



The Montana Suicide Prevention Program-2023

Overview

The Office of Suicide Prevention, based in the Behavioral Health & Developmental Disabilities Division, is composed of the Suicide Prevention Coordinator, the Suicide Prevention Program Manager, and the American Indian Zero Suicide Grant Manager. The Office provides research-based programs to Montana communities, tribes, schools, colleges, and healthcare providers. The Office implements the State Suicide Prevention Plan, supports the Montana Suicide Prevention Crisisline, provides statewide media campaigns, suicide prevention trainings, and coordinates suicide prevention efforts around the state, including community grants.

Primary Initiatives

988

Montana currently has 3 regional crisis call centers that receive approximately 10,000 calls a year. Over the past year, there has been a 30% increase in calls with 98% of all calls being handled in-state. The answer time rate has dropped to 13 seconds with approximately 73% of calls having the issue resolved on the phone (only 8% require emergency intervention).

Zero Suicide Grant for American Indians

SAMHSA grant to establish a suicide care policy promoting suicide safe care as an organizational priority for tribal health and Urban Indian Health Centers. The grant currently works with 8 tribal health and Urban Indian Health Centers across the state.

Montana Strategic Suicide Prevention Plan

The 2023 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)-updated in Fall of 2022

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.

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. Over the past two years more than 80 trainings have been provided by DPHHS across the state with more than 2,600 people receiving the training. QPR is provided to educators, first responders, faith-based leaders, and communities.

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 in order 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.

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Primary Initiatives (continued)

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. Over the past two years more than 70 trainings have been provided to more than 1,900 providers around the state. Train-the-trainers have also been completed so that there are now more than 100 trainers around the state.

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 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.

Suicide Prevention for Middle-age Men

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

Veteran Suicide Prevention (working in collaboration with the Montana VA Suicide Prevention Coordinator)

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 (Crisis/Veteran focus)-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 VA 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 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.

Data Surveillance

- Montana is 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.
- Grief resources provided to the next of kin for every suicide. A survivor of suicide is 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 FICMMR (Fetal, Infant, Child, Maternal Mortality Review) team reviewing youth suicides and the state domestic violence mortality review (involving murder/suicides)

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 populations, substance abuse, chronic pain, and middle-age men.

