Idaho Council on Suicide Prevention

Annual Report to Governor Brad Little and the Idaho State Legislature

February 2019

Idaho Council on Suicide Prevention

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January 2019

On behalf of the Idaho Council on Suicide Prevention it is my honor to present our annual report highlighting activities during 2018 directed toward reducing deaths by suicide in Idaho.

As in 2016, when the Idaho Legislature allocated funding to establish a Suicide Prevention Program (SPP) within the Idaho Department of Health and Welfare's Division of Public Health, 2018 witnessed significant activities directed toward suicide prevention. Prompted by legislative intent language and supported by funding procured by the efforts of the Suicide Prevention Coalition, a collaborative planning process led by a nationally recognized consultant occurred. Details of this planning process, including a summary of the results, are presented in this report.

The planning process resulted in recognition of additional initiatives and systems that became the Department of Health and Welfare's top budget request for SFY 2020. The Council looks forward to success in procuring additional funding for needed programs to reduce our statewide rate of death by suicide.

As usual, reports from the many organizations involved in suicide prevention are attached to the Council's report. Sadly, one long-time partner organization has decided to disband. SPAN Idaho will no longer have a centralized presence in Idaho after February 2019. The Council is grateful for SPAN's efforts over the past 18 years to both begin and keep the torch burning for suicide prevention efforts in the state and for its outreach to families and individuals impacted by suicide deaths.

The Governor's Office issued the reauthorization of the Council in September 2018. New membership categories were added to the Council's roster, including a coroner and member of law enforcement of other first responder. The Council looks forward to the completion and publication of the new Idaho Suicide Prevention Plan in 2019.

Linda Hatzenbuehler, Chair
Idaho Council on Suicide Prevention

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About the Idaho Council on Suicide Prevention

The Idaho Council on Suicide Prevention (Council) was established by Executive Order No. 2006-08 in 2006. From 2006 to 2018, the Council's responsibilities were, to oversee the implementation of the Idaho Suicide Prevention Plan, to ensure the continued relevance of the Plan by evaluating implementation and developing changes and new priorities to update the Plan, to be a proponent for suicide prevention in Idaho, and to prepare an annual report on Plan Implementation for the Governor and Legislature.

The Governor appoints all members of the Council with state regional representation in mind. Council members serve a three-year renewable term. The Governor appoints the Chair of the Council. The Council meets in person annually and does not exceed twenty (20) members. A roster of current Council members is provided below.

Table 1: Idaho Council on Suicide Prevention 2018 Membership Roster

Name	Agency/Organization	Executive Order Representation	City/Town
Broncho, Krissy	Shoshone-Bannock Tribes	Idaho Tribes	Fort Hall
Cowger, Hailey	Student	Youth Member	Melba
Gopon, Tobias Dr.	St. Luke's Health System	Medical Doctor	Boise
Griffin, Jeni	SPAN Idaho	SPAN Idaho	Idaho Falls
Harris, Jessica	Suicide Prevention Program	IDHW Division of Public Health	Boise
Hatzenbuehler, Linda	ISU, Retired	Mental Health Professional/Chair	Pocatello
Kane, Kim	Suicide Prevention Program	IDHW Division of Public Health	Boise
Kirkman, Jeff	Idaho Department of Corrections	Adult Corrections	Pocatello
Martin, Fred Sen.	Idaho Legislature	State Senate	Boise
McCarter, Matt	Department of Education	Department of Education	Boise
Oliason, Pam	Commission on Aging	Commission on Aging	Boise
Olsen, Matthew	Idaho Department of Juvenile Corrections	Juvenile Justice	Pocatello
Perusse, Catherine	NAMI	NAMI	Sandpoint
Pierce, Mary	Boise VAMC	Veterans Affairs	Midvale
Reusser, John	Idaho Suicide Prevention Hotline	Suicide Prevention Organization	Boise
Santos, Neva	Idaho Academy of Family Physicians	Suicide Prevention Organization	Boise
Stanger, Carmen	American Foundation for Suicide Prevention	Suicide Prevention Organization	Boise
Troy, Caroline Rep.	Idaho Legislature	State Representative	Genesee
Wilder, Stewart	Live Wilder Foundation & Idaho Suicide Prevention Coalition	Loss Survivor & Suicide Prevention Organization	Boise

Introduction

Suicide is a serious, worldwide, public health issue. Throughout the world, around 800,000 people die annually by suicide and many more attempt suicide[1]. In 2016, the United States lost nearly 45,000 lives to suicide, making suicide the tenth leading cause of death in America.

While people of all genders, ages and ethnicities may be at risk for suicide, some factors increase risk, including easy access to lethal methods of suicide, isolation and previous suicide attempt(s). Men die by suicide at higher rates than women, and rural communities face higher suicide rates compared to urban settings. Firearms are the most commonly used method in suicide deaths throughout the United States, accounting for almost half of all suicide deaths[2].

These deaths come with many economic and emotional costs. In 2016, suicide and non-fatal self-directed violence accounted for $69 billion in medical and work loss costs in the United States[3]. Suicide also adversely impacts communities and families. Survivors of suicide loss often experience guilt and financial instability, and are susceptible to higher risks of anxiety, aggression, isolation and suicide[4].

Suicide Prevention in the United States

Suicide prevention efforts in the United States officially started in 1958 when the first suicide prevention center opened in California. In 1970, the National Institute of Mental Health (NIMH) started a task force to discuss suicide prevention and future emphases of focus. Then, the Centers for Disease Control and Prevention (CDC) established a violence prevention unit in the 1980s that included suicide prevention.

Suicide prevention became a central issue in the United States during the 1990s, resulting in the creation of a National Consensus Conference on Suicide Prevention in Reno, Nevada to emphasize suicide as a public health issue. In 2001, the Office of the Surgeon General released the National Strategy for Suicide Prevention (NSSP), and, through those efforts, the federal government established the National Suicide Prevention Lifeline. More recent efforts included establishing the National Action Alliance for Suicide Prevention and revising the NSSP to account for changes within the field of suicide prevention[5].

Suicide Prevention in Idaho

Suicide prevention efforts began in Idaho during the late 1990s when concerned professionals formed an Adolescent Youth Suicide Task Force. This task force examined the issue of youth suicide in Idaho and created a report to detail the group's assessment. During this process, the task force recognized the lack of a single organization or agency solely focused on suicide prevention in Idaho. In response, three task force members formed the first state chapter of the national Suicide Prevention Action Network (SPAN).

SPAN Idaho held its first suicide prevention conference in 2001; formed a board of directors and formally registered as a 501(c)(3) organization in July 2002; and provided the impetus for the development of the first Idaho Suicide Prevention Plan.

SPAN Idaho existed as a group of volunteers until 2004 when it received a grant from the Division of Behavioral Health, through the Idaho Department of Health Welfare, to hire two part-time staff members. Requirements from the grant tasked SPAN Idaho with establishing a statewide coordinating group, comprised of stakeholders from state government and representatives from high-risk groups, to elevate awareness and efforts around suicide prevention in Idaho.

In 2006, with assistance from Idaho First Lady Patricia Kempthorne, a gubernatorial executive order signed by then-Governor Dirk Kempthorne created the Idaho Council on Suicide Prevention (Council) and detailed responsibilities of the Council. A September 2018 executive order reauthorizing the Council – the fourth reauthorization – altered the responsibilities of the Council to:

1. Advising the Governor's Office on death by suicide in Idaho and efforts to prevent it
2. Serving as a proponent for suicide prevention, intervention and postvention in all regions of the state

3. Working with the Department of Health and Welfare Suicide Prevention Program, community advocates and stakeholders to monitor the progress of the statewide Idaho Suicide Prevention Plan
4. Preparing an annual report on the plan's implementation and progress for the governor and legislature
5. Ensuring the continued relevance of the Suicide Prevention Plan for the state.[6]

Idaho's Health Quality Planning Commission (HQPC) held its first suicide-related meeting in 2014 to understand and improve systems addressing suicide. Working closely with the Department of Health and Welfare and other key stakeholders for over 18 months, the commission's findings influenced the Idaho State Legislature to create the Suicide Prevention Program (SPP) during the 2016 Legislative Session and house it within the Division of Public Health, Department of Health and Welfare. The legislature provided an appropriation of almost $1 million in state investment for suicide prevention, creating the first sustainable funding streams for the Idaho Suicide Prevention Hotline, youth suicide prevention efforts and public awareness campaigns.

In 2016, the SPP initiated many additional endeavors including offering suicide prevention, intervention and postvention training throughout the state; creating and distributing educational materials; demonstrating lethal means safety activities; conducting stakeholder and community outreach; and delivering suicide prevention consultations to professionals and community members.

Other organizations formed throughout the state to conduct suicide prevention efforts, beginning in 2011 with the creation of the Speedy Foundation. As a response to the death of Olympian Jeret "Speedy" Peterson, the foundation's mission consisted of preventing suicide, supporting mental health education and promoting conversations to end the stigma around mental health and suicide. In late 2012, the new Idaho Suicide Prevention Hotline began operations. Furthermore, in 2013, the Live Wilder Foundation formed in response to the death of Cameron Wilder, with the goal of achieving Zero Suicide among youth through prevention, awareness and direction for the treatment of depression.

In 2015, representatives from the Speedy Foundation, Idaho Suicide Prevention Hotline and Live Wilder Foundation established the Idaho Suicide Prevention Coalition (Coalition) to work on sustainability-related matters of the Idaho Suicide Prevention Hotline. During the same year, the American Foundation for Suicide Prevention, Idaho Chapter also established presence in the state.

Another key activity in Idaho for suicide prevention occurred in late 2013 when the State Department of Education received federal funding through the Substance Abuse and Mental Health Services' Garrett Lee Smith Memorial Act for youth suicide prevention. The State Department of Education contracted with SPAN to create the Idaho Lives Project, which assists schools with youth suicide prevention through an ongoing, peer-based wellness program for students and staff. After the federal grant funding ended, the state started funding the activities of the Idaho Lives Project.

Because of the other organizations forming and working throughout the state to conduct suicide prevention efforts, the SPP convened a stakeholder group to increase collaboration in Idaho.

Current Suicide Trends

Nationwide Trends

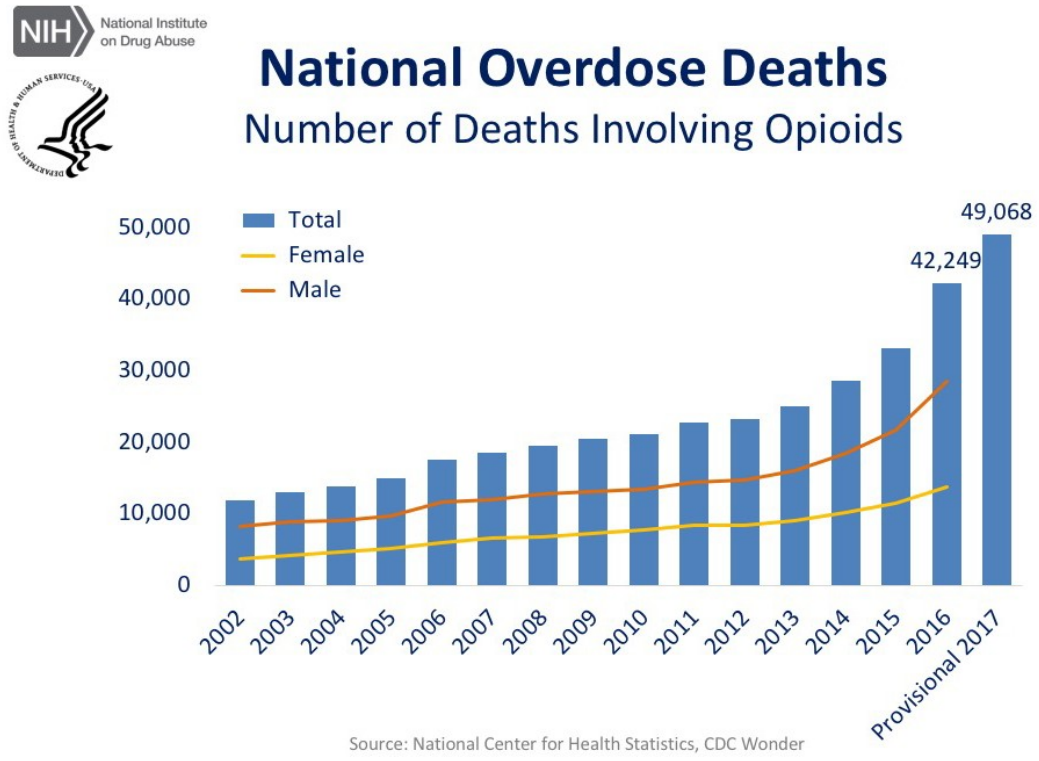
Nationwide, suicide rates continued to rise over the past decade. Data from the CDC in 2016 revealed that the rate of suicide in the United States was 13.9 per 100,000 population [7].

In June 2018, the CDC released a comprehensive report on suicide trends, analyzing data from 1999-2016. The results showed that suicide rates increased in every state except Nevada. Forty-four states experienced significant increases and 25 states saw increases greater than 30 percent [8].

Opioids

For 2016, the CDC reported 42,000 opioid-related overdose fatalities in the United States, including an unknown number of those deaths resulting from suicide. It remains difficult to determine the manner of death in opioid-related overdoses, which results in under-reporting of suicide deaths. Nevertheless, overlap between suicide and opioids exacerbates rates of suicide[9].

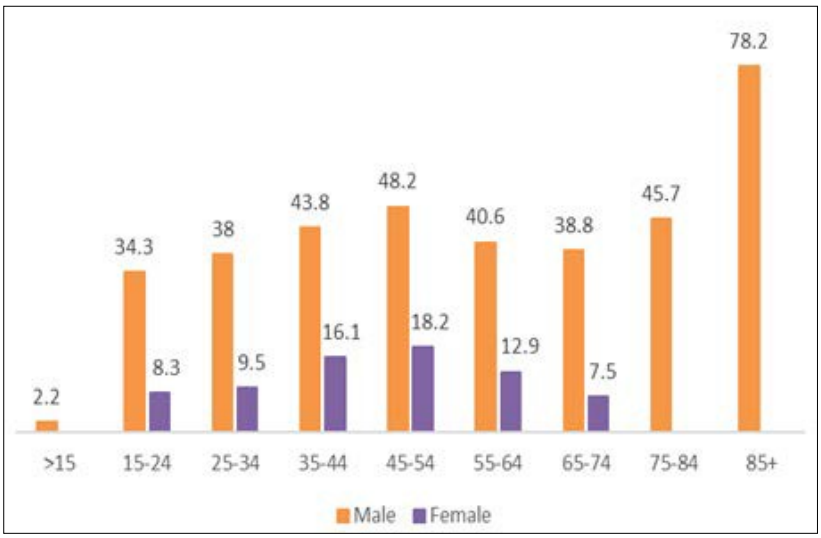
Chart 1: Number of Deaths Involving Opioids[10]



Idaho Statistics

The Division of Public Health reported that, in the five years between 2013 and 2017, 1,734 suicide deaths occurred in Idaho: 1,357 males (78%) and 377 females (22%). Data from the division also shows the rate of suicides per county (see table 1) is higher in rural and frontier counties compared to urban counties[11].

Chart 2: Idaho Suicide Rates by Age & Gender 2013-2017 Combined[12]



*Note: Rates are unreliable when the rate is calculated with a numerator (number of deaths) of less than 20. Female rates not calculated for this reason.

Chart 2 demonstrates Idaho suicide rates from 2013-2017 by age and gender.

Table 1: Suicide Rate by Idaho County, 2013-2017 Combined[13]

County	Rate	County	Rate
Ada	18.7	Gem	21.2*
Adams	51.1*	Gooding	14.5*
Bannock	27.4	Idaho	35.7
Bear Lake	20.1*	Jefferson	14.6
Benewah	30.8*	Jerome	19.2
Bingham	21.6	Kootenai	20.0
Blaine	23.1	Latah	15.5
Boise	42.7*	Lemhi	36.1*
Bonner	21.9	Lewis	20.8*
Bonneville	20.6	Lincoln	22.6*
Boundary	22.9*	Madison	7.8*
Butte	0.0	Minidoka	18.6*
Camas	0.0	Nez Perce	24.4
Canyon	18.9	Oneida	18.6*
Caribou	32.0*	Owyhee	26.2*
Cassia	23.0	Payette	23.6
Clark	69.0*	Power	20.9*
Clearwater	42.2*	Shoshone	43.2
Custer	53.0*	Teton	14.9*
Elmore	22.9	Twin Falls	25.5
Franklin	25.8*	Valley	15.8*
Fremont	15.5*	Washington	13.9*

* Fewer than 20 deaths occurred over the five-year period indicated. Rates are unreliable when calculated with a numerator (number of deaths) of less than 20.

The most recent data for 2017 showed that Idaho's suicide rate registered as 22.9 per 100,000 population. Suicide ranks as the second leading cause of death for Idahoans ages 15-34 and for males up to age 44. Of suicide deaths in Idaho during 2017, 61% occurred by firearms, and 87% of all firearms deaths were suicides[14]. What is more, data from the 2017 Behavioral Risk Factor Surveillance Survey estimates that 6,413 adults aged 18 and older in Idaho attempted suicide, equating to an attempt rate of 613.6 per 100,000 population[15]. Additionally, the 2017 Youth Risk Behavior Surveillance System (YRBSS) surveyed Idaho high school students in which they answered questions about feeling sad or hopeless, had suicidal ideation, having made a suicide plan, making a suicide plan and having received medical care for a suicide attempt. Table 2 below shows the full results of the YRBS survey.

Chart 3: Annual Suicide Rates U.S. and Idaho, 2007-2017[16]

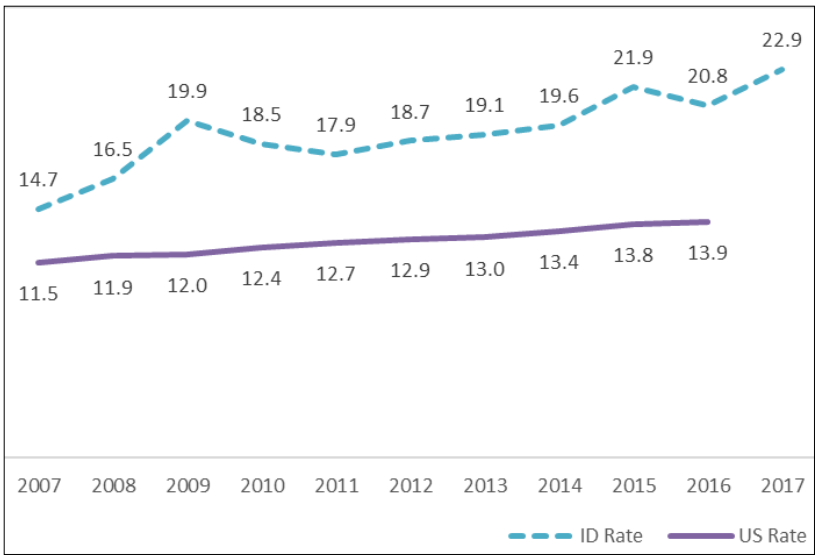


Chart 3 shows the annual suicide rates for the U.S. and Idaho since 2007.

Table 2: 2017 Youth Risk Behavior Surveillance Survey Results[17]

Grade	Sad or Hopeless Youth (%)	Had Suicidal Ideation (%)	Had or Made a Suicide Plan (%)	Made a Suicide Attempt (%)	Received Medical Care for Attempt (%)
9th	34.8	22.7	20.1	12.8	3.2
10th	36.7	23.9	19.4	10.3	3.7
11th	34.0	20.9	19.1	8.8	3.3
12th	34.6	19.5	14.8	5.6	2.5
Idaho Overall	35.0	21.7	18.4	9.7	3.2

Recent estimates from 2008 indicate that suicide and suicide attempts cost the state of Idaho nearly $1.3 million in medical care costs and more than $467 million in total productivity losses from premature deaths and disabilities.[18]

Legislative Mandate

In response to increasing rates of suicide across the nation and in Idaho, the Idaho Legislature provided the Division of Public Health with intent language during the 2018 Legislative Session to increase suicide prevention planning and efforts.

> **SUICIDE PREVENTION AND AWARENESS.** It is the intent of the Legislature that the Department of Health and Welfare, Office of Suicide Prevention and Awareness Program, establish and submit a complete plan for suicide prevention in Idaho that includes measurable and prioritized outcomes for reducing suicides in Idaho. It is to be submitted to the Legislative Services Office no later than August 15, 2018. The coordination and implementation of the planning process is to be managed by a facilitator, which will be provided by the Suicide Prevention Coalition, and administrative support will be provided by the Department of Health and Welfare. The plan is to be developed in full collaboration with various stakeholder groups including but not limited to the Idaho Council on Suicide Prevention, Suicide Prevention Action Network, American Foundation for Suicide Prevention, Idaho Suicide Prevention Coalition, Veteran Service Organizations, Idaho Department of Education, and the Idaho Suicide Prevention Hotline. With the exception of the $273,000 to support the Idaho Suicide Hotline, as appropriated in Section 1 of this act, the moneys appropriated to the Office of Suicide Prevention and Awareness Program are to be used in accordance with this plan. The Department of Health and Welfare is to develop and submit a budget request for the 2019 legislative session that would fully implement this plan. Further, it is the intent of the Legislature that new funding for the Suicide Hotline be considered on an as requested basis and be subject to legislative approval.

Through this mandate, the legislature required the assistance of a third-party facilitator to convene a collaborative stakeholder group for the purposes of creating a new, comprehensive, statewide plan and accompanying budget request.

Timeline

The Coalition contracted with a neutral facilitator; and the initial phase of the planning process began in May 2018, with the final phase running through August. Altogether, the process included four phases, nine in-person meetings and countless hours of coordination outside of meeting times.

The legislature set August 15, 2018 as the deadline for the team to submit the plan to the Legislative Services Office; however, the Planning Team required additional time to develop and finalize the final product.

Participating Stakeholders

Per the legislature's request to establish a collaborative Planning Team, featuring diverse perspectives from pertinent community members and professionals, the facilitator convened a group of individuals that work directly and indirectly with suicide prevention efforts. Of the participating stakeholders, each individual or representative organization possessed a unique perspective regarding suicide or suicide prevention that assisted with dialogue and problem-solving.

The following stakeholders served as the Planning Team for in-person meetings:

Table 3: Planning Team Members

Organization	First Name	Last Name	Job Title
Advisor (Former HQPC Chair)	Bob	Polk	Independent Advisor, MD
Advisor (Former ICSP Chair and Legislator)	Kathie	Garrett	Independent Advisor
American Foundation for Suicide Prevention	Ryan	Price	Volunteer
American Foundation for Suicide Prevention	Jackie	Sodaro	Volunteer
Boise Police Department	Penelope	Hansen	Mental Health Coordinator
Boise State University	Laura	Gallo	Assistant Professor
Ada County Coroner's Office	Jessica	Mitchell	Investigation Supervisor
Ada County Coroner’s Office	Dotti	Owens	Ada County Coroner
Idaho Association of School Administrators	Rob	Winslow	Executive Director
Idaho Commission on Aging	Tami	Cirerol	Program Planning & Development Specialist
Idaho Commission on Aging	Pam	Oliason	Program Specialist
Idaho Council on Suicide Prevention	Linda	Hatzenbeuhler	Chair
Idaho Department of Corrections	Jeff	Kirkman	Program Manager
Idaho Department of Education	Matt	McCarter	Director of Student Engagement & Postsecondary Readiness
Idaho DHW Behavioral Health	Ross	Edmunds	Administrator
Idaho DHW Public Health	Elke	Shaw-Tulloch	Administrator
Idaho DHW Suicide Prevention Program	Kim	Kane	Program Manager
Idaho State Legislature	Caroline	Nilsson-Troy	Representative
Idaho State Legislature	Janie	Ward-Engleking	Senator
Idaho Suicide Prevention Coalition	Shannon	Decker	Executive Director
Idaho Suicide Prevention Coalition	Jack	Varin	Member
Idaho Suicide Prevention Coalition	Stewart	Wilder	President
Idaho Suicide Prevention Hotline	John	Reusser	Director
Idaho Voices for Children	Ceci	Thunes	Health Policy Specialist
Jason Foundation	Brandi	Daw	Representative
Juvenile Justice	Matt	Olsen	Director
Kootenai Health	Claudia	Miewald	Director of Behavioral Health
Legislative Office	Jared	Tatro	Principal Budget and Policy Analyst
National Alliance on Mental Illness	Christina	Cernansky	Board Member
Panhandle Health District	Lora	Whalen	Director
Saint Alphonsus Regional Medical Center	Corey	Suber	Advocacy & Community Health Coordinator
St. Luke's	Katie	Apple	Senior Director of Business Operations (Children's Hospital)
St. Luke's	Sam	Pullen	Medical Director of Psychiatry and Behavioral Health
St. Luke's	Chris	Streeter	Child and Adolescent Psychiatrist, MD
Suicide Prevention Action Network of Idaho	Jeni	Griffin	Executive Director
Veterans Administration	Mary	Pierce	Suicide Prevention Coordinator

Planning Process and Development

The Coalition contracted with a national facilitator, Lisa Svabek Sullivan, INFUSE Corporation, to shepherd the planning process and act as a liaison and conflict manager.

For the planning process, the facilitator guided stakeholders through the following four phases:

- Phase 1: Discovery
- Phase 2: Translating the National Strategy for Suicide Prevention into the Idaho Suicide Prevention System Plan
- Phase 3: Prioritizing Objectives
- Phase 4: Action Plan and Implementation: Tactical Initiatives, Tasks and Responsibilities

Phase 1: Discovery Phase

The facilitator began the process with a discovery phase, or assessment, by interviewing over 45 stakeholders. Interviews ranged from 40-75 minutes, and the facilitator surfaced numerous themes, successes, challenges and areas of opportunity.

Phase 2: Translate the National Strategy for Suicide Prevention into the Idaho Suicide Prevention Plan

The second phase consisted of over fifty stakeholders from Idaho meeting in-person to establish the Planning Team and set the parameters for the new statewide plan.

Idaho's current Suicide Prevention Plan, created by the Idaho Council on Suicide Prevention in 2011, needed an update. The National Strategy for Suicide Prevention (NSSP) released its revised 10-year plan in 2012, based upon years of research and trends of suicide prevention, intervention and postvention. As a result, the facilitator utilized the NSSP's updated 10-year plan as the foundational basis for the planning process.

In small groups, Planning Team members assessed and refined Idaho's needs and issues, using the NSSP's plan as a template. This resulted in a comprehensive approach to suicide prevention in Idaho that included 13 Idaho specific goals.

Phase 3: Prioritize Objectives

Delving deeper into the identified 13 goals from Phase 2, the Planning Team then developed Priority Objectives and Critical Needs for each of 12 goals.

The Team revised NSSP objectives to align with Idaho's current needs, and then determined that the following Priority Objectives aligned best with the Idaho Goals identified in Phase 2:

Goal 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings

Obj. 1.1: Increase suicide prevention interest and action across a broad array of organizations in Idaho

Obj. 1.2: Establish effective, sustainable and collaborative suicide prevention programming at the state/territorial, tribal and local levels

Obj. 1.3.2: Improve and support inter-agency collaboration

Obj. 1.5: Identify, develop and evaluate select pilot programs to accomplish suicide prevention in rural settings (community health centers, regional behavioral health, etc.)

Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors

Obj. 2.1: Develop, coordinate, implement and evaluate communication efforts designed to reach defined segments of populations with an emphasis on those at high risk and those serving them

Obj. 2.3: Increase clear, coordinated communication efforts conducted online, through social media and other electronic platforms that promote positive messages and support safe crisis intervention strategies

Obj. 2.4: Increase knowledge and awareness of the warning signs for suicide and how to connect individuals with assistance and care within their communities

Goal 3. Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery

Obj. 3.1: Promote culturally competent, evidence-based and best practice programs that increase protection from suicide risk

Obj. 3.2: Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders

Goal 4. Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide

Obj. 4.1: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors

Obj. 4.2: Review and adopt safety guidelines for online content of new and emerging communications technologies and applications

Goal 5. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors

Obj. 5.1: Strengthen the coordination, implementation and evaluation of comprehensive state/territorial, tribal and local suicide prevention programming

Obj. 5.2: Encourage and empower institutions, agencies and organizations in the community to implement effective programs and provide education that promote wellness, prevent suicide and related behaviors

Obj. 5.4: Increase access to effective programs and services for mental and substance use disorders

Goal 6. Reduce access to lethal means of suicide among individuals with suicide risk

Obj.6.1: Encourage those who interact with individuals at risk for suicide to assess routinely for access to lethal means and mitigate means

Obj.6.2: Collaborate with firearm dealers, shooting clubs, ranges, hunting organizations and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible gun ownership

Obj. 6.4: Educate individuals and families about safe storage and use of medication

Goal 7. Expand knowledge of community and clinical service providers on the nature, related behaviors and prevention of suicide

Obj. 7.1: Provide suicide prevention training to community groups on their role in the prevention of suicide and related behaviors

Obj. 7.2: Provide training to mental health and substance abuse providers on the recognition, assessment and management of at-risk behavior and the delivery of effective clinical care for people with suicide risk

Obj. 7.3: Review, adopt and promote available core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education

Goal 8. Embed suicide prevention as a core component of health care services

Obj. 8.1: Promote the adoption of the Zero Suicide model by health care and the community support systems that provide services and support to defined patient populations

Obj. 8.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive and least restrictive settings

Obj. 8.3: Promote timely access to assessment, intervention and effective care for individuals with a heightened risk for suicide

Obj. 8.4: Implement post-discharge continuity of care strategies that ensure the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units

Goal 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors

Obj. 9.1: Facilitate the adoption, dissemination and implementation of guidelines for the assessment of suicide risk among persons receiving care in all settings, including patients receiving care for mental health and/or substance use disorders

Obj. 9.2: Disseminate and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicidal risk

Obj. 9.3: Promote safe disclosures of suicidal thoughts and behaviors by all patients

Goal 10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides

Obj. 10.1: Implement guidelines for effective, comprehensive support programs for individuals bereaved by suicide and promote full implementation of the guidelines at the state, tribal and community levels

Obj. 10.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief

Goal 11. Increase timeliness and usefulness of state and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action

Obj. 11.1: Improve timeliness of reporting vital records data

Obj. 11.2: Improve the usefulness and quality of suicide-related data

Obj. 11.3: Improve and expand state, tribal and local capacity (public health, schools, and other systems) to collect routinely, analyze, report and use suicide-related data to implement prevention efforts and inform policy decisions

Obj. 11.5: Determine protocols for the sharing of suicide-related information, what type of information, how to share it, when and for what purposes

Obj. 11.6: Establish a data clearinghouse to share surveillance information with stakeholders participating in suicide prevention, intervention and postvention efforts

Goal 12. Evaluate the impact and effectiveness of suicide prevention, intervention and systems and synthesize and disseminate findings

Obj. 12.1: Evaluate the effectiveness of suicide prevention (activities, efforts, interventions, etc.) utilized in Idaho

Phase 4: Development of Action Plan and Implementation: Tactical Initiatives, Tasks and Responsibilities
In Phase 4, the Planning Team further distilled the Priority Objectives from Phase 3 into tangible, measurable, shorter-term details grouped by the following Key Performance Areas:

- Capacity Building and Infrastructure
- Training and Technical Assistance
- Communications and Outreach
- Policy and Advocacy
- Suicide Care and Zero Suicide
- Data, Evaluation and Systems Integration

The updated planning document contained 42 Tactical Initiatives grouped by six Key Performance Areas.

The final iteration of the planning document (Idaho Suicide Prevention System *Action Plan* Based on High Priority Objectives: FY2019-2020) contains additional technical information and cross-references to previous steps in the planning process. This *Action Plan*, while providing sufficient direction for the state fiscal year 2020 budget request for IDHW, will need annual refinement and deliberation throughout the duration of the statewide plan; and the *Action Plan* details tangible, immediate steps that will lead to the achievement of the objectives and, ultimately, the goals of the plan. The participation of each suicide prevention, intervention and postvention organization and entity, public and private, in the action planning process will ensure that their work and mission align with the statewide goals and objectives.

Plan Implementation Highlights
Revamped Statewide Infrastructure
Through collaborative dialogue during the planning process, participants recognized the importance of creating and utilizing a comprehensive statewide plan – a plan that builds on the successes and discussions undertaken during the planning process.

For the state to move forward with implementing the various components of the statewide plan, the plan details efforts for building capacity and infrastructure to create a robust, statewide public-private partnership called the State Community Collaborative (Collaborative). Accordingly, the Collaborative will work together with community- and state-based partners to implement the more granular details of the plan. With the revamped infrastructure at the state level, the three state-led pillars of suicide prevention efforts include the newly-established Collaborative, the SPP and the Council.

The new Collaborative will fulfill several roles, including:

- Creating a public policy agenda and public policy guidance
- Advising and empowering state and local stakeholders to implement components of the plan
- Assisting with monitoring the State Plan, alongside the Council

- Exploring innovative strategies for implementation and collaboration
- Maintaining a dashboard, or repository, of trainers, trainings and other resources

Under the new State Plan, the SPP refocuses its suicide prevention efforts to:

- Acting as the "hub" of suicide prevention, providing expertise, guidance and recommendations for implementation efforts based on research and best practices
- Focusing on national and statewide surveillance, data and evaluation
- Leading the development of a statewide Trainer Network
- Conducting outreach and educational activities, including participation in the creation of a system-wide common branding and marketing strategy
- Supporting Idaho's health care systems, the Council, Suicide Hotline and population-based suicide prevention, intervention and postvention policies and programs; including but not limited to, support for the Zero Suicide model of care.

The Council will continue to be responsible for annual reporting on the State Plan's implementation and other duties as outlined in the Council's 2018 executive order.

The new State Plan addresses implementation at the local levels of the state by establishing seven Local Suicide Prevention Collaboratives responsible for coordinating and implementing efforts at the Public Health District and county levels, with support and guidance from the Collaborative and SPP. Work for the local chapters of the Collaborative includes:

- Conducting gap analyses
- Analyzing local policies and developing practice
- Utilizing innovation, evaluation and reporting
- Supporting suicide prevention, intervention and postvention capacity

As part of implementing the State Plan and adhering to continuous quality improvement processes, each element of the statewide infrastructure contributes to the larger statewide goals by collecting data, assessing outcomes and reporting accordingly.

The Department has submitted a state fiscal year 2020 (start date July 1, 2019) budget request that supports the State Plan and *Action Plan*, pivoting the SPP from the existing programmatic workplan to ensure its alignment with the State Plan. The SPP also is redirected existing, non-allocated state fiscal year 2019 funds, as feasible, to align with the new direction, resulting in over $70,000 being available to initiate work immediately on the State Plan. The $70,000 funding helps with the following:

- Conducting a school-based needs assessment
- Starting the development of robust school model policies to ensure suicide safer schools
- Initiating the establishment of a trainer network
- Preparing for implementing a pilot Zero Suicide model in Idaho health facilities.

Implementation Steering Committee

The Implementation Steering Committee, which includes members of the Council, is an interim group tasked with guiding the detail associated with implementation of the new Idaho Suicide Prevention Plan.

Next Steps

The state fiscal year 2020 Division of Public Health budget request reflects the priorities of the Planning Team which align with the 2019-2020 Action Plan finalized under the six Key Performance Areas. Funding for state fiscal year 2020 supports many efforts, such as:

- Determining needs and gaps across the state
- Establishing a robust statewide public/private infrastructure
- Creating a network of trainers to support suicide prevention, intervention and postvention
- Determining and preparing for pilot sites for a suicide-safer healthcare infrastructure based on the Zero Suicide model
- Continuing to support the Idaho Suicide Prevention Hotline

The state fiscal year 2020 funding request establishes a baseline system for future budget requests regarding the State Plan.

Conclusion

The Implementation Steering Committee will continue to be a major driver in overseeing the implementation of the Plan in coming months. The Council looks forward to working closely with all partners as a new Idaho suicide prevention system unfolds under the Idaho Suicide Prevention Plan.

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American Foundation for Suicide Prevention
2018 Idaho Chapter Annual Report

AFSP Idaho Mission: To Save Lives and Bring Hope to Those Affected by Suicide

Data that Drives Our Efforts

- Suicide is the 10th leading cause of death in the United States.
- In 2017, 47,173 people died by suicide.
- On average, one person dies by suicide every 25 hours in this state.
- Firearms accounted for **51%** of all suicides in 2016.
- Idaho consistently rates among the top ten states for the highest rates of suicide.[1]

2018: AFSP – Idaho's Impact in Idaho

AFSP Idaho met its 2018 goals including:

- Hosting the annual **state capitol suicide prevention advocacy day** at the capitol which led to the successful completion of passing the suicide prevention in education bill (aka the Jason Flatt Act)
- Implementing our **Survivor Outreach Program** to provide immediate support and hope to those who have lost loved ones to suicide. Three of AFSP Idaho's board members are trained survivors who facilitate this program throughout the state and are actively providing survivor support.
- Increasing school and community access to **Talk Saves Lives**, **More Than Sad, and Mental Health First Aid - Youth** suicide prevention awareness programs. AFSP Idaho hosted 22 of these programs in 2018.
- Continuing partner **collaboration**. AFSP Idaho has offered national research data and miscellaneous resources to contribute ideas and suggestions to the Idaho Department of Education in forming its guidelines for suicide prevention in education. We have worked collaboratively with the Idaho Suicide Prevention Coalition, Idaho Suicide Prevention Hotline, LiveWilder Foundation, Idaho Council on Suicide Prevention, Idaho Office of Suicide Prevention, Speedy Foundation, and numerous other suicide prevention partners to assist in the draft phase of revising, and rewriting the state's suicide prevention plan. AFSP Idaho has attended and hosted several community events offering resources and information on AFSP's programs as well as education, programs, and resources offered by suicide prevention partners throughout the state.
- Hosting **International Loves Ones Lost to Suicide Day**. AFSP Idaho recognizes the need for support for those grieving the loss of a loved one to suicide. AFSP held its annual survivor day event, and will continue to hold its event annually with a focus on increasing participation for loss support to other areas of the state.

[1] See: https://afsp.org/about-suicide/suicide-statistics/ and https://afsp.org/about-suicide/state-fact-sheets/#Idaho for specific figures.

- Increasing access to **Out of the Darkness Community Walks** throughout the state. Idaho held two out of the darkness community walks this year: The Treasure Valley Walk and the Portneuf Valley Walk. These two events increase funding for AFSP to continue providing education, programs, and resources for to support suicide prevention efforts throughout the state of Idaho and provide valuable community support and healing opportunities for those who have suffered loss.
- Continuing to provide AFSP program materials and survivor support throughout the state of Idaho. AFSP Idaho distributed 30 **survivor support packets** throughout the state of Idaho containing AFSP and community resource and support materials and information, Idaho Suicide Prevention Hotline information, as well as grief support tools and resources to survivors of loved ones lost to suicide.
- Improving education opportunities for AFSP Idaho volunteers and board members: At least 4 (four) AFSP Idaho Board Members have received **T4T safeTALK Training** and are able to conduct **safeTALK** trainings throughout the state. In addition, two board members are already AFSP certified **Grief Support Facilitators** who currently host grief support groups. One additional board member has received **Grief Support Facilitator Certification – Youth** to provide children with grief support services.

2019: AFSP – Idaho's Projected Impact in Idaho

- Host **State Advocacy Day**. AFSP Idaho is working in collaboration with the Idaho Suicide Prevention Coalition, the Idaho Suicide Prevention Hotline, the Speedy Foundation, and the Idaho Council on Suicide Prevention to present to Idaho legislators one unified voice in support of responsible public policy surrounding suicide prevention.
- Host **International Loved Ones Lost to Suicide Day** and **Survivor Outreach Program**. We will continue to host survivor day, and train volunteer survivors to provide outreach support. AFSP Idaho will also continue to provide grief support packets throughout Idaho.
- Increase community and school access to **safeTALK, Talk Saves Lives and More Than Sad** community, teen and educator suicide prevention programs. It is our goal to continually increase these services annually.
- Host two **Out of the Darkness Community Walks**
- **Foremost, AFSP Idaho recognizes this is a critical time for suicide prevention in our state.** We commit to increasing activities to support our suicide prevention partners, the Idaho Office of Suicide Prevention, and the Idaho Council on suicide prevention to create, develop and implement responsible public policy surrounding new goals outlined by the Council in concert with all suicide prevention partners throughout the state.
- **Further goals for 2019 will be considered at the AFSP Idaho Chapter Annual Board Meeting in February of 2019.**

There is hope. There is help. Together we can prevent suicide.

United States Department of Veterans Affairs

Boise Veterans Affairs Medical Center

Suicide Prevention Program

The Veterans Affairs' mission for suicide prevention is to provide ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high risk patients. Outreach, education and participation on community boards are critical aspects of the Boise VAMC suicide prevention program.

- *In the last 12 months approximately 670 Idaho Veterans were connected to the Suicide Prevention Coordinator by Veterans Crisis Line consults, community hospitals, various social welfare agencies, families and friends, and have been connected with VA Services.*
- *In the last 12 months 117 Idaho Veterans have been identified as High Risk for Suicide and provided enhanced mental health services, 75 of those had suicide attempts. Eleven Veteran suicides were reported.*

The Suicide Prevention Coordinator and VA Mental Health staff provide community outreach that includes education on veterans mental health issues, suicide prevention and intervention, and providing Veterans Crisis Line materials at community events. *The Boise VAMC Suicide Prevention efforts included:*

- 182 community outreach activities, including 57 presentations on the topics of suicide prevention, working with suicidal veterans, suicide risk assessment and intervention strategies. (ISPP Goals #1, #3 and #4)

- Outreach Highlights
    - VA Mental Health Summit, Twin Falls, Idaho on May 16, 2018. Approximately 67 community partners attended the conference. Keynote presentation on Means Restriction and Safety Plans.
    - Presented on Suicide Prevention at the Oregon Idaho Veterans Service Officer Conference on April 24, 2018 and the Idaho Veterans Service Officer Conference on May 23, 2017.
    - Rural outreach providing mental health and suicide prevention education in Salmon and Mountain Home Idaho and Baker and Burns, Oregon.
    - Approximately 75 hours of work on developing new Idaho State Suicide Prevention Plan with community suicide prevention stakeholders. (52 hours in person meetings).
    - Providing over 5,000 gun locks to various agencies, including hospitals, law enforcement and the Idaho Suicide Prevention Program for distribution.

- The Suicide Prevention Coordinator is a current member of Governor's Council on Suicide Prevention; Board member for the Idaho Suicide Prevention Action Network; Advisory Board member for the Idaho Suicide Prevention Hotline; and on Idaho State's Suicide Prevention Program Stakeholder Work Group. (ISPP Goal #5 and #9)

- The Boise Veterans Affairs Suicide Prevention program's future goals are to continue to expand suicide prevention outreach to rural communities and continue to outreach veterans identified at statistical high risk with utilizing the new REACH VET program (ISPP Goal #1, #5 and #6).

REACH VET New VA Suicide Prevention Initiative Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) rolled out October 2016. Using a new predictive model, REACH VET analyzes existing data from Veteran's health records to identify those at a statistically elevated risk for suicide, hospitalization or other adverse outcomes. Veterans are identified, their providers review their conditions and existing treatment plans to determine if enhanced care is needed, and outreach is made to inform veteran of this designation and engage them in treatment. At this time Boise VAMC is the highest performing facility in the nation with outreach to 130 veterans within one week of their identification.

IDAHO ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR IDAHO

The Idaho Academy of Family Physicians (IAFP) empowers family physicians to improve the health of patients and communities. The involvement of the IAFP on the Idaho Council on Suicide Prevention has helped convey the severity of the suicide epidemic in our state with the family doctors who care for these patients and families.

Data Drives Our Efforts: The incidence of suicide is due to several factors with the most common being unmanaged mental health disorders. The rate of mental illness in adult Idahoans (20.3%) is significantly higher than the national average of 17.9% reported in 2015 (SAMHSA). There is one psychiatric care provider in 15,767 residents in Idaho with one in 10,000 residents considered sufficient for access to care. Idaho ranks last in the nation for available psychiatric care. Due to the lack of psychiatric providers in our state, family physicians undoubtedly treat the majority of mental health conditions in Idaho patients.

Family physicians are also at a higher risk for burnout, ranking 4th of all the medical specialties as reported in a Mayo Clinic article from 2014. Sixty three percent of family doctors reported experiencing the incidence of burnout in the past 12 months. Along with burnout, anxiety, stress and depression; physicians who took their lives were less likely to seek treatment for their suffering compared to non-physicians who took their lives (j.genhosppsych.2012.08.005).

According to the American Foundation for Suicide Prevention, the prevalence of depression among medical residents is higher than in similar aged individuals in the general US population. Twenty eight percent of medical residents experienced a major depressive episode during training versus the general population rate of 7% to 8%. Suicide is the second leading cause of death in the 24-34 age range. As you can see from these figures, Idaho has a high rate of suicide because of the unaddressed mental health conditions of both the general population and our physicians.

Accomplishments: The IAFP along with the support of the American Academy of Family Physicians (AAFP) supplies our members with resources and education to help protect against physician burnout and better understand mental health conditions. The AAFP created a comprehensive system devoted to improving the well-being and professional satisfaction of family physicians; we are working at every level to help put our members' well-being first. The IAFP provides medical education at each of our CME conferences on suicide prevention, burnout and physician wellness. The 70th Annual Meeting of the Idaho Academy of Family Physicians provided a topic on physician wellness from a Dr. Ted Epperly of the Family Medicine Residency of Idaho. A two hour session is planned at the 71st Annual Meeting of the Idaho Academy of Family Physicians will address physician wellbeing and will be provided by

an expert from the AAFP. The IAFP conducted a survey of practicing members to determine their ability to diagnose and prevent suicide in patients seen in their clinics. The initial outcome of the survey revealed, 24% of our members have a suicide prevention protocol that works well in their office while over 55% do not. Over 22% of family physicians have identified more than 10 patients at risk for suicide in the past year. Another finding of our survey revealed that family physicians feel some confidence to very confident in identifying patients at risk for suicide. The survey revealed that overwhelming, the majority of local resources used by family physicians for patients identified at risk of suicide was the emergency room and only a small percentage had no local resources available for referral.

Goals for the Future: Our objectives, as outlined in our strategic plan, include promoting member wellness to maximize the joy in medicine. We will work to monitor our family physician members wellbeing, share tools and best practices to decrease administrative burden, encourage peer mentorship, aid members in adapting to the changing health care environment, create a community to help cultivate the joy in medicine and continue to provide continuing medical educational opportunities on physician burnout and suicide prevention for our members.

Idaho Commission on Aging (ICOA):
ICOA's mission is to provide services that improve the quality of life for seniors and people with disabilities, so they can live independent, meaningful and dignified lives within the community of their choice.

ICSP Partner report
Submitted by Pam Oliason

Data that drives our efforts:
Idaho is consistently among the states with the highest suicide rates.
Older men have some of the highest rates of suicide.
Painful chronic conditions, depression, and isolation are risk factors for suicide and are more prevalent among aging people and their family caregivers.
Guns are the primary method for suicide in Idaho.

Accomplishments since last report:
The ICOA offered editorial and content reviews to new brochures targeting older people, their family caregivers and providers, created by the Idaho State Suicide Prevention Program**.** The ICOA distributed the new brochures across the state to the six Area Agencies on Aging, over 90 senior centers, and other constituent groups such as AARP Idaho, the Alzheimer's Association, the Jannus Corporation, and the Idaho Caregiver Alliance.

Two ICOA employees participated in a several-month series of strategic planning sessions held with suicide prevention stakeholders across the state including the Idaho Division of Public Health, Idaho's Suicide Prevention Program, other state agencies, non-profit organizations and individuals such as physicians and coroners. The sessions culminated in a suicide prevention plan and budget which were presented in August to the Idaho State Legislature's Joint Finance and Appropriations Committee. The ICOA attended the presentation in support of the plan and budget request.

The ICOA continued to provide information to educate members of the Governor's Council on Suicide Prevention about issues relating to suicide prevention and aging. The following resources were presented to Council members:

1. **Unlocked And Loaded: Families Confront Dementia And Guns:** This article printed in the Kaiser Health News was about a husband and wife living in The Dalles, Oregon. The husband, a former local police officer, had Alzheimer's Disease and accidentally shot his wife in the stomach at short range. The article brings to light issues of gun safety in

general, and gun safety in families living with someone with Alzheimer's disease, in particular. As stated in the article, "As America copes with an epidemic of gun violence that kills 96 people each day, there has been vigorous debate about how to prevent people with mental illness from acquiring weapons. But a little-known problem is what to do about the vast cache of firearms in the homes of aging Americans with impaired or declining mental faculties". The article can be accessed here: https://www.caregiver.org/unlocked-and-loaded-families-confront-dementia-and-guns

2. **Webinar: A Spotlight on Older Adults and Behavioral Health:** This webinar explained that one in four older Americans experience a behavioral health issue that is not a normal part of aging, yet they are less likely to receive treatment than younger individuals. The Substance Abuse and Mental Health Services Administration (SAMHSA), presented the latest national data on depression, suicide, and substance abuse or misuse. A description of the Mental Health Association of New York City's (MHA-NYC) initiatives to improve access to behavioral health services for older adults was also shared. A recording of the presentation is available here https://vimeo.com/218200036 and the slides for the presentation are available here https://www.ncoa.org/wp-content/uploads/May-18-Slides-A-Spotlight-on-Older-Adults-and-Behavioral-Health.pdf

3. The ICOA recommend the following expert as a possible conference speaker to bring to Idaho, after hearing her speak. Kimberly Van Orden at University of Rochester Medical Center is very informed researcher about elder suicide. During her presentation she shared approaches to reducing loneliness and isolation as methods for suicide prevention. The slides and recording from Kimberely Van Orden's presentation are located here: https://www.nasmhpd.org/content/ta-coalition-webinar-suicide-prevention-later-life-connecting-and-contributing
   Her email is: kimberly_vanorden@urmc.rochester.edu

4. Two other reports the ICOA shared are a podcast about loneliness in men and the cause at https://www.npr.org/2018/03/19/594719471/guys-we-have-a-problem-how-american-masculinity-creates-lonely-men

   And the results of a survey that claimed, "while close to half of those surveyed do associate a significant physical impact with social isolation, most people age 40+ seem to be unaware of the sheer level of physical toll it can take. Just 28% understand that the health risks of prolonged social isolation are the equivalent of smoking 15 cigarettes a day. The survey results are located here: https://www.aarp.org/research/topics/life/info-2018/social-isolation-myths-realities.html

The ICOA is committed to representing the voice of aging Idahoans and their families as a member of Idaho's Suicide Prevention Council and supporting all efforts identified in this past years suicide prevention strategic plan.

November 9, 2018

To Whom It May Concern,

The mission of the Idaho Department of Correction is to protect the public, our staff and those within our custody and supervision through safety, accountability, partnerships and providing opportunities for offender change.

IDOC does not keep statistics on staff suicide attempts or completions because there is no way to provide accurate studies and numbers specific to IDOC. However, there are a number of national studies that IDOC looks to for relevant information.

DATA THAT DRIVES OUR EFFORTS

- According to Desert Waters Correctional Outreach, a corrections-based clinical research nonprofit, corrections officers suffer from PTSD at more than double the rate of military veterans – 34% compared to 14%[1].

- According to a 2009 New Jersey police taskforce, the suicide rate among corrections officers is twice as high as the rate for other law enforcement officers and the general public. Another national study indicates that the suicide rate for corrections officers is 39% higher than all other professions combined[2].

- One of the biggest hurdles that must be overcome is the stigma among corrections officers that seeking help may be considered a sign of weakness.

ACCOMPLISHMENTS SINCE LAST REPORT

- Over the past few years, the Department's Human Resource staff have established a wellness campaign for all of IDOC staff. Part of this campaign is to develop resources that provide information on suicide prevention. This includes efforts to inform staff of the availability of the Employee Assistance Program (EAP).

- IDOC also provides access to support through the Idaho Suicide Prevention Hotline that can provide crisis intervention, emotional support, and referrals to local resources for those at risk for suicide and for those concerned about them.

- IDOC has provided a flyer with information and ways to help fellow staff members that may be thinking about suicide. The information provides suggestions about what to do if a co-worker needs assistance, specific things to do when someone may indicate to them they are considering suicide, risk factors to look for, and tips for coping with stressors in life.

GOALS FOR THE FUTURE

- Continue providing easy access and relevant information to staff.

- Look for and incorporate additional training from within and without the Department.

Respectfully submitted by,

IDAHO
DEPARTMENT OF
CORRECTION

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[1]https://www.theguardian.com/us-news/2015/may/20/corrections-officers-ptsd-american-prisons
[2]http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf

IDAHO JUVENILE JUSTICE SYSTEM

Mission of Organization

The juvenile justice system in Idaho consists of a partnership between the Idaho Department of Juvenile Corrections and Idaho counties that operate 11 juvenile detention centers and 42 juvenile probation departments.
All of these agencies operate under the legislative intent of the Idaho Juvenile Corrections Act, which states that the purpose of our statewide system is to protect the community, hold juvenile offenders accountable to repair the harm caused by their actions, and to assist juvenile offenders in developing skills to become a contributing member of a diverse community.

Data That Drives Activities

Information from the Idaho Youth Risk Behavior Survey provides critical data in understanding the prevalence of suicidal ideation in high school students in Idaho. According to the 2017 survey, the trend for students reporting they had seriously considered attempting suicide experienced an increase in 2017, continuing the upward trend from 14.9% of students in the 2009 survey to 21.7% of students in the 2017 survey. In addition, 10% of students in the 2017 survey reported that they had attempted suicide at least one time during the last twelve months.

Local detention centers report suicide attempts annually to IDJC. In 2017 there were a total of 27 suicide attempts in county/district detention centers by 14 youth in custody (some youth had multiple attempts). This was a slight increase in suicide attempts from the 25 attempts by 16 youth in 2016, and a significant increase from the 14 suicide attempts by 10 youth in 2015.

Accomplishments/Activities

Idaho Department of Juvenile Corrections

In 2017 the Idaho Department of Juvenile Corrections continued the implementation of the suicide prevention policy that was recently developed with the assistance of Lisa Boesky Ph.D., an expert in suicide prevention in mental health and juvenile justice settings. The new policies and procedures focus on best practice methods in suicide prevention. The IDJC also continues to utilize a core training curriculum, Shield of Care, which is an evidence-based system-focused approach to protecting juvenile justice youth from suicide.

The IDJC has also adopted the C-SSRS, which is a standardized tool that supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask which then guides appropriate responses to the identified level of risk.

The juvenile correction centers have demonstrated their commitment to youth safety by going above and beyond the standard policies and protocols for suicide prevention. The Nampa facility has implemented the Sources of Strength in addition to the standard policies and procedures implemented by IDJC. The juvenile correction center in St. Anthony requires all staff to go

through suicide prevention training, regardless of whether or not they provide direct care to youth in custody. Staff members at correction facilities receive 8 hours of training in both Think Trauma and Mental Health for Juvenile Justice, which includes curriculum that supports suicide prevention efforts.

Local Detention Centers and County Probation Departments

County/district detention centers continue to screen a high percentage of youth in custody for suicide ideation using the MAYSI 2 screening instrument. Several detention centers are enhancing the screening process by administering the Columbia Suicide Severity Rating Scale through their detention staff or through the clinicians working in the detention center.

Detention centers continue to train staff in the policies and protocols in place to respond to youth who are experiencing suicidal ideation. Detention centers employ several practices to enhance the safety for youth at risk for suicide such as increasing the frequency of room checks, and when needed providing 24 hour line of sight supervision for the highest risk youth. Detention centers are able to use clothing and bedding for youth at high risk that will reduce their ability to turn these items into a lethal means for suicide. In addition, youth who have been assessed as having suicide risk can access counseling services in the detention centers to develop a sense of hope and to learn emotional regulation and interpersonal skills.

County probation departments are continuing many of the suicide prevention activities from previous years, including the participation in gatekeeper training such as Question-Persuade-Refer (QPR) and safeTALK. Probation officers and department staff in various counties have reported participating in Mental Health First Aid training, which is an 8-hour training to help staff effectively respond to someone in a mental health crisis, including those experiencing suicidal ideation. In addition, one county reported an effort that is in place to have all juvenile justice stakeholders participate in training in the Columbia Suicide Severity Rating Scale to improve the communication between stakeholders regarding suicide risk and to better coordinate the safety planning and treatment services for youth at risk.

Goals for the Future

IDJC will implement the full course and the four hour in-person annual refresher course from Shields of Care by the end of 2019.

County/district detention centers and county probation departments will continue to evaluate curriculum at the POST academies to strengthen officer competencies in recognizing signs and symptoms of suicide risk, as well as how to effectively respond in a way to reduce risk. We will look for opportunities to increase the number of counties and probation officers participating in annual suicide prevention training; such as, gatekeeper trainings and screening and assessment trainings.

IDAHO
STATE DEPARTMENT OF EDUCATION

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YOUTH SUICIDE PREVENTION IN SCHOOLS

Program Mission Statement:
The Idaho Lives Project's (ILP) mission is to foster resilience and connectedness throughout Idaho school communities to prevent youth suicide. ILP is a joint project of the Idaho Department of Health and Welfare (IDHW) and the State Department of Education. The project is funded by the state of Idaho.

Data That Drives Efforts: Research demonstrates that students who feel a sense of belongingness/connectedness and who feel capable are more resilient and at lower risk for a range of risk behaviors, including suicide. The core of the ILP is the Sources of Strength, an ongoing, strength-based, comprehensive wellness program that focuses on suicide prevention, but also impacts other issues such as substance abuse and violence.

Goals: The Idaho Lives Project, housed within the State Department of Education, aims to implement Sources of Strength in at least10 new schools and procure the Sources of Strength curricula for each of the 22 schools already implementing the program during the 2017 / 2018 school year.

Impact:
Between 07/2017 and 06/2018, Idaho State Department of Education implemented Sources of Strength in **14** new secondary schools and provided curricula, support and materials for **22** schools with existing programs.

- ✓ **771** peer leaders (middle and high school students) were trained in the Sources of Strength program.
- ✓ In the same time frame the Idaho Lives Project team conducted **50 additional** trainings for Gatekeepers (adults with frequent contact with school-aged youth) among schools and districts.
- ✓ The total number of individuals involved in Gatekeeper trainings totaled **520**.
- ✓ **258** adult educational staff was trained as adult advisors for the Sources of Strength program.
- ✓ Multiple community meetings and consultations took place throughout the year including parents, community members, students working on suicide prevention projects, schools (non-Sources), Meridian Police Department, Burley Detention Center, and a variety of mental health members.

Goals for 2018 / 2019:
Contract with 3 Regional Suicide Prevention Coordinators to support school and community efforts

- ✓ Implement Sources of Strength in **17** new schools.
- ✓ Support **14** existing Sources of Strength schools.
- ✓ Conduct a gap analysis regarding school readiness to prevent, intervene and respond to suicide.
- ✓ Identify community resources that schools can refer students exhibiting suicidal ideation.

Mission:

The Idaho Suicide Prevention Hotline, a program of Jannus, is committed to the prevention of suicide in Idaho. The hotline provides crisis intervention, emotional support, resource referrals, linkages to local services, and follow-up for all Idahoans, including those at risk for suicide and their families and loved ones. ISPH listens supportively to callers, empowering them to look at options and come up with their own solutions.

Data that drives our efforts:

Idaho ranks near the bottom of states in the US for mental health funding.

Idaho has fewer psychiatrists per capita than most other states in the US.

Primary Care Physicians do not consistently inquire about suicide; a review of studies estimated that 45% of those dying by suicide saw their primary care physician in the month before their death.

Suicide rates nationally have increased more than 25 percent from 1999 to 2016.

Calls to Suicide Crisis Centers have doubled since 2014.

Hotline call volume has grown steadily since launch in late 2012:
2013: 999 calls; 2014: 2869 calls; 20105: 4866 calls; 2016: 5973 contacts (crisis texts/chats & calls combined); 2017: 9,531 contacts. 2018: 11,742 contacts (as of 11/18/18).

Accomplishments/activities since last partner report: Once again this year, ISPH experienced the greatest percentage increase in crisis contact volume in a single year since launch. We celebrated 6 years of continuous operations. Launched discharge follow up programs with Pathways Community Crisis Center, and with St, Luke's hospital. Launched a Community Trainings Pilot Program: We hosted a Safe Talk training for trainers (T4T) to Boise this summer, in conjunction with multiple community partners and delivered multiple 2-day ASIST (Applied Suicide Intervention Skills Training) workshops to community members in the

Idaho Falls area in conjunction with SPAN Idaho. We recently hired a part time Development Director to support our sustainability efforts.

Goals for the future:
We will continue to expand collaborative partnerships statewide to support care transitions (i.e. discharge follow up call programs), community trainings and outreach efforts, in alignment with the new state suicide prevention plan. We will expand sustainable funding efforts to cover our percentage of budget costs as a public-private partnership. We will continue to meet existing levels of service (80+ % call response rate) as contact volume increases.

Idaho Suicide Prevention Program

Goal Reduce Suicide in Idaho by 20% by 2025

Vision Eliminate Suicide in Idaho

Data That Drives Our Efforts

The Idaho Suicide Prevention Program (SPP) uses the latest available data and research to inform its goals and activities. Statistics show us that Idaho's suicide rate is higher than the national average, and that Idaho continually ranks among the top ten states for the number of completed suicides per capita. In 2017 Idaho ranked 5th highest for suicide rates nationally.

Additional research shows suicide hotlines are effective at intervening with those who have become suicidal. As a result, SPP provides funding to support the Idaho Suicide Prevention Hotline.

Though suicide rates are lower among youth, suicide is the second leading cause of death behind accidents for young Idahoans. Armed with these data, SPP provides funding and support to the State Department of Education's Idaho Lives Project to bring evidence-based and evidence informed programs to Idaho schools.

Data clearly demonstrates the highest suicide rates in Idaho are among middle-aged to older males. In fact, suicide rates for middle aged to older males is more than double Idaho's overall rate. Data also show rates are higher in rural and frontier counties than urban counties. These data, along with knowledge of evidence-based and evidence-informed practices, SPP developed a public awareness campaign targeting, among others, middle-aged and older males and distributed the messaging and materials statewide.

2018 Accomplishments

During 2018, SPP participated in the Suicide Prevention Strategic planning group as it developed the new plan and subsequent action plan. SPP work has since shifted to begin aligning with the new Idaho Suicide Prevention Plan. This plan focuses on increasing collaboration, infrastructure, communication, training, health facility programs and evaluation. With this in consideration, SPP carried out the following:

1. Began planning and development of a statewide Training-for-Trainers (T4T) network
2. Began laying the foundation to implement the healthcare facility-based Zero Suicide Model in two regions of Idaho
3. Provided funding to the Idaho Suicide Prevention Hotline
4. Provided funding to SDE for youth suicide prevention in schools
5. Redirected funds for a school gap analysis
6. Conducted a statewide public awareness campaign
    - Aired "Rock Your Role" public awareness campaign television spot an estimated 5,946 times during two separate time periods; spring and fall of 2018. Digital spots also ran during fall 2018 on YouTube and Facebook with an estimated 49,000 impressions per week for 6 weeks.

- Conducted an evaluation on the public awareness campaign
- Distributed approximately 25,590 “Rock Your Role” public awareness materials, 17,175 educational materials and 15,697 clinical tools statewide.

7. Provided gatekeeper training to 4,843 people to include teachers, law enforcement officers, 911 dispatchers, aging service providers, legal professionals, behavioral health providers and community members, including those in rural and frontier counties. Counties now have more individuals trained to identify the signs of suicide.
8. Co-hosted with SPAN Idaho, a session with Dr. M. David Rudd to train 350 health professionals in suicide assessment and management.
9. Provided consultations on an ongoing basis to professionals from numerous fields statewide. These create hope and provide support for family members and friends of those in crisis, schools that have experienced a death in need of postvention guidance and community members who may need resources or guidance on safe messaging.
10. Distributed approximately 4,000 gun locks statewide in collaboration with the Boise Veteran’s Affairs Medical Center
11. Distributed 130 Lethal Means Packets to retail gun shops and ranges throughout Idaho
12. Continued working with downtown parking garages to consult on infrastructure changes that help prevent suicide attempts
13. Provided administrative support to the Idaho Governor’s Council on Suicide Prevention

Goals for the Future

We plan to further align in 2019 with the new Idaho Suicide Prevention Plan by:

1. Collaborating with statewide partners and providing support to implementation teams statewide
2. Conducting gap analyses as needed
3. Continuing as the hub for Idaho on research and best practices related to suicide prevention
4. Supporting state and regional Suicide Prevention Collaboratives
5. Supporting Idaho Suicide Prevention Hotline services
6. Supporting youth suicide prevention, intervention & postvention services to include supporting the development of suicide safe school model policies and school training program selection.
7. Beginning to implement the Zero Suicide Initiative into Idaho health systems and facilities
8. Building out a robust training for trainer model system statewide
9. Providing administrative support for the Idaho Council on Suicide Prevention
10. Providing guidance and recommendations for best practice, evidence-based and evidence informed programs
11. Continuing to stay current on national and international research and transfer knowledge to community partners
12. Providing data, evaluation and surveillance

The National Alliance on Mental Illness (NAMI) Idaho

NAMI Idaho was form and given the non-profit designation in June of 1991. We are a grassroots organization whose mission is to improve the quality of life for all those affected by mental illness.

NAMI Idaho provides education and advocates for effective prevention, diagnosis, treatment, community support, research and recovery. We work toward our mission by assisting and supporting affiliates throughout the state.

Activities for 2018

1. NAMI Idaho has hosted and partnered with local affiliates to present three different conferences in three regions of the state. The focus of those conferences has been improving the health and well-being of individuals who live with mental illness in our state.

2. NAMI Idaho has emphasized the very real threat that suicide poses to our members, both family and individuals living with mental illness and have worked to encourage resiliency and recovery.

3. NAMI Idaho has facilitated implementation of support groups throughout the state that provide a sense of belonging and engagement for both families and individuals living with mental illness.

4. NAMI Idaho continues to support our seven affiliates throughout the state to reduce Stigma related to mental illness which may encourages individuals and their families to access care.

5. NAMI Idaho has worked to ensure that our members are aware of legislative issues that could impact them and work throughout the year to educate our legislative representatives both on a State and Federal level to better support our members.

SHOSHONE-BANNOCK TRIBES

Mission

The Shoshone-Bannock Tribes seek to deliver quality Mental Health services to the Shoshone-Bannock Tribes and all eligible recipients. Services integrate traditional Native American beliefs and practices with Western attitudes and approaches that are delivered in a culturally competent, professional, confidential atmosphere.

Data that driver our efforts

The Fort Hall Indian Reservation was established in 1867 by President Andrew Johnson by Executive Order on June 14, 1867, later on July 3, 1868, the tribal leadership signed the Fort Bridger Treaty, which established the Fort Hall Reservation the permanent home for the Shoshone and Bannock people. There are 6,015 enrolled members of the Shoshone-Bannock Tribes, with approximately 3,933 of those members residing on the reservation. There are also about 1,500 members of other tribes that reside on the reservation as well as many non-natives.

Suicide continues to be the 2nd leading cause of death among American Indian Alaska Native (AIAN) youth ages 15-24 and one in five AIAN youth attempt suicide each year. In Fort Hall from September 2015 to present there has been 94 reports of suicidal ideations with a plan an intent, 55 suicide attempts, and 15 completions. Living in Fort Hall is challenging, particularly for its young, poor, unemployed, and undereducated population sectors. Only 77.6 % of the community is high school graduates or higher. A toxic collection of pathologies; poverty, unemployment, domestic violence, sexual assault, alcoholism and drug addiction - has seeped into the lives of young people among the nation's 573 tribes. Reversing their crushing hopelessness, is one of our biggest challenges for our Tribal communities. The Shoshone-Bannock Tribes will continue to work towards a healthier community

Accomplishments/Activities

The Shoshone-Bannock Tribes were awarded three suicide prevention grants: Garrett Lee Smith Youth Suicide Prevention Grant known as THRIVE, Methamphetamine Suicide Prevention Initiative grant, focusing on adult prevention, intervention and postvention efforts, and an Indian Health Service grant geared towards training providers and community members in Mental Health First Aid. The Tribes Mental Health Program has been working hard to provide all types of Suicide Prevention efforts, listed are FY 2018 activities:

- QPR (Question, Persuade and Refer) training for Bonneville student council, Indian Health Service staff, Wildland Firefighters
- ASIST (Applied Suicide Intervention Skills Training) 18 community members trained
- Mental Health First Aid training, trained 37 community members

- Monthly Zero Suicide Implementation Team meetings
- Updated Crisis Intervention Team policy
- Began using Columbia Suicide Severity Rating Scale with Indian Health Service patients
- Weekly Sweatlodge ceremony for traditional healing
- Worked with Indian Health Service to get the Suicide Form tab back into the electronic health record for good data tracking
- College Career fair at local high school with suicide information booth
- Hosted Suicide Awareness Conference
- Distributed Suicide Survivors packets to family members that lost a loved one
- Better Suicide Care workshop for community members
- Suicide presentation and follow up at local high school following a completion
- Meeting with local pastor to set up Suicide Awareness training
- Suicide Awareness Health booths at: Men's Health Fair, Women's Health Fair, Sobriety/Success Fair
- Recruited local youth artist to paint three billboards about Suicide Awareness to post in the community
- Host Native HOPE and QPR training for summer youth students
- Suicide awareness booth at Agai-Dika (Salmon) Spiritual run in Salmon, Idaho
- Sponsored four skateboards with Suicide Prevention information at local skate jam
- "Shoot for Life" basketball challenge at Kid's Day in Fort Hall
- Suicide prevention float in Fort Hall Festival parade
- Disseminated second round of Suicide Prevention posters in Fort Hall (12 new posters)
- Two staff got trained in Mental Health First Aid to become trainers
- Hosted a community talent show with the emphasis being Suicide Awareness – held essay contests for the kids
- Moccasin March was held for National Suicide Awareness Week over 200 community members participated
- Presented Suicide information at the Fort Hall Indian Relays and sponsored a booth
- Joint Suicide Intervention Screening Policy between Indian Health Services and Tribal Health implemented
- Twenty-Four/Seven Crisis Intervention Team
- Outreach visits to local Emergency Rooms and Psychiatric Units to coordinate care
- Presentation to Idaho Council on Indian Affairs on Fort Hall Suicide rates and mental health needs
- Handing out business cards with Fort Hall Crisis line and Idaho Suicide Hotline numbers

Goals for the Future

Apply for grant through the Northwest Portland Area Health Board: Suicide Monitoring and Prevention Planning for local level data collection for suicide prevention. Continue suicide awareness and prevention efforts in our Tribal community. Follow up on community members that have suicidal ideation, increase outreach efforts by taking information to the five districts in the community. Increase awareness to our providers on Trauma Informed Care.

SPAN Idaho is a suicide prevention organization founded in 2002 as a 501 (c) (3) nonprofit organization. At the state level, **SPAN Idaho** comprises a volunteer board of directors and one staff person, with established chapters in each of the seven Idaho Department of Health and Welfare (IDHW) regions. We, along with our chapters, carry out statewide activities based on the *Idaho Suicide Prevention Plan*: *An Action Guide*. We recognize the importance of regional and local involvement to prevent suicide. **SPAN Idaho's** mission is to promote hope and save lives in Idaho.
We accomplish our mission through a network of regional chapters and state-level leadership engaging in advocacy, collaboration and education in best practices for suicide prevention. With the help of our chapters and other organizations, **SPAN Idaho** works towards zero suicides in our state.

Data that drives our efforts

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14.
- Idaho is consistently among the states with the highest suicide rates. In 2016 Idaho had the 8th highest suicide rate, 50% higher than the national average.
- In 2017, 393 people completed suicide in Idaho; nearly one suicide death every day.
- Between 2013 and 2017, 78% of Idaho suicides were by men. (**SPAN Idaho** website)

Activities and accomplishments for 2018

Gatekeeper Education

- We hosted our biennial state conference with nationally recognized experts this past August. Over 110 participants learned about innovations in assessment, firearms and suicide prevention, compassion fatigue, survivor support and behavior therapy. An especially important part of our conference produced a panel of religious leaders from a broad arena who shared their faith based perspective on prevention and survivorship.
- Local **SPAN** chapters hosted smaller seminars in Coeur d'Alene, Lewiston, Nampa, and Idaho Falls with over 350 individuals learning more about suicide prevention, warning signs and resources for help.
- We have developed and conducted presentations and trainings on suicide prevention for the Idaho Department of Labor, Idaho Public Health, Area on Aging, Idaho National Laboratory, Media, Mental Health Providers, Clergy, Law Enforcement, schools, parent groups and community groups.

Public Awareness

- Provided informational resources at community events and gatherings to share suicide warning signs, Idaho Suicide Prevention Hotline information, Idaho Suicide Prevention Program "*Rock Your Role*" campaign materials and other suicide prevention and safety items.
- Participated in the 3nd annual State Suicide Prevention Advocacy Day with other suicide prevention stakeholders.
- We maintain a highly- informative and well-regarded website.

Community Involvement

- We have nine established **SPAN** chapters located around Idaho that allow us the ability to share suicide prevention ideas and collaborate with community leaders and stakeholders for unique cultural characteristics for their specific region.

- We continually review suicide prevention research and best practices to develop programs and distribute relevant information statewide.

Survivor Support

- We provide resources and support when there has been a suicide death and offer information on suicide loss survivor support groups regionally.
- We provide bereavement information packets to suicide survivors through the Idaho Funeral Directors Association and county coroners as well as to suicide loss survivors upon request to support the grieving and healing process in a healthy manner.
- We held numerous memorial and awareness walks to provide education and support for survivors of loss to suicide.

Suicide Prevention Hotline

- We partner with the Idaho Suicide Prevention Hotline to distribute Hotline information with the help of **SPAN Idaho** regional chapters and the Idaho Lives Project to carry out mutually helpful suicide prevention projects.

Leadership

- We have a seat on the Idaho Council on Suicide Prevention and collaborate to carry out activities that implement the Idaho Suicide Prevention Plan along with coordinating efforts in Idaho communities to introduce the National Strategy for Suicide Prevention and bring more attention to national and local suicide prevention efforts.
- Nationally, **SPAN Idaho** engages with the major suicide prevention groups, participates in conferences and webinars, and exchange best practices information, data and ideas.
- We are members of AAS (American Association of Suicidology), a national suicide prevention organization that promotes research and training in suicidology and is a clearing house for the latest research and issues concerning suicide in our country.
- **SPAN Idaho**'s executive director, Jeni Griffin, was invited along with Suicide Prevention Program manager, Kim Kane to present at the AAS national conference in April. Their presentation was dedicated to progress made in Idaho with robust efforts, crucial funding and volunteer support.

Important Announcement

For many years **SPAN Idaho** was the only suicide prevention organization in Idaho. After 18 years of operation, and having helped to achieve the statewide goals of a volunteer suicide prevention network, an accredited hotline and a state program for suicide prevention, and no longer having adequate funding to support internal operations, the **SPAN Idaho** Board of Directors voted on October 16, 2018 to dissolve the organization as of February 28, 2019. Several regional chapters will continue community suicide prevention efforts under a new identity moving forward. Our website information and resources will be housed on the Suicide Prevention Program and Idaho Lives Project websites upon dissolution. In addition the survivor bereavement packets that have been produced by **SPAN Idaho,** with funding from the Idaho Council**,** will be distributed by the Suicide Prevention Program.

We know we have helped thousands of Idahoans through grassroots effort and education in best practices regarding suicide prevention and support for loss survivors. **We are proud of our legacy.**

Executive Department
State of Idaho

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2018-08

ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION

WHEREAS, Idaho's suicide rate consistently ranks it among the top ten states for number of suicide deaths per capita; and

WHEREAS, in 2017, suicide was the second leading cause of death for Idahoans aged 10-34; and

WHEREAS, in 2017, 393 people died by suicide in Idaho, a 12-percent increase over 2016; and

WHEREAS, the rate of death by suicide is particularly high in rural areas;

NOW THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the authority vested in me under the Constitution and laws of the State of Idaho do hereby order the following:

1. *The Council's responsibilities shall be:*
    a. *To advise the Governor's Office on death by suicide in Idaho and efforts to prevent it;*
    b. *To be a proponent for suicide prevention, intervention, and postvention in all regions of the State;*
    c. *To work with the Department of Health and Welfare Suicide Prevention Program, Community Advocates and Stake-holders to monitor the progress of the statewide Idaho Suicide Prevention Plan;*
    d. *To prepare an annual report on the Plan implementation and progress for the Governor and Legislature;*
    e. *To ensure the continued relevance of a Suicide Prevention Plan for the state.*

2. *The Governor shall appoint all members of the Council with state regional representation in mind. The Council shall include representatives from:*
    a. *The office of the Governor*
    b. *The Idaho House of Representatives*
    c. *The Idaho Senate*
    d. *The Department of Health and Welfare Suicide Prevention Program*
    e. *The Department of Health and Welfare Division of Behavioral Health*
    f. *The Department of Juvenile Corrections*
    g. *The Department of Corrections*
    h. *The Department of Education or a School District*
    i. *Veterans Affairs or Veterans Services*
    j. *An Idaho Tribe*
    k. *The Idaho Commission on Aging*
    l. *Idaho youth representative*
    m. *Idaho Hospital Association or a hospital representative*
    n. *Idaho Medical Association or a medical doctor*
    o. *A community mental health professional*
    p. *A mental health advocacy organization*
    q. *At least two suicide prevention advocacy organizations*

r. A suicide attempt or loss survivor
s. A law enforcement officer or first responder
t. A county coroner

3. Council member shall:
a. Serve for a term of three (3) years;
b. The Governor shall appoint the Chair of the Council;
c. The Council shall meet in person annually;
d. The Council shall not exceed twenty (20) members; and
e. The Suicide Prevention Program will act as staff for the council and provide a council budget.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 25th day of September, in the year of our Lord two thousand and eighteen and of the Independence of the United States of America the two hundred forty-third and of the Statehood of Idaho the one hundred twenty-ninth.

LAWERENCE DENNEY
SECRETARY OF STATE

C.L. "BUTCH" OTTER
GOVERNOR