Hope and Wellness: The Sacred Bundle Project

Lauren Lockhart, LLMSW, Program Manager
Sandra Momper, MSW, PhD, Lead Evaluator
American Indian Health and Family Services of Southeast MI (AIHFS)
“Manidookewigashkibjigan” Sacred Bundle: R.E.S.P.E.C.T.” Project
Garrett Lee Smith-SAMHSA Grantee Meeting-March 2018
The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Manidookewigashkibjigan-Sacred Bundle: R.E.S.P.E.C.T. Projects

- **First GLS SAMHSA Grant:**
  - Awarded to American Indian Health and Family Services of Southeast Michigan, Inc. (AIHFS): 08/01/11 - 07/31/14.

- **Second GLS SAMHSA Grant:**
  - Awarded to AIHFS to continue and expand the work to the 12 Tribes of Michigan: 09/30/14 - 09/29/19.
Sacred Bundle Project Team

- Program Director: Nickole Fox, MA, CPC
- Project Manager: Lauren Lockhart, LLMSW
- Training and Outreach Coordinator: Bob Davis, MBA
- Program Assistant: Darius Watkins, BBA
- Evaluator (U of MI): Sandra Momper, MSW, PhD
- Project Coordinator (U of MI): Jennifer Hopson, BA
<table>
<thead>
<tr>
<th>Tribal/Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Little Traverse Bay Band of Odawa Indians</td>
</tr>
<tr>
<td>B = Blue Thunder Bird Women Counseling</td>
</tr>
<tr>
<td>C &amp; D = Nottawaseppi Huron Band of the Potawatomi</td>
</tr>
<tr>
<td>E = Lac Vieux Desert Behavioral Health</td>
</tr>
<tr>
<td>F = Bay Mills (2)</td>
</tr>
<tr>
<td>G &amp; H = Sault Ste Marie Tribe of Chip Indians</td>
</tr>
<tr>
<td>I = Pokagon Band of Potawatomi Indians</td>
</tr>
<tr>
<td>J = Hannahville Indian Community</td>
</tr>
<tr>
<td>K = Saginaw Chippewa Tribe</td>
</tr>
<tr>
<td>Independent &amp; Little River Band of Odawa Indians</td>
</tr>
<tr>
<td>(not mapped)</td>
</tr>
</tbody>
</table>
Hope and Wellness Screenings

- Consents/Assents
- Demographics
- Hope and Wellness Screen Measures
  - Suicide Risk
  - Substance Abuse
  - Cultural Identity
  - Positive Wrap-up Qs-developed by youth
Hope and Wellness Screenings Staff

- Event Manager – plans and oversees activities.
- Flow Coordinator – assigns tents, keeps tracks of who is where.
- 2 Sign-in staff – welcomes, sign-ins, assigns screeners.
- 7-10 Screeners – conduct screenings (trained in safeTALK/ASIST).
- 1-2 Behavioral Health Providers – conduct interventions/referrals.
- 2 Sign-out staff – double-checks paperwork, gives youth resources (locally based) and incentives, secures materials.
- 1-2 additional “floating” staff/volunteers.
Hope and Wellness Screenings Set-Up

- Staff/volunteers arrive 3 hours before screenings to set up.
- Large tent and 4-5 tables with chairs for sign-in, sign-out, and consent process.
- 4-5 small tents with a small table, chairs, and lighting for conducting private screenings.
- Station for Behavioral Health Provider to conduct interventions.
- DIY Smokeless Smudge Bundle Table for youth/parents waiting.
Screening Process

- Administered by trained gatekeepers or mental health clinicians to youth aged 10-24.
- Occur in AIHFS’ BH Department and at Pow-wows and social events.
- Youth debriefed by a screener and/or Behavioral Health Provider.
- Youth & family provided information about the project, a list of MH resources, and a $20 gift card.
- If referral needed, Behavioral Health Provider available to intervene.
- Follow-up on positive screens or crisis intervention conducted by AIHFS BH staff.
Screenings: Consents/Assents/IRB

- Youth completes a consent/assent form.
- Youth under 18 get parent/caregiver consent.
- Consent forms have standard IRB components:
  - Purpose/description.
  - Benefits/risks.
  - Voluntary nature/compensation.
  - Confidentiality.
  - Contact information.

- NOTE: IRB was required for first grant only.
Hope and Wellness Screening Documents

- PH-Q 9
- CRAFFT (10-17 year olds)
- DAST & AUDIT (18-24 year olds)
- Demographic Survey
- Wrap-Up Questions
Behavioral Health Provider Role

- Youth who are determined to be at risk are immediately referred to an on-site Behavioral Health Provider.
  - BH Provider may conduct an intervention, develop a safety plan, and/or make referrals for the youth to get mental health or other services (youth program, traditional healing, for example).

- Crisis Line
  - We contract with a local crisis line (Common Ground) that has agreed (through an MOU) to make follow-up calls to at-risk youth within 24-48 hours—if youth and parent/caregiver consent.
Wrap up Questions - Youth Designed

- Who is the person that brings you the most joy or happiness in your life?
- What are the two things you are most grateful for?
- What is your favorite time of year and why?
- What was the greatest experience in your life?
- Who is the person you can trust or go to talk to when you are feeling down?
EIRF/Healing Helper

- After screening the screener fills out a Healing Helper survey with Early Identification Referral and Follow-up (EIRF) SAMHSA required information:
  - Individual identified as being at risk,
  - Person who identified them as being at risk
  - Circumstances of identification.

- In our efforts to ensure that at-risk youth receive the help they need we document dates when follow-up calls are made and number of attempted calls.
For GLS 2, we developed a Toolkit to help other communities plan and implement screenings—presently piloting with Michigan Tribes.

The toolkit for community screening provides information on:

- Community Readiness Assessment.
- Training gatekeepers.
- Documents (surveys, consents, etc.).
- Planning and staffing community screenings.
- Partnerships and follow-up.
- Data use for grant applications and programming, for example.
Demographics - Youth 10-24

GLS-1
Demographics of Youth Screened
April 2013 – July 2014

GLS-2
Demographics of Youth Screened
April 2015 – April 2017
Regional Suicide Prevention Partnership: Indian Health Services- Bemidji Area Office

- Tribes in Minnesota (GLS Grantee State), Wisconsin and Illinois

1. ASIST Training for Trainers, November 2016

2. Support for new trainers:
   - Opportunity to co-train with Master Trainers
   - Provision of materials
   - Monthly conference calls (support, consultation, and planning)

3. SafeTALK Training for Trainers, September 2017

4. Cross-Marketing & Regional Suicide Safety Net
Acknowledgements

Miigwetch, thank you, to the AIHFS Sacred Bundle Suicide Prevention Team: PI- Ashley Tuomi, DHSc; Co-PI & Lead Evaluator Sandra Momper, MSW, PhD; Nickole Fox, MA, CPC; Elizabeth Chapleski, MSW, PhD; Lauren Lockhart, LLMSW; Christy Bieber, BS; Karen Marshall; Bob Davis, MBA; John Marcus, AS; Darius Watkins, BBA; Michael Kral, PhD; all gatekeepers; community members; tribal representatives; advisory councils; and the University of Michigan School of Social Work who participate in and support this research. This evaluation is funded by the Garrett Lee Smith State and Tribal Youth Suicide Prevention SAMHSA Grant #U79 SM061738-01. The views, opinions, and content does not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.
Questions?

Contact Information:

Lauren Lockhart at (313) 846-3718, llockhart@aihfs.org
Sandy Momper smomper@umich.edu

Facebook Page:
https://www.facebook.com/sacredbundlehealinghelpers/

MIIGWETCH!