



**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

(Sharing Data with Funding Agency)

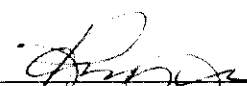
- WHEREAS,** pursuant to Article IV, Section 1(a) and 1(s) of the Constitution of the White Mountain Apache Tribe, *inter alia*, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and
- WHEREAS,** Johns Hopkins receives funding from SAMHSA (Substance Abuse Mental Health Services Administration) to support the Celebrating Life Program and is requesting permission to share data with this funding agency; and
- WHEREAS,** a previous request to share data with the funder was originally approved by the White Mountain Apache Tribal Council and Health Board in the Spring of 2009; and
- WHEREAS,** we have since learned that SAMHSA requires these reports on a semi-annual basis, therefore we are requesting permission to share data with the funder throughout the funding period; and
- WHEREAS,** attached is data that was previously approved for submission and future data submissions to SAMHSA will be updated versions of the attached document; and
- WHEREAS,** the data will be presented only to the funding agency periodically through September 2012; and
- WHEREAS,** the Tribal Council finds that it is in the best interest of the Tribe to allow this data to be shared with SAMHSA.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby approves the data submission request to SAMHSA.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that in the event that this Resolution conflicts with a prior Resolution or Policy, this Resolution shall govern.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the Chairman, or in his absence, the Vice-Chairman, is hereby authorized to execute any and all documents necessary to effectuate the intent of this Resolution.

The foregoing resolution was on **OCTOBER 28, 2010** duly adopted by a vote of **SIX** for and **ZERO** against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), (s), (t) and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).



Ronnie Lupe, Chairman of the Tribal Council



Mariddie J. Craig, Secretary of the Tribal Council

Overview: Sharing White Mountain Apache Surveillance System Data Johns Hopkins Programs

As part of the White Mountain Apache-Johns Hopkins Substance Abuse and Mental Health Services Administration (SAMHSA) grant for the prevention of youth suicide (1U79SM059250-01), we must comply with requirements that include the periodic reporting of performance data as specified in the grant announcement. This is needed for SAMHSA to ensure the effectiveness and efficiency of their programs.

A previous request to share data with the funder was originally approved by the White Mountain Apache Tribal Council and Health Board in 2009. We have since learned that these reports are required on a semi-annual basis and we are requesting permission to share data with the funder throughout the funding period. Future data submissions to SAMHSA will be updated versions of the data example at the end of this document. Data from the White Mountain Apache Surveillance System will not be made public. The data will be presented only to the funding agency periodically through September, 2012.

Language from the RFA describing this requirement and the nature of the data to be collected includes:

- (Excerpt from RFA) “Grantees must participate in three data/program performance assessment efforts: 1) annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations, 2) cooperation and participation in a cross-site evaluation; and 3) data and performance measurements.”
- (Excerpt from RFA): “To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the Suicide Prevention Evaluation Contractor. Summaries of the data collection activities included in the evaluation are included.”
- (Excerpt from RFA): “**Early Identification, Referral and Follow-up (EIRF).**” The EIRF analysis will focus on assessing the impact that program activities have on early identification of risk, referral processes and presentation of suicidal youth to treatment services. The EIRF uses *existing* information that is tracked as part of State/Tribal grantee activities and shared with the cross-site evaluation. All sites that have proposed early identification of at-risk youth as part of program activities will be required to participate in the EIRF analysis. Participation will require that *aggregate* information be tracked and submitted for 1) youth who are identified at risk, 2) the referrals to mental health or non-mental health related services that are made for each identified youth, and 3) the subsequent presentation for mental health related service by that youth. Basic demographic information will be required at the individual level (e.g. age, gender, race/ethnicity). EIRF information will come from *existing* program monitoring and tracking information rather than direct respondents.”

As part of our original application, we proposed the “early identification of at-risk youth as part of program activities” and are therefore bound by the requirements to provide data for the EIRF analysis. Here is an excerpt from the original proposal:

“GOAL IV: ADVANCING PREVENTION UNDERSTANDING THROUGH ONGOING SURVEILLANCE AND EVALUATION OF INTERVENTION EFFECTIVENESS
Objective 1: Improve and expand existing surveillance system

Activities:

- A. Continue Celebrating Life suicide registry data collection.
- B. Enter registry data in real time and report trends to the Apache Inter-agency Celebrating Life Coalition and community gatekeepers on quarterly basis.

Overview for Presentation to the White Mountain Apache Tribal Council, Health Board, and IHS
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- C. Obtain tribal approval to expand the registry to include unexpected violent or accidental deaths and injuries that may be suicides or may function as trigger events for subsequent suicides.
- D. Explore expanded suicide screening, which would include school-based screening of tribal youth and development of strategies to triage suicidal youth depending on severity.”

Our Suicide Prevention Evaluation Contractor is Chad Rodi. We have discussed with him how to fulfill the data requirements of the EIRF analysis. The White Mountain Apache Surveillance System is an *existing* program that collects the required information for the EIRF: 1) youth who are identified at risk, 2) the referrals to mental health or non-mental health related services that are made for each identified youth, and 3) the subsequent presentation for mental health related service by that youth. Surveillance data provided through quarterly and annual reports to the Tribe have been analyzed and presented in *aggregate*, and according to Mr. Rodi, will fulfill our data requirement for the EIRF Analysis. Mr. Rodi said however that because the data from these reports will be supplied in aggregate, it will not be included in the overall cross-site report from SAMHSA grantees. As such, the data from the White Mountain Apache Surveillance System will not be made public but will solely be used to fulfill our requirements as SAMHSA grantees.

EXAMPLE OF DATA TO BE SHARED:

Data from White Mountain Apache Suicide Surveillance System: Validated Events of Suicide Ideation, Attempt and Self-Injury for Youth aged 10 to 24 (n=567). [2007-2008]			
Age: Females-N, Mean (SD)	302, 16.2 (3.5)		
Males-N, Mean (SD)	280, 17.6 (3.4)		
Variable: N (%)	YES	NO	UNKNOWN/ UNSPECIFIED
Referral made-post suicidal incident:	234 (40.2%)	291 (50%)	57 (10.1%)
If referred, where to: (n=234)			
Apache Behavioral Health Services	196 (83.8%)	26 (11.1%)	12 (5.1%)
Indian Health Services-Social Services	6 (2.6%)	190 (81.2%)	38 (16.2%)
Indian Health Services-Mental Health	10 (4.3%)	185 (79.1%)	39 (16.7%)
Other agency	29 (12.4%)	153 (65.4%)	52 (22.2%)
If referred, person contacted referral agency (any type):	72 (30.8%)	120 (51.3%)	42 (17.95%)
If contacted, reason contact made with agency (any type): (n=72)			
Individual initiated contact	25 (34.7%)		
Agency initiated contact with individual	15 (20.8%)		
Other reason	9 (12.5%)		
Unspecified/unknown	23 (31.9%)		
If not contacted, reason contact was not made with agency (any type): (n=120)			
Agency never contacted individual	9 (7.5%)		
Individual never contacted agency	14 (11.7%)		
Individual cancelled/avoided appointment	2 (1.7%)		
Agency cancelled appointment	3 (2.5%)		
Other reason	21 (17.5%)		
Unspecified/unknown	71 (59.2%)		