

Moving Toward Zero Suicides In Idaho



Report to Governor C.L. "Butch" Otter
December 2014

Idaho Council on Suicide Prevention
Linda Hatzenbuehler, Chair

Table of Contents

Executive Summary.....	1
2014 Council Members.....	6
Executive Order 2014.....	7
Suicide in Idaho: Fact Sheet and 2013 Youth Risk Behavioral Survey.....	9
Partner Reports:	
Boise Veterans Affairs Medical Center.....	12
Idaho Lives Project.....	14
Idaho State Department of Education.....	16
Idaho State Department of Health and Welfare, Division of Behavioral Health.....	18
Idaho Suicide Prevention Hotline.....	21
Juvenile Probation Initiative.....	23
Shoshone-Bannock Tribes, Mental Health Program.....	24
NAMI Idaho.....	25
QPR Community Support.....	26
SPAN Idaho.....	27
Speedy Foundation.....	29
Teen Suicide Summit Report.....	31

IDAHO COUNCIL ON SUICIDE PREVENTION 2014 REPORT TO THE GOVERNOR

Executive Summary

As indicated in the original Executive Order, established by Governor Otter in 2010, the purpose of the Idaho Council on Suicide Prevention (ICSP) is to:

- A. Oversee the implementation of the Idaho Suicide Prevention Plan;
- B. Ensure the continued relevance of the Plan by evaluating implementation and developing changes and new priorities to update the Plan;
- C. Be a proponent for suicide prevention in Idaho; and
- D. Prepare an annual report on Plan Implementation for the Governor and Legislature.

The ICSP was developed because death by suicide remains a significant public health concern in Idaho as indicated by the following statistics:

1. Idaho consistently ranks among the top 10 states in the country with the highest number of completed suicides per capita. In 2013, 308 people completed suicide in Idaho, an increase from 2012. ⁱ
2. In the five years from 2009 through 2013, 85 youth age 18 and younger and 134 youth age 19 – 24 died by suicide in Idaho. The Idaho Youth Risk Behavior Survey consistently shows that 1 out of 7 Idaho high school students report seriously considering suicide, 1 out of 8 has a suicide plan and 1 out of 14 has attempted suicide. ⁱⁱ
3. The annual cost of suicide attempts in Idaho is estimated at \$36 million. The annual financial burden of completed suicides in Idaho is estimated at over \$850,000 in medical care alone and \$343 million in total lifetime productivity lost. ⁱⁱⁱ

This annual report documents and summarizes the events that have occurred during the past year addressing the implementation of strategies by partner agencies and groups addressing the goals of the 2011 Idaho Suicide Prevention Plan. The executive summary also documents some of the activities completed by the Council itself. Full reports of partner groups follow the Executive Summary.

The 2014 calendar year witnessed several very significant changes and accomplishments by the ICSP itself. The ICSP sponsored training by the Western Interstate Commission for Higher Education (WICHE) on implementing suicide prevention strategies into primary care. Physician and provider at St. Lukes Hospital participated in the event. In May, the founding chair of the Council, Kathie Garrett, stepped down, and Dr. Linda Hatzenbuehler, a long-time member of the Idaho Planning Council on Mental Health, was appointed Chair. In addition to a new chair, several other members of the Council completed their three-year terms or left the Council for other reasons, and new members were recruited and officially appointed in August. A current membership list is attached to this report. In August, a new Executive Order was issued establishing the Council, as the original Executive Order had expired. The new Executive Order included a minor change concerning regional representation of members. During the annual meeting, the strategic plan developed in 2011 was reviewed. In particular, the goals in the 2011 plan were reviewed, and it was the consensus of all present that the 2011 goals, as established,

GOAL 3: GATEKEEPER EDUCATION

The education of professionals and others working with people at risk for suicide include effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

- The Idaho State Prevention and Support Conference, hosted by the State Department of Education (SDE), featured Dr. Scott Polland, premier expert on school violence, crisis and suicide prevention. Participants included school counselors, teachers, administrators, resource officers and community stakeholders.
- The Idaho Lives Project awareness directly to over 7,700 individuals and indirectly to over 133,000 through radio and other promotional materials.
- The VAMC presented on suicide prevention and intervention at the National Chaplain's Conference, in Twin Falls, Idaho, June 2014.
- The Idaho Basic Juvenile Probation Officer Academy has enhanced their curriculum in suicide prevention.
- The National Alliance on Mental Illness (NAMI) Idaho held "Question, Persuade, Refer" (QPR) training during their annual conference in Coeur d'Alene. Twenty-five individuals were trained on warning signs and referral techniques for use in their communities.

GOAL 4: BEHAVIORAL HEALTH PROFESSIONAL READINESS

Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

- The Western Interstate Commission for Higher Education (WICHE) provided training for primary care health professionals in suicide prevention activities at St. Luke's Hospital
- SPAN Idaho Region 6 and the Idaho Lives Project provided expert clinical suicide assessment and management training by Dr. M. David Rudd to 535 behavioral health providers statewide.
- SPAN Idaho brought Dr. Thomas Joiner, one of the world's leading experts in suicide prevention, to a conference attended by mental health professionals, clergy, school personnel, survivors, law enforcement and community leaders.
- The Department of Health and Welfare Division of Behavioral Health through its Quality Assurance unit has implemented new requirements for risk assessment training.

GOAL 5: COMMUNITY INVOLVEMENT

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

- The SDE provided a "Safe Schools in Idaho" seminar for law enforcement and school officials which covered general principles of threat assessment in schools.
- SPAN Idaho developed a SPAN chapter at Fort Hall.

lead Idaho state government agency that is responsible for Idaho's suicide prevention and intervention efforts.

- The Idaho Council on Suicide Prevention (ICSP) participated in a presentation to the Health Quality Planning Commission (HQPC) and a roundtable, sponsored through St. Alphonsus Regional Medical Center, which will lead to a proposal for a concurrent resolution addressing suicide prevention system of care implementation in Idaho.

GOAL 10: DATA

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

- The SDE, Office of Drug Policy and Department of Health & Welfare developed the 2014 Idaho Youth Prevention Survey (IYPS), which gleaned valuable information about students at risk for suicide and other unhealthy behaviors.
- The Idaho Lives Project collected and reported quantitative and qualitative data relating to its seven project goals including those related to 97 trainings of over 2,900 individuals.
- Regional Mental Health Programs, Optum Idaho and BPA report deaths by suicide of clients who received a service.
- In August 2014, the Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics published the Idaho Vital Statistics Suicide Report with data focused on the five-year period of 2009-2013. The report can be found at: <http://www.healthandwelfare.idaho.gov/Portals/0/Users/074/54/1354/Suicide%20Report%202013.pdf>

In summary, 2014 witnessed multiple successful grassroots efforts to address the incidence of deaths by suicide in Idaho. Much work needs to be done to implement more comprehensive strategies to address this significant public health issue. Policies need to be in place which promote evidence-based suicide prevention efforts aimed at multiple sectors of our communities: schools, law enforcement, health and mental health providers and systems, and the media. The ICSP pledges to work diligently to decrease the number of our citizens who die by suicide.

Respectfully submitted,



Linda C. Hatzenbuehler, Ph.D., ABPP
Chair

ⁱ Idaho Bureau of Vital Records and Health Statistics

ⁱⁱ State Department of Education, YRBS, 2013

ⁱⁱⁱ Kirkwood, A. Idaho Suicide Prevention Hotline Report, Institute of Rural Health, Idaho State University, 2010

Idaho Council on Suicide Prevention

2014 Council Members

Krissy Broncho
Native American
Fort Hall, ID

Pam Catt-Oliason
Commission on Aging
Boise, ID

Dieuwke Dizney-Spencer
Department of Health and Welfare
Boise, ID

Kathie Garrett
NAMI Idaho
Meridian, ID

Jeni Griffin
SPAN Idaho
Idaho Falls, ID

Linda Hatzenbuehler, Chair
Idaho State University
Pocatello, ID

Karen Hostetter
Department of Education
Boise, ID

Kim Kane
Idaho Lives Project
Boise, ID

Heidi Lasser
Department of Health and Welfare
Boise, ID

Matt Olsen
Bannock County Juvenile Justice
Pocatello, ID

Catherine M. Perusse
NAMI Board
Sandpoint, ID

Linda Peterson
Survivor
Boise, ID

Mary Pierce
Boise Veterans Affairs
Midvale, ID

John Reusser
Idaho Suicide Prevention Hotline
Boise, ID

Neva Santos
Idaho Academy of Family Physicians
Boise, ID

Laura Senderowicz
Ada County Sheriff's Office
Boise, ID

Amanda Wester
Youth Representative
Boise, ID

Stewart Wilder
Survivor
Boise, ID

John Goedde
State Senator
Coeur d'Alene, ID



Executive Department
State of Idaho

The Office of the Governor

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

State Capitol
Boise

EXECUTIVE ORDER NO. 2014-08

**ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION
REPEALING AND REPLACING EXECUTIVE ORDER NO. 2010-12**

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

WHEREAS, in 2013, suicide was the second leading cause of death for Idahoans aged 10-34 and for males aged 10-34 and for females aged 15-24; and

WHEREAS, in 2013, 308 people completed suicide in Idaho, a 3-percent increase over 2012, and an 8.5-percent increase over 2011; and

WHEREAS, suicide is particularly devastating, especially in the rural areas of Idaho;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the powers and authority vested in me by the Constitution and laws of this state, do hereby establish the Idaho Council on Suicide Prevention.

I. The Council's responsibilities shall be:

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

II. The Governor shall appoint all members of the Council with state regional representation in mind. The Council shall include representatives from:

- A. The Office of the Governor;*
- B. The Idaho State Legislature;*
- C. The Department of Health and Welfare;*
- D. The Department of Education or School Districts;*
- E. Juvenile justice;*
- F. Adult corrections;*
- G. SPAN Idaho;*
- H. The mental health profession;*
- I. The National Alliance for the Mentally Ill or another mental health advocacy group;*
- J. Suicide bereavement and attempt survivors;*
- K. An Idaho tribe;*
- L. Idaho youth;*
- M. The Commission on Aging or Aging Services;*
- N. The military, a veteran or the Division of Veterans Services;*
- O. Organizations engaged in suicide prevention and awareness activities; and*
- P. Various regions of Idaho.*



**Suicide in Idaho: Fact Sheet
October 2014**

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. **In 2012 (the most recent year available) Idaho had the 8th highest suicide rate, 44% higher than the national average.**
- In 2013, 308 people completed suicide in Idaho; a slight increase from 2012.
- Between 2009 and 2013, 79% of Idaho suicides were by men.
- In 2013, 65% of Idaho suicides involved a firearm. The national average is 51%.
- 15.8% (1 in 7) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2013. 7.0% (1 in 14) reported making at least one attempt.
- Between 2009 and 2013, 85 Idaho school children (age 18 and under) died by suicide. Fifteen of these were age 14 and under.
- It is estimated that suicide attempts in Idaho result in \$36 million in costs annually. Idaho's costs for suicide completions annually is over \$850,000 in medical care alone, and \$343 million in total lifetime productivity lost.
- In 2012, there were 40,600 deaths by suicide in the United States, an average of 1 person every 13 minutes.

Idaho Resident Suicides by Region – 2013

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2009-2013	5-yr Avg Rate
1	Coeur d'Alene	41	18.8-	217,551	234	21.8
2	Lewiston	18	16.9-	106,588	105	19.8
3	Nampa	56	21.3*	263,411	228	17.8
4	Boise	77	16.8-	459,035	353	15.9
5	Twin Falls	41	21.7*	188,860	195	21.0
6	Pocatello	44	26.1*	166,138	175	21.1
7	Idaho Falls	31	14.7-	210,553	198	19.1

* increase from 2012, - decrease from 2012

**Idaho Suicides by Age/Gender 2009-13
Over 5 year period**

Age	Total	Male	Rate	Female	Rate
< 15	15	12	4.0	3	1.1
15-24	219	172	29.8	47	8.5
25-34	202	168	31.3	34	6.6
35-44	262	193	39.4	69	14.5
45-54	321	244	47.9	77	15.0
55-64	243	184	40.0	59	12.6
65-74	119	103	36.1	16	5.4
75-84	68	63	44.8	5	3.0
85+	39	34	72.3	5	6.0

**Method 2009-13
(all ages)**

Firearm	64.95%
Poisoning	17.5%
Suffocation	12.3%
Cut/Pierce	.7%
Fall	1.3 %
Other	3.2%

Idaho Suicide Rates 2001 – 2013

Year	Number	ID Rate	US Rate
2001	213	16.1	10.8
2002	203	15.1	11.0
2003	218	16.0	10.9
2004	239	17.2	11.1
2005	225	15.7	11.8
2006	218	14.9	11.2
2007	220	14.7	11.5
2008	251	16.7	11.9
2009	307	19.9	12.0
2010	209	18.5	12.4
2011	284	17.9	12.7
2012	299	18.7	12.9
2013	308	19.1	n/a

Partner Reports

Accomplishments in Suicide Prevention



United States Department of Veterans Affairs

Boise Veterans Affairs Medical Center

Suicide Prevention Program

The Veterans Affairs' basic strategy for suicide prevention is to provide ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high risk patients. Outreach, education and participation on community boards are also critical aspects of the Boise VAMC suicide prevention program.

- The Suicide Prevention Coordinator ensures suicidal Veterans receive the appropriate services. *In the last 12 months 217 Idaho Veterans were connected to the Suicide Prevention Coordinator by Veterans Crisis Line consults, community hospitals, various social welfare agencies, families and friends, and have been connected with VA Services.*
- Screening and assessment processes have been set up throughout the system to assist in the identification of Veterans at risk for suicide. A chart "flagging" system has been developed to assure continuity of care and provide awareness among providers. Veterans who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality. *In the last 12 months 84 Idaho Veterans have been identified as High Risk for Suicide with one High Risk Veteran suicide.*
- The Suicide Prevention Coordinator and VA Mental Health staff provide community outreach that includes education on veterans mental health issues, suicide prevention

The Idaho Lives Project is a joint project of the State Department of Education and the Suicide Prevention Action Network of Idaho. The Project is federally funded by the Garrett Lee Smith State and Tribal Youth Suicide Prevention Grant awarded through the Substance Abuse and Mental Health Services Administration on October 7, 2013. The mission of this three-year Project is to foster connectedness and resilience throughout Idaho school communities to prevent youth suicide.

The Idaho Lives Project's four overlapping programs create a comprehensive approach to youth suicide prevention in Idaho.

The **School Communities Program** brings *Sources of Strength*, an ongoing, comprehensive wellness program, and the most well-researched program of its kind, into Idaho middle/junior high and high schools to build connectedness and resilience among the students, and increase referrals and treatment of students at risk for suicide. Because students in crisis must have trained, trusted adults to turn to, the program also trains school staff and communities to identify, assist and refer those at risk.

In 2014, the Project provided *Sources of Strength* training to 14 schools statewide, including booster (second) trainings to 8 of those schools. Schools included Priest River Lamanna High School, Lapwai Middle/High School, Parma Middle School, Parma High School, Homedale High School, Nampa High School, Emmett High School, Frank Church High School (Boise), Silver Creek High School (Hailey), Pocatello High School, Preston Jr. High School, Preston High School, Salmon Middle/High School, and Teton High School (Driggs). Over 500 middle and high school students, and 70 school adult advisors were trained through this program. School staff members and community members also received training in suicide prevention. The Project trained 800 school staff and 154 community members in 2014. The majority (over 80%) of school staff participants and 85% of community members rated the training and its value to them as outstanding or above average.

Qualitative data from the *Sources of Strength* trainings have been overwhelmingly positive with several examples of students utilizing skills learned in trainings, positive changes in student behavior and students identified for risk of suicide.

The **Health Professionals Program** is based on the knowledge that trained adults must be able to refer youth and their parents to well-trained health professionals. This program brings expert, evidence-based suicide assessment and management training to behavioral health and primary care professionals throughout Idaho.

The Idaho State Department of Education: Alignment to Suicide Prevention Goals

The Idaho State Prevention & Support Conference is hosted annually by the Idaho State Department of Education (SDE). The conference is a gathering focused on innovation, best practices, collective problem-solving and motivation to most effectively address youth risk behaviors, foster optimal health and realize academic success for Idaho students. The most recent conference was held in April, 2014, with workshops offering topics related to school safety planning, emergency operations, suicide prevention, law enforcement / school partnerships, drug and alcohol prevention, violence prevention, out of school programming and community engagement in schools. Participants included approximately 425 school counselors, teachers, administrators, school resource officers and community stakeholders.

A central focus for the 2014 conference was school safety, featuring a keynote address by Dr. Scott Poland, a premier expert on school violence, crisis response and suicide prevention. Research has emphasized the need for all students to feel a connection to their school and it is very important for each student to have a significant relationship with one or more adults at their school. Numerous school tragedies could have been prevented if students had come forward and alerted school officials and other adults about the warning signs of suicide and/or violence. The prevalence of bullying, school violence, and suicide requires that schools improve prevention efforts and Dr. Poland's keynote address specifically addressed how to help schools and communities develop and enhance their knowledge and understanding of serious risk factors for students and how to respond for the prevention of suicidal and violent behavior. Participants also learned effective strategies to improve mental health services for students and how to increase student involvement in school safety. The conference also hosted a break-out workshop about the importance of belongingness in school-wide suicide prevention, presented by a staff member from the Suicide Prevention Action Network of Idaho. These activities aligned closely with goals three and five of the Idaho Suicide Prevention Plan by educating the community and school professionals about appropriate suicide prevention activities and awareness.

During the 2014 legislative session, the Idaho legislature appropriated \$2,165,700.00 in funding to partially restore Safe and Drug Free schools money (HB 640). The dedication of these funds for substance abuse prevention and school safety improvements came about through the work of a safe and secure task force convened by the SDE. The SDE has been dispersing this funding to school districts for the provision of school safety improvements and/or prevention activities. In their applications for funding, many school districts identified suicide prevention as a district priority. In alignment and encouragement of the third goal in the Idaho Suicide Prevention Plan, the SDE has provided technical assistance and support for school districts regarding best practice programs about suicide prevention/response and additional school safety resources.

The tenth goal of the Idaho Suicide Prevention Plan focuses on the availability of data to make decisions regarding local and statewide prevention services. In collaboration with the Idaho Office of Drug Policy and the Idaho Department of Health and Welfare, the SDE assisted in the

Idaho Council for Suicide Prevention

Division of Behavioral Health Report 2014:

Idaho's First Community Crisis Center

Idaho Legislature appropriated \$1.52 million in ongoing State general funds and \$600,000 in one-time federal money in the 2014 session for the Division of Behavioral Health to open and run one behavioral health crisis center in Idaho. Idahoans experiencing a behavioral health crisis often are incarcerated, hospitalized or treated in hospital emergency departments because an appropriate level of care to meet their needs is unavailable. The crisis center will be a place to go voluntarily and where people in crisis will be able to access services they need, get stabilized and leave with a treatment plan.

On June 26, 2014, Gov. C.L. "Butch" Otter announced Idaho Falls as the site for the behavioral health crisis center. Bonneville County graciously agreed to be the recipient of the contract with the state. They were able to quickly identify a building to buy for the crisis center. The crisis center is located on Anderson Street in Idaho Falls. Many community partners worked closely with Bonneville County to get the crisis center up and running. These partners included: Bonneville County Sheriff's Office, Idaho Falls Police Department, Eastern Idaho Regional Medical Center, the Department of Health and Welfare (DHW), Targhee Regional Public Transportation Authority, National Alliance on Mental Illness, Crisis Intervention Teams, public behavioral health providers and other interested community members. This team helped create a logo and brochure for the crisis center, as well as establishing a bus stop at the crisis center. The community has offered a lot of in-kind and financial donations, including an industrial washer and dryer. Bonneville County looked for and successfully hired a coordinator for the crisis center. The communities of eastern Idaho are excited to have this resource to help those in a behavioral health crisis to receive the help they need. The center will be accessible to all residents on a voluntary basis. The crisis center has been modeled on the best practices of other states where similar crisis centers have succeeded, and will follow Idaho Administrative Rule 16.07.30. It will operate around the clock, every day of the year and it is available to provide evaluation, intervention and referral for people experiencing a crisis because of serious mental illness or substance use disorder. The Behavioral Health Crisis Intervention Center of Eastern Idaho officially opened its doors on December 12, 2014. The ribbon cutting ceremony occurred on Monday, December 15, 2014. "We're grateful for the funding we received. We anticipate the information gathered from the center will demonstrate the effectiveness of the model and lead to the development of additional crisis centers in the state." said Ross Edmunds, administrator for the Division of Behavioral Health at the Idaho Department of Health and Welfare.

facilitated by Connecticut Community for Addiction Recovery (CCAR). Recovery Idaho will encompass recovery from both substance use and mental health disorders. In addition, CCAR also facilitated training for recovery coaches, bringing Idaho's total number of recovery coach trainers to 25. In addition, the division sponsored Idaho's first recovery coach training with grant funding in May 2013. Since then, more than 200 recovery coaches have been trained, with coaches now located in every region of the state. Recovery Coaches act as personal guides and mentors for individuals that are working toward recovery from alcohol and substance use. Coaches help others overcome personal and environmental obstacles to recovery, and link them to community sources of support.

QA Practices to Support Suicide Prevention

The Idaho Department of Health and Welfare Division of Behavioral Health (DBH) supports the goal to reduce or eliminate deaths by suicide within the State of Idaho. The DBH has a deep commitment to safety in behavioral healthcare and has initiated continuous quality improvement efforts to achieve that goal.

To support the goals of DBH the Quality Assurance unit (QA) has implemented several practices to assist with the achievement of this goal. These practices include the following systematic steps to enhance the safety culture:

- Regional Mental Health Programs, Optum Idaho and BPA report deaths by suicide of clients who received a service.
- Central Office QA tracks all suicides reported and reports results annually to the DBH Administrator.
- QA conducts a review of suicides
- QA requests that Root Cause Analysis (RCA) be completed by Regional Mental Health Programs for deaths within 30 days of service.
- QA recommends action plans as a result of RCA
- Changes to the existing policy regarding risk assessments
- New requirements related to risk assessment training



1-800-273-TALK (8255)

A Program of Mountain States Group

Accomplishments and Activities 2014

The Idaho Suicide Prevention Hotline is committed to the prevention of suicide in Idaho. The Hotline is a program of Mountain States Group, a 501 (c) (3) non-profit organization. The Hotline provides crisis intervention, emotional support, resource referrals, and follow-up calls if needed to all Idahoans who are suicidal or in crisis. ISPH nears its third full year of operations, earning national accreditation with Contact USA, securing additional one-time United Way funding, training its 7th volunteer class, and is on schedule to achieve 24/7 phone response by late November 2014.

Idaho Suicide Prevention Hotline		
Call Statistics		
January 1 to September 30, 2014		
	3rd Quarter	Year to Date
Total Calls Received	734	1867
Military Members / Families	140	468
Rescue Calls (approximate)	30	100
Caller Age:		
10 - 14	26	76
15 - 19	87	215
20 - 24	53	155
25 - 34	85	195
35 - 44	37	111
45 - 54	70	185
55 - 64	123	383
65 - 74	21	62
75 - 84	10	16
85+	0	5
Didn't Report	222	464
Total Calls Received	734	1867

*1st Quarter amount corrected from previous report

Volunteer and Staff Recruitment and Training

In 2014 ISPH trained approximately 40 prospective volunteers in the ASIST (applied suicide intervention skills training) model. Approximately 50 volunteers are currently active as hotline Phone responders. In the first 3 quarters of 2014 volunteers contributed a total of 7660 hours, valued at \$145,690). To operate 24 hours per day/7 days per week with a minimum of 2 volunteer responders per shift, ISPH will need approximately 80 volunteer Phone Responders. All shifts require onsite supervision by a master's level clinician or equivalent. Initial overnight phone coverage will be provided by a paid supervisory staff person as we continue to train more responders and address the challenge of providing more robust overnight staffing. We have begun recruiting a separate cohort of non-phone worker volunteers or 'Hotline Ambassadors' to assist with community outreach and support tasks both in Boise and across the state and have provided quality display materials to our SPAN partners in the Coeur d'alene and Idaho

Matt Olsen

Director

Bannock County Juvenile Justice

The Idaho Basic Juvenile Probation Officer POST Academy has enhanced the curriculum in suicide prevention by increasing curriculum focus on recognizing the signs and symptoms of suicidal risk, as well as effective ways to respond when it is determined that risk exists. The new curriculum will be implemented in the next Juvenile Probation Officer POST Academy in December of 2014.

The SHOSHONE-BANNOCK TRIBES



COUNSELING & FAMILY SERVICES

P. O. BOX 306
FORT HALL, IDAHO 83203
PHONE (208) 237-5631
LOCATION: MISSION ROAD
FAX (208) 237-5796

TRIBAL HEALTH & HUMAN SERVICES DEPARTMENT

P.O. BOX 306
FORT HALL, IDAHO 83203
FAX (208) 238-3940

October 3, 2014

Linda Hatzenbuehler
Idaho State University
Division of Health Sciences
921 South 8th Ave., Stop 8055
Pocatello, Idaho 83209-8055

RE: Idaho Council on Suicide Prevention

Dear Dr. Hatzenbueler:

On behalf of the Shoshone-Bannock Tribes, as the manager for the Mental Health Program, I would like to report activities/events that our Tribe has provided and/or participated in this year to meet the goals of the Idaho Suicide Prevention Plan.

- Two mental health providers for the Tribe become Certified ASIST (Applied Suicide Intervention Skills Training) Trainers (Goal 4)
- Provided two, two day ASIST trainings to community members, 20 people completed (Goal 3 & 5)
- Hosted 1st Annual "Walk For Life" Suicide Awareness/Prevention activity- National campaign throughout Indian Country (Goal 1 & 2)
- Participated in THRIVE (Tribal Health Reaching Out InVolves Everyone) media campaign to prevent suicide and bullying among American Indian/Alaska Native Youth (Goal 1 & 2)
- Disseminated Suicide Hotline information out to all the Tribes in Idaho and hang posters throughout the Indian Health Service Center and the community (Goal 8 & 1)
- Participated in the State Juvenile Justice grant, provided Mental Health screenings to 65% or more of adolescents entering the Fort Hall Corrections (Goal 4 & 6)

Respectfully,

Krissy Broncho, LCSW
CFS Manager/Clinical Coordinator

NAMI Idaho

On September 20, 2014, NAMI Idaho held their quarterly Regional Conference in Coeur d'Alene Idaho. Because of NAMI Idaho's recognition of the importance of suicide prevention within the state, and our formal position that suicide prevention is the responsibility of the entire community and requires vision, will, and a commitment from the state, communities and individuals of Idaho, a formal Question, Persuade, Refer (QPR) training was included in the conference schedule. The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)--the warning signs of a suicide crisis and how to respond by following three steps:

- Question the individual's desire or intent regarding suicide
- Persuade the person to seek and accept help
- Refer the person to appropriate resources

More than 25 individuals were trained on warning signs and referral techniques for use in their communities. It is hoped that this training can be incorporated into all future NAMI Idaho Regional Quarterly Conferences within the state of Idaho.

2014 QPR Community Support Funded by Governor's Council on Suicide Prevention

Question, Persuade and Refer (QPR) is a short training designed to teach individuals how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. This year the Council provided 472 QPR training booklets, free of charge, to five trainers who would otherwise have had to charge attendees or pay out of their own pocket.

The Suicide Prevention Council also funded recertification of six (6) QPR Trainers (from all corners of the state of Idaho). Below is a list of the individuals recertified and the conditions agreed upon in exchange for the funding.

The following QPR Instructors were recertified with Council Funds:

1. Jeni Griffin- Idaho Falls, ID
2. Kim Kane- Boise, ID
3. Penelope Hansen- Boise, ID
4. Kristin Gorringer- CDA, ID
5. Kim Jardine-Dickerson- Idaho Falls, ID
6. Cynthia Mauzerall - Boise, ID

- 1. Conduct a minimum of 3 QPR trainings within the first year starting at the recertification date.*
- 2. Each QPR training must have a minimum of at least ten (10) participants, not including the trainer.*
- 3. The QPR trainer needs to send a report via e-mail to the Council of dates, times, locations, and number of training participants of each QPR training.*



ACTIVITIES AND ACCOMPLISHMENTS

October 2014

Overview

SPAN Idaho is a suicide prevention organization founded in 2002 as a 501 (c) (3) nonprofit organization. Our mission is to provide leadership for suicide prevention in Idaho. At the state level, SPAN Idaho comprises a volunteer board of directors and two part-time staff, with established chapters in each of the seven Idaho Department of Health and Welfare (IDHW) regions to carry out statewide suicide prevention awareness activities and to respond at a community level. From its beginning, Span Idaho as a grassroots organization has encouraged and recognized the importance of regional and local involvement to prevent suicide. With the help of our chapters and other organizations, SPAN Idaho works to have zero suicides in our state.

Most Recent

In partnership with Idaho State Department of Education (SDE), SPAN Idaho received the Garrett Lee Smith Memorial Act (GLSMA) grant administered by the substance Abuse and mental Health Services Administration (SAMHSA) to target youth, ages 10-24 in suicide prevention in October of 2013. The Idaho Lives Project (ILP), which will reach more than 31,000 individuals over the three-years of the grant, with training for youth, school staff, community adults along with health and mental health providers in effective response to suicidal youth. All goals of the project align with the goals of the Idaho Suicide Prevention Plan (ISPP) and the National Strategy for Suicide Prevention (NSPP). More about this project is included in this current report.

Training and Awareness

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

- Offer training for clinicians, survivors, police/sheriff departments, and anyone interested in suicide prevention. As of September 2014, SPAN Idaho's annual statewide conferences the last thirteen years have trained approximately 2,500 participants in suicide prevention skills. Our most recent conference, held in September 2014, Dr. Thomas Joiner one of the world's leading experts in suicide prevention shared his expertise to a group of mental health professionals, clergy, school personnel, survivors, law enforcement, and community leaders. His valuable and up to date, best practices training, educated more than 150 individuals in suicide prevention.
- Developed and conducted presentations and trainings on suicide and suicide prevention for the Idaho Department of Labor, Idaho Criminal Justice Commission, IDHW Children's Mental Health, Idaho Juvenile Justice, Idaho State Tax Commission, Hispanic Commission, Idaho National Guard, schools, parent groups, clergy, and other community groups.
- Hold regional annual Save-the-One Memorial Walks to raise awareness and support survivors.
- Provide materials at community events and gatherings to share suicide warning signs and other prevention measures.

MENTAL HEALTH FIRST AID SCHEDULE 2014-2015

Month	Place	Location	Reg.
Aug.25 th 26 th	Salmon, Idaho	Public Library 204 Main St.	7
Sep. 18 th 19 th	Sandpoint, Idaho	Bonner General Hospital 520 N 3rd Ave. Sandpoint, Idaho 83864	1
Oct. 2nd 3rd	Idaho City, Idaho	Idaho City Community Hall 206 West Commercial Idaho City, Idaho	4
Nov. 6th 7th	Grangeville, Idaho	Real Life Church(The Gym) 1005 E Main St Grangeville, Idaho	2
Dec.			
2015			
Jan.			
Feb. .5 th 6 th	3402 Franklin Rd. Caldwell, Idaho Spanish Edition	IDHW 3402 Franklin Rd Caldwell, Idaho 83605	3
Mar. .19 th 20 th	Weiser	TBD	3
Apr. 16 th 17 th	Montpelier, Idaho	Bear Lake Memorial 164 S. 5th St. Montpelier, Idaho 83254	6
May 14 th 15 th	Shoshone, Idaho	TBD	5
Jun.	Duck Valley Indian Reservation	???????	3
July 30 th 31 st		TBD	

Here is the schedule for the rest of this year and next year. The Duck Valley Indian Reservation will be getting back to me on if they want June or July.

Teen Suicide Prevention & Mental Health Discussions Model

The pilot Teen Suicide Prevention & Mental Health Discussion session was held in April 2014. About 15 teens attended, responding to notices placed on websites, information distributed to school counselors, advocacy groups, and word of mouth.

The pilot project was offered in the Treasure Valley to obtain a convenience sample of comments and to test the model for potential duplication in other areas of the state in subsequent years. Lessons learned are listed below.

Council member Amanda Wester and her mother, Laura, and Council Member Ann Kirkwood organized the event over a 3-month period. Amanda's involvement was essential as she kept the program grounded in the interests and needs of teens. Laura prepared letters to parents, school counselors, the flyer and posted the information on many websites frequented by teens in the Treasure Valley. Both Amanda and Laura maintained working relationships with SPAN Boise and the Idaho Federation of Families for Children's Mental Health. Ann was responsible for securing a location, preparing a facilitator's guide, training the facilitators, and making arrangements for refreshments.

The Council budgeted \$800 for the event. Because the session did not meet state requirements for food purchase, IDHW was not able to cover costs of food. As a result, with Kathie Garrett's assistance, the Federation of Families generously purchased pizza and drinks for the event. Dessert was made up of M&M's, a popular addition to the menu! Idaho State University, Meridian Health Science Center, generously donated space for the event, avoiding the need to rent a location. As a result, there were no costs charged to the Council's budget. IFFCMH and ISU were listed as event co-sponsors.

Ann also approached ISU to provide facilitators from among its Masters in Counseling students and one student (Cheyenne Jones) volunteered for the project. Amanda and Susan Delyea from IFFCMH also served as facilitators. Two professional counselors also were approached to volunteer, but arrangements fell through the day before the event. As a result, Cheyenne's expertise in counseling was needed to support one teen who, while not suicidal, had a history of mental health concerns.

Teens 16 and older were allowed to register online. They provided their addresses and a letter was sent to their parents/guardians before the event. The letter notified parents/guardians that their child had signed up and described the purpose of the session. Parents were encouraged to speak with their teens before and after the event. We received no responses or concerns from parents about the event.

Highlights from the teens' comments were:

- We don't feel heard by adults, including parents, teachers, church leaders, etc.
- Adults dismiss and blow off their feelings because they "aren't as important" as whatever it is that adults have going on.

- Select facilitators who are young adults so that teens will feel comfortable
- Ask facilitators to do the "report outs" from groups to summarize the discussions so the entire group can discuss further
- Older adults should leave the room during facilitated discussions
- Tell teens that the counselors are on hand and where they will be if help is needed; have the counselors agree to stay at least a half hour after close
- Don't get too large; our event was just the right size for an intimate discussion (3 groups of 5). We could have expanded to a fourth group of 5, but would not want to go larger than that

The following page is the Facilitator's Guide used for the discussions.

10. What are the key things you want adults to **know about** suicide among teens? **AND Why?**
11. What are the key things you want adults to **DO** about suicide among teens? **AND Why?**
12. Why were you interested in coming here tonight?
13. Is there anything else you want to tell us that we haven't asked about?

NOTES TO FACILITATORS:

- The input needs to be as detailed and dense as possible.
- Please take complete, detailed notes that are legible.
- If your handwriting is hard to read, please stay afterward and make it clear so the person who writes the final report can read it easily.
- If you are not getting robust discussion, use the following:

Prompts

Tell me more....
How would that work...
What would the desired outcome be...
How would that help...
How does that make people feel...
What would that mean for teens...

QUESTIONS FOR FACILITATORS: Please complete the following...

1. Do you think the teens felt heard and valued?
 ___ Yes ___ No
2. Why?
3. How would you recommend the focus groups be improved if they're done again?