

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 14, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Chew

**GUESTS:** Joyce Broadsword, Kira Burgess-Elmer, Rebecca Sprague, Dave Taylor, and Jodi Osborn, DHW; Danielle Ahrens, Self; Kelli D. Brassfield, IAC

**Chairman Wood** called the meeting to order at 9:01 a.m.

**Dr. Linda Hatzenbeuhler**, Psychologist, Chairman, Idaho Council on Suicide Prevention (ICSP), described the 2006 Executive Order charging the Council to oversee implementation of the Idaho Suicide Prevention Plan (ISPP), ensure continued relevance, and report annually to the Governor and Legislature. She explained the representation of the entire state within the Council membership.

The ICSP need is reflected in the 362 total deaths by suicide. Between 2011 and 2015 there were 102 school-aged children and 24 children aged 14 and under lost to death by suicide. A publication review of 365 studies found no broad or sub category of risk factors to predict the risk of suicide. Consequently, prevention is of paramount importance.

The ICSP is joined in their efforts by other organizations, ten of which are suicide-specific, such as families touched by suicide. The Idaho Suicide Prevention Program (ISPP) has identified and articulated the key prevention factors. Statewide progress is being made with the development of a hotline and establishment of ISPP suicide prevention activities.

**Elke Shaw-Tulloch**, Administrator, Division of Public Health, Department of Health and Welfare (DHW), presented information on the ISPP, which was established and appropriated in 2016. The ISPP, with its four full-time staff, develops, implements, and supports statewide suicide prevention programs. One staff member is seated in the Division of Behavioral Health.

**Kim Kane**, Program Manager, ISPP, Division of Public Health, DHW, shared information regarding the Interpersonal-Psychological Theory of Suicide by **Dr. Thomas Joiner**, the gold standard for understanding the problem. The Dr. Joiner model applies to only those who died or should have died, and did not, with their suicide attempt. She noted these individuals are not in a rational state of mind and have both the desire and ability to die by suicide.

In his theory, **Dr. Joiner** maintains three components come together for a successful suicide. First is a perceived burdensomeness, the wrong and irrational belief the people around them would find their death worth more than their life.

Second is thwarted or failed belongingness. This could be someone who, in their mind, perceives they are not understood, with resultant severe emotional suffering. Hopelessness occurs when feeling disconnected from others, perceiving value to their death, and when situations do not change. Many people feel both ways, even temporarily, and are not lost to suicide. Over 90% of individuals who attempt suicide do not die.

The third component is the circumvention of a person's strong basic survival instinct by the development of the capability to do self harm. In this capacity individuals gain fearlessness regarding physical pain, injury, and death. Some high suicide groups, such as soldiers and medical personnel, have become used to the idea of physical pain through personal witness or experience.

Improvement or removal of any one of the three components interferes with death by suicide. Hotlines provide someone who listens, asks if they are suicidal, and asks about their emotional pain level. Highly suicidal persons are still looking for a connection to another person.

ISPP initiatives provide support to the Idaho Suicide Prevention Hotline (ISPH), upstream youth suicide prevention education, public awareness campaigns, the ISPC, suicide prevention stakeholder groups, additional suicide prevention strategies, and other suicide-related requests.

The Idaho Lives Project for schools shifts the current emphasis from looking for signs of problems to focusing on strength, hope, and resilience. Other community and school strategies and requests are being reviewed and developed.

The 2016 accomplishments include establishing staff, infrastructure, 208 and 800 hotline numbers, hotline text service, ISPC support, stakeholder collaborative meetings, the Zero Suicide Initiative, downtown Boise parking garage safety investigation, and the Lethal Means Task Force. They have also responded to numerous requests for information and consultation.

Answering questions, **Kim Kane**, said teenagers have become habituated to pain through sports injuries, tattoos, piercings, and family events. There is also a sub group of kids who engage in self harming behaviors. Of the attempts, 96% have other reasons for their attempt and need help, while 4% are doing a suicide rehearsal. In a group of kids with feelings of burdensomeness, those who have engaged in self harm or have witnessed it will be more likely to pursue suicide.

She said the Idaho Lives Project, funded by a three-year federal grant, will have fifty schools trained this year. The school districts can also use the Sources of Strength Program. Although bullying does not cause suicide on its own, it is a risk factor because it hampers feelings of belongingness and may be a triggering event for someone already thinking about suicide.

Answering a question, **Matt McCarter**, Idaho State Board of Education (ISBOE), responded school counselors and administrators attend statewide training to fine tune prevention of peer conflict and bullying. Sources of Strength is a part of the Idaho Lives Project. When considering program costs, a school can select a range of one day to three year training events to fit their budget and needs.

**John Reuser**, Director, Idaho Suicide Prevention Hotline, was invited to answer committee questions. He said the Hotline experienced a marked increase from 437 calls in October to 660 calls in January and increased text contacts from three in October to 70 in January. The increase is attributed to the weather conditions and related feelings of isolation. Their current outreach has been focused on school mailings. A new television safe storage public awareness campaign prominently displays the hotline number.

**Kim Kane**, responding further, stated there is a worldwide suicide rate increase late each spring. Also, patients released after inpatient recovery are at a higher danger for suicide. When at their lowest level, individuals do not have the energy to do anything. Although still being studied, increased energy levels, whether from weather or emotional changes appear to also increase suicide rates.

Answering a question, **Dr. Hatzenbuehler** said when looking at the elderly suicide issue, better vigilance is needed at the primary care provider and primary care centers level to screen for suicidal isolation. They continue working with the Primary Care Association to address this need.

**Chairman Wood** opened the committee discussion of recommendations to be presented to the Joint Finance and Appropriations Committee regarding the DHW 2018 budget request.

**Dave Taylor**, Deputy Director, DHW, **Jared Tatro**, Legislative Services Office, and **Lisa Hettinger**, Deputy Director, DHW, were invited to answer committee questions.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 10:13 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary