YELLOWHAWK
TRIBAL HEALTH CENTER

Circles of Hope

Youth Suicide Prevention Project Highlights – 2015-2019

NPC RESEARCH

July 2019

Yellowhawk Staff Commemorate Suicide Prevention Month
September 2018

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Circles of Hope Project Funding

In fall 2014, Yellowhawk Tribal Health Center was awarded a Garrett Lee Smith (GLS) Youth Suicide Prevention grant. This 5-year grant, awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides tribal grantees like Yellowhawk with funds for youth suicide prevention programming. Yellowhawk staff named their efforts **Circles of Hope** (CoH).

CoH works with Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and outside community partners to build suicide prevention skills and knowledge in the community to prevent suicide. CoH team members used trainings, curricula, and all types of different activities to meet the unique needs of tribal youth, their families, and the community.

CoH's local evaluation partner, NPC Research, has assisted with recording and evaluating CoH suicide prevention activities. This report summarizes the GLS data collected by CoH during the 5 years of the initiative.

How this Highlights report is organized

This report provides the highlights of CoH data collection efforts over the 5 years of the grant. For many of these efforts, there is a separate and longer report (available upon request from CoH project staff).

The purpose of this document is to provide CTUIR community members with the highlights of CoH team accomplishments in one easy-to-read document. There are 7 main sections of the report showing results from the many CoH program and data collection activities over the grant period.

Notes about the data sources used for this document are found in the numbered endnote section at the end of this report.

CoH Suicide Prevention Activity Types

Circles of Hope Suicide Prevention Strategies

Suicide prevention strategies that CoH provided ranged from planning and implementing outreach and awareness activities; providing resources; creating suicide prevention materials; and coordinating trainings for Yellowhawk and the wider community.[1]

246

Suicide prevention activities implemented over 5 years

CoH Suicide Prevention Strategy Type	Number of Activities
Gatekeeper Training*	68
Outreach and Awareness	63
Life Skills Curricula and Wellness Activities	31
Coalitions and Partnerships	28
Cultural Activities to Build Cultural Identity & Community Connectedness	15
Direct Services/Traditional Healing	12
Policy and Protocol Development	9
Means Restriction	3
Screening Programs	1
Other Prevention Strategies	16

*A gatekeeper training helps trainees to recognize the warning signs of suicide and provide help – or know where to get help – for a person thinking of suicide.

Community Readiness to Address Suicide Prevention

CoH staff at Yellowhawk used the Community Readiness Assessment (CRA) model in 2014 to understand the CTUIR community's readiness to address suicide prevention. In 2019, the CoH team was interested in learning whether its efforts over the past 5 years had led to a different level of readiness from 2014.[2]

A community can have a different level of readiness for each dimension of readiness. CRA results are summarized into rating scores ranging from 1 to 9 for each dimension (see next page). Staff then chooses appropriate suicide prevention strategies based upon the score.

All of the community readiness dimensions showed an increase from 2014 to 2019 (except for one which stayed the same).

Community Readiness Scores, 2014 and 2019

[Community members] are invested and supportive of suicide prevention efforts. They know [how] to recognize suicide and to call somebody for help. They may not know how to perform an intervention, but they know who to call.

~ 2019 CRA Interviewee

Training Highlights

708

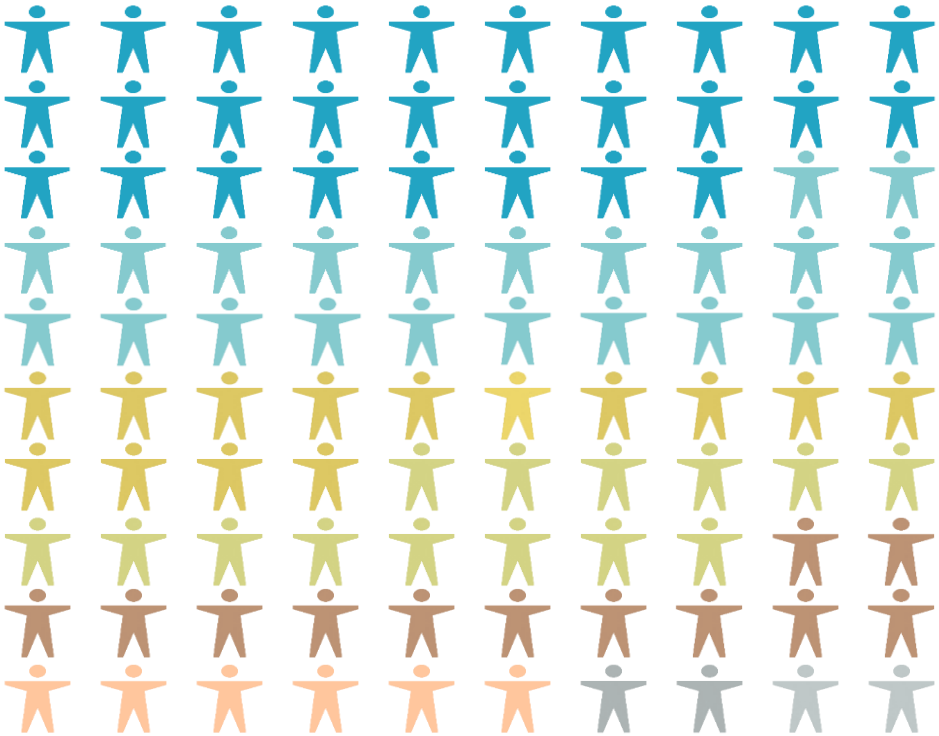
people were trained at 70 different trainings

CoH provided suicide prevention trainings to Yellowhawk staff (mandatory every 2 years), various tribal departments, tribal youth, and the wider community.[3]

CoH Suicide Prevention-Related Trainings, 2015-2019	Number of Trainings	Number of Trainees
QPR – Question, Persuade, Refer is a basic 2-hour training for anyone*	58	426
ASIST – Applied Suicide Intervention Skills Training is a 2-day training that teaches people how to intervene with someone thinking of suicide*	10	250
AMSR – Assessing and Managing Suicide Risk is for professionals working with people who are experiencing thoughts of suicide	1	16
DBT – Dialectical Behavioral Therapy is a type of therapy shown to be effective for people thinking of suicide	1	16

*Both QPR and ASIST train "gatekeepers" to recognize the warning signs of suicide and provide help – or know where to get help – for a person thinking of suicide.

50% of all CoH trainees were either **Primary Health Care** or **Mental Health** employees



- Primary health care, 28%
- Mental health, 22%
- Other community members, 14%
- Tribal services/government, 14%
- K-12 education, 12%
- Substance abuse treatment
- Child welfare, 2%
- Higher education (1%), juvenile justice/probation (1%), emergency response (<1%)

Highlights from the Yellowhawk Employee QPR Follow-Up Survey

56%

Of trainees identified a person at risk of suicide since their last QPR training[4]

- *I think it [QPR] is a great thing. You never know when a situation may occur and you help save a life.*
- *Training needs to happen in the community … for community members to learn and make an impact.*

~Yellowhawk Employees

How well did the QPR training prepare the trainee to question, persuade and/or refer someone they identified as being at risk of suicide?

Resources Yellowhawk employees felt would be helpful for future QPR trainings

- Local data on suicide attempts & deaths
- More literature on suicide
- Pocket card with local resources
- Information about the relationship between drugs/alcohol & suicidal thoughts
- Real life stories (of helping someone or one's own thoughts of suicide and how help was given)
- Trainings for public safety, fire, police, probation officers, housing, school staff, Wildhorse staff, high school youth

Screening for Depression and Suicide, Referrals, and Access to Treatment

Depression and Suicide Screening

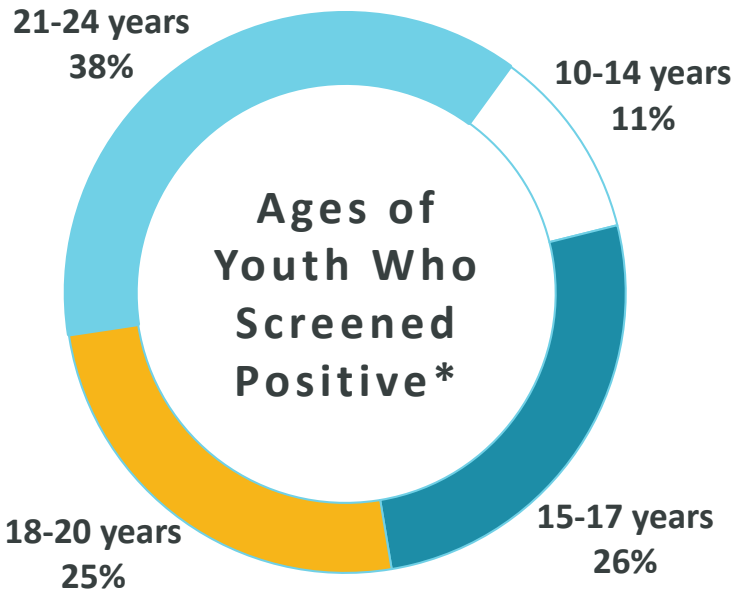
As part of routine Yellowhawk medical visits, medical providers screen patients with the Patient Health Questionnaire (PHQ). The PHQ is available in a 2-question and 9-question version; the PHQ-9 screens for depression and suicide. Between October 2014 and March 31, 2019, the CoH program collected screening information on all youth.[5]

1,949
Youth Screened in Medical Clinic

241
Youth Screened Positive

12%
Youth with Positive Depression and/or Suicide Screening

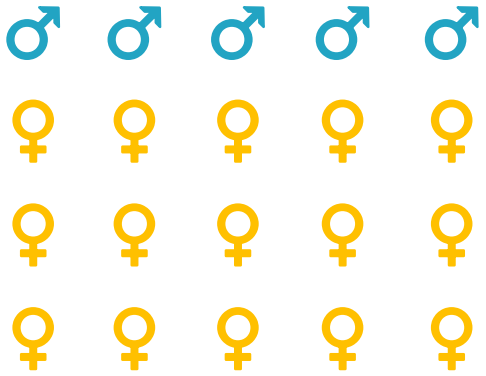
Who Were the Youth Identified as At Risk for Depression or Suicide Through Screening?



Average age – 19 years old*

- **100% American Indian or Alaska Native**
- **3% Hispanic/Latino**
- **2% Other race/ethnicity**

74% of Youth Who Screened Positive Were Female**



*The age of one youth was missing.

**Age, gender and race/ethnicity data were provided by staff; three youth were identified as gender non-conforming, 11% of youth were missing race/ethnicity information.

What Happens After a Youth Screens Positive for Depression or Suicide Risk?

If the youth needs a referral to mental health services, they will be referred either to one of the Integrated Mental Health therapists stationed in the Yellowhawk medical clinic or directly to the Mental Health department for counseling.[6]

73% ***Screened positive and needed a referral to mental health services[7]***

When a youth screens positive (high score on the PHQ9), medical staff or an Integrated Mental Health therapist may decide that the youth does not need a referral (25%).

Of the youth who did need a mental health referral…

47% **Referred to mental health services**

53% ***Not* referred to mental health services**

Reasons why youth were *not* referred to mental health services

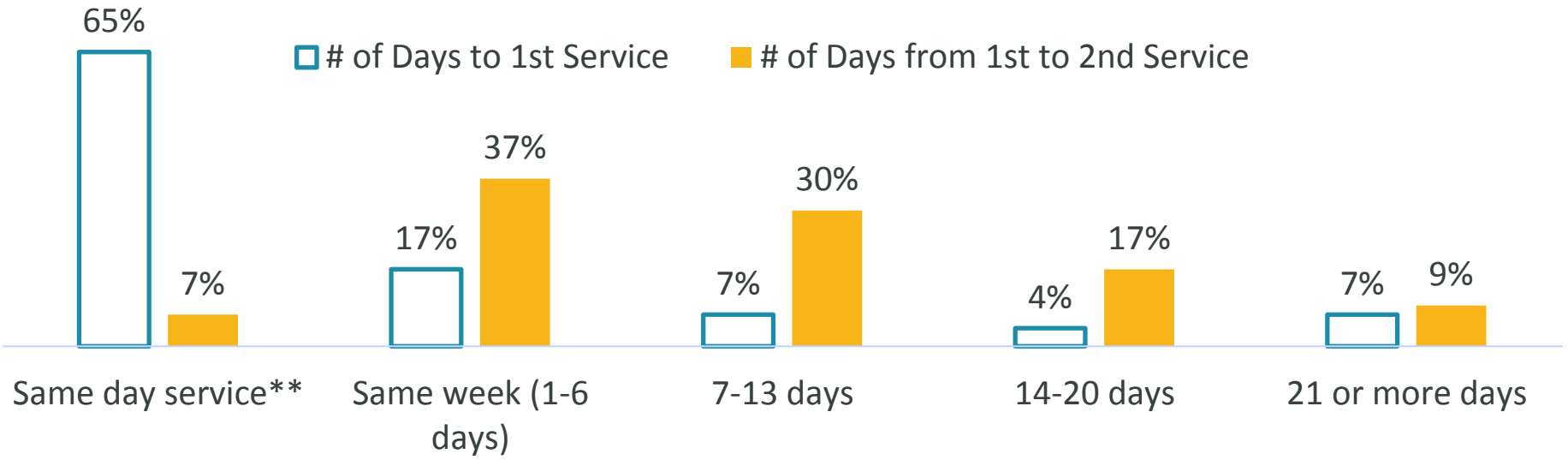
Did the At Risk Youth Receive Services? How Quickly?

83% **of referred youth received a 1st service mental health service within 3 months**

- **Average time to 1st service: 3.7 days**
- 16% did not receive a 1st service*
- 1% had no information available

71% **who received a 1st service (and needed a 2nd mental health service) received 2nd service within 3 months**

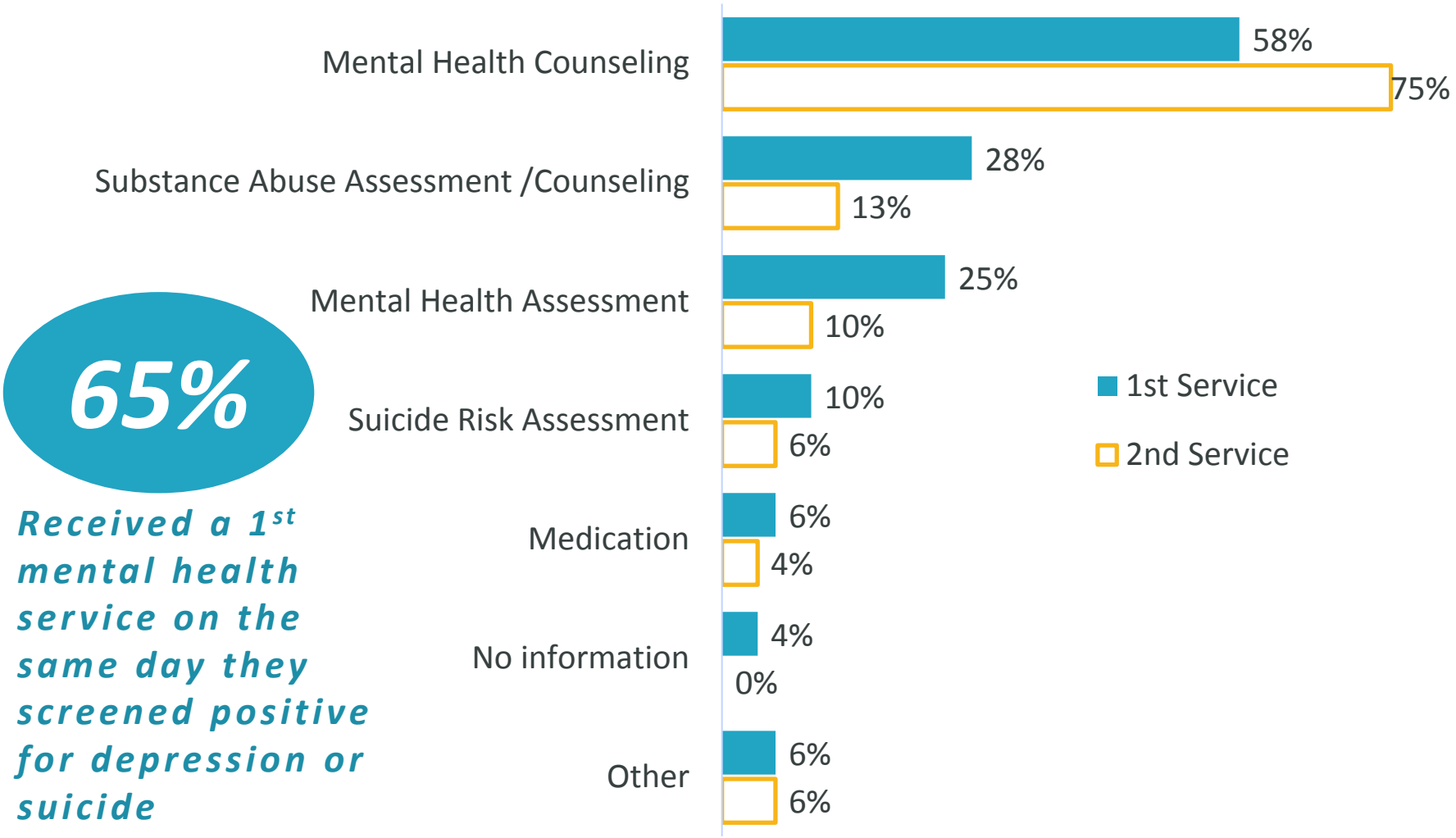
- **Average time from 1st to 2nd service: 9.9 days**
- 16% did not receive a 2nd service*
- 13% had no information available



* The main reasons why youth did not receive a first or second mental health service were youth not showing up for their appointment and refusing services.

** A "same day service" for 1st to 2nd service means that the youth received two services on the same day as they were identified as being at risk for suicide.

What Services Did the Youth Receive?*



65%

Received a 1st mental health service on the same day they screened positive for depression or suicide

*Percentages add to more than 100% because some youth received more than one service. The "other" category includes Acudetox, mental health peer support, psychiatric evaluation, crisis bed, and Department of Child and Family Services.

Sweat House Survey Highlights

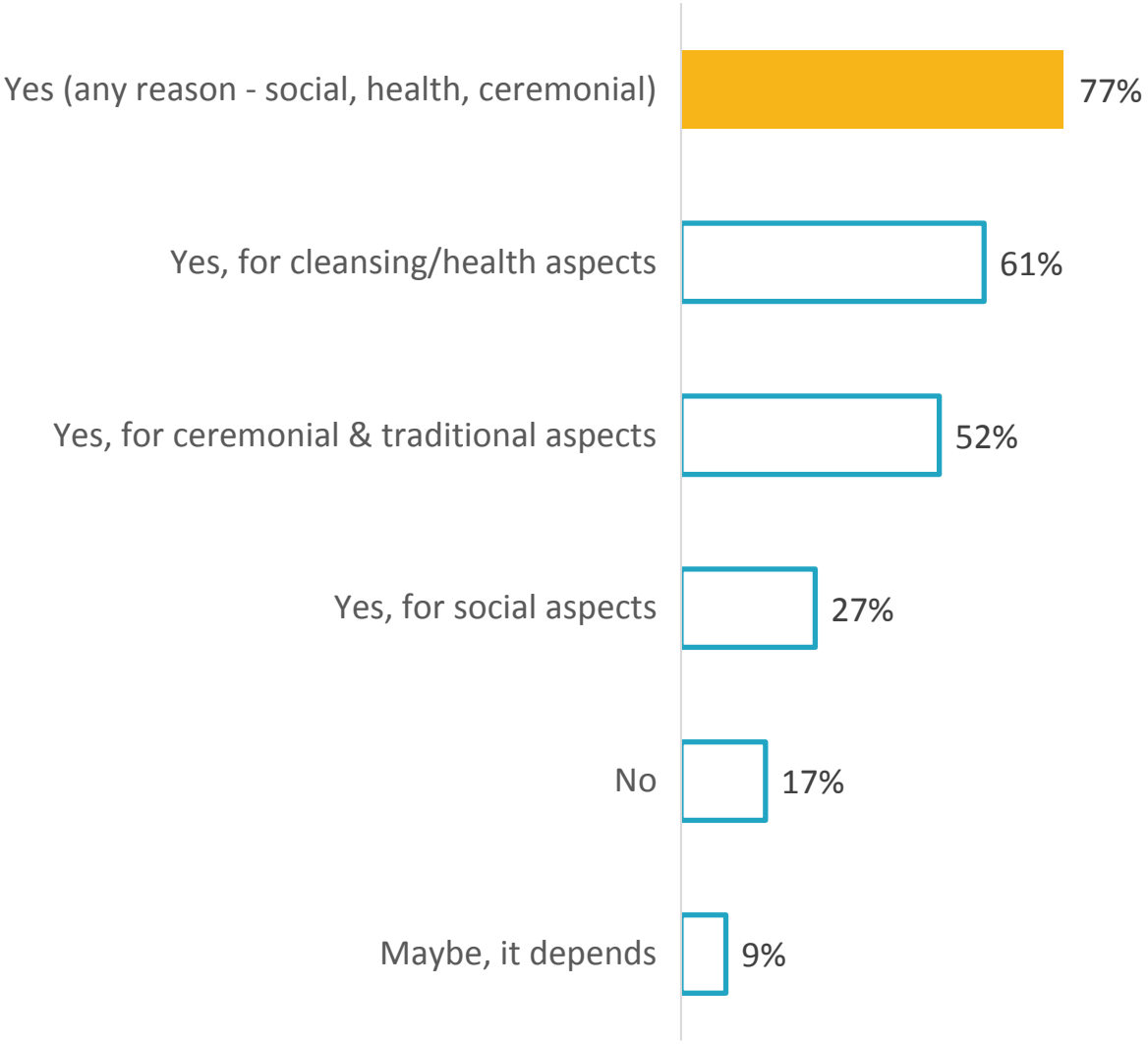
In order to weave tribal cultural practices into prevention and healing efforts, CoH asked a group of CTUIR community volunteers to create a survey to find out if people would be willing to go to a community sweat house as well as to understand the needs, desires, and barriers related to operating a community sweat house. Staff collected 190 surveys.[8]

- 77% of the survey respondents would go to a community sweat house gathering (9% said "maybe")
- 46% said they would be more likely to go to a sweat house gathering if it were part of their Yellowhawk treatment plan
- 58% preferred attending naked or had no preference. However, there was a vocal minority who did not feel comfortable attending naked
- Most people (63%) preferred 2-5 people
- The main barriers to going to sweat: 86% do not have their own sweat house or have no sweat houses available to them and 14% do not know how to sweat

"Our children are missing out on the teachings and social ways of the sweathouse. This is something they need to participate in early on so they are comfortable and know how to act when they are joining in. Also, we need to be open to teaching them they are welcome as they learn."

~ Survey Participant

Would you be willing to go to a sweat house gathering open to the community?



Other Community Sweat House considerations

- The sweat house must be clean and properly maintained
- It must be safe and private (e.g., a guard at the door and no sex offenders in attendance)
- People might not be able to attend depending on the location/transportation

Differing opinions

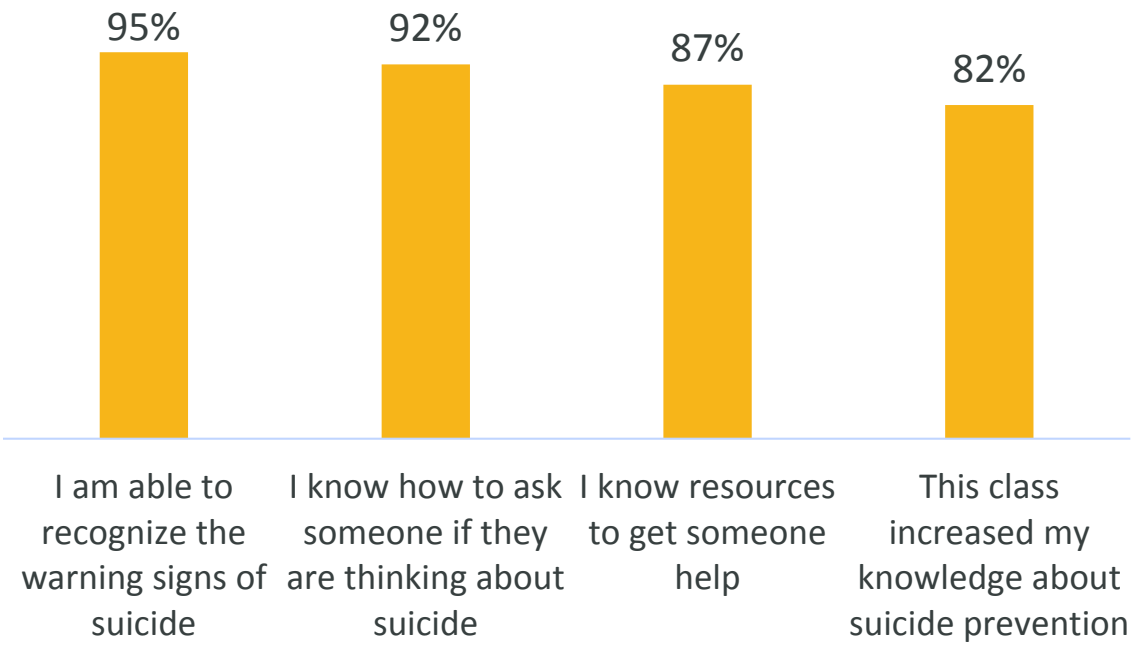
- Community sweat house organizers will need to take the many – sometimes contradictory – suggestions about the characteristic(s) of community sweats when setting up community sweats

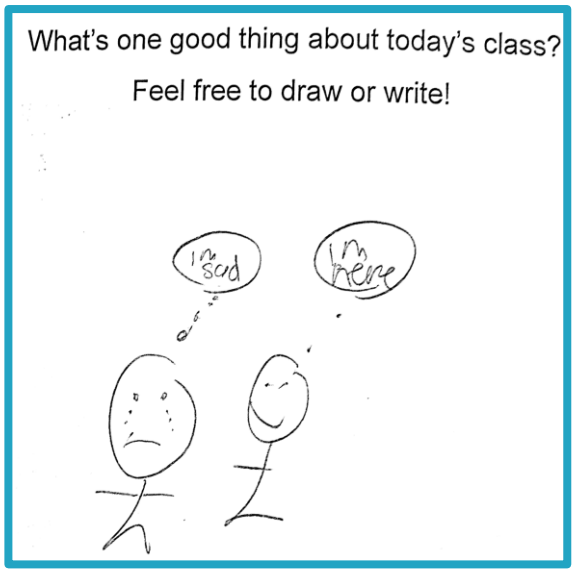
Community Sweat House Revitalization

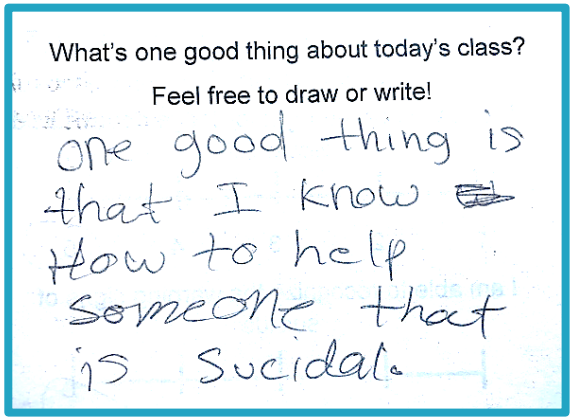
BAAD Suicide Prevention Survey Highlights, 2019

Suicide prevention was this year's topic for the 15 to 18 year olds at the 2019 Basketball Against Alcohol and Drugs Tournament. Survey results from 110 youth showed that they felt they learned a lot from the class.[9]

Percentage of youth answering "agree" or "strongly agree" to the four statements







BAAD Tournament Suicide Prevention Classes

Major Accomplishments of the CoH Project

Major CoH Accomplishments

- Through successful grant proposals, CoH was able to add 5 new positions:
  - One Project Director
  - Two Integrated Mental Health positions in the medical clinic, which are now sustainable through billing
  - One Program/Evaluation Assistant (CTUIR community member)
  - One Community Outreach Specialist (CTUIR community member)
  - One Young Adult Outreach Specialist (CTUIR community member)
- CTUIR's readiness to address suicide prevention increased from 2014 to 2019
- CoH has engaged in a wide variety of suicide prevention activities, 246 total over 5 years
- CoH held two Healing from Historical Trauma GONAs, one for adults and one for youth[10]
- 708 people have been trained at 70 suicide prevention or intervention trainings
- CoH staff wrote both postvention and crisis response team tribal resolutions that were approved by the CTUIR Board of Trustees

Major Accomplishments, Continued

- Yellowhawk implemented a universal screening protocol in the medical clinic. When someone screens positive on the PHQ-2, they are administered the PHQ-9. If they are positive on the PHQ-9, they are given the Columbia-Suicide Severity Rating Scale (C-SSRS) suicide risk assessment
  - Yellowhawk screened 1,949 youth 10-24 for depression and suicide at medical visits from October 2014 through March 2019
- 75% of all youth who screened positive for depression and/or suicide were considered to need a referral to mental health services.
  - The main reason the youth were not referred is that they were already engaged in services
- 83% of youth with a referral received a 1st mental health service within 3 months
- The average time from when youth were screened and identified as at risk to their 1st service was 3.7 days
  - 65% received same-day service
- EHR improvements
  - PHQ-2, PHQ-9, and C-SSRS tools have been programmed into the EHR
  - A safety plan template has been added to the EHR for staff use

Summer Youth Workers Promoting CoH Youth Gathering of Native Americans (GONA) on KCUW

CoH Youth GONA

CoH Adult Gathering of Native Americans (GONA), May 2016

World Suicide Prevention Day 2018 Teepee Village Candlelight Vigil

Notes on Data Sources

1. A complete list of all the CoH suicide prevention strategies implemented over the grant period can be found in a separate appendix. These data were collected as part of CoH's participation in the National Outcomes Evaluation (NOE). The NOE is a national effort to collect standard data across all GLS grantees. Many of the CoH activities were held annually, but are only reported once in the PSI list at the request of the NOE team.
2. The full version of the Community Readiness Assessment Results 2019 report is available from the Yellowhawk Prevention program. The report, part of the local evaluation, contains the background about how the assessment data are collected and scored, as well as more information about each dimension. This report contains interviewee views and opinions related to suicide prevention in the CTUIR community.
3. Training data were collected as part of the NOE. For each training, a 3-page form was filled out that included the date and type of training, number of trainees, and their roles.
4. The Yellowhawk Employee QPR Follow-Up Survey was administered June 19 – June 28, 2019, via an online survey. The survey was developed by CoH staff and the program evaluator and programed by the program evaluator. CoH staff emailed all Yellowhawk employees with the link to the survey. Confidential results went directly to the evaluator. In the chart on slide 13, the responses of four people who had not completed a QPR or any other suicide prevention training were left out of the analysis.
5. Screening data were also collected as part of the NOE. These data were pulled from Yellowhawk's electronic health record (EHR) quarterly and then submitted to the NOE team by the local evaluator. The numbers represent the aggregated deduplicated youth screenings in any given quarter. In other words, since someone with more than one medical visit in any one quarter would be screened multiple times, they are only counted once per quarter. It is also important to note that medical staff also collected PHQ9 data for patients of all ages; however, this grant effort explicitly focused on youth suicide prevention.

Notes on Data Sources, Continued

6. Referral data (and reasons for no referral) were another part of the NOE. However, instead of being an aggregate data collection effort like the screening form, the referral data were collected at the individual level for each person who screened positive on the PHQ9. The Integrated Mental Health therapist was generally responsible for looking up the information on whether the youth was referred to treatment, the date of referral, what type of treatment the youth was referred to, the date of first treatment and treatment type (or reason why there was no treatment), as well as the date of the second treatment and treatment type (or reason why there was no second treatment).
7. The screening data show 241 youth screened positive on the PHQ9, but there are 249 youth in the referral data (individual) records, 245 of whom have information on referral status. It is possible that some youth showed up to Yellowhawk in crisis, saw a therapist, and were subsequently referred to services without a screening. Note that "already receiving services" was both a reason why youth were not referred to mental health services in the first place, as well as being a reason why they did not get a first service. The first group was why 73% of youth needed a mental health service (63 youth or 27% of youth who screened positive were already in services) and the second group is reflected in the reasons why youth did not receive a first service (an additional 26 youth).
8. The full version of the Community Sweat House Survey Results report is available from the Yellowhawk Prevention program; this survey was a CoH local evaluation effort.
9. Also a part of CoH's local evaluation, the full version of the 2019 BAAD Prevention Education Survey results report is available from the Yellowhawk Prevention program. Prevention program staff also have the BAAD prevention programming survey results for 2015, 2016, 2017, and 2018.
10. A GONA report written by the GONA training facilitators for the Healing from Historical Trauma GONA in May 2016 is available upon request from the Yellowhawk Prevention program.

Informing Policy and Improving Programs to Enrich People's Lives

For additional information, please contact:

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