

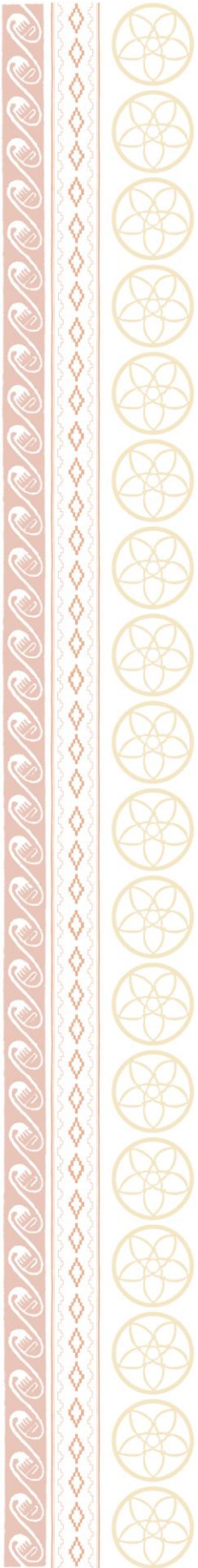
JANUARY 2018

# METHAMPHETAMINE AND SUICIDE PREVENTION INITIATIVE

IHS DIVISION OF BEHAVIORAL HEALTH  
YEAR 1 NATIONAL EVALUATION REPORT  
September 30, 2015 – September 29, 2016



Albuquerque Area Southwest Tribal Epidemiology Center  
Albuquerque Area Indian Health Board

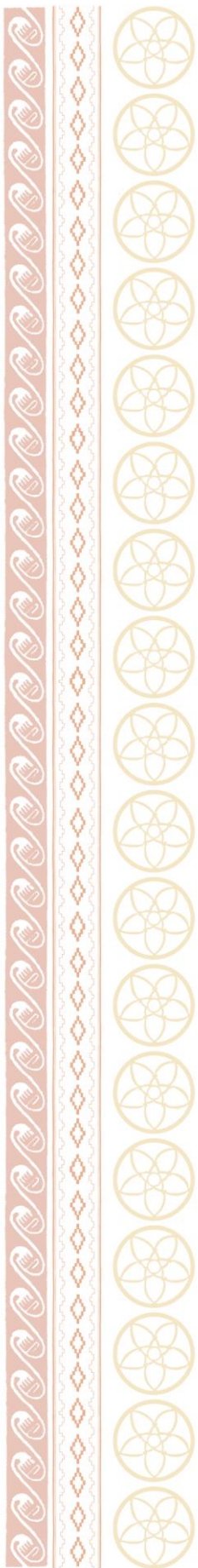


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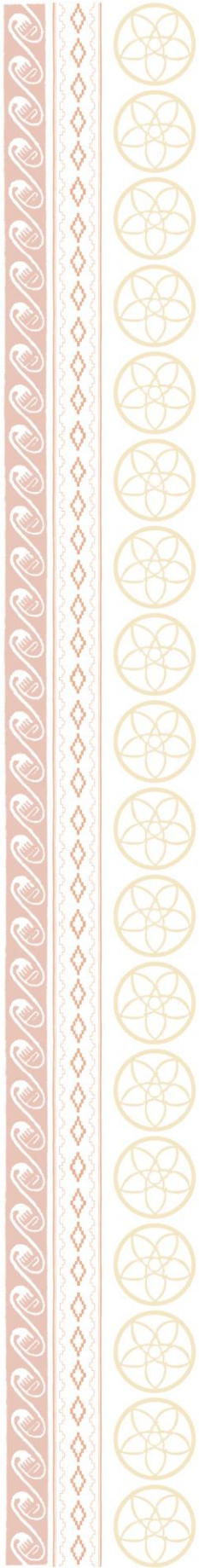
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## TABLE OF CONTENTS

PURPOSE	1
ABOUT MSPI	1
MSPI PURPOSE AREAS	2
EVALUATION METHODS	3
<b>SECTION 1: POPULATION SERVED</b>	
MSPI Projects by IHS Administrative Area	6
MSPI Projects by Purpose Area	7
Target Population	8
<b>SECTION 2: SERVICE TYPES</b>	
Type of Services Provided	10
Evidence-Based Practices	11
Holistic Approaches to Service	13
<b>SECTION 3: PROJECT OPERATIONS</b>	
Partnerships	16
Staffing	17
<b>SECTION 4: ACCOMPLISHMENTS &amp; BARRIERS</b>	
Project Accomplishments	20
Project Barriers	23
<b>SECTION 5: PURPOSE AREA 2 PROJECT EVALUATION</b>	26
<b>SECTION 6: PURPOSE AREA 3 PROJECT EVALUATION</b>	42
<b>SECTION 7: PURPOSE AREA 4 PROJECT EVALUATION</b>	58
<b>SECTION 8: PURPOSE AREA 1 BRIEF REPORT</b>	73
<b>APPENDIX – PROJECTS REPORTING</b>	75



## PURPOSE

The purpose of this report is to provide findings from the year 1 national evaluation of the new cohort of Methamphetamine and Suicide Prevention Initiative (MSPI) Projects funded by the Indian Health Service Division of Behavioral Health. The data included in this report is from the period September 30, 2015 – September 29, 2016. Findings are aggregated from a total of 129 MSPI Projects that submitted a progress report during the reporting period.

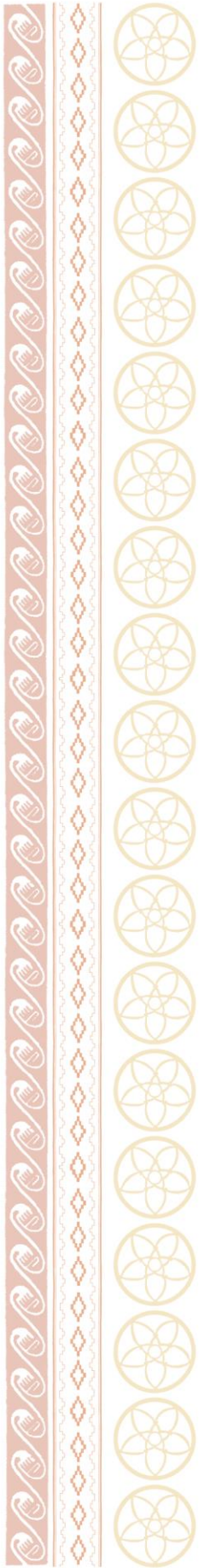
## ABOUT MSPI

The Methamphetamine and Suicide Prevention Initiative (MSPI) is a nationally-coordinated program by the Indian Health Service Division of Behavioral Health, focusing on providing methamphetamine and suicide prevention and intervention resources for Indian Country. This initiative promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context.

MSPI projects have been funded to meet the following six goals:

1. Increase tribal, Urban Indian Organization (UIO), 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, UIO, 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 applied.



Four purpose areas have been established to help funded projects meet these goals:

- 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

## MSPI PURPOSE AREAS

### Purpose Area 1

MSPI Purpose Area 1 projects focus on community and organizational needs assessment and strategic planning. Funded projects address MSPI overall goals #1 and #2 and specifically address the following two required objectives:

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

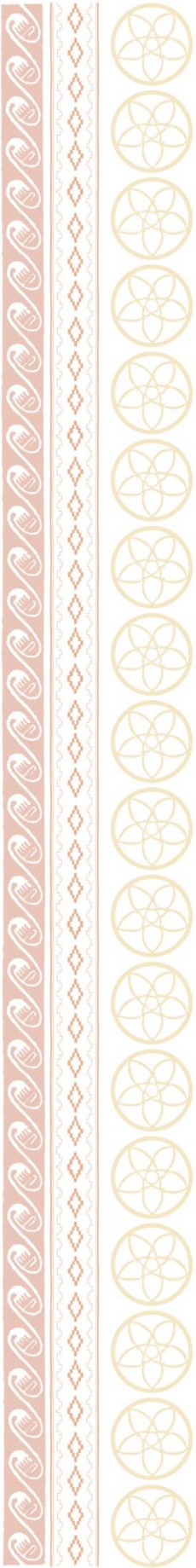
### Purpose Area 2

MSPI Purpose Area 2 projects address Suicide Prevention, Intervention and Postvention. Funded projects address MSPI overall goals #3 and #5 and specifically address the following eight required objectives:

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

### Purpose Area 3

MSPI Purpose Area 3 projects address Methamphetamine Prevention, Treatment, and Aftercare. Funded projects address MSPI overall goals #4 and #5 and specifically address the following eight required objectives:

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

#### Purpose Area 4

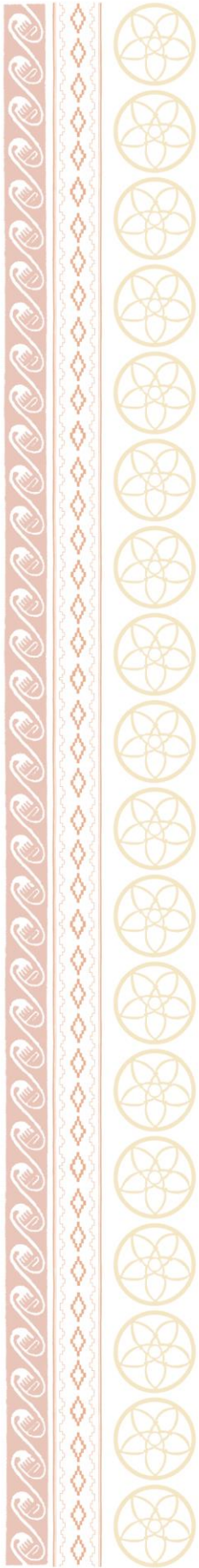
MSPI Purpose Area 4 projects promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse. Funded projects address MSPI overall goal #6 by working with Native youth, up to and including age 24, on the following four required objectives:

1. Implement evidenced-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among native youth;
2. Promote family engagement;
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; and
4. Hire additional behavioral health staff (i.e., licensed behavioral health providers and paraprofessionals, including but not limited to peer specialists, mental health technicians, and community health aides) specializing in child, adolescent, and family services who will be responsible for implementing project activities that address all of the required objectives listed.

## EVALUATION METHODS

Each MSPI project submits an annual progress report utilizing a template that corresponds to those measures relevant to their scope of work and purpose area. Projects submit their reports an online reporting system, also known as the MSPI Portal. Of the active IHS MSPI projects, 127 projects submitted progress reports with relevant data for aggregation during this reporting period (2015-2016).

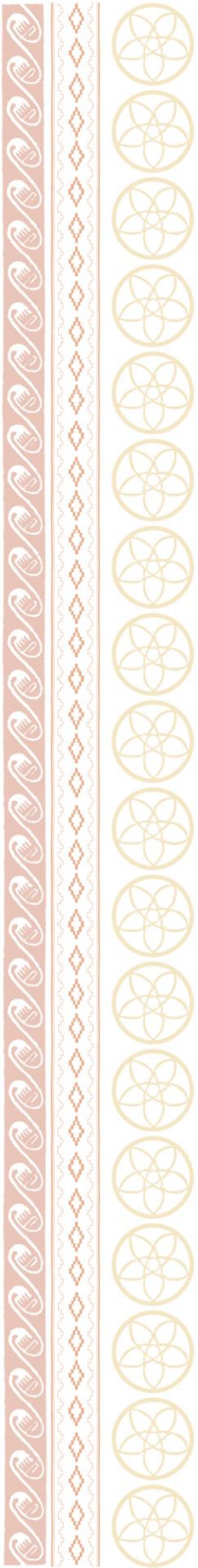
The first section of this report focuses upon data aggregated across all MSPI projects. Subsequent sections are stratified by MSPI Purpose Area, with the exception of Purpose Area 1, which encompassed less than 5 projects.



The data in this report are presented in figures and tables. Where applicable, annotations are provided following the figures and tables to share additional information related to a given topic. Missing data was handled by omitting those cases with missing data and running the analysis on what remained. Data was analyzed using SPSS v. 24 statistical software.

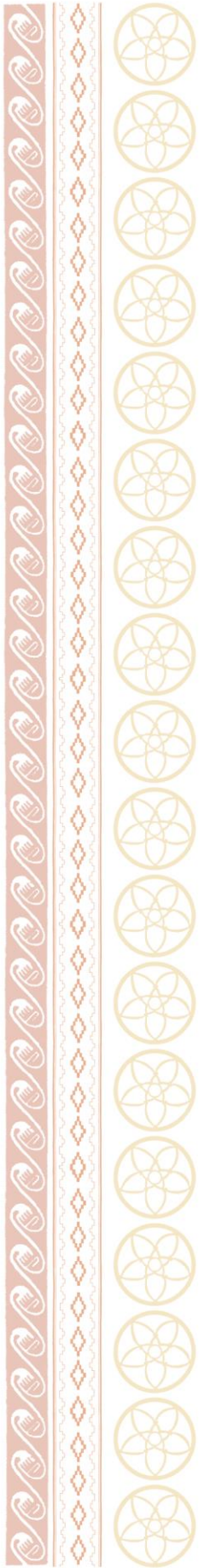
Data analysis was conducted by the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country.

Assistance with interpretation of this report is available from AASTEC staff at 1-800-658-6717.



# SECTION 1: POPULATION SERVED

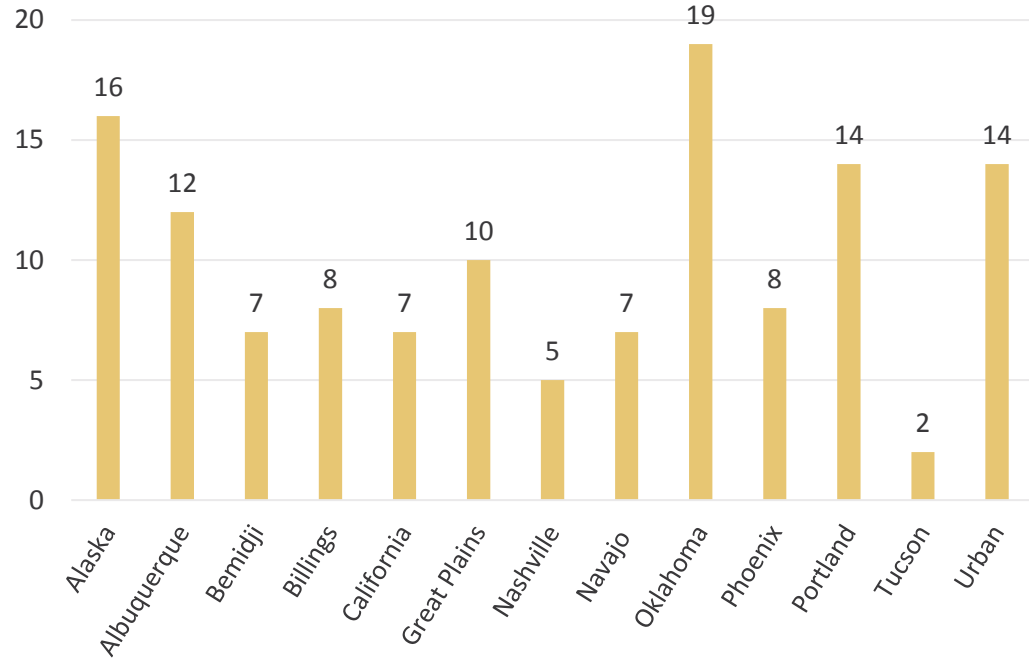




## POPULATION SERVED

### MSPI PROJECTS BY AREA

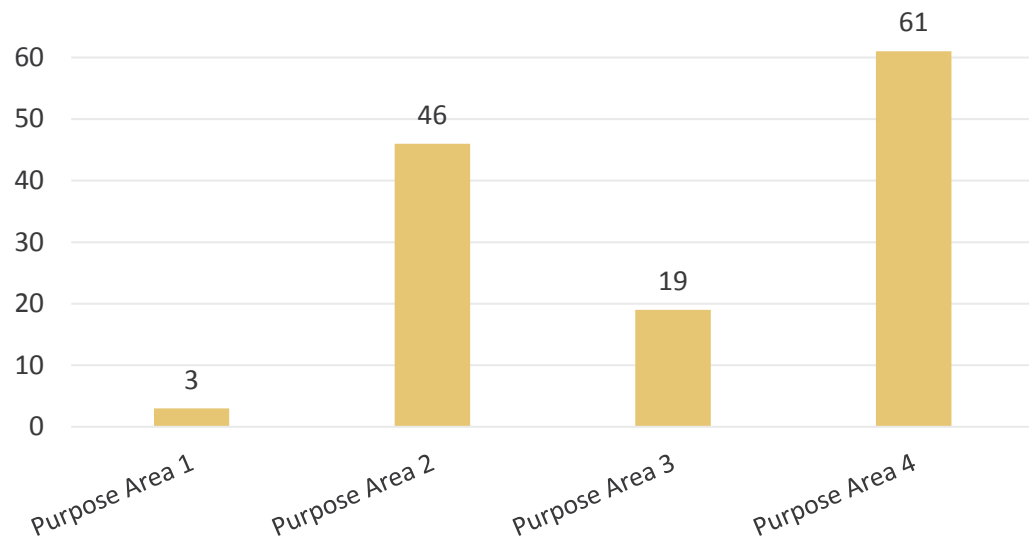
Figure 1: Number of MSPI Projects by Indian Health Service (IHS) Administrative Area, 2015-2016\*



\*Total number of projects (regardless of progress report submission) n= 129

## PURPOSE AREA

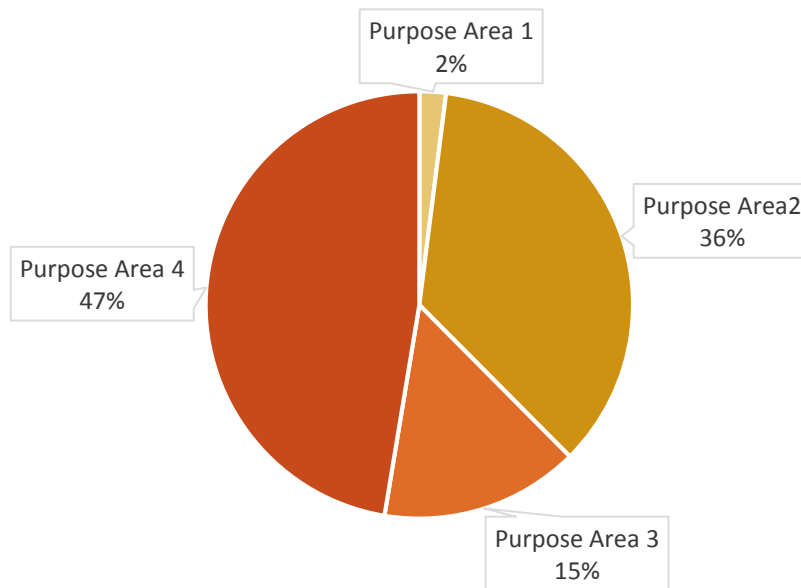
Figure 2: Number of MSPI Projects by Purpose Area, 2015-2016\*

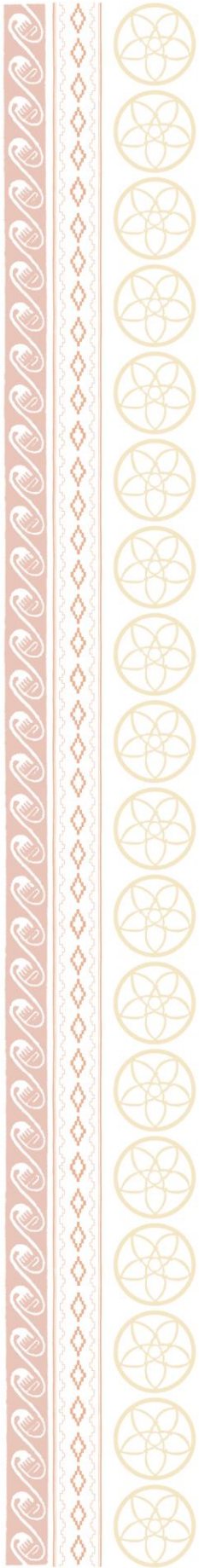


\*Total number of programs (regardless of progress report submission) n= 129

- 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

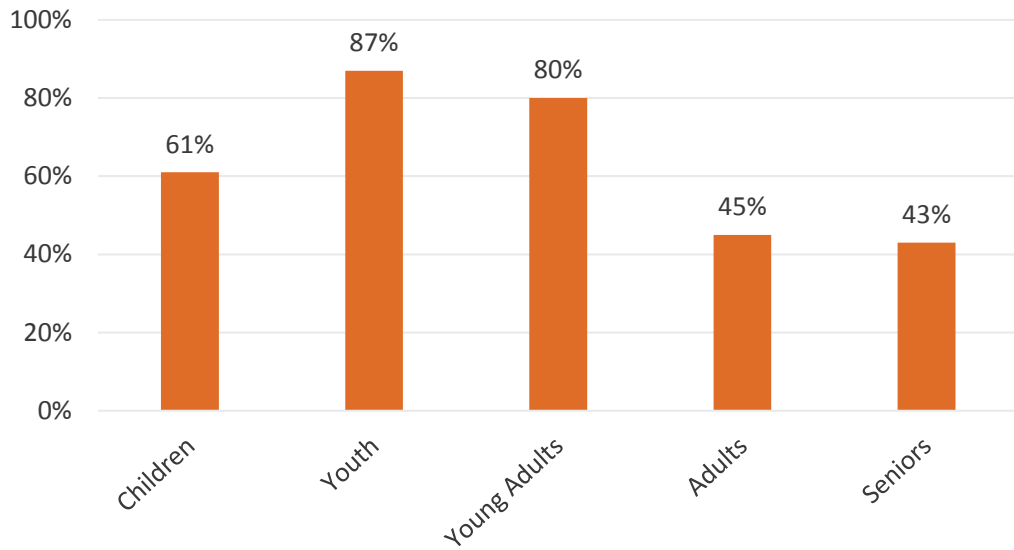
Figure 3: Percentage of MSPI Project by Purpose Area, 2015-2016





## TARGET POPULATION

Figure 4. Target Population Served by MSPI Projects, 2015-2016\*

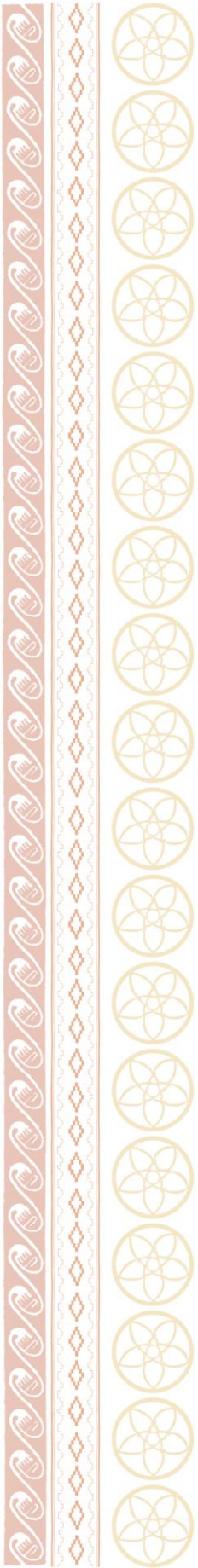


\*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), the most commonly served age group among MSPI projects was youth (87%), young adults (80%), and children (61%).

### TARGET POPULATION DEFINITIONS

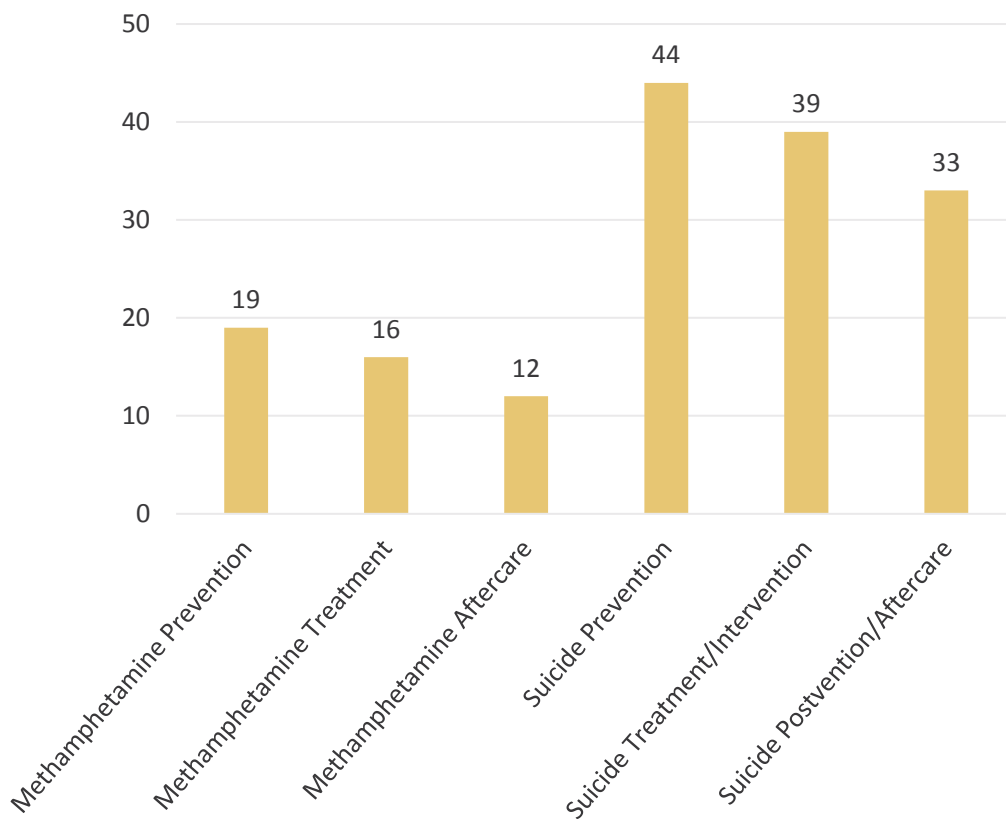
- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



## SECTION 2: SERVICE TYPES

## TYPES OF SERVICES PROVIDED

Figure 5. Number of MSPI Projects by Service Type, 2015-2016\*

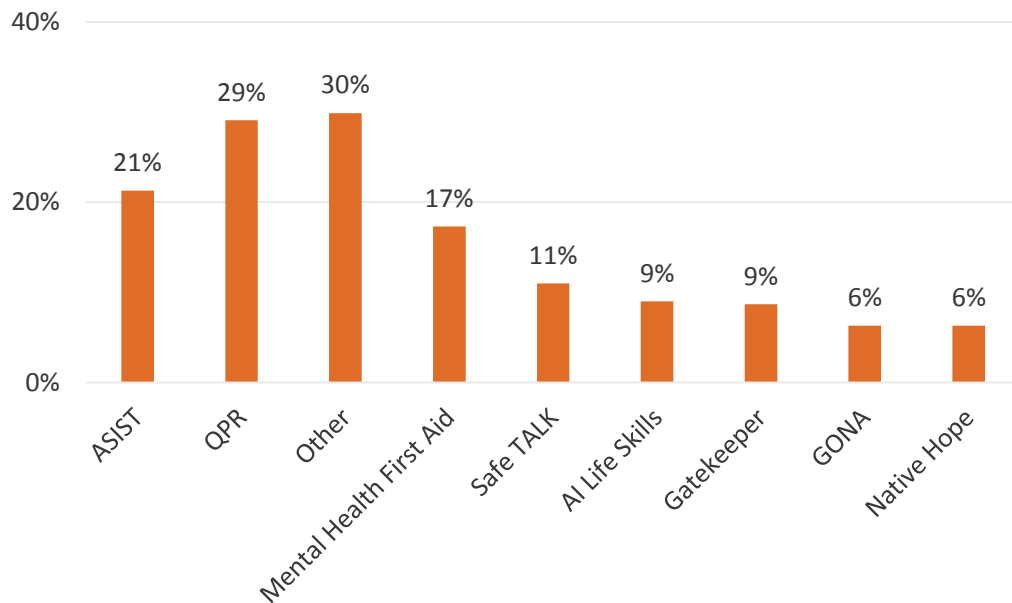


\*Projects were able to select multiple types of service provision.

As evidenced in [Figure 5](#), the largest number of MSPI projects focused upon suicide-prevention (n=44) and other suicide-related service types, i.e., suicide treatment/intervention (n=39) and suicide postvention/aftercare (n=33).

## EVIDENCE-BASED PRACTICES

Figure 6. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention, 2015-2016.\*



\*Projects were able to select multiple types.

As demonstrated in [Figure 6](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI projects for prevention were ASIST (21%), QPR (29%), and other practices (30%). “Other” reported evidence and practice-based prevention practices included: Project Venture, EMDR, SMART Recovery, Keeping it Real, Cognitive Processing Therapy (CPT), Critical Incident Stress Debriefing, Strengthening Families, Meth SMART, Zero Suicide, SBIRT, Passport to Manhood, Prime for Life, SAFE-T, Seeking Safety, Meth 360, Good Road of Life, Family Spirit, Navajo Wellness Model, Seven Sacred Teachings, Responsible Fatherhood, Native STAND, Prevention through the Arts, Sons of Traditions, Positive Indian Parenting, and Doorway to a Sacred Place.

### KEY:

QPR = Question Persuade Refer

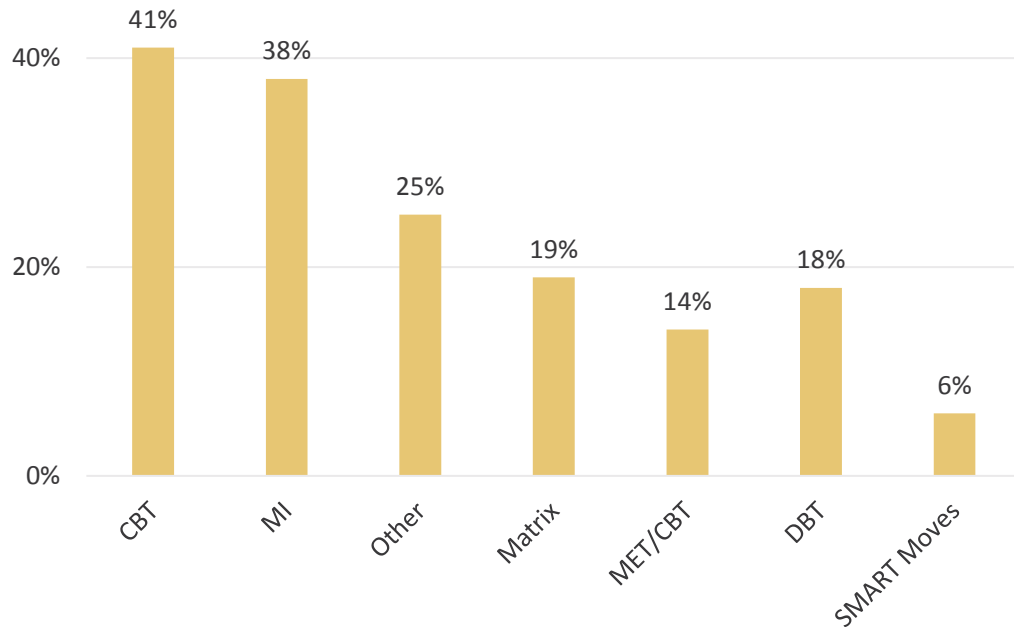
ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans

SBIRT = Screening Brief Intervention, and Referral to Treatment

EMDR = Eye Movement Desensitization and Reprocessing

Figure 7. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment, 2015-2016\*



\*Projects were able to select multiple types.

As demonstrated in [Figure 7](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Projects, 41% and 38% respectively.

**KEY:**

MI = Motivational Interviewing

CBT = Cognitive Behavioral Therapy

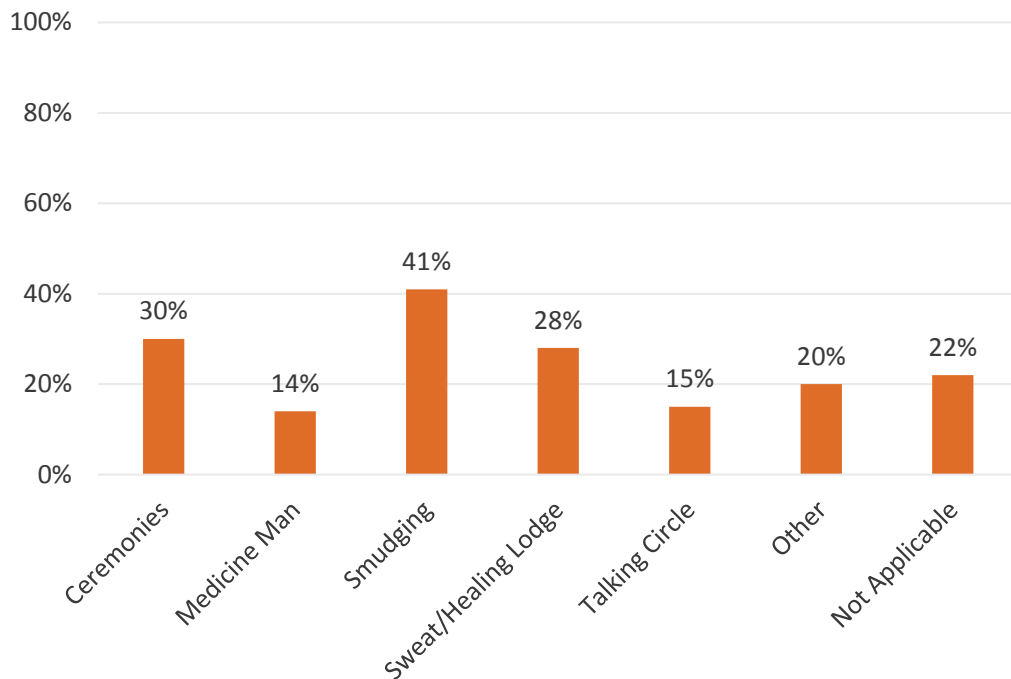
DBT = Dialectical Behavioral Therapy

MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy

“Other” evidence and practice-based intervention/treatment models reported by MSPI projects included: Medication Assisted Therapy (MAT), Trauma Focused CBT, Alcoholics Anonymous, White Bison, Red Road, and Multisystemic Therapy.

## HOLISTIC APPROACHES TO SERVICES

Figure 8. Percentage of MSPI Projects Integrating Traditional Healing into Project Services, by Practice Type, 2015-2016\*



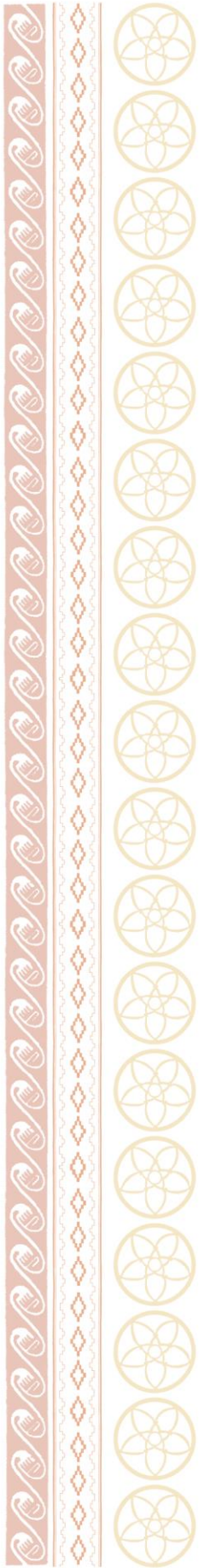
\*Projects were able to select multiple types.

Figure 8 demonstrates that the most common traditional healing related practices incorporated into MSPI activities included smudging (41%), ceremonies (30%), and sweat/healing lodge (28%).

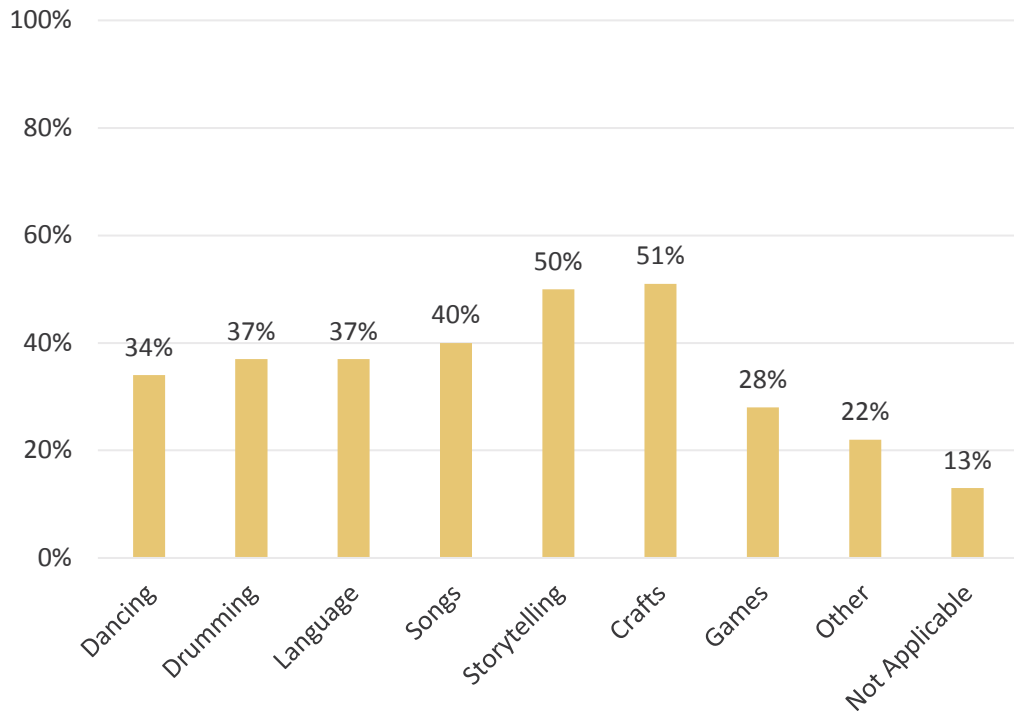
“Other” traditional healing practices cited included powwows, culture camps, cultural mentorship elders teaching traditions, traditional tobacco, canoeing, hunting, trapping, fishing, fire making, and equine therapy.

The majority of MSPI projects reported integrating at least one of these traditional healing practices into their project services (67.7%).





**Figure 9. Cultural Practices Offered as a Component of MSPI Project Services, 2015-2016\***

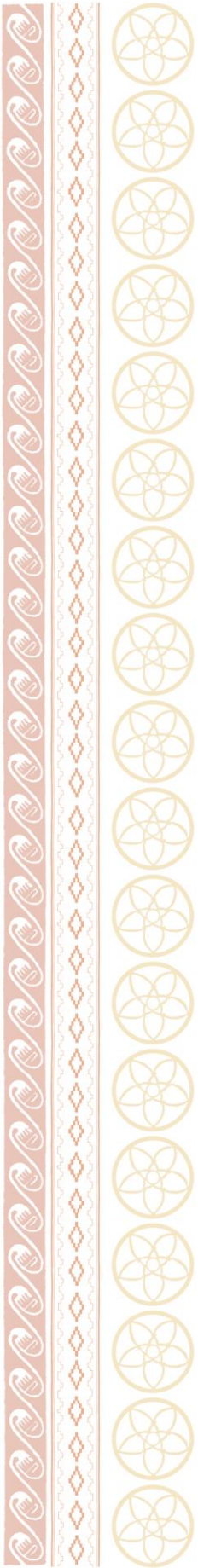


*\*Projects were able to select multiple types.*

As evidenced in [Figure 9](#), the most common cultural services included in MSPI projects were crafts (51%) and storytelling (50%).

“Other” cultural practices cited included sacred tobacco, traditional gardening, traditional foods, traditional herbs, roots, and medicines, Tipi construction, canoe journeys, cultural revitalization classes, traditional subsistence activities (e.g. fishing and hunting), archery, fire making, language circles, prayer, and horse camps.

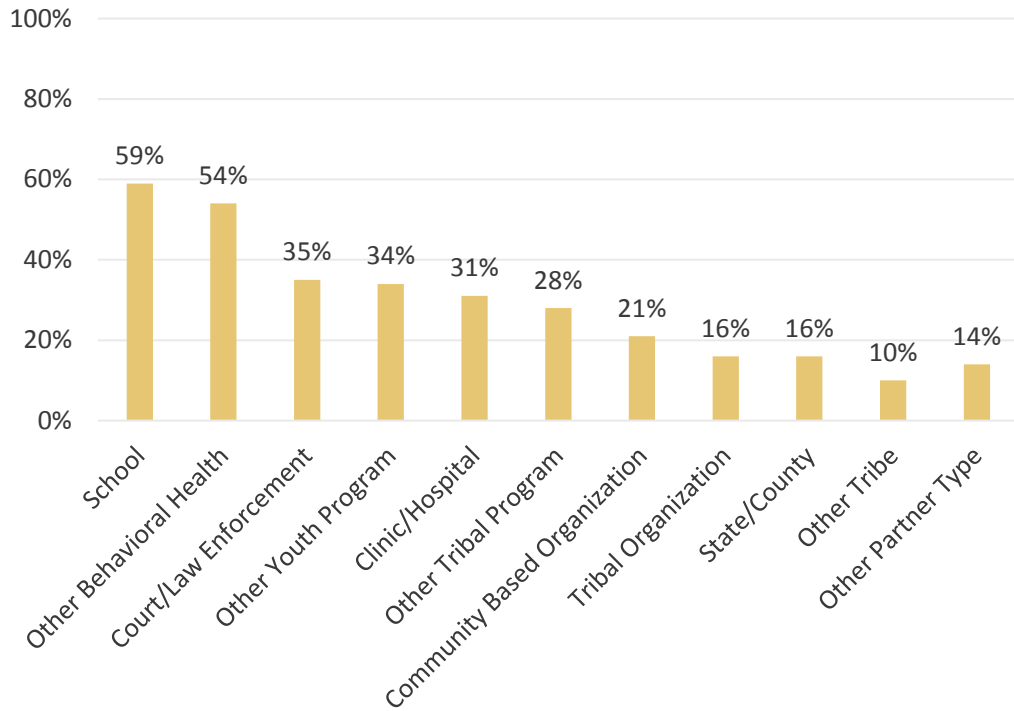
The vast majority of MSPI projects reported integrating at least one of these cultural practices into their project services (79.5%).



## SECTION 3: PROJECT OPERATIONS

## PARTNERSHIPS

**Figure 10. Most Common Types of Partners Enlisted among MSPI Projects 2015-2016\***



\*Projects were able to select multiple types.

The “other” category included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

**Table 1. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Projects, 2015-2016**

	N
Total Partners (All Projects)	774
Average per project	6.4
Range	0 – 23
Total Memorandum of Agreements (MOAs)	111

## STAFFING

Figure 11. Percentage of MSPI Projects that Experienced Staff Turnover, 2015-2016

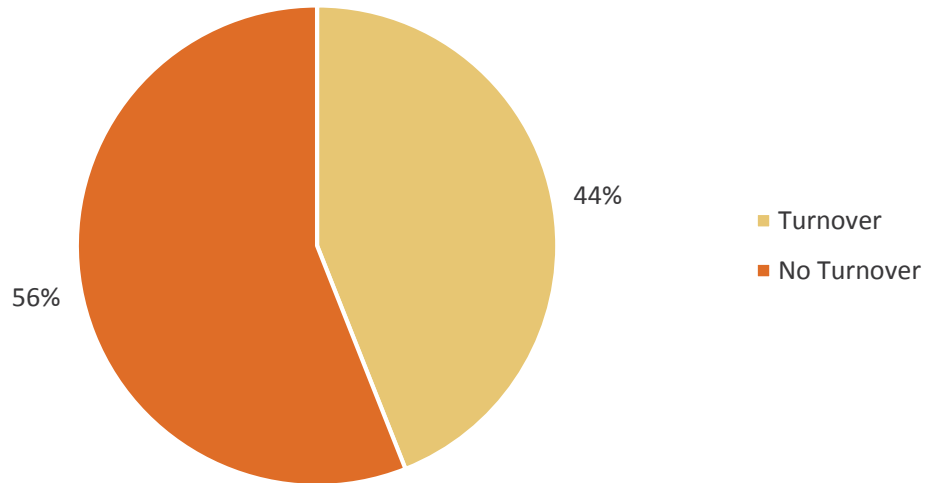


Figure 12. Percentage of MSPI Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016

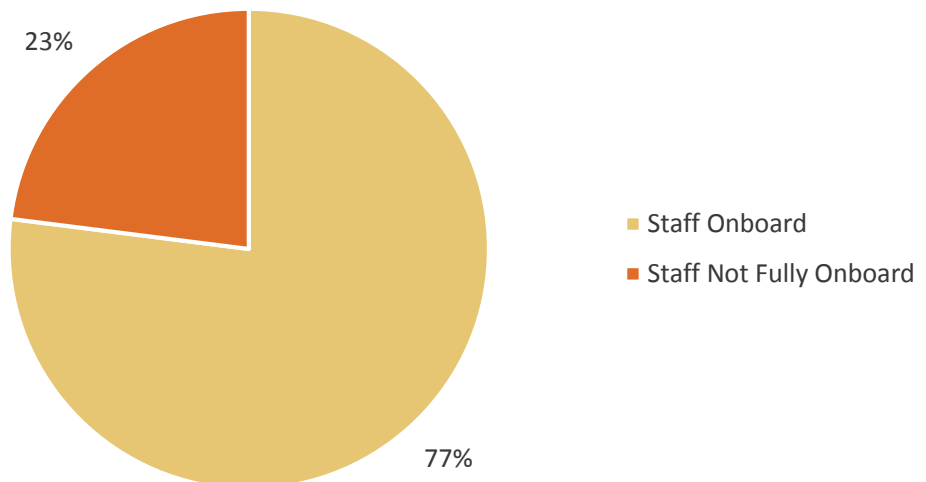
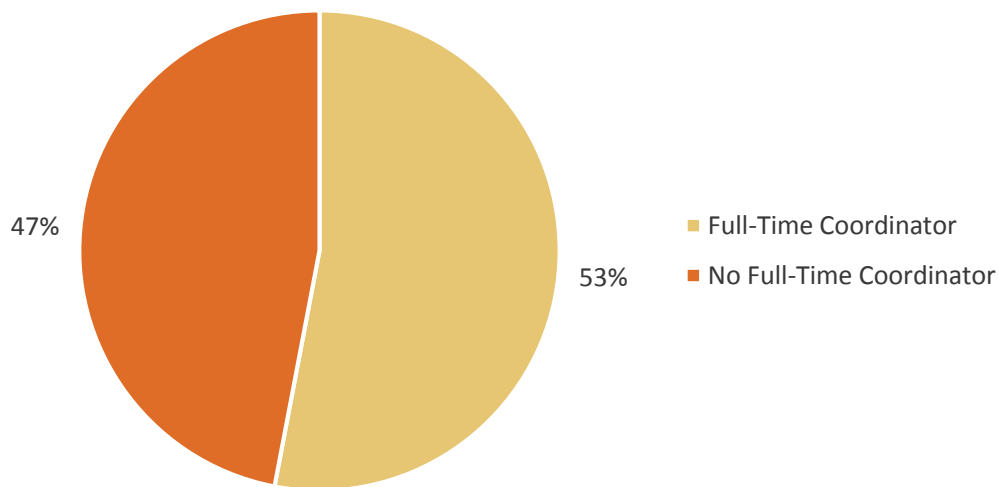
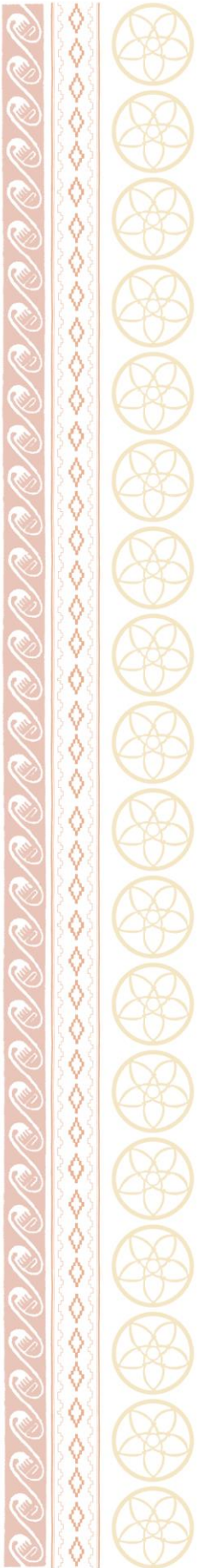


Figure 13. Percentage of MSPi Projects with a Full-Time Project Coordinator, 2015-2016



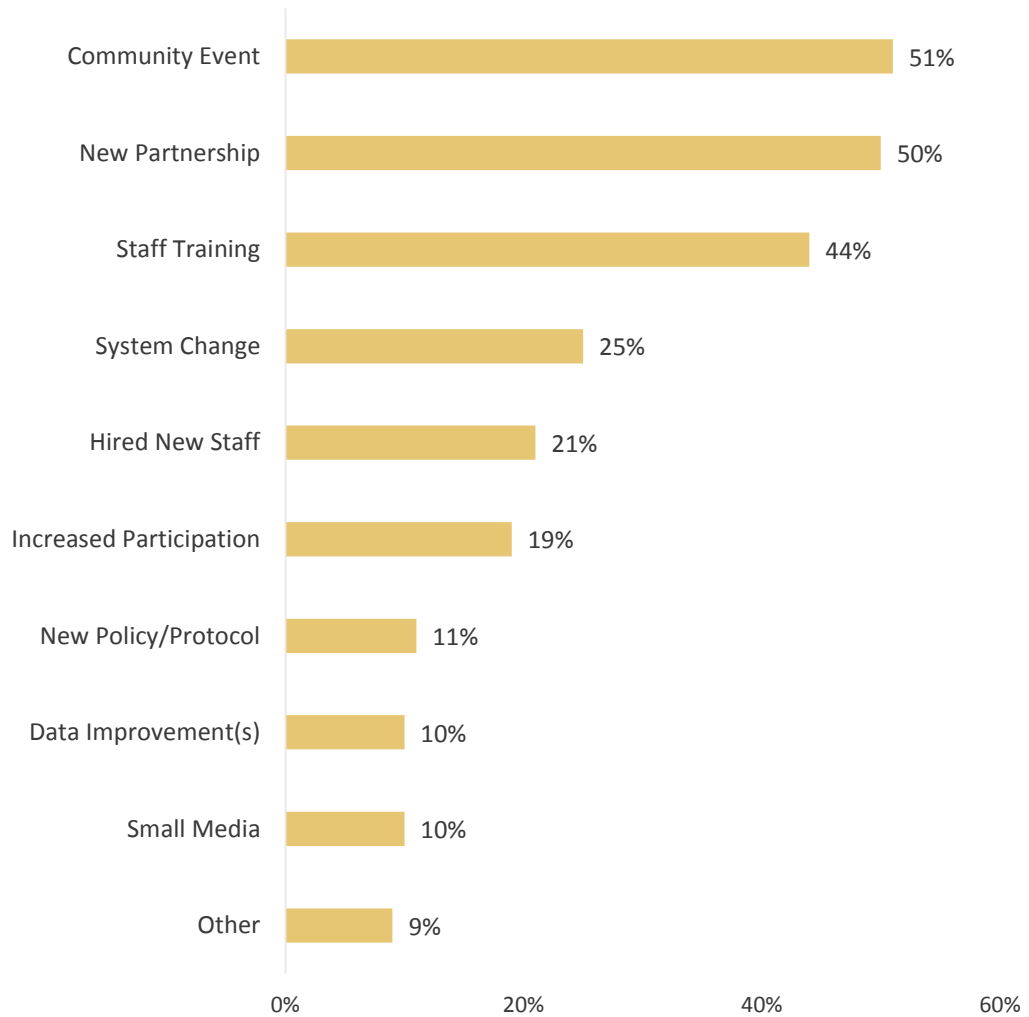


## SECTION 4: PROJECT ACCOMPLISHMENTS & BARRIERS

# PROJECT ACCOMPLISHMENTS AND BARRIERS

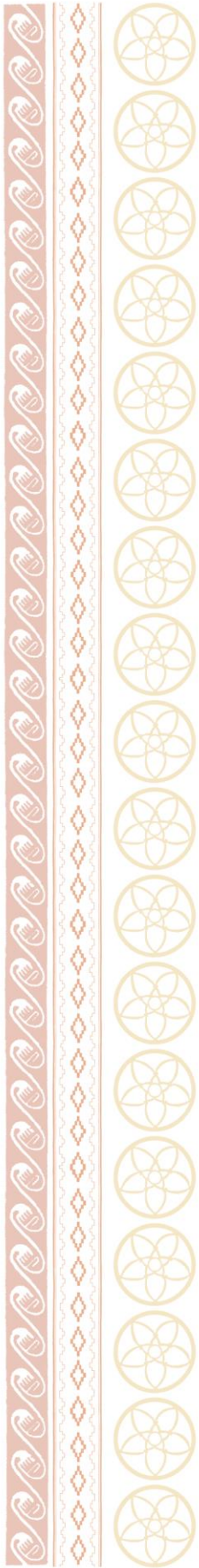
## PROJECT ACCOMPLISHMENTS

Figure 14. Type of Accomplishments Reported among MSPI projects, 2015-2016



As evidenced in [Figure 14](#), the most commonly reported MSPI project accomplishments in project year 1 included implementing successful community events (51%), establishing one or more new partnerships (50%) and completion of staff training (44%). Definitions and examples for each accomplishment type are provided on the following pages of this report.

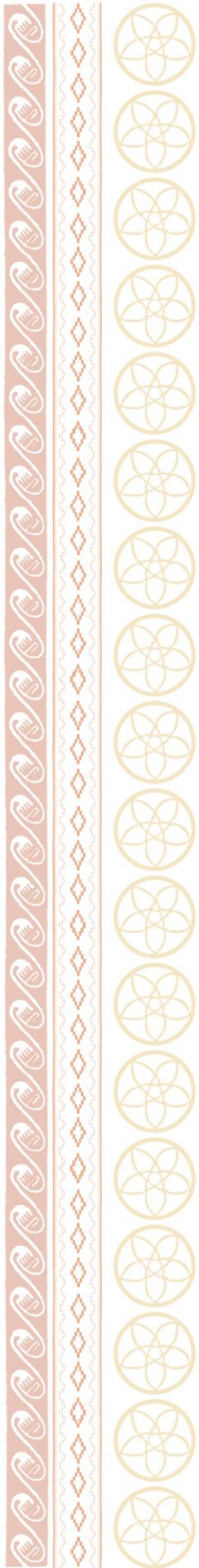
**Note:** This data was gathered through project narratives. There were no limits on the number or type of accomplishments that each project could report.



**Table 2. MSPI Project Accomplishment Definitions**

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.).
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities).
STAFF TRAINING	At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: AI Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc.

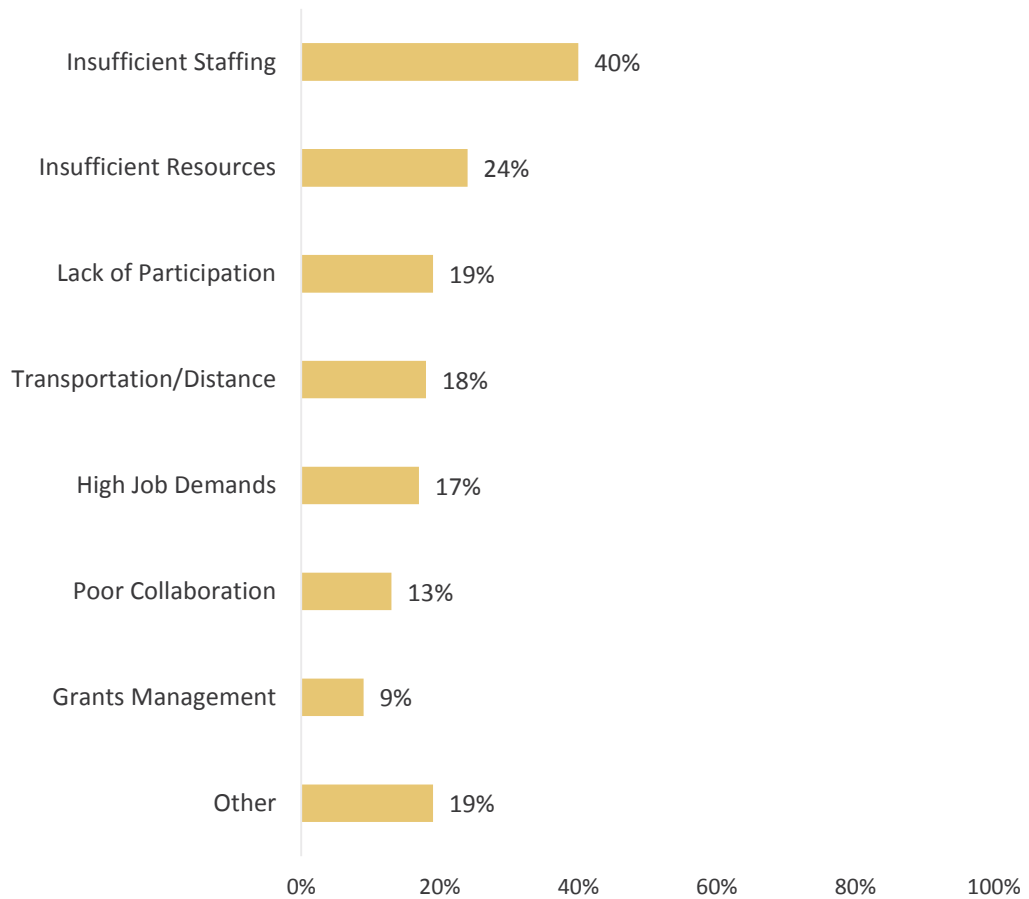




SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services.

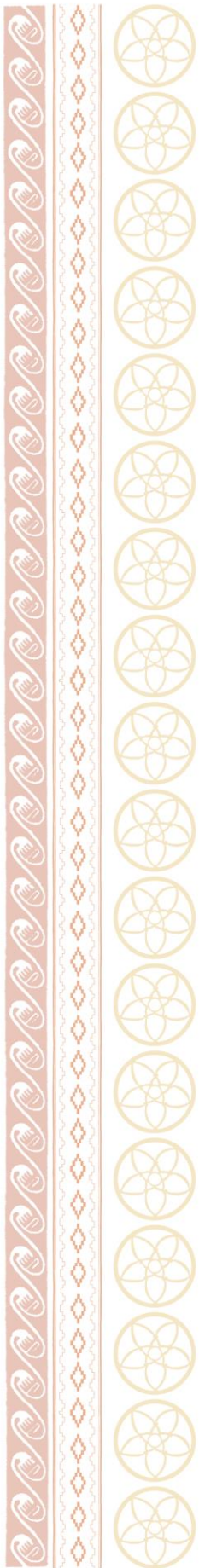
## PROJECT BARRIERS

Figure 15. Types of Barriers Reported among MSPI projects, 2015-2016



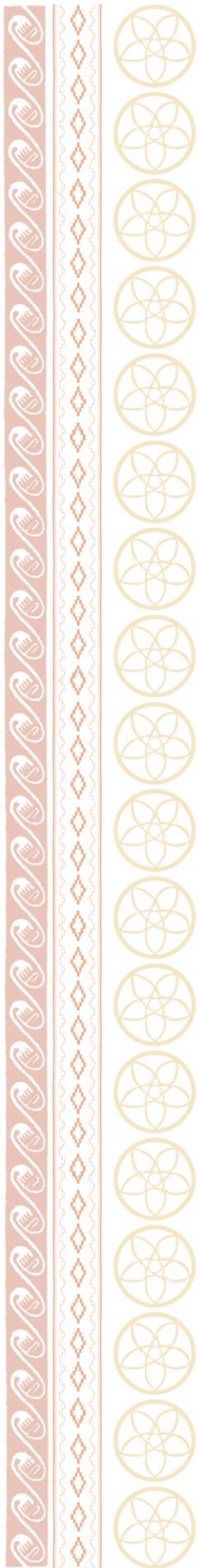
As evidenced in [Figure 15](#), the most commonly reported MSPI project barriers included insufficient staffing (40%) and insufficient resources (24%). Definitions and examples for each barrier category are provided on the following pages of this report.

**Note:** This data was gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

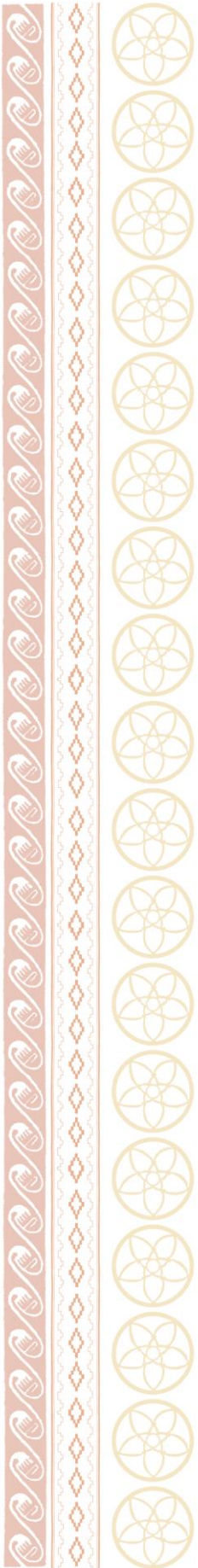


**Table 3: MSPI Project Barrier Definitions**

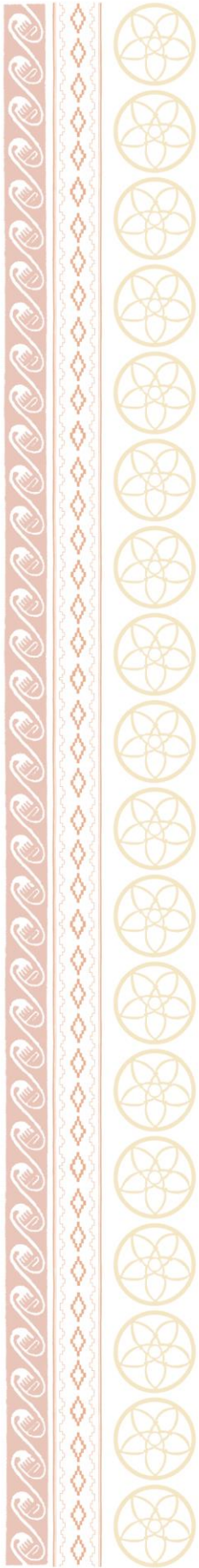
<b>BARRIER</b>	<b>DEFINITION</b>
INSUFFICIENT STAFFING	Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INSUFFICIENT RESOURCES	Project cited a lack of funding or poor infrastructure as barriers to meet high local demand for services and activities.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most commonly entities cited as collaboration challenges included schools, law enforcement, clinics/hospitals (including IHS), and other tribal agencies/departments.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompasses competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.



OTHER	<p>The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. Two projects indicated that they had experienced “no barriers” during this reporting period.</p>
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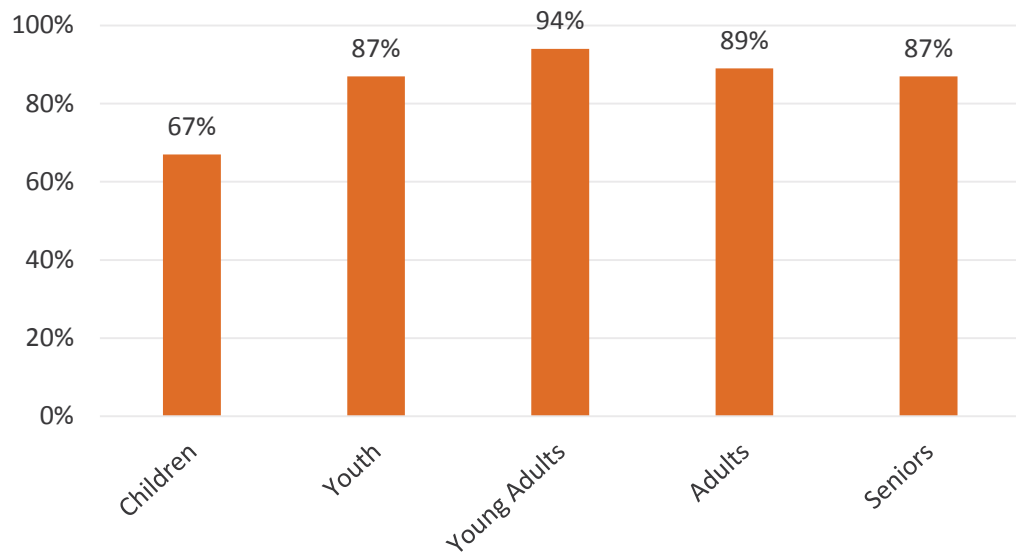


**SECTION 5:  
MSPI PURPOSE AREA 2 ONLY**



## TARGET POPULATION

Figure 16. Target Population Served by MSPI Purpose Area 2 Projects, 2015-2016\*

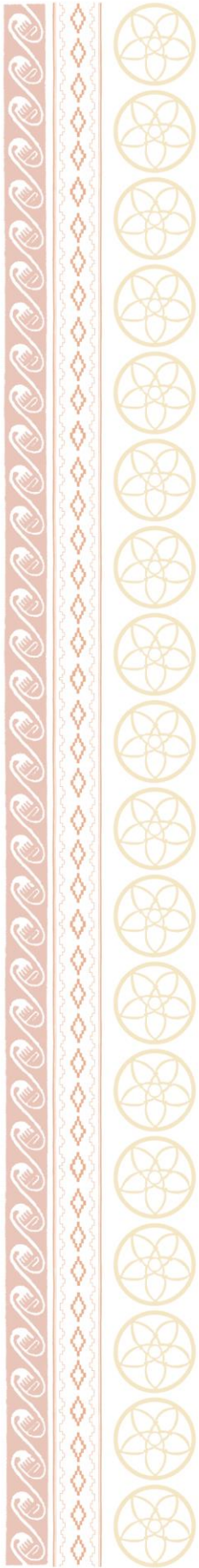


\*Projects were able to select multiple target populations.

A total of 46 MSPI Purpose Area 2 MSPI projects reported on their progress in the areas of suicide prevention, intervention and postvention. As evidenced in [Figure 16](#), the majority of MSPI projects in this purpose area focused upon all age groups in their respective communities.

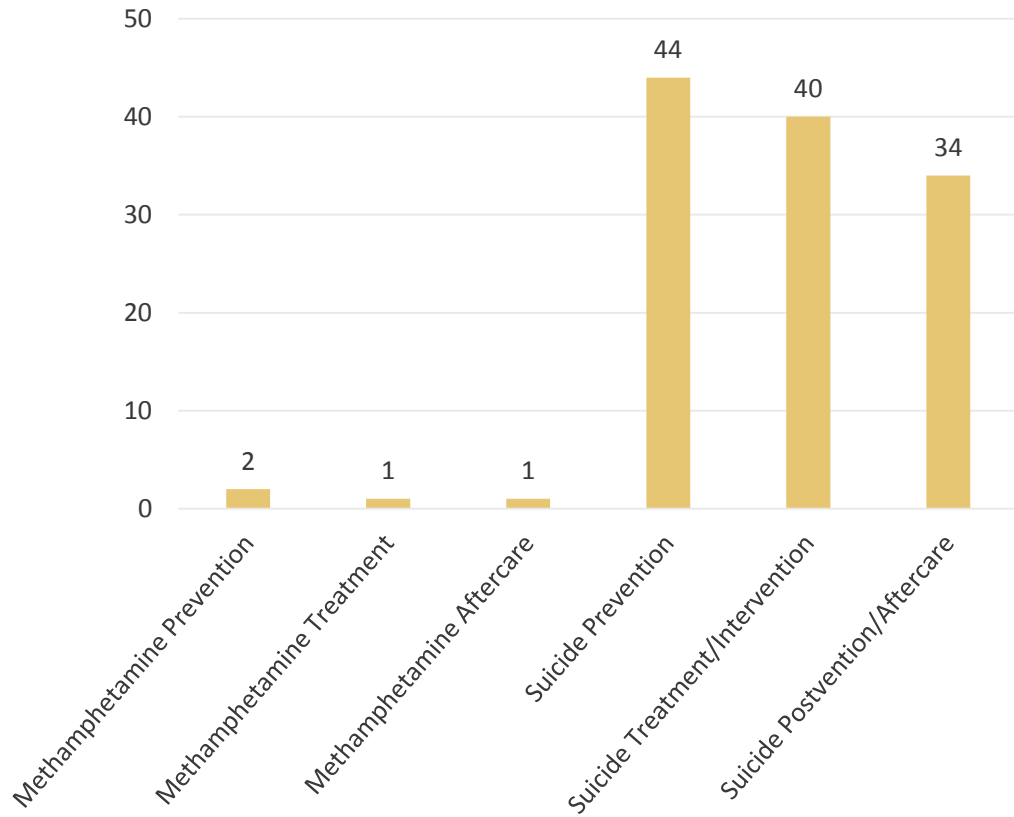
### TARGET POPULATION DEFINITIONS

- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



## SERVICE TYPES

Figure 17. Number of MSPI Purpose Area 2 Projects by Service Type, 2015-2016\*

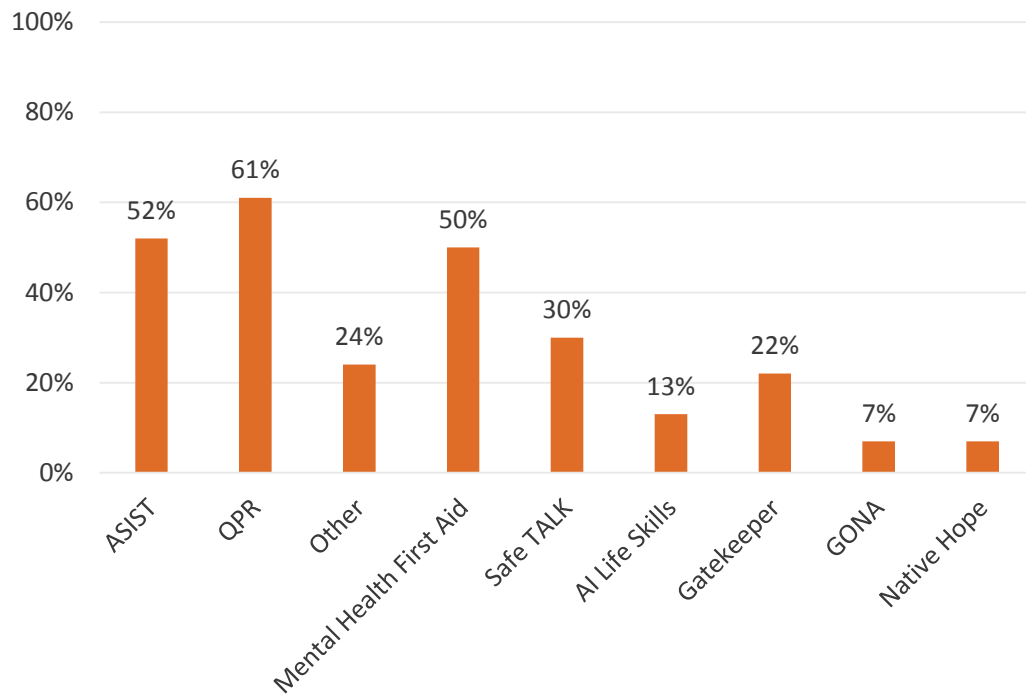


\*Projects were able to select multiple types of service provision.

As evidenced in [Figure 17](#), the vast majority of MSPI Purpose Area 2 projects focused upon suicide-prevention (n=44) and other suicide-related service types, i.e., suicide treatment/intervention (n=40) and suicide postvention/aftercare (n=34).

## EVIDENCE-BASED PRACTICES

Figure 18. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention – MSPI Purpose Area 2 Only, 2015-2016.\*



\*Projects were able to select multiple types.

As demonstrated in [Figure 18](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI Purpose Area 2 projects for prevention were ASIST (52%), QPR (61%), and Mental Health First Aid (50%).

“Other” evidence-based practices for prevention reported included: Lifelines Community Prevention, Doorway to a Sacred Place, Critical Incident Stress Debriefing/Management, PC Cares Model, PLL Model, Positive Indian Parenting, Acceptance and Commitment Therapy, Trauma Focused CBT, Strengthening Families, Kickapoo Life Skills, Creek Life Skills, Zero Suicide, SBIRT, and SAFE-T.

### KEY:

QPR = Question Persuade Refer

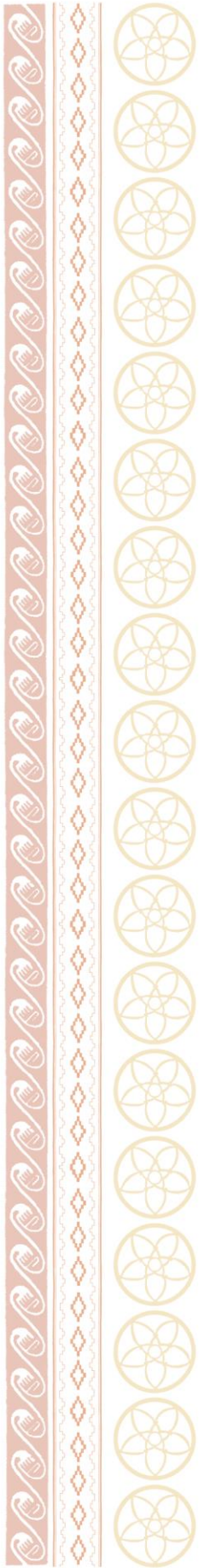
ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans

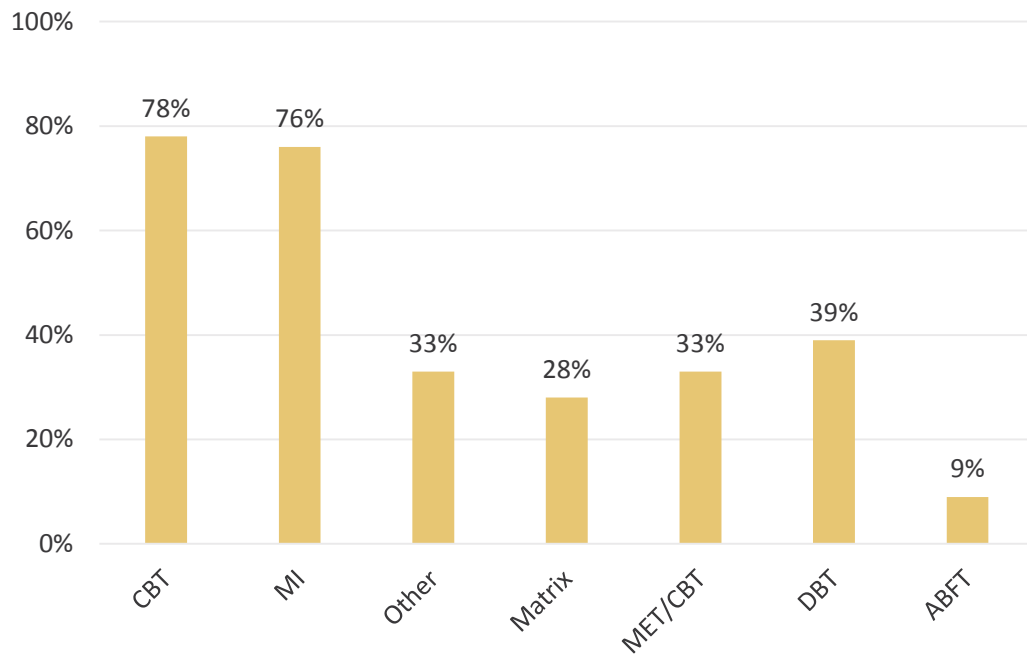
SBIRT = Screening, Brief Intervention, and Referral to Treatment

CBT = Cognitive Behavioral Therapy





**Figure 19. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 2 Only, 2015-2016\***



*\*Projects were able to select multiple types.*

As demonstrated in [Figure 19](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in treatment among MSPI Purpose Area 2 Projects for intervention/treatment, 78% and 76% respectively.

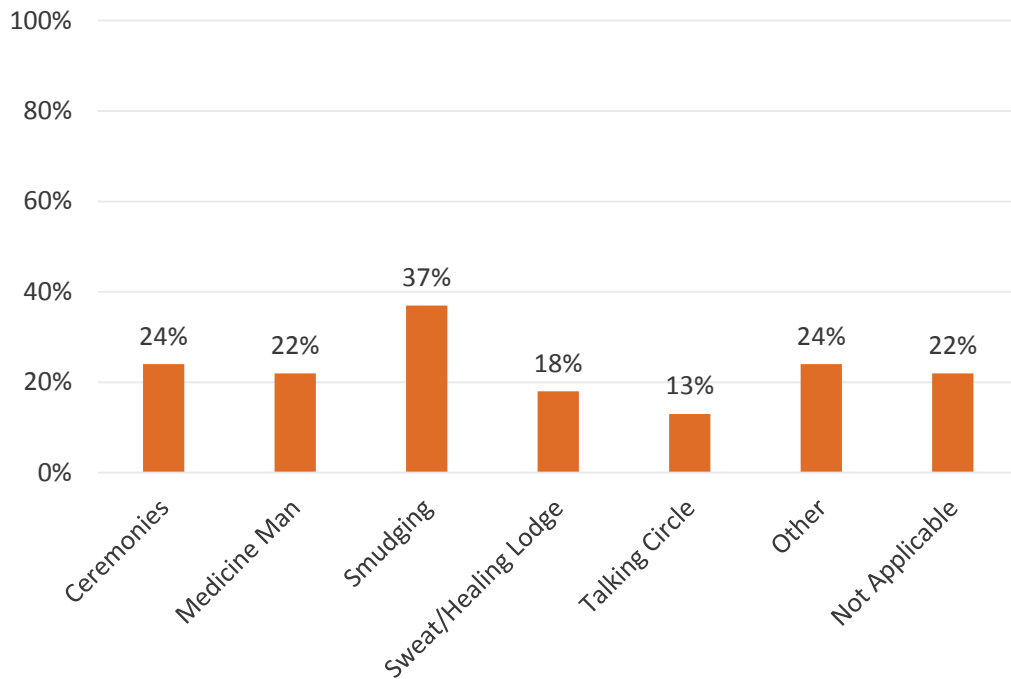
“Other” evidence-based practices for intervention reported included: PLL Model, Cognitive Processing Therapy (CPT), Trauma Focused CBT, EMDR, Hypnotherapy, SAFE-T, Seeking Safety, Project Venture, SBIRT, Acceptance and Commitment Therapy, and SMART Recovery.

**KEY:**

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- ABFT = Attachment-Based Family Therapy
- SBIRT = Screening, Brief Intervention, and Referral to Treatment
- EMDR = Eye Movement Desensitization and Reprocessing

## HOLISTIC APPROACHES TO SERVICES

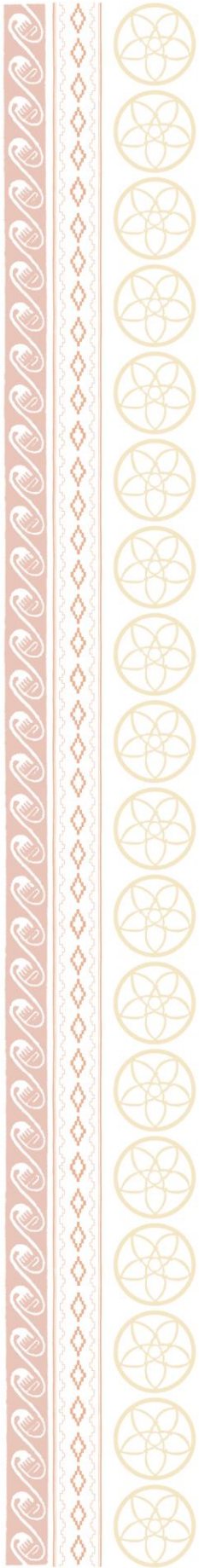
Figure 20. Percentage of MSPI Purpose Area 2 Projects Integrating Traditional Healing into Services, by Practice Type, 2015-2016\*



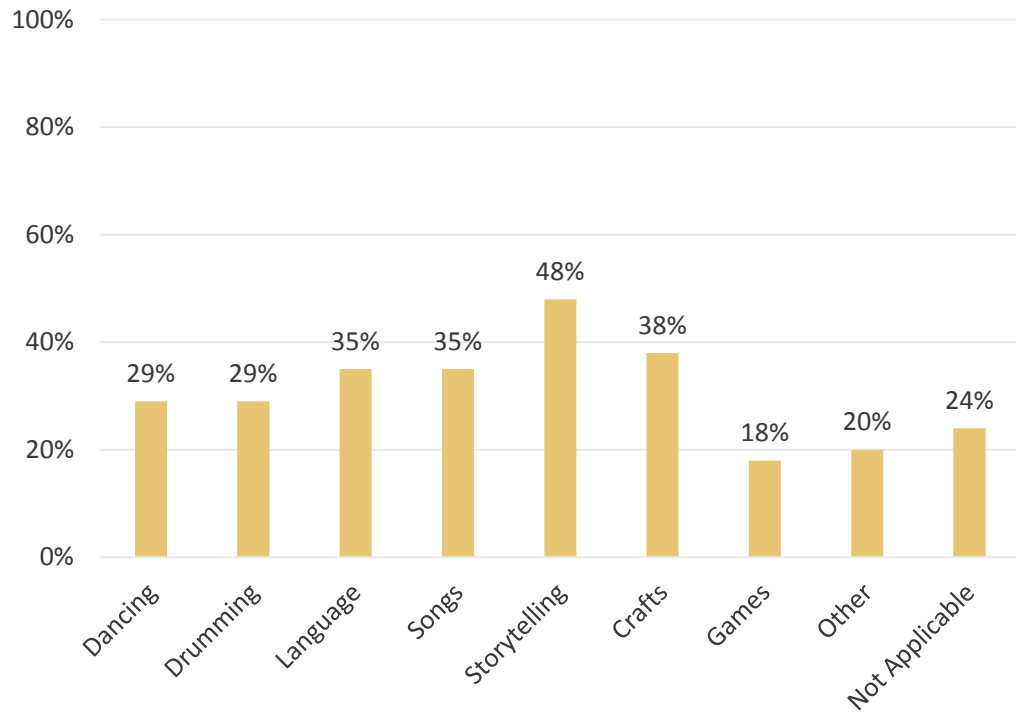
\*Projects were able to select multiple types.

Figure 20 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 2 project activities included smudging (37%) and ceremonies (24%). The majority of MSPI Purpose Area 2 projects reported integrating at least one of these traditional healing practices into their project services (69.6%).

“Other” traditional healing practices reported included: elder-led support groups, elder teas, community wellness gatherings, culture camps, and Native American Life Skills.



**Figure 21. Cultural Practices Offered in MSPI Purpose Area 2 Project Services, 2015-2016\***



*\*Projects were able to select multiple types.*

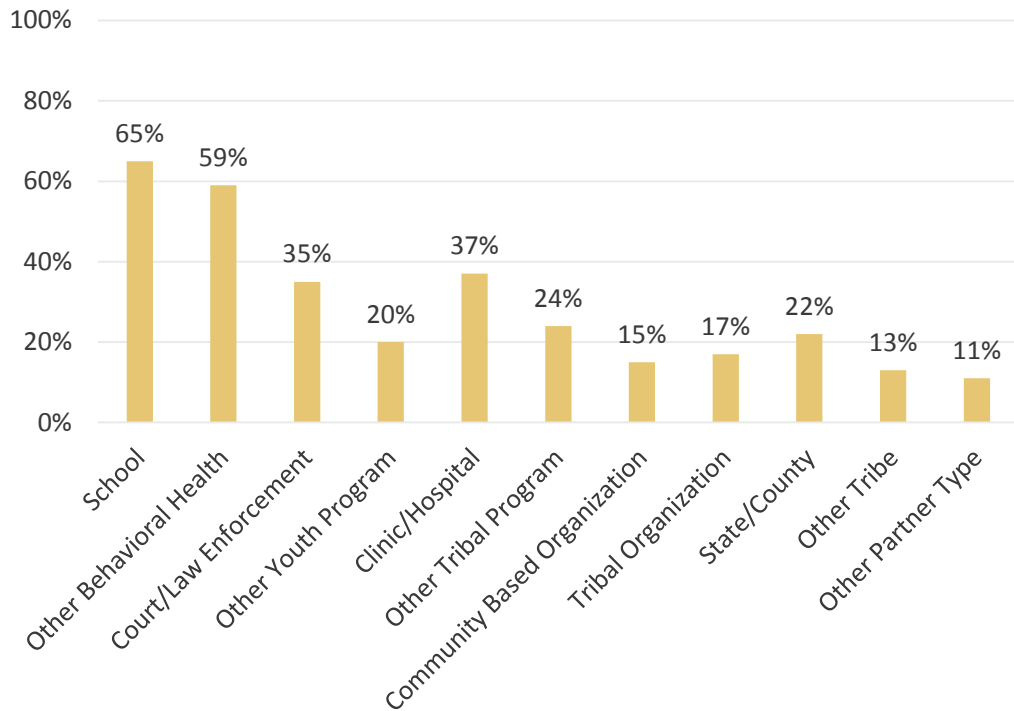
As evidenced in [Figure 21](#), the most common cultural services included in MSPI Purpose Area 2 project activities were crafts (38%) and storytelling (48%). The majority of MSPI Purpose Area 2 projects reported integrating at least one of these cultural practices into their project services (69.6%).

“Other” cultural practices reported included: language circles, berry picking, healing circles, spiritual leaders, cultural mentorship, tipi construction, and traditional gardening.

## PROJECT OPERATIONS

### PARTNERSHIPS

Figure 22. Most Common Types of Partners Enlisted among MSPI Purpose Area 2 Projects, 2015-2016\*



\*Projects were able to select multiple types.

Common “other” partner types included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

Table 4. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 2 Projects, 2015-2016

	N
Total Partners (All Projects)	300
Average per project	6.82
Range	1 – 17
Total Memorandum of Agreements (MOAs)	32

## STAFFING

Figure 23. Percentage of MSPI Purpose Area 2 Projects that Experienced Staff Turnover, 2015-2016

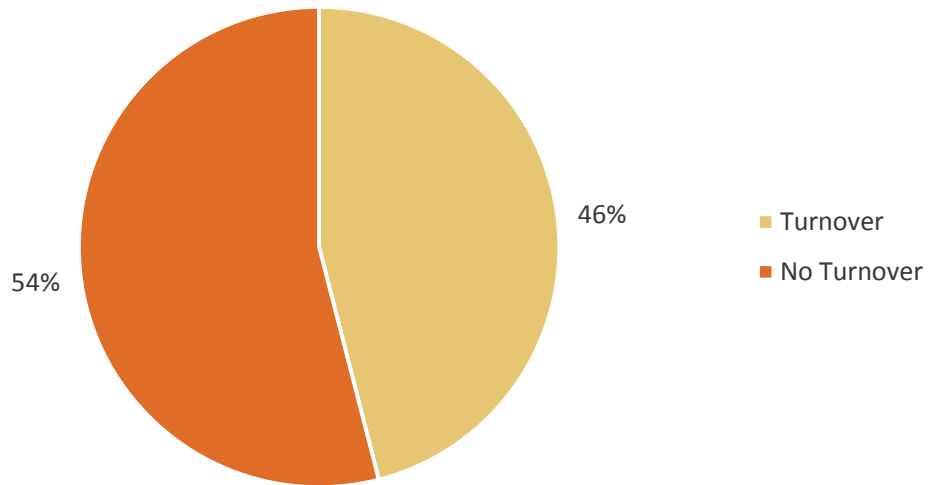
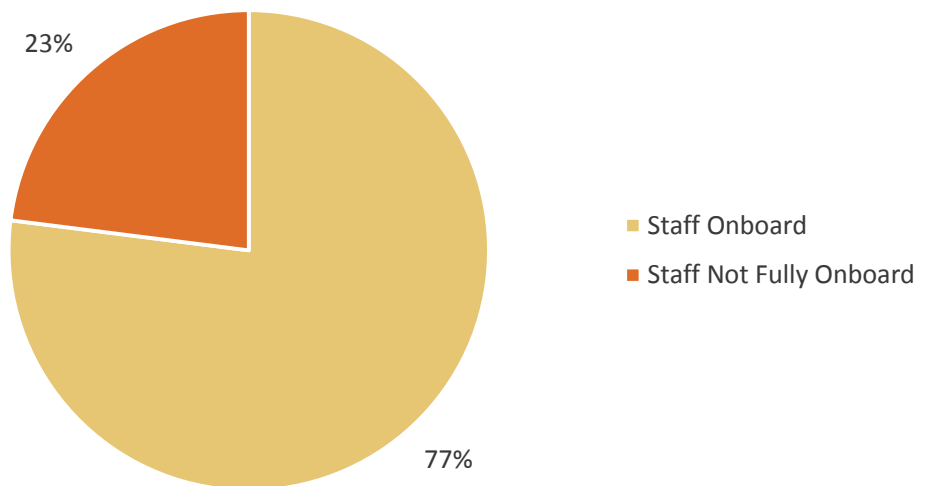


Figure 24. Percentage of MSPI Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016



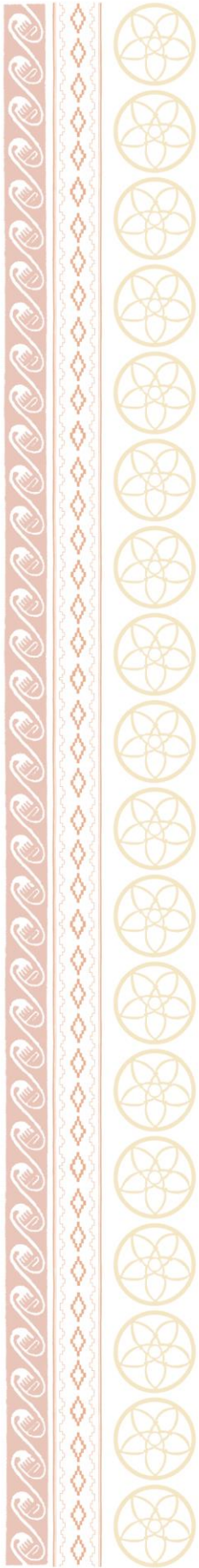
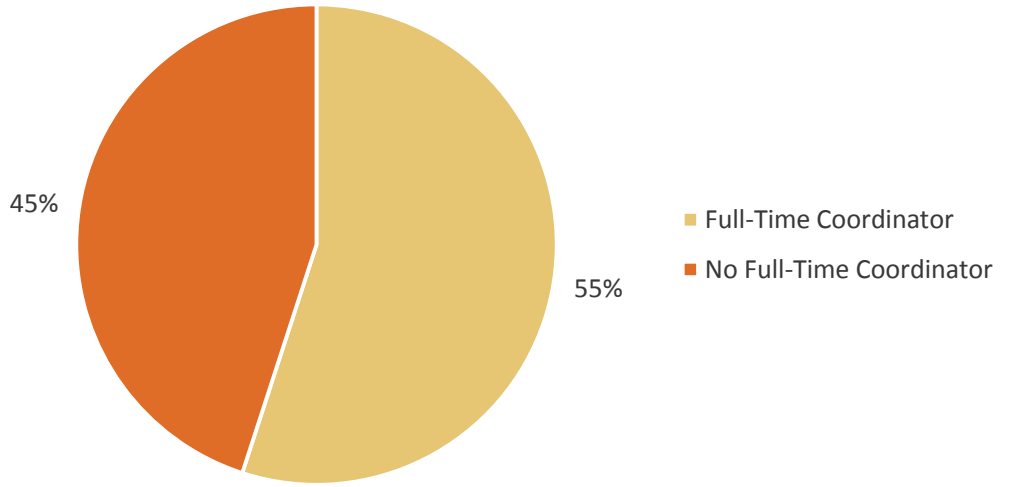


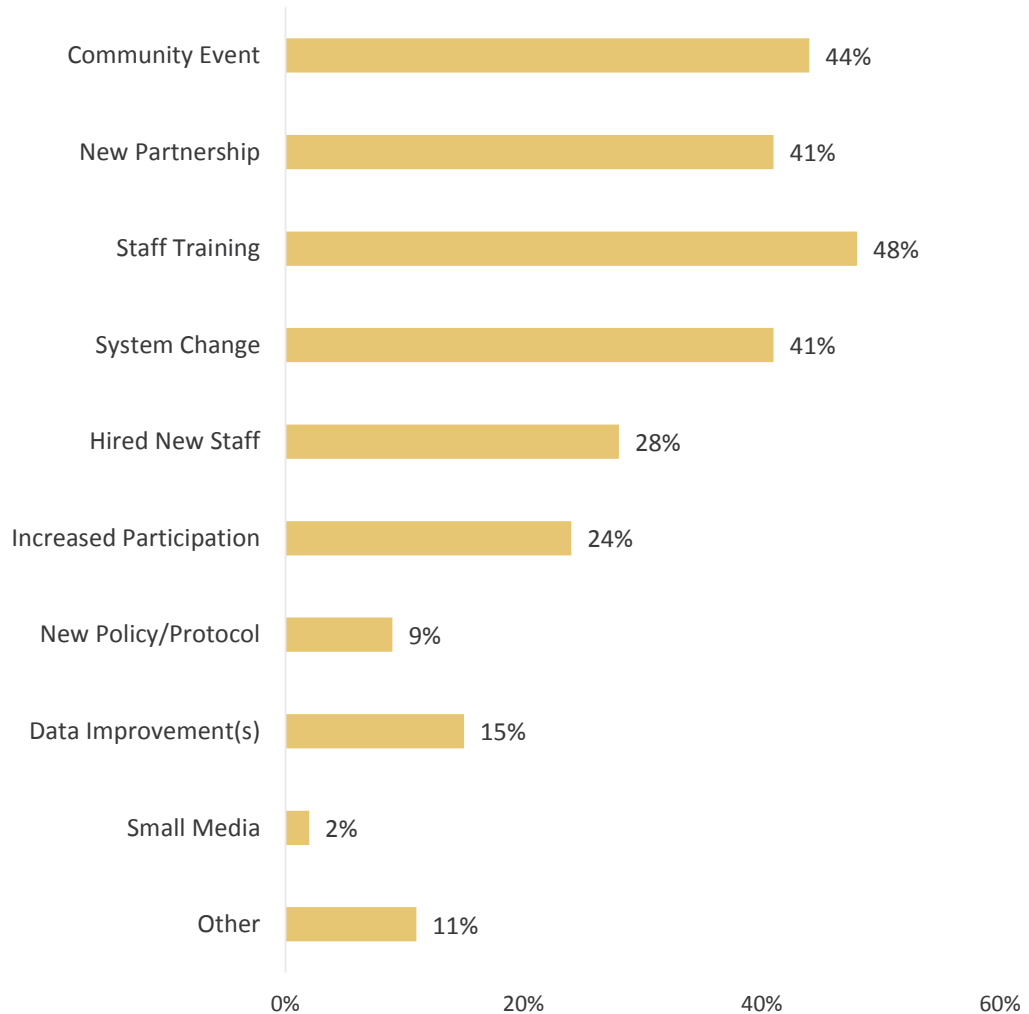
Figure 25. Percentage of MSPI Purpose Area 2 Projects with a Full-Time Project Coordinator, 2015-2016



# PROJECT ACCOMPLISHMENTS AND BARRIERS

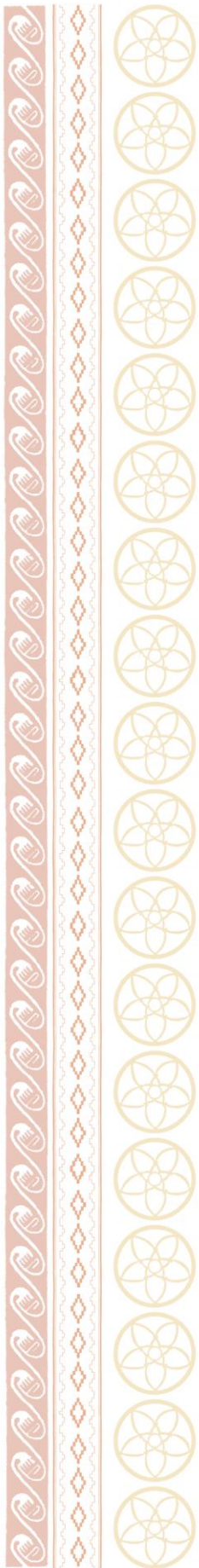
## PROJECT ACCOMPLISHMENTS

Figure 26. Type of Accomplishments Reported among MSPI Purpose Area 2 Projects, 2015-2016



As evidenced in [Figure 26](#), the most commonly reported accomplishments among MSPI Purpose Area 2 Projects in project year 1 included implementing successful community events (44%), establishing one or more new partnerships (41%), implementing a system change (41%), and completion of staff training (48%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

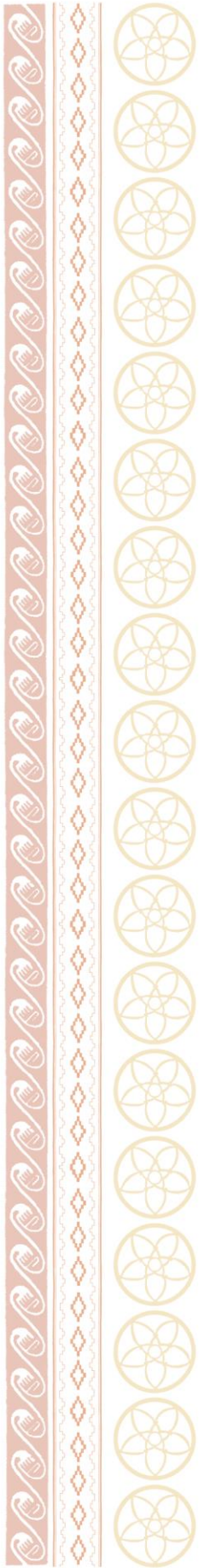
Note: This data was gathered through project narratives. There were no limits on the number or type of accomplishments that each project could report.



**Table 5. MSPI Project Accomplishment Definitions**

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.).
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities).
STAFF TRAINING	At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: AI Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc.
SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).

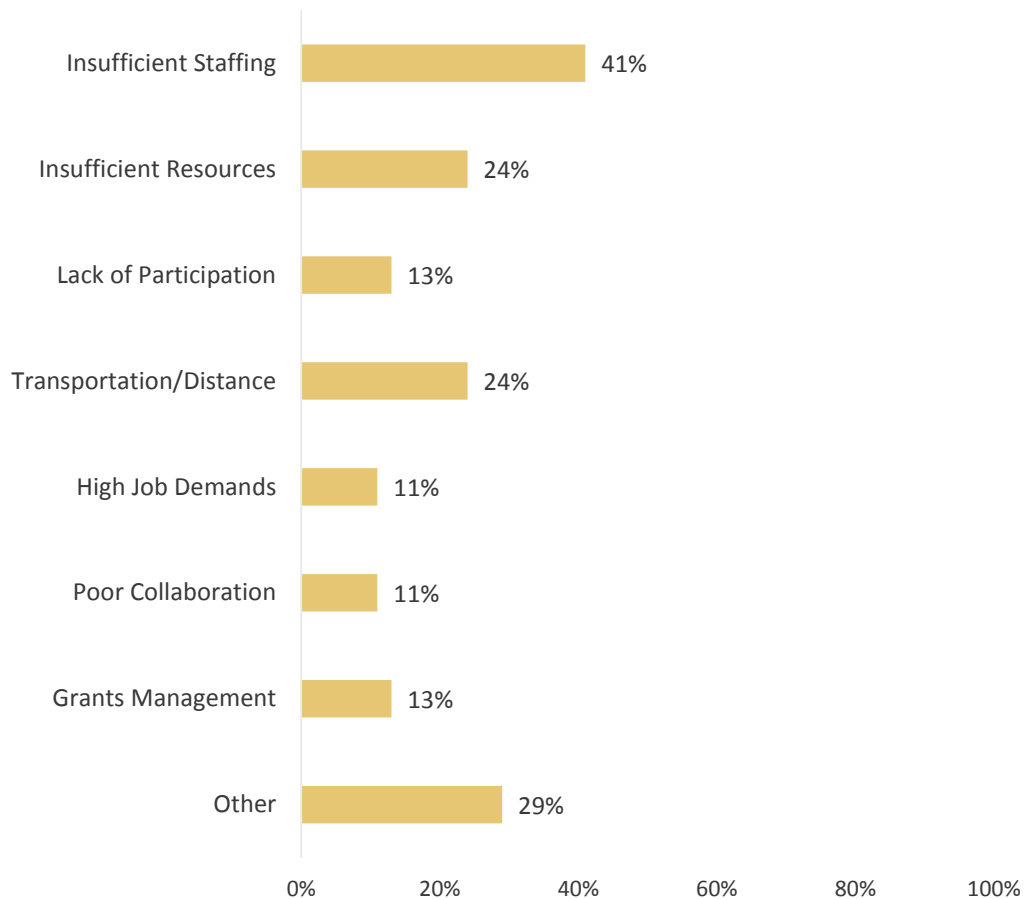




HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services.

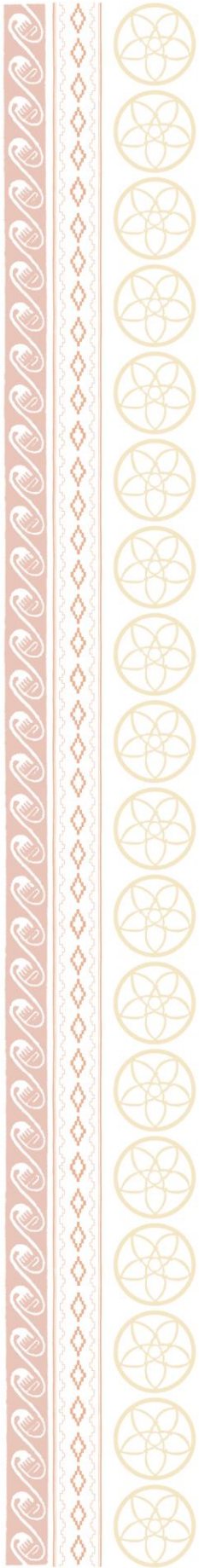
## PROJECT BARRIERS

Figure 27. Types of Barriers Reported among MSPI Purpose Area 2 Projects, 2015-2016



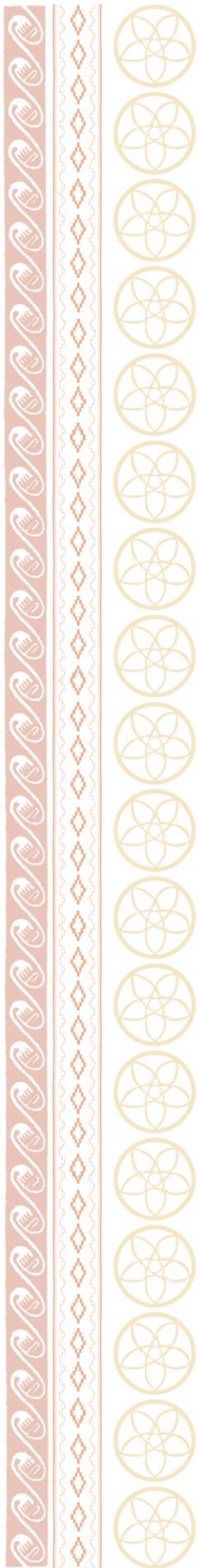
As evidenced in [Figure 27](#), the most commonly reported MSPI project barriers included insufficient staffing (41%), insufficient resources (24%), and transportation/distance issues (24%). Definitions and examples for each barrier category are provided on the following pages of this report.

**Note:** This data was gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

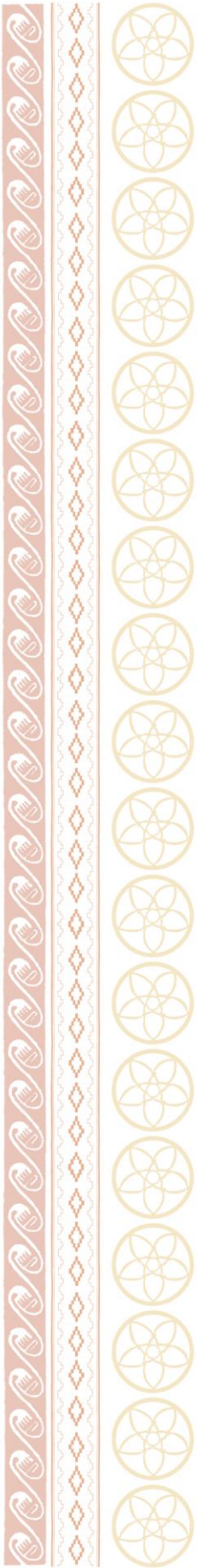


**Table 6: MSPI Project Barrier Definitions**

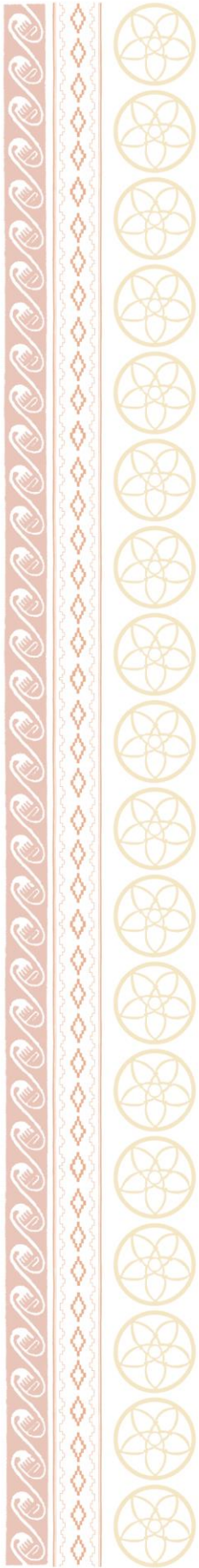
<b>BARRIER</b>	<b>DEFINITION</b>
INSUFFICIENT STAFFING	Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INSUFFICIENT RESOURCES	Project cited a lack of funding or poor infrastructure as barriers to meet high local demand for services and activities.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most commonly entities cited as collaboration challenges included schools, law enforcement, clinics/hospitals (including IHS), and other tribal agencies/departments.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompasses competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.



OTHER	<p>The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. Two projects indicated that they had experienced “no barriers” during this reporting period.</p>
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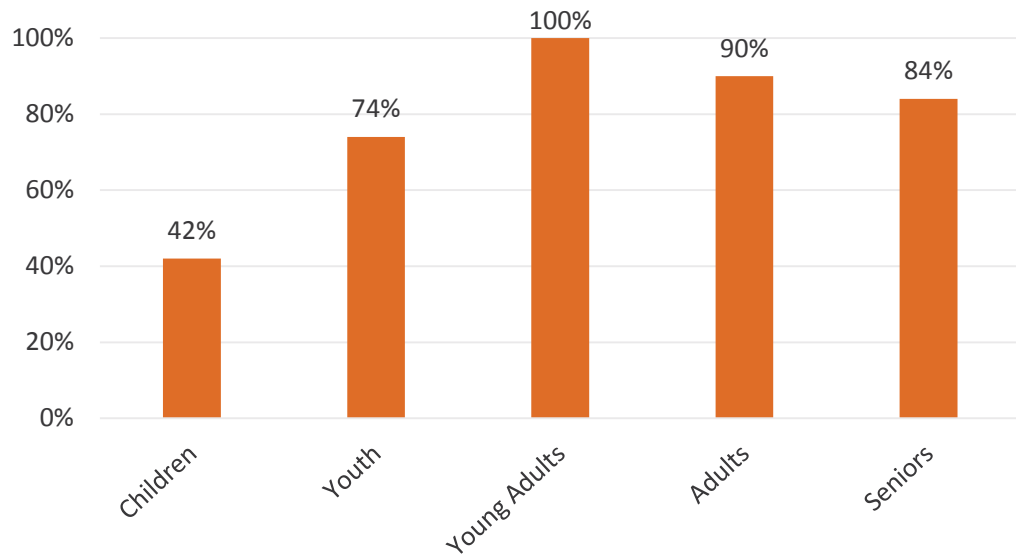


**SECTION 6:  
MSPI PURPOSE AREA 3 ONLY**



## TARGET POPULATION

Figure 28. Target Population Served by MSPI Purpose Area 3 Projects, 2015-2016\*

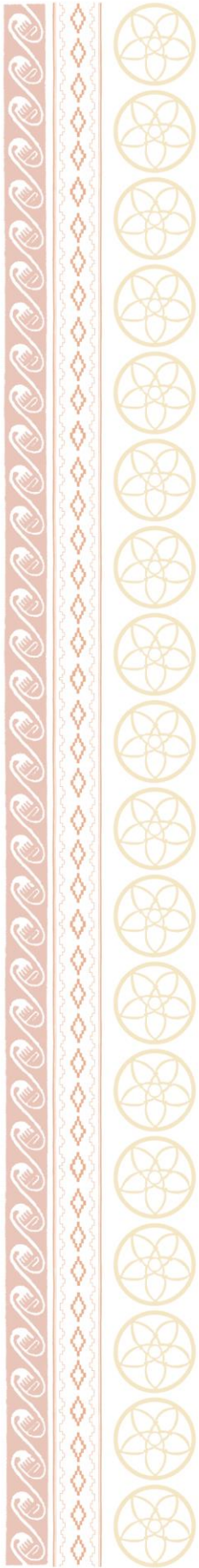


\*Projects were able to select multiple target populations.

A total of 19 MSPI Purpose Area 3 projects reported upon their progress in the areas of methamphetamine prevention, treatment, and aftercare. As evidenced in [Figure 28](#) the vast majority of MSPI Purpose Area 3 project services are directed to youth, young adults, adults and seniors in their respective communities.

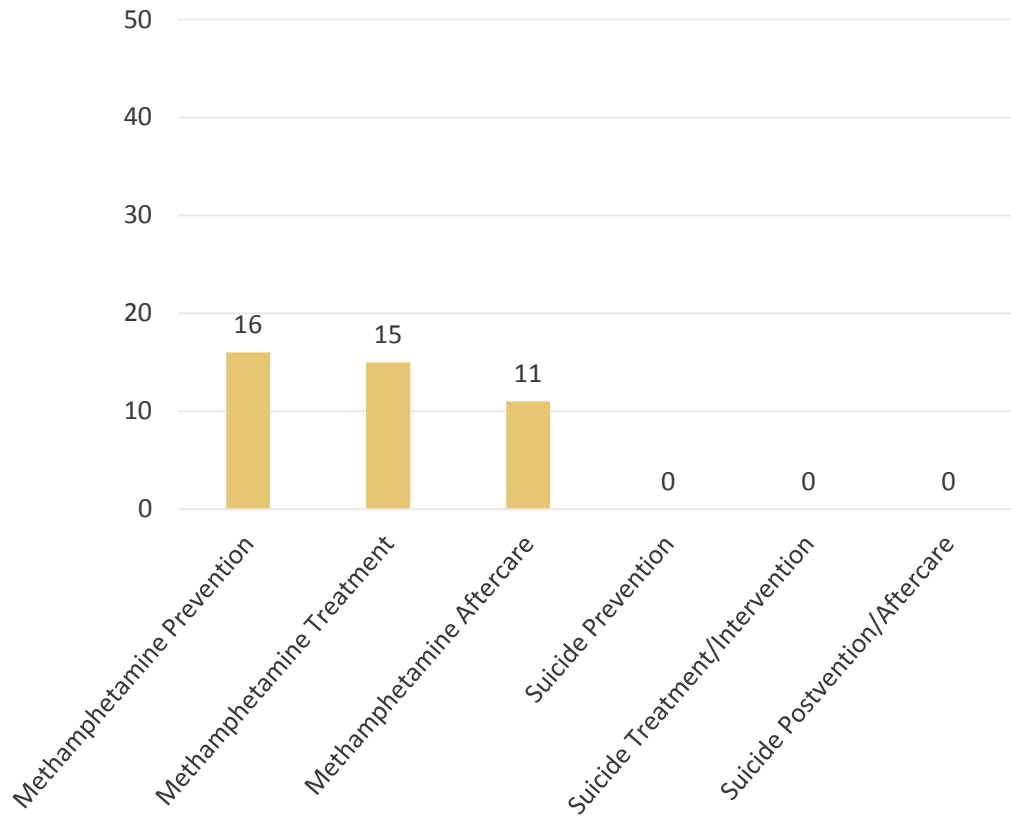
### TARGET POPULATION DEFINITIONS

- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



## SERVICE TYPES

Figure 29. Number of MSPI Purpose Area 3 Projects by Service Type, 2015-2016\*

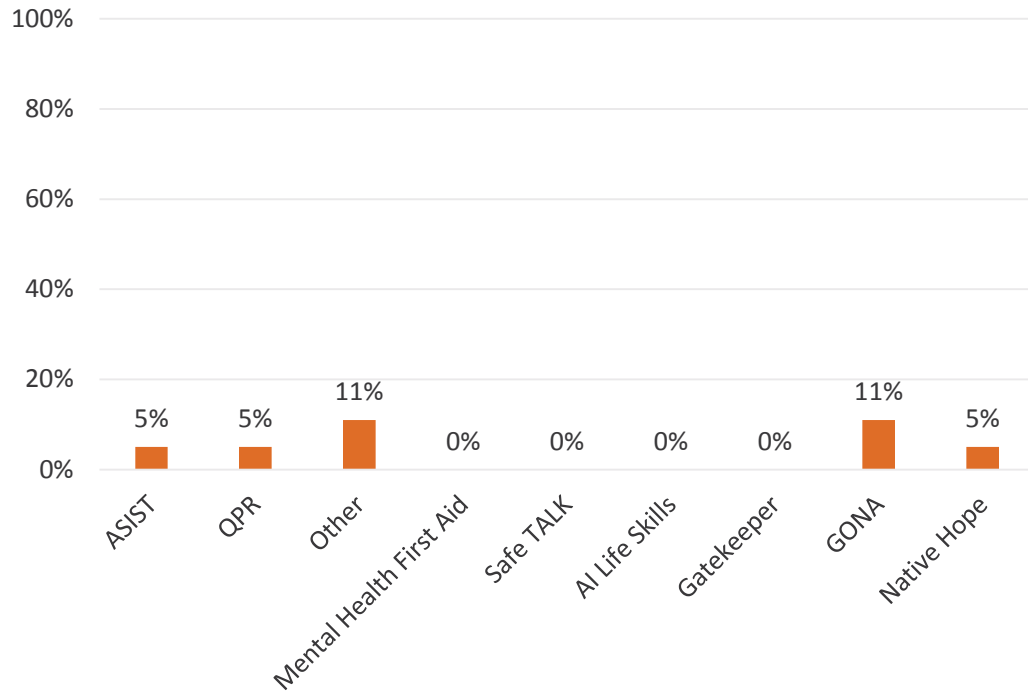


\*Projects were able to select multiple types of service provision.

As evidenced in [Figure 29](#), the largest number of MSPI Purpose Area 3 projects focused upon methamphetamine prevention (n=16), treatment (n=15) and aftercare (n=11).

## EVIDENCE-BASED PRACTICES

Figure 30. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Substance Use Prevention – MSPI Purpose Area 3 Only, 2015-2016.\*



\*Projects were able to select multiple types.

As demonstrated in [Figure 30](#), the majority of MSPI Purpose Area 3 projects do not use these Evidence-Based Practices for prevention in their routine scope of services.

“Other” evidence-based practices utilized for prevention included: Meth 360, Family Spirit, Prime for Life, Prime Solutions, Canoe Journey, Equine Therapy, Protect You/Protect Me, and Sons of Tradition.

### KEY:

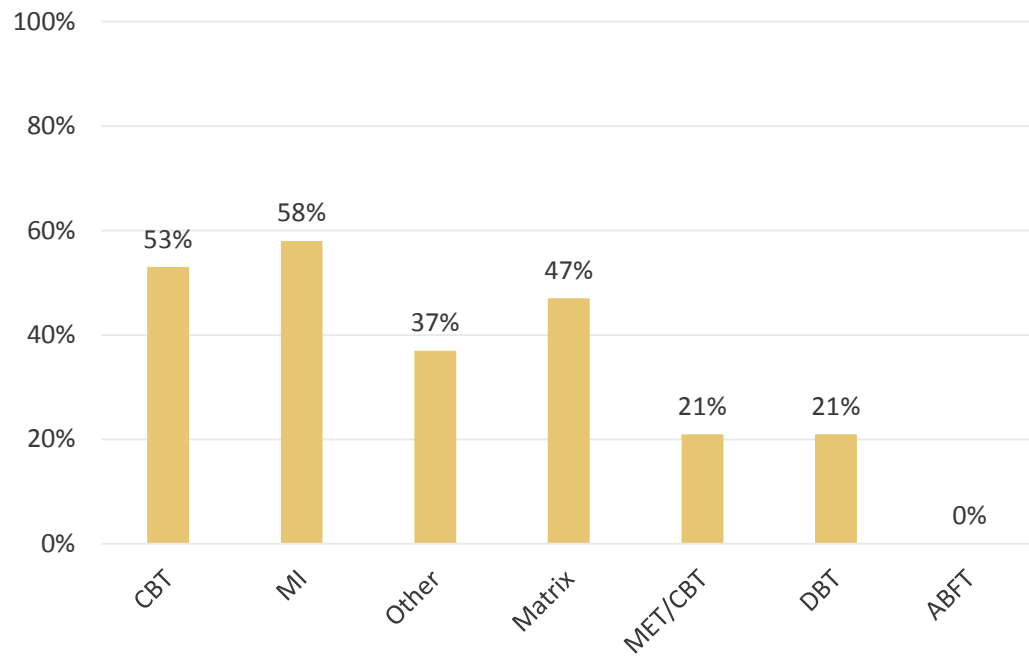
QPR = Question Persuade Refer

ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans



**Figure 31. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 3 Only, 2015-2016\***



\*Projects were able to select multiple types.

As demonstrated in [Figure 31](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Purpose Area 3 Projects, 53% and 58% respectively.

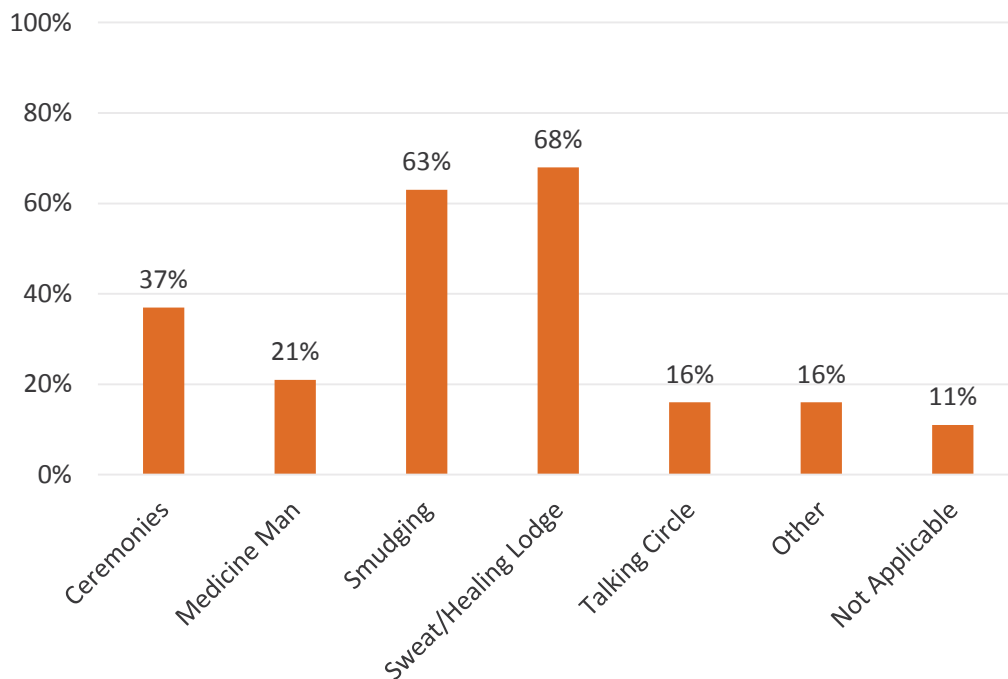
“Other” evidence-based practices for intervention/treatment included Adolescent Community Reinforcement Approach (A-CRA), SBIRT, SMART Recovery, and Medication Assisted Therapy.

**KEY:**

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- ABFT = Attachment-Based Family Therapy
- SBIRT = Screening, Brief Intervention, and Referral to Treatment

## HOLISTIC APPROACHES TO SERVICES

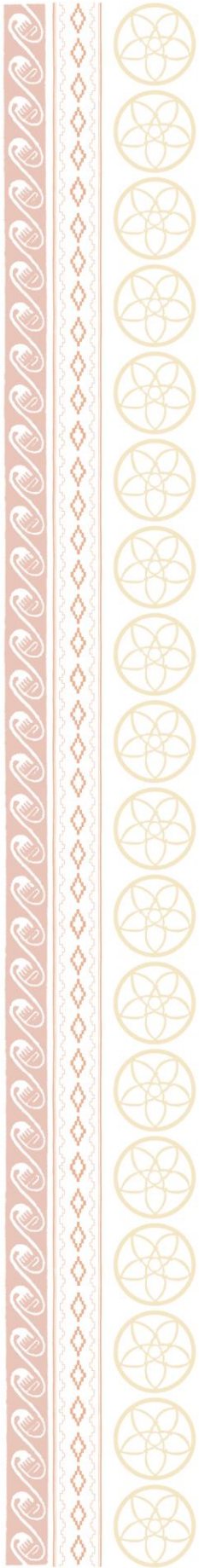
Figure 32. Percentage of MSPI Purpose Area 3 Projects Integrating Traditional Healing into Services, by Practice Type, 2015-2016\*



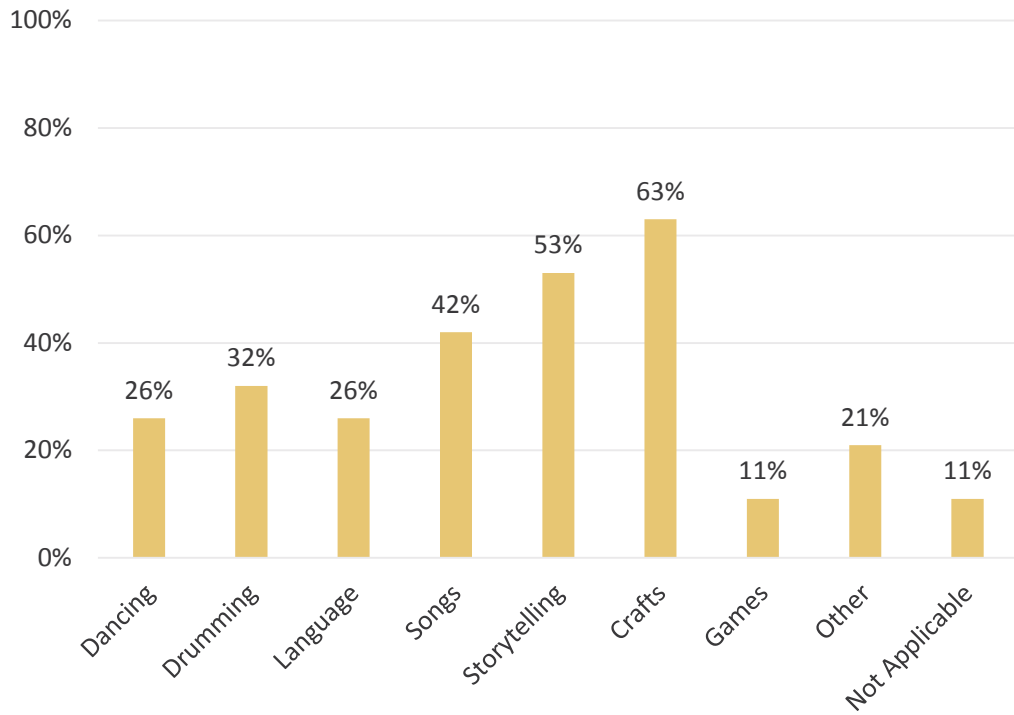
\*Projects were able to select multiple types.

Figure 32 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 3 project activities included smudging (63%) and sweat/healing lodge (68%). The majority of MSPI Purpose Area 3 projects reported integrating at least one of these traditional healing practices into their project services (68.4%).

“Other” traditional practices reported included: sacred tobacco, prayer/blessings, wood working, and camps.



**Figure 33. Cultural Practices Offered in MSPI Purpose Area 3 Project Services, 2015-2016\***



*\*Projects were able to select multiple types.*

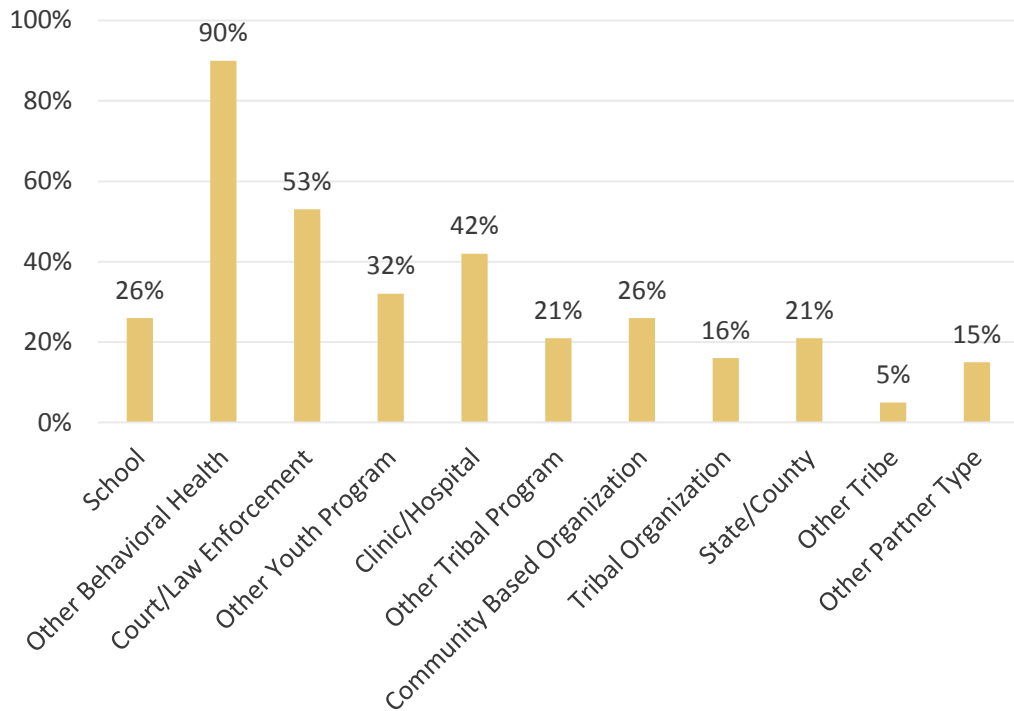
As evidenced in [Figure 33](#), the most common cultural services included in MSPI Purpose Area 3 project activities were crafts (63%) and storytelling (53%). The vast majority of MSPI Purpose Area 3 projects reported integrating at least one of these cultural practices into their project services (84.2%).

“Other” cultural practices reported included sweats, elders, fatherhood is sacred, cultural specialists, and herb gathering.

## PROJECT OPERATIONS

### PARTNERSHIPS

Figure 34. Most Common Types of Partners Enlisted among MSPI Purpose Area 3 Projects, 2015-2016\*



\*Projects were able to select multiple types.

The “other” category included tribal leadership and faith-based organizations/churches.

Table 7. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 3 Projects, 2015-2016

	N
Total Partners (All Projects)	124
Average per project	6.5
Range	1 – 22
Total Memorandum of Agreements (MOAs)	3

## STAFFING

Figure 35. Percentage of MSPI Purpose Area 3 Projects that Experienced Staff Turnover, 2015-2016

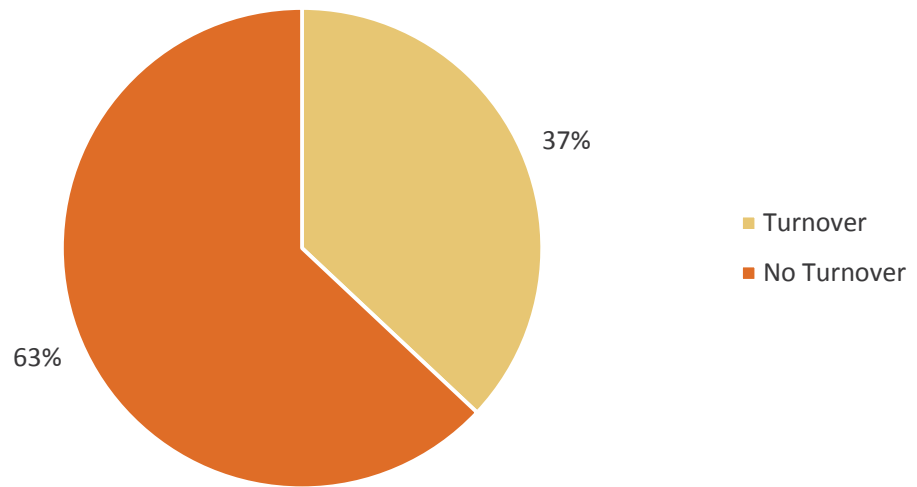
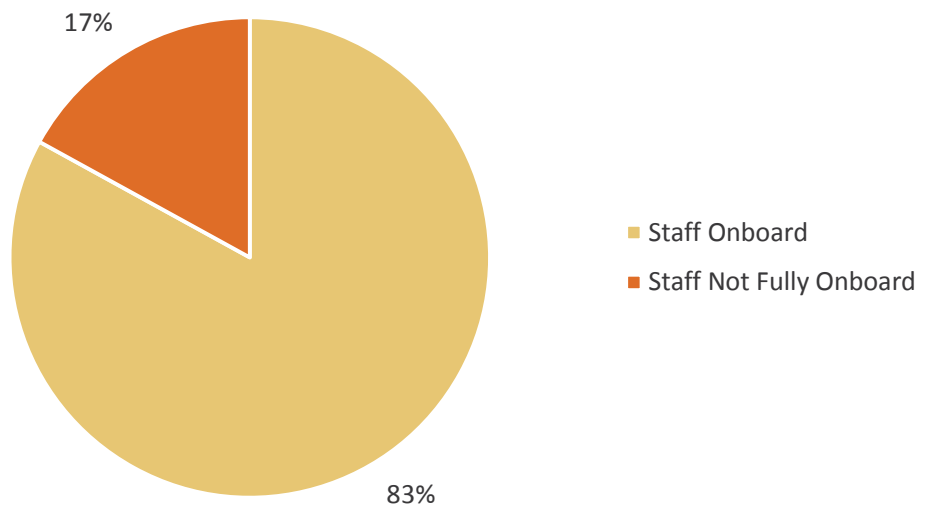


Figure 36. Percentage of MSPI Purpose Area 3 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016



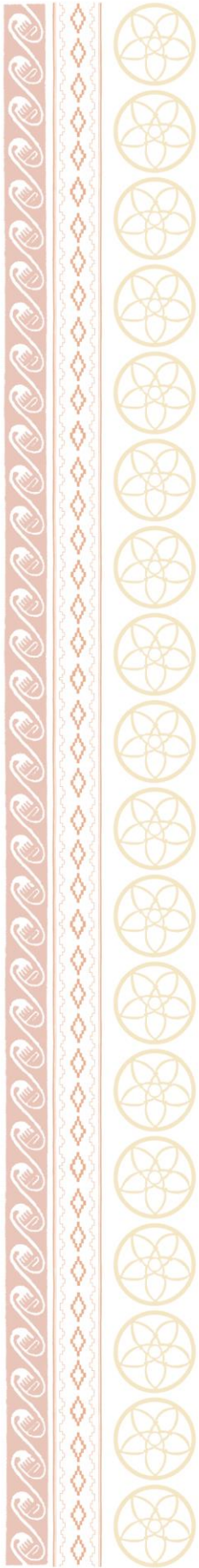
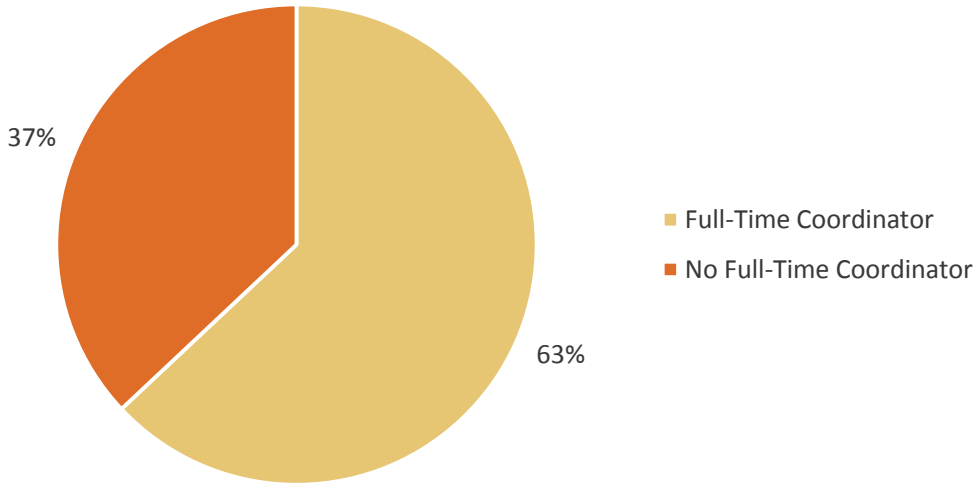


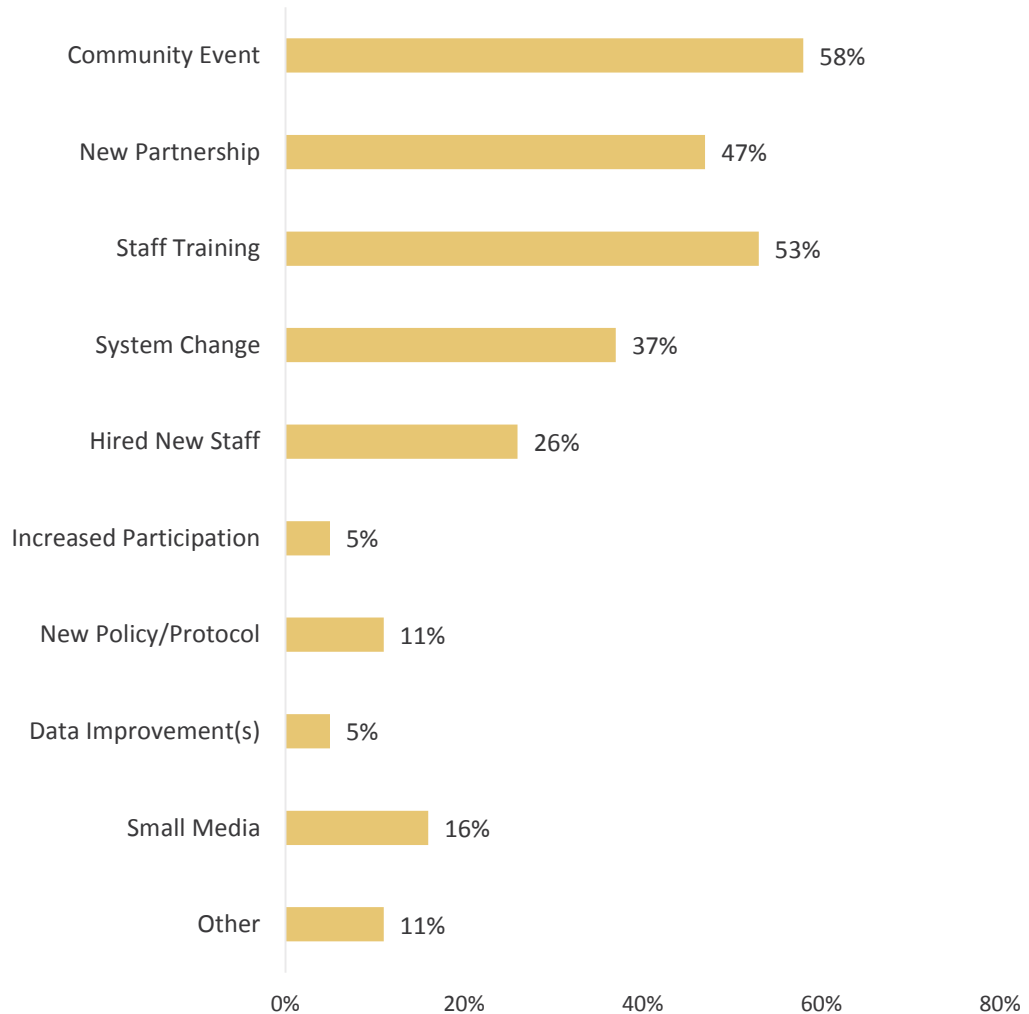
Figure 37. Percentage of MSPI Projects among MSPI Purpose Area 3 Projects with a Full-Time Project Coordinator, 2015-2016



## PROJECT ACCOMPLISHMENTS AND BARRIERS

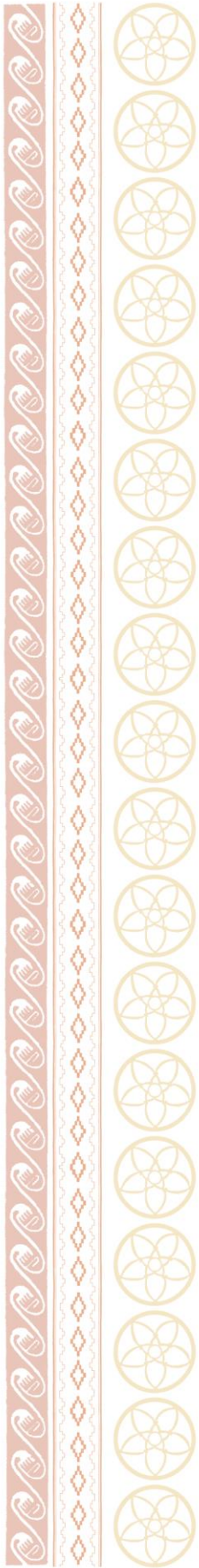
### PROJECT ACCOMPLISHMENTS

Figure 38. Type of Accomplishments Reported among MSPI Purpose Area 3 Projects, 2015-2016



As evidenced in [Figure 38](#), the most commonly reported accomplishments among MSPI Purpose Area 3 Projects in year 1 included implementing successful community events (58%), establishing one or more new partnerships (47%), implementing a system change (37%) and completion of staff training (53%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

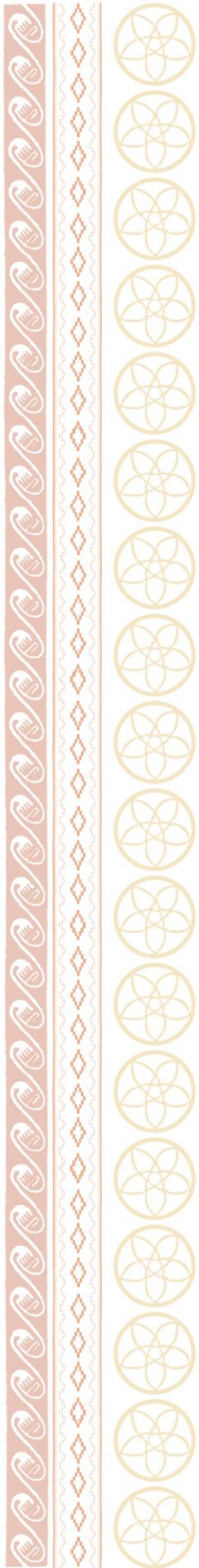
**Note:** This data was gathered through project narratives. There were no limits on the number or type of accomplishments that each project could report.



**Table 8. MSPI Project Accomplishment Definitions**

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.).
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities).
STAFF TRAINING	At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: AI Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc.

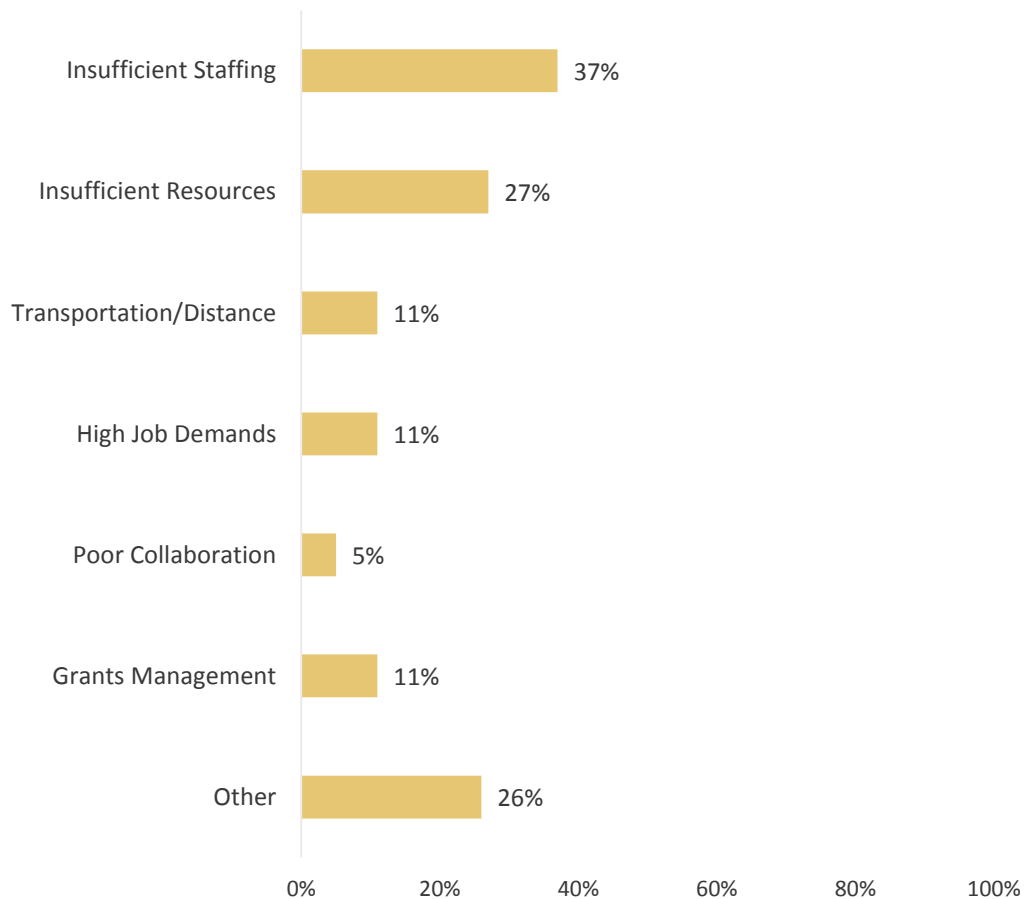




SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services.

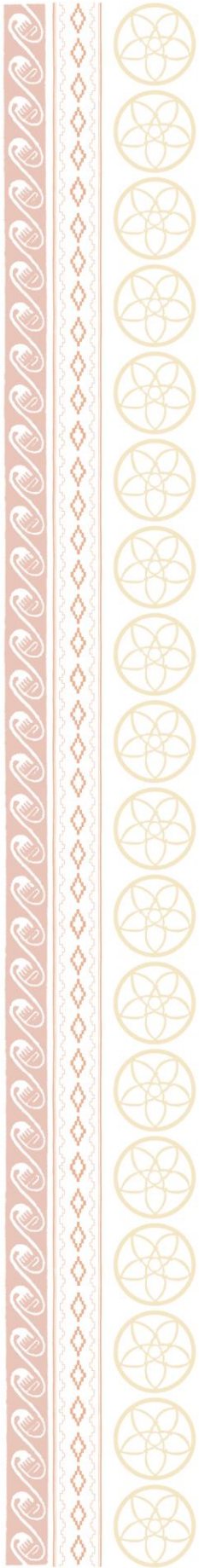
## PROJECT BARRIERS

Figure 39. Types of Barriers Reported among MSPI Purpose Area 3 Projects, 2015-2016



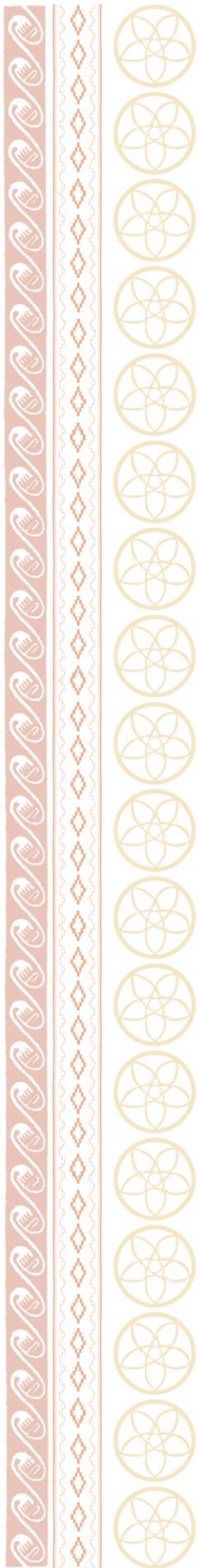
As evidenced in [Figure 39](#), the most commonly reported MSPI Purpose Area 3 project barriers included insufficient staffing (37%) and insufficient resources (27%). Definitions and examples for each barrier category are provided on the following pages of this report.

**Note:** This data was gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

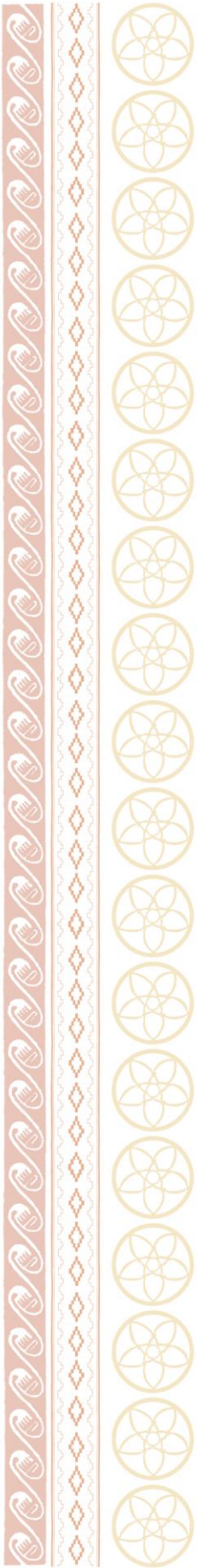


**Table 9: MSPI Project Barrier Definitions**

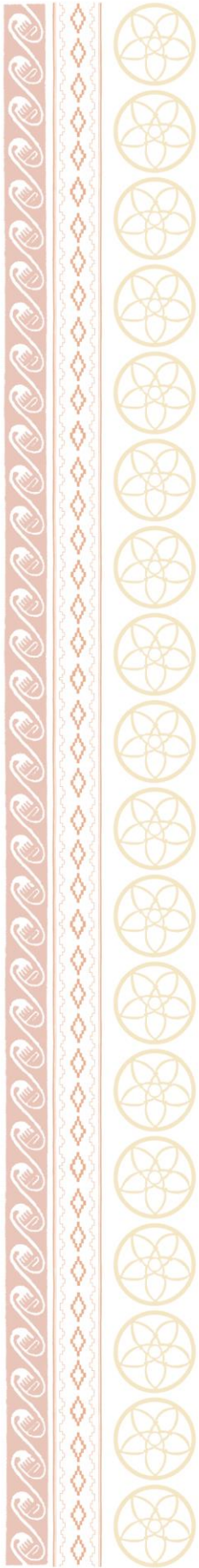
<b>BARRIER</b>	<b>DEFINITION</b>
INSUFFICIENT STAFFING	Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INSUFFICIENT RESOURCES	Project cited a lack of funding or poor infrastructure as barriers to meet high local demand for services and activities. This includes a lack of treatment facilities and/or extensive waiting lists for substance use.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most commonly entities cited as collaboration challenges included schools, law enforcement, clinics/hospitals (including IHS), and other tribal agencies/departments.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompasses competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.



OTHER	The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare.
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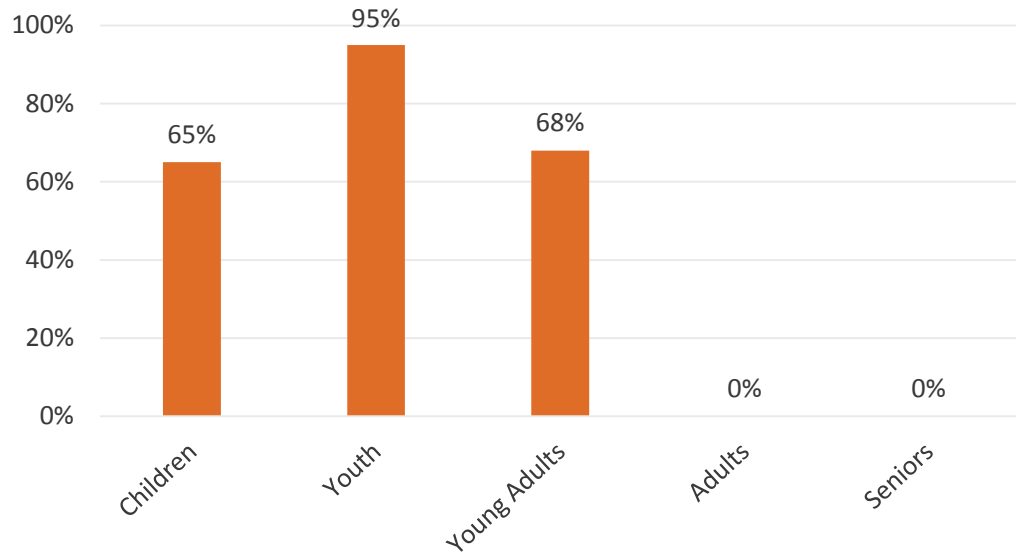


**SECTION 7:  
MSPI PURPOSE AREA 4 ONLY**



## TARGET POPULATION

Figure 40. Target Population Served by MSPI Purpose Area 4 Projects, 2015-2016\*

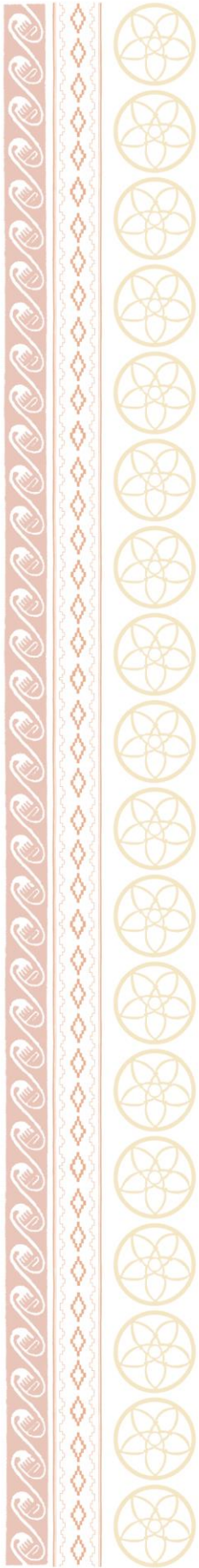


\*Projects were able to select multiple target populations.

A total of 60 MSPI Purpose Area 4 projects reported on their progress to promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse.

### TARGET POPULATION DEFINITIONS

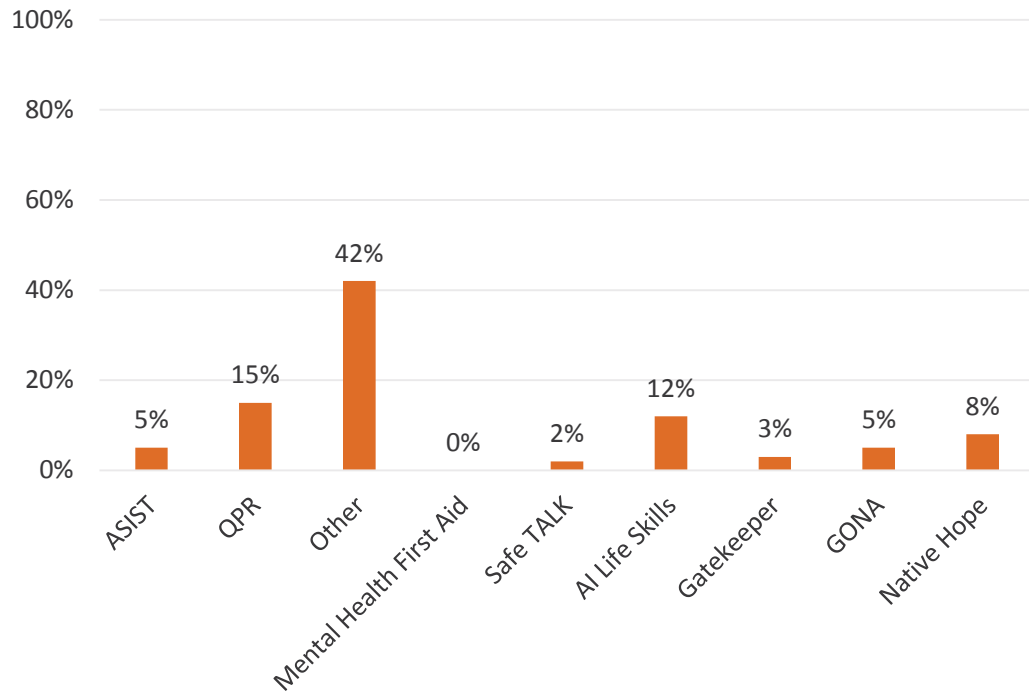
- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



## SERVICE TYPES

### EVIDENCE-BASED PRACTICES

Figure 41. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide Prevention – MSPI Purpose Area 4 Only, 2015-2016.\*



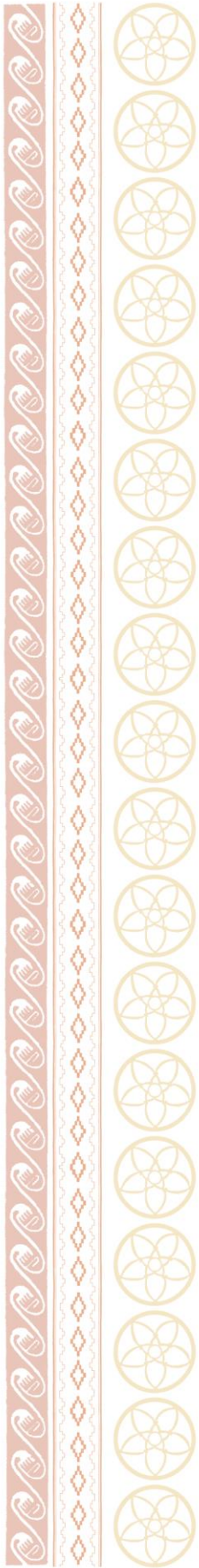
\*Projects were able to select multiple types.

As demonstrated in [Figure 41](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI Purpose Area 4 projects for prevention were “other types” (42%).

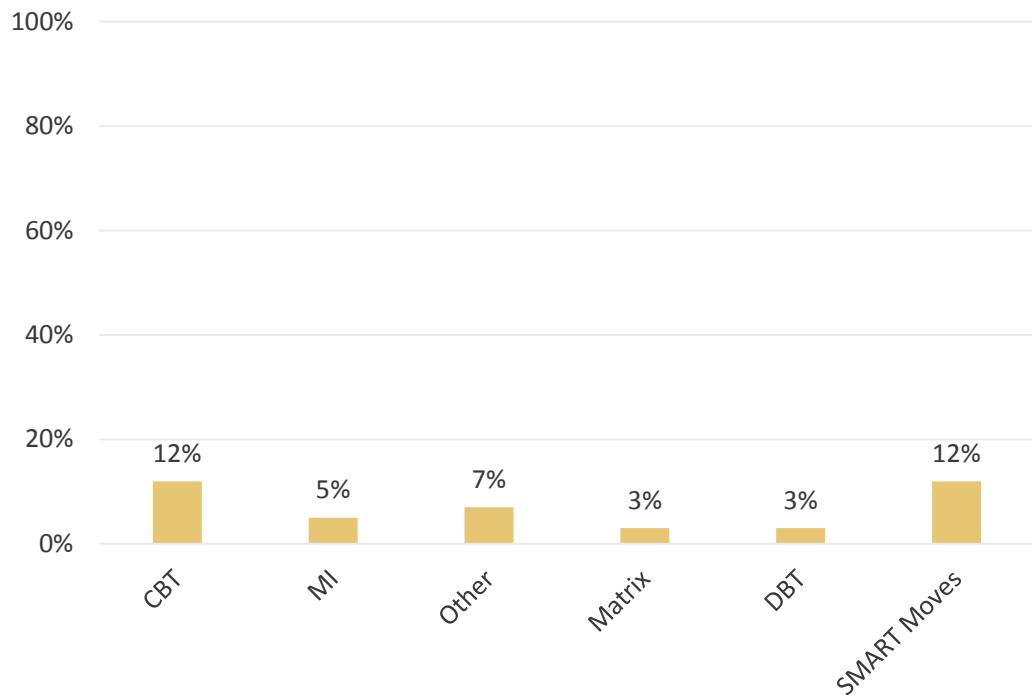
“Other” types reported included: Project Venture, Keepin’ it Real, EMDR, Meth SMART, Good Road of Life, Red Road, Seven Sacred Teachings, Trauma Informed Care, Living in Balance, Project Alcohol Free, Healing of the Canoe Project, Native Stand, Multisystemic Therapy, CBT, Motivational Interviewing, White Bison, Seeking Safety, Web of Life, Casey Life Skills, Passport to Manhood, Prime for Life, Responsible Fatherhood, and Native PRIDE.

**KEY:**

- QPR = Question Persuade Refer
- ASIST = Applied Suicide Intervention Skills Training
- GONA = Gathering of Native Americans
- EMDR = Eye Movement Desensitizing and Reprocessing
- CBT = Cognitive Behavioral Therapy



**Figure 42. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 4 Only, 2015-2016\***



*\*Projects were able to select multiple types.*

As demonstrated in [Figure 42](#), Cognitive Behavioral Therapy (CBT) and SMART Moves were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Purpose Area 4 Projects (12%).

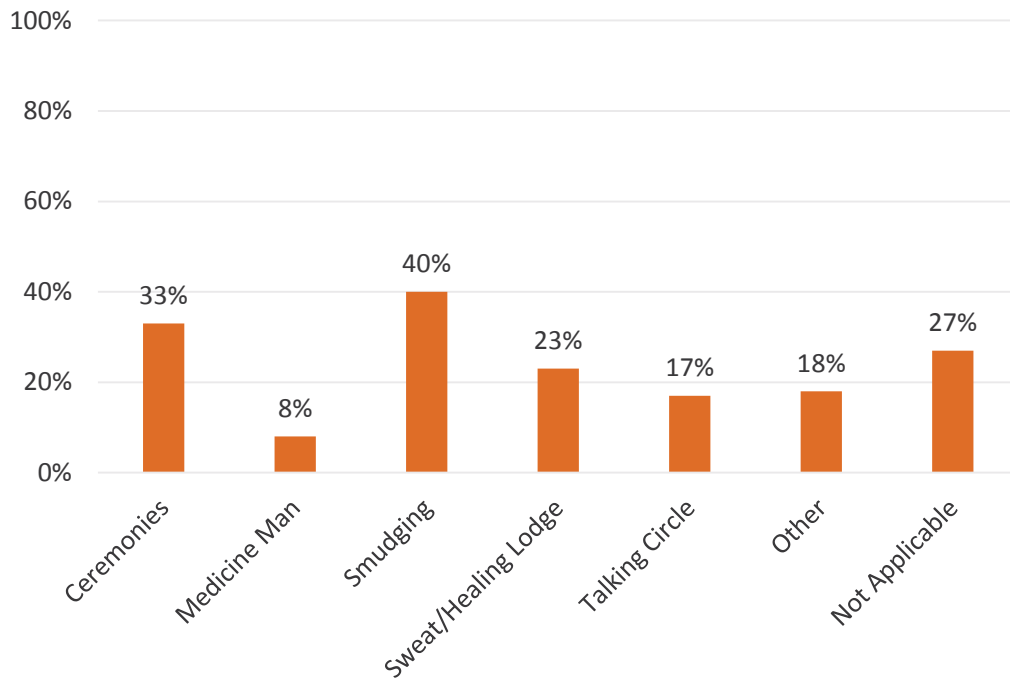
**KEY:**

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy



## HOLISTIC APPROACHES TO SERVICES

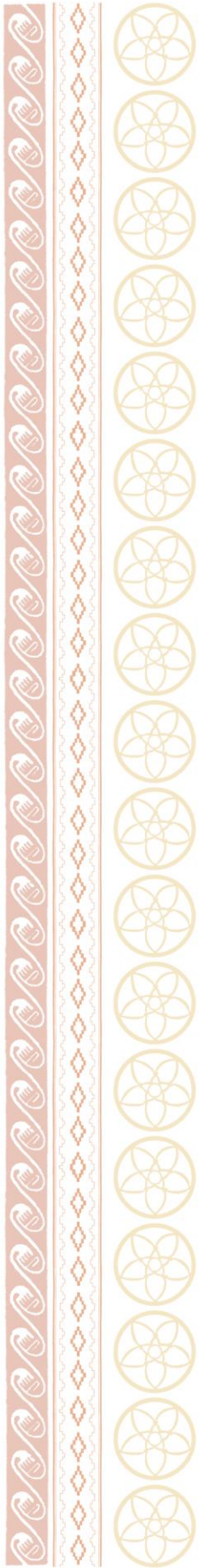
Figure 43. Percentage of MSPI Purpose Area 4 Projects Integrating Traditional Healing into Project Services, by Practice Type, 2015-2016\*



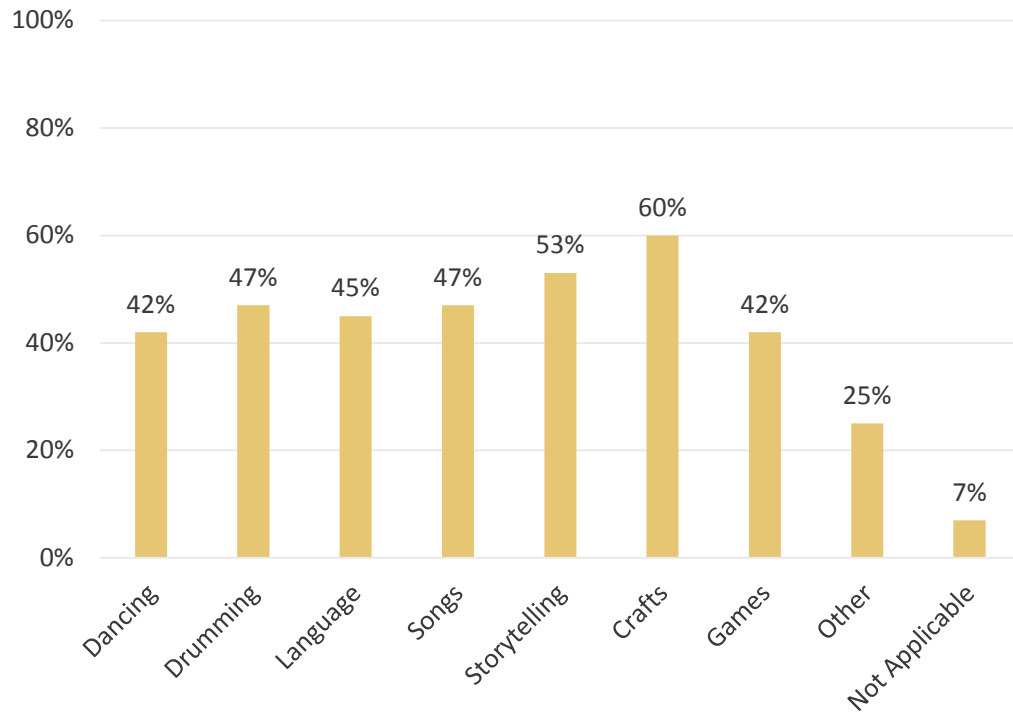
\*Projects were able to select multiple types.

Figure 43 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 4 project activities included smudging (40%) and ceremonies (33%). The majority of MSPI Purpose Area 4 projects reported integrating at least one of these traditional healing practices into their project services (70%).

“Other” traditional healing practices reported included: role modeling, canoe journey, hunting, hiking, trapping, fishing, sacred tobacco, gourd dancing, fire making and powwows.



**Figure 44. Cultural Practices Offered in MSPI Purpose Area 4 Project Services, 2015-2016\***



*\*Projects were able to select multiple types.*

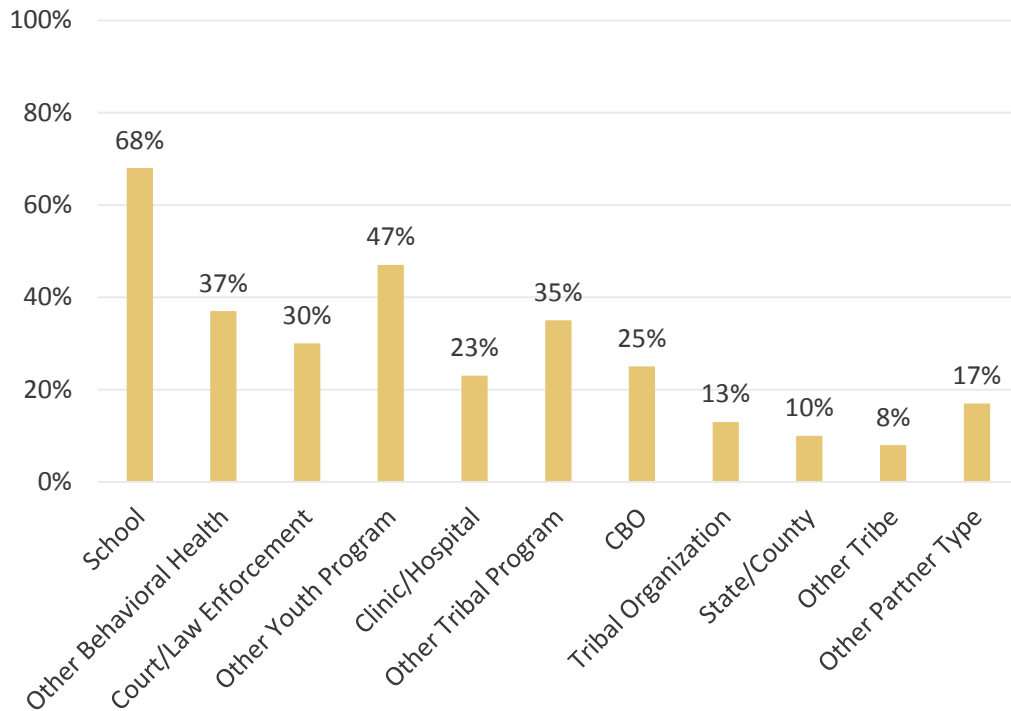
As evidenced in [Figure 44](#), the most common cultural services included in MSPI Purpose Area 4 projects were crafts (60%) and storytelling (53%). The majority of MSPI Purpose Area 4 projects reported integrating at least one of these cultural practices into their project services (90%).

“Other” cultural practices reported included: tipi building, talking circles, powwows, fishing, camping, traditional equine skills, prayer, archery, and root and berry gathering.

## PROJECT OPERATIONS

### PARTNERSHIPS

Figure 45. Most Common Types of Partners Enlisted among MSPI Purpose Area 4 Projects, 2015-2016\*



\*Projects were able to select multiple types.

Common “other” partner types included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

Table 10. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 4 Projects, 2015-2016

	N
Total Partners (All Projects)	342
Average per project	6.1
Range	0 – 23
Total Memorandum of Agreements (MOAs)	77

## STAFFING

Figure 46. Percentage of MSPI Purpose Area 4 Projects that Experienced Staff Turnover, 2015-2016

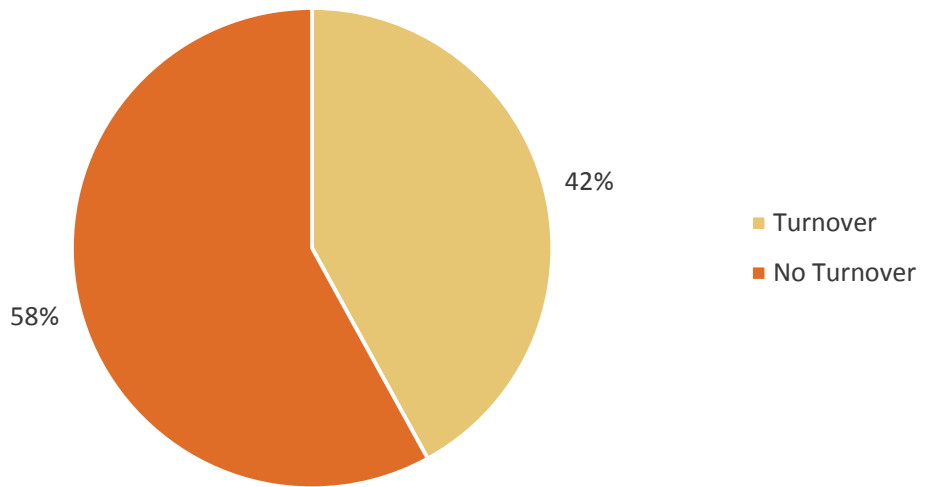


Figure 47. Percentage of MSPI Purpose Area 4 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016

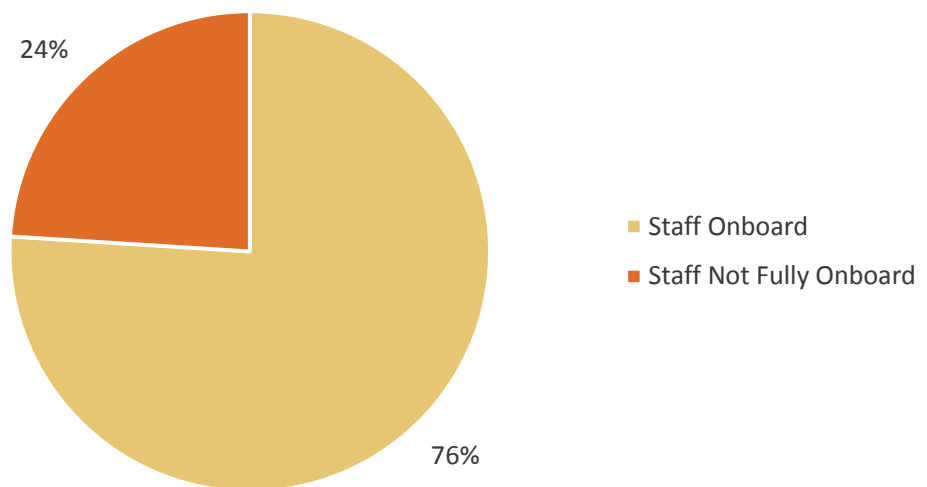
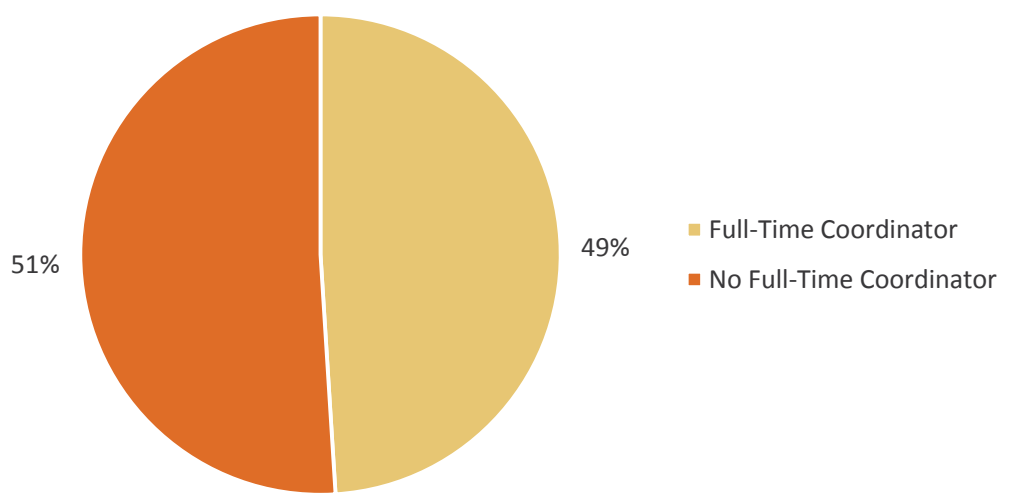


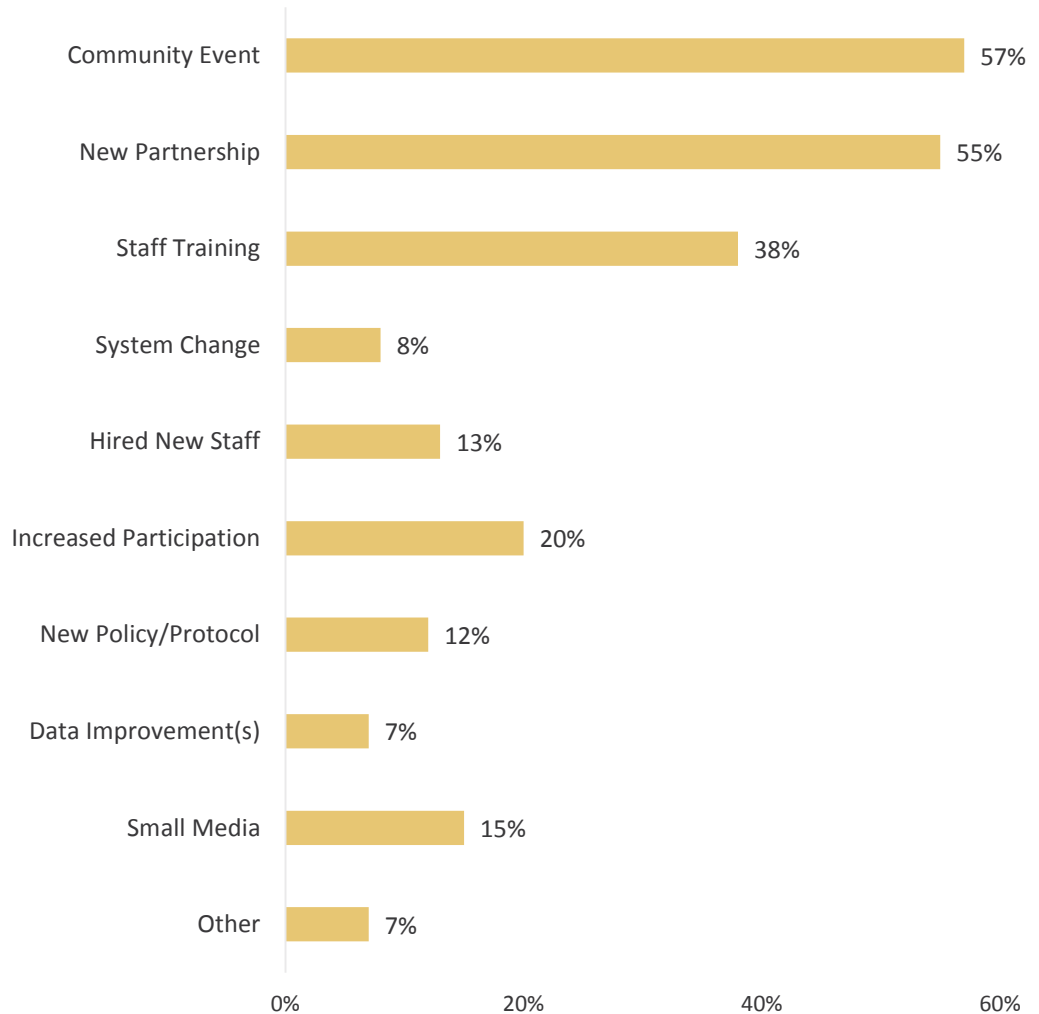
Figure 48. Percentage of MSPI Purpose Area 4 Projects with a Full-Time Project Coordinator, 2015-2016



## PROJECT ACCOMPLISHMENTS AND BARRIERS

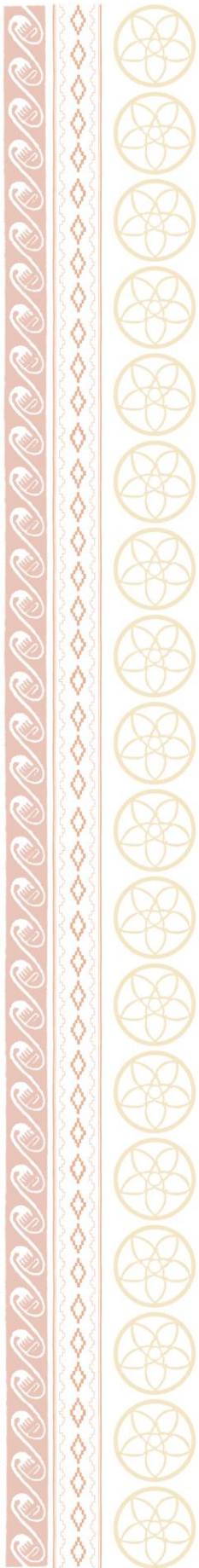
### PROJECT ACCOMPLISHMENTS

Figure 49. Type of Accomplishments Reported among MSPI Purpose Area 4 Projects, 2015-2016



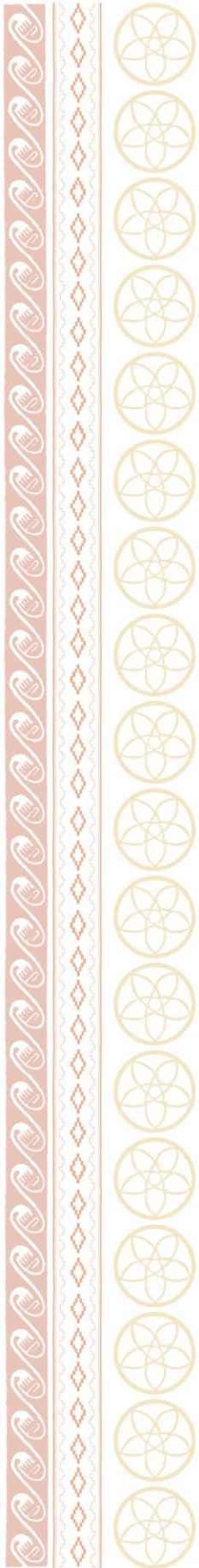
As evidenced in [Figure 49](#), the most commonly reported accomplishments among MSPI Purpose Area 4 Projects in project year 1 included implementing successful community events (57%), establishing one or more new partnerships (55%), and completion of staff training (38%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

**Note:** This data was gathered through project narratives. There were no limits on the number or type of accomplishments that each project could report.



**Table 11. MSPI Project Accomplishments Definitions**

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.).
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities).
STAFF TRAINING	At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc.
SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).

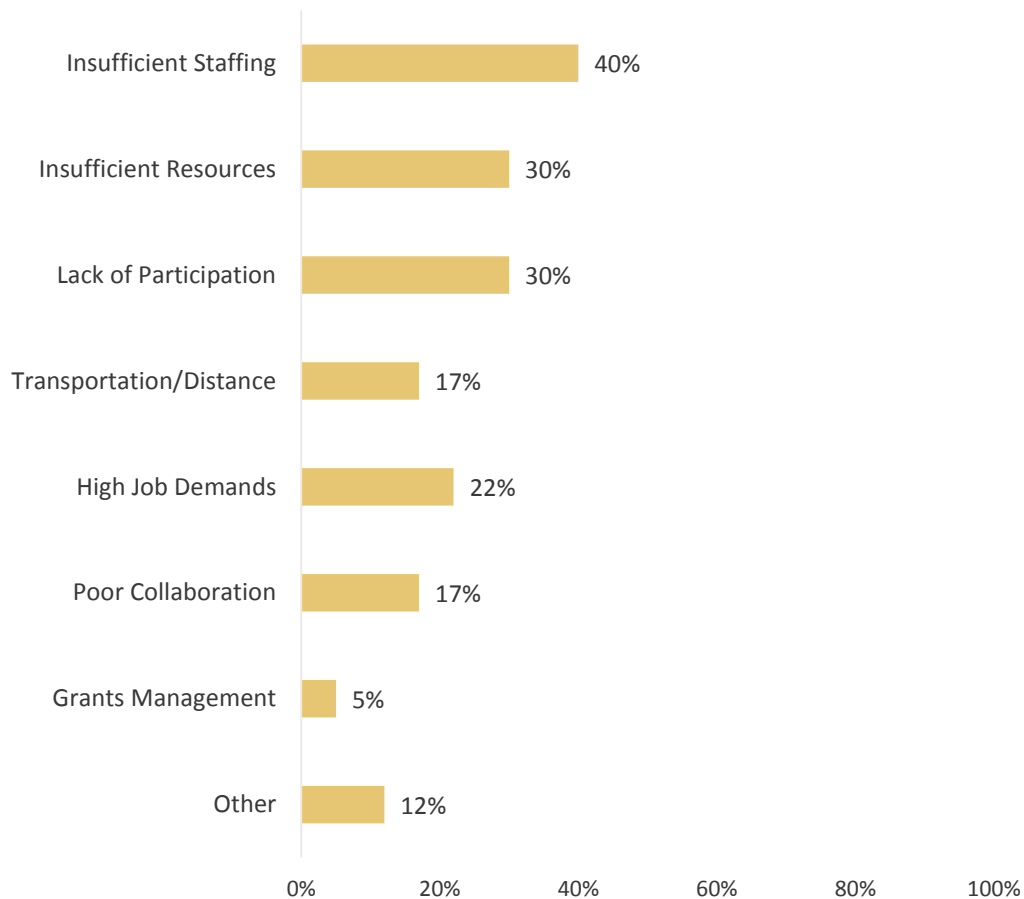


HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services.



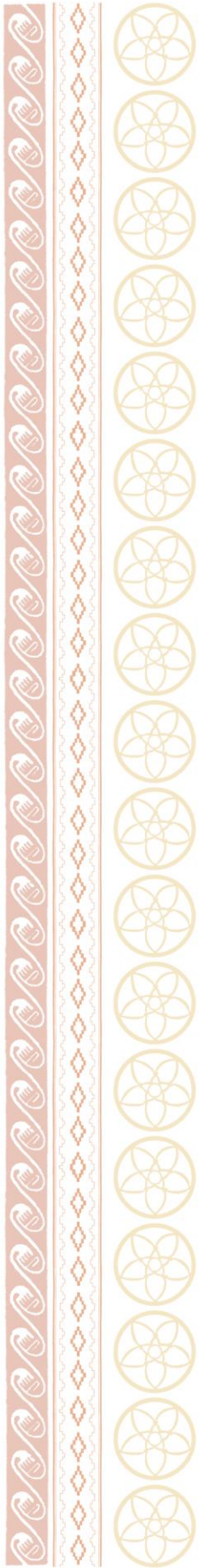
## PROJECT BARRIERS

Figure 50. Types of Barriers Reported among MSPI Purpose Area 4 Projects, 2015-2016



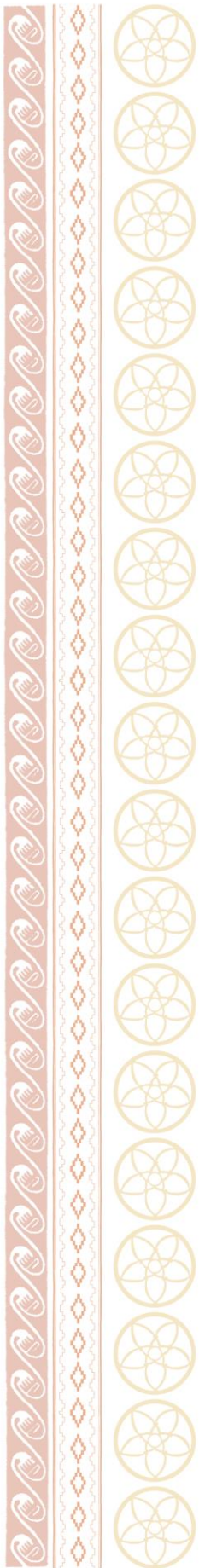
As evidenced in [Figure 50](#), the most commonly reported MSPI Purpose Area 4 project barriers included insufficient staffing (40%), insufficient resources (30%), and lack of participation (30%). Definitions and examples for each barrier category are provided on the following pages of this report.

**Note:** This data was gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

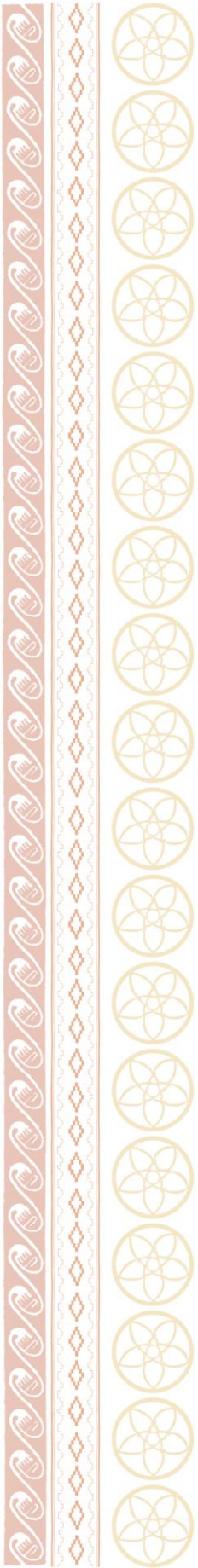


**Table 12: MSPI Project Barrier Definitions**

<b>BARRIER</b>	<b>DEFINITION</b>
INSUFFICIENT STAFFING	Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INSUFFICIENT RESOURCES	Project cited a lack of funding or poor infrastructure as barriers to meet high local demand for services and activities.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge. This barrier also included lack of parental involvement for youth activities.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most commonly entities cited as collaboration challenges included schools, law enforcement, clinics/hospitals (including IHS), and other tribal agencies/departments.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompasses competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.



OTHER	The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare.
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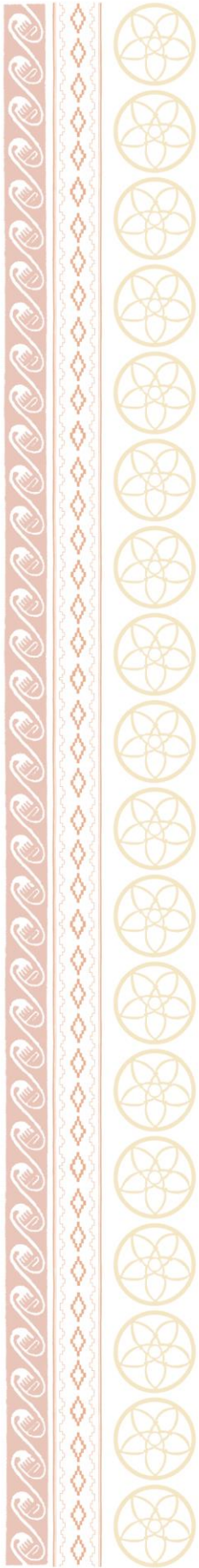
**SECTION 8:  
MSPI PURPOSE AREA 1 ONLY**



## MSPI PURPOSE AREA 1: BRIEF PROGRESS REPORT 2015-2016

Due to the small number of MSPI Purpose Area 1 projects (n=3), there was not sufficient power to complete a separate analysis of progress report data for this purpose area. General trends reported included the following:

- The average number of partners identified among projects was 3.7, with a range of n=2-6.
- Common partner types included behavioral health programs, courts, law enforcement, other tribes, tribal organizations, and churches.
- No formal MOUs were established between MSPI Purpose Area 1 projects and these partners during this reporting period.
- All projects experienced some staff turnover during the reporting period. One project has a full-time coordinator.
- Key accomplishments identified included:
  - Staff training
  - Partnerships
  - Systems change
  - Data improvements
  - Successful plan development
- Key barriers identified included:
  - Staff turnover
  - Busy schedules impacting project meeting attendance among partners
  - Grants management concerns

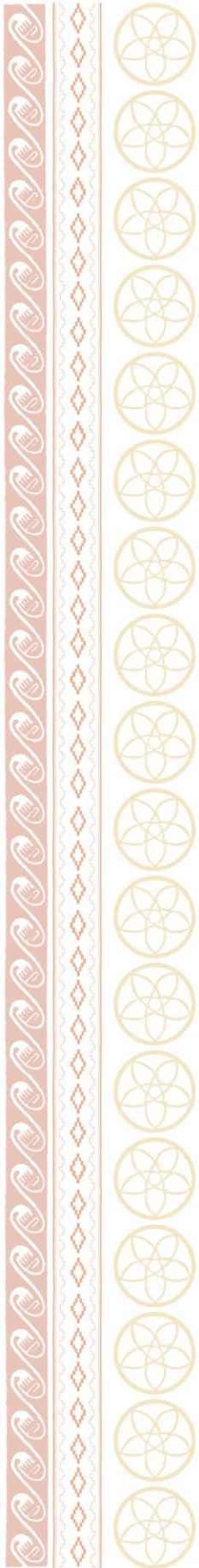


# APPENDIX: PROJECTS REPORTING



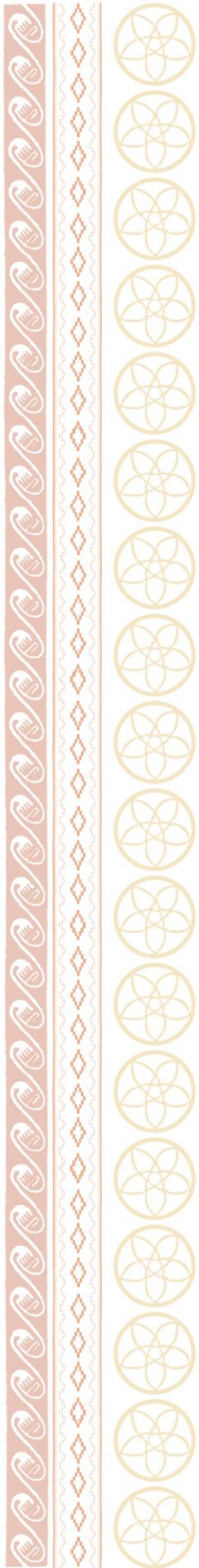
## MSPI PROJECTS REPORTING 2015-2016

Alaska Native Tribal Health Consortium  
Aleutian Pribilof Islands Assoc.  
Bristol Bay Area Health Corporation  
Chugachmiut  
Copper River Native Association  
Council of Athabascan Tribal Governments  
Eastern Aleutian Tribes  
Kenaitze Indian Tribe  
Kodiak Area Native Association  
Maniilaq Association  
Norton Sound Health Corporation  
Pribilof Islands Aleut Community of St. Paul Island  
Southcentral Foundation  
SouthEast Alaska Regional Health Consortium  
Tanana Chiefs Conference  
Yukon-Kuskokwim Health Corporation  
Five Sandoval Pueblos  
Ohkay Owingeh Tribal Council  
Pueblo of Acoma  
Pueblo of Isleta  
Pueblo of Sandia  
Ramah Navajo School Board, Inc.  
Santo Domingo Tribe  
Southern Ute  
Southern Ute  
Taos Pueblo  
Ute Mountain Ute Tribe  
Eight Northern Indian Pueblos  
Bad River Band of Lake Superior Tribe of Chippewa Indians  
Bay Mills Indian Community  
Keweenaw Bay Indian Community  
Little Traverse Bay Band of Odawa Indians  
Red Lake Band of Chippewa Indians  
Bemidji Area Office  
Cass Lake Hospital  
Blackfeet Tribe  
Confederated Salish and Kootenai Tribes  
Confederated Salish and Kootenai Tribes  
Crow Tribe  
Northern Arapaho Tribal Health

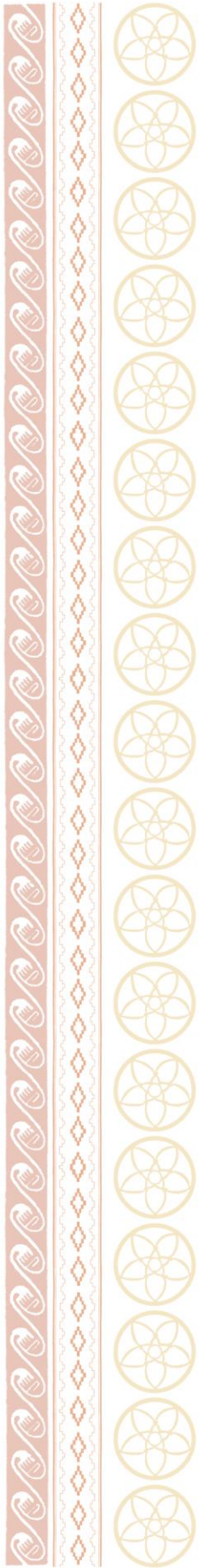


Northern Cheyenne  
Rocky Boy Band of Chippewa Cree Indians  
California Rural Indian Health Board, Inc.  
Feather River Tribal Health, Inc.  
Indian Health Council, Inc.  
Pinoleville Pomo Nation  
San Pasqual Band of Mission Indians  
Southern Indian Health Council, Inc.  
Toiyabe Indian Health Project, Inc.  
Cheyenne River Sioux Tribe  
Oglala Sioux Tribe  
Ponca Tribe of Nebraska  
Rosebud Sioux Tribe  
Sisseton-Wahpeton Oyate Behavioral Health  
Turtle Mountain Band of Chippewa Indians  
Winnebago Tribe of Nebraska  
Yankton Sioux Tribe  
Fort Thompson Service Unit  
Pine Ridge Service Unit  
Aroostook Band of Micmacs  
Mashpee Wampanoag Tribe  
Mississippi Band of Choctaw Indians  
Passamaquoddy Indian Township  
Catawba Service Unit  
Tuba City Regional Health Care Corporation  
Utah Navajo Health System  
Winslow Indian Health Care Center  
Chinle Comprehensive Health Care Facility  
Chinle Comprehensive Health Care Facility  
Crownpoint Health Care Facility  
Gallup Indian Medical Center  
Cherokee Nation  
Chickasaw Nation  
Choctaw Nation  
Citizen Potawatomi Nation  
Eastern Shawnee Tribe  
Iowa Tribe of Kansas and Nebraska  
Kickapoo Tribe of Oklahoma  
Kiowa Tribe  
Muscogee Creek Nation  
Muscogee Creek Nation  
Northeastern Tribal Health System





Otoe-Missouria Tribe  
Ponca Tribe  
Wyandotte Nation  
Indian Health Care Resource Center - Tulsa  
Oklahoma City Area Office  
Oklahoma City Indian Clinic  
Oklahoma City Indian Clinic  
Choctaw Nation  
Gila River Health Care  
Hualapai Indian Tribe  
Pyramid Lake Paiute Tribe  
Reno Sparks Indian Colony  
Salt River Pima-Maricopa Indian Community  
Salt River Pima-Maricopa Indian Community  
Phoenix Indian Medical Center  
Sherman Indian School Clinic  
Marimn Health  
Confederated Tribes of Warm Springs  
Cow Creek Band of Umpqua Tribe of Indians  
Northwest Portland Area Indian Health Board  
Northwest Portland Area Indian Health Board  
Puyallup Tribe of the Puyallup Reservation  
Shoshone-Bannock Tribes  
Squaxin Island Indian Tribe  
Tulalip Tribes of Washington  
Chemawa Indian School  
Quileute Tribal Council  
Hoh Indian Tribe  
Makah Indian Tribe  
Confederated Tribes of Grand Ronde  
Pascua Yaqui Tribe  
Tohono O'odham Nation  
American Indian Health and Family Services of SouthEastern Michigan Inc.  
American Indian Health Service of Chicago, Inc.  
First Nations Community Health Source Inc.  
Fresno American Indian Health Project  
Friendship House Association of American Indians Inc.  
Gerald L. Ignace Indian Health Center, Inc.  
Native American Rehabilitation Association of the Northwest, Inc.  
San Diego American Indian Health Center, Inc  
South Dakota Urban Indian Health, Inc.  
United American Indian Involvement, Inc. (Los Angeles)



Indian Center, Inc.  
Native Americans for Community Action, Inc.  
Seattle Indian Health Board  
American Indian Association of Tucson, Inc.



Albuquerque Area Southwest Tribal Epidemiology Center  
Albuquerque Area Indian Health Board