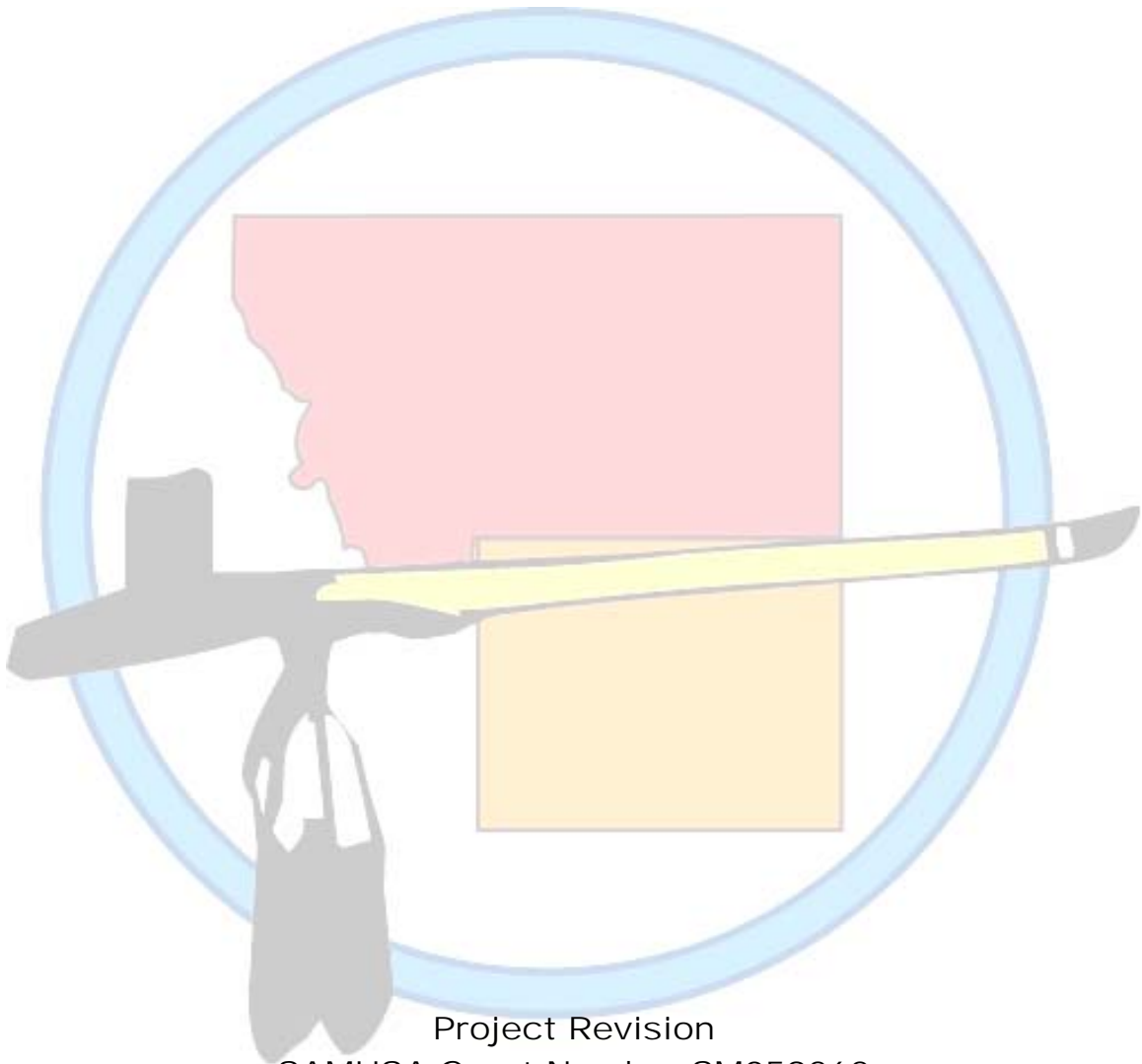


MONTANA WYOMING TRIBAL LEADERS COUNCIL
PLANTING SEEDS OF HOPE
TRIBAL YOUTH SUICIDE PREVENTION PROJECT
(Funded by: SAMHSA State/Tribal Youth Suicide Prevention Grant)



Project Revision
SAMHSA Grant Number SM059262
2009-2013

PLANTING SEEDS OF HOPE (PSOH)
PLAN 2009 - 2013

Two **IMPACT** goals
Three **STRATEGIC** goals
Seven **OBJECTIVES**

Impact Goal 1: By 2013 reservation youth in Montana and Wyoming will be out of the national top 5 for rate of suicide as evidenced by final data for the National Vital Statistics Reports.

Impact Goal 2: By 2013 the Youth Risk Behavior Survey will demonstrate a 10% decrease in the number of reservation youth attempting suicide (compared to the 2007 survey).

Strategic Goal 1: Strengthen Suicide Prevention By 2013

Objective 1: Promote Awareness

Objective 2: Increase # of suicidal youth identified and referred

Objective 3: Promote Youth Leadership to Increase protective factors for reservation youth ages 10-24

Objective 4: Decrease isolation for veterans

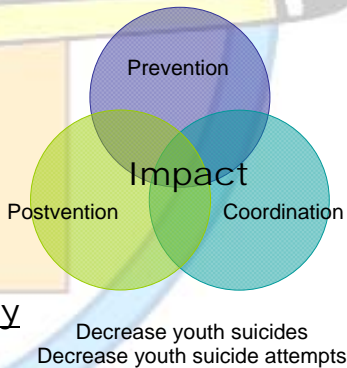
Strategic Goal 2: Strengthen Suicide Postvention By 2013

Objective 5: Increase supports to reservation families where there has been a suicide or suicide attempt.

Strategic Goal 3: Strengthen Coordination By 2013

Objective 6: Strengthen and maintain public/private partnerships

Objective 7: Increase data sharing capabilities across sectors for suicide referral and follow-up.



STRATEGIC GOAL 1: STRENGTHEN SUICIDE *PREVENTION* BY 2013

Objective 1: PROMOTE AWARENESS

1.1 National Lifeline

- 1) Build bridges between Voices of Hope and reservation coalitions (for example, introduce lifeline personnel to coalition members, and to Tribal Councils)
- 2) Distribute culturally appropriate posters (with tribal seals or other familiar symbols) and other promotional items at places and events where a high saturation of awareness can be achieved (such as basketball games, pow wows and at schools or mental health centers)
- 3) Share ideas for success on the reservations with National Lifeline
- 4) Train Voices of Hope operators in Great Falls how to handle and track Native American calls. Provide operators with a cultural guide describing specific tribal norms and beliefs around suicide.

1.2 Reservation-specific resource guide for use by professionals and general public

- 1) Coalitions will help to decide the most effective medium for a resource guide, and collect the information for the resource guides.
- 2) Coalitions will distribute resource guides.
(Attention will be given to cultural, socio-economic, gender and age contexts for design and distribution)

1.3 Natural Helpers or Reservation Heroes

- 1) Coalitions identify individuals who are doing extraordinary work to promote life on the reservations.
- 2) Coalitions honor these helpers/heroes in whatever way they determine appropriate.

1.4 Cultural Norms Campaign

- 1) Youth Councils identify tribal norms and beliefs which discourage suicide and encourage self preservation.
- 2) Youth design media campaign to promote these cultural norms. *(youth will utilize existing community resources to design and implement campaign)*
- 3) Youth apply for mini-grants (to MWYTLC) to implement their campaigns.
- 4) Campaigns are implemented.

Objective 2: INCREASE # OF SUICIDAL YOUTH IDENTIFIED AND REFERRED

2.1 Gatekeeper Training

- 1) Each reservation will conduct at least ten QPR, ASIST, and/or SafeTALK trainings annually.
 - Goal is to train 5% of all tribal members in Year 1, 10% by year two, and 15% by year three. These trainings may include older youth (18-24).
- 2) Appropriate best practice training for younger youth (up to age 18) must be identified. Suicide Talk and SafeTALK have been tried and have not worked well for PSOH youth in MT or WY.
- 3) An appropriate training will be identified and implemented annually for all youth council members on the reservations. PSOH will work with training developers if necessary to maintain fidelity but adapt training to cultural context.

2.2 Screening and Brief Intervention:

In Year 1 of the grant PSOH will lay the groundwork to pilot a best practice screening and brief intervention program (for example Teen Screen) in Year 2.

Year 1

- 1) PSOH staff identifies a community open to piloting a screening and brief intervention program (such as Teen Screen).
- 2) Assess availability of referral and follow up services in pilot community (for teens who are identified through screening).
- 3) Create a plan for pilot community to build capacity for intervention with appropriate stakeholders, including Indian Health Services, Tribal Health, border town hospitals, schools, and traditional societies, clans, or leaders.
- 4) Select a best practice screening program through a participatory process which includes consulting with traditional leaders familiar with taboos, and other key stakeholders.

(PSOH will consult with tribes who have successfully implemented programs such as Teen Screen on the Standing Rock Sioux Indian Reservation and those who have unsuccessfully tried to implement Teen Screen, as well as program developers for assistance with cultural adaptations)

Year 2

- 5) Best practice screening and brief intervention program is piloted in one location

Year 3

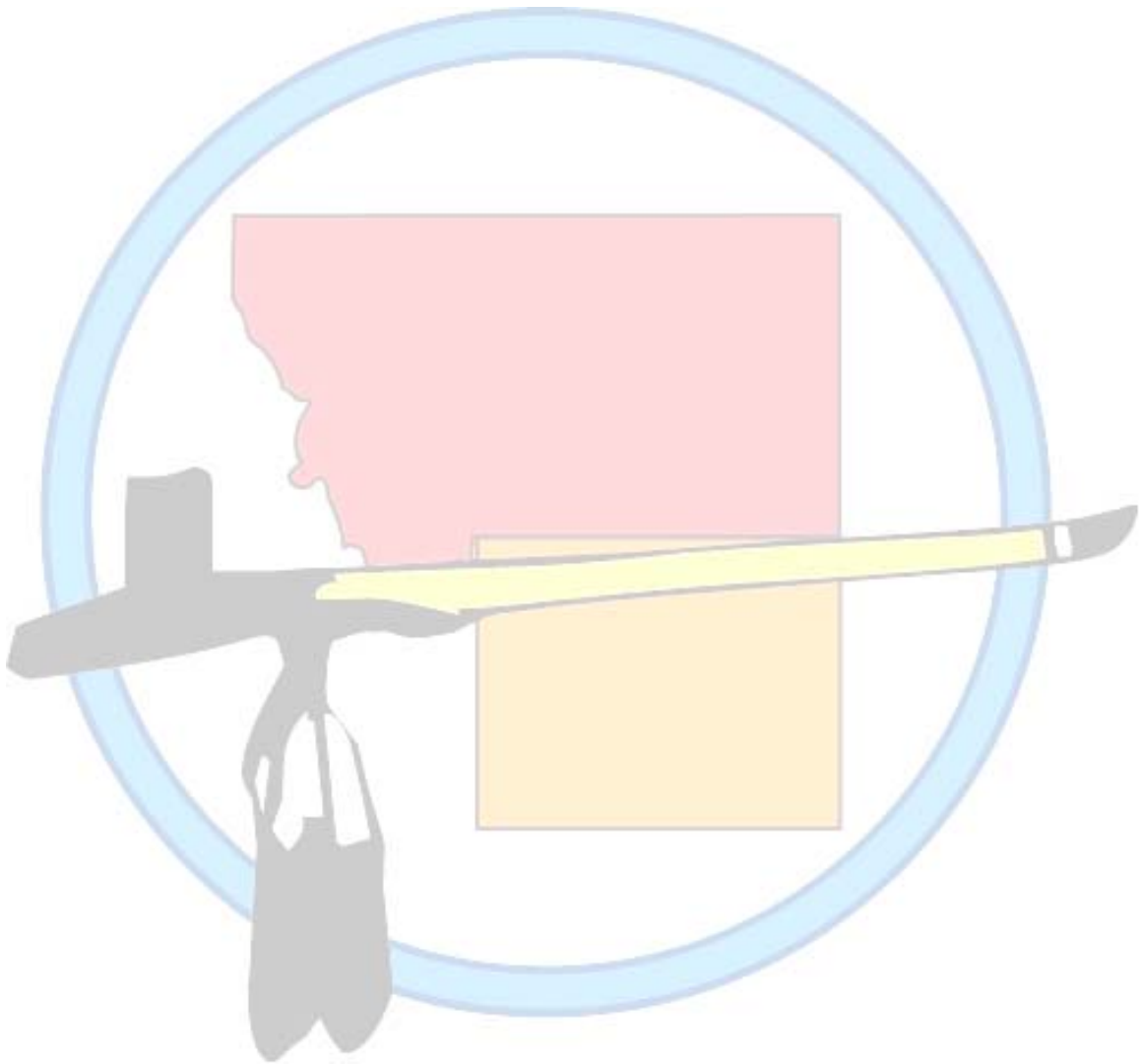
- 6) PSOH will disseminate lessons learned to all reservations.
By the end of the grant it is hoped that at least three reservations will be implementing or ready to implement screening and brief intervention.

Current Barriers to Screening and Brief Intervention

- 1) Lack of resources for referral and follow-up.
 - If youth are identified as at risk, there will not be appropriate referral and follow-through available.
 - It is anticipated that an overwhelming number of youth will present as suicidal if a screening program is in place, and that no system on the reservation is equipped to handle thirty – forty youth.
 - Best practice screening programs require that intervention be available to youth who are identified as needing it.
- 2) Cultural taboos.
 - Many tribes are working in conditions where there are cultural taboos to identifying or speaking about suicide or even suicidal ideation, not to mention the already generally stigmatized subject of suicide.

2.3 Formal and Informal Incident Reports for suicidal ideation and/or completions:

- 1) Incident reporting
- 2) Incident reporting training
- 3) Referral process training



Objective 3: Promote Youth Leadership to Increase protective factors for reservation youth ages 10-24:

3.1 Train Youth

- a) Cultural resilience and tribal histories training
- b) Skill buildings – assess, build capacity, plan, implement and evaluate.

3.2 Concrete opportunities for youth to participate in and contribute to school and/or community projects/activities

- a) In Year 1 of the grant youth councils will create a “dream plan” for youth in their communities.
- b) In Years 1-3, youth councils will have the opportunity to apply for mini-grants to implement part of their “dream.”
- c) In addition, in each year of the grant youth councils will design an Honor Your Life campaign to promote cultural norms which discourage suicide and promote self preservation, and have the opportunity to apply for a mini-grant to implement the Honor Your Life campaign.
 - *The mini-grants give youth tangible opportunities to share knowledge from training with peers and the community, and it gives them an opportunity to implement solutions.*
 - *It is not enough to identify problem behaviors or suicidal ideation in youth. Youth must have alternatives and gain life skills.*
 - *The process of planning, applying for, and implementing the grants will teach youth planning, budgeting, marketing, leadership, evaluation and reporting skills. It will also connect them in a meaningful way to adults in the community.*

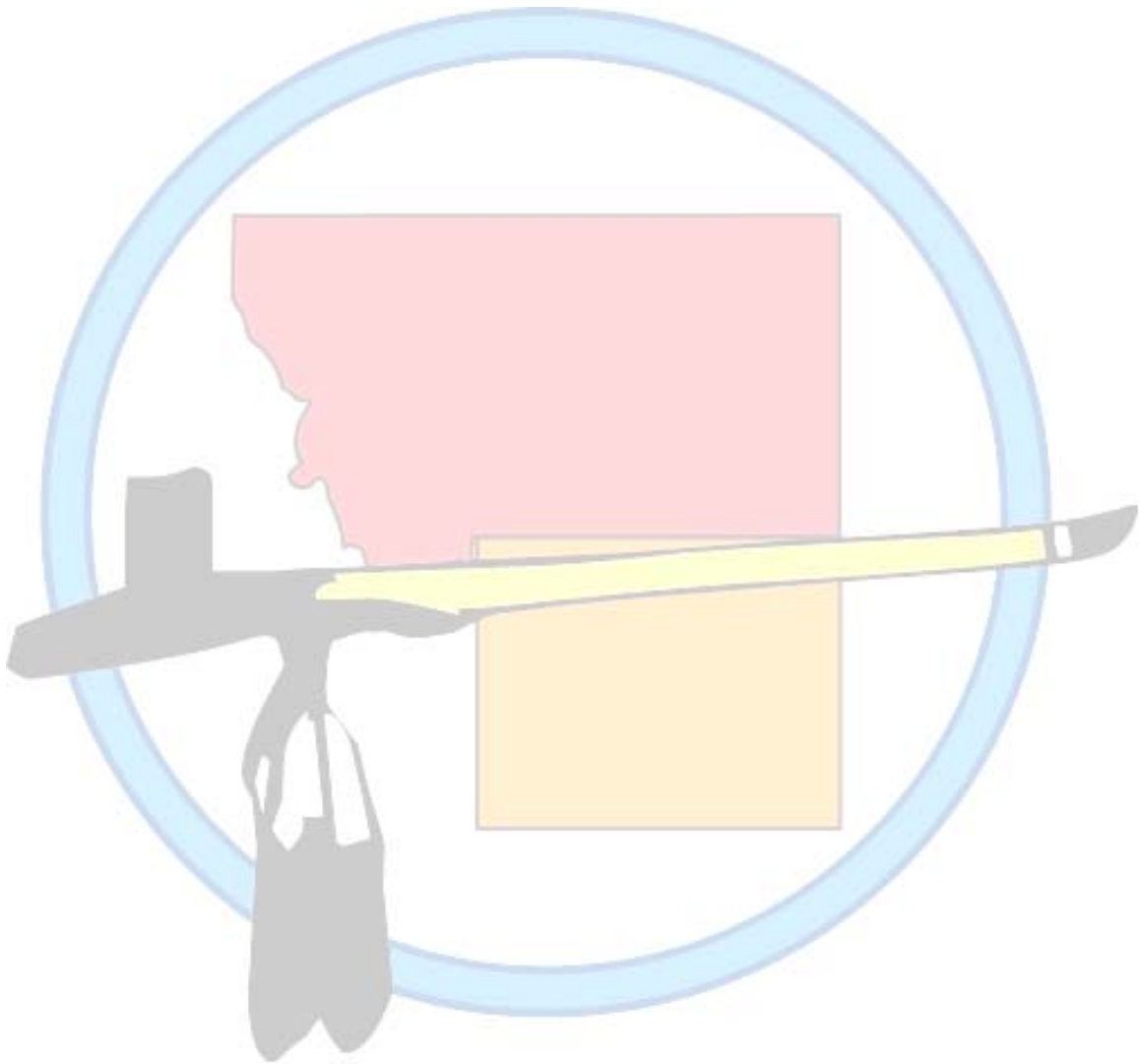
3.3 Develop, implement, maintain and sustain youth leadership activities

A Tribal Youth Coordinator will assist each community in the development, implementation, maintenance and sustainability of the activities below.

- a) **Develop Youth Council:**
 - 1) Develop tribally specific formal infrastructure for each youth “council.”
 - 2) A meeting schedule for the council will be set and publicized.
 - 3) A recruitment plan will be set in place.
- b) **Implement Youth Council**
 - 1) An appropriate adult and sponsoring organization will be identified for each council.
 - 2) Anyone working with youth will be required to submit to a background check (this is best practice to protect youth, who are a vulnerable population).
 - 3) Local mentors are critical for local ownership and for sustainability when the grant is gone.
- c) **Maintain and Sustain Youth Council Infrastructure**
 - 1) Youth create dream plan for their community and present to community partners who can assist with sustainability of council.

<p style="text-align: center;">Youth Council Background</p> <ul style="list-style-type: none">• An AmeriCorps Volunteer In Service To America (VISTA) is already hired to work on Youth Council development for Fort Belknap.• To date, the youth councils have met statewide and there has been little follow-through on the local reservation level.• There are two existing local youth councils: WY UNITY Council, and the Nakota White Clay Unity Council in Fort Belknap. Both councils are currently in collaboration with the PSOH project. <p style="text-align: center;"><i>Youth councils provide reservation communities with a mechanism to create optimism and hope in youth and to harness their energy and enthusiasm for suicide prevention.</i></p>
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- 2) Youth create plan for mini-grant which to implement part of dream plan.
- 3) Youth councils design a media campaign to promote cultural norms which discourage suicide and promote self preservation, and have the opportunity to apply for a mini-grant to implement the media campaign.



Objective 4: DECREASE ISOLATION FOR VETERANS

4.1 Maintain networks with other veteran supporters.

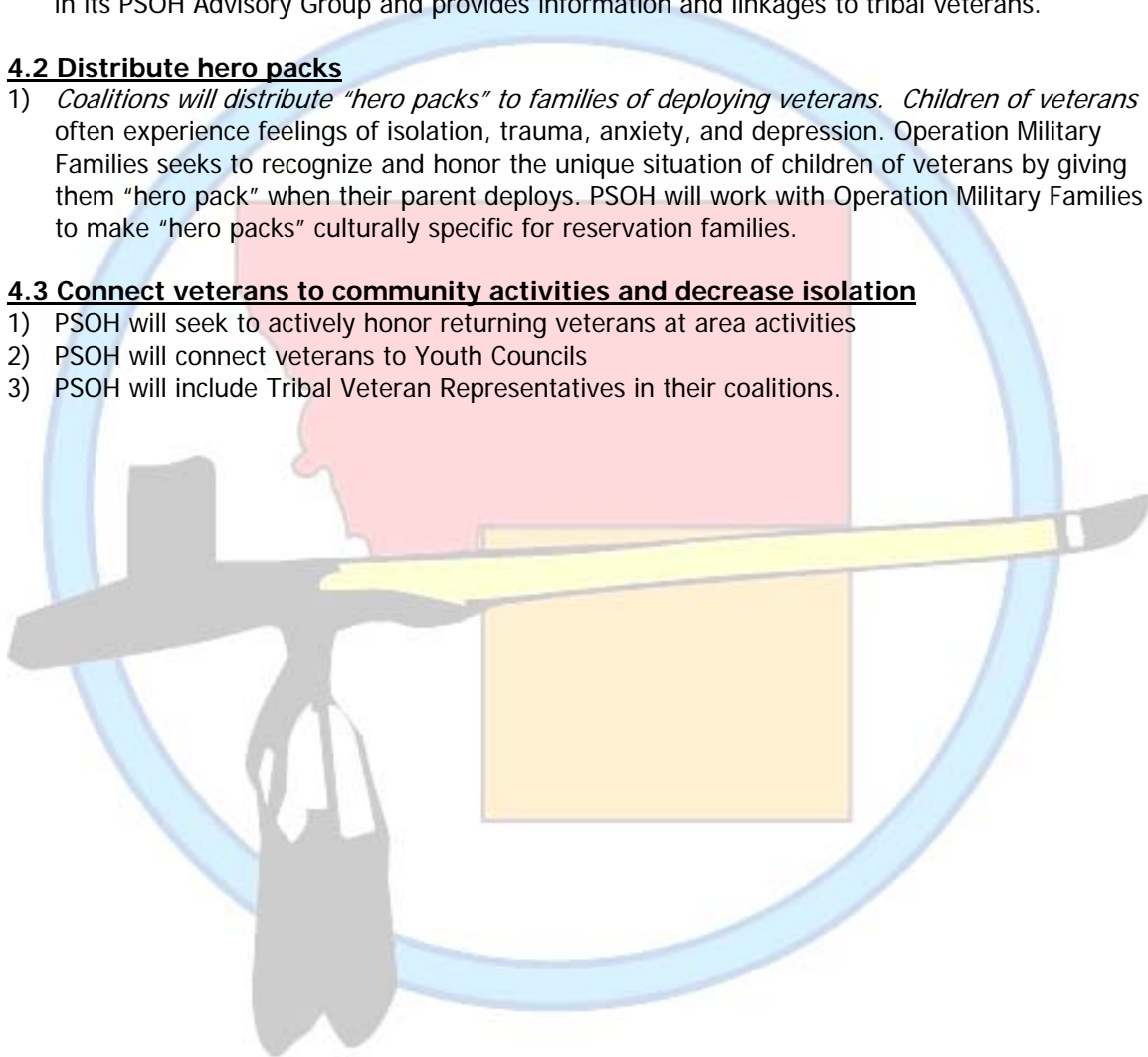
- 1) PSOH will maintain existing relationship with NAMI (National Alliance on Mental Illness) MT Executive Director, Matt Kuntz; Military One Source; and Family Assistance Centers. In the current relationship PSOH supports legislative advocacy for veterans, such as the Post Deployment Health Assessment Act, which requires face to face mental health assessments prior to deployment, upon redeployment, and once a month for the two years following redeployment. Kuntz has succeeded in passing this legislation in MT. PSOH includes Kuntz in its PSOH Advisory Group and provides information and linkages to tribal veterans.

4.2 Distribute hero packs

- 1) *Coalitions will distribute "hero packs" to families of deploying veterans. Children of veterans often experience feelings of isolation, trauma, anxiety, and depression. Operation Military Families seeks to recognize and honor the unique situation of children of veterans by giving them "hero pack" when their parent deploys. PSOH will work with Operation Military Families to make "hero packs" culturally specific for reservation families.*

4.3 Connect veterans to community activities and decrease isolation

- 1) PSOH will seek to actively honor returning veterans at area activities
- 2) PSOH will connect veterans to Youth Councils
- 3) PSOH will include Tribal Veteran Representatives in their coalitions.



STRATEGIC GOAL 2: STRENGTHEN SUICIDE *POSTVENTION* BY 2013

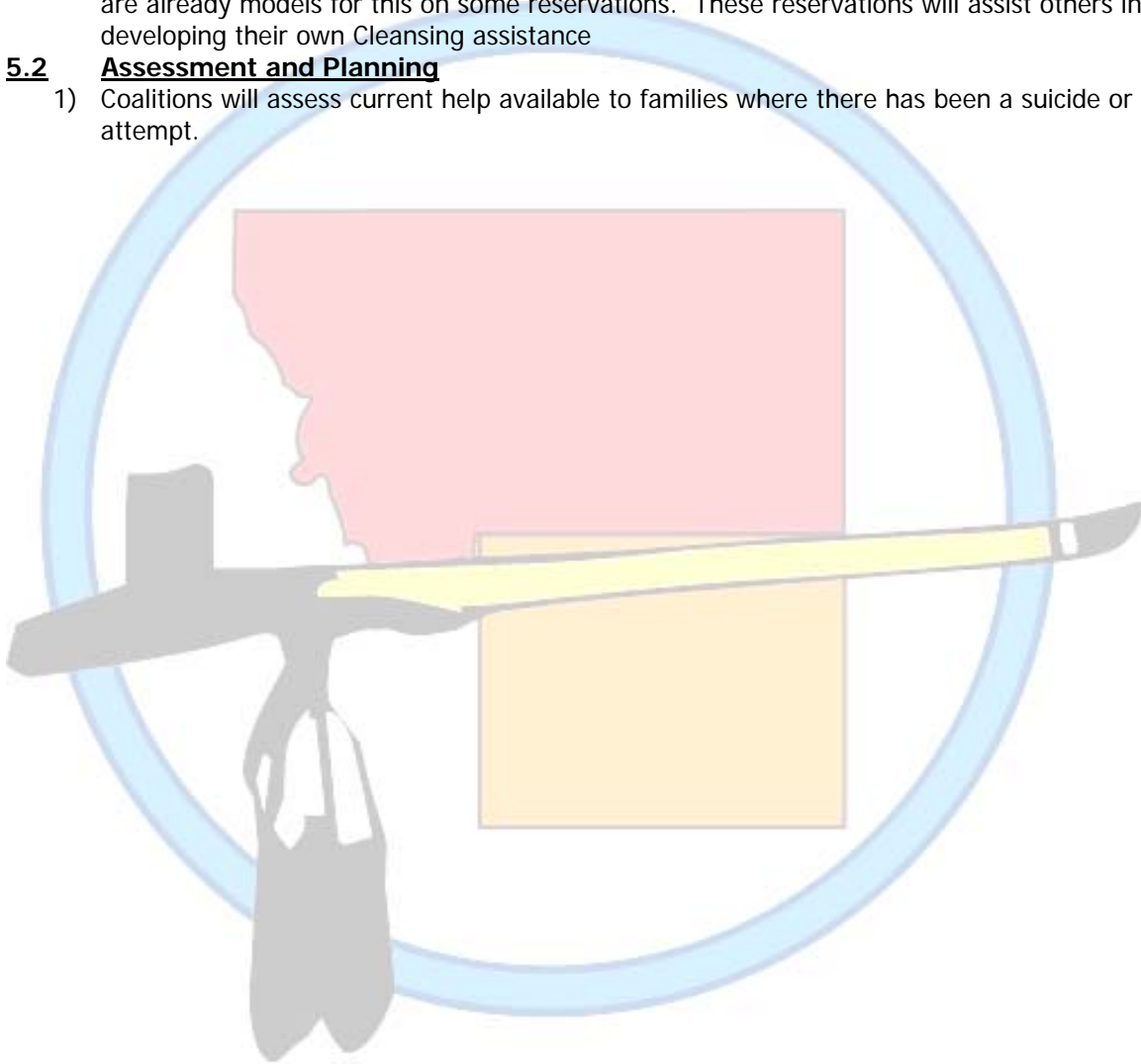
Objective 5: INCREASE SUPPORTS TO RESERVATION FAMILIES WHERE THERE HAS BEEN A SUICIDE OR A SUICIDE ATTEMPT

5.1 Grief support/Cleansing

- 1) Coalitions will implement grief support groups. Some Tribal Training Coordinators are trained in this and implementing. They can train others.
- 2) Coalitions will provide tribally appropriate Cleansing when a suicide has occurred. There are already models for this on some reservations. These reservations will assist others in developing their own Cleansing assistance

5.2 Assessment and Planning

- 1) Coalitions will assess current help available to families where there has been a suicide or attempt.



STRATEGIC GOAL 3: STRENGTHEN **COORDINATION** BY 2013

Objective 6: STRENGTHEN AND MAINTAIN PUBLIC/PRIVATE PARTNERSHIPS

6.1 PSOH Advisory Group

- 1) PSOH sustains and strengthens advisory group. Advisory group ensures there is no duplication of efforts and enhances productivity by providing mechanisms to share data, plans, barriers.
- 2) The Advisory Group meets quarterly and helps oversee the work of PSOH. This network will actively work on improving suicide data collection, advocate for public policy measures which promote life, and share plans, resources.

6.2 Community Readiness Survey

- 1) Implement CRS Pre and Post Annually

6.3 Maintain existing coalitions and network with others

- 1) Assess local coalitions and partners that need to be involved in local suicide prevention efforts.
- 2) Formalize partnerships with coalitions via create membership protocol or MOUs

Objective 7: INCREASE DATA SHARING CAPABILITIES ACROSS SECTORS FOR SUICIDE REFERRAL AND FOLLOW-UP

7.1 Coordinate with Rocky Mountain Tribal Epidemiology Center through the MT WY TLC

PSOH Staff will collaborate with the RMTEC in order to utilize suicide prevention data from their suicide data tracking system already in place.

7.2 Explore Other Successful Youth Data Sharing Models

- 1) The Kids Management Authority Systems of Care group in MT has worked to overcome data sharing barriers across sectors with high needs youth in urban areas. PSOH will work with the KMA to understand the mechanisms they have developed.

TABLE 5 from Grant Proposal:
PSOH ADVISORY GROUP in 2008/2009

PUBLIC PARTNERS

- Tribal Health Directors
- Tribal Council Members
- Tribal Colleges
- Tribal Police
- MT Senators Baucus & Tester
- MT Rep. Rehberg
- MT Department of Corrections
- Montana National Guard
- National Lifeline Number
- Military One Source
- MT & WY Departments of Health & Human Services (includes mental health, substance abuse, child protective services)
- MT and WY State Suicide Prevention Coordinators
- Governor's Coordinator of Indian Affairs
- Office of Public Instruction
- Fetal Infant & Child Mortality Review
- Fremont County Coroner's Office
- Fremont County Suicide Prevention Task Force
- Casper Behavioral Health
- Riverstone Health
- Americorp VISTA
- Indian Health Service (mental health, substance abuse, statistical dept, hospitals, prevention)
- Bureau of Indian Affairs
- SPRC
- SAMHSA

PRIVATE PARTNERS

- North American Indian Alliance
- Voices of Hope
- National Alliance on Mental Illness
- Youth UNITY councils
- Montana Mental Health Association
- Yellowstone Suicide Prevention Coalition
- Local Native Youth Council members
- Native HOPE
- Montana State University
- University of Montana
- National Native Children's Trauma Center

