

An End to Suicide in Arizona 2018 State Plan

EXECUTIVE SUMMARY

According to officials at the World Health Organization (WHO), more than 800,000 people die by suicide each year globally; many more make an attempt. Suicide remains the second leading cause of death among 15-29 year olds worldwide; a suicide happens once every 20 seconds. It is estimated for every completed suicide, there are 20 others who have attempted.

In Arizona, the latest data shows 1320 Arizonans died by suicide in 2015.

In 2016, there were 1310 deaths. Maricopa County had the highest rate of suicide with 683 deaths. State wide, there were 292 suicides by women, and 1018 by men. The youngest suicide was age 9; the oldest suicide was age 96. The majority of suicides were completed with a gun.

Suicide is not just a behavioral health concern. Suicide may be linked to depression and other mental illnesses, but the majority of those who have a behavioral health illness do not commit suicide. Suicide touches every family and community in Arizona, regardless of diagnoses, zip codes, ethnicities, or faith.

Suicide is the second leading cause of “years of potential life lost” in our state for American Indians. Also of grave concern are suicides among our increasing populations of retirees and veterans.

In 2017, AHCCCS staff: hosted quarterly Four Corner calls among suicide prevention professionals, organized suicide prevention month events and social media posts, worked with Medicaid health plans on suicide prevention plans for their members, collaborated with groups state-wide with the Be Connected movement to prevent military suicides, promoted the Zero Suicide best practice framework at public events, and partnered with community organizations to discuss suicides in their neighborhoods and how we could work better together to prevent future deaths.

The 2018 state plan is a guideline for activities to prevent suicide in Arizona. This plan has been created with guidance and using the framework from the Substance Abuse and Mental Health Administration (SAMHSA) and the National Action Alliance’s plan for Zero Suicide.

HISTORY

The 2018 *End to Suicide in Arizona State Plan* follows the changes incorporated in the recommendations from the 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention: http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

Also of note, on July 1, 2016, all behavioral health services in the state of Arizona were transferred from the Arizona Department of Health Services (ADHS) to the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid Agency. Suicide prevention is now managed by AHCCCS staff, in partnership with Arizona Department of Health Services.

2018 STATE PLAN

The *2018 End to Suicide in Arizona State Plan* provides recommendations including strategic directions, objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

This plan was submitted to the Arizona Coalition for Suicide Prevention and other community partners for comment and final review. As such, this plan is presented in collaboration with the Coalition, on behalf of the citizens of Arizona.

Together, our mission is to improve the health and wellbeing of all Arizonans by eliminating suicide.

KEY COMPONENTS

Suicide prevention should be community-based; the effort to reduce stigma associated with suicide, and/or asking for help to address mental illness needs to be communal. Key mental health and suicide prevention terms used in this document follow definitions in the National Strategy for Suicide Prevention:

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

STRATEGIC DIRECTIONS:

1. Healthy individuals and communities
2. Ready access to prevention resources for clinicians and communities
3. Treatment and support services available to clinicians, communities, survivors
4. Continued evaluation and monitoring of prevention programming

A 2018 calendar is included in the index with a preliminary list of activities related to the following goals, objectives, and immediate points of action. As the year progresses, updates will be available on the AHCCCS blog.

GOALS:

1. Reduce the number of suicides in Arizona to zero through coordinated prevention activities
2. Develop broad-base support for the Zero Suicide model
3. Reduce stigma related to suicide
4. Promote responsible media reporting of suicide
5. Promote efforts to reduce access to lethal means of suicide among those with identified suicide risk
6. Provide training to schools, community, clinical, and behavioral health service providers on the prevention of suicide and related behaviors
7. Promote suicide prevention as a core component of health care services
8. Promote suicide prevention best practices among Arizona's largest health care providers for patients and staff
9. Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based postvention strategies to help prevent further suicides
10. Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

11. Improve timeliness of data collection and analysis regarding suicide deaths
12. Evaluate the impact and effectiveness of suicide prevention interventions and systems, and synthesize and disseminate findings
13. Coordinate statewide calendar of suicide prevention activities, fostering a collaborative community of support

GOAL 1. Reduce the number of suicides in Arizona to zero through coordinated prevention activities

OBJECTIVE 1.1: Integrate zero suicide prevention into the core values, culture, leadership, conversation and work of a broad range of organizations and programs with a role to support suicide prevention activities.

STRATEGY 1.1.1: Implement programs and policies to build social connectedness and promote positive mental and emotional health.

STRATEGY 1.1.2: Implement organizational changes to promote mental and emotional health in the workforce.

STRATEGY 1.1.3: Increase the number of local, state, tribal, professional, and faith-based groups that integrate suicide prevention activities into their programs.

OBJECTIVE 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels.

STRATEGY 1.2.1: AHCCCS, in collaboration with the Arizona Coalition for Suicide Prevention, will coordinate and convene public and private stakeholders, assess needs and resources, and update and implement a comprehensive strategic state suicide prevention plan annually.

STRATEGY 1.2.2: Through the support AHCCCS, in collaboration with the Arizona Coalition for Suicide Prevention, county health departments and representatives from each RBHA will participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level.

OBJECTIVE 1.3: Sustain and strengthen collaborations across agencies and organizations to advance suicide prevention.

STRATEGY 1.3.1: Strengthen partnerships with agencies that serve individuals at higher risk of suicide, such as military, veterans, substance abuse, foster care, juvenile justice, youth, elderly, American Indian, middle-aged white males, mental health consumers, suicide attempt survivors, those bereaved by suicide, GLBTQ2S (gay/lesbian/bisexual/transgender/questioning/two-spirited people), and other higher risk groups.

STRATEGY 1.3.2: Educate local, state, professional, volunteer and faith-based organizations about the importance of integrating suicide prevention activities into their programs, and distribute specific suggestions and examples of integration.

STRATEGY 1.3.3: Collaborate with ADHS' injury and violence prevention committee

OBJECTIVE 1.4: Integrate Zero Suicide into all relevant health care policy efforts.

STRATEGY 1.4.1: Encourage businesses and employers to ensure that mental health services are included as a benefit in health plans and encourage employees to use these services as needed.

AHCCCS 2018 Actions: AHCCCS will organize regional meetings of suicide prevention stakeholders to discuss the Zero Suicide model and successful prevention activities. This will include coordination of Zero Suicide prevention plans by the regional behavioral health authorities, veteran groups, 22 American Indian tribes in Arizona, state universities, hospital systems, faith organizations, and major employers. AHCCCS will work with each of these entities to create and manage such plans. AHCCCS will also work with acute healthcare providers to review suicide prevention planning.

GOAL 2. Develop broad-base support for the Zero Suicide model.

OBJECTIVE 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

STRATEGY 2.1.1: Develop and implement an effective communications strategy for defined higher risk audiences and school personnel promoting suicide prevention, mental health, and emotional well-being, incorporating traditional and new media.

OBJECTIVE 2.2: Reach policymakers with dedicated communication efforts.

STRATEGY 2.2.1: Increase policymakers' understanding of suicide, its impact on constituents and stakeholders, and effective suicide prevention efforts.

OBJECTIVE 2.3: Increase communication efforts in mass and social media that promote positive messages and support safe crisis intervention strategies.

STRATEGY 2.3.1: Incorporate emerging technologies in suicide prevention programs and communication strategies, using best practices guidelines, and link to Teen LifeLine.

STRATEGY 2.3.2: Incorporate positive messages and safe crisis intervention information in suicide prevention communication programs.

OBJECTIVE 2.4: Increase knowledge of risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

STRATEGY 2.4.1: Increase public awareness of the role of the national and local crisis lines in providing services and support to individuals in crisis.

STRATEGY 2.4.2: Increase the use of new and emerging technologies such as tele-health, chat, text services, websites, mobile applications, AHCCCS social media, and online support groups for suicide prevention communications.

AHCCCS 2018 Actions: AHCCCS will report on state Zero Suicide prevention efforts using the AHCCCS website and will report activities from partners statewide. AHCCCS will continue to encourage Medicaid health plans statewide to adopt the Zero Suicide framework.

GOAL 3. Reduce stigma related to suicide

OBJECTIVE 3.1: Promote effective programs and practices that increase protection from suicide risk. STRATEGY 3.1.1: Provide opportunities for social participation and inclusion for those who may be isolated or at risk.

STRATEGY 3.1.2: Implement programs and policies to prevent abuse, bullying, violence, and social marginalization or exclusion.

STRATEGY 3.1.3: Encourage individuals and families to build strong, positive relationships with family and friends.

STRATEGY 3.1.4: Encourage individuals and families to become involved in their community's volunteer efforts (e.g. mentor or tutor youth, join a faith or spiritual community, reach out to older adults in the community.)

OBJECTIVE 3.2: Reduce prejudice, discrimination or stigma associated with suicidal behaviors, and mental health and substance use disorders.

STRATEGY 3.2.1: Promote mental health, increase understanding of mental and substance abuse disorders and eliminate barriers to accessing help through broad communications, public education, and public policy efforts.

STRATEGY 3.2.2: Increase funding and access to mental health services in an effort to reduce suicide attempts, hospitalizations, or incarcerations due to mental health related behaviors.

OBJECTIVE 3.3: Promote the understanding that recovery from mental health illness and substance use disorders is possible for all.

STRATEGY 3.3.1: Communicate messages of resilience, hope, and recovery to communities, patients, clients, and their families with mental health and substance use disorders.

<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

AHCCCS 2018 Actions: AHCCCS will coordinate suicide stigma reduction activities during the month of September—suicide prevention month.

AHCCCS will also work with the Spanish-speaking population for the creation of Spanish support groups for survivors and loss survivors.

GOAL 4. Promote responsible media reporting of suicide

OBJECTIVE 4.1: Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

STRATEGY 4.1.1: Disseminate *Recommendations for Reporting on Suicide* to news and online organizations. <http://reportingonsuicide.org>

STRATEGY 4.1.2: Encourage communication and feedback to news and online organizations in response to stories related to suicide, noting when they are appropriate and/or inappropriate, utilizing a variety of communications such as letters to the editor, op-eds, articles, online article comments, personal contacts, and phone calls.

STRATEGY 4.1.3: Develop a sample response template for recommendations to media and a procedure for dissemination of the recommendations.

STRATEGY 4.1.4: Recognize selected members of the news media industry who follow safe messaging guidelines at suicide prevention symposiums and regional meetings/summits.

OBJECTIVE 4.2: Encourage and recognize members of the entertainment industry who follow recommendations regarding the appropriate representation of suicide and other related behaviors. STRATEGY 4.2.1: Develop a sample response template for recommendations to the entertainment industry and a procedure for dissemination of the recommendations.

OBJECTIVE 4.3: Promote and disseminate national guidelines on the safety of online content for new and emerging communication technologies and applications.

STRATEGY 4.3.1: Encourage statewide groups, local coalitions, and gatekeepers to monitor and respond to the safety of online content and encourage the use of national guidelines on safe messaging and suicide prevention.

OBJECTIVE 4.4: Disseminate national guidelines for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

STRATEGY 4.4.1: Develop a distribution list of journalism and mass communications schools in Arizona and disseminate the national guidelines.

AHCCCS 2018 actions: AHCCCS will work with and look for opportunities to discuss suicide prevention efforts with local and national media.

GOAL 5. Promote efforts to reduce access to lethal means of suicide among those with identified suicide risk

OBJECTIVE 5.1: Encourage providers who interact with individuals and groups at risk for suicide to routinely assess for access to lethal means.

STRATEGY 5.1.1: Sponsor trainings and disseminate information on means restriction to mental health and healthcare providers, professional associations, patients, and their families.

STRATEGY 5.1.2: Incorporate lethal means counseling into suicide risk assessment protocols and address means restriction in safety plans.

STRATEGY 5.1.3: Sponsor medication take-back days and ongoing methods for the disposal of unwanted medications (e.g. secure collection kiosks at police departments or pharmacies).

STRATEGY 5.1.4: Encourage individuals and families to dispose of unused medications, particularly those that are toxic or abuse-prone, and take additional measures (e.g. medication lock box) if a member of the household is at high risk for suicide.

STRATEGY 5.1.5: Educate clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, healthcare providers, and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide.

STRATEGY 5.1.6: Encourage all individuals and families to store household firearms locked and unloaded with ammunition locked separately.

STRATEGY 5.1.7: For households with a member at high risk for suicide, take additional measures such as recommendations in the Means Matter website

hsph.harvard.edu/means-matter/

OBJECTIVE 5.2: Partner with firearm dealers, gun owners, concealed handgun trainers and law enforcement to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

STRATEGY 5.2.1: Develop a list of potential firearm suicide safe advocacy groups in Arizona, such as gun retailers, shooting clubs and ranges, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations, and veterans groups.

STRATEGY 5.2.2: Initiate partnerships with firearm advocacy groups (e.g. retailers, shooting clubs, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations and veterans groups) to increase suicide prevention awareness.

STRATEGY 5.2.3: Develop and implement pilot community projects to promote gun safety and suicide safe homes, incorporating the National Action Alliance's Zero Suicide recommendations.

<http://zerosuicide.actionallianceforsuicideprevention.org>

OBJECTIVE 5.3: Encourage the implementation of safety technologies to reduce access to lethal means.

STRATEGY 5.3.1: Promote safety technologies to reduce access to lethal means (e.g. reducing carbon monoxide, restricting medication pack sizes, pill dispensing lockboxes, barriers to bridges.)

AHCCCS 2018 Actions: AHCCCS will work with community partners to advertise medication take-back days and the dangers of prescription medications left unattended. Additionally, AHCCCS supports community partners working with firearm vendors and advocacy groups to provide

suicide prevention materials and education.

GOAL 6. Provide training to schools, community, clinical, and behavioral health service providers on the prevention of suicide and related behaviors

OBJECTIVE 6.1: Provide training to community groups in the prevention of suicide and related behaviors.

STRATEGY 6.1.1: AHCCCS will promote the use of best practice programs and the Zero Suicide model.

STRATEGY 6.1.2: AHCCCS will support the Arizona Coalition for Suicide Prevention and Teen Lifeline on their work with schools in Arizona concerning suicide prevention, including helping to provide technical assistance to interested school districts in the creation of suicide prevention plans. store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

OBJECTIVE 6.2: Provide training to all health care providers, including mental health, substance abuse and behavioral health, on the recognition, assessment, and management of risk factors, warning signs, and the delivery of effective clinical care for people with suicide risk.

STRATEGY 6.2.1: Increase the capacity of health care providers to deliver suicide prevention services in a linguistically and culturally appropriate way.

STRATEGY 6.2.2: Increase the capacity of healthcare providers to deliver routine suicide prevention screening and services using best practice guidelines.

OBJECTIVE 6.3: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education. STRATEGY 6.3.1: Integrate core suicide prevention competencies into relevant curricula and continuing education programs (e.g. nursing, medicine, allied health, pharmacy, social work, education, counseling, therapists.)

OBJECTIVE 6.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

STRATEGY 6.4.1: Review current core requirements for credentialing and accreditation bodies and make recommendations regarding suicide prevention and intervention guidelines to their curricula. **OBJECTIVE 6.5:** Develop and implement protocols, programs, and policies for

clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

STRATEGY 6.5.1: Add suicide risk-specific protocols to programs and policies for mental health clinicians, supervisors, first responders, and their support staff.

STRATEGY 6.5.2: Enhance effective communication and coordination among mental health clinicians, supervisors, first responders, their support staff, and others on responding to clients at imminent risk.

AHCCCS 2018 Actions: AHCCCS will provide support to behavioral health providers concerning recognizing suicide behaviors in members and how to prevent suicide. AHCCCS will encourage behavioral health providers and integrated health providers to ask specific questions about depression and suicidal thoughts. AHCCCS and community partners will also encourage behavioral health providers to ask their members who are veterans those specific questions about depression and suicidal thoughts, to better

coordinate services with veteran service organizations including the Veterans Administration. Additionally, AHCCCS customer service staff will be trained in ASIST to recognize suicidal language and create safety plans for members at risk.

GOAL 7. Promote suicide prevention as a core component of health care services

OBJECTIVE 7.1: Promote the adoption of Zero Suicide as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

STRATEGY 7.1.1: Promote zerosuicide.com website in publications and communications about treatment and support services.

STRATEGY 7.1.2: Educate providers of health care and community support systems about adopting zero suicide as an aspirational goal, and promote the organizational readiness survey of the National Action Alliance for Suicide Prevention.

OBJECTIVE 7.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

OBJECTIVE 7.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

STRATEGY 7.3.1: Advocate for funding for prevention and postvention for clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

OBJECTIVE 7.4: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.

STRATEGY 7.4.1: Promote the use of safety planning and other best practices for emergency department care as highlighted in the Suicide Prevention Resource Center's Best Practices Registry sprc.org/bpr

OBJECTIVE 7.5: Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

OBJECTIVE 7.6: Establish linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

STRATEGY 7.6.1: AHCCCS and the Arizona Coalition for Suicide Prevention will promote suicide prevention regional summits to enhance linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

OBJECTIVE 7.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

OBJECTIVE 7.8: Develop collaborations between emergency departments and other health care providers to provide safe alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up and ongoing care after discharge.

STRATEGY 7.8.1: Promote rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts, and letters.

AHCCCS 2018 Actions: AHCCCS will work with healthcare entities statewide to provide training for staff concerning suicide prevention among patients and staff. AHCCCS will encourage healthcare providers to have policies on the discharge of suicidal patients.

GOAL 8. Promote suicide prevention best practices among Arizona's largest health care providers for patients and staff

OBJECTIVE 8.1: Promote national guidelines for the assessment of suicide risk among persons receiving care in all settings.

STRATEGY 8.1.1: Educate providers about best practice-based toolkits and ways to implement the national guidelines for the assessment of suicide risk among persons receiving care in all settings, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, sprc.org/bpr

OBJECTIVE 8.2: Disseminate and implement best practice-based guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, such as guidelines posted on the best practices registry at sprc.org/bpr

STRATEGY 8.2.1: Educate providers about the best practice-based national guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, sprc.org/bpr

OBJECTIVE 8.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

STRATEGY 8.3.1: The Arizona Coalition for Suicide Prevention will advocate to eliminate penalties for suicide attempts from insurance providers.

STRATEGY 8.3.2: AHCCCS and community partners will educate providers about safe and effective guidelines for conducting safe suicide risk assessments such as the Chronological Assessment of Suicide Events (CASE approach - suicideassessment.com), Columbia Suicide Severity Rating Scale (CSSRS - cssrs.columbia.edu/), Assessing and Managing Suicide Risk (AMSR - sprc.org/training-institute/amr), Collaborative Assessment and Management of Suicidality (CAMS - psychology.cua.edu/faculty/jobes.cfm), and other programs identified on the Suicide Prevention Resource Center's best practice registry, <http://www.sprc.org/bpr>, beginning with local mental health authorities, by 2018.

OBJECTIVE 8.4: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

STRATEGY 8.4.1: Engage families and those at risk of suicide about the importance of including families and concerned others in the safety planning process.

OBJECTIVE 8.5: Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.

STRATEGY 8.5.1: Promote best practice risk stratification systems and pathways of clinical care.

OBJECTIVE 8.6: Promote standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

OBJECTIVE 8.7: Promote guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

STRATEGY 8.7.1: Promote best practice-based recommendations such as those identified in suicide prevention and resources for primary care by the Suicide Prevention Resource Center (sprc.org) and SAMHSA (samhsa.gov) related to assessment and treatment of those identified with suicidal thoughts and behaviors. Example: Recognizing and Responding to Suicide Risk in Primary Care, sprc.org/bpr/section-III/recognizing-and-responding-suicide-risk-primary-care-rrsr—pc.

AHCCCS 2018 Actions: AHCCCS will continue to network with Medicaid health plans and encourage the implementation of the Zero Suicide framework.

GOAL 9. Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based postvention strategies to help prevent further suicides

OBJECTIVE 9.1: Promote guidelines for effective comprehensive support programs for individuals with lived experience, including those bereaved by suicide and survivors of suicide attempts, and promote the full implementation of these guidelines at the state, county, tribal, and community levels.

actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf

STRATEGY 9.1.1: AHCCCS will add links and/or information on best-practice support programs or guidelines for postvention strategies to the state website.

OBJECTIVE 9.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

STRATEGY 9.2.1: Disseminate guidelines on trauma informed care to clinicians, agencies, and first responders. samhsa.gov/traumajustice/traumadefinition/guidelines.aspx

STRATEGY 9.2.2: AHCCCS will collaborate with state initiatives on trauma informed care and systems of care to include suicide prevention and postvention.

OBJECTIVE 9.3: Engage suicide attempt survivors and those bereaved by suicide in suicide prevention planning, including support services, treatment, community suicide prevention education, and promote guidelines and protocols for support groups for suicide attempt survivors and those bereaved by suicide.

STRATEGY 9.3.1: AHCCCS will promote the development of follow-up services for attempt survivors, and those bereaved by suicide, in emergency departments and other community providers after a suicide attempt or death by suicide. Follow-up may include phone calls, post cards, email, or texts at intervals with caring messages and contact information for help.

STRATEGY 9.3.2: AHCCCS will promote inclusion of people with lived experience, including suicide attempt survivors and those bereaved by suicide, in local, regional, and state initiatives.

OBJECTIVE 9.4: Promote community postvention best practice-based policies and programs to help prevent suicide clusters and contagion.

STRATEGY 9.4.1: Inform communities and school districts about support for postvention including how to address suicide clusters and contagion through the local mental health authority suicide prevention coordinator, local suicide prevention coalitions, and the state suicide prevention coordinator.

OBJECTIVE 9.5: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

STRATEGY 9.5.1: Support and encourage communities to develop a LOSS Team (Local Outreach to Suicide Survivors), trainings, support groups, and offer best practice-based bibliotherapy and other resources. lossteam.com/About-LOSSteam-2010.shtml

STRATEGY 9.5.2: Provide support for open and direct talk about suicide postvention through best practice-based presentations, debriefing, and counseling.

STRATEGY 9.5.3: Provide support to schools and school districts for training and facilitated discussions with teachers, administrators, support staff, and parents after a suicide loss.

STRATEGY 9.5.4: Provide support to students after a suicide loss in one-to-one or small group discussions only.

STRATEGY 9.5.5: Provide awareness about the need for best practice supports to medical examiner officers, victim services groups, first responders, funeral homes and faith-based organizations for those bereaved by suicide deaths or affected by suicide attempts.

STRATEGY 9.5.6: Disseminate guidelines about best practices for online and social media after suicide attempt or loss.

STRATEGY 9.5.7: Develop or disseminate best practice based support materials targeted to youth after a suicide loss.

STRATEGY 9.5.8: Encourage safe messaging training for all individuals and organizations involved in prevention, intervention and postvention activities. SuicidePreventionMessaging.org

OBJECTIVE 9.6: Provide health care providers, first responders, and others with best practice-based care and support when a patient under their care, or a colleague, dies by suicide.

STRATEGY 9.6.1: Provide support (including training, facilitated discussions, and counseling support) to professional caregivers in communities and schools after a patient or a colleague dies by suicide.

STRATEGY 9.6.2: Consider utilizing hospital or health care organizations' regular communications to inform other providers about increased suicide risk and potential clusters.

AHCCCS 2018 Actions: AHCCCS will encourage healthcare providers to reach out to those who have attempted suicide within 24 hours after discharge. AHCCCS will encourage loss and attempt survivor participation in suicide prevention policy creation and at the quarterly suicide prevention meetings statewide.

GOAL 10. Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

OBJECTIVE 10.1: Improve the timeliness of reporting vital records data at state, county, local, school, and higher education levels.

STRATEGY 10.1.1: Improve capacity for state epidemiologists and the state suicide prevention coordinator to review and report suicide data

OBJECTIVE 10.2: Improve the usefulness and quality of suicide related data, including death, attempt, ideation, and exposure to suicide.

STRATEGY 11.2.1: Promote a mechanism in Arizona to collect and disseminate suicide attempt data. **OBJECTIVE 10.3:** Improve and expand state, county, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.

STRATEGY 10.3.1: As allowed by law, encourage government entities to enter into memorandums of understanding to share suicide data that does not name a deceased person.

OBJECTIVE 10.4: Increase the number of national and state representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

STRATEGY 10.4.1: AHCCCS will review and make recommendations for the addition of questions to the Arizona Behavioral Risk Factor Surveillance System Survey related to suicide prevention and gay/lesbian/bisexual/transgender/two-spirited adults.

STRATEGY 10.4.2: AHCCCS will collaborate with Arizona State University on the state's data included in the National Violent Death Reporting System.

AHCCCS 2018 Actions: AHCCCS will encourage the White River Apache Reservation to provide technical assistance to other Arizona American Indian tribes concerning suicide surveillance. AHCCCS will continue to develop relationships with Vital Records at ADHS to determine outbreaks of suicide.

GOAL 11. Improve timeliness of data collection regarding suicide deaths

OBJECTIVE 11.1: Develop an Arizona suicide prevention research agenda with comprehensive input from multiple stakeholders.

STRATEGY 11.1.1: Form partnerships with higher education to promote and support suicide prevention research, including support of the National Violent Death Reporting System (NVDRS) -- new to Arizona: <http://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html>

STRATEGY 11.1.2: Consult with the research prioritization task force of the National Action Alliance for Suicide Prevention on how Arizona can develop a mechanism to prioritize state research.

OBJECTIVE 11.2: Disseminate national and Arizona-based suicide prevention research agenda.

STRATEGY 11.2.1: Encourage Arizona researchers to apply for national grants and research opportunities on suicide prevention, intervention, and postvention.

STRATEGY 11.2.2: Encourage suicide prevention researchers to inform the AHCCCS about their articles and research projects so that their results can be shared statewide.

Objective 11.3: Promote the timely dissemination of suicide prevention research findings.

STRATEGY 11.3.1: Provide timely dissemination of suicide research findings through links on the AHCCCS website, Facebook, newsletters, Twitter, and other social media.

OBJECTIVE 11.4: Support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

STRATEGY 11.4.1: Provide links to repositories of national suicide prevention, intervention and postvention toolkits and websites.

OBJECTIVE 11.5: Encourage Arizona foundations to support suicide prevention research.

AHCCCS 2018 Actions: AHCCCS will foster relationships with state and private universities in Arizona to promote the research of suicide prevention and will support the work of Arizona State University (ASU) with the NVDRS. AHCCCS will outreach medical examiners and funeral home directors to have conversations about accuracy of death data and will encourage and promote grant writing technical assistance for entities needing help in applying for suicide research funding. AHCCCS will continue to participate in the Be Connected suicide prevention group of the three Arizona VA hospitals to be active in the conversation about veterans and suicide.

GOAL 12. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

OBJECTIVE 12.1: Evaluate the effectiveness of suicide prevention interventions in Arizona.

STRATEGY 12.1.1: AHCCCS will publicize evaluation results of best practice-based suicide prevention projects, including the Zero Suicide pilot project.

OBJECTIVE 12.2: Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions in Arizona.

OBJECTIVE 12.3: Examine how suicide prevention efforts are implemented in different states/counties and communities to identify the types of delivery structures that may be most efficient and effective.

AHCCCS 2018 Actions: AHCCCS will work with other SAMHSA Region 9 state suicide prevention coordinators to share information about state plans, successful programming and noted trends via the Four Corners regional quarterly call.

GOAL 13. Coordinate a statewide calendar of suicide prevention activities, fostering a collaborative community of support.

OBJECTIVE 13.1: Organize a statewide calendar, promoted by AHCCCS.

STRATEGY 13.1.1: Collaborate with as many community stakeholders as possible to keep an up-to-date calendar of community events related to suicide prevention and awareness.

AHCCCS 2018 Actions: AHCCCS will gather suicide prevention event information and disseminate this information through its social media channels.

WHAT COMMUNITIES CAN DO TO ADVANCE THE STATEWIDE GOALS

STRATEGIC DIRECTION 1—HEALTHY AND EMPOWERED INDIVIDUALS, FAMILIES AND COMMUNITIES

- Participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level. For more information, email: kelli.donley@azahcccs.gov
- Develop and implement communication strategies that convey messages of help, hope, and resiliency. suicidepreventionmessaging.org/
- Provide opportunities for social participation and inclusion for those who may be isolated or at risk.
- Include those with lived experience such as attempt survivors and those bereaved by suicide for planning and implementation of programs.
- Consider sharing recommendations for reporting on suicide and safe messaging to media and encourage communication and feedback to news and online communities in response to local stories related to suicide. suicidepreventionmessaging.org/

STRATEGIC DIRECTION 2—CLINICAL AND COMMUNITY PREVENTIVE SERVICES

- Implement suicide prevention programs that address the needs of groups at risk for suicide and that are culturally, linguistically, and age appropriate.
- Initiate partnership with firearm advocacy groups (e.g. retailers, shooting and hunting clubs, manufacturers, firearm retail insurers) to increase suicide awareness. hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/
- Educate first responders, clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide. hsph.harvard.edu/means-matter/ and sprc.org/search/apachesolr_search/means%20matters?filters=
- Advocate with your local hospital, emergency departments and other health care providers to provide follow up connections through rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts and letters. bjp.rcpsych.org/content/197/1/5.full

STRATEGIC DIRECTION 3—TREATMENT AND SUPPORT SERVICES

- Coordinate the services of community-based and peer-support programs with the support available from local providers of mental health and substance abuse services to better serve individuals at risk for suicide.
- Consider providing support services for those with lived experience such as suicide attempt survivors and those bereaved by suicide.

STRATEGIC DIRECTION 4 —SURVEILLANCE RESEARCH, AND EVALUATION

- Work with a local university to evaluate your suicide prevention program

RESOURCES:

2012 National Strategy for Suicide Prevention -

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>.

After a Suicide: A Toolkit for Schools

<https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools>

Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-institute/amr>

Best Practices Registry, Suicide Prevention Resource Center

<http://www.sprc.org/bpr>

Counseling on Access to Lethal Means Project (CALM)

<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/> Center for Elimination of Disproportionality and Disparities

http://www.hhsc.state.tx.us/hhsc_projects/cedd/

Chronological Assessment of Suicide Events (CASE approach - www.suicideassessment.com),

Clinical Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide

Prevention <http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training>

Collaborative Assessment and Management of Suicidality (CAMS)

<http://psychology.cua.edu/faculty/jobes.cfm>

Columbia Suicide Severity Rating Scale

(CSSRS) <http://www.cssrs.columbia.edu/>

Framework for Successful Messaging

www.SuicidePreventionMessaging.org

LOSS Team Postvention Workshops and Trainings

[http://www.lossteam.com/About-LOSSteam-](http://www.lossteam.com/About-LOSSteam-2010.shtml)

[2010.shtml](http://www.lossteam.com/About-LOSSteam-2010.shtml) Means Matters, Harvard School of Public

Health

<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>

National Registry of Evidence-Based Prevention Programs

<http://nrepp.samhsa.gov>

National Suicide Prevention Lifeline, 1-800-273-8255

<http://www.suicidepreventionlifeline.org>

Preventing Suicide: A Toolkit for Schools

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Recommendations for Reporting on Suicide

<http://reportingonsuicide.org>

Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements

<http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>

Suggested Guidelines for Implementation of a Trauma-informed

Approach

<http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.asp>

x

The Way Forward - Pathways to hope, recovery, and wellness with insights from lived experience

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf>

Zero Suicide in Health and Behavioral Health Care

<http://zerosuicide.actionallianceforsuicideprevention.org>

PARTNERS:

- Area Agencies on Aging, statewide
- Arizona Coalition to End Sexual and Domestic Violence
- Arizona Coalition for Military Families
- Arizona Coalition for Suicide Prevention
- Arizona Department of Veteran Services
- ASU – Center for Applied Behavioral Health Policy
- ADHS
- Phoenix VA Hospital administration
- Senator John McCain’s staff
- Teen Lifeline
- Mercy Maricopa Integrated Care
- Health Choice Integrated Care
- Cenpatico Integrated Care
- Native Americans for Community Action
- West Yavapai Guidance Center/Verde Valley Suicide Prevention Coalition
- University of Arizona Medical Center

2018 CALENDAR OF EVENTS:

AHCCCS Regional Suicide Prevention Community Conversations

Tucson, Phoenix, Flagstaff
February May August November
Locations to be determined

Arizona Suicide Prevention Coalition: Second Tuesday of the month

JFCS
2033 N. 7th St. Phoenix, AZ
Dial in: 1-619-326-2772 #5131264

Yavapai Suicide Prevention Coalition Second Wednesday of the Month

3:30-4:30 pm
Location varies
John Schuderer jschuderer@cableone.net

Survivors of Suicide Support Group

Last Tuesday, monthly
8:30 pm
Christ Lutheran Church
25 Chapel Rd
Sedona, AZ 86336

September:
Suicide Prevention Month

October:
17-18th
Zero Suicide Introductory Workshop
Native Americans for Community Action
www.nacainc.org

December:
Out of Darkness Suicide Prevention walk, Phoenix