

Project Focus

• **Section 1: Project Focus - Area 3**

Please identify the target population your program serves (check all that apply):

- Children (up to age 11)
- Youth (12-17)
- Young Adult (18-24)
- Adult (25-54)
- Seniors (55 & up)
- Males
- Females
- Transgender

Do you provide services for a specific target population? (e.g., Veterans, LGBT, Disabled)
(Not Answered)

Types of services provided by your program and directly paid with MSPI funds (including staff salary to support these activities). Check all that apply. This list should not include items that you provide that are paid by other funding or are covered through collaboration or partnership. You will have an opportunity to describe those items later in the report.

- Methamphetamine Prevention
- Methamphetamine Treatment
- Methamphetamine Aftercare

Type of evidence-based practice and/or practice-based model currently being used for substance use prevention (check boxes):

- Gathering of Native Americans (GONA)
- Other (Specify)
Entered Text:

Type of evidence-based practice and/or practice-based model currently being used for methamphetamine treatment (check boxes):

- Attachment-Based Family Therapy
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Matrix Model
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT)
- Motivational Interviewing
- Guideline/Protocol (specify):
- Other (Specify)
Entered Text:

Type of activities currently being used for methamphetamine aftercare:

Item 1

Type of activities currently being used for methamphetamine aftercare:

What types of traditional healing are offered as a result of your MSPI project?

- Ceremonies
- One on one sessions with medicine man/woman
- Smudging
- Sweat/healing lodges
- Other (specify)
- Not Applicable
Entered Text:

What types of cultural services are offered as a result of your project?

- Dancing

- Drumming
 - Language
 - Songs
 - Story telling
 - Traditional crafts (e.g. arts, beading, drum making)
 - Traditional games
 - Other (specify)
 - Not Applicable
- Entered Text:*

Partners

• **Section 2: Project Partners - Area 3**

Please list community partners by name, type, and purpose (designate those with formal partnership through Memorandum of Understanding/Agreement)

Item 1

Name

Type

Purpose (designate those with formal partnership through Memorandum of Understanding/Agreement)

Objectives

• **Section 3: Objectives - Area 3**

Please list the activities you have completed during this project period for each of the objectives listed below. Only list one activity per text box. If you have more than one activity for each objective, please add a new text box.

Expand available behavioral health care treatment services

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Foster coalitions and networks to improve care coordination

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Educate and train providers in the care of methamphetamine and other substance use disorders

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Promote community education to prevent the use of and spread of methamphetamine

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Integrate culturally appropriate treatment services

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Implement trauma informed care services and programs.

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Accomplishments

Describe program accomplishments during the current reporting period:

Item 1

Accomplishments

Barriers

Describe program barriers to success during the current reporting period:

Item 1

Barriers

Staff Changes

• **Section 5: Staffing Changes - Area 3**

Has your MSPI project staff experienced turnover?

Yes: No:

If yes, which staff have left your project?

(Not Answered)

Reason for turnover:

(Not Answered)

Have you been able to recruit, hire, and onboard staff for your MSPI project?

Yes: No:

If no, explain.

(Not Answered)

Do you have a full-time coordinator for your program paid by MSPI funds?

Yes: No:

If no, what percentage of time is the coordinator paid by MSPI

(Not Answered)

Key Staff Changes:

(Not Answered)

Other Staff Changes (e.g., program partners, referral providers)

(Not Answered)