This report is organized in two sections. First is a two page summary of the full report which is followed by a full, detailed report. The items are those required in the 28 June 2007 email from Krista Fletcher. Each item has been numbered 1-9, following the order they appeared in the email reporting requirements.

**SUMMARY OF FULL REPORT**

1. **Demographics of target population**

   Idaho’s suicide rate within this age group is significantly above the national average at 10.5 per 100,000 compared to 7.3 per 100,000.\(^1\) Twenty-two percent of the population is ages 10 to 24.\(^2\) Idaho’s population is largely white, 87%. There are pockets of American Indians (1.4%, about 20,000 people) and Hispanics (9.1%). There are seven federally recognized tribes in Idaho with sovereign rights. Black people constitute 0.6% and Asian/Pacific Islanders make up 1.1%. Overall 11.5% of persons are below poverty and 17.3% of children are below poverty. Some communities have strong religious ties and may be predominantly of one religious group.

2. **Description of service area**

   Idaho, 82,747.21 sq miles, is home to 1,466,465 people approximately 40% of whom live in three urban areas and 60% of whom live in rural and frontier areas. About one third of the population lives in the Treasure Valley. Twenty-six of Idaho’s forty four counties are classified as Frontier (less than 7 persons a square ml.). More than 30% of the rural/frontier population are children who have a higher poverty rate than their urban counterparts, but only a small percent of them receive welfare, food stamps, or Medicaid. Logistical barriers, such as a lack of transportation, are often cited as reasons for low rates of participation in social service programs. Every county in the State of Idaho is wholly or partially a health profession shortage area across most professions as defined by the U. S. Health Resources and Services Administration. Approximately half of the State’s counties have no mental health professionals.

3. **Progress toward meeting goals and objectives**

   All of the objectives for year one have been meet. Highlights of the progress are contained in item 6 below and in detail in section 6 of the main body of the report.

4. **Challenges or difficulties and methods used to address them**

   Two major challenges were faced this year. First, the administrative branch of our government underwent multiple changes. We had three different governors and two major reorganizations of our State’s department of health and welfare. We passed

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2 U. S Census, Idaho Quickfacts, 2005
through these troubles by building on long-standing relationships with people in the Administrative branch of our state government.

The second major challenge that we faced this year was being incorporated with the National Cross-Site evaluation conducted by MACRO. Because we do not identify and refer youth but instead train gatekeepers, there were a number of cross-site measures that did not fit neatly. We have strict human subjects control at ISU and were the OMB approval was not sufficient for us to begin cross-site data collection without local Human Subjects approval. Our application has been filed. We have worked closely with MACRO to submit the data that is not human subjects related and to figure out how best to merge with the national cross-site evaluation.

5. Unique factors in the screening and referral process

In Idaho there are multiple unique factors affecting screening and referral. First, we do not screen or refer youth. We are a gatekeeper training program. Second, tracking referrals through gatekeepers in many of our rural and Tribal communities places us at high risk for accidentally identifying youth who have been referred. Third, given that all of the State of Idaho is classified as federally recognized mental health professions shortage area, we typically cannot make timely referrals to mental health professionals. Taken together, while we do plan to work with MACRO to estimate referral in our state, the data collected may not represent what it actually happening.

6. Notable accomplishments/lessons learned

1. Gatekeeper training

   The project trained approximately 730 gatekeepers, including parents, mental health professionals, school personnel, clergy and public safety officers. Trainings were held in agency offices, hospitals and by videoconference across all seven health districts of the state.

2. Awareness Campaign Tool kit

   The comprehensive awareness campaign toolkit has more than 40 pages of organized materials distributed in a file box, including original materials developed for Idaho and also national materials. Twenty toolkits were distributed to gatekeepers in 7 of 7 health districts. In addition to regional SPAN partners, toolkits were distributed to the Statewide Tribal Coordinating Council, Idaho Federation of Families for Children’s Mental Health, and Idaho State University. Materials and methods for implementation are culturally tailored for Idaho communities.

3. Partnerships

   We work in collaboration with SPAN and other community groups to implement the awareness campaign in a manner that works for their community, instead of using a generic implementation plan for each group. Most importantly, we work with those affected by the project by supporting their efforts in suicide prevention.

7. Information regarding budgetary or personnel adjustments
Not all of Year 1 funds were expended as the result of a combination of local site and cross-site evaluation activities. We requested carry forward funding. Chandra Story, MHS was hired as the project coordinator.

8. Any other information

Our initiative has benefited from our partnership with Better Todays. Better Tomorrows which has been recognized as a SAMHSA promising practice for gatekeeper training.

9. Copies of any materials that may have been generated from this grant

Section 9 of the main report contains a list of products developed which are also appended.