



# Idaho Suicide Prevention Plan 2019-2023

May 2019

*"Coming together is a beginning, staying together  
is progress, and working together is success."*

- Henry Ford

**Cover Photo**

Little Redfish Lake & Mount  
Heyburn by Charles Knowles

Written in collaboration by members of the  
Idaho Suicide Prevention Action Collective  
with administrative support from the Idaho  
Suicide Prevention Program

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# Idaho Council on Suicide Prevention

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## Greetings:

On behalf of the members of the Idaho Council on Suicide Prevention, it is my pleasure to present the newly revised Idaho Suicide Prevention Plan (ISPP), which now replaces the 2011 Suicide Prevention Plan. The 2011 ISPP was produced following a statewide process funded through a federal grant obtained by Idaho State University. The new ISPP was also produced through an inclusive process which began during Summer 2018. Funding for the plan update came from the efforts of the Idaho Suicide Prevention Coalition whom obtained contributions from private sources, primarily Idaho health care organizations.

The new ISPP is based on the 2012 National Strategies for Suicide Prevention<sup>1</sup>. Funding was sufficient to hire a professional facilitator who organized multiple planning meetings that resulted in two levels of planning documents. The attached document is the five-year Plan to be in effect from 2019 through 2023. It is this Plan that falls within the purview of the Council as noted in the Executive Order 2018-08.<sup>2</sup> In addition, the planning process produced an annual strategic plan that will be overseen by a new organization; The Idaho Suicide Prevention Action Collective (ISPAC) was organized to fulfill the 5-year Suicide Prevention Plan and to ensure that the Annual Suicide Prevention Action Plan aligns with the goals and objectives of the five-year Suicide Prevention Plan and sets annual priorities. Links to the Annual Strategic Plan are noted in this document.

The Council is pleased and proud to publish this new plan. Prevention of death by suicide in Idaho remains a top public health issue. This plan sets the course for the next five years for many Idahoans interested and working on the goal. Our sincere thanks to the many individuals and organizations who contributed time and talent to this final document.



Linda C. Hatzenbuehler, Chair  
Idaho Council on Suicide Prevention

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/books/NBK109917/>

<sup>2</sup> <https://adminrules.idaho.gov/bulletin/2006/05.pdf#page=42>

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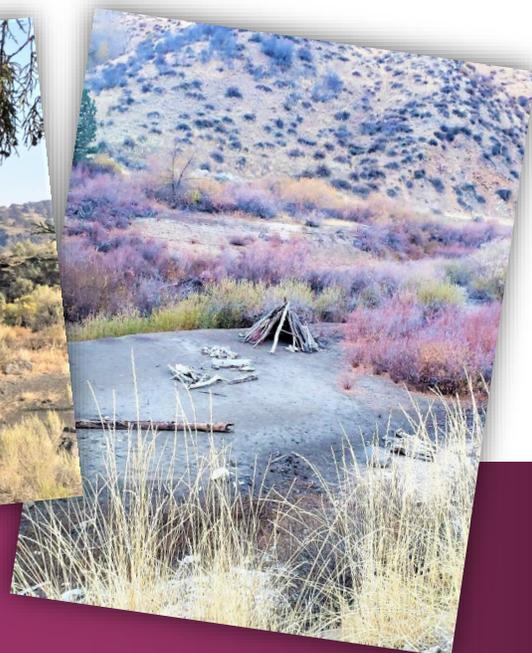
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## Introduction

Suicide is a serious, worldwide, public health issue. Worldwide, approximately 800,000 people die annually by suicide and many more attempt to end their life<sup>1</sup>. In 2017, the United States lost just over 47,000 lives to suicide, making suicide the tenth leading cause of death in America.

In 2017, Idaho had a suicide rate of 22.8 deaths per 100,000 population making our state 5<sup>th</sup> in the nation for suicide deaths per capita<sup>2</sup>. Suicide is preventable. Everyone in Idaho has an important role to play in changing these statistics. This plan provides information and guidance to prevent suicide deaths in Idaho.



## Plan Background

### *Legislative Mandate*

In response to increasing rates of suicide across the nation and in Idaho, the 2018 Idaho legislature directed the Department of Health and Welfare, Division of Public Health through intent language during the to increase suicide prevention planning efforts. Through this mandate, the legislature required the support of a third-party facilitator to convene a collaborative stakeholder group, later named the Idaho Suicide Prevention Action Collective (ISPAC), to create a new, comprehensive, statewide plan and accompanying budget request.

### *Intent Language*

**HB 704, Section 6. SUICIDE PREVENTION AND AWARENESS.** It is the intent of the Legislature that the Department of Health and Welfare, Office of Suicide Prevention and Awareness Program, establish and submit a complete plan for suicide prevention in Idaho that includes measurable and prioritized outcomes for reducing suicides in Idaho. It is to be submitted to the Legislative Services Office no later than August 15, 2018. The coordination and implementation of the planning process is to be managed by a facilitator, which will be provided by the Suicide Prevention Coalition, and administrative support will be provided by the Department of Health and Welfare. The plan is to be developed in full collaboration with various stakeholder groups including, but not limited to, the Idaho Council on Suicide Prevention, Suicide Prevention Action Network, American Foundation for Suicide Prevention, Idaho Suicide Prevention Coalition, Veteran Service Organizations, Idaho Department of Education, and the Idaho Suicide Prevention Hotline. With the exception of the \$273,000 to support the Idaho Suicide Hotline, as appropriated in Section 1 of this act, the moneys appropriated to the Office of Suicide Prevention and Awareness Program are to be used in accordance with this plan. The Department of Health and Welfare is to develop and submit a budget request for the 2019 legislative session that would fully implement this plan. Further, it is the intent of the Legislature that new funding for the Suicide Hotline be considered on an as requested basis and be subject to legislative approval.

### *Timeline*

The initial phase of the planning process began in May 2018 and ran through August 2018. Altogether, the process included four phases, nine in-person meetings and many hours of coordination and communication outside of meeting times. Version one of the plan was submitted to the Legislative Services Office by the August 15, 2018 deadline, however, ISPAC continued to strengthen the plan in the following months.

## Acknowledgements

Per the legislature's request to establish a collaborative planning team, featuring diverse perspectives from pertinent community members and professionals, the facilitator convened a group of individuals who work directly and indirectly with suicide prevention efforts. Of the participating stakeholders, each individual or representative organization possessed a unique perspective regarding suicide or suicide prevention that assisted with dialogue and problem-solving. Idaho Suicide Prevention Action Collective (ISPAC) members include:

*Katie Apple*, Senior Director of Business Operations, St. Luke's Children's Hospital  
*Christina Cernansky*, Board Member, National Alliance on Mental Illness  
*Tami Cirerol*, Program Planning & Development Specialist, Idaho Commission on Aging  
*Brandi Daw*, Representative, Jason Foundation  
*Shannon Decker*, Executive Director, Idaho Suicide Prevention Coalition  
*Ross Edmunds*, Administrator, Division of Behavioral Health, Idaho Department of Health & Welfare  
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*Laura Gallo*, Assistant Professor, Boise State University  
*Jeni Griffin*, Executive Director, Suicide Prevention Action Network of Idaho  
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*Linda Hatzenbuehler*, Chair, Idaho Council on Suicide Prevention  
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*Jessica Mitchell*, Investigation Supervisor, Ada County Coroner's Office  
*Caroline Nilsson-Troy*, Representative, Idaho State Legislature  
*Pam Oliason*, Program Specialist, Idaho Commission on Aging  
*Matt Olsen*, Director, Bannock County Juvenile Justice & Probation  
*Dotti Owens*, Ada County Coroner, Ada County Coroner's Office  
*Mary Pierce*, Suicide Prevention Coordinator, Boise Veterans Affairs  
*Bob Polk, MD*, Independent Advisor, Former Chair of the Health Quality Planning Commission  
*Ryan Price*, Volunteer, American Foundation for Suicide Prevention  
*Sam Pullen*, Medical Director of Psychiatry and Behavioral Health, St. Luke's Health System  
*John Reusser*, Director, Idaho Suicide Prevention Hotline  
*Elke Shaw-Tulloch*, Administrator, Division of Public Health, Idaho Department of Health & Welfare  
*Jackie Sodaro*, Volunteer, American Foundation for Suicide Prevention  
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*Corey Surber*, Advocacy & Community Health Coordinator, Saint Alphonsus Regional Medical Center  
*Jared Tatro*, Principal Budget and Policy Analyst, Idaho Legislative Office  
*Ceci Thunes*, Health Policy Specialist, Idaho Voices for Children  
*Jack Varin*, Member, Idaho Suicide Prevention Coalition  
*Janie Ward-Engelking*, Senator, Idaho State Legislature  
*Lora Whalen*, Director, Panhandle Health District  
*Stewart Wilder*, President, Idaho Suicide Prevention Coalition  
*Rob Winslow*, Executive Director Idaho Association of School Administrators

# Introduction to Suicide and Suicide Prevention

## ***Suicide***

People of all genders, ages and ethnicities may be at risk for suicide, however, some factors can increase risk including easy access to lethal methods of suicide, isolation and previous suicide attempt(s). Men die by suicide at higher rates than women, and rural communities have higher suicide rates compared to urban settings. Firearms are the most commonly used method in suicide deaths throughout the United States, accounting for just over half of all suicide deaths<sup>2</sup>.

Death by suicide comes with severe economic and emotional costs. In 2017, Idaho lost 393 people to suicide and we ranked 5<sup>th</sup> in the nation for suicide deaths. On average, each suicide in Idaho results in \$1.5Million in lost productivity<sup>3</sup>. Based on 2017 death data, Idaho experienced a loss productivity cost of \$588Million. For the estimated 6,413 Idahoans aged 18 and older that attempted suicide in 2017, the ensuing medical costs totaled over \$72Million in direct medical costs<sup>4</sup>. Suicide creates a ripple effect adversely impacting communities and families. Survivors of suicide loss often experience guilt and financial instability, and survivors are susceptible to higher risks of anxiety, aggression, isolation and suicide<sup>5</sup>.

## ***Suicide Prevention in the United States***

Suicide prevention efforts in the United States officially started in 1958 when the first suicide prevention center opened in California. In 1970, the National Institute of Mental Health (NIMH) started a task force concentrating on suicide prevention. The Centers for Disease Control and Prevention (CDC) later established a violence prevention unit including suicide prevention. Suicide prevention became a central issue in the United States during the 1990s, resulting in the creation of a National Consensus Conference on Suicide Prevention in Reno, Nevada to emphasize suicide as a public health issue. In 2001, the Office of the Surgeon General released the *National Strategy for Suicide Prevention* (NSSP), and the federal government established the National Suicide Prevention Lifeline. Recently, the National Action Alliance for Suicide Prevention was established and the NSSP was revised to align to the latest research and best practices in the field of suicide prevention<sup>6</sup>.



## ***Suicide Prevention in Idaho***

Suicide prevention efforts began in Idaho during the late 1990s when concerned professionals formed an Adolescent Youth Suicide Task Force. This task force examined the issue of youth suicide in Idaho and created a report to detail the group's assessment. The task force recognized the lack of a single organization or agency solely focused on suicide prevention in the state. In response, the task force formed the first state chapter of the national Suicide Prevention Action Network (SPAN).

SPAN Idaho held its first suicide prevention conference in 2001; formed a board of directors and formally registered as a 501(c)(3) organization in July 2002; and provided the impetus for the development of the first Idaho Suicide Prevention Plan (finalized in 2003). SPAN Idaho existed as a group of volunteers until 2004 when it received a grant from the Idaho Department of Health Welfare's Division of Behavioral Health to hire two part-time staff members. The grant tasked SPAN Idaho with establishing a statewide coordinating group, comprised of stakeholders from state government and representatives from high-risk groups, to elevate awareness and efforts around suicide prevention in Idaho.

In 2005, Idaho State University's Institute of Rural Health received funding from the Substance Abuse and Mental Health Services Administration's Garrett Lee Smith grant to conduct youth suicide prevention activities.

The six-year grant activities focused on training for school personnel and community members, research on creating a new Idaho suicide hotline and support for producing the 2011 State Plan.

In 2006, with assistance from Idaho First Lady Patricia Kempthorne, a gubernatorial executive order signed by then-Governor Dirk Kempthorne created the Idaho Council on Suicide Prevention (Council) and detailed responsibilities of the Council. A September 2018 executive order reauthorizing the Council – the fourth reauthorization – altered the responsibilities of the Council to:

1. Advise the Governor's Office on death by suicide in Idaho and efforts to prevent it;
2. Serve as a proponent for suicide prevention, intervention and postvention in all regions of the state;
3. Work with the Department of Health and Welfare Suicide Prevention Program, community advocates and stakeholders to monitor the progress of the statewide Idaho Suicide Prevention Plan;
4. Prepare an annual report on the plan's implementation and progress for the governor and legislature; and
5. Ensure the continued relevance of the Suicide Prevention Plan for the state.<sup>7</sup>

Idaho's Health Quality Planning Commission (HQPC) held its first suicide-related meeting in 2014 to understand and improve systems addressing suicide. Collaborating with the Department of Health and Welfare and other key stakeholders for over 18 months, the commission's findings influenced the Idaho State Legislature to create the Suicide Prevention Program (SPP) during the 2016 Legislative Session and house it within the Department of Health and Welfare's Division of Public Health. The legislature provided an appropriation of almost \$1 million in state investment for suicide prevention, creating the first sustainable funding streams for the Idaho Suicide Prevention Hotline, youth suicide prevention efforts and public awareness campaigns.

In 2016, the SPP initiated these and many additional endeavors including offering suicide prevention, intervention and postvention training throughout the state; creating and distributing educational materials; demonstrating lethal means safety activities; conducting stakeholder and community outreach; and delivering suicide prevention consultations to professionals and community members.

Other organizations formed throughout the state to conduct suicide prevention efforts, beginning in 2011 with the creation of the Speedy Foundation. As a response to the death of Olympian Jeret "Speedy" Peterson, the Foundation's mission consisted of preventing suicide, supporting mental health education and promoting conversations to end the stigma around mental health and suicide.

In late 2012, the Idaho Suicide Prevention Hotline began operations. In 2013, the Live Wilder Foundation formed in response to the death of Cameron Wilder, with the goal of achieving Zero Suicide among youth through prevention, awareness and direction for the treatment of depression.

Another key activity in Idaho for suicide prevention occurred in late 2013 when the State Department of Education received federal funding through the Substance Abuse and Mental Health Services' Garrett Lee Smith Memorial Act for youth suicide prevention. The State Department of Education contracted with SPAN to create the Idaho Lives Project, which assists schools with youth suicide prevention through an ongoing, peer-based wellness program for students and staff. After the federal grant funding ended, the SPP began providing funding for the Idaho Lives Project.

In 2015, representatives from the Speedy Foundation, Idaho Suicide Prevention Hotline and Live Wilder Foundation established the Idaho Suicide Prevention Coalition (Coalition) to work on sustainability-related matters of the Idaho Suicide Prevention Hotline. During the same year, the American Foundation for Suicide Prevention also established an Idaho chapter.

## *Vision*

Suicide is eliminated in Idaho.

## *Mission*

To have an effective, coordinated and integrated approach to support all Idahoans at risk of suicide and those who are bereaved by suicide loss. Through evidence-based approaches, Idaho has outcomes that can be measured for impact.

## *Overarching Goal*

Achieve a 20% reduction in Idaho's suicide rate by 2025.



## Idaho Suicide Prevention Plan Goals

**Goal 1:** Integrate and coordinate suicide prevention activities across multiple sectors and settings

**Goal 2:** Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors

**Goal 3:** Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery

**Goal 4:** Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide

**Goal 5:** Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors

**Goal 6:** Reduce access to lethal means of suicide among individuals with suicide risk

**Goal 7:** Expand knowledge of community and clinical service providers on nature, related behaviors and prevention of suicide

**Goal 8:** Embed suicide prevention as a core component of health care services

**Goal 9:** Promote and implement effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors

**Goal 10:** Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery

**Goal 11:** Increase timeliness and usefulness of state and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action

**Goal 12:** Evaluate the impact and effectiveness of suicide prevention, intervention and systems and synthesis and disseminate findings

## Plan Goals and Guiding Principals

The Idaho Suicide Prevention Action Collective (ISPAC) used the National Strategy for Suicide Prevention (NSSP) as the framework for Idaho's 5-year Plan. The ISPAC conducted a detailed review of the NSSP goals and objectives; then made modifications and additions to better align with Idaho needs and values. ISPAC adopted 12 of the 13 NSSP goals and 58 objectives. Objectives were then prioritized, resulting in the goals and 33 priority objectives to follow. The result of this work is the new *Idaho Suicide Prevention Plan: 2019-2023*, covering a comprehensive suicide prevention system for Idaho.

### **Guiding Principles**

The following guiding principles provide the broad philosophy that encompasses the values of the partners in suicide prevention in all circumstances irrespective to changes in goals, strategies or type of work. These principles help create the culture necessary to ultimately eliminate suicide in Idaho.

1. Suicide is a serious and preventable public health issue.
2. Suicide prevention is everyone's responsibility and all Idahoans have a role to play in this effort.
3. Effective suicide prevention for Idaho requires comprehensive, effective, sustainable, statewide efforts executed in a collective and collaborative manner.
4. Comprehensive efforts require action along a continuum that includes building healthy coping and resiliency skills, creating awareness through education, providing evidence-informed and evidence-based training, creating intervention and postvention capacity statewide, ensuring accurate reporting and data collection and quality improvement.
5. To be successful in eliminating suicide in Idaho, comprehensive efforts require state, local and grassroots efforts to ensure reach into our rural and frontier counties.
6. The Zero Suicide model is proven to reduce suicide rates and must be implemented in Idaho health care systems in cooperation with health providers; Zero Suicide as an aspiration goal should be the aim of all involved in preventing suicide in Idaho.
7. The Idaho Suicide Prevention Plan aligns with the *National Strategy for Suicide Prevention* and the Centers for Disease Control and Prevention's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*.

The ISPAC identified objectives within each goal to be completed during Phase One of the plan. These objectives are notated by a number one <sup>(1)</sup> and are meant to be addressed as a priority.

# Goal 1

## ***Integrate and coordinate suicide prevention activities across multiple sectors and settings***

### **Objectives**

- 1.1<sup>1</sup>: Increase suicide prevention interest and action across a broad array of organizations in Idaho
- 1.2<sup>1</sup>: Establish effective, sustainable and collaborative suicide prevention programming at the state/territorial, tribal and local levels
- 1.3.1: Drive to inform federal working groups on issues important to Idaho through established relationships
- 1.3.2<sup>1</sup>: Improve and support inter-agency collaboration
- 1.3.3: Improve and support public-private initiatives that can contribute to suicide prevention success outcomes
- 1.5<sup>1</sup>: Identify, develop and evaluate select pilot programs to accomplish suicide prevention in rural settings, e.g., community health centers, regional behavioral health

### **Recommended Activities & Actions**

- Provide audience-specific gatekeeper training for communities (1.1)
- Implement programs that and policies that promotes social connectedness and promote healthy mental and emotional health (1.1)
- Continue developing relationships between ISPAC and other critical suicide prevention stakeholders (1.2 and 1.3.2)
- Encourage the utilization and or implementation of Employee Assistance Programs for mental health services (1.5)

## ***Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors***

### **Objectives**

- 2.1<sup>1</sup>: Develop, coordinate, implement and evaluate communication efforts designed to reach defined segments of populations with an emphasis on those at high risk and those serving them
- 2.2: Directly involve policy-makers at the local, regional and state levels with dedicated communication efforts and strategies.
- 2.3<sup>1</sup>: Increase clear, coordinated communication efforts conducted online, through social media and other electronic platforms that promote positive messages and support safe crisis intervention strategies
- 2.4<sup>1</sup>: Increase knowledge and awareness of the warning signs for suicide and how to connect individuals with assistance and care within their communities

### **Recommended Activities & Actions**

- Promote messages of hope, help and resilience within communities, schools, workplaces (2.1 and 2.3)
- Increase gatekeeper training numbers in communities (2.4)
- Promote the utilization of Behavioral Health Crisis Centers and the Idaho Suicide Prevention Hotline (2.4)



<sup>1</sup> Denotes Phase One Objective

# Goal 3

## ***Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery***

### **Objectives**

- 3.1<sup>1</sup>: Promote culturally competent, evidence-based and best practice programs that increase protection from suicide risk
- 3.2<sup>1</sup>: Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders
- 3.3: Promote the understanding that resiliency and recovery from suicidality are possible for everyone

### **Recommended Activities & Actions**

- Provide outreach for those that are socially and/or geographically isolated and/or at risk. (3.1)
- Organize strength-based, community wellness events that promote belongingness (3.3)



<sup>1</sup> Denotes Phase One Objective

## ***Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide***

### **Objectives**

- 4.1<sup>1</sup>: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors
- 4.2<sup>1</sup>: Review and adopt safety guidelines for online content of new and emerging communications technologies and applications
- 4.3: Review, adopt and disseminate guidance for college and university, and university extension communication programs regarding how to address consistent and safe messaging on suicide and related behaviors in their curriculum.

### **Recommended Activities & Actions**

- Distribute *Recommendation for Reporting on Suicide* to news organizations (4.1)
- Encourage use of the *Framework for Successful Messaging* for media content (4.2)
- Offer training and encourage the integration of responsible reporting guidelines on college and university campuses. (4.3)

<sup>1</sup> Denotes Phase One Objective

# Goal 5

## ***Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors***

### **Objectives**

- 5.1<sup>1</sup>: Strengthen the coordination, implementation and evaluation of comprehensive state/territorial, tribal and local suicide prevention programming
- 5.2<sup>1</sup>: Encourage and empower institutions, agencies and organizations in the community to implement effective programs and provide education that promote wellness, prevent suicide and related behaviors
- 5.3: Intervene to reduce suicidal thought and behaviors in population with suicide risk
- 5.4<sup>1</sup>: Increase access to effective programs and services for mental and substance use disorders

### **Recommended Activities & Actions**

- Support tribes, communities and public/private partnerships in implementing prevention intervention efforts (5.1)
- Identification of, and outreach to at-risk populations (5.2 and 5.4)



<sup>1</sup> Denotes Phase One Objective

## ***Reduce access to lethal means of suicide among individuals with suicide risk***

### **Objectives**

- 6.1<sup>1</sup>: Encourage those who interact with individuals at risk for suicide to assess routinely for access to lethal means and mitigate means
- 6.2<sup>1</sup>: Collaborate with firearm dealers, shooting clubs, ranges, hunting organizations and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible gun ownership
- 6.3: Engage with pharmacy and medical providers to have safe storage of medications, limit dosage, and utilize the Idaho Prescription Drug Monitoring Program or other more applicable monitoring system
- 6.4<sup>1</sup>: Educate individuals and families about safe storage and use of medication

### **Recommended Activities & Actions**

- Implement Counseling on Access to Lethal Means (CALM) in the course of all clinical activity (6.1)
- Increase distribution of gun locks statewide (6.1)
- Increase distribution of Idaho Lethal Means packets statewide (6.2)
- Educate communities on medication take-back days and proper prescription drug disposal (6.4)

<sup>1</sup> Denotes Phase One Objective

## ***Expand knowledge of community and clinical service providers on the nature, related behaviors and prevention of suicide***

### **Objectives**

- 7.1<sup>1</sup>: Provide suicide prevention training to community groups on their role in the prevention of suicide and related behaviors
- 7.2<sup>1</sup>: Provide training to mental health and substance abuse providers on the recognition, assessment and management of at-risk behavior and the delivery of effective clinical care for people with suicide risk
- 7.3<sup>1</sup>: Review, adopt and promote available core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education
- 7.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies
- 7.5: Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff and others on how to implement effective strategies for communicating and collaboratively managing suicide risk

### **Recommended Activities & Actions**

- Conduct expert panel, townhall meetings and presentation within communities to discuss suicide prevention and mental wellness (7.1)
- Conduct trainings by leading experts in the Assessment and Management in Suicide Risk (7.2)
- Implement suicide risk assessment and management into University curricula for clinical program students statewide (7.3)

## ***Embed suicide prevention as a core component of health care services***

### **Objectives**

- 8.1<sup>1</sup>: Promote the adoption of the Zero Suicide model by health care and the community support systems that provide services and support to defined patient populations
- 8.2<sup>1</sup>: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive and least restrictive settings
- 8.3<sup>1</sup>: Promote timely access to assessment, intervention and effective care for individuals with a heightened risk for suicide
- 8.4<sup>1</sup>: Implement post-discharge continuity of care strategies that ensure the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units
- 8.5: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts
- 8.6: Establish linkages and collaboration between providers of mental health services and community-based programs such as peer support programs, crisis centers, veteran's organizations, etc.
- 8.7: Coordinate services among suicide prevention and intervention programs, health care and crisis centers
- 8.8: Develop collaborations between ED and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate and to promote rapid follow-up after discharge

### **Recommended Activities & Actions**

- Establish Zero-Suicide model pilot sites in the state (8.1-8.4)
- Work with community health partners to implement and support the Zero-Suicide initiative (8.1 and 8.2)
- Implement a framework for follow-up with high-risk patients (8.4)

<sup>1</sup> Denotes Phase One Objective

# Goal 9

## ***Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors***

### **Objectives**

- 9.1<sup>1</sup>: Facilitate the adoption, dissemination and implementation of guidelines for the assessment of suicide risk among persons receiving care in all setting, including patients receiving care for mental health and/or substance use disorders
- 9.2<sup>1</sup>: Disseminate and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicidal risk
- 9.3<sup>1</sup>: Promote safe disclosures of suicidal thoughts and behaviors by all patients
- 9.4: Facilitate the adoption and implementation of guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk
- 9.5: Facilitate the development and sharing of standardized protocols for use in emergency departments based upon common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs
- 9.6: Facilitate the adoption of guidelines on the documentation of assessment and treatment of suicide risk

### **Recommended Activities & Actions**

- Ensure that counselors identified within Employee Assistance Programs have proper training in assessing and managing suicide risk (9.1)
- Provide university counseling students with appropriate tools, resources and training to properly identify and assess high risk populations (9.2)
- Provide and educate family members on appropriate follow-up protocols and the importance of counseling on the access to lethal means (9.4)

## ***Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery***

### **Objectives**

- 10.1<sup>1</sup>: Implement guidelines for effective, comprehensive support programs for individuals bereaved by suicide and promote full implementation of the guidelines at the state, tribal and community levels
- 10.2<sup>1</sup>: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
- 10.3: Engage suicide attempt survivors in all aspects of suicide prevention planning
- 10.4: Provide health care providers, first responders and others with care and support when a patient under their care dies by suicide
- 10.5: Provide training and support to first responders to communicate with families and those affected by suicide in an empathetic and supportive manner
- 10.6: Adopt, disseminate, implement and continuously evaluate guidelines for all types of communities

### **Recommended Activities & Actions**

- Increase loss survivor support groups throughout the state of Idaho utilizing trained facilitators (10.1)
- Increase attempt survivor groups throughout the state of Idaho utilizing trained facilitators (10.2)
- Collaborate with first responders to provide support and educate on increasing protective factors and communication skills to community members around suicide death (1.3 and 10.4)

<sup>1</sup> Denotes Phase One Objective

# Goal 11

## ***Increase timeliness and usefulness of state and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action***

### **Objectives**

- 11.1<sup>1</sup>: Improve timeliness of reporting vital records data
- 11.2<sup>1</sup>: Improve the usefulness and quality of suicide-related data
- 11.3<sup>1</sup>: Improve and expand state, tribal and local capacity (public health, schools, and other systems) to collect routinely, analyze, report and use suicide-related data to implement prevention efforts and inform policy decisions
- 11.4: Increase the number of surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors and exposure to suicide.
- 11.5<sup>1</sup>: Determine protocols for the sharing of suicide-related information, what type of information, how to share it, when and for what purposes
- 11.6<sup>1</sup>: Establish a data clearinghouse to share surveillance information with stakeholders participating in suicide prevention, intervention and postvention efforts

### **Recommended Activities & Actions**

- Ensure that all county coroners move to an electronic system with appropriate technical support (11.1)
- Increase utilization of Idaho Violent Death Reporting System data once available (11.2 and 11.3)
- Increase data collection efforts for suicide and suicidal behavior (11.4 and 11.5)

## ***Evaluate the impact and effectiveness of suicide prevention, intervention and systems and synthesize and disseminate findings***

### **Objectives**

- 12.1<sup>1</sup>: Evaluate the effectiveness of suicide prevention (activities, efforts, interventions, etc.) utilized in Idaho

### **Recommended Activities & Actions**

- Work with local universities to have suicide prevention programs evaluated (12.1)
- Initiate performance management and continuous quality improvement activities to determine program effectiveness across the suicide prevention system statewide (12.1)



<sup>1</sup> Denotes Phase One Objective

## **Action Plan**

In addition to the goals and objectives, the team developed an annual, prioritized action plan to assist with the implementation of these goals and objectives. This action plan provides Idaho with the framework and details to advance suicide prevention in Idaho. It will be evaluated annually by the ISPAC and updated with new measures and tactics to ensure the full implementation of the goals and objectives over the five-year period. To review the current version of the Idaho Suicide Prevention Plan Addendum: Action Plan visit: [spp.dhw.idaho.gov](http://spp.dhw.idaho.gov)

## Works Cited

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