

SUICIDE PREVENTION PROGRAM

Trauma Sensitive Schools workgroup

Data Trends, Program Updates and Adolescent Initiatives - 6 November 2024



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Agenda

- Part 1
 - Deaths by Suicide in Arizona
 - National Syndromic Surveillance in Arizona (Suicide)
 - Putting the Problem in Context
- Part 2
 - Adolescent-Supporting Initiatives
 - RFGA Opportunities
 - Garrett Lee Smith Grant
- Part 3
 - Other Program Updates
 - Question and Answer



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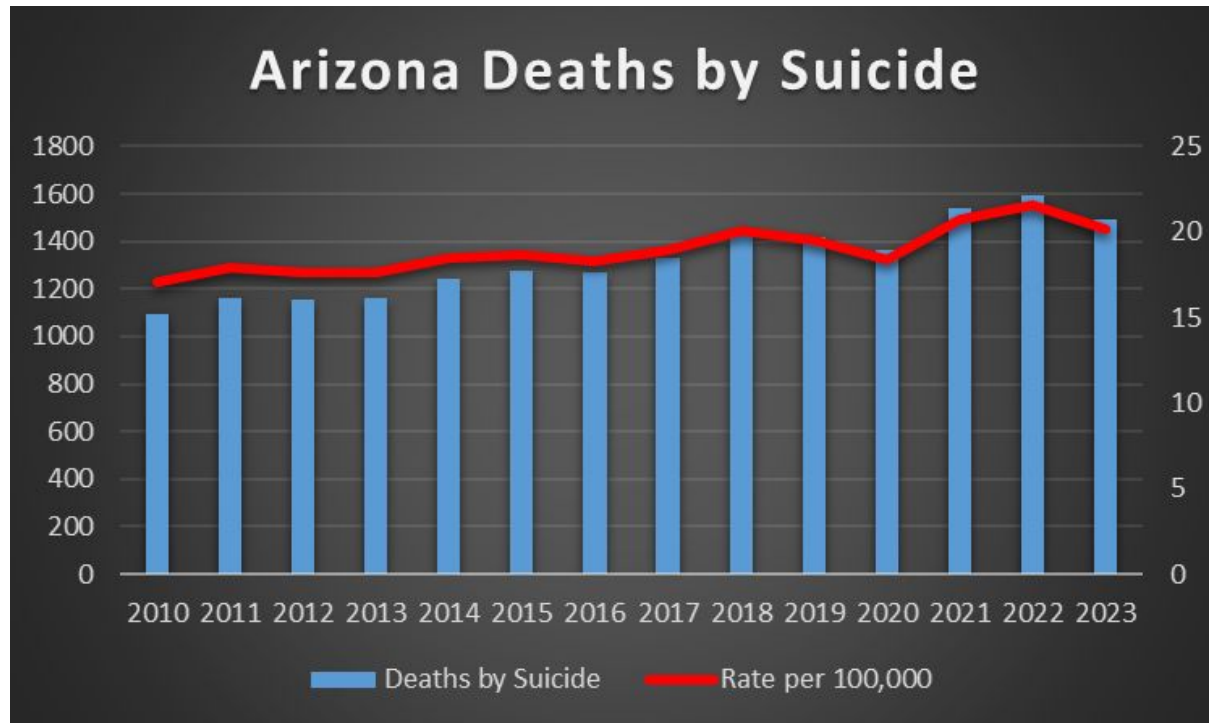
Part 1* - Arizona Data

AZ Suicide Deaths & Rates of Death		
Year	Deaths	Rate Per 100,000 Arizona National
2018	1438	20.1 - (14.2)
2019	1419	19.5 - (13.9)
2020	1363	18.4 - (14.2)
2021	1479	20.3 - (14.1)
2022	1596	21.5 - (14.8)
2023**	1496	19.9

AZ Suicide Deaths by Age Groups 2023 v (2022)		
Age	Deaths	Rate Per 100,000
0-17	49 (46)	2.9 (2.8)
18-24	123 (156)	17.3 (22.2)
25-34	277 (264)	26.5 (25.7)
35-44	253 (249)	27.3 (27.3)
45-54	196 (217)	22.5 (25.3)
55-64	214 (264)	23.6 (29.5)
65-74	180 (195)	22.6 (24.8)
75-84	139 (155)	31.6 (35.8)
85+	65 (53)	42.2 (34.9)

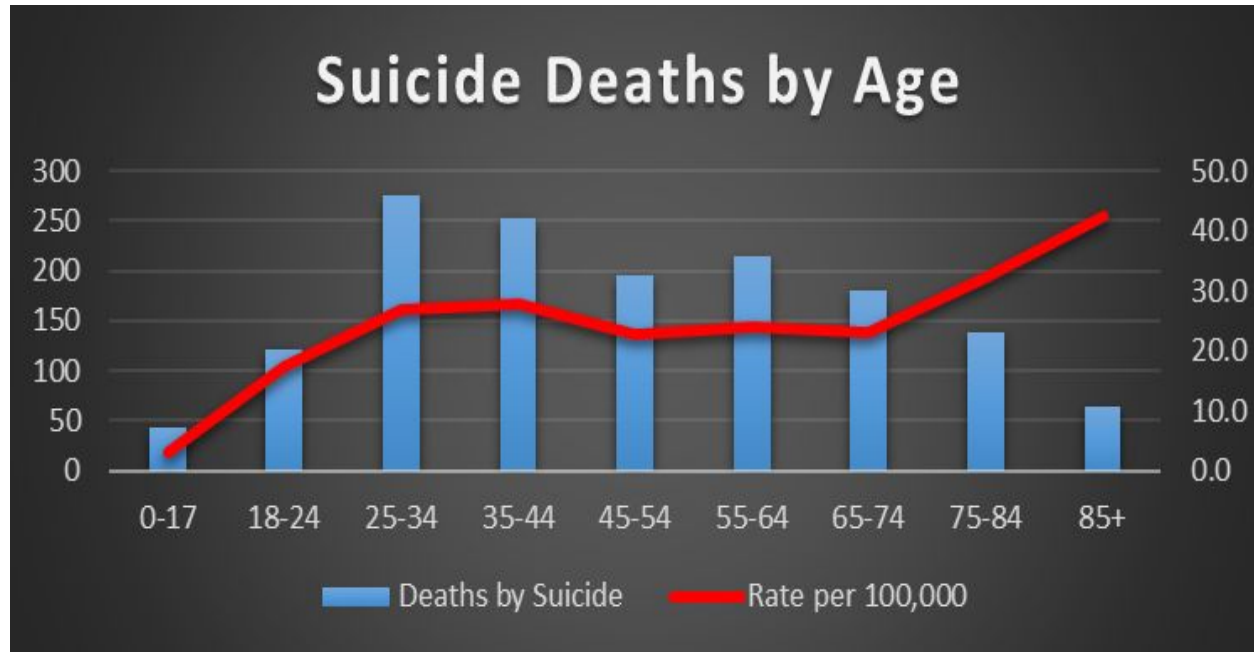
*Data from CDC, US Census Bureau and ADHS **2023 CDC national rate data not yet available

Part 1* - Arizona Data



*Data from CDC, US Census Bureau and ADHS

Part 1* - Arizona Data



*Data from CDC, US Census Bureau and ADHS

Part 1* - Arizona Data

Suicide Deaths by Select Demographics 2023 v (2022)		
Population	Deaths	Rate per 100,00
American Indian or Alaska Native	104 (108)	35.0 (36.7)
Asian American or Pacific Islander	19 (28)	6.3 (9.4)
Black or African American	71 (57)	18.3 (14.9)
White	1,032 (1,130)	24.9 (27.7)
Hispanic or Latino	252 (271)	10.5 (11.5)
Veteran**	274 (304)	55.3 (64.7)
LGBTQIA2S+***	Not Available	Not Available



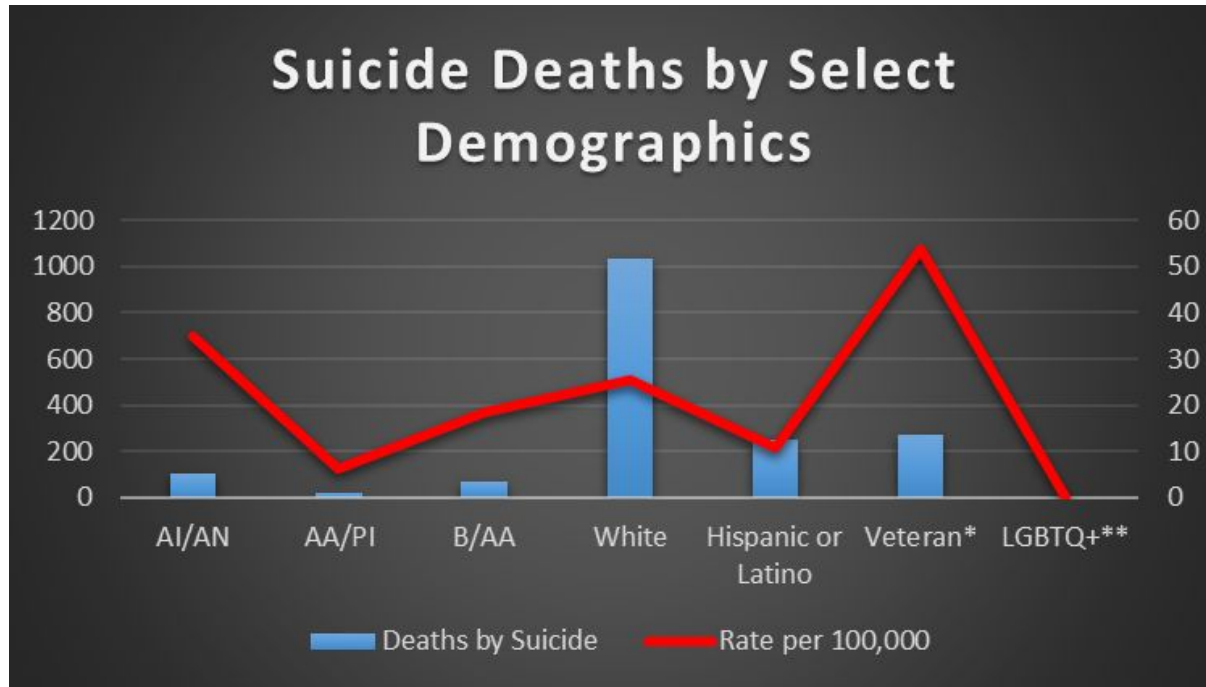
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*Data from CDC, US Dept. of Veteran Affairs and ADHS **Veteran population: 495,038 - Source: VA Veteran Population Data - AZ <https://www.data.va.gov/stories/s/NCVAS-State-Summary-Arizona-FY2023/cruv-8y3m/>

***Deaths and Rates of Death per 100,000 are shown as N/A to remind us of this important data gap and that people who identify as LGBTQIA2S+ are at increased risk for suicidality

Part 1* - Arizona Data

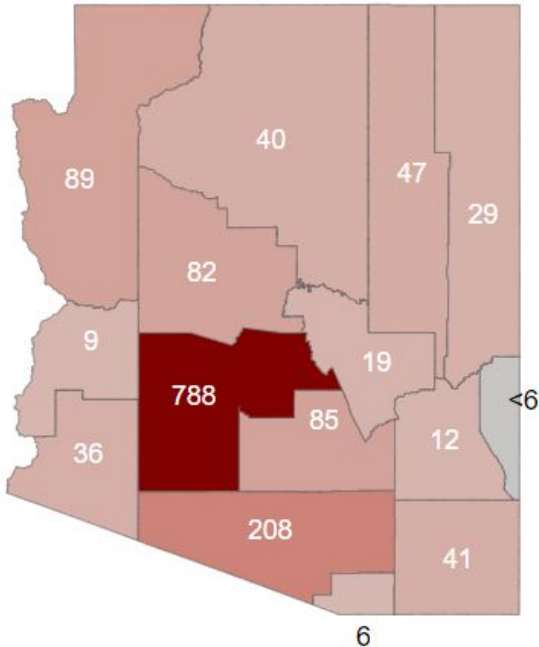


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Part 1* - Arizona Data

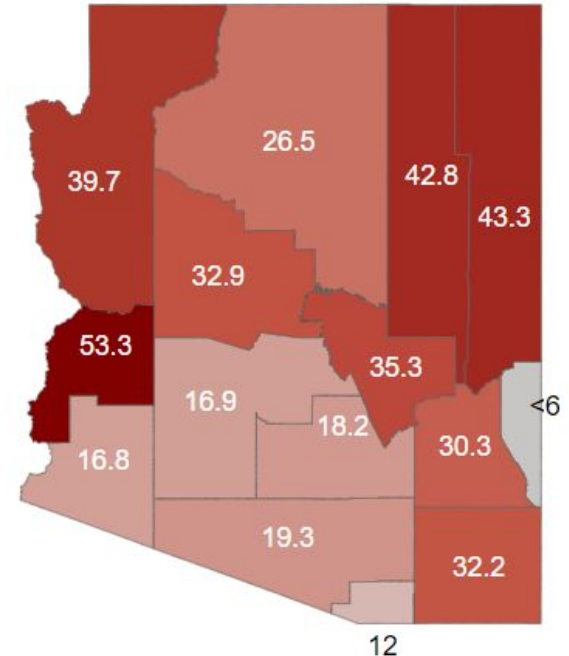
Number of deaths by suicide



County Deaths by Suicide 2023 v (2022)

County	Deaths	Rate Per 100,000
Apache	29 (30)	43.3 (44.9)
Cochise	41 (35)	32.2 (27.6)
Coconino	40 (48)	26.5 (32.1)
Gila	19 (33)	35.3 (61.3)
Graham	12 (10)	30.3 (25.6)
Greenlee	S** (6)	S** (62.2)
La Paz	9 (9)	53.3 (53.4)
Maricopa	788 (785)	16.9 (17.1)
Mohave	89 (114)	39.7 (51.6)
Navajo	47 (40)	42.8 (36.8)
Pima	208 (243)	19.3 (22.7)
Pinal	85 (107)	18.2 (23.6)
Santa Cruz	6 (S**)	12 (S**)
Yavapai	82 (90)	32.9 (36.7)
Yuma	36 (30)	16.8 (14.3)

Rate of death by suicide per 100k



*Data from ADHS

**S and "<6" represent data suppressed due to privacy concerns

Part 1 - Death by Suicide Data Summary

- **100** fewer deaths by suicide in Arizona from 2022 - 2023
- Almost all counties with increases in deaths by suicide are in Southern Arizona (*Cochise, Graham, Greenlee, Navajo, Santa Cruz and Yuma*)
- Black and African American suicide deaths have been rising since 2019
- We not currently have
- American Indian/Alaska Native suicide deaths decreased in 2021 and 2022, but...
 - Roughly 20% higher than pre-COVID norms
 - Highest risk racial/ethnic demographic

Part 1* - National Syndromic Surveillance Program (AZ)

2023 Suicide Encounters v (2022) (summary)*			
Location	Ideation	Attempts	Total
Emergency Room	26,928 (27,620)	7,175 (6,978)	28,953 (29,787)
In-Patient	9,087 (8,079)	3,696 (3,485)	10,399 (11,564)

National Syndromic Surveillance Program (NSSP) - Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments - before a diagnosis is confirmed - public health can detect unusual levels of illness to determine whether a response is warranted. Data source: **ESSENCE (BioSense platform)**



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Part 1 - Putting the Problem in Context

Suicidality Compared to...

Cause	Rate per 100,000 of population
Hospitalizations due to Suicidal Ideation*	1,120 (2023)
Hospitalizations due to Suicide Attempts*	338 (2023)
Verified Non-Fatal Opioid Overdoses*	55.0 (2023)
Opioid-related EMS/LE Responses*	104.2 (2023)
Motor Vehicle Traffic Related Trauma*	224 (2022)
Mental Health Disorders** (F01-F99)	598 (2021 - 2022)



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Part 2 - Adolescent-Supporting Initiatives

- Postvention Initiative developed and refined by ADHS Suicide-Centered Lived Experience workgroup; focuses on K-12 in initial iteration
- **Comprehensive** Postvention Resource
 - Educational environments
 - Occupation-based postvention
 - Faith-based postvention
 - Family-based postvention (exploring if feasible)
- Educational Environments include:
 - K-12, College, University and Trade School
 - Public, Private, Home School, Corrections and Indigenous considerations
- Currently in rough draft for K-12, expected release Q4 2024/Q1 2025



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Part 2 - Adolescent-Supporting Initiatives



School-Based Postvention Program & Implementation

Preplanning

Step 1: Engage administrators, school boards and other key players

- Outreach the school district's superintendent. Ask to meet with them and discuss the importance of a district wide suicide prevention plan. Share your willingness to help create such a plan. Also share relevant resources already available to the schools, such as the **Schools – Suicide Prevention Resource Center (sprc.org)**.
- Contact each school board member; their contact information can be found on the district's website. In addition, you may want to consider attending a school board meeting and sharing your concern and the



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Part 2 - Adolescent-Supporting Initiatives

- Youth Safety Application Initiative
 - Initiative developed and refined by ADHS Adolescent and Young Adult (<25) suicide prevention workgroup
 - Evaluate and establish a list of youth-focused safety applications (apps) for phones and other electronic devices
 - Current apps being considered: ADHS Healthy Kids, PYX Health, Bark for Kids
 - Explore possibility for cross-platform support in ADHS Healthy Kids app
- Disordered Eating Support and Prevention workgroup
 - Cross-collaboration new to ADHS in 2024
 - Suicide Prevention Program, Bureaus of Nutrition and Physical Activity (BNPA) & Women and Children's Health (BWCH)
 - Workgroup focused on reducing risk and supporting healthy outcomes for adolescents experiencing disordered eating

Part 2 - Adolescent-Supporting Initiatives

RFGA Suicide Prevention Logistics and Capacity Building Grant

- **Training Awards:** \$5,000 to \$10,000 each award
 - Host a Train-the-Trainer event (i.e. certify a trainer who can certify other trainers);
 - Host a Gatekeeper Training event;
 - Host a Postvention Training event;
 - Trainer certification (i.e. send personnel to training);
 - Organizational training (e.g. train the office staff on 988); and
 - Professional Development (e.g. Tableau, GIS)



Part 2 - Adolescent-Supporting Initiatives

RFGA Suicide Prevention Logistics and Capacity Building Grant

- **Training Events Awards:** \$50,000 to \$100,000 each award
 - Facility rental
 - Equipment rental
 - Speaker fees



Part 2 - Adolescent-Supporting Initiatives

RFGA Suicide Prevention Logistics and Capacity Building Grant

- **Logistics and Capacity Building Awards:** \$5,000 to \$10,000 each award
 - 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)
 - Language and accessibility services (e.g. ASL, braille translation)



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Part 2 - Adolescent-Supporting Initiatives

RFGA Southern Arizona Counseling and Community Services Grant

- In 2024, the Arizona Legislature allocated \$1,000,000 (one-time funding) for ADHS to distribute grants to nonprofit organizations that provide counseling and community services in southern Arizona. Counseling services allow individuals time to develop coping skills, improve personal knowledge, and develop new solutions to current problems



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Part 2 - Garrett Lee Smith Grant Award

Garrett Lee Smith grant award with ADE, ITCA, Cochise County

- Increase number of Cochise County education staff trained to identify and and work with Youth suicidality
- Increase number of schools providing suicide prevention programming in Cochise County
- Create train-the-trainer capacity to self-train
- Create, implement and improve a universal response system for student suicidality
- ADE, ADHS, and Cochise County education staff will engage regularly with the ITCA to ensure project is meeting the needs of tribal youth



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Part 3 - Other Program Updates

Established ISA with **University of Arizona** for comprehensive evaluation of Plan implementation

- Scientific Rigor: Ensures rigorous, objective, and impartial evaluation; adherence to best practices
- Strategic Necessity: Professional evaluation crucial for sustainability and securing future funding
- Demonstrated Impact: University's assessment highlights program's positive outcomes

ADHS - **Maricopa County** IGA

- Dedicated Professional: Funding supports a dedicated suicide prevention professional in Maricopa County, representing ~60% of Arizona's population
- Local Tailoring: Placement of an expert in Maricopa County allows tailored prevention strategies, **will improve** understanding of local challenges, and fosters collaborations
- Innovative Initiatives: Annual funding allocation showcases the state's commitment to address suicide actively through innovative local programs



Part 3 - Other Program Updates

- Arizona is joining the **SAMHSA Policy Academy** for Older Adult Suicide Prevention
 - AHCCCS, Az Dept. of Economic Security, Area Agency on Aging, ADHS
- **Rural AZ Mental Health and Suicide Prevention** collaboration
 - AHCCCS, ADHS, Az Dept. of Agriculture, Az Farm Bureau, U of Arizona
 - New to Arizona, Agri-Stress Hotline
 - ADHS and U of A analyzed data to establish suicide death statistics for Ag and Farm occupations in AZ
- **Construction Industry Roundtable** half day in-person event in October
- Attended VA-SAMHSA “Innovations” Conference in San Diego, focused on capturing the best data, lessons and practices from the **VA-SAMHSA SMR Policy Academy** teams
- Disproportionately Affected Population suicide prevention workgroups meet monthly:
 - Older Adult, American Indian/Alaska Native, LGBTQIA2S+, Suicide-Centered Lived Experience, **Adolescent/Young Adult (<25)**



Part 3 - Other Program Updates



Crisis Response Network AZ 988 Dashboard

The Crisis Response Network Performance Dashboard highlights key performance indicators for Solari's crisis, peer support warm line and dispatch functions. All data with the exception of Crisis Call Volume by Month is updated daily, and includes the previous 30 days. Click the tiles to the left to see regional dashboards.



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Part 3 - Other Program Updates

34,686

30-Day Statewide Crisis Call Volume

99.0%

Statewide Answer Rate

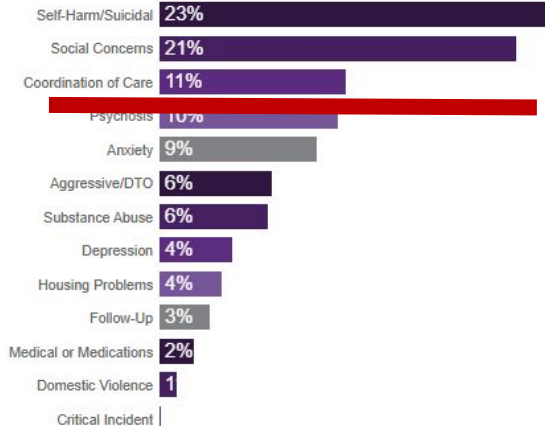
11 seconds

Statewide Average Speed of Answer

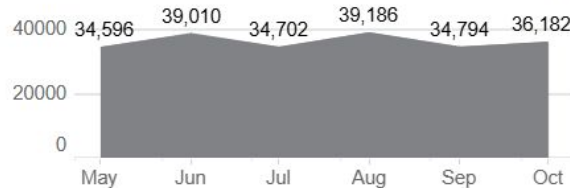
88%

Statewide Stabilization Rate

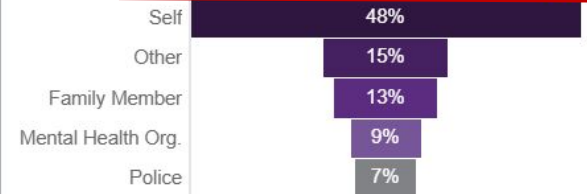
Reasons for Calling



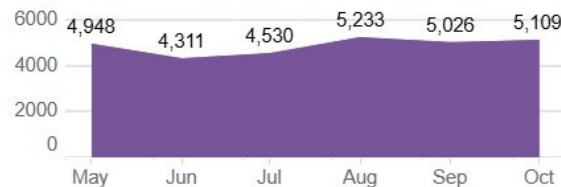
Statewide Crisis Volume by Month



Top 5 Referral Sources



Mobile Team Dispatch Volume by Month



Law Enforcement Collaboration



Part 3 - Other Program Updates

7,948

30-Day AZ 988 Crisis Call Volume

99.0%

AZ 988 Answer Rate

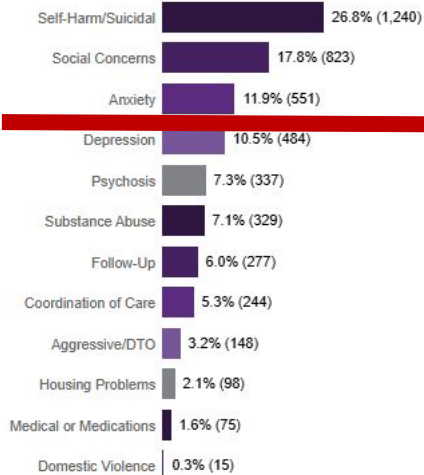
12 seconds

AZ 988 Average Speed of Answer

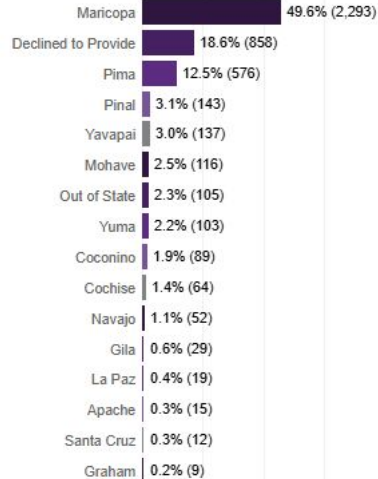
90%

AZ 988 Stabilization Rate

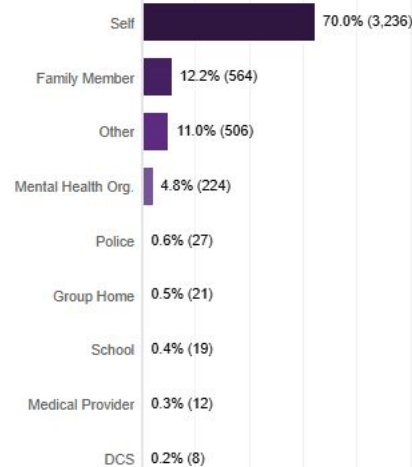
Reasons for Calling



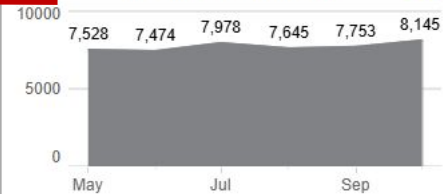
Utilization by County



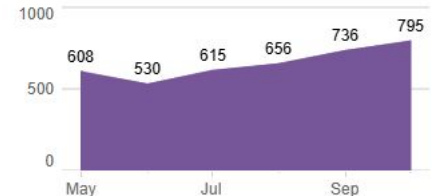
Referral Sources



AZ 988 Crisis Volume



Mobile Team Dispatch Volume



Part 3 - Other Program Updates

Wireless Calls to 988 Get a More Localized Response with Georouting

The process to route cell phone calls to the 988 Suicide & Crisis Lifeline based on the caller's approximate location, versus by area code, has started; FCC to vote next month on a final rule that would require all U.S. wireless carriers to implement georouting with specific timelines



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For More Information

azhealth.gov/suicide



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azhealth.gov/988

