EXECUTIVE SUMMARY

According to the Centers for Disease Control and Prevention, suicide was the 10th leading cause of death in the United States in 2017. In Arizona that same year, suicide was the 8th leading cause of deaths, with 1,304 certified deaths attributed to suicide among Arizona residents. Arizona’s rate of suicide per 100,000 people was 24% higher than that of the U.S. that year.

In 2018, suicide remained the 8th leading cause of death, claiming the lives of 1,432 Arizona residents, and contributing substantially to premature mortality with a total of 39,860 years of potential life lost. Both the number and rates of suicide deaths occurring in Arizona continue to rise over the past 10 years. Yet, suicide is preventable.

Goals to address suicide in Arizona:

- Improve the mental health of individuals and communities.
- Perform surveillance to monitor suicide in Arizona and identified targeted demographic groups.
- Ensure treatment and support services are available to clinicians, communities, families, and survivors.

Recommendations created through collaborative meetings with suicide prevention experts, healthcare providers, health plans, educational experts, and community stakeholder groups to address the above goals include the following:

1. Develop and disseminate information on suicide prevention resources and training.
2. Increase the resilience and well-being of Arizona youth.
3. Increase awareness of available financial opportunities to improve the stability of families and reduce financial stressors.
4. Improve social connectedness and help seeking behavior.
5. Increase access to mental health care for Arizonans by adopting the Zero Suicide model statewide.
6. Provide recommendations regarding mental health treatment parity.
7. Perform a gap analysis on suicide related data and implement a surveillance system for suicide related events in Arizona.
9. Conduct a 50 state review to inform Arizona suicide prevention efforts.
10. Increase access to the crisis system.
11. Increase access to resources and services for individuals and communities that have experienced suicide and increase access to prevention materials.
12. Increase access and awareness to support of suicide survivors.
13. Increase access and awareness to targeted resources in the community for high risk populations.
Suicide Prevention

Arizona Response

Number of suicides occurring in Arizona, 2006 - 2018

Number of suicides occurring in Arizona by age group, 2018

Number of suicides occurring in Arizona by race/ethnicity, 2018

Rate of suicides by county, 2018

Goal
↓ the # of suicides
(Base: 1,510)

<table>
<thead>
<tr>
<th></th>
<th>2-year</th>
<th>5-year</th>
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<tr>
<td>5%</td>
<td>(1,435)</td>
<td>(1,359)</td>
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<td>Goal</td>
<td>Strategies</td>
<td>Performance Measures</td>
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<tr>
<td>Improve the mental health of individuals</td>
<td>Develop and disseminate information on suicide prevention resources and trainings by providing a</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td>and communities</td>
<td>location based resource list and information, developing a youth stigma section for the Healthy</td>
<td>• Number of outreach events with community partners to reduce lethal means and</td>
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<td>Kids AZ App, developing a stigma reduction campaign, and expanding Be Connected (or a similar</td>
<td>provide information on suicide prevention resources</td>
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<td>program) to the general population</td>
<td>• Stigma reduction campaign number of earned media spots</td>
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<td>Increase the resilience of Arizona youth by implementing programs that provide Positive Childhood</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td></td>
<td>Experiences and increased protective factors</td>
<td>• Number of school based programs implemented to reduce school behavior problems</td>
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<td>Increase the awareness of financial opportunities to improve the stability of families and reduce</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td>financial stressors</td>
<td>• EITC site use in 2020</td>
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<td>Improve social connectedness and help seeking behavior by implementing programs and campaigns</td>
<td>• Percent of eligible individuals submitting EITC claim in 2020</td>
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<td>designed to improve connections and communication and educate Arizonans on the negative health</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td>impacts of social isolation</td>
<td>• Number of media hits</td>
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<td>Increase access to mental health care for Arizonans by adopting the Zero Suicide model statewide</td>
<td>• Number of earned media spots</td>
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<td>Increase access to mental health care by convening the Insurance Parity Task Force to research and</td>
<td>• Number of other campaigns and websites with social connection messages</td>
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<td>provide recommendations regarding mental health treatment parity and standardization across the state</td>
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<td>Perform surveillance to monitor suicide</td>
<td>Conduct a 50 state review to collect innovative programmatic and policy actions taking place across</td>
<td>• By February 2020, develop the Arizona 50 State Review on Suicide Prevention related</td>
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<td>in Arizona and identified targeted</td>
<td>the country to inform Arizona’s Suicide Prevention efforts</td>
<td>strategies</td>
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<td>demographic groups</td>
<td>Increase access to the crisis system by increasing the number of community members trained in Mental</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td>Health First Aid who can respond to an individual experiencing a mental health crisis and enhancing</td>
<td>• Number of employees trained in Mental Health First Aid</td>
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<td>Arizona’s current crisis system which can be used by all Arizonans experiencing a mental health</td>
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<td>crisis</td>
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<td>Increase access to resources and services for individuals and communities that have experienced</td>
<td>• By June 2020, complete 100% of action items on time</td>
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<td>suicide and increase access to prevention materials for at risk individuals</td>
<td>• Number of districts printing national suicide hotline on their student IDs</td>
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<td>Increase access and awareness to support of suicide survivors by developing and publishing</td>
<td>• Number of media interactions</td>
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<td>information on where and how to access survivor support services throughout Arizona and how</td>
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<td>individuals with lived experience can support others</td>
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<td>Increase access and awareness to targeted resources in the community by meeting with stakeholders</td>
<td>• By June 2020, complete 100% of action items</td>
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<td>and advocacy groups to develop information on where and how high risk populations can access</td>
<td>• Number of participants attending each stakeholder meeting</td>
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<td>suicide prevention services throughout Arizona and specific resources targeted to high risk</td>
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RECOMMENDATION BRIEF: COMMUNITY RESOURCES

BACKGROUND & GAP: There is a lack of awareness of available resources to help prevent suicide in our community. Many of these resources are targeted to highly impacted communities. Increasing numbers of suicide deaths indicate that these critical services and resources are not being accessed or utilized.

TRENDS & SERVICES IN ARIZONA: In 2017, suicide was the 8th leading cause of deaths in Arizona, with 1,368 certified deaths attributed to suicide among Arizona residents. Arizona’s rate of suicide per 100,000 people was 24% higher than that of the U.S. in 2017. Both the number and rates (per 100,000) of suicides occurring in Arizona continue to rise over the past 10 years. In 2018, suicide remained the 8th leading cause of death, claiming the lives of 1,432 Arizona residents. Suicide contributed substantially to premature mortality with a total of 39,860 years of potential life lost (YPLL).

Many groups are adversely impacted by suicide, including Veterans, Native Americans, and those living in rural areas. The suicide rate among veterans is significantly higher than the overall suicide rate in Arizona.
RECOMMENDATION BRIEF: COMMUNITY RESOURCES

PROPOSAL: Develop and disseminate information on suicide prevention resources and training by:

- providing a location-based resource list and information
- developing a youth suicide section for the Healthy Kids AZ app
- developing a stigma reduction campaign
- expanding Be Connected (or a similar program) to the general population

ACTION PLAN/TIMELINE:

1. By December 31, 2019: Develop an evidence-based suicide prevention training resource list for school staff and educators. (AHCCCS/ADE)
   - By June 30, 2020: Include a youth suicide section into the Healthy Kids AZ app to include resource and referral options. (ADHS)

2. By March 31, 2020: Select a best practice toolkit with community partners to reduce lethal means and provide information on suicide prevention resources (i.e. take-back programs, gun clubs, AzAAP, Rural Health). (AHCCCS/ADVS)
   - By June 30, 2020: Implement requirements for suicide recognition and prevention resources for professions into Healthy Arizona Workplace Program (HAWP) contracts. (ADHS)

3. By June 30, 2020: Develop recommendations for feasibility of expanding Be Connected (a program that targets Arizona veterans and their families with suicide prevention resources) to the general population or implementing similar program resources. (ADVS/ADHS/AHCCCS)

4. By June 30, 2020: Develop a stigma reduction campaign to promote help seeking behavior. (ADHS)

5. By June 30, 2020: Develop and launch a public campaign promoting state and federal helplines, as these crisis services can help link to care. (AHCCCS/ADHS)
   - January 31, 2020: Identify specific messages for future PSAs
   - February 29, 2020: Develop messaging
   - April 30, 2020: Confirm specific methods of dissemination
   - June 30, 2020: Public service announcements and events occur

AGENCIES IMPACTED:

- Arizona Department of Education
- Arizona Department of Health Services
- Arizona Department of Veteran Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Health Care Cost Containment System

METRICS:

- By June 30, 2020: 100% of action items will be completed on time
- Number of outreach events with community partners to reduce lethal means and provide information on suicide prevention resources
- Stigma reduction campaign number of earned media spots
BACKGROUND & GAP: Personal resilience and mindfulness are protective factors from adverse outcomes such as suicide, yet neither is systematically taught. One known protective factor for addiction, chronic pain, and other adverse outcomes includes personal resilience. Social emotional learning approaches, such as the Good Behavior Game, have demonstrated benefits including reductions in youth substance abuse and suicidal thoughts and attempts (Wilcox, 2008), (Kellam, 2008). Mindfulness practices can be developed to empower children and their educators to be mindful and resilient. This recommendation aligns with the primary prevention in the Youth Opioid Prevention campaign.

TRENDS & SERVICES IN ARIZONA: Recently, the Journal of American Medical Association (JAMA) Pediatrics published a paper on the Positive Childhood Experiences. The researchers found that positive childhood experiences (defined below) have a dose-response association with adult depression and poor mental health and adult-reported social and emotional support after accounting for exposure to ACEs (C Bethell, 2019). Findings suggest that PCEs may have lifelong consequences for mental and relational health despite co-occurring adversities such as ACEs.

The 2016-2017 Combined National Survey of Children’s Health (NCSH) examined parents’ views of whether they believe their children live in supportive neighborhoods, measured by views of whether neighbors help each other out, watch each out for each other’s children and have community resources in times of need. Only 45.3% of Arizona’s adults believe their children live in a supportive neighborhood, compared to 55.4% nationally.

Percent of adults who believe their children live in a supportive neighborhood, Arizona & U.S. 2016 and 2017
PROPOSAL: Increase the resilience of Arizona youth by implementing programs that provide Positive Childhood Experiences and increased protective factors.

ACTION PLAN/TIMELINE:

1. By January 31, 2020: Assess existing models being implemented in schools/early childhood education (ECE) for educators and students to build protective factors. (ADHS)

2. By June 30, 2020: Partner with the Department of Education on developing a plan to implement the Good Behavior Game in schools. (ADHS/AHCCCS/ADE)
   • By June 30, 2020: Communicate partnership with Project AWARE team. Project AWARE is a collaboration with the Arizona Department of Education in which AHCCCS is working with three school districts to implement Mental Health First Aid training. This training has been shown to improve behavioral health outcomes and reduce suicides. During the next five years of this grant, approximately 12,000 students and staff at Baboquivari Schools on Tohono O'odham tribal lands, Glendale Unified School District, and Sunnyside Unified School District in Tucson will receive access to mental health training. (AHCCCS)

3. By June 30, 2020: Utilize postvention as prevention; develop a statewide task force to implement a community-based approach to postvention. (ADHS/AHCCCS)
   • By February 29, 2020: Identify work group members for Postvention Task Force
   • By April 30, 2020: Hold first meeting of task force
   • By May 31, 2020: Identify additional resource needs
   • By June 30, 2020: Work group provides recommendations for a community-based approach to create awareness and promotion of postvention

AGENCIES IMPACTED:

• Arizona Department of Education
• Arizona Department of Health Services
• Arizona Health Care Cost Containment System

LEAD: Arizona Department of Health Services

METRICS:

• By June 30, 2020: 100% of action items will be completed on time
• Number of school based programs implemented to reduce school behavior problems
BACKGROUND & GAP: A number of health outcomes are related to stressors caused by financial, social, and medical concerns. An example opportunity is the Earned Income Tax Credit (EITC), an income tax credit that can be levied in order to reduce the tax burden for low-to moderate-income working individuals, particularly in families with children. Health systems and public health can play a role in outreach to eligible individuals to raise awareness of and accessibility to the EITC through opportunities for tax assistance options. The CDC includes the EITC as a health impact (HI-5) intervention addressing the social determinants of health. The EITC has been credited with keeping more families and children above the poverty line than any other federal, state, or local program. Home visiting programs and WIC can be leveraged to help promote these financial opportunities to help lessen financial stressors for family units.

TRENDS & SERVICES IN ARIZONA: For Arizona, the IRS estimated 548,000 EITC claims for a total of $1.4B in 2018 for an average EITC amount of $2,165.70. An estimated 24.5% of eligible people did not claim the benefit in Arizona in Tax Year 2015. From 2013 - 2017, an estimated 17% of Arizona residents were living in poverty, which is higher than the national estimate of 15.1%. This estimate varies across the state as the highest poverty is identified in Apache County at 35.9%.
RECOMMENDATION BRIEF: REDUCING STRESSORS

PROPOSAL: Increase the awareness of financial opportunities to improve the stability of families and reduce financial stressors.

ACTION PLAN/TIMELINE:
1. By January 31, 2020: Crosswalk with ADHS ACEs Plan coordination with community action programs, increase awareness of available tax preparation resources and the EITC. (ADHS)
   - By January 31, 2020: Develop materials to increase awareness of EITC for home visiting, Women, Infants, and Children (WIC), Community Health Workers (CHW), Local Health Departments (LHD), and Community Health Centers (CHC).
   - By January 31, 2020: Identify EITC sites statewide for referral.
   - By May 31, 2020: Hold Summit to connect public health and community action programs.
2. By March 31, 2020: Raise awareness of free or low cost resources for financial counseling in coordination with community action programs, veteran services, and/or first responder organizations. (ADHS/ADVS)
3. By June 30, 2020: Expand awareness of 211/311 lines that can connect individuals directly to specific assistance programs.

AGENCIES IMPACTED:
- Arizona Department of Health Services
- Arizona Department of Veteran Services
- Community Action Programs
- Local governments

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2020: 100% of action items will be completed on time
- EITC site use in 2020
- Percent of eligible individuals submitting EITC claim in 2020
BACKGROUND & GAP: Isolation is harmful to one’s health; lack of social connection is a risk factor for adverse outcomes, particularly suicide. Caring Contacts, a letter-writing program linking home-bound seniors or veterans to high school students has been shown to reduce loneliness and improve community connections.

TRENDS & SERVICES IN ARIZONA: Stress on social connection and interpersonal relationships to better one’s health is alluded to in several current public health campaigns and initiatives, including the ASHLine, *The Arizona Pain and Addiction Curriculum*, the youth opioid prevention campaign and the chronic pain campaign.

Based on 2017 Youth Behavioral Risk Factor Surveillance System (YRBSS) data, 36.4% of Arizona students reported feeling sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities. Additionally, more than 1 in 10 Arizona youth indicated attempting suicide.

High school students who report being sad or hopeless almost every day for 2 weeks or more in a row

36.4%

High school students reporting suicide attempts

11.3% Attempted suicide
7.4%

Suicide attempt with injury
4.7% 2.4%
PROPOSAL: Improve social connectedness and help seeking behavior by implementing programs and campaigns designed to:
- improve connections and communication
- educate Arizonans on the negative health impacts of social isolation

ACTION PLAN/TIMELINE:
1. By May 31, 2020: Develop a Caring Contact program, linking home-bound seniors to students. (AHCCCS)
2. By June 30, 2020: Develop and launch a public campaign bringing attention to the impact of social isolation on health. (ADHS)
   - By January 31, 2019: Determine the primary audience, type of campaign, messages and funding ranges.
   - By January 31, 2019: Establish a campaign timeline to include informative research (original vs secondary).
   - By March 31, 2020: Complete campaign production and evaluation model.
   - By April 30, 2020: Initiate earned media outreach.
   - By May 31, 2020: Launch and evaluate campaign.
   - By June 30, 2020: Integrate similar messaging into other public facing campaigns.
3. By June 30, 2020: Work with the Arizona Department of Education to identify a list of programs that can be implemented in schools to promote social connectedness and help seeking behavior (i.e. Sources of Strength, Kids at HOPE). (ADHS/AHCCCS/ADE)

AGENCIES IMPACTED:
- Arizona Department of Education
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2020: 100% of action items will be completed on time
- Number of media hits
- Number of earned media spots
- Number of other campaigns and websites with social connection messages
BACKGROUND & GAP: It is difficult to access care for individuals experiencing a mental health crisis. Many areas of Arizona are designated as mental health provider shortage areas.

As we work to address the gaps and areas of low or no access to the mental health system, it is important that we continue to provide easy routes into care—especially for those in crisis, promoting systems that create the best possible outcomes for each person.

TRENDS & SERVICES IN ARIZONA: According to the Substance Abuse and Mental Health Services Administration (SAMHSA), close to 4.6% of Arizona adults are living with serious mental illness. Public mental health services in Arizona are administered and provided by the Arizona Health Care Cost Containment System (AHCCCS) through integrated health plans that provide physical and behavioral health care services.

According to SAMHSA, only 40.3% of adults with mental illness in Arizona receive any form of treatment from either the public system or private providers. According to Mental Health America, in 2019, Arizona is ranked 30 out of the 50 states and Washington D.C. for providing access to mental health services for adults and 43 out of the 50 states and Washington D.C for providing access to mental health services for youth. Arizona saw one of the largest reductions in adults with any mental illness who are uninsured.

From January 2016 to April 2019, there were approximately 17,071 suicide attempts among AHCCCS members. In the same timeframe, there were approximately 62,008 reports of members experiencing suicidal ideation.
PROPOSAL: Increase access to mental health care for Arizonans by adopting the Zero Suicide model statewide.

ACTION PLAN/TIMELINE:
1. By June 30, 2020: Create task force to make recommendations for adopting the use of Zero Suicide model statewide. (AHCCCS)
   - By January 31, 2020: Identify work group members for Zero Suicide Task Force
   - By February 29, 2020: Hold first meeting of task force
   - By May 31, 2020: Identify additional resource needs
   - By June 30, 2020: Work group provides recommendations for adoption

AGENCIES IMPACTED:
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Health Care Cost Containment System

METRICS:
- By June 30, 2020: 100% of action items will be completed on time
RECOMMENDATION BRIEF: INCREASE ACCESS TO TREATMENT

BACKGROUND & GAP: Arizonans on private insurance may not have adequate insurance coverage for mental health treatment or often have more difficulty getting treatment for mental health and substance use disorders than they do accessing other services and treatments. Insurance plans may charge more or place more restrictions on accessing mental health treatment. The Mental Health and Addiction Parity Act is a federal law, enacted in 2008, that requires health insurance plans to cover mental and physical health benefits equally. It does not require that all health insurance plans cover mental health, but if they do, the coverage must be comparable to what is provided for physical health benefits. However, states must enact their own legislation in order to enforce the federal parity law.

Public mental health services in Arizona are administered and provided by the Arizona Health Care Cost Containment System (AHCCCS) through integrated health plans that provide physical and behavioral health care services. Coverage of treatment for mental health and substance abuse is not standardized and is impeding patient access to care that could help people manage their mental health and improve access to treatment. Issues of coverage were identified in several of the Goal Council Suicide Prevention workgroups.

TRENDS & SERVICES IN ARIZONA: According to SAMHSA, only 40.3% of adults with mental illness in Arizona receive any form of treatment from either the public system or private providers. The remaining 59.7% receive no mental health treatment. Arizona saw one of the largest reductions in adults with any mental illness who are uninsured. The largest reductions were seen in South Carolina (7.1%), Missouri (6.3%), Arkansas (6.7%), and Arizona (5.6%). According to the State of Mental Health in America report, 62.6 percent of adults with a mental illness in Arizona received no treatment for their mental illness, ranking Arizona 49 out of 50 states and Washington D.C. In the U.S., one out of five (20.6%) adults with a mental illness reported that they were not able to receive the treatment they needed, despite seeking treatment. This number has not declined since 2011. The state prevalence of Arizona adults with any mental illness reported having unmet treatment needs despite seeking treatment is 21.3%.

Individuals seeking treatment but still not receiving needed services face the same barriers that contribute to the number of individuals not receiving treatment:

1. No insurance or limited coverage of services
2. Shortfall in psychiatrists, and an overall undersized mental health workforce.
3. Lack of available treatment types (inpatient treatment, individual therapy, intensive community services).
4. Disconnect between primary care systems and behavioral health systems.
5. Insufficient finances to cover costs – including, copays, uncovered treatment types, or when providers do not take insurance.
PROPOSAL: Improve access to mental health care by convening the Insurance Parity Task Force to research and provide recommendations regarding mental health treatment parity and standardization across the state.

ACTION PLAN/TIMELINE:
1. By November 30, 2019: Identify legislative solutions to ensure all insured Arizonans have access to adequate mental health treatment. (ADHS)
2. By January 31, 2020: Meet with the Arizona Coalition for Insurance Parity to discuss current activities and goals. (ADHS/AHCCCS)
3. By February 29, 2020: Discuss behavioral health and suicide with Insurance Parity Task Force when it is reconvened as a part of the Opioid Action Plan. (ADHS)
4. By June 30, 2020: Establish a taskforce of experts to evaluate value based payment as an incentive in Medicaid to make recommendations that promote the most effective services, increase access to services, and allow for ongoing performance evaluation. (AHCCCS/ADHS)
   - By January 31, 2020: Identify work group members
   - By March 31, 2020: Draft resource guide of current Medicaid payment structure for reimbursement
   - By May 31, 2020: Identify additional resource needs
   - By June 30, 2020: Work group provides recommendations for Value Based Purchasing

AGENCIES IMPACTED:
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2020: 100% of action items will be completed on time
BACKGROUND & GAP: Identifying gaps in current suicide reporting and determining a rapid reporting method on deaths by suicide is the first step toward understanding the current burden in Arizona and building recommendations to better target prevention and intervention. The current reporting requirements are through traditional data sources, including hospital discharge data and death certificate data which can be up to 6 to 18 months delayed. Delayed data does not allow for timely interventions and strategies to take effect. By identifying gaps in reporting and establishing a more timely reporting system, Arizona can make better recommendations to prevent suicide.

TRENDS & SERVICES IN ARIZONA: In 2017, suicide was the 8th leading cause of deaths in Arizona, with 1,304 certified deaths attributed to suicide among Arizona residents. Arizona’s rate of suicide per 100,000 people was 24% higher than that of the U.S. in 2017. Both the number and rates (per 100,000) of suicides occurring in Arizona continues to rise over the past 10 years. In 2018, suicide remained the 8th leading cause of death, claiming the lives of 1,432 Arizona residents. Suicide contributed substantially to premature mortality with a total of 39,860 years of potential life lost (YPLL).

Many groups are adversely impacted by suicide, including Veterans, Native Americans, and those living in rural areas.
PROPOSAL: Perform a gap analysis on suicide related data and implement a surveillance system for suicide related events in Arizona.

ACTION PLAN/TIMELINE:
1. By January 31, 2020: Develop a workgroup with the medical examiners to improve the standardization of death certificate information on suicide-related deaths. (ADHS/AHCCCS)
2. By January 31, 2020: Assess the feasibility of utilizing suicide data from the National Violent Death Reporting System (NVDRS) to better characterize the data. (ADHS)
4. By March 31, 2020: Develop and implement a statewide incident reporting system for non-lethal and lethal suicide attempt events that are identified by state licensed providers and facilities. (ADHS)
6. By June 30, 2020: Initiate a Suicide Mortality Review Team. (ADHS)

AGENCIES IMPACTED:
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2019, 100% of the action items completed on time
RECOMMENDATION BRIEF: PUBLIC HEALTH INVESTIGATION

RECOMMENDATION BRIEF: PROTECTIVE FACTORS

BACKGROUND & GAP: Arizona does not know whether Arizonans have too many or too few risk and protective factors.

TRENDS & SERVICES IN ARIZONA: The National Survey of Children’s Health captures family resilience data based on four items for when the family faces problems 1) if family talks together about what to do, 2) if family works together to solve the problem, 3) if family has strengths to draw on, and 4) if family stays hopeful even in difficult times. Based on NSCH data, 77.3% of Arizona households agreed with all four items all or most of the time, 13.1% agreed to 2 - 3 items all or most of the time, and 9.6% agreed to 0 - 1 item all or most of the time.

Recently, the Journal of American Medical Association (JAMA) Pediatrics published a paper on Positive Childhood Experiences. The researchers found that positive childhood experiences have a dose-response association with adult depression and poor mental health and adult-reported social and emotional support after accounting for exposure to ACEs (C Bethell, 2019). Findings suggest that PCEs may have lifelong consequences for mental and relational health despite co-occurring adversities such as ACEs.

Figure 2. Prevalence of Adult Reporting Always Receiving Needed Social Emotional Support by Positive Childhood Experiences (PCEs) Single Items and Cumulative Scores

A PCEs, single itema,b

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<thead>
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<th>Item</th>
<th>AOR (95% CI)</th>
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<tr>
<td>Able to talk to family about feelings</td>
<td>2.70 (95% CI, 2.22-3.28)</td>
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<td>Felt family stood by them during difficult times</td>
<td>1.90 (95% CI, 1.46-2.48)</td>
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<td>Felt safe and protected by adult in your home</td>
<td>1.94 (95% CI, 1.36-2.78)</td>
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<td>Had at least 2 nonparent adults who took genuine interest</td>
<td>2.28 (95% CI, 1.85-2.80)</td>
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<td>Felt supported by friends</td>
<td>2.55 (95% CI, 2.00-3.24)</td>
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<td>Felt a sense of belonging at high school</td>
<td>1.88 (95% CI, 1.53-2.32)</td>
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<td>Enjoyed participating in community traditions</td>
<td>1.84 (95% CI, 1.53-2.21)</td>
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RECOMMENDATION BRIEF: PUBLIC HEALTH INVESTIGATION

PROPOSAL: Conduct surveillance on Protective Factors in Arizona in order to analyze gaps and make recommendations to improve resilience.

ACTION PLAN/TIMELINE:
1. By June 30, 2020: Cross coordinate with ADHS ACEs Action Plan to examine ways to measure protective factors. (ADHS)
   - By January 31, 2020: Conduct a quality review of readily available data on ACEs.
   - By January 31, 2020: Define protective factors based on available data sources and literature review.
   - By February 29, 2020: Determine a stratification scheme to assess the prevalence of protective factors across questions and characteristics.
   - By March 31, 2020: Assess the frequency of ACEs and protective factors across several states.
   - By May 31, 2020: Present profile report to partners and stakeholders for feedback.
   - By May 31, 2020: Map risk and protective factors.

AGENCIES IMPACTED:
- Arizona Department of Health Services

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2020, implement 100% of action items on time
- Development of surveillance methodology
RECOMMENDATION BRIEF: INNOVATIVE SOLUTIONS

RECOMMENDATION BRIEF: BEST PRACTICES

BACKGROUND & GAP: Calls to action are being declared by individuals, communities, states, and national stakeholders in response to increased suicide events. Collaboration and alignment among stakeholders has resulted in the implementation of numerous policy recommendations, statutory actions, public health interventions, and various other initiatives to address the suicide crisis across the nation. However, keeping up with innovative and best practices implemented by other states is difficult.

TRENDS & SERVICES IN ARIZONA: In Arizona, as in the US, adjusted suicide rates have been rising, from 15.4 to 19.5 between 2006 and 2018. In 2018, suicide remained the 8th leading cause of death, claiming the lives of 1,432 Arizona residents, and contributing substantially to premature mortality with a total of 39,860 years of potential life lost (YPLL), next to unintentional injuries (98,081), malignant neoplasms (83,979), and diseases of the heart (57,395).

The 2019 End to Suicide in Arizona State Plan provides current 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.

By conducting a 50 State Review on Suicide Prevention Related Policy, Arizona can utilize this information to assist partners and decision makers in determining next steps for additional programmatic and policy actions as Arizona moves forward with its initiatives and breakthrough project.

Suicide Mortality by State

By reviewing federal and state guidance documents, state task force publications, federal, state, and local laws, and stakeholder contributions in states with lower suicide rates, Arizona can identify additional innovative and best practices that have been implemented across the country.
PROPOSAL: Conduct a 50 state review to collect innovative programmatic and policy actions taking place across the country to inform Arizona’s Suicide Prevention efforts.

ACTION PLAN/TIMELINE:
1. By February 29, 2020: Conduct a 50 state policy review of innovative suicide prevention activities to identify recommendations and focus on states with lowest suicide rates. (AHCCCS/ADHS)

AGENCIES IMPACTED:
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System

LEAD: Arizona Department of Health Services

METRICS:
- By February 29, 2020, develop the Arizona 50 State Review on Suicide Prevention related strategies
BACKGROUND & GAP: Suicide is a medical emergency requiring immediate professional help. Many people don’t know how to appropriately recognize and help someone who is suffering from a mental health crisis. Many times, warning signs may not be present. Being able to recognize common actions or warning signs may prevent a medical emergency. Knowing the appropriate steps to take and proper techniques to engage, as one would in CPR for cardiac arrest, could make the difference between life and death.

TRENDS & SERVICES IN ARIZONA: In 2018, there were 11,811 hospital discharges (4,040 inpatient stays and 7,771 emergency room visits) due to self-inflicted injuries. Compared to the number of Arizonans who died from suicide (n=1,432) in 2018, this translates to 1 suicide for every 8 self-inflicted injuries. Trends in annual rates of hospital discharges due to self-inflicted injury have been increasing. Between 2008 and 2018, there was an increase of 16 percent in total self-inflicted injury-related hospital discharge rates, with a 10.1 percent increase in hospitalization rates and 19.3 percent increase E.R. visit rates due to self-inflicted injury.

Mental Health First Aid is a course that teaches individuals how to help someone who may be experiencing a mental health or substance use challenge. The training helps participants identify, understand and respond to signs of addiction and mental illness. Training in Mental Health First Aid:

- reduces the stigma associated with mental health and substance use disorders
- increases mental health literacy
- addresses the correlation between mental health and physical health
- teaches the skills to safely and responsibly address an individual’s mental health or substance use concern.

1 On October 1, 2015, a new revision of the International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding Systems (ICD-10-CM/PCS) was implemented in replacement of the ICD-9-CM for reporting medical diagnoses in healthcare settings. The transition to ICD-CM has some impact of comparability of hospital discharge data and continuity of statistical trends. Any comparison of hospital discharge events between 2015 and previous years should take into account the differences between classification systems.
RECOMMENDATION BRIEF: RECOGNIZE & RESPOND

PROPOSAL: Increase access to the crisis system by:

1. increasing the number of community members that have been trained in Mental Health First Aid who can respond to an individual experiencing a mental health crisis, and
2. enhancing Arizona’s current crisis system which can be used by all Arizonans experiencing a mental health crisis.

ACTION PLAN/TIMELINE:

1. By February 29, 2020: Issue executive order requiring state agencies to provide training to at least 50% of state employees in Mental Health First Aid. (ADHS/AHCCCS)
2. By June 30, 2020: Establish a statewide Crisis Services Task Force to complete a comprehensive system review and service planning process with regions and localities to evaluate and make recommendations to enhance Arizona’s crisis systems. (AHCCCS/ADHS)
   • By January 31, 2020: Identify task force members
   • By February 29, 2020: Hold first meeting
   • By April 30, 2020: Complete comprehensive system review with regions and localities
   • By May 31, 2020: Identify additional resource needs
   • By June 30, 2020: Work group provides recommendations for enhancing Arizona’s Crisis system including communication in partnership with the National Crisis Text Line, highlighting 24/7 access to anonymous text-based support.
3. By June 30, 2020: Begin implementation of the SAMHSA Project AWARE activities for year 3 of 5 year grant (AHCCCS) with planned completion by December 31, 2020.

AGENCIES IMPACTED:

• Arizona Health Care Cost Containment System
• Arizona Department of Health Services

LEAD: Arizona Health Care Cost Containment System

METRICS:

• By June 30, 2020, implement 100% of action items on time
• Number of employees trained in Mental Health First Aid
RECOMMENDATION BRIEF: COMMUNITY SUICIDE PREVENTION RESOURCES

BACKGROUND & GAP: Members of the clinical community may often be the first to recognize individuals at risk of suicide or interact with survivors, but are not always aware of available resources. Ultimately, utilizing resources such as hotlines, information and support organizations can help support survivors and families through the immediate crisis and into recovery. Anecdotally, there is a lack of community awareness of available resources to help prevent suicide in our community. Many of these resources are targeted to populations that are highly impacted by suicide. Increasing numbers of suicide indicate that these critical services and resources are not being accessed or utilized. Ultimately, utilizing resources such as hotlines and support organizations can help support survivors and families through the immediate crisis and into recovery.

TRENDS & SERVICES IN ARIZONA: In 2018, suicide was the 8th leading cause of deaths in Arizona, with 1,432 certified deaths attributed to suicide among Arizona residents. Both the number and rates (per 100,000) of suicides occurring in Arizona continues to rise over the past 10 years. In 2018, more Arizonans died of suicide (n=1,432) than motor vehicle crashes (n=1,032) and homicides (n=416), making suicide the leading cause of violent death in Arizona for that year.

The media can avoid increasing suicide risk (e.g., by not using dramatic headlines or providing explicit details) and encourage people to seek help. More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration, and prominence of coverage. Dramatic or graphic headlines, detailed descriptions of the method, and repeated or glamorizing the suicide significantly increased the risk of additional suicides, and can result in suicide contagion or “copycat suicide”. By carefully, but briefly, covering suicide, the media can prevent the spread of misinformation and encourage those contemplating suicide to seek help. There are recommendations that have been developed to help the media address this issue (i.e. www.ReportingOnSuicide.org).
PROPOSAL: Increase access to resources and service for individuals and communities that have experienced suicide and increase access to prevention materials for at risk individuals.

ACTION PLAN/TIMELINE:
1. By February 29, 2020: Coordinate with local media regarding suicide appropriate language and reporting. (ADHS/AHCCCS)
2. By February 29, 2020: Partner with the Arizona Department of Education to issue a joint letter to school district superintendents and administrators to encourage requirements that student IDs contain the national suicide hotline number. (ADHS/ADE/AHCCCS)
3. By March 31, 2020: Identify additional dissemination of the localized survivors of suicide resources toolkit (LOSS) currently available to first responders for distribution to family members when responding to a suicide. (ADHS/AHCCCS)
4. By April 30, 2020: Develop toolkits of targeted suicide prevention efforts for professions that experience high rates of suicide, including dentists and veterinarians, lawyers, law enforcement, EMTs, veterans. (AHCCCS/ADHS/ADVS)
5. By May 30, 2020: Develop and implement a communication plan to educate the community on suicide prevention efforts and available resources. (ADHS/AHCCCS/ADVS)

AGENCIES IMPACTED:
- Arizona Department of Education
- Arizona Department of Health Services
- Arizona Health Care Cost Containment System
- Arizona Department of Veteran Services

LEAD: Arizona Department of Health Services

METRICS:
- By June 30, 2020: 100% of action items will be completed on time
- Number of school districts printing the national suicide hotline number on their student IDs
- Number of media interactions
BACKGROUND AND GAP: Suicide survivors encompass both those individuals who have survived a suicide attempt, and those who are the surviving family and friends of an individual who has died by suicide. The latter is referred to as “loss survivors.” This language can be confusing; support services for the two groups are different. This Action Plan seeks to promote a broader network of support for both.

Survivors of Suicide (SOS) are a best practice model for providing support to individuals who have attempted suicide and survived. Further, talk therapy and group support for Loss Survivors has also shown to be helpful to reduce suicidality. Access to such groups is essential.

Further, Arizona has increased the availability of peer support specialists through the Opioid State Targeted Response and State Opioid Response grants, but there is a need to provide information to the public on how to access these services throughout Arizona. For individuals with a serious mental illness, and may have survived suicide or be a loss survivor, becoming a peer support specialist may be appropriate. There is also the need to continue to grow the network of peer support services throughout Arizona, especially for individuals with lived experience with suicide.

TRENDS IN ARIZONA: While the network of peer support specialists has increased in Arizona in response to the opioid epidemic, many of those seeking these services for peer support may be unaware of how to access them. This was especially true for individuals in rural and remote areas of the state. Likewise, although there are now several options to cover these services for those outside of the public behavioral health system, individuals in these populations or those attempting to navigate them to these services remain unaware of their options.

Given the identified stigma challenges and the number of individuals who do not receive treatment, creating public awareness of these services will help reduce barriers to seeking services and resources.
PROPOSAL: Increase access and awareness to support of suicide survivors by developing and publishing information on:
- where and how to access survivor support services throughout Arizona; and
- how individuals with lived experience can support others.

ACTION PLAN/TIMELINE
1. By January 31, 2020: Develop and publish informational material on where and how to access survivor support services in Arizona. (AHCCCS)
2. By February 29, 2020: Develop and publish informational material on how individuals with lived suicide experience can support others. (AHCCCS)
   - Target date to begin accepting applications for certifications of Community Health Workers is September 30, 2020. (ADHS)

AGENCIES IMPACTED:
- Arizona Health Care Cost Containment System
- Arizona Department of Health Services

LEAD AGENCY: Arizona Health Care Cost Containment System

PERFORMANCE METRICS:
- By June 30, 2020, complete 100% of action items
- Number and rates of peer support utilization
BACKGROUND AND GAP: There are groups that are at higher risk of suicide based on risk factors associated with demographics, location, and profession. Many groups are adversely impacted by suicide, including Veterans, Native Americans, individuals who are LGTBQ, and those living in rural areas. The suicide rate among veterans is significantly higher than the overall suicide rate in Arizona. Certain professions have a higher risk of suicide and can include construction workers, law enforcement officers, lawyers and community and social service positions.

<table>
<thead>
<tr>
<th>SOC code</th>
<th>Occupational group</th>
<th>Male 2012 no. (%)</th>
<th>Male 2015 no. (%)</th>
<th>Female 2012 no. (%)</th>
<th>Female 2015 no. (%)</th>
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<td>123 (4)</td>
</tr>
</tbody>
</table>

American Indian/Alaska Natives have the highest suicide mortality rate in 2017 at 26.2 per 100,000 population.
RECOMMENDATION BRIEF: HIGH RISK POPULATIONS

TRENDS IN ARIZONA: While Arizona’s suicide numbers continue to increase, several populations stand out as high risk. This is especially true for individuals in rural and remote, our veteran and Native American populations, certain professions and the LGTBQ population. Individuals remain unaware of their options and may not know where to find specific targeted resources. Given the identified stigma challenges and the number of individuals who do not receive treatment, creating public awareness of these services will help reduce barriers to services and resources.

PROPOSAL: Increase access and awareness to targeted resources in the community by meeting with stakeholders and advocacy groups to develop:
- information on where and how high risk populations can access suicide prevention services throughout Arizona.
- specific resources that are targeted to high risk populations.

ACTION PLAN/TIMELINE
1. By February 29, 2020: Identify high risk groups that need action plans. (ADHS)
2. By May 31, 2020: Hold stakeholder meetings with each of the groups to identify specific recommendations for the action plans. (ADHS/AHCCCS)
   - By March 31, 2020: Conduct the first Tribal Suicide Prevention Meeting with representatives from Tribal Governments, Indian Health Service, Urban Indian Health Programs, Inter Tribal Council of Arizona, Managed Care Organizations, AHCCCS, Arizona Advisory Council on Indian Health Care, and others. (ADHS)
3. By June 30, 2020: Complete action plans for each of the identified high risk groups to begin implementation on July 1, 2020. (ADHS)

AGENCIES IMPACTED:
- Arizona Department of Health Services

LEAD AGENCY: Arizona Department of Health Services

PERFORMANCE METRICS:
- By June 30, 2020, complete 100% of action items
- Number of participants attending each stakeholder meeting