A Collective Effort to Reduce Native Youth Suicide in Montana

Garrett Lee Smith Suicide Prevention Grantee Meeting
March 20, 2018
Washington, DC

Presented by:
Lesa Evers
Tribal Relations Manager
Department of Public Health and Human Services
State of Montana

Disclaimer: 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).
Disclaimer

The views, opinions, and content expressed in this presentation 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).
Indian Reservations in Montana

Seven (7) Indian Reservations
One (1) State-Recognized Tribe
Eight (8) Tribal Governing Bodies
Four (4+) Urban Indian Centers

Native Americans
approximately
7% of population

52.7% live
on a reservation
according to census
What We Did

- Acknowledged the suicide rate among Native youth.
- Provided funding to begin an honest effort for change.
- Gathered our partners together.
- Listened.
- Made a decision for a path forward.
- Hired a top notch contractor to help us.
- Built a strong coalition.
- Developed a strategic plan.
- Shared our story.
- Implemented the recommendations of the coalition.
- Trained our partners on the Zero Suicide model.
- Prepared for next steps.
“Gathered our partners together”

DPHHS Director Richard Opper welcomes tribal representatives as Dr. Aaron Wernham, who facilitated the discussion, listens in.

Leadership from the department, which includes the Director’s Office, Branch Managers and Division Administrators, were asked to attend, listen and most importantly, learn from all that was shared that day.
Coalition members and KAI staff with Lt. Governor Mike Cooney at the pre-gathering in Boulder Hot Springs. It was important to start this effort in a good way in a place historically known for healing.

Breakout groups, which include coalition members representing tribes and urbans and DPHHS, work together to build a strategic plan.

The question posed to those engaged in building the strategic plan.
Montana Native Youth Suicide Reduction Strategic Plan
January 2017

Montana Native Youth Suicide Coalition Members and Tribal Leaders present the strategic plan to Montana’s Lt. Governor Mike Cooney in the Governor’s Reception Room at the State Capitol in Helena. The Tribal Flags hang in the background.

Erin Irvine, coalition member, leads the testimony to the state legislative subcommittee about why addressing youth suicide across Montana matters.
Vision Statement

“Our vision is to reclaim our sacred responsibility to care for each other as relatives and embrace our cultural values to create welcoming, safe, and healing families and communities where our youth feel their worth, have hope for their future, are cared for when in pain, and live to realize their dreams.”

– Vision Statement, Montana Native Youth Suicide Reduction Strategic Plan
Working Together in Partnership

- Make a commitment
- Be willing to invest in building relationships
- Be genuine
- Be flexible
- Involve your leadership
- Make the extra effort
- Show up
- Listen
- Wait for the answer
Contact Information

Lesa Evers
Tribal Relations Manager
Department of Public Health and Human Services
State of Montana
PO Box 4210
111 North Sanders, Room 301
Helena MT 59604-4210

levers@mt.gov

(406) 444-1813 office
(406) 431-2709 cell