



# The Montana Youth Suicide Prevention Program-2025

## Youth Suicide Prevention Initiatives

### **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. Currently 77 schools in 35 school districts have implemented PAX.

**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. Schools can use Title IV-A funding (Every Student Succeeds Act (ESSA) federal block grant program) to renew the program annually in their schools. 77 Montana middle and high schools were using the SOS program.

**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. Since 2016, YAM has been implemented in 35 schools to more than 11,000 students. It is implemented through the MSU Center for Research on Rural Education.

**Rural Behavioral Health Institute (RBHI)** -School-based mental health screening, which students complete themselves, takes <10 minutes on average. It uses validated assessments (grades 6-12) for suicide risk, depression, anxiety, and resilience, functioning, or substance/alcohol abuse (eC-SSRS, PHQ-A, GAD-7, RISC-10/Y-WSAS/CRAFFT). It can be done on any type of internet-connected device, including smartphones. No school staff need mental health expertise to deliver the screener and the results of each screening are emailed within a minute of completion to a designated school staff member. If a student reports recent thoughts of suicide or a recent attempt, that student is then connected with a school-based or RBHI-contracted therapist the same day as screening.

### **Montana Crisis Action School Toolkit for Suicide (CAST-S)-updated in Fall of 2022**

Assists high schools and school districts in designing and implementing strategies to prevent and respond to suicides and promotes behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students and postvention guidelines.

(<https://dphhs.mt.gov/assets/suicideprevention/cast-s2022.pdf> )

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## Youth Suicide Prevention Initiatives (continued)

### 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. In 2023, trainings specific to youth populations (schools, pediatrics) were provided to nearly 500 educators and providers.

### **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 more than 70 trainings have been provided to nearly 2,000 providers around the state. A train-the-trainer has also been completed so that there are now more than 90 trainers around the state. In 2023, nearly 200 pediatricians, pediatric nurses, and school counselors were trained in suicide safe care.

### 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.
- Between 2011-2020, Montana averaged 12 youth suicides a year (CDC WISQARS). Montana's rate of youth suicide is 2.4 times the national rate of youth suicide. Montana's rate of youth suicide by firearm is 3.5 higher than the national rate.
  - In 2021 there were 23 youth suicides.
  - In 2022 there were 16 youth suicides.
  - In 2023 there were 14 youth suicides.
- The Suicide Prevention Coordinator is part of the State FICMMR (Fetal, Infant, Child, Maternal Mortality Review) team reviewing youth suicides. This is done to identify factors involved in the death and to identify community resources to address those factors.

### 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-aged men. This year's grant that have a youth focus include 1) **Tamarack Grief Resource Center** (School-based suicide prevention, intervention and postvention activities in Western Montana), 2) **Rural Behavioral Health Institute** (School screenings and crisis intervention), 3) **RiverStone Health (RSH)** (Suicide prevention in Billings schools, intervention and postvention in Yellowstone County and includes LGBTQ and American Indian youth), and 4) **Montana State University** (YAM in Montana high schools).