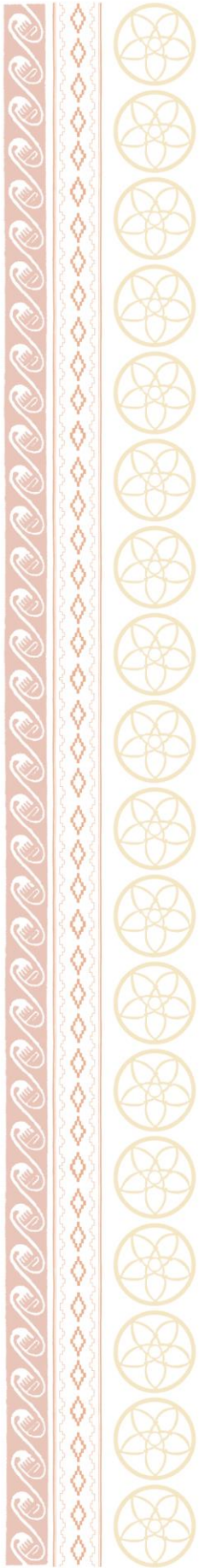


SUBSTANCE ABUSE AND SUICIDE PREVENTION PROGRAM

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 3 NATIONAL PROGRAM DATA REPORT
September 30, 2017 – September 29, 2018



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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OVERVIEW

This report summarizes the collective work of the 175 projects funded by the Substance Abuse and Suicide Prevention (SASP) program during the third year of funding. The data included in this report are from the period September 30, 2017 – September 29, 2018. 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.

MESSAGES FROM LEADERSHIP



*A Message from Elizabeth Fowler
Acting Director, Indian Health Service*

On behalf of the Indian Health Service, it has been our distinct honor to support the Tribal communities that work with the Substance Abuse and Suicide Prevention (SASP) program. Formerly known as the Methamphetamine and Suicide Prevention Initiative (MSPI), the demonstration pilot program began in 2008 and funded 130 pilot projects. Since its inception, we have seen many accomplishments including over 12,200 individuals entering treatment for methamphetamine abuse; more than 16,560 substance use and mental health disorder encounters via telehealth; over 16,250 professionals and community members trained in suicide crisis response; and more than 690,590 encounters with Native youth provided as part of evidence-based and practice-based prevention activities through 2015.

Building from the pilot program, the current cohort continues to promote evidence-based and practice-based models that address suicide and substance use prevention and intervention in Tribal communities. This allows the best community-based programming model to be implemented in each community in order to attain the best possible results. Keeping with that premise, the 175 SASP projects are funded in one of four purpose areas to allow for the flexibility of Tribes to focus on an area that is specific to the identified need in their community:

- 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 (Gen-I) Initiative Support

Working in these various targeted purpose areas, we are proud to highlight SASP program activities producing results between September 30, 2017-September 29, 2018:

- 2,052 individuals referred for substance use disorder treatment;
- 12,187 individuals were screened for substance use disorders;
- 64% of suicide prevention-focused projects enhanced the suicide screening process; and
- 79,803 individuals were screened for suicide ideation.

The SASP program has shown that community-driven prevention and intervention programs can uniquely address suicide and substance use in Tribal communities. We are excited to showcase the notable outcomes to-date that will result in a healthier future for American Indians and Alaska Natives.



*A Message from Darrell LaRoche
Director, Office of Clinical and Preventive Services
Indian Health Service*

On behalf of the Indian Health Service Office of Clinical and Preventive Services (OCPS), I am pleased to present the Substance Abuse and Suicide Prevention (SASP) program National Program Data Report for September 30, 2017-September 29, 2018. This unique program continues to make significant progress in addressing suicide and substance use in American Indian and Alaska Native (AI/AN) communities by utilizing evidence-based and practice-based interventions along with unique cultural components. We are pleased to share and highlight their successes with you.

In this report, you will learn more about how this nationally-coordinated program is utilizing unique and successful approaches to prevent suicide and address substance use among AI/AN youth and adults. Building upon the successes of the demonstration pilot phase, many projects have continued to coordinate opportunities for individuals to enter treatment, provide training opportunities for community members and local professionals, and continue to focus on prevention efforts with Native youth through the Generation Indigenous (Gen-I) Initiative Support arm of the SASP program.

The IHS OCPS is pleased to continue to support the work being done by the IHS Division of Behavioral Health, IHS Division of Grants Management, and all the IHS Area Offices who work with the various Tribal, Federal, and Urban Indian Organizations in the implementation of the SASP program prevention, intervention, and aftercare activities. We continue our support of all partners as they build and maintain strong relationships to fight against suicide and substance use in our Tribal communities. Together, we are working hard to create a healthier future for American Indian and Alaska Native people.

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



BACKGROUND

HISTORY OF INITIATIVE

In 2008, the IHS partnered with Tribes, urban Indian organizations, and IHS health programs and provided funding to address these issues via the Methamphetamine and Suicide Prevention Initiative (MSPI). The MSPI six-year demonstration pilot project phase funded 130 Tribal, urban, and IHS health programs that supported the use of evidence-based and practice-based models that incorporated culturally appropriate prevention and treatment approaches to suicide and methamphetamine abuse in a community-driven context. From 2009-2014, the MSPI resulted in over 12,200 individuals entering treatment for methamphetamine abuse; more than 16,560 substance abuse and mental health encounters via telehealth; over 16,250 professionals and community members trained in suicide crisis response; and more than 690,590 encounters with youth provided as part of evidence-based and practice-based prevention activities.

FUNDING

In September 2015, building from the demonstration project phase, the IHS Division of Behavioral Health (DBH) announced the new Substance Abuse and Suicide Prevention (SASP) Program five-year funding cycle to improve efforts to address substance use and suicide in Indian Country. The Tribal, Tribal organization, Urban Indian Organizations (UIOs) projects were funded through the grant making process, and IHS Federal facilities were funded through direct transfers from DBH, since they are not statutorily eligible to apply for grants under SASP. Initial awards were made on September 30, 2015 and totaled over \$14 million.

In 2016, IHS received additional funding to support the SASP Purpose Area 4, which focuses on building positive youth development and resiliency, promoting family engagement, and increasing the number of behavioral health providers who focus on AI/AN youth up to and including age 24. On September 29, 2016, IHS made 45 additional new and supplement awards for Purpose Area 4 to Tribes, Tribal organizations, UIOs and IHS federal programs totaling more than \$7 million.

In 2017, IHS received additional funding for Purpose Area 4 and was able to make 43 additional new and supplement awards totaling more than \$9 million. These awards aim to provide more access to health services by growing the number of behavioral health providers who specialize in working with children, adolescents, and families with the overall goal of preventing suicide and substance use.

From 2017 to 2018, the IHS funded a total of 175 SASP projects totaling \$27.97 million annually. Funding for projects ranged from \$50,000 to \$792,548. The median funding amount was \$150,000 and the average amount given across all projects was \$159,841.

Table 1. Number of SASP Projects Funded by Purpose Area, 2017-2018

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

TECHNICAL ASSISTANCE

In order to support and ensure the success of all funded projects, the IHS Division of Behavioral Health (DBH) provides a range of technical assistance (TA) options for the project staff. These TA options are available for projects to utilize for all aspects of their award during the funding cycle.

IHS Area Project Officers

The IHS has 10 Area Project Officers (APO) assigned to work with the funded projects in each of the 12 IHS Areas and the UIOs. APOs typically located in, and come from, the IHS Area they are assigned to. APOs serve as the primary point of contact for all programmatic inquiries from funded projects and provide various project resources and assistance to help with program implementation and project management. The APOs are familiar with all of the projects based in their area and are able to provide quick turnaround on programmatic TA and resources.

Tribal Epidemiology Centers

To assist projects with meeting the requirement to participate in the SASP program national data reporting, the Tribal Epidemiology Centers (TECs) provide evaluation-based TA to all projects in their IHS Area. The primary role of the TEC staff is to serve as the lead in assisting the projects with the development of a plan to collect data and report on those data in the SASP program annual progress report. The TECs serve as a valuable resource to projects and coordinate TA with their APO to maximize local and regional resources.

Grants Management Specialists

The IHS DBH works closely with the IHS Division of Grants Management (DGM) Grants Management Specialists (GMSs) to ensure grants management-specific TA is available to all funded grantees. The GMSs for the SASP program provide direct TA on budgets and required grant policies, such as prior approval for changes in budget, staffing, or scope. The DGM staff also provide direct training to grantees on grant procedures and policies, when needed.

National Program Coordinator

With 175 projects nationwide and large number of TA staff, the IHS DBH relies on the National SASP Program Coordinator, to ensure adequate monitoring and implementation of the SASP program and successful and consistent national coordination of technical assistance to projects. The primary purpose of this position is to serve as the national lead and programmatic expert to the APOs, other national and regional TA providers, and other partners and stakeholders. This includes but is not limited to coordinating training for APOs, communication on grant-specific requirements and policies, program-specific requirements, and assistance with identifying national training resources.

SASP PURPOSE AREAS

Purpose Area 1

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

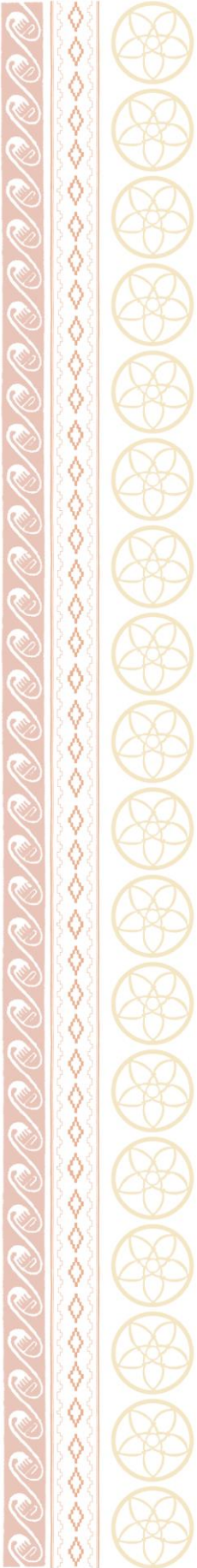
1. Assess and develop strategic approaches of leveraging community and organizational resources to address suicide and methamphetamine use; and
2. Develop data sharing systems for continuous assessment and strategic planning.

Purpose Area 2

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

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

Purpose Area 3



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

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

Purpose Area 4

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

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

METHODS

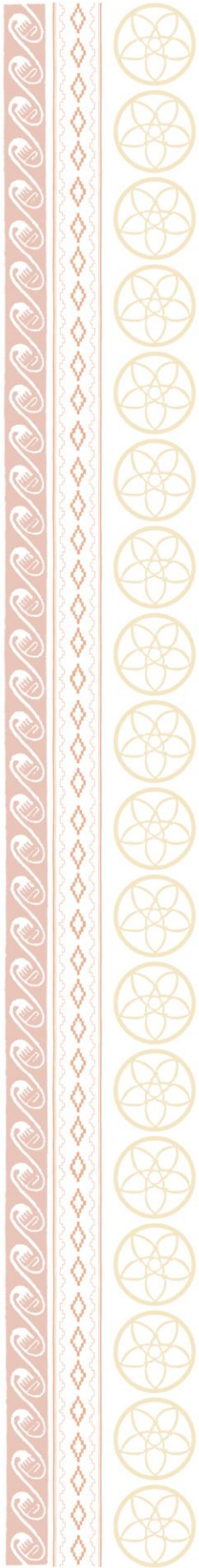
Each SASP project submits an annual progress report utilizing a template that corresponds to those measures relevant to their scope of work and purpose area. Projects submit their reports into an online reporting system, also known as the SASP Portal. Of the active IHS SASP projects, all 175 projects submitted progress reports with relevant data for aggregation during this reporting period (2017-2018).

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.

MAJOR FINDINGS

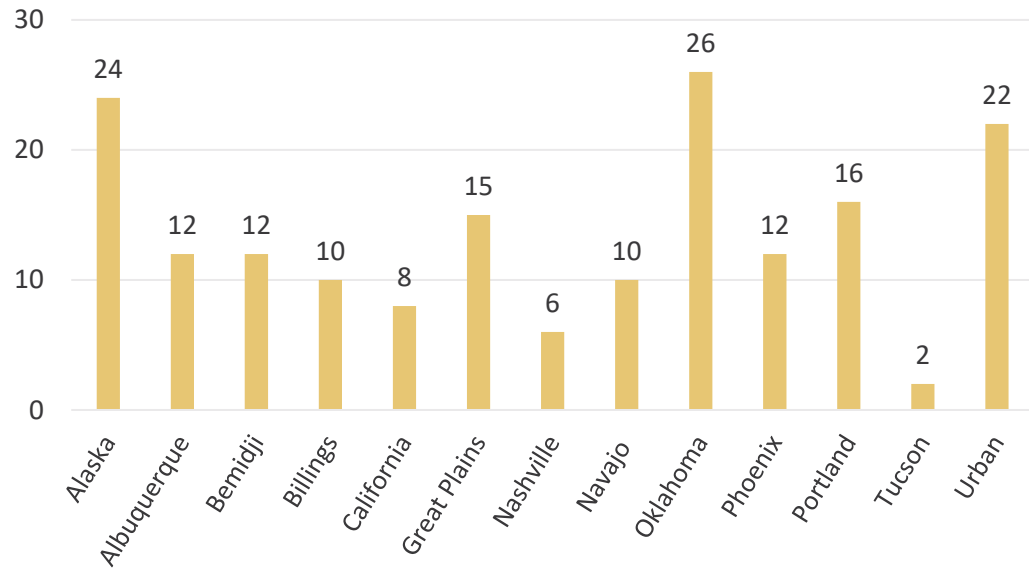
- SASP projects served a total of 2,053,802 contacts and had a total of 1,435,330 youth encounters.
- Over 16,601 community members received training through SASP projects.
- The main challenge reported by projects was insufficient staffing (45%), with 44% of projects reporting staff turnover and 76% of projects onboarding new staff.
- The main accomplishment reported by projects was system change (71%).
- SASP projects formed 627 new partnerships, 286 enhanced partnerships, and 86 memoranda of agreement.
- SASP projects most often partnered with schools.
- The vast majority (93%) of projects used at least one evidence-based practice (EBP) in their work, with an average of five EPBs used per project.
- The majority of projects used cultural services (86%), traditional healing methods (56%), and faith-based services (63%) in their programming, reaching 96,183 people with those services.
- Projects screened 79,803 individuals for suicide ideation and 12,187 individuals for substance use disorders.
- SASP projects offered 277 Trauma Informed Care trainings, and 1,543 health professionals received Trauma Informed Care training.



SECTION 1: POPULATION SERVED

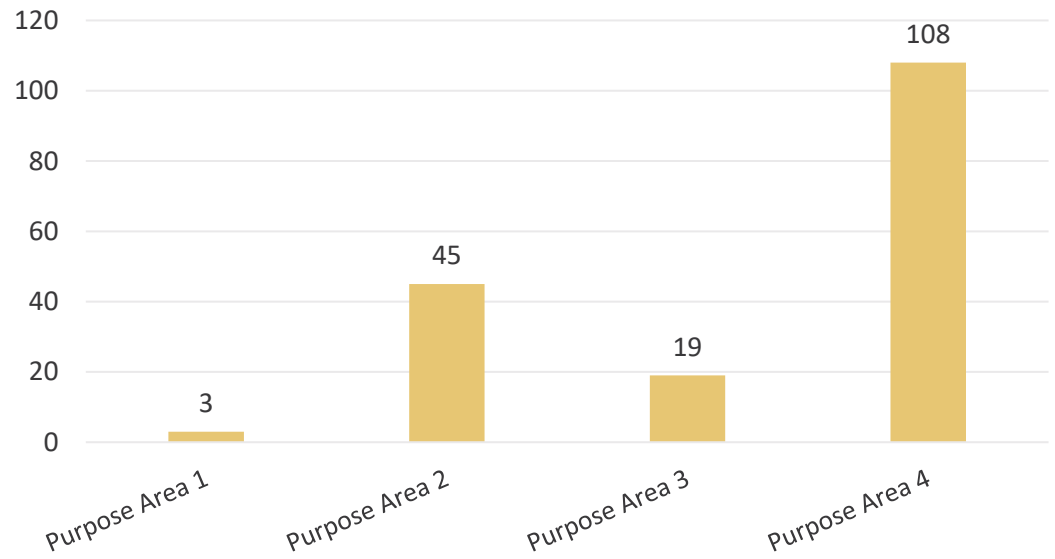
SASP PROJECTS BY IHS AREA

Figure 1. Number of SASP Projects by Indian Health Service (IHS) Area, 2017-2018*



*Total number of projects (regardless of progress report submission) n= 175

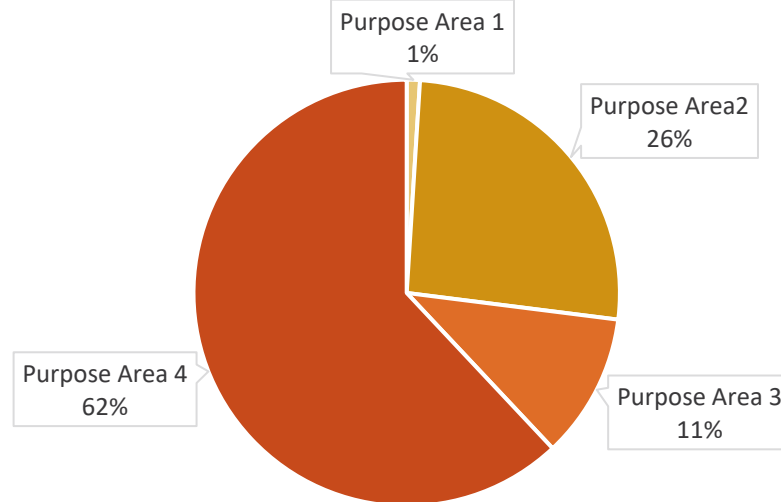
Figure 2. Number of SASP Projects by Purpose Area, 2017-2018*



*Total number of projects (regardless of progress report submission) n= 175

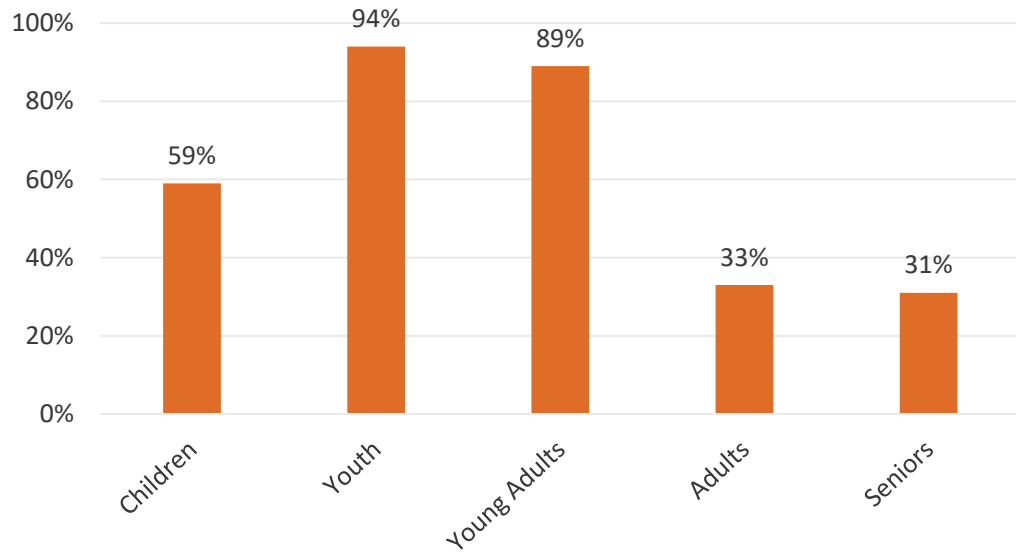
- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support

Figure 3. Percentage of SASP Projects by Purpose Area, 2017-2018



POPULATION SERVED

Figure 4. Target Population Served by SASP Projects, 2017-2018*



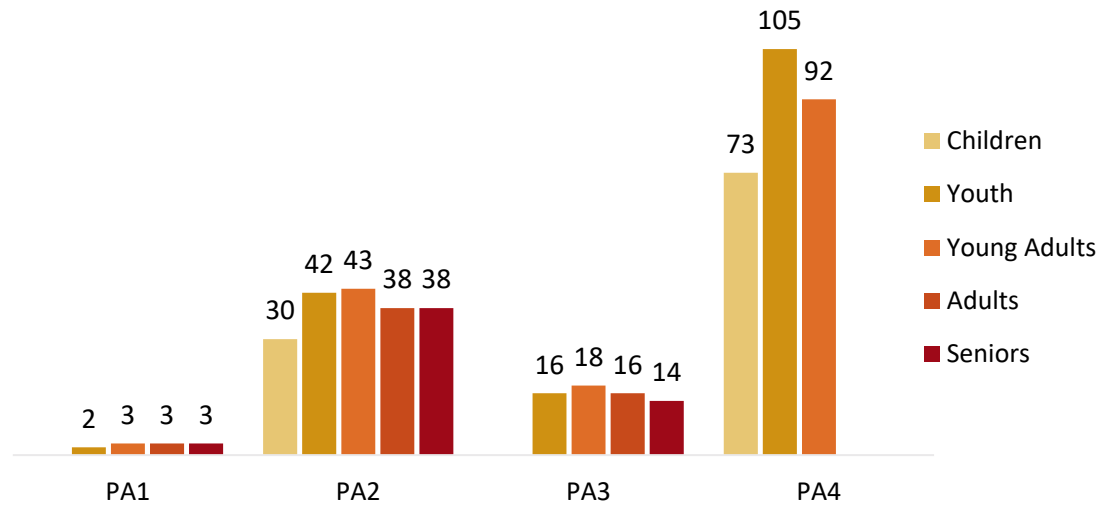
*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), the most commonly served age groups among SASP projects were youth (94%), young adults (89%), and children (59%).

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, 2017-2018*



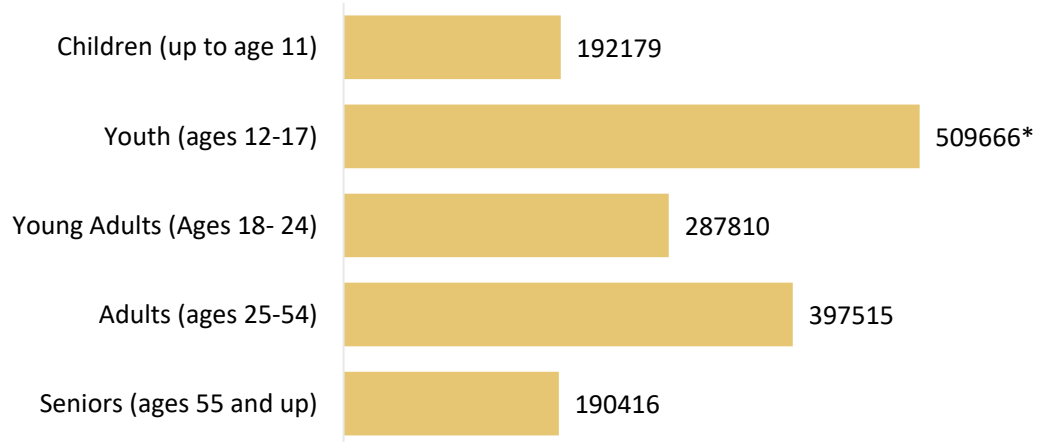
*Projects were able to select multiple target populations.

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

TARGET POPULATION DEFINITIONS

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

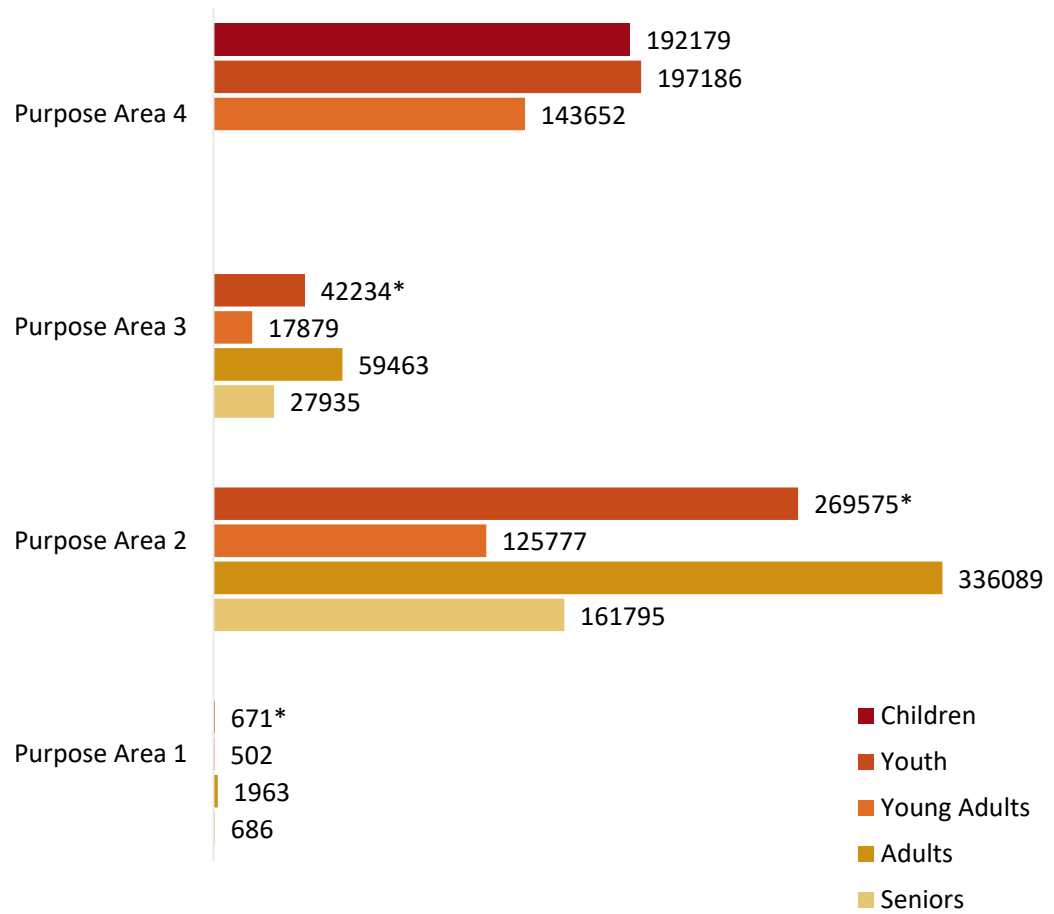
Figure 6. Number of Potential SASP Participants by Age Category, 2017-2018



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

The total number of potential SASP participants across all projects was **1,577,586**.

Figure 7. Number of Potential SASP Participants in Each Age Category by Purpose Area, 2017-2018

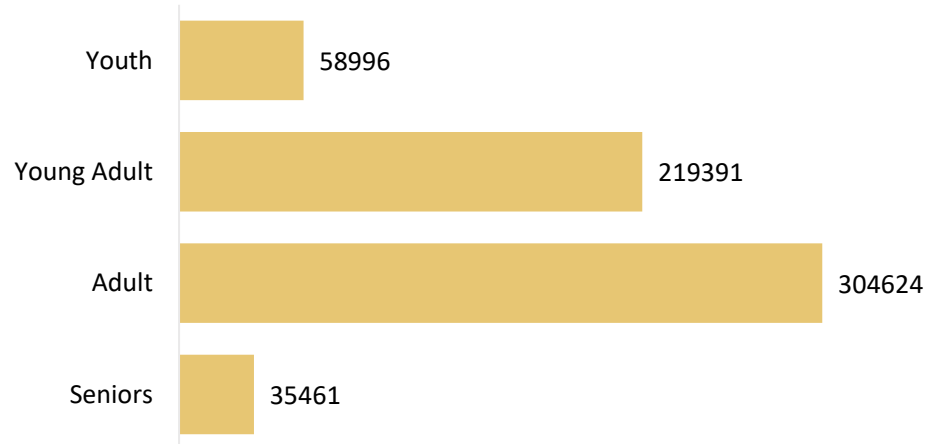


*Purpose Areas 1, 2, and 3 reported a category that combined Youth 17 and Under.

TARGET POPULATION DEFINITIONS

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

Figure 8. Number of SASP Participant Contacts Served by Age Category, 2017-2018*



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

Excluding Purpose Area 4 youth encounters, the total number of potential SASP participant contacts served was **618,472**.

The total number of Purpose Area 4 youth encounters (which aggregated youth aged 24 and younger) was **1,435,330**, which brought the total number of encounters across all purpose areas to **2,053,802**.

POPULATION DEFINITIONS

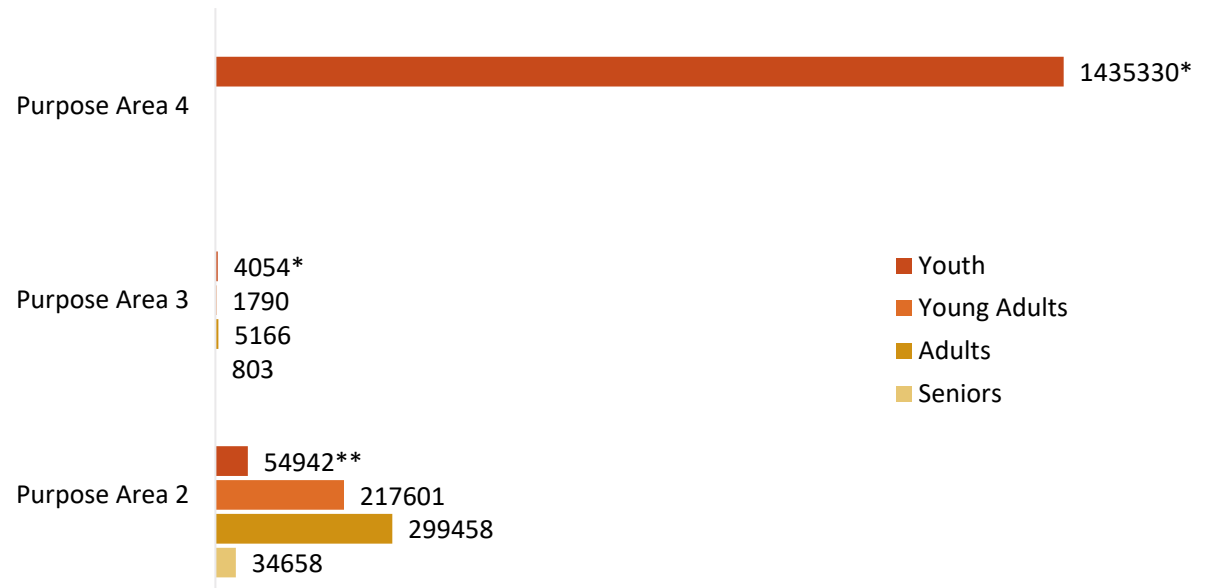
Youth (age 17 and Under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 9. Number of SASP Participant Contacts Served in Each Age Category by Purpose Area, 2017-2018



*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)

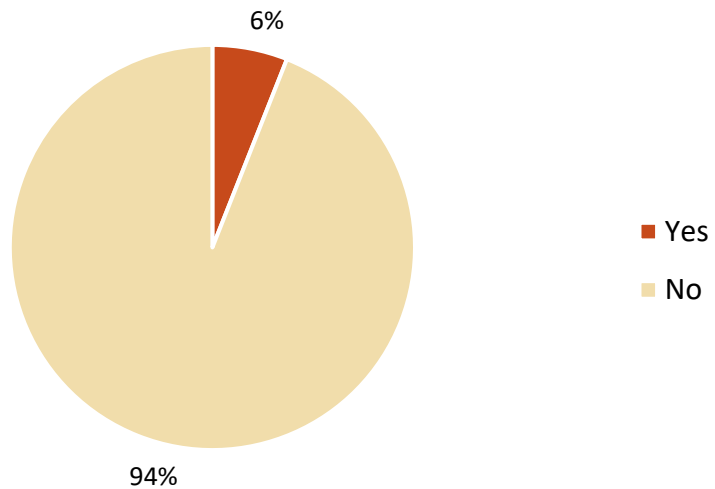
Seniors (age 55+)

	N
Total Contacts*	618,472
Youth Encounters**	1,435,330
Social Media	3,423,070
Family Engagement**	25,729

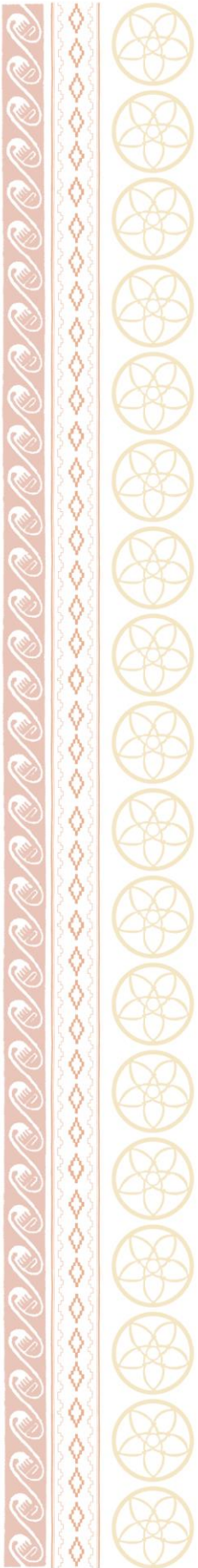
*Includes Purpose Areas 2 and 3 only

**Includes Purpose Area 4 only

Figure 10. Percentage of SASP Projects* that Primarily Targeted Service Providers, 2017-2018



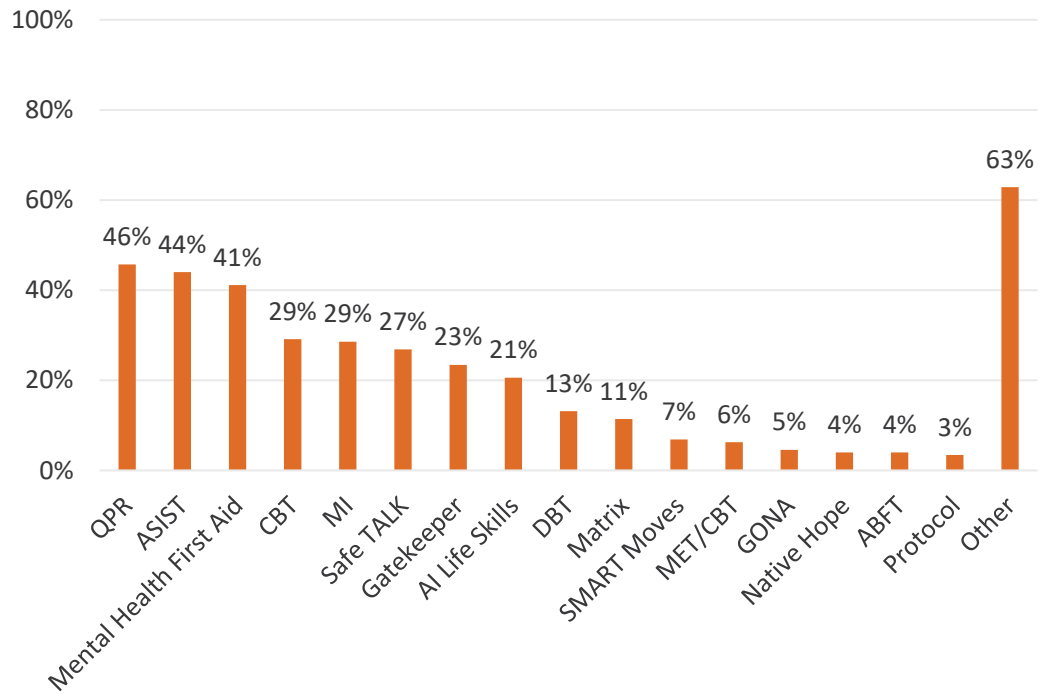
*Includes Purpose Areas 2 and 3 only



SECTION 2: SERVICE TYPES

EVIDENCE-BASED PRACTICES

Figure 11. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 11](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among SASP projects for prevention were QPR (46%), ASIST (44%), and Mental Health First Aid (41%).

“Other” reported evidence and practice-based prevention practices included: Patient Health Questionnaire-9 (PHQ-9); Skills Training; 13 Moons; 40 Developmental Assets; The Good Path; Healthy Families and Healthy Relationships; Adolescent Community Reinforcement Approach (ACRA); An Apple A Day; Alcohol: True Stories; Art Therapy; Play Therapy; Casey Life Skills; Cognitive Behavioral Interventions for Substance Abuse (CBISA); Coping and Support Training (CAST); Guiding Good Choices (GGC); Psychoeducation (SAMSHA) Substance Abuse Curriculum; Beginning Awareness Basic Education Studies (BABES); Boys and Girls Club of America; Smart Moves/Meth Smart; Wheel of Health Training; Trauma Informed Care and ACE Scoring; Connect Suicide Postvention Training; Grief Recovery Method; In the Mix Educators Suicide Prevention; Courage to Care (Bullying Prevention); Crisis Response Training; Cultural Activities; Elders Speaking to Youth; Eye Movement Desensitization and Reprocessing (EMDR); Fatal Vision Model; Good Road of Life; Native Wellness Institute Native Youth Leadership; Native HOPE; Native STAND; Natural Peer

Helpers; Hazelden Lifelines Comprehensive Suicide Awareness and Responsiveness Program for Teens; Healing of the Canoe; HELP; Kognito; Lifeline; Native Connections Project; Living in Balance; Media Ready; Medicine Wheel; Mending Broken Hearts; Meth 360; MRE; Prime for Life; Alcohol & Drug Information School (ADIS); Project Venture; Web of Life Curriculum; Psychotherapy Sessions; Partner for Success and Environmental Prevention; RPMS Suicide Ideation Form; Strengthening Families; Student Assistance Program; Quantum Learning; Brain Wise; Partners in Parenting; NOLS Wilderness; Red Road to Wellbriety; Suicide to Hope (S2H); SuicideTALK; Talking Circle; Sources of Strength; Living in Two Worlds (L2W); White Bison; Youth Mental Health First Aid; and Zero Suicide Model.

KEY:

ABFT = Attachment-Based Family Therapy

ASIST = Applied Suicide Intervention Skills Training

CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

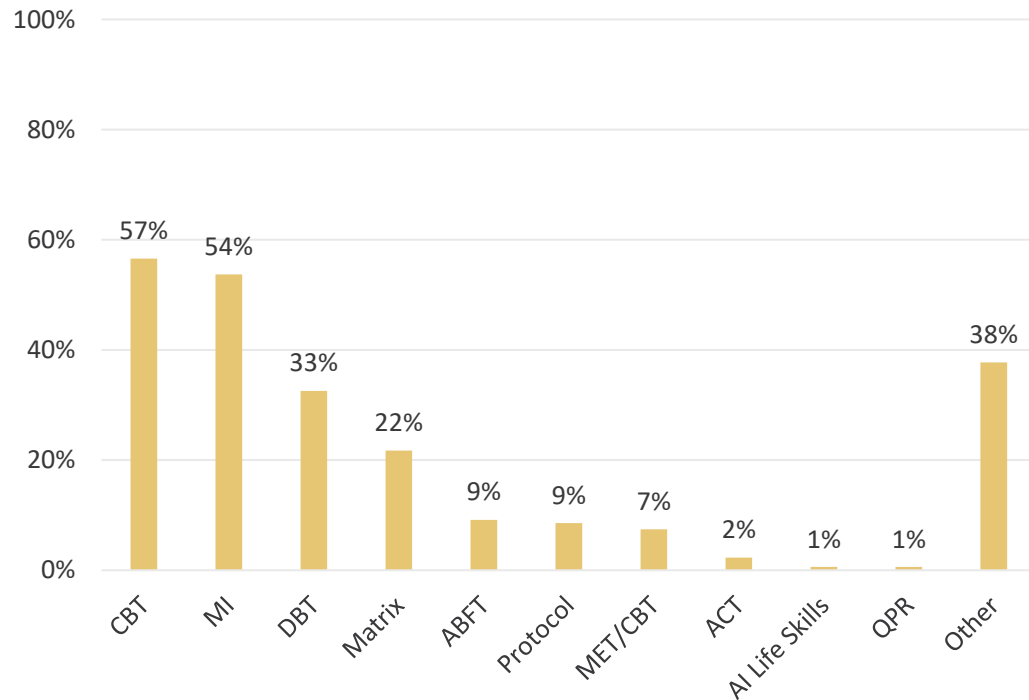
GONA = Gathering of Native Americans

MET/DBT = Motivational Enhancement Therapy and Cognitive Behavioral Therapy

MI = Motivational Interviewing

QPR = Question Persuade Refer

Figure 12. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 12](#), Cognitive Behavioral Therapy (57%) and Motivational Interviewing (54%) were the most commonly utilized evidenced-based practice types in intervention/treatment among SASP Projects.

“Other” evidence and practice-based intervention/treatment models reported by SASP projects included: Adverse Childhood Experiences (ACE) Screenings; Anger Management; Aroma Therapy; Applied Suicide Intervention Skills Training (ASIST); Brain Spotting; Eye Movement Desensitization Processing (EMDR); Creator's Game Family Healing Camp; Coping and Support Training (CAST); Client Centered Therapy; Community Health Aide Assessments; Cultural Services; Crisis Response Team (CRT); Columbia Suicide Severity Rating Scale (CSSRS); Elders Speaking to Youth; Evaluations and Medication Management; Fatherhood is Sacred/Motherhood is Sacred; Gottman Method Couple's Therapy; Healing of the Canoe; Intensive Outpatient Substance Abuse Treatment; Lifelines; Medication Assisted Therapies; Mental Health Suicide Screenings; Multi-Systemic Therapy (MST); PAMI; Parenting Modules; PHQ-9; Play Therapy; Prayer; Psychodynamic Therapy; Psychoeducation; Red Road to Recovery; Referrals; Sand Tray Therapy; SBRO; Seeking Safety; Signs of Suicide (SOS); Skills Training in Affect and Interpersonal Regulation (STAIR); Somatic Archaeology; THRIVE; Trauma-Informed Care; Traditional Ceremonies; Trauma-Focused Cognitive Behavioral Therapy (TFCBT); Warrior Down; Wellbriety; White Bison; Youth Council; and Zero Suicide protocols.

KEY:

ABFT = Attachment-Based Family Therapy

ACT = Acceptance and Commitment Therapy

CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

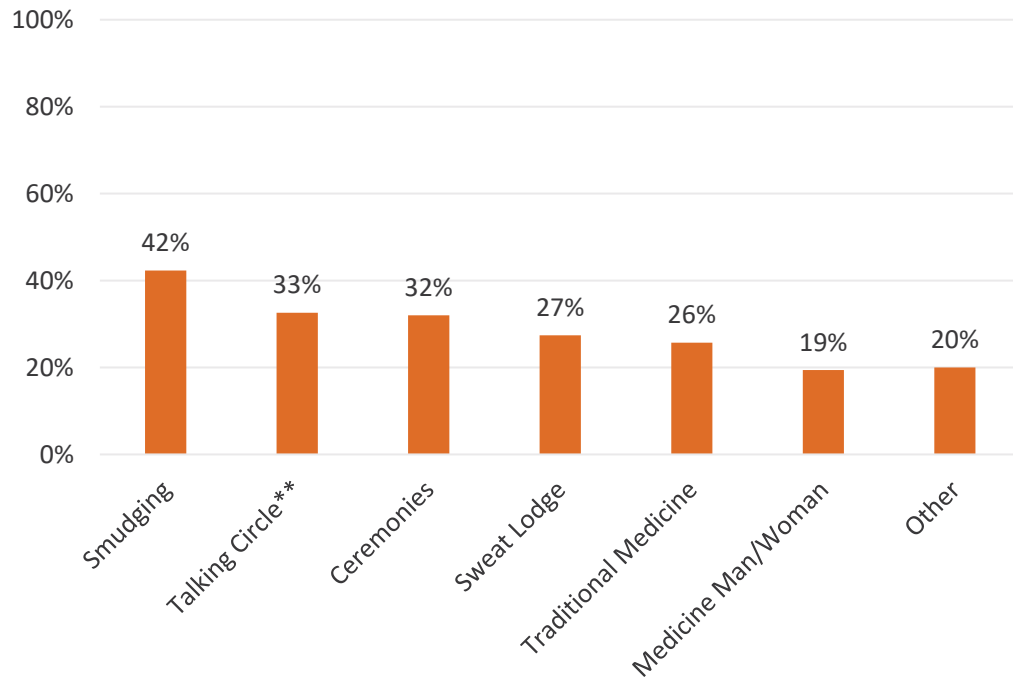
MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy

MI = Motivational Interviewing

QPR = Question Persuade Refer

HOLISTIC APPROACHES TO SERVICES

Figure 13. Percentage of SASP Projects Integrating Traditional Healing into Project Services by Practice Type, 2017-2018*



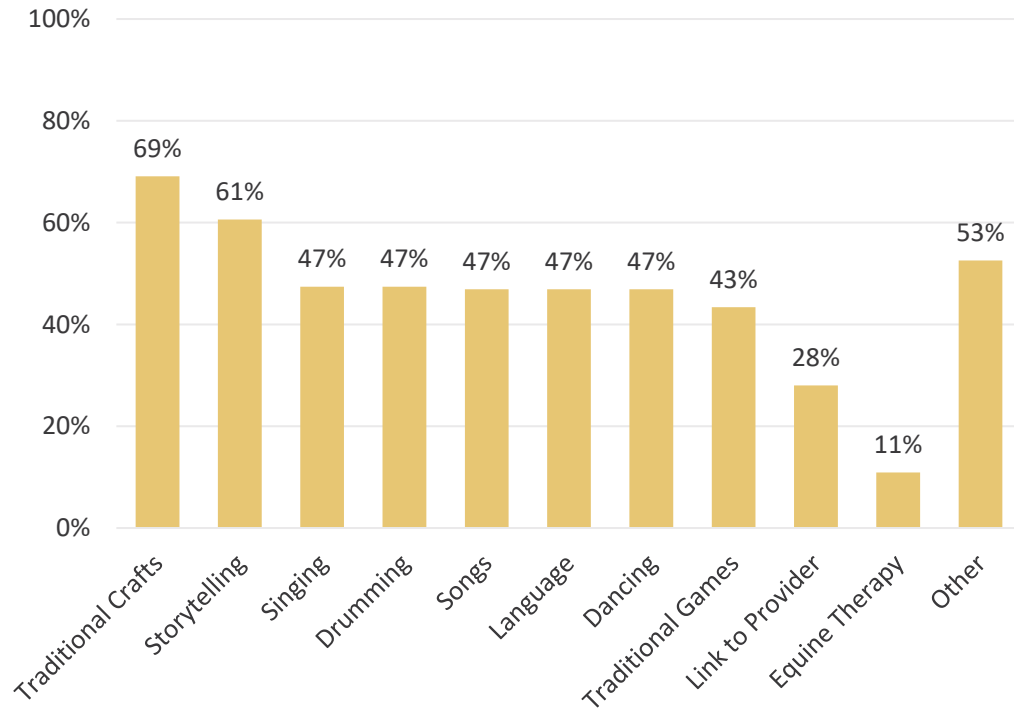
*Projects were able to select multiple types.

**Purpose Area 4 only

Figure 13 demonstrates that the most common traditional healing related practices incorporated into SASP activities included smudging (42%), talking circles (33%), and ceremonies (32%). The majority of SASP projects reported integrating at least one of these traditional healing practices into their project services (56.0%).

“Other” traditional healing practices cited included: Behavioral Health Aides; Berry Picking; Canoe Journey; Community-Led Education; Dancing; Evenings with Elders; Four Sacred Medicines; Gathering of Native Americans (GONA); Gardening Traditional Plants; Healing Circles; Massage; Native HOPE; Powwow; Referral to Cultural Specialist; Spiritual Wellness; Support Groups; Traditional Crisis Response Team; Traditional Healing Practices; Traditional Medicine Making; Traditional Tobacco; Tribal Canoe Journeys; Two-Spirit Support Group; and Women’s Talking Circle.

Figure 14. Percentage of SASP Projects Integrating Cultural Services into Project Activities by Practice Type, 2017-2018*



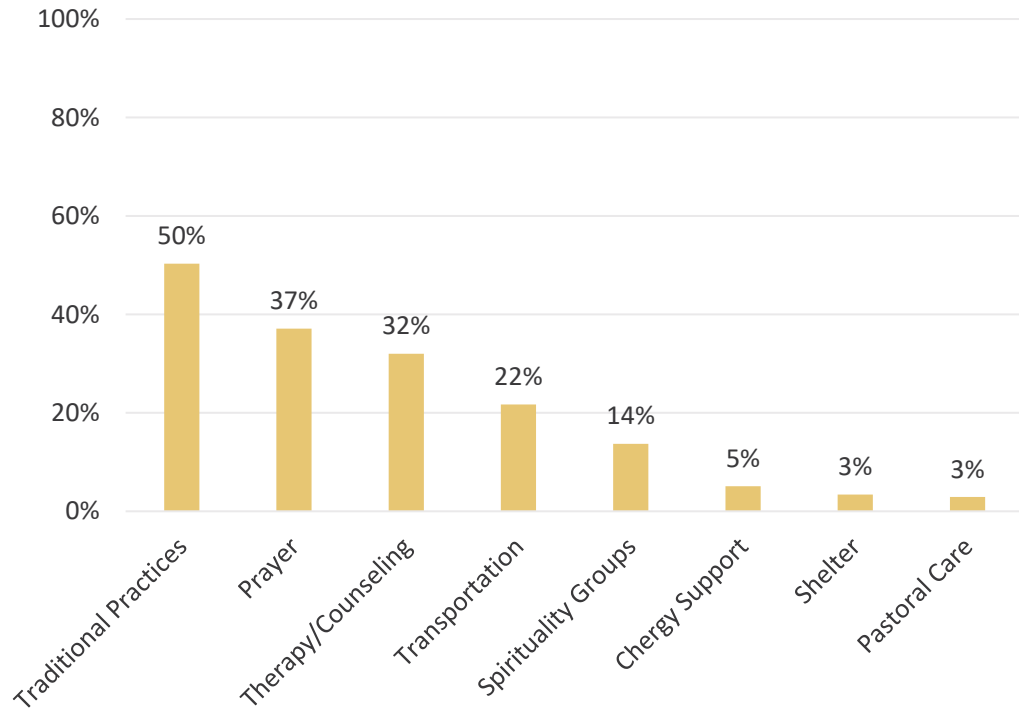
*Projects were able to select multiple types.

The most common cultural services included in SASP projects were traditional crafts (69%) and storytelling (61%). The vast majority of SASP projects reported integrating at least one of these cultural practices into their project services (85.7%).

A total of **59,850** individuals received cultural services.

“Other” cultural practices cited included: 7 Grandfather Teachings; harvesting, medicine making, berrypicking, fishing, hiking; archery; canoeing and canoe building; Meet with Spiritual Leaders; Community Traditional Gardening; Community Tribal Circle; Culture Camps; Cultural Mentorship; Culturally-based Reflective Discussions; Energy Work; Family Values and Roles; Flute Circles; Good Road of Life Workshop; Healing Circles; Honoring of Our Elders; Hunting; Journey to Healing; Making Traditional Medicines; Mothers of Tradition; Narrative Therapy; Native Hope Workshop; Native Plant Recognition and Gathering; Referral to Cultural Specialist; Teepee/Camp setup; Traditional Foods Cooking Classes; Traditional Recovery Camp; Traditional Tobacco; Traditional Wellness Activities; Wellness Team; Wellbriety Group; and White Bison 12 Step Program.

Figure 15. Percentage of SASP Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2017-2018*



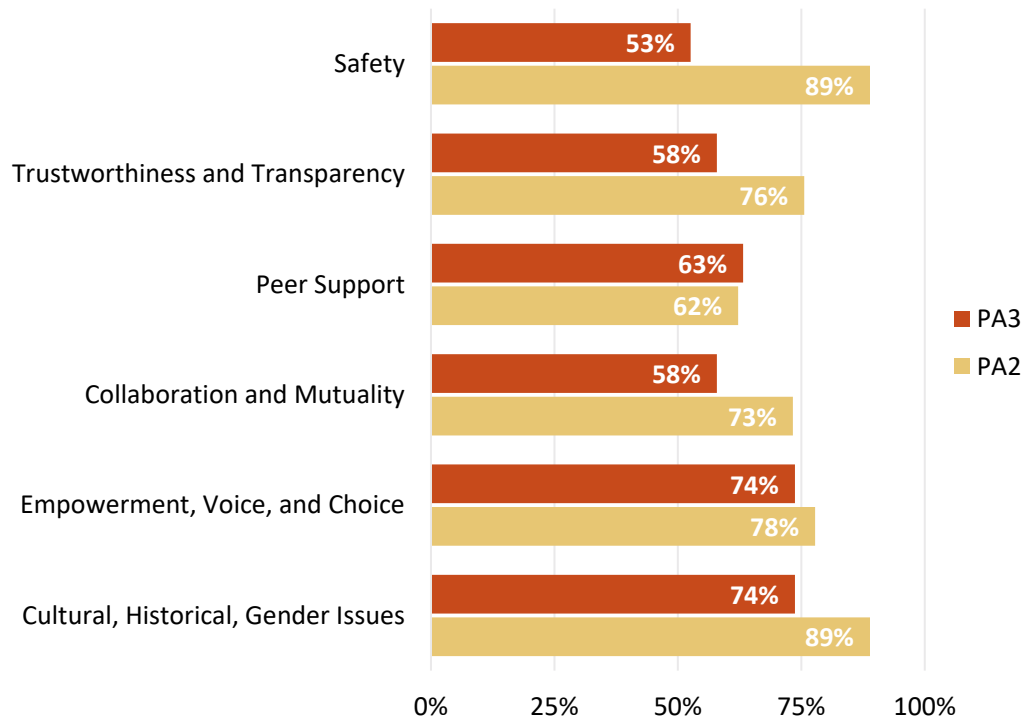
**Projects were able to select multiple types.*

The most common religious, spiritual, and faith-based services included in SASP projects were traditional practices (50%) and prayer (37%). The vast majority of SASP projects reported integrating at least one of these faith-based practices into their project services (62.9%).

A total of **36,333** individuals received religious, spiritual, and faith-based services.

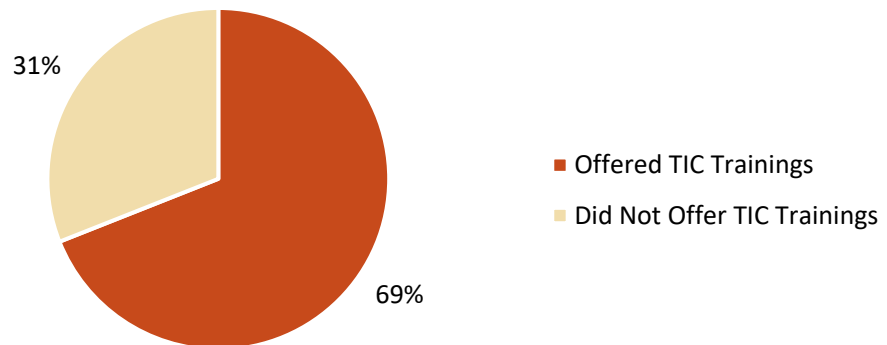
EDUCATION AND OUTREACH

Figure 16. Types of Trauma Informed Care Elements Included in SASP Project Activities by Purpose Area, 2017-2018*



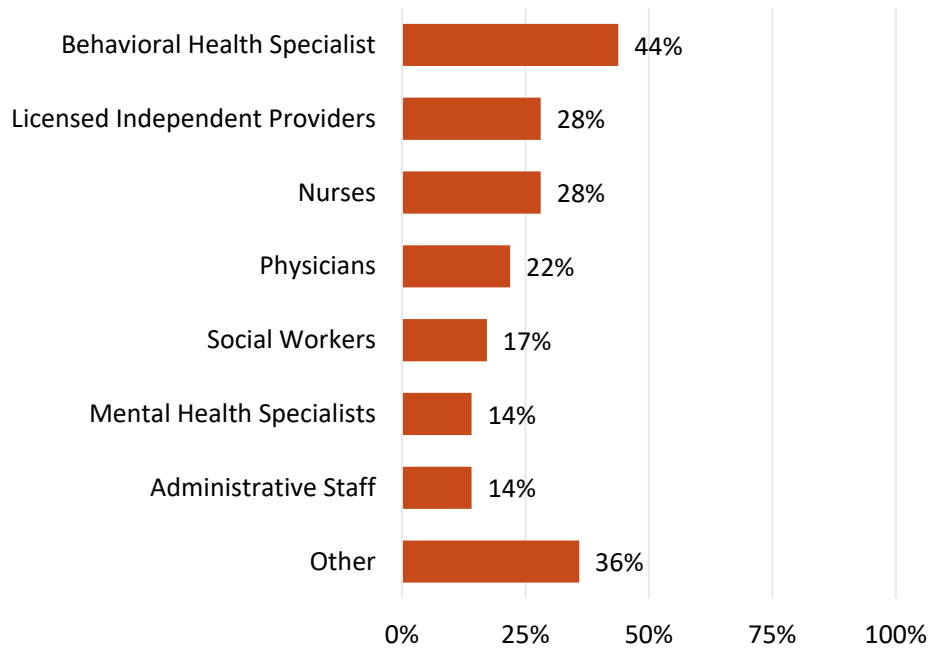
*Includes Purpose Areas 2 and 3 only.

Figure 17. Percentage of SASP Projects* Offering Trauma Informed Care Trainings, 2017-2018



*Includes Purpose Areas 2 and 3 only

Figure 18. Types of Professionals Trained in Trauma Informed Care by SASP Projects, 2017-2018*



*Includes Purpose Areas 2 and 3 only.

A total of **277** Trauma Informed Care trainings were provided by SASP projects, and a total of **1,543** health professionals were trained in Trauma Informed Care.

Other types of professionals trained included: project staff; advocates; community health aides; pharmacists; youth rehabilitation project staff; fire department; community members; health educators; veteran population; first responders; dental staff; optometry staff; laboratory staff; podiatrist; custodial staff; secretaries; diabetes health coaches; cooks; school staff; teachers; community wellness administration; and community engagement staff.

Table 3. Education and Trainings Provided by SASP Projects, 2017-2018*

	N
Trainings for Community Members	675
Community Members Trained	16,601
Adult Community Education Events	1206
Youth Community Education Events	509

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

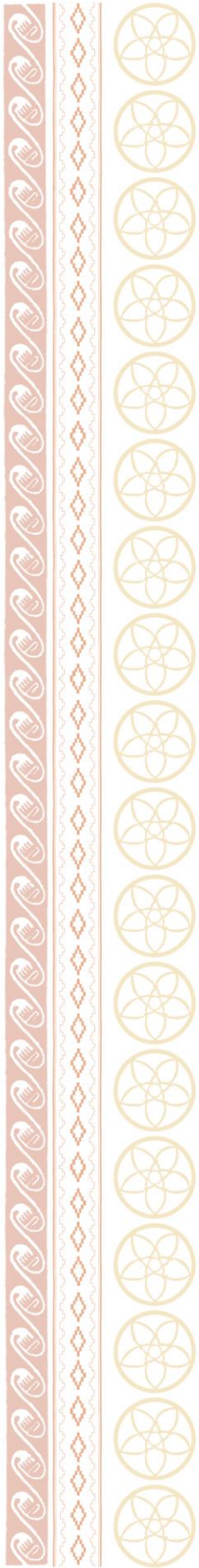
- Hospital/healthcare providers
- Hermitic homesteaders
- Transient populations
- Youth
- Those lacking transportation
- College-aged
- Seniors
- Those living in rural areas
- Those lacking smartphones/internet/social media
- Teachers
- Students
- EMS
- Law enforcement
- Very young children
- Hispanic population
- Middle-aged men
- Those with restricted movement
- Those who do not utilize community centers
- Incarcerated population
- Those in inpatient treatment
- Youth in foster care

Table 4. Media Developed by SASP Projects, 2017-2018*

	N
Social Media Posts about Suicide Prevention	31,697
Social Media Posts about Substance Abuse Prevention	1731
Radio/TV/Billboard Ads about Substance Abuse	1483

Forms of social media used by SASP projects included:

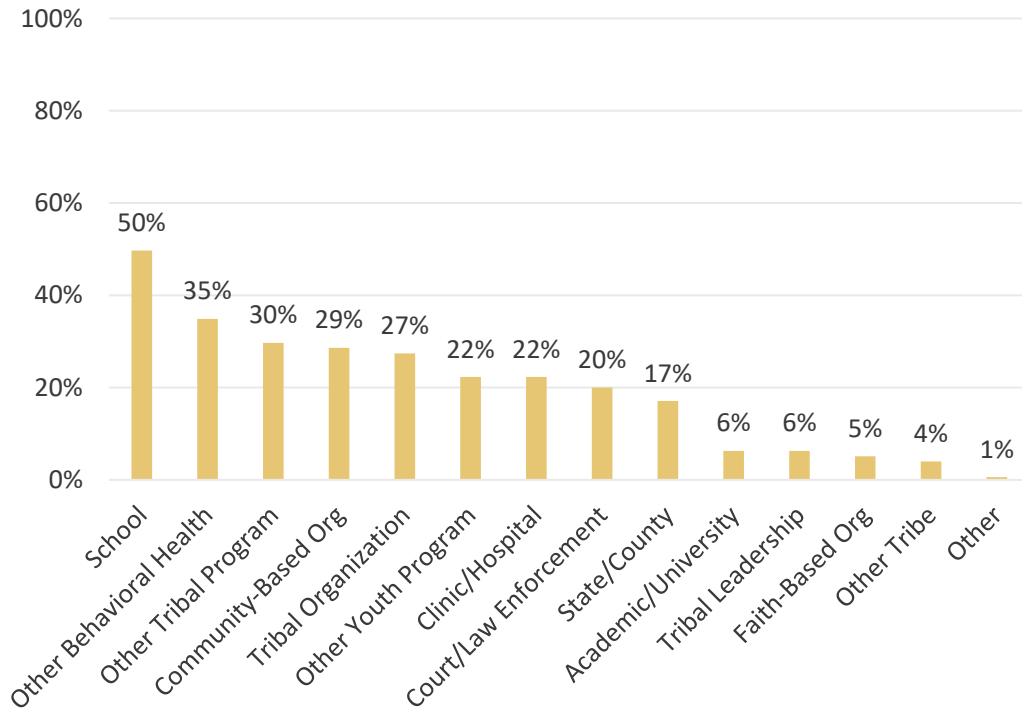
- Facebook
- Instagram
- Twitter
- Snapchat
- LinkedIn
- Newsletter
- Website
- Listserv
- Local radio station
- Signage/posters/flyers
- Local newspaper
- GoodHealthTV



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 19. Most Common Types of Partners Enlisted among SASP Projects 2017-2018*



*Projects were able to select multiple types.

The “other” category included: journalist; tribal community representative.

Table 5. Number of Partners and Memorandum of Agreements (MOAs) Reported among SASP Projects, 2017-2018

	N
Total New Partnerships*	627
Total Enhanced Partnerships	286
Average per project	4
Range	0 – 70
Total Memorandum of Agreements (MOAs)	86

*Reported by Purpose Areas 2-4

**Reported by Purpose Areas 2-3

STAFFING

Figure 20. Percentage of SASP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

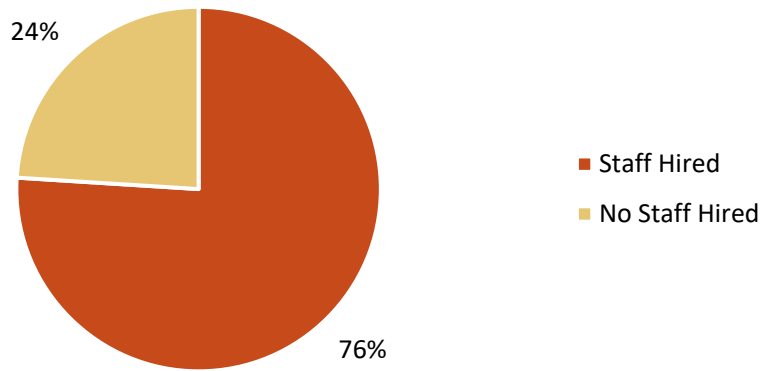


Figure 21. Percentage of SASP Projects with a Full-Time Project Coordinator, 2017-2018

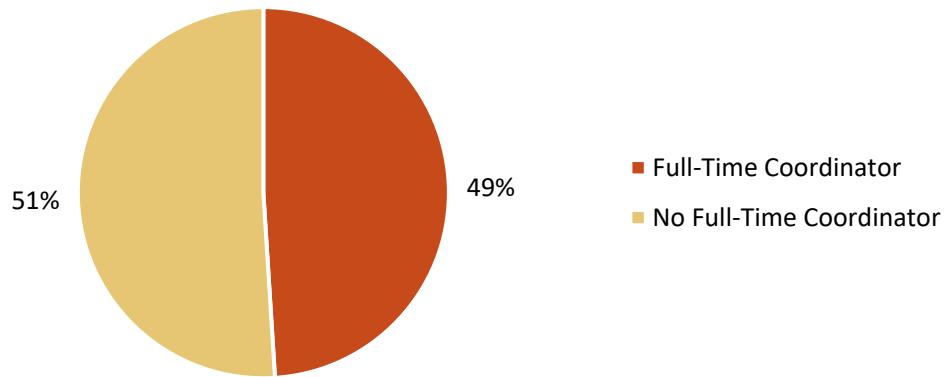
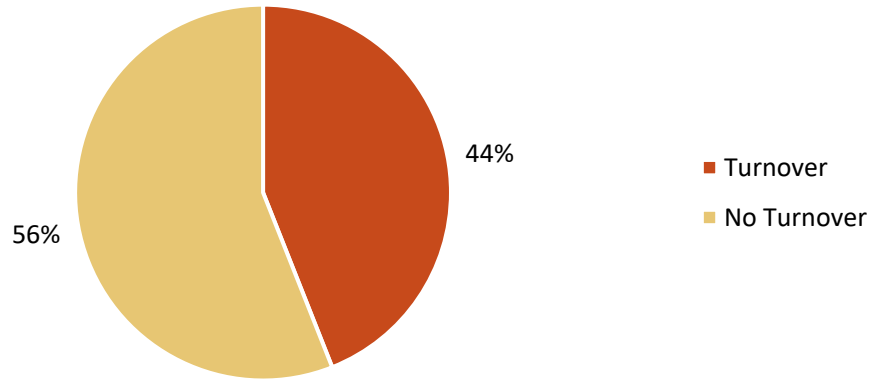


Table 6. Average Percentage of Time Paid to SASP Project Coordinator from SASP funding, 2017-2018

	N
Average	28.9%
Range	0 – 85%

Figure 22. Percentage of SASP Projects that Experienced Staff Turnover, 2017-2018

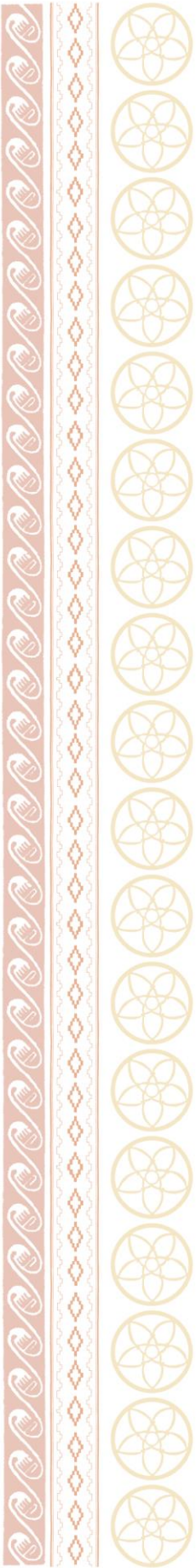


The types of staff reported to have left SASP projects included:

- Community Health Nurse
- Rural Aftercare Social Worker
- Behavioral Health Aides
- Behavioral Health Manager
- Project Coordinator/Manager
- Case Manager
- Suicide Outreach Specialist
- Administrative Assistance
- Evaluator
- Grant Coordinator
- Health Educator
- Behavioral Health Counselor
- Cultural Advisor
- Prevention Specialist
- Clinical Supervisor
- PsyD
- Therapist
- Community Engagement Specialist
- Licensed Professional Psychologist
- CEO
- Social Media Coordinator
- Youth Coordinator
- Quality Improvement Coordinator
- Counselor
- Navigator
- Equine Specialist
- All project staff
- Peer Specialist

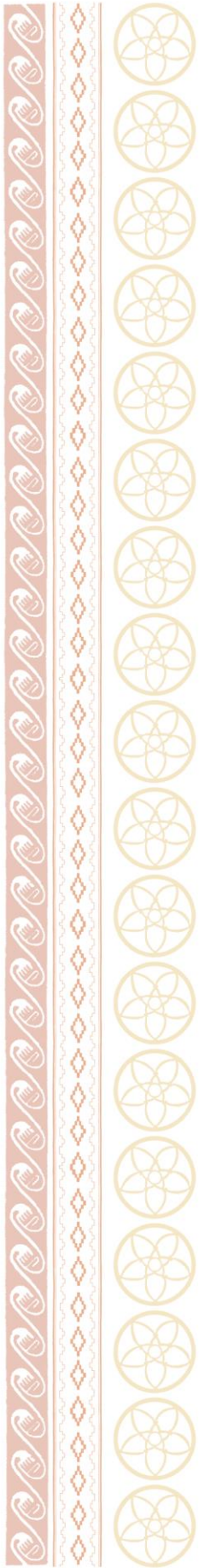
Reasons given for staff turnover within SASP projects included:

- Retirement
- Resignation
- Return to School/Continuing Education
- Personal Reasons
- Military Duties
- Relocated
- Internal Promotion/Movement
- Lost License
- Health Issues
- Elected to Tribal Council
- Closed Center due to Oil Spill
- Poor Employee Performance
- Lack of Tribal Support
- Burden of Commute
- Overcommitted



The impact of staff changes within SASP projects included:

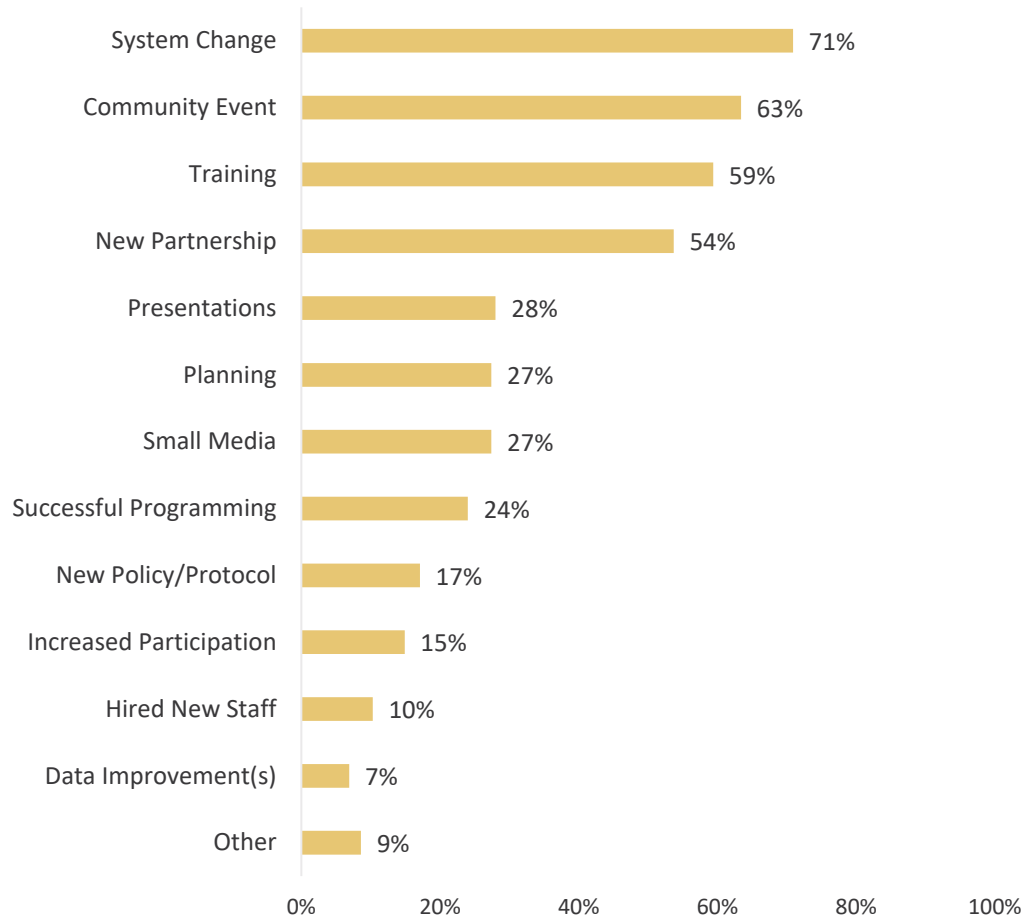
- Training new staff took time away from project activities
- Increased workload of other staff
- Internal reorganization
- Accomplished fewer activities
- Inability to meet project objectives
- Delay in processing contracts
- Inconsistency with youth participants
- Disruption in project relationships
- Had to increase tele-behavioral health services
- Very minor impact
- Adding behavioral health professionals greatly increased service delivery
- Onboarding new staff improved quality of work



SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 23. Type of Accomplishments Reported among SASP Projects, 2017-2018



The most commonly reported SASP project accomplishments in project year 3 included more of an emphasis on systemic changes than in previous project years. The top accomplishments reported included creation of a systems change (71%), implementing successful community events (63%), completion of staff training (59%), and new partnerships (54%). Definitions and examples for each accomplishment type 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 accomplishments that each project could report.

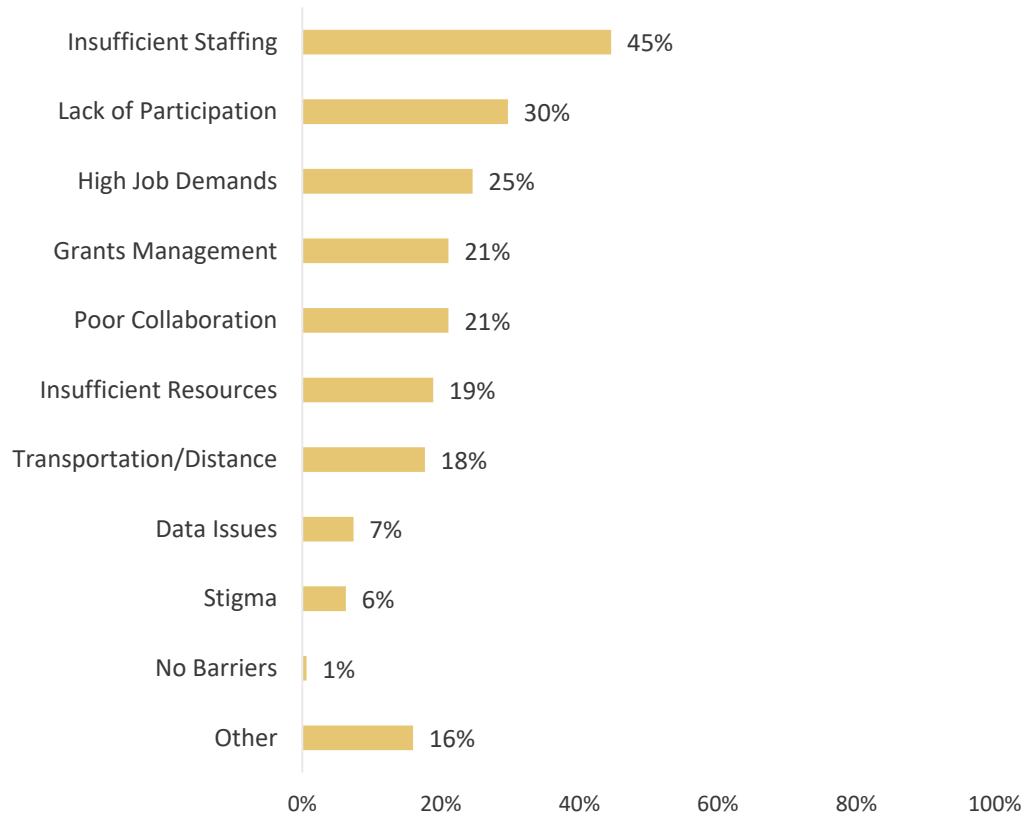
Table 7. SASP Project Accomplishment Definitions

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

PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP project aims during the reporting period. Examples include new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to SASP project aims. Examples include new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer SASP projects during the reporting period. These included: crisis line open all day every day; no suicides in project year; built trust in community; increased community awareness of needs and project services; new treatment services available to community; recognition of accomplishments; awarded Zero Suicide Initiative funding; no staff turnover; able to collect billable hours; increased team cohesion; consistent project progress; resiliency; youth honored for leadership; first responders honored for service; marked decrease in risky behaviors in youth.

PROJECT CHALLENGES

Figure 24. Types of Challenges Reported among SASP Projects, 2017-2018

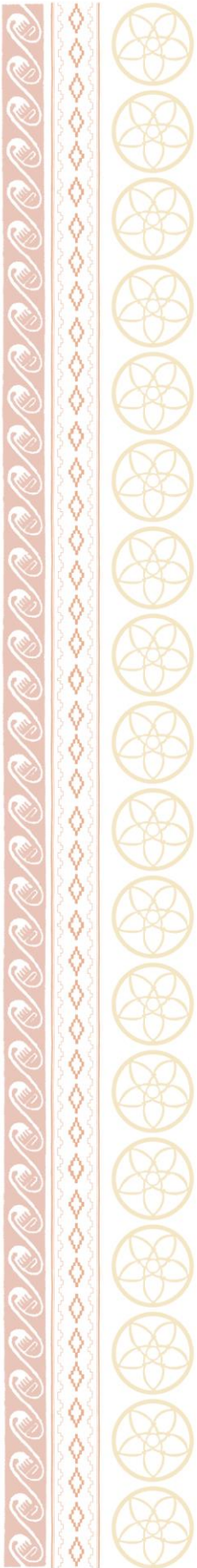


The most commonly reported SASP project challenge continued to be insufficient staffing (45%). Definitions and examples for each challenge category are provided on the following pages of this report.

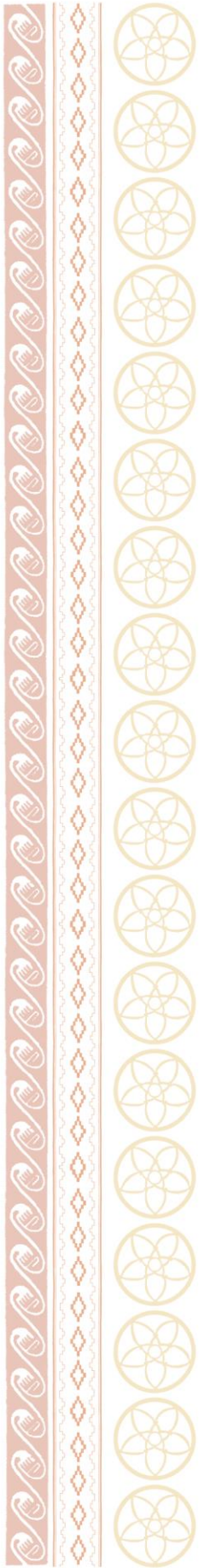
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 8. SASP Project Challenges Definitions

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



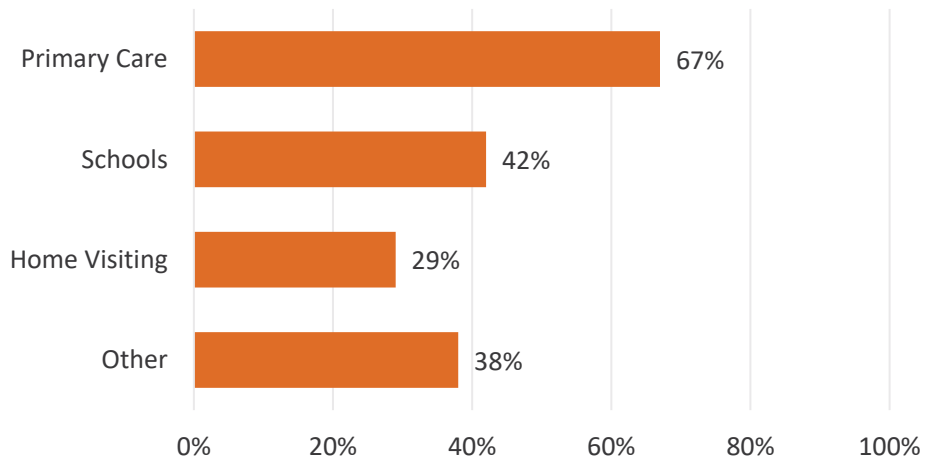
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: suicide cluster; infrastructure issues; personnel issues; obtaining donations for food; limited cell phone service across service area; lack of variety of trainings available; lack of flexibility in federal system; difficulty in coordinating dates; limited systemic impact from trainings; internal policies and restructuring; high disease rates (alcohol and opiate addiction); high rate of relapse and need for aftercare services; lacking funding for food; difficulty in scheduling and completing project; poverty; lacking appropriate technology; weather; gaining trust within community; responding to suicide completion; decreasing population count, environmental disaster (oil spill).</p>



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

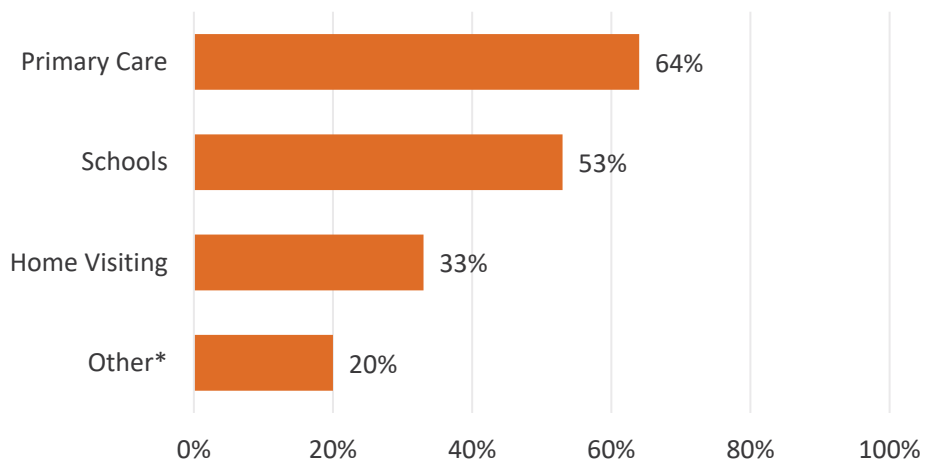
OBJECTIVE 1: EXPAND BEHAVIORAL HEALTH TREATMENT

Figure 25. Locations Where Mental Health Consultations Were Integrated by SASP Purpose Area 2 Projects, 2017-2018



**No descriptions were provided for the Other category.*

Figure 26. Locations Where Mental Health Consultations Were Expanded by SASP Purpose Area 2 Projects, 2017-2018



**No descriptions were provided for the Other category.*

Table 9. Expansion and Integration of Behavioral Health Treatment by SASP Purpose Area 2 Projects, 2017-2018

	N
Patients that Received Care in a School Setting	2882
Patients that Received Care through Home Visiting	875
Providers Trained in Behavioral Health Integration	240
Providers Located with a Primary Care Setting	133
Primary Care Staff Located within Behavioral Health Projects	157
Individuals Served outside Regular Hours for Crisis Intervention	1710
New Behavioral Health Providers Added to Projects	30

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

- Coordination of services
- Crisis line
- Culturally adapted trainings
- Individual and group counseling
- Tele-psychiatry
- Mindfulness
- Trauma therapy
- Intensive outpatient substance abuse treatment
- Tribal best practices
- Therapeutic cultural activities
- Somatic archeology
- Brain spotting
- Aroma therapy

Figure 27. Percentage of SASP Purpose Area 2 Projects that Offered 24/7 Crisis Intervention Services, 2017-2018

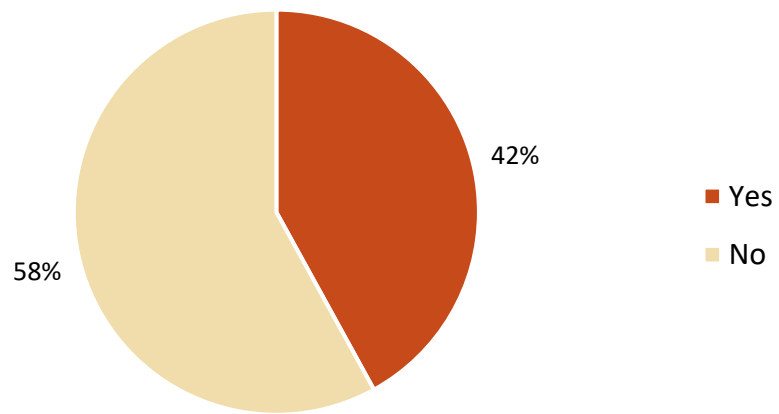


Figure 28. Percentage of SASP Purpose Area 2 Projects with Formal Referral Processes, 2017-2018

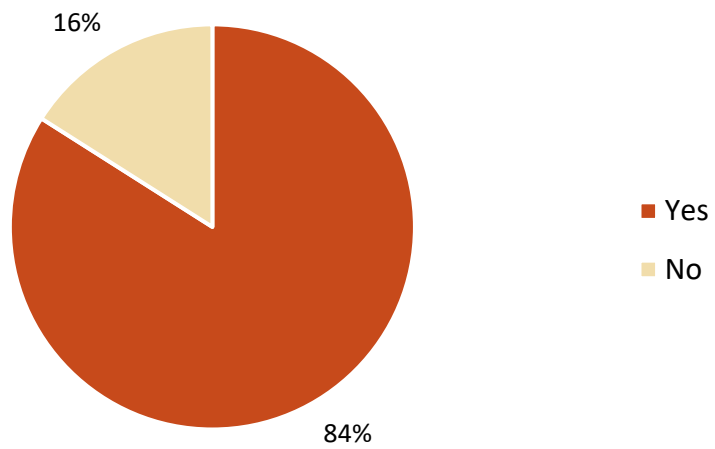
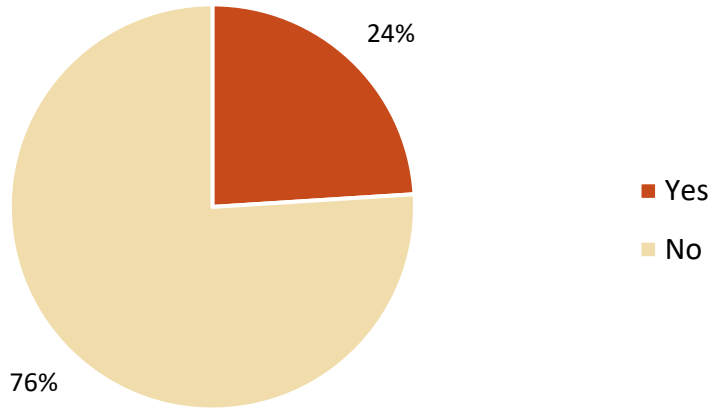
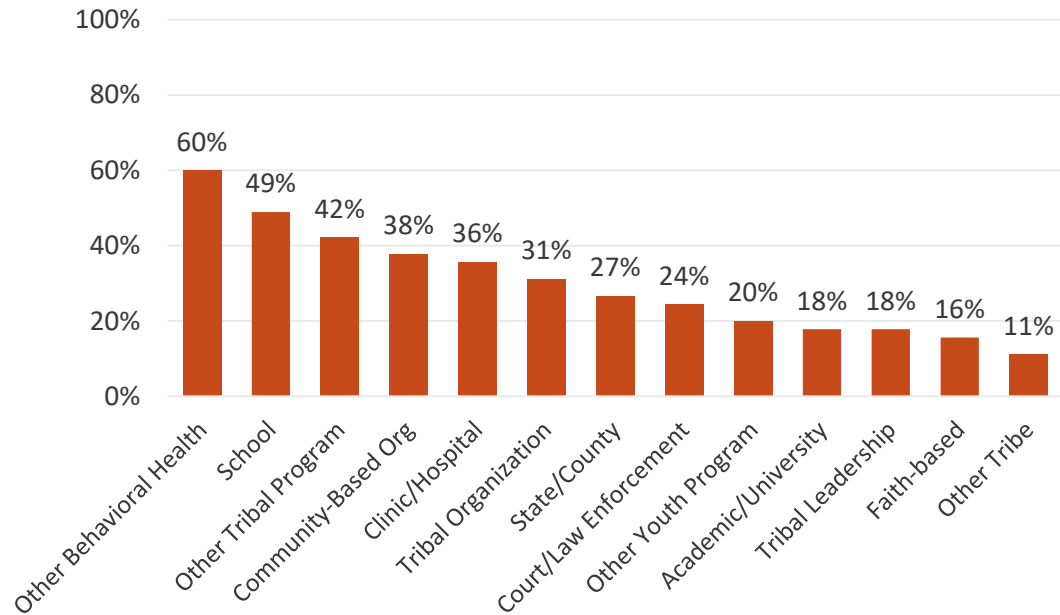


Figure 29. Percentage of SASP Purpose Area 2 Projects Offering Peer to Peer Services, 2017-2018



OBJECTIVE 2: PARTNERSHIPS

Figure 30. Types of Community Partners of Purpose Area 2 Projects, 2017-2018*



*Projects were able to select multiple types.

Table 10. Number of Partners and Memoranda of Agreement (MOAs) Reported among SASP Purpose Area 2 Projects, 2017-2018

	N
New Partnerships	68
Enhanced Partnerships	221
Average Partnerships per Project	3.3
Range	0 – 28
Total New Memoranda of Agreement (MOAs)	26
Total Enhanced Memoranda of Agreement (MOAs)	23

OBJECTIVE 3: TRAINING

Figure 31. Percentage of SASP Purpose Area 2 Projects that Offered Training to Healthcare Providers by Provider Type, 2017-2018

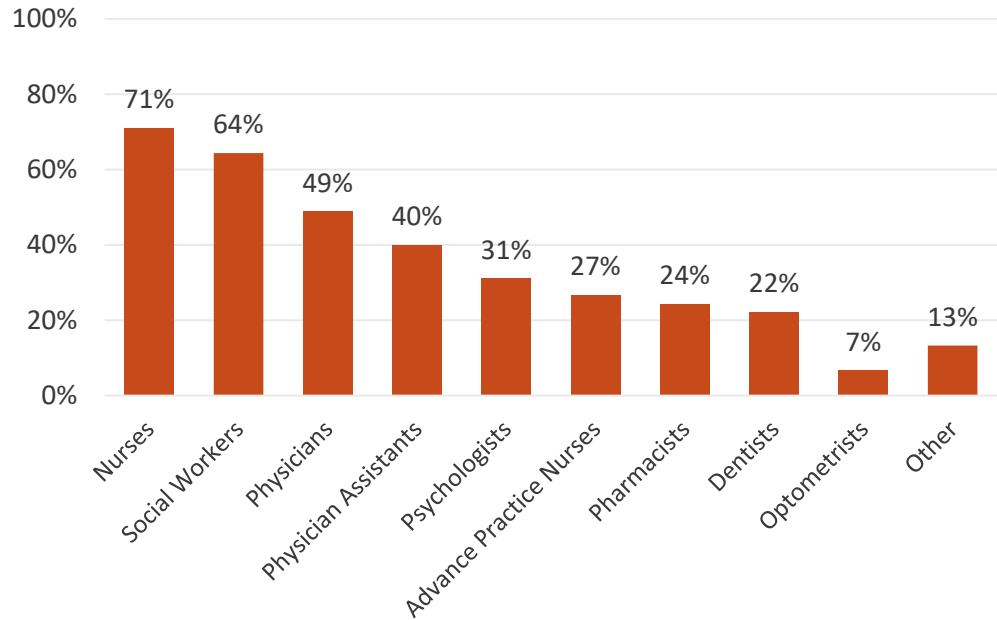


Table 11. Providers Trained by SASP Purpose Area 2 Projects, 2017-2018

	N
Providers Trained to Provide Suicide Risk Assessments	1348
Providers Trained in Suicide Screening	1403
Providers Trained in Suicide Safety Planning	1131

OBJECTIVE 4: COMMUNITY EDUCATION

Table 12. Trainings Provided by SASP Purpose Area 2 Projects, 2017-2018

	N
Trainings Provided for Community Members	530
Community Members Trained	13,026
Adult Community Education Events	1111
Youth Community Education Events	368
Social Media Posts about Suicide Prevention	3325
Substance Use-Focused Radio/TV/Billboard Ads	84

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

- Facebook
- Instagram
- Twitter
- Newsletter
- Website
- Listserv
- Local Radio Station
- Signage/Posters/Flyers
- Local Newspaper
- GoodHealth TV

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

- Hospital/healthcare providers
- Hermitic homesteaders
- Transient populations
- Youth
- Those lacking transportation
- College-aged
- Seniors
- Rural areas
- Those lacking smartphones/internet/social media
- Teachers/school staff
- EMS
- Law enforcement
- Incarcerated population

OBJECTIVE 5: ORGANIZATIONAL PRACTICES

Figure 32. Percentage of SASP Purpose Area 2 Projects that Implemented New Processes for Suicide Screening, 2017-2018

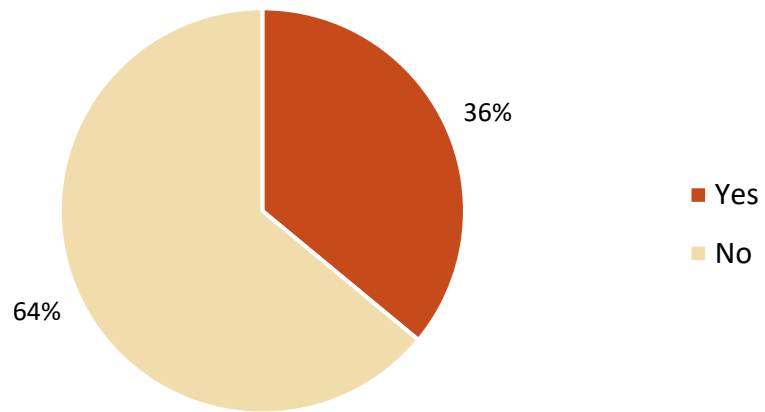


Figure 33. Percentage of SASP Purpose Area 2 Projects that Implemented Enhanced Processes for Suicide Screening, 2017-2018

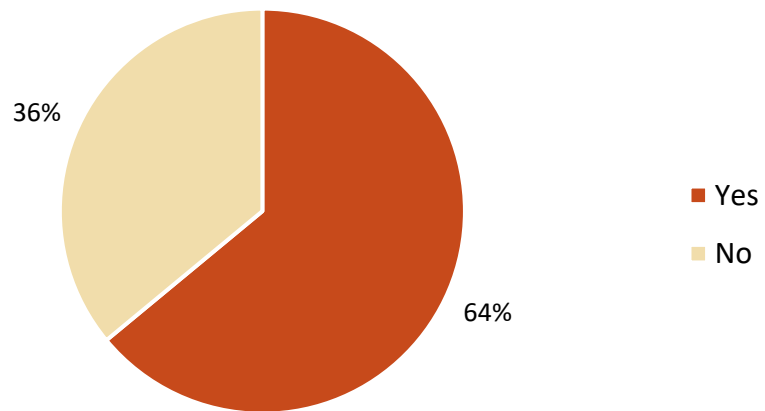
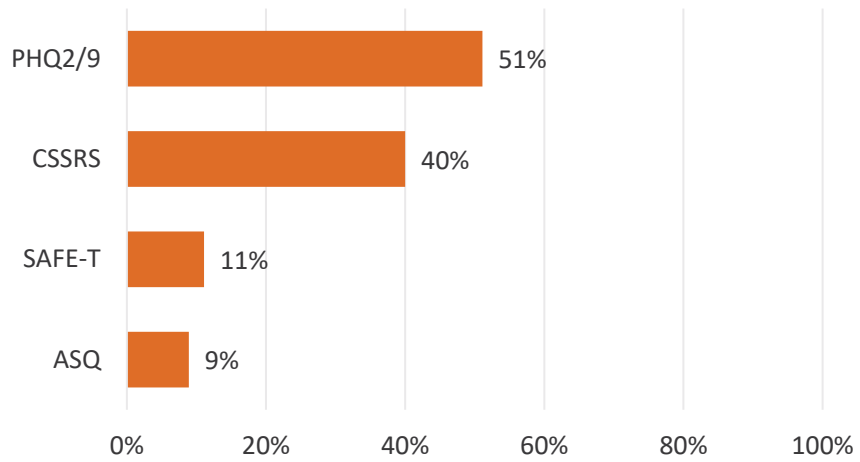


Figure 34. Percentage of SASP Purpose Area 2 Projects Utilizing Suicide Screening Tools, 2017-2018



Note: Projects could select all options that applied.

Figure 35. New Tracking Processes Implemented by SASP Purpose Area 2 Projects, 2017-2018

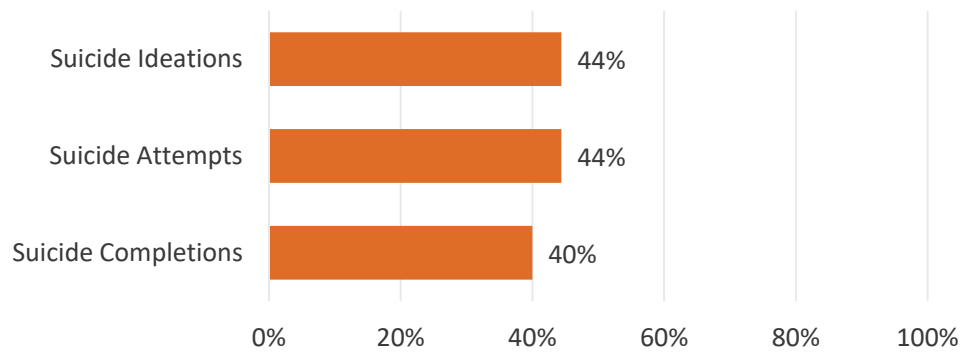


Table 13. Individuals Screened for Suicide Behaviors by SASP Purpose Area 2 Projects, 2017-2018

	N
Individuals Screened for Suicide Ideations	79,803
Individuals Screening for Suicide Attempts	13,408
Individuals Screened for History of Suicide Attempts	13,366

Table 14. Individuals Encountered who had Suicide Ideations or Attempts by SASP Purpose Area 2 Projects, 2017-2018

	N
Individuals Encountered Reporting Suicide Ideations	21,513
Individuals Encountered Reporting Suicide Attempts	297
Individuals Referred for Suicide-Related Services	2916

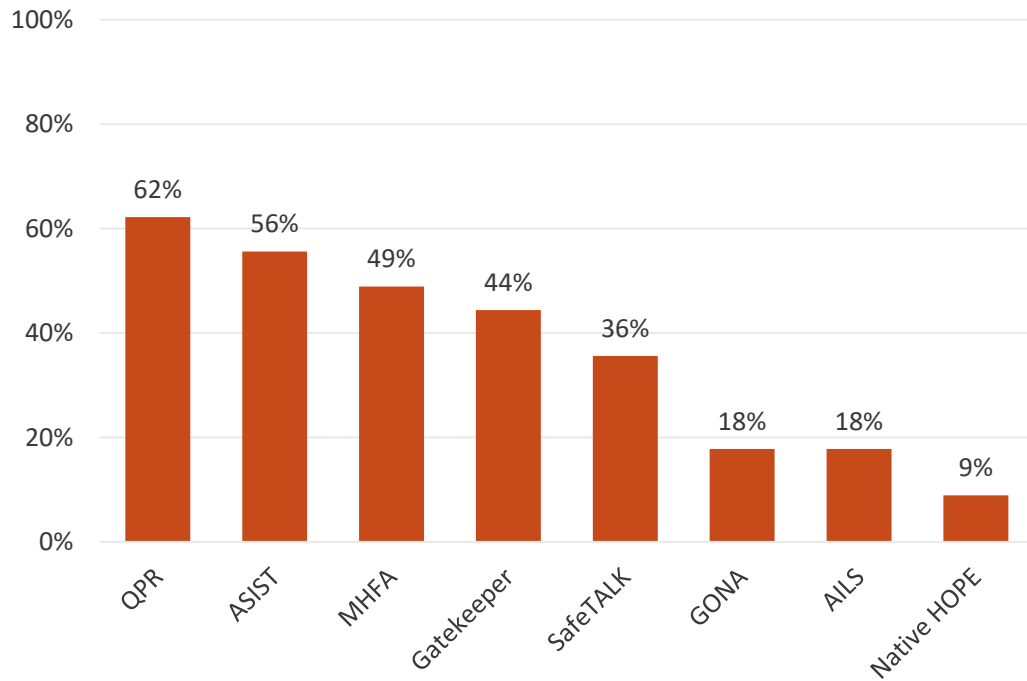
Table 15. Number of Deaths by Suicide Reported by SASP Purpose Area 2 Projects, 2017-2018

	N
Total Number of Deaths by Suicide	73
Projects Reporting at least One Death by Suicide	14
Range per Project of Deaths by Suicide	0 – 17

These numbers were self-reported by projects. Data sources cited by projects for deaths by suicide were self-report/word of mouth/family reports; CHR documents; law enforcement; health clinic; tribal council; State DOH; EMS records; tribal court; county coroner/funeral services/morgue; IHS EHR; crisis intervention services; Zero Suicide project; criminal investigator; and social media.

EVIDENCE-BASED PRACTICES

Figure 36. Types of Evidence-Based Practices used by SASP Purpose Area 2 Projects for Suicide Prevention, 2017-2018*



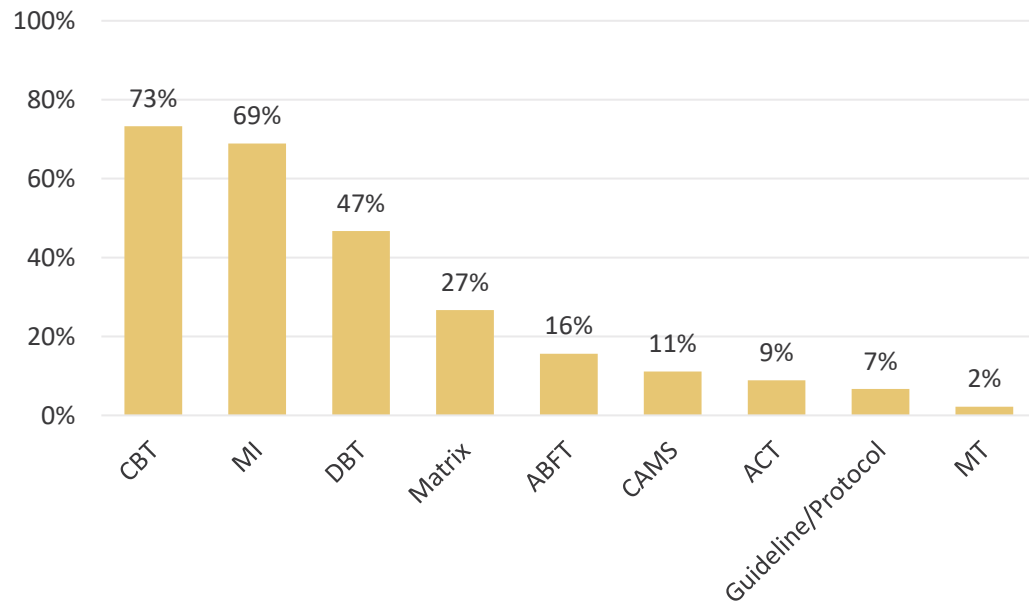
*Projects were able to select multiple types.

As demonstrated in [Figure 36](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among SASP Purpose Area 2 projects for prevention were QPR (62%), ASIST (56%), and Mental Health First Aid (49%).

KEY:

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

Figure 37. Type of Evidence-Based Practices used by SASP Purpose Area 2 Projects for Suicide Intervention/Treatment, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 37](#), Cognitive Behavioral Therapy (73%) and Motivational Interviewing (69%) were the most commonly utilized evidenced-based practice types in treatment among SASP Purpose Area 2 Projects for intervention/treatment.

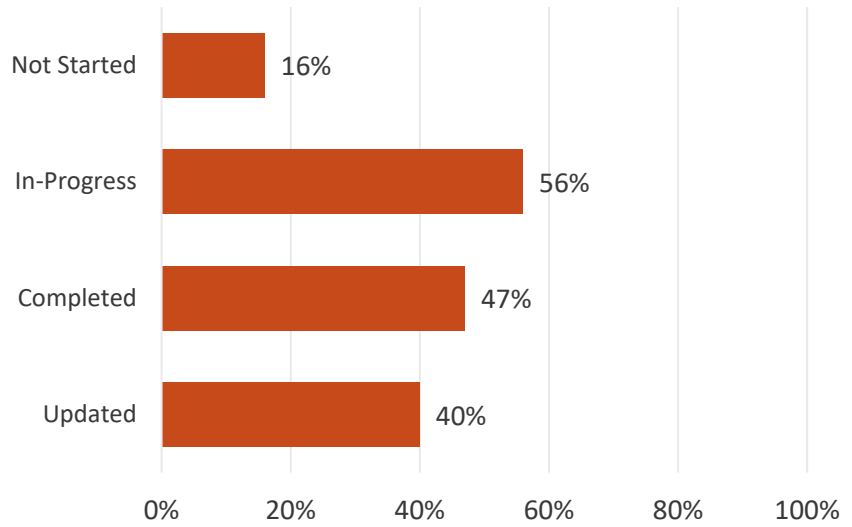
KEY:

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

Adaptations to evidence-based practices made by SASP Purpose Area 2 projects included: highlighted community strengths and protective factors; no adaptations needed/avoided adaptations to maintain fidelity; embedded cultural conversations and activities; informed by local historical trauma; used examples/scenarios/stories specific to community; made more youth-friendly; used local trainers from local communities; supplement with additional funding for food; used community/AI/AN-specific data; included discussion of protective cultural factors; hosted one-day GONA; trained all point-of-contact staff; and trainings tailored to meet the needs of each community.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 38. Status of Written Policies for Suicide Care* within SASP Purpose Area 2 Projects, 2017-2018



**Projects were able to select multiple responses.*

Figure 39. Components Included in SASP Purpose Area 2 Project Policies, 2017-2018

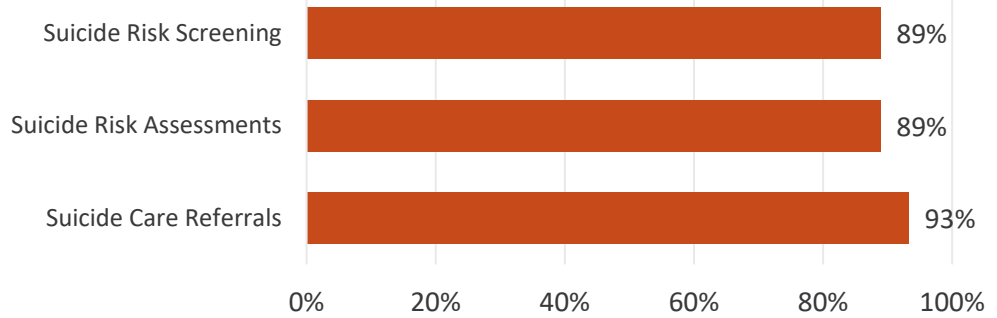


Figure 40. Percentage of SASP Purpose Area 2 Project Policies that Provide Guidance on Follow-up to Individuals Reporting Suicidal Behavior, 2017-2018

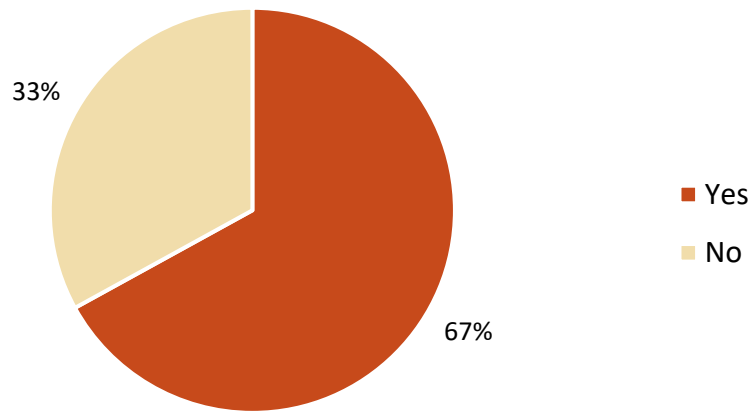
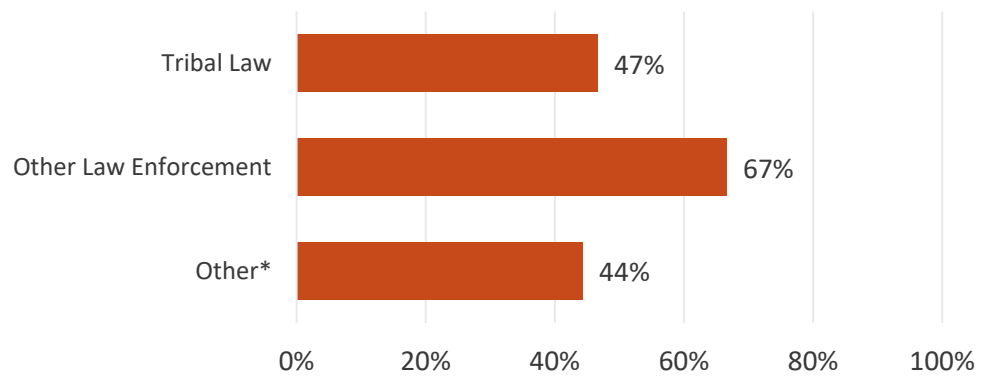


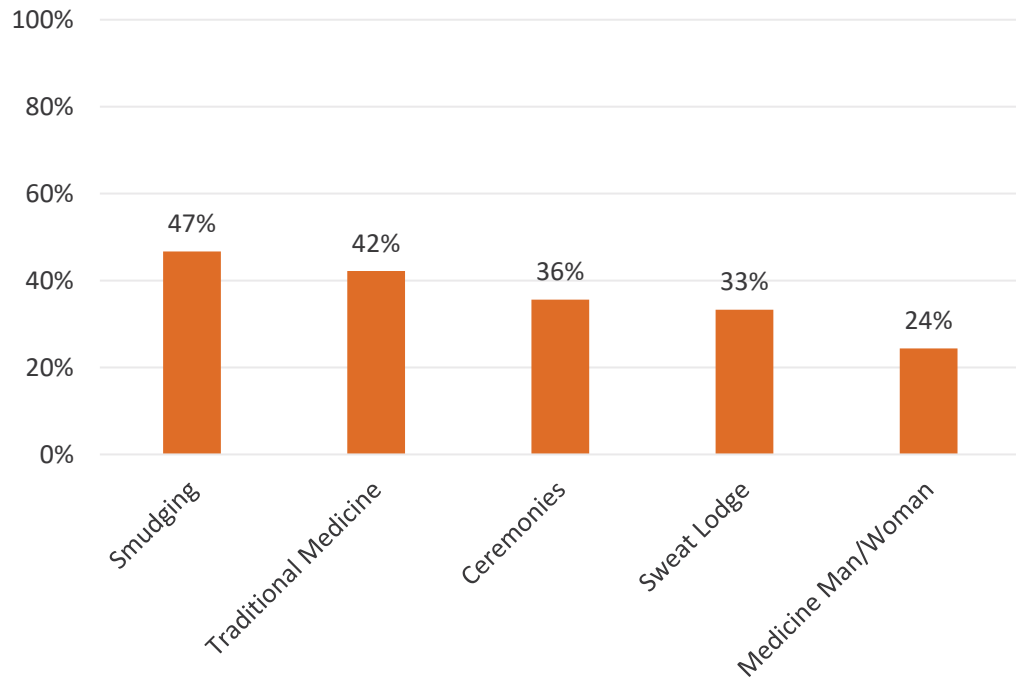
Figure 41. Types of Law Enforcement Included in SASP Purpose Area 2 Project Policies, Protocols, and Procedures, 2017-2018



*No descriptions provided for "Other"

OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

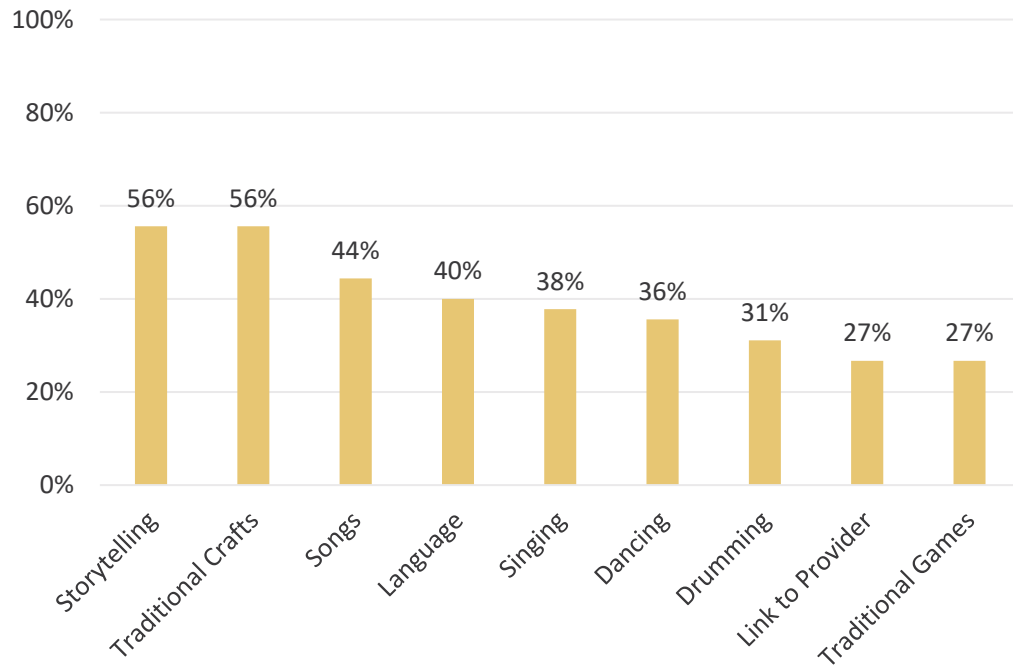
Figure 42. Percentage of SASP Purpose Area 2 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2017-2018*



*Projects were able to select multiple types.

Figure 42 demonstrates that a range of traditional healing related practices have been incorporated into SASP Purpose Area 2 project activities included smudging (47%), traditional medicine (42%), and ceremonies (36%). The majority of SASP Purpose Area 2 projects reported integrating at least one of these traditional healing practices into their project services (62.2%).

Figure 43. Percentage of SASP Purpose Area 2 Projects Integrating Cultural Services into Project Activities by Practice Type, 2017-2018*

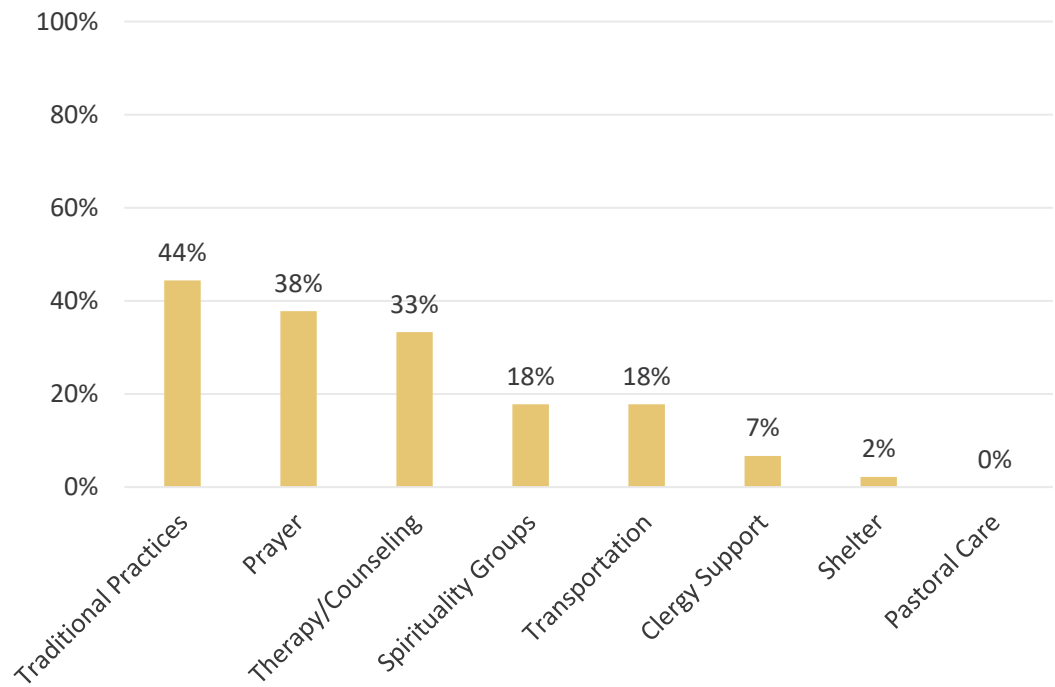


**Projects were able to select multiple types.*

As evidenced in [Figure 43](#), the most common cultural services included in SASP Purpose Area 2 project activities were storytelling (56%) and traditional crafts (56%). The majority of SASP Purpose Area 2 projects reported integrating at least one of these cultural practices into their project services (84.4%).

A total of **10,595** individuals received cultural services from SASP Purpose Area 2 projects.

Figure 44. Percentage of SASP Purpose Area 2 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2017-2018*



**Projects were able to select multiple types.*

As evidenced in [Figure 44](#), the most common religious, spiritual, and faith-based services included in SASP Purpose Area 2 project activities were traditional practices (44%) and prayer (38%). The majority of SASP Purpose Area 2 projects reported integrating at least one of these faith-based practices into their project services (60.0%).

A total of **977** individuals received faith-based services from SASP Purpose Area 2 projects.

TRAUMA INFORMED CARE

Figure 45. Types of Trauma Informed Care Elements Included in SASP Purpose Area 2 Project Activities, 2017-2018

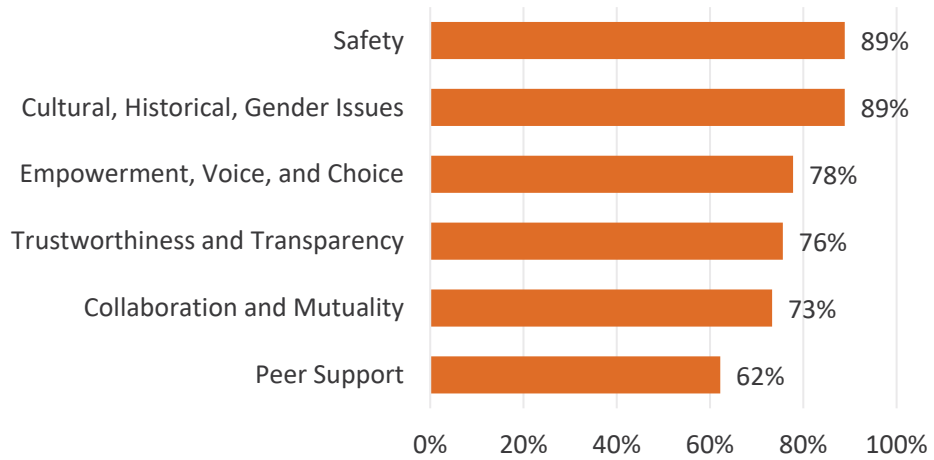
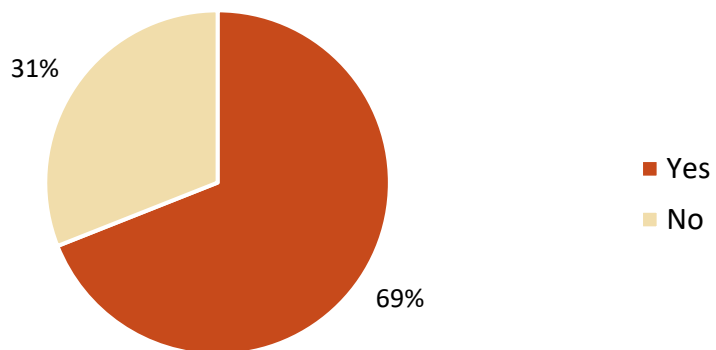


Table 16. SASP Purpose Area 2 Trauma Informed Care Trainings, 2017-2018

	N
Number of Trauma Informed Care Trainings Provided	235
Number of Health Professionals Trained in Trauma Informed Care	1246

Figure 46. Percentage of SASP Purpose Area 2 Projects Offering Trauma Informed Care Trainings, 2017-2018

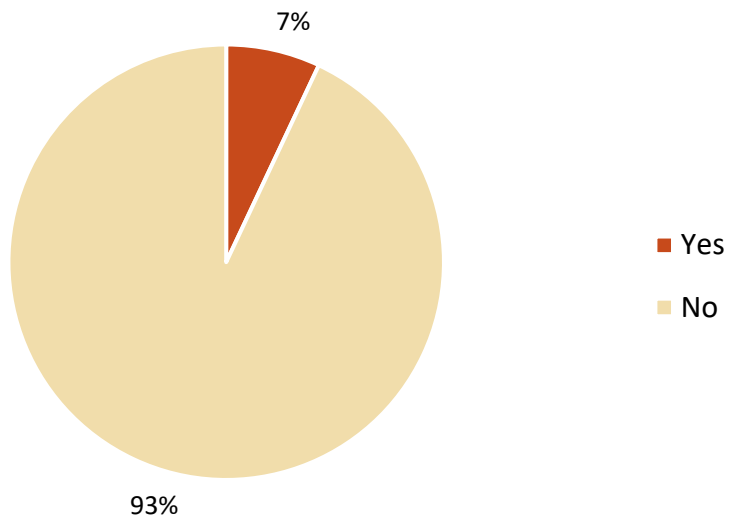


POPULATION SERVED

Table 17. Number of Encounters Reported among SASP Purpose Area 2 Projects, 2017-2018

	N
Total Contacts	606,659
Social Media Encounters	534,940

Figure 47. Percentage of SASP Purpose Area 2 Projects that Primarily Targeted Service Providers, 2017-2018



STAFFING

Figure 48. Percentage of SASP Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

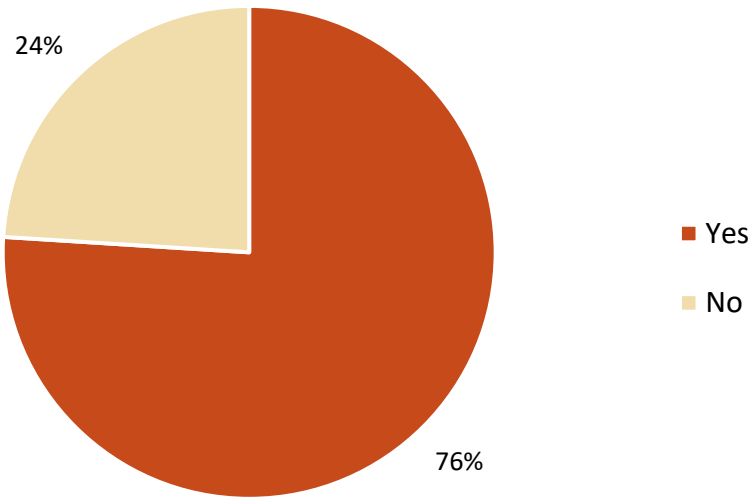


Figure 49. Percentage of SASP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2017-2018

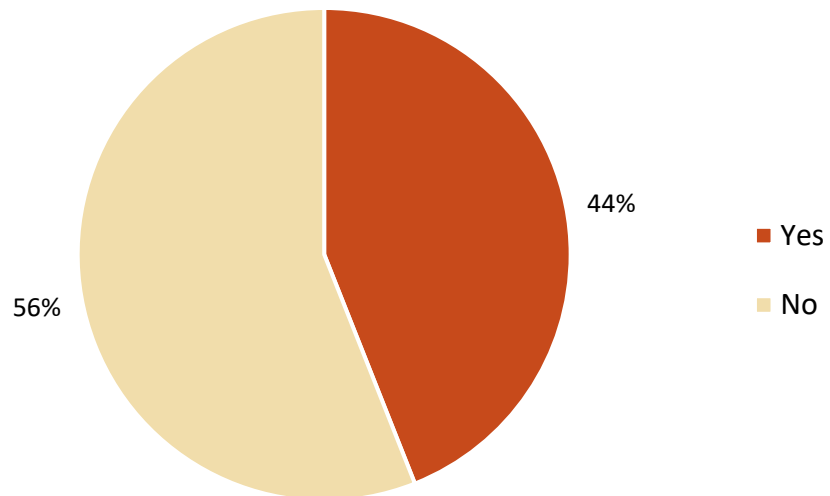


Figure 50. Percentage of SASP Purpose Area 2 Projects that Experienced Staff Turnover, 2017-2018

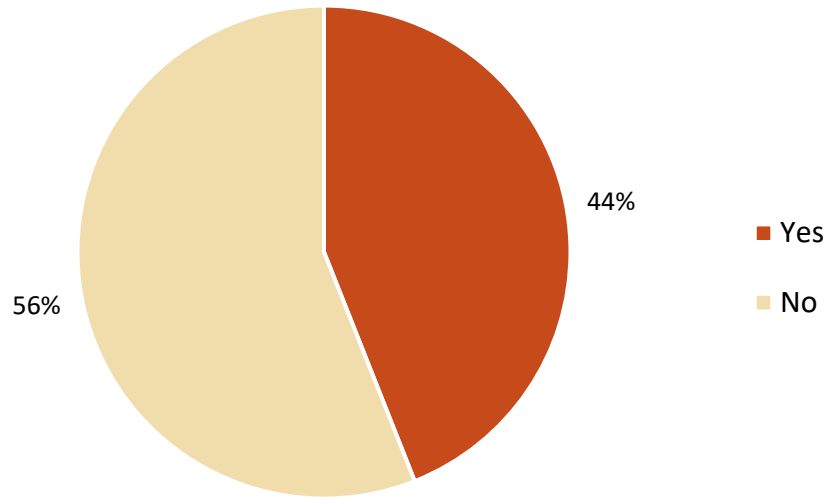


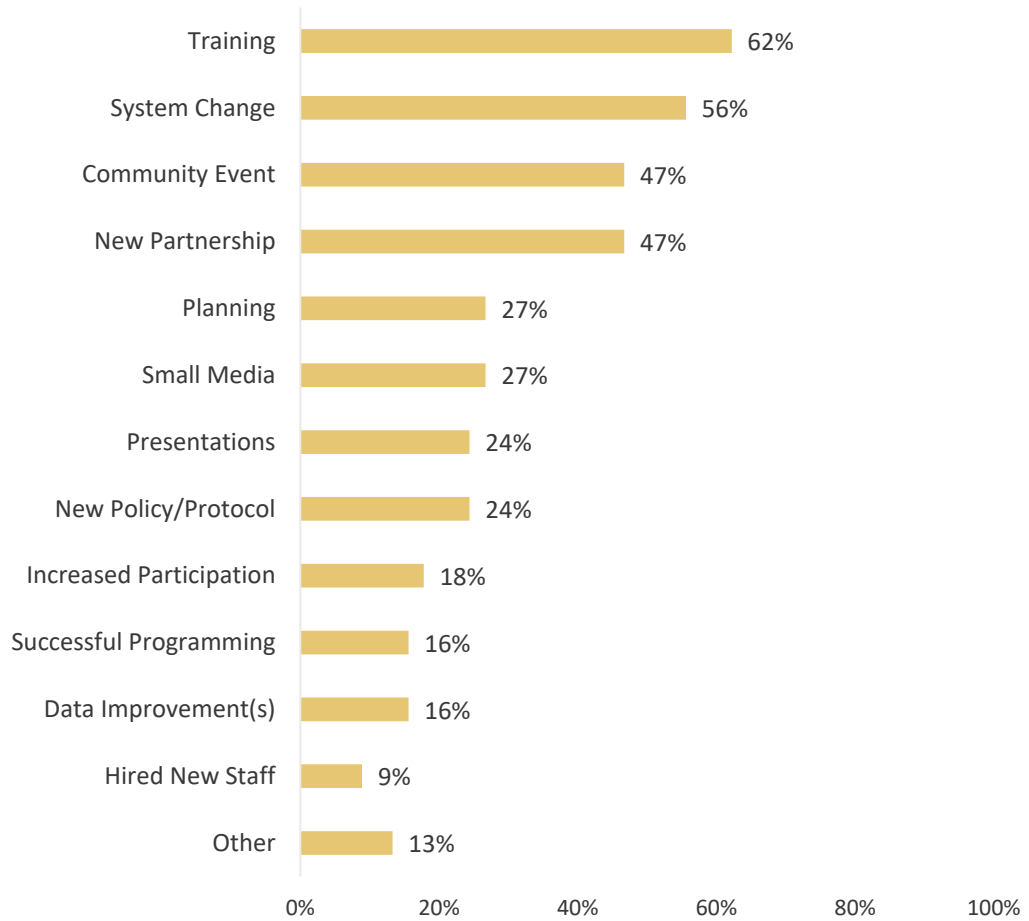
Table 18. Average Percentage of Time Paid to SASP Purpose Area 2 Project Coordinators from SASP Funding, 2017-2018

	Percent
Average Percentage of Time	28.5%
Range	0 – 80%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 51. Type of Accomplishments Reported among SASP Purpose Area 2 Projects, 2017-2018



The most commonly reported SASP project accomplishments reported by Purpose Area 2 projects in project year 3 were training (62%), system change (56%), implementing successful community events (47%) and new partnerships (47%). Definitions and examples for each accomplishment type 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 accomplishments that each project could report.

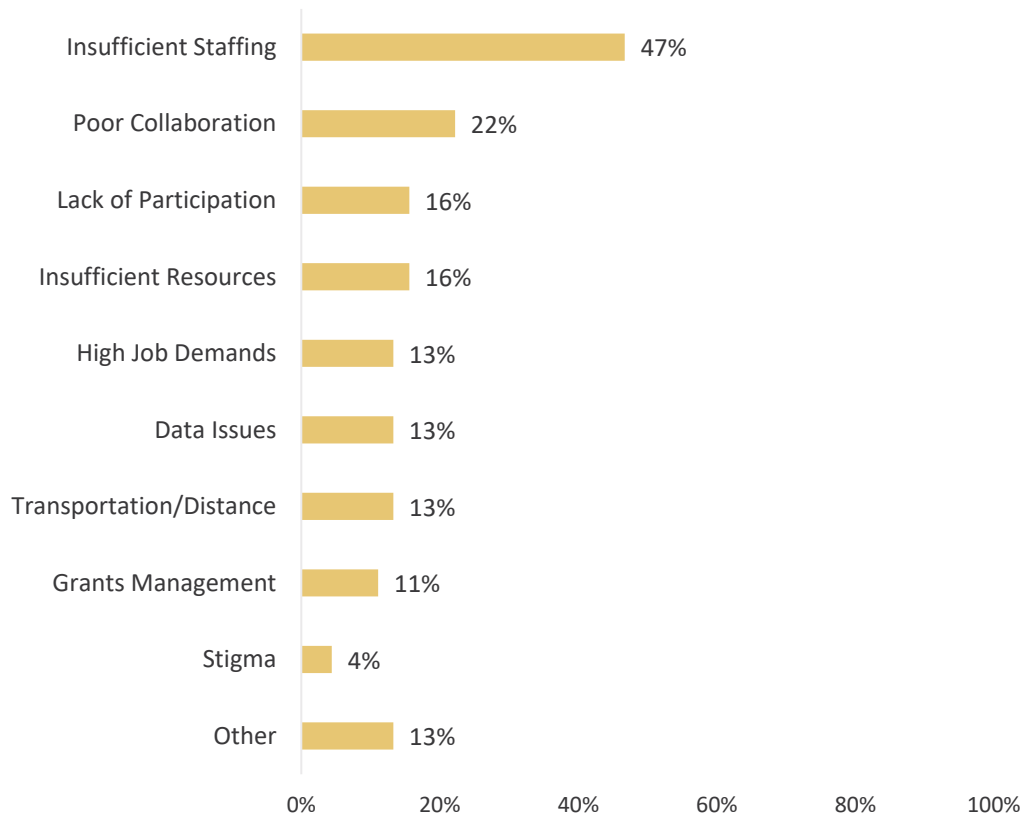
Table 19. SASP Project Accomplishment Definitions

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

SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to SASP project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer SASP projects during the reporting period. These included: crisis line open all day every day; no suicides in project year; built trust in community; increased community awareness of needs and project services; new treatment services available to community; recognition of accomplishments; awarded Zero Suicide Initiative funding.

PROJECT CHALLENGES

Figure 52. Types of Challenges Reported among SASP Purpose Area 2 Projects, 2017-2018

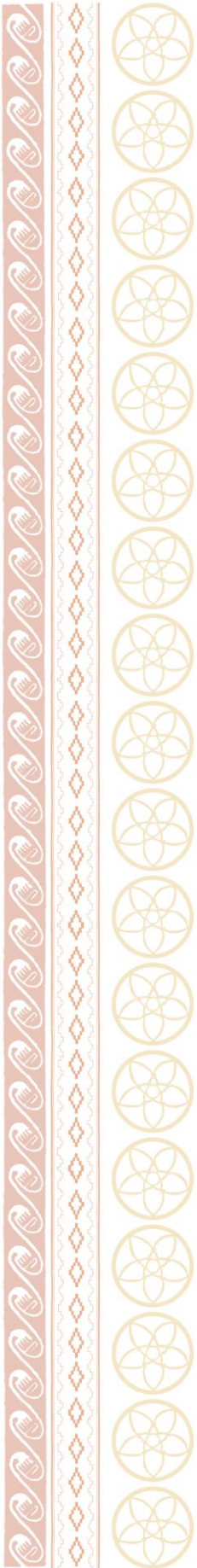


The most commonly reported challenge of SASP Purpose Area 2 projects was insufficient staffing (47%). Definitions and examples for each challenge category are provided on the following pages of this report.

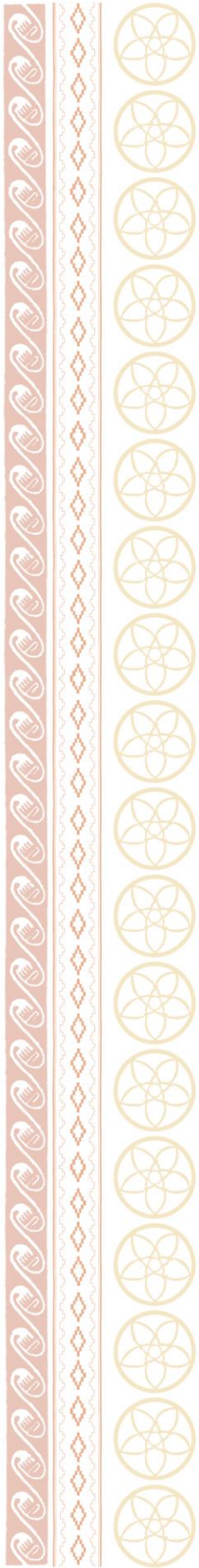
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 20. SASP Project Challenges Definitions

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



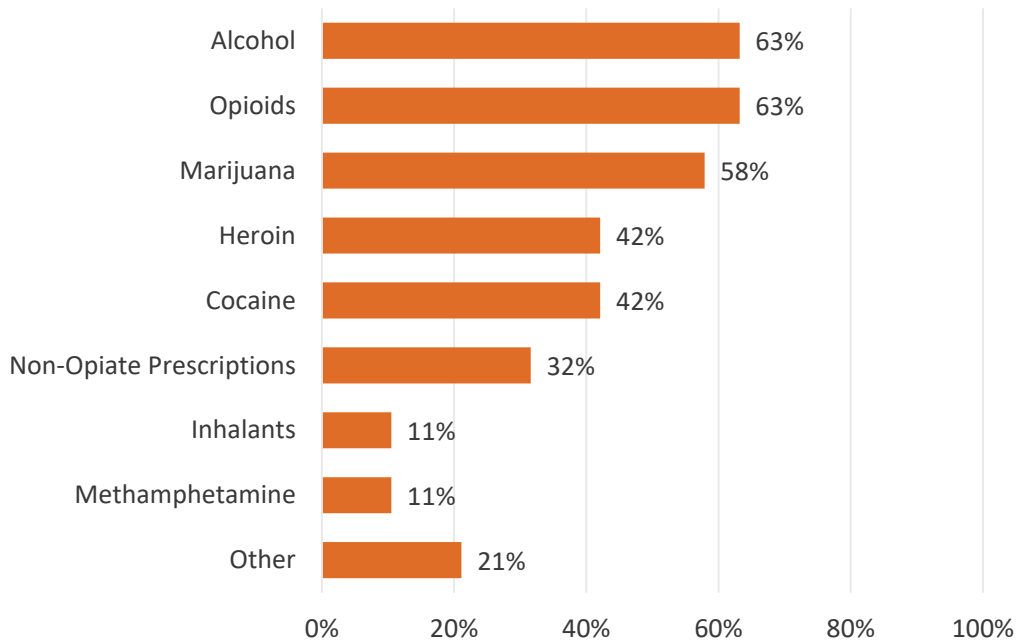
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: infrastructure issues; personnel issues; obtaining donations for food; limited cell phone service across service area; lack of variety of trainings available; lack of flexibility in federal system.</p>



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

OBJECTIVE 1: SERVICE EXPANSION

Figure 53. Substances Commonly Used within SASP Purpose Area 3 Project Service Population, 2017-2018



Other substances included: peyote; spice; hallucinogens; hypnotics

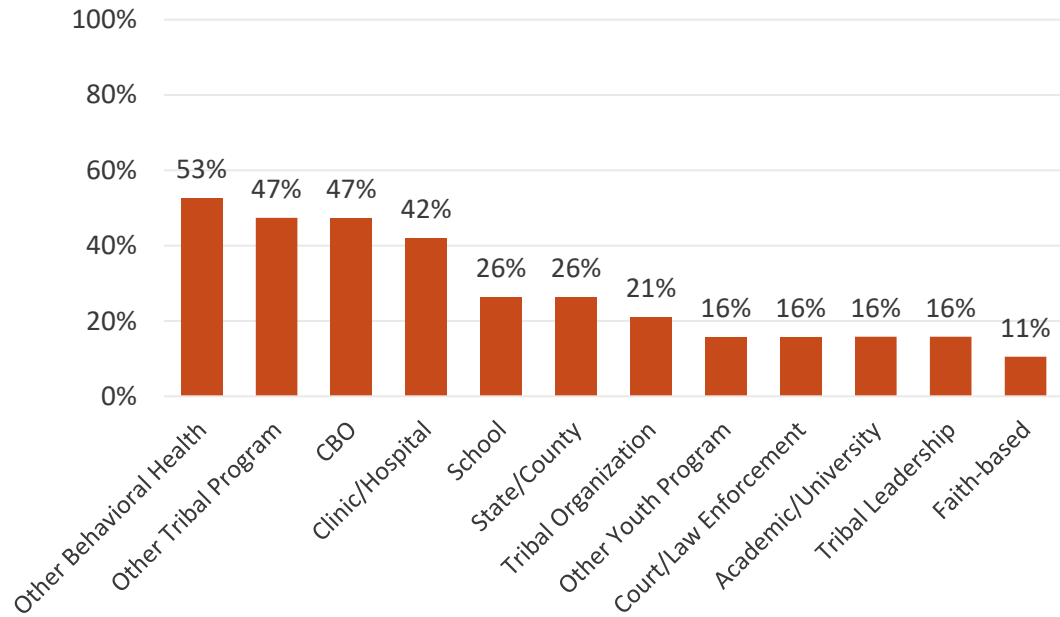
A variety of methods were used by SASP Purpose Area 3 projects to adapt their services to address various substances. Those methods were the inclusion of substances in education for community and providers; incorporation of safe medication and needle disposal methods; looking beyond the substance to focus on drivers of substance abuse; utilization of clan system; daily prayer; adaptation of curricula to include other substances; training of all staff; expansion of referral network; expansion of screening techniques to include additional substances; administration of DSM-5 screening tool separately for each substance; and training on naloxone use for staff and community.

Table 21. Substance Use Disorder Treatment and Recovery Services Provided by SASP Purpose Area 3 Projects, 2017-2018

	N
Individuals Referred for Substance Use Disorder Treatment	2052
Individuals Accessing Recovery Services after Treatment	1170
Individuals Served who were Continuing in Recovery after One Year	514

OBJECTIVE 2: PARTNERSHIPS

Figure 54. Types of Community Partners of Purpose Area 3 Projects, 2017-2018*



*Projects were able to select multiple types.

Table 22. Number of Partners and Memoranda of Agreement (MOAs) Reported among SASP Purpose Area 3 Projects, 2017-2018

	N
New Partnerships	18
Enhanced Partnerships	65
Average Partnerships per Project	2.3
Range	0 – 5
Total New Memoranda of Agreement (MOAs)	20
Total Enhanced Memoranda of Agreement (MOAs)	16

OBJECTIVE 3: TRAINING

Figure 55. Types of Healthcare Providers Trained in Substance Use Disorder Screening, Assessment, or Treatment by SASP Purpose Area 3 Projects, 2017-2018

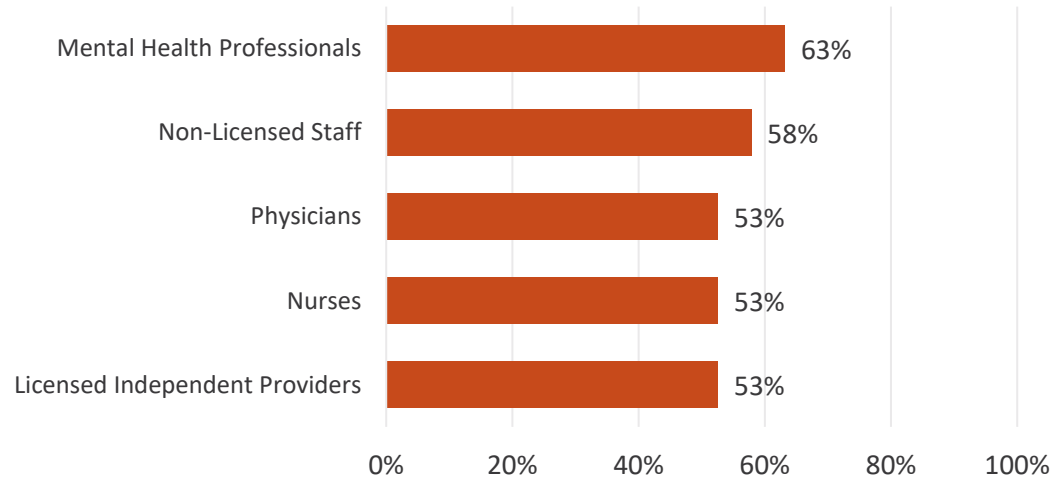


Table 23. Providers Trained by SASP Purpose Area 3 Projects, 2017-2018

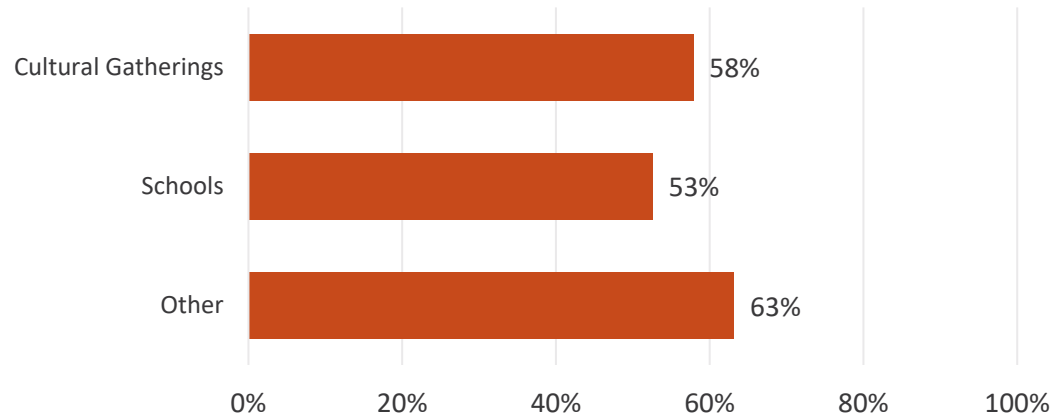
	N
Total Trainings Provided	53
Providers Trained in Substance Use Disorder Screening	460
Providers Trained in Suicide Screening	366
Providers Trained in Safety Planning	139
Providers Trained in Brief Intervention or Motivational Interviewing	144

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

- Applied Suicide Intervention Skills Training (ASIST)
- Columbia Suicide Severity Rating Scale (CSSRS)
- Generalized Anxiety Disorder-7 (GAD-7)
- Pathway of Assisting Life (PAL)
- Patient Health Questionnaire 2/7/9
- Question Persuade Refer (QPR)
- Short Mood and Feelings Questionnaire (SMFQ)
- Suicide Behavior Questionnaire-Revised (SBQR)
- Zero Suicide Initiative (ZSI) Zero Suicide Initiative (ZSI)

OBJECTIVE 4: COMMUNITY EDUCATION

Figure 56. Locations of Trainings Provided by SASP Purpose Area 3 Projects for Non-Healthcare Professionals, 2017-2018*



**Projects could select more than one option*

Other trainings included: tribal leadership and designees; high-school aged youth; hospital/clinic; writing legislation; protocol in situations of suicide; adapting government protocols; peer-to-peer; community nights; SafeTALK community prevention; digital storytelling/oral history; hosted National Center for Trauma; Trauma-Informed Peer Support Train the Trainer; law enforcement; Recovery coach academy; ASIST; QPR for community.

Table 24. Trainings Provided by SASP Purpose Area 3 Projects, 2017-2018

	N
Trainings Provided for Community Members	145
Community Members Trained	3,575
Adult Community Education Events	95
Youth Community Education Events	141

Lessons learned from **adult** education events:

- Concerned about youth substance abuse
- Need training on difference between using prescription medications and opioid abuse
- Lacking knowledge regarding proper medication disposal
- Desire culturally-specific trainings regarding substance abuse
- Adults are willing to be trained
- Adults will show up and participate constructively
- Want more opportunities to work with youth
- Large range of knowledge
- Need for single, common social media platform
- Want additional family nights
- Intend to use skills gained through trainings
- Many have misconceptions regarding substance use and addiction
- Want more events that do not include drugs or alcohol
- Increased communication between parents and children
- Interested in addressing links between trauma and substance use/suicidality
- Desire knowledge on substance use, stigma reduction, access to resources
- Many wished they had training a long time ago
- Appreciate education to raise awareness of substances encountered by their children

Lessons learned from **youth** education events:

- Students are aware of substances at an earlier age, and need education as early as 5th grade to clear misconceptions
- Youth do not feel valued by adults
- Youth should be a resource in developing community-targeted campaigns
- Youth learn best through activity rather than lecture
- Events empowered youth and assisted them in being healthy role models
- Events link youth to resources and overall health care
- Increased awareness of how to intercede if someone is speaking about suicide
- Increased awareness of how to be a good tribal member
- Increased knowledge of substance use disorders, mental health issues, and stigma reduction
- Demonstrated increased kindness and empathy from bullying prevention training
- Youth will actively participate when interested and ask insightful questions
- Youth showed retention of information in post-tests

Table 25. Social Media and Awareness Campaigns Provided by SASP Purpose Area 3 Projects, 2017-2018

	N
Total Social Media Encounters	63,428
Social Media Posts about Substance Abuse Prevention	1731
Substance Use-Focused Radio/TV/Billboard Ads	33

Forms of social media used by SASP Purpose Area 3 projects included:

- Facebook
- Instagram
- Twitter
- Website
- Local Radio Station
- Signage/Posters/Flyers

Groups that some SASP Purpose Area 3 projects were unable to reach included:

- Hospital/healthcare providers
- Rural areas
- Those lacking smartphones/internet/social media
- Hispanic population
- Middle-aged men
- Those with restricted movement
- Those who do not utilize community centers
- Incarcerated population
- Youth in foster care

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Table 26. Individuals Screened for Substance Use Disorders by SASP Purpose Area 3 Projects, 2017-2018

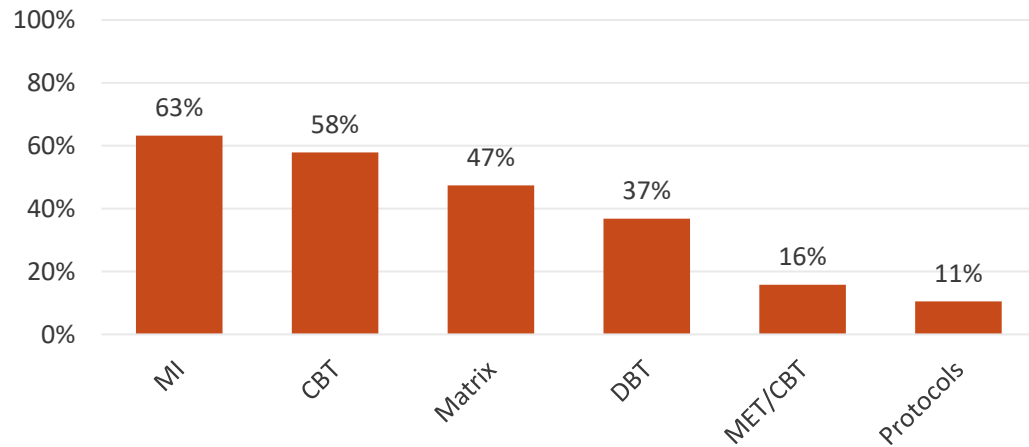
	N
Individuals Screened for Substance Use Disorders	12,187
Individuals Referred for Substance Use Disorders	2,794

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

- 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
- Biophysical Assessments
- CAGE Substance Abuse Screening Tool
- Centered Spirit Behavioral Health Comprehensive Assessment
- Clinical Diagnostic Interviews
- CRAFFT Screening Test
- Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
- Drug Abuse Screening Test (DAST)
- Global Assessment of Individual Needs (GAIN)
- Michigan Alcoholism Screening Test (MAST)
- Parenting modules
- Self-created questions
- Substance Abuse Subtle Screening Inventory (SASSI)

EVIDENCE-BASED PRACTICES

Figure 57. Types of EBPs used by SASP Purpose Area 3 Projects for Treatment of Substance Use Disorders, 2017-2018



**Projects were able to select multiple types.*

As demonstrated in [Figure 57](#), the most common Evidence-Based Practices utilized among SASP Purpose Area 3 projects for prevention were Motivational Interviewing (63%) and Cognitive Behavioral Therapy (58%).

KEY:

MI= Motivational Interviewing

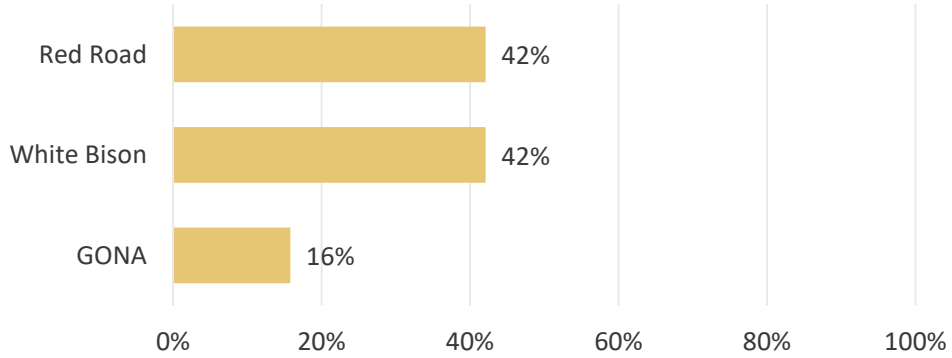
CBT = Cognitive Behavioral Therapy

DBT = Dialectical Behavioral Therapy

MET/CBT = Motivational Enhancement Therapy and Cognitive Behavioral Therapy

Measurement tools for EBP effectiveness included fidelity tracking sheets; curriculum evaluation tools; length of sobriety/negative substance screens; qualitative (focus groups, open-ended surveys) and quantitative (project records and annual reports); EHR progress notes/chart reviews; project completion rates; post-assessments; self-report; monitoring of screening results; referral rates/connection to provider; and service tracking.

Figure 58. Types of Practice-Based Practices used by SASP Purpose Area 3 Projects for Treatment of Substance Use Disorders, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 58](#), Red Road (42%) and White Bison (42%) were the most commonly utilized Practice-based practice types in treatment among SASP Purpose Area 3 projects for intervention/treatment.

KEY:

GONA = Gathering of Native Americans

Measurement tools for PBP effectiveness included curriculum evaluation tools; qualitative feedback; point of event feedback; urinalysis/substance screens; EHR progress notes; currently no formal measurement processes for chosen curriculum; observed and self-reported recovery outcomes; event attendance; adherence to treatment plan; and improved skills/development/achievements.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 59. Status of Written Policies for Substance Use Disorders within SASP Purpose Area 3 Projects, 2017-2018

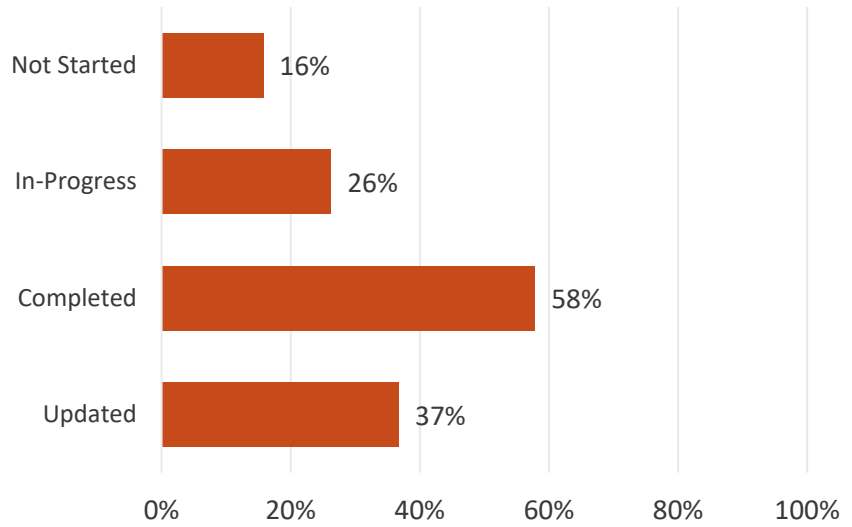


Figure 60. Components Included in SASP Purpose Area 3 Project Policies, 2017-2018

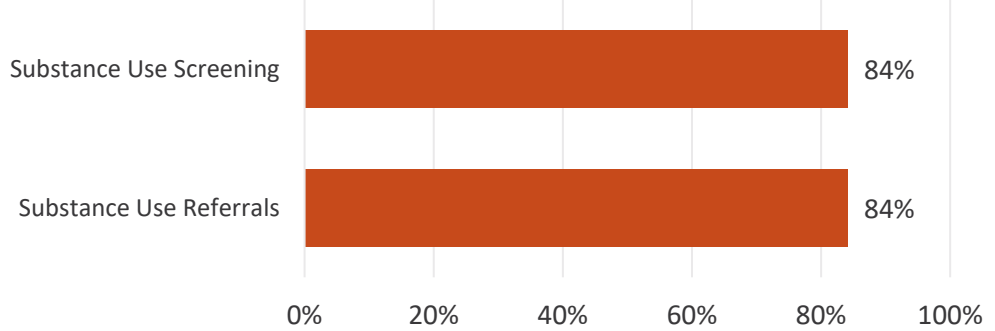
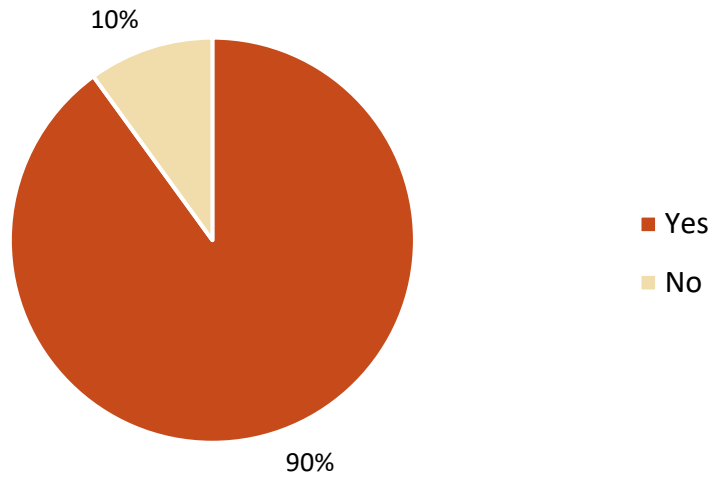
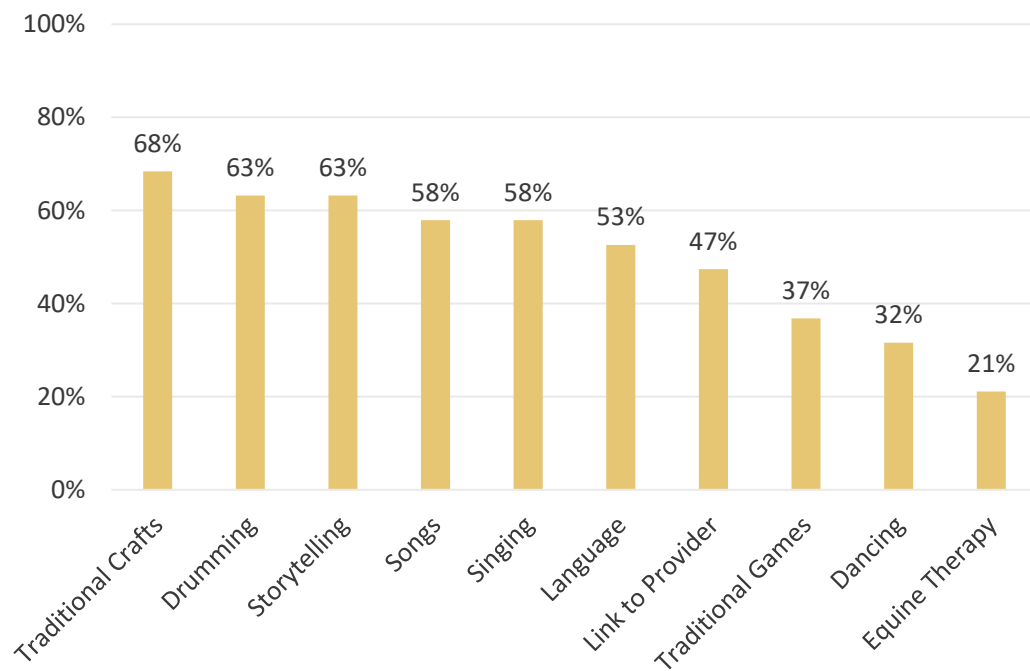


Figure 61. Percentage of SASP Purpose Area 3 Project Policies that Include Follow-up with Individuals Reporting Substance Use Disorders, 2017-2018



OBJECTIVE 7: CULTURAL AND TRADITIONAL SERVICES

Figure 62. Percentage of SASP Purpose Area 3 Projects Integrating Cultural Services into Project Activities by Practice Type, 2017-2018*

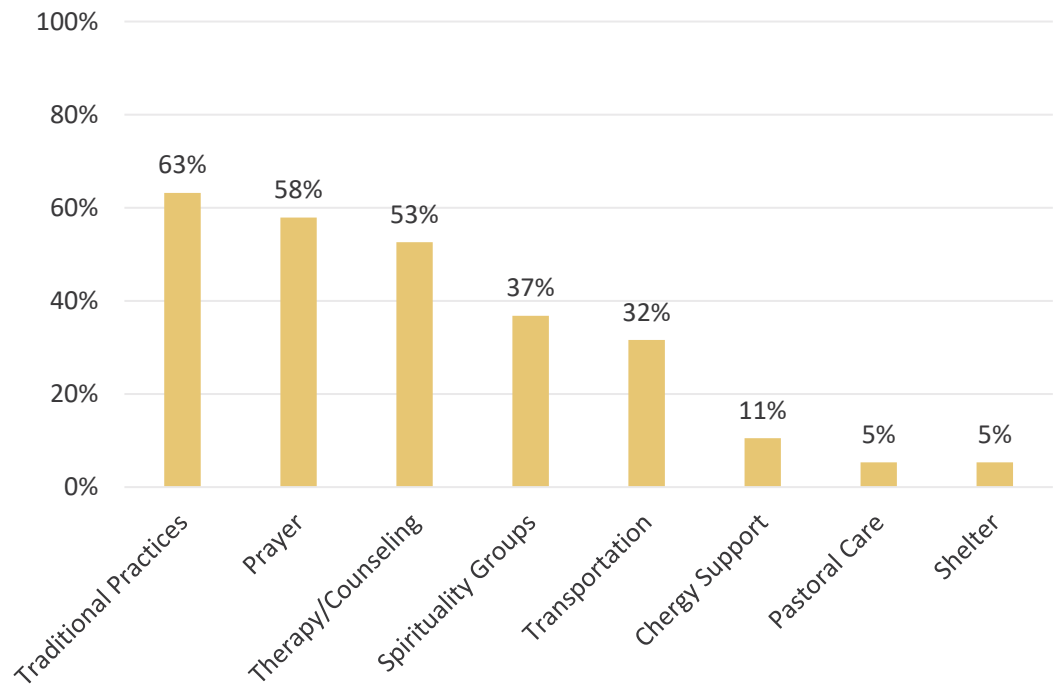


*Projects were able to select multiple types.

As evidenced in [Figure 62](#), the most common cultural services included in SASP Purpose Area 3 project activities were traditional crafts (68%), drumming (63%), and storytelling (63%). The majority of SASP Purpose Area 3 projects reported integrating at least one of these cultural practices into their project services (89.5%).

A total of **7075** individuals received cultural services from SASP Purpose Area 3 projects.

Figure 63. Percentage of SASP Purpose Area 3 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2017-2018*



*Projects were able to select multiple types.

As evidenced in [Figure 63](#), the most common religious, spiritual, and faith-based services included in SASP Purpose Area 3 project activities were traditional practices (63%) and prayer (58%). The majority of SASP Purpose Area 3 projects reported integrating at least one of these faith-based practices into their project services (78.9%).

A total of **14,661** individuals received faith-based services from SASP Purpose Area 3 projects.

TRAUMA INFORMED CARE

Figure 64. Types of Trauma Informed Care Elements Included in SASP Purpose Area 3 Project Activities, 2017-2018

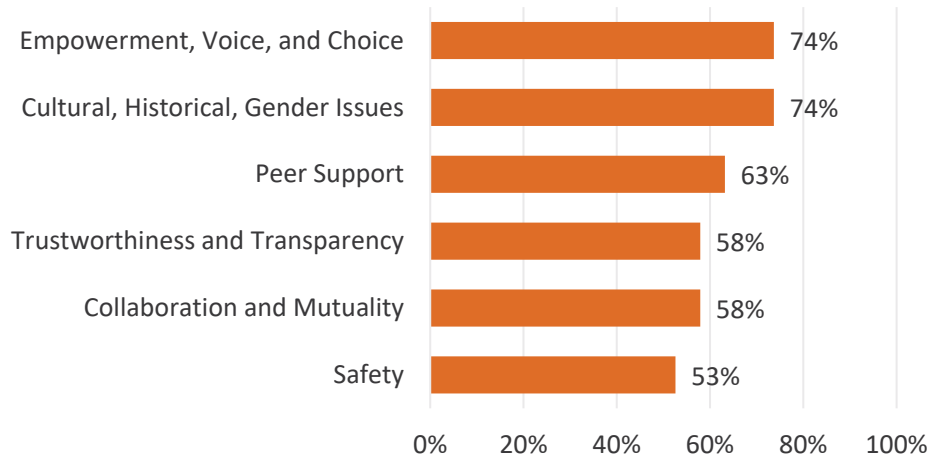
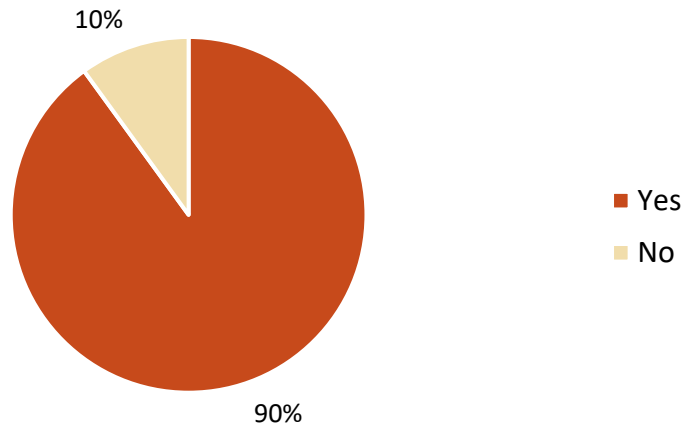


Table 27. SASP Purpose Area 3 Trauma Informed Care Trainings, 2017-2018

	N
Number of Trauma Informed Care Trainings Provided	42
Number of Health Professionals Trained in Trauma Informed Care	297

Figure 65. Percentage of SASP Purpose Area 3 Projects Offering Trauma Informed Care Trainings, 2017-2018

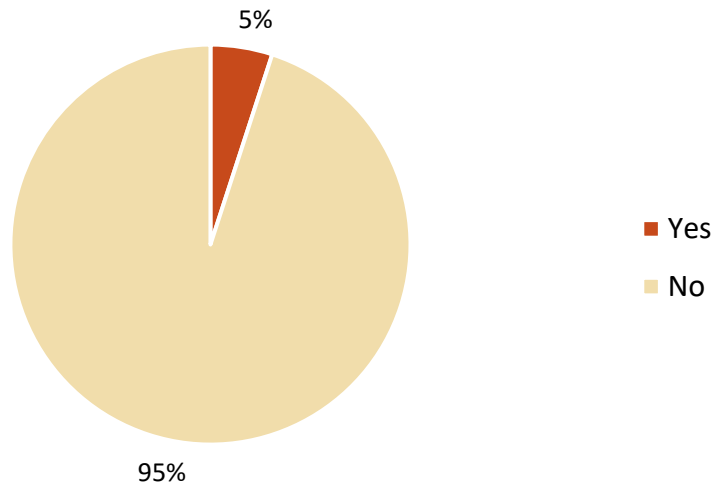


POPULATION SERVED

Table 28. Number of Encounters Reported by SASP Purpose Area 3 Projects, 2017-2018

	N
Total Contacts	11,813
Social Media Encounters	63,428

Figure 66. Percentage of SASP Purpose Area 3 Projects that Primarily Targeted Service Providers, 2017-2018



STAFFING

Figure 67. Percentage of SASP Purpose Area 3 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

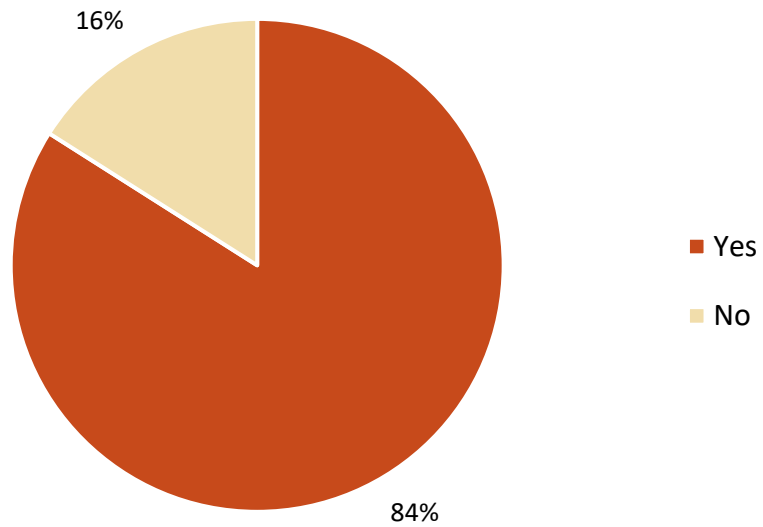


Figure 68. Percentage of SASP Purpose Area 3 Projects with a Full-Time Project Coordinator, 2017-2018

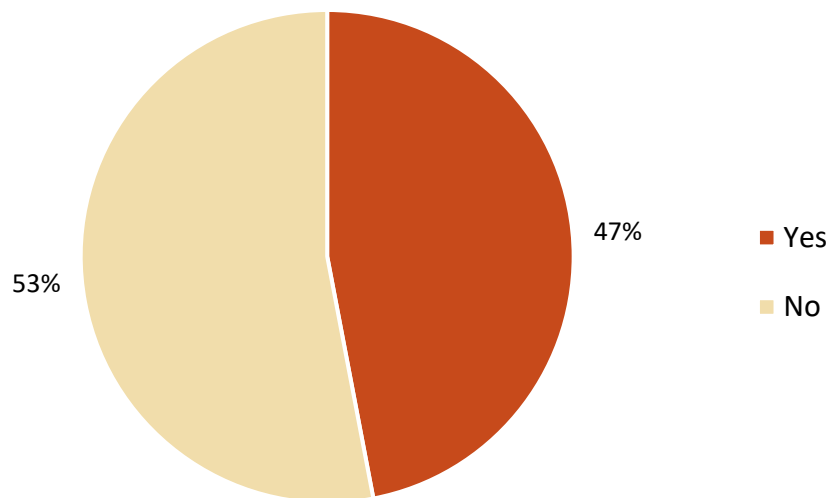


Figure 69. Percentage of SASP Purpose Area 3 Projects that Experienced Staff Turnover, 2017-2018

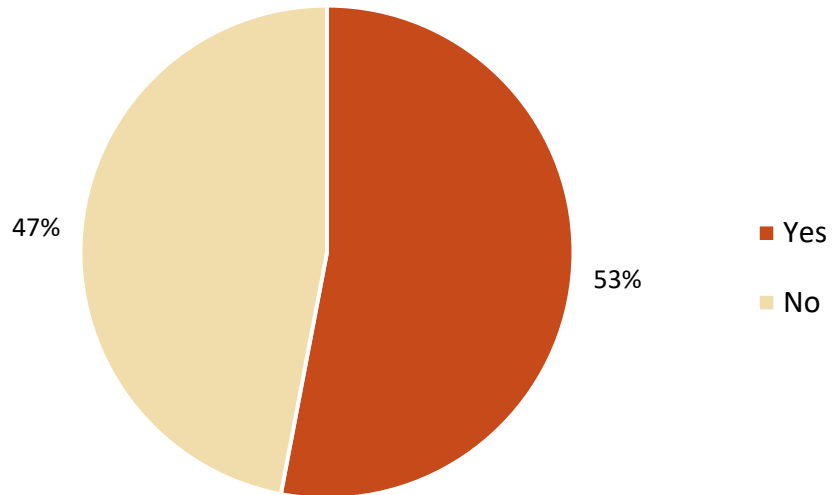


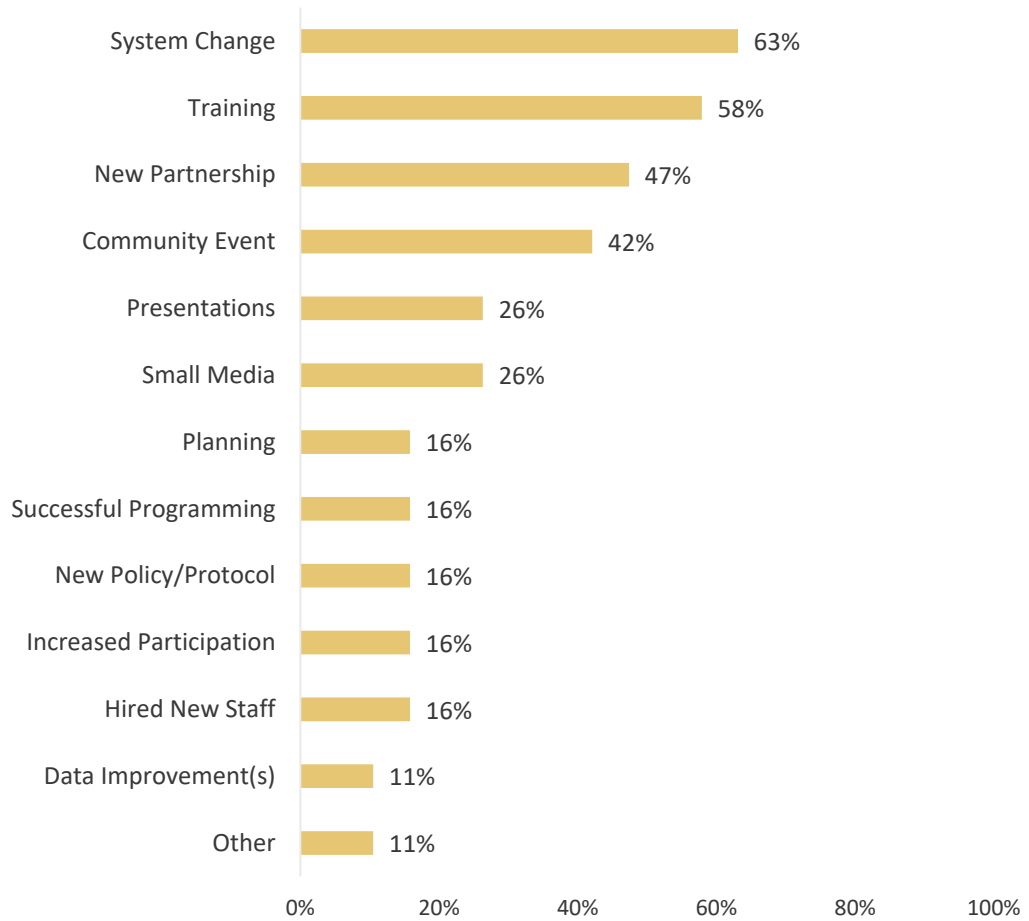
Table 29. Average Percentage of Time Paid to SASP Purpose Area 3 Project Coordinators from SASP Funding, 2017-2018

	Percent
Average Percentage of Time	25.8%
Range	0 – 80%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 70. Types of Accomplishments Reported among SASP Purpose Area 3 Projects, 2017-2018



The most commonly reported SASP project accomplishments reported by Purpose Area 3 projects in project year 3 were system change (63%), training (58%), new partnerships (47%), and successful community events (42%). Definitions and examples for each accomplishment type 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 accomplishments that each project could report.

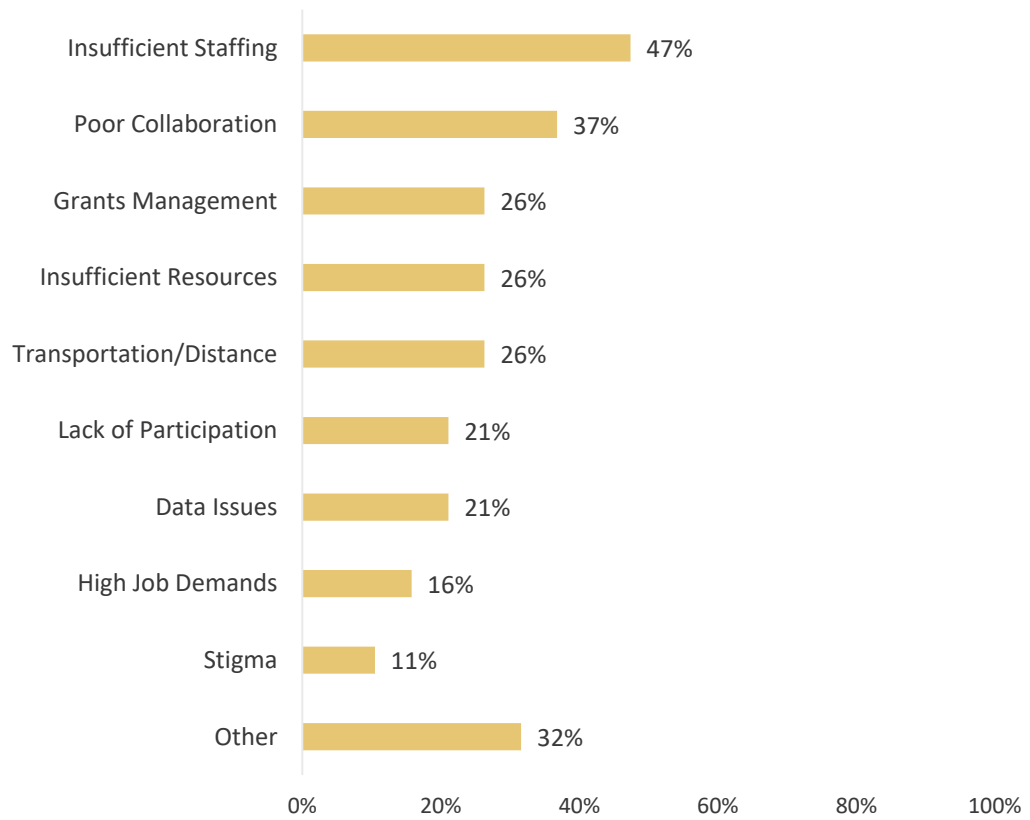
Table 30. SASP Project Accomplishment Definitions

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

SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to SASP project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer SASP projects during the reporting period. These included: no staff turnover; able to collect billable hours.

PROJECT CHALLENGES

Figure 71. Types of Challenges Reported among SASP Purpose Area 3 Projects, 2017-2018

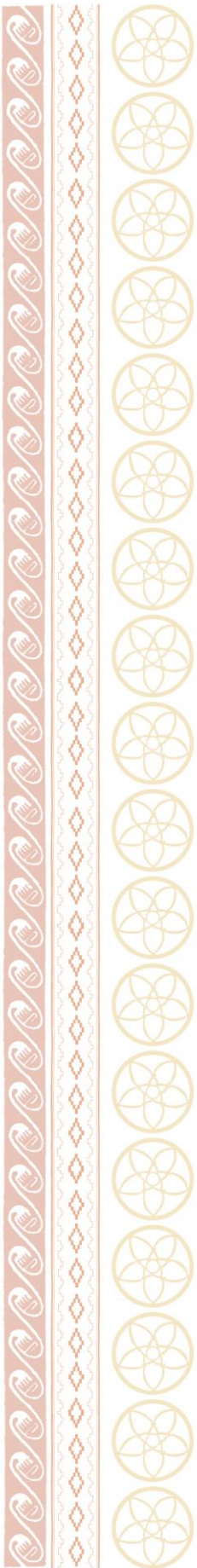


The most commonly reported challenge of SASP Purpose Area 3 projects was insufficient staffing (47%). Definitions and examples for each challenge category are provided on the following pages of this report.

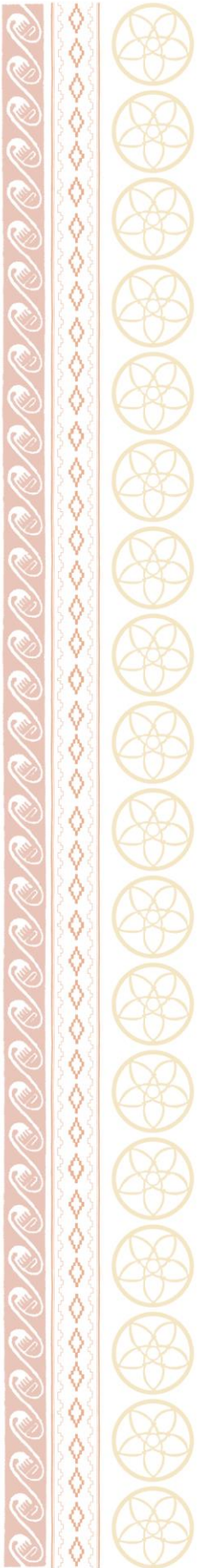
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 31. SASP Project Challenges Definitions

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



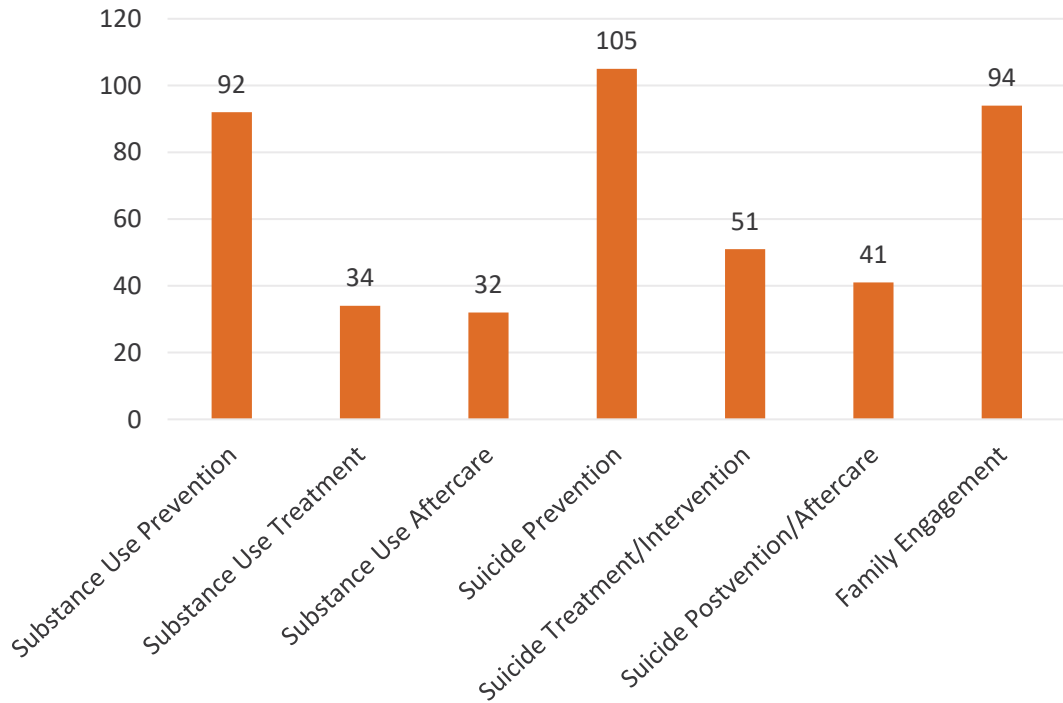
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: difficulty in coordinating dates; limited systemic impact from trainings; internal policies and restructuring; high disease rates (alcohol and opiate addiction); high rate of relapse and need for aftercare services.</p>



SECTION 7: SASP PURPOSE AREA 4 ONLY

POPULATION SERVED

Figure 72. Number of SASP Purpose Area 4 Projects by Service Type, 2017-2018*



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

A total of 108 SASP Purpose Area 4 projects reported on their progress to promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse. As shown in [Figure 72](#), SASP Purpose Area 4 projects focused their services largely on suicide prevention, substance use prevention, and family engagement.

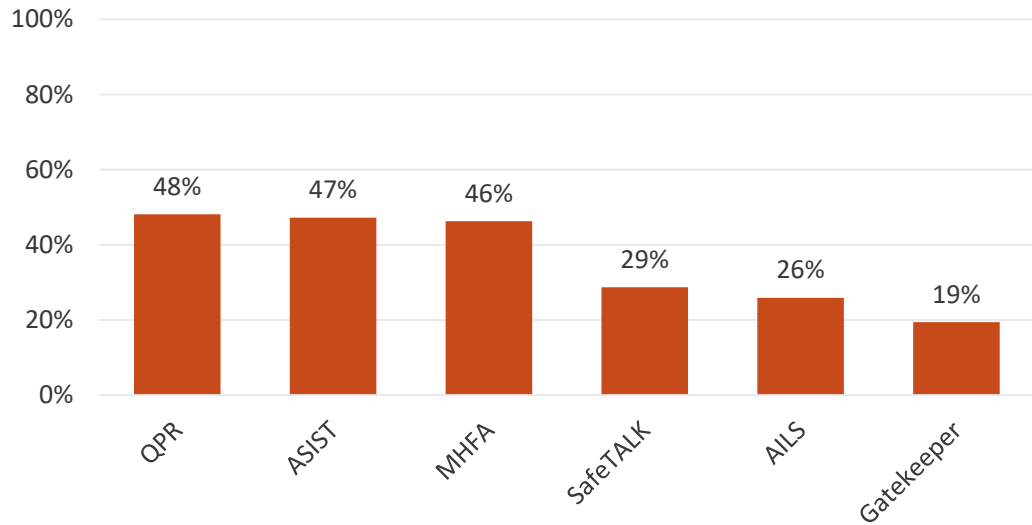
Table 32. Number of Encounters Reported among SASP Purpose Area 4 Projects, 2017-2018

	N
Youth Encounters	1,435,330
Social Media Encounters	2,824,702
Family Engagement Encounters	25,729

OBJECTIVE 1: IMPLEMENTATION OF EVIDENCE-BASED PRACTICES

EVIDENCE-BASED PRACTICES

Figure 73. Types of EBPs used by SASP Purpose Area 4 Projects for Suicide Prevention, 2017-2018



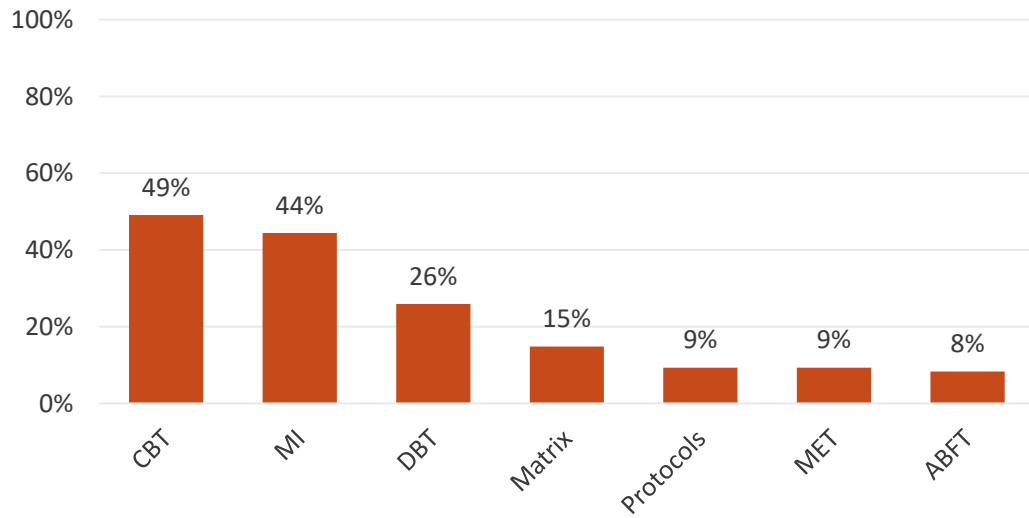
**Projects were able to select multiple types.*

As demonstrated in [Figure 73](#), the most common Evidence-Based Practices utilized among SASP Purpose Area 4 projects for suicide prevention were QPR (48%), ASIST (47%), and MHFA (46%).

KEY:

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

Figure 74. Types of EBPs used by SASP Purpose Area 4 Projects for Suicide Intervention/Treatment, 2017-2018



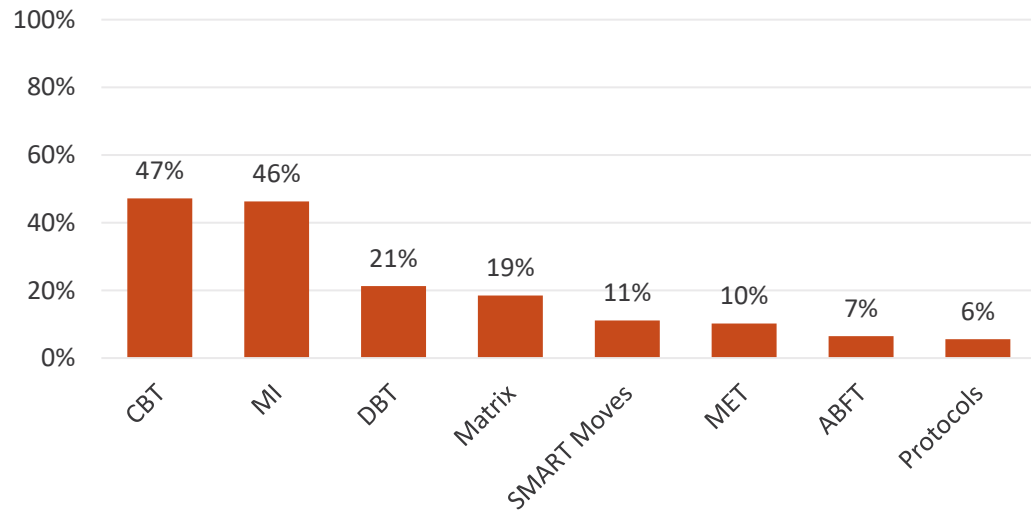
**Projects were able to select multiple types.*

As demonstrated in [Figure 74](#), the most common Evidence-Based Practices utilized among SASP Purpose Area 4 projects for suicide intervention/treatment were CBT (49%) and MI (44%).

KEY:

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

Figure 75. Types of EBPs used by SASP Purpose Area 4 Projects for Substance Use Prevention, 2017-2018



**Projects were able to select multiple types.*

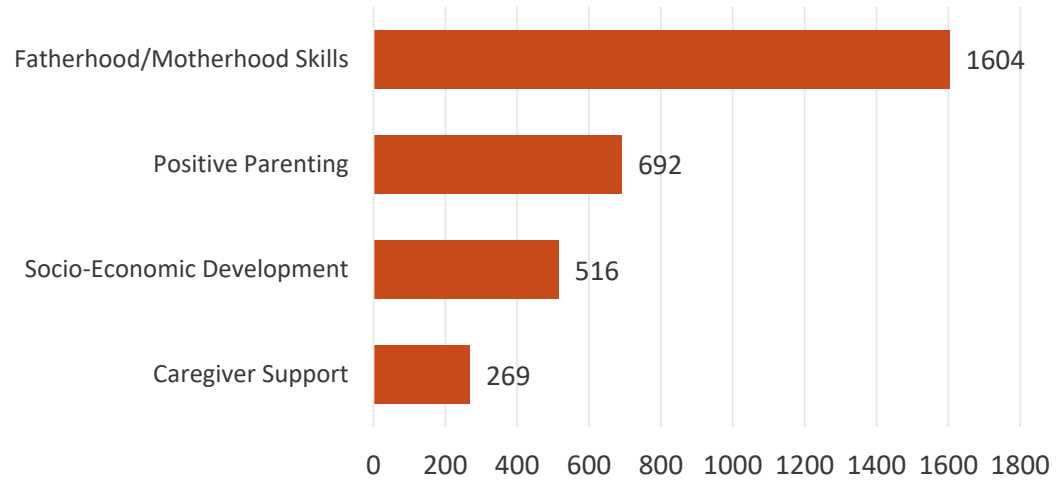
As demonstrated in [Figure 75](#), the most common Evidence-Based Practices utilized among SASP Purpose Area 4 projects for substance use prevention were CBT (47%) and MI (46%).

KEY:

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

OBJECTIVE 2: FAMILY ENGAGEMENT

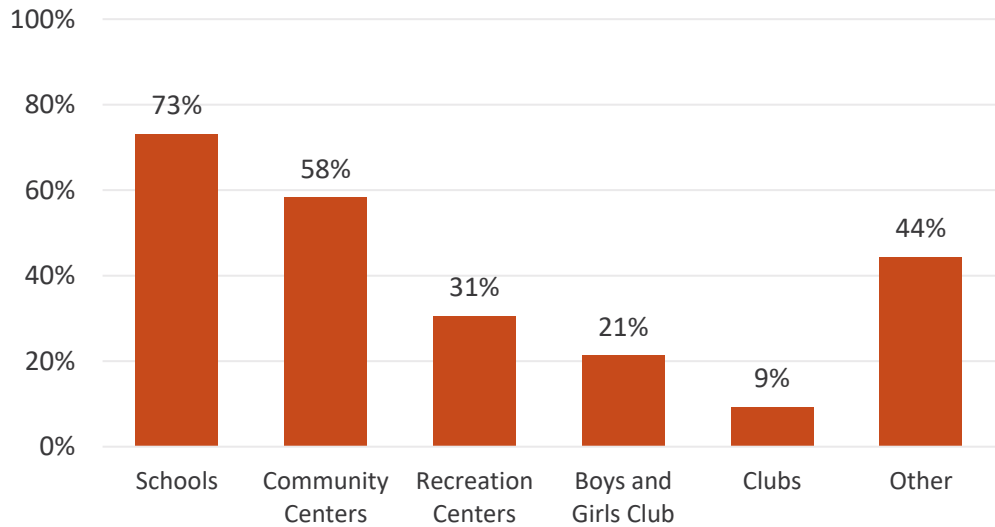
Figure 76. Number and Type of Family Engagement Trainings Provided by SASP Purpose Area 4 Projects, 2017-2018



In total, SASP Purpose Area 4 projects provided **75,042** family engagement activities.

OBJECTIVE 3: YOUTH SUBSTANCE USE PREVENTION

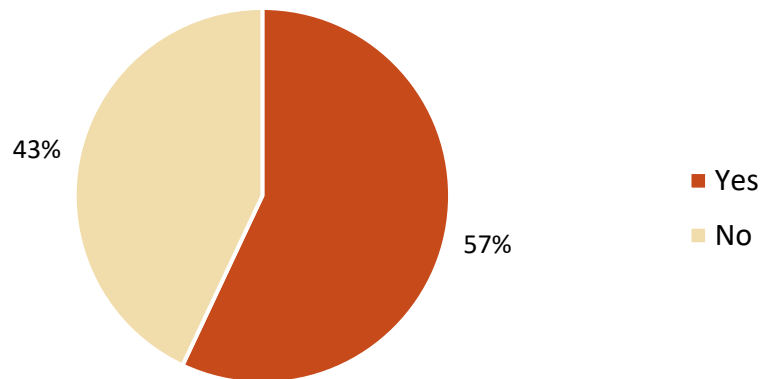
Figure 77. Percent and Type of Locations for Youth Prevention Project Activities Provided by SASP Purpose Area 4 Projects, 2017-2018



In total, SASP Purpose Area 4 projects provided **2,824** youth prevention projects. Projects averaged around **17** youth prevention projects per project.

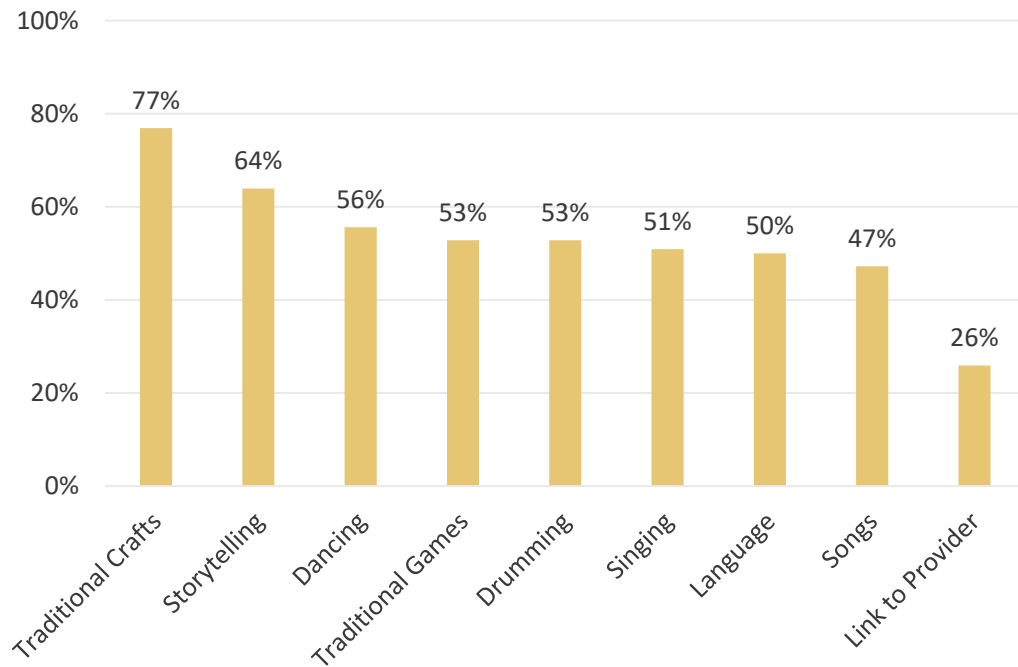
Other locations included health centers; national/state parks/forest; celebration grounds; elders’ homes; conference centers; youth detention center; tribal offices; churches; chapter houses; farmer’s markets; libraries; canoes; ropes course; diabetes camp; outdoors; zoos; and the local Indian Health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

Figure 78. Percentage of SASP Purpose Area 4 Projects Providing Transportation, 2017-2018



CULTURAL AND FAITH-BASED SERVICES

Figure 79. Percentage of SASP Purpose Area 4 Projects Integrating Cultural Services into Project Activities by Practice Type, 2017-2018*

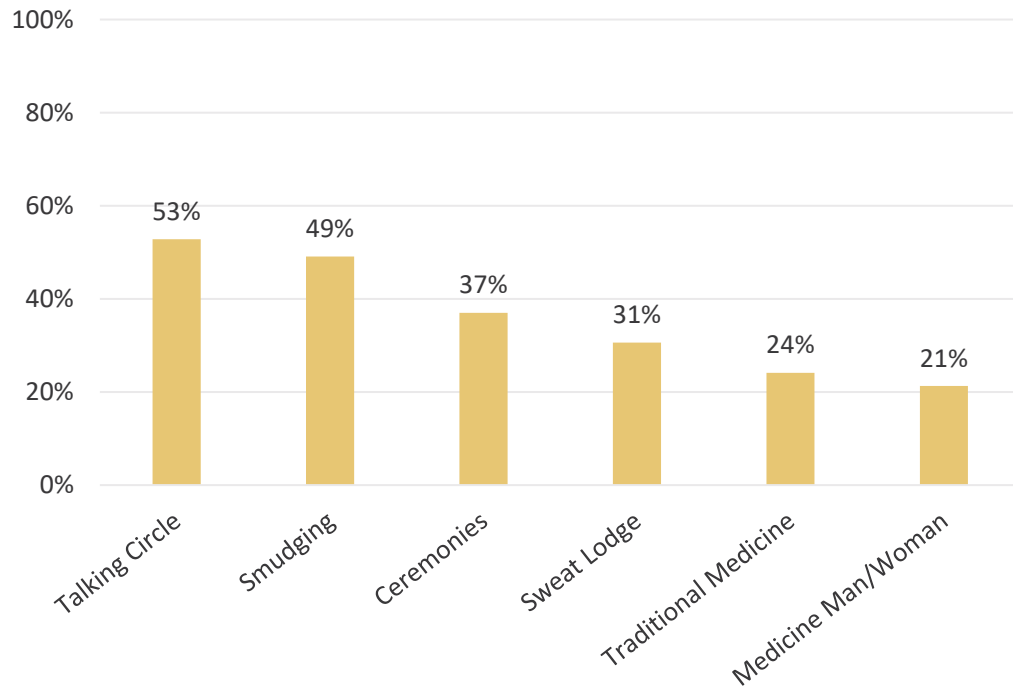


*Projects were able to select multiple types.

As evidenced in [Figure 79](#), the most common cultural services included in SASP Purpose Area 4 project activities were traditional crafts (77%) and storytelling (64%). The majority of SASP Purpose Area 4 projects reported integrating at least one of these cultural practices into their project services (88.0%).

A total of **42,180** individuals received cultural services from SASP Purpose Area 4 projects.

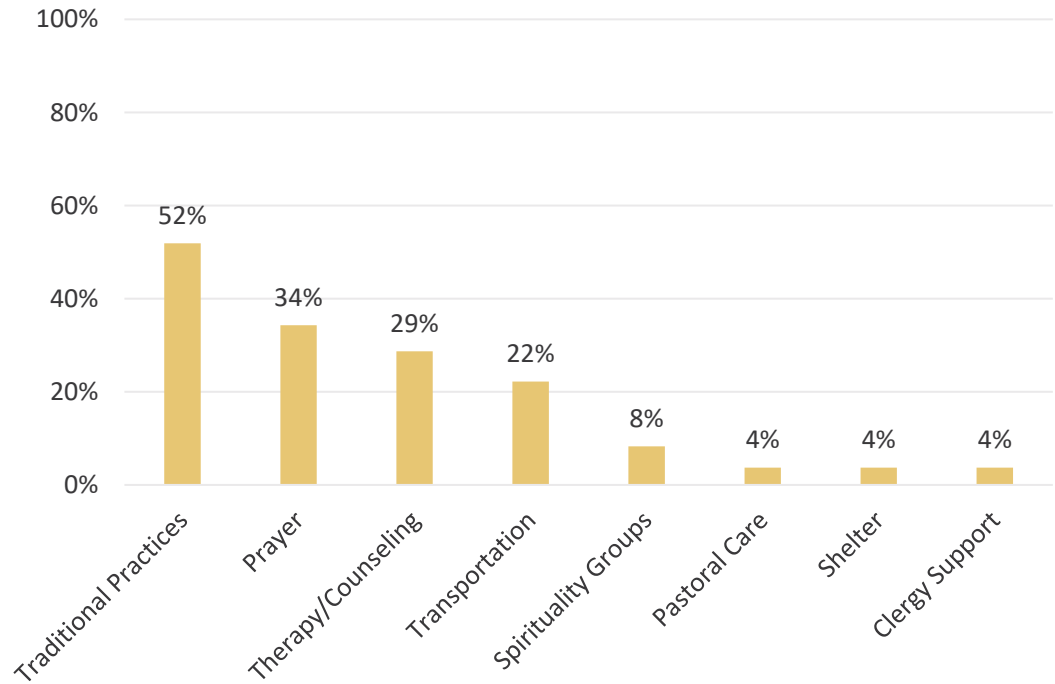
Figure 80. Percentage of SASP Purpose Area 4 Projects Integrating Traditional Healing Services into Project Activities by Practice Type, 2017-2018*



**Projects were able to select multiple types.*

As evidenced in [Figure 80](#), the most common traditional healing services included in SASP Purpose Area 4 project activities were talking circles (53%) and smudging (49%). Nearly two-thirds of SASP Purpose Area 4 projects reported integrating at least one of these traditional healing practices into their project services (64.8%).

Figure 81. Percentage of SASP Purpose Area 4 Projects Integrating Religious, Spiritual, and Faith-Based Services into Project Activities by Practice Type, 2017-2018*



*Projects were able to select multiple types.

As evidenced in [Figure 81](#), the most common religious, spiritual, and faith-based services included in SASP Purpose Area 4 project activities was traditional practices (52%). Nearly two-thirds of SASP Purpose Area 4 projects reported integrating at least one of these faith-based practices into their project services (63.0%).

A total of **20,695** individuals received faith-based services from SASP Purpose Area 4 projects.

Figure 82. Percentage of SASP Purpose Area 4 Projects that Referred Youth to a YRTC, 2017-2018

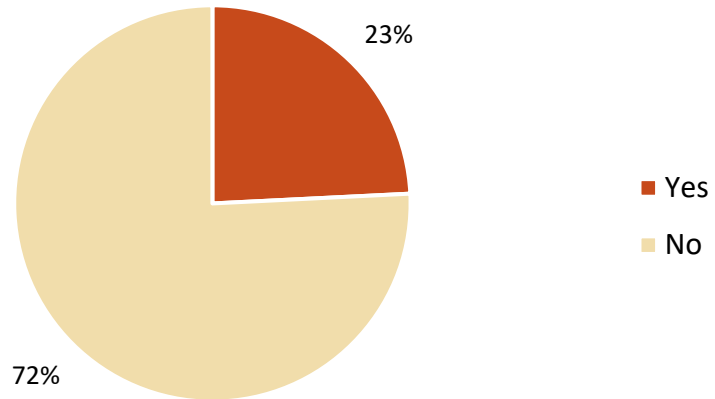
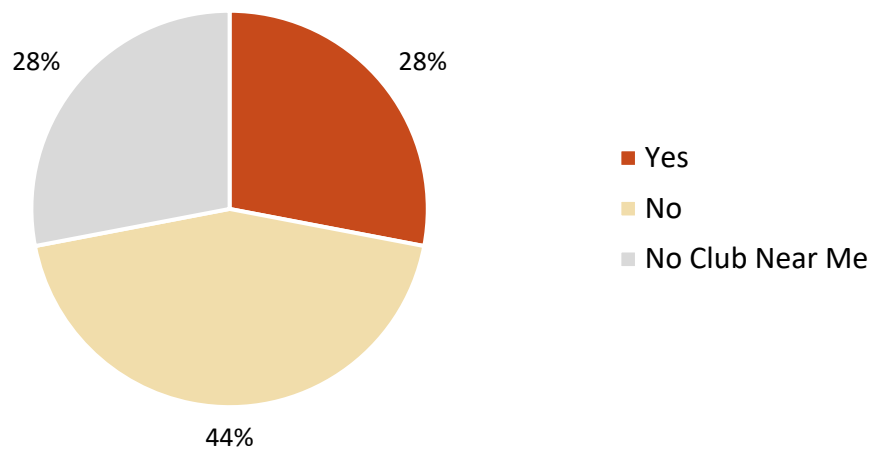
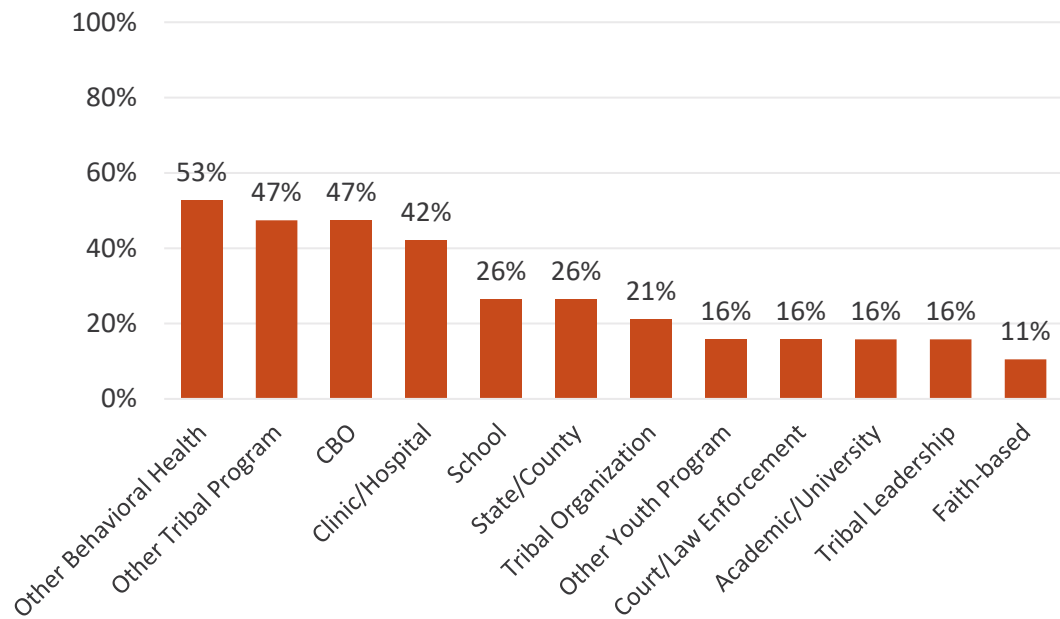


Figure 83. Percentage of SASP Purpose Area 4 Projects that Partner with Boys and Girls Club, 2017-2018



PARTNERSHIPS

Figure 84. Types of Community Partners with MOA/MOU with Purpose Area 4 Projects, 2017-2018*



*Projects were able to select multiple types.

Table 33. Number of Partners Reported among SASP Purpose Area 4 Projects, 2017-2018

	N
New Partnerships	541
Average Partnerships per Project	5.4
Range	0 – 70

Table 34. Social Media and Awareness Campaigns Provided by SASP Purpose Area 4 Projects, 2017-2018

	N
Total Social Media Posts about Suicide Prevention	28,354
Substance Use-Focused Radio/TV/Billboard Ads	1366

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

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

STAFFING

Figure 85. Number of Behavioral Health Staff Hired by SASP Purpose Area 4 Projects by Type, 2017-2018

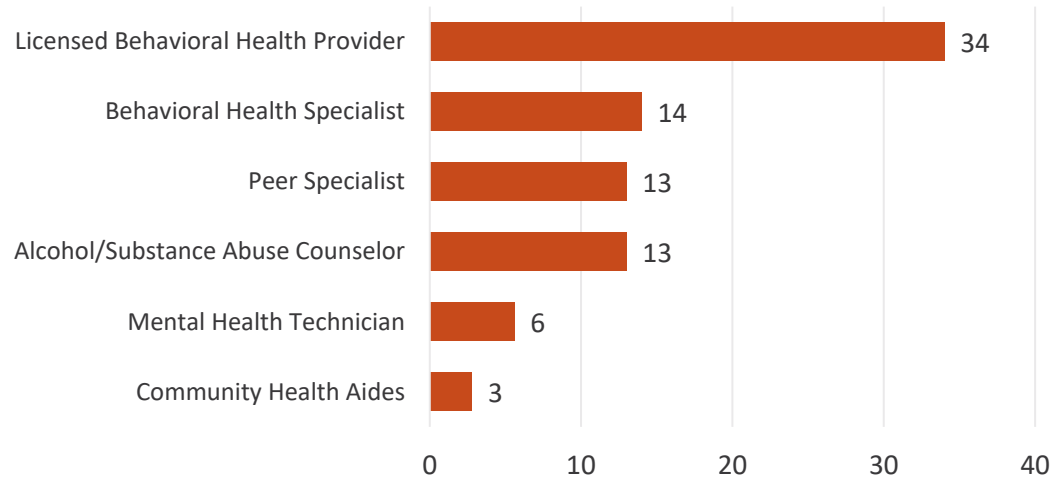


Figure 86. Number of Behavioral Health Staff Currently Paid by Project Funds of SASP Purpose Area 4 Projects by Type, 2017-2018

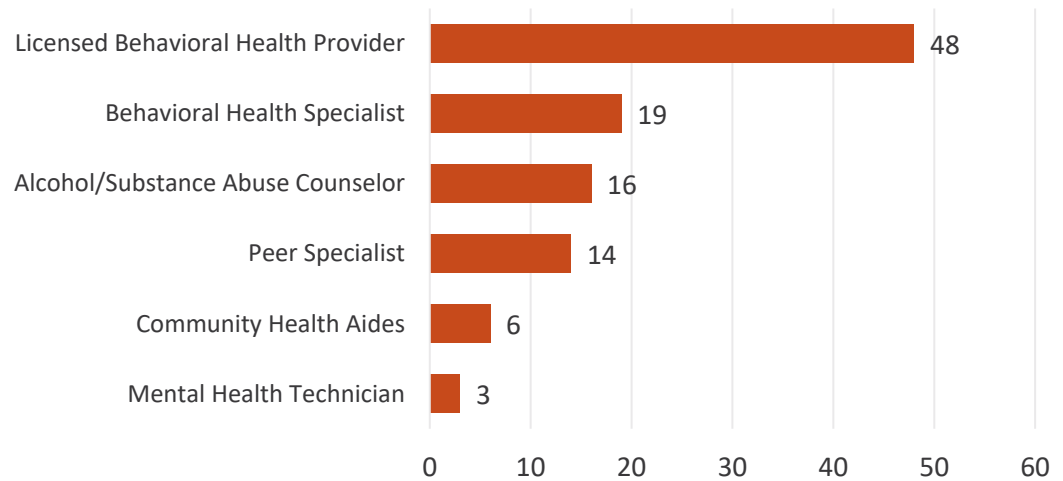


Figure 87. Percentage of SASP Purpose Area 4 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

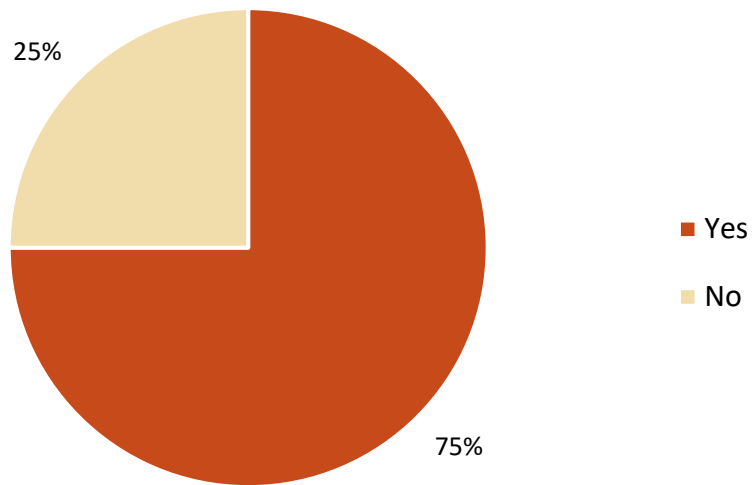


Figure 88. Percentage of SASP Purpose Area 4 Projects with a Full-Time Project Coordinator, 2017-2018

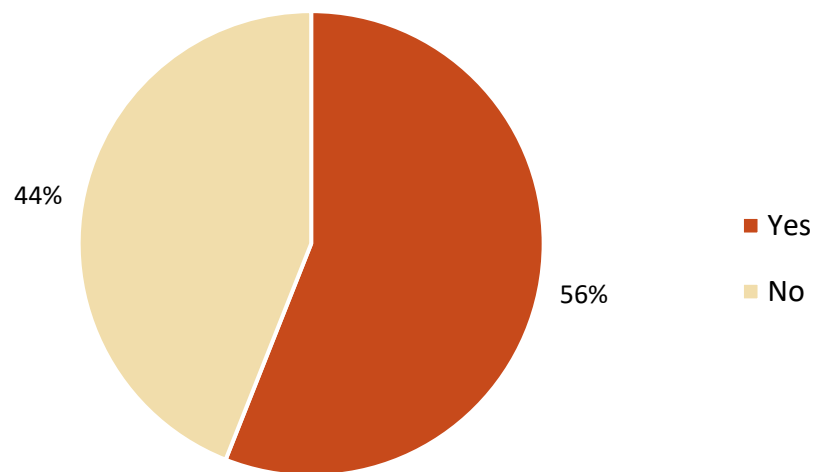


Figure 89. Percentage of SASP Purpose Area 4 Projects that Experienced Staff Turnover, 2017-2018

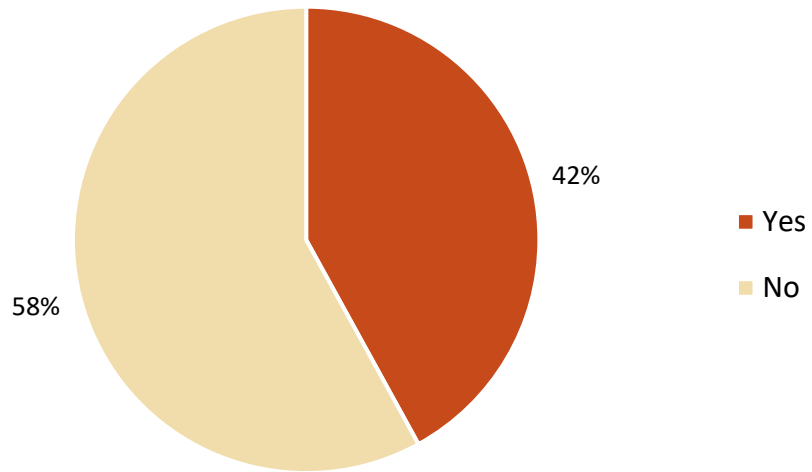


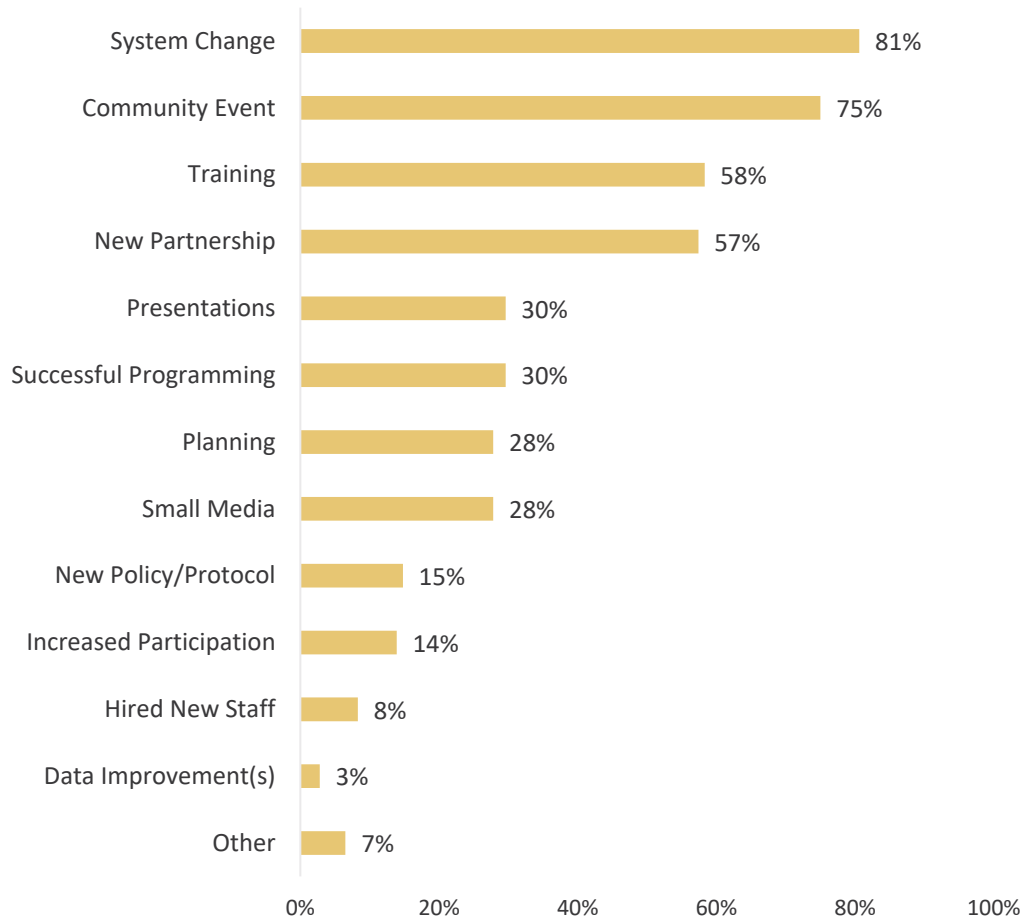
Table 35. Average Percentage of Time Paid to SASP Purpose Area 4 Project Coordinators, 2017-2018

	Percent
Average Percentage of Time	29.6%
Range	0 – 85%

PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 90. Types of Accomplishments Reported among SASP Purpose Area 4 Projects, 2017-2018



The most commonly reported SASP project accomplishments reported by Purpose Area 4 projects in project year 3 were system change (81%), successful community events (75%), trainings (58%), and new partnerships (57%). Definitions and examples for each accomplishment type 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 accomplishments that each project could report.

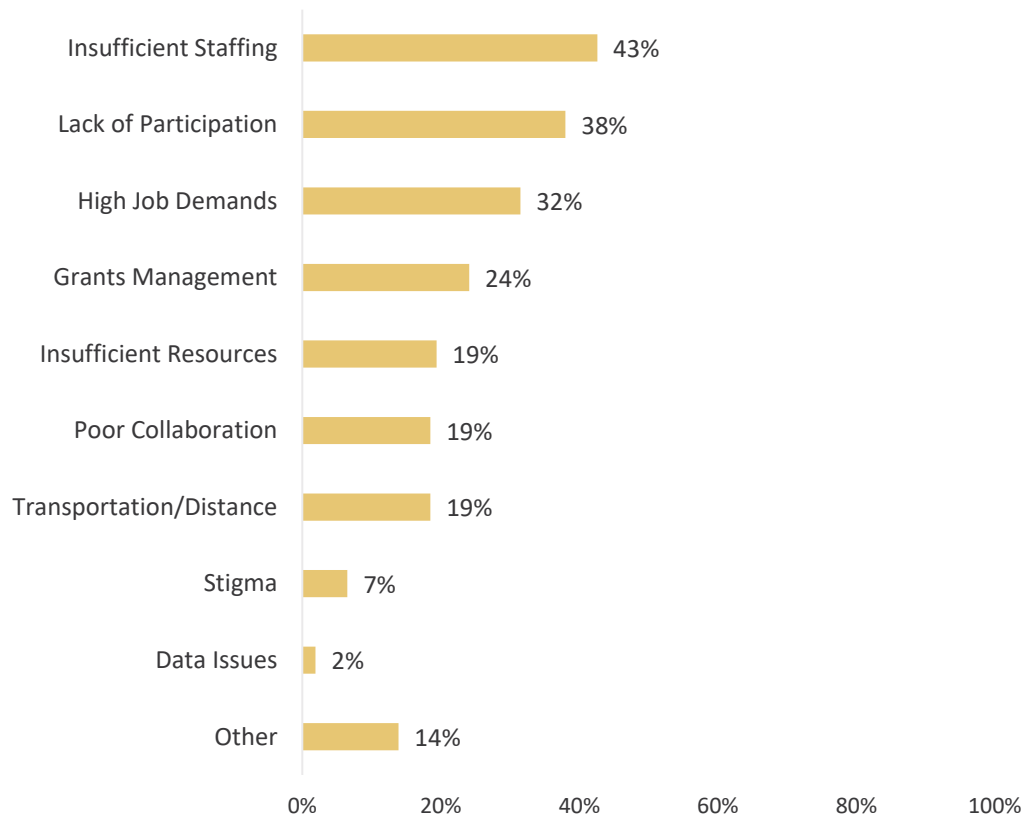
Table 36. SASP Project Accomplishment Definitions

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

SMALL MEDIA	Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook).
PRESENTATIONS	Project presented on project information at local/national level.
SUCCESSFUL PROGRAMMING	Project described supporting participant progress through project activities and/or successful progression through/completion of project objectives.
HIRED NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its SASP project during the reporting period.
INCREASED PARTICIPATION	Project has noted an increase in community participation in SASP sponsored activities and/or an increase in referrals to its services during the reporting period.
NEW POLICY or PROTOCOL	Project identified the development/implementation of at least one new, updated, or enhanced policy or protocol related to SASP project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols.
DATA IMPROVEMENTS	Project has identified improvements in data access or data systems related to SASP project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative.
OTHER	The other category included unique successes reported by five or fewer SASP projects during the reporting period. These included: increased team cohesion; consistent project progress; resiliency; youth honored for leadership; first responders honored for service; marked decrease in risky behaviors in youth.

PROJECT CHALLENGES

Figure 91. Types of Challenges Reported among SASP Purpose Area 4 Projects, 2017-2018

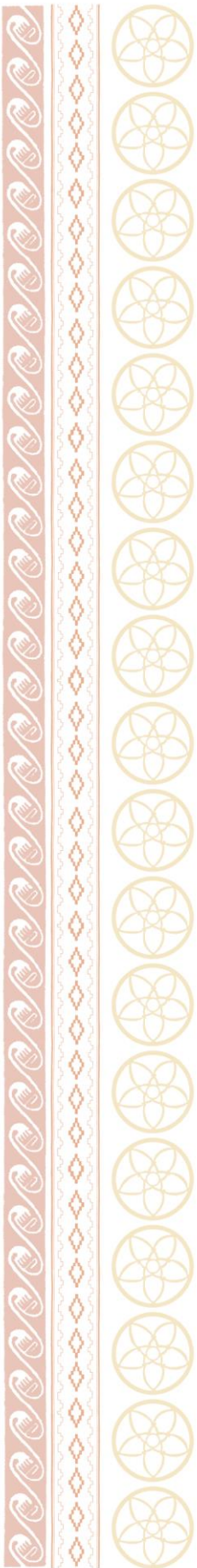


The most commonly reported challenges of SASP Purpose Area 4 projects were insufficient staffing (43%) and lack of participation (38%). Definitions and examples for each challenge category are provided on the following pages of this report.

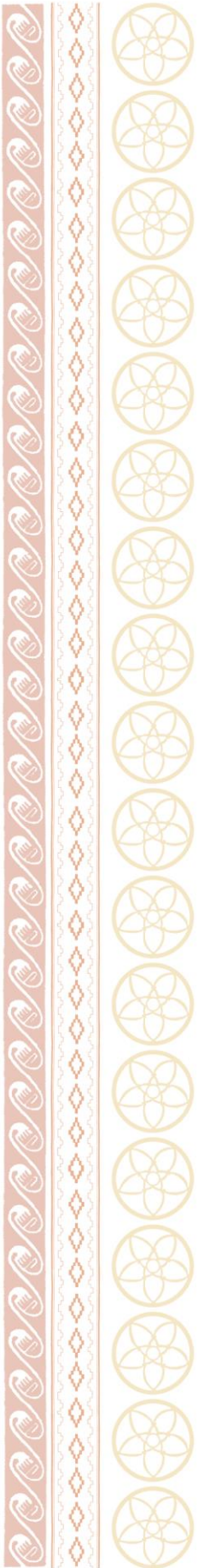
Note: These data were gathered through project narratives. There were no limits on the number or type of challenges that each project could report.

Table 37. SASP Project Challenges Definitions

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



<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of mental health and substance use concerns among community members as a project barrier. In some instances, projects noted that stigma limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique challenges reported by five or fewer SASP projects during the reporting period. These included: lacking funding for food; difficulty in scheduling and completing project; poverty; lacking appropriate technology; weather; gaining trust within community; responding to suicide completion; decreasing population count; environmental disaster (oil spill).</p>

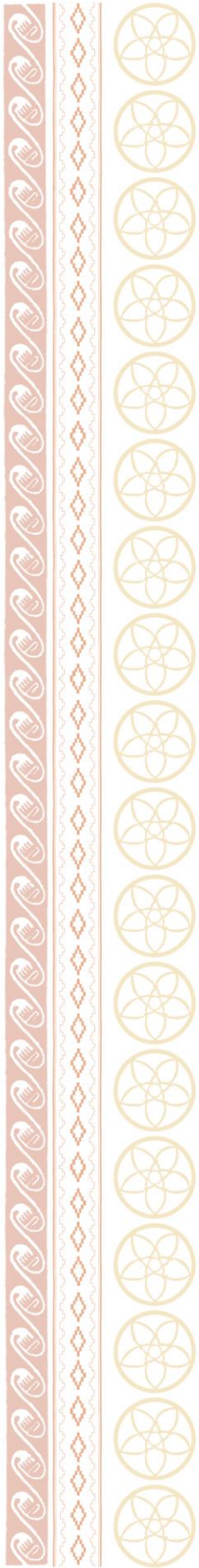


**SECTION 8:
SASP PURPOSE AREA 1 ONLY**

SASP PURPOSE AREA 1: BRIEF PROGRESS REPORT 2017-2018

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

- The total number of participants served by Purpose Area 1 projects was 3822.
- The total number of partners identified among projects was 6, with a range of n=1-4.
- One formal MOU and two data sharing agreements were established between SASP Purpose Area 1 projects and their partners during this reporting period.
- Two projects experienced some staff turnover during the reporting period, and two projects were able to hire new staff.
- Key accomplishments identified included:
 - Successful plan development
 - Trainings
 - New and enhanced partnerships
 - Hired new staff
 - Successful community events
 - Presentations
- Key barriers identified included:
 - Insufficient staffing
 - Data challenges
 - Grants management concerns
 - A suicide cluster



APPENDIX: PROJECTS REPORTING

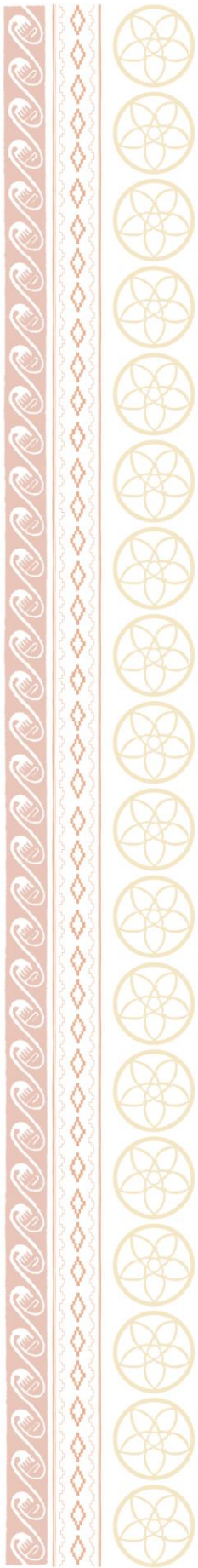
SASP PROJECTS REPORTING 2017-2018

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



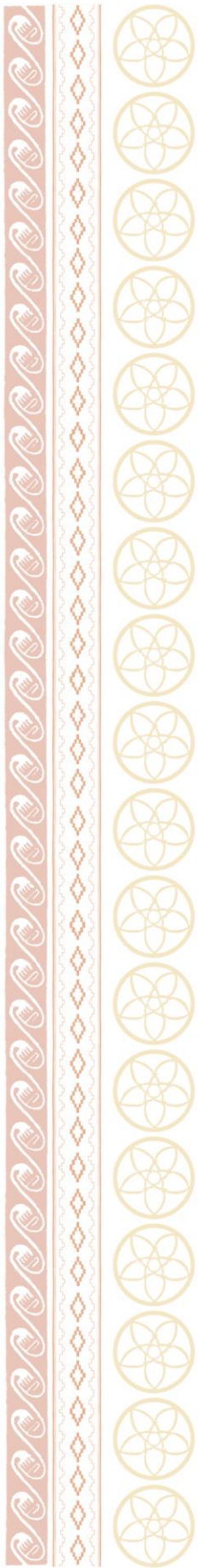
Norton Sound Health Corporation
 Oklahoma City Area Office
 Phoenix Indian Medical Center
 Ponca Tribe of Indians of Oklahoma
 Pueblo of Sandia
 Puyallup Tribe of the Puyallup Reservation
 Reno-Sparks Indian Colony
 Rosebud Sioux Tribe
 Salt River Pima-Maricopa Indian Community
 Shoshone-Bannock Tribes
 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

Absentee Shawnee Tribe of Oklahoma
 Aleutian Pribilof Islands Association, Inc.
 American Indian Association of Tucson, Inc.
 American Indian Health & Services - Santa Barbara
 American Indian Health and Family Services of SE Michigan, Inc.
 American Indian Health Service of Chicago, Inc.
 Anadarko Indian Health Center
 Aroostook Band of Micmacs
 Bad River Band of Lake Superior Tribe of Chippewa Indians
 Bakersfield American Indian Health Project
 Bay Mills Indian Community
 Chinle Comprehensive Health Care Facility
 Choctaw Nation of Oklahoma
 Citizen Potawatomi Nation
 Confederated Salish & Kootenai Tribes
 Confederated Tribes of Grand Ronde
 Cook Inlet Tribal Council
 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 of Oklahoma
 Eight Northern Indian Pueblos, Inc.
 Elko Service Unit - Southern Bands Health Clinic
 Fairbanks Native Association
 Five Sandoval Indian Pueblos, Inc.
 Fort Defiance Indian Hospital
 Fort Peck Assiniboine & Sioux Tribes
 Fresno American Indian Health Project
 Friendship House Association of American Indians
 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 Indian Tribe
Indian Health Board of Minneapolis
Indian Health Care Resource Center - Tulsa
Indian Health Center, Inc. (Lincoln, NE)
Iowa Tribe of Kansas and Nebraska
Kenaitze Indian Tribe
Keweenaw Bay Indian Community
Kiowa Tribe of Oklahoma
Kodiak Area Native Association, Inc.
Kyle Health Center
Lac Courte Oreilles Band of Lake Superior Chippewa
Makah Indian Tribe
Maniilaq Association
Native American Community Health Center - Phoenix
Native Americans for Community Action, Inc.
Navajo Nation Department of Behavioral Health Services
Navajo Nation Department of Social Services
Nebraska Urban Indian Health Coalition
Nevada Urban Indians
Northeastern Tribal Health System
Northern Cheyenne Tribe
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 of 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 Indian Tribe
Spirit Lake Tribe
Taos Pueblo Central Management System
Tohono O'odham Nation
Tonkawa Tribe of Indians of Oklahoma
Tuba City Regional Health Care Corporation
Tulalip Tribes of Washington
Turtle Mountain Band of Chippewa Indians
United American Indian Involvement, Inc. (Los Angeles)
Western Oregon Service Unit - Chemawa Indian Health Center
White Earth Band of Chippewa Indians
Winnebago Tribe of Nebraska
Winslow Indian Health Care Center
Wyandotte Nation
Yankton Sioux Tribe Boys and Girls Club