MSPI/DVPI Working Group

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Objectives

• Learn the benefits of and how to implement Digital Storytelling.
• To develop an understanding of SUPPORT for Patients and Communities Act (PL 115-271 (HR6).
• Develop an understanding of how to meet the Continuation Application Kit (CAK) reporting requirements as agreed for their MSPI & DVPI projects
History of MSPI

- In September 2009, the Indian Health Service (IHS) began the Methamphetamine and Suicide Prevention Initiative (MSPI) as a pilot demonstration project for 130 IHS, Tribal, and Urban Indian health programs.
- In September 2015, IHS announced the award of 118 grants totaling $13,237,000 dollars. In the following year, IHS received additional funds to support MSPI Purpose Area #4, Generation Indigenous (GEN-I) Initiative Support, and were able to award ten additional projects. A total of 129 grants and federal program awards were awarded in Project Year 1 to meet the following goals:

https://www.ihs.gov/mspi/aboutmspi/
Goals

1. Improve methamphetamine prevention, treatment, and aftercare. Improve suicide prevention, intervention, and postvention. This is for all Tribal, UIHP, and Federal programs.

2. Develop and foster data sharing systems among Tribal, UIHP, and Federal behavioral health service providers to demonstrate efficacy and impact.

3. Address suicide ideations, attempts, and contagions 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.

https://www.ihs.gov/mspi/aboutmspi/
MSPI/DVPI
Five-Year Funding Cycle

- 9/30/15-9/29/16 Year 1
- 9/30/16-9/29/17 Year 2
- 9/30/17-9/29/18 Year 3
- 9/30/18-9/29/19 Year 4
- 9/30/19-9/29/20 Year 5

**Some MSPI Gen-I projects that are in Year 1 will be working on their continuation application for Year 2.**
Purpose Areas & Broad Objectives

- There are 4 Purpose Areas that represent parts of the overarching goals of MSPI.
- Each Purpose Area has a number of broad objectives. The Project Narrative and Budget Narrative describes how each grantee or awardee will address each broad objective for their identified Purpose Area.
Purpose Area 1 & Broad Objectives

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

https://www.ihs.gov/mspi/aboutmspi/purposearea1/
Purpose Area 2 & Broad Objectives

To address Suicide Prevention, Intervention, and Postvention.

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 suicide 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.

https://www.ihs.gov/mspi/aboutmspi/purposearea2/
Purpose Area 3 & Broad Objectives

• **To address Methamphetamine Prevention, Treatment, and Aftercare.**

  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.

https://www.ihs.gov/mspi/aboutmspi/purposearea3/
Purpose Area 4 & Broad Objectives

- To promote early intervention strategies and implement positive youth development programming to reduce risk factors for suicidal behavior and substance abuse.
  1. Implement evidence-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 the project's activities that address all the broad objectives listed.

https://www.ihs.gov/mspi/aboutmspi/purposearea4/
Continuation Application Kit (CAK)

- **JUNE 1, 2019: DEADLINE for application submission**
- **Grantees:** Tribes, Tribal organizations, and Urban Indian Organizations
- **Federal Awardees:** IHS Service Units, IHS Area Offices, IHS Clinics/Hospitals
IHS Progress Report Template

• Use this template to complete your IHS Progress Report. Instructions are included in the template.
IHS Progress Report Template

IHS Progress Report

MSPI Grant / Project ID #

The IHS Progress Report is required to be submitted with your Continuation Application. You will report on project activities to-date for the current project year, September 30, 2018 to current. The progress report update should be brief and concise. The progress report should not exceed 1-page, single spaced.
Project Narrative Template

• Use this template to complete your Project Narrative. Instructions are included in the template.
Project Narrative Template

PROJECT NARRATIVE GUIDELINES & TEMPLATE
The following document will provide you with the instructions and guidance for submission of the project narrative for the Methamphetamine & Suicide Prevention Initiative (MSPI) funding cycle.

This document serves as a TEMPLATE for the MSPI project narrative.

DIRECTIONS: HOW TO USE THIS TEMPLATE
1. Save this template document with a new file name that includes your program name. Throughout the template, you are provided instructions and guidance in ‘italics’. Please delete all text in ‘italics’ from this project narrative template when you begin entering your text.
2. Please keep the project narrative section titles on each page (in bold). They will serve as your section titles in the document.
3. Type in the requested information in each section.
4. Please delete this instruction page (page 1 of this template) of the project narrative template when you are done.
5. Other formatting guidelines:
   o Use single spacing between lines (unless otherwise specified).
   o Consecutively number pages.
   o Use black type font not smaller than 12 point font.
   o Tables may be done in 10 point font.

ADDITIONAL TEMPLATES
Additional templates may be referenced throughout this document and you can find them on the MSPI website at: https://www.ihs.gov/mspi/techassistance/continuationap/

PROJECT NARRATIVE COMPONENTS & REQUIREMENTS
The project narrative should have the following components:

1. Project Narrative:
   ▪ Goals & Objectives
   ▪ Project Activities
   ▪ Evaluation Plan Update
Budget and Budget Narrative Template

- Use this template to complete your budget and budget narrative. Instructions are included in the template.
Budget Line Item

Budget

The budget planning process should parallel planning for the development of the project narrative and will ensure that the costs associated with the project narrative do not exceed the maximum amount funded. The following list of budget items is provided to give the applicant ideas about what you might include in your actual budget.

- The following budget table is the template for the line item budget.
- The applicant does not need to include all the items below – and may include other items not listed. The budget is specific to your own project, objectives, and activities.

[DELETE ALL INSTRUCTIONS IN ITALICS FROM THE TEMPLATE when you complete the budget and budget narrative.]
<table>
<thead>
<tr>
<th>Budget Line Items</th>
<th>Annual</th>
<th>FTE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Fringe Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Contractual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Other Direct Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Indirect Costs</td>
<td>IDC Negotiated Rate =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Budget Narrative

In the budget narrative, you will provide a justification for all budget line items included in your proposed budget.

FOR GRANTEES: The budget narrative provides supporting information for the SF-424A – Budget Information – Non-Construction Programs.

A. Personnel
- List all staff positions by title.
- Give annual salary, percentage of time assigned to the project, and total cost for the budget period.
- This category includes only direct costs for the salaries of those individuals who will perform work directly for the project.

B. Fringe Benefits
- Identify the percentage used by the Tribe or Tribal organization and the basis for computation.
- Identify the types of benefits included.
- Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages.
- Fringe benefits include, but are not limited to payroll taxes, employee insurance, workers compensation, and pension.

C. Supplies
- All tangible personal property other than "equipment".
- The budget detail should identify categories of supplies to be procured (e.g., office supplies).
- NOTE: Non-tangible goods and services associated with supplies, such as printing services, photocopy services, and rental costs should not be placed in the “supplies” line item – place the non-tangible goods and services costs in the "other direct costs" line item.
- Food is an unallowable cost for this grant.
Budget Narrative Template (continued)

A. Equipment
- Identify all equipment items to be purchased for the proposed project and place in an itemized list.
- Also includes accessories necessary to make the equipment operational.
- **Do not** include equipment service or maintenance costs or contracts. These costs should be placed in the “other direct costs” line item.

B. Training
- Identify all trainings and the purpose of the training that will be conducting for the proposed project (e.g., staff trainings, provider trainings, community member trainings) and list each individual training, if known.
- Specify the fees associated with each training (e.g., conference or registration fees).
- **Do not** include trainer or consultant/contractor fees. These costs should be placed in the “contractual” line item.

C. Travel
- Specify the mileage and approved rate per mile, airfare, lodging, per diem, estimated number of trips (in-state/out-of-state), number of travelers, and other travel costs for each type of travel.
- Travel may be integral to the purpose of the proposed project or related to the proposed project activities (e.g., attendance at meetings).
- **Do not** include costs for travel for consultants, contractors or other partner organizations – these costs should be placed in the “contractual” line item.
A. Contractual Costs
   - Identify all proposed or planned agency-funded and authorized costs.
   - Contractual/consultant services are those services to be carried out by an individual or organization, other than the applicant, in the form of a procurement relationship.
   - The applicant should list the proposed contract activities along with a brief description of the scope of work or services to be provided, proposed duration, and proposed procurement method (competitive or non-competitive), if known.

B. Other Direct Costs
   - This category should include only those types of direct costs that do not fit in any other budget categories.
   - Examples of costs that may be in this category are: insurance, rental/lease of equipment or supplies, equipment service or maintenance contracts, and printing or photocopying.

C. Indirect Costs (IDC)
   - For IHS Federal Awardees (IHS Area Offices, IHS Hospitals, IHS Clinics, and IHS Service Units), IDC is not allowed.
   - Grantees: if you choose to include IDC, you will use this line item.
   - Indicate the approved rate for the Tribe, Tribal organization, or urban Indian organization (the applicant must have a negotiated IDC).
   - Indirect costs are those incurred by the grantee for a common or joint purpose that benefit more than one cost objective or project, and are not readily assignable to specific cost objectives or projects as a direct cost.
   - Examples of IDC are:
     - Personnel: IDC x Personnel = Indirect costs
     - Personnel and Fringe: IDC x Personnel & Fringe = Indirect costs
     - Total Direct Costs: IDC x Total Direct Costs = Indirect costs
     - Direct Costs minus Distorting or other factors such as contracts and equipment = IDC x [(Total Direct Costs – Distorting Factors) = Indirect costs]
   - **NOTE:** If you are including IDC in your budget, attach the documentation of approved rate as an Appendix document per the instructions of the proposal submission.
Where do I upload?

- **Grantees: Tribes, Tribal organizations, and Urban Indian Organizations**
- For grantees, the full non-competing continuation application kit and templates can be found on GrantSolutions.gov. Exit Disclaimer: You Are Leaving www.ihs.gov and should be completed by grantees in the GrantSolutions application module.
- If you have questions regarding the GrantSolutions system, please contact your Grants Management Specialist.
Where do I upload? (continued)

- **Federal Awardees: IHS Service Units, IHS Area Offices, IHS Clinics/Hospitals**
- For Federal awardees, all templates are listed on this page for use to complete your non-competing continuation application.
- Upload all required documents to the MSPI Section of the Behavioral Health Portal. [Exit Disclaimer: You Are Leaving www.ihs.gov](https://www.ihs.gov). For instructions on uploading your document, please see the [how-to on uploading to the MSPI data portal](https://www.ihs.gov). [PDF - 117 KB]
- If you have questions about the templates listed here, please contact your [Area MSPI Project Officer](https://www.ihs.gov).
Local Data Collection Plans

- Inter Tribal Council of Arizona, Tribal Epidemiology Center
- How the data is being collected or will be used in the future.
ITCA Tribal Epidemiology Center

- Who we are
- Where we are
- What services are provided
- How to request services and partnerships
ITCA Tribal Epidemiology Center

- Established in 1996

- Mission: To build Tribally-driven public health and epidemiologic capacity among Tribes in the Phoenix and Tucson Indian Health Service Areas by assisting Tribes with health surveillance, research, prevention, and evaluation information for planning and policy decision making.

- Purpose: To build Tribally-driven public health and epidemiologic capacity in the Phoenix and Tucson Indian Health Service Areas in order to improve American Indian health and well-being.
ITCA Tribal Epidemiology Center

• **Services**
  • Epidemiology and other public health workshops
  • Community health profile (CHP) assistance
  • Study and survey design
  • Data collection and analysis
  • Technical report creation and review
  • Educational materials for health-related topics
  • Coordination of services during outbreaks or disease cluster investigations
How can I request ITCA, Inc. TEC services?

- E-mail ITCA, Inc. TEC for assistance directly at: TECinfo@itcaonline.com

- TEC staff will respond within 48-hours and work with you to complete a fillable Request for Technical Assistance form

- TEC staff will meet with you by phone or e-mail to discuss a project work plan

- TEC staff will decide with you the format and delivery method of the final product

- Please allow a minimum of 2 weeks for project completion, possibly longer depending on the scope of the project
Tribal Epidemiology Centers

- Assistance to sites with establishing and revising local data collection plans
- Site visits for tailored technical assistance
• Provide technical assistance for Grantees and Awardees for their Local Data Collection Plan (LDCP).
• Assist projects in collecting and reporting the data, as identified on their LDCP.
• Two site visits and one working group per year
### Purpose Area 2

**Suicide Prevention, Intervention, and Postvention**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Reporting Requirements for the Annual Progress Report</th>
<th>Data Collection Method</th>
<th>Data Source</th>
<th>How Will Data Be Collected?</th>
<th>Who Will Collect Data?</th>
<th>When Will Data Be Collected?</th>
</tr>
</thead>
</table>
| **Target Population** | a. Please identify the target population your program serves  
1. Youth (17 & under)  
2. Youth (18-24)  
3. Adult (25-54)  
4. Seniors (55 & up) | | | | | |
| **Accomplishments** | a. List and describe program accomplishments during the current reporting period | | | | | |
| **Challenges** | b. List and describe program barriers to success during the current reporting period | | | | | |
| **Objectives** | | | | | | |
| 1) Expand available behavioral health care treatment services | a. Does your project provide or plan to expand any of the following:  
1. Mental health consultation in school settings  
2. Mental health consultation in home visiting programs/human service agencies  
3. Integration of behavioral | | | | | |
How are projects collecting data?

- Questionnaires
- Surveys
- Sign-in sheets
- Training attendance
- RPMS
- Documenting clinical services
Simplifying the process

- Use what you are already collecting.
- Leave no margin for error.
SUBSTANCE ABUSE INDICATORS

- Annual Crude Rate of Binge Drinking among AI/AN Adults in AZ and UT, 2016
- Biennial Prevalence of Binge Drinking among AI/AN Youth in AZ, 2015
- Two-Year Prevalence of Drug or Alcohol Dependence in the Last Year among AI/AN in AZ, NV, and UT by State, 2015-2016
SUBSTANCE ABUSE & MENTAL HEALTH INDICATORS

- Annual Number of Hospital Discharges Attributable to Mental Health Disorders and Rate per 10,000 Hospital Discharges among AI/AN by State, 2009-2016; All, Mood and Depressive Disorders, Schizophrenic Disorders, and All Mental Disorders Except Drug- and Alcohol-Induced Mental Disorders
- Two-Year Prevalence of Depressive Episodes in the Past Year among AI/AN in AZ, NV, and UT by State, 2015-2016
- Two-Year Prevalence of Serious Adult Mental Illness in the Past Year among AI/AN in AZ, NV, and UT by State, 2015-2016
SUBSTANCE ABUSE INDICATORS (cont.)

- Annual Number of Liver Disease and Cirrhosis Deaths and Mortality Rate per 100,000 Population among AI/AN in AZ, NV, and UT by State, 2009-2016
- Annual Number of All-Cause Drug Overdose Deaths and Mortality Rate per 100,000 Population among AI/AN in AZ, NV, and UT by State, 2009-2016
SUBSTANCE ABUSE INDICATORS (cont.)

• Annual Number of Hospital Discharges Attributable to Drugs with Potential for Abuse and Dependence and Rate per 10,000 Hospital Discharges among AI/AN in AZ, NV, and UT by State, 2009-2016; All Drugs, Heroin Poisoning, Cocaine Poisoning, Prescription Opioid Poisoning, Benzodiazepine-based Tranquilizer Poisoning, Amphetamine Poisoning, Cocaine Abuse or Dependence, Opioid Abuse or Dependence

• Two-Year Prevalence of Use of Selected Prescription and Illicit Drugs among AI/AN in AZ, NV, and UT, 2015-2016; Past Month Illicit Drug Use, Past Year Marijuana Use, Past Month Marijuana Use, Past Month Illicit Drug Use Other than Marijuana, Past Year Cocaine Use, Past Year Non-Medical Use of Pain Relievers
Traumatic Brain Injury

- Estimated Average Annual Number of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT, 2009-2016
- Estimated Percentage of All Injuries And Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, And Deaths among AI/AN in AZ, NV, and UT, 2009-2016
Traumatic Brain Injury (cont.)

- Estimated Average Annual Numbers of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by Age Group, 2009-2016
- Estimated Average Annual Rates of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by Age Group, 2009-2016
Traumatic Brain Injury (cont.)

- Estimated Average Annual Numbers of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by Sex, 2009-2016
- Estimated Average Annual Rates of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by Sex, 2009-2016
Traumatic Brain Injury (cont.)

- Estimated Average Annual Numbers of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by External Cause, 2009-2016
- Estimated Average Annual Rates of Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths among AI/AN in AZ, NV, and UT by External Cause, 2009-2016
Traumatic Brain Injury (cont.)

- Estimated Average Percentage of Annual Traumatic Brain Injury-Combined Emergency Department Visits, Hospitalizations, and Deaths among AI/AN Children Aged 0 to 14 Years in AZ, NV, and UT by External Cause, 2009-2016
- Estimated Average Percentage of Annual Traumatic Brain Injury-Combined Emergency Department Visits, Hospitalizations, and Deaths among AI/AN Adults Aged 65 Years and Older in AZ, NV, and UT by External Cause, 2009-2016
SUICIDE - 2015

• 10th leading cause of death in the US
  • Caucasians, rate: 15.06
  • Native Americans, rate: 12.64
  • Asian Americans, rate: 6.36
  • African Americans, rate: 5.57
AI/AN Means of Suicide - 2015

- 268 by suffocation, rate: 5.52
- 207 by firearm, rate: 4.79
- 60 by poisoning, rate: 1.41
- 10 by fall, rate: 0.24
- 7 by fall, rate: 0.15
- 4 by drowning, rate: 0.09
AI/AN Age of Suicide - 2015

Suicide Rate by Age for American Indian/Alaska Native Compared to United States (Average 2000–2016)

Source: WISQARS Fatal Injury Reports, 1999-2016

https://www.sprc.org/racial-ethnic-disparities
## Domestic Violence

<table>
<thead>
<tr>
<th>Physical Violence by Intimate Partners Against Women</th>
<th>American Indian or Alaska Native</th>
<th>Non-Hispanic White Only</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Estimate</td>
<td>55.5%</td>
<td>34.5%</td>
<td>1.6</td>
</tr>
<tr>
<td>Slapped, Pushed, or Shoved</td>
<td>52.2%</td>
<td>32.3%</td>
<td>1.6</td>
</tr>
<tr>
<td>Severe Physical Violence</td>
<td>42.4%</td>
<td>24.8%</td>
<td>1.7</td>
</tr>
<tr>
<td>Past-Year Estimate</td>
<td>8.6%</td>
<td>4.1%</td>
<td>NS</td>
</tr>
<tr>
<td>Slapped, Pushed, or Shoved</td>
<td>8.0%</td>
<td>3.6%</td>
<td>NS</td>
</tr>
<tr>
<td>Severe Physical Violence</td>
<td>2.8%</td>
<td>2.6%</td>
<td>NS</td>
</tr>
</tbody>
</table>
Domestic Violence

<table>
<thead>
<tr>
<th>Physical Violence by Intimate Partners Against Men</th>
<th>American Indian or Alaska Native</th>
<th>Non-Hispanic White Only</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Estimate</td>
<td>43.2%</td>
<td>30.5%</td>
<td>1.4</td>
</tr>
<tr>
<td>Slapped, Pushed, or Shoved</td>
<td>36.5%</td>
<td>28.0%</td>
<td>NS</td>
</tr>
<tr>
<td>Severe Physical Violence</td>
<td>25.2%</td>
<td>14.5%</td>
<td>1.7</td>
</tr>
<tr>
<td>Past-Year Estimate</td>
<td>5.6%</td>
<td>4.5%</td>
<td>NS</td>
</tr>
<tr>
<td>Slapped, Pushed, or Shoved</td>
<td>5.4%</td>
<td>4.2%</td>
<td>NS</td>
</tr>
<tr>
<td>Severe Physical Violence</td>
<td>4.2%</td>
<td>1.8%</td>
<td>NS</td>
</tr>
<tr>
<td>Lifetime Physical Violence by Intimate Partners Experienced by American Indian and Alaska Native Victims</td>
<td>Female Victims</td>
<td>Male Victims</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Slapped</td>
<td>59.8%</td>
<td>66.4%</td>
<td></td>
</tr>
<tr>
<td>Pushed or shoved</td>
<td>83.2%</td>
<td>64.0%</td>
<td></td>
</tr>
<tr>
<td>Hit with a fist or something hard</td>
<td>53.6%</td>
<td>43.9%</td>
<td></td>
</tr>
<tr>
<td>Kicked</td>
<td>28.3%</td>
<td>22.0%</td>
<td></td>
</tr>
<tr>
<td>Hurt by having hair pulled</td>
<td>27.3%</td>
<td>18.6%</td>
<td></td>
</tr>
<tr>
<td>Slammed against something</td>
<td>53.8%</td>
<td>18.0%</td>
<td></td>
</tr>
<tr>
<td>Hurt by being choked or suffocated</td>
<td>37.6%</td>
<td>6.3%</td>
<td></td>
</tr>
<tr>
<td>Beaten</td>
<td>45.9%</td>
<td>17.5%</td>
<td></td>
</tr>
<tr>
<td>Burned on purpose</td>
<td>9.1%</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>Had a knife or gun used on them</td>
<td>27.1%</td>
<td>11.3%</td>
<td></td>
</tr>
</tbody>
</table>
MSPI/DVPI Challenges

- Tribal approval
  - Getting project activities approved can be a complex process.
- Hiring
- Turnover
- Time management
  - How do you manage a caseload and manage the project.
- Reporting (Continuation Application Kit & Annual Report).
- Spending
- Lack of funding for food
Determining how to help

- A recent review of suicide in American Indian and Alaska Native (AI/AN) communities found that successful suicide prevention programs used in these communities addressed 3 factors:
  1. Partnerships with community resources
  2. Use strength-based & cultural services
  3. Include Traditional Healing methods.

Phoenix Area Funding for MSPI

- IHS currently funds 175 grants and federal awards, totaling $27,972,247.
- In the Phoenix Area, there are 12 MSPI Projects (9 Grants, 3 Awards), totaling $2,029,583.
- In the Tucson Area, there are 2 MSPI Projects (Both Grants), totaling $279,300.

https://www.ihs.gov/mspi/aboutmspi/
• The following slides list the activities that each project has chosen and are implementing.
• You will notice the red font, which we will use to indicate activities that multiple projects are engaged in.
• Yes to Life!!
• Safe TALK & ASIST
  • The project trained tribal leadership in Safe TALK and ASIST. They were so impressed that these trainings have been made mandatory for all tribal employees.
• QPR
• ZERO Suicide
• Native Life Skills and Native Hope
• Equine Therapy
Gila River Indian Community: Highlights

GRHC BHS Prevention Program Upcoming Events

We would like to extend our invitation to all professionals, tribal departments, schools and community members. We offer community education sessions on Marijuana, Alcohol, Meth, Tobacco, Rx Prescription Drug Abuse, Suicide Prevention, Parenting Skills, Mental Health Awareness and Other emerging trends.

- Youth Mental Health First Aid Training dates: (2/9/2017), (3/7/2017) and (4/11/2017)
- Mental Health First Aid Training dates: (2/9/2017), (3/7/2017) and (4/11/2017)
- Active Parenting classes: (3 Day session 2/13, 2/15, 2/17) and (1 Day session 2/20/2017)
- SafeTALK Training dates: (2/9/2017) and (3/15/2017)
- BabySmarts
- Gila River Prevention Coalition dates: (2/24/2017), (3/24/2017) and (4/21/2017)
- Gila River Trail Riders Club dates: (2/4/2017)
- Prevention Suicide Fact Sheet: IF YOU OR SOMEONE YOU KNOW ARE HAVING THOUGHTS OF SUICIDE Call 911 or 1-800-273-TALK
- Rx Take Back Day dates: (5/1/2017) and (7/31/2017)
- Building a Trauma Informed Community dates: (2/9/2017)

For more online information on BHS and Life Center flyers visit: grhc.org/bhs_lifecenter_info
Hualapai: Purpose Area 2

- Developing a suicide surveillance program similar to the *Celebrating Life* used by the White Mountain Apache Tribe.
- Working on developing a partnership with the White Mountain Apache Tribe and Johns Hopkins University.
- Working to provide ASIST training to first responders.
- Utilizing the SAFE-T Model.
- Developing MOU/MOA with Kingman Regional Medical Center and Mohave Mental Health.
Hualapai: Purpose Area 4

- Gen-I Project has hired a Project Coordinator.
- Utilizes *Good Road of Life* and *Native HOPE*, through workshops.
- Hualapai Cultural Department is developing a culturally-competent curriculum for the program.
- Positive Alternative Thinking Strategies (PATHS) for youth in the community.
- Additional workshops: Mind-Body Resiliency Workshop, Lil’ Tigers Marital Arts Camp, Raven’s Last Laugh Holistic and Artistic Multi Media.
Phoenix Indian Medical Center: PA 2

- ASIST
- QPR
- SBIRT
- Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), LRAMP, & Motivational Interviewing (MI) training.
- Cultural services: Drumming, Story Telling, Traditional Craft (i.e. beading, weaving, jewelry, etc.).
Pyramid Lake Paiute Tribe: PA 3

• Utilizes Community Reinforcement Approach (CRA) & Adolescent Community Reinforcement Approach (ACRA).
• Uses Global Assessment of Individual Needs (GAIN) as a primary assessment tool.
• Tribe provides affordable transportation to the Sumunumu Resource Center for job searching, tutoring, & GED preparation. All activities are listed in a newsletter.
• Utilizes METH 360, MADD Protecting You/Protecting Me, SafeTALK, ASIST, Active Parenting, & Traditional Healing.
Pyramid Lake Paiute Tribe: PA 4

- Adolescent Community Reinforcement Approach (ACRA)
- Active Parenting, MADD Protecting You/Protecting Me
- Sons of Tradition, family counseling, and cultural programming (sweat lodge construction, beading, and drum making).
Pyramid Lake Paiute Tribe Highlights
Reno Sparks Indian Colony: PA 2

- Training for Safe TALK, ASIST, & QPR.
- Monthly groups for anger management, domestic violence, and substance abuse presentations.
- Teen support groups and talking circles.
- Weekly Native Arts and Spirituality groups.
- GONA conference for adults and youth.
Salt River Pima Maricopa Indian Community: PA 2

- Safe TALK ([https://www.bing.com/videos/search?q=safe+TALK&&view=detail&mid=E051BB37EFF4B80A5A91E051BB37EFF4B80A5A91&FORM=VRDGAR](https://www.bing.com/videos/search?q=safe+TALK&&view=detail&mid=E051BB37EFF4B80A5A91E051BB37EFF4B80A5A91&FORM=VRDGAR))
- ASIST ([https://www.bing.com/videos/search?q=ASIST&&view=detail&mid=DAD72CC00C1EE9E74F4CDAD72CC00C1EE9E74F4C&rvsmid=59EE3DE671D32B7D5BE559EE3DE671D32B7D5BE5&fsscr=0&FORM=VDQVAP](https://www.bing.com/videos/search?q=ASIST&&view=detail&mid=DAD72CC00C1EE9E74F4CDAD72CC00C1EE9E74F4C&rvsmid=59EE3DE671D32B7D5BE559EE3DE671D32B7D5BE5&fsscr=0&FORM=VDQVAP))
- Working to develop a Suicide Prevention Coalition.
Salt River Pima Maricopa Indian Community: PA 3

- Expanding capacity at the Journey to Recovery (JTR) facility.
- Establishing an Advisory Committee on Substance Abuse.
- SBIRT, Matrix Model
- Faces of Recovery film
- Training through ASU Center for Applied Behavioral Health (Dealing with Grief and Loss; Recognition and Management of Self-Harm Behaviors)
Sherman Indian School: Purpose Area 4

- Hiring Behavioral Health Staff (ongoing).
- American Indian Life Skills Development Curriculum (AILSDC)
- ASIST
- QPR
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprogramming (EMDR).
- Seeking Safety
Paiute Tribe of Utah: Purpose Area 4

- Hired a Prevention Coordinator and a Prevention Specialist.
- Started a social engagement night per month for the Native Youth (http://www.coyhispublishing.com/store.php/products/red-road-to-wellbriety)
Paiute Tribe of Utah Cultural Activities
Elko Service Unit: Purpose Area 4

• Dialectical Behavior Therapy (DBT)
• Started a case consultation team.
• Started a DBT Skills Training Group, preparing for a second.
• Still working on filling the Behavioral Health Staff position.
Pasqua Yaqui Tribe

- Expanding behavioral health treatment services through White Bison and the Matrix Model.
- Acudetox Training.
- “Too Good for Drugs” evidence-based curriculum for youth.
- Hiring behavioral health staff.
Tohono O’odham Nation

- Identified evidence-based approaches for youth leadership development: Native HOPE, Sources of Strength (SOS), ASIST, & QPR.
- Training efforts are focused on youth between the ages of 14-24 to become agents of change in their community in building resiliency.
History of the DVPI

• In 2010, the IHS began the Domestic Violence Prevention Initiative (DVPI) as a pilot demonstration project for IHS, Tribal, and Urban Indian health programs. The first phase of the initiative awarded 65 programs across the country, consisting of 38 domestic violence community developed models, 19 sexual assault community developed models, and 8 SAE (sexual assault examiner) models.
History (cont.) & Goals

In June 2015, IHS announced that the DVPI would become a grant and federal award program with a five year funding cycle. In September 2015, IHS awarded 57 grants and federal program awards totaling $7,596,000 dollars to meet the following goals:

• Build Tribal, Urban Indian Health Programs and Federal capacity to provide coordinated community responses to American Indian and Alaska Native victims of domestic and sexual violence.
• Increase access to domestic and sexual violence prevention, advocacy, crisis intervention, and behavioral health services for American Indian and Alaska Native victims and their families
• Promote trauma-informed services for American Indian and Alaska Native victims of domestic and sexual violence and their families
• Offer health care provider and community education on domestic violence and sexual violence
• Respond to the health care needs of American Indian and Alaska Native victims of domestic and sexual violence, and
• Incorporate culturally appropriate practices and/or faith-based services for American Indian and Alaska Native victims of domestic and sexual violence

https://www.ihs.gov/dvpi/aboutdvpi/
Phoenix Area Funding for DVPI

- IHS currently funds 83 grants and federal awards, totaling $11,175,838.
- In the Phoenix Area, there are 6 DVPI Projects (4 Grants, 2 Awards), totaling $1,111,389.
- In the Tucson Area, there are 2 DVPI Projects (both Grants), totaling $99,500.

https://www.ihs.gov/mspi/aboutmspi/
Community-based treatment for Native American historical trauma.

- A content analysis of interviews revealed 4 components of healing discourse:
  1. Carrying pain leads to adult dysfunction.
  2. Pain must be confessed to stop its influence.
  3. The expression of pain can bring about introspection and self-improvement.
  4. This healing journey can bring about a reclamation of heritage and spirituality.

Challenges that Projects face in implementing Trauma Informed Care

- Limited resources
- Staff turnover
  - Losing trained staff
  - Having to train new staff
- Dual relationships
  - The fear of family or friends being aware that you are receiving care.

To address domestic and sexual violence prevention, advocacy, and coordinated community responses. Funded projects address the following eight broad objectives:
Purpose Area 1 Broad Objectives

1. Expand crisis intervention, counseling, advocacy, behavioral health, and case management services to victims of domestic and sexual violence;
2. Foster coalitions and networks to improve coordination and collaboration among victim service providers, healthcare providers, and other responders;
3. Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims;
4. Promote community education for adults and youth on domestic and sexual violence;

https://www.ihs.gov/dvpi/aboutdvpi/purposearea1/
Purpose Area 1 Broad Objectives (cont.)

5. Improve organizational practices to improve services for individuals seeking services for domestic and sexual violence;
6. Establish coordinated community response policies, protocols, and procedures to enhance domestic and sexual violence intervention and prevention;
7. Integrate culturally appropriate practices and/or faith-based services to facilitate the social and emotional well-being of victims and their children; and
8. Implement trauma informed care interventions to support victims and their children.

https://www.ihs.gov/dvpi/aboutdvpi/purposearea1/
Purpose Area 2 Broad Objectives

1. Expand available medical forensic services to victims of domestic and sexual violence;
2. Foster coalitions and networks to improve coordination and collaboration among forensic healthcare programs to ensure adequate services exist either on-site or by referral for victims of domestic and sexual violence 24/7 year round;
3. Educate and train providers to conduct medical forensic examinations;
4. Promote community education on available medical forensic services;

https://www.ihs.gov/dvpi/aboutdvpi/purposearea2/
Purpose Area 2 Broad Objectives

5. Improve health system organizational practices to improve medical forensic services and care coordination among victim services;
6. Establish local health system policies for sexual assault, domestic violence, and child maltreatment;
7. Integrate culturally appropriate treatment services throughout the medical forensic examination process; and
8. Implement trauma informed care interventions to support victims and their children.

https://www.ihs.gov/dvpi/aboutdvpi/purposearea2/
Hualapai Tribe: Purpose Area 1

- Created a short film on domestic violence.
- Facilitates Talking Circles for their Women’s Support Group.
- Utilize the Tribal Bird Singing and Dance to teach the victims and family using the social songs.
• Participate in a tribal Suicide Prevention Coalition.
• Developed collaboration with tribal departments serving youth to sponsor, plan and implement activities per quarter focused on youth participation and prevention.
• Provide training to Tribal employees on Trauma Informed Care.
Washoe Tribe of Nevada & California: PA 1

- Extensive training in the Duluth Model for batterers intervention.
- Developed a task force consisting of The task force will be comprised of various community leaders, such as the Healing center which focuses on counseling, the Health clinic, Mental Health, Law enforcement, and other prominent community leaders.
- Conducts trainings on domestic violence, strangulation, teen dating violence and sexual assault.
Paiute Indian Tribe of Utah

- Hiring additional staff (Project Coordinator) to provide treatment, support, and advocacy for victims of domestic violence.
- “What is Done to One is Felt by All” and “My Mind, My Body, and Spirit are Sacred” campaigns.
- Prepared to conduct a Community Readiness Assessment (CRA) and Community Prevention Plan (CPP).
Phoenix Indian Medical Center
Hopi Healthcare Center

• Develop and implement a training plan for SANE nurses.
• Develop and establish MOUs/MOAs for coordinated service provision.
• Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims.
Pasqua Yaqui Tribe

• Planned a training summit to educate providers and community on the exploitation of tribal youth, sex trafficking, how to identify and how to respond as a community.
• Held coalition meetings to plan for Sexual Assault Awareness Month and Domestic Violence Awareness Month events.
• Offer Fatherhood and Motherhood is Sacred Groups to victims of domestic and sexual violence.
Tohono O’odham Nation

- 24 hour crisis care coverage by 2 Victim/Witness Specialists, a Family Resource Coordinator, and Program Manager.
- Advanced Advocate Academy training.
- Planned for 10 Lethal Assessment Protocol (LAP) trainings for community members.
Questions?
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