

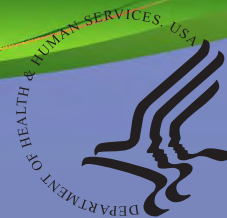
National Evaluation Overview

MSPI and DVPI



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Division of Behavioral Health

Indian Health Service, National Behavioral Health Conference
June 26, 2012



Agenda

Methamphetamine and Suicide Prevention Initiative (MSPI)

- Background
- Awarded Programs
- Year 1 and Year 2 Findings
- Program Highlights

Domestic Violence Prevention Initiative (DVPI)

- Background
- Awarded Programs
- Year 1 Findings
- Program Highlights

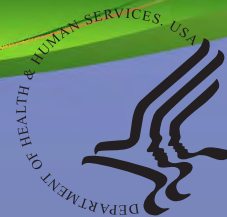
Next Steps



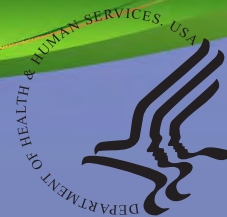
Methamphetamine and Suicide Prevention Initiative



What is the Methamphetamine and Suicide Prevention Initiative?

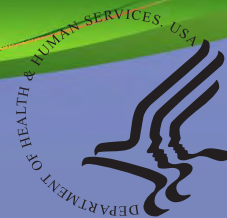


- To address the dual epidemics of methamphetamine and suicide in Indian Country, in 2008 and 2009 Congress appropriated approximately \$16,000,000 per year to combat these problems.
- The 2008 Consolidated Appropriations Act, Public Law 110-161, and the Omnibus Appropriations Act of 2009, Public Law 111-8, enabled the IHS MSPI.



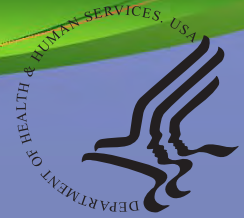
Consultation on funding

- National Tribal Advisory Committee (NTAC)
- NTAC provided Area funding formula recommendations for both MSPI and DVPI; which accounted for poverty, disease burden, and population growth
- The IHS Director directed the implementation of those recommendations without alteration



Funding Mechanism

- Funding was distributed through:
 - Modifications and Amendments to Tribes and Tribal organizations through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and self-governance compacts and funding agreements
 - Grant awards to Urban Indian health programs and youth programs
 - Program awards to IHS facilities and Area Offices



MSPI Funded Programs

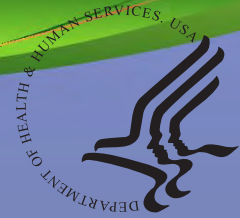
125 IHS, Tribal, Youth, Urban Pilot Projects

- 111 Tribal and IHS awardees
- 12 Urban grantees
- 2 Youth grantees
- 5 Area Office activities



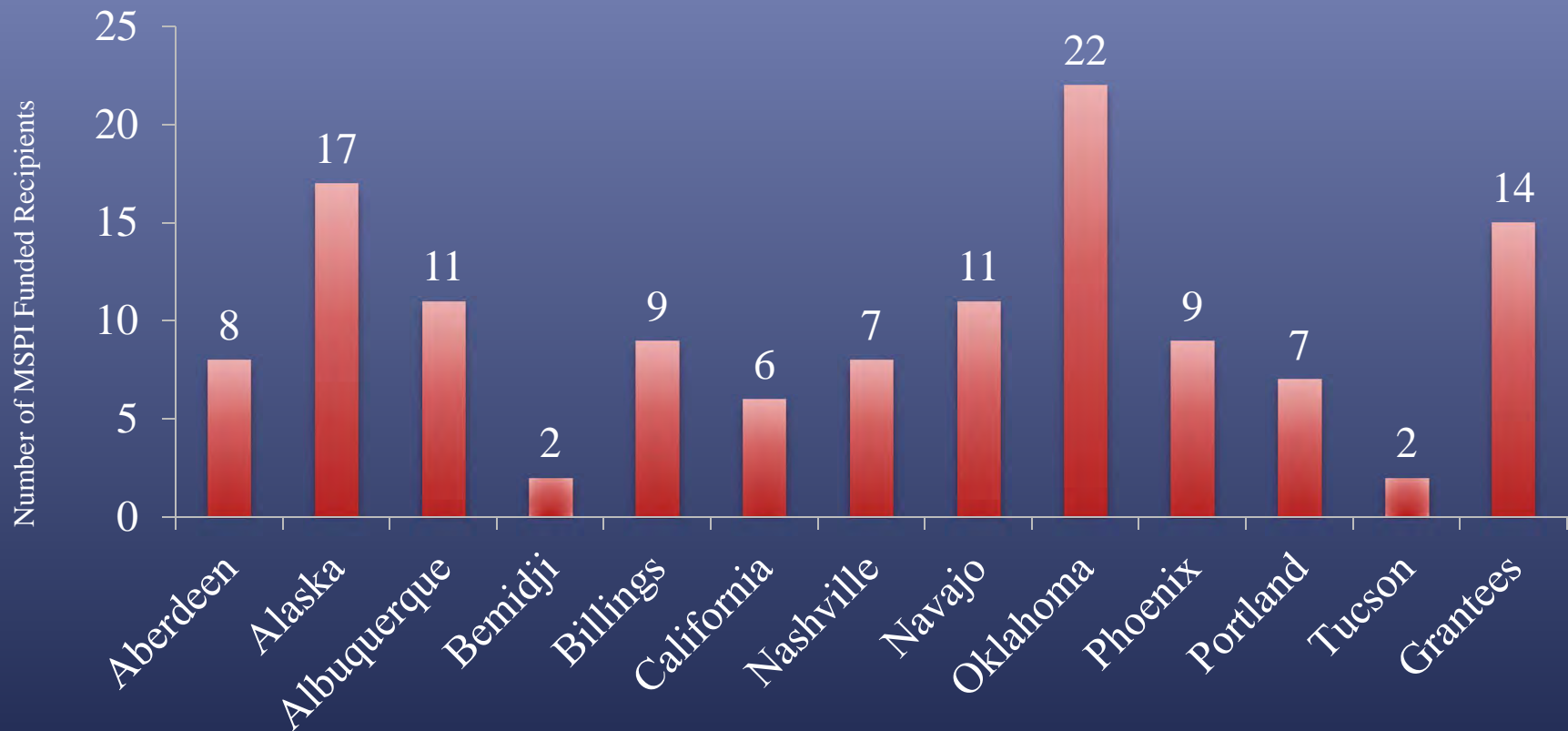
MSPPI by IHS Area

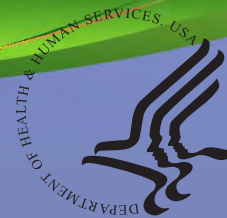




MSPI Area Program Recipients

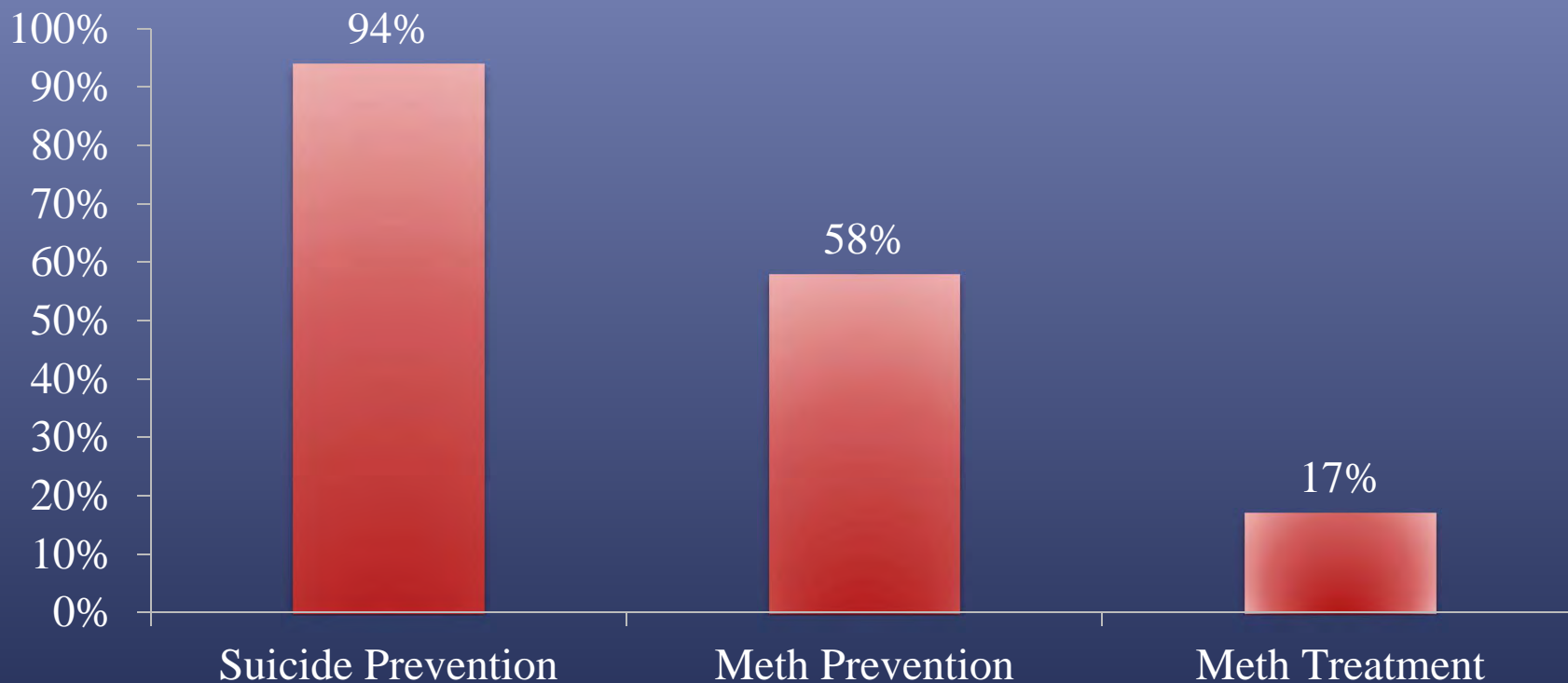
Number of MSPI Recipients by Area



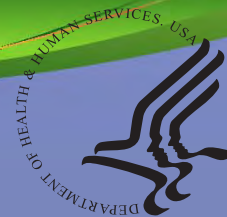


MSPI Program Focus

Percentage of MSPI Programs by Focus, 2010*

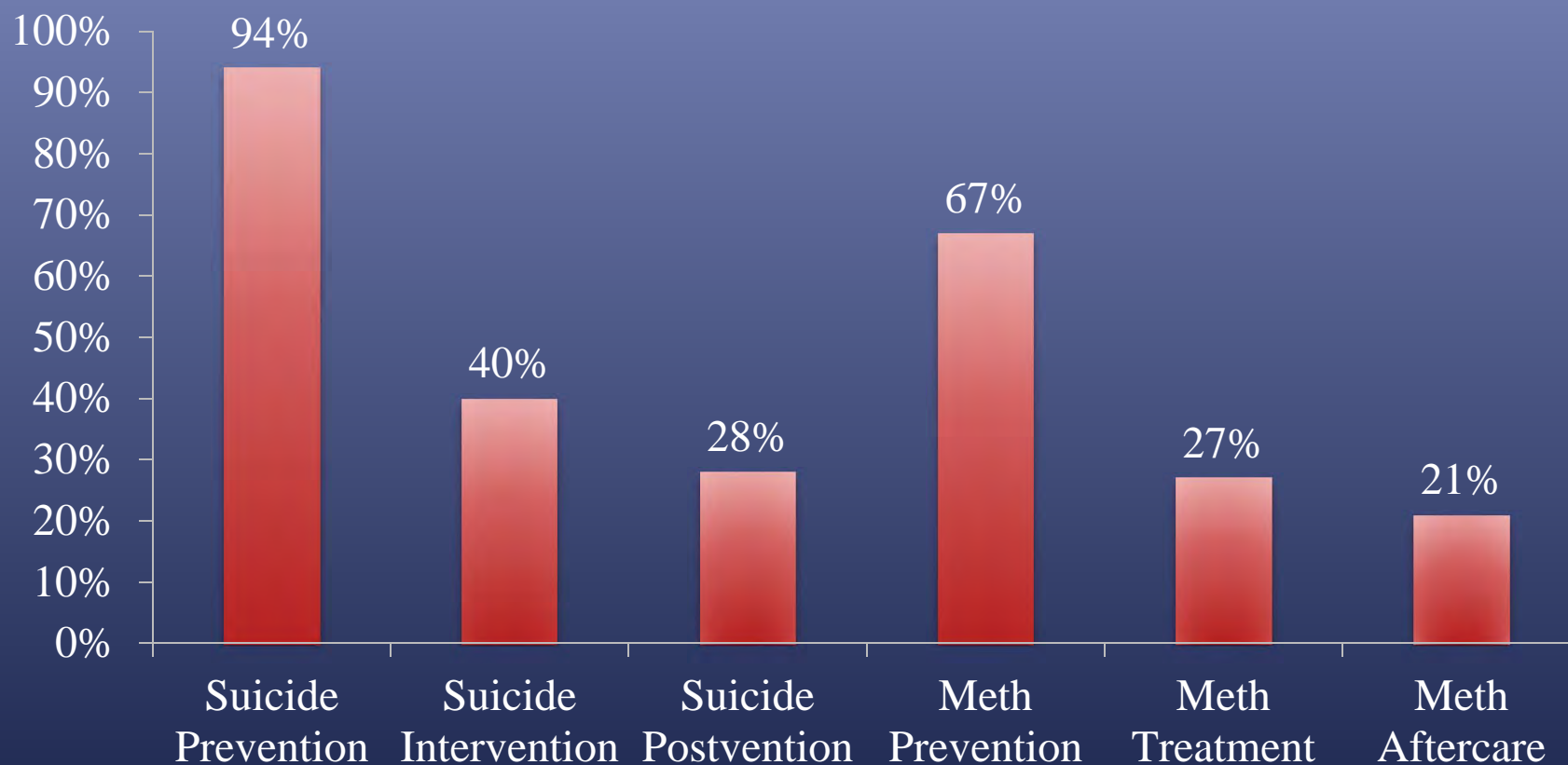


*Responses are not mutually exclusive

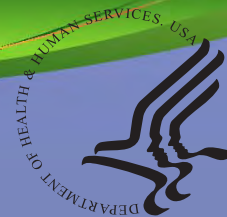


MSPI Program Focus

Percentage of MSPI Programs by Focus, 2011*

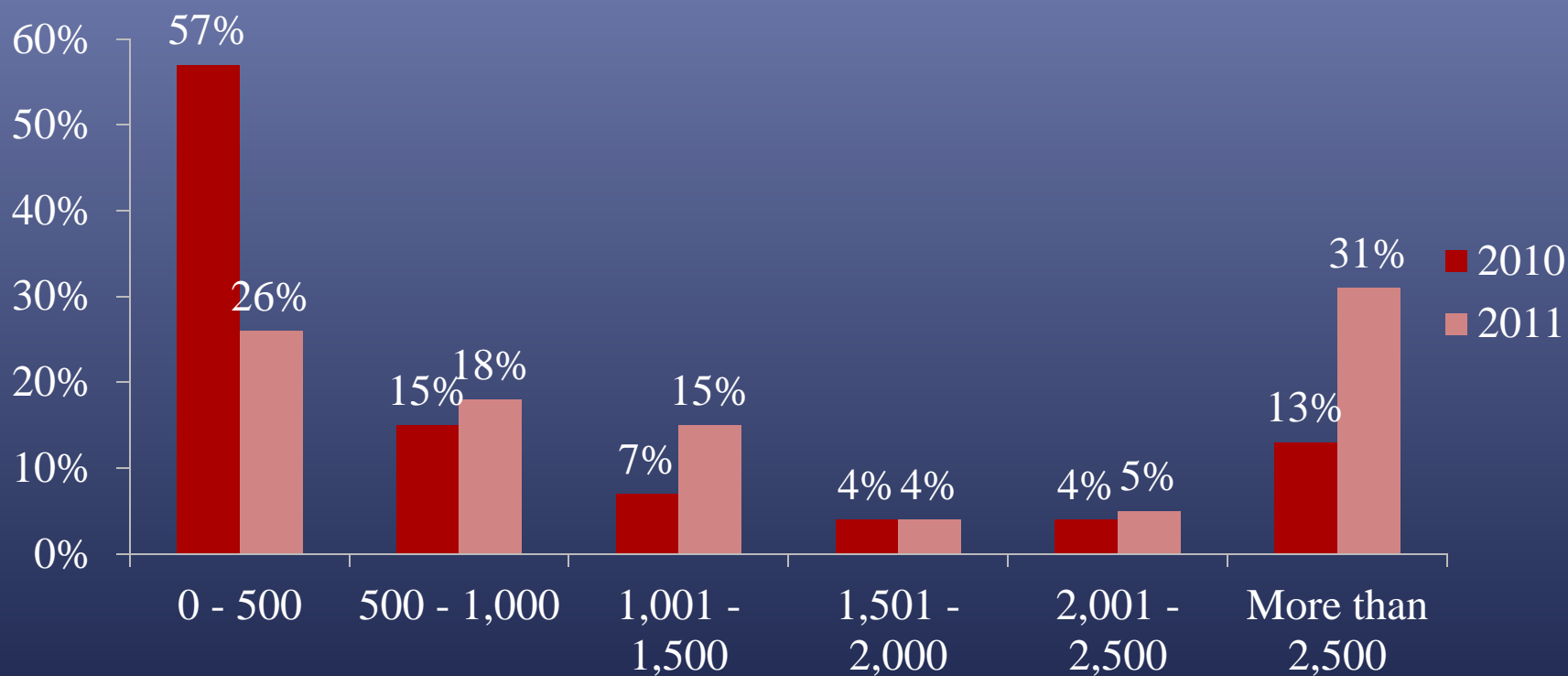


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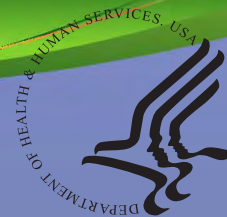
MSPI Project Outreach

Percentage of MSPI Programs by Number of Persons Served

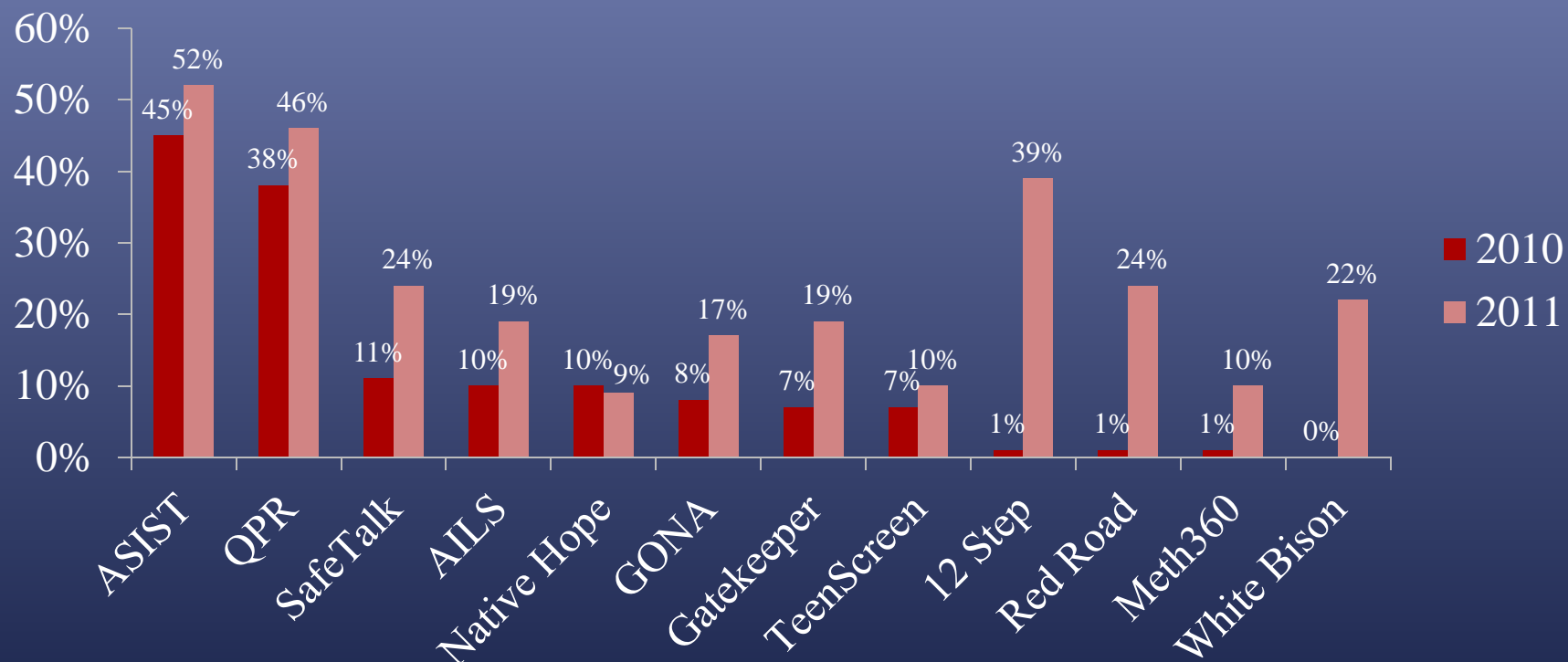




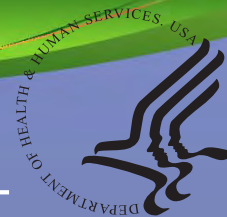
Use of Evidence-Based Practices in Prevention



Percentage of MSPI Programs by Prevention/Aftercare EBP or PBE*

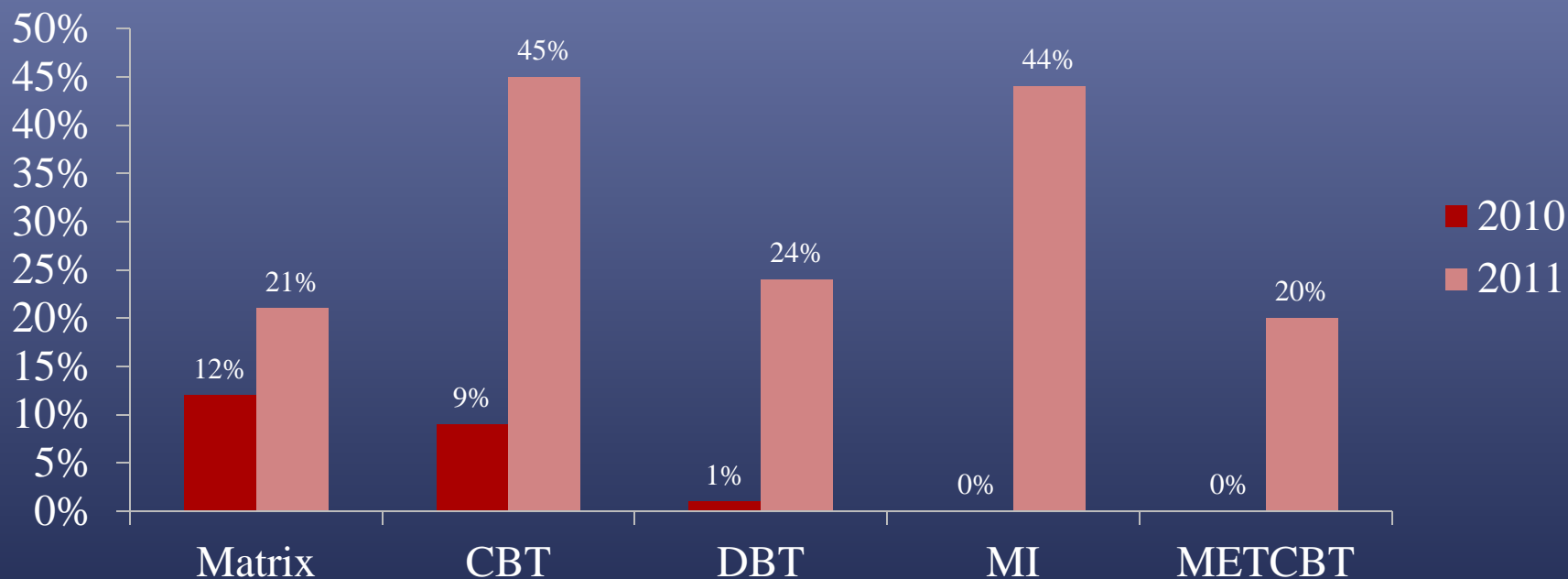


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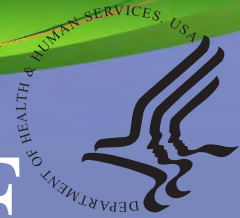


Use of EBP in Treatment

Percentage of MSPI Programs by Treatment Focused EBP or PBE*

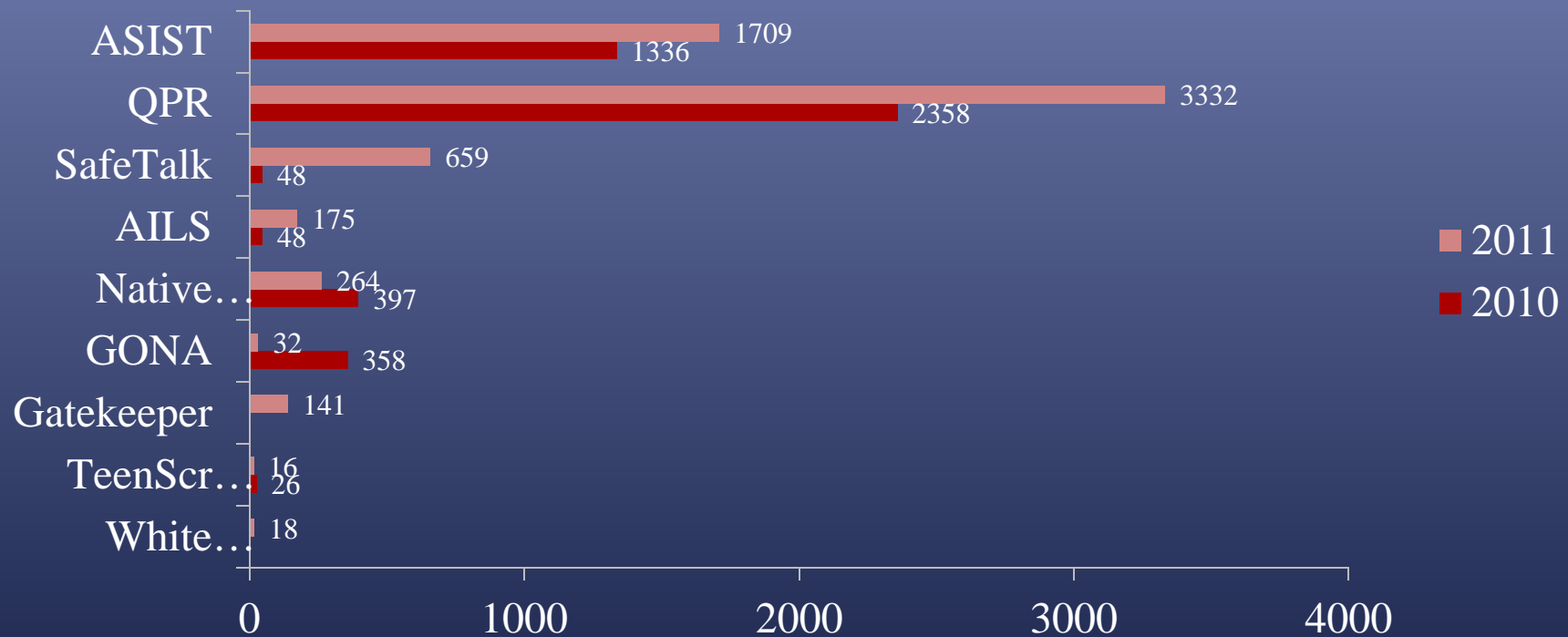


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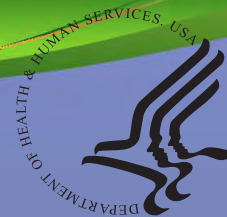


Training in EBP and PBE

Number of Persons Trained in Prevention Focused EBP or PBE*

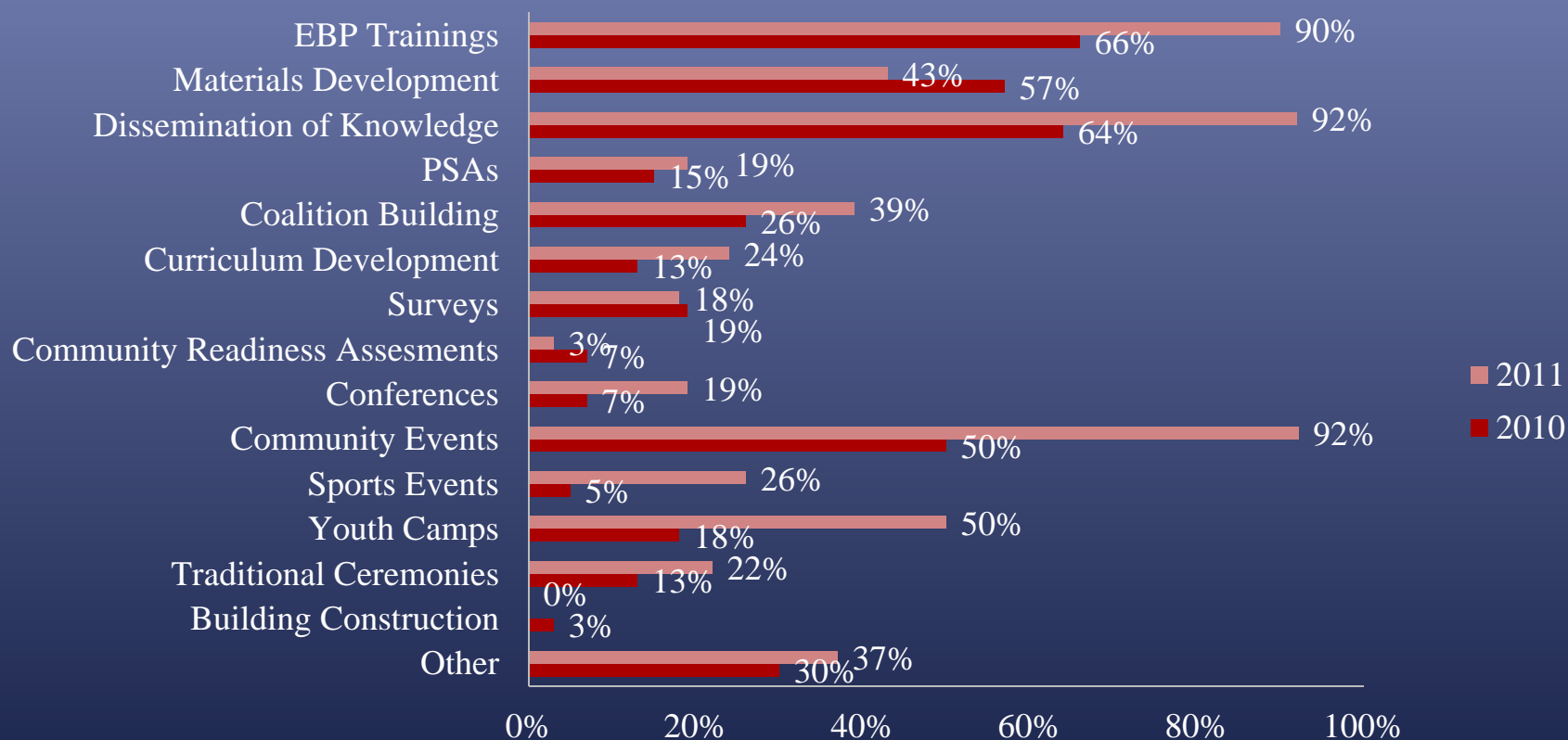


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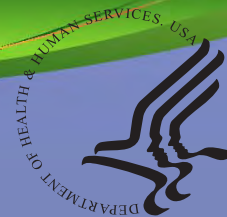


MSPI Activity Types

Percentage of Projects Engaging in Activities by Type



*Responses are not mutually exclusive



MSPI Outcome Measures

Outcome Measure #1

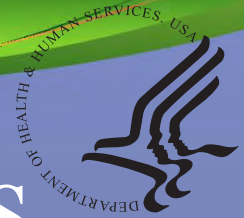
The number of methamphetamine-using patients who enter a methamphetamine treatment program.

- Year 1: 1,240
- Year 2: 1,520

Outcome Measure #2

Reduce the incidence of suicidal activities (ideation, attempts) in AI/AN communities through prevention, training, surveillance, & intervention programs.

- Year 1: 14,242 persons reporting suicide-related activity
- Year 2: 5,772 persons reporting suicide-related activity



MSPI Outcome Measures

Outcome Measure #3

Reduce the number of methamphetamine abuse in AI/AN communities through prevention, training, surveillance, & intervention programs.

- Year 1: 4,370 persons with a methamphetamine disorder
- Year 2: 1,557 persons with a methamphetamine disorder

Outcome Measure #4

The number of youth who participate in evidence-based and/or promising practice prevention or intervention programs.

- Year 1: 42,895 youth participating in EBP/PBE program
- Year 2: 78,342 youth participating in EBP/PBE program



MSPI Outcome Measures

Outcome Measure #5

Number of persons trained in suicide crisis response.

- Year 1: 674 persons trained
- Year 2: 3,911 persons trained

Outcome Measure #6

Tele-behavioral health encounters.

- Year 1: 617 tele-behavioral health encounters
- Year 2: 2,255 tele-behavioral health encounters



Program Highlights

The Northwest
Portland Area
Indian Health
Board, THRIVE
Project





Means Restriction: Safe Room



**Medical gas
lock-box**

**Electric outlets
lock-box**

Stretcher



Cameras

**Wall and
ceiling
material**

Cart

Sink



Sprinkler

Light-box

Blinds

**Light
switch**

Door handle



Means Restriction: Operation Medicine Drop collects 20,000 Dosages





Equine Therapy

The Utah Navajo
Health Services





Domestic Violence Prevention Initiative

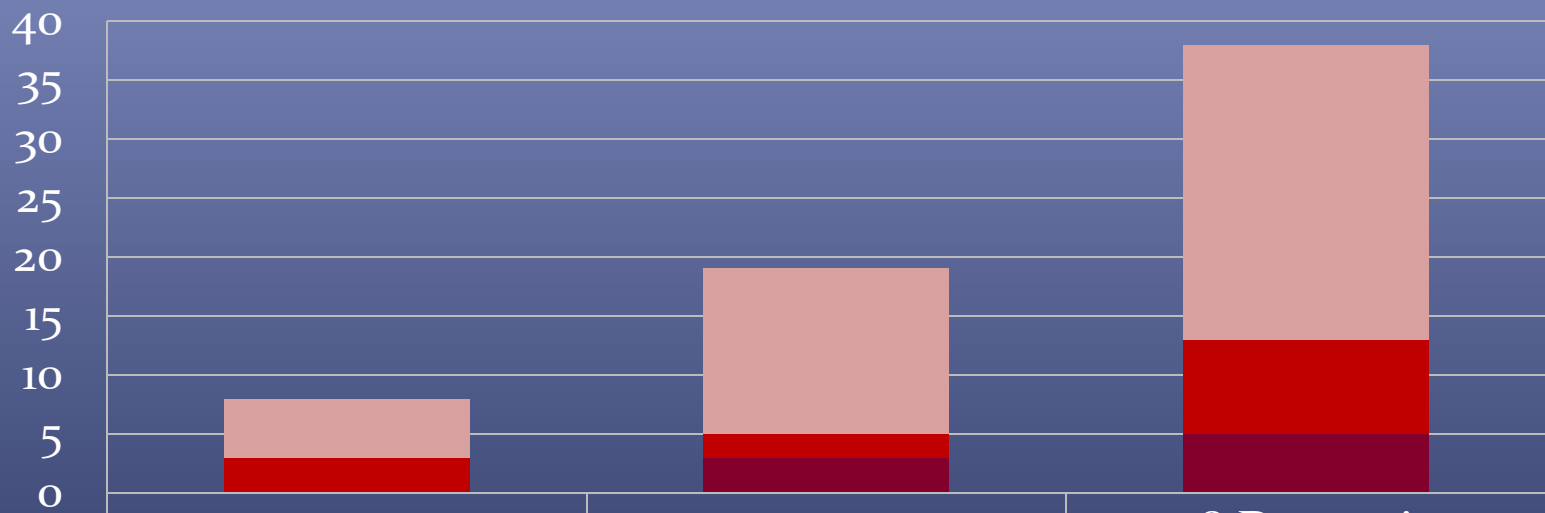


Domestic Violence Prevention Initiative (DVPI)

- Demonstration pilot initiative which provides \$10 million annually to existing or innovative Tribal, Tribal organizations, Federally-Operated, and Urban Indian health programs.
- The IHS Domestic Violence Prevention Initiative is a nationally-coordinated demonstration program aimed at addressing domestic violence (DV), sexual assault (SA), and family violence within American Indian and Alaska Native communities.



65 DVPI Project Awardees



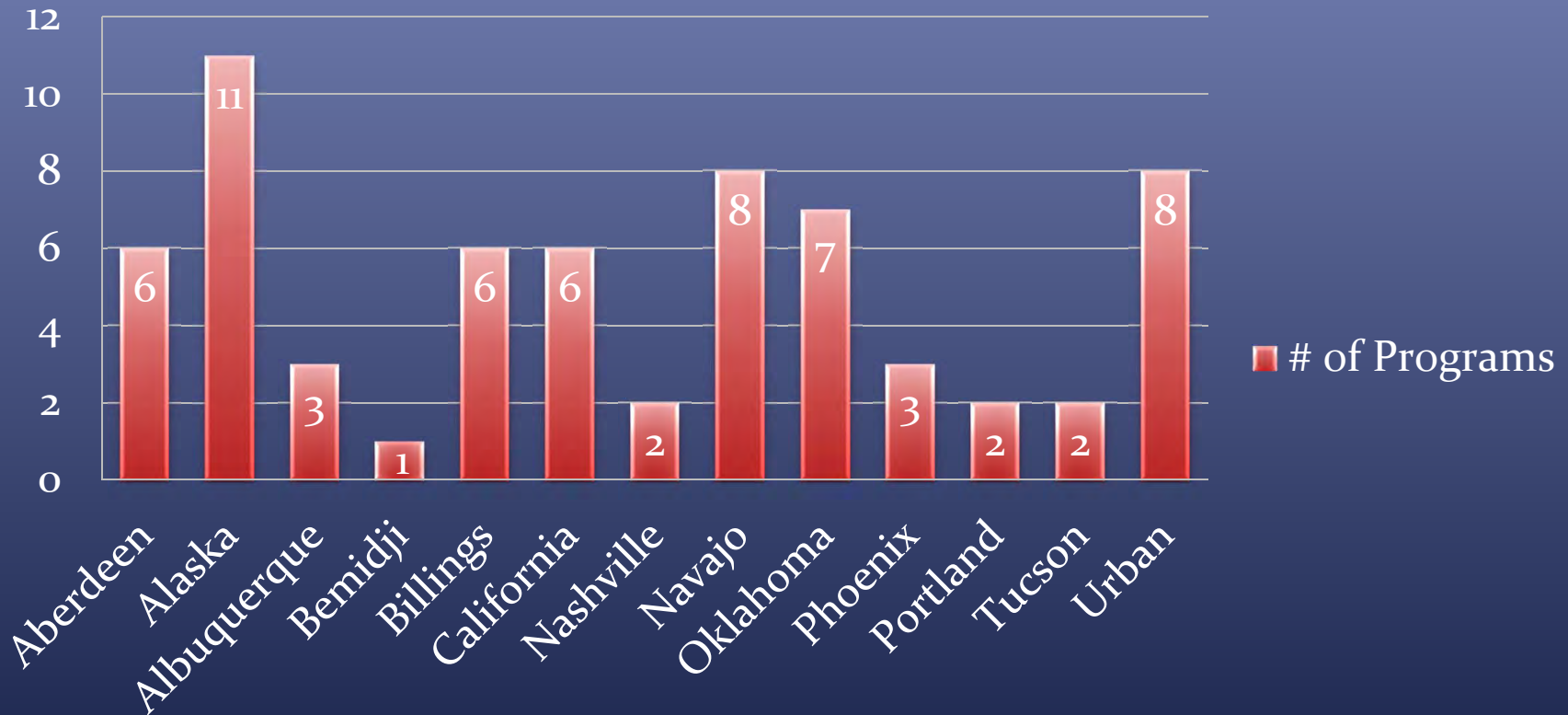
	8 SANE/SAFE/SART	19 Sexual Assault Prevention Projects	38 Domestic Violence Prevention Projects
■ Tribal	5	14	25
■ Federal	3	2	8
■ Urban	0	3	5



DVPI Area Program Recipients



Number of DVPI Recipients by Area





DVPI Outcome Measures



- For Year One: 93% of projects reported data
- A total of 37,737 screenings for DV were provided
- Over 4,700 referrals for domestic violence, culturally-based, and clinical behavioral health services
- More than 8,400 adults and children received services for crisis intervention, victim advocacy, case management, and counseling services
- Nearly 2,500 participants were trained at 178 training events

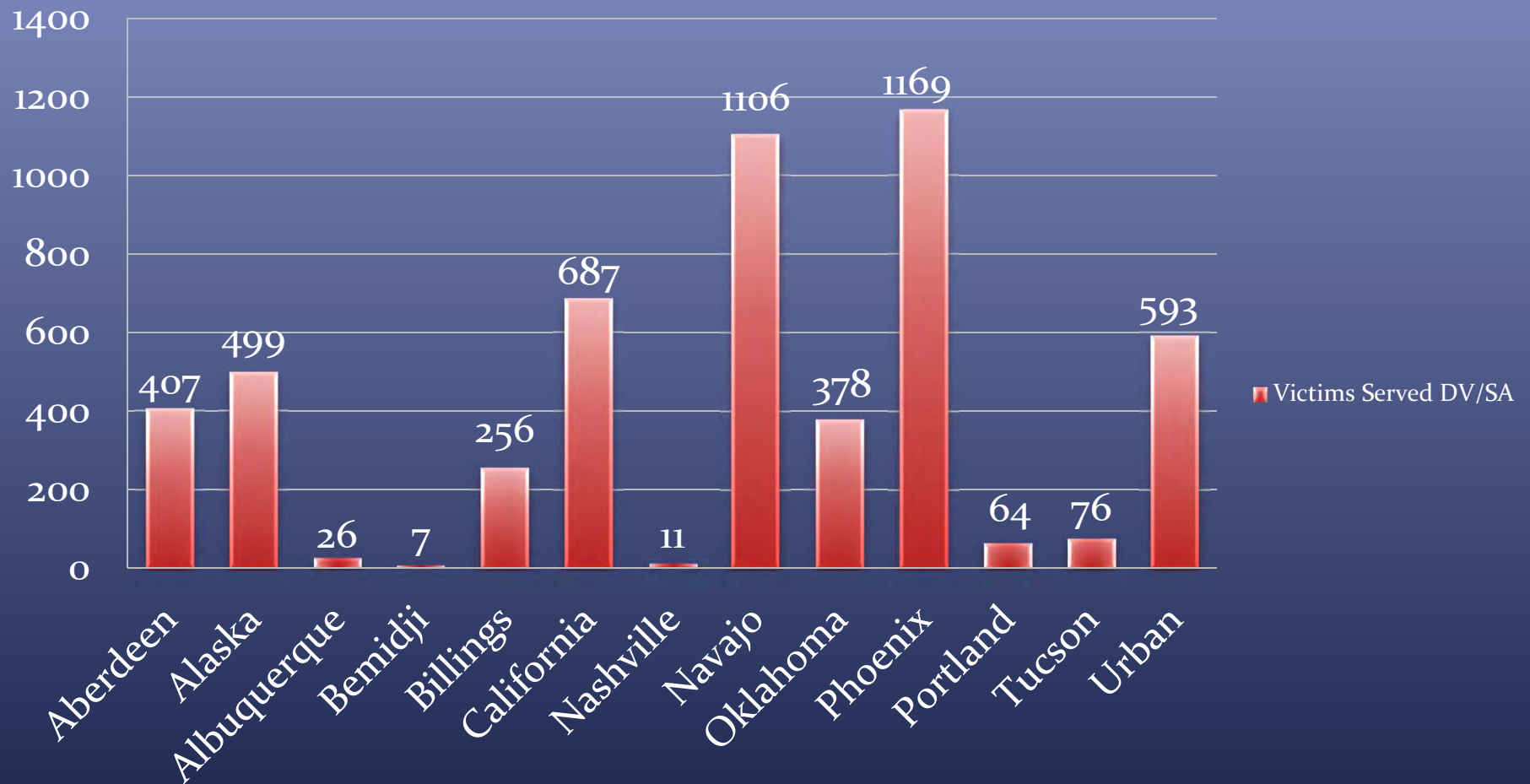


DVPI Outcome Measures

- 1,500 people received victim advocacy services
- A total of 160 adult and child forensic evidence collection kits were submitted to Federal, State, and Tribal law enforcement
- 76% of projects reported having interdisciplinary teams including Sexual Assault Response Teams (SARTs) and task forces
- More than 18,000 community members attended DV and SA awareness and education events



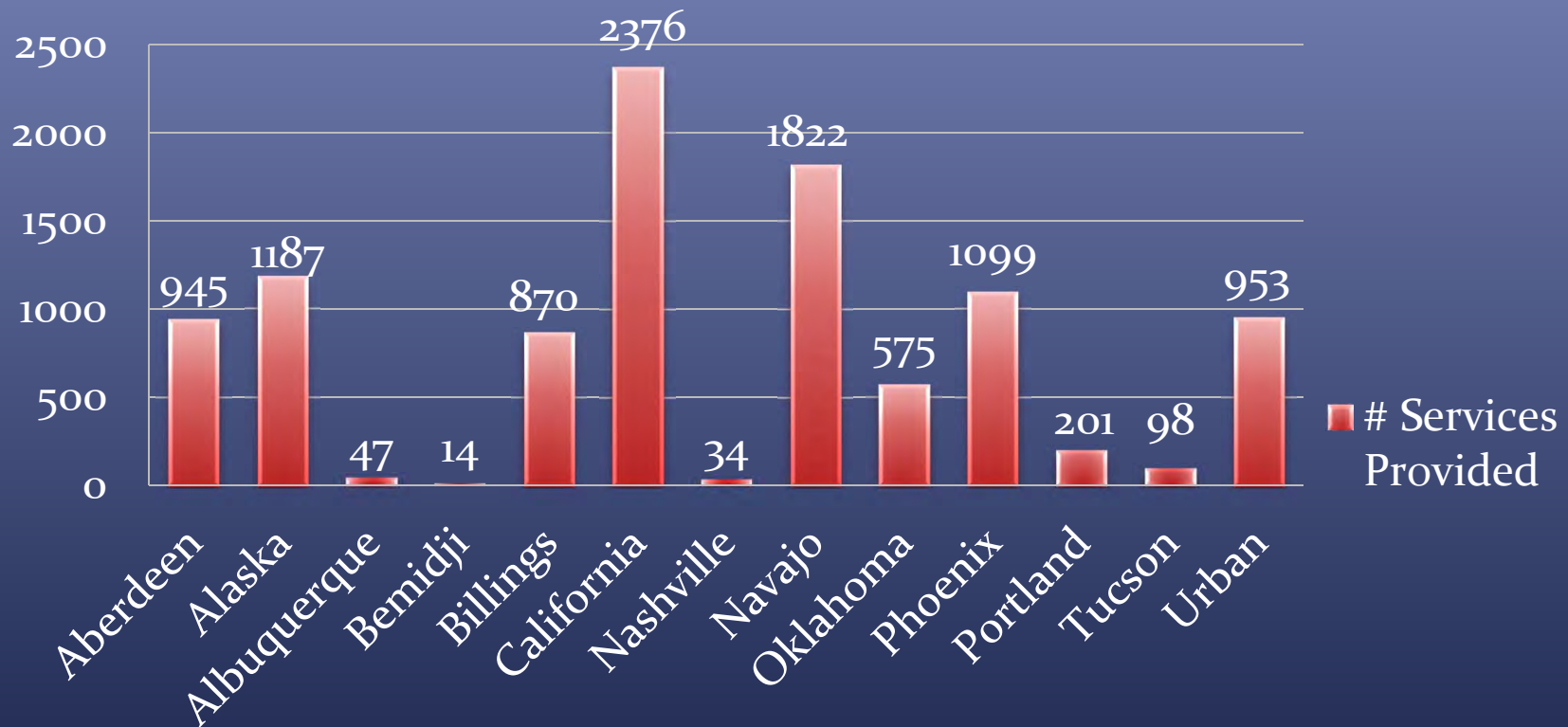
Victims Served





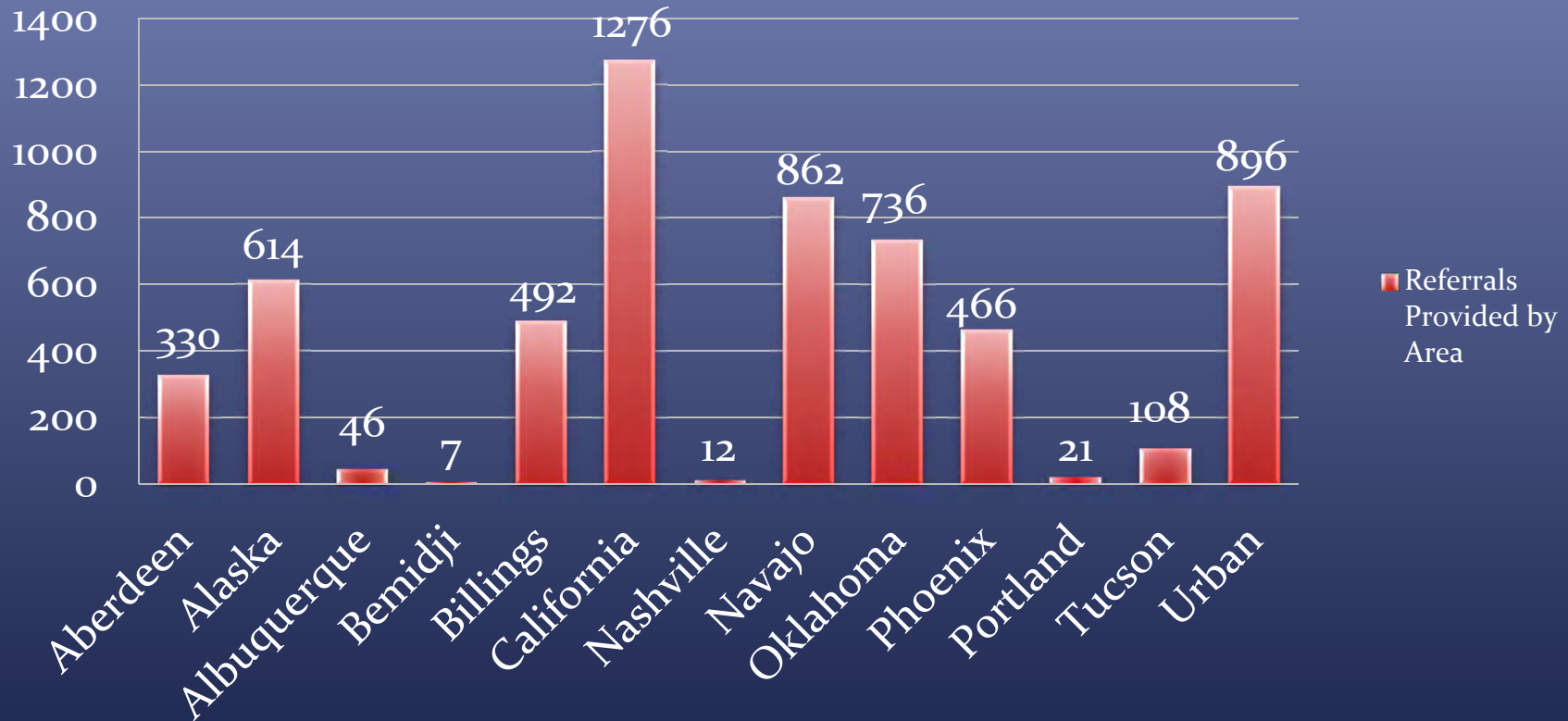
Services Provided by Area

Total Number of Services Provided by Area



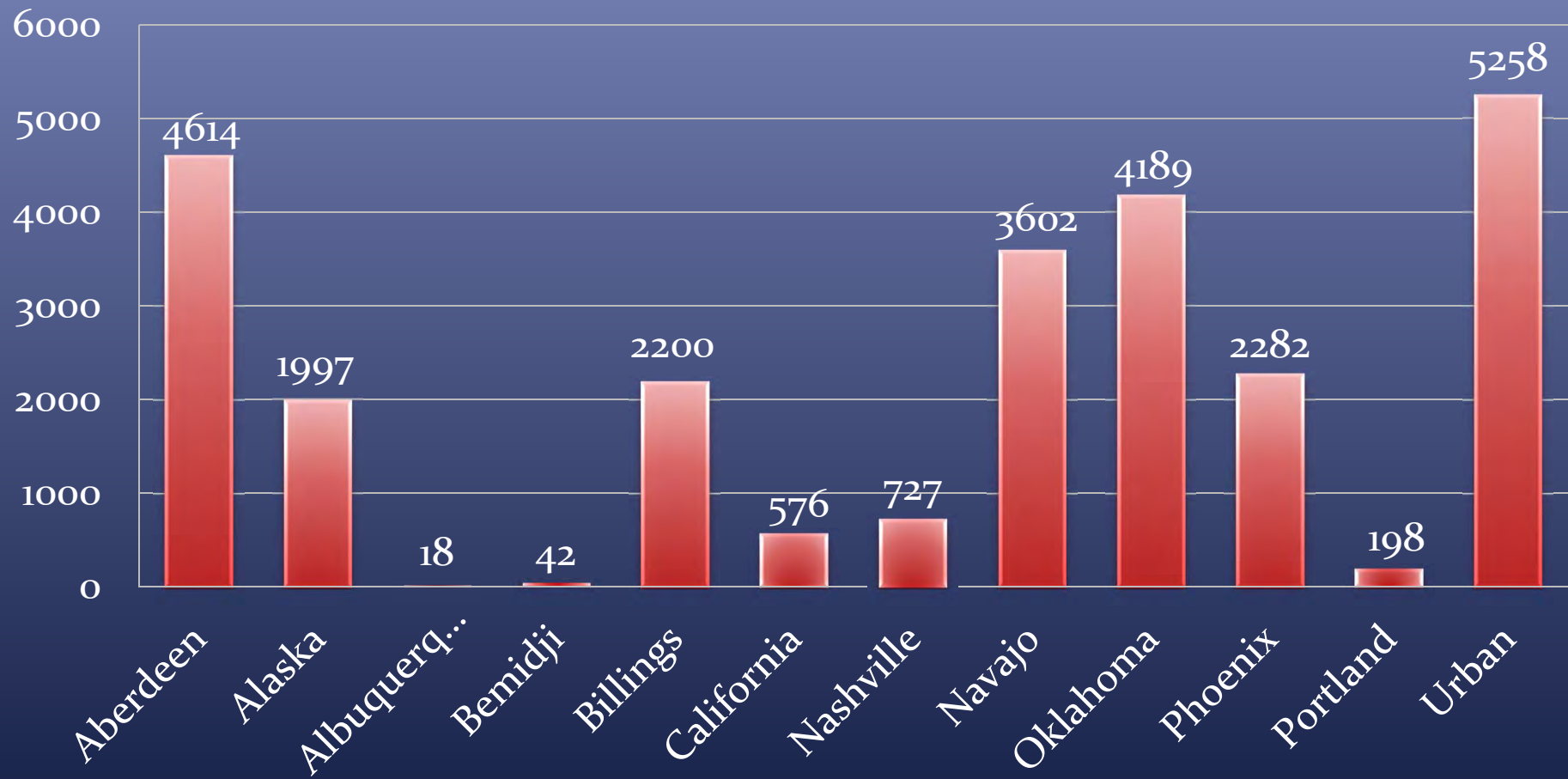


Referrals Provided by Area





Community/Education Event Attendees by Area

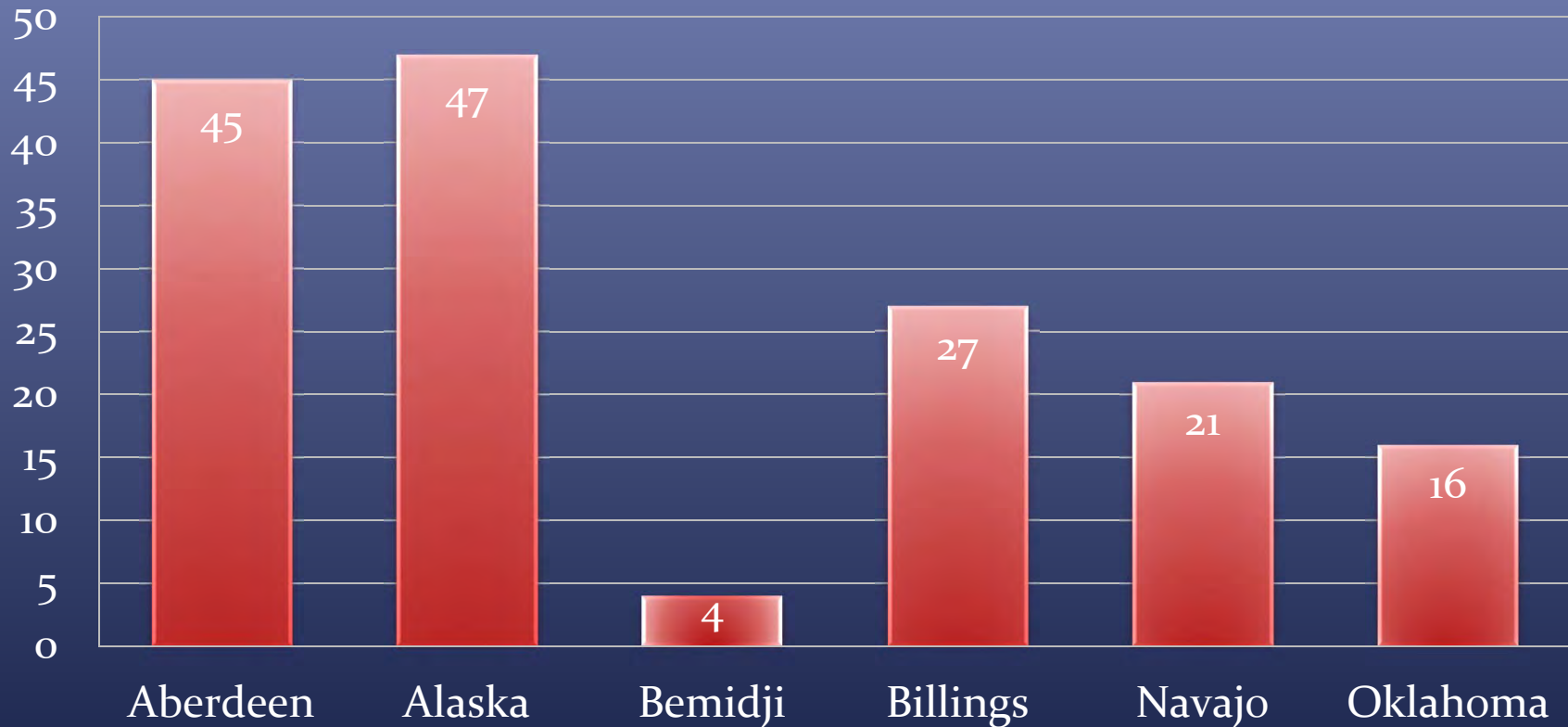


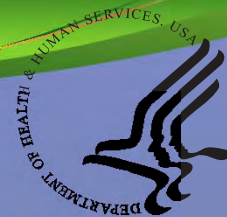


SAFE Kits Submitted to Law Enforcement



SAFE Kits Submitted to Law Enforcement





**“Love is Not Abuse”
Community Awareness Walk**



Quileute Domestic Violence Prevention Program



Oklahoma City Indian Clinic

E.V.E.N.T.

End Violence: Empower Native Tradition

Domestic Violence Prevention Initiative





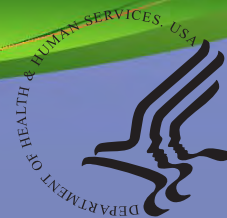
Sacramento Native American Health Center, Inc.





Next Steps

- For both MSPI and DVPI:
 - National outcome measures will be compiled into a report for public access; continued support and technical assistance will be provided to the programs
 - Innovative practices and culturally-adapted EBPs will be highlighted and information made available to other programs
 - Measures will be reviewed to ensure data collected reflects the breadth and impact of activities
 - Programs are encouraged to continue to submit data and conduct local evaluation



Contact Information

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