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# The Methamphetamine and Suicide Prevention Initiative (MSPI)



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# Agenda

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- Background
- Awarded Programs
- Year 1 Results
- Next Steps



# What is the Methamphetamine and Suicide Prevention Initiative (MSPI)?

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- Demonstration pilot program:

Provides funding to innovative Tribal, Tribal organizations, Federally-Operated, and Urban Indian health programs to provide methamphetamine and/or suicide prevention and treatment services.



# MSPI Appropriation

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“\$14,000,000 provided for methamphetamine and suicide prevention and treatment initiative, of which up to \$5,000,000 may be used for mental health, suicide prevention, and behavioral health issues associated with methamphetamine use;” (P.L.110-161) – FY08

“ \$16,391,000 provided for methamphetamine and suicide prevention and treatment initiative”  
(P.L. 111-8)



# NTAC MSPI Consultation

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- Consultation and Collaboration over one year
- NTAC Developed program and funding distribution recommendations
- Director accepted those recommendations without alteration
- Together developed innovative funding mechanisms
- Together endorsed community developed and delivered programs



# MSPI



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- Represent innovative partnerships with IHS to deliver services **by and for the communities themselves**, with a national support network for ongoing program development and evaluation.
  - Establish evidence based or practice based methamphetamine and suicide prevention and intervention pilot projects.



# Practice Based Evidence



- Integrate mental health into tribal culture
  - Culture is not an add-on to a western approach
- Traditional healing practices & spirituality strongly evident
- PBE's are programs whose impact on participants and communities has not been documented.
- Documenting outcomes helps build knowledge and organizational capabilities in communities



# Evidence Based Practices

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- Very few behavioral health evidence based practices (EBPs) have been evaluated with the inclusion of significant numbers of AI/ANs or within AI/AN communities
- EBPs need to be adapted in order to become culturally competent for AI/AN communities
  - Identify core concepts of EBP and integrate with cultural context while maintaining fidelity
- Adaptations include the use of traditional spirituality, local cultural practices, and indigenous ways of learning



# What is the Methamphetamine and Suicide Prevention Initiative (MSPI)?

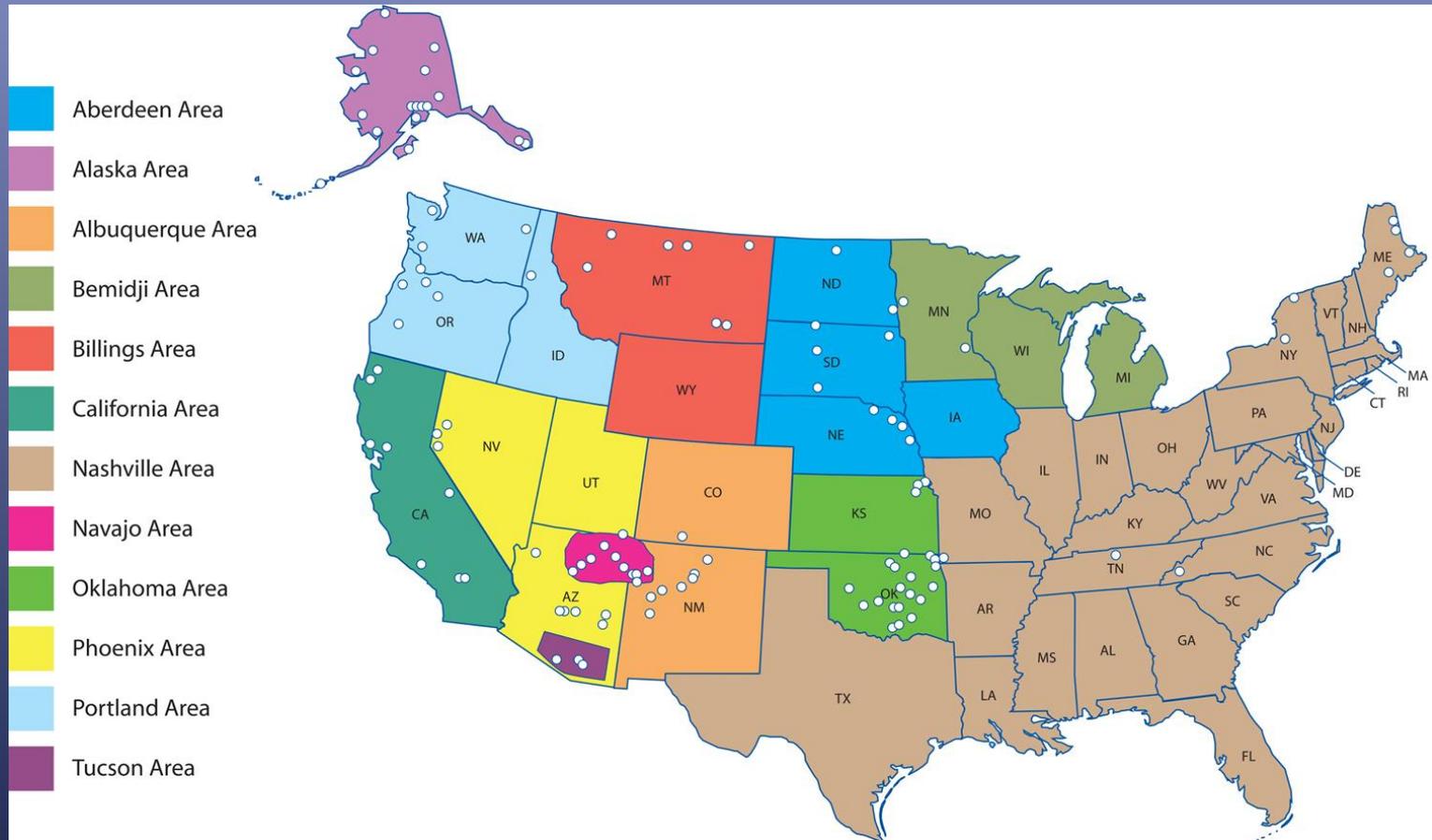
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127 IHS, Tribal, Youth, Urban Pilot Projects

- 112 Tribal and IHS awardees
  - Includes 3 Youth Regional Treatment Centers
- 12 Urban grantees
- 3 Tribal Youth grantees



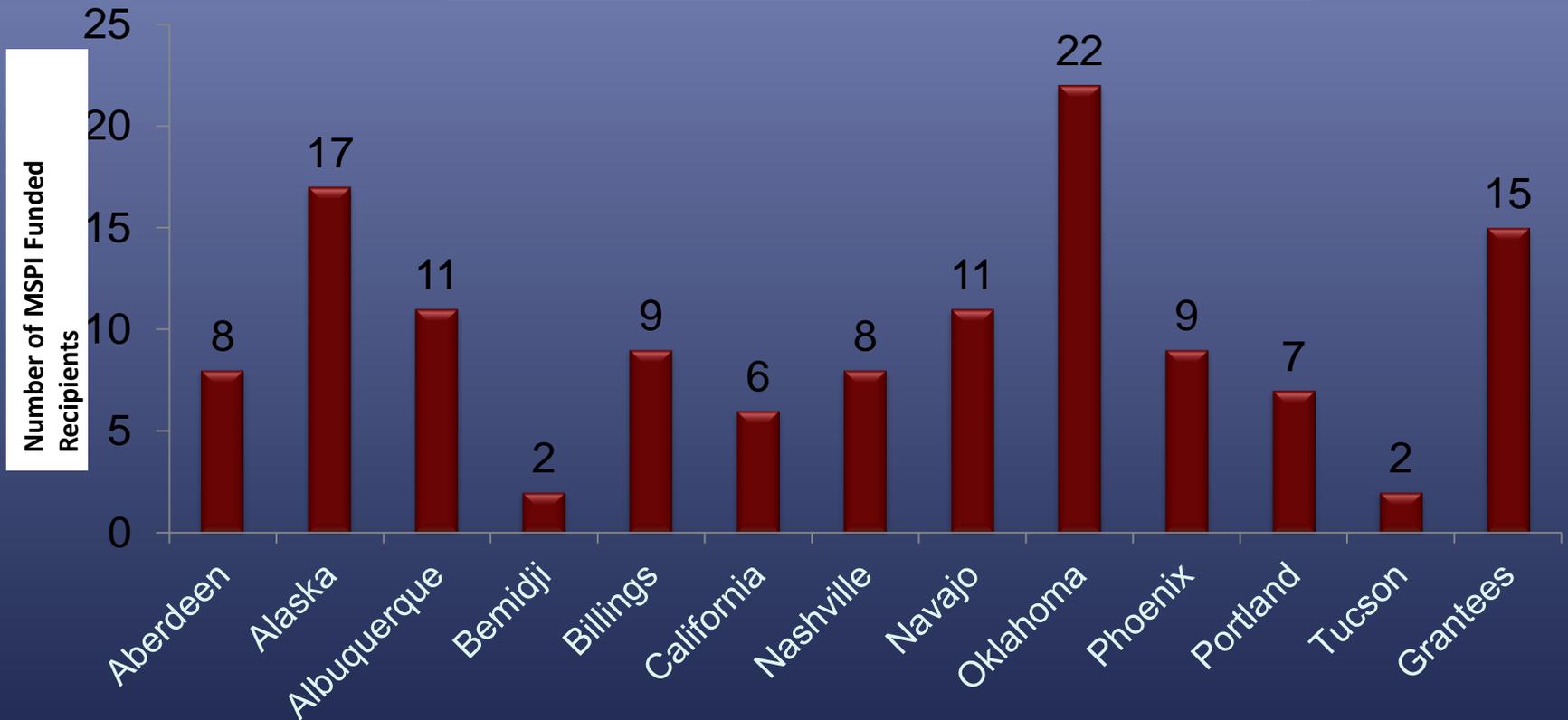
# MSPI by IHS Area





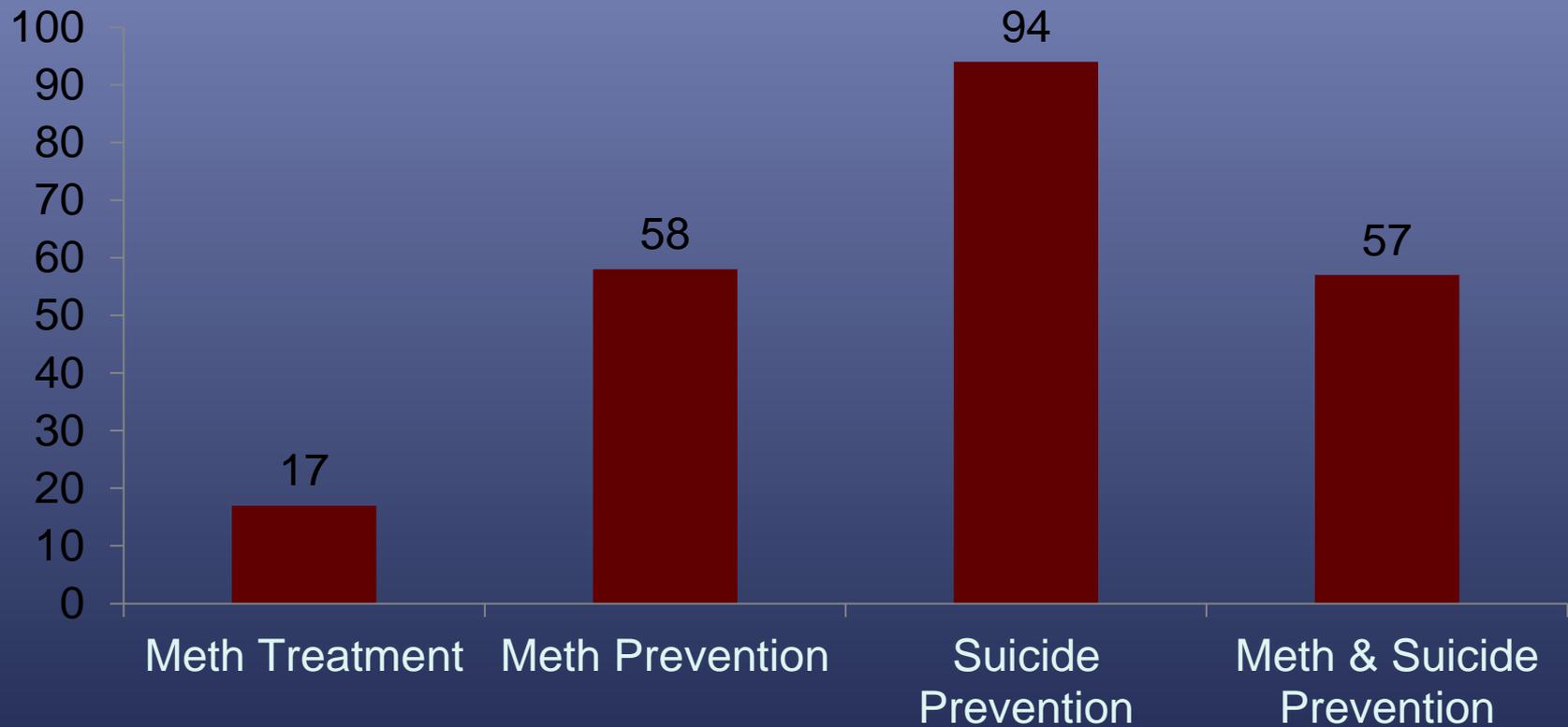
# MSPI Area Program Recipients

Number of MSPI Recipients by Area





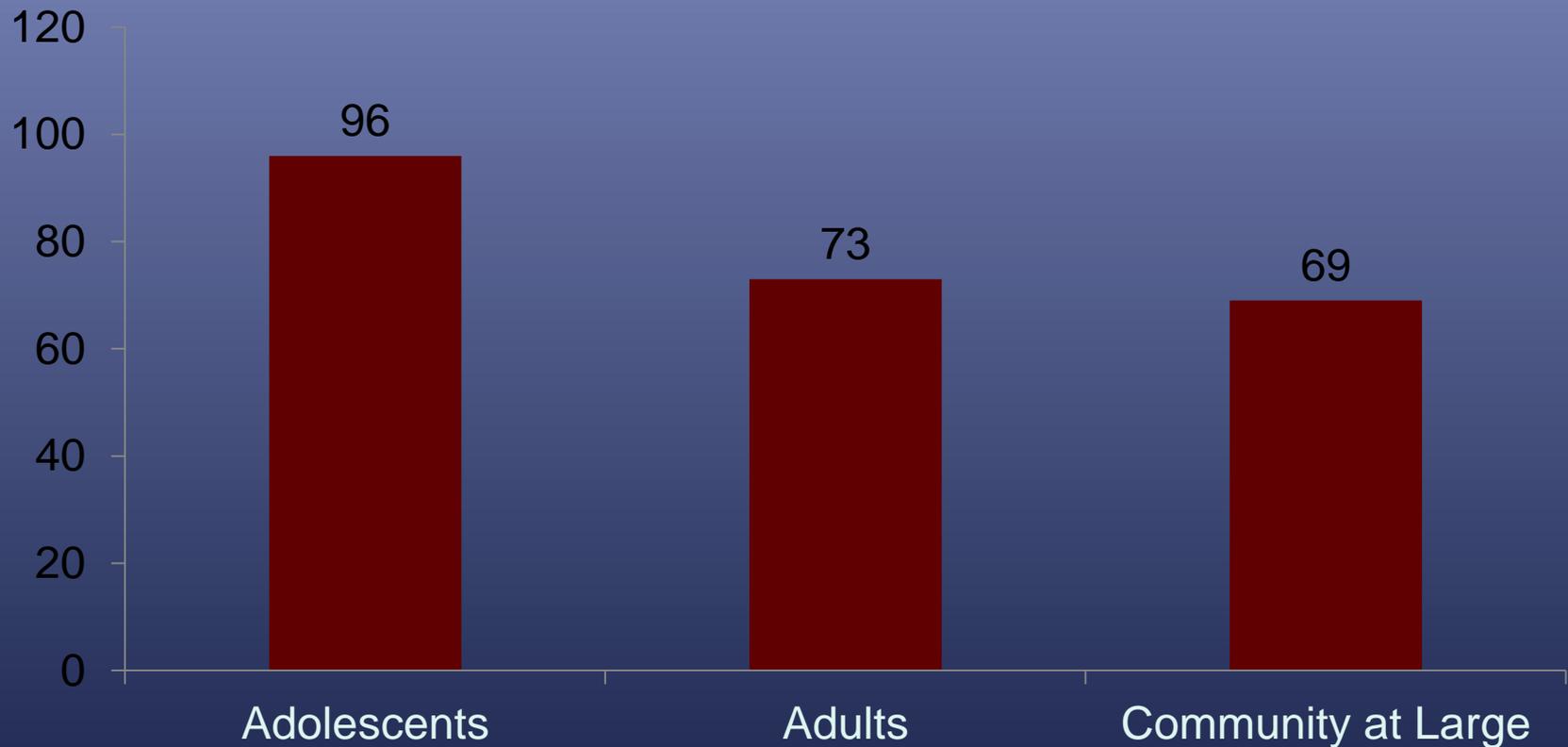
# MSPI Program Focus



Note: Responses are not mutually exclusive



# MSPI Target Population



Note: Responses are not mutually exclusive



# Year One Activities

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Of those MSPI programs who have reported to date, a total of 289,066 persons have been served through both prevention and treatment activities. Prevention activities include, but are not limited to:

- Evidence-based practice training
- Knowledge dissemination
- Development of public service announcements and publications
- Coalition development
- Crisis hotline enhancement



# Baseline Measures

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## Outcome Measure # 1: (38%)

The proportion of methamphetamine-using patients who enter a methamphetamine treatment program.

- 1,240 persons entering treatment

## Outcome Measure # 2: (80%)

Reduce the incidence of suicidal activities (ideation, attempts) in AI/AN communities through prevention, training, surveillance, & intervention programs.

- 14,242 persons reporting suicide-related activity

## Outcome Measure # 3: (44%)

Reduce the incidence of methamphetamine abuse in AI/AN communities through prevention, training, surveillance, & intervention programs.

- 4,370 persons with a methamphetamine disorder



# Baseline Measures

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## **Outcome Measure # 4: (66%)**

The proportion of youth who participate in evidence-based and/or promising practice prevention or intervention programs.

- 42,895 youth participating in EBP/PBE program

## **Outcome Measure # 5: (50%)**

Establishment of trained suicide crisis response teams.

- 674 persons trained

## **Outcome Measure # 6 (21%)**

Tele-behavioral health encounters.

- 617 tele-behavioral health encounters



# Program Highlights

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- One program is using MSPI funds to renovate a “safe room,” within their emergency department for suicidal patients
- One program is establishing a peer-to-peer suicide prevention program in 4 area high schools
- One program is implementing the only Tribal operated residential methamphetamine treatment facility in the Nation



# Next Steps

- Next steps will be a collaboration between IHS, NTAC, and Behavioral Health Work Group (BHWG);
- Continue local program implementation;
- Evaluation, data reporting, and repository of best practices;
- Evidence-Based and Practice-Based programs will be shared nationally;
- National organizations and JBS will be providing support and technical assistance to the projects; and
- Problem solving creative and culturally appropriate solutions to prevention and treatment barriers. (i.e., overcoming stigma, engaging marginalized populations, etc.).



# Contact Information

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