






Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention




The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.




Opening



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Measuring Your Success: Accessing Information to Show Your Project's Impact



Cohort 10 Tribal GLS Grantee Orientation
February 4, 2016, 4:00-5:30pm ET

For audio please dial: 1-866-670-7160.

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SPRC Staff on the Call



Doreen Bird
Senior Tribal
Prevention Specialist



Melissa Adolfsen
Evaluation Scientist



Ely Stout
Director of State &
Grantee Initiatives



Our Session Today


- ✓ Hear from your colleagues:
 - Bill Connor, Northwest Indian College
 - Rick van den Pol, University of Montana
- ✓ Share your own plans for demonstrating success
- ✓ Next steps



Chat: Tell us a bit about yourself:

- Name
- GLS Project
- Role on the grant





**Witnessing
Our
Future**

Bill Connor, PhD
SPRC Webinar
February 4, 2016



Witnessing Our Future

- Communities
 - Lummi Nation



- Northwest Indian College



QUNGASVIK

- A toolbox for promoting youth sobriety and reasons for living in Yup'ik/Cup'ik communities
- Creating experiences that build strength



White Mountain Apache

- Suicide surveillance and responses for at-risk members of community



Witnessing Our Future

- WOF Coalition
 - Speaking about suicide
 - How would community prefer for suicide to be addressed
 - WMA visit to Lummi
 - Feedback about screening
 - Retreat
 - Create Resolution

Witnessing Our Future

- Shaping of Resolution
 - Creating discussion about tracking and interventions
 - Training how to identify, respond, resources
 - Cross-department communications
 - Use of Electronic Health Record to track data about suicide behaviors, threats, attempts and deaths

Witnessing Our Future

- LIBC instructs General Manager to call a meeting
 - Executive Director of Health and Human Services
 - Director of Lummi Behavioral Health Division
 - Medical Director of the Lummi Tribal Health Center
 - Medical Director of the Healing Spirit Clinic
 - Director of Health and Family Services
 - Director of Lummi Victims of Crime
 - Chief of the Lummi Police Department
 - Executive Director of the Lummi Housing Authority
 - HIPAA Privacy Officer
 - Office of the Tribal Attorney

Witnessing Our Future

- **Track** Lummi and NWIC data related to suicide
- Assist with **coordination** of the response to people who express or have suicidal behaviors, threats, and attempts
- Implement effective **intervention** methods
- **Report** the results annually to LIBC

Witnessing Our Future

- What this has revealed
 - Strengths in community
 - Wealth of resources
 - Need for point of contact for communication
 - Create communications across service providers
 - Not require staff time and/or other financial burden

Witnessing Our Future

- Shaping of data collection
 - EIRF Modifications for the community

Witnessing Our Future

- *Questions?*

Data Sharing Partnerships Require Mutual Trust

Rick van den Pol, University of Montana
February 4, 2016

SPRC Webinar
Measuring Your Success: Accessing Information to Show Your Project's Impact

Based on the Sister Nations Empowerment Partnership

Conclusions are exclusively those of the presenter. No sponsor, university or tribal endorsement should be inferred. Support from our host tribe, SAMHSA and the University of Montana are gratefully acknowledged.

Sister Nations Empowerment Partnership

Note:
It is our practice not to publicly name the Tribe(s) with whom we partner, unless they request to be named.

This partnership was formally established by Tribal Executive Board Resolution #27-234-2014-01.

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Location: a frontier Indian Reservation in the Northern Plains

History: a youth & adult suicide cluster in 2009-2010 prompted the Tribe to request that the University write and host a GLS suicide prevention grant

Magnitude: More than five students died by suicide in one year in one middle school of about 200 students

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All of the information following was shared regularly and previously with the governing body (Tribal Council) of the sovereign nation where the work occurred prior to this webinar.

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The University was only one part of a broad community coalition

Coalition partners included:

- the Tribe,
- the University,
- Indian Health Service,
- two private hospitals,
- Tribal Health,
- School districts
- BIA Child Welfare
- The Sheriff's Office (911 dispatch responding to all suicide calls),
- Other law enforcement agencies (Tribal, FBI, two municipalities),
- emergency medical first responders and
- corrections (tribal youth, tribal adult, non-Native correctional facilities).

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The Reservation community responded

- 49 suicide prevention related workshops held during the three years.
- Hospital served 174 unique BH clients.
 - Many of these had multiple visits (n=120, one time only; n = 227 >10 visits)
- IHS served >100 clients and facilitated weekly, multi-agency case reviews.
- 911 Dispatch responded to 200 calls for urgent suicide help.

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All local partners executed a HIPPA and FERPA compliant agreement to exchange confidential patient and client information. The University was not a party to that agreement and never received patient names or interacted with patients.

Conclusions are exclusively those of the presenter. No sponsor, university or tribal endorsement should be inferred. Support from our host tribe, SAMHSA and the University of Montana are gratefully acknowledged.

SAMHSA Grant Funds

The SAMHSA grant funded one full time BH therapist and one case manager in the hospital, the Tribal Suicide Prevention Program Director in Tribal Health, data sharing and follow up interview costs with the 911 Dispatcher.

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Other Funds

Bi-weekly (sometimes weekly) discussion of cases with IHS, IHS data sharing, and all IHS suicide treatment was funded by IHS with no SAMHSA funds going to IHS.

The 911 Dispatcher conducted an annual youth wellness T-shirt contest, feast and candlelight vigil. The University donated some costs with non-SAMHSA funds.

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Multiple sources of information:

- Clinician and Case Manager at hospital (via Data Use Agreement) that prohibits University personnel from ever knowing patient names or interacting with any patient receiving services
- Indian Health Service (limited DUA; dissemination unallowed)
- 911 Dispatch (DUA)
- Training feedback
- Multi-agency meetings (weekly or more)

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Times of greatest risk

- Tuesdays had highest prevalence. This seems to be the case also for the state.
- All days of week have suicides, ideation, or attempts, with weekends showing lowest rates.

Source: SNEP Project's Brief Information & Contact forms (BIC), NEMHS, 2013

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Other important findings

In this Reservation, the most common means of suicide are different than in the United States and some other Reservations.

This suggests there are other differences, and that local information and solutions are needed.

Source: BIC/NEMHS, IHS, 911 Dispatch

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Who is most at risk

- People with previous attempts are at greatest risk.
Source: World Health Organization & American Foundation for Suicide Prevention
- Continued case management follow up with people who have previously attempted is recommended.
- 27 of 69 people who attempted (or had ideation/plan) had attempted previously.

Source: BIC follow-up care/NEMHS

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Other important findings

- Drugs, alcohol and other ingested toxins are the leading cause of death and most frequent method of attempt.
- Hanging/suffocation and cutting/stabbing are second or third most prevalent.
- Firearms and other means are less prevalent than in US and another reservation.

Source: BIC follow-up care/NEMHS

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**Follow-up services
take time and resources**

- Increase resources for case management/ follow up are indicated.
- In order to successfully contact 52 clients (or their loved ones) for wellness check, a total of 152 calls or visits were required.
- People who are contacted by SNEP Case Manager generally respond positively to the follow-up care.

Source: BIC follow-up care/NEMHS

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Other important findings

53 of 68 clients reported that there was someone nearby when they attempted.

Source: BIC/NEMHS

Contact with others is important to the person at risk.

Safety Plan Recommendations

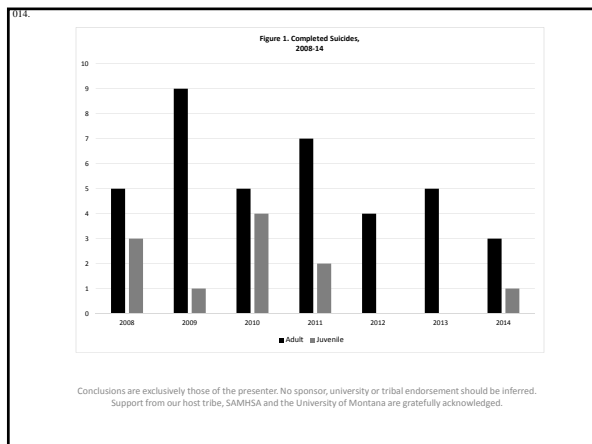
- If you are worried, ask the "s" question.
- Do not let them close the door or be out of view while they are at risk.
- Increase community suicide awareness via gatekeeper training.

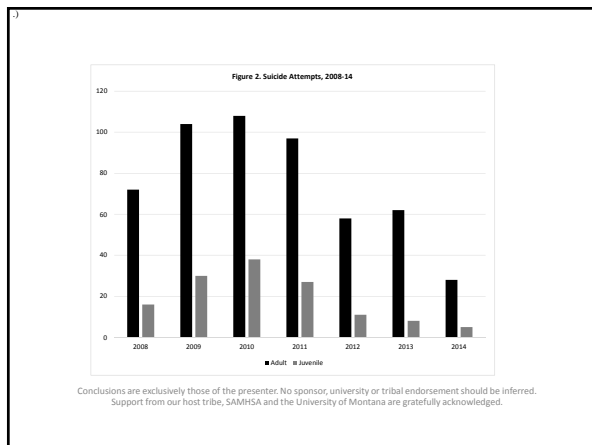
Conclusions are exclusively those of the presenter. No sponsor, university or tribal endorsement should be inferred. Support from our host tribe, SAMHSA and the University of Montana are gratefully acknowledged.

Not one client actively treated by IHS or the hospital grant funded therapist died by suicide.

Overall rates improved.

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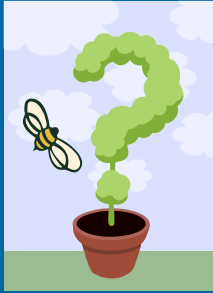
For further information about this presentation or SNEP contact:

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Marilyn Bruguier Zimmerman served as Program Director; she now is with the US Department of Justice, OJJDP, serving as Tribal Policy Advisor to the Administrator.

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Questions or comments?



What are your plans for showing success?



What's Next?

Surveillance conversations on monthly calls:

- ✓ Continue to fill out surveillance questions in monthly call agenda
- ✓ Come prepared to discuss your plans and ask questions

Evaluators: Join SPRC's Community of Learning!

- ✓ Peer conversations with other Tribal GLS evaluators
- ✓ Every other month; next meeting March 14
- ✓ Ask your PS at SPRC for more information

May 2-4: GLS Grantee Meeting in Washington, D.C.



Thank you!

This webinar will be posted on SPRC's website at:

<http://www.sprc.org/grantees/webinars>

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