COVER ACKNOWLEDGEMENT

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Letter from the Chair

January 2018

The Idaho Council on Suicide Prevention reports annually on activities that have occurred within the state relevant to the Idaho Suicide Prevention Plan.* I am pleased to present the Council’s 2017 report. The report summarizes events and initiatives that organizations in Idaho interested in preventing death by suicide have implemented this past year. As the Idaho Suicide Prevention Plan is our guiding document, the report is organized by the Plan’s goals.

In addition to reporting on the goals articulated in the Plan, our report includes current data on death by suicide in Idaho and provides reports submitted to us from Council partners. The partner reports provide more detailed information about prevention activities from the many organizations in Idaho engaged in suicide prevention.

It is clear from our report that much is going on in Idaho to prevent death by suicide. While suicide remains a challenging public health issue in Idaho, the bar of public knowledge about suicide and its prevention is rising. An increasing number of Idahoans are understanding that suicide is preventable. For example, the concept of lethal means restrictions, particularly with respect to guns, is becoming more widely embraced and popularized, including among gun enthusiasts. Suicide screening is becoming a more standard practice in routine primary health care visits. The Council was very pleased with the public service announcements developed by the Department of Health and Welfare’s (IDHW) Suicide Prevention Program, “Rock Your Role,” promoting that everyone plays a role in suicide prevention.

The current Idaho Suicide Prevention Plan, crafted in 2011, is being updated; the progress made in suicide prevention activities in Idaho as well as new research on suicide prevention is triggering this revision. The Council is committed to assuring that Idaho has a cutting edge document to guide prevention activities in the state.

My sincere thanks to Kim Kane and her staff in the IDHW Suicide Prevention Program who organized this year’s report on behalf of the Council.


Linda C. Hatzenbuehler, Chair
Idaho Council on Suicide Prevention
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

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SECRETARY OF STATE
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<th>Name</th>
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<td>Krissy Broncho</td>
<td>Idaho tribe representative, Fort Hall</td>
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<td>Dr. Tobi Gopon</td>
<td>Organization engaged in suicide prevention, representative (SLBMC), Boise</td>
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<td>Jessica Harris</td>
<td>IDHW Division of Public Health representative, Boise</td>
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<td>Jeni Griffin</td>
<td>SPAN Idaho representative, Idaho Falls</td>
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<td>Linda Hatzenbuehler</td>
<td>Mental health professional representative/Chair, Pocatello</td>
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<td>Kim Kane</td>
<td>IDHW Division of Public Health representative, Boise</td>
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<td>Jeff Kirkman</td>
<td>Adult corrections representative, Boise</td>
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<td>Senator Fred Martin</td>
<td>State Senator, Boise</td>
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<td>Matt McCarter</td>
<td>Department of Education representative, Boise</td>
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<td>Pam Oliason</td>
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<td>Matthew Olsen</td>
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<td>Catherine Perusse</td>
<td>Suicide prevention organization NAMI representative, Sandpoint</td>
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<td>Mary Pierce</td>
<td>Veterans Affairs Medical Center, Boise</td>
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<td>John Reusser</td>
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<td>Neva Santos</td>
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<td>Carmen Stanger</td>
<td>Suicide prevention organization, representative (AFSP), Boise</td>
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<td>Representative Caroline Troy</td>
<td>Idaho State Legislature, Genesee</td>
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<td>Stewart Wilder</td>
<td>Loss survivor and suicide prevention organization (LWF &amp; ISPC), Boise</td>
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*Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.
Idaho’s 2016 suicide rate was 20.8 suicide deaths per 100,000 populations. The rate of suicides in Idaho per capita may have decreased but continue to stay above the national average rate, as shown below.

The table below shows that death by suicide is more common among males than females, but both genders surpass the national average in Idaho.
Between 2012 and 2016, 105 school-age children died by suicide, 27 of whom were 14 or younger, and in that same span of time, 169 college-age youth (19-24) died by suicide in Idaho.
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 economy and on the ability of individual communities to develop and prosper. (Neill Piland, Institute of Rural Health, Idaho State University, 2015)
Idaho Suicide Prevention Plan Implementation
2017 Highlights
Partner Reports Executive Summary

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

- The Idaho Suicide Prevention Program (SPP) launched their statewide public awareness print campaign during the summer of 2017 and their television campaign in October 2017.
- The Boise Veterans Administration Medical Center (VAMC) has hosted 168 outreach activities and provided over 5000 gunlocks to various agencies statewide.
- Idaho Department of Corrections developed a wellness campaign for employees.
- Hosted by the LiveWilder Foundation (LWF), approximately 300 registrants attended the Western States Conference on Suicide at Boise State University in June 2017.
- Suicide prevention partners and stakeholders assisted in disseminating Idaho Suicide Prevention Hotline (ISPH) and SPP materials and educational resources statewide, in addition to hosting suicide prevention activities and events in their own communities.

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

- The SPP’s 2017/18 public awareness campaign focuses on help-seeking as the norm and destigmatizing mental health issues surrounding suicidal thoughts and behaviors.
- The Shoshone-Bannock tribe developed culturally specific, suicide prevention posters and distributed thorough out their communities.
- National Alliance on Mental Illness (NAMI) continues to advocate on behalf of individuals and their families by providing education and support to end stigma.

GOAL 3: GATEKEEPER EDUCATION
The education of professionals and others working with people at risk for suicide include effective suicide prevention curricula as well as ongoing gatekeeper and other suicide prevention training.

- The Boise VAMC Suicide Prevention Coordinator provided 41 presentations on the topic of suicide prevention, working with suicidal veterans, suicide risk and intervention strategies.
- The Shoshone-Bannock Tribes provided three Applied Suicide Intervention Skills Training (ASIST) for a total of 40 people, safeTALK training for one staff member and two Question Persuade Refer (QPR) community presentations.
• Idaho Department of Juvenile Corrections trained facility staff in Shield of Care and Think Trauma and probation officers have been trained in Youth Mental Health First Aid and QPR.
• The Idaho Suicide Prevention Coalition (ISPC) and LWF aided in facilitating Mental Health First Aid training during the Western States Conference on Suicide.
• The State Department of Education (SDE) and the Idaho Lives Project (ILP) trained 591 new gatekeepers through their Sources of Strength school onboarding process.
• Suicide Prevention Action Network of Idaho (SPAN Idaho) and the Idaho SPP have both developed and conducted audience-specific suicide prevention trainings statewide. SPP conducted 35 gatekeeper trainings while SPAN conducted approximately 20 during 2017.

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.

• The Boise VAMC provided Assessing and Managing Suicide Risk (AMSR) training to staff and professionals to ensure they are ready to properly assess and treat suicidal patients.
• The Shoshone-Bannock Tribes have trained two of their staff in Dialectal Behavior Therapy (DBT), trained their staff in the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool and have also trained all their staff in AMSR.
• LWF, ISPC, Idaho SPP and SPAN Idaho worked together to bring M David Rudd, PhD to Idaho, in June at the Western States Conference On Suicide and again in October to train health clinicians in AMSR.

GOAL 5: COMMUNITY INVOLVEMENT
Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate for specific regions and communities.

• The Boise VAMC Suicide Prevention Coordinator continued as an active member of the Idaho SPP Stakeholder Group and the Idaho Governor’s Council on Suicide Prevention.
• SPAN Idaho is comprised of nine active chapters statewide which allowed them the ability to collaborate with community leaders and stakeholders in each specific region.
• The Shoshone-Bannock Tribes developed a Tribal Action Plan for suicide prevention and Zero Suicide Implementation Team in which they have involved their local community members.
• The American Foundation for Suicide Prevention, Idaho Chapter hosted the second annual State Advocacy Day at the Idaho State Capitol in February 2017, which was attended by several Idaho suicide prevention organizations.
GOAL 6: ACCESS TO CARE
Crisis intervention and behavioral health services, including mental health and substance abuse treatments, are widely available, culturally appropriate, accessible and valued by communities.

- The Boise VAMC rolled out their new suicide prevention initiative, Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) which identifies veterans at elevated risk by using a predictive model and existing data from health records.
- Shoshone-Bannock Tribes have developed a Joint Suicide Intervention Screening Policy between Indian Health Services and Tribal Health, a 24/7 crisis intervention team and outreach visits to local emergency departments and psychiatric units to coordinate care for suicidal patients.
- The SPP continued to work on the implementation of the Zero Suicide Initiative into Idaho health systems statewide.

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.

- American Foundation for Suicide Prevention, Idaho Chapter hosted two locations for the 2017 International Survivors of Suicide Day in addition to hosting multiple remembrance walks throughout the state.
- Shoshone-Bannock Tribes developed culturally appropriate survivor packets, host survivor support groups, meet with family members who have lost loved ones to suicide and hold art therapy classes.
- SPAN Idaho continued to facilitate loss survivor support groups in a majority of their regional chapters, produce and distribute survivor packets and host remembrance walks statewide.

GOAL 8: SUICIDE PREVENTION HOTLINE
An Idaho statewide suicide prevention hotline is established and funded.

- The ISPH had 8,053 contacts between January 1 and November 14, 2017. Over 800 calls were from veterans, active duty military or members. ISPH has experienced the greatest increase in contact volume in a single year since its launch in late 2012.
- The ISPH launched chat services and completed infrastructure upgrades expanding their responder stations from three to six and enabling them the capability to expand to ten stations in the event of a disaster or emergency.
- The ISPH achieved a benchmark of 90 active volunteers and reached full capacity in their responder classes with 25-30 attendees per class.
- SPAN Idaho and Shoshone Bannock Tribes distributed hotline information statewide.
- The Idaho SPP incorporated Hotline contact information into their public awareness print materials and television media campaign.
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.

- The SPP completed its first full year in place carrying out a variety of prevention, intervention and postvention efforts.
- The SPP created an interim update to the Idaho Suicide Prevention Plan in preparation for a full rewrite to begin in 2018.
- The SPP provided administrative support to the Idaho Governor’s Council on Suicide Prevention.
- The SPP held regular meetings of the SPP Stakeholder group in an attempt to increase coordination among suicide prevention groups and stakeholders.

GOAL 10: DATA
Data is available on which to make decisions regarding suicide prevention services.

- The SPP worked closely with the Bureau of Vital Records and Health Statistics to gather data to produce print materials for public distribution, educational presentations and trainings around the topic of suicide prevention.
- The SDE and the ILP collected and analyzed data regarding behavioral health issues in schools, overall school climate and student protective factors.
- The Shoshone-Bannock Tribes collected suicide related data via the following mechanisms: Electronic Health Records, Suicide Reporting Forms, Tracking Sheet, C-SSRS and the PHQ-9.
- The ISPH collected contact data and produced and distributed quarterly reports.

2017 was another hugely productive year in the field of suicide prevention in Idaho, with several landmarks worth celebrating including the Idaho Suicide Prevention Hotline’s 5th year in operation, the SPP’s Public Awareness Campaign and a continued interest among Idaho schools for youth suicide prevention education, all of which were primary objectives given to the SPP when proposed during the 2016 legislative session. The Idaho Governor’s Council on Suicide Prevention will continue to implement the 2011 Idaho Suicide Prevention Plan, while planning its 2018 rewrite which will address those goals that have been met and create new goals for the future.
Partner Reports Index

American Foundation for Suicide Prevention: Idaho Chapter
Live Wilder Foundation
Idaho Academy of Family Physicians
Idaho Commission on Aging
Idaho Department of Corrections
Idaho Department of Juvenile Corrections
Idaho Suicide Prevention Coalition
Idaho Suicide Prevention Hotline
National Alliance on Mental Illness Idaho
Shoshone-Bannock Tribes
State Department of Education
Suicide Prevention Action Network Idaho
Suicide Prevention Program
Veteran Affairs Medical Center
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 44,000 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.

The American Foundation for Suicide Prevention has set a bold goal to reduce suicide 20% by the year 2025. Suicide is the 8th 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 2017 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.
- 12 statewide Talk Saves Lives community awareness suicide prevention presentations
- Hosted 2 locations for 2015 International Survivors of Suicide Day healing conferences
- Hosted the Treasure Valley and Portnuef Valley Out of the Darkness Community Walks
Hosted the Boise State *Out of the Darkness Campus Walk*
Hosted a *Ride to Fight Suicide* ~ both to raise funds and reduces stigma
Hosted a Benefit Show and Silent Auction
*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 2nd Annual *AFSP Idaho State Advocacy Day*
*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
3 *SafeTALK* gatekeeper training provided to over 30 school educators and administrators

**AFSP's 2018 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 3rd *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 FREE *SafeTALK* trainings in 2018
- Host 2 locations for 2018 *International Survivors of Suicide Day* healing conferences
- Continue to host *Out of the Darkness Community Walks and Out of the Darkness Campus Walks*
- 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
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 Program, Idaho Suicide Prevention Hotline, SPAN Idaho, American Foundation for Suicide Prevention (AFSP), Idaho Vital Statistics and national statistics from the American Association of Suicidology and other resources to help guide our efforts and direction to best diagnosis and treatment providers, counseling, etc.

Primary accomplishments for 2017 include:
LiveWilder Foundation took the lead as Fiscal Sponsor and lead planning efforts to bring the highly successful Zero Suicide Inland Northwest Conference from Spokane, WA to Boise, ID June 23-24, 2017 at Boise State University. The conference was renamed the Western States Conference on Suicide and the conference drew nearly 300 attendees for the general conference and 200 for training in Mental Health First Aid for youth and adults as well as Dr. David Rudd’s training on Assessing and Managing Suicide Risk for clinicians. This successful conference will be held once again at Boise State University June 2018. Goal 1, Goal 2, Goal 3, Goal 4

LiveWilder Foundation continued efforts to develop the Board and Executive leadership of the Idaho Suicide Prevention Coalition as well to continue engaging the strategic plan and vision of the Coalition. Stewart Wilder is President and Shannon Decker is Executive Director. Nate Fisher continues as Policy Advisor to the Coalition. Goal 1, Goal 2, Goal 5, Goal 9

LiveWilder Foundation was active in supporting several community activities including, The Speedy Foundation and Governor’s Proclamation event during suicide prevention awareness month, AFSP’s Out of the Darkness walk and Advocacy Day at the Capitol. Goal 1, Goal 2, Goal 5

Future planning is currently underway for the 4th annual Western States Conference on Suicide to be held again in Boise, ID. All other efforts will be engaged to collaborate with our partners and outreach to those in need of help and resources.
The Idaho Academy of Family Physicians (IAFP) supports Family Medicine to improve the health of our 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.genhospsych.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 will provide a topic on physician wellness from Dr. Clif Knight a family physician expert.

**Goals for the Future:** Our objectives, as outlined in our strategic plan, include fostering strong relationships with Idaho family doctors, aiding our members in adapting to the changing healthcare environment and providing resources and continuing medical educational opportunities on physician burnout and suicide prevention for our members.
Mission of the Idaho Commission on Aging: To lead system creation and network coordination to support Idahoans as they age.

Suicide Prevention is important to the Idaho Commission on Aging.

- Older adults are the most rapidly growing segment of the population.
- As reported in Idaho’s Suicide Prevention Plan, “Age is a factor for suicide risk. . . . Age groups with highest rates of suicide are those 65 and older, with those over 85 being at highest risk . . . . Among the highest rates (when categorized by gender and race) were white men age 85 and older.”
- Suicidal behavior is more lethal in later life than at other points in the life course.

During the past year, the Idaho Commission on Aging increased awareness about factors related to elder suicide by encouraging widespread use of the following resources:

1) SPARK Talk on Suicide Prevention for Older Adults: The Suicide Prevention Resource Center (SPRC) launched a new video in their SPARK (Short, Provocative, Action-oriented, Realistic, and Knowledgeable) Talk Series on the topic of suicide prevention for older adults. The video, Reaching Older Adults, stresses the importance of integrating mental health into aging services programs, such as senior centers. [http://www.sprc.org/video/reaching-older-adults](http://www.sprc.org/video/reaching-older-adults)

2) The Senior Reach Program to Address Risk Factors for Suicide Among Older Adults: Older adults may experience conditions that increase their risk for suicide, including depression, anxiety, feelings of hopelessness and social isolation. Experts share information about Senior Reach, a program that focuses on creating linkages between agencies, businesses, and communities to provide emotional and physical support for older adults. The program includes specific suicide risk screening strategies and tips to improve the provision of behavioral health services to older adults. [http://www.seniorreach.org/](http://www.seniorreach.org/)

3) Webinar: A Spotlight on Older Adults and Behavioral Health: 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. This webinar updates the listener on behavioral health topics relevant to older adults from the Substance Abuse and Mental Health Services Administration (SAMHSA). A description of the Mental Health Association of New York City’s initiatives to improve access to behavioral health services for older adults is also shared. [https://www.ncoa.org/resources/webinar-spotlight-older-adults-behavioral-health/](https://www.ncoa.org/resources/webinar-spotlight-older-adults-behavioral-health/)

4) The Idaho Commission on Aging presented on Elder Suicide and Alzheimer’s Disease to the Boise State University Public Health Science Aging Issues class.
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.

This is the first report to the Governor’s office regarding the IDOC’s efforts to address suicide prevention with our staff. 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 combined₂.

- 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.
Mission of Organization
The juvenile justice system in Idaho consists of the Department of Juvenile Corrections (IDJC), 11 county/district juvenile detention centers, and 42 county 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. All of the components of Idaho’s juvenile justice system work in partnership with each other to help promote positive youth outcomes, including recognizing, assessing, and managing suicide risk in our vulnerable youth.

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. The 2015 survey was completed by 1,760 students in 48 public high schools in Idaho. According to the survey, 27% of female respondents and 12.9% of male respondents reported they had seriously considered attempting suicide during the past 12 months.

Data that drives activities include contextual and clinical risk factors that are more prevalent in the juvenile justice population, as well as the risk factors that are specific for each individual youth. Data provided by the clinician project in each detention center indicates that during the SFY 2015-2016 39.7% of females and 14.1% of males met the criteria for Suicide Ideation on the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2).

Many county probation departments screen for risk for suicide through a variety of instruments, such as the Youth Level of Service/Case Management Inventory and the Global Assessment of Individual Needs Short Screener (GAIN-SS).

The data has resulted in more intensive training in the Idaho POST Academies for juvenile justice staff in recognizing and responding to youth who are at risk for suicide. In addition, state and local juvenile justice staff continues to receive ongoing prevention and intervention education, as well as implement protocols to respond to youth who are at risk for suicide.

Accomplishment/Activities
Idaho Department of Juvenile Corrections
The Idaho Department of Juvenile Corrections recently contracted with a national expert on reducing suicide within juvenile corrections facilities. This resulted in changes to the suicide prevention policies and protocols for the three juvenile correctional centers operated by the department. A new
training curriculum was written to support the implementation of the new policies and practices, and was provided to all staff members who supervise youth in the facilities.

Two years ago, IDJC had youth in custody trained in Shields of Care, an evidence-based suicide prevention approach for youth in juvenile justice custody. Shields of Care is a system based prevention approach that educates staff and youth on suicide prevention strategies and protective factors. The program helps create and sustain a culture of connectedness between staff and youth, as well as increase suicide prevention communication between staff and youth regarding who may be experiencing warning signs for suicide. The department plans to provide this training again to youth in custody in the near future.

Staff members in the correctional facilities have been trained in Think Trauma, which has an eight hour curriculum designed to help staff create a trauma-informed juvenile justice residential setting that recognizes and responds to trauma related behavior with effective support.

**Local Detention Centers and County Probation Departments**

The Idaho Clinician Project provides funding for clinical services in local juvenile detention to screen and assess youth upon placement in a detention facility. The youth in detention centers complete the MAYSI 2 screening instrument, which helps identify youth who are experiencing suicidal ideation. In addition to this self-report screening tool, detention staff members have been trained in recognizing warning signs for suicide.

Detention centers have policies and protocols in place to respond to youth who are experiencing suicidal ideation. Protocols include increased monitoring in the forms of more frequent room checks and/or 24-hour visual monitoring via camera or direct line of sight and providing clothing and bedding that help prevent suicide. In addition to increased monitoring for risk behaviors, youth are provided with counseling services to help enhance emotional regulation and interpersonal skills.

Local probation departments continue to provide ongoing suicide prevention and intervention training. These trainings provide education to staff on recognizing and responding to the behavioral, contextual, and verbal warning signs that are indicators of suicidal ideation. For example, probation officers in Boise, Valley, and Fremont Counties have completed Youth Mental Health First Aid training. Several staff members have completed the training to become trainers, which will help sustain the ongoing suicide prevention training efforts. Probation Officers in Bannock County participated in Question Persuade Refer (QPR), an evidence-based gatekeeper training.

**Goals for the Future**

The Idaho Department of Juvenile Corrections intends to have trainers from Shields of Care come again to train youth in custody, which is critical due to population turnover.

Boise State University, which does the data analysis of the Idaho Clinical Project, will be reporting on the prevalence of suicide ideation for youth assessed in juvenile detention centers. This information can be used to evaluate current policies and practices for suicide prevention in detention centers.
Mission:
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.

The Idaho Suicide Prevention Coalition (ISPC) works to collaborate with Idaho’s suicide prevention community, healthcare organizations, Idaho Department of Health and Welfare, the Idaho Legislature and many other stakeholders to advance collective support and initiatives to advance the Idaho Suicide Prevention Plan.

Accomplishments for 2017 include:

- Board and Organizational development including strategic and business planning is underway for the Coalition’s Mission/Vision objectives.
- Continue to foster a statewide advocate membership of stakeholders to support critical suicide prevention and mental health initiatives in Idaho. Goal 1, Goal 2, Goal 5
- ISPC was instrumental in supporting the efforts to plan and execute the Western States Conference on Suicide June 23 and 24th at Boise State University. This conference moved to Boise, ID from Spokane, WA where it was formed and held the previous two years with great success. The Boise conference drew nearly 300 for general conference and 200 for training in Mental Health First Aid for Youth and Adults as well Clinical training by Dr. David Rudd in partnership with Idaho Department of Health and Welfare’s Suicide Prevention Program. Goal 1, Goal 2, Goal 3, Goal 4, Goal 5, Goal 9
- Participated in American Foundation for Suicide Prevention’s Advocacy Day at the Idaho Legislature to inform all legislators of the need for their support on lethal means education. Goal 1, Goal 2, Goal 5

Goals for the 2018 legislative year include leading efforts on suicide prevention by advancing school suicide prevention programming through policy and to continue to increase stakeholder memberships statewide and reviewing the state coroner system for accurate and timely reporting and data collection. The ISPC continues to foster collaborative relationships with our western state counterparts in order to learn from successes and challenges with which to help Idaho’s programs to succeed.
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 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 up to age 44.

Idaho is consistently among the states with the highest suicide rates. In 2015, Idaho had the 5th highest suicide rate in the U.S. with a rate of 21.9, 57% higher than the national average.

Between 2012 and 2016, 105 Idaho school children (ages 6-18 years old) died by suicide. Twenty-seven deaths were children age 14 or younger.

Hotline call volume has grown steadily since launch in late 2012:


There were 350 suicide deaths in Idaho in 2016, a decrease from 2015 (362 deaths). During the same period suicide rates decreased in 5 of Idaho’s 7 public health districts.
ISPH received over 850 calls from veterans, active military or members or the families in 2017. (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:** Experienced greatest percentage increase in crisis contact volume in a single year since launch (60% increase over 2016). Celebrated 5 years of continuous operations. Trained over 260 Idahoans in (ASIST) Applied Suicide Intervention Skills Training since launch. Completed infrastructure upgrades, expanding daily capacity from 3 active Responder stations to 6; with the ability to expand to 10 stations in case of disaster or emergency. Achieved benchmark of 90 active volunteers. Formally launched crisis chat response in late November: [https://www.idahosuicideprevention.org/chat/](https://www.idahosuicideprevention.org/chat/). Achieved full capacity Responder classes of 25-30 per class.

**Goals for the future:**

Expand follow-up call program to include multiple hospitals, mental health team outreach clients, released jail inmates and Community Crisis Centers. Expand collaborative partnerships and memoranda of understanding (MOU’s); explore diversification of funding picture through fee for service contracts. Continue existing levels of service (80+% call response rate) while continuing to grow crisis contact volume by 50% or more per year.
The Idaho Suicide Prevention Program supports and implements efforts to reduce Idaho’s suicide rate.

Data That Drives Efforts

The Suicide Prevention Program continually researches and utilizes evidence-based and evidence-informed suicide prevention practices and well-established research to drive all initiatives and activities. This includes information from the National Registry of Evidence-based Programs and Practices; a service of the Substance Abuse and Mental Health Services Administration, as well as the national Suicide Prevention Resource Center and leading national and international experts and researchers in the field.

2017 Accomplishments

The Idaho Suicide Prevention Program (SPP) was established in 2016 to help implement specific strategies in alignment with the Idaho Suicide Prevention Plan (ISPP) and provide a more comprehensive, statewide approach to suicide prevention to reduce Idaho’s suicide rate (ISPP Goal 9). It was created through an allocation made by the 2016 Idaho State Legislature to support three priorities:

1. Provide funding for upstream youth education. (Goal 3)
2. Provide funding for the Idaho Suicide Prevention Hotline. (Goal 8)
3. Conduct a public awareness campaign. (Goals 1 & 2)

In 2017, SPP provided funding for youth education (Goals 2, 3 & 5) and for the Idaho Suicide Prevention Hotline (Goal 8). SPP also initiated a comprehensive public awareness campaign called Rock Your Role including four, one-minute PSAs which aired over 2,000 times statewide during fall 2017 and statewide distribution of collateral materials (Goals 1 & 2).

In addition to these three priorities, SPP has undertaken other evidence-based and evidence-informed activities and initiatives in 2017. The SPP:

1. Wrote two federal grants to implement Zero Suicide in Idaho health systems statewide. Zero Suicide is a comprehensive, multi-setting approach to suicide prevention in health systems and uses a seven-component model primarily to close the gaps through which suicidal individuals often fall. (Goals 3, 4 & 6)
2. Worked with downtown Boise parking garage management to train their staff and to make infrastructure changes to prevent suicides at their garages. (Goal 3)
3. Co-established a Lethal Means Task Force and produced and distributed materials about access to lethal means. (Goal 1)
4. Developed and distributed suicide prevention materials specific to youth, teachers, parents, behavioral health providers and older adults. (Goals 1 & 2)
5. Hosted M. David Rudd, PhD to train health professionals in suicide assessment and management. (Goal 4)
6. Conducted trainings for behavioral health providers, hospitals, schools, law enforcement, employers and many other professional and public groups. (Goal 3)
7. Convened a suicide prevention stakeholder group to help increase collaboration. (Goal 9)
8. Provided administrative support to the Idaho Governor’s Council on Suicide Prevention. (Goal 9)
9. Worked closely with media to provide for safe reporting on suicide. (Goal 2)

Goals

1. Continue implementation and measure effectiveness of public awareness campaign
2. Continue to support youth education services
3. Continue to support hotline services
4. Pursue additional identified suicide prevention strategies, including those related to improved suicide death data, means restriction and training provision
5. Maintain and improve program infrastructure including staff training and performance measurement
6. Collaborate with and support stakeholders
7. Pursue avenues to bring Zero Suicide to Idaho health systems
Mission - to improve the quality of life for all those affected by mental illness through support, education, advocacy and research.

During 2017, NAMI Idaho has continued our work in helping individuals and their families increase their ability to live fulfilling lives. We have worked legislatively to help to ensure that our Idaho legislature is aware of how mental illness affects individuals and their families, to include increased risk of suicide. Suicide has been and will continue to be one of the primary issues we address when we visit the legislature each January. We seek to help legislators understand how cuts in mental health care can often contribute to difficulties that may lead to increased suicidal behavior.

At each of our three regional conferences, we have ensured that suicide prevention materials are available in a prominent position, to encourage individuals living with mental illness as well as their families to educate themselves about warning signs and treatment options. With five affiliates located around the state, we are uniquely positioned to provide information to much of our population and we make every effort to do so. NAMI Idaho is committed to doing everything that we can at a grassroots level to help educate, advocate for opportunities and increase services for all individuals living with mental illness in Idaho.
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 and are delivered in a culturally competent, professional, confidential atmosphere.

Data Drivers
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. Only 77.6% of the community is 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 were awarded two suicide prevention grants: Garrett Lee Smith Youth Suicide Prevention Grant known as THRIVE and the Methamphetamine Suicide Prevention Initiative grant, focusing on adult prevention, intervention and postvention efforts. The Tribes Mental Health Program has been working hard to provide all types of Suicide Prevention Efforts.

Through the efforts of both grants the Tribes have been striving to become a “Suicide Safe” Community. We have implemented the “Zero Suicide” model and hold monthly meetings to see if we are meeting the goals of the model. Listed are the accomplishments for the year:

Goal 1: Public Awareness
- Suicide March “Rock Your Role Native Pride Take A Stand Against Suicide”
- Created 5 Community Suicide Prevention Posters, distributed to local school and throughout community, at local HRSA and IHS Clinic
- Mustache Dache – Mental Health Day fun run/walk

Goal 2: Anti-Stigma
- Lagoon Trip with 40 youth addressed suicide awareness
- Spoke to all classrooms at Sho-Ban Jr/Sr High on Suicide Awareness
- Cultural Poster on Suicide Awareness distributed throughout community

Goal 3: Gatekeeper Education
- 3 ASIST (Applied Suicide Intervention Skills Training), 40 community people completed
- SAFETALK, one staff attended training
- 2 QPR (Question, Persuade and Refer) community presentations
Goal 4: Behavioral Health Professional Readiness
- 2 staff members attended DBT training
- Risk Assessment and Safety Planning – Columbia Tool
- Assessing and Managing Suicide Risk – all MH staff trained

Goal 5: Community Involvement
- Zero Suicide Implementation Team – monthly meeting
- Fort Hall SPAN Chapter
- TAP – Tribal Action Plan, for suicide prevention
- Talent Show for community emphasizing suicide prevention

Goal 6: Access to Care
- 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 Psych Units to coordinate care on suicidal patients, Bingham Memorial, Portneuf Medical (MOU signed), EIRMC

Goal 7: Survivor Support
- Culturally appropriate suicide survivor packets, meeting with family members
- Suicide survivor support group – Art Therapy 8 week group

Goal 8: Suicide Prevention Hotline
- Idaho numbers posted on community posters
- Handing out business cards with Crisis line and Hotline number

Goal 9: Leadership
- Implementing the ZERO Suicide Model
- Tribal leaders attended Suicide March
- Renewed 2 grants to keep staff on board specific to suicide prevention, intervention

Goal 10: Data
- Electronic Health Record, data entry, suicide reporting form, tracking sheet, implementing Columbia- Suicide Severity Rating Scale and continue to screen with the PHQ-9 (Patient Health Questionnaire) at the Mental Health Clinic and the Indian Health Service Clinic

Goals for the Future
Develop and enhance more lived experiences by community members to share with the community in open forums. We would like others to see that we can endure many things, historical trauma and trauma today continue to haunt our people and we strive to help our people heal as a Nation.
Suicide Prevention and Response in FY17

Background

In partnership with the Idaho Department of Health and Welfare, the State Department of Education (SDE) has continued with the implementation of the Idaho Lives Project, which entails Sources of Strength programming in schools throughout the state. Sources of Strength is best practice, upstream suicide prevention program listed on SAMHSA’s National Registry of Evidence-based Programs and Practices. The budget for this activity totaled $60,000 in FY17; the funding was received in November 2016.

Outcomes for 15 of the 43 schools implementing Sources of Strength
Total number of students (Peer Leaders) trained in Sources of Strength- 408
Student survey responses:

- **96.09%** agree or strongly agree that “at my school or in my community, I am accepted”
- **91.9%** agree or strongly agree that “at my school or in my community, adults care about people my age”
- **96.93%** report that they agree or strongly agree that “there is an adult whom I trust”
- **96.09%** agree or strongly agree that “At my school or in my community, a group of peer leaders can change things for the better”
- **83%** of students named at least 1 adult that “you went to for help in the past 12 months because you were very upset, sad, stressed or angry”
- **97.39%** agree or strongly agree that “I would tell an adult about a suicidal friend, even if that friend asked me to keep it a secret”
- **96.52%** report that they agree or strongly agree that “I know adults who could help a friend thinking of suicide”
- **96.41%** report that they agree or strongly agree that “I have positive, caring friends”
- **93.44%** report that they agree or strongly agree that “If I needed, I could get counseling help”

Total number of school staff trained (Adult Advisors) - 85, (Gatekeepers) - 71

- **58.57%** have “asked a student to talk because you were concerned about him/her” three or more times in the previous six months
- **87.14%** agree or strongly agree that “there is a specific plan for helping students who are contemplating suicide at my school”
- **82.08%** agree or strongly agree “suicide prevention student education or resource materials (posters, brochures, etc.) are available at my school”
- **81.81%** agree or strongly agree that “there are adequate referral resources for students contemplating suicide”
- **90.91%** disagree or strongly disagree “if a student experiencing thoughts of suicide does not acknowledge the situation, there is very little that I can do to help”
• **94.74%** disagree or strongly disagree “if a student contemplating suicide does not seek assistance, there is nothing I can do to help”
• **97.6%** agree or strongly agree that “the Sources of Strength program will be a useful addition to our school (based on what I know now)”
• **94.69%** agree or strongly agree that “staff in our school help each other and work together well”
• **93.17%** agree or strongly agree that “staff in our school are enthusiastic and communicate this to students”

**Sources of Strength anecdotes**

At a community coalition mtg a Sources of Strength team member introduced herself and another meeting participant go emotional and teared up. He said Sources of Strength saved his son’s life and the counselors indicate students are reaching out to adults for help.

At a Sources of Strength training for juveniles in detention one participant stated “why doesn’t anybody ever teach us we have strengths? Why didn’t we know this before?” He was inspired by the program’s focus and realized he has tools to overcome adversity.

**Postvention Support**

In addition to Sources of Strength implementation, the SDE supports schools in effectively responding to student suicide by leveraging resources (crisis counseling, postvention guidance, suspending SDE training / monitoring, activating local supports). This support was enacted for **17** student suicides in FY17.

**FY18 Goals**

• Support the 43 existing Sources of Strength schools through booster trainings, gatekeeper trainings and technical assistance.
• Implement Sources of Strength among 16 new schools, including a tribal school community (Duck Valley).
**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 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 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 2015 Idaho had the 5th highest suicide rate, 57% higher than the national average.
- In 2016, 350 people completed suicide in Idaho; nearly one suicide death every day.
- Between 2012 and 2016, 78% of Idaho suicides were by men. ([SPAN Idaho](#) website)

**Activities and accomplishments for 2017**

**Gatekeeper Education**

- We host a biennial state conference on the even years and encourage our local chapters to offer community conferences on the odd years. This year we had seminars in Coeur d’ Alene, Lewiston, Twin Falls, Pocatello, Idaho Falls and Rexburg, with more than 500 individuals learning more about suicide prevention, warning signs and resources for help.
- In partnership with Idaho State Department of Health and Welfare, division of public health, **SPAN Idaho** received the sub grant to continue the Idaho Lives Project using the Sources of Strength® program to target youth, ages 10-24 in wellness and suicide prevention that began October of 2016 and finished March 2017.
- We have developed and conducted presentations and trainings on suicide prevention for the Idaho Department of Labor, Idaho Public Health, Area on Aging, Hospitals, Health Providers, Clergy, 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.
• Participated and was on the planning committee for the Western States Conference on Suicide (WSCOS) in June of 2017. Over 300 participants came from neighboring states to hear from experts in the suicide prevention field, learn about specific training and prevention tools, and hear stories of survival.

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.
• 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 class/ student projects.
• Participated in the 2nd annual State Suicide Prevention Advocacy Day with other suicide prevention stakeholders.

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 a 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 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 our 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.

**Ongoing and Upcoming**

• We maintain a highly-informative and well-regarded website.

• Encouraging growth in regional chapters is a high priority.

• Planning our SPAN Idaho biennial conference for June 2018 with leading national experts presenting various best-practiced and evidence based suicide prevention.
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 641 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 98 Idaho Veterans have been identified as High Risk for Suicide and provided enhanced mental health services, 73 of those had suicide attempts. Nine 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:

- 168 community outreach activities, including 41 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

▪ Presented on Suicide Prevention and the Veterans Crisis Line at the Idaho Veterans Service Officer Training Conference on August 31, 2017.

▪ Providing over 5,000 gun locks to various agencies, including hospitals, law enforcement and the Idaho Suicide Prevention Program for distribution.

  o 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 (October 2016 – October 2017)**

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.

  • Current Veterans identified to be in the top 0.1%  **32**
  • Veterans no longer identified in the top 0.1%  **114**
  • Total number of REACH VETERANS  **146**