MONTANA DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

Suicide Prevention Strategic Plan

2019

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Vision

Zero suicide in the Big Sky State

Mission

Reduce suicide in Montana through a comprehensive, coordinated, statewide suicide prevention response that increases awareness of the problem, facilitates access to needed services and promotes the social and emotional wellness of all Montanans.

Overview

Every year, more than 250 Montanans die by suicide.[1]

Montana consistently has one of the highest suicide rates in the country with an age-adjusted suicide rate of 25.9 per 100,000 in 2016 compared to only 13.5 per 100,000 in the US. Men are almost three and one half times more likely to die by suicide than women in Montana and individuals with lower educational attainment, American Indians, adults who are divorced and individuals aged 25-54 are also at increased risk for suicide in our state.[2] Substance use is also a risk factor for suicide. Montana adults report some of the highest rates of alcohol misuse in the US and alcohol is detected in over 40% of the suicide deaths with a toxicology screen in our state.[3]

In addition to the hundreds of suicide-related deaths, thousands of Montanans attempt suicide annually. One in 10 Montana high school students and one in seven middle school students report attempting suicide in the last year. American Indian students are at even greater risk, with 23% reporting attempting suicide in the last 12 months.[4]

There are more than 1,400 emergency department visits annually for intentional self-harm in Montana with women about twice as likely as men to be admitted to the emergency room with a suicide attempt.[5]

Unfortunately, suicide is a growing problem in our state. The number of emergency department visits for intentional self-harm increased 40% from 2012-2014 to 2016-2017 and the overall suicide rate in Montana rose 38% from 1999 to 2016.[6]

As a pressing public health issue impacting thousands of families in our state every year, it is imperative that Montana develop a comprehensive, coordinated suicide prevention infrastructure that engages state, local and tribal partners. The following plan outlines key strategies that Montana should focus on to reduce the suicide rate in Montana and ultimately save lives under the Big Sky.

Goals, Objectives and Strategies

Montana has many partners already working in the area of suicide prevention. The following goals, objectives and strategies are designed to strengthen the work that is already occurring and support a statewide, coordinated and evidence-based approaches to reducing suicide in our state.

GOAL 1

Coordinate a statewide, data-driven suicide prevention effort that empowers local communities

Objective	Strategies	
1.1 Integrate and coordinate suicide prevention activities across multiple sectors	1.1.1	Facilitate implementation of the Montana Native Youth Suicide Reduction Plan through the governor's Native Youth Suicide Reduction Advisory Council with new federal funding, including development of local and statewide Native youth councils
	1.1.2	Through federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant, expand the Zero Suicide Initiative to adults in tribal communities
	1.1.3	Maintain and strengthen the suicide crisis response infrastructure in Montana including two regional State Suicide Prevention Lifelines, with embedded, targeted support for miltary personnel, and statewide crisis texting services through the National Crisis Text Line.
	1.1.4	Support implementation of the Crisis Action School Toolkit in all Montana public schools
	1.1.5	Coordinate the implementation of the Communities That Care evidence-based substance use and mental illness prevention framework beginning in the fall 2018 with support from the Montana Healthcare Foundation and technical assistance from the University of Washington.
	1.1.6	Enhance the capacity of local public health agencies, community coalitions and community-based organizations to assess behavioral health concerns in their communities and engage stakeholders to address local needs.
	1.1.7	Support cultural healing methods for tribal communities, families and individuals experiencing the effects of suicide and suicidal behaviors

Objective	Strategies	
1.2. Increase use of data to understand the problem of suicide and target interventions	1.2.1	Support efforts to standardize reporting and strengthen adherence to best practice standards in reporting suicide deaths among Montana coroners
	1.2.2	Implement and improve surveillance for suicide and suicide risk factors including implementing the new federal National Violent Death Reporting System with funding from the Centers for Disease Prevention and Control
	1.2.3	Analyze existing population-level data to ascertain Montana-specific risk factors for suicide in order to better target evidence-based practices for suicide prevention
	1.2.4	Whenever possible, evaluate the implementation of suicide prevention initiatives to monitor fidelity and effectiveness including monitoring process and outcome metrics
	1.2.5	Encourage ongoing data analysis and research efforts related to suicide prevention
1.3. Develop, implement and monitor effective prevention programs that strengthen protective factors and reduce risk factors for suicide	1.3.1	Support ongoing funding for the implementation and evaluation of community-based suicide prevention initiatives like those funded through HB 118
	1.3.2	Develop and evaluate system-level suicide prevention, mental wellness, substance use prevention and resiliency/trauma informed initiatives in schools that focus on policy change and implementation of evidence-based practices including the PAX Good Behavior Game and Youth Aware of Mental Health.
	1.3.3	Provide ongoing support for evidence based practices that foster resiliency and social emotional learning in early childhood including home visiting for at-risk families and support for social norms campaigns that target parents
	1.3.4	Support culturally-specific tribal interventions recommended in the Montana Native Youth Suicide Reduction Plan including media awareness training
	1.3.5	Encourage employers to offer mental wellness and counseling support through their Employee Assistance Programs
	1.3.6	Expand evidence-based strategies to decrease access to lethal means for completing suicide, including initiatives that support safe gun storage through the distribution of gun locks and that partner with gun shops to recognize and respond to the signs of suicide

Outcome

Montana has an effective, well-coordinated , data-driven, prevention strategy that reduces the number of suicides and suicide-related behaviors in Montana.

Performance Measures

- Number of calls and texts annually to the Montana suicide prevention hotlines
- Number of communities implementing the "Communities That Care" model
- Number of schools implementing evidence-based suicide prevention initiatives and outcomes from third party evaluation of initiatives
- Number of evidence-based tribal suicide prevention initiatives in Montana
- Percent of youth reporting suicide attempt in the last year | Source: YRBS
- Percent of youth reporting symptoms of depression in the last year | Source: YRBS
- Average number of poor mental health days per month among Montana adults | Source: BRFSS

GOAL 2

Improve access to timely and effective behavioral health services, including clinical, treatment and recovery support

Objective	Strategies	
2.1.Improve access to behavioral healthcare treatment and coverage for all Montanans	2.1.1	Advocate for reauthorization of the Montana HELP Act to support behavioral healthcare coverage for low income Montana adults.
	2.1.2	Work with third party payers and Montana Medicaid, as well as community-based providers and policy makers, to maintain and support coverage for behavioral health services and develop a full continuum of treatment and recovery supports in Montana communities
	2.1.3	Expand use of and coverage for peer support services in mental health, substance use and crisis response systems.
	2.1.4	Increase the number of licensed behavioral health professionals and locations of service in Montana, with a focus on improving access in tribal and frontier communities through the use of telehealth technology when appropriate
	2.1.5	Support the development of an effective crisis response infrastructure in local communities that diverts individuals experiencing behavioral health crises to medical services. Expand the use of Crisis Response Teams, Crisis Intervention Training for law enforcement, and crisis response protocols statewide.

Objective	Strategies	
2.1. Improve access to behavioral healthcare treatment and coverage for all Montanans continued	2.1.6	Support and evaluate the implementation of six pilot Youth Crisis Diversion Grants in communities across Montana that provide early intervention support for youth in need of mental health crisis care and stabilization
	2.1.7	Support initiatives that encourage the development of integrated behavioral healthcare models across Montana, creating "no wrong door" access to individuals with behavioral health concerns.
	2.1.8	Enhance the capacity of Montana's chemical dependency providers to recognize the signs of suicide and appropriately refer patients
	2.1.9	Promote access to behavioral healthcare for veterans and active duty service members through Employee Assistance Programs and the VA's "Coaching into Care" initiative.
2.2. Support the use of behavioral health assessments and evidence based referrals to healthcare and community based settings	2.2.1	Encourage primary care providers to use universal depression and anxiety screening and appropriate follow up, including safety planning and lethal means counseling to patients, utilizing tools such as the Patient Health Questionnaire-9 (PHQ-9) and the Columbia Suicide Severity Rating Scale.
	2.2.2	Support the widespread use of standardized behavioral health assessment tools like the Ages and Stages Questionnaire (ASQ) at the General Anxiety Disorder 7 in agencies serving young children including home visiting, pediatric practices, Head Start and licensed childcare providers.
	2.2.3	Support the development of mental health consultation models for early childhood education providers and home visitors that facilitate assessment, identification and early intervention for children with behavioral health concerns, including the Partnership Access Line for telephone-based mental health consultation for primary care providers working with children in the child welfare system.
	2.2.4	Support schools to implement resources and training related to behavioral screening including Signs of Suicide, Question, Persuade Refer and other evidence-based practices.

Outcome

All Montanans have access to effective, integrated behavioral healthcare treatment.

Performance Measures

- Number and types of licensed mental health professionals
- Number of certified peer support specialists
- Number of outpatient therapy visits for adults and children with behavioral health diagnosis
- Number and percent of Medicaid clients receiving mental health and substance use treatment
- Percent uninsured

GOAL 3

Increase public awareness and reduce stigma associated with mental health issues and/or suicidal ideation

Objective	Strategies	
3.1 Expand access to evidence-based training on suicide prevention and response	3.1.1	Enhance suicide awareness and prevention training capacity statewide, utilizing technology and train-the-trainer models where appropriate
	3.1.2	Increase the number of communities that are trained in and utilizing Mental Health First Aid across sectors
	3.1.3	Expand training for medical providers on depression and anxiety screening, suicide risk assessment, safety planning and lethal means counseling
	3.1.4	Support the continuation of the integrated behavioral health Project ECHO sponsored by Billings Clinic and Montana Medicaid that helps train providers statewide in best practices for suicide risk assessment and other behavioral health topics
	3.1.5	Provide suicide prevention and risk assessment training in all Montana hospitals.
	3.1.6	Train public health officials on mental health and substance use to expand their understanding of public health's role in addressing suicide and population level behavioral health issues.
	3.1.7	Train justice systems staff, including juvenile and adult correction officials and parole officers, on suicide awareness and prevention
	3.1.8	Support the use of Mental Health First Aid, Crisis Intervention Training and other evidence-based interventions for additional law enforcement officials in Montana.
	3.1.9	Increase the number of people trained in ASIST (Applied Suicide Intervention Skills Training) beyond the 10,000 individuals already trained
	3.1.10	Continue the Confront the Stigma campaign, providing training on recognizing the warning signs of suicide, how to intervene and crisis resources statewide.
	3.1.11	Expand trainings for veterans and activy duty milatary on suicide prevention through collaboration with the VA Suicide Prevention Coordinator
	3.1.12	Target trainings toward Montana's aging population, working with senior caregivers and assisted living facilities to raise awareness of mental health and depression concerns in this population
	3.1.13	Support training on Adverse Childhood Experiences, trauma informed practices and resiliency across sectors
	3.1.14	Provide standardized training to coroners statewide
	3.1.15	Provide training about the legal issues surrounding involuntary commitment for those in danger of self harm or harming others, especially for the tribal court system

Objective

3.2 Develop and distribute effective public awareness campaigns targeted at high risk populations

Strategies

3.2.1 Support tribal communities to develop and distribute culturally specific suicide prevention messaging in their own communities

3.2.2 Continue public awareness campaigns that promote the suicide crisis phone and text line services available to Montanans

3.2.3 Further strategies to target parents and equip them to recognize and respond to the signs of suicidality in adolescents

3.2.4 Create and distribute public awareness campaigns related to the safe storage of guns and prescription medication.

3.2.5 Continue and develop additional public service announcements focused on suicide prevention and mental wellness in partnership with the Montana Broadcaster's Association

Outcome

Community members and professionals across Montana understand the seriousness of the issue suicide in their own communities and are committed to addressing it.

Performance Measures

- Number and types of evidence-based trainings
- Number and types of public awareness campaign

References

1. Montana Vital Statistics, 2016. Retrieved from http://ibis.mt.gov
2. Montana DPHHS, Montana Vital Statistics.
3. Montana State Crime Lab, Montana Department of Justice. 1/2014-3/2016.
4. Montana Youth Risk Behavior Survey, 2017.
5. Montana Office of Epidemiology and Scientific Support, 2018. Montana Hospital Discharge Data system analysis by Cody Custis.
6. IBID and the Centers for Disease Control and Prevention.

SUICIDE PREVENTION

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