

SAMHSA NATIVE CONNECTIONS: CULTURE & HOPE

2023-2028



Goals of the 1st year of our grant

- 1) Community needs assessment
- 2) Community Systems analysis
- 3) Community readiness assessment
- 4) Strategic Action Plan

- ▶ **Community needs assessment:**
 - ▶ Refer to community readiness assessment
- ▶ **Community Systems analysis:**
 - ▶ Google sheet resource manual of collaborating key stakeholders
- ▶ **Community Readiness assessment:**
 - ▶ 8 community interviews-
 - ▶ Participants range from Tribal employees, Council person, non profit employee, BCC employees, BPS employee
- ▶ Based on the results, we will begin building our Strategic Action Plan

Purpose of the community readiness model

- ▶ The purpose of the community Readiness Model is to provide communities, organizations, and social networks with stages of readiness to be used for the development of practical strategies that have a higher potential for success and sustainability and are more cost effective
- ▶ The model identifies specific characteristics related to different stages of problem awareness and readiness for change. It is:
 - ▶ A step-by-step system for developing an effective prevention strategy
 - ▶ A clear map of the prevention/intervention journey; and
 - ▶ Issue-specific, community-specific , culturally specific and most important, measurable.
 - ▶ It's not a question of IF a community is ready, but more,

WHAT is the community ready to do?

Community Readiness Assessment

- ▶ Results from our first round of funding in 2019 & 2024 results
- ▶ Dimensions of Readiness
 - ▶ A) Community Efforts: To what extent are there local efforts, programs, and policies that address suicide preventions?
 - ▶ B) Community knowledge of the efforts: to what extent do community members know about local efforts accessible to all segments of the community?
 - ▶ C) Leadership: to what extent are appointed leaders and influential community members supportive of suicide prevention?
 - ▶ D) Community Climate: What is the prevailing attitude of the community towards suicide prevention? Is it one of hopelessness or one of responsibility and empowerment?
 - ▶ E) Community Knowledge about the issue: To what extent do community members know about or have access to information on suicide prevention and how it impacts the community?
 - ▶ F) Resources related to the issue: To what extent are local resources- people, time, money, space, ect. -available to support efforts?

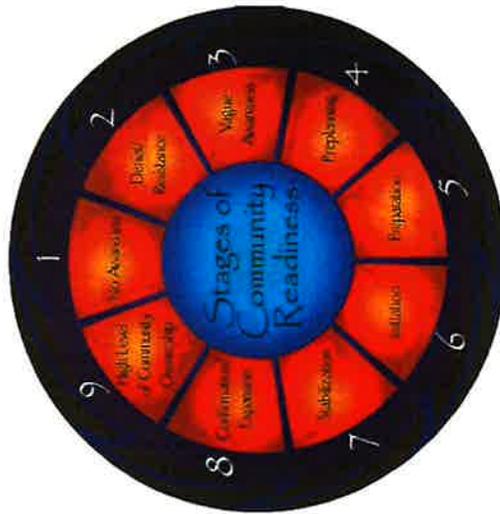
Dimensions of Readiness

	2019	2024
▶ Community Efforts	3	6
▶ Community knowledge of efforts	3	6
▶ Leadership	3	3
▶ Community Climate	2	4
▶ Knowledge of issue	2	4
▶ Resources	2	5

Stages of Community Readiness



Stages of Community Readiness



native CONNECTIONS

Stage Description

STAGE	DESCRIPTION
1. No Awareness	Suicide prevention generally is not recognized by the community and/or leaders as an issue (or it truly may not be an issue).
2. Denial/Resistance	At least some community members recognize that suicide prevention is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is local concern but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
8. Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services and they support expansion. Local data regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about suicide's prevalence and consequences. Effective evaluation guides new directions. Model is applied to other issues.

Reoccurring theme's during the 8 community interviews:

- ▶ Reactive- the community is very reactive to a suicide death. Once the initial shock & services pass the community outreach stops.
- ▶ Not a lot of coordination of efforts
- ▶ No community wide long term plan
- ▶ If resources worked together more, there would be a long term plan
- ▶ Conflict resolution- suggested course on Conflict resolution as a solution to the lack of coordinated efforts
- ▶ Lack of education about what's going on
- ▶ Its not that people don't care, it could be so much more effective if they work together
- ▶ Not coordinated or plan in place to go into action

2024 Suggested next steps:

- ▶ Mandate?
 - ▶ How does BTBC get Tribal Directors/ Managers to abide to a mandate?
 - ▶ Incentive /Consequences- BTBC suggestions?
 - ▶ How do we get Tribal Directors/ managers to want to participate in change, without being mandated or feeling micro-managed.
 - ▶ How do you foster/ support the need for change
 - ▶ Preventative Education w/ BTBC- Evidence based approach
 - ▶ Q.P.R., Mental Health 1st Aid, ASIST





Community Readiness Assessment Interview Questions

Hello, my name is _____ and I am with _____. We are conducting telephone interviews in _____ to get your thoughts about suicide prevention in your tribe/community. I'm contacting key people and organizations in (name of community) that represent the areas of treatment, mental health, medical, community members at large, school, law enforcement, parents, Indian Child Welfare, religious/spiritual, and elected officials. **The purpose of the interview is to learn more about how your tribe/community is addressing suicide prevention so that we may be informed adequately to develop prevention and treatment strategies for the tribe/communities to implement.** This interview should last between 30 and 60 minutes and of course, the entire process, including individual names and the name of your tribe/community, will be kept confidential. Our definition of suicide prevention is ...

A. PREVENTION PROGRAMMING

1. In your opinion, using a scale from 1 to 10, how much of a priority is suicide prevention to the tribe/community, with 1 being not a priority at all and 10 being a high priority? Please explain your rating.
2. Please describe the efforts, programs or activities that are available in your community to address suicide prevention.
3. How long have these efforts been in place?
4. Who can receive services from these programs/efforts?
5. What are the strengths of these efforts?
6. What are the weaknesses of these efforts?
7. What type of plans are in place to continue these services?
8. How is evaluation data being used to develop new efforts?
9. Please describe any policies that are in place in your community that address or support suicide prevention.
10. How long have these policies been in place?



B. COMMUNITY KNOWLEDGE ABOUT PREVENTION

11. In your opinion, using a scale from 1 to 10, how aware is the community of these efforts, programs, activities, or policies, with 1 being not at all and 10 being a great deal? Please explain your rating.
12. Please explain what you believe that the community knows about the efforts, such as their purpose, what services they offer, and how to access the services
13. Are there community members who are involved in sharing information about activities or efforts? Please explain.

C. LEADERSHIP

14. In your opinion, using a scale from 1 to 10, how much of a priority is suicide prevention to the leadership in your community, with 1 being not a priority at all and 10 being a high priority? Please explain.
15. How do the leaders in your community support and promote suicide prevention efforts, activities, or events? (Prompt: on committees, attend events, speak on issue in public, etc.) Please explain.
16. Would the leadership support additional efforts? Please explain.

D. COMMUNITY CLIMATE

17. Describe your tribe/community.
18. What is the community's attitude about SUICIDE PREVENTION?
19. How supportive or involved is the community in the support of suicide prevention? Please explain.

E. KNOWLEDGE ABOUT THE PROBLEM

20. In your community, what type of information is available regarding suicide prevention issues?
21. How knowledgeable are community members about suicide prevention issues? Examples include signs, symptoms, and local data, etc. Please explain.
22. What local data on this issue is available in your community?
23. How do people obtain this information in your community?



F. RESOURCES FOR PREVENTION EFFORTS

24. What is the community's attitude about supporting efforts, such as people volunteering time, making financial donations, and providing meeting space?
25. Are you aware of any proposals or action plans that have been written to support suicide prevention in your community? If yes, please explain.
26. What type(s) of evaluation is being conducted on efforts?
27. Do you have any additional comments?

