

Purpose Area 2 Suicide Prevention, Intervention, and Postvention

- a. What are the ages of the target population your project serves?
 1. Children (up to age 11)
 2. Youth (age 12-17)
 3. Young Adult (age 18-24)
 4. Adult (age 25-54)
 5. Seniors (age 55 and up)
 6. Not Applicable
- b. Is your target population primarily service providers?
- c. How many potential participants exist in your service area in each age category?
 1. Youth (17 and under)
 2. Young Adult (18-24)
 3. Adult (25-54)
 4. Seniors (55 and up)
- d. How many participant contacts did you serve in each age category?
 1. Youth (17 and under)
 2. Young Adult (18-24)
 3. Adult (25-54)
 4. Seniors (55 and up)
- e. List and describe project accomplishments during the current reporting period.
- f. List and describe project challenges to success during the current reporting period.

Objective 1 Expand available behavioral health care treatment services.

- a. Does your project provide the following:
 1. Mental health consultation in school settings
 2. Mental health consultation in home visiting programs/human service agencies
 3. Integration of behavioral health with primary care services
 4. Other (please describe)
- b. Did your project expand your ability to provide the following:
 1. Mental health consultation in school settings
 2. Mental health consultation in home visiting programs/human service agencies
 3. Integration of behavioral health with primary care services
 4. Other (please describe)
- c. How many patients received treatment to in a school setting?
- d. How many patients received services through home visiting services?
- e. How many of your providers are trained in behavioral health integration?
- f. How many of your behavioral health providers are located within a primary care setting?
- g. How many primary care staff are located within your (behavioral health) project?
- h. Do you offer 24/7 crisis intervention services?
- i. How many individuals were served outside of regular hours for crisis intervention services?
- j. Do you have a formal referral process for behavioral health treatment?
- k. How many new behavioral health providers were added to the project?
- l. What additional treatment modalities were initiated by your project?
- m. Do you offer peer to peer services?

Objective 2 Foster coalitions and networks to improve care coordination.

- a. Please list community partners by agency/program, type of services provided to you, description of any resources shared, purpose of partnership, and new or enhanced relationship (designate those with formal partnership through Memorandum of Understanding/Agreement (MOU/MOA))

Agency/Program	Type of service provided to you	Description of resources shared	Purpose of partnership	New or enhanced relationship

- b. How many new MOUs/MOAs were established as a result of your project?
 c. How many enhanced MOUs/MOAs were established as a result of your project?
 d. If you previously established MOUs/MOAs with partners, how did you enhance those MOUs/MOAs?

Objective 3 Educate and train providers in the care of suicide screening and evidence-based suicide care.

- a. How many trainings did your project provide for healthcare providers?
 b. What type of healthcare disciplines were trained in suicide screening, assessment, or treatment?
 1. Nurses
 2. Physicians
 3. Social Workers
 4. Advance Practice Nurses
 5. Psychologists
 6. Pharmacists
 7. Optometrists
 8. Dentists
 9. Physician Assistants
 10. Other (please describe)
 c. How many providers did your project train to provide suicide risk assessments?
 d. How many providers did your project train in suicide screening?
 e. How many providers did your project train in suicide safety planning?

Objective 4 Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicidal ideations.

- a. How many trainings did you provide for community members and/or non-healthcare professionals, such as teachers, law enforcement, youth workers, child protection workers, etc.?
 b. How many community members and/or non-healthcare professionals did you provide training to?
 c. What type of trainings were provided by your project for community members and/or non-healthcare professionals?
 d. What was the total number of community education events provided for adults?
 e. What is the total number of community education events provided for youth?
 f. How many total postings did you make to a social media page that included a suicide prevention and/or intervention message?
 g. What forms of social media did you use?
 h. How many total encounters did you have through social media?
 i. How many total radio/TV/billboard ads were created with a suicide prevention and/or intervention message?
 j. What was a population that you were unable to reach with your education and training efforts?

Objective 5 Improve health system organizational practices to provide evidence-based suicide care.

- a. Has your project implemented new processes to screen for suicide?

- b. Has your project enhanced processes to screen for suicide?
- c. Which suicide screening tool is your project using?
 1. Columbia Suicide Severity Rating Scale
 2. PHQ2/9
 3. SAFE-T
 4. ASQ
 5. Other (please describe)
- d. Has your project implemented new processes to track:
 1. Suicide ideations
 2. Suicide attempts
 3. Suicide completions
- e. How many individual encounters did your project screen for:
 1. Suicide ideation
 2. Suicide attempts
 3. History of suicide attempts
- f. Of those, how many individual encounters reported:
 1. Suicide ideation
 2. Suicide attempt
- g. How many individuals did your project refer for suicide related services?
- h. How many suicide completions did your project record?
- i. What is your data source for suicide completions?
- j. What type(s) of evidence-based practice (EBP) is currently being used for suicide prevention?
 1. American Indian Life Skills (AILS)
 2. Applied Suicide Intervention Skills Training (ASIST)
 3. Gatekeeper trainings
 4. Gathering of Native Americans (GONA)
 5. Mental Health First Aid (MHFA)
 6. Native Hope
 7. Question Persuade Refer (QPR)
 8. Safe TALK
 9. Operation SAVE
 10. Other (please describe)
- k. How did you adapt the EBP to fit your community's needs?
- l. What type(s) of practice-based practice (PBP) is currently being used for suicide intervention/treatment?
 1. Attachment-Based Family Therapy
 2. Cognitive Behavioral Therapy (CBT)
 3. Dialectical Behavioral Therapy (DBT)
 4. Matrix Model
 5. Motivational Interviewing (MI)
 6. Multisystemic Training
 7. Acceptance and Commitment Therapy
 8. Collaborative Assessment and Management of Suicide (CAMS)
 9. Guideline/Protocols
 10. Other (please describe)

Objective 6 Establish local health system policies for suicide prevention, intervention, and postvention.

- a. Does your project have a written policy for suicide care?
 1. Not started
 2. In-progress
 3. Completed
 4. Updated
- b. Does your project's policy include the following components:
 1. Screening for suicide
 2. Suicide risk assessments
 3. Processes for referring individuals for suicide care
- c. Does your project's policy provide guidance on follow-up to individuals who report suicidal behavior?
- d. Do the policies, protocols, and procedures include your community:
 1. Tribal law
 2. Other law enforcement
 3. Other (please describe)

Objective 7 Integrate culturally appropriate treatment services

- a. What type(s) of cultural services does your project provide?
 1. Dancing
 2. Drumming
 3. Language
 4. Singing
 5. Songs
 6. Story telling
 7. Traditional crafts (e.g., beading, basket weaving, tool making, jewelry)
 8. Traditional games
 9. Equine therapy
 10. Other (please describe)
 11. Link to other provider who provides cultural services
- b. What type of cultural services does your project offer from traditional healers?
 1. Ceremonies
 2. Traditional medicine
 3. Smudging
 4. Sessions with medicine man/woman
 5. Sweat/healing lodges
 6. Other (please describe)
- c. What type(s) of religious, spiritual, and faith-based services does your project provide?
 1. Traditional Practices
 2. Therapy and Counseling
 3. Prayer
 4. Pastoral Care
 5. Spirituality Groups
 6. Clergy or Chaplain Support
 7. Shelter
 8. Transportation
 9. Other (please describe)
- d. How many individuals received cultural services?
- e. How many individuals received faith-based services?

- f. How would you describe the impact of providing cultural services to the individuals reached through your project?
- g. How would you describe the impact of providing faith-based services to individuals reached through your project?

Objective 8 Implement trauma informed care services and programs

- a. What trauma informed care elements are included in your project activities?
 - 1. Safety
 - 2. Trustworthiness and Transparency
 - 3. Peer support
 - 4. Collaboration and mutuality
 - 5. Empowerment, voice and choice
 - 6. Cultural, historical, and gender issues
 - 7. Other (please describe)
- b. How many trainings on trauma informed care did your project provide?
- c. How many healthcare professionals did you train in trauma informed care?
- d. Please list the type(s) of healthcare professionals who were trained in trauma informed care?
- e. Have you offered trainings on trauma informed care to the community you serve?

Staffing

- a. Have you been able to recruit, hire, and onboard staff for your MSPI project?
- b. Do you have a full-time coordinator for your program paid by MSPI funds?
- c. If no, what percentage of time is the coordinator paid by MSPI?
- d. Did your MSPI project experience staff turnover?
- e. If yes, which staff have left your project?
- f. Reason for turnover?
- g. How has your project been impacted by other staff changes?