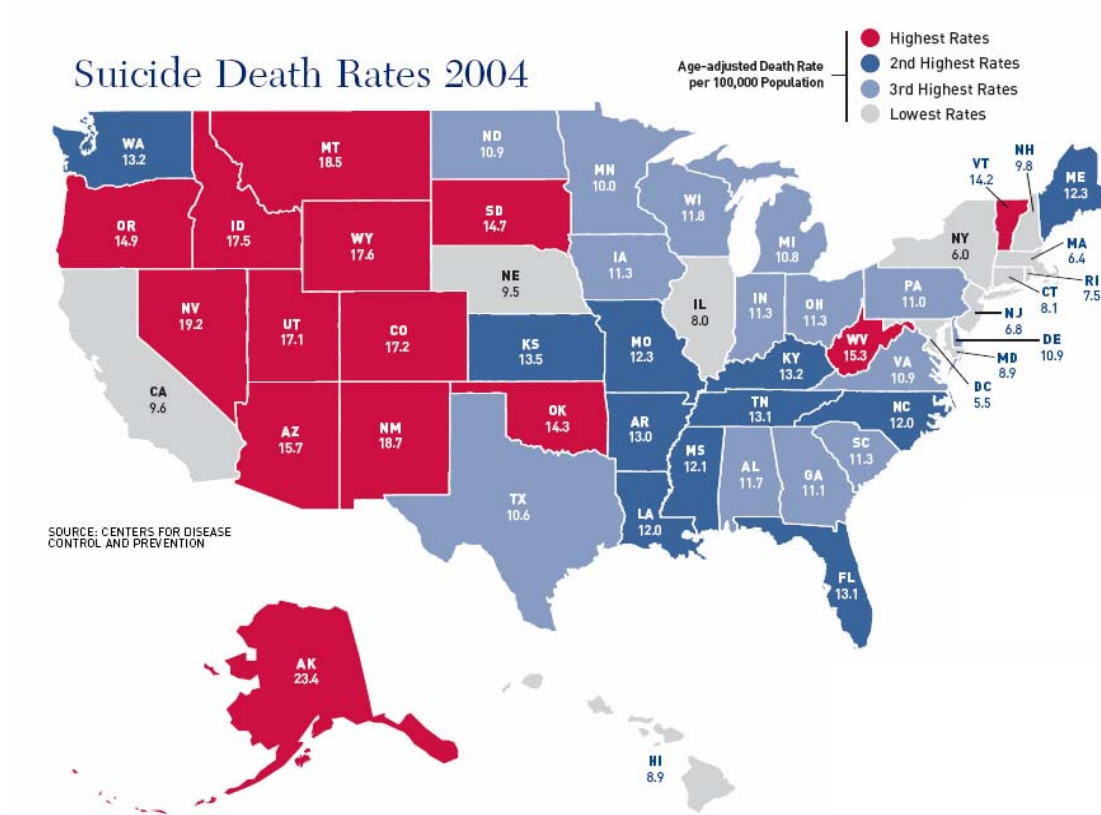


Idaho Council On Suicide Prevention

Report to Governor C.L. "Butch" Otter
December 2007



Kathie Garrett and Peter Wollheim, CCW, PhD, Co-Chairs

Idaho Council on Suicide Prevention

Council Members

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Vacant Positions
Governor's Office
Aging Community or Services

Idaho Council on Suicide Prevention

Pete T. Cenarrusa Building, 3rd Floor, PO Box 83720, Boise, ID 83720-0036

Kathie Garrett Co-Chair

Peter Wollheim, PhD Co-Chair

December 18, 2007

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

Dear Governor:

As Co-Chairs of the Idaho Council on Suicide Prevention, we would like to thank you for the opportunity to address the critical issue of death by suicide in Idaho. Suicide represents a major public health issue in Idaho and has a devastating effect on Idaho's families, schools, churches, businesses and communities. The latest data from the Centers for Disease Control ranks Idaho as 6th highest in the nation for number of completed suicides per capita and second highest for suicide among adolescents and young adults. Idaho's suicide rate is 51% higher than the national average.

The Idaho Council on Suicide Prevention was established by Executive Order 2006-8. The Council was directed to oversee the implementation of the Suicide Prevention Plan, to ensure the continued relevance of the Plan and to report annually to the Governor and the Legislature.

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

Sincerely,

Idaho Council on Suicide Prevention

Kathie Garrett
Co-Chair

Peter Wollheim, CCW, PhD
Co-Chair



The Office of the Governor
James E Risch

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2006-35

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

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

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

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

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

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

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

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

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

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

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

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

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

I. The Council's responsibilities shall be:

- A. To oversee the implementation of the Idaho Suicide Prevention Plan;*
- B. To ensure the continued relevance of the Plan by evaluating implementation progress reports and developing changes and new priorities to update the Plan;*
- C. To be a proponent for suicide prevention in Idaho;*

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

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

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

III. Council members shall:

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



Ben Ysursa
BEN YSURSA
SECRETARY OF STATE

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

James E. Risch
JAMES E. RISCH
GOVERNOR

Introduction

Issue

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

- The latest data from the Centers for Disease Control ranks Idaho as 6th highest in the nation for number of completed suicides per capita. Idaho's rate is 51% higher than the national average.
- Idaho is consistently among the states with the highest suicide rates.
- In 2006, there were 218 people who completed suicide in Idaho.
- In Idaho, those most at risk are teenage males (15-17 years of age), elderly males aged 75 years and older, working age males (18-64 years of age) and older and Native American teenage males.
- Many deaths by suicide can be prevented by ensuring that people are aware of the warning signs, risks factors and protective factors.

Idaho Suicide Prevention Plan

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

The Council, its Mission and Activities

The Idaho Council on Suicide Prevention was established by Executive Order 2006-8. The Council was directed to oversee the implementation of the Suicide Prevention Plan, to ensure the continued relevance of the Plan and to report annually to the Governor and the Legislature.

The Council is made up of eighteen volunteers and receives no funding, however, the Suicide Prevention Action Network of Idaho (SPAN Idaho) has provided staff support and the funds for transportation and conference calls. The Division of Behavioral Health has provided meeting rooms and lunch for the Council's annual meeting.

The Council met for the first time on November 29, 2006 and again on November 14, 2007. The Council conducted one meeting via conference call in May 2007. An Executive Committee was established that meets to address any issues which may arise between the annual meetings. Four subcommittees were also established to review each of the plan's four goals. Several meetings of the Subcommittee Chairpersons have been held. A majority of the work has been done in these meetings and via email.

With the help of SPAN Idaho and BSU students, the Council conducted a baseline survey of suicide awareness and prevention activities throughout Idaho. Over the next year, the Council will analyze the information gathered from this and other data sources.

Many other suicide prevention activities had been and are taking place through other partner organizations. One-page activity summaries of these activities follow the report recommendations.

Report Structure

Following the Plan format, this report is divided into the Plan's four goals: Infrastructure, Awareness, Implementation and Methodology. The Subcommittees met to discuss a major issue facing the successful implementation of each goal and to provide recommendations. Due to time constraints, this report is not intended to be a comprehensive review but rather a highlight of major issues and concerns.

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

Infrastructure

“The tangible framework needed to coordinate plan implementation, to provide information and technical assistance to organizations, agencies, and individuals working to implement components of the plan and to update the plan over time.”

Issue

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

Background

Perhaps the most significant suicide prevention efforts in Idaho began with a small group, originally consisting of a pediatrician, a nurse and an educator, who formed the Idaho Adolescent Suicide Prevention Task Force in the late 1990s. This group had many accomplishments and was nationally recognized by the Office of the Surgeon General. In 2002, this small group became the first state affiliate to the national Suicide Prevention Action Network (SPAN USA) and incorporated as a 501 (c)(3) non-profit organization; SPAN Idaho.

SPAN Idaho has been the driving force for suicide prevention in Idaho since its inception. SPAN has held seven consecutive annual suicide prevention conferences wherein approximately 1,500 Idahoans have received training and information to prevent deaths by suicide. SPAN was the impetus for the creation of Idaho's Suicide Prevention Plan, which, with help from key legislators and the Department of Health and Welfare was researched, created and released in 2003. In 2004, SPAN Idaho entered into a contract with the Department of Health and Welfare to accomplish specific tasks related to implementing the State Plan, including the development of a suicide prevention tool kit and the establishment of the Idaho Council on Suicide Prevention to oversee the State Plan. SPAN Idaho hired two half-time staff members who completed both tasks in 2006. SPAN Idaho has established regional chapters throughout the state comprised of committed volunteers who conduct training and awareness activities. SPAN has become a clearinghouse of suicide prevention information; acting as a conduit for information, research and best practices between, and providing technical assistance to, national and local-level organizations, professionals and volunteers.

Other organizations and professionals engaging in suicide prevention activities include the Youth Suicide Prevention Project (YSP), The Jason Foundation, Better Today's/Better Tomorrow's and Dr. Peter Wollheim who conducts prevention and post-vention trainings for Idaho schools. YSP formed in 2006 at Idaho State University's Institute on Rural Health with funds from the national Garrett Lee Smith Memorial Act. This project develops materials and conducts awareness and training activities. YSP is required to focus on youth suicide prevention defined as those between age 10 and 24. SPAN and YSP have a collaborative relationship and have partnered in conducting training and other activities.

With several entities conducting a variety of prevention activities as outlined in the state plan, regional SPAN chapters working at the local level and a Council to oversee the State Plan, much of the infrastructure for effective suicide prevention in Idaho is in place. However, none of the organizations currently involved have either the funding and/or the mandate to coordinate prevention activities throughout the state.

Recently, many discussions have been held among Council members and other key stakeholders including representatives from the Governor's Office and the Department of Health and Welfare, regarding creating a central coordinating body for suicide prevention efforts as called for in the State Plan. One conclusion from these meetings is to fund the Council to become this coordinating body, while staying true to the conditions of Executive Order 2006-08 and working in partnership with the State Mental Health Planning Council. Other conclusions include the necessity of staff support to carry out coordination and Council input into decisions regarding block grant money for suicide prevention.

Recommended Action

The Idaho Council on Suicide Prevention recommends that the Council be retained with membership and focus as set forth in the Executive Order establishing the Council, become a subcommittee of the State Mental Health Planning Council and be provided with funding for the Idaho Council on Suicide Prevention to coordinate leadership and implementation of the Idaho Suicide Prevention Plan.

Awareness

“Increased public knowledge of suicide related issues in Idaho, of risks and protective factors for suicide, and of available suicide prevention and intervention resources.”

Issue

Idaho is among the western and rural states that provided a disproportionate number of military service members to the wars in Iraq and Afghanistan, [Testimony by the National Rural Health Association to the Health Subcommittee of the House Committee on Veterans’ Affairs, April 18, 2007 and Stateline.org, May 27, 2004] yet there is a lack of adequate support to regional suicide prevention groups for outreach to the returning veterans who are at a two-fold higher risk for suicide than their non-military counterparts. [Journal of Epidemiology and Community Health, June 2007]

Background

U.S. male veterans are twice as likely to die by suicide as males without military service. [Journal of Epidemiology and Community Health, July 2007]

Twenty percent of active duty and 42% of National Guard and Reservists reported mental health problems. [Journal of the American Medical Association, November 2007] Twenty to 50% of returning active duty and Reservists reported psychological problems, relationship problems and depression symptoms but most reported that they had not sought help. [Associated Press, October 31, 2007] Even where mental health care is available, stigma, both societal and professional, is especially problematic for military personnel.

The Air Force’s suicide prevention program of the late 1990s proved that when anti-stigma activities are combined with access to proper mental health, not only do suicide rates drop dramatically, so do rates of homicides, accidental death, robberies, domestic violence, rape, alcoholism, drug abuse and absenteeism. Anti-stigma education is critical for the military population. [US Air Force Prevention Program Manual, April 2001 and British Medical Journal, #327, December 2003] Regional and local suicide prevention groups can provide this education and awareness.

Conflicts with family members and others for National Guard and Reservists jumped from 4.2% before the war to 21.1% after the war. Reports of Post Traumatic Stress Disorder symptoms by National Guard and Reservists climbed from 13% upon immediate return from the war to 25% when screened months later. [Journal of the American Medical Association, November 2007] Veterans’ mental health problems and suicides have a needless tragic effect on their families and communities for years, even generations. Thus, outreach and awareness activities must be ongoing and community-wide.

Recommended Action

The Idaho Council on Suicide Prevention recommends funding and support for regional and local suicide prevention efforts to provide ongoing outreach to veterans and others including awareness and training activities such as, anti-stigma awareness, media education, public service announcements, and distribution of risk assessment tools to appropriate mental health and medical professionals. The Council further recommends that the Governor’s Office conduct a summit in 2008 regarding the issue of veterans and suicide.

Implementation

“Enhance and promote programs, services, and activities to prevent suicides by promoting protective factors and reducing risk.”

Issue

Idaho has ranked among the top ten states for number of completed suicides per capita since data collection began in the 1950s, yet is one of only three states without a suicide hotline which provides the cornerstone to suicide prevention.

Background

Idaho ranks 6th in the nation for number of completed suicides per capita and our high rate of suicide takes a significant toll on Idaho. It is estimated that each death by suicide creates 10 to 20 suicide survivors (family and friends of those who die by suicide), and in Idaho’s rural and frontier areas these deaths impact entire communities for years and even generations. Suicide deaths have a financial cost as well. Based on the average incidence of suicides from 1999-2002, the cost of suicide in Idaho totaled \$523 million (see attached addendum for details). [Suicide Prevention Resource Center, 2004] Based on data from 2006, deaths by suicide and hospitalized suicide attempts cost Idaho over \$214 million annually. [Suicide Prevention Resource Center, 2007]

Suicide crisis hotlines can make a difference. Suicidal behavior is often associated with crisis. [Suicide Prevention: Resources for the Millennium, 2000] Suicide attempters often report that their wish to die was accompanied by a wish to be saved or rescued. [Journal of the American Academy of Child and Adolescent Psychiatry, 1988] It has also been shown that suicide status (intent to die, hopelessness, and psychological pain) is significantly reduced from the beginning of a crisis call to the end of the call. [Suicide and Life-Threatening Behavior, June 2007] Additionally, it is estimated that fewer than 5% of those contacting crisis centers or hotlines go on to complete suicide. [“A Look at Suicidology,” Suicide and Life-Threatening Behavior, Litman, Spring 1996]

Hotline calls normally consist of a brief assessment to determine a caller’s suicide risk level, followed by appropriate intervention strategies. In most cases, callers also are provided with additional resources or referrals. In some cases it is necessary to initiate rescue procedures. [“An Evaluation of Crisis Hotline Outcomes, Part 2: Suicidal Callers,” Suicide and Life-Threatening Behavior, Gould, et al., June 2007]

Having a suicide crisis hotline in Idaho would be especially important to its citizens in rural areas where access to mental health services are limited. The majority of suicide hotline callers from Idaho are from outside Ada County. [LifeLine, 2007] It is vitally important that these callers have access to crisis intervention from those within Idaho who can provide them with local resources. Idaho did have a suicide hotline which shut down nearly a year ago (See attached addendum for Idaho hotline statistics). Since that time, the national suicide hotline, LifeLine, has generously accepted calls coming from the Idaho suicide hotline number and borne the cost of maintaining the Idaho number. Two significant problems exist with this tenuous situation. This is a temporary arrangement as LifeLine will not be willing or able to bear this burden much longer. Additionally, Idaho crisis calls are being answered by volunteers in the mid-west, primarily Missouri and Nebraska, who do not have access to local Idaho resources and may not appreciate the frontier, rural and yet diverse nature of our population. (See attached addendum for potential Idaho hotline budget.)

Recommended Action

The Idaho Council on Suicide Prevention recommends that Idaho secure funding to reestablish and maintain a suicide hotline as the foundation for preventing deaths by suicide in the state.

Methodology

“Gather data to evaluate the effectiveness of programs, activities, and clinical treatments, and conduct suicide specific surveillance and research.”

Issue

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

Background

The Surgeon General’s National Strategy for Suicide Prevention, upon which the Idaho Suicide Prevention Plan is based, emphasizes the importance of proper data collection at the state and local levels stating that such data “are necessary for evaluating the impact of suicide prevention strategies.” [2001]

Idaho’s Bureau of Vital Records and Health Statistics collects data on the number of completed suicides in our state each year. Those data are broken down by region, county, age, gender and means. However, the Bureau is entirely dependent upon reporting by county coroners who often have little training or experience with suicides. Moreover, because they are elected officials, coroners may be subject to political pressure by family survivors or other members of their communities. As a result, officials at the Centers for Disease Control and Prevention estimate that suicides in the western regions of the United States are under-reported by up to a third. Finally, in the absence of statistical information from hospital records concerning E.R. intakes for self-inflicted injuries and deaths, it is impossible to correlate both data sets in order to determine consistency, validity and reliability. Simply put, under the current system we lack a reporting system sufficient to provide numbers at sufficiently high levels of confidence for us to measure the effectiveness of suicide prevention programs in Idaho.

Other organizations concerned with suicide prevention have or are planning to collect specific data relating to subcategories of those at risk. In 2003, the members of the Idaho Adolescent Suicide Prevention Task Force (then as SPAN Idaho) completed the Adolescent Suicidal Behavior research study, which looked at attempts and completions in Southwest Idaho. This group also performed a comprehensive cost analysis to determine direct and indirect costs associated with suicide in Idaho.

The Idaho Youth Suicide Prevention Project (YSP) has formed a subcommittee of their advisory coalition to advise the project with an analysis of exiting data on suicide prevention in Idaho and make recommendations for additional needs. To this end, YSP has compiled a list of related databases and plans to identify variables in them to ascertain data about youth suicide in Idaho.

However, what is missing, and fundamental to any future data collection and to measuring the effectiveness to all suicide prevention efforts, is an accurate baseline of data on attempted and completed suicides. Establishing this vital baseline could be accomplished through a few changes in reporting requirements and data sharing.

Recommended Action

The Idaho Council on Suicide Prevention recommends that specific actions be taken to improve current data reporting and sharing related to capturing accurate numbers of attempted and completed suicides in Idaho. These actions include: 1) Reformatting State Bureau of Vital Record and Health Statistics data collection and entry procedures to better conform to the National Violent Death Registry; 2) developing consensus among state and local law enforcement officials for standardized crime scene investigation procedures; 3) encouraging the Idaho Coroners Association to create, distribute and educate for a standardized coroners’ reporting form; 4) collaboratively working with the Attorney-General’s office and the Department of Health and Welfare to mandate state-licensed hospitals and nursing facilities to provide annual reports counting the number and type of self-inflicted injuries and deaths, by age, gender, race/ethnicity, occupation, and method, in keeping with federal and state laws concerning patient privacy; 5) requiring that the Department of Corrections provide reports on self-inflicted injuries and deaths; and 6) accessing state commitment procedure records and mental health court records for data regarding self-inflicted injuries.

ACTIVITIES



ACCOMPLISHMENTS AND CURRENT ACTIVITIES

SPAN IDAHO BACKGROUND

- Idaho Adolescent Suicide Prevention Task Force conducted research and was recognized by the US Surgeon General
- Task force held First Annual Conference at BSU in 2001
- Incorporated as SPAN Idaho incorporated as a 501 (c)(3) Non-profit organization in July 2002 and became the first state affiliate of the national SPAN USA
- Provided the impetus for development of state plan, November 2002 – November 2003
- Secured contract with the Department of Health and Welfare to conduct specific activities in 2004
- Began forming Regional Idaho Chapters in 2004
- Provided the impetus for establishing the Idaho Council on Suicide Prevention, 2005 & 2006
- Produced and distributed Suicide Prevention Tool Kit, 2006
- Conducted statewide clergy trainings, 2007
- Held seven annual suicide prevention conferences 2001 – 2007

ACTS AS A RESOURCE CLEARINGHOUSE

- Provides information and technical assistance including, establishing and maintaining a highly evolved list of target audience sub-groups, reviewing, screening and determining relevance to target groups for approximately 200 articles/research studies per month, distributing approximately 50 articles per month, and responding to 10 – 15 research requests per month
- Acts as a loaning library including the provision of books, journals, DVDs, and videos, and researching and compiling reading lists.

ACTS AS AN INFORMATION CONDUIT

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

PROVIDES EDUCATION AND TRAINING

- Conducted annual statewide conferences for the last seven years at which approximately 1,500 participants have been trained in suicide prevention skills. The 2007 conference comprised three 2007 regional conferences, one each in Twin Falls, Lewiston and Idaho Falls.
- Provided statewide clergy trainings in 2007 through funding provided by the Youth Suicide Prevention Project at Idaho State University. These trainings were conducted in CDA, Lewiston, Fruitland, McCall, Boise, Twin Falls, Pocatello & Idaho Falls and trained 200 participants representing 51 Idaho towns.

PROVIDES SUPPORT TO THE IDAHO SUICIDE PREVENTION COUNCIL

- Worked with influential stakeholders and the Governor's Office for over 18 months to establish the Council
- Drafted critical council documents including Council justification, structure and Executive Order
- Researched, compiled and submitted member list to the Governor's Office
- Coordinate, participate in and support meetings of the Council and its subcommittees
- Create or co-create and produce all Council documents
- Facilitate most Council member communication

DEVELOPS RESOURCE MATERIALS

- Created and distributed suicide prevention tool kit including a resource guide, program guide of best practices, suicide warning signs, and anti-stigma handout, among many other elements.
- The Region 1 Chapter created a Law Enforcement/First Responder Brochure
- The Region 2 Chapter created a Survivor Immediate Assistance Booklet
- Developed a SPAN Idaho Web site which includes the tool kit, survivor support, warning signs, protective and risk factors, Idaho suicide facts, conference information, important links to other suicide prevention sites and regional chapter pages among many other elements.

CONDUCTS AWARENESS ACTIVITIES

- Awareness activities annual conferences, providing information to media, giving radio interviews, posting billboards and other activities most of which are conducted through the regional chapters.

CONDUCTS LIMITED ADVOCACY ACTIVITIES

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

PROVIDES OTHER SUPPORT

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

For more information on SPAN Idaho, contact Kim Kane, Executive Director, at 208-860-1703 or kkane@spanidaho.org.



Idaho Youth SUICIDE PREVENTION Intervention Project

Summary of accomplishments

January 2007- November 2007

The Idaho Youth Suicide Prevention project (YSP) partners with other Idaho suicide prevention groups to create an infrastructure for reducing suicide attempts and completions among Idaho youth aged 10-24 regardless of ethnic/racial heritage. The seven project objectives listed below were identified from the Idaho Suicide Prevention Plan and through collaboration with Suicide Prevention Action Network (SPAN) of Idaho, the Idaho Department of Health and Welfare and the Idaho Federation of Families for Children's Mental Health. Based on input from these stakeholders, Idaho State University Institute of Rural Health submitted a Garrett Lee Smith Memorial Act grant application to the Substance Abuse and Mental Health Services Administration. That grant extends through May 2009.

The specific objectives and accomplishments for each are listed below.

1) Initiate a state-level public/private partnership (Youth Suicide Prevention Early Intervention Coalition) comprised of statewide stakeholders

- A. The coalition has 32 members from agencies and organizations across the state, such as local suicide prevention action network chapters, judges, Department of Health and Welfare, physicians, Department of Juvenile Corrections, and the National Alliance on Mental Illness.
- B. The coalition provides guidance on a number of issues, including distribution of awareness campaign toolkits, gatekeeper training publicity and data subcommittee research.

2) Facilitate making available culturally competent best practices for youth suicide prevention/ early intervention -including adaptations for Tribal, Hispanic, and Asian/Pacific Islander youth.

- A. Fort Hall community invited YSP staff to provide customized training for 250 community members.
- B. Distributed copies of the American Indian Life Skills Curriculum statewide.
- C. Presented a session at the National Minority Women's Health Summit.
- D. Conducted two Spanish language trainings at the Idaho System of Care Conference in partnership with Better Today's. Better Tomorrow's.
- E. Collaborated with Better Today's. Better Tomorrow's on 6 Spanish Novellas for radio.

3) Develop or adapt materials for training university residence hall and other student staff and community gatekeepers.

- A. Partnered with SPAN Idaho to provide statewide suicide prevention trainings to clergy and other community members while enhancing the SPAN toolkit. Evaluation results indicate an increase in knowledge among participants.
- B. Partnered with Telehealth Idaho and community partners to present statewide Spring and Fall videoconference series on 8 topics related to suicide prevention. Topics included historical trauma, co-morbidity, evidence-indicated programs, survivor support and community collaboration. As a result of the series, an Idaho community is implementing TeenScreen this year and another has been referred to Better Today's. for additional onsite training.
- C. Partnering with ISU Counseling Center and housing to train residence hall staff in suicide risk, prevention and intervention, including developing a template that can be used on other campuses.

- D. Trained more than 1,000 gatekeepers statewide in partnership with the Better Today's, Better Tomorrow's program. Training locations included statewide SPAN conferences, school districts, and agencies. Evaluation results indicate a strong increase in knowledge of protective and risk factors for suicide among trainees.

4) Encourage the use of evidence-informed early identification programs to identify youth at risk.

- A. Information on evidence-informed programs, such as Teen Screen, ASIST, QPR and Yellow Ribbon, included in tabletop displays and during gatekeeper trainings. Information was distributed to more than 1,500 gatekeepers statewide.
- B. Semi-annual videoconference series feature evidence-informed programs, including ASIST (gatekeeper training) and TeenScreen (mental health screening program).
- C. Program for Advisory Group meeting in May 2007 included course on evidence-informed practices and their value to suicide prevention efforts.

5) Identify and review statewide suicide prevention referral resources for the 2-1-1 Idaho CareLine database available via phone and on their website 24/7

- A. Partnered with SPAN Idaho to develop suicide prevention resource forms.
- B. SPAN Idaho trainings resulted in new information added to the Idaho CareLine Database.

6) Assemble and make available through multiple venues low-cost campaign materials to increase awareness of suicide risks and available prevention resources.

- A. Fifty toolkits were created to include materials and information to sustain awareness campaigns for up to 24 months. Distributed statewide to regional SPANs, Children's Mental Health Councils and others, including local communities requesting additional resources.
- B. Toolkits include new, original Idaho template campaigns with posters, billboards, radio, buttons, magnets and newspaper ads. Additional original materials planned for 2008.
- C. To date, awareness campaign newspaper ad has been featured in the ISU Bengal and Idaho Falls SPAN is developing a plan. Work ongoing with other regions.

7) Design and implement a system for providing information and statistics on youth suicide in Idaho.

- A. The YSP Data subcommittee of the YSP coalition has been created to advise the project with an analysis of existing data on suicide prevention in Idaho and make recommendations for additional data needs.
- B. The subcommittee and YSP staff has compiled a list of related databases and will identify variables in them to ascertain data about suicide in Idaho.

For more information on the Idaho Youth Suicide Prevention Project, contact Ann Kirkwood, Director, at kirkann@isu.edu, 208-562-8646 or 208-373-1767.

Department of Education, Safe and Drug Free Schools Program,

The Department conducts ongoing planning, implementation and evaluation of a classroom-based suicide prevention curriculum which is delivered annually to hundreds of junior and senior high school students, teachers, teaching assistants, counselors, administrators and teachers. This program has been delivered to schools in Boise, Kuna, Nampa, Payette, Twin Falls, Idaho Falls, Rexburg, Blackfoot, Kimberly, Salmon, McCall, Donnelly, Cascade, Potlatch, Post Falls, St. Maries, Bonners Ferry, Sandpoint, Kellogg, Wallace and others, with repeat invitations since its inception in 2004. The training is delivered by Peter Wollheim, Ph.D., as Associate Professor at Boise State University and one of the state's few Certified Crisis Workers.

Boise State University, Certified Crisis Worker Preparation Program

This program was established in 2001 by Peter Wollheim, Ph.D., Associate Professor at Boise State University. The program has provided university credit instruction on crisis intervention techniques to over 100 students to date, six of whom successfully passed the American Association of Suicidology exam to become Certified Crisis Workers. With only twelve CCW's in the entire western United States, this represents a major increase in the number of social workers, drug rehab counselors, women's shelter workers and educators with special expertise in crisis intervention techniques.

ADDENDA

Addendum A



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet November 2007

- Suicide is the 2nd leading cause of death in the 15-24 and 25-34 year age groups. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. In 2003 (the most recent year available) Idaho had the 6th highest suicide rate, 51% higher than the national average.
- In 2006, there were 218 people who completed suicide in Idaho.
- In 2006, 81% of suicides were by men.
- 66% of Idaho suicides involve a firearm. The national average = 54%.
- 15.9% of Idaho youth attending traditional High Schools reported seriously considering suicide in 2005. 8.9% reported making at least one attempt.
- In 2005, there were 31,769 deaths by suicide in the United States, and average of 1 person every 17 minutes.
- In 2000, the suicides of those under 25 years of age in Idaho resulted in estimated direct costs of \$3.77 million, and lost earnings of \$81 million.

Idaho Suicides by Region – 2006

Region	City	Suicides	Rate (per 100,000)	Population	Avg # suicides	
					2002-2006	5-yr Avg Rate
1	CDA	41	19.9	206,140	37	19.0
2	Lew	20	19.8	101,195	20	19.7
3	Nampa	38	16.0	237,426	31	14.2
4	Boise	55	13.6	403,626	55	14.5
5	Twin	26	15.0	173,626	28	16.7
6	Pocatello	18	11.2	160,241	25	16.1
7	Id Falls	20	10.8	184,391	25	13.4

Idaho Suicides by Age/Gender 2002-06

Age	Total	Male	Rate	Female	Rate
10-14	15	11	4.1	4	1.6
15-19	68	59	21.2	9	3.4
20-24	86	78	27.8	8	2.9
25-34	168	142	29.4	26	5.9
35-44	233	190	39.0	43	9.1
45-54	217	166	34.4	51	10.5
55-64	133	107	31.7	26	7.7
65-74	80	71	35.2	9	4.2
75-84	69	65	57.4	4	2.7
85+	33	32	83.3	1	1.4

Method (all ages)

Firearm	65.6%
Poisoning	17.0%
Suffocation	11.0%
Cut/Pierce	3.2%
Fall	0.9%
Other	2.3%

Idaho Suicide Rates 1997 – 2006

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

Idaho Youth Risk Behavior Survey 2005 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9 th	30.3%	17.8%	17.2%	11.4%	2.3%
10 th	27.3	17.3	12.9	8.4	3.9
11 th	26.4	16.0	14.5	7.1	2.7
12 th	27.0	11.6	12.0	8.7	2.5

Idaho Suicide Rate By County 5-year average 2002-2006 (suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	239	14.4	Gem	16	20.0
Adams	2	11.6	Gooding	10	13.9
Bannock	54	14.3	Idaho	12	15.4
Bear Lake	8	25.3	Jefferson	21	20.2
Benewah	5	11.2	Jerome	19	19.7
Bingham	47	21.8	Kootenai	115	18.8
Blaine	19	18.0	Latah	27	15.4
Boise	4	10.9	Lemhi	8	20.5
Bonner	37	18.6	Lewis	4	21.3
Bonneville	68	15.2	Lincoln	3	13.9
Boundary	16	30.8	Madison	8	5.2
Butte	3	21.1	Minidoka	21	21.8
Camas	n/a	n/a	Nez Perce	49	25.9
Canyon	102	12.9	Oneida	1	4.8
Caribou	5	13.9	Owyhee	9	16.4
Cassia	18	16.8	Payette	21	19.5
Clark	n/a	n/a	Power	6	16.0
Clearwater	7	16.7	Shoshone	12	18.7
Custer	4	19.4	Teton	4	11.0
Elmore	18	12.5	Twin Falls	51	15.0
Franklin	5	8.2	Valley	12	30.1
Fremont	7	11.4	Washington	6	11.9

Source: Idaho Bureau of Health Policy and Vital Statistics
Idaho Department Health and Welfare
American Association of Suicidology
YRBS Idaho, 2003

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Special Thanks to Jamie Clark MSPH

Addendum B

COST OF SUICIDE IN IDAHO

**Cost of self-inflicted fatal injuries by age group in Idaho
based on 1999-2002 average incidence, cost in year 2004 dollars
(From National Suicide Prevention Lifeline)**

Type of Cost	Total	Age 0-19	Age 20-44	Age 45-64	Age 65-85	Age 85+
Work Loss	\$182,033,800	\$29,648,100	\$113,232,500	\$34,826,000	\$4,204,300	\$122,900
Quality of Life	\$341,277,300	\$53,091,900	\$184,058,900	\$75,341,800	\$26,708,900	\$2,075,800
Total	\$523,311,100	\$82,740,000	\$297,291,400	\$110,167,800	\$30,913,200	\$2,198,700

CALLS TO THE NATIONAL SUICIDE HOTLINE IN 2006 BY COUNTY (From National Suicide Prevention Lifeline)

County	Total Calls
Ada	1,212
Kootenai	66
Bannock	59
Twin Falls	37
Bonneville	15
Canyon	13
Latah	10
Bingham	6
Elmore	6
Bonner	5
Counties sending fewer than 5 calls	40
Total	1,378

IDAHO SUICIDE PREVENTION SERVICES HOTLINE 2003 Data

Total number of calls: 2213 calls in 2003.

Total minutes of crisis intervention services: 8,000+

Calls from Ada County: 35%

Calls from Canyon County: 35%

Number of calls from Ada and Canyon resulting in provision of immediate medical attention: 129

Calls from repeat callers: 18%

Calls of unknown origin (cell phones): 12%

Calls involving medical emergencies: 11%

Calls involving domestic violence as the primary presenting issue in suicidal ideation: 47%

Calls involving sexual abuse as the primary presenting issue in suicidal ideation: 21%

Calls involving substance abuse as either a primary or contributing issue in suicidal ideation: 40%

HOTLINE BENEFITS
(National Suicide Prevention Lifeline, 2007)

Hotline offer a number of benefits, including

- 24 hour access to trained service providers, toll-free
- Anonymity, which helps callers avoid stigma around help-seeking
- Information and referrals to link callers to help *before* a suicidal crisis occurs
- Links to emergency services for individuals at imminent risk who might not otherwise dial 911

POTENTIAL IDAHO HOTLINE BUDGET

Category	Year One Costs	Subsequent Years' Cost
Executive Director - .75 FTE, salary and benefits	\$43,000	\$43,000
Phone – local and long distance	14,000	14,000
Stipend for night and weekend volunteers	12,000	12,000
Training – director and volunteers	18,000	10,000
Travel	8,000	4,000
Program materials	12,000	7,000
Office space	6,000	6,000
Office equipment and supplies	12,000	7,000
Total	\$125,000	\$100,000