



Substance Use and Suicide Prevention (SASP), Domestic Violence Prevention (DVP), and Forensic Health Care (FHC)

Needs Assessment Findings | FY 2022

BACKGROUND

The Rocky Mountain Tribal Leaders Council, Epidemiology Center (RMTLC TEC) whose mission to *empower the American Indians of Montana and Wyoming in the development of services, systems, and epidemiologic capacities to address their public health concerns*. Under our five year work plan to *provide technical assistance to Tribes...in the development of local health service priorities...* provides the following findings from the needs assessment conducted March 14-25, 2022. The intent to understand available resources and trainings under the focus areas of substance use, suicide, domestic violence, and forensic healthcare (i.e., elder abuse) to increase trainings availability/opportunities.

ASSESSMENT DESIGN RMTLC TEC Data Management February 2022	DATA COLLECTION March 14-25, 2022	RESPONDENTS 28 respondents from Tribes, Urban, State, Federal, and Private non-profits
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Community Education and Effective Referrals

Does your agency/organization offer community education on the following:

	Percent (%)	Effective Referral (%)
Intentional Injury (Suicide)	76	69.2
Mental Health Disorders	68	73.1
Intimate Partner Violence	56	48.0
Substance Use Disorders	88	77.0
Dangers of Continued/Poly Substance Use	52	--
Signs of Sexual Transmitted Diseases/STIs	28	42.3
Signs of Elder Abuse	32	41.7
Signs of Child Maltreatment	24	60.0
Signs of Sexual Assault	36	52.0



Culturally Relevant Services

34.6-69.2%

Additional Needs/Challenges

- Treatment Centers
- Trainings: Leadership and Mental Health
- Funds (food and cultural services)
- Resource Sharing
- Culturally competent workforce
- COVID-19 endemic/moving on

Data Needs

- Treatment, Youth Data
- Purchasing Data Systems

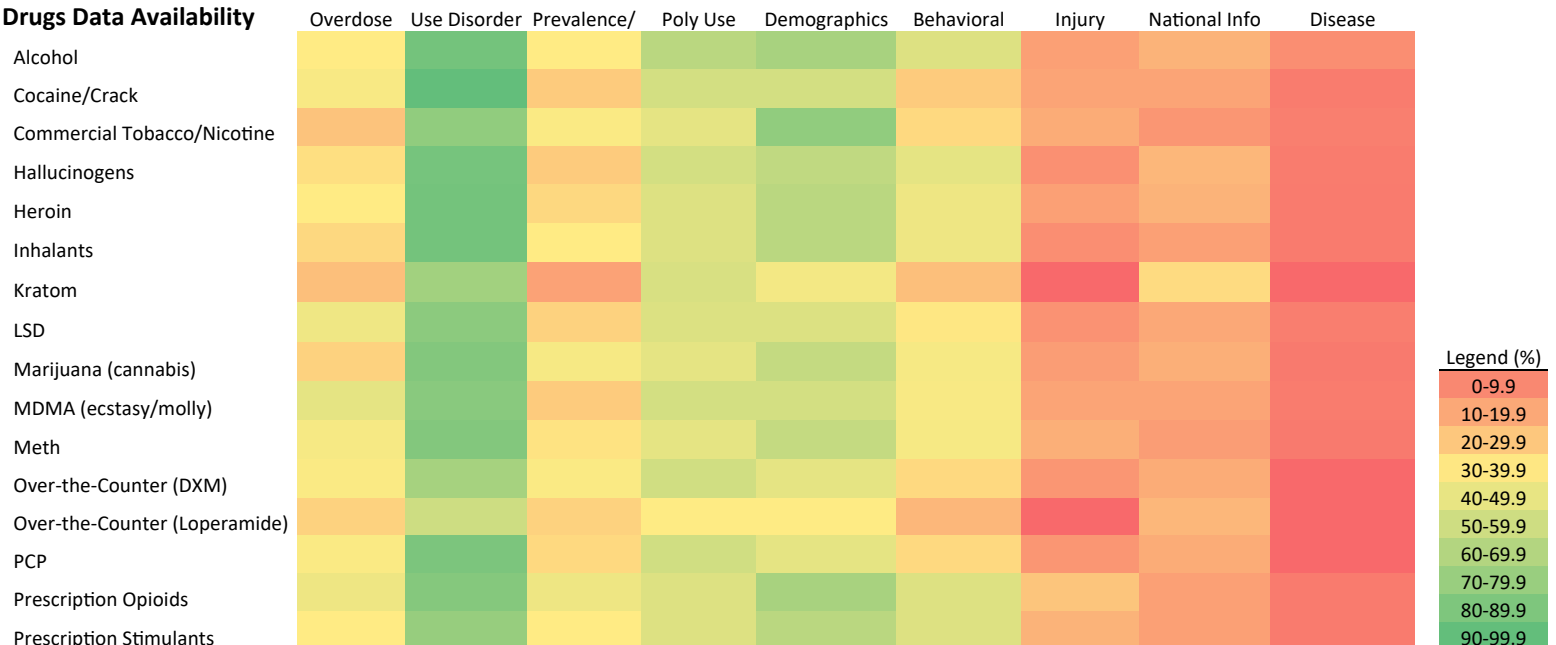


Substance Use Data Access: Trends/Patterns

	Percent (%)
Manages own database	57.1
Has agreement/collaboration with outside agencies	38.1
No database	28.6
No access to member data	9.5
No database but has interest	19.1
No database but interested to establish agreement/collaboration	14.3

Only 56.5% of respondents felt any Substance Use data is shared with Tribal Councils

Drugs Data Availability



INTENTIONAL INJURY (SUICIDE/SELF-HARM)

Trends/Patterns		Percent (%)	Existing Trainings/Participation		Percent (%)
Manages own database		25.0	SafeTALK		73.7
Has agreement/collaboration with outside agencies		20.0	ASIST (first responders)		79.0
No database		20.0	Question, Persuade, Refer (QPR)		80.0
No access to member data		40.0	Zero Suicide		57.1
No database but has interest		20.0	Native Life Skills/Native HOPE		28.6
No database but interested to establish agreement/collaboration		30.0	CBT/DBT		70.6
			LRAMP		16.7
			Indigenized Motivational Interviewing		60.0
			SAFE-T		40.0
			SBQ-R		42.9
			Sources of Strength		33.3
			Lifelines Curriculum (Teen Suicide)		23.1
			ACEs		66.7
			Trauma Informed Care		53.3
			Patient Self-Determination		15.4
			Sense of Belonging		27.3
			De-escalation Training		60.0

Data Availability	Percent (%)
Prevalence/Frequency	31.3
Mechanisms	18.8
Age and Gender-specific Rates	25.0
Tribal-specific	43.8
County level	31.3
Aggregate	31.3
National	37.5

66.7% of respondents reported that they are unaware of a Zero Suicide Tolerance Policy/Protocol

77.8% of respondents feel NO Suicide data is shared with Tribal Councils



Successes: Trainings; Cultural Outreach increased; Community Education

Additional Needs/Challenges: Trainings; Coordination/Resource Sharing; Not enough people to help

DOMESTIC VIOLENCE

Trends/Patterns		Percent (%)	Data Availability		Percent (%)
Manages own database		13.3	Prevalence/Frequency		36.4
Has agreement/collaboration with outside agencies		13.3	Confirmed/Suspected Abuse		36.4
No database		13.3	Confirmed/Suspected Sexual Abuse		36.4
No access to member data		33.3	Confirmed/Suspected Psychological Abuse		18.2
No database but has interest		26.7	Confirmed/Suspected Neglect/Abandonment		36.4
No database but interested to establish agreement/collaboration		26.7	Sexual Exploitation/otherwise		18.2
			Victims Data		18.2

Need to increase Domestic Violence Reporting

Training to avoid victim blaming when assault occurs

86.7% of respondents feel NO Domestic Violence data is shared with Tribal Councils

Successes: Healing Services

Expanding Current Efforts: External Grant Writing; Having designated DV individual

Additional Needs/Challenges: Limited communication; Effective follow-ups; Encouraging DV victims to report; Safe housing

ELDER ABUSE

Trends/Patterns		Percent (%)	Data Availability		Percent (%)
Manages own database		20.0	All violent crime		18.2
Has agreement/collaboration with outside agencies		10.0	Prevalence/Frequency		18.2
No database		40.0	Confirmed/Suspected Abuse		18.2
No access to member data		40.0	Confirmed/Suspected Sexual Abuse		18.2
No database but has interest		30.0	Confirmed/Suspected Psychological Abuse		18.2
No database but interested to establish agreement/collaboration		30.0	Confirmed/Suspected Neglect/Abandonment		27.3
			Victims Data		18.2

86.7% of respondents feel NO Elder Abuse data is shared with Tribal Councils

"I have not seen any information on elder abuse in my community" -respondent

Additional Needs/Challenges: Need trainings for others to recognize the signs of any elder abuse (physical, financial, emotional); grandparents taking care of grandchildren, no legal code for punishment.

TRAININGS OPPORTUNITIES

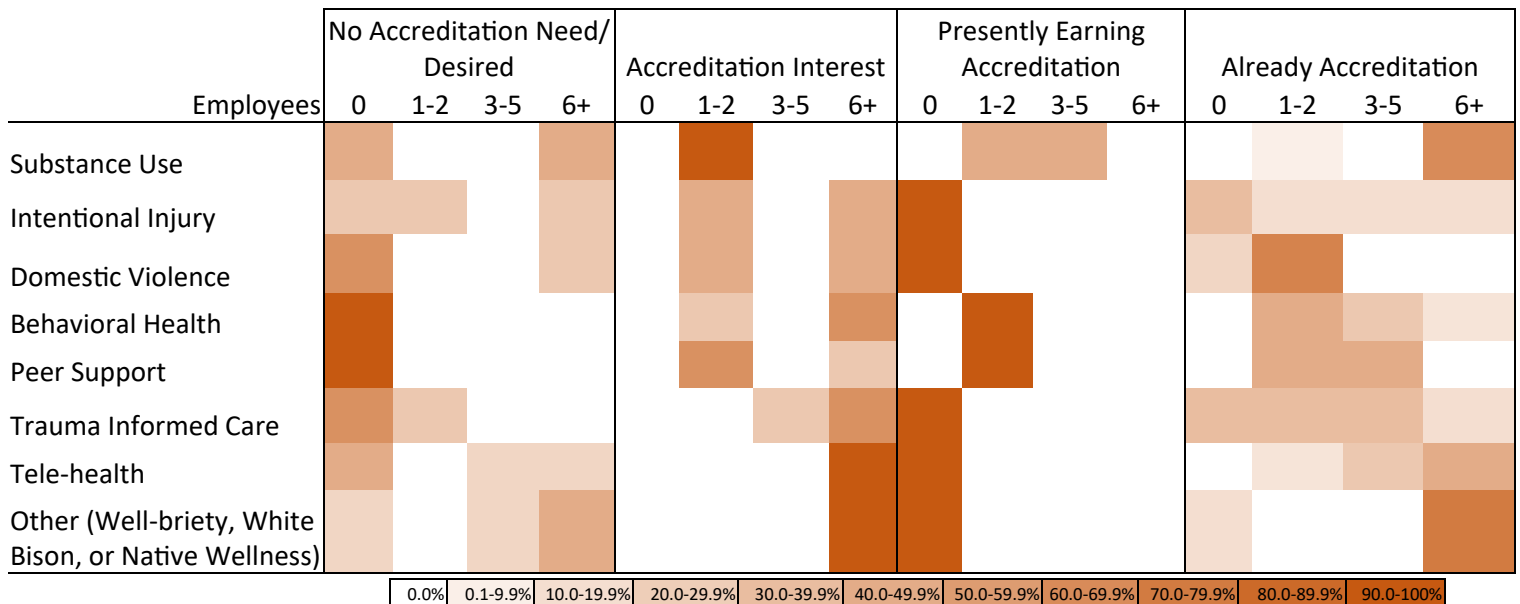
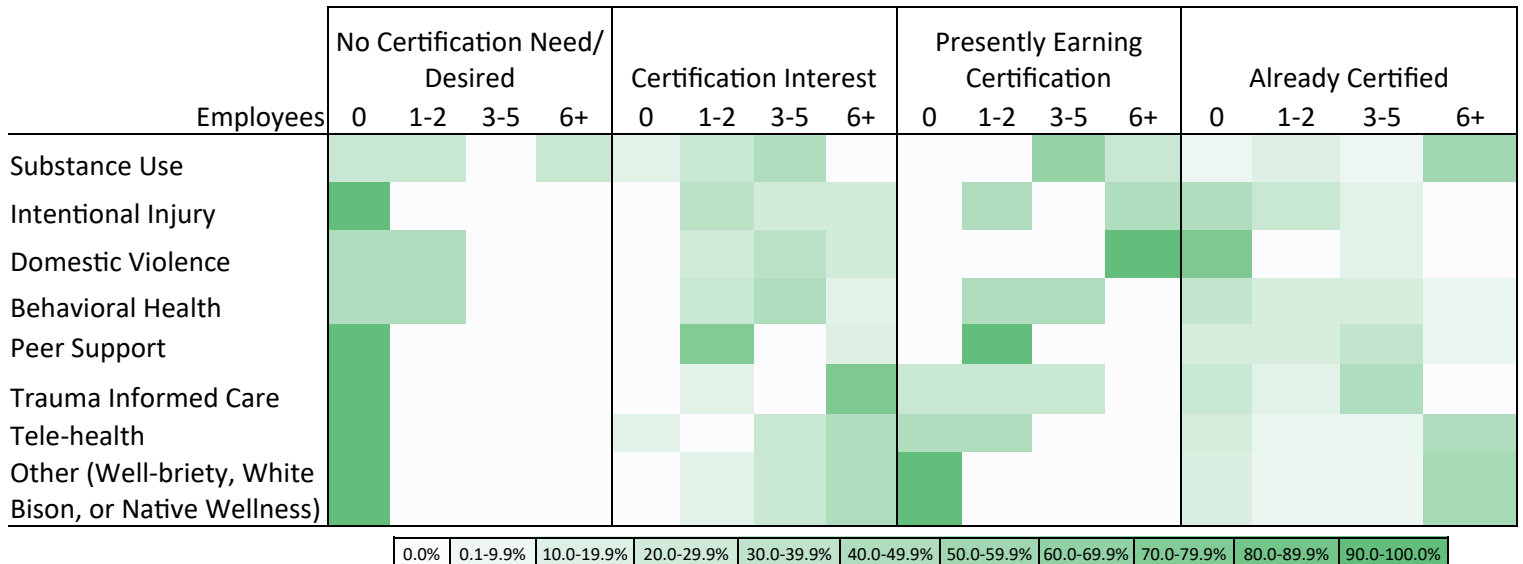
94.1% of respondents feel *their agency/organization is NOT FULLY STAFFED*

50% of respondents felt that they **DO NOT** offer **Anger Management, Domestic Violence, and Substance Use Support Groups**

89% of respondents felt that there were **NO LGBTQ trainings**

Additional Trainings: Ethics and Code of Conduct Trainings

CERTIFICATIONS/ACCREDITATIONS



This report is based on findings from the SASP, DVP, and FHC questionnaire prepared by the Rocky Mountain Tribal Leaders Council, Epidemiology Center. Any questions about the findings should be addressed to **Pharah D. Morgan, Lead Epidemiologist, pharah.morgan@rmtlc.org**.

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