



## Cherokee Nation

Program Name: Honoring Life Zero Suicide  
Grant Type: Zero Suicide  
Grant Status: Active  
Year Awarded: 2018  
State: Oklahoma

**Abstract:** The proposed project is a partnership between Cherokee Nation Behavioral Health (CNBH) and suicide prevention experts from Johns Hopkins University to implement evidence based services to prevent suicide attempts and deaths. The project will take place in northeastern Oklahoma, which like other rural communities is high risk for multiple health disparities. The prevalence of suicide among Native Americans (NA) in Oklahoma was 10.5/100,000 between 2000 and 2014. However, these estimates provide an overall picture of the problem, determining the true prevalence of suicide among NAs is more complicated due to inconsistency of data and racial misclassification. Further, current screening procedures by Cherokee Nation Health System (CNHS) is likely leading to a vast underestimate of the actual suicide burden. The proposed project is being submitted to effectively, efficiently, and sustainably implement all seven elements of the Zero Suicide model to prevent suicide attempts and deaths. CN will implement the Zero Suicide model in all sites that comprise the Cherokee Nation Health System. The goals of the proposed project are to raise awareness, implement universal screening, track over time patients who screen positive for suicidality, and establish a high-quality, effective model of care for individuals at risk for suicide. These goals will be achieved by implementing evidence-based programs (EBPs) with strong research support and collecting a wealth of data that will increase the breadth, depth, and richness of the data to be leverage to create an incessantly improving learning healthcare system to cultivate a culture of life within CNHS. The CNBH-JHU partnership has chosen to combine the use of the three separate EPBs: 1) universal screening using the Columbia-Suicide Severity Rating Scale, 2) the White Mountain Apache Suicide Surveillance System, and the Collaborative Assessment for Managing Suicidality (CAMS). This multi-tiered and multi-faceted approach is absolutely critical to eliminating suicides from the CNHS. Further, the selection of a single EBP would not provide the breadth and depth required to fully integrate all seven elements of the Zero Suicide Model into the CNHS. The proposed project represents a passion for eradicating suicide and the selection of multiple EPBs is a testament of the CNBH-JHU partnership striving for this goal in full measure.

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