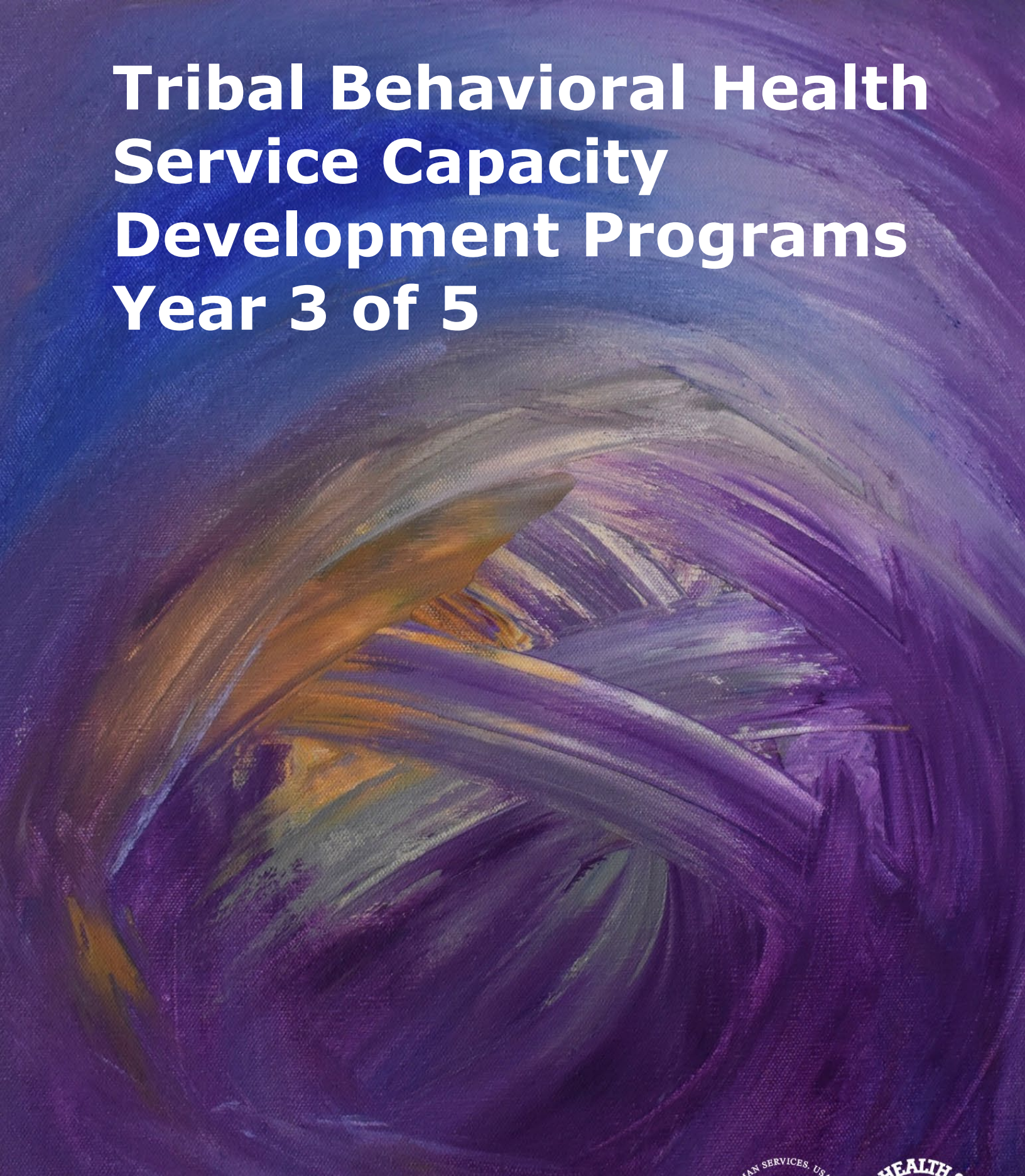
Tribal Behavioral Health Service Capacity Development Programs Year 3 of 5



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Tribal Behavioral Health Service Capacity Development Programs: Year Three of Five

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Year: 2026

Source: Indian Health Service, U.S. Department of Health and Human Services

Author note: Paschane performed the analyses and wrote the manuscript. Solimon and Espinoza aided in data quality management and interpretation of analyses. Bradley, Bruns, Joe, Tiger, Willie, and Zander performed technical assistance, data collection, and quality assurance. All aided in reviews of the manuscript.

Art Work: Jingle Dress by Audrey Solimon, 2020

Tribal Behavioral Health Service Capacity Development Programs: Year Three of Five

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Executive Summary

As of June 2025, a total of 83 Tribal partners of the Indian Health Service have completed three years of building their behavioral health service capacities. In total, the cohort is 113 projects funded through four programs. The projects address behavioral health risks among American Indian and Alaska Native persons in their respective service catchment areas. Each of the projects has unique operational strengths which were applied to complex service requirements and jurisdictional contexts. The common goal was to identify and mitigate the pathways into severe risk of injuries. These injuries can be self-inflicted, such as substance use disorders and suicides. They can also be other-inflicted, such as domestic violence and human trafficking. In response to the risks and cases of injuries, the cohort attempts to address and support whole-person requirements, including individuals' psychological, spiritual, traditional, social, and physical needs. Over three years, the cohort spent approximately $108 million. Results were mixed, with a small number of high-performing projects and many low-performing ones. This report provides detailed tables to account for the performance record over the past three years. The findings and recommendations inform IHS, Tribes, and federal oversight on the results of the program designs and the need for program reforms before they end in April 2027.

Introduction

This third report of a five-year program outlines the progress of Tribes and Tribal organizations (e.g., urban Indian organizations) that are working with the Indian Health Service (IHS) to provide behavioral and psychological services to American Indian and Alaska Native (AI/AN) persons. It focuses on how the cohort of projects have sustained risk mitigation and injury services in their respective communities. The cohort includes 83 grant-based Tribal partners who are operating 113 projects across the United States, with a total budget of nearly $36 million per year. These funds were authorized by the United States Congress to address human risks among AI/AN adults and youth.

For this cohort, the IHS used four grant programs to form Tribal partnerships, with each program focusing on a specific type of risk, though such risks tend to co-occur in any given population. In total, the cohort consists of 37 projects that focus on preventing risk of domestic violence, 4 projects focused on providing forensic services, 36 projects focused on preventing suicides, and 36 projects focused on substance use prevention and treatment. The cohort started on May 1, 2022, with the four forensic healthcare projects starting one month earlier.

All 83 projects will use the annual funds to build service capacities that mitigate behavioral health risk. The scope of work includes arranging and training of staff and volunteers who can reach AI/AN persons in their catchment areas, performing risk screenings, making effective referrals and treatment arrangements as needed, providing appropriate support services, and tracking clients' status and outcomes. According to the IHS mission, appropriate services will address the risk mitigation requirements of the whole person, including their physical, mental, social, and spiritual needs.

A large portion of the data collection focuses on service capacity building. These data are available to the Tribal partner and to IHS staff as a guide for technical assistance to each project. With the completion of three years of capacity building, the data collection will be significantly reduced for years 4 and 5, with updates to the partners' private data accounts,[1] which are hosted online by the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC). As much as possible, the IHS works towards streamlining data collection, in consultation with Tribal partners.[2] The AASTEC portal is compliant with the Health Insurance Portability and Accountability Act, provides on-demand training videos for users, a ticket request system for user support, and allows for offline report templates. The previous annual program reports and their associated infographics are available to the public through the IHS website.[3]

[1] Access the AASTEC portal at https://db.aastec.net/ndcsp/index.html
[2] Access the HHS report at https://www.hhs.gov/sites/default/files/grants-qsmo-tribal-cx-report.pdf
[3] Access IHS behavioral health analyses at https://www.ihs.gov/

Review of Year Two Findings

The following is a summary of capacity building requirements that IHS observed in the previous year for this cohort of 113 projects. These items should inform strategic actions by IHS and Tribal organizations. The subsequent actions taken in response to these observations, and their corresponding analyses of effects is not reported herein. Tribal partners may pursue these issues alone, with IHS staff, or their respective Tribal Epidemiology Center.

1. Formal Tribal oversight may have been weak in 27 (24%) projects, where they were not yet validating or updating strategic plans, operational policies, or community assessments.

2. Staffing was low for 32 (28%) projects, where they had not yet reached their hiring goals, and 9 (8%) had not met their volunteer recruitment goals.

3. IHS did not collect individual client data. It did ask whether projects used methods to measure key changes in individual clients. Among the 113 projects, 86% did not measure attitude changes, 85% did not measure changes in client risk-mitigation decisions, and 81% did not measure key behavioral changes.

4. IHS asked projects to note key service protocol improvements. Eleven (10%) projects had not yet improved any of the 14 common internal operational protocols. Client-centered self-efficacy protocols were not addressed by 19 (17%) projects.

5. To support coordination with the IHS technology modernization campaign, projects were asked about 25 potential technology requirements. The five most common requirements were for assessing clients' satisfaction (57 projects, 50%), organizing strategic planning (56 projects, 50%), assessing clients' needs (51 projects, 45%), assessing attitudinal and behavioral changes (50 projects, 44%), and client case management (47 projects, 42%).

Summary of Year Three Effects

The 113 projects attempted to serve the AI/AN persons in their respective catchment areas. The service included conducting risk screenings, making appropriate referrals for services, and verifying the effects of those services on clients through specific outcomes.

In this report, the cohort data is reported as a whole cohort and by its four programs for year 1 (Y1), year two (Y2), and year three (Y3):

- Domestic Violence Prevention (DVP): 37 projects
- Forensic Health (FH) services: 4 projects
- Substance Abuse Prevention, Treatment & Aftercare (SAPTA): 36 projects
- Suicide Prevention, Intervention, and Postvention (SPIP): 36 projects

Client Engagement Volume

Projects reported the volume of client engagement they achieved with AI/AN persons, by their sex and age groups. An engagement is any non-training event for which an individual could be screened, given that screening was available. The data are not de-duplicated.[4] The counts can include people who are seen more than once a year, people who are seen within two separate projects located at the same site, and people who attended non-training events and chose not to be screened for any of the risk issues.

In total, the volume of client engagements increased by 24% from the second to the third year. A total of 7 (8%) of the 83 Tribal partners reported no client engagements among their projects in the third year. A total of 33 (40%) Tribal partners account for 90% of all the engagements.

All Client Engagement Volume

Table 1

Cohort of All Clients	DVP	FH	SAPTA	SPIP	All
Y3 Totals	13738	44	28582	26643	69007
Y2 Totals	19153	95	12919	23522	55689
Y1 Totals	6191	916	7361	25867	40335
Y3 Mean	371.3	11.0	793.9	740.1	610.7
Y2 Mean	517.6	23.8	358.9	653.4	492.8
Y1 Mean	229.3	229.0	294.4	1034.7	498.0
Y2-Y3 % Change	-28.3%	-53.7%	121.2%	13.3%	23.9%
Y1-Y3 % Change	121.9%	-95.2%	288.3%	3.0%	71.1%
Y1-Y3 Totals	39082	1055	48862	76032	165031
Y1-Y3 Mean	387.0	87.9	503.7	783.8	537.6

[4] The counts can include people who are seen more than once a year, people who are seen within two separate projects located at the same site, and people who attended non-training events and chose not to be screened for any of the risk issues.

Male Client Engagement Volume

The volume of male clients increased from the second to the third year, including 1.5% among those under 19 years old, 25% among those 19 to 24 years old, and 38% among those older than 25 years old.

Table 2

Male clients under the age of 19 years	DVP	FH	SAPTA	SPIP	All
Y3 Totals	1717	0	3422	4267	9406
Y2 Totals	1422	18	1713	6117	9270
Y1 Totals	695	48	1048	2543	4334
Y3 Mean	46.4	0.0	95.1	118.5	83.2
Y2 Mean	38.4	4.5	47.6	169.9	82.0
Y1 Mean	24.8	12.0	38.8	90.8	49.8
Y2-Y3 % Change	20.7%	-100.0%	99.8%	-30.2%	1.5%
Y1-Y3 Totals	3834	66	6183	12927	23010
Y1-Y3 Mean	37.6	5.5	62.5	129.3	73.5

Table 3

Male clients age 19 to 24 years	DVP	FH	SAPTA	SPIP	All
Y3 Totals	411	0	1431	919	2761
Y2 Totals	578	1	644	985	2208
Y1 Totals	174	18	369	578	1139
Y3 Mean	11.1	0.0	39.8	25.5	24.4
Y2 Mean	15.6	0.3	17.9	27.4	19.5
Y1 Mean	6.4	4.5	13.7	23.1	13.7
Y2-Y3 % Change	-28.9%	-100.0%	122.2%	-6.7%	25.0%
Y1-Y3 Totals	1163	19	2444	2482	6108
Y1-Y3 Mean	11.5	1.6	24.7	25.6	19.8

Table 4

Male clients age 25 or older	DVP	FH	SAPTA	SPIP	All
Y3 Totals	3738	0	6531	5857	16126
Y2 Totals	4218	5	3434	4001	11658
Y1 Totals	1324	192	2061	5806	9383
Y3 Mean	101.0	0.0	181.4	162.7	142.7
Y2 Mean	114.0	1.3	95.4	111.1	103.2
Y1 Mean	47.3	48.0	71.1	215.0	106.6
Y2-Y3 % Change	-11.4%	-100.0%	90.2%	46.4%	38.3%
Y1-Y3 Totals	9280	197	12026	15664	37167
Y1-Y3 Mean	91.0	16.4	119.1	158.2	118.4

Female Client Engagement Volume

The volume of female clients increased from the second to the third year, including 4% among those under 19 years old, 7% among those 19 to 24 years old, and 41% among those older than 25 years old.

Table 5

Female clients under the age of 19 years	DVP	FH	SAPTA	SPIP	All
Y3 Totals	1943	18	3929	5004	10894
Y2 Totals	2006	16	1947	6556	10525
Y1 Totals	368	123	1143	2757	4391
Y3 Mean	52.5	4.5	109.1	139.0	96.4
Y2 Mean	54.2	4.0	54.1	182.1	93.1
Y1 Mean	13.1	30.8	42.3	102.1	51.1
Y2-Y3 % Change	-3.1%	12.5%	101.8%	-23.7%	3.5%
Y1-Y3 Totals	4317	157	7019	14317	25810
Y1-Y3 Mean	42.3	13.1	70.9	144.6	82.7

Table 6

Female clients age 19 to 24 years	DVP	FH	SAPTA	SPIP	All
Y3 Totals	675	17	2032	1176	3900
Y2 Totals	1340	14	839	1442	3635
Y1 Totals	399	74	433	993	1899
Y3 Mean	18.2	4.3	56.4	32.7	34.5
Y2 Mean	36.2	3.5	23.3	40.1	32.2
Y1 Mean	13.8	18.5	16.0	39.7	22.3
Y2-Y3 % Change	-49.6%	21.4%	142.2%	-18.4%	7.3%
Y1-Y3 Totals	2414	105	3304	3611	9434
Y1-Y3 Mean	23.4	8.8	33.4	37.2	30.3

Table 7

Female clients age 25 or older	DVP	FH	SAPTA	SPIP	All
Y3 Totals	5254	9	11237	9420	25920
Y2 Totals	9589	41	4342	4421	18393
Y1 Totals	3399	461	3088	13543	20491
Y3 Mean	142.0	2.3	312.1	261.7	229.4
Y2 Mean	259.2	10.3	120.6	122.8	162.8
Y1 Mean	117.2	115.3	106.5	483.7	227.7
Y2-Y3 % Change	-45.2%	-78.0%	158.8%	113.1%	40.9%
Y1-Y3 Totals	18242	511	18667	27384	64804
Y1-Y3 Mean	177.1	42.6	184.8	273.8	205.1

Risk Screenings

From the second to third year, risk screening decreased significantly for all priority issues: Any substance use (69%), alcohol use disorder (31%), drug use disorder (51%), suicide risk (68%), non-sexual assaults (44%), and sexual assaults (94%). There are several reasons for reduced screening, such as clients refusing screening, self-reported cases in which screening is not needed, or a lack of fidelity to risk screening protocols. In the third year, 10 (28%) of the Tribal partners with SAPTA projects did not report any alcohol or drug screenings, 16 (39%) of those with DVP and FH projects reported no screenings for assaults, and 12 (33%) of those with SPIP projects reported no screenings for suicide risk.

Table 8

Substance Use Screening / SBIRT[5]	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	2818	90	2769	278	5955
Y2 Totals	9040	91	10059	114	19304
Y1 Totals	1695	0	1683	53	3431
Y3 Mean	76.2	22.5	76.9	7.7	52.7
Y2 Mean	244.3	22.8	279.4	3.2	170.8
Y1 Mean	53.0	0.0	58.0	2.0	37.3
Y2-Y3 % Change	-68.8%	-1.1%	-72.5%	143.9%	-69.2%
Y1-Y3 Totals	13553	181	14511	445	28690
Y1-Y3 Mean	127.9	15.1	143.7	4.5	90.2

Table 9

Alcohol Use Disorder Screening	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	46102	422	38416	2026	86966
Y2 Totals	70813	276	53954	1410	126453
Y1 Totals	17819	1588	33581	3680	56668
Y3 Mean	1246.0	105.5	1067.1	56.3	769.6
Y2 Mean	1913.9	69.0	1498.7	39.2	1119.1
Y1 Mean	540.0	397.0	1119.4	126.9	590.3
Y2-Y3 % Change	-34.9%	52.9%	-28.8%	43.7%	-31.2%
Y1-Y3 Totals	134734	2286	125951	7116	270087
Y1-Y3 Mean	1259.2	190.5	1234.8	70.5	838.8

Table 10

Drug Use Disorder Screening	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	13984	422	20774	1555	36735
Y2 Totals	41742	4353	27115	1383	74593
Y1 Totals	2224	299	5355	2979	10857
Y3 Mean	377.9	105.5	577.1	43.2	325.1
Y2 Mean	1128.2	1088.3	753.2	38.4	660.1
Y1 Mean	67.4	74.8	178.5	106.4	114.3

[5] SBIRT is Screening, Brief Intervention, and Referral to Treatment protocol.

Y2-Y3 % Change	-66.5%	-90.3%	-23.4%	12.4%	-50.8%
Y1-Y3 Totals	57950	5074	53244	5917	122185
Y1-Y3 Mean	541.6	422.8	522.0	59.2	380.6

Table 11

Suicide Risk Screening / ASQ[6]	**DVP**	**DVPFH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	6960	578	12932	6449	26919
Y2 Totals	37643	2278	37308	6035	83264
Y1 Totals	18921	961	44779	13531	78192
Y3 Mean	188.1	144.5	359.2	179.1	238.2
Y2 Mean	1017.4	569.5	1036.3	167.6	736.8
Y1 Mean	556.5	240.3	1599.3	451.0	814.5
Y2-Y3 % Change	-81.5%	-74.6%	-65.3%	6.9%	-67.7%
Y1-Y3 Totals	63524	3817	95019	26015	188375
Y1-Y3 Mean	588.2	318.1	950.2	255.0	585.0

Table 12

Non-Sexual Assault Victim Screening	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	30267	422	3796	812	35297
Y2 Totals	32643	92	29704	751	63190
Y1 Totals	1796	421	1692	2735	6644
Y3 Mean	818.0	105.5	105.4	22.6	312.4
Y2 Mean	882.2	23.0	825.1	20.9	559.2
Y1 Mean	57.9	105.3	65.1	109.4	77.3
Y2-Y3 % Change	-7.3%	358.7%	-87.2%	8.1%	-44.1%
Y1-Y3 Totals	64706	935	35192	4298	105131
Y1-Y3 Mean	616.2	77.9	359.1	44.3	337.0

Table 13

Sexual Assault Victim Screening	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	2329	422	222	757	3730
Y2 Totals	39972	90	24926	751	65739
Y1 Totals	2136	372	1271	2207	5986
Y3 Mean	62.9	105.5	6.2	21.0	33.0
Y2 Mean	1080.3	22.5	692.4	20.9	581.8
Y1 Mean	66.8	93.0	48.9	92.0	69.6
Y2-Y3 % Change	-94.2%	368.9%	-99.1%	0.8%	-94.3%
Y1-Y3 Totals	44437	884	26419	3715	75455
Y1-Y3 Mean	419.2	73.7	269.6	38.7	241.8

[6] ASQ is Ask Suicide Questions protocol.

Victims of Violence Cases

IHS does not collect individual case data; it relies on Tribal partners to report totals of cases by their types. Reported victims of violence cases may be identified by Tribal partners through screenings, self-reporting by clients, or referrals from other sources. The cohort reported a second to third year decrease in domestic violence cases (50%) and sexual abuse or assault cases (39%). The reported cases increased for other non-specific violence (18%), other non-sexual assault (55%), human trafficking (42%), and strangulation (16%).

Table 14

Domestic Violence Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	1598	62	428	147	2235
Y2 Totals	2829	61	1385	177	4452
Y1 Totals	1941	43	7415	1598	10997
Y3 Mean	43.2	15.5	11.9	4.1	19.8
Y2 Mean	76.5	15.3	38.5	4.9	39.4
Y1 Mean	129.4	43.0	1853.8	532.7	478.1
Y2-Y3 % Change	-43.5%	1.6%	-69.1%	-16.9%	-49.8%
Y1-Y3 Totals	6368	166	9228	1922	17684
Y1-Y3 Mean	71.6	18.4	121.4	25.6	71.0

Table 15

Other Non-Specific Violence Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	215	22	562	106	905
Y2 Totals	554	23	73	119	769
Y1 Totals	1117	0	15	2	1134
Y3 Mean	5.8	5.5	15.6	2.9	8.0
Y2 Mean	15.0	5.8	2.0	3.3	6.8
Y1 Mean	85.9	0.0	3.8	0.7	54.0
Y2-Y3 % Change	-61.2%	-4.3%	669.9%	-10.9%	17.7%
Y1-Y3 Totals	1886	45	650	227	2808
Y1-Y3 Mean	21.7	5.0	8.6	3.0	11.4

Table 16

Other Non-Sexual Assault Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	117	22	377	19	535
Y2 Totals	303	24	12	6	345
Y1 Totals	22	0	0	1	23
Y3 Mean	3.2	5.5	10.5	0.5	4.7
Y2 Mean	8.2	6.0	0.3	0.2	3.1
Y1 Mean	1.7	0.0	0.0	0.3	1.2
Y2-Y3 % Change	-61.4%	-8.3%	3041.7%	216.7%	55.1%
Y1-Y3 Totals	442	46	389	26	903
Y1-Y3 Mean	5.1	5.1	5.2	0.3	3.7

Table 17

Sexual Abuse / Assault Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	544	20	133	53	750
Y2 Totals	983	23	67	158	1231
Y1 Totals	1387	13	4	1600	3004
Y3 Mean	14.7	5.0	3.7	1.5	6.6
Y2 Mean	26.6	5.8	1.9	4.4	10.9
Y1 Mean	92.5	13.0	1.0	533.3	130.6
Y2-Y3 % Change	-44.7%	-13.0%	98.5%	-66.5%	-39.1%
Y1-Y3 Totals	2914	56	204	1811	4985
Y1-Y3 Mean	32.7	6.2	2.7	24.1	20.0

Table 18

Human Trafficking Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	40	8	2	14	64
Y2 Totals	32	8	2	3	45
Y1 Totals	1040	4	0	1596	2640
Y3 Mean	1.1	2.0	0.1	0.4	0.6
Y2 Mean	0.9	2.0	0.1	0.1	0.4
Y1 Mean	74.3	4.0	0.0	798.0	132.0
Y2-Y3 % Change	25.0%	0.0%	0.0%	366.7%	42.2%
Y1-Y3 Totals	1112	20	4	1613	2749
Y1-Y3 Mean	12.6	2.2	0.1	21.8	11.2

Table 19

Strangulation Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	83	17	2	1	103
Y2 Totals	60	16	10	3	89
Y1 Totals	1057	15	0	1596	2668
Y3 Mean	2.2	4.3	0.1	0.0	0.9
Y2 Mean	1.6	4.0	0.3	0.1	0.8
Y1 Mean	75.5	15.0	0.0	798.0	133.4
Y2-Y3 % Change	38.3%	6.3%	-80.0%	-66.7%	15.7%
Y1-Y3 Totals	1200	48	12	1600	2860
Y1-Y3 Mean	13.6	5.3	0.2	21.6	11.6

Case Outcomes for Victims of Violence

IHS asked Tribal partners to report on the summary of subsequent actions taken to support victims of violence. Because case-level data is not available and cases may be referred away from the project, this report cannot determine the proportion of specific cases that received corresponding forensic and legal services.

Table 20

Forensic Violence Medical Exam	DVP	FH	SAPTA	SPIP	All
Y3 Totals	7	95	9	8	119
Y2 Totals	37	95	10	0	142
Y1 Totals	3	62	0	0	65
Y3 Mean	0.2	23.8	0.3	0.2	1.1
Y2 Mean	1.0	23.8	0.3	0.0	1.3
Y1 Mean	0.3	62.0	0.0	0.0	5.9
Y2-Y3 % Change	-81.1%	0.0%	-10.0%	N/A	-16.2%
Y1-Y3 Totals	47	252	19	8	326
Y1-Y3 Mean	0.6	28.0	0.3	0.1	1.4

Table 21

Forensic Sexual Assault Medical Exam	DVP	FH	SAPTA	SPIP	All
Y3 Totals	31	20	5	4	60
Y2 Totals	34	23	3	2	62
Y1 Totals	3	13	0	0	16
Y3 Mean	0.8	5.0	0.1	0.1	0.5
Y2 Mean	0.9	5.8	0.1	0.1	0.5
Y1 Mean	0.3	13.0	0.0	0.0	1.5
Y2-Y3 % Change	-8.8%	-13.0%	66.7%	100.0%	-3.2%
Y1-Y3 Totals	68	56	8	6	138
Y1-Y3 Mean	0.8	6.2	0.1	0.1	0.6

Table 22

Police Interview, Violence	DVP	FH	SAPTA	SPIP	All
Y3 Totals	40	70	14	45	169
Y2 Totals	48	70	11	0	129
Y1 Totals	31	12	0	0	43
Y3 Mean	1.1	17.5	0.4	1.3	1.5
Y2 Mean	1.3	17.5	0.3	0.0	1.1
Y1 Mean	3.4	12.0	0.0	0.0	3.9
Y2-Y3 % Change	-16.7%	0.0%	27.3%	N/A	31.0%
Y1-Y3 Totals	119	152	25	45	341
Y1-Y3 Mean	1.4	16.9	0.3	0.6	1.4

Table 23

Police Interview, Sexual Assault	DVP	FH	SAPTA	SPIP	All
Y3 Totals	32	18	4	3	57
Y2 Totals	33	18	2	2	55
Y1 Totals	2	4	0	0	6
Y3 Mean	0.9	4.5	0.1	0.1	0.5
Y2 Mean	0.9	4.5	0.1	0.1	0.5
Y1 Mean	0.2	4.0	0.0	0.0	0.5
Y2-Y3 % Change	-3.0%	0.0%	100.0%	50.0%	3.6%

Y1-Y3 Totals	67	40	6	5	118
Y1-Y3 Mean	0.8	4.4	0.1	0.1	0.5

Table 24

Child Protection Interview, Violence	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	76	26	10	46	158
Y2 Totals	34	26	62	1	123
Y1 Totals	3	6	4	0	13
Y3 Mean	2.1	6.5	0.3	1.3	1.4
Y2 Mean	0.9	6.5	1.7	0.0	1.1
Y1 Mean	0.3	6.0	2.0	0.0	1.0
Y2-Y3 % Change	123.5%	0.0%	-83.9%	4500.0%	28.5%
Y1-Y3 Totals	113	58	76	47	294
Y1-Y3 Mean	1.4	6.4	1.0	0.6	1.2

Table 25

Child Protection Interview, Sexual Assault	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	50	13	2	3	68
Y2 Totals	51	13	3	2	69
Y1 Totals	0	5	4	0	9
Y3 Mean	1.4	3.3	0.1	0.1	0.6
Y2 Mean	1.4	3.3	0.1	0.1	0.6
Y1 Mean	0.0	5.0	2.0	0.0	0.7
Y2-Y3 % Change	-2.0%	0.0%	-33.3%	50.0%	-1.4%
Y1-Y3 Totals	101	31	9	5	146
Y1-Y3 Mean	1.2	3.4	0.1	0.1	0.6

Table 26

Legal Assistance	**DVP**	**FH**	**SAPTA**	**SPIP**	**All**
Y3 Totals	171	0	16	20	207
Y2 Totals	124	0	44	1	169
Y1 Totals	87	49	5	7	148
Y3 Mean	4.6	0.0	0.4	0.6	1.8
Y2 Mean	3.4	0.0	1.2	0.0	1.5
Y1 Mean	2.8	12.3	0.2	0.3	1.7
Y2-Y3 % Change	37.9%	N/A	-63.6%	1900.0%	22.5%
Y1-Y3 Totals	382	49	65	28	524
Y1-Y3 Mean	3.6	4.1	0.7	0.3	1.7

Substance Use Disorder Cases

The cohort identified cases of substance use and affirmed that all such cases received either treatment through their services or a referral for treatment. Compared to the previous year, the cohort's cases of alcohol use disorder and opioid use disorder were significantly less, 77% and 87%, respectively. Methamphetamine use disorder increased slightly (7%). Other drug use disorders increased by 80%.

Table 27

Alcohol Use Disorder Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	403	0	1031	839	2273
Y2 Totals	396	0	9243	390	10029
Y1 Totals	2672	0	1121	531	4324
Y3 Mean	10.9	0.0	28.6	23.3	20.1
Y2 Mean	10.7	0.0	256.8	10.8	88.8
Y1 Mean	89.1	0.0	38.7	20.4	48.6
Y2-Y3 % Change	1.8%	N/A	-88.8%	115.1%	-77.3%
Y1-Y3 Totals	3471	0	11395	1760	16626
Y1-Y3 Mean	33.4	0.0	112.8	18.0	52.8

Table 28

Methamphetamine Use Disorder Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	143	0	571	212	926
Y2 Totals	166	0	411	290	867
Y1 Totals	275	0	342	42	659
Y3 Mean	3.9	0.0	15.9	5.9	8.2
Y2 Mean	4.5	0.0	11.4	8.1	7.7
Y1 Mean	8.9	0.0	12.2	1.6	7.3
Y2-Y3 % Change	-13.9%	N/A	38.9%	-26.9%	6.8%
Y1-Y3 Totals	584	0	1324	544	2452
Y1-Y3 Mean	5.6	0.0	13.2	5.5	7.8

Table 29

Opioid Use Disorder Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	33	0	490	51	574
Y2 Totals	52	2	4272	223	4549
Y1 Totals	1286	0	300	100	1686
Y3 Mean	0.9	0.0	13.6	1.4	5.1
Y2 Mean	1.4	0.5	118.7	6.2	40.3
Y1 Mean	41.5	0.0	10.3	3.7	18.5
Y2-Y3 % Change	-36.5%	-100.0%	-88.5%	-77.1%	-87.4%
Y1-Y3 Totals	1371	2	5062	374	6809
Y1-Y3 Mean	13.1	0.2	50.1	3.8	21.5

Table 30

Other Drug Use Disorder Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	302	0	889	152	1343
Y2 Totals	85	0	413	248	746
Y1 Totals	397	0	829	520	1746
Y3 Mean	8.2	0.0	24.7	4.2	11.9
Y2 Mean	2.3	0.0	11.5	6.9	6.6
Y1 Mean	12.8	0.0	31.9	20.8	20.3
Y2-Y3 % Change	255.3%	N/A	115.3%	-38.7%	80.0%
Y1-Y3 Totals	784	0	2131	920	3835
Y1-Y3 Mean	7.5	0.0	21.7	9.5	12.3

Case Status for Substance Use Disorder Cases

Across the cohort, the year two to year three arrangements for medically-assisted treatment decreased by 50%. Inpatient arrangements only increased by 3%. Cases of reported sobriety increased by 29%. Cases of overdose increased by 49%. Because case-level data is not available and cases may be referred away from the project, this report cannot conclude that these data represent all the processes and outcomes among those identified as needing treatment services.

Table 31

Medically-Assisted Treatment (MAT) Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	57	0	314	46	417
Y2 Totals	49	0	729	52	830
Y1 Totals	715	0	149	22	886
Y3 Mean	1.5	0.0	8.7	1.3	3.7
Y2 Mean	1.3	0.0	20.3	1.4	7.3
Y1 Mean	23.1	0.0	5.5	0.9	10.2
Y2-Y3 % Change	16.3%	N/A	-56.9%	-11.5%	-49.8%
Y1-Y3 Totals	821	0	1192	120	2133
Y1-Y3 Mean	7.8	0.0	12.0	1.2	6.8

Table 32

Clients Entered Inpatient Treatment	DVP	FH	SAPTA	SPIP	All
Y3 Totals	96	15	593	262	966
Y2 Totals	120	0	471	344	935
Y1 Totals	4	0	20	29	53
Y3 Mean	2.6	3.8	16.5	7.3	8.5
Y2 Mean	3.2	0.0	13.1	9.6	8.3
Y1 Mean	0.1	0.0	1.0	1.3	0.7
Y2-Y3 % Change	-20.0%	N/A	25.9%	-23.8%	3.3%
Y1-Y3 Totals	220	15	1084	635	1954
Y1-Y3 Mean	2.1	1.4	11.7	6.8	6.5

Table 33

Clients Who Achieved Sobriety	DVP	FH	SAPTA	SPIP	All
Y3 Totals	98	66	1126	599	1889
Y2 Totals	46	0	1244	174	1464
Y1 Totals	8	0	1012	230	1250
Y3 Mean	2.6	16.5	31.3	16.6	16.7
Y2 Mean	1.2	0.0	34.6	4.8	13.0
Y1 Mean	0.3	0.0	44.0	10.0	16.4
Y2-Y3 % Change	113.0%	N/A	-9.5%	244.3%	29.0%
Y1-Y3 Totals	152	66	3382	1003	4603
Y1-Y3 Mean	1.5	6.0	35.6	10.6	15.2

Table 34

Client Overdosed, Drugs or Alcohol	DVP	FH	SAPTA	SPIP	All
Y3 Totals	10	0	121	58	189
Y2 Totals	3	0	32	92	127
Y1 Totals	0	0	12	1	13
Y3 Mean	0.3	0.0	3.4	1.6	1.7
Y2 Mean	0.1	0.0	0.9	2.6	1.1
Y1 Mean	0.0	0.0	0.5	0.0	0.2
Y2-Y3 % Change	233.3%	0	278.1%	-37.0%	48.8%
Y1-Y3 Totals	13	0	165	151	329
Y1-Y3 Mean	0.1	0.0	1.7	1.6	1.1

Psychological Distress Cases

The cohort identified cases of psychological distress and affirmed that all such cases received either treatment through their services or a referral for treatment. Comparing year three to year two, cases of psychological distress were lower by 42%, but cases of risk of suicide were higher by 15%. The data collection in year one recorded psychological distress referrals for services, not counts of cases, the year-one data cannot be compared to subsequent years, as summarized in the tables below.

Table 35

Psychological Distress Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	1383	0	2555	4488	8426
Y2 Totals	1368	2	11174	2007	14551
Y1 Totals (Referrals)	*6668*	*60*	*876*	*866*	*8470*
Y3 Mean	37.4	0.0	71.0	124.7	74.6
Y2 Mean	37.0	0.5	310.4	55.8	128.8
Y1 Mean (Referrals)	*229.9*	*10.0*	*33.7*	*33.3*	*97.4*
Y2-Y3 % Change	1.1%	-100.0%	-77.1%	123.6%	-42.1%
Y2-Y3 Totals	2751	2	13729	6495	22977
Y2-Y3 Mean	37.2	0.3	190.7	90.2	101.7

Table 36

Risk of Suicide Cases	DVP	FH	SAPTA	SPIP	All
Y3 Totals	32	5	1598	851	2486
Y2 Totals	56	6	724	1374	2160
Y1 Totals (Referrals)	*47*	*0*	*124*	*321*	*492*
Y3 Mean	0.9	1.3	44.4	23.6	22.0
Y2 Mean	1.5	1.5	20.1	38.2	19.1
Y1 Mean (Referrals)	*1.6*	*0*	*4.9*	*12.3*	*5.7*
Y2-Y3 % Change	-42.9%	-16.7%	120.7%	-38.1%	15.1%
Y2-Y3 Totals	88	11	2322	2225	4646
Y2-Y3 Mean	1.2	1.4	32.3	30.9	20.6

Psychological Treatments

Tribal partners provided or referred clients to a variety of therapeutic models. Generally, there were decreases in the most commonly used psychological treatment models, such as cognitive-behavioral therapy (48%), dialectical behavior therapy (81%), and motivational interviewing (60%). Increases were notable for motivational enhancement therapy, from 2 to 344 cases. Other increases included matrix model (intense outpatient; 48%), contingency management (53%), therapy by a spiritual leader (75%), and 12-step group programs (119%).

Table 37

Treatment Model	Y2 Totals	Y3 Totals	Y2-Y3 % Change
Attachment-Based Family Therapy (ABFT)	533	36	-93.2%
Cognitive Behavioral Therapy (CBT)	10665	5562	-47.8%
Dialectical Behavioral Therapy (DBT)	9111	1733	-81.0%
Matrix Model (MM)	207	306	47.8%
Motivational Enhancement Therapy (MET)	2	344	17100.0%
Motivational Interviewing (MI)	10393	4197	-59.6%
Community Reinforcement Approach (CRA)	40	5	-87.5%
Contingency Management / Titration (CMT)	70	107	52.9%
Other, Not Specified	1450	1105	-23.8%
Therapy by chaplain / pastoral / spiritual leader	65	114	75.4%
Therapy by spiritual integrated counselor	1	17	-79.8%
Therapy by 12-step group	472	1034	119.1%

Traditional Healing and Risk Prevention

Projects reported the volume of clients engaged through traditional methods of healing and risk prevention. The data are not de-duplicated, as people can participate in more than one activity within the year.

Table 38

Traditional Activity	Y2 Totals	Y3 Totals	Y2-Y3 % Change
Dancing	6531	15201	132.8%
Drumming	3548	6923	95.1%
Native Languages	3145	12278	290.4%
Singing	2580	6164	138.9%
Songs	2133	5712	167.8%
Story Telling	3235	6354	96.4%
Crafts (beading, weaving, tool making)	10692	18578	73.8%
Games	2197	4574	108.2%
Equine Therapy	181	3538	1854.7%
Hunting / Fishing	85	390	358.8%
Smudging	9396	21978	133.9%
Talking Circles	3804	9829	158.4%
Other, Not Specified	5547	5669	2.2%

Table 39

Traditional Activity 3-Year Sums	DVP	FH	SAPTA	SPIP	All
Dancing	3805	0	5066	15270	24141
Drumming	2461	0	5378	4292	12131
Native Languages	1958	0	8732	5715	16405
Singing	2273	36	4212	4993	11514
Songs	2346	0	3898	3039	9283
Story Telling	3381	0	2970	5555	11906
Crafts (beading, weaving, tool making)	7320	17	12726	11575	31638
Games	331	0	3425	4126	7882
Equine Therapy	276	0	3055	983	4314
Hunting / Fishing	330	0	214	209	753
Smudging	8680	34	12152	10508	31374
Talking Circles	4491	15	5738	3389	13633
Other, Not Specified	4279	21	3855	10623	18778
Total Clients Engaged	41931	123	71421	80277	193752

Client-Level Measured Impacts

IHS does not require projects to report individual-level measures of changes in clients. However, a portion of the projects do collect and report summaries of client changes, and the use of such methods has increased slightly from year 2 to year 3. These include projects measuring changes in attitudes (23; 20%), decisions (17; 15%), and behavior changes (27; 24%).

Table 40

Measured Changes in Valuations of…	Y2 Totals	Y3 Totals	Y2-Y3 % Change
Self	1680	1943	15.7%
Peers	869	606	-30.3%
Family Members	1119	1219	8.9%
Community Members	212	285	34.4%
Tribe-Specific Culture	952	413	-56.6%
Treatment Services	964	855	-11.3%
Spiritual / Religious Activities	305	747	144.9%
Traditional or Cultural Activities	843	1508	78.9%

Table 41

Measured Affirmed Commitment to…	Y2 Totals	Y3 Totals	Y2-Y3 % Change
Protecting Own Body	1232	668	-45.8%
Protecting Own Mind	1288	622	-51.7%
Protecting Soul, Faith, Spirit	875	117	-86.6%
Change Substance Use Influences	2094	280	-86.6%
Change Substance Use Behavior	1150	344	-70.1%
Accountable to Others	874	246	-71.9%
Complete Treatment Services	993	250	-74.8%
Spiritual/Religious Activities	201	126	-37.3%
Traditional/Cultural Activities	1594	1225	-23.1%

Table 42

Measured Improved Behaviors in…	Y2 Totals	Y3 Totals	Y2-Y3 % Change
Substance Abuse	2136	819	-61.7%
Legal Alternative Activities	803	118	-85.3%
Family-Affirming Activities	1015	356	-64.9%
Financial Management Activities	786	68	-91.3%
Social Network Affiliations	920	83	-91.0%
Culturally-Affirming Activities	1529	1215	-20.5%
Community-Affirming Activities	1569	876	-44.2%
Spiritually-Affirming Activities	406	403	-0.7%
Time Being Accountable to Others	852	189	-77.8%
Employability Attributes	826	122	-85.2%

Cost-Effectiveness

A regular question raised by IHS and Tirbal partners is what it should cost to engage and then serve clients who face severe self-inflicted or other-inflicted injuries. Many factors drive such costs. One example is capacity building, such as hiring and organizing qualified staff and volunteers across various contexts, which is generally associated with the first two years of spending. Another is the varied expenses of specific complex services by volume of cases, such as examinations following assaults or use of detoxification facilities before entering substance use treatment. This cohort did not report on spending by specific start-up or service requirements.

A general method of estimating the cost-effectiveness of projects is to examine the budgets by their cost per client engagement—the volume of non-training client encounters. It should be noted that total budgets vary due to the potential for multiple grant awards to a Tribal organization. The voluntary competitive grant process is based on Tribal interest, acceptance of grant applications, and IHS service area balancing. The grants are not distributed based on an analysis of priority public health requirements. For this cohort of 83 Tribal partners, 57 won one award, 22 won two, and 4 won three. No Tribal partner won all four grants. The estimated five-year budgets are then $1.7 million, $3.5 million, and $5.2 million, respectively. Table 42 summarizes partners' client engagement rates across nine groups by award count.

Table 42

Groups of Cost Per Client Engagement	1 Award	2 Awards	3 Awards	All Partners
A $1-100		1		1
B $101-200	2	4		6
C $201-500	8	5	1	14
D $501-1,000	10		1	11
F $1,001-3,000	11	6		17
G $3,001-10,000	12	5	2	19
H $10,001-20,000	5			5
I $20,001-60,000	2	1		3
No Engagements	7			7
Grand Total	**57**	**22**	**4**	**83**

The rates vary significantly, from $84 to $58,333. The combination of groups A through C includes 21 partners that operated with rates under $500 per engagement. They account for 80% of all engagements within the total cohort. The one project that operated at $84 per engagement demonstrated notable cost-effectiveness with two awards and accounted for 12% of all cohort engagements. Groups G through I are 34 partners with over $3,000 per client engagement rates. Most of these programs are single awards—only 8 (24%) received multiple awards. In the aggregate, these 34 partners accounted for only 3% of all client engagements. What is unknown is the cost-of-service complexity and program mix of operations that can drive up these high engagement rates.

Summary of Observations

There are several notable observations from this cohort study of 113 projects operated and reported by 83 Tribal partners, as compared to the previous year:

1. The volume of client engagements has increased by 36%—largely driven by men and women in the 36 substance abuse programs. Thirty-three (40%) of the Tribal partners account for 90% of all the client engagements. Seven projects reported no client engagements.

2. Risk screening decreased significantly for all priority issues. Notably, 35 Tribal partners reported no screening within their project-specific purposes.

3. Cases of domestic and sexual violence decreased by 50% and 39%, respectively. While cases of non-specific and non-sexual violence increased by 18% and 55%, respectively. There were 750 cases of sexual assaults reported, but only 60 forensic medical exams were reported for such cases. Also notable is the 42% increase in human trafficking (64 cases).

4. Cases of alcohol use disorder and opioid use disorder decreased 77% and 87%, respectively. Methamphetamine use disorders increased by 7%. Other drug use disorders increased by 80%. Delivery of medically-assisted treatment decreased by 50%. Reported sobriety cases increased by 29%, achieving a three-year total of 4603 cases. Overdose deaths increased by 49%, reaching a three-year total of 329.

5. Cases of psychological distress decreased by 42%, but cases of suicide risk increased by 15%. Rates for using most common treatment models decreased, but notably increased for motivational enhancement therapy (2 to 344), contingency management (53%), therapy by a spiritual leader (75%), and 12-step group programs (119%).

6. The volume of client engagements through traditional methods of healing and risk prevention increased in all categories. The greatest increases were in equine therapy (1855%), hunting and fishing (359%), use of native languages (290%), and talking circles (158%).

7. A small portion of the cohort reported client-level data for specific changes, specifically changes in clients' attitudes (20%), decisions (17%), and behaviors (27%). In nearly all the 27 forms of such measurable changes, the number of clients decreased. The exceptions were increases for valuation of spiritual/religious activities (145%), traditional or cultural activities (79%), community members (34%), self (16%), and family members (9%).

8. Estimating the right-sizing of costs is limited due to the highly variable project requirements and lack of specific cost assignments; however, a small set of 21 Tribal partners operated with cost rates under $500 per client engagement, while accounting for

80% of all engagements within the cohort. The engagement rates ranged from $42 to $58,333.

Recommendations for Strategic Actions

This report addresses the third-year progress of four risk mitigation programs for AI/AN persons, managed by IHS in cooperation with 83 Tribal partners. The evidence reported herein suggests that the programs warrant near-term strategic actions to implement course corrections and redesign the programs if their corresponding appropriations continue.

The programs are scheduled to end in April 2027, seven months into fiscal year 2027. Planning actions in response to this report is important, given the near-term budget schedule. The President's budget is submitted in February 2026, followed by Congressional committee negotiations, which will ideally pass the U.S. budget by September 2026, corresponding to the October start of fiscal year 2027.

Course Corrections

By the third year, even new projects in behavioral health services should have completed their service capacity development so they can perform in line with the goals of the grant programs. A total of 55 (66%) Tribal partners require a mid-program review to plan course corrections. There were 35 (42%) Tribal partners with 45 project-specific performance problems (no screenings with their domain, no client engagements), and 34 (29%) projects that operate at over $3,000 per engagement (7 also had performance problems), or due to no engagements, had no cost-per-engagement rates to calculate. Based on the observations reported herein, IHS should investigate the project-specific capacity or service barriers and determine if there are performance actions to be corrected within each project. If the course corrections are not possible, IHS should end grant funding to non-performing projects.

Program Redesigns

The following are strategic actions to support a redesign of four programs, based on the evidence of this report and the two previous ones for this cohort:

1. There is reliable evidence to demonstrate a high prevalence of self-inflicted and other-inflicted injuries among AI/AN persons; it is prudent to combine the finite funds appropriated for behavioral health programs, as these are applicable to preventing initial and recurring injuries.

2. IHS needs to commit resources to investigate the previous reports of human trafficking, which were 2,640 cases in the first-year report. The U.S. Department of Health and Human Services Administration for Children and Families operates a robust counter-human trafficking mission, which could be an active partner for IHS.

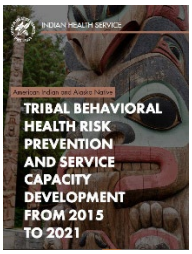
3. IHS should work with academic or other institutional partners to study, refine, and obtain technical assistance methods that enable successful operations in:

a. Volunteer and employee recruitment and training;
b. Traditional healing organization and delivery;
c. Spiritual health service organization and delivery;
d. Victim service coordination and follow-through tracking;
e. Technology assistance for persistent service engagements;
f. Tracking costs per service type, among complex cases; and
g. Planning specific interventions to fit unique contexts.

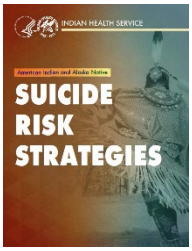
4. Future terms of agreements between IHS and Tribal organizations should require and enable projects to collect individual-level measures of changes in client attitudes, decisions, and behaviors. Innovations can enable persistent and routine indicators of risk and mitigation, as well as simplified aggregate or milestone reporting for timely services.

5. After three years, only 16 (14%) projects have provided an estimate of the service requirements gaps in their catchment areas for inpatient and outpatient services for adults and youth. To overcome such critical information problems, IHS should strengthen its geo-analytic leadership to support accurate planning capacity with Tribal organizations.

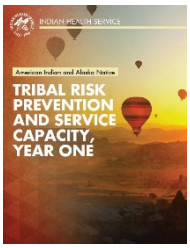
Related Resources



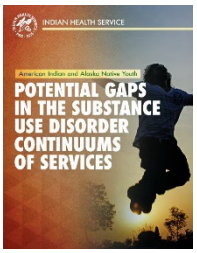
Tribal Behavioral Health Risk Prevention and Service Capacity from 2015 to 2021. U.S. Indian Health Service. July 2025.



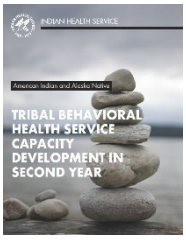
Health Service Suicide Prevention Strategies Evaluation. U.S. Indian Health Service. June 2024.



Tribal Behavioral Health Service Capacity Development, Year One. U.S. Indian Health Service. July 2024.



American Indian and Alaska Native Youth: Potential Gaps in the Substance Use Disorder Continuums of Services. U.S. Indian Health Service. November May 2024.



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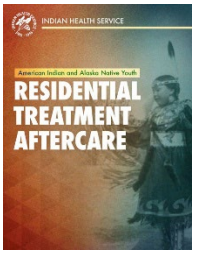

Evaluation of the Youth Regional Treatment Center Aftercare Pilot Project. U.S. Indian Health Service. October 2022.


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