

DHR Fall Forum

Monday, September 24, 2018

8:00 a.m. – 12:00 p.m. | Lincoln Auditorium, Idaho State Capitol



8:00 a.m. – 8:15 a.m.	Check In
8:15 a.m. – 8:30 a.m.	Welcome and DHR Updates Susan E. Buxton, Esq., <i>DHR Administrator</i>
8:30 a.m. – 10:15 a.m.	ADA/FMLA Roleplay Susan E. Buxton, Esq., <i>DHR Administrator</i> Colleen D. Zahn, Esq., <i>Deputy Attorney General</i>
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 11:45 a.m.	Suicide Prevention Rebecca Sprague, DHW – Idaho Suicide Prevention Program
11:45 a.m. – 12:00 p.m.	Q&A DHR Staff

Watch it LIVE at: <http://idahoptv.org/INSESSION/>

Frequently Asked Questions: Applicant Tracking System (ATS) Transition

When will the ATS transition occur?

Project implementation is scheduled for December 10, 2018.

When will training for the new ATS occur?

Training for all state agency users will be scheduled for the first week in December. Access to online training modules will be provided for HR agency staff in October, once the training manual has been revised. Review of the online training modules is required before classroom training. The online training modules take approximately 1.5 hours to view.

What is the cutoff date for announcements in the old system?

The hiring process in ATS is to be completed by the end of November. This includes completion of hiring lists.

What data from the old system will be transferred to the new ATS?

DHR is in the process of identifying data that will be downloaded/archived from the current system to the new system.

What if we need access to archived information?

DHR is currently working with the Idaho Department of Labor to determine archival retrieval options.

[Email Idaho Division of Human Resources](#) or call 208-334-2263 with additional questions.

CAPITOL MALL FLU SHOT CLINICS



SEPTEMBER 25

11 AM - 2 PM

OCTOBER 3

12 PM - 3 PM

JRW BUILDING - EAST CONFERENCE ROOM
700 WEST STATE STREET, BOISE

BRING YOUR INSURANCE CARD & ID: Without insurance the fee is \$25.00 payable by cash or check.

REDUCE WAIT TIME: Download the vaccine consent form at healthmatters.idaho.gov/flu2018.html and bring your completed form with you the day of the clinic.

DRESS FOR SUCCESS: Wear something that allows you to roll up your sleeve to your shoulder.

QUESTIONS? Call 208-854-3066 or email HealthMatters@dhr.idaho.gov





Frequently Asked Questions: IT Classification Project

What is changing?

Current IT classifications will be updated in order to better reflect modern IT job functions. As a result, employees will have more appropriate job titles and career paths supporting professional growth and possible advanced technical levels, in addition to management tracks. Applicants can better identify with job postings and descriptions. There are 12 new classes that do not have any employees mapped to: all levels of Information Management and Architecture, and a new level in three other families. These new classes must be announced in NEOGOV before filling.

When will this be taking effect?

DHR is planning to implement this project in conjunction with the rollout of NEOGOV in December of 2018.

Will I need to reapply for my current position?

No. Employees do not have to reapply for their job or serve an additional probationary period (if they are already a permanent employee) as a result of this project. All employees will be laterally transferred to their mapped position – same pay grade, same pay.

Will my salary change?

No. There will be no changes to employee compensation. This is strictly a classification project.

How can I cross reference my new classification?

Employees may refer to the [IT Job Families Crosswalk](#), available on the DHR website at www.dhr.idaho.gov, to cross reference their new classification. All current IT classes will be replaced with the new framework of nine families and 40 classes (28 of which employees will be reclassified to). The new structure includes the following families:

- Operations & Support
- Software Engineer
- Geographic Information System (GIS)
- Information Management
- Database Administration
- Infrastructure Engineer
- Architect
- Information Security Engineer
- Manager

Information Management and Architect families do not have any current classifications crosswalked to them. All current job classes are mapped to one job family and one level, with the exception of Systems Integration Associate, Analysts, and Seniors. Agency IT/HR leadership have three job families to map the positions to based on current duties and responsibilities: Operations & Support, Software or Infrastructure Engineer. All transfers will be lateral, there will not be any changes to pay grades as a result of this project.

FMLA/ADA Problem Solving Scenario

PREPARED FOR DHR'S 2018 FALL FORUM

Background

An employee of Acme Agency, Pat, Financial Specialist, has been employed with the agency for 8 years and is responsible for reviewing and approving p-card transactions, reconciling the agency's budget, issuing payments to vendors, processing payroll, preparing monthly financial reports and processing IPOPS actions.

During Pat's tenure with the agency, Pat has received 2 achieves evaluations, 2 solid sustained and, most recently, 4 exemplary ratings. Despite these positive performance ratings, Pat is not a great performer and has had issues with attendance and meeting deadlines.

Background

Last July, Pat's supervisor, Bob (who issued Pat's previous evaluations) retired and Pat's co-worker, Kelly, was promoted into the supervisory role (Pat applied as well but was not selected).

Due to Pat's previous performance issues, Kelly is frustrated with Pat's failure to arrive to work as expected and meet critical deadlines. Therefore, Kelly has committed to manage Pat's performance to ensure that the Financial Bureau meets their agency goals.

HR Group Discussion

- What should Alex's guidance to Kelly be? What should Alex say to Pat?
- Should Kelly have a performance management discussion with Pat at this time?

**You have five minutes to discuss in a group*

HR Group Discussion

- What is Pat asking for?
- What documentation is needed?
- What next steps do you propose to Alex?
- Should Kelly have any performance management discussions with Pat at this time?
- Should the agency designate Pat's absences as FMLA? Why or why not?
- Conduct an ADA analysis of Pat's requests (to the best of your ability with the information provided here). If there is additional information you need to conduct the analysis, what is it? What considerations would you make in determining if the agency can grant Pat's requests?
- Would you request any documentation from Pat regarding the medical conditions and requests?
- How much medical information would you share with Kelly?
- What documentation would you recommend Kelly keep regarding communications with Pat concerning these requests? What about documentation concerning the performance management concerns during this timeframe? What should you keep as the HR professional?

**You have fifteen minutes to discuss in a group*

HR Group Discussion

- What now?
- What should be identified?

Updated Statewide FMLA Policy Section 4

4l.3.b. [Designation Notice] Within five days of receiving enough information to determine that an employee's leave **is** FMLA eligible, the employer shall provide written, official confirmation of the designation of the employee's leave as FMLA leave and the parameters (i.e., expectations, obligations, and consequences for failure to meet the same) of the FMLA leave, using the "FMLA Designation Notice" form. This form can be accessed at <https://www.dol.gov/whd/forms/WH-382.pdf>. An employee can affirmatively decline to use FMLA leave after receiving written, official confirmation of the employee's eligibility for FMLA leave.

**Updated FAQ sheet provided in Forum packet and on DHR Website*

Any additional questions contact your DHR Consultant



FMLA FAQ SHEET

If there are further questions not addressed within this document, please do not hesitate to call DHR at 334-2263 or the HR consultant assigned to your agency.

Q: Do the 1,250 hours all have to be worked at one agency?

A: An employee must meet the following criteria to be eligible for FMLA leave:

1. The employee must have been employed with the State of Idaho for a total of at least twelve months. The twelve months do not have to be continuous employment. Similarly, the twelve months do not have to be all with one agency. Employees who were on the payroll for any part of a week (even just one day) will be credited with a full week toward their total.
2. The employee must have at least 1,250 hours of service during the twelve-month period immediately preceding the leave. These 1,250 hours must be hours worked, and do not include paid vacation or sick time, nor periods of unpaid leave during which other benefits (i.e. a group health plan or worker's compensation) continued to be provided by the employer.

Reference FMLA Policy 4A.

Q: Is there a minimum amount of time that an employee must be off before the Agency designates the leave as FMLA?

A: Employees who request and qualify for FMLA leave shall be granted the leave accordingly.

In situations where the employee has not requested the leave, but an agency is designating the leave, a general rule of thumb is to designate FMLA if the absence is for three or more days for a qualifying condition. Each agency may have their own timeline on when to designate FMLA for an employee.

Q: What if an employee qualifies for FMLA but does not want to use it?

A: Once an agency has enough information to determine whether or not the leave is being taken for an FMLA-qualifying reason, they must notify the employee as to whether or not the leave will be designated and counted as FMLA leave. An employee can affirmatively decline to use FMLA Leave.

Reference FMLA Policy 4I.3.b.

Q: What type of medical certification is required to support the use of FMLA?

A: The agency may require that the need for leave for a serious health condition of the employee or the employee's immediate family member be supported by a certification issued by a health care provider. The agency must allow the employee at least 15 calendar days to obtain the medical certification.

The forms can be found here: <https://www.dol.gov/whd/forms/WH-380-E.pdf> and <https://www.dol.gov/whd/forms/WH-380-F.pdf>.

Reference FMLA Policy 4I.2.

Q. What happens if the medical certification is incomplete?

- A.** The agency must advise the employee if it finds the certification is incomplete and allow the employee a reasonable opportunity to cure the deficiency. The agency must state in writing what additional information is necessary to make the certification complete and sufficient and must allow the employee at least seven calendar days to cure the deficiency, unless seven days is not practicable under particular circumstances despite the employee's diligent good faith efforts.

Q. Can my agency contact my health care provider about my serious health condition?

- A.** The regulations clarify that contact between an employer and an employee's health care provider must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. Under the regulations, agencies may contact an employee's health care provider for authentication or clarification of the medical certification by using a human resource professional, a leave administrator, or a management official. In order to address employee privacy concerns, the regulations make clear that in no case may the employee's direct supervisor contact the employee's health care provider. In order for an employee's HIPAA-covered health care provider to provide an employer with individually-identifiable health information, the employee will need to provide the health care provider with a written authorization allowing the health care provider to disclose such information to the employer. Agencies may not ask the health care provider for additional information beyond that contained on the medical certification form.

Q. Can an agency require employees to submit a fitness-for-duty certification before returning to work after being absent due to a serious health condition?

- A.** Yes. As a condition of restoring an employee who was absent on FMLA leave due to the employee's own serious health condition, an agency may have a policy or practice that requires all employees who take leave for serious health conditions to submit a certification from the employee's own health care provider that the employee is able to resume work. Under the regulations, an employer may require the fitness-for-duty certification address the employee's ability to perform the essential functions of the position if the employer has appropriately notified the employee that this information will be required and has provided a list of essential functions. Additionally, an employer may require a fitness-for-duty certification up to once every 30 days for an employee taking intermittent or reduced schedule FMLA leave if reasonable safety concerns exist regarding the employee's ability to perform his or her duties based on the condition for which the leave was taken.

Reference FMLA Policy 4I.5.

Q. Can an agency require employees to use my paid leave concurrently with FMLA time?

A. An agency may require the employee to use accrued paid sick or vacation leave for some or all of the FMLA leave period. An employee must follow the employer's normal leave policy in order to substitute paid leave.

Q. Can an employee make-up intermittent FMLA time?

A. Agencies cannot require employees to make up missed time due to intermittent FMLA. Employees will continue to receive their full allotment of FMLA leave without any repercussions.

However, an agency that has a policy that allows employees using non-FMLA leave the ability to work extra hours to make up missed time must give the employee on FMLA the same privilege.

Agencies who have policies allowing the make-up of intermittent FMLA time should proceed with caution and consult with their agency attorney to ensure they do not interfere with FMLA rights.

Q. If I make up intermittent FMLA time, do I still have to use my FMLA?

A. Scheduled work missed as a result of FMLA leave may still be counted towards the employee's FMLA allotment, and make-up time is allowed to compensate for lost wages. All FMLA time taken should be accounted for regardless of whether such FMLA time taken was made up.

Q. Can an employee who is on FMLA for a pregnancy related condition receive donated leave?

A. If an employee qualifies for a serious health condition, including prenatal care and any period of incapacity due to pregnancy or recovery from childbirth, they may receive donated leave under the Donated Leave Policy

<https://dhr.idaho.gov/PDF%20documents/Policies/Section%206%20Donation.pdf?OpenElement>

Survivor Support

A suicide death is one of the most difficult to bear. With a single act, every relationship is irreparably affected. A suicide survivor, is someone who has lost a friend or loved one to suicide. Suicide survivors themselves can be at increased risk for suicide. Be there for survivors of suicide. Be in contact and support those you know who have lost someone to suicide. It is especially important to be in contact after the first two weeks following the death and on anniversaries of the decedent's death or birthday. Suicide survivor support groups play a vital role in helping survivors cope with grief and make the choice to find a new meaning and direction in life.

National Resources

afsp.org
sprc.org
suicidology.org
suicidepreventionlifeline.org

Local Resources

idahosuicideprevention.org
spanidaho.org
spp.dhw.idaho.gov
healthtools.dhw.idaho.gov

Call 211 for more Idaho resources

Means Matter

Restricting access to lethal means of suicide saves lives. The idea of method substitution, i.e. they will just find another way is generally untrue. The suicidal brain thinks in extremely narrow terms and anything done to restrict access to a person's methods can make a difference. If deadly methods are not readily available when a person decides to attempt suicide, it may allow time for an intervention, the possibility of later deciding not to attempt suicide, or using less deadly methods, allowing for a greater possibility of medical rescue. Safe storage of firearms can decrease the number of suicides. Lock and store ammunition separately from firearms. Remove guns from homes with those who are at risk for suicide. Keep medications and household toxins locked up. Make sure children do not have access to keys where guns, ammunition, medication or household toxins are stored.



If you, or someone you know, is in crisis or emotional distress, please call 1-800-273-TALK (8255) or 1-208-398-HELP (4357).



Idaho Department of Health & Welfare
Division of Public Health

Suicide Prevention Program
Idaho Department of Health & Welfare
Division of Public Health
450 West State Street, 4th Floor
PO Box 83720
Boise, Idaho 83720-0036
Phone: 208-334-4953
November 2017

Suicide Prevention:



Quick Reference Guide

Watch for Warnings Signs

- Threatening to, talking or writing about suicide
- Previous suicide attempt
- Seeking methods to kill oneself
- Agitation, especially combined with sleeplessness
- Feeling hopeless or trapped
- Withdrawing from friends, family or society
- Nightmares
- Changes in eating patterns
- Dramatic mood changes
- Increased alcohol or drug use
- Inability to sleep or sleeping all the time
- Recent loss of a friend or family member through death, suicide, or divorce
- Sudden dramatic decline or improvement in work/school work
- Themes of death or depression in conversation, writing, reading or art
- Neglect or personal appearance
- No longer interested in favorite activities or hobbies
- Chronic headaches, stomach aches, fatigue
- Taking unnecessary risks/recklessness
- Sudden, unexpected loss of freedom or fear of punishment/humiliation

If you or someone you know is in crisis or emotional distress, contact the Idaho suicide Prevention Hotline Call/Text 208-398-HELP (4357) or Call 1-800-273-TALK (8255)



Ask the Question

Have the courage. Don't hesitate to ask the person exhibiting warning signs if they are considering suicide.

- Ask directly—"Are you thinking about suicide/killing yourself?"
- Ask less directly— "Lately you seem to be very sad (or down, upset, sleepless, other.) Sometimes when people feel that way, they consider suicide. Are you considering suicide?"

Do not ask this way —

- "You're not suicidal are you?"
- "You're not thinking of hurting yourself are you?"
- "You're not thinking of doing something crazy are you?"

If the person is reluctant, be persistent.

Talk to the person in a semi-private setting. In some cases, you may need to signal another person to help you. Be prepared to use reflective listening rather than problem-solving. Give yourself plenty of time and have resources handy including the hotline.

Listen Well

- Put your fear or discomfort on hold
- Listen to the problem with full attention and without judgement
- Allow the person to talk freely
- You do not need to engage in problem-solving; only listen and offer hope

Simply asking and listening may make all the difference. It can rekindle and increase sense of belongingness.

Instill Hope

Offer hope in any form. You may want to use phrases like:

- "I want you to live."
- "I care what happens to you."
- "We will get through this."

Engage the person in discussing their reasons for living, their strengths, things that give them enjoyment, positive people or experiences in their life. Convey to them, there is always hope and there is always help.

Get Help

There are several options depending on the situation.

- Do not leave the person alone.
- Take the person to get help.
- Help the person contact a behavioral health professional.
- Get others involved: a family member, friend, clergy, someone whom the person trusts. Ensure that that person will get the suicidal person to help and not leave them alone until they have received help.
- Call or have that person call the Idaho Suicide Prevention Hotline at **208-398-HELP (4357)** or **1-800-273-TALK (8255)**.
- If the person threatens suicide right then or has a weapon, call 911.
- At a minimum, try to get a commitment from the person that they will get help.



Suicide Prevention in the Workplace



Agenda



The Workplace



Statistics



Why?



Prevention



Intervention



Helpful Considerations



Survivor Support



Why Address Suicide Prevention?

- Workers are an employer's most valuable asset.
- Creating a culture of health and safety is both humane and good for business.
- Good mental and physical health can help enhance workforce productivity.
- Many workplaces already have structures and resources in place to help employees get the help they need, so suicide prevention can be connected with them.

The Role of Managers

- Consider developing a strategic plan for suicide prevention
- Employee Assistance Program
- Human Resources
- Be prepared to respond to a suicide death

Statistics



Suicide Statistics: U.S. and Idaho

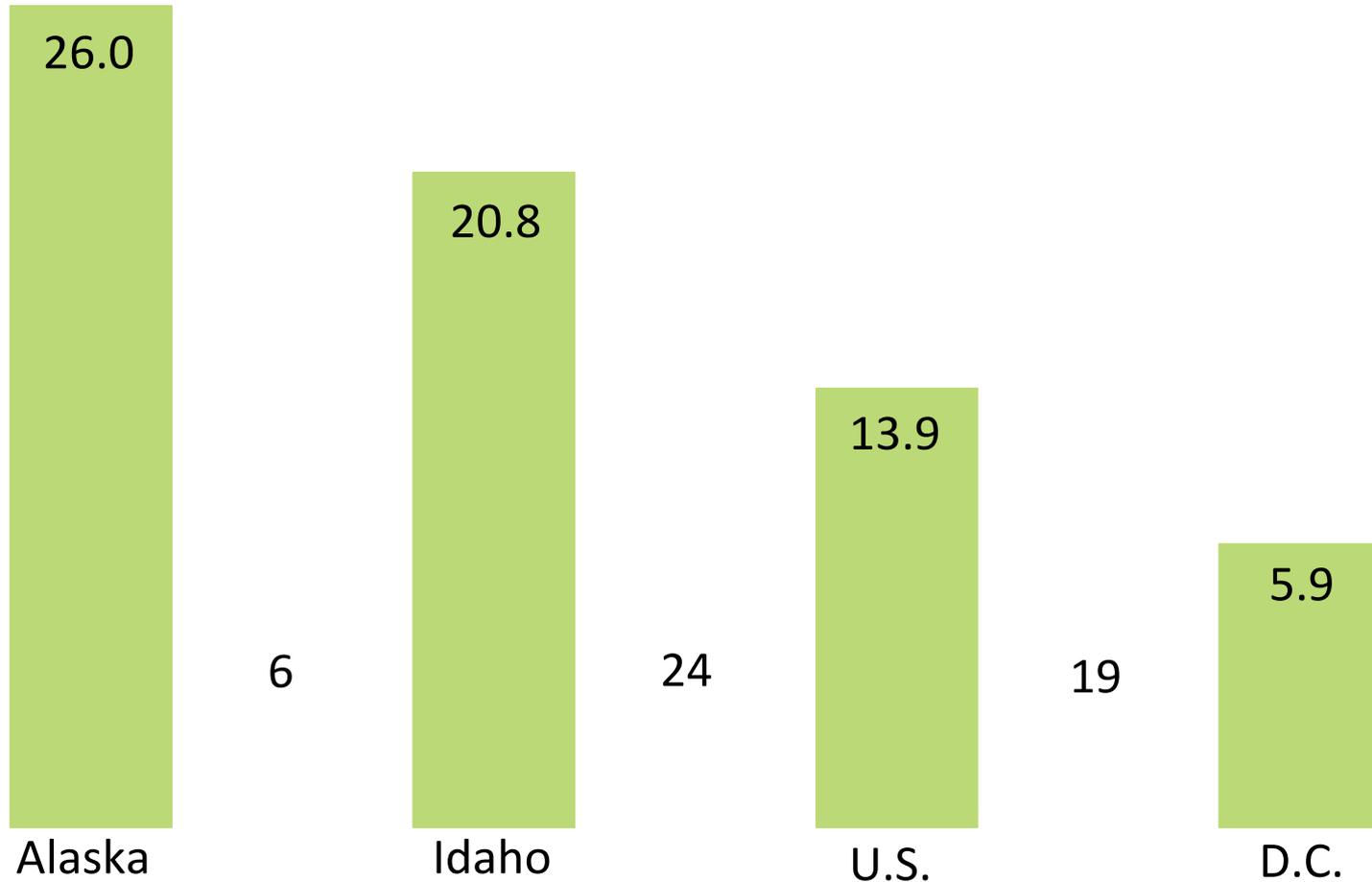
(CDC, 2017 & Idaho Bureau of Vital Records and Health Statistics, 2018)

	<u>U.S. 2016</u>	<u>Idaho 2016</u>	<u>Idaho 2017</u>
Total Deaths	44,965	351	393
Deaths/Week	865	7	7.5
Suicide Rate	13.9	20.9	22.9



Where Does Idaho Rank?

US Suicide Death Rate Ranking (CDC 2016)





Top 12 States

(CDC, 2016)

1. Alaska
2. Montana
3. Wyoming
4. New Mexico
5. Nevada
5. Colorado
7. Oklahoma
8. Idaho
9. Utah
10. West Virginia
11. Oregon
11. Vermont

Why Does Idaho Rank So High?



Lack of Access



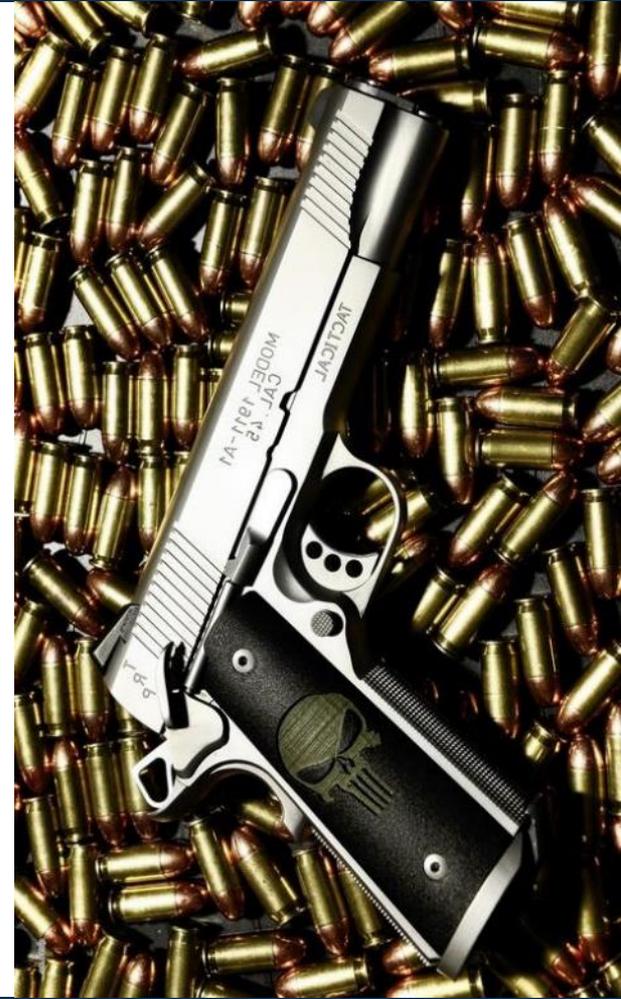
Stigma & Rugged Individualism



Easy Access

Firearm Deaths in Idaho, 2017

- 87% of all firearm deaths were suicides
- 98% of all self-inflicted firearm deaths were suicides



Special Populations: LGBTQ

LGB youth are
4 x more likely to
attempt than
straight peers

Questioning
youth are
3 x more likely to
attempt than
straight peers

25% of people who
identify as
transgender report
having made a suicide
attempt

LGB youth from
highly rejecting
families are 8.4x more
likely to have
attempted than peers
reporting no or low
levels of family
rejection



Special Populations: Other Groups

Hispanic youth have slightly higher rates of suicidal thinking and attempts than youth overall

Foster Children have higher rates of suicide than youth overall

Juvenile justice affected children have higher rates than youth overall

One study showed that **Hispanic girls** have higher rates of suicide ideation and behavior than any other group, BUT only 32% received mental health treatment



School-Age Children

- Idaho has lost **110 school-aged children** to suicide in the last 5 years (2013-2017).

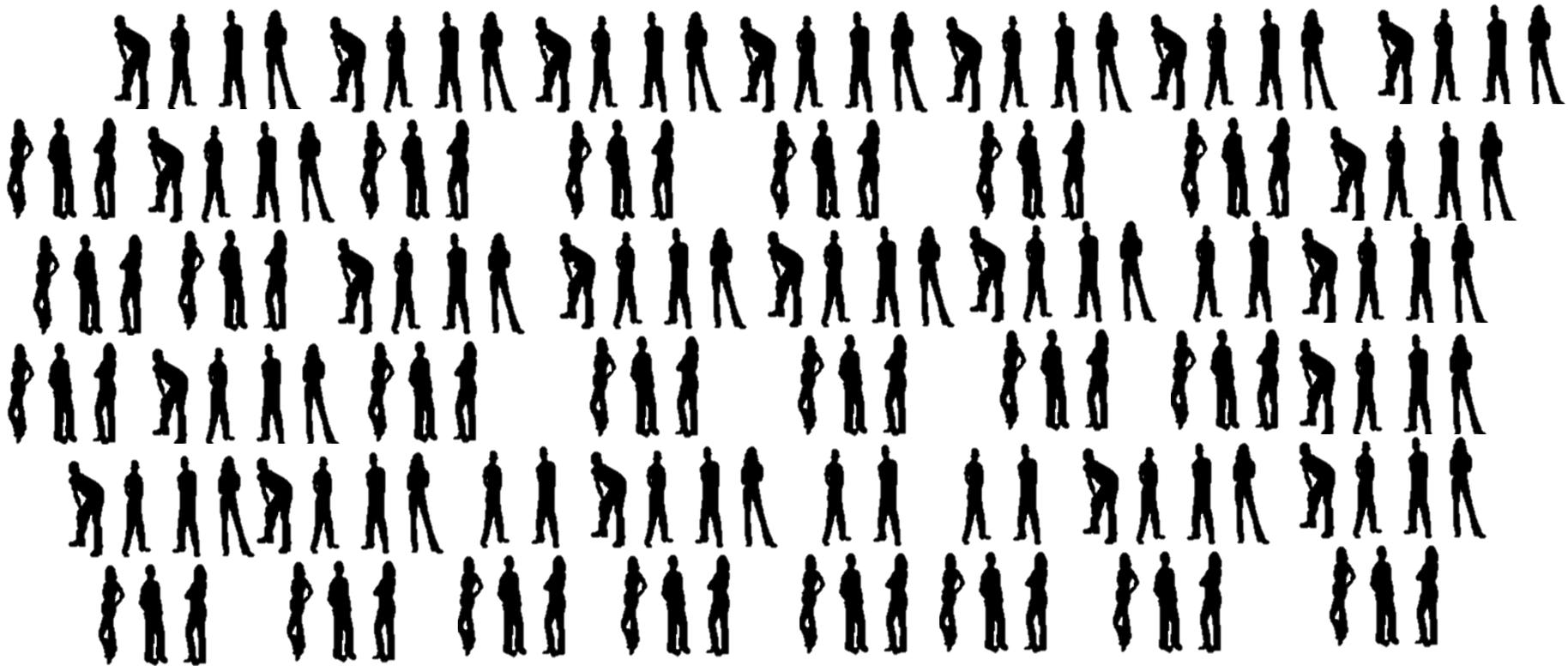


- 25** of those children were age **14 or younger**.



College-Age Youth

- Idaho has lost 164 college-aged youth (age 19-24) to suicide in the last 5 years (2013-2017).



The Suicidal Mind



Dr. Thomas Joiner, PhD

- Distinguished Research Professor and The Bright-Burton Professor in the Department of Psychology at Florida State University
- Author of over 400 peer-reviewed publications
- Editor-in-Chief of the journal *Suicide & Life-Threatening Behavior*
- Loss Survivor
- Author of:
 - *Why People Die by Suicide* (2005)
 - *Myths About Suicide* (2010)
 - *Lonely at the Top* (2011)
 - *Perversion of Virtue* (2014)





Interpersonal-Psychological Theory of Suicide

Why People Die by Suicide

Those Who Desire Suicide

Those Who Are Capable of Suicide

Distal Factors

Perceived
Burdensomeness

Thwarted
Belongingness

Fearlessness about
Pain, Injury & Death
Acquired ability for Self-Harm

Serious Attempt or Death by Suicide

True or False

1. Asking someone about suicide might “plant the seed” or increase risk.
2. More women attempt suicide than men.
3. Suicides increase over the winter holidays.
4. Very young children complete suicide.
5. Suicide is often done on whim.
6. Restricting access to lethal means is a critical prevention method.
7. Most suicidal people are ambivalent about it.



The Internal Struggle



Prevention



Important Notes About Warning Signs

- The more warning signs, the greater the risk.
- Warning signs are especially important if the person has attempted suicide in the past.
- One sign alone may not indicate suicidality **but** all signs are reason for concern **and** several signs may indicate suicidality, **and** any one of **three signs** alone is cause for **immediate action**.



Warning Signs

- Previous suicide attempts
- Talking about, making a plan or threatening to complete suicide
- Withdrawal or isolation from friends, family or school activities



- Agitation, especially when combined with sleeplessness
- Nightmares

Warning Signs

- Giving away prized possessions, making final arrangements, putting affairs in order
- Themes of death or depression in conversation, writing, reading or art
- Recent loss of a friend or family member through death, suicide or divorce



- Sudden dramatic decline or improvement in work/schoolwork
- Major mood swings or abrupt personality changes
- Changed eating habits or sleeping patterns

Warning Signs

- Feeling hopeless or trapped
- Use or increased use of drugs and/or alcohol
- Chronic headaches and stomach aches, fatigue



- Neglect of personal appearance
- Taking unnecessary risks or acting reckless
- No longer interested in favorite activities or hobbies
- Unexplained anger, aggression or irritability

Direct Verbal Signs

- “I’m going to kill myself.”
- “I wish I were dead.”
- “I’m going to end it all.”
- “I’m going to commit suicide.”
- “If ‘such and such’ doesn’t happen, I’ll kill myself.”



Indirect Verbal Clues

- “I’m too tired of it all to go on any longer.”
- “My family would be better off without me.”
- “No one would care if was dead anyway.”
- “I just want out.”
- “That assignment/goal/job/future event won’t matter.”
- “You won’t have to worry about me much longer.”



Tipping Points

- Identifying with a recent suicide decedent
 - Being expelled from school/fired from work
 - A recent unwanted move
 - Loss of any major relationship
- 
- Sudden unexpected loss of freedom/fear of punishment or events leading to humiliation, shame, public embarrassment

Intervention



How to Ask

- Direct:

Are you thinking of suicide/killing yourself?

- Less Direct:

You seem to be _____. Sometimes when people are _____, they think about suicide. Are you thinking of suicide?

How NOT to Ask

Are you thinking of hurting yourself?

You're not suicidal, are you?

You're not thinking of doing something crazy, are you?"

Listening

Put your fear on hold

Use reflective listening

Do not problem solve

Do not rush to judgment

Listen to the problem and give full attention



*Simply asking and listening
may make all the difference.*

*It can rekindle hope
and increase sense of
belongingness.*

Instill Hope

- Ask about reasons for dying and living
- Help identify reasons for living
- Offer hope in any form
 - “You are important .”
 - “I’m here for you.”
 - “I care if you live.”
 - “We’ll get through this.”
 - Other “we” statements



Getting Help



- Get a commitment to accept help and make arrangements and contact family/friends
- Ensure person is not left alone
- If person is deemed to be at high risk, also contact mental health agency where they can go for further help

Getting Help

- **Call the Hotline 208-398-HELP (4357) or 800-273-TALK (8255)**
- **Call police if patient is in possession of a weapon**
- Follow up with mental health agency
- Debrief staff involved
- Document everything
- Practice self-care!



Other Helpful Considerations



Safety Plans

- No-Suicide Contracts
 - Do not work
 - Do not protect you
 - Create hopelessness



- Safety Plans
 - Use a small card or other easy to carry item
 - Graduated steps to help
 - Example at www.spanidaho.org

Survival Kit/Hope Box

- Items that generate productive, hopeful thoughts and feelings
- Always review items individually
- Practice use (review; describe; ask what are you thinking & feeling? Are you more hopeful?)



From M. David Rudd, PhD

Sources of Strength



What Helps?



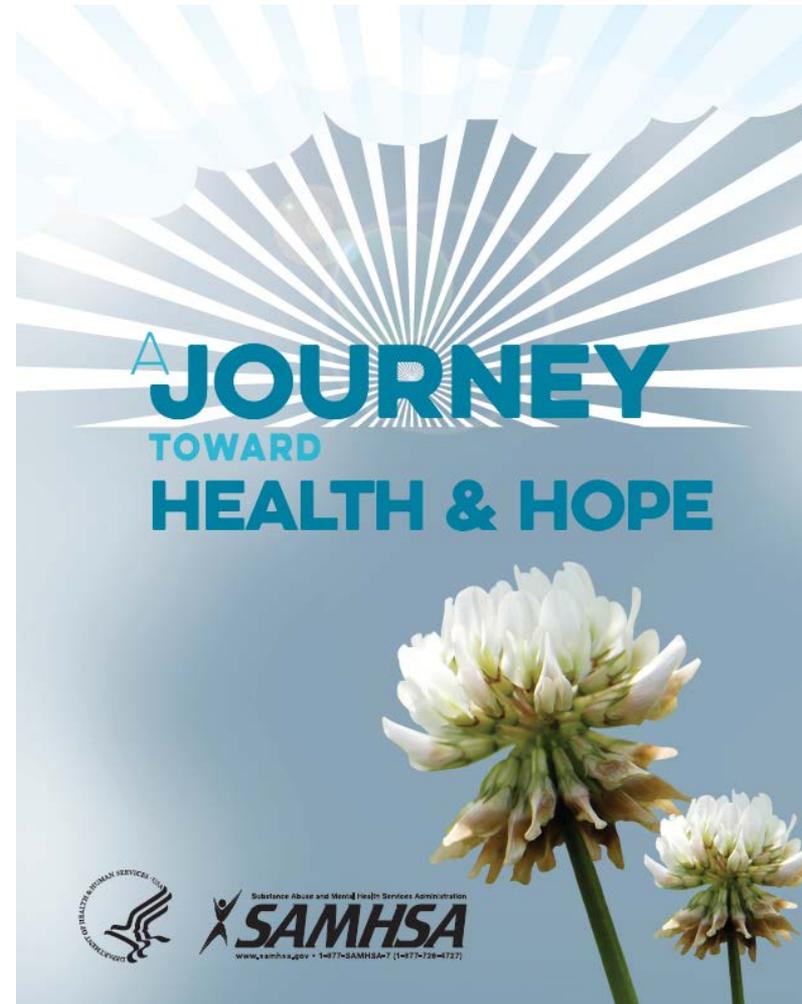
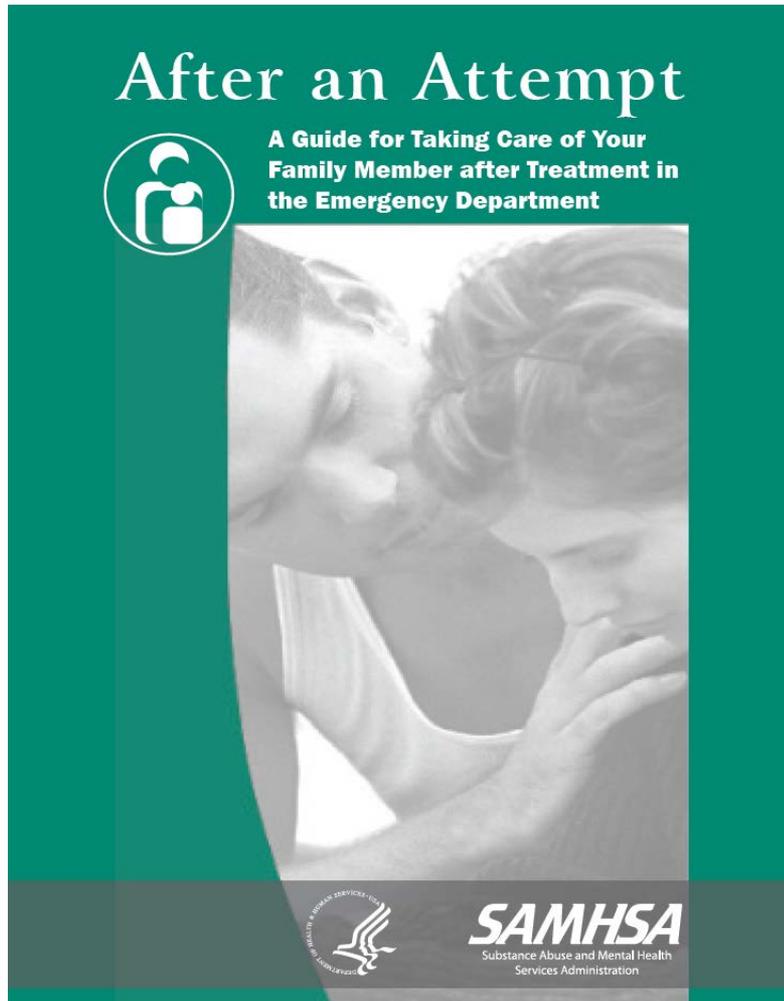
Survivor Support



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



Supporting a Suicide Attempt Survivor





Supporting a Suicide Attempt Survivor

- Check your reactions before reaching out
- Don't isolate/avoid
- Don't try to problem solve (again!)

- "I'm sorry you've been feeling so awful lately, I'm glad you are still here"
- "I'm here for you, remember you can always talk to me if you need it."
- "I want to help you, tell me what I can do to support you."



What is a Loss Survivor?

A family member or friend of the deceased, or anyone emotionally affected by their death.

Supporting Loss Survivors

- Check in to establish readiness to disclose to colleagues
- Squelch rumors
- Identify supports (EAP, HR, Family, Friends)
- Identify and assist other employees who may be at risk

Loss Survivor Support

Simply Be There



- Be a supportive:
 - ✓ Friend
 - ✓ Family member
 - ✓ Neighbor
 - ✓ Church community
 - ✓ Etc.
- After 2 weeks – Reach out
- Be mindful of anniversaries and birthdays of the deceased

Survivor Support: North Idaho

Coeur d'Alene Area

Facilitator: Karen Petit

Where: Mountain State Early Head Start Bldg.
411 N 15th, Suite 200, CDA

When: First Wednesday of each month
at 7:00 p.m. or call Karen at 208-772-2353

Loss Survivor Support: Southwest Idaho

Boise Area

Facilitators: Kirby and Susan Orme

Where: First United Methodist Church Cathedral of the Rockies
11th and Hays Streets, Olivet Room, enter through glass doors on 11th St.

When: Second Thursday of each month from 7:00 to 9:00 p.m.

Meridian Area

Facilitator: Rubie Gallegos

Where: St. Luke's Hospital, 520 S. Eagle Rd., Paiute Room

When: Third Wednesday of each month from 6:00 to 7:00 p.m.

Nampa Area

Facilitator: Kristi Hendry

Where: Nampa Public Safety Bldg. 820 2nd St. S, Baker Room

When: Last Sunday of each month from 2:00 to 4:00 p.m.

Loss Survivor Support: Central/East Idaho

Twin Falls Area

Facilitator: Donna Stalley

Where: Episcopal Church of the Ascension, 371 Eastland Drive North

When: Third Wednesday of each month from at 7:00p.m.

Pocatello Area

Facilitator: Star Baird

Where: 201 W. Burnside, Chubbuck

When: 2nd & 4th Thursday of each month 5:30 to 7:00 p.m.

Idaho Falls Area

Facilitators: Taylor Garff and Jeni Griffin

Where: Idaho Fall Public Library

457 W. Broadway, room 4

When: First Thursday of each month at 7:00 p.m.



Resources

Idaho Suicide Prevention Hotline

208-398-HELP (4357) Call or Text
1-800-273-TALK (8255) Call

SPAN Idaho

www.spanidaho.org
208-860-1703

Suicide Prevention Program

spp.dhw.idaho.gov
208-334-4953

Suicide Prevention Resource Center

www.sprc.org

Questions?

Contact Information

Rebecca Sprague, MPH

Health Education Specialist

208-334-4947

Rebecca.Sprague@dhw.idaho.gov