

SENATE HEALTH & WELFARE COMMITTEE
Thursday, February 25, 2016

ATTACHMENT 1



1-800-273-TALK (8255)

by JANNUS

Suicide in Idaho

Idaho is consistently among the states with the highest suicide rates. In 2013 (the most recent year available) Idaho had the 7th highest suicide rate, 47% higher than the national average.

- In 2013, 320 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%.
- 5.8% (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.
- A ten percent (10%) reduction in Idaho suicide attempts can immediately save over \$4 million per year in medical costs alone. If the cost burden of suicide in Idaho was evenly distributed over the population (2008) the burden would amount to over \$250 for every person living in Idaho (Piland, 2010).

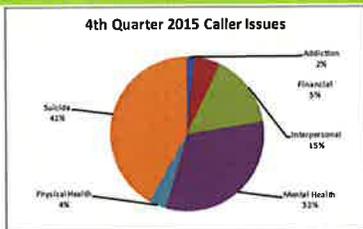
Staffing Information

- This quarter volunteers contributed 3613 hours to ISPH for an in-kind value \$62,400 for 2015, approximately \$233,000.
- Current staff consists of one full time Project Director, a full time Volunteer Coordinator, a full time phone room supervisor, 8 part time phone room supervisors, 4 interns and an Americorp Volunteer (6.5 FTE).

2015 Program Goals

- Incremental implementation of text/ chat response in addition to existing phone response.
- Increase level of volunteer staffing and statewide launch of Hotline Ambassador Program.
- Continue to implement sustainable funding strategies.
- Continue to increase statewide awareness of Hotline.

Caller Issues



"So many lives are touched by suicide, including mine. But I have long believed that we are given adversity as a teacher, as a path toward empathy, and as a tool. So I didn't hesitate to sign up as a volunteer for the new Idaho Suicide Prevention Hotline. It was a huge relief to learn that we would be properly trained; that we would have professional supervisors to guide us as needed; that there would be support on the hotline calls and their after-effects. And none of this went undone. I feel cradled by my peers and especially by the Hotline staff."

— ISPH Volunteer

Call Statistics

Idaho Suicide Prevention Hotline		
Call Statistics		
October 1 to December 31, 2015		
	4th Quarter	2015
Total Calls Received	1218	4866
Military Members / Families	128	617
Rescue Calls (approximate)	54	141
Follow Up Activities Completed	156	733
Percentage of Calls Receiving Follow Up Activities	13%	15%
Caller Age:		
10 - 14	35	139
15 - 19	110	462
20 - 24	111	414
25 - 34	163	633
35 - 44	98	422
45 - 54	161	487
55 - 64	96	656
65 - 74	32	122
75 - 84	3	20
85+	0	4
Didn't Report	409	1507
Total Calls Received	1218	4866

Idaho Suicide Prevention Hotline
Calls by County
October 1 to December 31, 2015

County	4th Quarter	2015
Ada	279	1203
Adams	4	19
Bannock	37	222
Bear Lake		4
Benewah	1	18
Bingham	6	46
Blaine	31	85
Boise	5	28
Bonner	21	117
Bonneville	33	194
Boundary	1	10
Butte	1	1
Camas		
Canyon	129	547
Caribou		5
Cassia	2	84
Clearwater	5	12
Clark		
Custer		6
Elmore	3	55
Franklin		5
Fremont	1	38
Gem	5	41

County	4th Quarter	2015
Gooding	3	13
Idaho	1	5
Jefferson	4	11
Jerome	4	28
Kootenai	46	394
Latah	37	70
Lemhi	2	22
Lewis	1	5
Lincoln		1
Madison	5	23
Minidoka	4	21
Nez Perce	11	112
Oneida		2
Owyhee	2	22
Payette	4	17
Power		8
Shoshone	7	32
Teton	2	3
Twin Falls	30	197
Valley	1	16
Washington	3	4
Caller Refused / Unable to Collect Data	433	848
* Other	54	272
Total Calls Received	1218	4866

* Calls received by out of state callers with 208 area code cell phone numbers



Testimonials & Success Stories

“I really appreciate all the help everyone gave me. Calling the hotline saved my life. I had just suffered a brain injury, and I was having a lot of fear and anxiety. The hotline was there for me when I was cutting myself, and the responders helped me find other things to help me cope with those anxieties instead of cutting. They encouraged me to get mental health assistance and help for my brain injury. You guys don’t know how much you’ve helped me. I really appreciate it.” – *Bryan Koehler (Lemhi County, 2015)*

Mark is a Marine Corps veteran in his mid-50’s who has difficulty managing his PTSD. He began calling the hotline a couple years ago while in crisis. Mark reported that when he was “ill” he had purchased bullets with the intent of taking a life, but he had chosen to give them away instead “because of this [ISPH] phone line.” During a call with an ISPH volunteer, Mark explained, “Up until this past year I didn’t think I could work through things and I was hiding my vet status, even from my psychiatrist, [but] your operators take me seriously and [...] this line has helped me to become a part of this world.” Mark has said that because “the line is keeping me and everybody around me safe,” he is able to use his skills and abilities to help others through presentations for NAMI and involvement in his community.

A 90 year old male veteran called the Idaho Suicide Prevention Hotline. He was having trouble navigating the phone tree to get through to the local Veterans Administration (VA) and was feeling upset and concerned that he was going to run out of his meds. We assessed his safety, determined he was safe, and after speaking to him for a few minutes about his situation, we offered to help advocate for him. The veteran gave us permission to contact the VA on his behalf. While we remained on the phone with the Veteran, the phone room supervisor contacted the VA pharmacy and coordinated with the pharmacist to make an outbound call to the vet so they could make sure he got his meds. We told the relieved veteran the good news and ended the call so he could be contacted by the VA pharmacy.

A male veteran with PTSD called the hotline, agitated and upset because he had been trying to get psychiatric help from the VA hospital. The veteran expressed vague thoughts of harming others but didn’t want help from us and tried to end the call several times. We remained calm, made a good emotional connection with the veteran and were able to de-escalate him to the point where he agreed to stay safe for the time being. While we kept the vet on the line, the phone room supervisor contacted crisis services at the local VA, and was able to arrange for a warm transfer to the national veteran’s crisis line. The transfer was successful and the call ended with the veteran speaking to the national veteran’s line and agreeing to get help at a local VA. After the call, we successfully followed up with crisis staff at the local VA who coordinated with the national vet’s line staff to assist the vet in getting help.