

Presentation on the Montana Suicide Prevention Program

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Greg Gianforte, Governor | Charlie Brereton, Director

Montana Code Annotated

SB 478 (2007)

Suicide prevention officer -- duties. (1) The department of public health and human services shall implement a suicide prevention program by January 1, 2008. The program must be administered by a suicide prevention officer attached to the office of the director of the department.

(2) The suicide prevention officer shall:

(a) coordinate all suicide prevention activities being conducted by the department, including activities in the addictive and mental disorders division, the health resources division, and the public health and safety division, and coordinate with any suicide prevention activities that are conducted by other state agencies, including the office of the superintendent of public instruction, the department of corrections, department of military affairs, and the university system;

(b) develop a biennial suicide reduction plan that addresses reducing suicides by Montanans of all ages;



Montana Code Annotated (cont.)

SB 478 (2007)

- (c) direct a statewide suicide prevention program whose activities include but are not limited to:
- (i) conducting statewide public awareness campaigns utilizing both paid and free media and including input from government agencies, school representatives from elementary schools through higher education, mental health advocacy groups, and other relevant nonprofit organizations;
 - (ii) initiating, in partnership with Montana's tribes and tribal organizations, a public awareness program that is culturally appropriate and that utilizes the modalities best suited for Indian country;
 - (iii) seeking opportunities for research that will improve understanding of suicide in Montana and provide increased suicide-related services;
 - (iv) training for medical professionals, military personnel, school personnel, social service providers, and the general public on recognizing the early warning signs of suicidality, depression, and other mental illnesses; and
 - (v) providing grants to communities or other government, nonprofit, or tribal entities to start new or sustain existing suicide prevention activities.



Montana Code Annotated (cont.)

SB 478 (2007)

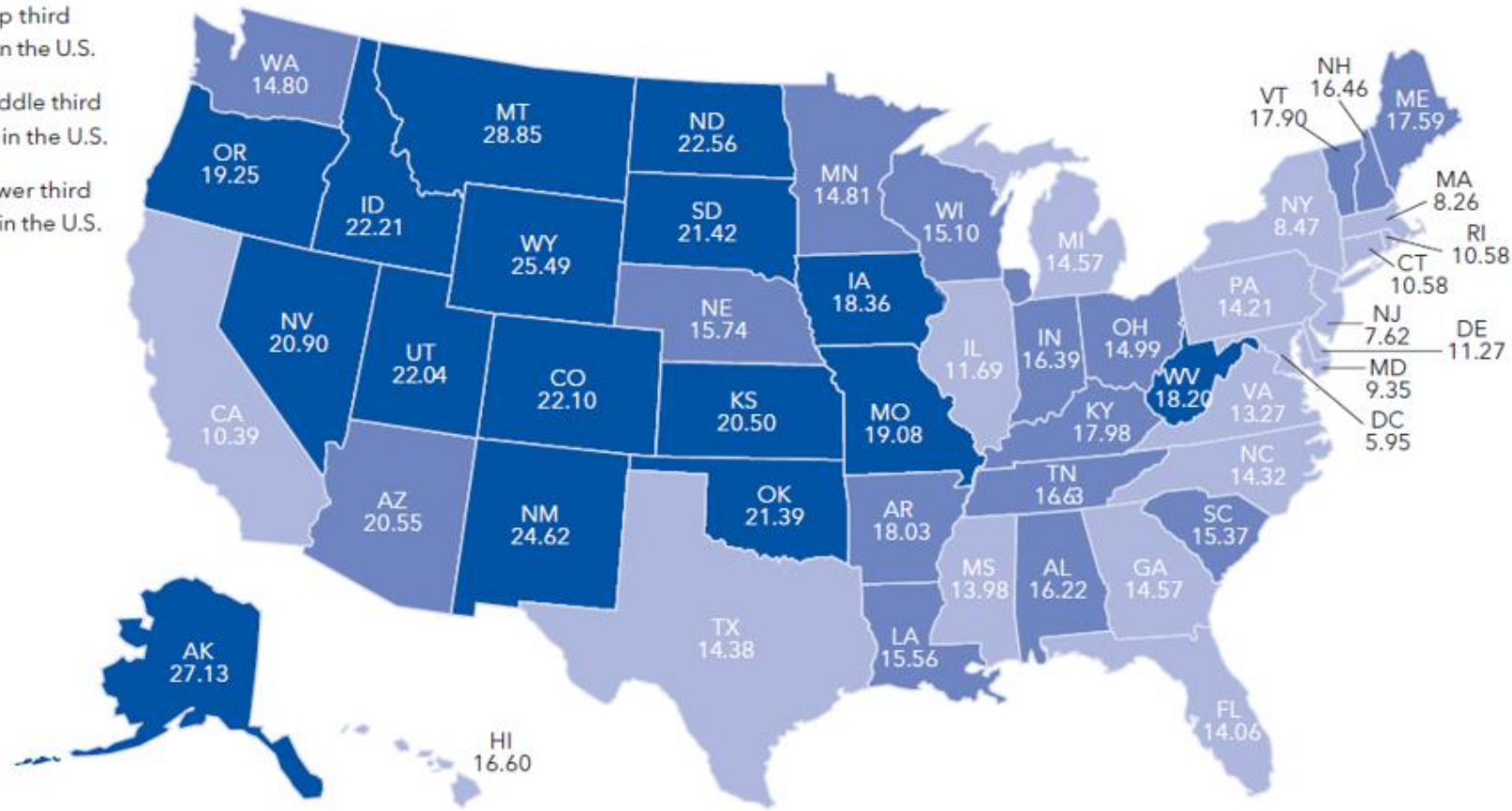
Suicide hotline. (1) The department of public health and human services is required to have a suicide crisis hotline available, staffed by paid, trained employees 24 hours a day and 365 days a year.

- (2) The hotline may be operated by the department or by a qualified Montana-based, nonprofit organization.
- (3) The department shall conduct an annual review of hotline utilization and operator performance.

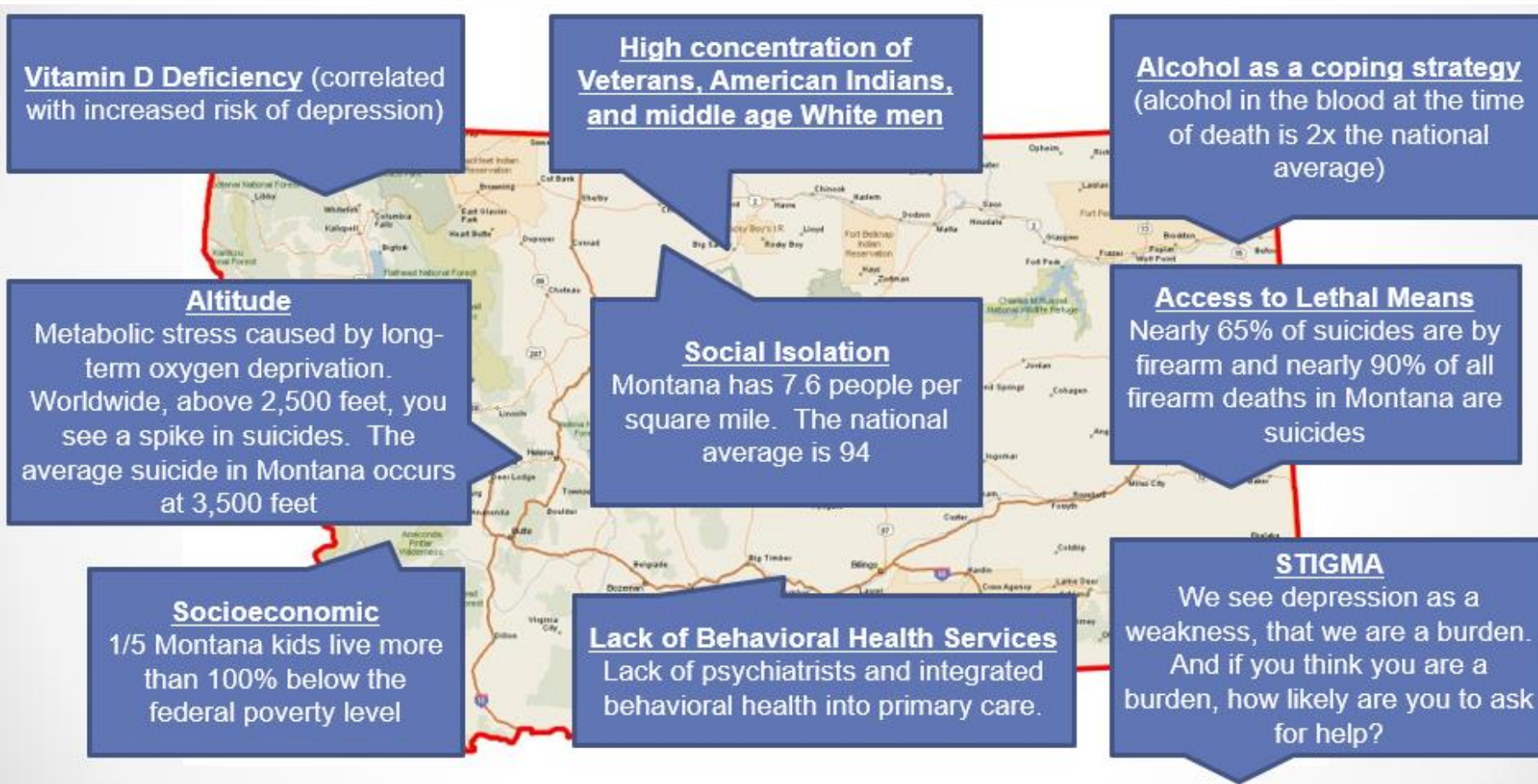


Suicide in the Rocky Mountain Region

- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.



Why Does Montana Have Such a High Rate of Suicide?



Primary Initiatives

Karl Rosston, LCSW, Suicide Prevention Coordinator

Ensuring We Are Using Current Research

Montana Strategic Suicide Prevention Plan

The 2025 plan has been updated in collaboration with the National Council for Mental Wellbeing to ensure that Montana is utilizing current national standards and practices. The plan has been reviewed by a state-wide stakeholder group to ensure it meets the needs of Montana communities.

Montana Crisis Action School Toolkit for Suicide (CAST-S)

This toolkit assists school districts in designing and implementing strategies to prevent and respond to suicides and promote behavioral health. It includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students and postvention guidelines.

Montana Community Postvention Toolkit

In collaboration with Columbia University, this toolkit is used after a suicide occurs in a community. It provides a series of action steps to be taken to safely offer support and reduce the risk of additional suicides from occurring in a community.



Programs and Interventions

Question, Persuade, Refer (QPR)

Question, Persuade, Refer is a research-based intervention to increase awareness of suicide warning signs, how to talk to an at-risk person, and how to connect them to crisis resources. Each year, an average of 40 trainings are provided by DPHHS across the state to more than 1,600 people. QPR is provided to educators, first responders, faith-based leaders, and communities.

Suicide Safe Care for Patients

Suicide risk assessment and intervention training based on a nationally recognized model (Zero Suicide). This training is provided to primary care providers, behavioral health providers, and to healthcare students in colleges and universities around the state. Each year, an average of 40 trainings are facilitated to more than 1,400 providers around the state. Train-the-trainers have also been completed so that there are now more than 80 trainers around the state.

Suicide Prevention for Middle-Aged Men

Collaborations with the Department of Labor & Industry, Department of Environmental Qualities, Department of Transportation, and the Montana Contractor's Association to provide suicide awareness trainings as part of safe workplace efforts in labor and construction industries.



Programs and Interventions (cont.)

Skill Building in Healthcare Providers

- Working with the Center for Practice Innovation through Columbia University to allow licensed behavior health providers in Montana to have access to training modules to earn Continuing Education Units (CEUs).
- Collaboration with the Department of Labor & Industry (Board of Behavioral Health) and DPHHS to require all licensed behavior health providers in Montana to have 2 hours of suicide prevention every year.



School-Based Suicide Prevention Programs

PAX Good Behavior Game

This research-based classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented with elementary age students to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences.

SOS (Signs of Suicide)

School-based program (middle and high school) which aims to raise awareness of suicide and reduce stigma of depression. There is also a brief screening for depression and other factors associated with suicidal behavior.

Youth Aware of Mental Health (YAM)

An interactive program for adolescents promoting increased discussion and knowledge about mental health, suicide prevention, and the development of problem-solving skills and emotional intelligence.



Suicide Prevention Among Our Tribal Communities

Montana Zero Suicide Grant

A 5-year SAMHSA grant (September 30, 2020, through January 29, 2024) with the focus on implementing the Zero Suicide Initiative into Tribal and Urban Indian Health Centers. The total amount awarded was \$2,800,000 (\$560,000 per year)

Main Goals

- Establish a suicide care policy promoting suicide safe care as an organizational priority.
- Create a confident and competent workforce where at-risk individuals are identified.
- Ensure all patients who are at risk receive immediate, safe, and personalized treatment.



Suicide Prevention Among Our Tribal Communities (cont.)

Montana Zero Suicide Grant

- Partners
 - All Nations Health Center – Missoula
 - Billings Urban Indian Health and Wellness Center – Billings*
 - Blackfeet Tribal Health Center – Browning
 - Butte Native Wellness Center – Butte
 - Confederated Salish and Kootenai Tribal Health – Ronan
 - Fort Belknap Tribal Health – Harlem
 - Fort Peck Tribal Health – Poplar
 - Northern Cheyenne Tribal Health – Lame Deer*

*only participating in training



Suicide Prevention Among Our Tribal Communities (cont.)

Montana Zero Suicide Grant

- Accomplishments
 - All-site calls have led to a good exchange of information between Tribal Health Facilities and Urban Indian Health Centers.
 - Trainings have been done with all partners.
 - Tribal Consultation has led to increased collaboration between the state and Tribal Partners, which has led to more partners.
 - Native Wellness Life, a Native-owned magazine, has been a strong conduit of education, outreach, and support.
 - Partners have developed clear policies and procedures and trained all staff to support their patients that may be at risk of suicide.



Suicide Prevention Among Our Tribal Communities (cont.)

The Signs of Suicide (SOS) School-based program is being utilized in the following tribal school districts (multiple schools in many districts).

Arlee, Ashland, Box Elder, Brockton, Browning, Charlo, Frazer, Hardin, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, Ronan, St. Ignatius, Wolf Point, Wyola

The following schools in tribal communities are implementing the PAX Good Behavior Game.

Harlem, Wolf Point (3), Wyola



Suicide Prevention Among Our Tribal Communities (cont.)

Suicide Safe Care for Tribal Health Care Providers

In the past three years, trainings have been provided to the following tribal entities.

- Aaniih Nakoda College of Nursing
- Wind River Tribal Health
- Butte Urban Indian Health Center
- Northern Cheyenne Tribal Health
- Spotted Bull Treatment Center (Wolf Point)
- Wolf Point School District (School Counselors)
- Billings Urban Indian Health Center
- Indian Family Health Clinic (Great Falls)
- Rocky Boy Tribal Health
- Fort Peck Tribal Health

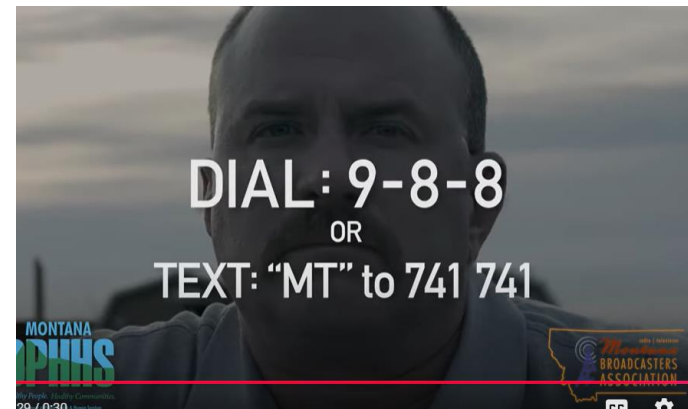
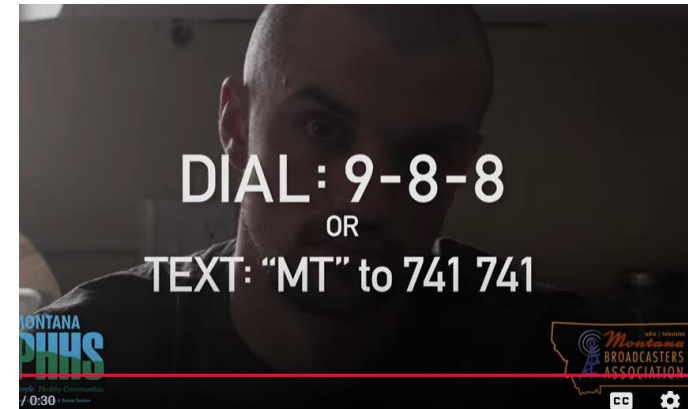
In addition, 10 tribal health providers became certified suicide safe care trainers to provide future trainings in their communities.



Statewide Media Campaign

Through the generous donation by the Montana Broadcaster's Association, DPHHS has been able to run statewide public service announcements promoting awareness and access to 988.

For areas of the state with limited cable television access, we are working with the Northern Broadcasting System on providing radio public service announcements. DPHHS currently spends \$23,040 a year on the radio PSAs.



Data Surveillance

Montana is part of the Center for Disease Control and Prevention's (CDC's) National Violent Death Reporting System, reviewing every suicide that occurs in the state to better understand the demographics and factors to focus prevention efforts.

- Grief resources provided to the next of kin for every suicide. A survivor of suicide has 3x the risk of suicide. Survivors usually do not receive any type of services for a year following the death. Through our data surveillance, survivors receive resources within 2-3 weeks of the loss of a loved one by suicide.
- The Suicide Prevention Coordinator is part of the State Fetal, Infant, Child, Maternal Mortality Review (FICMMR) team reviewing youth suicides and the state domestic violence mortality review (involving murder/suicides).



Data Surveillance (cont.)

- Montana has seen a **12%** reduction in **overall** suicides in the past two years.
 - In 2021 there were 350 suicides.
 - In 2022 there were 326 suicides.
 - In 2023 there were 309 suicides.
- Montana has seen a **17%** reduction in **American Indian** suicides in the past two years.
 - In 2021 there were 42 suicides.
 - In 2022 there were 40 suicides.
 - In 2023 there were 35 suicides.
- Montana has seen a **39%** reduction in **youth** suicides in the past two years.
 - In 2021 there were 23 suicides.
 - In 2022 there were 16 suicides.
 - In 2023 there were 14 suicides.
- Montana has seen a **14%** reduction in **Veteran** suicides in the past two years.
 - In 2021 there were 57 suicides.
 - In 2022 there were 74 suicides.
 - In 2023 there were 49 suicides.



988, Veterans and Community Grants

John Tabb, MSW, Suicide Prevention Program Manager



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988 Crisis Lifeline

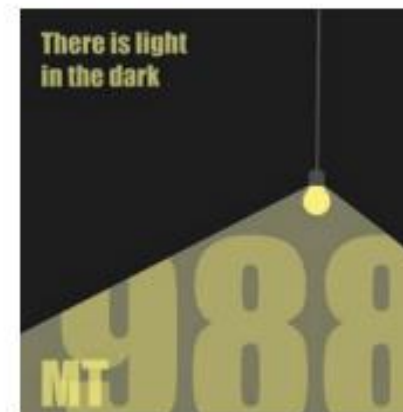
- Montana currently has 3 regional crisis call centers that receive approximately 12,000 calls a year. Over the past 2 years, there has been a 30% increase in calls with 96% of all calls being handled in-state. The answer time rate has dropped to 10 seconds with approximately 80% of calls having the issue resolved on the phone (only 8% require emergency intervention).
- Fort Peck Tribe Crisis Call Center
 - A local suicide crisis line on the Fort Peck Indian Reservation, operating 24/6.
 - The only operational crisis call center on an American Indian Reservation in the United States.
 - Offers case management services, postvention services and takes referrals from law enforcement, child protection, social services, schools, and healthcare settings.



MT988 Public Messaging

In partnership with the MSU Art Department, DPHHS has developed a marketing campaign for 988 that uses community-produced art works to promote 988 and suicide prevention efforts statewide, focusing on high-risk communities such as Native Americans, veterans, and youth.

- Serves as the main state marketing campaign.
- Has provided marketing materials (posters, cards, stickers, and drink coasters) to most counties and American Indian communities in the state.
- Images are open to the public for use in their local campaigns.



MT988 Work with Native Communities

MT988 has conducted outreach to six native communities, helping them develop banners with messages of hope and help-seeking.



MT 988 BANNER PROJECT



Chief Dull Knife College
Northern Cheyenne Reservation



Fort Peck Tribal Health
Fort Peck Reservation



Missoula All Nations Health



Butte Native Wellness Center



Fort Belknap Tribal Health
Fort Belknap Reservation



Rocky Boy Health Center
Stone Child College



MT988 Work with Veterans and Youth



MT Veteran's "Challenge" coins
MT988 brought local veterans together with art students to design military-style coins with images and messages encouraging help seeking behavior and 988.



MT 988 Youth Project
MT988 brought art design workshops to at-risk youth communities to design stickers with images encouraging hope and help-seeking behavior.



Veteran Suicide Prevention

Governor's Challenge to Prevent Veteran Suicide

Montana is part of this national initiative to develop peer support services for Veterans, increase suicide safe care protocols in healthcare systems serving Veterans, and safe storage initiatives for Veterans.

Suicide Prevention Program Manager (SPPM)

DPHHS has a Suicide Prevention Program Manager who is focused on the 988/Veterans Crisis Line implementation for Montana and is working collaboratively with Montana Veterans Affairs Division and Montana National Guard on suicide prevention initiatives for those serving in the Armed Forces. The SPPM is a retired Veteran who previously served as the Suicide Prevention Coordinator for the Montana National Guard.

Montana National Guard

The Montana National Guard's Primary Prevention Program provides suicide intervention (SI) training with a goal of having at least one SI trained individual per unit at company-level and above serving as a Suicide Intervention Officer (SIO). The Montana National Guard also conducts a yearly Unit Risk Inventory pertaining to suicide risk.



Community Suicide Prevention Grants

Community Suicide Prevention Grants

\$500,000 in community grants are awarded annually to entities around the state that provide research-based interventions to identify risk, increase resiliency skills, and suicide awareness to high-risk populations. Activities to reduce risk of suicide in high-risk populations including American Indians, Veterans, youth, LGBTQ+, substance abuse, and middle-aged men.



Community Suicide Prevention Grants (cont.)

Current Suicide Prevention Grants that have a youth focus:

- **Tamarack Grief Resource Center** (School-based suicide prevention, intervention and postvention activities in Western Montana including CSKT and Blackfeet),
- **Rural Behavioral Health Institute** (School screenings and crisis intervention across the state),
- **RiverStone Health** (RSH) (Suicide prevention in Billings schools, intervention and postvention in Yellowstone County and includes LGBTQ and American Indian youth), and
- **Montana State University** (YAM in Montana high schools).

In addition, **Lewis and Clark County** was awarded a grant to work with law enforcement to provide resources to family members who lost a loved one to suicide (LOSS Teams), provide bereavement groups specific to suicide loss, and promote safe storage for those at high-risk through the Safer Communities Montana Program.



History of Adopted Suicide Prevention Legislation

Session	Bill	Sponsor	Fiscal	Description
2015	HB 374	McClafferty	-	Requires OPI to develop suicide awareness and prevention training materials for school district employees
2017	HB 381	Lenz	-	trustees.
2017	HB 118	Windy Boy	500,000	Appropriates \$500k from Tobacco Settlement in SSR 17-6-603 - This is now in HB 2
2019	HB 696	Karjala	500,000	Appropriates \$500k from Tobacco Settlement in SSR 17-6-603
2021	HB 549	Kerns	-	Revise state suicide reduction plans to include specific military-related data
2021	HB 70	Holmlund	-	Moves Suicide Prevention from Director's office to the division responsible for administering adult mental health services
2021	HB 315	Dunwell	\$1.5 M	Implement 988 Crisis Lifeline
2021	HB 623	Karjala	500,000	Appropriates \$500k from Tobacco Settlement in SSR 17-6-603
2023	SB 284	Glimm	46,000	Reporting requirements on a list of all controlled substances dispensed to each person whose death was ruled a suicide.
2023	HB 286	Caferro	-	Allows HEART funds to be used for youth suicide prevention activities.



Budget

Gene Hermanson, Medicaid Chief Financial Manager



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