

The Suicide Prevention Program - Youth Focused Programs

The Suicide Prevention Program: Coordination of statewide activities, including the suicide crisis lines, training and education in suicide awareness and prevention, and a media program to increase awareness around suicide prevention. DPHHS, working with the National Council for Mental Well Being, created a comprehensive State Suicide Prevention Strategic Plan. A group of key stakeholders from around the state participated in a review of the new plan, which was released in November of 2020. In addition to the goals identified in the plan, interventions have been implemented to focus on our youth population in the state.

Crisis Support Services

- **Lifeline Call Centers** – The National Suicide Prevention Lifeline is in the process of transitioning to a three-digit number (988) starting in July, 2022. Montana has received an implementation grant to help with the transition to the new number. Montana currently has 3 regional Lifeline call centers (Voices of Hope in Great Falls, the Help Center in Bozeman, and Western Montana Mental Health Center in Missoula). Between the three call centers, nearly 7,000 Lifeline calls are answered each year. Montana’s in-state answer rate is around 93%, which is one of the highest in the nation. 73% of the calls into the Lifeline are resolved without the need for emergency intervention. Lifeline also includes text/chat capability. In Montana, approximately 80% of the crisis texts received are under the age of 24.
- **Crisis Action School Toolkit on Suicide (CAST-S)** - The 2017 legislation required school district trustees to establish policies, procedures, or plans related to suicide prevention and response. The Crisis Action School Toolkit on Suicide (CAST-S) was designed to assist school personnel in Montana to implement the required legislation. The tools section of the CAST-S outlines recommendations for training and crisis-action protocols for responding to suicidal students, notifying their parents, documenting all actions, and recommending needed supervision and services for the suicidal students.

School-Based Programs

- **Signs of Suicide (SOS)** – The SOS Signs of Suicide School Program is a nationally recognized, easily implemented, cost-effective program of suicide prevention for middle and high school students. The program is provided to schools around the state as part of a collaboration between DPHHS and OPI. This is an evidence-based program that has been shown to reduce suicide attempts and increase help-seeking behavior. In Montana, the SOS program has been shown to increase student’s ability to identify warning signs in self and others, identify crisis resources, and improve comfort in knowing the steps to help a friend at-risk.
- **QPR (Question, Persuade, Refer)** -Suicide prevention training provided to teachers and communities around the state. QPR can be taught in as little as one hour. QPR is the primary training offered to educators around the state. Educators receive renewal units from OPI for completing the training. QPR trainings are available to any and all school districts around the state through in-person or virtual trainings. Thus far in 2021, 1,124 people around the state have been trained in QPR by DPHHS, with 401 being school personnel.

School-Based Programs (Continued)

- Youth Aware of Mental Health (YAM)- is a school-based program for young people ages 13 to 17 in which they learn about and discuss mental health. YAM is an evidence-based program that takes place in classrooms. Research has shown that student education about mental health reduces suicidal behavior. Since 2016, 9,000 Montana students have participated in YAM. 88% of YAM survey participants indicated they were in favor of mental health programs being taught in schools.
- PAX Good Behavior Game- The PAX Good Behavior Game (PAX GBG) is a school-based universal preventive intervention used to teach self-regulation, self-management and self-control in children. PAX GBG provides educators with strategies to teach social-emotional and behavioral skills along with academics creating a trauma informed nurturing environment. In fact, PAX GBG has been proven to change student brain chemistry with life-long effects that dramatically impact mental health, substance abuse, graduation rates and suicide in our children and communities. Nearly 1,600 teachers in Montana have been trained and nearly 16,000 elementary age students have experienced PAX GBG strategies in the classroom. Montana results indicate an increase in pro-social behavior and reduction in acting out behavior, concentration problems, and social problems.

Primary Care/Behavioral Health

- Suicide Safe Care - The training is based on SAMHSA's Zero Suicide Initiative. The training provides tools to providers on how to assess suicide risk, safety planning, lethal means counseling, and caring contact. Training is provided to health care facilities and universities around the state. The training has been provided to pediatricians, school counselors, and the clinical staff at Shodair Children's Hospital. In addition, a train-the-trainer was completed in September to provide 37 additional trainers. Two more train-the-trainers are scheduled in March, 2022. Thus far in 2021, 636 health care providers have been trained by DPHHS in suicide safe care, with 122 identified as working specifically with youth.
- 2 hours of Suicide Safe Care is now required as part of the CEU's for all behavioral health licenses in the state.
- Native Youth Suicide Reduction Plan - DPHHS provided direct funds to Tribes and Urban Indian Health Centers to be used to support local planning and implementation of Zero Suicide, and to seek training for self-care best practices for frontline health and behavioral health staff and community members.

Data Surveillance

- Montana is now part of the CDC's National Violent Death Reporting System, reviewing every suicide that occurs in the state to better understand the demographics and factors in order to better focus prevention efforts.
- The Suicide Prevention Coordinator is part of the State's Fetal, Infant, Child & Maternal Mortality Review team (FICMMR) that reviews all deaths by those 17 and under with the purpose of determining if the death was preventable and what could have been done to prevent the death.

HB118 grant awards starting September 1, 2021 with a school-based focus

Tamarack Grief Resource Center (Missoula, Browning, CSKT, NW Montana)

- TGRC will provide suicide prevention resources to schools and communities by providing support 5 days a week by phone and email, linking individuals, families, and communities to resources including: individual, couples, or family counseling and consultations; peer support programs for youth and adults; critical response services following tragedy; and other relevant community resources.
- TGRC will provide school and community-based education. TGRC will facilitate SOS, QPR, and/or classroom/community guidance activities to teach participants how to recognize suicidality, how to increase protective factors, how to ask about potential suicidal intent, and how to refer others to community and national resources.

Rural Behavioral Health Institute (Park, Madison, Gallatin Counties)

RBHI and Shodair Children's Hospital will offer the Screening Linked To Care (SLTC) intervention to all public middle and high schools (N=31) in Park, Gallatin, and Madison Counties. In addition to connecting youth at risk of suicide to appropriate care, the project will collect critical data which will define the mental health needs of students and guide methods for implementing the SLTC intervention across Montana. RBHI has developed an innovative process of self-reported suicide risk screening and referral to same-day care for Montana schools (SLTC). The inexpensive digital screener uses validated, self-reported measures for suicide risk, depression, anxiety, and resilience/functioning to facilitate the rapid and accurate identification of youth with elevated suicide risk. Those identified are then connected with licensed, school-associated (CSCT or county Special Education Coop) or RBHI-contracted licensed therapists (Shodair Children's Hospital) on the day of screening. Same-day, free care ensures students needing mental health care receive it without treatment barriers of cost, scheduling, or travel.

RiverStone Health (RSH) (Billings)

- RSH will collaborate with local mental health providers to develop a minimum of two virtual "Ask a Therapist" events to connect youth, parents, guardians, educators and other community members with a panel of mental health professionals who will answer questions about suicide and mental health issues. Events will focus on youth suicide and will include targeted questions about LGBTQ+ and American Indians. Additionally, a voucher system (based on the successful model developed by StepIn 406 in Laurel) will be created to provide up to three no-cost counseling sessions for teens and adults identified to be at risk for suicide.
- RSH will contract with Sylvestri Customization to collaborate on a comprehensive social and digital media prevention campaign based on input from on-going focus groups conducted with young people between the ages of 12 and 18.

FOR MORE INFORMATION CONTACT

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