

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 14, 2017

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, and Jordan

ABSENT/ EXCUSED: Senator Anthon

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

APPROVAL OF MINUTES: **Vice Chairman Souza** moved to approve the Minutes of January 30, 2017. **Senator Foreman** seconded the motion. The motion carried by **voice vote**.

Senator Foreman moved to approve the Minutes of January 31, 2017. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

Senator Martin moved to approve the Minutes of February 1, 2017. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

Senator Harris moved to approve the Minutes of February 7, 2017. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

Chairman Heider noted the Minutes of January 27, 2017 and February 6, 2017 will be held until the following day.

PRESENTATION: Idaho Council on Suicide Prevention. **Dr. Linda Hatzenbuehler** introduced herself to the Committee as a psychologist from Pocatello and Chair of the Idaho Council on Suicide Prevention (Council). **Dr. Hatzenbuehler** provided background on the establishment of the Council in 2006. The three tasks of the Council are to: 1.) oversee the implementation of the Idaho Suicide Prevention Plan (SPP); 2.) ensure the continued relevance of the SPP; and 3.) report annually to the Governor and the Legislature (see Attachment 1).

Dr. Hatzenbuehler stated 2015 was a landmark year for suicide prevention. Approximately one person per day died by suicide in Idaho in 2015. For the period 2011 to 2015, there were 102 school-aged deaths by suicide, and 24 deaths for the age group 14 and under. In 2016, a report was published covering 50 years of research on the risk factors associated with the prevention of death by suicide. The study revealed psychologists know the risk factors for suicide and can intervene but there is no way to predict the actual act of suicide. Thus, prevention is of paramount importance.

Dr. Hatzenbuehler informed the Committee many Idaho organizations are interested in working on this public health issue. The Council is directly under the Governor's office, and Council membership is comprised of parts of other organizations to bring the groups together. Many of the organizations are advocacy groups whose specific mission is to work toward preventing death by suicide, and the groups include members whose lives have been touched by suicide.

Dr. Hatzenbuehler reported the key factors associated with prevention of death by suicide are articulated in the SPP. She said Idaho is making progress and moving in the right direction. Having a hotline available is one of the key components to prevention. The suicide hotline is now available 24 hours a day, seven days a week and has additional capabilities. Another key component is having an organized State program responsible for suicide prevention activities. In 2015, the Legislature charged the Health Quality Planning Commission (HQPC) with developing an implementation plan to move Idaho further along in suicide prevention. The HQPC made recommendations, and as a result the Legislature appropriated nearly \$1 million dollars in 2016 toward prevention of death by suicide.

Dr. Hatzenbuehler thanked the Committee for its support of the appropriation. She recognized Elke Shaw-Tulloch and Kim Kane for their fine work to establish and staff the program very quickly after the appropriated funds were available on July 1, 2016 and asked Ms. Shaw-Tulloch to continue the presentation.

PRESENTATION: Elke Shaw-Tulloch introduced herself to the Committee as the Administrator of the Division of Public Health for the Department of Health and Welfare (Department). In 2016, the Department received an ongoing appropriation for approximately \$971,000 toward suicide prevention efforts. **Ms. Shaw-Tulloch** thanked the HQPC and the Idaho Suicide Prevention Coalition (Coalition) for their support and assistance.

Ms. Shaw-Tulloch reported the number of deaths by suicide showed a 15 percent increase in 2015 from the previous year. The Suicide Prevention Program (Program) mission is to develop, implement, and support statewide programs to prevent suicide in Idaho in alignment with the SPP. The Program has four full-time equivalent positions and has been working at full speed to get up and running to promote best practices and coordinate a collaborative approach with its partners.

Kim Kane introduced herself as Program Director for the Suicide Prevention Program. **Ms. Kane** provided information on the risk factors for suicide and presented a model from Dr. Thomas Joiner, who is an expert in suicide. Dr. Joiner runs a clinic for the highly suicidal at Florida State University. His theory is becoming the gold standard for understanding the suicidal mind, and the theory has been vetted by almost 50 studies. Dr. Joiner's model only applies to people who actually die by suicide, and suicide is statistically rare. As an example, data on Idaho high school students shows one in ten students reports making a suicide attempt in a one-year period. However, only one in every 6,000 to 7,000 students are actually lost to suicide in one year.

Ms. Kane explained Dr. Joiner's theory provides three things that must be in place for those who actually die by suicide. People who are at a high level of suicidality are not in a rational state of mind. A person must desire to commit suicide, and the person must be capable of going through with the act. First, a person considering suicide perceives himself as a burden to those around him. The word "perceived" is important because the people around the suicidal person do not consider the person to be a burden. Those who die by suicide believe wrongly their death is worth more than their life. The suicidal brain is a very dark and narrow-thinking brain. Thus, it is a myth to consider suicide as a selfish act because the person thinks he is doing others a favor.

Ms. Kane stated the second condition that must be present is called "thwarted belongingness." The person has come to feel disconnected from others, even though the person appears to be surrounded by supportive friends and family. In the person's irrational thinking, he feels people don't truly understand him and begins to isolate himself. When a person feels himself to be a burden and disconnected from others and feels those situations won't change, that condition is hopelessness which can lead to the desire for suicide. Not everyone who feels hopeless is lost to suicide, because the third component must also exist.

Ms. Kane advised the third component is capability. A person is not born with the ability to harm himself, but a person must become used to the idea of self harm. Those who die by suicide have gotten used to the idea of physical pain, injury, and death, and have developed a fearlessness about physical pain, injury, and death. Certain groups of people have higher rates of suicide, including: law enforcement; doctors; military; prostitutes; veterinarians; and dentists. One habituates to the idea of physical pain by either experiencing or witnessing physical pain, injury, and death.

Ms. Kane informed the Committee that only when these three factors overlap is there a death by suicide. Other risk factors like drug or alcohol abuse, hopelessness, family history, and so forth are called "distal factors" by researchers. Risk factors are only important when warning signs for suicide appear, like self-isolating, giving away prized possessions, and talking about or threatening suicide. Even someone with many risk factors will have protective factors and resilience. The opposite of thwarted belonging is feeling connected; and the opposite of perceived burdensomeness is feeling capable, effective, and productive as a person.

Ms. Kane commented the Program was funded to maintain the suicide hotline and support upstream youth suicide prevention efforts. Suicide prevention experts recently reviewed gatekeeper training, which trains people to look for warning signs and how to help people. Gatekeeper training has not resulted in a decrease in youth suicide because programs need to work to prevent young people from becoming suicidal to begin with, instead of waiting until there are warning signs. For example, Sources of Strength is a program to foster hope, health, strength, and resiliency in young people instead of telling at-risk youth they are at risk.

Ms. Kane advised some of the Program's accomplishments include setting up and staffing the entire Program and providing money for the suicide hotline (see Attachment 2). The hotline has added a "208" number to allow people to text the hotline between the hours of 3:00 p.m. to midnight. The "800" number is available 24 hours a day, seven days a week. The Program also provided funding for youth training in the schools and researched ideas for a public awareness campaign. Program staff is currently reviewing the marketing plan for the public awareness campaign and hopes to launch it in late spring. The Program also provided support to the Council, including helping compile and print the annual Program report and interim update to the SPP.

Ms. Kane said the Program convened stakeholder meetings focusing on a "zero suicide" initiative which has been proven to reduce suicide rates. In October 2016, a young man planned to jump from a downtown parking garage and then decided not to jump. The Program began an informal investigation of downtown Boise parking structures to find if they were an actual destination for death by suicide. One building was the site of more health checks and more calls than any other structure. The Program made recommendations to the organization in charge of the structure, and four recommendations are currently being implemented. Representative Caroline Troy put together a new task force to look at lethal means.

Senator Martin asked if there was any work being done to get a three- or four-digit number for the hotline. **Kim Kane** answered this issue has been researched by several national associations. There is no evidence anyone has any trouble using the current "800" number. Tapping into the "N-1-1" system is an arduous task and most of the numbers are already taken. Some marketing companies will allow the use of "#" and a three-digit number plus a code word. That approach is possible but expensive and there is no funding to support it at this time.

John Reusser, Director of the Idaho Suicide Prevention Hotline, introduced himself to the Committee and explained the three-digit number approach costs about \$50,000 per year. Call volume has been increasing steadily over the last few months, and people are using the "208" number. It appears people are able to reach the hotline. **Chairman Heider** asked how young people can know the suicide hotline number. **Mr. Reusser** answered there were press releases last fall when the hotline was launched. In addition, it was announced on the Program's Facebook page and there were several radio spots. The Program mails hotline materials almost daily to middle schools and high schools throughout the State. The number will be included in the television spots being developed by Ms. Kane.

Vice Chairman Souza commented she is surprised to see the majority of suicides fall into the age group of 85 years and over (see Attachment 3). She inquired whether those people are defined as suicides in the same fashion as other age groups, or are they simply infirm people who are in pain and don't want to live any more because their bodies are giving out. **Dr. Hatzenbuehler** replied the suicide data includes anyone who does something to assist his own death. People in that specific age range have a high incidence of suicide. The visual image might be of someone hanging on to a rope coming from the ceiling, and a person hangs on as long as possible and then just doesn't have the strength to do it any more. **Vice Chairman Souza** again referred to the chart (see Attachment 3) and asked how Idaho compares nationally in the 15 to 34 age group. **Dr. Hatzenbuehler** responded Idaho ranks second in the nation for suicides in that group.

Vice Chairman Souza asked what role medications play in death by suicide, and if there is a nexus between changes in medication and an incidence of someone completing a suicide. **Dr. Hatzenbuehler** answered it is known that the use of certain anti-depressant medications in teenagers creates risk of suicide. In her field, medication is helpful to people who suffer from mood disorders because the medications can help the person spark some energy needed to make changes in his or her life. Research shows medication is only half the answer for depression; cognitive behavior therapy is also needed to help change thinking patterns. There is a clear relationship between mood disorders and death by suicide.

Vice Chairman Souza inquired how someone can be helped who doesn't want to help himself. **Dr. Hatzenbuehler** replied it is necessary to do the best you can to be vigilant and protect the person from himself. It's important to take safety precautions, such as locking up medication or other lethal means, and provide supervision while attempting to reach out to the person with various mental health resources. Mood disorders are cyclical and suicidal thoughts lift over time, so one tries to wait until the lift occurs to provide treatment at that time.

Senator Lee stated this is a timely topic because her district recently experienced a death by suicide. She suggested it would be helpful to set expectations for when death by suicide will decrease. **Dr. Hatzenbuehler** answered there will be no quick turnaround. In addition, as population numbers increase, absolute numbers of suicide will increase. It will take cultural changes to see a difference. For example, the notion of a designated driver to avoid driving drunk has been a successful cultural change over the last years. Public awareness is important that suicide is not an acceptable way to die, just as it's not acceptable to throw trash out the window or put a child in the car without a restraint.

PRESENTATION: Idaho Suicide Prevention Coalition. **Nate Fisher** introduced himself to the Committee as the Executive Director of the Idaho Suicide Prevention Coalition (Coalition). **Mr. Fisher** stated the Coalition was formed less than two years ago because of great concern about suicide and the need for education (see Attachment 4). **Mr. Fisher** recognized the Coalition President, Stuart Wilder, who is also the President of the Live Wilder Foundation, as present at the meeting along with other advocates for suicide prevention. February 15th is Suicide Prevention Advocacy Day, and advocates from all over Idaho will be present at the Statehouse to learn how to talk about suicide.

Mr. Fisher provided the names of other organizations that form the Coalition, which is a public-private partnership. People who see the trauma of suicide, such as nurses, paramedics, and police, began approaching the Coalition about joining, and the list of members continues to grow. The Coalition is a non-profit organized under Section 501(c)(3)(h) of the Internal Revenue Code, which allows for limited advocacy on all aspects of suicide prevention, training, and advocacy. **Mr. Fisher** thanked Chairman Heider for the Committee's support of last year's funding request.

Mr. Fisher reported the Coalition does not solely rely on the State to achieve success. The Coalition has many partners. For example, the hotline was underfunded, and the Coalition provided 60 percent of the funding. The J. A. and Katherine Albertson's Foundation provided \$300,000 for infrastructure and grants for the hotline. Century Link helped facilitate the hotline's ability to receive text messages.

Mr. Fisher presented the Coalition's priorities, including coroner reporting, school prevention program access, and safe storage. One of the challenges is timely reporting of suicides, particularly in school age children. There are too many unfortunate stories about the delay in reporting and the "postvention" response. When a suicide has occurred, there is trauma to the school and the community. It is important to have timely reporting of suicide in order to provide counseling and support for the students. Feelings of isolation, loneliness, and empathy can spread and be copied throughout schools and it is necessary to react quickly to prevent contagion. The Coalition requests the coroners work with the Department and the Department of Education for a voluntary 48-hour turnaround time on suicide reporting.

Mr. Fisher stated there are two paradigms to be discussed. One involves behavioral health professionals whose mandate is to do no harm. The other is the judicial system that requires due process. The two systems don't necessarily work together. If a mentally ill person is brought in on a criminal charge and left in a jail cell for two weeks, that is doing harm. The person might have been adjudicated but there is no improvement in mental health. The majority of the cases responded by law enforcement have a mental illness or substance abuse component. This issue is worthy of a larger discussion.

Mr. Fisher said safe storage is being careful with firearms and pharmaceuticals. The Coalition has been working with various groups and the firearms dealerships to raise awareness about safe storage and handling of lethal means. If there is a person having mental health challenges or is agitated, it is important for others to prevent access to routes of self harm and harm to others. The Coalition wants to get information to the dealerships to help them recognize how to deal with someone who comes in who is distraught. This would be a voluntary approach and it means putting time and distance between a suicidal person and the lethal means.

Mr. Fisher described a recent public service announcement developed by the Coalition and shown on television where a person at the shooting range looks at the camera and says he wasn't feeling himself about a year ago and his friends asked if they could keep his firearms until he felt better. The person went on to say his friends saved his life, and then he continues shooting.

Chairman Heider thanked Mr. Fisher for his efforts to save lives.

TESTIMONY:

Bonnie Burlage introduced herself to the Committee as a Coroner to present concerns about the 48-hour turnaround for notification. It's not always possible to know whether a death is suicide. Lab work can take several weeks to get results.

Chairman Heider asked if the coroners use the Idaho State Police (ISP) laboratory.

Ms. Burlage replied that they do not, and ISP uses the lab the coroners use. The coroners provide their lab reports to ISP.

Ms. Burlage further commented the coroners have concerns about the Health Insurance Portability and Accountability Act (HIPAA). She inquired where the information about the cause of death would be transmitted, and what kind of information the Coalition wants. The current regulations do not allow for reporting this type of information to a private association.

Senator Lee stated she understands there is often a period of time that the cause of death but sometimes the cause is obviously suicide. The intent of reporting this information is to prevent contagion. **Senator Lee** asked if Ms. Burlage would be comfortable reporting apparent suicides if the HIPAA issue could be resolved. **Ms. Burlage** answered the coroners would rather report to the Department. She also does not know what information the Coalition wants reported.

Chairman Heider suggested there might be a way to work together on the reporting issue to ensure notification is happening in a more timely manner to benefit everyone involved.

Gene Turley introduced himself to the Committee as the Twin Falls County Coroner. In Twin Falls County last year, there were five suicides in seven days. A couple of weeks ago, there were three suicides in five days. The majority of suicides are committed on the Perrine Bridge, and it is surprising how many suicides are elderly people. **Mr. Turley** agreed education is important. Idaho is usually in the top five in the U.S. for suicides because it is rural, there is better access to weapons, it might be a "macho" thing, and there is insufficient mental health care.

Mr. Turley commented only 18 percent of suicides leave a note, and when there is a note at a death scene, it helps tremendously. He appreciates what the Coalition is attempting to do, but he is very protective of his constituents and does not support giving a private association demographic information. It also takes time to conduct a thorough investigation. Blood and urine lab results could take eight weeks. **Mr. Turley** said he is board certified in forensic examinations and conducts what he calls a "psychological autopsy". He talks to employers, past employers, friends, families, and first responders about a suspected suicide. He is very careful before listing a cause of death as suicide because it is traumatic to the family to have that information in the permanent official records.

Stewart Wilder introduced himself as the President of the Coalition and President of the LiveWilder Foundation. He appreciates hearing from the coroners who testified and said this type of discussion is needed. The Coalition's position is not that the coroners should report to the Coalition, but the information needs to go to Ms. Kane's office so she has the most current data to measure the success of the Program. The 48-hour reporting requirement to schools for known suicides is the most important issue due to the effect of contagion. Current state law allows five days to report and the Coalition wants to shorten that period. **Mr. Wilder** commented when his son committed suicide, his other son could have learned of the death through social media before the death was officially reported as a suicide, and that would have been unfortunate.

Senator Jordan thanked Mr. Wilder for the clarification and asked if there would be value in promptly reporting a death to the school without designating it a suicide right away. **Mr. Wilder** answered that getting any available data would be helpful, but reporting suicides is especially important because of the downstream effects on other students and families. For every suicide, there are six individuals who are deeply impacted by the suicide, and contagion is a real issue.

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 4:25 p.m.

Senator Heider
Chair

Jeanne Jackson-Heim
Secretary