

# Montana Suicide Prevention Program



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

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# Suicide Fact Sheet

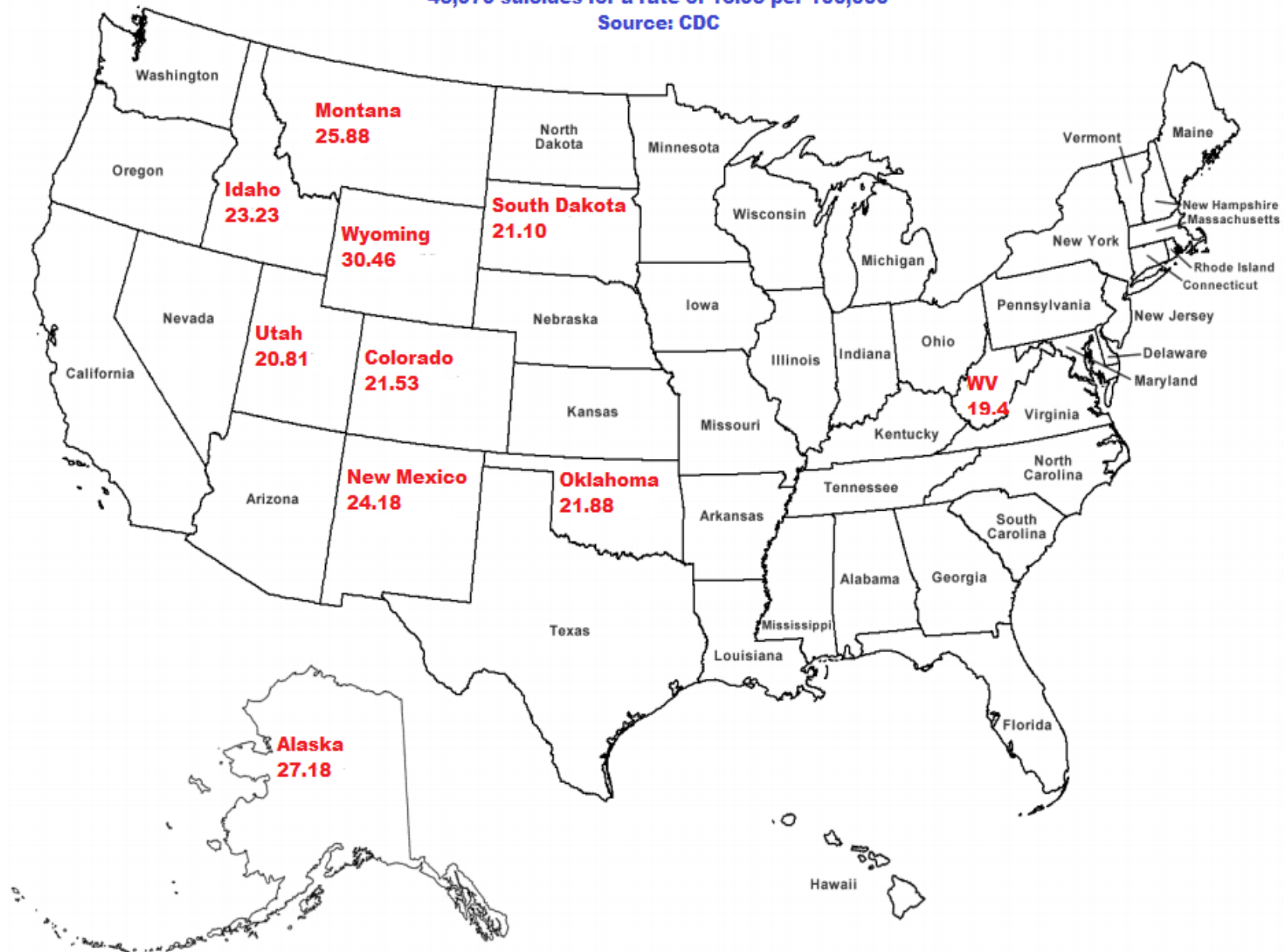
*Data Source: CDC (1/22), Montana DPHHS (3/22)*

- ❖ In 2020 there were **45,979** suicides in the U.S. (**129** suicides per day; 1 suicide every **11** minutes). This translates to an annual suicide rate of **14 per 100,000**.
- ❖ For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past forty years.
- ❖ According to the most recent numbers released by the National Vital Statistics Report for **2020**, **Montana has the 3<sup>rd</sup> highest rate of suicide in the United States (300 suicides for a rate of 25.9)**.

## 2020 US Suicide Rates

45,979 suicides for a rate of 13.95 per 100,000

Source: CDC



# Why does Montana have such a high rate of suicide?

It's not one factor, but rather multiple factors all occurring at the same time.

It is a cultural issue.

Vitamin D Deficiency (correlated with increased risk of depression)

High concentration of Veterans, American Indians, and middle age White men

Alcohol as a coping strategy (alcohol in the blood at the time of death is 2x the national average)

Altitude  
Metabolic stress caused by long-term oxygen deprivation. Worldwide, above 2,500 feet, you see a spike in suicides. The average suicide in Montana occurs at 3,500 feet

Social Isolation  
Montana has 6.7 people per square mile. The national average is 88.7

Access to Lethal Means  
Nearly 65% of suicides are by firearm and nearly 90% of all firearm deaths in Montana are suicides

Socioeconomic  
1/5 Montana kids live more than 100% below the federal poverty level

Lack of Behavioral Health Services  
Lack of psychiatrists and integrated behavioral health into primary care.

STIGMA  
We see depression as a weakness, that we are a burden. And if you think you are a burden, how likely are you to ask for help?



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

Means

Firearm 17

Hanging (43%) 20

Jumping 4

Poison 2

Age Range

11-18 8

19-29 (35%) 15

30-39 9

40-49 4

50-59 5

60-85 2

Relational Status

Divorced 4

Married 4

Single (72%) 31

Widowed 4

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

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

# 2020 Youth Suicide Data

Age (Years)	Sex	NCHS 'BRIDGED RACE	County of Residence	Underlying Cause of Death (COD) - Label Added by NCHS
11	FEMALE	ASIAN/ PACIFIC ISLANDER	MISSOULA	Intentional self-harm by hanging, strangulation and suffocation
13	MALE	WHITE	LEWIS & CLARK	Intentional self-harm by handgun discharge
15	MALE	WHITE	PARK	Intentional self-harm by handgun discharge
15	MALE	WHITE	BEAVERHEAD	Intentional self-harm by hanging, strangulation and suffocation
15	FEMALE	AMERICAN INDIAN	YELLOWSTONE	Intentional self-harm by rifle, shotgun and larger firearm discharge
16	MALE	WHITE	YELLOWSTONE	Intentional self-harm by handgun discharge
16	MALE	AMERICAN INDIAN	ROOSEVELT	Intentional self-harm by other and unspecified firearm discharge
16	MALE	WHITE	LEWIS & CLARK	Intentional self-harm by handgun discharge
16	FEMALE	WHITE	DEER LODGE	Intentional self-harm by other and unspecified firearm discharge
17	MALE	WHITE	FLATHEAD	Intentional self-harm by hanging, strangulation and suffocation
17	MALE	WHITE	LEWIS & CLARK	Intentional self-poisoning by and exposure to antiepileptic,
18	MALE	AMERICAN INDIAN	BLAINE	Intentional self-harm by hanging, strangulation and suffocation
18	MALE	WHITE	LEWIS & CLARK	Intentional self-harm by rifle, shotgun and larger firearm discharge

N=13

White-9 (69%), AI-3 (23%), Asian-1

Male-10 (77%), Female-2

Firearm-8 (62%), Hanging-4 (31%),

Overdose-1

L&C-4 \*

Yellowstone-2

# 2021 Youth Suicide Data

Age (Years)	Sex	NCHS 'BRIDGED RACE	County of Residence	Underlying Cause of Death (COD) - Label Added by NCHS
11	FEMALE	AMERICAN INDIAN	GLACIER	Intentional self-harm by hanging, strangulation and suffocation
12	MALE	WHITE	YELLOWSTONE	Intentional self-harm by hanging, strangulation and suffocation
12	MALE	WHITE	GALLATIN	Intentional self-harm by other and unspecified firearm discharge
13	MALE	WHITE	LEWIS & CLARK	Intentional self-harm by other and unspecified firearm discharge
14	MALE	AMERICAN INDIAN	CASCADE	Intentional self-harm by other and unspecified firearm discharge
14	MALE	WHITE	FALLON	Intentional self-harm by other and unspecified firearm discharge
15	MALE	WHITE	PARK	Intentional self-harm by other and unspecified firearm discharge
15	MALE	WHITE	LINCOLN	Intentional self-harm by other and unspecified firearm discharge
15	FEMALE	WHITE	LEWIS & CLARK	Intentional self-harm by hanging, strangulation and suffocation
15	MALE	WHITE	FLATHEAD	Intentional self-harm by other and unspecified firearm discharge
16	MALE	WHITE	LAKE	Intentional self-harm by handgun discharge
16	MALE	WHITE	LEWIS & CLARK	Intentional self-harm by handgun discharge
17	MALE	WHITE	SANDERS	Intentional self-harm by other and unspecified firearm discharge
17	MALE	AMERICAN INDIAN	ROOSEVELT	Intentional self-harm by hanging, strangulation and suffocation
17	MALE	ASIAN/ PACIFIC ISLANDER	CASCADE	Intentional self-harm by jumping or lying before moving object
17	MALE	WHITE	YELLOWSTONE	Intentional self-harm by handgun discharge
17	FEMALE	WHITE	FLATHEAD	Intentional self-harm by other and unspecified firearm discharge
17	FEMALE	WHITE	SANDERS	Intentional self-harm by hanging, strangulation and suffocation
17	MALE	AMERICAN INDIAN	LINCOLN	Intentional self-harm by hanging, strangulation and suffocation
17	FEMALE	WHITE	FLATHEAD	Intentional self-harm by hanging, strangulation and suffocation
17	MALE	WHITE	FLATHEAD	Intentional self-harm by hanging, strangulation and suffocation
17	MALE	AMERICAN INDIAN	BIG HORN	Intentional self-harm by hanging, strangulation and suffocation
18	MALE	WHITE	CASCADE	Intentional self-harm by other and unspecified firearm discharge
18	MALE	AMERICAN INDIAN	LAKE	Intentional self-harm by jumping or lying before moving object
18	MALE	WHITE	FLATHEAD	Intentional self-harm by crashing of motor vehicle
18	MALE	WHITE	DAWSON	Intentional self-harm by handgun discharge
18	FEMALE	AMERICAN INDIAN	BLAINE	Intentional self-harm by other and unspecified firearm discharge
18	MALE	WHITE	PARK	Intentional self-poisoning by and exposure to nonopioid analgesics,
18	FEMALE	AMERICAN INDIAN	CHOUTEAU	Intentional self-harm by hanging, strangulation and suffocation

N=29

White-20, AI-8, Asian-1  
Males-22, Female-7  
Firearm-15, Hanging-10,  
Jump-2, OD=-1, Auto-1

White 69%, AI 26%

76% Male

52% Firearm, 34% Hang

Flathead-5

L&C-3 \*

Cascade-3



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

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

Montana saw a reduction in suicides by those who serviced 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	#	Means	#
18-29	8	Firearm	55
30-39	6	Hanging	6
40-49	4	Jumping	1
50-59	6	Sharp Obj	2
60-69	12	Poison	5
70-79	18	Fire	1
80+	16		

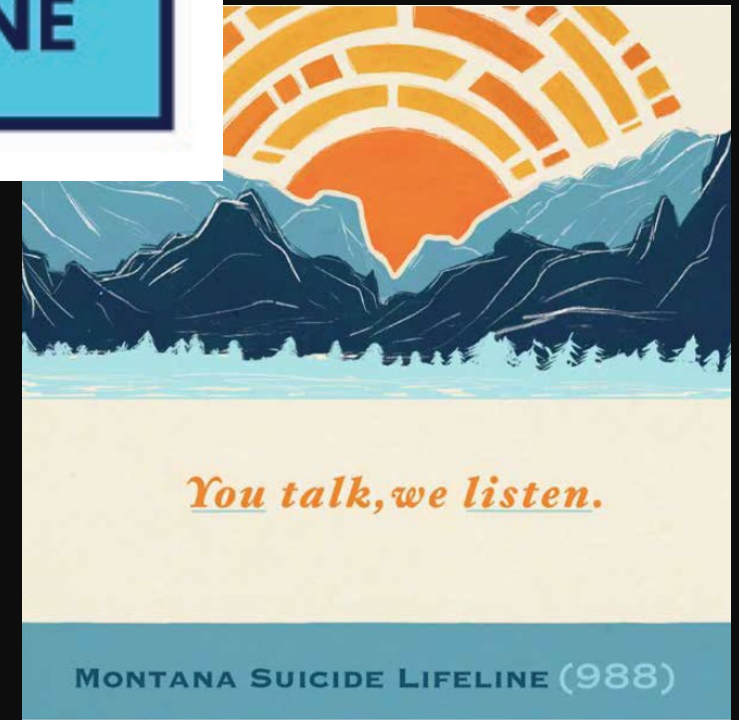
### 2021 Montana Suicides by those who served in the Armed Forces

N=56, Rate-66/100,000

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

Age Range	#	Means	#
18-29	5	Firearm	47
30-39	5	Hanging	3
40-49	7	Jumping	1
50-59	10	Sharp Obj	1
60-69	5	Poison	4
70-79	11		
80+	13		

# Montana's Suicide Prevention and Mental Health Crisis Lifeline



# Background

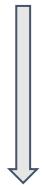
- Congress passes the National Suicide Hotline Designation Act on October 17, 2020, beginning the process of replacing the ten-digit lifeline with the three-digit 988.
- Vibrant Emotional Health inc. is given the national grant to implement 988 nationwide.
- Vibrant offers planning grants to states to begin the process of planning for implementation by 16 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**

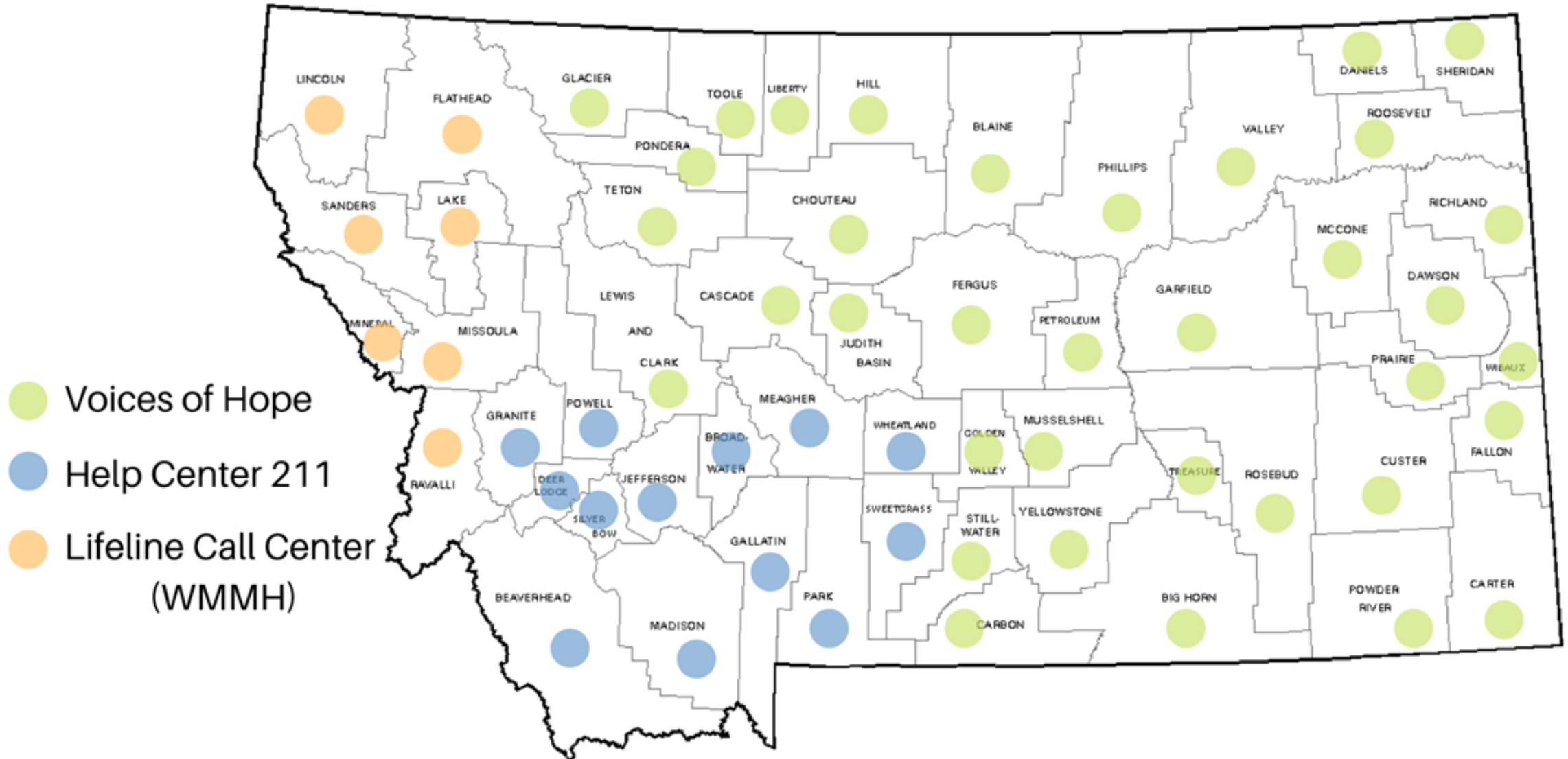
**Lifeline Call Center**



**Lifeline**



# Lifeline Call Center Coverage Map





# **Montana 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.



# 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](http://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.



## Responding After a Suicide:

A Toolkit for Communities in Montana

# Evidenced-Based Suicide Prevention Programs



## 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



## 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

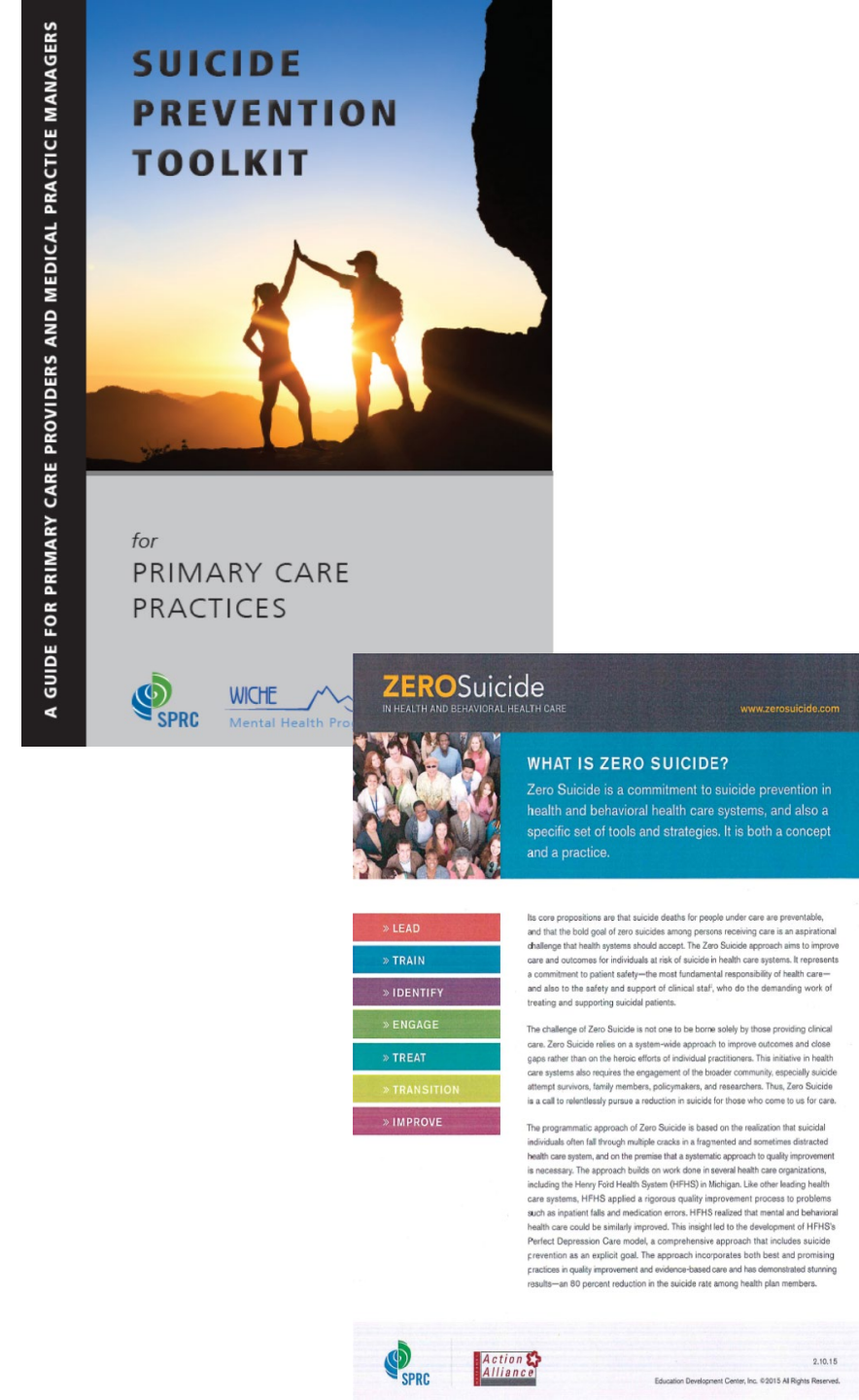
The classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1<sup>st</sup> or 2<sup>nd</sup> grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal 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



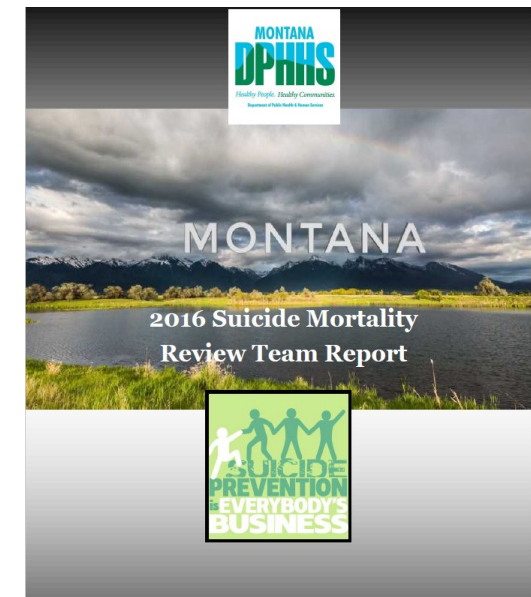
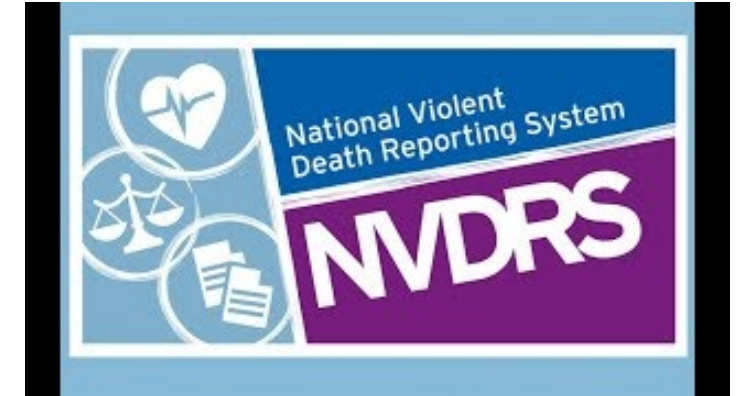
# Skill Building in Healthcare Providers

- 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.



# 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).





# 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)

# ANY QUESTIONS?



Karl Rosston, LCSW

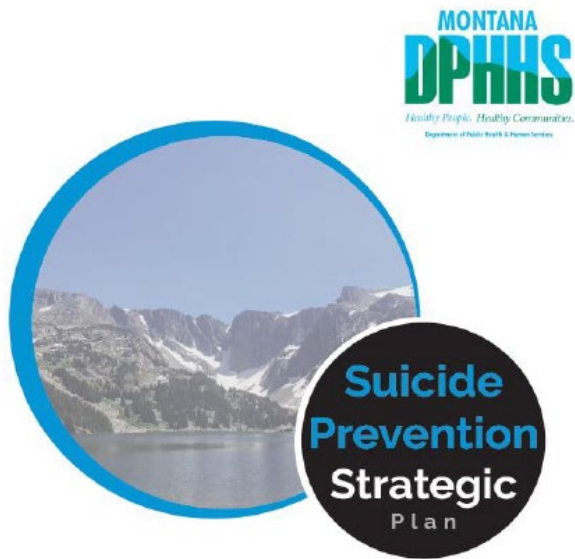
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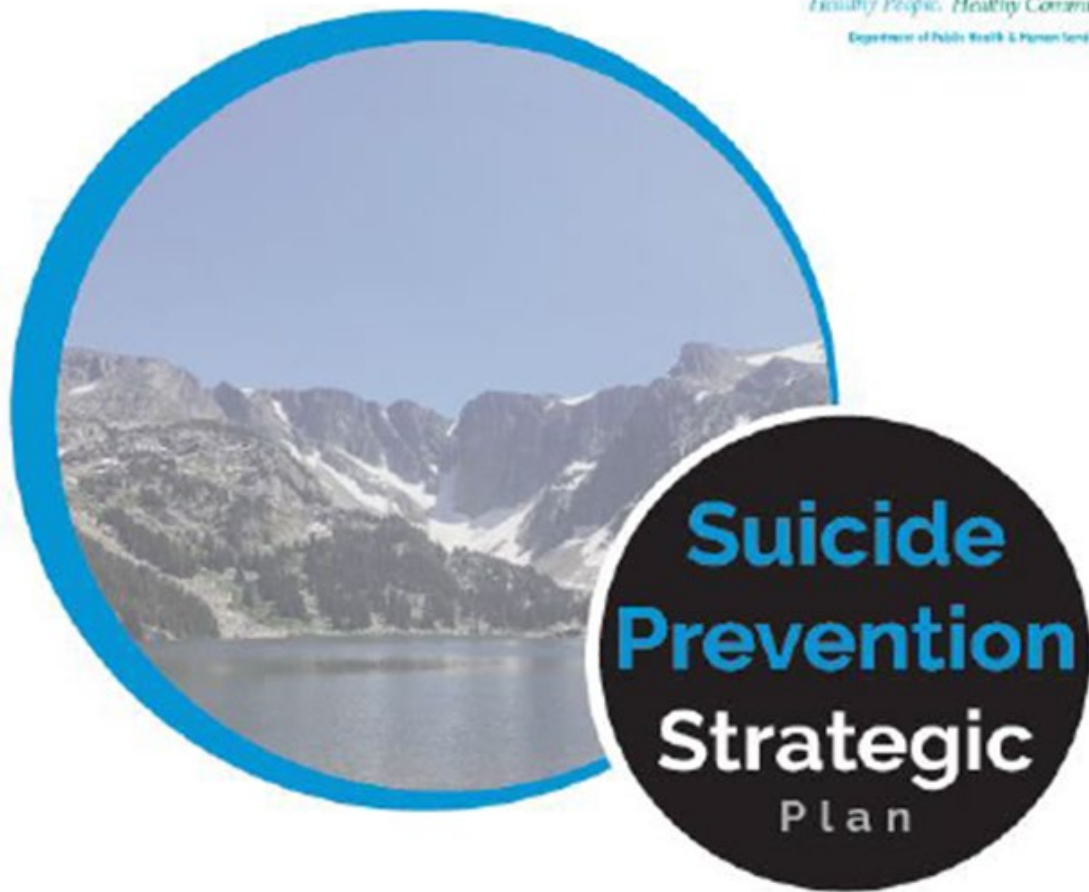


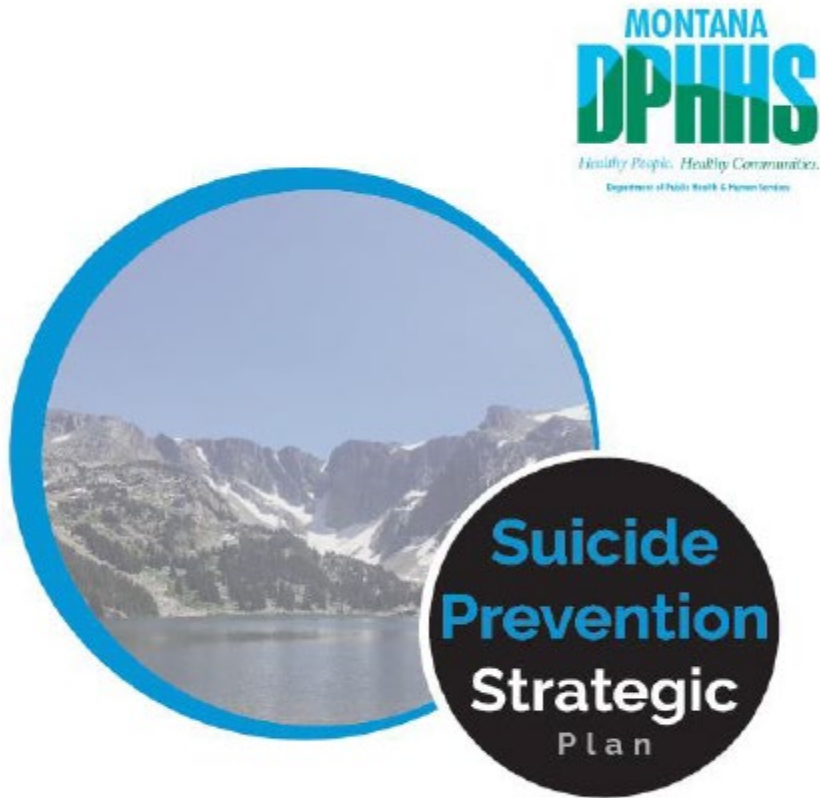
- **Goal 1**  
Implement a suicide prevention program at the department based upon the best available evidence
- **Goal 2**  
Develop a comprehensive communication plan
- **Goal 3**  
Identify and use available resources needed to guide state, tribal, county, and local efforts, including crisis response efforts
- **Goal 4**  
Build a multi-faceted, lifespan approach to suicide prevention
- **Goal 5**  
Support high quality, privacy-protected suicide morbidity and mortality data collection and analysis



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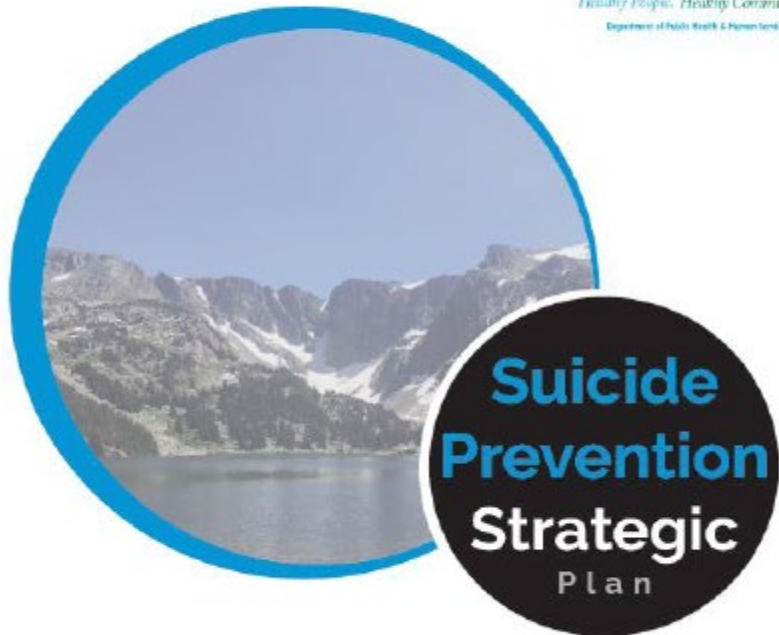


## Goal 1

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

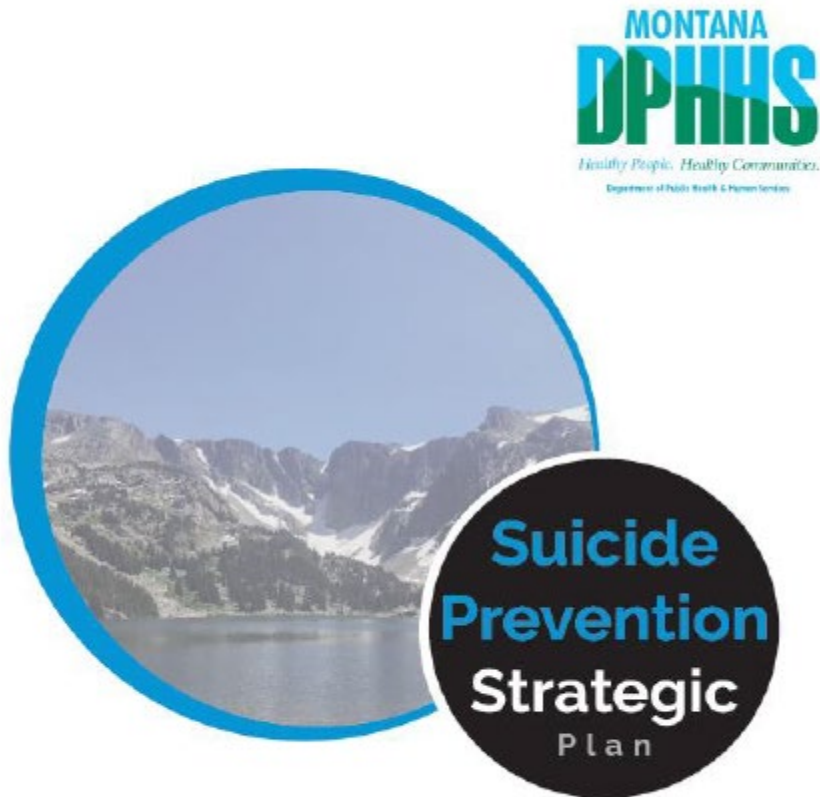




## Goal 2

### Develop a comprehensive communication plan

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

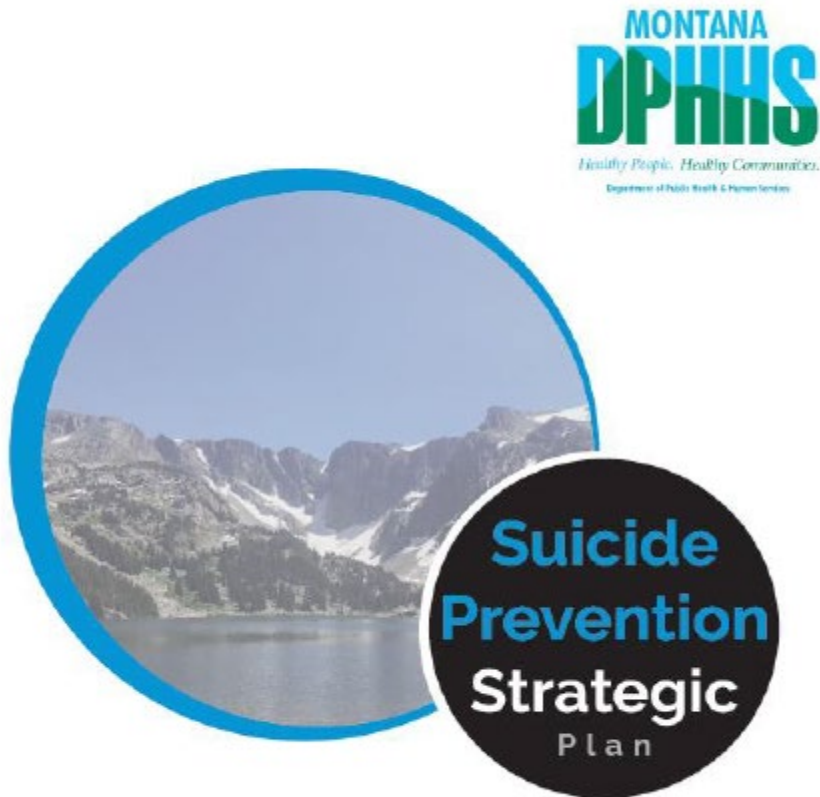


### Goal 3

Identify and use available resources needed to guide state, tribal, county, and localefforts, including crisis response efforts<sup>7</sup>

- 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)

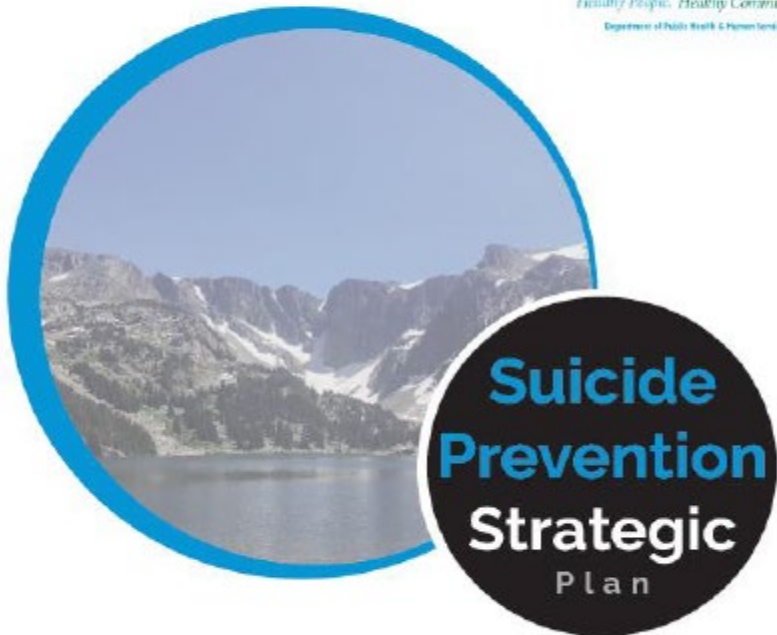




## Goal 4

### 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