

Indian Health Service Press Release

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IHS announces Methamphetamine and Suicide Prevention Initiative awardees

\$13.2 million will support the prevention of methamphetamine use and suicide

The Indian Health Service, through its Office of Clinical and Preventive Services, Division of Behavioral Health, today made 118 MSPI funding awards totaling \$13,237,000 to prevent methamphetamine use and suicide in American Indian and Alaska Native communities. Funding will go to Tribes, Tribal organizations, Urban Indian organizations, and IHS federal government programs. These awards will help increase access to health services and also build the capacity of American Indian and Alaska Native communities to provide prevention, intervention, and treatment services to American Indians and Alaska Natives who are at risk of suicide or methamphetamine use.

"The issues of suicide and methamphetamine use among American Indian and Alaska Native communities are at a critical stage," said IHS Principal Deputy Director Robert G. McSwain. "The Indian Health Service remains dedicated to working closely with tribal entities to address, prevent and provide much needed resources. These awards allow IHS to increase the effectiveness of early prevention services, promote culturally sensitive programs and improve overall access to treatment and education."

A list of MSPI funding by IHS Area is available at: <u>http://www.ihs.gov/mspi/includes/themes/newihstheme/display_objects/documents/mspi2015cohort1.pdf</u>

The awards announced today build on a recently completed, nationally coordinated pilot project. IHS previously funded 130 health programs in a six-year demonstration project through the IHS <u>Methamphetamine</u> and <u>Suicide Prevention Initiative</u>, which promotes culturally appropriate prevention and treatment approaches to methamphetamine use and suicide. In the first five years of the demonstration project, MSPI projects provided treatment services for over 9,000 individuals and trained more than 13,000 professionals and community members in suicide crisis response.

Some highlights of the past demonstration projects include:

Sisseton Wahpeton Oyate (SD) – **Produced Youth Digital Storytelling series on Methamphetamine and Suicide Prevention.** The project trained the Sisseton Wahpeton Oyate Youth Leaders, also known as the 7th Generation Oyate Voices, to reach out to their peers using these innovative social media campaigns.

Alaska Native Tribal Health Consortium (AK) – Coming Together to Reduce Suicide. Two Applied Suicide Intervention Skills Trainers (ASIST) sessions resulted in staff being trained in a Living Works evidence-based practice tool – safeTalk. Two ASIST Train-the-Trainer created 44 new trainers in the tribal

health system to provide resources for suicide intervention. ASIST courses have been taught to 880 teachers, health aides, licensed and lay counselors, clergy, and other community members. A statewide Suicide Prevention Coalition supported an Alaska Suicide Prevention Summit that was hosted by the Alaska Native Tribal Health Consortium and the State of Alaska.

Fresno American Indian Health Project (CA) – Suicide and Drug Abuse Prevention. The youth prevention component of the project utilizes the American Indian Life Skills Development curriculum, the Gathering of Native Americans (GONA) curriculum, and the White Bison Sons & Daughters of Tradition curriculum to deliver messages about the dangers of drugs and alcohol, risk indicators of suicide and focus on healthy cultural lifestyles as a way to cope with stress or peer pressure. Seventy youth from over 16 tribes participated in a five-day GONA event in the Sierra Mountains that produced outcomes in improvements in their feelings of hope, connectedness to the community and a stronger sense of identity.

IHS, an agency within the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives.

For more information on the IHS Office of Clinical and Preventive Services, Division of Behavioral Health visit <u>http://www.ihs.gov/dbh</u>.

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