Individuals identifying as AI/AN reside in every county of all 50 states, with 39 states having recognized tribes.

70% of individuals identifying as AI/AN live in urban areas. Yellow icons indicate presence of Urban Indian Organizations.

Source: Bureau of Indian Affairs Federally Recognized Tribes, Tribal National Conference of State Legislatures State Recognition of American Indian Tribes, Bureau of Indian Affairs U.S. Domestic Sovereign Nations: Land Areas of Federally-recognized Tribes map, Indian Health Services Office of Urban Indian Health Programs.
Suicide mortality rates of individuals who identify as AI/AN are higher than overall US rates, with notable variations by gender and age.

Source: 2018-2021 CDC National Center for Health Statistics, National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database, based on underlying cause of death, by single race, on death certificates for US residents. Data not available to calculate crude suicide rate for overall US population aged 85+, male AI / AN aged 85+, and female AI/AN aged 65+.
Suicide mortality rates of individuals who identify as AI/AN vary by region and by whether they identify as Hispanic or Latino.

Suicide mortality rate per 100,000 among individuals who identify as AI/AN

<table>
<thead>
<tr>
<th>Region</th>
<th>Suicide Mortality Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwest</td>
<td>21</td>
</tr>
<tr>
<td>West</td>
<td>19</td>
</tr>
<tr>
<td>South</td>
<td>10</td>
</tr>
<tr>
<td>Northeast</td>
<td>2</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>24</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: 2018-2021 CDC National Center for Health Statistics, National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database, based on underlying cause of death, by single race, on death certificates for US residents.
Example challenges and strategies to designing crisis care systems that meet the needs of tribal populations

**Attitudes**

- “The biggest thing is stigma. We got hit with suicide a while back, in young kids. People knew, but they didn’t want it to be out there. In our culture, it’s one of those things we don’t talk about”
  – 988 Tribal Response Grantee

- “We’re coming out with a new line of [988] posters and billboards that are more Native-oriented. One of the ones we like is ‘Auntie says it’s ok to call 988’”
  – 988 Tribal Response Grantee

**Workforce**

- “There are not enough mental health professionals equipped in the field of suicide education, it isn’t always covered in school and a lot of it is learned on the job”
  – 988 Tribal Response Grantee

- “We are training youth volunteers from a nearby reservation to be peer supports for Native callers”
  – Crisis services provider

**Data**

- “People are still trying to distinguish between 988 and 911, and they don’t have to identify ethnicity, so we can’t do wraparound or follow up care”
  – 988 Tribal Response Grantee

- “In our state, tribes don’t have the same level of data collection that we do, so when they are applying for grants, we’ll help them run the data”
  – State Mental Health Commissioner

**Trust**

- “The worst thing a state can do is flip a switch and say we have a Tribal crisis line. This process requires that tribes be consulted first, not last”
  – Crisis services provider

- “We have been sitting on the [state] 988 advisory board for several months. The state has been very willing to share policies and procedures with us as we set up our own [crisis line] program”
  – 988 Tribal Response Grantee

**Infrastructure**

- “Internet services aren’t great here, and there is limited access to electronics like cell phones”
  – 988 Tribal Response Grantee

- “The state’s Medicaid authority has worked with providers to better meet the needs of populations living in remote areas. For example, by covering equine and helicopter transport.”
  – Crisis services provider

Source: Interviews held over the course of Summer 2023 with 988 Tribal Response grantees, State Mental Health Commissioners and staff, and crisis service providers
Crisis Services Indigenous People’s Directory
Developed by Northwest Portland Area Indian Health Board and Indian Health Service

This directory is not a crisis services page and does not take the place of 988 or 911 if needed
Crisis Services for Indigenous People

The Northwest Portland Area Indian Health Board (NPAIHB) worked with a Contractor to examine the extent of crisis services available to AI/AN people throughout the Indian Health Service regions in the United States to better understand the strengths and needs of services accessible for AI/AN people.

The interactive map can be located at: https://www.npaihb.org/thrive/crisis-intervention-services/
### 988 crisis care continuum

<table>
<thead>
<tr>
<th>Outpatient BH</th>
<th>Crisis call center hub</th>
<th>Mobile crisis teams</th>
<th>Crisis stabilization</th>
<th>Crisis residential</th>
<th>Emergency Departments</th>
<th>Detention facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide ongoing behavioral health support via community care</td>
<td>Provide crisis support through call/text/chat, includes peer warm lines</td>
<td>Provide onsite/in-home stabilization response</td>
<td>Provide &lt;24-hour stabilization in home-like environment, includes peer respite</td>
<td>Provide inpatient emergency medical service</td>
<td>Provide emergency medical service</td>
<td>Utilized as holding facility while awaiting adjudication</td>
</tr>
</tbody>
</table>

In a dedicated behavioral health crisis response model, most individuals who need a place to go during a crisis can be received by crisis receiving and stabilization facilities, rather than defaulting to response by law enforcement, EMS, or fire with receipt by hospital emergency rooms or detention facilities.

1. For both 988 and 911, a share of calls will be resolved without need for a facility. In some cases, individuals receiving care through a dedicated mental health crisis response model will need receipt by non behavioral health facilities, but this will not be a default response.

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**Source:** Memorial Fund, "The 988" opportunity: improving our Response to Behavioral Health Crises" published Nov 2020. Crisis Now "Mental Health Care shouldn’t come in a Police Car" Published Dec 2019
Vision for 988 and a fully resourced crisis care system

**SAMHSA’s 5-Year Vision**

- **Someone to talk to**
  - 90%+ of all 988 contacts answered in-state [by 2023]

- **Someone to respond**
  - 80%+ of individuals have access to mobile crisis response [by 2025]

- **A safe place for help**
  - 80%+ of individuals have access to community-based crisis care [by 2027]

**Example initiatives led by tribes and tribal organizations**

- Tribal 988 responders and peer support workers
- Trainings for crisis call center operators
- Warmline for 988 transfers of tribal callers

**Majority of 988 tribal grantee initiatives are focused here**

- Tribally-operated mobile crisis response units
- Trainings for crisis responders, including law enforcement and emergency first responders
- Tribally-operated inpatient behavioral health facilities
- Cultural crisis living room

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1. The vision above is intended to highlight short-term targets, inclusive of intake, engagement, follow-up, and longer-term supports. SAMHSA’s longer-term aspiration involves scaling crisis services nationwide to support all individuals in crisis
2. Proportion may differ with chat/text vs. calls; “contacts answered” is defined as connected with a trained responder
3. Example initiative that has been proposed but is not yet underway

Source: SAMHSA 3rd National Convening on 988 and Crisis Services, December 2022; SAMHSA FY2022 988 Tribal Response Grantee Abstracts; Interviews with 988 Tribal Response grantees and key stakeholders
US Mental Health and Substance Use Systems Map:

Stakeholders and sectors impacting the experiences and outcomes of individuals and families

The stakeholder map represents a system view and is not intended to highlight the specific groups and individuals within each subsector (e.g., LGBTQ2S)

Source: Draft, under development by The Kennedy Forum and McKinsey Health Institute. Examples of stakeholders within subsectors can be found in conference materials.
SAMHSA 988 Tribal Response Grant Program

The 988 Tribal Response grants funded by SAMHSA provide resources to improve response to 988 contacts originating in tribal communities and/or activated by AI/AN individuals. They also aim to improve crisis care navigation and follow up care and to facilitate collaboration between tribal and state entities.

- **FY2022**: $17.2M awarded to 23 grantees, receiving annual award amounts of $250K – 2M

- **FY2023**: $17.8M in total available funding for up to 70 awards and estimated annual award amount of $250K – 2M (application deadline was 7/18/23)

> People are still learning the de-escalation process and learning that just because it’s a crisis doesn’t mean they have to go to an inpatient facility. I am hoping with this funding and the 988 grants we can get that known out there

- 988 Tribal Response Grantee

> It has been helpful to build connections with the other grantees and work together to help people find the crisis resources they need. The grant was the catalyst for bringing us all together

- 988 Tribal Response Grantee

> The 988 grant has provided infrastructure for us to work on the overlap between our [crisis] line and the tribal line. This has created opportunities for future oriented dialogue and collaboration

- State Mental Health Commissioner

Source: SAMHSA 988 Tribal Response Grant NOFO, Interviews held over the course of Summer 2023 with 988 Tribal Response grantees, State Mental Health Commissioners and staff, and crisis service providers
FY2022 988 Tribal Response Grantees

American Indian Health Service of Chicago
Albuquerque Area Indian Health Board
Blackfeet Tribe
Catawba Indian Nation
Cherokee Nation
Cheyenne & Arapaho Tribes
Choctaw Nation of Oklahoma
Chugachmiut
Comanche Nation
Eastern Shoshone Tribe
Fort Peck Assiniboin and Sioux Tribes
Iowa Tribe of Oklahoma, Perkins Family Clinic Behavioral Health

Muscogee Creek Nation
Navajo Nation
Northern Cheyenne Tribe
Osage Nation
Pala Band of Mission Indians
Port Gamble S'Klallam Tribe
Rocky Boy Health Board
South Dakota Urban Indian Health
Southern Plains Tribal Health Board
Wabanaki Health and Wellness
Wichita & Affiliated Tribes

Source: SAMHSA 988 Tribal Response Grant NOFO
Example 988 crisis response materials

1. **Look After the Well-Being of Mind & Body**
   - Focus on what's positive in your life. Make sure to get plenty of sleep.
   - Just do the best you can.
   - Speak only kind words.
   - Take time to express gratitude.
   - Talk to your family & friends.
   - Listen to your favorite music.
   - Give back to your community.
   - Take a few deep breaths.
   - Exercise on a regular basis.
   - Focus on what you can control.

   National Suicide Prevention Lifeline
   1-800-273-8255 (TALK) or 988
   Crisis Text Line
   Text HOPE4SC to 741741
   osp.scdmh.org
   HopeConnectsYou.org

2. **Asking for help is an act of love for ourselves.**
   - Call Tuchily Healing Hearts
   - (760) 292-6271

3. **988 Suicide & Crisis Lifeline**
   - 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States.
   - Depression and suicide affect people of all ages and populations, but Native American and Alaska Native populations can be at higher risk due to historical trauma, adverse childhood experiences, and lack of connection to necessary resources. If you’re struggling, the Lifeline is available to help, 24/7.

   the Catawba Indian Nation
   Department of Behavioral Health

5. **Talk is good medicine.**
   - Oriceekes - "You are enough" - Mvskoke
   - Vmvnickv rmpohis - "Ask for help" - Mvskoke
   - Winkkizinv ni - "Strength" - Potawatomi
   - Pane-choa majinji - "Keep going!" - Potawatomi
   - TAPATANO KILLAD (KIYA-I) - "Love yourself" - Kickapoo

   Free, confidential relief is available 24/7.

Source: 1/7: South Carolina Department of Mental Health Office of Suicide Prevention, 2: Pala Band of Mission Indians, 3: Catawba Indian Nation, 4: Choctaw Nation of Oklahoma, 5: Southern Plains Tribal Health Board 6: Muscogee Creek Nation Department of Health
The 988 Formative Research Project was launched to produce insights that can be used to make research-informed decisions about how to encourage use and/or access to 988 among populations at higher risk for suicide, including AI/AN youth and young adults. Results from this study are anticipated in late 2023.