



SUICIDE PREVENTION ACTION PLAN

2022-2023

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EXECUTIVE SUMMARY

VISION: The Arizona Suicide Prevention Action Plan is a comprehensive plan to increase Arizona's resilience and resistance to suicide; improve immediate response to suicide; augment post-crisis care; leverage community engagement through coalition building and resource allocation; standardize evidence-based training; and provide strategic guidance for data collection and analysis that fuels future recommendations by highlighting legislative and program development opportunities for positive change in order to support the health and wellness of all Arizonans.

INTRODUCTION: In 2020, suicide was the 12th leading cause of death for all ages in the United States, changing from the 10th leading cause in 2019 due to the emergence of COVID-19 and increases in deaths from chronic liver disease and cirrhosis. In 2020, suicide was the 10th leading cause of death in Arizona, with 1,363 certified deaths attributed to suicide among its residents. Arizona's rate of suicide per 100,000 of population was 35% higher than that of the U.S. in 2020. Suicide has continued to remain a major threat to public health over the last decade.

In 2021, suicide prevention programming moved from the Arizona Health Care Cost Containment System (AHCCCS) to the Arizona Department of Health Services (ADHS). The 2022-2023 Arizona Suicide Prevention Action Plan builds upon prevention efforts outlined in the 2021-2025 Arizona Health Improvement Plan (AzHIP) Mental Wellbeing and Pandemic Recovery & Resiliency action plans. Suicide Prevention research into best-practices has also been incorporated into the proposed prevention action plan, as well as guidance from national authorities such as the Centers for Disease Control and Prevention (CDC), the Suicide Prevention Resource Center (SPRC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2022-2023 Arizona Suicide Prevention Action Plan creates a solid foundation to build upon and anticipates a longer-term, more ambitious 2023-2025 action plan.

ENVIRONMENT: The following offers context to the overall environment of Arizona, including its populations, risk factors, protective factors, challenges, and its strengths.

- Arizona is the 6th largest state by area and 14th largest by population
- The top five races/ethnicities account for approximately 98% of the population – White, non-Hispanic (56.8%), Hispanic or Latino (30.7%), Black or African American (5.5%), American Indian or Alaska Native (4.9%) and Asian or Pacific Islander (4.5%)
- The top three languages spoken in Arizona are English, Spanish and Navajo
- Arizona is home to 22 Federally recognized Tribes, each with their own community and needs
- Major statewide risk factors for suicide include (not limited to): low high school graduation rate, high incidence of Adverse Childhood Experiences (ACEs) and lack of access to rural primary and behavioral health care
- Protective factors for Arizona include (not limited to): dramatic decrease in statewide food insecurity since 2012, healthy habits (e.g. low rates of smoking, high rates of healthy behaviors) and recent legislative efforts towards mental healthcare parity

- Challenges facing Arizona relate to a lack of care providers statewide, navigating the significantly different environments of urban and rural populations, and large numbers of people who are at disproportionate risk for suicide (e.g. Veterans, older adults, American Indians/Alaska Natives)
- Arizona hosts a robust crisis hotline network, well-placed to integrate into the national 988 rollout, strong legislative momentum for prevention and priority support from the Office of the Governor, leaving the state well-positioned to address the preventable problem of suicide for its citizens.

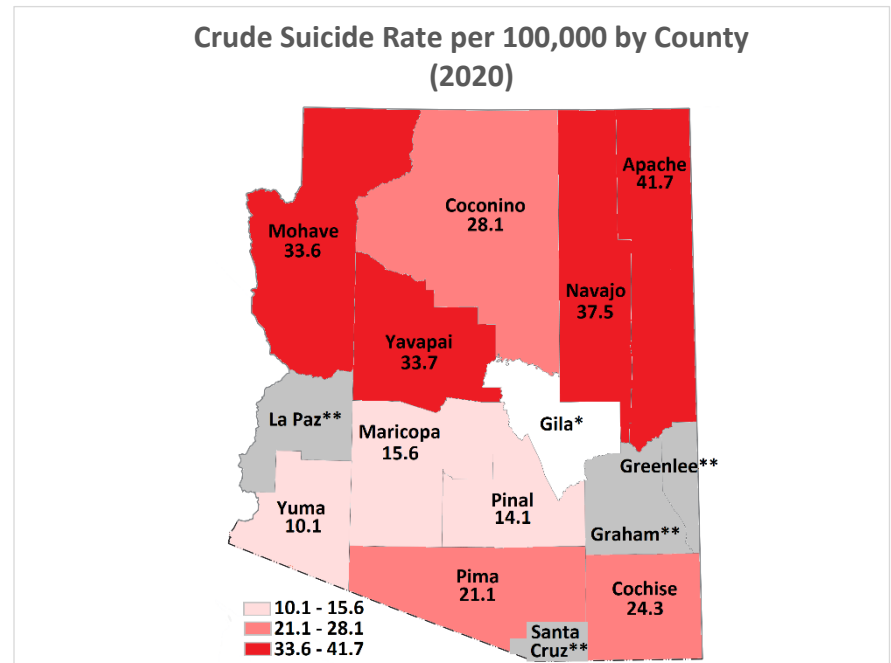
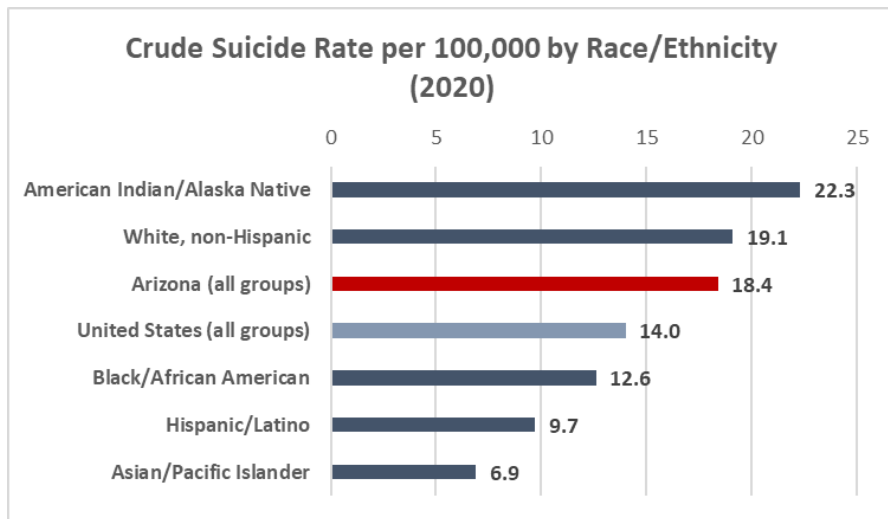
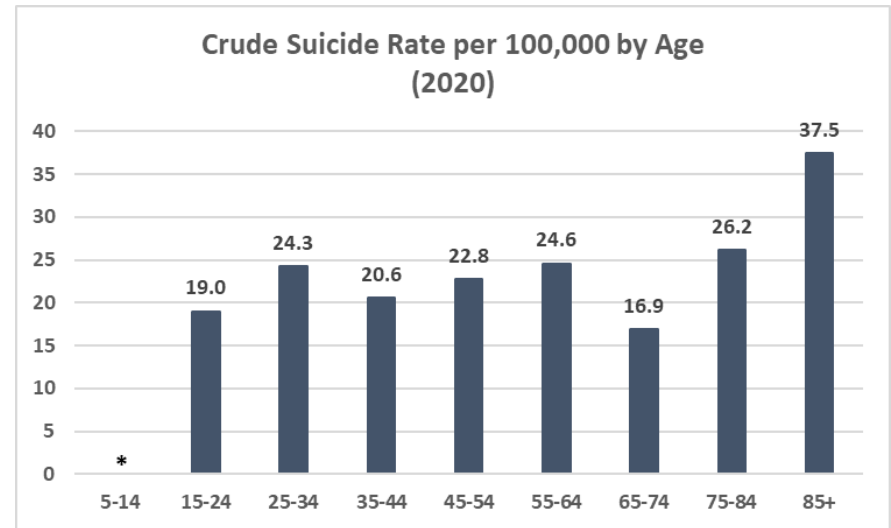
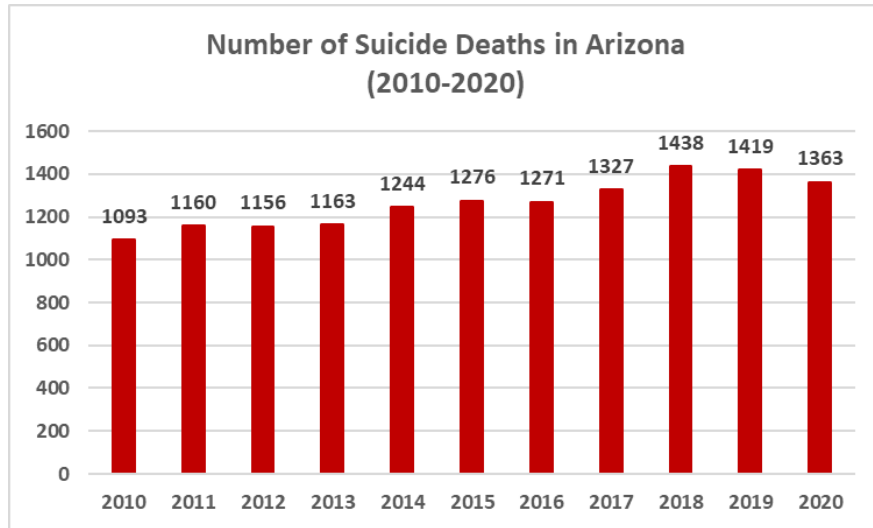
ARIZONA SUICIDE PREVENTION GOALS:

1. Ensure suicide prevention resources, crisis support, and treatment services are universally available to clinicians, communities, families, and survivors
2. Utilize current community trends in order to best address emergent threats and direct future efforts
3. Support disproportionately affected persons and populations with focused interventions that are appropriate and delivered with cultural humility and respect
4. Support state prevention efforts by serving as a focal point for internal and external coalitions and partnerships
5. Improve the resilience of individuals and communities

ARIZONA SUICIDE PREVENTION RECOMMENDATIONS:

1. Promote the availability of state crisis resources
2. Disseminate information in Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources
3. Increase access to resources and services for individuals and communities that have experienced suicide
4. Increase the number of passive suicide sensors in Arizona
5. Enhance suicide mortality data collection and expand surveillance systems to identify current community trends
6. Develop and increase access and awareness of specific resources in the community for disproportionately affected persons and populations
7. Engage stakeholders through event promotion and community-level prevention
8. Improve the resilience of individuals and communities through upstream interventions

Arizona Suicide Death Data Brief



Data obtained from <https://wonder.cdc.gov>

* Data unreliable when rate is calculated with a numerator of 20 or less

**Data suppressed when the data meet the criteria for confidentiality constraints

Table 1: Recommendations Summary

GOAL	RECOMMENDATION	STRATEGY
<p>Ensure suicide prevention resources, crisis support, and treatment services are universally available to clinicians, communities, families, and survivors</p>	<p>Promote the availability of state crisis resources</p>	<ul style="list-style-type: none"> • Partner with AHCCCS to fund a campaign advertising the 988 crisis number in Arizona
	<p>Disseminate information in Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources</p>	<ul style="list-style-type: none"> • Utilize ADHS Social Connectedness-Start a Conversation public awareness campaign to promote social connectedness and suicide prevention resources • Partner with industry stakeholders to develop occupation-specific suicide prevention resources for professions with higher risk for suicide • Utilize the Healthy Arizona Worksites Program (HAWP) to distribute general worksite-appropriate suicide prevention material
	<p>Increase access to resources and services for individuals and communities that have experienced suicide</p>	<ul style="list-style-type: none"> • Establish a state postvention program and disseminate postvention resources statewide
	<p>Increase the number of passive suicide sensors in Arizona</p>	<ul style="list-style-type: none"> • Create capacity to train Adult Mental Health First Aid (aMHFA) on a by-request basis and convene a statewide workgroup to explore expanding aMHFA program across all state agencies and departments.
<p>Utilize current community trends in order to best address emergent threats and direct future efforts</p>	<p>Enhance suicide mortality data collection and expand surveillance systems to identify current community trends</p>	<ul style="list-style-type: none"> • Enhance data collection activities to monitor community-level risk/protective factors and local suicide trends • Utilize syndromic surveillance to examine hospital discharge data to monitor suicide-related outcomes and establish trends
<p>Support disproportionately affected persons and populations with focused interventions that are appropriate and delivered with cultural humility and respect</p>	<p>Develop and increase access and awareness of specific resources in the community for disproportionately affected persons and populations</p>	<ul style="list-style-type: none"> • People who identify as Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, 2-Spirit or other identities (LGBTQIA2S+) <ul style="list-style-type: none"> ○ Partner with organizations that support people who identify as LGBTQIA2S+ throughout Arizona to promote culture and community ○ Convene population-specific workgroup to solicit input for future prevention planning ○ Develop and distribute specific resources to support people who identify as LGBTQIA2S+ in collaboration with working group and community stakeholders • Older Adults (65+) <ul style="list-style-type: none"> ○ Partner with Maricopa County locations of the Arizona Humane Society to develop pilot pet adoption/takeback program for older adults ○ Utilize ADHS Social Connectedness public awareness campaign to develop strategies specific to helping older adults decrease social isolation and increase community connections • Partner with the Maricopa Elder Behavioral Health Advocacy Coalition (MEBHAC) and Area Agencies on Aging to develop protocols for safety planning with older adults and distribute resource package • Veterans <ul style="list-style-type: none"> ○ Develop partnerships with Veteran Service Organizations (VSOs), Arizona Department of Veterans’ Services, Be Connected, and the Arizona Coalition for Military Families ○ Convene population-specific workgroup to solicit input for future prevention planning ○ In collaboration with partners and stakeholders, develop recommendations for a mental health screening program supporting Veterans ○ In collaboration with partners and stakeholders, develop recommendations for reducing access to lethal means for Veterans experiencing a crisis

GOAL	RECOMMENDATION	STRATEGY
<p>Support disproportionately affected persons and populations with focused interventions that are appropriate and delivered with cultural humility and respect (continued)</p>	<p>Develop and increase access and awareness of specific resources in the community for disproportionately affected persons and populations (continued)</p>	<ul style="list-style-type: none"> ● Adolescents (<18) <ul style="list-style-type: none"> ○ Participate in the Arizona Department of Education (ADE) and ADHS joint Collaborative Innovation and Improvement Network (CollIN) workgroup to implement joint, cross-agency initiatives ○ Partner with state agencies and dental industry stakeholders to develop adolescent oral health suicide prevention screening protocols and recommendations ● American Indian/Alaska Native <ul style="list-style-type: none"> ○ Collaborate with Phoenix Indian Center and other urban Indian agencies to support Urban American Indian/Alaska Native initiatives in Maricopa County and surrounding areas ○ Establish relationships with Arizona Tribal Nations with assistance from ADHS tribal liaison and create workgroups to explore potential partnerships ● Suicide Attempt Survivors/Survivors of Suicide Loss <ul style="list-style-type: none"> ○ Partner with La Frontera EMPACT to promote and advertise peer-support groups and activities for Suicide Attempt Survivors/Survivors of Suicide Loss ○ Collaborate with county-level Suicide Attempt Survivors/Survivors of Suicide Loss organizations to advertise local events via prevention website event calendar
<p>Support state prevention efforts by serving as a focal point for internal and external coalitions and partnerships</p>	<p>Engage stakeholders through event promotion and community-level prevention</p>	<ul style="list-style-type: none"> ● Increase mental health intervention opportunities by promoting adoption of the Zero Suicide Model (ZSM) in Arizona hospitals and behavioral health clinics <ul style="list-style-type: none"> ○ Identify potential health and behavioral health systems, clinics, hospitals, and other partners for adoption of the ZSM ○ Resume and expand the ZSM Workgroup to solicit stakeholder feedback, guide best practices, and create momentum for establishing the ZSM in Arizona ○ Explore development of a recognition program for organizations that implement the ZSM ○ Monitor, assist, and promote the implementation of the ZSM in AZ ● Reduce Access to Lethal Means <ul style="list-style-type: none"> ○ Convene community-level listening sessions to solicit input on reducing the number of firearm-related suicides in Arizona ○ Promote local drug take back events and increase awareness of year-round, fixed-site take back locations ● Establish Prevention Plan 2023-2025 Stakeholder Workgroup <ul style="list-style-type: none"> ○ Form internal workgroup focused on the development of the 2023-2025 Arizona Suicide Prevention Action Plan ● Support and promote community suicide prevention events throughout Arizona on the ADHS Suicide Prevention website community event calendar
<p>Improve the resilience of individuals and communities</p>	<p>Improve the resilience of individuals and communities through upstream interventions</p>	<ul style="list-style-type: none"> ● Improve mental and behavioral health of Arizona youth <ul style="list-style-type: none"> ○ Promote non-school youth partnerships (e.g. Boys and Girls Clubs) ● Increase community resilience to Adverse Childhood Experiences (ACEs) <ul style="list-style-type: none"> ○ Partner with ADE on implementation of school-based programs ○ Crosswalk with ADHS ACEs plan; coordinate community action programs ● Promote improved access to mental healthcare <ul style="list-style-type: none"> ○ Attend Mental Health Parity Advisory Committee meetings to maintain awareness on matters pertinent to mental health parity in Arizona

ARIZONA SUICIDE PREVENTION GOALS BRIEFING

1. Ensure suicide prevention resources, crisis support, and treatment services are universally available to clinicians, communities, families, and survivors

NARRATIVE: Crisis Prevention defines interventions aimed at the moment of crisis, as well as 24 hours pre- and post-suicidal behavior (ideation, attempt or suicide). Partnering with AHCCCS to increase awareness of the national 988 crisis number rollout will be the most visible effort in this direction for the 2022-2023 Arizona Suicide Prevention Action Plan and provide every Arizonan access to crisis support resources. Continuing to advocate for state employees to receive Mental Health First Aid training and conducting community training events will be less visible but will serve to increase the number of passive sensors for suicide in the state. Occupation-specific toolkits will look to give organizations and professional membership associations targeted awareness packets for the workplace, increasing awareness of resources and interventions available to the most at-risk Arizona workers.

PRIORITIES: The 988 national crisis line rollout will be the most significant initiative for the 2022-2023 Arizona Suicide Prevention Action Plan. Increasing awareness of the new, dial-anywhere number will allow an Arizonan in crisis to connect to help no matter where they are. Creating messaging and coordinating for an exhaustive awareness campaign will challenge creativity with regards to internal budgetary considerations and test the functionality of coalitions and partnerships. Postvention is Prevention is also an important initiative, as postvention efforts (defined as interventions immediately applied post-suicide) are critical to mitigating suicide clusters, preventing the formation of disordered Post-Traumatic Stress and augment resiliency in the face of tragedy.

2. Utilize current community trends in order to best address emergent threats and direct future efforts

NARRATIVE: Transparent public access to information remains a guiding principle within Arizona's prevention framework. Migrating Arizona's Suicide Prevention webpage from AHCCCS to ADHS is essential to completing the program transition. In addition to information, resources and links to partners, the webpage will include a data dashboard, providing public access to data. Self-help and self-care resources, initiatives and programs will also be prominently displayed. Also included are 12-step group meeting finders and locational information for medical and behavioral health clinics throughout Arizona to ensure every Arizonan knows where to go to get medical, behavioral or peer-support, no matter their need.

PRIORITIES: Priorities of the 2022-2023 Arizona Suicide Prevention Action Plan center around the Suicide Mortality Review (SMR) Program and creating public- and stakeholder-accessible data centers. The state SMR Program has been established at ADHS and has provided training to the county health departments on tools developed for the process. Throughout 2022 the state SMR Program will continue to reinforce personnel training and standardization of data collection, in

preparation for the reception of data products from the county health departments. Data collection will be integrated into outward-facing data dissemination vehicles, such as the website and data dashboard. Getting the ADHS digital presence upgraded and outfitted with relevant data and resources will be a primary focus throughout the lifespan of this current plan and a foundational piece of future planning for the 2023-2025 Arizona Suicide Prevention Action Plan.

3. *Support disproportionately affected persons and populations with focused interventions that are appropriate and delivered with cultural humility and respect*

NARRATIVE: Disproportionately affected persons and populations are specific populations that bear an elevated burden of suicide compared to the general population. Differing from general prevention, these prevention efforts are specific to people who are at higher risk for suicide and are not interchangeable. One common theme is that culturally-informed interventions and peer-supported mediation are more effective in pinpoint application than in general prevention. As examples, adolescent (<18) and Veteran populations have been shown to be much more receptive to intervention from their peers than from others and promoting American Indian/Alaska Native history and culture have been shown to be evidence-based interventions without adding anti-suicide messaging. Successful partnerships and cultural inclusiveness are vital to the success of these efforts and will be a main thrust of ADHS efforts for the 2022-2023 Arizona Suicide Prevention Action Plan. Disproportionately affected persons and populations identified for inclusion in this plan are: people who identify as Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, 2-Spirit or other identities (LGBTQIA2S+); adolescents (<18); older adults (65+); Veterans; American Indians/Alaska Natives; and the combined community of Suicide Attempt Survivors/Survivors of Suicide Loss. Please note, Suicide Attempt Survivor refers to individuals who have lived experience with suicide and Survivors of Suicide Loss refers to surviving friends and family of someone who has died by suicide.

PRIORITIES: Increasing partnership with LGBTQIA2S+ Centers, in and of itself, has been shown to be an evidence-based resiliency intervention that augments community connectedness, as these partnerships provide recognition and acknowledgement of the centers' membership. Pet ownership and safety planning have both been shown to increase resilience to suicidality among older adults. Making a plan to keep each and every older Arizonan safe, connected to their community and to have a purpose in life will be essential to reducing suicides in this population. Frequent screening of Veterans for suicide is a critical measure that can be implemented through partnership with the Arizona Department of Veterans' Services (ADVS) and the United States Department of Veterans Affairs. Creating relationships with Veteran Service Organizations (VSOs) can help augment transportation services to ensure rural Veterans get to where they need to go and that urban Veterans have access to prevention information in trusted environments. While youth prevention is managed in schools through the ADE, including Project AWARE (Advancing Wellness & Resiliency in Education), and state-mandated suicide prevention requirements, ADHS seeks to engage youth outside of the traditional school setting. One well-documented indicator of Adverse Childhood Experiences (ACEs) in youth is poor oral health. Increasing awareness and promotion of dental screenings can create a point-of-intervention outside of school-based

activities. Suicide Attempt Survivors and Survivors of Suicide Loss are both populations that are at higher risk for suicide that see tremendous benefit from peer-support. Seeking ways in which to increase awareness of and attendance to these events will be an ADHS priority.

Suicide prevention among the 22 Federally recognized tribal communities in Arizona requires a nuanced, culturally informed and individual approach. Each community has a different history, with different needs and different resources. To this end, ADHS will be paying particular attention to the development of long-term, healthy partnerships, directed and informed by tribal leadership and tribal needs. These foundational relationships are a necessary first-step in order to explore prevention-focused partnership opportunities with American Indian/Alaska Native populations throughout Arizona.

4. Support state prevention efforts by serving as a focal point for internal and external coalitions and partnerships

NARRATIVE: Suicide is a community-level problem with dire individual consequences. As such, it is essential to build a prevention program that can incorporate stakeholders with varying levels of capacity to aid in preventing suicide. ADHS seeks to solidify state-wide leadership by engaging and convening a multitude of internal and external stakeholders to promote collaboration and avoid duplication of effort. Lethal means reduction in a variety of formats is a primary effort for the 2022-2023 Arizona Suicide Prevention Action Plan. Exploring implementation of the Zero Suicide Model (ZSM) in the medical and mental health communities is also a priority, as COVID-19 restrictions lift and hospitals become less burdened by the pandemic. Finally, establishing connections and relationships throughout the state will be essential to the development of the more robust and ambitious 2023-2025 Arizona Suicide Prevention Action Plan.

PRIORITIES: Lethal means reduction continues to be an evidence-based, gold standard for community-level suicide prevention and a priority for implementation. Acknowledging that firearms are the primary method of suicide in Arizona, ADHS will convene listening sessions with representatives from the firearm community and as well as other community stakeholders, to solicit input on possible future prevention measures. ADHS will also promote medication take-back events and work to increase awareness of year-round, fixed-site take-back locations to further address access to lethal means in Arizona communities.

ZSM structure seeks to leverage primary and urgent/emergency care providers as front-line screeners for suicide, inserting crisis intervention with individuals who might otherwise be overlooked. COVID-19 has put an incredible strain on Arizona's hospitals, clinics and providers, keeping full ZSM implementation as a goal for post-COVID restructuring. Foundational planning for ZSM implementation for 2022-2023, however, remains an achievable goal, looking towards 2023-2025 for possible inclusion into Arizona's medical infrastructure. ADHS will also be conducting foundational planning for the 2023-2025 Arizona Suicide Prevention Action Plan, forming internal and external stakeholder workgroups with the intent of soliciting input and creating buy-in across the state.

5. Improve the resilience of individuals and communities

NARRATIVE: Upstream primary prevention efforts focus on social determinants of health and improving environmental factors that impact community mental and physical health. Identifying disparities in mental health equity and providing better access to treatment are goals for upstream prevention in Arizona. Increasing resiliency throughout the lifespan by improving youth mental health and working to mitigate the destructive impact of Adverse Childhood Experiences are community-level efforts that will help create a more resilient and healthier Arizona.

PRIORITIES: Upstream efforts addressing youth will focus on three priorities. First, promoting school-connectedness is an evidence-based preventative measure that seeks to increase resiliency by developing organizational pride among students. Developing and sustaining healthy after-school environments is a second priority that can be accomplished by partnering with Arizona organizations such as the Boys & Girls Clubs, Boy and Girl Scouts of America and YMCA/YWCA. Additional upstream efforts will seek to improve feelings of belonging through promotion of community connectedness and improving access to mental and behavioral healthcare.

RECOMMENDATION BRIEF: Promote the availability of state crisis resources

BACKGROUND & GAP: On July 16, 2022, the U.S. will transition to using the 988-dialing to replace the current National Suicide Prevention Lifeline number. The Federal Government is not providing block funding to advertise the new 988 number at this time. ADHS will seek to fill this gap by using existing suicide prevention funding to mount a statewide, multi-modal advertising campaign. The expansion of Arizona's suicide and crisis response helps address Arizona's severe shortage of providers - 46% less than the national average and 47th out of 50 States for access to mental and behavioral health.

PROPOSAL:

- Partner with AHCCCS in order to fund a campaign advertising the 988 crisis number in Arizona

ACTION PLAN/TIMELINE:

- AHCCCS Partnership:
 - By 15 June 2022, finalize draft version of the 2022-2023 Arizona Suicide Prevention Action Plan in order to support AHCCCS 988 grant award
 - By 30 September, 2022, select marketing firm to develop desired marketing materials
 - By 31 December 2022, update all promotional materials from the current 1-800-273-8255 number to 988
 - By 30 June 2023, initiate minimal marketing strategies during capacity building phase and evaluate implemented strategies to determine reach, clarity, and effectiveness
 - (continuous) Serve on the 988 Advisory Group to guide 988 planning and implementation efforts

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)
- Arizona Health Care Cost Containment System (AHCCCS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Advertising campaign earned media spots and social media views

RECOMMENDATION BRIEF: Disseminate information in Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources

BACKGROUND & GAP: The Centers for Disease Control and Prevention and numerous experts have identified social isolation as a risk factor for suicide. Social connectedness is an identified protective factor for preventing adverse effects of isolation. Accordingly, the ADHS Suicide Prevention Program will utilize the ADHS Social Connectedness-Start a Conversation campaign to increase public awareness of problems associated with isolation, inform the public how to benefit from social connections and advertise suicide prevention resources for individuals in crisis.

National data from the CDC shows that 45% of male suicides and 37% of female suicides occur in five occupational categories. Among males, construction professions (15%), transportation and logistics personnel (9%), production-based workers (8%), managers (7%) and salespeople (6%) are at higher risk for suicide (percentages refer to % of total male suicides for 2015). Among females, office administrators and support personnel (10%), salespeople (8%), healthcare practitioners and techs (8%), food service workers (6%) and healthcare support personnel (5%) are at higher risk for suicide. In response, ADHS will convene a Suicide Prevention in the Workplace workgroup composed of occupational stakeholders in order to provide industry and occupation-specific prevention tools on a by-request basis. Additionally, ADHS will utilize the Healthy Arizona Worksite Program (HAWP) to distribute general workplace prevention material to community employers.

PROPOSAL:

- Utilize ADHS Social Connectedness-Start a Conversation public awareness campaign to promote social connectedness and suicide prevention resources
- Partner with industry stakeholders to develop occupation-specific suicide prevention resources for professions with higher risk for suicide
- Utilize the HAWP to distribute general worksite-appropriate suicide prevention material

ACTION PLAN/TIMELINE:

- Internal ADHS Partnership:
 - By 30 September 2022, convene joint workgroup focused on public awareness campaign development
 - By 31 December 2022, finalize plan for public awareness campaign in collaboration with selected advertising contractor
 - By 31 March 2023, finalize contracts for public awareness campaign
 - By 30 June 2023, begin public awareness campaign

- Occupation-specific prevention resources:
 - By 30 June 2022, identify occupations with higher risk for suicide within Arizona
 - By 30 September 2022, convene industry stakeholder workgroup
 - By 31 December 2022, develop prevention resources based on workgroup input
 - By 31 March 2023, begin distribution of created resources

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Frequency and attendance of workgroup meetings
- Public awareness campaign earned media spots and social media views
- Number of resources developed from workgroup and amount distributed

RECOMMENDATION BRIEF: Increase access to resources and services for individuals and communities that have experienced suicide

BACKGROUND & GAP: *“Postvention refers to activities which reduce risk and promote healing after a suicide death. [...] Suicide prevention should be a three-legged stool including prevention, intervention, and postvention. Yet too often, postvention has been the missing leg.” Ken Norton, Executive Director of the NH chapter of NAMI*

While Postvention efforts are occurring throughout Arizona, sustained governmental efforts to establish Postvention programs are limited and work mostly within public schools. Accordingly, ADHS will seek to provide Postvention guidance to all Arizona schools, as well as establish workplace, faith community and other tailored packages specific to the needs of stakeholders and community partners. In order to help achieve these goals, ADHS has begun a partnership with the SPRC in order to receive technical assistance creating evidence-based, best practice Postvention programs specific to Arizona.

PROPOSAL: Establish a state postvention program and disseminate postvention resources statewide

ACTION PLAN/TIMELINE:

- By 30 September 2022, collaborate with SPRC to receive technical assistance developing general postvention toolkit
- By 30 September 2022, begin Arizona Postvention Implementation Workgroup with identified community partners and stakeholders
- By 31 December, 2022, finalize production of general postvention physical and digital materials
- By 31 March 2023, begin dissemination of tailored digital toolkits and materials to address specific needs (e.g. construction industry, schools)

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Frequency and attendance of implementation group meetings
- Number of physical media resources distributed
- Number of digital toolkits downloaded

RECOMMENDATION BRIEF: Increase the number of passive suicide sensors in Arizona

BACKGROUND & GAP: Research into Gatekeeper training has revealed strong growth in skills and confidence for participants when recognizing signs and conducting interventions with individuals experiencing a crisis encountered in day-to-day life. Accordingly, ADHS created an adult Mental Health First Aid (aMHFA) training program that has currently trained over 100 employees. ADHS will seek to build upon this success by expanding aMHFA training across state agencies and departments in order to increase the number of passive suicide sensors in Arizona. Additionally, ADHS will establish an internal capability to conduct aMHFA training to assist in training state employees, as well as external partners and stakeholders, on a by-request basis.

PROPOSAL: Create capacity to train aMHFA on a by-request basis and convene a statewide workgroup to explore expanding aMHFA program across all state agencies and departments

ACTION PLAN/TIMELINE:

- By 30 June 2022, establish internal Gatekeeper training within Suicide Prevention Program
- By 30 September 2022, convene workgroup focused on expansion of adult Mental Health First Aid to all state agencies and departments

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)
- Participating agencies and departments

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Number of staff trained as gatekeeper trainers
- Number of state employees trained in aMHFA
- Frequency and attendance of exploratory group meetings

RECOMMENDATION BRIEF: Enhance suicide mortality data collection and expand surveillance systems to identify current community trends

BACKGROUND & GAP: Arizona suicide-related death reporting is currently compiled using traditional data sources, including death certificate data and hospital discharge data. These data center primarily on demographic information and do not provide an in-depth look at access to or utilization of available services and resources. Furthermore, these data provide information only related to suicide deaths and exclude nonfatal suicide-related outcomes such as suicidal ideation and intentional self-harm. Deeper evaluation of the circumstances surrounding a suicide death will help identify risk and protective factors and establish community trends. Expanding state surveillance systems to include near real-time nonfatal suicide-related outcomes will allow for better focusing of prevention and intervention efforts. Combining these methods will allow Arizona to make more informed overall recommendations to prevent suicide.

PROPOSAL:

- Enhance data collection activities to monitor community-level risk/protective factors and local suicide trends
- Utilize syndromic surveillance to examine hospital discharge data to monitor suicide-related outcomes and establish trends

ACTION PLAN/TIMELINE:

- By 30 September 2022, begin compiling suicide mortality review team data from local teams
- By 30 September 2022, initiate syndromic surveillance system to monitor suicide-related outcomes
- By 30 September 2022, expand the existing suicide-related data dashboard to improve public access to information

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Number of unique users of data dashboard
- Total number of visits

RECOMMENDATION BRIEF: Develop and increase access and awareness of specific resources in the community for disproportionately affected persons and populations

BACKGROUND & GAP: Disproportionately affected persons and populations are Arizonans that have been identified as carrying a disproportionate suicide burden compared to the Arizona population as a whole. “Disproportionate burden” is determined by comparing the raw number of suicides in a given population and the rate of suicide per 100,000 of population to the baseline rate of suicide for Arizona, as well as the rates of suicide in other Arizona populations. Populations identified in the 2022-2023 Arizona Suicide Prevention Action Plan include people who identify as Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, 2-Spirit or other identities (LGBTQIA2S+); adolescents (<18); older adults (65+); Veterans; American Indians/Alaska Natives; and the combined community of Suicide Attempt Survivors/Survivors of Suicide Loss. Please note, Suicide Attempt Survivor refers to individuals who have lived experience with suicide and Survivors of Suicide Loss refers to surviving friends and family of someone who has died by suicide. See Appendix A for specific population background and gaps.

PROPOSAL:

- People who identify as LGBTQIA2S+
 - Partner with organizations that support people who identify as LGBTQIA2S+ throughout Arizona to promote culture and community
 - Convene population-specific workgroup to solicit input for future prevention planning
 - Develop and distribute specific resources to support people who identify as LGBTQIA2S+ in collaboration with working group and community stakeholders
- Older Adults (65+)
 - Partner with Maricopa County locations of the Arizona Humane Society to develop pilot pet adoption/takeback program for older adults
 - Utilize ADHS Social Connectedness public awareness campaign to develop strategies specific to helping older adults decrease social isolation and increase community connections
 - Partner with the Maricopa Elder Behavioral Health Advocacy Coalition (MEBHAC) and Area Agencies on Aging to develop protocols for safety planning with older adults and distribute resource package
- Veterans
 - Develop partnerships with Veteran Service Organizations (VSOs), Arizona Department of Veterans’ Services, Be Connected, and the Arizona Coalition for Military Families
 - Convene population-specific workgroup to solicit input for future prevention planning
 - In collaboration with partners and stakeholders, develop recommendations for a mental health screening program supporting Veterans
 - In collaboration with partners and stakeholders, develop recommendations for reducing access to lethal means for Veterans experiencing a crisis.

- Adolescents (<18)
 - Participate in the Arizona Department of Education (ADE) and ADHS joint Collaborative Innovation and Improvement Network (ColIN) workgroup to implement joint, cross-agency initiatives
 - Partner with state agencies and dental industry stakeholders to develop adolescent oral health suicide prevention screening protocols and recommendations
- American Indians/Alaska Natives
 - Collaborate with Phoenix Indian Center and other urban Indian agencies to support Urban American Indian/Alaska Native initiatives in Maricopa County and surrounding areas
 - Establish relationships with Arizona Tribal Nations with assistance from ADHS tribal liaison and create workgroups to explore potential partnerships
- Suicide Attempt Survivors/Survivors of Suicide Loss
 - Partner with La Frontera EMPACT to promote and advertise peer-support groups and activities for Suicide Attempt Survivors/Survivors of Suicide Loss
 - Collaborate with county-level Suicide Attempt Survivors/Survivors of Suicide Loss organizations to advertise local events via prevention website event calendar

ACTION PLAN/TIMELINE:

- People who identify as LGBTQIA2S+
 - By 30 September 2022, partner with relevant community organizations that serve people who identify as LGBTQIA2S+ to promote community and culture
 - By 31 December 2022, convene population-specific workgroup to solicit input for future prevention planning
 - By 31 March 2023, develop and distribute resources that support people who identify as LGBTQIA2S+ in collaboration with working group and community stakeholders
- Older Adults
 - By 30 September 2022, utilize ADHS Social Connectedness public awareness campaign to develop social connection strategies appropriate to the older adult population
 - By 31 December 2022, collaborate with MEBHAC and Area Agencies on Aging to develop protocols and resources for safety planning with older adults
 - By 31 March 2023, distribute safety planning resources to stakeholders and partners
 - By 30 June 2023, partner with the Arizona Humane Society in Maricopa County to develop pilot program for older adult pet adoption and takeback
- Veterans
 - By 30 September 2022, develop partnerships with Veteran Service Organizations (VSOs), Arizona Department of Veterans' Services, Be Connected, and the Arizona Coalition for Military Families
 - By 30 September 2022, convene population-specific workgroup to solicit input for future prevention planning

- By 31 December 2022, in collaboration with partners and stakeholders, develop recommendations for mental health screening initiatives that support Veterans
- By 31 March 2023, in collaboration with partners and stakeholders, develop recommendations for reducing access to lethal means for Veterans experiencing a crisis
- Adolescents
 - By 30 August 2022, support and cross-promote the ADHS Bureau of Women’s and Children’s Health Mental Health Stigma Reduction Campaign supporting youth and young adults on the ADHS Suicide Prevention Program Website
 - By 31 March 2023, partner with state agencies and dental industry stakeholders to develop adolescent oral health suicide prevention screening protocols and recommendations
 - (continuous) Participate in ADE/ ADHS CoIIN workgroup to implement joint, cross-agency initiatives
- American Indians/Alaska Natives
 - By 30 June 2022, partner with Phoenix Indian Center and other urban Indian agencies to support Urban American Indian/Alaska Native initiatives in Maricopa County and surrounding areas
 - (continuous) Establish relationships with Arizona Tribal Nations with assistance from ADHS tribal liaison and create workgroups to explore potential partnerships
- Suicide Attempt Survivors/Survivors of Suicide Loss
 - By 30 September 2022, partner with La Frontera EMPACT to promote and advertise peer-support groups and activities for Suicide Attempt Survivors/Survivors of Suicide Loss
 - (continuous) Collaborate with county-level Suicide Attempt Survivors/Survivors of Suicide Loss organizations to advertise local events via prevention website event calendar

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)
- Arizona Department of Education (ADE)
- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Department of Veterans’ Services (ADVS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Frequency and attendance of workgroup meetings
- Number of recommendations developed
- Number of community partnerships
- Number of local events advertised on ADHS website event calendar
- Quantity of disseminated resources

RECOMMENDATION BRIEF: Engage stakeholders through event promotion and community-level prevention

BACKGROUND & GAP: “Communities can play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide. They can help give individuals a sense of belonging and a feeling of connectedness by being part of a community.” World Health Organization, Community Engagement Toolkit

The Zero Suicide Model is an evidence-based, standardized structure for suicide prevention that engages touch points within the community health care system to check-in with individuals who may be experiencing suicidality or other form of crisis. Training staff to respond to cues and statements from routine patients can potentially save lives and lower hospital emergency care costs for suicide attempts and ideation by connecting individuals to behavioral health pre-crisis, providing better outcomes for Arizonans. Community-level participation can also help prevent suicide by reducing access to lethal means through promotion of prescription drug take-back events and convening as a community to develop recommendations to reduce the number of firearm-related suicides in Arizona.

PROPOSAL:

- Increase mental health intervention opportunities by promoting adoption of the Zero Suicide Model (ZSM) in Arizona hospitals and behavioral health clinics
 - Identify potential health and behavioral health systems, clinics, hospitals, and other partners for adoption of the ZSM
 - Resume and expand the ZSM Workgroup to solicit stakeholder feedback, guide best practices, and create momentum for establishing the ZSM in Arizona
 - Explore development of a recognition program for organizations that implement ZSM
 - Monitor, assist, and promote the implementation of the ZSM in AZ
- Reduce Access to Lethal Means
 - Convene community-level listening sessions to develop recommendations to reduce the number of firearm-related suicides in Arizona
 - Promote local drug take back events and increase awareness of year-round, fixed-site take back locations
- Establish Prevention Plan 2023-2025 Stakeholder Workgroup
 - Form internal workgroup focused on the development of the 2023-2025 Arizona Suicide Action Plan
- Support and promote community suicide prevention events throughout Arizona on the ADHS Suicide Prevention website community event calendar

ACTION PLAN/TIMELINE:

- Zero Suicide Model
 - By 30 September 2022, identify potential health and behavioral health clinics, hospitals, and other partners that could adopt or already has adopted the ZSM
 - By 30 November 2022, identify leadership from potential health and behavioral health clinics, hospitals, and other partners that could adopt or already have adopted the ZSM and invite them to participate in the ZSM Workgroup
 - By 31 December 2022, convene the expanded ZSM Workgroup.
 - By 31 March 2023, explore development of a recognition program for organizations that implement ZSM
 - (continuous) Monitor, assist, and promote implementation of the ZSM in health and behavioral health systems
- Reduce Access to Lethal Means
 - By 31 July 2022, link available ADHS take-back information on ADHS Suicide Prevention website
 - By 30 September 2022, begin convening community-level listening sessions to develop recommendations for reducing the number of firearm-related suicides in Arizona
 - By 31 December 2022, begin convening firearm stakeholder listening sessions to identify recommendations for reducing the number of firearm-related suicides in Arizona
 - By 31 March 2023, develop recommendations for suicide prevention related to firearms based on feedback from listening sessions

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)
- Arizona Health Care Cost Containment System (AHCCCS)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Frequency and attendance of workgroup meetings
- Number of recommendations developed
- Number of community partnerships
- Number of local events advertised on ADHS website event calendar
- Number of participants in Zero Suicide Model

RECOMMENDATION BRIEF: Improve the resilience of individuals and communities through upstream interventions

BACKGROUND & GAP: In 2021, Arizona ranked 29th out of the 50 States for adolescent suicide, ages 15-19 and its rate per 100,000 of population of 13.7 was 22% higher than the national average of 11.2*. ADHS's 2021 Adverse Childhood Experiences (ACEs) report identified Arizona as being in the top 10 states for worst childhood wellbeing outcomes from 2014-2016. In response, ADHS seeks to partner with the Arizona Department of Education to implement school-based initiatives and work within guidance provided by the Arizona ACEs Consortium to promote protective factors that mitigate adverse experiences. Additionally, ADHS will promote resilience and community connectedness through promotion of youth-based after-school and non-school based programs such as the Boys and Girls Clubs and youth sports. Finally, suicide prevention personnel will attend Mental Health Parity Advisory Committee to maintain awareness on matters pertinent to mental health parity in Arizona.

*data from United Health Foundation's 2021 rankings

PROPOSAL:

- Improve mental and behavioral health of Arizona youth
 - Promote non-school youth partnerships (e.g. Boys and Girls Clubs)
- Increase community resilience to Adverse Childhood Experiences
 - Partner with ADE on implementation of school-based programs
 - Crosswalk with ADHS ACEs plan; coordinate community action programs
- Promote improved access to mental healthcare
- Attend Mental Health Parity Advisory Committee to maintain awareness on matters pertinent to mental health parity in Arizona

ACTION PLAN/TIMELINE:

- By 30 June 2022, begin attending Mental Health Parity Advisory Committee meetings
- By 31 July 2022, identify potential youth-focused community programs
- By 31 July 2022, identify partnership opportunities in conjunction with ADE
- By 30 September 2022, establish partnerships with identified youth-focused community programs
- By 30 September 2022, establish partnership with ADE focused on mutually developed plan of action
- By 31 December 2022, begin work on implementation of ADHS responsibilities in developed partnerships

AGENCIES IMPACTED:

- Arizona Department of Health Services (ADHS)
- Arizona Department of Education (ADE)

LEAD:

- Arizona Department of Health Services (ADHS)

METRICS:

- Completed 100% of action plan steps on time
- Frequency and attendance of workgroup meetings
- Number of recommendations developed
- Number of community partnerships
- Number of local events advertised on ADHS website event calendar

APPENDIX A

People who identify as LGBTQIA2S+ - While exact rates are unknown, a 2019 joint Gallup-UCLA Williams Institute School of Law poll shows 4.5% of Arizonans identify themselves as LGBT*. Further analysis by the Williams Institute shows 179,000 workers at least 16 years old who identify as LGBT; 75,000 students 15+ who identify as LGBT and a total population of approximately 286,000 LGBT individuals at least 13 years old who identify as LGBT. While trend data around the exact population is not available due to non-inclusion of gender and sexual preference questions in the US Census and many other data-collection tools, same-sex households in Arizona have increased from 16,931 in 2005 to 25,298 in 2019 according to the American Community Survey, an increase of almost 50%.

Many studies report elevated suicidality** among individuals who identify as LGBTQIA2S+ regardless of age; however, the risk of suicidal behaviors is highest among teens and young adults. According to multiple research studies, the elevation of suicidality is in part due to bias, discrimination, isolation, and other pressures associated with minority stress. Recent research has shown promotion of centers that serve people who identify as LGBTQIA2S+ and their culture to be a counterbalancing protective factor to minority stress.

*Data limited to LGBT identification. Survey question - "Do you, personally, identify as lesbian, gay, bisexual, or transgender?"

** Defined by the American Psychological Association as the risk of suicide, usually indicated by but not limited to suicidal ideation or intent combined with a plan

OLDER ADULTS (65+) - Approximately 18% of Arizona's 7.2 million residents are 65 or older, according to 2020 US Census Bureau statistics. From 2009 - 2019, older adults aged 85 and older in Arizona had the highest rate of suicide per 100,000 of any age-related demographic every year, except in 2010 and 2013. When considering the older adult population as aged 65 and older, they experience the highest rate of suicide of any age demographic. According to data provided by CDC WISQARS, firearms were the method of suicide for 66% of adults aged 65-74 and 73% of adults aged 75 and older between 2010 and 2020. Males are at increased risk for suicide, comprising approximately 88% of older adult suicides during this same timeframe.

According to the National Council on Aging and other national authorities, suicide is a significant concern among the older adult population. Older adults tend to plan suicides more carefully than other populations, select more lethal means and have up to a 1:4 suicide death to suicide attempt ratio, compared to a 1:200 ratio for the youngest age demographics. Older adults are also less likely to admit to experiencing depressive symptoms and/or other mental health concerns, making it harder for providers, friends and family to identify the warning signs of a potential crisis. Connectedness, communication and purpose in life have been identified as strong protective factors for older adults, offering potential strategies for preventing suicide in this community.

VETERANS - Since 2001, more than 30,000 Veterans have died by suicide - four times the number of personnel that died in Afghanistan and Iraq combined during the same time frame. Historically, the military and Veteran community have always experienced a high rate of suicide, with the

highest recorded rate taking place in 1883 with 118.3 suicides per 100,000 of population. In modern times, Iraq and Afghanistan Veterans - Veterans of the 2003-2015 Global War on Terrorism (GWOT) - are experiencing suicide rates higher than any time since World War I Veterans returned home from Europe. GWOT Veterans currently fall mostly between 25 and 45 years of age and it is not currently fully understood why this population's suicide rates are higher than that of World War II, Korean, Vietnam or Gulf War-era Veterans.

Researchers with ASU's Center for Violence Prevention and Community Safety calculated Arizona's Veteran suicide rate at 53.2 per 100,000 of population from 2015-2017. The number rose to 56.7 in 2019. This is more than double Arizona's non-Veteran suicide rate and almost four times the average US rate of 14.2 per 100,000 of population in 2018. Veteran suicide rates in Arizona vary by county, with Yuma (79.2), Cochise (78.4) and Mohave (69.8) having the highest rates per 100,000 of population. In 2019, almost 20% of all suicides in Arizona were Veterans.

ADOLESCENTS (<18) - "Suicide is the second leading cause of death among youth age 15-24. Approximately one out of every 15 high school students reports attempting suicide each year. One out of every 53 high school students reports having made a suicide attempt that was serious enough to be treated by a doctor or a nurse. For each suicide death among young people, there may be as many as 100 to 200 suicide attempts. For some groups of youth—including those who are involved in the child welfare and juvenile justice systems; lesbian, gay, bisexual and transgender; American Indian/Alaska Native; and military service members—the incidence of suicidal behavior is even higher." - *youth.gov, Suicide Prevention*

Between 2010 and 2020, suicide was the 2nd leading cause of death for Arizonans ages 10-19. While firearms are the leading method of suicide in older demographics, more than 75% of individuals 14 and younger and more than 50% ages 15-19 died by strangulation or hanging. Youth suicide disproportionately affects those living in rural counties. Coconino (31.3), Navajo (37.5) and Gila (68.8) counties experience youth rates of suicide per 100,000 of population at a much higher rate than Maricopa (9.2), Pinal (7.3) and Pima (11.3) counties, as of 2019. Despite improvements in delivery of services and legislative momentum in initiatives such as the Mitch Warnock Act, youth suicide in Arizona continues to challenge prevention efforts.

SUICIDE ATTEMPT SURVIVORS/SURVIVORS OF SUICIDE LOSS

"Most suicide attempts are non-fatal, and most people who attempt suicide do not go on to attempt again. But that doesn't mean that surviving a suicide attempt will immediately solve the issues that first drove the person to make an attempt on their own life. Understanding the potential emotional aftermath of an attempt—and being aware that anyone who attempted suicide once may still be at risk—is necessary for helping survivors get mentally well and protecting them from future harm." *Psychology Today, Surviving a Suicide Attempt*

"Individuals who have lost a loved one to suicide can experience a form of grieving that is especially intense. This experience can be further exacerbated by societal stigma around suicide.

Strategies for supporting this group can include conducting outreach at the scene of a suicide, ensuring access to behavioral health services, and educating the media on responsible ways to report about suicide." *SPRC - Survivors of Suicide Loss*

While the network of lived experience peer support specialists has increased in Arizona in response to the opioid epidemic, many of those seeking these services for peer support and/or support groups may be unaware of how to access them. This is especially true for individuals in rural and remote areas of the state. Likewise, although there are now telehealth options to provide additional services from inside and outside of Arizona, individuals in these populations or those attempting to navigate them to 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 receiving services and accessing resources.