MONTANA DPHHS

Suicide Prevention Strategic Plan

Zero suicide in the Big Sky State

Reduce suicide in Montana through a comprehensive, coordinated, statewide suicide prevention response that increases awareness of the problem, facilitates access to needed services and promotes the social and emotional wellness of all Montanans.

Overview

The following goals, objectives, and strategies are designed to support a coordinated approach to reducing suicide in our state. A 2020-2021 action plan created with the input of key DPHHS stakeholders has guided the work to date and now this 2022-2023 updated plan will continue to track progress on the strategic activities of each of the five goals. DPHHS seeks to continue to build a strong suicide prevention infrastructure with key stakeholders and partners across the state and looks forward to sharing bi- annual updates.

Alignment to DPHHS Strategic Goals

The following plan outlines key strategies to reduce the suicide rate in Montana and aligns with DPHHS's 2019-2024 strategic plan in improving and protecting the health, well-being and self-reliance of all Montanans. The Suicide Prevention Strategic Plan correlates directly to DPHHS's goals to promote health equity and improve population health; strengthen the economic and social well-being of Montanans across the lifespan; ensure all children and youth achieve their highest potential; effectively engage stakeholders; and ensure core business services are efficient, innovative and transparent. The following Plan aligns with agency plans addressing behavioral health, such as the 2019-2023 State Health Improvement Plan, 2017-2019 Substance Use: Addressing Substance Use Disorder in Montana Strategic Plan, and the 2017-2019 Native American Youth Suicide Reduction Plan, to ensure agency-wide coordination, resource alignment, and increased crosswalk impact.

Goals, Objectives, and Strategies

Goal 1

Implement a suicide prevention program led by the suicide prevention office based upon the best available evidence

Objective 1.1

Dedicate core staff positions to carry out essential functions of DPHHS's suicide prevention efforts

Strategies

1.1.1 Continue support for the Native American Adult Zero Suicide Grant Manager

1.1.2 Sustain statutory suicide prevention coordinator and suicide prevention manager for the DPHHS Suicide Prevention Program

Objective 1.2

Implement bi-annual suicide prevention action plan

Strategies

1.2.1 The DPHHS suicide prevention office will continue with this updated suicide prevention action plan

1.2.2 Report on action plan progress and update the Montana Suicide Prevention Strategic Plan to a stakeholder group and to internal DPHHS staff.

Objective 1.3

Coordinate and integrate DPHHS's suicide prevention activities through the Suicide Prevention Program, encouraging cross-department collaboration and integration of programs across funding sources within state government.

Strategies

1.3.1 Improve communication and coordination across branches, divisions, and programs to better collaborate on suicide prevention efforts including OPI, DOC and the Ombudsman's office etc. through yearly coordination meetings initiated by the suicide prevention coordinator to provide for coordination of all suicide prevention efforts.

1.3.2 Policy and educational documents (i.e. website, postvention plan, state plan etc.) will be shared across these branches, divisions and programs.

Objective 1.4

Provide recommendations for changed or amended policies to DPPHS based on published data, best practices, and state-specific data analysis

Strategies

1.4.1 Establish a link between BHDD Division leadership and DPHHS data experts to ensure a comprehensive approach to evidence-based practices and metrics

Goal 2

Develop a comprehensive communication plan

Objective 2.1

Research effective suicide prevention messaging and explore resources to create and disseminate public awareness messaging

Strategies

2.1.1 Continue to develop a communication plan regarding suicide prevention efforts based on the best practices in communication including in AI/AN communities.

2.1.2 Identify key internal and external stakeholder groups and a plan for outreach with targeted messaging strategies.

2.1.3 Explore use of existing public facing platforms including social media to disseminate suicide prevention messaging and resources.

2.1.4 Develop and conduct a public information campaign regarding the use of 988 within DPPHS and externally in accordance with the Montana 988 Implementation plan.

2.1.5 Develop a public information campaign for 988 for AI/AN communities.

Objective 2.2

Direct resources towards identifying and implementing evidence-based strategies to reduce access to lethal means through messaging for target groups.

Strategies

2.2.1 Work with substance abuse prevention experts to continue to promote safe storage and disposal of prescription medications.

2.2.2 Disseminate best practices from local county "Safer Communities" initiatives around safe firearm storage and pharmaceutical disposal program through state-wide commercials.

2.2.3 Continue to partner with subject matter experts and community stakeholders, such as the VA and the Indian Health Service, to hold focus groups and study how to message best practice strategies, including reducing access to lethal means for high-risk individuals experiencing acute suicidality and/or mental health crisis.

Goal 3

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

Objective 3.1

Oversee an overall suicide prevention training plan for prevention and intervention trainings within communities

Strategies

3.1.1 Monitor the updated online toolkit resource with self-guided online educational resources for providers and residents and different target populations.

3.1.2 Deliver a coordinated state-provided train the trainer system.

3.1.3 Maintain a data base of trainers who have been trained in suicide safer care for health care settings to use in spreading this training statewide.

3.1.4 Support Montana's university system in embedding suicide safer care training and principles into all curriculums for physical and behavioral health providers with internal capacity within the faculty to continue training.

3.1.5 Engage AI/AN stakeholders in planning for and delivering targeted trainings for suicide safer care.

Objective 3.2
Strengthen the crisis response system infrastructure in Montana

Strategies

3.2.1 Maintain and strengthen the suicide crisis response infrastructure in Montana through support of the three regional State Suicide Prevention Lifelines (988 as of July 16, 2022) and statewide crisis texting services through the National Crisis Text Line (Text "MT" to 741-741).

3.2.2 Coordinate with other BHDD sections to enable an "Air Traffic Control" level of crisis management, based on the "Crisis Now" model, developed by the NAASP and NASMHPD.

3.2.3 Expand use of informal peer to peer support services with high-risk populations.

3.2.4 Support the use of Mental Health First Aid, Crisis Intervention Training, and other evidence-supported Crisis interventions for additional law enforcement officials, first responders, and hospital ER staff.

3.2.5 Engage AI/AN representation in planning for crisis response system supports including 988 for both urban and reservation based Indian health centers.

Goal 4
Build a multi-faceted, lifespan approach to suicide prevention

Objective 4.1
Support efforts to ensure a systematic approach to provide suicide safer care by partnering with healthcare and behavioral health programs

Strategies

4.1.1 Partner with organizations and initiatives that encourage the development of integrated behavioral healthcare models across Montana, creating "no wrong door" access to individuals with behavioral health concerns including IHS and tribal health providers.

4.1.2 Support the use of universal depression and anxiety screening, SUD screening, risk assessment, safety planning, lethal means counseling, and follow up within the medical community.

4.1.3 Support the use of universal depression and anxiety screening, SUD screening, risk assessment, safety planning, lethal means counseling, and follow up within urban Indian centers and tribal health departments.

Objective 4.2
Build capacity within the public health system to prevent suicide in Montana

Strategies

4.2.1 Provide suicide safer care training to health professionals through a network of trainers that has been developed and track number of trainings.

Objective 4.3
Develop and support suicide prevention programs to address suicide prevention with at-risk groups in Montana

Strategies

4.3.1 Develop and support suicide prevention programs for Native Americans:

- Support the development of a local advisory council on each reservation and in each Urban Indian Health Center. These local councils will provide representation to a state level advisory council that will provide guidance to DPPHS on suicide prevention policies and practices for tribal groups.
- Support the use of the PAX good behavior game in all tribal schools.

4.3.2 Develop and support suicide prevention programs for Service Members, Veterans, and Military Families (SMVF) by partnering with veteran services organizations, state national guard and reserve and the Department of Veteran's Affairs.

4.3.3 Collaborate with the Department of Labor to train employees in suicide awareness through SAFETYFEST conferences.

4.3.4 Develop and support suicide prevention programs for older adults

4.3.5 Develop and support suicide prevention programs for LGBTQ+

Objective 4.4

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

Strategies

4.4.1 Develop an online postvention guide for communities across Montana.

4.4.2 Review existing crisis response infrastructure and models in communities to leverage and develop response teams for postvention (e.g., school crisis response model, FICMR teams, and regional emergency preparedness programs)

4.4.3 Create a statewide postvention team to assist tribes and Urban Indian Health Centers when a suicide, crisis, or other tragic event occurs.

4.4.4 Coordinate with state national guard and reserved headquarters, veteran service organizations, the Department of Veteran's Affairs and other agencies aimed at reducing veteran and service member suicide to ensure that their suicide prevention standard operating procedures include postvention plans of action.

Objective 4.5

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

Strategies

4.5.1 Convene Task Force twice a year to review progress and receive feedback on action plan and assess strategic plan.

Goal 5

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

Objective 5.1

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

Strategies

5.1.1 Improve surveillance for suicide and suicide risk factors through the new federal National Violent Death Reporting System (MT-VDRS) with funding from the Centers for Disease Control and Prevention.

5.1.2 Encourage the use of MT-VDRS training opportunities for coroners to increase the review of psychological factors in a death ruled a suicide.

5.1.3 Analyze existing population-level data to ascertain specific risk factors for suicide in order to better target evidence-based practices for suicide prevention

Objective 5.2

Establish a system for using and communicating data

Strategies

5.2.1 DPHHS Office of Epidemiology and Scientific Support (OESS) to compile an annual data report (on suicide morbidity and mortality in Montana based on data sets available from MT-VDRS and identify recommendations).

Montana Data for Suicides by those who served in the Armed Forces, 2020-2021

(Source: Montana DPHHS-Office of Epidemiology and Scientific Support)

The following information has been added to the state plan to meet the requirements of HB549.

Montana saw a reduction in suicides by those who served in the Armed Forces between 2020 and 2021. The number of suicides dropped from 70 in 2020 to 56 in 2021, **a 20% decrease**. Over the 2-year period, 98% of the suicides were by males. 94% of the of the suicides were identified as white. 46% of the suicides were over the age of 70 and 81% of the suicides were by firearm.

2020 Montana Suicides by those who served in the Armed Forces
N=70, Rate-82/100,000

Gender	70 males	0 females
Race	66 white	4 AI

Age Range	#
18-29	8
30-39	6
40-49	4
50-59	6
60-69	12
70-79	18
80+	16

Means	#
Firearm	55
Hanging	6
Jumping	1
Sharp Obj	2
Poison	5
Fire	1

2021 Montana Suicides by those who served in the Armed Forces
N=56, Rate-66/100,000

Gender	54 males	2 females	
Race	52 white	1 AI	1 Hispanic

Age Range	#
18-29	5
30-39	5
40-49	7
50-59	10
60-69	5
70-79	11
80+	13

Means	#
Firearm	47
Hanging	3
Jumping	1
Sharp Obj	1
Poison	4

Risk and Protective Factors

Risk Factors:

- Prolonged family separation during deployments.
- A "suck-it-up" culture with regards to mental illness. Although progress has been made, the perception remains that seeking treatment will jeopardize your career.
- A high-stress, zero-defect culture where a failure to meet standards results in significant pressure and harassment by peers and leaders.

- Non-judicial punishment under the Uniform Code of Military justice, which often results in immediate reduction in rank and forfeiture of pay, causing extreme financial stress.
- An acquired and highly developed capacity for the use of firearms as a lethal means.
- Significant stress upon retirement or voluntary/involuntary separation from the service. Unlike many other careers, military service provides a well-defined and high-status identity. Losing it can be extremely traumatic.
- Female combat veterans are at much higher risk of suicide where a firearm is the lethal means due to much greater acquired capacity than their civilian counterpart.
- Military spouses are a greater risk due to social isolation during deployments and abrupt shifts in professional and parenting responsibilities.
- Military children are at greater risk due to the prolonged absence of one of their parents during deployment.

Protective factors

- Unit cohesion. Soldiers who feel like an integral part of their team are less likely to suffer from perceived burdensomeness and social isolation.
- Command climate. When commanders and senior non-commissioned officers are engaged and broadcast their support for soldiers in need of mental health treatment risk is greatly reduced. When command teams put families first and make sure that spouses and children are not forgotten during deployments their risk is reduced.
- Training. Suicide intervention training like ASIST and the Army's ACE-SI are very effective in instilling a SP/SI attitude in units. Soldiers react extremely well to being given the tools to intervene and in creating a climate of openness and empathy in their unit.
- Postvention. This is something (as with many other sectors of society) that the military has not addressed at all. When a suicide happens in a unit it is devastating because the team cannot function effectively without that member. Contagion is often swift and acute and commanders are typically unprepared to intervene effectively.
- Pre, during and post-deployment mental health treatment. When in a deployed environment, mental health is seldom dealt with effectively. The effects of PTSD are mitigated when soldiers receive treatment immediately following a traumatic incident. If services are not provided until they redeploy, the treatment is less effective

Current Montana initiatives aimed at reducing suicides among our Veterans.

Suicide Prevention Program Manager (Crisis/Veteran focus)

DPHHS hired a Suicide Prevention Program Manager who is focusing 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 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, that contains five questions pertaining to suicide risk. When these inventories indicate high risk members of the Montana National Guard's risk reduction team provide a briefing to the command team and offer training and other mitigation measures.

The Montana National Guard has produced a Suicide Prevention Standard Operating Procedure (SOP) that includes the responsibility of units to provide SIOs, the composition of suicide response teams and "battle drills" for conducting intervention and postvention actions.

Goal

The Montana National Guard will provide suicide prevention trainings to all guard members.

Measurable Outcomes

- The Montana National Guard will have at least one suicide prevention trainer per unit by December 31, 2023.

Goal
The Montana National Guard will provide mental health screening to all guard members.

Measurable Outcomes
- The Montana National Guard will screen all guard members annually through the Unit Risk Inventory.
- Any guard member who screens at high risk will be connected to the Montana National Guard's risk reduction team.

Cedar Creek Integrated Health (CCIH)
CCIH will partner with Montana VA to provide a minimum of one evidence-based suicide prevention training to Montana based veteran organizations. In addition, CCIH will provide a minimum of 1 free suicide prevention training, open to the public at a minimum of half of our clinic locations with an emphasis on our rural/frontier offices. This approach would have evidence-based gatekeeper suicide prevention trainings offered in over 25 sites across the state of MT with a majority of those sites being considered rural or frontier.

Goal
CCIH will provide evidence-based suicide prevention training to Montana based veteran organizations

Measurable Objective
- CCHI will provide QPR training to 44 Montana based veteran organization and provide the training to more than 50% of members by June 30, 2023.

Yellowstone City-County Health Department (Riverstone Health)
In collaboration with Horses Spirits Healing (HSH), Veterans seeking non-traditional treatment options are provided equine therapy in a controlled, closed group setting to address symptoms such as depression, anxiety, elevated suicide risk, isolation and PTSD, referencing a manualized protocol developed by Columbia University.

Goal
HSH will provide equine therapy to Montana Veterans

Measurable Objective
- HSH will provide equine therapy to 25 Montana Veterans by June 30, 2023.

Dog Tag Buddies (DTB)
Dog Tag Buddies is a non-profit based in Billings, MT, with satellite service areas in Helena, Great Falls, Kalispell, Missoula, and Polson. Dog Tag Buddies partners veterans living with hidden injuries, such as Post Traumatic Stress and Traumatic Brain Injury, with rescue dogs and provides the necessary training and resources for the animal to become a well-behaved companion or service animal

Goal
DTB will provide QPR presentations to local Veteran organizations and other public groups.

Measurable Objective
- DTB will provide 25 QPR training to more than 300 people by June 30, 2022.

DPHHS (Office of Suicide Prevention-OSP)
DPHHS-OSP will provide evidence-based suicide prevention trainings to communities around the state. Trainings will include data and interventions specific to serving Veterans.

Goal
DPHHS-OSP will provide either QPR or ASIST to communities around the state. Trainings will include data and resources specific to Montana Veteran population.

Measurable Outcomes
- DPHHS-OSP will provide at least 20 QPR trainings and 2 ASIST trainings, with at least 3 of the trainings being for specific Veteran organizations.

MT Veteran's Health Administration

Veteran's Health Administration in Montana (MTVAHCS) consists of one medical center with an additional 16 various types of outpatient clinics and living centers spread through the state. The MTVAHCS serves a Veteran population of around 38,000 unique visits of the nearly 93,000 Veterans living in MT.

Goal

MTVA will ensure suicide screening is provided to all Veterans who enter the emergency department. MTVA will complete further evaluation, safety planning, and follow up communications for those who present with positive suicide ideations or behaviors.

Measurable Goals

- 100% suicide screening in the emergency department with procedural follow up by mental health when found to have positive risk based on the Columbia – Suicide Severity Rating Scale (CSSRS).
- 90% of positive screens for suicide receive a timely follow up mental health evaluation (same day eval).
- 90% of Veterans receive a safety plan when discharged home.

Goal

MTVA suicide prevention team (SPT) is responsible for education and increasing awareness of how to identify and react to a person struggling with suicide.

Measurable Goals

- The SPT will provide 25 VA SAVE (suicide gatekeeper) trainings to staff, Veterans, and community organizations who serve Veterans.