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Native American Methamphetamine And Suicide Prevention Program Evaluation (Year-5): Omaha, Nebraska, Final Report

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NATIVE AMERICAN METHAMPHETAMINE AND SUICIDE PREVENTION PROGRAM EVALUATION (YEAR-5): OMAHA, NEBRASKA

FINAL REPORT

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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) evaluations of program assessment initiatives undertaken by NUIHC to better understand and provide services for the client population. The study also includes recommendations to improve both NUIHC MSPI-program performance and evaluation efforts in future years.

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 four years of the grant periods are presented in tabular form and discussed. The report concludes with evaluator comments and observations regarding the entire 6-year project as a whole, as well as providing examples of the various evaluation research instruments and findings that NUIHC developed and used in this initiative over that time period.

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,

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 continue to be 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.

Three of the activities (the "Hoops for Life" teen program, community groups, activities and partner forums) once again each increased participation rates over the previous annual project period. The goals/objectives for Year-6 again call for continuing development and expansion of all these components (including the impressive growth of the Native American social-media Facebook community).

The youth risk-behavior and community surveys conducted in previous grant years, provided critical planning and programming information for the program activities of Years 4-5. They 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.

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	Planned 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	**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	**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.	**1) Youth Suicide & Bullying Programming and Risk/Need Factors** As program replacements for the suicide screens at the "Hoops" event, NUIHC will investigate and test the integration of the Native American outreach and risk/need form developed in Year-4 as well as components of the Bear Program (see previous column).

	investigate additional risk/need assessments with the assistance of the evaluator in Year-4. A Native American suicide survivor speaks to attendees.	in Rosebud, South Dakota; planning for this group to form core of the Youth Leadership and Unity Council in Year-5. NUIHC staff members develop and gather initial results using a new Native American outreach and risk/need form (see Year-4 evaluation report).	The effort to institute Youth and Community Leadership programming in Year-5 was not successful, once again due to additional staff turnover 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 is to increase the Well-Briety group to an average of 50 families (75-100 individuals) per week; accommodating this growth will likely entail securing a larger facility for the gatherings; Building on the success of this program, the first Well-Briety Powwow is also scheduled for the fall; In addition, a new 4-H youth program utilizing horses to build trust, teamwork and teach other life-lessons is also planned for Year-6.
	3) Establish Listening/Talking Circles, Partner Forums & Social-Media Community Initial planning and development phase for listening sessions,	**3) Build Youth Leadership Council, Partner Forums & Social-Media Community** Plans for a Youth Leadership Council were developed and	**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;	**3) Build Youth Leadership Council, Partner Forums & Social-Media Community** The goal in Year-6 is to identify substantially more community leaders as participants in community

	talking circles, gatherings, youth and community groups; NUIHC gained commitments from 27 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.	implemented; An impressive 284 more members were added to Facebook bringing the total to 603. This social 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.	168 new Facebook members were added bringing the total to a new high of 771 and is credited with substantially 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.	activities and suicide- and substance-abuse prevention and treatment programs. Plans also call for increasing participation in the new SOMS website, which includes blogs on various topics, events information, as well as new initiatives to improve community- and business-building activities.
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 are to continue to conduct community outreach and risk/need assessment in 1-2 additional powwows and youth venues. The new data to be collected will focus on family-strength indicators, such as those measured in in the new NUIHC Strengthening Families Program (SFP). These indicators include: levels of communication, parenting skills, effective discipline, anger management, family expectations, quality time, rules about alcohol, drug and tobacco use and the negative consequences that may accrue (see Appendix C).

A. (1) Conducting Teen Events/Programs, Building Youth Leadership & Identifying Risk/Needs

The annual "Hoops for Life" teen program and basketball tournament has improved in program quality and significantly increased the number of Native participants from 21 in Year-2 to73 inYear-5. The program goals for Year-6 are to increase the number of tournament participants to 85-90 and develop/elevate the program to serve Native American youth throughout the U.S.

Suicide screening was not conducted this year however, due to the discontinuation of the program by Columbia University researchers, who declined to grant permission for the continuing use of the screening 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 key-components of the program.

The effort to institute Youth and Community Leadership programming in Year-5 was not successful, once again due to additional staff turnover in the position responsible for the initiative. Plans for Year-6 include the implementation and provision of Youth Leadership Suicide- Prevention Training, introducing a local version of the "Bear Program" integrated with the new community outreach and risk/need assessment form (tested and developed in Year-4, see Appendix A) at the "Hoops" event.

A. (2) Achieving Self-Sufficiency: Community-Building, Outings and "Well-Briety" Programs

The weekly traditional arts and crafts groups gained a strong foothold as an important part of the Native community during Years 2-4, with average weekly participation rates increasing from 17 to 35 attendees. Mid-way through Year-4 however, the group and activities were re-organized (due to staffing issues and changes) to a new focus that includes outings to local destinations of interest, game nights and potlucks, with substance-abuse and suicide prevention and healthy-living presentations and discussions in the new "Well-Briety" group.

The group already has 30-40 regularly-attending families (increasing the average weekly participation rates to 50-100 individuals) and its own "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. This change has resulted in even greater enthusiasm for "building-community" and plans are to increase the diversity of programs and activities in Year-6.

A. (3) Establishing a Youth Leadership Council, Partner Forums and Social-Media Community

The community-partner forums have continued to progress over the entire project period. A fast start in Year-1 led to 18 initial partnership commitments from private and public sector institutions, then additions in each of succeeding years to a total of 38 partners at the end of Year-5. The Teen Maze project is credited with attracting majority of the new community partners, with expectations for more additions in year-6.

The largest and perhaps most important gains were seen in the building of the Native American social-media community. Continuing to build on the impressive addition of 284 Facebook members last year, 168 more were added in Year-5, bringing the total to a new high of 771 persons.

As we noted in last year's report, this social media tool continues to be highly effective in community strengthening and is used extensively for communication and information dissemination. The number of total members seems to have reached a critical mass of 600+ in Year-4, which led to a first-successful substance-abuse prevention and sobriety-program powwow, after years of failed and only-partially successful attempts.

A. (4) Addressing Community Perceptions, Outreach & Youth Risk-Need Factors

Youth Risk/Need Indicators. The community outreach and risk/need forms/instruments developed, tested and implemented during the Year-4 project period, identified nine (9) major youth risk/need indicators. The instrument is based on the highly-researched and validated Youth Level of Service/Case Management Inventory (YLS/CMI)[1] and the major risk/need factors are incorporated into the form (see Appendix A, which also contains an example of test findings in tabular form).

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

The major findings from the test of the outreach form 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 measurements of risk/need: 1) the most present, 2) the most serious and 3) most youth desirous to talk about or seek assistance.

Family-Strengths Indicators. Plans for Year-6 are to integrate the risk/need data above with that collected with the new Strengthening Families Program (SFP) instrument developed in Year-5 (see Appendix C for the complete initial results collected in Year-5). The new integrated data set will be 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

[1] 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.

- Rules about alcohol, drug and tobacco
- Negative consequences that may accrue from "risky" behaviors

The following Tables 2-4 provide examples of Strengthening Families Program indicators and the types of outcome data collected that will be collected in Year-6:

Table 2 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 3 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. (3.0 Pre- and 4.4 Post-Test)			X Pre (3.0)	X Post (4.4) [+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 reasonable 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.			Pre X (3.6)	X Post (4.0)	

(3.6 Pre- and 4.0 Post-Test)				[+.4] {+11.1%}	

Table 4 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 (Pre- and Post-Test Total Days of Use by Group Participants N=7)	CHILDREN 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%}**

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 three primary activities in this area 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	Planned 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** NUIHC will continue data analyses and assessment of current services, barriers, gaps and duplications; Outreach and risk/need assessment information gathering will be analyzed and integrated into youth and community group, powwows and other community event programming. 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 will be analyzed and used to establish a formal list of referral service-providers inYr-6.

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 leaders for environmental, community, educational areas to address suicide and substance abuse.	**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** Plans for year-6 are to train 75 or more persons.
	3) Strategic-Planning Trainer for Project Advisory Board (PAB) 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.	**3) Participatory – Strategic-Planning by PAB** 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.	**3) Strategic-Plan Update** 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)[2]" in Iowa. The first Sobriety Powwow and the Well-Briety Group [see Section A. (2)] were based on the fundamentals learned from the training.	**3) Strategic Planning by PAB** Plans for Year-6 include additional programming in "clean-living" to be incorporated into both Well-Briety and a new Women's Group, as well as the Sobriety Powwow. Being allowed to dance in the Honorary Circle at Powwows was traditionally based on Clean and Honorable Living and a long-term goal is to reinstitute these values and practices in current-culture events and activities.

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

B. (1) Assessing Current Services, Gaps and Native American Risk/Need Factors

In year-5, as NUIHC provides education and prevention training but does not provide direct services for substance-abuse or suicide intervention or counseling, a "referral partner" questionnaire was developed and sent to providers to gather service-related information and to identify potential referral-partner candidates. This data will be analyzed and used to establish a formal list of referral service-providers for discussions and negotiations inYr-6. In addition, NUIHC will continue to work with the local evaluator to assess current services, as well as gaps in and duplication of these services for its target population.

B. (2) Increasing the Cultural Competency of Service-Providers

NUIHC provided cultural-awareness training for 29 local service providers during Years 2-3, 11 of which were from the State of Nebraska, Department of Behavioral Health. The number of service providers trained since that time has steadily increased to 35 in Year-4 and 57 last year. Plans for Year-6 are to conduct additional cultural competency outreach, with a goal of 75 or more persons being trained in the program "Assessing Your Agency's Cultural Competency."

B. (3) Strategic Planning and Effective Suicide and Substance-Abuse Programming

The original major goals established by the Project Advisory Board (PAB) and community members involved in the process are to: 1) develop a shared vision and common values among the local Native community for the project and 2) to create community-driven, sustainable programs to address suicide, substance-abuse, gangs and other related issues.

A participatory strategic-planning trainer was hired to guide the (PAB) and staff in updating the plan, which culminated at the end of Year-3 with a revised document and a final report. The vision and values concretized in the strategic-planning report guided ongoing and new initiatives during Years 4-5 and the NUIHC strategic plan for suicide and substance-abuse programming will be updated on an annual basis as issues and needs arise.

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. As shown in Table 6, 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 6
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	Planned 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** Plans for Year-6 are for the Teen Maze, QPR and GONA programs to continue, however more resources may be diverted to programming for the highly-popular and successful Well-Briety initiative and Sobriety Powwows. More focus and greater attention in all program areas are to be given to on family strengthening risk/need assessment issues and data 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 evidence-based practice	**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** In year-6, UNO researchers will assist NUIHC in gathering the identified substance-abuse data from the appropriate sources.

	and evaluation template.			
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** In Year-6 UNO will assist NUIHC in identifying and gathering suicide sources and data necessary for comparative outcome measures, such as patient clinical records, participant logs, criminal history, medical health center, coroner, community prevalence and vital statistics.

C. (1) Suicide Screening and Risk/Need Factor Programming

In terms of impacting and improving suicide outcomes, the identification and implementation of the "Question, Persuade, Refer" (QPR) screening and training program continues to be the project's most successful outcome-related activity to date. It has been integrated into NUIHC's ongoing in-patient treatment program and counselors have described its impact and usefulness as immediate, in addressing many psychological underpinnings of suicide ideations, attempts and completions. Researchers plan to develop and implement outcome measures based on program data collected in year-6.

As a result of NUIHC's work investigating behavioral risk/need factors, the staff also discovered a youth educational program which contains suicide- and substance-abuse-prevention components, called "Teen Maze." NUIHC developed and implemented this program in year-4 and held a revised and expanded version in Year-5, including program evaluations for both years. The major findings of the evaluation of the second event, held this year, are as follows:

THE OMAHA TEEN MAZE PROJECT

The "Teen Maze" concept and project is designed to educate youths about high-risk behaviors and their possible consequences, in hands-on and experiential settings. Participants move from setting to setting in the maze, each location linked to learning about behavioral risks that are closely linked to those in the NUIHC risk/need evaluation form (see Appendix A).

The second (2nd) "Teen Maze" project was held in Omaha March 19-20, 2014 at the Omaha National Guard Armory and was attended by 77 youths. The first year's evaluation instrument (see Appendix B) developed by CORE was revised and administered by NUIHC staff to all youth participants, as well as the chaperones that accompanied and supervised the youths during the event.

The major findings of the evaluation are as follows:

1. Perceptions and Measures of Risk-Factor Learning by Youths

- Youth that participated in the Teen Maze provided clearly-positive aggregate responses to all 10 questions on the evaluation form used to measure their perceptions of and learning from the event. The indicators used, focused on sufficiency of time, understanding of content, usefulness of information presented and learning gained about specific youth risk-factors.

  Table 7 provides a summary of participant responses and the average of scores for each question, using a scale of 1.0 (Strongly Agree) to 5.0 (Strongly Disagree). It also shows the increases or decreases in scores and percentage changes (if any) from the first year, where the same questions were asked.

Table 7 Perceptions/Measures of Risk-Factor Learning by Youth Participants 2014

STATEMENT (Score) [Change from 2013 Maze] {Percent % Change}	Strongly Agree (1.0) [change] {%Chg}	Agree (2.0) [change] {%Chg}	Neither Agree/ Disagree (3.0) [change] {%Chg}	Disagree (4.0) [change] {%Chg}	Strongly Disagree (5.0) [change] {%Chg}
I had enough time at each stop in the Teen Maze to look at all the information provided.		X (2.40) [+.41] {+20.6%}			
I had enough time at each stop in the Teen Maze to interact and talk to presenters.		X (2.31) [+.30] {+14.9 %}			
I understood the information that was presented in Teen Maze.	X (1.73) [+.24] {+16.1 %}				
The presenters in Teen Maze answered my questions.	X (1.76) [+.07] {+4.1%}				
I learned new information in the Teen Maze.	X (1.77) [+.23] {+11.6 %}				
The information from Teen Maze will help me make better choices.	X (1.90) [+.47] {+32.9%}				

The information from Teen Maze will help me change my behaviors.		X (2.27) [+.45] {+24.7 %}			
I will share the information from Teen Maze with my family and friends.		X (2.21) [+.24] {+12.2%}			
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.	X (1.68) [+.19] {+12.8%}				
Because of Teen Maze, I am more aware of parenting, pregnancy and family issues.	X (1.71) [+.11] {+6.9%}				

- Although all the participants' agreement with the questions decreased in strength to a certain extent (higher scores than last year in 2013 indicate less agreement with the statements), most changes were relatively small and all responses about the event remained very positive.

  The areas that showed the most increase in scores and percentage of change were that 1) "the information from the Teen Maze would help them make better choices" showing an increase of +.47 (+32.9%) points to a score of 1.90 vs. 1.43 in 2013 (see Appendix for 2013 scores) and 2) "the Teen Maze information will help me change my behaviors," an increase of +.45 (+24.7%) points to a score of 2.27 vs. 1.82 in 2013.

  Because these two indicators of risk-factor learning (making better choices and changing behaviors) by the youths are among the most important, and even though the changes are relatively modest, the results should be cause for a re-examination, by NUIHC and Maze Community Partners, of what may be responsible for the differences.

  Some issues that might be considered are whether the content of the information provided in the maze had less focus on or clear discussion of "choices and behaviors" made by the youths. We would also advise that the changes in other eight (8) indicators be discussed at the same time, to better understand why the changes may have occurred for them as well.

  Finally, since the racial and ethnic compositions of this year's group was substantially different (see below), it is possible that perceptual or cultural differences in definitions or understanding of the terminology, content and presentations in event itself, may be at least partially-responsible for some of the changes in the scores.

- Ninety-nine percent (99%) of all youth respondents indicated they thought the Teen Maze should be held again, which was an increase of 2 percentage points from last year.

2. Youth Participant Demographics

- Age: Overall, the average age of participants was 14.4 years old (the same as last year), while the median age (the mid-point of all ages of youths attending) was 15.0 (one year older than last year's median age of 14.0).[3]
- Gender: There was an equal (50%-50%) distribution of females and males, while last year fifty-five percent (55%) of participants were female and 45% were male.

- Race/Ethnicity: There was a very significant shift in racial and ethnic composition in this year's Maze, as 73% described themselves as White/Caucasian (only 23% last year) and only 9% Black/African (over 36% last year). The complete self-descriptions of participants are as follows:

Asian	2	(3%)
Black/African American	6	(9%)
Native American/Alaska Native	2	(3%)
White/Caucasian	51	(73%)
Other	24	(14%)
TOTAL	121	(102.0%)*

*Does not equal 100% due to rounding

C. (2) Outcome Measures of Methamphetamine-Related Activities

Plans were developed and a preliminary data study was conducted to identify information needed for substance-abuse outcome measures. In year-6, UNO researchers will assist NUIHC in gathering the necessary substance-abuse information from the appropriate sources.

C. (3) Outcome Measures of Suicidal Ideation, Attempts and Completions

As with methamphetamine outcome measurement above, plans were also developed in year-5 to identify the information needed for suicide-related outcome measures. UNO will assist NUIHC in gathering the necessary information, from sources such as: patient clinical records, participant logs, criminal histories, medical health-center records, coroner reports and vital statistics.

[3] The higher median age suggests that a middle group may be slightly older than last year, but does not necessarily mean that those younger than 15 or older than 15 were on average older than last year (the total average age did not change). A closer examination of the distribution of ages would be necessary to see if the change in median age has any significance.

III. APPENDIX

A. Nebraska Urban Indian Health Coalition
Risk/Need Instrument and Outreach Discussion 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: _____

Table A (Example of Risk/Need Factor Test Results)
Desire of Powwow Participants to Talk to Someone or Seek Assistance from NUIHC/Others Regarding Risk/Need Factors in their Lives

RISK/NEED FACTORS	Young Adults/ Youth Under 28 Years % Yes (#Rank)	Young Adults/ Youth Omaha Metro Under 28 Years % Yes (#Rank)	Omaha Powwow % Yes (#Rank)	
1. Employment/Job Training Issues	25% (#1)	30% (#2 tie)	28% (#2)	
2. Education/School-Related Issues or Problems	24% (#2 tie)	30% (#2 tie)	29% (#1)	
2. Drug, Alcohol, Tobacco or Other Drug Problems	24% (#2 tie)	30% (#2 tie)	24% (#4)	
3. Health Problems (Mental or Physical)	22% (#3)	27% (#3)	25% (#3)	
4. Suicide or Harming Ideation	20% (#4)	31% (#1)	10% (#8 tie)	
5. Family/Parenting Issues or Problems	18% (#5 tie)	20% (#4 tie)	20% (#6)	
5. Criminal Justice Issues or Problems	18% (#5 tie)	20% (#4 tie)	18% (#7)	
5. Controlling Anger or Dealing w/Negative Thoughts or Feelings	18% (#5 tie)	18% (#5)	22% (#5)	
6. Neighborhood/Personal Relationship Problems	12% (#6)	10% (#6)	10% (#8 tie)	

Appendix B

TEEN MAZE Evaluation Findings for Youth Participants (Year-1)

TEEN MAZE Perceptions/Measures of Risk-Factor Learning by Youth Participants 2013

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 consequences that can happen if I make the choice to use alcohol, tobacco or drugs.	X (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)				

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

NUIHC staff also developed a pre- and post-test instrument[4] for their initial Strengthening Families Program (SFP) group of 7 adults and 11 children (7 being 12-16 years old who participated in the evaluation, the others being younger). Data were gathered for three areas of the program: 1) family strengths, 2) parenting and 3) drug and alcohol use.

The measurement of pre- to post-program changes by participants, are shown as changes in scores and percentages on scales of 1.0 – 5.0 for two of the program areas and as days of use for the drug and alcohol area. The findings for the three areas are shown below in Tables C1-3, as follows:

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%}	

As evident in Table C1 above, the greatest increase in average family-strengths post-test results for the group occurred in the area of effective discipline style, from a pre-test score of 2.86 to a 4.0 post score or an increase of 1.14 points or 39.9%. Effective parenting skills showed an almost as large improvement from 3.14 pre- to 4.29 post or 36.6%, while positive family communication also showed gains, moving from 2.86 to 4.0 or an improvement of 21.6%.

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}

[4] Questions for NUIHC's evaluation were selected from existing SFP evaluation instruments (Karol Kumpfer, 1989)

I use clear directions with my child. (3.0 Pre- and 4.4 Post-Test)			X Pre (3.0)	X Post (4.4) [+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 reasonable 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.	Pre X (1.6) X Post (1.1)				

(1.6 Pre- and 1.1 Post-Test)	[-.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%}	

As shown in Table C2 above, the greatest increase in average parenting post-test results for the group occurred in the area of giving clear directions to their child, from a pre-test score of 3.0 to a 4.4 post score or an increase of 1.6 points or 46.7%. Participants' children controlling their anger showed an almost as large an improvement, moving from 2.7 pre- to 3.9 post or 44.4%, while following through with reasonable consequences (+33.3%), children drinking alcohol (-31.2%)[5] and going over schedules, chores and rules (+30.8%) also showed significant post-test improvements.

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%}

[5] For this indicator, a decrease in score shows less alcohol consumption and a more-positive outcome.

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 **(Pre- and Post-Test Total Days of Use by Group Participants N=7)**	**CHILDREN** **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%}**

As shown in Table C3 above, very little change occurred for either adults or children in total or average days of drug or alcohol use in post-test results for the group. The only decrease that occurred was

for adults in tobacco use, from a pre-test score of 40.0 total days of use for participants in the group to a 36.0 total days, or a decrease of 4.0 or -10.5% fewer days on average. For all other type of drug or alcohol use the total number of days use was 3.0 for both pre- and post-tests, or 0 days and 0.0% average days change.