Montana Suicide Prevention Program

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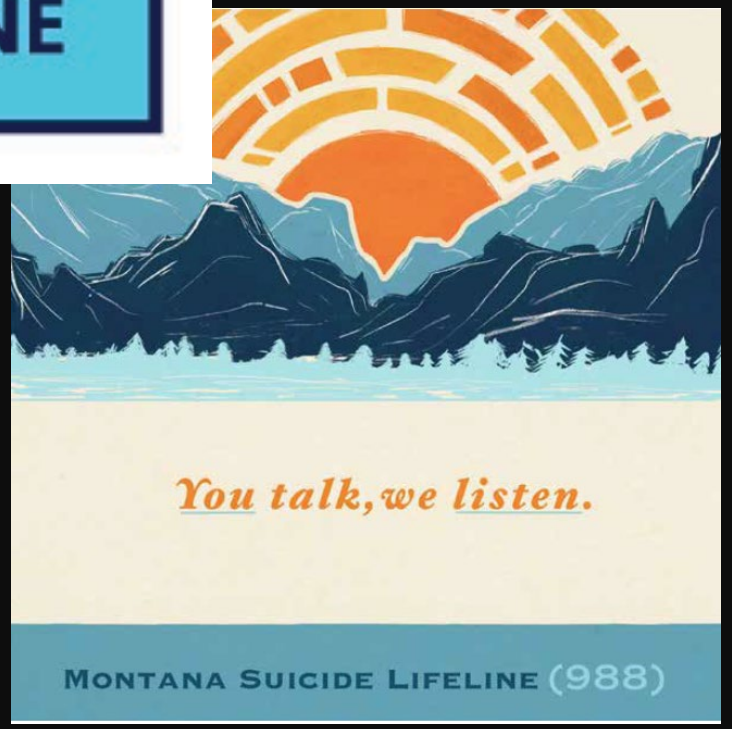
Montana's Suicide Prevention and Mental Health Crisis Lifeline



Background

- Congress passes the National Suicide Hotline Designation Act on October 17, 2020, beginning the process of replacing the ten-digit lifeline with the three-digit 988.

- Vibrant Emotional Health inc. is given the national grant to implement 988 nationwide.

- Vibrant offers planning grants to states to begin the process of planning for implementation by 17 July 2022.

Eight Planning Considerations

- 24/7 Statewide coverage
- Strategies for supporting funding streams
- Capacity building
- Operational, clinical and performance standards
- 9-8-8 Implementation Coalition
- **Maintaining and updating local Resource and Referral listings**
- Follow-up Services
- Consistency in Public Messaging

Montana Crisis Call Centers

Voice of Hope

Local Number
Lifeline
211

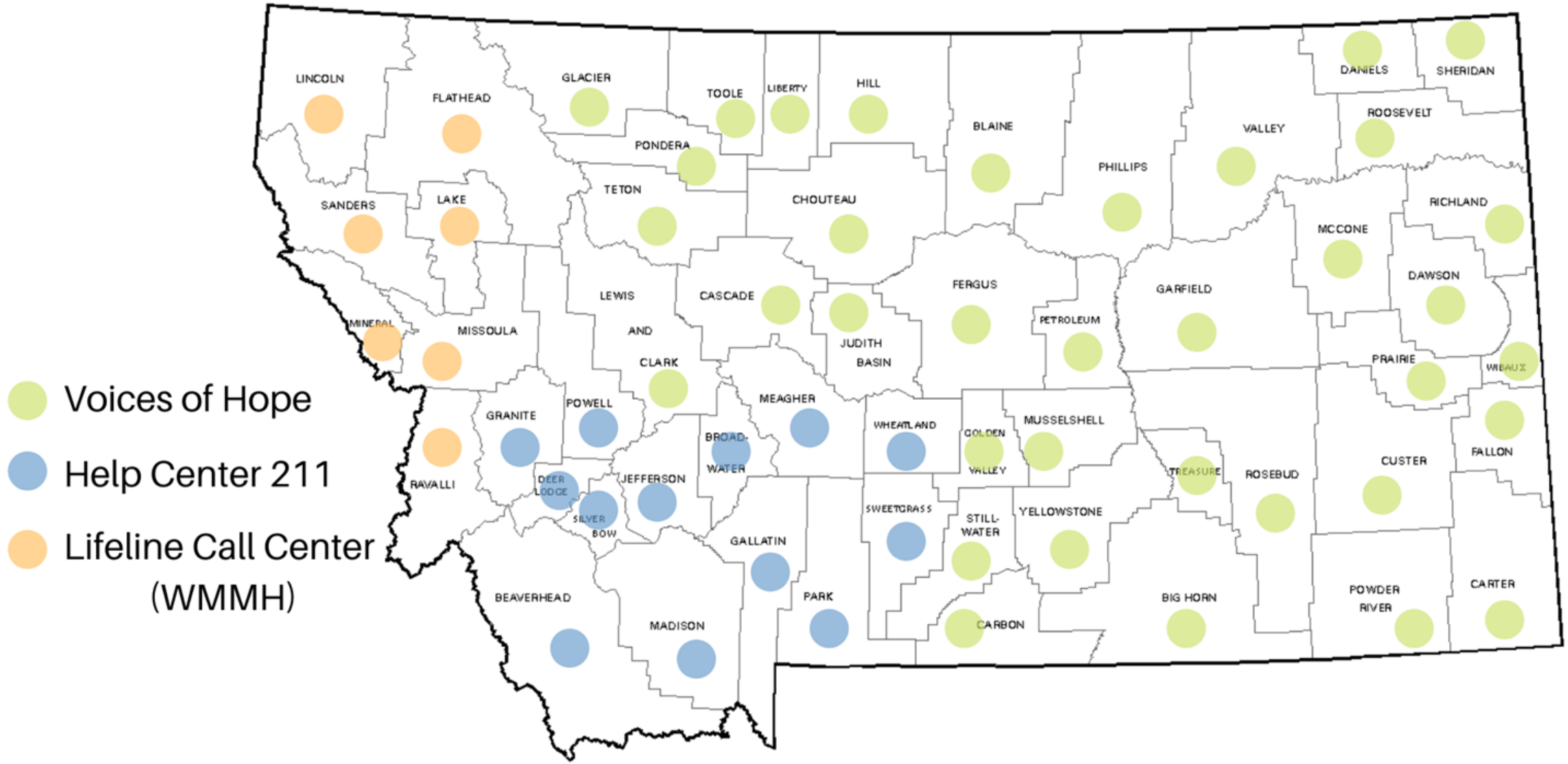
Help Center 211

Local Number
Lifeline
211

Lifeline Call Center

Lifeline

Lifeline Call Center Coverage Map



Montana 988 Rollout

- Phase 1 (Pre-official launch) is between January 20 and July 16, 2022. – The addition of chat and text to current services.

- Official launch event: July 12, 2022 at Doubletree in Helena.

- Phase 2 (Year One) is between July 17, 2022 and July 16, 2023. – Maintaining performance levels of all three modalities.

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Montana Zero Suicide Grant

- Focus on American Indian Adults
- Grant from SAMHSA
- September 30, 2020 through September 29, 2023
- Total amount: $2,800,000; $700,000 per year

Main Goals:

1. Establish a suicide care policy promoting suicide safe care as an organizational priority.

2. Create a confident and competent workforce where at-risk individuals are identified.

3. Ensure all patients who are at risk receive immediate, safe and personalized treatment

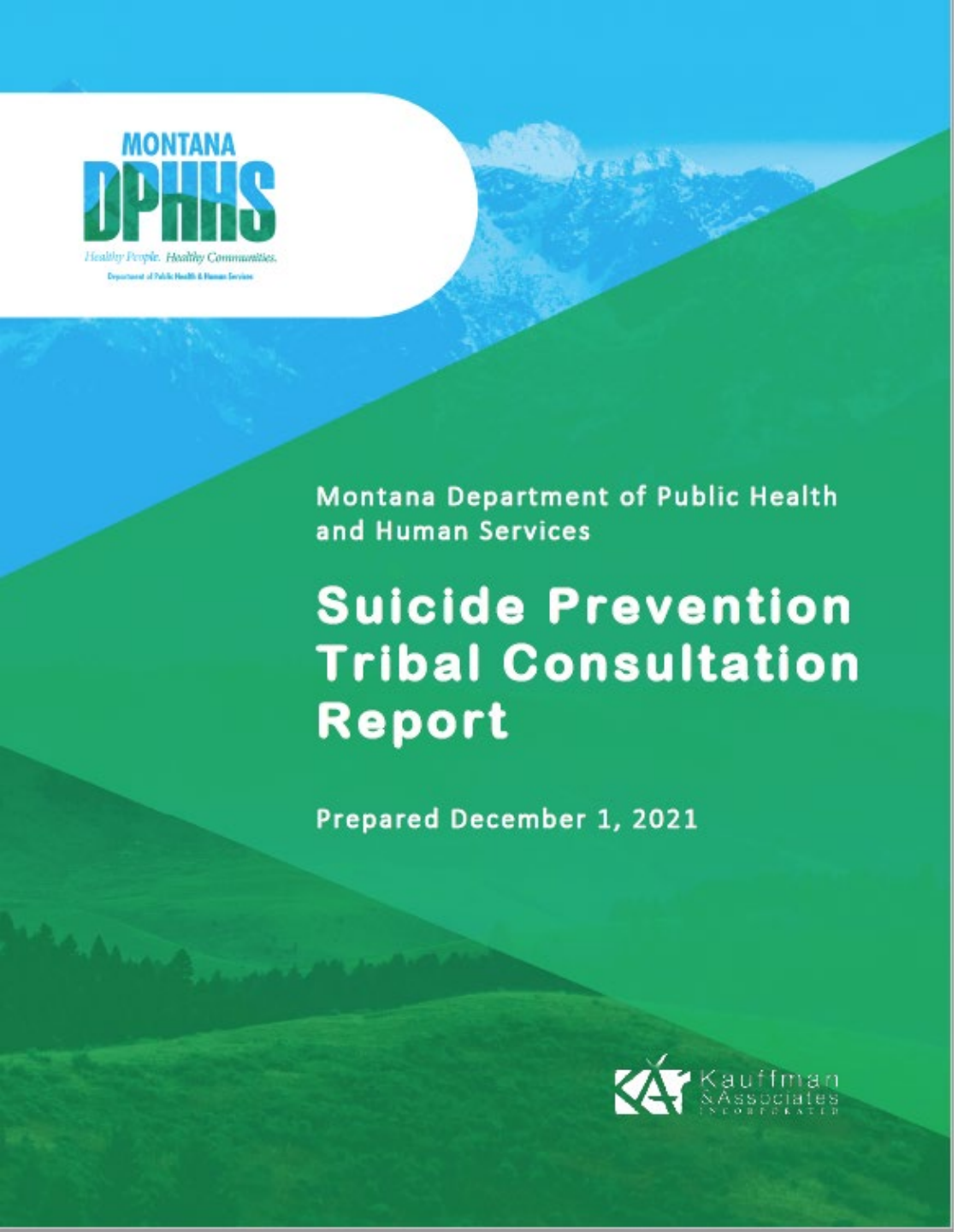
Partners

1. All Nations Health Center – Missoula
2. Billings Urban Indian Health and Wellness Center – Billings*
3. Blackfeet Tribal Health Center – Browning
4. Butte Native Wellness Center – Butte
5. Confederated Salish and Kootenai Tribal Health – Ronan
6. Fort Belknap Tribal Health – Harlem
7. Fort Peck Tribal Health – Poplar
8. Northern Cheyenne Tribal Health – Lame Deer*

*only participating in training

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
- NativeWellness Life, a Native owned magazine, has been a strong conduit of education, outreach and support
- Facilities have been creative: having Zoom classes in ribbon skirt making and beading, supporting individual patients with the ability to have fresh food grown at home, and the development of community gardens.
- Partners have developed clear policies and procedures and trained all staff to support their patients that may be at risk of suicide.

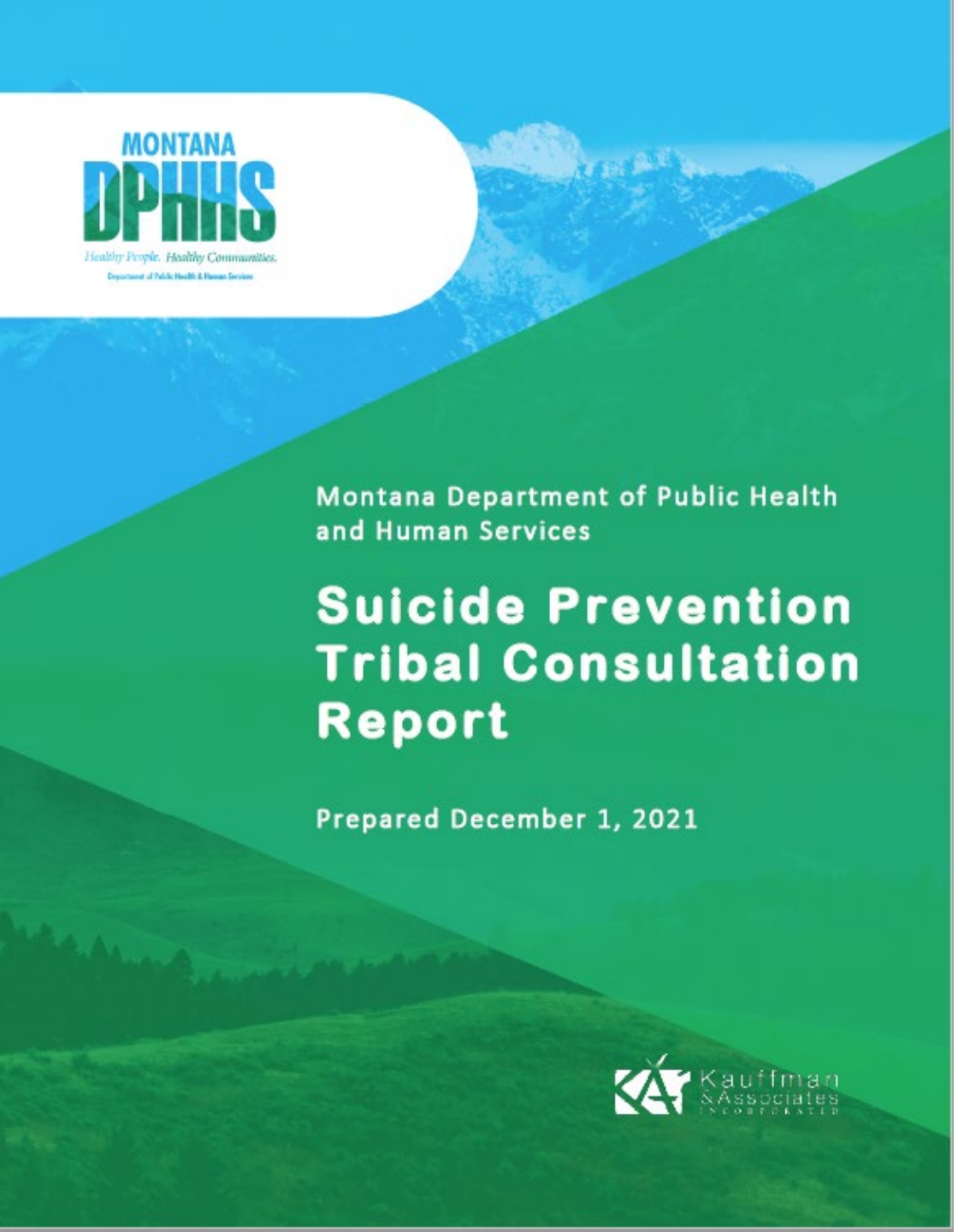


- **Recommendation #1: Engage AI/AN people in planning and programming in meaningful ways**
  As DPHHS develops plans and makes decisions based on research and evidence-based practices, efforts to engage populations with high suicide rates, such as AI/AN and Veterans.

- **Recommendation #2: Build connections among Tribal and Urban suicide programs and staff**
  Build connections among Tribal and Urban Indian Health Centers suicide programs and staff. Benefits include networking to share information and resources, providing support to program staff, and sustaining these connections and programming.

- **Recommendation #3: Create advisory groups**
  Create local advisory groups to help identify community strengths and ways to leverage those strengths in support of suicide prevention.

- **Recommendation #4: Clarify plans for the Suicide Hotline and resource list**
  The state needs to engage Tribes and Urban organizations as it transitions to the 988 suicide hotline number. In addition, the state needs to clarify what resources will be included in the 988 resource list and how that list will be developed and maintained for accuracy and inclusiveness.



- **Recommendation #5: Create a statewide Tribal-Urban crisis postvention team.**
  Participants recommend the creation of a statewide postvention team to assist Tribes and Urban Indian Health Centers when a suicide, crisis, or other tragic event occurs.

- **Recommendation #6: Create a library of prospective funding opportunities.**
  It would be useful to create a repository of potential sources of suicide prevention funding. A single library of funding resources, to which all the Tribes and Urban Indian Health Centers contribute and would expand opportunities for all.

- **Recommendation #7: Cultivate sustainability and alignment.**
  Tribes and Urban Indian Health Centers are frequently involved with multiple grants that have their own priorities and goals. The result is a collection of siloed programs that are not aligned. It would be helpful if grant priorities and goals aligned with the overarching goals of Tribes and Urban Indian Health Centers

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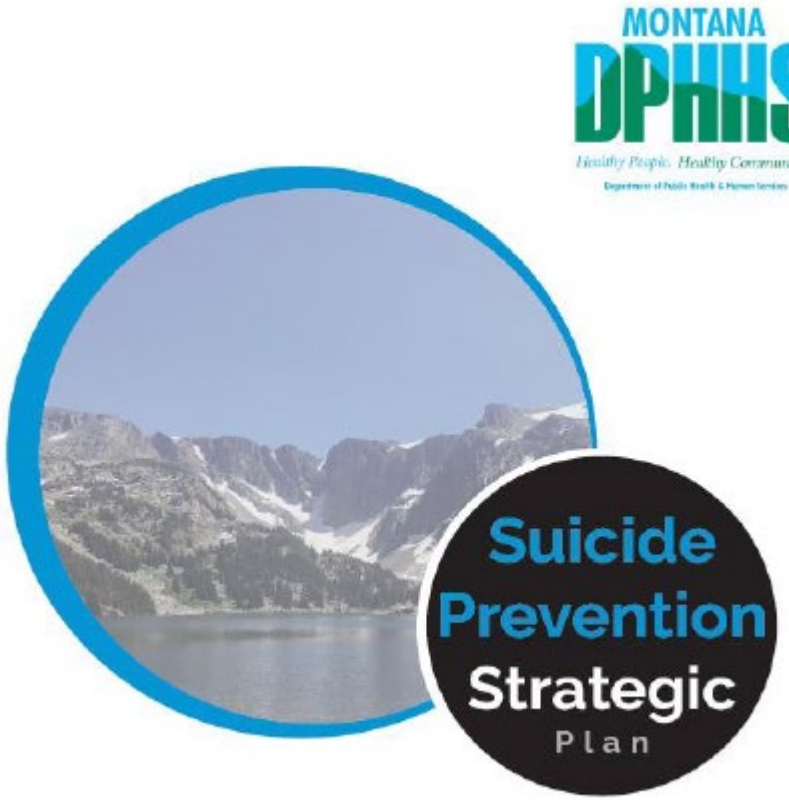
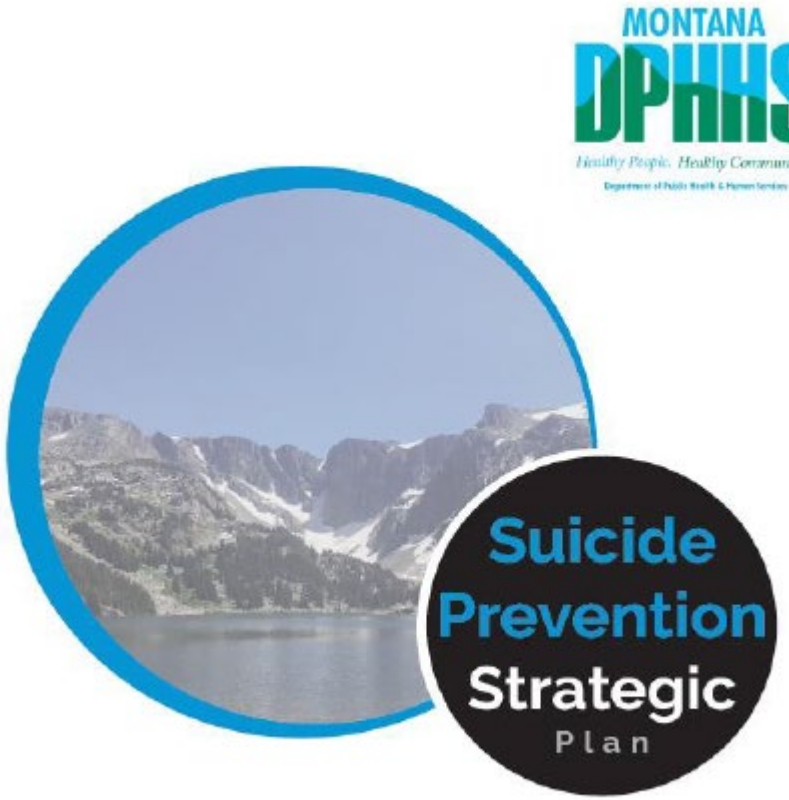
Suicide Prevention Strategic Plan



Goal 1

Implement a suicide prevention program at the department based upon the best available evidence

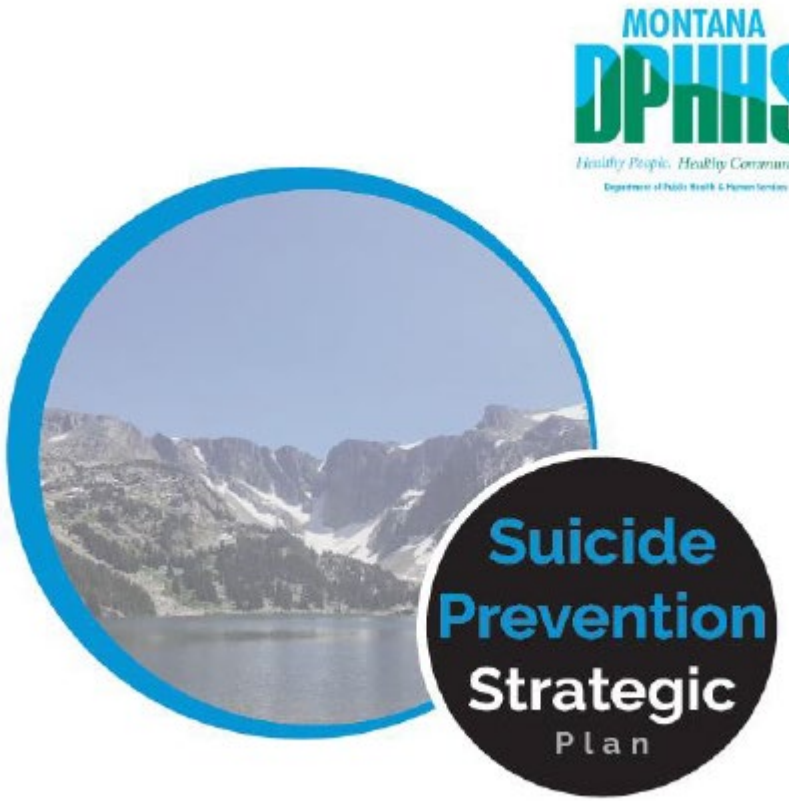
- Implement a biannual suicide prevention action plan
- Coordinate and integrate DPHHS's suicide prevention activities through the Suicide Prevention Program, encouraging cross-department collaboration and integration of programs across funding sources
- Provide policy recommendations based on published data, best practices, and state-specific data analysis to DPHHS (as the lead agency) with an eye towards state law and/or policies where relevant



Goal 2

Develop a comprehensive communication plan

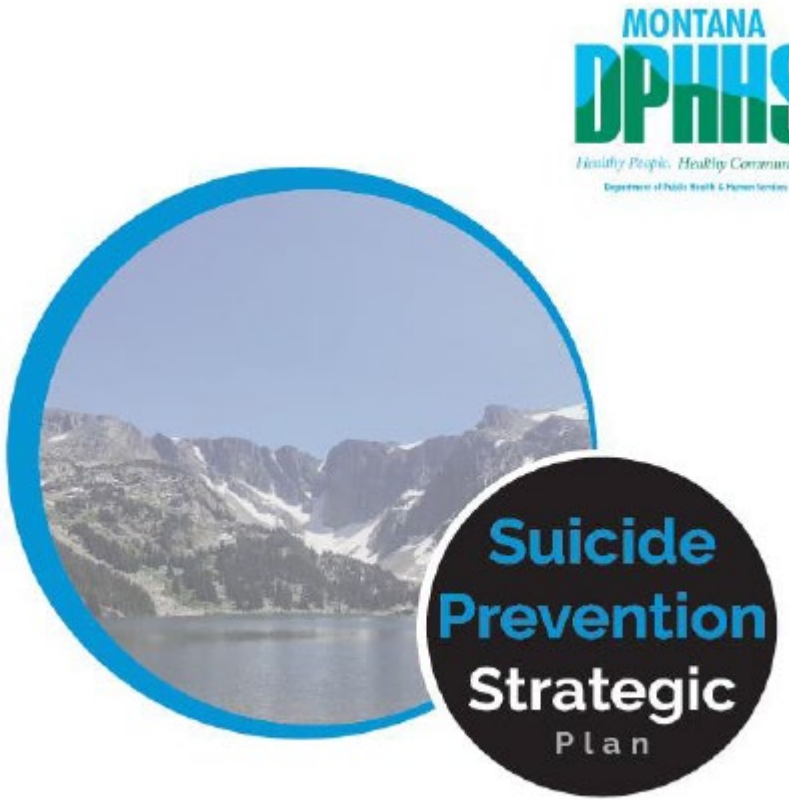
- Research effective suicide prevention messaging and explore resources to create and disseminate public awareness messaging
  - Art contest at tribal colleges to develop messaging for 988
- Direct resources towards identifying and implementing evidence-based strategies to prevent lethal means through messaging for target groups



Goal 3

Identify and use available resources needed to guide state, tribal, county, and local efforts, including crisis response efforts[7]

- Oversee an overall suicide prevention training plan for prevention and intervention trainings within communities
- Strengthen the crisis response system infrastructure in Montana
- Engage AI/AN stakeholders in planning for training both in planning for targeted trainings and delivery of these trainings
- Engage AI/AN representation in planning for crisis response system supports including 988 for both urban and reservation based Indian health centers (RESOURCE VERIFICATION)



Goal 4

Build a multi-faceted, lifespan approach to suicide prevention

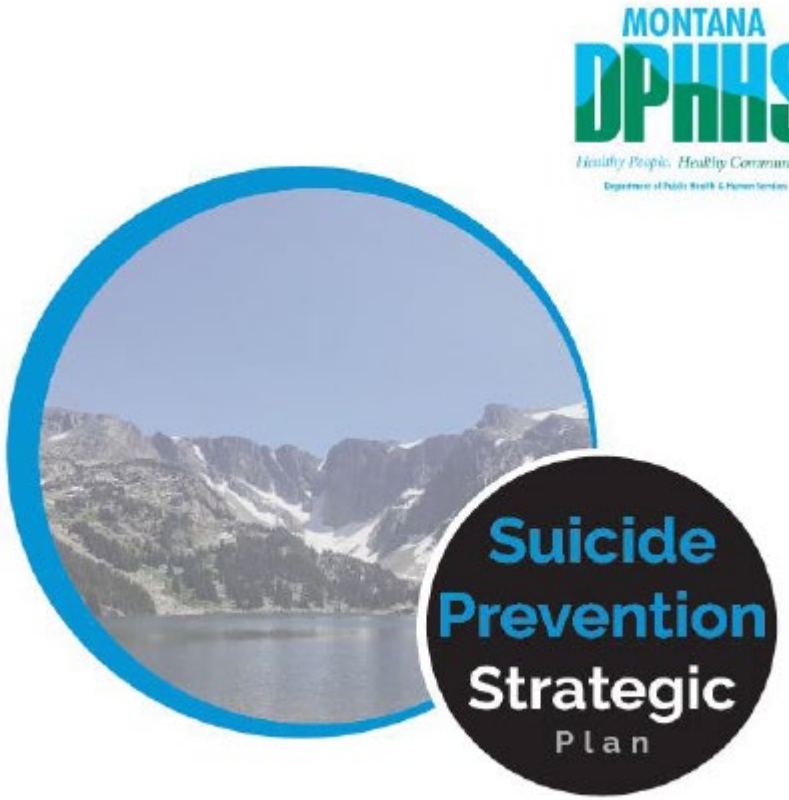
- Support efforts to ensure a systematic approach to provide suicide safer care by partnering with healthcare and behavioral health programs in Montana's university settings

- Establish policies, model practices, and develop resources in preparation for post-suicide response (postvention), including in the event of a suicide cluster.

- Develop and support suicide prevention programs for Native Americans
  - Support the PAX Good Behavior Game in all tribal schools.
  - Develop advisory councils on all reservations and in urban Indian centers with a state-wide coordinating group

- Establish a Suicide Prevention Task Force at the state level and receive feedback on actions taken to- date and the Suicide Prevention Strategic Plan

- Encourage tribal and urban health centers to use universal depression and anxiety screening, SUD screening, risk assessment, safety planning, lethal means counseling, and follow up.



Goal 5

Support high quality, privacy-protected suicide morbidity and mortality data collection and analysis

- Increase the use of data to understand the problem of suicide and effectively target interventions

- Establish a system for using and communicating data

Resources and Trainings

MONTANA'S CAST-S

Crisis Action School Toolkit on Suicide

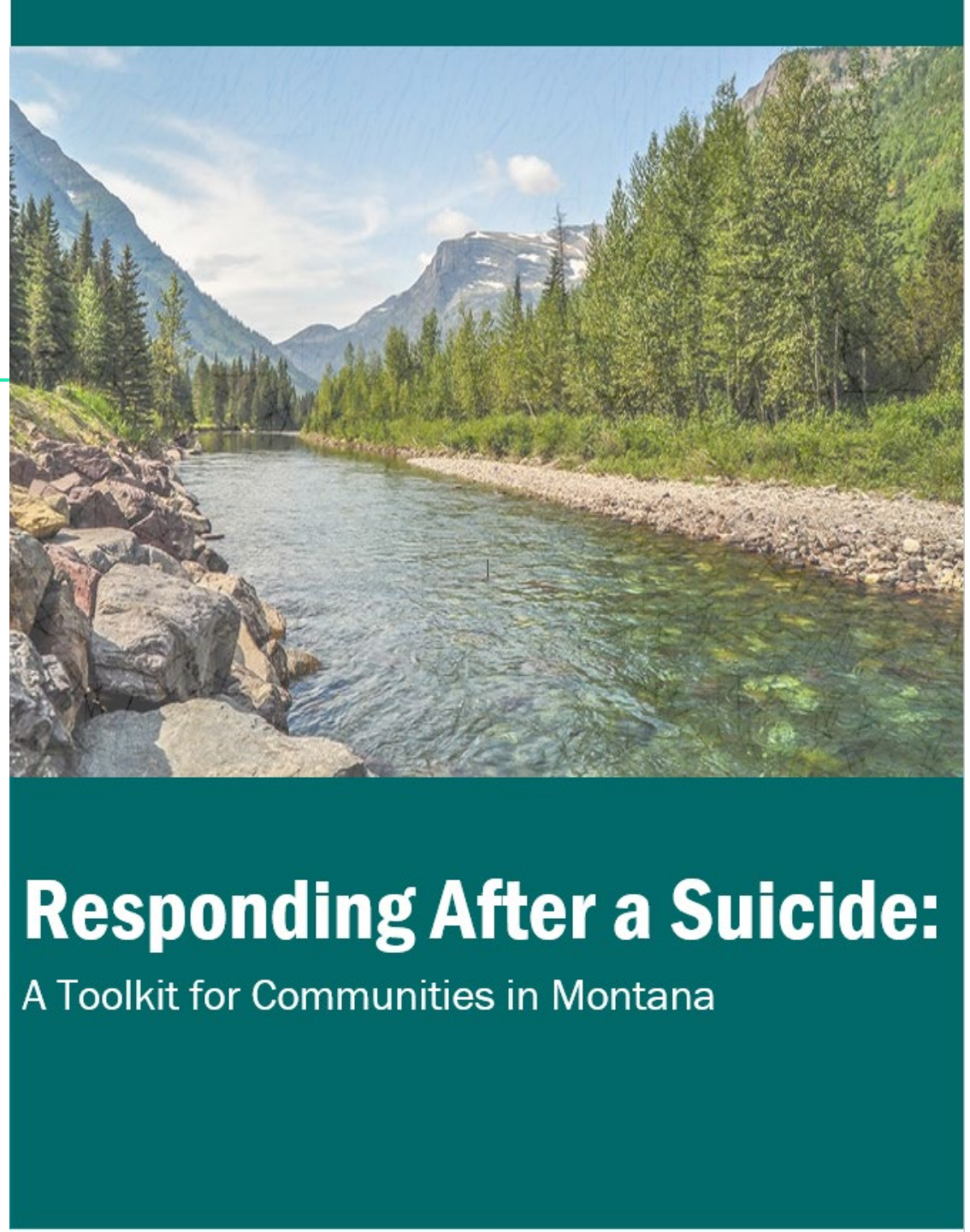
2017

Other Suicide Prevention Resources for Schools

- Assists high schools and school districts in designing and implementing strategies to prevent and respond to suicides and promote behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students and postvention guidelines.
- Available free at www.dphhs.mt.gov/suicideprevention

Montana Postvention Toolkit

This toolkit is meant to be used after a suicide occurs in your community. It provides a series of action steps that you can take to safely offer support and reduce the risk of additional suicides from occurring in your community. These efforts are collectively referred to as **suicide postvention** because the response occurs *after* a suicide has happened. This toolkit was specifically designed to be used in communities in Montana and pulls together helpful community, state-wide, and national postvention resources. Having a community-wide response has been found to be helpful in prevention efforts.



Evidenced-Based Suicide Prevention Programs

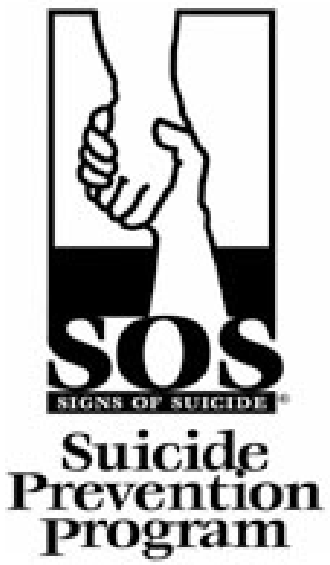
QPR For Suicide Prevention

Ask A Question, Save A Life

QPR

- A two-hour training that provides anybody the basic tools on how to intervene with a suicidal person

Other Evidenced-Based Suicide Prevention Programs



SOS: Signs of Suicide

School-based program 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.

Mental Health Promotion in our high schools

YAM YOUTH AWARE OF MENTAL HEALTH

Youth Aware of Mental Health (YAM)

YAM is 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.

Other Evidenced-Based Prevention Programs

Good Behavior Game

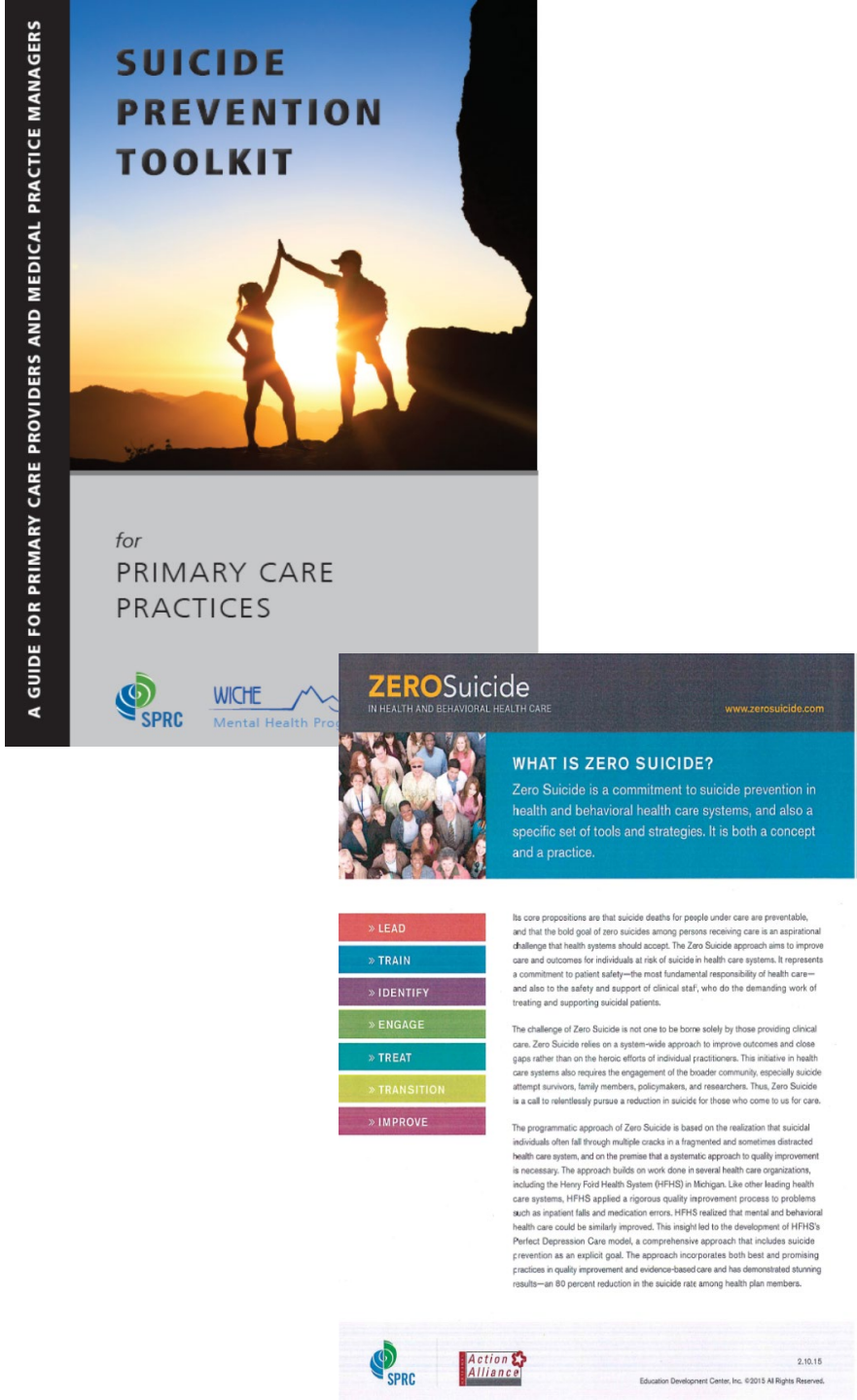
The classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1st or 2nd grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Studies have suggested that implementing the "Good Behavior Game" may delay or prevent onset of suicidal ideations and attempts in early adulthood.

Other Resources

Suicide Prevention Toolkit for Primary Care Physicians

Suicide assessment and intervention kit designed for healthcare providers practicing in rural communities.

- Training provided every semester for college students in nursing, P.A., social work, counselors, psychology.
- Project ECHO for pediatricians
- Training at numerous medical conferences
- Training for the Montana Medical Association



Skill Building in Healthcare Providers

- Collaboration with the NCMW to provide train-the-trainer in Suicide Safe Care
- Working with CPI @ Columbia to allow licensed behavior health providers in Montana to have access to training modules to earn CEUs.
- DLI (Board of Behavioral Health) and DPHHS collaborated to require all licensed behavior health providers in Montana to have 2 hours of suicide prevention every year.

NATIONAL COUNCIL for Mental Wellbeing

Center for Practice Innovations℠
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Montana Department of LABOR & INDUSTRY

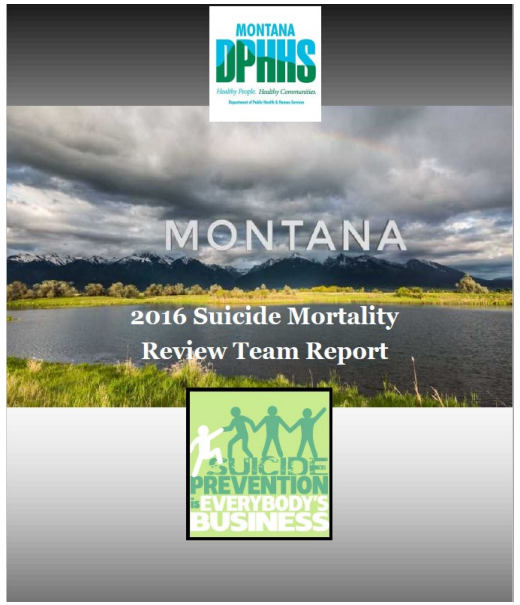
Data Surveillance

- 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.
- Grief resources provided to the next of kin for every suicide.
- The Suicide Prevention Coordinator is part of the State FICMMR team reviewing youth suicides and the state domestic violence mortality review (murder suicides).

National Violent Death Reporting System
NVDRS

PublicHealth IN THE 406

MONTANA
FETAL, INFANT, CHILD & MATERNAL MORTALITY REVIEW



HB118 Grants

(Starting July 1, 2022)

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

Rural Behavioral Health Institute (School screenings and crisis intervention)

Dog Tag Buddies (Veterans)

Guided Healing (Faith-based organizations and healthcare)

RiverStone Health (RSH) (Billings School District and the Native American youth advisory council)

Lewis & Clark County (LOSS Teams)

Cedar Creek Integrated Health (Vet organizations and the MT Consortium of Urban Indian Health)

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Content source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS.

2011 - 2020, United States
Suicide Injury Deaths and Rates per 100,000
All Races, Both Sexes, All Ages
ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population***	Crude Rate	Age-Adjusted Rate**
442,258	3,213,492,571	13.76	13.30

2011 - 2020, United States
Suicide Injury Deaths and Rates per 100,000
Am Indian/AK Native, Both Sexes, All Ages
ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population***	Crude Rate	Age-Adjusted Rate**
5,841	46,228,040	12.64	12.59

2011 - 2020, Montana
Suicide Injury Deaths and Rates per 100,000
All Races, Both Sexes, All Ages
ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population***	Crude Rate	Age-Adjusted Rate**
2,663	10,378,513	25.66	25.00
2,663	10,378,513	25.66	

2011 - 2020, Montana
Suicide Injury Deaths and Rates per 100,000
Am Indian/AK Native, Both Sexes, All Ages
ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population***	Crude Rate	Age-Adjusted Rate**
240	748,201	32.08	33.75
240	748,201	32.08	

2011 - 2020, Montana
Suicide Injury Deaths and Rates per 100,000
Am Indian/AK Native, Males, Ages 15 to 24
ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population***	Crude Rate
60	63,838	93.99
60	63,838	93.99

2021 Montana Suicides by American Indians
N=43

Gender	
Males (23%)	33
Females	10
Veterans	1

Age Range	
11-18	8
19-29 (35%)	15
30-39	9
40-49	4
50-59	5
60-85	2

County of Residence	
Big Horn	3
Blaine	5
Cascade (14%)	6
Chouteau	1
Flathead	1
Glacier	4
Hill	4
Jefferson	1
Lake	3
Lincoln	1
Missoula	1
Phillips	2
Powell	1
Roosevelt	4
Rosebud	3
Yellowstone	3

Means	
Firearm	17
Hanging (43%)	20
Jumping	4
Poison	2

Relational Status	
Divorced	4
Married	4
Single (72%)	31
Widowed	4

Occupation	
Auditor	1
Beautician	1
Casino Attendant	1
CHR Driver	1
Clerk	1
Cook	2
Firefighter	1
Gardener	1
Labor Foreman	1
Heavy Equipment Operator	2
Homemaker	2
Horse Trainer	3
House Cleaner	1
House Painter	1
Laborer	7
Maintenance Tech	1
Mechanic	1
Auto Parts	1
Rancher	3
Trucking	1
Student	5
Food Service	1
Teacher's Aid	1
Unknown	3

AGE-ADJUSTED DEATH RATE is **a death rate that controls for the effects of differences in population age distributions**. When comparing across geographic areas, some method of age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.