

TRIBAL-VHA PARTNERSHIPS IN SUICIDE PREVENTION TOOLKIT



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The pride and honor of being a Native American Veteran is represented here with the American flag and the gift of an eagle feather, a representation of a warrior. The quill work with the eagle feather represents the prayer to the four-directions colors of black, red, yellow and white. The graphics represent the diversity of American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders, grounded and embedded in sacredness of the red felt.

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Attachments:

- 1. Native American Veterans: Health, History, and Creating a Way Forward (slide deck)
- 2. Veterans’ Local Resources Template
- 3. Adapted S.A.V.E. Conversation – Example (slide deck)

Please contact ORH-WR@va.gov to request attachments.



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KEY TERMS

In the following are terms commonly used throughout this toolkit.

TERMS OF IDENTITY

AMERICAN INDIAN

Under federal law, the political class of people belonging to a group indigenous to the present-day lower 48 states. Under this definition, membership (enrollment) is determined by the group itself (e.g., Tribe, band, community, Pueblo), which retains this right as a sovereign government. Under other definitions, self-identification of ancestry or race describes status as American Indian (e.g., US Census). Descendants of original peoples of Hawaii and other Pacific Islands are not considered American Indian, but rather Native Hawaiians and other Native Pacific Islanders (e.g., Chamorros, American Samoans).

ALASKA NATIVE

Under federal law, the political class of people belonging to villages and groups indigenous to the present-day state of Alaska. Alaskan Indian, Eskimo, and Aleut are included under this term. As above, federal law recognizes group membership (enrollment) as determined by the Alaskan Native Village or group, which retains this right as a sovereign government. Under other definitions, self-identification of ancestry or race describes status as Alaska Native (e.g., US Census).

INDIGENOUS

Distinct social and cultural groups anywhere in the world that share collective ancestral ties to the lands where they live or from which they have been displaced.

NATIVE

Commonly accepted term for describing Native American persons, communities, lands, traditions, and more (see next entry).



NATIVE AMERICAN

All people belonging to groups indigenous to the present-day US and its territories (e.g., American Indian, Alaska Native, Native Hawaiian, American Samoan). In this toolkit, we focus on American Indian and Alaska Native Veterans and therefore use the terms Native American and Native more narrowly, to describe these Indigenous Peoples (American Indians, Alaska Natives). When working with specific Tribes or individuals, ask politely about which term(s) to use. Often, specific Tribal affiliation is preferred, recognizing Tribal sovereignty and diversity.

LAND

Settlers and colonialists systematically displaced the Native people of North America from their ancestral lands. Through treaties and other governmental agreements, Native people were allotted relatively small tracts of land.

Reservations – An area of land reserved for a tribe or tribes under treaty or other agreement with the United States, executive order, federal statute or administrative action, or other local government entity as permanent Tribal homelands. This includes trust land, where the federal government holds title to the land in trust on behalf of the tribe. Federally, approximately 56.2 million acres are held in trust by the US for various tribes or individuals. Reservation land may or may not be original ancestral land. In most cases, reservations are exempt from State jurisdiction.

Villages – Alaska Natives history unfolds a distinct land attribution process than the for tribes of the lower 48 states. The Alaska Native Claims Settlement Act of 1971 ended Alaska Native land title and mandated the creation of private, for-profit corporations. Alaska Native village corporations are owned by Alaska Native shareholders and hold title to nearly 17 million acres of land across Alaska. Alaska Native village corporations manage the land for the benefit of their shareholders.



TRIBE AND NATION

Often used interchangeably to describe the members of a specific organized group (Tribe, Village, group, Pueblo band, clan, community) Indigenous to the present-day US. As above, when working with specific Tribes or individuals, observe terms used officially by members of Tribal Nations, Alaskan Villages, or other groups to describe themselves, or ask politely about which term(s) to use or not to use.

Federally recognized – these are groups with direct nation to nation relationships with federal and state governments and have sovereign rights as a Tribal group. There are 347 federally recognized Tribal nations in the 48 states of the U.S. and 227 recognized Tribal entities in Alaska making that a total of 574.

State recognized – these are Tribal nations that are only recognized by their state in which these are located within. These groups are not recognized by federal law and thus are not eligible for federal benefits provided to federally recognized Tribes. There are over 60 state-recognized Tribal groups.

Unrecognized – many more Tribal nations are unrecognized. Therefore, they are not given any rights or benefits from state or federal government.

TERMS RELATED TO OUTREACH

COMMUNITY

A general term indicating a Native population to include in suicide prevention efforts, both directly or indirectly. For example, a collaboration with the Navajo Nation might aim to reach a community of Veterans and their supporters who are members of Navajo Nation.

COMMUNITY LEADERS

The members of the local Native community who are sought for decisions and guidance, either in an official or unofficial capacity. For example, community leaders may include elected members of Tribal councils or other heads of Tribal government, Elders, heads of Tribal Veterans' organizations, heads of Tribal health organizations, and often Veterans themselves.

COMMUNITY LIAISON/COMMUNITY CONTACT

Point(s) of contact within a Native community who facilitate communication and cooperation, broadly defined. For example, such individuals can help make introductions to local leadership or to Veterans or their advocates. They may also assist with planning events, or finding individuals in the community who can. They may even help plan and implement S.A.V.E. Conversation(s).

TERMS RELATED TO PROGRAMS AND TOOLS

S.A.V.E.

S.A.V.E. is an abbreviation for Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment. It is a one- to two-hour gatekeeper training program provided by VA Suicide Prevention Teams to Veterans and those in their communities who serve or care for Veterans. The S.A.V.E. Conversation is a tribally-adapted version of VA S.A.V.E. training.

CO-FACILITATOR

A colleague or community member who helps to carry out the S.A.V.E. Conversation. They help with logistics, taking attendance, and drawing participants into conversation. An event may have more than one co-facilitator forming a S.A.V.E. Conversation team. A co-facilitator who is a colleague might also help present materials from the slide deck and provide tech support. A co-facilitator who is a community member (e.g., a community liaison) might guide opening and closing prayers, welcome/introductions, and advise about how to respectfully engage participants in conversation and how to read the room.



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TRIBAL-VHA PARTNERSHIPS IN SUICIDE PREVENTION TOOLKIT: PURPOSE AND APPROACH

PURPOSE OF THIS TOOLKIT

This Toolkit provides resources to support VA Suicide Prevention Teams (SPT) as they build partnerships with Tribes in community-based approaches to suicide prevention efforts. The need for such an approach arose from earlier work with VA Suicide Prevention Coordinators who were committed to reducing suicide among Native Veterans but had limited training or experience in working with Tribal communities. This work was also couched in VA's ongoing efforts to broaden prevention work beyond crisis events and clinical care, to include community approaches to suicide prevention.¹ Likewise, some Tribal communities developed suicide prevention strategies and programs grounded in local culture and healing.² These local efforts were not designed for Veterans in particular, but had components likely viable for work with Native Veterans.

Native Americans (including American Indians, Alaska Native, Native Hawaiians, and Pacific Islanders) have served in every major military conflict over the past 200 years. They have served at the highest rate per capita of any racial or ethnic group in the United States Armed Forces, and often placed in dangerous positions. They experience high rates of symptoms and conditions related to this combat exposure, like posttraumatic stress disorder, which may contribute to increased suicide risk. Indeed, suicide rates among Native Veterans accessing care in the Veterans Health Administration (VHA) have more than doubled (19.1–47.0/100,000) between 2002–2018, with the youngest age group (18–39) exhibiting the highest suicide rate (66.0/100,000) between 2014–2018.³ These statistics are the highest among any other racial/ethnic group who are U.S. Veterans. Developing culturally relevant and specific suicide prevention efforts is imperative to change the course of this health burden on Native Veterans.

Native communities are strong and possess a range of holistic healing practices to promote health and wellbeing. Our aim in this project was that together – VA system of evidence-based practices combined with Native wisdom, resources, and services – we can develop more robust, culturally-sensitive suicide prevention practices. The guides and tools of this toolkit are intended to assist VA facilities in partnerships with Tribal communities in suicide prevention efforts.

Before turning to the guides, we first review our approach to community partnership in suicide prevention, and the pre-requisites at VA facility for this important work.

APPROACH: TRIBAL COMMUNITY PARTNERSHIP IN SUICIDE PREVENTION

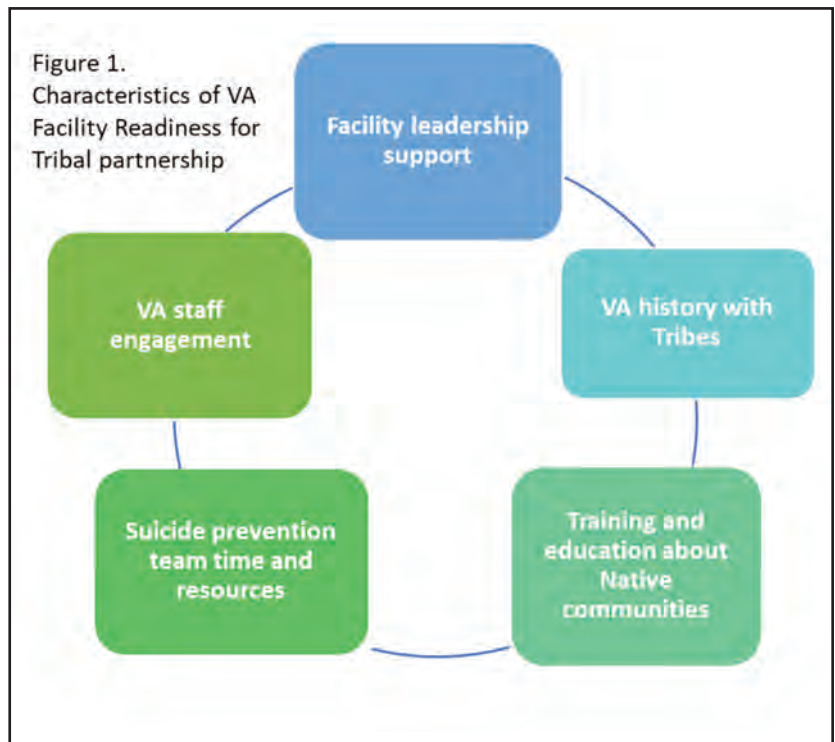
Suicide has often been approached as being a problem rooted in risk factors related to an individual. Once someone is identified as “at risk” for suicide, clinical treatment and therapy tend to be the first order of suicide prevention, addressing specific conditions (e.g., depression) or stressors (e.g., marital). While this medically-anchored suicide prevention approach saves lives, the focus is narrow. Recent suicide prevention efforts reach beyond the medical setting to where Veterans live and work, that is, to their communities. Engaging communities by helping members identify those among them at risk, and identifying or developing resources to prevent suicide and promote wellbeing offers an important and complementary approach to clinical care. Together, communities and VA SPTs dynamically and collaboratively support Veterans and their families by strengthening protective conditions and mitigating risk situations to keep Veterans safe. While a medically-anchored approach is an important component of any overall suicide prevention effort, creating conditions in communities that support Veterans is crucial for suicide prevention efforts.

Tribal Veterans may also benefit from this community approach, and to maximize benefit, recognizing that Tribal communities are unique in many ways is critical. Federally-recognized Tribal nations are sovereign nations in the U.S, with a government-to-government relationship. By law, they have the right to self-governance and determination. However, historically, they have experienced broken trust, loss, and pervasive discrimination with those outside of their communities, including federal government entities such as VA.⁴ For those seeking to work with Tribal communities, knowledge of this history and related legal considerations is critical, and, in light of this history, understanding that it may take time to foster Tribal-VA trust and partnership. Respecting cultural values and tradition as well as honoring community priorities in suicide prevention is fundamental to building that trust.

Native Americans have a long and heroic history of serving our country, and this service is especially honored in Tribal communities. Partnering with Tribal communities in suicide prevention opens an opportunity to integrate cultural strength and wisdom into SPTs' work and VA resources. However, partnering with Tribal communities takes trust, time, and a willingness to learn.

VA FACILITY TRIBAL PARTNERSHIP READINESS

Partnership with Tribal communities takes time and commitment. Not all facilities are able to commit to this process. In Figure 1, we identify key markers of VA Facility commitment important to readiness for engagement with Tribal partnership. These components include: facility leadership support, VA facility history with Tribes, training and education on Native communities and their histories, time and resources for suicide prevention team outreach, and broad staff engagement with Tribal Veteran care.



Facility leadership support: While SPT members do much of the outreach, the ability to do that work is often shaped by local VA leadership support, priorities, and policies. The SPT's time and the ability to draw on VA or community resources for this work are key. Facility leadership must be committed to providing the team the time to build the relationship. Tribal communities are often in remote areas and distant from facilities, yet value in-person meeting (pandemic conditions are the exception), and consistent communication. The results of these efforts are often intangible – increasing trust, incrementally improved communication, word-of-mouth messaging across the Tribe that VA partnerships may be promising. To leadership, these successes are difficult to quantify, yet for suicide prevention activities to advance, those persistent efforts are critical. Thus, leadership-informed endorsement of the partnership is absolutely essential. It is not enough for the

In this document, we use the terms Tribal, Indigenous, and Native interchangeably. These terms refer to American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. Here, our materials pertain to those Veterans living on federally recognized American Indian reservations or in Alaska Native Villages and communities, though the materials could be applied more broadly.



leadership to approve the program, they must understand the commitment to partnership including required resources and fluid and extended timelines.

VA history with Tribes: An appreciation of the nature and quality of past and/or present relationships, if any, between VAMC and Tribes, at the local level, is foundational. Knowing what programs, collaborations, or interventions worked, and which did not, or learning and acknowledging a past grievance or broken promise are important. Those stories often live on in small tight-knit communities, and may shape Native Veterans' attitudes towards VA care. Awareness of this local history is vitally important as it may influence early conversations with Tribal communities.

Training and education about Native communities: Since the civil rights movement, multicultural education, training, and practice have been increasingly integrated across disciplines and settings. However, despite the interest, many professionals still lack practical training and skills to work effectively and efficiently with minoritized communities. In addition, most have minimal, if any, knowledge relevant to the history or current circumstance of Native Americans, including their unique military experience and contributions. Acquiring basic

cultural competency skills (e.g., cultural awareness) in addition to learning about the general and local history of Native Americans will foster the development of a strong working relationship.

Suicide prevention team time and resources: Establishing and nurturing partnerships takes time and commitment. Though the work is rewarding and valuable and extends many tangible and intangible benefits to those involved, establishing and nurturing partnership can require additional work and activities that may fall outside of a particular job description. This additional work may not be readily measured through typical VA metrics (see the Partnership Guide for documenting this work). Thus, though the work is rewarding, essential, and beneficial, pay-offs require time, perseverance, and resourcefulness, as well as humor and humility.

VA staff engagement: Since SPTs coordinate with other teams throughout VA (e.g., mental health, PTSD, emergency room personnel, etc.), they are in a unique position to disseminate important knowledge acquired through their work with local Tribal communities. These opportunities to educate other facility staff ("in reach") could potentially improve provider-patient relationships and, more importantly, health outcomes for Native Veterans.

Furthermore, the experiences in clinical spaces (care needed for any reason) can have either positive or detrimental effect on ongoing partnerships with Tribal communities in suicide prevention – as noted above, word travels quickly in small tight-knit communities. Support for orientation and staff training (including administrative employees) about Native Veteran culture and experience will go a long way to build trust.

These five elements describe component pieces of VA facility culture and outreach approach vital to partnership building with Tribal communities. Few facilities have achieved all goals described here. What matters is not whether a set standard exists in a facility, but that there is a realistic assessment of strengths and a commitment to learning.

ROADMAP TO THE TOOLKIT

With the community based approach to suicide prevention in mind, and facility support for this approach in place or evolving, we turn to the Toolkit content. In the following sections, we provide materials and resources to assist with the next steps in partnership. These include:

- Guide to Building Tribal-VHA Partnerships in Suicide Prevention: Strategies for seeking and building partnerships with Tribal communities, including training and educational resources.
- Adaptation Guide: Guide to Shared Ownership of the S.A.V.E. Conversation: Materials and examples for adapting the VA S.A.V.E. training with Tribal communities
- Guide to Implementing a S.A.V.E. Conversation: Steps and checklists for adapting and implementing the adapted S.A.V.E. training with Tribal communities
- Toolkit Attachments 1-3: Additional supplemental resources and references.

We invite the reader to review the Guides included, engage in additional training and education, reflect on the feasibility of moving forward with suicide prevention activities with Tribal communities, and reach out to this team with any questions. Each Guide contains its own Appendices relevant to that document.

Toolkit Attachments at the end contain those documents or resources that either work independently of a given Guide or are referenced by multiple Guides.

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GUIDE TO BUILDING TRIBAL-VHA PARTNERSHIPS IN SUICIDE PREVENTION

I. PARTNERSHIP AND OUTREACH OVERVIEW

The purpose of this guide is to provide guidance and resources to help VA Suicide Prevention Team members create or strengthen sustainable partnerships with Tribal communities for suicide prevention activities. This Partnership Guide is one part of a series of Guides and tools which can be used together to create viable working partnerships with Tribal communities. We first introduce our approach to partnership, describe training resources, then move to a step-by-step description of partnership activities, including preparation tools, activities, and reflection and evaluation components.

Co-creating collaborative partnerships

Specifically, we use a form of the medicine wheel to show the inter-relationship of the components of the program (see Box 1). Figure 1

visually displays our approach to partnerships in this project. We center our work around the Native Veteran suicide prevention (burnt orange center). Our program unfolds in four main domains (4 quadrants of the inner circle): (1) Partnership and Building Trust – working together to create an authentic working relationship; (2) Bidirectional Learning – openness to understanding community values and priorities and sharing about VA facility values; (3) Community of Learning – collaborative sharing across facility and Tribal partners to learn from each other; and (4) Evaluation and Reflection – consideration of how elements of activities or resources are benefitting Native Veterans, and how to improve our partnership going forward. As in the medicine wheel, these 4 elements intersect with one another; no one component should dominate the relationship building.

THE MEDICINE WHEEL AND THE FOUR DIRECTIONS

The Medicine Wheel, sometimes known as the Sacred Hoop, has been used by generations of various Native American Tribes for health and healing. It embodies the Four Directions, as well as Father Sky, Mother Earth, and Spirit Tree—all of which symbolize dimensions of health, the cycles of life, balance, and harmony.

The Medicine Wheel can take many different forms. It can be an artwork such as artifact or painting, or it can be a physical construction on the land. Hundreds or even thousands of Medicine Wheels have been built on Native lands in North America over the last several centuries.

MEANINGS OF THE FOUR DIRECTIONS

Different Tribes interpret the Medicine Wheel differently. Each of the Four Directions (East, South, West, and North) is typically represented by distinctive colors which vary by Tribe. Alignment of the directions also varies, with some crossed vertically and horizontally in orientation, others crossed on the 45 degree angle.

The Directions can represent many aspects of health, well-being, and the natural world, including:

- Stages of life: birth, youth, adult (or elder), death
- Seasons of the year: spring, summer, winter, fall
- Aspects of life: spiritual, emotional, intellectual, physical
- Elements of nature: fire (or sun), air, water, and earth
- Animals: eagle, bear, buffalo, fish and many others
- Ceremonial plants: tobacco, sweet grass, sage, cedar

Adapted from: National Library of Medicine, Native Voices: Native Peoples' Concepts of Health and Illness. <https://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-wheel.html>



Figure 1.
Co-Creating
Collaborative
Partnerships to
Prevent Rural
Native Veteran
Suicide

The outer two rings acknowledge factors that influence the initiation, growth, and sustainment of partnership in suicide prevention efforts. The blue ring acknowledges the historical context of our work such as the intergenerational trauma of Native communities and challenges that pose a barrier to care for Veterans (e.g., VA systems). It also recognizes the historical strengths of Tribal communities, such as community resilience and warrior wisdom (i.e., knowledge and experience Native Veterans have gained through military service). In the green ring, we present tools and resources that can provide support for addressing challenges and amplifying strengths noted on the blue ring. Examples include respect for Tribal sovereignty and valuing

cultural and scientific expertise. Some of these terms may be unfamiliar to you, like intergenerational trauma, or Tribal sovereignty. We review these terms and their historical context in the training resources in Part II of this document.

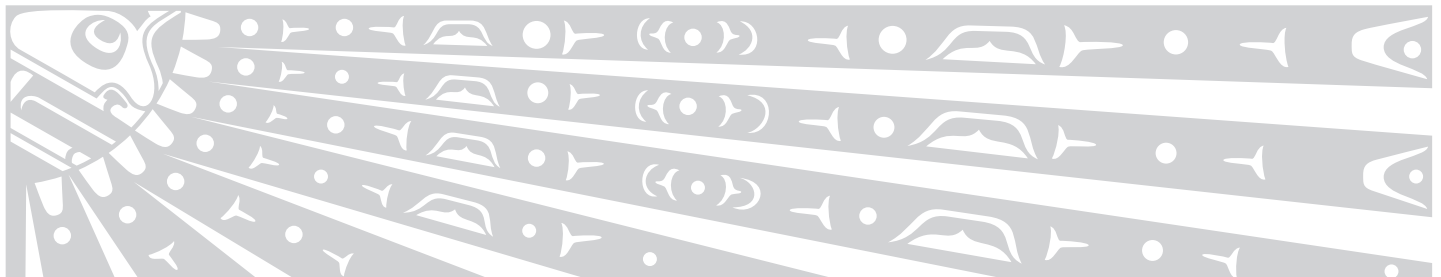
This symbol presents the key aspects of work with Tribal communities in suicide prevention. Our approach elevates the strengths of VA care and commitment to Veterans in parallel with Tribal communities' sovereignty, cultural and scientific expertise, traditional healing practices, and the pride and honor they hold for their Tribal Veterans.

TRAINING RESOURCES

Preparation for engagement with Tribal communities is critical. Each community is different in culture, values, and expectations of partnership. Each also has a distinct history with the federal government, and likely also with the local VA. Learning about the community and that background is essential to building a partnership.

In the following, we provide some general materials to help with that orientation. These materials include context on Native American Veterans and their communities – such as a background slide deck (see item 1.i below), which covers terms like historical trauma and Tribal sovereignty. We also list general resources on Indigenous peoples of the U.S. in part 2.. In part 3, we provide resources specific to suicide and suicide prevention among Native peoples.

1. Native Veteran-specific resources
 - i. Slide deck: Native Veterans: Health, history, and creating a way forward (see Toolkit Attachment 1: Intro to Native American Veterans training slide deck)
 - ii. National Museum of the American Indian – Special exhibit online – Native Veterans – Why we serve <https://americanindian.si.edu/why-we-serve/>
 - iii. VA Community Provider toolkit: <https://www.mentalhealth.va.gov/communityproviders/veterans-Native-American.asp>
2. General resources and trainings about working with peoples indigenous to the U.S.
 - i. National Congress of American Indians (2019) Allies for Indian Country <https://www.ncai.org/initiatives/partnerships-initiatives/allies-for-indian-country>
 - ii. National Congress of American Indians. (2020). Tribal Nations and the United States: An Introduction https://www.ncai.org/tribalnations/introduction/Indian_Country_101_Updated_February_2019.pdf
 - iii. SAMHSA American Indian and Alaska Native Culture card: <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>
3. Current events related to suicide prevention in Tribal communities
 - i. Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention <https://www.sprc.org/resources-programs/transforming-tribal-communities-indigenous-perspectives-suicide-prevention>
 - ii. Suicide Prevention in Indigenous Communities: A Workshop <https://www.nationalacademies.org/our-work/suicide-prevention-in-indigenous-communities-a-workshop>
 - iii. Behavioral Health Services for AIANs https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf
 - iv. To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults <https://store.samhsa.gov/sites/default/files/d7/priv/sma10-4480.pdf>



STEP-BY-STEP: BUILDING TRIBAL-VHA PARTNERSHIPS IN SUICIDE PREVENTION

Partnership with Tribal communities takes time. Many Native Veterans have had difficult interactions with VA, and very little trust may exist.¹ In the following, we describe some actions you can take to prepare for and maintain meaningful partnerships. We recommend reading through all steps of the process first. The amount of time it takes to move from one step to another or even through the points of each step will vary tremendously depending on history of relationships, facility support for time and resources, and Tribal priorities.

Step 1: Learn the Local History and Context

Americans receive very little education about Native American history or the broader context of their lived experience today. The materials in the previous section do not address specific local experiences and histories, perspectives which will be very important to establishing partnerships and maintaining them. Learning more about the specific experiences and history of Tribal communities in your catchment area will be key to building relationships. See Box 1 for some questions to research about the partner community. Search for reliable sources on the Internet and available printed resources to learn about local Tribes. Once you engage your partners (step 2), you may also ask them respectfully to help fill-in any gaps in knowledge.

Native Veterans likely also have a history of VA experience, including with your local VA facilities and staff. Remember that most people do not discern among the various branches or departments of VA. This means that any experience with any part of VA, good or bad, will have a bearing on your relationship with the Tribe. Learning about this history will be vital to building partnerships. It could be, for example, that a prior program was not implemented in a culturally competent way and generated distrust among Native Veterans. It could also be that a program or set of employees maintained excellent relationships with Tribal members for a period of time. Both cases are important to know about going forward.

Box 1. Questions to explore about local Tribal communities

- What is the history of the original lands of this community?
- Who were/are some of the historical/current leaders and why?
- What have been some of the consequences of federal policies for this Tribe in particular?
- What are the organizations, governmental structures (e.g., Tribal Council, Tribal operations and programs) or other programs important to the Tribe?



Where to begin?

- Talk to the Minority Veteran Representative, the Rural Health Representative, or others who might have engaged in some way with local Tribal communities.
 - What programs existed and when?
 - What stories are there about working with Native Veterans and local Native Communities?
- Complete the worksheet activity (see Appendix 1: Learning about the Tribal Community Worksheet) on local history and current local context. Make sure to find resources that provide the Tribal perspective, such as the Tribe's website, or materials authored/created by community members.
- Learn as much as you can about the community. It is also okay to simply admit you do not know something and ask others to teach you.

IS TALKING ABOUT SUICIDE TABOO?

IMPORTANT!

In some cultures, mentioning any bad event, including suicide, is taboo and can be deeply offensive. Make sure to find out how people in the Tribal community with whom you and your team will work talk about suicide and prevention.

STEP 2: REACH OUT – INITIAL CONNECTIONS

Initial connections may take time. If VA has had minimal presence or connections with Native communities, or prior interactions were negative, connecting with a Tribal member or an organization may take months. Remember that many Native communities have their own health care services and Veterans often have had to choose between the care they earned through their military service and the care available to them within and by their Tribal community.

Connecting with the Office of Tribal Government Relations (OTGR) is a great starting point - they can help guide this process (<https://department.va.gov/administrations-and-offices/tribal-government-relations/>).

Where to begin with your team?

- Review expectations and goals of VA facility leadership or Suicide Prevention Team for your work with Tribal communities. Make sure all supporting this work understand the long timelines and incremental progress that partnership with Tribes often requires.
- Check in with yourself and your team about expectations and approach. VA has a culture that is top-down and emphasizes standardized programs, with VA employees trained to “know” how to solve problems of Veterans. For partnership with Tribal communities to work, you and your team should be open to bi-directional learning, willing to listen to the community and Native Veterans about their priorities and expectations, flex timelines and schedules and, in partnership, brainstorm creative ways to contribute to Native Veteran-focused suicide prevention strategies. Cultural humility – an ongoing process of self-reflection of one's position and a willingness to learn from others – encompasses many aspects of these traits important in working with Tribal communities. See Box 2 for a reflection exercise you and your team may find useful.

Box 2. Cultural Self-Awareness Exercise

Here is a list of characteristics that may be especially useful in relationship building with Native communities.

Cultural humility
Listening
Humor

Empathy
Respect
Transparency

Reflect on each: Can you give an example of how you have used these characteristics in your professional career? How often and in what situations? Or examples of what happened when this was not present in an interaction? What other characteristics do you think would be useful?

If someone asked you about your community and your culture, how would you respond? Thinking about our own position and our own culture can be helpful when learning about others' communities.

With cultural awareness and cultural self-awareness in mind, what are the best ways to start connecting?

We suggest three strategies, also shown in the following Table 1:

- Connect with a liaison in the Tribe, someone who is committed to Veteran issues. Often, Tribal members who work on topics related to Veterans and/or suicide prevention (e.g., Tribal Veterans Service Officers, Tribal behavioral health service providers) are knowledgeable, effective liaisons. You may also leverage existing connections to make initial connections. For example, VA staff who have relationships with and are trusted by local Tribes can make it easier to connect with Tribal leaders. While specific tasks this person might do will vary depending on their position or stature within the Tribe, they often provide connections with Veterans, community members or organizations working with those Veterans, or facilitate meetings. Remember that often this person is donating their time for your project – and frequently the most committed person is the one already stretched thin. Be respectful of their time and boundaries.
- Establish a presence in the community in order to start conversations. For Tribal events that are not open to the public, wait for an invitation to attend from Tribal members. When appropriate, attend public events (conferences, symposia, etc.) that Native Veterans might also attend. Remember that “public event” typically means open to Tribal community members – it may not mean VA or other external organizations are welcome. Check with the event organizers first. Come prepared to listen and ask questions, but also bring information about the program. It is important to observe and listen first before inserting yourself into any event. Ask questions if you are unsure about where you fit in.

- If you cannot travel to a community soon, try extending an invitation to tribal representatives (e.g., to your liaison) to a conference or other event where you will be present. Although communities – especially those in rural areas – often appreciate the courtesy of a visit from VA, one alternative is to find a mutually beneficial event for a meet-up. In addition to understanding the needs of a community, learn how the community is growing and strengthening. Are there ways that some extra support for Veterans could strengthen existing programs? Learning requires listening which will build trust.

Table 1. Strategies for connecting with a Tribe

Connect with a liaison in the Tribe	Establish a presence in the community	Start a conversation
<ul style="list-style-type: none"> • Does the VA facility already have a relationship with the Tribe? Brainstorm with your supervisor about connecting with VA Native-focused operations (e.g., VA Tribal Outreach Program Manager). • Does someone from the Tribe come to the facility regularly or for certain events? • Is there a connection through a Native Veteran organization? Through Tribal behavioral health services? 	<ul style="list-style-type: none"> • Powwows. Bring swag/gifts when appropriate – giveaway items are very popular at events and can create an opening for conversation. • Community health fairs • Veteran-honoring events (could be horse or cycle rides, canoeing/boating events, races, etc.) • Community events (e.g. walks, runs, or rides that support a specific cause) – you can participate or ask about being a sponsor. 	<ul style="list-style-type: none"> • What do Veterans and their families need in this community? • What are the priorities for Veteran health and well-being? • What programs are there for Veterans in this community? • How about in suicide prevention? • How can VA provide support?

STEP 3: BUILDING PARTNERSHIP, GOAL SETTING, AND COLLABORATION

Once you have some leads or contacts with the Tribe, what's next? Remember, making connections with Tribal members is an important success milestone— you have identified someone or some organization that is interested in advancing Veterans' issues. The next step is to start building a relationship of trust with the partner(s). Developing partnerships is a process; and not necessarily a linear one. It may take many small steps and time to create trusting relationships. You may experience lapses in communication, or no-shows to scheduled meetings (see Box 4). Be patient. Be consistent in follow-up. Be respectful of the partner's time. Many of the most engaged and committed community members are also commonly stretched thin with many other responsibilities.

Box 3. Tribal support

Tribal nations are sovereign nations. They have a right to self-governance, for example, to enact laws, or establish courts. In the past, researchers and program directors have come in to Tribal communities and operated without permission or collaboration, and sometimes in exploitative ways. To honor Tribal sovereignty, providing Tribal authorities with your plans and the opportunity for questions and review is critical to a successful partnership. This could take several different forms:

- Tribal Institutional Review Board (IRB) or research review board: Many nations have entities charged with reviewing research proposed for their community. While usually a formal process reserved for research, this may be the approval required, depending on scope of activities.
- Tribal resolution: A tribal resolution is also a formal process, usually requiring a presentation to the Tribal Council or government, and involves an official acknowledgement of the plans.
- Letter of information: Sometimes, activities are modest in nature, and may not warrant the time or resources of an official review process. In this case, a letter to the appropriate authorities describing the activities and inviting any questions may be sufficient. Offering follow-up or a report on results is an important courtesy (and then make sure to do that.)
- Proxy Tribal approval: In some Tribes, the person(s) with whom you are working may have the authority to approve the activities, for example, the Chair of the Veterans Committee may have the Tribe's permission to approve of Veteran-related activities without broader Tribal review. In this case, an email affirming this support may be all that is necessary.

Or there may be other processes or combinations in the partner Tribal community. Work with your contact in the Tribe to decide the Tribal support and approval process for your activities.

At this stage, identifying the goal or purpose of the partnership is key. You and your partner share an aim to prevent rural Native Veteran suicide. What will be the first concrete step to achieve this shared aim? The answer will depend on the partners and the history and strength of the relationship.

Remember that prior to substantive work or activity in the community, Tribal acknowledgement and support is required. Talk to your partners to find out the best way to secure support and acknowledgement from the Tribe. (See Box 3.)

In the following, we provide some tips and ideas for connecting with partners, planning suicide prevention activities, and maintaining connection with partners. There is no "best" formula. Some ideas may work, others not so much. You and your team may think of different ideas altogether.

We divide up ideas by stage of partnership, but please read through all ideas since each partnership is unique. Items listed in "early on" and "later" are not necessarily to be used sequentially.

Early on...

Goals in this early stage may seem modest: Trust-building, conversations, bidirectional cultural education (VA has its culture too), and expectation setting. However, accomplishing these goals makes a strong foundation in later stages. Remember the following as you navigate this early stage:

...Embrace bidirectional learning as you work with your Native partners. Be open to learning about cultures, relationships, and approaches to addressing suicide prevention and health and well-being.

...Avoid VA-centric thinking – that you are from VA and are there to help, and that VA will fix the problem of Veteran suicide in this community. Yes, of course you and your team want to contribute to Veteran health. But listen to your partners. Learning about their systems, networks, and ways of doing things will open opportunities.

...Set realistic expectations. Acknowledging VA culture and your connection to it with your partners early is important. VA has certain work expectations and timelines that (a) most outside of VA do not know about and (2) may not align well with community priorities and timelines. If there are areas where expectations would violate VA laws or VA policies, make sure your partners understand the limits or constraints of your team's work.

...Ask yourself and your team: What do you have to offer a community partner when deciding on activities or plans? What can you bring to the event or activity? Think about tangible and intangible resources, about the personal strengths and skills of your team. This could be anything from assembling and delivering care packages for Native Veterans to setting up meetings with other VA resources (e.g., an enrollment specialist), to providing support for Tribal clinic services.

...Establishing trust and transparency is important. One way to do this is to make sure you describe why you are reaching out. The mission of the VHA is to provide Veterans with quality care, so it is easy to think that this mission statement should be enough of an explanation. But clear goals may help increase interest and set the stage for common goals. These goals may be very concrete: To increase (or develop) a system of warm hand-offs, or to participate in a suicide awareness event. They may also be more general: Meeting to learn more about how to work together.

...Actively get to know the community. Who/what are the important supports for Veterans? Is there a Tribal VSO, Veterans Center or Committee, or a Tribal Veterans Representative?

Where to begin?

- If you are not sure how to find out about resources in the community, consider using the Veterans' Local Resources sheet. (See Toolkit Attachment 2: Veterans Local Resources sheet)

The purpose of this sheet is three-fold:

- Start a conversation with your counterparts in Native communities.
- Exchange critical mental health and wellness information for both the Tribe and VA
- Collect critical information in one place for Native Veterans and their families to use (e.g., a flyer at local businesses)
- The set of scripts guiding an initial or follow-up outreach call may also be helpful (see Appendix 2).

Later on (after a successful conversation, or a meeting or two with Tribal partners, or a successful event)...

At this stage, goals may become more concrete, including securing Tribal support or approval for specific suicide prevention activities (and then implementing them), setting priorities, or developing definitions of success and helpful evaluation.

...Think about your growing partnership from the point of view of your partners. What are their priorities? Suggest a meeting or a conversation about what might be a priority or goal for them.

"One of our communities is standing up their own substance abuse and overdose prevention clinic and we were able to build some relationships by consulting on a couple of key issues that they identified and were looking for support on."

— VHA Suicide Prevention Coordinator



Here are a few suggestions on how to start this conversation:

- Ask whether planning an adaptation and implementation of VA S.A.V.E. Training is a good idea. If so, work on the VA S.A.V.E. Training with and for the Tribal community (at this point it is the “S.A.V.E. Conversation”). (See materials in the adapted S.A.V.E. sections of the Toolkit.)
- Create an asset map showing Tribal community and facility resources. (See Appendix 5 for methods).
- Plan a lethal means safety event (or include it in an already upcoming Tribal event).
- Plan a “sticky note exercise” (nominal group technique) for identifying community priorities and interests. (See Appendix 5 for methods).

...As you plan together for an event or project, prioritize process, that is, spend a lot of time thinking about the process rather than just focusing on goals. How you see a project unfolding may be very different in both how planning is accomplished and the timelines for achieving goals than the community partners’ perspective.

...Be open for change and adaptation.

“I think reflecting on what are the perspective expectations VA staff may have from Native American members for this partnership beyond what their goals are... I think unintended we can go into a project with our ideas and agenda for how we think the process should unfold and this can be a potential challenge to a partnership when we truly don’t appreciate the other party’s timeline/perspective”

— VHA Suicide Prevention Coordinator

...Listen to your partners and their interests and ideas. They know their community and what will work or not, what is needed and what is not. Bringing new ideas to fruition provides a way of building trust and puts Native Veterans first for VA centers.

...Consider your own timelines, VA expectations for your position, and how much time you can put in working on a project or partnership. Follow through with your commitments and maintain consistent virtual or in-person contact. If you or your team cannot continue the relationship further or there is not time, then this should be communicated to the community partners with a timeline of when re-engagement may happen again.

...Check in with your team. This work can be frustrating and confusing. What issues have come up for others? Are there was to brainstorm problems or stumbling blocks?

- One tool some have found useful is “Brief Reflections” – a short set of questions about the work, including barriers or difficulties (see Appendix 4). This can be completed anonymously, and can bring to the group some issues that may be too sensitive to address individually. Collectively across the team and over time, these can also serve as a marker of progress, lessons learned, and accomplishment.



Timelines and delays

VA often requires reporting of milestones and deliverables on specific timelines. Partnerships with Tribal communities do not often unfold in a way that aligns with those timelines. How quickly partnerships form and the rollout of agreed upon activities or events will be different for every facility-Tribal community relationship. At the early stages, it may take months to find solid ground for consistent communication and engagement. Conversely, it may occur quickly as you connect with people or organizations who see value in cooperation and collaboration.

Is it time to move on?

Trying to build a partnership with a Tribal community does not always work – for lots of reasons. It may be a lack of trust or it might be events in the community requiring time from partners (e.g., communities often close offices for funerals). Sometimes partners will tell you they are not interested or it is not the right time. Sometimes partners are simply silent. Discerning whether silence is a “no thank you” or simply “not right now” can be challenging.

- Give some time in between your efforts to reach out. Following up every two weeks or so will provide time for your partner to respond and also let them know you are still committed to the partnership.
- Ask others you may know – at your facility, your OTGR representative, or in the Tribe – if there are broader circumstances related to the silence.
- You may want to just give the partnership a break. Check in again in 3 months or so. And it is important to check-in. Consistency and reliability are important.
- If the community is saying “no” or “this is not the right time,” then respect those wishes. Mention that VA is there if they are interested in re-engaging and leave contact information with them.
- Delays may also happen from VA side of the partnership. For example, new facility leadership or a new VA policy may cause some activities to pause. If this happens, communicate and be as transparent as possible to your community partners about what is going on and how to best move forward.

BOX 4. DELAYS HAPPEN

Delays and long lapses in communication from community partners can happen. At times, it may seem that partners are no longer interested in the work, or that maybe you and your team did or said something offensive.

Thinking through possible reasons may be useful – sometimes delays have nothing to do with you or VA.

- Has there been a weather- or pandemic- related problem?
- Sometimes a funeral or community-wide event can delay engagement.
- Is your contact on leave or left the position?

Strategizing communication may also help.

- Is there someone else to connect with?
- Perhaps use a different mode of communication. For example, email is a common mode of communication in VA, but many in Tribal communities are not responsive to emails. Sometimes a phone call works better.
- Is it time for an in-person visit, which can sometimes restart a conversation?
- Is video-conferencing like Zoom or Teams a way to connect in person without travel? With the pandemic, this mode of communication has become more widespread and acceptable, but in Tribal communities, several considerations are important:
- Is this an acceptable mode of communication for your partners?
- Do your partners have a stable Internet connection? A webcam and microphone?
- Do they have a space that is reasonable private or quiet to meet?



STEP 4: SUSTAINING THE PARTNERSHIP

As the partnership progresses, identifying projects and activities – and the process around each one – will likely become easier as you learn about each other, trust grows, and you achieve a familiarity with each other. Here are several important issues to keep in mind to help support and strengthen the relationship.



Where to begin?

- Center Tribal sovereignty in your initiatives. Tribal sovereignty means that the Tribe has ownership over the processes, goals, and outcomes of events and programs in Tribal communities, including your collaboration in suicide prevention activities.
 - Make sure the Tribal Council (or other governing entity) or others in the community (e.g., the Veterans Committee) are apprised and informed of your events and activities.
 - Any paper or presentations should include your partners as authors or co-presenters. Acknowledge those that have helped along the process.
 - Many communities have a review process (IRB, Tribal Council, Research Review Committee) for any reports, papers, or presentations prior to the event. Check with your partners if such a review is warranted for any materials of an event or activity.
 - The Tribal community should be identified in papers or presentations only with express written permission of the Tribal authorities.
 - Are there other Tribal initiatives you can support? For example, if the community is applying for a wellness grant that would also benefit Veterans, would you write a letter of support?
- Plan for continued engagement. Do not have a “one-and-done” approach to partnership. With your partners, think about next opportunities.
- Continue to identify and achieve common goals. Relationships continue when both sides benefit. Discover more mutual goals through, e.g., asset mapping, needs assessment, nominal group technique (with a group), etc., and then plan to achieve them. (See Appendix 5 for resources on these methods.)
- Succession planning. You or others on your team may find another position, or retire. Similarly, partners in the Tribal community may leave for any number of reasons. Try to plan for this by making sure others have been brought on board and involved in the collaboration.
- Share what you are learning with your VHA community. When VA colleagues learn about culture, practices, or beliefs, they may be able to improve care for Native Veterans at your facility. Your insights, experiences, accomplishments and what you have learned in this partnership with your colleagues can also further your colleagues’ growth in cultural humility and cultural awareness in the care they provide. This is critically important in sustaining the partnership because the Tribal community will learn quickly through word of mouth that your collaboration has resulted in improved care for their Veterans.

EVALUATION AND NEW PERSPECTIVES ON SUCCESS

Evaluation is an integral part of learning and improving. A useful evaluation identifies strengths and challenges, and actionable lessons that lead to process improvement. In VA, evaluation metrics are developed out of a particular perspective that values quantitative measures, such as number of outreach events, in-reach presentations, or patient referrals. These are important measures of accomplishment, no doubt. However, many in Tribal communities hold a very different perspective on evaluation and learning, approaches which value relationships and stories, for example. A few of the differences are outlined in Table 2 below.

Table 2. VA and Native dimensions of evaluation and learning.

VA ways of knowing	Native ways of knowing
Linear	Circular
Isolate cause and effect	Understand the context
Focus on individual health	Focus on community wellbeing
Illness-centered, risk	Wellness-focus, protection
Measure to identify knowledge	Knowledge to benefit the community
Objective observer	Relational meaning-making
Time is delimited – a start and an endpoint	Time is fluid and patient – things will happen when they are supposed to

The concepts reflect different world views. Many of us rarely think about differences in these worldviews and often assume our way of thinking is the norm. However, both ways of seeing the world have value and give strength to our ability to improve our work or strengthen our relationships. Explore the differences in each world view and recognize the insights each has to offer.

Where to begin?

- Review the elements of the table with your team. What are the questions these differences generate for you? Where do the two perspectives overlap? Think about an event you planned and implemented (with any community) – how would VA evaluate its success? How would that evaluation look different from an Indigenous perspective?
- When you meet with your partners to plan events, ask them how they would define success for the activity. Be open to those ideas, and support those goals. Because VA will require some sort of evaluation, look for areas of overlap or commonality.

SHARE YOUR PROGRESS AND RESULTS WITH THE TRIBE

VA requires regular reporting and updates on project progress. In Tribal communities, the Tribal Council or Veterans Committee may request similar reporting on a regular basis (often annually). Both types of reporting and updates are important to continued support of the partnership going forward. However, they may be very different types of reports. For example, VA often requests “number of Veterans served,” or a narrative about milestones, meeting objectives, or achieving goals. This information may be important for Tribes too. However, they may request other items, for example, how has this work benefitted the community? Or what resources has VA invested in the community to support Veterans? Talk with your partners about making sure Tribal reporting expectations are met.

But think broadly about sharing progress and results with the Tribe. It is important to let the Tribe lead how results or progress should be presented and offer suggestions or ideas as a part of the team effort. This might include updates in a local newsletter, or an interview on the local radio station. Or perhaps specific groups might want to hear more about your partnership and the work in suicide prevention, for example, community health workers, or elders’ groups. All of these actions bring important information and updates to the community while strengthening transparency and generating interest and support.

DOCUMENTING YOUR COMMITMENT AND PERFORMANCE METRICS

Every VA employee undergoes an annual performance evaluation. These are often specific templates, with little room for addressing unique factors in partnering with Tribal communities. However, a number of options may help you demonstrate your efforts.

- Track your “surface” outreach work. Number of calls, number of events, and attendance are still important markers of achievement (see sample Excel file in Appendix 3). However, they do not tell the whole story.
- Track your mileage and time for events. Tribal communities are often in remote areas. Attending in-person meetings, so important even with the pandemic, take time.
- Have your Tribal partners write a letter of support about your work together. With direct communication from the Tribe about the value of your work, facility leadership should value such documentation.
- Keep facility leadership apprised of your work – either as it unfolds or in summary form. This might include flyers or posters, newsletter, links to interviews, (de-identified) success stories or testimonials, or meeting minutes. Along with a short summary and ongoing conversations, you will be able to educate leadership about the time, care, and commitment partnership requires, along with the pay-offs.
- Document lessons learned. Regardless of whether they recount good or bad experiences, these are important to improving quality of care.
- Each partnership is unique with unique opportunities to demonstrate achievement. Brainstorm with your team ways to document your successes and lessons learned.



CONCLUSIONS

Here, we have integrated experiences from several VA projects with Tribal communities and broader health promotion efforts with Rural Native Veterans into this Partnership Guide. We began by describing our approach using a medicine wheel heuristic which guided our work in the project. Through the pages in this guide, we have woven those components of the heuristic into the tools, methods, and steps outlined above. Specifically, we have provided suggestions and resources to learn more about Native peoples of the U.S. as well as the local Tribal communities where you are seeking partnership. We then provided flexible suggestions about how to engage with potential partners, identify and work toward common goals, and sustain relationships to further the mission of preventing Rural Native Veteran suicide. Finally, we offer considerations for evaluating and documenting your efforts. We leave you with a few “take-home” points:



- Learning more about Native Americans and their history can help you be a better listener when engaging and working with your partners. Understanding that you bring your own culture to the partnership promotes transparency and bidirectional learning.
- Native communities have a range of perspectives on – and experiences with – suicide; for many, it is not an easy topic to discuss. Be sensitive to this and ask questions when unsure how to proceed.
- Listening and then adapting VA norms to accommodate diverse or unique situations in Tribal settings will increase success.
- Find key liaisons who can help bridge the gap between VA and the community.
- Communication and transparency are key.
- Strive for long-term partnerships. Prepare appropriately for turnover.
- Be patient and plan for sustained relationships over time rather than one-and-done activities.

APPENDICES

1. Learning about the Tribal community (Worksheet)
2. Outreach telephone conversation script set (initial and follow-up)
3. Example outreach tracking spreadsheet
4. Brief reflections interview guide
5. Resources for methods to identify priorities and plans with partners

REFERENCES

1. Kaufman, C.E., Kaufmann, L.J., Shangreau, C., Dailey, N., Bair, B., and Shore, J.H., (2016), American Indian Veterans and VA Services in Three Tribes. *American Indian and Alaska Native Mental Health Journal*, 23(2) 64-83

APPENDIX 1

LEARNING ABOUT THE TRIBAL COMMUNITY (WORKSHEET)

Tribal community name: _____

Where is it located? _____

Explore this community's website, and if needed, the Census Bureau's My Tribal Area website. Learn about the Tribe's population, governmental organizations and structure, and resources. Record your notes here:

Population size: _____ Number of Veterans: _____

Number of Veterans enrolled in VHA: _____ Governance: _____

Main employer, main industries, etc. _____

History of Tribe: _____

Important events or traditions, including special events for Veterans: _____

History of VA with the Tribe: _____

What Native Veterans organizations are in the community? What other Veterans organizations are in the area? How are they engaged with Native Veterans?

What suicide prevention or mental health groups or programs are in the community? What mental or behavioral health resources are available?

Any special considerations (e.g., language around suicide, recent events that might impact partnership, etc.)?

APPENDIX 2

NATIVE VETERAN SUICIDE PREVENTION: OUTREACH SCRIPT

In the following, we provide some sample language for outreach to Tribal community organizations to invite partnership. Note that calling without a formal introduction by a contact known to a Tribal member may not yield results immediately. If possible, find a common connection for an introduction, or a name you could use in your conversation. Otherwise, if your calls are unanswered or voicemails not returned, be persistent and also be respectful, allowing sufficient time before trying again.

Introduce yourself.

Name.

Where you are originally from/grew up.

Where you work and your title.

In your own words, explain what are you doing and why? What you are offering.

I am a suicide prevention [team member] with the [local VA]. I am responsible for [description of service coverage area] here. I am reaching out to see how VA can work better with local communities, including the Native Veteran community. We are trying to reduce Native Veteran suicide by doing more to partner with communities. Are you interested in hearing more about what we are doing and if we could work together?

If NO:

Can you think of anyone else who might be interested in learning more about what we're doing? Or could I check back with you at a better time? [It might be necessary to give a little more information about the project]

If YES:

Great. I can tell you more about my job and what I do. I have training in suicide prevention and crisis management. I have been in this role for about XX years/months. We want to reach out to community leaders, organization leaders and peer leaders to see how we can all work together, VA and the Native community.

Can you tell me more about your involvement with the community or even more specifically the Native Veteran Community, because I would like to learn what the community needs are currently?

[Wait for response.]

Probes/Questions to start a conversation about other activities in the community that might be related to suicide prevention.

What is already going on in your community or organization that involves Veterans' health and well-being? Are there any existing (or past) collaborations with VA?

Are there any suicide prevention/mental health/holistic health efforts (community-wide or otherwise)?

Discuss suicide prevention in more detail.

Because I am a Suicide Prevention Team member, I would also like to know if there is a need in relation to Veteran suicide prevention services. We are currently reaching out to Native communities to increase Native Veteran access to care. We know that of the Veterans who die by suicide, the majority are not enrolled in VA care, so we would like to help Native Veterans regardless of whether they get VA care. We also find from national survey data that suicide ideation is about twice as common in Native compared to White Veterans, so we are concerned about our Native Veterans. My group wants to do what we can to respond to their needs. What kinds of needs do you think your Veterans might have?

[Say if needed] Of course, Veterans often have other pressing needs not necessarily related to suicide. To the best of my ability, I can link to someone who can help with other needs as well. For example, I can connect with VA mental health/ telemental health services, including telehealth services that allow Veterans to connect to VA from any computer or mobile device anywhere to a VA mental health care provider.

[Wait for response.]

Wrap Up

Can you recommend another person I should contact regarding Veterans' needs? Is there a Tribal Veterans Service Organization?

If YES [Take down name]

Thank you. What is the best way to get in touch with _____?

Thank you for your time. I appreciate it. I would like to check back with you in a couple months to give you an update. Does that sound OK? [Record response]

APPENDIX 2

NATIVE VETERAN SUICIDE PREVENTION: FOLLOW-UP SCRIPT

Hello again...

How are you?

(Transparency) I wanted to share some updates on our progress...

Here's what else our Suicide Prevention Team is working on right now...

Do you have any questions since the last time we talked? Share details about services you can provide as a SP team.

Do you think your community would be interested in any of these? What is the best way (time, place) to deliver?

Address requests for help with disability and benefits.

I don't do disability and benefits, but I will see if I can link you with someone in VA who does...

NEXT STEPS

TRIP TO THE COMMUNITY

Arrange a social visit, get to know each other, meet people in the community, bring SWAG.

Offer to go out to a community social event

I was thinking of coming out in person to your [town, facility, or social event] to learn more about the community and how I can help or something like that. Would there be a good time to visit? Any events that are open to outsiders that I could go to? Could you tell me a little about this? [Take some SWAG with you when you go.]

End the conversation.

That sounds good. I will let you know for sure whether I can join.

Thank you for your time. I look forward to seeing you soon.



APPENDIX 3

OUTREACH TRACKING TEMPLATE EXAMPLE

(Example entries)

Date of Entry	02/03/2023	02/15/2023	03/03/2023
SPT member	Stella	Stella	Lexi
Tribe	Tribe A	Tribe A	Tribe A
Organization Name (Write out Abbreviations)	Tribe Health Center	Tribe Health Center	NA
Org. Phone Number (enter N/A for Not Available, or Unknown)	123-123-4356	123-123-4356	NA
Org. We Address (enter N/A for Not Available, or Unknown)	222.tribe.nation.com	222.tribe.nation.com	NA
Name of Person Contacted	Jury Dayton	Jury Dayton	Jewels Vern
Title of Person Contacted	Veteran Representative	Veteran Representative	Health Director
Contact Information on (direct phone number(s), email)	123-123-456 x1234	emailaddress@tu.gov	953-333-2569
Date of Contact (XX/XX/XXX of Month-Yr)	02/03/2023	02/15/2023	03/01/2023
Mode of Contact (email, phone, social media msg, letter, in-person)	phone	email	phone
Is this a Follow-up Conversation (Y/N)	N	Y	N
Outcome (I will call back, left a voice mail, contact will call back, scheduled a follow-up meeting)	Left a voicemail	emailed	picked up phone
Summary of Conversation/Contact	left voicemail describing who I am, what I wanted. Left my contact info and said I would try by email.	provided an attachment that outlines the project aims	discussed the goals of the project and is will- ing to meet in person
Plan to FOLLOW-UP (Y/N/Will wait for call back) Date of planned follow-up Mode of Contact		will wait for call back	Y/June 2023 in-person
		will try again by phone in 2 weeks	Will meet at the tribal council bldg

APPENDIX 4

BRIEF REFLECTIONS INTERVIEW GUIDE

QUESTIONS ABOUT COMMUNITY OUTREACH NAME OF INDIVIDUAL INTERVIEWING

Community outreaching to: _____

Region or County (if applicable): _____

Number of attempted communications in last month: _____

1. What would you consider a particular success this month?

2. What are you hearing from communities? (i.e. What are they asking for? For example, are they asking for broad VA services and benefits or suicide prevention-specific resources?)

3. What do you think, so far, about the approach that you have taken? (Probes: Is this approach what you normally do for other populations – is this method working – what should be changed or improved in the way you outreach?)

4. Did anything happen this month that made you feel unprepared or in need of additional support or resources? (Probes: Did you use any of the resources we provided? Did you ever feel unsure or lack confidence in what you were doing? Did you feel like you needed any materials, documents to help you with this interaction/outreach? Are there any areas where you would like more guidance from us (sooner rather than later? Is there anything else that we can help with?)

5. Did anything happen this month that made you feel especially stressed or frustrated with your work?

6. What are your future steps?

7. Are there any other questions or comments that you have for me or for our group?

After months of engagement with collaborating team members, these additional questions may be helpful:

1. So far how has the project helped you engage with Native American individuals or communities?

2. What resources or processes should be changed or improved?

APPENDIX 5

RESOURCES FOR METHODS TO IDENTIFY PRIORITIES AND PLANS WITH PARTNERS

Nominal Group Technique (“sticky note exercise”): Nominal group technique (NGT) is defined as a structured method for group brainstorming that encourages contributions from everyone.

<https://asq.org/quality-resources/nominal-group-technique/>

Asset mapping: Asset mapping is a systematic process of cataloging key services, benefits, and resources within the community.

Rural focus:

<https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/asset-identification#:~:text=Asset%20mapping%20is%20a%20systematic,elements%20of%20the%20local%20economy>

Suicide prevention focus:

<https://www.suicideinfo.ca/wp-content/uploads/2019/11/Indigenous-Youth-Life-Promotion-Plan-Guide.pdf> (p17) for an example.

Needs assessment: A needs assessment is a process for determining the needs, otherwise known as “gaps,” between current and desired outcomes.

General:

<https://asana.com/resources/needs-assessment>

Suicide prevention focus:

Suicide Prevention Resource Center. (2022). Assessing Community Suicide Prevention needs: A Workbook for State Coordinators. Oklahoma City, OK: University of Oklahoma Health Sciences Center.

<https://sprc.org/sites/default/files/Community%20Needs%20Assessment%20Workbook.pdf>

Native Community focus:

<https://www.ihs.gov/hdpd/communityhealth/>



ADAPTATION GUIDE: HOW TO CREATE AND SHARE OWNERSHIP OF THE S.A.V.E. CONVERSATION

ABOUT THIS GUIDE

This guide is designed for VA Suicide Prevention Team (SPT) members. This guide will help you, in partnership with the local Native communities you serve, to adapt VA S.A.V.E. training to be more culturally respectful and applicable. We call this adapted version the S.A.V.E. Conversation.

This guide has two key aims:

- Prepare Suicide Prevention Team members to conduct a workshop with key Native community members, when together they can review the S.A.V.E. Conversation PowerPoint slides.
- Guide the adaptation of the S.A.V.E. Conversation PowerPoint slides so they are culturally relevant, the information is applicable to local Native community members, and the content about suicide and prevention of suicide aligns with Native perspectives.

This guide will help create a space (in person or virtual) that supports bidirectional learning in a workshop-like format. The workshop will include key representatives from VA (usually the SPT members) and local Tribes and organizations focused on the topic of community-based suicide prevention efforts.

Use this guide with the companion S.A.V.E. Conversation Implementation Guide to prepare the group for a conversation around suicide prevention tailored for the specific partner Tribal community you are working with.

SHARED OWNERSHIP

The subtitle for this guide uses the term "shared ownership" to reflect the value of conversations taking place during this adaptation workshop. The local Tribal community and VA offerings in conversations reflect their positionality, experience, and goals and should be reflected in the final product. It is important that all parties involved in the adaptation process are responsible for its contents and that no one's perspectives or views are more or less important than another's. The S.A.V.E. Conversation is a collection of ideas, beliefs, views, perspectives, and suggestions and are reflective of the group(s) or individual(s) that work to create this Conversation slide deck.

PURPOSE OF VA S.A.V.E. TRAINING

The main intent of the S.A.V.E. Conversation is to ultimately prevent suicide and improve the overall health and well-being of Veterans, their families, and their communities.

The conventional VA S.A.V.E. training is a one-to-two-hour gatekeeper training program typically provided by VA Suicide Prevention Coordinators and others to Veterans and those who serve Veterans. VA S.A.V.E. was developed by the Education Corps of the VA Center of Excellence for Suicide Prevention.¹ It is a core tool for community engagement used across all VHA healthcare systems.

Training consists of the following components:

1. Provide a brief overview of suicide in the Veteran population
2. State key suicide myths and misinformation and talk about the facts
3. Report risk factors for suicide
4. Describe components of the S.A.V.E. model (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment)

Reason for Adapting VA S.A.V.E. from a Training to a Conversation

To improve the way VA S.A.V.E. Trainings are received among Indigenous communities, and to support long-term partnerships with these communities, we recommend adapting VA's gatekeeper training to be culturally responsive. Gatekeeper training approaches that have proved beneficial among Indigenous communities involved local adaptations and opportunities to tailor lessons (see Box 1).

Before You Start: The Pre-Requisite for S.A.V.E Conversation Workshops and Using this Guide

A conversation around S.A.V.E. needs to be built on a set of solid relationships. This guide assumes you have already had some connection with Tribe(s) or individuals representing the Tribe(s) to adapt the conventional VA S.A.V.E. Training to a culturally appropriate S.A.V.E. Conversation. (See *Building Tribal-VHA Partnerships Guide*).

BACKGROUND FOR THE ADAPTATION WORKSHOP

The adapted S.A.V.E. Conversation grew from the Tribal-VHA Partnerships in Suicide Prevention project. An SPT from one VA health-care system and key representatives from Native communities in their service area gathered to review the VA S.A.V.E. Training. The purpose was to ensure the training resonated with local Native community beliefs and practices around suicide, suicide prevention, and mental health. Among the tools VA Suicide Prevention Teams currently use, the group decided VA S.A.V.E. may be an ideal choice to begin the process of adaptation. VA Suicide Prevention Teams are very familiar with the training and use it often for community outreach. The content of VA S.A.V.E. Training provides many areas for adaptation without changing the core messaging and skills-building focus.

The team held a workshop to collectively talk through the VA S.A.V.E. Training to review the slide deck. Each slide evoked several ideas, stories, and considerations for adaptation.

Box 1. Recommendations for Implementing Gatekeeper Trainings with Rural Native Communities^{2,3}

- Suicide does not have a single meaning and is not an event that acts in isolation. It cannot be solved with a predetermined, standardized intervention.
- There is a lack of suicide prevention programs created for Indigenous communities in the United States.⁴
- Structural and systemic inequities exist that cannot be solved with just mental health services alone. For example, colonization and historical trauma have resulted in intergenerational trauma among Indigenous communities.
- Suicide does not just happen to an individual, but also the community and families. Suicide prevention efforts should address the broader socio-political and lived experiences.
- Discussing risk factors or even protective factors is important because generalized population-level 'warning signs' of suicide may not be applicable to specific communities.
- Demographics and statistics vary for Indigenous communities and are often unavailable or misclassified; therefore, it is important to incorporate updated information.
- A didactic teaching style is not as impactful as using stories or personal experiences to situate how suicide is affecting Veterans in the community. Stories can help develop prevention strategies in a more meaningful way.
- The meaning of 'crisis' may not be the same to Indigenous communities. Explore this term and how to intervene at a more social or community level.
- Gatekeeper trainings should be tailored to be culturally relevant and applicable.

Tribal partners suggested two foundational principles:

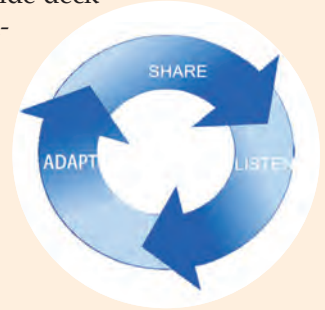
1. Instead of a didactic format, the presentation should become a conversation. “Conversation” seemed the most accurate way of portraying the aim of transforming a conventional VA S.A.V.E. Training into an opportunity for bidirectional learning and engage with community members to support Native Veterans.
2. A S.A.V.E. Conversation is likely never finished “adapting.” The diversity of Native communities – values, practices, languages, beliefs – means that local tailoring will be necessary every time a different community partners in this effort.

Attendant to these two principles, the approach to adapting a S.A.V.E. Conversation is an iterative one. This Toolkit provides an example S.A.V.E. slide deck adapted for use with communities of the Northwest. (Please request this attachment from ORH-WR@va.gov.) This is a model for adaptation and a starting point to begin bidirectional learning about what suicide prevention in a Tribal community might look like. Before each S.A.V.E. Conversation event in a different Tribal community, these slides will likely need review and revision to reflect the interests and perspectives of the community or a particular audience from the community (for example, a general presentation to a broad audience is likely to be different than one for the Tribal social services). It will be your task to change the slides to reflect your local VA and Tribal community information and to create a plan with Tribal partners for how to present certain topics to the intended audience.

Approach to adaptations

Recognizing Indigenous peoples and the land they reside on is an important way to center the adaptation conversation. Their culture, beliefs, and traditional ways of living are valid and should be recognized when giving a presentation on their homelands or working with Indigenous collaborators. In particular, for the introduction slides, opening with good thoughts or a prayer sets the tone for discussing the topic of suicide. The tone should be positive and bring strength, calmness, and openness to information shared at every session. This guide describes the “higher level” adaptations made to the conventional VA S.A.V.E. Training to transform it into a conversation. This guide also suggests some ways to hold a workshop to tailor the adapted S.A.V.E. Conversation to a local audience. Any adaptation or workshop will likely take on its own set of considerations.

Reminder: The approach to adapting the slide deck for the S.A.V.E. Conversation is iterative, where VA project partners share the slide deck with community representatives, listened to their feedback, adapted the training, then returned to the representatives for additional feedback before holding a S.A.V.E. Conversation with community members.



Here, we show an example of “original” and “adapted” slides along with notation from the discussion that informed adaptation. The “original” opening slide is from the conventional VA S.A.V.E. Training, as shown as Figure 1. The “adapted”, Figure 2 slides, show the title and an opening statement in English and translation from an Indigenous language (provided by a citizen from a Native Nation of the Pacific Northwest for a S.A.V.E. Conversation held in that region of the United States). Furthermore, the background is changed to be more inviting and to reflect setting the tone for bidirectional learning.

This iterative, locally tailoring process, should be repeated each time the VA SPT engages with a different Tribal community. The example adapted slide deck is meant to be a visual aid to convey key concepts, information, and stories that are related to suicide prevention. It is a starting point to engage and work with Indigenous individuals or groups to create content that is specific to the audience or regional context.

As you redesign during your adaptation conversations, the following principles may be useful to keep in mind:

- Add conversation prompts.
- Recognize the contributions of Native Veterans to the U.S. military.
- Emphasize a family and community perspective on suicide using an Indigenous perspective; use language and images that show S.A.V.E. as a family / community / relational process rather than the “individual-at-risk” model often associated with suicide prevention.
- Emphasize protective factors as much as risk factors, focusing on prevention and celebrating community strengths.
- Include Native-style imagery to soften the standardized style of the federal government template.
- Include local photographs provided by the community.
- Minimize use of statistics on suicide. If statistics are presented, these should focus on the local population as much as possible, especially for Native Veterans.
- Make the language more accessible by removing jargon and using an easier reading level.

See Toolkit **Attachment 3 (Example slide deck for S.A.V.E. Conversation, available upon request at ORH-WR@va.gov)**. It includes the example of a S.A.V.E. Conversation slide deck adapted in partnership with Native communities in the Pacific Northwest. This example can serve as a starting point for your workshop.

Figure 1. Original introduction slide

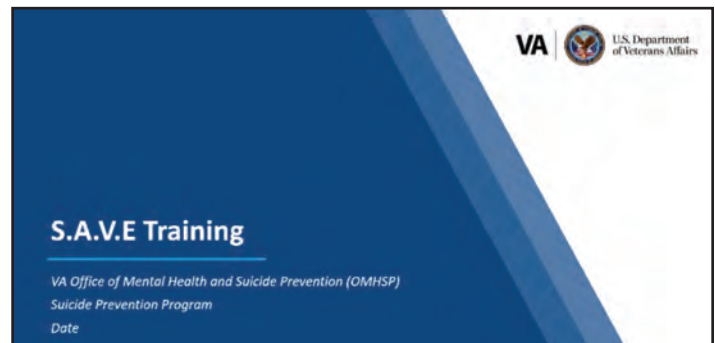


Figure 2. Adapted introduction slides



THE ADAPTATION WORKSHOP: ADAPTING VA S.A.V.E. WITH A PARTNER COMMUNITY

1. PREPARATION

A successful workshop will build on an already growing partnership with Native communities (see the Partnership Guide for more information). Suggesting the idea of the S.A.V.E. Conversation and a workshop to review the slides together sets the stage for meaningful bidirectional learning, practice in humility, and developing transparency in building partnerships.

One goal of the workshop is to create a safe space where participants feel comfortable sharing questions, ideas, and opinions. The following advice might facilitate that goal:

- Ideally, the workshop would occur in-person, the preferred mode of interaction for most Tribal communities. Together, decide where and when the workshop should occur. In most cases, a Tribal community location is ideal.
- Assume the workshop will take at least 2 hours (this varies considerably).
- Provide food. This is hugely important, albeit a challenge in the VA system.
- Encourage participation from Tribal members who work with Native Veterans regularly. Mental health providers are important, but also community members acting in other roles (housing, Elders, Native Vet committee members, etc.). Ultimately, Tribal partners will likely know who should be invited. Ideally, a group of 8 or so works well – make sure VA presence is not dominating.
- Defer to Tribal partners on appropriate opening and closing protocols at the workshop.
- Introductions matter – do not hurry them. Introductions should include details such as where you were raised, who is your family, and why this work is important to conduct within Indigenous communities. While your professional work and identity (e.g., title) is important, Indigenous communities care more about who you are (as a person) rather than what you do professionally (i.e., your professional title).
- Structure the conversation so that all voices are heard. Be comfortable with long pauses in the discussions. Ensure that adequate time is reserved for introductions and/or catching up with one another.
- Be yourself. Reflect on your own biases (we all have them), including worldview, perspectives as a VA employee or government employee, suicide and what it means/how it is viewed in your culture.

Once the meeting convenes, take a few minutes to develop thoughts about who the different audiences might be, and how conversations may differ depending on who is in the room (e.g., Tribal police, family members, clinical providers, Native Veterans only, other community members, etc.).

2. LOCAL TAILORING: WAYS TO CURATE SLIDES FOR YOUR S.A.V.E. CONVERSATION

Go through the adapted S.A.V.E. example during the workshop. Together with workshop participants, review slide content, consider the flow, and decide what information is most important to highlight or discard or adapt.

Suggested Review Process of the adapted S.A.V.E. Slide Deck As you review the S.A.V.E. example, ask questions among the group or individually, that encourage reflection, discussion, and exchange of ideas:

- What are the key cultural considerations?
 - What have been positive influences? Negative ones?
 - Is there specific language to avoid?
- Listen to community members about their experience(s) with VA.
- Listen to community members about their experience(s) trying to prevent suicide in their community.
- Are there traditional councils, members, groups that should be consulted prior to any individual/community engagement activities?
- What are historical stories, facts, or lessons that could apply to the topic?

3. START ADAPTING THE SLIDE DECK

The following pages contain suggestions for reviewing and adapting specific slides of the slide deck. While it may not be necessary to tailor all slides in the deck to a local Native community, we have identified slides that will either “require” or “be considered for” tailoring.

Additional slides, not shown here, may also need modifications depending on your group's perspectives and knowledge. Remember to review all slides, at least briefly, to determine if adaptation is necessary.

It is perfectly okay to change your slide deck every time you present to a new audience. The adaptation process is iterative and ongoing and should be revised to resonate with the audience.

Slides 'Requiring' Adaptation

The following slides require change with contributions from workshop participants. Participants such as Tribal community members, organizations, or leaders; in addition, the Suicide Prevention Team and affiliated members.

The opening slides are used to introduce the S.A.V.E. Conversation, the conversation facilitators, and to welcome all participants (see Figure 3).

The following are suggestions of questions to 'workshop' in order to locally tailor the opening of the Conversation:

- Could any community members help write or say a welcome /greeting in the Native language(s) specific to the population you are presenting to? This is strongly encouraged to offer a meaningful welcome and to celebrate culture.
- What is an appropriate way to honor or acknowledge the lands where the conversation is held?
- What is an appropriate way to start the meeting (prayer? By whom?)
- Notice 🗣 there is a sound symbol on the bottom (left slide). Utilize the record audio feature in PowerPoint to record the Native language portion. This is an option if a Native speaker is not available for the presentation.

You may also wish to mention to workshop participants that for smaller audiences at the S.A.V.E. Conversation, you will begin with participant introductions, and that you will aim to present in a way that encourages open conversation. Doing so may prompt thoughts or feedback about how / whether to have a conversation.

The next slide is to set the expectations of the audience and to provide help to those that need attention during the conversation (see Figure 4). The intention is to make sure that everyone is feeling safe to discuss this topic and to acknowledge that discussing suicide can elicit unanticipated reactions. This slide also presents the crisis line numbers – important information for everyone.

The following are suggestions that will help you adapt this slide:

- Update Crisis Line information as needed. The National Suicide and Crisis Lifeline is 988.
- Update the follow up contact number with a number specific to your VA or a direct line to your Suicide Prevention Team members.
 - Be aware that someone may use these numbers during the presentation or after. Be prepared to take the call.
- Tribal partners may also wish to include local contact information.
- Ask the question about whether this slide has all the expectations listed that is important for the audience to know.

Figure 3. Opening/Welcome slides (slides 1-2)



Figure 4. Help-seeking slide (slide 3)

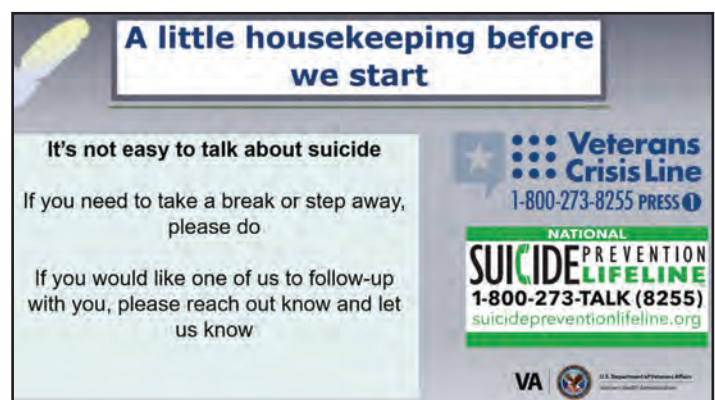



Figure 5. Statistics slides (slides 8-9)

Recognizing An Excellent Tradition of Military Service

- Serve at the highest rates of any ethnic group in the U.S. Armed Forces, including post-9/11 period
- Purple Heart recipients, Bronze Star medal honorees, Congressional Medals of Honor
- Often serve in the most dangerous positions
 - Which can create bigger challenges in long term wellness
- Many Native communities are models for honoring and caring for Veterans



Why Focus on Native Veterans?

- What we know from VA Research:**
 - There are more than 364,000 Veterans who identify as American Indian/Alaska Native (AI/AN)
 - 2.9% of Veterans identify as AI/AN while they make up only 1.7% of the US population
 - AI/AN Veterans tend to be **more rural** (37%) than the general Veteran population (24%), making accessing VA care difficult.
 - When compared to rural non-Native Veterans, AI/AN Veteran populations tend to be younger and include more women Veterans.
- But also because:**
 - AI/AN Veterans report thinking about suicide at twice the rate of Caucasian Veterans.
 - Among Veterans enrolled in VA care, rates of suicide among Native Veterans has increased to the point where, based on ethnicity, they are now in the highest risk group.

BOX 2. RESOURCES FOR STATISTICS

- Reach out to the local VA facility – they often have access to data about Native Veterans enrolled for care at that facility. However, these data rarely include Tribal affiliation.
- Consult with Tribal partners about whether they already have statistics that they would like to share for the slides.
- My Tribal Area (<https://www.census.gov/Tribal/>) provided Census-based information about Tribal communities, including Veterans.
- Census data (<https://data.census.gov>) may provide additional information about Native Veterans.
- The scientific literature sometimes provides Tribal-specific information. Since most Native communities require community confidentiality, specific community mentions are rare.

The next set of slides are meant to bring into the discussion the reason why suicide is a major issue among Native Veterans and for Indigenous communities in general (see Figure 5). These slides are meant to make the point that suicide affects Veterans and their communities and these facts are too important not to ignore. However, avoid prolonged review of these slides. These should be succinct slides that have important data or information, but do not spend a lot of time on these slides as many people want to get to the S.A.V.E. strategies.

The following are suggestions that will help you adapt these slides:

- Change according to your community or population. Your community contact might provide photographs or images local to the community (check for permission). The photographs here are an example from another community.
- Choose the key statistics (3-5 points) that will give an overview of current available data. However, Native communities likely already have an idea of the scope of suicide in their community and already feel the weight of suicide within their families and communities.
- Decide whether the statistics should just focus on suicide, include some additional mental health information, or possibly have some demographic data. Some communities may appreciate these insights if local data are difficult to find.
- Finally, understand the “denominator” for the statistics – are these specific to general American Indian and Alaska Native populations? Inclusive of all 50 US states and territories? Specific to the Tribe or to Tribal lands? Avoid overgeneralizing statistics covering American Indian and Alaska Native populations to individual Tribal communities, because individual communities experience may be widely different than suggested by broad, general statistics.
 - You may not find any Tribal specific statistics and this is okay. Many studies and data do not include Tribe-specific information. Use what you can and consult with your partners about what should be placed in these slides.
- Make sure to find a balance between statistics that are negative and statistics that show strength about how well Native Veterans are doing. Finding appropriate statistics can be challenging – many Tribal communities are small and are not well-represented in common sources of data. (See Box 2 for some resources for locating data)

For the “Resources and Handout” slides, listings should be specific to your VA center, community resources, or Tribal specific information that will be helpful for participants (see Figure 6).

- Additional webinars or videos
- Additional hotlines or contact information to other resources besides suicide
- PDF or Word document handouts that have the necessary information
- Details of events related to suicide prevention or mental health. The events could be general and could just be a place to meet up and share information.
- Ask the audience if there are any events that are coming up that VA could attend to learn more from the community and potentially vice versa.

Slides to Consider for Adaptation

The following slides require change with contributions from workshop participants. Participants such as Tribal community members, organizations, or leaders; in addition, the Suicide Prevention Team and affiliated members.

The “conversation starter” slide is meant to get a better sense of what suicide prevention is like in the community (see Figure 7). During a S.A.V.E. Conversation, this also helps to center the community perspective on suicide and not continue the conversation from VA’s point of view. This allows for the audience to realize that the presenters are there to learn and listen from the audience to ensure bi-directional learning.

The following suggestions are to help you adapt this slide during the workshop:

- If there are additional questions workshop participants would like to explore during the S.A.V.E. Conversation, add those here. These questions are meant to guide the conversation.
- Avoid asking more than 4 questions. Feel free to delete any question that does not fit well with the community.
- When presenting this slide for the first time, pause for at least 30 seconds after reading the last bullet to make sure people have had time to reflect on the questions. S.A.V.E. Conversation participants will be informed that this a duplicated slide and that the second time the slide shows, it is time to discuss and talk through the responses.

Figure 6. Resources and handouts (slides 45-49)

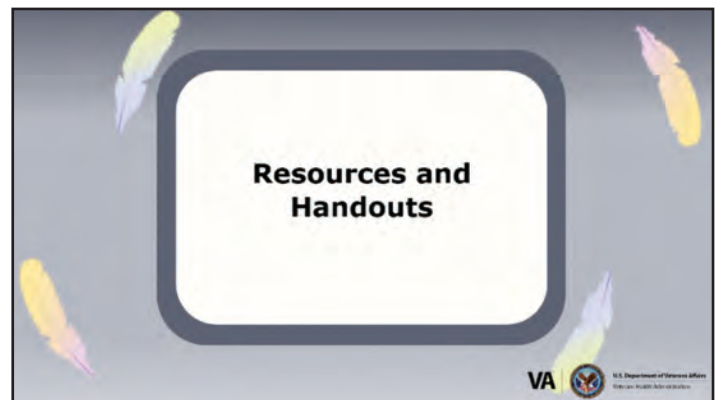


Figure 7 Conversation starters (slide 6)

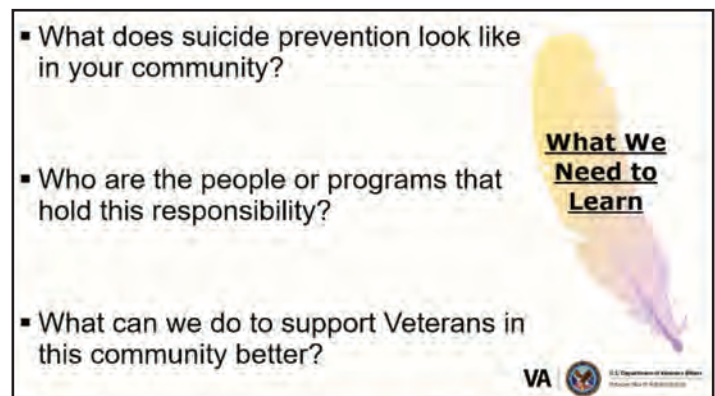
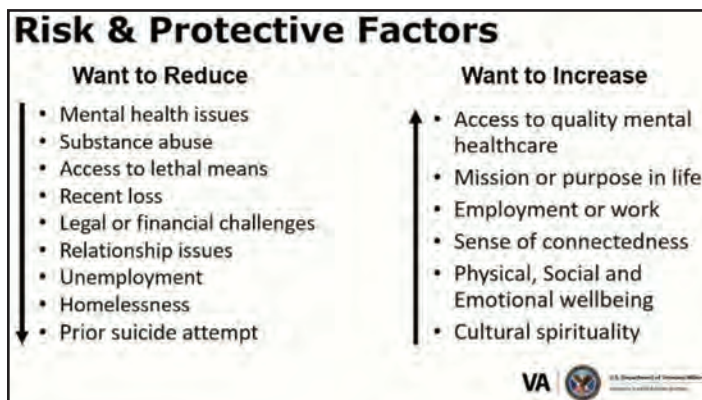


Figure 8. Factors (slide 16)



The purpose of the “Risk and Protective Factors” slide is to discuss the strengths and weaknesses of the community and or the local environment (see Figure 8).

The following are suggestions that will help you and others in the workshop adapt this slide:

- The factors can change. Update both lists with what is important or applicable to the community.
- Be sure to cover protective factors.

The slide about asking the direct question about self-harm can spark a lot of discussion (see Figure 9). This may or may not be the case for your workshop. Many times, we have heard that talking about suicide is taboo, is not discussed because of spiritual implications, or is insensitive or rude because asking this question is so direct. However, some believe that ‘Asking the question’ is the most crucial and important step. So, it is important to spend some time on this slide to ensure you explain this step appropriately and with humility. Also ensure that the questions on the slides are necessary and appropriate.

The following are suggestions that will help you adapt this slide:

- Ask the group how this slide should be rephrased. Is the wording clear on the slide?
- Is this a slide that needs more context verbally?
- Consider what the implications are if the slide just read “Are you thinking about hurting yourself?” Does this get to the point of Asking in S.A.V.E. or is this too broad that the response will not get at the heart of suicide prevention?
- Is there one phrase that can help or two questions that are best?
- Consider whether incorporating Indigenous language is appropriate here.

For the next few slides, explain to workshop participants that these are meant to convey a story or narrative with lessons learned and not a skit that should be acted out (see Figure 10). Acting out the story or asking people to do that may trigger emotions that are not necessary and may be too aggressive/insensitive for a Native audience. It is important to develop a narrative that will spark reflection, a conversation, or present lessons learned.

- This narrative exercise is to incorporate S.A.V.E. and how it can be applied to a somewhat real-world example. The example that can be used ‘as-is’ or adjusted based on your workshop.
- Assess whether this narrative is important to the conversation: many people who have presented these slides realize that by the time this portion comes up, an hour or more has already gone by. So, decide how this slide fits into the priorities of the community given the balance of time left.

Figure 9. Ask the question (slide 24)

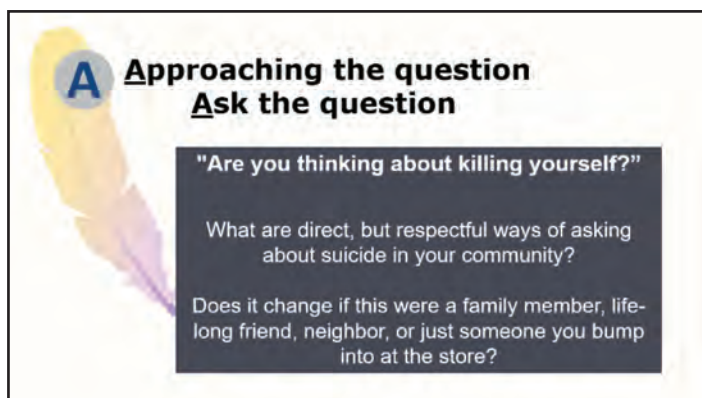
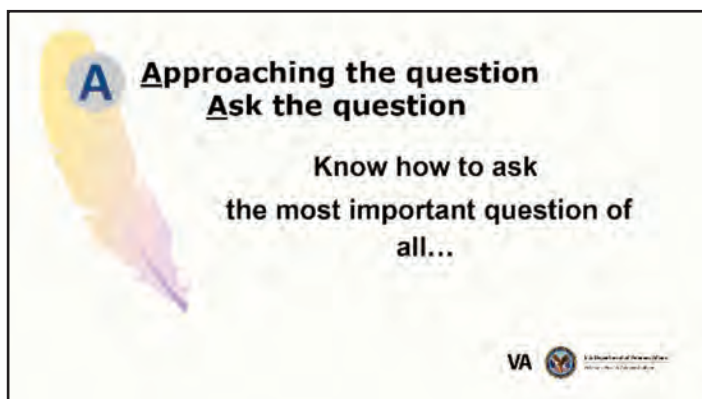
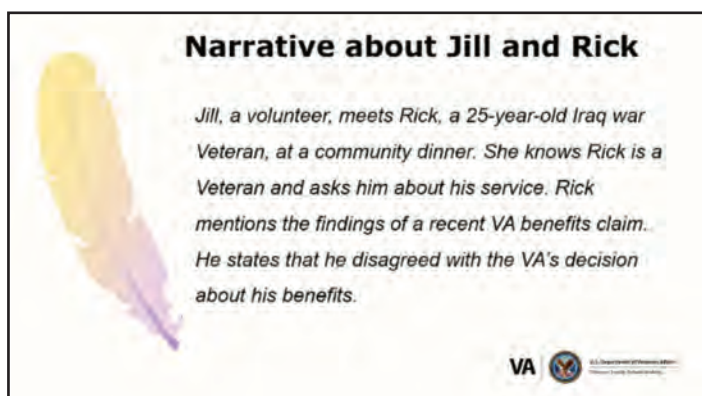


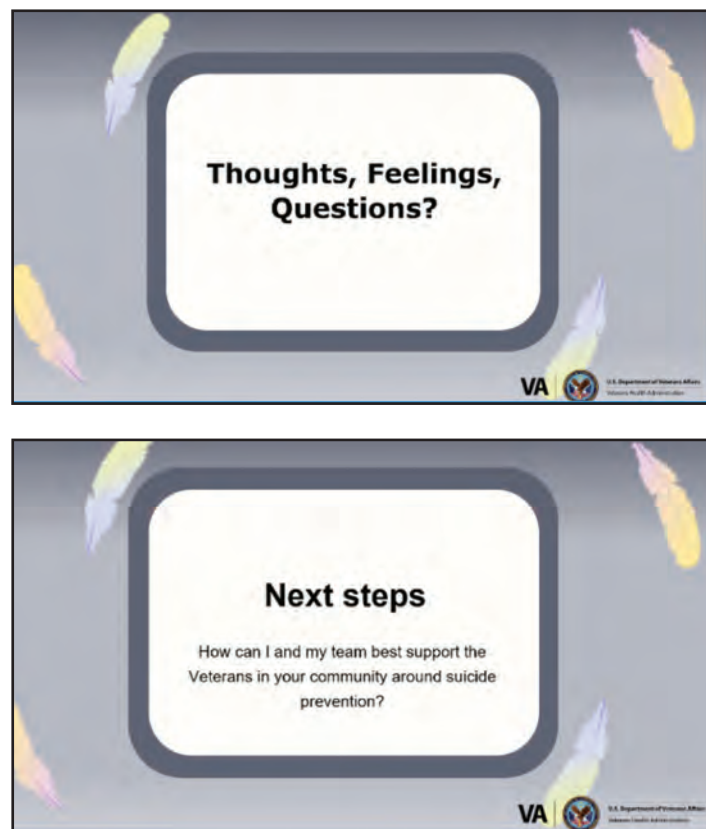
Figure 10. Narrative (slides 32-41)



Finally, in the S.A.V.E. Conversation, debriefing is important (see Figure 11). These debriefing and planning slides have been added to the adapted slide deck to allow for additional reflection, feedback, and consideration of partnership activities.

- Leaving enough time for workshop participants to provide additional thoughts and feelings, and to answer any questions is important. Talk to the others in the workshop about the number of slides in the deck and making sure this last part is not rushed.
 - The workshop group could also think about prioritizing prior slides, so presenters know which slides to skip or go over quickly if time is short.
- A goal of the adapted slides is to make sure the audience is confident in the steps of S.A.V.E. Ask workshop participants if they think this conversation will give them the skills or confidence to use the steps – is there anything additional that could help increase that an audience’s ability to use this approach? Ask if, overall, benefit the community’s wellness efforts. In addition, if there is a person who would like to talk individually after the session, be ready to provide contact information or additional information so that individual gets the help that they need.
- Help lines and additional contact information are great, but now that you have built trust with workshop participants, be prepared to talk with them directly as a point of contact.

Figure 11. Concluding slides (slides 43-44)



Note: If specific slides of the example adapted slides were not included above, then they are unlikely to change, but review is encouraged since Native communities vary greatly in what they might view as important or in need of revision. Remember that this is an iterative approach.





CONCLUDING THE WORKSHOP

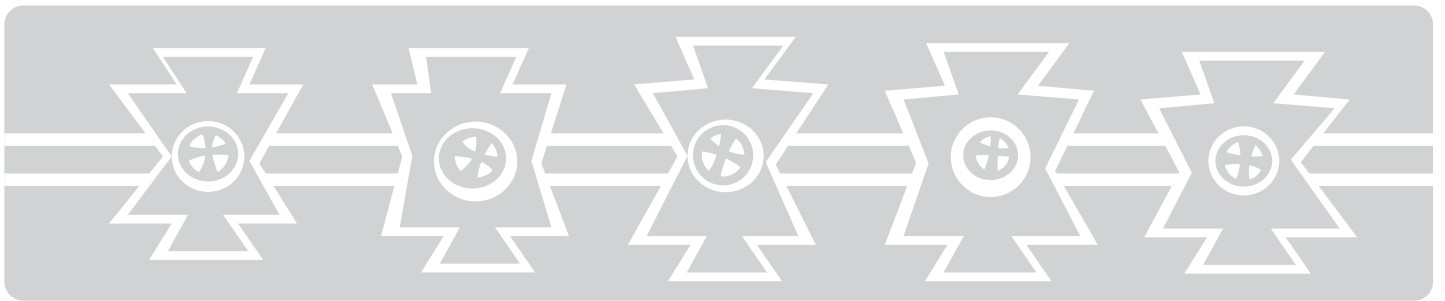
- Summarize for the workshop participants the key changes you will make, to make sure everyone is on the same page.
- Decide on timeline to incorporate changes or edits to the slides or presentation.
- Discuss what groups might be interested in joining a S.A.V.E. Conversation and start planning (see the S.A.V.E. Conversation Implementation Guide in the Toolkit). Note: Slides may need to change slightly based on audience (e.g., health care professionals vs. Veterans and family members).
- Schedule the next meeting, if applicable.
- In Tribal communities, meetings are often ended with a prayer, usually given by an elder. Check with your community contact to see if this would be appropriate. If so, ask about arranging this in advance. Also, it is common to provide a token of thanks to that person – ask your contact about this also. If a closing prayer by a community member is not possible, provide a closing statement to end the session in a good way.

FURTHER CONSIDERATIONS IN PREPARING FOR ADAPTATION WORKSHOPS AND S.A.V.E. CONVERSATIONS

- Ensure all logos and contact information are current.
- Ensure statistics are up to date, preferably within at least 10 years.
- Will the group create or have available for the Conversation event a Veterans' Local Resources sheet? (Toolkit Attachment 2: Veterans Local Resources)
- Decide whether a Suicide Prevention Coordinator can be available after S.A.V.E. Conversations in case an individual needs additional mental health counseling.
- This presentation takes about 2 hours, if done well with community/stakeholder discussions. However, it can be done in 1 hour if there is a time constraint. Decide which slides to remove in order to make the presentation within 1 hour.
- The goal is to have a conversation with your audience to learn from them what you can provide and to provide support for individuals and groups who need help.
- Find those key slides that will help guide your conversation in a collaborative and safe path forward.
- Practice the presentation and manage your time wisely.

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GUIDE TO IMPLEMENTING A S.A.V.E. (SIGNS. ASK. VALIDATE. ENCOURAGE.) CONVERSATION



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A NOTE ABOUT THIS GUIDE

The detailed steps in this guide aim to build confidence facilitating S.A.V.E. Conversations in partnership with Native communities, particularly those in rural areas. However, the risk of a detailed guide is that you feel overwhelmed and unnatural when outreaching to a Native community, trying to remember every morsel suggested. As one Suicide Prevention Coordinator notes:

“I didn’t want to overthink it to the point of not being genuine to who I am.”

— Kara Walker, Suicide Prevention Coordinator, VISN 20

At first, it may help to work through the entire guide, so you feel prepared. Later, the checklists and worksheets might be all you need. Once you have familiarized yourself with the general process, take a step back. If you are respectful in your interactions, if you are responsive to community wishes around the conversation, and if you listen to see how you and VA can be helpful, you are on a good path. Then you can thoughtfully decide how to act on the information shared with you to provide the best possible care. These activities might take longer, but the process has intrinsic value.



BACKGROUND

What is VA S.A.V.E.? If you are reading this guide, chances are you are already familiar with VA's suicide prevention gatekeeper training called S.A.V.E. (Signs, Ask, Validate, Encourage and Expedite [Talent Management System 2.0 Course: VA 66979]). VA S.A.V.E. aims to educate those who serve Veterans about suicide in the Veteran population and then to train them to recognize risk factors for suicide, approach someone who may be at risk for suicide, and then to connect them to care. This guide assumes that you already have experience conducting a VA S.A.V.E. training.

- This guide also assumes you have already built partnerships with one or more Tribal communities.
 - The Guide to Building Tribal-VHA Partnerships in Suicide Prevention provides useful information for building those partnerships.
- Finally, this guide expects that you have worked with your partners to adapt VA S.A.V.E. into a S.A.V.E. Conversation.
 - The Adaptation Guide: Guide to Shared Ownership of S.A.V.E. Conversation provides step-by-step processes for tailoring the Conversation to the community you are working with.

At this stage, then, you are ready to hold a S.A.V.E. Conversation with community members. This guide helps you transform VA S.A.V.E. from a traditional, didactic presentation into a conversation with members of Native communities, particularly those in rural areas. Supported by an adapted slide deck, a S.A.V.E. Conversation is designed to increase engagement with Native communities beyond that of a standard VA S.A.V.E. training. By emphasizing listening to participants, it strives to help you facilitate a fruitful conversation about the main goals of VA's S.A.V.E. training. We have found that this conversation about suicide prevention can lead to future collaboration to improve care for Native Veterans.

How a S.A.V.E. Conversation is implemented with Native communities is as important as the content of the conversation itself. This guide helps you implement a S.A.V.E. Conversation, so you feel primed for meaningful bidirectional learning and confident in facilitating a conversation that is respectful of participants. It also proposes ways to follow up after a S.A.V.E. Conversation.

In this document, we use the terms Tribal, Indigenous, and Native interchangeably. These terms refer to American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. Here, our materials pertain to those Veterans living on federally recognized American Indian reservations or in Alaska Native Villages and communities, though the materials could be applied more broadly.



“You can present the adapted S.A.V.E. slides well but still not make a connection... You need to shift your perspective, and that needs to happen before presenting....”

— Leidy McIntosh, Suicide Prevention Coordinator, VISN 20

CONVENTIONAL VA S.A.V.E. TRAININGS VS. ADAPTED S.A.V.E. CONVERSATIONS: STEPPING OUTSIDE A MAINSTREAM PERSPECTIVE

As the Adaptation Guide explains, a S.A.V.E. Conversation differs from a VA S.A.V.E. training in important ways. First, the S.A.V.E. Conversation encourages you to listen as well as speak. What assumptions do you make about suicide and its prevention? What values do you hold that may be reflective of a mainstream perspective? What have you learned about the roots of suicide among Native Veterans – social, political, historical, and economic? About Native Veterans’ experiences accessing VA care? Try approaching a S.A.V.E. Conversation with awareness of your own beliefs and practices and openness to other perspectives about prevention, treatment, and healing. After a conversation, how can you use what you’ve learned to improve Native Veterans’ access to and quality of care? One person can make a difference! In rural and close-knit communities, word travels quickly. Community members will learn if a Veteran has a good experience with VA care.

THERE IS NO SINGLE PROTOCOL FOR A S.A.V.E. CONVERSATION

Over the course of this project, we worked with Suicide Prevention Teams across three VA health care systems. No two S.A.V.E. Conversations looked exactly alike. For example, the COVID-19 pandemic required most S.A.V.E. Conversations to be virtual, but one was held at an in-person event. Audience sizes ranged from 3 to 70. How the conversation was implemented also varied. As much as possible, Suicide Prevention Teams worked with community contacts and co-facilitators to anticipate what would work best for each audience.

We provide many tips and tools to help, but keep in mind that some details of implementation are better left to figure out with your community contacts and co-facilitators.

USING THIS S.A.V.E. CONVERSATION GUIDE

In the following pages, you’ll find worksheets, steps, and checklists to help you organize logistics and focus preparation and implementation for a S.A.V.E. Conversation. In the first part, we provide context and explanations for various items. We start with basic background logistics and preparation and conclude with post-conversation activities. **We encourage you to read through the entire guide first to familiarize yourself and your team with the full picture.** Shortened versions of the checklists and sample worksheets are provided in the appendices.

S.A.V.E. CONVERSATION – GATHERING BASIC INFORMATION

Name of Community or Nations with whom this S.A.V.E. Conversation will be held:

Audience Type (e.g., Health care professionals, Veterans, Family members, Service Officers)



What is the purpose of this S.A.V.E. Conversation? What do you hope to achieve? What will be of most value to your audience?

Date and Time of Conversation: _____

Place of Conversation: _____

Marketing materials to prepare and distribute:

Contact Info for S.A.V.E. Conversation Team

	Name	Title	Phone	Email
 Co-facilitator(s)				
 Community liaison				

Key Adaptations/Community Guidance. When you held your Adaptation workshop, what key guidance did leaders provide? How to you plan to address this guidance in the S.A.V.E. Conversation(s)?

	Guidance	Plan
Example:	Steer clear of acronyms or explain them well, especially VA acronyms.	Identify and use acronyms that the audience is very familiar with.
1.		
2.		
3.		
4.		

New Questions. After the Adaptation workshop (see Adaptation Guide), new questions will arise as you prepare for the S.A.V.E. Conversation. What other questions do you have for your community liaison or co-facilitator? Reach out to them.

	Questions	Guidance
Example:	What is an appropriate way to open the session? Could an Elder provide a prayer?	[Name of Elder] has agreed to open the session with a prayer.
1.		
2.		
3.		
4.		

HELPFUL PRE-REQUISITES FOR IMPLEMENTATION

A conversation around VA S.A.V.E depends on a solid set of relationships. To reach the point of implementing a S.A.V.E. Conversation, you most likely have achieved the steps below.

Before you begin	Suggested / Example Steps
<p>Take stock of what you already have as a Suicide Prevention Team member.</p> <p>Reflect on your own culture and what assumptions you might bring to this effort.</p>	<ul style="list-style-type: none"> • Take stock of qualities that you likely possess from your clinical expertise and beyond: <ul style="list-style-type: none"> - Respectful, humble - Attentive, observant - Caring, thoughtful - Resourceful, determined to serve - In terms that someone outside VA can understand, be able to briefly describe your role in Veterans' care.
<p>Increase cultural knowledge: Obtain background knowledge about Native peoples, including Native Veterans, as well as Tribal Nations, history, and contemporary issues, whether through this project's materials, professional training, or general education.</p> <p>Learn about the specific community you are working with.</p>	<ul style="list-style-type: none"> • Complete the Native American Veterans: Health, History, and Creating a Way Forward training (Toolkit Attachment 1). • Learn about the community / communities participating in the S.A.V.E. Conversation. <ul style="list-style-type: none"> - Visit the website(s) of the Tribe(s). - Complete the worksheet Learning about the Tribal Community from the Guide to Building Tribal-VHA Partnerships in Suicide Prevention. - Get acquainted with the traditions, values, current events, and experiences with VA and federal government.
<p>Open the door to community partnership: A good point of contact can recommend ways to learn more about a community and help you develop respectful relationships (See Guide to Building Tribal-VHA Partnerships in Suicide Prevention).</p>	<ul style="list-style-type: none"> • Identify points of contact within the community. • Attend a local event open to the public, especially if invited. • Learn protocols, for example, whom to consult before facilitating a S.A.V.E. Conversation – Tribal council, elders – and how. • Learn services and programs (e.g., behavioral health, traditional healing) with which to coordinate.
<p>Watch an example S.A.V.E. Conversation to get the feel of a S.A.V.E. Conversation vs. a standard VA S.A.V.E. training.</p>	<ul style="list-style-type: none"> • Shadow a colleague experienced in S.A.V.E. Conversations. • For a recorded example of a S.A.V.E. Conversation, please contact us at ORH-WR@va.gov

PREPARATION FOR A S.A.V.E. CONVERSATION

IN THE WEEKS AND DAYS BEFORE THE S.A.V.E. CONVERSATION:

1. Adapt the S.A.V.E. Conversation

Why it matters: Getting input from community leaders before a S.A.V.E. Conversation helps to ensure consistency with cultural values and to create an environment where participants feel comfortable talking about suicide.

- Ideally, you will have adapted your slide deck and conversational approach based on an initial “focus group” with your point of contact and other community members. The Adaptation Guide walks you through this process.
- Depending on your audience, consider further revisions to the slide deck.

Some Suicide Prevention Team members recommend cutting some or all the statistical data out of slides when presenting to non-clinical audiences.

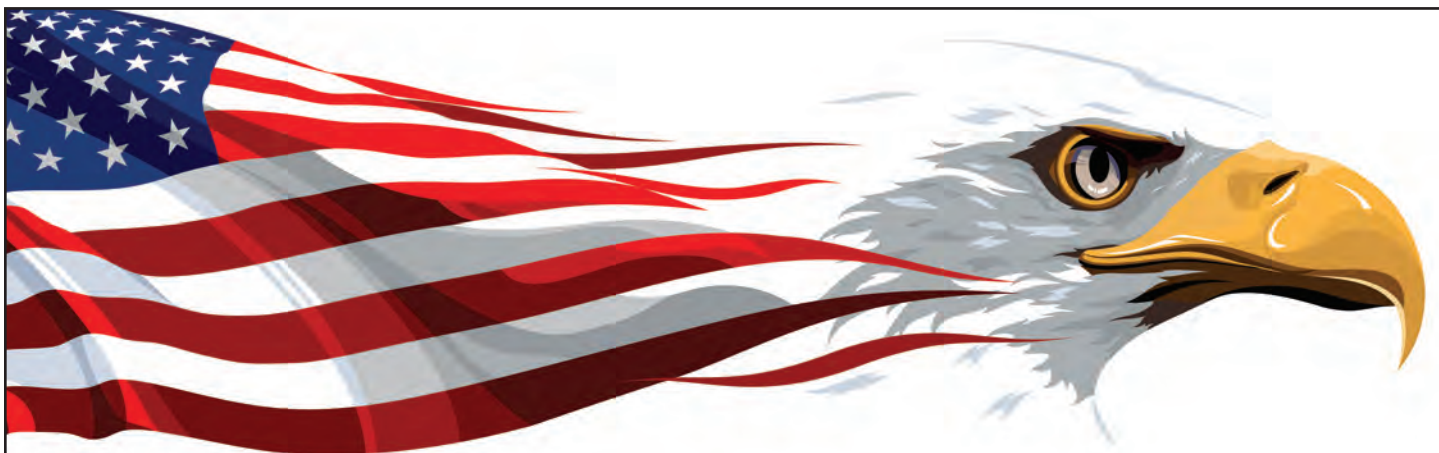
Lethal means – are the types of lethal means you mention relevant to the audience you work with? What, if any, lethal means are a concern in the community?

Which slides might you skip if time is limited?

2. Identify a team for the S.A.V.E. Conversation

Why it matters: Unlike a traditional VA S.A.V.E. training, a S.A.V.E. Conversation is probably too big a job for one person.

- We strongly recommend that your team include a couple of co-facilitators, for example one VA colleague and one community member (often your community liaison). See step #3
- Having one co-facilitator with a deep understanding of the community can create a more comfortable space, improve understanding of material, and encourage conversation.
- In addition to helping during a S.A.V.E. Conversation, a team can help with planning one.



3. Co-facilitators

Who?

Colleagues or community members who can help create a safe space and encourage conversation, for example:

1. Your community liaison
2. Someone nominated by your community liaison
3. A Tribal Veteran Service Officer or a peer support specialist
4. A counterpart in a Tribal Health Program
5. A VA Peer Support Specialist or VA Suicide Prevention Case Worker
6. A VA Community Engagement and Partnership Coordinator
7. A VA Tribal Outreach Coordinator

VA Tribal Outreach Coordinators

While the position title varies, some VA facilities have a staff member who is responsible for outreach to local tribal communities. In addition to co-facilitators, Tribal Outreach Coordinators can advise on a S.A.V.E. Conversation, for example by offering suggestions about local protocols and by giving feedback on a practice run.

What?

Roles will likely differ for co-facilitators who are community members vs. VA colleagues. Possible activities for co-facilitators who are community members include the following:

1. Helping you determine the who (participants), where (virtual or in-person), and when of a S.A.V.E. Conversation
2. Helping to recruit participants
3. Ensuring the S.A.V.E. Conversation honors local protocols (e.g., arranging for the opening and closing of a S.A.V.E. Conversation)
4. Facilitating introductions, especially important in a group small enough to allow for individual introductions
5. Elucidating presentation content by providing relevant stories, further explanation, etc.
6. Providing or arranging for translation.
7. Helping to initiate conversation among participants.
8. Providing real-time support for any participant who experiences distress during the conversation.

Possible activities for co-facilitators who are VA colleagues include the following:

1. Fine tailoring of the slide deck.
2. Presenting some content.
3. Preparing promotional materials.
4. Taking attendance/gathering participant counts.
5. Tech support for slide deck and web meetings.
6. Monitoring the chat box for web meetings.
7. Helping to initiate conversation among participants.
8. Providing real-time support for any participant who experiences distress during the conversation.

4. Work with a community liaison to inform appropriate leaders

Why it matters: Inform appropriate community leaders to make sure they are aware and support the event. Doing so gives them an opportunity to spread the word about the event, as well as to work through any concerns with you. Ultimately, approval from/notification of appropriate leaders can increase trust of and participation in your event.

Which leaders? The leaders to inform will vary from nation to nation and may include Tribal Health Program leaders, Tribal Veterans service officers, and even Tribal council members. Your community liaison can identify which leaders should be aware of the S.A.V.E. Conversation and help inform them.

Remember:

The S.A.V.E. Conversation is carried out in partnership with members of a sovereign nation. Be respectful by asking about and seeking approvals for your event.

See an example letter to the leader of a health program in Appendix I.



5. Set a date/time/place

Collaborate with your liaison to do the following:

1. Select a place for the conversation where participants will feel comfortable
 - Be thoughtful about where and why the conversation is held. Is there any special meaning to the space selected? Significance of place can be acknowledged during the S.A.V.E. Conversation.
 - Is this a space where participants can confidentially express their thoughts and feelings?
 - Learn and follow additional precautions set by partnering Tribal Nation(s) (e.g., COVID-19 pandemic precautions, or recognizing other cultural events or dates).

Is a virtual or in-person format better for the community?

- In rural areas, an in-person format might be worth the effort, even if it means long travel distance for you: it avoids connectivity problems, and enables community members to connect face to face with someone from their VA.
- If virtual, what meeting format (e.g., Zoom, Teams, etc.) will work best for your participants and you? Will participants gather in one location, or will they join from different locations?
- If a physical meeting space is involved, has that space been reserved? Arrange for the equipment you need.

2. Set a time that will work for the intended audience.
 - Avoid direct competition with important community celebrations and other events.
 - Consider allowing 2 hours. A S.A.V.E. Conversation is longer than a typical VA S.A.V.E. training, allowing time for introductions and sharing.
3. Provide food (Strongly recommended).
 - Offering food is a culturally important gesture of goodwill and respect. It promotes a friendlier atmosphere, helps attention spans, and is in keeping with communities' customs. Even though VA rules make this challenging, it can and should be done.



6. Invite participants, prepare any marketing materials, and obtain necessary approvals of marketing materials

Who will participate? Work with your liaison to determine whether a large or small audience is desired.

- Be understanding if a small audience is desired. Suicide is a sensitive topic. An intimate setting may be more appropriate.
- If a large audience is desired, be sure to advertise in advance. Ideally, your liaison can help confirm attendance in advance.
- If the S.A.V.E. Conversation will be open to a broader audience, consider marketing materials to promote the event.

7. Prepare marketing materials

- Promotional materials, like flyers or newsletter articles, are recommended, especially for wider audiences.
- Be sure any promotional materials contain all information needed to join the S.A.V.E. Conversation, whether virtually or in person.
- Consider using VA standard logo as well as a logo provided by the Tribe – to reflect your partnership in this event. Consistent with VA Graphics Standards, there is no custom logo for the S.A.V.E. Conversation. You may also wish to include eye-catching designs or images.
- Who will design the materials? In our experience, VA Suicide Prevention Team members have created promotional materials, but check with your liaison: maybe a community member would like to further tailor materials. *See Appendix II for templates.*

Obtain necessary approvals of marketing materials

- What approvals are needed from VA?
 - If your facility requires approvals (e.g., through the local VA Public Affairs Office), obtain these before disseminating marketing materials.
- What approvals are needed from the Tribe?
 - Ensure that your community liaison has obtained approvals from their Tribe(s) (e.g., Tribal Communications Office), as necessary.

Distribute marketing materials. Ideally, your liaison and/or co-facilitator will lead distribution, with your support.

- Promotional materials could be disseminated, for example, on websites, via social media, in paper newsletters or newspapers, or on paper flyers posted in community spaces.



8. Prepare an introduction

Why it matters: First impressions are important, but this introduction is not for show. It is about sharing who you are as a person and the importance of your mission. Communicate your intentions and help create a safe space for participants. And if the mood is right, it's OK to have fun!

How will you acknowledge the participants and their community? (See Adaptation Guide.)

- Coordinate with your co-facilitator to ensure that how you open the session follows local protocols, for example:
 - Opening song or prayer
 - Land acknowledgement
 - Translating a welcome message
- This is an opportunity to learn about the meanings behind actions, to go beyond just following the motions.

How will you describe yourself? Consistent with emphasis on the whole person, introductions in Indigenous communities commonly begin with who people are and where they are from – emphasizing family, relationships, and place. Perhaps this is a welcome break from mainstream introductions, which usually begin with where people work and their years of work experience!

- Where are you from?
- Who is your family?
- What inspired you to be part of a VA Suicide Prevention Team?
- Why are you here today?

Chances are you have pretty good reasons for engaging in a S.A.V.E. Conversation if you have made it this far in the process! Share these reasons with participants. How similar or different are these to the reasons that participants are joining?

9. Tailor the conversation to your audience (size, roles)

Why it matters: Once you have adapted VA S.A.V.E. with a Tribe or community, you may be invited to present multiple times to different sectors (e.g., Veterans, health care staff, Tribal police). Thinking about the audience helps you be more effective and engaging.

- Draw on your experience leading conventional VA S.A.V.E. trainings with different groups of participants.
- Audience type
 - Clinical terminology might work with an audience of mental health professionals from a Tribal Health Program or the Indian Health Service, but it should be modified for other audiences.

- Veterans will be familiar with military culture, but health professionals might benefit from learning more about experiences common among Veterans.

- Audience size and level of active participation
 - How will your style differ for a large vs. small audience?
 - A smaller audience or an audience that is actively participating may benefit from roundtable conversations.
 - A larger audience or an audience that seems more passive may benefit from you sharing your own stories and examples. Using stories (personal or from general experiences) helps to keep a presentation from becoming too didactic. Audiences may feel more comfortable sharing as the session progresses.
- Presentation logistics
 - *Virtual:*
Consider being more expressive and using hands. Have a co-facilitator (colleague) help monitor a chat box, raised hands, etc.
 - Have a co-facilitator interject to maintain interest
 - *In-person:*
How will the seats be arranged?
Can a co-facilitator help anyone who needs to step away?

As with VA's standard S.A.V.E. training, the crisis line number is provided toward the beginning of the session. Our adaptation includes a more elaborate protocol to assure participants that multiple options for support are standing by, given the serious nature of suicide. We strongly emphasize acting compassionately and make sure all participants feel safe.



Talking Circles

Talking circles play a significant role across many Indigenous peoples. Participants position themselves in a circle, reflecting equal status, and each has an uninterrupted turn to speak from the heart. No one is required to speak. And the confidentiality of what is shared is often the norm. Having a real talking circle as a part of the S.A.V.E. Conversation is not likely; however, the concept of giving everyone a chance to speak in confidence might be more familiar and welcome.

10. Prepare other materials

- If you have prepared the Veterans' Local Resources Sheet (Toolkit Attachment 2) that is described in the Guide to Building Tribal-VHA Partnerships in Suicide Prevention, bring this to the S.A.V.E. Conversation to share with participants.
- If you have not yet had a chance to complete the sheet with your community partners, consider doing so as a follow-up activity after a S.A.V.E. Conversation.

11. Reach out to your community contact and/or co-facilitator to address new questions arising during preparation

Why it matters: Questions always arise during preparation. Relying on the wisdom of your community-based liaisons and co-facilitators will help you feel ready and improve your connection with participants.

- Others in your network are also there to support you. Reach out to another VA Suicide Prevention Team member or mental health provider who has experience with Native Veterans, or your local VA Tribal Outreach Coordinator.

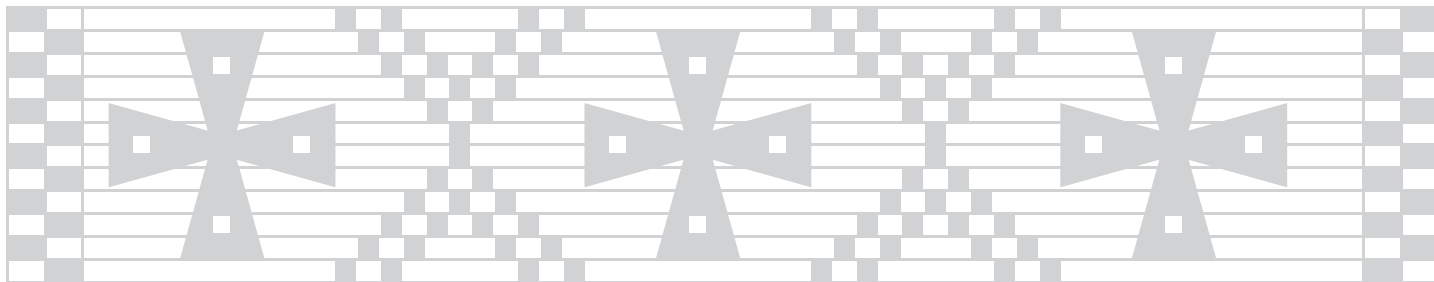
12. Do a "dress rehearsal"

Why it matters: A practice S.A.V.E. Conversation is the best way to prepare.

- Ask your co-facilitator or a couple of peers to be your audience. Practice creating a safe space. Try facilitating a conversation. Get comfortable pausing for thought.
- Do you understand all the slide content? Do you know how you will talk about each topic, inviting conversation and bidirectional learning?
- For in-person events, test and troubleshoot all equipment (e.g., slide projector) to make sure it works.
- For virtual events, test the ability of participants to communicate with you, for example, through microphones, written chats, cameras, and the raise-hand feature. Test screen share and, if needed, closed captions.

During the presentation it is useful to have someone who can help monitor the chat or assist with anyone having technical difficulties.

See Appendix III for an abbreviated checklist.



THE DAY OF THE S.A.V.E. CONVERSATION

1. Set up for an in-person conversation:

- Headed to a rural area? Have a good idea of where you need to go before you get in the car. Cell signals might be weak, and GPS might not function.
- Double-check that you have the correct adapted S.A.V.E. slide deck. Save a copy to your computer, as you might not have internet connectivity.
- Don't forget to pack the SWAG, food, and other supplies you and your team may need (e.g., paper for team note-taking, attendance forms, evaluation forms – see below).
- On arrival, inform your co-facilitator. Introduce yourself to those you encounter.
- (Re)check equipment – Slides, projector, and as needed, video/audio
- Set out food, SWAG, and handouts, as applicable

2. Set up for a virtual conversation:

- “Huddle” beforehand with your co-facilitator(s)
- Recheck web meeting software
 - Microphones, speakers, screen share, chat box, reactions, and, as needed, video/audio
 - If you are opting for a conversational format, avoid muting the audience so they can participate (unless there are background noises)
- A note on recording: Generally, recording is not recommended because it might reduce comfort and intimacy, affecting conversation. If recording is desired by those in attendance, work with your co-facilitator to follow community protocols. Explaining the reason for a recording may help the comfort level.

3. Take attendance.

Why it matters: Your partners may be interested to know the roles and numbers of participants. Tracking concrete details of your outreach may also benefit you.

- At a minimum, try to get a participant count.
- For in-person sessions, see Appendix IVa for a sign-in sheet.
- For virtual sessions, acknowledge participants who may be joining just by phone.
- For larger groups, consider using the Chat Box to collect other details (where people are from or what roles they have).
- For smaller groups, verbal introductions can help collect details.

4. Strive to create a safe space...

- ...where participants feel comfortable sharing thoughts and know how to seek help during the conversation if needed.
- Before starting, get to know participants as you wait for others to join.
- Use introductions. For small groups, voluntary verbal introductions allow participants to learn their relationships to one another.
- Remember opening prayers/songs.
- Humor can be healing!



5. Accept the “unknowns.”

- Some factors are always beyond your control.
- Allow for silence, thought, and reflection. This could be up to 20 - 30 seconds to allow for people to gather their thoughts. Silence might just mean that people are listening and thinking. Just in case, pause occasionally to allow for comments or questions.
- Let participants finish their statements.
- Run time - If participants are engaged in conversation, you might not get through all the material in the time you have. That is OK!
- Read the room. Take a break as needed.
- Note the time, and ask for input – do participants wish to get through the material on time (try to make it to the end of the S.A.V.E. steps), would they prefer to continue the discussion and go over time, or do they wish to schedule another time to finish? Provide an alternative way to get feedback or discuss 1-1 with someone who is not comfortable talking in a larger group.

6. Collect an evaluation.

- A quick written evaluation at the end can help you tailor your presentation and get honest feedback.
- See Appendix IVb for a feedback form.

7. Ask participants what they see as next steps in Veteran suicide prevention.

- A logical outcome of S.A.V.E. Conversation is interest in the services that VA provides or interest in how Native communities (Tribal Health Programs, etc., can collaborate).
- Be prepared to explain your role in the context of VA’s suicide prevention services.
- If, as part of the Guide to Building Tribal-VHA Partnerships in Suicide Prevention, you have already worked with Tribal partners to complete the Veterans’ Local Resources Sheet (Toolkit Attachment 2), distribute it to participants. Otherwise, this may be a good time to identify individuals to collaborate with in completing the information sheet for later dissemination.

8. As the conversation ends, follow local closing protocols, like song/prayer.

- Ideally, this would be arranged in advance, for example by the co-facilitator inviting an Elder to close.

9. Stay after to answer questions or aid those who might need help.

- Actions speak louder than words. Any tangible assistance provided will likely be greatly appreciated. You might also be able to collaborate with partners in coordinating care for a Veteran.

10. Record your reflections, lessons learned, and next steps.

- What did you learn today, and how can you utilize what you learned?
- What would you like to see VA do to support Veterans in this community? What steps can you take?
- Complete the worksheet (Appendix IVc) to process your thoughts and chart next steps. Feel free to engage your S.A.V.E. Conversation team in this activity.
- See Appendix III for an abbreviated checklist.



FOLLOWING THE S.A.V.E. CONVERSATION

Following up is a very important step in the S.A.V.E. Conversation. You stand to learn much from a S.A.V.E. Conversation. By following up, you increase the chance that the conversation will lead to good for Native Veterans and their communities.

- Send a thank-you note or email to your co-facilitator and community contact(s).
- Ask your co-facilitator and community liaison for feedback.
 - How would they like to follow up or partner in future? Here are some ideas:
 - If you haven't already, work with your partners to complete the Veterans' Local Resources Sheet (Toolkit Attachment 2). Do participants understand what you do as a Suicide Prevention Team member and how you can help Veterans?
 - Discuss 'warm hand-offs' – What opportunities do you and your partners see for collaborating care to improve access for Veterans, especially in rural areas? Can you facilitate connections to other VA services needed by Veterans in the community?
 - Plan or join other events – Are there community events where VA Suicide Prevention outreach is desired? Is the community writing any suicide prevention grants that might benefit from a letter of recommendation from you?
 - Schedule another S.A.V.E. Conversation or set the next time to check-in and share relevant updates.
 - What other follow-up would be helpful to the community?
 - When and how often should you follow-up? Trust your judgment to balance being respectful of space and time with being realistic about your own bandwidth, and with letting partners know your interest and willingness to collaborate on activities.
 - In case you and your S.A.V.E. Conversation team wish to collect more detailed reflections from participants, we provide a question guide in Appendix V.

See Appendix III for an abbreviated checklist.



APPENDIX I. EXAMPLE LEADER LETTER

Dear _____,

I hope this email finds you well.

I am **[name]**, a **[role]** in the **[HCS]** VA Healthcare System.

I have been working closely with **[community contact/co-facilitator]**, who suggested I contact you regarding our collaboration on a project to promote the health and wellbeing among Veterans of the **[Nation (Tribe) name]** Nation. VA S.A.V.E. training is a 'best practices' tool designed for community members, and especially those who are closely involved with Veterans. It helps community members, health care providers, and other gatekeepers learn to recognize the warning signs of a Veteran (or other individual) in crisis and to help them seek care. **[Adaptation partners]** and I have worked to adapt this training so that it is more of a conversation, centering Native Veterans and their communities.

[Optional, if a conversation occurred that already included members of this community] **[Names]** on my team have presented this adapted presentation at the **[name of event or location]** last **[name of month or year]**. The presentation went very well and we would be grateful for the opportunity to provide this to others throughout the ____ Nation.

On **[date]**, ____ and I are planning to hold an adapted S.A.V.E. Conversation **[at location or on virtual host]**. [Optional, if appropriate] I include **[list marketing materials]** for your interest.

Please reach out with any questions. We are very excited to bring this conversation to ____ Nation.

Sincerely,

APPENDIX II. PROMOTIONAL MATERIALS OR EXAMPLES

a. Sample flyer

**VA S.A.V.E. Conversation:
Suicide Prevention for Native
American Veterans**

**[Month Date, Year]
[Time (Time Zone)]**

[Web Meeting ID or Location]

**Register here:
[if applicable]**

Presentation by the [Name] VA Health Care System:
[SP Team Member Name, Title]
AND
[SP Team Member Name, Title]

IN PARTNERSHIP WITH
[Tribal Partner Name]

For more information, contact:
[Contact]

[Tribal Partner Logo]

VA |  **U.S. Department
of Veterans Affairs**
**Veterans Health
Administration**

APPENDIX II. PROMOTIONAL MATERIALS OR EXAMPLES

b. Sample newsletter article for promotional purposes (example from Puget Sound VA Suicide Prevention Team)

Serving Those Who've Served—Making Veteran Wellness a Priority

Native Americans serve in the U.S. Military at higher rates than other groups and have greatly honored our flag with this service. However, some Native Veterans experience life-long struggles with mental health challenges after separating from service. Sometimes this is because of what they might have seen or experienced during their service, and these challenges can happen whether or not a Veteran has seen combat. Sometimes this is because of the difficulties adjusting to life after returning home. Sometimes, there just is no clear reason. Unfortunately, whatever the cause, Native Veterans die by suicide at higher rates than non-Native Veterans.

This risk prompted the U.S. Department of Veterans Affairs to support local VA partnerships with Tribal communities. Specifically, over the last two years, here at [VA HCS] we have worked with area Tribal communities to develop a suicide prevention program. In this program, we'll strive to listen, and learn from Native Veterans just as much as we speak. The goal is to have a conversation about wellness and how to support Veterans who are struggling.

VA [HCS] is committed to suicide prevention, and we believe that everyone can play a role in promoting wellness and preventing suicide. Just like there is no single path into a crisis situation, there is no single way out either. Because of this, we need as many tools as possible to help those we serve. One tool that VA uses is a program called S.A.V.E., which stands for:

Signs –Know the signs of someone in crisis.

Approach –What are effective ways of approaching a person and asking if they are suicidal.

Validate –Communicate your understanding that the individual is struggling and suffering.

Encourage –Encourage the individual to get help, and assist them in doing so by staying with them until they are connected with a professional.

We adapted the VA S.A.V.E. program so it is specifically designed to bring Native Veterans, their family members, friends, and other community members together. And together, we have a conversation about how to recognize when someone is struggling and how to connect them to additional help.

In this conversation, we are seeking to share steps in suicide prevention that have worked at the VA. We also want to learn about approaches that have worked within the [Native Nation] community. Finally, we hope to find ways that we can support your efforts to provide compassionate care to [Native Nation] community members in need.

Would you like to join the conversation? We will be hosting a free session on DATE. All Veterans, their families and friends, and any other members of the [Native Nation] community are invited to gather with us to talk about this important topic. We will meet virtually via Zoom. If you are willing to join us in this conversation, please e-mail [contact's email] or call [contact's phone] to reserve a virtual seat.

APPENDIX III. CHECKLISTS FOR FACILITATING A S.A.V.E. CONVERSATION

Preparation: In the weeks and days before the S.A.V.E. Conversation:

- ☐ Adapt the slide deck in collaboration with the community hosting the conversation (see Adaptation Guide)
- ☐ Identify your S.A.V.E. Conversation team. Working with your team:
- ☐ Inform / seek approval from appropriate local leaders
 - For example, Tribal leaders, Tribal health, Tribal Veterans' organizations
- ☐ Set a date/time/place
 - In-person conversation in a safe and comfortable environment or a virtual platform
- ☐ Invite participants
 - Decide whom to invite
 - Promotional materials: prepare, obtain approvals, and disseminate
- ☐ Prepare an introduction
 - Acknowledge the participants, the land, and the community following local protocols
 - Introduce yourself
- ☐ Know how you will talk about each slide to engage the audience and invite bidirectional learning. Tailor the conversation to your audience (size, roles).
 - Prepare other materials (e.g., Veterans' Local Resources Sheet, Toolkit Attachment 2)
- ☐ Reach out to your community contact, co-facilitator, or knowledgeable peers to address new questions arising during preparation
 - Do a 'dress rehearsal':
 - Talk through each slide you present – are you comfortable with silences during the presentation?
 - Test and troubleshoot equipment (e.g., web meeting software, slide projector, closed captions)
 - For virtual events, test the ability of participants to communicate with you, for example, through microphones, written chats, cameras, and the raise-hand feature?
 - Run through the conversation

The day of the S.A.V.E. Conversation:

- ☐ Set up:
 - In-person
 - Map your route in case of loss of cellular connectivity
 - Download a copy of the correct adapted S.A.V.E. slide deck

- Bring food, SWAG, sign-in sheet, Veterans' Local Resource Sheet (Toolkit Attachment 2), other informational materials, as applicable (Appendix IV)
- Check in with co-facilitator(s).
- Check equipment
 - In person: Slides, projector, video/audio
 - Virtual: Microphone, slides, speakers, screen share, chat box, reactions, video/audio
- Does the audience need an overview of the platform options/tools?
- ☐ Take attendance
 - Sign-in sheet for in-person events (Appendix IVa)
 - For virtual events, ask audience to provide name/contact and/or role if appropriate
- ☐ Create a safe space. Be yourself!
 - Comfortable, informal atmosphere
 - Follow community protocols with introductions and welcome
- ☐ Accept the unknowns.
 - Listen to participants so that you can follow-up appropriately.
 - Read the room. Let the conversation be your guide.

- ☐ Collect the feedback form (Appendix IVb).
- ☐ Ask participants what they see as next steps in Veteran suicide prevention.
 - Describe how you can help in your role on a VA Suicide Prevention Team.
 - Distribute the Veterans' Local Resources Sheet (Toolkit Attachment 2)
- ☐ Request a closing (prayer, song) consistent with local protocols.
- ☐ Stay after to answer questions or aid those who might need help connecting with care.
- ☐ Take a moment to reflect on what you learned (Appendix IVc)

Following the S.A.V.E. Conversation:

- ☐ Send a thank-you note or email to your co-facilitator and community contact(s).
- ☐ Ask your co-facilitator and community liaison for feedback.
 - Reach out to your community partners to see how they would like to follow up
 - If you have not already collected feedback, send out feedback form to gather participant feedback, if appropriate.

a. Attendance sheets – Session summary sheet and Participant attendance log

Session #	Date	Location (or "Web Mtg")	Length of time (in hours)	# Participants (or # call-ins)	Tribes served/represented (list)	Facilitators (list)	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

[illegible]

b. Feedback form for participants

Facilitators: _____

Title: A Conversation about VA Suicide Prevention Outreach & Conducting a S.A.V.E. Approach

Location / format: _____ / Zoom _____

Date: _____ / _____ / _____

Please rate the virtual format. (Please circle, "X," or highlight your responses).

	Poor	Fair	Good	Excellent
Quality of the video connection				
Quality of the audio connection				

In your opinion, is the virtual format an acceptable way to do this event?	YES	NO	Only if changes were to be made
----------------------------------------------------------------------------	-----	----	---------------------------------

PLEASE RATE THE EVENT.

Thinking about today's event, how much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
The slides were easy to understand.	1	2	3	4
Participants were able to share different viewpoints.	1	2	3	4
Facilitators were helpful in guiding the conversation.	1	2	3	4
Overall, I think this exercise would be beneficial for my community.	1	2	3	4
People in my community would approve of this approach to suicide prevention.	1	2	3	4

(Continued next page)

b. Feedback form for participants

Would you recommend this event to others?

☐ Yes

☐ No

☐ Only if changes were to be made

How can this event be improved (or what did you not like about it)?

What did you like about this event?

ADDITIONAL COMMENTS (about the slides, material covered, process, virtual format, etc.):



c. Worksheet: Reflections from S.A.V.E. Conversation

Date:

Name(s) of participating community(ies) or nation(s):

What I learned: _____

What surprised me: _____

Adaptations to the presentation

Most helpful: _____

Least helpful: _____

Specific strengths shared by participants: _____

Specific needs shared by participants: _____

Suggestions/ideas for how VA could support Veterans, their families, and their community:

What I would like to do next: _____

APPENDIX V. QUALITATIVE REFLECTIONS ON S.A.V.E CONVERSATION

Question Guide for Participants

Title: A S.A.V.E. Conversation about Suicide Prevention

Facilitators: _____

Location / format: _____ / Zoom _____

Date: _____ / _____ / _____

REFLECTION QUESTIONS:

1. Was there anything about this session/conversation that did or did not work? Should anything be removed or added? If so, what?

Prompts: Was the (Background information on suicide; 4 steps of S.A.V.E.; scenario discussion) helpful? What about it was/was not helpful?

2. Was there anything about this entire exercise that felt intrusive? If so, please describe.

3. What did you hope to get out of this session/conversation? Did it meet your needs/goals?

4. What actions do you think you will take after participating in this session/conversation?

5. Do you have any more comments, questions, or concerns about the session/conversation?



FINAL PAGE

**ROCKY MOUNTAIN MENTAL ILLNESS RESEARCH EDUCATION
AND CLINICAL CENTER FOR SUICIDE PREVENTION, AURORA, CO
VETERANS HEALTH ADMINISTRATION**

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

**OFFICE OF MENTAL HEALTH
AND SUICIDE PREVENTION
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