



# **Arizona Suicide Prevention Action Plan**

***2024-2026***

Arizona Department of Health Services

18<sup>th</sup> Avenue Phoenix, Arizona 85007

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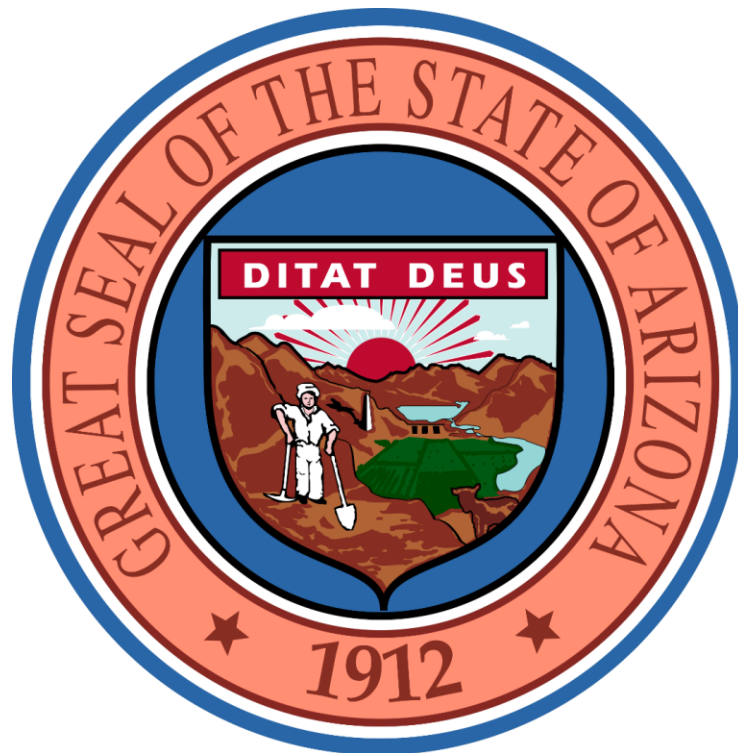
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<sup>1</sup> The Lived Experience workgroup includes two populations: suicide attempt survivors and survivors of suicide loss

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## **Introduction - What is Arizona's Suicide Prevention Action Plan?**

A state suicide prevention plan is a comprehensive strategy developed by a state government to reduce the incidence of suicide in its population. Suicide is a leading cause of death in many countries, including the United States, and it is a significant public health concern. The development of a suicide prevention plan is crucial for addressing this issue, as it provides a framework for identifying and addressing risk factors for suicide and promoting protective factors that can enhance resilience and mental wellness.

The main goal of a state suicide prevention plan is to reduce the number of suicides by implementing [evidence-based](#) strategies that address the root causes of suicidal behavior. The plan involves a multidisciplinary approach that includes mental health professionals, healthcare providers, policymakers, community leaders, and other stakeholders. The plan includes a range of interventions, including public education campaigns, training programs for healthcare providers and educators, crisis hotlines, and support services for individuals and families affected by suicide, i.e. Postvention support.

The development of a state suicide prevention plan requires a thorough understanding of the local context and the needs of the population. Each state has unique risk factors and challenges related to suicide, such as access to firearms, substance abuse, social isolation, and mental health disparities. Therefore, the plan must be tailored to the specific needs of the state's population and consider the available resources and infrastructure. A successful state suicide prevention plan is a collaborative effort that requires the involvement of all sectors of society, including government agencies, healthcare organizations, non-profit organizations, and community groups.

## The State of the State

Dear Arizona,

I am extremely grateful for the opportunity to introduce our new 2024 - 2026 Arizona Suicide Prevention Action Plan (SPAP). This plan greatly expands on the foundation built by the 2022 - 2023 SPAP. Our new plan has been in development for over a year, to ensure that it is built from stakeholder feedback and integrates national best-practice guidance from the Center for Disease Control, the Suicide Prevention Resource Center and the Surgeon General. The 2024 - 2026 SPAP is broken into three sub-plans, each addressing a specific area of Suicide Prevention in Arizona.

I am most excited about our **Partnership Plan**. This part of the larger 2024 - 2026 SPAP was developed by disproportionately affected population workgroups established under the 2022 - 2023 SPAP<sup>3</sup> and vetted by a committee composed of stakeholders from those workgroups and other subject matter experts from across Arizona. This partnership plan has allowed direct feedback from those serving the most affected individuals and populations in Arizona into the state's planning process. This innovative approach allows those who do the work to help guide the plan. I am proud to report that almost 300 individual stakeholders, representing 108 organizations - local, state and national - joined in this effort from May 2022 - August 2023.

A second major intention of the 2024 - 2026 plan is to award funds to those doing the work, through the **Infrastructure Plan**. Our intent is to provide different tiers of financial assistance through a Request For Grant Application (RFGA) offering that is tailored to meet the needs of small coalitions and stakeholders, while enabling larger organizations with greater capacity to implement larger initiatives. Each offering was based on stakeholder feedback, helping direct the money for the largest impact.

The goal of the third element - **The ADHS Action Plan** - is to do those things that only the Arizona Department of Health Services (ADHS), can do. Last year ADHS developed a powerful **Suicide Encounter** data dashboard that provides robust surveillance of ideation and attempts throughout Arizona. We also upgraded our **Suicide Death** data dashboard with new demographics and categorization displays. Leveraging our Healthy Arizona Worksites Program, ADHS will also be seeking to provide occupation-specific suicide prevention over the lifespan of the 2024 - 2026 plan. Formalizing relationships, standardizing partner responsibilities and continuing to provide support to Arizona's Crisis Support Network - e.g. 988, Regional Behavioral Health Agreements (RBHA) and Tribal Regional Behavioral Health Agreements (TRBHA) crisis lines - round out ADHS' efforts.

I believe our 2024 - 2026 SPAP is a significant upgrade to previous efforts and will allow ADHS and stakeholder partners to make more effective progress towards our goal of preventing suicide in Arizona. I look forward to your support and engagement as we implement this plan over the next three years!

Sincerely,  
Joshua W. Stegemeyer  
ADHS Suicide Prevention Program Manager

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<sup>3</sup> **Suicide prevention workgroups established in the 2022 - 2023 AZ SPAP:** *Veterans, Adolescent and Young Adult (<24), Older Adult (65+), Indigenous Peoples (American Indian/Alaska Native), LGBTQIA2S+ and the workgroup dedicated to the Lived Experience community of Suicide Attempt Survivors and Survivors of Suicide Loss*

## **Executive Summary**

**Vision:** The Arizona State Suicide Prevention Plan aims to enhance Arizona's ability to respond to and prevent suicide effectively. It encompasses multiple best-practice strategies, including increasing resilience and resistance to suicide, improving immediate response to the spectrum of suicide events, and enhancing post-crisis care. The plan emphasizes community engagement through coalition building, collaboration, resource allocation and improving suicide prevention infrastructure statewide.

To impact population-level outcomes, the plan emphasizes upstream prevention strategies designed to impact the social determinants of health, a task uniquely suited to statewide coordination. The plan favors a bottom-up approach to partnership and collaboration wherein people who are directly affected by the problem make the major decisions regarding solutions, and enact that approach by engaging not only statewide entities but county and regional stakeholders. This approach enables the identification of opportunities for legislative and program development, facilitating positive changes that support the overall health and wellness of **all** Arizonans.

**Introduction:** In 2021, state Suicide Prevention efforts moved from the Arizona Health Care Cost Containment System (AHCCCS) to Arizona Department of Health Services (ADHS). The program officially began in January of 2022, with the hiring of a Suicide Prevention Program Manager and the publication of Arizona's 2022 - 2023 SPAP. That original SPAP sought to establish a foundation that could be built on. The 2024 - 2026 SPAP aims to add to the progress of the previous plan by sustaining successful initiatives, maintaining data transparency and greatly expanding partnerships and collaboration.

Both plans nest within the 2021 - 2025 Arizona Health Improvement Plan (AzHIP), Mental Wellbeing and Pandemic Recovery & Resiliency sub-plans. National guidance influencing the development of the 2024 - 2026 SPAP include the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) Suicide Prevention Resource for Action ([CDC, 2022](#))<sup>4</sup>, the Suicide Prevention Resource Center's (SPRC) State Infrastructure Roadmap tools and assessments and the Surgeon General's Call to Action: Suicide (2021). Additionally, more than 100 stakeholder organizations and almost 300 individuals participated in developing the partnership plan, the culmination of more than a year of planning and collaboration.

**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 in the nation by area and 14th largest by population
- The top 5 races/ethnicities account for approximately 98% of the population – White, non-Hispanic (56.8%), Hispanic or Latinx (30.7%), African American (5.5%), American Indian (4.9%) and Asian (4.5%)

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<sup>4</sup> CDC. (2022). *Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- The top three languages spoken in Arizona are English, Spanish and Navajo<sup>5</sup>
- Arizona is home to 22 Federally recognized Tribes, each with their own community and needs
- Major statewide risk factors for suicide include (but are not limited to): low high school graduation rate and poorly ranked educational system compared to other states and national averages<sup>6</sup>; high incidence of Adverse Childhood Experiences<sup>7</sup> (ACE); and lack of access to rural primary and behavioral health care
- Protective factors for Arizona include (but are not limited to): dramatic decrease in statewide food insecurity since 2012, low rates of smoking, high rates of healthy behaviors and recent legislative efforts towards mental healthcare parity
- Challenges facing Arizona include a lack of care providers statewide, navigating the significantly different environments of urban and rural populations, and large populations of at-risk individuals (e.g. Veterans, older adults, Indigenous Peoples)
- Arizona has a robust crisis hotline network, 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 high-risk and disproportionately affected populations with tailored 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 by utilizing a bottom-up framework to assess needs and to meet them

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<sup>5</sup><https://datausa.io/profile/geo/arizona>

<sup>6</sup> <https://www.edweek.org/leadership/arizona-earns-a-d-plus-on-state-report-card-ranks-46th-in-nation/2018/01>

<sup>7</sup> [ADHS ACE's Dashboard](#)



## National Data

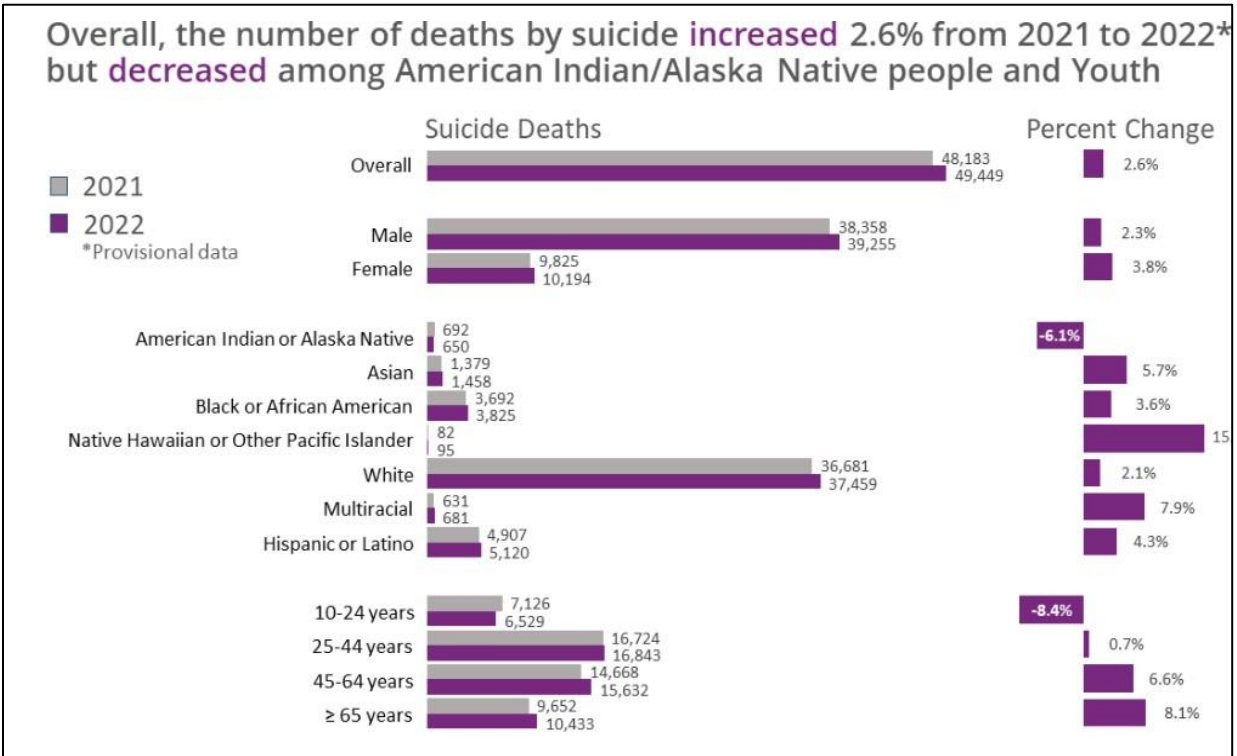


Figure 1 - National Deaths by Suicide, 2010-2022<sup>8,9</sup>

National Deaths by Suicide, 2010-2022		
Year	Deaths	Rate Per 100,000
2010	38,364	12.4
2011	39,518	12.7
2012	40,600	12.9
2013	41,149	13.0
2014	42,826	13.4
2015	44,193	13.7
2016	44,965	13.9
2017	47,173	14.5
2018	48,344	14.8
2019	47,511	14.5
2020	45,979	14.0
2021	48,152	14.5
2022	49,491	14.9

Chart 1 - National Deaths by Suicide, 2010-2022<sup>8,9</sup>

<sup>8</sup> CDC, 2023. Centers for Disease Control and Prevention

<sup>9</sup> CDC 2022 suicide data are provisional at the time of publication

## Arizona Data

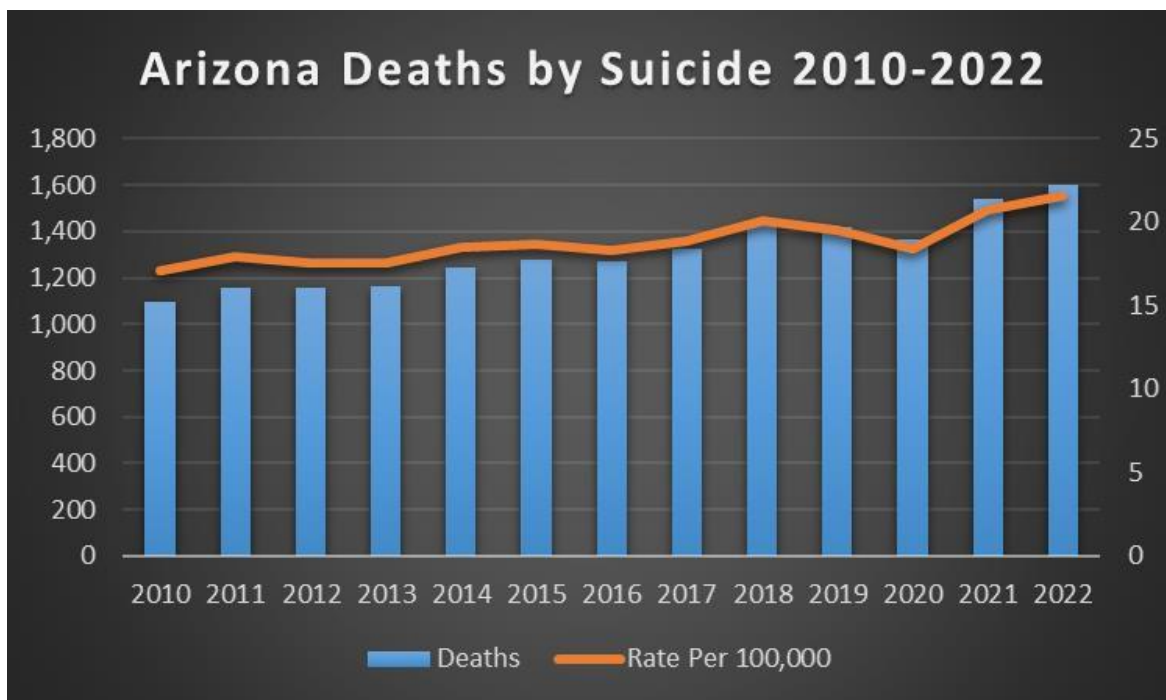


Figure 2: Arizona Deaths by Suicide 2010-2022<sup>10,11</sup>

<b>Arizona Deaths by Suicide, 2010-2022</b>		
Year	Deaths	Rate Per 100,000
2010	1,093	17.1
2011	1,160	17.9
2012	1,156	17.6
2013	1,163	17.6
2014	1,244	18.5
2015	1,276	18.7
2016	1,271	18.3
2017	1,327	18.9
2018	1,438	20.1
2019	1,419	19.5
2020	1,363	18.4
2021	1,539	20.7
2022	1,599	21.6

Chart 2: Arizona Deaths by Suicide, 2010-2022<sup>10,11</sup>

<sup>10</sup> [ADHS, 2023. ADHS Suicide Data Dashboard](#)

<sup>11</sup> Arizona population estimates made using the 2022 US Census estimate of 7,359,197<sup>12</sup> County population estimates made using the 2022 US Census estimates for each Arizona county

## Arizona Data – County Information

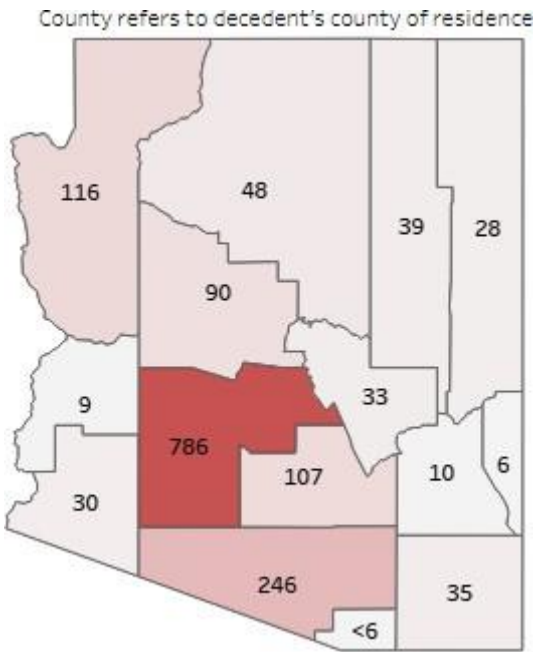


Figure 3 - Arizona County Deaths by Suicide, 2022<sup>10,11</sup>

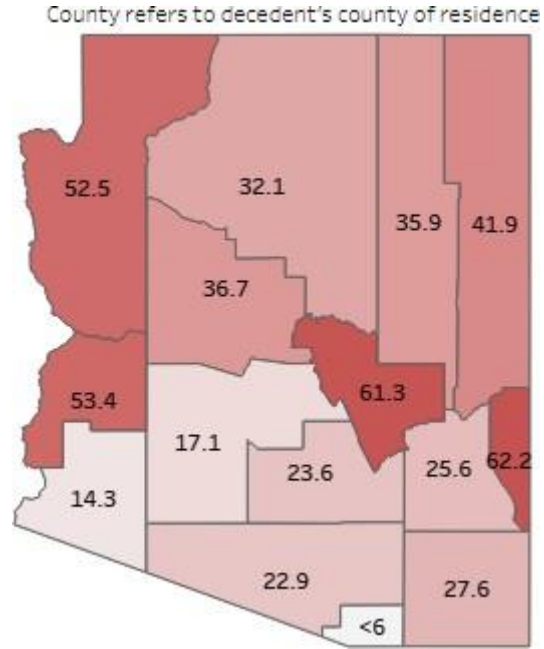


Figure 4 - Arizona County Rates of Death by Suicide, Per 100,000 of Population, 2022<sup>10,12</sup>

<b>Suicide Deaths by County, 2022</b>		
<b>County</b>	<b>Deaths</b>	<b>Rate Per 100,000</b>
Apache	28	21.9
Cochise	35	27.6
Coconino	48	32.1
Gila	33	61.3
Graham	10	25.6
Greenlee	6	62.2
La Paz	9	53.4
Maricopa	786	17.1
Mohave	116	52.5
Navajo	39	35.9
Pima	246	22.9
Pinal	107	23.6
Santa Cruz	6	62.2
Yavapai	90	36.7
Yuma	30	14.3

Chart 3 - Suicide Deaths and Rate of Death Per 100,000 of Population, by County, 2022<sup>10,12</sup>

<sup>12</sup> County population estimates made using the 2022 US Census estimates for each Arizona county

## Arizona Data – Age Groups

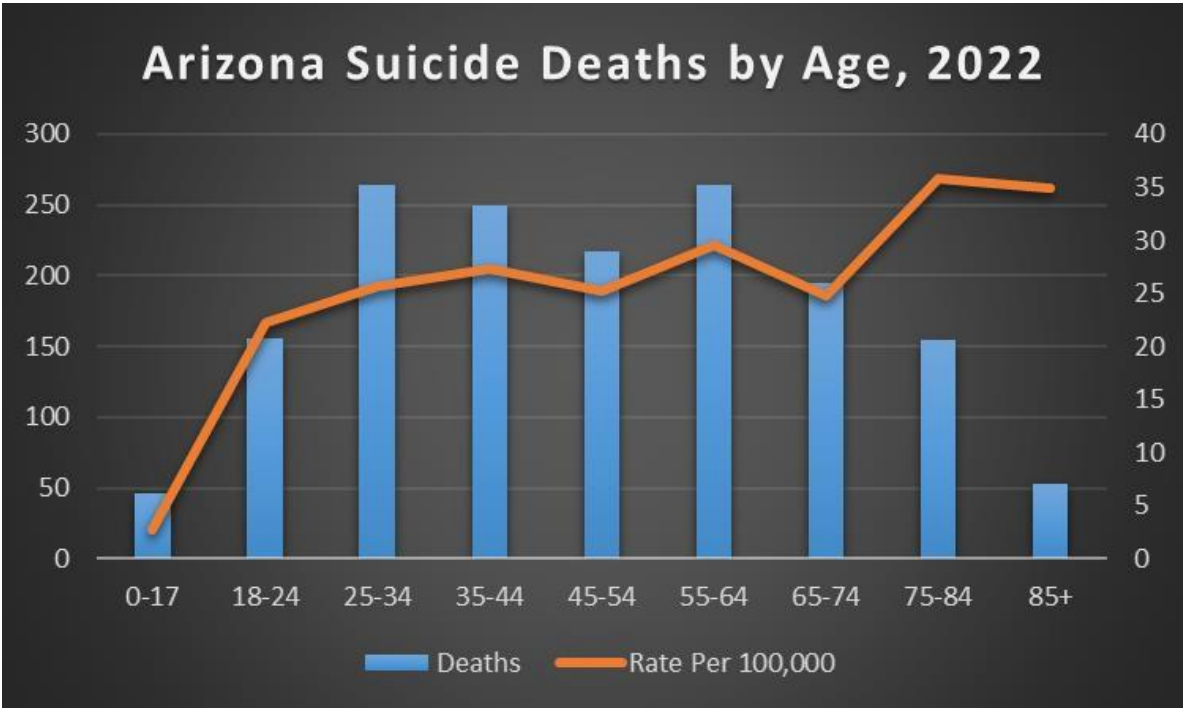


Figure 5 - Arizona Suicide Deaths by Age Groups, 2022<sup>10,11</sup>

<b>Age</b>	<b>Deaths</b>	<b>Rate Per 100,000</b>
0 - 17	46	2.8
18 - 24	156	22.2
25 - 34	264	25.7
35 - 44	249	27.3
45 - 54	217	25.3
55 - 64	264	29.5
65 - 74	195	24.8
75 - 84	155	35.8
85+	53	34.9

Chart 4 - Arizona Suicide Deaths by Age Group<sup>10,11</sup>

## Arizona Data – Select Demographics

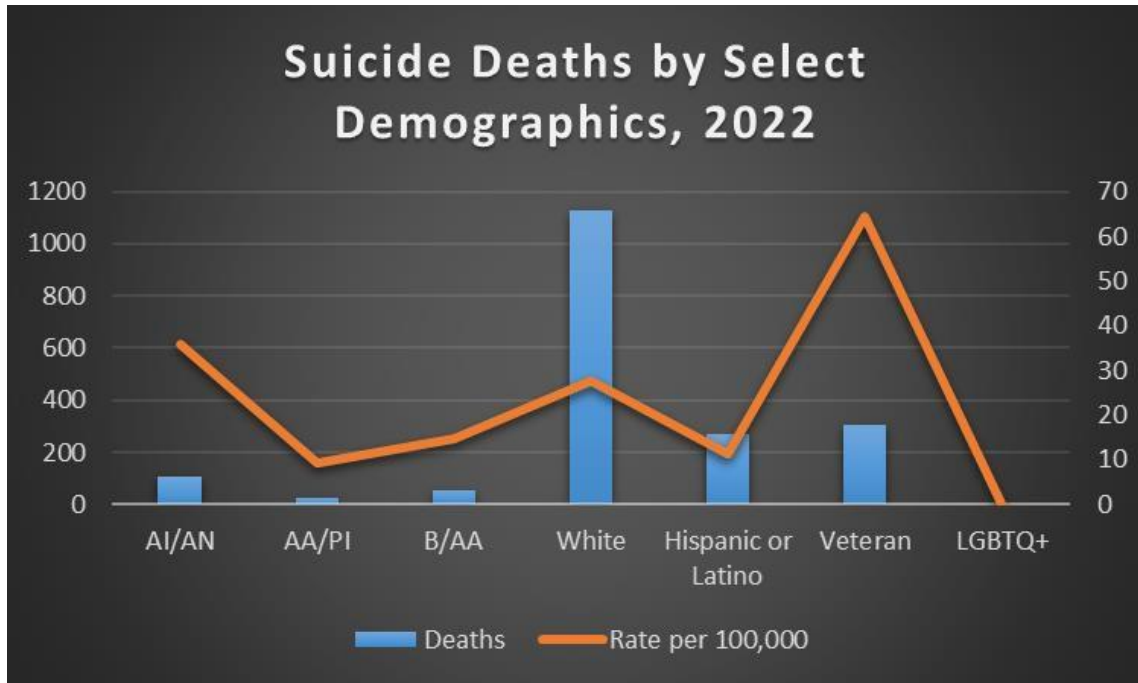


Figure 6 - Arizona Suicide Deaths by Select Demographics, 2022<sup>10,11,13,14</sup>

Suicide Deaths by Select Demographics, 2022		
Population	Deaths	Rate per 100,000
American Indian/Alaska Native (AI/AN)	105	35.7
Asian American or Pacific Islander (AA/PI)	28	9.4
Black or African American (B/AA)	57	14.9
White	1,130	27.7
Hispanic or Latino	271	11.5
Veteran	304	64.4
LGBTQIA2S+	0	0

Chart 5 - Arizona Suicide Deaths by Select Demographics, 2022<sup>10,11,13,14</sup>

<sup>13</sup> Veteran population calculated at 471,924. Sources: [U.S. Census Bureau, American Community Survey \(ACS\) and Puerto Rico Community Survey \(PRCS\), 5-Year Estimates](#)

<sup>14</sup> Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual/Ally, 2-Spirit (LGBTQIA2S+) is represented as zero as a reminder that the state of Arizona does not collect suicide-related data for these populations and they are at a greater risk for suicidality when compared to the general population

## Arizona Data – Gender



Figure 7 - Arizona Suicide Deaths by Gender, 2022<sup>10,11,15</sup>

## Arizona Hospital Encounters for Suicidality - 2022 Summary

<b>Suicide Encounters by Type</b>			
<b>Location</b>	<b>Ideation</b>	<b>Attempt</b>	<b>Total</b>
Emergency Room	27,576	7,073	34,649
In-Patient	8,068	3,496	11,564

Chart 7 - Arizona Suicide Encounters, by Type, 2022<sup>16</sup>

<b>Suicide Encounters - Rate per 100,000</b>			
<b>Location</b>	<b>Ideation</b>	<b>Attempt</b>	<b>Total</b>
Emergency Room	374.7	96.1	470.8
In-Patient	109.6	47.5	157.1

Chart 8 - Arizona Suicide Encounters, by Type, Rate per 100,000 of Population, 2022<sup>16</sup>

<sup>15</sup> Arizona does not collect data on non-binary gender information

<sup>16</sup> [ADHS, 2023. ADHS Suicide Encounter Data Dashboard](#)

## Arizona Hospital Encounters for Suicidality - 2022 Summary

**Ideation**

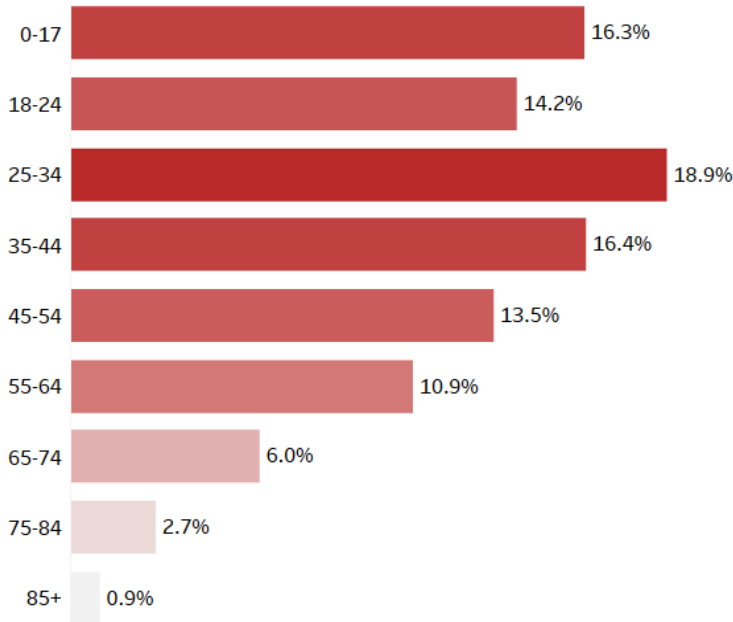


Figure 8 - Arizona Suicide Encounters, Ideation, by Age Group<sup>16</sup>

**Attempt**

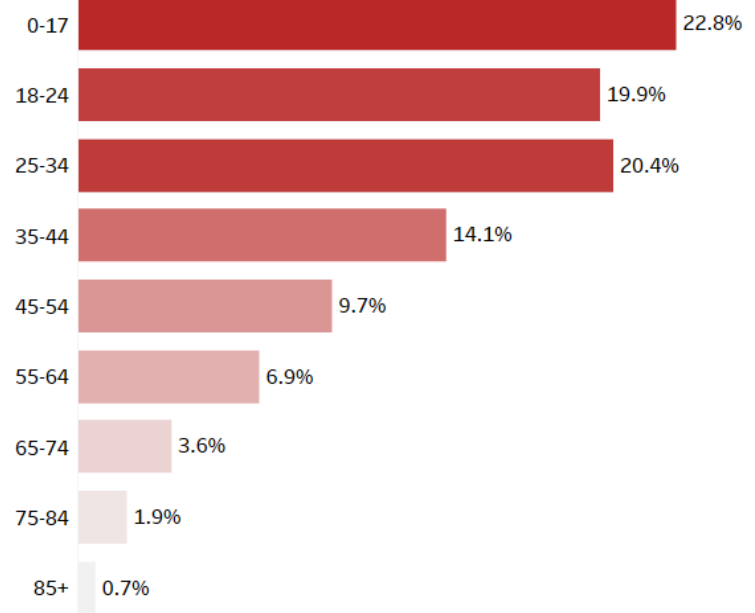


Figure 9 - Arizona Suicide Encounters, Attempt, by Age Group<sup>16</sup>

<b>Suicide Encounters by Age Group (Ideation)</b>	
Age	Count
0-17	5,829
18-24	5,066
25-34	6,756
35-44	5,849
45-54	4,801
55-64	3,892
75-84	2,156
85+	335

Chart 9 - Arizona Suicide Encounters, Ideation, by Age Group<sup>16</sup>

<b>Suicide Encounters by Age Group (Attempt)</b>	
Age	Count
0-17	2,407
18-24	2,105
25-34	2,153
35-44	1,486
45-54	1,027
55-64	376
75-84	201
85+	76

Chart 10 - Arizona Suicide Encounters, Attempt, by Age Group<sup>16</sup>

## **ADHS Action Plan**

**Introduction:** The ADHS Action Plan is not, in and of itself, a comprehensive plan to prevent suicide in Arizona. The ADHS Action Plan is an acknowledgement that no single stakeholder - to include Arizona Government - can prevent suicide in Arizona and instead seeks to fill gaps in suicide prevention that can only be met with state-level resources. The goal of the ADHS Action Plan is to leverage the data resources, employee and worksite health programs, as well as the communications and dissemination capacity of state agencies, to amplify the reach and impact of other suicide prevention efforts in the state.

The ADHS Action Plan includes five major strategies:

1. Data Collection and Dissemination
2. Support to Crisis Systems
3. Occupation-specific prevention
4. Disproportionately Affected Population support
5. Relationship Building

### **Strategy 1: Data Collection and Dissemination**

*“State suicide prevention efforts must be data driven in order to be effective, and in order to determine effectiveness and continuously improve, the efforts must be evaluated. As a result, capabilities related to data collection, analysis, use, evaluation design, and dissemination are needed.”* - Suicide Prevention Resource Center (SPRC)

Data plays a pivotal role in suicide prevention by providing critical insights, supporting effective interventions, and shaping public policies to save lives. Firstly, accurate and comprehensive data allows researchers and mental health professionals to identify patterns, risk factors, and trends associated with suicidal behaviors. Through rigorous analysis of data, they can uncover demographic, psychological, and social factors that contribute to heightened suicide risk. This information empowers them to design focused prevention strategies and tailor mental health support, reaching vulnerable individuals more effectively.

Secondly, data-driven insights facilitate the development and assessment of evidence-based interventions. By tracking the impact of various prevention programs and treatments, professionals can refine their approaches and identify best practices. Continuous data collection helps measure the efficacy of crisis helplines, therapy models, and community outreach initiatives, enabling a more refined and adaptive approach to suicide prevention. Regular data analysis also helps identify emerging challenges and adapt strategies to address new trends or shifts in mental health needs.

Lastly, data influences public policies and funding allocation. When policymakers have access to reliable data showcasing the prevalence and consequences of suicide, they are more likely to prioritize mental health initiatives and allocate resources accordingly. Accurate data strengthens advocacy efforts, helping to reduce stigma and increase



public awareness of the urgency surrounding suicide prevention. In turn, improved data collection and analysis contribute to a more holistic understanding of suicide, fostering a collaborative approach among governments, organizations, and communities to create a safer and more supportive environment for those at risk.

***Tactic 1A: Ensure continued functionality of ADHS Suicide Death and Suicide Encounter data dashboards***

The ADHS Suicide Death data dashboard is an external-facing web application that allows users to view Arizona data related to deaths by suicide through a graphical user interface. Information on deaths by suicide is compiled from the original documents filed with the Arizona Department of Health Services, Bureau of Vital Records and from transcripts of original death certificates filed in other states but affecting Arizona residents. Death by suicide cases are identified from death certificates using Manner of Death equal to "suicide". A Manner of Death of suicide is assigned by the county medical examiner or coroner.

The Suicide Encounter data dashboard is similarly external and has a similar graphical user interface but serves a function different from the death data dashboard. The encounter dashboard allows for syndromic surveillance and pulls data from the CDC's Electronic Surveillance System for the Early Notification Community-based Epidemics (ESSENCE). Syndromic surveillance systems seek to use existing health data in real time to provide immediate analysis and feedback to those charged with investigation and follow-up of potential outbreaks, such as a cluster of deaths by suicide in a particular community. More than 90 percent of Arizona hospitals and in-patient psychiatric facilities send data to ESSENCE, allowing for near-real time monitoring of suicide encounters in Arizona. The database does not typically receive data from Indian Health Services - the largest current data gap.

Both dashboards together allow for regional and community-level analysis of current suicide trends, as well as important data relating to deaths by suicide - numbers, race/ethnicity, age groups, binary gender, county of residence, lethal means and rates of death per 100,000 of population. Making this data externally available greatly increases the capacity of the average stakeholder organization to understand, communicate (both locally and to potential funders) and effectively respond to suicide within their community. Making data and data visualizations (charts and graphs) available also assists greater suicide prevention efforts by increasing public knowledge of suicide and supporting efforts to change policy.

***Tactic 1B: Publish annual, externally facing data reports***

Annual reporting is crucial for a state's suicide prevention program as it provides a systematic and comprehensive overview of program effectiveness, progress, and areas that require improvement. By analyzing data on suicide rates, intervention outcomes, community engagement, and resource allocation, annual reports enable policymakers, healthcare professionals, and stakeholders to make informed decisions, allocate

resources strategically, and refine intervention strategies. These reports not only ensure accountability and transparency but also facilitate evidence-based decision-making, allowing for timely adjustments to the program's approach to better address evolving mental health needs and ultimately save lives.

***Tactic 1C: Provide as-needed technical assistance to data-consuming stakeholders***

Providing technical assistance with data is essential to a state's suicide prevention program as it enhances the program's capacity to collect, analyze, and interpret relevant information accurately. Many state agencies and organizations may lack the necessary expertise or resources to effectively manage and leverage data for informed decision-making. Technical assistance can bridge this gap by offering guidance on data collection methodologies, database management, and statistical analysis, ensuring that the program has a solid foundation of reliable and meaningful data.

Technical assistance also empowers suicide prevention programs to tailor their efforts more precisely to the needs of their population. Skilled data professionals can assist in identifying trends, high-risk demographics, and geographical areas where intervention is most needed. This information allows program managers to allocate resources efficiently, develop targeted interventions, and monitor the impact of their initiatives over time. By integrating technical expertise into the program's operations, states can refine their strategies, improve outcomes, and ultimately strengthen their ability to reduce suicide rates and promote mental well-being within their communities.

***Tactic 1D: Convene Suicide Mortality Reviews in accordance with Jake's Law (A.R.S. 36-199 and 36-199.01)***

Arizona suicide-related death reporting is 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.

**Strategy 2: Support to Crisis Systems**

Crisis systems in the context of suicide prevention refer to comprehensive networks of support, resources, and interventions designed to effectively respond to individuals experiencing acute mental health crises and suicidal ideation. These systems encompass crisis hotlines, helplines, crisis text lines, and online chat services, as well

as collaborations between mental health professionals, emergency responders, and community organizations. The goal of crisis systems is to provide immediate and compassionate assistance to individuals in distress, connect them to appropriate mental health services, and ensure their safety while also contributing to broader efforts in suicide prevention and mental health promotion.

### ***Tactic 2A: Raise awareness of availability of state crisis resources***

Raising awareness for state crisis systems is instrumental in preventing suicide as it equips individuals with vital information about readily accessible avenues of support during times of emotional turmoil. By increasing public knowledge about crisis helplines such as 988, text lines, and available Arizona-specific resources, more people at risk of suicide or struggling with mental health challenges are likely to seek help and receive timely interventions. This heightened awareness reduces stigma surrounding mental health, encourages open conversations, and empowers communities to actively engage in suicide prevention efforts, ultimately fostering a culture of care, support, and early intervention that can save lives.

### ***Tactic 2B: Coordinated communication between crisis system partners***

Engaging in communication and collaboration among crisis system partners during planning is highly beneficial as it facilitates the sharing of insights, resources, and expertise essential for a well-coordinated and effective response. When various stakeholders, such as mental health professionals, emergency responders, community organizations, and suicide prevention personnel, communicate and exchange information, they can align their efforts, avoid duplication of services, and identify gaps in the system. This proactive interaction ensures a seamless and holistic approach that optimizes resource allocation, enhances crisis intervention strategies, and ultimately results in a more comprehensive support network capable of addressing diverse needs and challenges faced by individuals in crisis.

## **Strategy 3: Occupation-specific Prevention**

[National data from the CDC](#)<sup>17</sup> shows that suicide disproportionately affects certain occupations and that those occupations vary by gender. For males, the top five at-risk professions are: Mining and Quarrying (54.2 per 100,000)<sup>18</sup>; Construction (45.3 per 100,000); Other Services<sup>19</sup> (39.1); Agriculture, Forestry, Fishing, and Hunting (36.1); and Transportation and Warehousing (29.1). For females, the top five at-risk professions are: Construction and Extraction (25.5 per 100,000); Protective Services

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<sup>17</sup> Peterson, C., Sussell, A., Li, J., Schumacher, P. K., Yeoman, K., & Stone, D. M. (2020). Suicide Rates by Industry and Occupation - National Violent Death Reporting System, 32 States, 2016. *MMWR. Morbidity and mortality weekly report*, 69(3), 57–62. <https://doi.org/10.15585/mmwr.mm6903a1>

<sup>18</sup> Rate of suicide per 100,000 individuals in that profession

<sup>19</sup> US Census occupation codes 8770–9290

(14 per 100,000); Transportation and Material Movement (12.5 per 100,000); Healthcare Support (10.6); and Transportation and Warehousing (10.1 per 100,000).

***Tactic 3A: Create a workgroup composed of at-risk industries and prevention personnel that will work to address suicide in the Arizona workplace***

Establishing a dedicated workgroup focused on suicide prevention within the workplace can play a pivotal role in reducing occupation-specific suicides. This workgroup can bring together representatives from various departments, including human resources, mental health services, management, and employee representatives. By collaborating, they can develop targeted strategies tailored to the unique stressors and challenges faced by employees in that particular industry or occupation. This workgroup can identify early warning signs, create supportive environments, and promote mental health awareness and resources specific to the workplace context. Regular training and education programs can help employees and supervisors recognize signs of distress and provide appropriate support, while also reducing stigma around mental health issues.

The workgroup can facilitate the implementation of policies and practices that prioritize employee well-being, such as offering flexible work arrangements, promoting work-life balance, and ensuring access to confidential counseling services. They can also establish mechanisms for reporting and addressing concerns related to mental health, bullying, or harassment that may contribute to heightened suicide risk. By fostering a culture of open communication, empathy, and mutual support, the workgroup can create a safety net within the workplace, helping employees feel valued, connected, and empowered to seek help when needed. Overall, a well-structured workgroup focused on suicide prevention can make a significant impact in addressing occupation-specific risk factors and promoting a healthier work environment that reduces the incidence of suicides among employees.

***Tactic 3B: Utilize ADHS Healthy Arizona Worksites Program to distribute occupation-specific suicide prevention material to employers***

Distributing occupation-specific suicide prevention material to employers can significantly contribute to reducing suicide rates by equipping them with targeted resources and knowledge to identify, address, and support employees at risk. These materials can offer insights into the unique stressors and challenges associated with specific occupations, educate employers about recognizing warning signs, and provide guidance on fostering a mentally healthy workplace environment. By raising awareness, promoting early intervention, and offering practical strategies for intervention and support, such materials empower employers to create a more supportive and compassionate workplace culture that prioritizes employee well-being, thereby playing a vital role in preventing suicides within their workforce.

## **Strategy 4: Disproportionately Affected Population (DAP) support**

### ***Tactic 4A: Provide administrative and logistical support to established DAP workgroups***

Supporting disproportionately affected population workgroups staffed by community organizations and stakeholders dedicated to suicide prevention in Arizona is essential to preventing suicide in Arizona. These workgroups provide a focused and culturally sensitive approach to addressing the unique risk factors and challenges faced by marginalized groups that experience the highest rates of suicide. By involving these community organizations, which possess valuable insights into the cultural, social, and systemic factors contributing to the elevated suicide risk, the state can develop strategies that resonate with the specific needs of these populations.

The DAP workgroups also foster community engagement, trust, and collaboration, which are vital in breaking down barriers to care and destigmatizing suicide and mental health concerns. When community members see their own organizations actively participating in suicide prevention efforts, it sends a powerful message that their well-being is valued and prioritized. These workgroups facilitate outreach, awareness campaigns, and educational initiatives that are not only linguistically and culturally appropriate but also leverage the trust that these community organizations have already established. This approach encourages individuals to seek help, utilize available resources, and access support systems, ultimately contributing to a reduction in suicide rates.

Supporting disproportionately affected population workgroups also aligns with [the principles of inclusivity and social justice](#). By empowering these community organizations, ADHS acknowledges the importance of equity in mental health care and demonstrates a commitment to addressing systemic disparities. This collaborative approach leverages the expertise and lived experiences of those within the communities most impacted by suicide, ensuring that prevention efforts are effective, sustainable, and reflective of the diverse perspectives within Arizona.

### ***Tactic 4B: Provide technical support and assistance on an ad-hoc basis to DAP organizations and stakeholders***

By offering targeted technical assistance and support to disproportionately affected populations on an ad hoc basis, Arizona can make progress towards reducing suicide. This approach enables the state to address the unique needs and challenges faced by at-risk groups, such as LGBTQ+ individuals, Indigenous communities, and Veterans, who experience the highest rates of suicide. By collaborating with culturally competent organizations, mental health professionals, and community leaders, Arizona can tailor interventions, provide accessible resources, and develop outreach initiatives that resonate with these populations. This proactive and personalized approach ensures that vulnerable groups receive timely assistance, reducing barriers, fostering a sense of belonging, and ultimately contributing to a statewide reduction in suicides.

#### ***Tactic 4C: Establish new or join workgroups to support at-risk populations***

ADHS will join or create maternal and disordered eating suicide prevention workgroups. A maternal suicide prevention workgroup and a disordered eating suicide prevention workgroup in Arizona may be instrumental in addressing two at-risk populations and effectively reducing suicide rates. The maternal suicide prevention workgroup will focus on understanding and mitigating the [unique stressors, mental health challenges, and societal pressures faced by pregnant and postpartum individuals](#). By bringing together healthcare professionals, mental health experts, community organizations, and policymakers, this workgroup can develop comprehensive strategies to provide early identification, emotional support, and accessible mental health services tailored to the needs of this vulnerable group. By promoting awareness, destigmatizing mental health struggles during the perinatal period, and offering guidance to healthcare providers on effective intervention, the workgroup can play a vital role in preventing maternal suicides and ensuring the well-being of mothers and their infants.

Similarly, the disordered eating suicide prevention workgroup can address the [intersection of mental health and eating disorders](#), a critical factor contributing to elevated suicide risk. By involving eating disorder specialists, psychologists, educators, and advocacy groups, this workgroup can develop educational campaigns that raise awareness about the relationship between disordered eating behaviors and suicidal tendencies. The workgroup will collaborate with treatment centers, schools, and medical professionals to ensure timely and appropriate interventions for individuals struggling with eating disorders, reducing the likelihood of suicide. Through public awareness initiatives, improved access to treatment, and early intervention efforts, the workgroup can make significant strides in preventing suicides related to disordered eating and promoting a healthier relationship with food and body image across the state.

#### **Strategy 5: Building Relationships**

According to the Suicide Prevention Resource Center (SPRC) state infrastructure plan to prevent suicide, building and formalizing relationships between suicide prevention organizations is a cornerstone strategy in achieving a significant reduction in deaths by suicide. Collaborative partnerships create a synergistic effect, allowing resources, knowledge, and expertise to be shared, amplified, and strategically utilized. As organizations work together, the collective impact becomes greater than the sum of individual efforts, leading to a more comprehensive and effective suicide prevention approach.

These relationships foster a robust and interconnected support network that spans communities, regions, and various sectors of society. By establishing formalized collaborations, suicide prevention organizations can combine their strengths, enhance data-sharing mechanisms, and coordinate interventions across the entire continuum of care. This collaborative approach allows for the identification of at-risk individuals, timely interventions, and the provision of comprehensive support systems. It also enables the

implementation of evidence-based practices and innovative strategies, leveraging the combined experience and knowledge of diverse stakeholders.

Furthermore, building relationships between suicide prevention organizations contributes to a cohesive and sustained effort over time. As organizations align their goals, share resources, and coordinate activities, they create a more resilient infrastructure that can adapt to emerging challenges, changes in community dynamics, and shifts in mental health needs. This continuous collaboration ensures that prevention efforts remain relevant, responsive, and grounded in the evolving landscape of suicide prevention. Ultimately, through these interconnected relationships, suicide prevention organizations can foster a culture of collective responsibility, advocacy, and support that significantly contributes to a reduction in deaths by suicide.

***Tactic 5A: Formalize suicide prevention relationships with other state agencies***

Formalizing suicide prevention relationships between state agencies in Arizona is pivotal for reducing suicides as it creates a structured and coordinated approach to addressing this complex issue. By establishing formal partnerships, state agencies can share vital data, resources, and expertise, leading to a more comprehensive understanding of suicide risk factors and trends. This collaboration facilitates the development of targeted and evidence-based strategies, ensures efficient allocation of resources, and promotes a unified response across various sectors such as healthcare, education, and emergency services. The formalized relationships create a braided effort that maximizes the impact of prevention initiatives, identifies individuals at risk more effectively, and provides timely interventions, ultimately leading to an increased ability to address the public health crisis of suicide in Arizona.

***Tactic 5B: Formalize relationships with external stakeholders to create public-private partnerships to implement suicide prevention initiatives and/or support identified populations***

Public-private partnerships are an important step to prevent suicide due to their capacity to leverage diverse resources, expertise, and reach across multiple sectors. By bringing together governmental agencies, non-profit organizations, charitable foundations, corporations, and community groups, these collaborations create a powerful synergy that can address the multifaceted aspects of suicide prevention comprehensively. Private sector entities can contribute funding, technological innovation, and organizational support, enhancing the scale and impact of prevention efforts. Meanwhile, public agencies provide regulatory frameworks, access to public health data, and policy influence, creating an environment conducive to sustainable change.

Public-private partnerships also amplify awareness and reduce stigma surrounding mental health issues, as they often possess broad networks and platforms for communication. These collaborations can facilitate public education campaigns, destigmatize seeking help, and promote early intervention through media, corporate

initiatives, and community events. By combining resources, knowledge, and influence, public-private partnerships create a holistic approach to suicide prevention that maximizes reach, adapts to emerging challenges, and fosters a culture of collective responsibility, ultimately leading to a more effective and far-reaching impact in saving lives and promoting mental well-being.



## Infrastructure Plan

### **What the Infrastructure Plan is and How it is Funded**

**Funding:** In November 2020, a pivotal moment occurred in Arizona when voters approved the Smart and Safe Arizona Act, known as Proposition 207 on the ballot. This Act brought about significant changes, notably the legalization of marijuana for adults aged 21 and older for recreational use. In accordance with the Act, approximately ten million dollars were designated for transfer from the Medical Marijuana Fund to ADHS (Arizona Department of Health Services). These funds were intended to support various public health programs, with a specific allocation for addressing crucial public health concerns within the state. The Bureau of Chronic Disease and Health Promotion (BCDHP) was tasked with managing these funds, and it was decided that the money should be directed towards suicide prevention initiatives when the Suicide Prevention Program moved from AHCCCS (Arizona Health Care Cost Containment System - Arizona's State Medicaid agency) to ADHS in late 2021.

**Developing the Plan:** Since the publication of the 2022 - 2023 Arizona Suicide Prevention Action Plan (SPAP), ADHS has been actively engaged in the realm of suicide prevention by facilitating collaborative workgroups. These workgroups have been instrumental in gathering insights and input from diverse communities and agencies, lifting the best practices from the community level to inform state level planning. Through these interactions, ADHS staff facilitated the development of a set of prevention recommendations, categorized and created by the six disproportionately affected population workgroups that form the Partnership and Collaboration Plan of the 2024 - 2026 SPAP. Another major direction was to establish the needs of stakeholders involved with the workgroups. Almost 300 stakeholders from 108 organizations provided feedback that greatly and directly impacted the development of the Logistics and Capacity Building Request for Grant Application (RFGA) that forms a core component of the Infrastructure Building Plan.

**Guiding the Plan:** Between April 12 and May 31, 2023, the Suicide Prevention Resource Center (SPRC) and its partner, Social Science Research and Evaluation, Inc. (SSRE), conducted the 2023 State and Territorial Suicide Prevention Needs Assessment (SNA) with 54 suicide prevention coordinators or equivalent suicide prevention leads from the 50 U.S. states, the District of Columbia, and three U.S. territories. The purpose of the SNA is to help SPRC better understand state suicide prevention needs, track changes in state suicide prevention infrastructure development over time and provide valuable information to states on their own progress and on suicide prevention infrastructure and programming in the nation.

## The State Needs Assessment

Between April 12 and May 31, 2023, the Suicide Prevention Resource Center (SPRC) and its partner, Social Science Research and Evaluation, Inc. (SSRE), conducted the 2023 State and Territorial Suicide Prevention Needs Assessment (SNA) with 54 suicide prevention coordinators or equivalent suicide prevention leads from the 50 U.S. states, the District of Columbia, and three U.S. territories. The purpose of the SNA is to help SPRC better understand state suicide prevention needs, track changes in state suicide prevention infrastructure development over time and provide valuable information to states on their own progress and on suicide prevention infrastructure and programming in the nation.

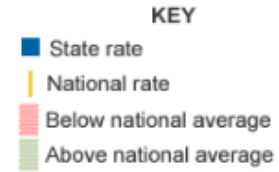
The SPRC advocates for six crucial elements that lay the groundwork for a successful state suicide prevention infrastructure (Figures 10 and 11):

- **Authorize:** Effective suicide prevention requires official authorization and support from various stakeholders, including government bodies, community organizations, and mental health professionals. This collective endorsement paves the way for coordinated efforts to combat the issue.
- **Examine:** The process begins with a thorough examination of data collection and surveillance. Timely and accurate data are essential for gaining insights into the problem's scope and trends, enabling informed decision-making and resource allocation.
- **Lead:** Strong leadership and coordination are pivotal in shaping successful suicide prevention strategies. Leaders from different sectors come together to steer the implementation of comprehensive plans and interventions.
- **Partner:** Collaboration is at the heart of effective prevention. Partnerships between diverse entities, such as schools, healthcare facilities, and community organizations, are key to implementing evidence-based prevention programs and practices.
- **Build:** Training and workforce development play a pivotal role. Building a skilled and informed workforce involves offering training programs to professionals, community members, and individuals who may interact with those at risk of suicide.
- **Guide:** Surveillance and evaluation of interventions guide the process. Continuous assessment allows for the identification of effective strategies and areas needing improvement, providing a roadmap for informed decision-making and ongoing refinement.

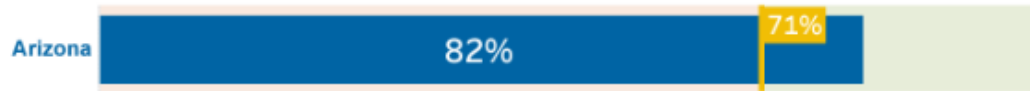
These six elements collectively form a robust framework for establishing a successful state suicide prevention infrastructure. By authorizing, examining, leading, partnering, building, and guiding efforts, states can develop comprehensive strategies to reduce suicide rates and provide vital support to individuals in need.

# 2023 STATE SUICIDE PREVENTION INFRASTRUCTURE SNAPSHOT\*

Arizona



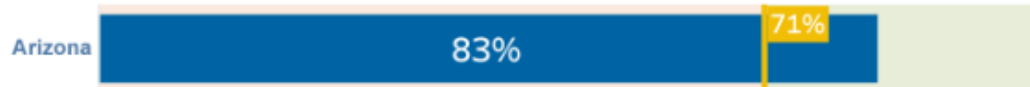
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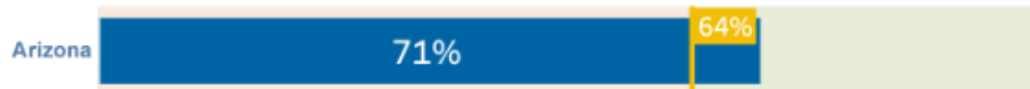
## AUTHORIZE



## LEAD



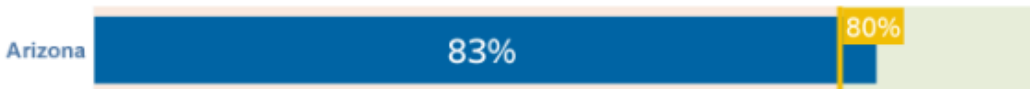
## PARTNER



## EXAMINE



## BUILD



## GUIDE

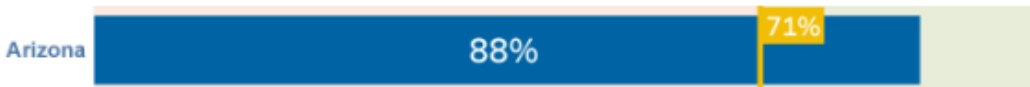
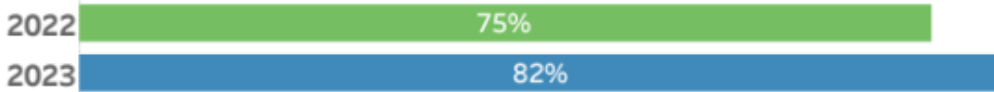


Figure 10 - 2022 State Suicide Prevention Infrastructure Snapshot

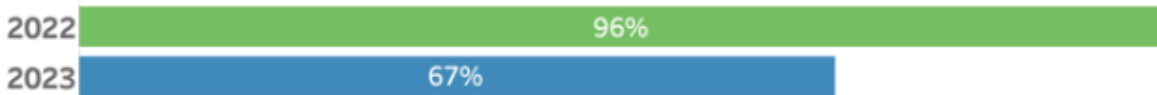
# TRENDS IN STATE SUICIDE PREVENTION INFRASTRUCTURE DEVELOPMENT\*

Arizona

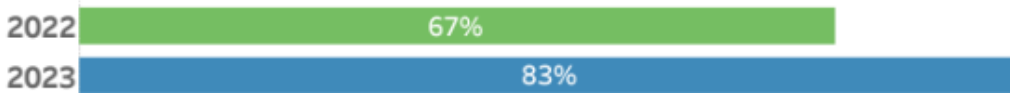
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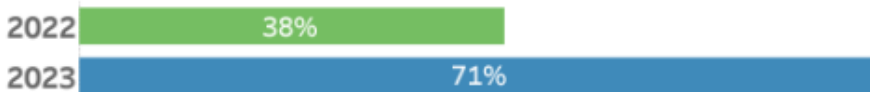
## AUTHORIZE



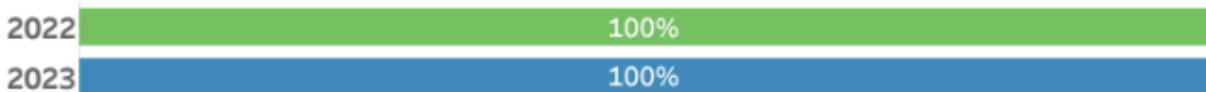
## LEAD



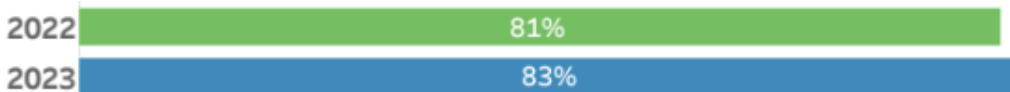
## PARTNER



## EXAMINE



## BUILD



## GUIDE

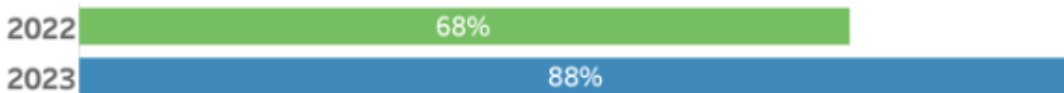


Figure 11 - State Suicide Prevention Infrastructure Snapshot Trends

## How the Infrastructure Plan Supports Stakeholders

The Infrastructure Building Plan's main goal is to award funds to those working to prevent suicide in Arizona, in the form of Suicide Prevention Capacity Building grants. This grant opportunity offers 3 tiers of awards that will continue to be awarded throughout the lifespan of the grant or until funds have been expended. Totaled together, ADHS will distribute between 23 and 45 grant awards through this grant opportunity.

- Training Awards: Individual awards from \$5,000 to \$10,000 each, with 10-20 individual awards anticipated
- Training Events Awards: Individual awards from \$50,000 to \$100,000 each, with 3-5 individual awards anticipated
- Logistics and Capacity Building Awards: Individual awards from \$5,000 to \$10,000 each, with 10-20 individual awards anticipated

**Training Awards:** Funds will be used to implement not-for-profit trainings that will result in personnel being equipped to lead/facilitate evidence-based suicide prevention training programs. Training must use an evidence-informed or evidence-based curriculum as described in the grant and at this tier, funding is focused on individual training and certification. Authorized projects include (but are not limited to):

- Host a Train-the-Trainers event to establish locally-based Trainers;
- Host a Gatekeeper Training event;
- Host a Postvention Training event;
- Trainer certification (i.e. send personnel to Train-the-Trainer certifications);
- Organizational training (e.g. train the office staff in Question Persuade Refer [QPR]); and
- Professional Development (i.e. training that enhances professional capacity)

**Training Events:** Funds will be used to organize and present not-for-profit suicide prevention trainings that happen multiple times per year, made accessible to the general public. Funding at this tier is focused on increasing awareness and capacity to respond among the general public. Authorized projects include (but are not limited to):

- Facility rental
- Equipment rental
- Speaker fees

**Logistical Support and Capacity Building:** The funds in this area are focused on meeting operational expenses and upgrading stakeholder capacity to prevent suicide in Arizona. Authorized projects include (but are not limited to):

- Physical printing;
- Expendable office supplies;

- Program license renewal (e.g. Office, Acrobat, GIS);
- External marketing (e.g. webpage, organizational/program promotional material);
- Website Improvements;
- Create/Print Materials;
- Advertising Campaign;
- Data collection (e.g. focus groups, needs assessments);
- Data systems (i.e. purchase of new software, prevention tools or other automation); and
- Language and accessibility services (e.g. ASL, braille translation)

## **Supported Populations**

Funding provided by RFGA 2024-009 prioritizes supporting disproportionately affected populations and DAP-serving organizations. Currently identified disproportionately affected populations: Indigenous Peoples of Arizona (American Indian/Alaska Native); Lived Experience - Suicide Attempt Survivors and Survivors of Suicide Loss; Adolescents (<18) and Young Adults (18-24); Older Adults (65+); Veterans; and people who identify as LGBTQIA2S+. While funding prioritizes projects supporting these populations, organizations serving other populations may also apply and be awarded funding.

## **Other Infrastructure and Capacity Building Initiatives**

### **Inter-Governmental Agreement (IGA) - Maricopa County Suicide Prevention Professional Staffing Agreement**

As part of the Infrastructure plan, Arizona Department of Health Services will fund a suicide prevention professional at Maricopa County Department of Public Health for a period of two years. Placing a dedicated suicide prevention professional in Maricopa County represents not only good policy but a critical step towards addressing a pressing public health concern, as the county accounts for roughly 60% of Arizona’s total population. In recognition of this urgent need to prevent suicide in the fourth largest county in America by population<sup>20</sup>, the state has allocated \$420,000 over the course of two years, allocating \$110,000 designated for the professional's salary and an additional \$100,000 for suicide prevention projects in the county, per year. This strategic investment is essential because it not only provides a dedicated expert who can lead and coordinate suicide prevention efforts at the local level but also ensures that resources are available to implement focused interventions that can save lives.

The decision to place a suicide prevention professional in Maricopa County is grounded in evidence-based practices and a commitment to reducing the devastating impact of suicide on individuals, families, and communities. By having a skilled and knowledgeable advocate on the ground, we can better understand the unique challenges faced by Maricopa County residents, tailor prevention strategies to their

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<sup>20</sup> 2022 U.S. Census population estimates for Maricopa County

specific needs, and foster collaborations among local stakeholders, including healthcare providers, schools, and community organizations.

Furthermore, the allocation of \$100,000 annually for suicide prevention projects demonstrates the state's dedication to actively address the issue through innovative programs and initiatives.

### **Inter-Service Agreement (ISA) - University of Arizona Program Evaluation (Suicide Prevention)**

ADHS and the Suicide Prevention Program have signed an ISA with the University of Arizona to evaluate the implementation and effectiveness of the 2024-2026 Arizona SPAP. Professional, university-level evaluation services provided by the University of Arizona are an indispensable step in bolstering the effectiveness of the Arizona Suicide Prevention Program. Such an approach adheres to best practices in program evaluation and serves multiple, vital purposes. First, a university's expertise ensures that the evaluation process is conducted with the highest level of scientific rigor, objectivity, and impartiality. This ensures that the program's interventions, strategies, and outcomes are scrutinized in a manner that yields credible and actionable insights. University-based evaluators possess the necessary skills to collect, analyze, and interpret data comprehensively, helping the program identify areas of strength and opportunities for improvement.

Professional evaluation is not only a best practice but also a strategic necessity for the sustainability of the Arizona Suicide Prevention Program. In an environment where funding for mental health initiatives is highly competitive, demonstrating program effectiveness through rigorous evaluation is essential for securing future financial support. By showcasing the program's positive impact on reducing suicide rates, improving access to mental health services, and supporting vulnerable populations, the University of Arizona's evaluation can serve as a compelling testament to the program's value and its commitment to saving lives. In essence, it ensures that resources are channeled where they can make the most difference, ultimately leading to the program's long-term success and the betterment of the communities it serves.

## The Partnership Plan

**Introduction:** In today's increasingly interconnected world, it has become abundantly clear that the issue of suicide prevention is one that transcends geographic boundaries and affects individuals from all walks of life. While data shows suicide knows no classes or labels, it is a harsh reality that certain populations within our state bear a disproportionately heavy burden in terms of rates of suicide. It is imperative that we recognize the unique challenges faced by these disproportionately affected communities and prioritize their needs in our approach. Our commitment to suicide prevention should not be a one-size-fits-all endeavor, but a tailored and compassionate response that addresses the specific needs of those most at risk.

Factors such as age, gender, race, ethnicity, sexual orientation, and socioeconomic status can significantly impact an individual's vulnerability to suicide. Our research and data also show that the Social Determinants of Health do not affect everyone equally - further necessitating tailored solutions. The Partnership Plan seeks to underscore the critical importance of adopting a focused, inclusive, and culturally sensitive approach that embraces diversity and strives for equity in access to mental health resources and support services. By shining a spotlight on these disproportionately affected populations and fostering collaboration between government agencies, community organizations, healthcare providers, and advocacy groups, we can work together to develop strategies that truly make a difference and save lives.

The Partnership Plan is a noteworthy component of the broader 2024-2026 Arizona Suicide Prevention Action Plan (SPAP) because of the bottom-up approach. This bottom-up model, initially established by the 2022 - 2023 Arizona SPAP, allows stakeholders supporting disproportionately affected populations an opportunity to provide direct input into the state plan. These volunteers staffed six workgroups focused on developing suicide prevention recommendations focusing on the needs of Indigenous Peoples of Arizona, Older Adults (65+), Adolescent and Young Adult (<24 years old), Lesbian, Gay, Bisexual, Transgender and Trans, Queer and Questioning, Intersex, Asexual or Agender, and Two-Spirit (LGBTQIA2S+), Veterans, and Lived Experience. These recommendations underwent a comprehensive review by a Steering Committee composed of members from those workgroups, as well as suicide prevention professionals from across the state. This innovative approach has produced invaluable input from individuals and organizations on the front lines of serving Arizona's most vulnerable populations, ensuring their direct involvement in shaping the state's strategic planning process. The work of the workgroups, as well as the vetting of the Partnership Plan Steering Committee, resulted in 25 Initiatives for the state plan, outlined below.



## **Indigenous Peoples of Arizona (American Indian/Alaska Native)**

**Narrative:** The Indigenous Peoples of Arizona Suicide Prevention Workgroup (American Indian and Alaska Natives) meets every second Tuesday of the month. The following organizations supply volunteers for this workgroup: the Inter Tribal Council of Arizona; Gila River Healthcare; Hopi Department of Behavioral Health Services; Tohono O'odham Behavioral Health; White Mountain Apache Behavioral Health Services; Salt River Pima-Maricopa Indian Community Prevention and Intervention Services; Phoenix Indian Center; Tucson Indian Center, Native Americans for Community Action; Arizona State University; Arizona Department of Education, Arizona Department of Health Services; AHCCCS; the U.S. Public Health Service; and the County Health Departments of La Paz, Maricopa and Navajo County.

**Initiative 1:** The workgroup will survey available native, youth-specific suicide prevention programs for potential use by Arizona's American Indian and Alaska Native (AI/AN) population. The workgroup will develop criteria to evaluate identified programs and make these evaluations available to Arizona's Tribal and Urban Indian communities, as well as indigenous-serving organizations. The criteria will include, at a minimum, a focus on culture as prevention. As part of the evaluation process, the workgroup will invite program creators and other native voices into this evaluation process.

**Initiative 2:** The workgroup will identify and promote available suicide prevention training specific to native peoples, as well as other appropriate crisis resources identified by the workgroup. As part of the promotion process, the workgroup will raise awareness of available train-the-trainer and funding opportunities in order to help build suicide prevention program sustainability. The workgroup will also solicit for and promote positive outcome stories from indigenous community members, focusing on health, wellness and resiliency in order to decrease stigma towards help-seeking behavior. These stories will be hosted on the ADHS Suicide Prevention website

**Initiative 3:** The workgroup will work to establish a statewide community of practice for native suicide prevention. This community of practice, at a minimum, should meet to collaborate; cross-promote and align messaging; serve as a repository of knowledge for native-specific suicide prevention resources; provide professional development to members; provide for member communications, e.g. listserv; and work to connect native-serving suicide prevention specialists across the state. As part of implementation, the workgroup will conduct a membership drive to increase participation from Tribal and Urban Indian communities.

## **Older Adults (65+)**

**Narrative:** The Older Adult (65+) Suicide Prevention Workgroup meets every second Monday of the month. The following organizations supply volunteers for this workgroup: Arizona Department of Health Services; AHCCCS; University of Arizona - Arizona Center of Aging; La Frontera EMPACT Suicide Prevention Center; the County Health Departments of Cochise, Gila, Maricopa and Navajo counties; Area Agency on Aging, Region 1; Blue Cross Blue Shield of Arizona; Jewish Family and Children's Services; the Arizona Suicide Prevention Coalition; and MATFORCE. The workgroup also benefits from the participation of individual advocates.

**Initiative 1:** The workgroup will develop and launch a substance use and misuse awareness campaign supporting individual Older Adults 65+. The campaign will focus on promotion of a consolidated resource listing professional and peer support services, as well as community organizations that offer specific support for older adult substance use/misuse. The resource will be developed and curated by the workgroup and the resource will be hosted on the ADHS suicide prevention website. The awareness campaign to be coordinated by the workgroup.

**Initiative 2:** The workgroup will organize stakeholders and leverage partnerships to promote Older Adult peer support programs by developing a consolidated resource list and community events. Resources to include, at a minimum: peer support and counseling, senior center activities, senior support coalitions and senior support groups. Crisis resources, warm lines, Medicare/Medicaid support lines and the 24/7 Nurse on Call line will also be included. This resource will be developed and curated by the workgroup and will be hosted on the ADHS suicide prevention website.

**Initiative 3:** The workgroup will create a consolidated resource supporting family caregivers (who support older adults). This resource will be developed and curated by the workgroup and will be hosted on the ADHS suicide prevention website. Lethal means reduction, such as locations to drop off medications and obtain gun-locks, will be included as part of the resource. A section of the resource will include training and information to connect caregivers with training that will help them utilize the listed resources with their supported older adult(s). As part of the dissemination, care will be taken to make the resource available to caregivers that are not part of an organization.

**Initiative 4:** The workgroup will develop and promote a consolidated older adult resource supporting suicide prevention - e.g. warning signs, how to recognize signs, who to refer older adults to. This resource will be appropriate for placement in primary care offices. Additionally, the resource will be made available to Urgent Care and specialty offices, as well as funeral homes. The workgroup will also explore having the resource disseminated from the Bureau of Vital Records and the offices of county medical examiners. As part of the resource, care will be taken to include information for providers on how to communicate with their patients, focusing on identified gaps in training for medical personnel. The resource will be developed and curated by the workgroup and hosted on the ADHS Suicide Prevention website.

## **Adolescent and Young Adult (<24 years old)**

**Narrative:** The Adolescent and Young Adult (<24) Suicide Prevention Workgroup meets the second Friday of every month. The following organizations supply volunteers for this workgroup: ADHS; Arizona Department of Economic Security - Division of Developmental Disabilities; AHCCCS; Arizona Department of Education and Project AWARE; Arizona State University; the County Health Departments of Cochise, Gila, La Paz, Maricopa, Mojave, Navajo and Yuma counties; La Frontera EMPACT Suicide Prevention Center; Blue Cross Blue Shield of Arizona, Care 1st Health Plan Arizona; Mercy Care; United Healthcare Community Plan; the Arizona Adverse Childhood Experience (ACE) Consortium; the Arizona Family Health Partnership; Native Americans for Community Action; the Arizona Suicide Prevention Coalition; Bark for Schools; New Amsterdam Consulting; the Arizona Youth Partnership; MATFORCE; and the Suicide Prevention Coalition of Yavapai County.

**Initiative 1:** The workgroup will evaluate and establish a list of youth-focused safety applications (apps) for phones and other electronic devices. This list will be publicly available and serve as a resource for parents looking to have a way to monitor their children's electronic devices. At a minimum, this list will include the ADHS Healthy Kids app, the PYX Health app and the Bark for Kids app. Concurrently, the group will also explore the possibility of linking applications to the ADHS Healthy Kids app. The workgroup will curate this resource and it will be housed on ADHS's suicide prevention website.

**Initiative 2:** The workgroup will work to identify youth surveys taking place in Arizona. Once identified, the workgroup will explore the possibility of including questions relating to perceived barriers to mental/behavioral health support. The identified surveys must include informed consent from parents to be considered as part of this initiative. The goal of this initiative is to gather this information, routinely refresh it and then disseminate throughout Arizona, in order to provide empirical data to youth-serving organizations in Arizona. This workgroup is receiving guidance on this process from two workgroup members who have previously administered the Youth Risk Behavior Survey in Arizona.

**Initiative 3:** The workgroup will work to develop a parental support resource that consolidates best practice and resource information about how to support themselves and children that are experiencing suicidality. While other resources exist, the group is unaware of any specific to Arizona and Arizona's crisis systems and programs, that include parents AND children in the same resource. The workgroup will curate this resource and it will be housed on ADHS's Suicide Prevention website

**Initiative 4:** The workgroup will seek out information from Arizona youth councils and Tribal youth councils about how to effectively message to adolescents. The workgroup will curate this resource and it will be maintained on the ADHS suicide prevention website. This resource will include the Westgroup research commissioned by ADHS for the Youth Stigma Reduction campaign and will incorporate more information as

collected. Additionally, the workgroup will seek out sources of funding, with the goal of commissioning additional focus-group research on an annual basis. This information will be curated in tandem with Initiative 2.

**Initiative 5:** The workgroup will seek to promote state-wide resources for adolescents and young adults. Resources to promote, will include (at a minimum): free suicide gatekeeper trainings, the Arizona Teen Pregnancy Program, the behavioral health access fund maintained by AHCCCS as part of Jake's Law, and the Mitch Warnock Act (educating parents so they can hold schools accountable for meeting the prevention training standards outlined in the Act). At a minimum, a resource will be curated by the workgroup and maintained on the ADHS suicide prevention webpage.

**Initiative 6:** The workgroup will promote compliance with A.R.S. 15-1899 (SB 1446, 2020) regulatory guidance for School Identification cards. The first goal of this initiative is to educate the general public on the provisions of ARS 15-1899. The second goal is to develop standardized language for School ID cards that includes crisis information, while being written in such a way as to be encouraging towards students seeking out help. This language will be vetted by youth focus-groups and/or youth councils. The third goal is to utilize the workgroup and educational dissemination channels to make the standardized language available for K-12, institutions of higher education and state-wide producers of ID cards.

## **Lesbian, Gay, Bisexual, Transgender and Trans, Queer and Questioning, Intersex, Asexual or Agender, and Two-Spirit (LGBTQIA2S+)**

**Narrative:** The ADHS LGBTQIA2S+ Suicide Prevention Workgroup meets every second Tuesday of the month. The following organizations supply volunteers for this workgroup: Arizona Department of Health Services: AHCCCS; Arizona Department of Economic Security; Arizona Department of Education; the County Health Departments of Cochise, Gila, Maricopa, Mojave and Navajo counties; White Mountain Apache Behavioral Health Services; Native Americans for Community Action; Arizona State University; Mercy Care; the Arizona Suicide Prevention Coalition; the Arizona Prism Network; La Frontera EMPACT Suicide Prevention Center; One-n-Ten; Phoenix Pride. Individual advocates also participate in this workgroup.

**Initiative 1:** The workgroup will seek to collaborate with established surveys in the state of Arizona to expand Sexual Orientation/Gender Identity and Expression (SOGIE) data collection e.g. Arizona Criminal Justice Commission - Arizona Youth Survey, ADHS - Youth Risk Behavior Survey. Additionally, the workgroup will explore cross-cutting areas with other population surveys to amplify collection - e.g. Adolescent, Young Adult, Veterans, etc. The workgroup will seek out and communicate with LGBTQ+ serving organizations in rural areas, to facilitate low-tech/low-bandwidth options for data collection. At a minimum this work will include paper, mail-in surveys. As part of this initiative, the workgroup will seek out regional/community-level stakeholders and work with the managed care Offices of Individual and Family Affairs to explore opportunities to increase SOGIE data collection inside Arizona's hospital systems.

**Initiative 2:** The workgroup will collaborate with LGBTQ+ serving organizations and regional stakeholders to develop and promote a consolidated list of resources for people who identify as LGBT+ in the state of Arizona. This list will be curated by the workgroup and maintained on the ADHS Suicide Prevention webpage. The resource will include, at a minimum: LGBTQ+ friendly businesses, religious organizations, support groups, advocacy groups, community action groups, local social clubs and safe hangout places for LGBTQ+ youth (this list is referred to as 'services' hereafter). This resource will seek to combine service lists from other organizations and will include local/regional services, as well as state-wide services. This resource will be Arizona-specific and will not include national services, in order to promote local organizations, unless there is no identified service of that type in Arizona.

**Initiative 3:** Expand the ADHS LGBTQIA2S+ Suicide Prevention Workgroup. The expansion creates two subgroups under the auspices of the main workgroup: **Adolescent <24** and **Data**. The Adolescent <24 subgroup shall work with the **Adolescent and Young Adult (<24) Suicide Prevention Workgroup** on appropriate initiatives, in order to braid efforts and increase inclusivity in for suicide prevention initiatives supporting ages 24 and under. The Data subgroup shall primarily lead the efforts towards improving SOGIE data collection. The workgroup shall conduct a membership drive to increase participation and staff this expansion.

**Initiative 4:** The workgroup will explore the feasibility of creating a recognition and promotion program for primary and other physical health care centers that advertise LGBTQ+ support and self-identify as LGBTQ+ friendly. The workgroup will seek to model this program after the Arizona School Mental Health Champion project, currently being piloted by ADE and supported by ADHS and AHCCCS - [linked here](#). Considerations for providing recognition, at a minimum, will include: providing education on available LGBTQ+ support services; collecting and making publicly available SOGIE data around service utilization; performing cultural competency and inclusion training with staff; and signing a non-binding agreement to promote inclusion as an organizational value. An example of LGBTQ+ friendly practices in the physical health setting is the Q Card: <https://www.etr.org/store/product/in-clued-q-card/?optionID=2c928083629b688a01629c62b06c01f1>.

## Veterans

**Narrative:** The Arizona Veterans Suicide Prevention Workgroup is an ongoing collaboration between the Arizona Department of Health Services (ADHS), the Arizona Department of Veterans' Services, the Arizona Coalition for Military Families and the U.S. Department of Veterans Affairs (VA). This workgroup is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and VA, through the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families initiative

### **Initiative 1:**

- *Background:* The [PACT Act](#) expands care and benefits to Veterans - and their survivors - who were exposed to burn pits and other toxic substances by adding to the list of health conditions that are assumed (or "presumed") to be caused by exposure to these substances.
- *Initiative:* ADHS will seek to partner with Veteran Service Organizations and partners such as Arizona Coalition for Military Families to promote the PACT Act legislation throughout Arizona. Promotion would be continued throughout the lifespan of the 2024 - 2026 Arizona SPAP and focus on adding appropriate notification to messaging supporting the Veteran community. ADHS will seek to promote PACT Act messaging from the VA, Arizona regional VA Hospitals and the Arizona Department of Veterans' Services across its Social Media platforms and awareness campaigns wherever appropriate.

### **Initiative 2:**

- *Background:* New Freedom (<https://newfreedomaz.com/>) is an innovative reintegration program for select individuals progressing from the correctional system back into society. 90%+ staffed by individuals who have completed the program and were formerly incarcerated, New Freedom offers job training, on-site mental, behavioral and pharmacological support through intensive in-patient programs, a mandatory physical fitness and nutrition program, support to obtain a driver's license before completion and many other services.
- *Initiative:* ADHS will seek to promote available Veteran services in Arizona and the 988 Suicide and Crisis Lifeline through partnership with New Freedom. This will include, at a minimum, an exhibit table at the New Freedom facility in Phoenix once a quarter and providing 1-page flyers with 988 information, to be mailed by New Freedom staff corresponding with individuals currently incarcerated. Flyers to be paid for by the ADHS Suicide Prevention Program and will not impact mailing fees for New Freedom.

**Initiative 3:** ADHS, in partnership with the Arizona Department of Veterans' Services and Arizona Coalition for Military Families, will seek to improve the accuracy of death certificate Veteran status reporting for deaths by suicide. At a minimum, this will involve creating and curating a data-sharing agreement between the three organizations that will create a dataset that can be cross-referenced against ADHS Vital Records and other data to identify false positives and false negatives with regards to Veteran status

on death certificates. The intended outcome of this endeavor is to identify under and/or over reporting of Veteran suicide and to verify Veteran status on Death Certificates to provide greater clarity on suicide risks and protective factors for the Veteran population in Arizona.

**Initiative 4:** ADHS, Arizona Department of Veterans' Services, the VA and the Arizona Coalition for Military Families will participate in the VA/SAMHSA Governor's and Mayor's Challenge to Prevent Suicide Among Services Members, Veterans and their Families. The goal of this challenge is to establish Suicide Mortality Reviews (SMR) in each of the 50 states and 5 US Territories. As Arizona has already established an SMR program managed by ADHS, we will seek to establish the first population-specific SMR in Arizona, supporting Veterans. The Arizona team will be provided technical assistance by VA/SAMHSA representatives supporting the challenge. The Arizona team will meet to discuss appropriate laws and regulations, establish protocols and make decisions with regards to staffing the Veteran SMR, in accordance with current best-practices and guidance from subject matter experts provided by the VA and SAMHSA (e.g. Dr. Kimberly Repp from WA County, OR, who established SMR in the U.S.).



## **Lived Experience: Suicide Attempt Survivors and Survivors of Suicide Loss**

**Narrative:** The workgroup dedicated to supporting the Lived Experience communities of Suicide Attempt Survivors and Survivors of Suicide Loss meets every second Wednesday of the Month. The following organizations supply volunteers for this workgroup: Arizona Department of Health Services: AHCCCS; Arizona Department of Economic Security and their Division of Developmental Disabilities; Arizona Department of Education and Project AWARE; the U.S. Department of Veterans Affairs; White Mountain Apache Behavioral Health Services; Salt River Pima-Maricopa Indian Community Prevention and Intervention Services; the County Health Departments of Gila, Maricopa, Mojave and Navajo counties; Blue Cross Blue Shield of Arizona; Mercy Care; La Frontera EMPACT Suicide Prevention Center; Blue Ridge School District #32; the Arizona Suicide Prevention Coalition; and Phoenix Pride. The workgroup also benefits from the participation of several individual advocates who share their own lived experience as part of the planning and implementation process.

**Initiative 1:** The workgroup will develop a postvention resource guide for use in all educational environments in Arizona. At a minimum this will include public, private, home, indigenous, and corrections environments; and support K-12 and higher education environments - e.g. Universities, community colleges, trade schools. This guide will be curated and maintained by the workgroup. This guide will be developed as a joint collaboration between the workgroup and community partners, in order to include community and county-level resources. In the final phase of editing, the collaborative group shall provide an opportunity for professional educational organizations, such as the Arizona School Board Association, parent/teacher organizations and other stakeholders to provide feedback before publication.

**Initiative 2:** Collaborate with La Frontera EMPACT Suicide Prevention Center and other lived-experience serving organizations to update and disseminate appropriate leave-behind material to organizations that encounter suicidality and/or death-by-suicide - e.g. Law Enforcement, Emergency Medical Services, Medical Examiners. Work with the identified collaboration group to create a digital toolkit appropriate for statewide dissemination and to act as a template local organizations can add to. Information on peer-support organizations and meetings shall be promoted as part of this initiative.

**Initiative 3:** The workgroup will develop a lived experience-appropriate community needs assessment template (CNA) that can be used to assess support infrastructure for Suicide Attempt Survivors and Survivors of Suicide Loss at a **county** level. At a minimum, the CNA shall assess for: coalitions and organizational capacity to provide resources; education and coordination; community access to mental and behavioral health; crisis service access; and postvention services. The CNA should be developed in a way that it is easily customizable and can be widely disseminated.

**Initiative 4:** The workgroup will develop a statewide resource that supports the lived experience community of Arizona. This resource will differentiate between suicide attempt survivors and survivors of suicide loss and will consolidate all available

resources specific to Arizona, as well as selected national resources. An educational section addressing bereavement will be included, as well as grief support resources. This resource will be developed and curated by the workgroup and be maintained on the ADHS Suicide Prevention webpage.

## **Beyond 2026**

In crafting a comprehensive state suicide prevention plan, ADHS acknowledges the urgent need to address the immediate crisis of suicide while also looking beyond the lifespan of the 2024 - 2026 Arizona SPAP. Our commitment extends far beyond the expiration date of this document. It is imperative that we recognize the importance of continuing to improve strategic planning and implementation for suicide prevention, ensuring a sustainable future where life is valued and protected for **ALL** Arizonans.

### **Long-Term Commitment to Suicide Prevention**

While Arizona's SPAP is a critical blueprint for action, ADHS understands that its impact should extend well beyond its predetermined lifespan. Suicide prevention is a long-term endeavor that requires ongoing dedication and adaptation to evolving challenges. Our commitment to reducing suicide rates in Arizona remains unwavering, and will remain so, despite short-term setbacks.

### **Continuous Improvement and Innovation**

To truly make a lasting impact, Arizona must foster a culture of continuous improvement and innovation within our suicide prevention efforts. This means regularly assessing the effectiveness of our strategies, staying informed about the latest research and best practices, and remaining open to new ideas and approaches. By embracing a spirit of innovation, Arizona can adapt to the changing landscape of mental health and suicide prevention and ensure that our efforts remain relevant and effective for years to come.

### **Collaboration and Community Engagement**

Sustainability in suicide prevention also hinges on collaboration and community engagement. ADHS recognizes the importance of involving diverse stakeholders, including mental health professionals, schools, faith-based organizations, and individuals with lived experience. By building strong partnerships and engaging our communities, Arizona can create a support system that transcends the lifespan of any single plan, enabling us to tackle the multifaceted issue of suicide comprehensively. To paraphrase an Executive Order from 2021<sup>21</sup>, Arizona's suicide prevention collaborations should reflect the diversity of Arizona in order to best serve the people of Arizona.

### **Conclusion**

As the state suicide prevention plan is unveiled, ADHS does so with a deep commitment to its enduring impact. ADHS's responsibility does not end with the completion of this document; rather, it marks the beginning of an ongoing journey to save lives and protect the well-being of Arizona's citizens. ADHS is determined to continuously improve our strategies, embrace innovation, and engage our communities to build a sustainable future where suicide prevention remains a top priority. Together, we can create a legacy of hope, resilience, and support that transcends generations.

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<sup>21</sup> United States of America Executive Order 14035

## Appendix A: Letter of Support Example

This letter is an example of support local and State Government can provide to suicide prevention infrastructure development. Advocates are encouraged to seek support from their local elected leaders, using [this letter](#) as a template.

Fellow Policy-Makers,

We are writing you today as legislative representatives who have served on the **Advisory Panel for Recommendations for State Suicide Prevention Infrastructure** with the national **Suicide Prevention Resource Center**. In short, we have been meeting for over a year to develop recommendations for you as legislators to use, as relevant, in your own suicide prevention efforts. We are excited to announce that we now have the recommendations finalized, and you are receiving them hot off the press!

As you might know, the **cost of suicide can be enormous to states**: lost days of work due to mental health issues, hospitalizations, emergency responses, involuntary detentions, and associated impacts (kids put into foster care, support needed by industries with high rates of suicide—like farming, construction, and extraction). Statistically, each of you has most likely already witnessed the **deep emotional toll** on individual constituents and communities with both the **suicide and opioid crises**, which can overlap.

In our work, we have realized how critical states' roles are in **shifting from crisis response to prevention**. Suicide prevention is more than obtaining treatment for a mental health or substance use issue (although that is important). It is also about building individual and community strengths, improving resilience, and creating a community network that intervenes early—**before** a situation becomes a suicidal crisis.

You will see in the attached summary recommendations that stable infrastructure for suicide prevention efforts can help:

- Build internal coping and problem-solving skills that help people to avoid becoming suicidal;
- Allow states to focus on **your** unique resources and areas of strongest need—not just those dictated by grant parameters;
- Be **more cost effective** than the usual boom/bust model of grant reliance where time, talent, money, and momentum are built, lost, and rebuilt;
- Utilize collaboration within your current infrastructure—fill existing gaps and **avoid duplication** of services, products, and efforts.

**Research shows that a singular focus on suicide prevention saves lives.** In states where funding is stable, more progress is made in crisis/tragedy response, appropriate healthcare, and community education.

Please share these and talk with your governors, state suicide prevention coordinators, state suicide prevention coalitions, and communities about what your state might be able and willing to do to help stop preventable suicides of your constituents. For further information or questions, please feel free to contact the Suicide Prevention Resource Center (<http://www.sprc.org/contact-us>) or to reach out to either of us directly. You can also access the full recommendations at [www.sprc.org/state-infrastructure](http://www.sprc.org/state-infrastructure).

In the peace of prevention,

**Senator Linda Newell**  
Colorado State Senate 2009–2016  
[senlindanewell@gmail.com](mailto:senlindanewell@gmail.com)

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Indiana State Senate 2008–2019  
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