

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 26, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

ABSENT/ EXCUSED: None

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

CONVENED: **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:15 p.m.

PRESENTATION: Suicide Prevention Report.

Dr. Linda Hatzenbuehler presented the 2018 annual report of the Idaho Council on Suicide Prevention (Council), a geographically representative group of individuals appointed by the Governor's office. She provided the Committee with a document summarizing the vision and goals of the Council, together with statistics on death by suicide in Idaho, and fiscal year 2020 funding requests (see attachment 1). She advised that the Council is very careful today about how they use language associated with death by suicide. She explained that the terms "committed suicide" and "successful suicide" are inappropriate and no longer used. Instead, it is referred to as "death by suicide". **Dr. Hatzenbuehler** emphasized suicide is a type of death that can be prevented. She advised that the 2015 Legislature, with SCR 104, asked the Health Quality Planning Commission (HQPC) to develop a prioritized list of initiatives to address deaths by suicide in Idaho. Dr. Robert Polk, then chair of the HQPC, recommended to the 2016 Legislature that state resources be allocated to suicide prevention, including the suicide hotline, activities in public schools, the development of a state program for suicide prevention, and a public awareness campaign; his recommendations were funded this past year. She advised that during the past year, the Idaho Suicide Prevention Coalition, a large group of individuals concerned about Idaho's death by suicide, worked together to update Idaho's 2011 suicide prevention plan.

Stuart Wilder, President of the Idaho Suicide Prevention Coalition (ISPC), a member of the Governor's Council on Suicide Prevention, and representing LiveWilder Foundation, provided the Committee with details regarding the organization and work of the ISPC, a group of 50-plus individual stakeholders from government and non government organizations who met every three weeks, and intermittently by phone and e-mail, between May and August of 2018, and continues regular meetings to-date. He advised that ISPC raised \$90,000 in private funds to hire a contracted facilitator with administrative support provided by the Idaho Department of Health and Welfare. In addition, he noted over \$200,000 in private and public sector funding and in-kind support that helped to develop a comprehensive plan for suicide prevention and awareness: the 2019 Idaho Suicide Prevention System Action Plan. **Mr. Wilder** advised that on August 15, 2018 the now-formed Idaho Suicide Prevention Action Collective (ISPAC) was chartered, and has a mission and vision to continue the plan to reduce suicides by 20 percent by 2025. He stated that the members recognize that this multi-year

project, and a statewide collaborative effort is imperative, if Idaho is going to reduce suicide rates.

Denise Johnson, representing the Center for Drug Overdose and Suicide Prevention (Center) within the Division of Public Health, Idaho Department of Health and Welfare, presented on behalf of Elke Shaw-Tulloch. She stated the Center's focus is to help build resilient communities and support innovative approaches to addressing suicide prevention and drug overdose. She indicated suicide is a complex social issue, and takes a coordinated, multifaceted approach to affect long-term change. **Ms. Johnson** provided statistics related to Idaho deaths by suicide, the resultant disruption to family and friends, and the economic cost from fatal and non fatal attempts. She stated suicide is preventable in every instance. She indicated ISPAC is a group of individuals representing communities and businesses across the state, all of whom have been committed to one another during the creation, and now implementation, of the 2019 Idaho Suicide Prevention System Action Plan.

Dr. Bob Polk spoke on behalf of ISPAC, stating that the charge of ISPAC is to make sure that the 2019 Idaho Suicide Prevention System Action Plan (Plan) is accomplished over five years. ISPAC must also come up with an annual plan and budget, and ensure that all the work is done, whether it is by the local regional teams or the six key performance area teams that are part of the plan. He indicated that once ISPAC is funded they will go through a discernment process to delineate the exact structure of the collective model, and hire an executive director who will keep ISPAC and its sub teams on track. **Dr. Polk** advised that with the Committee's strong support last year, ISPAC received improved funding for the hotline, dollars to support training in schools, multiple communication tools to the public, and creation of the Suicide Prevention Program Office. He gave an example of an outcome – as a result of just one part of the gatekeeper training directed at schools, it is projected that in 80 schools in the fall semester of 2018, over 200 students did not make a suicide attempt who otherwise would have. He stated that ISPAC has fulfilled the intent language of SCR 104 (2015). He hopes that the Joint Finance-Appropriations Committee will recognize that ISPAC has created a way forward, and provide funding necessary for a sustainable and accountable collaboration of the private and public sector to eliminate suicide.

DISCUSSION:

Senator Jordan stated that she is very supportive of the plan. She commented, however, that she did not see statistics regarding LGBT youth, and feels it is important to include those kids, because leaving them in a position where they are not feeling heard might add to their despair. She stated that she has read statistics showing LGBT youth attempt suicide at least three times the rate of straight youth. **Dr. Polk** indicated it has been mentioned in monthly meetings that there are other people that want to be involved, and ISPAC needs to make sure that it can create a mechanism for that to happen. **Vice Chairman Souza** referred to Dr. Polk's statement that during a certain period, in 80 schools, 200 students did not make a suicide attempt who otherwise would have, and asked how this was determined. **Dr. Polk** responded that those projections are based upon the youth risk behavior survey data which showed that 21 percent of Idaho public and charter high school youth are suicidal. He added that through the gatekeeper training the staff and teachers received in those 80 schools, they picked up on youth who were suicidal, and referred them for care. **Vice Chairman Souza** then asked, of those who make an attempt, how many actually die by suicide. **Dr. Polk** advised the number of attempts are not actually known. Many individuals who make attempts never seek medical care, and if they do, ISPAC does not have access to records. There is no statewide database that records suicide attempts. He noted that the studies that have been done show approximately 25 attempts for every one death by suicide.

Senator Burtenshaw noted that materials provided for the Committee show that Idaho ranks fifth in the United States for suicide. He asked Dr. Polk if he had any idea why the Idaho suicide rate is so high. **Dr. Polk** indicated it may partly be due to our rural nature, lack of social connections and socialization, easy access to lethal means, and lack of access to good behavioral health care.

Chairman Martin commented that he thought he heard that we have an average of one suicide per day in Idaho. **Dr. Polk** responded it is actually 1.7 per day. **Chairman Martin** asked if talking about suicide with someone you feel may have suicidal thoughts helps or hurts. **Dr. Polk** responded that talking about suicide will not put that idea in someone's head. If someone is extremely depressed or they are having thoughts of suicide, they have already reached that point. The important question is to ask them if they are suicidal, if they need help, if they are okay.

Dr. Hatzenbuehler commented that one of the cultural changes that needs to happen in order for us to truly impact the rate of death by suicide in Idaho, is that all of us must become comfortable with asking and talking about those kinds of things with people we love and know. **Chairman Martin** requested that Dr. Hatzenbuehler review the public/private partnership with a local parking garage which had experienced suicide attempts. **Dr. Hatzenbuehler** deferred to Kim Kane for a response.

Kim Kane, Suicide Prevention Program Director, Idaho Department of Health and Welfare, advised that one of six public parking structures in Boise experienced behavioral health calls to the Boise Police, including suicide attempts. The program had a great collaboration with the Capital City Development Corporation, who manages the garage. They put up a barrier and provided training for their parking attendants, and also installed signs with the phone number for the suicide hotline within the garage.

Dr. Hatzenbuehler advised that after asking someone if they are having suicidal thoughts, and they indicate that they are, one needs to be able to go on and ask if they have a plan, and if there are means associated with that plan. She suggested using the following language: "Let's remove those means for a period of time, not forever; I need to keep you safe."

Chairman Martin thanked all of the presenters for the information they provided on this extremely important issue.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:50 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Assisted by Lois Bencken