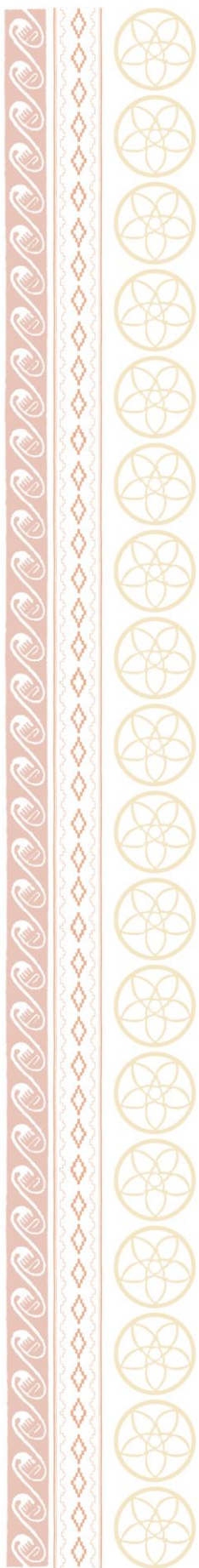


SUBSTANCE ABUSE AND SUICIDE PREVENTION PROGRAM

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 5 NATIONAL PROGRAM DATA REPORT
September 30, 2019 – September 29, 2020



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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PURPOSE

This report summarizes the collective work of Projects funded by the Substance Abuse and Suicide Prevention (SASP) program during the fifth year of funding. The data included in this report are from the period September 30, 2019 – September 29, 2020. The SASP program was authorized as 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 of 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, 2019-2020

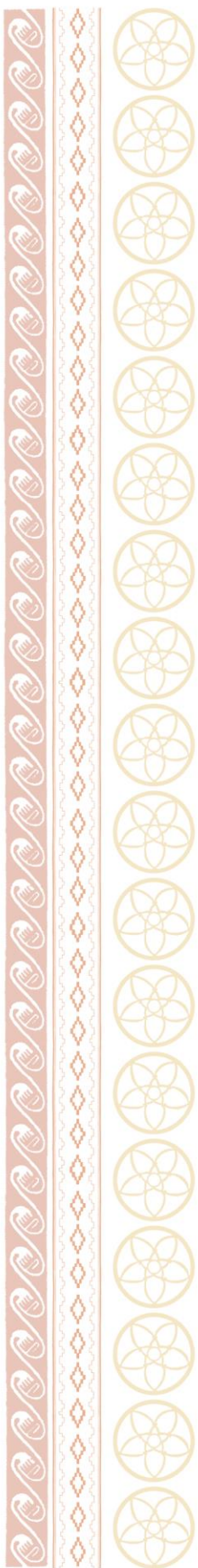
Purpose Area	Focus Area	# of Projects
PA 1	Community & Organizational Needs Assessment & Strategic Planning	3
PA 2	Suicide Prevention, Intervention, & Postvention	45
PA 3	Methamphetamine Prevention, Treatment, & Aftercare	19
PA 4	Generation Indigenous Initiative (Gen-I) Support	108

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, 175 projects submitted progress reports with relevant data for aggregation during this reporting period (2019-2020).

The first section of this report focuses upon data aggregated across all SASP projects. Subsequent sections are stratified by SASP Purpose Area, with the exception of Purpose Area 1 which encompassed less than 5 projects, and did not allow for the aggregation of data to protect from sharing identifiable data.

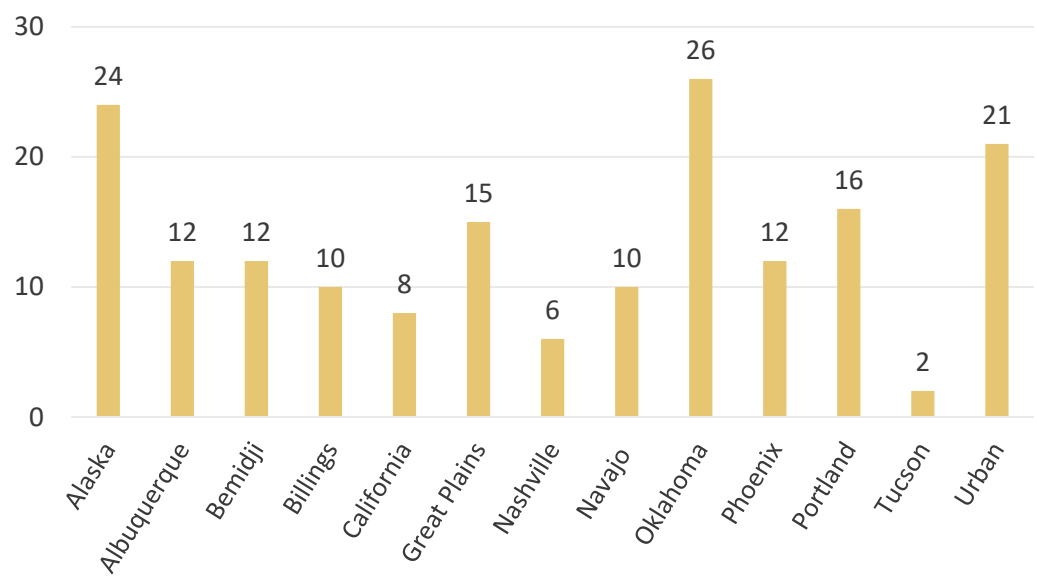
The data in this report are presented in figures and tables. Where applicable, annotations are provided following the figures and tables to share additional information related to a given topic. Missing data were handled by omitting those cases with missing data and running the analysis on what remained.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



SECTION 1: POPULATION SERVED

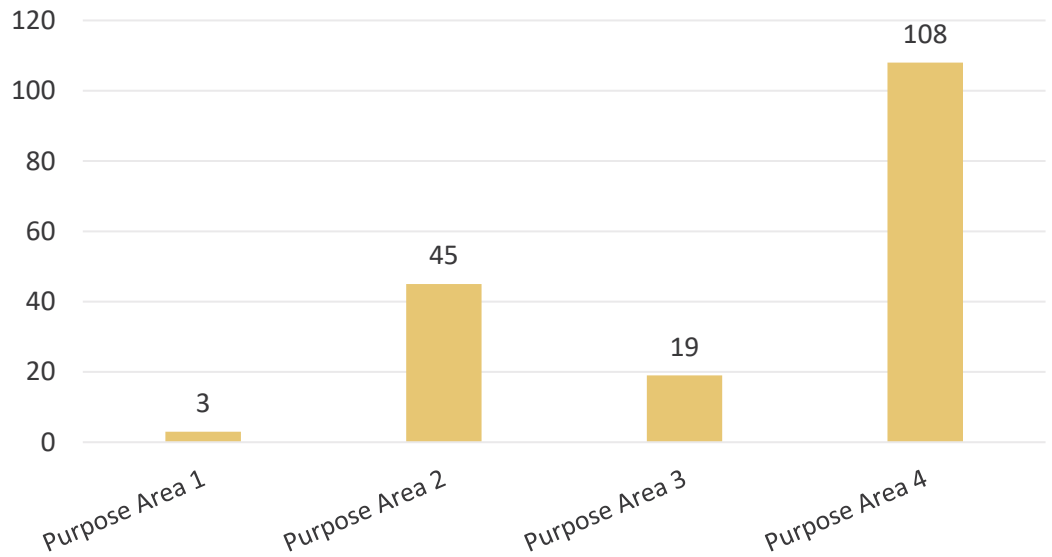
SASP PROJECTS BY IHS AREA

Figure 1. Number of SASP Projects by Indian Health Service (IHS) Area, 2019-2020*



*Total number of projects n= 175

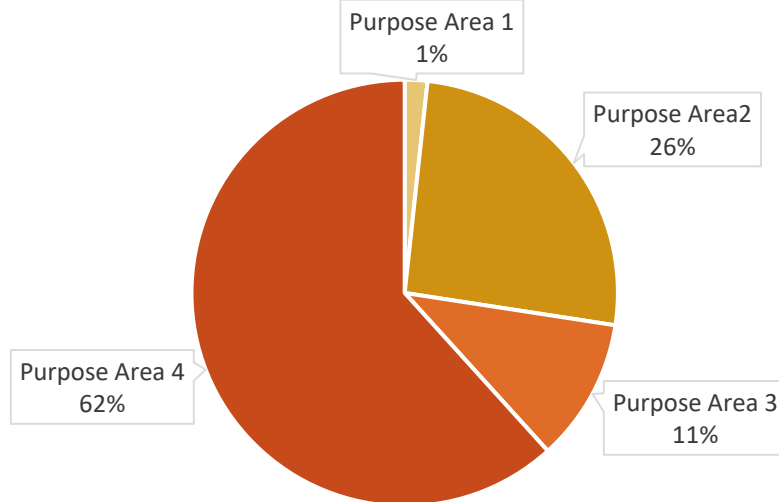
Figure 2. Number of SASP Projects by Purpose Area, 2019-2020*



*Total number of projects, n= 175

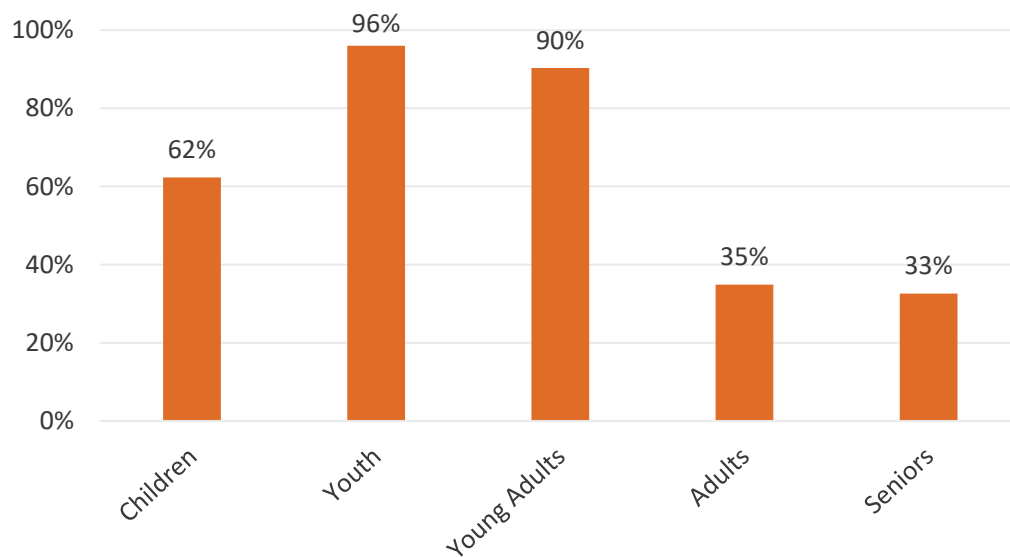
- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support

Figure 3. Percentage of SASP Projects by Purpose Area, 2019-2020



POPULATION SERVED

Figure 4. Target Population Served by SASP Projects, 2019-2020*



*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), SASP projects most commonly serve youth (96%), young adults (90%), and children (62%).

TARGET POPULATION DEFINITIONS

Children (up to age 11)

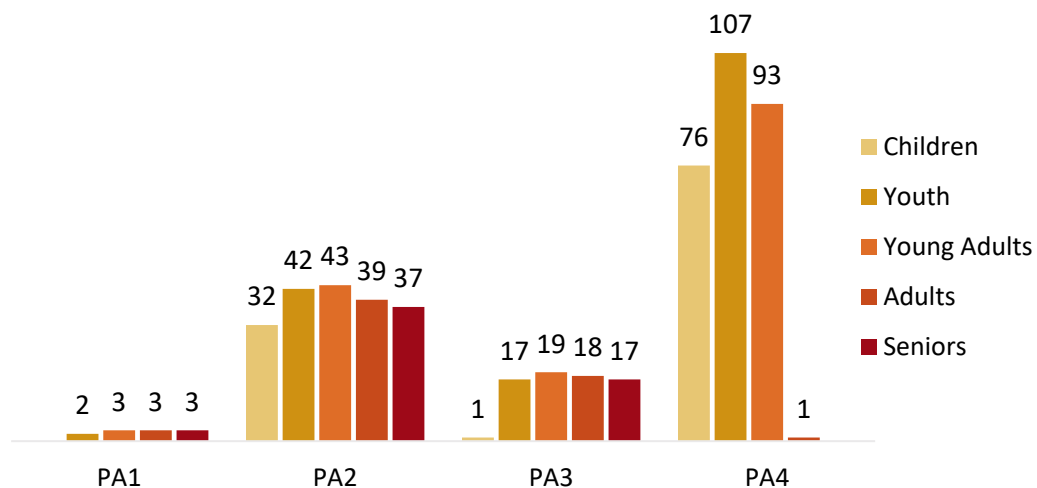
Youth (age 12-17)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 5. Number of Projects Serving Age Groups by Purpose Area, 2019-2020*

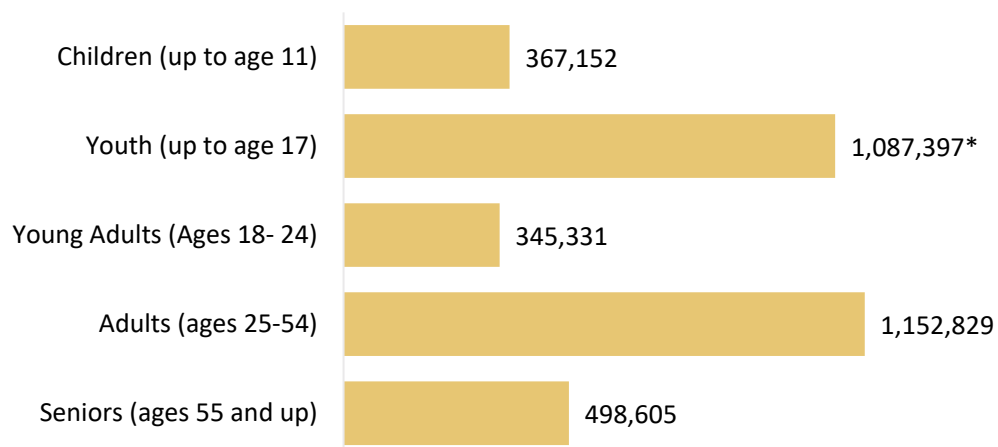


*Projects were able to select multiple target populations.

As evidenced in [Figure 5](#), Purpose Area 4 projects focus on serving younger populations (ages 24 and under), with all other Purpose Areas serving a range of age groups from youth to seniors.

TARGET POPULATION DEFINITIONS

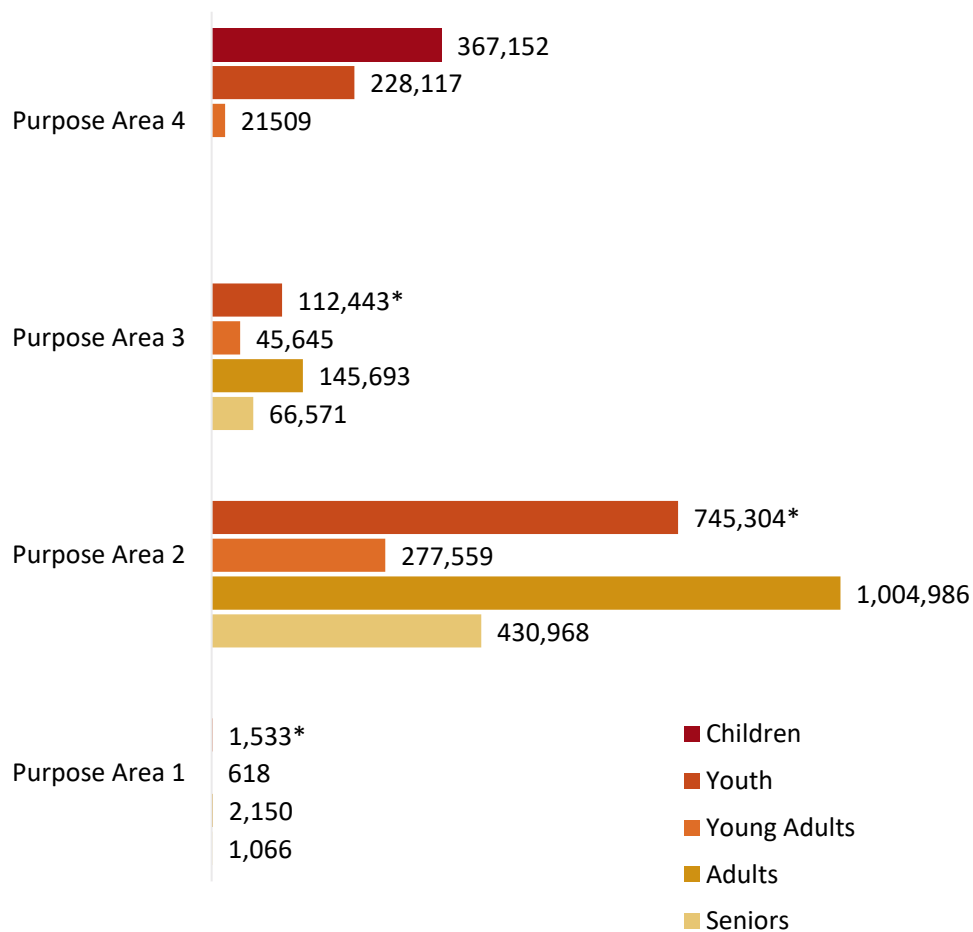
- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)

Figure 6. Number of Potential SASP Participants by Age Category, 2019-2020

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

The total number of potential participants across all SASP projects is **3,451,314**.

Figure 7. Number of Potential SASP Participants in Each Age Category by Purpose Area, 2019-2020

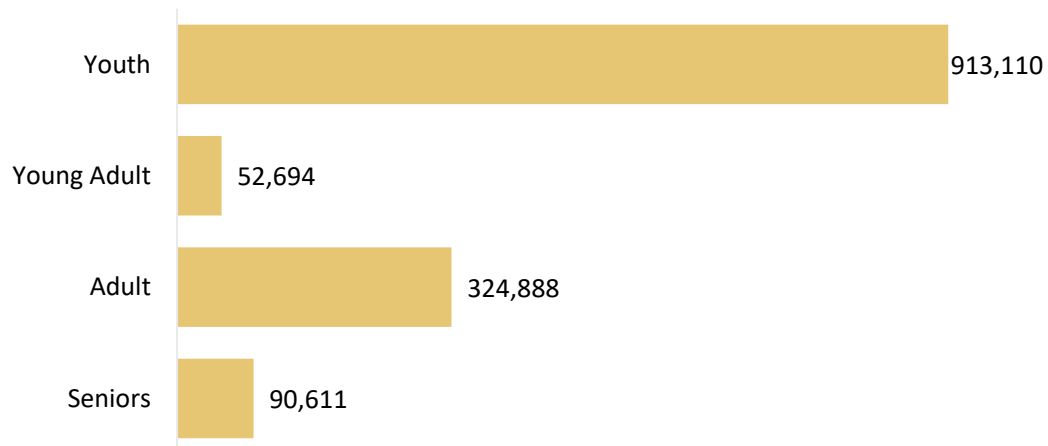


*Purpose Areas 1, 2, and 3 reported a category that combined Youth 17 and Under.

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 by Age Category, 2019-2020



Excluding Purpose Area 4 youth encounters, the total number of potential SASP youth participant contacts served is **43,083**.

The total number of Purpose Area 4 youth encounters (which aggregated youth aged 24 and younger) is **870,027**, which brought the total number of encounters across all purpose areas to **1,381,303**.

POPULATION DEFINITIONS

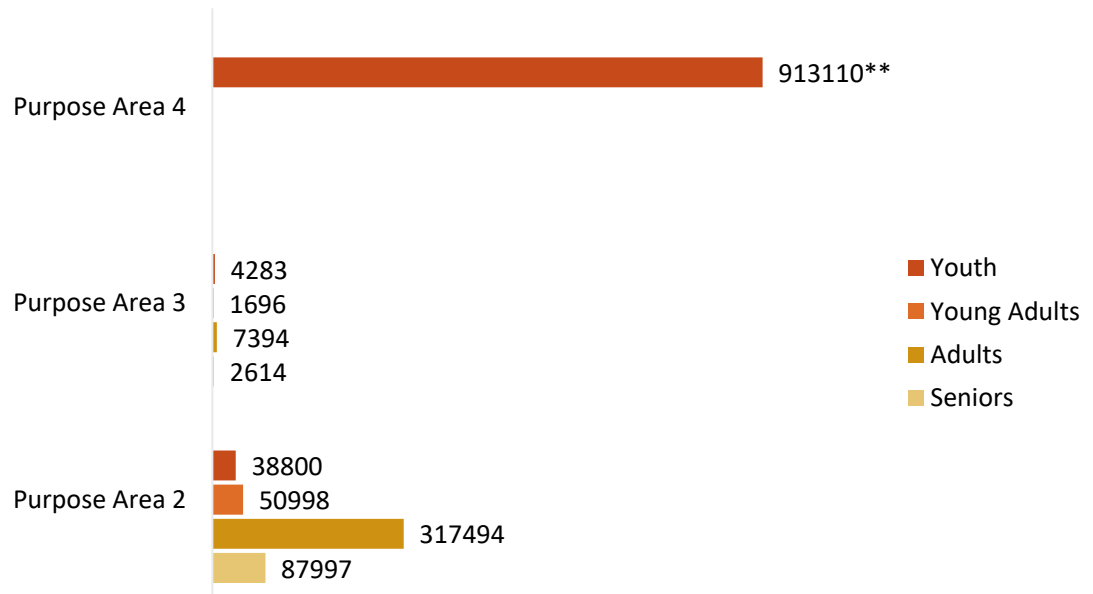
Youth (age 17 and Under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 9. Number of SASP Participant Contacts in Each Age Category by Purpose Area, 2019-2020*



*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)

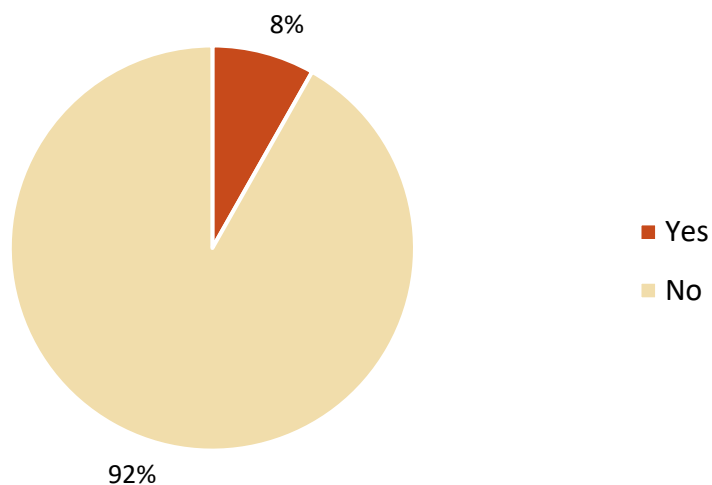
Seniors (age 55+)

Table 2. Number of Participant Encounters among SASP Projects, 2019-2020	
	N
Total Contacts*	511,276
Youth Encounters**	870,027
Social Media	2,364,421
Family Engagement**	41,628

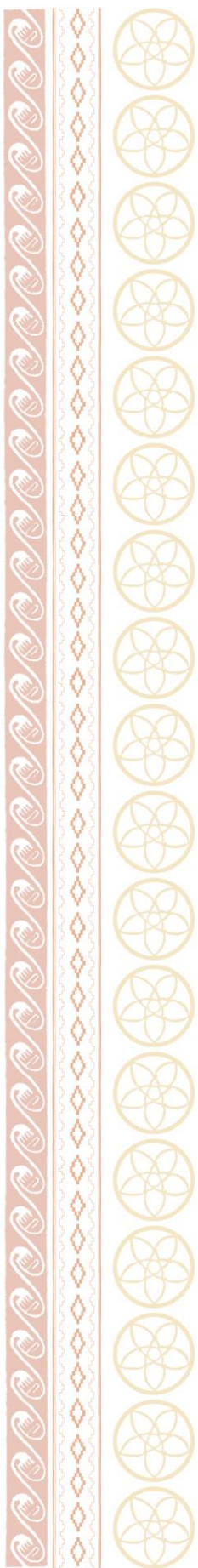
*Includes Purpose Areas 2 and 3 only

**Includes Purpose Area 4 only

Figure 10. Percentage of SASP Projects* that Primarily Target Service Providers, 2019-2020



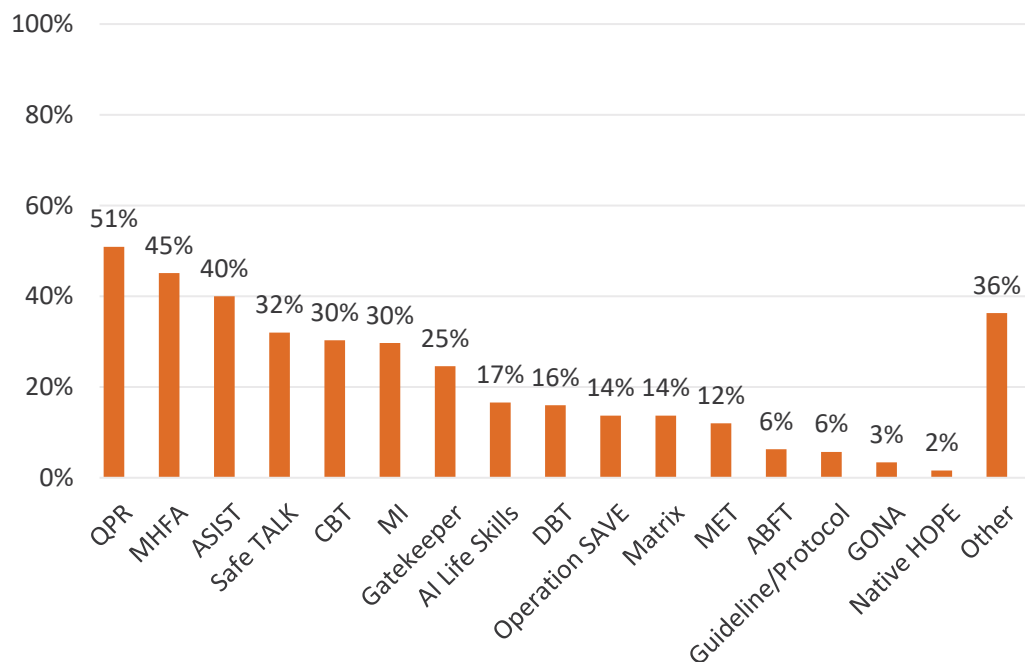
*Includes Purpose Areas 2 and 3 only



SECTION 2: SERVICE TYPES

EVIDENCE-BASED PRACTICES

Figure 11. Type of Evidence-Based Practices and/or Practice-Based Models that SASP Project Utilize for Suicide or Substance Use Prevention, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 11](#), SASP projects most commonly utilize QPR (51%), Mental Health First Aid (45%), and ASIST (40%) as Evidence Based Practices and/or Practice-based Models for suicide and substance use prevention.

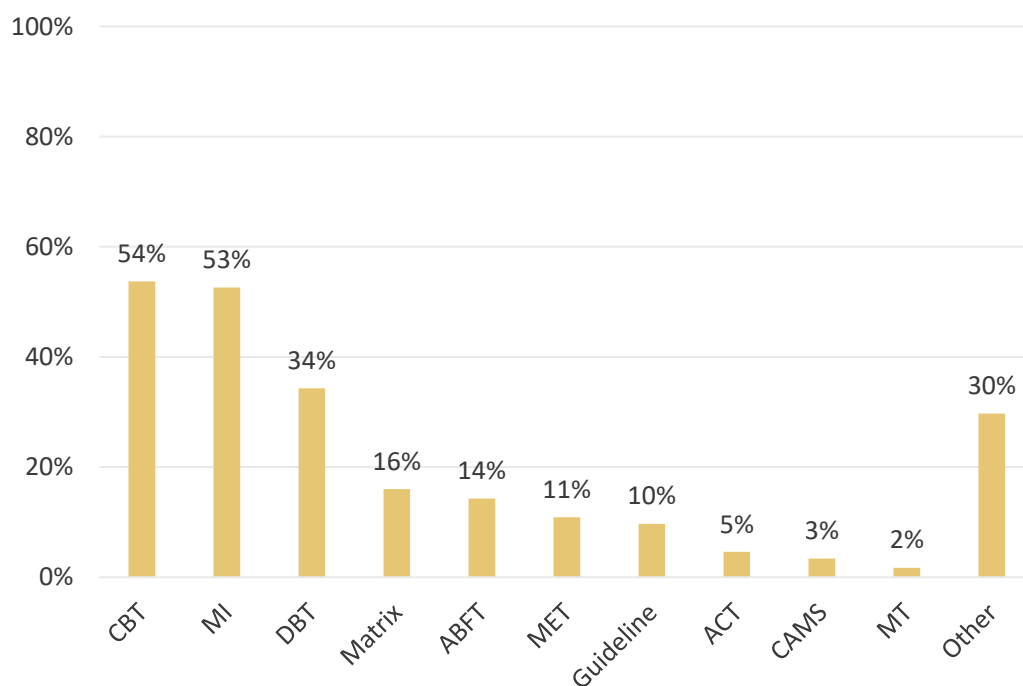
“Other” reported evidence and practice-based prevention practices include traditional medicines; cultural teachings and activities; White Bison; Mothers of Tradition and Fathers of Tradition; 12 Step Program; Meditation; Ask and Elder Project; Beginning Awareness Basic Education Studies (BABES); Brief Solutions Focus Therapy; Healthy Families; Collaborative Assessment and Management of Suicidality (CAMS); Doorway to a Sacred Place; Calricaraq; Indigenous Yup’ik Wellbeing; EMDR; Equine Assisted Learning; Trauma Informed Care; Project Venture; NativeSTAND; Grief Recovery Method; HOPE Suicide Prevention Training for Crime Victims; Healing of the Canoe; Indigenous Focused Oriented Therapy (IFOT); in the Mix Educations Suicide Prevention Plan; CBT/DBT; psychotherapy; Lifelines; Talk Saves Lives; Kognito At-Risk; Native Connections; ACE screenings; individual evaluations; medication management; suicide prevention communications; Mindwise: Signs of Suicide (SOS); Natural Helpers; No Bullying program; Botvin Lifeskills; Quantum Learning; Risk Assessment; Childhood PTSD; RPMS Suicide Ideation form; SAFE-T; Smart Moves; social marketing;

Sources of Strength; Talking Circles; Strengthening Families; suicide awareness and prevention workshops; Suicide to Hope; WeRNative Text App; Trevor Project – CARE; Welbriety Medicine Wheel; WhyTry; SRAP; and PC Cares.

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 = Motivational Enhancement Therapy
MHFA=Mental Health First Aid
MI = Motivational Interviewing
QPR = Question Persuade Refer

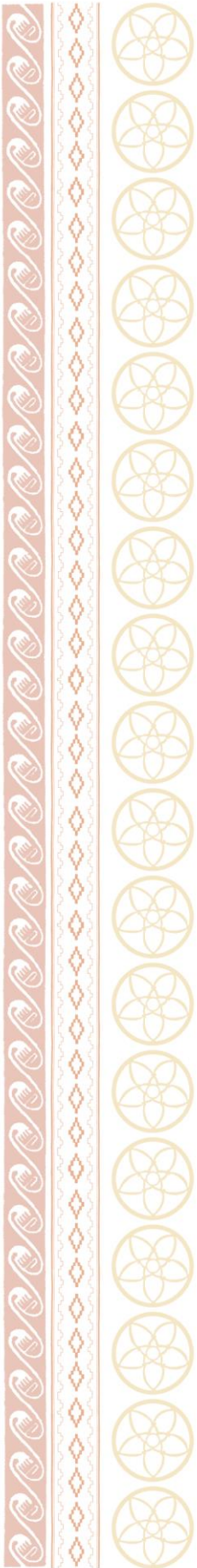
Figure 12. Type of Evidence-Based Practices and/or Practice-Based Models that SASP Projects Currently Utilize for Intervention/Treatment, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 12](#), SASP projects most commonly utilize Cognitive Behavioral Therapy (54%) and Motivational Interviewing (53%) as Evidence Based Practices and/or Practice-based Models for suicide and substance use intervention/treatment.

“Other” evidence and practice-based intervention/treatment models include cultural activities and teachings; Play Therapy; Equine Therapy; Massage; Eye Movement Desensitization Reprocessing (EMDR); Brief Strategic Family Therapy (BSFT); CRAFFT; PHQ-9; GAD; SAQ; Columbia Suicide Severity Rating Scale (CSSRS); suicide prevention hotline; Crisis Response Team (CRT); Psychotherapy; Cognitive Energy Work; ASIST; Question Persuade Refer (QPR); Strength-Based Therapy; Solution-Focused Therapy; San Tray Therapy; Art Therapy; Psychoeducation; Community Health Aide Assessment; Community Resiliency Model (CRM); Coping and Support Training; Creators Game; A-TIP; HOC; Prime for Life; Psychotherapy; Medicated Assisted Therapy (MAT); Mental and Behavioral Health Screenings; NativeSTAND; Person-Based Counseling; Alcohol and Drug Information School (ADIS); Attachment, Self-Regulation, and Competence (ARC); Project Venture; Talking Circles; White Bison; Seeking Safety; Somatic Experiencing; Sighs of Suicide Prevention (SOS); Strengths-Based Practices; Trauma Informed Care; Stanley Brown Safety Planning Tool; WhyTry; and Young Warriors.

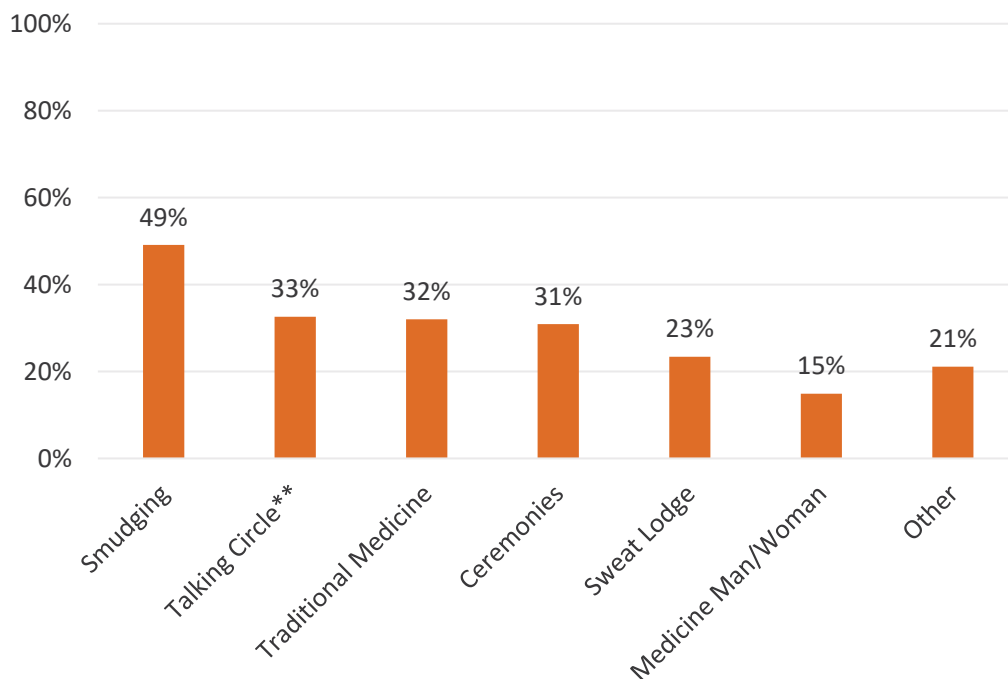


KEY:

- 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 = Motivational Enhancement Therapy
- MI = Motivational Interviewing
- MT = Multisystemic Training
- QPR = Question Persuade Refer

HOLISTIC APPROACHES TO SERVICES

Figure 13. Percentage of SASP Projects that Integrate Traditional Healing into Project Services by Practice Type, 2019-2020*



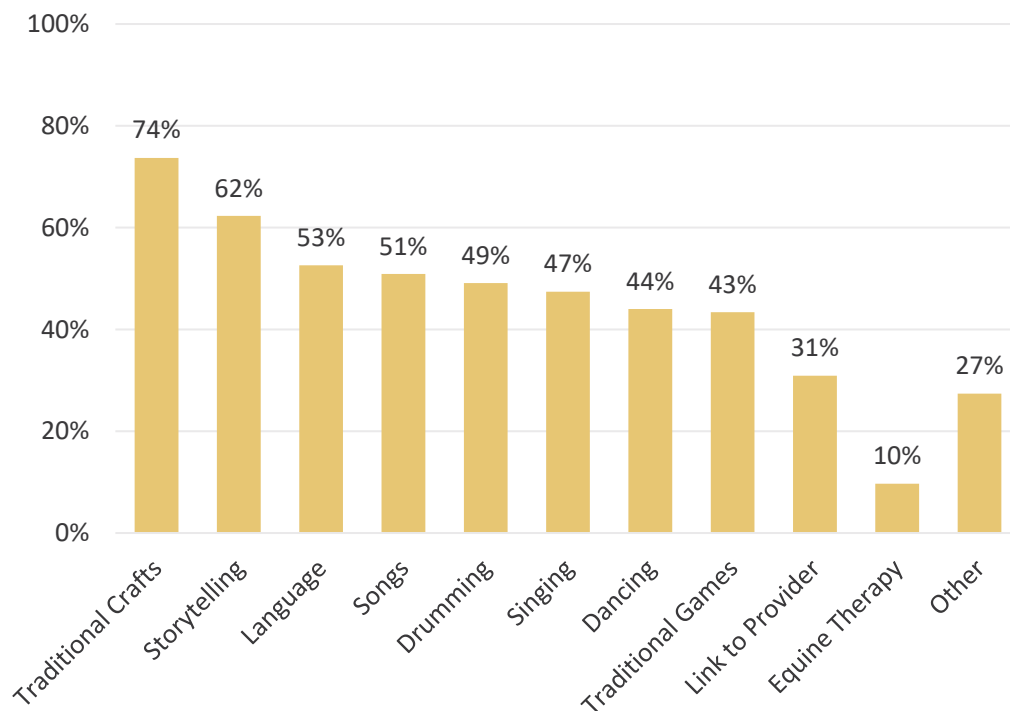
*Projects were able to select multiple types.

**Purpose Area 4 only

Figure 13 demonstrates that the most common traditional healing related practices that SASP projects utilize are smudging (49%), talking circles (33%), traditional medicine (32%), and ceremonies (31%). Two-thirds of SASP projects report integrating at least one of these traditional healing practices into their project services (67.4%)

“Other” traditional healing practices include cultural advisors; gardening traditional herbs; patient groups with elders and traditional healers; potlucks and gatherings; prayers and blessings; elder interventions; traditional teachings; round dance; massage; healing circles; family values teachings; youth peacemaking project; referral to traditional medicine program; women’s leadership group; cultural reconnection group; cultural movie night; traditional prayer ties; drum group; singing; traditional elder teachings; healing lodge; bird singing; and Gathering of Native Americans (GONA).

Figure 14. Percentage of SASP Projects that Integrate Cultural Services into Project Activities by Practice Type, 2019-2020*



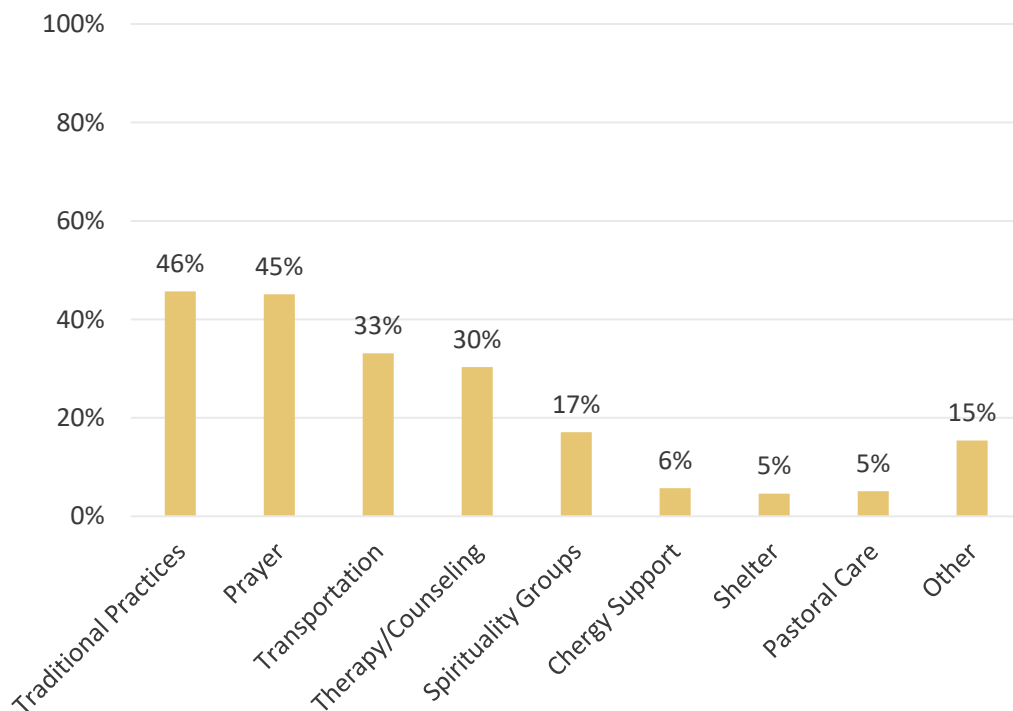
*Projects were able to select multiple types.

The most common cultural services that SASP projects utilize were traditional crafts (74%) and storytelling (62%). The vast majority of SASP projects report integrating at least one of these cultural practices into their project services (90.9%).

A total of **62,034** individuals received cultural services.

“Other” cultural practices include cultural advisors; youth leadership camp; elder weaving group; cultural teachings; sweat lodge; Two Spirit support group; youth coalition; smudging; history and culture classes; talking circles; rural/local behavioral health aides; self-care kits for youth; traditional foods; traditional medicine; prayer; pipe smoking ceremony; horse culture teachings; subsistence activities; traditional methods of trapping and processing wild game; traditional care services; sage burning; breath work; holistic wellbeing and connection to earth; cedar blessing ceremony; protection prayer; traditional games; food as medicine; nature walks; clanship and traditional values; gardening; and medicine pouching making.

Figure 15. Percentage of SASP Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2019-2020*



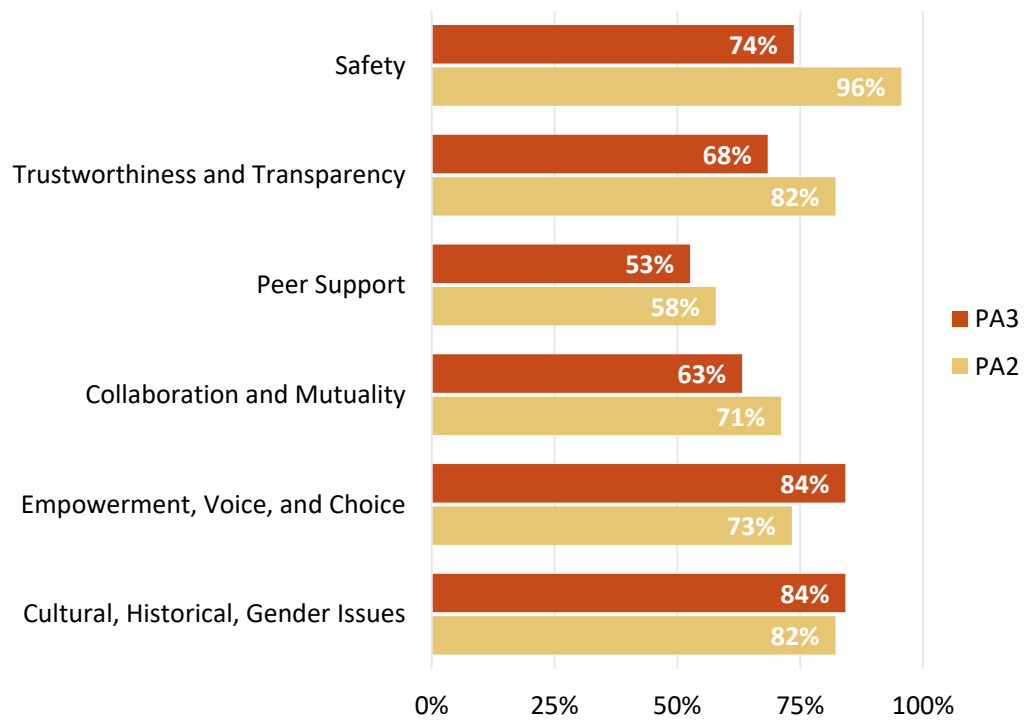
**Projects were able to select multiple types.*

The most common religious, spiritual, and faith-based services that SASP projects utilize are traditional practices (46%) and prayer (45%). The vast majority of SASP projects integrate at least one of these faith-based practices into their project services (69.8%).

A total of **13,469** individuals receive religious, spiritual, and faith-based services.

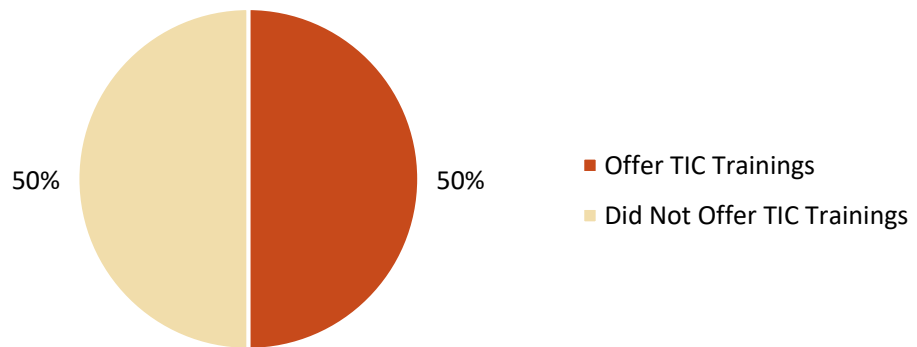
EDUCATION AND OUTREACH

Figure 16. Types of Trauma Informed Care Elements that SASP Projects Include in Activities by Purpose Area, 2019-2020*



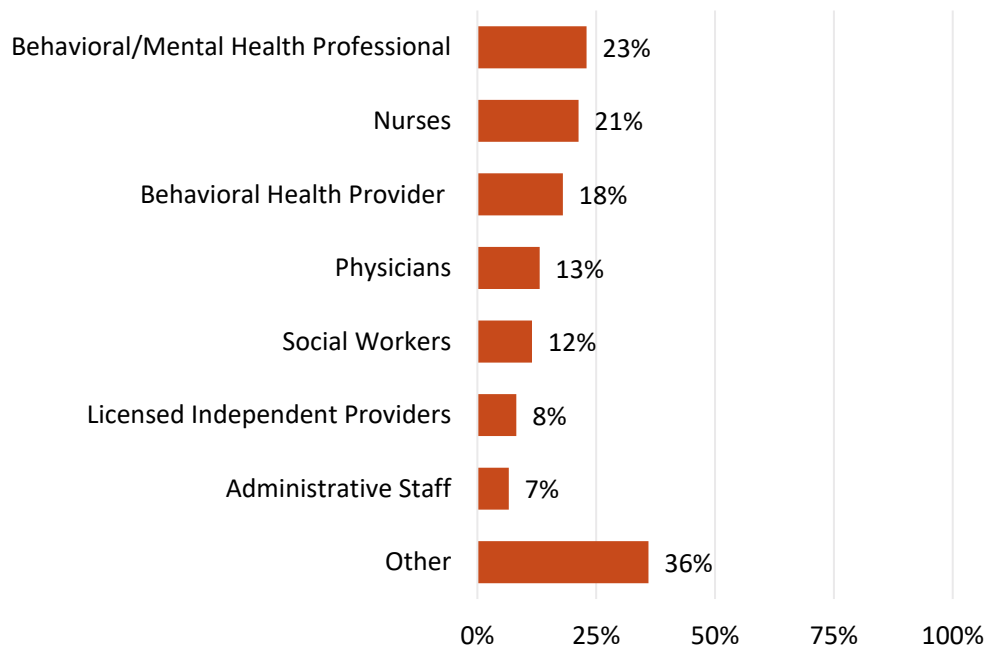
*Includes Purpose Areas 2 and 3 only.

Figure 17. Percentage of SASP Projects* Offering Trauma Informed Care Trainings, 2019-2020



*Includes Purpose Areas 2 and 3 only

Figure 18. Types of Professionals Receiving Trauma Informed Care Training by SASP Projects, 2019-2020*



**Includes Purpose Areas 2 and 3 only.*

SASP programs provided a total of **277** Trauma Informed Care trainings with **952** health professional participants.

Other types of professionals receiving training included behavioral health consultants; substance use counselors; certified medical assistants; dentists; dental health aides; prevention staff; peer support; diabetes educators; cultural leaders; cultural coordinator; community health aides; community health representatives; behavioral health technicians; school community advocates; domestic violence prevention advocates; pharmacists; respiratory therapists; occupational therapists; psychiatrists; support staff; paraprofessionals; IT staff; case managers; executive director; all staff; HR manager; finance manager; health information manager; and business office manager.

Table 3. Number of Education and Trainings Provided by SASP Projects, 2019-2020

	N
Trainings for Community Members	330
Community Members Trained	6,804
Adult Community Education Events	725
Youth Community Education Events	516

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

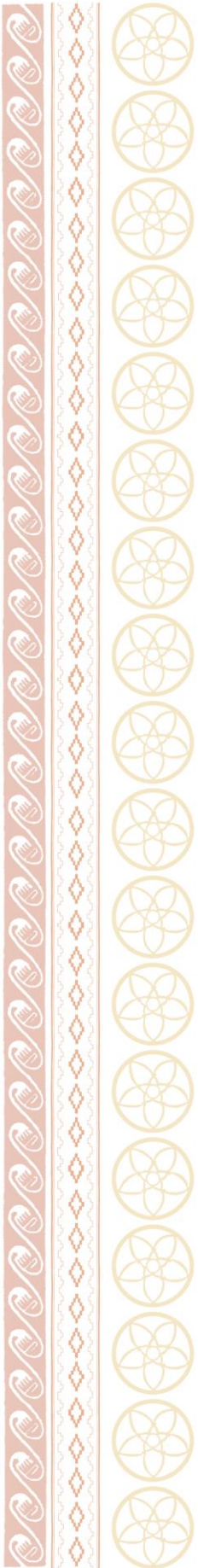
- Due to the COVID-19 pandemic, all groups were more difficult to reach
- Youth under 12 years of age
- Adults and older adults
- College-aged population
- Community members without internet access and/or social media
- Elders
- Members living off Tribal lands
- Population outside of the schools
- Staff of programs that shut down during the pandemic
- Individuals in more rural areas
- Law enforcement
- Providers
- Students under 18 years of age
- Suicide loss survivors
- The LGBTQIA+ community
- Seasonal workers

Table 4. Media Developed by SASP Projects, 2019-2020

	N
Social Media Posts about Suicide or Substance Use Prevention	48,387
Total Social Media Encounters	2,364,421
Radio/TV/Billboard Ads about Substance Abuse	2,152

Forms of social media used by SASP projects included:

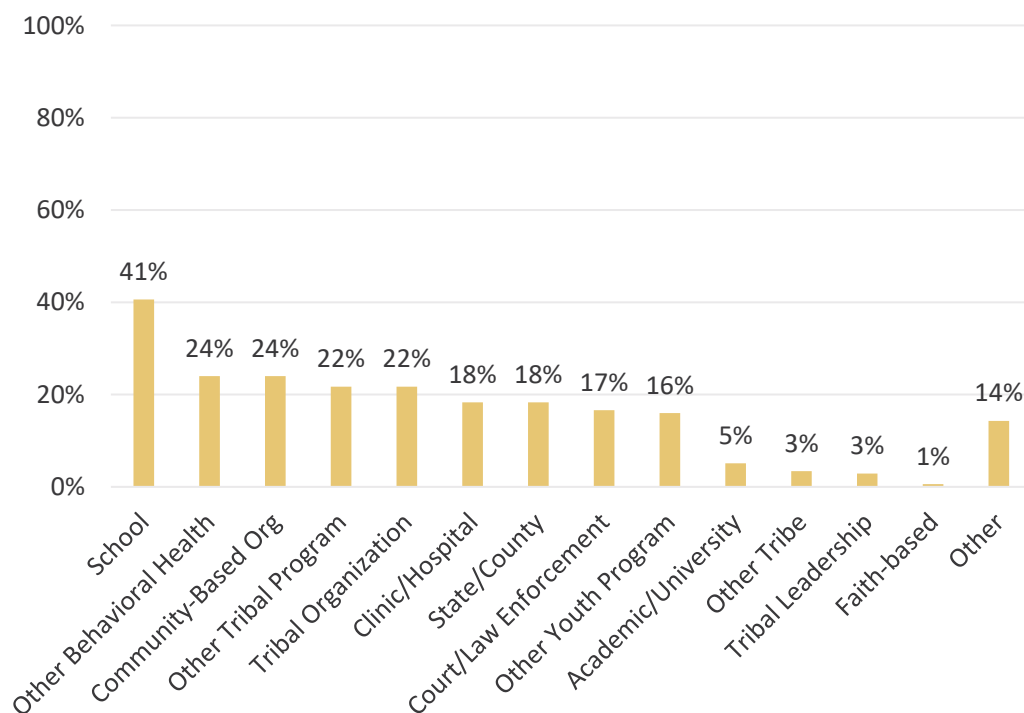
- Facebook
- Instagram
- Twitter
- Shapchat
- TikTok
- LinkedIN
- YouTube
- Padlet
- FaceTime
- Text messaging
- Newspaper
- Tribal newsletter
- Billboard
- Program website
- Local radio
- GoodHealthTV



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 19. Most Common Types of Partners among SASP Projects 2019-2020*



*Projects were able to select multiple types.

“Other” partners include: tribal casino; local radio station; and other non-profit organizations.

Table 5. Number of Partners and Memorandum of Agreements (MOAs) among SASP Projects, 2019-2020

	N
Total New or Enhanced Partnerships*	733
Average per project	4.5
Range	0 – 43
Total New Memoranda of Agreement (MOAs)	358
Total Enhanced Memoranda of Agreement (MOAs)	84

*Reported by Purpose Areas 2, 3, and 4

STAFFING

Figure 20. Percentage of SASP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2019-2020

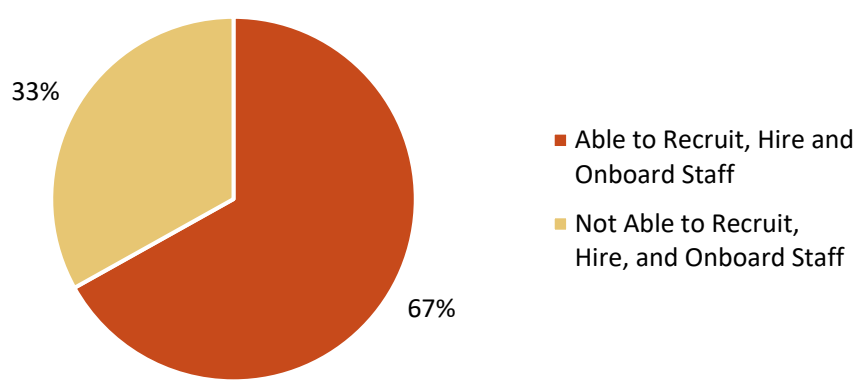


Figure 21. Percentage of SASP Projects with a Full-Time Project Coordinator, 2019-2020

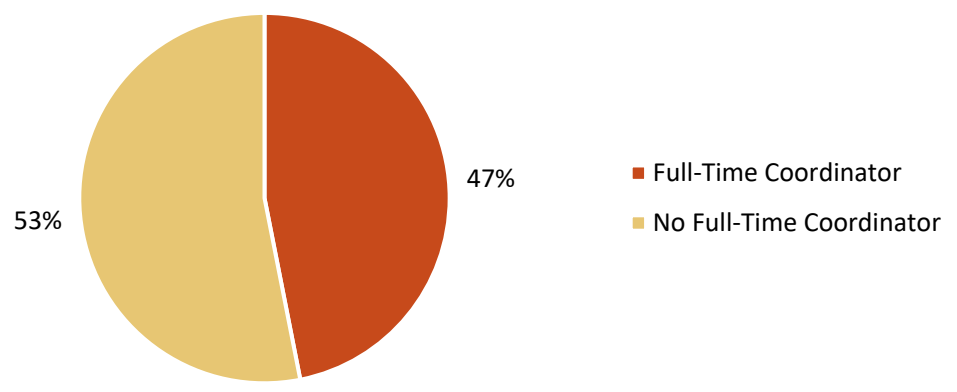
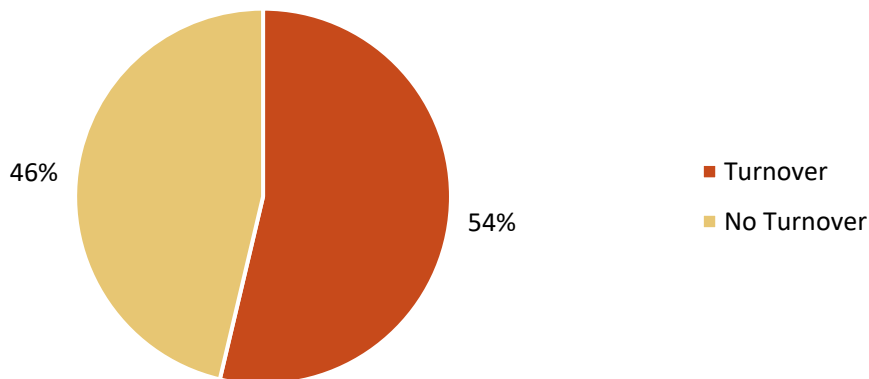


Table 6. Average Percentage of Time Paid to SASP Project Coordinator from SASP funding, 2019-2020

	N
Average	31%
Range	0 – 100%

Figure 22. Percentage of SASP Projects with Staff Turnover, 2019-2020



The types of staff that left SASP programs:

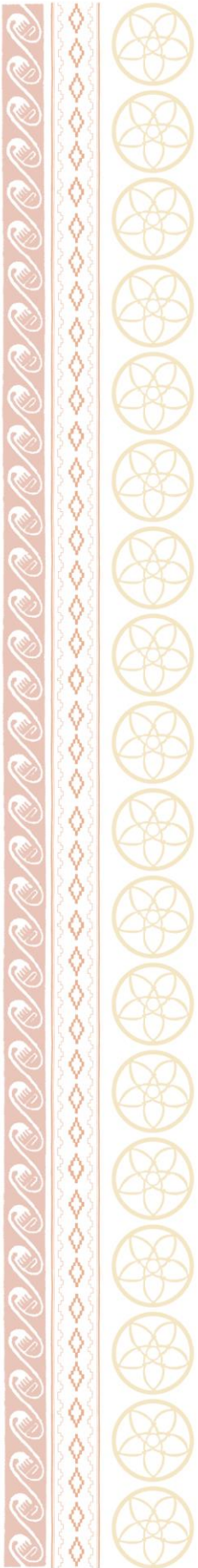
- Project Director
- Project Coordinator
- Experiential Educator
- Youth Instructional Aide
- Youth Support Specialist
- Internally Expressive Art Therapist
- All staff
- Marriage and Family Therapist
- Activity Counselor
- Youth Coordinator
- Therapist
- CADC
- Patient Access Specialist
- Assistant Program Coordinator
- Behavioral Health Leadership
- Director of Youth Programs
- Family Mental Health Practitioner
- Prevention Specialist
- Cultural Apprentice
- Behavioral Health Division Director
- Behavioral Health Aide
- Community Liaison
- Authorizing Official
- Licensed Therapist
- Music Instructor
- Youth Engagement Coordinator
- Behavioral Health Coach
- Guidance Counselor
- Outreach Worker
- Care Coordinator
- Traditional Healer
- Psychologist
- Registered Nurse
- Nurse Practitioner
- School-based Mental Health Specialist
- Social Service Assistant
- Social Worker
- Project Venture Specialist
- Special Projects Coordinator
- Tribal Health Department Head
- CEO
- Data Manager
- Program Development Director

Reasons given for staff turnover within SASP programs:

- Accepted another position within the organization
- Accepted another position outside of the organization
- Resignation
- Burn out
- To pursue higher education
- Required to change roles due to COVID-19 pandemic
- Personal Reasons
- Termination
- Temporary hire/Seasonal employee
- For personal health reasons
- Career change
- Passed away
- Left for higher paying position
- Professional reasons
- Changed roles
- Promotion
- Relapse
- Secured fulltime position elsewhere
- Starting own private practice
- Family care obligations
- Anger management issues
- Policy violations
- Contracted COVID-19 and needed to relocate
- Transfer to different project
- Funding issues
- Not a good fit for program

Impact of staff changes within SASP programs include:

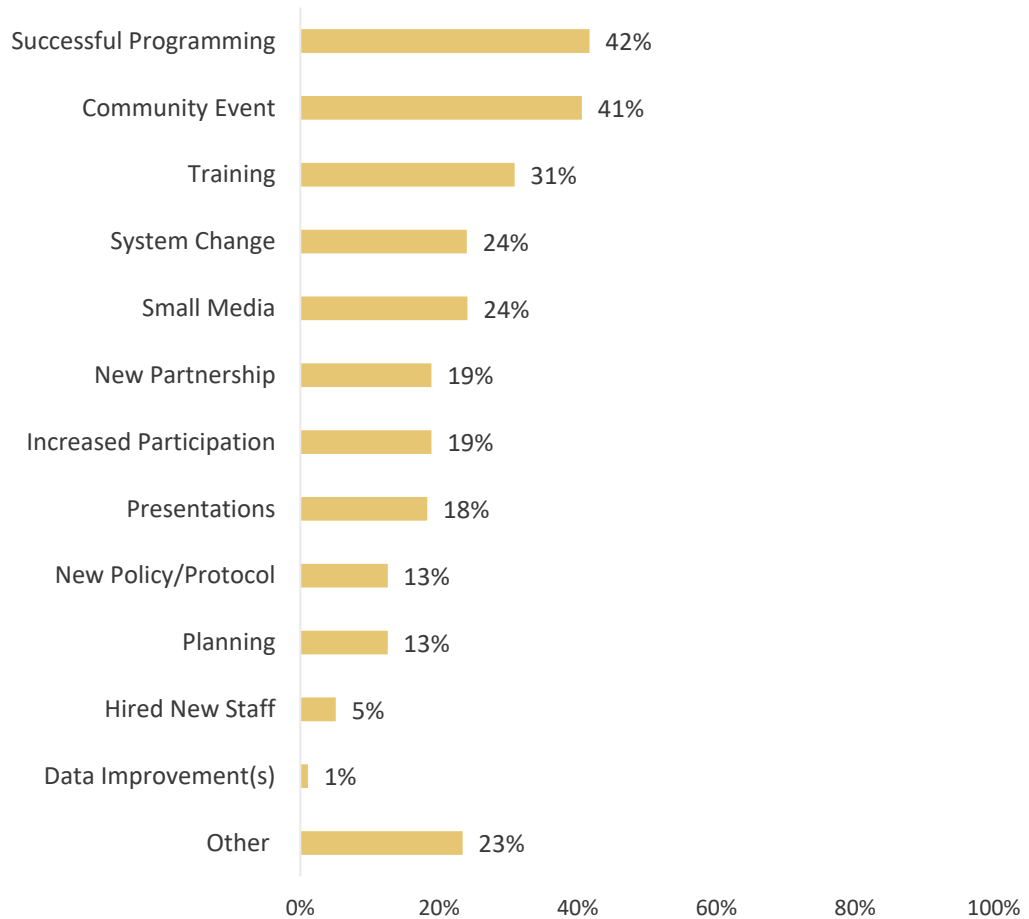
- Changes in direction/focus of program due to lack of consistent leadership
- Major service disruptions (largely due to COVID-19)
- Reduced funding for next project year
- Staff assisted with other duties
- Needed to go through hiring and training processes
- HR and contracting delays
- Decided to change from one full-time to two part-time staff to help with program continuity in case of future turnover
- Program work fell to administrators who already oversee multiple projects
- Challenging to carry out program goals and objectives
- Greatly reduced project activities met during the project year
- Additional workload on remaining staff limited the team's activities
- Turnover in finance department impacted processing times
- Unable to provide full project services to community
- Changes resulted in increased services available to population
- Project learned to adapt and reallocate responsibilities to remaining staff
- Needed to outsource behavioral health services



SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 23. Percentage of SASP Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category



Most common SASP project accomplishments in project year 5 include: successful programming (42%), implementing successful community events (41%), and staff training (31%). 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.

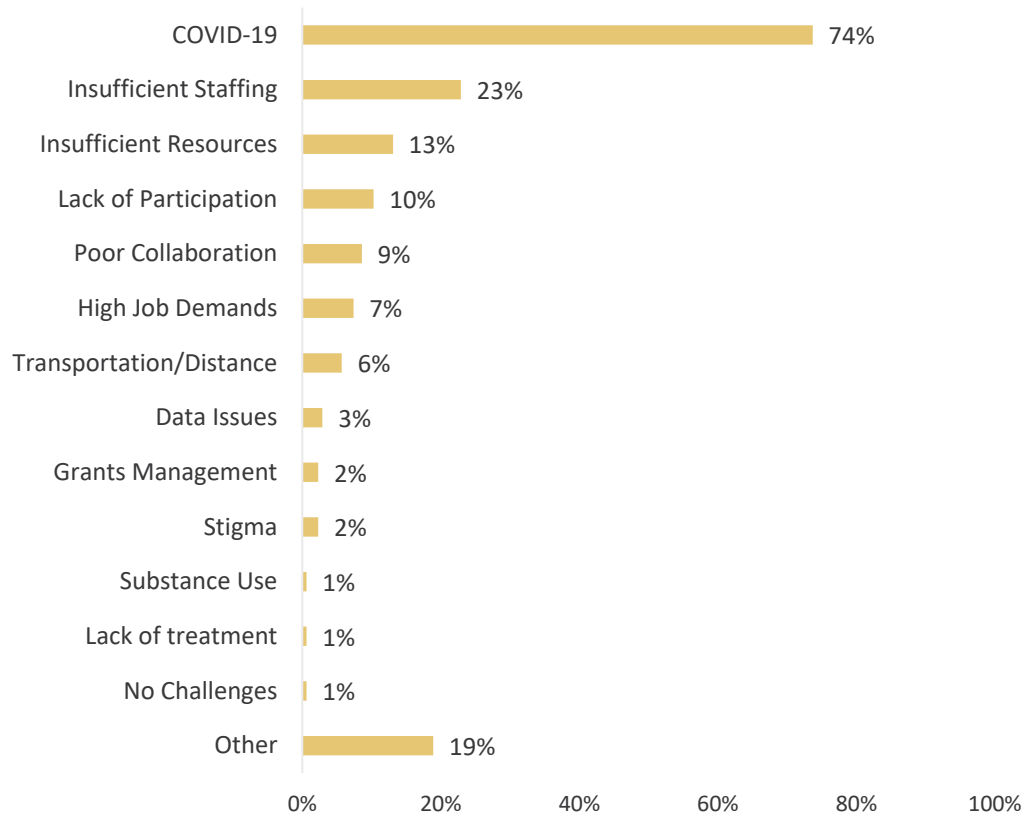
Table 7. SASP Project Accomplishment Definitions

ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project 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 includes unique successes reported by five or fewer SASP projects during the reporting period. These included developing a crisis response team; successfully obtaining information from the community; developing a pilot program; creating digital stories and photovoice projects; involving of youth council; delivering activity kits; developing a sensory room; delivering resources; creating a storybook about the effects of suicide; planting a Healing Garden; holding an Indian Name ceremony; informational booths for behavioral health services; hosting an internship; holding a live radio forum; meeting with elders; reducing the waiting lists for child and adult services; and creating a resource of adults able to help youth who are struggling.

PROJECT CHALLENGES

Figure 24. Percentage of SASP Projects Reporting Various Challenges in 2019-2020, by Category

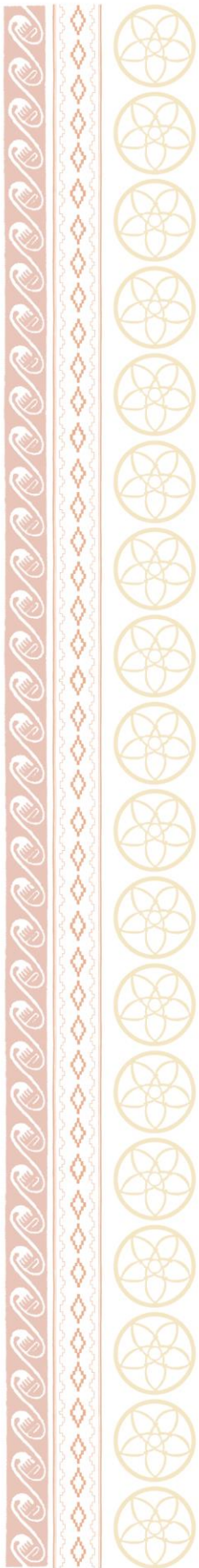


SASP projects most commonly cite the following challenges: the COVID-19 pandemic (74%) and insufficient staffing (23%). See next page of the report for definitions and examples for each challenge category.

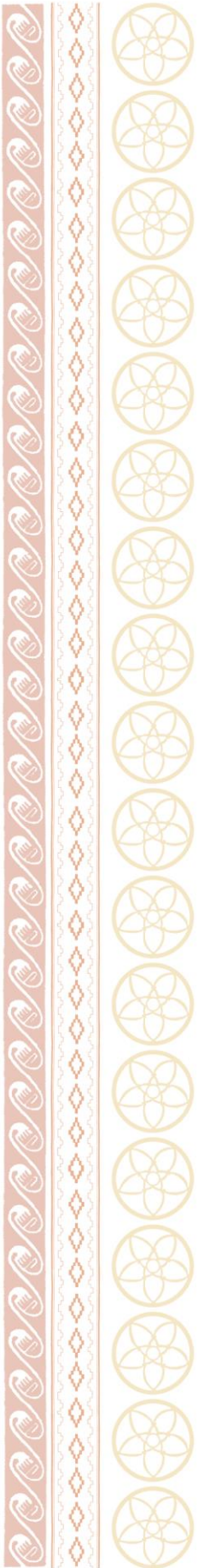
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 8. SASP Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19	Challenges due to the COVID-19 pandemic such as cancellations of events and activities, closure of partnering departments and organizations, reassignment of staff to priority response projects, adaptation of pandemic safety procedures, inability to meet in person with project participants, and reduction in referrals.
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.



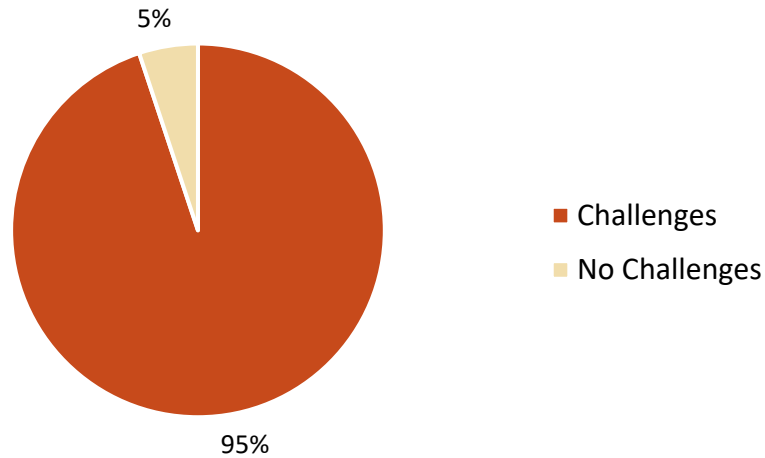
<p>DATA CHALLENGES</p>	<p>Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.</p>
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project 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 include unique challenges reported by five or fewer SASP projects during the reporting period. These included a fire; challenges with using telehealth and other internet-based communications; an increase in domestic violence rise in rate of suicide ideations and deaths; limited privacy to access services; a lack of training; overlap between similar programs; issues with payment management system; delay in program start; inability to purchase food with grant funds; need additional time as five years was enough to just get started; transfer of office building; travel restrictions; no homeless shelter; and challenges with weather.</p>



SECTION 5: IMPACT OF COVID-19 PANDEMIC

PROJECT ACTIVITIES AND IN-PERSON EVENTS

Figure 25. Percentage of SASP Projects that Experiencing Challenges with Completing Project Activities and In-Person Events, 2019-2020

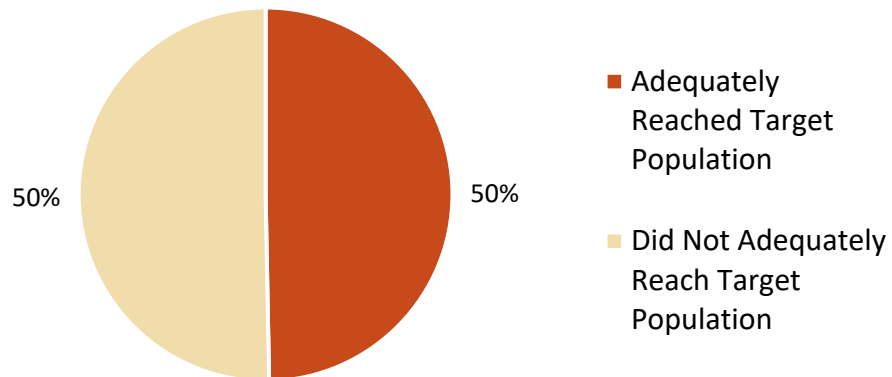


Specific challenges SASP Projects experience related to completing project activities and in-person events, include:

- Events were delayed or cancelled due to COVID-19 shutdowns, closures, and restrictions
- Staffing challenges, such as staff shortage, challenges hiring additional staff, hiring freezes, and staff placed on furlough, resulted in delayed and/or cancelled events
- Staff who had to isolate or quarantine due to COVID exposure resulted in delayed or cancelled in-person activities
- Community and staff having limited access to technology, phone, and internet service was a barrier to going virtual
- Closure of tribal lands and restricted entry to non-community members
- Key project partners closed or were shut down, directly impacting service delivery and referrals
- High local COVID-19 case load took precedence over project activities, resulting in staff being re-assigned to COVID-related roles
- Key project partners were closed or shut down.
- Local clinics and hospitals prioritized responding to COVID-19 over any other project activities
- Projects modified outreach methods, such as mailing care packages & medications to clients, posting on social media, providing home visits, teleconferencing visits, hosting small outdoor gatherings, drive-by events, and hosting virtual events.

TARGET POPULATION

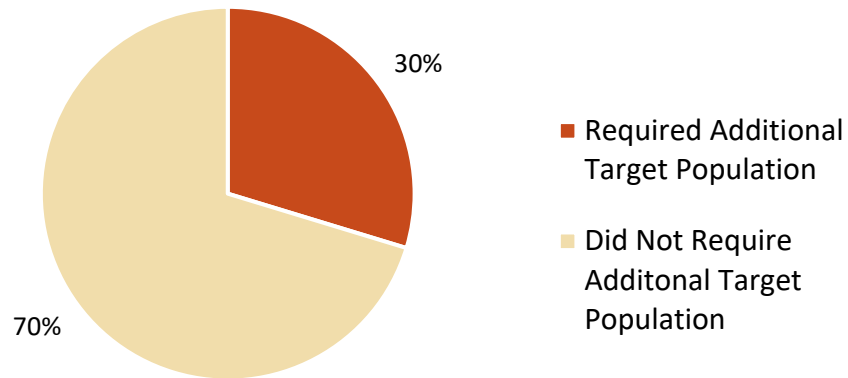
Figure 26. Percentage of SASP Projects adequately reaching their target population, 2019-2020



Specific SASP Project challenges reaching target populations in 2019-2020 include:

- Program activities that were previously held in-person were cancelled or delayed
- Program and partner organization closures due to COVID-19 caused a reduction of target population reach (e.g. limited or no face-to-face gatherings and travel restrictions)
- Partners and clients experienced a lack of access to internet, technology equipment, and/or technological skills
- There was a decrease in clients/patients seeking treatment
- Staff turnover and/or furlough resulted in reduction of target population reach
- Staff were re-assigned to COVID-19 related roles and project activities remained on hold
- The COVID-19 response took precedence over project activities
- ASIST and SafeTALK trainings were not approved for virtual modifications

Figure 27. Percentage of SASP Projects requiring additional target population inclusion due to COVID-19, 2019-2020

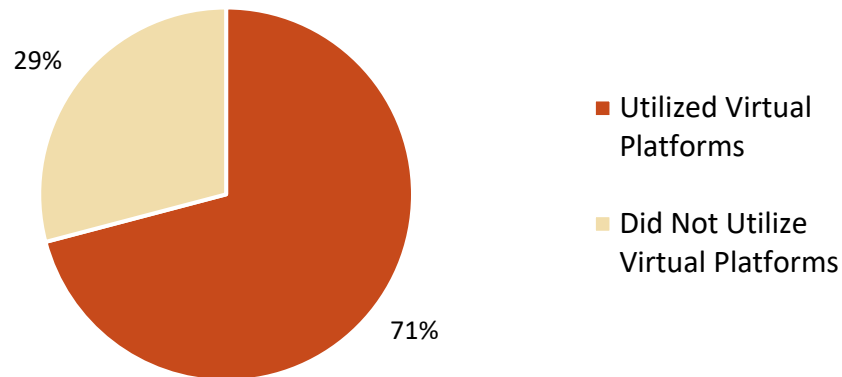


Additional target populations included due to COVID-19, 2019-2020:

- Native American families/multi-generational households experiencing COVID-19 related deaths
- All community members affected by COVID-19 (please note some funded entities already serve all community members, but other projects included the entire community due to the COVID-19 response)
- Youth (age range not specified)
- Adults between 25 – 44 years of age
- Elders (age range not specified)
- Local public schools
- Student’s families and caregivers
- Individuals experiencing a “crisis situation”
- Individuals experiencing substance use relapse
- Displaced individuals and/or individuals experiencing homelessness
- Employees and staff (e.g. essential workers, healthcare staff, frontline health professionals, and tribal staff)
- Some projects reported no change in target population due to COVID-19 shutdown and closures

USE OF VIRTUAL PLATFORMS

Figure 28. Percentage of SASP Projects accessing and utilizing virtual platforms adequately and consistently to conduct project activities, 2019-2020

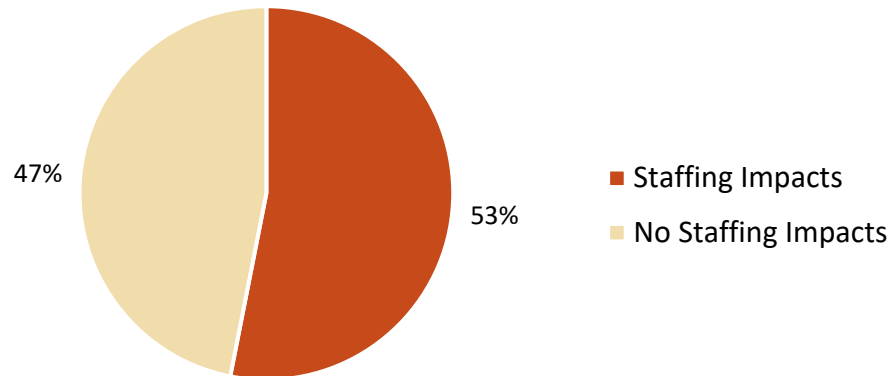


Virtual platforms SASP Projects adequately and consistently utilize to conduct project activities, include:

- Projects reported using various virtual platforms including Zoom, Google meet, Skype, Cisco Telehealth/E-visit platform, Go To Meeting, WebEx, Vidyo teleconferencing platform, Facebook, Microsoft teams, Lifesize, YouTube, Join.Meet.IHS.gov., email, and phone calls.
- Reported benefits of using virtual platforms included allowing for program activities to continue, reached patients while adhering to COVID-19 physical distancing protocols, and a platform to continue trainings and meetings.
- Reported challenges of using virtual platforms included clients having limited access to internet and/or technology equipment, client cost barriers for phone minutes and/or internet service, trainings and a learning curve for individuals who were not familiar with the platforms, tribal shut downs, weather, ASIST and SafeTALK trainings not approved for virtual modifications, HIPAA prohibiting the use of Zoom with a Business Associate Agreement, Pueblo leadership not authorizing virtual services due to cultural reasons, IT department security concerns with using Zoom and WebEx, lack of funding to purchase up-to-date equipment, and limited number of virtual platform accounts.

STAFFING

Figure 29. SASP Projects Experiencing Staffing Impacts due to COVID-19, 2019-2020



How SASP project staffing was affected from March through September 2020:

- Staff needed to transition to remote work and/or coordinating shift rotations to adhere to COVID-19 physical distancing protocols
- Staff needed to be in isolation and/or quarantine due to COVID-19 exposure
- Staff were furloughed, placed on administrative leave, placed on “safety leave,” placed on family leave due to lack of childcare access, or laid off due to COVID-19 related closures
- Staff members resigned, retired, or were promoted.
- Some projects reported no staff were available to fulfill project activities
- Remaining direct staff took on additional COVID-19 related roles
- Hiring challenges, such as hiring freezes, organization only hiring for COVID-19 related roles, unable to fill positions due to budget challenges, inadequate funding resulted in hiring temporary staff, unable to advertise for vacant positions, and COVID-19 affected travel for job interviews.
- Other reasons included: staff member passing away, staff burnout, staff members experiencing multiple deaths in their family, COVID-19 impacted staff members emotionally, change in leadership, and challenges onboarding new staff due to office closure

PROJECT-SPECIFIC TREATMENT SERVICES

Figure 30. Percentage of SASP Projects unable to provide project-specific treatment services due to changes in operation status, 2019-2020

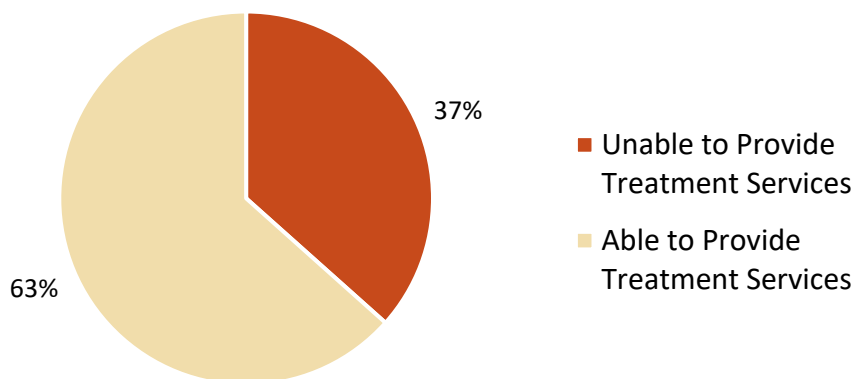
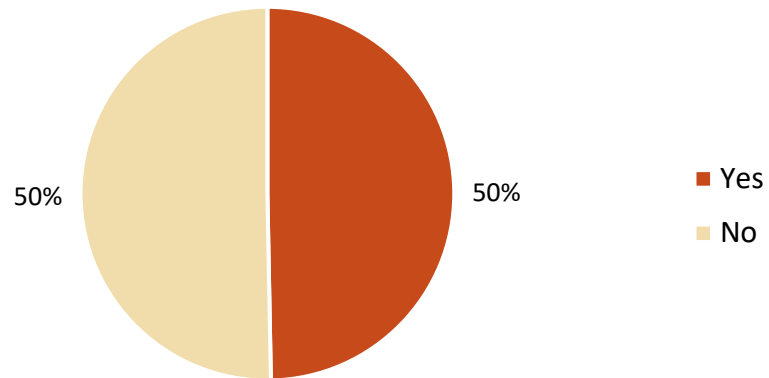


Table 9. Total number of days with SASP projects experiencing disruption in operation status, 2019-2020

	Days
Average	96.7
Range	0 – 244

Figure 31. Percentage of SASP Projects that were able to continue providing culturally appropriate treatment services as planned in their project narrative, 2019-2020



Reasons SASP projects were unable to continue providing culturally appropriate treatment services as planned, 2019-2020:

- The project was able to continue limited services, or take extra precautions (e.g., outdoor services, events, activities), and used virtual services (via phone, platforms)
- The project was unable to continue providing culturally appropriate treatment services due to COVID-19 guidelines and restrictions (e.g., federal and tribal shutdown, classes, events, and services being cancelled or discontinued or put on hold), decrease in hours of operation, in-person services stopped, staff turnover, and lack of access to internet connection

Figure 32. Percentage of SASP Projects experiencing changes in reporting of substance abuse during COVID-19, 2019-2020

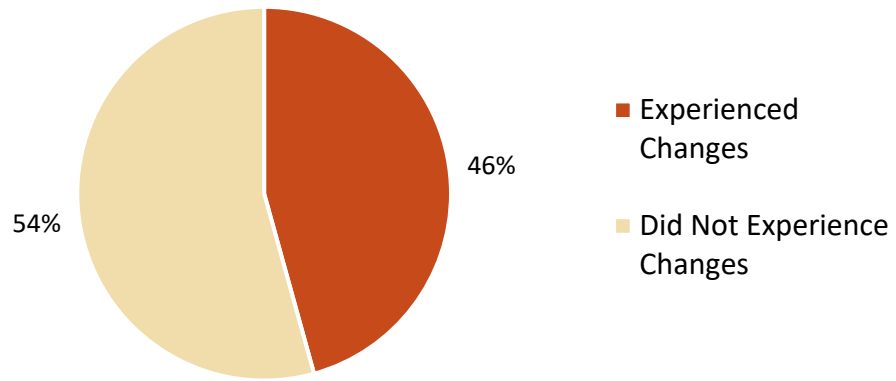
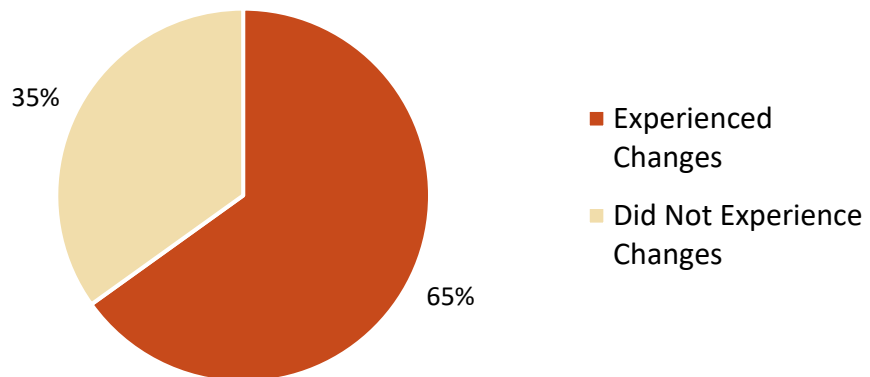
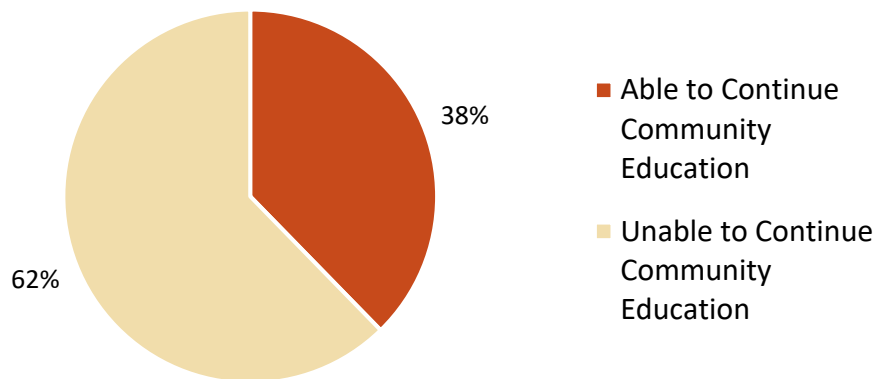


Figure 33. Percentage of SASP Projects experiencing changes in reporting of behavioral health issues during COVID-19, 2019-2020



COMMUNITY EDUCATION AND TRAINING

Figure 34. Percentage of SASP Projects able to continue to conduct community education activities on project specific topics, 2019-2020

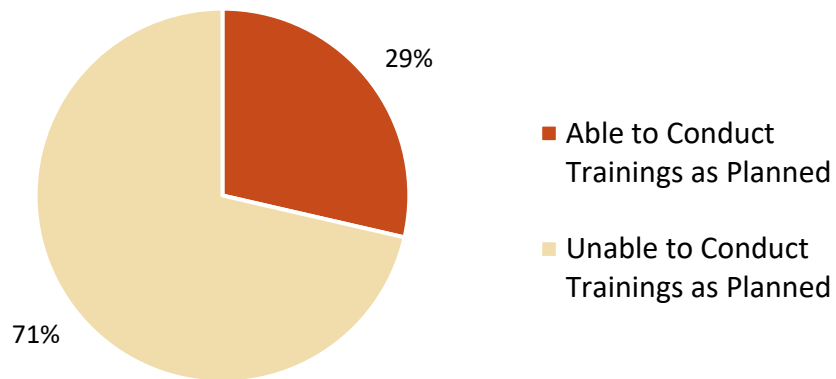


How SASP projects were able to continue to conduct community education activities on project-specific activities, 2019-2020:

- Training included providing suicide prevention, using virtual platforms (WebEx, Zoom, Survey Monkey, Kahoot, Google doc, YouTube, teleconferencing), Diabetes virtual conference, Health and Wellness, Community training, and how to use virtual platforms
- Activities available included social media (via Facebook, Instagram, VIDYO, telephone), Mental Health (suicide prevention awareness), used virtual platforms (Zoom Pro), community gatherings, classes, in-person, and talking circles (following COVID guidelines), and providing materials (brochures, signs, educational information)
- Provided services and resources through virtual platforms (via Zoom, Podcast, Website, YouTube, Webinar, Radio), social media (Facebook (e.g., recorded materials and posted to FB)), Newspapers, Behavioral health (therapist educational videos on anxiety, self-care and for crisis care), Drive-Thru (elder door-to-door services, school-drive-by lunch, community education), prayer

PROVIDER EDUCATION AND TRAINING

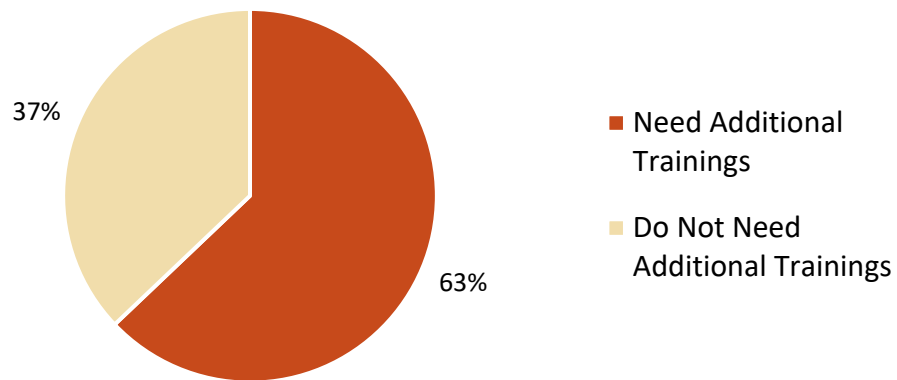
Figure 35. Percentage of SASP Projects able to conduct provider trainings as planned on project specific topics, 2019-2020



How SASP projects were able to continue to conduct community education activities on project-specific activities, 2019-2020:

- Yes, training in suicide awareness and prevention, using virtual platforms (via Zoom, Go to Meeting, VIDYO, Skype, webinars, teleconferencing, telephone, email), safe talk and COVID guidelines, trauma informed care, QPR, repurposed budget (e.g., travel), substance use, change in work focus (e.g., food distribution events), and youth and adolescents training
- Training limitations included no access to internet, lack of transportation, COVID-19 impact (e.g., providers testing positive and having to isolate and training available before but not after COVID)

Figure 36. Percentage of SASP Projects with a need for additional trainings due to COVID-19, 2019-2020

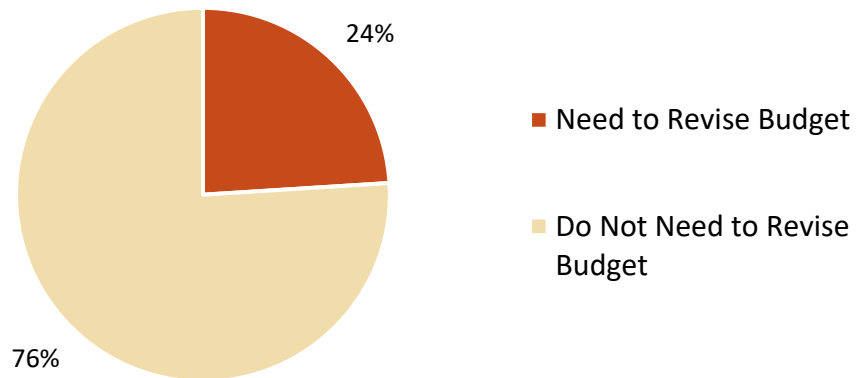


Additional trainings SASP projects needs due to COVID-19, 2019-2020:

- Additional trainings implemented include: behavioral health (e.g., suicide awareness, response and screening, EMDR, MRT, TF-CBT), PPE (e.g., wearing a mask, face protection, transportation), COVID-19 safety precautions (e.g., social distancing, sterilization, hand washing), COVID-19 trainings and education (e.g., contact tracing training, returning to work, conducting activities, documentation), virtual (Zoom, telehealth, webinar, podcast, using iPad), and service delivery methods
- Trainings needed include virtual (Zoom, WebEx, Cisco), PPE safety, behavioral and mental health (e.g., suicide prevention, anxiety, depression, social stress, self-care), COVID-19 safety, updates and guidelines (e.g., how to wear a N95 mask, updated OSHA safety, operational, procedures and measures), alternative curriculum, change in staff (e.g., training needed for new staff), and internet and virtual safety

BUDGETING

Figure 37. Percentage of SASP Projects with a need to revise their budget to meet COVID-19 safety guidelines or recommendations in order to complete approved project activities, 2019-2020

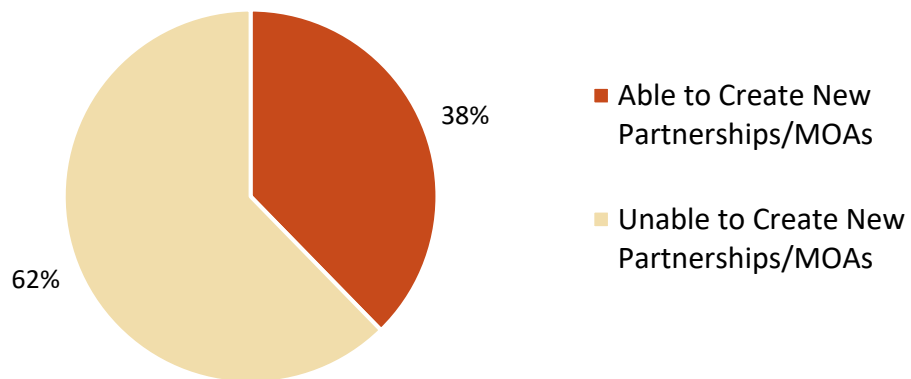


SASP Project budget revisions to meet COVID-19 safety guidelines or recommendations to complete project specific activities include:

- Budget reallocation for travel cost not spent, virtual resources (e.g., activities, events, bootcamp, family therapy), mental health resources (e.g., tele-behavioral health services), freight cost, larger quantity of ingredients, training funds, and safety materials (e.g., printing materials, buying supplies, advertisement)
- Budget modification/adjustment included PPE, re-budgeting for current cost and safety measures
- Budget revised included funding decrease, travel canceled, services interrupted, trainings canceled, PPE, emergency care (e.g., cover hazard pay for employees), virtual resources (e.g., youth activities), and purchase of laptop
- Budget extension included unable to spend project funds, need a no cost extension and needed to ask for a year extension
- Budget carryover was due to trainings and community events canceled and carryover from previous year to cover salaries of team

PARTNERSHIPS AND MOUS

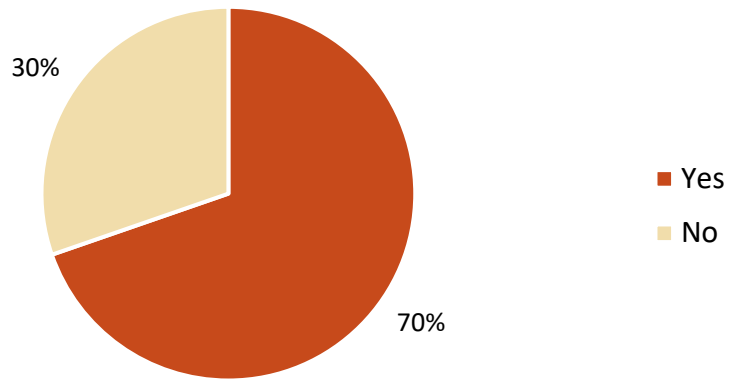
Figure 38. Percentage of SASP Projects able to continue to create new partnerships with stakeholders or create new MOUs, 2019-2020



Reasons SASP Projects were not able to create new partnerships with stakeholders or create new MOUs, 2019-2020:

- No new partnerships due to the suspension of creating new partnerships and new MOUs, no community access (e.g., reservation shutdown), personal health concerns (e.g., staff-personal health concerns), school shutdown, staff changes (e.g., staffing cuts, uncertainty of staff positions, staff turnovers), agencies closed (e.g., programs closed, and services suspended), MOUs not completed during project protocol, COVID-19 challenges (e.g., scheduling), and no new partnerships necessary
- Partnership challenges included struggling to keep up with minimum operations, no new partnerships, and hard to establish relationships
- COVID shutdown/closure included organizations closed (e.g., partners and supervisor positions closed), tribal and government shutdown (e.g., schools closed, reservation wide shutdown), and unable to partner outreach

Figure 39. Percentage of SASP Project's partner organizations experiencing project services disruption due to changes in facility operation status, 2019-2020

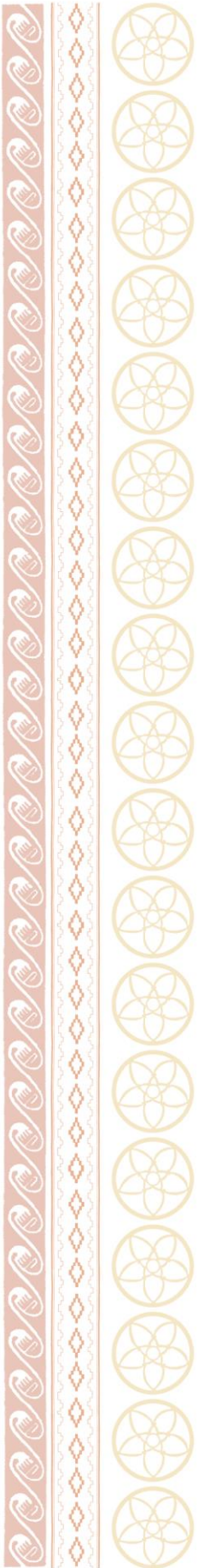




SOCIAL MEDIA

Ways that SASP Projects use social media to assist with community outreach:

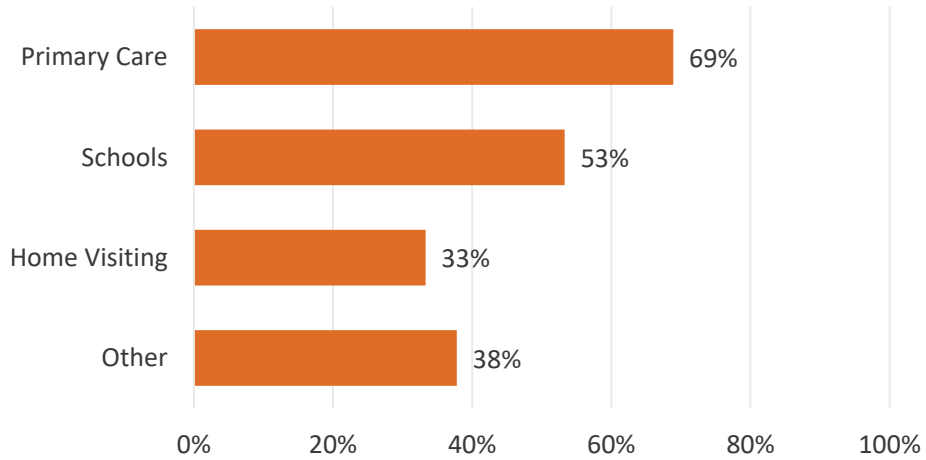
- Provided information on COVID-19 guidelines, services, and behavioral health tips
- Offered counseling services and information
- Shared clinic hours of operation and updates
- Posted resources about COVID-19 and mental/behavioral health
- Shared information to help individuals with thoughts of suicide, depression, and anxiety
- Provided entertainment for the community
- As messaging and calling platforms
- Extend reach across large geographical area
- Shared invitations to virtual meetings and talking circles
- Created a “safe zone” which allowed no personal or ideological attacks
- Shared referral information
- Electronic platform to share flyers
- Used live streaming for virtual events
- As main communication platform for the Tribe
- As a space to share updated information throughout the many changes
- Used to host program curriculum
- To promote topics such as cultural pride, resilience, leadership skills, and youth empowerment
- To communicate directly with youth and provide virtual check-ins
- Allowed to continue events virtually rather than cancelling



**SECTION 6:
SASP PURPOSE AREA 2 ONLY**

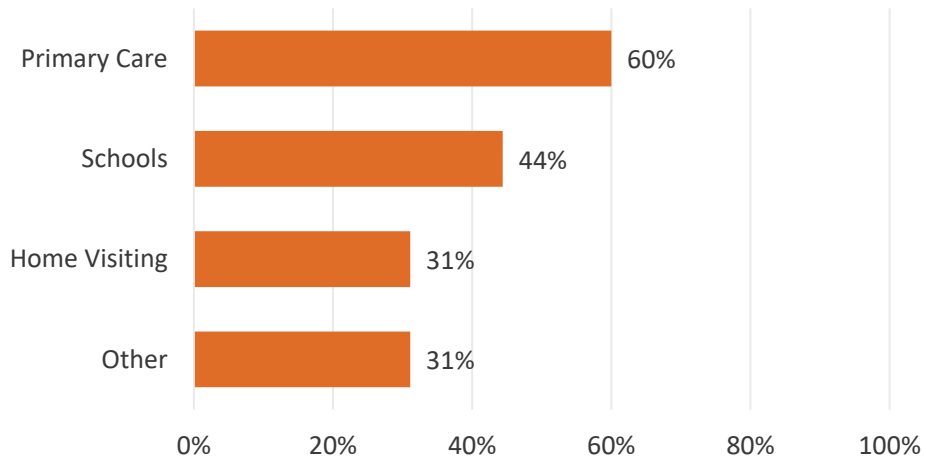
OBJECTIVE 1: EXPAND BEHAVIORAL HEALTH TREATMENT

Figure 40. Locations Where SASP Purpose Area 2 Projects are Implementing Mental Health Consultations, 2019-2020



“Other” locations include community centers; Boys and Girls club; county government offices; behavioral health programs; crisis line; tribal youth programs; community support groups; telehealth/online; juvenile detention centers.

Figure 41. Locations Where SASP Purpose Area 2 Projects are Expanding Mental Health Consultations, 2019-2020



“Other” locations include behavioral health department; outreach department; expanded capacity for access to care; virtual presentations to community; through telehealth; detention centers; support groups; crisis line.

Table 10. Expansion and Integration of Behavioral Health Treatment by SASP Purpose Area 2 Projects, 2019-2020

	N
Patients that Received Care in a School Setting	891
Patients that Received Care through Home Visiting	499
Providers Trained in Behavioral Health Integration	395
Providers Located with a Primary Care Setting	233
Primary Care Staff Located within Behavioral Health Projects	211
Individuals Served outside Regular Hours for Crisis Intervention	1,256
New Behavioral Health Providers Added to Projects	23

Additional SASP Purpose Area 2 Project treatment modalities include:

- Telehealth
- Ongoing staff training
- Medication Assisted Therapy (MAT)
- ASIST – suicide Intervention Training
- SafeTALK – Suicide Awareness Training
- Cognitive Behavioral Therapy (CBT)/Trauma-Focused CBT
- American Indian Life Skills (AILS)
- Question/Persuade/Refer (QPR)
- Grief Counseling
- Eye Movement Desensitization and Reprocessing (EMDR)
- Acute-Traumatic Information Processing (A-TIP)
- Matrix Model
- Behavioral Activation
- Mindfulness practice
- Storytelling
- Acceptance and Commitment Therapy
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- CRAFT Motivational Interviewing
- Native Healing
- Hazelden Lifelines Curriculum
- Fathers, Mothers, Sons, and Daughters of Tradition
- Adding staff such as Addictions Clinician and Addictions Specialist Counselor
- Brain Spotting
- Trainings for Facilitators and Behavioral Health Aides
- Partnership and referrals
- Peer Support Recovery Worker
- Youth Anger Management

Figure 42. Percentage of SASP Purpose Area 2 Projects that Offer 24/7 Crisis Intervention Services, 2019-2020

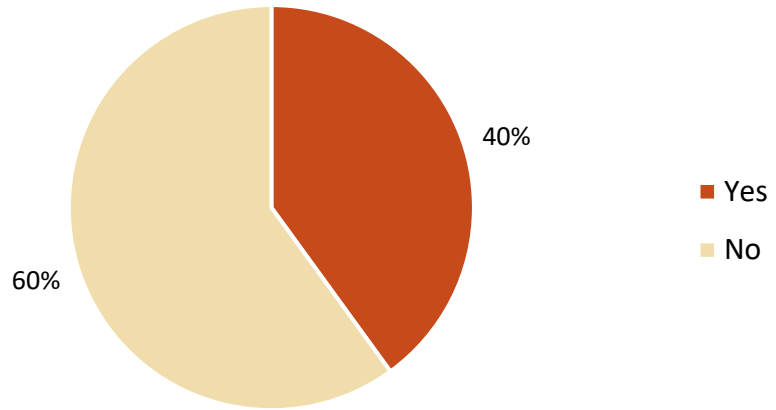


Figure 43. Percentage of SASP Purpose Area 2 Projects with Formal Referral Processes, 2019-2020

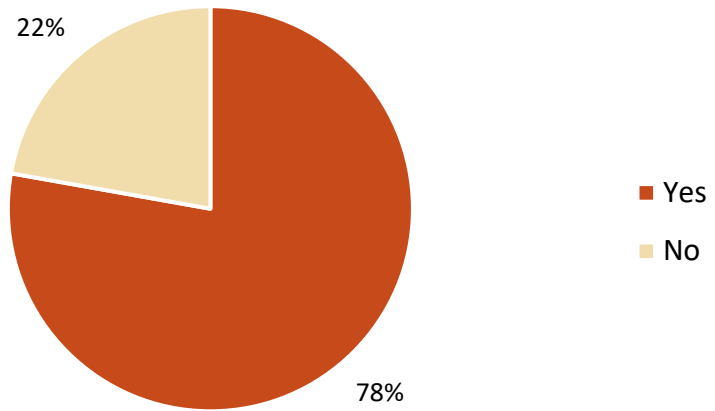
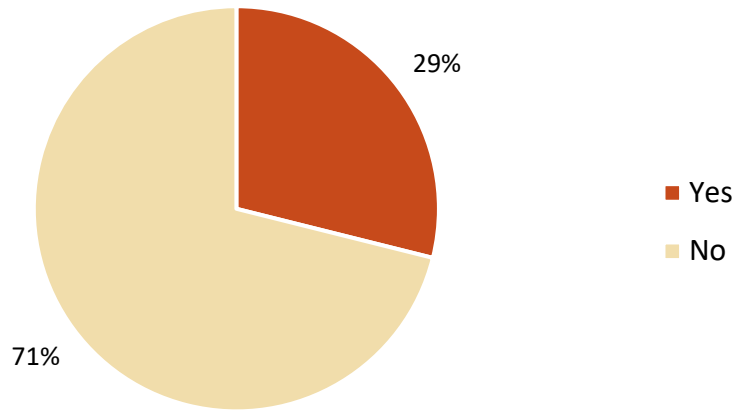
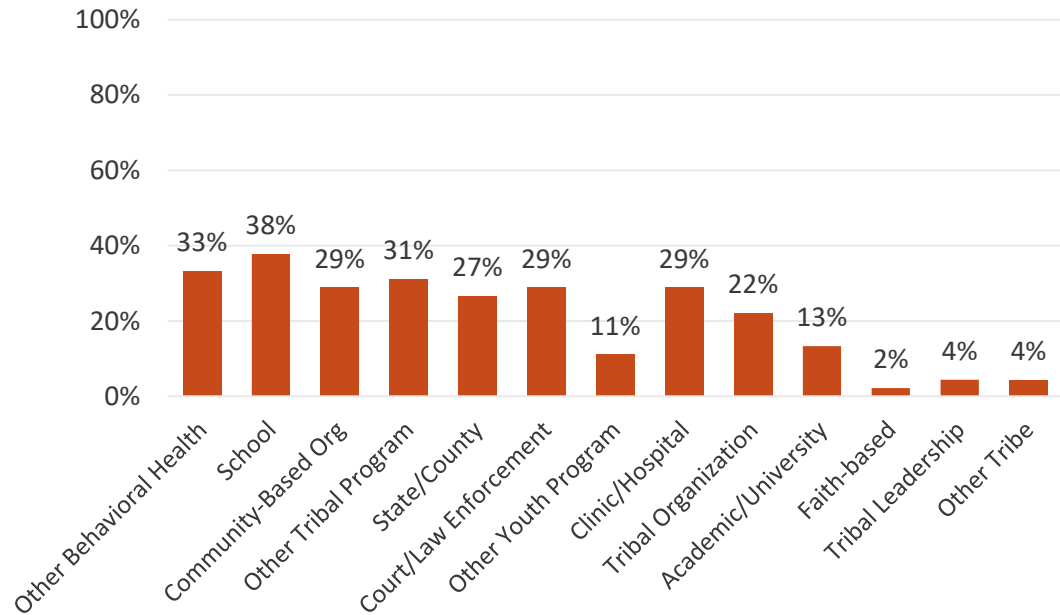


Figure 44. Percentage of SASP Purpose Area 2 Projects that Offer Peer to Peer Services, 2019-2020



OBJECTIVE 2: PARTNERSHIPS

Figure 45. Types of Community Partners among Purpose Area 2 Projects, 2019-2020*



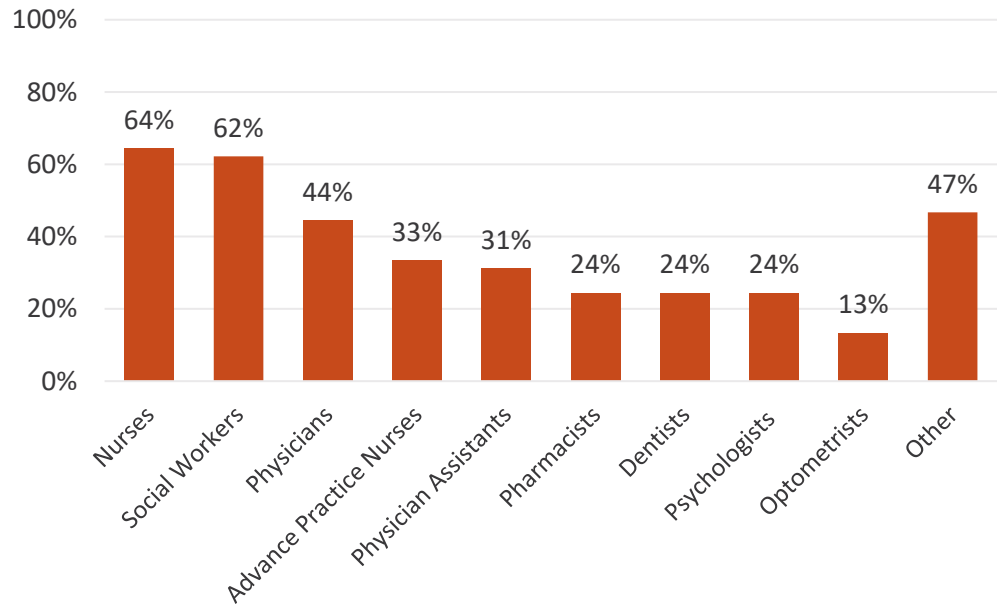
*Projects were able to select multiple types.

Table 11. Number of Partners and Memoranda of Agreement (MOAs) among SASP Purpose Area 2 Projects, 2019-2020

	N
Total Partnerships	270
Average Partnerships per Project	6.6
Range	0 – 22
Total New Memoranda of Agreement (MOAs)	17
Total Enhanced Memoranda of Agreement (MOAs)	61

OBJECTIVE 3: TRAINING

Figure 46. Percentage of SASP Purpose Area 2 Projects that Offer Training to Healthcare Providers by Provider Type, 2019-2020



“Other” includes educators, attorneys, health aides, administrators, village-based counselors, support staff, management, finance staff, lab technicians, front desk staff, community health representatives, maintenance staff, security staff, and vocational rehabilitation program staff.

Table 12. Number of Providers Receiving Training from SASP Purpose Area 2 Projects, 2019-2020, by Training Type

	N
Providers Trained to Provide Suicide Risk Assessments	840
Providers Trained in Suicide Screening	1,007
Providers Trained in Suicide Safety Planning	798

OBJECTIVE 4: COMMUNITY EDUCATION

Table 13. Number of SASP Purpose Area 2 Project Community Trainings, Events, and Media, 2019-2020

	N
Trainings Provided for Community Members	526
Community Members Trained	5,063
Adult Community Education Events	648
Youth Community Education Events	469
Social Media Posts about Suicide Prevention	1982
Substance Use-Focused Radio/TV/Billboard Ads	115
Total Social Media Encounters	682,609

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

- Facebook
- Instagram
- Twitter
- Shapchat
- TikTok
- LinkedIN
- YouTube
- Newspaper
- Tribal newsletter
- Program website
- Local radio
- GoodHealthTV

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

- Due to COVID-19 pandemic, all groups were more difficult to reach
- Youth under 12 years of age
- Adults and older adults
- College-aged population
- Community members who had COVID
- Community members without internet access or social media
- Elders
- Members living off Tribal lands
- Population outside of the schools
- Staff of programs that shut down during the pandemic
- Individuals in more rural areas
- Law enforcement
- Providers
- Students under 18 years of age
- Suicide loss survivors
- The LGBTQIA+ community
- Seasonal workers

OBJECTIVE 5: ORGANIZATIONAL PRACTICES

Figure 47. Percentage of SASP Purpose Area 2 Projects Implementing New Processes for Suicide Screening, 2019-2020

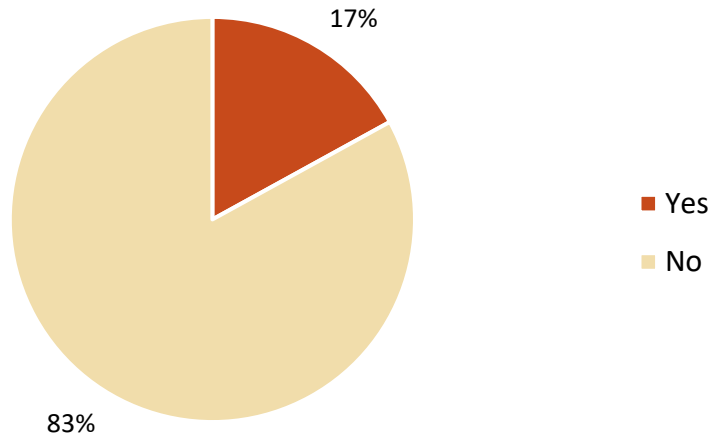


Figure 48. Percentage of SASP Purpose Area 2 Projects Implementing Enhanced Processes for Suicide Screening, 2019-2020

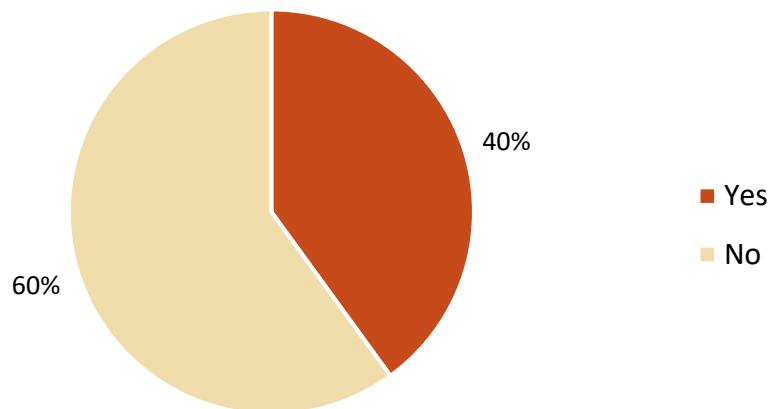
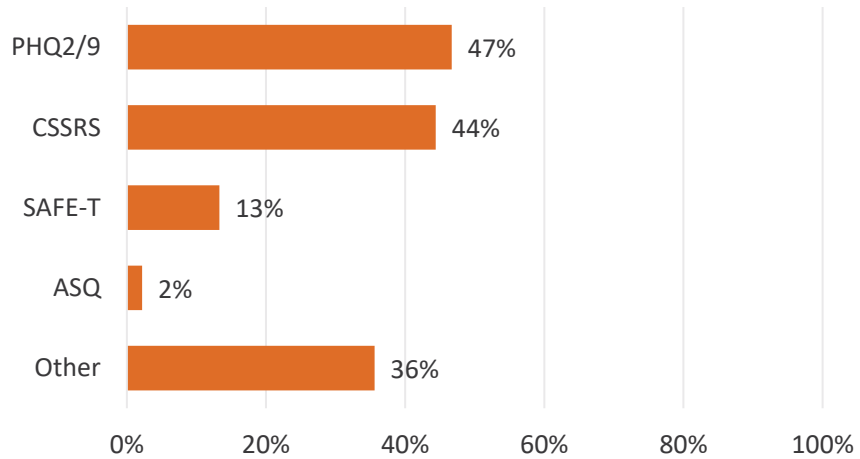


Figure 49. Percentage of SASP Purpose Area 2 Projects Utilizing Suicide Screening Tools, By Tool Type 2019-2020



Note: Projects could select all options that applied.

Figure 50. SASP Purpose Area 2 Projects Implementing New Tracking Processes, 2019-2020, by Type

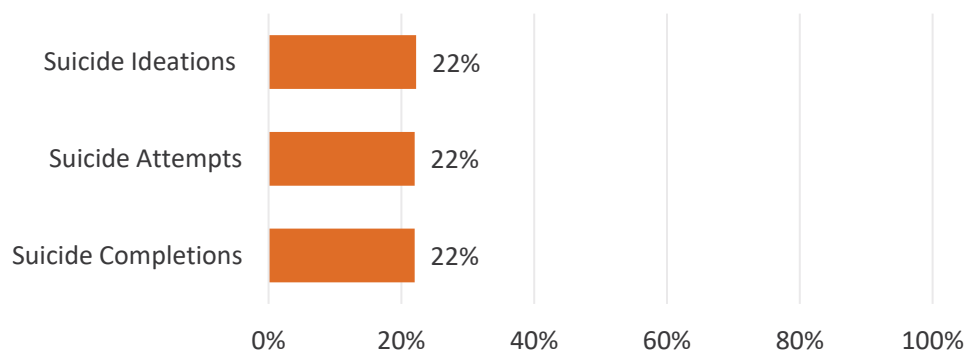


Table 14. Individuals Screened for Suicide Behaviors by SASP Purpose Area 2 Projects, 2019-2020

	N
Individuals Screened for Suicide Ideations	57,543
Individuals Screened for Suicide Attempts	30,984
Individuals Screened for History of Suicide Attempts	29,536

Table 15. Individuals Encountered who had Suicide Ideations or Attempts by SASP Purpose Area 2 Projects, 2019-2020

	N
Individuals Encountered Reporting Suicide Ideations	4,545
Individuals Encountered Reporting Suicide Attempts	1,807

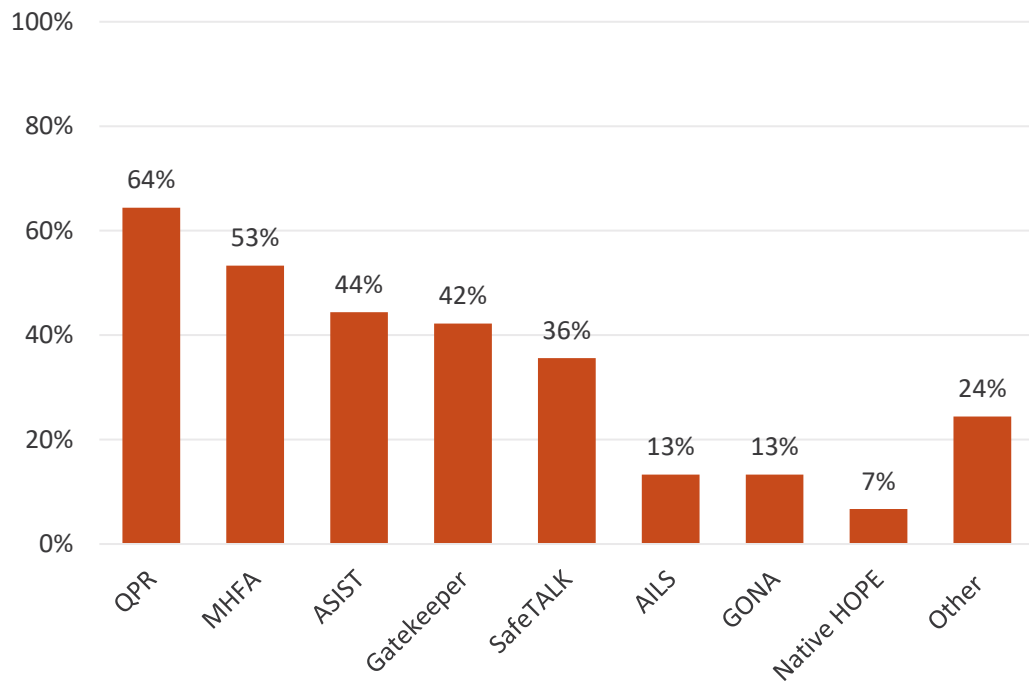
Table 16. Number of Deaths by Suicide Reported by SASP Purpose Area 2 Projects, 2019-2020

	N
Total Number of Deaths by Suicide	56
Projects Reporting at least One Death by Suicide	10
Range per Project of Deaths by Suicide	0 – 14

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 51. Types of Evidence-Based Practices SASP Purpose Area 2 Projects Utilize for Suicide Prevention, 2019-2020*



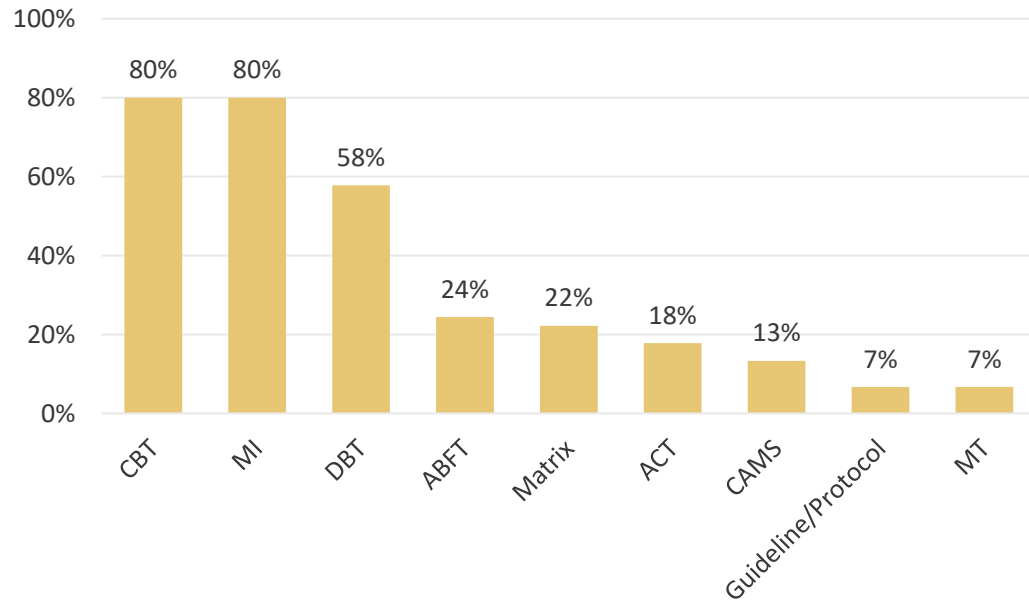
*Projects were able to select multiple types.

As demonstrated in [Figure 36](#), SASP Purpose Area 2 projects most commonly use Question, Persuade, Refer (64%), Mental Health First Aid (53%), and Applied Suicide Intervention Skills Training (44%) as Evidence-Based Practices and/or Practice-Based Models for prevention.

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 52. Type of Evidence-Based Practices SASP Purpose Area 2 Projects use for Suicide Intervention/Treatment, 2019-2020*



**Projects were able to select multiple types.*

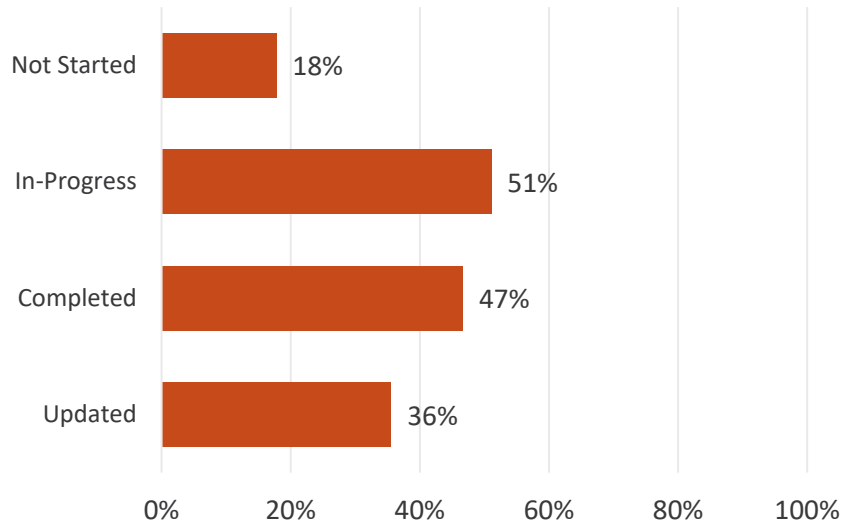
As demonstrated in [Figure 37](#), SASP Purpose Area 2 projects most commonly use Cognitive Behavioral Therapy (80%) and Motivational Interviewing (80%) as Evidence-Based Practices and/or Practice-Based Models for intervention/treatment.

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

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 53. Status of Written Policies for Suicide Care* within SASP Purpose Area 2 Projects, 2019-2020



*Projects were able to select multiple responses.

Figure 54. Components SASP Purpose Area 2 Projects Include in Policies, 2019-2020

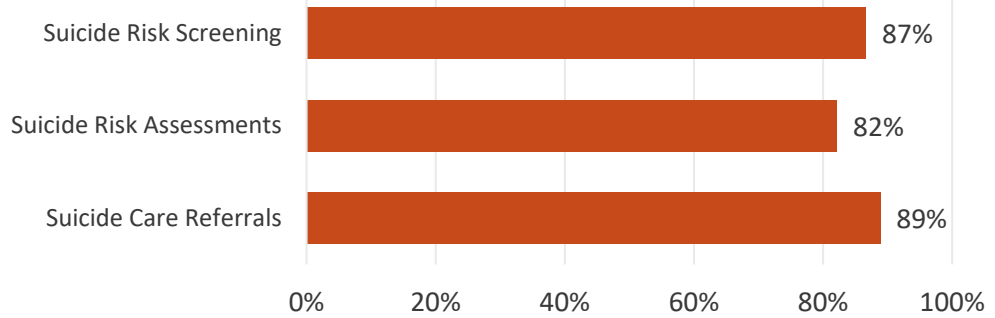


Figure 55. Percentage of SASP Purpose Area 2 Project Policies that Provide Guidance on Follow-up to Individuals Reporting Suicidal Behavior, 2019-2020

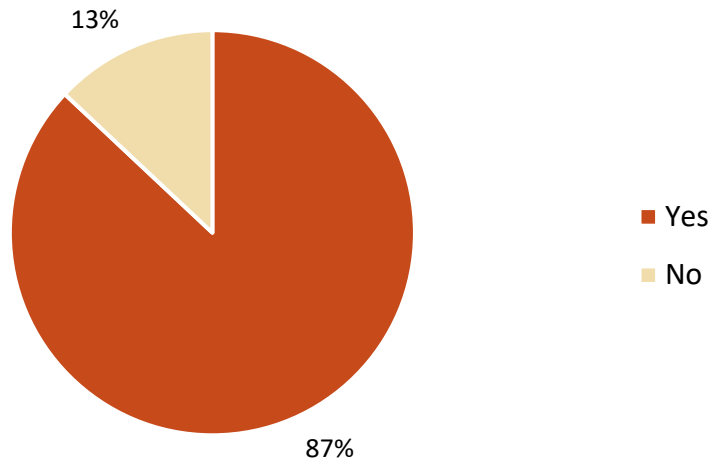
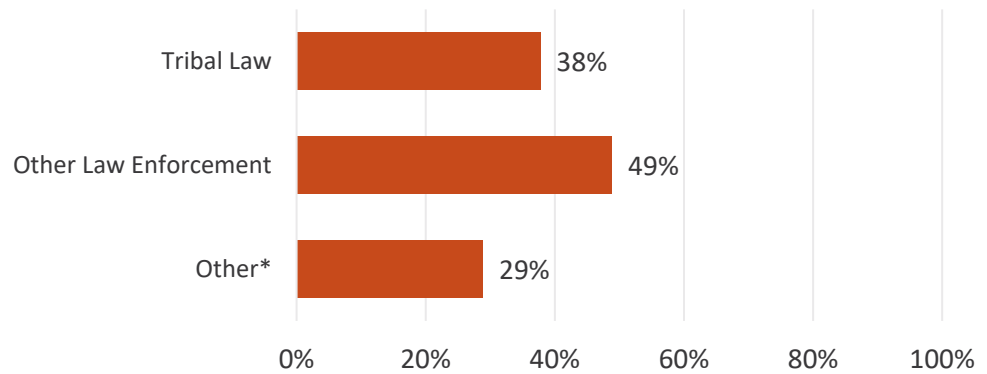


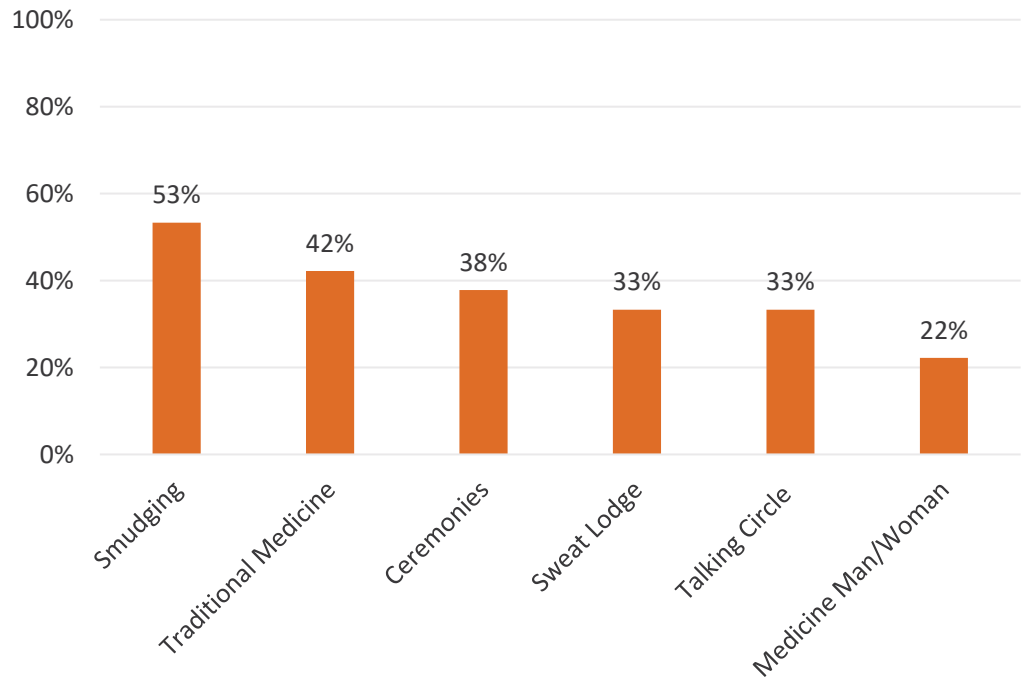
Figure 56. Types of Law Enforcement that SASP Purpose Area 2 Projects Include in Policies, Protocols, and Procedures, 2019-2020



*Other responses include: referral to local services in the community; tribal healthcare system; Community First Medical Center; Emergency Medical Services; other health professionals; suicide prevention hotline; regional hospital; traditional workers; tribal courts; public safety officers; and state court magistrate.

OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

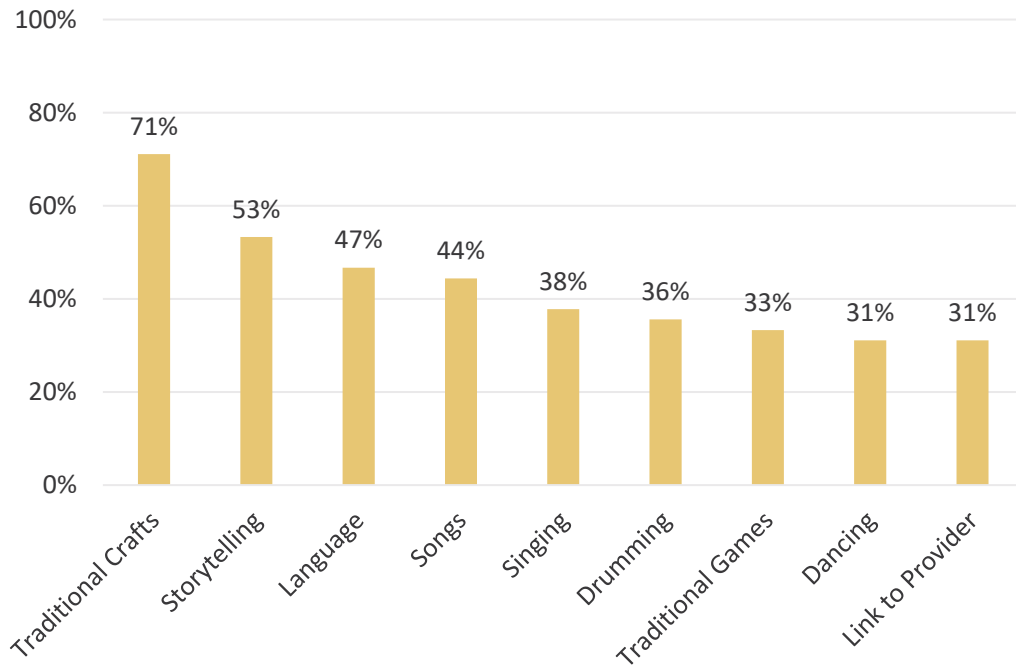
Figure 57. Percentage of SASP Purpose Area 2 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2019-2020*



**Projects were able to select multiple types.*

Figure 42 demonstrates that a SASP Purpose Area 2 projects incorporate a range of traditional healing related practices into activities including smudging (53%), traditional medicine (42%), and ceremonies (38%). The majority of SASP Purpose Area 2 projects integrate at least one of these traditional healing practices into their project services (75.6%).

Figure 58. Percentage of SASP Purpose Area 2 Projects Integrating Cultural Services into Project Activities by Practice Type, 2019-2020*

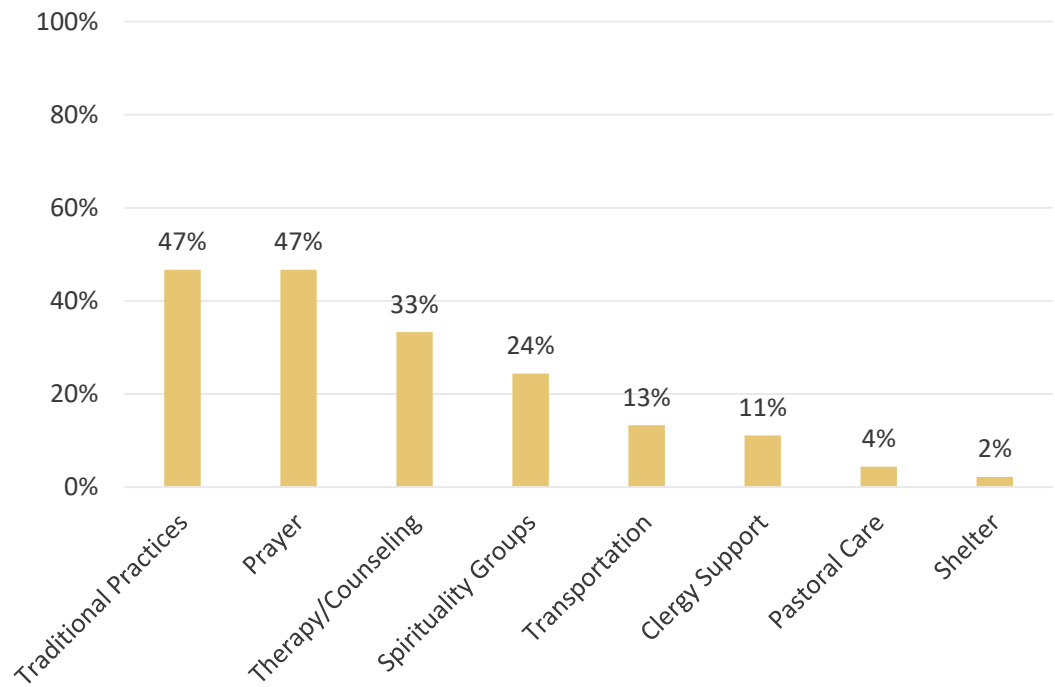


**Projects were able to select multiple types.*

As evidenced in [Figure 43](#), SASP Purpose Area 2 projects most commonly use traditional crafts (71%) and storytelling (53%) as cultural services. The majority of SASP Purpose Area 2 projects report integrating at least one of these cultural practices into their project services (93.3%).

A total of **17,493** individuals received cultural services from SASP Purpose Area 2 programs, 2019-2020.

Figure 59. Percentage of SASP Purpose Area 2 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2019-2020*



*Projects were able to select multiple types.

As evidenced in [Figure 44](#), SASP Purpose Area 2 projects most commonly use traditional practices (47%) and prayer (47%) as religious, spiritual, and faith-based services. The majority of SASP Purpose Area 2 projects report integrating at least one of these faith-based practices into their project services (68.9%).

A total of **2,728** individuals received faith-based services from SASP Purpose Area 2 programs, 2019-2020.

TRAUMA INFORMED CARE

Figure 60. Types of Trauma Informed Care Elements SASP Purpose Area 2 Projects Include in Activities, 2019-2020

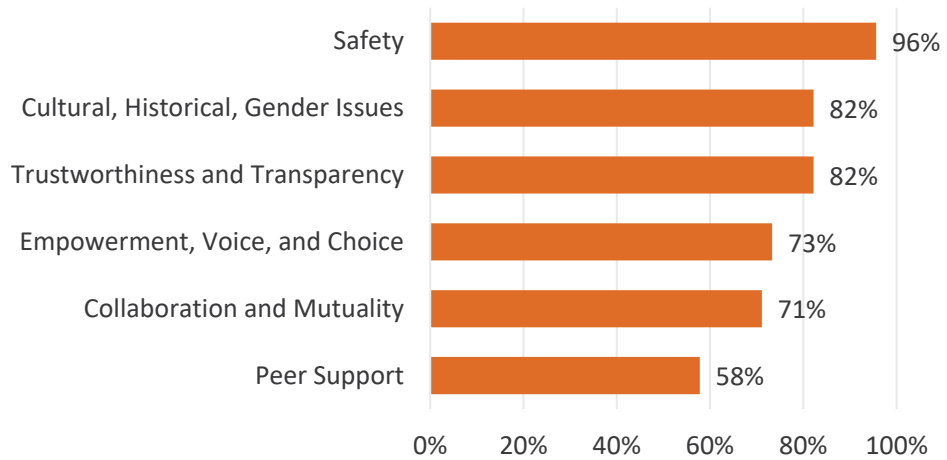
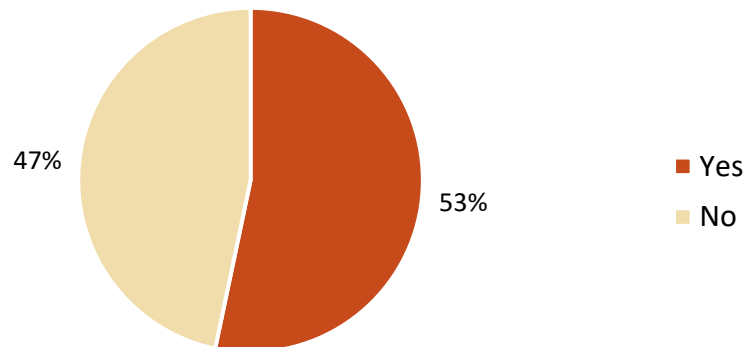


Table 17. SASP Purpose Area 2 Trauma Informed Care Trainings, 2019-2020

	N
Number of Trauma Informed Care Trainings Provided	163
Number of Health Professionals Trained in Trauma Informed Care	724

Figure 61. Percentage of SASP Purpose Area 2 Projects Offering Trauma Informed Care Trainings, 2019-2020

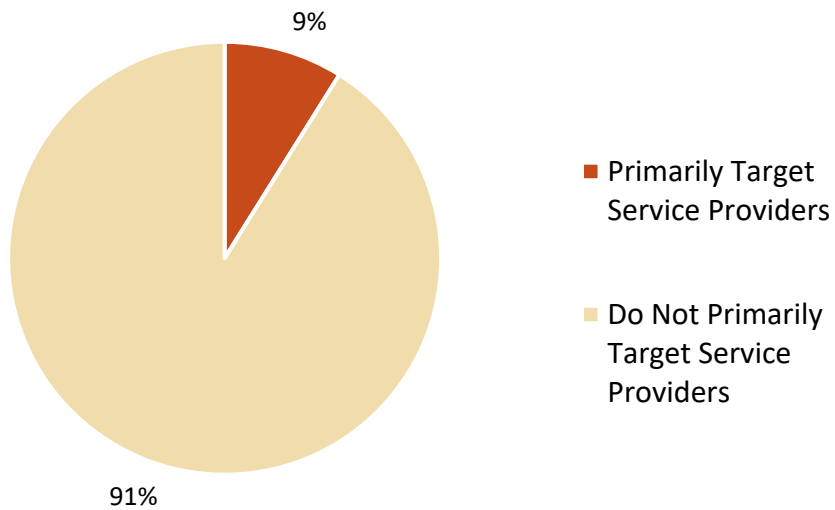


POPULATION SERVED

Table 18. Number of Encounters among SASP Purpose Area 2 Projects, 2019-2020

	N
Total Contacts	495,289
Social Media Encounters	682,609

Figure 62. Percentage of SASP Purpose Area 2 Projects that Primarily Target Service Providers, 2019-2020



STAFFING

Figure 63. Percentage of SASP Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2019-2020

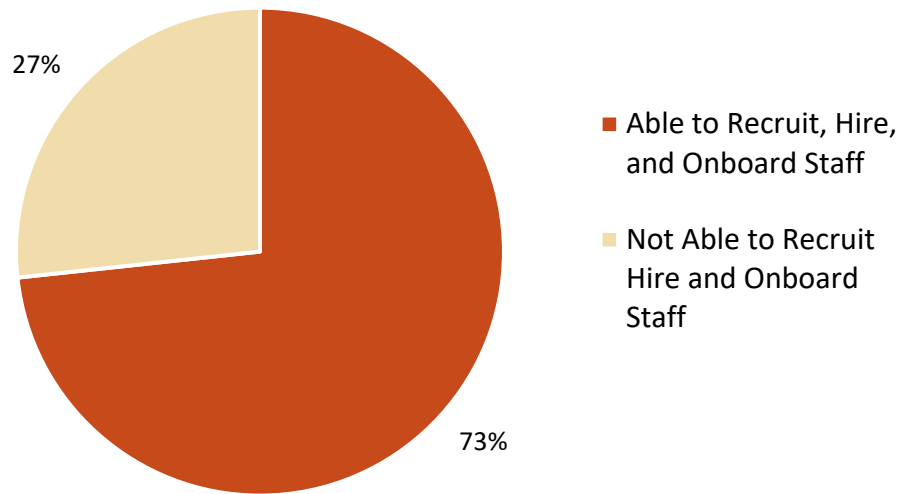


Figure 64. Percentage of SASP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2019-2020

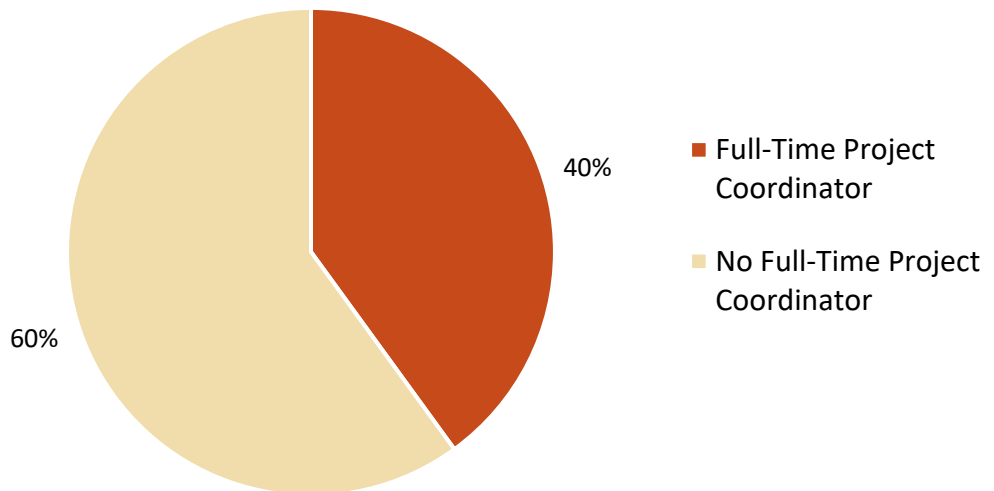


Figure 65. Percentage of SASP Purpose Area 2 Projects Experiencing Staff Turnover, 2019-2020

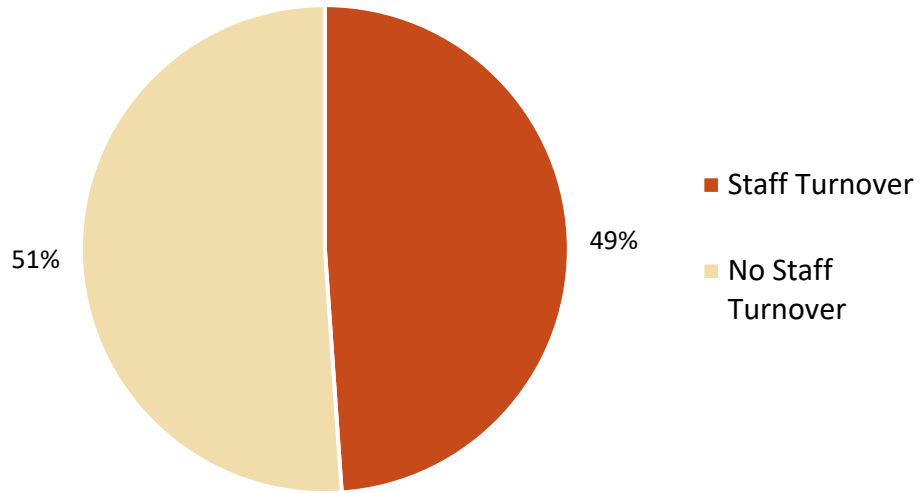


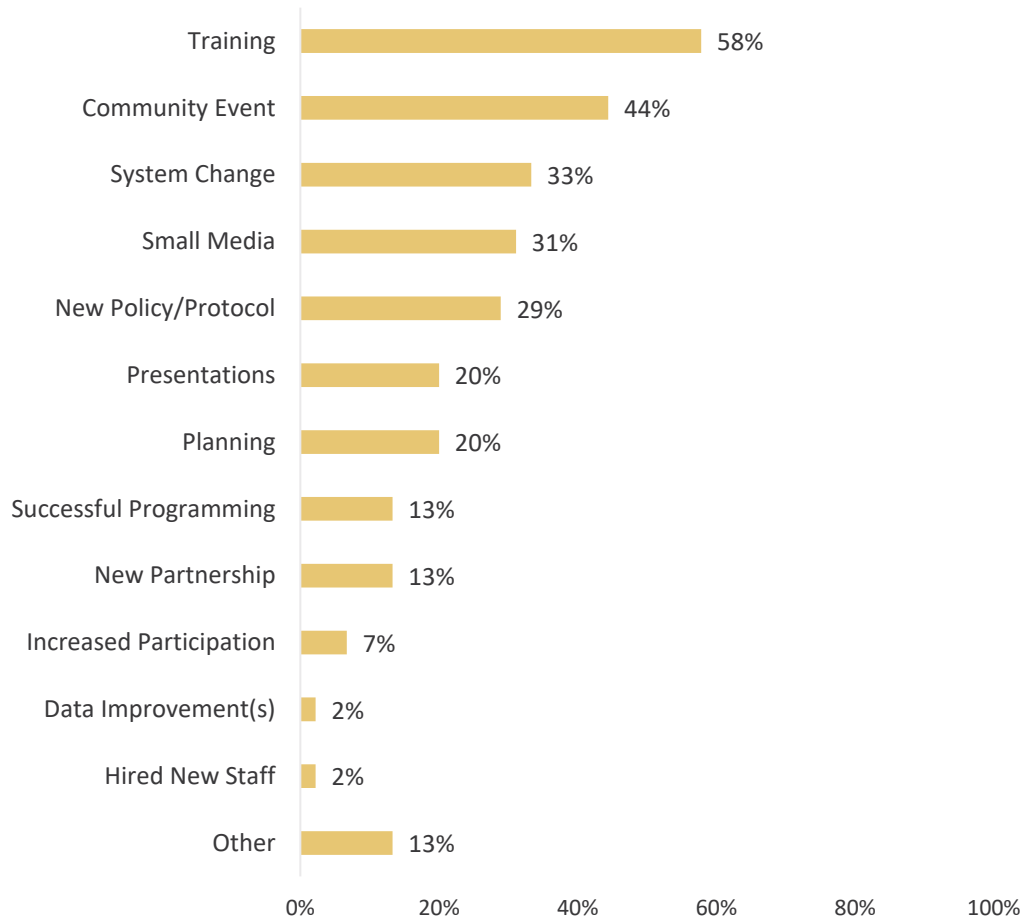
Table 19. Average Percentage of Time Paid to SASP Purpose Area 2 Project Coordinators from SASP Funding, 2019-2020

	Percent
Average Percentage of Time	25.3%
Range	0 – 80%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 66. Percentage of SASP Purpose Area 2 Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category



The most common SASP project accomplishments among Purpose Area 2 programs in project year 5 are training (58%) and community events (44%). 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.

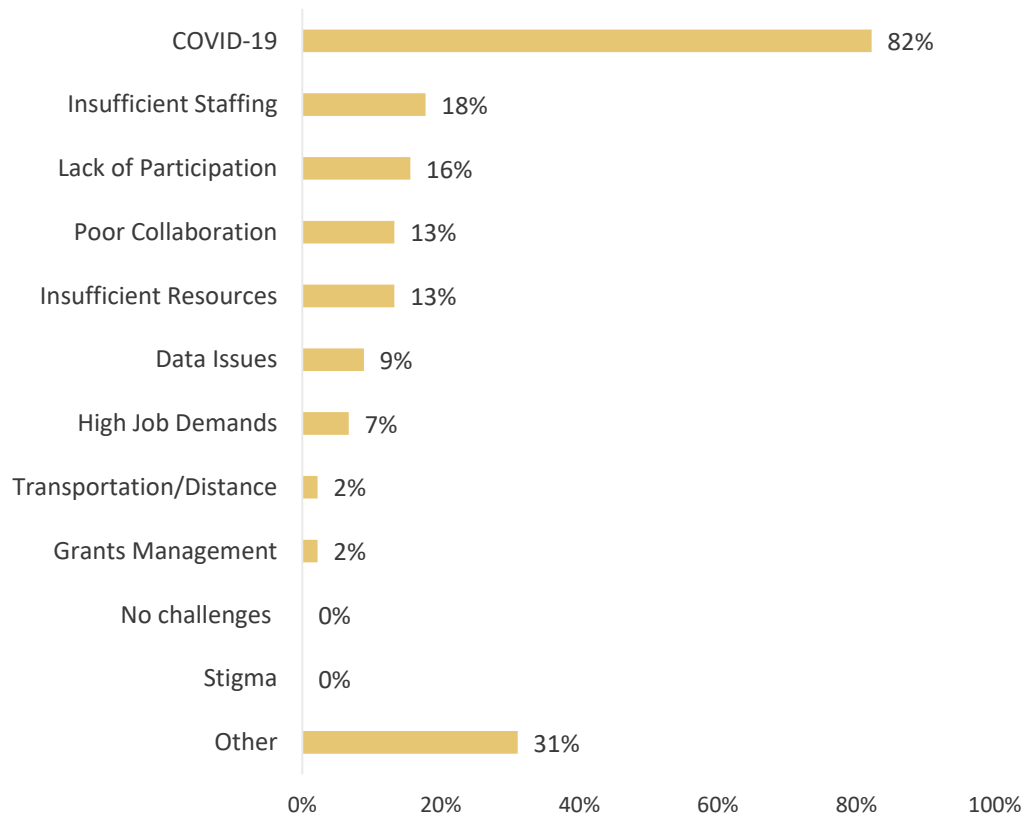
Table 20. SASP Purpose Area 2 Project Accomplishment Definitions

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 includes unique successes reported by five or fewer SASP projects during the reporting period. These included delivering activity kits and delivering resources.

PROJECT CHALLENGES

Figure 67. Percentage of SASP Purpose Area 2 Projects Reporting Various Challenges in 2019-2020, by Accomplishment Category



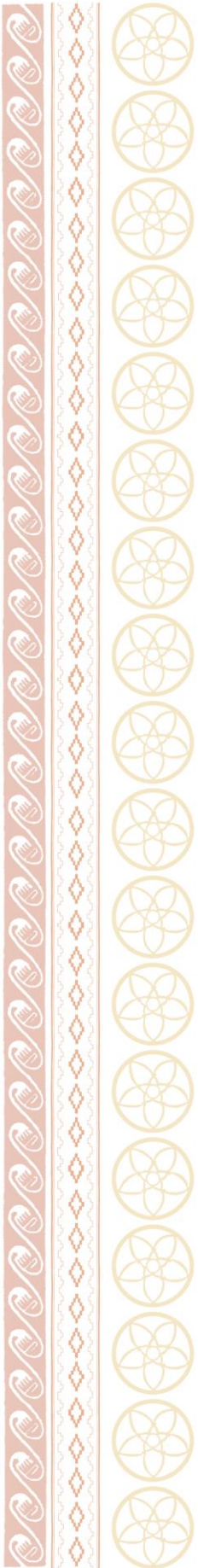
The most common SASP project challenges among Purpose Area 2 programs in project year 5 are COVID-19 pandemic related (82%) and insufficient staffing (18%). Definitions and examples for each challenge category are provided on the following pages of this report.

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 21. SASP Purpose Area 2 Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19	Challenges due to the COVID-19 pandemic such as cancellations of events and activities, closure of partnering departments and organizations, reassignment of staff to priority response projects, adaptation of pandemic safety procedures, inability to meet in person with project participants, and reduction in referrals.
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.

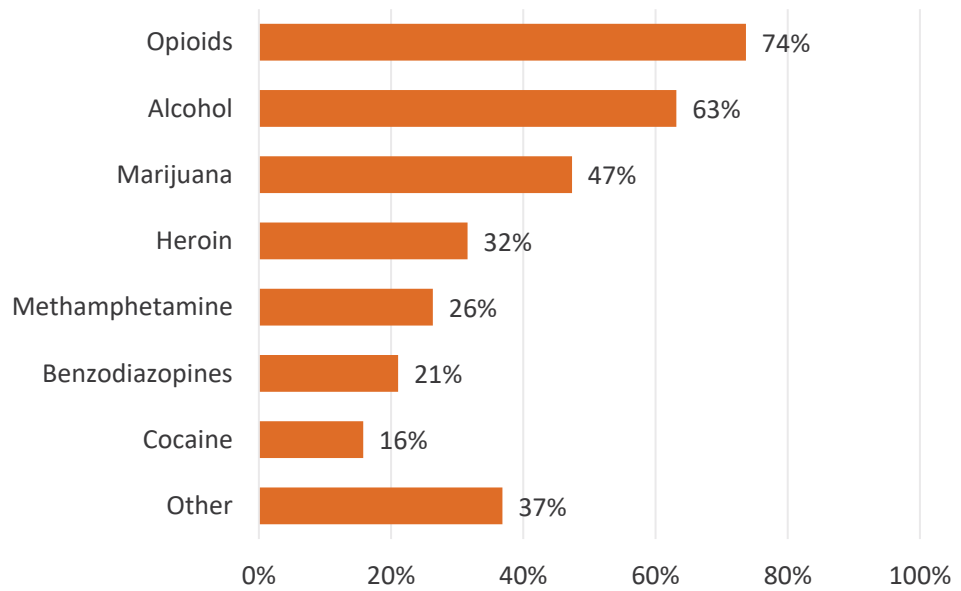
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.
STIGMA	Project cited the ongoing stigmatization of mental health concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.
OTHER	The other category includes unique challenges reported by five or fewer SASP projects during the reporting period. These included a fire; an increase in domestic violence; getting buy-in from other departments; rise in rate of suicide ideations and deaths; limited privacy to access services; and travel restrictions.



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

OBJECTIVE 1: SERVICE EXPANSION

Figure 68. Substances Commonly Used within SASP Purpose Area 3 Project Service Population, 2019-2020



Other substances include inhalants, suboxone, gabapentin, fentanyl, and bath salts.

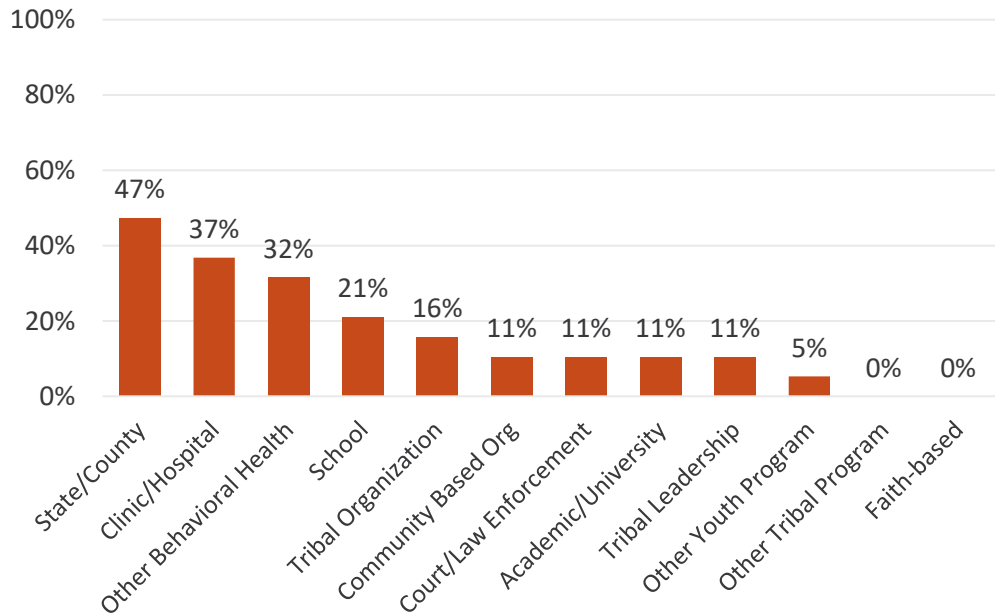
SASP Purpose Area 3 programs utilize a variety of methods to adapt their services to address various substances including developing a Medication Assisted Treatment (MAT) program; additional urine testing; hosting an Addictions Conference (cancelled due to COVID-19 pandemic); hiring Peer Recovery Support Specialists; providing education resources at community events; safe disposal resources; increasing availability of screening and assessments; staff trainings; referrals to specialists; Historical Trauma and Grief groups; distributing fentanyl test strips and naloxone; and resilience-focused messaging.

Table 22. Substance Use Disorder Treatment and Recovery Service Delivery among SASP Purpose Area 3 Projects, 2019-2020

	N
Individuals Referred for Substance Use Disorder Treatment	1,523
Individuals Accessing Recovery Services after Treatment	1,152
Individuals Served who were Continuing in Recovery after One Year	460

OBJECTIVE 2: PARTNERSHIPS

Figure 69. Types of Community Partners of Purpose Area 3 Projects, 2019-2020*



*Projects were able to select multiple types.

Table 23. Number of Partners and Memoranda of Agreement (MOAs) among SASP Purpose Area 3 Projects, 2019-2020

	N
Total Partnerships	80
Average Partnerships per Project	4.2
Range	0 – 9
Total New Memoranda of Agreement (MOAs)	9
Total Enhanced Memoranda of Agreement (MOAs)	23

OBJECTIVE 3: TRAINING

Figure 70. Types of Healthcare Providers Receiving Training in Substance Use Disorder Screening, Assessment, or Treatment by SASP Purpose Area 3 Projects, 2019-2020

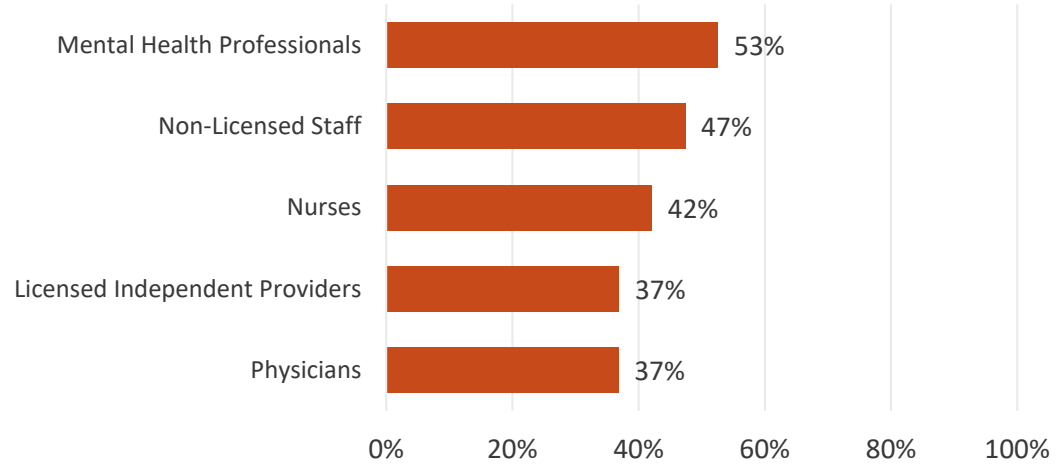


Table 24. Provider Training by SASP Purpose Area 3 Projects, 2019-2020

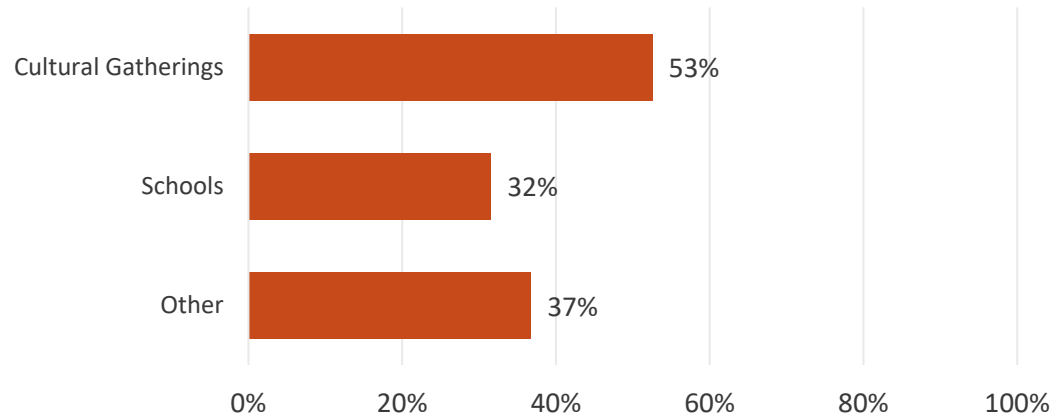
	N
Total Trainings Provided for Healthcare Providers	26
Providers Trained in Substance Use Disorder Screening	280
Providers Trained in Suicide Screening	106
Providers Trained in Safety Planning	130
Providers Trained in Brief Intervention or Motivational Interviewing	37

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

- Columbia Suicide Severity Rating Scale (CSSRS)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Pathway for Assisting Life (PAL)
- Patient Health Questionnaire (PHQ) 2/7/9

OBJECTIVE 4: COMMUNITY EDUCATION

Figure 71. Locations of SASP Purpose Area 3 Projects Trainings for Non-Healthcare Professionals, 2019-2020*



**Programs could select more than one option*

Other training sites include: community nights; clinic gatherings; Indigenous Wellness Academy; tribal health employee gatherings; Parks and Rec department; Senior Center; village health fairs; community health summits; Recovery Coach Academy (RCA) training; and wellbriety trainings.

Table 25. Community Trainings Provided by SASP Purpose Area 3 Projects, 2019-2020

	N
Trainings Provided for Community Members	56
Community Members Trained	1,741
Adult Community Education Events	77
Youth Community Education Events	47

Lessons learned from **adult** education events:

- Awareness of trauma and ways to address it
- Empowerment
- Knowledge of self
- Cultural information for recovery
- Available resources
- Risk and protective factors regarding substance use
- Explaining misconceptions of addiction, treatment, and chemical dependency
- Adults struggle in exposing their children to these topics

Lessons learned from **youth** education events:

- Areas where youth lack knowledge or have questions and concerns
- Mental Health
- Empowerment
- Substance use education
- Harms of substance use
- Impact of social media
- Financial wellness
- Youth lacking cultural knowledge within the home
- Traditional activities very well received
- Majority of youth are engaging in positive decisions and habits
- Concerns regarding ease of access to cannabis, heroin, and methamphetamine
- Youth often more reserved than their parents who attended trainings
- Sharing cultural activities between youth and adults to grow community bonds

Table 26. SASP Purpose Area 3 Project Media-Related Activities, 2019-2020

	N
Total Social Media Encounters	31,185
Social Media Posts about Substance Abuse Prevention	2,707
Substance Use-Focused Radio/TV/Billboard Ads	445

Forms of social media SASP Purpose Area 3 projects utilize included:

- Facebook
- Instagram
- Twitter
- LinkedIN
- YouTube
- Tribal newsletter
- Billboard
- Flyers

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

- Due to the COVID-19 pandemic, all groups were more difficult to reach
- Community members without internet access and/or social media
- Members living off Tribal lands
- Homeless population
- Staff of programs that shut down during the pandemic

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Table 27. Individuals Screened for Substance Use Disorders by SASP Purpose Area 3 Projects, 2019-2020

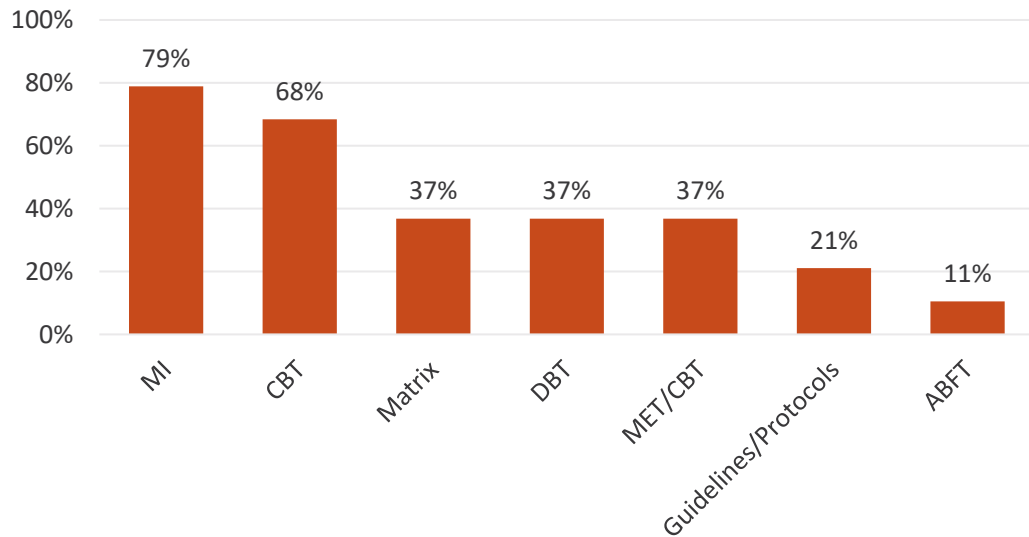
	N
Individuals Screened for Substance Use Disorders	9,182
Individuals Referred for Substance Use Disorders	2,647

Instruments SASP Purpose Area 3 programs utilize to screen for substance use disorders include:

- Addiction Severity Index (ASI)
- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- American Society of Addiction Medicine (ASAM) Criteria
- Behavioral Health Form
- Bio-Psycho-Social Assessment
- CAGE Substance Abuse Screening Tool
- Centered Spirit Behavioral Health Comprehensive Assessment
- CRAFFT Screening Test
- 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 Diagnostic Schedule (SUDDS-5)

EVIDENCE-BASED PRACTICES

Figure 72. Types of EBPs SASP Purpose Area 3 Projects Utilize for Treatment of Substance Use Disorders, 2019-2020



*Projects were able to select multiple types.

As demonstrated in [Figure 57](#), SASP Purpose Area 3 projects most commonly use Motivational Interviewing (79%) and Cognitive Behavioral Therapy (68%) Evidence-Based Practices for treatment of substance use disorders.

KEY:

ABFT = Attachment-Based Family Therapy

MI= Motivational Interviewing

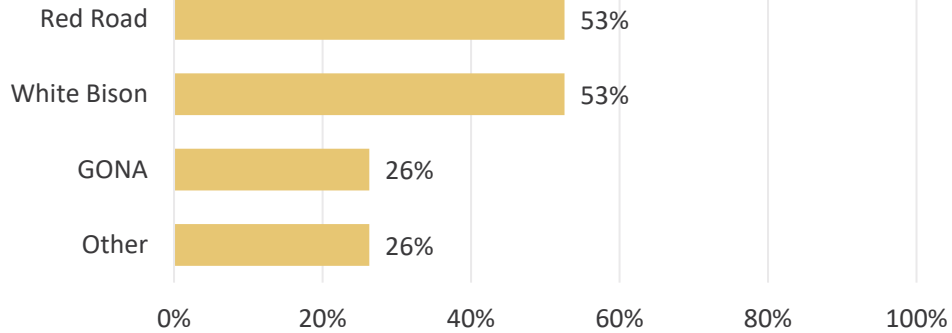
CBT = Cognitive Behavioral Therapy

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); database platforms (AccuCare, Excel, Yarrow); drug screening (Millennium Urine Analysis); Niatx Plan-Do-Study-Act; EHR progress notes/chart reviews; client self-report; pre- and post-assessment comparison; reduction of symptoms; length of sobriety/negative substance screens; program completion rates; treatment plans; participation and treatment outcomes.

Figure 73. Types of Practice-Based Practices SASP Purpose Area 3 Projects Utilize for Treatment of Substance Use Disorders, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 58](#), SASP Purpose Area 3 projects most commonly use Red Road (53%) and White Bison (53%) as Practice-Based Practices for treatment of substance use disorders.

“Other” practice-based practices include Alcoholics Anonymous; Living in Balance; Sweat Lodge; Elders and Cultural Practitioners; Peer-to-Peer; Talking Circles; Prayer; and Ceremonies.

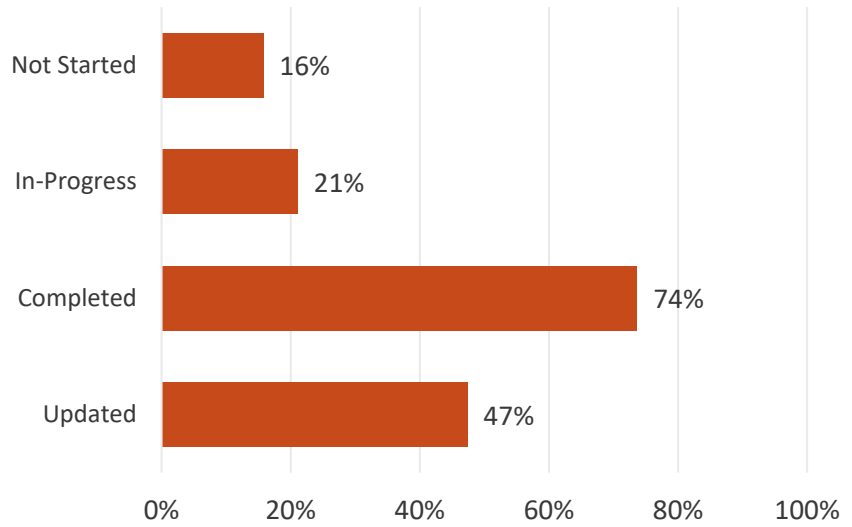
KEY:

GONA = Gathering of Native Americans

Measurement tools for PBP effectiveness included client self-report; qualitative feedback; qualitative (focus groups, surveys) and quantitative (program records and annual reports); database platforms (AccuCare, Excel, Yarrow); client participation; negative drug screens; observed and self-reported recovery outcomes; adherence to treatment plan; and client access to support services.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 74. Status of Written Policies for Substance Use Disorders within SASP Purpose Area 3 Projects, 2019-2020*



*Projects were able to select multiple options.

Figure 75. Types of Components SASP Purpose Area 3 Projects Include in Policies, 2019-2020

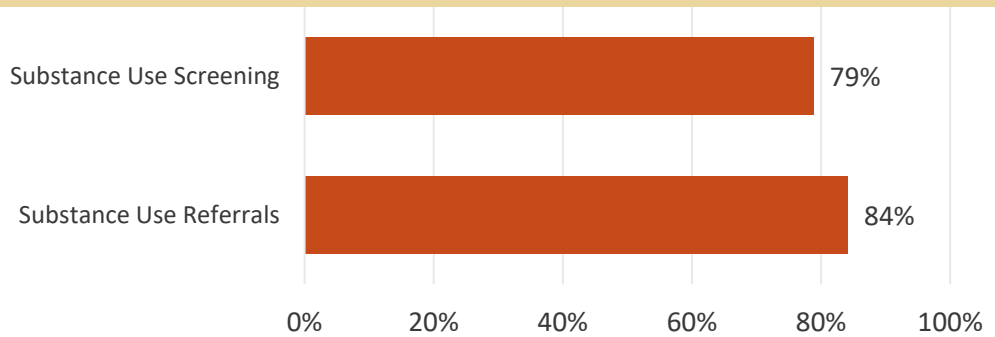
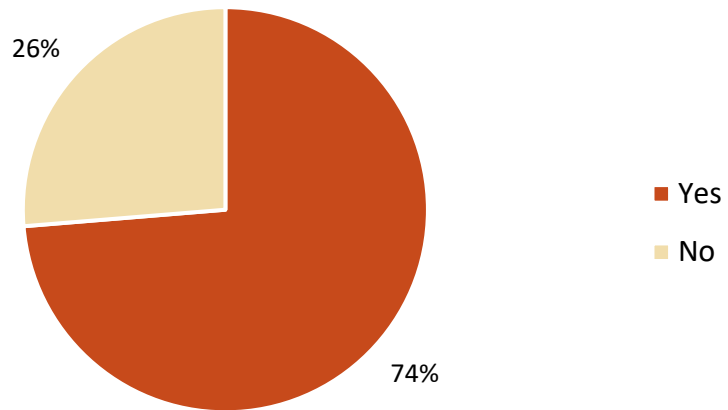
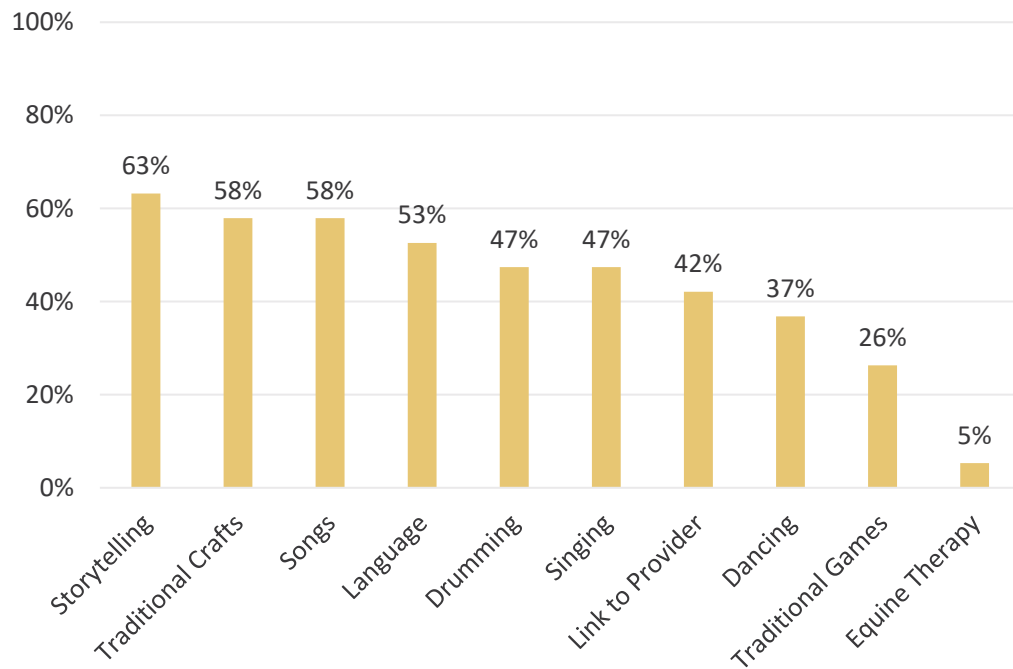


Figure 76. Percentage of SASP Purpose Area 3 Project Policies that Include Follow-up with Individuals Reporting Substance Use Disorders, 2019-2020



OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

Figure 77. Percentage of SASP Purpose Area 3 Projects that Integrate Cultural Services into Project Activities by Practice Type, 2019-2020*

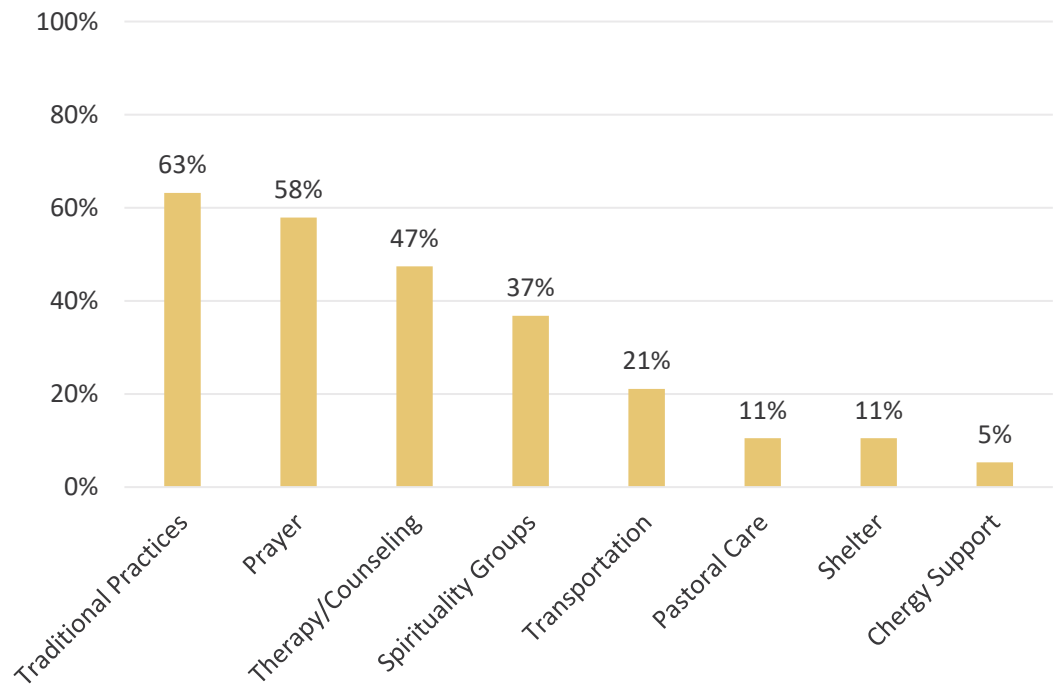


**Projects were able to select multiple types.*

As evidenced in [Figure 62](#), SASP Purpose Area 3 projects most commonly use storytelling (63%), traditional crafts (58%), and songs (58%) as cultural services. The majority of SASP Purpose Area 3 projects reported integrating at least one of these cultural practices into their project services (94.7%).

A total of **4,242** individuals received cultural services from SASP Purpose Area 3 programs in 2019-2020.

Figure 78. Percentage of SASP Purpose Area 3 Projects that Integrate Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2019-2020*



**Projects were able to select multiple types.*

As evidenced in [Figure 63](#), SASP Purpose Area 3 projects most commonly use traditional practices (63%) and prayer (58%) as religious, spiritual, and faith-based services. The majority of SASP Purpose Area 3 projects report integrating at least one of these faith-based practices into their project services (73.7%).

A total of **3,222** individuals received faith-based services from SASP Purpose Area 3 programs in 2019-2020.

TRAUMA INFORMED CARE

Figure 79. Types of Trauma Informed Care Elements that SASP Purpose Area 3 Projects Include in Activities, 2019-2020

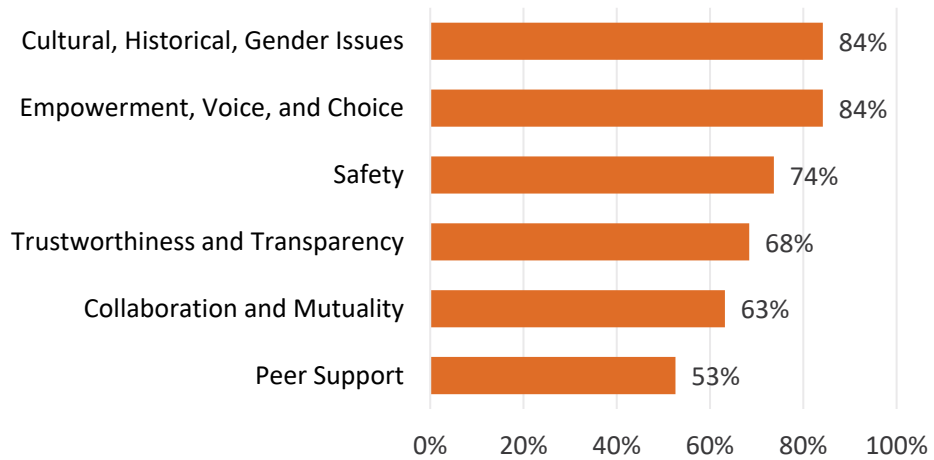
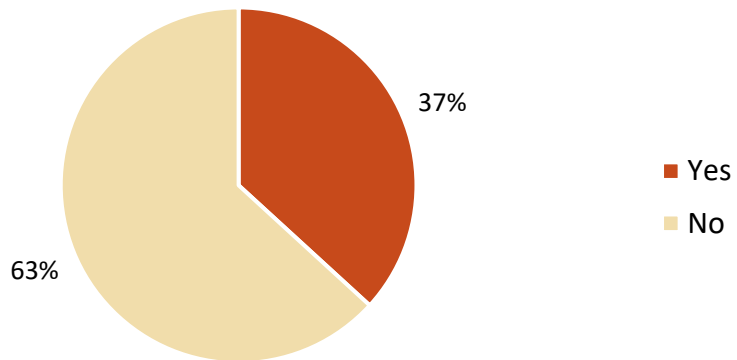


Table 28. SASP Purpose Area 3 Trauma Informed Care Trainings, 2019-2020

	N
Number of Trauma Informed Care Trainings Provided	64
Number of Health Professionals Trained in Trauma Informed Care	228

Figure 80. Percentage of SASP Purpose Area 3 Projects Offering Trauma Informed Care Trainings, 2019-2020

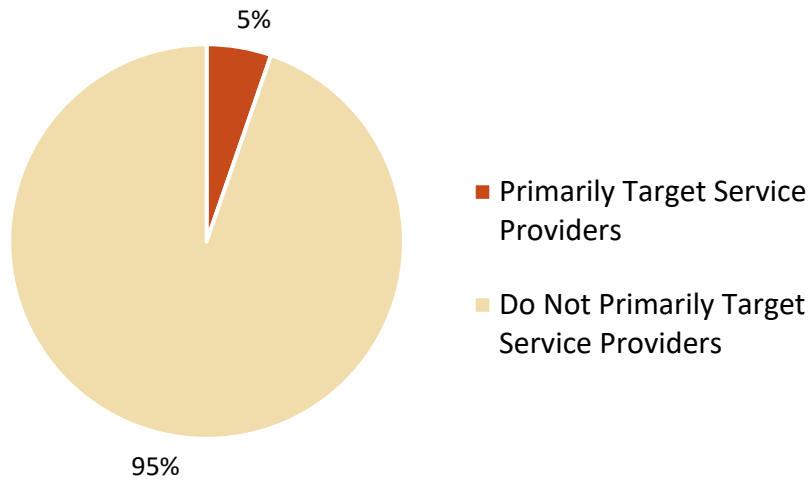


POPULATION SERVED

Table 29. Number of Encounters Reported by SASP Purpose Area 3 Projects, 2019-2020

	N
Total Contacts	15,987
Social Media Encounters	31,185

Figure 81. Percentage of SASP Purpose Area 3 Projects that Primarily Target Service Providers, 2019-2020



STAFFING

Figure 82. Percentage of SASP Purpose Area 3 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2019-2020

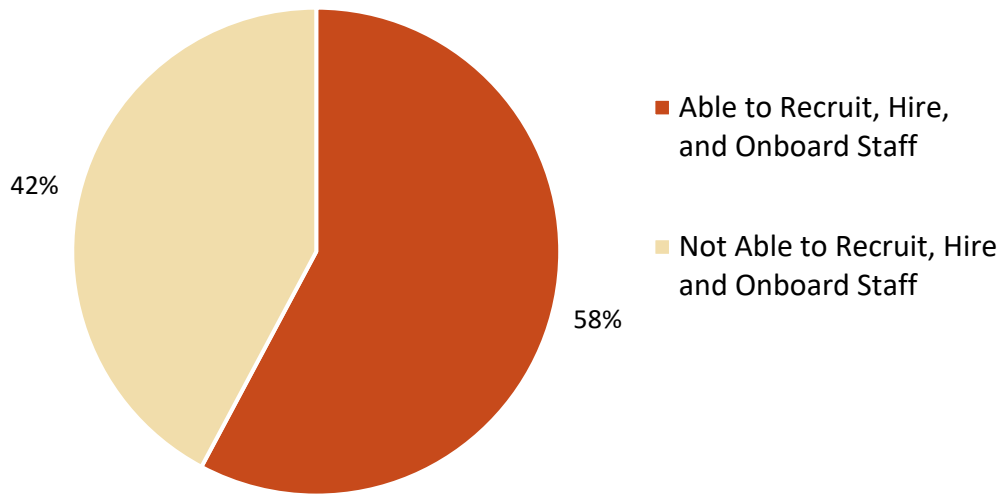


Figure 83. Percentage of SASP Purpose Area 3 Projects with a Full-Time Project Coordinator, 2019-2020

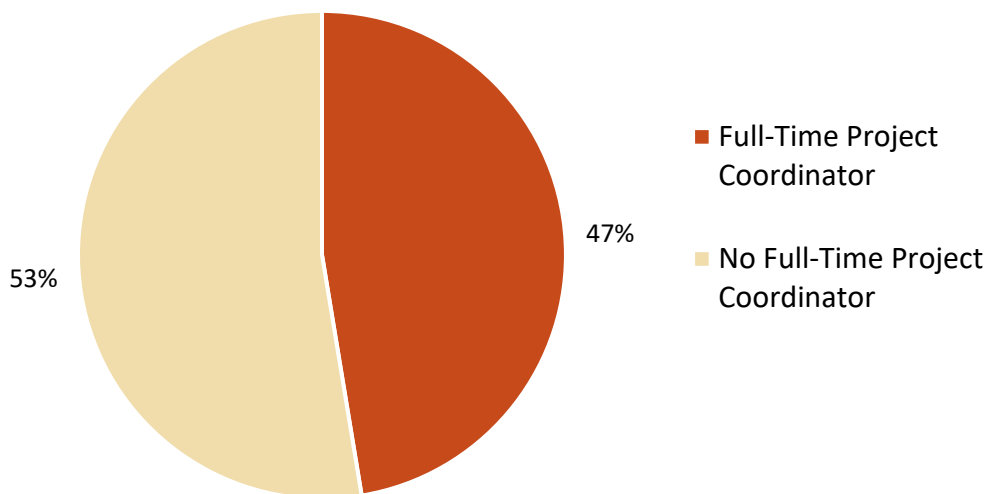


Figure 84. Percentage of SASP Purpose Area 3 Projects that Experienced Staff Turnover, 2019-2020

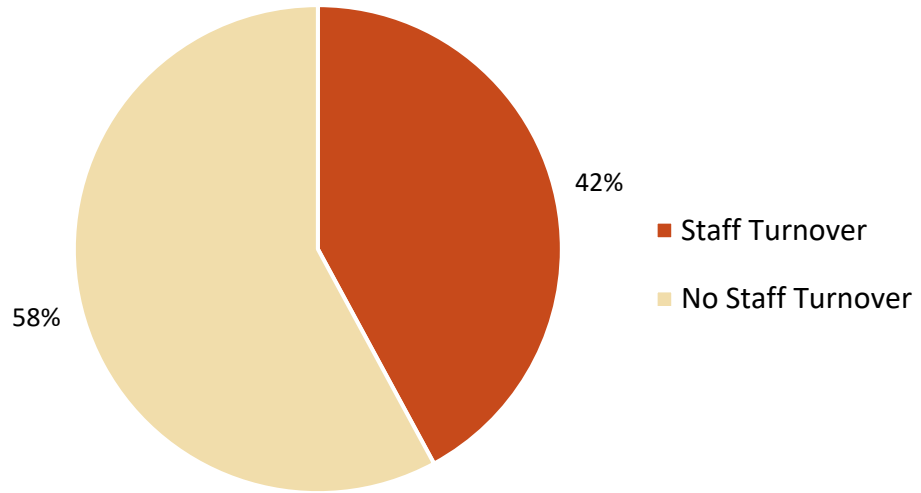


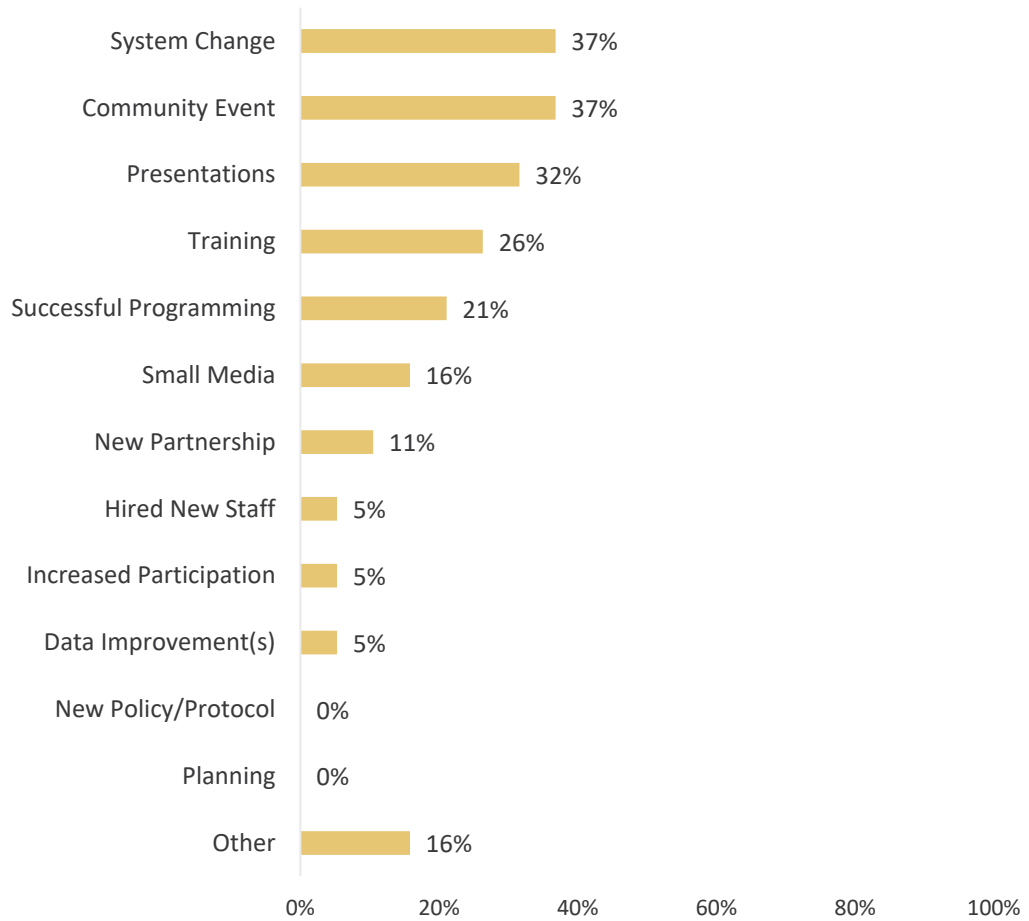
Table 30. Average Percentage of Time Paid to SASP Purpose Area 3 Project Coordinators from SASP Funding, 2019-2020

	Percent
Average Percentage of Time	22.9%
Range	0 – 50%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 85. Percentage of SASP Purpose Area 3 Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category



The most common SASP project accomplishments among Purpose Area 3 programs in project year 5 include system change (37%), community events (37%), and presentations (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.

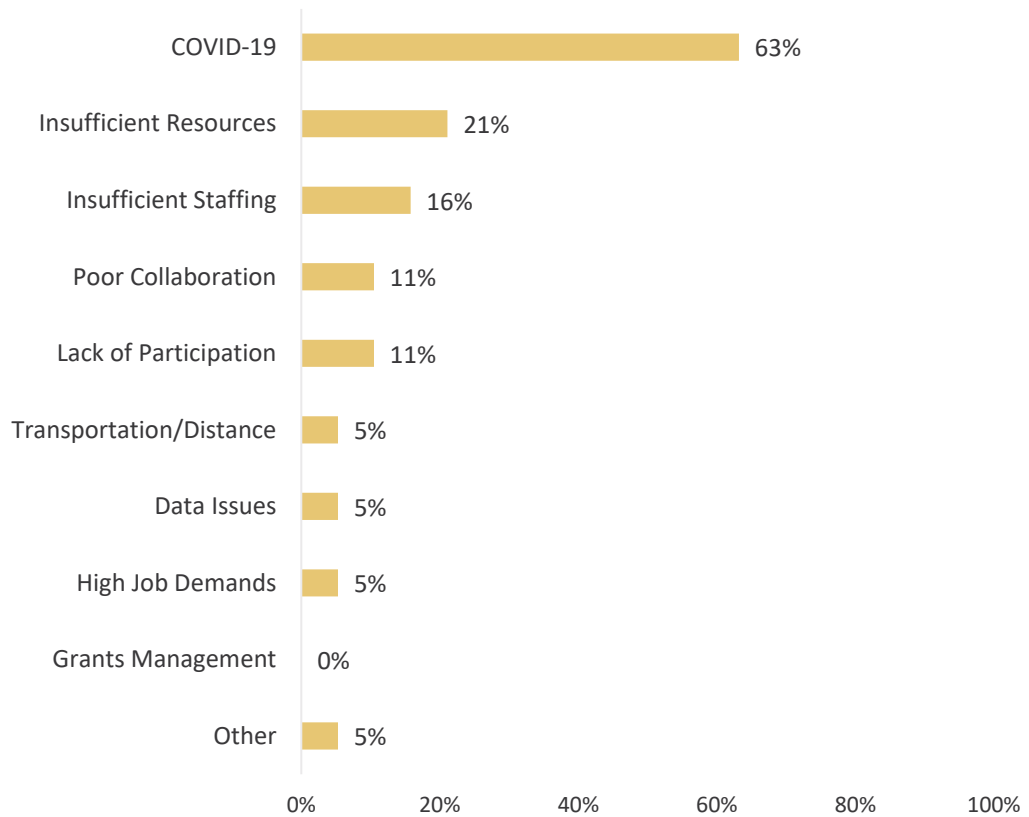
Table 31. SASP Purpose Area 3 Project Accomplishment Definitions

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 includes unique challenges reported by three or fewer SASP projects during the reporting period. These included creating a suicide crisis line and delivering resources and supplies.

PROJECT CHALLENGES

Figure 86. Percentage of SASP Purpose Area 3 Projects Reporting Various Challenges in 2019-2020, by Challenge Category

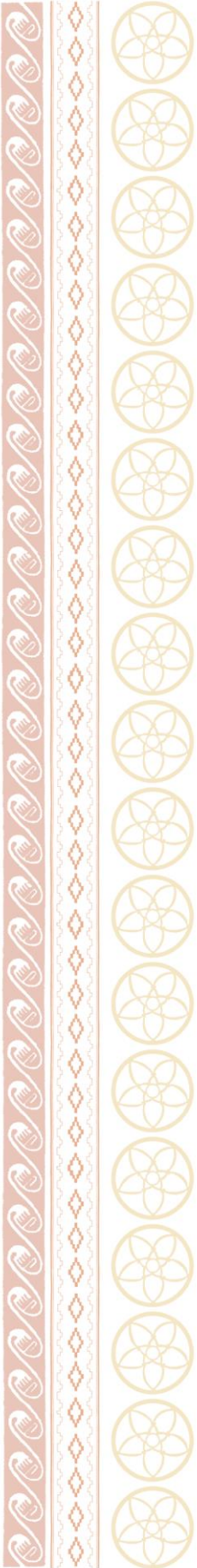


The most common SASP project challenges among Purpose Area 3 programs in project year 5 include challenges due to the COVID-19 pandemic (63%), insufficient resources (21%), and insufficient staffing (16%). See next report page for definitions and examples for each challenge type.

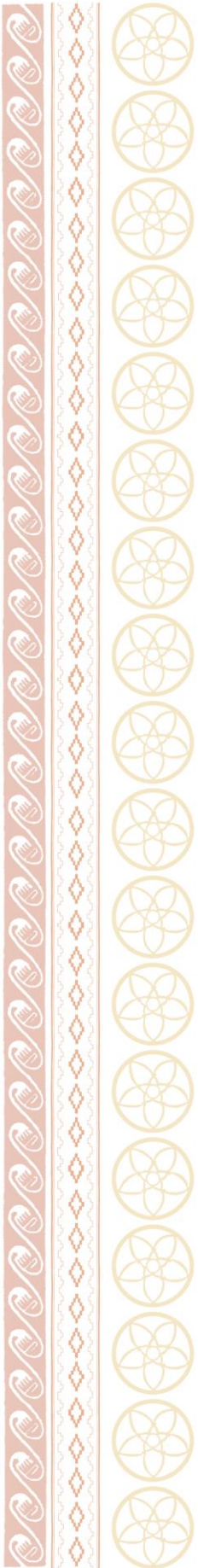
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 32. SASP Purpose Area 3 Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19	Challenges due to the COVID-19 pandemic such as cancellations of events and activities, closure of partnering departments and organizations, reassignment of staff to priority response projects, adaptation of pandemic safety procedures, inability to meet in person with project participants, and reduction in referrals.
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.



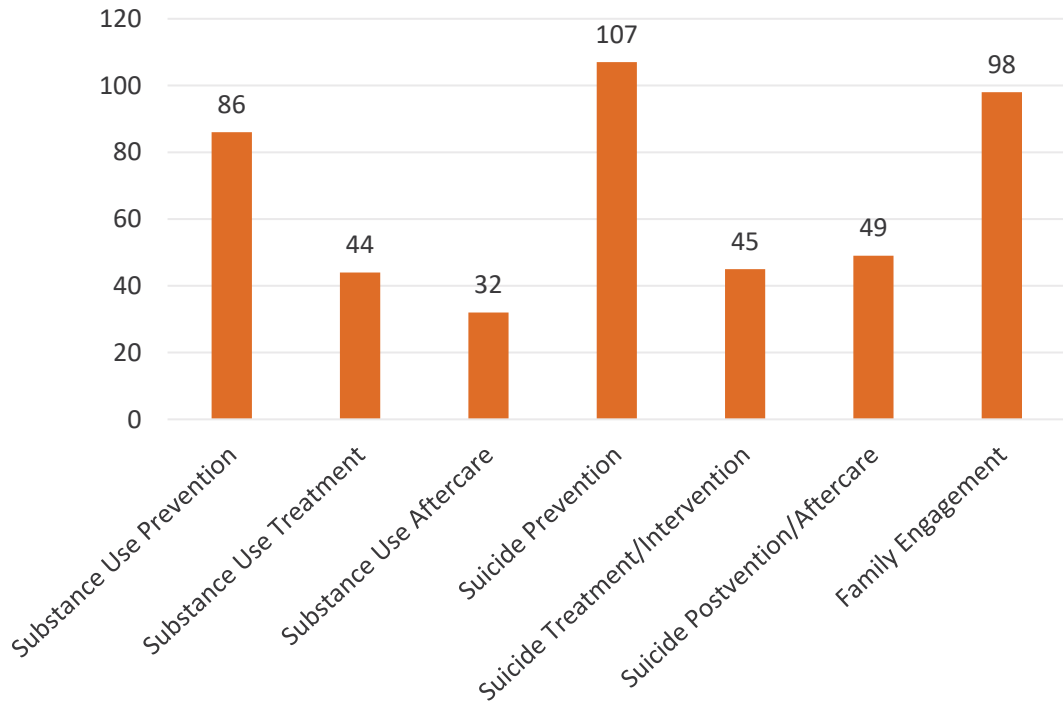
DATA CHALLENGES	Project noted poor access to relevant/reliable data or insufficient local data management systems/IT capacity as significant challenges.
STIGMA	Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.
OTHER	The other category includes unique challenges reported by three or fewer SASP projects during the reporting period.



**SECTION 8:
SASP PURPOSE AREA 4 ONLY**

POPULATION SERVED

Figure 87. Number of SASP Purpose Area 4 Projects by Service Type, 2019-2020*



*Projects were able to select multiple target populations.

As shown in [Figure 72](#), among the 108 SASP Purpose Area 4 projects, the most common service focal areas are suicide prevention, family engagement, and substance use prevention.

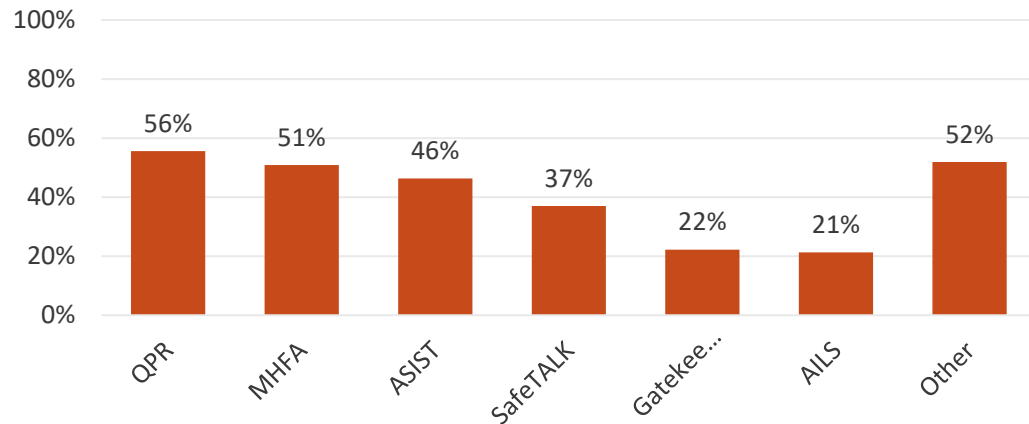
Table 33. Number of Encounters among SASP Purpose Area 4 Projects, 2019-2020

	N
Youth Encounters	870,027
Social Media Encounters	1,650,627
Family Engagement Encounters	41,628

OBJECTIVE 1: IMPLEMENTATION OF EVIDENCE-BASED PRACTICES

EVIDENCE-BASED PRACTICES

Figure 88. Types of EBPs that SASP Purpose Area 4 Projects Utilize for Suicide Prevention, 2019-2020*



*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 (56%), MHFA (51%), and ASIST (46%).

“Other” Evidence-Based Practices for suicide prevention include Native Hope, Operation SAVE, Gathering of Native Americans (GONA), Traditional and cultural teachings; White Bison; Mothers and Fathers of Tradition; 12 step program; meditation; Ask an Elder; Beginning Awareness Basic Education Studies (BABES); Brief Solutions Focus Therapy; Healthy Families; Collaborative Assessment and Management of Suicidality (CAMS); SafeTALK; EMDR: Project Venture; NativeSTAND; Grief Recovery Method; HOPE Suicide Prevention Training for Crime Victims; Healing of the Canoe; Cognitive Behavioral Therapy (CBT); Dialectical Behavioral Therapy (DBT); psychotherapy; Lifelines; Talk Saves Lives; Kognito At-Risk; ACE screenings; medication management; Mindwise: Signs of Suicide (SOS); Natural Helpers; No Bullying program; Botvin Lifeskills; Quantum Learning; Risk Assessment Childhood PTSD; SAFE-T; Smart Moves; social marketing; Sources of Strength; talking circle; suicide prevention and awareness workshops; Suicide to Hope; WeRNative texting app; Trevor Project – CARE training; Wellbriety Medicine Wheel; White Bison; WhyTry; WRAP; and PC CARES.

KEY:

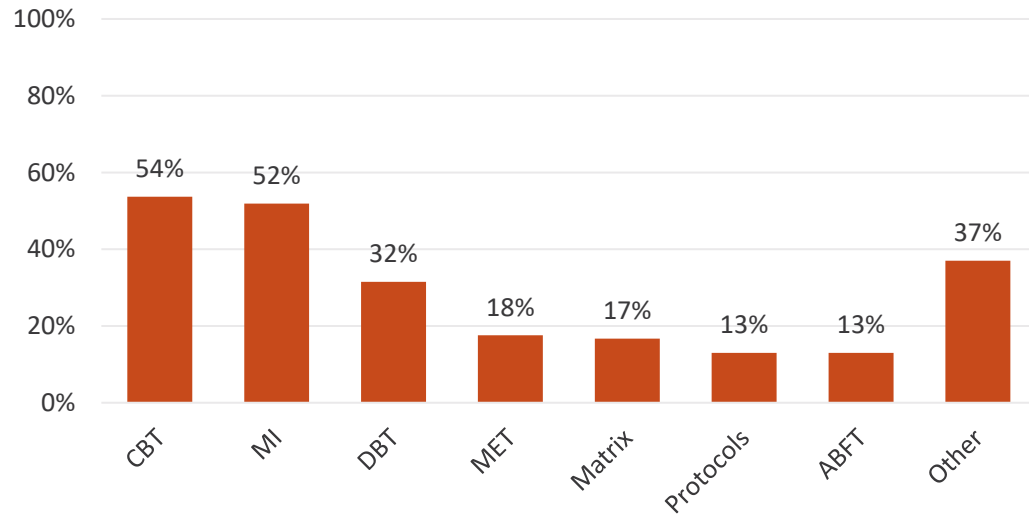
AILS = American Indian Life Skills

ASIST = Applied Suicide Intervention Skills Training

MHFA = Mental Health First Aid

QPR = Question Persuade Refer

Figure 89. Types of EBPs that SASP Purpose Area 4 Projects Utilize for Suicide Intervention/Treatment, 2019-2020*



*Projects were able to select multiple types.

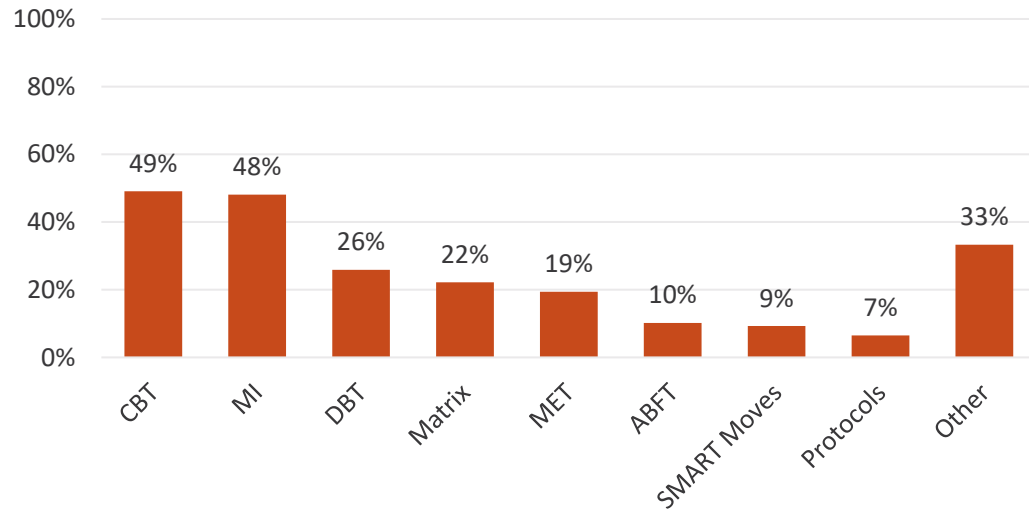
As demonstrated in [Figure 74](#), SASP Purpose Area 4 projects most commonly use the following Evidence-Based Practices for suicide intervention/treatment: CBT (50%) and MI (50%).

“Other” Evidence-Practices for suicide intervention/treatment include: Collaborative Assessment and Management of Suicidality (CAMS); CRAFFT screening tool; PHQ-2; PHQ-9; General Anxiety Disorder screening tool (GAD); Ask Suicide-Screening Questions (ASQ); CSSRS; psychotherapy; cognitive energy work; ASIST; Eye Movement Desensitization Reprocessing (EMDR); strengths-based therapy; solution-focused therapy; sand tray therapy; play therapy; art therapy; Community Resiliency Model (CRM); coping and support training; Creators Game; culturally-based practices; Prime for Life; Medication Assisted Treatment (MAT); Grief Recovery Method; referrals; NativeSTAND; Alcohol and Drug Information School (ADIS); Attachment, Self-Regulation, and Competence (ARC); Project Venture; Seeking Safety; Stanley Brown Safety Planning Tool; White Bison; WhyTry; and Young Warriors.

KEY:

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

Figure 90. Types of EBPs that SASP Purpose Area 4 Projects Utilize for Substance Use Prevention, 2019-2020



**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%).

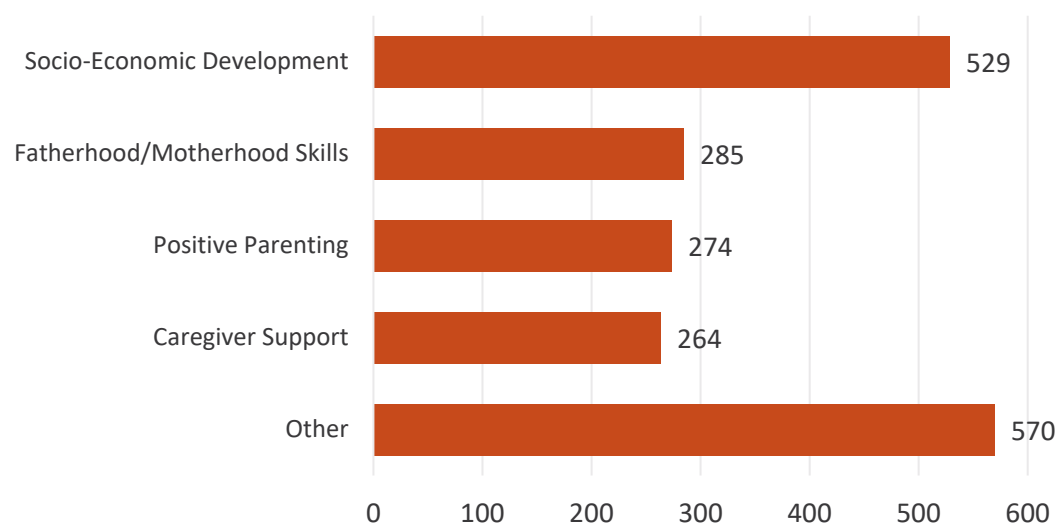
“Other” Evidence-Based Practices for substance use prevention include: cultural and traditional practices; Choice Dorm class; creative arts; CRAFFT screening tool; PHQ-9; GAD; ASQ; ACRA; CAGE screening tool; Culture and Drugs Don’t Mix; Project Venture; Sources of Strength (SOS); social marketing; Healing of the Canoe; Prime for Life; 12 Step Program; Relapse Prevention; alcohol and drug education; NativeSTAND; Alcohol True Stories; An Apple a Day; safety planning; Wellbriety; referrals; Meth SMART; White Bison; Media Ready; sand tray therapy; play therapy; art therapy; psychoeducation; risk assessment; Living Life in Balance Model; Creator’s Game; strength-based therapy; solution-focused therapy; Botvin Lifeskills; Coping and Support Training (CAST); Guiding Good Choices (GGC); Gathering of Native Americans (GONA); Too Good for Drugs and Violence; Seeking Safety; Beginning Awareness Basic Education Studies (BABES); Mental Health First Aid (MHFA); SAMHSA Anger Management; Calricaraq Healthy Families; Alcohol and Drug Information School (ADIS); Attachment, Self-Regulation, and Competence (ARC); WhyTry; Warrior Down; and Living in Two Worlds curriculum.

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 91. Number and Type of SASP Purpose Area 4 Project Family Engagement Trainings, 2019-2020



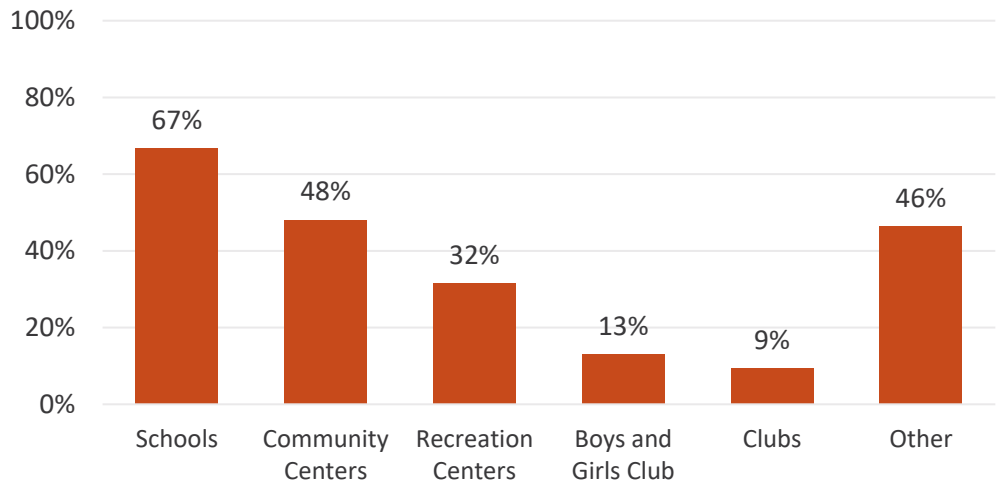
In total, SASP Purpose Area 4 programs provided **1,377** family engagement activities and had **49,628** family encounters.

“Other” family engagement trainings include:

- Too Good for Drugs and Violence
- Question Persuade Refer (QPR)
- Social Emotional Learning
- Trauma Informed Care
- Good Road of Life
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Developmental Assets Discussion
- Strengths-Based Trainings
- SafeTalk
- ASIST
- Gathering of Native Americans (GONA)
- Stronghold
- Camping trips
- Native Wellness Model
- Mental Health First Aid
- Native STAND
- PC Cares
- Positive Indian Parenting
- Responding to Concerning Social Media Use
- Drum Teachings
- Grief and Loss Training
- Cultural nights
- Medication Administration Training
- Culture ad Drugs Don't Mix
- Unity Midyear
- Traditional crafts
- Stories from Elders

OBJECTIVE 3: YOUTH SUBSTANCE USE PREVENTION

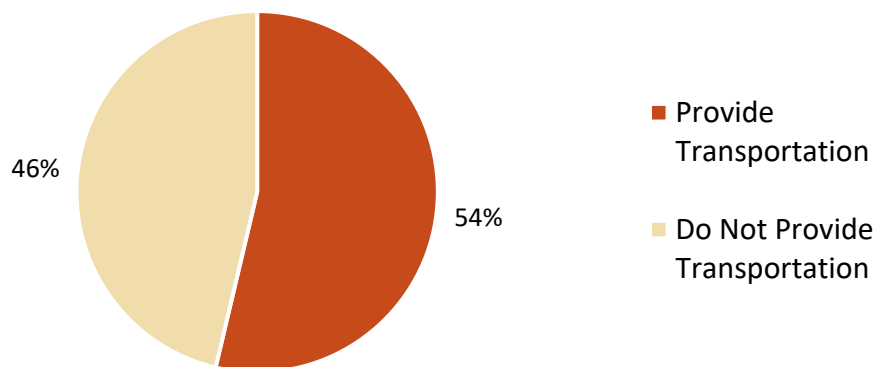
Figure 92. Locations where SASP Purpose Area 4 Projects Provide Youth Prevention Activities, 2019-2020



In total, SASP Purpose Area 4 programs provided **1,691** youth prevention projects. Programs averaged around **17** youth prevention projects per program.

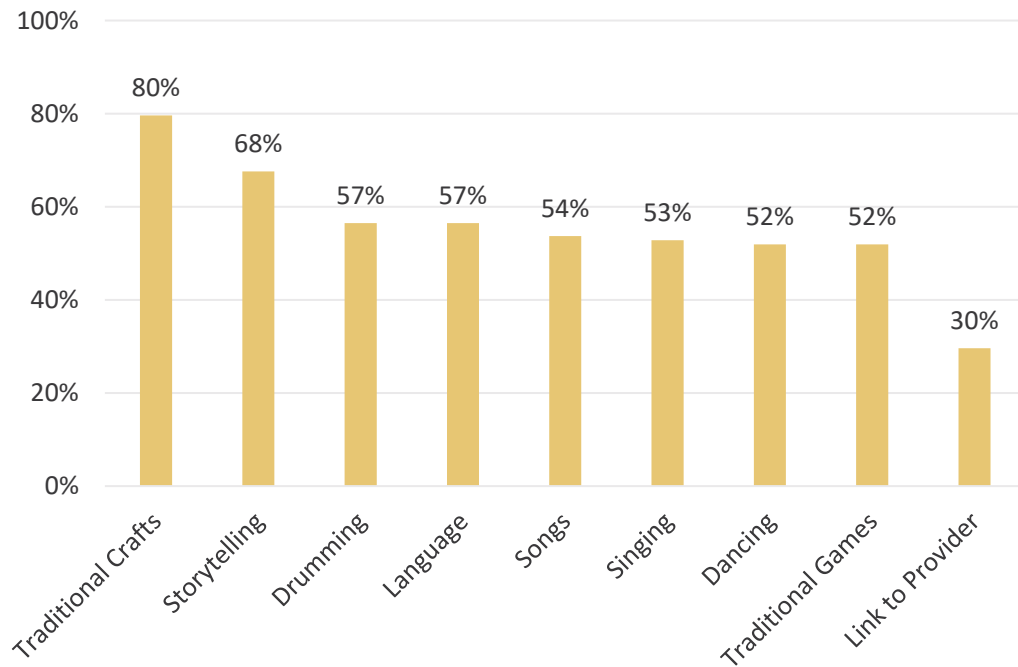
Other locations include field trips; chapter houses; Tribal museum; in family homes; Tribal organizational sites; camping locations; sledding party; Tribal health departments; health clinic; outdoor scavenger hunt; through virtual platforms like Zoom; Cultural Heritage Center; Family Resource Center; Youth Center; Community Center; outdoor resort; traditional village site; parks; office space; ropes course; dormitory; Tribal gym; theaters; and wilderness.

Figure 93. Percentage of SASP Purpose Area 4 Projects Providing Transport, 2019-2020



CULTURAL AND FAITH-BASED SERVICES

Figure 94. Percentage of SASP Purpose Area 4 Projects Integrating Cultural Services into Project Activities by Practice Type, 2019-2020*

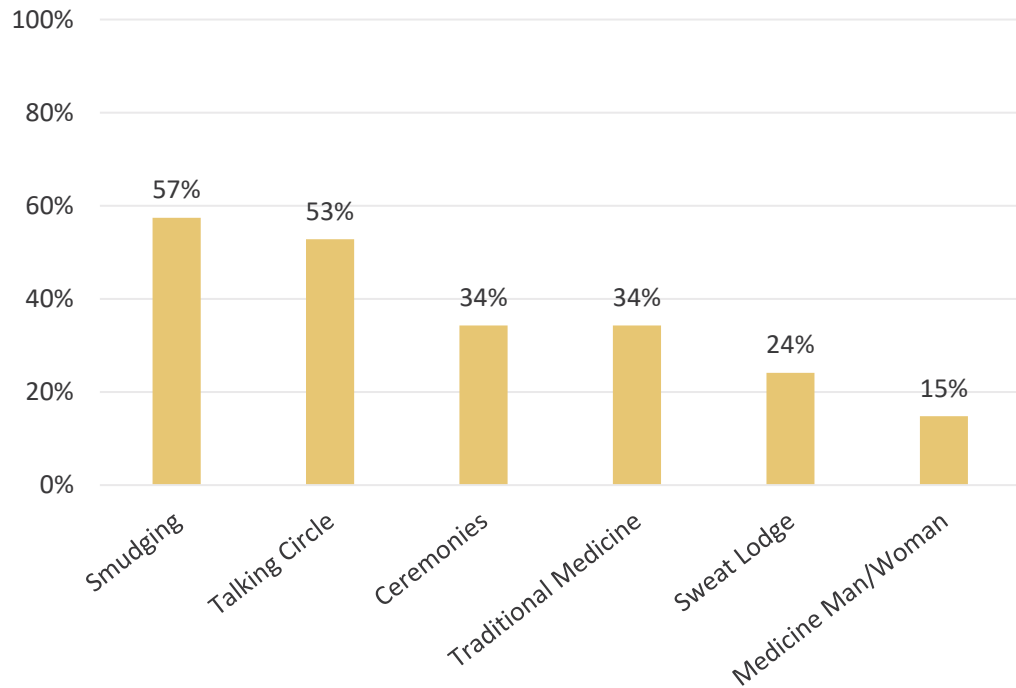


*Projects were able to select multiple types.

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 (68%). The majority of SASP Purpose Area 4 projects integrate at least one of these cultural practices into their project services (91.7%).

A total of **40,299** individuals received cultural services from SASP Purpose Area 4 programs.

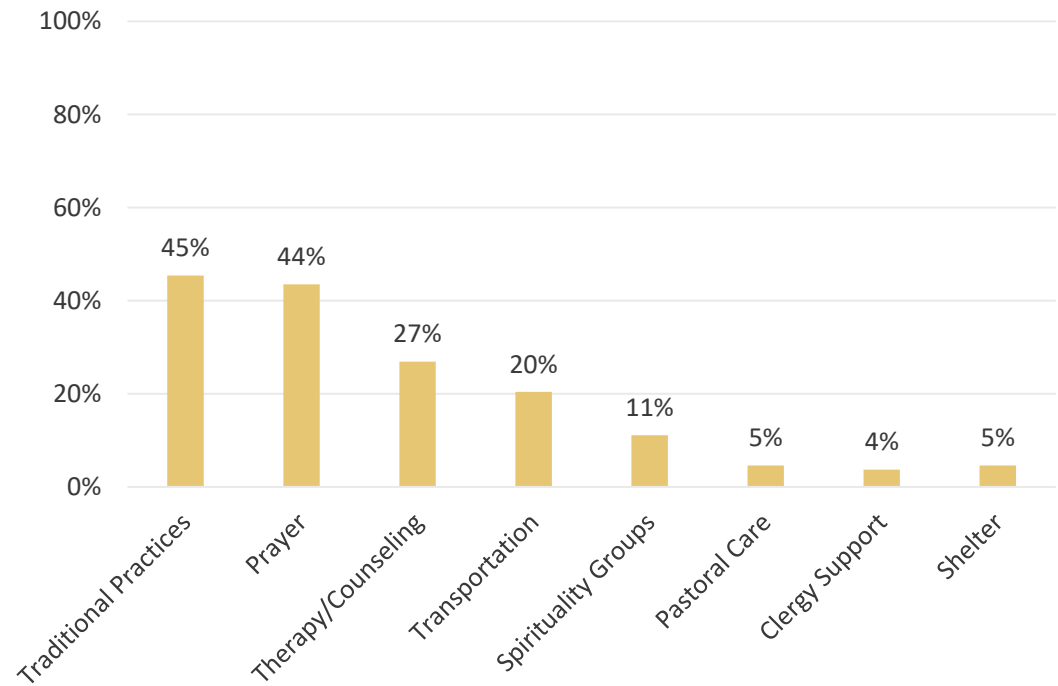
Figure 95. Percentage of SASP Purpose Area 4 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2019-2020*



**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 (57%) 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 (77.8%).

Figure 96. Percentage of SASP Purpose Area 4 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2019-2020*



*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 in project activities: traditional practices (45%) and prayer (44%). About two-thirds of SASP Purpose Area 4 projects integrate at least one of these faith-based practices into their project services (65.7%).

A total of **7,519** individuals received faith-based services from SASP Purpose Area 4 programs.

Figure 97. Percentage of SASP Purpose Area 4 Projects that Referred Youth to a YRTC, 2019-2020

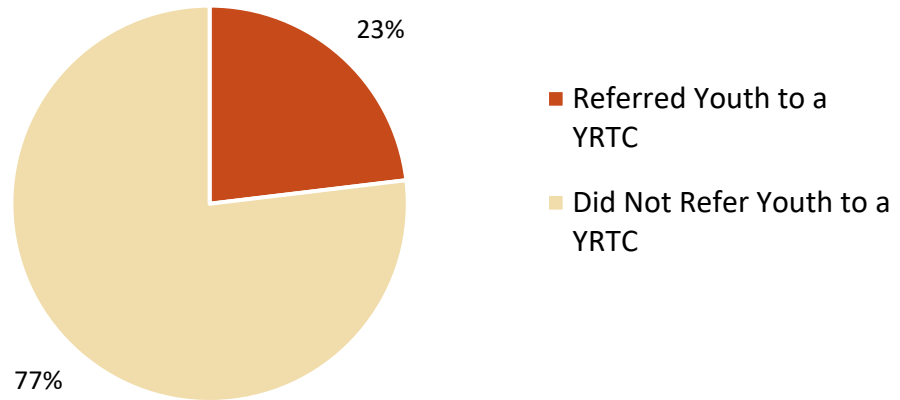
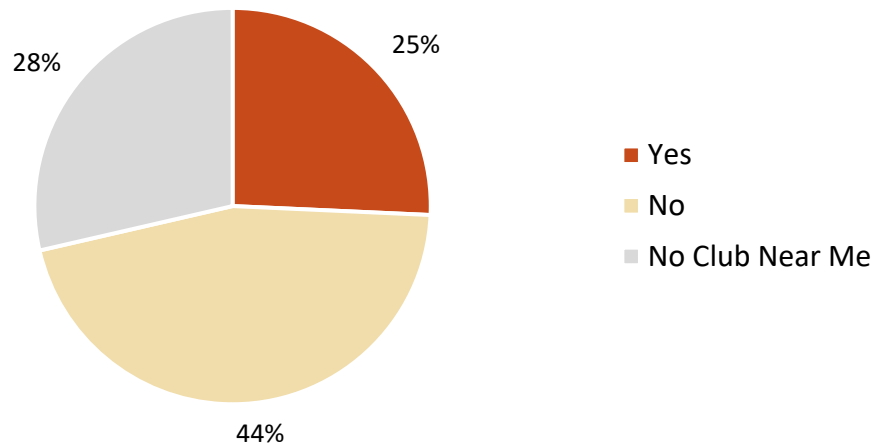
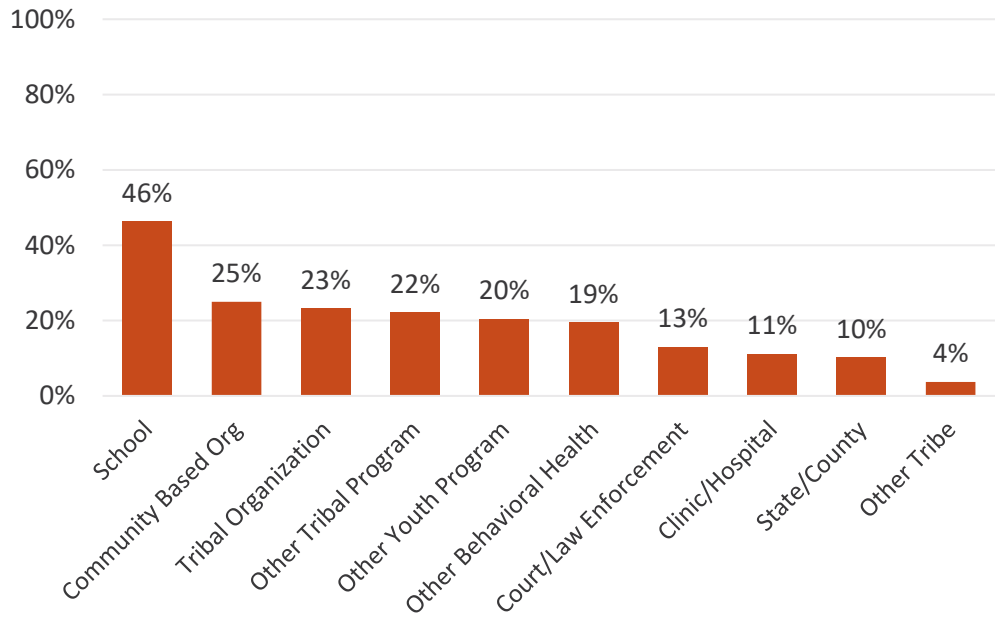


Figure 98. Percentage of SASP Purpose Area 4 Projects that Partner with Boys and Girls Club, 2019-2020



PARTNERSHIPS

Figure 99. Types of Community Partners with MOA/MOU with Purpose Area 4 Projects, 2019-2020*



*Projects were able to select multiple types.

Table 34. Number of Partners among SASP Purpose Area 4 Projects, 2019-2020

	N
New Partnerships	383
Average Partnerships per Project	3.7
Range	0 – 43

Table 35. SASP Purpose Area 4 Projects Social Media and Awareness Campaigns, 2019-2020

	N
Total Social Media Posts about Suicide Prevention	46,405
Substance Use-Focused Radio/TV/Billboard Ads	1592

Forms of social media used by SASP Purpose Area 4 projects include:

- Facebook
- Instagram
- Twitter
- Shapchat
- TikTok
- LinkedIN
- YouTube
- Padlet
- FaceTime
- Text messaging
- Newspaper
- Tribal newsletter
- Billboard
- Program website
- Local radio
- GoodHealthTV

Groups that SASP Purpose Area 4 programs were unable to reach include:

- Due to the COVID-19 pandemic, all groups were more difficult to reach
- Youth under 12 years of age
- Adults and older adults
- College-aged population
- Community members without internet access and/or social media
- Elders
- Members living off Tribal lands
- Population outside of the schools
- Staff of programs that shut down during the pandemic
- Individuals in more rural areas
- Law enforcement
- Providers
- Students under 18 years of age
- Suicide loss survivors
- The LGBTQIA+ community
- Seasonal workers

STAFFING

Figure 100. Number of Behavioral Health Staff Hired by SASP Purpose Area 4 Projects by Type, 2019-2020

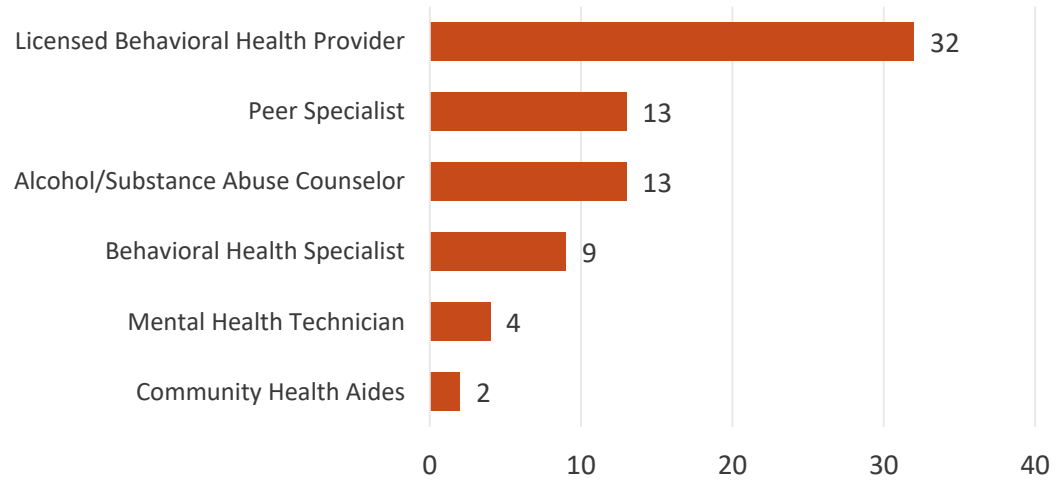


Figure 101. Number of Behavioral Health Staff Currently Paid by Project Funds of SASP Purpose Area 4 Projects by Type, 2019-2020

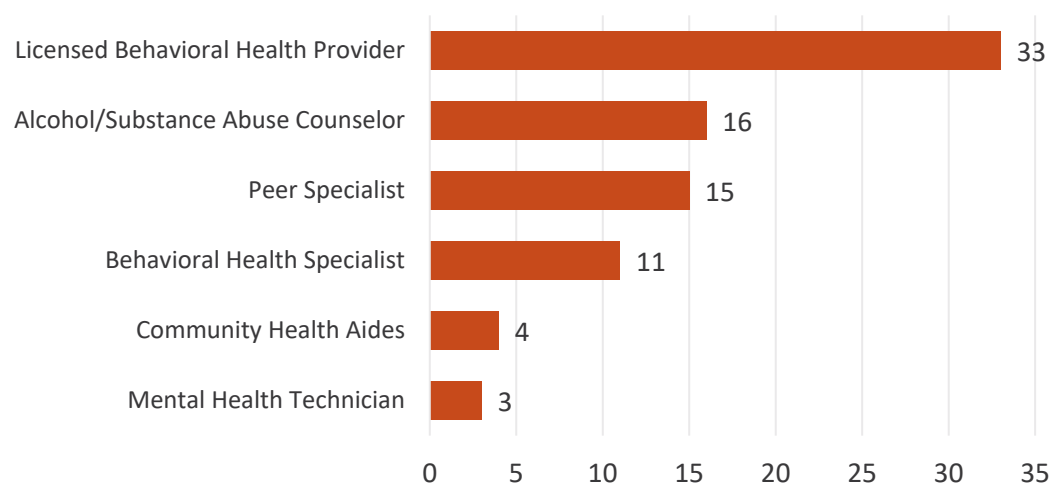


Figure 102. Percentage of SASP Purpose Area 4 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2019-2020

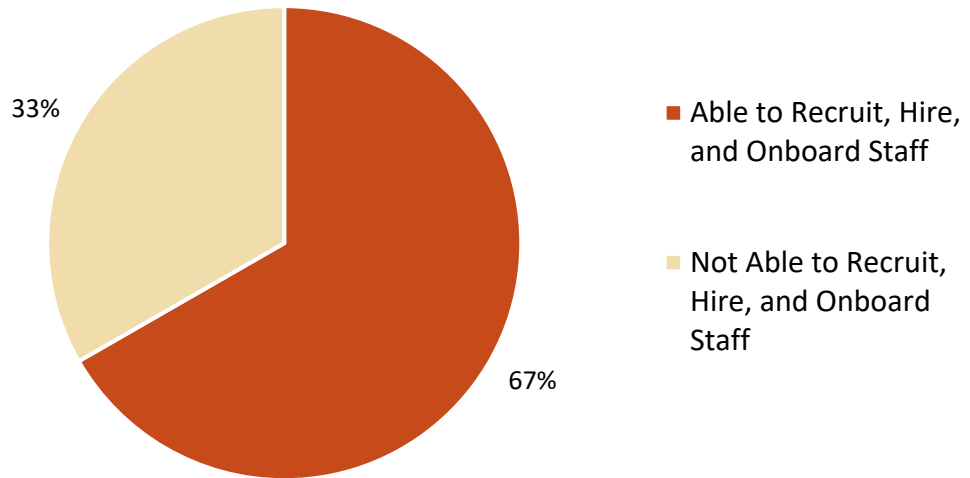


Figure 103. Percentage of SASP Purpose Area 4 Projects with a Full-Time Project Coordinator, 2019-2020

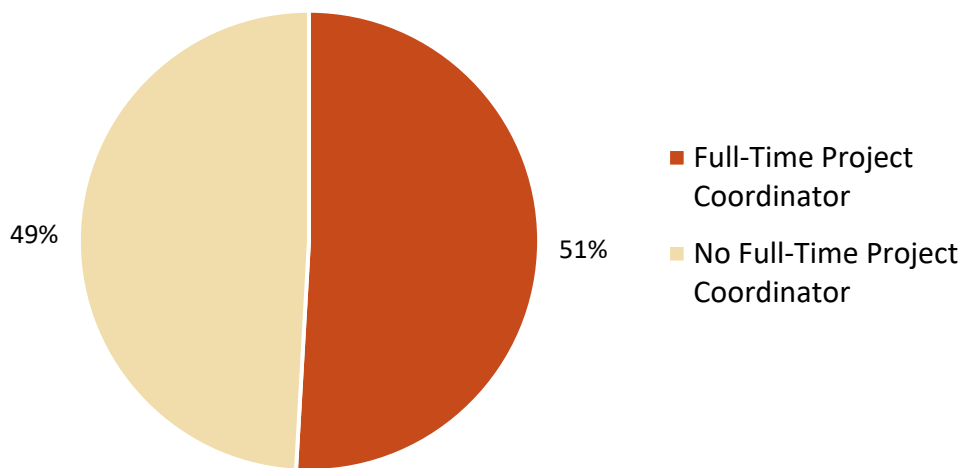


Figure 104. Percentage of SASP Purpose Area 4 Projects that Experienced Staff Turnover, 2019-2020

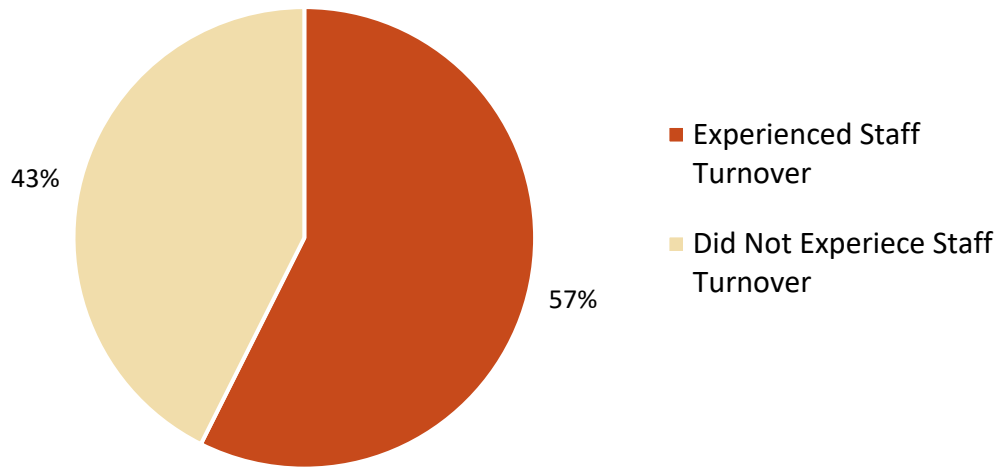


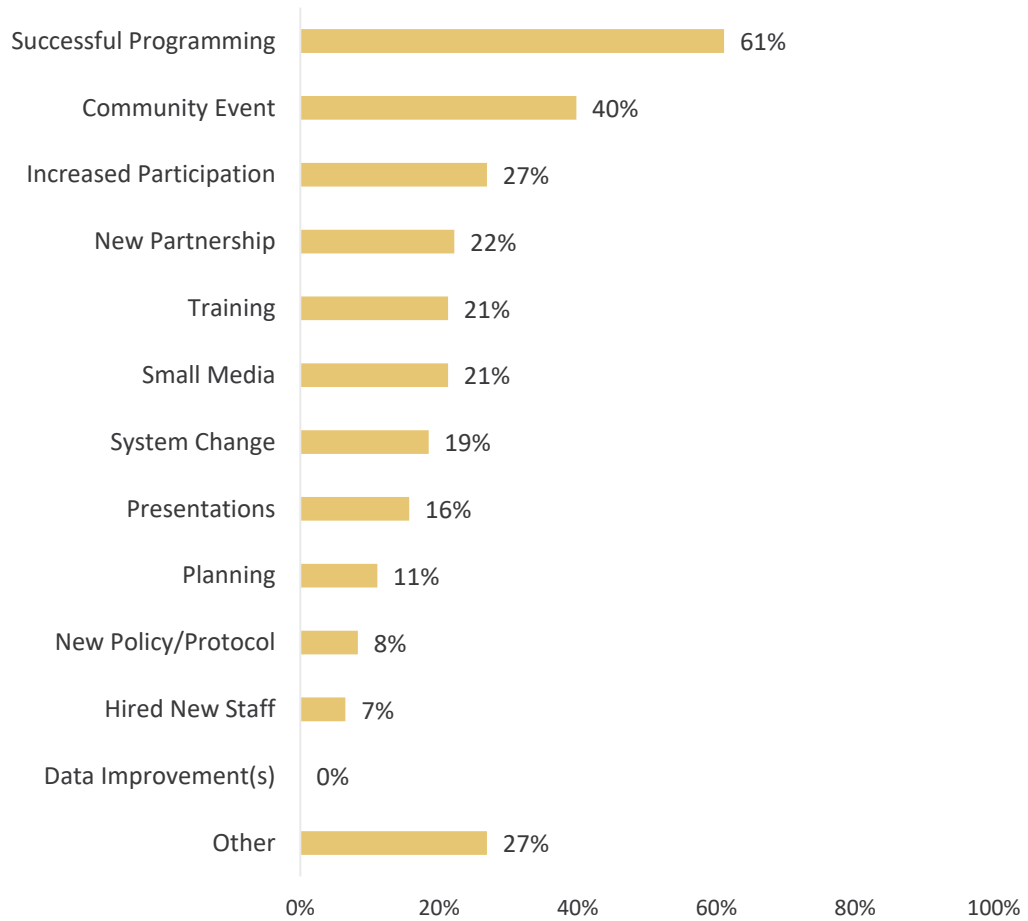
Table 36. Average Percentage of Time Paid to SASP Purpose Area 4 Project Coordinators from SASP funding, 2019-2020

	Percent
Average Percentage of Time	19.44%
Range	0 – 100%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 105. Percentage of SASP Purpose Area 4 Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category



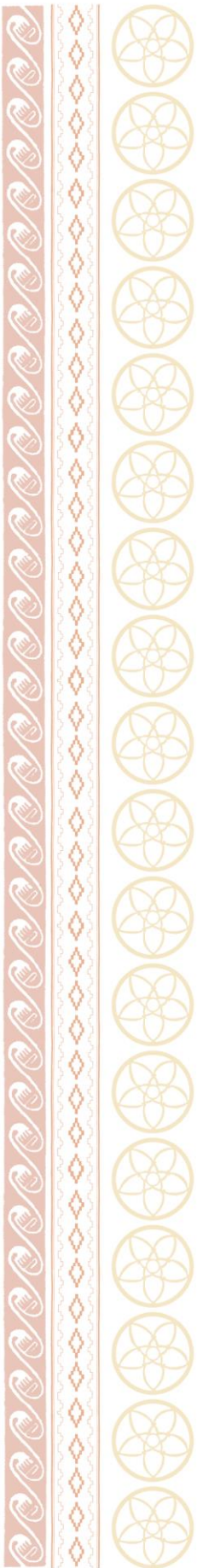
The most common SASP project accomplishments among Purpose Area 4 programs in project year 5 include successful programming (61%) and community events (40%). See next report page for definitions and examples for each accomplishment type.

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 37. SASP Purpose Area 4 Project Accomplishment Definitions

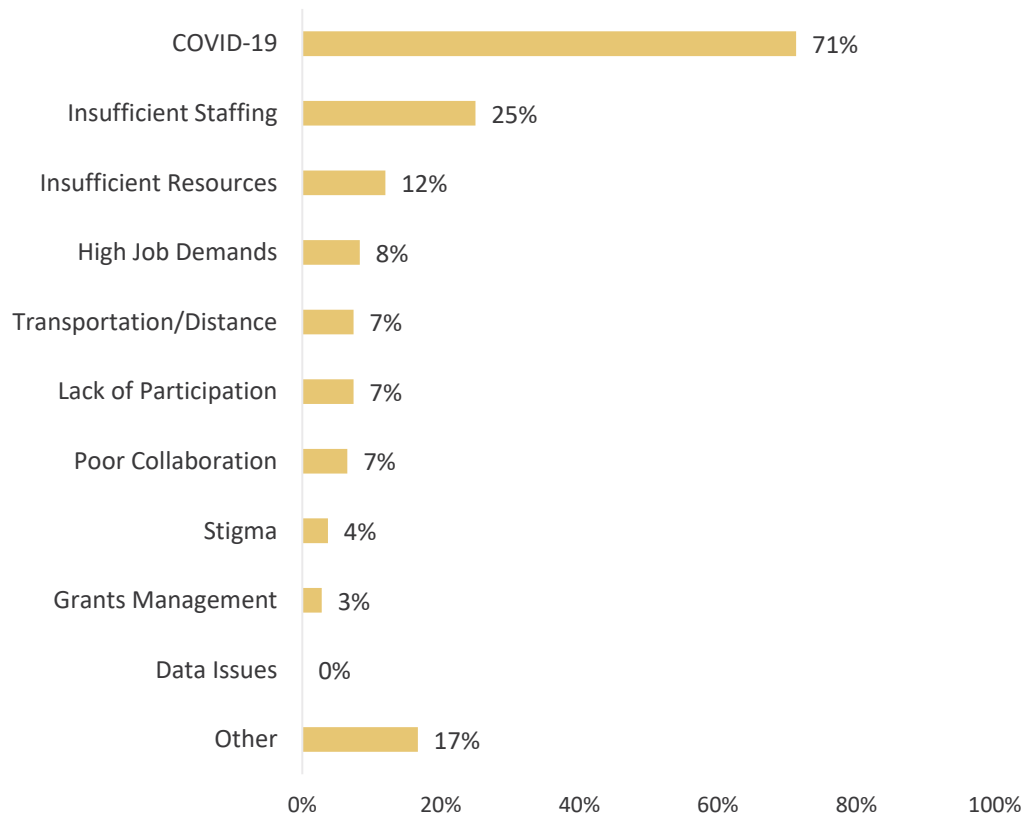
ACCOMPLISHMENT	DEFINITION
COMMUNITY EVENT	Project has identified at least one community event or activity sponsored by the SASP project as a success during the reporting period. Common community event types included: school education events, health fairs, camps, run/walk, community presentations/workshops, 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 includes unique successes reported by five or fewer SASP projects during the reporting period. These included developing a crisis development team; successfully obtaining information from the community; developing a pilot program; creating digital stories and photovoice projects; involving of youth council; delivering activity kits; developing a sensory room; delivering resources and supplies; creating a storybook about the effects of suicide; planting a Healing Garden; holding an Indian Name ceremony; informational booths for behavioral health services; hosting an internship; holding a live radio forum; meeting with elders; reducing the waiting lists for child and adult services; and creating a resource list of adults able to help youth who are struggling.



PROJECT CHALLENGES

Figure 106. Percentage of SASP Purpose Area 4 Projects Reporting Various Challenges in 2019-2020, by Challenge Category



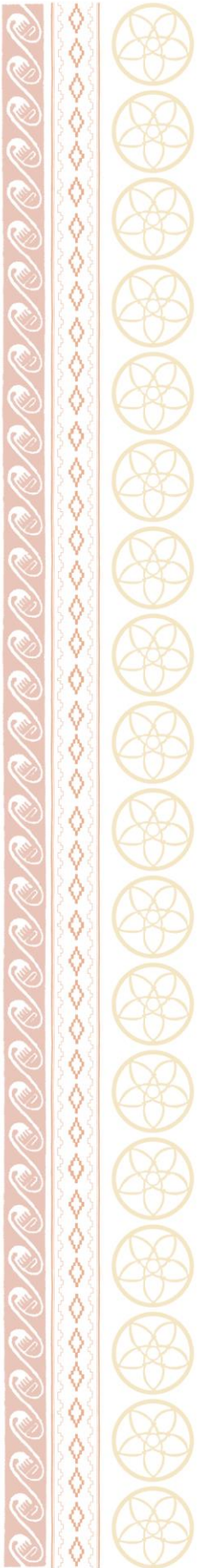
The most common SASP project challenges among Purpose Area 4 programs in project year 5 include COVID-19 pandemic related challenges (71%), insufficient staffing (25%) and insufficient resources (12%). See next report page for definitions and examples for each challenge type.

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 38. SASP Purpose Area 4 Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19	Challenges due to the COVID-19 pandemic such as cancellations of events and activities, closure of partnering departments and organizations, reassignment of staff to priority response projects, adaptation of pandemic safety procedures, inability to meet in person with project participants, and reduction in referrals.
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.
STIGMA	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.
OTHER	The other category includes unique challenges reported by five or fewer SASP projects during the reporting period. These included challenges with using telehealth and other internet-based communications; a lack of training; overlap between similar programs; issues with payment management system; delay in program start; inability to purchase food with grant funds; need additional time as five years was enough to just get started; transfer of office building; no homeless shelter; and challenges with weather.

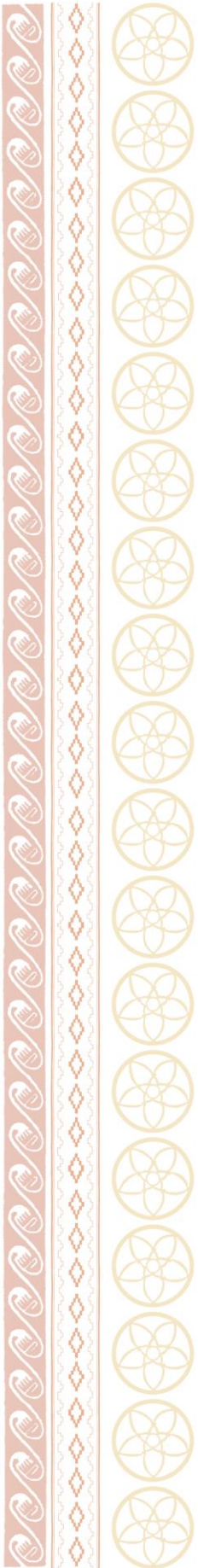


**SECTION 9:
SASP PURPOSE AREA 1 ONLY**

SASP PURPOSE AREA 1: BRIEF PROGRESS REPORT 2019-2020

General trends for the period 2019-2020 among the three SASP Purpose Area 1 projects include:

- Total number of potential participants for Purpose Area 1 projects = 5,367
- Two projects experienced staff turnover, and one of the projects was able to hire new staff.
- One project plans to implement a continuing assessment.
- Key accomplishments include:
 - Community event
 - New partnership
 - Successful activity
 - Planning
- Key challenges include:
 - COVID-19 pandemic
 - Insufficient staffing
 - Lack of participation



APPENDIX: PROJECTS REPORTING



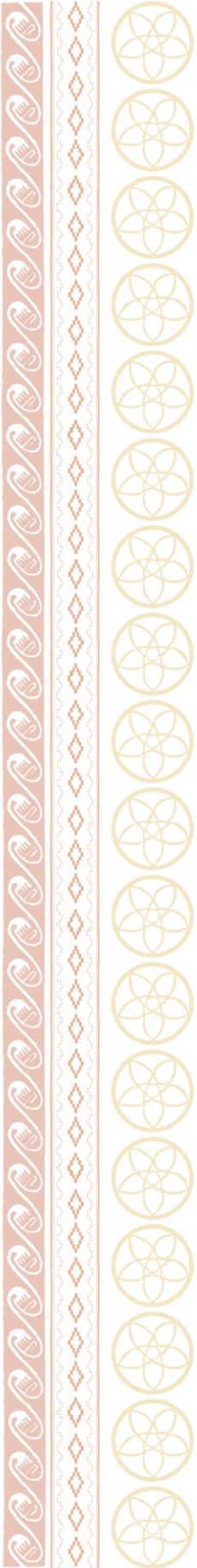
SASP PROJECTS REPORTING 2019-2020

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 & Services 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