of EBP and cultural practice curricula. WIHCC MSPI has collected

these data sets for six years in the demonstration project and will use historical data to assess success in the new funding cycle.

The second data set will be qualitative data from each of the EBP and cultural practice sessions. Satisfaction, capacity building outcomes, knowledge base improvements, and recognition of signs suicide ideation and as a whole will be measured. Pre and Post surveys will be used to collect qualitative data.

The long-term outcome will be measured by a decrease in suicidal behaviors and substance abuse. Local health data will be collected from WIHCC databases and the surrounding police departments. Data collection will focus on healthcare delivery, mortality reports, urgent care room visits, law enforcement reports, behavioral health reports, and other data as they become available. These external data will be tracked for trends to assess if the WIHCC MSPI had any impact in methamphetamine and substance abuse and suicide ideation, attempts and completions. With this information, we can see changes in substance abuse and suicidal behaviors and can therefore change our MSPI program to fit the emerging needs and to work on appropriate protective factors.

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Footnote

¹ https://ibis.health.state.nm.us/indicator/complete_profile/SuicDeathYouth.html

VI. BUDGET & BUDGET NARRATIVE : Section E

Budget Line Items			*	Total
A. Personnel Project Director Project Coordinator Proj. Coordinator Asst. Data Entry Clerk	Annual In-kind \$58,361 \$42,000 \$16.50/Hr	FTE 10% FTE 100% FTE 100% FTE 300 Hrs. PT	\$58,361.00 \$42,000.00 \$4,958.81	\$105,320
B. Fringe Benefits Project Coordinator Proj. Coordinator Asst.	@ 32%		\$18,675.52 \$13,440.00	\$32,115.52
C. Supplies Office/Sweat Lodge Supplies safeTALK supplies GONA supplies T-shirts/ Incentives/Gift Cards Red Cliff Wellness Curriculum			\$600.00 \$300.00 \$300.00 \$1,920.00 \$1,000.00	\$4,120.00
D. Equipment Presentation Equipment	Microphone - \$276.59 Cords-\$21.99 x 3 = \$65.97		\$342.56	\$342.56
E. Training Red Cliff Wellness Training AZSPC Conference			\$1,000.00 \$219.00	\$1,219.00
F. Travel MSPI Conference in Denver AZSPC Conference		Proj. Coordinator		\$4,165.00 \$432.37
G. Contractual ASIST Master Trainer Navajo Culture Teacher GONA Facilitator Sweat Lodge Conductor Navajo Winter Story Orator Grief & Loss Facilitator	consult \$1,900 X 3 trngs consult \$300 X 16 classes consult \$200 X 3 events consult \$300 X 5 session consult \$750.00 x 4 consult \$400 x 3	Consultant Consultant Consultant Consultant Consultant Consultant	\$5,700.00 \$4,800.00 \$600.00 \$1,500.00 \$3,000.00 \$1,200.00	\$16,800.00
H. Other Direct Costs Youth Summits Facilities Rental Advertising (Navajo Times) Radio Ads (KTNN)	\$200.00 x 2 = \$400.00 \$226.00 x 2 = \$452.00 \$140.00 x 10 = \$1,400.00 \$220.50 x 10 = \$2,205.00		\$400.00 \$452.00 \$1,540.00 \$2,205.00	\$4,597.00
I. Indirect Costs IDC Negotiated Rate =				\$0.00
TOTAL				\$166,000.00

VI. BUDGET NARRATIVE (continued)

A. Personnel

- *Project Director, Roderick Antone, time accounted for this project is less than 15% but a critical one.*
- *Project Coordinator, Ruth Begay, MSW, M.Ed., a full time employee responsible for the implementation of Program Goals and activities. (40/wk=\$58,361.00/yr).*
- *Project Coordinator Assistant, Chevonne Todicheeney, MPH, a full time employee responsible for assisting with all project activities. (40/wk=\$42,000.00/yr).*
- *Data Entry Clerk position @\$16.50 for 300 hours =\$4,958.81*
- **Total cost \$105,320.00**

B. Fringe Benefits

- *Project Director \$00.00=in kind*
- *Project Coordinator @ 32% =\$18,675.52*
- *Project Coordinator Assistant @ 32%=\$13,440.00*
- **Total cost \$32,115.52**

C. Supplies

- *Office supplies (items we use daily)\$300.00*
- *Sweat lodge supplies (firewood) \$300.00*
- *safeTALK supplies \$300.00*
- *Gathering of Native Americans (GONA) supplies \$300.00*
- *T-shirts for walks and runs \$1,320.00*
- *Incentives and promotional items \$600.00*
- *Red Cliff Wellness Training \$1,000.00*
- **Total cost \$4,120.00**

D. Equipment

- *Speaker cords for three speakers \$21.99 x 3 = \$65.97*
- *Microphone \$276.59*
- **Total cost \$342.56**

E. Training

- *Red Cliff Wellness Training \$1,000.00*
- *Arizona Suicide Prevention Conference \$219.00(staff training)*
- **Total cost \$1,219.00**

F. Travel

- *Travel to the Arizona Suicide Prevention Conference Lodging- \$300.37, per diem- \$132.00 one trip, one traveler Total Cost \$432.37*
- *Travel to Denver for the Annual MSPI Conference, Mileage with POV @ .57 (round trip)=64.05, airfare (round trip)-\$269.70, lodging @ \$100.12 x 4=\$400.50, per diem \$229.50, shuttle from Flagstaff, AZ to Phoenix International airport round trip \$90.00. Total \$1,053.74. One trip, one traveler. Specify the mileage and approved rate per mile, airfare, lodging, per diem, estimated number of trips (in-state/out-of-state), number of travelers, and other travel costs for each type of travel.*
- **Total cost \$1,486.11**

G. Contractual

- *ASIST Master Trainer \$1,900.00 per consultation x 3 =\$5,700.00. Is needed to work with the one HPDP staff who will be attending ASIST Training for Trainers this month.*
- *Navajo Culture Teacher who will instruct twice a week at Tiisyakin Residential Hall using the Navajo Wellness Model @ \$300.00 for 124 high school students. The total for 16 weeks is \$4,800.00.*
- *GONA adult facilitator at \$50.00 per session x 4 times each GONA is held=\$200.00 we plan to hold 3 GONA sessions for a total of \$600.00.*
- *Sweat Lodge conductor for the high school girls @ \$300 per session once a month for 5 months for a \$1,500.00.*
- *Master well known orator to tell winter stories at four schools. Teachers bring in students by grade level to listen to this master story teller tell her stories. Her fee is \$750 for one day of storytelling x 4 = \$3,000.00.*
- *Grief & Loss facilitator to conduct a workshop for individuals who need closer from those who have passed. Each workshop @ \$400.00 per session x 3 times = \$1,200.00*
- **Total cost \$16,800.00**

H. Other Direct Costs

- *Facility rental for two youth summits at local Jr. college gym. Four hours x \$50.00 is \$200.00. Two youth summits will cost \$400.00.*
- *Facility rental to hold ASIST training. \$226.00 per day. The ASIST Training takes two days for a total of \$452.00*
- *Advertising in the Navajo Times for our 3 ASIST Trainings, 2 Youth Summits, 5 Suicide Awareness Walks. \$140.00 x 10 = \$1,400.00.*

- *Advertising using radio ads (KTNN) for 10 events including suicide awareness walks, youth summits, and other promotions for the WIHCC MSPI program. The cost is \$220.50 for each 60 second ad. There will be 10 of these ads for a total of \$2,255.50.*
- *Total Cost **\$4,597.00***