

MSPI Annual Report

Instructions:

Thank you for completing this report covering your Methamphetamine and Suicide Prevention Initiative (MSPI) activities from **March 1, 2014 through August 31, 2014**. Each section will address separate aspects of your project; please provide as much information as possible.

Please submit your:

- cover letter;
- progress report; and
- the Standard Form 425.

to the MSPI Year 5 Inbox electronically at MSPIyear5@ihs.gov by October 31, 2014. Your IHS Project officer will have access to the inbox in order to receive your progress report and other supporting documents.

If any of the questions are not answered, the report will be returned and considered incomplete until all questions have been answered.

If either the progress report or financial reports are not submitted, the reporting requirements for this period will be considered incomplete.

If you have any questions or need assistance, please contact your IHS Project Officer.

Cover Letter:

Program Name:

Unique Program Number:

Program Organization/Agency:

Program Director(s)*:

1) Name: E-Mail*:
Address:
City: State: Zip:
Phone: Extension:
Fax:

2) Name: E-Mail:
Address:
City: State: Zip:
Phone: Extension:
Fax:

3) Name: E-Mail:
Address:
City: State: Zip:
Phone: Extension:
Fax:

Chief Executive Officer (CEO) of Health Director:

1) Name: E-Mail*:
Address:
City: State: Zip:
Phone: Extension:
Fax:

2) Name: E-Mail*:
Address:
City: State: Zip:
Phone: Extension:
Fax:

Financial Officer*:

Name: E-Mail*:
Address:
City: State: Zip:
Phone: Extension:
Fax:

Local Lead Evaluator(s)*:

1) Name: E-Mail*:
Address:
City: State: Zip:
Phone: Extension:
Fax:

2) Name: E-Mail:
Address:
City: State: Zip:
Phone: Extension:
Fax:

SECTION I: Program Information

1. Type(s) of Services Provided:

- Methamphetamine Prevention
- Methamphetamine Treatment
- Methamphetamine Aftercare
- Suicide Prevention
- Suicide Treatment/Intervention
- Suicide Postvention/Aftercare

2. Type of evidence-based practice currently being used (if any):

- American Indian Life Skills
- Applied Suicide Intervention Skills Training (ASIST)
- Critical Incident Stress Management (CISM)
- Gathering of Native Americans (GONA)
- Gatekeeper
- Mental Health First Aid
- Native Hope
- Project Venture
- Question Persuade Refer (QPR)
- SafeTALK
- Other (Specify)

3. Type of evidence-based practice currently used in treatment (if any):

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Matrix Model
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT)
- Motivational Interviewing
- Other (Specify)

4. Type of practice-based evidence (if any):

- BABES
- Meth 360
- Red Road to Recovery
- Sources of Strength
- 12 Step
- White Bison
- Other (Specify)

5. Target Population:

- Youth (under 18)
- Adults (18 and older)
- Entire Community
- Other Targeted Population (e.g. Veterans, Elderly, Disbaled, LGBT) (Specify)

6. Please list any NEW Community Partners that were not listed on your last progress report (please list by name and type, e.g., Highland View Elementary – School) and what the purpose of those partnerships are:

7. Please list any NEW Memoranda of Agreements (MOAs) that were not listed on your last progress report and what those MOAs are about:

SECTION II: Project Information

8. Describe program accomplishments during March 1, 2014 through August 31, 2014:

9. Describe program barriers to success during March 1, 2014 through August 31, 2014:

Holistic Approaches to Services:

10. What types of collaboration do you have with traditional healers as part of your MSPI services?

- One on one sessions with medicine man/woman
- Sweat/healing lodges
- Smudging
- Ceremonies
- Teaching traditional ways
- Other (specify)
- None

11. What types of other cultural services do you provide as part of your MSPI services?

- Dancing/Singing/Drumming
- Storytelling
- Traditional crafts (e.g. arts, beading, drum making)
- Traditional games
- Other (specify)
- None

Community-Based Case Management Services:**12. What types of intensive case management services (at least weekly in-home or community encounters) does your program provide to MSPI participants?**

Case management: is a multi-faceted and continuous process to ensure timely access to and coordination of multidisciplinary medical and psychosocial services for MSPI program participants and his or her family/close support system. Case management typically include the following processes: intake, assessment of needs, service planning, service plan implementation, service coordination, monitoring and follow-up, reassessment, case conferencing, crisis intervention, and case closure. Case management activities are diverse. In addition to assisting clients to access and maintain specific services, case management activities may include negotiation and advocacy for services, consultation with providers, navigation through the service system, psychosocial support, supportive counseling, and general client education. The goal of case management is to promote and support independence and self-sufficiency. As such, the case management process requires the consent and active participation of the client in decision-making, and supports a client's right to privacy, confidentiality, self-determination, dignity and respect, nondiscrimination, compassionate non-judgmental care, a culturally competent provider, and quality case management services.)

- Assisting clients to access and maintain specific services
- Negotiation and advocacy for services
- Consultation with providers
- Navigation through the service system
- Assessment of psychosocial support needs
- Multidisciplinary treatment planning
- Coordination of services
- Crisis Intervention
- Supportive counseling
- Health education
- Other (specify)
- None

Administrative Policies and Procedures:**13. Does your MSPI program have a written policy and procedure for referring clients having suicidal ideation/attempts for behavioral health services? Yes No**

Suicide Response Plan/Postvention Plan**14. Does your program have a written Suicide Response Plan?** Yes No

A **Suicide Response Plan** is a written protocol which specifies the procedures to responding to suicide completions and/or suicidal ideations. The objective is to prevent fatalities or injuries, reduce the possibility of community contagion, and follow up and/or provide services and support to survivors or other at risk individuals.

Major Depressive Disorder (MDD): Suicide Risk Assessment for Adults**15. Does your MSPI program routinely screen patients 18 years and older for depression?** Yes No

- a. Please indicate the total number of patients aged 18 years and older screened for depression.
- b. Please provide the number of patients aged 18 years and older with a positive screen for depression AND who received a suicide risk assessment during the visit.

Preventive Care: Screening and Brief Counseling:**16. Does your MSPI program routinely screen for unhealthy alcohol use?** Yes No

- a. Please indicate the total number of patients screened for unhealthy alcohol use. Please indicate the number of patients with a positive screen for unhealthy alcohol use AND who received brief intervention counseling (e.g. Alcohol Screening Brief Intervention (ASBI)).

Youth Preventative Care and Screening:**17. Does your MSPI program routinely screen patients younger than 18 years of age for depression using an age appropriate standardized screening tool?** Yes No

- a. Please indicate the total number of patients younger than 18 years of age who were screened for depression using an age appropriate standardized screening tool.
- b. Please provide the number of patients younger than 18 years of age with a positive screen for depression AND follow-up plan documented.

For question 18, please follow the following instructions:

- Column 1: List the Objectives contained in your MSPI program's Year 5 application.
- Column 2: List the Activities contained in your MSPI program's Year 5 application.
- Column 3: List the outcome measure(s) relevant to the activity or training.
- Column 4: List the person responsible for ensuring completion of the activity or training.
- Column 5: Provide start date.
- Column 6: Provide end date.
- Column 7: Please provide the number of Participants.
- Column 8: Please list how you are evaluating the activity.

Please attach additional rows in table if needed. If attaching your own table, please ensure that it includes all of the information requested.

SECTION III: Outcome Measures

Please complete the section below related to the required outcome measures for the MSPI project. Please only submit data for outcome measures that your MSPI project is fulfilling using MSPI funding. Please select “not reporting” if your project is not completing services to fulfill an outcome measure using MSPI funds

19. The total number of persons eligible for MSPI Program services in catchment/service area (e.g. total number of AI/AN persons in the community your project or facility serves):

20. The total number of youth (under 18) eligible for MSPI Program services in catchment/service area:

Outcome Measure #1:

Outpatient treatment completion rate for methamphetamine

Number of patients who entered outpatient treatment for methamphetamine during the reporting period from **March 1, 2014 through August 31, 2014.**

Of those who entered outpatient treatment, number of patients who successfully completed treatment during the reporting period.

Number still in treatment as of report date.

Inpatient treatment completion rate for methamphetamine

The number of patients admitted for methamphetamine inpatient treatment during the reporting period.

Of those who were admitted for inpatient treatment for methamphetamine, number of patients who successfully completed treatment during the reporting period.

Number still in treatment as of report date.

Methamphetamine use related to other substances

The number of patients (with a history of methamphetamine use) admitted for outpatient substance abuse treatment for substances **other than methamphetamine.**

The number of patients (with a history of methamphetamine use) who successfully completed outpatient substance abuse treatment for substances **other than methamphetamine.**

From the above, please list the 5 most common substances (other than methamphetamine) for which treatment was provided:

- 1.
- 2.
- 3.
- 4.
- 5.

Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

Outcome Measure # 2: Reduce the incidence of suicidal activities (ideations, attempts) in AI/AN MSPI sites through prevention, training, surveillance, and intervention programs.

(If you are doing suicide prevention, please report on the ideations, attempts, and completions in the population reached by your prevention activities/messages).

Number of suicide-related events (ideations, attempts) from **March 1, 2014 through August 31, 2014:**

Number of completed suicides from **March 1, 2014 through August 31, 2014:**

Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

Outcome Measure #3: Reduce the incidence of methamphetamine abuse in the AI/AN MSPI sites.

Number of newly identified methamphetamine users (Point of Visit/Diagnosis) during the period **March 1, 2014 through August 31, 2014:**

b. Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

Outcome Measure # 4: The number of youth who participate in practice or evidence-based prevention or intervention (suicide or methamphetamine) activities.

Total number of youth (under 18) who are participating in MSPI prevention or intervention services/activities from **March 1, 2014 through August 31, 2014:**

Please check the type of services/activities provided for youth (Please be sure to include all of these activities in the activities table along with the number of youth that participated):

- Media campaign (billboards, radio ads, text messages, posters)
- Youth camp
- Youth Development/Mentorship
- Engaging youth in cultural activities and traditional practices
- Peer-to-Peer Support
- Community events (e.g. dances, sporting events, health fairs)
- Other, please explain:

c. Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

Outcome Measure #5: Establishment of trained suicide crisis response teams.

Total number of “active” trained suicide crisis **teams** in MSPI-defined service area during the period **March 1, 2014 through August 31, 2014:**

Number of persons trained in suicide crisis response during the period **March 1, 2014 through August 31, 2014:**

d. Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

Outcome Measure # 6: Increase telebehavioral health encounters.

a. Total number of telebehavioral health encounters during the period **March 1, 2014 through August 31, 2014:**

b. Please indicate **number of encounters** for each diagnostic category related to the telebehavioral health service purpose of visit:

- Schizophrenic Disorders (ICD9 = 295.*)
- Affective Psychoses (ICD9 = 296.*)
- Neurotic Disorders (ICD9 = 300.*)
- Drug Dependence (ICD9 = 304.*)
- Depressive Disorder, nec [not elsewhere classified] (ICD9 = 311.*)
- Other (Specify)

c. Please check the data source/s used to acquire these numbers:

- RPMS
- AccuCare
- Patient/Participant Clinical Records
- Participant Logs
- Law Enforcement/Court Records
- Medical/Community Health Center Data
- Medical Examiner/Coroner Data
- Community Prevalence Data
- State Vital Statistics Data
- Other (Specify)

SECTION IV: Local Evaluation/Administrative:

Local Evaluation:

How have you raised awareness of your MSPI programming in your community?

Have you shared findings from your local evaluation about the impact of MSPI with your community? Yes No

If so, how?

Do you need Local Evaluation Assistance? Yes No

If yes, please specify the area in which you need assistance:

Administrative:

Have there been any significant program changes from the last report that was due on October 31, 2014? Yes No

If yes, have you contacted your IHS HQ Project Officer? Yes No

Do you need project support from your IHS HQ Project Officer? Yes No

If yes, please specify the area in which you need support:

NOTE: Please attach your Financial Status Report for this reporting period (March 1, 2014 through August 31, 2014).

SECTION V: Staffing Changes

1. Key Staff Changes:

2. Other Staff Changes: