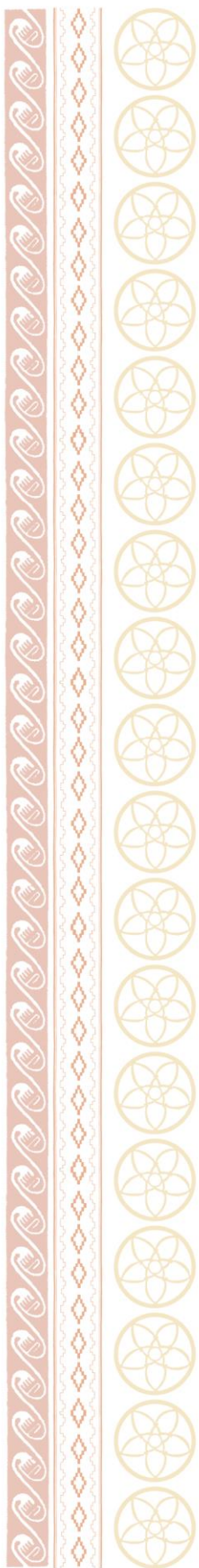


SUBSTANCE ABUSE AND SUICIDE PREVENTION PROGRAM

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 4 NATIONAL EVALUATION REPORT
September 30, 2018 – September 29, 2019



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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OVERVIEW

This report summarizes the collective work of the 174 projects funded by the Substance Abuse and Suicide Prevention (SASP) program during the third year of funding. The data included in this report are from the period September 30, 2018 – September 29, 2019. The SASP program is a nationally-coordinated program focused on providing substance abuse and suicide prevention and intervention resources for Indian Country. The program is operated by the Indian Health Service (IHS), Office of Clinical and Preventive Services (OCPS), Division of Behavioral Health (DBH) to promote the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches from a community-driven context. This program was first established by the Consolidated Appropriations Act of 2008, Pub. L. No. 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.

ABOUT SASP

The Substance Abuse and Suicide Prevention Initiative (SASP) is a nationally-coordinated program by the Indian Health Service (IHS) Division of Behavioral Health, focusing on providing substance abuse 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 substance abuse and suicide prevention from a community-driven context.

The SASP projects have been funded to meet the following six goals:

1. Increase tribal, Urban Indian Organization (UIO), and federal capacity to operate successful substance use 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 substance abuse 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 substance abuse 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 use.

Funded projects are not expected to address all the SASP 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 & Organizational Needs Assessment & Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, & Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, & Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support

Table 1. Number of SASP Projects Funded by Purpose Area, 2018-2019

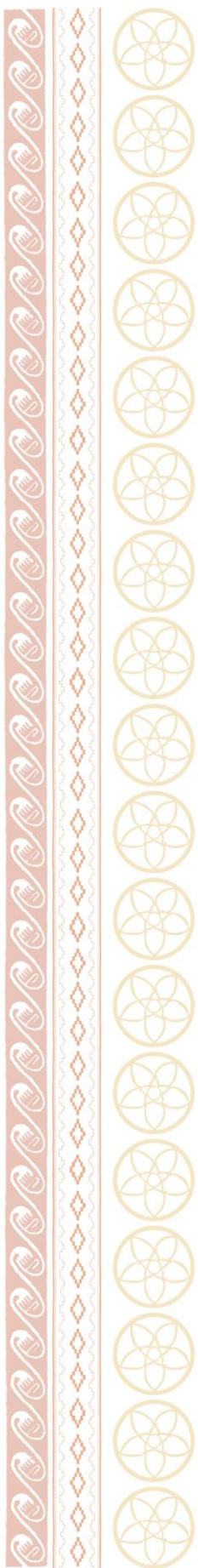
Purpose Area	Focus Area	# of Projects
PA 1	Community & Organizational Needs Assessment & Strategic Planning	3
PA 2	Suicide Prevention, Intervention, & Postvention	45
PA 3	Methamphetamine Prevention, Treatment, & Aftercare	19
PA 4	Generation Indigenous Initiative (Gen-I) Support	107

METHODS

Each SASP 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 into an online reporting system, also known as the SASP Portal. Of the active IHS SASP projects, all 174 projects submitted progress reports with relevant data for aggregation during this reporting period (2018-2019).

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

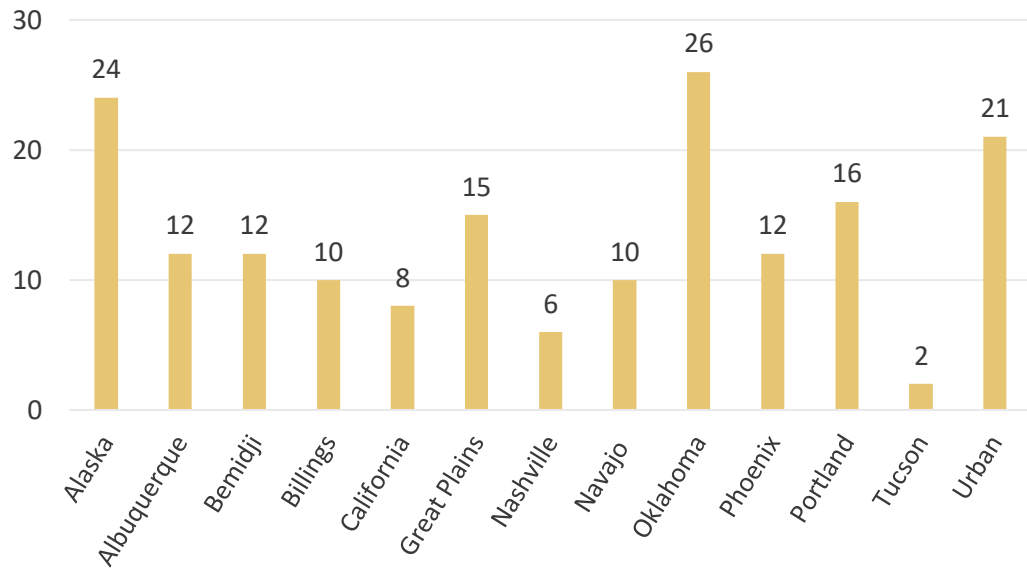
The data in this report include figures and tables. Where applicable, annotations are provided following the figures and tables to share additional information related to a given topic. Missing data were handled by omitting those cases with missing data and running the analysis on what remained. Data were analyzed using SPSS v. 24 statistical software. The Albuquerque Area Southwest Tribal Epidemiology Center (AASTE), one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country, led the data analysis. Assistance with interpretation of this report is available from AASTE staff at 1-800-658-6717.



SECTION 1: POPULATION SERVED

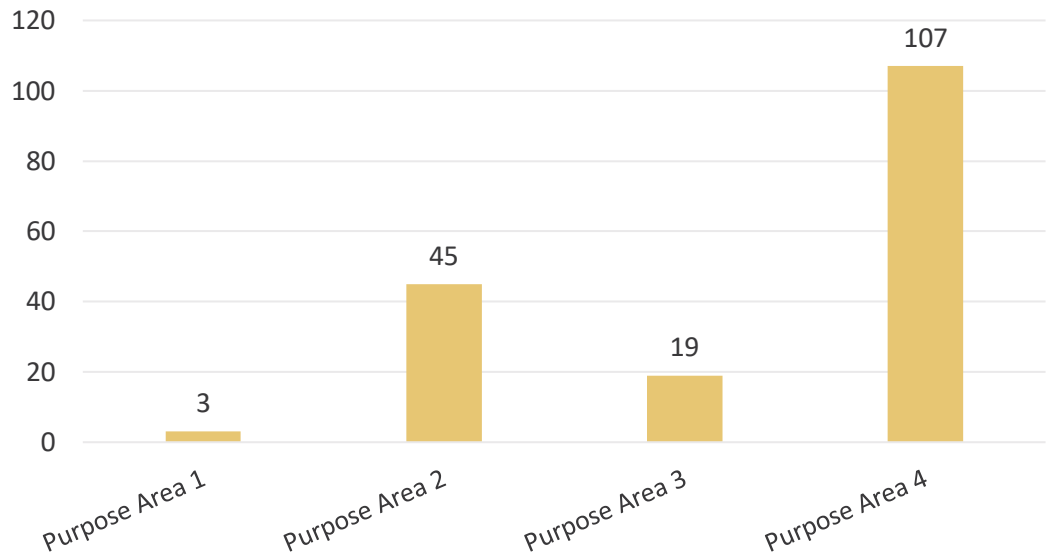
SASP PROJECTS BY IHS AREA

Figure 1. Number of SASP Projects by Indian Health Service (IHS) Area, 2018-2019*



*Total number of projects n= 174

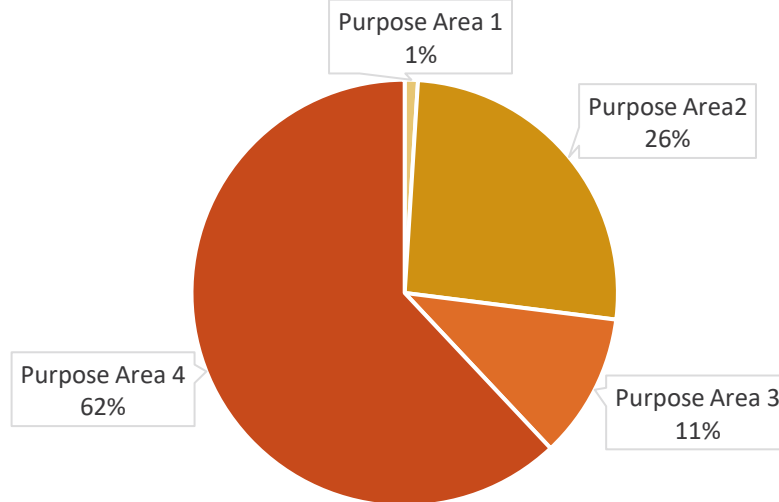
Figure 2. Number of SASP Projects by Purpose Area, 2018 - 2019*



*Total number of projects n= 174

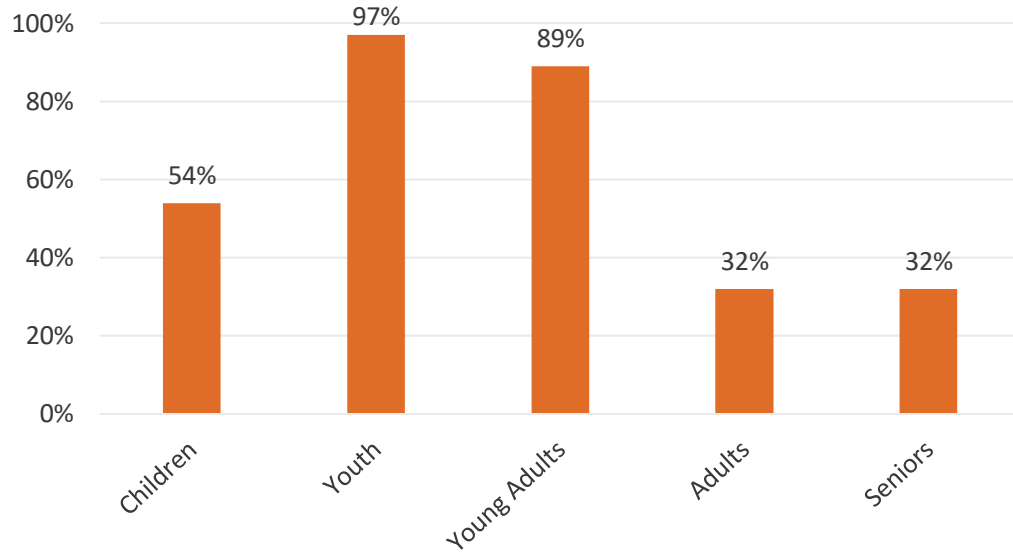
- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support

Figure 3. Percentage of SASP Projects by Purpose Area, 2018-2019



POPULATION SERVED

Figure 4. Target Population Served by SASP Projects, 2018-2019*



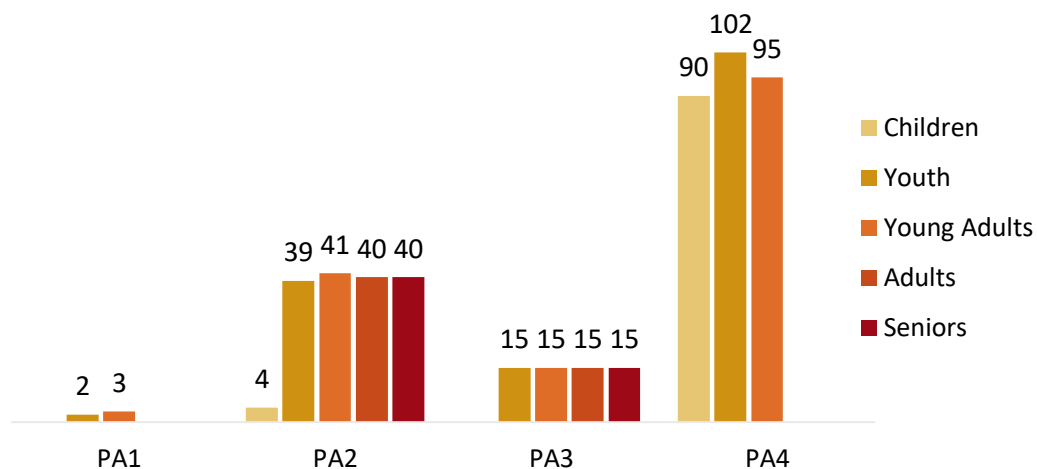
**Projects were able to select multiple target populations.*

As evidenced in [Figure 4](#), the most commonly served age groups among SASP projects were youth (97%), young adults (89%), and children (54%).

TARGET POPULATION DEFINITIONS

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

Figure 5. Number of Projects Serving Various Age Groups by Purpose Area, 2018-2019*



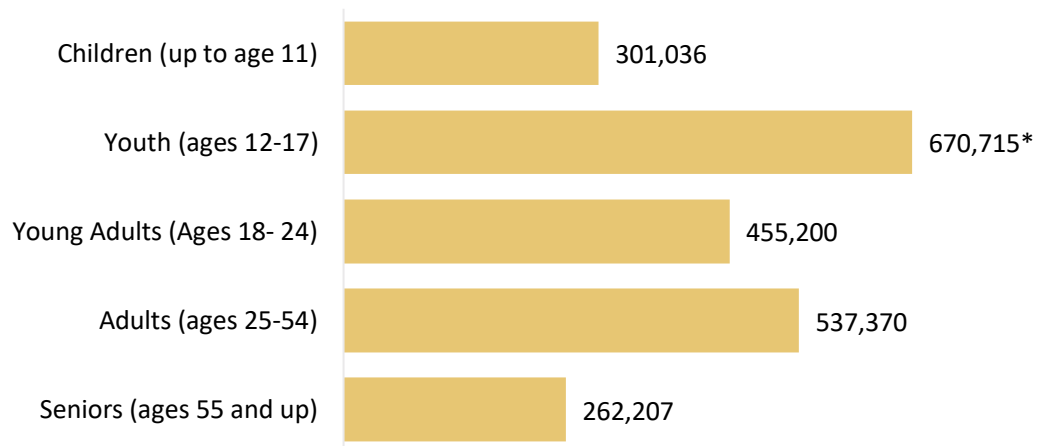
*Projects were able to select multiple target populations.

As evidenced in [Figure 5](#), Purpose Area 4 projects focused on serving younger populations (ages 24 and under), and the other Purpose Areas served youth as well as adults and seniors.

TARGET POPULATION DEFINITIONS

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

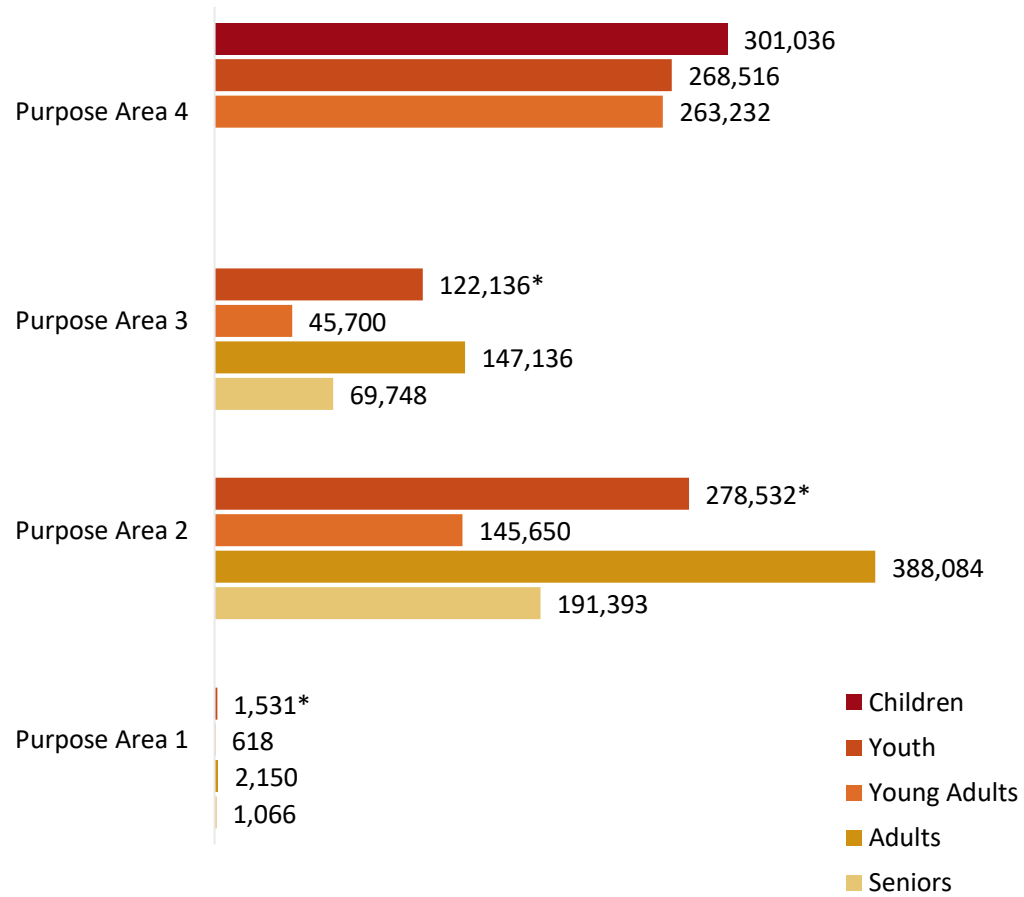
Figure 6. Number of Potential SASP Participants by Age Category, 2018-2019



**Purpose Areas 1, 2, and 3 combined Youth 17 and Under.*

The total number of potential SASP participants across all projects was **2,226,528**.

Figure 7. Number of Potential SASP Participants in Each Age Category by Purpose Area, 2018-2019

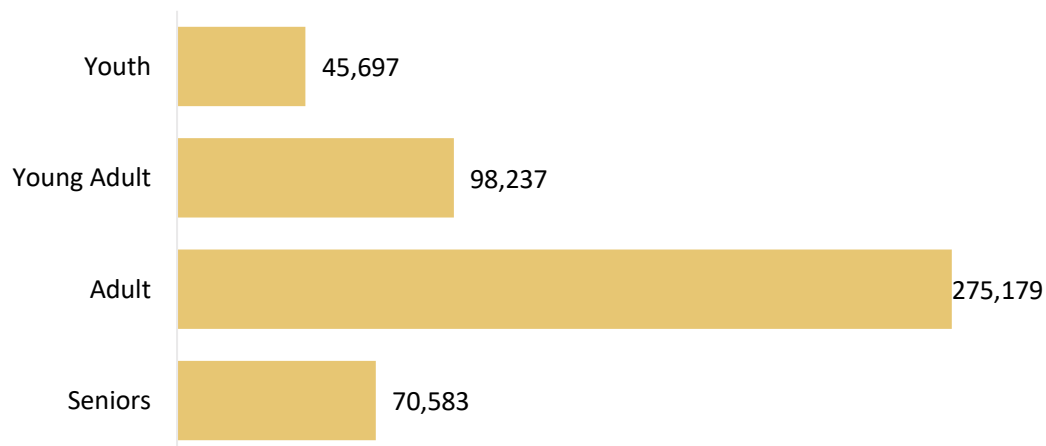


*Purpose Areas 1, 2, and 3 reported a category that combined Youth 17 and Under.

TARGET POPULATION DEFINITIONS

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

Figure 8. Number of SASP Participant Contacts Served by Age Category, 2018-2019*



**Includes Purpose Areas 2 and 3 and excludes Purpose Area 4 Youth Encounters*

Excluding Purpose Area 4 youth encounters, the total number of potential SASP youth participant contacts served was **45,697**.

The total number of Purpose Area 4 youth encounters (which aggregated youth aged 24 and younger) was **1,174,148**, which brought the total number of encounters across all purpose areas to **1,663,844**.

POPULATION DEFINITIONS

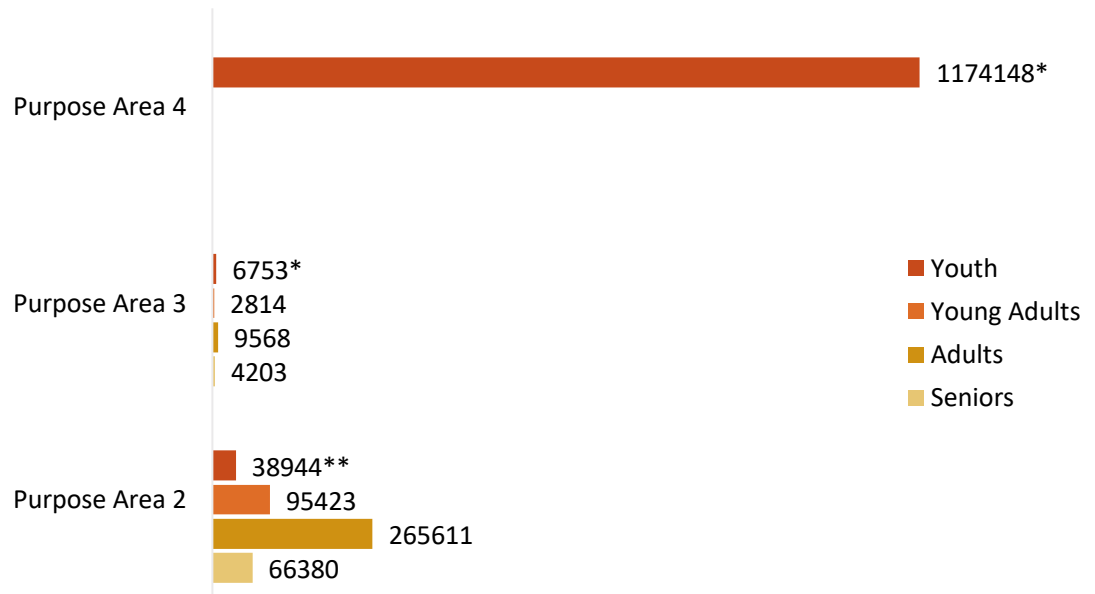
Youth (age 17 and Under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 9. Number of SASP Participant Contacts Served in Each Age Category by Purpose Area, 2018-2019



*Not collected for Purpose Area 1

**Includes combined Youth and Young Adults Ages 24 and Under.

POPULATION DEFINITIONS

Youth (age 24 and under)

Young Adults (age 18-24)

Adults (age 25-54)

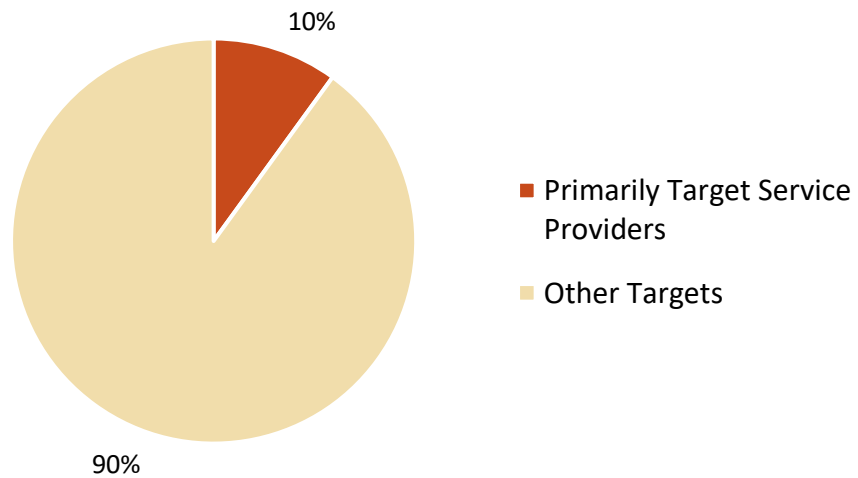
Seniors (age 55+)

Table 2. Number of Participant Encounters Reported among SASP Projects, 2018-2019	
	N
Total Contacts*	1,663,844
Youth Encounters**	1,219,845
Social Media	2,528,872
Family Engagement**	59,273

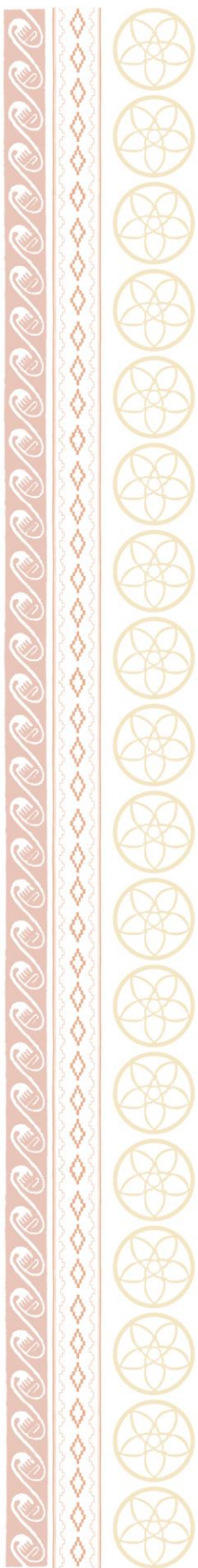
*Includes Purpose Areas 2 and 3 only

**Includes Purpose Area 4 only

Figure 10. Percentage of SASP Projects* that Primarily Targeted Service Providers, 2018-2019



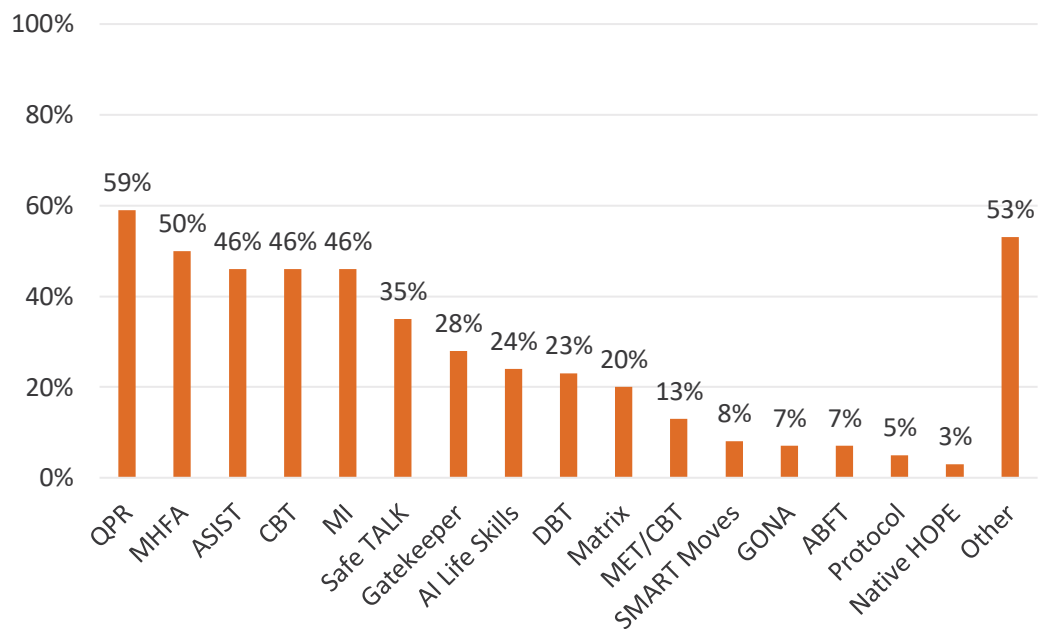
*Includes Purpose Areas 2 and 3 only



SECTION 2: SERVICE TYPES

EVIDENCE-BASED PRACTICES

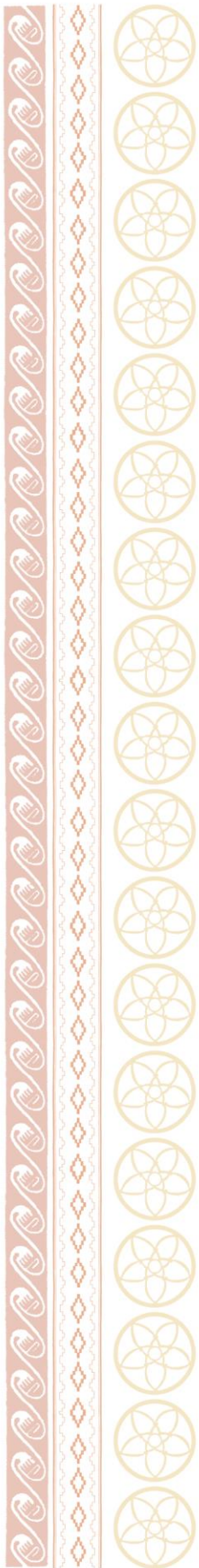
Figure 11. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 11](#), SASP projects most commonly use the following Evidence-Based Practices and/or Practice-Based Models: QPR (59%), Mental Health First Aid (50%), and ASIST (46%).

“Other” reported evidence and practice-based prevention practices include: Zero Suicide Model; mending broken hearts; various cultural services (e.g. talking circles, ceremonies), emphasis on cultural practices and beliefs; cultural activities; CALM (Counseling on Access to Lethal Means); suicide ideation forms; WeRNative texting application; access to STEM promotion videos; suicide prevention videos; culture and drugs don’t mix; doorway to a sacred place; Suicide TALK; referrals to substance abuse centers; White Bison curriculum; culturally-specific youth mentoring; life coaching strategies; crisis response training; behavioral health aide program; Project Venture curriculum; social marketing; IFOT (Indigenous Focusing Orientated Therapy); healing of the canoe; hope squad; visiting elders; promoting community conversations around research to end suicide; SMART Moves; Meth SMART; prime for life; mental health suicide screenings; Adverse Childhood Experience (ACE) screening; medication management; radio advertisement; movie theater advertisement; social media; Ask, Listen, & Learn prevention education; evaluation and



referrals; Coping and Support Training (CAST); lifelines; Signs of Suicide (SOS); Hazelden Lifelines a comprehensive suicide awareness and responsiveness program for teens; Meth360; talk saves lives; suicide prevention & awareness workshops; NativeSTAND (Students Together Against Negative Decisions); Native wellness – Native youth leadership; postvention and grief recovery method; alcohol true stories; strengthening families; creation of a safety plan; trauma informed treatment; CAGE screening tool; cognitive behavior therapy; good road of life through Native pride; brief solution focus therapy; case management; CAMS; client-centered psychotherapy; Trevor Project – CARE Training; media ready; PYPM curriculum; SAFE-T; PATHS; guiding good choices; anger management; SAMHSA; in the mix educators suicide prevention; story play therapy; research-based presentations; National Institute on Drug Abuse (NIH) national drug and alcohol facts week information and materials; psychiatric evaluation and medication management; community-based healthcare; SBQR; ACRA; Botvin Lifeskills; quantum learning; multi-systems therapy; relapse prevention model; equine therapy; Hazelden 12-step facilitation; prime for life; ADIS; Gathering of Alaska Native (GOAN); Kognito at-risk in conjunction with Osage Native Connections project; too good for drugs and violence; Beginning Awareness Basic Education Studies (BABES); healthy families Calricaraq; play therapy; Alcohol and Drug Information School (ADIS); natural helpers; HEART; Model Approach to Partnered Parenting (MAPP); deciding together; warrior down; positive psychology; Kansas services Native American families; strategic prevention framework; H.O.P.E. suicide prevention for crime victim advocates; living in two worlds evidence based curriculum based on Keepin' it REAL.

KEY:

ABFT = Attachment-Based Family Therapy

ASIST = Applied Suicide Intervention Skills Training

CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

GONA = Gathering of Native Americans

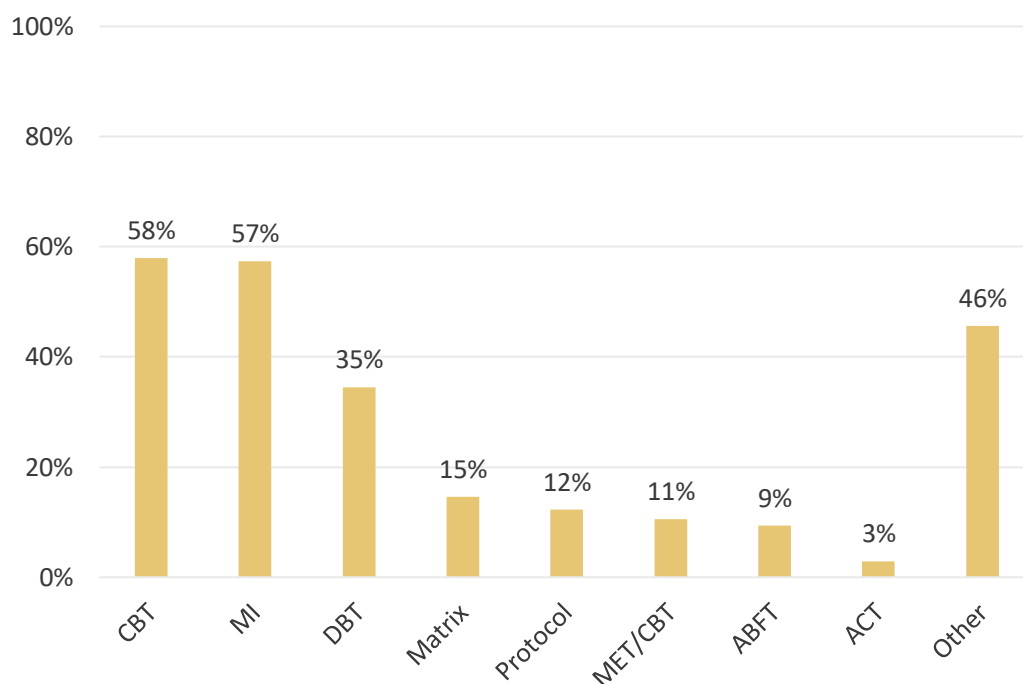
MET/DBT = Motivational Enhancement Therapy and Cognitive Behavioral Therapy

MHFA=Mental Health First Aid

MI = Motivational Interviewing

QPR = Question Persuade Refer

Figure 12. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 12](#), the most commonly used evidence-based practice types for intervention/treatment are Cognitive Behavioral Therapy (58%) and Motivational Interviewing (57%).

“Other” evidence and practice-based intervention/treatment models reported by SASP projects include: acceptance and commitment therapy; Assistive Community Response (ACRA); Applied Suicide Intervention Skills Training (ASIST); anger management; art therapy; behavioral activation; behavioral health aide program; brief solution focus therapy; beading; coping and supporting training; Calricaraq activities; cultural activities; Columbia Suicide Severity Rating Scale (CSSRS); Crisis Response Team (CRT); cognitive energy work; community health aide assessments; community based health care; Eye Movement Desensitization Reprocessing (EMDR); education health fairs; equine therapy; experiential education project venture; GAD; IFOT; interactive journaling; inpatient services; LivingWorks; mending broken hearts; mindfulness approach; medical evaluation; medication management; mental health suicide screenings; multisystems therapy; Native wellness institute healthy relationships; narrative therapy; Oregon tribal-based practices; PHQ-9; psychotherapy; psychiatric evaluation; psychodynamic therapy; PAMI; play therapy; problem solving; red road to recovery; referrals; Skills Training in Affect and Interpersonal Regulation (STAIR); safe talk; seeking safety; talking circles; trauma informed therapy;

visiting elders; solution based therapy; Signs of Suicide (SOS) prevention program; Stanley Brown safety plan; story therapy; sweat lodges; Zero Suicide Initiative (ZSI).

KEY:

ABFT = Attachment-Based Family Therapy

ACT = Acceptance and Commitment Therapy

CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

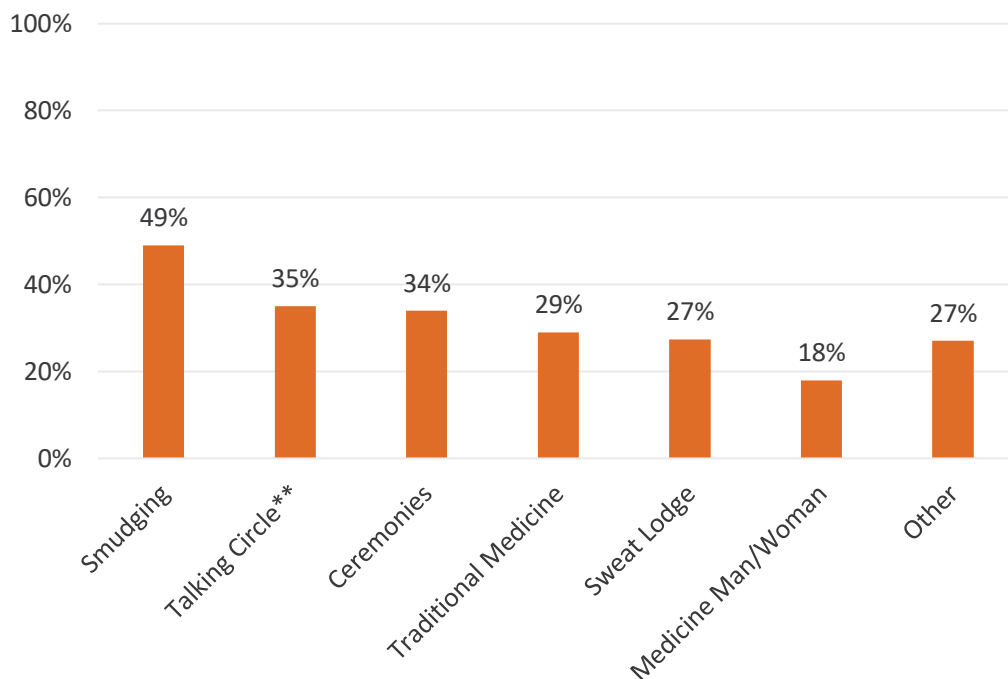
MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy

MI = Motivational Interviewing

QPR = Question Persuade Refer

HOLISTIC APPROACHES TO SERVICES

Figure 13. Percentage of SASP Projects Integrating Traditional Healing into Project Services by Practice Type, 2018-2019*



*Projects were able to select multiple types.

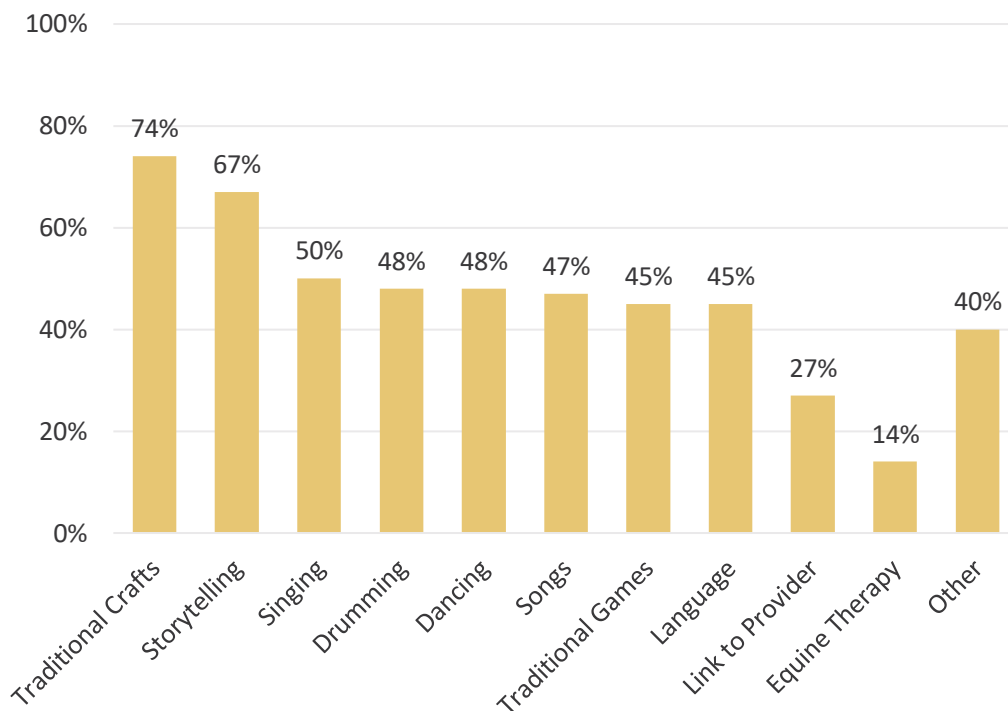
**Purpose Area 4 only

Figure 13 demonstrates that the most common traditional healing related practices that SASP projects use are smudging (49%), talking circles (35%), and ceremonies (34%). Almost half of SASP projects integrate at least one of these traditional healing practices into their project services (48.8%)

“Other” traditional healing practices cited include:

Referral to cultural specialist; spiritual wellness; prayer; traditional healing practices; sharing of cultural teachings and knowledge; talks with traditional elders; traditional counseling; community events and potlucks; fish processing; berry picking; sweat lodges; traditional ribbon skirt activities; traditional crafts; white bison model; canoe journey; massage; traditional tobacco; traditional drumming and singing.

Figure 14. Percentage of SASP Projects Integrating Cultural Services into Project Activities by Practice Type, 2018-2019*



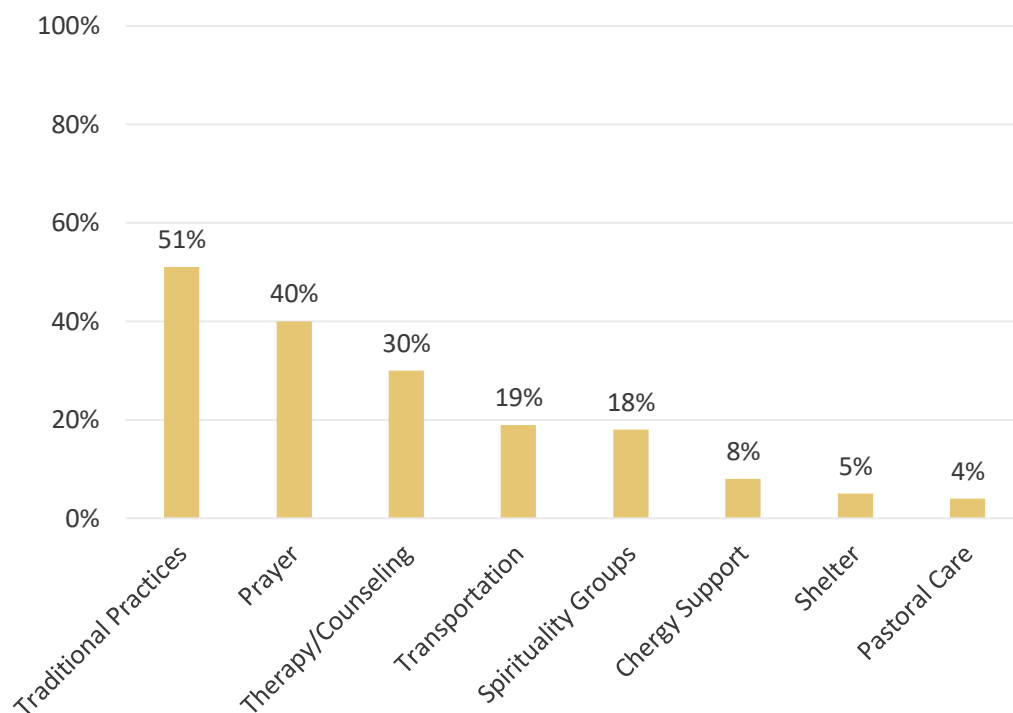
*Projects were able to select multiple types.

The most common cultural services used by SASP projects are traditional crafts (74%) and storytelling (67%). The vast majority of SASP projects integrate at least one of these cultural practices into their project services (93.5%).

A total of **76,045** individuals received cultural services.

“Other” cultural practices cited include: 7 grandfather teachings; harvesting, medicine making, berry picking, fishing, hiking; archery; canoeing and canoe building; meet with spiritual leaders; community traditional gardening; community tribal circle; culture camps; cultural mentorship; culturally-based reflective discussions; energy work; family values and roles; flute circles; good road of life workshop; healing circles; honoring of our elders; hunting; journey to healing; making traditional medicines; mothers of tradition; narrative therapy; Native hope workshop; Native plant recognition and gathering; referral to cultural specialist; teepee/camp setup; traditional foods cooking classes; traditional recovery camp; traditional tobacco; traditional wellness activities; wellness team; wellbriety group; and White Bison 12 step program.

Figure 15. Percentage of SASP Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2018-2019*



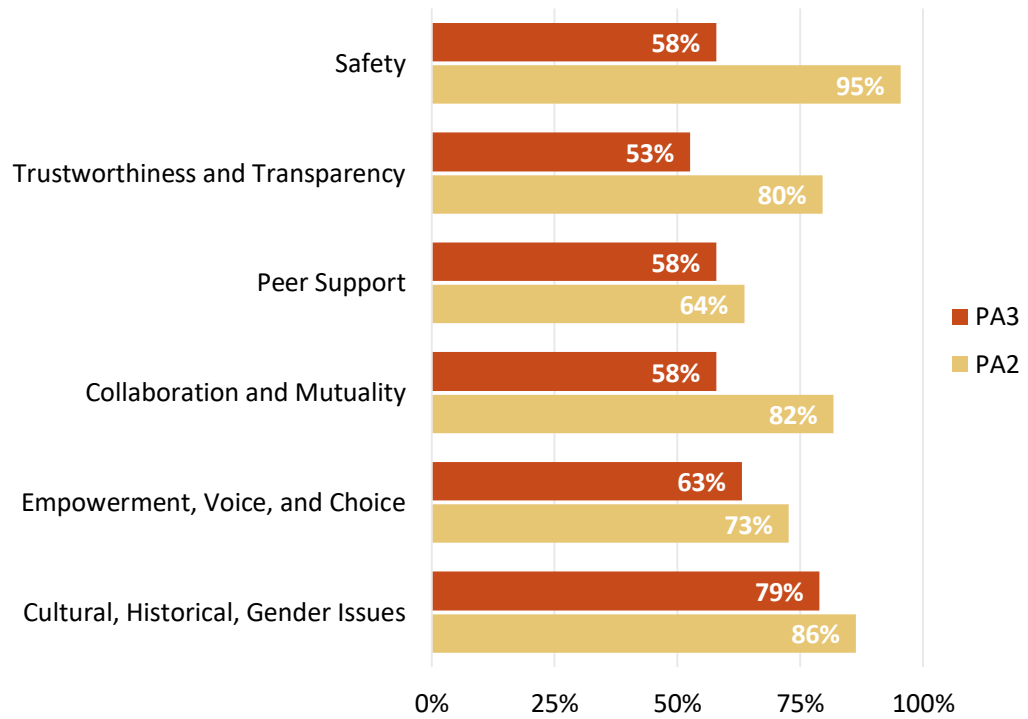
**Projects were able to select multiple types.*

The most common religious, spiritual, and faith-based services used by SASP projects include traditional practices (51%) and prayer (40%). The vast majority of SASP projects integrate at least one of these faith-based practices into their project services (69.8%).

A total of **34,535** individuals received religious, spiritual, and faith-based services.

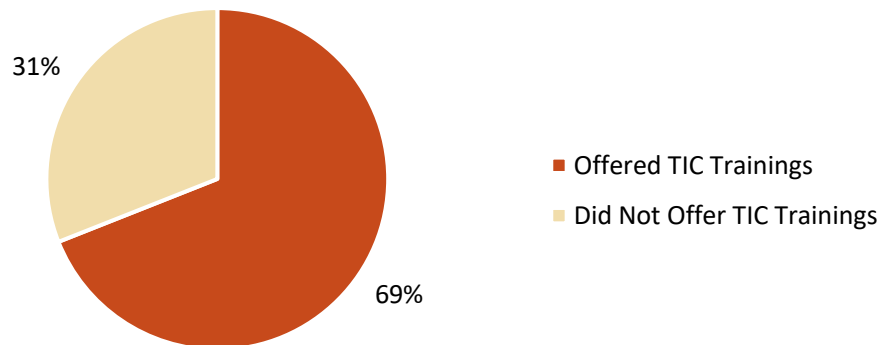
EDUCATION AND OUTREACH

Figure 16. Types of Trauma Informed Care Elements Included in SASP Project Activities by Purpose Area, 2018-2019*



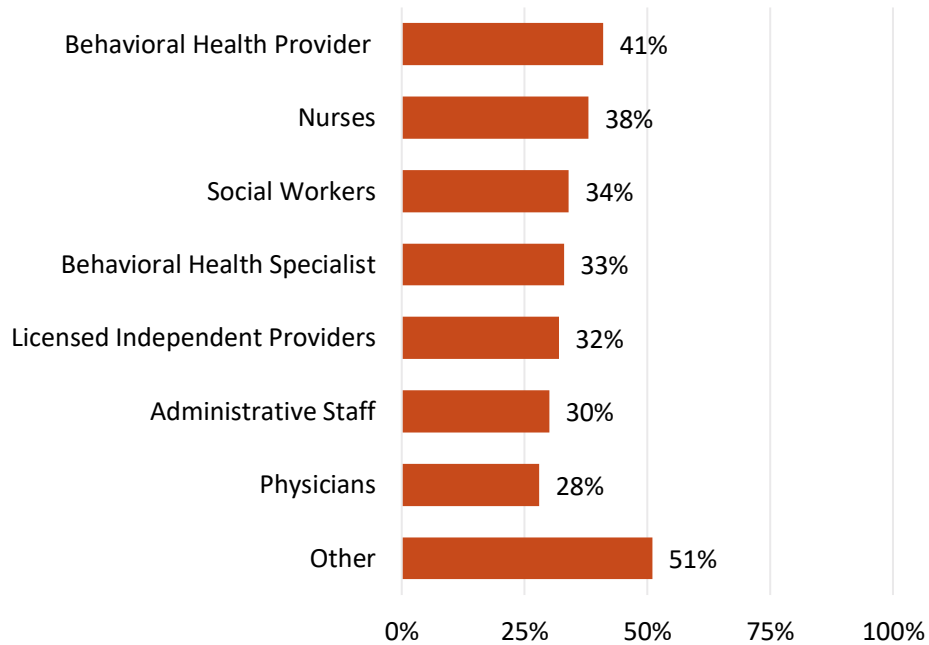
*Includes Purpose Areas 2 and 3 only.

Figure 17. Percentage of SASP Projects* Offering Trauma Informed Care Trainings, 2018-2019



*Includes Purpose Areas 2 and 3 only

Figure 18. Types of Professionals Trained in Trauma Informed Care by SASP Projects, 2018-2019*



*Includes Purpose Areas 2 and 3 only.

SASP programs provided a total of **195** Trauma Informed Care trainings with **1,938** health professional participants.

Other types of professionals trained include: program staff; dentist; marriage and family therapist; advocates; community health aides; community health representatives; behavioral health aides; pharmacists; pharmacy technicians; respiratory therapists; optometrists; fire department; community members; health educators; first responders; dental staff; custodial staff; secretaries; diabetes health coaches; cooks; school staff; teachers; community wellness administration; community engagement staff; all staff; HR manager; podiatrists; CHAPS; TANF staff.

Table 3. Education and Trainings Provided by SASP Projects, 2018-2019*

	N
Trainings for Community Members	862
Community Members Trained	11,003
Adult Community Education Events	1,329
Youth Community Education Events	792

SASP projects reported a variety of populations that were difficult/unable to reach for educational/training opportunities, including:

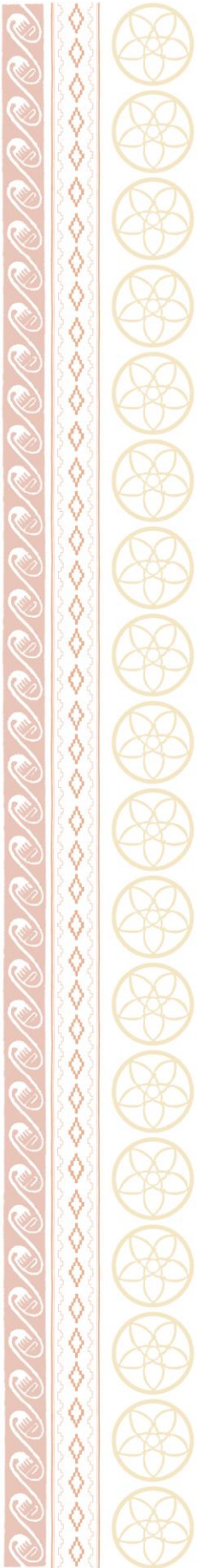
- High school students under 15 years of age
- Children below 5 years of age
- College students
- Elderly individuals 55+ years
- Adult men 22-55 years of age
- Formerly incarcerated individuals
- Individuals lacking housing;
- Inpatient treatment individuals
- LGBTQ or two-spirit individuals
- Foster children
- Law enforcement
- Correctional facility personnel
- Emergency Medical Services (EMS) personnel
- Parents
- Primary care providers (PCP)
- Individuals lacking transportation in rural areas
- Home-bound individuals due to psychological or physical illness
- Individuals without internet nor radio access
- Working families
- Self-identified community members not living in the physical boundaries of the community
- Individuals who feel stigmatized by mental illnesses

Table 4. Media Initiatives by SASP Projects, 2018-2019*

	N
Social Media Posts about Suicide Prevention	7,468
Social Media Posts about Substance Abuse Prevention	1,425
Radio/TV/Billboard Ads about Substance Abuse	1,016

Forms of social media used by SASP projects include:

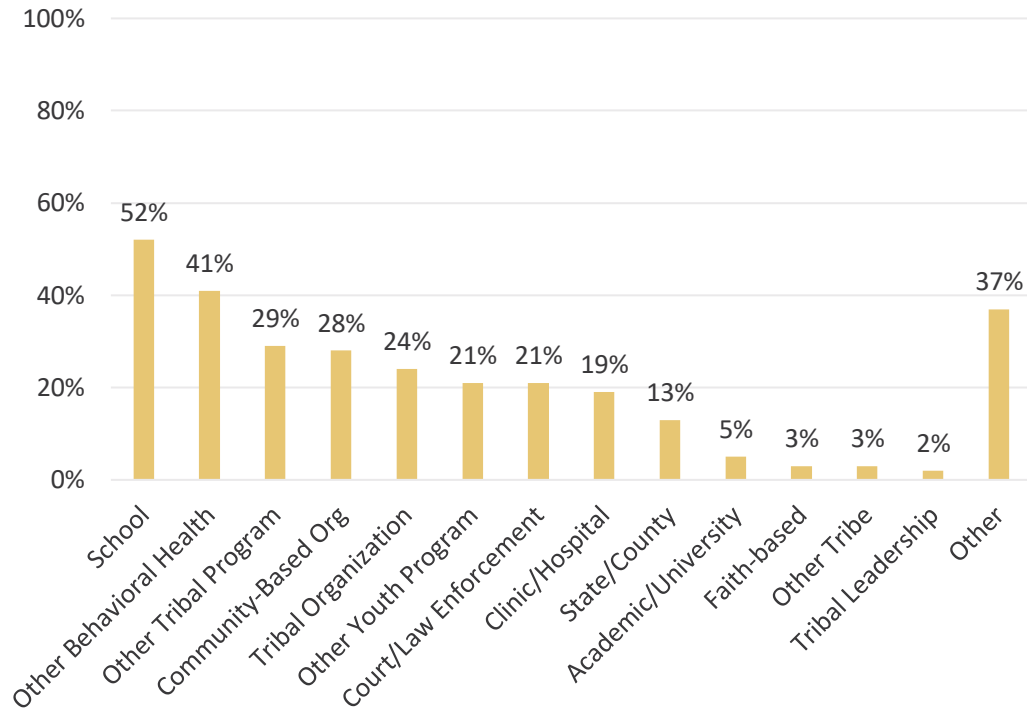
- Facebook
- Instagram
- Twitter
- Snapchat
- LinkedIn
- YouTube
- EventBrite
- Newsletter
- Website
- Listserv
- Local radio station
- Local television station
- SMS text messaging
- Signage/posters/flyers
- Local newspaper
- GoodHealthTV



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 19. Most Common Types of Partners Enlisted among SASP Projects 2018-2019*



*Projects were able to select multiple types.

The “other” category included: journalist; tribal community representative; other non-profit organizations.

Table 5. Number of Partners and Memorandum of Agreements (MOAs) Reported among SASP Projects, 2018-2019

	N
Total New Partnerships*	504
Total Enhanced Partnerships	174
Average per project	3.5
Range	0 – 85
Total Memorandum of Agreements (MOAs)	579

*Reported by Purpose Areas 2-4

STAFFING

Figure 20. Percentage of SASP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2018-2019

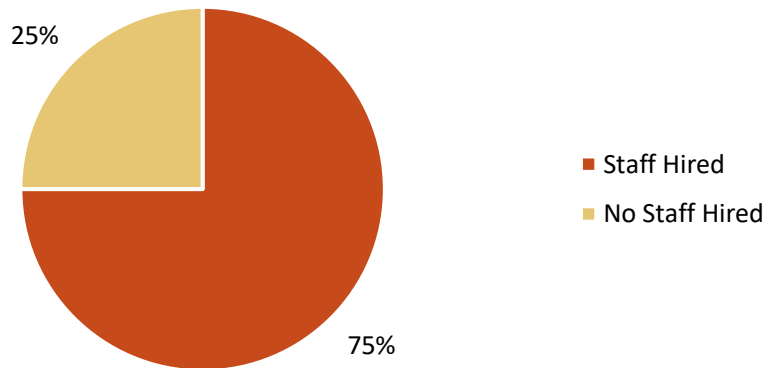


Figure 21. Percentage of SASP Projects with a Full-Time Project Coordinator, 2018-2019

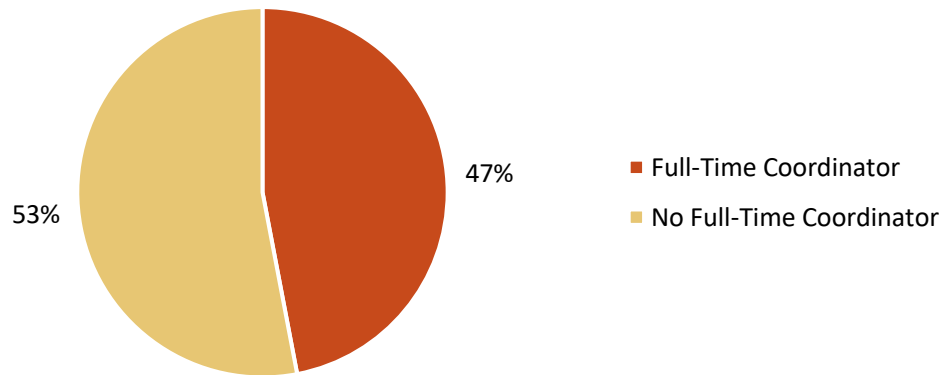
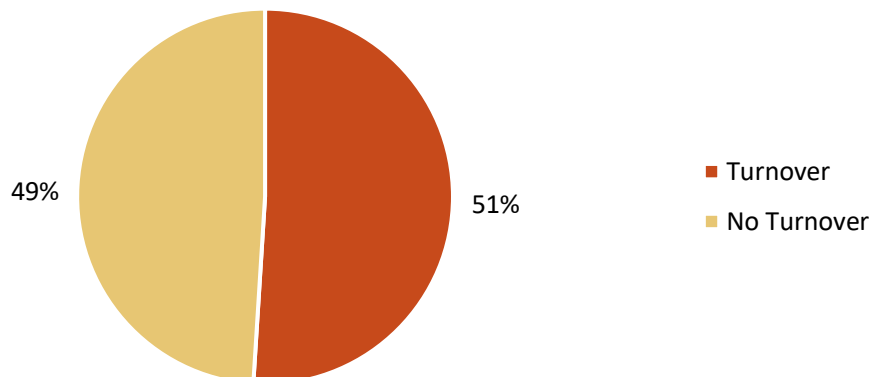


Figure 22. Percentage of SASP Projects that Experienced Staff Turnover, 2018-2019



The types of staff that left positions within SASP programs include:

- Project Coordinator
- Crisis Specialist
- Youth Service Specialist
- Prevention Specialist
- CEO of organization
- Behavioral Health Director
- Behavioral Health Manager
- Behavioral Health staff, unspecified
- Behavioral Health provider (e.g. Substance Use Counselor, Mental Health Counselor, Psychologists)
- Community outreach coordinator
- Behavioral Health aides
- Program Evaluator
- Data Extractor
- Clinician
- Mental Health Technician
- Case Manager
- Equine Specialist
- Chief Financial Officer
- Peer Specialist
- Prevention Mentor Specialist
- Training Coordinator
- Domestic Violence Advocate
- Administrative Assistant
- Registered Nurse Care Coordinator
- Grant Coordinator
- IT staff
- Community Health Aides
- Youth Social Worker

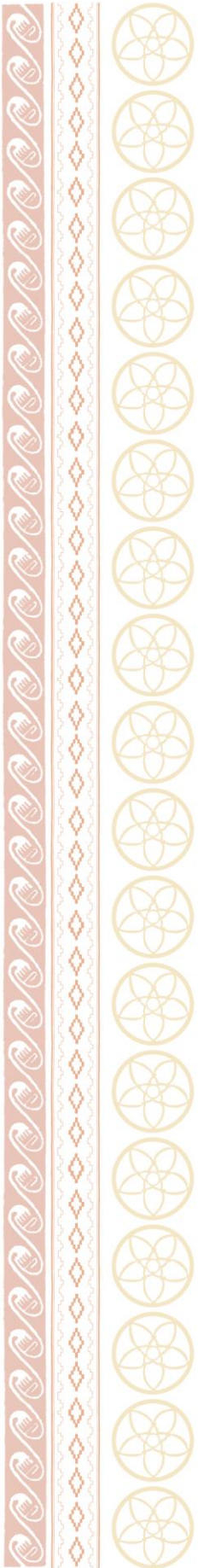
Reasons given for staff turnover within SASP programs include:

- Retirement
- Resignation
- Relocated
- Tribal re-organization and change with internal policies
- Personal reasons
- Change in career direction
- Left position for better pay
- Grant period ended/end in other sources of funding
- Internal promotion/movement
- Health issues
- Poor employee performance
- Burden of commute
- Overcommitted



The impact of staff changes within SASP programs include:

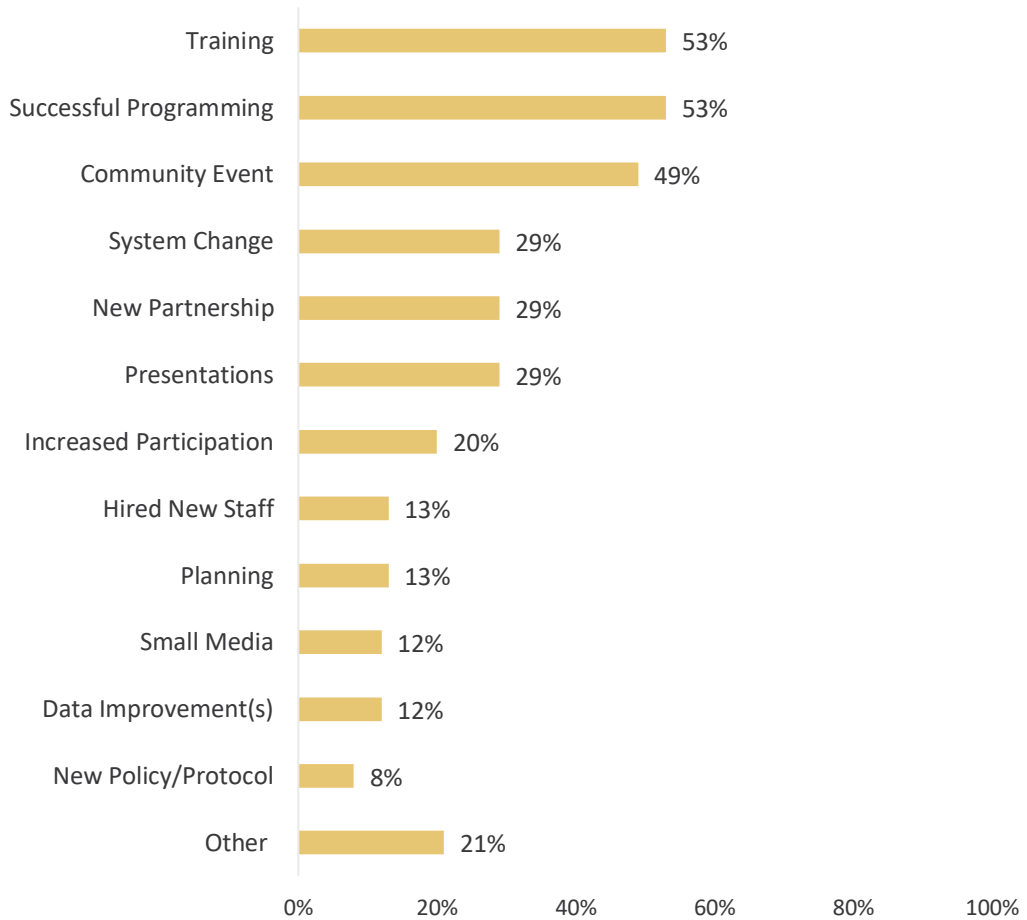
- Inability to provide direct services and training to clients
- Inability to meet program objectives
- Accomplished fewer activities
- Decreased the rate of program success
- Increased workload for other staff
- Difficulty with hiring and retaining qualified staff
- Minimal impact on implementing SASP services
- Training new staff took time away from program activities
- Delay in processing contracts
- Inability to provide direct services and training to clients
- Inability to meet program objectives
- Accomplished fewer activities
- Decreased the rate of program success
- Increased workload for other staff
- Difficulty with hiring and retaining qualified staff
- Minimal impact on implementing SASP services
- Training new staff took time away from program activities
- Delay in processing contracts



SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 23. Type of Accomplishments Reported among SASP Projects, 2018-2019



SASP projects most commonly cite the following accomplishments in project year 4: staff training (53%), successful programming (53%), and implementing successful community events. Refer to the next page of this report for definitions and examples of each accomplishment type.

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

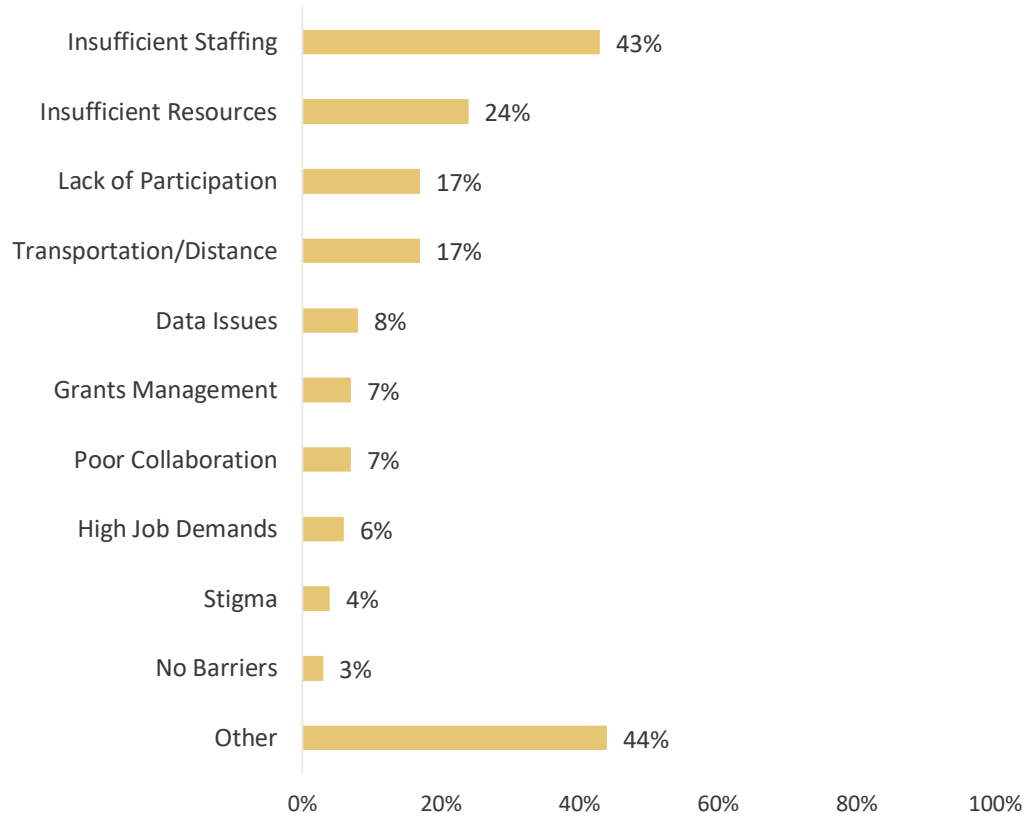
Table 6. SASP Project Accomplishment Definitions

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the SASP project as a success during the reporting period. Common community event types included: school education events, health fairs, camps, run/walk, community presentations/workshops, 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/enhanced partnership during the reporting period as a measure of success. These partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new/enhanced 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.
PLANNING	Project cited success in planning for future program opportunities. Staff researched new strategies, engaged in networking opportunities, furthered program preparation, 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).

PRESENTATIONS	Program presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through program activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP 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 SASP 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 SASP projects during the reporting period. These included: designed a site for programming; Community Readiness Assessment completed; resiliency of staff; new infrastructure and/or buildings; increased patient referrals; reaching rural patients who were previously underserved; improving community relationship and trust; more fiscal resources to complete program activities; increased community awareness of needs and program services; recognition of accomplishments; increased suicide screenings.

PROJECT CHALLENGES

Figure 24. Types of Challenges Reported among SASP Projects, 2018-2019

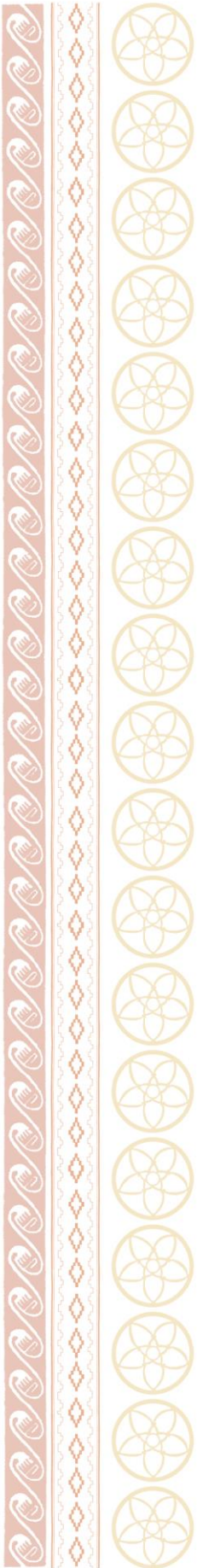


SASP projects most commonly cite insufficient staffing (43%) as a challenge to their project operations. See next page of the report for definitions and examples for each challenge category.

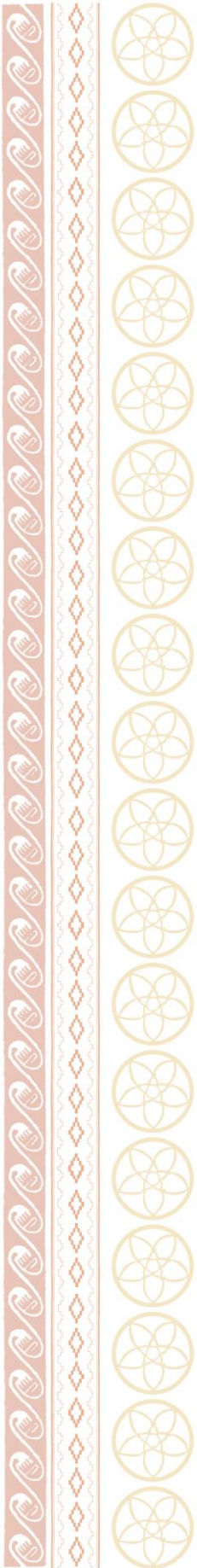
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 7. SASP Project Challenges Definitions

CHALLENGE	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its SASP 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/support 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 and/or coordination with other agencies/departments as a significant barrier during this reporting period. The most commonly cited entities 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 JOB DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeded local capacity.
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.



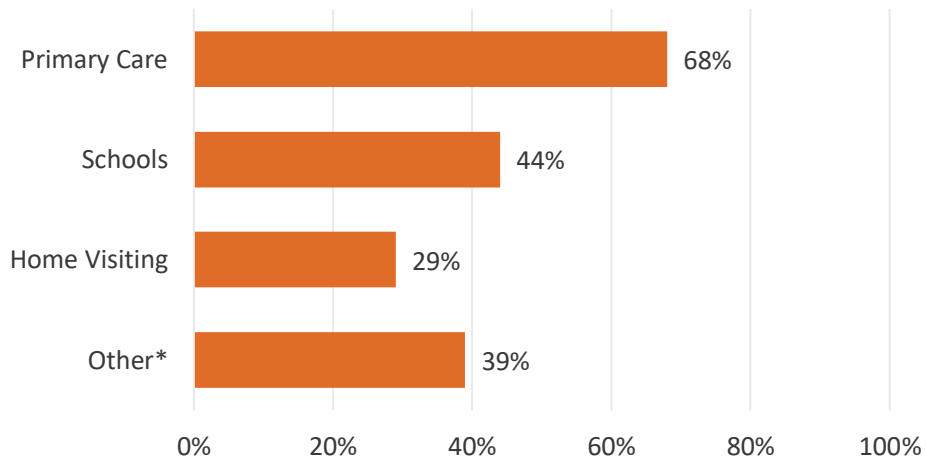
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: internal policies and restructuring; dissolution of collaborating programs; physical relocation of organization; poverty; weather; difficulty in scheduling meetings and project activities; cultural conflicts with community and board of directors; internal policy and procedures delaying project activities and contract approvals; did not reduce patient wait times; lacking appropriate technology; gaining community trust and buy-in; increased number of deaths in community; little support from supervisor; providing incentives in a low-income area; spending down SASP funds; increased number of youth suicides.</p>



SECTION 5: SASP PURPOSE AREA 2 ONLY

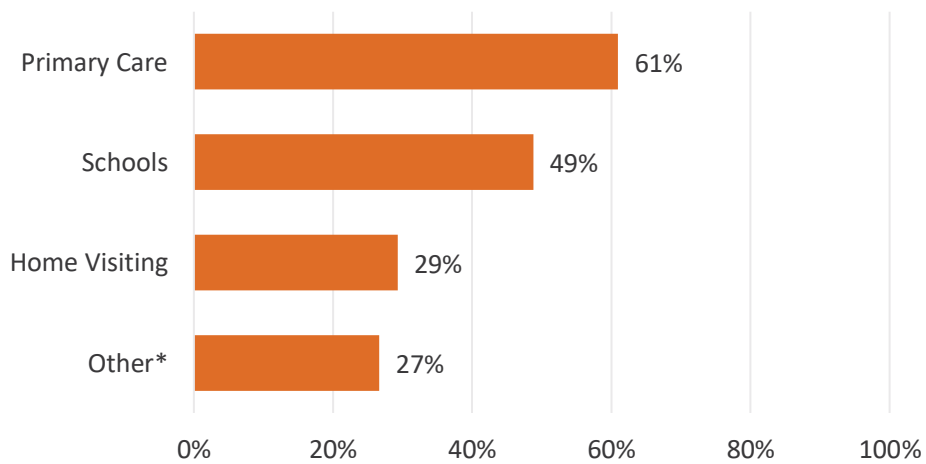
OBJECTIVE 1: EXPAND BEHAVIORAL HEALTH TREATMENT

Figure 25. Locations Where Purpose Area 2 SASP Projects Commonly Integrate Mental Health Consultations, 2018-2019



“Other” includes: community centers; Boys and Girls club; Native youth centers; county government offices; community support groups; telehealth/online; juvenile detention centers; nursing homes.

Figure 26. Locations Where Purpose Area 2 Projects Expanded Mental Health Consultations, 2018-2019



*No descriptions were provided for the Other category.

Table 8. Expansion and Integration of Behavioral Health Treatment by SASP Purpose Area 2 Projects by Type, 2018-2019

	N
Patients that Received Care in a School Setting	1,475
Patients that Received Care through Home Visiting	984
Providers Trained in Behavioral Health Integration	271
Providers Located within a Primary Care Setting	163
Primary Care Staff Located within Behavioral Health Projects	238
Individuals Served outside Regular Hours for Crisis Intervention	1,560
New Behavioral Health Providers Added to Projects	38

Additional treatment modalities initiated by SASP Purpose Area 2 projects include:

- Culturally-focused suicide prevention services
- Strengthening families
- Storytelling
- Participation in community events
- Therapeutic cultural activities
- Art therapy
- Fathers, mothers, sons, and daughters of tradition
- Behavioral activation
- Engagement in traditional crafts
- Mindfulness
- Meditation
- Moral Reconciliation Therapy (MRT)
- Crisis line
- Coordination of services
- Child centered play therapy

Figure 27. Percentage of SASP Purpose Area 2 Projects Offering 24/7 Crisis Intervention Services, 2018-2019

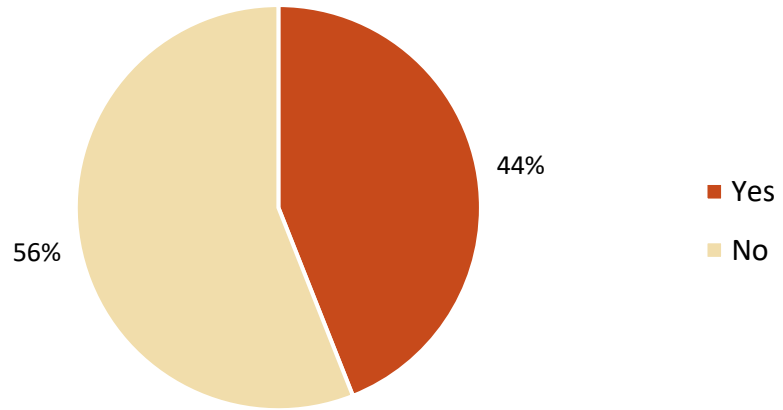


Figure 28. Percentage of SASP Purpose Area 2 Projects with Formal Referral Processes, 2018-2019

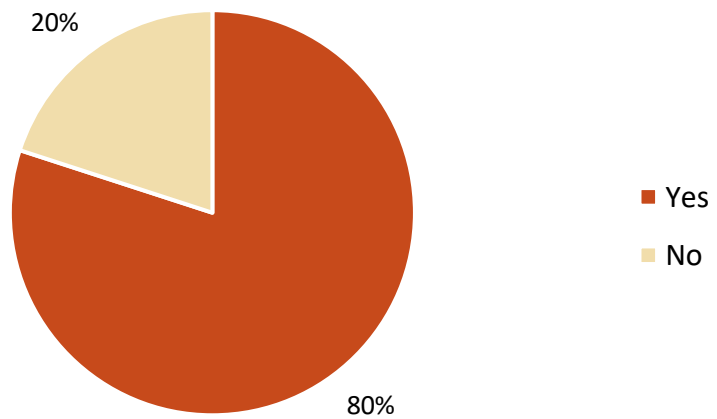
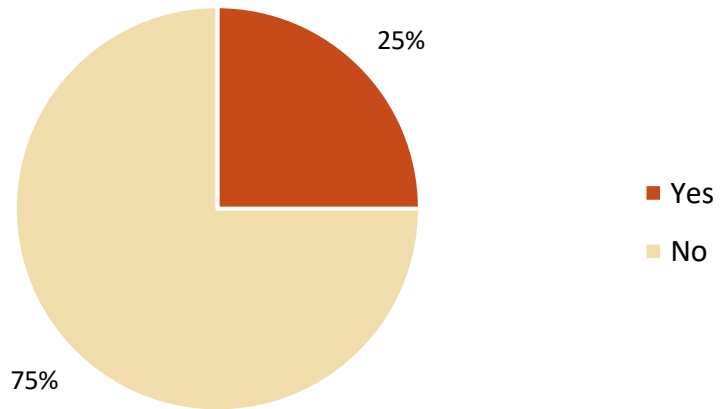
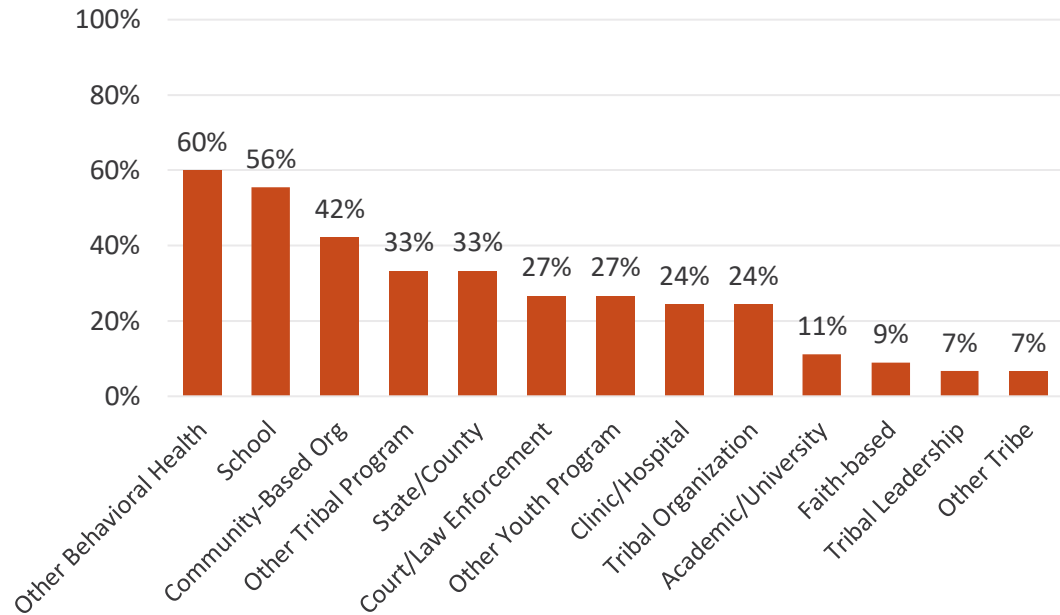


Figure 29. Percentage of SASP Purpose Area 2 Projects Offering Peer to Peer Services, 2018-2019



OBJECTIVE 2: PARTNERSHIPS

Figure 30. Types of Community Partners of Purpose Area 2 Projects, 2018-2019*



*Projects were able to select multiple types.

Table 9. Number of Partners and Memoranda of Agreement (MOAs) among SASP Purpose Area 2 Projects, 2018-2019

	N
New Partnerships	41
Enhanced Partnerships	122
Average Partnerships per Project	2.2
Range	0 – 18
Total New Memoranda of Agreement (MOAs)	36
Total Enhanced Memoranda of Agreement (MOAs)	54

OBJECTIVE 3: TRAINING

Figure 31. Percentage of SASP Purpose Area 2 Projects Offering Training to Healthcare Providers by Provider Type, 2018-2019

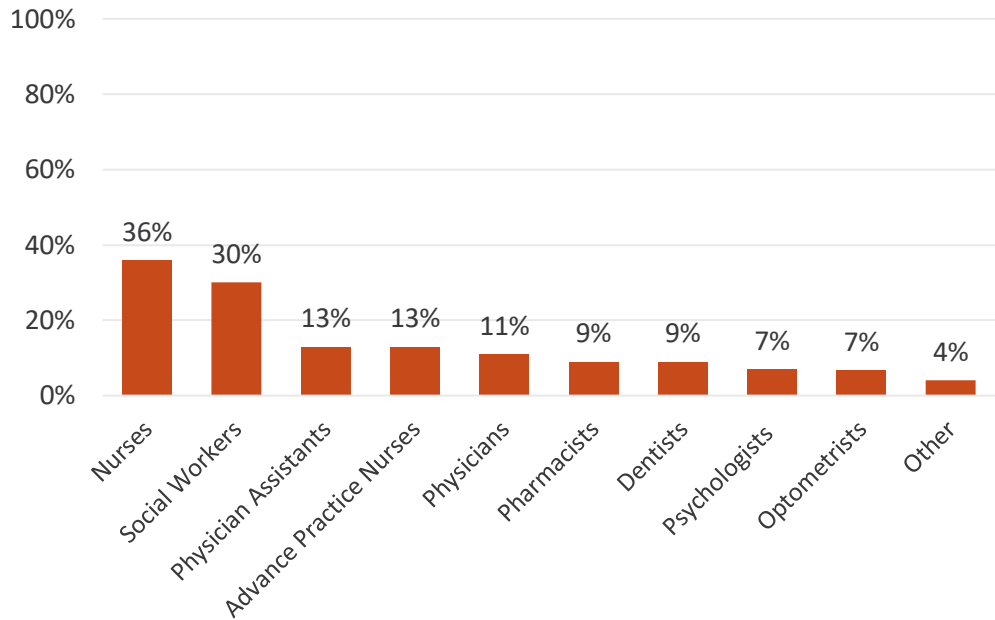


Table 10. Number of Providers Trained by SASP Purpose Area 2 Projects, 2018-2019

	N
Providers Trained to Provide Suicide Risk Assessments	982
Providers Trained in Suicide Screening	1,623
Providers Trained in Suicide Safety Planning	892

OBJECTIVE 4: COMMUNITY EDUCATION

Table 11. Trainings, Events, and Media Initiatives Led by SASP Purpose Area 2 Projects, 2018-2019

	N
Trainings Provided for Community Members	781
Community Members Trained	7,842
Adult Community Education Events	1,251
Youth Community Education Events	639
Social Media Posts about Suicide Prevention	563
Substance Use-Focused Radio/TV/Billboard Ads	502
Total Social Media Encounters	371,064

Forms of social media used by SASP Purpose Area 2 projects include:

- Facebook
- Instagram
- Snapchat
- Twitter
- LinkedIn
- Newsletter
- Website
- Listserv
- Local Radio Station
- Signage/Posters/Flyers
- Local Newspaper
- GoodHealthTV

Groups that SASP Purpose Area 2 programs were unable to reach included:

- Hospital/healthcare providers
- High school students
- Youth
- College-aged students
- Individuals lacking transportation
- Law enforcement
- Emergency Medical Services (EMS) personnel
- Patients
- Primary care providers
- All health care professionals
- Individuals living in rural areas
- Elderly
- Individuals without internet access

OBJECTIVE 5: ORGANIZATIONAL PRACTICES

Figure 32. Percentage of SASP Purpose Area 2 Projects Implementing New Processes for Suicide Screening, 2018-2019

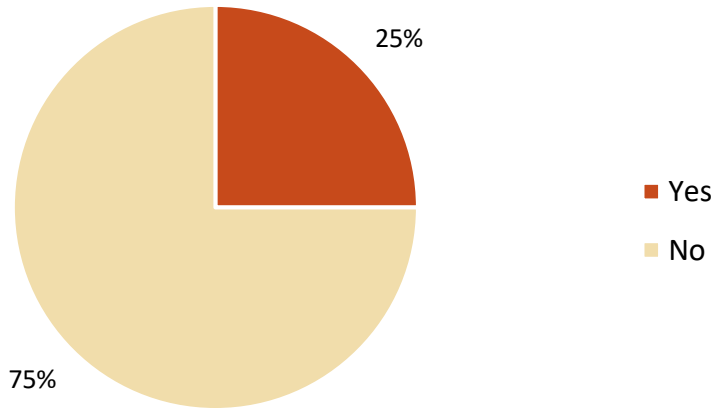


Figure 33. Percentage of SASP Purpose Area 2 Projects Implementing Enhanced Processes for Suicide Screening, 2018-2019

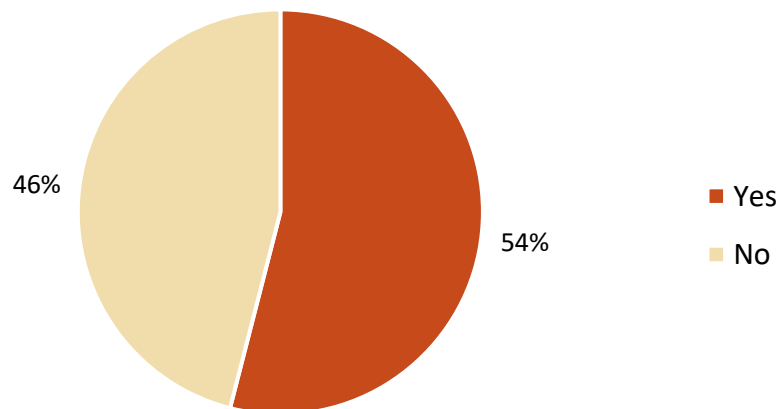
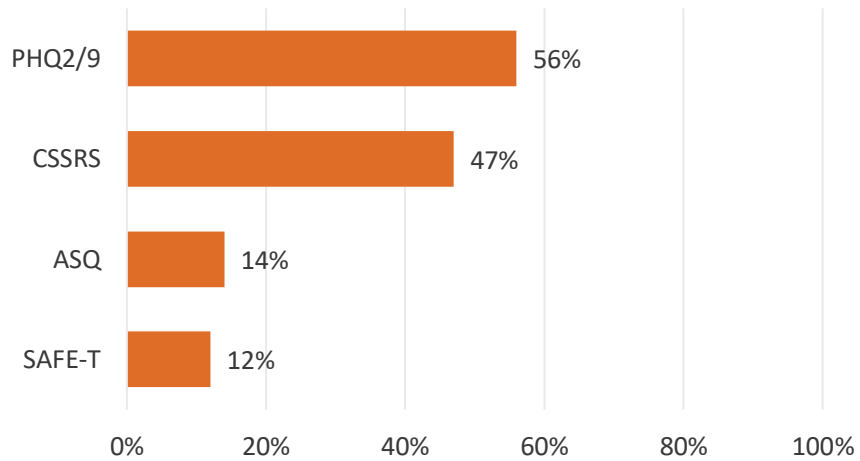


Figure 34. Percentage of SASP Purpose Area 2 Projects Utilizing Suicide Screening Tools, By Tool Type 2018-2019



Note: Projects could select all options that applied.

Figure 35. Percentage of SASP Purpose Area 2 Projects Implementing New Tracking Systems, by Topic, 2018-2019

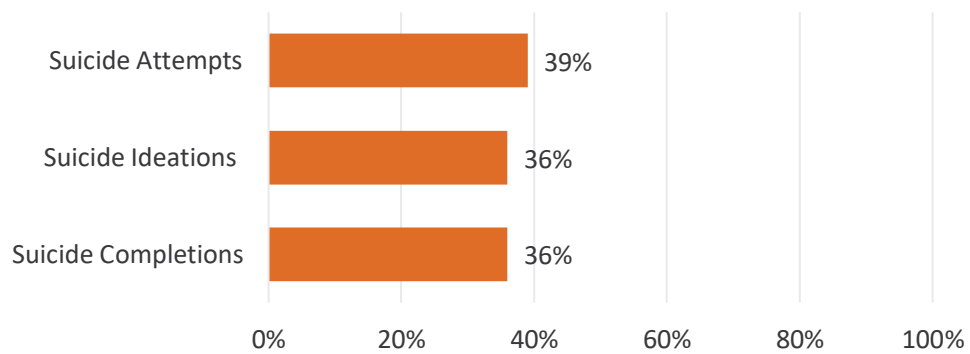


Table 12. Individuals Screened for Suicide Behaviors by SASP Purpose Area 2 Projects, 2018-2019

	N
Individuals Screened for Suicide Ideations	67,168
Individuals Screening for Suicide Attempts	22,772
Individuals Screened for History of Suicide Attempts	21,864

Table 13. Individuals Encountered who had Suicide Ideations or Attempts by SASP Purpose Area 2 Projects, 2018-2019

	N
Individuals Encountered Reporting Suicide Ideations	11,527
Individuals Encountered Reporting Suicide Attempts	4,344
Individuals Referred for Suicide-Related Services	12,597

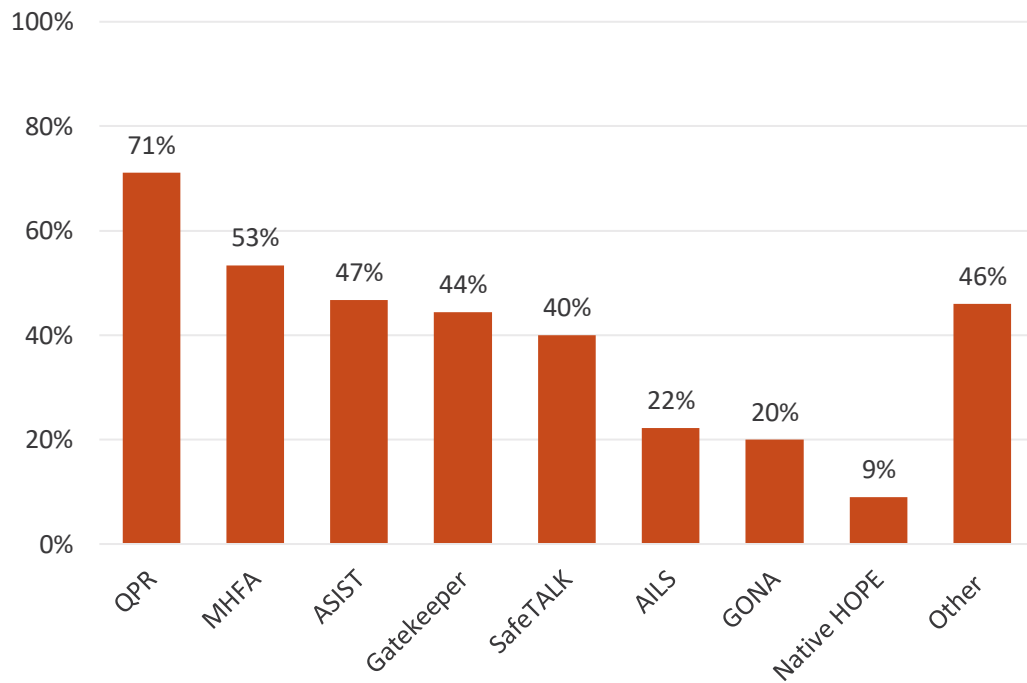
Table 14. Number of Deaths by Suicide Reported by SASP Purpose Area 2 Projects, 2018-2019

	N
Total Number of Deaths by Suicide	106
Projects Reporting at least One Death by Suicide	12
Range per Project of Deaths by Suicide	0 – 54

Data sources for deaths by suicide were self-report/word of mouth/family reports; social media; Emergency Medical Services (EMS); Trauma Registry Vital Statistics; law enforcement; criminal investigator; tribal court records; tribal council; funeral/morgue log; EMS records; crisis intervention services; Department of Health and Social Services; and CHR documents.

EVIDENCE-BASED PRACTICES

Figure 36. Types of Evidence-Based Practices used by SASP Purpose Area 2 Projects for Suicide Prevention, 2018-2019*



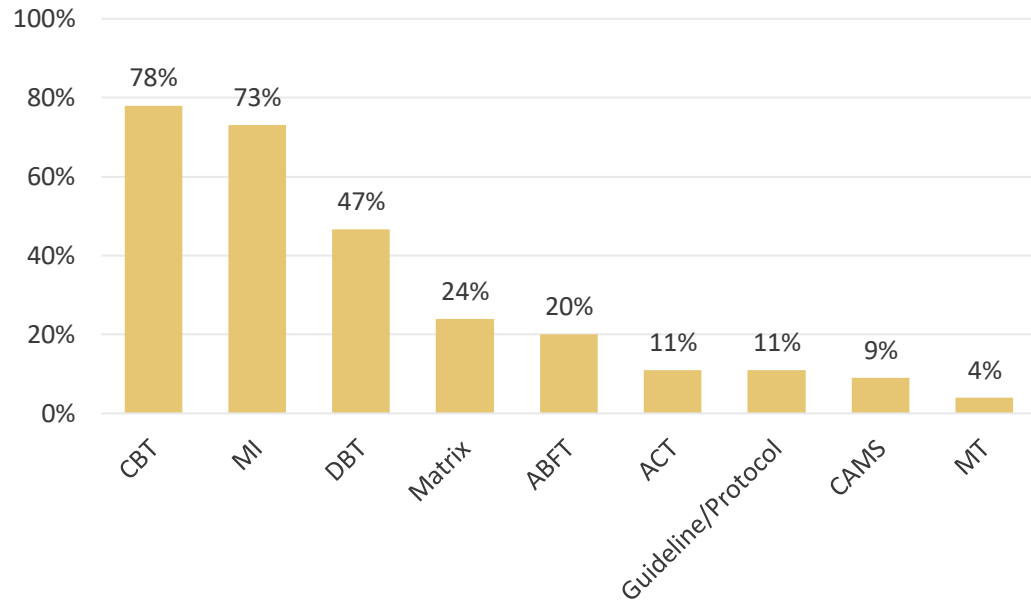
*Projects were able to select multiple types.

As demonstrated in [Figure 36](#), SASP Purpose Area 2 projects most commonly use the following Evidence Based Practices and/or Practice-Based Models for prevention: QPR (71%), Mental Health First Aid (53%), and ASIST (47%).

KEY:

- QPR = Question Persuade Refer
- ASIST = Applied Suicide Intervention Skills Training
- MHFA = Mental Health First Aid
- GONA = Gathering of Native Americans
- AILS = American Indian Life Skills

Figure 37. Type of Evidence-Based Practices used by SASP Purpose Area 2 Projects for Suicide Intervention/Treatment, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 37](#), SASP Purpose Area 2 Projects most commonly utilize the following evidenced-based practice types for intervention/treatment: Cognitive Behavioral Therapy (78%) and Motivational Interviewing (73%).

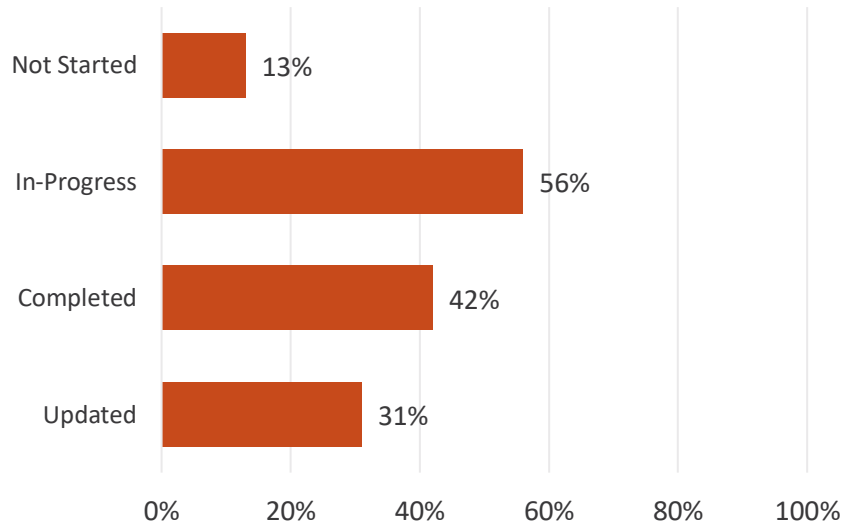
KEY:

- ABFT = Attachment-Based Family Therapy
- ACT = Acceptance and Commitment Therapy
- CAMS = Collaborative Assessment and Management of Suicidality
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- MI = Motivational Interviewing
- MT = Multisystemic Training

Referrals to community and culturally appropriate services; adapting screening tools to be culturally appropriate and culturally validating; changing wordings & terminology that are culturally specific; incorporating cultural components to treatment (e.g. drumming, singing, dancing, indigenous crafts); providing culturally relevant events & trainings; supplement with additional funding for food; changing the name of the program; opening trainings with tribal blessings; hiring Indigenous counselors; no adaptations or changes needed to maintain fidelity; modifying program according to age appropriateness; used community/AI/AN-specific data; and used examples/scenarios/stories specific to community.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 38. Status of Written Policies for Suicide Care* within SASP Purpose Area 2 Projects, 2018-2019



**Projects were able to select multiple responses.*

Figure 39. Components Included in SASP Purpose Area 2 Project Policies, 2018-2019

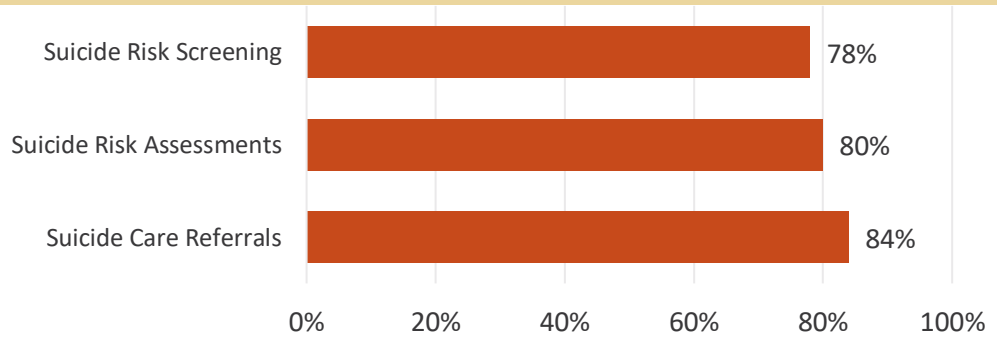


Figure 40. Percentage of SASP Purpose Area 2 Projects with Policies that Provide Guidance on Follow-up to Individuals Reporting Suicidal Behavior, 2018-2019

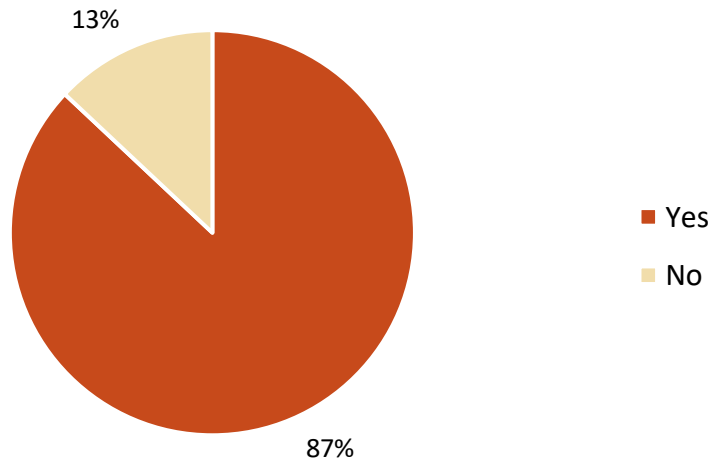
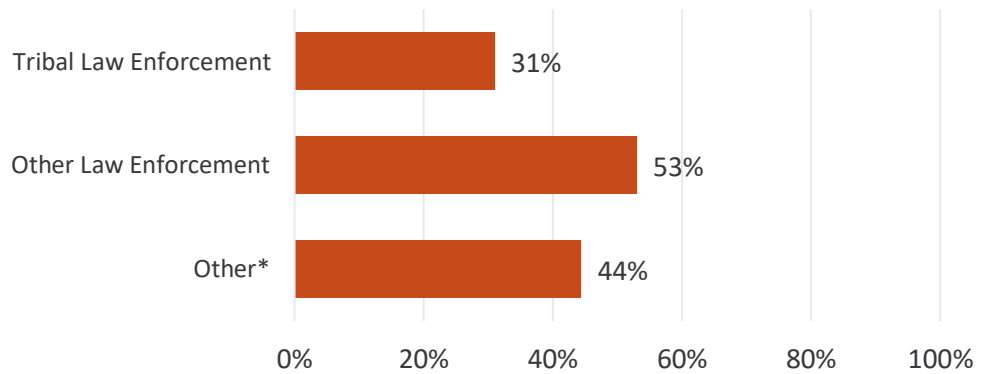


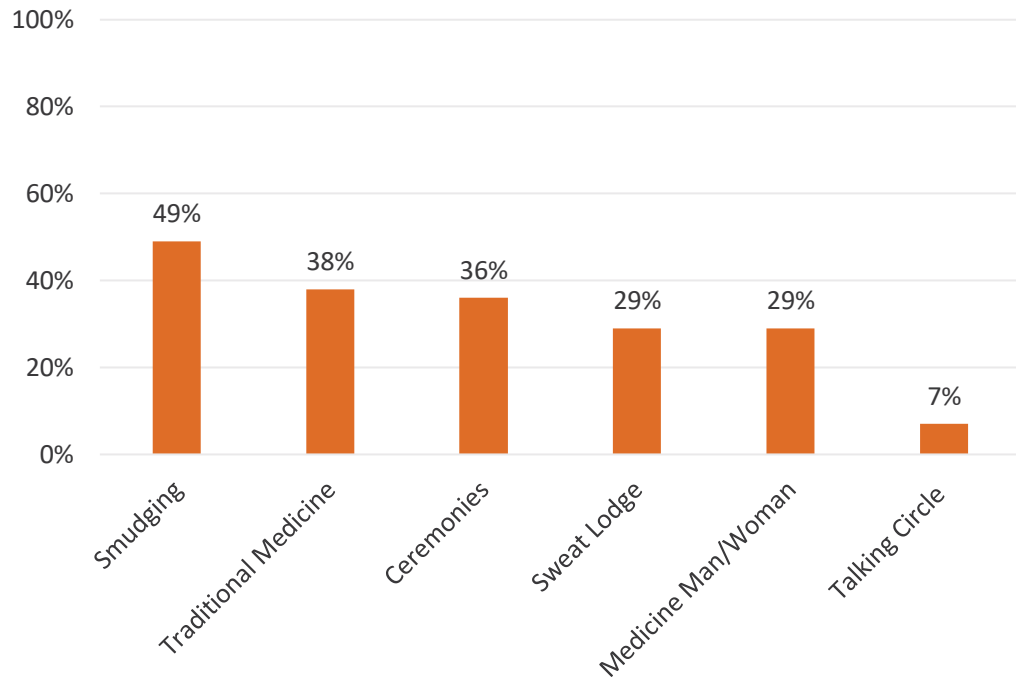
Figure 41. Types of Law Enforcement Included in SASP Purpose Area 2 Project Policies, Protocols, and Procedures, 2018-2019



*The “other” category included: referral to local services in the community; community first medi; community paramedics; clinic staff; EMS; county mental health program; referrals to other agencies; tribal laws do not address suicide care; tribal resolutions; crisis team; suicide task force.

OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

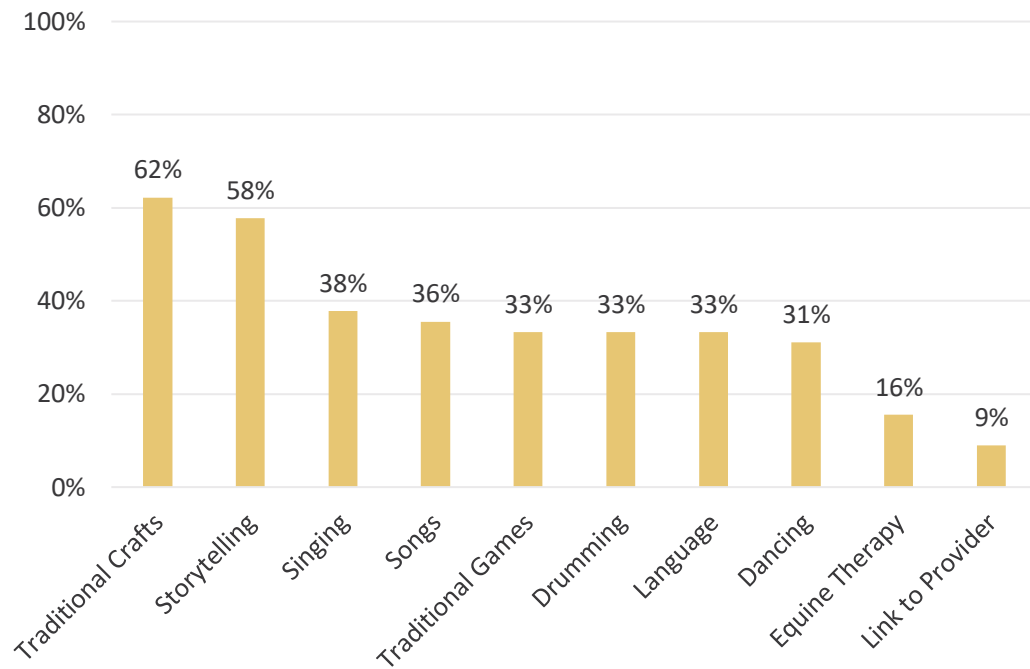
Figure 42. Percentage of SASP Purpose Area 2 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2018-2019*



*Projects were able to select multiple types.

Figure 42 SASP Purpose Area 2 projects implement a range of traditional healing related practices into activities included smudging (49%), traditional medicine (38%), and ceremonies (36%). The majority of SASP Purpose Area 2 projects integrate at least one of these traditional healing practices into their project services (77.8%).

Figure 43. Percentage of SASP Purpose Area 2 Projects Integrating Cultural Services into Project Activities by Practice Type, 2018-2019*

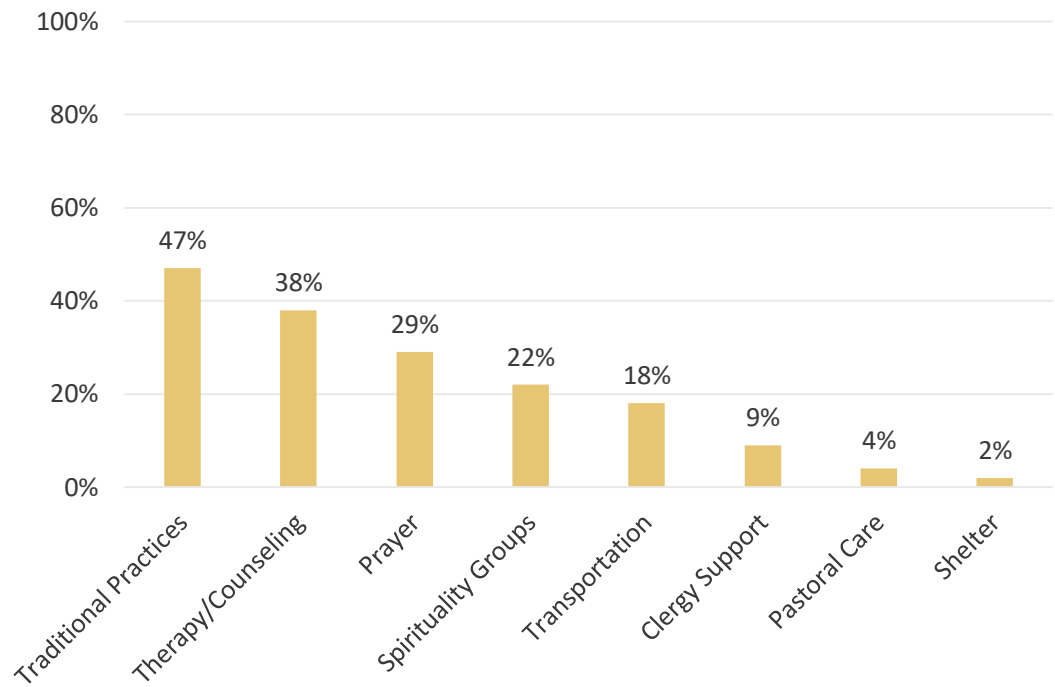


*Projects were able to select multiple types.

As evidenced in [Figure 43](#), SASP Purpose Area 2 projects commonly include the following cultural services in project activities: traditional crafts (62%) and storytelling (58%). The majority of SASP Purpose Area 2 projects integrate at least one of these cultural practices into their project services (95.5%).

A total of **21,162** individuals received cultural services from SASP Purpose Area 2 programs.

Figure 44. Percentage of SASP Purpose Area 2 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2018-2019*



*Projects were able to select multiple types.

As evidenced in [Figure 44](#), SASP Purpose Area 2 projects commonly include the following religious, spiritual, and faith-based services in project activities: traditional practices (47%) and therapy/counseling (38%). The majority of SASP Purpose Area 2 projects integrate at least one of these faith-based practices into their project services (71.1%).

A total of **9,010** individuals received faith-based services from SASP Purpose Area 2 programs.

TRAUMA INFORMED CARE

Figure 45. Types of Trauma Informed Care Elements Included in SASP Purpose Area 2 Project Activities, 2018-2019

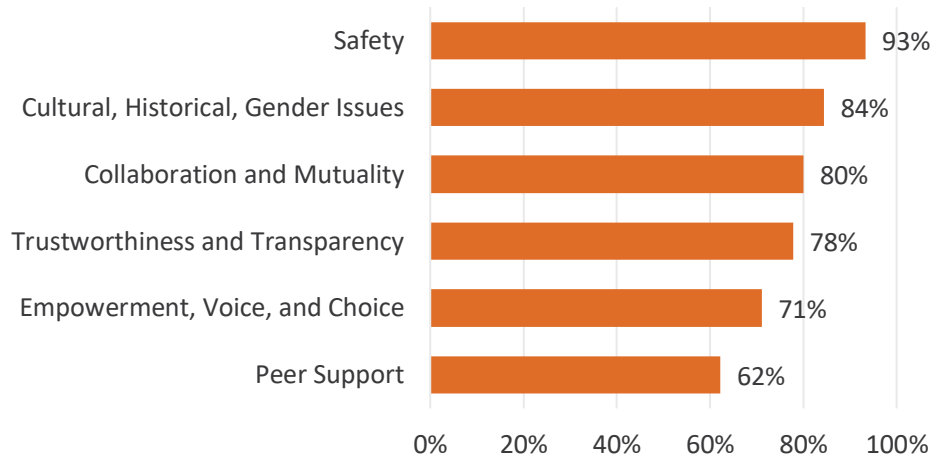
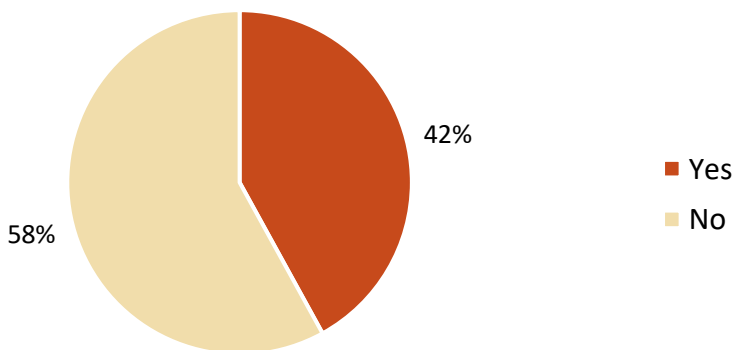


Table 15. Number of SASP Purpose Area 2 Trauma Informed Care Trainings, 2018-2019

	N
Number of Trauma Informed Care Trainings Provided	192
Number of Health Professionals Trained in Trauma Informed Care	1,855

Figure 46. Percentage of SASP Purpose Area 2 Projects Offering Trauma Informed Care Trainings, 2018-2019

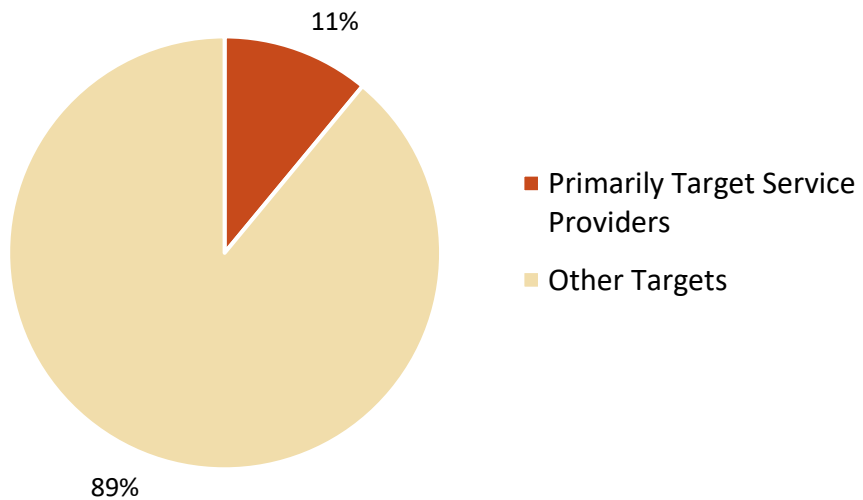


POPULATION SERVED

Table 16. Number of Encounters Reported among SASP Purpose Area 2 Projects, 2018-2019

	N
Total Contacts	466,358
Social Media Encounters	371,064

Figure 47. Percentage of SASP Purpose Area 2 Projects that Primarily Target Service Providers, 2018-2019



STAFFING

Figure 48. Percentage of SASP Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2018-2019

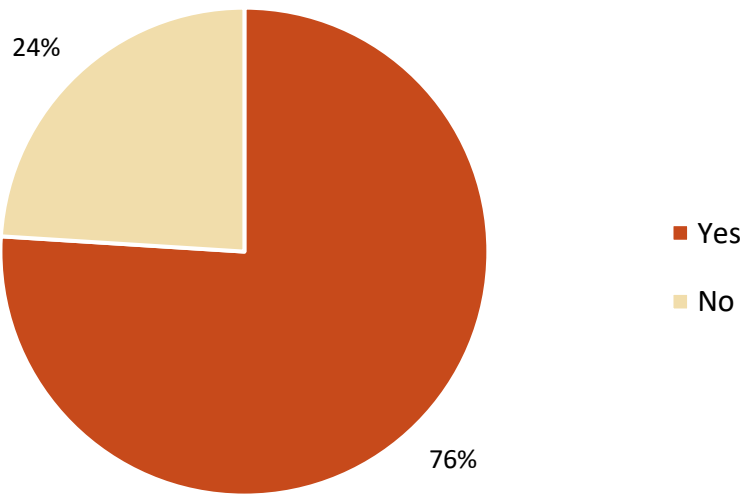


Figure 49. Percentage of SASP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2018-2019

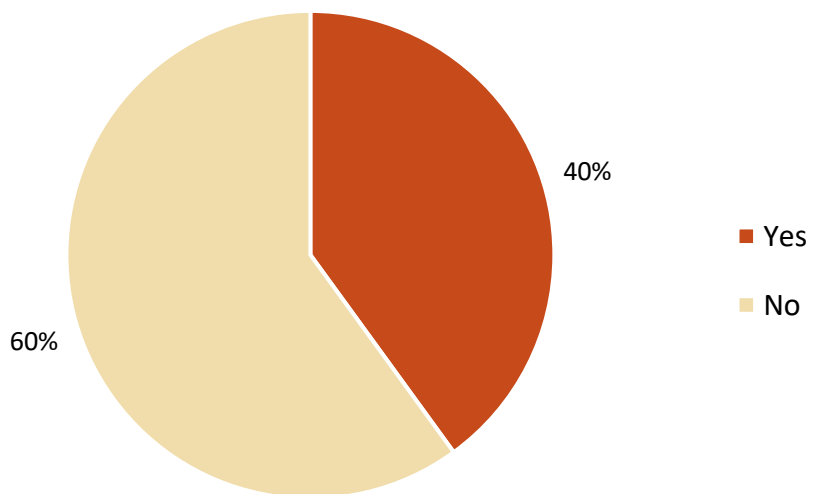
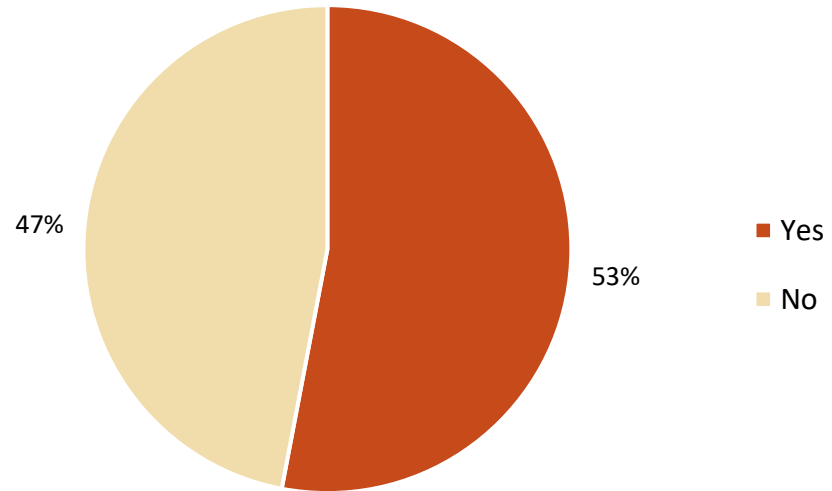


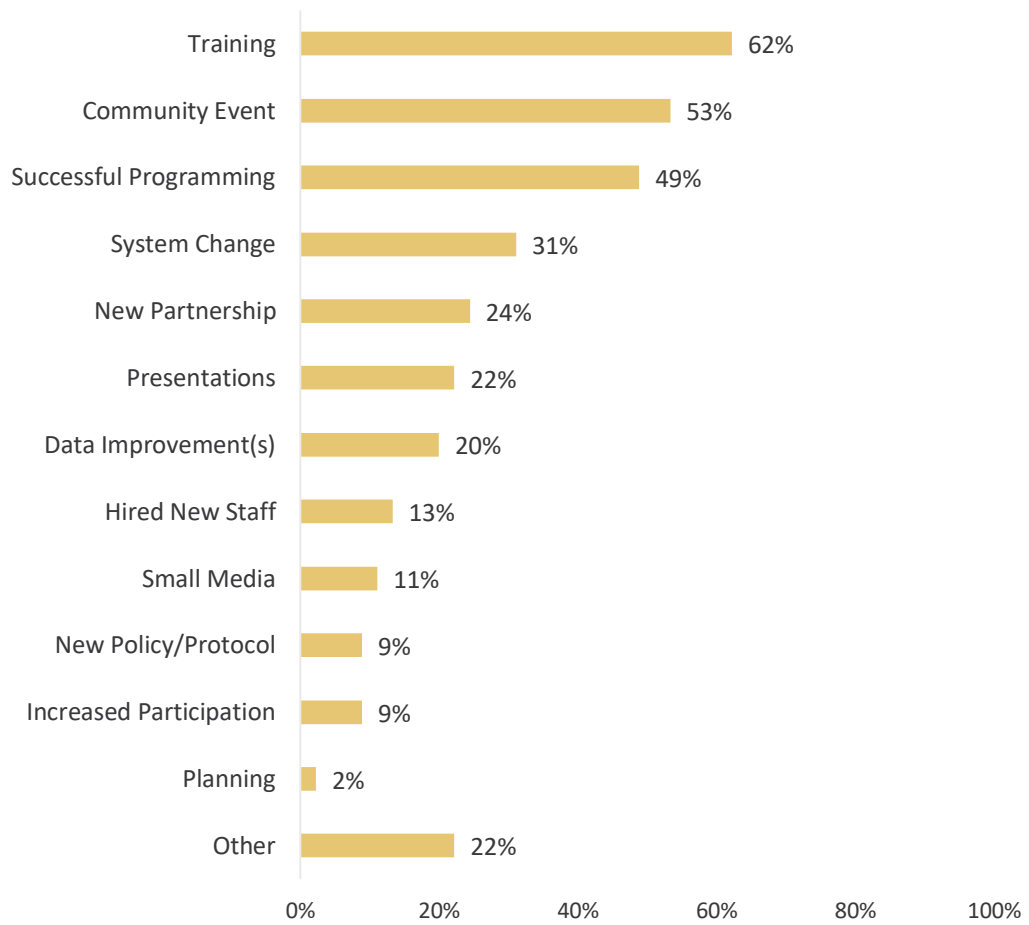
Figure 50. Percentage of SASP Purpose Area 2 Projects that Experienced Staff Turnover, 2018-2019



PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 51. Type of Accomplishments among SASP Purpose Area 2 Projects, 2018-2019



The most common SASP project accomplishments among Purpose Area 2 programs are training (62%), community events (53%), and successful programming (49%). See next page of this report for definitions and examples for each accomplishment type.

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

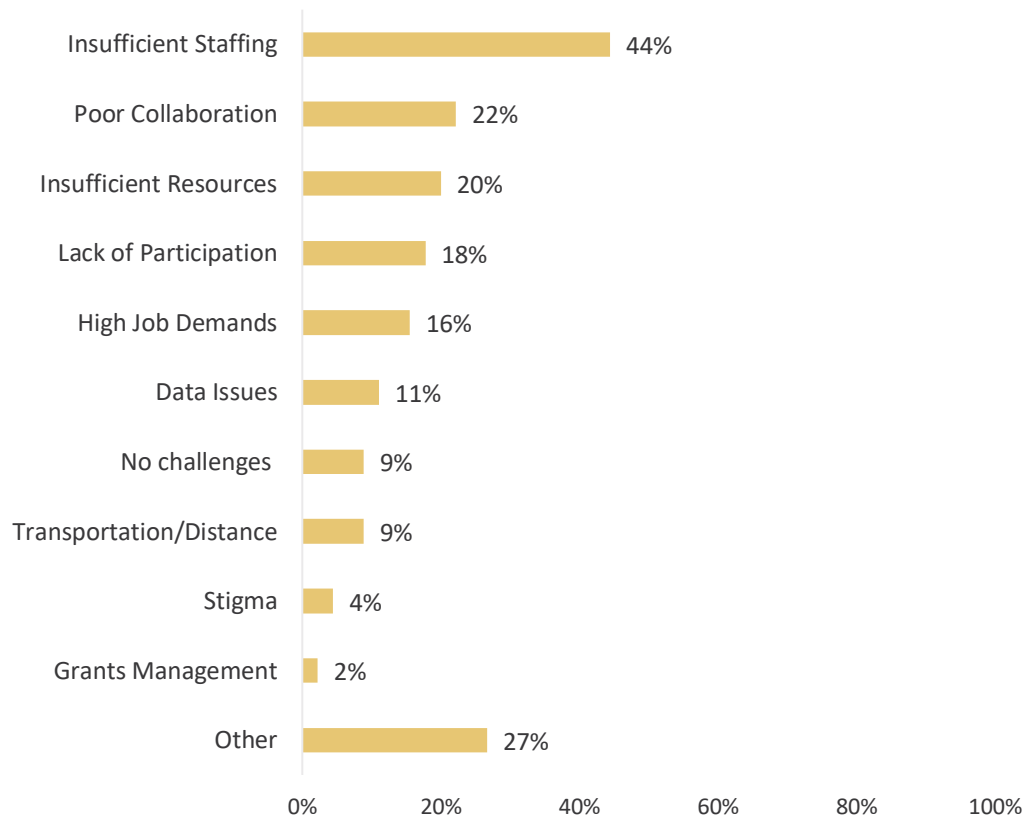
Table 17. SASP Project Accomplishment Definitions

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the SASP project as a success during the reporting period. Common community event types included: school education events, health fairs, camps, run/walk, community presentations/workshops, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.).
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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.
PLANNING	Project cited success in planning for future project opportunities. Staff researched new strategies, engaged in networking opportunities, furthered project preparation, 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).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP 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 SASP 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 SASP projects during the reporting period. These included: construction of a new Tribal Behavioral Health Center; creation of an internal crisis response line; increase in referrals; increase in fiscal resources; providing internal clinic and behavioral health support; psychiatric services provided to rural patients; suicide prevention spring conference; and increase in suicide screenings in community.

PROJECT CHALLENGES

Figure 52. Types of Challenges among SASP Purpose Area 2 Projects, 2018-2019

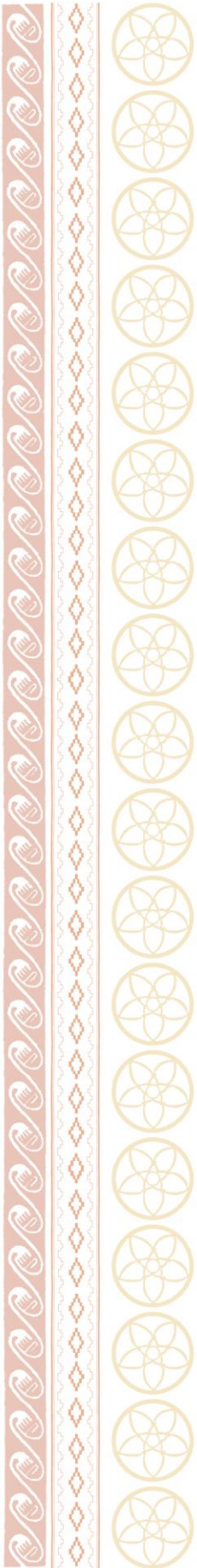


The most common challenge among SASP Purpose Area 2 projects is insufficient staffing (44%). See next page of the report for definitions and examples for each challenge category.

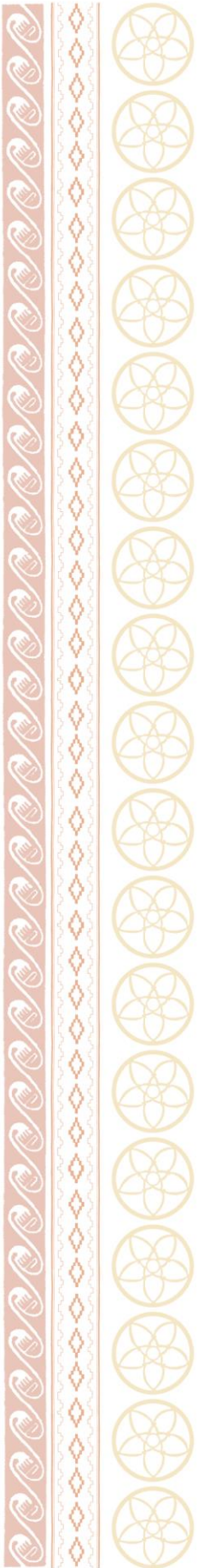
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 18. SASP Project Challenges Definitions

CHALLENGE	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its SASP 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/support 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 and/or coordination with other agencies/departments as a significant barrier during this reporting period. The most commonly cited entities 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 encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeded local capacity.
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.



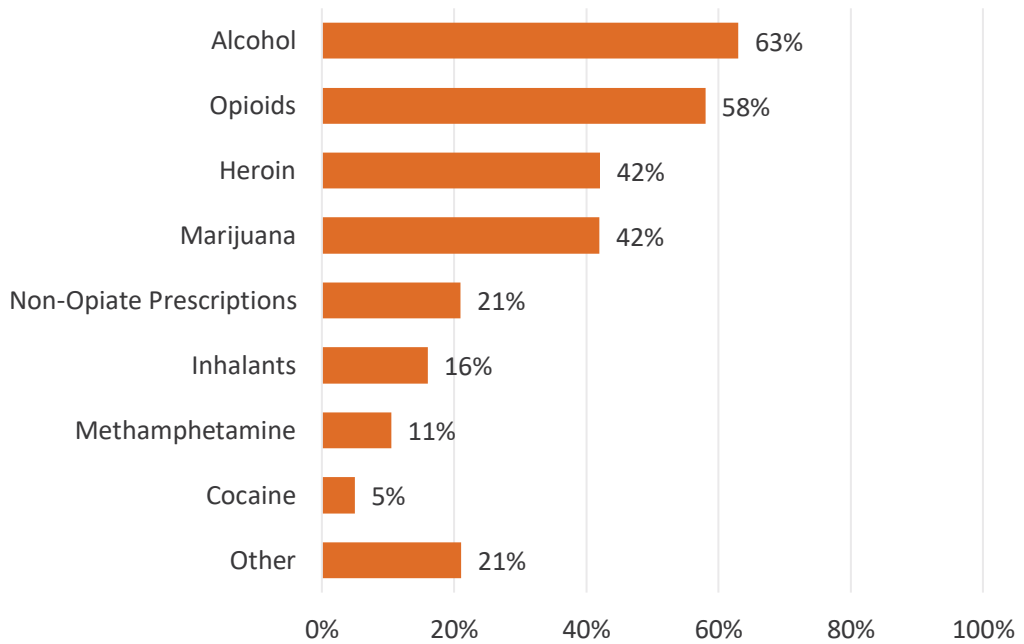
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: bad weather; communication; coordination of program dates and face-to-face trainings; challenges with developing a suicide prevention policy; learning tribal language to correctly translate suicide; challenges with finding youth suicide trainings; community buy-in; minimal supervisor support; and reaching out to rural communities.</p>



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

OBJECTIVE 1: SERVICE EXPANSION

Figure 53. Substances Most Commonly Used within SASP Purpose Area 3 Project Service Population, 2018-2019



Other substances include: amphetamine; kraton; spice; fentanyl; benzodiazepines; and nicotine.

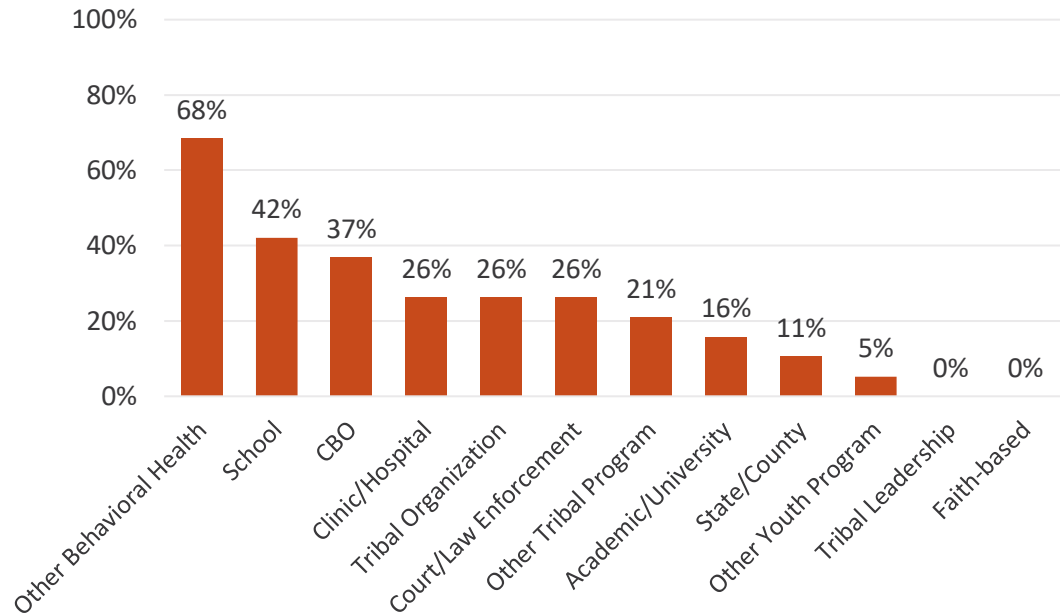
A variety of methods were used by SASP Purpose Area 3 programs to adapt their services to address various substances. Those methods include: training staff in Trauma Informed Care (TIC); historical trauma training to staff and community members; incorporation of safe medication and needle disposal methods; staff training for Narcan; offering Medication Assisted Treatment (MAT) to clients; offering continuing education classes for treatment staff; implementation of tele-behavioral health; increase in substance use testing; increase in substance use education for community; use of evidence based screenings, intervention, and treatment; hosting an opioid use conference; and expanded the referral network.

Table 19. Volume of Substance Use Disorder Treatment and Recovery Services Provided by SASP Purpose Area 3 Projects, 2018-2019

	N
Individuals Referred for Substance Use Disorder Treatment	1,809
Individuals Accessing Recovery Services after Treatment	925
Individuals Served who were Continuing in Recovery after One Year	458

OBJECTIVE 2: PARTNERSHIPS

Figure 54. Types of Community Partners of Purpose Area 3 Projects, 2018-2019*



*Projects were able to select multiple types.

Table 20. Number of Partners and Memoranda of Agreement (MOAs) among SASP Purpose Area 3 Projects, 2018-2019

	N
New Partnerships	14
Enhanced Partnerships	52
Average Partnerships per Project	3.7
Range	0 – 8
Total New Memoranda of Agreement (MOAs)	15
Total Enhanced Memoranda of Agreement (MOAs)	16

OBJECTIVE 3: TRAINING

Figure 55. Types of Healthcare Providers Trained in Substance Use Disorder Screening, Assessment, or Treatment by SASP Purpose Area 3 Projects, 2018-2019

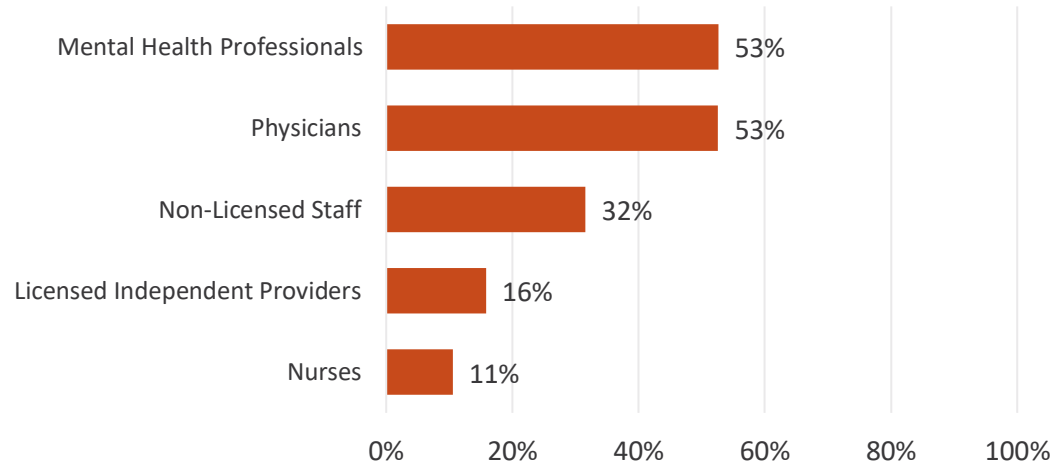


Table 21. Providers Trained by SASP Purpose Area 3 Projects, 2018-2019

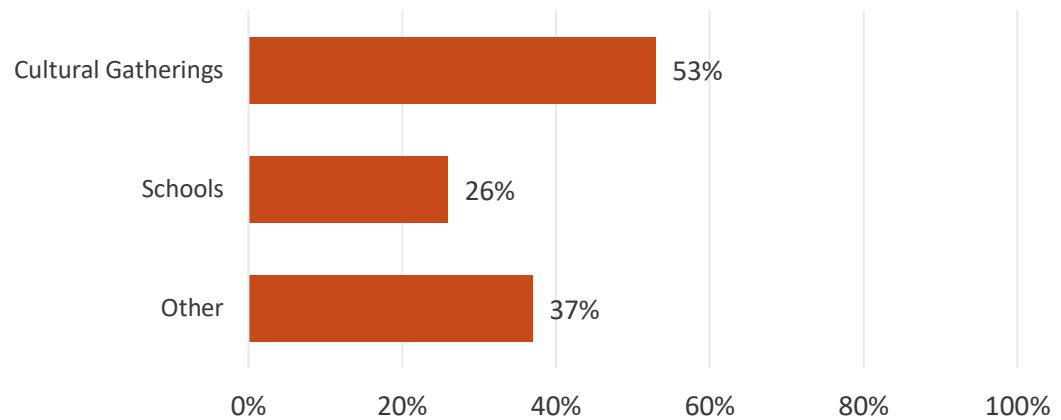
	N
Total Trainings Provided	77
Providers Trained in Substance Use Disorder Screening	336
Providers Trained in Suicide Screening	375
Providers Trained in Safety Planning	171
Providers Trained in Brief Intervention or Motivational Interviewing	82

Types of suicide screening instrument trainings provided by SASP Purpose Area 3 projects include:

- Applied Suicide Intervention Skills Training (ASIST)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Columbia Suicide Severity Rating Scale (CSSRS)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFTT)
- Generalized Anxiety Disorder-7 (GAD-7)
- Mental Health First Aid (MHFA)
- Pathway for Assisting Life (PAL)
- Patient Health Questionnaire (PHI) 2/7/9
- Question Persuade Refer (QPR)
- Rapid Suicide Response
- SAFE-T Risk Assessment
- Short Mood and Feelings Questionnaire (SMFQ)
- Suicide Behavior Questionnaire-Revised (SBQR)
- Zero Suicide Initiative (ZSI) Zero Suicide Initiative (ZSI)

OBJECTIVE 4: COMMUNITY EDUCATION

Figure 56. Locations of Trainings Provided by SASP Purpose Area 3 Projects for Non-Healthcare Professionals, 2018-2019*



**Programs could select more than one option*

Other training sites include: Annual behavioral health conferences; digital storytelling and oral history; community archiving; senior programs; counseling staff members; village health fairs; community health summits; family dinner and game nights.

Table 22. Trainings Provided by SASP Purpose Area 3 Projects, 2018-2019

	N
Trainings Provided for Community Members	81
Community Members Trained	3,161
Adult Community Education Events	78
Youth Community Education Events	153

Lessons learned from **adult** education events:

- Adults reporting increase in cultural knowledge
- Increased engagement with their families
- Increased communication between parents and children
- Adults learning more parenting skills
- Lacking knowledge of substance use disorders and treatment options
- Want additional family nights
- Adults want more information on substance abuse among youth
- Adults will show up and participate constructively
- Adults are eager to be trained
- More familiar with safe medication disposal
- Heroin laced fentanyl is becoming more prevalent in communities
- Stigma around seeking substance use treatment is still present in the community
- Misconceptions are still present about addiction, treatment, and chemical dependency (adults thinking attending an in-person treatment facility will 'cure' addiction when it's a more challenging and complex process)
- Misconceptions about supporting individuals by exhibiting enabling behaviors
- Participants feeling connected with community
- Positive feedback about incorporating culture in trainings
- Over time, participants are willing to share about their addiction recovery journey and their own life trauma

Lessons learned from **youth** education events:

- Trainings increased awareness of how to intercede if someone is speaking about suicide
- Increased awareness of how to be a good tribal member and family member
- Youth showed retention of information in post-tests compared to pre-tests
- Increased knowledge, communication skills, managing feelings, dealing with stress, and achieving personal goals
- Increased knowledge of substance use disorders, mental health issues, and stigma reduction
- Increase in cultural knowledge
- Adult family members attend youth events if the youth are willing to attend
- Intergenerational events have better attendance (e.g. inviting grandmothers, grandfathers, aunts, uncles, cousins, clan relatives)
- Increase in social skills
- There is a widespread problem with marijuana, wax, vaping, and opioids among youth
- Youth are very receptive towards group activities
- Youth enjoy cultural-centered events
- Youth enjoy completing a task or mini-project while being trained
- Decrease in bullying in the community

Table 23. Social Media and Awareness Campaigns Provided by SASP Purpose Area 3 Projects, 2018-2019

	N
Total Social Media Encounters	62,339
Social Media Posts about Substance Abuse Prevention	1,425
Substance Use-Focused Radio/TV/Billboard Ads	7

Forms of social media used by SASP Purpose Area 3 programs include:

- Facebook
- Instagram
- Twitter
- Snapchat
- Website
- Local Radio Station
- Good Health TV
- Signage/Posters/Flyers

Groups that some SASP Purpose Area 3 programs were unable to reach include:

- Individuals lacking transportation in rural areas
- Young adults
- High school students
- Foster children
- LGBTQ/two-spirit population
- Those lacking smartphones/internet/social media
- Individuals with substance use disorders
- Incarcerated population
- Seniors
- Law enforcement
- Child protective services
- Tribal members who live outside of reservation boundaries

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Table 24. Individuals Screened for Substance Use Disorders by SASP Purpose Area 3 Projects, 2018-2019

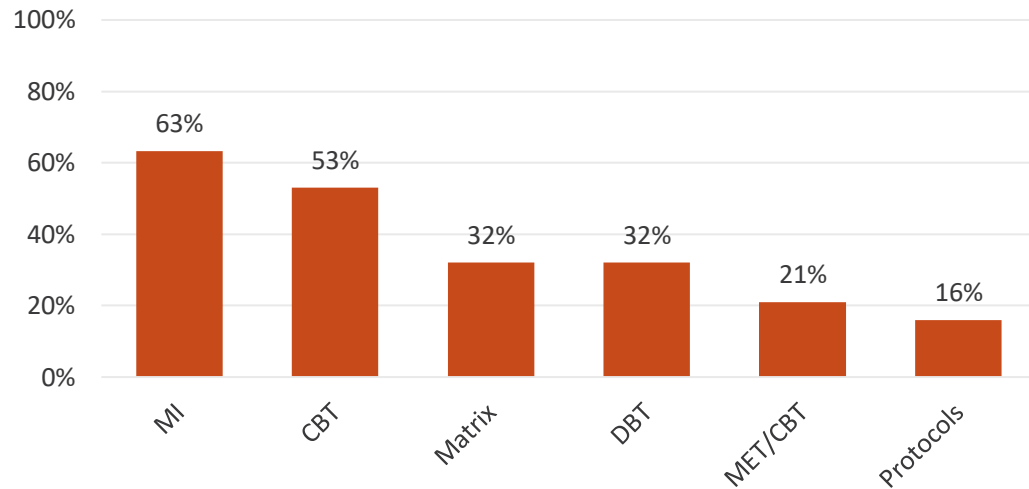
	N
Individuals Screened for Substance Use Disorders	14,342
Individuals Referred for Substance Use Disorders	1,950

Instruments used by SASP Purpose Area 3 programs to screen for substance use disorders included:

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- American Society of Addiction Medicine (ASAM) Criteria
- CAGE Substance Abuse Screening Tool
- Centered Spirit Behavioral Health Comprehensive Assessment
- CRAFFT Screening Test
- Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
- Drug Abuse Screening Test (DAST-10)
- Global Assessment of Individual Needs (GAIN)
- Michigan Alcoholism Screening Test (MAST)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Substance Use Disorder Schedule (SUDDS-5)

EVIDENCE-BASED PRACTICES

Figure 57. Types of EBPs used by SASP Purpose Area 3 Projects for Treatment of Substance Use Disorders, 2018-2019



**Projects were able to select multiple types.*

As demonstrated in [Figure 57](#), SASP Purpose Area 3 most commonly use the following Evidence-Based Practices for prevention: Motivational Interviewing (63%) and Cognitive Behavioral Therapy (53%).

KEY:

MI= Motivational Interviewing

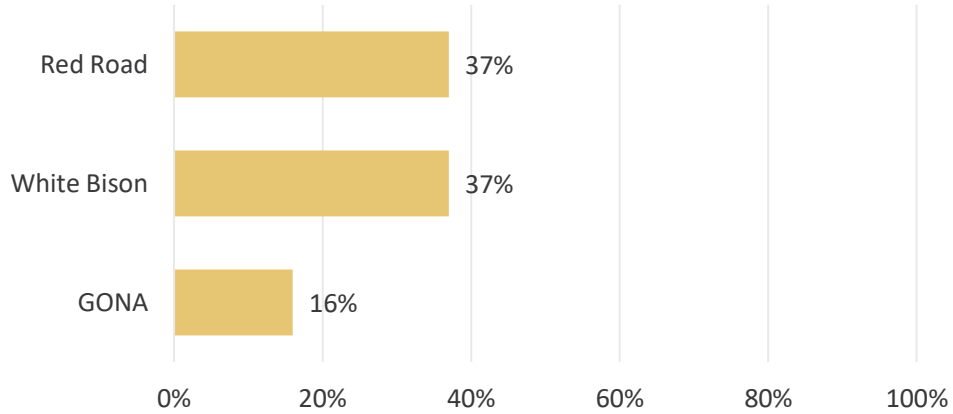
CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

MET/CBT = Motivational Enhancement Therapy and Cognitive Behavioral Therapy

Measurement tools for EBP effectiveness included qualitative (focus groups, surveys) and quantitative (program records and annual reports); EHR progress notes/chart reviews; client self-report; pre- and post-assessment comparison; monitoring of screening results; completion rates of sessions attended by clients; reduction of symptoms; fidelity tracking sheets; length of sobriety/negative substance screens; program completion rates; referral rates/connection to provider; service tracking; currently no formal measurement processes for chosen curriculum.

Figure 58. Types of Practice-Based Practices used by SASP Purpose Area 3 Projects for Treatment of Substance Use Disorders, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 58](#), SASP Purpose Area 3 Projects most commonly use the following Practice-based practice for intervention/treatment: Red Road (37%) and White Bison (37%).

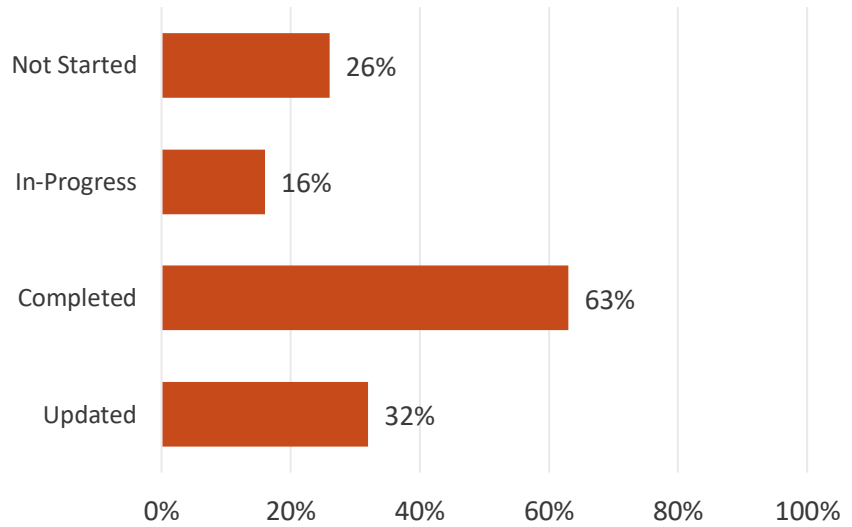
KEY:

GONA = Gathering of Native Americans

Measurement tools for PBP effectiveness included client self-report; comparing pre- and post-screening results; qualitative feedback; qualitative (focus groups, surveys) and quantitative (program records and annual reports); monthly screening assessments; EHR progress notes; currently no formal measurement processes for chosen curriculum; curriculum evaluation tools; observed and self-reported recovery outcomes; event attendance; adherence to treatment plan; and improved skills/development/achievements.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 59. Status of Written Policies for Substance Use Disorders within SASP Purpose Area 3 Projects, 2018-2019*



*Projects were able to select multiple options.

Figure 60. Components Included in SASP Purpose Area 3 Project Policies, 2018-2019

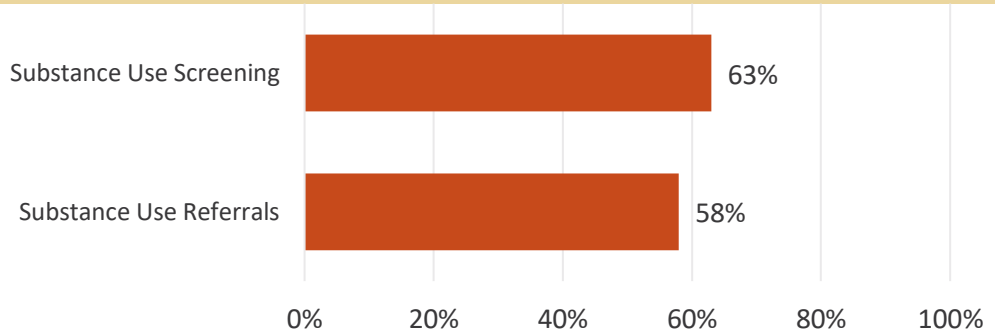
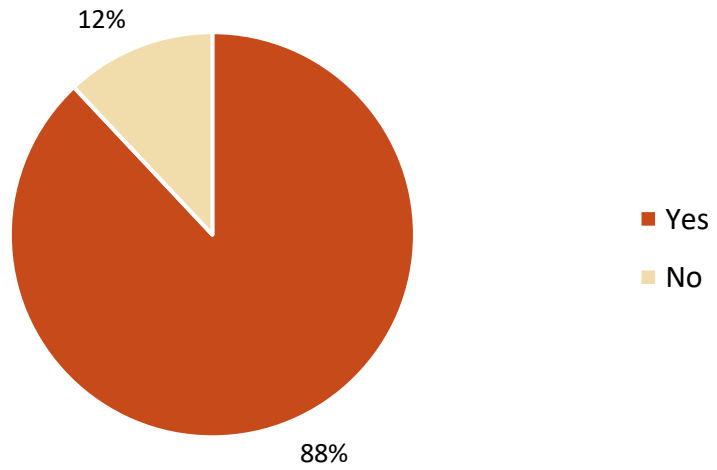
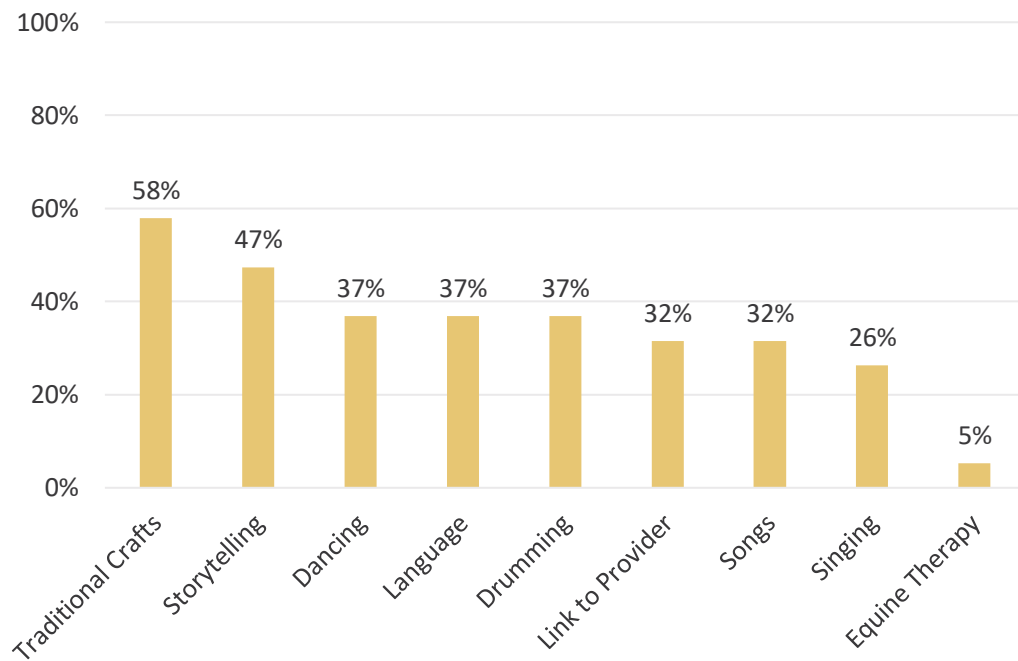


Figure 61. Percentage of SASP Purpose Area 3 Project Policies that Include Follow-up with Individuals Reporting Substance Use Disorders, 2018-2019



OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

Figure 62. Percentage of SASP Purpose Area 3 Projects Integrating Cultural Services into Project Activities by Practice Type, 2018-2019*

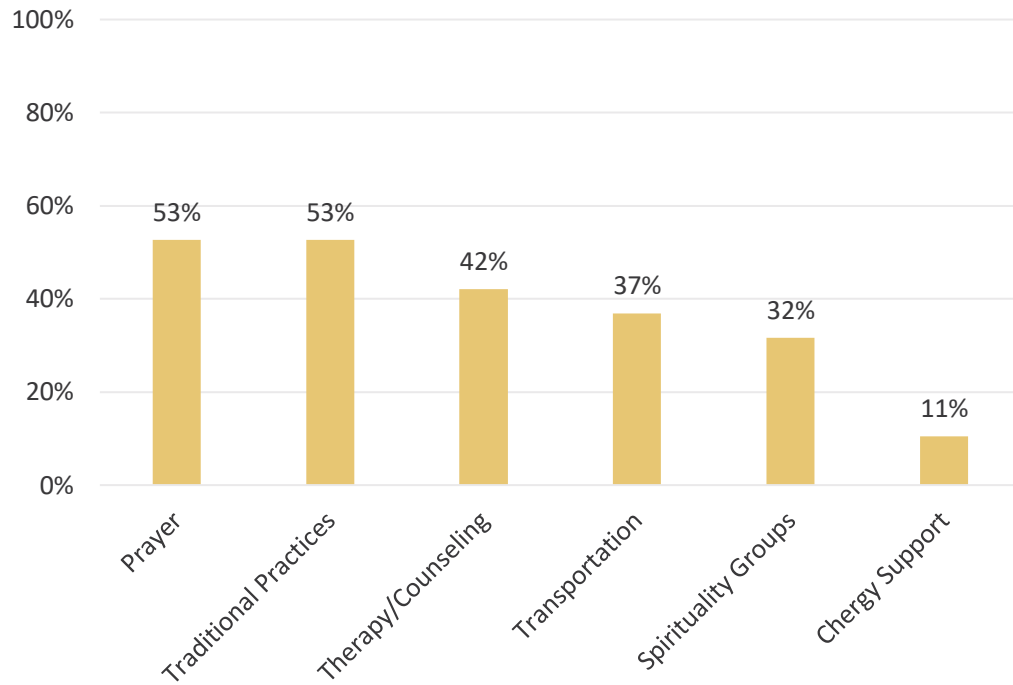


*Projects were able to select multiple types.

As evidenced in [Figure 62](#), SASP Purpose Area 3 projects most commonly include the following cultural services in activities: traditional crafts (58%), storytelling (47%), and dancing (37%). The majority of SASP Purpose Area 3 projects integrate at least one of these cultural practices into their project services (89.5%).

A total of **7,373** individuals received cultural services from SASP Purpose Area 3 programs.

Figure 63. Percentage of SASP Purpose Area 3 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2018-2019*



**Projects were able to select multiple types.*

As evidenced in [Figure 63](#), SASP Purpose Area 3 projects most commonly include the following religious, spiritual, and faith-based services in their activities: prayer (53%) and traditional practices (53%). The majority of SASP Purpose Area 3 projects integrate at least one of these faith-based practices into their project services (73.8%).

A total of **10,140** individuals received faith-based services from SASP Purpose Area 3 programs.

TRAUMA INFORMED CARE

Figure 64. Types of Trauma Informed Care Elements Included in SASP Purpose Area 3 Project Activities, 2018-2019

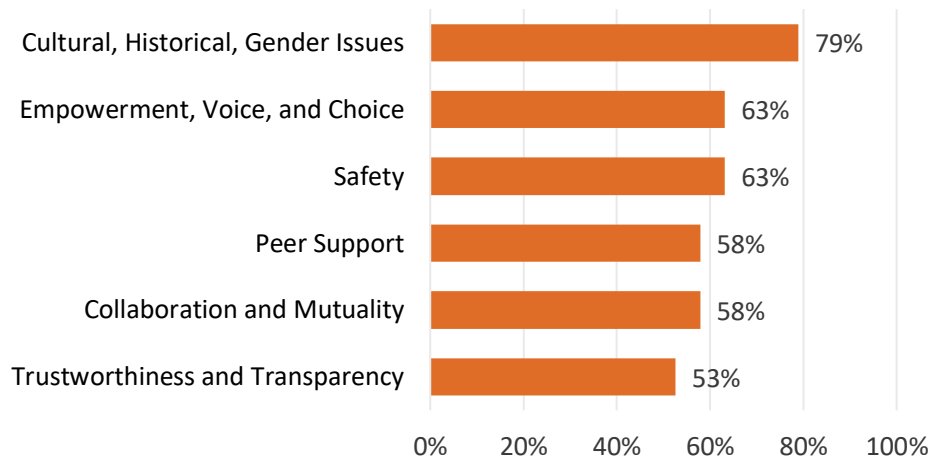
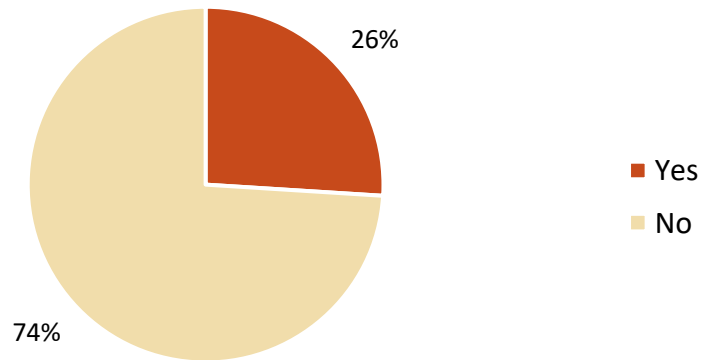


Table 25. SASP Purpose Area 3 Trauma Informed Care Trainings, 2018-2019

	N
Number of Trauma Informed Care Trainings Provided	13
Number of Health Professionals Trained in Trauma Informed Care	229

Figure 65. Percentage of SASP Purpose Area 3 Projects Offering Trauma Informed Care Trainings, 2018-2019

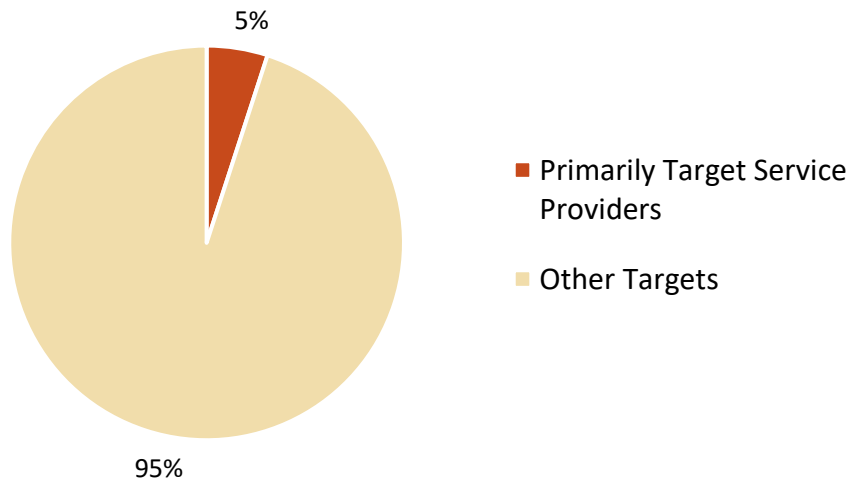


POPULATION SERVED

Table 26. Number of Encounters Reported by SASP Purpose Area 3 Projects, 2018-2019

	N
Total Contacts	23,338
Social Media Encounters	62,339

Figure 66. Percentage of SASP Purpose Area 3 Projects that Primarily Target Service Providers, 2018-2019



STAFFING

Figure 67. Percentage of SASP Purpose Area 3 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2018-2019

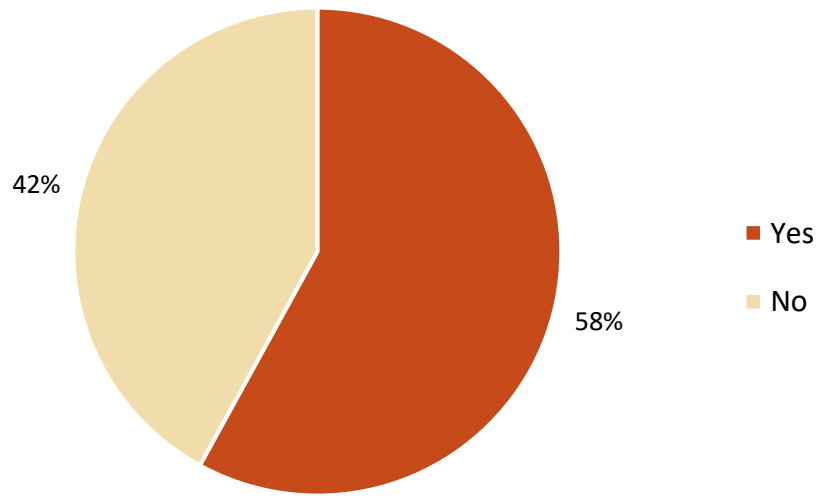


Figure 68. Percentage of SASP Purpose Area 3 Projects with a Full-Time Project Coordinator, 2018-2019

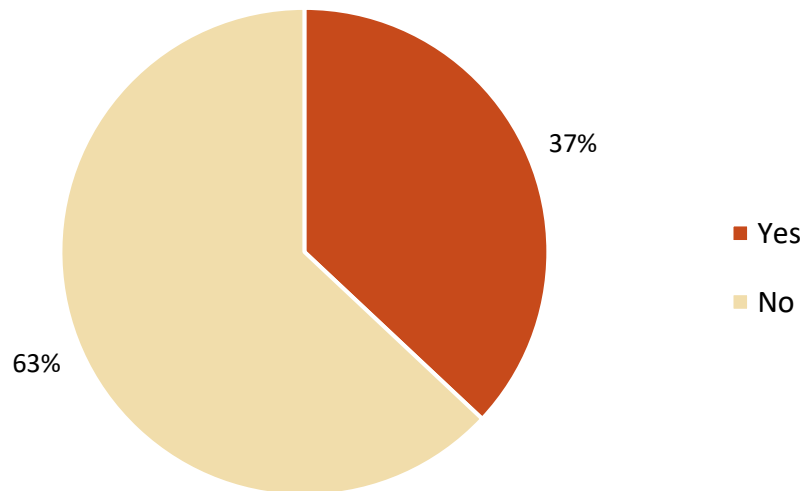
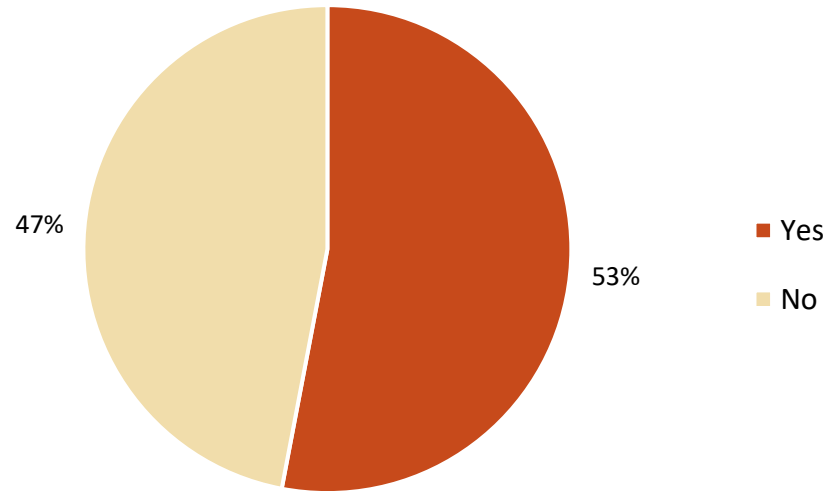


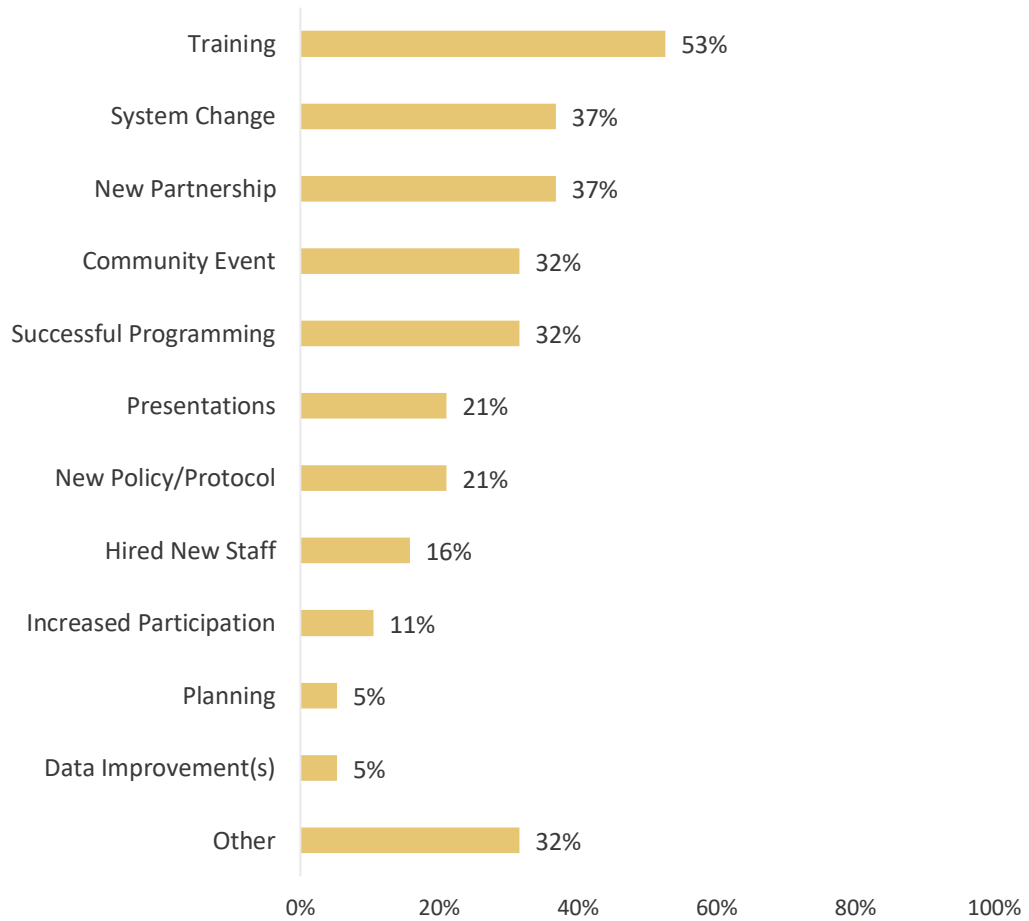
Figure 69. Percentage of SASP Purpose Area 3 Projects that Experienced Staff Turnover, 2018-2019



PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 70. Types of Accomplishments Reported among SASP Purpose Area 3 Projects, 2018-2019



The most common SASP project accomplishments among Purpose Area 3 programs include: training (53%), system change (37%), new partnerships (37%), community event (32%), and successful programming (32%). See next report page for definitions and examples for each accomplishment type.

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

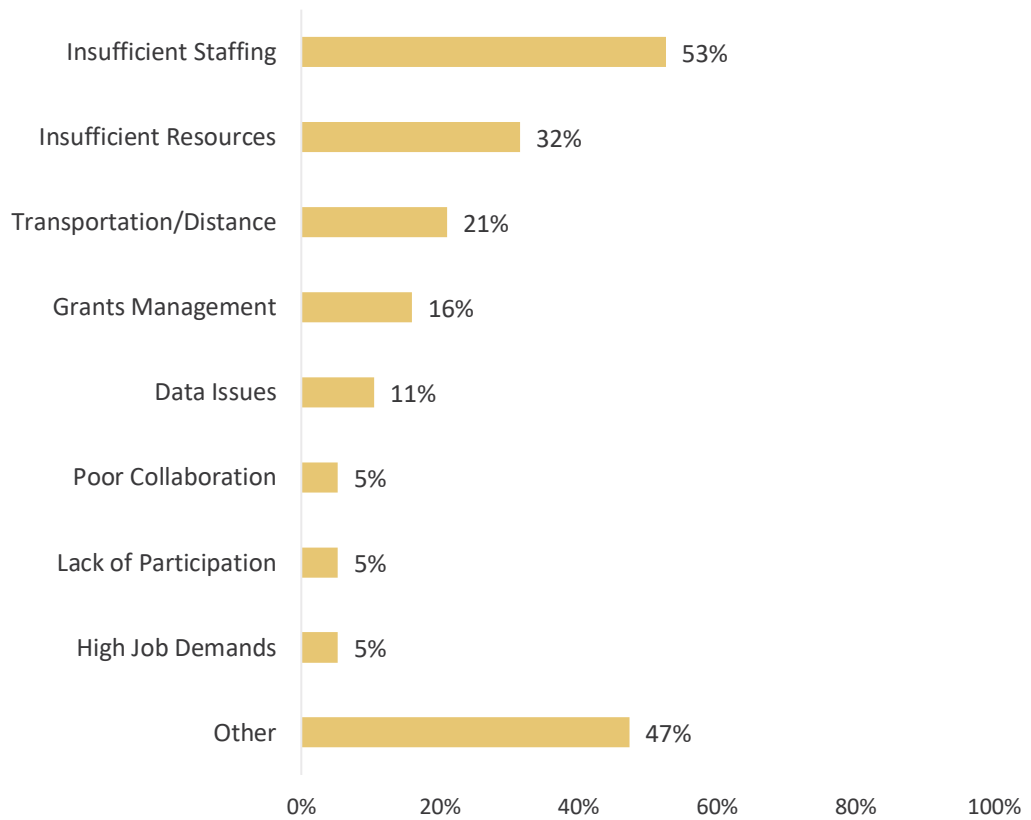
Table 27. SASP Project Accomplishment Definitions

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the SASP project as a success during the reporting period. Common community event types included: school education events, health fairs, camps, run/walk, community presentations/workshops, 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/enhanced partnership during the reporting period as a measure of success. These partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new/enhanced 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.
PLANNING	Project cited success in planning for future project opportunities. Staff researched new strategies, engaged in networking opportunities, furthered project preparation, 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).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP 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 SASP 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 challenges reported by five or fewer SASP projects during the reporting period. These included: improved collaborations; new events to engage youth; resiliency of staff to provide high quality programming; reductions in completed suicide; increase in suicide awareness; and tribal interest in programs

PROJECT CHALLENGES

Figure 71. Types of Challenges Reported among SASP Purpose Area 3 Projects, 2018-2019

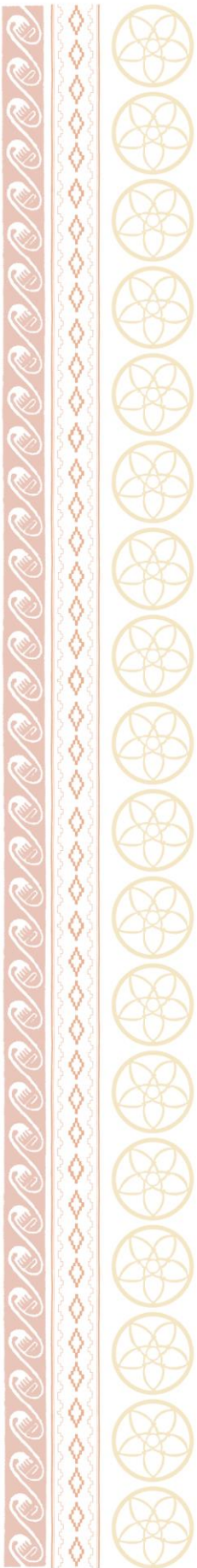


The most common challenge among SASP Purpose Area 3 projects was insufficient staffing (53%). See next report page for definitions and examples for each challenge category.

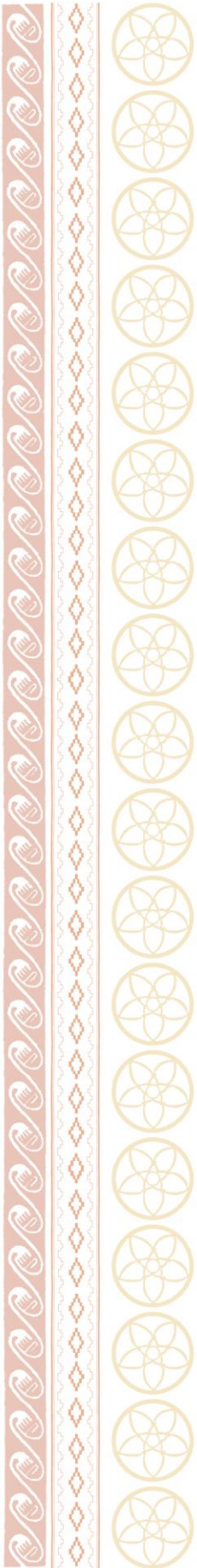
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 28. SASP Project Challenges Definitions

CHALLENGE	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its SASP 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/support 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 and/or coordination with other agencies/departments as a significant barrier during this reporting period. The most commonly cited entities 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 encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeded local capacity.
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.



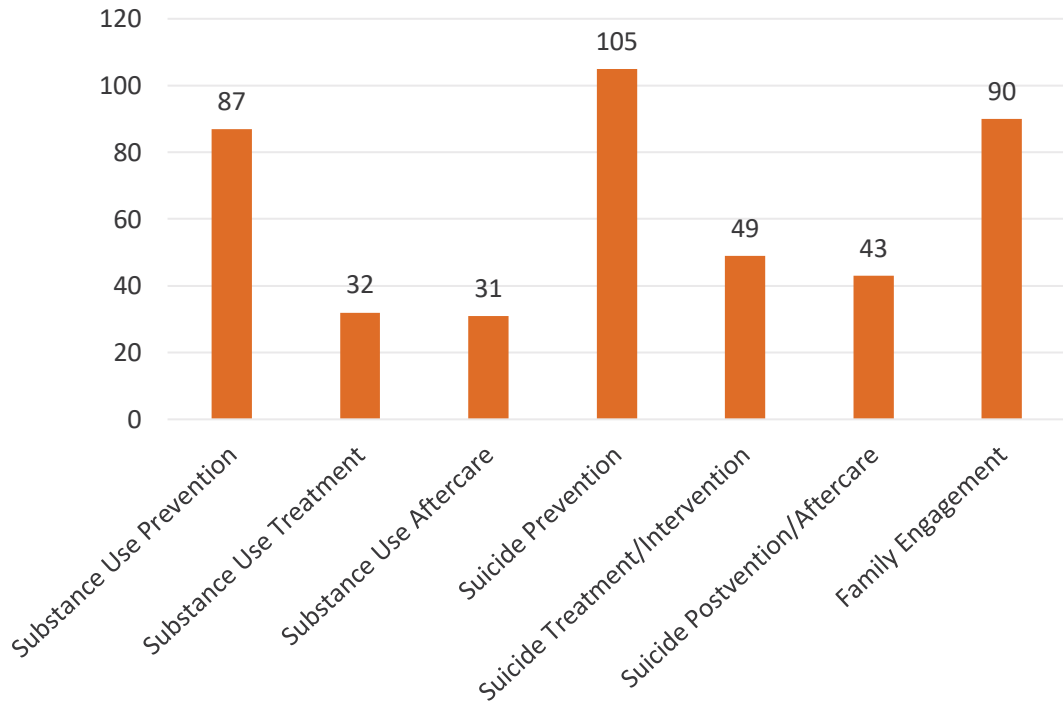
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: cultural conflicts with the Board of Directors to support programming; delays in policy and procedure developments; community is unaware there is methamphetamine treatment available; dissolution of programs; restructuring of organization; inadequate internet access; and more staff training needed.</p>



SECTION 7: SASP PURPOSE AREA 4 ONLY

POPULATION SERVED

Figure 72. Number of SASP Purpose Area 4 Projects by Service Type, 2018-2019*



*Projects were able to select multiple target populations.

As shown in [Figure 72](#), among the 107 SASP Purpose Area 4 projects, the most common service focal areas are suicide prevention, family engagement, and substance use prevention.

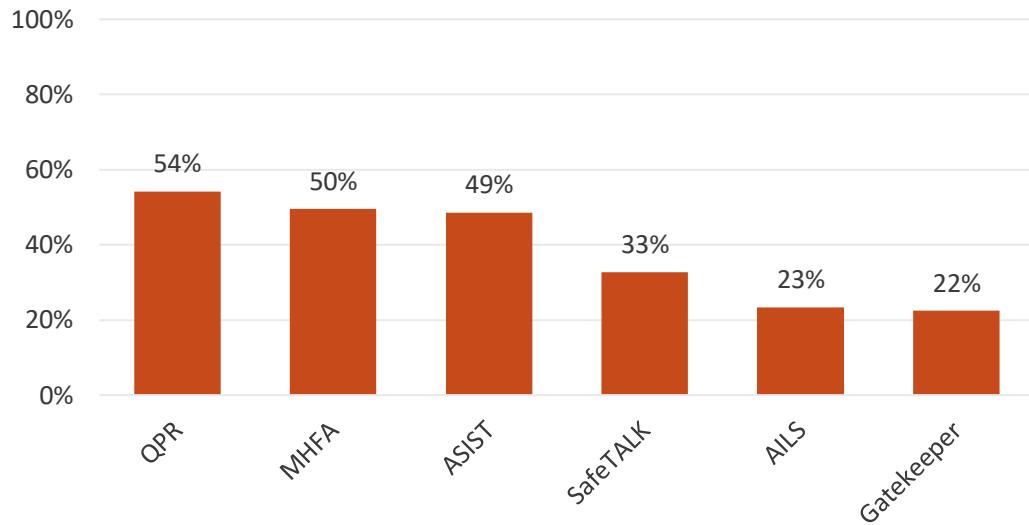
Table 29. Number of Encounters among SASP Purpose Area 4 Projects, 2018-2019

	N
Youth Encounters	1,174,148
Social Media Encounters	2,528,872
Family Engagement Encounters	59,273

OBJECTIVE 1: IMPLEMENTATION OF EVIDENCE-BASED PRACTICES

EVIDENCE-BASED PRACTICES

Figure 73. Types of EBPs used by SASP Purpose Area 4 Projects for Suicide Prevention, 2018-2019



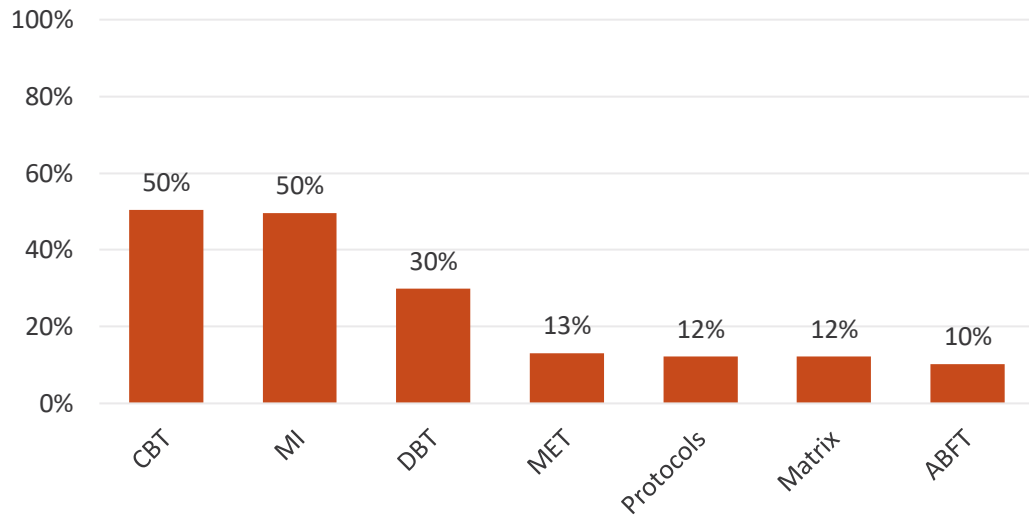
**Projects were able to select multiple types.*

As demonstrated in [Figure 73](#), SASP Purpose Area 4 projects most commonly use the following Evidence-Based Practices for suicide prevention: QPR (54%), MHFA (50%), and ASIST (49%).

KEY:

- AILS = American Indian Life Skills
- ASIST = Applied Suicide Intervention Skills Training
- MHFA = Mental Health First Aid
- QPR = Question Persuade Refer

Figure 74. Types of EBPs used by SASP Purpose Area 4 Projects for Suicide Intervention/Treatment, 2018-2019



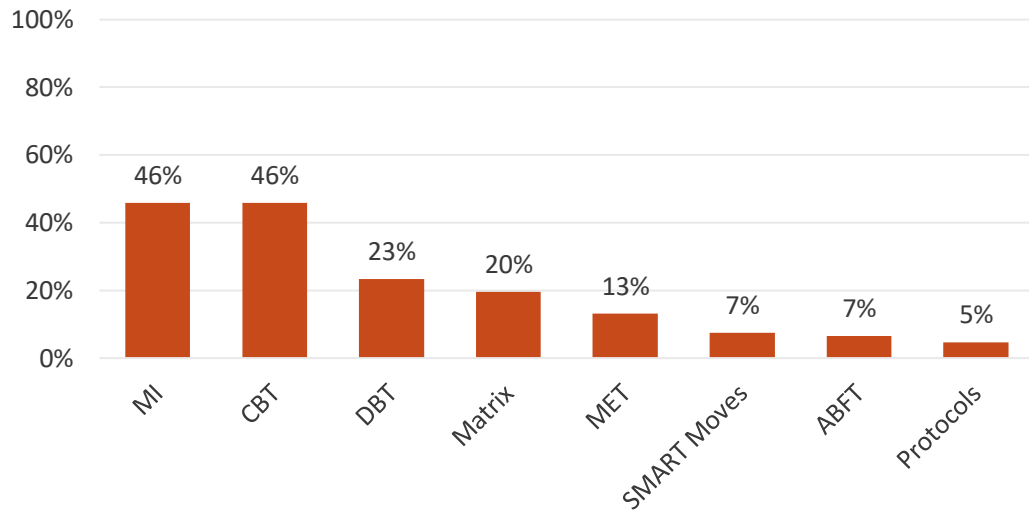
**Projects were able to select multiple types.*

As demonstrated in [Figure 74](#), SASP Purpose Area 4 projects most commonly use the following Evidence-Based Practices for suicide intervention/treatment: CBT (50%) and MI (50%).

KEY:

- ABFT = Attachment-Based Family Therapy
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET = Motivational Enhancement Therapy
- MI = Motivational Interviewing

Figure 75. Types of EBPs used by SASP Purpose Area 4 Projects for Substance Use Prevention, 2018-2019



**Projects were able to select multiple types.*

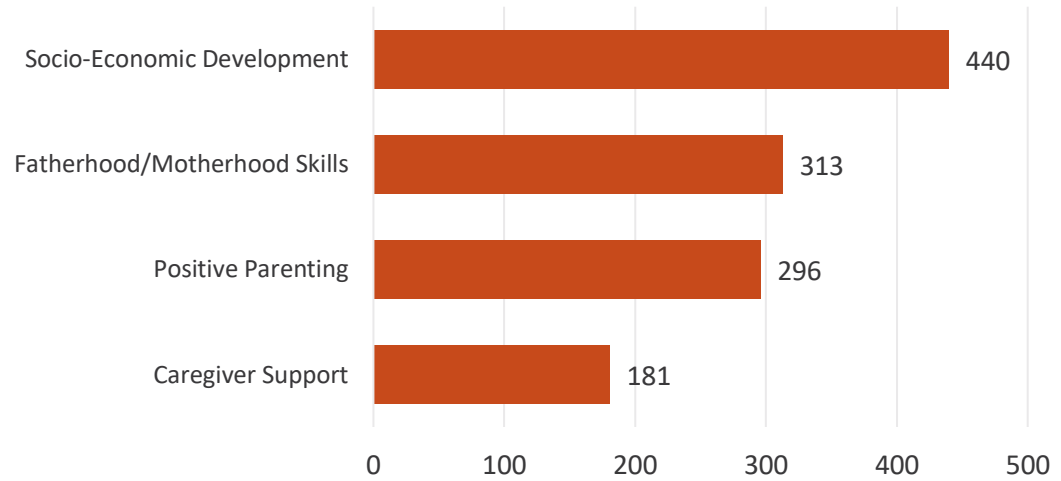
As demonstrated in [Figure 75](#), SASP Purpose Area 4 projects most commonly use the following Evidence-Based Practices for substance use prevention: MI (46%) and CBT (46%).

KEY:

- ABFT = Attachment-Based Family Therapy
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET = Motivational Enhancement Therapy
- MI = Motivational Interviewing

OBJECTIVE 2: FAMILY ENGAGEMENT

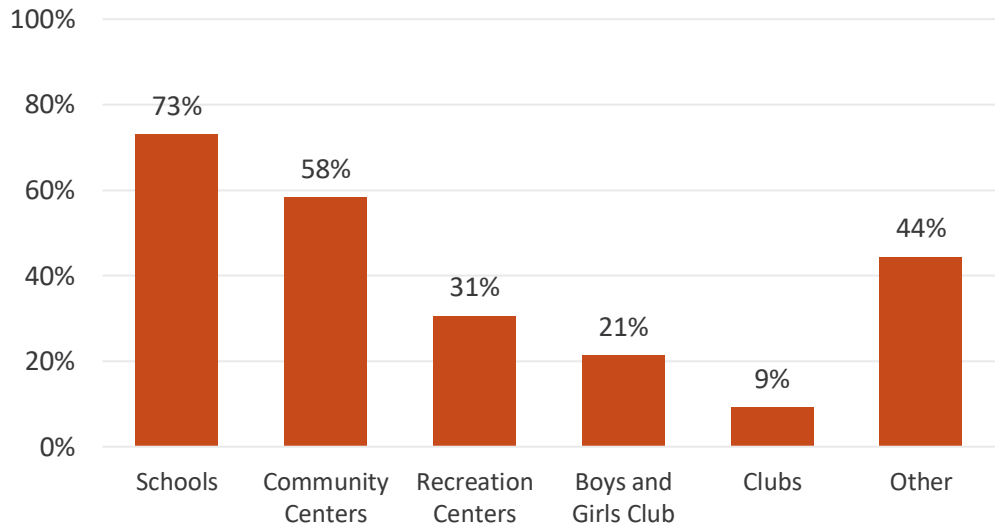
Figure 76. Number and Type of Family Engagement Trainings Provided by SASP Purpose Area 4 Projects, 2018-2019



In total, SASP Purpose Area 4 programs provided **3,357** family engagement trainings and a total of **59,273** family encounters.

OBJECTIVE 3: YOUTH SUBSTANCE USE PREVENTION

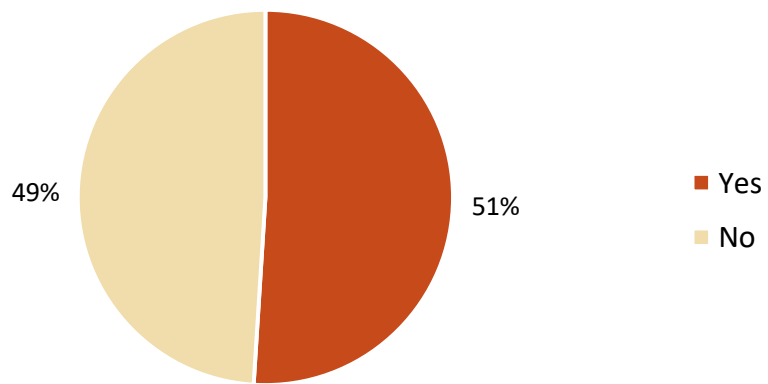
Figure 77. Locations where SASP Purpose Area 4 Projects Provide Youth Prevention Project Activities, 2018-2019



In total, SASP Purpose Area 4 programs provided **3,215** youth prevention projects. Programs averaged around **32** youth prevention projects per program.

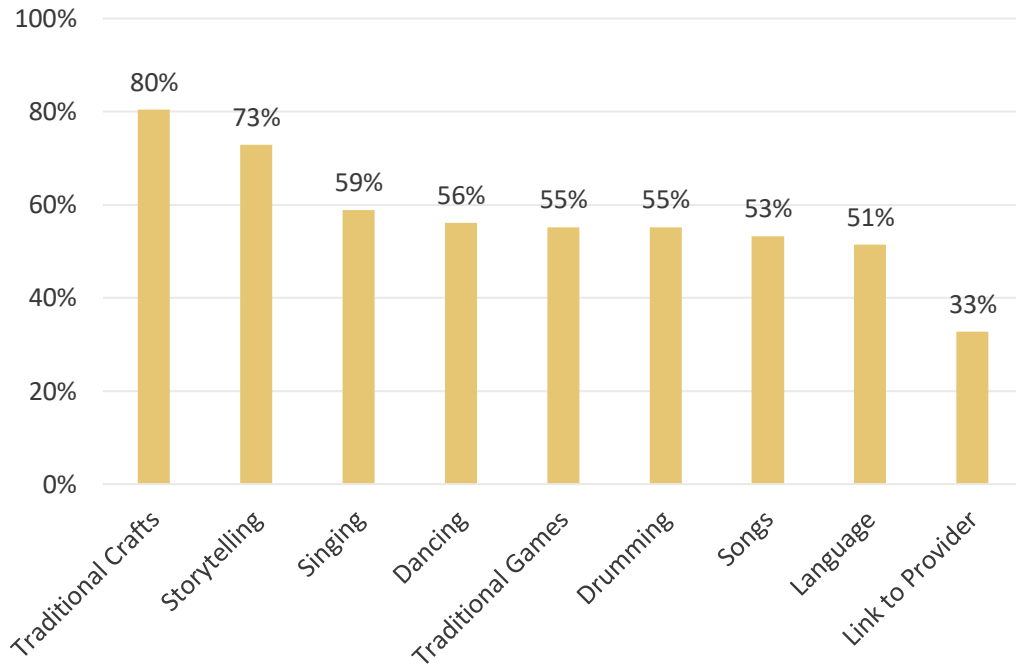
Other locations include chapter houses; elders’ homes; libraries; health centers; celebration grounds; conference centers; youth detention center; tribal offices; churches; farmer’s markets; ropes course; diabetes camp; outdoors; zoos; and local Indian Health Board facility.

Figure 78. Percentage of SASP Purpose Area 4 Projects Providing Transportation, 2018-2019



CULTURAL AND FAITH-BASED SERVICES

Figure 79. Percentage of SASP Purpose Area 4 Projects Integrating Cultural Services into Project Activities by Practice Type, 2018-2019*

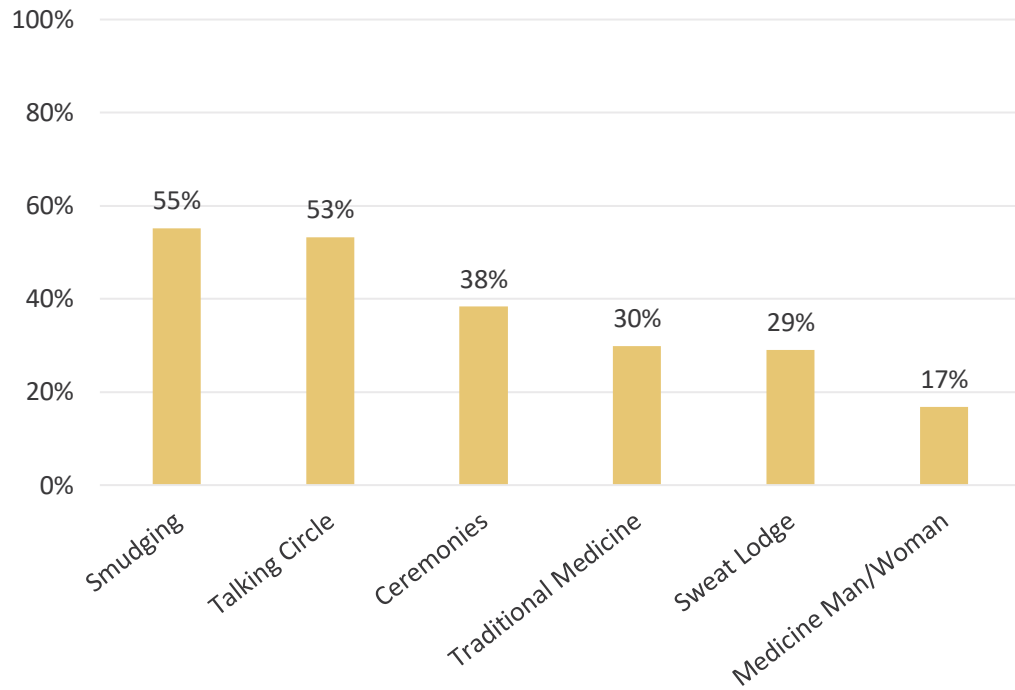


*Projects were able to select multiple types.

As evidenced in [Figure 79](#), SASP Purpose Area 4 projects most commonly provide the following cultural services in project activities: traditional crafts (80%) and storytelling (73%). The majority of SASP Purpose Area 4 projects integrate at least one of these cultural practices into their project services (92.5%).

A total of **45,469** individuals received cultural services from SASP Purpose Area 4 programs.

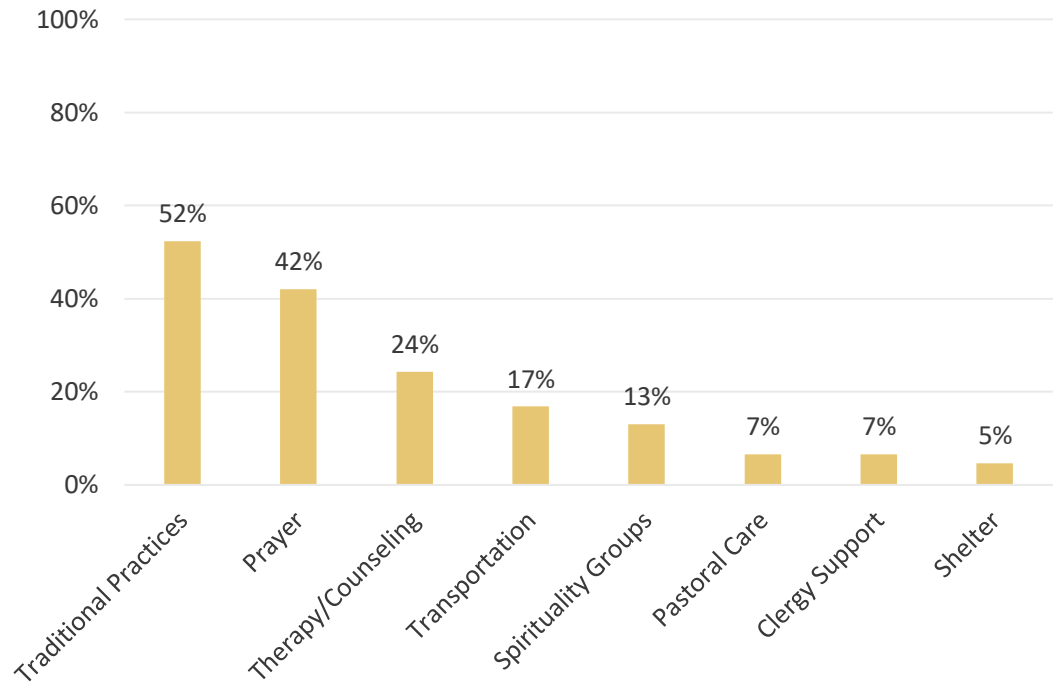
Figure 80. Percentage of SASP Purpose Area 4 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2018-2019*



**Projects were able to select multiple types.*

As evidenced in [Figure 80](#), SASP Purpose Area 4 projects most commonly provide the following traditional healing services in project activities: smudging (55%) and talking circles (53%). A majority of SASP Purpose Area 4 projects integrate at least one of these traditional healing practices into their project services (72.9%).

Figure 81. Percentage of SASP Purpose Area 4 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2018-2019*



**Projects were able to select multiple types.*

As evidenced in [Figure 81](#), SASP Purpose Area 4 project commonly integrate the following religious, spiritual, and faith-based services included in project activities: traditional practices (52%) and prayer (42%). About two-thirds of SASP Purpose Area 4 projects integrate at least one of these faith-based practices into their project services (67.3%).

A total of **45,469** individuals received faith-based services from SASP Purpose Area 4 programs.

Figure 82. Percentage of SASP Purpose Area 4 Projects that Referred Youth to a YRTC, 2018-2019

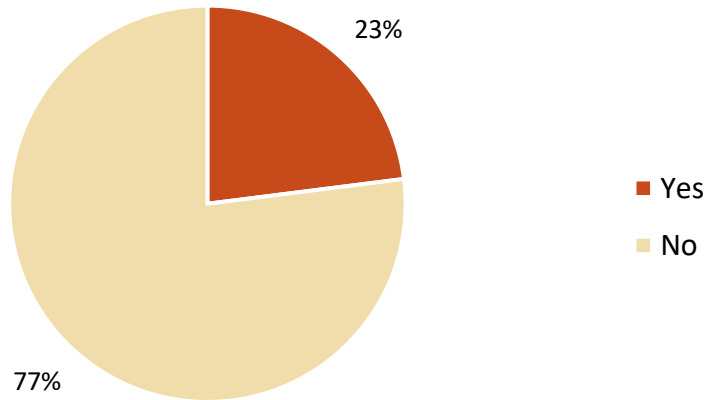
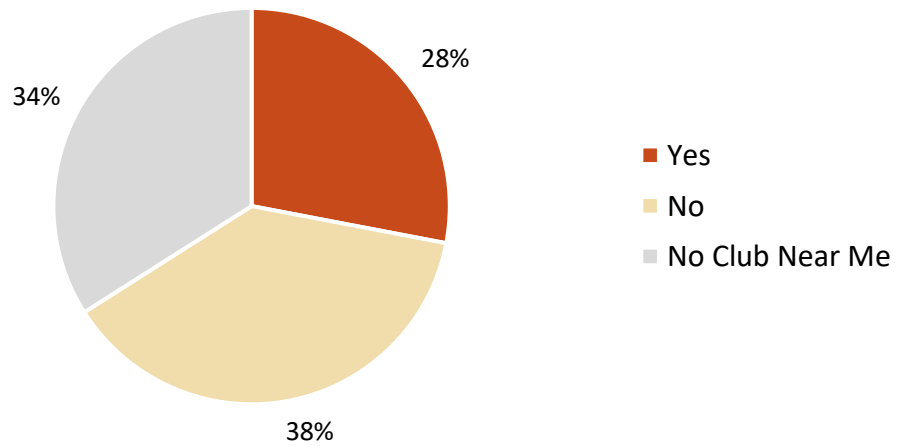
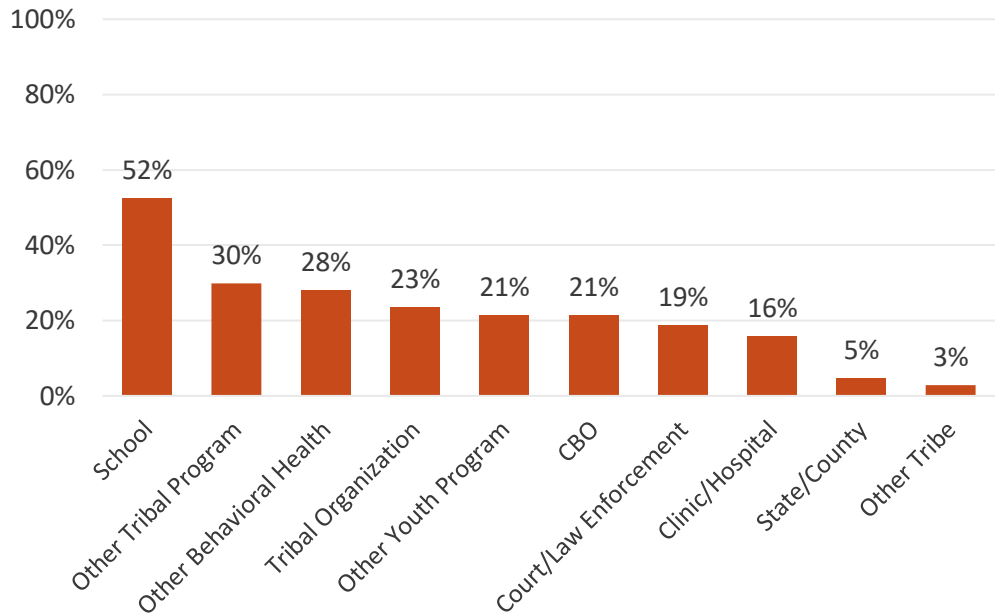


Figure 83. Percentage of SASP Purpose Area 4 Projects that Partner with Boys and Girls Club, 2018-2019



PARTNERSHIPS

Figure 84. Types of Partners with MOA/MOU with SASP Purpose Area 4 Projects, 2018-2019*



*Projects were able to select multiple types.

Table 30. Number of Partners Reported among SASP Purpose Area 4 Projects, 2018-2019

	N
New Partnerships	449
Average Partnerships per Project	4.8
Range	0 – 85

Table 31. Social Media and Awareness Campaigns Provided by SASP Purpose Area 4 Projects, 2018-2019

	N
Total Social Media Posts about Suicide Prevention	6,905
Substance Use-Focused Radio/TV/Billboard Ads	507

Forms of social media used by SASP Purpose Area 4 programs included:

- Facebook
- Instagram
- Twitter
- Snapchat
- LinkedIn
- YouTube
- Newsletter
- Website
- Listserv
- Local television (TV) station
- Local Radio Station
- SMS text messages
- Signage/Posters/Flyers
- Local Newspaper

STAFFING

Figure 85. Number of Behavioral Health Staff Hired by SASP Purpose Area 4 Projects by Type, 2018-2019

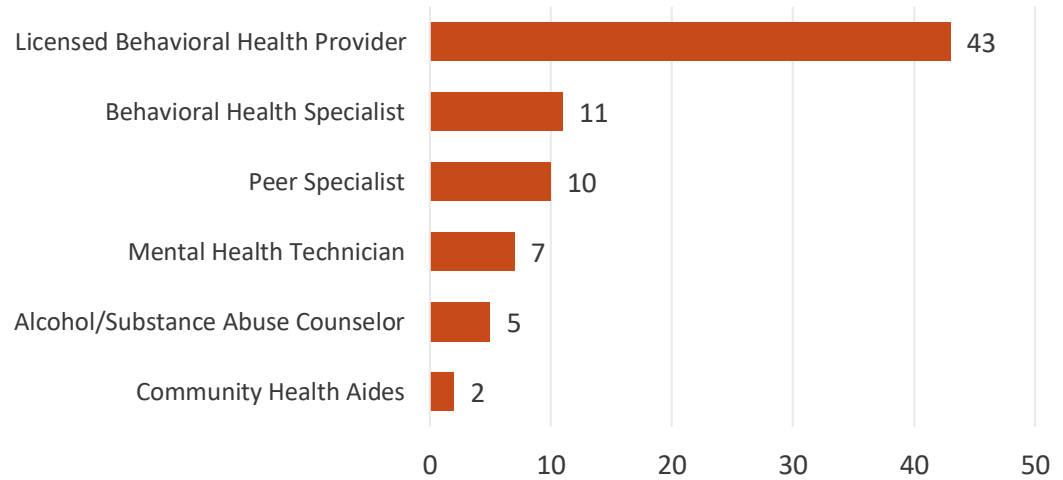


Figure 86. Number of Behavioral Health Staff Currently Paid by Project Funds of SASP Purpose Area 4 Projects by Type, 2018-2019

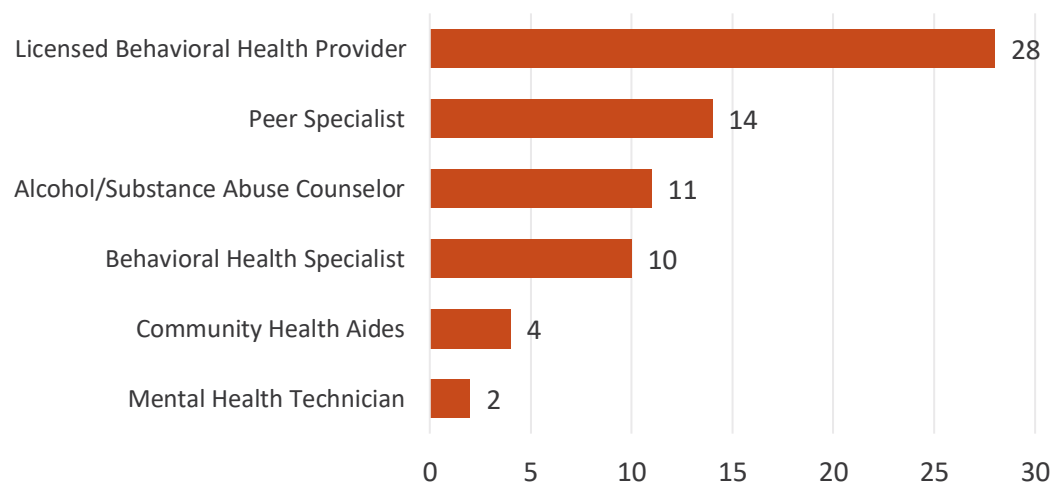


Figure 87. Percentage of SASP Purpose Area 4 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2018-2019

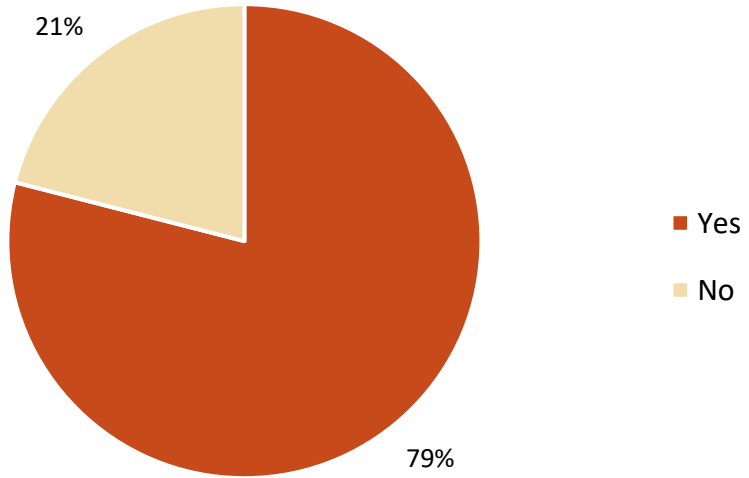


Figure 88. Percentage of SASP Purpose Area 4 Projects with a Full-Time Project Coordinator, 2018-2019

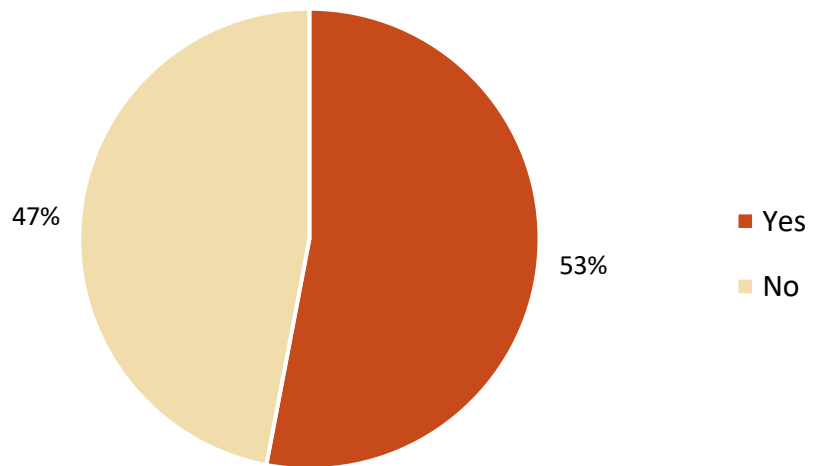
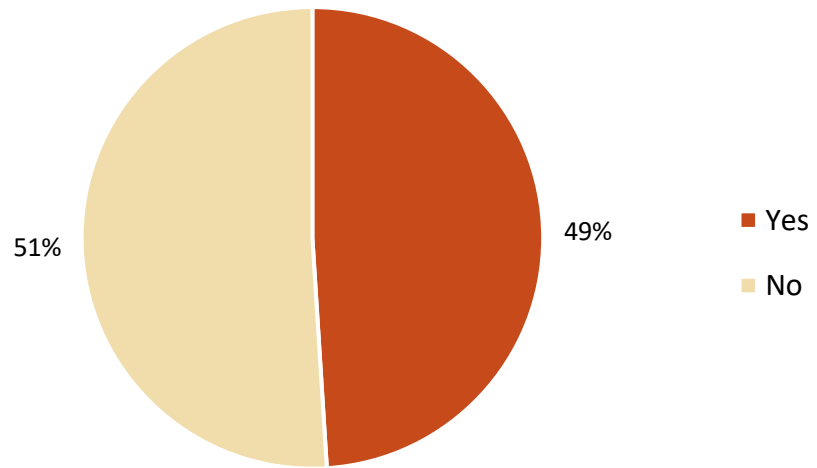


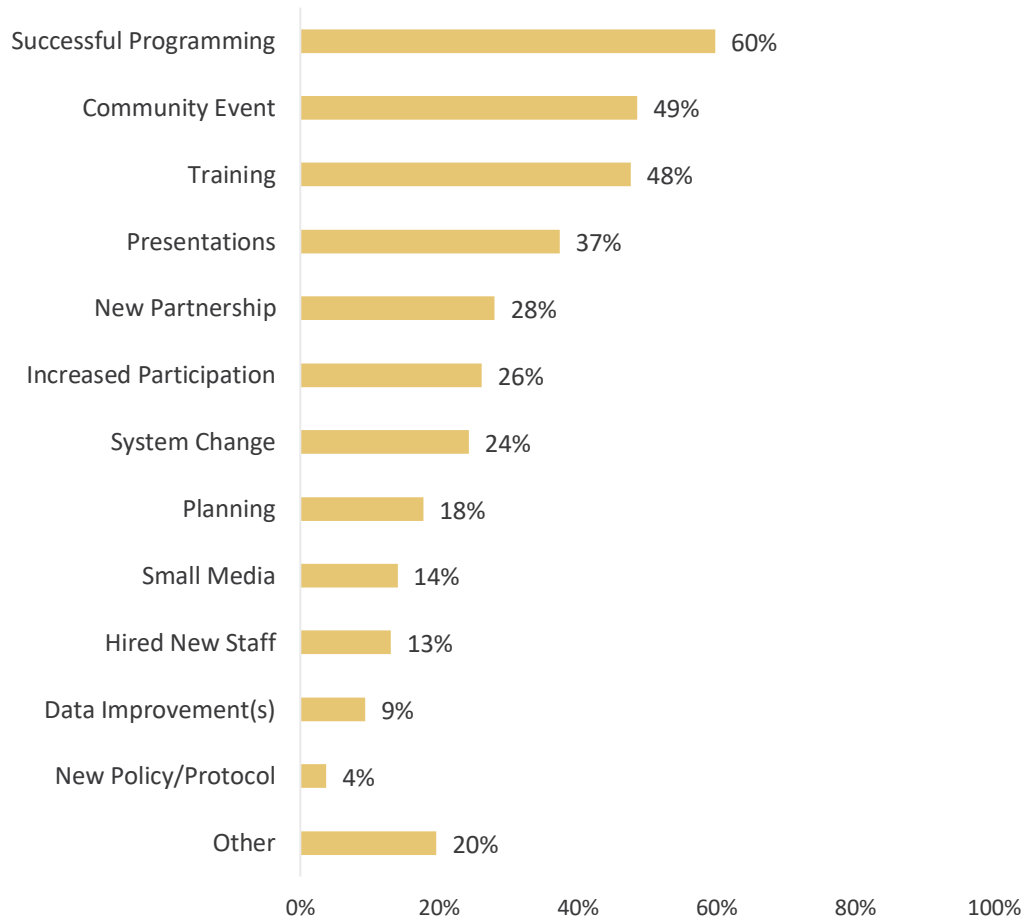
Figure 89. Percentage of SASP Purpose Area 4 Projects that Experienced Staff Turnover, 2018-2019



PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 90. Types of Accomplishments Reported among SASP Purpose Area 4 Projects, 2018-2019



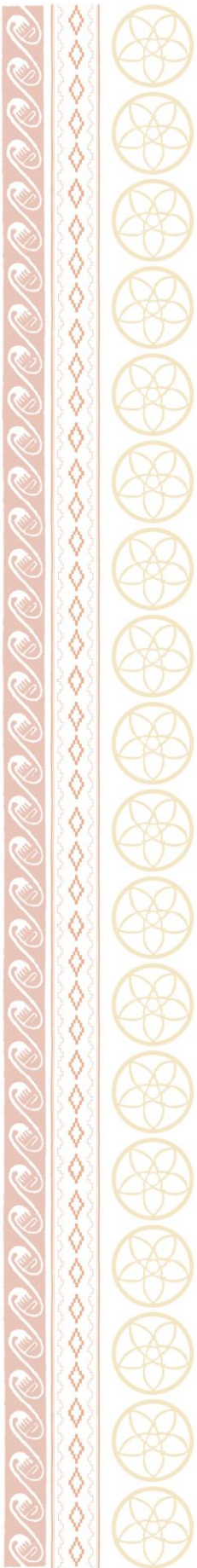
The most common accomplishments by Purpose Area 4 programs are successful programming (60%), community event (49%), and training (48%). See next page of the report for definitions and examples for each accomplishment type.

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

Table 32. SASP Project Accomplishment Definitions

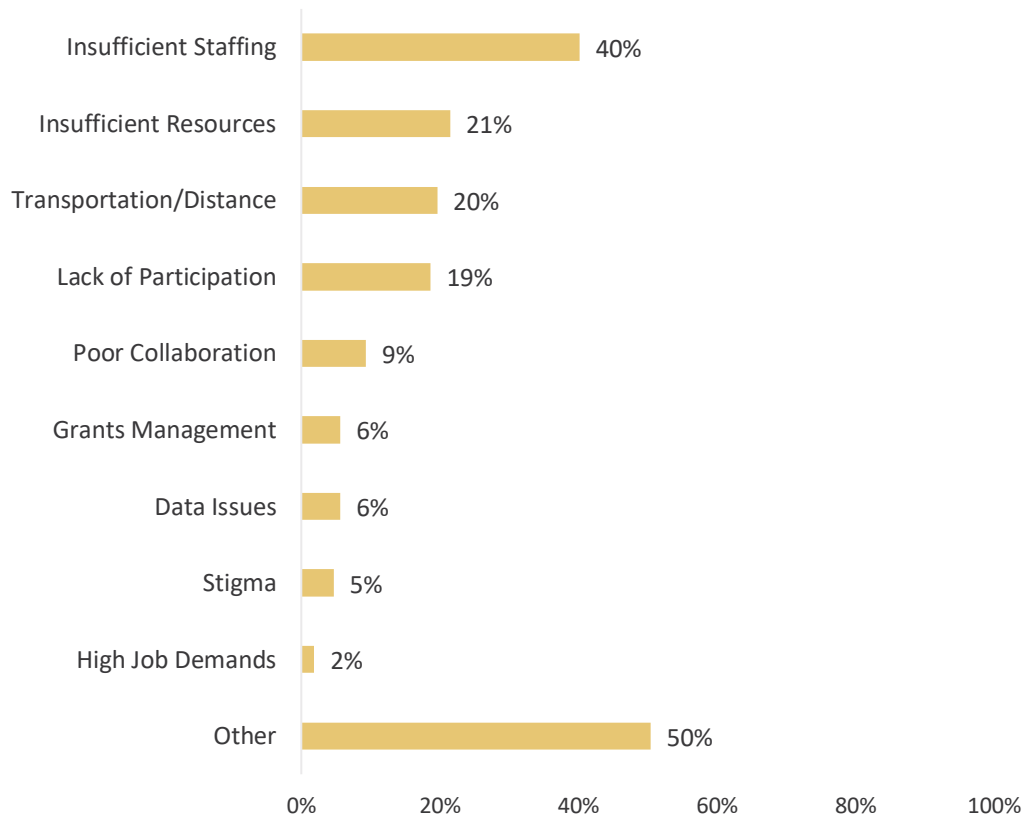
ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the SASP project as a success during the reporting period. Common community event types included: school education events, health fairs, camps, run/walk, community presentations/workshops, 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/enhanced partnership during the reporting period as a measure of success. These partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new/enhanced 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.
PLANNING	Project cited success in planning for future project opportunities. Staff researched new strategies, engaged in networking opportunities, furthered project preparation, 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).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP 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 SASP 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 SASP projects during the reporting period. These included: designed a site for programming; Community Readiness Assessment completed; resiliency of staff; new infrastructure and/or buildings; improving community relationship and trust; increased patient referrals; increased community awareness of needs and program services; more fiscal resources to complete program activities; resiliency; and recognition of accomplishments.



PROJECT CHALLENGES

Figure 91. Types of Challenges Reported among SASP Purpose Area 4 Projects, 2018-2019

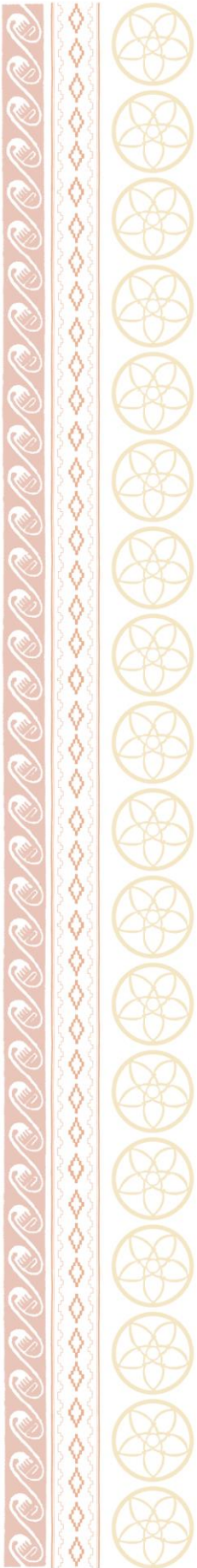


The most common challenge among SASP Purpose Area 4 projects was insufficient staffing (40%). See next page of the report for definitions and examples for each challenge category.

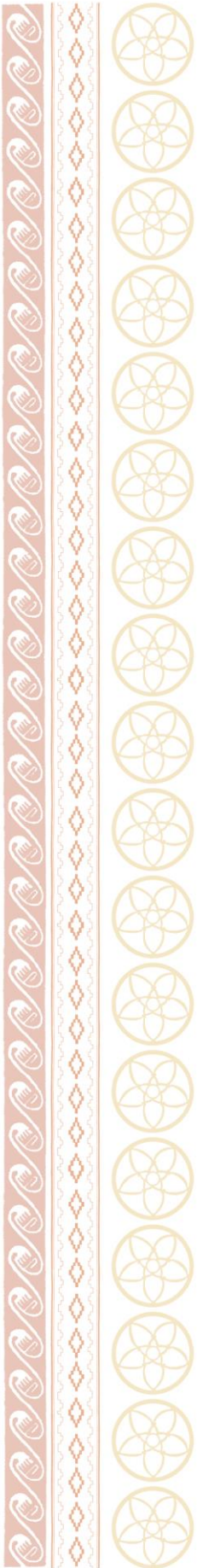
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 33. SASP Project Challenges Definitions

CHALLENGE	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its SASP 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/support 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 and/or coordination with other agencies/departments as a significant barrier during this reporting period. The most commonly cited entities 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 encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeded local capacity.
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.



<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: Internal policies and restructuring; dissolution of collaborating programs; communication; internal policy and procedures delaying project activities and contract approvals; difficulty in scheduling meetings and project activities; did not reduce patient wait times; gaining community trust and buy-in; increased number of deaths in community; lacking appropriate technology; providing incentives in a low-income area; physical relocation of organization; spending down SASP funds; weather; and poverty.</p>

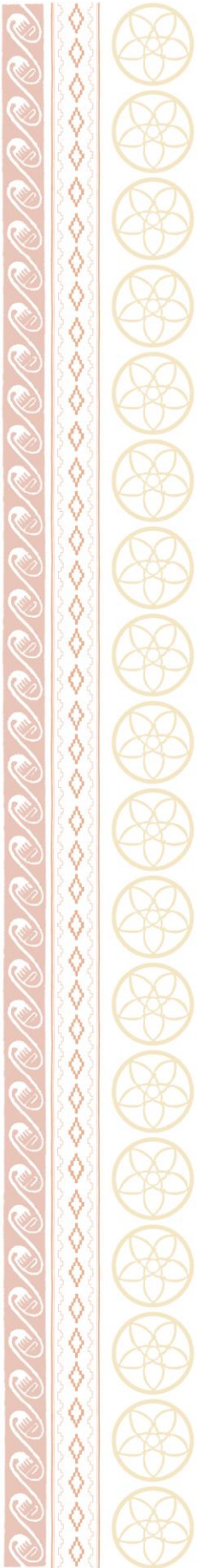


**SECTION 8:
SASP PURPOSE AREA 1 ONLY**

SASP PURPOSE AREA 1: BRIEF PROGRESS REPORT 2018-2019

General trends reported among the three SASP Purpose Area 1 projects include:

- Total number of participants served by Purpose Area 1 programs = 5,365.
- Total number of partners identified among projects = 4 (range 1-2).
- SASP Purpose Area 1 projects report one new MOU and two new data sharing agreements with partners during this reporting period.
- Two projects experienced some staff turnover, and none of the projects were able to hire new staff.
- Key accomplishments include:
 - System change
 - Training
 - Community event
 - New partnership
 - Successful activity
 - Presentations
 - Data improvements
 - Small media
 - New policy/protocol
 - Planning
- Key challenges include:
 - Grants management
 - Insufficient staffing
 - Insufficient resources
 - Purchasing



APPENDIX: PROJECTS REPORTING

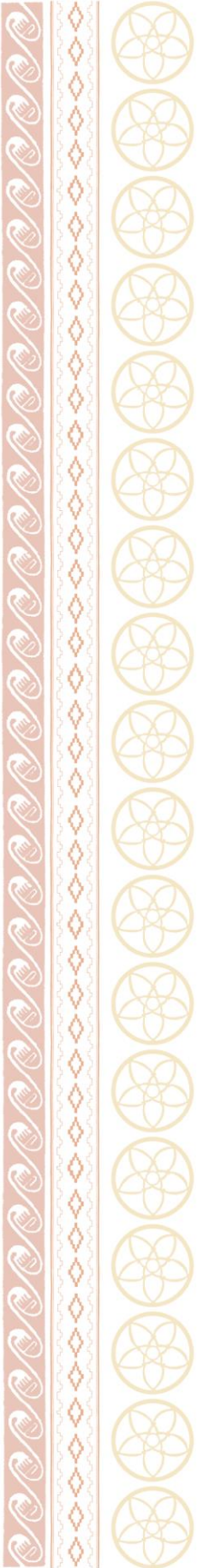
SASP PROJECTS REPORTING 2018-2019

PURPOSE AREA 1

Catawba Service Unit
 Mashpee Wampanoag Tribe
 Otoe - Missouri Tribe

PURPOSE AREA 2

Alaska Native Tribal Health Consortium
 Aleutian Pribilof Islands Association, Inc.
 American Indian Health Service of Chicago, Inc.
 Blackfeet Tribal Health Department
 Bristol Bay Area Health Corporation
 California Rural Indian Health Board, Inc.
 Cass Lake Hospital
 Cheyenne River Sioux Tribe
 Chickasaw Nation
 Chinle Comprehensive Health Care Facility
 Choctaw Nation of Oklahoma
 Chugachmiut
 Confederated Salish & Kootenai Tribes
 Confederated Tribes of Warm Springs
 Council of Athabascan Tribal Governments
 Eastern Aleutian Tribes
 Feather River Tribal Health, Inc.
 First Nations Community Health Source
 Fort Thompson Service Unit
 Gila River Health Care
 Hualapai Indian Tribe
 Kickapoo Tribe of Oklahoma
 Little Traverse Bay Bands of Odawa Indians
 Marimn Health
 Mississippi Band of Choctaw Indians
 Muscogee Creek Nation
 Native American Rehabilitation Association of the Northwest, Inc.
 Northern Arapaho Tribe
 Northwest Portland Area Indian Health Board



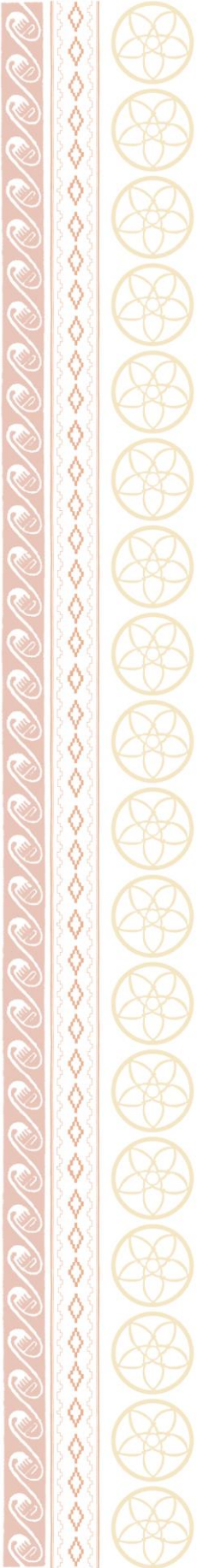
Norton Sound Health Corporation
 Oklahoma City Area Office
 Phoenix Indian Medical Center
 Ponca Tribe of Indians of Oklahoma
 Pueblo of Sandia
 Puyallup Tribe of the Puyallup Reservation
 Reno-Sparks Indian Colony
 Rosebud Sioux Tribe
 Salt River Pima-Maricopa Indian Community
 Shoshone-Bannock Tribes
 South Dakota Urban Indian Health, Inc.
 Southcentral Foundation
 Tulalip Tribes of Washington
 Utah Navajo Health System
 Ute Mountain Ute Tribe
 Yukon-Kuskokwim Health Corporation

PURPOSE AREA 3

Bad River Band of Lake Superior Tribe of Chippewa Indians
 Bemidji Area Office
 Cherokee Nation
 Crow Tribe of Indians
 Indian Health Council, Inc.
 Kodiak Area Native Association, Inc.
 Muscogee Creek Nation
 Oklahoma City Indian Clinic
 Pascua Yaqui Tribe
 Pyramid Lake Paiute Tribe
 Rocky Boy Health Board
 Salt River Pima-Maricopa Indian Community
 San Diego American Indian Health Center
 Sisseton Wahpeton Oyate
 Southern Ute Indian Tribe
 Squaxin Island Tribe
 Tanana Chiefs Conference
 Toiyabe Indian Health Project, Inc.
 Yankton Sioux Tribe

PURPOSE AREA 4

Aleutian Pribilof Islands Association
 American Indian Association of Tucson, Inc.
 American Indian Health and Family Services of SouthEastern Michigan Inc.
 American Indian Health Service of Chicago Inc.
 Anadarko Indian Center
 Aroostook Band of Micmacs
 Bad River Band of Lake Superior Chippewa
 Bakersfield American Indian Health Project
 Bay Mills Indian Community
 Chemawa Indian School
 Chinle Comprehensive Health Care Facility
 Choctaw Nation
 Citizen Potawatomi Nation
 Confederated Salish and Kootenai Tribes
 Confederated Tribes of Grand Ronde
 Cook Inlet Tribal Council Inc.
 Copper River Native Association
 Council of Athabascan Tribal Governments
 Cow Creek Band of Umpqua Tribe of Indians
 Crow Tribe of Indians
 Crownpoint Health Care Facility
 Delaware Tribe of Indians
 Eastern Aleutian Tribes
 Eastern Shawnee Tribe
 Eight Northern Indian Pueblos
 Elko Service Unit - Southern Bands Health Center
 Fairbanks Native Association
 Five Sandoval Pueblos
 Fort Defiance Indian Hospital Board
 Fort Peck Assiniboine & Sioux Tribes
 Fresno American Indian Health Project
 Friendship House Association of American Indians Inc.
 Gallup Indian Medical Center
 Gerald L. Ignace Indian Health Center, Inc.
 Grand Traverse Band of Ottawa & Chippewa Indians
 Ho-Chunk Nation



Hoh Indian Tribe
Hualapai Tribe
Indian Center, Inc.
Indian Health Board of Minneapolis
Indian Health Care Resource Center - Tulsa
Iowa Tribe of Kansas and Nebraska
Kenaitze Indian Tribe
Keweenaw Bay Indian Community
Kiowa Tribe
Kodiak Area Native Association
Kyle Health Center
Lac Courte Oreilles Band of Lake Superior Chippewa
Makah Indian Tribe
Maniilaq Association
Native American Community Health Center Inc.
Native Americans for Community Action, Inc.
Navajo Nation
Navajo Nation Department of Behavioral Health Services
Nebraska Urban Indian Health Coalition
Nevada Urban Indians Inc.
Northeastern Tribal Health System
Northern Cheyenne
Northwest Portland Area Indian Health Board
Norton Sound Health Corporation
Oglala Sioux Tribe
Ohkay Owingeh Tribal Council
Oklahoma City Indian Clinic
Omaha Tribe of Nebraska
Orutsaramiut Native Council
Osage Nation
Paiute Indian Tribe of Utah
Passamaquoddy Indian Township
Pawnee Tribe of Oklahoma
Phoenix Indian Center
Pinoleville Pomo Nation
Ponca Tribe of Nebraska
Port Gamble S'Klallam Tribe
Prairie Band Potawatomi Nation



Pribilof Islands Aleut Community of St. Paul Island
Pueblo of Acoma
Pueblo of Isleta
Pyramid Lake Paiute Tribe
Quileute Tribal Council
Ramah Navajo School Board, Inc.
Red Lake Band of Chippewa Indians
Riverside-San Bernardino County Indian Health Inc.
Rocky Boy Health Board
Saint Regis Mohawk Tribe
San Pasqual Band of Mission Indians
Santee Sioux Nation
Santo Domingo Tribe
Seattle Indian Health Board
Sherman Indian School Clinic
Sisseton Wahpeton Oyate
SouthEast Alaska Regional Health Consortium
Southern Indian Health Council, Inc.
Southern Ute
Spirit Lake Tribe
Taos Pueblo
The Absentee Shawnee Tribe of Oklahoma Inc.
The Tulalip Tribes
Tohono O'odham Nation
Tonkawa Tribe of Indians of Oklahoma
Tuba City Regional Health Care Corporation
Turtle Mountain Band of Chippewa Indians
United American Indian Involvement, Inc. (Los Angeles)
White Earth Tribal Health Services
Winnebago Tribe of Nebraska
Winslow Indian Health Care Center
Wyandotte Nation
Yankton Sioux Tribe of South Dakota