1994

National model adolescent suicide prevention project.

PA May

A. Del Vecchio

NATIONAL MODEL ADOLESCENT SUICIDE PREVENTION PROJECT
Jicarilla Apache Tribe

Evaluation of Program Performance
Prepared for
Division of Program Evaluation and Policy Analysis
Research and Evaluation Projects

Final Year of Program Performance
1994

Prepared by
Philip A. May, Ph.D., Principal Investigator
Ann Del Vecchio, Ph.D., Research Coordinator
University of New Mexico
Center on Alcoholism, Substance Abuse, and Addictions

Table of Contents

Introduction

The Jicarilla Apache Indian Reservation is located in north central New Mexico at the foot of the San Juan Mountains on the Colorado Plateau. Reservation land covers part of Rio Arriba county and Sandoval county in New Mexico and extends 65 miles southward from the Colorado border. It is 6 miles wide at the narrowest point and 25 miles wide at the broadest point. Although the reservation encompasses 865,000 acres, ninety percent of the tribal members, living on the reservation, live in and around the town of Dulce, the seat of the Jicarilla tribal government. Dulce is located in the isolated northernmost portion of the reservation.

The tribal population (1992) was registered at 3,031 enrolled members. Fifty-four percent (1,637) of the tribal population is under the age of 24 years. The target population for the National Model Adolescent Suicide Prevention Project is Jicarilla youth to age 25. A *community systems model* was implemented in 1990 (the first year of the project) to impact the rate of suicide in this age group. It was anticipated that the suicide rate for the entire Jicarilla community, not only the target group, would decline as a result of the National Model Adolescent Suicide Prevention Project. The *community systems model* includes the education and active involvement of all members of the community; hence, the entire community should be affected positively by the project. During this project year, a brief abstract of the *community systems model* was developed. A copy of this abstract is included in Appendix A.

The final evaluation of program performance includes three major components: (1) stakeholder interviews; (2) process evaluation; and (3) outcome evaluation. This report is the summative evaluation and includes these three components. Evidence of program performance was collected from project clients, community members, service providers from other community programs and agencies, tribal administration, project staff, workshop evaluations, client files, and other written records such as minutes from meetings and sign-in sheets. All information about program performance included in this report was identified by at least two, and often three or four, separate and independent sources and was verified through follow-up questions to key informants. Key informants included Suicide Prevention Project staff, other service providers, and the direct tribal authority that supervises the Project. The outcome data were verified by the evaluation team through client record reviews and a comparison of the paper copy of client records to the computerized database. A random sample of 20 cases was checked and found to be accurate.

Process Evaluation

The process evaluation of the National Model Adolescent Suicide Prevention Project has two central purposes: (1) to document and describe the processes by which the project was implemented and operated; and (2) to identify the methods used to implement the project that

seem to be most effective for prevention and that have the greatest impact on measures of outcome. The process evaluation provides a link between the project operation and changes in the rate of suicide gestures, attempts, and completion on the Jicarilla Apache Reservation.

Process evaluation was on-going throughout the life of this project. Project staff conducted an internal process evaluation by establishing procedures for collecting data on the activities they implemented. Sign-in sheets and evaluation questionnaires were developed and used throughout the project's history. During the last year of the project's funding, the external evaluation team from the University of New Mexico Center on Alcoholism, Substance Abuse and Addictions conducted in-depth interviews with key stakeholders in the community. The first interviews were completed with staff people during late summer, 1994. Clients, parents, adolescents, staff from social service agencies, staff from the Tribal Police Department and the Tribal courts were interviewed during the late summer and early fall of 1994. Sign-in sheets, workshop evaluations and client records were reviewed. The curricula for parent education and the Natural Helpers program were examined. Newsletters, the mailing list, and a file of past education/workshop calendars were reviewed also. A small (N = 20), random sample of client records was reviewed as well.

The process evaluation provided a snapshot of the project's growth and development over time. It provided a detailed history of the project, and the description of key players and their positions within the community. The process evaluation provided a thorough review of all prevention activities. It was conducted primarily through interviews and questionnaires and secondarily through the review of files, sign-in sheets, meeting minutes, evaluation questionnaires, and other pertinent records.

The key stakeholders in the project were asked to respond to four general, open-ended questions about the project as follows. Stakeholders were asked to: (1) describe the services provided by the project to themselves, to their clients, and/or to the community; (2) to discuss how they had used the services of the project; (3) to comment on the quality of the project's services; and (4) if the project had provided technical assistance to them, to describe the assistance received. The stakeholders interviewed were informed that a draft of the evaluation would be available for their comments and revisions at the Project office in early December. The concept of value-pluralism, which assumes a multiplicity of values and world-views, provided direction in the design of project objectives (Guba & Lincoln, 1988). This approach was used to structure the process evaluation. Additionally, stakeholder constructions, the concept of fairness, the concepts of merit and worth, and the concepts of negotiated process and outcomes (Guba & Lincoln, 1988) were used to guide the process evaluation. The involvement of stakeholders in the evaluation was critical to identifying aspects of the project considered to be most and least effective in changing suicide rates on the Jicarilla Apache Reservation.

All project staff were involved in the process evaluation as they are key stakeholders in this project. Representatives from the tribal leadership, from the Natural Helpers group, parents, and other community members were included also. Finally, it was critical that a number of youth from the target population, including individuals who have received treatment services, were involved in the evaluation. Project staff were asked to identify and arrange interviews with all key stakeholders including adolescents and project clients. The Project staff were familiar with community stakeholders who were not known to the outside evaluation team.

Each of the tasks, described as part of the project implementation, was used to direct the process evaluation. A set of questions, specific to each task, was asked and answered through the process evaluation. These questions, the source of information, and the answers are outlined by each task in the following section.

Task 1.0 Community Awareness

Subtask 1.1 **Develop a calendar of community education/training presentations for fourth year of the project within two months of contract modification.**

Source: **Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Project files**

1.1.a. **Was the calendar completed?**
A file of past community calendars was reviewed. The calendar appeared to be completed on a regular and timely basis. and a broad range of activities and educational sessions provided.

1.1.b. **How were topics for the calendar identified and decided upon?**
Suggestions were collected from Project staff, the Tribal Administration, and the staff from other social service agencies. The Project Psychologist was responsible for checking calendar entries and for final activity selection. The Counselor and Administrative Assistant were responsible for contacting/recruiting or assigning responsibility for facilitating the various activities and sessions. They also were responsible for formatting, printing, and disseminating the calendar.

1.1.c. **Who developed the calendar?**
All Project staff were involved in calendar development during regular staff meetings. The Director was responsible ultimately for the final product.

1.1.d. **How often were training sessions scheduled?**
Training sessions were held on a weekly basis with breaks in the schedule for tribal celebrations including Little Beaver. An annual community-wide Health Fair is held in May and the Project provides information for this event. The Project staff select Natural Helpers annually and conduct an intensive training for the youth selected.

Subtask 1.2 **Provide for community education/training presentations in accordance with the calendar developed in Subtask 1.1.**

Source: **Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Project files**

1.2.a. **Were the training sessions held?**
The Counselor reported that training sessions have been held regularly throughout the history of the Project. She provided a file of past calendars and completed session evaluations and sign-in sheets for review. Documentation of the provision of this service was confirmed during interviews with staff from the various social service organizations within the community.

1.2.b. Where were the sessions held?

Sessions were held in a variety of community locations including the Tribal conference room, the Emergency Medical Service meeting room, at the Headstart program meeting room, in the school board room, at the Jicarilla Inn, in the schools, at the BIA boarding school, and at the Tribal community center.

1.2.c. Who was invited to attend? How were the sessions publicized?

Notice of meetings and education sessions were disseminated through calendars to all Tribal Programs, in the *Jicarilla Chieftain*, and through posted notices at the local market, the community center, the Department of Health, and the Tribal Administration offices. The community was notified through announcements on the radio station, KCIE, and on TV through Channel 9. All community members were invited to attend.

1.2.d. Were sign-in lists kept? Who attended the sessions? How many community members attended?

Sign-in lists were kept and are on file in the Project's office. A broad cross-section of community members attended sessions depending upon the topic/purpose of the session. For example, approximately 20-30 Natural Helpers are recruited every year and approximately 15-20 complete the retreat training sessions. During the five years the Project has been implemented, approximately 100 Natural Helpers have been trained. Parenting classes are attended by 8-15 parents. Over Approximately 80 parents and community members attended these programs each year and over 400 parents attended during the five years the Project has been implemented. Specific training sessions for the Police Department of the staff or the Emergency Medical Service were attended only by the staff of those departments and were usually smaller sessions.

Subtask 1.3 Publish newsletter monthly and distribute to community programs, agencies, and community members.

Source: Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Project files

1.3.a. Was the newsletter published monthly?

Old newsletters are kept on file in the Project's office. It was published monthly during the operation of the Project.

1.3.b. What information was included in the newsletter?

The newsletters included a calendar of upcoming community events and training sessions as well as brief informational items and articles on a broad spectrum of topics. Articles on domestic violence, child abuse, exercise, nutrition, healthy lifestyles,

mental health problems such as depression and substance abuse were common. The information provided was clear and accessible to almost all members of the community.

1.3.c. Who contributed to the newsletter?

All project staff contributed information for the newsletter. Contributions were solicited from other programs/agencies, the Tribal administration, and community members.

1.3.d. Who edited the newsletter?

The Counselor and Psychologist both worked on final newsletter editing. The final copy is prepared by the Project's Secretary.

1.3.e. Who received the newsletter?

A mailing list that includes all Tribal Administration offices, interested community members, individuals off the reservation interested in the Project, and all other agencies and programs on the Reservation is used to disseminate the newsletter.

1.3.f. Did the newsletter facilitate communication about prevention and education activities?

During interviews with the staff of other service agencies, the newsletter was identified as one method used to facilitate communication among service providers.

Subtask 1.4 Coordinate meetings with community, state, and federal programs for networking.

Source: Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Project files

1.4.a. Were meetings coordinated with outside agencies?

All staff are involved actively in the coordination of services with outside (the tribal community) agencies. The Director is apprised of all meetings and activities to ensure that there are not scheduling conflicts and that there are adequate resources (staff time) available to meet scheduled activities.

1.4.b. What agencies were included in this network?

The Project staff work with CYFD and DPS. In-home medical services and high risk pregnancies (Fetal Alcohol Syndrome) are addressed through coordination with the state and with the Albuquerque Area IHS. Federal agencies routinely included in the Project's network include the Dulce Indian Health Service Clinic and the Indian Health Service Santa Fe Service Unit, the Bureau of Indian Affairs Social Services, and the Center for Substance Abuse Prevention, Decade of Hope Program.

1.4.c. Were any agencies excluded from the meeting network?

No agencies were intentionally excluded from the Project's network; rather, the agencies included are those available at the state and federal level to meet specific community needs related either directly or indirectly to the problem of adolescent suicide.

1.4.d. What barriers to meeting coordination were evident?

The major obstacle to service coordination was the lack of a centralized place for case management. Office space in Dulce is limited and the Project with its affiliated programs (Natural Helpers, Child Abuse, Domestic Violence Program) is housed in three small trailers near the Dulce IHS clinic. Service providers in the community have expressed an interest in housing all health and social service programs in one facility in order to facilitate case management. A computerized management information system (MIS) also has been discussed as a possible means of centralizing case management to ensure that clients obtain all services necessary. Lack of funding to establish an MIS or to build a large facility to house all health and human service programs is a major barrier.

1.4.e. Were these barriers addressed? How?

The Project's Psychologist, Lance Hurt, Ph.D., and Dennis Delrow, SW, of the BIA Social Services in Dulce have begun to work on a management information system for the community. A basic planning process has been initiated and will be followed by an inventory of hardware and software currently in use in the community. Additional steps will include identifying necessary hardware and software to implement such a system, establishment of a system/procedures to maintain client confidentiality, and identification of funding to establish the system.

However, most service providers in the community feel that a centralized system of case management would be organized easily if a single facility housed all the various services available. One option to raise funds for such a structure would make use of all or a portion of the per capita payments issued to tribal members throughout the year. Per capita funds would be used to establish construction capital to build Health and Human Services Center. An associated benefit might be a reduction in alcohol related problems such as fetal Alcohol Syndrome (FAS). The prevalence of FAS in an isolated Southwestern Plains tribe decreased from 14.4 for 1969-1977 to 0.0 per year for 1978-1982 after the tribe discontinued per capita payments from oil, gas, and uranium royalties (May, 1991).

Subtask 1.5 **Participate in Decade of Hope activities.**

Source: **Ms. Pat Serna, Director; Mr. Mitch Buszek, Director, Decade of Hope; Ms. Deanna Chechile, Previous Director, Decade of Hope; Project files**

1.5.a. **Were Decade of Hope activities participated in by project staff? clients? community members affiliated with the project?**

There is evidence of active participation in Decade of Hope activities by Project staff, clients, and community members from file correspondence. The Project's evaluation team has observed this participation on a substantial number of occasions including the planning process for a Healthy Nations Proposal with which both Projects were involved on a continuous basis.

1.5.b. **Who participated? Who did not?**

Natural Helpers students participated actively in both projects. This group includes some adolescents who might be identified as high-risk for suicidal behavior. Parents, teachers, and other community members, including tribal leadership, tribal elders, and others appear to be active with both projects. At times. these individuals volunteer their time to help out with project activities while at other times they may take part in educational and prevention activities and training sponsored by one or both of the projects.

1.5.c. **What kind of participation occurred (minimal? active?)?**

Participation by the Project Director in Decade of Hope activities was very active. Adolescents in the Natural Helpers Program often participated in Decade of Hope activities. Staff participated regularly in activities such as Little Beaver and the community-wide Red Ribbon Campaign.

1.5.d. **How did the Coalition's activities meet the prevention/education needs of the Project?**

The goals of the Decade of Hope Project include preventing alcohol and substance abuse in the community. As alcohol and drug abuse are associated with most of the suicide gestures, attempts, and completions in the Jicarilla community, prevention of substance abuse is a goal shared by both projects. The National Adolescent Suicide Prevention Project staff recently assisted the Decade of Hope with counseling in-service training. Aside from direct technical assistance to the Decade of Hope Project in the form of workshops, in-service trainings, and educational sessions on a variety of topics including domestic violence, parent education, maternal and child health care, Fetal Alcohol Syndrome prevention. and others, the staff from the two projects have worked together to plan and secure funding for community needs.

Both project Directors and some of the community's adolescents participated in the development of a Robert Wood Johnson Healthy Nations proposal with Taos and Picuris Pueblos. This proposal was funded for two years to plan an alcohol and substance abuse prevention program for the three community consortium.

Subtask 1.6 Chair Community Resource Action Group monthly meetings.

Source: Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Project files

1.6.a. Was this Group chaired by Project staff?
Project files and interviews with staff indicate that this group has been chaired by Project staff.

1.6.b. Who was involved in the CRAG?
The Project's director, psychologist, and counselor have been involved with the CRAG. The CRAG is composed of interested community members, tribal administration, and service providers from many of the health and human service Jicarilla agencies and programs.

1.6.c. What activities was the CRAG involved in?
The CRAG meets monthly and is the primary mechanism for the coordination of services in the community. It allows service providers to collaborate and to do short and long-range planning for the community. The CRAG meetings provide a mechanism for service providers to network and problem solve together. The Domestic Violence Code now in place for the Tribe was developed through the CRAG. The CRAG has begun to address the revision of a code to protect the community's children.

1.6.d. How did these activities meet the prevention/education needs of the Project?
The CRAG allows the Project staff to bring together community members and service providers in the community to address all community mental health needs. Shortly after the Project began, staff began to address all mental health issues that were associated commonly with suicide. Alcohol and substance abuse, domestic violence, and child abuse and neglect were the most frequent concomitants of suicide and the CRAG has worked to address these issues.

Subtask 1.7 **Participate in subcommittees of the Community Resource Action Group.**

Source: Ms. Julia Joe, Counselor; Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Project files

1.7.a. Who participated on the subcommittees?

All Suicide Prevention Project staff have been involved in the CRAG. Ms. Serna was involved in the development of the Domestic Violence Code and has chaired the CRAG at various times in the past five years. She has worked on the revision of a Children's Code and this code is not complete yet. Dr. Hurt is involved in the development of a Management Information System as a means of integrating community data on mental health clients. Ms. Hurt has been involved with child abuse and neglect. Ms. Martinez is working on a Sexual Abuse Protocol with other CRAG members and Ms. Joe worked on the Domestic Violence Code.

1.7.b. With which subcommittees did the Project become involved?

The staff at the Suicide Prevention Project have invested a major amount of time and energy in all facets of community life that have to do with health and human/social services. As noted in the previous question, they have worked on a number of subcommittees to develop or revise codes to protect specific members of the community. They have been involved in forming the foundation of a system to centralize case management. A system of this kind would ensure that clients received the full spectrum of services available and perhaps streamline the administration of social service programs in the community providing financial savings.

1.7.c. What were the activities of the subcommittees?

The CRAG functions as a mechanism to share information about clients, services, and resources in the Jicarilla Apache community. It is has been involved in the development of policies and procedures to maximize the use of available resources, to protect members of the community, and to ensure that legal and organizational mechanisms are in place to deal with social problems like domestic violence and child abuse and neglect.

Task 2.0 Suicide Register

Subtask 2.1 Maintain data on suicide register from 1980 to 1993.

Source: **Dr. Lance Hurt, Psychologist; Ms. Julia Joe, Counselor; Project files; Epi-Info Database**

2.1.a. Were the data maintained?
Data have been collected, maintained, summarized and used as part of the Project's evaluation throughout the life of the Project.

2.1.b. Who was responsible for maintaining the register?
All Project staff have been responsible for the collection of data on hard copy data collection forms (Suicide Reporting Form, Patient Data Reporting Form). The Project's Psychologist, Dr. Lance Hurt was responsible for establishing the hard copy of the data collection forms in the *Epi Info* program. The Counselor, Julia Joe has been responsible for data entry into the *Epi Info* database.

2.1.c. Were the data verified for accuracy?
Both the Psychologist and the Counselor, as well as the Project's Secretary, have verified the data for accuracy and corrected errors as identified. A random sample of client cases were checked for accuracy by the evaluation team.

2.1.d. Were the data protected so that client confidentiality was ensured?
Only Project staff and the Evaluation Team had access to client data. The Project staff adhere to the professional standards for psychologists, social workers and other mental health professionals as articulated in the various codes of ethics for these different professions (e.g. New Mexico Psychologist Examiners Board). **Clients, service providers, and other key stakeholders interviewed repeatedly stressed the fact that Project staff respected and guarded client confidentiality while other service providers in the community are not always as careful to protect client confidentiality.**

Subtask 2.2 Update data on suicide register monthly.

Source: **Dr. Lance Hurt, Psychologist; Ms. Julia Joe, Counselor; Project files; Epi-Info Database**

2.2.a. Were data updated on a monthly basis?
Until the final year of Project operation data were entered in the *Epi Info* database on a monthly basis. As the Secretary left the Project and an immediate replacement was not

found, the Project staff had to assume clerical duties. There were additional requirements for the final year which also consumed much staff time. As a result data during the final Project year were not entered on a monthly basis.

2.2.b. Who was responsible for data entry?

The Counselor assumed primary responsibility for data entry and was assisted by the Secretary and the Psychologist as necessary.

2.2.c. Were data verified for accuracy?

Data were verified by the three staff members identified in 2.2.b. The Evaluation Team verified a random sample of cases entered in the database.

2.2.d. Were the data protected so that client confidentiality was ensured?

The data were accessible only to Project staff and the Evaluation Team. Hard copy of the data was filed in locked file cabinets and data disks were locked as well.

Subtask 2.3 Analyze data from suicide register to identify risk factors, rates, and patterns specific to the Jicarilla Apache tribe and Dulce community (every six months).

Source: Dr. Lance Hurt, Psychologist; Ms. Pat Serna, Director; Project files; Epi-Info Database

2.3.a. Were data analyzed?

Data were analyzed annually for the dual purposes of program accountability and program improvement. The frequency of suicide gestures, suicide attempts, and suicide completions by age and gender is reported in each of the Project's end of year reports.

2.3.b. Who analyzed the data?

The Project's Psychologist, Lance Hurt, Ph.D. analyzed the data for the Project. Additional comparisons to state and national suicide rates have been provided by the Evaluation Team.

2.3.c. What analyses were conducted?

Frequencies, percentages, rates per 100,000 population were calculated for gestures, attempts, and completions. Crosstabs were conducted for some of the variables of interest (e.g., gender by method).

2.3.d. How were results reported? (format?)

Results have been reported in narrative, tabular, and graph form specific to the type of data and the questions to be answered by the data. Results were communicated orally at local, state, and national workshops and conferences.

2.3.e. How were results disseminated?

Results were disseminated through two means: monthly and year-end reports of program performance and at local workshops, and state-wide and national conferences and workshops.

2.3.f. Who received results?

Results were provided in monthly and year-end reports to the funding agency, Office of Planning, Evaluation, and Legislation (OPEL), to the Jicarilla Tribal Council, to the Tribal Health Coordinator, Everett Vigil, to the Health and Human Services Coordinator, Denton Garcia and to the Indian Health Services Project Officer, Dr. LeMyra DeBruyn. These reports are in the Project files and were reviewed by the Evaluation Team.

2.3.g. Were results communicated in a timely and accessible manner to all stakeholders? (parents, clients, community members, tribal leaders, etc.)

Results have been communicated in a timely fashion throughout the life of the project. Reports are on file at the Project office and in Rockville, Maryland with the funding agency. The Tribal administration is responsible for reporting the results of the Project to the Jicarilla people.

Task 3.0 Patient Data Register

Subtask 3.1 **Maintain data on patient data register throughout contract year.**

Source: **Dr. Lance Hurt, Psychologist; Ms. Julia Joe, Counselor; Project files; Epi-Info Database**

3.1.a. **Were the data maintained?**
As with the Suicide Register. the Patient data register has been maintained. It includes a more complete record of patient variables than does the Suicide Register. It also contains information about clients who used the services of the Project but did not gesture or attempt to commit suicide.

3.1.b. **Who was responsible for maintaining the register?**
Ms. Joe and Dr. Hurt are primarily responsible for maintaining the Patient Data Register. All Project staff involved in the provision of clinical service have collected these data on IHS *PCC Ambulatory Encounter Record* forms and the Patient Data Register.

3.1.c. **Were the data verified for accuracy?**
Patient data in this register were not verified consistently for accuracy. Errors in data entry were identified sometimes when new data were entered in the database, but verification of this database was not completed systematically as the clients included in this database were not always provided service related to the central objective of the Project (suicide prevention).

3.1.d. **Were the data protected so that client confidentiality was ensured?**
These data were protected in the same manner that the Suicide Register data were protected. The Project has an excellent reputation in the community for protecting client confidentiality.

Subtask 3.2 **Complete patient data register for current project clients by end of contract year.**

Source: **Dr. Lance Hurt, Psychologist; Ms. Julia Joe, Counselor; Project files; Epi-Info Database**

3.2.a. **Were data updated on a monthly basis?**
Until the final year of Project performance, the data were maintained and entered on a monthly basis. Due to the lack of clerical support for over a half of the final year of operation, and coupled with increased tasks related to completion of the Project, the data have been entered when time was available and as necessary for the evaluation.

3.2.b. **Who was responsible for data entry?**
Ms. Joe was responsible for data entry.

3.2.c. **Were data verified for accuracy?**
Data were verified occasionally and not in a systematic manner.

3.2.d. **Were the data protected so that client confidentiality was ensured?**
Data were protected to ensure client confidentiality.

Subtask 3.3 Analyze data from patient data register to develop a broader base for identifying risk factors by the end of the contract period.

Source: Dr. Lance Hurt, Psychologist; Ms. Pat Serna, Director; Evaluation Team, Dr. Ann Del Vecchio, Evaluator; Dr. Philip May, Principal Investigator

3.3.a. **Were data analyzed?**
Ms. Serna and Dr. Hurt analyzed the data for inclusion in monthly and annual reports and for making changes in the Project's service delivery as necessary. The Evaluation Team analyzed the data for the evaluation of program performance and to compare the suicide rates to local, state, and national rates.

3.3.b. **Who analyzed the data?**
The data were analyzed by the individuals listed in 3.3.a.

3.3.c. **What analyses were conducted?**
As the data are categorical in nature, counts, percentages, and rates were calculated for variables of interest.

3.3.d. **How were results reported? (format?)**
Data were reported in narrative, tabular and graph form. Oral presentations of the data were made as well.

3.3.e. **How were results disseminated?**
Results were disseminated through the annual and monthly reports as well as at local, state, and national workshops and conferences.

3.3.f. **Who received results?**
The monthly and annual reports were provided to the OPEL funding agency, to Tribal administration, and to the IHS Project Officer, Dr. LeMyra DeBruyn.

3.3.g. **Were results communicated in a timely and accessible manner to all stakeholders? (parents, clients, community members, tribal leaders, etc.)**
Reports appeared to have been filed regularly and in a timely manner. The Tribal government/administration was responsible for disseminating results of program performance to the Jicarilla Nation.

Task 4.0 Prevention Activities

Subtask 4.1 **Coordinate with school administration and faculty to continue training and implementation of the Growing Healthy curriculum.**

Source: **Ms. Pat Serna, Director; Project files**

4.1.a. **Who conducted coordination activities (from the project staff)?**
Ms. Serna coordinated these activities with the school nurse, Marge McRae. The Public Health Nurse, Susan Turner, was involved also.

4.1.b. **Did all teaching and administrative staff participate? Regularly? Who did not participate? Why not?**
During the first year, all teachers and administrative staff were trained and participated in the implementation of this curriculum. With staff and administrative changes, subsequent personnel were not all trained. There have been some changes in this curriculum at the state level, and that has had an impact on implementation as well.

4.1.c. **Was feedback from staff solicited? Was this feedback used in adapting the curriculum to better meet the Jicarilla students needs?**
Staff were asked to evaluate this curriculum and the evaluations were used to adapt the curriculum to meet the needs of Jicarilla students. These evaluations are on file in the school nurse's office. Overall, these evaluations were excellent.

Subtask 4.2 **Conduct Natural helpers retreat training during 1992-93 school year.**

Source: **Ms. Lonna Coriz, Youth Coordinator; Ms. Pat Serna, Project Director; Dr. Lance Hurt, Psychologist; Project files**

4.2.a. **Was the retreat training conducted?**
Evidence of past retreat trainings is in the Project's files. Parents of students who were selected and attended these trainings signed release forms in order to attend.

4.2.b. **Who was responsible for the training?**
The retreat training was facilitated by Dr. Hurt and the Project Director, Ms. Serna.

4.2.c. **Who was invited to participate? Who actually participated?**
Students nominated peers whom they identified as trustworthy, helpful, and empathetic in a school-wide survey conducted annually. All students nominated by two or more peers were invited to the first training/organizational meeting. Students self-selected after hearing an in-depth description of the requirements for attendance at training and a description of Natural Helpers' role in the community. Some students choose not to

participate because the program conflicts with other activities or because they don't feel they are qualified to pursue this role. The first year the program was implemented, 40 students were nominated by their peers and 10 of this group completed the training.

4.2.d. Were sign-in lists kept?
Sign-in lists are kept in the Project files.

4.2.e. Did the Natural Helpers evaluate the training? Was the evaluation used to adapt the training to be more specific to students needs and concerns?
Students who went through the Natural helpers training were asked to evaluate the process. Evaluations are kept in the Project files and the information in these evaluations was used to adapt the materials and the training process to make it more specific to the needs and concerns of Jicarilla youth.

Subtask 4.3 Conduct weekly ongoing Natural Helpers training.

Source: Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Ms. Lonna Coriz, Youth Coordinator; Project files

4.3.a. Were weekly Natural Helpers training sessions conducted?
Training sessions were conducted weekly and sign-in sheets are on file for these sessions.

4.3.b. Who conducted the sessions?
Dr. Hurt, Ms. Serna, and Ms. Coriz conducted these sessions. Sometimes other service providers were asked to conduct a session when it related to their specific area of expertise.

4.3.c. Who participated? Was attendance regular? Were sign-in sheets kept?
All students who completed the initial training retreat attended the regular weekly sessions. Attendance appeared to be regular with absences noted due to illness or conflict with another activity on occasion. Sign-in sheets are on file in the Project office.

4.3.d. Did the Natural Helpers evaluate the training? Was the evaluation used to adapt the training to be more specific to students needs and concerns?
Evaluation of the training sessions was conducted. This information was used to adapt the program and activities as appropriate and the evaluations are on file.

Subtask 4.4 Coordinate Teens, Crime and Community Curriculum.

Source: Ms. Pat Serna, Director; Project files

4.4.a. Review the curriculum.
The curriculum can be found in the Project office. Curriculum objectives are stated clearly and activities seemed interesting and age-appropriate.

4.4.b. Was the curriculum adapted to be specific to Jicarilla youth? If so, how?
The curriculum was implemented as it was designed. Any adaptations were specific to the presenter and not recorded in writing.

4.4.c. What activities were used to coordinate the use of the curriculum in the schools?
The curriculum was implemented through the tribe's Youth Employment Program during the summer. The Natural Helpers implemented the curriculum with adolescents involved in the summer youth program.

Subtask 4.5 Implement Teens, Crime and Community Curriculum with youth in Natural Helpers and youth summer employment program.

Source: Ms. Lonna Coriz, Youth Coordinator; Ms. Pat Serna, Director; Project files

4.5.a. Was the curriculum implemented?
This curriculum was implemented during the summer by Project staff and the Natural Helpers with teens in the tribal Youth Employment program.

4.5.b. Who implemented the curriculum?
The Natural Helpers implemented the program with some assistance from Ms. Coriz and Ms. Serna, and Dr. Hurt.

4.5.c. How many students were taught using the curriculum? Attendance lists or sign-in sheets.
Approximately 45 adolescents participated in this program. Sign-in sheets were kept for this activity and filed with other documents related to the Natural Helpers program in the Project office.

4.5.d. Were students asked to comment on the curriculum? to "evaluate it"?
Students were not asked formally to evaluate the program. However, informal comments from the students who participated indicated that they liked the fact that other students were their trainers (per Ms. Serna, Director). The Youth Department has evaluations on file.

Subtask 4.6 Participate in Drug Free Schools student assistance team throughout contract period.

Source: Mr. Tom James, Special Education Coordinator, Dulce Independent Schools

4.6.a. Who from the project participated?
All Project staff participated in coordinating activities with Mr. James, the Special Education Director for the Dulce Independent Schools. Ms. Serna established the relationship with the schools.

4.6.b. What was the nature of the participation?
Project staff assisted with developing and facilitating training activities in the schools.

Subtask 4.7 Coordinate parent education activities during the contract period.

4.7.a. Who coordinated the parent education?
Ms. Joe was responsible for coordinating parent education activities in the community. She has been assisted by all Project staff.

4.7.b. What activities occurred? What was taught?
A wide range of one-shot workshops have been offered through the parent education program. Topics have included discipline, stress management, substance abuse, anger management, FAS/FAE prevention, child development and money management. A list of topics, presenters, and dates/times for workshops is included in Appendix A.

4.7.c. Where did the activities occur?
Workshops have been held in a variety of settings including tribal administration offices, the community center, the Headstart Program and the schools.

4.7.d. Who attended? Sign-in lists.
Sign-in sheets are on file in the Project office. A cross section of the community appears to attend these workshops including young, first time parents, single mothers, elders, service providers, and others. Some topics are attended by greater numbers of participants than other topics. The average workshop size is 7-10 participants although some were as small as 4 and as large as 30 participants.

4.7.e. Who was invited to attend?
The entire community was invited to attend these training sessions.

4.7.f. How was information about parent education disseminated?
Notice of workshops was posted in the grocery store, community center, Jicarilla Inn,

the schools and Headstart Program, and other places frequented by a large portion of the community. Workshop calendars were published in the Suicide Prevention Project newsletter and mailed to the tribal administration and service providers in the community. Clients in therapy are informed of workshops that might be helpful in their treatment. The tribal courts sometimes require offenders to attend parent education in addition to the rest of their sentence.

Subtask 4.8 Participate in FAS/FAE multi-disciplinary education group.

Source: Ms. Julia Joe, Counselor; Ms. Pat Serna, Director

4.8.a. Who from the project participated in this training?
The Counselor, Julia Joe, participated in this training.

4.8.b. What was the nature of the training?
This training was designed to present information on the prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effect.

4.8.c. How often did this group meet?
This group met once a month with other Trainer-of-Trainers from the Eight Northern Pueblo Council and the Albuquerque Area IHS.

4.8.d. Identify documentation for attendance.
Sign-in sheets are on file in the Project office.

Subtask 4.9 Coordinate and supervise family violence services, education, training.

Source: Dr. Lance Hurt, Psychologist; Ms. Barbara Martinez, Counselor

4.9.a. What family violence services are available in the community?
A small amount of funding from the state of New Mexico has been used for prevention and intervention in domestic violence cases in the community. Some of the funding has been used to provide immediate support to domestic violence victims and to transport them to a safe house in Farmington or other communities if necessary. Separate groups are run for victims and for offenders. The women's group is facilitated by Ms. Martinez and co-facilitated by a domestic violence victim. The men's group is facilitated by Dr. Hurt and co-facilitated by Ms. Martinez.

4.9.b. Who from the project staff coordinated these activities?
Ms. Martinez coordinates these activities.

4.9.c. How often were meetings, violence related training and education conducted?
Group therapy sessions are held on a weekly basis for 1 1/2 hours per session. Workshops on domestic violence are provided as needed to community service providers and the parent education sessions sometimes include a workshop on domestic violence.

4.9.d. What was covered in these sessions?
A variety of topics are covered in the weekly group therapy sessions. These include: the cycle of violence; anger management; drug and alcohol problems; safety plans; and others.

4.9.e. Who attended from the community and other agencies?
Training has been provided for the Emergency Medical Service and the Police Department. All the education and social service agencies and programs have sent staff for training. Group sessions are attended by domestic violence victims and perpetrators.

4.9.f. What documentation of these activities is available?
Sign-in sheets, brochures, and informational handouts are on file in the Project office.

Subtask 4.91 Coordinate and conduct intervention activities with Headstart.

Source: Ms. Pat Serna, Director; Ms. Debrah Hurt, Counselor; Project files

4.91.a. What intervention activities were conducted?
Ms. Serna is on the Mental Health Planning Committee for the community and has been involved in providing direct therapeutic service to Headstart students on an as-needed basis. Workshops have been provided on a variety of child development topics by Ms. Serna, Dr. Hurt, Ms. Joe, Ms. Hurt and other Prevention Services staff. Ms. Hurt does classroom observations and talks to parents at the request of Headstart staff. Ms. Serna has done planning with Headstart staff on behavior management issues.

4.91.b. Who conducted these activities?
Basic training for Headstart staff was provided by Ms. Hurt primarily. She has been involved in observing specific children for behavioral problems when requested by Headstart staff.

4.91.c. When did the activities occur?
In-service training has been provided when the Headstart program has requested. Some workshops have been provided at times (evenings and weekends) so that parents might attend as well.

4.91.d. Where did they occur?

Some workshops were provided at the Headstart Program. Others have been provided in the tribal administration buildings and the community center.

4.91.e. Who was included in these activities (parents, staff, children)?

Headstart teachers, teacher assistants, parents and administrators have been the target population for most of the activities. However, some have been offered to the community at-large.

4.91.f. Documentation of activities (sign-in sheets, minutes, etc.).

Sign-in sheets, handouts, and other materials relevant to Headstart workshops are in the Project files. When clinical intervention has been requested for a specific child, a PCC form is completed and filed with the client records.

Subtask 4.92 Implement specific prevention activities with BIA dormitory students.

Source: **Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Project files**

4.92.a. What activities were under-taken?

During the past year and a half, trust has developed between Dormitory staff and the Project staff that has enabled training to begin with Dormitory staff. Recently, the Project has offered workshops on a monthly basis to BIA Dormitory staff. There have been therapeutic interventions with specific young people in the dormitory and the Project staff have provided this service. The Suicide Prevention Project has also coordinated a Wilderness Experience with the Natural Helpers for the Dormitory students.

4.92.b. How were activities identified?

Currently, Dormitory staff, the Dormitory Board, and students have been involved in identifying activities and have discussed these with the Suicide Prevention staff.

4.92.c. Was an evaluation of activities conducted?

When workshops have been provided, formal evaluations have been completed by participants. The Wilderness Experience activity was not evaluated in this way. Students offered comments on the experience informally.

4.92.d. Who were the students involved in the activities? Who was not involved? Why?

Students self-selected to participate in the activities. When therapeutic intervention is required, it is requested by Dormitory staff, the tribal court, or the Dulce Schools.

4.92.e. Were sign-in sheets used? Verify attendance using sign-in sheets.

Sign-in sheets are used for workshops and are on file in the Project office.

4.92.f. Who conducted the activities?

Activities have been conducted by Dr. Hurt, Ms. Serna, and the Natural Helpers.

4.92.g. When were the activities conducted?

Activities have occurred on an as-needed or requested basis. Recently, staff training has occurred on a monthly basis.

Task 5.0 Direct Services

Subtask 5.1 **Provide direct clinical services to individuals, families, couples, and groups.**

Source: **Dr. Lance Hurt, Psychologist; Project files and clinical records**

5.1.a. **Were services provided? What documentation of these services is available? Identify and describe these services.**
Two full file cabinets in the Project offices contain client records when therapeutic services have been provided. IHS *PCC Ambulatory Encounter Record* forms are used to document the provision of services. They are three part carbo forms and the yellow copy of these forms stays in the Project office while the other two pages are sent to the IHS Dulce Health Clinic.

5.1.b. **Was supervision of clinical staff provided? Who provided supervision?**
Ms. Serna and Dr. Hurt provide clinical supervision to the other Suicide Prevention Project staff. They have provided clinical supervision to other social workers, counselors, and service providers in the community when requested. Dr. Hurt and Ms. Serna consult with Dr. Scott Nelson and Dr. Steve Martinez from the Albuquerque Area Indian Health Service.

5.1.c. **Were clients provided a method to evaluate services?**
An anonymous survey form was used during the second year of the Project to evaluate services provided. Approximately 25 forms were collected and analyzed. Overall, the evaluations were very positive. For a copy of the evaluation survey, see Appendix B.

5.1.d. **Were client evaluations used to improve services?**
No recommendations were made about changes that might improve the Project's services. Clients appeared to be very satisfied with the treatment they received.

Subtask 5.2 **Perform psychological evaluations.**

Source: **Dr. Lance Hurt, Psychologist; Project files and clinical records**

5.2.a. **Who performed the evaluations?**
Dr. Hurt performs the psychological evaluations for the community. Occasionally, an IHS psychologist or psychiatrist will perform a psychological evaluation.

5.2.b. **Did all staff involved in these evaluations receive regular supervision? Documentation of supervision?**
Consultation for Dr. Hurt has been provided by Dr. Nelson or Dr. Martinez from IHS.

5.2.c. **Verify supervision and credentials of supervising staff.**
Client records on the PCC forms in the Project office indicate record reviews by IHS supervising staff. Credentials for IHS staff psychologists and psychiatrists are on file at the Santa Fe Service Unit.

5.2.d. **Verify records of evaluations.**
Evaluations are filed with client records in the Project office and at the Dulce Health Clinic.

5.2.e. **When were evaluations conducted? How was a decision made to conduct a complete evaluation?**
Evaluations were conducted when Project staff agreed in staff meetings that it was necessary or when another service provider in the community requested them (e.g., the Multi-Service Program often asks Dr. Hurt to perform psychological evaluations for them). Evaluations only occurred when there was a need for more formal information, sometimes prior to referral to an agency or hospital outside the community.

5.2.f. **What standardized instruments were used? Is reliability and validity of these instruments documented?**
Dr. Hurt uses a variety of reliable and valid measurement tools when completing a psychological evaluation. These include: the Beck Depression Inventory; the Alcohol Use Profile; the Minnesota Multiphasic Personality Inventory; Draw-A-Person; House-Tree-Person; and the Wechsler Intelligence Scales when requested specifically (usually by the Tribal Court). These standardized, norm-referenced tests and the validity and reliability of these measurement tools is documented in the technical manuals.

Subtask 5.3 Provide follow-up to individuals and families when a suicide attempt has been made.

Source: Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Stakeholder Interviews; Project files

5.3.a. **Was follow-up provided? How was it documented? Describe and identify.**
Follow-up was provided to the family when a community member completed suicide, made a suicidal gesture or an attempt. The entire Prevention Services staff mobilized to intervene in the schools, with the family and elsewhere in the community as indicated (e.g., if a suicide occurred in the jail, the Prevention Services staff worked with the officer(s) who found the body). Documentation of crisis intervention was recorded on PCC forms and filed in the client record files.

5.3.b. **Who provided follow-up services?**
If the individual who committed suicide had been treated by a specific Prevention

Services staff person, that staff person was in-charge of the follow-up crisis intervention.

5.3.c. How long were follow-up services provided to a client? (as needed? a limited number of sessions?)

Follow-up services were provided for as long as they seemed to be needed or requested. Sometimes follow-up was refused immediately after a suicide and then requested several months later. After a death, it is taboo in the Jicarilla culture to mention that person's name again or to talk about that person specifically which makes it difficult to provide intervention.

5.3.d. How was client confidentiality maintained?

The staff at Prevention Services sometimes conducts what they call "cruise therapy". Clients might receive counseling while going for a drive with one of the Prevention Services staff. As the community is so small, this is one method used to preserve confidentiality. Clients often make appointments and then arrive hours later -- although probably not intentional, this behavior also serves to preserve confidentiality as does dropping into the Project offices without an appointment. The Prevention Services staff record essential statistical data on PCC forms submitted to the Dulce Health Clinic. Progress notes are recorded on one copy which is kept in locked files in the Prevention Services office to ensure confidentiality. The office space used by the Prevention Services Project is not sound-proofed and the Tribal administration is aware of this problem.

5.3.e. What was the nature of follow-up? (job readiness training? education? therapy?)

Follow-up intervention was provided through home visits, individual, couples, and family therapy. Sometimes counseling with employers was conducted.

Subtask 5.4 Provide consultation to other community service providers.

Source: Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist; Project files

5.4.a. Was consultation provided? How was it documented?

Consultation on particular clients was provided and documentation was recorded on PCC forms and filed with the client's records. Staff meeting notes were kept at the agency or school requesting the consultation and those notes are kept at those sites.

5.4.b. Which project staff provided consultation services?

All Project staff have provided consultation services. Sometimes certain agencies will request a specific staff person from Prevention Services and these requests are honored when possible.

5.4.c. **What kind of consultation was provided. Describe these services. Is documentation available?**
Clinical judgement about an individual client, based on staff observations in counseling, form the foundation of consultation provided. Diagnostic evaluations are conducted when requested. Technical assistance and suggestions for therapeutic interventions or directions to take with counseling are offered in consultation.

Subtask 5.5 **Participate in Child Protection Team, Adult Protection Team, Multi-Service and other case staffings.**

Source: **Stakeholder interviews; Ms. Pat Serna, Director; Dr. Lance Hurt, Psychologist**

5.5.a. **Were these activities participated in by project staff?**
There was ample evidence during the stakeholder interviews that the Suicide Prevention Project staff have participated in case staffings in the community regularly. The quality of the prevention service provided by the Project staff in these meetings was described as very valuable.

5.5.b. **Which staff from the project participated?**
All Project staff have been involved in these meetings. The staff person from Prevention Services, who is working with a client to be discussed in one of these meetings, attends whenever possible.

5.5.c. **What documentation of attendance and participation is available?**
Minutes or meeting notes are on file in the Project offices and with other agencies. PCC forms are filed with client information at the Project office and the Dulce Health Center.

Task 6.0 Technical Assistance

Subtask 6.1 Provide technical assistance to Tribal administration, Community programs, and other agencies to apply for funding to meet identified needs.

Source: Ms. Pat Serna, Director; Tribal administration; Project files

6.1.a. Was technical assistance provided? Documentation? Describe and identify the nature of technical assistance provided?
Ms. Serna has written a number of proposals for the tribe to acquire funding for specific projects. The Domestic Violence Program, the Child Abuse Prevention Program, and the Natural Helpers Program are funded as a result of proposals Ms. Serna put together. She has recently completed a proposal to IHS to fund the Suicide Prevention Project through recurring 638 funds.

6.1.b. To whom was assistance provided? Were any agencies or individuals denied technical assistance? if so, why did this occur?
Assistance has been provided to the Tribal administration primarily. However, all service providers, agencies, and programs in the community have access to the assistance provided by Prevention Services through the Community Resource Action Group (CRAG). No agencies or programs have been denied assistance.

6.1.c. How often was assistance provided?
Assistance has been provided when requested or when specific funding agencies have released *requests for proposals* (RFP) and the opportunity to apply for funding has been present.

6.1.d. Which project staff provided these services?
This type of assistance has been provided by the Director, Ms. Serna.

6.1.e. Were these services evaluated in any way? if so, how?
Services of this type have been evaluated pragmatically: if an application for funding was successful, this constituted a positive evaluation. If a proposal was not funded, it was saved for revision, reviewer's comments were considered and it was re-written and re-submitted when appropriate.

Subtask 6.2 **Share data, experience, and program model with other American Indian communities and interested communities. Information will be disseminated through presentations at state and national conferences, mailing of information to other communities, providing information to the IHS Special Initiatives Team for dissemination, etc.**

Source: **Ms. Pat Serna, Director; Ms. Julia Joe, Counselor; Dr. Lance Hurt, Psychologist; Project files**

6.2.a. Were information and data shared? With whom? Is documentation of this activity available? Describe.
A list of the various conferences and workshops attended by Suicide Prevention Project staff to present information about the Project is included in Appendix C. Times and dates of presentations and the audiences are listed too.

6.2.b. Were presentations made? Documentation?
The list of presentations made is on file in the Project office and appended in this document.

6.2.c. Who was responsible for this activity? Did all project staff participate?
Presentations have been made by most of the Project staff. The majority of the presentations have been made by Ms. Serna and Dr. Hurt.

Subtask 6.3 **Develop abstract of project model for dissemination.**

Source: **Ms. Pat Serna, Director; Project files**

6.3.a. Was the model developed? Attach copy of the abstract for documentation.
The model is included in Appendix D. It has been included in the annual report to the Project Officer and the funding agency (OPEL) as well.

6.3.b. Who developed the abstract?
The model was developed by the Director, Ms. Serna and Dr. LeMyra DeBruyn, IHS Project Officer.

6.3.c. When will it be disseminated? To whom?
The Model has been disseminated at the presentations that have been made, in the annual reports on Project performance, and to communities/agencies that have called or written requesting information on the Project.

Task 7.0 Family Support Act

Subtask 7.1 **Assist project and mental health clients in applying for Medicare, and/or Medicaid, food stamps, and other public assistance.**

Source: **Julia Joe, Counselor; Project files**

7.1.a. **Was assistance provided? Documentation? Describe and identify the nature of assistance provided?**
Documentation, that assistance has been provided, occurred on PCC forms in client files. Workshops on various topics have been presented as part of the parent education -community workshop series and the materials, handouts, sign-in sheets, and evaluation forms are kept in three-ring notebooks by year (1991-92, 1992-93....) in Ms. Joe's office.

7.1.b. **To whom was assistance provided? Were any individuals denied assistance? If so, why did this occur?**
Assistance was provided to clients in need. These clients were usually referred by other service providers or through the Tribal administration. Clients were not denied this service by the Suicide Prevention staff: however, they may not have been eligible for a particular type of service such as Medicaid, and been turned down by the program involved.

7.1.c. **How often was assistance provided?**
Assistance was provided as needed. Usually one or two workshops per workshop schedule were devoted to federal and state assistance programs.

7.1.d. **Which project staff provided these services?**
Ms. Joe provided these services.

7.1.e. **Were these services evaluated in any way? if so, how?**
Workshop evaluation forms are on file in Ms. Joe's office. Direct service to individual clients was not evaluated.

Subtask 7.2 **Coordinate the job opportunities and basic skills program (JOBS).**

Source: **Julia Joe, Counselor; Project files; Stakeholder interviews**

7.2.a. **Was JOBS coordinated by the project staff? Describe and identify the coordination activities that took place.**
Ms. Joe coordinated the JOBS project. This service was provided on an as needed basis.

7.2.b. What documentation of this program is available? Describe.
PCC forms were used to document individual client contacts and are on file with client records.

7.2.c. Who was responsible for this activity? Did all project staff participate?
This activity was coordinated by Ms. Joe. Other Project staff and other service providers referred clients to Ms. Joe.

7.2.d. Who was served by the JOBS program. Documentation? Who was not served?
Clients in need of employment counseling were served by this program. Few jobs are available in the community and unemployment is a chronic problem. Documentation of individual client contacts was recorded on PCC forms. Stakeholders did not identify any clients for whom this service had been denied.

Task 8.0 Reporting

Subtask 8.1 Prepare and submit monthly progress reports to the Project Officer and Project Director summarizing the month's previous activities.

Source: Ms. Pat Serna, Director; Project files

8.1.a. Were reports prepared and submitted? Attach copies of reports for documentation.
Ms. Serna sent copies of all annual and monthly reports to the evaluation team. They are included in the Project files. See Appendix E for an example of these reports.

8.1.b. What information was included in these reports? Not included? (source of this information).
Routine activities, including the number of client contacts were included in these reports. Any unusual events and any completed suicides were included in the monthly reports.

8.1.c. Who prepared the reports?
These reports were prepared by Ms. Serna. Project staff provided her with information on the number and type of client contacts they had during the month.

8.1.d. Who, other than the Project Officer and Project Director, had access to the reports?
Tribal administration, the funding agency (OPEL), the evaluation team, and Project staff all have access to these reports.

Subtask 8.2 Prepare and submit an end of the year report to the Project Officer and Project Director.

Source: Ms. Pat Serna, Director; Project files

8.2.a. Were year end reports prepared and submitted? Attach copies of reports for documentation.
These reports are too lengthy to append. Copies of the reports for each year of program implementation have been reviewed by the evaluation team.

8.2.b. What information was included in these reports? Not included? (source of this information).
The kind, quantity, and quality of client contacts are reported in the annual reports. The data from the Suicide Register are analyzed and presented in the annual reports too.

8.2.c. Who prepared the reports?

Ms. Serna, the Project Director prepared the annual reports. Dr. Hurt analyzed the Suicide Register data and reported results in graph and table form.

8.2.d. Who, other than the Project Officer and Project Director, had access to the reports?

Tribal administration, the funding agency (OPEL), the evaluation team, and Project staff all have access to these reports.

Subtask 8.3 Conduct an independent process and outcome evaluation of the project.

Source: Dr. Philip May; Dr. Ann Del Vecchio; Project files

8.3.a. Was the evaluation conducted? Attach copy of report for documentation.

The evaluation for 1993 can be found in the Project office files. It is too lengthy to append.

8.3.b. Who supplied the external evaluators with evidence, information, data for the evaluation?

Stakeholders in the community, including all Project staff, and a review of the Project files provided information for the evaluation. Ms. Serna and the Tribal administration were extremely helpful in arranging interviews and allowing the Evaluation Team access to the community.

8.3.c. Were data verified?

Data were verified for accuracy by looking for confirmation of fact and opinion from more than one source. For example, stakeholders were asked to discuss the quality of the services provided by the Suicide Prevention Project. The high quality of services provided was discussed by all but one of the interview respondents. The quality of services provided was apparent in the client records and Project files as well.

8.3.d. Was client confidentiality maintained?

All data collected by the Evaluation Team are protected. Data are reported in aggregate form and are not specific to individual clients. Data that can be linked to individuals were destroyed after aggregation.

8.3.e. Was technical assistance for program improvement provided? Did staff provide feedback to the evaluators about the effectiveness of the assistance?

Some assistance was provided on the subject of highlighting Project accomplishments and on using the formal evaluation as a selling piece to acquire funding to continue the Project. Without the Project, the Jicarilla Tribe has no comprehensive mental health care that maintains high service standards, protects client confidentiality, and provides

state-of-the-art crisis intervention, as well as on-going mental health treatment, within the community.

Subtask 8.4 **Records will be maintained at the Dulce Health Clinic, Indian Health Service and records will be kept using the patient record system of the IHS.**

Source: **Ms. Pat Serna, Director; Ms. Julia Joe, Counselor; Project files**

8.4.a. Are records maintained using the patient record system? Does this system meet the needs of the Project?

PCC forms are used to record client contacts. This system seems to meet the needs of the Project staff and is acceptable for collecting information about client contacts. However, Project staff were not asked if there were other methods or systems that they felt might be better for meeting Project needs.

8.4.b. Who is responsible for the maintenance of records?

All Project staff maintained PCC forms on their own caseloads. Ms. Joe maintained the Epi-Info Suicide Register and Patient Data Register for the Project and also was responsible for the transfer of client information to the Clinic.

8.4.c. Is client confidentiality protected? How?

The answer to this question was offered by many of the respondents to the stakeholder interviews without having to first ask the question. Clients and service providers interviewed said that the Project staff had very high standards and that all therapeutic contacts were kept confidential. Sometimes they contrasted (again without prompting from the interviewer) the high standards and confidentiality of the Suicide Prevention Project with the lack of standards maintained by other service providers in the community. The staff at the Prevention Services Project do not divulge information about clients without first considering the impact of doing so and in compliance with the code of ethics for their profession. Client confidentiality is maintained carefully and consciously. Staff attend conferences and training programs and periodically update their knowledge and awareness about treatment modalities and ethics. Records and files are locked in the Project office.

8.4.d. Are client records maintained at the Dulce Health Clinic?

Client records are maintained at the Dulce Health Clinic. PCC forms are kept in locked files in the Prevention Services office with client files.

Stakeholder Interviews

As part of the process evaluation key stakeholders were identified and interviewed. Stakeholders included a staff member or members from each of the health and human service agencies / programs in the community, teachers, administrators and students in the schools including the Headstart program, a representative from the tribal leadership, clients who had been treated within the program, several of the students in the Natural Helpers Program, parents, elders, and other community members. A total of 21 interviews was completed in a variety of settings. Stakeholders were interviewed in the place of their choice: at the Project's office or in their office, school, or other setting identified by the stakeholder for the interview. The interviews usually lasted between thirty minutes to an hour. See Appendix F for a list of agencies included in the interview process. The times and dates of interviews are listed; client names have been deleted to protect confidentiality.

Four open-ended questions were asked during the interviews. They were:

1. Describe the work or service provided to the Dulce community by the Suicide Prevention Project.

2. How have you used the services of the Suicide Prevention Project?

3. Please comment on the quality of the services provided by the Suicide Prevention Project.

4. Has your agency / program received technical assistance from the staff at the Suicide Prevention Project? If yes, what form did the technical assistance take? Comment on the usefulness of the technical assistance.

Not all key stakeholders were asked the last question. Clients, Natural Helpers, parents and other members of the community who might not be in a position to receive technical assistance usually reserved for other professionals in the community were not asked this question. However, if they had attended retreats, parenting education, the Health Fair, or workshops sponsored by the Suicide Prevention Project, they were asked to talk about how they had used the information and/or training they had received.

1. **Describe the work or service provided to the Dulce community by the Suicide Prevention Project.**

Everyone interviewed was aware of the basic services provided by the Suicide Prevention Project. Other service providers in the community, such as the social workers at the BIA social services program, make extensive use of the program for counseling and therapy to families and children. Dr. Hurt, Ms. Martinez. Ms. Hurt, Ms. Joe, and Ms. Serna

were all mentioned as competent and capable therapists. The BIA social service program stated that it is a big improvement having the Suicide Prevention Project's Counselor, Julia Joe providing intake services in a centralized fashion for them and other programs. BIA Social Services also mentioned the fact that primary prevention of suicide and other problems is a basic service of the Suicide Prevention Project. This is a quality service upon which the community counts for provision from the Suicide Prevention Project. Primary prevention, in the form of community education workshops, workshops in the schools, and workshops for other service providers, is addressed minimally or not at all by other programs or agencies on the Jicarilla Apache Reservation. The state of New Mexico and the Indian Health Service provide some primary prevention activities sporadically. These activities are not of the sustained, on-going nature of the educational programs provided by the Suicide Prevention Project.

The Suicide Prevention Project is viewed as an extremely valuable resource in the community. Several stakeholders mentioned that the Project is a good beginning but that many other programs of the high quality of the Suicide Prevention Project were necessary to meet the community's mental health needs. Almost all of the stakeholders interviewed indicated that the community is a much healthier environment because the Project works. One of the Natural Helpers said, "It would be awful without the program!. There would be more suicide, more drinking, and more teenage pregnancies." Another of the Natural Helpers said, "Prevention Services taught us how to help each other out." Although all the service providers interviewed indicated that they relied on Prevention Services and used the program for diagnostics, individual and group therapy, as well as for crisis intervention, they also said that the program was just a beginning. It did not meet the entire mental health needs of the community and that other services and many more counselors and social workers of the professional caliber of the Prevention Services staff, were needed in the community. One stakeholder said, "Prevention Services is a very good start, but we need much more. It is just a start."

2. **How have you used the services of the Suicide Prevention Project?**

According to the stakeholders interviewed, the Prevention Services Project does much more than prevent suicide. The program staff have worked hard to empower the community and to overcome the community's cultural norm that considers suicide an acceptable solution to personal problems. The Prevention Services staff are admired and their professional standards emulated by other service providers in the community. Several stakeholders indicated that Ms. Serna, the Director, is very knowledgeable and aware of current trends in prevention and treatment. All individuals interviewed indicated that confidentiality was guarded and respected by all Prevention Services staff. This was in direct contrast to comments about other human service providers in the community.

The staff at the Prevention Services Project are seen as outsiders. Many of the service providers interviewed mentioned this. Stakeholders want members of the community to take care of them and to provide the prevention and therapy offered by the Prevention Services staff but they want treatment that is ethical, confidential and high quality. They would prefer to be served to by outsiders with high standards and training rather than by community members who breach their confidences and don't have the knowledge and skills that are acquired through professional training and certification. This was a common theme in the interviews with service providers, but it was mentioned also by clients and the students in the Natural Helpers Program.

As well as providing confidential, high quality individual and group therapy, the following services were mentioned during the interviews as provided by the Prevention Services Project:

- life skills training
- social skills training
- training for BIA dormitory staff
- awareness and prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effect
- prevention of domestic violence
- treatment for domestic violence perpetrators and victims
- prevention of suicide
- provision of professional standards
- primary prevention and education
- parent education
- establishment of domestic violence code
- communication skills training
- psychological evaluations for diagnostic use and pre-referral sentencing
- centralized point for mental health intake and evaluation
- advice and technical assistance to tribal government and service providers
- clinical supervision for other service providers
- general mental health counseling, including individual, family, and group therapy
- consultation with school personnel on students with behavioral, learning, and other special education disorders
- targeted crisis intervention after a suicide completion
- stress management
- family strength training
- Natural Helpers Program
- child abuse prevention

Although not all interviewees listed all the services provided through the Prevention Services Project, each person interviewed was familiar with 3 or 4 of the services provided. The feeling that there would be a void on the Jicarilla Apache Reservation if Prevention Services did not exist was expressed by half of the people interviewed. This sentiment was offered in response to this second interview question and was returned to by many of the respondents when they answered the third question.

3. **Please comment on the quality of the services provided by the Suicide Prevention Project.**

With the exception of one individual, all the individuals who participated in the interviews expressed high regard for the quality of services provided by the Prevention Services staff. The staff were described as "culturally aware and sensitive to the values, and beliefs of the Jicarilla Apache people. Ms. Serna was credited with being able to take western treatment methods and adapt them for the Jicarilla people. Dr. Hurt and Ms. Joe were identified as "outsiders" with the same ability as Ms. Serna's to provide culturally sensitive treatment to the Jicarilla people. The quality of services provided through the Suicide Prevention Project was described in the following quotes by the interview respondents:

The Suicide Prevention Project has been beneficial for the Jicarilla community overall.

The community would be worse if the Program wasn't here.

I'd hate to put a price tag on the good things that Project has done.

Training sessions have been very good -- the quality is excellent.

Sometimes having someone come in from outside the community is helpful in getting people to listen.

It is better with the Program in Dulce. They get along with the community and understand the culture.

Pat and the Program are a unique resource for the community.

Pat's program is one of the most successful on the Reservation.

The quality of services is consistently high.

They keep what I say confidential.

I would be dead now if they hadn't listened to me.

National Model Adolescent Suicide Prevention Project
Jicarilla Apache Tribe
PO Box 546
Dulce, NM 87528
(505) 759-3162
September 9, 1993

1993 TRAINING SCHEDULE IN DULCE

Title	Date	Presenter
Weekly on-going Training for Natural Helpers	January 7, 1993 through May 1993 and September 1993 to December 1993	Pat Serna Lance Hurt
"What is Mental Health" Headstart Staff	January 08, 1993	Lance Hurt
Parenting Introduction of STEP	January 12, 1993	Julia Joe c/sponsored DOH
"Taking Care Of Yourself" HeadStart Staff	January 14, 1993	Lance Hurt
Multi-disciplinary Team Training	January 26, 1993	Pat Serna
Stress Management/Anger Management	February 18, 1993	Lance & Debrah Hurt c/sponsored DOH
Child Abuse Prevention - School Personnel	March 02, 1993	Pat Serna
Parenting STEP "Communication"	March 09, 1993	Julia Joe c/sponsored DOH
"Natural Helpers" School Board	March 16, 1993	Pat Serna
Domestic Violence Training	March 18, 1993	Pat Serna

Red Ribbon Activities Of October	October 1992	co-sponsored DOH
Natural Helpers Retreat Training-Glorietta	November 6-8, 1992	Pat Serna Lance Hurt

How to Communicate With Your Young Adult	April 15, 1992	Natural Helpers
Good Touch, Secret Touch	April 28, 1992	Pat Serna
Child Abuse-Identification Reporting	May 7, 1992	Rita Seeds
Teens, Crime, and Community	May 8, 1992	Michael Watts & Aaron Donovan
Teens Against Crime Pow Wow	May 9, 1992	Natural Helpers
Police Intervention With Suicide and Self Mutilation	May 20, 1992	Dr. Scott Nelson Pat Serna Lance Hurt
5th Grade Orientation To Mid-High	May 20, 1992	Natural Helpers
Towards Excellence	May 27, 1992	Joe Moquino
Treatment Considerations in Domestic Violence	June 2, 1992	Michael Maestas
JTPA students Substance Abuse & Work	June 8, 1992	Pat Serna
Womens Wellness Conference	June 10, 1992	Julia Joe
Child Development	June 16, 1992	Drew
Teens, Crime, Community to Summer Youth employment students	Weekly from June 6-Aug 4, 1992	Lance Hurt Pat Serna
Natural Helpers & Teens, Crime, Community	June 25, 1992	Pat Serna
Natural Helpers on-going training	Weekly 09-07-92 thru 6-10-93	Pat Serna Lance Hurt
Choice for Healthy Living	September 22, 1992	Debrah Hurt c/sponsored DOH
Role of Grandparents	October 8, 1992	Ron&Sharon Julian c/sponsored DOH

National Model Adolescent Suicide Prevention Project
Jicarilla Apache Tribe
P.O. Box 546
Dulce,NM 87528
(505) 759-3162

1992 TRAINING SCHEDULE

Title	Date	Presenter
Family Involvement	Oct 4, 1992	John Fred Benally
Substance Abuse and It's Effect on Families	Red Ribbon Week Oct 21, 1992	Julia Joe & Pat Serna
Resource Availability	Oct 29, 1992	Panel
Emotional Aspects of Pregnancy	Nov 18, 1992	Pat Serna
Natural Helpers Retreat Training	Nov 22-24, 1992	Lance Hurt & Pat Serna
Anger and Stress Management	Dec 10, 1992	Sandy Vieth
Natural Helpers On-going Training	Dec 5, 1992 & once a week	Lance Hurt & Pat Serna
Coping Behaviors	Jan 16, 1992	Donald Key & Gloria Frye
EMT Training on Suicide Reporting Form	Jan 28, 1992	Lance Hurt
Emotional aspects of Pregnancy	Feb 3, 1992	Pat Serna
Money Management	Feb 12, 1992	Julia Joe
EMT Crisis Intervention	Feb 25, 1992	Pat Serna
Foster Parenting	March 10, 1992	Al Cordova
Ultimate Contributor (substance abuse)	March 26, 1992	Don Burnstick
Child Abuse & Relationship to Suicide	April 1, 1992	Pat Serna

Appendix A

U.S. Bureau of Census. (1991a). *American Indian and Alaska Native Areas 1990.* Washington D.C.: Bureau of the Census.

U.S. Bureau of Census. (1991b). *1990 Census of Population and Housing: Summary Population and Housing Characteristics for New Mexico.* Washington D.C.: Government Printing Office.

Van Winkle, N.W. & May, P.A. (1986). Native American suicide in New Mexico, 1957-1979: A comparative study. *Human Organization, 45*(4), 296-309.

Van Winkle, N.W. & May, P.A. (1993). An update on American Indian suicide in New Mexico, 1980-1987. *Human Organization, 52*(3), 304-315.