COVID's Continuing Impact

The continuing COVID-19 pandemic precluded nearly all in-person events for fiscal 2021. Even as some communities were able to loosen public health restrictions as both case numbers and hospitalization rates declined, tribal communities often experienced opposite trends. We continued offering our programs virtually, greatly increasing both the number of events we offered and the number of people who could attend our events. Though we are looking forward to resuming in-person events, online events are undoubtedly more convenient and cost-effective for many of our participants.

National American Indian and Alaska Native Mental Health Technology Transfer Center

The National American Indian and Alaska Native MHTTC works with organizations and treatment practitioners involved in the delivery of mental health services to American Indian and Alaska Native individuals, families, and tribal and urban Indian communities to strengthen their capacity to deliver effective evidence-based and experience-based practices. This includes the full continuum of services spanning mental illness, prevention, treatment, and recovery support.

Events: 48
Participants: 2,159

Unique website users: 9,728
Downloaded files: 222

Highlights

Urban Indian Health Program COVID-19 Needs Assessment Townhall

◊ Leaders from Urban Indian Organizations (UIOs), SAMHSA, IHS, and the Native Center for Behavioral Health (NCBH) hosted a special Town Hall to discuss findings and define actionable steps to address the needs identified in the recent Qualitative Needs Assessments of Urban Indian Health Programs and Behavioral Health Providers Serving AI/AN Populations Pre- & Mid-COVID.

August 15, 2021- August 14, 2022
◊ 25 events
◊ 1175 participants
◊ 341 Post-Event surveys completed

Demographics
◊ 51% American Indian/Alaska Native
◊ 27.96% White
◊ 8.14% Hispanic/Latino
◊ 6.06% Black
◊ 1.03% Native Hawaiian/Pacific Islander
◊ 3.10% Missing/Other

Products

- Suicide Among Native Populations
- Mental Health
- Qualitative Needs Assessments of Urban Indian Health Programs and Behavioral Health Providers Serving AI/AN Populations Pre- & Mid-COVID-19
K-12 School Supplement Highlights

The NAIAN MHTTC also has a **K-12 School Mental Health Initiative**, which is committed to providing culturally informed, evidence-based and experience-based programs and services to support Native students’ spiritual and emotional wellbeing. We provide a forward-thinking approach that gives respect to their identity, culture, and sovereignty.

**K-12 Highlights**

**Sacred Seeds: Curriculum and training for IEP Advocates serving AI/AN youth**

◊ After years of planning, in July 2021, we began working with COPAA, the Coalition of Parents, Advocates, and Attorneys to develop a curriculum and training for parents, guardians, and community members serving Native youth attending public schools, Tribal Controlled Schools and BIE schools. Sacred Seeds is one of a kind introductory course to Special Education Advocacy for those serving AI/AN students with disabilities.

**August 15, 2021- August 14, 2022**

◊ 23 events
◊ 984 participants
◊ 238 Post-Event surveys completed

**Demographics**

◊ 63.56% American Indian/Alaska Native
◊ 14.98% White
◊ 7.69% Hispanic/Latino
◊ 5.7% Black
◊ 12.15% Native Hawaiian/Pacific Islander
◊ 4.45% Missing/Other

**Full Grant Feedback**

More than 96% of participants would recommend events and more than 95% of participants have been satisfied or very satisfied with our events.

“I enjoyed learning about national resources that families can use in the event of a crisis. I have a variety of teens and adults that need additional services when they discharge from my program.”

“It was useful knowing that others have experienced some of the same challenges I have and they’ve found ways to incorporate/collaborate to implement the services/resources/support the students needed. Very Hopeful!”

“Everything was useful, I am just entering this field as a SUD Counselor trainee for my tribes.”

“I appreciate the knowledge of the presenter and the comments and input from the attendees helps to amplify that.”