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

(Approving Celebrating Life Project and Directing Use of Celebrating Life Registry Form)

WHEREAS, pursuant to Article IV, Section 1(a) of the Constitution of the White Mountain Apache Tribe, inter alia, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and

WHEREAS, members of the Tribal Council of the White Mountain Apache Tribe are duly elected representatives of the people of their respective districts, and among the many issues of concern to the Council are the health and well-being of its Tribal members; and

WHEREAS, members of the Tribal Council of the White Mountain Apache Tribe support carefully designed research projects which aim to raise the level of health of all residents of the Reservation; and

WHEREAS, although much has been accomplished to prevent a number of behavioral health concerns in the Apache population, problems such as suicidal behavior continue to affect different segments of the population, especially those at most risk, such as children and young adults; and

WHEREAS, the White Mountain Apache Tribal Council has received a briefing and request from representatives of Johns Hopkins University Center for American Indian Health, Celebrating Life Project and White Mountain Apache Tribe Suicide Prevention Task Force to support a proposal to expand and extend the efforts undertaken in the NARCH Celebrating Life Project within the Fort Apache Indian Reservation; and

WHEREAS, the White Mountain Apache Suicide Prevention Task Force has identified that full participation in the completion of the Suicide Registry Form is essential for the success of the tribally mandated suicide surveillance program.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that:

1. The report as provided by the Celebrating Life Project, as attached and incorporated by this reference, is hereby approved.

2. The Celebrating Life Registry Form shall be from this day forward be required be completed by all tribal agency personnel who have contact with suicidal tribal members.
3. All agencies who are involved in serving the needs of suicidal tribal members shall work cooperatively to identify these individuals and work collaboratively to meet their social service and mental health treatment needs.

4. The implementation of the Substance Abuse Mental Health Services Administration grant as administered by Johns Hopkins Center for American Indian Health is hereby approved.

The foregoing resolution was on September 26, 2006, adopted by a vote of SEVEN for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), (b), (h), (j), (s), (t) and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).

[Signature]
Chairman of the Tribal Council

[Signature]
Secretary of the Tribal Council
White Mountain Apache Tribe “Celebrating Life” (Suicide Prevention) Registry Intake Form

Was the person using substances within a few hours of ideation/act? (circle one)  YES  NO  UNK
If yes, specify type(s) (check all that apply):
  Alcohol
  Meth (also called “g” or “ice”)
  Marijuana (also called “pot” or “weed”)
  Cocaine (also called “coke” or “blow”)

Where did ideation/act happen? (specify exact place) ________________________________________________

Were others present or nearby at the time of act? (circle one)  YES  NO  UNK

Has person had previous suicide ideation? (circle one)
If yes, how many times? __________

Has person made previous attempts? (circle one)
If yes, how many times? __________

Has person had previous self-injurious behavior with no intent to die? (circle one)
If yes, how many times? __________ What type? _________________________________________________

Does the person have a past history of mental illness?
If yes, please specify: ________________________________________________

Was the person taken to the ER (circle one)  YES  NO  UNK

If yes, what hospital?
  Whiteriver I.H.S. Hospital
  Navajo Regional Medical Center
  Unknown
  Other: ________________________________________________

Was an arrest made? (circle one)  YES  NO  UNK

Was a suicide information card given? (circle one)  YES  NO  UNK

Was a referral made? (circle one)  YES  NO  UNK

If yes, where was referral made (check all that apply)?
  Apache Behavioral Health Services
  I.H.S. Social Services/Suicide Prevention Task Force
  Other: ________________________________________________

Is there a follow-up plan in place (specify)? ________________________________________________

If person completed suicide, was a referral for family members made?  YES  NO  UNK

  Apache Behavioral Health Services
  I.H.S. Social Services/Suicide Prevention Task Force
  Other: ________________________________________________

 Filed by
Name: ________________________________________________ Date: __/__/____

Contact information: (__ __) ___-____-____ X______

Agency of person who filed report (check one)
  Apache Behavioral Health Services
  Emergency Department
  Jail
  Police Department
  WMAT Social Services
  I.H.S. Social Services
  Celebrating Life
  School
  Other: ________________________________________________

If you have further questions regarding this form or need the form collected, contact Katy Day at (928) 338-3556 or Francene Larzelere-Hinton at (928) 338-5215 or fax to (928) 338-4293.

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM.
White Mountain Apache Tribe "Celebrating Life" (Suicide Prevention) Registry Intake Form

Date of Report: __________

Name (Last name, First name): ________________________________________________

Gender (circle one): Male Female

Date of Birth: __ / __ / ___ Age: _____ (please estimate if you do not know)

Tribal affiliation (check one):

_ White Mountain Apache  _ Other Tribe: ________________________________
_ San Carlos Apache            _ Unknown
_ Navajo                        _ N/A

Marital status (check one):

_ Single                   _ Separated
_ Married                  _ Divorced
_ Co-Habitating (Unmarried and living together) _ Widowed
_ Unknown

Educational status (check one):

_ Currently enrolled in school (specify grade/level): __________
_ Graduated high school
_ Graduated from college
_ Other: ________________________________
_ Dropped out (specify month/date): __ / __ / ___
_ Attended some college
_ Graduated from graduate school
_ Other: ________________________________

Community of residence (check one):

_ Canyon Day                  _ McNary
_ Carrizo                    _ Seven Mile
_ Cedar Creek                _ Turkey Creek
_ Cibecue                   _ Whiteriver
_ East Fork                  _ Unknown
_ Forestdale                _ Other: ________________________________
_ Hon-Dah

Physical Address: ________________________________________________________

Name of person who reported suicidal behavior? ____________________________________________

Contact information of person who made report: (_____) _______ ______

Reporter's Relationship to Victim (check one):

_ Self                     _ Spouse
_ Mother                   _ Boyfriend/girlfriend
_ Father                   _ Friend
_ Sister                   _ Neighbor
_ Brother                  _ Teacher/educator
_ Other relative: __________
_ Other: ________________________________

Type of Self-harming Behavior (check one):

_ Suicidal ideation (i.e. suicide intent, but no physical harm)
_ Suicide attempt (i.e. behavior motivated by intention to die)
_ Self-injurious behavior (i.e. person hurts self, doesn't want to die)
_ Suicide completion
_ Other (i.e. suspicious injury that may be an attempt or completion)
_ Unknown

Method used (check all that apply):

_ Hanging
_ Firearm
_ Drug Overdose
_ Jump
_ Laceration/cut
_ Other: ________________________________
_ Unknown
_ No plan/method

Date of ideation/act: __ / __ / ___ Time of ideation/act: __ : __ AM/PM UNK

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM.