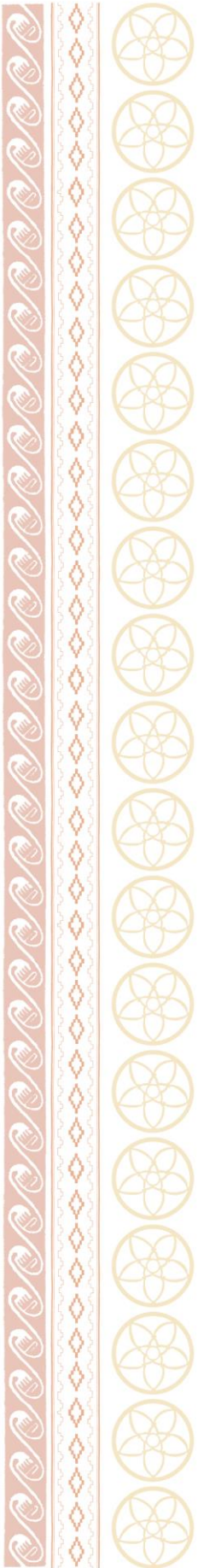


DOMESTIC VIOLENCE PREVENTION PROGRAM

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



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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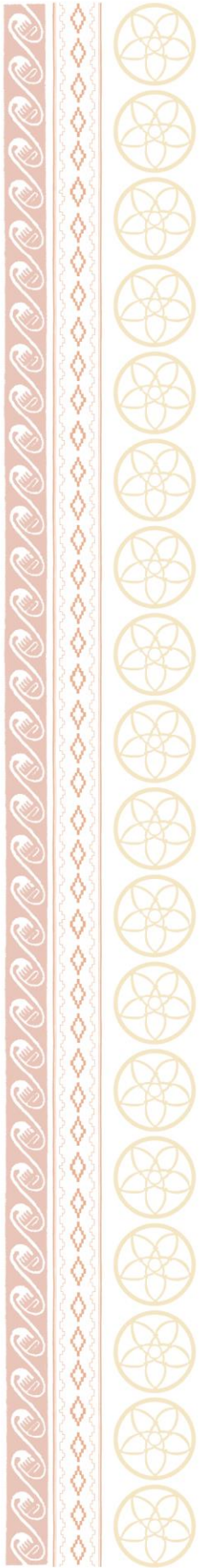


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PURPOSE

This report provides findings from national program data of the Domestic Violence Prevention (DVP) Program funded by the Indian Health Service (IHS) Division of Behavioral Health. The data in this report is from the period September 30, 2019 through September 29, 2020. Aggregated findings derive from DVP Projects that submitted annual progress data at the end of the reporting period.

ABOUT DVP

The Domestic Violence Prevention (DVP) Program is a congressionally mandated, nationally coordinated grant and federal award program for tribes, tribal organizations, Urban Indian Organizations (UIO), and federal facilities to provide violence prevention and treatment services. This program supports the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to domestic and sexual violence from a community-driven context. The program seeks to reduce violence due to intimate partner violence, sexual assault, and child maltreatment.

To meet the national goals, the DVP Program has two purpose areas and six overarching national goals to ensure targeted outcomes for the projects.

PURPOSE AREAS

Purpose Area 1: Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses

Purpose Area 2: Provide Forensic Healthcare Services

NATIONAL GOALS

1. Build tribal, Urban Indian Health Program and federal capacity to provide coordinated community responses to American Indian and Alaska Native victims of domestic and sexual violence;
2. Increase access to domestic and sexual violence prevention, advocacy, crisis intervention, and behavioral health services for American Indian and Alaska Native victims and their families;
3. Promote trauma-informed services for American Indian and Alaska Native victims of domestic and sexual violence and their families;
4. Offer health care provider and community education on domestic violence and sexual violence;

5. Respond to the health care needs of American Indian and Alaska Native victims of domestic and sexual violence; and
6. Incorporate culturally appropriate practices and/or faith-based services for American Indian and Alaska Native victims of domestic and sexual violence.

In the 2019 – 2020 fiscal year, IHS funds a total of 82 DVP grants and federal projects, with a total budget of \$11.2 million annually:

Table 1. Number DVP Projects Funded by Purpose Area, 2019-2020

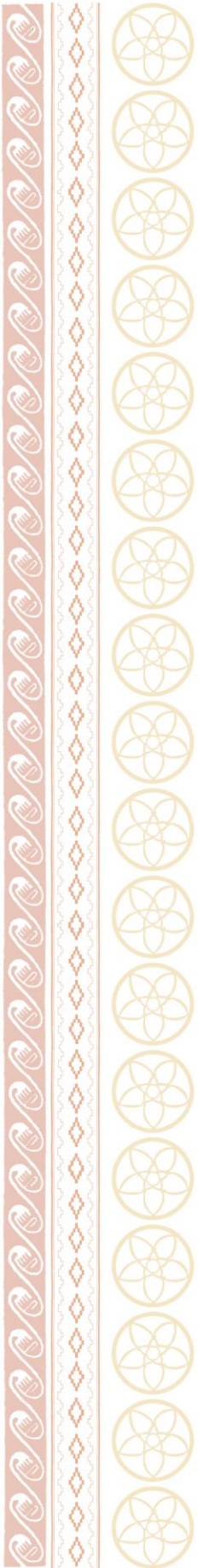
Purpose Area	Focus Area	# of Projects
PA 1	Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses	74
PA 2	Forensic Healthcare Services	8

METHODS

DVP projects submit an annual progress report on the program measures relevant to their scope of work. Data is collected through a web-based reporting system. This report includes findings of aggregated project data for the year 5 period from September 30, 2019 to September 29, 2020. A total of 82 IHS DVP projects submitted an annual progress report during this reporting period.

The data in this report are 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 is included in the descriptive analyses. The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country, analyzed the data.

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

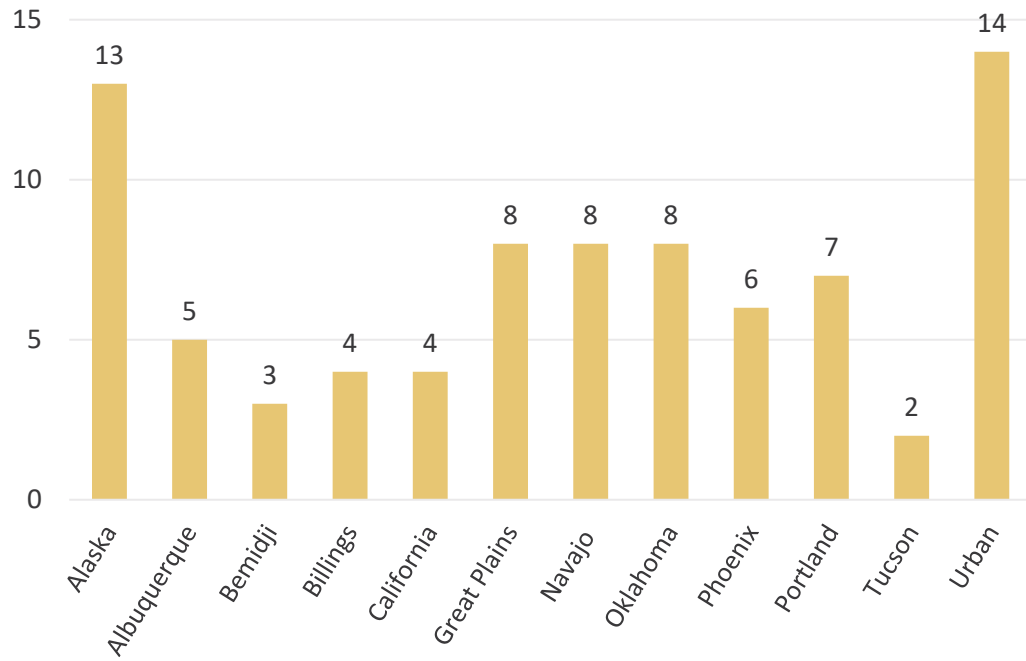


SECTION 1: POPULATION SERVED

DVP PROJECTS

DVP PROJECTS BY AREA

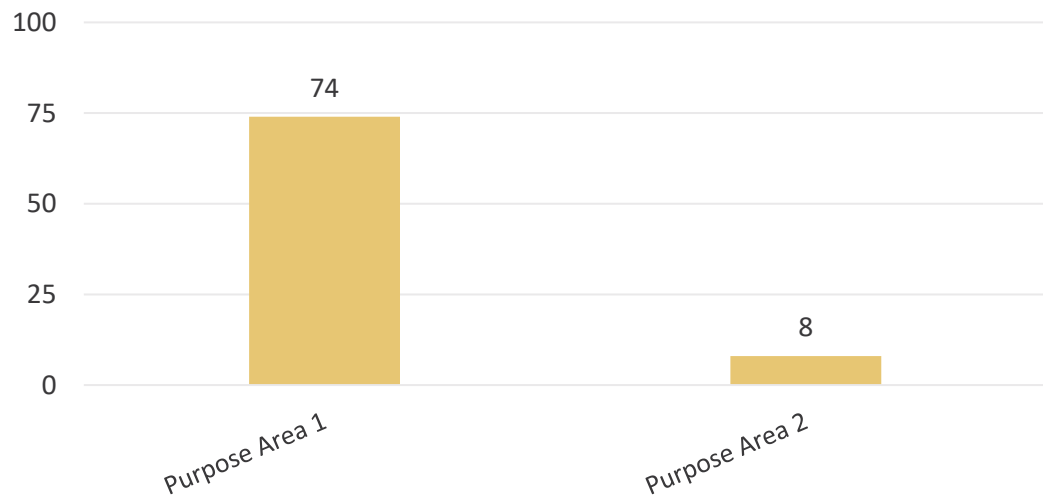
Figure 1. Number of DVP Projects by Indian Health Service (IHS) Administrative Area, 2019-2020*



*Total number of projects (regardless of progress report submission) n= 82

DVP PROGRAM PURPOSE AREAS

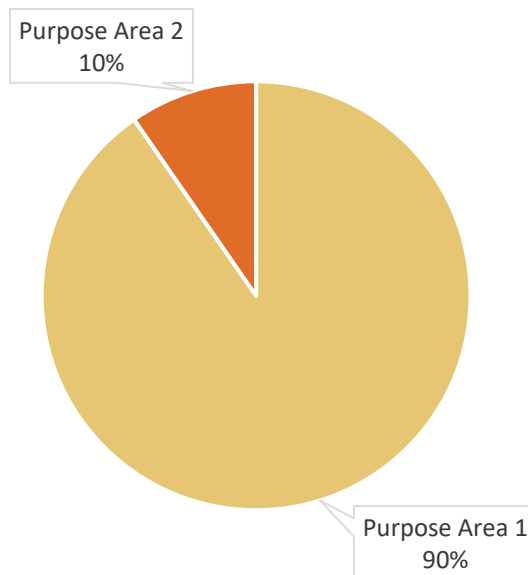
Figure 2. Number of DVP Projects by Purpose Area, 2019-2020*



*Total number of projects (regardless of progress report submission) n= 82

- Purpose Area 1: Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses
- Purpose Area 2: Provide Forensic Healthcare Services

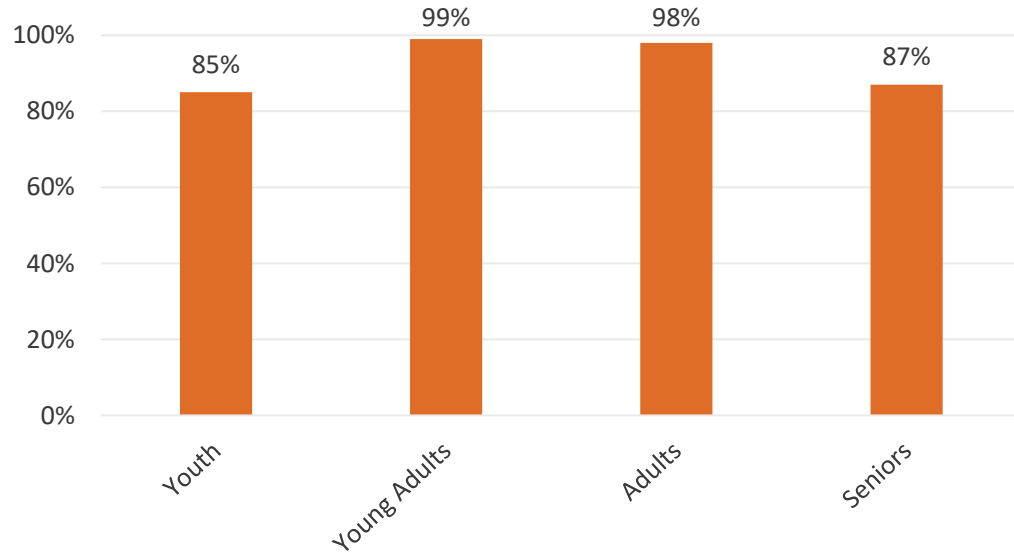
Figure 3. Percentage of DVP Projects by Purpose Area, 2019-2020



POPULATION SERVED

DVP PROGRAM POPULATION SERVED

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



*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), DVP projects serve a wide-ranging age group within their respective communities.

TARGET POPULATION DEFINITIONS

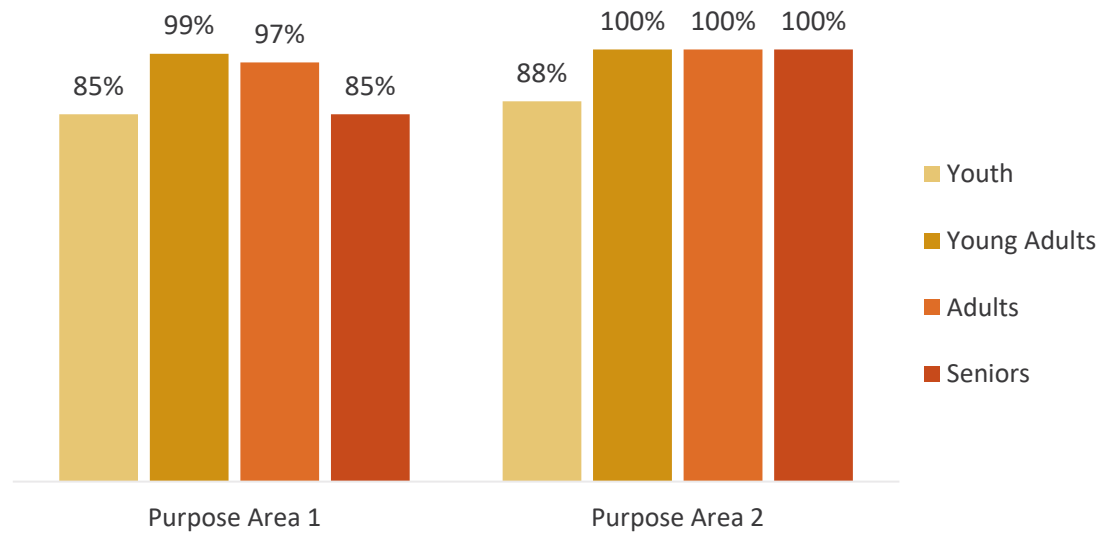
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

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

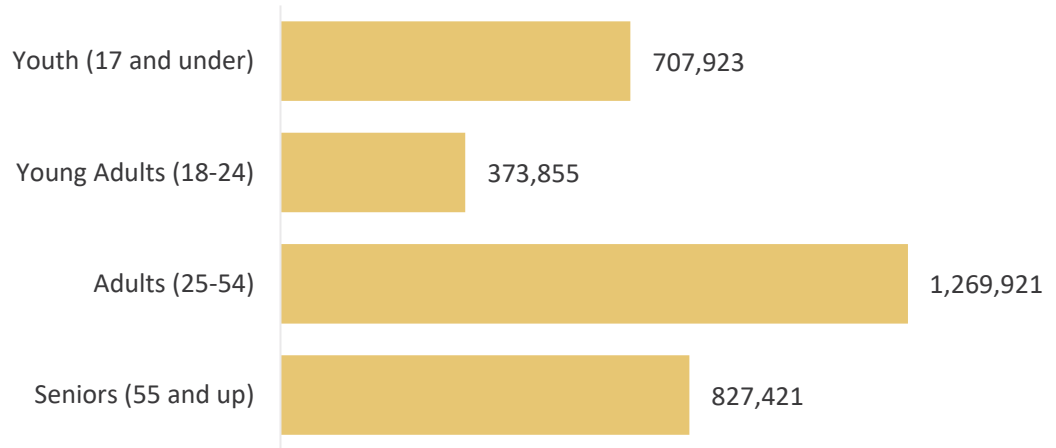


*Projects were able to select multiple target populations.

TARGET POPULATION DEFINITIONS

- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)

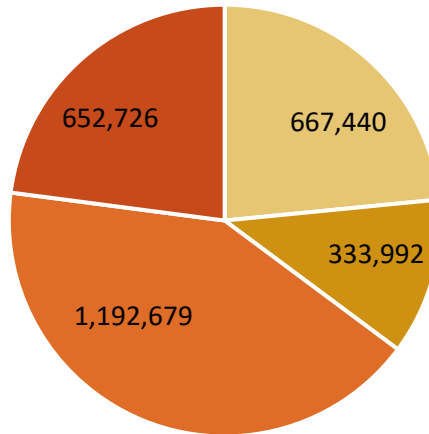
Figure 6. Number of Potential DVP Participants by Age Category, 2019-2020



The total number of potential DVP participants across all projects is **3,179,120**

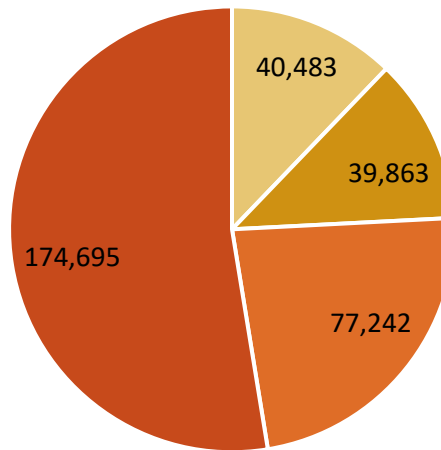
Figure 7. Number of Potential DVP Participants in Each Age Category by Purpose Area, 2019-2020

DVP Purpose Area 1 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

DVP Purpose Area 2 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

TARGET POPULATION DEFINITIONS

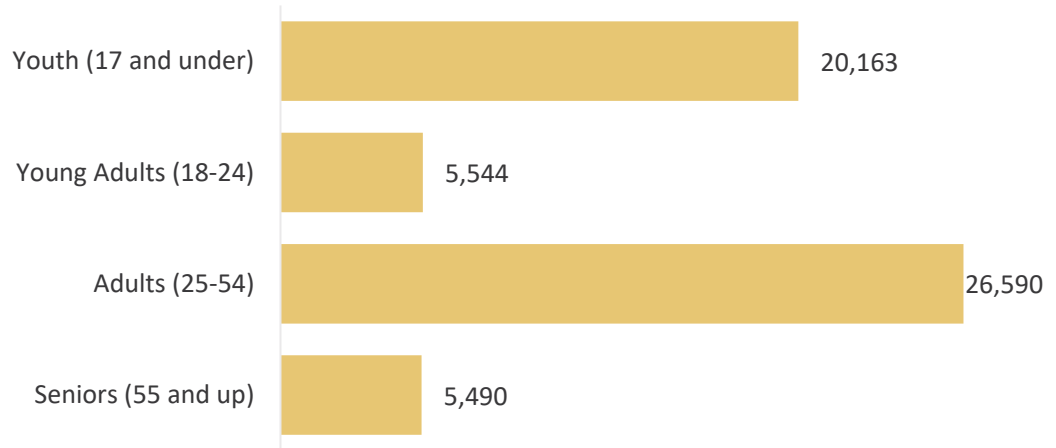
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 8. Number of DVP Participant Contacts Made by Age Category, 2019-2020



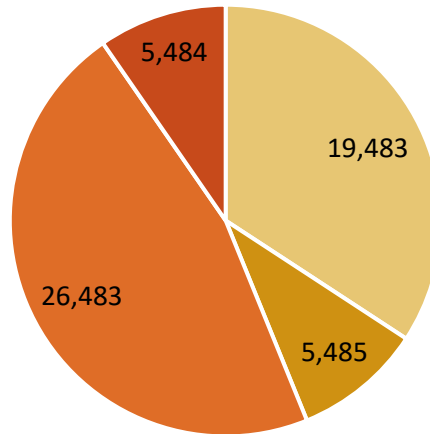
The total number of DVP participant contacts served is **57,787**.

POPULATION DEFINITIONS

- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)

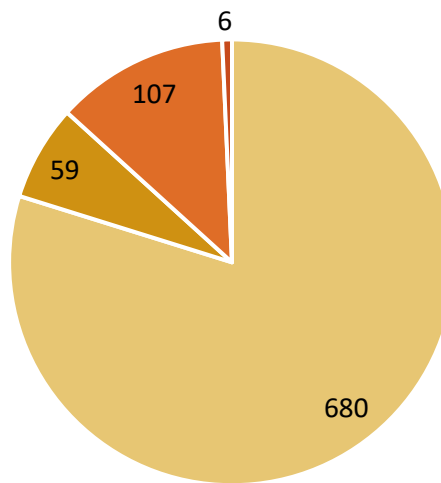
Figure 9. Number of DVP Participant Contacts Served in Each Age Category by Purpose Area, 2019-2020

DVP Purpose Area 1 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

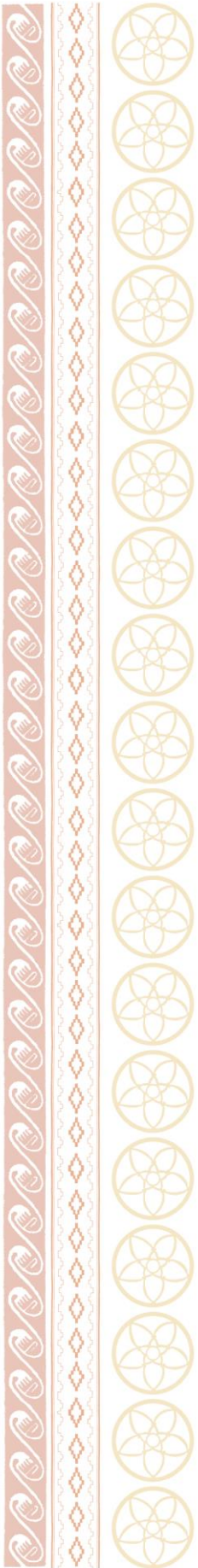
DVP Purpose Area 2 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

POPULATION DEFINITIONS

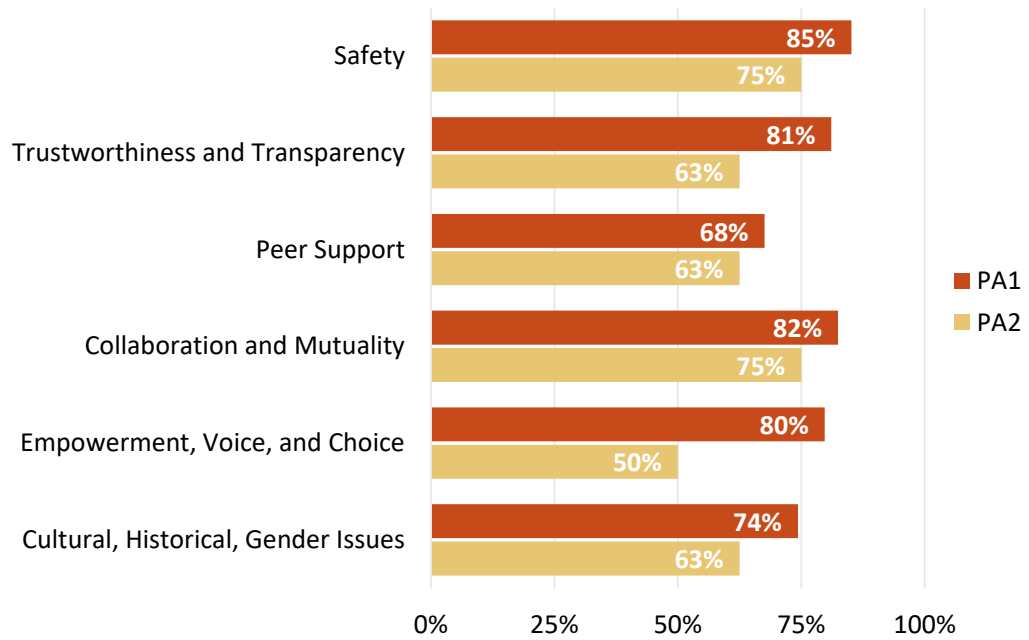
- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



SECTION 2: SERVICE TYPES

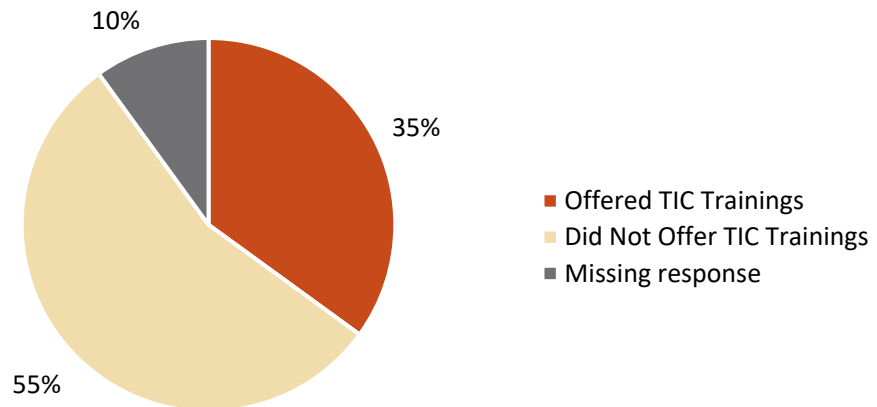
EDUCATION AND OUTREACH

Figure 10. Percentage of DVP Projects Incorporating Trauma Informed Care Elements into Project Activities by Element and Purpose Area, 2019-2020*



*Projects were able to select multiple types

Figure 11. Percentage of DVP Projects Providing Trauma Informed Care Trainings, 2019-2020



DVP projects provided **164** Trauma Informed Care trainings, training a total of **1,777** health professionals.

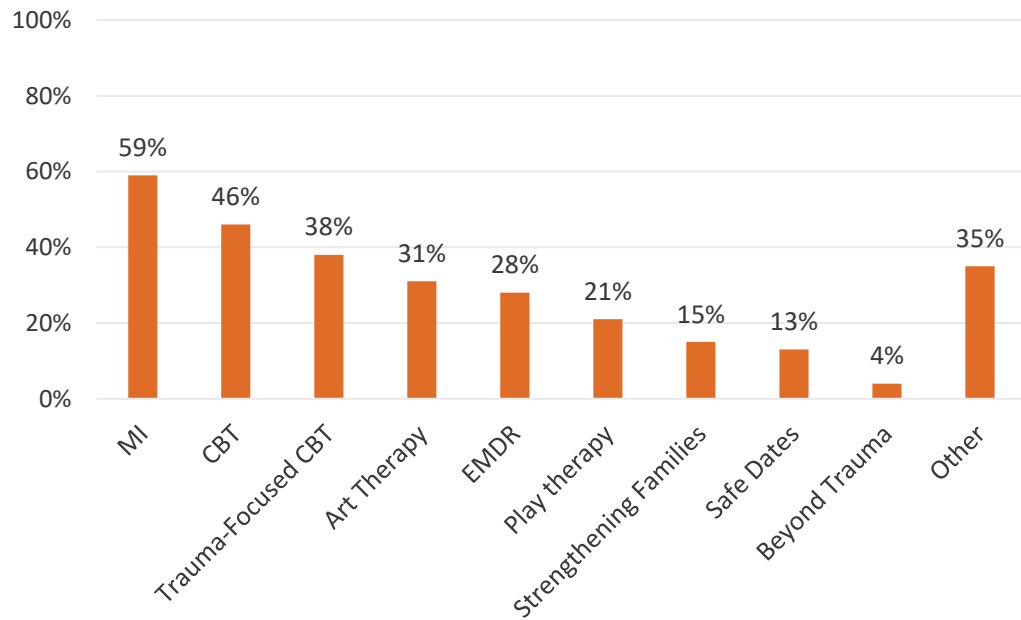
Types of professionals trained included*:

- Primary care clinicians
- Physicians
- Nurse practitioners
- Physician assistants
- Registered nurses
- Certified nurse midwives

**Purpose Area 2 only*

EVIDENCE-BASED PRACTICES

Figure 12. Percentage of DVP Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2019-2020*



*Projects were able to select multiple types.

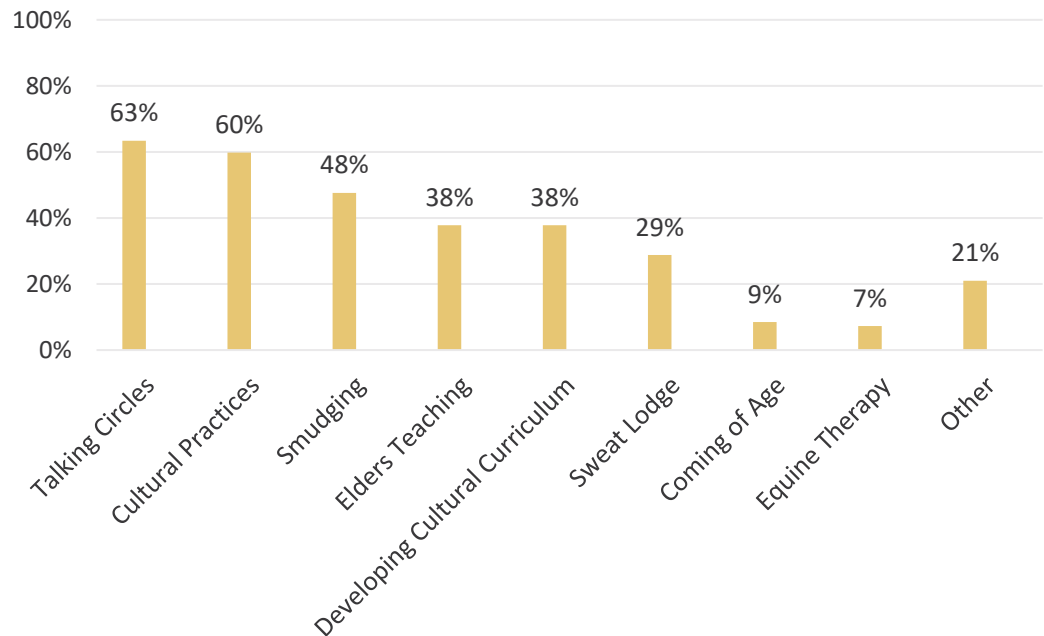
As demonstrated in [Figure 12](#), DVP projects most commonly utilize the following Evidence-Based Practices (EBP): Motivational Interviewing (59%) and Cognitive Behavioral Therapy (46%). The majority of projects (85.4%) use at least one EBP in their work.

KEY:

CBT = Cognitive Behavioral Therapy
 EMDR = Eye Movement
 Desensitization and Reprocessing
 MI = Motivational Interviewing

“Other” evidence-based practices that DVP projects are utilizing include: advocacy/sexual assault trainings for community members, elders, and advocates; American Indian Life Skills development curriculum; Dialectical Behavior Therapy (DBT); EFT; SFBT; seeking safety; Red Road; internal family systems therapy; group trauma treatment in early recovery; promoting safety; self-care curriculum; Duluth model; family spirit; fatherhood/motherhood is sacred; healthy relationships project; in her shoes; kids club model; pregnant moms empowerment group; discovery dating; matrix model groups; men’s recovery group; Mendez foundation’s “Too Good for Drugs/Too Good for Violence” curriculum; Native stand; dove self esteem; shifting boundaries; Native wellness life skills; Navajo wellness model; positive Indian parenting; Nurturing parenting curriculum; lethality checklist; using the power in control wheel model; self curriculum; sharing important awareness and prevention tools on social media; traditional teachings and counseling for healing from violence & developing healthy relationships.

Figure 13. Percentage of DVP Projects Utilizing Practice-Based Practices by Type of Practice-Based Practice, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 13](#), the most common Practice-Based Practices that DVP projects use are Talking Circles (63%) and cultural practices (beading, drumming, etc.) (60%).

“Other” practice-based practices that DVP projects utilize include: traditional and western arts & crafts; cultural value reinforcement approach; elders teaching use of traditional medicines; gathering traditional foods and plants; food preservation; Healing Shaw Project; referral to outside agencies for practice-based practice services; martial arts; community garden; after-school programs; pipe and prayer ceremonies; nature walks; women’s leadership group; Native American language classes; Navajo wellness model; Diné Healthy Aging; Diné leadership; Diné kinship; traditional games; traditional Navajo rug weaving; and hosting youth leadership camps.

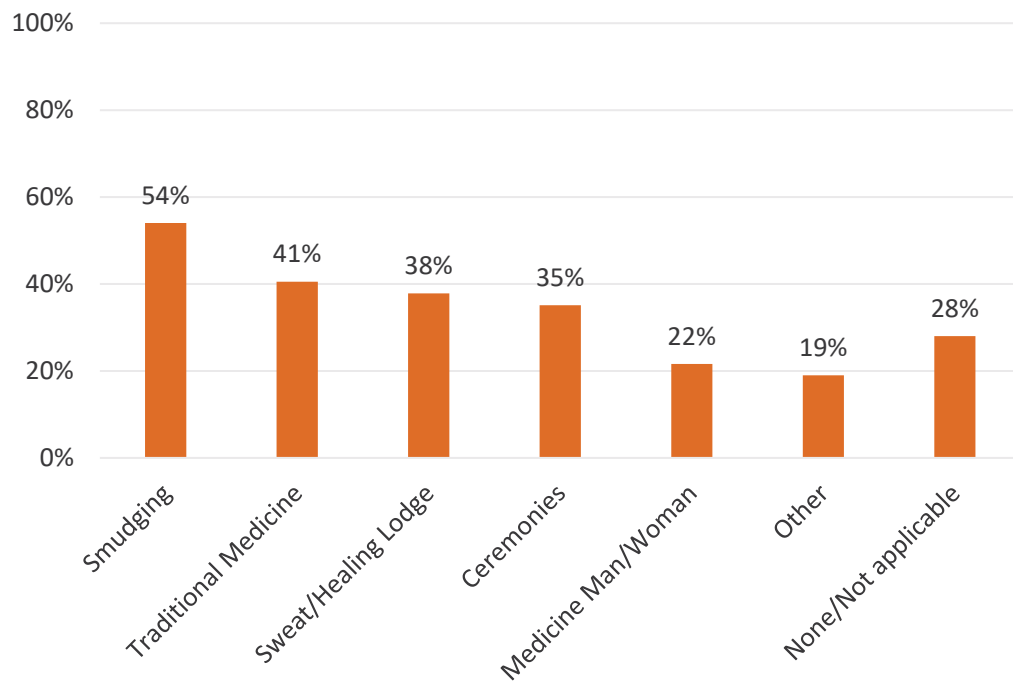
Some DVP projects make adaptations to evidence-based practices to better fit the community’s needs, including:

- Adapting services to a virtual platform to adhere to COVID-19 physical distancing protocols (e.g. zoom, facetime, google, and doxy.me)
- Adapting curriculum according to community and individual need
- Explaining Cognitive Behavior Therapy principles to clients by using American Indian/Alaska Native culture and values

- Continually assessing service area needs (e.g. patient survey/feedback and advocacy)
- Incorporating cultural practices and values according to client’s personal cultural belief systems (e.g storytelling, talking circles, smudging before each session, meditation, drumming, beadwork, sweat lodge, traditional weaving)
- Implementation of the “Duluth model” (curriculum developed in a city with a large indigenous population which implements concepts of family, responsibility, and accountability)
- Providing hands-on cultural activities (e.g. gathering traditional roots, berries, and cedar)
- Incorporating kinship and clans in sessions
- Increasing collaboration with tribal, community, and direct service provider partners
- Hosting monthly team meetings to discuss cultural relevancy and local tribal adaptations of EBPs

HOLISTIC APPROACHES TO SERVICES

Figure 14. Percentage of DVP Projects Providing Cultural Interventions by Traditional Healers, by Intervention Type, 2019-2020*



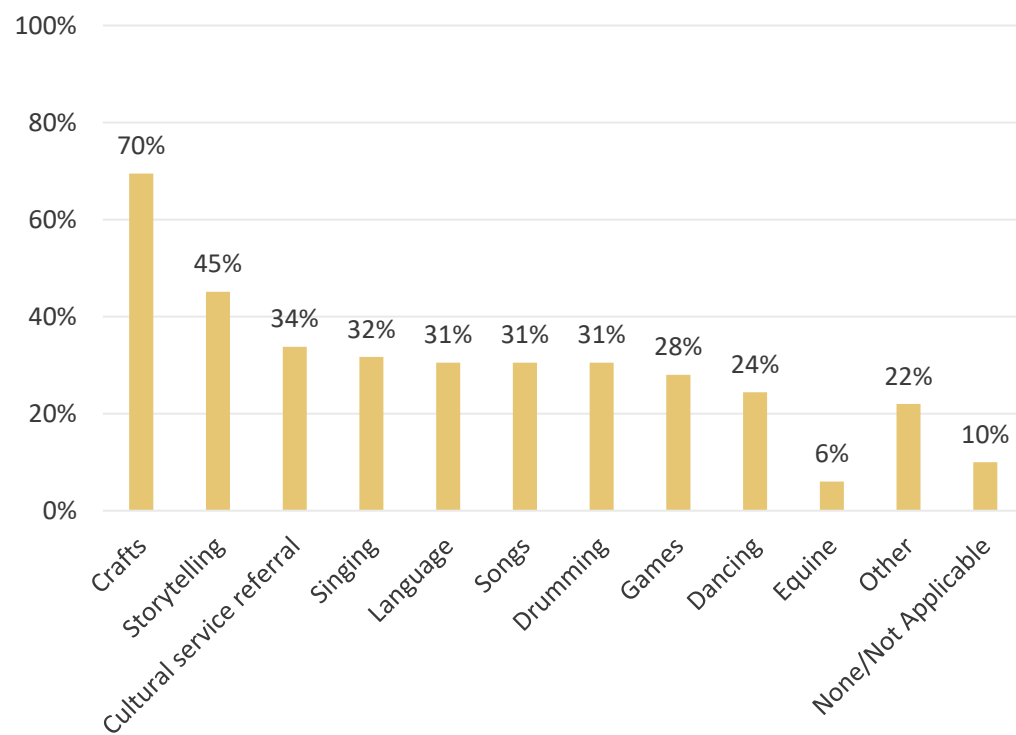
*Projects were able to select multiple types.

Figure 14 demonstrates the most common traditional healing related practices that DVP projects use which are smudging (54%) and traditional medicine (41%).

“Other” traditional healing practices include: Referral to other cultural intervention programs; referral to traditional counselor; culturally appropriate experiential education; online teachings from traditional healer; other traditional Navajo medicine practices (e.g. language, song, smoke, running, sweat lodge, family counseling techniques, and storytelling); home visits; talking circles; weekly drum group; program does not offer cultural interventions and/or organization is not a direct service provider.

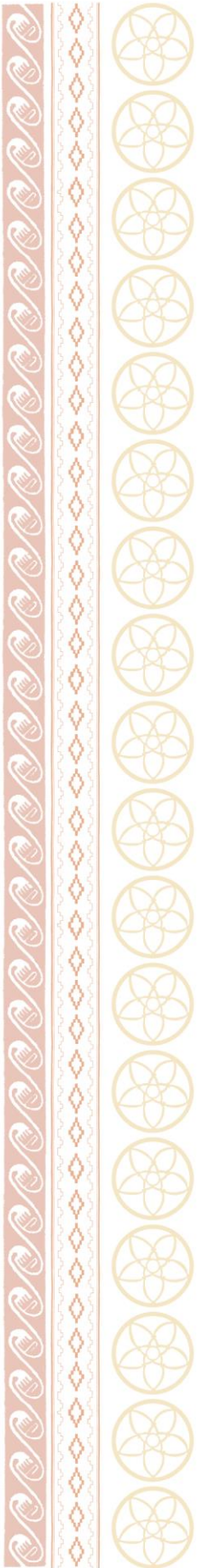
Overall, about 66% (n=54/82) of DVP projects integrate at least one of these traditional healing practices into their evidence-based practice work.

Figure 15. Percentage of DVP Projects Providing Cultural Services by Service Type, 2019-2020



*Projects were able to select multiple types.

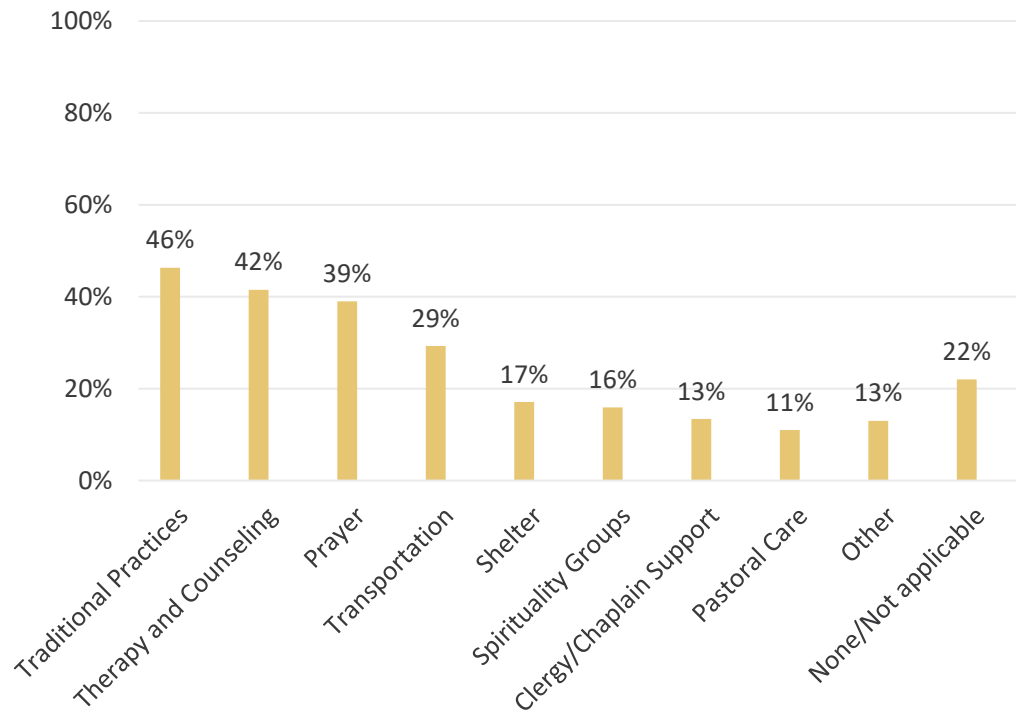
As evidenced in Figure 15, the most common cultural services that DVP projects use are crafts (70%) and storytelling (45%).



“Other” cultural practices include: Family wellness gathering; gathering traditional foods and plants; food preservation; horticulture; community garden; nature walks; cultural values reinforcement approach; “Healing to Wellness”; pipe and prayer ceremonies; women’s leadership group; funeral service support; “RezRIDERS program”; traditional tobacco smoking; smudging; cooking/sharing recipes; jewelry exchange; talking circles; Navajo wellness model; Duluth model; youth leadership camp; cultural services were offered but were funded through another grant; and referral to traditional healer.

Overall, the vast majority of DVP projects reported integrating at least one of these cultural practices into their project services (80.5%, n=66/82).

Figure 16. Percentage of DVP Projects Providing Faith-Based Services by Service Type, 2019-2020

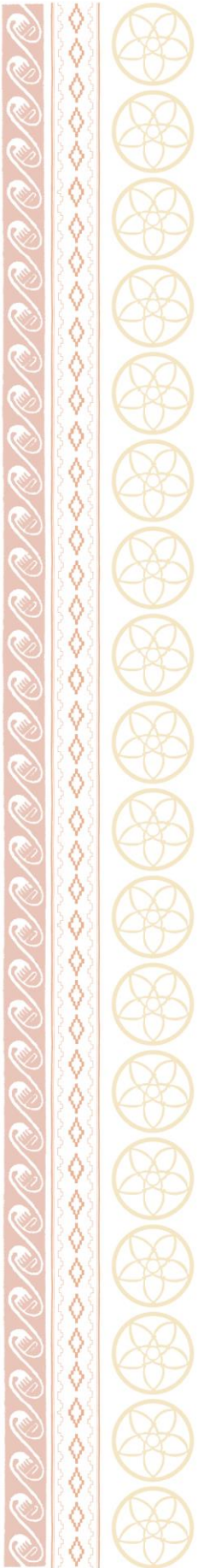


**Projects were able to select multiple types.*

As evidenced in [Figure 16](#), the most common faith-based services that DVP projects offer are traditional practices (46%) and therapy & counseling (42%)

“Other” cultural practices cited include: program staff encouraging clients to seek religious/spiritual/faith-based services and staff makes referrals as necessary; traditional welcome smudge kits to introduce clients to traditional medicines; trauma-related grief group; and individualized care (unspecified).

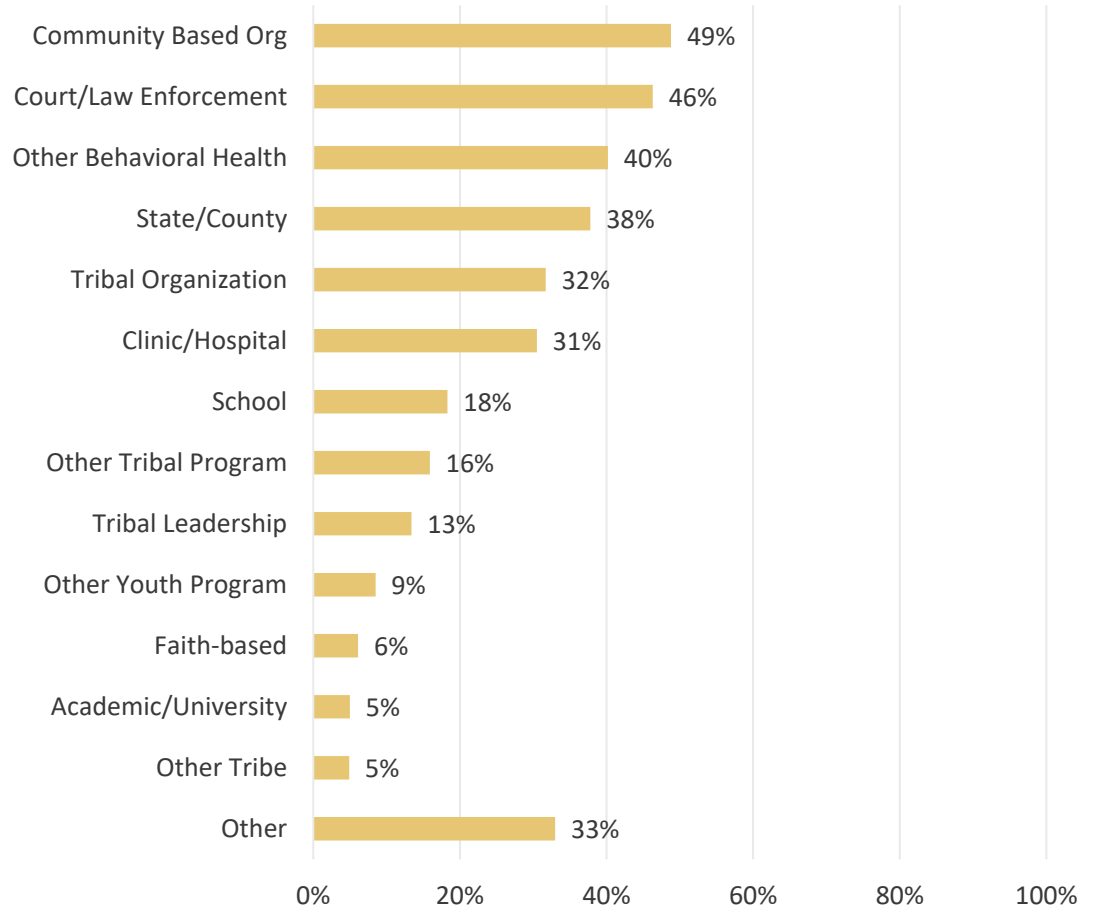
Overall, the majority of DVP projects reported the use of at least one of these faith-based services (80.5%, n=66/82).



SECTION 3: PROJECT OPERATIONS

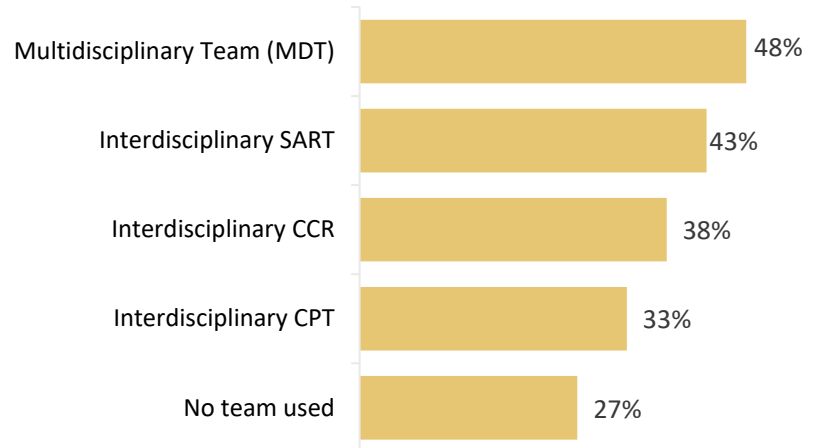
PARTNERSHIPS

Figure 17. Most Common Types of Partnering Entities among DVP Projects, 2019-2020*



*Projects were able to select multiple partner types.

Figure 18. Percent of DVP Projects Participating in Project Teams* by Team Type, 2019-2020



**Projects could participate in more than one type of team*

Figure 19. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Projects, 2019-2020

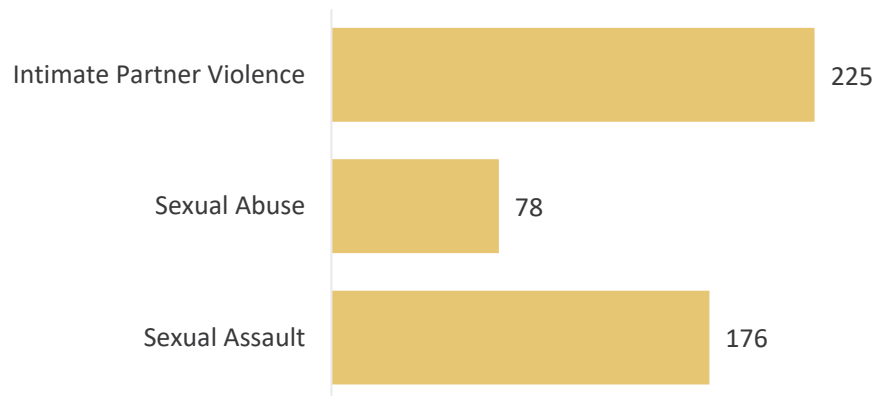
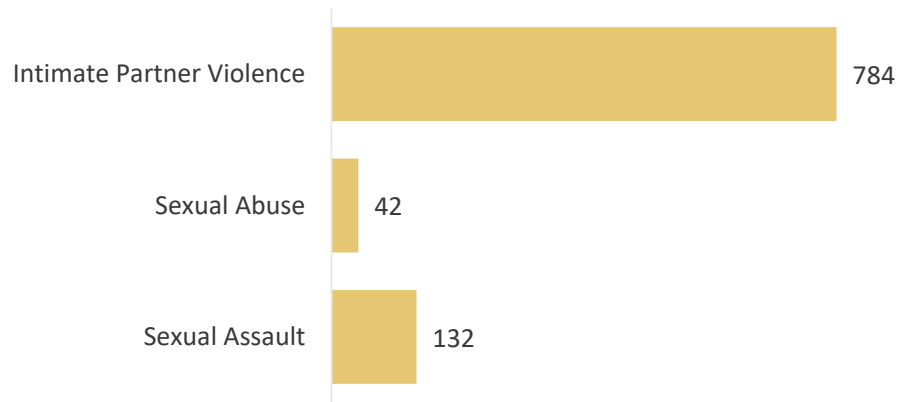
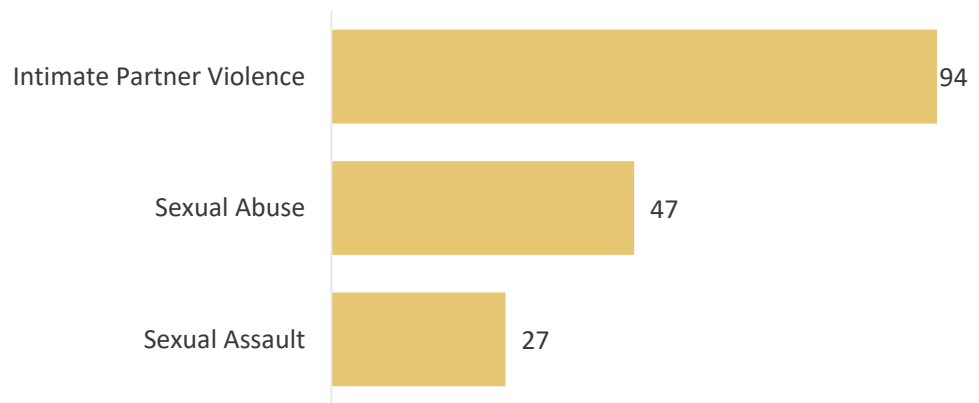


Figure 20. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

Figure 21. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

STAFFING

Figure 22. Percentage of DVP Projects Experiencing Staff Turnover During the Reporting Period, 2019-2020

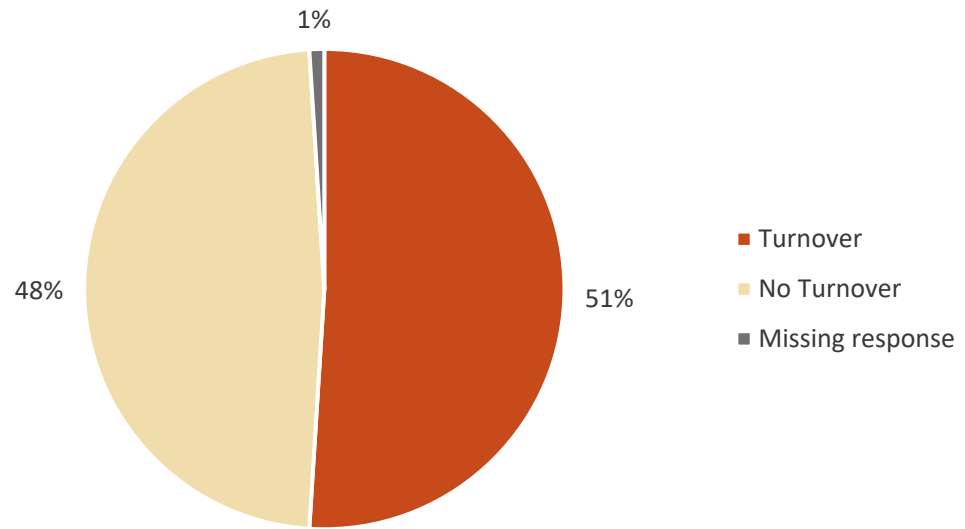


Figure 23. Percentage of DVP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2019-2020

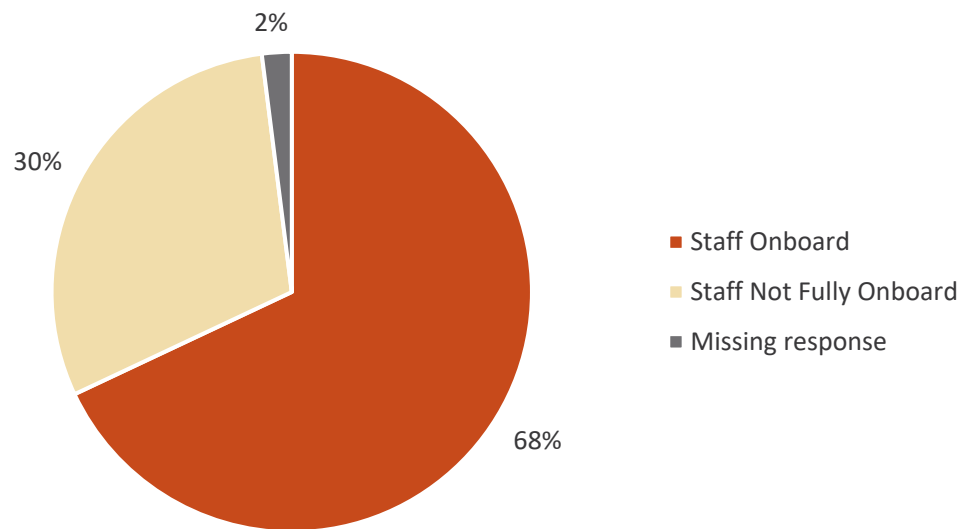


Figure 24. Percentage of DVP Projects with a Full-Time Project Coordinator, 2019-2020

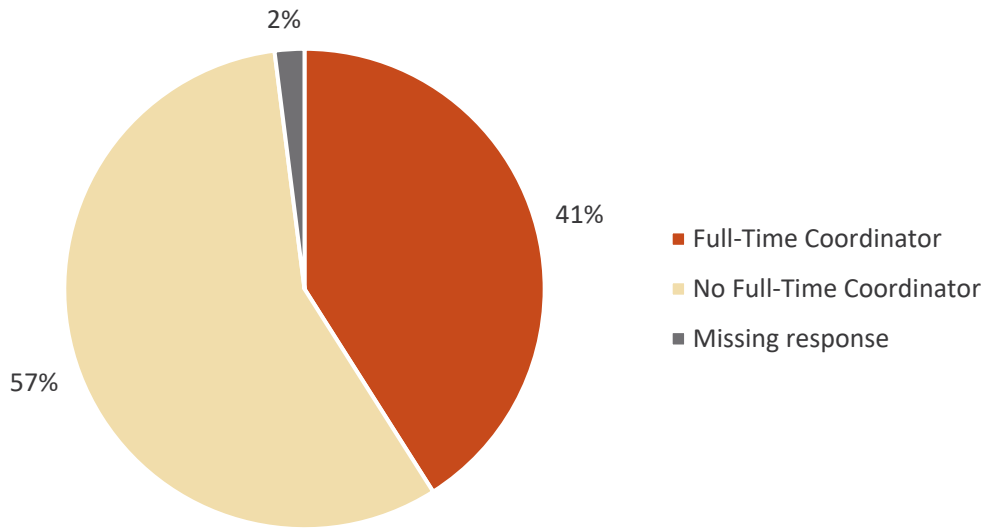


Table 2. Average Percentage of Time Paid to DVP Project Coordinator from DVP Funding, 2019-2020

	N
Average	34.6%
Range	0 – 90%

TYPES OF DVP STAFF THAT DEPARTED PROJECT

- Behavioral health practice manager
- CAC specialist (*acronym not spelled out in data files*)
- Care coordinator
- Case manager
- Chief Executive Officer
- Cultural advocate
- Domestic violence advocate
- Executive director
- Grant coordinator
- Prevention specialist
- Health promotion specialist
- Licensed Clinical Social Worker/Licensed Medical Social Worker
- Licensed counselor
- Medical provider, unspecified
- Mental health liaison Registered Nurse
- Program advocate
- Program assistant
- Program director
- Program manager
- Program/project coordinator
- Project curriculum coordinator
- Project support specialist
- Psychiatrist
- Psychologist
- Traditional consultant
- Women's domestic violence group facilitator/counselor/coordinator (*one position*)

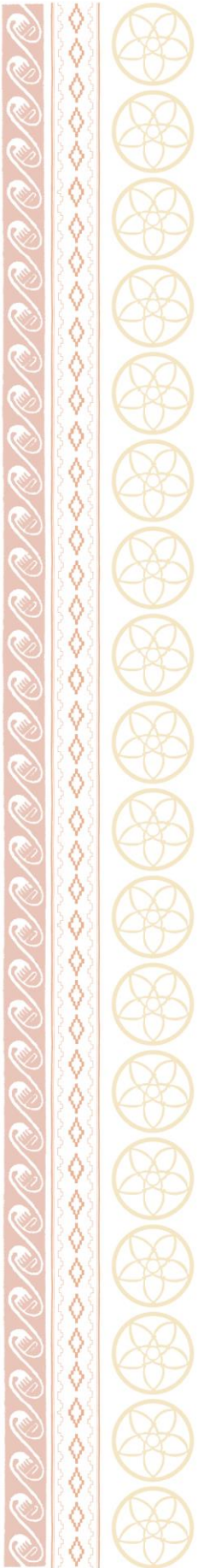
REASONS GIVEN FOR DVP STAFF TURNOVER

- Accepted a new job that aligns with staff interest and experience
- Alternative job opportunities with higher salary
- Career progression (promotion or lateral transition to another position within the organization)
- Change in organizational/program leadership
- COVID-19 restrictions
- Death of staff member
- Dissatisfaction with job duties
- Employment term ended
- Exhausted DVP funding during Year 5
- Family reasons (e.g. school-aged children of staff were moved to remote/distance learning due to COVID-19 social distancing protocols, which required staff to dedicate more time with their children)
- Grant change (unspecified)

- Performance issues (e.g. “two staff members violated general administration policy and procedures of the agency”)
- Personal reasons
- Pursuing advanced degree
- Relocated
- Resigned
- Retired
- Staff burn-out
- Staff organizational fit
- Staff furloughed due to COVID-19
- Temporary/short-term hire
- Termination
- Transfer to another department due to work-related stress
- Transferred to COVID-19 related job duties

IMPACT OF DVP STAFF CHANGES

- Changes in leadership (unspecified)
- Community needs not being met
- Delayed activities and deliverables
- Gap in service delivery/key services not provided to community members
- Hiring new staff allowed organization to increase the number of clients served
- Impaired accurate data tracking
- Negatively impacted day-to-day activities
- New leadership resulted in larger systemic changes within the DVP program
- Re-establishing community partner relationships and trust
- Staff burn-out
- Staff workload increased due to staff shortage
- No change

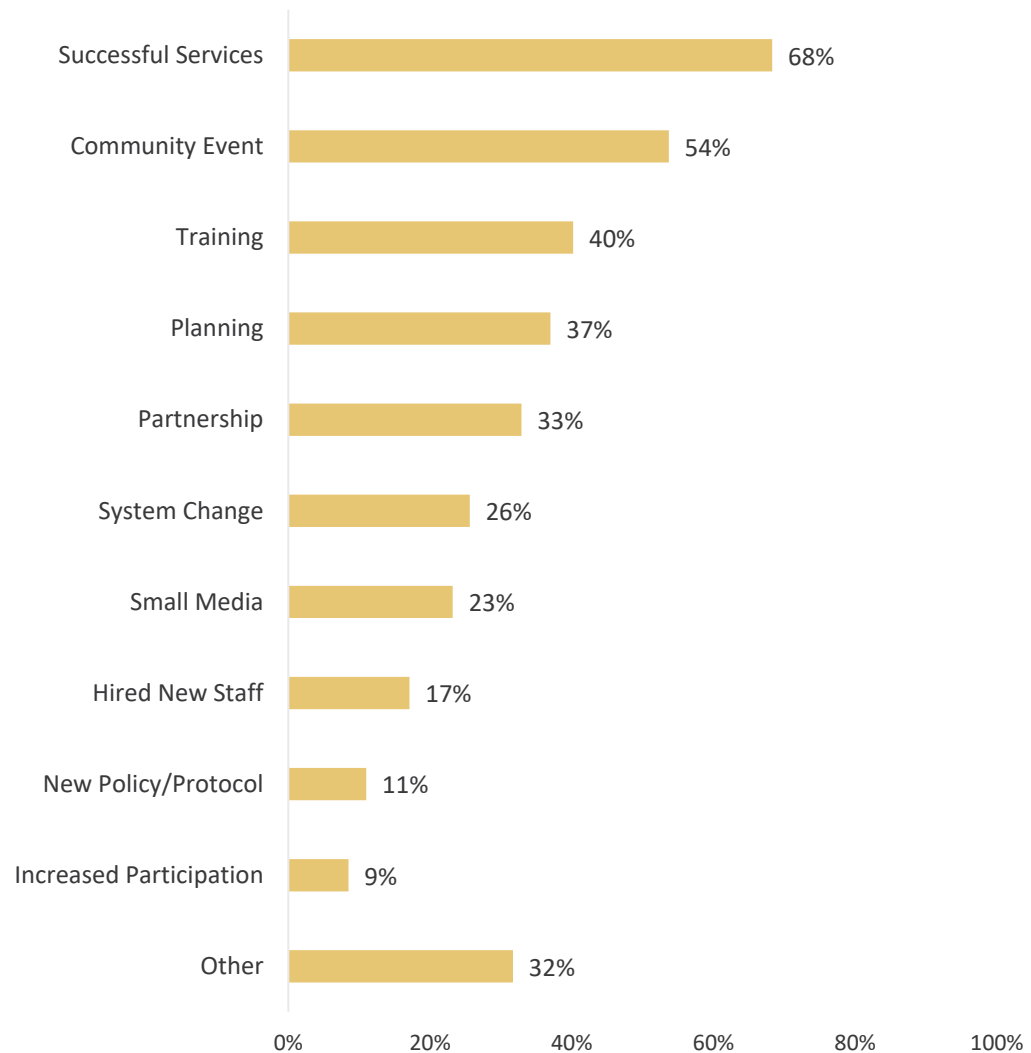


SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 25. Percentage of DVP Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category

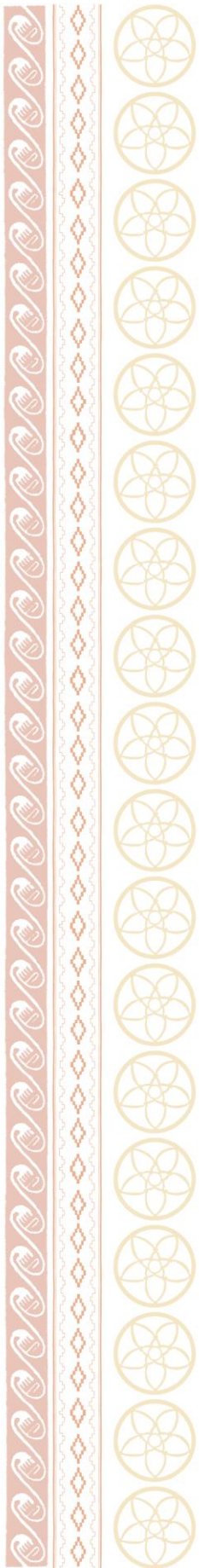


As evidenced in [Figure 25](#), the most common DVP project accomplishments in project year 5 include hosting successful services (68%) and community events (54%). Please see the next page of this report for definitions and examples for each barrier category.

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

Table 3. DVP Project Accomplishment Definitions

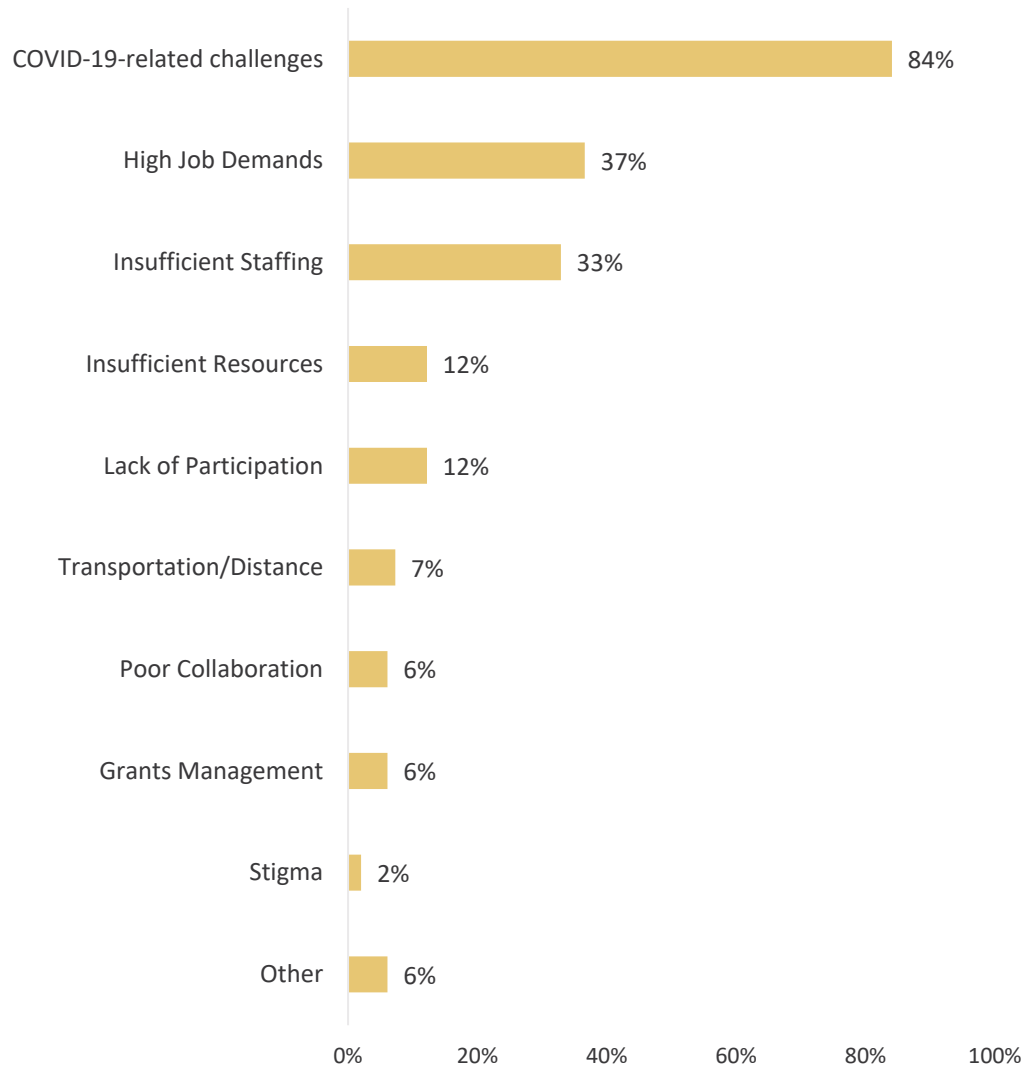
ACCOMPLISHMENT	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.



<p>INCREASED PARTICIPATION</p>	<p>Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.</p>
<p>NEW STAFF</p>	<p>Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.</p>
<p>SMALL MEDIA</p>	<p>Project has implemented a small media-related activity during the reporting period. Examples include billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g. Facebook).</p>
<p>NEW POLICY or PROTOCOL</p>	<p>Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.</p>
<p>PLANNING</p>	<p>Project planning activities were identified as a key accomplishment during this reporting period.</p>
<p>OTHER</p>	<p>The other category included collaborating with entities; consistent number of attendees; increased community awareness/health promotion efforts; community outreach; completed program evaluation; continued partnership; communication with partners; assessment/analysis; toolkit assembly; improved services; program funding/maintenance; transportation; developed a resource list/materials; new office location; purchase resources; and approved project proposals.</p>

PROJECT CHALLENGES

Figure 26. Percentage of DVP Projects Reporting Various Challenges/Barriers in 2019-2020, by Challenge/Barrier Category

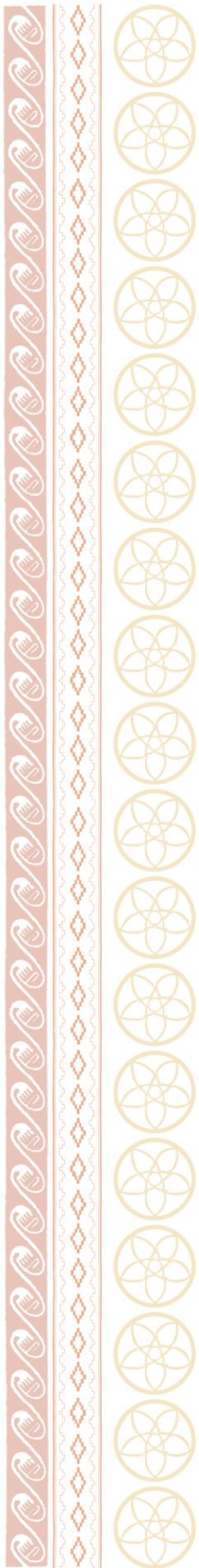


As evidenced in [Figure 26](#), the most common DVP project barrier is COVID-19 related challenges (84%). Please see the next page of this report for definitions and examples for each barrier category.

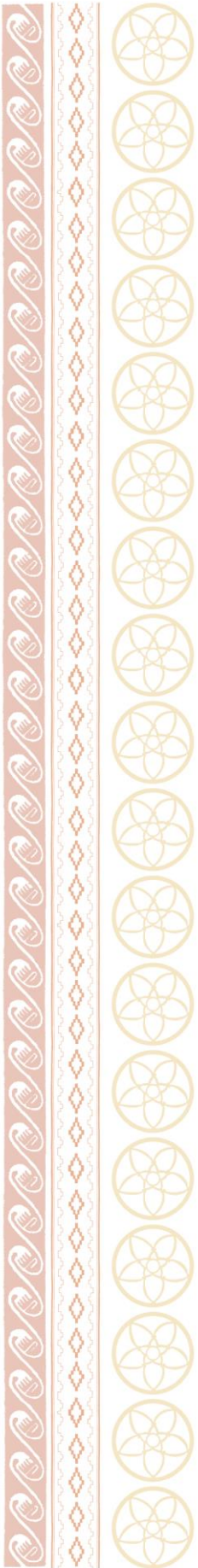
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 4. DVP Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19 RELATED CHALLENGES	Projects cited impacts from COVID-19 pandemic, including closure of tribal lands and restricted entry to non-community members, delayed or cancelled events, limited access to internet and technology, travel bans, furloughed non-essential staff, social unrest from protests, resources re-directed to COVID-19 response, reduced demand for services due to stay-at-home orders, key partners closed or were shut down, high COVID-19 case load took precedence over project activities, and program needed to address mental health issues expressed by clients and survivors.
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier 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.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
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 exceeds local capacity.

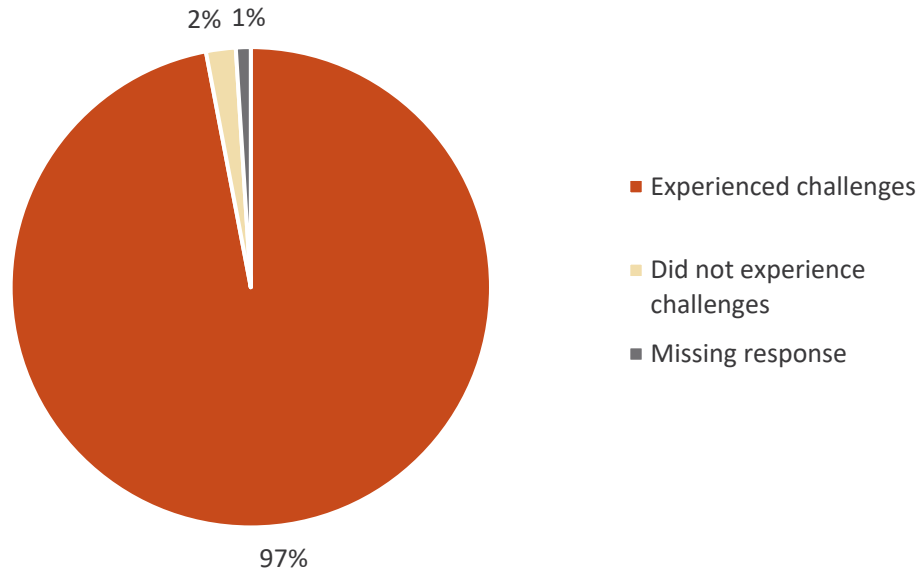


<p>TRANSPORTATION/ DISTANCE</p>	<p>Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.</p>
<p>GRANTS MANAGEMENT</p>	<p>Project noted challenges 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.</p>
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of domestic violence and/or sexual abuse issues among community members as a project barrier. In some instances, projects noted that stigma also limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: database-related challenges; lack of data tracking systems; lack of support for staff training; office location; training issues; and new policy/protocol.</p>



SECTION 5: COVID-19 IMPACT ALL DVP PURPOSE AREAS

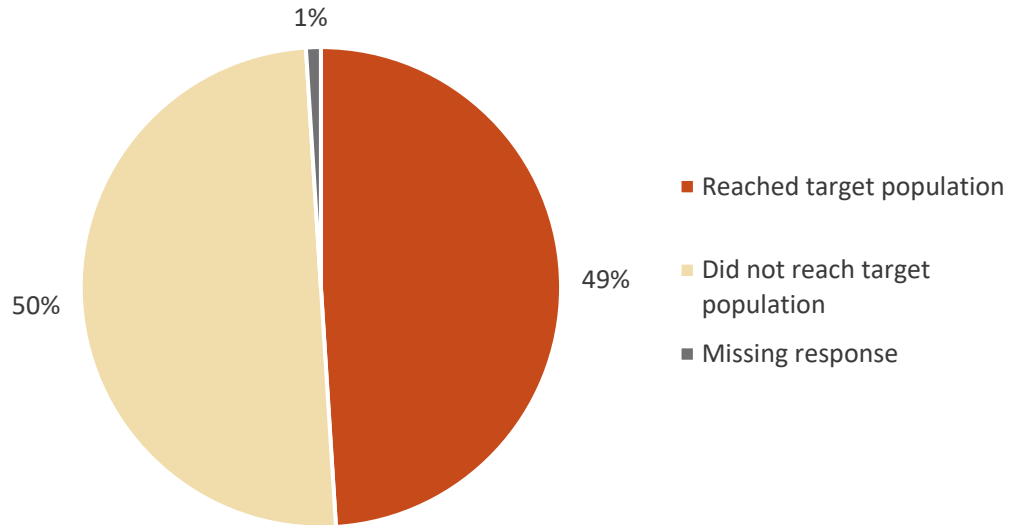
Figure 27. Percentage of DVP Projects experiencing challenges with completing Project Activities and In-Person events due to COVID-19, 2019-2020



CHALLENGES DVP PROJECTS EXPERIENCED WITH COMPLETING PROJECT ACTIVITIES AND IN-PERSON EVENTS

- Closure of tribal lands and restricted entry to non-community members
- Events were delayed or cancelled due to closures and restrictions
- Limited access to internet and technology was a barrier to going virtual
- The community instituted a travel ban
- Staffing challenges such as non-essential staff placed on leave or furloughed
- Curriculum had to be modified or adapted to virtual
- Provided outreach using alternate methods such as radio
- Referred clients out to alternate services
- Social unrest and protests led to closures and reduced service hours
- Funding was redirected to COVID-19 response which delayed or replaced regular program purchases
- Reduced demand for services due to stay-at-home orders
- Key project partners closed or were shut down
- High local COVID-19 case load took precedence over project activities
- Program also needed to address mental health issues expressed by clients and survivors

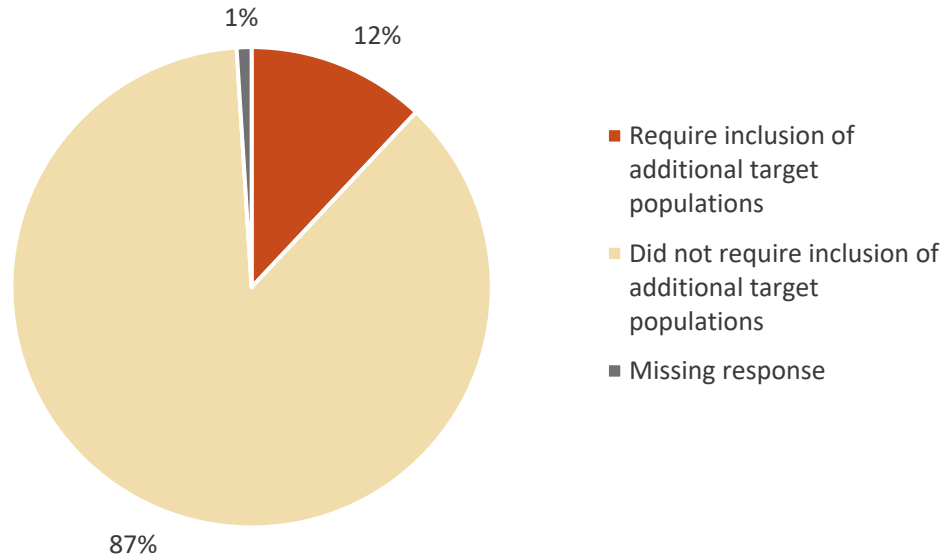
Figure 28. Percentage of DVP Projects adequately reaching their target population, 2019-2020



REASONS WHY DVP PROJECTS HAD CHALLENGES ADEQUATELY REACHING THEIR TARGET POPULATION

- Activities that were previously held in person were delayed, occasionally indefinitely, or cancelled
- Closures (of partnering orgs like schools or of Tribes and tribal lands) caused reduction in reach
- Partners and clients experienced a lack of access to internet, technology equipment, and/or technological skills
- Events were required to have limited in-person attendance
- Staff were reduced/furloughed, and only essential staff allowed to work
- Challenges attracting clients due to issues involving safety concerns or simply lack of interest in program
- Needed to reduce the number of residents at treatment center
- Staff required training on virtual platforms
- Reduced activities to only individual meetings
- Switched to a referral system
- Program was left off “Essential Programs” list
- Needed to transition to alternate approaches to advertising including social media, radio, and newspaper

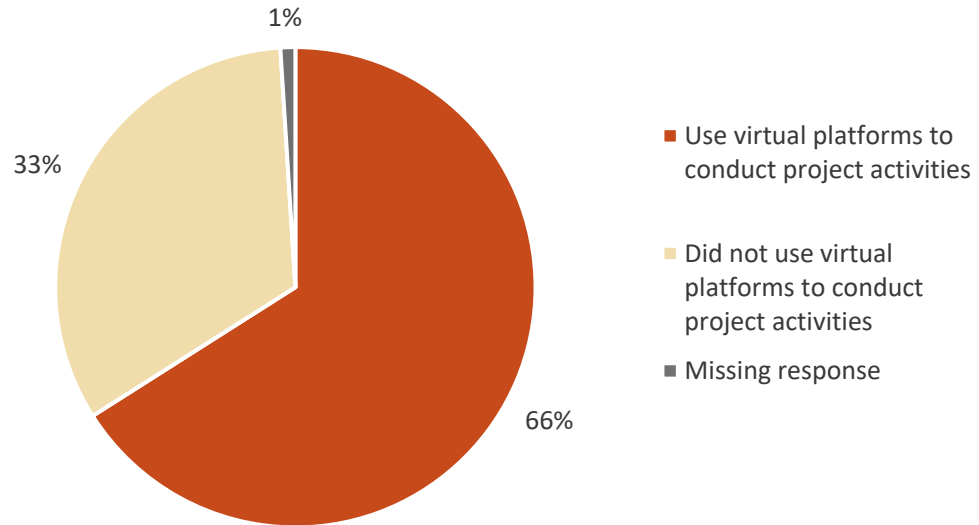
Figure 29. Percentage of DVP Projects that require additional target populations due to COVID-19, 2019-2020



ADDITIONAL POPULATIONS TARGETED BY DVP PROJECTS DUE TO COVID-19, 2019-2020

- Expanded behavioral health services to include additional age groups such as the elderly, children aged three years old and younger, and younger adult women
- Began attending virtual meetings with partner groups
- Assisted with distribution of materials such as firewood, PPE, and cleaning materials to all community members
- Began distributing educational materials at locations such as COVID-19 testing events, through the Community Health Representative program, at the hotel isolation project, and the school food project
- Expanded to include virtual communication
- Utilized funds from cancelled events to provide some supplies to shelters

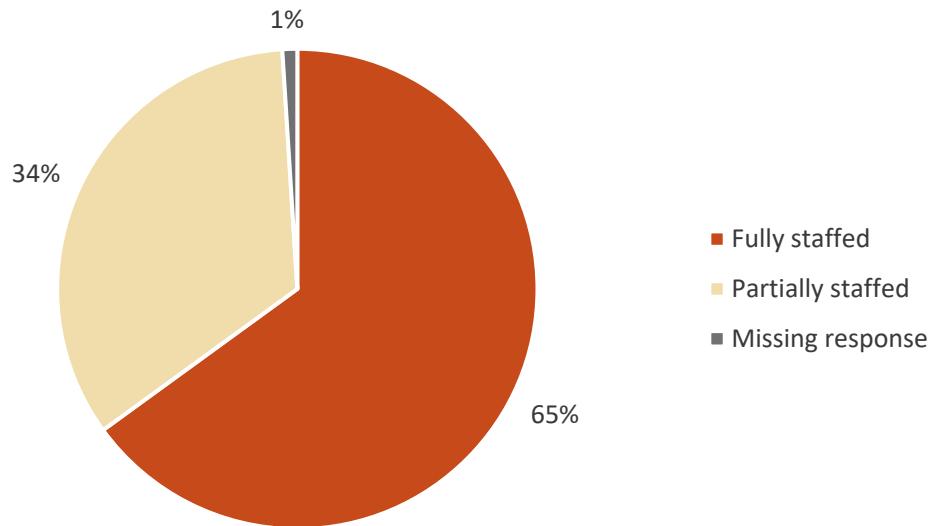
Figure 30. Percentage of DVP Projects that use virtual platforms (e.g. Zoom or WebEx) to adequately and consistently conduct project activities, 2019-2020



VIRTUAL PLATFORMS DVP PROJECTS USE TO CONDUCT PROJECT ACTIVITIES

- Projects reported using various virtual platforms including Cisco Telehealth, Skype, Zoom (including HIPPA-compliant licensing), WebEx, Google Meet, Mend, Microsoft Teams, Vidy, Facebook, Instagram, Lifesize, Go To Meeting, Join.Meet.IHS.gov, FaceTime, Google Duo, Doxy.com, email, and phone calls.
- Reported benefits of using virtual platforms included allowing for program activities to continue, expansion to provide telehealth, flexibility to access clients in the convenience of their own homes, a platform to continue trainings and meetings, outreach and presentations, victim assistance with court actions, gathering virtual groups, and greater flexibility to increase meeting frequency.
- Reported challenges of using virtual platforms included clients having limited access to internet and/or technology equipment, limited participation, meeting size restrictions, trainings and a learning curve for individuals who were not familiar with the platforms, experiencing technical issues, delays in drafting tribal policies to allow for use of virtual platforms, lack of funding to purchase licenses or equipment, use of platforms restricted by IHS, platforms used by IHS not often used by non-IHS partners, delay in approvals to use platforms, long process converting everything to virtual, not enough staff onboard, and tribal shut downs.

Figure 31. Current status of DVP Project staff, 2019-2020



HOW DVP PROJECT STAFFING WAS AFFECTED FROM MARCH THROUGH SEPTEMBER 2020

- Staff needed to transition to remote work
- Staff needed to be in isolation and/or quarantine
- Staff were furloughed or placed on administrative leave unless providing direct services
- Remaining direct service staff took on additional roles
- Fear of catching COVID-19 caused people to hesitate in doing their normal tasks like home visits

Figure 32. Percentage of DVP Projects that are unable to provide project-specific treatment services due to changes in operation status, 2019-2020

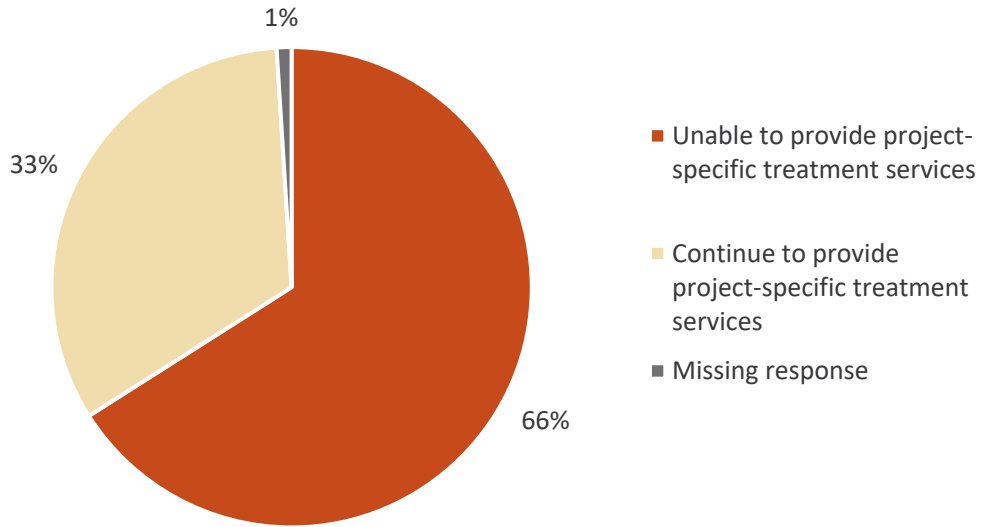


Figure 33. Total number of days where DVP projects experienced disruption in operational status, 2019-2020

	Days
Average number of days impacted	62
Range of days impacted	0 - 280

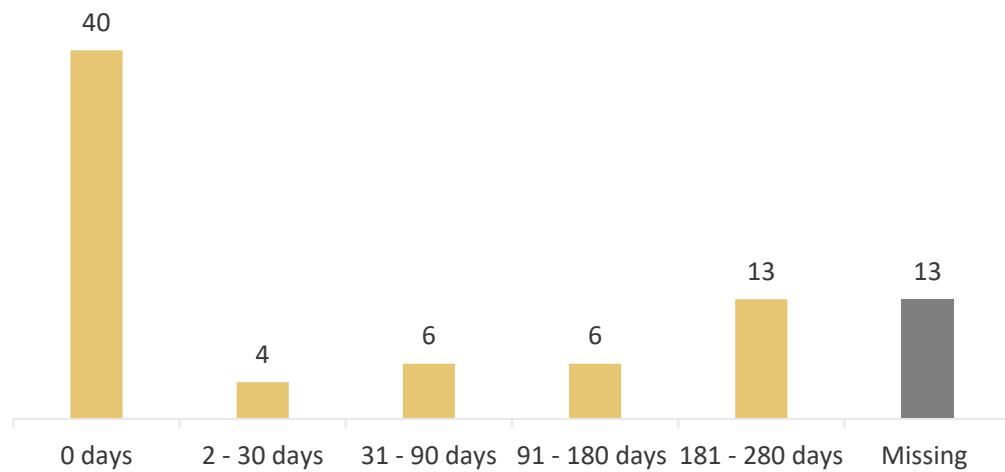


Figure 34. Percentage of DVP Projects that continue providing culturally appropriate treatment services as planned in their project narrative, 2019-2020

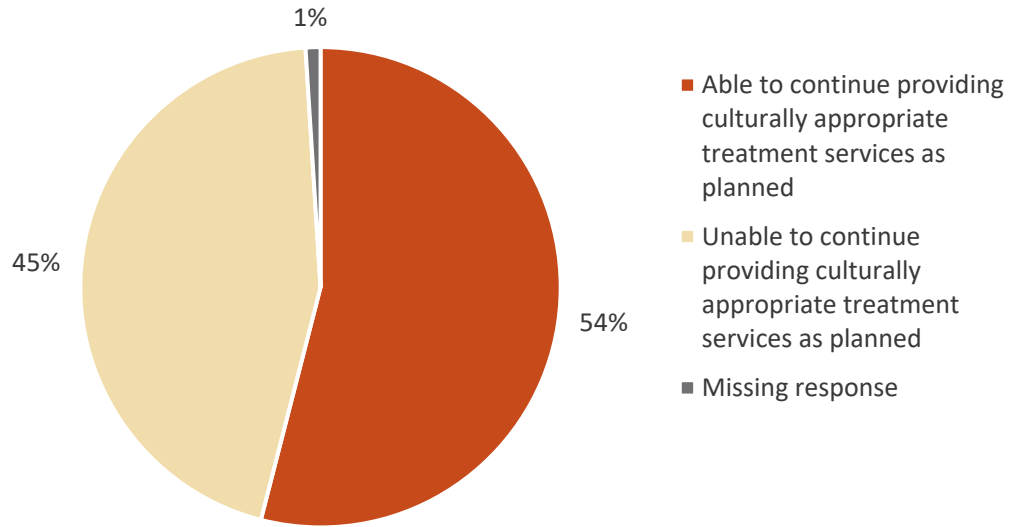


Figure 35. Percentage of DVP Projects experiencing changes in **domestic violence** reporting during COVID-19, 2019-2020

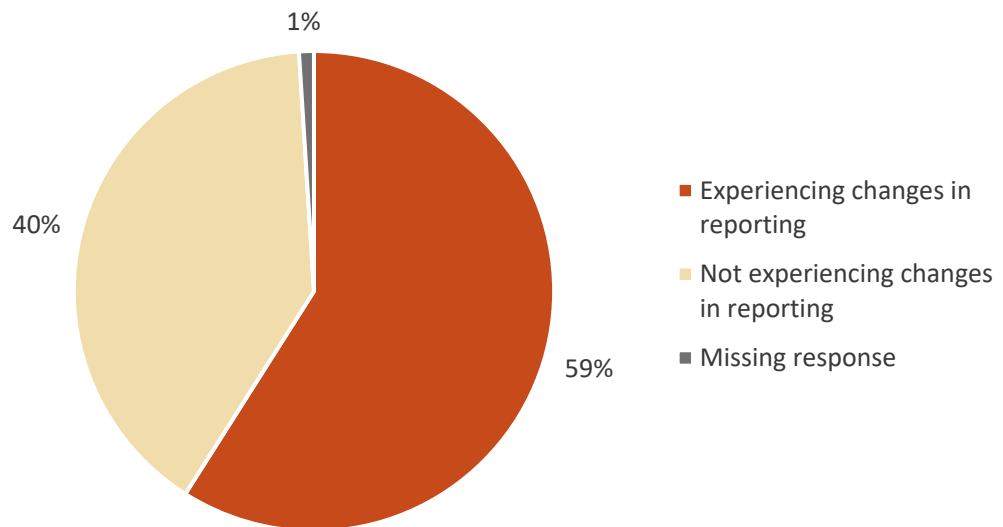


Figure 36. Percentage of DVP Projects experiencing changes in reporting of sexual assault, intimate partner violence, or sexual abuse and other forms of child maltreatment during COVID-19, 2019-2020

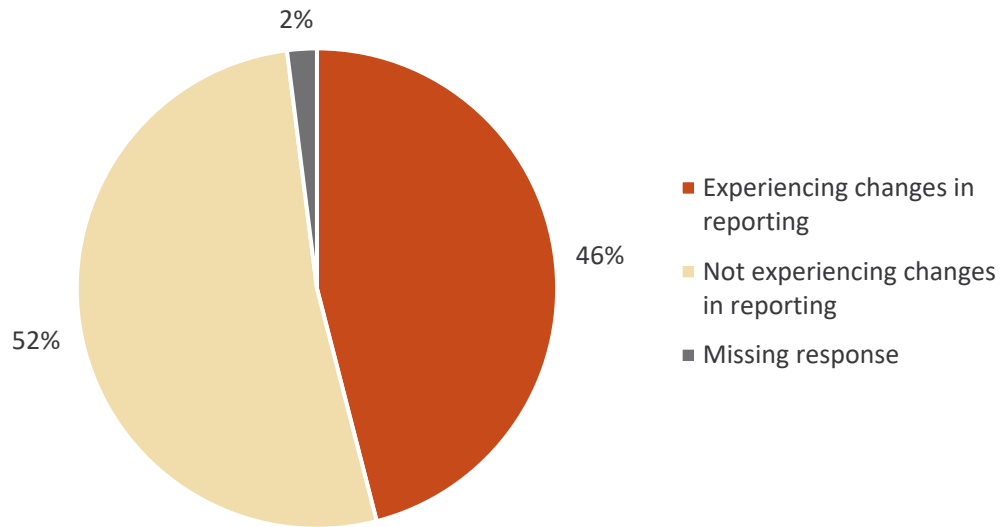


Figure 37. Percentage of DVP Projects that continue to conduct community education activities on project specific topics, 2019-2020

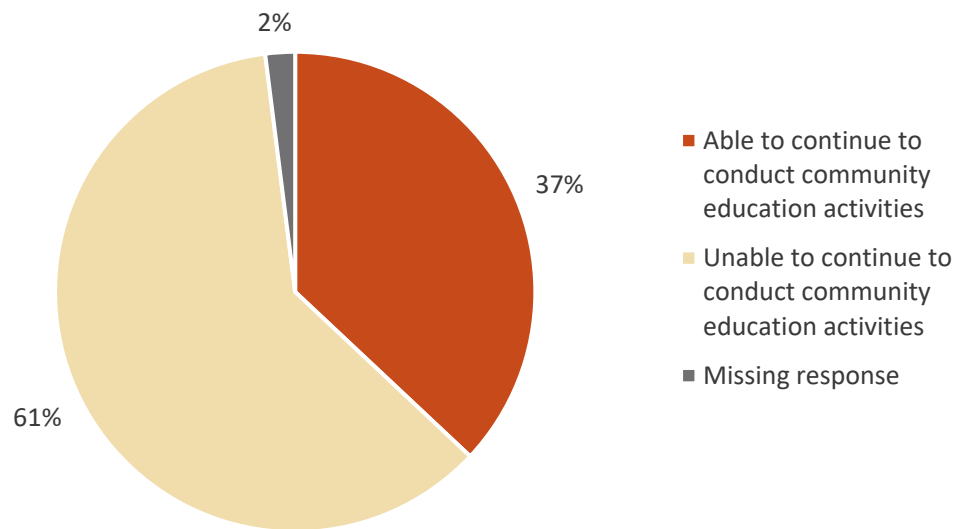
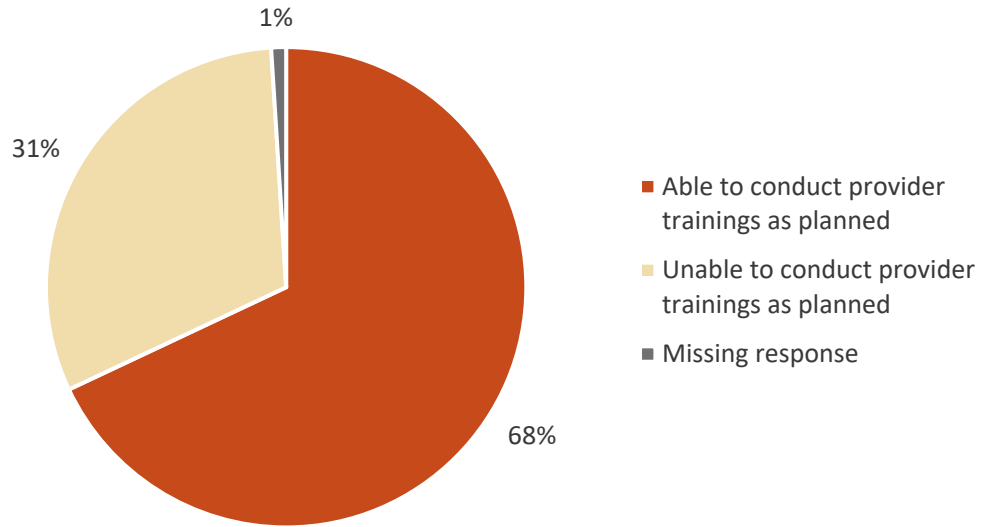


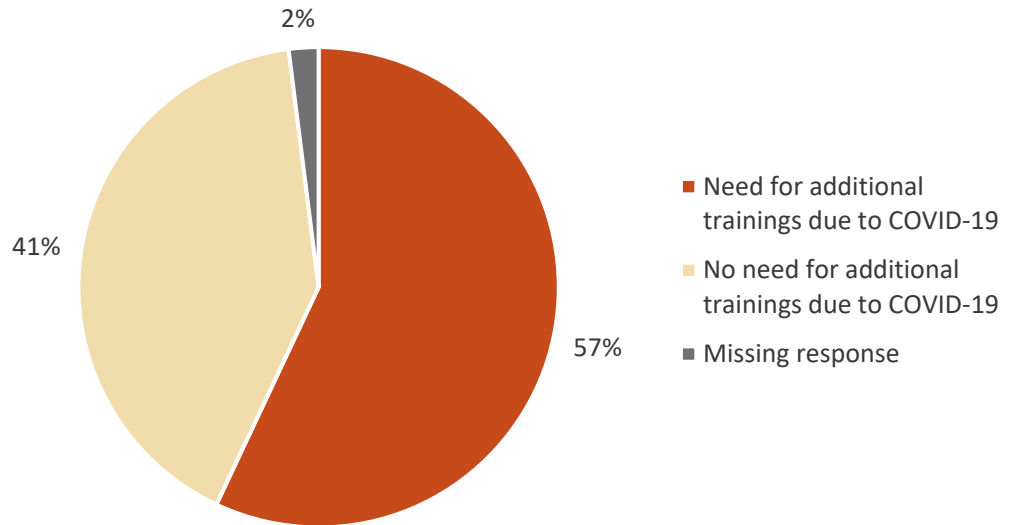
Figure 38. Percentage of DVP Projects that conduct provider trainings as planned on project specific topics, 2019-2020



HOW DVP PROJECTS WERE ABLE TO CONDUCT PROVIDER TRAININGS AS PLANNED ON PROJECT-SPECIFIC ACTIVITIES

- Virtually via platforms like Zoom or Lifesize
- Using social media platforms
- Through a webinar series
- Limited the amount, gave fewer presentations than usual due to restrictions
- Postponed trainings until ready to move to virtual platforms
- Able to provide culturally-tailored trainings

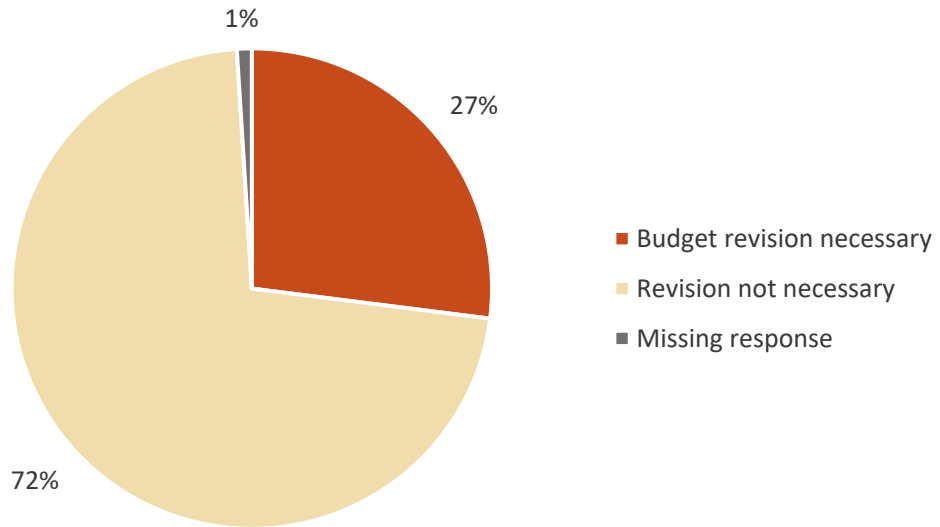
Figure 39. Percentage of DVP Projects reporting a need for additional trainings due to COVID-19, 2019-2020



ADDITIONAL TRAININGS DVP PROJECT NEEDED DUE TO COVID-19

- Provided trainings: COVID-19 monitoring and safety measures, HIPPA compliance in telehealth, effective use of personal protective equipment, cleaning procedures, awareness and response to suicidal ideation, telemedicine (e.g., privacy and safe words, EMDR, TF-CBT), use of virtual platforms, domestic violence, suicide prevention, safety planning, disaster planning for domestic violence survivors, digital safety
- Provided consistent data update meetings for staff and larger community
- Trainings that are still needed: domestic violence, sexual assault response task force, screenings, use of social media, use of virtual platforms (e.g., Zoom and WebEx), suicide prevention, trauma, substance abuse, cultural sensitivity, communication with individuals in distress

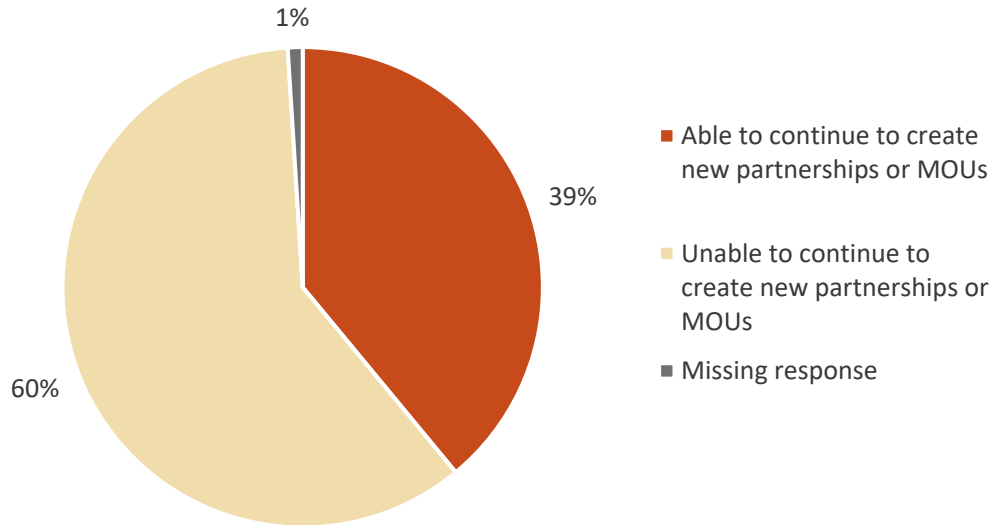
Figure 40. Percentage of DVP Projects reporting a need to revise their budget to meet COVID-19 safety guidelines or recommendations to complete approved project activities, 2019-2020



HOW DVP PROJECTS REVISED THEIR BUDGET TO MEET COVID-19 SAFETY GUIDELINES OR RECOMMENDATIONS TO COMPLETE PROJECT SPECIFIC ACTIVITIES

- Funding needed to be reallocated from activities like travel and trainings to items like supplies, hotline development, technology equipment, and safe harbor hotel vouchers
- Modified budget to include items such as personal protective equipment, equipment and licensing for virtual remote work, communications materials, and supplies to send to individual homes
- Requested carryover extension

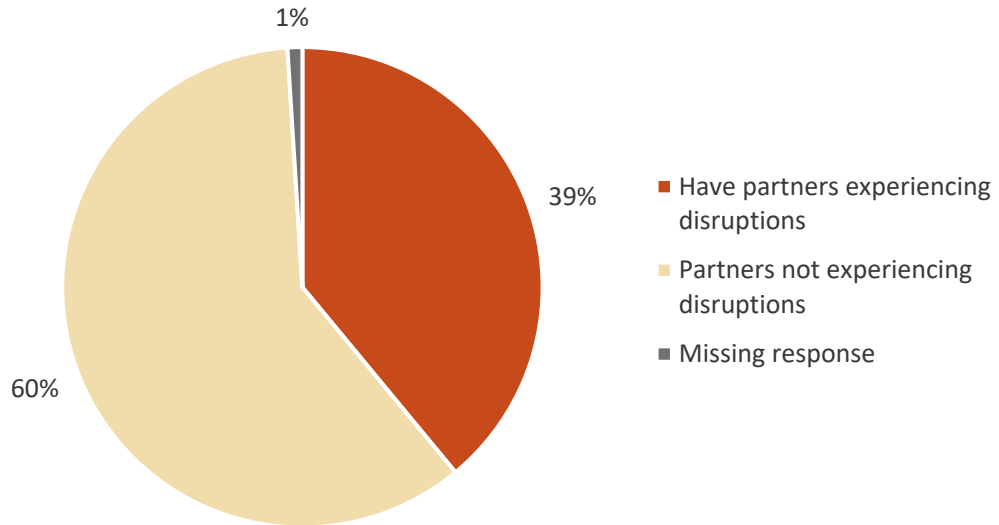
Figure 41. Percentage of DVP Projects that continue to create new partnerships with stakeholders or create new MOUs, 2019-2020



WHY DVP PROJECTS WERE UNABLE TO CREATE NEW PARTNERSHIPS WITH STAKEHOLDERS OR CREATE NEW MOUs

- Closures of partnering organizations like schools and other tribal departments resulted in no communication
- Agency shutdown and/or staffing reduction
- Difficulties networking due to pandemic
- No opportunities arose to develop new partnerships during this time
- Travel restrictions and closures caused difficulties in scheduling and holding meetings
- Invested in maintaining partnerships rather than developing new partnerships.

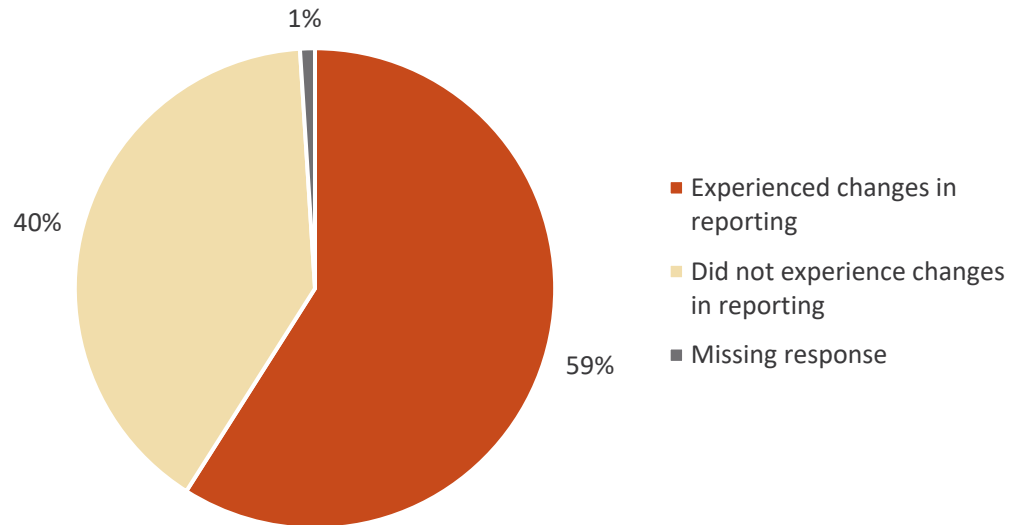
Figure 42. Percentage of DVP Project’s with **partner organizations** that are experiencing services disruption due to changes in facility operation status, 2019-2020



WHY DVP PROJECT PARTNER ORGANIZATIONS ARE EXPERIENCING DISRUPTIONS

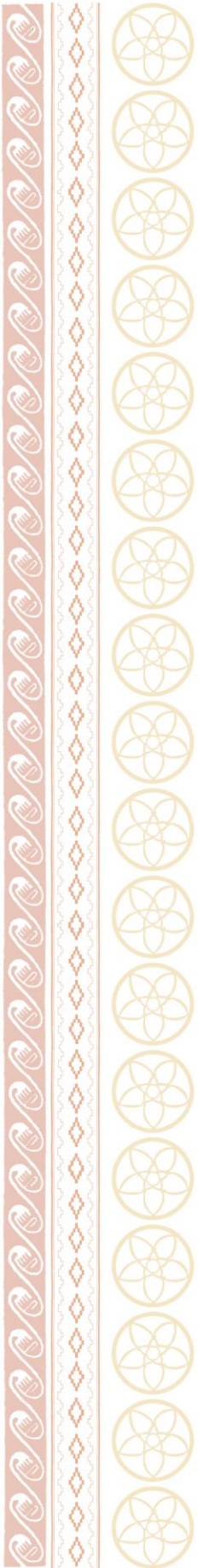
- Closures of tribal buildings, partnering orgs, partnering businesses, schools
- Transitioned to virtual over a period of time, employees worked from home and were not present in office
- Reduced staffing, either by program or due to resignation
- Chaotic transition to operating in crisis mode
- Postponed and cancelled meetings and community events
- Travel restrictions
- Procedural changes, e.g., transitioning to virtual work and sanitation practices all caused delays
- Limited services to emergency services only or to those that fit COVID guidelines
- Client challenges with internet, computer, and phones due to low resources

Figure 43. Percentage of DVP Projects that experienced changes in reporting domestic violence during COVID-19, 2019-2020



DVP PROJECTS THAT EXPERIENCED CHANGES IN REPORTING OF DOMESTIC VIOLENCE DURING TO COVID-19

- Initial decrease due to closure resulted in later increase due to lack of services
- Increased 911 calls within surrounding community
- Decrease in patients presenting for care, likely due to: stay at home orders, fear of COVID-19, fear of abuser finding out more easily with everyone being at home.
- Individuals dealt with additional barriers to seeking care due to transition to virtual and/or appointments only
- Increase in reports of domestic violence, likely due to: individuals being continually closed up at home, social unrest, loss of jobs and resulting stress, children always home from school.
- Huge spike (in one case, 80%) in number of individuals requesting services
- Individuals requested other forms of assistance (food or financial assistance) before reporting DV
- Increased individuals seeking shelter at domestic violence shelters
- Unsure due to lack of data
- Difficulty making and holding appointments due to restrictions
- Law enforcement had very delayed response times due to responsibilities in curfew and lockdown enforcement



**SECTION 6:
DVP PURPOSE AREA 1 ONLY**

OBJECTIVE 1: EXPANSION OF SERVICES

Figure 44. Number of Individuals Served by DVP Purpose Area 1 Projects by Service Type, 2019-2020

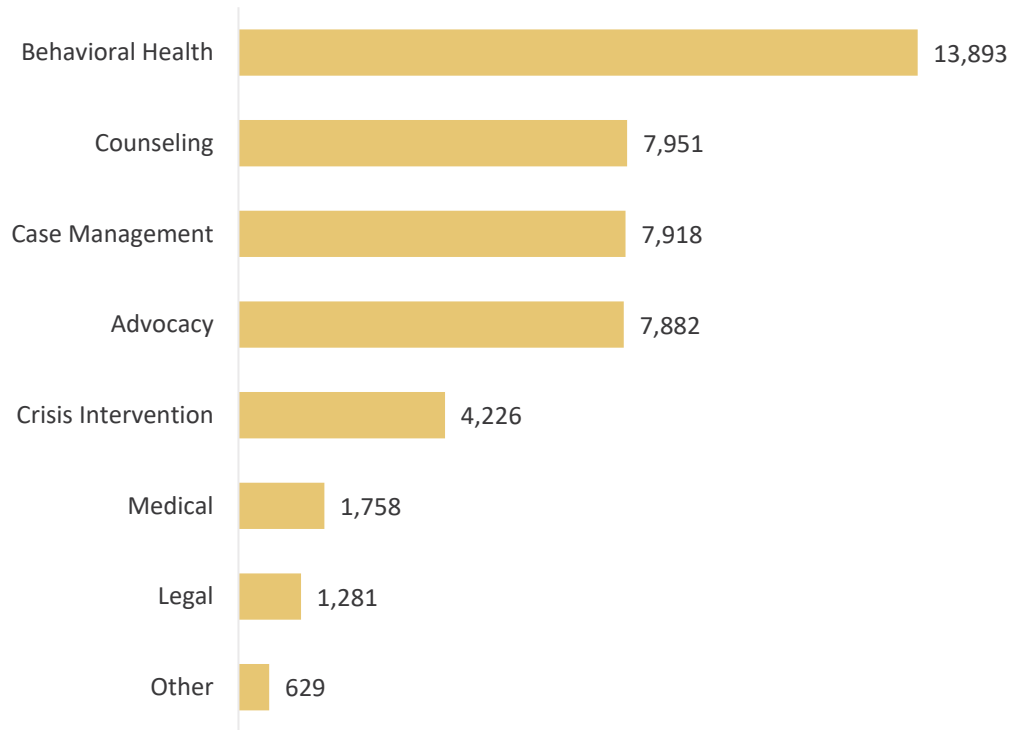
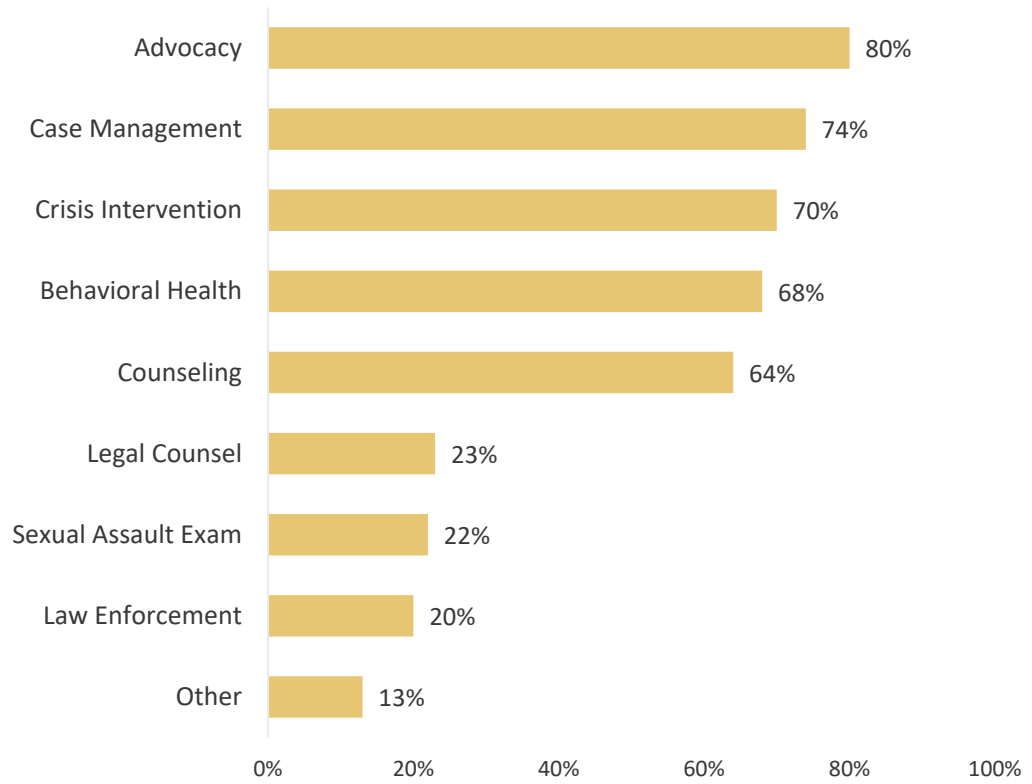
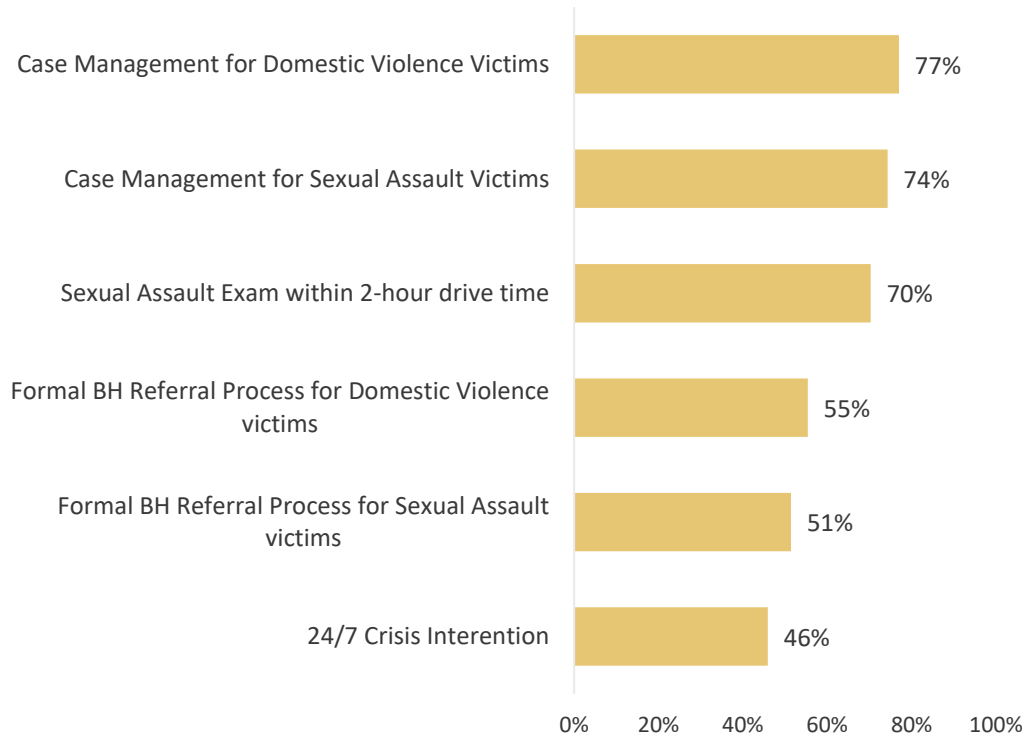


Figure 45. Percentage of DVP Purpose Area 1 Projects that Enhanced Services in 2019-2020, by Service Type Enhanced*



*Projects were able to select all that apply.

Figure 46. Percentage of DVP Purpose Area 1 Projects Providing Various Services in 2019-2020, by Service Type*



*Projects were able to select all that apply.

Table 5. Number of Incidents Reported to External Agencies among DVP Purpose Area 1 Projects Only, 2019-2020

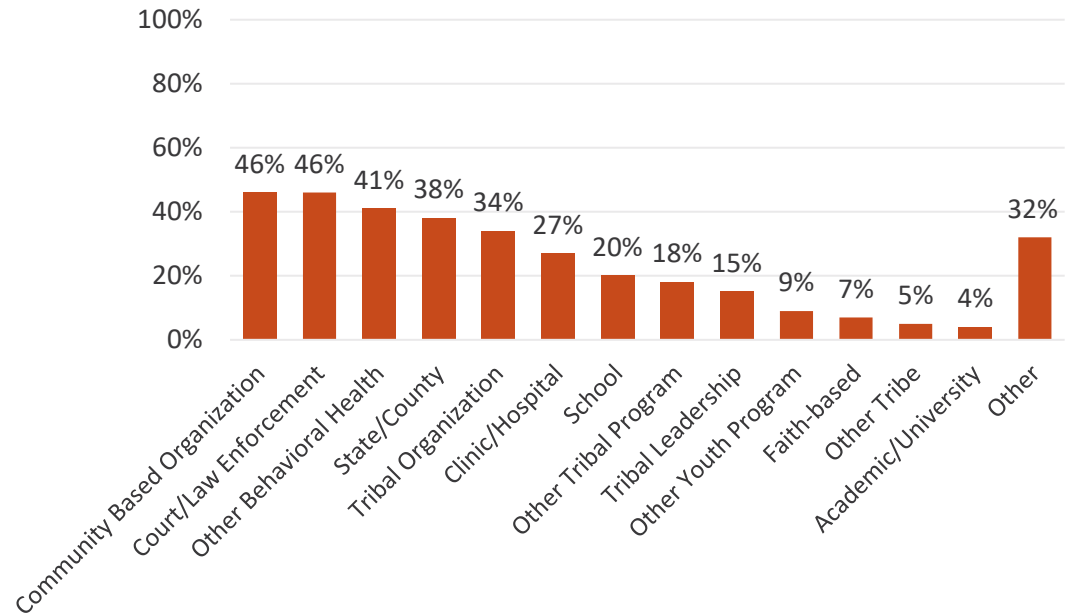
	N
Incidents Reported to Law Enforcement Agencies due to Domestic Violence	237
Incidents Reported to Child Protection Agencies due to Domestic Violence	139
Incidents Reported to Child Protection Agencies due to Sexual Assault	169

Table 6. Number of Individuals Receiving Project Services from DVP Purpose Area 1 Projects by Incident Type, 2019-2020

	N
Individuals Reporting Sexual Assault	659
Individuals Reporting Strangulation	128
Individuals Reporting Human Trafficking	79

OBJECTIVE 2: PARTNERSHIPS

Figure 47. Most Common Types of Partners among DVP Purpose Area 1 Projects, 2019-2020*



*Projects were able to select multiple types.

Table 7. Number of New and Enhanced Memoranda of Agreement (MOAs) among DVP Purpose Area 1 Projects, 2019-2020

	N
Total New Memoranda of Agreement (MOAs)	31
Total Enhanced Memoranda of Agreement (MOAs)	85

Figure 48. Percent of DVP Purpose Area 1 Projects Participating in Project Teams* by Team Type, 2019-2020

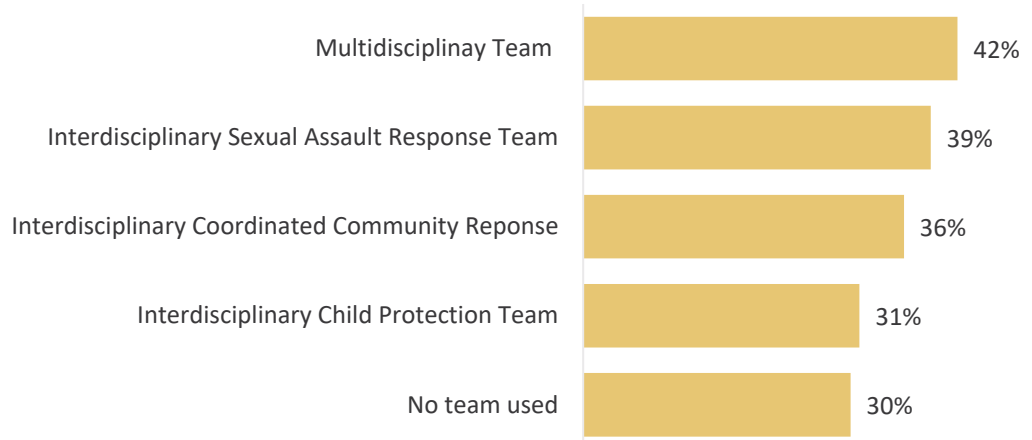


Figure 49. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Purpose Area 1 Projects, 2019-2020

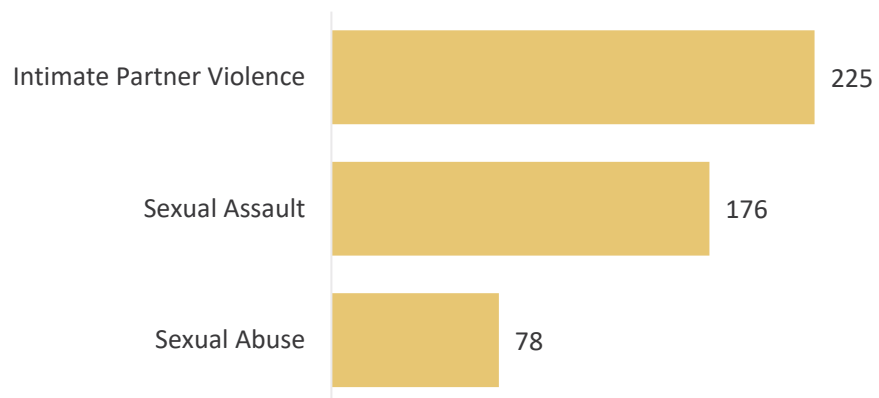
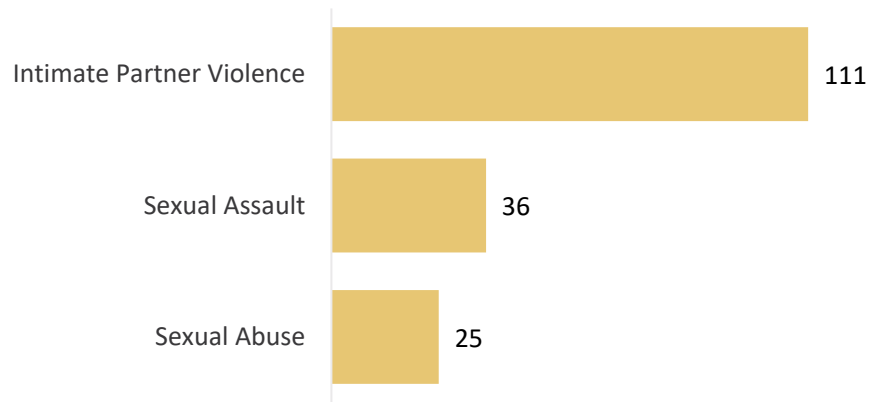
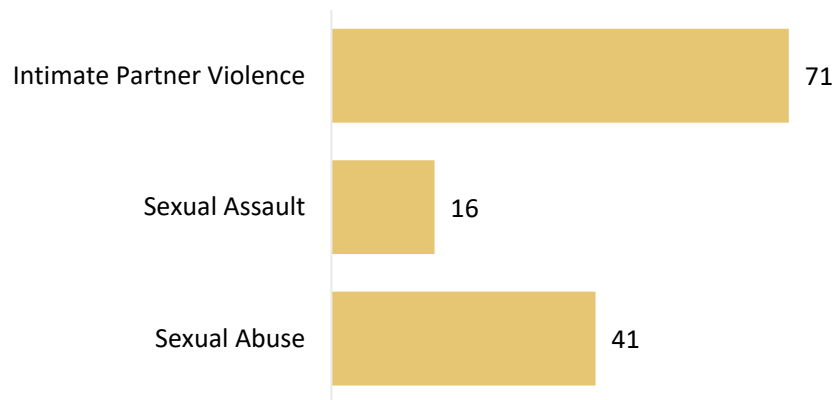


Figure 50. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Purpose Area 1 Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

Figure 51. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Purpose Area 1 Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

OBJECTIVE 3: TRAININGS

Figure 52. Number of Trainings Provided by DVP Purpose Area 1 Projects by Topic, 2019-2020

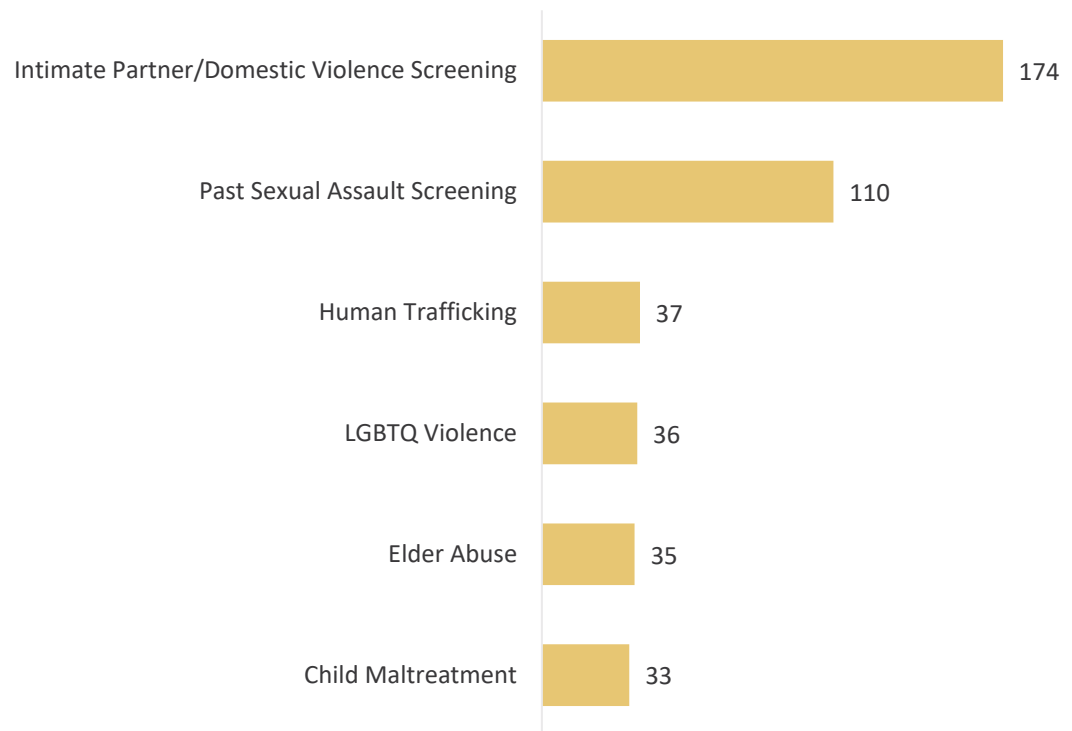
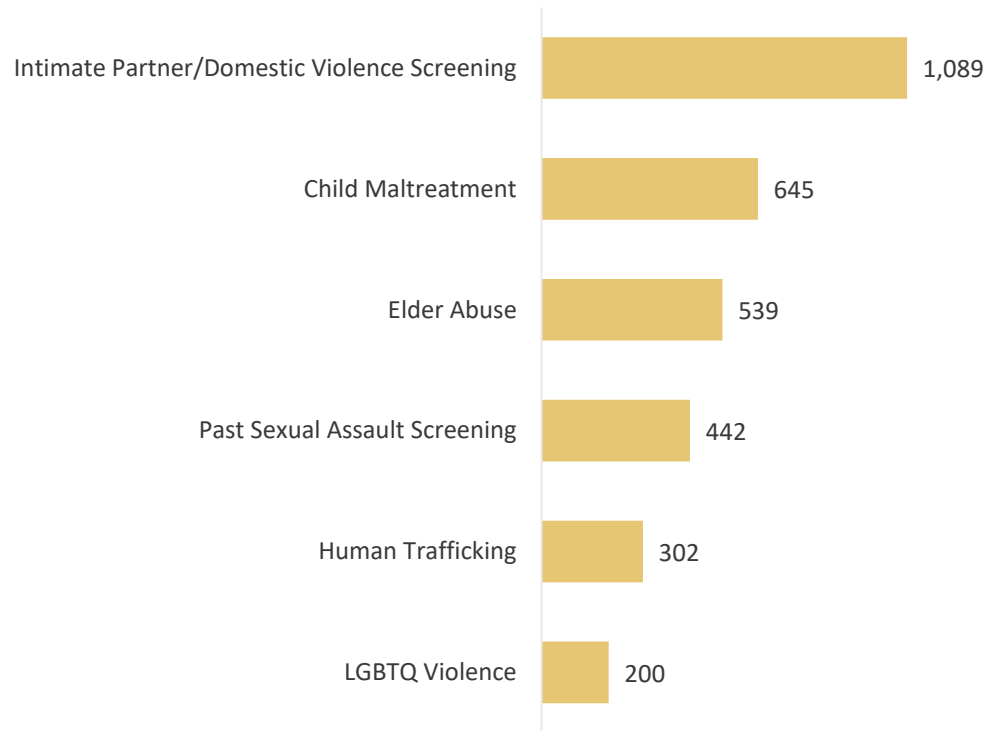


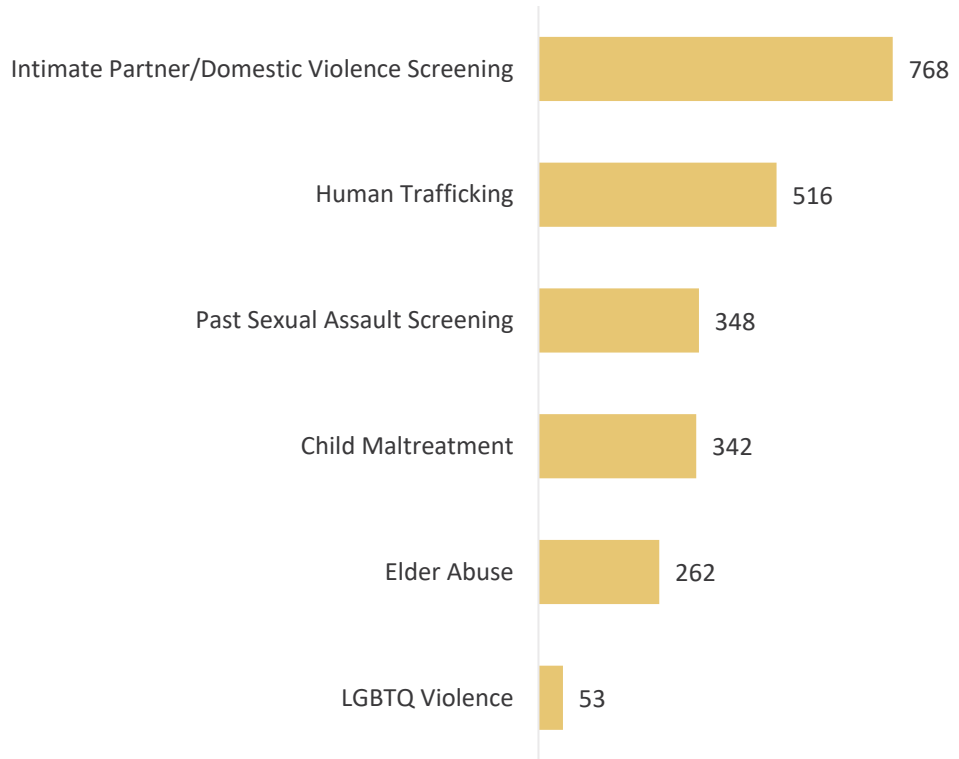
Figure 53. Number of Health Service Providers Trained by DVP Purpose Area 1 Projects by Topic, 2019-2020



DVP Purpose Area 1 projects provided training in medical forensic examinations to a total of **12** health care providers.

Across all DVP Purpose Area 1 projects, **968** providers were trained in Sexual Assault/Intimate Partner Violence Safety Planning, and **220** providers were trained in Sexual Assault/Intimate Partner Violence Danger Assessment.

Figure 54. Number of Non-Medical Service Providers Trained by DVP Purpose Area 1 Projects by Topic, 2019-2020



OBJECTIVE 4: COMMUNITY EDUCATION

COMMUNITY EDUCATION EVENTS

During the year 5 period (2019-2020), DVP Purpose Area 1 projects provided **864** community education events for adults and **1,382** community education events for youth. Across all Purpose Area 1 projects, **737** community trainings focused on domestic and sexual violence topics and a total of **12,062** community members were trained.

SOCIAL MEDIA

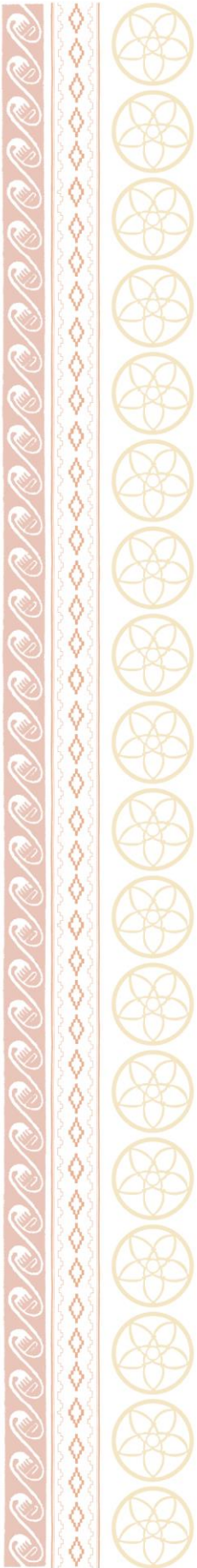
DVP Purpose Area 1 projects had a total of **1,396,209** social media encounters. They made a total of **4,690** social media posts about domestic violence and sexual violence prevention, and produced **219** radio, TV, and/or billboard ads about domestic violence and sexual violence.

Social media and other media platforms used by DVP Purpose Area 1 projects include:

- Facebook
- Instagram
- Twitter
- YouTube
- Snapchat
- LinkedIn
- Newsletter
- Website
- Listserv
- Local radio station
- Signage/posters/flyers/billboards
- Local newspaper
- Mass text messaging service
- Apple FaceTime
- Google Duo
- Zoom

Some DVP Purpose Area 1 projects were unable to reach the following populations:

- Agencies that provide domestic violence or sexual assault services
- Children (age 12 and under)
- Community members who do not attend events
- Community members who do not have internet service nor social media
- Community members who do not have transportation
- Elders
- Family court

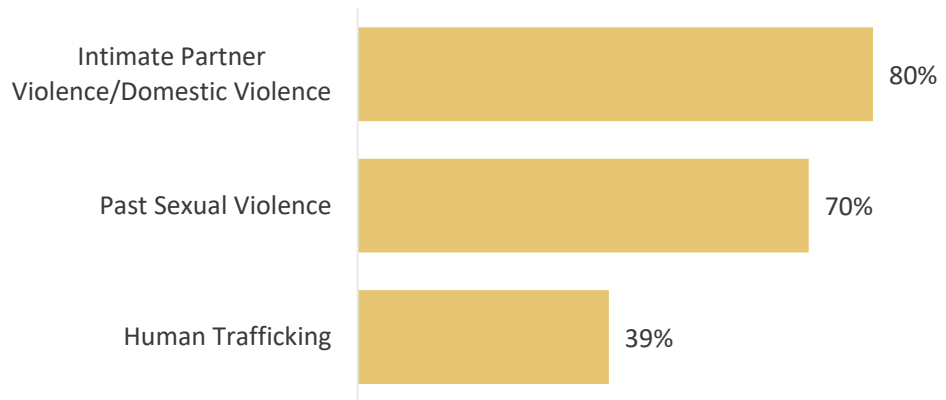


- First responders
- Incarcerated individuals (youth and adults)
- Individuals with substance abuse disorders
- Law enforcement
- LGBTQ population
- Medical providers
- Native American men, young adults, and boys in general
- Native American women in general
- Native American youth with “problematic sexual behaviors”
- Perpetrators/sex offenders/batterers
- Providers
- Remote populations
- School personnel (e.g. teachers)
- Tribal members in general
- Tribal members living in a tribally owned apartment complex
- Victims
- Young adult population (ages 18-24)

OBJECTIVE 5: ORGANIZATIONAL IMPROVEMENTS

ADULT SCREENINGS

Figure 55. Percent of DVP Purpose Area 1 Projects Providing Adult Screenings* by Screening Type, 2019-2020



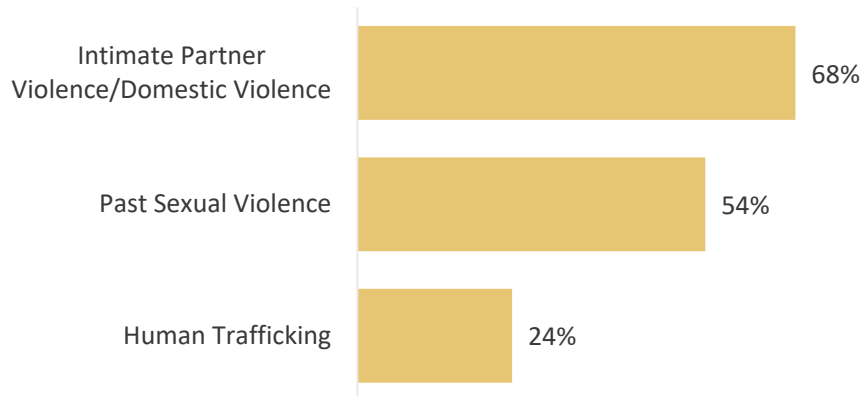
*Projects were able to select all that apply.

Table 8. Number of Adults Screened by DVP Purpose Area 1 Projects by Screening Type, 2019-2020

	N
Intimate Partner Violence/Domestic Violence	32,474
Past Sexual Assault	9,811
Human Trafficking	3,921

ADOLESCENT SCREENINGS

Figure 56. Percent of DVP Purpose Area 1 Projects Providing Adolescent Screenings by Screening Type, 2019-2020



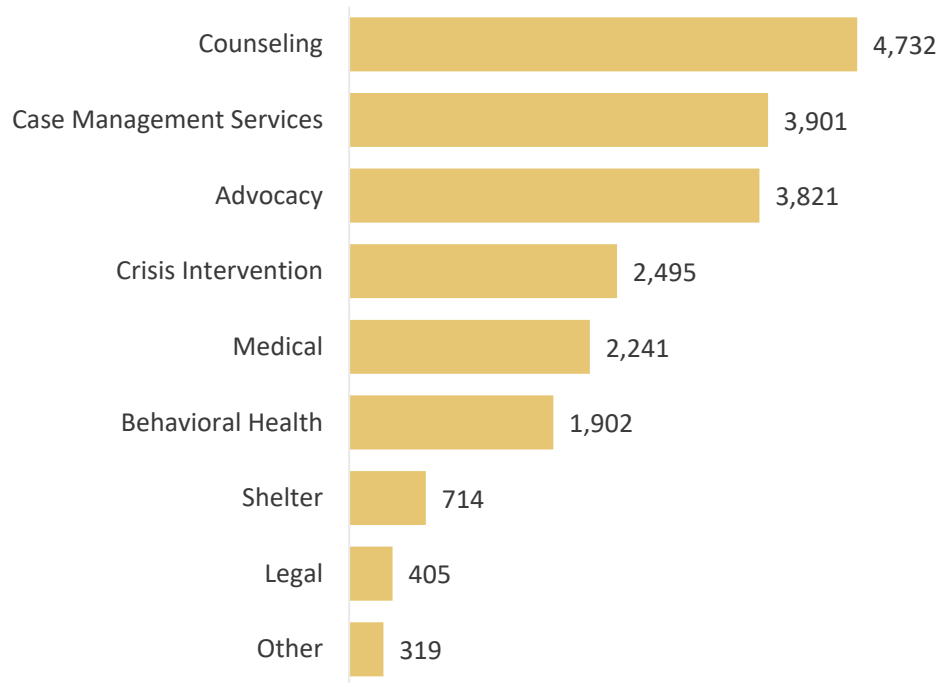
*Projects were able to select all that apply.

Table 9. Number of Adolescents Screened by DVP Purpose Area 1 Projects by Screening Type, 2019-2020

	N
Intimate Partner Violence/Domestic Violence	7,823
Past Sexual Assault	2,462
Human Trafficking	802

REFERRALS

Figure 57. Number of Referrals Completed by DVP Purpose Area 1 Projects by Service Type, 2019-2020



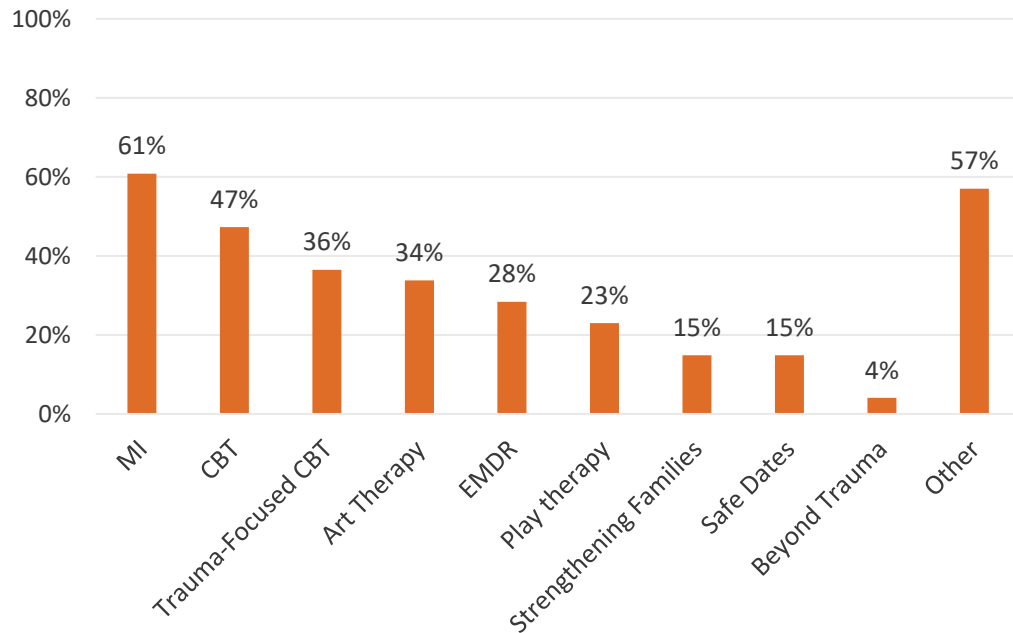
*Projects were able to select all that apply.

Total number of referrals completed by DVP Purpose Area 1 was **20,530**.

“Other” referral types include: virtual support groups, hygiene kits, “Hope Lines,” transportation (e.g., bus passes, Uber vouchers), shelter (e.g. transitional housing, emergency safe harbor hotel vouchers), babysitting services, financial & safety planning, employment services, 12-step support groups, substance abuse, residential recovery camp, financial assistance, Indian Child Welfare, food resources, police safety wellness checks, home visiting programs, tribal court, social security, veteran’s affairs, and other unspecified referrals.

EVIDENCE-BASED PRACTICES

Figure 58. Percentage of DVP Purpose Area 1 Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 58](#), the most common Evidence-Based Practices utilized among DVP Purpose Area 1 projects were Motivational Interviewing (61%) and Cognitive Behavioral Therapy (47%).

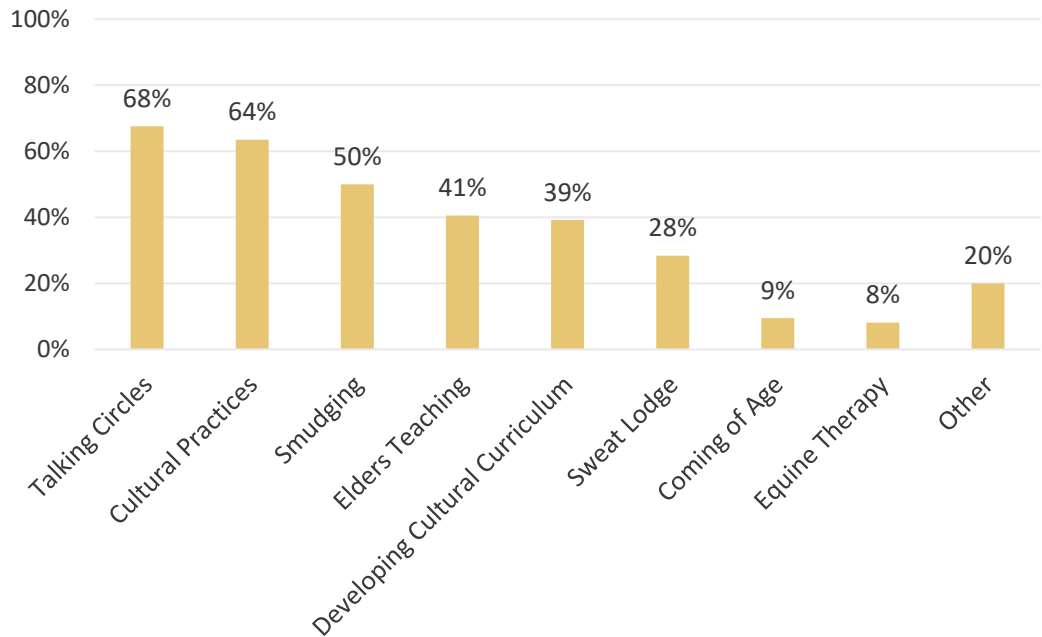
KEY:

CBT = Cognitive Behavioral Therapy
 EMDR = Eye Movement Desensitization and Reprocessing
 MI = Motivational Interviewing

“Other” evidence-based practices reported included: advocacy/sexual assault trainings for community members, elders, and advocates; American Indian Life Skills development curriculum; Dialectical Behavior Therapy (DBT); EFT; SFBT; seeking safety; Red Road; internal family systems therapy; group trauma treatment in early recovery; promoting safety; self-care curriculum; Duluth model; family spirit; fatherhood/motherhood is sacred; healthy relationships project; in her shoes; kids club model; pregnant moms empowerment group; discovery dating; matrix model groups; men’s recovery group; Mendez foundation’s “Too Good for Drugs/Too Good for Violence” curriculum; Native stand; dove self esteem; shifting boundaries; Native wellness life skills; Navajo wellness model; positive Indian parenting; nurturing parenting curriculum; lethality checklist; using the power in control wheel model; self curriculum; sharing important awareness and prevention tools on social media; traditional teachings and counseling for healing from violence & developing healthy relationships.

PRACTICE-BASED PRACTICES

Figure 59. Percentage of DVP Purpose Area 1 Projects Utilizing Practice-Based Practices, by Type, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 59](#), the most common Practice-Based Practices DVP Purpose Area 1 projects utilize are Talking Circles (68%) and cultural practices (i.e., beading, drumming, etc.) (64%).

“Other” practice-based practices reported by DVP projects include: traditional and western arts & crafts; cultural value reinforcement approach; elders teaching use of traditional medicines; gathering traditional foods and plants; food preservation; Healing Shaw Project; referral to outside agencies for practice-based practice services; martial arts; community garden; after-school programs; pipe and prayer ceremonies; nature walks; women’s leadership group; Native American language classes; Navajo wellness model; Diné Healthy Aging; Diné leadership; Diné kinship; traditional games; traditional Navajo rug weaving; and youth leadership camp.

OBJECTIVE 6: POLICIES AND PROCEDURES

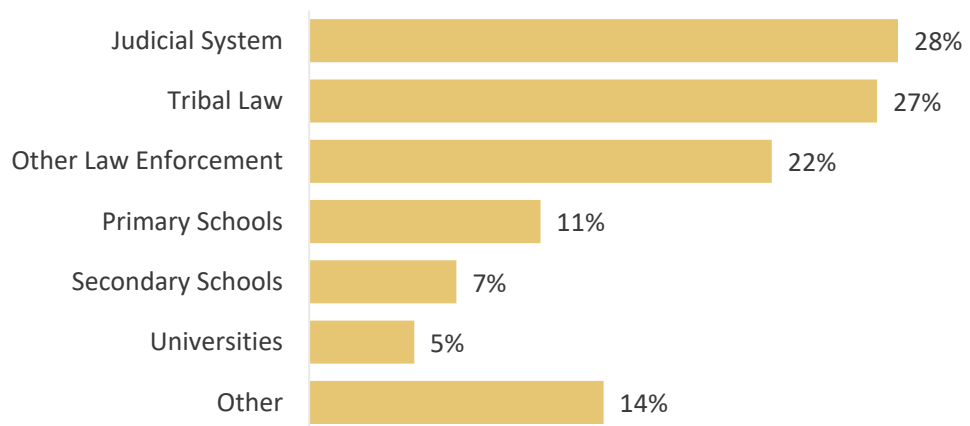
Figure 60. Percentage of DVP Purpose Area 1 Projects Implementing New Coordinated Community Response for Intimate Partner Violence, by Type, 2019-2020



Figure 61. Percentage of DVP Purpose Area 1 Projects Implementing New Coordinated Community Response for Sexual Assault, by Type, 2019-2020



Figure 62. Groups Included in Policies and Procedures Developed by DVP Purpose Area 1 Projects, 2019-2020

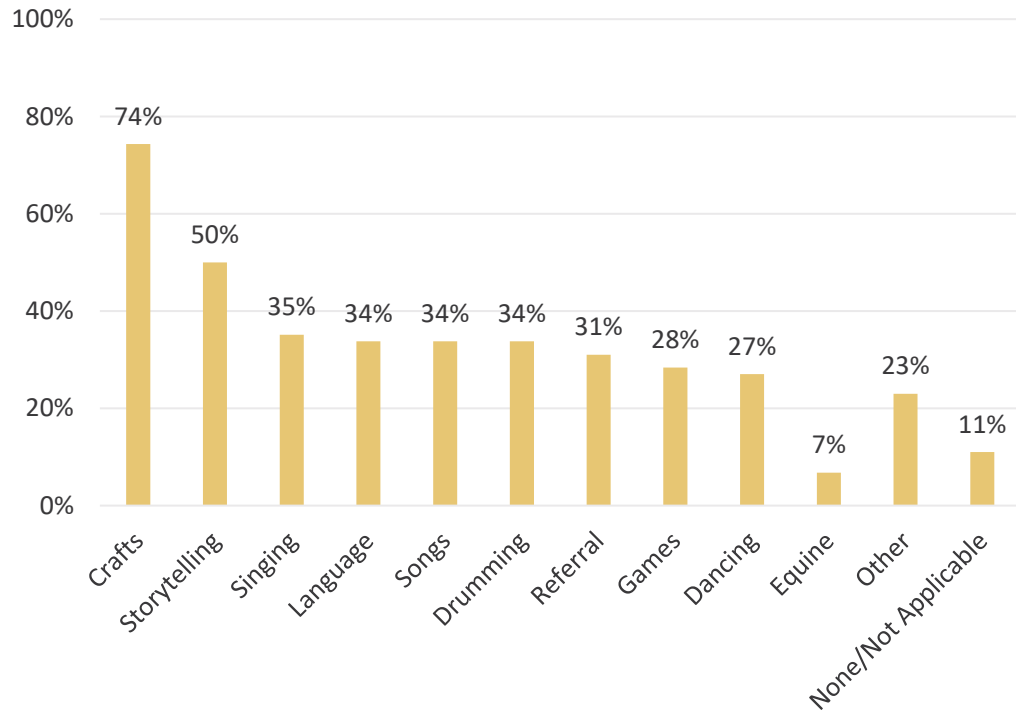


*Projects were able to select all that apply.

OBJECTIVE 7: HOLISTIC SERVICES

CULTURAL SERVICES

Figure 63. Percentage of DVP Purpose Area 1 Projects Providing Cultural Services by Service Type, 2019-2020*



*Projects were able to select multiple types.

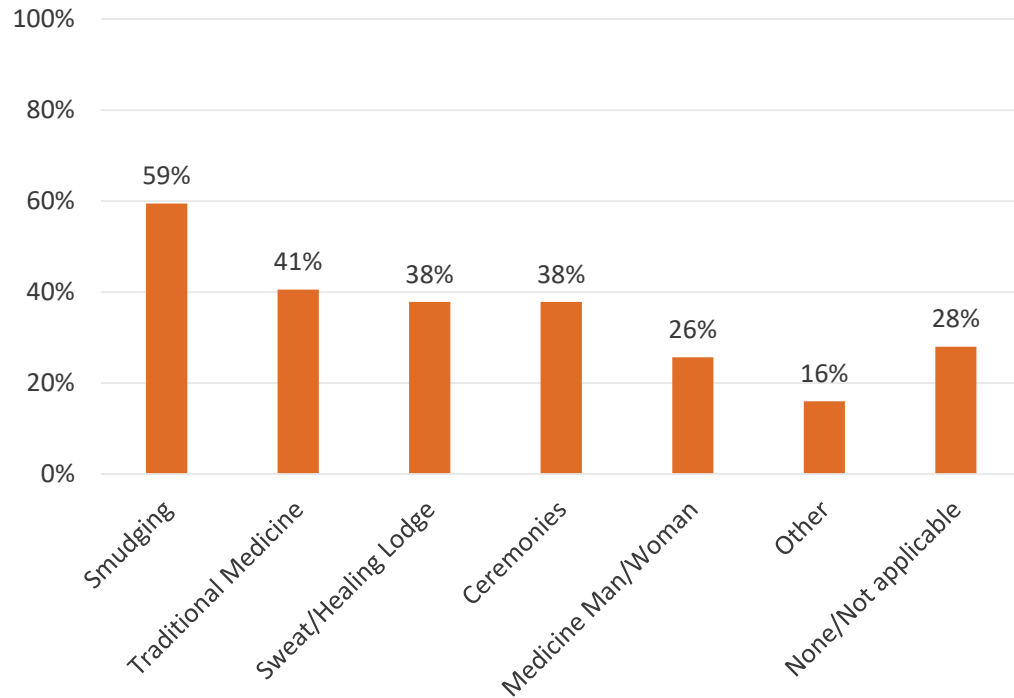
As evidenced in [Figure 63](#), the most common cultural services DVP Purpose Area 1 Projects include in activities are crafts (74%) and storytelling (50%).

“Other” cultural practices include: family wellness gathering; gathering traditional foods and plants; food preservation; horticulture; community garden; nature walks; cultural values reinforcement approach; “Healing to Wellness”; pipe and prayer ceremonies; women’s leadership group; funeral service support; “RezRIDERS program”; traditional tobacco smoking; smudging; cooking/sharing recipes; jewelry exchange; talking circles; Navajo wellness model; Duluth model; youth leadership camp; and cultural services were offered, but were funded through another grant.

A total of **18,969** individuals received cultural services from DVP Purpose Area 1 projects.

TRADITIONAL HEALING

Figure 64. Percentage of DVP Projects Providing Cultural Interventions by Traditional Healers, by Intervention Type, 2019-2020*



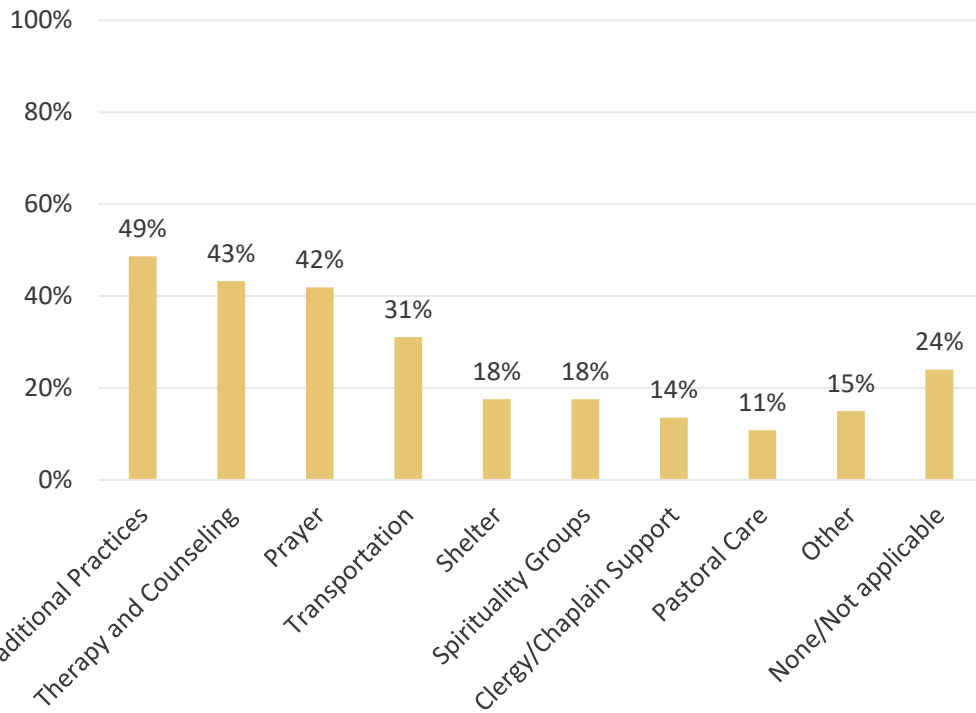
*Projects were able to select multiple types.

Figure 64 demonstrates that the most common traditional healing related practices DVP Purpose Area 1 project incorporate into activities include smudging (59%) and traditional medicine (41%).

“Other” traditional healing practices include: referral to other cultural intervention programs; referral to traditional counselor; culturally appropriate experiential education; online teachings from traditional healer; other traditional Navajo medicine practices (e.g. language, song, smoke, running, sweat lodge, family counseling techniques, and storytelling); home visits; talking circles; weekly drum group; and program does not offer cultural interventions and/or organization is not a direct service provider.

FAITH-BASED SERVICES

Figure 65. Percentage of DVP Purpose Area 1 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2019-2020



*Projects were able to select multiple types.

As evidenced in [Figure 65](#), the most common faith-based services DVP projects offer are traditional practices (49%), therapy and counseling (43%), and prayer (42%)

“Other” cultural practices include: program staff encourages clients to seek religious/spiritual/faith-based services and staff makes referrals as necessary; traditional welcome smudge kits to introduce clients to traditional medicines; trauma-related grief group; individualized care; and program does not offer cultural interventions and/or organization is not a direct service provider.

A total of **848** individuals received faith-based services from DVP Purpose Area 1 projects.

STAFFING

Figure 66. Percentage of DVP Purpose Area 1 Projects Experiencing Staff Turnover, 2019-2020

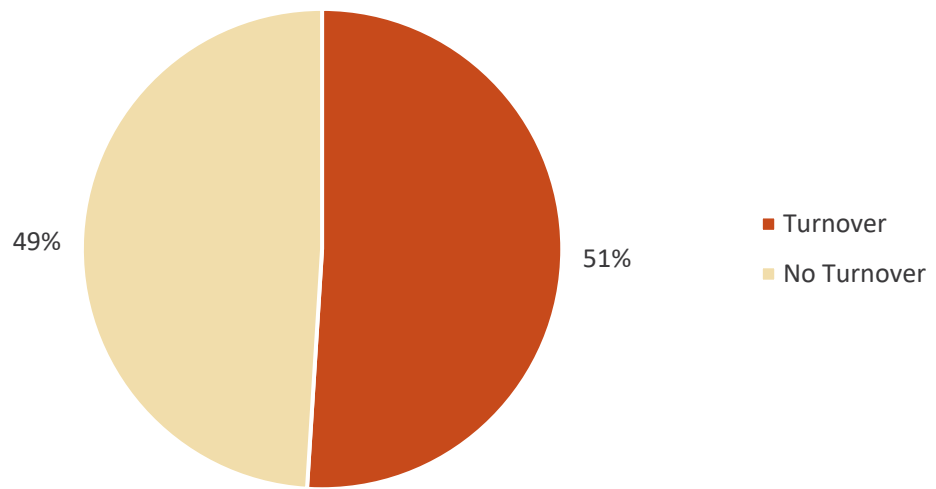


Figure 67. Percentage of DVP Purpose Area 1 Projects Able to Recruit, Hire, and Onboard Staff, 2019-2020

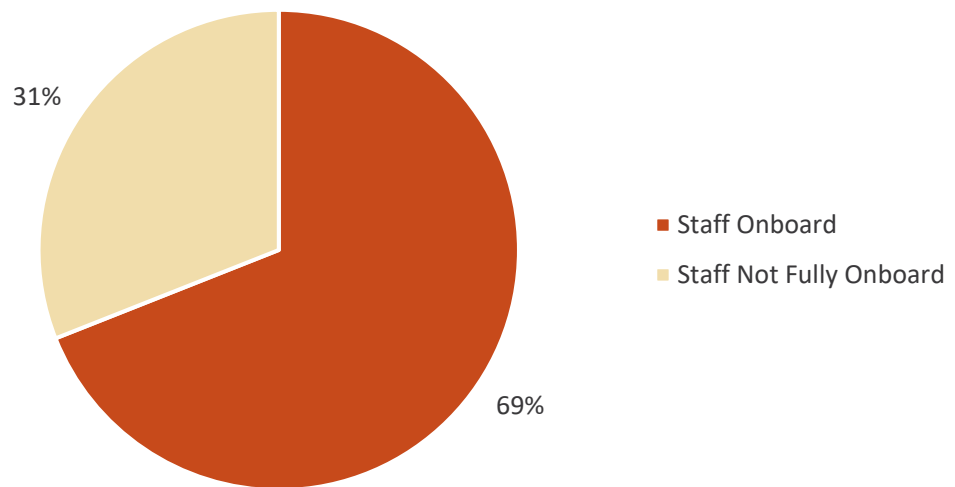


Figure 68. Percentage of DVP Purpose Area 1 Projects with a Full-Time Project Coordinator, 2019-2020

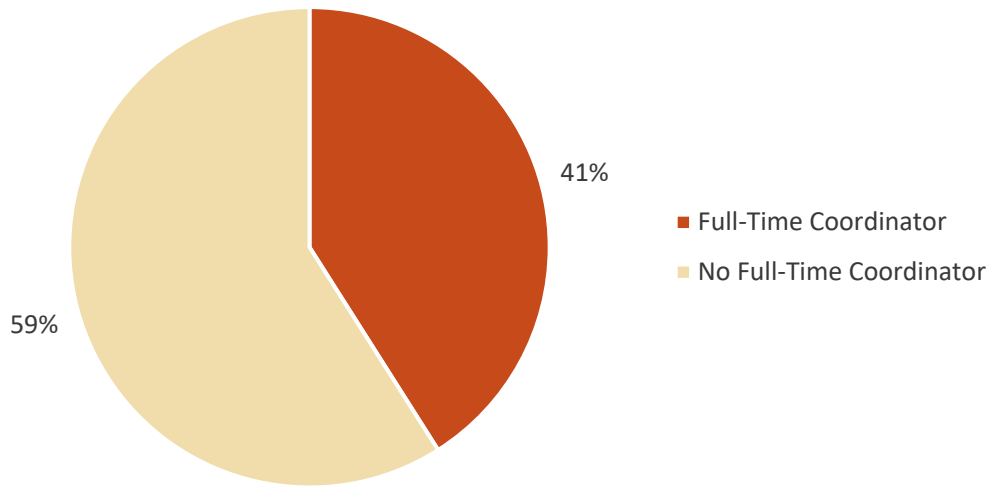


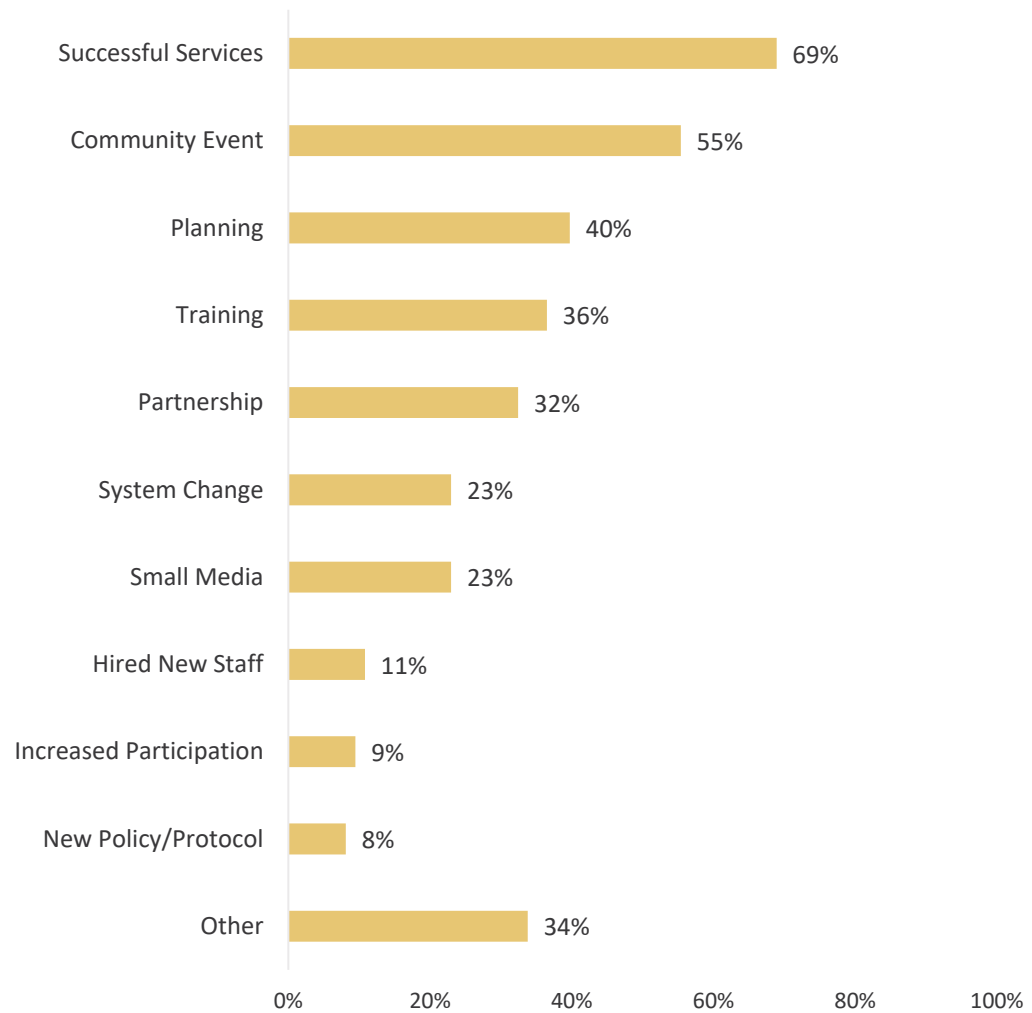
Table 10. Percentage of Time Paid to DVP Purpose Area 1 Project Coordinator from DVP Funding, 2019-2020

	N
Average	34.1%
Range	0 – 90%

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 69. Percentage of DVP Purpose Area 1 Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category

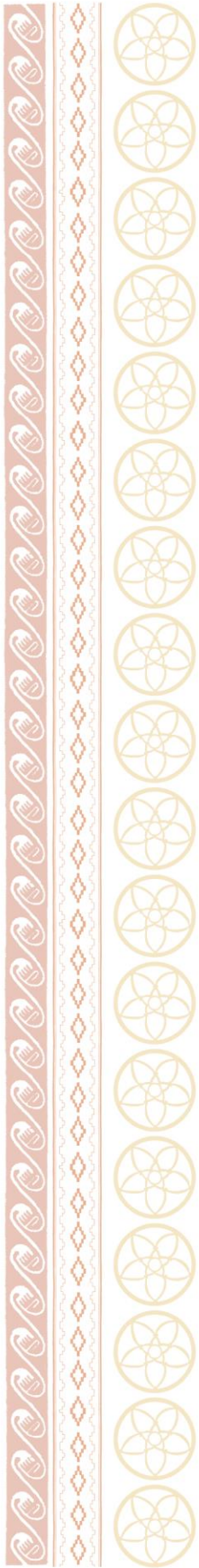


As evidenced in [Figure 69](#), the most common DVP Purpose Area 1 project accomplishments are hosting successful services (69%) and community events (55%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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

Table 11. DVP Purpose Area 1 Project Accomplishment Definitions

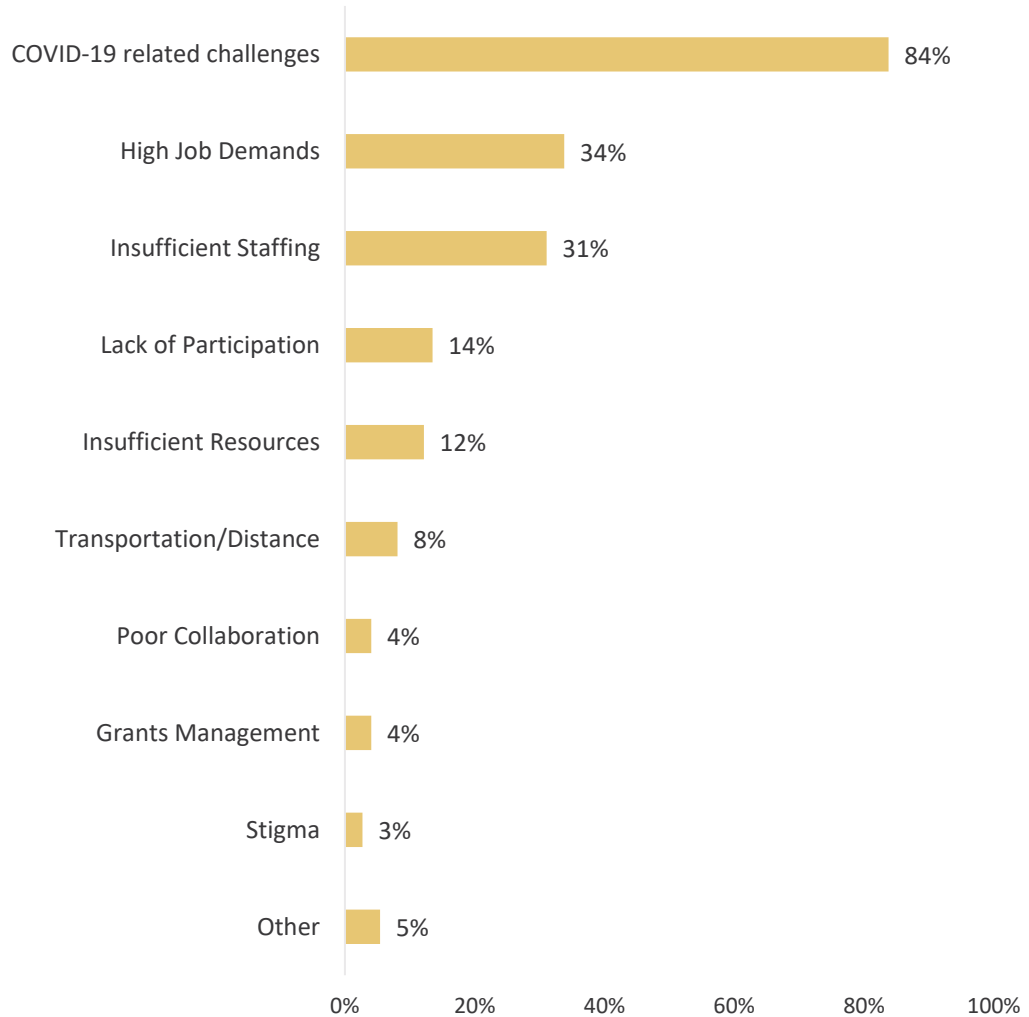
ACCOMPLISHMENT	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.



INCREASED PARTICIPATION	Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.
NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.
SMALL MEDIA	Project has implemented a small media-related activity during the reporting period. Examples include: billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g. Facebook).
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include: updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.
PLANNING	Project planning activities were identified as a key accomplishment during this reporting period.
OTHER	The other category included unique successes reported by two or fewer DVP projects during the reporting period. These included: Collaborating with entities; consistent number of attendees; increased community awareness/health promotion efforts; community outreach; completed program evaluation; continued partnership; communication with partners; assessment/analysis; toolkit assembly; improved services; program funding/maintenance; transportation; developed a resource list/materials; new office location; purchase resources; approved project proposals.

PROJECT CHALLENGES

Figure 70. Percentage of DVP Purpose Area 1 Projects Reporting Various Challenges/Barriers in 2019-2020

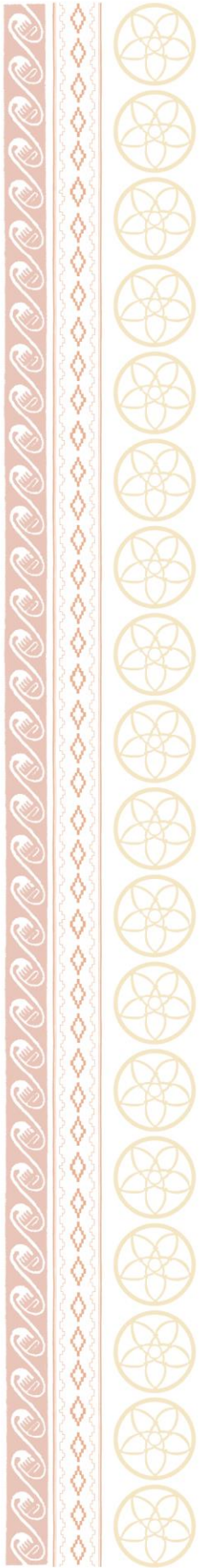


As evidenced in [Figure 70](#), the most common DVP Purpose Area 1 project challenges are COVID-19 related (84%). Definitions and examples for each barrier category are provided on the following pages of this report.

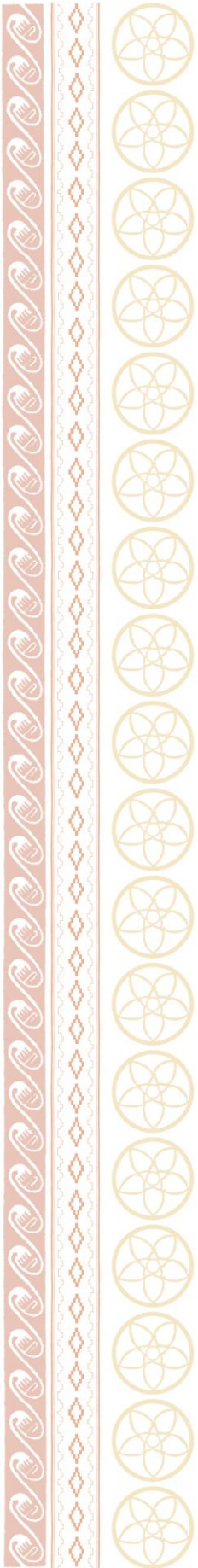
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 12. DVP Purpose Area 1 Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19 RELATED CHALLENGES	Projects cited impacts from COVID-19 pandemic, including closure of tribal lands and restricted entry to non-community members, delayed or cancelled events, limited access to internet and technology, travel bans, furloughed non-essential staff, social unrest from protests, resources re-directed to COVID-19 response, reduced demand for services due to stay-at-home orders, key partners closed or were shut down, high COVID-19 case load took precedence over project activities, and program needed to address mental health issues expressed by clients and survivors.
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier 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.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
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 exceeds local capacity.



<p>TRANSPORTATION/ DISTANCE</p>	<p>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.</p>
<p>GRANTS MANAGEMENT</p>	<p>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.</p>
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of domestic violence and/or sexual abuse issues among community members as a project barrier. In some instances, projects noted that stigma also limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: database-related challenges; lack of data tracking systems; office location; training issues; new policy/protocol.</p>



**SECTION 7:
DVP PURPOSE AREA 2 ONLY**

OBJECTIVE 1: EXPANSION OF SERVICES

Figure 71. Target Populations Provided Medical Forensic Services by DVP Purpose Area 2 Projects, 2019-2020



Figure 72. Target Populations Provided 24/7 Medical Forensic Services by DVP Purpose Area 2 Projects, 2019-2020

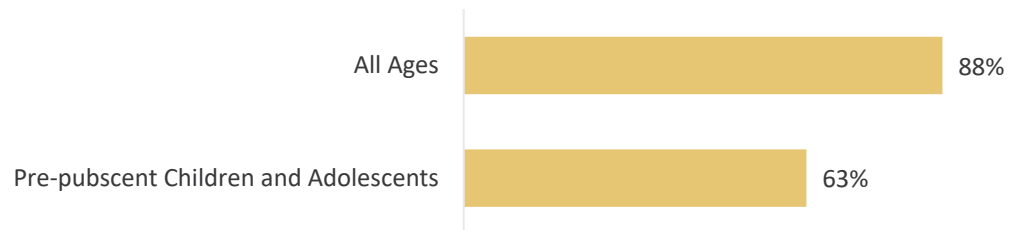
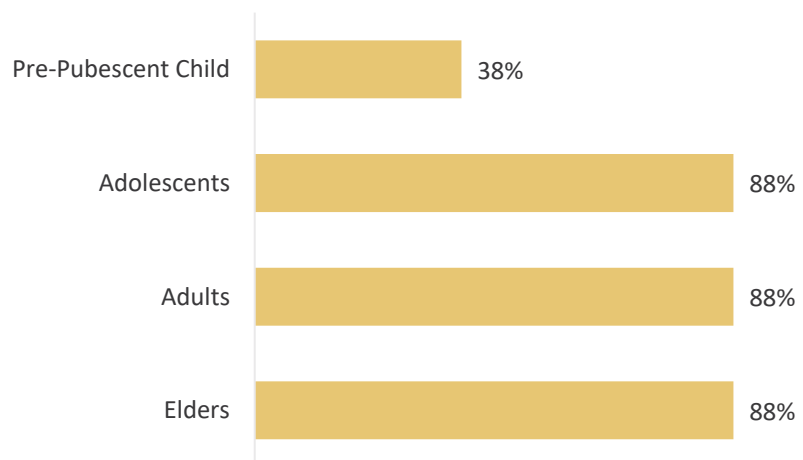
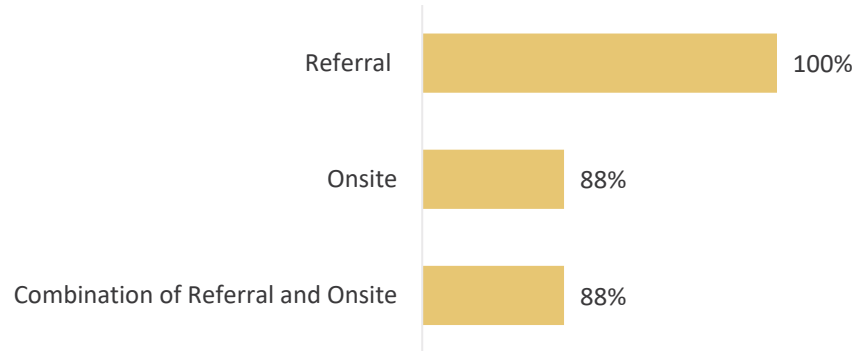


Figure 73. Target Populations for Medical Forensic Examination Services by DVP Purpose Area 2 Projects, 2019-2020*



*Projects were able to select multiple types.

Figure 74. Methods of Medical Forensic Examinations by DVP Purpose Area 2 Projects, 2019-2020

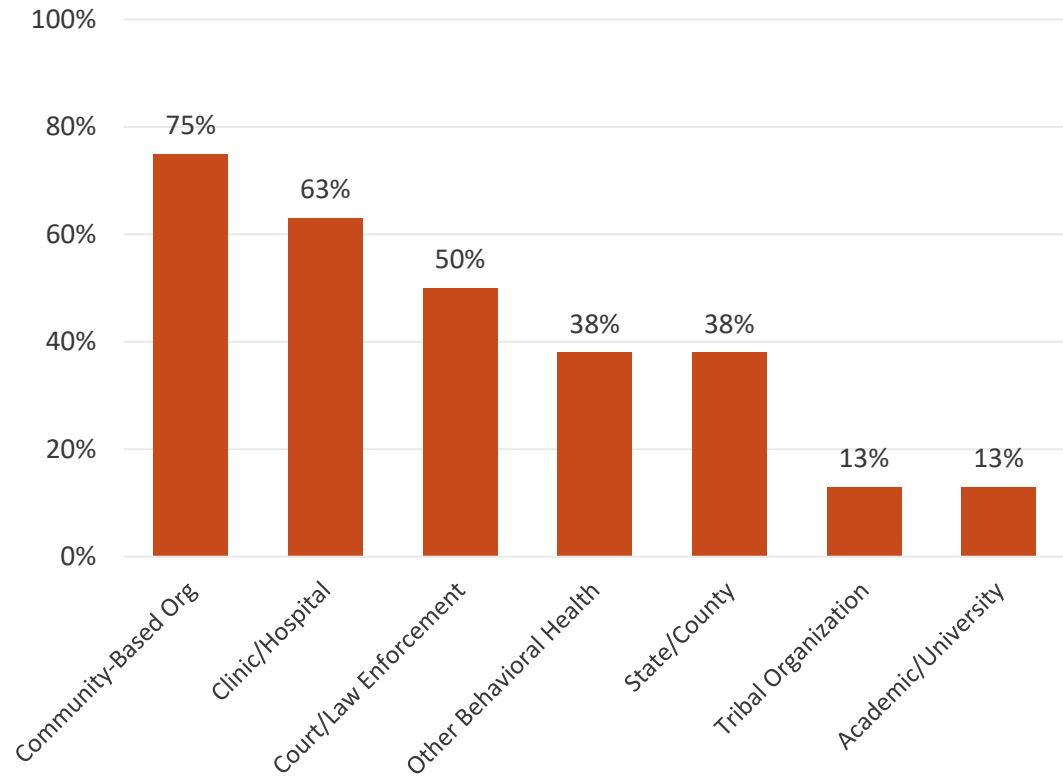


DVP Purpose Area 2 projects use a variety of methods to expand medical forensic services including:

- Sending emergency room staff to attend mandatory sexual assault trainings (other medical staff not working in the emergency department were encouraged to attend)
- Ensure staff trained in sexual assault/abuse/injuries/mental health issues are on site 24/7 to readily serve domestic violence survivors
- Increase number of staff trained to provide medical forensic photography for IPV/DV injuries
- Sexual assault team to also expand services to domestic violence survivors
- Expanding services to other communities by building relationships with outside partners
- Increase in staffing to serve domestic violence survivors (e.g. recruit more sexual assault examiners)
- Include all assault patients (e.g. crimes with weapons, elder abuse, pediatric patients)
- Training Registered Nurses (RNs) to serve acute pre-pubescent children
- Increase on-call medical forensic exam coverage

OBJECTIVE 2: PARTNERSHIPS

Figure 75. Most Common Types of Partners among DVP Purpose Area 2 Projects, 2019-2020*

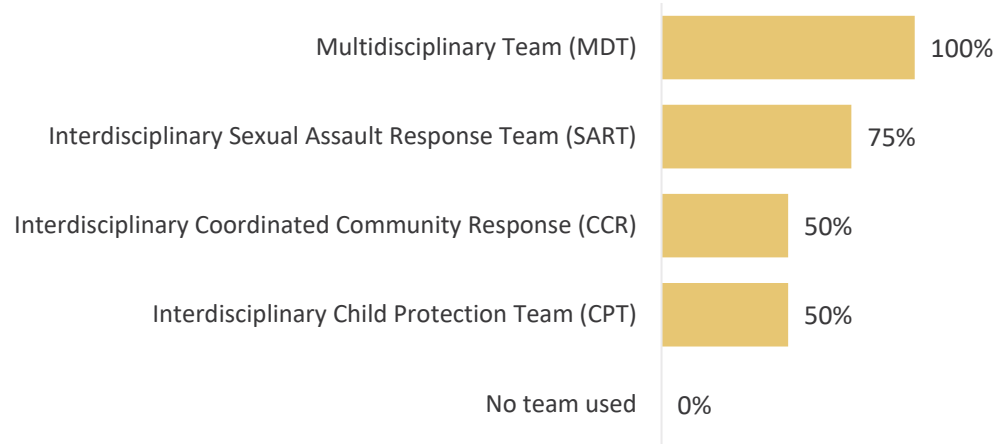


*Projects were able to select multiple types.

Table 13. Number of New and Enhanced Memoranda of Agreement (MOAs) among DVP Purpose Area 2 Projects, 2019-2020

	N
Total New Memoranda of Agreement (MOAs)	9
Total Enhanced Memoranda of Agreement (MOAs)	6

Figure 76. Percent of DVP Purpose Area 2 Projects Participating in Project Teams* by Team Type, 2019-2020



**Projects could participate in more than one type of team.*

Figure 77. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Purpose Area 2 Projects, 2019-2020

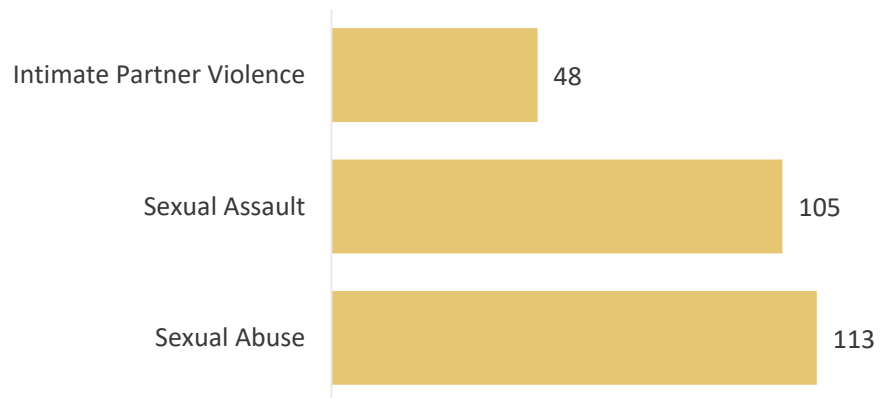
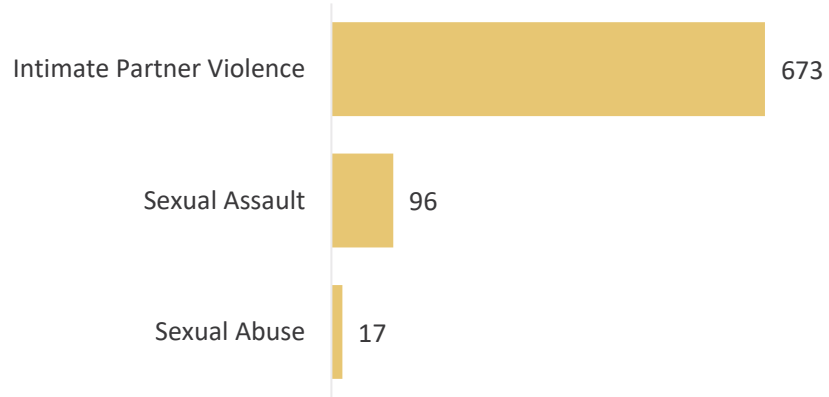
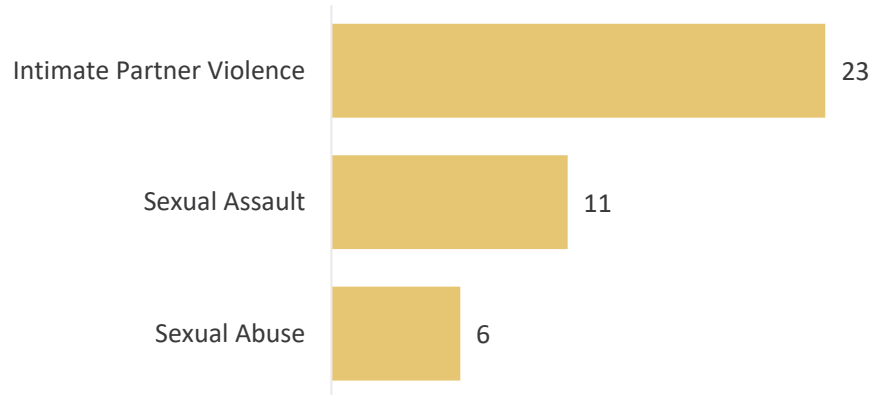


Figure 78. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Purpose Area 2 Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

Figure 79. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Purpose Area 2 Projects, 2019-2020



**Prosecutions may relate to cases reported in previous years.*

OBJECTIVE 3: EDUCATION AND TRAINING

Figure 80. Providers Receiving Didactic Adolescent/Adult Sexual Assault Examiner Training within DVP Purpose Area 2 Projects by Provider Type, 2019-2020

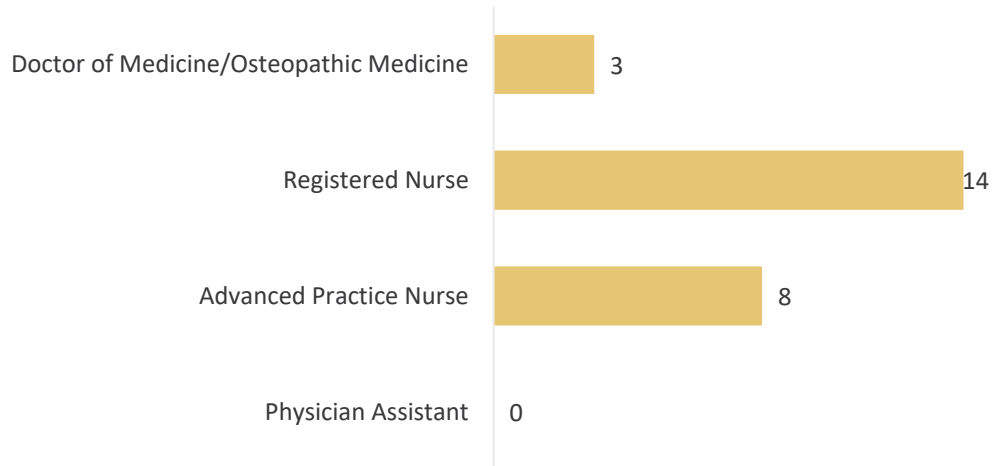


Figure 81. Providers Receiving Clinical Skills Training for Adolescent/Adult Patients within DVP Purpose Area 2 Projects by Type, 2019-2020

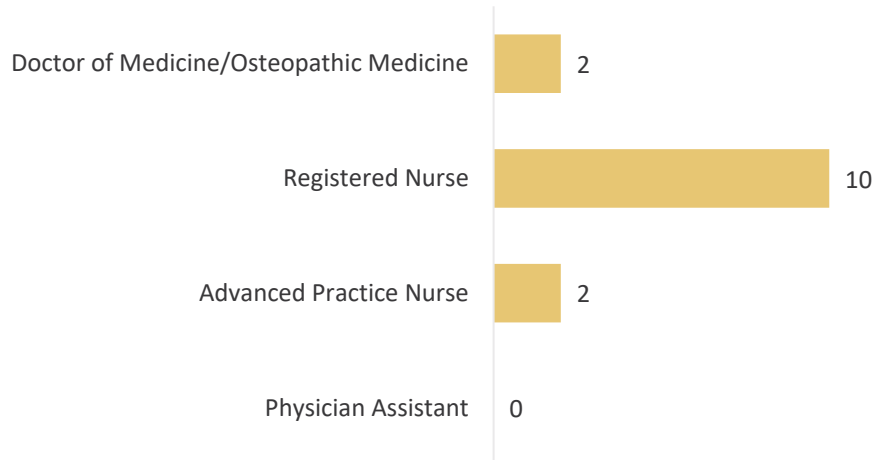


Figure 82. Providers who Received Didactic Intimate Partner Violence Examiner Training within DVP Purpose Area 2 Projects by Type, 2019-2020

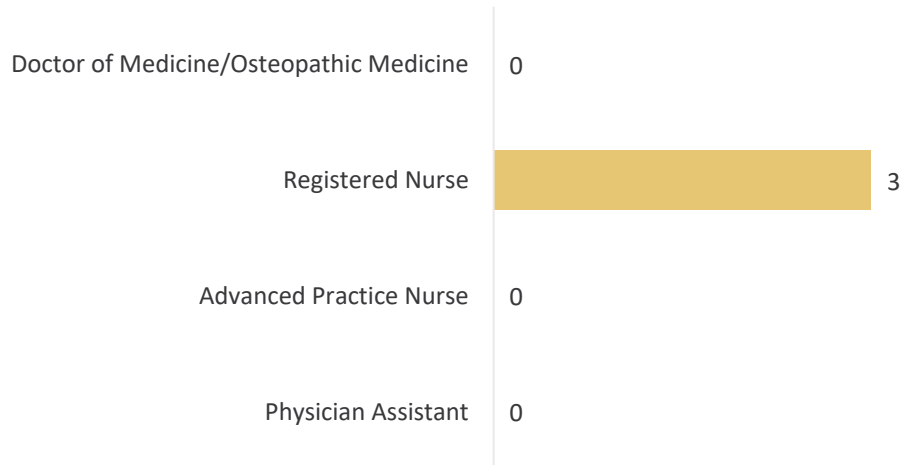


Figure 83. Providers Receiving Didactic Pediatric Sexual Assault Examiner Training within DVP Purpose Area 2 Projects by Type, 2019-2020

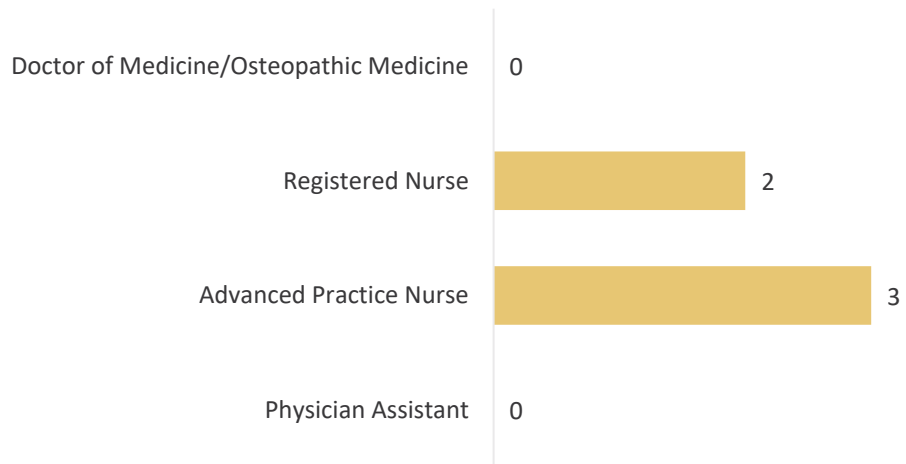


Figure 84. Providers Receiving Clinical Skills Training for Pediatric Patients within DVP Purpose Area 2 Projects by Type, 2019-2020

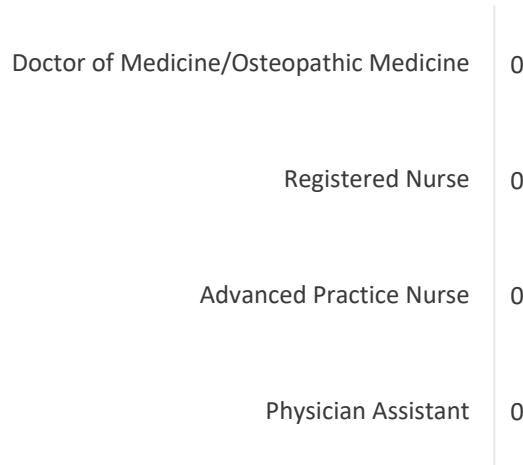
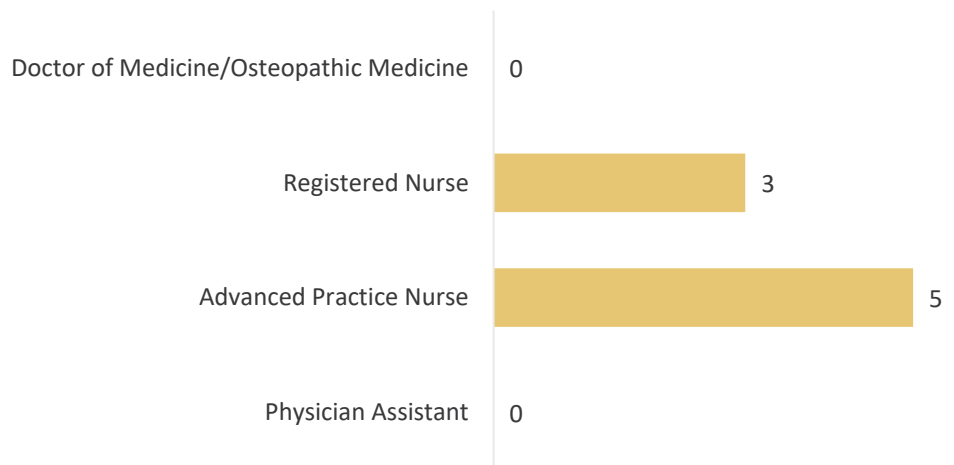
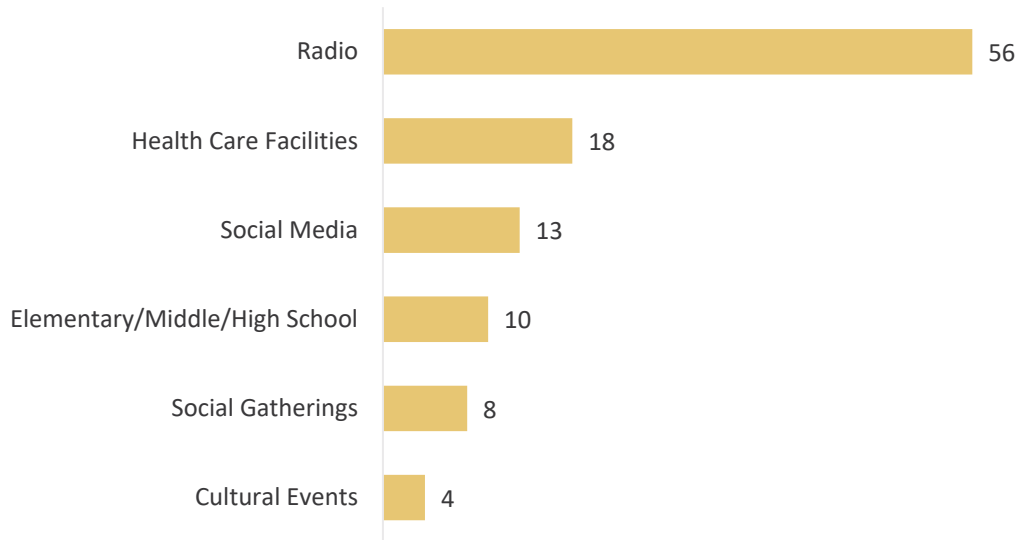


Figure 85. Providers Completing 2-hour Intimate Partner Violence Screening and Intervention Education Requirement within DVP Purpose Area 2 Projects by Type, 2019-2020



OBJECTIVE 4: COMMUNITY EDUCATION

Figure 86. Locations of Community Presentations on Medical Forensic Services by DVP Purpose Area 2 Projects, 2019-2020

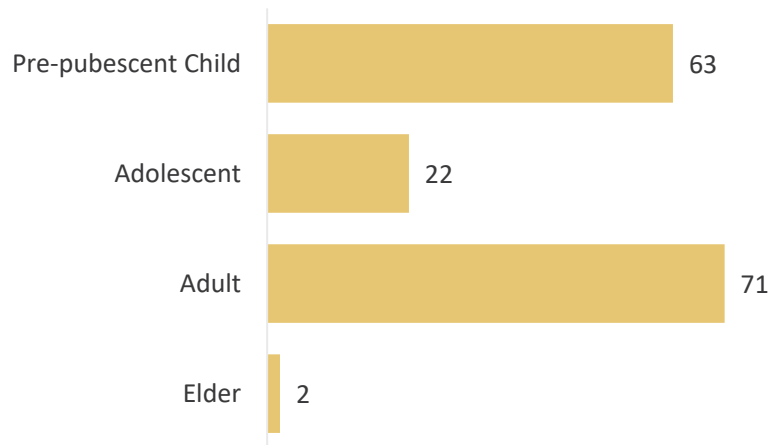


TOPICS RELATED TO MEDICAL FORENSIC SERVICES AT COMMUNITY EVENTS BY DVP PURPOSE AREA 2 PROJECTS

- What a sexual assault/domestic violence/intimate partner violence exam entails
- Sexual assault signs and symptoms
- Reporting a sexual assault
- What to do if you are assaulted
- Lethality of strangulation
- Availability of medical forensic services, advocacy, and confidential exams in the community
- Child abuse (sexual and physical)

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Figure 87. Number of Evidence Kits Collected by DVP Purpose Area 2 Projects by Age Group, 2019-2020



A total of **421** patients who received services from DVP Purpose Area 2 projects reported sexual assault.

Table 14. Number of Medical Exams Performed by DVP Purpose Area 2 Projects for Sexual Assault, 2019-2020

	N
Exams without an Evidence Kit	84
Exams with an Evidence Kit	143
Exams for Suspicion of Child Abuse	139

Table 15. Number of Patients Receiving Services from DVP Purpose Area 2 Projects by Service Type, 2019-2020

	N
Linked to Victim Advocate Services	252
Received Services from a Victim Advocate	63
Linked to Crisis Counseling Services	141
Informed of Sexual Assault/Intimate Partner Violence Safety Plan	333
Referred for Shelter Services	39
Reported to Law Enforcement	219
Referred to Traditional Healers	44,355

Table 16. Length of Time Patients Waited for a Medical Forensic Exam, 2019-2020

	N
Average Wait Time	1.7 mins
Range of Time Waited	0 – 6 mins

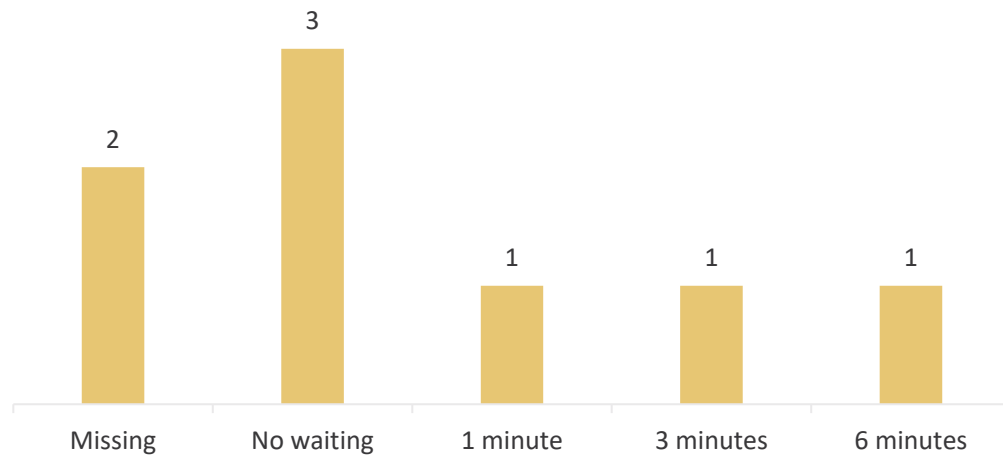


Figure 88. Number of Patients Receiving Prophylactic Medications by Condition Type from DVP Purpose Area 2 Projects, 2019-2020

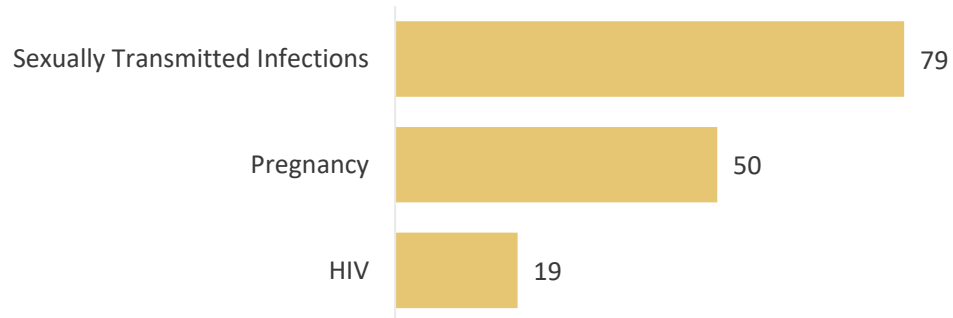


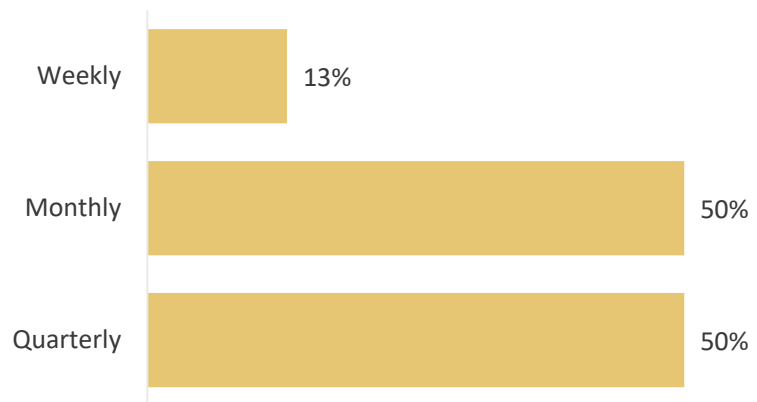
Table 17. Number of Health Providers Trained by DVP Purpose Area 2 Projects, by Training Topic, 2019-2020

	N
Screening for Intimate Partner Violence/Domestic Violence	40
Screening for History of Sexual Assault	41
Lethality Assessments	41
Sexual Assault/Intimate Partner Violence Safety Planning	41

Table 18. Number of Individuals Screened by DVP Purpose Area 2 Projects by Screening Type, 2019-2020

	N
Intimate Partner Violence/Domestic Violence	57
Sexual Assault	50
Strangulation	51

Figure 89. Frequency of Team Case Reviews by DVP Purpose Area 2 Projects, 2019-2020



Providers working with DVP Purpose Area 2 projects reviewed a total of **297** cases.

Figure 90. Percentage of DVP Purpose Area 2 Projects that Review All Cases at Team Case Reviews, 2019-2020

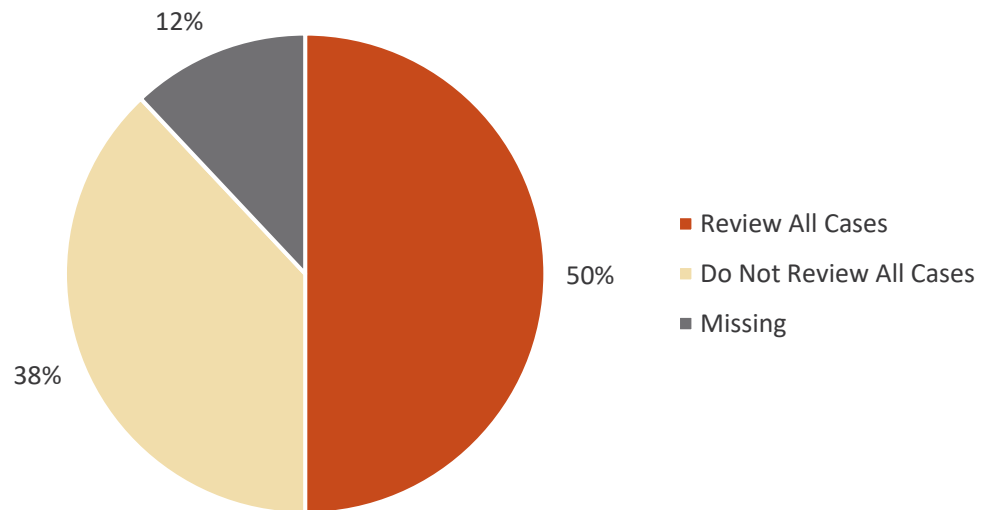
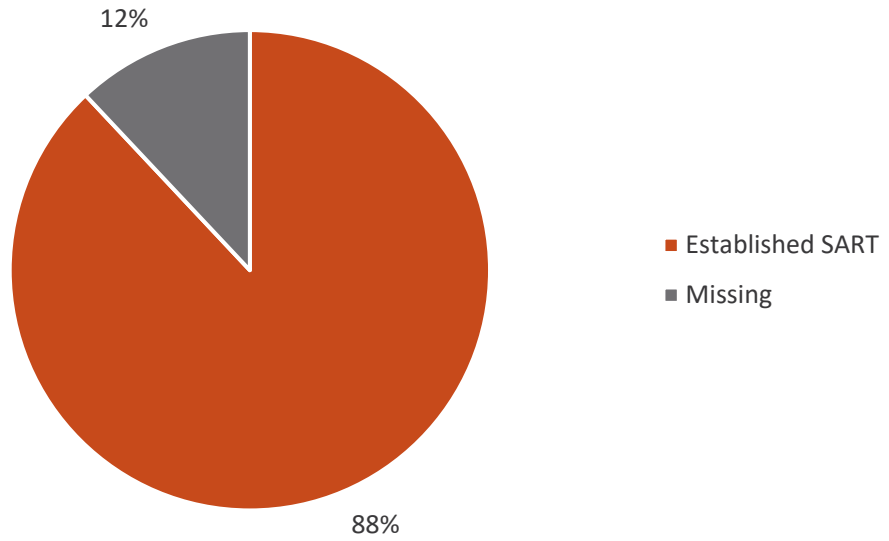
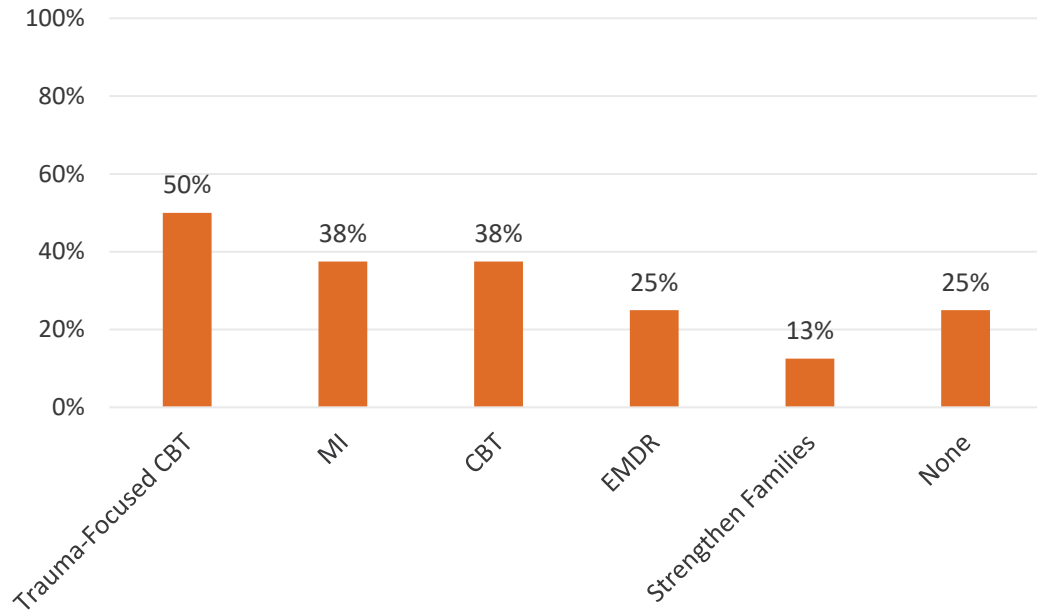


Figure 91. Percentage of DVP Purpose Area 2 Projects that Have a Sexual Assault Response Team (SART) Established, 2019-2020



EVIDENCE-BASED PRACTICES

Figure 92. Percentage of DVP Purpose Area 2 Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 92](#), the most common Evidence-Based Practices that DVP Purpose Area 2 projects utilize is Trauma Focused Cognitive Behavioral Therapy (50%).

“Other” evidence-based practices were not reported.

KEY:

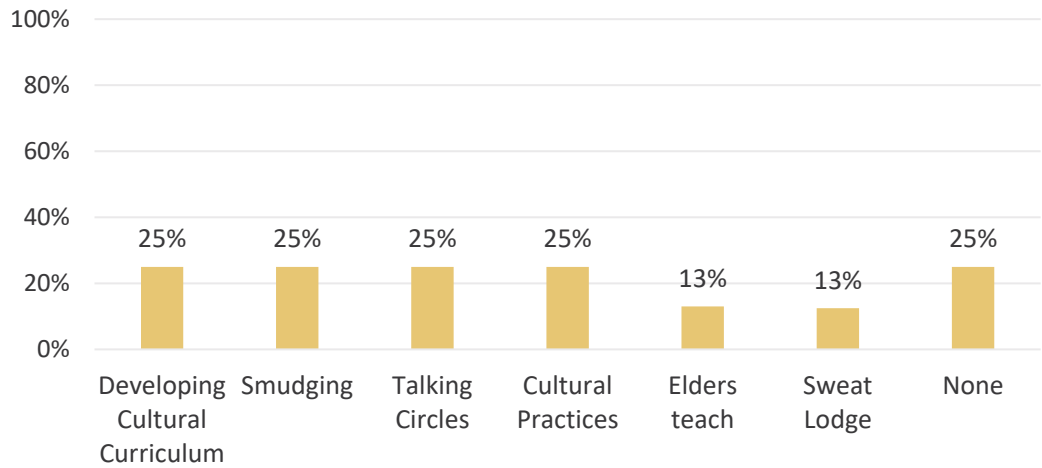
CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

PRACTICE-BASED PRACTICES

Figure 93. Percentage of DVP Projects Utilizing Practice-Based Practices by Type of Practice-Based Practice, 2019-2020*



*Projects were able to select multiple types.

As demonstrated in [Figure 93](#), the most common Practice-Based Practices DVP Purpose Area 2 projects utilize are developing a cultural curriculum (25%), smudging (25%), talking circles (25%) and cultural practices (25%).

“Other” practice-based practices were not reported.

Figure 94. Percentage of DVP Purpose Area 2 Projects that Assess Victims of Intimate Partner Violence/Domestic Violence and Sexual Assault for a History of Suicidal Ideation, 2019-2020

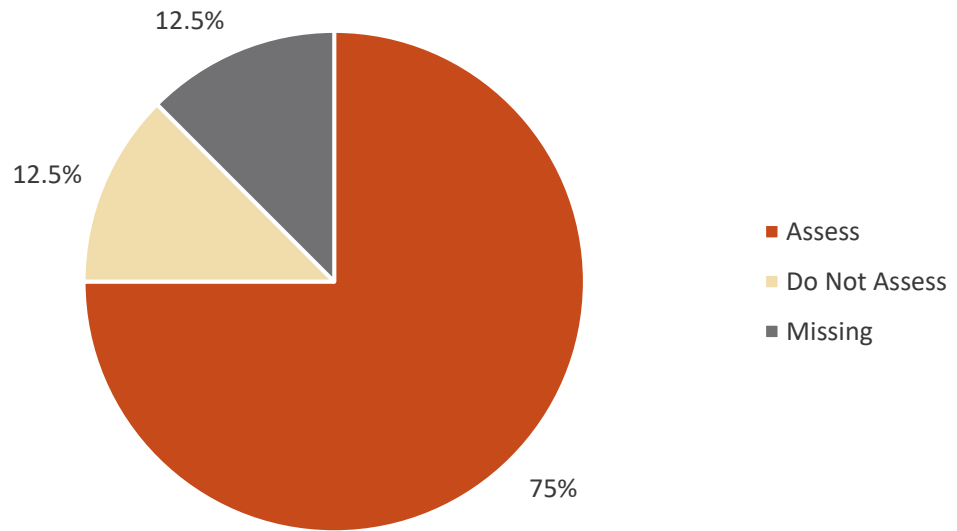
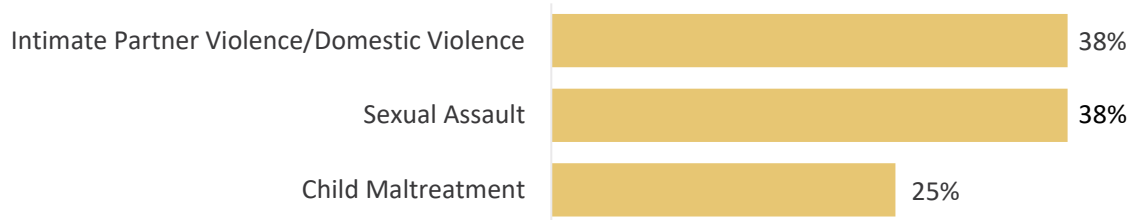
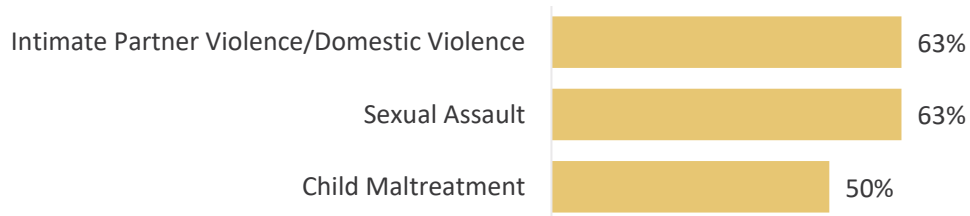


Figure 95. Percentage of DVP Purpose Area 2 Projects establishing a New Local Health System Policies in 2019 - 2020 for the following concerns*



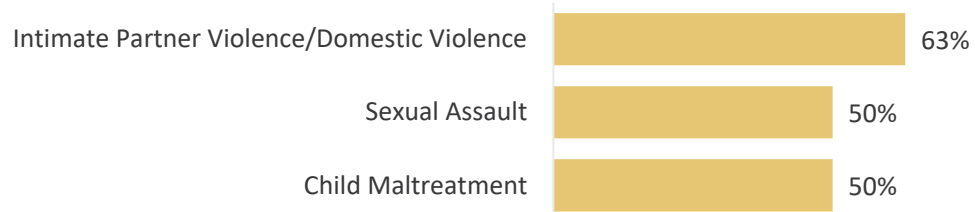
**Projects were able to select all that apply.*

Figure 96. Percentage of DVP Purpose Area 2 Projects enhancing Local Health System Policies in 2019 - 2020 for the following concerns*



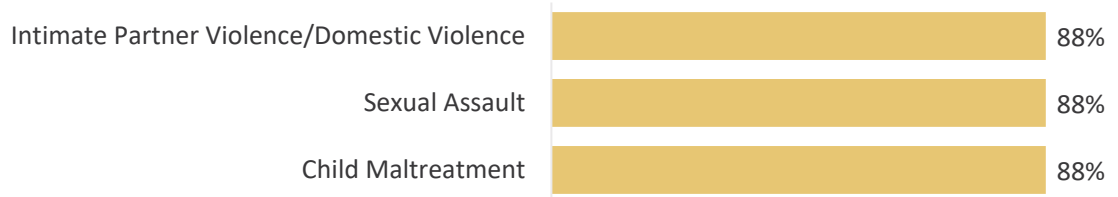
**Projects were able to select all that apply.*

Figure 97. Percentage of DVP Purpose Area 2 Projects implementing new activities for Screening/Assessment in 2019-2020 for the following concerns*



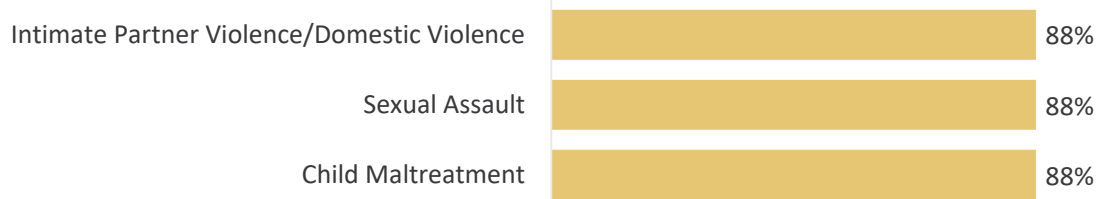
**Projects were able to select all that apply*

Figure 98. Percentage of DVP Purpose Area 2 Projects with facility treatment policies in place in 2019 - 2020 for the following concerns*



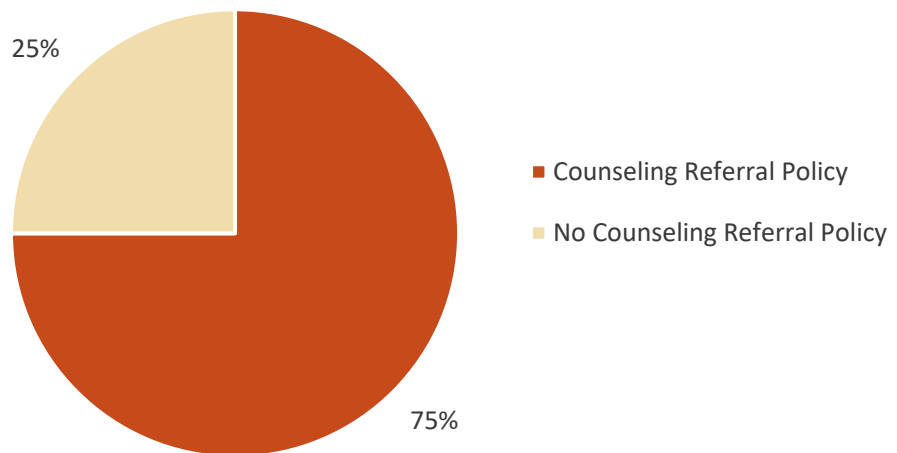
**Projects were able to select all that apply.*

Figure 99. Percentage of DVP Purpose Area 2 Projects with Safety Planning Policies and Procedures in place in 2019 - 2020 for the following concerns*



**Projects were able to select all that apply.*

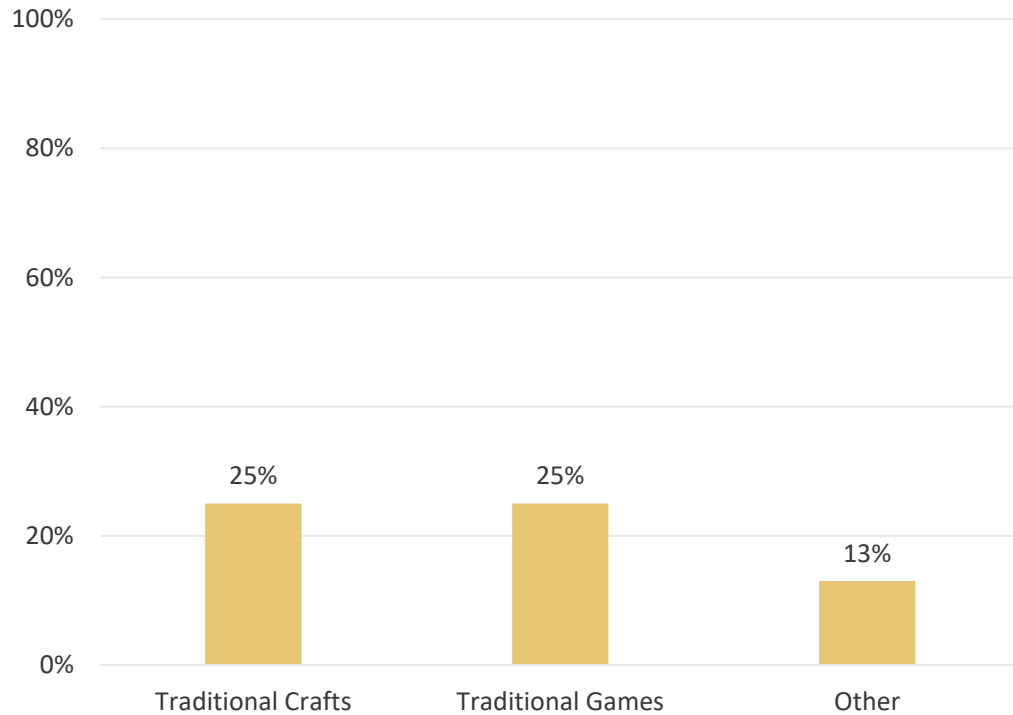
Figure 100. Percentage of DVP Purpose Area 2 Projects that Have a Written Referral Policy in Place for Rape Crisis Counseling, 2019-2020



OBJECTIVE 7: HOLISTIC SERVICES

CULTURAL SERVICES

Figure 101. Percentage of DVP Purpose Area 2 Projects Integrating Cultural Services into Project Services* by Type, 2019-2020



*Projects were able to select multiple types.

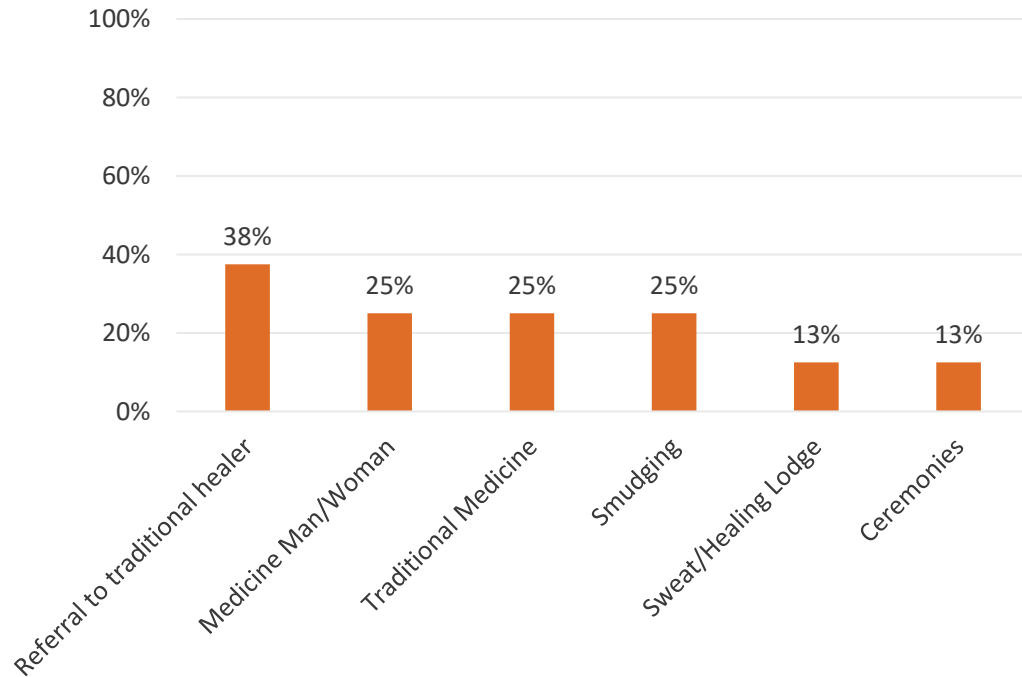
As evidenced in [Figure 101](#), the most common cultural services DVP Purpose Area 2 projects provide are traditional crafts (25%), and traditional games (25%).

“Other” cultural practices include: referral to traditional healers; offering of sage, cedar, and sweet grass.

A total of **29** individuals received cultural services from DVP Purpose Area 2 projects.

TRADITIONAL HEALING

Figure 102. Percentage of DVP Purpose Area 2 Projects Integrating Traditional Healing into Project Services* by Type, 2019-2020

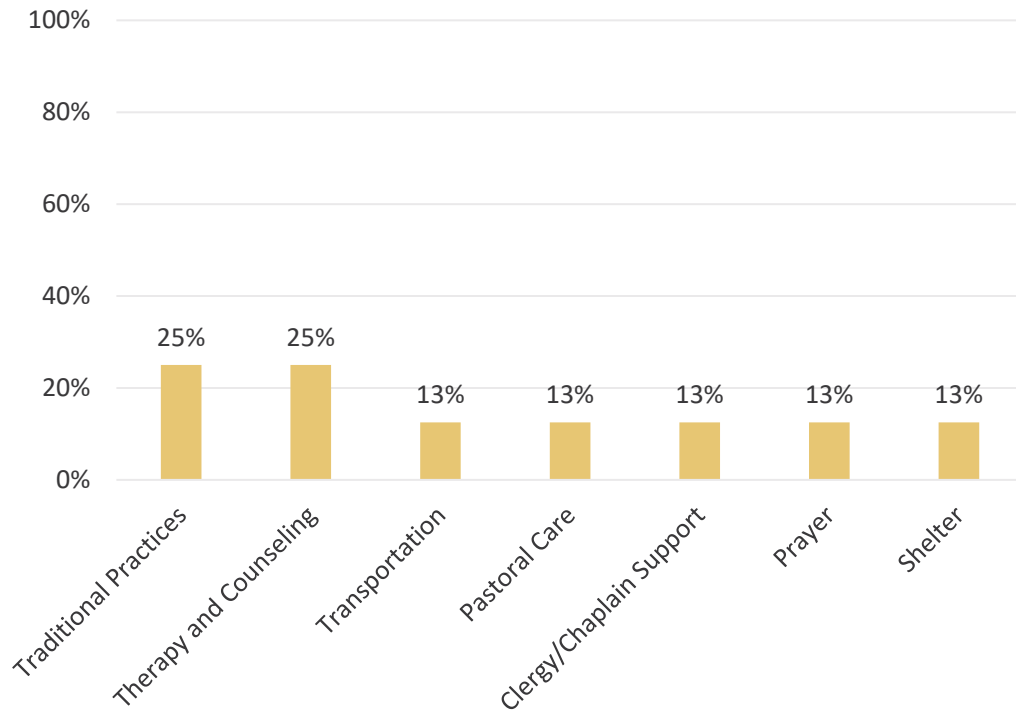


*Projects were able to select multiple types.

Figure 102 demonstrates the most common traditional healing related practice that DVP Purpose Area 2 Projects include in activities is referral to traditional healer (38%).

FAITH-BASED SERVICES

Figure 103. Percentage of DVP Purpose Area 2 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2019-2020



*Projects were able to select multiple types.

As evidenced in [Figure 103](#), the most common faith-based service DVP Purpose Area 2 projects provide are traditional practices (25%) and therapy and counseling (25%).

A total of **27** individuals received faith-based services from DVP Purpose Area 2 projects.

DVP Purpose Area 2 projects hosted **1** educational event on the incorporation of culture and tradition into care and trained **39** health providers in incorporation of culture into the care of victims of sexual assault and domestic violence.

STAFFING

Figure 104. Percentage of DVP Purpose Area 2 Projects Experiencing Staff Turnover, 2019-2020

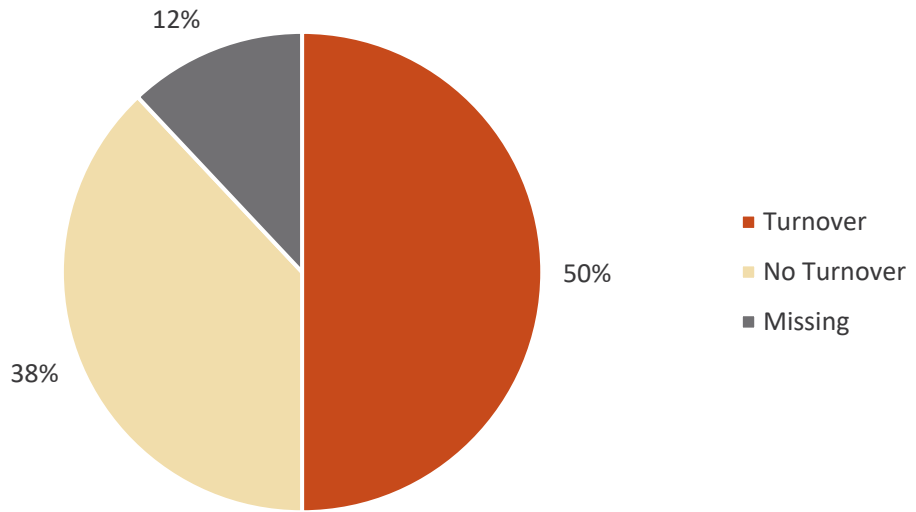


Figure 105. Percentage of DVP Purpose Area 2 Projects Able to Recruit, Hire, and Onboard Staff, 2019-2020

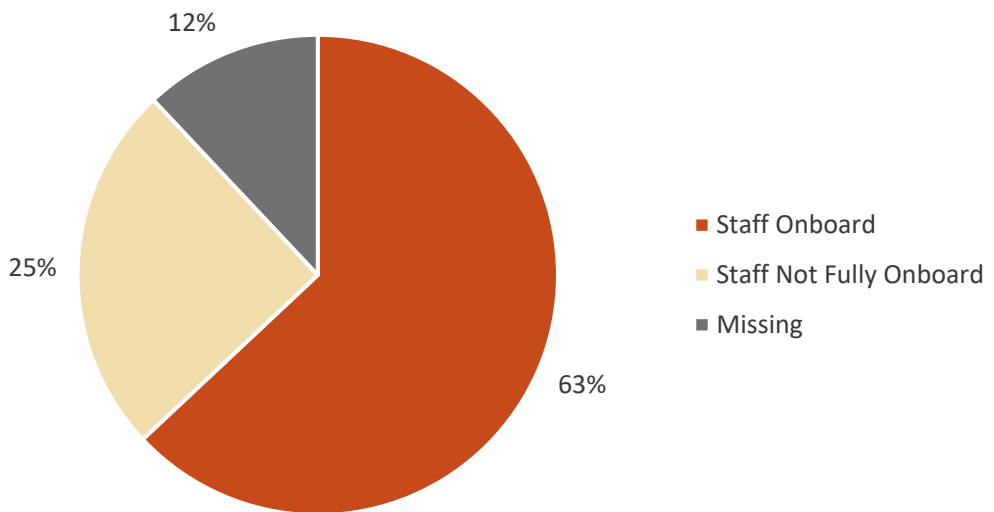


Figure 106. Percentage of DVP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2019-2020

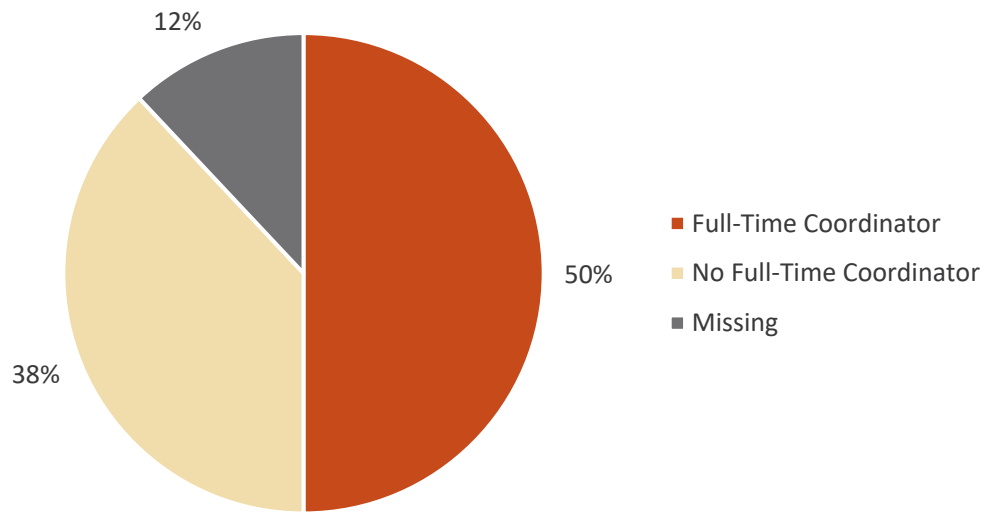


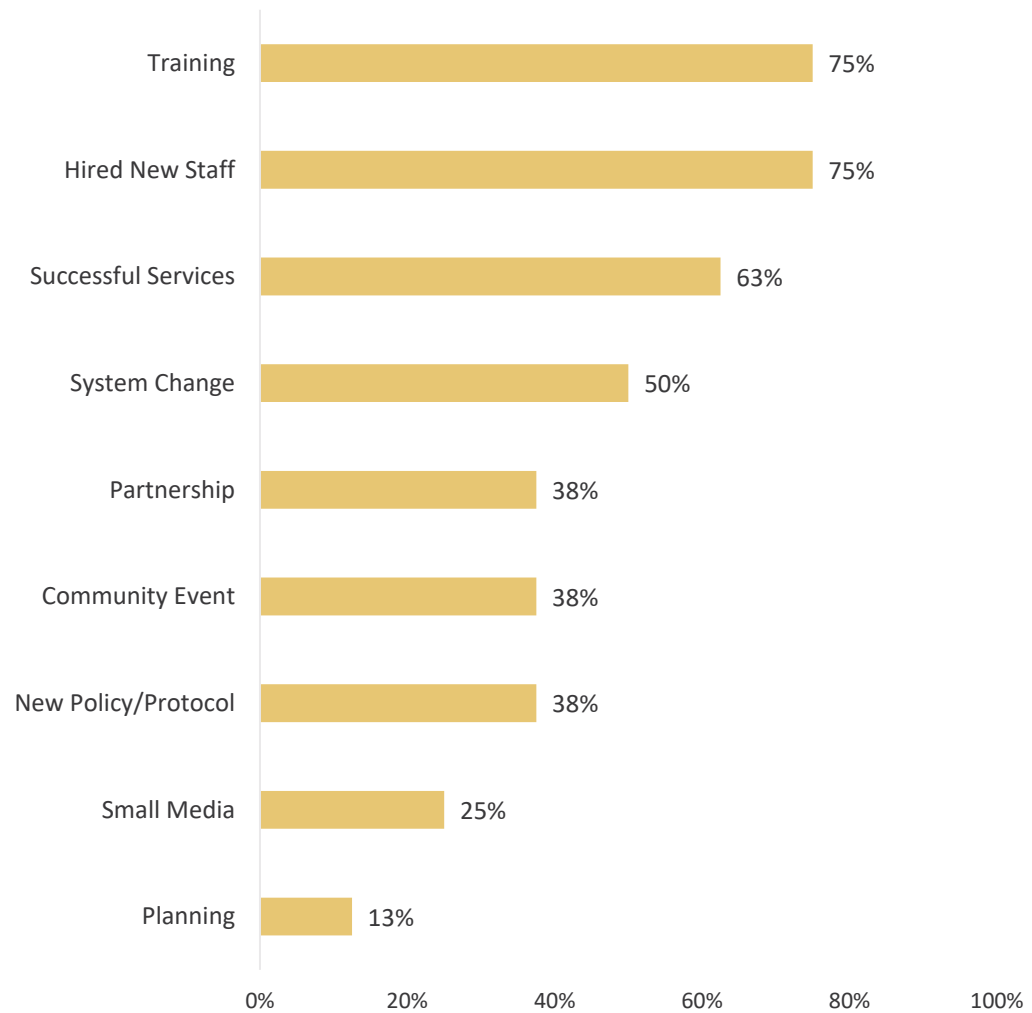
Table 19. Percentage of Time Paid to DVP Purpose Area 2 Project Coordinator from DVP Funding, 2019-2020

	N
Average	50%
Range	0 – 50%

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 107. Percentage of DVP Purpose Area 2 Projects Reporting Various Accomplishments in 2019-2020, by Accomplishment Category



As evidenced in [Figure 107](#), the most common DVP Purpose Area 2 project accomplishments are training (75%) and hired new staff (75%). Definitions and examples for each accomplishment 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 accomplishments each project could report.

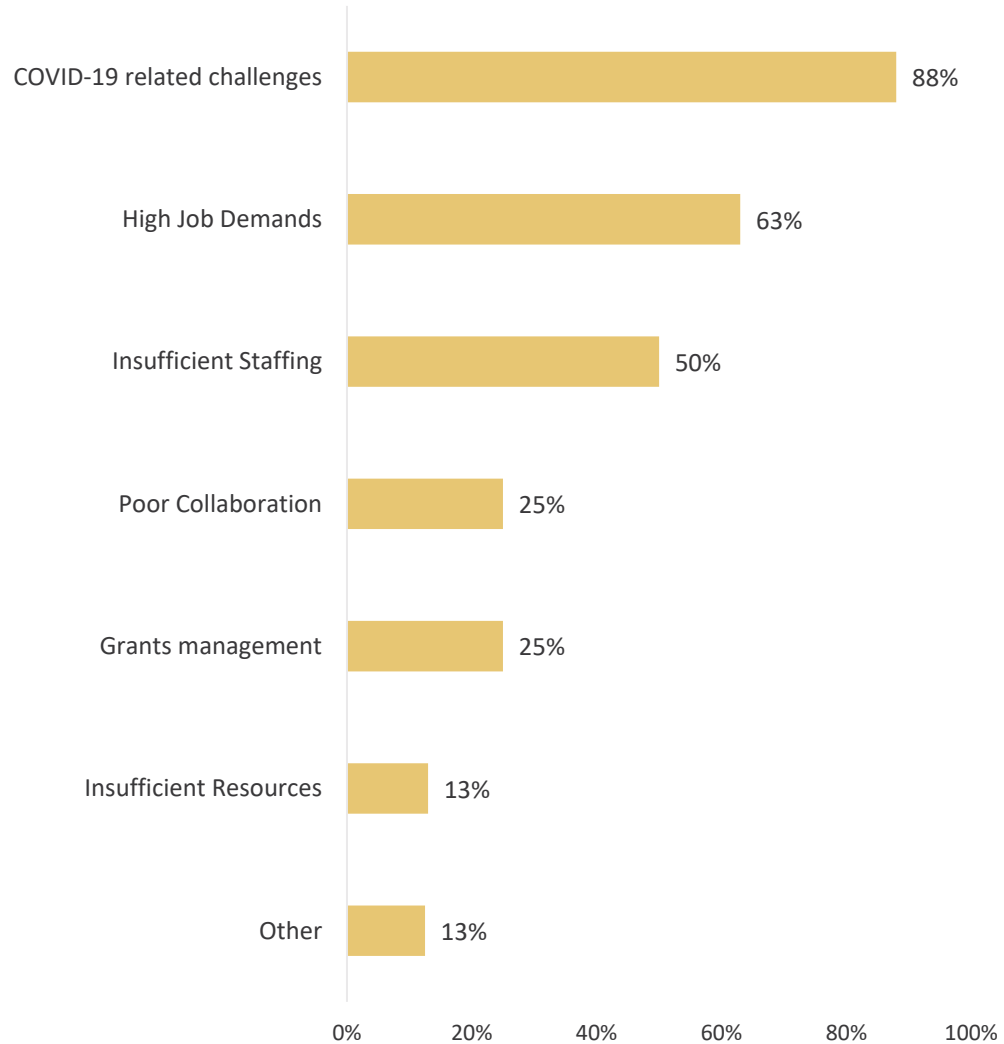
Table 20. DVP Purpose Area 2 Project Accomplishment Definitions

ACCOMPLISHMENT	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.

INCREASED PARTICIPATION	Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.
NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.
SMALL MEDIA	Project has implemented a small media-related activity during the reporting period. Examples include: billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g. Facebook).
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include: updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.
PLANNING	Project planning activities were identified as a key accomplishment during this reporting period.
OTHER	The other category included unique successes reported by two or fewer DVP projects during the reporting period. No other accomplishments were reported.

PROJECT CHALLENGES

Figure 108. Percentage of DVP Projects Reporting Various Barriers/Challenges in 2019-2020, by Barrier/Challenge Category

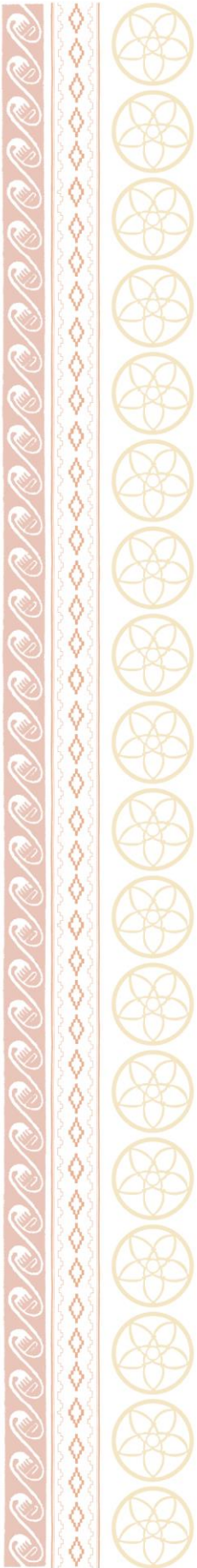


As evidenced in [Figure 108](#), the most common DVP Purpose Area 2 project challenges are COVID-19 related (88%) and high job demands (63%). Definitions and examples for each challenge category are provided on the following pages of this report.

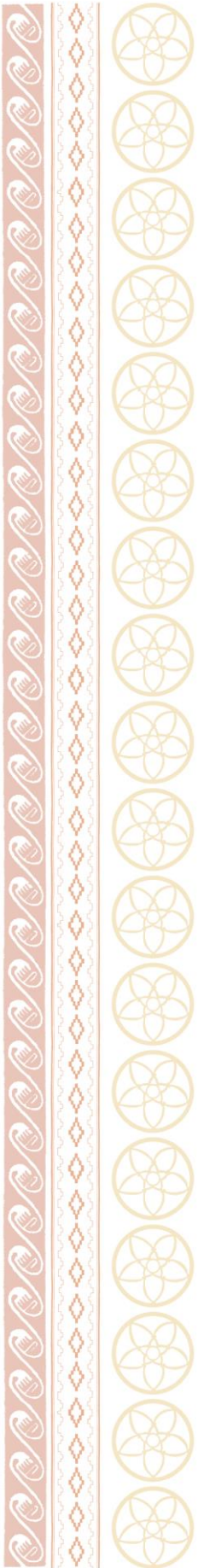
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 21. DVP Purpose Area 2 Project Challenges Definitions

CHALLENGE	DEFINITION
COVID-19 RELATED CHALLENGES	Projects cited impacts from COVID-19 pandemic, including closure of tribal lands and restricted entry to non-community members, delayed or cancelled events, limited access to internet and technology, travel bans, furloughed non-essential staff, social unrest from protests, resources re-directed to COVID-19 response, reduced demand for services due to stay-at-home orders, key partners closed or were shut down, high COVID-19 case load took precedence over project activities, and program needed to address mental health issues expressed by clients and survivors.
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier 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.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
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 exceeds local capacity.



<p>TRANSPORTATION/ DISTANCE</p>	<p>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.</p>
<p>GRANTS MANAGEMENT</p>	<p>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.</p>
<p>OTHER</p>	<p>The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: lack of support for staff training.</p>

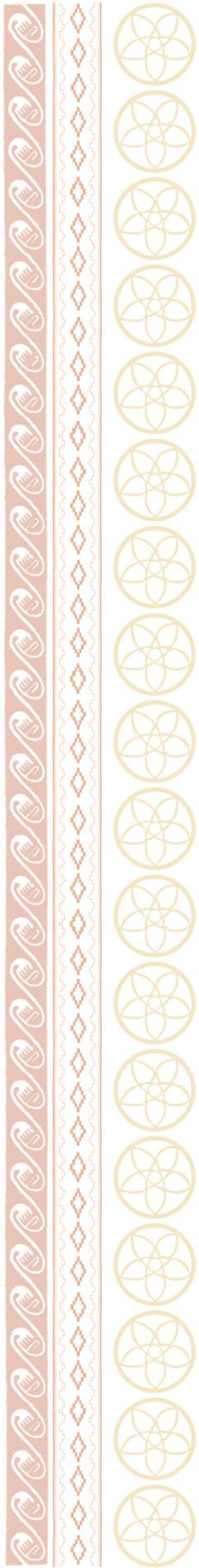


APPENDIX: PROJECTS REPORTING

DVP PROJECTS REPORTING 2019-2020*

PURPOSE AREA 1

Alaska Native Justice Center
 Alaska Native Tribal Health Consortium
 Aleutian Pribilof Islands Association, Inc.
 American Indian Health Service of Chicago, Inc.
 Bakersfield American Indian Health Project
 Blackfeet Tribal Health
 Bristol Bay Area Health Corporation
 Burns Paiute Tribe
 California Rural Indian Health Board, Inc.
 Cherokee Nation
 Chinle Comprehensive Health Care Facility
 Chippewa Cree Tribe
 Choctaw Nation- Project Homakbi Ribbon
 Chugachmiut
 Citizen Potawatomi Nation
 Confederated Salish and Kootenai Tribes
 Confederated Tribes of Siletz Indians
 Copper River Native Association
 Crow Tribe
 Crownpoint Health Care Facility
 Eight Northern Pueblos Council, Inc.
 Fairbanks Native Association
 First Nations Community Health Source
 Five Sandoval Indian Pueblos, Inc.
 Fort Thompson Service Unit
 Fresno American Indian Health Project
 Gallup Indian Medical Center
 Gerald L. Ignace Indian Health Center
 Hualapai Indian Tribe
 Indian Health Care Resource Center-Tulsa
 Indian Health Council, Inc.
 Kawerak, Inc.
 Kodiak Area Native Association
 Leech Lake Band of Ojibwe
 Lower Elwha Klallam Tribe
 Minneapolis American Indian Center
 Minnesota Indian Women's Resource Center
 Native American Community Health Center, Inc.
 Native American Health Center, Inc.
 Native American Rehabilitation Association of NW
 Nebraska Urban Indian Health Coalition, Inc.



Nevada Urban Indians, Inc.
 Nez Perce Tribe
 Northwest Portland Area Indian Health Board
 Oklahoma City Indian Clinic
 Paiute Indian Tribe of Utah
 Pascua Yaqui Tribe
 Pawnee Tribe of Oklahoma
 Phoenix Indian Medical Center
 Pinon Health Center
 Pokagon Band of Potawatomi Indians
 Ponca Tribe of Nebraska
 Quileute Tribal Council
 Ramah Navajo School Board, Inc.
 Red Cliff Band of Lake Superior Chippewa
 Rosebud Sioux Tribe
 Santa Clara Pueblo
 Shiprock-Northern Navajo Medical Center
 Sisseton Wahpeton Oyate
 South Dakota Urban Indian Health, Inc.
 Southcentral Foundation
 SouthEast Alaska Regional Health Consortium
 Southern Indian Health Council, Inc.
 The Healing Lodge of the Seven Nations
 Tohono O'odham Nation
 Tuba City Regional Health Care Corporation
 Turtle Mountain Band of Chippewa Indians
 United Indian Health Services, Inc.
 Urban Indian Center of Salt Lake
 Utah Navajo Health System, Inc.
 Ute Mountain Ute Tribe
 Washoe Tribe of Nevada and California
 Wiconi Wawokiya, Inc.
 Winnebago Tribe of Nebraska
 Alaska Native Justice Center
 Alaska Native Tribal Health Consortium
 Aleutian Pribilof Islands Association, Inc.
 American Indian Health Service of Chicago, Inc.
 Bakersfield American Indian Health Project

PURPOSE AREA 2

Cass Lake Hospital
 Chickasaw Nation
 Chinle Comprehensive Health Care Facility*
 Choctaw Nation - Project Strong*

Hopi Health Care Center
Maniilaq Association
Norton Sound Health Consortium
Pine Ridge Indian Hospital

*Tribes/Organizations listed more than once received more than one award.

