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Soaring Over Methamphetamine And Suicide (Soms) Program Evaluation (Year-6): Omaha, Nebraska With A Catalog Of Native-American Community Survey, Youth Risk/Need Assessment And Program Evaluation Instruments

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SOARING OVER METHAMPHETAMINE AND SUICIDE (SOMS)
PROGRAM EVALUATION (YEAR-6):
OMAHA, NEBRASKA

with

A CATALOG OF NATIVE-AMERICAN COMMUNITY SURVEY, YOUTH RISK/NEED
ASSESSMENT AND PROGRAM EVALUATION INSTRUMENTS

FINAL REPORT

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Prepared for the Nebraska Urban Indian Health Coalition
With Funding by
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I. INTRODUCTION

This final report documents the major findings of the evaluation of the Methamphetamine and Suicide Prevention Initiative (MSPI Year-6), also referred to locally as the Soaring Over Methamphetamine and Suicide Program (SOMS), funded by the Indian Health Service (IHS), Division of Behavioral Health. The University of Nebraska at Omaha, Consortium for Organizational Research and Evaluation (CORE) contracted with the Nebraska Urban Indian Health Coalition (NUIHC) to provide technical assistance in completing this evaluation and the report.

The evaluation study consists of information collected and analyzed from three sources: 1) a review and summary of program-implementation, process and outcome data that was collected and reported in semi-annual and annual grant reports to IHS, 2) in-person interviews with NUIHC administrators and staff to gather additional program-evaluation information and 3) an evaluation of the "Question, Persuade, Refer" (QPR) suicide-prevention training program undertaken by NUIHC to better understand and provide services for the client population.

II. EVALUATION STUDY FINDINGS

The evaluation findings are presented for three major areas of endeavor and activity by the NUIHC that was funded by the SOMS grant: A) Building Community, Awareness and Support as a Prevention Strategy, B) Improving and Expanding Mental Health and Substance-Abuse Service Delivery and C) Impacting Suicide and Substance-Abuse Outcomes. For each major area, project goals and objectives, as well as completed and ongoing activities in the current (Year-6) and prior five years of the grant periods are presented in tabular form and discussed.

The report includes evaluator comments and observations regarding the entire 6-year project as a whole, as well as a catalog of the various Native-American evaluation research instruments and findings (see Appendix) that NUIHC and UNO developed, modified and used in this program over the 6-year duration. It is our hope that these community survey, youth risk/need assessment and program evaluation tools may be useful for other Native American organizations and social-service providers.[1]

A. BUILDING COMMUNITY, AWARENESS AND SUPPORT AS A PREVENTION STRATEGY

This first section of the report describes those activities designed to build and engage the Native American community as active partners in addressing the very high rates of suicide and substance-abuse plaguing the Omaha-area population (as described in the initial 2010 grant application). As shown in Table 1, the four primary community-building activities in this area are as follows:

1) Conducting Teen Screens, Building Youth Leadership & Identifying Risk/Needs,

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[1] For more-detailed information about the research evaluation instruments and findings, see the annual evaluation reports prepared by UNO for the NUIHC SOMS (Years 1-6) program.

2) Achieving Self-Sufficiency: Community-Building, Outings, Meals and Programs,

3) Establishing Youth Leadership Council, Partner Forums, Social-Media Community, and

4) Addressing Community Perceptions, Outreach and Risk/Need Factors.

Overall, the four major activities in this category are designed and implemented as part of a strategy to use community-building itself as a core component of the program's suicide and substance-abuse prevention efforts. As such, each of the activities described have contributed significantly to achieving the stated project goals and objectives, each in their own way, but also reinforcing the gains and progress of the others. The major accomplishments and results in Year-6 are shown in column 5.

Table 1
Community-Building Activities as a Prevention Strategy

GOALS OBJECTIVES	Activities Years-1-3 (11/09-8/31/12)	Activities Year-4 (9/1/12-8/31/13)	Activities Year-5 (9/1/13-8/31/14)	Activities Year-6 (9/1/14-8/31/15)
A. Building Community, Awareness and Support	**1) Teen Suicide-Screens and Risk/Need Behavioral-Health Assessment** Teen Suicide Screen instrument identified and program planned for NUIHC sponsored "Hoops for Life" community/sporting events; 21 of 69 participants screened as part of this evidence-based screen in Years-2-3; first youths referred for additional assistance/counseling; 78 youths were assessed using the 40-Developmental Assets risk/need tool, but staff did not feel results were valid for their clients; Decision made to investigate additional risk/need assessments with the assistance of the evaluator in Year-4. A Native American suicide survivor speaks to attendees.	**1) Third Teen Suicide Screen, Outreach and Identifying Risk/Need Factors** The Year-4 goal of 36 Suicide Screens from 54 participants only partially achieved. The number of "Hoops" participants (56) exceeded the goal, but only 21 screens were completed with 4 found to be at risk; Plans to offer a Youth Leadership Suicide Prevention Training and establish Unity Council did not "get off the ground" due to significant staffing issues and changes; In change of direction to more programming, new staff and 9 youth travel to attend the "I Control My Destiny" suicide, domestic violence and drug prevention program in Rosebud, South Dakota; planning for this group to form core of the Youth Leadership and Unity Council in Year-5.	**1) Youth Suicide & Bullying Programming and Youth Leadership** The "Hoops for Life" program once again increased community participation to 73. Suicide screening was not conducted however, due to the discontinuation of the program by Columbia University researchers, who declined to grant permission for the continuing use of the instrument; As a substitute program, a Native American key-note speaker from the Bear (Be Excited About Reading) Program in Pine Ridge, South Dakota provided culturally-relevant information on suicide and bullying issues and the program. The effort to institute Youth and Community Leadership programming in Year-5 was not successful, once again due to additional staff turnover	**1) Youth Suicide & Bullying Programming and Risk/Need Factors** As program replacements for the suicide screens at the "Hoops" event, NUIHC employed the Native American outreach and risk/need form developed in Year-4, as well as components of the Bear Program from Year-5.

			in the position responsible for the initiative.	
A. Building Community, Awareness and Support (continued)	**2) Self-Sufficiency Thru Community-Building and Traditional Arts/Crafts** Beginning with initial planning and development phase for community-building, NUIHC established a 15 member Community Advisory Board [PAB] that meets monthly throughout the year; A community-building, traditional-arts group was instituted in Year-2 that grew from an average of 17 to 25 weekly participants and a high total of 35 to 60 attendees at one session.	**2) Self-Sufficiency Thru Community-Building and Traditional Arts/Crafts** The Year-4 goal of increasing the average # of group participants to 35 per week was met, however, the group and activities were also re-organized due to staffing issues and changes; A new focus on community outings, game nights and potlucks with substance-abuse prevention programs was successful; attendance averaged 29 per week with high totals of 50 attendees at two sessions; The number of PAB members increased significantly to 28, due primarily to additions related to the new Teen Maze behavioral risk-factor program. PAB meets monthly throughout the year.	**2) Self-Sufficiency Thru Community-Building, Outings, Meals and Programs** The year-5 goal of increasing the new community-building group to an average of 45 participants per week was **significantly exceeded;** The new focus initiated by the new staff **evolved** into a formal, weekly "Well-Briety" group that now includes 30-40 regularly-attending families (50-100 individuals); The group has a "Well-Briety" Facebook page with 194 "likes" staff attributes some of the success and popularity of the group to a decision for members to bring their own potluck meals every week; PAB meets monthly throughout the year	**2) Self-Sufficiency Thru Community-Building, Outings, Meals and Programs** The year-6 goal of increasing the Well-Briety group to an average of 50 families (75-100 individuals) per week was not met due to staffing changes; an average 20 families attended the groups. Building on the success of this program, the first Sobriety Powwow was very successful, with 45 Native American dancers and over 300 attendees. With the addition of the powwow, the "Well-Briety" Facebook page increased to 482 "likes," an increase of 141%.
	3) Establish Listening/Talking Circles, Partner Forums & Social-Media Community Initial planning and development phase for listening sessions, talking circles, gatherings, youth and community groups; NUIHC gained commitments from 27	**3) Build Youth Leadership Council, Partner Forums & Social-Media Community** Plans for a Youth Leadership Council were developed and implemented; An impressive 284 more members were added to Facebook bringing the total to 603. This social	**3) Build Youth Leadership Council, Partner Forums & Social-Media Community** The Youth Leadership Council was discontinued due to a lack of interest and staff turnover issues; 168 new Facebook members were added bringing the total to a new high of 771 and is credited with substantially	**3) Build Youth Leadership Council, Partner Forums & Social-Media Community** A new SOMS website, which includes blogs on various topics, events information, as well as new initiatives to improve community- and business-building activities, also had 250 additional "likes."

	public and private sector institutions to be project partners; Initiated successful Facebook page for community development, enlisting 319 members by the end of Year-3.	media tool continues to be highly effective in community strengthening and being used extensively for communication and information dissemination. The number of total members may have reached a critical mass (600+) that led to a first successful prevention-program powwow after years of failed attempts.	increasing turnout and attendance at this year's Omaha community gatherings and powwows. New "Summer Moccasins" youth-safety rally was well attended by 90% Native Americans. Staff attended "White Bison" historical-trauma training to be used in Well-Briety and other programming.	In addition to these, 33 new Facebook members brought the total SOMS program number to a record 804. The Year-5 "Summer Moccasins" youth-safety rally was broadenedd into a regular "Good Life in my Moccasins" health-promotion group for the entire community and has been received and attended enthusiastically.
A. Building Community, Awareness and Support (continued)	**4) Conduct Youth Risk-Behavior Survey at Powwows** Creighton University assisted with initial survey with 241 Native participants; 13% of respondents had attempted suicide and 51% knew a Native American youth who committed suicide; The survey also revealed the N/A community strongly feel they need a place to call their own, where youth participate in Native culture and activities; A follow-up Year-3 survey, assisted by UNO, explored community perceptions of the most-important problems facing the N/A community and their willingness to participate in implementing solutions.	**4) Community Perceptions, Outreach & Youth Risk-Needs** Plans were made to compare and integrate the survey findings in year-4 with other NUIHC community outreach and youth risk/need data. This data was collected in youth groups and powwows in cooperation with UNO. Community outreach and risk need forms/instruments were developed, tested and implemented; The major findings from the test showed that three (3) risk/need factors: Drug/Alcohol/Tobacco problems; Controlling Anger/Negative Thoughts/Emotions; and Suicide or Harming Ideation were rated in the "top 3" for all three measures of risk/need.	**4) Community Perceptions, Outreach & Youth Risk-Needs** Additional survey and risk/need data was collected in powwows and youth venues in Year-5, but had not yet been tabulated and analyzed by the end of the program period. As NUIHC only provides education and prevention training but does not provide direct services for substance-abuse or suicide intervention or counseling, a "referral partner" questionnaire was sent to providers to gather service-related information and to identify potential referral candidates.	**4) Community Perceptions, Outreach & Youth Risk-Needs** Plans for Year-6 to continue to conduct community outreach and risk/need assessment in 1-2 additional powwows and youth venues were successfully completed.

The Youth Drug/Alcohol Risk-Behavior and Community Issues Survey conducted in previous grant years, provided critical planning and programming information for the program activities of Years 4-5. The findings also subsequently led to the University of Nebraska at Omaha (the project evaluator) to assist NUIHC in developing, testing and implementing an Outreach and Risk/Need Assessment Form in Year-4.

Tables 2 and 3 show examples of some of the results obtained using the Youth Drug/Alcohol Risk-Behavior and Community Issues Survey. The research instrument containing the questions asked of participants are provided in Appendix A.

Table 2
Drugs of Abuse Ranked #1 Most Concerning in Respondents' Community*

OTHER DRUGS OF ABUSE	Omaha Warrior Powwow		Metro Community College Powwow	
	Number	Percent	Number	Percent
1. Methamphetamine	37	84.1%	55	74.3%
2. Marijuana	36	70.6	34	55.7
3. Prescription Drugs	23	63.9	28	48.3
4. Cocaine	19	54.3	22	41.5
5. Ecstasy	13	41.9	17	36.2
6. LSD	9	26.2	11	26.2

*Respondents could rank more than one drug as a "1" or most concerning to them in their community

Table 3
Opinions and Perceptions of the Community and Substance-Abuse Issues

OPINION/ ISSUE AREAS	YES		NO		UNSURE/ NEED INFO	
	O War N (%)	Metro C N (%)	O War N (%)	Metro C N (%)	O War N (%)	Metro C N (%)
Favor Marijuana Medical Purposes	25 (33.8)	42 (37.2)	32 (43.2)	39 (34.5)	17 (23.0)	32 (28.4)
Trust Law Enforcement Officers in Neigh	38 (52.1)	64 (56.6)	17 (23.3)	18 (15.9)	18 (24.7)	31 (27.4)
Community Believes Alcohol Problem w/ Youth	53 (73.6)	72 (64.3)	7 (9.7)	13 (11.6)	12 (16.7)	27 (24.1)
Community Wants Change in Frequency of Drinking/Driving	62 (84.9)	89 (80.2)	4 (5.5)	7 (6.3)	7 (9.6)	15 (13.5)
Actively Participate in a Change in Alcohol/Drug Issues	58 (79.5)	77 (69.4)	6 (8.2)	11 (9.9)	9 (12.3)	23 (20.7)

The Youth Outreach and Risk/Need Assessment Form (see Appendix B) was developed as a response to youth-risks and community issues that emerged in the survey results. This tool identifies nine (9) major youth risk/need indicators and is based on the highly-researched and validated Youth Level of Service/Case Management Inventory (YLS/CMI).[2]

The risk/need factors included in the instrument/form are as follows:

- Physical and mental health
- Education (attendance, performance and behavior)
- Employment and work-related issues
- Drug, alcohol, tobacco and other substance-abuse problems
- Family or parenting issues
- Criminal justice issues
- Neighborhood and personal relationship issues
- Controlling anger, negative thoughts and emotions
- Suicidal ideation, feeling of harming oneself or others

As shown in Table 4, the major findings from the test of the outreach form showed that three (3) risk/need factors (Drug/Alcohol Problems; Controlling Anger/Negative Thoughts/Emotions; and Suicide or Harming Ideation) were rated in the "top 3" for all three measurements of risk/need. These measures of risk/need indications show which are: 1) the most present, 2) the most serious and 3) most youth desirous to talk about them or seek assistance.

Table 4
Youth Participants' Perception of Seriousness of Risk/Need Factors in Their Lives

RISK/NEED FACTORS	SERIOUSNESS	Number	Percent
1. Controlling Anger or Dealing w/Negative Thoughts or Feelings	i. Very Serious	2	33%
	ii. Serious	3	50%
	iii. Somewhat Serious	0	0%
	iv. Not Very Serious	1	17%
	Total	6	100%
1. Suicide or Harming Ideation	i. Very Serious	2	33%
	ii. Serious	3	50%
	iii. Somewhat Serious	0	0%
	iv. Not Very Serious	1	17%
	Total	6	100%
2. Drug, Alcohol, Tobacco or Other Drug Problems	i. Very Serious	0	0%
	ii. Serious	3	50%
	iii. Somewhat Serious	2	33%
	iv. Not Very Serious	1	17%
	Total	6	100%
3. Employment/Job Training Issues	i. Very Serious	2	40%
	ii. Serious	1	20%
	iii. Somewhat Serious	1	20%
	iv. Not Very Serious	1	20%
	Total	5	100%

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[2] See "The Youth Level of Service/Case Management Inventory (YLS/CMI): Intake Manual and Item Scoring Key [Revised 1999]," by Robert D. Hoge and D.A. Andrews, Carlton University, Ottawa, Ontario, Canada.

4. Criminal Justice Issues or Problems	i. Very Serious	2	50%
	ii. Serious	1	25%
	iii. Somewhat Serious	0	0%
	iv. Not Very Serious	1	25%
	Total	4	100%
5. Health Problems (Mental or Physical)	i. Very Serious	7	47%
	ii. Serious	1	7%
	iii. Somewhat Serious	3	20%
	iv. Not Very Serious	4	27%
	Total	15	101%*
	(*does not equal 100% due to rounding)		
6. Education/School-Related Issues or Problems	i. Very Serious	2	18%
	ii. Serious	4	36%
	iii. Somewhat Serious	2	18%
	iv. Not Very Serious	3	27%
	Total	11	99%*
	(*does not equal 100% due to rounding)		
7. Neighborhood/Personal Relationship Problems	i. Very Serious	2	40%
	ii. Serious	0	0%
	iii. Somewhat Serious	0	0%
	iv. Not Very Serious	3	60%
	Total	5	100%
8. Family/Parenting Issues or Problems	i. Very Serious	0	0%
	ii. Serious	2	40%
	iii. Somewhat Serious	0	0%
	iv. Not Very Serious	3	60%
	Total	5	100%

B. IMPROVING & EXPANDING MENTAL HEALTH AND SUBSTANCE-ABUSE SERVICES

This section of the evaluation describes those activities designed to improve and expand mental health and substance-abuse service delivery for the Native American community in the Omaha area. As shown in Table 5, the major program accomplishments and results in Year-6 are shown in column 5 for three primary activities, which are are as follows:

1) Assessing current services, gaps and Native American risk/need factors,

2) Increasing the cultural competency of service providers, and

3) Strategic planning and effective suicide and substance-abuse programming.

Table 5

Improving and Expanding Mental Health and Substance-Abuse Service Delivery

GOALS OBJECTIVES	Activities Years-1-3 (11/09-8/31/12)	Activities Year-4 (9/1/12-8/31/13)	Activities Year-5 (9/1/13-8/31/14	Activities Year-6 (9/1/14-8/31/15)
B. Expanding and Improving Mental Health and Substance Abuse Service Delivery	**1) Planning to Assess Current Services, Barriers, Gaps and Duplications** Identified issues of poor community trust and lack of community-driven programs as major barriers. Many other social needs were also identified, but were not suicide, mental health or substance-abuse related; Other implementation barriers include: lack of interest in Native American issues, service provider time constraints, lack of resources, lack of awareness of N/A's needs, no tribal unity and a "What's in it for me" mentality in larger Omaha community. UNO evaluators were hired to assist NUIHC with completion of the Years 1-3 evaluation report.	**1) Assessing Current Services, Gaps and Risk/Need Factors** UNO evaluators and NUIHC develop a community outreach and youth risk/need assessment form; The State of Nebraska, Region VI Behavioral Health Administration (BHA), expanded funding of substance-abuse programming to encompass suicide prevention and training. The major findings from data gathered at the Omaha Creighton Powwow ranked the top five (5) risk/need factors among attendees: Education/School-Related Issues; Health Problems; Drug/Alcohol/Tobacco Problems; Controlling Anger/Negative Thoughts/Emotions and Suicide or Harming Ideation.	**1) Assessing Current Services, Gaps and Risk/Need Factors** NUIHC works with evaluators to continue assess current services, barriers, gaps and duplications; Outreach and risk/need assessment information gathering continues and is expanded to other youth and community groups, powwows and community events. Additional survey and risk/need data was collected in powwows and youth venues in Year-5, but had not yet been tabulated and analyzed by the end of the program period.	**1) Assessing Current Services, Gaps and Risk/Need Factors** As NUIHC only provides education and prevention training but does not provide direct services for substance-abuse or suicide intervention or counseling, a "referral partner" questionnaire was sent to providers to gather service-related information and to identify potential referral candidates. This data was analyzed and used to establish a formal list of referral service-providers.
B. Expanding and Improving Mental Health and Substance Abuse Service Delivery (continued)	**2) Increase Service Provider Cultural Competency** Initial planning, development and outreach to increase service provider cultural competency; Provided cultural awareness training for 29 providers; 11 from State of Nebraska, Department of Behavioral Health. Established a Youth Unity Council to prepare future	**2) Increase Service Provider Cultural Competency** The Year-4 goal of training 20 or more persons in cultural competency was surpassed, as 35 were trained in a program entitled "Assessing Your Agency's Cultural Competency."	**2) Increase Provider Cultural Competency** The Year-5 goal of training 40 or more persons in cultural competency was also surpassed, as 57 were trained.	**2) Increase Provider Cultural Competency** An additional 32 persons were trained in cultural competency during Year-6.

B. Expanding and Improving Mental Health and Substance Abuse Service Delivery (continued)	3) Strategic-Planning Trainer for Project Advisory Board (PAB)	3) Participatory – Strategic-Planning by PAB	3) Strategic-Plan Update	3) Strategic Planning by PAB
		leaders for environmental, community, educational areas to address suicide and substance abuse.		
	Goals established by the Project Advisory Board (PAB) and community members are to develop a shared vision, common values and create community-driven sustainable programs to address suicide, s/a, gangs and other issues; A participatory strategic-planning trainer was hired for the PAB and the community-involved work culminated in a final report at the end of Year-3.	The vision and values concretized in the planning report guide ongoing and new initiatives during Year-4. Dr. Adie Pour and staff from Douglas County Health and Juvenile Services Departments provided NUIHC staff with additional youth risk/need behavior training. The risk/need behavioral components identified in the training are to be integrated with TOPS (see column to immediate right) program elements in Year-6.	The NUIHC strategic plan for suicide and substance-abuse programming was updated in year-5 and will continue to be on an annual basis as issues and needs arise. Based on the planning update, staff attended training in "Technology of Participation (TOPS)[3]" in Iowa. The first Sobriety Powwow and the Well-Briety Group [see Section A. (2)] were based on the fundamentals learned from the training.	Strategic planning training was conducted for staff and included 16 community members and youth participants. Additional programming in "clean-living", as described in the updated strategic plan, was incorporated into both the Well-Briety Group and the Sobriety Powwow. Being allowed to dance in the Honorary Circle at Powwows was traditionally based on Clean and Honorable Living. As a result of the strategic planning, these values and practices were reinstated in Omaha's Native American current-culture events and activities.

As part of NUIHC's core-strategy to build community and families to address suicide and substance-abuse risks, another program assessment and evaluation tool used in Years 5-6 is the Strengthening Families Program (SFP) instrument. The data collected is used to evaluate changes in skills and risk/need outcomes (including drug, alcohol and tobacco use, as well as emotional and suicidal indicators) over time, using pre- and post-tests focusing on family-strength indicators, such as the following:

- Levels of communication
- Parenting skills
- Effective discipline
- Anger management
- Family expectations
- Quality time
- Rules about alcohol, drug and tobacco
- Negative consequences that may accrue from "risky" behaviors

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[3] The TOPS program is from the Institute for Cultural Affairs in Chicago, Illinois.

Table 6 provides examples of Strengthening Families Program family-strength indicators and the types of outcome data collected. (See Appendix C for the complete list of variables in addition to family-strengths and the initial results).

Table 6 SFP Family Strengths Pre- and Post-Test Scores 2014

FAMILY STRENGTH INDICATORS (Pre- and Post-Test Average Group Scores)	None (1.0) [change] {%Chg}	Little Strength (2.0) [change] {%Chg}	Some Strength (3.0) [change] {%Chg}	Consid-erable Strength (4.0) [change] {%Chg}	Very Strong (5.0) [change] {%Chg}
Positive Family Communication (clear directions, rules, praise) (3.29 Pre- and 4.0 Post-Test)			X Pre (3.29)	X Post (4.0) [+.71] {+21.6%}	
Effective Parenting Skills (reading to child, rewarding) (3.14 Pre- and 4.29 Post- Test)			X Pre (3.14)	X Post (4.29) [+1.15] {+36.6%}	
Effective Discipline Style (less spanking, consistent discipline) (2.86 Pre- and 4.0 Post-Test)		Pre X (2.86)		X Post (4.0) [+1.14] {+39.9%}	

C. IMPACTING SUICIDE AND SUBSTANCE-ABUSE OUTCOMES

This final section of the evaluation describes those activities designed to impact and improve suicide and substance-abuse outcomes for youth and adults in the Native American community, while the major program accomplishments and results in Year-6 are shown in column 5. As shown in Table 7, the three primary outcome-impacting activities in this area are as follows:

1) Suicide screening and risk/need factor programming,

2) Outcome measures of methamphetamine-related activities, and

3) Outcome measures of suicidal ideation, attempts and completions.

Table 7

Impacting and Improving Suicide and Substance-Abuse Outcomes

GOALS OBJECTIVES	Activities Years-1-3 (11/09-8/31/12)	Activities Year-4 (9/1/12-8/31/13)	Activities Year-5 (9/1/13-8/31/14)	Activities Year-6 (9/1/14-8/31/15)
C. Impact and Improve Suicide and Substance-Abuse Outcomes	**1) Identify/Initiate Screening and Program for Suicidal Ideation/Attempts** During Years 1-3, 'Question, Persuade, Refer' (QPR) suicide screenings and trainings conducted for 193 individuals (118 youth, 75 adults); of these, 18 persons were referred for additional counseling; The crisis response team effort (part of the QPR program) encountered duplication of effort obstacles in the Omaha community and was not continued as a result. "Project Venture," a youth development and confidence program and "Gathering of Native Americans (GONA)," a community-building, issues-oriented program, were also both initiated in year-2.	**1) Screen and Program for Suicidal Ideation/Attempts** UNO researchers assisted NUIHC with the evaluation of the new Teen Maze project, designed to address the most serious risk/need factors for youth behavior. Teen Maze program evaluation information was collected from participants/supervisors and findings are presented in the Year-4 report. The GONA project continued while the Venture program did not.	**1) Screen and Program for Identified Risk/Need Factors** A revised and expanded Teen Maze program was conducted for 102 youth participants in Year-5 (see evaluation results below table). The goal of 75-85 new individuals being trained in QPR was surpassed with 100 successful attendees; GONA project continued but encountered a low turnout (16 persons) comparted to previous years. Scheduling conflicts with other Native American events and staff turnover issues contributed to lower numbers. NUIHC introduces new Family Skills Classes (see evaluation results below table).	**1) Screen and Program for Identified Risk/Need Factors** In Year-6 QPR training was provided to 18 community partners and service providers. A pre- and post-test evaluation showed that significant gains in knowledge and understanding of suicide was attained. Four (4) Native American youths attending GONA activities in Lincoln. Additional resources were diverted to programming for the highly-popular and Well-Briety groups and the Sobriety Powwows. More focus and greater attention in all program areas was given to family strengthening and risk/need assessment issues as discussed in Section B.
	2) Outcome Measures of Methamphetamine-Related Activities Initial planning and development phase of the effort to identify and gather methamphetamine related data. Early thoughts were to focus on patients receiving enhanced treatment; The Methamphetamine 360 program was explored as a model	**2) Outcome Measures of Meth-Related Activities** Discussions were initiated with the University of Nebraska at Omaha to assist with project research and evaluation.	**2) Outcome Measures of Methamphetamine-Related Activities** Plans developed and preliminary data study conducted to identify information needed and sources for substance-abuse outcome measures.	**2) Outcome Measures of Meth-Related Activities** Resources were shifted to programs listed above.

C. Impact and Improve Suicide and Substance-Abuse Outcomes (continued)	3) Outcome Measures of Suicidal Ideation, Attempts and Completions Initial planning and development phase of the effort to identify and gather suicide related data.	3) Outcome Measures of Suicidal Ideation, Attempts and Completions Discussions initiated with the University of Nebraska at Omaha to assist with project research and evaluation.	3) Outcome Measures of Suicidal Ideation, Attempts and Completions Plans developed to identify data needed and sources for suicide outcome measures. These plans, which are to be implemented in Year-6, include the integration of risk/need and family-strength assessment data (see Section B) to guide programming and form the basis for program evaluation.	3) Outcome Measures of Suicidal Ideation, Attempts and Completions While some information was gained in this area through the findings of the QPR training, for the most part, resources for this activity were shifted to programs listed above.

(Note: top row above contains "evidence-based practice and evaluation template." in the second column.)

In terms of impacting and improving suicide outcomes, the identification and implementation of the "Question, Persuade, Refer" (QPR) screening and training program is the ==SOMS program's most successful outcome-related activity==. Table 8 shows the gains made my trainees in Year-6 in nine (9) knowledge and understanding areas, through change scores (shown by increases in scores and as a percentage) in pre- and post-tests.

All nine (9) areas of knowledge and understanding about suicide and prevention improved after the training program as reflected in the improved scores in the post-tests. The greatest gains were made in knowledge of "How to ask someone about suicide" (+1.23 points or an increase of 42.7%) and "How to persuade someone to get help" (+1.05 points or +33.6%).

Table 8 QPR Gatekeeper Training for Suicide Prevention Pre- and Post-Test Scores 2015

INDICATORS OF KNOWLEDGE & UNDERSTANDING OF SUICIDE (Pre- and Post-Test Average Scores)	VERY LOW (1.0) [change] {%Chg}	LOW (2.0) [change] {%Chg}	AVERAGE (3.0) [change] {%Chg}	HIGH (4.0) [change] {%Chg}	VERY HIGH (5.0) [change] {%Chg}
1. Rate your knowledge of suicide prevention facts. (3.0 Pre- and 3.94 Post-Test)			X Pre (3.00)	X Post (3.94) [+.94] {+31.3%}	
2. Rate your knowledge of warning signs of suicide.			X Pre (3.41)	X Post (4.06)	

	NEVER (1.0) [change] {%Chg}	RARELY (2.0) [change] {%Chg}	SOMETIMES (3.0) [change] {%Chg}	OFTEN (4.0) [change] {%Chg}	ALWAYS (5.0) [change] {%Chg}
(3.41 Pre- and 4.06 Post- Test)				[+.64] {+15.8%}	
3. Rate your knowledge of how to ask someone about suicide. (2.88 Pre- and 4.11 Post-Test)		Pre X (2.88)		X Post (4.11) [+1.23] {+42.7%}	
4. Rate your knowledge of how to persuade someone to get help. (3.12 Pre- and 4.17 Post-Test)			X Pre (3.12)	X Post (4.17) [+1.05] {+33.6%}	
5. Rate your knowledge of how to get help for someone. (3.35 Pre- and 4.11 Post-Test)			Pre X (3.35)	X Post (4.11) [+.76] {+22.7%}	
6. Rate your knowledge about information of local resources for help with suicide. (3.0 Pre- and 3.83 Post-Test)			Pre X (3.0)	X Post (3.83) [+.83] {+27.7%}	
7. Rate your level of understanding about suicide and suicide prevention. (3.18 Pre- and 4.17 Post-Test)			Pre X (3.18)	X Post (4.17) [+.99] {+31.1%}	
8. Rate your knowledge of or experience with development/use of safety plans. (3.0 Pre- and 3.83 Post-Test)			Pre X (3.0)	X Post (3.83) [+.83] {+27.7%}	
	NEVER (1.0) [change] {%Chg}	RARELY (2.0) [change] {%Chg}	SOMETIMES (3.0) [change] {%Chg}	OFTEN (4.0) [change] {%Chg}	ALWAYS (5.0) [change] {%Chg}
9. Asking someone about suicide is appropriate: (3.53 Pre- and 4.44 Post-Test)			Pre X (3.53)	X Post (4.44) [+.91] {+25.8%}	

As a result of NUIHC's work investigating behavioral risk/need factors in Year-3, the staff also discovered a youth educational program which contains suicide- and substance-abuse prevention components called "Teen Maze." Of note is the fact that the risk/need factors addressed in Teen Maze are almost identical to those in the Youth Outreach-Discussion and Risk/Need Assessment Form that NUICH developed prior to identifying the Teen Maze program.

NUIHC developed and implemented a Teen Maze program in Omaha in Year-4 and held a revised and expanded edition in Year-5. The evaluation questions from written program evaluation instruments completed by youth participants and supervisors are shown in Appendix D. and examples of the results obtained are shown below in Table 9.

Table 9
TEEN MAZE Perceptions/Measures of Risk-Factor Learning by Youth

STATEMENT (Score)	Strongly Agree (1.0)	Agree (2.0)	Neither Agree/ Disagree (3.0)	Disagree (4.0)	Strongly Disagree (5.0)
I had enough time at each stop in the Teen Maze to look at all the information provided.	X (1.99)				
I had enough time at each stop in the Teen Maze to interact and talk to presenters.		X (2.01)			
I understood the information that was presented in Teen Maze.	X (1.49)				
The presenters in Teen Maze answered my questions.	X (1.69)				
I learned new information in the Teen Maze.	X (1.54)				
The information from Teen Maze will help me make better choices.	X (1.43)				
The information from Teen Maze will help me change my behaviors.	X (1.82)				
I will share the information from Teen Maze with my family and friends.	X (1.97)				
Because of Teen Maze, I am aware of the costs and	X				

consequences that can happen if I make the choice to use alcohol, tobacco or drugs.	(1.49)				
Because of Teen Maze, I know more about preventing suicide if faced with the problem.	X (1.54)				
I am able to recognize the signs of both healthy and unhealthy relationships because of Teen Maze.	X (1.63)				
Because of Teen Maze, I am more aware of parenting, pregnancy and family issues.	X (1.60)				
I feel more confident about managing my money and employment issues because of Teen Maze.	X (1.56)				

III. APPENDIX

Appendix A.
Youth Drug/Alcohol Risk-Behavior & Community Issue Survey

The purpose of this survey is to identify the needs of your community, regarding substances of abuse. Our program offers prevention resources, services and education to American Indian and Alaska Natives in and around Omaha. Please take a moment to fill out both sides, for a safer and healthier community. **Thank You!**

County of Residence
- ☐ Douglas
Indian/Alaska Native
- ☐ Sarpy
- ☐ Other

_____

Age Range
- ☐ 17 and Under
- ☐ 18-25
- ☐ 26-35
- ☐ 46-55
- ☐ 56 and Older

Race/Ethnicity
- ☐ American

Tribal Affiliation-
- ☐ 36-45
- ☐ Other

Rank the following, and issues, 1 being the most concerning to you in your community

Alcohol
Access and Availability _____
Binge Drinking _____
Drinking and Driving _____
Underage Use _____

Underage Drinking_____

_____

_____

Tobacco
Access and Availability _____
Health Factors _____
Secondhand Smoke _____
 Quitting _____

Other Drugs of Abuse
Cocaine _____
Ecstasy _____
LSD _____
Marijuana _____

Methamphetamine

Prescription Drugs

What are your opinions/beliefs regarding the following?
   Please feel free to add comments on the side.

Adults procuring alcohol for minors

Disagree	Agree	Have No Opinion
☐	☐	☐

Binge drinking (5 or more drinks in 2 hours for men and 4 or more drinks in 2 hours for women)?

Disagree	Agree	Have No Opinion
☐	☐	☐

Drinking and driving?

Disagree	Agree	Have No Opinion

❏	❏	❏

Underage drinking?

Disagree	Agree	Have No Opinion
❏	❏	❏

Taking prescription drugs without a prescription?

Disagree	Agree	Have No Opinion
❏	❏	❏

Minors to get alcohol from the following people?

	Very Difficult	Difficult	Easy	Very Easy
Older siblings	❏	❏	❏	❏
Parents	❏	❏	❏	❏
Friends	❏	❏	❏	❏
Adult Strangers	❏	❏	❏	❏

Do you favor the use of marijuana for medicinal purposes?
☐ Yes ☐ No
☐ Unsure ☐ Need more information on the topic

Do you think law enforcement officers enforce underage drinking laws?
☐ Very Aggressively ☐ Aggressively
☐ Somewhat Aggressively ☐ Not Aggressively At All

Do you trust law enforcement officers in your neighborhood?
☐ Yes ☐ No
☐ Unsure

Does your community believe that there is an alcohol problem among their youth?
☐ Yes ☐ No
☐ Unsure

Do you believe your community wants to see a change in the frequency of drinking and driving in your community?

☐ Yes   ☐ No
                         ☐ Unsure

Will you actively participate in a change in the alcohol and drug issues discussed in this survey in your community?
☐ Yes   ☐ No
                         ☐ Unsure

Do you believe there are enough prevention efforts toward the following issues in your community?

	More than enough effort	Just enough effort	Could use more effort	Definitely need more effort
Underage Drinking	☐	☐	☐	☐
Drinking and Driving	☐	☐	☐	☐
Binge Drinking	☐	☐	☐	☐
Marijuana Use	☐	☐	☐	☐
Prescription Drug Abuse	☐	☐	☐	☐
Tobacco Use	☐	☐	☐	☐

Appendix B.
Youth Outreach-Discussion and Risk/Need Assessment Form

1. Health Problems

a. Do you, anyone in your family or other people you know need help with their physical-or mental wellness and health?   Yes   No (circle)

b. Would you say these problems are:
   i.   Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v.   Not Serious At All

c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

2. Education or School Attendance, Performance, Behavior Issues

a. Do you, anyone in your family or other people you know need help with education or school-related problems?   Yes   No (circle)

b. Would you say these problems are:
   i. Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v. Not Serious At All

c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

3. Employment/Unemployment or Job-Related Issues

a. Do you, anyone in your family or other people you know need help with employment/unemployment or job-related issues? Yes   No (circle)

b. Would you say these problems are:
   i. Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v. Not Serious At All

c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition or others about these problems?   Yes   No (circle)

4. Drug/Alcohol/Tobacco and Other Substance-Abuse Problems

a. Do you, anyone in your family, or other people you know need help with drug, alcohol or tobacco problems or issues?   Yes   No (circle)

b. Would you say these problems are:
   i. Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v. Not Serious At All

c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

5. Family or Parenting Issues and Problems

a. Do you, anyone in your family, or other people you know need help with family or parenting-related issues or problems?   Yes   No (circle)

b. Would you say these family or parenting problems are:
   i. Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v. Not Serious At All

b. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

6. Criminal Justice Issues and Problems

a. Do you, anyone in your family, or other people you know need help with criminal justice (police, courts, jail/prison, probation/parole) issues?
   Yes   No (circle)

b. Would you say these problems are:
   i. Very Serious
   ii. Serious
   iii. Somewhat Serious
   iv. Not Very Serious
   v. Not Serious At All

c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?

Yes   No (circle)

7. **Neighborhood and Personal-Relationship Problems and Issues**

   a. Do you, anyone in your family, or other people you know need help with neighborhood or personal-relationship (friends or other people) problems or issues?   Yes   No (circle)

   b. Would you say these neighborhood or relationship problems are:
      i. Very Serious
      ii. Serious
      iii. Somewhat Serious
      iv. Not Very Serious
      v. Not Serious At All

   c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

8. **Controlling Anger or Dealing with Negative Thoughts or Feelings**

   a. Do you, anyone in your family, or other people you know need help dealing with anger or other negative thoughts/feelings?
      Yes   No (circle)

   b. Would you say these problems are:
      i. Very Serious
      ii. Serious
      iii. Somewhat Serious
      iv. Not Very Serious
      v. Not Serious At All

   c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?   Yes   No (circle)

9. **Suicide or Thoughts/Feelings of Harming Oneself or Others**

   a. Do you, anyone in your family, or other people you know need help with thoughts or feelings about suicide or harming oneself/others?
      Yes   No (circle)

   b. Would you say these suicide or harming problems are:
      i.   Very Serious
      ii. Serious
      iii. Somewhat Serious
      iv. Not Very Serious
      v.   Not Serious At All

   c. Would you (or your parents or other adults who care for you) like to talk to someone or seek assistance from the Nebraska Urban Indian Health Coalition (or others) about these problems?

10. **Background Information**

    Gender (circle): Male   Female

    Age:_____

    Do you live in Omaha/Council Bluffs area: Yes   No   Sometimes (circle)

    Are you: Single   Married   Separated   Divorced   Other (circle)

    Do you have children or other dependents living with you?
    Yes   No   (circle)

    If you would like to talk about or seek help with any of these issues/problems, please provide the following information:

    Name: _____

Parent or Guardian (if under 19): _____

Phone and/or email: _____

APPENDIX C.
STRENGTHENING FAMILIES PROGRAM (SFP) PRE- & POST-TEST

Table C1 SFP Family Strengths Pre- and Post-Test Scores 2014

FAMILY STRENGTH INDICATORS (Pre- and Post-Test Average Group Scores)	None (1.0) [change] {%Chg}	Little Strength (2.0) [change] {%Chg}	Some Strength (3.0) [change] {%Chg}	Consid-erable Strength (4.0) [change] {%Chg}	Very Strong (5.0) [change] {%Chg}
Positive Family Communication (clear directions, rules, praise) (3.29 Pre- and 4.0 Post-Test)			X Pre (3.29)	X Post (4.0) [+.71] {+21.6%}	
Effective Parenting Skills (reading to child, rewarding) (3.14 Pre- and 4.29 Post- Test)			X Pre (3.14)	X Post (4.29) [+1.15] {+36.6%}	
Effective Discipline Style (less spanking, consistent discipline) (2.86 Pre- and 4.0 Post-Test)		Pre X (2.86)		X Post (4.0) [+1.14] {+39.9%}	

Table C2 SFP Parenting Pre- and Post-Test Scores 2014

PARENTING INDICATORS (Pre- and Post-Test Average Group Scores)	Never (1.0) [change] {%Chg}	Seldom (2.0) [change] {%Chg}	Some-times (3.0) [change] {%Chg}	Fre-quently (4.0) [change] {%Chg}	Almost Always (5.0) [change] {%Chg}
I use clear directions with my child.			X Pre (3.0)	X Post (4.4)	

(3.0 Pre- and 4.4 Post-Test)				[+1.4] {+46.7%}	
My child controls his/her anger. (2.7 Pre- and 3.9 Post- Test)			Pre X (2.7)	Post X (3.9) [+1.2] {+44.4%}	
I feel I am doing a good job as a parent. (3.4 Pre- and 4.1 Post-Test)				X Pre (3.4)	X Post (4.1) [+.7] {+20.6%}
We go over schedules, chores and rules to get better organized. (2.6 Pre- and 3.4 Post-Test)			Pre X (2.6)	X Post (3.4) [+.8] {+30.8%}	
I spend quality time with my child. (3.9 Pre- and 4.4 Post-Test)				Pre X (3.9)	X Post (4.4) [+.5] {+12.8%}
I am loving and affectionate with my child. (4.4 Pre- and 4.9 Post-Test)				X Pre (4.4) Post X (4.9) [+.5] {+11.4%}	
I follow through with reason-able consequences when rules are broken. (3.4 Pre- and 4.1 Post-Test)			X Pre (3.0)	X Post (4.0) [+1.0] {+33.3%}	
Our family has clear rules about alcohol and drug use. (4.1 Pre- and 4.4 Post-Test)				X Pre (4.1) X Post (4.5) [+.3] {+7.3%}	
My child uses tobacco. (1.7 Pre- and 1.7 Post-Test)	Pre X (1.7) Post X (1.7) [+/-0] {+/-0%}				
My child drinks alcohol. (1.6 Pre- and 1.1 Post-Test)	Pre X (1.6) X Post (1.1) [-.5] {-31.2%}				

My child uses illegal drugs. (1.3 Pre- and 1.1 Post-Test)	X Pre (1.3) X Post (1.1) [-.2] {-15.4%}				
I talk with my child about the negative consequences of drug use. (3.6 Pre- and 4.0 Post-Test)			Pre X (3.6)	X Post (4.0) [+.4] {+11.1%}	

Table C3 SFP Adult/Child Drug and Alcohol Use Pre- and Post-Test Scores 2014

DRUG AND ALCOHOL USE INDICATORS (Pre- and Post-Test Total Days of Use by Group Participants N=7)	ADULTS Average Number of Days of Use by Group Participants Pre- and Post-Test in Past 30 Days [Change in Average Days Use] {% Change in Use}
Alcohol (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Alcohol to intoxication. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Tobacco. (40.0 Pre- and 36.0 Post-Test)	Pre- 5.7 Post- 5.1 [-.6] {-10.5%}
Marijuana/Hashish. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Other illegal drugs. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Prescription drugs not prescribed by doctor. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
DRUG AND ALCOHOL USE INDICATORS	CHILDREN

(Pre- and Post-Test Total Days of Use by Group Participants N=7)	Average Number of Days of Use by Group Participants Pre- and Post-Test in Past 30 Days [Change in Average Days Use] {% Change in Use}
Alcohol (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Alcohol to intoxication. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Tobacco. (40.0 Pre- and 36.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Marijuana/Hashish. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Other illegal drugs. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}
Prescription drugs not prescribed by doctor. (3.0 Pre- and 3.0 Post-Test)	Pre- .43 Post- .43 [+/- 0] {+/- 0%}

Appendix D.

TEEN MAZE Evaluation Instrument for Youth Participants

Are you (please circle).......   Male   Female

Which of the following best describes you (please circle):

Asian
Black/African American
Native American/Alaska Native   _____ Tribal Affiliation
White/Caucasian
Other (please specify) _____

What is your age? _____ What grade will you be in next fall? _____

Please indicate how you feel about the following statements. (Put an X in just one box for each statement).

STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I had enough time at each stop in the Teen Maze to look at all the information provided.					

I had enough time at each stop in the Teen Maze to interact and talk to presenters.					
I understood the information that was presented in Teen Maze.					
The presenters in Teen Maze answered my questions.					
I learned new information in the Teen Maze.					
The information from Teen Maze will help me make better choices.					

FLIP OVER – Continued on other side

Please indicate how you feel about the following statements. (Put an X in just one box for each statement).

STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The information from Teen Maze will help me change my behaviors.					
I will share the information from Teen Maze with my family and friends.					
Because of Teen Maze, I am aware of the costs and consequences that can happen if I make the choice to use alcohol, tobacco or drugs.					
Because of Teen Maze, I know more about preventing suicide and what to do if faced with the problem.					

I am able to recognize the signs of both healthy and unhealthy relationships because of Teen Maze.				
Because of Teen Maze, I am more aware of parenting, pregnancy and family issues.				
I feel more confident about managing my money and employment issues because of Teen Maze.				

Should Teen Maze be held again? (please circle)   Yes   No

What would make Teen Maze a better experience?

D.(1) TEEN MAZE Evaluation Instrument for Chaperones/Supervisors

Are you (please circle).......   Male   Female

The age range that best describes you is (please circle):

18-27   28-37   38-47   48-57   58-67   68 and older

What organization or school are you affiliated with for TEEN MAZE?
_____

Please indicate how you feel about the following statements. (Put an X in just one box for each statement).

STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Our group had enough time at each stop in the Teen Maze to look at all the information provided.					
I am familiar with the Teen Maze "Passport" that was used in the event.					
The presenters in Teen Maze answered my students' questions.					

The Teen Maze provided valuable information to students.					
The information from Teen Maze will help students make better choices.					
The information from Teen Maze will help students change behaviors.					
I will share information about Teen Maze with colleagues and other organizations or schools.					

FLIP OVER – Continued on other side

Please indicate how you feel about the following statements. (Put an X in just one box for each statement).

STATEMENT	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Because of Teen Maze, students will be more aware of the costs and consequences that can happen if they make the choice to use alcohol, tobacco or drugs.					
The information provided to students was age and developmentally appropriate.					
Teen Maze is (or would be) a constructive use of academic time.					
Teen Maze is a positive experience for students.					
Teen Maze addresses the major risk factors students face.					

Should Teen Maze be held again? (please circle)   Yes   No

Teen Maze is a joint project between the Nebraska Urban Indian Health Coalition, The Nebraska Department of Health and Human Services-Region VI and community partners. Should other organizations or schools continue to use the Teen Maze project as an educational opportunity for students?   Yes   No

How did you hear about Teen Maze? _____

Comments and suggestions to improve this event for students: