

The background of the cover is a photograph of a mountain landscape, featuring a steep, rocky mountain peak on the left, a forested slope, and a body of water in the foreground reflecting the scene. The entire image is overlaid with a semi-transparent dark blue filter. A large, thin, dark blue curved line starts from the top left and sweeps across the middle of the page. Two thin green horizontal lines are positioned below the main title and above the date range.

Idaho Suicide Prevention Plan

**2024
to
2028**

Greetings:

It is our honor on behalf of the Idaho Suicide Prevention Action Collective (ISPAC), to share the newly revised 5-year Idaho Suicide Prevention Plan (ISPP) for years 2024 to 2028. This plan replaces and refines goals established in the previous 5-year plan, 2019 to 2023.

This current plan (Plan) was developed with the input of a broad group of state stakeholders in Idaho representing many diverse sectors and populations. Participants from the legislature, schools, secondary education, veterans, active duty, healthcare, behavioral healthcare, refugee, coroners, juvenile corrections, public health, parks and recreation, 988, non-profit, and those with lived experience were instrumental in collaborating to develop the Plan.

The Plan covers the spectrum of suicide experience from upstream suicide prevention efforts and intervention strategies to downstream support and healing for those directly impacted by suicide. Goals aligned with Prevention are focused on populations, groups, and settings in which the experience of suicidality might be present but is undetermined. Intervention goals address activities designed to intercept suicide. Postvention goals are directed to individuals, families, and communities in the aftermath of suicide or attempt.

Although the Idaho Plan was developed prior to the release of the newest 2024 National Strategy for Suicide Prevention, it is based originally on the 2012 National Strategy for Suicide Prevention with its 13 goals and 60 objectives. Our Plan contains a streamlined vision with nine goals and 42 objectives, eliminating items not relevant to Idaho and uniting parallel topics.

Suicide in Idaho deserves our collective attention. This issue reaches every demographic in humanity and takes harm on our culture, finances, and collective well-being.

ISPAC is the group of stakeholders - a public and private partnership - tasked by the Governor under Executive Order 2023-04 with creating, updating, monitoring, and reporting the Plan. ISPAC guides and communicates ongoing efforts implemented to accomplish goals and indeed, reduce the rate of suicide in Idaho.

With gratitude, ISPAC is pleased to publish this new 5-Year Suicide Prevention Plan. The Plan sets the course for the next five years for those interested and those working to reduce suicide in our state. Our sincere thanks go to the many individuals and organizations contributing time and talent to this final document. We humbly invite you to the conversation and appreciate your willingness to review these efforts.



With hope,

Stewart Wilder & Christina Cernansky

<https://gov.idaho.gov/executive-orders>

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Idaho Suicide Prevention Plan 2024-2028

Introduction

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. Many biopsychosocial factors contribute to suicide. The goal of suicide prevention is to reduce the factors that elevate suicide risk and increase protective factors that promote resilience. In the United States in 2022, suicide took the lives of 49,476 individuals.¹ That same year 441 Idahoans² died by suicide. Moreover, 10,641 adults seen in Idaho emergency departments had serious suicidal thoughts while 1,636 were seen for a suicide attempt.²

Suicide was the 9th leading cause of death in Idaho in 2022.^{3(pp10,17)} It was the leading cause of death in 2022 for youth ages 5 to 14 years and the 2nd leading cause of death for youth ages 15 to 24 years.^{4(p19)} Males in Idaho died from suicide at a rate 3.5 times greater than females.² The suicide rate in Idaho was 1.3 times higher than the national rate.⁵ It's estimated that in 2022 in Idaho, suicide accounted for \$4.6 billion in medical costs and value of lives lost.⁶

Everyone in Idaho has an important role to play in changing these outcomes. This plan provides information and guidance to prevent suicide deaths in all Idaho communities.

Goal

Measurably reduce Idaho's suicide rate by the end of 2028.

Suicide

The field of suicidology has come a long way in understanding the science, origins, manifestations, and impacts of suicide. Although suicide has been recognized for thousands of years, the field of suicidology is new compared to other established sciences. As early as 1860, the United States started tracking death by suicide during the eighth census.⁷ To this day, suicide is probably underreported due to the stigma that continues to surround it.

The U.S. has the highest suicide rate of any wealthy nation.⁸ According to the Centers for Disease Control (CDC), suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. Unfortunately, rates returned to their peak in 2022.⁹

Suicide prevention is a highly intersectional field which brings studies from sociology, psychology, public health, neuroscience, and biomedical models. Risk factors with the highest correlation to death by suicide include male, presence of lethal means in the household, Caucasian, rural, mental illness, chronic disease, substance abuse, criminal/legal challenges, and job/financial challenges.¹⁰ As with any public health issue, understanding is key to prevention and treatment. In the case of suicide, being able to support those who may be at risk of suicide, increasing suicide awareness and education, and utilizing effective intervention, prevention, and treatment measures are essential to supporting protective factors.

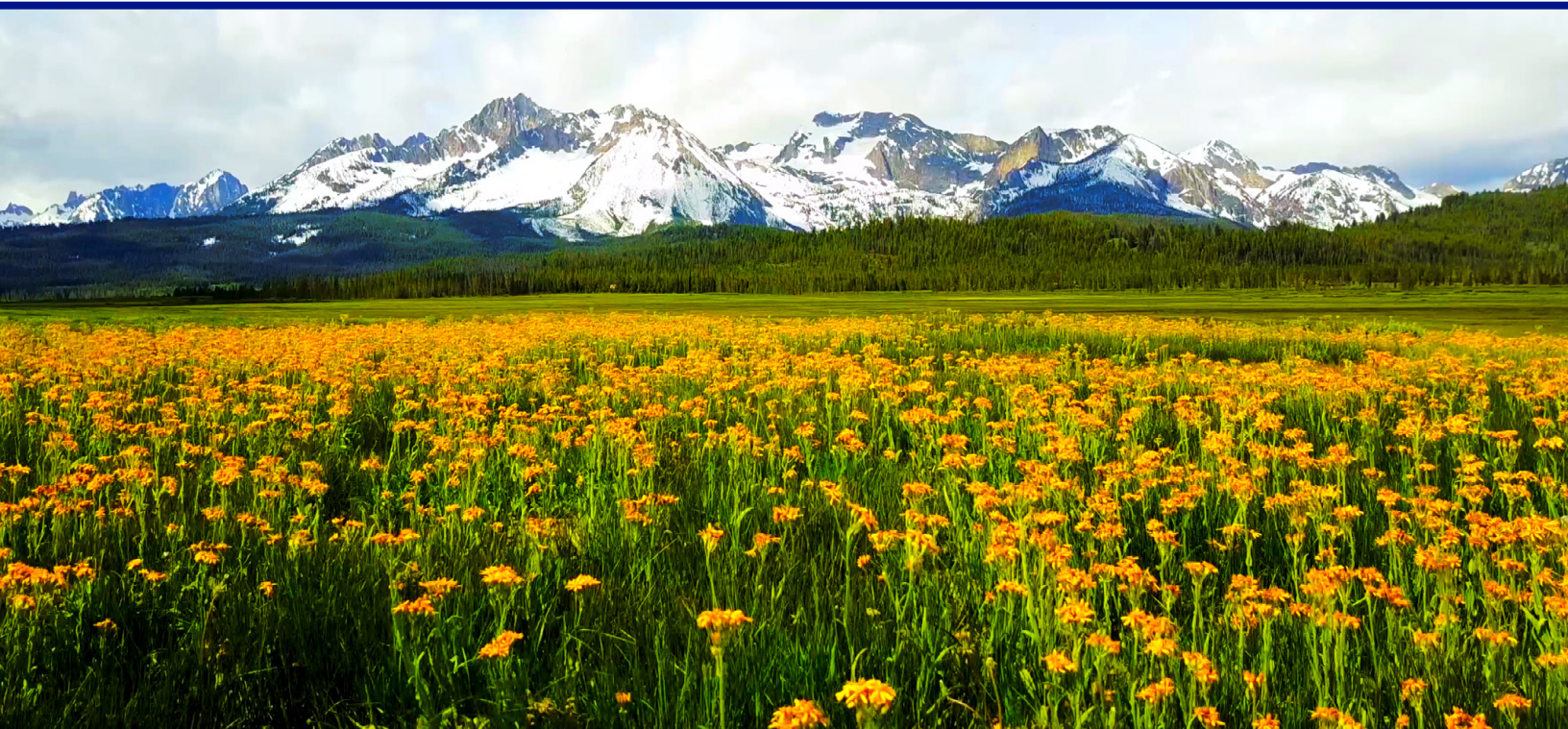
Suicide Prevention in the United States

In the wake of World War II, a psychologist named Edwin Shneidman (1918 – 2009) began systematically studying suicide. He became curious about the problem and mystery of suicide while working at a veteran's hospital. With the results of what he was learning, he founded in 1958 with fellow psychologists Norman Farberow and Robert Litman, the first suicide prevention center in the country, called the Los Angeles Suicide Prevention Center. In 1966, he went on to work with the National Institutes of Health (NIH) as chief of a suicide prevention project establishing suicide prevention centers in 40 states in just three years. In 1968, Shneidman founded the American Association of Suicidology (AAS) plus the principal United States journal for suicide studies, *Suicide and Life-Threatening Behavior*. In 2001, The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a competitive grant to establish a network of crisis centers to answer calls from their local communities. It was called the Lifeline. In 2006, the Spanish language subnetwork was added. In partnership with the Veterans Administration (VA), the Lifeline established the Veterans Crisis Line in 2007. On July 16, 2020, the Federal Communications Commission (FCC) issued the final order of the 988 Act, establishing the

988 Suicide & Crisis Lifeline which allowed all crisis calls to be placed by dialing three simple digits, 9-8-8.

Survivors of suicide loss formed several grassroots groups and launched a citizen-initiated campaign to encourage the development of a national strategy. Those efforts resulted in two Congressional Resolutions recognizing suicide as a national problem and suicide prevention as a national priority.^{11, 12} From that, the National Strategy for Suicide Prevention was first released in 2001 and updated in 2012 and most recently in 2024.¹³ It established a public and private partnership responsible for promoting suicide prevention in the United States. Today in the U.S., prevention efforts are implemented to increase awareness of the signs and symptoms of suicidal ideation, decrease stigma, protect against suicide by lethal means, connect people to care, increase screening, care, and follow-up pathways, and expand crisis and treatment resources.

To help address the needs of adolescents and young adults, Congress passed, and President Bush signed into law in October 2004, the Garrett Lee Smith Memorial Act (GLSMA).¹⁴ It became the most important legislative accomplishment in the field of youth suicide prevention. The GLSMA made federal funding widely available for the first time to states, tribes, and colleges across the nation for the implementation of community-based youth and young adult suicide prevention programs. In 2008, September was established as National Suicide Prevention Awareness Month.



Suicide Prevention in Idaho

Idaho's suicide rate in 2005 was 16.5 per 100,000 residents, over 1.5 times that of the U.S. rate.⁵ In 2006, the Idaho Council on Suicide Prevention (ICSP) was established under Executive Order 2006-35 by Governor Dirk Kempthorne and later replaced by Executive Order 2010-12 by Governor C.L. "Butch" Otter.¹⁶ That same year, Idaho legislators passed HCR 31 wherein the state of Idaho acknowledged "the seriousness of the suicide crisis facing the state and the importance of suicide prevention by endorsing Idaho's Suicide Prevention Plan."¹⁶ By 2010, the ICSP recommended that Idaho adopt a public health model of suicide prevention with broad stakeholder representation. The Council reviewed and rewrote the Idaho Suicide Prevention Plan: An Action Guide. Having found crisis hotlines to be a proven method for reducing suicide, the Council started seeking a sustainable model.

Meanwhile, suicide prevention and awareness activities were being implemented by chapters of a non-profit network called the Suicide Prevention Action Network (SPAN). Although the Idaho operation was disbanded in 2019, local chapters or their remnants remain today in different communities across Idaho. An Idaho chapter of the American Foundation for Suicide Prevention (AFSP) was started in 2015. In 2023, the AFSP Director for Idaho became a full-time position. AFSP, Live Wilder Foundation, and NAMI Idaho (National Alliance on Mental Illness) united with other state stakeholders to advocate and advance policy for suicide prevention in ways to ensure a future of hope and resilience.

In 2011, Idaho Olympian Jeret "Speedy" Peterson lost his life to suicide. In his honor, the Speedy Foundation was formed to prevent suicide and elevate mental health awareness through advocacy, conversation, and education. In 2013, the State Department of Education (SDE) received a 3-year Garrett Lee Smith Memorial Act grant for youth suicide prevention from SAMHSA. The SDE contracted with SPAN to create the Idaho Lives Project, now called the Idaho Youth Suicide Prevention Project (IYSPP), which assists schools with youth suicide prevention through an ongoing, peer-based wellness program for students and staff.

In 2016, the Health Quality Planning Commission identified the need to establish a suicide prevention program and generated legislative support. In that same year, the Idaho legislature passed SB 1326 to implement a comprehensive suicide prevention program with funds appropriated to the Department of Health and Welfare (DHW), establishing the Suicide Prevention Program (SPP) within the Division of Public Health.¹⁷ As part of the developments, a public/private partnership (later known as the Idaho Suicide Prevention Action Collective or ISPAC) was established to create a

comprehensive Idaho Suicide Prevention Plan using a collective impact model. The plan had 12 goals, and 56 objectives prioritized under annual action plans to assist with implementing the goals. Idaho also joined CDC's National Violent Death Reporting System in 2017 to provide data to inform prevention initiatives.

The Idaho Crisis and Suicide Hotline (then called the Idaho Suicide Prevention Hotline) took its first calls in November 2012. By 2015, the Hotline was able to take calls 24/7 with the help of federal legislative budget allocations. By January 2016, the Hotline launched text and online chat services. The focus was on teenagers since the teen suicide rate was high in Idaho compared to most other states — and for teenagers, texting was a channel of communication used most. A SAMHSA 988 States and Territories grant was awarded to SPP in 2022. Combined with funding from the DHW Division of Behavioral Health, it allowed the ICSH to ramp up technology and workforce capacity for the increased demand following the launch of 988. As of the close of 2023, the Hotline responded to over 132,000 contacts from help seekers spanning ages 6 to 101 and helping Idahoans in every county of the state. Idaho's first-ever community crisis center opened in Idaho Falls in 2014. Ten years later, Idaho Falls opened another community crisis center, this time focused on youth. During this time, Idaho hit its highest recorded suicide rate at 23.8 per 100,000 residents in 2018.¹⁸ National rates followed a similar trend.

In 2023, the Executive Order for the ICSP sunset. It was replaced largely in function by the ISPAC under decisions made by both groups. An Executive Order 2023-04 codified into law ISPAC's role in promoting suicide prevention, intervention, and postvention services in the state.¹⁹ SPP and ISPAC endorsed a suicide care model used in healthcare and behavioral healthcare settings called Zero Suicide. Zero Suicide is an aspirational goal to intercept suicide at the gates of healthcare through practices that screen, protect, and connect individuals to resources and treatment.

Five healthcare organizations in Idaho have implemented a Zero Suicide framework, including tribal organizations. In 2023, Idaho accepted the call to participate in Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families. Idaho joined 53 other states and territories, taking the challenge to develop and implement state-wide suicide prevention best practices for service members, veterans, and their families with a public health approach. Another key priority which remained while writing this new state plan was the elevated risk faced by rural Idahoans. Strategies to decrease stigma, increase help-seeking behavior, improve access to care, and raise awareness will continue to be pursued.

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** Plan baseline: 2019-2023 5-year aggregate rate (available by August 2024).*



Plan Goals and Guiding Principles

The Idaho Suicide Prevention Action Collective (ISPAC) used the National Strategy for Suicide Prevention (NSSP) as the framework for Idaho's 5-year Plan.

ISPAC conducted a detailed review of the NSSP goals and objectives; then made modifications and additions to better align with Idaho needs and values. Objectives were then prioritized, resulting in the goals and priority objectives to follow. The result of this effort is the updated *Idaho Suicide Prevention Plan: 2024-2028*, 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 aspirational 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*.



Idaho Suicide Prevention Plan Goals

Overarching Goal: Measurably reduce Idaho's suicide rate by 2028*.

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 among those at risk.

Goal 6: Promote safe practices related to lethal means access among individuals with suicide risk.

Goal 7: Embed suicide prevention as a core component of health care services. Promote effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors.

Goal 8: Provide postvention care to individuals affected by suicide deaths and attempts to promote healing. Implement community strategies to help prevent further suicides.

Goal 9: Use validated data and evaluation systems to define priority populations and measure the impact of suicide prevention, intervention, and postvention programming. Synthesize and disseminate findings.

*Plan baseline = 2019-2023 5-year aggregate rate (available by August 2024)

GOAL 1

Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Objectives

- 1.1:** Increase suicide prevention interest and action across a broad array of organizations in Idaho.
- 1.2:** Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal and local levels.
- 1.3:** Drive to inform federal working groups on issues important to Idaho through established relationships.
- 1.4:** Improve and support inter-agency collaboration.
- 1.5:** Improve and support public-private initiatives that can contribute to suicide prevention success outcomes.
- 1.6:** 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

- Continue developing relationships between ISPAC and other critical suicide prevention stakeholders.
- Provide audience-specific gatekeeper training for communities.
- Implement programs that and policies that promotes social connectedness and promote healthy mental and emotional health.
- Support Zero Suicide model for health care providers, including rural community clinics.

WORK TEAMS
Prevention
Intervention
Postvention
Advocacy & Policy

GOAL 2

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

Objectives

- 2.1:** 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 policymakers at the local, regional and state levels with dedicated communication efforts and strategies.
- 2.3:** 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:** 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.
- Increase gatekeeper training numbers in communities.
- Promote the utilization of Behavioral Health Crisis Centers and the Idaho Crisis & Suicide Hotline.

WORK TEAMS
Prevention
Postvention
Advocacy & Policy

GOAL 3

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

Objectives

- 3.1:** Promote culturally competent, evidence-based, and best practice programs that increase protection from suicide risk.
- 3.2:** Reduce the stigma 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.
- Organize strength-based, community wellness events that promote belongingness.

WORK TEAMS
Prevention
Postvention
Advocacy & Policy

GOAL 4

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:** 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:** 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.
- Offer training and encourage the integration of responsible reporting guidelines on college and university campuses.

WORK TEAMS
Prevention
Postvention

GOAL 5

Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors among those at risk.

Objectives

- 5.1:** Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal and local suicide prevention programming.
- 5.2:** 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:** Increase access to effective programs and services for mental and substance use disorders.

Recommended Activities & Actions

- Support tribes, local collectives, and other public/private partnerships in implementing prevention, intervention, and postvention activities.
- Identify at-risk populations segments and risk factors. Include outreach to higher risk segments in suicide prevention, intervention, and postvention activities.

WORK TEAMS
Prevention
Intervention
Postvention

GOAL 6

Promote safe practices related to lethal means access among individuals with suicide risk.

Objectives

- 6.1:** Encourage those who interact with individuals at risk for suicide to assess routinely for access to lethal means and mitigate means.
- 6.2:** 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 monitoring systems.
- 6.4:** Educate individuals and families about safe storage, disposal, and use of medication.

Recommended Activities & Actions

- Increase distribution of gun locks statewide.
- Educate communities on medication take-back days and proper prescription drug disposal.
- Increase distribution of Idaho lethal means educational publications.
- Partner with municipalities and private organizations to install safety signage and access barriers around high-risk structures (e.g. bridges, platforms, parking garages).
- Implement Counseling on Access to Lethal Means (CALM) in clinical settings.

WORK TEAMS
Prevention
Advocacy & Policy

GOAL 7

Embed suicide prevention as a core component of health care services. Promote effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors.

Objectives

- 7.1:** 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.
- 7.2:** Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
- 7.3:** Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
- 7.4:** 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.
- 7.5:** Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
- 7.6:** 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.
- 7.7:** Coordinate services among suicide prevention and intervention programs, health care and crisis centers.
- 7.8:** 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.
- Work with community health partners to implement and support Zero-Suicide initiatives.
- Implement a framework for follow-up with high-risk patients.

WORK TEAMS
Intervention

GOAL 8

Provide postvention care to individuals affected by suicide deaths and attempts to promote healing. Implement community strategies to help prevent further suicides.

Objectives

- 8.1:** 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.
- 8.2:** Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
- 8.3:** Engage suicide attempt survivors in all aspects of suicide prevention planning.
- 8.4:** Provide health care providers, first responders and others with care and support when a patient under their care dies by suicide.
- 8.5:** Provide training and support to first responders to communicate with families and those affected by suicide in an empathetic and supportive manner.
- 8.6:** 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.
- Increase attempt survivor groups throughout the state of Idaho utilizing trained facilitators.
- Collaborate with first responders to provide support and educate on increasing protective factors and communication skills to community members around suicide death.

WORK TEAMS
Postvention

GOAL 9

Use validated data and evaluation systems to define priority populations and measure the impact of suicide prevention, intervention, and postvention programming. Synthesize and disseminate findings.

Objectives

- 9.1:** Improve the usefulness and quality of suicide-related data.
- 9.2:** 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.
- 9.3:** Field surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors and exposure to suicide.
- 9.4:** Evaluate the effectiveness of Idaho's suicide prevention, intervention, and postvention activities and programming.

Recommended Activities & Actions

- Promote and increase utilization of Idaho Violent Death Reporting System, ESSENCE syndromic data system, Idaho Behavioral Risk Factor Surveillance System, and other available suicide data systems.
- Increase data collection efforts for suicide and suicidal behavior.
- Educate county coroners to ensure compliance with state and national protocols in investigating and reporting suicide.
- Ensure that data are representative of the entire statewide population and allow for identification of disparities among subpopulations.

WORK TEAMS
Postvention

Annual Action Plan

In addition to the goals and objectives, ISPAC develops 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. Action plans are evaluated annually and updated with new tactics to ensure the full implementation of the goals and objectives over the five-year period.



