



Title: Suicide Prevention Report for Committee
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Suicide is a major public health issue in Montana. Montana has one of the highest suicide rates in the country and been in the top five for more than 40 years. Each year we lose approximately 280 Montanans to suicide. Suicide is a multi-factored issue and Montana and the rest of the Rocky Mountain region has a perfect storm as far as all the factors presenting at the same time. It is for this reason that it is difficult to evaluate interventions based on the total number of suicides. Suicide is a cultural issue in our region, and it takes a cultural shift in thinking to address the issue. Many of the interventions that are identified as “evidence-based” often focus on developing skills to manage risk that an individual may not experience for years. It is also very difficult to determine if a specific intervention has resulted in a decrease in the number of total suicides because there is no way to directly associate an intervention with a drop in suicide deaths. We don’t have a way of counting if a person doesn’t attempt suicide.

Below are the areas of focus and high-risk populations, and the specific programs and interventions being implemented. Primary goals and outcomes are identified for each program or intervention.

Crisis Support Services

Montana currently has 2 regional Lifeline call centers (Voices of Hope in Great Falls and the Help Center in Bozeman). Western Montana Mental Health Center in Missoula has recently applied to become a Lifeline call center to better serve northwestern Montana.

Program Goals

1. Montana Lifeline call centers will have an in-state response rate of 90%

Outcome

In 2020, Montana’s in-state answer rate was 93%. Between the two current call centers, nearly 6,900 Lifeline calls are answered each year.

Veterans

HB696: Six grants were awarded statewide to improve services to our Veteran population. The grant projects are as follows:

NADC-Billings Urban Indian Health Center will focus on the engagement of Native American Veterans by providing suicide safe care to patients seen in the clinic.



Program Goals

1. develop a plan to implement Ask the Question concerning whether the patient or a family member has served in the armed forces,
2. implement universal screening to include screening with the PHQ-9, risk assessment utilizing the Columbia Suicide Severity Rating Scale (C-SSRS), safety planning, lethal means counseling, and follow-up contact, and
3. develop a plan to engage Native American (NA) Veterans in the services at BUIHWC, which will include partnering with community agencies and other BUIHWC programs to provide outreach and other educational materials to NA Veterans and their families and training staff and partners that serve NA Veterans on the importance of culturally sensitive and appropriate care.

Outcomes (progress has been delayed due to COVID)

- The Engagement Coordinator position was hired in January 2021
- The Ask the Question process will be finalized by March 1, 2021
- Universal Screening process will be drafted by March 1, finalized by March 15, 2021
- Veterans Engagement plan will be drafted by March 20th, finalized by April 1, 2021
- Start outreach activities by April 1, 2021
- Start training opportunities by April 15th, 2021

Lewis and Clark County Health Department will focus on the two goals. The first goal is to promote connectedness and behavioral health recovery to prevent service member and veteran suicide by increasing access to certified peer support programs for service members, veterans, and their families (SMVF) in the state of Montana. This is being done by establishing a Veteran Peer Support Specialist Program at the Fort Harrison VA Hospital and Helena Vet Center as a pilot program that can be expanded to VA Healthcare locations and Vet Centers across Montana. L&C CHD is establishing a scholarship program for up to 10 service members, veterans or family members of service members to attend the Department of Labor and Industry approved trainings such as the Department of Veterans Affairs Peer Specialist Training for certification and post-training. The second goal is to increase access to informal peer support services and improve connectivity for SMVF in Montana by creating a Peer-to-Peer Training Toolkit of best practices to be utilized by informal peers at community and veteran service organizations. This is being accomplished by creating a Peer-to-Peer Training Toolkit of best practices for informal peers.

Program Goals

1. Promote connectedness and behavioral health recovery to prevent service member and veteran suicide by increasing access to certified peer support programs for service members, veterans, and their families (SMVF) in the state of Montana.
2. Increase access to informal peer support services and improve connectivity for SMVF in Montana by creating a Peer-to-Peer Training Toolkit of best practices to be utilized by informal peers at community and veteran service organizations



Outcomes

- Representatives with the Montana VA at Fort Harrison signed an MOU to provide clinical support and supervision for 10 incoming peers through the Governor's Challenge Peer Support Pilot. During the quarter, the project team continued work on the scholarship program to determine ways to distribute funding to ensure participants have their training and equipment needs met. The team also explored scholarship fundamentals to create a fair selection process and to identify necessary supporting documents, in addition to the scholarship application. The team worked with the VA's volunteer office to determine requirements and guidelines for overseeing the incoming peer volunteers. They will be also be overseen by clinical supervisors, who will be recruited in Quarter 4.
- The Peer Support team distributed the "Peer Coach Toolkit" to five veteran-serving organizations and informal peers in Montana for a 60-day period during Quarter 3. The team then created a qualitative interview process and questions for participants to gain their input. The team then began conducting qualitative interviews at the end of the quarter and into Quarter 4. Questions include how participants used the toolkit and whether it helped them to support Veterans.
- Peer Coach Toolkit piloted at five VSOs
- Interview process created for Peer Coach Toolkit to evaluate use and value

Riverstone Health is building upon the existing Suicide Prevention workflow and existing training curriculum by training our non-clinical staff in concepts and skills that will support patients from the time they contact the health center, through the clinical encounter, and then in follow-up.

Program Goals

1. The creation and implementation of a training curriculum to support integrated behavioral health and suicide prevention for non-clinical staff (e.g., front desk staff and phone staff) who are integral members of our primary care team but who do not have clinical expertise.
2. investment in a system to track initial and ongoing training needed and completed by staff members. The ability to track completed training is critical to ensuring continuous development of the integrated behavioral health service, including suicide prevention.

Outcomes

1. Psych Armor Veteran Ready trainings were held on September 30 and Dec 30, 2020
2. Question, Persuade and Refer (QPR) suicide prevention trainings were held on November 6 and December 4, 2020.
3. The number and percentage of RiverStone Health Clinic (FQHC) patients listed in the electronic medical record that have the demographic of Veteran status noted
 - from Jan 1 2020 through Aug 24, 2020, 10,925 patients screened; 509 (4.7%) reported that they are Veterans



4. The number of RiverStone Health Clinic (FQHC) patients who were screened using the PHQ2
 - From Jan 1 2020 through Aug 24 2020, 3501 patients were screened using the PHQ2
5. The number of RiverStone Health Clinic (FQHC) patients who screened positive using the PHQ2 and were referred to behavioral health services.
 - From Jan 1 2020 through Aug 24 2020, 3376 patients screened positive using the PHQ2

United Way 211 is focusing on building resilience and prevent Service Member and Veteran suicide by increasing reliable access to 211 resource referral for all 95,683 active duty service members, veterans, and their families (SMVF) in the state of Montana. This is being done by updating the 211 resource database and identifying resources throughout the state. The project will also Improve coordination between Montana 211 and DPHHS CONNECT Referral System for the benefit of SMVF in Montana. 211 will provide an updated list of newly-added 211 resources to state-level DPHHS CONNECT staff on a monthly basis in order to promote cross-population.

Program Goals

- 1) Build resilience and prevent Service Member and Veteran suicide by increasing reliable access to 211 resource referral for all 95,683 active duty service members, veterans, and their families (SMVF) in the state of Montana.
- 2) Improve coordination between Montana 211 and DPHHS CONNECT Referral System for the benefit of SMVF in Montana.

Outcomes

- 211 Counts-Our dashboard is in the process of being built. 211 Counts in working with iCarol, our database manager, and with our website host on exporting the data.
- CONNECT cobranding materials-in process
- Audit of website and database-Complete
- Updating resources statewide-in process

Dog Tag Buddies is a nonprofit service dog provider for military Veterans suffering from post-traumatic stress, traumatic brain injury, and military sexual trauma working to prevent suicide and improve military Veterans' mental health." One of the goals of the organization is to "increase awareness and understanding of the medical evidence that supports the use of service dogs."

Program Goals

1. Adopt/vetting of 10 dogs for veterans
2. Provide two QPR trainings per month for veterans participating in the program.

Outcomes



- Due to COVID, there has been delays in being able to provide trainings, however, Dog Tag Buddies has been able to do two QPR presentations since November. Dog Tag Buddies is currently working with the American Legion Posts throughout the state to set up QPR training via Zoom.
- Dog Tag Buddies is starting to utilize local advertising in Western Montana to bring more veterans into our program. We have been able to expand our reach to veterans in Kalispell, Polson and the Missoula region. We currently have 4 veterans in training in these areas and applications from veterans in these areas is increasing.
- Dog Tag Buddies and our participants have been accepted into a study through Johns Hopkins to help determine the efficacy of service dogs for veterans with PTSD.

Veteran Navigation Network (VNN) will provide veterans with fully trained Mentors to help them navigate the challenges that they face. Veterans who are reached by these Mentors will be able to have a constant form of support for them to rely on as they face the challenges that transition from the Military provides. Based on the availability of Peer Support training, Veterans Navigation Network seeks a minimum of 5, but possibly 10 fully trained Mentors by Spring of 2021. These Mentors would then be able to serve between 10 to 20 Veterans each. As these Veterans work with VNN, they will be guided to navigate the issues that they face by their Peer Support Mentor. Once they have worked with VNN for a year and successfully learned to navigate the issues that they faced, they will be able to continue with VNN as Peer Support Mentors upon completion of training.

Program Goals

1. By June, 2021, 40 of training completed for Certified Behavioral Health Peer Support Services (minimum 5) with the ability to obtain certification through the State of Montana
2. By June, 2021, creation of a Train-the-Trainer course for Peer Support Services
3. By March, 2021, initiate a state-wide media campaign to market the training utilizing social media, print, and radio.

Outcomes

COVID has caused delays in the training schedule. It is anticipated that training and other goals will be started by March, 2021

Youth

Signs of Suicide (SOS) is an evidence-based suicide prevention program for schools that teaches students the warning signs of suicide and how to intervene. The program is provided to schools around the state as a collaboration between the DPHHS and OPI.

Program Goals

1. Provide SOS to at least 10 schools per year.



Outcomes

- COVID has caused a delay in schools being able to implement the program. Since July, 2020, 7 schools have implemented the SOS program. Currently, there are more than 150 middle and high schools that have implemented the program.

QPR (Question, Persuade, Refer) is an evidence-based suicide prevention training provided to teachers and communities around the state. On average, 400 teachers each year are trained in QPR.

Program Goals

1. Train 250 teachers a year in QPR each year.
2. Train 100 first responders in QPR each year

Outcomes

- Due to COVID, that number was reduced to 164 teachers in 2020. In addition, QPR training was provided to 242 first responders around the state in 2020. QPR is also provided to all law enforcement candidates at the Montana Law Enforcement Academy.

PAX Good Behavior Game: This evidence-based program has been shown to have long-term positive effects on reducing criminal behavior, substance abuse, and suicide as well as other mental health issues. The program teaches elementary age students' self-regulation, self-control, and self-management as well as additional social-emotional skills including teamwork and collaboration. PAX GBG is currently in over a hundred schools statewide and growing with the goal of implementing district-wide K-5 in as many districts as possible with ongoing supports to ensure fidelity and long-term sustainability. AMDD made use of federal opiate funding to expand this program during this past biennium. The success of this program is being evaluated by researchers at the University of Montana.

Program Goals

1. Increase access to PAX Good Behavior Game (GBG) in Montana's K-5 elementary schools as an evidence-based primary prevention strategy to reduce opioid and substance use among youth.
2. Provide 30 school-based trainings to target 800 Teachers and 60 PAX Partners.
3. Provide a series of PAX Tools Community Educators Workshops for parents and community stakeholders to promote the PAX strategies.

Outcomes

- 87 schools are now trained and implementing PAX GBG in their classrooms. This includes several preschool and afterschool programs.



- 1,480 teachers and 110 PAX Partners (paraprofessionals, counselors, other school staff) have been trained across the state. Additionally, there are 11 PAX Sustainability Coaches to provide ongoing training and technical assistance to schools.
- 22,050 students have been impacted by PAX.
- Approximately 24 Prevention Specialists have been trained to provide PAX Tools Community Educators Workshops for parents and community stakeholders that complement the PAX program implemented in the school.

Youth Aware of Mental Health (YAM): YAM is an evidence-based program that takes place in classrooms. It is a school-based program for young people ages 13 to 17 in which they learn about and discuss mental health. AMDD funded this program through money appropriated by the Legislature as part of our base through HB 118. YAM is being implemented through a partnership with Montana State University.

Program Goals

1. Expand YAM into at least 6 schools in 2020
2. Make YAM more affordable and sustainable by allowing school personnel to be instructors
3. Increase the number of participants in the YAM survey to ensure that YAM is safe, feasible, and effective

Outcomes

YAM grew from 22 schools to **28 schools** (4 schools were unable to finish due to COVID-19 closures)

- 4,117 students across the state of Montana participated in YAM, an increase of 868 students from the previous year
- Over 750 7th grade students received the program in Great Falls
- Teachers from 5 schools received training which will help to significantly reduce delivery costs
- Participation rates for the survey increased 30%
- We developed a new digital survey format for the student survey that is proving to be faster and more effective
- 15 people were signed up for the YAM Instructor Training (postponed due to COVID-19 closures), which means that at least 12 more schools could receive YAM next year.

Native American

Native Youth Suicide Reduction Plan: the Department provided direct funds to Tribes and Urban Indian Health Centers to be used to support local planning and implementation of Zero Suicide, and to seek training for self-care best practices for frontline health and behavioral health staff and community members.



Program Goals

1. Launch a state-wide Zero Suicide initiative
2. Support local community healing and transformation
3. Empower Native youth
4. Reinforce frontline healers

Outcomes

Since 2015, the Governor and DPHHS have partnered with tribal and urban communities to develop and implement a Montana Native Youth Suicide Reduction (MNYSR) Strategic Plan specific to Montana. In 2019, the Montana Legislature earmarked funding for the continued implementation of the NYSR Strategic Plan action steps in House Bill (HB) 696.

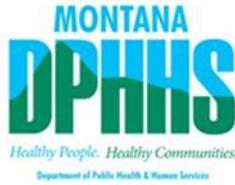
In January 2020, Kauffman & Associates, Inc. facilitated a strategic planning workshop in Helena, MT. The workshop had over 50 participants, including Coalition members, at-large tribal community members, and MT DPHHS staff. The workshop focused on review of the previous NYSR strategic plan and updated strategic pillars and action steps for the years 2020 through 2022. This strategic plan intends to reduce Native youth suicide across the state through coordinated efforts by tribal, state, and public agencies and programs. It further integrates Native youth voices to shape the strategies to their needs.

Due to community shut-downs and employee capacity, work on the strategic plan pivoted to accommodate current limitations for affecting change in school environments due to COVID-19. In the fall of 2020, work began to evaluate the 2020 strategic pillars and make necessary adjustments.

American Indian Zero Suicide Grant: Montana received a SAMHSA grant to implement Zero Suicide, partnering with four Tribal Health facilities and two Urban Indian Health Centers. This grant runs through September 2023. We have partnered with Fort Peck, Fort Belknap, Confederated Salish and Kootenai, and Blackfeet Tribal Health Facilities, along with All Nations Health Center (formerly Missoula Urban Indian Health Center) in Missoula and the North American Indian Alliance in Butte.

Program goals

1. establish a suicide care policy promoting safe suicide 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 for suicide receive immediate, safe, and personalized treatment, and
4. provide continuous care for patients after treatment to ensure their successful transition to safe environments.



Outcomes

- All sites except one have established Safe Suicide Care Implementation Team
- Bi-monthly all-site meetings have been implemented. This allows the facilities to get the same information from AMDD and the Evaluator. More valuable, this has allowed the sites to communicate, support, and learn from each other
- Monthly meetings with all sites have been implemented
- Two sites have completed WICHE training on Zero Suicide. Two additional sites are scheduled to begin within the month
- Fort Belknap's Crisis Response Team has had training by the University of North Dakota
- WICHE has completed and distributed an addendum to their Suicide Prevention Toolkit; the American Indian Addendum. <https://www.wiche.edu/behavioral-health/suicide-prevention-toolkits/>
- All facilities have entered and reported data.
- All sites have providers that have had basic Zero Suicide training

Primary Care/Behavioral Health

Suicide Safe Care for Primary Care Providers: The training is based on SAMHSA's Zero Suicide Initiative. The training provides tools to providers on how to assess suicide risk, safety planning, lethal means counseling, and caring contact. Training is provided to health care facilities and universities around the state. Currently, quarterly trainings are provided to health care students at Montana State University, University of Montana, Rocky Mountain College, Carroll College, Montana Tech, and Helena College.

Program Goals

1. Provide Suicide Safe Care training to 500 healthcare providers each year.

Outcomes

- In the past two years, more than 1,200 providers have been trained state-wide.

Suicide Safe Care for Behavioral Health Providers. In collaboration with the Department of Labor, Board of Behavioral Health, 2 hours of Suicide Safe Care is now required as part of the CEU's for all behavioral health licenses in the state. DPHHS is also in the process of collaborating with Columbia University to provide Montana therapists with access to online learning modules for continuing education.

Program Goals

1. Provide Suicide Safe Care training to at least 300 behavioral health professionals every year.

Outcomes

- Since July, 2020, more than 480 therapists have been trained in suicide safe care.



Community Based

Five grants were awarded to communities around the state to provide research-based practices. Below is a summary of those grants.

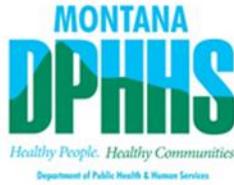
Community Healthcare Center (Alluvion) Great Falls Emergency Services serves the Great Falls Community and Cascade County by responding to emergencies with Advanced Life Support Paramedic Ambulances. Great Falls Emergency Services provides a wide variety of services throughout Cascade County with exceptionally trained Paramedics and Emergency Medical Technicians (EMTs). To reduce the risk of suicide in high risk populations, a behavioral health provider will be added to the Emergency Services Team and dispatched with all calls. This behavioral health provider will respond with the Emergency Services Team to assess the needs of individuals and provide a broad range of services including crisis intervention, screening, risk assessment, safety planning, lethal means counseling, connection to services and follow-up contact. This integrated behavioral health/primary care model meets patients where they are and provides immediate behavioral health intervention, reduces logistical barriers to care for individuals, and provides timely access to treatment to ensure better outcomes. In addition to saving lives and easing the suffering of people in a suicide crisis, this is an effective way to raise community awareness and build capacity in addressing mental health and suicide

Program Goals

1. Our EMS Care Coordinator will provide suicide risk assessment for 65% of individuals responded to between September 1, 2020 and June 30, 2021.
2. 80% of Great Falls EMS personnel (43) will receive Mental Health First Aid training between September 1, 2020 and June 30, 2021 .
3. All (100%) of EMS Care Coordinators (1-FTE and .5-FTE) will be receive Mental Health First Aid training between September 1, 2020 and June 30, 2021 .
4. All (100%) of EMS Care Coordinators (1-FTE and .5 FTE) will receive Psychological First Aid training between September 1, 2020 and June 30, 2021 .
5. By June 30, 2021, we will reduce the number of the related transports by Great Falls EMS(to the Emergency Department by 15% from 2019.
6. EMS Care Coordinator (1-FTE) will become a member of Great Falls Suicide Prevention Coalition before June 30,2021.

Outcomes

1. EMS Care Coordinator provided suicide risk assessment for 50% of individuals responded to between September 1, 2020 and December, 2020.
2. EMS workers made 45 referrals for behavioral health follow-up between September 1, 2020 and December 31, 2020.
3. Mental Health First Aid will be provided to 100% of staff on March 1, 2021
4. All (100%) of EMS Care Coordinators received Psychological First Aid training in November 2020.



5. All (100%) of EMS Care Coordinators received Mental Health First Aid training in October 2020.
6. EMS Care Coordinators documented 470 hours of response time between September 1, 2020 and December 31, 2020
7. Between October 1, 2020 and November 30, 2020, 250 PHQ2 depression screens were performed.

Yellowstone City-County Health Department, dba RiverStone Health (RSH), will have a dedicated 1.0 FTE in a prevention health specialist position for suicide and substance use prevention. This person will work with agencies/institutions such as school districts, community coalitions, health centers, non-profit organizations, and the Veterans Administration to expand, enhance, and coordinate suicide prevention efforts. These efforts will involve resiliency skills at the elementary school level, suicide awareness at the middle and high school level and in the general community with specific audiences of LGBTQ, Native Americans, and Service Members Veterans and their Families (SMVF), and emotional regulation of primary and secondary students. Efforts will include coordination, enhancement and further implementation of the following:

Program Goals

1. Facilitate PAX training session for 40 Yellowstone County teachers scheduled for June 2021
2. Provide staff training in SOS model for Yellowstone County middle and high schools. Support licensure/implementation purchase for participating schools
3. Collaborate to support veterans with development of media, outreach and training activities.
4. Collaborate to support Native Americans with development of media, outreach and training activities.
5. Collaborate with coalitions providing suicide awareness gatekeeper trainings to promote firearm/secure storage and safety planning.

Outcomes

1. Trained 18 staff from 8 schools to date. Working with Custer to renew and Shepherd to obtain SOS licensure. Holding all-school training for Custer schools on February 22, 2021. Ongoing correspondence with regional schools.
2. Preparing to launch women veteran media campaign with Doug Stepina using billboards, posters and postcards. A representative of women veterans will speak at the September Suicide Prevention Conference.
3. Working to develop a media campaign using billboards, posters and postcards. A representative of American Indians at risk for suicide will speak at the September Suicide Prevention Conference.
4. Working with the Suicide Prevention Coalition of Yellowstone Valley to prepare presentations and assist with promoting the Suicide Prevention conference scheduled in June.



5. Working with Pride406, Tumbleweed, and Billings First Congregational Church to determine approach to supporting LGBTQ suicide prevention messages

Tamarack Grief Resource Center (TGRC) collaborates with many organizations to provide relevant support for high risk populations. Community partners include; First Nations (formerly Missoula Urban Indian Health Center), Blackfeet Community College, Missoula City County Health Department and Flathead County Health Department, Project Tomorrow Montana. TGRC is committed to providing culturally sensitive and inclusive programming and leads the Postvention Committee for Project Tomorrow.

Program Goals

1. Increase comfort, knowledge and skills related to suicide prevention and facilitating wellness for school youth and personnel through implementation of the SOS school-based program.
2. Empower community members to reduce suicidal behaviors and teach techniques to effectively intervene when a family member, friend, or colleague is in crisis through QPR trainings.
3. Facilitate stabilizing and strengthening trauma recovery programs for youth, teens and adults through grief support groups and virtual workshops.
4. Increase networks of trained facilitators prepared to offer stabilizing and effective interventions following suicide and traumatic deaths in western Montana.
5. Provide specialized training to prepare communities to increase constructive responses to loss and trauma

Outcomes

1. Provided 17 SOS and Classroom Guidance Activities for 309 students in Frenchtown, Hamilton, Stevensville, DeSmet, Swan River, Missoula. Following the training:
 - 97% of students served were able to accurately identify three (3) protective factors
 - 91 % of students served were able to accurately identify three (3) protective factors
 - 87% were able to identify one crisis resource following the training
2. Delivered Keynote presentation for MT Chapter of American Foundation for Suicide Prevention – International Survivors of Suicide Loss Day for 39 Montanans.
3. Facilitated one (1) virtual QPR training
4. Distributed 252 booklets and tip sheets with practical tools for supporting family, friends, and/or colleagues following death by suicide
5. Hosted/Facilitated one (1) Suicide and Traumatic Loss virtual support group for seven (7) adults grieving a death by suicide
6. Coordinated/facilitated three (3) support groups for nine (9) adolescents grieving death by suicide
7. Offered four (4) community workshops for 87 people in collaboration with Project Tomorrow, AFSP-MT Chapter, ARTS Missoula, Browning Public Schools, KALICO Art Center, and CRYJ.



8. Provided five (5) Critical Response support interventions for 52 students and school personnel following sudden traumatic death in Missoula, Albion, Lolo, and Kila.

Flathead City-County Health Department (FCCHD) is implementing a multi-level intervention strategies in an effort to decrease the suicide rate of 35-64-year-old men in Flathead County. Both organizational and community level interventions are being utilized to impact the Men in the Middle Years (MIMY) in both their social settings and built environments.

Program Goals

1. Reaching out to three organizations who either employ or provide service to MIMY populations to provide 4 adult Mental Health First Aid (aMHFA) by June, 2021
2. Provide 4 Question Persuade Refer (QPR), or another evidence-based suicide prevention training for key FCCHD personnel and leadership by June, 2021.
3. Working with the Flathead County Sheriff's office to provide QPR training to Flathead County Sheriff's deputies by June, 2021.
4. Working with local fire departments and Flathead County EMS services to provide Fire/EMS specific MHFA training for staff by June, 2021.
5. Reaching out to different county department supervisors to offer QPR or MHFA for all Flathead County employees. Examples include Flathead County Landfill and Flathead County Animal Shelter by June, 2021.

Outcomes

Due to needing to focus on COVID -19 vaccination distribution, a number of goals have had to be temporarily postponed. However, the following outcomes have been accomplished:

1. In December, 2020, FCCHD partnered with the Nate Chute Foundation to host a community (QPR) training for 7 community members.
2. FCCHD also worked with the Nate Chute Foundation on a clinician based QPR training that occurred in late December.
3. In January, 2021, FCCHD facilitated an adult Mental Health First Aid training with the Flathead County Agency on Aging staff (10 individuals total).
4. In February, FCCHD will also be compiling data from our 9-11 dispatch, Flathead County death certificates, and (hopefully) Kalispell Regional Healthcare to finalize our 2020 Flathead County Suicide Data Report to distribute to local stakeholders.

University of Providence This research study and design is being facilitated by the University of Providence's Department of Counseling. The primary goal of this research study is to help counseling trainees and professional counselors in Montana achieve proficiency with Tele-Mental Health technology.

Program Goals



1. Help counseling trainees and professional counselors in Montana achieve proficiency with Tele-Mental Health technology thereby contributing to their professional development
2. Understand the knowledge, attitudes, confidence, and motivation of counseling trainees and professional counselors towards TMH,
3. Identify levels of psychological distress, therapeutic alliance, and satisfaction with Tele-Mental Health counseling as described by client participants.

Outcomes

1. Through behavioral health groups on Facebook, 20 therapists were identified to participate in the tele-mental health training in December, 2020.
2. Information and demographics on the identified therapists was gathered using survey monkey in January, 2021.

Data Surveillance

Montana is now part of the Centers for Disease Control's National Violent Death Reporting System (NVDRS), reviewing every suicide that occurs in the state to better understand the demographics and factors in order to better focus prevention efforts. Through the NVDRS, Montana has access to CDC resources and technology to better understand those lost to suicide. In addition, resources are now available to coroners around the state to better understand the psychological factors associated with suicide.

Program Goals

1. Review the death certificate for every suicide that occurs in the state.

Outcomes

1. 100% of all suicides are being reviewed.