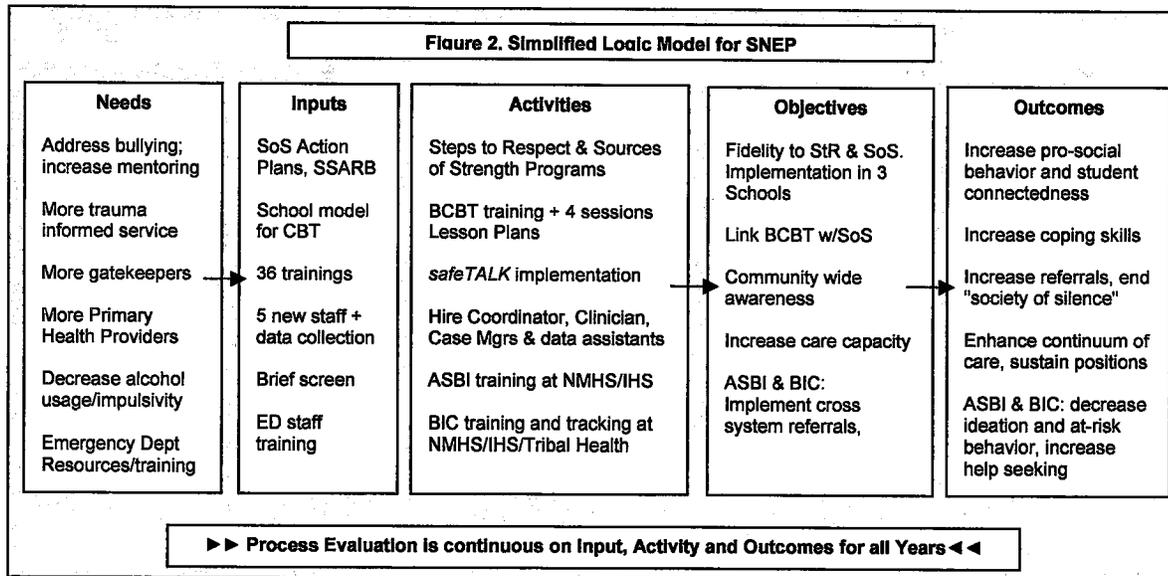


**RED = Fort Peck Tribal Health (and other community partners)**

**Green = NNCTC (and schools)**

**Purple = Both NNCTC and Tribal Health (and other community partners)**



**Section C: Proposed Implementation Approach**

**Purpose and goals and objectives:** The purpose of the project is to create a comprehensive system of care that reduces youth suicide. The specific goals to accomplish this purpose are:

1. Increase the number of primary health care and mental health providers trained to assess, manage and treat youth at risk for suicide.
2. Increase the number of youth, school staff, parents and community members trained identify and refer a youth at risk for suicide.
3. Increase the number of youth receiving mental health and substance abuse services by improving access to care.
4. Promote the National Suicide Prevention Lifeline in all project trainings, outreach and interventions.

TABLE 3: Project Goals & Objectives	Activity References	Responsible Agencies
<b>G1. Increase the number of primary health care providers and mental health providers trained to assess, manage, and treat youth at risk for suicide.</b>		
O1. Increase number of personnel working in Tribal Health Department.	Hire suicide prevention Case Managers, licensed clinician.	Tribal Health Department
O2. Deliver trainings to primarily health	ASBI and BIC	IERS, IHS Tribal

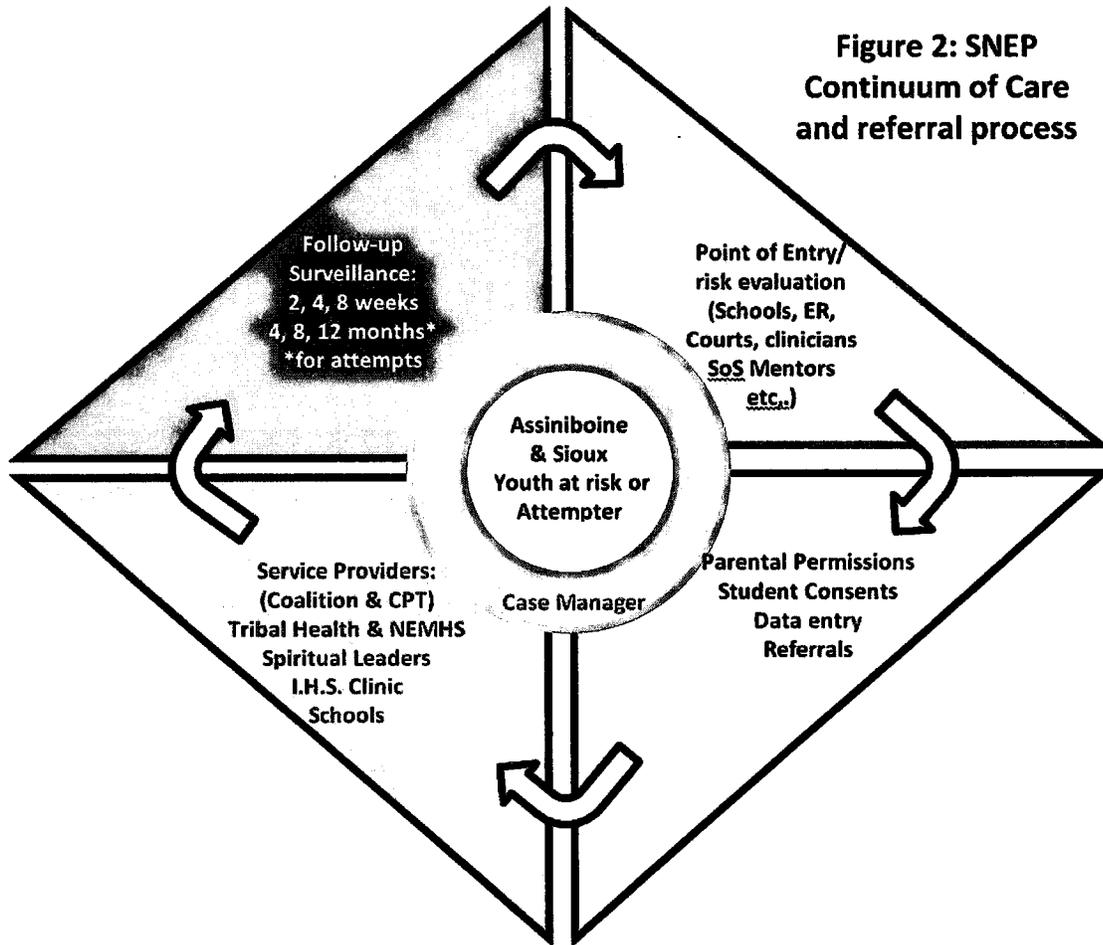
providers, mental health providers, suicide prevention professionals, Case Managers, and clinicians.	interventions.	Health and NEMHS
O3. Deliver trainings in data management systems.	All SNEP agencies implement	IERS, IHS Tribal Health and NEMHS
<b>G2. Increase the number of youth, school staff, parents, and community members trained to identify youth at risk for suicide and decrease risk factors associated with youth suicide.</b>		
O1. Provide gatekeeper training to all stakeholders	safeTALK	IERS
O2. Implement peer mentor program in three schools	SoS	IERS, schools
O3. Incorporate Fort Peck Community College to assist in a suicide prevention oriented student mentoring program (middle and high schools)	SoS	IERS, FPCC, schools
O4. Implement school-based bullying prevention program	StR	IERS, schools
O5. Targeted outreach to LGBT youth	SoS, StR and BCBT	IERS, schools, lifeline
O6. Target outreach to military families	SoS, StR and BCBT	IERS, warrior societies, lifeline
O7. Child protection team case review	Initiate referral	Tribal Health
<b>G3. Increase the number of youth receiving mental health and substance abuse services.</b>		
O1. Provide trauma-informed training to school staff and implement related group based intervention.	BCBT	IERS, schools
O2. Create a referral process implemented at the point of contact and integrated across service provider agencies.	BIC and ASBI	IERS, IHS Tribal Health, NEMHS
O3. Long-term follow up by Case Managers	BIC and ASBI	Tribal Health
O4. Provide access to traditional Assiniboine and Sioux healing practices upon request. (Three spiritual leaders with formal relationships with IERS. Referrals to pastoral care from other religions will also be provided upon request).	Referral to Assiniboine/Sioux spiritual leaders ( <i>M. Todd, A Foote, Sr., R. White or others</i> )	Tribal Health, schools
<b>G4. Implement public awareness program for the National Suicide Prevention Lifeline</b>		
O1. Increase awareness and usage of accredited 24-hour crisis hotline.	Lifeline promotion embedded in all trainings, outreach and interventions	IERS, Tribal Health, Schools, Community

**Organizations Participating:** The Fort Peck Tribal Executive Board (council) officially accepted the findings and recommendations of the DSR and called together private and public agencies to form the Fort Peck Suicide Prevention Coalition. The coalition was charged with developing a suicide prevention strategy that would incorporate the findings of the DSR, and the FPHA-YRS. This SNEP proposal is one of the direct outcomes of the council's charge. All coalition members will participate in implementation of this grant. The coalition members include: Fort Peck Tribal Health, Family Violence Resource Center (the domestic violence victim services program), Youth Services (Juvenile Detention Center and Transitional Living Unit), Tribal Courts (family and youth) , Fort Peck Indian Health Service unit (IHS), Bureau of Indian Affairs Social Services, Roosevelt County Child Protection Services, Northeastern Montana Health Services (a private hospital, emergency department, clinic and pharmacy located in the communities of Wolf Point and Poplar) and three school districts that serve the children and youth of the Fort Peck Reservation. For a reference for specific responsibilities refer to Table 3, Goals and Objectives and Table 4, SNEP Timeline.

**Obtaining Parental Consent, Family Involvement and Cross-System Referral Process:** Trust between some parents and schools must be addressed in Fort Peck. According to local sources, parents or guardians whose school experiences were negative are understandably reluctant to entrust their children to the care of school-based programs. Accordingly, great care will be taken to ensure that accurate and timely information is provided to parents and guardians through direct consultation with one of the five, tribally enrolled staff who will be hired through SNEP at the Tribal Health Department, or through the SNEP project director, who herself is an enrolled member. Many SNEP community meetings, group interventions, and outreach activities will be held at venues such as the tribally-run Fort Peck Community College and tribal cultural centers in Brockton, Fort Kipp and Poplar.

**Fort Peck Tribal Health will house a licensed clinician to provide treatment to suicidal youth, a suicide prevention coordinator who will be responsible to follow the data collection process and three Case Managers who will be engaged from the point of entry through the referral for services and follow-up surveillance and support. The Case Managers will be responsible to do the referral after a patient is discharged from the emergency room or other primary care facility where the patient has been evaluated and treated for suicidal risk and then**

released.



The referral process will consist of facilitating permissions for continued services from parents, consent from the youth, validating the information, and entry of data into the SNEP database (which also tracks trainings, outreach and overall program impact). The SNEP database, will be housed at the University of Montana and managed by the director of evaluation (D. Schuldberg) and the evaluation coordinator (J. Frederikson). The five, part-time contracted data collection specialists (three at schools, one each at the community college and NMHS) also will have responsibility for maintaining data.

Besides ongoing data entry in the the SNEP database, the project's Case Managers at the Tribal Health Department (supervised by J. Melbourne, health director) will provide follow-up contact with the youth at risk, update treatment plans, assess (in collaboration with clinicians) for psychological and social risks, and communicate care plans to the child protection team or coalition when appropriate.

In this process, there is explicit integration of SNEP interventions and the continuum of care across agencies. To accomplish this, the Case Managers will also provide supportive communication directly to the youth, their families, their teachers, their mentors in the Sources of Strength (SoS) program and also to the leaders of the Steps to Respect (StR) bullying prevention program in order to promote resilience, a sense of value, and encourage youth to seek help. (See Figure 3: SNEP Continuum of Care and Referral Process).

**Implementing Services and Practices: Lifeline-** SNEP will promote Lifeline at all event trainings, outreach events, in all program materials, and during all intervention activities. In addition, SNEP will promote Lifeline with the Montana Two-Spirit Society, which has increased awareness about Native LGBT issues (Barrios & Herrea, 2011). Based on focus groups with local youth and the results of the Fort Peck Tribal Housing Youth Recreation Survey, students want information about increasing the number of young people using Lifeline and promoting those services in more locally-relevant and culturally-appropriate ways. **To accomplish this, talking circles on these two issues will take place with youth grades 5-12 in each school and will be facilitated by the SoS school team leader with results reported back to the SNEP team, and the coalition.**

**safeTALK -** In order to increase awareness of suicide and to be able to identify a youth at risk for suicide SNEP will increase training in safeTALK a gatekeeper training model. safeTALK is a four-hour session with the objectives to challenge attitudes that inhibit open talk about suicide, recognize a person who might be having thoughts of suicide, engage them in direct and open discussion about suicide, listen to the person's feelings about suicide to show that they are taken seriously, and move quickly to connect them with someone trained in suicide intervention. In each year of SNEP, safeTALK trainings will be provided in each of the three high schools. The nine coalition agencies will also receive safeTALK training. Finally, two community events in Poplar, Brockton and Wolf Point will occur each year of SNEP for a total of thirty-six safeTALK training events.

The issue of para-suicidal behavior will be addressed broadly at the schools because of its prevalence in the Fort Peck Communities. Specifically, the UM IERS-NNCTC staff will embed this topic into the SoS curriculum, the BCBT and the safeTALK trainings. The educational materials will focus on broad awareness of the issue and provide guidance on how to make referrals to mental health professionals when clinical solutions are necessary.

**Sources of Strength-** The SoS model will be implemented in each the schools in years two and three. Train the trainer will occur in year one to lay the foundation for local implementation. The SoS two-year implementation plan process includes creating awareness and acceptance, identifying and training adult advisors, recruiting and training peer leaders, establishing and maintaining peer-to-peer contacts and providing support and technical assistance.

As shown in the timeline and suggestion in Section B, main implementation would occur in Years Two and Three with the required 12 Action Step ½ day trainings spread across Quarters 1-3 of each of those years. Nomination for the groups will occur in the Fourth Quarter of Year One and may include graduates of the BCBT intervention noted below. Students will be actively recruited through group information meetings, one-on-one conversations and peers who encourage other students ("Sources of Strength," 2011).

**Brief-Cognitive Behavioral Therapy for Trauma-** As a result of all the issues mentioned in this proposal, SNEP partners will work together to address the prevalence of childhood traumatic stress through trauma awareness training in all of the schools. The BCBT model outlined in Section B will be embedded in the local Assiniboine and Sioux cultural context. BCBT is a curriculum built around four sessions lasting 40-90 minutes, depending on the schedules of each of the schools. The sessions give students examples of trauma, trauma symptoms, how to manage these symptoms and social skills b(LoMurray

& Wyman, 2009)uilding. It is designed to dovetail with mentoring and bullying prevention programs such as SoS and StR.

Implementation requires training teachers. Poplar, Brockton and Wolf Point school administrators have already offered to co-facilitate and schedule such training. The teachers will be selected by students who identify them as supportive and who are endorsed by school administrators for their classroom effectiveness. BCBT will also have a referral to the SNEP/Tribal Health Department Case Managers for students who may need additional supports.

*Steps to Respect-* The school-based bullying prevention intervention *Steps to Respect* will be implemented in the first year of the program with initial training of school staff during already designated professional development days set aside by the school districts. The program emphasizes supporting and teaching all students (targets of bullying, bystanders, and students who bully), as well as staff, to eliminate bullying. A family component is also included. The StR curriculum includes lesson plans, videos that demonstrate staff practices, sample report forms, and student literature. IERS staff will deliver the initial trainings, then consult as schools implement - potentially as requested by the Poplar and Brockton schools.

The first implementation step will be to provide a three-hour, all staff training. This includes an overview of the Steps to Respect program (creating policies and procedures around bullying; setting up a committee, how to receive bullying incident reports from students in a consistent manner etc.,).

The second step is to train teachers in the StR curriculum orientation. This two-hour training explores social-emotional competence and positive social values. The StR program then differentiates its curricular materials on three different levels: level one (third and fourth grade) level 2 (fourth and fifth) level 3 (fifth and sixth) because this is when bullying behaviors tend to peak (Frey et al., 2005). There are a total of 11 lessons for each of the three levels; each lesson is divided into three parts and each part takes approximately 20 to 30 minutes; therefore, in one academic year, a teacher or counselor will spend 11-16 hours teaching the Steps to Respect lessons. All lessons will align with Montana academic content standards (e.g. oral expression, writing composition, and analytic reasoning) and contain extension activities to further correspond with subjects such as geography, history, and art.

The third training, at 1.5 hours, reviews coaching components. Coaching is an individual problem-solving session with the student who has been bullying and also, separately, with the student who is being bullied. After initial trainings, IERS staff will continue to consult with each of the three SNEP schools and provide additional trainings as needed or requested.

**Sustainability and Numbers to be Served:** Overall, 1,980 youth will receive grant services (75% of all youth under age 25); approximately 660 in each of three years. These are conservative estimates of unduplicated counts of youth served during the life of the project. The total number served will increase as adults receive services such as safeTALK, BIC and ASBI. Training recipients and those receiving emergency and clinical services will be tracked through the SNEP database.

Coalition personnel and tribal entities are committed to sustaining this as a program. At a minimum, a significant number of professionals, community members, students and student mentors will identify and properly refer youth at risk for suicide.

The Fort Peck Suicide Prevention Coalition and the Tribal Executive Board will work to maintain grant-funded personnel beyond the time period of the SNEP project. Similarly, they will work to establish new policies that institutionalize effective SNEP practices. Finally, money and in-kind resources will be sought through local IHS funding, as well as future grant proposals that address comprehensive wellness programs at Fort Peck.

Federal funds will allow us to hire ten full or part-time people and to perform training and data collection across a broad spectrum of agencies. All service providers listed have base operational budgets that include professional development and on-the-job training; however, they do not necessarily incorporate evidence-based approaches. Institutionalizing these practices will lead to long-term sustainability.

**Table 4: SNEP Time Line (major activities – Lifeline promotion occurring at all events)**

	<b>Activity</b>	<b>Agency Lead</b>
<b>Year 1 Quarter 1</b>	<b>Month 2: Deploy SafeTalk trainings 3 high schools</b>	IERS
	<b>Advertise/Recruit/Hire 3 Tribal Health Positions &amp; 5 part-time data collection assistants</b>	Tribal Health
	<b>Creation of BIC training protocols/ BCBT trainers nominated</b>	T. Health, IHS NEMHS, IERS
	<b>SNEP database created &amp; related trainings</b>	T. Health, IHS NEMHS, IERS
<b>Year 1 Quarter 2</b>	<b>Safe Talk trainings to Tribal Health and Poplar</b>	IERS
	<b>ASBI &amp; BIC Focus groups with HIS, NEMHS &amp; Tribal Health Department</b>	T. Health, IHS NEMHS, IERS
	<b>SoS Train the Trainers 10 month certification begins</b>	IERS
	<b>BCBT training, screening &amp; implementation (9<sup>th</sup> grades)</b>	IERS, Schools
<b>Year 1 Quarter 3</b>	<b>SafeTalk trainings to NEMHS and Wolf Point</b>	IERS
	<b>ASBI &amp; BIC data collection/implementation (Yrs1-3)</b>	T. Health, IHS NEMHS, IERS NEMHS
	<b>BCBT Post-test &amp; SSARB Pre test</b>	IERS, Schools
	<b>StR 3 hour staff training</b>	IERS
<b>Year 1 Quarter 4</b>	<b>SafeTalk trainings to outlying schools Brockton</b>	IERS
	<b>SoS Y2 Peer mentors nominated (include BCBT graduates)</b>	Schools
	<b>StR 2 hour staff curriculum orientation</b>	IERS
<b>Year 2 Quarter 1</b>	<b>SafeTalk training to 3 participating high schools</b>	IERS
	<b>Talking Circle- Lifeline at 3 high schools with SoS mentors (LGBT focus)</b>	IERS, Schools
	<b>SoS training (Action Steps 1-2) &amp; StR recruitment, training &amp; curriculum integration</b>	IERS, Schools
	<b>BCBT screening (8<sup>th</sup> grades)</b>	IERS, Schools

	Hire & train 2 Case Managers at Tribal Health	Tribal Health
	ASBI & BIC data collection & implementation (in all years)	T. Health, IHS, NEMHS, IERS
<b>Year 2 Quarter 2</b>	SafeTalk training to Youth Services, Transitional Living Unit & City of Poplar	IERS
	StR lessons, SoS training (Action Steps 3-4)	IERS
	BCBT sessions (8th grade)	IERS, Schools
	Begin drafting Tribal Suicide Prevention Plan (through Y3) reporting (aggregate) to Council	Tribal Health, IERS
<b>Year 2 Quarter 3</b>	SafeTalk training to IHS & Wolf Point	IERS
	SoS training (Action Steps 5-6) StR on-going lessons	IERS
	SSARB & BCBT post tests	IERS, Schools
<b>Year 2 Quarter 4</b>	SafeTalk training to Roosevelt Child Protection & Brockton	IERS
	SoS Y3 Peer mentors nominated (include BCBT graduates)	Schools
	Presentation to Tribal Executive Board	IERS
	SNEP database instrument evaluations	T. Health, IHS, NEMHS, IERS
<b>Year 3 Quarter 1</b>	SafeTalk training to 3 participating high schools	IERS
	Talking Circle-Life Line at 3 high schools with SoS mentors (LGBT focus)	IERS, Schools
	StR curriculum integration (on-going) & SoS training (Action Steps 7-8)	IERS, Schools
	BCBT Screening (7 <sup>th</sup> grades)	IERS, Schools
	ASBI & BIC data collection & implementation (in all years)	T. Health, IHS, NEMHS, IERS
<b>Year 3 Quarter 2</b>	SafeTalk training to Tribal Courts & Wolf Point	IERS
	Draft of Suicide Prevention Plan to Council	IERS/T Health
	StR final lessons & SoS training (Action Steps 9-10)	Schools
	BCBT sessions (7 <sup>th</sup> grades)	IERS, Schools
	Data collection reporting (aggregate) to Tribal Executive Board	T. Health, IHS, NEMHS, IERS
<b>Year 3 Quarter 3</b>	SafeTalk training to Family Violence Resource Ctr.	IERS
	SafeTalk Community Event- City of Poplar	IERS
	SoS training ( Action Steps 11-12)	IERS
	SSARB & BCBT post tests	IERS, Schools
	StR 1.5 hour coaching component review	IERS, Schools
<b>Year 3 Quarter 4</b>	SafeTalk training to BIA Social Services & Brockton	IERS
	SoS program graduations	Schools
	Final data collection. Approval of Suicide Prevention Plan by Council via its Behavioral Health Committee	T. Health, IHS, NEMHS, IERS
	Final data analysis & reporting to federal sponsor	IERS

#### **Section D: Staff and Organizational Experience**

IERS staff serve as consultants to the U.S. Department of Education's Office of Safe and Drug Free Schools' (OSDFS) Readiness and Emergency Management in Schools initiative as well as OSDFS Project SERV (School Emergency Response to Violence) – both programs which address suicide prevention and response at the national level. SNEP project director M. Bruguier Zimmerman and IERS associate director M. Taylor were invited by the Department of Education to author a Lessons Learned publication on response to the suicide cluster in Fort Peck. The document outlines four main lessons and 18 recommendations for all schools regardless of their setting. It draws from the Fort Peck example as well as other suicide cluster in Indian Country and suicide prevention research in general. It is slated for publication mid spring 2011. This is the

#### **Mental Health Clinician to be hired by Fort Peck Tribes**

The Mental Health Clinician will specialize in substance abuse, psychological and behavioral disorders with an emphasis on suicide prevention. The clinician will arrange, manage and modify different courses of treatment, counseling, work and other personal aspects of their clients' lives. Referrals to other specialists or team members, locating resources, advocating and evaluating programs that can assist patients are central functions. The position will be supervised by the Tribal Health Department Director and will work with the Suicide Prevention Coordinator and the Case Manager to provide optimal care of clients through the BIC and ASBI interventions. The Clinician is required to keep all of the records and information pertaining to their clients confidential (unless in the case of an emergency). Qualifications: master's level licensed or licensable in the state of Montana, a valid Montana Driver's License, a background in public health prevention is preferred, and the ability to pass a background check.

#### **Suicide Prevention Coordinator: to be hired by the Fort Peck Tribes**

The Suicide Prevention Coordinator (SPC) for the SNEP Suicide Prevention Partnership is responsible for supporting the implementation of SNEP project and coordinating activities with the Project Director. On-site project management, maintaining communications with the SP Coalition, and tracking referrals are all central functions. The SPC will coordinate the efforts of public and private agency staff and will report to the Tribal Health Department Director. Qualifications will include: Associate Degree required, Bachelor's Degree preferred; experience in and knowledge of suicide prevention; experience in project management and collaborative efforts; experience working with tribal communities or neighborhoods; strong verbal and written communication skills; strong group / meeting facilitation skills; and ability to maintain a positive attitude regardless of challenges.

#### **Suicide Prevention Case Managers: to be hired by Fort Peck Tribes**

The Case Managers for the SNEP will provide ongoing support to clients through comprehensive assessment, planning, implementation and overall evaluation of individual client needs. The overall goal of the position is to promote continuity of care through the integrating and functions of case management, utilization of services review and follow up surveillance of the BIC and ASBI models. The position will provide SNEP with case management/utilization review and treatment planning to ensure that the client progresses through the continuum of care.

The position will provide data collection from the SNEP service systems and report to the Tribal Health Department Director. Qualifications: High school diploma, an Associate Degree in healthcare related field preferred and a valid Montana Driver's License, a background in public health prevention is preferred.

**Mixed methods:** We will use a mixed methods approach and no more than 15% of grant funds will be used for data collection and performance assessment. Mixed methods are appropriate in dealing with complex social science evaluations (Teddlie, 2003). Working within the SNEP logic model framework, all data collected will contribute formative and summative information ensuring the project meets the stated goals, objectives and outcomes.

Overarching outcome questions include:

- What interventions were implemented and what was the effect of the interventions?
- What program and contextual factors were associated with desired outcomes?
- What individual factors were associated with outcomes?
- Did implementation match the plan?
- What deviations from the plan occurred?
- What were the antecedents to those deviations?
- How did the deviations impact the intervention and performance assessment?
- Who provided services (program staff), what preventive services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**Quarterly and annual project performance assessment:** Members of the coalition will work with the evaluation team to obtain, analyze and report annual performance measures and any cultural adaptations made to evidence-based interventions. Dependent measures – driven by the RFA and SNEP Goals - include:

1. The number of primary health care and mental health providers trained to assess, manage and treat youth at risk for suicide (Goal 1).
2. The number of youth, school staff, parents and community members trained to identify and refer a youth at risk for suicide (Goal 2).
3. The number of youth receiving mental health/substance abuse service (Goal 3).

In order to fully implement the Logic Model, we also will measure the following indices:

- a) Youth suicide completions and suicide attempts;
- b) The number of persons by age, gender, race and ethnicity who are referred to mental health services;
- c) The number of persons scheduling initial appointments with services providers;
- d) The number of individuals who actually keep their appointments; and
- e) Number of objectives from the National Strategy for Suicide Prevention that are implemented. (The SNEP goals and objectives correspond with 8 out of 11 of the goals of the National Strategy for Suicide Prevention).

**Instruments:** Instruments to be utilized in SNEP were selected due to the objective nature of the information to be gained and their potential to inform specific objectives related to project effectiveness (See Table 4 and appended exhibits). Adaptations to these instruments will be performed if necessary to streamline usefulness.

One of the instruments noted previously is the Safe Schools Assessment and Resource Bank (SSARB). SSARB is an online, customizable school safety and climate survey created by IERS. It is designed for students, parents, and staff and has been in use across the state for the past eight years. It has been completed by over 70,000 respondents and is utilized by the Montana Office of Public Instruction. SSARB will be utilized in SNEP to measure attitudinal changes in bullying, student-teacher connectedness, and student perceptions of peers' pro-social behaviors. SSARB complements other measures within the Steps to Respect and Sources of Strength programs.

**Qualitative and community based participatory methods:** Qualitative methodologies will include interviews, focus groups, and participatory discussions with project staff, community members and students. Qualitative research analysis often explains phenomena not captured by the quantitative portion of the study (Patton, 2003). Routine key informant interviews will be conducted with school administrators, teachers, community leaders, parents, clinicians, and students and reviewed quarterly. We will be particularly attentive to feedback provided by LGBT, military dependents, and racial minority students related to school based interventions that address bullying and mentoring. We intend to enhance local "ownership" of evaluation results through frequent feedback, but also by including community members in articulating evaluation questions and in interpreting and corroborating evaluation results.

**Data collection and management:** Data obtained from tribal member and tribal agencies will remain the property of the Assiniboine and Sioux Tribes. All of the qualitative and quantitative data will be maintained at one central location determined by Fort Peck Tribal Health. The university will receive, store, analyze and report data with tribal permission, and return data on demand. The tribe and the university will maintain appropriate privacy safeguards in accordance with applicable HIPPA, FERPA and IDEA requirements.

The evaluation team will be responsible for collecting, managing, analyzing and interpreting the data and will require close collaboration with SNEP project staff. Specific data-collection and data-management protocols will be developed by the evaluation team and all staff will be trained within the first quarter of the project. Following this training, the evaluation team will conduct systematic follow-up consultations to ensure that the evaluation protocols are followed with fidelity. Quantitative data will be subject to statistical analysis using SPSS software. To summarize qualitative data, an iterative process will be used that includes identification of themes; in-depth examination providing detailed descriptions of settings, participants, and activities; and interpreting and synthesizing data into general written conclusions.

The evaluation seeks to determine the effectiveness of each of the interventions through a two-fold process. First, the number of people who directly experience the intervention will be measured. Second, the experience that suicide attempters and completers have had with each of the interventions will be measured. This process will require investigation by the Tribal Health Case Manager, including interviewing the attempter, or if post-mortem, key informants

Table 5 summarizes the major interventions, their objectives, measurable activities and evaluative instruments to be used by SNEP.

<b>Table 5. Evaluation and Data Collection Instruments Mapped to Intervention</b>				
<b>Intervention</b>	<b>Intervention Objective</b>	<b>Target Audience</b>	<b>Process Measure(s)</b>	<b>Outcome Instrument</b>
<i>Effectiveness of Brief Intervention and Contact for Suicide Attempters (BIC)</i>	Suicide attempters receive brief intervention and follow up contact by ER Case Manager (Goal 1 Obj. 2; Goal 3 Obj. 2 &3)	ED and primary health care providers in IHS NEMHS clinics, Tribal health clinician, SPC, Case Managers	Number of ED staff trained; Adapt protocol for tracking attempters and number of follow-up contacts	SNEP database of completions and attempts reported by Tribal Health Case Managers, NEMHS.
<i>Alcohol Screen and Brief Intervention (ASBI)</i>	ER personnel screen/counsel ER patients (Goal 1 Obj. 2; Goal 3 Obj. 2-3)	ER and primary health care providers in IHS NEMHS clinics, Tribal health clinician, SPC, Case Managers	ER personnel trained in brief intervention protocol; number of people screened	SNEP database of completions and attempts reported by Tribal Health case mgrs., NEMHS.
<i>Brief Cognitive Behavior Therapy for Trauma (BCBT)</i>	Use research based, 4-part, trauma informed classroom psycho-education model (Goal 2 Obj. 5-6; Goal 3 Obj. 1)	Students gr. 5-12	Listing of : dates, teacher's trained, implementation agreements, class activities, student feedback	BCBT student outcome test, completion certificates.
<i>Steps to Respect (Bullying prevention)</i>	Decrease bullying/increase pro-social behavior (Goal 2 Obj.4-6)	K-12 students	Training received; refine modules based on student teacher and admin feedback. Fidelity to model	Decreased rates of bullying monitored via ODR; increased pro-social behavior via SSARB (perceptions survey)
<i>Sources of Strength</i>	Increase: positive norms related to suicide, social connectedness	Students gr. 6-12	School and community preparation, peer leader	Sources of Strength Instrument battery: Help

	for students, frequency of engaging adults (peer-adult partnerships) in helping suicidal or distressed friends. (Goal 2 Obj.2-3, 5-6)		training, school-wide messaging (Hope, Help, Strength posters, PSA program video, internet, text messages)	for Suicidal Peers, Reject Codes of Silence, Maladaptive Coping, Help Seeking From Adults at School.
<i>SafeTALK</i>	Decrease suicidal behavior/increase the community's discussion about suicide (Goal 2 Obj.1; Goal 4. Obj.1)	Reservation wide; age 15 and above	Community trainings: number, location, list of attendees and their response to the training, measured immediately and 90 days post-training	Number of attendees, their role within the reservation, age; 90 days post-training randomized phone survey of participants
Suicide Prevention <i>Lifeline</i>	Provide at-risk people an off-reservation source of help/hope (Goal 1 Obj, 2: Goal 2 Obj. 1-3, 4-6; Goal 3 Obj.1-4; Goal 4 Obj. 1)	All people on the reservation including youth, military families and LGBT youth	Number of people learning of the resource; listing of means and locations for dissemination of resource information	Focus group findings surveys post trainings; Number of calls received and tracked by local phone prefix

**Legend:** SSARB (Safe Schools Assessment and Resource Bank); ODR (office discipline referral data)