COVER ACKNOWLEDGEMENT

Jasmine Jones
Community Resources Coordinator
Bureau of Business Operations
Division of Public Health
Idaho Department of Health and Welfare
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Idaho Council on Suicide Prevention 2016 Membership Roster

Krissy Broncho, Tribal representative, Fort Hall

Kira Burgess-Elmer, IDHW Division of Behavioral Health representative, Nampa

Ismael Fernandez, Idaho Youth representative, Wilder

Jeni Griffin, SPAN Idaho representative, Idaho Falls

Linda Hatzenbuehler, Mental Health Professional Representative/Chair, Pocatello

Kim Kane, IDHW Division of Public Health representative, Boise

Jeff Kirkman, Adult Corrections representative, Boise

Senator Fred Martin, State Senator, Boise

Matt McCarter, Department of Education representative, Boise

Pam Oliason, Commission on Aging representative, Boise

Matthew Olsen, Juvenile Justice, representative, Pocatello

Catherine Perusse, Suicide Prevention Organization NAMI representative, Sandpoint

Mary Pierce, Veterans Affairs Medical Center, Boise

John Reusser, Suicide Prevention Organization, representative, ISPH, Boise

Neva Santos, Suicide Prevention Organization, representative, (IAFP), Boise

Carmen Stanger, Suicide Prevention Organization, Representative (AFSP), Boise

Representative Caroline Troy, ID State Legislature, Genesee

Stewart Wilder, Survivor and Suicide Prevention Organization (LWF & ISPC), Boise
Idaho Council on Suicide Prevention 2016 Report to the Governor

Council Chair’s Report

It has been a personal pleasure for me, once again, to serve as Chair of the Idaho Suicide Prevention Council this year. In my 2015 report, I characterized 2015 as a “watershed” year because of the important transitions that directed new energy and resources toward preventing deaths by suicide in Idaho. Senate Concurrent Resolution 104 (SCR 104), passed by the 2015 Idaho Legislature, spawned the significant developments that have occurred this year. So, I characterize 2016 as a “landmark year” for suicide prevention in Idaho. SCR 104 charged the Health Quality Planning Commission (HQPC) to prepare an implementation plan, based upon the goals articulated in the 2011 Idaho Suicide Prevention Plan, for a comprehensive suicide prevention program in Idaho. Dr. Robert Polk, the Chairman of the HQPC, took the charge made to the Commission very seriously, and along with members of the Idaho Suicide Prevention Council, and Department of Health and Welfare staff drafted a plan and budget that were approved by the HQPC in December 2015. Dr. Polk then presented this road map for suicide prevention in Idaho to the 2016 legislature. The legislature listened, and appropriated $971,000 for suicide prevention efforts this past session, and added suicide prevention language to Idaho statute governing the duties of the Director of DHW.

The funding allowed one of the foundational goals of the 2011 Idaho Suicide Prevention Plan to be accomplished. An Office of Suicide Prevention within the Department of Health and Welfare’s Division of Public Health was developed and has been staffed. The Office now referred to as the Suicide Prevention Program, will allow suicide prevention activities to have coordination, expertise, and focus. Those of us who watched the legislative process were in awe that the budget requested was approved by the Legislature, and the turnaround time for development of the Program within the Division of Public Health has been remarkable. Thanks to the diligence of the Department of Health and Welfare Division of Public Health staff, in particular, Elke Shaw-Tulloch, the Program was up and running in August, and staffed with highly qualified individuals committed to the Program’s mission of preventing death by suicide. In addition to funds to staff the Program, funds were allocated for a public awareness campaign, which will be one of the first duties of the Program, and some funds were allocated for the continuation of youth programming as the Idaho Lives Project’s federal grant ended in September 2016. Funding for the Suicide Prevention Hotline was also supported at a 60% level, the Hotline’s funding target goal.

2016 was a remarkable year, and a testimony to the partnership and cooperation of the many constituents who have been working to raise the visibility of suicide prevention in Idaho. Individual reports from these partners are contained in this report and summarized in the next few pages. The accomplishments were a team effort, we spoke with one voice, and we were successful.

But we can’t sit on our laurels. There is still much to be done. The Suicide Prevention Program will now be staffed with individuals whose job it is to assure that the suicide prevention plan continues to move forward. The 2011 Suicide Prevention Plan requires some updating, and efforts toward the goals that have yet to be addressed need to occur. Advocacy at the local level will be needed as well as policy and procedure changes in order for some of the goals to be reached.

My personal thanks to everyone who assisted and participated in our successful legislative activity last year, particularly, Dr. Robert Polk, and his Commission our entire Council is indebted to him for his tireless efforts on our behalf.

Linda Hatzenbuehler, Chair
Idaho Suicide Prevention Council

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

WHEREAS, in 2013, suicide was the second leading cause of death for Idahoans aged 10-34 and for males aged 10-34 and for females aged 15-24; and

WHEREAS, in 2013, 308 people completed suicide in Idaho, a 3-percent increase over 2012, and an 8.5-percent increase over 2011; and

WHEREAS, suicide is particularly devastating, especially in the rural areas of Idaho;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the powers and authority vested in me by the Constitution and laws of this state, 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 and developing changes and new priorities to update the Plan;
C. To be a proponent for suicide prevention in Idaho; and
D. To prepare an annual report on Plan Implementation for the Governor and Legislature.

II. 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 State Legislature;
C. The Department of Health and Welfare;
D. The Department of Education or School Districts;
E. Juvenile justice;
F. Adult corrections;
G. SPAN Idaho;
H. The mental health profession;
I. The National Alliance for the Mentally Ill or another mental health advocacy group;
J. Suicide bereavement and attempt survivors;
K. An Idaho tribe;
L. Idaho youth;
M. The Commission on Aging or Aging Services;
N. The military, a veteran or the Division of Veterans Services;
O. Organizations engaged in suicide prevention and awareness activities; and
P. Various regions of Idaho.
III. 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; and
D. The Council shall not exceed twenty (20) members.

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 2nd day of September in the year of our Lord two thousand and fourteen, and of the Independence of the United States of America the two hundred thirty-ninth and of the Statehood of Idaho the one hundred twenty-fifth.

C.L. "BUTCH" OTTER
GOVERNOR

BEN YSURSA
SECRETARY OF STATE
56-1003. POWERS AND DUTIES OF THE DIRECTOR. The director shall have the following powers and duties:

(1) All of the powers and duties of the department of public health, the department of health, the board of health and all nonenvironmental protection duties of the department of health and welfare are hereby vested to the director of the department of health and welfare. Provided however, that oversight of the department and rulemaking and hearing functions relating to public health and licensure and certification standards shall be vested in the board of health and welfare. Except when the authority is vested in the board of health and welfare under law, the director shall have all such powers and duties as may have been or could have been exercised by his predecessors in law, including the authority to adopt, promulgate, and enforce rules, and shall be the successor in law to all contractual obligations entered into by predecessors in law. All rulemaking proceedings and hearings of the director shall be governed by the provisions of chapter 52, title 67, Idaho Code.

(2) The director shall, pursuant and subject to the provisions of the Idaho Code, and the provisions of this chapter, formulate and recommend to the board rules, codes and standards, as may be necessary to deal with problems related to personal health, and licensure and certification requirements pertinent thereto, which shall, upon adoption by the board, have the force of law relating to any purpose which may be necessary and feasible for enforcing the provisions of this chapter including, but not limited to, the maintenance and protection of personal health. Any such rule or standard may be of general application throughout the state or may be limited as to times, places, circumstances or conditions in order to make due allowance for variations therein.

(3) The director, under the rules, codes or standards adopted by him, shall have the general supervision of the promotion and protection of the life, health and mental health of the people of this state. The powers and duties of the director shall include, but not be limited to, the following:

(a) The issuance of licenses and permits as prescribed by law and by the rules of the board;
(b) The supervision and administration of laboratories and the supervision and administration of standards of tests for environmental pollution, chemical analyses and communicable diseases. The director may require that laboratories operated by any city, county, institution, person, firm or corporation for health or environmental purposes conform to standards set by the board of health and welfare and the board of environmental quality;
(c) The supervision and administration of a mental health program, which shall include services for the evaluation, screening, custody and treatment of the mentally ill and those persons suffering from a mental defect or mental defects, and services for the prevention of suicide;
(d) The enforcement of minimum standards of health, safety and sanitation for all public swimming pools within the state;
(e) The supervision and administration of the various schools, hospitals and institutions that were the responsibility of the board of health;
(f) The supervision and administration of services dealing with the problems of alcoholism including, but not limited to, the care and rehabilitation of persons suffering from alcoholism;
(g) The establishment of liaison with other governmental departments, agencies and boards in order to effectively assist other governmental entities with the planning for the control of or abatement of health problems. All of the rules and standards adopted by the board shall apply to state institutions;
(h) The supervision and administration of an emergency medical service program including, but not limited to, assisting other governmental agencies and local governmental units, in providing first aid emergency medical services and for transportation of the sick and injured;

(i) The supervision and administration of administrative units whose responsibility shall be to assist and encourage counties, cities, other governmental units, and industries in the control of and/or abatement of health problems; and

(j) The enforcement of all laws, rules, codes and standards relating to health.

(4) The director, when so designated by the governor, shall have the power to apply for, receive on behalf of the state, and utilize any federal aid, grants, gifts, gratuities, or moneys made available through the federal government.

(5) The director shall have the power to enter into and make contracts and agreements with any public agencies or municipal corporations for facilities, land, and equipment when such use will have a beneficial, recreational, or therapeutic effect or be in the best interest in carrying out the duties imposed upon the department.

The director shall also have the power to enter into contracts for the expenditure of state matching funds for local purposes. This subsection will constitute the authority for public agencies or municipal corporations to enter into such contracts and expend money for the purposes delineated in such contracts.

(6) The director is authorized to adopt an official seal to be used on appropriate occasions, in connection with the functions of the department or the board, and such seal shall be judicially noticed. Copies of any books, records, papers and other documents in the department shall be admitted in evidence equally with the originals thereof when authenticated under such seal.

(7) The director, under rules adopted by the board of health and welfare, shall have the power to impose and enforce orders of isolation and quarantine to protect the public from the spread of infectious or communicable diseases or from contamination from chemical or biological agents, whether naturally occurring or propagated by criminal or terrorist act.

(a) An order of isolation or quarantine issued pursuant to this section shall be a final agency action for purposes of judicial review. However, this shall not prevent the director from reconsidering, amending or withdrawing the order. Judicial review of orders of isolation or quarantine shall be de novo. The court may affirm, reverse or modify the order and shall affirm the order if it appears by a preponderance of the evidence that the order is reasonably necessary to protect the public from a substantial and immediate danger of the spread of an infectious or communicable disease or from contamination by a chemical or biological agent.

(b) If the director has reasonable cause to believe a chemical or biological agent has been released in an identifiable place, including a building or structure, an order of quarantine may be imposed to prevent the movement of persons into or out of that place, for a limited period of time, for the purpose of determining whether a person or persons at that place have been contaminated with a chemical or biological agent which may create a substantial and immediate danger to the public.

(c) Any person who violates an order of isolation or quarantine shall be guilty of a misdemeanor.

(8) The director shall develop safeguards necessary to ensure the security of nonpublic personal information in the department's possession and to prevent undue disclosure of such information. The director shall establish a process to authenticate requests made by a person, entity or jurisdiction arising under the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance. In the event the department becomes aware of any improper disclosure, the director shall take all actions required under section 28-51-105, Idaho Code.
SUMMARY OF ACCOMPLISHMENTS AND FUTURE DIRECTION

The Idaho Council on Suicide Prevention (Council) was originally established by Governor Dirk Kempthorne in 2006. Governor C.L. “Butch” Otter reconfirmed the Council with Executive order No. 2010-12 in September 2010 and again in September 2014 with Executive Order No. 2014-08. The purpose of the Council is to:

a) Oversee the implementation of the Idaho Suicide Prevention Plan (2011);
b) Ensure the continued relevance of the Idaho Suicide Prevention Plan by evaluating implementation and developing changes and new priorities to update the plan;
c) Advocate for suicide prevention in Idaho;
d) Prepare an annual report on Plan implementation for the Governor and Legislature.

The Council was developed for these four purposes because Idaho consistently ranks among the top 10 states in the country with the highest number of completed suicides per capita. Suicide is the second leading cause of death for Idahoans age 44 and younger. In 2015, Idaho had 362 suicide deaths; nearly a suicide every day.

A variety of organizations have worked diligently to promote suicide prevention in Idaho, some for many years. Most efforts have been well-developed and well-implemented with positive results within limited scopes. However, these efforts often have been fragmented and underfunded. The new Suicide Prevention Program is a tremendous positive step in the direction of a more comprehensive approach to suicide prevention in Idaho. Much has been accomplished, but much more needs to be done.

Below is a summary of stakeholder accomplishments as they relate directly to the Idaho Suicide Prevention Plan, as well as a brief statement about what has yet to be achieved to reduce Idaho’s suicide rate.

GOAL 1: Public Awareness
Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

2016 Accomplishments
The Veterans Affairs Medical Center (VA) and the Live Wilder Foundation (LW) conducted presentations on suicide prevention and available services to increase public awareness. The Suicide Prevention Action Network of Idaho (SPAN) conducted presentations and held public awareness events that included warning signs, best practices and hotline materials statewide and through their regional chapters. SPAN, the Shoshone-Bannock Tribe (Tribe) and the Idaho Chapter of the American Foundation for Suicide Prevention (AFSP) held community walks, runs and rides to promote suicide prevention. The Tribe also created a parade float, billboards, booths and t-shirts that included the Idaho Suicide Prevention Hotline (ISPH) number. The Idaho Suicide Prevention Coalition (ISPC) created awareness through a recognition luncheon for legislative accomplishments.

Moving Forward
Nothing can replace the important public awareness efforts on the parts of suicide prevention partner groups, however, a comprehensive, statewide suicide prevention public awareness campaign is needed. Public awareness campaigns have a powerful effect when the right tone and messaging are used. National suicide prevention leadership points to the success of other “bystander” awareness campaigns to provide direction for effective suicide prevention messaging. The “bystander” approach puts the responsibility on the friend, family member, coworker - the bystander - rather than on suicidal persons themselves. The state Suicide Prevention Program (SPP) is in the process of implementing such a campaign in 2017.

GOAL 2: Anti-Stigma
Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

2016 Accomplishments
The more we discuss suicide prevention, the more acceptable is becomes to speak about it and seek help. The Council, LW, ISPC, AFSP, SPAN and others engaged in effective advocacy in 2016, which put suicide
prevention at the forefront. Other activities focused on suicide stigma reduction included the Tribe’s 10K run during mental health month, Jr/Sr high school presentations and community health events. Also, the Idaho Lives Project’s (ILP) Sources of Strength program in schools promotes mental health parity norming among middle and high school youth.

Moving Forward
The SPP’s public awareness campaign will focus on the idea that everyone has a role to play in suicide prevention. All partners will continue with increasing efforts to reduce stigma related to mental health and suicide in an effort to make it okay to talk about, to step in to help others and to reach out for help oneself.

GOAL 3: Gatekeeper Education
The education of professionals and others working with people at risk for suicide includes effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

2016 Accomplishments
A gatekeeper training is any training that instructs on suicide warning signs, how to talk to someone who is suicidal and how to get them to help. Many suicide prevention partners are involved in providing gatekeeper training. The VA provided 47 trainings specific to veterans. SPAN trained 170 people at their biennial conference and provided further training to a large variety of other professionals including the Department of Labor, juvenile justice groups, hospitals, health providers, law enforcement, schools, parents, and community groups. The Tribe provided Applied Suicide Intervention Skills Training (ASIST) and other gatekeeper trainings to community members and trained trainers to increase sustainability. The State Department of Education (SDE) hosted a prevention conference with focus on prevention of risky behaviors. The Idaho Chapter of the National Alliance for the Mentally Ill (NAMI), Juvenile Justice, AFSP and LW all provided trainings in a number of areas around the state. ISPH trained 46 hotline volunteers in ASIST and two staff members in ASIST train the trainer. ILP trained 449 schools staff members and 393 community members statewide as well as law enforcement, emergency management services personnel, foster care staff, clergy, mental health and primary care providers, and LGBTQ groups.

Moving Forward
Research has shown that gatekeeper training alone does not decrease suicide rates, however, it remains a critical element in the continuum of services required to reduce suicide rates. Gatekeeper training will continue to be needed as part of this continuum, especially to those most likely to have the greatest impact: school personnel and primary care providers. It is expected that numerous partners will continue this work.

GOAL 4: Behavioral Health Professional Readiness
Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

2016 Accomplishments
Several partners have undertaken the important task of improving the readiness of our behavioral health providers in assessing and managing suicide risk (AMSR) among their clients. The VA provided such training for those supporting veterans. The Tribe and the Juvenile Justice system have taken steps to provide AMSR training to better prepare their clinical staff. LW provided clinical training at their Zero Suicide conference, and the ISPH trained new volunteer hotline responders. ILP provided AMSR training to 650 behavioral health providers in 2016 in three Idaho locations; Coeur d’Alene, Boise and Pocatello.

Moving Forward
More training to improve behavioral health providers’ abilities in safely and effectively assessing and managing suicide risk is needed. SPP is currently exploring ways to continue bringing AMSR to professionals statewide. Further, the Idaho Suicide Prevention Council and others are beginning efforts to incorporate AMSR training into university curricula for future behavioral health providers.
GOAL 5: Community Involvement

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

2016 Accomplishments
Fostering suicide prevention efforts in communities statewide is necessary and, at the same time, challenging and time-consuming work. It involves gaining buy-in, changing attitudes and providing training and general awareness. SPAN Idaho has nine regional chapters across the state that seek to do this work. These groups include suicide prevention stakeholders and community leaders, and they conducted regionally-appropriate activities in 2016. SPAN also continually reviewed and distributed best-practices statewide. The Tribe has their own SPAN chapter, a Tribal suicide action plan and has implemented events appropriate to their Shoshone-Bannock Tribe. NAMI also has a statewide impact due to their many affiliates. LW provided suicide prevention leadership in southwest Idaho and beyond. ISPC informed community leaders via state legislators. ILP brought actionable activities and training to small and large community settings statewide.

Moving Forward
Stakeholders will need to continue to bring suicide prevention best practices and other supporting information to all communities and community leadership statewide.

GOAL 6: Access to Care

Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible and valued by communities.

2016 Accomplishments
A number of partners made efforts to improve access to care for those who are suicidal. The Tribe has a 24/7 crisis intervention team and a Memorandum of Understanding with Portneuf Medical Center to increase access to care. ISPH expanded their services via a local Idaho phone number for call and text services. The AMSR training provided by ILP to 650 clinicians was, in part, focused on increasing providers comfort in dealing with suicidal clients effectively and increasing the number of providers willing to see suicidal clients.

Moving Forward
Increasing access to effective, affordable, geographically accessible behavioral health services is a monumental task. Partners will continue to make improvements through a variety of efforts including promoting the Zero Suicide program within Idaho health systems.

GOAL 7: Survivor Support

Information and services are in place in all regions of Idaho to support survivors and others affected by suicide in a sensitive and culturally appropriate manner.

2016 Accomplishments
SPAN and its chapters provided support for survivors of suicide loss through loss survivor support groups and loss survivor support packets. The packets were provided to coroners, funeral home directors and families. SPAN also held memorial walks and remembrance activities. AFSP hosted two International Survivors of Suicide Day healing conferences and an Out of the Darkness walk. SDE implemented immediate protocols for schools that have experienced a loss to suicide. The Tribe provided culturally appropriate survivor packets and survivor support group to those bereaved by suicide.

Moving Forward
Much work is still needed to support suicide loss survivors. There is a continuing need for more loss survivor support groups, particularly in rural areas, and for more funding for loss survivor support packets. The Council supports the production of these packets, but more are needed as there are as many as 20 bereaved individuals for each suicide loss. To implement life-saving school protocols, SDE needs immediate notice of suicides that affect schools. There is also a need for loss survivor support groups specifically for professionals who encountered suicide losses through their work.
GOAL 8: Suicide Prevention Hotline

An Idaho statewide suicide prevention hotline is established and funded.

2016 Accomplishments
ISPH made improvements and increased their capacity. The hotline implemented a dual-purpose local voice/text crisis response number, a new phone and data systems and new responder stations to expand capacity. Callers to the hotline now have the option to text to 208-398-HELP (4357). ISPH also made great gains in sustainability. Many partners were involved in securing 60% of ISPH funding from state resources. Widespread distribution of hotline materials through many of the partners occurred in 2016.

Moving Forward
In the future, ISPH seeks to add a crisis chat response, develop a broader donor base, and achieve full responder classes. Partners will continue to provide the hotline number at all events and trainings. ISPH will partner with SPPs statewide public awareness campaign to further promote the ISPH numbers.

GOAL 9: Leadership

The Idaho Council on Suicide Prevention oversees suicide prevention activities at all levels, as guided by the Idaho Suicide Prevention Plan, and works in collaboration with a lead Idaho state government agency that is responsible for Idaho’s suicide prevention and intervention efforts.

2016 Accomplishments
As noted in the Council Chairperson’s report, 2016 was a landmark year in terms of leadership for suicide prevention in Idaho. Most all partners were involved in helping to secure state funding for a state suicide prevention program within the Idaho Department of Health and Welfare, including planning meetings, advocacy and education of legislators. Suicide prevention stakeholders spoke and the Idaho State Legislature listened. As mentioned, the funding secured created the state Suicide Prevention Program, provided funding for the hotline, youth education and a public awareness campaign. In 2016, the Idaho Department of Health and Welfare created the SPP by providing the infrastructure and hiring four full-time staff for the Program. SPP began several endeavors in its few short months in 2016 including the public awareness campaign. The Council held its annual meeting in October at which SPP staff and many other partners were present. The roles of and relationship between the Council and the SPP were discussed and clarified.

Moving Forward
The Council and SPP will continue working with all stakeholders to create a more comprehensive approach to suicide prevention in Idaho and fulfill the goals of the Idaho Suicide Prevention Plan.

GOAL 10: Data

Data are available on which to make decision regarding suicide prevention services.

2016 Accomplishments
ISPH collected data on calls, and shows call volume increasing as follows: 2013 – 999 calls, 2014 - 2869 calls, 2015 - 4866 calls, 2016 as of 11/15 – 5040 calls. As of 2016, the Bureau of Vital Records and Health Statistics at the Idaho Department of Health and Welfare has five years of data on suicide attempts through the annual Behavior Risk Factor Surveillance Survey (BRFSS). The Tribe used electronic health records, suicide reporting forms and tracking sheets to collect suicide-related data. ILP collected and reported data on trainings and outcomes for schools regarding student well-being and school climate, and data on skills gained by behavioral health providers involved in AMSR training

Moving Forward
The attempt data gleaned from BRFSS will be assessed to determine whether enough data exists yet to reach conclusions. More comprehensive data relating to suicide attempts is an ongoing need.
Statistics
Idaho’s 2015 suicide rate is 21.9 suicide deaths per 100,000 populations. The rate of suicides in Idaho per capita is increasing at a higher rate than the national rate, as shown in Table 1.

**Table 1: Suicide Statistics: Trends**
Idaho and U.S. Resident Deaths Age-Adjusted Rate 2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Idaho</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>17.9</td>
<td>12.32</td>
</tr>
<tr>
<td>2012</td>
<td>18.7</td>
<td>12.54</td>
</tr>
<tr>
<td>2013</td>
<td>19.1</td>
<td>12.57</td>
</tr>
<tr>
<td>2014</td>
<td>19.6</td>
<td>12.93</td>
</tr>
<tr>
<td>2015</td>
<td>21.9</td>
<td></td>
</tr>
</tbody>
</table>

Rate: number of deaths per 100,000 population.
Percent change: (Current year age-adjusted rate-prior year age-adjusted rate)/ (prior year age-adjusted rate)*100
Table 2 shows that death by suicide is more common among males than females, but both genders surpass the national average in Idaho and are increasing at a more rapid rate than the national average.
Figure 1: Map of Idaho by Public Health Districts

Table 3: Idaho Suicide Deaths by Public Health District of Residence 2015

<table>
<thead>
<tr>
<th>District</th>
<th>Rate per 100,000 population</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1</td>
<td>26.7</td>
<td>Bureau of Vital Records and Health Statistics, 2015 data</td>
</tr>
<tr>
<td>District 2</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>District 3</td>
<td>20.4</td>
<td></td>
</tr>
<tr>
<td>District 4</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>District 5</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td>District 6</td>
<td>28.6</td>
<td></td>
</tr>
<tr>
<td>District 7</td>
<td>26.6</td>
<td></td>
</tr>
</tbody>
</table>
Between 2011 and 2015, 102 school-age children died by suicide, 24 of whom were 14 or younger, and in that same span of time, 166 college-age youth (19-24) died by suicide in Idaho. See Table 4.

Death by suicide is not just a devastating emotional trauma to family and friends but also presents a significant financial burden to the community, as well as loss of productivity in the state. The most recent available data (2013) estimates that nearly $1.3 Million in medical care costs and more than $467 Million in total lifetime productivity losses are due to suicides. Suicide has a major impact on Idaho's on economy and on the ability of individual communities to develop and prosper. (Neill Piland, Institute of rural health, Idaho State University, 2015.)
Suicide in Idaho: Fact Sheet
September 2016

- 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 2014 Idaho had the 9th highest suicide rate, 46% higher than the national average.
- In 2015, 362 people completed suicide in Idaho; one suicide death every day.
- Between 2011 and 2015, 78% of Idaho suicides were by men.
- In 2015, 60% of Idaho suicides involved a firearm.
- 19.8% (1 in 5) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2015. 9.8% (1 in 10) reported making at least one attempt.
- Between 2011 and 2015, 102 Idaho school children (age 18 and under) died by suicide. Twenty four of these were age 14 and under.
- Number of emergency department visits for self-inflicted injury per year: 836,000 in the United States.
- In 2014, there were 42,773 deaths by suicide in the United States, an average of 1 person every 12.3 minutes.

Idaho Resident Suicides by Region – 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Anchor City</th>
<th>Suicides</th>
<th>Rate (per 100,000)</th>
<th>Population</th>
<th>2011-2015</th>
<th>5-yr Avg Rate</th>
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<tbody>
<tr>
<td>1</td>
<td>Coeur d'Alene</td>
<td>63</td>
<td>28.0*</td>
<td>225,007</td>
<td>245</td>
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<td>2</td>
<td>Lewiston</td>
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<td>120</td>
<td>22.5</td>
</tr>
<tr>
<td>3</td>
<td>Nampa</td>
<td>53</td>
<td>19.5*</td>
<td>272,363</td>
<td>238</td>
<td>18.0</td>
</tr>
<tr>
<td>4</td>
<td>Boise</td>
<td>86</td>
<td>18.0-</td>
<td>477,248</td>
<td>394</td>
<td>17.1</td>
</tr>
<tr>
<td>5</td>
<td>Twin Falls</td>
<td>44</td>
<td>22.9*</td>
<td>192,395</td>
<td>193</td>
<td>20.4</td>
</tr>
<tr>
<td>6</td>
<td>Pocatello</td>
<td>46</td>
<td>27.6*</td>
<td>166,429</td>
<td>188</td>
<td>22.6</td>
</tr>
<tr>
<td>7</td>
<td>Idaho Falls</td>
<td>50</td>
<td>23.4*</td>
<td>214,105</td>
<td>195</td>
<td>18.5</td>
</tr>
</tbody>
</table>

* Increase from 2014, - decrease from 2014

Idaho Suicides by Age/Gender 2011-15

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>Male</th>
<th>Rate</th>
<th>Female</th>
<th>Rate</th>
<th>Over 5 year period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(all ages)</td>
</tr>
<tr>
<td>Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Year</td>
</tr>
<tr>
<td>&lt;15</td>
<td>24</td>
<td>20</td>
<td>6.5</td>
<td>4</td>
<td>1.4</td>
<td>2006</td>
</tr>
<tr>
<td>15-24</td>
<td>244</td>
<td>193</td>
<td>33.2</td>
<td>51</td>
<td>9.3</td>
<td>2007</td>
</tr>
<tr>
<td>25-34</td>
<td>231</td>
<td>189</td>
<td>35.0</td>
<td>42</td>
<td>8.0</td>
<td>2008</td>
</tr>
<tr>
<td>35-44</td>
<td>272</td>
<td>203</td>
<td>40.7</td>
<td>69</td>
<td>14.2</td>
<td>2009</td>
</tr>
<tr>
<td>45-54</td>
<td>318</td>
<td>233</td>
<td>46.4</td>
<td>85</td>
<td>16.8</td>
<td>2010</td>
</tr>
<tr>
<td>55-64</td>
<td>247</td>
<td>181</td>
<td>37.5</td>
<td>66</td>
<td>13.3</td>
<td>2011</td>
</tr>
<tr>
<td>65-74</td>
<td>128</td>
<td>108</td>
<td>33.6</td>
<td>20</td>
<td>6.0</td>
<td>2012</td>
</tr>
<tr>
<td>75-84</td>
<td>64</td>
<td>57</td>
<td>37.8</td>
<td>7</td>
<td>4.0</td>
<td>2013</td>
</tr>
<tr>
<td>85+</td>
<td>45</td>
<td>41</td>
<td>82.4</td>
<td>4</td>
<td>4.7</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2015</td>
</tr>
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</table>
## Idaho Youth Risk Behavior Survey 2015 – Regular Public and Charter High School Students

<table>
<thead>
<tr>
<th>Grade</th>
<th>Sad or Suicidal</th>
<th>Suicidal Plan</th>
<th>Suicidal Attempt</th>
<th>Medical Care For Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>29.7%</td>
<td>19.3%</td>
<td>16.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>29.7</td>
<td>17.9</td>
<td>15.1</td>
<td>10.1</td>
</tr>
<tr>
<td>11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>35.3</td>
<td>23.6</td>
<td>21.4</td>
<td>10.3</td>
</tr>
<tr>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>32.3</td>
<td>18.6</td>
<td>14.8</td>
<td>7.6</td>
</tr>
<tr>
<td>Idaho Overall</td>
<td>31.6</td>
<td>19.8</td>
<td>17.0</td>
<td>9.8</td>
</tr>
</tbody>
</table>

## Idaho Suicide Rate by County

5-year total number and 5-year average annual rate 2011-2015
(Resident suicides per 100,000 people)

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Rate</th>
<th>County</th>
<th>Number</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ada</td>
<td>351</td>
<td>16.8</td>
<td>Gem</td>
<td>12</td>
<td>14.3</td>
</tr>
<tr>
<td>Adams</td>
<td>3</td>
<td>15.4</td>
<td>Gooding</td>
<td>14</td>
<td>18.4</td>
</tr>
<tr>
<td>Bannock</td>
<td>108</td>
<td>25.9</td>
<td>Idaho</td>
<td>16</td>
<td>19.7</td>
</tr>
<tr>
<td>Bear Lake</td>
<td>7</td>
<td>23.6</td>
<td>Jefferson</td>
<td>21</td>
<td>15.7</td>
</tr>
<tr>
<td>Benewah</td>
<td>14</td>
<td>30.7</td>
<td>Jerome</td>
<td>24</td>
<td>21.2</td>
</tr>
<tr>
<td>Bingham</td>
<td>41</td>
<td>18.1</td>
<td>Kootenai</td>
<td>154</td>
<td>21.2</td>
</tr>
<tr>
<td>Blaine</td>
<td>25</td>
<td>23.4</td>
<td>Latah</td>
<td>23</td>
<td>12.0</td>
</tr>
<tr>
<td>Boise</td>
<td>12</td>
<td>34.8</td>
<td>Lemhi</td>
<td>14</td>
<td>36.0</td>
</tr>
<tr>
<td>Bonner</td>
<td>39</td>
<td>19.0</td>
<td>Lewis</td>
<td>5</td>
<td>26.0</td>
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<tr>
<td>Bonneville</td>
<td>113</td>
<td>21.0</td>
<td>Lincoln</td>
<td>4</td>
<td>15.2</td>
</tr>
<tr>
<td>Boundary</td>
<td>13</td>
<td>23.7</td>
<td>Madison</td>
<td>14</td>
<td>7.4</td>
</tr>
<tr>
<td>Butte</td>
<td>1</td>
<td>7.5</td>
<td>Minidoka</td>
<td>15</td>
<td>14.8</td>
</tr>
<tr>
<td>Camas</td>
<td>-</td>
<td>-</td>
<td>Nez Perce</td>
<td>60</td>
<td>30.1</td>
</tr>
<tr>
<td>Canyon</td>
<td>183</td>
<td>18.4</td>
<td>Oneida</td>
<td>1</td>
<td>4.7</td>
</tr>
<tr>
<td>Caribou</td>
<td>12</td>
<td>35.2</td>
<td>Owyhee</td>
<td>11</td>
<td>19.3</td>
</tr>
<tr>
<td>Cassia</td>
<td>22</td>
<td>18.8</td>
<td>Payette</td>
<td>19</td>
<td>16.7</td>
</tr>
<tr>
<td>Clark</td>
<td>3</td>
<td>67.7</td>
<td>Power</td>
<td>4</td>
<td>10.4</td>
</tr>
<tr>
<td>Clearwater</td>
<td>16</td>
<td>37.3</td>
<td>Shoshone</td>
<td>25</td>
<td>39.8</td>
</tr>
<tr>
<td>Custer</td>
<td>12</td>
<td>56.8</td>
<td>Teton</td>
<td>9</td>
<td>17.5</td>
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<tr>
<td>Elmore</td>
<td>25</td>
<td>19.1</td>
<td>Twin Falls</td>
<td>89</td>
<td>22.3</td>
</tr>
<tr>
<td>Franklin</td>
<td>15</td>
<td>23.2</td>
<td>Valley</td>
<td>6</td>
<td>12.3</td>
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<tr>
<td>Fremont</td>
<td>8</td>
<td>12.4</td>
<td>Washington</td>
<td>10</td>
<td>19.9</td>
</tr>
<tr>
<td>Idaho (total)</td>
<td>1,573</td>
<td>19.5 (5-year average)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.


Compiled by Jeni Griffin, Executive Director, SPAN Idaho
Special Thanks to Martijn Van Beek, Research Analyst Senior and Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics

PO Box 2656, Idaho Falls, ID 83403 . 208-860-1703 . www.spanidaho.org
Partner Reports
Partner Reports Index

State Department of Education

Veterans Affairs Medical Center

NAMI Idaho

Live Wilder Foundation

Juvenile Justice Systems Idaho

Shoshone-Bannock Tribes

Idaho Lives Project

American Foundation for Suicide Prevention: Idaho Chapter

Idaho Suicide Prevention Hotline

Suicide Prevention Action Network (SPAN Idaho)

Idaho Department of Health and Welfare

Idaho Suicide Prevention Coalition
1) Organization Mission: The State Department of Education exists to support schools and students to achieve.

2) Data that drives activities:
   2015 Youth Risk Behavior Survey results, sample size: 1,760 students
   “Percentage of Idaho students who seriously considered attempting suicide during the past 12 months”

3) Accomplishments/activities
   a. Provide immediate support for schools who have lost a student suicide by:
      i. Contacting school / district administration to ascertain their level of preparedness to respond to the incident.
      ii. Depending on the level of readiness, Department staff offers differentiated support including post-vention guidance, additional crisis response staff and materials and suspending Department requirements such as reporting, training, etc... (*ISPP Goal #7- Survivor Support*)
   b. Conduct local / regional suicide prevention training and host an annual conference focused on the prevention of risk behaviors. (*ISPP Goal # 3- Gatekeeper Ed*)
   c. In partnership with SPAN Idaho, the Department won a SAMHSA youth suicide prevention grant through which the following was implemented:
      i. Sources of Strength program in 37 schools
      ii. Gatekeeper training in the communities surrounding Sources schools
      iii. Assessing & Managing Suicide Risk training for clinicians
      iv. Shield of Care training for juvenile justice staff
         (*ISPP Goals #3- Gatekeeper Ed & #4- Behavioral Health Professional Readiness*)

4) Goals for the future Continue and scale-up items a & b (above) and expand Sources of Strength implementation in additional Idaho schools through funding appropriated by the Idaho legislature.
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.

The August 2016 Suicide Data Report from the Office of Suicide Prevention indicates 20 veterans a day die by suicide.

- **In the last 12 months approximately 360 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 81 Idaho Veterans have been identified as High Risk for Suicide and provided enhanced mental health services, 70 of those had suicide attempts. Seven 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:

- 208 community outreach activities, including 47 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, “Improving Access to Mental Health Services of Veterans and Their Family Members” on August 23, 2014. Approximately 85 community partners attended the conference. Keynote presentation on Suicide Prevention in the VA.
  - Presented on Suicide Prevention and the Veterans Crisis Line at the Idaho Veterans Service Officer Training Conference on August 4, 2016.
  - Presented break out session for 2016 SPAN Conference on Working with Suicidal Clients, September 15, 2016.
- 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 incorporate a new predictive model for identifying veterans at high risk for suicide and engage them in best practice treatment and services. (ISPP Goal #1, #5 and #6)
Mission Statement - To improve the quality of life for all those affected by mental illness through support, education, advocacy and research

Because of NAMI Idaho’s recognition of the importance of suicide prevention within the state, and our formal position that suicide prevention is the responsibility of the entire community and requires vision, will, and a commitment from the state, communities and individuals of Idaho.

Numerous Idaho affiliates have sponsored Question, Persuade, Refer (QPR) trainings throughout the state. The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers" -- those individuals who are strategically positioned to recognize and refer someone at risk of suicide.

NAMI Idaho formally supported efforts during 2016 to help implement legislative action to move forward the Idaho Suicide Prevention Plan. Members met with elected officials to stress the importance of moving forward in implementing the Plan.

NAMI Idaho affiliates throughout the state also participated in and facilitated numerous Suicide Prevention Walks throughout the state.
**Mission:** To achieve Zero Suicide among our youth through prevention, awareness and direction to treatment around one’s mental health condition of suicidality.

LiveWilder Foundation drives primary activities on calls, contacts, social media for help with youth and parents struggling with issues of suicidality, including depression, non-suicidal self-harm, suicidal ideation and attempts or completions. We rely on data from the Idaho Suicide Prevention Hotline, SPAN Idaho, AFSP, Idaho Vital Statistics and national statistics from the American Association of Suicidology to help guide our efforts and direction to best diagnosis and treatment providers, counselling, etc.

Primary accomplishments for 2016 include:

- LiveWilder Foundation was once again fiscal sponsor for the 2nd annual Zero Suicide Inland Northwest conference held on March 11-12, 2016 at Gonzaga University. The conference drew nearly 500 attendees from WA, ID and MT with both clinical and lay persons which sets the scope of this multi-state conference apart from others focusing on Zero Suicide. QPR Gatekeeper education was held on second day of Conference for interested attendees.
  - Goal 1, Goal 2, Goal 3 Goal 4
- LiveWilder Foundation worked with our community partners and legislators in continued efforts to successfully form and engage the Idaho Suicide Prevention Coalition of which Stewart Wilder is President and Nate Fisher is Executive Director. LiveWilder Foundation supported the Coalition in efforts to advance successful and ground breaking funded legislation.
  - Goal 1, Goal 2, Goal 5, Goal 9
- LiveWilder Foundation board members, President – Stewart Wilder and Member – Kaitlyn Carpenter presented a panel discussion on Youth Suicide Prevention at the Idaho Women’s Charitable Foundation at Boise State University on October 19, 2016.
  - Goal 1, Goal 2, Goal 5
- LiveWilder Foundation was active in supporting several community activities including the Idaho Suicide Prevention Coalition’s recognition luncheon, Speedy Foundation and City of Boise Proclamation event, AFSP Out of the Darkness walk where President Stewart Wilder was keynote speaker for the event.
  - Goal 1, Goal 2, Goal 5

Future planning is currently underway for the 3rd annual Zero Suicide Conference to be held this year in Boise, ID as a follow up for additional Pacific Northwest state participation, including OR, UT, NV, and WY. LiveWilder Foundation is leading this planning effort.
**Mission of Organization**

The juvenile justice system in Idaho consists of the Department of Juvenile Corrections, county and district juvenile detention centers, and local county juvenile probation agencies. All of these agencies operate under the legislative intent of the Juvenile Corrections Act which states that the purpose of our statewide system is to protect the community, hold juvenile offenders accountable for their actions, and assist juvenile offenders in developing skills to become a contributing member of a diverse community.

**Data That Drives Activities**

The most universal data that drives activities of juvenile corrections facilities and local juvenile detention centers are suicide attempts. All local detention centers utilize the MAYSII 2 screening instrument at booking which helps determine which adolescents may be at higher risk for suicide and in need of further evaluation and intervention.

County probation departments conduct the Youth Level of Service Case Management Inventory risk assessment that also screens for previous suicide attempts. Although all of this data is not kept in aggregate at this time, the data does drive the activities in individual cases that report previous suicide attempts. Individual county probation departments use a variety of other screening instruments to further evaluate risk for suicide, including previous attempts, current suicidal ideation, and history of suicide ideation.

**Accomplishments/Activities**

The Idaho Department of Juvenile Corrections (IDJC) has recently implemented the Shield of Care program as part of their institution suicide prevention efforts. Shield of Care is a system based 8 hour training that uses evidence informed curriculum to help juvenile justice staff prevent suicide in the correctional facility. Staff members who have completed the training will participate in an annual 4 hour refresher course. The curriculum will also be included in the POST training curriculum for new IDJC staff members that are required to attend the POST academy.

The local juvenile detention centers in Idaho provide and participate in a number of suicide prevention activities. These activities include ongoing annual training in the signs and symptoms of risk for suicide, how to respond and communicate with youth who are at risk for suicide, and how to respond to a suicide attempt. These trainings in some cases use practical scenarios to strengthen skills of staff members to respond effectively to a suicide attempt.

County probation departments also report providing and participating in a variety of suicide prevention activities. This includes participating in webinars on youth suicide prevention and
gatekeeper trainings to recognize the signs and symptoms for risk of suicide and how to respond.

These activities are most related to Gatekeeper Education Goal (Goal 3) of the Idaho Suicide Prevention Plan.

**Goals For the Future**

Goals for the future include enhanced data collection efforts that allow us to measure the rate of suicide attempts in juvenile correctional and juvenile detention facilities, as well as juveniles on probation. The ability to analyze data from each facility may help identify effective suicide prevention programs and practices that can be implemented statewide.

An additional goal is to strengthen the suicide prevention curriculum in the juvenile probation officer POST academy. Members of the Juvenile Training Council will work with experts in the field to review the curriculum and include comprehensive evidence informed practices in suicide prevention.
Mission of Organization

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

Data Driving Activities

There are 5844 enrolled members of the Shoshone-Bannock Tribes, with approximately 3800 of those members residing on the reservation. There are also about 1500 members of other tribes that reside on the Reservation as well as many non-natives. 17.6% of the Fort Hall labor force is unemployed; the median earning for workers is $22,066. Of the total population 48% is male and 53% female, median age of the Reservation is 37 years. Only 77.6% are high school graduates or higher. Suicide is 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. From 2010-2015, there were 77 suicidal ideations with a plan an intent in Fort Hall, 22 suicide attempts, and 8 completions. Living in Fort Hall is challenging, particularly for its young, poor, unemployed, and undereducated population sectors. Those who chose to stay on the reservation find ways to deal with local poverty, isolation and social issues; often their coping strategies include use of illegal substances, and expressing their frustration and depression through self-harm.

Accomplishments/Activities

The Shoshone-Bannock Tribes are one of four tribes awarded as subcontractors for the Garrett Lee Smith Youth Suicide Prevention Grant. We have employed a full time Youth Prevention Advocate under this grant. The Tribes were also awarded the Methamphetamine Suicide Prevention Initiative grant, where a full time master level clinician is hired to fulfill the requirement of the grant.

Goal 1: Public Awareness

- Walk for Life – Suicide Awareness Campaign
- Suicide Prevention Float in Festival Parade, handed out 250 shirts with crisis #
- Constructed 3 billboards with Suicide Prevention Campaign
- Handed out 500 Suicide Prevention business cards
- Health booths or presentations at over 10 community events
Goal 2: Anti-Stigma

- Team 10K Fun Run for May Mental Health Month
- Spoke to all classrooms at Sho-Ban Jr/Sr High on Suicide Awareness
- Community Healing Event and Suicide Prevention

Goal 3: Gatekeeper Education

- ASIST Training to 20 community people
- Two staff member trained in ASIST – Train the Trainer
- SAFETALK, two staff attended training
- QPR, 2 community presentations
- Sign-up sheets for community members to receive training

Goal 4: Behavioral Health Professional Readiness

- DBT training by 5 clinical staff at University of Washington
- Risk Assessment and Safety Planning – Columbia Tool
- Idaho Lives Project presented to MH and Indian Health Service Staff

Goal 5: Community Involvement

- Zero Suicide Implementation Team – monthly meeting
- Fort Hall SPAN Chapter
- TAP – Tribal Action Plan, for suicide prevention
- Community Healing Event

Goal 6: Access to Care

- Implementing PHQ-9 Screening at every MH visit and IHS visit
- Twenty-Four/Seven Crisis Intervention Team
- MOU with Portneuf Medical Center

Goal 7: Survivor Support

- Handing out culturally appropriate suicide survivor packets
- Started suicide survivor support group – TEAR Model

Goal 8: Suicide Prevention Hotline

- Idaho numbers posted on community billboards, business card

Goal 9: Leadership

- Hired staff in two key positions specific to suicide prevention, intervention

Goal 10: Data

- Electronic Health Record, data entry, suicide reporting form, tracking sheet
Mission
The Idaho Lives Project was a joint project of the State Department of Education and the Suicide Prevention Action Network of Idaho. The Project was federally funded by the Garrett Lee Smith State and Tribal Youth Suicide Prevention Grant awarded through the Substance Abuse and Mental Health Services Administration on October 7, 2013. The mission of this three-year Project was to foster connectedness and resilience throughout Idaho school communities to prevent youth suicide. The federal grant concluded on September 30, 2016.

Data Drivers
The Sources of Strength™ program is at the core of the Idaho Lives Project. This program has undergone vigorous research with positive results related to reducing many risky behaviors among youth including suicidal behavior. The program is listed in the National Registry of Evidence-Based Programs and Practices.

Activities and Accomplishments
The Idaho Lives Project’s four overlapping programs created a comprehensive approach to youth suicide prevention in Idaho.

The School Communities Program brings Sources of Strength™ an ongoing, comprehensive wellness program, and the most well-researched program of its kind, into Idaho middle/junior high and high schools to build connectedness and resilience among the students, and increase referrals and treatment of students at risk for suicide. Because students in crisis must have trained, trusted adults to turn to, the program also trains school staff and communities to identify, assist and refer those at risk.

In 2016, the Project provided new Sources of Strength™ training to 18 schools statewide, and Sources of Strength™ booster/reboot trainings to 17 schools. New schools trained: Homedale Middle School, Challis Jr/Sr High School, Sandpoint High School, Lakes Middle School (Coeur d’Alene), Compass Academy (Idaho Falls), Shelley High School, Hobbs Middle School (Shelley), Compass Public Charter School (Meridian). Booster trainings were provided to all schools newly trained in the fall semester of 2015 and spring semester of 2016. ILP also provided “reboot” trainings to 4 schools that were trained previously and required a “reboot” to get their programs restarted. Over 831 middle and high school students and 160 school adult advisors were trained through this program in 2016. The Project trained 449 school staff and 393 community members in 2016. The majority (over 80%) of school staff participants and 85% of community members rated the training and its value to them as outstanding or above average.

Qualitative data from the Sources of Strength™ trainings have been overwhelmingly positive with several examples of students utilizing skills learned in trainings, positive changes in student behavior and students identified for risk of suicide. One father attested that the Sources program at his son’s school saved his son’s life.

The Health Professionals Program is based on the knowledge that trained adults must be able to refer youth and their parents to well-trained health professionals. This program brings
expert, evidence-based suicide assessment and management training to behavioral health and primary care professionals throughout Idaho.

In 2016, M. David Rudd, PhD provided suicide assessment and management training to over 650 behavioral health and primary care providers in 3 locations throughout Idaho. Nearly all the surveyed training participants (approximately 99%) agreed that the training provided them with useful information. Qualitative data for Dr. Rudd's trainings also has been overwhelmingly positive. Training participants continue to request more of this training.

The Young Adults Program addressed youth age 18 to 24 through outreach and training. The program provides suicide prevention training to young adult-serving agencies and groups, including college and university staff and students. It reaches out to businesses serving young adults with materials from the Idaho Suicide Prevention Hotline and targeted behavioral health messages including those through Man Therapy.

The Project provided trainings in 2016 to a variety of young-adult-serving professionals including law enforcement, EMS, foster care staff, clergy, mental health providers, primary care providers and LGBTQ groups. The Project also conducted outreach to tens of thousands of others serving youth with information related to prevention and intervention including, but not limited to, materials for the Idaho Suicide Prevention Hotline and for Man Therapy.

The Juvenile Justice Program provides Shield of Care suicide prevention training to juvenile justice facilities throughout the state. Shield of Care is an evidence-based suicide prevention training tailored specifically to the juvenile justice environment. Ongoing technical assistance is provided to these facilities and to participants of all programs.

The federal grant that funded the Idaho Lives Project was not made available this year, but will likely be renewed in coming years. Currently the Idaho Lives Project continues to provide Sources of Strength™ training to Idaho schools through a grant made available by the state of Idaho legislature in 2016. ILP continues to collect data to evaluate the effectiveness of the Sources of Strength™ program and to create program improvements to better serve the needs of Idaho youth. For more information about the Idaho Lives Project, visit www.idaholives.org.

Goals for the Future
The future goal of the Idaho Lives Project is to continue the School Communities Program by bringing Sources of Strength™ to as many middle schools and high schools throughout the state of Idaho as possible. In brief, the Idaho Lives Project is working to reduce suicide by bringing the Sources of Strength program to selected middle/junior high and high schools throughout Idaho. A primary mission of Sources of Strength is to positively change norms and culture throughout an entire school. The goal is to create a network and culture of connectedness, resiliency and strength that will result in fewer students arriving at the point of feeling suicidal. The Sources of Strength program is an "upstream" program and has been found to not only reduce suicide, but also decreases other risky behaviors.

A project of the State Department of Health and Welfare (http://healthandwelfare.idaho.gov/) & the Suicide Prevention Action Network of Idaho (www.spanidaho.org)
Suicide and Mental Health Affect Us All

Suicide is a public health issue that does not discriminate across gender, ethnicity, age, or socio-economic lines. With an estimated one million attempts and more than 41,000 lives lost to suicide in the US alone annually, we are all affected by this issue.

Our Mission:

To Save Lives and Bring Hope to Those Affected by Suicide.

It is the bold hope of the American Foundation for Suicide Prevention to reduce suicide 20% by the year 2025. Suicide is the 10th leading cause of death in Idaho. It is the 2nd leading cause of death for those of the age 10-44. The Idaho AFSP Chapter believes through collaborative efforts with suicide prevention and mental health partners, together we can end suicide both in Idaho and nationally.

AFSP’s 2016 Impact in Idaho

Founded in 2015 by dedicated Volunteers, the AFSP Idaho Chapter has steadily increased its activities.

Providing resources and educational materials to schools, partnering with other health related organizations for events and presentations, and increasing advocacy efforts at the State and Federal levels for increased attention to mental health concerns, the Chapter continues to add value to our local communities along with the generous help of volunteers, advocates, donors, fundraisers, and partners throughout the state. AFSP Idaho implements programs in local communities across the State to include:

- Materials and Support for the More Than Sad film program to high schools.
- Numerous statewide Talk Saves Lives community awareness suicide prevention presentations
- Hosted 2 locations for 2015 International Survivors of Suicide Day healing conferences
- A Treasure Valley Out of the Darkness Community Walk and
- A Ride to Fight Suicide ~ both to raise funds and reduces stigma
- Advocacy efforts at both State and Federal levels to increase the emphasis on mental health concerns and create a culture that is smart about mental health
Hosted First Annual **AFSP Idaho State Advocacy Day** which led to the successful implementation of the state’s first Office of Suicide Prevention, partial permanent funding for the Idaho Suicide Prevention Hotline, suicide prevention training for schools, and a suicide prevention public awareness program

**Suicide Outreach Program (SOP)** ~ AFSP Idaho has a team of trained survivor advocates to respond upon request to families or individuals who have lost loved ones to suicide

One FREE **SafeTALK** gatekeeper training provided to over 30 school educators and administrators

**AFSP’s 2017 Goals for Idaho**

- Increase community and school access to More Than Sad and **Talk Saves Lives** programs

- Team up with community partners to host AFSP Idaho’s **2nd Annual State Advocacy Day**

- Develop a collaborative working relationship with numerous community partners to work together in support of the HQPC and newly established Office of Suicide Prevention's recommendations

- Collaborate with partners to provide two additional **FREE SafeTALK** trainings in 2017

- Host 2 locations for 2017 **International Survivors of Suicide Day** healing conferences

- Increase the number of **Out of the Darkness Community Walks to additional communities throughout the state**

- Continue concentrated Advocacy efforts at both State and Federal levels to increase the emphasis on mental health concerns and create a culture that is smart about mental health

- **Suicide Outreach Program (SOP)** AFSP Idaho will train additional survivor advocates to respond to families or individuals who have lost loved ones to suicide

- Continue to Provide AFSP community information and resources on suicide prevention throughout Idaho.

**There is Hope. There is Help.**

**Together We Can Prevent Suicide**

AFSP 120 Wall Street, 29th Floor, NY, NY 10005 /afsp 501(C)3 Tax ID#13-3393329 Idaho@asfs.org
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 was one of the last states to be without a statewide suicide prevention hotline.

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

Idaho has the fewest psychiatrists per capita of any state in the US.

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 2014 Idaho had the 9th highest suicide rate, 46% higher than the national average.

Between 2011 and 2015, 102 Idaho school children (age 18 and under) died by suicide. Twenty four of these were age 14 and under. (SPAN Idaho)

Hotline call volume has grown steadily since launch in late 2012:
2013: 999 calls; 2014: 2869 calls; 2015: 4866 calls; 2016 (as of 11/15) 5040 calls

ISPH has received over 700 calls from veterans, active military or members so far in 2016. (ISPH call report statistics)

81% of Americans text regularly.

77% of young adults aged 18-29 rely heavily on their smartphones for job seeking, Educational Content, and Health Information. (Pew Research Center)
Accomplishments/activities since last partner report:
 Implemented a dual purpose local voice / Crisis Text Response Number 208-398-HELP (4357). Crisis text response hours are M-F. Voice calls to this number are answered 24/7. Installed new phone and data systems and responder stations to expand capacity; secured 60% of our annual funding sustainably from state resources, revamped training curriculum, added program assistant, completed organizational restructure.

Goals for the future:
 Add crisis chat response in 2017, achieve full responder classes (25-30 Responders) for each of our 3 training cycles in 2017, craft strategic plan for the program for at least the next 3 years; collaborate closely with the new State Suicide Prevention Program in all strategic planning and outreach efforts, develop broader donor base.
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 part-time staff, 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 reduce suicide in Idaho through statewide advocacy, collaboration and education in best practices. With the help of our chapters and other organizations, SPAN Idaho works to have zero suicides in our state.

**Public Awareness**

- Provided materials at community events and gatherings to share suicide warning signs, hotline information and other prevention measures.
- Joined other agencies to discuss and respond to area suicides; trained area school staff and others in suicide prevention and met monthly to plan and promote suicide prevention activities and awareness.
- We provide information and guidance to high school and college students to ensure current, appropriate and best practice guidelines are used for their projects.
- Nationally, SPAN Idaho engages with the major suicide prevention groups, participates in conferences and webinars, and exchange best practices information, data and ideas.

**Gatekeeper Education**

- We hosted a biennial state conference in September that featured Dr. Jerry Reed, director of the Suicide Prevention Resource Center (SPRC), Co-director of the Injury Control Research Center for Suicide Prevention and committee chair that updated the US National Strategy for Suicide Prevention. We had over 170 in attendance receiving valuable and up-to-date information. Other presenters offered expertise in prevention, ethics, survivor support, youth suicide prevention and working with suicidal clients.
- We have developed and conducted presentations and trainings on suicide and prevention for the Idaho Department of Labor, Idaho Criminal Justice Commission, Hospitals, Health Providers, IDHW Children’s Mental Health, Idaho Juvenile Justice, Idaho State Tax Commission, Idaho National Guard, Law Enforcement, schools, parent groups and community groups.
- We offer Question, Persuade and Refer (QPR) trainings and other specific suicide prevention trainings to groups on request.
- In partnership with Idaho State Department of Education (SDE), SPAN Idaho received the Garrett Lee Smith Memorial Act (GLSMA) grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to target youth, ages 10-24 in suicide prevention that began October of 2013 and finished up September 2016. The Idaho Lives
Project (ILP) reached more than 31,000 individuals over the three years of the grant, with training for youth, school staff, and community adults along with health and mental health providers to respond effectively to suicidal youth. All goals of the project aligned with the goals of the Idaho Suicide Prevention Plan (ISPP) and the National Strategy for Suicide Prevention (NSPP). More about this project is included in this current report.

**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 of 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 suicide death and offer information on suicide loss survivor support groups regionally.
- We provide information packets to suicide survivors through the Idaho Funeral Directors Association and county coroners as well as to suicide loss survivors on request to support the grieving and healing process.
- We held numerous memorials 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 our Idaho Lives Project to carry out mutually helpful suicide prevention projects.

**Leadership**

- We are members of 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.

**Ongoing and Upcoming**

- We maintain a highly-informative and well-regarded website.
- Encouraging growth in regional chapters is a high priority. Examining a new program of “Safe Storage” as it pertains to gun safety and prescription storage. Implementing this as a pilot project in several parts of Idaho will allow us to monitor the effectiveness and response from communities.
SUICIDE PREVENTION WITHIN THE IDAHO DEPARTMENT OF HEALTH AND WELFARE

Mission
The mission of the Idaho Department of Health and Welfare (IDHW) is to: Promote and Protect the Health and Safety of Idahoans.

Data-Driven Activities
- Most states have suicide prevention programs or personnel integrated into their departments of health with many resulting in more coordinated suicide prevention efforts.
- The youth education program used by the Idaho Lives Project for which IDHW provides financial support has undergone vigorous research with positive results related to reducing many risky behaviors among youth including suicidal behavior. The program is listed in the National Registry of Evidence-Based Programs and Practices.
- Many studies support the effectiveness of suicide prevention hotlines. The Idaho Suicide Prevention Hotline for which IDHW provides financial support is a fully accredited hotline and part of the National Suicide Prevention Hotline’s network of providers.
- Suicide prevention awareness campaigns have proven effective in a number of other countries. The latest information provided by national suicide prevention experts points in the direction of “bystander” campaign messaging as the most promising approach. IDHW seeks to implement a “bystander” public awareness campaign.

Accomplishments and Activities

Accomplishments
The Department of Health and Welfare achieved significant accomplishments in 2016 to include:
- Playing an active role in the planning and implementation process that created the first allocation of dedicated state general funds for suicide prevention in Idaho
- Creating the state Suicide Prevention Program within the Division of Public Health
- Providing financial and administrative support to the Idaho Council on Suicide Prevention
- Providing financial support to the Idaho Suicide Prevention Hotline equal to 60% of the Hotline’s budget

Accomplishments and Activities, cont.
- Providing financial support for the continuation of the Idaho Lives Project which brings ongoing wellness and suicide prevention programs to Idaho youth and schools
• Providing financial support to the Suicide Prevention Action Network’s semi-annual Suicide Prevention Conference
• Conducting the first survey of Idaho suicide prevention organizations and their activities
• Delivered presentations on the new Suicide Prevention Program to: the Idaho Council on Suicide Prevention, the Idaho local public health district directors, the Idaho Lives Project trainers, IDHW executive leadership, the IDHW Board of Directors, a joint meeting of legislators and IDHW leadership, the Idaho Criminal Justice Commission, and to the Idaho Construction Financial Management Association
• Incorporating suicide prevention into the IDHW Strategic Plan

Activities
The Department of Health and Welfare is currently undertaking the following activities:
• Creating marketing plan for a suicide prevention public awareness campaign
• Managing a sub-grant for youth education in ongoing wellness and suicide prevention
• Managing a sub-grant for the Idaho Suicide Prevention Hotline
• Conducting research into Zero Suicide concepts and programs
• Providing suicide prevention training and consultation
• Supporting the Idaho Suicide Prevention Council

Future Goals
The Department of Health and Welfare’s Suicide Prevention Program has the following goals for 2017 and beyond:
• Conduct a suicide prevention public awareness campaign
• Conduct youth education in ongoing wellness through sub-grants
• Continued support of the Idaho Suicide Prevention Hotline through sub-grants
• Pursue funding and partnerships to implement Zero Suicide among Idaho’s mental health and medical systems
• Initiate and implement a process by which to integrate suicide prevention across all Department of Health and Welfare divisions
• Continue to support the Idaho Council on Suicide Prevention
• Continue to engage and collaborate with suicide prevention stakeholders statewide
Mission:
The Idaho Suicide Prevention Coalition (ISPC) receives its data from the Idaho Council on Suicide Prevention, the Idaho Department of Health and Welfare, the Idaho Health Quality Planning Commission and the Idaho State Legislature in driving leadership, advocacy and lobbying activities.

Create a statewide coalition “The Idaho Suicide Prevention Coalition” in order to have a concerted representation of public and private supporters on suicide prevention, training and education.

Accomplishments for 2016 include:

- Successfully completed 501(c) (3) (h) status with the IRS.
- Built and continue to foster a statewide advocate membership to support critical suicide prevention and mental health initiatives in Idaho. Goal 1, Goal 5
- The ISPC lead the advocacy work to assist the Health Quality Planning Commission, Department of Health and Welfare, Idaho Legislature and our ISPC members on successful passage of two critical bills around suicide prevention: SB 1326 which formally grants authority to the Department of Health & Welfare and its director to provide “services for the prevention of suicide”; HB 566, was the budget bill for the Public Health Services Division of Health & Welfare, which includes the funding for the new suicide prevention efforts. Goal 1, Goal 2, Goal 9
- Participated in American Foundation for Suicide Prevention’s first Advocacy Day at the Idaho Legislature to inform all legislators of the need for their support on the above bills. Goal 1, Goal 2, Goal 5
- The ISPC lead the effort to hold a recognition luncheon in Boise on May 6, 2016 to thank key legislators and individuals who championed the success of bill passages this past session. Goal 1, Goal 5, Goal 9
- ISPC supported the Speedy Foundation and City of Boise’s Suicide Prevention Proclamation Day in September. ISPC Executive Director Nate Fisher addressed the attendees of the event. Goal 1, Goal 2, Goal 5, Goal 9

Goals for the 2017 legislative year include leading efforts on suicide prevention by working very closely with the newly established Idaho Suicide Prevention Program team, Department of Health and Welfare, Legislature and our community partners and members to advance leadership for additional prevention legislation and programs as follow up to the great success of 2016