Suicide Prevention Strategies
SAMHSA

Tribal Justice and Safety
Technical Assistance Meeting
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March 28, 2007

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Solution for Suicide

…There is no single program that will work everywhere.

Solution

“But one single approach does work everywhere, and that is an approach that restores Native pride and culture and utilizes the existing Native community leadership of elders to teach our young the basic tools of suicide prevention.”

[Testimony of William E. Martin, Chairman of Alaska State Suicide Prevention Council (May 17, 2006)]
On line Resources

- Suicide Prevention Resource Center (SPRC)
  http://www.sprc.org/

- National Strategy for Suicide Prevention
  www.mentalhealth.org/suicideprevention
  http://www.surgeongeneral.gov/library

- IHS Community Suicide Prevention Website –
  http://www.ihs.gov/NonMedicalPrograms/nspn/

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Personal Resources
SAMHSA Special Experts on Suicide Prevention/Intervention

- Cynthia K. Hansen, Ph.D.
  cynthia.hansen@samhsa.hhs.gov
  240-276-1869

- Richard McKeon, Ph.D., M.P.H.
  richard.mckeon@samhsa.hhs.gov
  240-276-1873
SAMHSA Suicide Prevention Programs

• Campus Suicide Prevention Grants
• Linking Adolescents at Risk to Mental Health Services Grants
• State/Tribal Youth Suicide Prevention and Early Intervention Grants
• National Suicide Prevention Lifeline
• Suicide Prevention Resource Center
• Native Aspirations (contract)

A Sample of Activities

Common characteristics

➢ Public health approach
➢ Strength based
➢ Community driven
➢ Culturally informed
➢ Proactive
Gatekeeper Training

- QPR
- ASIST
- SOS
- Yellow Ribbon
- Screening – Teen Screen

Public Education

- Posters
- TV PSAs
- Print ads
- Radio
- Pamphlets
- Wallet cards
Interventions

• American Indian Life Skills
• GONA (Gathering of Native Americans)
• Native H.O.P.E. (Helping Our People Endure)
• Crisis Response Teams
• Family Canoe Journey
• Community Readiness Model

Interventions (contd)

• North Dakota Adolescent Suicide Prevention Program
• Specialized ER Intervention for Suicidal Adolescent Females
• Mentoring
• Suicide Prevention Camp
• Contests/races/special events
State/Tribal Suicide Prevention Cooperative Agreements

- 29 states, 7 tribes/tribal organizations
- Implementation of statewide and community suicide prevention strategies for youth
- Goal 4 of the National Strategy for Suicide Prevention “Develop and Implement Community Based Suicide Prevention Programs”
- Guided by a statewide or tribal suicide prevention plan
Tribal Grantees

- Native American Rehabilitation Association
- Maniilaq Association
- Montana-Wyoming Tribal Leaders Council
- United American Indian Involvement
- Tohono O’odham
- White Mountain Apache/Johns Hopkins
- Standing Rock Sioux Tribe

State/Tribal Suicide Prevention Cooperative Agreements

- Various types of suicide prevention programs being used
  - Gatekeeper training programs
  - Screening programs
  - Professional training programs
  - Information and awareness
State/Tribal Suicide Prevention Cooperative Agreements

- Public and private youth serving agencies must be involved
- Settings for suicide prevention efforts can include:
  - Schools and colleges
  - Juvenile justice programs
  - Foster care
  - Mental health or substance abuse programs
  - Health care settings, including Emergency Departments

State/Tribal Cooperative Agreements

- Emphasis on early identification of youth at risk
- Assuring emergency response capacity
- Facilitating cross system referrals
- Local and cross site evaluation
Campus Suicide Prevention Cooperative Agreements

- Currently 55 grantees
  - No Tribal Colleges, Universities or schools
- Focus on awareness of warning signs
- Gatekeeper and professional training
- A campus is a community that can promote suicide prevention
- Cross site evaluation
Adolescents at Risk Cooperative Agreements

- 8 grantees
- Focus on school based suicide prevention programs
- Purpose is to evaluate whether youth at risk can be identified, families engaged, and youth linked to services
- Not funded in President’s FY08
National Suicide Prevention Lifeline

- National toll free number 1-800-273-TALK
- Calls routed automatically to the closest of 120 networked crisis centers
- Spanish speaking sub-network
- Partners with NASMHPD
- On-going evaluation effort (Rutgers and Columbia)
Role Of Hotlines In AI/AN Suicide Prevention

- 24-7 Access to areas with few resources
- No cost
- Anonymity reduces stigma of help-seeking
- Link to Emergency Services for persons less willing to call 911
- Anchor for all public mental health promotions efforts
Challenges Faced By Hotlines Serving Indian Country

- Phone service lacking
- Few resources on Reservation
- Lack of infrastructure and $$ to start hotline
- Cultural challenges
  - On Reservation service: confidentiality
  - Off Reservation service: unfamiliarity with culture

Collaboration Begun to Implement Native American Initiative

**Seven pilot sites:**
- Continue Standing Rock collaboration (N.D./S.D.)
- New partnership with Montana-Wyoming Tribal Leaders Council (3 of 6 TLC communities are pilot sites of the initiative)
- Relationships being developed with 2 S.D. reservations and Red Lake, Minn.

**Crisis Centers:**
- Crisis Connection, MN
- HELP!Line Center, SD
- FirstLink, ND
- Helpline, ND
- Voices of Hope, MT
- Wyoming Behavioral Institute, WY
Contact Information

National Contact:
Heather Stokes, LCSW
Director, Certification and Training
National Suicide Prevention Lifeline
(212)614-5703
hstokes@mhaofnyc.org

Regional Contact:
Franklin Cook, MA
Community Liaison-Native American Initiative
National Suicide Prevention Lifeline
(605)209-0292
franklin@unifiedcommunities.com

Suicide Prevention Resource Center

• National resource center for suicide prevention
• Provides technical assistance to all of our Garrett Lee Smith grantees
• Facilitated the development of statewide suicide prevention plans across the country
• Develops and disseminates resources
Suicide Prevention Resource Center

- Prevention Specialist for Tribal grantees
- PIRE data sheets
- “After an Attempt” brochures
- Assessing and Managing Suicide Risk curriculum
- Strategic planning for Suicide Prevention
- First responder curriculum
- College suicide prevention white paper
What we have learned?

Grassroots approach and community ownership

• Culturally tailored and community specific - actively elicits community input and engagement in all aspects of the community planning and project implementation process.
• Grassroots focus involves a strengths-based approach to identify protective factors, in order to reduce risk factors in the communities.
• Community buy-in and ownership is essential. An important aspect to this involves trust-building as well as the establishment of long-term, sustainable efforts.
  • An example of community buy-in is at the GONA Event held at the Wind River Indian Reservation (January 2007). The tribal council chairman in attendance had planned to only attend the first 2 days of the event but returned on Days 3 and 4 and stated, “I just turned my cell phone off, I had 15 calls already this morning, but this is important work and it’s good that I am here.”

Future Funding Opportunities for Children’s Mental Health

• Watch the SAMHSA website for different funding opportunities www.samhsa.gov/grants
• Child Mental Health Initiative (Systems of Care) Cooperative Agreements are expected to be announced in late 2007 or early 2008 for FY08
• Circles of Care is a discretionary grant program that needs administrative and budget approval to continue beyond the current cohort that ends Oct 08. It was not included in the President’s FY08 budget, so there will be no new grants.
Children’s Mental Health Initiative (Systems of Care)

- Comprehensive Community Mental Health Services Program was authorized by in an amendment to the Public Health Services Act in 1992
- Administered through SAMHSA/CMHS for State, Counties, Cities and Tribes as 5 year grants
- First American Indian Tribe funded in 1994 (Navajo)
- Grants extended to 6 years in 2001

Children’s Mental Health Initiative (Systems of Care) – Cont.

- US Territories are eligible to apply as of 2003 when grants became “cooperative agreements”
- **Goal**: Plan, design and implement a children’s mental health service delivery system utilizing system of care principles
- **Target population**: Children with Severe Emotional Disturbance and their families
System-of-Care/Circles of Care Sites of American Indian/Alaska Native Communities funded by the Center for Mental Health Services

1994-1999
1997-2003
1998-2004
1998-2001
2001-2004
2005-2008
2000-2006
2002-2008
2005-2011
2006-2012

Current System-of-Care/Circles of Care Sites of American Indian/Alaska Native Communities funded by the Center for Mental Health Services 2006-2007
Circles of Care III Grantees (2005-2008 Projects)

- Denver Indian Family Resource Center - CO
- Native American Rehabilitation Association – OR
- Muscogee (Creek) Nation – OK
- Rosebud Sioux Tribe/Sinte Gleska University – SD
- Quilileute Tribe – WA
- Cook Inlet Tribal Council - AK
- Indian Healthcare Resource Center of Tulsa - OK

AI/AN CMHS Systems of Care Sites (6 Year Service Delivery Grants)

- Yukon Kuskokwim Health Corp. – AK (1999-2005)
- United Indian Health Services – CA (2000-2006)
AI/AN CMHS
Systems of Care Sites
(6 Year Cooperative Agreements)

- Fairbanks Native Association – AK (2002-2008)
- Choctaw Nation – OK (2002-2008)
- City of Oakland/Urban Trails Project – CA (2002-2008)
- Yankton Sioux Tribe (2005-2011)
- Blackfeet Tribe (2005-2011)
- Pascua Yaqui Tribe – AZ (2006-2012)

Guiding Principles
for the System of Care Program
Teachings of the Seven Grandfathers (Anishinabe)

- **Wisdom**: To cherish knowledge is to know wisdom. Wisdom is given by the Creator to be used for the good of the people.
- **Love**: Love must be unconditional. When people are weak they need love the most.
- **Respect**: Have respect for all that is. All of creation should be treated with respect. You must give respect if you wish to be respected.
- **Bravery**: To face a foe with integrity. To do what's right even when the consequences are unpleasant.
- **Honesty**: Always be honest in word and action. Be honest first with yourself, and you will more easily be able to be honest with others.
- **Humility**: You are equal to others, but you are not better.
- **Truth**: Speak the truth. Do not deceive yourself or others.

System of Care Principles

- Family Driven
- Youth Guided
- Culturally Competent
- Community Based
- Accessible
- Individualized
- Least Restrictive
- Accountable
- Interagency
- Coordinated & Collaborative
Relational Worldview
Organization and Community Level

- (Context) Environment
- (Spirit) Mission
- (Mind) Infrastructure
- (Body) Resources

Organizational Level

- Physical Economic
- Political
- Social
- Mandate
- Org. Spirit Values
- Purpose Vision Mission
- Policies/Procedures Mgmt. Structure
- Personnel Mgmt.
- Fiscal Mgmt.
- Service Design
- Strategic Plans
- Human Beings Leadership
- “Champions” Information
- Funding
- Coalitions
What this could mean for you…

An approach to service delivery

• Systems of care is more than a federal program — it is a philosophy of how care should be delivered.
• Systems of care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.
• It is meant to be adapted to the culture of the community, and the tribal grantees have felt it is consistent with traditional approaches to helping
• Can also function as a framework for suicide prevention
Ideas that may seem familiar…

• Since systems of care is a WAY of working together to help children and families that would otherwise fall between the cracks, you can begin implementing the concepts now to begin system change.
• Learn from other Indian communities about how they have developed a system of care approach that was built on their Native culture.
• Everyone working together to meet the needs of the community is a traditional cultural value that can be reinforced through this approach.

Technical Assistance Centers for Current Grantees

• The National Indian Child Welfare Association
  – (Dolores Jimerson)
  – www.nicwa.org
• The Circles of Care Evaluation Technical Assistance Center
  – (Candace Fleming)
  – www.uchsc.edu/ai/coc
• These Centers may be able to provide you with contact information for current grantees for linking and networking.
Technical Assistance Resources for the general public

• National Technical Assistance Center for Children’s Mental Health (Georgetown University)
  – http://gucchd.georgetown.edu/programs/ta_center
• SAMHSA System of Care website
  – http://www.systemsofcare.samhsa.gov/
• Bazelon Center (info exchange on funding issues)
  – http://soctalk.bazelon.org/

Thank You.

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