IDAHO SUICIDE PREVENTION PROGRAM, DEPARTMENT OF HEALTH AND WELFARE REPORT REQUIRED BY EXECUTIVE ORDER 2023-04 AND DUE NOVEMBER 1, 2026

EXECUTIVE SUMMARY

During the 2025 Legislative Session, the Joint Finance and Appropriation Committee appropriated $1,815,800 to the Idaho Department of Health and Welfare, Division of Public Health, Suicide Prevention Program (SPP). This annual report provides an overview of SPP's activities and progress toward reducing suicide in Idaho during SFY26, and continuing efforts in SFY27.

The SPP works collaboratively with input from the Idaho Suicide Prevention Action Collective (ISPAC), a public/private, multidisciplinary stakeholder group committed to reducing suicide in Idaho. ISPAC, authorized under Executive Order 2023-04, is responsible for writing a comprehensive Suicide Prevention Plan for Idaho every five (5) years. ISPAC ensures SPP and partners are executing the plan. Throughout the year, SPP monitored subgrants with the 988 Idaho Crisis and Suicide Hotline, the Department of Education, and each of the seven (7) local public health districts. SPP also supported implementation of ISPAC activities and facilitated stakeholder teams. These teams, aligned to prevention, intervention, postvention, and advocacy and policy efforts, coordinate evidence-based activities aimed at achieving the five-year plan goals.

Suicide-related outcomes in Idaho have demonstrated encouraging trends, especially in 2024 and 2025. In 2018, Idaho's suicide rate was 23.8 per 100,000 residents, representing 418 deaths. Legislative funding allowed ISPAC to implement its first 5-year plan to address suicide in 2019. From 2019 through 2025, the suicide rate fluctuated annually but showed a modest overall decline. The Idaho suicide rate was 21.8 in 2024 and 20.6 in 2025.

Another significant outcome for Idahoans is related to SPP's ongoing support for the 988 Idaho Crisis and Suicide Hotline (ICSH). Importantly, 98% of 988 ICSH contacts in 2025 were resolved without requiring 911 response or an emergency department (ED) referral. ED visits related to suicide also decreased steadily over the last few years, which returns valuable time to Idaho police, first responders, and hospital emergency staff.

ANNUAL REPORT

This annual report, as required by Executive Order 2023-04, provides an overview of the Suicide Prevention Program (SPP) activities and progress toward reducing suicide in Idaho during SFY26 plus ongoing efforts in SFY27.

During the 2025 Legislative Session, the Joint Finance and Appropriation Committee appropriated $1,815,800 in state general funds to the Idaho Department of Health and Welfare (DHW), Division of Public Health. Following input from the Idaho Suicide Prevention Action Collective (ISPAC) to align program activities and advance the state suicide prevention plan priorities for SFY26, ISPAC endorsed the budget distribution and the activities conducted through subgrants and contracts as described in the following sections.

Staff Salaries	$366,500
General Operating Expenses	$39,300
Youth Education and Prevention	$423,000
Idaho Crisis and Suicide Hotline	$457,000
7 Public Health Districts (local collectives)	$315,000
Communications and Outreach	$100,000
Zero Suicide (prevention / intervention in clinical settings)	$85,000
Training and Technical Assistance	$15,000
Clinical-level training	$15,000
Total State General Funds Budgeted	$1,815,800

Note: in addition to the general funds received and appropriated by the Legislature, an additional $185,000 in federal funding was provided by the Maternal Child Health Block Grant and the Community Mental Health Service Block Grant to support the ICSH ($50,000) and SDE Youth ($135,000) activities.

SPP Subgrant Overview

- SPP allocated $423,000 through ongoing general fund appropriation in SFY26 to continue agreements with the State Department of Education (SDE) to deliver the Idaho Youth Suicide Prevention Program (IYSPP) statewide. An additional $135,000 was provided by SPP via federal Maternal Child Health Services Block Grant funds. IYSPP staffed regional contractors across Idaho to support Idaho school districts and schools that sought to implement safer school policies and procedures. SPP funds were used specifically for IYSPP contractors to provide suicide gatekeeper training for school staff, and resiliency and suicide awareness training for students.
- In SFY26, SPP provided the 988 Idaho Crisis and Suicide Hotline (ICSH) with $457,000 through ongoing general fund appropriation and $50,000 from one-time federal Community Mental Health Services Block Grant funds. The support helped ICSH continue growing services to more Idahoans than ever before. Throughout the year, there are help seekers utilizing ICSH from every county in Idaho. After taking 10 years to reach its first 100,000 contacts, ICSH doubled this number in less than four (4) years by hitting its 200,000th contact this year. ICSH increased mobile crisis dispatches by 54% in SFY26 from SFY25, the first full fiscal year of dispatch services. Considering about 85% of all contacts are de-escalated without further intervention, the remainder being referred to local community resources, crisis centers, mobile crisis dispatch, or an emergency room, only about 1.5% required emergency services. This efficient and effective approach to addressing mental health crises results in substantial savings to law enforcement, emergency departments, and EMS, plus additional savings and support to affected individuals, their families, and the community at large.
- SPP awarded $315,000 for community suicide prevention subgrants to the seven local public health districts (PHDs) in SFY26, for awards of $45,000 each. The key objective of these awards is to maintain a local suicide prevention collective comprised of individuals, community groups, and businesses intent on developing and implementing strategies to achieve district suicide prevention goals. The subgrants supported a part-time coordinator in each district, responsible for facilitating collective and strategic planning, providing or promoting education, awareness, and resources, and orchestrating evidence-based suicide prevention, intervention, and postvention activities in their district.

SPP Contracts Overview

- Debuting a new $100,000 media campaign to reduce stigma and promote the 988 ICSH was a priority in SFY26. In conjunction with DHW's marketing agency, RIESTER Mountain, the new campaign ran from January to June 2026 to promote awareness of 988 for the Idaho Crisis & Suicide Hotline (ICSH), encourage people to recognize and respond to signs of suicide risk, reduce stigma of help seeking behaviors, and ultimately, promote connection between Idahoans.

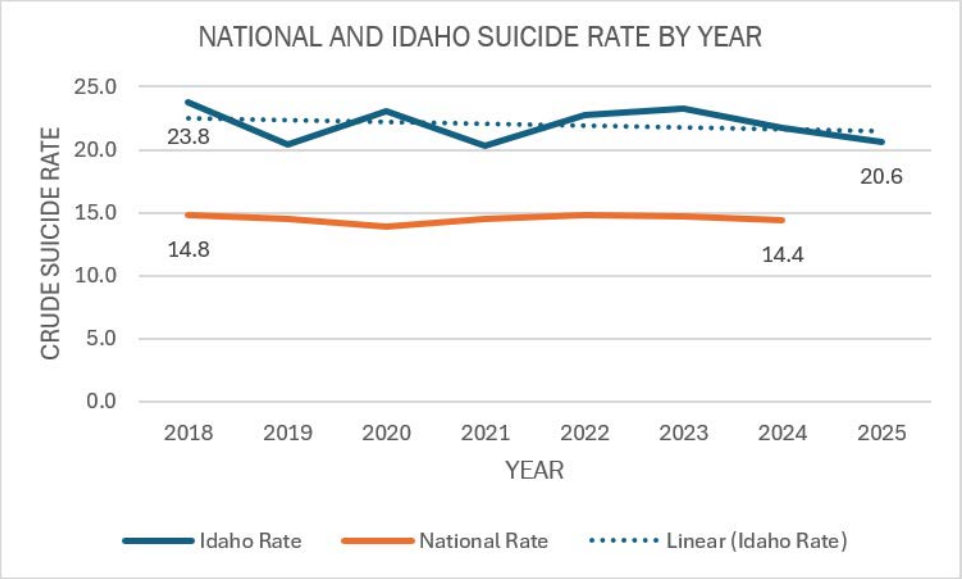
- $15,000 of SPP operating funds were utilized to increase suicide-related training for clinicians. The SPP, under the direction of the ISPAC Intervention Team, reinvigorated a clinical-level suicide prevention training program called SafeSide Prevention. SafeSide Prevention provides flexible, expert-led training for medical, clinical, and youth-facing teams, allowing them to host interactive sessions. SafeSide Prevention licenses are purchased by the SPP and allows training events to be conducted at no charge to the host organization.

- $85,000 budgeted for SPP to support implementation of the Zero Suicide model in clinical settings was not spent due to mid-year budget uncertainty.

Idaho is fortunate to have many dedicated professionals and volunteers working tirelessly to reduce suicide for every community. ISPAC members and the SPP are grateful for the amazing suicide prevention work being done by subgrantees, other state agencies, regional non-profit groups, first responders, healthcare providers, educators, and countless dedicated volunteers across the state who have contributed to the positive trends below.

Suicide Trends 2018 through 2025

From 2018 when ISPAC implemented the first 5-year Suicide Prevention Plan, through 2025, the trend in Idaho suicide rates has been encouraging.



Idaho resident suicide number of deaths and rates 2018 – 2025, by age group:

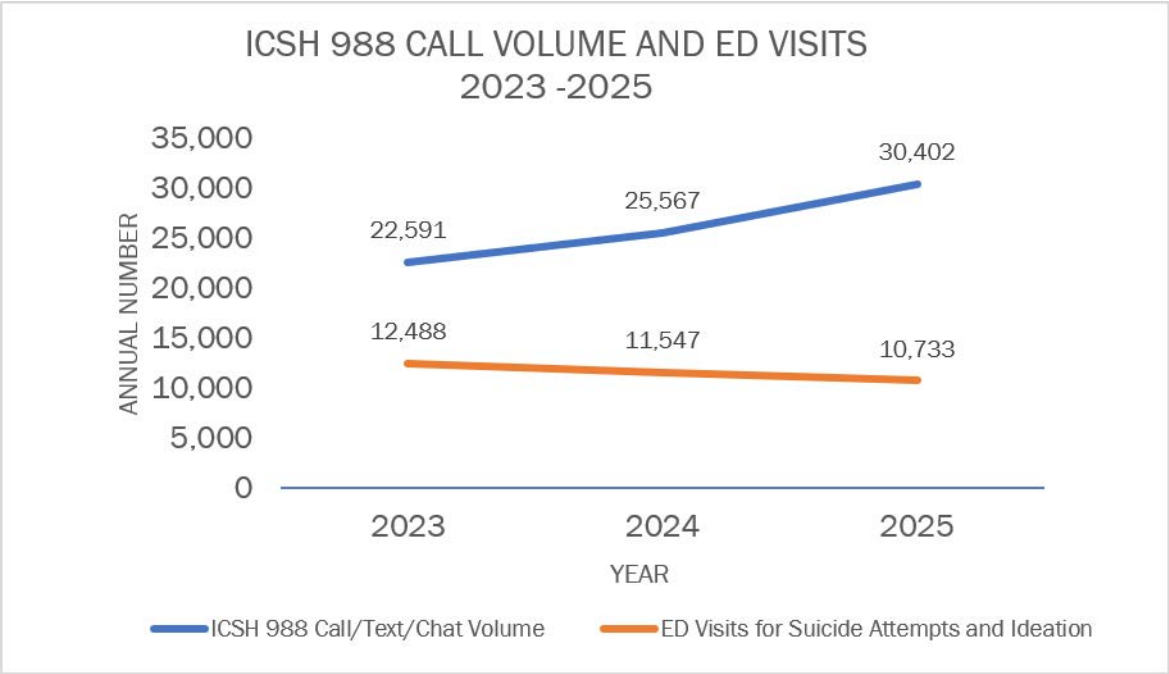
IDAHO RESIDENT COMPLETED SUICIDES BY AGE GROUP					
	<=14	15-19	20-64	65+	Total
CY 2018	9	30	295	84	418
CY 2019	8	19	255	83	365
CY 2020	4	32	314	71	421
CY 2021	10	24	294	59	387
CY 2022	12	23	310	96	441
CY 2023	6	34	320	98	458
CY 2024	5	23	313	95	436
CY 2025	4	28	300	86	418

IDAHO RESIDENT RATE OF COMPLETED SUICIDES BY AGE (PER 100,000 POPULATION)					
	<=14	15-19	20-64	65+	Total
CY 2018	2.4	24.1	30.1	30.2	23.8
CY 2019	2.2	15.2	25.5	28.6	20.4
CY 2020	1.1	25.2	30.7	23.2	23.0
CY 2021	2.6	17.8	27.6	18.7	20.4
CY 2022	3.2	15.7	28.6	29.1	22.7
CY 2023	1.6	22.5	29.3	28.7	23.3
CY 2024	1.3	15.1	28.1	26.8	21.8
CY 2025	1.0	19.1	26.8	22.7	20.6

Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare

More recent trends: 2023 through 2025

- The suicide rate **decreased** consecutively in 2024 and 2025
- Emergency department (ED) visits **decreased** for suicide attempts and suicidal ideation combined
- 988 ICSH call/text/chat volume **increased**



Cost avoidance and preservation of resources related to suicide in Idaho

- 98% of ICSH 988 calls/texts/chats in 2025 were resolved *without* requiring 911 response or an ED referral, helping avoid significant downstream costs
- In addition to potential medical cost avoidance, suicide prevention supports the preservation of work and school participation, reduces the burden on families and communities, and strengthens local capacity to respond to crises. While these social benefits are not fully monetized in the available data, they are important outcomes of sustained suicide prevention efforts.

Mechanism of suicide deaths in 2025

The following table shows the mechanism for suicide death, or lethal means, in Idaho in 2025. Suicide deaths by firearm remained the most used mechanism for suicide death (lethal means) at 68% in 2025. Training and awareness regarding lethal means safety must continue in Idaho to help ensure a person in crisis doesn't have immediate access to unlocked medications and firearms.

2025 IDAHO RESIDENT COMPLETED SUICIDES BY MECHANISM

MECHANISM	NUMBER OF DEATHS	% OF DEATHS
Firearm	283	67.7
Hanging/Suffocation	70	16.7
Poisoning	40	9.6
Jumping from High Place	8	1.9
Cut/Pierce	7	1.7
Drowning	4	1.0
All Other Means	6	1.4
Total	418	100

Idaho Suicide Prevention Action Collective (ISPAC)

ISPAC is a public/private of stakeholders committed to reducing suicide in Idaho. Executive Order 2023-04 defines the membership composition including a wide variety of members such as suicide survivors, advocacy organizations, healthcare, Tribes, coroners, education, corrections, law enforcement, legislators and the Governor's office. It also DHW to provide a representative from the Division of Public Health and the Division of Behavioral Health and for providing administrative support to ISPAC. ISPAC promotes suicide prevention, intervention and postvention statewide, collaborates to advance the Idaho Suicide Prevention Plan and monitor the status of the state plan.

ISPAC members spent time learning from many specialists and local experts across the state in SFY26. Researchers from St. Luke's Health System, Idaho Primary Care Association, and Eastern Idaho Psychiatry & Ascend Mental Health, plus community advocates including Jace Woods and his mom, Michel Woods, Washington County Paramedics Mobile Crisis Response, and others provided presentations during monthly ISPAC meetings, sharing unique insights, challenges, and opportunities to advance suicide prevention strategies in the coming years.

ISPAC Teams

ISPAC conducted its work in a team structure aligned to the Idaho Suicide Prevention 5-Year Plan (2024-2028); Prevention, Intervention, and Postvention. The Advocacy & Policy team was continued by ISPAC. Each team has an integral and overlapping purpose to accountably address the 9 goals of the State Plan. Teams met monthly to discuss progress on initiatives and/or projects, status of goals, and to develop plans for future activities. While SPP provides administrative support to ISPAC and three of its teams, it does not provide administrative support for the Advocacy & Policy Team. Below are some of the highlights from each team.

ISPAC Prevention Team

The Prevention Team is made up of representatives from SDE's Idaho Youth Suicide Prevention Program (IYSPP), Idaho State University, St. Alphonsus Health System, Idaho's Health Data Exchange, and Boise Veterans Administration, along with a licensed clinician with experience implementing suicide prevention best practices.

ISPAC's Prevention Team followed up on last year's priority to promote 988 Idaho Crisis and Suicide Hotline. While Idaho-specific data are not available, national data indicates about one-third of Americans understand what 988 is and what services are provided. In a 2024 survey, the National Alliance on Mental Illness (NAMI), in conjunction with Ipsos, a multinational market research and public opinion consulting firm, found 67% of survey participants reported being aware of 988 while only 23% reported they were at least somewhat familiar with 988. This highlights the importance of continuing 988 promotion and awareness, as 988 has only been active since July of 2022. Therefore, the Prevention Team worked on identifying effective promotion strategies for 988 in Idaho through the Idaho Crisis and Suicide Hotline.

The Team developed window and mirror clings to promote 988 with goals to increase calls to 988 for those in crisis and in need of resources; advertise youth's ability to call 988 following exemptions to the 2026 House Bill 860 regarding parental consent; familiarize Idahoans with the availability of 988 as a resource; and reduce suicidal ideation through the simple positive messaging, "You Matter". The Team took responsibility to develop a distribution plan to consider the best use of mirror clings versus window clings and functionality, location placement, and who and where to allocate clings for maximum visibility and utilization. There is an intentional focus on reaching youth and rural Idahoans. Population density and areas of the state with elevated rates of suicide are being considered in the distribution plan. The distribution plan will also lean on partners including, but not limited to, the seven (7) Public Health Districts, SDE, ICSH, and ISPAC, plus the SPP's network. The ISPAC Prevention Team will evaluate effectiveness by tracking the number of clings provided, track where and who requested them using Idaho Health Tools, and track email requests and other allocations to our partners and stakeholders. In addition, the Team will analyze 988 call/text/chat volume, emergency department visits for suicidal ideation and attempts, and suicide rates, and report the data before, during, and after the campaign.

ISPAC Intervention Team

The Intervention Team is made up of a volunteer group which includes representatives from the Boise Veterans Administration, St. Luke's Health System, IYSPP, Division of Behavioral Health, and Terry Reilly Health Services. Several members are licensed clinicians, and one has extensive clinical experience in youth mental health and suicide prevention.

This past year, the primary focus was addressing concerns raised by suicide prevention experts who train healthcare and behavioral healthcare professionals in our state. The concerns raised were around the value of suicide screeners in a healthcare setting (i.e., Columbia-Suicide Severity Rating Scale [C-SSRS], Ask Suicide-Screening Questions [ASQ], Patient Health Questionnaire [PHQ-9], etc.). The experts had expressed that suicide screeners are not predictive, which was interpreted by some clinicians to mean they don't need to be used in practice anymore. In response, the Team released a position statement clarifying the vital role of screening tools in prevention of suicide within the healthcare and behavioral healthcare fields. Much like properly using a stethoscope, the effectiveness of a suicide screening tool depends on how a trained practitioner administers it and the systemic support behind them. The statement further describes that even in the absence of a tool, open and honest conversations establish trust and connection. The position statement highlights 988 as a 24/7 resource should guidance be required. Finally, the position statement aligns with the Joint Commission standards and Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) requiring screening with a validated tool for all patients being treated primarily for a behavioral health

condition. Many people experiencing suicidal thoughts or behaviors first seek help in healthcare settings, making them an ideal environment for early identification and a trusted partner for intervention and harm reduction.

While the position statement was being vetted and approved by ISPAC for distribution, the Team identified lethal means safety education and implementation as its next priority initiative. Best practices are being reviewed, guest speakers invited, and calculations of resources and needs will be assessed before arriving at feasible recommendations for Idaho.

ISPAC Postvention Team

The Postvention Team is made up of a volunteer group which includes representatives from local public health districts, St. Luke's Health System, a behavioral health clinician, DHW staff from the Division of Behavioral Health and the Division of Public Health, a youth suicide subject matter expert, and one of the state's leading postvention subject matter experts.
The Team added a representative from the Children's Home Society of Idaho and a school social worker from a school in eastern Idaho.

The Team followed up on last year's creation of a guide outlining the steps of a postvention response within a community. When a loss is experienced in a community, it can be devastating. There are best practices about how to respond to a suicide. The Postvention Team spent several months developing a postvention community response checklist for a suicide or sudden death from another cause. The Team decided to pivot from a suicide-specific response checklist to a sudden loss checklist to maximize the usefulness because community response can often be the same. The checklist is intended to be a guide for a community when experiencing suicide or a sudden loss by taking best practice steps to assist not only those immediately impacted by the loss but the community as a whole. Leaning on team member's expertise and evidence-based practices, a checklist was designed to assist Idaho communities implement their own plan for postvention response that best aligns with their distinct needs and resources. The Postvention Team is now tasked with determining the most effective way to distribute and/or promote this resource as available to all Idahoans.

Advocacy and Policy Team

The Advocacy and Policy Team remained committed this past year to exploring ways to fund the 988-crisis continuum of care. Like 911, 988 is a highly integrated system that diverts crisis and mental health emergencies to the appropriate responder. Eighty-five percent (85%) of crisis contacts to 988 are resolved through de-escalation. Of the remainder, response is diverted to local crisis centers, mobile response teams, and on rare occasions, to emergency departments and law enforcement. This is a cost savings to state, county, and local services which offer support to Idahoans, specific to their needs.

Finally, the Team retained interest in finding ways to support coroners in their role when identifying death by suicide.

Youth Suicide Prevention

The Idaho Youth Suicide Prevention Program (IYSPP), a partnership between the Idaho State Department of Education (SDE) and Idaho Department of Health and Welfare (DHW), continued statewide youth suicide prevention, intervention, and postvention efforts during SFY26. The SDE serves 116 public school districts, including 100 rural districts, and supports 782 traditional public schools, 74 charter schools, 313,263 K–12 students, and 32,348 teachers.

The Jason Flatt Act (Idaho Title 33-136) requires the Idaho State Board of Education to: (1) adopt rules supporting annual suicide awareness and prevention training for public school personnel; (2) develop approved training materials; (3) require each public school district to adopt a student suicide prevention policy; and (4) require SDE to develop and maintain a model policy.

In FY26, DHW provided SDE with $423,000 in general funds and $135,000 one-time from the federal Maternal Child Health (MCH) Block Grant. Funding supported 1 full-time SDE employee, 1 part-time SDE employee, 2 full-time independent contractors, and 2 part-time independent contractors who are dedicated to geographical regions using the standard Idaho Education Regions (6 total). Funding also supported evidence-based trainings, school programs and activities, suicide prevention materials, administrative and nondiscretionary costs, travel, and professional development. Programming was provided to youth and adults at no or low cost, with youth programs complying with school and state parental-consent requirements.

SFY26 priorities were to support evidence-based prevention programs and trainings; assist districts with suicide-safer policies and procedures; provide prevention, intervention, and postvention training; respond to requests for postvention support following sudden deaths affecting school communities; and provide evidence-based resources and materials.

SFY26 Youth Suicide Prevention at a Glance

Measure	SFY26 Result
Funding	$423,000 state funds + $135,000 MCH Block Grant
SoS training	29 trainings; 653 students + 303 school Staff
QPR	553 online adults + 211 school staff in person; 4,404 Idahoans completed online QPR from March 20, 2020, through July 13, 2026
QPR Trainer Certification	5 courses; 71 school personnel certified
CALM	4 virtual trainings; 112 school personnel Trained
School site outreach	64 in-person + 3 virtual site visits
IYSPP website	1,390 unique visitors; 46 resources viewed 1,023 times
PREPaRE	Workshops attended by 24 educators in Twin Falls, 11 in Boise, and 10 in Coeur d'Alene
Idaho Prevention and Support Conference	More than 400 K–12 educators and partners Attended

Key SFY26 Youth Suicide Prevention Activities and Results

Sources of Strength

Sources of Strength (SoS) is an evidence-based youth suicide prevention and wellness program. Since 2014, IYSPP has helped more than 130 secondary schools implement SoS and, since 2020, supported 70 elementary schools. IYSPP continues to provide secondary-school sustainability support, technical assistance, no-cost consultation, and training.

- 29 SoS Adult Advisor and Peer Leader trainings were conducted.
- 653 students and 303 school staff were trained.
- A school-district community event reached approximately 90 students and 75 adults through SoS activities.

QPR Gatekeeper Training and Trainer Capacity

Question, Persuade, and Refer (QPR) is an evidence-based gatekeeper training. IYSPP provided online and in-person training and expanded its reach by offering QPR Trainer Certification Courses so districts can develop local training capacity.

- 553 adults completed online QPR through the IYSPP website.
- 211 school staff received in-person QPR through three (3) regional QPR-certified contractors.
- 4,404 Idahoans completed online QPR from March 20, 2020, through July 13, 2026.
- Five (5) QPR Gatekeeper Trainer Certification Courses were held in Twin Falls, Coeur d'Alene, Idaho Falls, Boise, and Sun Valley.
- 71 school personnel became certified QPR trainers.
- Certification requires approximately 12 hours and is valid for three (3) years before re-certification.

Counseling on Access to Lethal Means (CALM)

CALM is an evidence-based approach to assist helpers and families temporarily reduce access to firearms, medications, and other lethal means during periods of heightened risk. IYSPP began offering 90-minute virtual CALM trainings in winter 2025.

- Four (4) CALM training events trained 112 school personnel.

Regional and Statewide Outreach

During the 2025–2026 academic year, regional contractors distributed 988 promotional materials, IYSPP brochures, resources, and, when needed, postvention support during 64 in-person and 3 virtual school site visits statewide.

- ECHO Idaho: The IYSPP Coordinator served on the K–12 Education: Youth Well-being & Upstream Prevention panel, an eight-webinar statewide learning collaborative connecting education and public health.
- Idaho Family & Community Engagement "FACE" Conference: The 10th annual conference brought together 450 school administrators, teachers, counselors, school community resource workers, and community organizations. The conference coordinator distributed medication lock boxes, gunlocks, 988 materials, brochures, and manuals; presented to 25 Social Work 101 students at the College of Western Idaho; and attended a post-secondary mental health summit there.
- Southeastern and Eastern Idaho: Approximately 250 students, families, and educators were engaged at a schoolwide event; a related Community Color Run drew 190 attendees; and customized professional development reached 152 school staff.
- South-central Idaho: 30 adults attended a PaUSE Lunch and Learn presentation; two school presentations reached 200 youth and five adults; customized professional development reached 105 school staff; and three community events reached a combined 227 adults and 45 youth.

Postvention Support

IYSPP regional contractors provide postvention support to districts and schools following any sudden death, including suicide or another cause of death. IYSPP is not notified of every sudden death, and schools retain the autonomy to decline support. In SFY26, IYSPP contractors directly responded to 13 youth suicides, three (3) youth non-suicides, and two (2) K-12 adult staff suicides to provide postvention support to the impacted schools.

Online Engagement

The SDE's IYSPP webpage provides gatekeeper training, prevention, intervention, and postvention protocols, safe-messaging guidance, and consultation for policy, practice, and crisis response. In SFY26, the website recorded 1,390 unique visitors and 46 resources were viewed a combined 1,023 times.

Building Long-Term School Capacity

Sources of Strength Train the Trainer

IYSPP hosted a four-day Sources of Strength (SoS) Train the Trainer (T4T) Advanced Skills Training in June 2024 to build district and community sustainability and training capacity. T4T is one step toward certification and must be followed by competency demonstrations.

- Six (6) school personnel sought to complete certification during SFY26. Requirements include four mini-trainings, four co-facilitated trainings with a nationally certified SoS trainer, and an interview with the national director of SoS secondary program. Three (3) personnel co-facilitated two trainings with a nationally certified trainer in south-central Idaho; three others co-facilitated trainings in northern and southeastern Idaho.

PREPaRE School Safety and Crisis Preparedness

PREPaRE, developed by the National Association of School Psychologists, is an evidence-based framework for preventing, preparing for, responding to, and recovering from crises. Its sequence is: Prevent and prepare; Re-affirm physical health, welfare, safety, and security; Evaluate psychological trauma risk; Provide interventions; Respond to mental health needs; and Examine effectiveness.

IYSPP hosted one in-person PREPaRE Workshop titled Mental Health Crisis Interventions: Responding to an Acute Traumatic Stressor in Schools. The two-day workshop covered suicide risk assessment, intervention and safety planning, short-term crisis intervention, and legal, ethical, and culturally responsive practices. Attendees included 24 educators in Twin Falls, 11 in Boise, and 10 in Coeur d'Alene.

Idaho Prevention and Support Conference

The State Department of Education (SDE) Suicide Prevention Coordinator chairs the annual conference planning committee. More than 400 K–12 educators and partners attended this year's conference, which provided free suicide prevention resources including medication lock boxes, firearm locks, magnets, brochures, posters, and safety plans. Keynotes emphasized upstream prevention, including school climate, culture, and the root causes of youth mental health challenges.

SFY26 Youth Suicide Prevention Implementation Challenges

Contractor vacancies affected regional service delivery during SFY26. Idaho education region covering southwestern Idaho including Ada and Canyon counties, experienced a five-month vacancy; Region 4, covering south-central Idaho including Twin Falls County, experienced a two-month vacancy. These coverage gaps affected service.

Youth Suicide Prevention Outlook for SFY27

- National Learning Agenda Initiative: SDE was selected as one of eight states for the national pilot. The initiative supported Priority One of Idaho's Learning Agenda, student and staff well-being as the foundation of academic success. The coordinator was supported through a Washington, D.C., state working group and continued collaborative work.
- BRITE Engagement Idaho School Workgroup: The coordinator joined statewide coordination of a national comparative effectiveness research study on school-based suicide prevention; participation continues into SFY27.
- Regional strategy: Contractors met in Boise for a two-day strategic planning meeting, identified three priorities, developed a collective-action framework, began to define individual SMART goals, and created school resource packets for fall 2026.
- On-demand professional development: IYSPP invested in self-paced training for K–12 educators, including a two-course Dougy Center grief education bundle and two Collaborative Assessment and Management of Suicidality (CAMS)-care modules, including CAMS Framework® certification and an adolescent suicide prevention module with continuing education credits. There were 17 combined access requests; completion data remains under collection. Promotion will increase in SFY27 through counselors, crisis response teams, district leadership, SDE newsletters, and training announcements.
- Sources of Strength expansion: SoS delivery will be modified to reflect current national practices and Idaho schools' needs, with greater emphasis on certifying additional trainers and expanding reach, especially in rural areas.
- QPR and CALM: IYSPP will continue QPR Trainer Certification Courses; CALM training courses are scheduled for SFY27 as the program integrates this training offering.
- Idaho Youth Well-Being Survey: IYSPP partnered with Communities for Youth to support 2026–27 survey participation, including administration planning, parent opt-in/consent, and school-level data analysis. IYSPP will offer small grants for community data walks and other upstream prevention activities based on survey findings.
- School mental health professional development: For the first time, IYSPP will send three school mental health staff to the National Center for School Mental Health's Advancing School Mental Health Conference in December 2026. State associations for school psychologists, counselors, and social workers will each select one member based on merit.
- Idaho Prevention and Support Conference: The SDE Suicide Prevention Coordinator will continue supporting conference planning, with DHW grant funds supporting pre-conference and conference sessions focused on youth suicide prevention.
- One new regional contractor (covering Region 4, south-central Idaho) will be onboarded for the SFY27 subgrant cycle.

Idaho Crisis & Suicide Hotline

In one of the most resounding developments in recent history for the prevention of suicide in youth, the Journal of the American Medical Association found from July 2022 through December 2024, nationwide suicide mortality among individuals aged 15 to 34 years was significantly lower than expected based on trends prior to July 2022. In July 2022, the nation's 988 system was officially launched. It allows help-seekers to access crisis and suicide hotlines with just three digits, 9-8-8. In the three years following the launch, contacts from Idaho have increased by at least 15%. Youth aged 13-17 years represent a higher percentage of callers than any other age group. Of note, youth are more likely to be asked about their age by 988 counselors, which may inflate the youth percentage of calls. However, a higher percentage of youth callers is consistent with national data.

ICSH continues to support help seekers with military affiliation at a rate of two percent (2%) or higher of all contacts. Although 988 offers a military or veterans routing option, some callers don't route to that special line. ICSH participates in Joining Forces, a statewide network organized by the Idaho Division of Veterans Services bringing together agencies and organizations serving Idaho veterans.

Suicide rates are significantly higher in rural and remote areas in Idaho compared to urban areas. To reach these rural and remote areas, the ICSH conducted an outreach initiative called Neighbors Supporting Neighbors in Bear Lake, Bonneville, Caribou, and Teton counties. Community connections included public libraries, food assistance services, community centers, and senior service organizations. Presentations were scheduled with local organizations to raise awareness of 988 services and to connect people in crisis with support. The initiative will move to north Idaho in SFY27 with outreach in Boundary, Bonner, Kootenai, Benewah, and Shoshone counties.

Over 85% of ICSH contacts are de-escalated through the support of a trained call responder where safety planning and community referrals are standard practice. Around eight percent (8%) of contacts require dispatch to a Mobile Response Team. Less than five percent (5%) are referred to a Community Crisis Center, leaving only one to two percent (1–2%) requiring 911 emergency response or local emergency department referral.

Supporting individuals within their own communities is an important part of 988 and the ICSH response. Prioritizing localized community care ensures all Idahoans have the opportunity to resolve a crisis close to home first.

Community Suicide Prevention and Local Suicide Prevention Collectives

SPP awarded subgrants to all seven local public health districts in SFY26 to continue support for local suicide prevention collectives. The subgrants allowed each health district to further explore and expand local capacity to implement suicide prevention, intervention, and postvention activities.

Local stakeholders and partners in districts were deeply engaged in activities. The volunteer-based engagement was augmented through subgrant funds that supported a part-time suicide prevention coordinator in each district who served as a suicide prevention subject-matter expert. There was collaboration not only with partners and stakeholders within each respective district, but also collaboration statewide to inform and promote suicide prevention best practices.

Health district coordinators convened local collectives of individuals and organizations representing each county within the district to develop local action plans aligned with the State Suicide Prevention Plan. Twenty-seven (27) counties were represented and actively involved in districtwide suicide prevention planning and implementation, bringing their county's unique perspective to the table while leveraging ideas and resources and collaborating on initiatives. The subgrant also required each district collective to conduct a triennial gap and needs analysis. With the most recent analysis, collectives reviewed the gaps and needs to determine district and local county resources, policies, training, and services missing to achieve goals related to prevention,

intervention, and postvention. Health district coordinators updated their annual action plans based on results of the analysis.

The health districts were also required to work with the State Department of Education and local school districts to ensure suicide prevention policies and programs were in place and actively supporting youth while ensuring efforts were not duplicated. The subgrants required development of a data collection plan to ensure data is being collected and shared with the department and the local collectives.

All district plans included elements for stigma reduction and suicide education. There were 71 gatekeeper training events held through district efforts, educating 1,687 individuals on how to recognize signs and symptoms of suicide, how to ask another person about suicidal thoughts, and how to intervene and provide care when there's risk while helping them connect to resources and services.

Loss survivor support practices were included in all but one district plan. There were six support groups for suicide loss survivors hosted in person at least monthly in locations throughout the state. These facilitated groups guide people through the special grief of suicide loss. Only one of those groups was a general grief group. Initiatives under the districts' action plans either support or promote the groups. Action plans for all districts included distribution of loss survivor support packets, which are specially curated collections of resources, comfort materials or reading, words of wisdom from those who have gone through the pain, and other items to help the grieving process. There's a heightened risk for suicide survivors following loss by suicide. Support through the grieving process is important. In SFY26, 437 individuals, families, funeral homes, coroners, law enforcement officers or first responders received these special packets. Last year, the states of Wyoming, Georgia, Texas, and Maryland all adopted versions of their own loss survivor support packets after seeing Idaho's model and requesting to use it.

All districts found lethal means safety was important to be included in their action plans. Safety was primarily addressed through messaging and stigma reduction with distribution of safety materials to compliment messaging. Because drug overdose tends to be a primary method used in suicide attempts, medication lockboxes were leveraged for multiple efforts to reach goals. In total, 3,462 medication lock boxes, drug deactivation pouches, and firearm cable locks were distributed.

Reaching the public with awareness, stigma reduction, and education was again found in all district plans. Collective members, partners, stakeholders, and other volunteers participated in 123 community and outreach events in SFY26, reaching at least 8,135 people with suicide prevention information and resources. Local collectives promoted Suicide Prevention and Awareness Month in September 2025 through conferences, social media, remembrance walks, and other community gatherings. Newsletter distribution became more common. All health districts host suicide prevention pages on their organization's website to provide information and connect visitors to resources. Some districts have online stores where suicide prevention materials can be ordered.

Three district coordinators volunteered to receive national level education at the American Association of Suicidology Conference in St. Louis, MO. The SPP collaborated with the Division of Behavioral Health, Adult Mental Health Bureau to obtain funding to cover registration and travel expenses for the coordinators.

The activities below only represent a portion of district coordinator efforts. However, these evidence-based activities are measurable, allowing combined efforts of all seven districts to be aggregated to demonstrate statewide impact across Idaho:

- Hosted or coordinated 71 Gatekeeper trainings for 1,687 Youth and Adults
- Hosted or coordinated 123 events where suicide prevention was promoted, reaching an estimated 8,135 Idahoans
- Distributed 3,462 lethal means safety materials including medication lock boxes, gun locks, and drug disposal pouches
- Worked with six active, local loss survivor support groups and distributed 437 loss survivor support packets
- 27 counties were involved in *districtwide* suicide prevention strategy building

Community Suicide Prevention by District: Highlights of SFY26 Accomplishments

Panhandle Health District (PHD 1)

Panhandle Health District took a major deviation in strategy this year at a point when a staffing change for the coordinator position occurred. Monthly meetings previously hosted for years by PHD 1 for the Panhandle Suicide Prevention Action Network (SPAN) were terminated. No other association or group stepped up to host the SPAN meetings or provide organizational and administrative support. Therefore, the SPAN group in Benewah County, in collaboration with the Panhandle Regional Behavioral Health Board (BHB), served as the start of a new suicide prevention collective. In May, the district experienced another setback when they experienced turnover again for the coordinator position.

Most notable in SFY26 were dynamic collaborations in Boundary and Bonner Counties between county leaders, school district leaders, the SDE regional contractor, and the suicide prevention subgrant coordinator to host suicide prevention training events designed for youth with another for adults. Between those two events, 80 adults and 120 youth received gatekeeper training.

Public Health – Idaho North Central Health District (PHD 2)

There is a strong alliance between PHD 2 and the Suicide Prevention of Inland Northwest (SPIN). SPIN includes all counties in the North Central District in its mission. SPIN actively seeks grant and fundraising opportunities to sustain organizational and implementation goals, greatly enhancing the coordination aspects delivered under the subgrant. Striving to implement initiatives in a way that resonates for their district, a greater focus was placed on raffles for firearm safes over distribution of firearm cable locks. An exploration with stakeholders found that safes are far more likely to be used than cable locks. The raffles help augment funds to support other strategic objectives.

PHD 2, with leadership from SPIN, hosted an annual Suicide Prevention Symposium with national experts and clinicians as presenters. The emphasis was instruction for a clinical, medical, and/or educational audiences, however, others interested in suicide prevention were welcome. The takeaways are hands-on and applicable in the field. In compliment to clinical level suicide prevention training, 14 gatekeeper training events were hosted in the district in four out of five counties at various locations to deliver basic suicide prevention literacy to 334 adults this past fiscal year. The district also distributed multiple resources throughout their region including over 500 promotional pamphlets for 988 and for lethal means prevention: 33 gun locks, 76 drug disposal pouches and 173 medication lock boxes.

Southwest District Health – (PHD 3)

PHD 3 surveyed residents from all 6 counties in the district to assess current storage practices, reasons for storage strategies, and openness to storage options for lethal means, both firearms and prescriptions/drugs. The district collective wanted to gather preferences, insight, and thoughts about safety from the people who live, work, and raise families there. Two-thirds of respondents owned at least one firearm and 90% owned or used medication. Of those, 53% always stored their firearm locked and unloaded and 67% of respondents never locked their medication. Prevention of access by children was the most frequently chosen reason by both respondents who stored their firearms locked and unloaded and respondents who stored their medications locked. The collective also learned that 50% of respondents who didn't store firearms securely were open to doing so, while 36% of respondents who did not store medication securely were open to doing so. The analysis of results allowed the district to formulate strategic focus areas for messaging, messengers, and primary audiences to reach with awareness, information, and education about lethal means safety. Suicide prevention plans in this district also included an analysis of gatekeeper training events. It was learned participants gained knowledge in suicide prevention facts, warning signs, asking about suicide, and getting help for individuals in crisis. Participants increased awareness of local suicide prevention resources, were more likely to ask someone about suicide after the training, and participants gained confidence in their ability to intervene, recognize warning signs, and help a person at risk of suicide. Enhancement of help seeking skills in these gatekeeper classes was recently added with a live call to 988 during the class to demonstrate anyone can call with concerns, for themselves or for someone else.

Central District Health (PHD 4)

PHD 4 had a vacancy for the suicide prevention coordinator role. A former IYSPP contractor for youth suicide prevention was soon hired. Her years of experience, education, and contacts in the field were an asset to the suicide prevention program. Although subgrant funds to the districts are only enough to fund a 0.25 - 0.5 coordinator, PHD 4 supplements the award to fund a full-time coordinator. At the close of the fiscal year, PHD 4 had purchased 25 Sources of Strength renewal licenses for secondary schools and was collaborating with the SDE to distribute them in the new school year.

South Central Public Health District (PHD 5)

The strategic approach to bring together a suicide prevention collective in South Central Idaho is decentralized. There are strong and long-standing suicide prevention groups practicing in Minidoka and Cassia Counties combined, and one in Blaine County. Though efforts were made to restore a group in Twin Falls County, the group remains inactive. Southern Idaho Youth Succeed is also incorporated in the collective for their insight and implementation of upstream suicide prevention for youth through resiliency, mental health awareness, and positive community engagement. The decentralized approach requires more dynamic skills of the coordinator role to elicit input, set goals, and encourage collaboration between members of all groups while supporting groups with their own unique goals and strategies. Data sharing serves, as a critical mechanism for member groups to evaluate program efficacy, help establish a clear baseline for successful interventions and areas requiring improvement. This collaborative approach fosters cross-pollination, allowing successful initiatives to be used throughout the district area.

Southeastern Idaho Public Health (PHD 6)

One of the strategic goals in Southeastern Idaho was to seek feedback and revise their suicide loss survivor support packets. Now the project is accomplished, a specific distribution plan was followed to get packets in the hands of law enforcement and first responders as well as funeral homes previously receiving packets.

Although every county in the district is found to have received education or outreach for suicide prevention last fiscal year, representation through participation and input in the district collective is not found from every county. The smaller or more remote counties are the most challenging to become active in the collective. There is active support to communities in those counties, however, and local champions are being identified and invited to the collective efforts of suicide prevention.

Eastern Idaho Public Health (PHD 7)

District collective efforts supported the Seventh Annual Community Suicide Prevention Conference in Idaho Falls. The event alternates between Idaho Falls and Pocatello every other year. Registration topped over 200 last year for the first time. Because two suicide prevention conferences hosting industry recognized experts presenting cutting edge topics exist annually in two different parts of the state, a proposal was made by the SPP to explore combining both into one powerhouse annual conference held alternately in Idaho North Central and Eastern Idaho locations. The benefits and challenges were discussed in an online meeting of leadership from both boards, the SPP, and the respective subgrantee coordinators. It was determined that for now, separate conferences are preferred because of prohibitive travel distances by participants. Shared planning for presenters would be beneficial, however, to economize presenter travel charges, if the conferences were stacked close in time.

The Chaplains of Idaho Falls requested a quarterly suicide prevention presentation for data updates, prevention efforts, and collaboration opportunities after they received a presentation from the suicide prevention coordinator during their spring academy. In St. Anthony last year, a Hope Bench, also called an Angel Wings Bench, was dedicated in memory of those lost to suicide and in comfort to those struggling with suicidal thoughts.

SFY26 Suicide Prevention and Awareness Campaign

In SFY26, SPP, in conjunction with DHW's marketing agency, RIESTER Mountain, implemented an awareness media campaign. The campaign was run from January to June 2026 in SFY26. The goal of the campaign was to promote awareness of 988 for Idaho Crisis & Suicide Hotline (ICSH) call support, encourage the audience to recognize and respond to signs of suicide risk, reduce stigma of health seeking behaviors, and ultimately, promote togetherness of Idahoans. The campaign utilized previously developed static media assets which were run during the SFY24 media campaign with the updates of including the ICSH logo and driving traffic to 988/ICSH's website. These advertisements ran on Meta social media platforms, and Google. In addition, radio advertisements were run during this timeframe. Along with the previously developed media assets, the campaign also ran updated short 988 video clips previously developed by the Division of Behavioral Health to reflect driving traffic to 988/ICSH's website.

The campaign yielded 6,720,276 impressions, 50,042 clicks on ad links leading directly to the 988 ICSH website, and 33,114 clicks to play videos about getting help from ICSH. Specific data for each media type is provided below:

- Google Display ads yielded 2,277,239 impressions with 42,896 clicks to ICSH.
- Google Paid Search ads appear when keywords are typed into Google. These yielded 88,769 impressions with 7,063 clicks to the ICSH website. Top keywords searched included "depression help", "suicide hotline Idaho," and "mental health emergency."
- The placement of Digital Out-of-Home advertisements on Idaho roadways via digital billboards ads, bus shelters ads, and transit screen ads garnered 3,490,671 total impressions with an estimated 138,634 unique impressions.
- The social media (Facebook and Instagram) component of the campaign garnered another 1,624,522 impressions for the English ads and 724,168 impressions for the Spanish ads. Unique ad impressions were not calculatable for this measure.
- The radio ad component ran through SiriusXM yielded a total of 1,514,907 impressions with an estimated 121,006 unique impressions and 83 clicks to the ICSH website. General market audio ads in English delivered roughly 757,000 impressions, reaching 105,000 listeners, and the Spanish-language audio ads delivered roughly 757,000 impressions, reaching nearly 26,000 listeners.
- Across all advertisement mediums, the campaign yielded a total of 9,720,276 impressions.

The Idaho Suicide Prevention Program continues to demonstrate that sustained, coordinated investment in suicide prevention can produce meaningful results for Idaho communities. In SFY26, the program supported statewide youth prevention efforts, strengthened local suicide prevention capacity through all seven public health districts, expanded access to the 988 Idaho Crisis & Suicide Hotline, provided training and resources to schools and communities, and advanced prevention, intervention, and postvention strategies. These efforts occurred alongside encouraging statewide trends, including a decline in Idaho's suicide rate from 23.3 per 100,000 in 2023 to 21.8 in 2024 and 20.6 in 2025, as well as decreases in emergency department visits related to suicide attempts and suicidal ideation. At the same time, the growing use of 988 demonstrates that Idahoans are increasingly reaching out for help before a crisis requires emergency intervention.

These gains represent important progress, but they also demonstrate why the work must continue. Suicide remains a notable public health concern, and the systems, partnerships, training, outreach, and local capacity developed through SPP require consistent investment to be maintained and strengthened. Continued programming is therefore essential to preserve this momentum, respond to emerging needs, expand effective strategies, and ensure that every Idaho community has access to the resources and support necessary to prevent suicide and save the lives of Idahoans.