University of Montana/Fort Peck

Program Name: Sister Nations Empowerment Project
Grant Type: Garrett Lee Smith Tribal
Grant Status: Active
Year Awarded: 2016
State: Montana

The Sister Nations Empowerment Project (SNEP) will support the youth of the Fort Peck Assiniboine and Sioux Tribes and the agencies that serve them in their journey toward a suicide-safer community. A collaboration of the Tribes and the National Native Children's Trauma Center (NNCTC), SNEP is a reservation-wide, multi-intervention program rooted in local wisdom, cultural practices, and evidence-based practices.

The project will build upon work successfully completed during SNEP’s initial GLS funding period of 2011-14 as well as during a no-cost extension year of grant work in 2015. The five-year grant proposed will target American Indian youth aged 10-24, including those identifying as LGBTQ or two-spirit, those with lived experience of suicide, and survivors. SNEP will be guided by four primary goals: 1) to increase the number of youth, school staff, juvenile-justice workers, elders, tribal leaders, and community members trained to identify youth at risk of suicide, refer them to clinicians, mitigate risk factors associated with youth suicide, and promote protective factors; 2) to increase the capacity of the reservation's health-care system to provide evidence-based screening, treatment, and follow-up services for youth at risk of suicide, including those who receive treatment for substance-use and mental-health disorders; 3) to promote cross-system collaboration among the reservation's youth-serving stakeholders, ensure community input and buy-in, and enhance ongoing cross-system data-collection efforts; and 4) to enhance public awareness of suicidal risk and behaviors and make suicide prevention a core priority of the reservation's youth-serving system.

Funding will enable SNEP to accomplish the following objectives: placement of a clinician and wraparound transportation resources in the Tribes' Health Promotion/Disease Prevention program; support for two clinicians in the private Northeast Montana Health Services hospital system; training of clinicians in contact, follow-up, and safety-planning protocols to ensure long-term safety of patients; implementation of screening and safety planning procedures for suicidal patients admitted to local emergency departments; the sustaining of a local elders' mentoring group and of a youth advisory council to foster the incorporation of youth voice and leadership; the provision of traditional healing ceremonies; stakeholder and community trainings in suicide prevention and in addressing risk factors including mental illness, substance abuse, trauma, and bullying; the implementation of annual Community Readiness Assessments to enlist community ownership of the project; and the facilitation of cross-system collaboration and data collection. All Indirect Cost (IDC) charges are donated. An estimated 1,062 community members will be served per year, for a five-year total of 5,310.

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