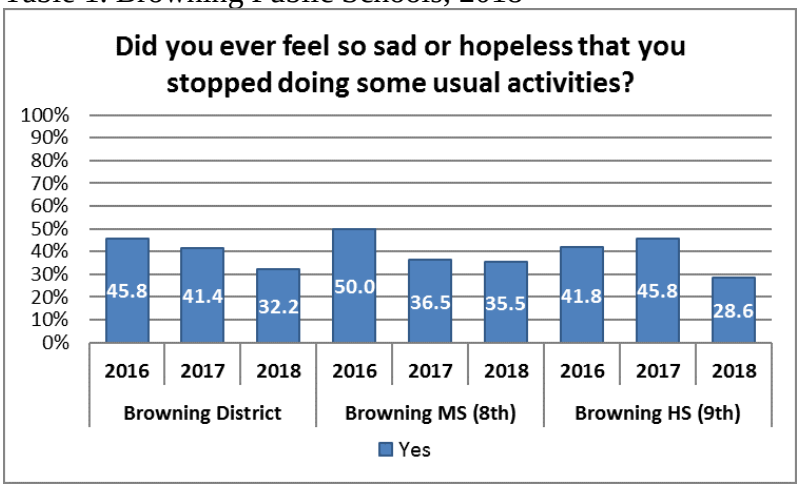
Section A: Population of Focus and Statement of Need

A1. Population of Focus

The Blackfeet Reservation encompasses 3,000 square miles in Northwestern Montana and is bounded by the Canadian border and Glacier National Park. This remote area is three hours from an urban center (Great Falls). The reservation is home to approximately 11,500 residents. Browning is the main town (7,700 residents) and the location of tribal headquarters. Blackfeet is like most frontier Indian reservations where more than a quarter of the population is under age 19, poverty is rampant (37% at 100% of Federal Poverty Limit), 65% of families are food insecure, unemployment is consistently greater than 20%, high school graduation rates are 63%, and life expectancy is almost two decades less than the U.S. average (Blackfeet Community Needs Assessment 2017). The Community Needs Assessment found 6% of residents had attempted suicide in the past year, 40% suffered from anxiety that hindered their ability to complete daily activities (twice the national rate), 25% have 4+ Adverse Childhood Experience risk factors, and 75% knew someone who had been bullied.

Browning Public Schools serves over 2,100 PreK-12 students throughout the reservation. This grant will focus on students living in Browning. The school participates in the Youth Risk Behavior Survey (YRBS), but found limitations that did not allow them to accurately and timely measure change. A supplemental survey based on the YRBS is administered as part of their Project AWARE grant to all 8th and 9th graders. Table 1 highlights the 2018 answers to suicide and depression related questions.

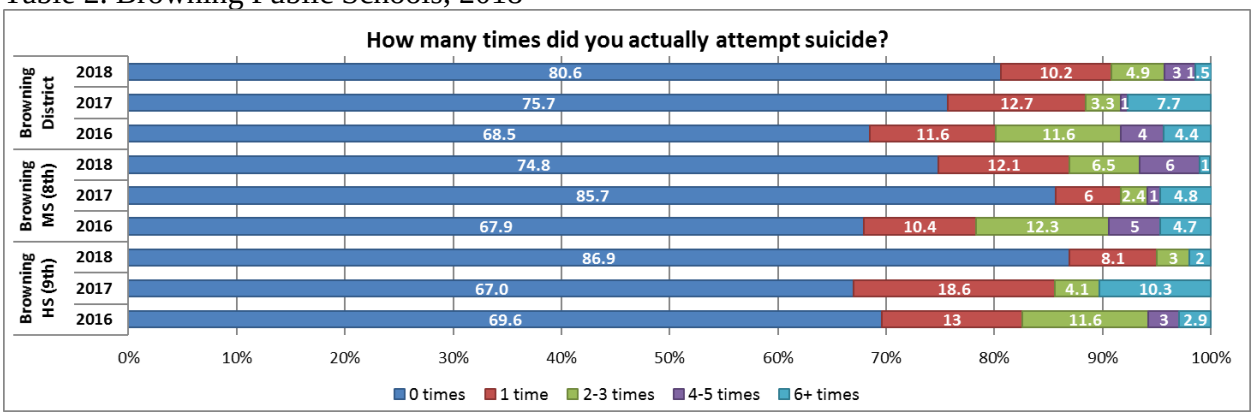
Table 1. Browning Public Schools, 2018



As Table 1 shows, the proportion of middle and high school students in Browning who report feeling sad or hopeless almost every day for two weeks or more in a row has decreased from 45.8% to 32.2% from 2016-2018.

The proportion of students who attempted suicide from 2016-18 decreased from 31.5% to 19.4% (Table 2). Although significant progress has been made and a robust infrastructure has been put into place to help provide support to students – a significant need remains.

Table 2. Browning Public Schools, 2018



A2. Services Gaps in Blackfeet

The Blackfeet Reservation is in a frontier area several hours from an urban center. In Browning, there is an Indian Health Service Hospital, a Tribal Health Department which runs clinics at the school and Heart Butte community, Crystal Creek Lodge, Blackfeet Community College, mental health services through Northern Winds and Altacare, and limited traditional healers. The remoteness of the reservation makes it difficult to recruit and retain professionals. The infrastructure is lacking, and the community needs remain substantial. The Community Needs Assessment found the greatest gaps were access to primary care, behavioral health, drug treatment, and traditional healers. A recent SWOT analysis conducted by the Blackfeet Tribal Health Department for their Tribal Opioid Response grant found areas of improvement to include coordination between agencies and care teams and consistent involvement, resources including funding and staff to sustain programs, family centered care and treatment programming, low family involvement, cultural normalcy of co-dependency and enabling behavior, guidelines that do not align with cultural priorities and perspectives, and low levels of community awareness.

Section B: Proposed Implementation Approach

B1. Goals and Objectives

The purpose of the Good Medicine Program (GMP) is to expand current suicide prevention efforts to further reduce suicidal ideation and completion while promoting a holistic wellness approach to American Indian youth attending Browning Public Schools. This will be accomplished by the following goals and objectives:

Goal 1. Increase the ability of youth-serving organizations to identify and work with youth at risk of suicide.

- **Objective 1A.** GMP staff will administer the Brief Screening for Adolescent Depression (BSAD) to 75% of students grades 6-12 once a year, starting in month four.
- **Objective 1B.** GMP staff will establish a multidisciplinary team within 4 months of the award to meet monthly using the Zero Suicide model to review and strengthen referral processes, case reviews, youth and families in need of care, care coordination and follow-up as measured by completed GMP suicide prevention plan.

- **Objective 1C.** GMP staff will survey community partners and agencies annually to determine additional training needs. At least 1 new program/training will be implemented per year.
- **Objective 1D**. Using existing school support groups, in year 1, GMP staff will develop youth talking circles to meet yearly.

Goal 2. Increase the capacity of clinical service providers to assess, manage and treat youth at risk of suicide.

- **Objective 2A.** By January 2020, multidisciplinary team monthly meetings will begin to determine quality, clinical and cultural competency standards to determine gaps and training needed.
- **Objective 2B**. GMP staff will work with the Tribal Health Department to implement a peer mentoring program at the school health clinic by Spring 2020.
- **Objective 2C.** Within 4 months of grant award, GMP staff will develop a roadmap using asset mapping to build programs and facilities needed to reduce service gaps. The roadmap will be reviewed and updated annually.

Goal 3. Improve the continuity of care and follow-up of youth identified to be at risk for suicide including those who have been discharged from emergency department and inpatient psychiatric units.

- **Objective 3A.** GMP staff will develop comprehensive materials and support sessions for families of students who have attempted or completed suicide by month 8.
- **Objective 3B.** Discuss plan for youth at risk of suicide, those discharged from the emergency department and inpatient psychiatric units at each monthly multidisciplinary team meeting.

Through these goals and objectives, GMP will serve:

- Unduplicated number of individuals to be served annually: 1,627
- Unduplicated number of individuals to be served over entire project period: 8,135

B2. Implementation of Required Activities

The Good Medicine Program (GMP) has spent the last four years laying the foundation and fostering a school environment that promotes social supports and behavioral health access for all, tackles the complex issues surrounding suicide in order to save lives, educates and trains students, staff, agencies, and the community.

The school system uses a Multi-tiered System of Support (MTSS) incorporating programs such as Positive Behavioral Interventions and Supports (PBIS) and Signs of Suicide (SOS) to meet student needs. School Counselors are considered Tier 1 and deliver universal care to all students. Six Youth Mental Health Specialists and a Project Director with an MSW provide individual Tier 2 suicide support for PreK-12th grades along with several support groups for youth and their families (i.e., grief/honor, Autism, social skills, boys & girls, LBGTQ, self-esteem and family). GMP provides referrals to Altacare, a contracted Tier 3 support located in the school.

Additionally, GMP provides referrals to Northern Winds Recovery Center and Indian Health Service, who have four licensed therapists. This tiered approach has set the stage to fully develop a culturally appropriate trauma informed school system. While in its beginning stages, staff have begun to place more emphasis on understanding the cause of the student's issue and making referrals to behavioral health services instead of swiftly moving to suspensions and in-school, whole day suspensions. During this grant, trauma informed policies will be developed to enhance our safe, secure, compassionate environment, additional trainings on trauma informed schools, and scaling up BPS's Alternative School which uses trauma informed practices.

The school will continue to screen students in grades 6-12 using the Brief Screening for Adolescent Depression (BSAD). This tool has been administered to 340 students with very positive outcomes: 74 students needed follow-up, 21 students needed to speak to someone immediately, and 3 students were brought to IHS/Behavioral Health for suicidal concerns. Several of the students identified for follow-up were not on anyone's radar for needing services.

It is critical to maximize existing services to assure youth in need encounter a coordinated referral system that is simple and easy for agencies and families to navigate, follow-up and inter-agency coordination is timely, and care is delivered using a family focused wraparound methodology. To achieve this, core child serving agencies will come together as the create a Good Medicine Wellness team as an adjunct to Bureau of Indian Affairs and Tribal Social Services Multi-Disciplinary Team. They will meet monthly to discuss cases referred from the school, student and family plan, gaps, referrals needed to other agencies (housing, TANF, health department), student outcomes, as well as quality and evaluation.

The schools have held a vast amount of evidence-based practice trainings (SOS, QPR, PBIS, YMHFA) to over 366 students, staff, families, and community agencies that has resulted in a reduction of suicide attempts and completions. The established trainings will continue to be offered, adapted when necessary to better reflect Native American and Blackfeet culture, and woven into our trauma informed focus. New ones such as the Zero Suicide Tool Kit, ASIST, American Indian Life Skills, Safe Talk, Art Therapy Skills Training, and Nature Appreciation Skills Training have been selected as "good fits" our school system and community. GMP will also work with assigned SAMHSA-sponsored technology transfer and training resources to develop and deliver additional needed trainings. An annual survey of local behavioral health agencies will be conducted to determine what other trainings may be relevant. Trainings will be staggered over the five years of the grant with at least 1-2 new community training will be implemented each year based on survey results.

The school has evaluated the use of Peer Mentors and is poised to onboard them in Spring 2020. Peer Mentors are people with lived experience who are trained to guide and support the student who is experiencing a life crisis, behavioral health symptoms, previous suicide attempt, substance misuse, and other needs. This person is a role model for the student and their family and is part of the GMP Wellness Team. Montana passed legislation that will allow for peers to bill Medicaid beginning January 2020. The Board of Behavioral Health has a certification in place to license peers who have receive the proper training. We anticipate this opportunity will

involve a partnership with Northern Winds Recovery Center and/or the Tribal Health Department for third party billing.

Due to the Blackfeet Reservation's remoteness there are few therapeutic service providers, staff are often non-Native, and staff turnover is a recurring issue. However, an amazing array of dedicated Blackfeet members at the Recovery Center, Tribal College, Tribal Health Department, Blackfeet Hospital, schools, churches, and social groups are building a web of services that will support a healthier community. During this grant we will work with existing groups to expanding capacity, establish clinical excellence standards, promote quality assurance and performance improvement, and instill cultural competency. Creating and sustaining an environment that demands clinical excellence, fosters continuous learning, is focused on improvement opportunities, and uses client, family, and community satisfaction to guide service delivery will be the first steps. Rocky Mountain Tribal Leaders Council (RMTLC) in collaboration with GMP staff and evaluator will develop a plan to achieve these objectives.

Suicide attempts and completions is a confusing time for families with a myriad of questions and emotions that may go unanswered or supported as the community deals with its own grief. Unfortunately, suicides are not uncommon on the Blackfeet Reservation. We recognize that we need to do a better job of educating and supporting families around this time. Reviewing current materials including social sites, groups, and listening to survivors and their families to better tailor our response are planned activities as we continue to make suicide prevention a core priority within our multidisciplinary team. The GMP will take the lead on this goal. Additionally, GMP will work with Veterans and their families to ensure their perspective is included.

B3. Timeline

Table 3. Five Year Timeline for Good Medicine Program

Dates	**Key Activities**	**Responsible Staff**
Month 1	• Hire Lead Evaluation Specialist • Travel to Browning, MT for strategic planning/orientation • Zero Suicide Toolkit – begin using resource for ongoing monthly meetings	RMTLC Staff GMP
Month 2	• Invite new and existing partners to join Multidisciplinary Team • Provide informational packet (i.e., program details, consent form) to parents of students during school registration and/or orientation	RMTLC Staff GMP
Month 3	• Host first Multidisciplinary Team meeting	RMTLC Staff

	• Develop Asset Map • Begin providing services to youth (i.e., AILS, SOS)	GMP
Months 4, 16, 28, 40, 52	Administer BSAD to 75% of students grades 6-12	GMP
Month 4-60	Submit Quarterly Reports via SPARS	RMTLC Staff
Month 6	Host first youth talking circle	GMP
Month 7, 19, 31, 43, 55	Multidisciplinary Team to determine gaps and training needs	RMTLC Staff GMP
Month 8	Develop comprehensive materials for families of high-risk youth	RMTLC Staff GMP
Month 10	• Launch Peer Mentoring Program • Host training based off identified needs (i.e., ASIST, ASQ Toolkit, YMHFA, Grief Recovery)	GMP
Months 12, 24, 36, 48	• Develop annual project performance assessment report highlighting achievements, barriers, adaptations, and impact from previous year • Develop upcoming year plan based on report	RMTLC Staff GMP
Month 18	Submit Evaluation report highlighting effectiveness	RMTLC Staff
Month 60	GMP Goals and Objectives Completed Final Evaluation Report with wins and opportunities identified for future efforts	RMTLC Staff

Section C: Proposed Evidence-Based Service/Practice

C1. Evidence-Based Practices(s)

American Indian Life Skills Development Corporation (AILS) was chosen as an evidence-based practice because AILS is a "universal, school-based, culturally grounded, life-skills training program that aims to reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors." Because the curriculum emphasizes social–cognitive skills training and well-being, the preventative curriculum will be ideal for working with adolescents to reduce by 5% the number of students in Middle School and High School reporting suicidal, thoughts, ideations, and gestures per Youth Risk Behavior Survey. No modifications will be made. GMP will administer AILS to 30 students per building per year at 3 buildings, Napi Middle School and High School for a total of 90 students per year.

Applied Suicide Intervention Skills Training (ASIST) was listed as a promising practice for NREPP and a "program with evidence of promise" for the Suicide Prevention Resource Center.

Because of the breadth and depth of the program, ASIST is ideal for training all caring professionals from family and friends to mental health professionals and paraprofessionals. Intended for those who are first line of contact with persons having suicidal thoughts, those in the educational and caring professional setting are ideal participants in the 2-day program. No modifications will be made. GMP will train 15 participants per year.

Signs of Suicide (SOS) will be implemented as screening, awareness, intervention, and education program because of the discrete components for middle, high school students, and adults. SOS includes a screening tool that GMP has been working with and includes training videos for each population served. No modifications will be made. GMP plans to train 65% of 6-12 grade students in the program.

ZERO Suicide is a comprehensive program that provides a framework for implementing suicide prevention efforts. The system-wide approach includes a team approach for guiding self-assessment of current efforts and concentrates on policies and practices for promoting a suicide aware and responsive community. The GMP will implement Zero Suicide to align with State of Montana efforts to provide consistent care. The success of the program will be measured by creation of team and implementation of monthly meetings. No modifications will be made.

Youth Mental Health First Aid (YMHFA) is used by GMP because it offers the signs and symptoms of suicide. The program plans to train persons starting at 17 years of age. YMHFA is a Best Practice in NREPP and increases the likelihood and confidence of individuals to assist people with mental health illnesses. The training will be modified to reflect, support, and relate to the Blackfeet community. This adaptation has been completed and will be used during the trainings. GMP will train 50 people per year.

Grief Recovery Institute will be used for issues related to grief. Books in this selection range from “When Children Grieve” to “The Grief Recovery Handbook for Pet Loss” and the seminal offering, “The Grief Recovery Handbook”. This program has helped people recover from grief for over twenty years with education about, “The Six Myths of Grief”, and practices like Grief Partners and Grief Letters. No modifications will be made.

Through these efforts, GMP will successfully address the following Foundational Elements, Priorities, and Strategies from National Tribal Behavioral Health Agenda (TBHA).

- HIT2.2: Provide support for creating new or maximizing existing healthy social structures and social supports through schools and other local settings that permit community members to engage and be validated as valuable members of the community.
- SCE2.1: Strengthen educational capacity of schools and access to education resources.
- NA1.3: Actively educate tribal communities about behavioral health in an effort to normalize topics of behavioral and emotional health.
- PR1.3: Prioritize and collaborate on behavioral health-related prevention efforts as a primary strategy across education, health, behavioral health, child welfare, law enforcement, and other systems.
- BH5.3: Support and immediately implement a collaboration that supports early intervention services for behavioral health.

Section D: Staff and Organizational Experience

D1. Experience of organization and partners including specific roles and responsibilities.

The Rocky Mountain Tribal Leaders Council (RMTLC), located in Billings, MT, is a federally recognized organization of Tribes that serves all Tribal people in Montana and Wyoming on health, environment, housing, and other aspects of reservation living. The RMTLC provides a stabilizing infrastructure on which the tribes depend to sustain the growth and development of new and existing initiatives. The RMTLC has successfully served as the lead agency in a variety of programmatic efforts, including suicide prevention for six years, moving tribes towards the goal to create and maintain healthy environments for their members with projects funded by SAMHSA, Indian Health Service, CDC, AHRQ, and several other agencies. The RMTLC operates directly with the Tribes it serves to not only act as a resource, but to ensure valuable and culturally-appropriate program activities and support. Additionally, the RMTLC houses one of the twelve Indian Health Services' Epidemiology Centers. The Rocky Mountain Tribal Epidemiology Center (RMTEC) supports data collection, management and information dissemination for the participating 14 Tribes. With RMTLC's experience and expertise in administering grants, a mutual partnership was made with the Browning Public Schools on the Blackfeet Indian Reservation to form a leading collaboration to address and decrease suicide in the State of Montana among American Indian (AI) youth.

The RMTLC will serve as the leading organization responsible for the overall administration and data collection & performance measurement efforts for the program. Browning Public Schools' Good Medicine Program (GMP) will be responsible for on-the-ground suicide prevention efforts within the Blackfeet community.

The GMP has four years of experience in the Browning Public School District, the largest educator of AI children in the State of Montana. With six Youth Mental Health Specialists and a Project Director with an MSW, the team provides individual Tier 2 suicide support for PreK-12th grade AI youth along with several support groups to youth and their families (i.e., grief/honor, Autism, social skills, boys & girls, LBGTQ, self-esteem and family). The staff has equipped the community by providing valuable trainings to students, staff and community members, including: Signs of Suicide, Brief Screening for Adolescent Depression, Question Persuade Refer, Youth Mental Health First Aid Training (locally adapted for AI youth), and the PAX Good Behavior Game Training for teachers.

The GMP collaborates with school counselors at each of the seven school buildings by receiving referrals and providing follow-up. Referrals are followed through a variety of licensed community partners (years of experience): Altacare Program (20 years), Northern Winds Recovery Center (7 years), Indian Health Service (100+ years), and Crystal Creek Lodge (40 years). These partners provide Tier 3 suicide prevention support – the highest level in community for assessments, diagnosis, and therapy counseling. Additionally, the GMP has successfully collaborated with the Juvenile Healing to Wellness Court Coalition/Advisory team, Teen Coalition with Manpower, IHS, Juvenile Healing to Wellness, Tribal Health, Northern Winds Recovery, Families in Transition, School-Based Health, IHS Administration and Health Education, Teen Homeless and Community Health Representatives on a bi-monthly basis through advisory meetings and various collaborative efforts.

D2. Staff positions including role, level of effort, and qualifications.

Project Director (1.0 FTE): Bethany Fatupaito, MPH will serve as the Project Director to the overall program. Bethany has been a Project Director with RMTLC for twelve years serving tribal communities throughout Montana and Wyoming. She has successfully managed two substance abuse prevention programs funded through SAMHSA, IHS contract, OMH, and RWJF grant awards totaling over $8 million.

Lead Evaluation Specialist (0.5 FTE): TBN, will serve as the Lead Evaluation Specialist on the overall program. He/She will be housed in Billings and work with the team in Billings and Browning to develop data collection tools, performance measures, consent forms, etc. needed for the successful implementation of the program.

Onsite Manager (1.0 FTE): Kimberly Tatsey-McKay, MSW, will provide leadership and direction in developing and maintaining the best possible supportive program that optimizes available human and material resources. She has worked directly with the GMP for three years and is a Blackfeet member working in the community for over ten years.

Youth Mental Health Specialists (1.0 FTE x 6): Six YMHS will be divided among the Browning Public Schools ((2) Napi Elementary, (2) Browning Middle School, (2) Browning High School). Each have their Bachelor of Arts and four years of experience working with the GMP and four of the six are members of the Blackfeet tribe. They will be responsible for developing and implementing individualized case management services to assist students with mental health issues and crisis interventions that results in zero suicides, increased student attendance, improved behavior and reduced discipline referrals in assigned schools.

Section E. Data Collection and Performance Measurement

E1. Data Collection and Utilization

Table 4. Data Collection Plan

Performance Measure	Target	Data Source	Data collection Frequency	Responsible Staff
Goal 1. Increase the ability of youth-serving organizations to identify and work with youth at risk of suicide.				
PM 1A. Percentage of students BSAD was administered to yearly.	75%	Screenings	yearly	Evaluator
PM1B. Number of multidisciplinary team created.	1	Meeting attendance sheets	monthly	Evaluator
PM 1B2. Number of meetings yearly.	12 out of 12 months	Meeting attendance sheets	monthly	Evaluator
PM1C. Number of surveys performed by community partners and agencies determine additional training needs.	1	Surveys	yearly	Evaluator

PM 1D. Number of new programs/trainings implemented.	1	Trainings	yearly	Evaluator
PM 1E. Number of youth circles developed.	1	Youth Circle	once	Evaluator
PM 1F. Number of youth circle meetings held.	1	Meeting attendance sheets	yearly	Evaluator
PM 1G. Number of. AILS administered to students	90	surveys	yearly	Evaluator
PM 1H. Number of participants trained in ASIST.	12	Training list	yearly	Evaluator
PM 1I. Percentage of students trained in SOS.	65%	Training list	yearly	Evaluator
PM 1J. Number of adults trained in YMHFA.	50	Training list	yearly	Evaluator
Goal 2. Increase the capacity of clinical service providers to assess, manage and treat youth at risk of suicide.				
PM 2A. Number of multidisciplinary team meetings held that discuss quality, clinical and cultural competency standards to determine gaps and training needed.	12 out of 12 months	Meeting attendance sheets & notes	monthly	Evaluator
PM 2B. Number of peer mentoring programs implemented at the school health clinic.	1	Peer Mentor Program	once	Evaluator
PM 2C. Number of asset maps created & reviewed.	1	Asset Map	yearly	Evaluator
Goal 3. Improve the continuity of care and follow-up of youth identified to be at risk for suicide including those who have been discharged from emergency department and inpatient psychiatric units.				
PM 3A. Material developed for comprehensive materials and support sessions for families of students who have attempted or completed suicide.	1	Materials	once	Evaluator
PM 3B. Number of support sessions attended for families of students who have attempted or completed suicide.	1	Meeting attendance sheet	yearly	Evaluator
PM 3C. Number of multidisciplinary team meetings where plans for youth at risk of suicide, those discharged from the emergency department and inpatient psychiatric units are discussed.	12 out of 12 months	Meeting attendance sheets & notes	monthly	Evaluator

A comprehensive tracking document will be created in Microsoft Excel to track all performance measures and grant activities. All data collected from surveys/assessments will be stored securely at Blackfeet Public Schools. At each multidisciplinary team meeting there an update on performance measures and activities will be given. A report will be produced at the end of each year with a full update on statues of all activities and performance measures. The project evaluator will be responsible for updating and maintaining the tracking document, producing monthly updates, and developing the yearly report.