

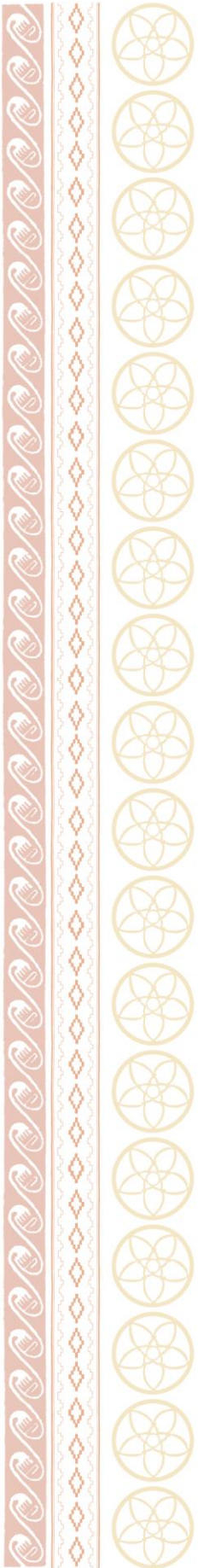
JANUARY 2018

METHAMPHETAMINE AND SUICIDE PREVENTION INITIATIVE

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 1 NATIONAL EVALUATION REPORT
September 30, 2015 – September 29, 2016



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



REPORT PREPARED BY:

Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board, Inc.
5015 Prospect Ave NE
Albuquerque, NM 87110

Kevin English, DrPH—Director
P: 505-962-2602 or (800) 658-6717
kenglish@aaihb.org

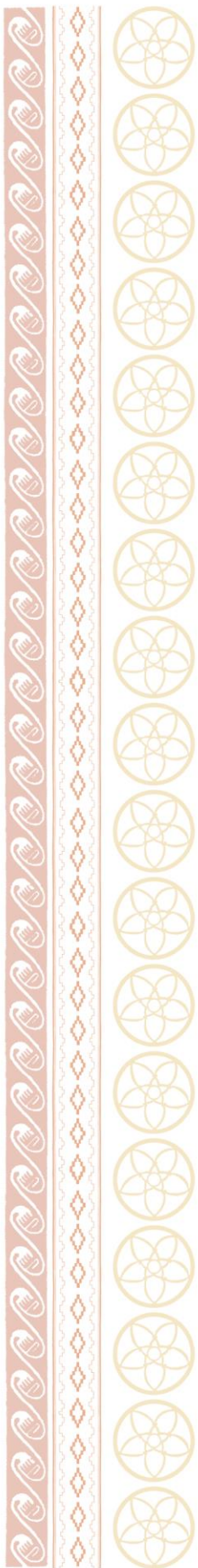
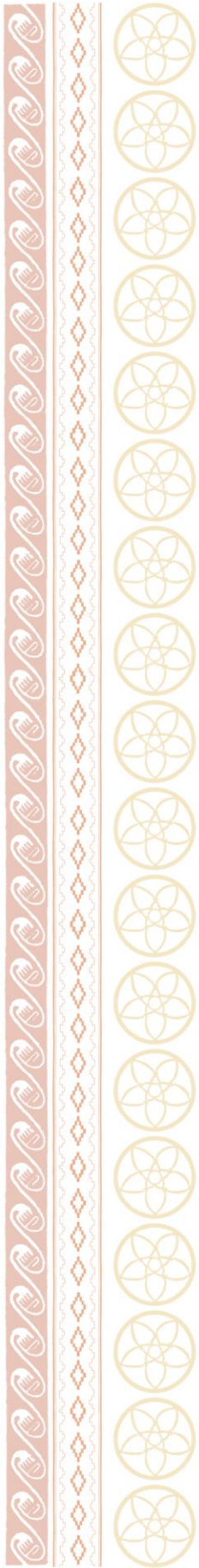


TABLE OF CONTENTS

| | |
|---|----|
| PURPOSE | 1 |
| ABOUT MSPI | 1 |
| MSPI PURPOSE AREAS | 2 |
| EVALUATION METHODS | 3 |
| SECTION 1: POPULATION SERVED | |
| MSPI Projects by IHS Administrative Area | 6 |
| MSPI Projects by Purpose Area | 7 |
| Target Population | 8 |
| SECTION 2: SERVICE TYPES | |
| Type of Services Provided | 10 |
| Evidence-Based Practices | 11 |
| Holistic Approaches to Service | 13 |
| SECTION 3: PROJECT OPERATIONS | |
| Partnerships | 16 |
| Staffing | 17 |
| SECTION 4: ACCOMPLISHMENTS & BARRIERS | |
| Project Accomplishments | 20 |
| Project Barriers | 23 |
| SECTION 5: PURPOSE AREA 2 PROJECT EVALUATION | 26 |
| SECTION 6: PURPOSE AREA 3 PROJECT EVALUATION | 42 |
| SECTION 7: PURPOSE AREA 4 PROJECT EVALUATION | 58 |
| SECTION 8: PURPOSE AREA 1 BRIEF REPORT | 73 |
| APPENDIX – PROJECTS REPORTING | 75 |





PURPOSE

The purpose of this report is to provide findings from the year 1 national evaluation of the new cohort of Methamphetamine and Suicide Prevention Initiative (MSPI) Projects funded by the Indian Health Service Division of Behavioral Health. The data included in this report is from the period September 30, 2015 – September 29, 2016. Findings are aggregated from a total of 129 MSPI Projects that submitted a progress report during the reporting period.

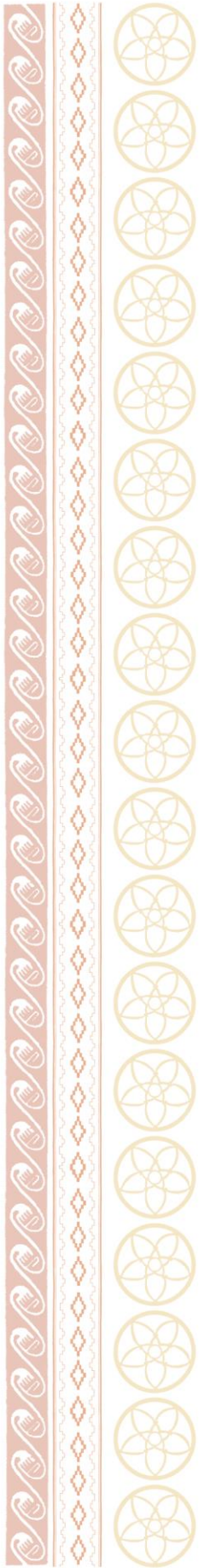
ABOUT MSPI

The Methamphetamine and Suicide Prevention Initiative (MSPI) is a nationally-coordinated program by the Indian Health Service Division of Behavioral Health, focusing on providing methamphetamine and suicide prevention and intervention resources for Indian Country. This initiative promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context.

MSPI projects have been funded to meet the following six goals:

1. Increase tribal, Urban Indian Organization (UIO), and federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans.
2. Develop and foster data sharing systems among tribal, UIO, and federal behavioral health service providers to demonstrate efficacy and impact.
3. Identify and address suicide ideations, attempts, and contagions among American Indian and Alaska Native (AI/AN) populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.
4. Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, treatment, and aftercare strategies.
5. Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.
6. Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.

Funded projects are not expected to address all of the MSPI goals, only those relevant to the Purpose Area for which they applied.



Four purpose areas have been established to help funded projects meet these goals:

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

MSPI PURPOSE AREAS

Purpose Area 1

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

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

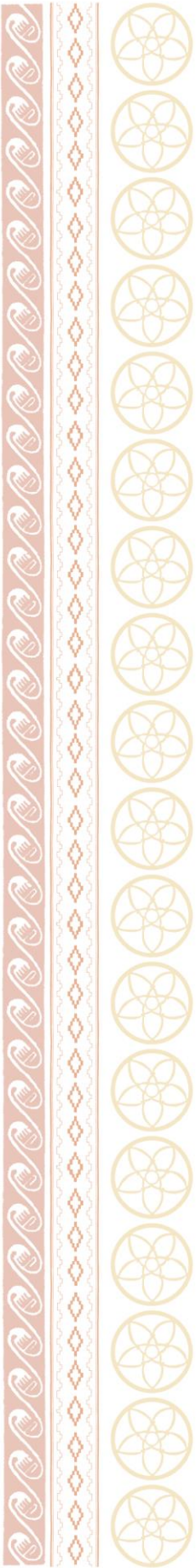
Purpose Area 2

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

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

Purpose Area 3

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

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

Purpose Area 4

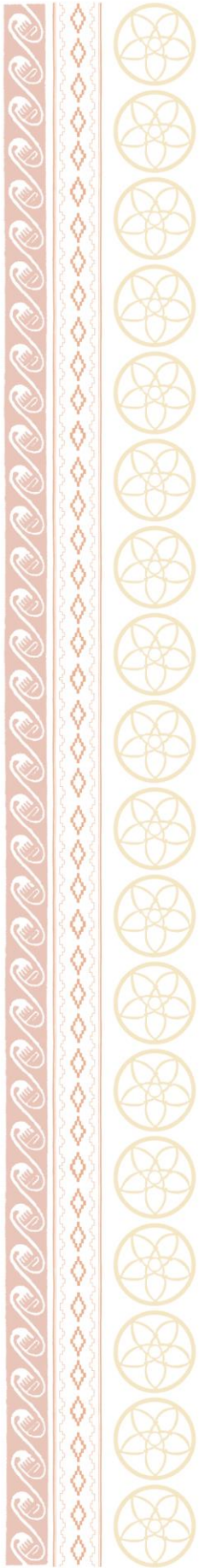
MSPI Purpose Area 4 projects promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse. Funded projects address MSPI overall goal #6 by working with Native youth, up to and including age 24, on the following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

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

EVALUATION METHODS

Each MSPI project submits an annual progress report utilizing a template that corresponds to those measures relevant to their scope of work and purpose area. Projects submit their reports an online reporting system, also known as the MSPI Portal. Of the active IHS MSPI projects, 127 projects submitted progress reports with relevant data for aggregation during this reporting period (2015-2016).

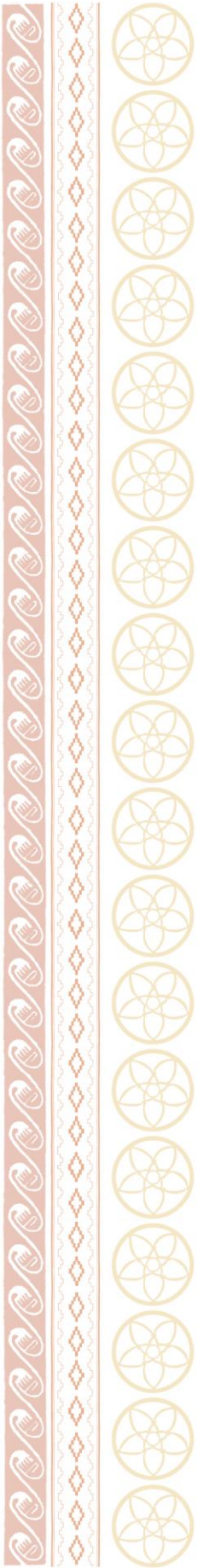
The first section of this report focuses upon data aggregated across all MSPI projects. Subsequent sections are stratified by MSPI Purpose Area, with the exception of Purpose Area 1, which encompassed less than 5 projects.



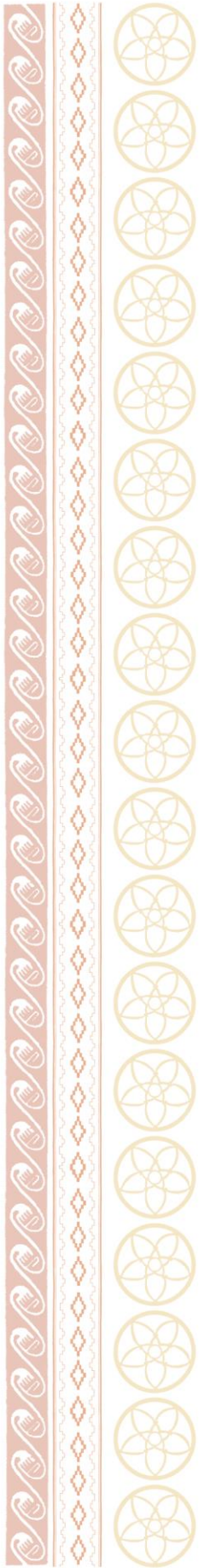
The data in this report are presented in figures and tables. Where applicable, annotations are provided following the figures and tables to share additional information related to a given topic. Missing data was handled by omitting those cases with missing data and running the analysis on what remained. Data was analyzed using SPSS v. 24 statistical software.

Data analysis was conducted by the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country.

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



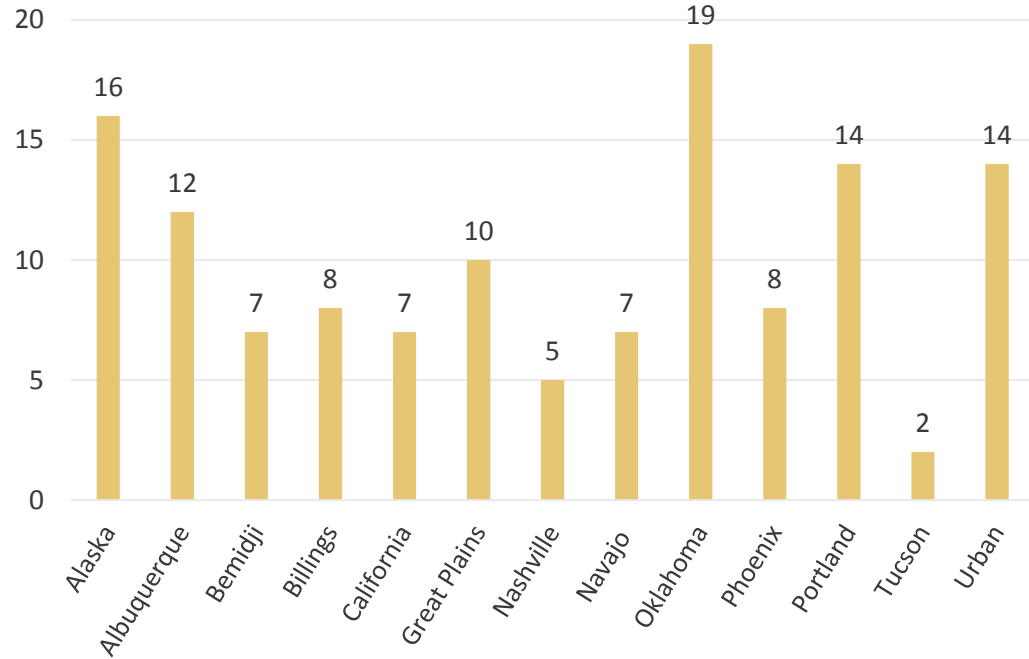
SECTION 1: POPULATION SERVED



POPULATION SERVED

MSPI PROJECTS BY AREA

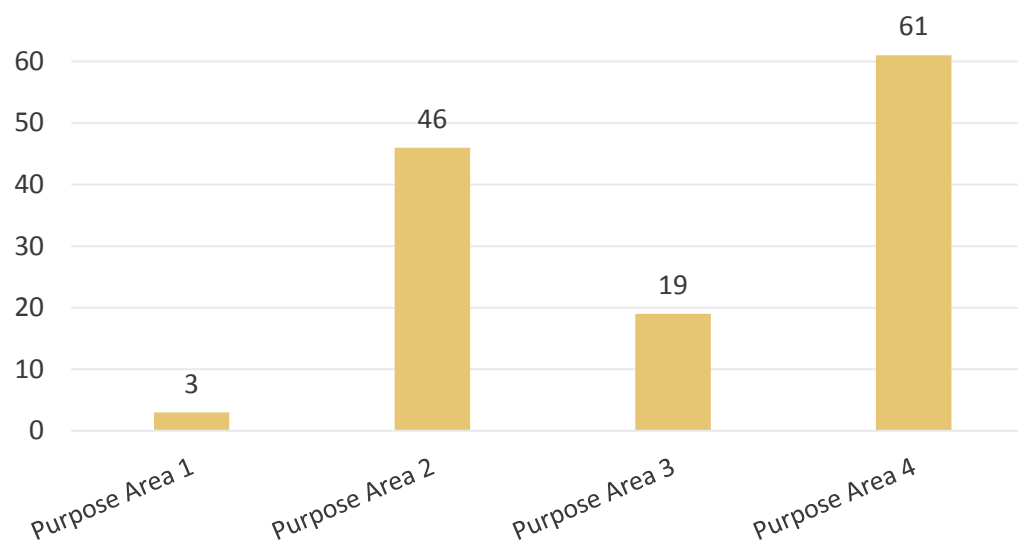
Figure 1: Number of MSPI Projects by Indian Health Service (IHS) Administrative Area, 2015-2016*



*Total number of projects (regardless of progress report submission) n= 129

PURPOSE AREA

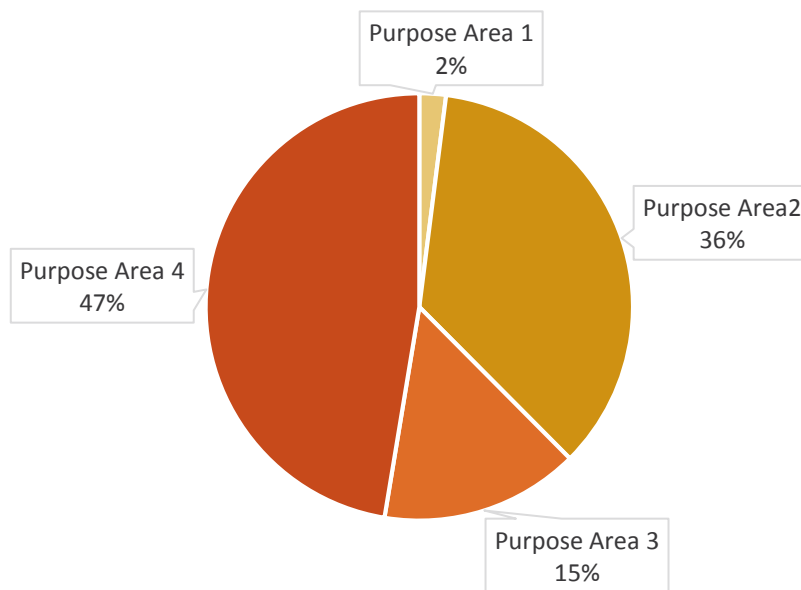
Figure 2: Number of MSPI Projects by Purpose Area, 2015-2016*

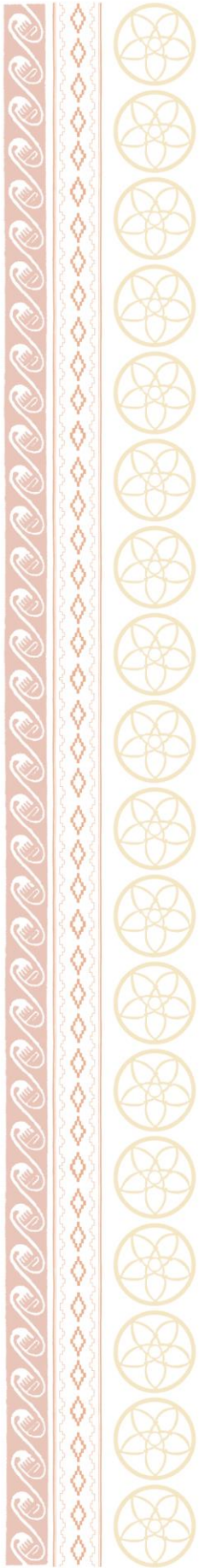


*Total number of programs (regardless of progress report submission) n= 129

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

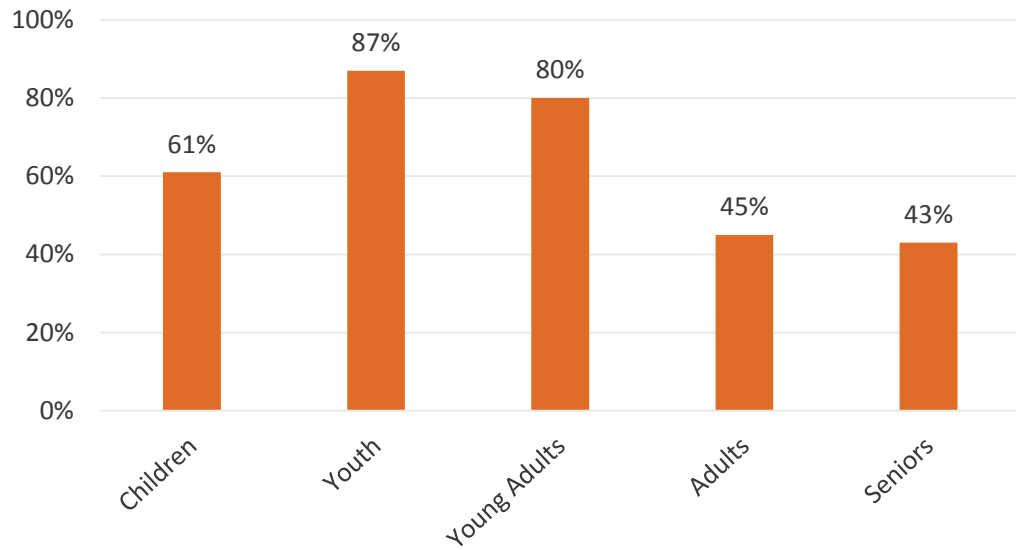
Figure 3: Percentage of MSPI Project by Purpose Area, 2015-2016





TARGET POPULATION

Figure 4. Target Population Served by MSPI Projects, 2015-2016*

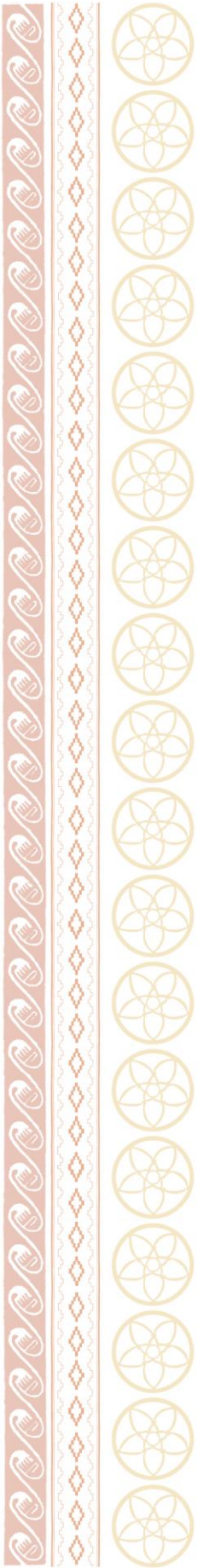


*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), the most commonly served age group among MSPI projects was youth (87%), young adults (80%), and children (61%).

TARGET POPULATION DEFINITIONS

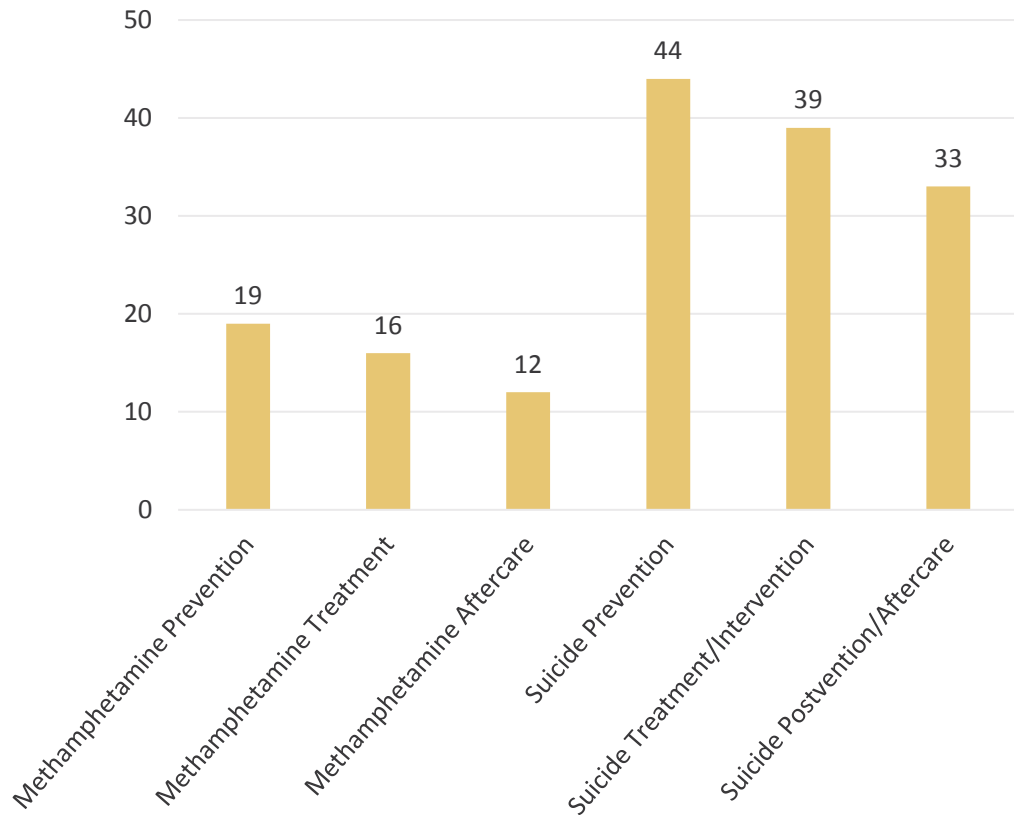
- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



SECTION 2: SERVICE TYPES

TYPES OF SERVICES PROVIDED

Figure 5. Number of MSPI Projects by Service Type, 2015-2016*

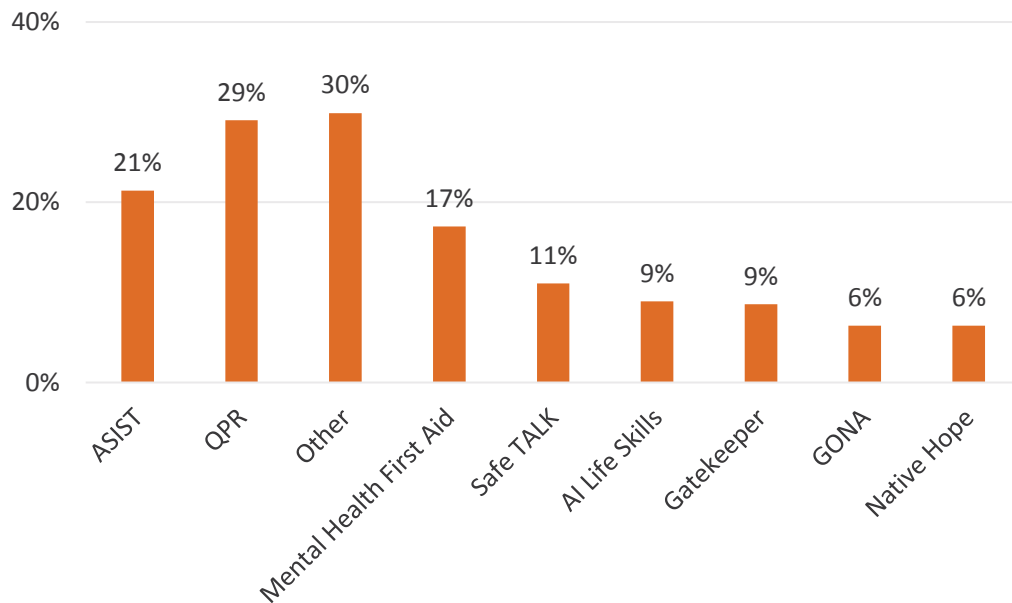


*Projects were able to select multiple types of service provision.

As evidenced in [Figure 5](#), the largest number of MSPI projects focused upon suicide-prevention (n=44) and other suicide-related service types, i.e., suicide treatment/intervention (n=39) and suicide postvention/aftercare (n=33).

EVIDENCE-BASED PRACTICES

Figure 6. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention, 2015-2016.*



*Projects were able to select multiple types.

As demonstrated in [Figure 6](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI projects for prevention were ASIST (21%), QPR (29%), and other practices (30%). “Other” reported evidence and practice-based prevention practices included: Project Venture, EMDR, SMART Recovery, Keeping it Real, Cognitive Processing Therapy (CPT), Critical Incident Stress Debriefing, Strengthening Families, Meth SMART, Zero Suicide, SBIRT, Passport to Manhood, Prime for Life, SAFE-T, Seeking Safety, Meth 360, Good Road of Life, Family Spirit, Navajo Wellness Model, Seven Sacred Teachings, Responsible Fatherhood, Native STAND, Prevention through the Arts, Sons of Traditions, Positive Indian Parenting, and Doorway to a Sacred Place.

KEY:

QPR = Question Persuade Refer

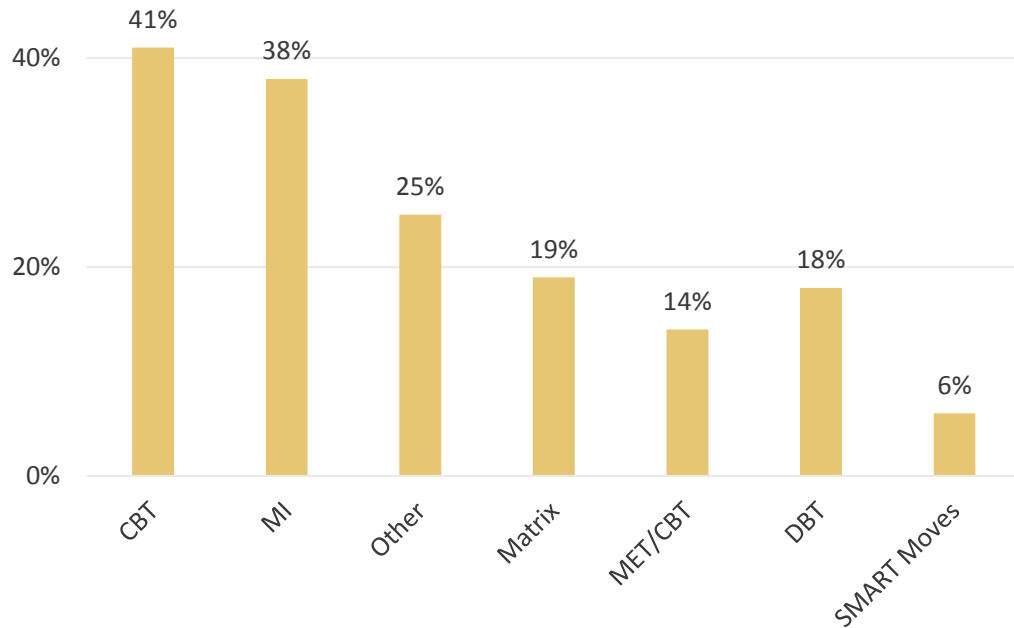
ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans

SBIRT = Screening Brief Intervention, and Referral to Treatment

EMDR = Eye Movement Desensitization and Reprocessing

Figure 7. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment, 2015-2016*



*Projects were able to select multiple types.

As demonstrated in [Figure 7](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Projects, 41% and 38% respectively.

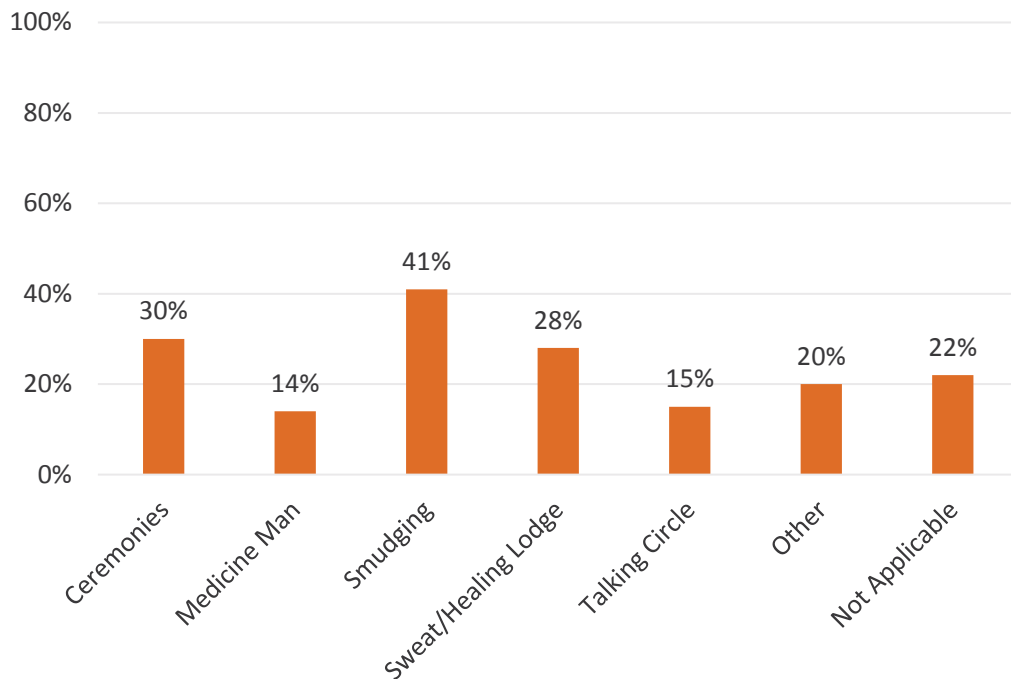
KEY:

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy

“Other” evidence and practice-based intervention/treatment models reported by MSPI projects included: Medication Assisted Therapy (MAT), Trauma Focused CBT, Alcoholics Anonymous, White Bison, Red Road, and Multisystemic Therapy.

HOLISTIC APPROACHES TO SERVICES

Figure 8. Percentage of MSPI Projects Integrating Traditional Healing into Project Services, by Practice Type, 2015-2016*



*Projects were able to select multiple types.

Figure 8 demonstrates that the most common traditional healing related practices incorporated into MSPI activities included smudging (41%), ceremonies (30%), and sweat/healing lodge (28%).

“Other” traditional healing practices cited included powwows, culture camps, cultural mentorship elders teaching traditions, traditional tobacco, canoeing, hunting, trapping, fishing, fire making, and equine therapy.

The majority of MSPI projects reported integrating at least one of these traditional healing practices into their project services (67.7%).

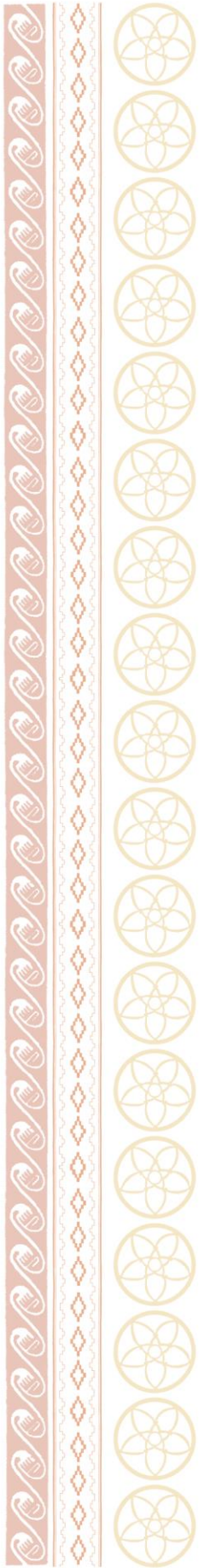
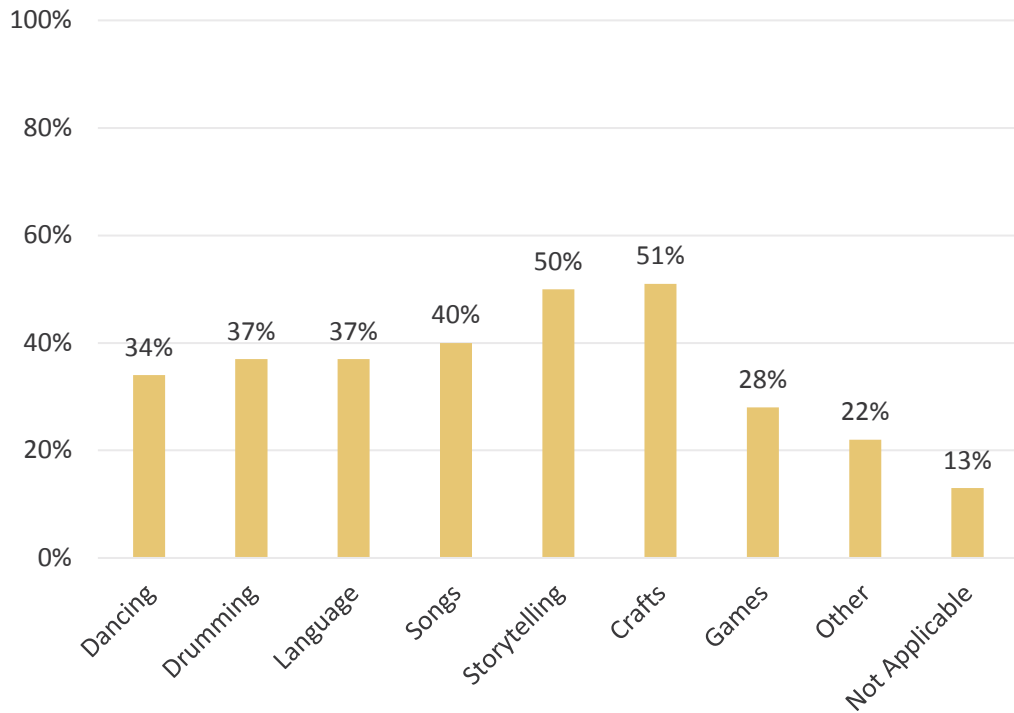


Figure 9. Cultural Practices Offered as a Component of MSPI Project Services, 2015-2016*

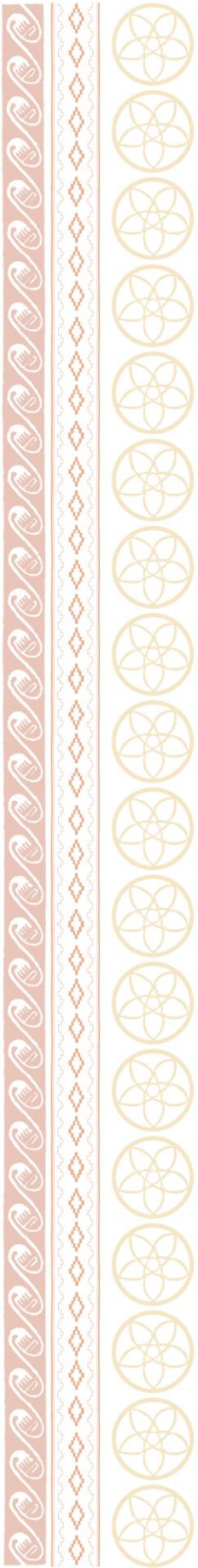


**Projects were able to select multiple types.*

As evidenced in [Figure 9](#), the most common cultural services included in MSPI projects were crafts (51%) and storytelling (50%).

“Other” cultural practices cited included sacred tobacco, traditional gardening, traditional foods, traditional herbs, roots, and medicines, Tipi construction, canoe journeys, cultural revitalization classes, traditional subsistence activities (e.g. fishing and hunting), archery, fire making, language circles, prayer, and horse camps.

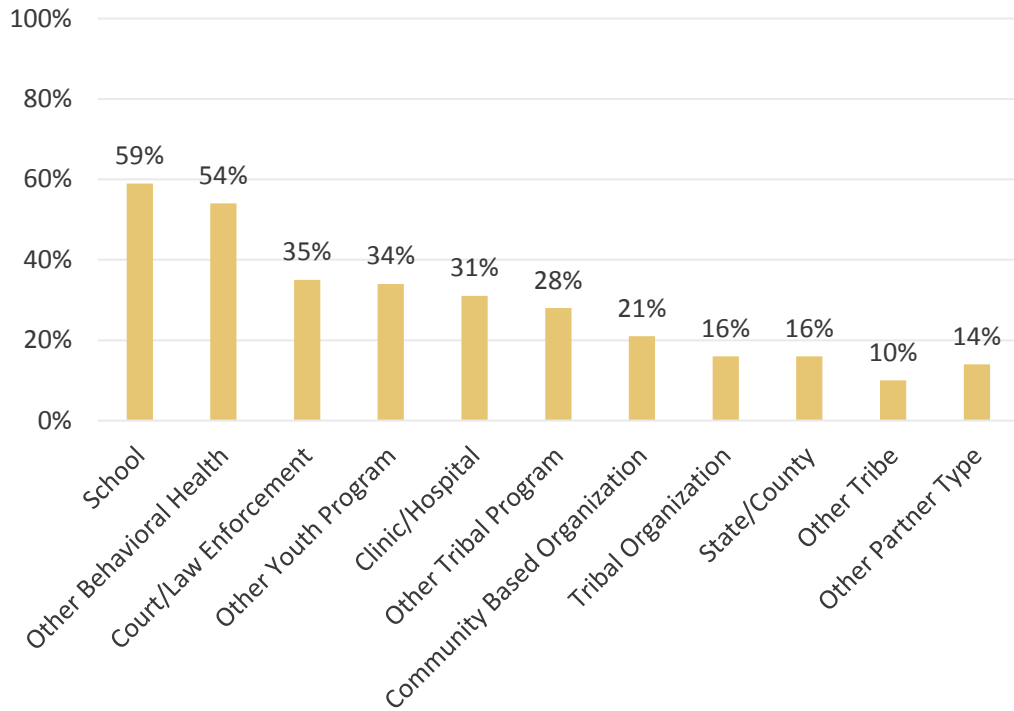
The vast majority of MSPI projects reported integrating at least one of these cultural practices into their project services (79.5%).



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 10. Most Common Types of Partners Enlisted among MSPI Projects 2015-2016*



*Projects were able to select multiple types.

The “other” category included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

Table 1. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Projects, 2015-2016

| | N |
|---------------------------------------|--------|
| Total Partners (All Projects) | 774 |
| Average per project | 6.4 |
| Range | 0 – 23 |
| Total Memorandum of Agreements (MOAs) | 111 |

STAFFING

Figure 11. Percentage of MSPI Projects that Experienced Staff Turnover, 2015-2016

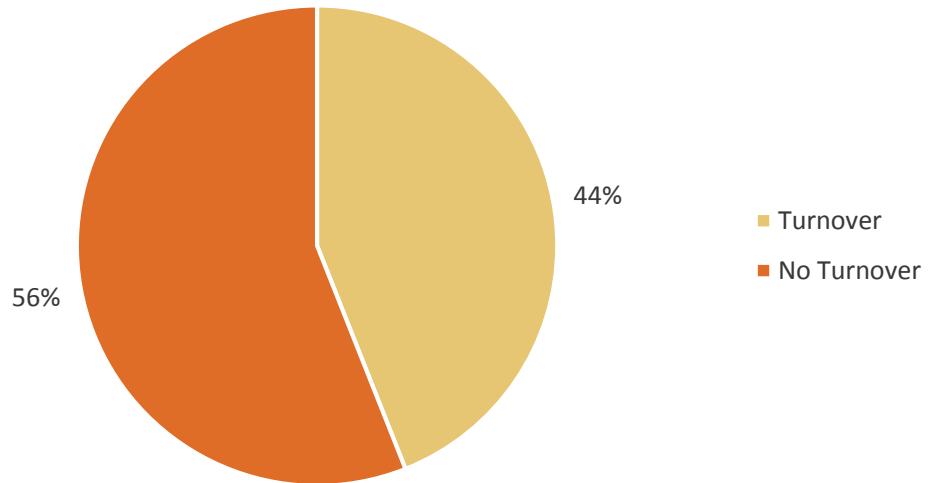


Figure 12. Percentage of MSPI Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016

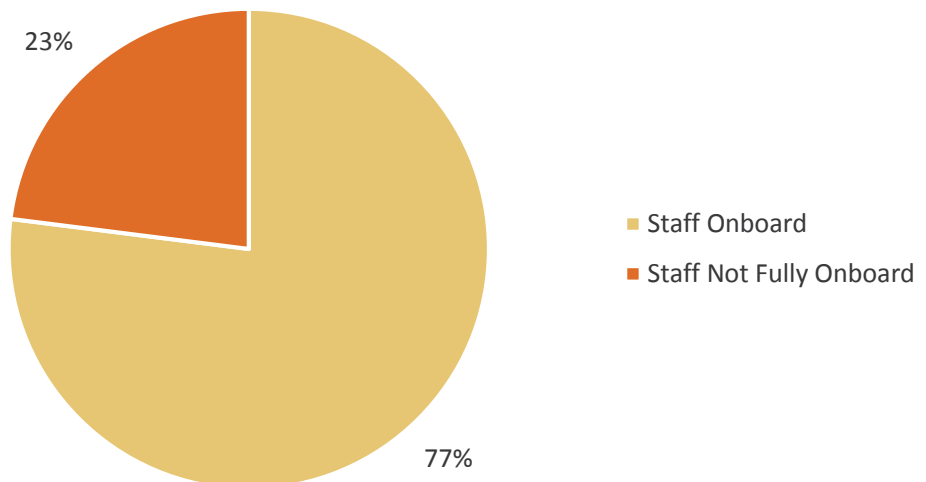
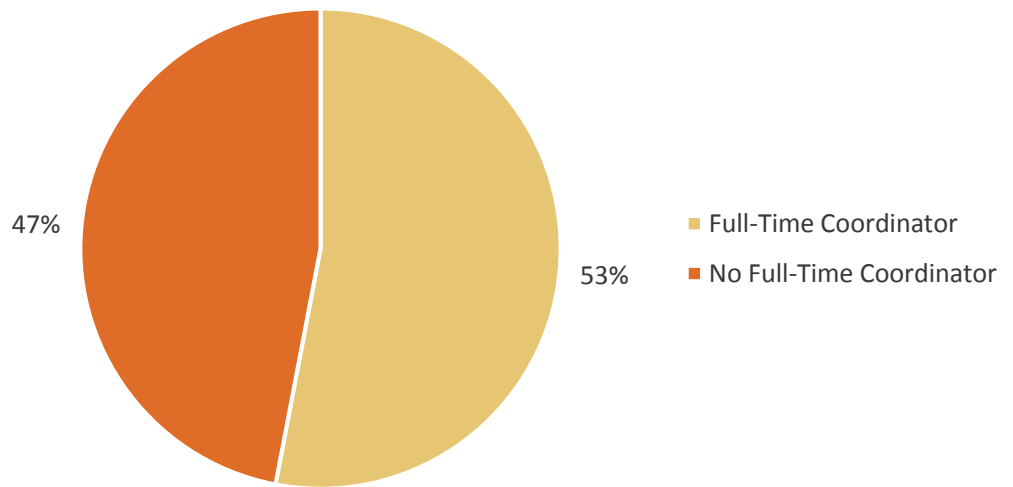
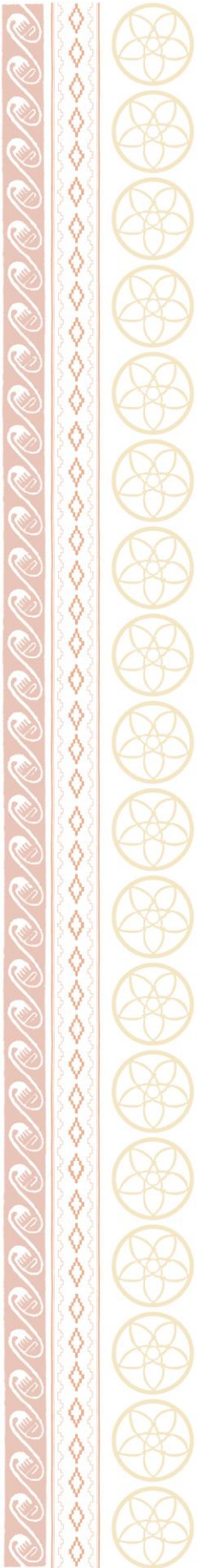


Figure 13. Percentage of MSPi Projects with a Full-Time Project Coordinator, 2015-2016



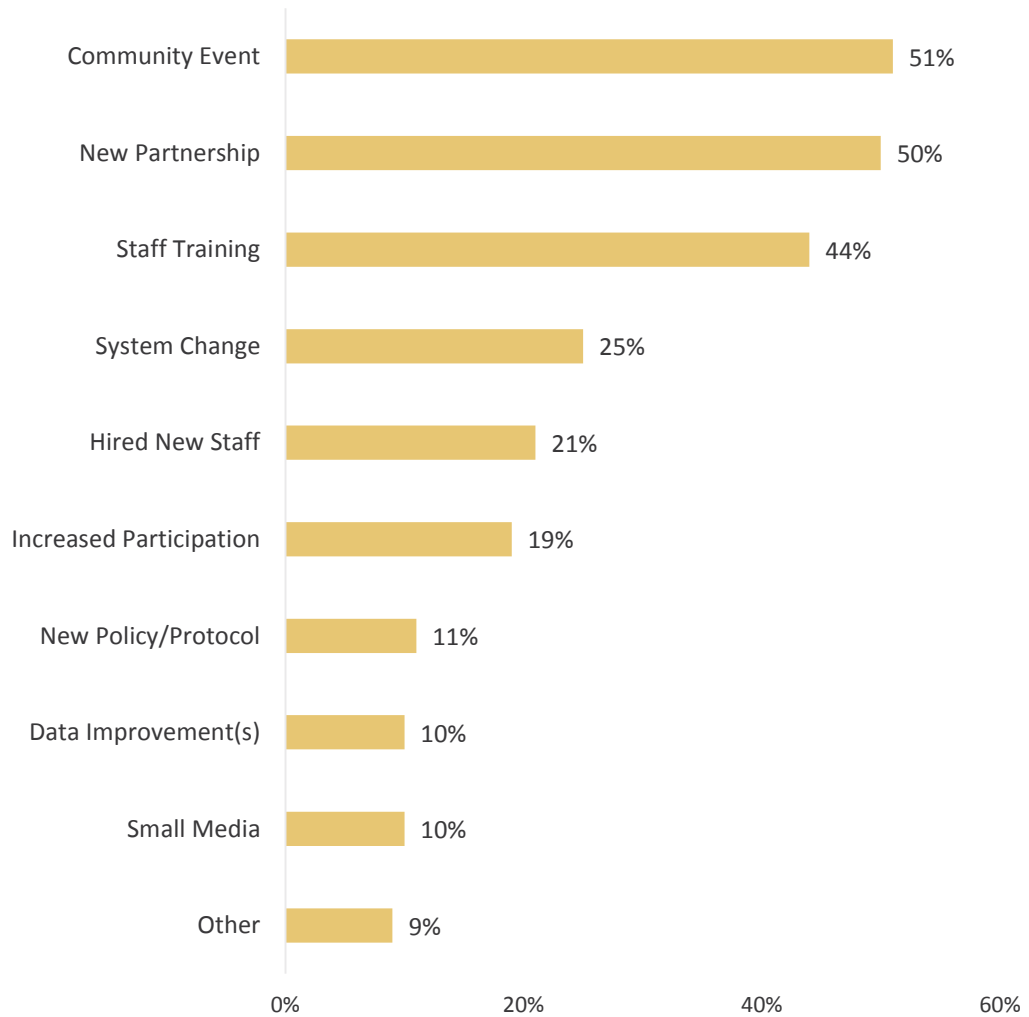


SECTION 4: PROJECT ACCOMPLISHMENTS & BARRIERS

PROJECT ACCOMPLISHMENTS AND BARRIERS

PROJECT ACCOMPLISHMENTS

Figure 14. Type of Accomplishments Reported among MSPI projects, 2015-2016



As evidenced in [Figure 14](#), the most commonly reported MSPI project accomplishments in project year 1 included implementing successful community events (51%), establishing one or more new partnerships (50%) and completion of staff training (44%). Definitions and examples for each accomplishment type are provided on the following pages of this report.

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

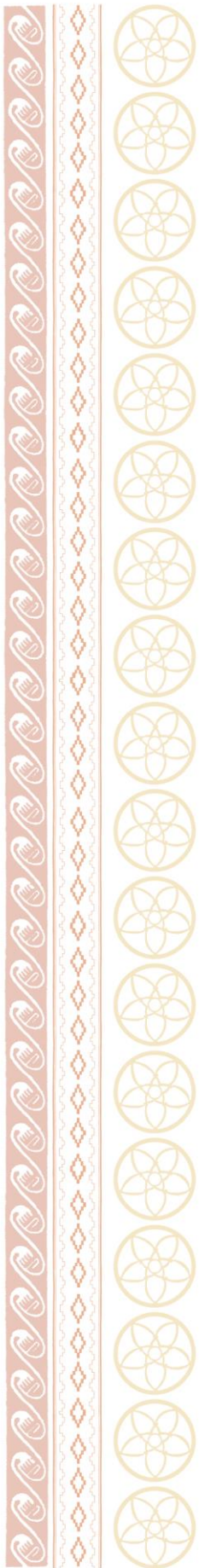
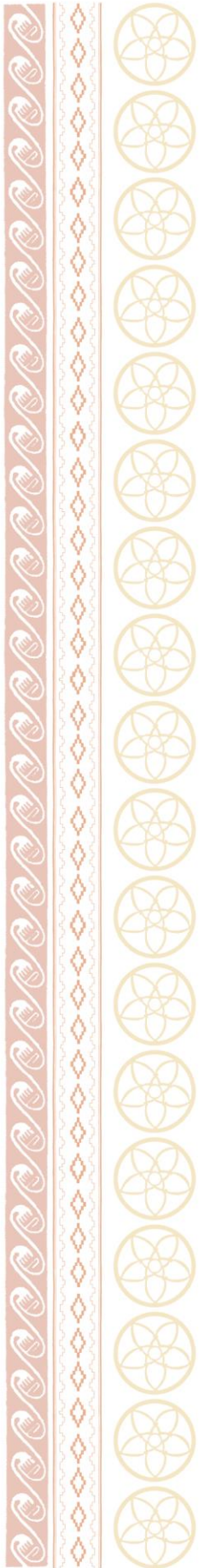


Table 2. MSPI Project Accomplishment Definitions

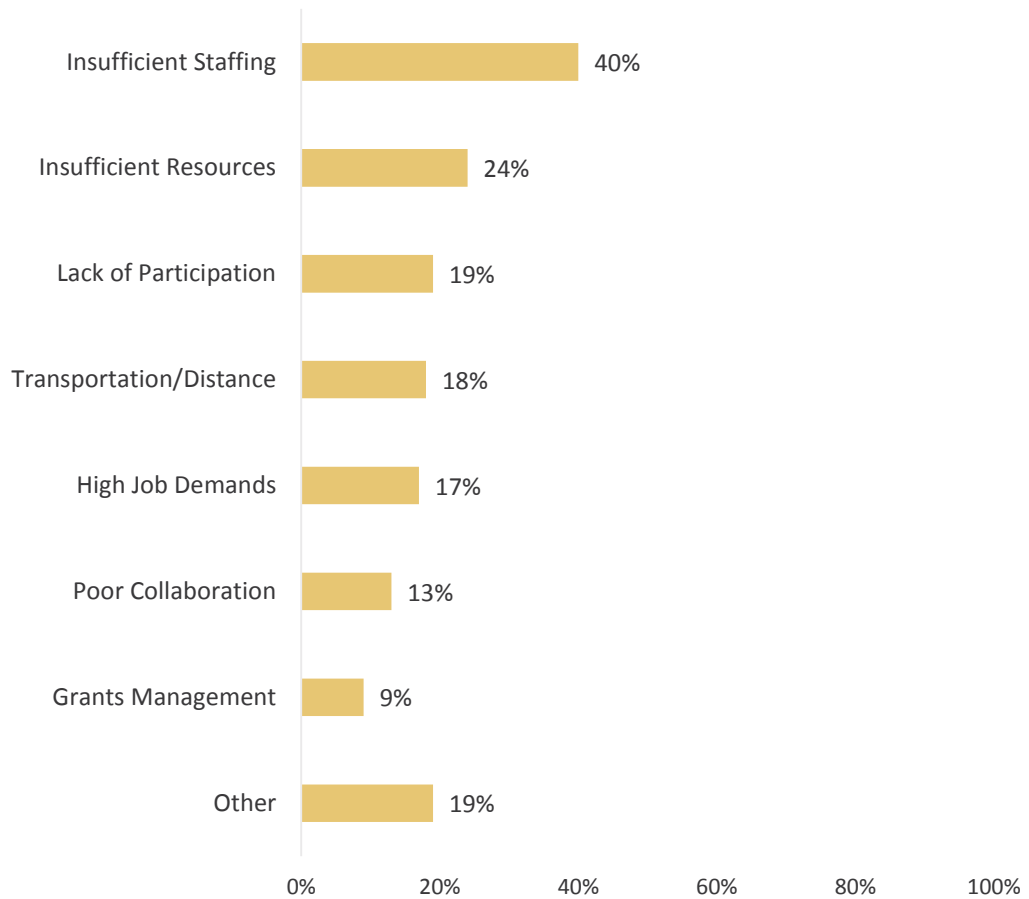
| ACCOMPLISHMENT | DEFINITION |
|------------------|---|
| COMMUNITY EVENT | Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.). |
| NEW PARTNERSHIPS | Project has identified at least one new 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, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities). |
| STAFF TRAINING | At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: AI Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc. |
| SYSTEM CHANGE | Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc. |



| | |
|-------------------------|--|
| SMALL MEDIA | Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook). |
| HIRED NEW STAFF | Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period. |
| INCREASED PARTICIPATION | Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period. |
| NEW POLICY or PROTOCOL | Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols. |
| DATA IMPROVEMENTS | Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative. |
| OTHER | The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services. |

PROJECT BARRIERS

Figure 15. Types of Barriers Reported among MSPI projects, 2015-2016



As evidenced in [Figure 15](#), the most commonly reported MSPI project barriers included insufficient staffing (40%) and insufficient resources (24%). Definitions and examples for each barrier category are provided on the following pages of this report.

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

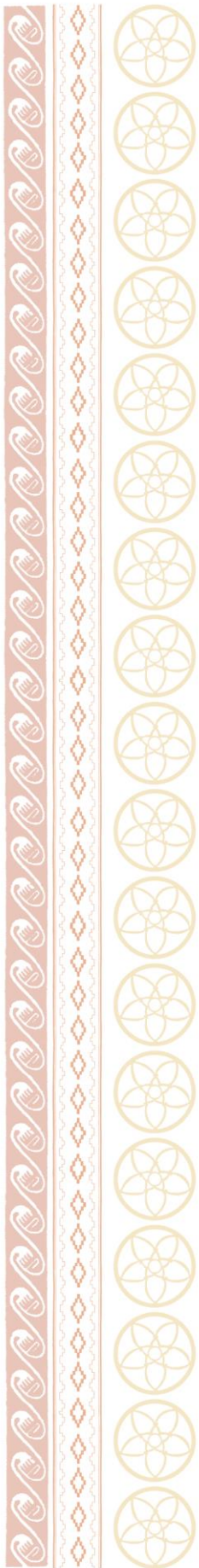
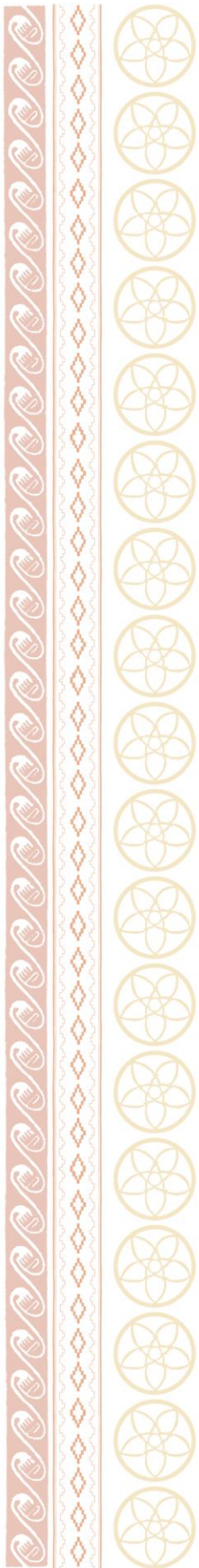
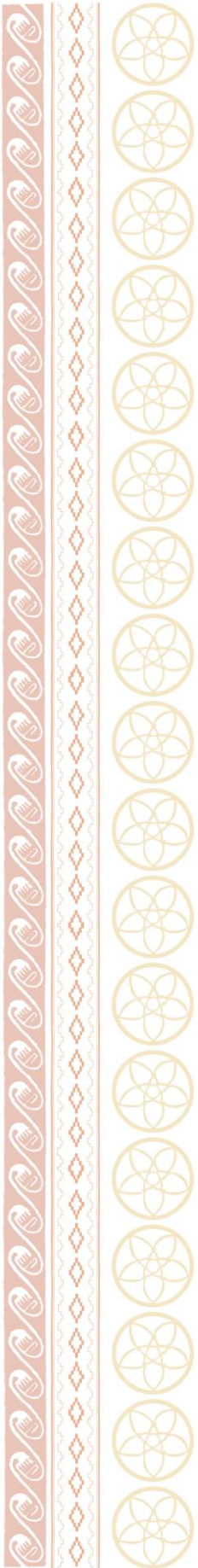


Table 3: MSPI Project Barrier Definitions

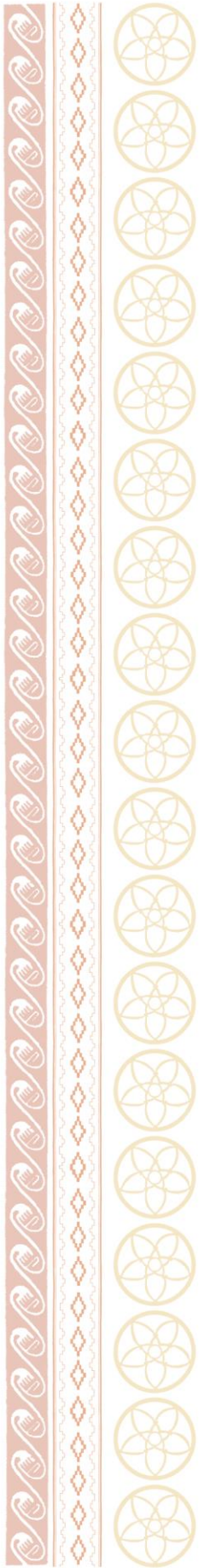
| BARRIER | DEFINITION |
|-----------------------------|--|
| INSUFFICIENT STAFFING | Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants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



| | |
|-------|---|
| OTHER | <p>The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. Two projects indicated that they had experienced “no barriers” during this reporting period.</p> |
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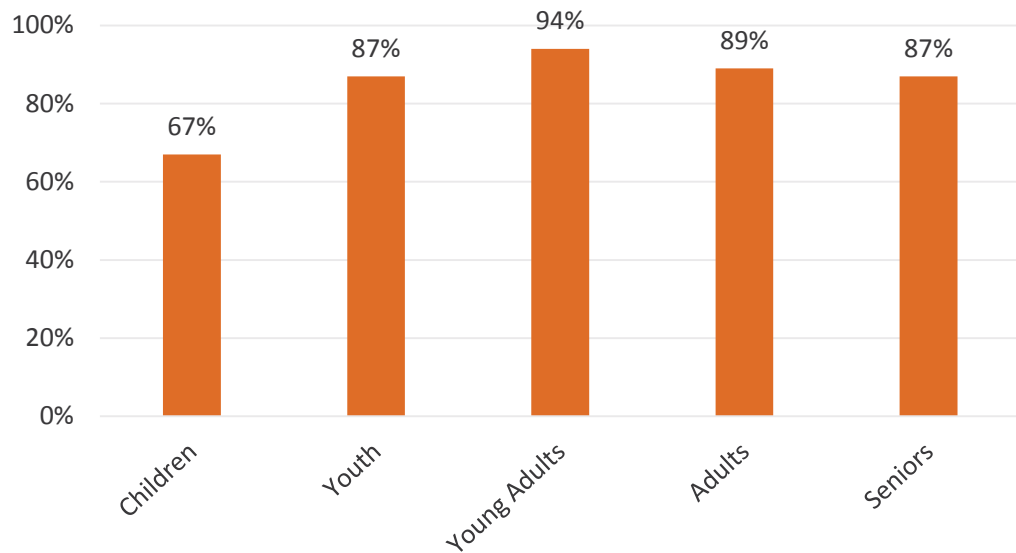


**SECTION 5:
MSPI PURPOSE AREA 2 ONLY**



TARGET POPULATION

Figure 16. Target Population Served by MSPI Purpose Area 2 Projects, 2015-2016*

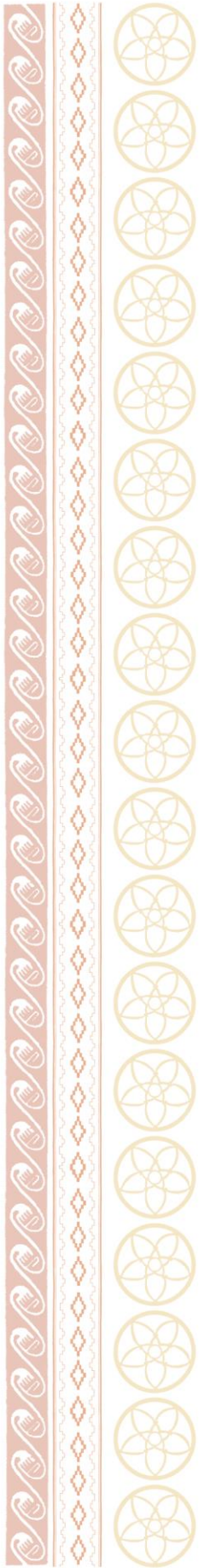


*Projects were able to select multiple target populations.

A total of 46 MSPI Purpose Area 2 MSPI projects reported on their progress in the areas of suicide prevention, intervention and postvention. As evidenced in [Figure 16](#), the majority of MSPI projects in this purpose area focused upon all age groups in their respective communities.

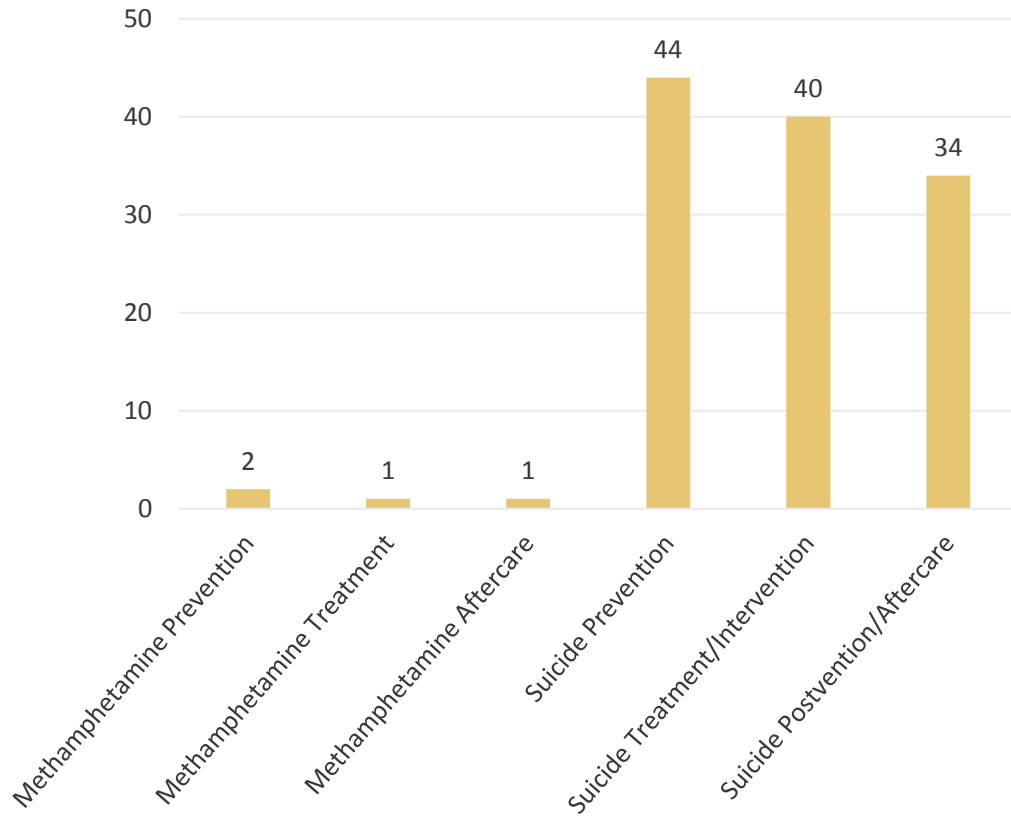
TARGET POPULATION DEFINITIONS

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



SERVICE TYPES

Figure 17. Number of MSPI Purpose Area 2 Projects by Service Type, 2015-2016*

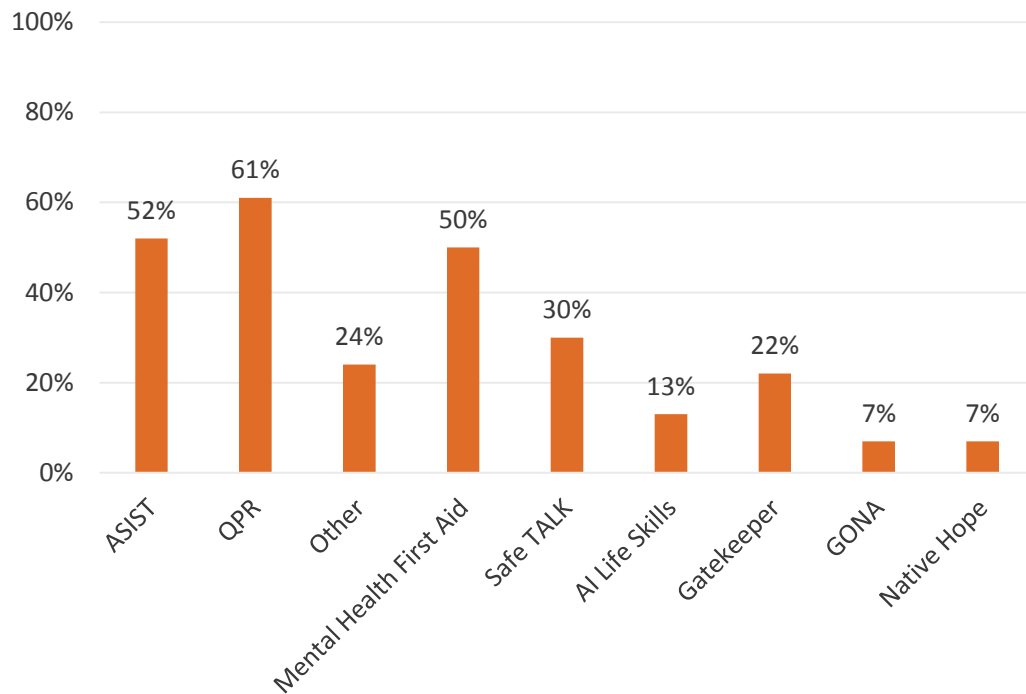


*Projects were able to select multiple types of service provision.

As evidenced in [Figure 17](#), the vast majority of MSPI Purpose Area 2 projects focused upon suicide-prevention (n=44) and other suicide-related service types, i.e., suicide treatment/intervention (n=40) and suicide postvention/aftercare (n=34).

EVIDENCE-BASED PRACTICES

Figure 18. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide or Substance Use Prevention – MSPI Purpose Area 2 Only, 2015-2016.*



*Projects were able to select multiple types.

As demonstrated in [Figure 18](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI Purpose Area 2 projects for prevention were ASIST (52%), QPR (61%), and Mental Health First Aid (50%).

“Other” evidence-based practices for prevention reported included: Lifelines Community Prevention, Doorway to a Sacred Place, Critical Incident Stress Debriefing/Management, PC Cares Model, PLL Model, Positive Indian Parenting, Acceptance and Commitment Therapy, Trauma Focused CBT, Strengthening Families, Kickapoo Life Skills, Creek Life Skills, Zero Suicide, SBIRT, and SAFE-T.

KEY:

QPR = Question Persuade Refer

ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans

SBIRT = Screening, Brief Intervention, and Referral to Treatment

CBT = Cognitive Behavioral Therapy

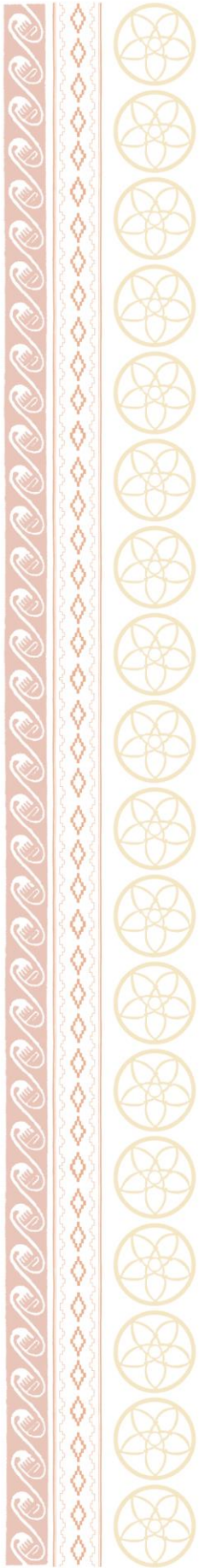
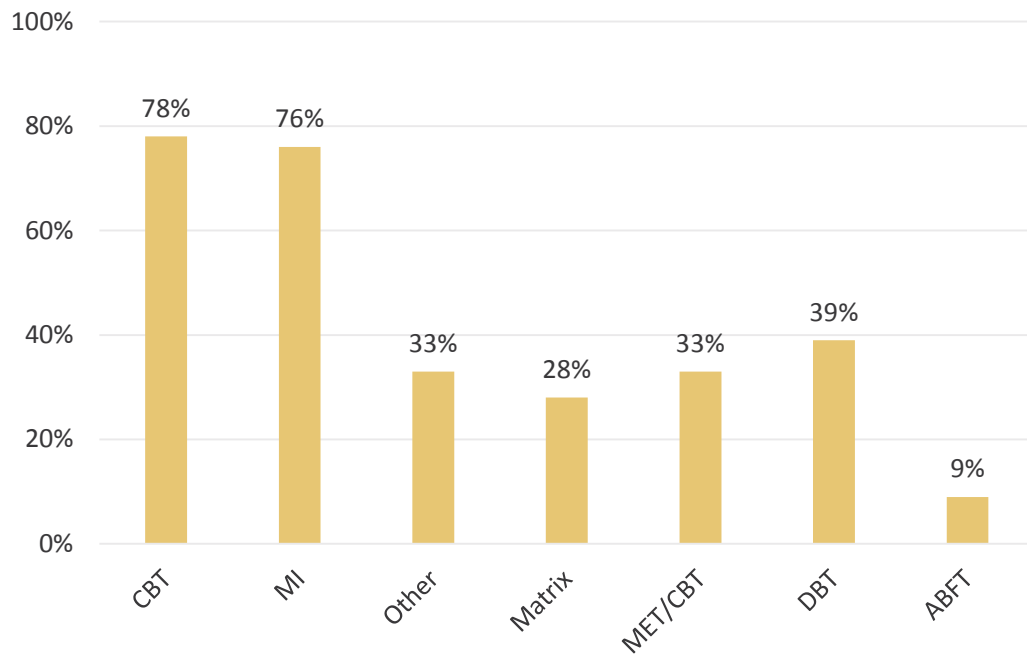


Figure 19. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 2 Only, 2015-2016*



**Projects were able to select multiple types.*

As demonstrated in [Figure 19](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in treatment among MSPI Purpose Area 2 Projects for intervention/treatment, 78% and 76% respectively.

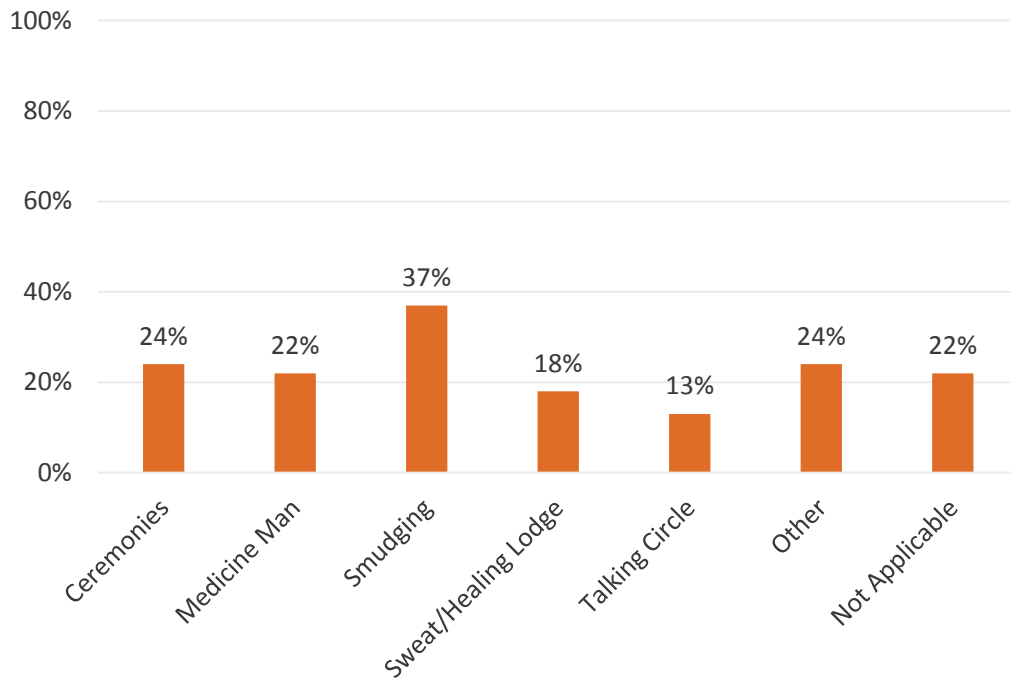
“Other” evidence-based practices for intervention reported included: PLL Model, Cognitive Processing Therapy (CPT), Trauma Focused CBT, EMDR, Hypnotherapy, SAFE-T, Seeking Safety, Project Venture, SBIRT, Acceptance and Commitment Therapy, and SMART Recovery.

KEY:

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- ABFT = Attachment-Based Family Therapy
- SBIRT = Screening, Brief Intervention, and Referral to Treatment
- EMDR = Eye Movement Desensitization and Reprocessing

HOLISTIC APPROACHES TO SERVICES

Figure 20. Percentage of MSPI Purpose Area 2 Projects Integrating Traditional Healing into Services, by Practice Type, 2015-2016*



*Projects were able to select multiple types.

Figure 20 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 2 project activities included smudging (37%) and ceremonies (24%). The majority of MSPI Purpose Area 2 projects reported integrating at least one of these traditional healing practices into their project services (69.6%).

“Other” traditional healing practices reported included: elder-led support groups, elder teas, community wellness gatherings, culture camps, and Native American Life Skills.

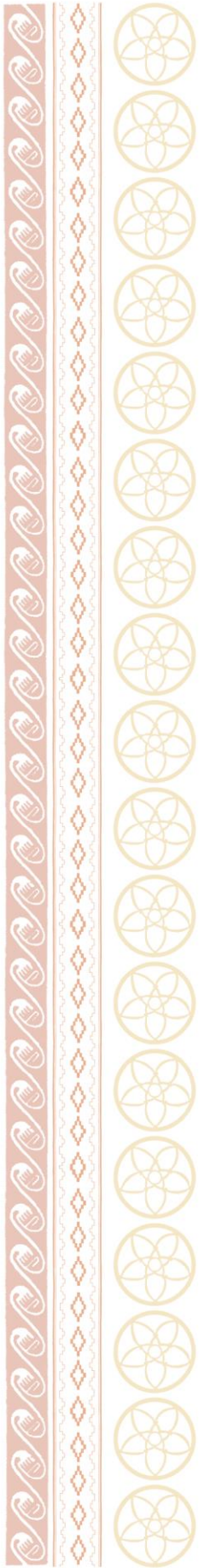
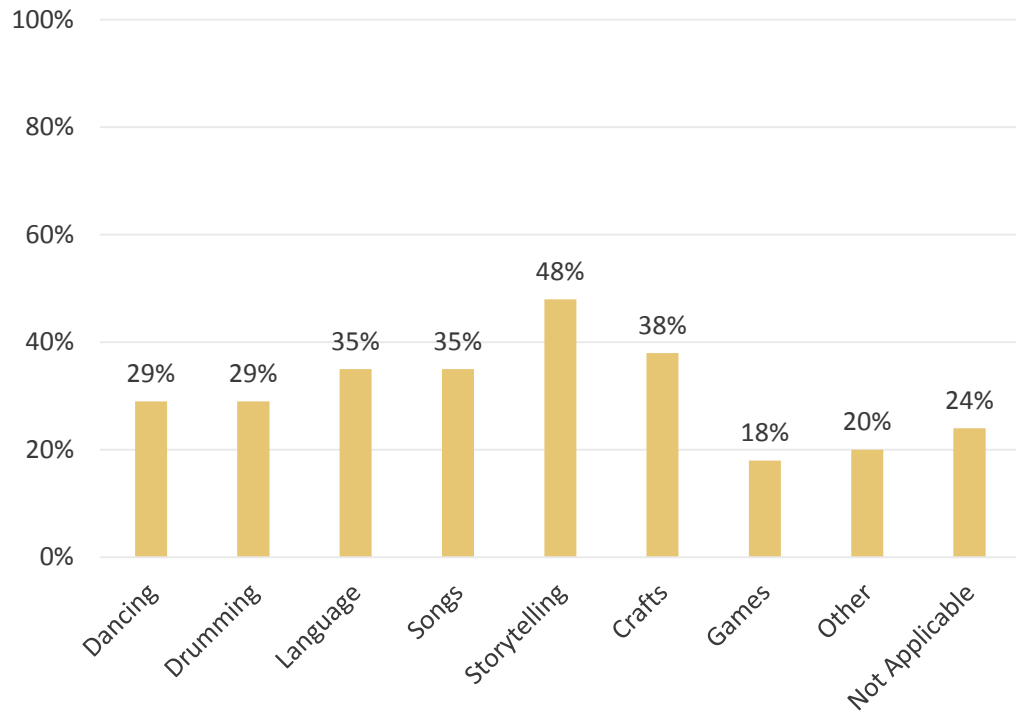


Figure 21. Cultural Practices Offered in MSPI Purpose Area 2 Project Services, 2015-2016*



**Projects were able to select multiple types.*

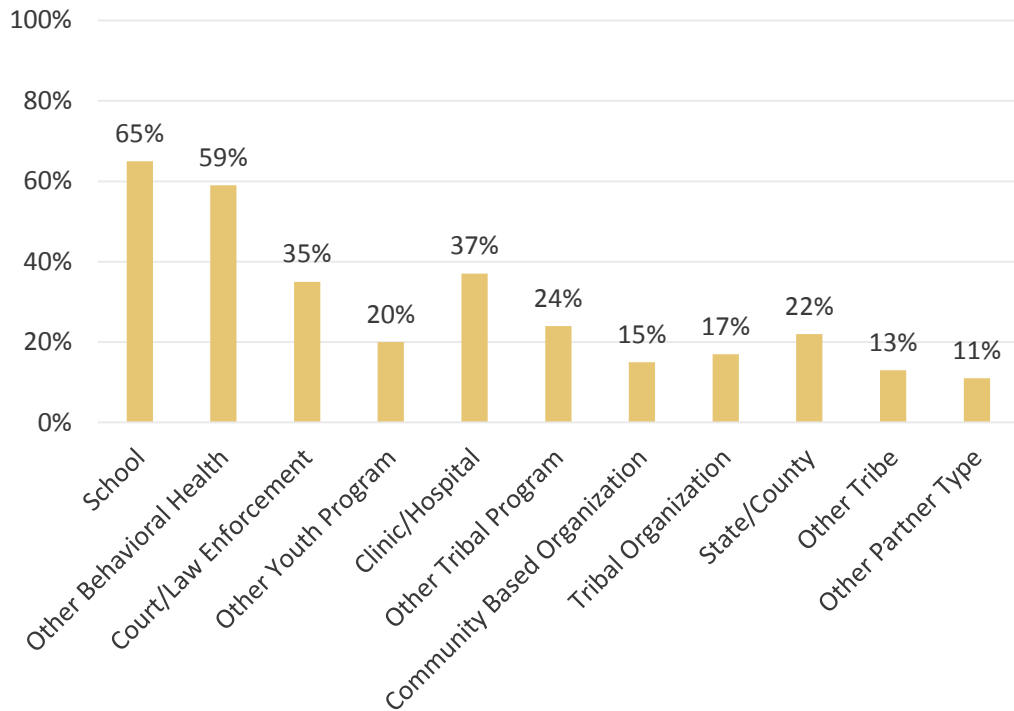
As evidenced in [Figure 21](#), the most common cultural services included in MSPI Purpose Area 2 project activities were crafts (38%) and storytelling (48%). The majority of MSPI Purpose Area 2 projects reported integrating at least one of these cultural practices into their project services (69.6%).

“Other” cultural practices reported included: language circles, berry picking, healing circles, spiritual leaders, cultural mentorship, tipi construction, and traditional gardening.

PROJECT OPERATIONS

PARTNERSHIPS

Figure 22. Most Common Types of Partners Enlisted among MSPI Purpose Area 2 Projects, 2015-2016*



*Projects were able to select multiple types.

Common “other” partner types included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

Table 4. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 2 Projects, 2015-2016

| | N |
|---------------------------------------|--------|
| Total Partners (All Projects) | 300 |
| Average per project | 6.82 |
| Range | 1 – 17 |
| Total Memorandum of Agreements (MOAs) | 32 |

STAFFING

Figure 23. Percentage of MSPI Purpose Area 2 Projects that Experienced Staff Turnover, 2015-2016

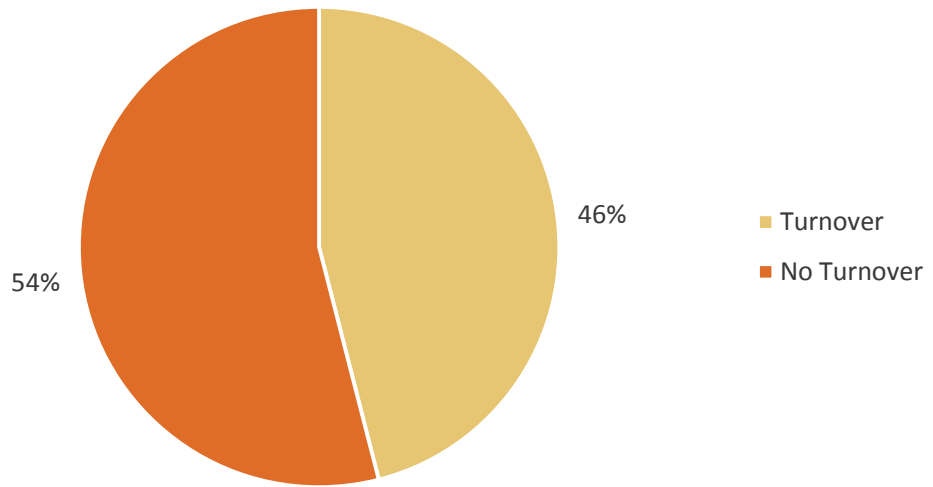
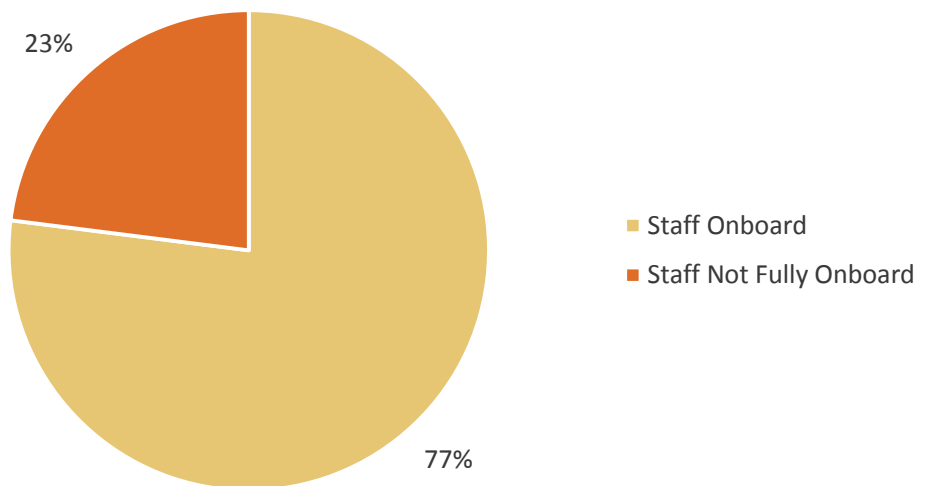


Figure 24. Percentage of MSPI Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016



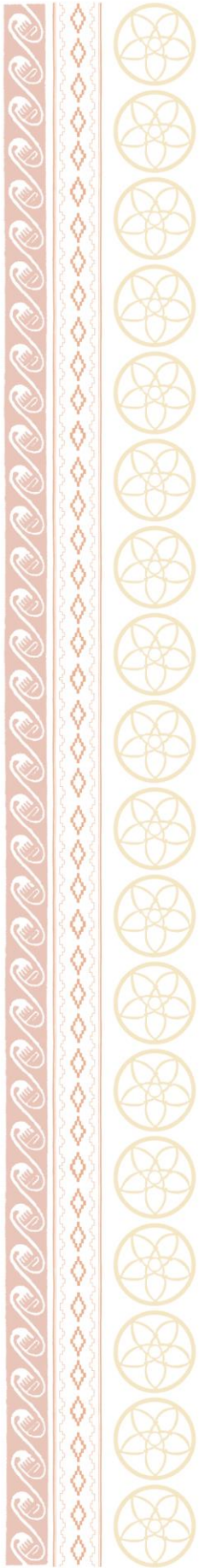
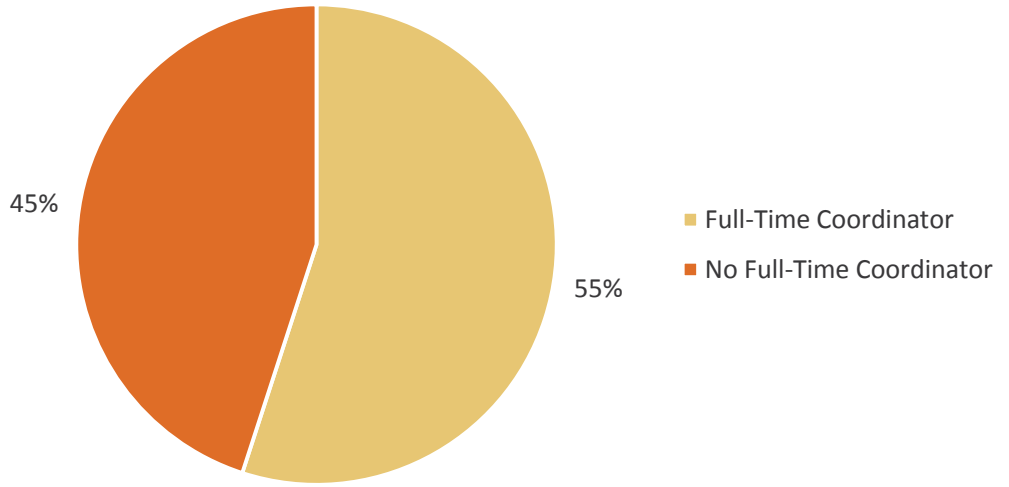


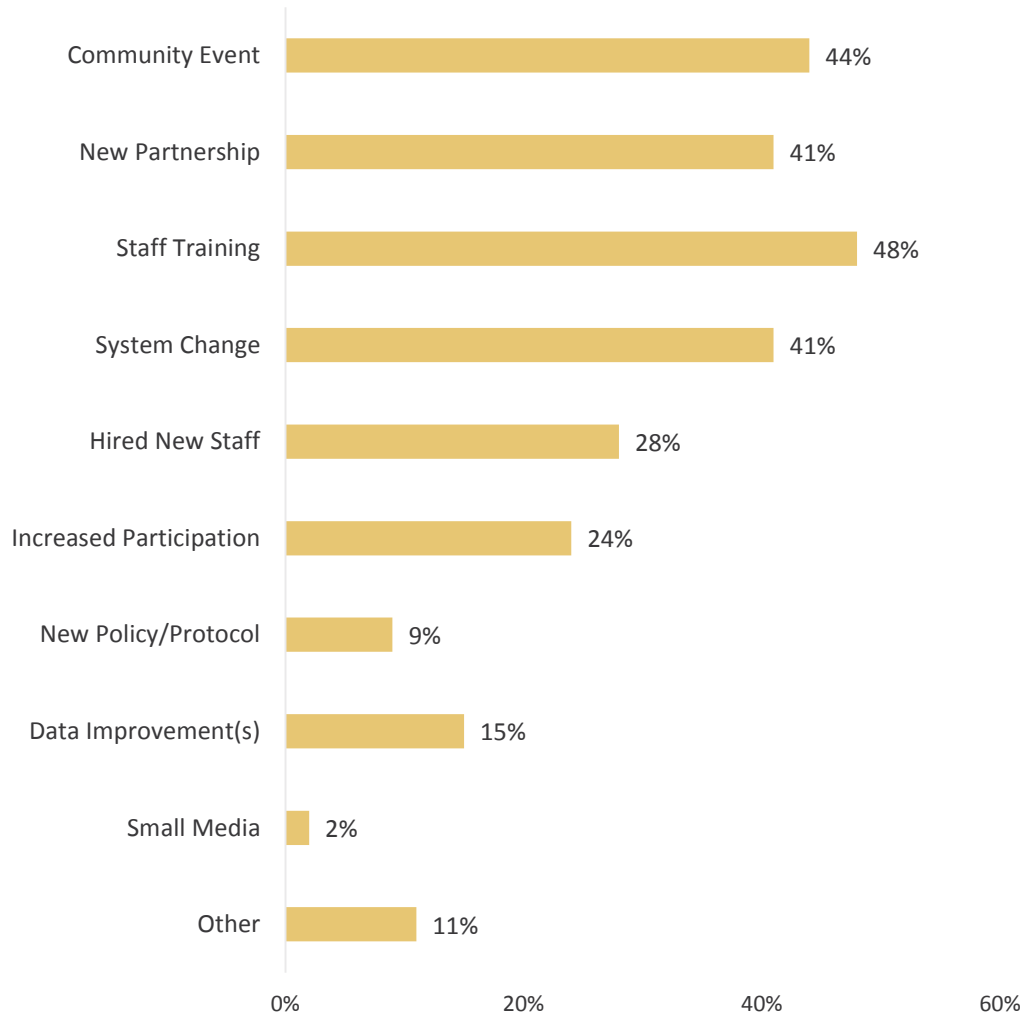
Figure 25. Percentage of MSPI Purpose Area 2 Projects with a Full-Time Project Coordinator, 2015-2016



PROJECT ACCOMPLISHMENTS AND BARRIERS

PROJECT ACCOMPLISHMENTS

Figure 26. Type of Accomplishments Reported among MSPI Purpose Area 2 Projects, 2015-2016



As evidenced in [Figure 26](#), the most commonly reported accomplishments among MSPI Purpose Area 2 Projects in project year 1 included implementing successful community events (44%), establishing one or more new partnerships (41%), implementing a system change (41%), and completion of staff training (48%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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

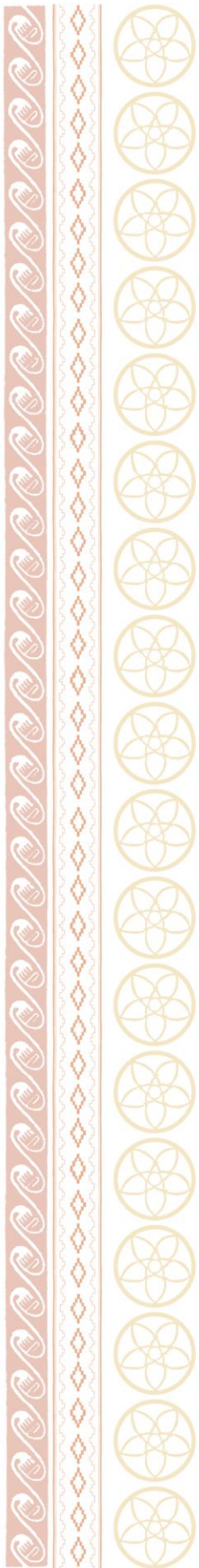
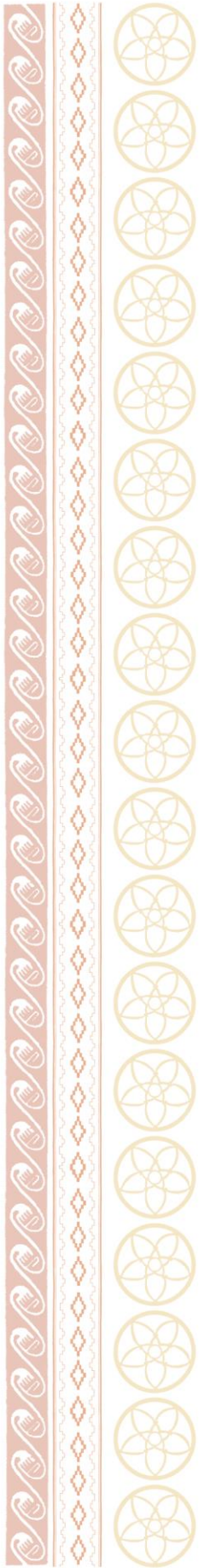


Table 5. MSPI Project Accomplishment Definitions

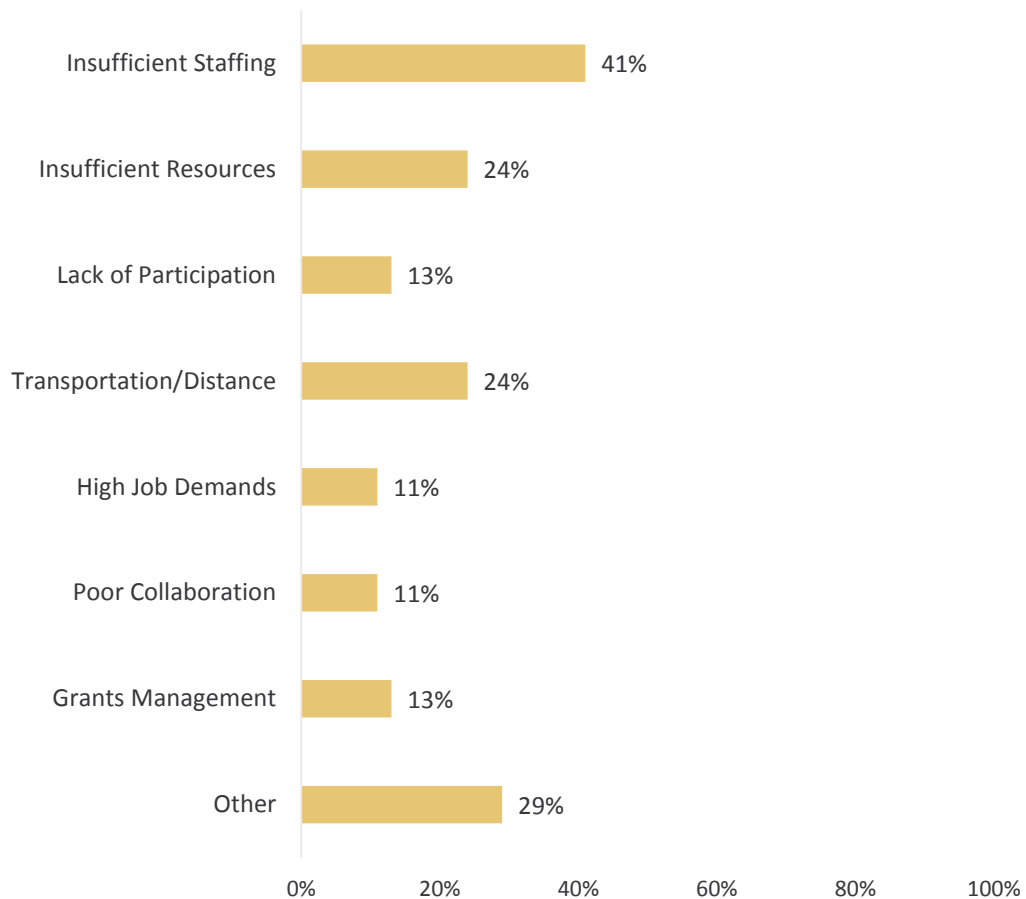
| ACCOMPLISHMENT | DEFINITION |
|------------------|---|
| COMMUNITY EVENT | Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community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



| | |
|-------------------------|--|
| HIRED NEW STAFF | Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period. |
| INCREASED PARTICIPATION | Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period. |
| NEW POLICY or PROTOCOL | Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols. |
| DATA IMPROVEMENTS | Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative. |
| OTHER | The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services. |

PROJECT BARRIERS

Figure 27. Types of Barriers Reported among MSPI Purpose Area 2 Projects, 2015-2016



As evidenced in [Figure 27](#), the most commonly reported MSPI project barriers included insufficient staffing (41%), insufficient resources (24%), and transportation/distance issues (24%). Definitions and examples for each barrier category are provided on the following pages of this report.

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

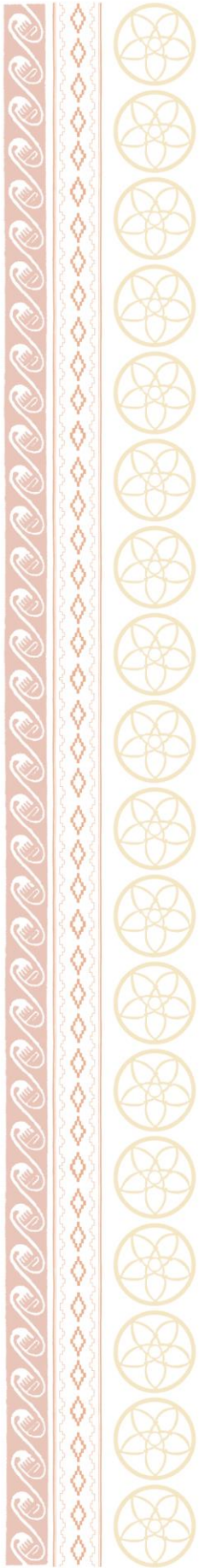
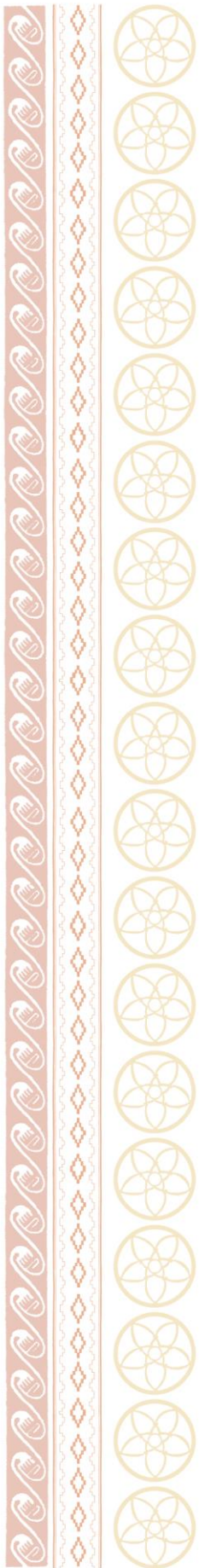
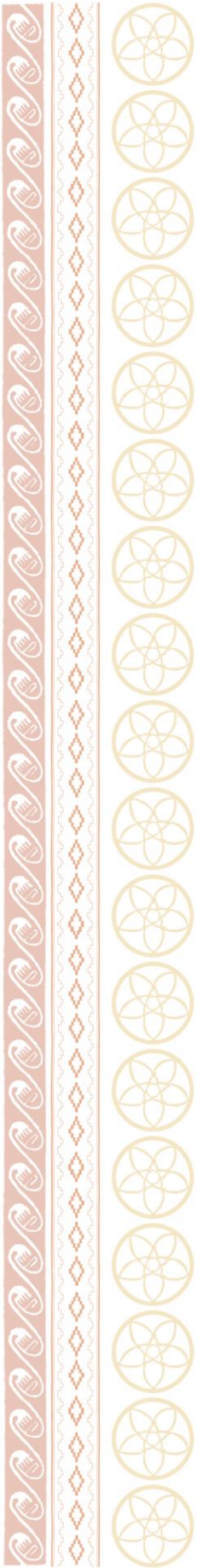


Table 6: MSPI Project Barrier Definitions

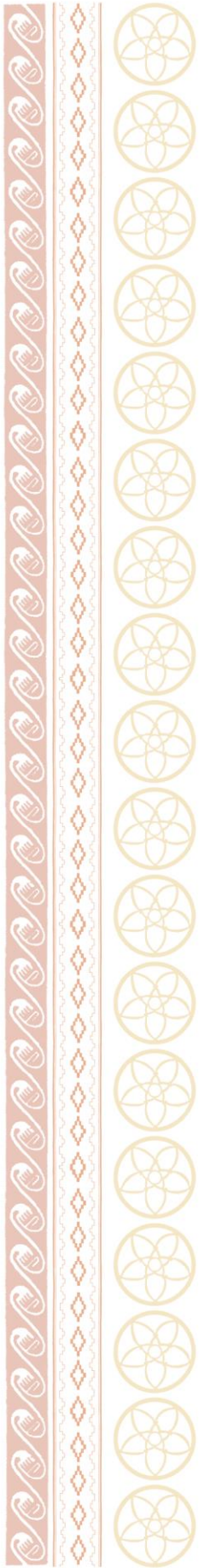
| BARRIER | DEFINITION |
|-----------------------------|--|
| INSUFFICIENT STAFFING | Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants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



| | |
|-------|---|
| OTHER | <p>The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. Two projects indicated that they had experienced “no barriers” during this reporting period.</p> |
|-------|---|

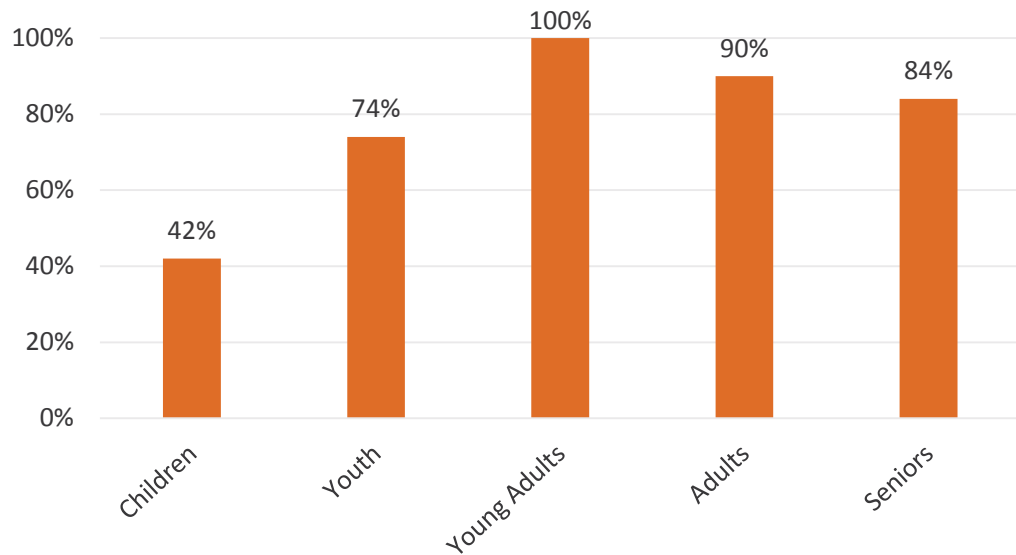


**SECTION 6:
MSPI PURPOSE AREA 3 ONLY**



TARGET POPULATION

Figure 28. Target Population Served by MSPI Purpose Area 3 Projects, 2015-2016*

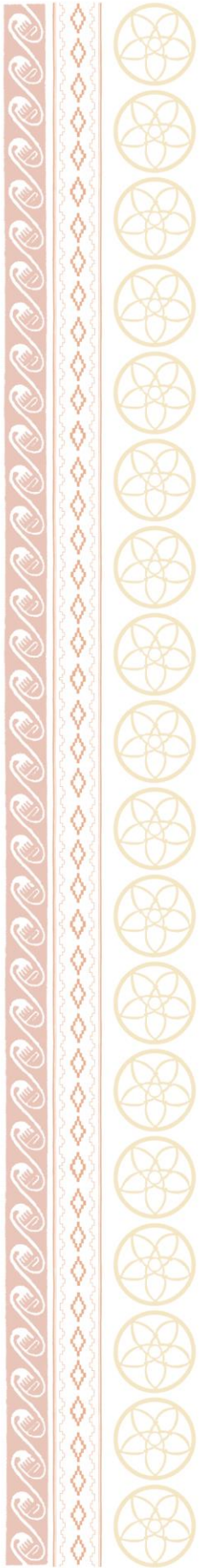


*Projects were able to select multiple target populations.

A total of 19 MSPI Purpose Area 3 projects reported upon their progress in the areas of methamphetamine prevention, treatment, and aftercare. As evidenced in [Figure 28](#) the vast majority of MSPI Purpose Area 3 project services are directed to youth, young adults, adults and seniors in their respective communities.

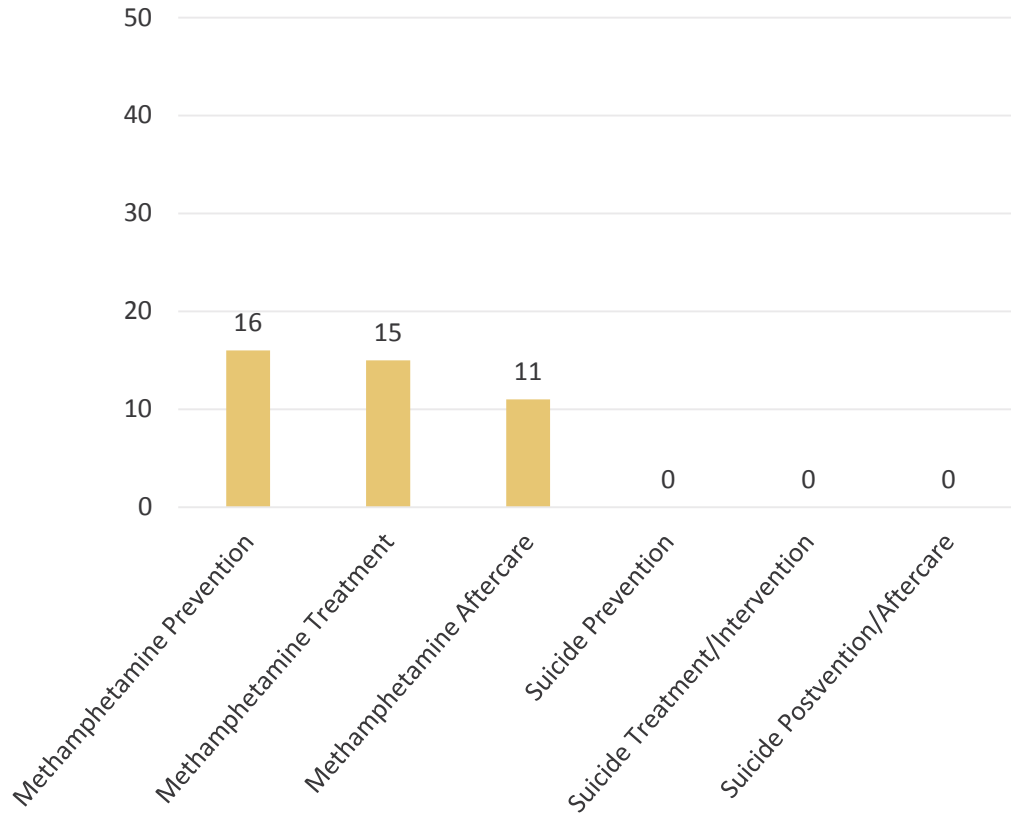
TARGET POPULATION DEFINITIONS

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



SERVICE TYPES

Figure 29. Number of MSPI Purpose Area 3 Projects by Service Type, 2015-2016*

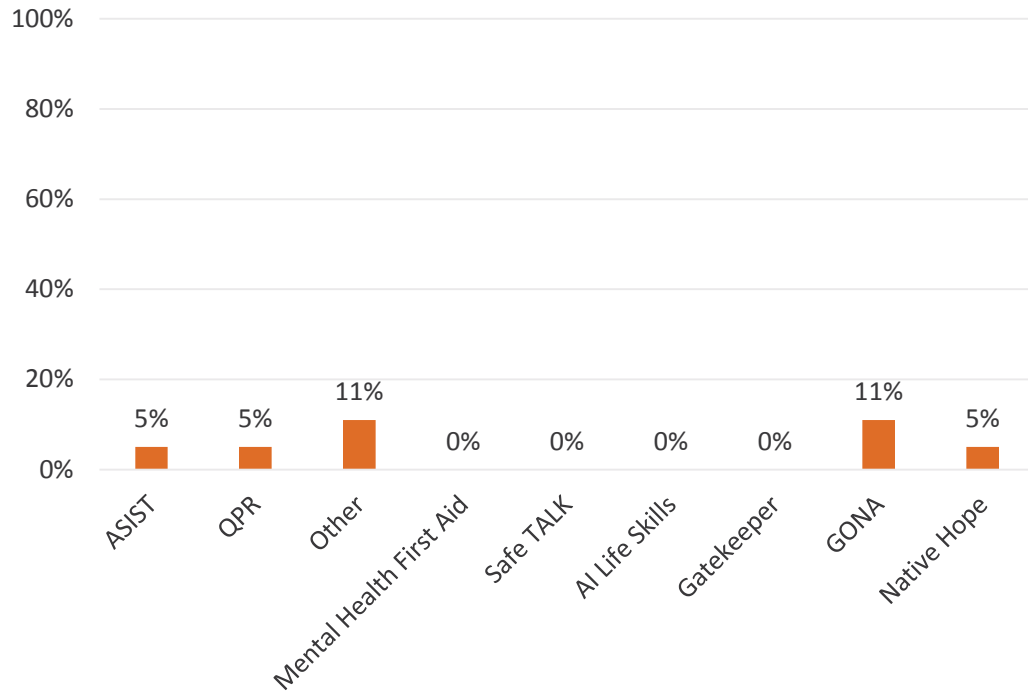


*Projects were able to select multiple types of service provision.

As evidenced in [Figure 29](#), the largest number of MSPI Purpose Area 3 projects focused upon methamphetamine prevention (n=16), treatment (n=15) and aftercare (n=11).

EVIDENCE-BASED PRACTICES

Figure 30. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Substance Use Prevention – MSPI Purpose Area 3 Only, 2015-2016.*



*Projects were able to select multiple types.

As demonstrated in [Figure 30](#), the majority of MSPI Purpose Area 3 projects do not use these Evidence-Based Practices for prevention in their routine scope of services.

“Other” evidence-based practices utilized for prevention included: Meth 360, Family Spirit, Prime for Life, Prime Solutions, Canoe Journey, Equine Therapy, Protect You/Protect Me, and Sons of Tradition.

KEY:

QPR = Question Persuade Refer

ASIST = Applied Suicide Intervention Skills Training

GONA = Gathering of Native Americans

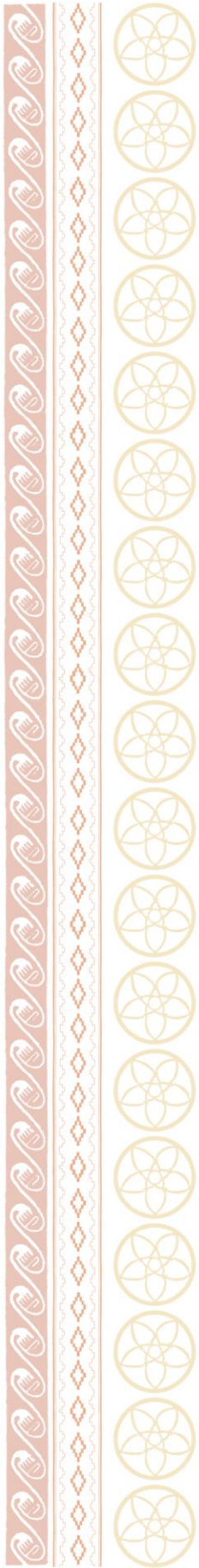
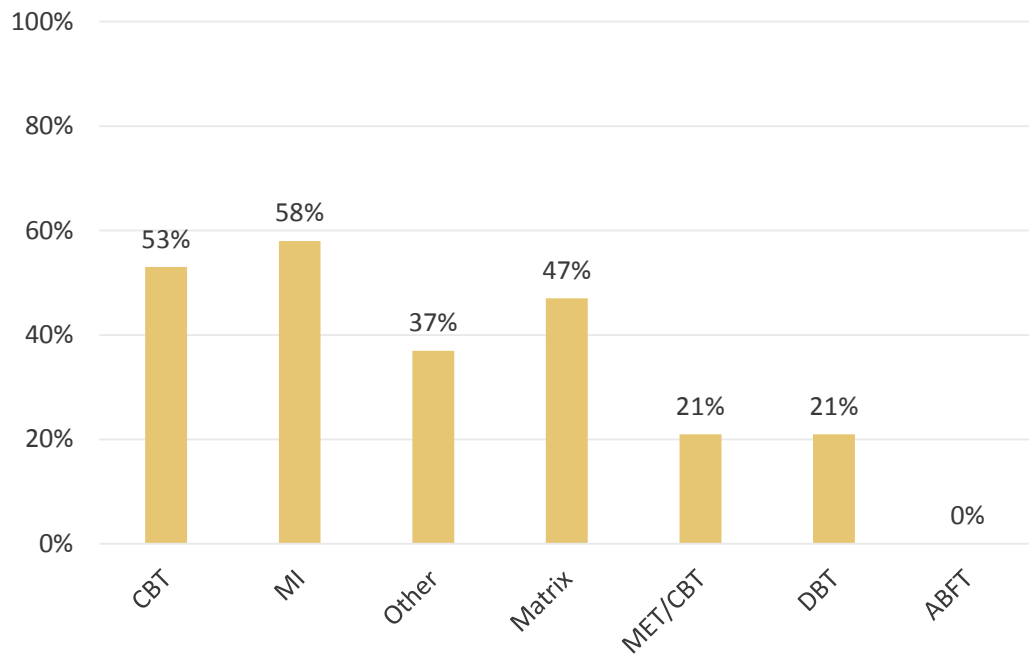


Figure 31. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 3 Only, 2015-2016*



*Projects were able to select multiple types.

As demonstrated in [Figure 31](#), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Purpose Area 3 Projects, 53% and 58% respectively.

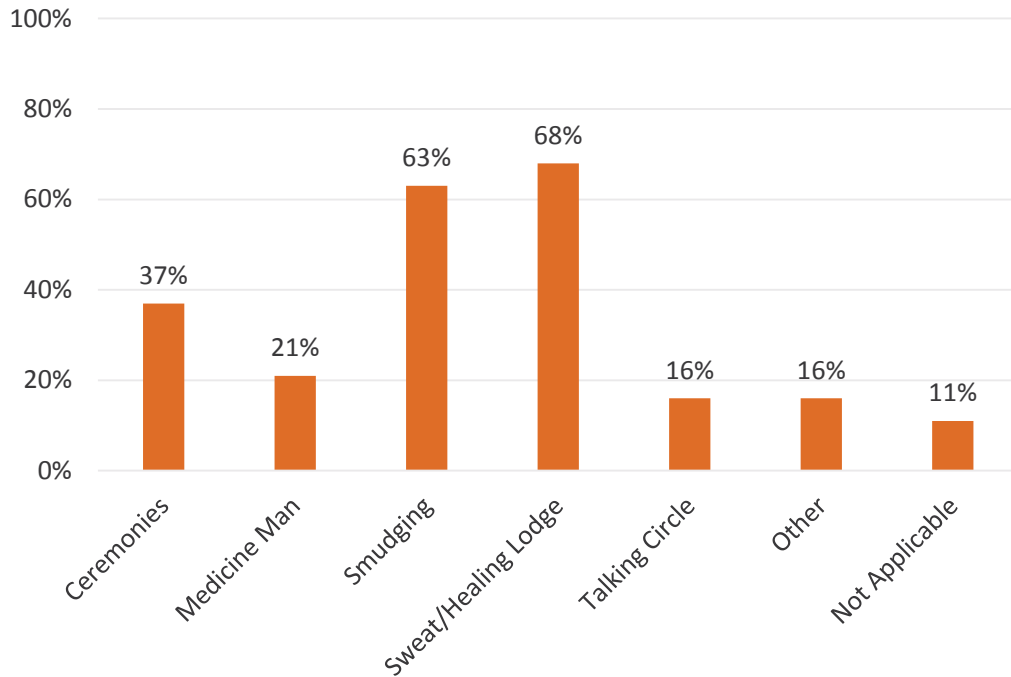
“Other” evidence-based practices for intervention/treatment included Adolescent Community Reinforcement Approach (A-CRA), SBIRT, SMART Recovery, and Medication Assisted Therapy.

KEY:

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy
- MET/CBT = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- ABFT = Attachment-Based Family Therapy
- SBIRT = Screening, Brief Intervention, and Referral to Treatment

HOLISTIC APPROACHES TO SERVICES

Figure 32. Percentage of MSPI Purpose Area 3 Projects Integrating Traditional Healing into Services, by Practice Type, 2015-2016*



*Projects were able to select multiple types.

Figure 32 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 3 project activities included smudging (63%) and sweat/healing lodge (68%). The majority of MSPI Purpose Area 3 projects reported integrating at least one of these traditional healing practices into their project services (68.4%).

“Other” traditional practices reported included: sacred tobacco, prayer/blessings, wood working, and camps.

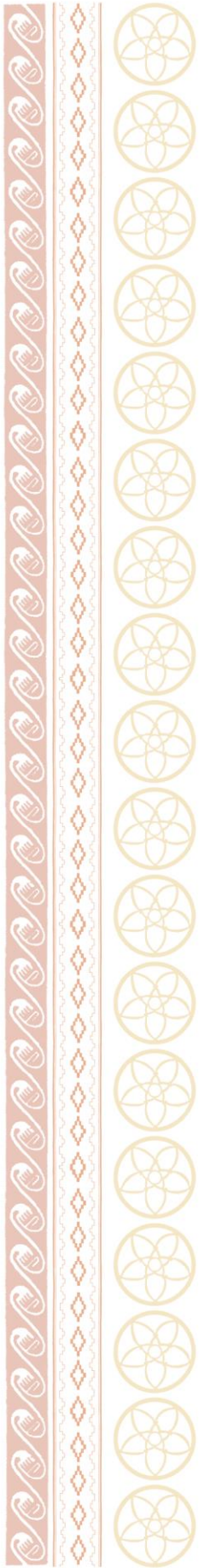
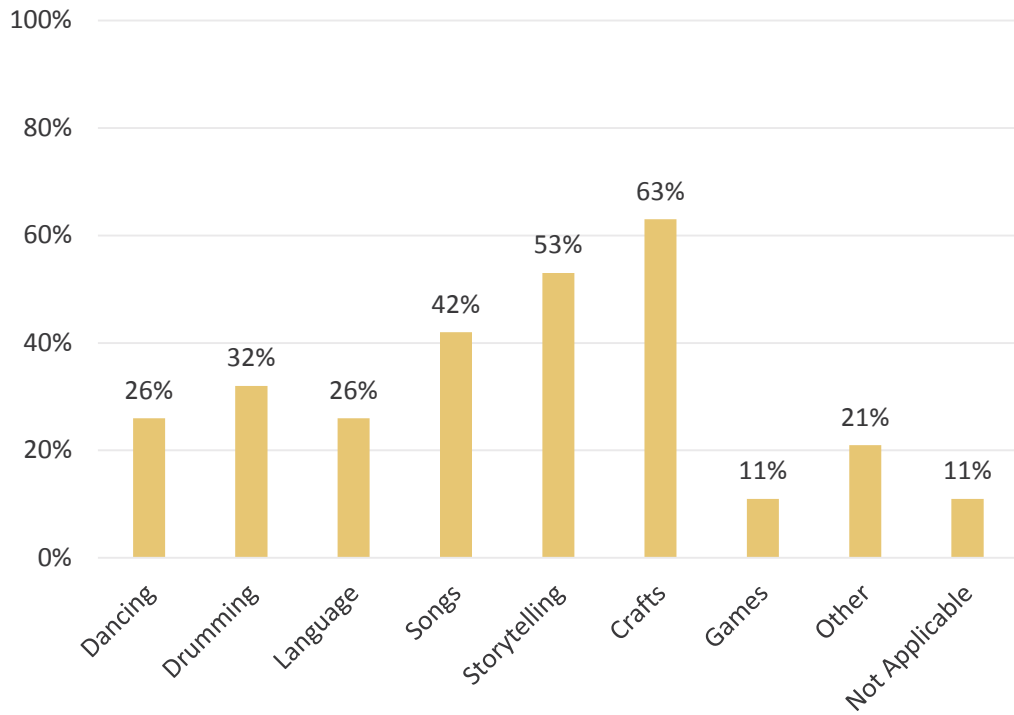


Figure 33. Cultural Practices Offered in MSPI Purpose Area 3 Project Services, 2015-2016*



**Projects were able to select multiple types.*

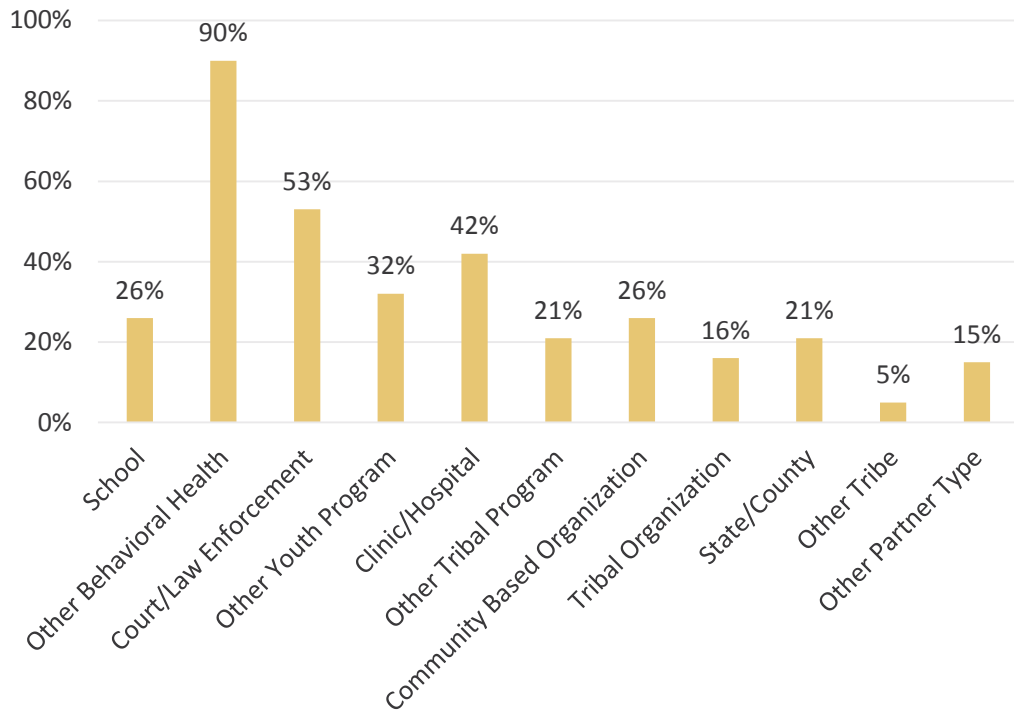
As evidenced in [Figure 33](#), the most common cultural services included in MSPI Purpose Area 3 project activities were crafts (63%) and storytelling (53%). The vast majority of MSPI Purpose Area 3 projects reported integrating at least one of these cultural practices into their project services (84.2%).

“Other” cultural practices reported included sweats, elders, fatherhood is sacred, cultural specialists, and herb gathering.

PROJECT OPERATIONS

PARTNERSHIPS

Figure 34. Most Common Types of Partners Enlisted among MSPI Purpose Area 3 Projects, 2015-2016*



*Projects were able to select multiple types.

The “other” category included tribal leadership and faith-based organizations/churches.

Table 7. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 3 Projects, 2015-2016

| | N |
|---------------------------------------|--------|
| Total Partners (All Projects) | 124 |
| Average per project | 6.5 |
| Range | 1 – 22 |
| Total Memorandum of Agreements (MOAs) | 3 |

STAFFING

Figure 35. Percentage of MSPI Purpose Area 3 Projects that Experienced Staff Turnover, 2015-2016

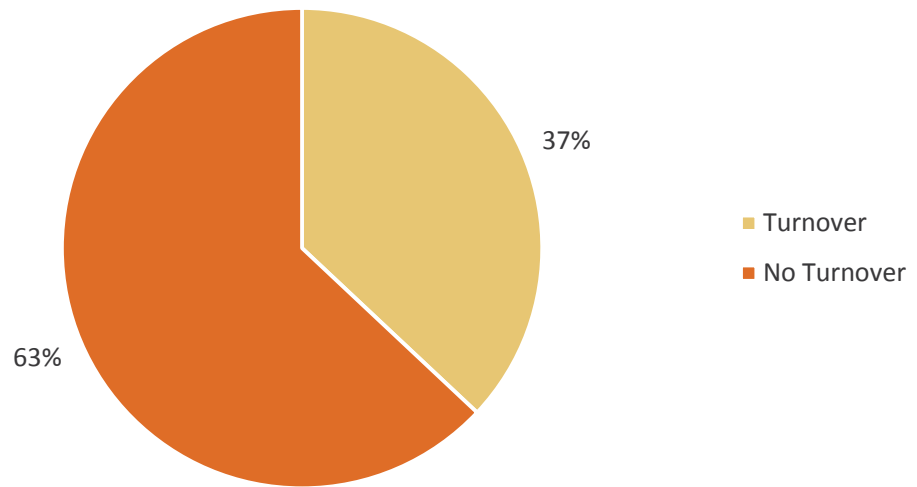
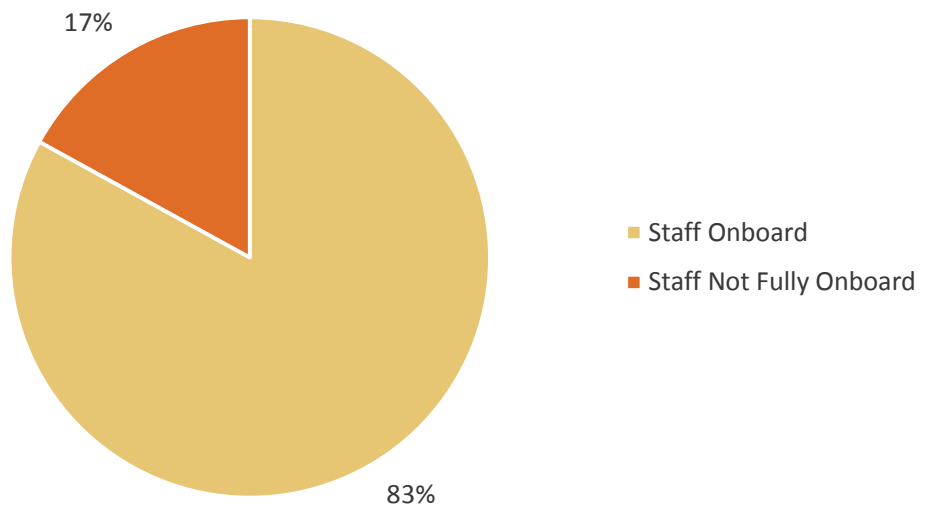


Figure 36. Percentage of MSPI Purpose Area 3 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016



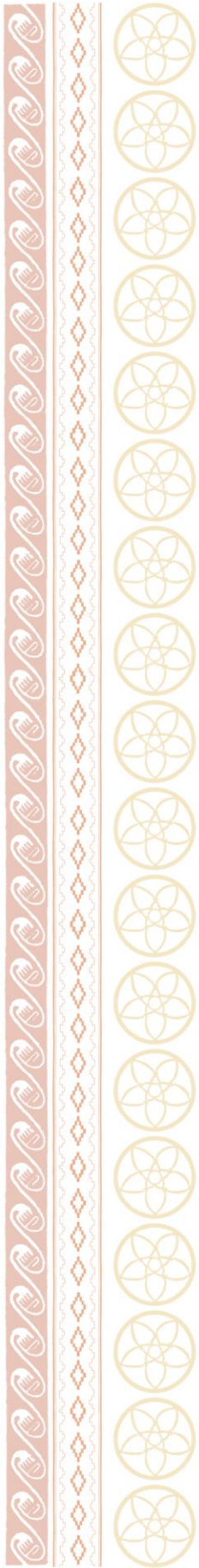
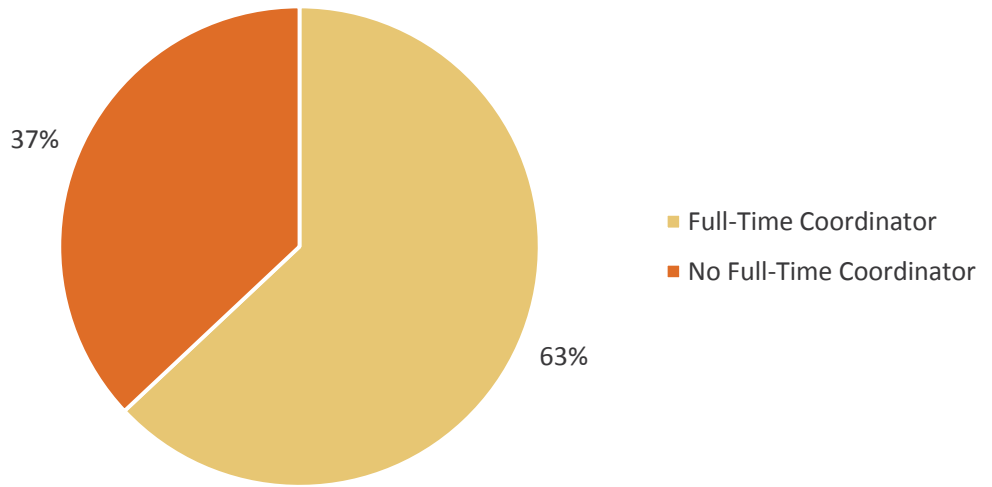
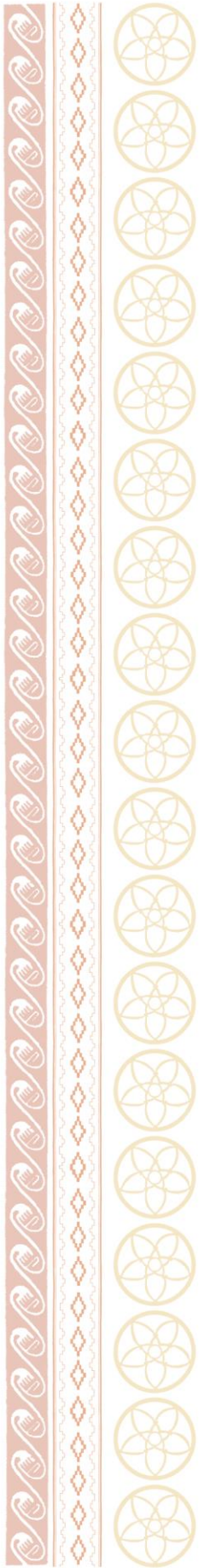


Figure 37. Percentage of MSPI Projects among MSPI Purpose Area 3 Projects with a Full-Time Project Coordinator, 2015-2016

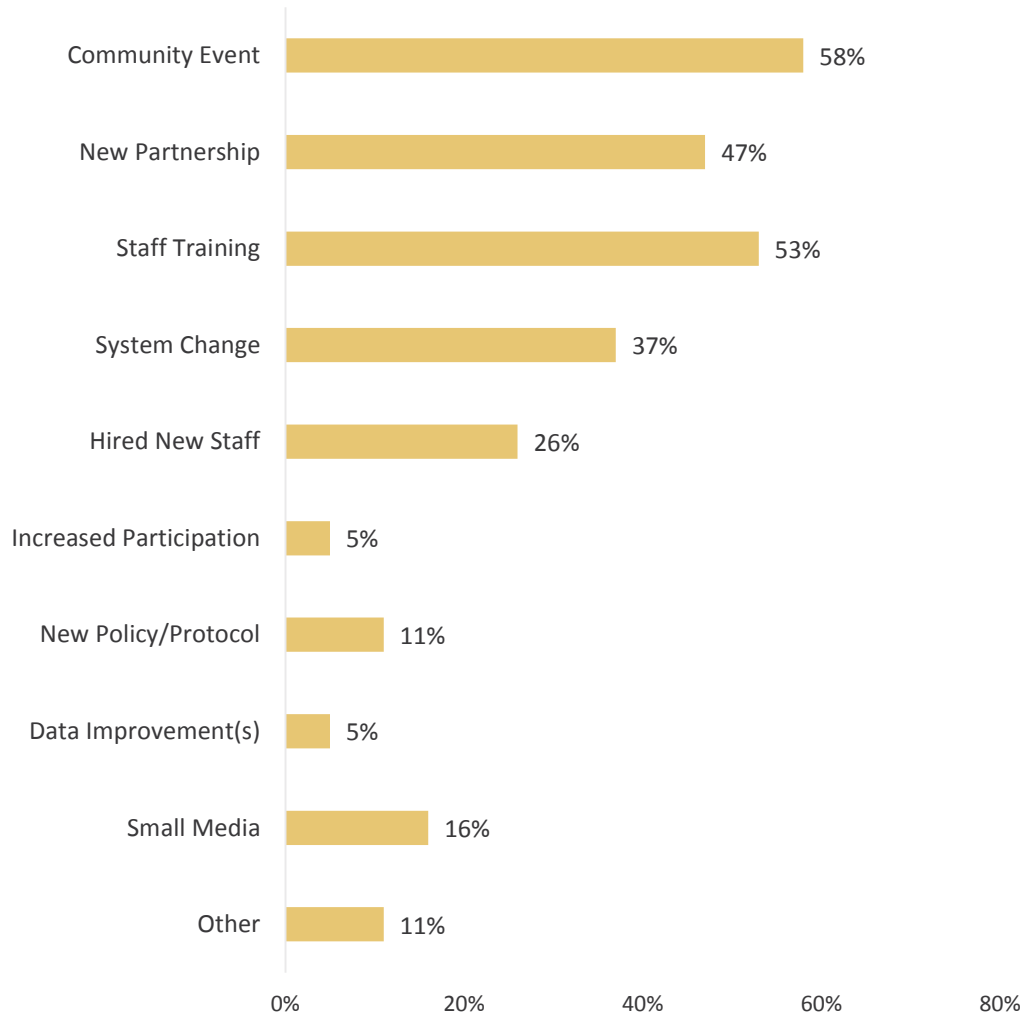




PROJECT ACCOMPLISHMENTS AND BARRIERS

PROJECT ACCOMPLISHMENTS

Figure 38. Type of Accomplishments Reported among MSPI Purpose Area 3 Projects, 2015-2016



As evidenced in [Figure 38](#), the most commonly reported accomplishments among MSPI Purpose Area 3 Projects in year 1 included implementing successful community events (58%), establishing one or more new partnerships (47%), implementing a system change (37%) and completion of staff training (53%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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

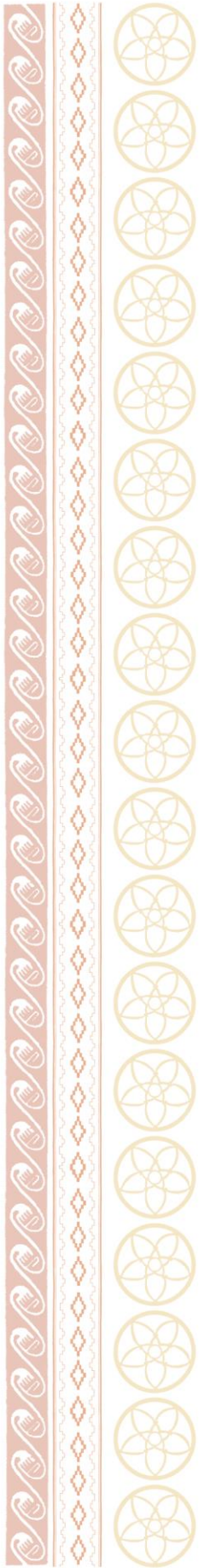
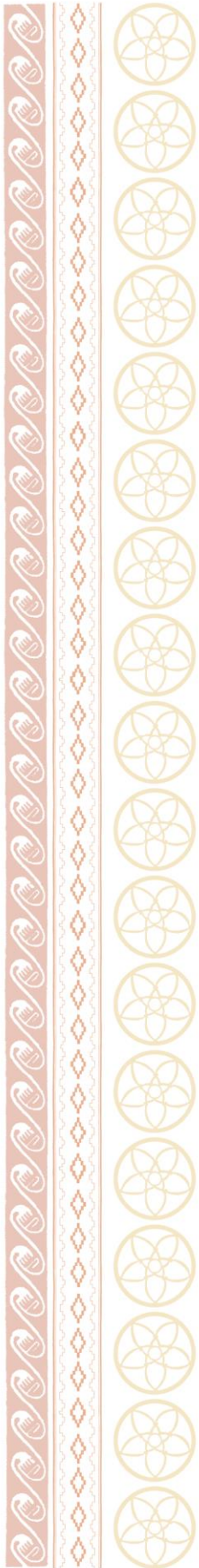


Table 8. MSPI Project Accomplishment Definitions

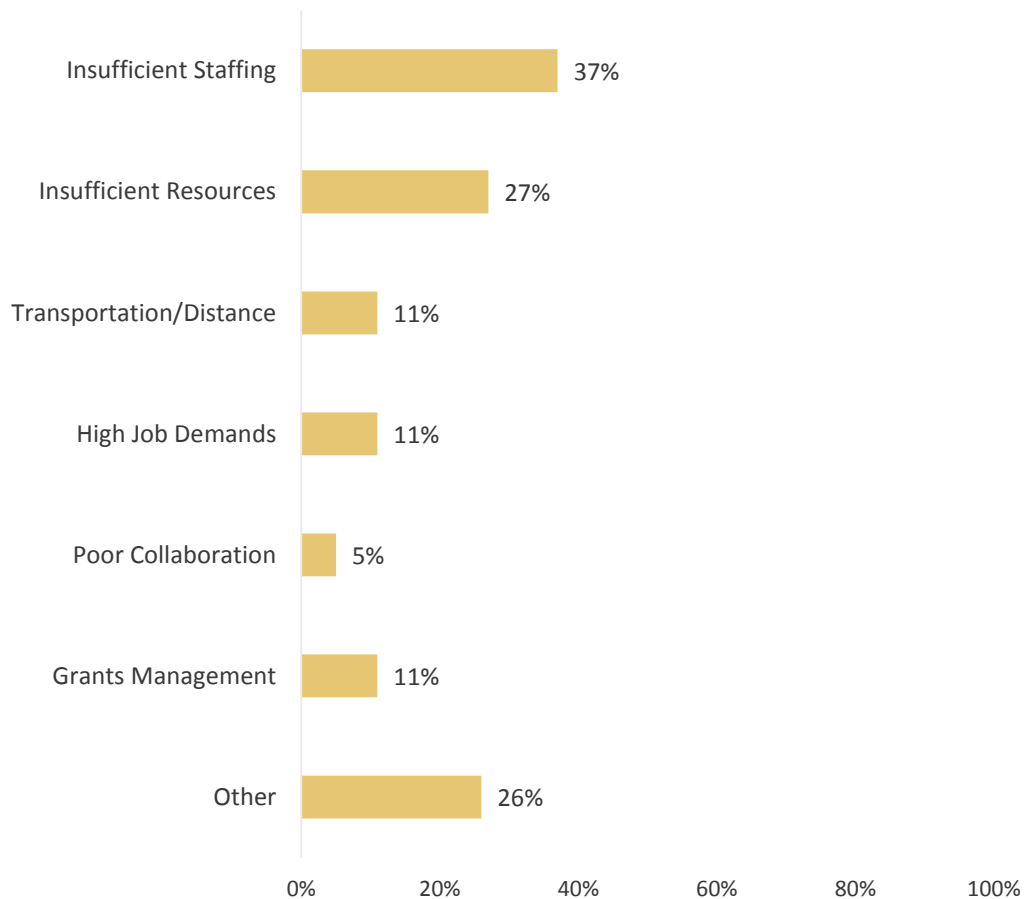
| ACCOMPLISHMENT | DEFINITION |
|------------------|---|
| COMMUNITY EVENT | Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community presentations/workshops, camps, run/walk, contests, photovoice/art galleries, movie nights, and cultural activities (e.g., arts and crafts, archery, drumming, traditional games, storytelling, etc.). |
| NEW PARTNERSHIPS | Project has identified at least one new 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, correctional facilities, other tribal agencies/departments, tribal organizations, and external partners (non-profit organizations, referral sites, and universities). |
| STAFF TRAINING | At least one project staff member attended at least one training, conference or workshop during the reporting period. Common training topics listed as successes included: AI Life Skills, ASIST, Mental Health First Aid, Sources of Strength, CONNECT, safeTALK, MATRIX, QPR, CISM, Project Venture, Trauma Incident Reduction Training, etc. |
| SYSTEM CHANGE | Project has identified at least one new or expanded/improved service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices (talking circles), extended hours, aftercare/follow-up, group treatment, new/expanded counselling and case management services, equine therapy, expanded number of facilities offering services, classes (self-defense, parenting, self-care, stress management, mindfulness, art therapy), etc. |



| | |
|-------------------------|--|
| SMALL MEDIA | Project has developed one or more small media products or implemented a media-related activity during the reporting period and identified it as a success. Examples include: billboards, radio or television public service announcements (PSAs), radio shows, documentary development, newsletter/newspaper, brochures, posters, digital stories, and social media (e.g. Facebook). |
| HIRED NEW STAFF | Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period. |
| INCREASED PARTICIPATION | Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period. |
| NEW POLICY or PROTOCOL | Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols. |
| DATA IMPROVEMENTS | Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative. |
| OTHER | The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services. |

PROJECT BARRIERS

Figure 39. Types of Barriers Reported among MSPI Purpose Area 3 Projects, 2015-2016



As evidenced in [Figure 39](#), the most commonly reported MSPI Purpose Area 3 project barriers included insufficient staffing (37%) and insufficient resources (27%). Definitions and examples for each barrier category are provided on the following pages of this report.

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

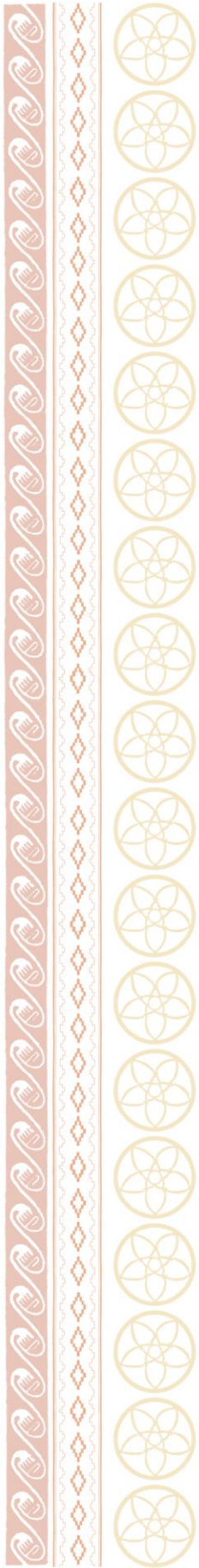
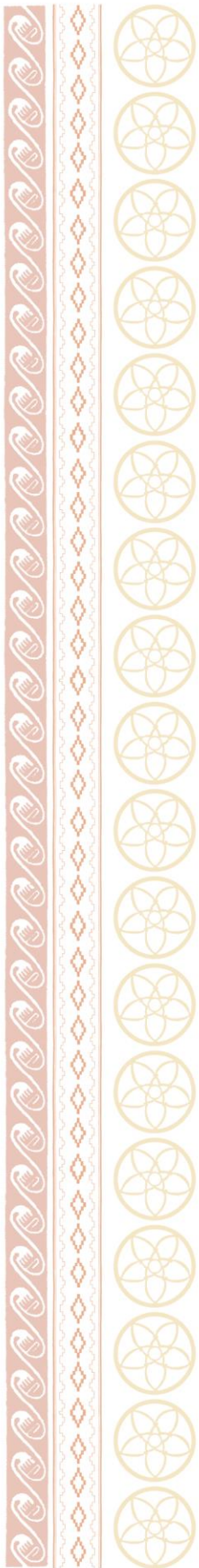
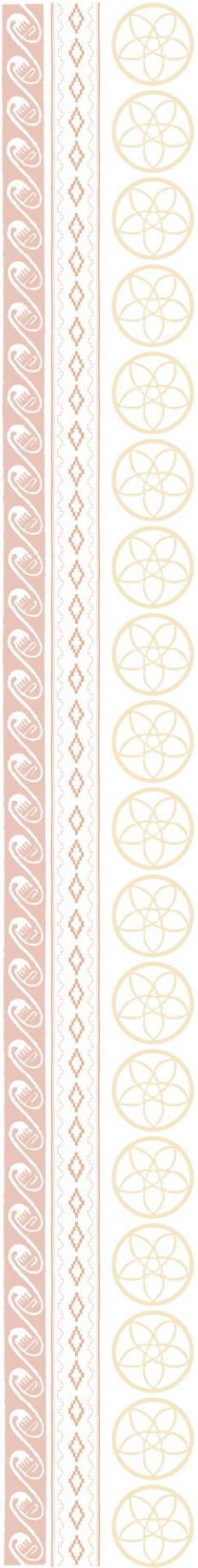


Table 9: MSPI Project Barrier Definitions

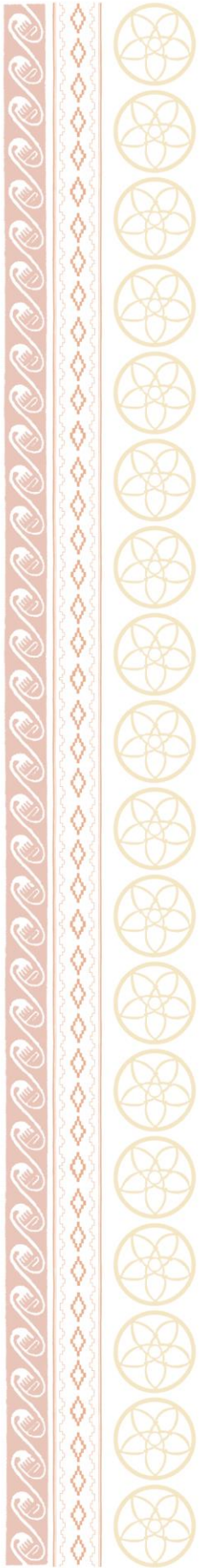
| BARRIER | DEFINITION |
|-----------------------------|--|
| INSUFFICIENT STAFFING | Project identified a lack of staff within its MSPI project as a barrier during this reporting period. This barrier category included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants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



| | |
|-------|---|
| OTHER | The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. |
|-------|---|

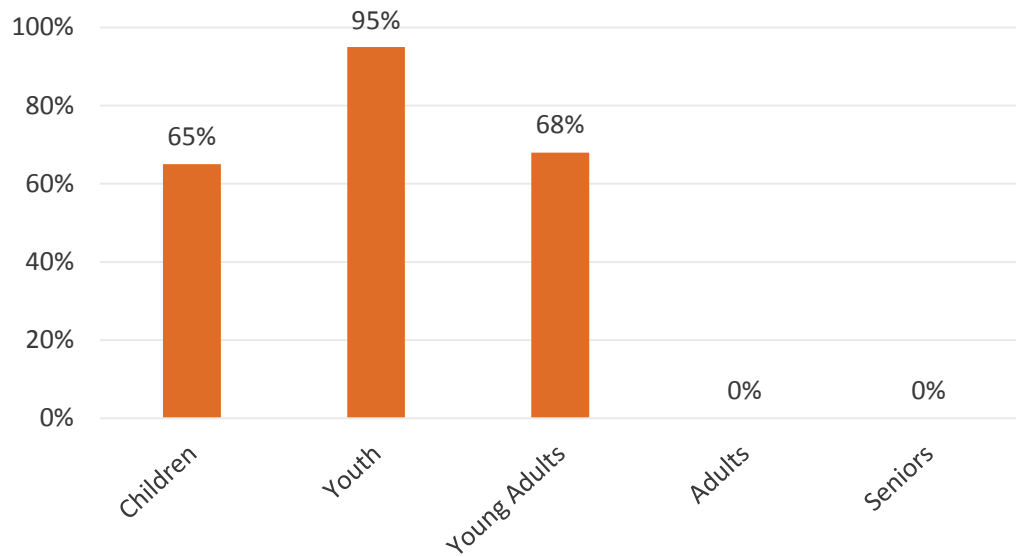


**SECTION 7:
MSPI PURPOSE AREA 4 ONLY**



TARGET POPULATION

Figure 40. Target Population Served by MSPI Purpose Area 4 Projects, 2015-2016*

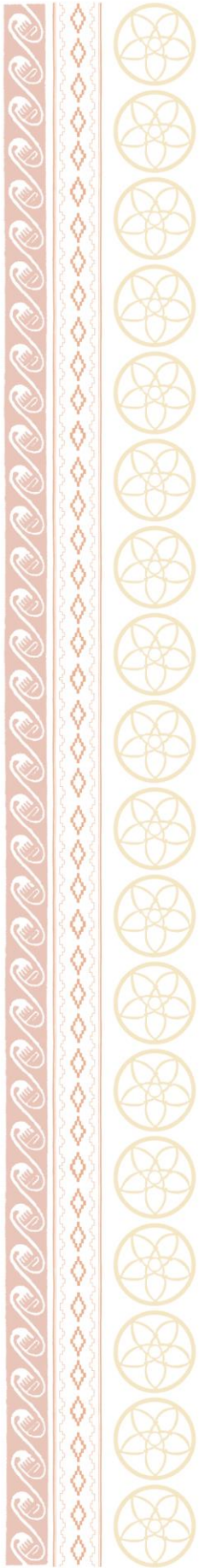


*Projects were able to select multiple target populations.

A total of 60 MSPI Purpose Area 4 projects reported on their progress to promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse.

TARGET POPULATION DEFINITIONS

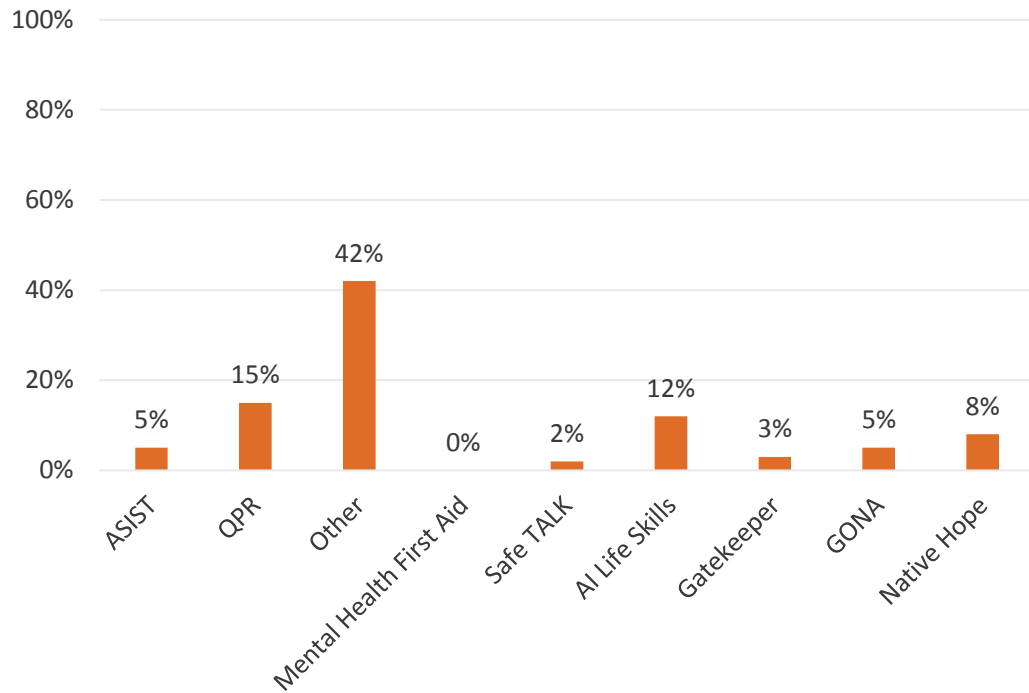
- Children (up to age 11)
- Youth (age 12-17)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



SERVICE TYPES

EVIDENCE-BASED PRACTICES

Figure 41. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Suicide Prevention – MSPI Purpose Area 4 Only, 2015-2016.*



*Projects were able to select multiple types.

As demonstrated in [Figure 41](#), the most common Evidence-Based Practices and/or Practice-Based Models utilized among MSPI Purpose Area 4 projects for prevention were “other types” (42%).

“Other” types reported included: Project Venture, Keepin’ it Real, EMDR, Meth SMART, Good Road of Life, Red Road, Seven Sacred Teachings, Trauma Informed Care, Living in Balance, Project Alcohol Free, Healing of the Canoe Project, Native Stand, Multisystemic Therapy, CBT, Motivational Interviewing, White Bison, Seeking Safety, Web of Life, Casey Life Skills, Passport to Manhood, Prime for Life, Responsible Fatherhood, and Native PRIDE.

KEY:

- QPR = Question Persuade Refer
- ASIST = Applied Suicide Intervention Skills Training
- GONA = Gathering of Native Americans
- EMDR = Eye Movement Desensitizing and Reprocessing
- CBT = Cognitive Behavioral Therapy

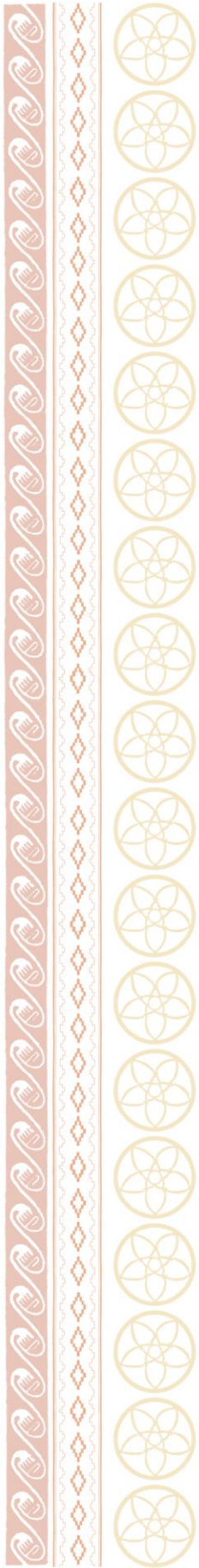
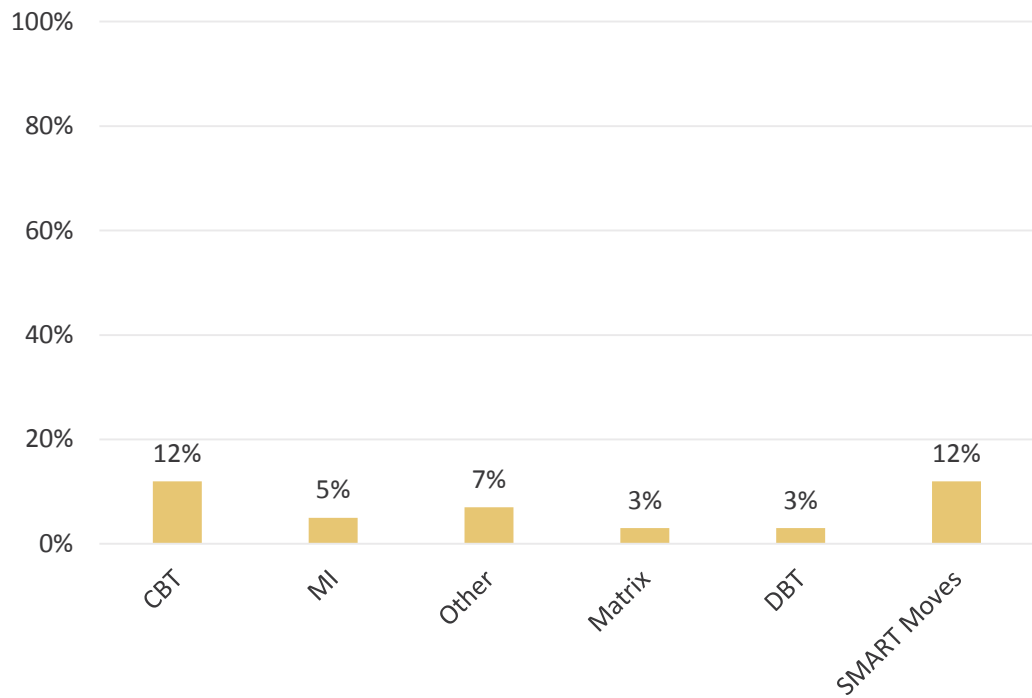


Figure 42. Type of Evidence-Based Practices and/or Practice-Based Models Currently Being Used for Intervention/Treatment - MSPI Purpose Area 4 Only, 2015-2016*



**Projects were able to select multiple types.*

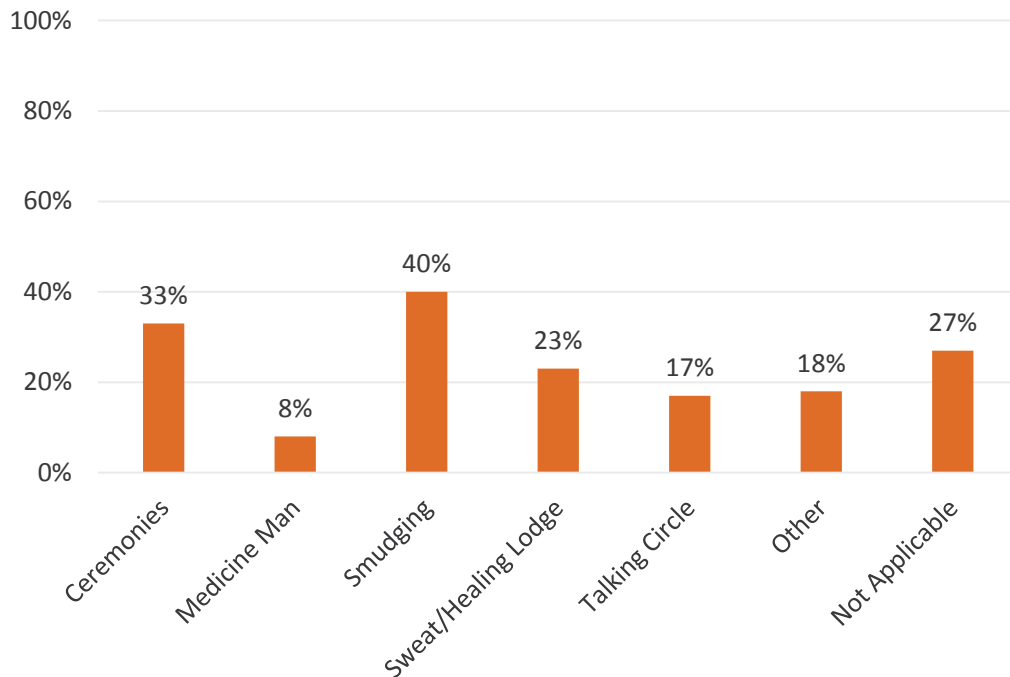
As demonstrated in [Figure 42](#), Cognitive Behavioral Therapy (CBT) and SMART Moves were the most commonly utilized evidenced-based practice types in intervention/treatment among MSPI Purpose Area 4 Projects (12%).

KEY:

- MI = Motivational Interviewing
- CBT = Cognitive Behavioral Therapy
- DBT = Dialectical Behavioral Therapy

HOLISTIC APPROACHES TO SERVICES

Figure 43. Percentage of MSPI Purpose Area 4 Projects Integrating Traditional Healing into Project Services, by Practice Type, 2015-2016*



*Projects were able to select multiple types.

Figure 43 demonstrates that a range of traditional healing related practices have been incorporated into MSPI Purpose Area 4 project activities included smudging (40%) and ceremonies (33%). The majority of MSPI Purpose Area 4 projects reported integrating at least one of these traditional healing practices into their project services (70%).

“Other” traditional healing practices reported included: role modeling, canoe journey, hunting, hiking, trapping, fishing, sacred tobacco, gourd dancing, fire making and powwows.

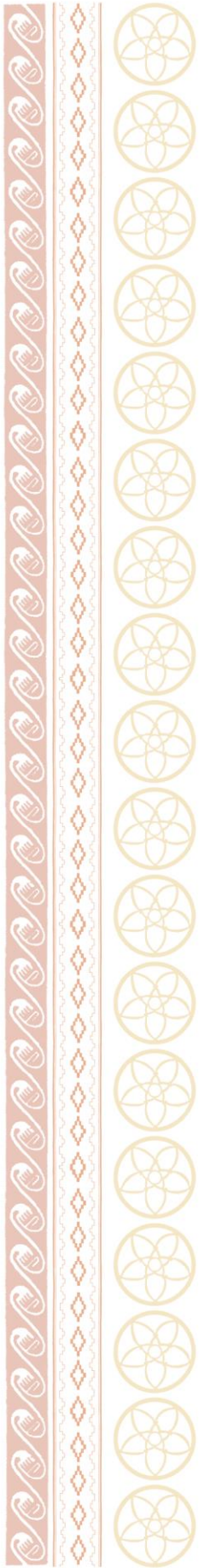
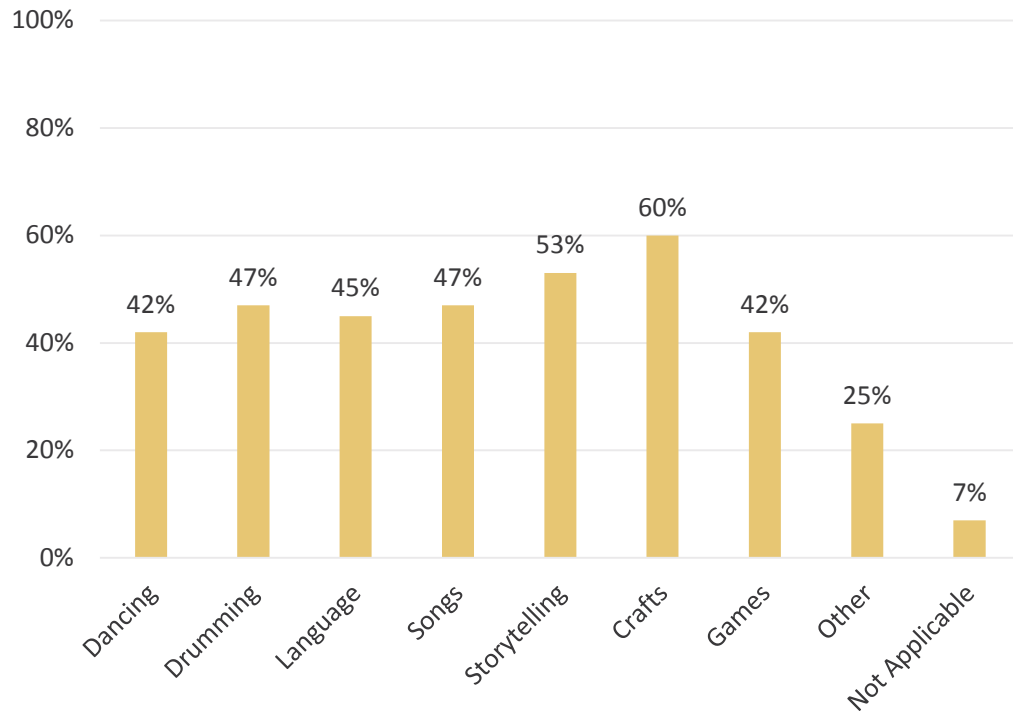


Figure 44. Cultural Practices Offered in MSPI Purpose Area 4 Project Services, 2015-2016*



**Projects were able to select multiple types.*

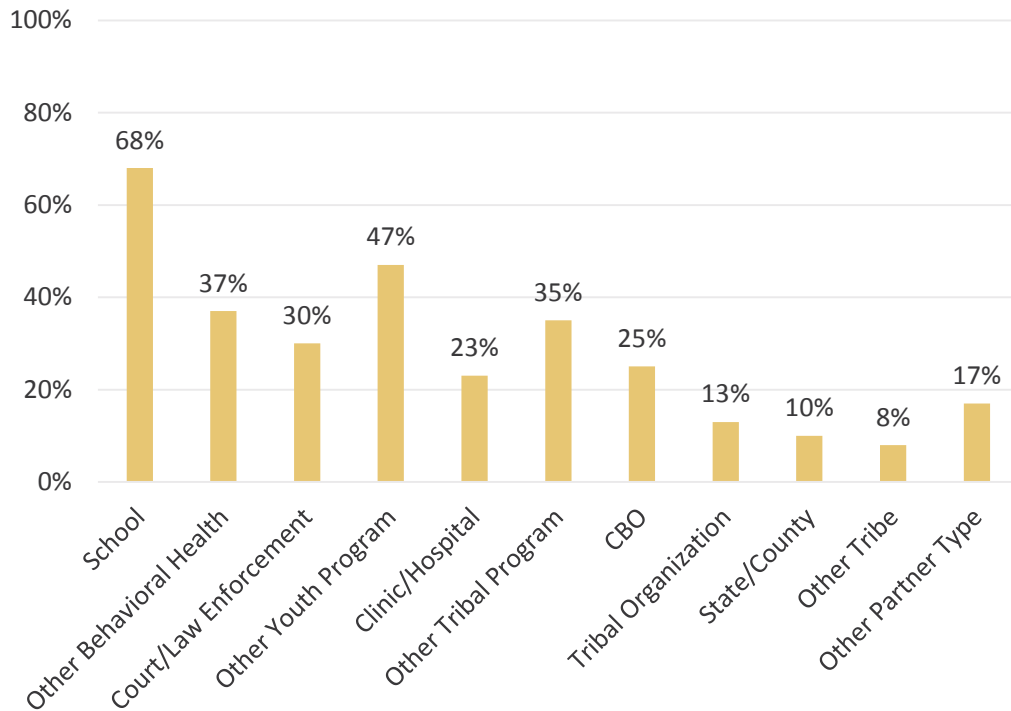
As evidenced in [Figure 44](#), the most common cultural services included in MSPI Purpose Area 4 projects were crafts (60%) and storytelling (53%). The majority of MSPI Purpose Area 4 projects reported integrating at least one of these cultural practices into their project services (90%).

“Other” cultural practices reported included: tipi building, talking circles, powwows, fishing, camping, traditional equine skills, prayer, archery, and root and berry gathering.

PROJECT OPERATIONS

PARTNERSHIPS

Figure 45. Most Common Types of Partners Enlisted among MSPI Purpose Area 4 Projects, 2015-2016*



*Projects were able to select multiple types.

Common “other” partner types included tribal leadership, armed forces, fish and game, boating and canoeing outfitters, and faith-based organizations/churches.

Table 10. Number of Partners and Memorandum of Agreements (MOAs) Reported among MSPI Purpose Area 4 Projects, 2015-2016

| | N |
|---------------------------------------|--------|
| Total Partners (All Projects) | 342 |
| Average per project | 6.1 |
| Range | 0 – 23 |
| Total Memorandum of Agreements (MOAs) | 77 |

STAFFING

Figure 46. Percentage of MSPI Purpose Area 4 Projects that Experienced Staff Turnover, 2015-2016

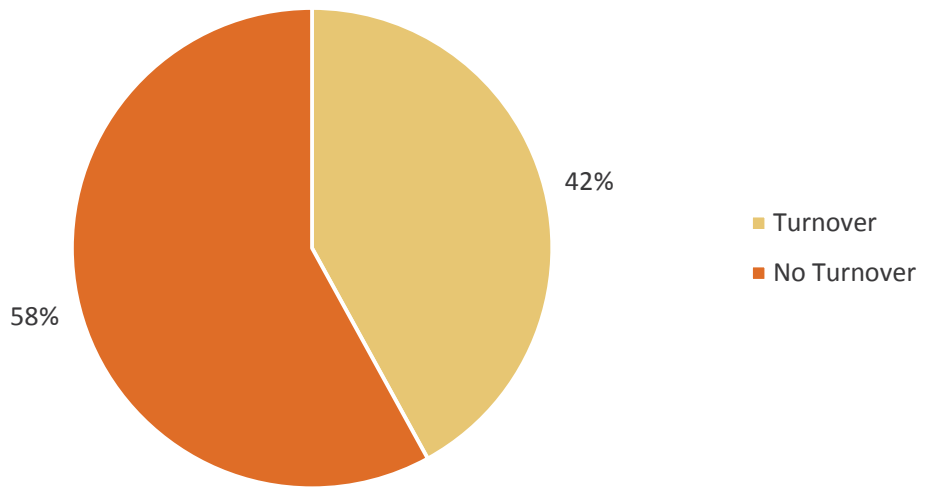
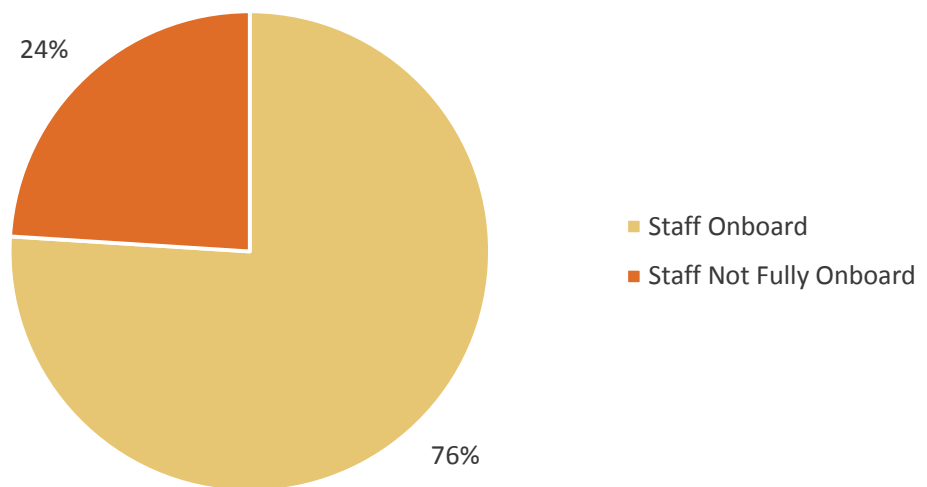


Figure 47. Percentage of MSPI Purpose Area 4 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2015-2016



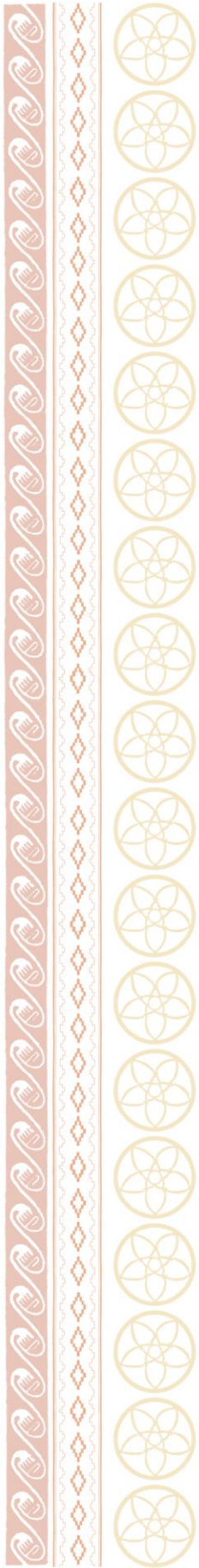
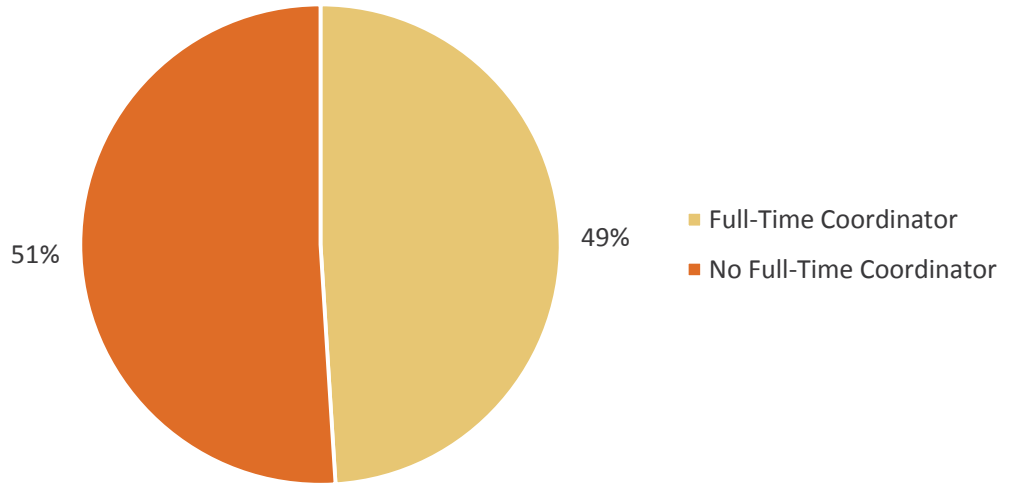


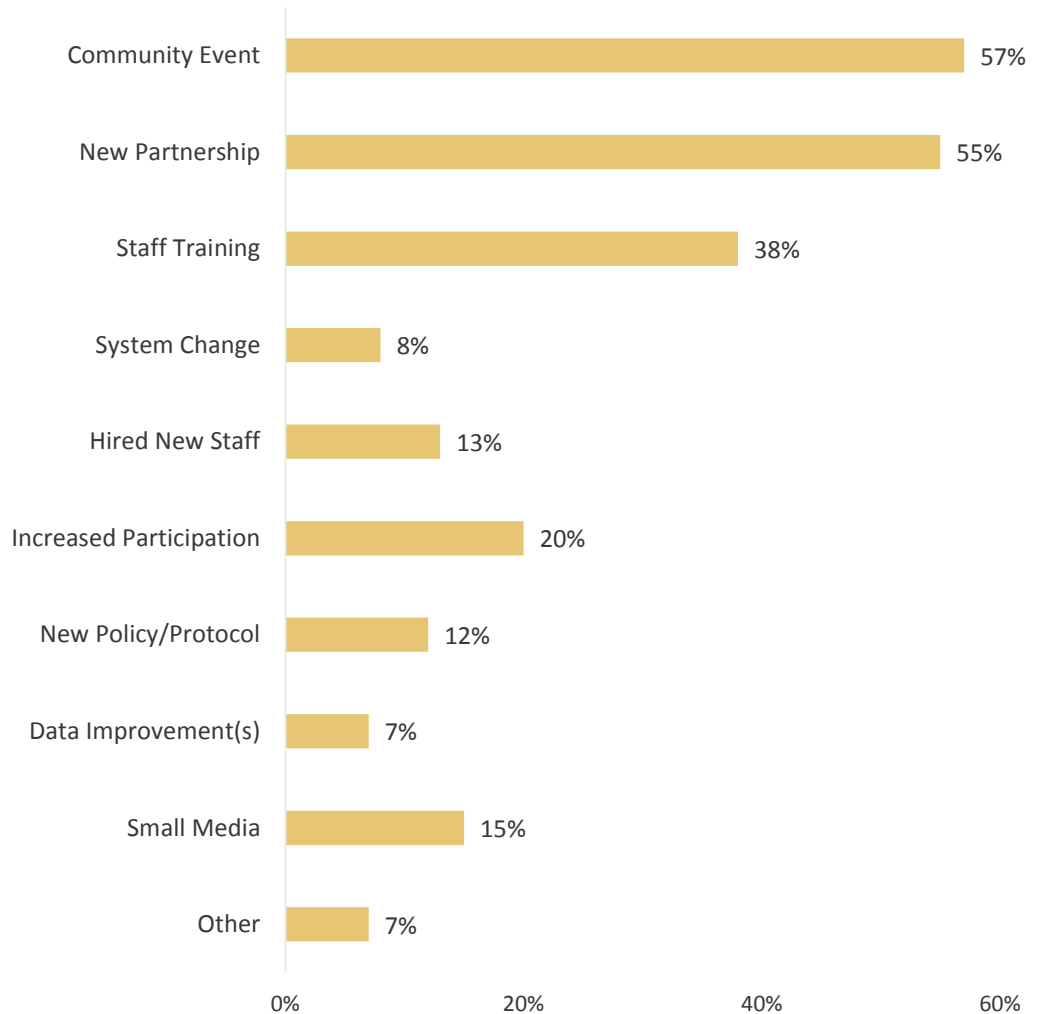
Figure 48. Percentage of MSPI Purpose Area 4 Projects with a Full-Time Project Coordinator, 2015-2016



PROJECT ACCOMPLISHMENTS AND BARRIERS

PROJECT ACCOMPLISHMENTS

Figure 49. Type of Accomplishments Reported among MSPI Purpose Area 4 Projects, 2015-2016



As evidenced in [Figure 49](#), the most commonly reported accomplishments among MSPI Purpose Area 4 Projects in project year 1 included implementing successful community events (57%), establishing one or more new partnerships (55%), and completion of staff training (38%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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

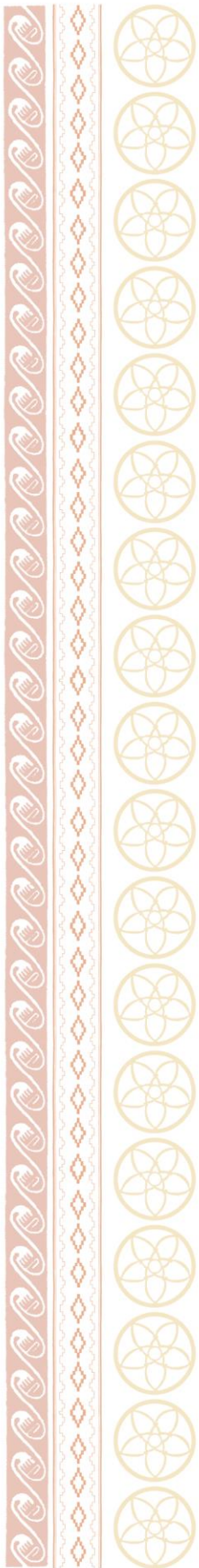
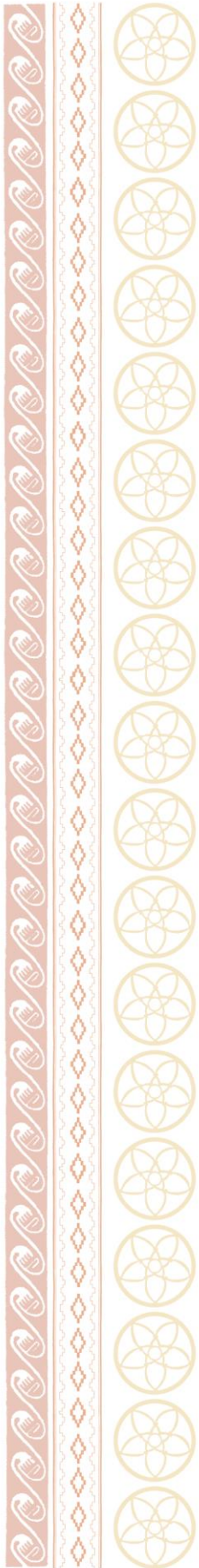


Table 11. MSPI Project Accomplishments Definitions

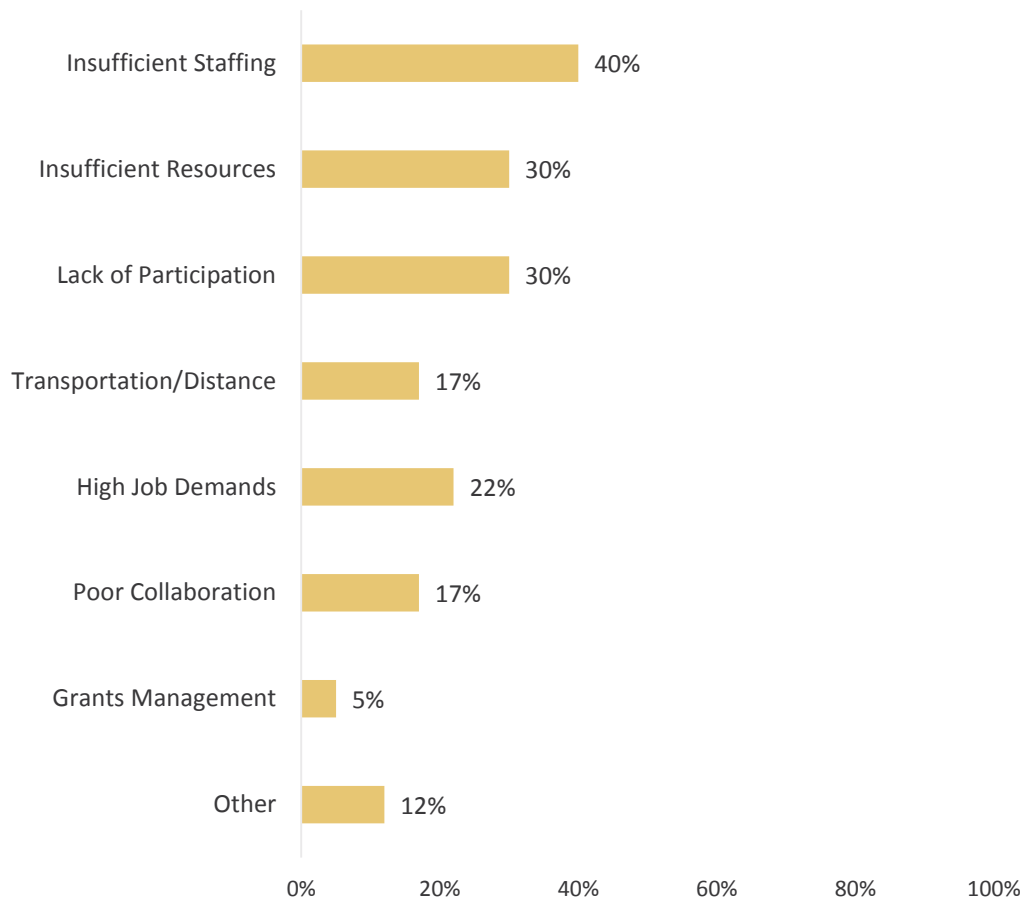
| ACCOMPLISHMENT | DEFINITION |
|------------------|---|
| COMMUNITY EVENT | Project has identified at least one community event or activity sponsored by the MSPI project as a success during the reporting period. Common community event types included: school education events, health fairs, community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



| | |
|-------------------------|--|
| HIRED NEW STAFF | Project has identified at least one new staff person (part-time, full-time or contractual) joining its MSPI project during the reporting period. |
| INCREASED PARTICIPATION | Project has noted an increase in community participation in MSPI sponsored activities and/or an increase in referrals to its services during the reporting period. |
| NEW POLICY or PROTOCOL | Project identified the implementation of at least one new, updated, or enhanced policy or protocol related to MSPI project aims during the reporting period. Examples include: new patient screening tools (ER and clinic), tribal suicide response protocols, new referral policies and procedures, new enforcement laws, and enhanced wrap-around and post-treatment protocols. |
| DATA IMPROVEMENTS | Project has identified improvements in data access or data systems related to MSPI project aims. Examples include: new electronic reporting systems, new data management system, completed needs assessment, audit of existing suicide surveillance systems, improved coding, database development, data reports, and development of a suicide surveillance initiative. |
| OTHER | The other category included unique successes reported by five or fewer MSPI projects during the reporting period. These included project recognition, less suicide in community, less methamphetamine use in the community, professional presentations/publications, increased community knowledge/awareness, conference attendance, and new facility/space for project activities and services. |

PROJECT BARRIERS

Figure 50. Types of Barriers Reported among MSPI Purpose Area 4 Projects, 2015-2016



As evidenced in [Figure 50](#), the most commonly reported MSPI Purpose Area 4 project barriers included insufficient staffing (40%), insufficient resources (30%), and lack of participation (30%). Definitions and examples for each barrier category are provided on the following pages of this report.

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

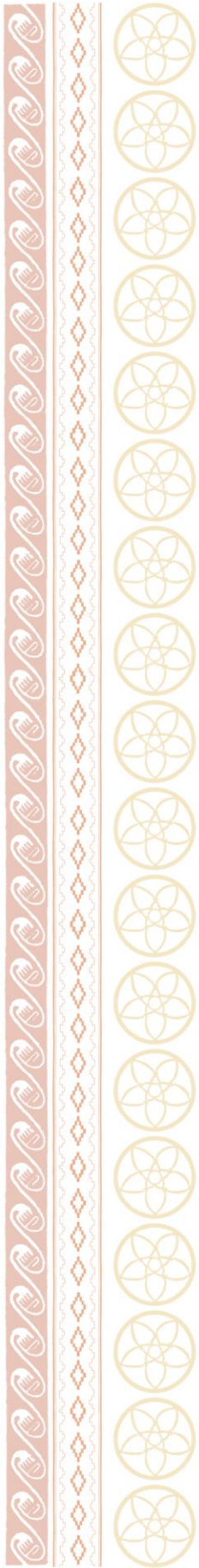
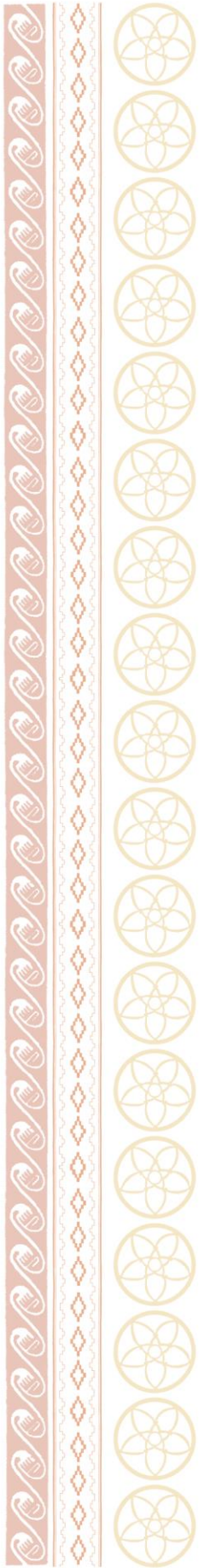
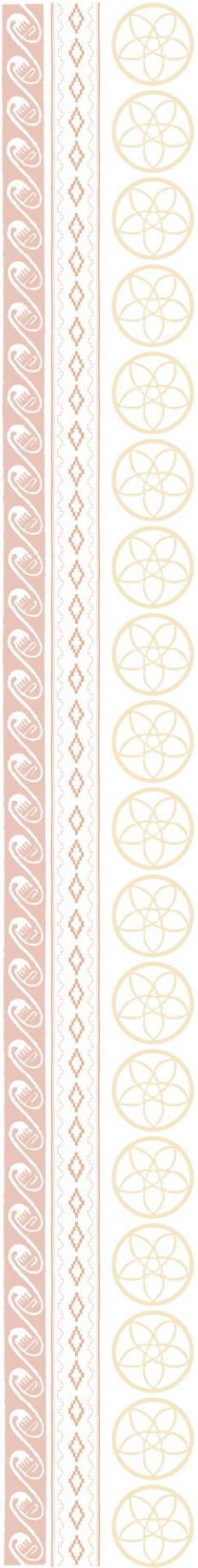


Table 12: MSPI Project Barrier Definitions

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



| | |
|-------|---|
| OTHER | The other category included unique challenges reported by five or fewer MSPI projects during the reporting period. These included stigma, increased substance abuse, lack of treatment facilities, lack of tribal leadership support, data sharing challenges, weather, insufficient knowledge/awareness among community members, lack of community trust, poor communication, and insufficient patient follow-up or aftercare. |
|-------|---|



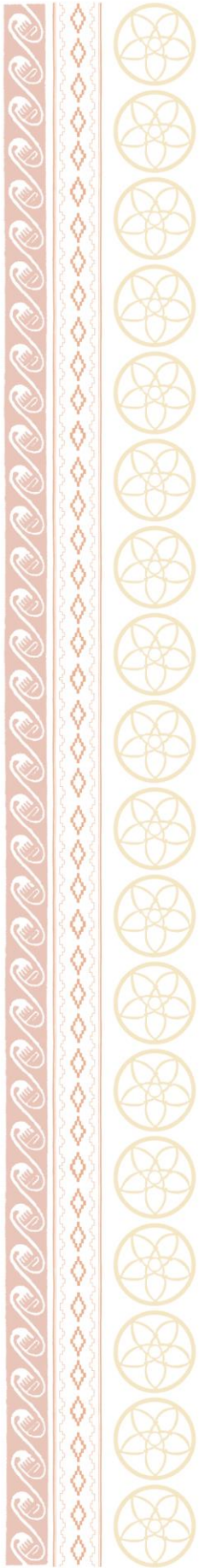
**SECTION 8:
MSPI PURPOSE AREA 1 ONLY**



MSPI PURPOSE AREA 1: BRIEF PROGRESS REPORT 2015-2016

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

- The average number of partners identified among projects was 3.7, with a range of n=2-6.
- Common partner types included behavioral health programs, courts, law enforcement, other tribes, tribal organizations, and churches.
- No formal MOUs were established between MSPI Purpose Area 1 projects and these partners during this reporting period.
- All projects experienced some staff turnover during the reporting period. One project has a full-time coordinator.
- Key accomplishments identified included:
 - Staff training
 - Partnerships
 - Systems change
 - Data improvements
 - Successful plan development
- Key barriers identified included:
 - Staff turnover
 - Busy schedules impacting project meeting attendance among partners
 - Grants management concerns

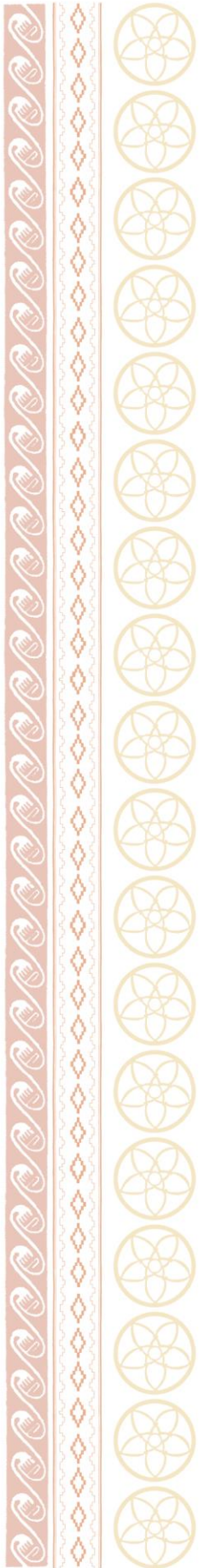


APPENDIX: PROJECTS REPORTING

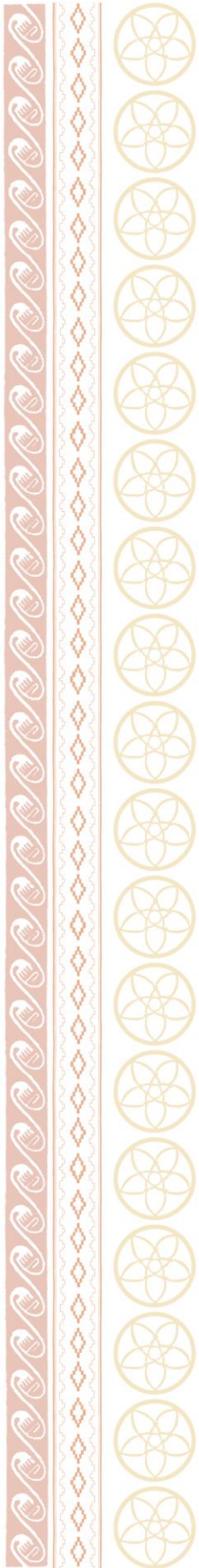


MSPI PROJECTS REPORTING 2015-2016

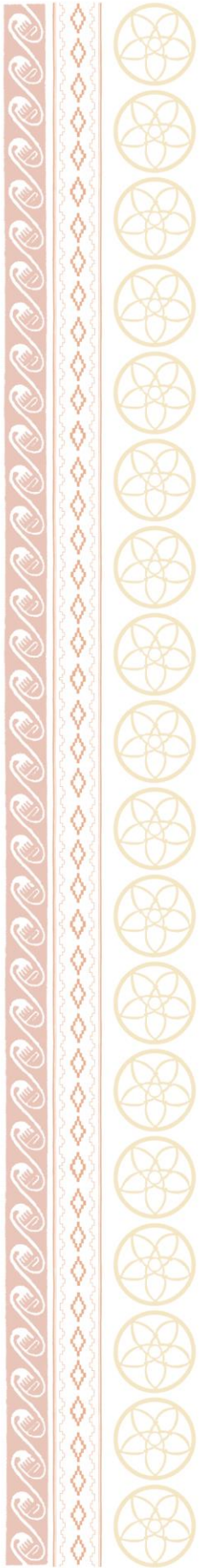
Alaska Native Tribal Health Consortium
Aleutian Pribilof Islands Assoc.
Bristol Bay Area Health Corporation
Chugachmiut
Copper River Native Association
Council of Athabascan Tribal Governments
Eastern Aleutian Tribes
Kenaitze Indian Tribe
Kodiak Area Native Association
Maniilaq Association
Norton Sound Health Corporation
Pribilof Islands Aleut Community of St. Paul Island
Southcentral Foundation
SouthEast Alaska Regional Health Consortium
Tanana Chiefs Conference
Yukon-Kuskokwim Health Corporation
Five Sandoval Pueblos
Ohkay Owingeh Tribal Council
Pueblo of Acoma
Pueblo of Isleta
Pueblo of Sandia
Ramah Navajo School Board, Inc.
Santo Domingo Tribe
Southern Ute
Southern Ute
Taos Pueblo
Ute Mountain Ute Tribe
Eight Northern Indian Pueblos
Bad River Band of Lake Superior Tribe of Chippewa Indians
Bay Mills Indian Community
Keweenaw Bay Indian Community
Little Traverse Bay Band of Odawa Indians
Red Lake Band of Chippewa Indians
Bemidji Area Office
Cass Lake Hospital
Blackfeet Tribe
Confederated Salish and Kootenai Tribes
Confederated Salish and Kootenai Tribes
Crow Tribe
Northern Arapaho Tribal Health



Northern Cheyenne
Rocky Boy Band of Chippewa Cree Indians
California Rural Indian Health Board, Inc.
Feather River Tribal Health, Inc.
Indian Health Council, Inc.
Pinoleville Pomo Nation
San Pasqual Band of Mission Indians
Southern Indian Health Council, Inc.
Toiyabe Indian Health Project, Inc.
Cheyenne River Sioux Tribe
Oglala Sioux Tribe
Ponca Tribe of Nebraska
Rosebud Sioux Tribe
Sisseton-Wahpeton Oyate Behavioral Health
Turtle Mountain Band of Chippewa Indians
Winnebago Tribe of Nebraska
Yankton Sioux Tribe
Fort Thompson Service Unit
Pine Ridge Service Unit
Aroostook Band of Micmacs
Mashpee Wampanoag Tribe
Mississippi Band of Choctaw Indians
Passamaquoddy Indian Township
Catawba Service Unit
Tuba City Regional Health Care Corporation
Utah Navajo Health System
Winslow Indian Health Care Center
Chinle Comprehensive Health Care Facility
Chinle Comprehensive Health Care Facility
Crownpoint Health Care Facility
Gallup Indian Medical Center
Cherokee Nation
Chickasaw Nation
Choctaw Nation
Citizen Potawatomi Nation
Eastern Shawnee Tribe
Iowa Tribe of Kansas and Nebraska
Kickapoo Tribe of Oklahoma
Kiowa Tribe
Muscogee Creek Nation
Muscogee Creek Nation
Northeastern Tribal Health System



Otoe-Missouria Tribe
Ponca Tribe
Wyandotte Nation
Indian Health Care Resource Center - Tulsa
Oklahoma City Area Office
Oklahoma City Indian Clinic
Oklahoma City Indian Clinic
Choctaw Nation
Gila River Health Care
Hualapai Indian Tribe
Pyramid Lake Paiute Tribe
Reno Sparks Indian Colony
Salt River Pima-Maricopa Indian Community
Salt River Pima-Maricopa Indian Community
Phoenix Indian Medical Center
Sherman Indian School Clinic
Marimn Health
Confederated Tribes of Warm Springs
Cow Creek Band of Umpqua Tribe of Indians
Northwest Portland Area Indian Health Board
Northwest Portland Area Indian Health Board
Puyallup Tribe of the Puyallup Reservation
Shoshone-Bannock Tribes
Squaxin Island Indian Tribe
Tulalip Tribes of Washington
Chemawa Indian School
Quileute Tribal Council
Hoh Indian Tribe
Makah Indian Tribe
Confederated Tribes of Grand Ronde
Pascua Yaqui Tribe
Tohono O'odham Nation
American Indian Health and Family Services of SouthEastern Michigan Inc.
American Indian Health Service of Chicago, Inc.
First Nations Community Health Source Inc.
Fresno American Indian Health Project
Friendship House Association of American Indians Inc.
Gerald L. Ignace Indian Health Center, Inc.
Native American Rehabilitation Association of the Northwest, Inc.
San Diego American Indian Health Center, Inc
South Dakota Urban Indian Health, Inc.
United American Indian Involvement, Inc. (Los Angeles)



Indian Center, Inc.
Native Americans for Community Action, Inc.
Seattle Indian Health Board
American Indian Association of Tucson, Inc.



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board