An End to Suicide in Arizona
2016 State Plan

"Never never never give up." – Winston Churchill

EXECUTIVE SUMMARY

According to officials at the World Health Organization (WHO), more than 800,000 people die bysuicide annually; many more make an attempt. Suicide was the second leading cause of death among 15-29 year olds globally in 2012. It is a global phenomenon in all regions of the world and accounted for 1.4% of all deaths worldwide, making it the 15th leading cause of death in 2012.

In Arizona, the latest data shows some 12400 Arizonans committed suicide in 2014. From 2009-2013, Arizona had more than 5,500 suicides, 2,000 homicides, and another almost 900 undetermined deaths. Many of those undetermined deaths were ruled unintentional poisonings;750 Arizonans died by taking too much of one medication in 2012.

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

Suicide is the second leading cause of "years of potential life lost" in our state for American Indians, at 8.7%. Also of grave concern are suicides among our increasing populations of retirees and veterans.

The 2015 state plan is a guideline for activities to prevent suicide in Arizona. This plan has been created with guidance and using the framework from the Substance Abuse and Mental Health Administration (SAMHSA) and the National Action Alliance's plan for Zero Suicide.

Special thanks to the authors of the Texas State Plan for Suicide Prevention 2014. Its comprehensive plan served as the framework to create a similar strategy for Arizona.

HISTORY

Previous state plans addressed various behavioral health concerns, including suicide and limiting substance abuse. Following research and new national models on ending suicide, leadership at the Arizona Department of Health Services (ADHS) decided to separate the state suicide strategic plan into its own document and to create a yearly plan.

The motivation behind these changes is to focus this plan wholly on suicide prevention (which may include substance abuse prevention initiatives.) Also, by making this plan yearly, a constant communication and collaboration between ADHS, regional behavioral health authorities (RBHAs), American Indian tribal leadership, universities, and community members must occur. The plan cannot be shelved. It is a living document, with regularly updated activities and notes from community meetings and events The 2016 *End to Suicide in Arizona State Plan* follows the changes incorporated in the recommendations from the 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the U.S. Surgeon General and the National ActionAlliance for Suicide

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

2016 STATE PLAN

The *2016 End to Suicide in Arizona State Plan* provides recommendations including strategic directions, objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and ADHS.

The 2015 Arizona state plan was based on the same model; the 2016 goals and objectives have been modified slightly to meet more current issues, as decided by suicide data. ADHS leadership conduced extensive community outreach for the 2015 plan; this plan is an extension of that work, along with many additional conversations with stakeholders.

Also, ADHS is outreaching Garrett Lee Smith Memorial Act for suicide prevention. This federal funding to campuses can fund education and outreach activities related to mental health and substance abuse prevention, while funding to states and tribes can develop and implement youth suicide prevention and early intervention strategies. This federal suicide funding can be used toward government, university, and tribal projects. Previous recipients include:

- Arizona Department of Health Services
- Arizona State University
- Gila River Health Care Corporation
- Havasupai Tribal Government Office
- Native Americans for Community Action, Inc.
- Navajo Nation Dept. of Behavioral Health Services
- Tohono O'odham Nation
- University of Arizona
- White Mountain Apache/Johns Hopkins University

The White Mountain Apache/Johns Hopkins collaborative project is the only one in Arizona currently with active Garrett Lee Smith Funding.
http://www.sprc.org/grantees/listing?title=&field_grant_type_value_many_to_one=All&field_program_status_value_many_to_one=All&province=Arizona

ADHS leadership will also be assessing other community resources for partnership, especially in rural communities. When appropriate, faith organizations and libraries may be excellent partners to disseminate suicide prevention education materials and hold trainings.

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

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

KEY COMPONENTS

Suicide prevention should be community-based; the effort to reduce stigma associated with suicide, and/or asking for help to address mental illness needs to be communal. Key mental health and suicide prevention terms used in this document follow definitions in the National Strategy for Suicide Prevention:
http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

STRATEGIC DIRECTIONS:

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

A 2016 calendar is included in the index with a preliminary list of activities related to the following goals, objectives, and immediate points of action. As the year progresses, updates will be available on the ADHS website under "news and publications:" www.azdhs.gov/bhs/

GOALS:

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

Strategic Direction 1:
Healthy Individuals and Communities

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

OBJECTIVE 1.1: Integrate zero suicide prevention into the core values, culture, leadership, conversation and work of a broad range of organizations and programs with a role to support suicide prevention activities.
S TRATEGY 1.1.1: Implement programs and policies to build social connectedness and promote positive mental and emotional health.
S TRATEGY 1.1.2: Implement organizational changes to promote mental and emotional health in the workforce.
S TRATEGY 1.1.3: Increase the number of local, state, tribal, professional, and faith-based groups that integrate suicide prevention activities into their programs.
OBJECTIVE 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels.
S TRATEGY 1.2.1: ADHS, in collaboration with the Arizona Coalition for Suicide Prevention, will coordinate and convene public and private stakeholders, assess needs and resources, and update and implement a comprehensive strategic state suicide prevention plan annually.
S TRATEGY 1.2.2: Through the support of the ADHS, in collaboration with the Arizona Coalition for Suicide Prevention, county health departments and representatives from each RBHA will participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level.
S TRATEGY 1.2.3: ADHS will support the annual conference organized by the Arizona Coalition for Suicide Prevention.
OBJECTIVE 1.3: Sustain and strengthen collaborations across agencies and organizations to advance suicide prevention.
S TRATEGY 1.3.1: Strengthen partnerships with agencies that serve individuals at higher risk of suicide, such as military, veterans, substance abuse, foster care, juvenile justice, youth, elderly, American Indian, middle-aged white males, mental health consumers, suicide attempt survivors, those bereaved by suicide, GLBTQ2S (gay/lesbian/bisexual/transgender/questioning/two-spirited people), and other higher risk groups.
S TRATEGY 1.3.2: Educate local, state, professional, volunteer and faith-based organizations about the importance of integrating suicide prevention activities into their programs, and distribute specific suggestions and examples of integration.
S TRATEGY 1.3.3: Collaborate with ADHS' injury and violence prevention committee
OBJECTIVE 1.4: Integrate Zero Suicide into all relevant health care policy efforts.
S TRATEGY 1.4.1: Encourage businesses and employers to ensure that mental health services are included as a benefit in health plans and encourage employees to use these services as needed.

ADHS 2016 actions: ADHS will organize regional meetings of suicide prevention stakeholders to discuss the Zero Suicide model and successful prevention activities. This will include coordination of Zero Suicide prevention plans by the regional behavioral health authorities, 22 American Indian tribes in Arizona, state universities, hospital systems, faith organizations, and major employers. ADHS will work with each of these entities to create and manage such plans.

GOAL 2. Develop broad-base support for the Zero Suicide model. (This goal is similar to Goal 1. We will not only be discussing suicide and suicide prevention methods, but also the specific Zero Suicide Model.)

OBJECTIVE 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.
S TRATEGY 2.1.1: Develop and implement an effective communications strategy for defined higher risk audiences and school personnel promoting suicide prevention, mental health, and emotional well-being, incorporating traditional and new media.
OBJECTIVE 2.2: Reach policymakers with dedicated communication efforts.
S TRATEGY 2.2.1: Increase policymakers' understanding of suicide, its impact on constituents and stakeholders, and effective suicide prevention efforts.
OBJECTIVE 2.3: Increase communication efforts in mass and social media that promote positive messages and support safe crisis intervention strategies.
S TRATEGY 2.3.1: Incorporate emerging technologies in suicide prevention programs and communication strategies, using best practices guidelines, and link to Teen LifeLine.
S TRATEGY 2.3.2: Incorporate positive messages and safe crisis intervention information in suicide prevention communication programs.
OBJECTIVE 2.4: Increase knowledge of risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.
S TRATEGY 2.4.1: Increase public awareness of the role of the national and local crisis lines in providing services and support to individuals in crisis.
S TRATEGY 2.4.2: Increase the use of new and emerging technologies such as tele-health, chat, text services, websites, mobile applications, ADHS social media, and online support groups for suicide prevention communications.

ADHS 2016 actions: ADHS will report on state Zero Suicide prevention efforts using ADHS website and will report activities from partners statewide.

GOAL 3. Reduce stigma related to suicide

OBJECTIVE 3.1: Promote effective programs and practices that increase protection from suicide risk.
S TRATEGY 3.1.1: Provide opportunities for social participation and inclusion for those who may be isolated or at risk.
S TRATEGY 3.1.2: Implement programs and policies to prevent abuse, bullying, violence, and social marginalization or exclusion.
S TRATEGY 3.1.3: Encourage individuals and families to build strong, positive relationships with family and friends.
S TRATEGY 3.1.4: Encourage individuals and families to become involved in their community's volunteer efforts (e.g. mentor or tutor youth, join a faith or spiritual community, reach out to older adults in the community.)
OBJECTIVE 3.2: Reduce prejudice, discrimination or stigma associated with suicidal behaviors, and mental health and substance use disorders.
S TRATEGY 3.2.1: Promote mental health, increase understanding of mental and substance abuse disorders and eliminate barriers to accessing help through broad communications, public education, and public policy efforts.
S TRATEGY 3.2.2: Increase funding and access to mental health services in an effort to reduce suicide attempts, hospitalizations, or incarcerations due to mental health related behaviors.
OBJECTIVE 3.3: Promote the understanding that recovery from mental health illness and substance

use disorders is possible for all.
S TRATEGY 3.3.1: Communicate messages of resilience, hope, and recovery to communities, patients, clients, and their families with mental health and substance use disorders.
http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/

ADHS 2016 actions: ADHS will coordinate suicide stigma reduction activities during the month of September – suicide prevention month. ADHS will also reach out to media to discuss suicide in our community and share effective prevention mechanisms. ADHS staff will be counseled in using the word "suicide" in lieu of softer language.
ADHS will also work with the Spanish-speaking population for the creation of Spanish support groups for survivors and loss survivors.

GOAL 4. Promote responsible media reporting of suicide

OBJECTIVE 4.1: Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.
S TRATEGY 4 .1.1: Disseminate *Recommendations for Reporting on Suicide* to news and online organizations. *http://reportingonsuicide.org*
S TRATEGY 4.1.2: Encourage communication and feedback to news and online organizations in response to stories related to suicide, noting when they are appropriate and/or inappropriate, utilizing a variety of communications such as letters to the editor, op-eds, articles, online article comments, personal contacts, and phone calls.
S TRATEGY 4 .1.3: Develop a sample response template for recommendations to media and a procedure for dissemination of the recommendations.
S TRATEGY 4.1.4: Recognize selected members of the news media industry who follow safe messaging guidelines at suicide prevention symposiums and regional meetings/summits.
OBJECTIVE 4.2: Encourage and recognize members of the entertainment industry who follow recommendations regarding the appropriate representation of suicide and other related behaviors.
S TRATEGY 4.2.1: Develop a sample response template for recommendations to the entertainment industry and a procedure for dissemination of the recommendations.
OBJECTIVE 4.3: Promote and disseminate national guidelines on the safety of online content for new and emerging communication technologies and applications.
S TRATEGY 4.3.1: Encourage statewide groups, local coalitions, and gatekeepers to monitor and respond to the safety of online content and encourage the use of national guidelines on safe messaging and suicide prevention.
OBJECTIVE 4.4: Disseminate national guidelines for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.
S TRATEGY 4.4.1: Develop a distribution list of journalism and mass communications schools in Arizona and disseminate the national guidelines.

ADHS 2015 actions: ADHS will develop stronger relationships with local and national media to discuss suicide prevention efforts in an appropriate way. ADHS will also foster these relationships to ensure suicide reporting is conducted effectively.

Strategic Direction 2:
Ready Access to Prevention Resources for Clinicians and

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

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

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

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

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

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

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

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

S TRATEGY 5.1.7: For households with a member at high risk for suicide, take additional measures such as recommendations in the Means Matter website hsph.harvard.edu/means-matter/

OBJECTIVE 5.2: Partner with firearm dealers, gun owners, concealed handgun trainers and law enforcement to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.
S TRATEGY 5.2.1: Develop a list of potential firearm suicide safe advocacy groups in Arizona, such as gun retailers, shooting clubs and ranges, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations, and veterans groups.
S TRATEGY 5.2 .2: Initiate partnerships with firearm advocacy groups (e.g. retailers, shooting clubs, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations and veterans groups) to increase suicide prevention awareness.
S TRATEGY 5.2.3: Develop and implement pilot community projects to promote gun safety and suicide safe homes, incorporating the National Action Alliance's Zero Suicide recommendations.
http://zerosuicide.actionallianceforsuicideprevention.org

OBJECTIVE 5.3: Encourage the implementation of safety technologies to reduce access to lethal means.
S TRATEGY 5.3.1: Promote safety technologies to reduce access to lethal means (e.g. reducing carbon monoxide, restricting medication pack sizes, pill dispensing lockboxes, barriers to bridges.)

ADHS 2016 actions: ADHS will work with community partners to advertise medication take-back days and the dangers of prescription medications left unattended. Additionally, ADHS will work with firearm vendors and advocacy groups to provide suicide prevention materials and education. ADHS, along with community partners, will develop appropriate materials for distribution at firing ranges, gun clubs and places where guns are sold.

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

OBJECTIVE 6.1: Provide training to community groups in the prevention of suicide and related behaviors.
S TRATEGY 6.1.1: ADHS will promote the use of best practice programs and the Zero Suicide model.
S TRATEGY 6.1.2: ADHS will support the Arizona Coalition for Suicide Prevention and Teen Lifeline on their work with schools in Arizona concerning suicide prevention, including helping to provide technical assistance to interested school districts in the creation of suicide prevention plans.
store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

OBJECTIVE 6.2: Provide training to all health care providers, including mental health, substance abuse and behavioral health, on the recognition, assessment, and management of risk factors, warning signs, and the delivery of effective clinical care for people with suicide risk.
S TRATEGY 6.2.1: Increase the capacity of health care providers to deliver suicide prevention services in a linguistically and culturally appropriate way.
S TRATEGY 6.2.2: Increase the capacity of healthcare providers to deliver routine suicide prevention screening and services using best practice guidelines.

OBJECTIVE 6.3: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.
S TRATEGY 6.3.1: Integrate core suicide prevention competencies into relevant curricula and continuing education programs (e.g. nursing, medicine, allied health, pharmacy, social work, education, counseling, therapists.)
OBJECTIVE 6.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.
S TRATEGY 6.4.1: Review current core requirements for credentialing and accreditation bodies and make recommendations regarding suicide prevention and intervention guidelines to their curricula.
OBJECTIVE 6.5: Develop and implement protocols, programs, and policies for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.
S TRATEGY 6.5.1: Add suicide risk-specific protocols to programs and policies for mental health clinicians, supervisors, first responders, and their support staff.
S TRATEGY 6.5.2: Enhance effective communication and coordination among mental health clinicians, supervisors, first responders, their support staff, and others on responding to clients at imminent risk.

ADHS 2016 actions: ADHS will provide in service to behavioral health providers concerning recognizing suicide behaviors in members and how to prevent suicide. ADHS will encourage behavioral health providers and integrated health providers to ask specific questions about depression and suicidal thoughts.

Strategic Direction 3: Treatment and Support Services

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

OBJECTIVE 7.1: Promote the adoption of Zero Suicide as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.
S TRATEGY 7.1.1: ADHS will develop a pilot program and Zero Suicide Toolkit on how to implement suicide safe care centers in communities.
S TRATEGY 7.1.2: Promote zerosuicide.com website in publications and communications about treatment and support services.
S TRATEGY 7.1.3: Educate providers of health care and community support systems about adopting zero suicide as an aspirational goal, and promote the organizational readiness survey of the National Action Alliance for Suicide Prevention.
OBJECTIVE 7.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
OBJECTIVE 7.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
S TRATEGY 7.3.1: Advocate for funding for prevention and postvention for clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for

complicated grief.
OBJECTIVE 7.4: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.
S TRATEGY 7.4.1: Promote the use of safety planning and other best practices for emergency department care as highlighted in the Suicide Prevention Resource Center's Best Practices Registry *sprc.org/bpr*
OBJECTIVE 7.5: Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
OBJECTIVE 7.6: Establish linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.
S TRATEGY 7.6.1: ADHS and the Arizona Coalition for Suicide Prevention will promote suicide prevention regional summits to enhance linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.
OBJECTIVE 7.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
OBJECTIVE 878: Develop collaborations between emergency departments and other health care providers to provide safe alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up and ongoing care after discharge.
S TRATEGY 7.8.1: Promote rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts, and letters.

ADHS 2016 actions: ADHS will work with healthcare entities statewide to provide training for staff concerning suicide prevention among patients and staff. ADHS will also help to develop suicide prevention materials for healthcare settings and materials for loss survivors upon a suicide death. ADHS will encourage healthcare providers to have policies on the discharge of suicidal patients.

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

OBJECTIVE 8.1: Promote national guidelines for the assessment of suicide risk among persons receiving care in all settings.
S TRATEGY 8.1.1: Educate providers about best practice-based toolkits and ways to implement the national guidelines for the assessment of suicide risk among persons receiving care in all settings, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, *sprc.org/bpr*
OBJECTIVE 8.2: Disseminate and implement best practice-based guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, such as guidelines posted on the best practices registry at *sprc.org/bpr*
S TRATEGY 8.2.1: Educate providers about the best practice-based national guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, *sprc.org/bprr*
OBJECTIVE 8.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
S TRATEGY 8.3.1: The Arizona Coalition for Suicide Prevention will advocate to eliminate penalties for suicide attempts from insurance providers.

S TRATEGY 8.3.2: ADHS and community partners will educate providers about safe and effective guidelines for conducting safe suicide risk assessments such as the Chronological Assessment of Suicide Events (CASE approach -*suicideassessment.com*), Columbia Suicide Severity Rating Scale (CSSRS - *cssrs.columbia.edu/*), Assessing and Managing Suicide Risk (AMSR - *sprc.org/training-institute/amsr*), Collaborative Assessment and Management of Suicidality (CAMS - psychology.cua.edu/faculty/jobes.cfm , and other programs identified on the Suicide Prevention Resource Center's best practice registry, *http://www.sprc.org/bpr*, beginning with local mental health authorities, by 2016.

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

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

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

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

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

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

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

ADHS 2016 actions: ADHS will reach out to Arizona's largest employers to determine what policies are currently in place for helping suicidal employees and help create an appropriate plan for referring employees for further care. We will also continue to support the use of SafeTalk and ASSIST, so all community members are aware of the warning signs of suicide and how to get help.

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

OBJECTIVE 9.1: Promote guidelines for effective comprehensive support programs for individuals with lived experience, including those bereaved by suicide and survivors of suicide attempts, and promote the full implementation of these guidelines at the state, county, tribal, and community levels. *actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf*

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

OBJECTIVE 9.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
S TRATEGY 9.2.1: Disseminate guidelines on trauma informed care to clinicians, agencies, and first responders. *samhsa.gov/traumajustice/traumadefinition/guidelines.aspx*

S TRATEGY 9.2.2: ADHS will collaborate with state initiatives on trauma informed care and systems of care to include suicide prevention and postvention.
OBJECTIVE 9.3: Engage suicide attempt survivors and those bereaved by suicide in suicide prevention planning, including support services, treatment, community suicide prevention education, and promote guidelines and protocols for support groups for suicide attempt survivors and those bereaved by suicide.
S TRATEGY 9.3.1: ADHS will promote the development of follow-up services for attempt survivors, and those bereaved by suicide, in emergency departments and other community providers after a suicide attempt or death by suicide. Follow-up may include phone calls, post cards, email, or texts at intervals with caring messages and contact information for help.
S TRATEGY 9.3.2: ADHS will promote inclusion of people with lived experience, including suicide attempt survivors and those bereaved by suicide, in local, regional, and state initiatives.
OBJECTIVE 9.4: Promote community postvention best practice-based policies and programs to help prevent suicide clusters and contagion.
S TRATEGY 9.4.1: Inform communities and school districts about support for postvention including how to address suicide clusters and contagion through the local mental health authority suicide prevention coordinator, local suicide prevention coalitions, and the state suicide prevention coordinator.
OBJECTIVE 9.5: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.
S TRATEGY 9.5.1: Support and encourage communities to develop a LOSS Team (Local Outreach to Suicide Survivors), trainings, support groups, and offer best practice-based bibliotherapy and other resources. *lossteam.com/About-LOSSteam-2010.shtml*
S TRATEGY 9.5.2: Provide support for open and direct talk about suicide postvention through best practice-based presentations, debriefing, and counseling.
S TRATEGY 9.5.3: Provide support to schools and school districts for training and facilitated discussions with teachers, administrators, support staff, and parents after a suicide loss.
S TRATEGY 9.5.4: Provide support to students after a suicide loss in one-to-one or small group discussions only.
S TRATEGY 9.5.5: Provide awareness about the need for best practice supports to medical examiner officers, victim services groups, first responders, funeral homes and faith-based organizations for those bereaved by suicide deaths or affected by suicide attempts.
S TRATEGY 9.5.6: Disseminate guidelines about best practices for online and social media after suicide attempt or loss.
S TRATEGY 9.5.7: Develop or disseminate best practice based support materials targeted to youth after a suicide loss.
S TRATEGY 9.5.8: Encourage safe messaging training for all individuals and organizations involved in prevention, intervention and postvention activities. *SuicidePreventionMessaging.org*

OBJECTIVE 9.6: Provide health care providers, first responders, and others with best practice-based care and support when a patient under their care, or a colleague, dies by suicide.
S TRATEGY 9.6.1: Provide support (including training, facilitated discussions, and counseling support) to professional caregivers in communities and schools after a patient or a colleague dies by suicide.

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

ADHS 2016 actions: ADHS will reach out to healthcare providers to see what information is being provided to loss and attempt survivors. ADHS will partner with Arizona Coalition for Suicide Prevention to develop appropriate resources and materials. ADHS will encourage healthcare providers to reach out to both groups within 24 hours after the event. ADHS will encourage loss and attempt survivor participation in suicide prevention policy creation and at the quarterly suicide prevention meetings statewide.

STRATEGIC DIRECTION 4: Continued Evaluation and Monitoring of Prevention Programming

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

OBJECTIVE 10.1: Improve the timeliness of reporting vital records data at state, county, local, school, and higher education levels.
S TRATEGY 10.1.1: Improve capacity for state epidemiologists and the state suicide prevention coordinator to review and report suicide data
OBJECTIVE 10.2: Improve the usefulness and quality of suicide related data, including death, attempt, ideation, and exposure to suicide.
S TRATEGY 11.2.1: Promote a mechanism in Arizona to collect and disseminate suicide attempt data.
OBJECTIVE 10.3: Improve and expand state, county, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.
S TRATEGY 10.3.1: As allowed by law, encourage government entities to enter into memorandums of understanding to share suicide data that does not name a deceased person.
OBJECTIVE 10.4: Increase the number of national and state representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.
S TRATEGY 10.4.1: ADHS will review and make recommendations for the addition of questions to the Arizona Behavioral Risk Factor Surveillance System Survey related to suicide prevention and gay/lesbian/bisexual/transgender/two-spirited adults.
S TRATEGY 10.4.2: ADHS will collaborate with Arizona State University on the state's data included in the National Violent Death Reporting System.

ADHS 2016 actions: ADHS will encourage the White River Apache Reservation to provide technical assistance to other Arizona American Indian tribes concerning suicide surveillance.

GOAL 11. Improve timeliness of data collection regarding suicide deaths

OBJECTIVE 11.1: Develop an Arizona suicide prevention research agenda with comprehensive input from multiple stakeholders.
S TRATEGY .11 .1.1: Form partnerships with higher education to promote and support suicide prevention research, including support of the National Violent Death Reporting System (NVDRS) -- new to Arizona: http://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html
S TRATEGY 11.1.2: Consult with the research prioritization task force of the National Action Alliance for Suicide Prevention on how Arizona can develop a mechanism to prioritize state research.
OBJECTIVE 11.2: Disseminate national and Arizona-based suicide prevention research agenda.
S TRATEGY 11.2.1: Encourage Arizona researchers to apply for national grants and research opportunities on suicide prevention, intervention, and postvention.
S TRATEGY 11.2.2: Encourage suicide prevention researchers to inform the ADHS about their articles and research projects so that their results can be shared statewide.
Objective 11.3: Promote the timely dissemination of suicide prevention research findings.
S TRATEGY 11.3.1: Provide timely dissemination of suicide research findings through links on the ADHS website, Facebook, newsletters, Twitter, and other social media.
OBJECTIVE 11.4: Support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.
S TRATEGY 11.4.1: Provide links to repositories of national suicide prevention, intervention and postvention toolkits and websites.
OBJECTIVE 11.5: Encourage Arizona foundations to support suicide prevention research.

ADHS 2016 actions: ADHS will foster relationships with state and private universities in Arizona to promote the research of suicide prevention. We will support the work of ASU with the NVDRS. We will outreach medical examiners and funeral home directors to have conversations about accuracy of death data. We will encourage and promote grant writing technical assistance for those needing help in applying for suicide research funding.

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

OBJECTIVE 12.1: Evaluate the effectiveness of suicide prevention interventions in Arizona.
S TRATEGY 12.1.1: ADHS publicize evaluation results of best practice-based suicide prevention projects, including the Zero Suicide pilot project.
OBJECTIVE 12.2: Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions in Arizona.
OBJECTIVE 12.3: Examine how suicide prevention efforts are implemented in different states/counties and communities to identify the types of delivery structures that may be most efficient and effective.

ADHS 2016 actions: ADHS will work with other SAMHSA region 9 state suicide prevention coordinators to share information about state plans, successful programming and noted trends.

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

OBJECTIVE 13.1: Organize a state-wide calendar, promoted by ADHS.
S TRATEGY 13.1.1: Collaborate with as many community stakeholders as possible to keep an up-to-date calendar of community events related to suicide prevention and awareness.

WHAT COMMUNITIES CAN DO TO ADVANCE THE STATEWIDE GOALS

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

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

STRATEGIC DIRECTION 2 – CLINICAL AND COMMUNITY PREVENTIVE SERVICES

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

STRATEGIC DIRECTION 3 – TREATMENT AND SUPPORT SERVICES

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

STRATEGIC DIRECTION 4 – SURVEILLANCE RESEARCH, AND EVALUATION

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

RESOURCES REFERENCED
2016 AN END TO SUICIDE IN ARIZONA

2012 National Strategy for Suicide Prevention -
http://www.surgeongeneral.gov/library/reports/national- strategy-suicide-prevention/ .
After a Suicide: A Toolkit for Schools
https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools
Assessing and Managing Suicide Risk (AMSR)
http://www.sprc.org/training-institute/amsr
Best Practices Registry, Suicide Prevention Resource Center
http://www.sprc.org/bpr
Counseling on Access to Lethal Means Project (CALM)
http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/
Center for Elimination of Disproportionality and Disparities
http://www.hhsc.state.tx.us/hhsc_projects/cedd/
Chronological Assessment of Suicide Events (CASE approach - *www.suicideassessment.com*),
Clinical Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide Prevention
http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training
Collaborative Assessment and Management of Suicidality (CAMS)
http://psychology.cua.edu/faculty/jobes.cfm
Columbia Suicide Severity Rating Scale (CSSRS)
http://www.cssrs.columbia.edu/)
Framework for Successful Messaging
www.SuicidePreventionMessaging.org
LOSS Team Postvention Workshops and Trainings
http://www.lossteam.com/About-LOSSteam-2010.shtml
Means Matters, Harvard School of Public Health
http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/
National Registry of Evidence-Based Prevention Programs
http://nrepp.samhsa.gov
National Suicide Prevention Lifeline, 1-800-273-8255
http://www.suicidepreventionlifeline.org
Preventing Suicide: A Toolkit for Schools
http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669
Recommendations for Reporting on Suicide
http://reportingonsuicide.org
Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements
http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf.
Suggested Guidelines for Implementation of a Trauma-informed Approach
http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.aspx
The Way Forward - Pathways to hope, recovery, and wellness with insights from lived experience
http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way- Forward-Final-2014-07-01.pdf
Zero Suicide in Health and Behavioral Health Care
http://zerosuicide.actionallianceforsuicideprevention.org

ADHS PARTNERS IN ZERO SUICIDE

- Area Agency on Aging
- Arizona Coalition to End Sexual and Domestic Violence
- Arizona Coalition for Military Families
- Arizona Criminal Justice Commission
- Arizona Coalition for Suicide Prevention
- ASU – Center for Applied Behavioral Health Policy
- ADHS Bureau of Public Health Statistics
- ADHS Office of Injury Prevention
- First Things First
- Gila River Indian Community Police Department
- Glendale Police Department
- Goodyear Police Department
- Pasadera Behavioral Health Network
- Phoenix Police Department
- Pima County Administrator's Office
- Pima County Medical Society
- St. Joseph's Hospital and Medical Center
- Teen Lifeline
- Tucson Police Department
- Maricopa County Justice System Planning and Information
- Mercy Maricopa Integrated Care
- Northern Arizona Regional Behavioral Health Authority
- Cenpatico Integrated Care
- University of Arizona Medical Center

2016 Suicide Prevention Calendar

ADHS Regional Suicide Prevention Community Conversations
Tucson, Phoenix, Flagstaff
February
May
August
November
Locations to be determined

Arizona Suicide Prevention Coalition:
Second Tuesday of the month
JFCS
2033 N. 7th St. Phoenix, AZ
Dial in: 1-619-326-2772 #5131264

Verde Valley Suicide Prevention Coalition
Second Wednesday of the Month
3:30-4:30 pm
Location varies

September:
Suicide Prevention Month