Idaho Council On Suicide Prevention

Report to Governor C.L. "Butch" Otter
November 2009

~ Reaching Out in Times of Crisis ~

Dr. Peter Wollheim and Kathie Garrett, Co-Chairs

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December 2009

The Honorable C.L. "Butch" Otter
Governor of Idaho
P.O. 83720
Boise, ID 83720

Dear Governor Otter:

As Co-Chairs of the Idaho Council on Suicide Prevention, we would like to thank you for the opportunity to address the critical issue of death by suicide in Idaho**.** Suicide represents a major public health issue in Idaho and has a devastating effect on Idaho's families, schools, religious congregations, businesses and communities.

This year's report focuses on the potential impacts of increasing unemployment, financial strain and home forecloses on deaths by suicide in Idaho and the need for an Idaho Suicide Prevention Crisis Hotline to assist Idaho citizens in crisis.

- The latest data from the Centers for Disease Control and Prevention (2006) ranks Idaho as 10th highest in the nation for number of completed suicides per capita and third highest for suicide among adolescents and young adults.
- Deaths by suicide in Idaho increased 14% in 2008 over 2007 with a total of 251 deaths. This is one death every 35 hours.
- In the last 5 years (2004-2008), Idaho lost 65 students age 10-18 to suicide; 15 of those were between 10 and 14 years old.
- A total of 865 individuals attempt suicide in Idaho per year, and this rate may increase due to economic strain.
- The average total hospital cost for treating attempters in Idaho is approximately $8.2 million per year. Average work lost in Idaho by suicide attempters is $7.8 million per year.

The Idaho Council on Suicide Prevention was established by Executive Order 2006-35. The Council was directed to oversee the implementation of the Suicide Prevention Plan, to ensure the continued relevance of the Plan and to report annually to the Governor and the Legislature.

The Council is proud to be a part of Idaho's efforts to address this critical issue. We believe that our efforts will help contribute to increase suicide awareness and prevention activities in Idaho. We hope that this report will provide you with some valuable information. On behalf of the Idaho Council on Suicide Prevention, we present this report for your consideration.

Sincerely,

Idaho Council on Suicide Prevention

Kathie

Kathie Garrett
Co-Chair

Peter Wollheim

Peter Wollheim, CCW, PhD
Co-Chair

The Office of the Governor

James E Risch

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2006-35

ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION REPEALING AND REPLACING EXECUTIVE ORDER NO. 2006-08

WHEREAS, Idaho consistently ranks in the top ten states in number of completed suicides per capita; and

WHEREAS, Idaho's suicide rate is consistently higher than that of the United States as a whole; and

WHEREAS, Idaho ranks third in the United States in youth suicides and suicide is the second leading cause of death among Idahoan's age 15 to 34; and

WHEREAS, during 1999 to 2001, 559 Idahoans died by suicide, and an average of 187 Idahoans die by suicide each year, that is one suicide every two days; and

WHEREAS, compared to the rate of suicide in the United States, Idaho's teenaged males and working-aged males have a suicide rate more than twice as high as the national average, Idaho's older men have a rate more that eight times higher than the national average and Idaho's Native American teenage males have a rate more than eleven times higher than the national average; and

WHEREAS, suicide is particularly devastating in the rural and frontier areas of Idaho where one suicide significantly impacts entire small communities for years, even generations; and

WHEREAS, in 2000, suicides of those under age 25 in Idaho resulted in the estimated direct costs of $3.77 million and lost earnings of $81 million; and

WHEREAS, in response to this serious public health issue the Idaho Suicide Prevention Plan was developed and distributed in 2003; and

WHEREAS, a state leadership organization in suicide prevention, Suicide Prevention Action Network of Idaho (SPAN Idaho) began implementing key components of the Idaho Suicide Prevention Plan in 2004; and

WHEREAS, a network of regional leaders and community volunteers for suicide prevention branching into every community in the state is being created in 2005; and

WHEREAS, completion of an effective suicide prevention infrastructure in Idaho requires an appropriate entity to oversee the implementation of the Idaho Suicide Prevention Plan,

NOW, THEREFORE, I, JAMES E. RISCH, Governor of the State of Idaho, by the authority vested in me by the Constitution and laws of the State of Idaho, do hereby establish the Idaho Council on Suicide Prevention.

I. The Council's responsibilities shall be:

A. To oversee the implementation of the Idaho Suicide Prevention Plan;

B. To ensure the continued relevance of the Plan by evaluating implementation progress reports and developing changes and new priorities to update the Plan;

C. To be a proponent for suicide prevention in Idaho;

D. To prepare an annual report on Plan implementation for the Governor and Legislature.

II. The Governor shall appoint all members of the Council. The Council shall include representatives from:

A. The Office of the Governor
B. The Idaho State Legislature
C. The Department of Health and Welfare
D. The Department of Education or School Districts
E. The Department of Juvenile Justice
F. SPAN Idaho
G. Suicide Prevention Services
H. The National Alliance for the Mentally Ill
I. Suicide survivors
J. Tribes
K. The youth community
L. The aging community or aging services

III. Council members shall:

A. Serve for a term of two (2) years.
B. Council members may serve up to three (3) terms.
C. The Governor shall appoint the Chair of the Council.
D. The Council shall meet in person annually.
E. The Council shall not exceed eighteen (18) members.
F. Staff for the Council will be provided by SPAN Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 5th day of October in the year of our Lord two thousand and six, and of the independence of the United States of America the two hundred thirty-first and of the Statehood of Idaho the one hundred seventeenth.

JAMES E. RISCH
GOVERNOR

BEN YSURSA
SECRETARY OF STATE

Introduction

Issue
Death by suicide is a serious public health issue in Idaho. Suicide devastates Idaho families and entire communities; sometimes for generations.

- The latest data from the Centers for Disease Control and Prevention ranks Idaho as 10th highest in the nation for number of completed suicides per capita. Idaho is consistently among the states with the highest suicide rates.
- In 2008, there were 251 people who completed suicide in Idaho a 14% increase over 2007. That is one death every 35 hours.
- In Idaho, those most at risk are teenage males (15-17 years of age), elderly males aged 75 years and older, working age males (18-64 years of age) and older and Native American teenage males.
- Many deaths by suicide can be prevented by ensuring that people are aware of the warning signs, risks factors and protective factors.

Idaho Suicide Prevention Plan
The Idaho Suicide Prevention Plan was developed in 2003 to provide a guide for agencies, organization and individuals in developing specific plans and activities to prevent suicide at the state, regional and local levels. In 2006, the Idaho Legislature passed HCR 31 acknowledging the seriousness of the suicide crisis facing Idaho and supporting the Idaho Suicide Prevention Plan.

The Council, its Mission and Activities
The Idaho Council on Suicide Prevention was established by Executive Order 2006-35. The Council was directed to oversee the implementation of the Suicide Prevention Plan, to ensure the continued relevance of the Plan and to report annually to the Governor and the Legislature. The Council met September 11, 2009 for their annual meeting and held two conference calls.

Report Structure
Following the Plan format, this report is divided into the Plan's four goals: Infrastructure, Awareness, Implementation and Methodology. The Council Subcommittees met to discuss major issues facing the successful implementation of each goal and to provide recommendations. Several valuable addenda are found at the end of the report. Some addenda of note include:

- The Status Report for recommendations from last year's (2008/2009) report and accomplishments (see Addendum A)
- Reports from several organizations working closely with the Council on suicide prevention (see Addenda F – I),
- The Idaho Suicide Fact Sheet (see Addendum E) and
- an Idaho map delineating suicide deaths by county and legislative district (see Addendum D-2) among others.

Due to time constraints, our report is not intended to be a comprehensive review but rather a highlight of major issues and concerns.

The Council strongly believes that suicide in Idaho is a preventable public health problem. We know, based on extensive research, that many lives tragically lost to suicide could be saved through increased awareness, education and other prevention activities. The Council believes that all of these recommendations deserve serious consideration.

2009/2010 REPORT FOCUS

Suicide Prevention in Tough Economic Times

Issue: Increasing unemployment, financial strain and home foreclosures all are factors that have been shown to be associated with an increased risk of suicide.

Background: Idaho has seen a 14% increase in deaths by suicide in 2008. From January through August 2009, 2,491 Idahoans called the National LifeLine compared to 1,413 for the same period in 2008. These calls were temporarily handled as a professional courtesy by the National Suicide LifeLine, as Idaho does not have a state wide crisis hotline. Due to lack of funding, Idaho does not have a hotline.

According to the Suicide Prevention Resource Center, research shows that "a strong relationship exists between unemployment, the economy, and suicide" [November 2008]. They note that a "chain of adversity" can begin with job loss and move toward depression through financial strain and loss of personal control. John Draper, director of the National Suicide Prevention Lifeline, reports that about one in four callers to the hotline nationwide talk about economic troubles [The Idaho Statesman, June 7, 2009].

According to John Grimes of the Idaho Suicide Prevention Research Project at Benchmark Research & Safety, farmers are also at increased risk for suicide due to a combination of stressors and the lack of social support and mental health services. Their research concludes: "Farming is a physically, mentally, socially and financially demanding and stressful occupation. In addition to carrying an unusually high number of serious life stressors, farmers are unlikely to seek help when overwhelmed by stress or depression. The combination of ordinary farm-related stressors, financial crises and subsequent farm foreclosures leading to the loss of the family farm may explain the recent surge in farmer suicides."

Suicide in Idaho is a critical public health emergency. In 2008, 251 people died by suicide in Idaho. In the last five years, Idaho has lost 65 school children to suicide. Prevention of suicide should be treated with the same urgency that we treat other critical public health issues, such as heart disease, diabetes, cancer and the H1N1 virus.

In tough economic times it is imperative that Idaho elected officials and State agencies understand the relationship between increased stress that the citizens of Idaho face and the increased risk of suicide. If suicide prevention activities are to be accomplished when funding is scarce it will take leadership to bring about a coordinated effort of a myriad of agencies, groups and individuals.

Suicide is a serious but preventable public health crisis that requires high profile recognition at the state level and a high priority on the state health agenda.

Recommendation: The Idaho Council on Suicide Prevention recommends that all stakeholders work together to help reduce the tragedy of suicide during these tough economic times, including such key stakeholders as, the State Mental Health Authority, public health agencies, the Governor, the Legislature, law enforcement, the justice system, hospitals, physicians, advocates and non profits, educators, and communities.

Infrastructure

"The tangible framework needed to coordinate plan implementation, to provide information and technical assistance to organizations, agencies, and individuals working to implement components of the plan and to update the plan over time." [Idaho Suicide Prevention Plan, p. 16]

Issue: Suicide is a serious, but preventable public health crisis that requires high profile recognition at the state level and a high priority on the state health agenda**.** In 2008, there were 251 people who completed suicide in Idaho. **Prevention of suicide should be treated with the same urgency as other critical public health issues.**

Background: The power of a public health approach to prevent disease and illness and to promote health is significant. Prevention efforts that span the community, state and national levels have enhanced the quality of life for millions of Americans for more than a century. Today, the power of prevention is being used to help prevent, delay and reduce the severity of more chronic illnesses that take a toll on health, productivity, education, community engagement and the quality of life. Increasingly, policy makers and researchers are embracing the public health approach as the lens for analyzing and addressing chronic health issues – including suicide, mental illness and substance abuse. The goal of this public health model is to fundamentally transform our approach to health and illness from a disease care system to a health care system that stresses prevention on a par with diagnosis and treatment. [Substance Abuse and Suicide Prevention: Evidence & Implications, SAMHSA].

In 1999, the U.S. Surgeon General called the "nation to address suicide as a significant public health problem and put into place national strategies to prevent the loss of life and suffering suicide causes" [U.S. Public Health Service, 1999].

In 2003, Idaho unveiled its Suicide Prevention Plan. The Idaho Plan recognized that many suicides can be prevented through a comprehensive approach that includes both developing protective factors and concurrently reducing risk factors. The Idaho Plan recognizes that no one single agency or organization is qualified to fully address the problem. "Suicide prevention requires the efforts and coordination of a myriad of organization, agencies, groups and individuals" [Idaho Suicide Prevention Plan, p. 5].

The Idaho Council on Suicide Prevention firmly believes that by embracing the principles of the "public health model" and fully implementing the Idaho Suicide Prevention Plan many deaths can be prevented.

While the Idaho Council on Suicide Prevention believes that the Division of Behavior Health and the Division of Public Health are uniquely qualified to take a leadership role, we strongly believe opportunities exist to connect numerous of agencies, groups and individuals in the effort to prevent suicides.

Recommendation: The Idaho Council on Suicide Prevention recommends that Idaho adopt a public health model of suicide prevention and that the Council, the Division of Behavioral Health and the Division of Public Health work together to develop these strategies.

Awareness

"Increased public knowledge of suicide related issues in Idaho, of risks and protective factors for suicide, and of available suicide prevention and intervention resources." [Idaho Suicide Prevention Plan, p. 18]

Issue 1: Hospital Emergency Departments (ED) are frequently utilized as a first response intervention and treatment site by individuals who have attempted suicide. Those individuals and their families often report stigmatizing experiences in the ED and no follow-up services.

Background 1: **"**Data from the South Carolina Violent Death Reporting System show that nearly half of suicide deaths in South Carolina (2003-2004) were linked to an emergency department visit. In this database, 218 of the State's total of 491 suicide deaths in 2004 were seen sometime in 2003 or 2004 in emergency departments prior to their death. "Although nearly one sixth died in the ED from the index [initial or original reported] attempt, the others died by suicide across the following days and months; 128 (58.7%) died more than two months later" [Weis et al., 2006; C. Bradberry, personal communication, December 19, 2007].

The emergency department is also a key site of care delivery for adolescents at heightened risk for suicide. However, one alarming study found that up to half of adolescents receive no formal treatment after their emergency department visit for suicidal behavior [Spirito et al., 1989].

A survey conducted by the National Alliance on Mental Illness (NAMI) asked 465 people with mental illness (patients) and 254 family members about their experiences in an emergency department following a suicide attempt [Cerel et al., 2006].

The survey found that:

- Almost half of patients were accompanied by a family member to the emergency department following their suicide attempt;
- More than half of patients and almost a third of family members felt directly punished or stigmatized by staff;
- Fewer than 40% of patients felt that staff listened to them, described the nature of treatments to them, or took their injury seriously, although family members were more likely than patients to feel heard or to receive information about treatment; and
- Negative experiences involving a perception of unprofessional staff behavior, feeling the suicide attempt was not taken seriously and long wait times were reported by both patients and family members.

Brief, intensive interventions for at-risk patients while in the ED and improved follow-on care could significantly reduce the toll of suicide. Distribution and implementation of nationally-developed best practice guidelines in evaluation and triage of suicidal risk is a significant and achievable first step toward this goal.

Recommendation 1: The Idaho Council on Suicide Prevention recommends the establishment of consistent evaluation and triage of suicidal risk and that to begin the process the Idaho Hospital Association, in collaboration with the Council, be encouraged to disseminate, and Emergency Departments implement, evaluation and triage guidelines. The Council further recommends that SPAN Idaho regional volunteers follow-up and support their local Emergency Departments in this endeavor.

Awareness

"Increased public knowledge of suicide related issues in Idaho, of risks and protective factors for suicide, and of available suicide prevention and intervention resources." [Idaho Suicide Prevention Plan, p. 18]

Issue 2: Suicide is the second leading cause of death among Idaho's high schools students, and among our 10-14 year old male students, yet schools are often without quick access to the vital information necessary to properly assist students and staff in the aftermath of a death by suicide.

Background 2: The 2007 Youth Risk Behavior Survey found that 17 percent of Idaho students had suicidal ideation and that half as many had actually made a suicide attempt. In the last five years (2004-2008), Idaho lost 65 students age 18 or under to suicide, and 15 of those student were age 1- to 14 [Idaho Bureau of Vital Records and Health Statistics, 2009]. Sometimes students' suicide deaths occur in clusters due to suicide contagion. Siblings, friends and others who knew the deceased well are all at increased risk. Also at risk are those who may not have know the deceased well but already possess other risk factors. Schools systems play a vital role in dealing with these issues. "Postvention deals with the traumatic aftereffects in survivors. School systems, within the context of their communities, are an especially critical force in such endeavors with our children and teens. [Leenaars, Antoon A., and Wenckstern, Susanne, 1999.]

Numerous accounts collected by suicide prevention trainers and volunteers from all over Idaho reveal that many schools' officials lack easy and timely access to information and training for how to deal appropriately with the immediate aftermath of a suicide. Following best practices in suicide postvention reduces contagion and cluster suicides [King, Keith A., 1999], and positively impacts the recovery of students and staff affected by the death. Inappropriate handling of a suicide death can actually increase risk for others [Leenaars, Antoon A., U Leiden, and Wenckstern, Susanne, Death Studies, 1998]. For example, "[the 'don't talk about it'] approach only exacerbates the trauma." [Leenaars, Antoon A. and Wenckstern, Susanne, 1999].

Evaluated best practices in school suicide postvention have been developed by other states and are readily available.

Recommendation 2: The Idaho Council on Suicide Prevention recommends that the Idaho State Department of Education in collaboration with the Council and SPAN Idaho compile and post a step-by-step suicide postvention guide on its web site and instruct all Safe and Drug Free Schools coordinators in Idaho in its use, and that a mechanism for local follow-up as to the guide's use be explored.

Implementation

"Enhance and promote programs, services, and activities to prevent suicides by promoting protective factors and reducing risk." [Idaho Suicide Prevention Plan, p. 20]

Issue 1: The need for a universal telephone suicide prevention hotline is acute due to economic conditions, Idaho's status as a high risk state and the human and economic impacts of suicides and suicide attempts, yet Idaho is the only state without a nationally certified hotline.

Background 1: Idaho State University Institute of Rural Health (ISU-IRH) is conducting a 1-year project to create a comprehensive design for implementing a crisis center and recommendations for the future, including guiding development of a sustainable hotline. Funding for a permanent hotline based on the ISU-IRH findings is needed to save lives and curtail costs. Developing a permanent hotline will benefit Idaho because:

- Idaho's suicide rate currently ranks 10th in the Nation. Recently released data indicate suicides in Idaho reached 251 in 2008, up from 220 in 2007. Several studies show a link between suicides and the worsening economy, with increased home foreclosures, a tightening credit market and high unemployment rates. Farmers and ranchers are among the occupations that have seen suicide rates increase in the past five years, mostly among men.
- The economic costs and emotional devastation among survivors of suicide in Idaho cannot be over stated. According to Suicide Prevention Resource Center, data for Idaho report:
  - A total of 865 individuals attempt suicide in Idaho per year, which may see increase due to economic strain.
  - The average total hospital cost for treating attempters is approximately $8.2 million per year.
  - Average work lost by suicide attempters is $7.8 million per year.
  - One case in Idaho of a 51-year-old who attempted suicide cost a total of $1.3 million to date in care after release from the hospital in 2001. Skilled nursing care for this individual totaled $555,200 over the eight years after the suicide attempt.
  - Medical costs for treating Idahoans who ultimately die by suicide is $884,368 with work loss of $25 million per year.
  - No comprehensive studies have been done to estimate the costs borne by Idaho hospitals in the form of uncompensated care but the amount is expected to be significant.
  - Idaho 911 systems, the 211 Idaho CareLine, and resource and referral services – whose operators are not trained to field crisis services – feel the strain of taking suicide calls.
- Idaho does not have a nationally certified hotline. Currently, the national Lifeline crisis centers accept Idaho calls at Lifeline's expense as a temporary measure and professional courtesy. The burden on Lifeline is increasing. Current data indicate Idaho's Lifeline **calls have nearly tripled since 2007**, with the greatest annual increase from 2008 to mid 2009 at the same time economic conditions have placed citizens at high risk for emotional problems.
- According to a 2007 report by Lifeline, calls from Ada County make up 40 percent of Idaho calls, with Canyon, Bannock and Kootenai totaling another 35 percent. More than 250 calls came in from Boundary County alone from January-August 2009 (See Addendum C-1). While aggregate call volumes for the remaining counties are small due to their low populations, the need for a crisis line in rural Idaho is critical. Idaho's highest suicide rates are in rural and frontier counties where mental health services are limited. Rates for rural Idaho hit as high as 30 per 100,000 people vs. Idaho's rate of 16 and a national rate of 12.
- Most people who are suicidal do not want to die. They are hopeless and see no other option.
  - A study by the Substance Abuse and Mental Health Services Administration found hotlines effective in reducing suicidality and identifying options to increase help-seeking.
  - Lifeline surveys show that many prior callers said the call saved their lives.
  - Callers with mental health/substance abuse problems totaled 38% of calls, pointing to a secondary benefit of a hotline in addressing drug and alcohol use.
  - Other calls included domestic violence. Many required medical treatment.
- Idaho's calls to the Lifeline currently are taken out of state. Because a good deal of a hotline operator's work revolves around referring callers to local care, it is difficult for out-of-state operators to perform this service.
- The operators' access to Idaho referral resources is limited and callers may not receive the help they need.

Recommendation 1: The Idaho Council on Suicide Prevention recommends that the Council, the State of Idaho, private organizations and local government should join together to establish and fund a suicide prevention hotline for Idaho.

Implementation

"Enhance and promote programs, services, and activities to prevent suicides by promoting protective factors and reducing risk." [Idaho Suicide Prevention Plan, p. 20]

Issue 2: Major primary care organizations have reached a consensus regarding the desirability and the feasibility of a medical home [White KL, Williams TF, Greenberg BG]. These Patient-Centered Medical Homes include a "whole person" approach to treatment, yet medical homes frequently do not include mental health care or suicide screening.

Background 2: The Patient-Centered Medical Home model is an approach to providing comprehensive primary care for children, youth and adults. The medical home model provides enhanced access to primary care providers and clinical healthcare teams. Services are well-coordinated as clinicians focus on preventive care and facilitate partnerships between patients and their personal physicians and, when appropriate, the patient's family. Approximately 330,000 physicians nationwide have entered into joint principles for medical homes, including a "whole person" orientation which addresses an individual's life, associations and healthcare needs. A 2004 study estimated that if every U.S. patient had a medical home, the resulting efficiencies might reduce U.S. healthcare costs by 5.6 percent, a savings of $67 billion per year.

Unfortunately, all too often, medical homes do not include mental health care or screening for suicide risk. Up to 88 percent of people who die by suicide had contact with their primary care provider in the year prior to death. Up to 66 percent had contact with their primary care provider in the month prior to suicide. These same individuals were more than twice as likely to have seen their primary care provider than a mental health professional in the year and month proceeding suicide.

In Idaho, the Primary Care Association has received a Commonwealth Fund Grant to "Transform Safety-Net Clinics into Patient-Centered Medical Homes." The Association will work with Idaho safety-net primary care clinics to facilitate their transformation into Medical Homes. The facilities are: Idaho State University Family Medicine Residency in Pocatello, Family Medicine Residency of Idaho in Boise, Terry Reilly Health Services in Nampa, Health West Inc. in Pocatello and St. Mary's and Clearwater Valley hospitals and clinics in Orofino and Cottonwood.

Recommendation 2: The Idaho Council on Suicide Prevention recommends that it work with the Primary Care Association to provide materials and assistance with trainings for emerging medical home clinic/hospital staff, as indicated by the Primary Care Association.

Methodology

"Gather data to evaluate the effectiveness of programs, activities and clinical treatments, and conduct suicide specific surveillance and research." [Idaho Suicide Prevention Plan, p. 22]

Issue: Idaho has not yet established a consistent, centralized and accessible baseline of annual attempted and completed suicides.

Background: The Surgeon General's National Strategy for Suicide Prevention, upon which the Idaho Suicide Prevention Plan is based, emphasizes the importance of proper data collection at the state and local levels stating that such data "are necessary for evaluating the impact of suicide prevention strategies" (2001).

Idaho's Bureau of Vital Records and Health Statistics collects data on the number of completed suicides in our state each year. Those data are broken down by region, county, age, gender and method. However, the Bureau is entirely dependent upon reporting by county coroners who often have little training or experience with suicides.

Also, in the absence of statistical information from hospital records concerning emergency room intakes and outcomes for self-inflicted injuries and deaths, it is impossible to correlate with Bureau data sets in order to determine consistency, validity and reliability.

Simply put, under the current system we lack a reporting system precise enough to provide numbers at sufficiently high levels of confidence in order to measure the effectiveness of suicide prevention programs in Idaho in terms of reducing the overall numbers of attempts and completions.

On the positive side and in collaboration with the Council, the Idaho Association of Coroners recently has stated its intention to move towards a reporting form that will be more sensitive to, and informative about, the numbers and circumstances of completed suicide.

Also, historical data from the Bureau of Vital Records and Health Statistics, some going back to the 1950s, now allows us to correlate rates of suicide with other events such as economic recessions, unemployment, marriage and divorce rates.

Finally, the Idaho Department of Education's Safe and Drug Free Schools program has sponsored classroom-based suicide prevention training for the last four years, and pre- and post-test data sets are close to receiving final analysis. SPAN Idaho also conducted similar training for 200 clergy members from 51 communities across the state, and pre- and post-test data sets are in the final stages of analysis. Both data sets will provide some idea of the effectiveness of these programs in terms of information retention, changes in attitudes, and knowledge of resource referrals.

Recommendation: The Idaho Council on Suicide Prevention recommends: 1) That the Idaho Association of Coroners continue to work with CDC in crafting improved and standardized reporting forms, and take webinar training from the CDC on their use, 2) That the Idaho Hospital Association be encouraged to provide aggregate data concerning admissions and outcomes for self-inflicted injuries. 3) That Bureau of Vital Records and Health Statistics data be cross-tabulated for historical trend analysis, and 4) That current suicide prevention training data be finalized and reported to the Council, the Department of Education, SPAN Idaho, and other stakeholders.

ADDENDA

Addendum A

2008/2009 RECOMMENDATIONS AND STATUS REPORT

Previous Year Updates

- **STATE PLAN INFRASTRUCTURE GOAL**

Issue: Idaho ranks 6th in the nation in number of completed suicides per capita and though suicide prevention activities are occurring, the state does not have a central coordinating body for suicide prevention efforts.

Recommendation: The Idaho Council on Suicide Prevention recommends that Idaho continue to identify resources and stakeholders who can be part of the suicide prevention network and identify potential funding opportunities for oversight and future implementation of the plan.

Status: The Idaho Council on Suicide prevention initiated a review of other States related to suicide awareness and prevention and how their programs are funded (see addendum A). The Idaho Council on Suicide Prevention has identified a large number of stakeholders who have a key role to play in suicide awareness and prevention. The Council has identified opportunities for outreach, education and partnership with these key stakeholders (see addendum B). Status: Ongoing

- **STATE PLAN AWARENESS GOAL**

Issue: Emergency departments (ED) are frequently utilized as a first response intervention and treatment site by individuals who have attempted suicide**.**

Recommendation: The Idaho Council on Suicide Prevention recommends that it and the Division of Behavioral Health should convene a group of stakeholders to review information and protocols for emergency rooms dealing with attempted suicides and develop a strategy to disseminate the information to emergency rooms throughout the State.

Status: The Idaho Council on Suicide Prevention convened a group of stakeholders on September 11, 2009 including representatives from St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, SPAN Idaho, NAMI Boise, the Division of Behavioral Health, Idaho Department of Education and the Youth Leadership Council. The group reviewed materials develop for Emergency Departments by the national Suicide Prevention Resource Center and the Emergency Nurses Association. The group discussed methods by which to establish more uniform statewide emergency department evaluation and triage of suicidal risk and appropriate support of patients who have attempted suicide. The group proposed one method and developed it into a recommendation for the 2009/10 Council Report.

Status Complete

- **STATE PLAN IMPLEMENTATION GOAL**

Issue 1: Idaho's suicide prevention hotline closed in 2007 and Idaho's crisis calls have been covered, as an interim measure, by a federal hotline network called Lifeline. Results of hotline studies are clear: Hotlines save lives and reduce medical and associated costs now borne by society. Idaho is one of only three states without a statewide hotline. In October 2008, Idaho State University applied for and received one-time funds to design and pilot a new, 24-hour, 365-day-per-year universal hotline for Idaho. One-time funding through a Community Collaboration grant will support research, staff, training, pilot, obtain accreditation and develop operational cost estimates. Beginning in October 2009 and ending September 30, 2010, a pilot hotline will be initiated. Funding for the long term must be identified.

Recommendation 1: The Idaho Council on Suicide Prevention recommends that Idaho identify sustainable funding for an Idaho Suicide Prevention Hotline to avert the human suffering of suicides and attempts and resulting economic costs.

Status 1: One-year legislative funding was awarded to Idaho State University Institute of Rural Health to prepare materials and programs for a permanent Idaho hotline, once long-term funding becomes available. The project will identify options for an Idaho hotline, costs of each and prepare guidelines, policies and operating procedures that can be put in place once funding is identified. An Advisory Partnership made up of stakeholders statewide, is specifically responsible for identifying resources for sustainability.

Status: Ongoing

Issue 2: Suicide prevention and intervention present a complex problem that requires the utilization of effective clinical assessment and treatment practices. However, many mental health providers are hesitant to work with suicidal individuals for various reasons, including a lack of perceived competency to assess and manage a suicidal crisis. It is imperative that mental health clinicians across all settings develop competency in assessing and treating suicidal behaviors in order to increase effective interventions. Unfortunately, recent research identifying effective practices in assessment and treatment are often not widely disseminated, and very little specific training occurs on how to implement the principles of effective treatment [Comtois & Linehan, 2006].

Recommendation 2: The Idaho Council on Suicide Prevention recommends that the State disseminate to the public and mental health providers information regarding the evidenced based practices for assessment and treatment of individuals with suicidal behaviors.

Status 2: Idaho State University Institute of Rural Health has responded to this recommendation by including suicide assessment training programs for its professional and lay people as part of its current federal grant. The educational "Academy" will include instruction on methods for suicide assessment. This program is federally funded for three years, after which sustainability will become an issue. Under contract with the Idaho Department of Health and Welfare Benchmark Research and Safety Inc. has added assessment information to its website. Additional and widespread dissemination is expected.

Status: Complete

- **STATE PLAN METHODOLOGY GOAL**

Issue: Though gathering and evaluating data is critical to planning and measuring the effectiveness of suicide prevention programs and interventions, Idaho has not established a baseline of annual attempted and completed suicides.

Recommendation: The Idaho Council on Suicide prevention recommends that the Council take initial steps to support the Idaho Bureau of Vital Record and Health Statistics in attaining National Violent Death Registry System participation.

Status: The Council undertook a review of the National Violent Death Reporting System requirements and determined that there where major criteria to which Idaho cannot currently conform. The Council identified and has begun working with the Coroners and the Idaho Bureau of Vital Records and Health Statistics to address some of these areas. Status: Ongoing

Addendum B

SUICIDE PREVENTION ACTION NETWORK USA

2009 State Legislation Suicide Prevention
Updated 07/30/2009

ALABAMA REGULAR SESSION ADJOURNED ON MAY 15, 2009
Bill # ALABAMA HB 216 ENACTED
Summary An act to establish the Student Harassment Prevention Act. The bill requires the State Department of Education to develop a model policy for local boards pertaining to student harassment prevention which requires reporting suicide threats and standards and policies to prevent student suicides.

ALASKA REGULAR SESSION ADJOURNED ON APRIL 19, 2009
Bill # ALASKA HB 81 ENACTED
The act specifically appropriates $785,900 for rural services and suicide prevention for FY2010 (July 2009-June 2010).

Bill # ALASKA HB 83 ENACTED
Summary An Act making appropriations for the operating and capital expenses of the state's integrated comprehensive mental health program. The act specifically appropriates $2,135,700 for rural services and suicide prevention for FY2010.

Bill # ALASKA HB 123 ENACTED
Summary An Act extending the termination date of the Statewide Suicide Prevention Council to June 30, 2013;

COLORADO REGULAR SESSION ADJOURNED ON MAY 6, 2009
Bill # COLORADO SB 197 ENACTED
Summary The bill provides supplemental appropriations to the Department of Public Health and Environment. Specifically, the bill includes $283,069 in funding for the Office of Suicide Prevention.

CONNECTICUT REGULAR SESSION ADJOURNED ON JUNE 3, 2009
Bill # CONNECTICUT HB 6901 (SPECIAL SESSION) ENACTED
Summary This bill addresses educator certification and professional development. The bill specifically states that any candidate in a program of teacher preparation leading to professional certification shall be encouraged to complete a school violence, bullying and suicide prevention and conflict resolution component of such a program.

Bill # CONNECTICUT SB 877 ENACTED
Summary The bill would improve the Department of Children and Families' monitoring and evaluation system. The bill specifically requires that the department shall work in cooperation with other child-serving agencies and organizations to provide or arrange for preventive programs, including, but not limited to, teenage pregnancy and youth suicide prevention, for children, youth and their families.

FLORIDA REGULAR SESSION ADJOURNED ON MAY 8, 2009
Bill # FLORIDA SB 2600 ENACTED
Summary This bill appropriates funds for the fiscal year beginning July 1, 2009, and ending June 30, 2010, and specifically appropriates $66,209,664 for Safe Schools activities which includes suicide prevention programs.

ILLINOIS REGULAR SESSION SCHEDULED TO ADJOURN ON JANUARY 12, 2010
Bill # ILLINOIS HB 2206 ENACTED
Summary Appropriates funds for state operations to include $206,400 from the Community Mental Health Services Block Grant Fund for teen suicide

MARYLAND REGULAR SESSION ADJOURNED ON APRIL 13, 2009
Bill # MARYLAND HB 485 ENACTED
Summary At act concerning the Maryland Youth Advisory Council which is charged with examining, then informing and offering testimony to the Governor and General Assembly about issues of importance to youth including suicide prevention, substance abuse and underage drinking, emotional well-being, etc.

MISSISSIPPI REGULAR SESSION ADJOURNED ON JUNE 3, 2009
Bill # MISSISSIPPI SB 2770 ENACTED
Summary The bill directs the state Department of Education to require that annual in-service training for teachers and principals shall include at least two hours of suicide prevention education.

MISSOURI REGULAR SESSION ADJOURNED ON MAY 30, 2009
Bill # MISSOURI HB 10 ENACTED
Summary Appropriates money for the expenses, grants, refunds, and distributions of the Department of Mental Health, Board of Public Buildings, and Department of Health and Senior Services. Specifically includes $645,293 of federal funds for suicide prevention initiatives.

MONTANA REGULAR SESSION ADJOURNED ON APRIL 28, 2009
Bill # MONTANA HB 130 ENACTED
Summary The bill would create a grant program for local crisis services and jail diversion for mentally ill. Specifically, grantees would have to participate in a statewide or regional jail suicide prevention program, if the department for the state or for the region in which the county is situated has established one.

NEW YORK REGULAR SESSION SCHEDULED TO ADJOURN ON JAN. 6, 2010
Bill # NEW YORK HB 154 ENACTED
Summary The bill makes appropriations for health and mental hygiene. Specifically includes $750,000 for services and expenses to support a public awareness and education campaign specifically focused on suicide prevention among young Latina and elderly Asian women.

OREGON REGULAR SESSION ADJOURNED ON JUNE 29, 2009
Bill # OREGON HB 2009 ENACTED
Summary The bill is a budget bill. The bill specifically notes that community mental health centers must provide preventive mental health services for older adults, including primary prevention efforts, early identification and early intervention services. It notes that preventive services should be patterned after service models that have demonstrated effectiveness in reducing the incidence of emotional and behavioral disorders and suicide attempts in older adults.

VIRGINA REGULAR SESSION ADJOURNED ON FEBRUARY 28, 2009
Bill # VIRGINIA HB 2300 ENACTED
Summary The bill changes the name of the Department, Board, Inspector General, and Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to the Department, Board, Inspector General, and Commissioner of Behavioral Health and Developmental Services. The bill specifically states that the Department of Education in cooperation with the Department shall develop guidelines for addressing potentially suicidal students as well as identifying the Department as having lead responsibilities for suicide prevention efforts in the Commonwealth.

WASHINGTON REGULAR SESSION ADJOURNED ON APRIL 26, 2009
Bill # WASHINGTON HB 1244 ENACTED
Summary Makes operating appropriations for fiscal years 2007-2009 and 2009-2011, which specifically includes $70,000 of the general fund solely for the youth suicide prevention program in each of fiscal years 2010 and 2011. Additionally, separate funding is available for a pilot youth suicide prevention and information program. The office of superintendent of public instruction will work with selected school districts and community agencies in identifying effective strategies for preventing youth suicide.

Addendum C

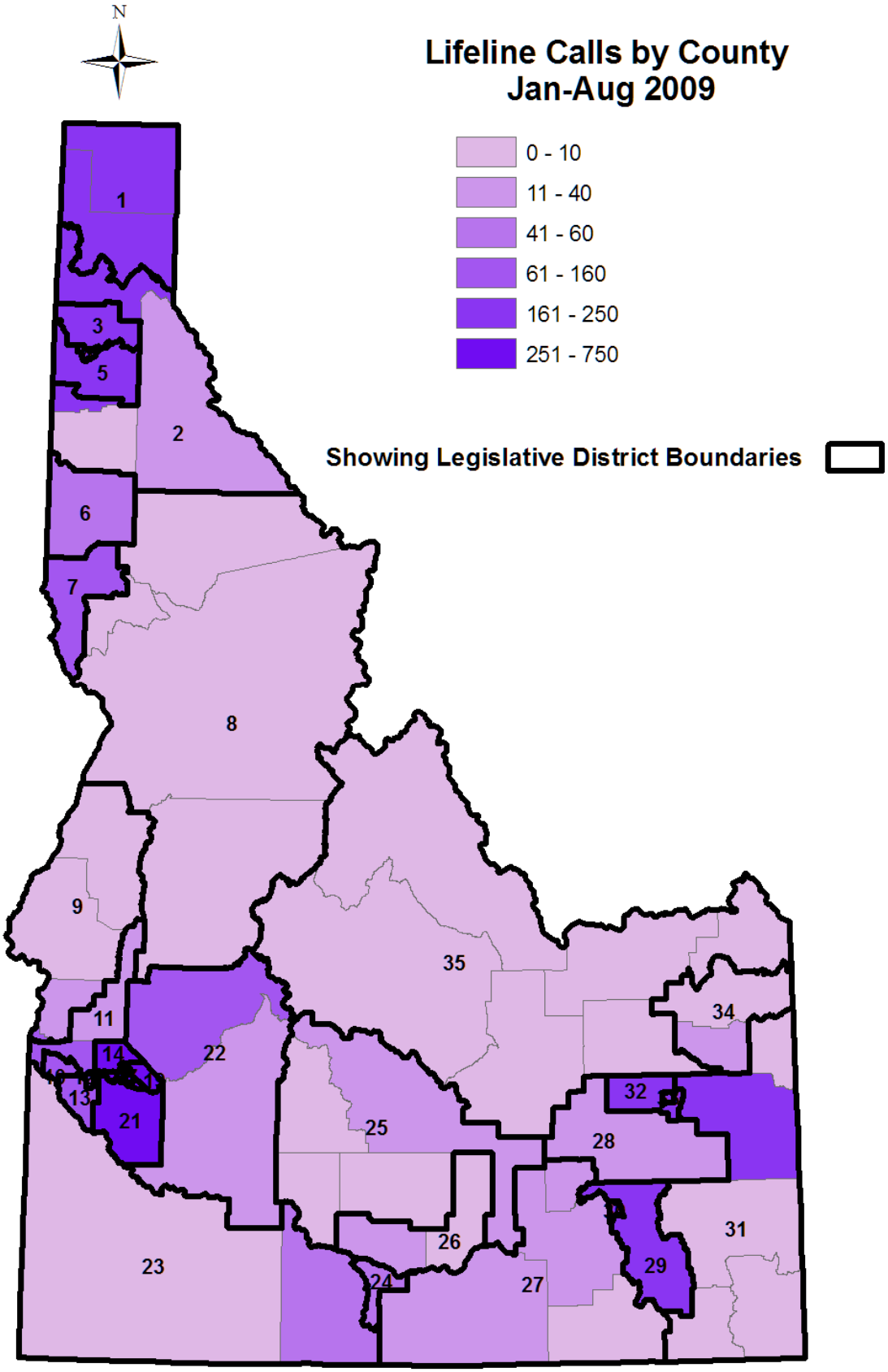
2009 Stakeholders Identification and Outreach

Organization	2009 Contact	Type of Actives
AA Meeting Fascinators		
AARP		
Area Agencies on Aging	ICSP	Information Sharing
Association of Cities		
Association of Counties	ICSP	Information Sharing
Boy's and Girls Club		
Careline 2-1-1	ICSP	Information Sharing
Catholic Charities		
Child Welfare Workers		
Clean and Sober Housing Organizations		
College Campuses	SPAN	
Commission on Aging	ICSP	Partnership
Consortium for Idahoans with Disabilities	ICSP	Information Sharing
Coroners Association	ICSP	Partnership
Department of Education	ICSP, YSP, SPAN	Partnership
Department of Health and Welfare	ICSP, SPAN	Partnership
Department of Labor	ICSP	Information Sharing
Emergency Room	ICSP	Partnership
Faith Base Community	YSP, SPAN	Education
Farm Bureau		
First Responders	SPAN	Partnership, Education
Foster care Workers		
Governor Behavioral Health Transformation Workgroup	ICSP	Information Sharing
Hospitals	ICSP, SPAN	Partnership
Idaho Academy of Family Physicians		
Idaho Federation on Families for Children Mental Health	ICSP, YSP	Information Sharing, Partnership
Idaho Medical Association	SPAN	Education
Indian Tribes	YSP	Education, Partnership
Juvenile Justice		
Law enforcement	YSP	Education
Legislature	ICSP	Information Sharing
Mayor's Youth Advisory Council	SPAN	Education
Media	ICSP, YSP, SPAN	Information Sharing
Mental Health Workers	SPAN	Information Sharing
NAMI	ICSP,YSP	Information Sharing, Partnership
Office of Drug Policy	ICSP	Information Sharing

Office of the Governor	ICSP	Information Sharing, Partnership
Primary Care Association	ICSP	Information Sharing
Public Health Districts	SPAN	
Refugee Agencies		
Regional Mental Health Board	ICSP, SPAN	Information Sharing
School Districts	YSP	Education
Sheriff Association		
State Planning Council on Mental Health	ICSP	Partnership
United Way	SPAN	Partnership
Veteran Affairs	ICSP	Partnership
YMCA	SPAN	Education

ICSP-Idaho Council on Suicide Prevention
SPAN- Suicide Prevention Action Network of Idaho
YSP- ISU Youth Suicide Prevention Project

2009


N
Lifeline Calls by County
Jan-Aug 2009
0 - 10
11 - 40
41 - 60
61 - 160
161 - 250
251 - 750
Showing Legislative District Boundaries
1
2
3
5
6
7
8
9
11
13
14
21
22
23
24
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26
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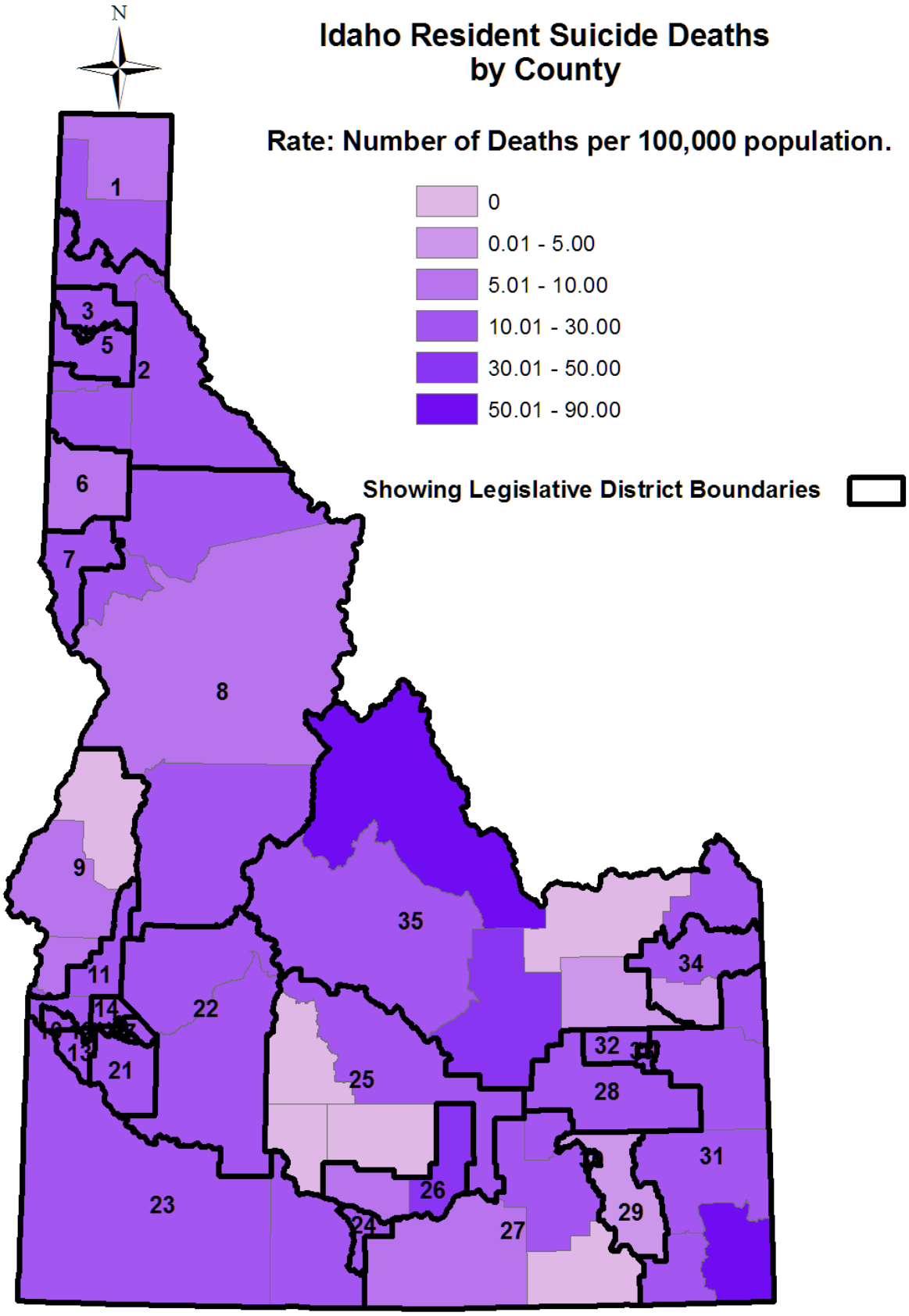
34
35

2008


N
Idaho Resident Suicide Deaths
by County
Rate: Number of Deaths per 100,000 population.
0
0.01 - 5.00
5.01 - 10.00
10.01 - 30.00
30.01 - 50.00
50.01 - 90.00
Showing Legislative District Boundaries
1
2
3
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6
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Suicide in Idaho: Fact Sheet
October 2009

- **Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)**
- **Idaho is consistently among the states with the highest suicide rates. In 2006 (the most recent year available) Idaho had the 10th highest suicide rate, 36% higher than the national average.**
- **In 2008, 251 people completed suicide in Idaho; a 14% increase over 2007.**
- **In 2008, 81% of suicides were by men.**
- **In 2008, 65% of Idaho suicides involved a firearm. The national average = 52%.**
- **16.9% of Idaho youth attending traditional high schools reported seriously considering suicide in 2007. 8.4% reported making at least one attempt.**
- **In 2006, there were 33,300 deaths by suicide in the United States, an average of 1 person every 16 minutes.**
- **In 2000, the suicides of those under 25 years of age in Idaho resulted in estimated direct costs of $3.77 million, and lost earnings of $81 million.**

Idaho Suicides by Region – 2008

Region	City	Suicides	Rate (per 100,000)	Population	Avg # suicides 2004-2008	5-yr Avg Rate
1	CDA	40	18.9	211,870	40	19.6
2	Lew	12	11.8	102,099	17	16.4
3	Nampa	32	12.9	248,000	35	14.7
4	Boise	68	16.0	426,283	59	14.6
5	Twin	31	17.6	176,400	26	15.1
6	Pocatello	35	21.7	161,606	25	15.7
7	Id Falls	33	16.7	197,558	28	15.4

Idaho Suicides by Age/Gender 2004-08

Over 5 year period

Age	Total	Male	Rate	Female	Rate
10-14	15	13	4.7	2	0.8
15-19	76	54	22.8	12	4.4
20-24	94	82	28.8	12	4.8
25-34	165	130	24.6	35	7.1
35-44	221	175	35.6	46	9.6
45-54	231	176	34.7	55	10.8
55-64	158	131	34.4	27	7.1
65-74	83	73	33.8	10	4.4
75-84	75	72	57.9	3	1.9
85+	35	32	76.0	3	4.0

Method (all ages)

Firearm	65.0%
Poisoning	15.5%
Suffocation	14.3%
Cut/Pierce	1.4%
Fall	1.6%
Other	2.3%

Idaho Suicide Rates 1997 – 2008

Year	Number	Id Rate	US Rate
1997	210	17.4	11.4
1998	202	16.4	11.3
1999	180	14.4	10.7
2000	166	12.8	10.7
2001	213	16.1	10.7
2002	203	15.1	11.0
2003	218	16.0	10.8
2004	239	17.2	10.8
2005	225	15.7	10.7
2006	218	14.9	11.1
2007	220	14.7	n/a
2008	251	16.5	n/a

Idaho Youth Risk Behavior Survey 2007 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9th	24.2%	17.6%	12.7%	9.0%	4.3%
10th	30.0	19.9	13.6	9.6	3.0
11th	26.0	14.3	14.0	7.0	2.6
12th	28.9	15.3	13.8	6.4	1.4
Idaho Overall	28.5	16.9	13.0	8.4	2.3

Idaho Suicide Rate By County

5-year average 2004-2008

(suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	257	14.3	Gem	14	16.9
Adams	2	11.5	Gooding	6	8.3
Bannock	55	14.0	Idaho	10	12.7
Bear Lake	6	19.5	Jefferson	17	15.2
Benewah	5	10.7	Jerome	12	11.9
Bingham	40	18.2	Kootenai	128	19.5
Blaine	16	14.9	Latah	27	15.4
Boise	7	18.3	Lemhi	12	30.3
Bonner	43	20.8	Lewis	4	21.3
Bonneville	83	17.5	Lincoln	3	13.3
Boundary	13	24.0	Madison	9	5.7
Butte	3	21.6	Minidoka	24	25.2
Camas	1	18.4	Nez Perce	38	19.8
Canyon	121	14.0	Oneida	1	4.8
Caribou	9	25.7	Owyhee	11	19.8
Cassia	9	8.4	Payette	20	17.7
Clark	1	21.7	Power	7	17.7
Clearwater	4	9.6	Shoshone	13	19.7
Custer	5	23.9	Teton	4	10.2
Elmore	21	14.9	Twin Falls	60	16.8
Franklin	8	12.8	Valley	10	22.6
Fremont	8	12.9	Washington	6	11.8
			Idaho (total)	1,153	15.7 (5-year average)

Source: Idaho Bureau of Vital Records and Health Statistics
Idaho Department Health and Welfare
Center for Disease Control and Prevention
YRBS Idaho, 2007

Compiled by Kim Kane, Executive Director, SPAN Idaho (kkane@spanidaho.org)
Special Thanks to Katey Anderson, Senior Research Analyst, Bureau of Vital Records and Health Statistics

Addendum F

ACCOMPLISHMENTS AND CURRENT ACTIVITIES

November 2009

SPAN IDAHO - BRIEF TIMELINE

- In the mid-1990s to 2001, the Idaho Adolescent Suicide Prevention Task Force conducted research and was recognized by the US Surgeon General
- In 2001, the Task force held first annual conference at BSU
- In July 2002, incorporated SPAN Idaho as a 501 (c)(3) non-profit organization and became the first state affiliate of the national SPAN USA
- In 2002-2003, provided the impetus for development of Idaho's Suicide Prevention Plan
- In 2004, secured contract with Department of Health and Welfare to conduct specific activities
- Began forming Regional Idaho Chapters in 2004
- In 2005 and 2006, provided the impetus for establishing and the support for the activities of the Idaho Council on Suicide Prevention
- In 2006, produced and distributed Suicide Prevention Tool Kit
- In 2007, developed and conducted statewide clergy trainings
- In 2001 – 2009, held nine annual suicide prevention conferences
- In 2009, established new regional chapters in regions 3, 4 and 6 resulting in SPAN Chapters in all 7 Health and Welfare regions of the state.
- In November 2009, planning 10th annual suicide prevention conference for 2010 in Boise.

CURRENT AND ONGOING ACTIVITIES:

ACTS AS A SUICIDE PREVENTION RESOURCE CLEARINGHOUSE

- Provides information and technical assistance including, establishing and maintaining a highly evolved list of target audience sub-groups; reviewing, screening and determining relevance to target groups for approximately 100 articles/research studies per month; distributing approximately 50 articles per month; and responding to 10 – 15 research requests per month
- Acts as a loaning library including the provision of books, journals, DVDs, and videos, and researching and compiling reading lists

ACTS AS A SUICIDE PREVENTION INFORMATION CONDUIT

- Engages in ongoing communication and information flow to and from national organizations including the Suicide Prevention Resource Center, SPAN USA, National Suicide Prevention LifeLine, the American Association of Suicidology and the American Foundation for Suicide Prevention
- Provides information to and garners information from other states' suicide prevention stakeholders
- Engages in outreach to other state organizations including 211 CareLine, the Idaho Commission on Aging, RADAR, the Veterans Administration, Safe and Drug Free Schools, and others

PROVIDES EDUCATION AND TRAINING

- Conducted annual statewide conferences for the last nine years at which approximately 1,900 participants have been trained in suicide prevention skills. The 2009 conferences were held in Twin Falls in April and in Idaho Falls in October.
- Provided statewide clergy trainings in 2007 through funding provided by the Youth Suicide Prevention Project at Idaho State University. These trainings were conducted in 8 locations throughout the state, and trained 200 participants representing 51 Idaho towns.
- In 2009, presented information on the clergy trainings to suicide prevention professionals from around the US at the invitation of the national Suicide Prevention Resource Center.
- In 2009, SPAN Regional Chapters carried out specific planned education and awareness activities including radio PSAs, memorial walks, wide-range information distribution and other initiatives in regions 1 through 7
- Currently planning the statewide 2010 Annual Suicide Prevention Conference in Boise.

PROVIDES SUPPORT TO THE IDAHO SUICIDE PREVENTION COUNCIL

- In 2009, initiated the formation of and facilitated a committee to address uniform school guidelines for handling suicide postvention which then became an initiative of the Council
- In 2009, actively participated in the Council as members and Committee Chairpersons
- Assisted in compilation of 2008 Annual Report to the Governor and Legislature
- Drafted the 2007 Annual Report to the Governor and Legislature
- Provide research and other information to the Council Chairpersons and members

DEVELOPS RESOURCE MATERIALS

- Developed and distributed Survivor Support packets in the Idaho Falls area
- Developed and distributed Youth Suicide Prevention brochures in the Twin Falls area
- Developed and distributed "In the Aftermath of Suicide: Post-vention as Prevention" curriculum
- Updated Suicide Prevention Tool Kit including a resource guide, guide to best practices, warning signs, and anti-stigma page, among many other elements in 2008
- Updated new SPAN Idaho web site, which includes updated pages for the tool kit, survivor support, warning signs, protective and risk factors, Idaho suicide facts, conference information, important links to other suicide prevention sites and regional chapter pages among others.

CONDUCTS AWARENESS ACTIVITIES

- In 2009, conducted 6 suicide awareness and prevention memorial walks in Coeur d'Alene, Lewiston, Boise, Twin Falls, Pocatello and Idaho Falls
- Other awareness activities include annual conferences, providing information to media, giving radio interviews, posting billboards, distributing brochures, acquiring radio time for PSAs and other activities most of which are conducted through the regional chapters.

CONDUCTS ADVOCACY ACTIVITIES

- Provides information to state legislators preparing related legislation
- Provides information on suicide prevention priorities to congressional members annually
- Provides information at state legislative hearings

PROVIDES OTHER SUPPORT

- Provides support to suicide survivors and those at risk including responding to sensitive inquiries and "near-crisis" calls with compassion and appropriate information, referrals and resources.
- Recruits and provides guidance and training to volunteers
- Provides research and training for other organizations and individuals

Addendum G

Idaho Awareness to Action Youth Suicide Prevention Project
Idaho State University, Institute of Rural Health

Introduction: ISU-IRH has received a grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to implement an Idaho Awareness to Action Youth Suicide Prevention Project (AAYSP). The project goal is to reduce suicides among Idaho youth by implementing objectives from Idaho's Suicide Prevention Plan, including information dissemination, gatekeeper training, work with at-risk populations, collaboration with prevention stakeholders, as well as data collection and evaluation. An *Awareness to Action Academy* will be held each year for advocates, families and friends of those who died by suicide, people who have attempted suicide, and a variety of professionals.

Project Goals: Five goals support this project, all of which address goals of the Idaho Suicide Prevention Plan:

1) Disseminate evidence-informed practices, including an awareness campaign toolkit, Signs of Suicide (SOS) program, and culturally appropriate practices and qualify *Question, Persuade, Refer (QPR*) trainers statewide.
2) Conduct Idaho's nationally recognized gatekeeper training*, Better Todays/Better Tomorrows*, with trainees recruited from adult caregivers working with high risk groups. Trainees will be recruited from emergency services personnel and first responders, Indian tribes, Hispanics, Asian/Pacific Islanders, and Alaska Natives as well as developmental support groups, suicide attempters, survivors, child welfare/foster care workers, juvenile justice, law enforcement, childcare, parents/grandparents, college campuses, and faculty/staff of Idaho's 113 school districts and others.
3) Collaborate with the Governor's Council on Suicide Prevention for guidance, input, and evaluation of project progress. Consult independently with specific cultural, high risk, and racial/ethnic groups not represented on the Council. Consult with SPAN Idaho and others for awareness campaign activities, including evidence informed materials relevant to crisis workers, medical response and first responders, juvenile justice, childcare, foster care, sexual orientation, and previous attempters.
4) Provide stakeholders and mental health practitioners with an *Awareness to Action Academy*, including an opportunity to build suicide assessment expertise and learn advocacy/leadership skills to lead Idaho from awareness of suicide risk and protective factors to a state where advocates and mental health professionals are leaders for action.
5) Participate in a mandatory national cross-site evaluation and conduct local evaluations.

Conclusion: Most project activities will result in sustainable products and services, such as supporting activities in school districts, creating a cadre of QPR trainers statewide, distributing a college workbook for suicide prevention among resident assistant housing staff, and developing suicide assessment and advocacy skills through the *Awareness to Action Academy*. Collaborating with the Governor's Council on Suicide Prevention will assure consistency with state priorities.

Benchmark Research & Safety, Inc.

Addendum H

The mission of the Benchmark Research and Safety, Inc, and the Department of Health & Welfare's Idaho Suicide Prevention Research Project is to support the professionals, volunteers and organizations in Idaho working to reduce the frequency of suicides and the impact on survivors and communities. Our purpose is to gather and display Idaho-specific, user-accessible data about the prevalence and circumstances of suicide. We also report on current research and state-of-the-art, evidence-based suicide prevention screening programs and interventions. Benchmark also coordinates with and provides support to the Idaho Council on Suicide Prevention. This past year, Benchmark hosted and recorded minutes for several Council conference calls and coordinated the annual Idaho Council on Suicide Prevention annual meeting in Boise.

All Idaho Suicide Prevention Research Project data and reports will be accessible through a website dedicated to suicide research and data in Idaho: www.IdahoSuicide.info.

- Idaho Suicide Data & Research presents Idaho-specific data for four special at-risk populations in Idaho. The website presents actual Idaho suicide data on each population, such as incidence, race, place of injury, mechanism of death, etc. The Idaho Suicide Data & Research page also displays data about risk and protective factors for each special population. The Teen male and Native American male data have been completed and published at this time. The Working Age male data are in progress and will be available on November, 2009. The Elderly Males data and report will be completed in January 2010.
    - Teen males
    - Native American males
    - Working age males
    - Elderly males
- Suicide Prevention Programs presents in-depth reviews of currently recognized suicide prevention programs listed by Suicide Prevention Resource Center and National Registry of Evidenced-based Programs and Practices. Write-ups of the following programs are available on IdahoSuicide.Info. New evidence-based suicide prevention programs will be added to IdahoSuicide.Info as they become available.
    - American Indian Life Skills Development Curriculum
    - Cognitive Behavioral Therapy for Adolescent Depression
    - Emergency Department "Means Restriction" Education
    - Emergency Room Intervention for Adolescent Females Program
    - SOS - Signs of Suicide
    - Columbia University TeenScreen Program
    - Prevention of Suicide in Primary Care Elderly Collaborative Trial (PROSPECT)
    - United States Air Force Suicide Prevention Program (AFSPP)
    - CARE (Care, Assess, Respond, Empower)
    - CAST (Coping And Support Training)
    - Dialectical Behavior Therapy (DBT)
    - Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric)

- The Suicide Prevention Reports webpage presents research-based reports on each of the special populations, as well as extensive research bibliographies. The special populations selected by the Idaho Department of Health & Welfare are Teen Males ages 15-17, Native American Males ages 15-24, Working Age Males ages 18-64 and Elderly Males 75 years and older. The reports are intended to provide a good overview of the research literature on each population, while the research bibliographies present a wide array of related work in the research literature. In addition to the special populations, an additional report on the incidence and causes of Suicide In Farmers is also available.

- Current News and the Calendar give people working in Idaho's suicide prevention community a place to post news items and upcoming events. Although little used to date, we invite Idahoans concerned with suicide prevention to use these two resources to publicize trainings, conferences, meetings and other events of interest to others.

Addendum I

State Department of Education
Safe and Drug Free Schools Program
Suicide Prevention / Healthy School Climate Supports

The State Department of Education (SDE) Safe and Drug Free Schools Program (SDFS) provides funding and technical assistance to Idaho schools to prevent violence, delinquency and substance abuse. While there are many strategies to create healthy school climates implemented throughout Idaho, this brief details those that directly relate to the prevention of suicide.

Student Assistance Programs (SAP) are a school-based prevention and early intervention systems designed to foster student success and healthy development by addressing academic, social-emotional and behavioral health issues. Most programs are operated by a Student Assistance Team (SAT) that has representation from the key stakeholders within the school including administrators, teachers, guidance counselors and when possible, psychologists, social workers and nurses.

Students who are demonstrating "behaviors of concern" are referred by themselves, peers, staff, parents and others to teams that work with the student, the student's family, faculty, staff and/or outside service providers to develop a plan to ensure student success.
SAP groups cover a variety of topics included but not limited to the following:

Anger management
Blended families
Children of divorce
Communication
Drug users
Eating disorders
Grief
Abusive behavior
New students
Physically and sexually abuse
Recovery/sobriety
Relationships
School leadership
Self-esteem
Suicide
Teen parenting
Transition (moving/drop-out)

During the 2008-2009 school year 68,691 students in 34 school districts were referred to SAP groups. Students that participated in these programs reported the following:

- 87% reported the program gave them positive ways to deal with problems.
- 81% reported an increased feeling of self-worth.
- 80% reported the program had a positive effect on their overall school work.
- 79% reported a positive effect on their school attendance.

Professional Development- the SDFS statewide advisory board professional identifies development opportunities for school personnel related to risk behavior data and specific areas of concern expressed by school districts. Trainings are provided throughout the year in every region of the state. During the 2008-2009 school year the following trainings were provided.

Rachel's Challenge provided assemblies and support to 40 schools throughout the state impacting 21,160 students. The focus is on creating a safe and productive learning environment by delivering antidotes to violence and bullying.

Kindness Campaigns nurture a school and community climate where students can:

- Feel safe at school
- Form stronger school bonds and affiliations
- Decrease disruptive and disrespectful student behaviors
- Support increased academic proficiencies
- Increase parent and community support of schools and student health, behavior and learning

Ten schools participated throughout the state impacting 2,683 students directly.

Dr. Peter Wollheim provides classroom based suicide prevention education. He also provides post-suicide assistance to schools struggling with the aftermath of a completed suicide. To date, Dr. Wollheim has provided services to 28 schools throughout the state, impacting an average of 1530 students each year.

Hilda Quiroz provided workshops on Bullying, Harassment and Hate Behavior prevention throughout the state. The training enabled participants to increase understanding of:

- Peer norms regarding bullying
- Build an understanding regarding the definition of bullying
- Identify issues and trends related to school bullying
- Recognizing the consequences of not responding to bullying
- Applying situational prevention strategies and
- Identifying action steps related to their roles and responsibilities

During 2008-2009 school year 6 trainings were provided throughout the state with 165 participants.

The Substance Use, Safety and School Climate survey and the Youth Risk Behavior (YRBS) survey are administered bi-annually in alternating years by the SDE. The Substance Use, Safety and School Climate survey captures student reported data on risk behaviors and school safety. There were 15,200 students surveyed statewide in the fall of 2008. The YRBS captures student reported data on intentional and unintentional injuries, sexual behaviors that can result in HIV infection, other sexually transmitted diseases and unintended pregnancies; dietary behaviors, physically activity and suicidal tendencies. The 2007 YRBS survey was completed by 1440 students in 45 public high schools.