

IHS Division of Behavioral Health National Data Coordinator Service Portal

Interim Data

Instructions: It is required that you fill out two interim reports per grant/program per year

Grant Number: _____ Program: (DVPI, SPIP, SAPTA, DVPFH) Reporting Periods _____

STRATEGIC PLANNING

_____ (Y/N) Have you formed a planning committee or team to produce a strategic plan to address community organizations program sustainability, community resiliency, service sufficiency, and personal self-sufficiency for the catchment area of your program? [Use your definition of catchment area from the annual report]

If yes, report the number of individuals currently on this planning committee according to their primary role:

_____ # Tribal leader	_____ # peer recovery facilitator
_____ # healthcare provider	_____ # detention/probation officer
_____ # behavioral health specialist	_____ # law enforcement officer
_____ # chaplain	_____ # school administrator
_____ # traditional healer	_____ # vocational training administrator
_____ # community volunteer	_____ # housing administrator
_____ # addiction specialist	_____ # other

When will the strategic plan be (select only one option and provide month and year)

Completed Update _____ Month _____ Year

_____ (Y/N) Have you formed a policy committee or team to produce a policy plan for local and networked agreements and protocols for a sufficient continuum of care for each: behavioral health services, methods of referrals, and partner agreements?

When will the policy plan be (select only one option and provide month and year)

Completed Update _____ Month _____ Year

What are the planned changes to local, regional, or federal policies needed for the success of your program and that of your local continuum of care?

_____ (Y/N) Have you formed a community assessment committee (or team) to produce asset map that reveals strengths and weaknesses in the service workforce and service provisions, within the local continuum of care?

When will the asset map be (select only one option and provide month and year)

Completed Update _____ Month _____ Year

\$_____ What are the estimated costs of organizing and facilitating the planning, policy, and asset map committees to the completion of these of their next updates, respectively?

When available, please provide copies of the planning, policy, and asset map to your DBH Area Project Manager.

PERSONNEL TRAINING

_____ # Number of general community-based training events funded by the program and facilitated in this reporting period?

_____ # Number of faith-based (spiritual/faith partners) training events funded by the program and facilitated in this reporting period?

_____ # Number of clinical providers training events funded by the program and facilitated in this reporting period?

_____ (Y/N) Did your program educate the community on preventing, treating, and aftercare of Substance Use Disorders (SUDs)?

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
- _____ # Number of Nurses
- _____ # Number of Behavioral Health /Mental Health Professionals
- _____ # Number of Non-Licensed Staff
- _____ # Number of Chaplains or equivalent Spiritual/Faith Leaders
- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

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_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on safeguarding and properly disposing of controlled prescription medications? If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
- _____ # Number of Nurses
- _____ # Number of Behavioral Health /Mental Health Professionals
- _____ # Number of Non-Licensed Staff
- _____ # Number of Chaplains or equivalent Spiritual/Faith Leaders
- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on recognizing signs of an opioid overdose and administering the opioid overdose reversal drug Naloxone (NARCAN)? If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
- _____ # Number of Nurses
- _____ # Number of Behavioral Health /Mental Health Professionals
- _____ # Number of Non-Licensed Staff
- _____ # Number of Chaplains or equivalent Spiritual/Faith Leaders
- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on preventing, intervening, and post-intervention for suicide risk or events among adults? If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
- _____ # Number of Nurses
- _____ # Number of Behavioral Health /Mental Health Professionals
- _____ # Number of Non-Licensed Staff
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- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on preventing, intervening, and post-intervention for suicide risk or events among youth? If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
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- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on methods and tools for screening for suicide (e.g., ASQ instrument)? If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
- _____ # Number of Nurses
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- _____ # Number of Chaplains or equivalent Spiritual/Faith Leaders
- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on methods and tools for referral pathways and connections, including those to clinics, chaplains, coaches, and others in the community?

If No, skip what's in the box below.

- _____ # Total Participants
- _____ # Estimate Count of youth (17 and under)
- _____ # Estimate Count of youth (18-24)
- _____ # Estimate Count of adults (25-54)
- _____ # Estimate Count of adults (55 and up)
- _____ # Number of Physicians
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- _____ # Number of Church-Based Volunteers
- _____ # Number of Tribal Elders
- _____ # Number of Teachers or School Leaders
- _____ # Number of Law Enforcement Officers
- _____ # Number of Child or Youth Protection Staff

Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program educate the community on the strengths that you identified from the community assessment process (e.g., resiliency factors)? If No, skip what's in the box below.

- _____ # Total Participants
 - _____ # Estimate Count of youth (17 and under)
 - _____ # Estimate Count of youth (18-24)
 - _____ # Estimate Count of adults (25-54)
 - _____ # Estimate Count of adults (55 and up)
 - _____ # Number of Physicians
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 - _____ # Number of Church-Based Volunteers
 - _____ # Number of Tribal Elders
 - _____ # Number of Teachers or School Leaders
 - _____ # Number of Law Enforcement Officers
 - _____ # Number of Child or Youth Protection Staff
- Other professional staff, please describe

_____ # Other professional staff, number

_____ (Y/N) Did your program address other topics as trainings for the community? If No, skip what's in the box below.

Please describe the other topics.

- _____ # Total Participants
 - _____ # Estimate Count of youth (17 and under)
 - _____ # Estimate Count of youth (18-24)
 - _____ # Estimate Count of adults (25-54)
 - _____ # Estimate Count of adults (55 and up)
 - _____ # Number of Physicians
 - _____ # Number of Nurses
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 - _____ # Number of Tribal Elders
 - _____ # Number of Teachers or School Leaders
 - _____ # Number of Law Enforcement Officers
 - _____ # Number of Child or Youth Protection Staff
- Other professional staff, please describe

_____ # Other professional staff, number