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## Native American Methamphetamine And Suicide Prevention Program Evaluation: Omaha, Nebraska, Final Report

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**NATIVE AMERICAN METHAMPHETAMINE AND SUICIDE  
PREVENTION PROGRAM EVALUATION:  
OMAHA, NEBRASKA**

**FINAL REPORT**

**September 28, 2012**

**Prepared for the Nebraska Urban Indian Health Coalition  
With Funding by  
The Indian Health Service, Behavioral Health Division**

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## **I. INTRODUCTION**

This final report documents the major findings of the evaluation of the Methamphetamine and Suicide Prevention Initiative (MSPI Years 1-3), 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) recently 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 analysis and integration of the findings of these two components of the evaluation, which 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 activities in each of the three years of the grant are presented in tabular form and discussed. Planned activities, goals, objectives and evaluator recommendations for the current grant period (9/1/12 through 8/31/13) are also presented, and the report concludes with evaluator comments and observations regarding the entire 3-4 year project as a whole.

### **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-plaguing the Omaha-area population (as accurately 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 community and youth risk/behavior surveys at local powwows,
- 2) Using traditional arts and crafts to build youth/community cohesion,
- 3) Establishing listening/talking circles and community-partner forums, and
- 4) Providing risk/need, behavioral-health screening for youth at an annual NUIHC-sponsored sporting event.

Overall, the four major activities in this category have been 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 teen suicide screen, traditional arts and crafts groups and community partner forums/talking circles) have each increased participation rates over the 3-year project period to date and the goals/objectives for next year are for continuing development and expansion of all components. The youth risk-behavior and community survey provided critical planning and programming information in year-1 and plans have been made for the University of Nebraska at Omaha (the newly-contracted project evaluator) to assist in integrating the study findings with other local health and substance-abuse studies in year-4.

**Table 1  
Community-Building Activities as a Prevention Strategy**

<b>GOALS/ OBJECTIVES</b>	<b>Activities Year-1 (11/09-8/31/10)</b>	<b>Activities Year-2 (9/1/10-8/31/11)</b>	<b>Activities Year-3 (9/1/11-8/31/12)</b>	<b>Planned Activities Year-4 (9/1/12-8/31/13)</b>
<b>I. Building Community, Awareness and Support</b>	<p><b>a) Identify/Initiate Risk/Needs Behavioral Health Assessment</b></p> <p>(Teen Suicide Screen instrument identified and program planned for NUIHC sponsored “Hoops for Life” community and sporting event)</p>	<p><b>a) First Teen Screen</b></p> <p>(Three of 21 participants screened as part of this evidence-based practice;</p> <p>40 Developmental Assets risk/need tool tested as an additional evidence-based practice;</p> <p>Assessed 78 youth, but results did not seem valid to staff based on their knowledge of youths; the quality and level of training in its use is unclear and is likely as issue)</p>	<p><b>a) Second Teen Screen</b></p> <p>(18 of 48 participants screened; 3 identified as at risk and referred for additional assistance/possible counseling;</p> <p>A Native American suicide survivor spoke to this year’s attendees;</p> <p>A decision was made to investigate additional risk need assessments with the assistance of the evaluator in year 4)</p>	<p><b>a) Third Teen Screen</b></p> <p>(Goal of 36-54 Suicide Screens Completed;</p> <p>Plans also made to establish/offer a Youth Leadership Suicide Prevention Training)</p>
	<p><b>b) Community Building/Youth Groups through Traditional Arts and Crafts</b></p> <p>(Initial planning and development phase for community-building activities;</p> <p>Established a 15 member Community Advisory Board [PAB])</p>	<p><b>b) Community Building/Youth Groups through Traditional Arts and Crafts</b></p> <p>(A community-building, traditional- arts group was instituted that averaged 17 weekly participants; with a high of 35 attendees at one session;</p>	<p><b>b) Community Building/Youth Groups through Traditional Arts and Crafts</b></p> <p>(The average # of participants at each weekly community-building group increased to 25, with a high of 60 attendees at one expanded session;</p>	<p><b>b) Community Building through Traditional Arts and Crafts</b></p> <p>(The year-4 goal is to increase the average # of participants to 35 per week;</p> <p>PAB will continue to meet monthly throughout the year)</p>

<p><b>I. Building Community, Awareness and Support (continued)</b></p>		<p>PAB met monthly throughout the year)</p>	<p>PAB met monthly throughout the year)</p>	
	<p><b>c) Establish Listening/Talking Circles &amp; Community Partner Forums</b></p> <p>(Initial planning and development phase for listening sessions, talking circles, gatherings, youth and community groups;</p> <p>NUIHC gained commitments from 18 public and private sector institutions to be project partners; memoranda of agreement signed with 4;</p> <p>Initial talking circles not successful due to leadership obstacles;</p> <p>Initiated successful Facebook page for community development; 93 members in 3 months)</p>	<p><b>c) Build Listening/Talking Circles &amp; Community Partner Forums</b></p> <p>(Two new community partners added;</p> <p>Talking/listening circles integrated into other gathering and meetings such as at the monthly Project Advisory Board;</p> <p>Plans for a Youth Leadership Council developed)</p>	<p><b>c) Build Listening/Talking Circles &amp; Community Partner Forums</b></p> <p>(7 new community partners added)</p> <p>Talking Circles continued as an integral part of in-person community building</p> <p>Youth Leadership Council implemented</p> <p>Facebook continues to be a successful community strengthening tool and used extensively for communication and information dissemination)</p>	<p><b>c) Build Listening/Talk Circles &amp; Community Partners</b></p> <p>(Goal is to add 5+ new community partners in year-4;</p> <p>Identify substantially more community members as participants in talking circles and prevention programming;</p> <p>Attract more elders, youth and youth leaders in established suicide and substance-abuse prevention and treatment initiatives)</p>
	<p><b>d) Conduct Youth Risk-Behavior Survey at Powwows</b></p> <p>(Creighton University assisted with the survey and 241 surveys were completed;</p> <p>13% of respondents had attempted suicide themselves and 51% personally knew a Native American youth who committed suicide)</p>	<p><b>d) Youth Risk-Behavior Survey</b></p> <p>(The survey revealed that the N/A community felt strongly that they needed a place to call their own, where youth could come and participate in Native activities;</p> <p>This finding is supported by outside research showing that cultural and community connectedness are strong protective factors for Native youth)</p>	<p><b>d) Youth Risk-Behavior Survey</b></p> <p>(Plans were made to compare and integrate the survey findings in year-4 with other NUIHC community substance-abuse and health-needs surveys conducted in cooperation with the University of Nebraska at Omaha [UNO]).</p>	<p><b>d) Youth Risk-Behavior Survey</b></p> <p>University of Nebraska at Omaha (the newly-contracted project evaluator) will integrate findings with “Native American Healthcare Assessment” and “Substance-Abuse Prevention Capacity-Building Assessment”)</p>

## **1. Conducting Community and Youth Risk/Behavior Surveys at Local Powwows**

The community surveys, conducted with the assistance of Creighton University during year-1, were completed by 241 participants at local Native American powwows held in Omaha. This not only proved to be a valuable community-building activity in itself, but also provided a wealth of information about the community, the perceptions and attitudes of members and the critical issues/problems it is facing. Significantly, much of the feedback obtained has been used in developing the broad prevention strategies and also guiding the development of many of the specific suicide and substance-abuse prevention-program initiatives.

## **2. Using Traditional Arts and Crafts to Build Youth/Community Groups**

After initial planning and implementation and a slow start in the first year, the weekly traditional arts and crafts groups have gained a strong foothold as an important part of the Native community. The gatherings have increased from an average of 17 participants per week in year-2, to 25 last year and plans are to increase that number to 35 per week in year-4. Members of the community and NUIHC staff see the traditional art and craft products as potential sources of income that could compliment other project-related fundraising efforts (such as the highly-successful, annual fireworks stand) as well as sources of income, employment and entrepreneurship for local Native Americans.

## **3. Establishing Listening/Talking Circles and Community-Partner Forums**

As with the arts and crafts groups, the community-partner forums have continued to progress over the entire project period. In this case however, a fast start in year-1 led to 18 initial partnership commitments from private and public sector institutions and then smaller additions in each of the two succeeding years. The current number of community partner stands at 27 with plans to increase that number to at least 32 next year.

The initial talking/listening circles planned for year-1 were not as successful due to conflicts over leadership issues. As a result, efforts to conduct such sessions have been incorporated into other activities such as reporting the results of the community surveys and selected monthly meetings (such as the Project Advisory Board) with mixed results. In year-2, a social-media “Facebook” page was established which recorded 93 members in the first three months of operation. Plans for next year are to continue to use, test and expand this communication tool for a variety of community-building and information dissemination purposes.

#### 4. Providing Risk/Need, Behavioral-Health Screening for Youth at Annual Sporting Event

Likewise, the annual Teen Suicide Screen (held in conjunction with the NUIHC “Hoops for Life” basketball tournament) has improved in program quality and significantly increased the number of Native participants from 3 of 21 participants screened in Year-2 to 18 of 48 participants screened in Year-3. The program goals for next year are to increase the number of suicide screens to 36-54 of 70 tournament participants and develop/elevate the program to serve Native American youth throughout the U.S. Additional plans also include the implementation and provision of Youth Leadership Suicide Prevention training.

### 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 2, the three primary community-building activities in this area are as follows:

- 1) Assessing current services, barriers, gaps and duplications,
- 2) Increasing the cultural competency of service providers, and
- 3) Strategic planning and effective suicide and s/a programming.

**Table 2**  
**Improving and Expanding Mental Health and Substance-Abuse Service Delivery**

GOALS/ OBJECTIVES	Activities Year-1 (11/09-8/31/10)	Activities Year-2 (9/1/10-8/31/11)	Activities Year-3 (9/1/11-8/31/12)	Planned Activities Year-4 (9/1/12-8/31/13)
<b>II. Expanding and Improving Mental Health and Substance Abuse Service Delivery</b>	<p><b>a) Planning to assess current services, barriers, gaps and duplications</b></p> <p>(Identified issues of poor community trust and a lack of community-driven programs as current barriers. Many other needs were also identified as needed, but were not suicide, mental health or substance-abuse related, but more-general Native-American community needs;</p> <p>Other implementation barriers also identified include: lack of interest in Native American issues, service provider time</p>	<p><b>a) Assessing current services, barriers, gaps and duplications</b></p> <p>External local evaluator released from contract as non-performing; did not provide assistance or feedback regarding assessment of service delivery, barriers, etc.)</p>	<p><b>a) Assessing current services, barriers, gaps and duplications</b></p> <p>University of Nebraska at Omaha (UNO) evaluators were hired to assist NUIHC with completion of the years 1-3 evaluation report;</p> <p>The State of Nebraska, Region VI Behavioral Health Administration (BHA), will be expanding current funding of substance-abuse programming to encompass suicide prevention and training)</p>	<p><b>a) Assessing current services, barriers, gaps and duplications</b></p> <p>(UNO evaluators have been contracted to assist NUIHC in the assessment of existing suicide, mental health and substance-abuse services, barriers, gaps and duplication;</p> <p>NUIHC will seek Nebraska, Region VI BHA funding for suicide prevention and training)</p>



<p><b>II. Expanding and Improving Mental Health and Substance Abuse Service Delivery (continued)</b></p>	<p>constraints, lack of resources to accomplish more work, lack of awareness of N/A's needs, no tribal unity and a "What's in it for me" mentality in larger Omaha community)</p>			
	<p><b>b) Increase Service Provider Cultural Competency</b></p> <p>(Initial planning, development and outreach phase for efforts to increase service provider cultural competency.;</p> <p>First training sessions scheduled for following year)</p>	<p><b>b) Increase Service Provider Cultural Competency</b></p> <p>(Provided cultural awareness training for 15 providers; 6 from State of Nebraska, Dept of Behavioral Health)</p>	<p><b>b) Increase Provider Cultural Competency</b></p> <p>(Cultural competency training continued, but with slightly few persons being trained;</p> <p>Established Youth Unity Council to prepare future leaders for environmental, community, educational areas to address suicide and substance abuse)</p>	<p><b>b) Increase Provider Cultural Competency</b></p> <p>(Plans for yr-4 are to involve a newly-hired Native American staff member to conduct additional cultural competency outreach, with a goal of 20 or more persons being trained;</p> <p>Continue building community by recruiting and involving youth leaders in grant-related projects and activities)</p>
	<p><b>c) Strategic-planning trainer for Project Advisory Board (PAB)</b></p> <p>(Initial development phase for future strategic planning activities;</p> <p>Goals established by the PAC and community members involved in the process are to develop a shared vision and common values; and create community-driven sustainable programs to address suicide, s/a, gangs and other issues;</p> <p>A decision was made to hire a participatory strategic-planning trainer for the Project Advisory Board [PAB])</p>	<p><b>c) Participatory - strategic-planning by PAB</b></p> <p>(Strategic-planning concept, goals/objectives and process presented to PAB and initial work begun at two community sessions)</p>	<p><b>c) Participatory - strategic-planning by PAB</b></p> <p>(Strategic-planning work continued throughout year-3 and culminated in a final report at the end of the year)</p>	<p><b>c) Strategic Planning by PAB</b></p> <p>(The vision and values concretized in the planning report will guide ongoing and new initiatives during year-4 (as show in this table and documented in the years 1-3 project evaluation report;</p> <p>The NUIHC strategic plan for suicide and substance-abuse programming will be updated on an annual basis as issues and needs arise)</p>

## **1. Assessing Current Services, Barriers, Gaps and Duplications**

Initial efforts to define the parameters of an assessment of current suicide and substance-abuse services identified barriers of poor community trust, a lack of community-driven programs and poor communication between non-Native service providers from the larger Metro-Omaha community and the Native American population. Many other barriers, issues and Native-community needs were also indentified at this time, but were related to more-general community needs and not suicide and substance-abuse programming.

Project-related barriers included: perceptions among Native Americans that the larger Omaha-area community is not interested in their needs and issues, current service provider time constraints, a lack of resources to accomplish additional work, a lack of tribal unity, plus a “What’s in it for me” mentality in the larger Omaha community and among service providers. NUIHC is very cognizant that “knowledge” of these barriers (project and non-project related, real or perceptual) may be very important in all aspects and activities of the project, as well as in future planning and development.

But clearly, the largest barrier to the completion of this assessment of current provider services, was the fact that in year-2 the external local evaluator was released from their contract as non-performing. NUIHC contended (and we concur) that the original evaluator did not provide the necessary feedback or assistance to NUIHC staff, nor did they assume the responsibility for the collection and analysis of information/data that is necessary to conduct such an assessment. For year-4, NUIHC has contracted with the University of Nebraska at Omaha to assist with the assessment of mental health and substance abuse service delivery.

## **2. Increasing the Cultural Competency of Service-Providers**

After planning and developing a program in year-1, NUIHC provided cultural-awareness training the following year for 15 local service providers, 6 of which were from the State of Nebraska, Department of Behavioral Health. The number of service providers trained in year-3 declined slightly, although plans for next year are to involve a newly-hired Native American staff member to conduct additional cultural competency outreach, with a goal of 20 or more persons being trained.

## **3. Strategic Planning and Effective Suicide and S/A Programming**

Year-1 was the initial development phase to determine future strategic planning activities. Goals established by the Project Advisory Board (PAB) and community members involved in the process are to develop a shared vision and common values and to create community-driven sustainable programs to address suicide, substance-abuse, gangs and other related issues. A decision was made to hire a participatory strategic-planning trainer for the (PAB).

The following year the strategic-planning concept, goals/objectives and the process were presented to the PAB and initial work began at two community-attended sessions. This planning work

continued throughout year-3 and culminated in a final report at the end of the year. The vision and values concretized in the strategic-planning report will guide ongoing and new initiatives during year-4 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 3, the three primary outcome-impacting activities in this area are as follows:

- 1) Suicide screening and programming,
- 2) Outcome measures of methamphetamine-related activities, and
- 3) Outcome measures of suicidal ideation, attempts and completions.

**Table 3**  
**Impacting and Improving Suicide and Substance-Abuse Outcomes**

<b>GOALS/ OBJECTIVES</b>	<b>Activities Year-1 (11/09-8/31/10)</b>	<b>Activities Year-2 (9/1/10-8/31/11)</b>	<b>Activities Year-3 (9/1/11-8/31/12)</b>	<b>Planned Activities Year-4 (9/1/12-8/31/13)</b>
<b>III. Impact and Improve Suicide and Substance-Abuse Outcomes</b>	<p><b>a) Identify/Initiate Screening and Program for Suicidal Ideation/Attempts</b></p> <p>(First ‘Question, Persuade, Refer’ (QPR) suicide screening and training held; 121 individuals [75 youth, 46 adults] were screened/trained as suicide response teams; of these, three persons were referred for additional counseling)</p>	<p><b>a) Screen and Program for Suicidal Ideation/Attempts</b></p> <p>(16 individuals trained in QPR;</p> <p>Crisis response team effort encountered duplication of effort obstacles in the Omaha community and were limited as a result;</p> <p>Project Venture, a youth development and confidence program was instituted in cooperation with the Ponca tribe;</p> <p>Another community-building, issues-oriented program, “Gathering of Native Americans” [GONA] was also initiated;</p>	<p><b>a) Screen and Program for Suicidal Ideation/Attempts</b></p> <p>(56 individuals trained in QPR;</p> <p>To increase the institutional connection between NUIHC prevention and treatment staff, as well as to benefit current and future clients, the In-Patient Director assumed co-QPR training duties.</p> <p style="text-align: center;">Project Venture continued;</p> <p style="text-align: center;">GONA Project continued;</p>	<p><b>a) Screen and Program for Suicidal Ideation &amp; Attempts</b></p> <p>(Goal of 75-85 new individuals trained in QPR;</p> <p style="text-align: center;">Project Venture to be continued and expanded;</p> <p style="text-align: center;">GONA project to be continued and expanded with the addition of a newly-hired Native American staff member</p>

<p><b>III. Impact and Improve Suicide and Substance-Abuse Outcomes (continued)</b></p>		<p>As noted in the previous section, the project evaluator was released, so NUIHC received no assistance with data needed for suicide and substance-abuse outcome measures)</p>	<p>Discussions initiated with the University of Nebraska at Omaha to assist with project research and evaluation)</p>	<p>UNO researchers have been contracted to assist NUIHC with the project evaluation and will work with project staff to identify and gather suicide and substance-abuse data sources.</p>
	<p><b>b) Outcome Measures of Methamphetamine-Related Activities</b></p> <p>(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;</p> <p>NUIHC did not report outcome measures)</p>	<p><b>b) Outcome Measures of Meth-Related Activities</b></p> <p>The Methamphetamine 360 program was explored as a model evidence-based practice and evaluation template;</p> <p>At this point, the external local evaluator released from contract as non-performing; did not provide assistance with outcome measure data sources such as: patient clinical records, participant logs, criminal history, medical health center, coroner, community prevalence, vital statistics)</p>	<p><b>b) Outcome Measures of Methamphetamine-Related Activities</b></p> <p>(Discussions initiated with the University of Nebraska at Omaha to assist with project research and evaluation)</p>	<p><b>b) Outcome Measures of Meth-Related Activities</b></p> <p>(UNO researchers have been contracted to assist NUIHC with the project evaluation and will work with project staff to identify and gather substance-abuse sources/data.)</p>
	<p><b>c) Outcome Measures of Suicidal Ideation, Attempts and Completions</b></p> <p>(2009 Suicide Statistics for Nebraska not released;</p> <p>Tele-behavioral health encounter outcome data not reported)</p>	<p><b>c) Outcome Measures of Suicidal Ideation, Attempts and Completions</b></p> <p>(External local evaluator released from contract as non-performing; did not provide assistance with outcome measure data sources as listed above)</p>	<p><b>c) Outcome Measures of Suicidal Ideation, Attempts and Completions</b></p> <p>(Discussions initiated with the University of Nebraska at Omaha to assist with project research and evaluation)</p>	<p><b>c) Outcome Measures of Suicidal Ideation, Attempts and Completions</b></p> <p>(UNO researchers have been contracted to assist NUIHC with the project evaluation and will work with project staff to identify and gather suicide sources/data.)</p>

## **1. Suicide Screening and Programming**

In terms of impacting and improving suicide outcomes, the identification and implementation of the “Question, Persuade, Refer” (QPR) screening and training program has been the projects 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 to address many psychological underpinnings of suicide ideations, attempts and completions. Researchers plan to develop and implement outcome measures for this program in year-4.

## **2. Outcome Measures of Methamphetamine-Related Activities**

This project activity, along with the one below, was the most-greatly impacted by the failure of the previous external project evaluators to not provide NUIHC with the necessary assistance, feedback and information about data sources and the key variables to be able to produce outcome measures. Researchers from UNO will examine data sources such as: patient clinical records, participant logs, criminal history and medical health-center records and vital statistics to produce these outcome measures in year-4.

## **3. Outcome Measures of Suicidal Ideation, Attempts and Completions**

This project activity, along with the one above, was the most-greatly impacted by the failure of the previous external project evaluators to provide NUIHC with the necessary assistance, feedback and information about data sources and the key variables to be able to produce outcome measures. Researchers from UNO will examine data sources such as: patient clinical records, participant logs, criminal history and medical health-center records, coroner reports and vital statistics to produce these outcome measures in year-4.