

HRSA/IHS/SAMHSA Tribal Suicide Prevention Resources

Agency	Acronym	Description	Link	Contact
Health Resources Services Administration	HRSA	The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA's programs provide health care to people who are geographically isolated, economically or medically vulnerable.	http://www.hrsa.gov/	5600 Fishers Lane Rockville, MD 20857 (888) ASK-HRSA (275-4772), (877) 489-4772
Indian Health Service	IHS	Primary Federal agency responsible for providing health services to American Indians and Alaska Natives.	http://www.ihs.gov/	801 Thompson Avenue Rockville, MD 20852 (301) 443- 3593
Substance Abuse and Mental Health Services	SAMHSA	SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.	http://www.samhsa.gov/	1 Choke Cherry Road Rockville, MD 20857 (877) 726-4727 (800) 487-4889 (TDD)

Workforce and Training Activities	Agency/ Organization	Description	Intended Audience	Link	Contact
1. National Health Service Corps	HRSA/BHW	As of the end of May 2014, 647 Tribal clinical sites have been designated as National Health Service Corps (NHSC) approved sites. This allows these IHS/Tribal facilities to recruit and retain primary care providers by utilizing the scholarship and loan repayment incentives offered through the National Health Service Corps programs. The Affordable Care Act permits Indian health facilities that serve only Tribal members to qualify as NHSC sites, extending the ability of	Tribal organizations eligible to become or already certified as NHSC loan repayment sites.	http://nhsc.hrsa.gov/index.html	Alex Huttinger HRSA/BHW AHuttinger@hrsa.gov Lakisha Smith HRSA/BHW LSmith2@hrsa.gov

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		<p>IHS/Tribal facilities to recruit and retain primary care providers by utilizing NHSC scholarship and loan repayment incentives.</p> <p>The link to the NHSC Jobs Center is: http://nhscjobs.hrsa.gov/external/search/index.seam. BCRS has also been using data to target messages to encourage Tribal sites to use the NHSC Jobs Center. To better serve the needs of Tribal populations, BCRS has a partnership with the Indian Health Service and shares Tribal-specific monthly updates on the numbers of approved NHSC sites, numbers of clinicians working at Tribal sites, and the number of job vacancies.</p> <p>To assist with recruitment at Tribal sites, in March 2014, BCRS held a NHSC Virtual Job Fair for Tribal Sites in collaboration with the Indian Health Service (IHS) agency. The job fair provided 20 NHSC sites from ten states the opportunity to promote primary care medical, dental, and mental and behavioral health job openings to a targeted audience of 127 primary care job seekers. Seventeen of the participating NHSC sites were tribal, representing 64 unique Indian Health Service and tribal sites with 90 job vacancies in underserved areas.</p>			
2. Training and Continuing Education Platform for	HRSA/BPHC	Health Centers Training Calendar with archived and live distance-based trainings, including behavioral health.	Health Centers (including Tribal Affiliated Health Centers)	http://bphc.hrsa.gov/technicalassistance/tacalendar/calendartext.html	Tracey Orloff, Dir., Office of Training and Technical Assistance, BPHC, HRSA

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Federally Qualified Health Centers					TOrloff@hrsa.gov
3. Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program	HRSA/MCHB/ ACF	The Affordable Care Act authorized (and appropriated through a 3% set aside) home visiting grants to Indian Tribes, Tribal Organizations or Urban Indian Organizations. In collaboration with HRSA, the Administration for Children and Families has awarded 25 tribal awards that support community needs assessments, planning and implementation of high-quality, evidence-based home visiting programs in at-risk Tribal communities, including research and evaluation activities to build the knowledge base on culturally specific home visiting practices among Tribal populations. Similar activities take place through sub awards to tribes and tribal organizations under HRSA's home visiting grants to states. Home visiting services provided under these grants are designed to improve prenatal, maternal, and infant health; child health and development; parenting skills; school readiness and child academic achievement; family socio-economic status; coordination of referrals for other community resources and support, consistent with the State child welfare agency training; and to reduce the incidence of child injuries and maltreatment, and crime and domestic violence.	Indian Tribes, Tribal Organizations or Urban Indian Organizations	http://mchb.hrsa.gov/programs/homevisiting/index.html	David Willis, Director, Home Visiting Program, MCHB, HRSA DWillis@hrsa.gov
4. MBHET Program/	HRSA/BHW	The project focuses on three population groups in northeastern Minnesota: rural,	Rural, American Indian and mental health	Not available	Project Officer: Cynthia Harne

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<p>Preparing for Clinical Practice: Strengthening MSW Field Placements in American Indian, Rural, and Medically Underserved</p>		<p>American Indian, and mental health care professional shortage areas. The advanced generalist curriculum is designed to prepare students for mental health practice in rural settings, especially with American Indians. Curriculum includes courses that prepare students in working with high need and high demand populations and have a unique focus on providing content in working with American Indian populations (with every student required to take two specialized American Indian practice courses). There are also training opportunities available in Tribal communities in the region. Fond du Lac Reservation is a leader in developing a Tribal fee-for-service model.</p>	<p>care professional shortage areas</p>		<p>charne@hrsa.gov</p> <p>Regents of the University of Minnesota Project Director: Melanie Shepard, mshepard@d.umn.edu</p>

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5. MBHET Program/ Expanding Psychology Internship Training in Rural Alaska	HRSA/BHW	The project is a psychology internship training consortium in Alaska comprised of 5 training sites, all of which serve medically underserved communities. The principle site for the consortium is Hope Counseling Center in Fairbanks, which is designated as a Medically Underserved Population by HRSA (MUP ID 07143)-The Norton Sound Health Corporation training site serves the Nome Census Area (MUA ID 00102) as well as the surrounding Native villages. It also provides Tribal health services under the auspices of Indian Health Service. The Training site Southeast Alaska Regional Health Consortium serves the Skagway-Hoonah-Angoon Census Area (MUA ID 5038), houses a Federally Qualified Health Center, and is a Tribal Health Consortium under the auspices of Indian Health Service. The Alaska Family Medicine Residency at Providence Hospital is also located in the Anchorage Borough. It is specifically designed to train professionals to work in underserved communities in Alaska, specifically the bush areas. The residency also serves a large Hmong refugee population.	Rural, frontier and vulnerable and underserved individuals in Alaska	Not available	Project Officer: Cynthia Harne charne@hrsa.gov Western Interstate Commission for Higher Education Project Director: Tamara DeHay tdehay@wiche.edu
6. Loan Repayment Program (LRP)	IHS	The IHS LRP awards loan repayment for qualified student loans in exchange for an initial 2-year service obligation at an Indian health program site.	All	http://www.ihs.gov/loanrepayment/	Deborah Black IHS Division of Behavioral Health Liaison 301-443-8028

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					Deborah.Black@ihs.gov Daniel Echohawk Program Analyst IHS LRP 301-443-2465 Daniel.Echohawk@ihs.gov
7. Scholarship Program	IHS	The IHS Scholarship Program offers the Health Professions 104 scholarship to disciplines in behavioral health in exchange for a service obligation at an Indian health program site.	AI/AN Graduate students	http://www.ihs.gov/scholarship/index.cfm ?	Deborah Black IHS Division of Behavioral Health Liaison 301-443-2038 Deborah.Black@ihs.gov Brenda Miller Program Specialist IHS Scholarship Branch (301) 443-6197 Brenda.Miller@ihs.gov
8. Adolescent Suicide Prevention Program Manual: A Public Health Model For Native American Communities (NREPP)	Suicide Prevention Resource Center (SAMHSA funded)	Based on the principles of community involvement, ownership, culturally framed, and public health approaches, the Adolescent Suicide Prevention Program emphasized community, school, outreach, surveillance, innovative behavioral health programs, ongoing Program evaluation, and sustainability. The Program has basic components that can be adapted to multiple sites. This manual describes the basic approach and systems model with the hope	NA Communities	http://www.sprc.org/sites/sprc.org/files/library/AdolescentSPProgramManualPHModelNACommunities.pdf	Petrice Post, Suicide Prevention Resource Center (SPRC) ppost@edc.org Patricia Serna P.O. Box 617 Chama, NM 87520 (575) 756-2327 pserna@nccbs.org

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		that other communities find them useful and adaptable for their respective cultures and geographies. Dissemination manual available through SPRC without fee. Evaluation study documented reduction in suicidal behavior.			
9. Garrett Lee Smith Memorial Act, State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	SAMHSA/ Center for Mental Health Services/ Suicide Prevention Branch	A Cooperative Agreement that helps states, Tribal campuses, Tribes, and Tribal Organizations develop and implement youth suicide prevention and early intervention strategies grounded in public-private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, substance abuse and mental health programs, foster care, and juvenile justice facilities. Substantial workforce and training activities being done by Tribal grantees. There are currently 34 Tribal grantees.	Eligible States and Federally recognized Indian Tribes, Tribal organizations, or urban Indian organizations.	http://www.samhsa.gov/grants/2013/sm-13-010.aspx	Richard McKeon, Ph.D., M.P.H. Branch Chief, Center for Mental Health Services, SAMHSA 1 Choke Cherry Rd., # 6-1083, Rockville, MD 20857 (240)276-1873 Richard.mckeon@samhsa.hhs.gov
10. Garrett Lee Smith Suicide Prevention Program Evaluation (Tribal)	SAMHSA/ICF International	The cross-site evaluation of the GLS Youth Suicide Prevention Program (conducted by ICF International) was designed to gather comprehensive, consistent information from all grantees, regardless of the strategies and programs they implement and the contexts in which they are implemented. The national cross-site evaluation of the GLS Youth Suicide Prevention Program is now the largest repository of youth suicide prevention data in the Nation and has become an essential resource to grantees and SAMHSA. The following are selected findings from the FY12 Cross-site Evaluation Annual Report which	Tribal grantees		Melanie M. Brown MPH, MA Social Science Analyst SAMHSA 1 Choke Cherry Road, Room 6-1003 Rockville, MD 20857 (240)-276-1909

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		includes data from 45 Tribal grantees in Cohorts 1-6. The most commonly implemented strategies among Tribal grantees included mental health-related services (50.0%) and traditional healing practices (44.7%).			
11. Gathering of Native Americans (GONA)	SAMHSA	Promotes community healing and planning to address a variety of community problems including: Substance abuse, historical trauma, suicide, behavioral health.	Community/all ages	http://beta.samhsa.gov/tribal-ttac/training-technical-assistance/focused	Michelle Carnes, Ph.D., Public Health Analyst, CMHS SAMHSA 1 Choke Cherry Road, Rockville, MD 20857 michelle.carnes@samhsa.hhs.gov (240) 276-1869
12. The Good Behavior Game (NREPP)	SAMHSA	Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. GBG is structured around four core elements: classroom rules, team membership, self- and team-behavior monitoring, and positive reinforcement of individual team members and the team as a whole. Two Tribes have been funded to participate in this program.	Elementary school children and teachers	http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201	Gail Ritchie, MSW, Public Health Analyst. Gail.ritchie@samhsa.hhs.gov ; 240-276-1867 SAMHSA Jeanne M. Poduska, Sc.D. (410) 347-8553 jpoduska@air.org

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13. Life is Sacred Actionable Knowledge Product	SAMHSA/CDC	The research that was used to create this brochure was conducted by NPC Research with the collaboration of prevention staff from Oregon Tribes and through funding from the Native American Rehabilitation Association of the Northwest (NARA), with federal grants from the Center for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration. The research involved two different sources of information, the statewide Oregon Healthy Teens survey data on 8th and 11th graders in Oregon from 2006, and Oregon Native Youth Survey data on 12 to 19 year olds from four Oregon Tribal communities, from 2009. The survey data included descriptive information about the youth (age, gender, and race), questions about risk behaviors and protective factors, and the youths' self-reported suicidal thoughts and suicide attempts.	GLS grantees	http://www.sprc.org/library_resources/items/Life-is-Sacred-Native-Youth-Suicide-Prevention-materials	Natalie Wilkins PhD Behavioral Scientist National Center for Injury Prevention and Control Centers for Disease Control and Prevention 4770 Buford Highway, MS F63 Atlanta, GA 30341 (770) 488-1392 nwilkins@cdc.gov
14. Assessing and Managing Suicide Risk (AMSR)	SAMHSA/SPRC	Training offered by the Suicide Prevention Resource Center (SPRC), is in the Best Practices Registry for Suicide Prevention (BPR), and has been implemented with some Tribal GLS grantees and at a recent IHS Behavioral Health Conference.	Tribal grantees	http://www.sprc.org/bpr/section-III/assessing-and-managing-suicide-risk-core-competencies-mental-health-professionals-am	Isaiah R. Branton, Coordinator Assessing and Managing Suicide Risk Training SPRC Training Institute Suicide Prevention Resource Center 1025 Thomas Jefferson Street, NW, Suite 700 Washington, DC 20007 Phone: 202-572-3789

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					Email: ibranton@edc.org
15. SPRC AI/AN Website	SAMHSA/ SPRC	Website designed specifically for individuals working with Native populations. The aim is to enhance resources and knowledge specific for American Indian and Alaska Native populations to support suicide prevention and mental health promotion.	Tribal grantees	http://www.sprc.org/aian	Petrice Post, Suicide Prevention Resource Center (SPRC) ppost@edc.org
16. Indian Country Child Trauma Center (ICCTC)	Indian Country Child Trauma Center, National Child Traumatic Stress Network/ SAMHSA	Designs trauma-related treatment protocols, outreach materials, and service delivery guidelines AI/AN children and their families. Part of SAMHSA's National Child Traumatic Stress Network, and involved in a number of GLS grants and grantee meeting sessions through its director, Dr. Bigfoot. Funded by SAMHSA.	AI/AN children and their families	http://www.icctc.org/	Indian Country Child Trauma Center University of Oklahoma Health Sciences Center 940 N.E. 13th Street, Nicholson Tower, N4, 4900 Oklahoma City, OK 73104 (405) 271-8858
17. Suicide Prevention Resource Center (SPRC) Tribal Local Evaluation Affinity Group (T-LEAG)	SAMHSA/ SPRC	Quarterly virtual meetings for GLS Tribal grant evaluators to allow for peer-to-peer sharing and learning, as well as guidance when needed from SPRC Evaluation Scientists. Notes are shared with Tribal grantees after each quarterly call, and a document will be compiled from those notes at the end of the year that will be made available to current and future grantees.	GLS Tribal grant evaluators	No public website available.	Cortney Yarholar, MSW SPRC Tribal Liaison cvarholar@edc.org 405.264.3633

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18. Tribal Training and Technical Assistance Center	SAMHSA	Provides comprehensive broad, focused, and intensive training and technical assistance to federally-recognized tribes and other American Indian/Alaska Native (AI/AN) communities, seeking to address and prevent mental and substance use disorders, suicide, and promote mental health.	AI/AN communities and SAMHSA tribal grantees	http://beta.samhsa.gov/tribal-ttac .	<p>Maureen Madison, Ph.D. Public Health Advisor CMHS, SAMHSA 240-276-1772 Maureen.madison@samhsa.hhs.gov</p> <p>Jon Dunbar Public Health Advisor, CSAP, SAMHSA 240-276-2563 Jon.dunbar@samhsa.hhs.gov</p>

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Telehealth Resources and Activities	Agency/Organization	Description	Intended Audience/Users	Link	Contact
19. Telebehavioral Health Center of Excellence (TBHCE)	IHS	The TBHCE, established in 2010, is a national program focused on building the telebehavioral health infrastructure within the Indian Health System. The Center provides direct clinical services to patients and continued education trainings on a broad range of specialty behavioral health topics via televideo technology to providers.	Patients, providers	<p>TBHCE training schedule: https://www.google.com/calendar/embed?src=c85jhjs5f3lsgdi624gg4c6a48%40group.calendar.google.com&ctz=America/Denver</p> <p>TBHCE archives of past trainings: https://docs.google.com/spreadsheet/ccc?key=0AojWhlQHNLJndGVOLXFzWnNaODdnbVJscmNYeV80OVE#gid=0</p>	Amina Bashir 301-443-2038 Amina.Bashir@ihs.gov
20. Native American toolkit for crisis centers	SAMHSA/ National Suicide Prevention Lifeline	As part of its Native American Initiative, the Lifeline has partnered with the Native Streams Institute to develop a toolkit for Lifeline crisis centers that will help member centers build partnerships with Native American communities, improve cultural responsiveness of services that Native American callers receive from Lifeline centers, and provide culturally specific knowledge, tools, and resources. These materials will help Lifeline Centers to design effective outreach messages and strategies in promoting Lifeline in Native American communities. The toolkit has	Lifeline Crisis Centers	Public link coming.	James Wright, LCPC Public Health Advisor, Center for Mental Health Services SAMHSA 1 Choke Cherry Road, Room 6-1002 Rockville, MD 20857 Phone: 240-276-1854 James.wright@samhsa.hhs.gov

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Telehealth Resources and Activities	Agency/ Organization	Description	Intended Audience/Users	Link	Contact
		been released and is available below for Lifeline member centers.			
21. Center for Integrated Health Solutions (CIHS) Telebehavioral Health Learning Community	HRSA/ SAMHSA	The HRSA – SAMHSA Center for Integrated Health Solutions created and launched a free Telebehavioral Health Training and Technical Assistance Series. This series was designed to help communities increase access to behavioral health services through telemedicine offered via interactive educational sessions with telebehavioral health subject matter experts. Six sessions are scheduled and each educational session is followed by a separate question and answer technical assistance session. Subject matter experts in the field (including HRSA-funded Telehealth Resource Centers) are available to help the communities with their implementation.	Targeted to HRSA-funded safety net providers and rural health clinics.	http://www.integration.samhsa.gov/	<p>Alex Ross, BHW, HRSA ARoss@hrsa.gov</p> <p>Laura Galbreath, Director, CIHS laurag@thenationalcouncil.org;</p> <p>Trina Dutta Public Health Advisor, SAMHSA Trina.dutta@samhsa.hs.gov</p>
22. Tanana Chiefs – Telehealth	Tanana Chiefs Conference Fairbanks, Alaska	Tanana Chiefs Conference (TCC) has deployed an integrated and diverse suite of telemedicine equipment to dozens of urban and rural facilities with primary operational objectives of increasing access to care and improving quality of care. A robust and reliable Wide Area Network (WAN) anchors TCC's ability to transport telemedicine services. TCC's WAN connects patient care resources in Fairbanks with rural villages via a dedicated multiprotocol label switching (MPLS)	Rural Alaskan Native communities	No public link available at this time	<p>Cyndi Nation, Director Community Health Outreach Programs, Tanana Chiefs Conference Cyndi.nation@tananchiefs.org</p> <p>Angela Mark, Public Health Advisor, CMHS SAMHSA 1 Choke Cherry Rd.,</p>

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Telehealth Resources and Activities	Agency/ Organization	Description	Intended Audience/Users	Link	Contact
		network over satellite telecommunications links. It has the potential for a role in suicide prevention to access clinicians and psychiatrists immediately for assessment in an intervention to keep people in their communities (if possibly) intervening early and more respectfully rather than pulling them out of their community to a psych admission.			Rockville, MD 20857 Phone: 240-276-1871

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23. Rural Mental Health First Aid	HRSA	Mental Health First Aid provides training for any interested individuals in recognizing of warning signs of an acute mental health concern and information on how to direct someone to seek care. The SAMHSA/HRSA Center for Integrated Health Solutions worked with the National Council in 2012 to tailor the MHFA training program for rural populations; the training is now being offered to rural communities nationwide through a large-scale outreach effort.	All community-based health care providers, citizens, community organizations.	http://www.mentalhealthfirstaid.org/cs/rural	Alex Ross, BHW, HRSA ARoss@hrsa.gov
24. Bullying Prevention Initiative	HRSA/MCHB	A large-scale public health effort to address warning signs of bullying, the effects including increased risk for suicidal behavior, and how to prevent and respond this behavior. Resources include: educational videos for children ages 5-13, a training module summarizing the best practices in bullying prevention, and a community action toolkit for local community leaders. To date, educational resources have been sent to IHS Area Offices and Service Units, and HRSA has provided in-person bullying training for approximately 200 Bureau of Indian Education school staff in June of 2012.	National audience; young children, teens, parents, school personnel, health and safety professionals.	www.stopbullying.gov/communityguide	Erin Reiney, MCHB, HRSA ereiney@hrsa.gov
25. Methamphetamine and Suicide	IHS	In September 2009, the Indian Health Service (IHS) began the Methamphetamine and Suicide Prevention Initiative (MSPI), a	All	http://www.mspiportal.com/	Skye Bass 301-443-2051 Skye.bass@ihs.gov

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Prevention Initiative (MSPI)		demonstration project for IHS, Tribal, and Urban Indian health programs. The MSPI aims to increase access to methamphetamine and suicide prevention services, improve the quality of behavioral health services associated with methamphetamine use and suicide prevention, promote the development of new and promising services that are culturally and community relevant, and demonstrate efficacy and impact.		<i>To subscribe to the Methamphetamine and Suicide Prevention Initiative listserv, click the following link:</i> http://www.ihs.gov/lis/tserver/index.cfm?module=signUpForm&list_id=266	
26. Health Locator	IHS	This map can be used to find an Indian Health Service, Tribal or Urban Indian Health Program facility.	All	http://www.ihs.gov/forpatients/index.cfm/findhealthcare/	Amina Bashir 301-443-2038 Amina.Bashir@ihs.gov
27. IHS funded Northwest Portland Media Campaign	IHS	A new media campaign funded by IHS encourages Native communities to address substance abuse by teens and young adults. The “I Strengthen My Nation” campaign empowers Native youth to resist drugs and alcohol and motivates parents to talk openly to their children about drug and alcohol use.	All	http://www.ihs.gov/Behavioral/	Jennifer Downs, 301-443-2038 Jennifer.downs@ihs.gov
28. GLS Quarterly Tribal Collaborative Conference Calls	SAMHSA/ CMHS/Suicide Prevention Branch and the Suicide Prevention Resource Center (SPRC)	The Tribal Learning collaborative is an opportunity for GLS Tribal grantees to gather as a community to share challenges, strategies, strengths, and successes that relate to work that is unique to Native settings. The Tribal Learning Collaborative occurs quarterly, usually on the first Monday of each month from 5-6:15 p.m. Eastern Time. Please forward this registration to all	Tribal grantees funded through the GLS Suicide Prevention Grant Program	http://www.sprc.org/news-events/events/Tribal-learning-collaborative	Angela Mark, Public Health Advisor, CMHS SAMHSA 1 Choke Cherry Rd. Rockville, MD 20857, Phone: 240-276-1871 Petrice Post, Suicide Prevention Resource Center (SPRC) ppost@edc.org

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		staff that might benefit from attending including program coordinators, prevention specialist, evaluators, coalition member, etc. Also please forward any email addresses that you would like to have added to the email list serv.			
29. To Live to See the Great Day That Dawns	SAMHSA	The purpose of this guide is to support AI/AN communities and those who serve them in developing effective, culturally appropriate suicide prevention plans.	Tribal and Village leaders, Elders, healers, and youth activists; State and county injury and suicide prevention program leaders; community organizers and program directors; school administrators; and other community members.	http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf	Anne Mathews-Younes, Ed. D., Director Prevention Branch, CMHS SAMHSA 1 Choke Cherry Road, Rockville, MD 20857. Anne.Mathews-younes@samhsa.hhs.gov (240)276-1837
30. Community Readiness Model	Native Aspirations, SAMHSA	The purpose of this guide is to support AI/AN communities and those who serve them in developing effective, culturally appropriate suicide prevention plans. It identifies community strengths and barriers regarding Native youth violence, suicide, and bullying prevention and intervention. The guide lays the groundwork for comprehensive prevention planning, with prevention broadly defined. Prevention is not limited to programs that just address the needs of individuals who may be at risk of suicide. Prevention also includes programs that a community can use to	AI/AN Communities	No public link available at this time.	Michelle Carnes, Ph.D., Public Health Analyst, CMHS SAMHSA 1 Choke Cherry Road, Rockville, MD 20857 michelle.carnes@samhsa.hhs.gov (240) 276-1869

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		promote the mental health of its young. It also is the actions that a community can take in response to a suicide that has occurred — or postvention — to help the community heal and thereby prevent related suicidal behaviors			
31. LGBTQ2-S Resource List	SAMHSA/Suicide Prevention Resource Center	A website that provides outreach to the LGBTQ2-S youth	LGBTQ2-S youth	http://www.sprc.org/sites/sprc.org/files/LBG TQ2-S%20Resources%20July%202011%20SPRC%20ONICUE%20NIHB%20Macro%20International%20webinar.pdf	Petrice Post, Suicide Prevention Resource Center (SPRC) ppost@edc.org
32. Web-training Suicide Prevention Tools for Primary Care Providers	HRSA / SAMHSA	The HRSA – SAMHSA Center for Integrated Health Solutions produced and archived a web-based presentation “Suicide Prevention Tools for Primary Care Providers” March, 2013	All primary care providers	http://www.integration.samhsa.gov/clinical-practice/suicide-prevention	Alex Ross, BHW, HRSA ARoss@hrsa.gov Laura Galbreath, Director, CIHS laurag@thenationalcouncil.org ;
33. National Action Alliance for Suicide Prevention, American Indian/Alaskan Native Task Force	SAMHSA/IHS	In partnership with Tribes, the American Indian/Alaska Native (AI/AN) Task Force will implement suicide prevention strategies to reduce the rate of suicide in AI/AN communities. SAMHSA and IHS both participate.	Individuals who work with AI/AN Tribes	http://actionalliancefor-suicideprevention.org/task-force/aian	Yvette Roubideaux, MD, MPH – Co-Lead Public Sector, Director, Indian Health Service McClellan Hall, MA- Co-Lead Private Sector, Executive Director, National Indian Youth Leadership Project

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34. White Mountain Apache Celebrating Life Suicide Surveillance and Case Management	White Mountain Apache	The White Mountain Apache Tribe, with technical support from Johns Hopkins, developed the first Tribally mandated suicide surveillance and follow-up system in the United States. The Tribe mandated that all health and human service providers and Tribal members report suicidal behavior to a centralized suicide prevention task force. These behaviors include: suicidal ideation, attempts, deaths, as well as binge drinking, drug use and cutting, which are also forms of self-injury in our community. Johns Hopkins assists in managing data and tracking quarterly patterns in suicidal behaviors and reports the information back to all Tribal departments. An Apache team has been trained and case managers who follow up on every incident reported through the suicide surveillance system. The case managers assess youth's risk for suicidal death and triage youth and their families to available care. Prior to this, very few youth who attempted suicide (<25%) ever received treatment due to numerous treatment barriers. This effort is the first community-based follow-up and triage system of its kind in the country.	Case managers		Novalene A. Goklish, Johns Hopkins University Field Program Coordinator, Celebrating Life Program / Empowering Our Spirits Program Work (928) 338-5215 Cell (928) 594-0149
35. SIQ-Imminent Risk	White Mountain Apache	The SIQ-imminent risk is used on site to assess imminent risk and provide immediate referral and transport to the	Clinicians		Novalene A. Goklish,

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		emergency room if individuals are in immediate danger.			Johns Hopkins University Field Program Coordinator, Celebrating Life Program / Empowering Our Spirits Program Work (928) 338-5215 Cell (928) 594-0149

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Other Resources Utilized by SAMHSA grantees	Agency/ Organization	Description	Intended Audience	Link	Contact
36. The Native Wellness Institute	Native Wellness Institute	The goal of the Native Wellness Institute is to continue bringing about positive changes in the lifestyles, relationships, education, and overall wellness of Native Americans. The focus is on five main areas that include: Healthy Relationships and Parenting; Youth Leadership and Development; Workplace Wellness/Staff Development; Strategic Planning, Program Development and Curriculum Development; and, Educational Wellness Conferences, Retreats and Training.	Native Communities	http://www.nativewellness.com/about/mission.html	Native Wellness Institute 2830 SE Cleveland Drive Gresham, OR 97080 503-666-7669 info@nativewellness.com
37. Helping our Communities Heal: The Alaska Postvention Resource Guide (developed with Alaska Native consultation)	The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse (through funding).	Provides information, resources, and suggested guidelines that may be helpful to Alaskans who respond after a suicide occurs and/or work with individuals, families, and communities who experience a loss to suicide. In order for postvention efforts to be effective, individuals, families, organizations and communities must be prepared to step in after a suicide — to support those who have experienced a loss to suicide and help prevent subsequent suicide attempts and completions.	Alaskan Native individuals, families, organizations and communities.	https://extranet.dhss.alaska.gov/sites/stopsuicide/post/Postvention%20Document%20Library/Postvention%20Resource%20Guide%20Summer%202011.pdf	Alaska Area Native Health Service 4141 Ambassador Drive, Suite 300 Anchorage, AK 99508 907-729-3686
38. American Indian Life Skills Development/Zuni Life Skills Development (NREPP)	AILHS	A school-based curriculum that has demonstrated increased suicide prevention skills and decreased hopelessness, among other positive outcomes, in American Indian youth. The curriculum is 28-56 lessons long. The	AI/AN adolescents 14 to 19 years old.	http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81	Teresa D. LaFromboise, Ph.D. Phone: (650) 723-1202 lafrom@stanford.edu

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		curriculum manual is available from the University of Washington Press for a fee.			
39. Sources of Strength (NREPP)	SoS Originally developed in the late 1990's by founder Mark LoMurray with Tribal and rural suicide prevention partners in North Dakota.	Sources of Strength is a best practice youth suicide prevention project that utilizes the power of peer social networks to change unhealthy norms and culture and ultimately prevent suicide, bullying and substance abuse. The program is designed to prevent suicide by increasing help seeking behaviors and connections between peers and caring adults with a focus on Hope, Help and Strength. Sources of Strength takes a different approach in youth suicide prevention by moving beyond a singular focus on risk factors through building multiple sources of support around young individuals so that when times get hard they have strengths to rely on. Currently being used by a number of GLS grantees and undergoing RCT through NIMH. There are costs associated.	Peer leaders	http://www.sprc.org/raining-institute/r2p-webinars/sources-strength-preventing-suicide-among-high-school-students-thr-0 http://sourcesofstrength.org/	Jarrett Baker, Tribal Coordinator 701-421-1768 Shortbull64@gmail.com
40. The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health	National Alliance of Multi-Ethnic Behavioral Health Associations	This policy paper on the intersection of evidence-based practices (EBPs) and cultural competence grow out of recent research findings and policy trends that encourage greater use of EBPs in clinical programs with children, adolescents, and their families to improve the quality of care and outcomes of mental health interventions.	Mental Health field	http://www.nhchc.org/bibliography/the-road-to-evidence-the-intersection-of-evidence-based-practices-and-cultural-competence-in-childrens-mental-health/	National Alliance of Multi-Ethnic Behavioral Health Associations, 1875 I Street NW Suite 5009, Washington D.C. 20006, (202)429-5520, www.nambha.org

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41. CONNECT	The CONNECT Program	Provides customized postvention and prevention training AI/AN communities	Native communities	http://www.theconnectprogram.org/trainin&-audiences/partnering-american-indians-and-alaska-natives-suicide-response	The Connect Program 85 North State Street Concord, NH 03301 (603) 225-5359 info@theconnectprogram.org
42. Community Wellness Teams	Tanana Chiefs Conference, Fairbanks, Alaska	Tanana Chiefs Conference (AK interior) Wellness teams through the interior of AK began in 2010. A sustainable grassroots program that empowers the community. The community decides what is most important to them and they solve it.	Community members	No public link available at this time.	Cyndi Nation, Director Community Health Outreach Programs, Tanana Chiefs Conference Cyndi.nation@tananchiefs.org
43. Healthy Families: The Yupik Way of Life	Association of Village Council Presidents Bethel, Alaska	Healthy Families began in June 2008 as a parenting class under ONC's Family Support Services Department. This cycle was constructed by a group of 10 people with the guidance of elder Peter Jacobs during a Regional ICWA conference in January 2008. Peter Jacobs was able to sit with us to help us gain a good understanding of the Yupik cycle of life and how our teachings, our values and traditions are applied throughout the developmental process in order to live a healthy balanced adult life. Included are the knowledge and skills to fulfill the roles of a productive member of a community, a healthy parent, a spouse, a teacher and the skills to assume the role of eldership.	Alaskan communities	No public link available at this time.	Daniel Bill, MSW, Project Director, Healthy Families Program dbill@avcp.org Angela Mark, Public Health Advisor, CMHS SAMHSA 1 Choke Cherry Rd., Rockville, MD 20857 Phone: 240-276-1871

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44. Native H.O.P.E. (Helping Our People Endure)	Native P.R.I.D.E. (Prevention, Research, intervention, Development, and Education)	A peer-counseling (youth helping youth) curriculum that focuses on suicide prevention and related risk-factors such as substance abuse, violence, trauma, and depression. This school-based curriculum has been used successfully throughout Indian Country.	Native communities	http://www.nativeprideus.org	Dr. Clayton Small Phone: 505-321-2808 Email: clayton@nativeprideus.org
45. Alaska Native Tribal Health Consortium (ANTHC)	Alaska Native Tribal Health Consortium	Statewide health consortium owned by Alaska Native governments and their regional nonprofit health organizations; collaborator with SPRC. Promote good health and healing includes the mind, body and spirit. ANTHC's Behavioral Health department works with Tribal health organizations throughout the state to help build stronger Alaskans and healthier communities. Through training, education, and coordination with our partners, we collaborate to address community health priorities and suicide prevention.	Tribal health organizations	http://www.anthc.org/chs/behavioral/	ANTHC Healthy Communities Building 3900 Ambassador Drive, Suite 401 Anchorage, Alaska 99508 behavioralhealth@anthc.org
46. The Red Road to Wellbriety	Community Education Committee of the Pima County	Walking the Red Road is the spiritual and mental journey toward the right life. It calls for a change in behavior and the understanding that each of us has a place for nature in our lives. It is walking with the earth, rather than just upon it. Walking the Red Road to Wellbriety celebrates successful and continued recovery from alcohol and drug addiction and breaking the cycle of generational	Native communities	http://redroadtowellbriety.org/	Eddie Grijalva Coordinator of Special populations Services Compass Behavioral Health Care (520) 882-5608

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		illness, rejoicing with Native families and embracing American Indian and Alaskan Native culture to create a future of promise.			