EXPLANATION OF MATERIAL TRANSMITTED:

BIE is mandating BIE post secondary schools develop and implement core competencies for suicide prevention, early intervention activities, and postvention services. This policy promotes suicide prevention and early intervention, and further acknowledges the institution’s roles in fostering positive and emotional development.

Keith Moore
Director, Bureau of Indian Education
1.1 **Purpose.** The Bureau of Indian Education (BIE) recognizes suicide as a critical mental health issue among American Indians/Alaska Natives (AI/AN). In recognition of this alarming mental health concern, the BIE is mandating BIE-post secondary schools to develop and implement core competencies for suicide prevention, early intervention activities, and postvention services. This policy promotes suicide prevention and early intervention, and further acknowledges the institutions’ roles in fostering positive and emotional development.

1.2 **Scope.** This policy applies to Southwestern Indian Polytechnic Institute (SIPI) and Haskell Indian Nations University (Haskell). Both shall provide the highest quality services to students attending SIPI and Haskell.

1.3 **Policy.** SIPI and Haskell will address the requirements of this policy within their academic institutional settings by taking the following actions:

A. Promote awareness that suicide is preventable by implementing effective training programs for recognition of at-risk behaviors and delivery of effective treatment. Program and delivery can be implemented by targeting early warning signs, thereby identifying students with high-risk suicidal behaviors for appropriate referrals to outside agencies for appropriate assessment and treatment.

B. Implement resiliency-promoting programs that encourage active and effective life problem solving and that are integrated into the curriculum and day-to-day operations.

C. Establish an Emergency Management Team (EMT) as a means to develop support for suicide prevention. The EMT will develop and deliver proactive approaches through response drills and formalized crisis management protocols during the academic year to respond to suicidal ideations, attempted suicide, and suicide.

D. Promote capacity of faculty and staff to identify and manage emotional and mental health concerns. Establish, where appropriate, campus-based behavioral health programs, either directly through the school or in collaboration with community providers such as the Indian Health Service and/or tribal behavioral health programs.

E. Promote prevention and early intervention efforts to reduce self-harm by addressing the “code of silence” among students that often surrounds suicide through appropriate strategies.

F. Establish parent consent procedures for students under the age of 18 in college or in summer programs, such as Upward Bound. Such procedures shall be used except when parent consent cannot be reasonably obtained, such as in emergency crisis situations.
G. Develop postvention services following a crisis to include communication with media, parents, staff and faculty, and provide outreach programs and mental health resources for those affected by a suicide or suicide attempt.

H. Maintain a registry of prevention activities that have a demonstrated effectiveness in reducing suicide and suicidal behaviors on campus, for purposes of reporting and program improvement.

I. Explore and utilize evidence-based research to identify successful models and best practices for campus-based suicide prevention programs and services.

J. Identify and establish partnership opportunities to provide effective referral services to appropriate agencies for students considered to be at-risk of suicide.

K. Provide training activities for staff, faculty, volunteers, students, and the larger community on best-practice approaches to suicide prevention, early intervention, and postvention models to include culturally appropriate educational materials and cultural competency training.

L. Conduct annual evaluations to assess program effectiveness and ineffectiveness, service, delivery, protocols, and to track and evaluate revisions of suicide prevention, early intervention, and postvention protocols, policies, and procedures.

M. Acquire technical assistance to assist in the development of suicide prevention, early intervention, and postvention programmatic applications, and make available opportunities for in-service training.


1.5 Responsibilities.

A. Director, BIE. The BIE Director is responsible for final approval of the policy.

B. Deputy Director, Policy, Evaluation and Post Secondary Education (PEPS). The PEPS Deputy Director is responsible for ensuring the policy is in place at the schools.

C. Presidents, SIPI and Haskell. The Presidents are responsible for ensuring compliance with the Suicide Prevention, Early Intervention, and Postvention policy. They will coordinate consultation between instructors, health care professionals, and other school personnel.