SUICIDE IN MONTANA: a comprehensive approach

From access to care & treatment to community prevention & trainings, preventing suicides & ensuring mental health care is a collective effort.

See reverse side for detailed information about these efforts.
**Healthy Communities**

**MAKE A
Healthy Montana**

**Access to Care**

**HELP ACT**
Almost 100,000 Montanans now have health coverage for screening and
diagnosis through Medicaid expansion. Montana’s uninsured rate decreased from
20% in 2013 to 7% today due to the HELP Act.

**ACCESS FOR VETERANS & NATIONAL GUARD**
New access to Montana Employee Assistance Program (EAP) services, including
counseling for post-traumatic stress disorder.

**IMPROVED MENTAL HEALTH ACCESS & COVERAGE**
Medicaid covers mental health care to treat anxiety and depression and
substance use disorder (SUD) care. Almost 30,000 Montanans received
outpatient mental health treatment through HELP. HELP covers urgent
treatment for crisis mental health care. The Montana State Hospital treats
Montanans at imminent risk of self-harm.

**BEHAVIORAL HEALTH ACCESS ACT (HB95)**
Improve access to SUD services. This 2017 bill amended a 40-year old statute that
arbitrarily limited DPHHS to approving one service provider per area, which
limited Montanans’ access to treatment. Since the 2017 Legislature, the
administration has almost doubled the number of providers.

**MONTANA PROJECT LAUNCH**
This project increases access to care through enhancing home visiting services,
pacing a behavioral health clinician in a pediatric clinic, implementing universal
screening efforts, and offering Pyramid Model Coaches and Early Childhood
Mental Health consultation in child care settings. Access to care is increased as
these professionals interface with children and families and recognize the signs
and symptoms of postpartum depression and support finding resources. Access
to care is also increased as we work with children at a younger age (prenatal-8
years) focusing on establishing good social emotional and mental health skills.

**PROJECT ECHO**
Project ECHO utilizes integrated behavioral health project ECHO utilizes
integrated behavioral health experts to help train the workforce to be competent and
confident in providing mental health services, and/or referrals for support. In the case it appears that a client or a
member of the household needs an in-depth assessment or support, a referral
will be made to behavioral health provider.

**CHILDREN’S MENTAL HEALTH BUREAU**
Youth served must meet the definition of having a serious emotional
disturbance (SED). All youth are served in the least restrictive setting
in a setting that is appropriate to their condition.

**EARLY PSYCHOSIS INTERVENTION CLINIC (EPIC)**
AMDD is contracting with Billings Clinic to provide Early Psychosis Intervention
services through a federal block grant. EPIC will provide a wide range of
intensive services to youth and young adults suffering from their first psychotic
episode. The goal is to reach those age 16 to 25 who are experiencing this
condition and provide them with intensive wrap-around services provided by a
team of experts before their condition worsens.

**TEMPORARY FOR NEEDED FAMILIES PROGRAM (TANF) ASSESSMENTS**
Through TANF, clients engage in a process to assess family stability,
employability and financial security. This assessment indicates necessary goals,
services, and/or referrals for support. In the case it appears that a client or a
member of the household needs an in-depth assessment or support, a referral
will be made to behavioral health provider.

**HEALTHY YOUNG PARENT PROGRAM**
This program provides direct case management and wrap around services to
young parents (aged 14-24) to facilitate self-sufficiency, build parenting capacity,
encourage post-secondary education and workforce preparedness, and improve
the healthy growth and development of their children. Young parents receive a
targeted multi-generational approach to provide or refer to appropriate primary
and mental health services.

**COUNSELING FOR SENIORS**
Aging and Disability Resource Centers provide counseling options for individuals
who wish to plan for their long-term care needs. Those providing services are all
trained in suicide prevention and depression.

**FOSTER CHILD HEALTH PROGRAM**
The city of Missoula offers the foster child health program. This program connects
public health nurse home visiting services to families providing foster
care, with the goal of improving the behavioral and physical health of children in
foster care by connecting them with the mental and physical health services and
case management services.

**TRAINING ACROSS MONTANA**
State Suicide Prevention Coordinator has trained thousands of professionals
across the state, including teachers, school counselors, and psychologists.

**PREVENTION PARTNERSHIPS WITH SCHOOLS**
During the past Legislative Session, Governor Bullock signed HB118 into law, providing
prevention funding, $250,000 of which went to schools. Much of that funding went to promote the PAX Good Behavior
Game, an evidence-based mental resilience program, and its evaluation by
the University of Montana. Good Behavior Game has been found in other
states to have pro-social outcomes, including reduced substance abuse,
and bullying. In the past biennium, DPHHS joined OPI to implement the
Montana Suicide Prevention and Training Act in school districts around the state.

**NATIONAL & LOCAL PARTNERSHIPS**
The state formed partnerships with National Crisis Text Line. Any person can text
“MT” to 741741 and a crisis counselor initiates immediate communication. DPHHS
has collaborated with OPI to promote this program statewide.

**VISTAS IN SCHOOLS**
Prevention Resource VISTAS are in the East Helena Public and Missoula schools
to work specifically on suicide prevention – increasing access to mental health
services to low income residence. The intended result of this program is to work
with community partners to identify a response plan to this issue.

**NATIVE AMERICAN YOUTH SUICIDE INITIATIVE & STRATEGIES**
Gov. Bullock funded an initiative to examine and create a strategic approach to
address Native youth suicide in Montana. The report, completed in January 2017 and
updated in 2018, serves as a guide for action moving forward. State
initiatives and marketing also work closely with tribal partners to ensure cultural
consistency and respect. State initiatives and funding are delivered through
community-specific programs. The initiative and funding are delivered for
culturally sensitively trainings and resources to each tribe as well as
media awareness programs specifically for tribal schools, and supported train-
the-teacher trainings for community-based trainings.

**FOCUSED WORK WITH VETERANS**
Collaborated with the VA Suicide Prevention Coordinator to support
trainings for veterans across the state, including at retreats, in university settings
for returning veterans, public campaigns, and prevention of the Veteran’s Crisis Line.

**FOCUSED WORK WITH ELDERLY**
Provided trainings specific to the elderly in Assisted Living Programs. Also,
trained senior caregivers receive DPHHS’ Senior and Long-term Care. Regular appearances on an “Aging Horizons”
regarding mental health, depression and suicide prevention.

**CHILD AND FAMILY WORKERS TRAINED ON TRAUMA-INFORMED SYSTEMS AND RESILIENCE**
Child and Family Services Division (CFSD) staff face secondary trauma stress.
Being a trauma-informed system is top priority for the division. The CFSD
staff train on what it means to be trauma-informed and how viewing our work
through this lens can help our workers and the children and families we serve.
New Child Protection Specialists are trained on developing resilience in children,
families and in themselves through the development of individual coping skills
and available resources. The CFSD is working with the State’s EAP and Reliant
Behavioral Health to provide one-on-one resiliency coaching for all the workers
in one of our regional offices.

**STATE WORKFORCE MENTAL HEALTH INITIATIVES**
The Employee Assistance Program (EAP) provides a set of no-cost
counseling sessions for employees, including those with mental
health disorders, and youth psychiatric disorders.

**REPORTING PARTNERSHIPS WITH SCHOOLS**
The state formed partnerships with National Crisis Text Line. Any person can text
“MT” to 741741 and a crisis counselor initiates immediate communication. DPHHS
has collaborated with OPI to promote this program statewide.

**BEST BEGINNINGS COMMUNITY COALITIONS**
Funding is provided to support Best Beginnings early childhood local community
coalitions to provide education, awareness, trainings, and systems support to
communities across the state including local suicide prevention efforts.

**YOUTH TRANSITIONING OUT OF FOSTER CARE**
Local Chafee Foster Care Independence Program partners work with youth who
are transitioning out of foster care to develop individualized transitional living plans. This includes, but are not
limited to, mental health, substance abuse and well-being activities and services which these youth
can access in their local communities to provide the support they need through their transition.

**ZERO SUICIDE INITIATIVE**
DPHHS is working with American Indian tribes and urban Indian health providers
in our state to implement a Zero Suicide initiative targeted toward tribal and
urban health providers. The initiative is focused on adults aged 25 and older for
mental health, substance abuse and well-being activities and services which these youth
can access in their local communities to provide the support they need through their transition.

**EVIDENCE-BASED COMMUNITY SUICIDE PREVENTION GRANTS**
As part of HB118, innovative projects being implemented include a continuation of
an online Montana-based Cognitive Behavioral Therapy program and a trial of
a tablet-based suicide risk assessment program, as well as programs that target
adolescents and Veterans.