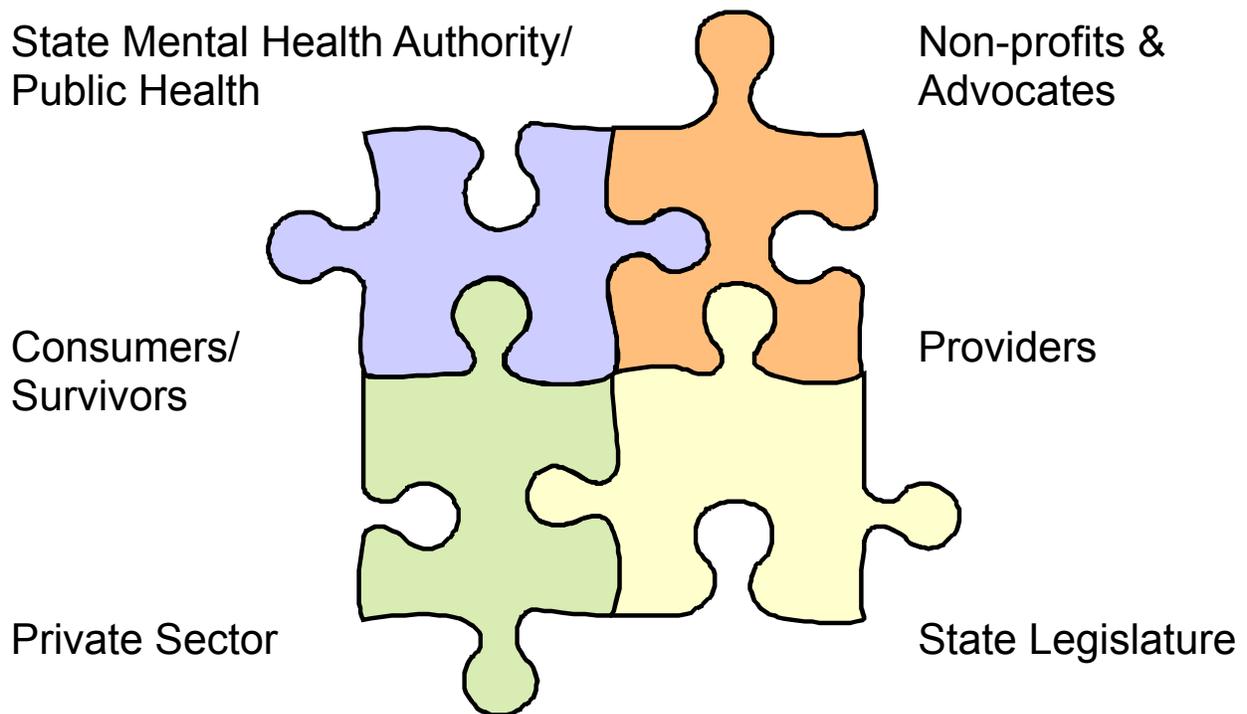


Idaho Council On Suicide Prevention

Report to Governor C.L. “Butch” Otter
December 2008



~ Fitting the Pieces Together to Make It Work ~

Dr. Peter Wollheim and Kathie Garrett, Co-Chairs

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Idaho Council on Suicide Prevention

A subcommittee of the State Planning Council on Mental Health
450 W State Street, 3rd Floor, Boise, ID 83702

Kathie Garrett Co-Chair

Peter Wollheim, PhD Co-Chair

December 18, 2008

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

Dear Governor Otter:

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 7th 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 2006-35. 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. The focus of this year's report is that no one agency or group can do all that it will take to reduce Idaho's high rate of suicide. A wide range of groups and stakeholders must work in collaboration. The Idaho Council on Suicide Prevention is eager to join with others in order to save lives.

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

EXECUTIVE ORDER 2006-35
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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 and Prevention ranks Idaho as 7th 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 2007, there were 220 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 met September 10, 2008 for their annual meeting and held one conference call. A list of the 2008 Council Activities can be found at the back of this report.

Report Structure

Following the Plan format, this report is divided into the Plan's four goals: Infrastructure, Awareness, Implementation and Methodology. The Council Subcommittees met to discuss major issues facing the successful implementation of each goal and to provide recommendations. Due to time constraints, our report is not intended to be a comprehensive review but rather a highlight of major issues and concerns. Much of the information in this report came from a technical report, **Suicide Prevention Efforts for Individuals with Serious Mental Illness: Role for the State Mental Health Authority, March 2008**. The Technical report was written by the National Association of State Mental Health Program Directors.

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.

2007/2008 RECOMMENDATIONS AND STATUS REPORT

➤ STATE PLAN INFRASTRUCTURE GOAL

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.

Recommendation: 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.

Status: The Idaho Council on Suicide Prevention has become a sub-committee of the State Mental Health Planning Council. This move has strengthened the relationship among the Suicide Prevention Council and the State Planning Council and with the Regional Mental Health Boards. Benchmark has been awarded a contract through the Federal Block Grant to help coordinate and support the efforts of the Idaho Council on Suicide Prevention.

Status: Ongoing

➤ STATE PLAN AWARENESS GOAL

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]

Recommendation: 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.

Status: The Council has had discussions with and made presentations to the Governor's office, Idaho Legislature, Division of Behavioral Health, State Planning Council, Idaho State Veterans Services, and U. S. Department of Veterans Affairs, Office of Drug Policy and the Idaho 211 Care Line to help to increase awareness and to help coordinate activities that affect Idaho's veterans. Awareness and prevention activities need to be ongoing and focused on regional and local suicide prevention efforts. Funding and support for regional and local suicide prevention efforts has not been achieved. To promote the goals on increase awareness and coordination, the Council sponsored a stakeholders roundtable discussion.

Status: Ongoing

➤ **STATE PLAN IMPLEMENTATION GOAL**

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.

Recommendation: 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.

Status: Region IV and Idaho State University were awarded a two year, \$375,000 Community Collaboration Grant to research, design, pilot and recommend long-term infrastructure need of a suicide prevention hotline. The ISU project will initiate sustainability planning at the outset of the grant and an Advisory Partnership will be formed to identify long-term funding.

Status: Ongoing

➤ **STATE PLAN METHODOLOGY GOAL**

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.

Recommendation: 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.

Status: The council held several discussions on the steps needed to improve Idaho's data collection on attempted and completed suicides. It was felt that the six recommendations required activities beyond the Councils current resources. The Council agreed their activities would need to focus on one specific recommendation in the next report.

Status: Incomplete

The following pages detail new recommendations for 2008/2009.

Suicide, a Major Public Health Issue

Suicide is a serious, but preventable public health threat that requires high profile recognition at the state level and a high priority on the state health agenda. In 2007, there were 220 people who completed suicides in Idaho. **Prevention of suicide should be treated with the same urgency as other public health issues.**

Nearly a decade ago the U.S. Public Health Service released the “Surgeon General’s Call to Action to Prevent Suicide” yet all too often suicide and the warning signs of suicide are not topics of discussion or even considered. Forty percent of people who complete suicide had contact with a health professional within a month of their death; the opportunity to intervene went unnoticed or the intervention was insufficient.

Those who die by their own hand have commonly in the days and weeks prior to their suicides sought services from an array of community-level service providers. Consequently, telephone crisis services, emergency departments, inpatient and outpatient mental health services, and primary care settings all hold the potential to significantly reducing the toll of suicide by improving internal practices and inter-agency collaboration. The State Mental Health Authority, Public Health Agencies, the Governor, the Legislature, Advocates and Non profits, Educators, and communities are all key pieces that need to work together to help reduce the tragedy of suicide.

The Idaho Council on Suicide Prevention endorses the concepts and recommendations put forth in the a technical report, written by the National Association of State Mental Health Program Directors entitled, **Suicide Prevention Efforts for Individuals with Serious Mental Illness: Role for the State Mental Health Authority, March 2008.**

The report outlines the vital role that the State Mental Health Authority (Division of Behavioral Health) and the State Health Authority (Division of Health) play in leadership of suicide prevention. The report recommends that:

- The State Mental Health Authority should ensure suicide prevention programs and practices are in place for persons with severe mental illnesses, working closely with other principals on the state suicide prevention advisory council.
- The State Mental Health Authority should lead efforts to define standards for practices and procedures across state funded service providers.
- The State Mental Health Authority should support and collaborate with other agencies to ensure key services are delivered in ways that reduce suicide risk in all individuals.
- The State Mental Health Authority should establish suicide prevention as a critical performance measure for the state mental health system.
- The State Mental Health Authority and the State Health Authority should lead efforts to improve collaboration and information sharing and surveillance between and among system of care for all persons.

While the Idaho Council on Suicide Prevention believes that Division of Behavioral Health and the Division of Health are uniquely qualified to take a leadership role, we strongly believe that only when all critical pieces work together will Idaho begin to see a significant reduction in the number of these tragic deaths.

Recommendation: Suicide is a serious but preventable public health threat that requires high profile recognition at the state level and a high priority on the state health agenda. The State Mental Health Authority, Public Health Agencies, the Governor, the Legislature, Law Enforcement, the Justice System, Hospitals, Physicians, Advocates and Non profits, Educators, communities are all key pieces and should to work together to help reduce the tragedy of suicide.

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 7th in the nation in number of completed suicides per capita and though suicide prevention activities are occurring, statewide leadership and a tangible framework is still needed to implement Idaho’s Suicide Prevention Plan.

Background: Responsibilities of the Idaho Council on Suicide Prevention as set forth in Executive Order 2006-35:

- To oversee the implementation of the Idaho Suicide Prevention Plan
- To ensure the continued relevance of the Plan by evaluating implementation progress reports and developing changes and new priorities to update the Plan
- To be a proponent for suicide prevention in Idaho
- To prepare an annual report on Plan implementation for the Governor and Legislature.

In 2008, the Idaho Council on Suicide Prevention has become a sub-committee of the State Mental Health Planning Council. This move has strengthened the relationship with the Suicide Prevention Council, the State Planning Council and with the Regional Mental Health Boards.

Opportunities exist to connect with existing statewide organizations such as Department of Education, Commission on Aging, Medicaid, Health and Welfare Regional offices and Regional Mental Health Boards. This collaboration is essential to developing the needed statewide infrastructure.

The Idaho Suicide Prevention Plan recommends the following activities:

- a. Public and private resources are identified for infrastructure development, e.g., grants, contracts, volunteers, staff, physical location, equipment etc.
- b. Avoid duplication by utilizing existing group(s), expanding their role(s) and function(s) for statewide coordination.
- c. Explore the mechanism other states have used to implement their suicide prevention plans.
- d. Coordinate communication between state and local levels.
- e. Hold an annual conference for information sharing.

Recommendation: The Idaho Council on Suicide Prevention recommends that Idaho continue to identify resources and stakeholders who can be part of the suicide prevention network and identify potential funding opportunities for oversight and future implementation of the 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: Emergency departments (ED) are frequently utilized as a first response intervention and treatment site by individuals who have attempted suicide.

Background: Data from the South Carolina Violent Death Reporting System show that nearly half of suicide deaths in South Carolina (2003-2004) were linked to an emergency department visit. In this database, 218 of the State’s total of 491 suicide deaths in 2004 were seen sometime in 2003 or 2004 in emergency departments prior to their death. Although nearly one sixth died in the ED from the index attempt, the others died by suicide across the following days and months; 128 (58.7%) died more than two months later (Weis et al., 2006; C. Bradberry, personal communication, December 19, 2007).

The emergency department is also a key site of care delivery for adolescents at heightened risk for suicide. However, one alarming study found that up to half of adolescents receive no formal treatment after their emergency department visit for suicidal behavior (Spirito et al., 1989)

A survey conducted by the National Alliance on Mental Illness (NAMI) asked 465 people with mental illness (patients) and 254 family members about their experiences in an emergency department following a suicide attempt (Cerel et al., 2006).

It found that:

- Almost half of patients were accompanied by a family member to the emergency department following their suicide attempt;
- More than half of patients and almost a third of family members felt directly punished or stigmatized by staff;
- Fewer than 40% of patients felt that staff listened to them, described the nature of treatments to them, or took their injury seriously, although family members were more likely than patients to feel heard or to receive information about treatment; and
- Negative experiences involving a perception of unprofessional staff behavior, feeling the suicide attempt was not taken seriously and long wait times were reported by both patients and family members.

Brief, intensive interventions for at-risk patients while in the ED and improved follow-on care could significantly reduce the toll of suicide.

Recommendation: The Idaho Council on Suicide Prevention recommends that it and the Division of Behavioral Health should convene a group of stakeholders to review information and protocols for emergency rooms dealing with attempted suicides and develop a strategy to disseminate the information to emergency rooms throughout the State.

Implementation

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

Issue 1: Idaho’s suicide prevention hotline closed in 2007 and Idaho’s crisis calls have been covered, as an interim measure, by a federal hotline network called Lifeline. Results of hotline studies are clear: Hotlines save lives and reduce medical and associated costs now borne by society. Idaho is one of only three states without a statewide hotline. Idaho State University in October 2008 applied for and received one-time funds to design and pilot a new, 24-hour, 365-day-per-year universal hotline for Idaho. One-time funding through a Community Collaboration grant will support research, staff, train, pilot, obtain accreditation and develop operational cost estimates. Beginning in Oct. 2009 and ending Sept. 30, 2010, a pilot hotline will be initiated. Funding for the long term must be identified.

Background 1: The National Association of State Mental Health Directors in a recent report called on states to collaborate to maintain suicide prevention hotlines, calling suicide a public health crisis in America. In Idaho now without a state hotline, national Lifeline operators have not had sufficient information to refer Idaho callers to needed services. ISU’s new hotline will have a network of Idaho service providers upon which to draw through its Counseling Department and the Idaho CareLine. An Advisory Partnership of key stakeholders will be formed with the prime responsibility to identify and obtain funding for the hotline over time. A legislative appropriation may be needed.

A Lifeline report for calendar 2007 showed that 40% of Idaho’s calls came from Ada County and another 35% from Canyon, Kootenai and Bannock counties. While not high users of the hotline by volume due to small populations, Idaho’s rural and frontier counties are in acute need of the crisis center because of limited access to mental health services and their high suicide rates. In fact, callers from rural areas may be able to access mental health care only through a hotline. Suicide hotlines work. In a new Lifeline study, callers 2-3 weeks after their hotline call reported a marked decrease in intent to die, hopelessness and psychological pain. Fourteen percent reported the hotline averted their suicide. Specific protocols and accreditation ensure results.

An Idaho hotline can address not only the human tragedy but also ease financial costs of the death, as well as treating attempters. Based on CDC estimates applied to the 230 annual suicides in Idaho, the state costs for suicide completions is \$597,080 in medical costs and \$41,595,500 for attempts per year, not taking into account lost productivity. Assuming that each of those callers represented in Idaho’s 230 completed suicides had called a hotline, and an expected 14% reduction in suicides (as noted above) resulted from those calls, Idaho’s cost of completions drops to just \$83,954 annually in medical costs alone, for a reduction totaling \$513,126 per year.

Investment in a suicide prevention hotline is worthwhile both in the loss of life and in economic terms. The Council is concerned that the one-time money for Idaho’s hotline will not provide a sustainable base of funding over time. The ISU project will initiate sustainability planning at the outset of the grant and an Advisory Partnership will be formed to identify long-term funding, as available. However, sustainability cannot hinge on community fundraising alone. A public-private partnership is needed to ensure Idaho has a permanent hotline.

Recommendation: The Idaho Council on Suicide Prevention recommends that Idaho identify sustainable funding for an Idaho Suicide Prevention Hotline to avert the human suffering of suicides and attempts and resulting economic costs.

Implementation, continued

Issue 2: Suicide prevention and intervention is a complex problem that requires the utilization of effective clinical assessment and treatment practices. However, many mental health providers are hesitant to work with suicidal individuals for various reasons, including a lack of perceived competency to assess and manage a suicidal crisis. It is imperative that mental health clinicians across all settings develop competency in assessing and treating suicidal behaviors in order to increase effective interventions. Unfortunately, recent research identifying effective practices in assessment and treatment are often not widely disseminated, and very little specific training occurs on how to implement the principles of effective treatment (Comtois & Linehan, 2006).

Background 2: Large numbers of uncontrolled studies of treatments for suicidal risk have helped to develop clinical conclusions regarding effective treatment. Guidelines for assessment and treatment of patients with suicidal behaviors developed by the American Psychiatric Association (Jacobs & Brewer, 2004) and the National Guideline Clearinghouse (www.guideline.gov) provide helpful recommendations regarding assessment and treatment interventions. According to Comtois and Linehan (2004), the lack of dissemination of effective treatments to mental health providers is due to a lack of treatment manuals and opportunities to train providers to implement these models.

The impact of suicide and suicidal behavior on individuals, families, and communities has been well documented. In order to reduce suicide it is imperative that evidenced based practices for the assessment and treatment of individuals with suicidal behaviors are implemented. In addition, it is critical that providers of these services be informed and educated in the implementation of these practices.

Recommendation 2: The Idaho Council on Suicide Prevention recommends that the State disseminate to the public and mental health providers information regarding the evidenced based practices for assessment and treatment of individuals with suicidal behaviors.

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 emergency room 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

In 2002, the Centers for Disease Control and Prevention (CDC) began implementing the National Violent Death Reporting System (NVDRS). NVDRS is a state-based surveillance system that links data from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories to assist each participating state in designing and implementing tailored prevention and intervention efforts. NVDRS provides data on violence trends at national and regional levels; each state can access all of these important data elements from one central database.

States that are funded for NVDRS operate under a cooperative agreement with CDC to whom all violent deaths are voluntarily reported. NVDRS funded six states initially. In 2006 CDC received funding to expand the system to a total of 17 states. The goal is to include eventually all 50 states, all U.S. territories, and the District of Columbia in the system.

Recommendation: The Idaho Council on Suicide Prevention recommends that the Council take initial steps to support the Idaho Bureau of Vital Record and Health Statistics in attaining National Violent Death Registry System participation.

ADDENDA

Addendum A



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet December 2008

- Suicide is the 2nd leading cause of death for Idaho's 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 2005 (the most recent year available) Idaho had the 7th highest suicide rate, 45% higher than the national average.
- In 2007, there were 220 people who completed suicide in Idaho.
- In 2007, 85% of suicides were by men.
- In 2007, 67% of Idaho suicides involved a firearm. The national average = 52%.
- 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 – 2007

Region	City	Suicides	Rate (per 100,000)	Population	Avg # suicides	
					2003-2007	5-yr Avg Rate
1	CDA	43	20.6	208,445	38	18.9
2	Lew	17	16.6	102,388	18	18.3
3	Nampa	31	12.7	243,156	34	14.7
4	Boise	63	15.0	418,778	57	14.6
5	Twin	23	13.2	174,057	26	15.4
6	Pocatello	18	11.2	160,109	23	14.7
7	Id Falls	25	13.8	192,469	28	15.3

Idaho Suicides by Age/Gender 2003-07

Age	Total	Male	Rate	Female	Rate
10-14	14	11	4.2	3	1.2
15-19	74	61	21.7	13	4.9
20-24	94	84	28.9	10	3.5
25-34	173	142	28.6	31	6.7
35-44	228	186	37.7	42	8.8
45-54	218	166	33.1	52	10.3
55-64	147	123	34.2	24	6.6
65-74	75	67	31.6	8	3.6
75-84	69	64	55.0	5	3.3
85+	28	27	68.1	1	1.3

Method (all ages)

Firearm	65.9%
Poisoning	14.8%
Suffocation	14.6%
Cut/Pierce	1.3%
Fall	1.3%
Other	2.1%

Idaho Suicide Rates 1997–2007

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
2007	220	14.7	n/a

Idaho Youth Risk Behavior Survey 2007 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9 th	24.2%	17.6%	12.7%	9.0%	4.3%
10 th	30.0	19.9	13.6	9.6	3.0
11 th	26.0	14.3	14.0	7.0	2.6
12 th	28.9	15.3	13.8	6.4	1.4
Idaho Overall	28.5	16.9	13.0	8.4	2.3

Idaho Suicide Rate By County

5-year average 2003-2007
(suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	246	14.3	Gem	14	17.2
Adams	2	11.1	Gooding	9	12.4
Bannock	48	12.3	Idaho	10	12.7
Bear Lake	8	25.9	Jefferson	21	19.5
Benewah	5	10.8	Jerome	13	13.2
Bingham	40	18.3	Kootenai	117	18.3
Blaine	19	18.0	Latah	29	16.7
Boise	6	15.9	Lemhi	9	22.8
Bonner	39	19.1	Lewis	4	21.3
Bonneville	79	17.2	Lincoln	6	26.4
Boundary	16	30.1	Madison	11	7.1
Butte	3	21.4	Minidoka	19	20.0
Camas	1	19.0	Nez Perce	44	23.2
Canyon	116	14.1	Oneida	2	9.5
Caribou	7	19.6	Owyhee	9	16.3
Cassia	18	16.8	Payette	21	18.9
Clark	1	21.2	Power	5	12.9
Clearwater	5	11.9	Shoshone	13	19.8
Custer	4	19.6	Teton	4	10.7
Elmore	21	14.7	Twin Falls	51	14.7
Franklin	7	11.3	Valley	11	36.4
Fremont	6	9.8	Washington	6	11.9
			Idaho (total)	1,120	15.7 (5-year average)

Source: Idaho Bureau of Vital Records and Health Statistics
Idaho Department Health and Welfare
Center for Disease Control and Prevention
YRBS Idaho, 2005

Compiled by Kim Kane, Executive Director, SPAN Idaho (kkane@spanidaho.org)
Special Thanks to Pam Harder, Research Analyst Supervisor

Addendum B

Idaho Council on Suicide Prevention

*A subcommittee of the State Planning Council on Mental Health
450 W State Street, 3rd Floor, Boise, ID 83702*

Kathie Garrett Co-Chair

Peter Wollheim, PhD Co-Chair

2008 ACTIVITIES

Responsibilities of the Idaho Council on Suicide Prevention as set forth in Executive Order 2006-35:

- To oversee the implementation of the Idaho Suicide Prevention Plan
- To ensure the continued relevance of the Plan by evaluating implementation progress reports and developing changes and new priorities to update the Plan
- To be a proponent for suicide prevention in Idaho
- To prepare an annual report on Plan implementation for the Governor and Legislature

The Idaho Council on Suicide Prevention completed its report to the Governor and the Legislature in December 2007. As we presented our report to them it became clear that unless we made some additional efforts the recommendations would not be implemented. Our hope was that the report would be a guide for Idaho's increased efforts in suicide awareness and prevention and a vehicle for that discussion.

Based on that assessment, the Idaho Suicide Prevention Council has taken the following steps

- The Governor was provided written copies of the 2007 Report and Recommendation and three presentations were made to the Governor's staff.
- The Senate and House Health and Welfare Committees were provided written copies of the 2007 Report and Recommendations and a presentation to the Senate Health and Welfare Committee was made.
- Made three presentations to the State Planning Council on Mental Health. Worked with the State Planning Council to facilitate the recommendation that the Idaho Suicide Prevention Council become a sub-committee of the State Planning Council.
- Held a discussion with the Governor's staff, Idaho Veterans Affairs and Health and Welfare regarding the critical issues facing Idaho's veterans.
- Met with representatives from Veterans Affairs to discuss how the Idaho Council on Suicide Prevention could help in their efforts to serve our veterans.
- Brought together community stakeholders for two meetings to discuss the need for an Idaho suicide crisis hotline and to provide support for ISU's proposal for a Community Collaboration Grant being offered by the Legislature and the Department of Health and Welfare.
- Made two presentations to the Region IV Mental Health Board on the suicide crisis facing Idaho and the need for a crisis hotline.

- Made a presentation to Legislative services on the Council's report and recommendations and current activities.
- Met with Office of Drug Policy to discuss substance abuse and suicide issues facing our veterans and to talk about collaboration and appropriate referrals.
- Worked with the Governor's office to write a Proclamation declaring the week of September 7, 2008 to be Suicide Prevention Week in Idaho.
- Sponsored a round table discussion of stakeholders to discuss the critical mental health and substance abuse issues facing Idaho's active duty military, National Guard and veterans.

While these are our formal Council activities, many of our Council members are involved in additional suicide awareness and prevention activities and their efforts help to strengthen the important role that the Council plays in Idaho.

Addendum C



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

ACCOMPLISHMENTS AND CURRENT ACTIVITIES

December 2008

SPAN IDAHO - BRIEF TIMELINE

- In the mid-1990s to 2001, the Idaho Adolescent Suicide Prevention Task Force conducted research and was recognized by the US Surgeon General
- In 2001, the Task force held First Annual Conference at BSU
- In July 2002, incorporated SPAN Idaho as a 501 (c)(3) non-profit organization and became the first state affiliate of the national SPAN USA
- In 2002-2003, provided the impetus for development of Idaho's Suicide Prevention Plan
- In 2004, secured contract with Department of Health and Welfare to conduct specific activities
- Began forming Regional Idaho Chapters in 2004
- In 2005 and 2006, provided the impetus for establishing and the support for the activities of the Idaho Council on Suicide Prevention
- In 2006, produced and distributed Suicide Prevention Tool Kit
- In 2007, developed and conducted statewide clergy trainings
- In 2001 – 2008, held eight annual suicide prevention conferences
- In December 2008, planning 9th annual suicide prevention conferences for 2009 in Coeur d'Alene, Twin Falls and Idaho Falls, and establishing new regional chapters in regions 3, 4 and 6.

CURRENT AND ONGOING ACTIVITIES:

ACTS AS A SUICIDE PREVENTION 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 100 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 A SUICIDE PREVENTION 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 eight years at which approximately 1,700 participants have been trained in suicide prevention skills. The 2008 conference was held at the College of Idaho in Caldwell in September.
- 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 and Idaho Falls, and trained 200 participants representing 51 Idaho towns.
- In 2008, SPAN Regional Chapters carried out specific planned education and awareness activities including radio PSAs, memorial walks, wide-range information distribution and other initiatives in regions 1, 2, 5 and 7
- Planning the 2009 Annual Suicide Prevention Conferences in Coeur d'Alene, Twin Falls and Idaho Falls
-

PROVIDES SUPPORT TO THE IDAHO SUICIDE PREVENTION COUNCIL

- Drafted the 2007 Annual Report to the Governor and Legislature
- Coordinate, participate in and support meetings of the Council and its subcommittees
- Assisted in compilation of 2008 Annual Report to the Governor and Legislature
- Provide research and other information to the Council Chairpersons and members
- Facilitate Council member communication

DEVELOPS RESOURCE MATERIALS

- Developed and distributed "In the Aftermath of Suicide: Post-vention as Prevention" curriculum
- Updated Suicide Prevention Tool Kit including a resource guide, guide to best practices, warning signs, and anti-stigma page, among many other elements
- Developed new SPAN Idaho Web site which includes updated pages for 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 other elements

CONDUCTS AWARENESS ACTIVITIES

- Awareness activities include 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
- Provides appropriate information at state legislative hearings

PROVIDES OTHER SUPPORT

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

Addendum D



Idaho Youth Suicide Prevention Projects

At Idaho State University Institute of Rural Health

2007-2008 Progress Report

This report outlines activities of the Youth Suicide Prevention Project (YSP), the Better Today's. Better Tomorrow's. children's mental health program, and a research project on an Idaho Suicide Prevention Hotline at Idaho State University's Institute of Rural Health. Specifics concerning each project are provided:

- YSP is funded by the Substance Abuse and Mental Health Services Administration with appropriations from Congress under the Garrett Lee Smith Memorial Act. The 3-year grant concludes May 31, 2009.
- Better Today's operated for eight years under a grant from the State of Idaho, expiring September 30, 2008 and continues as a national program at this time.
- The Suicide Hotline research and pilot project is funded through the Collaboration Grants appropriated by the legislature for two years ending September 2010.

Youth Suicide Prevention

The goal of the Idaho Youth Suicide Prevention Project is to reduce suicide attempts and completions among youth ages 10-24 through community based education. Highlights of the YSP project over the past year include:

- 1,286 adult gatekeepers were trained with the Better Today's curriculum in 2008 alone. To date, trainees represent 188 communities and three-quarters of school districts in each region of the state.
- Both external and internal surveys in the past year indicate the program is achieving its goals of increasing knowledge about mental illness in children/youth, reducing stigma, increasing awareness of suicide risk and protective factors, and increasing treatment-seeking. This mirrors results of internal surveys conducted for Better Today's trainings since 2000.
- More than 17,000 informational materials have been distributed at health fairs and conferences to provide evidence-informed information on suicide and mental illness in children/youth. Most materials are products of the National Institute of Mental Health through its outreach partnership agreement with ISU-IRH.
- Through YSP, training in evidence-informed suicide prevention practices has been offered to key stakeholders statewide. They are becoming certified to teach these programs.
- YSP is partnering with Better Today's and communities to offer customized materials and trainings for Hispanics, Asian Americans, Pacific Islanders and Native Americans. Presentations were given to more than 200 people in Fort Hall in 2007 and 30 people in Duck Valley in 2008. Spanish-language trainings were conducted in 2007. Cultural packets with information on prevention for individual groups have been distributed.

Better Today's. Better Tomorrow's. For Children's Mental Health (Formerly Red Flags Idaho)

The social marketing program grew out of a 1997 initiative launched by the Idaho State Planning Council on Mental Health to reduce stigma about mental illness. Better Todays collaborates with YSP and the Hotline projects. The program was funded by the State of Idaho through September 2008 with support from the National Institute of Mental Health Outreach Program, the Substance Abuse and Mental Health Services Administration and the Child Traumatic Stress Network. NAMI Idaho has served as a partner. Better Todays provides an overview of the signs and symptoms of mental illness in youth and barriers to treatment, including stigma and access to care. The goals of the program are 1) Raise awareness about mental disorders, 2) Reduce stigma, and 3) Encourage early intervention and treatment to reduce Idaho's high teen suicide rate.

The program consists of a 7-10 hour training session led by employees of the ISU-IRH or trained contractors. Better Todays highlights include:

- Customized trainings for specific audiences such as school districts, first responders, Spanish-speakers and tribes. Program materials are offered on CD.
- Seven parent/clinician teams from across Idaho attended a train the trainer course in April 2008. Four regional teams offered trainings as of October 2008.
- Training by ISU-IRH has reached three-quarters of Idaho school districts and 188 communities. This includes trainings ranging from 500 school faculty and staff in the Burley School District to 250 Boise paraprofessionals, and 120 in the small Soda Springs and Potlatch school districts. School staff trained includes teachers, counselors, psychologists, paraprofessionals and administrators.

Better Todays is recognized as an emerging evidence-based practice by multiple national organizations, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Child Traumatic Stress Network, the National Association for Rural Mental Health, and the Rand Corp. as a promising program for use after natural disasters. Better Todays' customization for rural areas makes it one of only a few such national programs. It is now being offered nationwide.

Independent and in-house evaluations confirm the success of the Better Todays program. In an independent evaluation conducted by ORC Macro for SAMHSA, trainees reported a heightened level of awareness, understanding of suicide and mental illness along with increased self-efficacy. More than 70% of trainees indicated that they will use what they learned to help children in their care. In-house surveys reinforce these results with 80% of trainees stating that the program improved knowledge of treatment-seeking and reduced stigma.

Suicide Prevention Hotline Pilot Project

ISU-IRH and the ISU Counseling Department are partnering on a project to plan, train, staff, implement, and evaluate a comprehensive, measureable universal suicide hotline for the State of Idaho. An award letter was issued in October 2008 by the Department of Health and Welfare after an interagency review. The one-time start-up funding was legislatively appropriated and the contract expires September 2010. The Region IV Mental Health Board endorsed the project, as did representatives from 22 other Idaho organizations. All project objectives involve an Advisory Partnership of key stakeholders to lead sustainability efforts and identify long-term funding options. YSP, utilizing the Better Todays curriculum, likely will participate in the training phase.

For information about these projects, contact Ann Kirkwood, Senior Research Associate, Idaho State University, Institute of Rural Health, kirkann@isu.edu.

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