



Idaho Council on Suicide Prevention

Kathie Garrett, Chair

**Report to Governor C.L. "Butch" Otter
December 2011**

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Idaho Council on Suicide Prevention

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Kathie Garrett Chair

December 2011

Dear Governor Otter:

The Idaho Council on Suicide Prevention would like to thank you for the opportunity to address the critical issue of deaths by suicide in Idaho. Suicide represents a major public health issue and has a devastating effect on Idaho's families, schools, and communities.

In the past five years through 2010, 1,286 Idahoans have died by suicide. A report recently released by the National Suicide Prevention Resource Center shows Idaho ranked sixth highest in the Nation for deaths by suicide.

The tragedy of these deaths is that lives lost to suicide may have been saved through increased awareness, education, prevention and intervention strategies. Therefore, the Idaho Council on Suicide Prevention in cooperation with our partners has worked diligently on many strategies from working with at risk populations to training "gatekeepers" and professionals on awareness, prevention, risk assessments and safety planning. At the back of this report you will find summary reports from our partners that demonstrate the work that has been accomplished in the past year.

This year the Idaho Council on Suicide Prevention focused its energy on two major projects: a review and rewrite of Idaho's Suicide prevention plan, *Idaho Suicide Prevention Plan: An Action Guide*, and a plan to set up a suicide prevention hotline for Idaho. We are proud to announce that a lot of progress has been made.

Moving Forward the Idaho Council on Suicide Prevention recommends that:

- Idaho should support the proposed suicide prevention hotline by securing sustainable funding. Suicide prevention hotlines are a proven means to help prevent the tragedy of suicide.
- Idaho should support and take action to implement the 2011 *Idaho Suicide Prevention Plan: An Action Guide*. The Plan will comprehensively guide suicide prevention in the future by focusing on projects that are effective and measureable.

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

Sincerely,



Kathie Garrett, Chairman
Idaho Council on Suicide Prevention



The Office of the Governor

**THE OFFICE OF THE GOVERNOR
EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2010-12

#

**ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION
REPEALING AND REPLACING EXECUTIVE ORDER NO. 2006-35#**

‡

WHEREAS, Idaho is consistently among the states with the highest suicide rates. In 2007 Idaho had the 11th highest suicide rate, 28% higher than the national average; and

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

WHEREAS, Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14; and

WHEREAS, In 2009, 307 people completed suicide in Idaho; a 22% increase over 2008, and a 40% increase over 2007; and

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

WHEREAS, suicide attempts cost Idaho \$36 million annually; and

WHEREAS, suicide completion in Idaho cost \$861,431 annually in medical care.

#

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by the authority vested in me under 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 progress reports and developing changes and new priorities to update the Plan;#

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

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

#

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

A. ##### representative from the Office of the Governor#

- B. ~~###~~ representatives from the Idaho State Legislature#
- C. ~~####~~ representative from the Department of Health and Welfare#
- D. ~~####~~ representative from the Department of Education or School Districts#
- E. ~~####~~ representative from juvenile justice#
- F. a representative adult corrections#
- G. ~~####~~ representative from SPAN Idaho#
- H. ~~####~~ mental health professional#
- I. ~~####~~ representative for The National Alliance for the Mentally Ill or other mental health advocacy group#
- J. ~~####~~ Suicide survivors#
- K. ~~####~~ representative from the Idaho Tribes#
- L. ~~####~~ youth representative#
- M. ~~###~~ representative from the Commission on Aging or aging services#
- N. a military member, veteran or a representative from Veterans Affairs#
- O. other members actively engaged in suicide prevention and awareness activities.

III. Council members shall:#

- #
- ~~#####~~A. Serve for a term of three (3) years.#
- B. The Governor shall appoint the Chair of the Council.#
- C. The Council shall meet in person annually.#
- D. The Council shall not exceed eighteen (18) members.#



#N 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 27th day of September in the year of our Lord two thousand and ten and of the Independence of the United States of America the two hundred thirty-fifth and of the Statehood of Idaho the one hundred twentieth.#

C.L. "BUTCH" OTTER
GOVERNOR

BEN YURSA
SECRETARY OF STATE

#

Moving Forward

Council Recommendations

An increasing number of Idahoans have lost hope and their senses of belongingness, and feel that they are a burden to others and subsequently take their own lives.

In the past five years through 2010, 1,286 Idahoans have died by suicide. Idaho's suicide rate is now 18.5 people per 100,000 population compared with a national rate of 11.8. In 2008, Idaho's suicide rate ranked 6th in the Nation. Elders, teens, working-age men and Native Americans have the highest suicide rates. However, others at elevated risk include people with mental illnesses and substance use disorders, people who have experienced a suicide in their families and those who previously attempted suicide. The Substance Abuse and Mental Health Services Administration has found that 90 percent of people who die by suicide have an underlying mental health disorder, usually depression, or a substance use disorder, or both.

The tragedy of these deaths is that these lives lost to suicide may have been saved through increased awareness, education, prevention and intervention strategies.

Therefore in order for Idaho to move forward the Idaho Council on Suicide Prevention recommends that Idaho focus on the following two initiatives.

➤ **Moving forward, all of Idaho should support and help to secure sustainable funding for an Idaho Suicide Prevention Hotline.**

Suicide prevention hotlines are a proven means to help prevent these tragic deaths **yet, Idaho is the only state in the country without a nationally-certified suicide prevention hotline.** In a study of hotlines around the country, 12 percent of callers interviewed spontaneously said the initial calls had saved their lives. Access to mental health care in rural areas is a critical component of comprehensive suicide prevention. In Idaho, the rates of suicide in rural and frontier areas, where mental health care often is limited, is high, almost triple the national rate in some areas. Idaho's overall suicide rate is 18.5 per 100,000 people while the national rate stands at about 12 per 100,000.

Many entities in Idaho have joined with the [Idaho Council on Suicide Prevention](#) to support an Idaho Suicide Prevention Hotline proposal.

The proposal is based on the [Idaho State University -Institute of Rural Health's](#) 2010 state and federally funded study: *Idaho Suicide Prevention Hotline: Analysis of Options for Decision Making*, which details the steps for creating a hotline service that will meet national accreditation standards. Accreditation can contribute to a hotline's eligibility for federal funds, when available.

The project will be administered by [Mountain States Group](#), a nonprofit organization that has worked in statewide health and human services issues for 37 years. Recognizing the growing suicide rate among its soldiers and their families, the [Idaho National Guard](#) has offered to provide rent-free space for the Idaho Hotline call center. A broad-based advisory committee will guide the Hotline's policies and operations. The committee will report quarterly to stakeholders and funders on the status of the hotline and its operations.

The Idaho Suicide Prevention Hotline will develop incrementally over two years in its caller response hours. The estimated year one start-up budget is \$111,200; and for year two, \$161,400. The Hotline will reach all Idahoans, whether they are living in a frontier county or an urban city, ultimately providing 24-hour, 365-day-per-year coverage. The service will provide a confidential, competent, safe, and timely resource for persons considering suicide, as well as for their family and friends.

Currently Mountain States Group along with a Technical Advisory Work Group have begun the work of establishing the administrative procedures and training guidelines needed to establish an accredited suicide prevention hotline.

In order to move the hotline from “proposal” to “operational” funding for the first two years is needed. It is up to all of us to support this effort!

➤ **Moving forward, all of Idaho should support and take action to implement the 2011 Idaho Suicide Prevention Plan.**

The Idaho Council on Suicide Prevention issued a new Idaho State Suicide Prevention Plan in 2011. The plan is designed to help state, regional and community stakeholders implement proven, measureable suicide prevention programs.

The Council hopes communities across the state will use the guide to implement programs that suit the needs of their residents and stakeholders. “Community” is defined not just as a geographic location, but as any group of people with similar interests who would like to address Idaho’s high suicide rate.

This plan focuses on the need for accessible mental health and substance use care, and educational programs for professionals who work with people at risk of suicide and for professional mental health/substance use workforce development. It also addresses what communities can do to encourage people to seek mental health care when needed and to raise awareness of the warning signs for suicide. Providing services to people who have lost friends or family members to suicide is a major focus.

The basis of the plan was developed by a broad stakeholder group that gathered in July and August 2010 to design guiding principles, goals and strategies. The Executive Committee of the Council on Suicide Prevention met over the year to write the plan and the full Council approved the draft form in October 2010 and the final form in October 2011.

The Guiding Principles developed by the stakeholder group are:

- Suicide is a serious preventable public health problem that negatively affects communities and individual community members.
- Suicide arises from the interaction of individual, family, social and community factors. Suicide touches people of all ages and from all walks of life.
- Individuals who seek help for mental health concerns, including suicide, are to be accepted and supported, not stigmatized.
- Suicide prevention is the responsibility of the entire community and requires vision, will and a commitment from the state, communities and individuals of Idaho.
- It is important for people to feel empowered to intervene with persons at risk for suicide.
- Adequate and accessible services for mental health diagnosis and treatment are essential for children and adults.
- Suicide prevention should be a part of an adequately funded and supported public and behavioral health system that addresses education, awareness, treatment and community engagement. It should include programs for communities and families with special attention paid to protect those known to be at high risk.
- Suicide prevention programs and program materials need to be culturally-informed and respectful of the groups for which they are designed.
- Suicide prevention efforts should draw on appropriate best practice and evidence-based guidelines.

The Goals of the Idaho Suicide Prevention Plan are:

Goal 1: Public Awareness

Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

Goal 2: Anti-Stigma

Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

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.

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.

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.

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.

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.

Goal 8: Suicide Prevention Hotline

An Idaho statewide suicide prevention hotline is established and funded.

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.

Goal 10: Data

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

Copies of the State Plan are available electronically at www.spanidaho.org. To connect with others in your community to work on preventing suicide, contact the Suicide Prevention Action Network of Idaho at 208-860-1703 and info@spanidaho.org or the Council on Suicide Prevention, Kathie Garrett, Chair..



**Suicide in Idaho: Fact Sheet
November 2011**

- 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 2008 (the most recent year available) Idaho had the 6th highest suicide rate, 40% higher than the national average.
- In 2010, 290 people completed suicide in Idaho; a 5% decrease from 2009, and a 15% increase over 2008.
- Between 2006 and 2010, 81% of suicides were by men.
- In 2010, 63% of Idaho suicides involved a firearm. The national average = 50%.
- 14.2% (1 in 7) of Idaho youth attending traditional high schools reported seriously considering suicide in 2009. 6.9% (1 in 14) reported making at least one attempt.
- Between 2006 and 2010, 72 Idaho school children (age 18 and under) died by suicide.
- It is estimated that suicide attempts in Idaho result in \$36 million in costs annually. Idaho's costs for suicide completions annually is over \$850,000 in medical care alone, and \$343 million in total lifetime productivity lost.
- In 2008, there were 36,000 deaths by suicide in the United States, an average of 1 person every 15 minutes.

Idaho Suicides by Region – 2010

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2006-2010	5-yr Avg Rate
1	Coeur d'Alene	53	25.0*	211,870	229	21.6
2	Lewiston	19	18.0	102,099	87	17.0
3	Nampa	35	13.8-	248,000	179	14.4
4	Boise	66	15.1*	426,283	316	14.8
5	Twin Falls	39	21.0-	176,400	168	19.0
6	Pocatello	33	19.8-	161,606	140	17.3
7	Idaho Falls	45	21.7	197,558	167	16.9

* increase from 2009, - decrease from 2009

**Idaho Suicides by Age/Gender 2006-10
Over 5 year period**

Age	Total	Male	Rate	Female	Rate
10-14		16	13	4.6	3
15-19	80	65	23.0	15	5.5
20-24	98	85	30.6	13	5.4
25-34	177	137	24.9	40	7.8
35-44	245	180	36.7	65	13.7
45-54	259	199	38.4	60	11.5
55-64	206	170	40.9	36	8.6
65-74	95	85	35.6	10	4.0
75-84	74	71	54.6	3	1.8
85+	36	33	71.4	3	3.7

**Method 2006-10
(all ages)**

1.1	Firearm	62.1%
	Poisoning	17.2%
	Suffocation	16.1%
	Cut/Pierce	1.2%
	Fall	1.2%
	Other	2.2%

Idaho Suicide Rates 1999 – 2010

Year	Number	ID Rate	US Rate
1999	180	14.4	10.7
2000	166	12.8	10.7
2001	213	16.1	10.7
2002	203	15.1	11.0
2003	218	16.0	10.8
2004	239	17.2	10.8
2005	225	15.7	10.7
2006	218	14.9	11.1
2007	220	14.7	11.5
2008	251	16.5	n/a
2009	307	19.9	n/a
2010	290	18.5	n/a

Idaho Youth Risk Behavior Survey 2009 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9 th	27.3%*	12.7%-	12.2%-	5.9%-	1.8%-
10 th	29.5-	17.9-	14.6*	9.7	2.6-
11 th	30.2*	13.3-	14.3*	6.2-	1.6-
12 th	26.0-	12.3-	12.0-	5.5-	2.0*
Idaho Overall	28.3	14.2-	13.3*	6.9-	2.0-

* increase from 2007, - decrease from 2007

Idaho Suicide Rate By County **5-year total number and 5-year average rate 2006-2010** (suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	275	14.4	Gem	11	13.3
Adams	4	22.9	Gooding	10	14.0
Bannock	74	18.3	Idaho	14	18.1
Bear Lake	5	17.2	Jefferson	18	15.1
Benewah	8	17.1	Jerome	18	20.5
Bingham	34	15.5	Kootenai	133	19.3
Blaine	19	17.5	Latah	26	14.5
Boise	9	24.0	Lemhi	16	41.0
Bonner	53	25.7	Lewis	1	5.6
Bonneville	89	18.0	Lincoln	7	31.1
Boundary	16	29.2	Madison	6	3.2
Butte	4	29.1	Minidoka	18	19.3
Camas	3	53.3	Nez Perce	38	19.5
Canyon	133	14.5	Oneida	4	19.4
Caribou	7	20.5	Owyhee	6	11.0
Cassia	9	8.4	Payette	19	16.5
Clark	3	65.9	Power	5	13.0
Clearwater	8	19.6	Shoshone	19	29.4
Custer	9	42.3	Teton	12	27.2
Elmore	25	17.2	Twin Falls	81	21.8
Franklin	11	17.7	Valley	7	15.8
Fremont	10	15.9	Washington	6	11.8
			Idaho (total)	1,286	16.9 (5-year average)

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

Sources: Idaho Bureau of Vital Records and Health Statistics, Idaho Department Health and Welfare
Center for Disease Control and Prevention
Idaho Suicide Prevention Hotline Report, Idaho State University, Institute of Rural Health, 2010
YRBS Idaho, 2009

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Special Thanks to Andy Bourne, Senior Research Analyst, Bureau of Vital Records and Health Statistics

Partner Summary Reports

Accomplishments in Suicide Prevention



ACCOMPLISHMENTS AND ACTIVITIES September 2011

SPAN Idaho formed in 2002 as a 501(c)(3) non-profit organization providing leadership for suicide prevention in Idaho. SPAN Idaho's mission is to reduce suicide in Idaho through statewide advocacy, collaboration and education in best practices. SPAN Idaho provided the impetus for the creation of the governor-appointed Idaho Council on Suicide Prevention (ICSP) and for the development of the Idaho Suicide Prevention Plan. SPAN is involved in updating the plan and in producing annual reports to the legislature and the Governor. As part of its mission, SPAN Idaho established chapters, one each in the seven Idaho Department of Health and Welfare (IDHW) regions of the state to carry out statewide suicide prevention awareness activities and to respond at a community level. With the help of our chapters and other organizations, SPAN works to eradicate suicide in the state of Idaho.

Recently Completed Projects

- In partnership with the State Department of Education (SDE) and Idaho State University's Institute of Rural Health, identified and trained professionals in postvention protocols to become Regional **School Suicide Postvention Teams** that assist schools in responding to suicide deaths.
- In partnership with Idaho Funeral Services Association (IFSA), compiled and distributed kits containing best practice **guidelines related to suicide death for funeral directors** and **suicide survivor packets** for funeral directors to give to families and friends of a suicide victim to aid the grief process.
- Assisted with the creation of the **new Idaho Suicide Prevention Plan** as member of the ICSP Executive Committee and statewide stakeholder.
- Currently augmenting work of the ICSP to establish a **suicide hotline** in Idaho (only state without one).
- Compiled and disseminated **emergency room protocols** for suicidal patients with assistance from the Idaho Hospital Association and support from AAYSP (Awareness to Action Youth Suicide Prevention) at Idaho State University (ISU). Each SPAN Chapter conducted follow up calls to every Idaho emergency department.
- Organized and conducted **statewide suicide prevention round-table meetings** among schools, IDHW, law enforcement and SPAN in Regions 1-7 with support from the SDE.
- Created suicide prevention, intervention, and postvention **guidelines for schools**. The documents were published on SPAN Idaho website with a link directly from the SDE website. The documents were also distributed to all secondary principals by SDE and SPAN Chapters followed up with phone calls in 2010.
- In collaboration with the Protect Idaho Kids Foundation, developed and aired **youth suicide prevention TV spots** on a variety of networks statewide in 2010, and created and aired a new suicide prevention spot in 2011 featuring Idaho First Lady Lori Otter.
- In partnership with the Idaho State Association of County Coroners (ISACC), compiled and distributed **suicide survivor packets** for families and friends of a suicide victim to aid the grief process.
- Developed and conducted **clergy trainings** in eight locations statewide for 200 participants representing 51 Idaho towns. Presented information on the clergy trainings to suicide prevention professionals from around the US at the invitation of the national Suicide Prevention Resource Center (SPRC).
- Developed and distributed "In the Aftermath of Suicide: **Postvention as Prevention**" curriculum.
- Prepared and subsequently updated SPAN **Suicide Prevention Tool Kit** including a resource guide, guide to best practices, warning signs, and anti-stigma page, among many other elements, available at our website.

In addition to the above statewide initiatives, our **Chapters** have conducted many projects on their own, including providing **suicide prevention messages on radio, television, and billboards**; joining other agencies to discuss and **respond to area suicides**; **training area school staffs and law enforcement** and others; in suicide prevention; and **meeting monthly** to plan promote suicide prevention activities.

Training and Awareness

SPAN Idaho and its chapters consistently provide or co-host a variety of community activities to educate the public about suicide and suicide prevention. For instance,

- SPAN Idaho's **annual statewide conferences** the last ten years have trained approximately 2,100 participants in suicide prevention skills. Most of these conferences hosted nationally recognized experts. As of September 2011, South Central SPAN held a conference for 140 participants in Twin Falls and SPAN Eastern Idaho will host a two-day conference in Rexburg in October 2011.
- Developed and conducted **presentations and trainings** on suicide and suicide prevention for the Idaho Department of Labor, Idaho Coroners Association Conference, Idaho Criminal Justice Commission, IDHW Children's Mental Health, Idaho National Guard, parent groups, clergy, community groups and others.
- Annual **Save-the-One Memorial Walks** raise awareness and support survivors.
- **Materials at community events** alert people to warning signs and other prevention measures.
- Presentations and **testimony before legislators** on issues related to suicide prevention, such as bullying, affect legislation.

New and On-going Activities

- Initiating work with Idaho Farm Bureau to write **prevention articles** for its publications.
- Working with the ISACC to encourage immediate **reporting of suicide deaths** in Idaho.
- Maintain a highly informative and well-regarded **website**.
- Fulfill **requests for information and resources** on-line and on the phone to include highly sensitive calls.
- Act as a **conduit for suicide prevention information** locally, statewide, and nationally and engage and collaborate with other groups, including the Veteran's Administration, 211 Careline, the Commission on Aging, RADAR, SDE, IDHW and others. Nationally, SPAN Idaho engages with the major suicide prevention groups, participates in conferences and webinars, and writes articles, to exchange best practice information, data and ideas.
- Provide **information packets to suicide survivors** to support the grieving and healing process.
- Offer **suicide survivor support groups** regionally.
- Distribute **materials to the general public** at community events.
- Offer **QPR training** to groups upon request.
- Provide information and **guidance to high school and college students** for their projects.
- Work with the **ICSP** to carry out activities.
- Continually review suicide prevention **research and best practices** to develop programs and distribute relevant information statewide on a regular basis.

Anticipated Future Activities

- To foster the **Idaho suicide hotline** project.
- To develop, implement and evaluate a **pilot project aimed at identifying**, intervening with and referring **students** at risk for suicide.
- To publish and distribute a **statewide newsletter**, tailored to communities, to promote suicide prevention awareness and activities.
- To increase suicide awareness **activities on college campuses**.
- To create **suicide prevention posters** with the easily removable Lifeline phone number tabs for a variety of community places, including schools, churches, coffee shops, restaurants, and bars.
- To continue **training specific groups** in suicide prevention and survivor support including targets such as first responders, clergy, mental health providers, school personnel, aging services staff, corrections personnel, parents and others.
- To encourage **growth in regional chapters**.



Accomplishments for Suicide Prevention Idaho State University Institute of Rural Health

Idaho State University-Institute of Rural Health collaborates with suicide prevention and mental health advocates statewide to increase knowledge to identify suicide risk factors, warning signs of mental illness and encourage treatment seeking by adults for youth ages 10-24. The project is funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), which defines the scope of similar projects in all 50 states. The current grant runs through September 30, 2012.

The goals of the **Idaho Awareness to Action Youth Suicide Project** focus on building long-term infrastructure and sustainability for youth suicide prevention in Idaho. Educational programs, collaborating with an array of stakeholders to carry out SAMHSA priorities, and improving suicide risk assessment by mental health professionals are areas of focus. All activities were either requested by the Council on Suicide Prevention or contained in the Idaho Suicide Prevention Plan of 2003. The Council serves as the advisory body for the grant.

Accomplishments

1. Gatekeeper Training -- The Better Today's/Better Tomorrow's training has educated 11,000 Idahoans since its inception in 2000. Created in partnership with the Idaho Planning Council on Mental Health and the National Alliance on Mental Illness-Idaho Chapter, Better Today's has been recognized as an evidence-informed practice by the RAND Corporation, the Rural Mental Health Association, SAMHSA and other agencies. Surveys completed by participants indicate a dramatic increase in knowledge about children's mental health and suicide risk and protective factors. Increasing numbers of youth are being referred to care. Hundreds of juvenile justice professionals, law enforcement, school, mental health professionals, advocates, families, and Medicaid providers were trained.
2. Academies for Awareness to Action – Three academies are offered each year of the grant on social marketing, advocacy and suicide risk assessment. All academies are presented by national experts in the three topic areas identified by the Council on Suicide Prevention. Needs identified by the Council are:
 - Need: Train more mental health **professionals and physicians** on how to effectively assess for suicide risk and develop action plans. The nationally recognized Assessing and Managing Suicide Risk (AMSR) designed by a collaborative of national suicide prevention experts was held in June 2011 for 52 accredited mental health professionals.
 - Need: Move beyond suicide prevention awareness to action by encouraging social marketing to affect social change. Social marketing employs commercial marketing technologies to affect a social cause, such as Idaho's 2000 stigma reduction campaign or suicide prevention.
 - Need: Support local groups to enhance their advocacy efforts. An advocacy seminar by national expert Shel Gross (Mental Health America-Wisconsin) was offered in FFY 2010 in conjunction with the Suicide Prevention Action Network-Idaho conference. In 2011, the national Federation of Families' series of webinars was promoted in Idaho in cooperation with FFCMH-Idaho.

SAMHSA lists specific special populations identified for grantee intervention. ISU-IRH expanded its reach to special populations, including:

- Native Americans: Collaborated with staff at Fort Hall Junior-Senior High School, partnered with tribal members in rewriting the Idaho Suicide Prevention Plan.

- Hispanic youth: Sponsored a national speaker who provided five breakout sessions at the Idaho Commission on Hispanic Affairs' Hispanic Youth Summit.
- Juvenile justice: Trained 150 probation and detention officers in Bannock, Ada and Canyon counties. Trainings are POST accredited for continuing education.
- Faculty/staff of school districts: Many school personnel attend our Better Today's trainings as do parents/grandparents, child welfare workers and survivors. We have trained staff at every level in some school districts.
- Parents of at-risk youth: Provided financial support for Idaho Federation of Families for its state conference.
- Suicide risk assessment: Contracted with the chaplains at the National Guard to provide Applied Suicide Intervention Training (ASIST) to invited civilian stakeholders.
- Raise knowledge of stakeholders: Funded IDHW Behavioral Health and SPAN Idaho advocates attend the GLSMA grantee meetings.
- College students: Wrote, researched and distributed a unique Idaho guide for mental health and suicide prevention for college campuses.
- Foster parents: Trained foster grandparents.

Collaborations

A key goal of the SAMHSA grant is collaboration with stakeholders across Idaho. Collaborative projects include:

- Funded a collaboration with SPAN Idaho and the Department of Education to create postvention teams in each region to respond to suicides involving schools.
- Supported SPAN chapters on various projects, including development and distribution of hospital emergency department protocols as developed by SPAN-Idaho.
- Facilitated an initiative for development of a new 2011 state suicide prevention plan for the Idaho Council on Suicide Prevention.
- Collaborated with the Idaho National Guard to increase resiliency of soldiers and their families.
- Worked with a rural community in Idaho that experienced a suicide cluster.
- Collaborated with the Council on Suicide Prevention, SPAN-Idaho, the Idaho National Guard, the U.S. Veterans Administration and Mountain States Group to work toward establishing a suicide prevention hotline in Idaho. ISU-IRH provided funding to Mountain States for infrastructure development prior to a hotline going operational.

Idaho Army National Guard Resiliency Program Information Paper

1. Purpose. To provide information regarding suicide prevention measures in the Idaho Army National Guard.

2. Discussion. We have placed large command emphasis in the Idaho National Guard to promote resilience and increase awareness of suicide prevention. Soldiers at times seem to be ill-equipped to handle life stressors in a way that promotes resilience and helps to build on strength of character. Yet, we are aware that if one individual, a leader, a peer, a familiar face, would have been able to recognize that the changes these young men were going through did not fall into your everyday standard operating procedure, we hope that things could have been different. We are and will continue to be invested in the health and welfare of our soldiers and their families. Our great state and our nation depend on it.

a. Since last year, the Idaho National Guard has taken many steps to promote suicide prevention and suicide intervention. For instance, Suicide Intervention Officers (SIOs) have been formally assigned to each unit for the purpose of assisting their soldiers and command in recognizing and intervening in situations where a person may be having suicidal thoughts. These SIOs have also attended Applied Suicide Intervention Skills training in order to better handle these situations. A peer support program that we title “Warrior 2 Warrior” has been implemented to help build relationships among soldiers and ensure that signs are recognized and soldiers have someone they can count on. Master Resilience Trainers (MRT) and Resilience Training Assistants (RTA) are being assigned through every Battalion and Company in the state. We have also hired a full time Resilience, Risk Reduction and Suicide Prevention (R3SP) Program Manager to aid in the implementation, management, and training of these programs.

b. For our families, Question-Persuade-Refer (QPR) is used to give them the skills they need to assist a friend or loved one who is in a state of crisis. We are actively teaching resilience and reintegration classes for families of soldiers who will be returning from deployment within the next few weeks. Our Military Family Life Consultants and our Director of Psychological Health are actively involved with families and soldiers, providing real-time assistance to those who need treatment and intervention. Other efforts include community partnerships such as the Idaho Resiliency Council and the Resiliency Working Group. These have been established in order to better define how the Guard can work with local resources in augmenting our programs and abilities to care for our soldiers. We are committed to serving our soldiers and their families in the best way possible because we understand that healthy and happy soldiers are strong, mission-focused soldiers.

United States Department of Veterans Affairs

Boise Veterans Affairs Medical Center

Suicide Prevention Program

Overview

Approximately 20% of deaths by suicide per year are among the Veteran population. Eighteen deaths per day are Veterans. Five suicide related deaths per day occur among Veterans receiving care in Veterans Health Administration. There is preliminary evidence gathered since 2006 which suggests that there are decreased suicide rates in Veterans (men and women) aged 18-29 who use Veterans Affairs (VA) health care services compared to Veterans in the same age group who do not.

Veterans Affairs Suicide Prevention Program

The Veterans Affairs' basic strategy 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 Veterans. Some of the initiatives that have proven to be very effective in our efforts include:

- 24/7 Veterans Crisis Line. Veterans and those concerned about Veterans can call the national hotline number 1-800-273-TALK and then press "1" to reach a trained VA professional who deals with any immediate crisis. Since its launch in 2007, the Veterans Crisis Line has answered more than 400,000 calls and made more than 14,000 life-saving rescues. In 2009, the Veterans Crisis Line added an anonymous online chat service and has helped more than 4,000 people. Several of them have been referred to the Hotline for immediate care.
- Each VA medical center has a Suicide Prevention Coordinator or team. The coordinators ensure that the Veteran receives the appropriate services. Idaho calls to the National Hotline are referred to the Boise VAMC Suicide Prevention Coordinator, who follows up with the callers (Veterans, family, friends) and coordinates care for Veterans within 24 hours of receiving the consultation.
- Screening and assessment processes have been set up to assist in the identification of Veterans at risk for suicide. A chart "flagging" system has been developed to assure continuity of care and provide awareness among providers.
- Veterans who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality.
- The Suicide Prevention Coordinator provides local community outreach that includes education on veterans' mental health issues as well as suicide prevention and intervention.
- Idaho has one primary Veterans Affairs Medical Center located in Boise, and Community-Based Outreach Clinics (CBOC) in Caldwell, Coeur d'Alene, Lewiston, Mountain Home, Pocatello, Salmon, and Twin Falls.

The mission of the Benchmark Research and Safety, Inc, and IDHW's Idaho Suicide Prevention Research Project is to support the professionals, volunteers and organizations in Idaho working to reduce the frequency of suicides and the impact on survivors and communities. Our purpose is to gather and display Idaho-specific, user-accessible data about the prevalence and circumstances of suicide, report on current research and modern evidence-based suicide prevention screening programs and interventions. Benchmark coordinates with and provides support to the Idaho Council on Suicide Prevention.

Among the projects completed during the span of the Idaho Suicide Prevention Research Project were:

- Idaho Suicide Data & Research reports present Idaho-specific data for four special at-risk populations in Idaho. Copyable tables and graphs present actual Idaho suicide data on each population, such as incidence, race, place of injury, mechanism of death, etc., as well as risk and protective factor data for each special population. The four special populations are teen males, Native American males, working age males, and elderly males.
- Suicide Prevention Programs presents in-depth reviews of currently recognized suicide prevention programs listed by SPRC and NREPP. Each review examines the theory underlying the prevention program, the population targeted, costs and gives recommendations on implementing the program in Idaho. Evidence-based programs described cover adolescent and school, emergency room, geriatric and military suicide prevention programs. Several current post-attempt interventions are also described.
- The Suicide Prevention Reports are a body of research-based reports on each of the special populations, as well as extensive research bibliographies. The reports provide a good overview of the research literature on each population, while the research bibliographies present a wide array of related work in the research literature. In addition to the special populations, reports are available on veterans, survivors of suicide, Suicide among farmers and a presentation on Suicide and Economic Crises from the SPAN Idaho 2010 Suicide Prevention conference.
- Benchmark conducted an Internet wide search for outdated Idaho suicide crises numbers and found 71 different postings with defunct or simply wrong phone numbers and requested an update to the National Suicide Prevention Lifeline (1-800-273-8255). Most of the out of date numbers were either the old Idaho crisis line or the number from a pilot teen crisis line run by Idaho State University (800-564-2120). Interestingly, the Idaho teen crisis line was widely listed as a general teen crisis line for the entire country. In the initial pass, 71 websites were identified and 55 were determined to still be actively supported. Of the 55, 35 complied with the initial or follow-up contact (54.5%). Perhaps most significantly, an independent site that is the source for countless of other web pages listing state crisis numbers complied with the update request on the second sweep.
- Benchmark conducted a review of five media outlets on the use of suicide reporting media guidelines. The guidelines were developed in response to the observation that sensationalistic suicide reporting plays a role in copycat suicides. The main finding was that it appeared that the five media outlets

chosen had already applied the guidelines and did fairly well on the topic of avoiding promotion of suicide as an acceptable answer to life's problems. The reviewers did note some excessive use of details of the suicide method. Where the media outlets really failed was to end stories on suicide and suicide prevention with a clear statement that most suicide is depression based, depression is treatable, and that suicide is not the answer. Shockingly, virtually all articles on suicide prevention, help seeking behavior, and local, state and national mental health and crisis centers failed to include contact information for suicide prevention, help seeking behavior, and local, state and national crisis centers. A report is in preparation and will be shared with the five media outlets when it is completed.

YOUTH SUICIDE PREVENTION AND EDUCATION RURAL OUTREACH PROGRAM

**A collaborative effort between the Idaho Rural Health Association, The Jason Foundation and the Family Medicine Residency of Idaho.
Report June 2011**

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Introduction

This innovative program format ,developed here in Idaho, provides rural communities with information addressing youth suicide awareness and prevention education through a power point presentation followed by a facilitated discussion with a local leadership panel. This program is geared towards educating adults and is offered at no cost to the community. Educational materials are provided via the Jason Foundation and continuing education credits are available for attendees. Local multimedia including both radio and newspaper is generally engaged to assist with advertising.

Content

1. Awareness
2. Signs of Concern
3. Risk Factors
4. Where to go for help (state and local options)
5. Resources (state and local options)

Resources gratis The Jason Foundation

1. Staff Development Training Seminars
2. Parent Resource Program
3. A Promise for Tomorrow school-based curriculum
4. Community Assistance Resource Line (C.A.R.L.)
5. Faith-based Youth Program

Communities Reached

February 8, 2010

Eagle Seventh-Day Adventist Church (Eagle, Idaho)

March 25, 2010

Coeur d'Alene Tribal Wellness Center (Plummer, Idaho)

April 6, 2010

Emmett High School (Emmett, Idaho)

April 20, 2010

St. Maries High School (St. Maries, Idaho)

April 29, 2010

Idaho Rural Health Association Biannual Conference (Boise, Idaho)

September 9-10, 2010

Annual SPAN Conference (Meridian, Idaho)

October 26-27, 2010

Maine Primary Care Association Annual Meeting (Bar Harbor, Maine)

January 13, 2011

Legislative Mental Health Day (Boise, Idaho)

January 18, 2011

Complex Care Hospital of Idaho (Meridian, Idaho)

June 7, 2011

Preston Rotary Club (Preston, Idaho)

June 9, 2011

Franklin County Medical Center (Preston, Idaho)

June 23, 2011

Caribou Memorial Hospital (Soda Springs, Idaho)

June 30, 2011

Intermountain Hospital (Boise, Idaho)

Team Building and Collaboration

1. Idaho Department of Education
2. Kathie Garrett, Co-chair Idaho Council On Suicide Prevention
3. SPAN Idaho
4. Idaho Advanced Clinician Track of the University of Washington Psychiatry Residency Program
5. Idaho State University Institute of Rural Health
6. Maine Youth Suicide Prevention Program

Program Recognition

The Idaho Rural Outreach Program which projects have included Youth Suicide Prevention and Meth Use Prevention (in conjunction with the Idaho Meth Project) was accepted for presentation at the Annual Spring Meeting of the Society of Teachers of Family Medicine, Vancouver, B.C. 2010.