A Comprehensive Approach to Preventing Suicide: The Role of Law and Policy and the Social Determinants of Health

Carter Blakey, Acting Director
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
May 26, 2020
I. Introduction to Healthy People, the Law and Health Policy Project, and the Role of Evidence-Based Legal and Policy Approaches to Help Prevent Suicide
   - Carter Blakey, Acting Director and Community Strategies Division Director, ODPHP

II. Overview of Suicide Prevention Technical Package
   - Alex Crosby, MD, MPH, Chief Medical Officer, Division of Injury Prevention, CDC

III. Colorado – National Collaborative
   - Sarah Brummett, MA, JD, Director, Office of Suicide Prevention, Colorado Department of Public Health & Environment
IV. Collective Impact for Veteran Suicide Prevention
   o Nicola Winkel, MPA, Project Director, Arizona Coalition for Military Families

V. Comments
   o Richard McKeon, PhD, MPH, Chief, Suicide Prevention Branch, Substance Abuse and Mental Health Services Administration

VI. Question and Answer Session – All Presenters
   o Moderator: Carter Blakey, Acting Director and Community Strategies Division Director, ODPHP
Healthy People
What is Healthy People?

- Provides a strategic framework for a **national agenda** that communicates a vision for improving health and achieving health equity

- Identifies **science-based, measurable objectives with targets** to achieve each decade

- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action

- Healthy People 2020 has **42 topic areas** and **over 1,200 objectives**

- Healthy People 2020 has **26 Leading Health Indicators** covering **12 topic areas**

- Healthy People 2030 is set to launch later this year
Healthy People 2020 Objectives

- 12 main objectives in the Mental Health and Mental Disorders topic area that focus on:
  - Mental health status improvement
  - Screening
  - Treatment expansion

- Objectives are supported by evidence-based resources selected by subject matter experts

- Objectives specific to suicide prevention:
  - **MHMD-1**: Reduce the suicide rate
    - Leading Health Indicator (selected as a high-priority health issue)
  - **MHMD-2**: Reduce suicide attempts by adolescents
Recognizing that the conditions that create health exist beyond traditional public health and healthcare silos, Healthy People 2020 included a framework to address social determinants of health (SDOH). This framework identified 5 domains —economic stability, education, health and health care, neighborhood and built environment, and social and community context — that impact health outcomes. The framework also includes 19 key underlying factors, which are the focus of a set of descriptive summaries released last year to increase the public's understanding of the SDOH.

Many of these factors are inequitably distributed across and within our communities. For example, key issues within the **Economic Stability** domain include:

- Poverty
- Employment
- Housing stability
- Food insecurity

Key issues within the **Education** domain include:

- High school graduation rates
- Enrollment in higher education
- Early childhood education and development
- Language and literacy

Key issues within the **Health and Health Care** domain include:

- Access to health services
- Access to primary care
- Health literacy

Key issues within the **Neighborhood and Built Environment** domain include:

- Quality of housing
- Crime and violence
- Environmental conditions
- Access to healthy foods

Key issues within the **Social and Community Context** domain include:

- Social cohesion
- Discrimination
- Civic participation
- Incarceration

LA County revised its land use ordinances to reduce the cost of bringing farmer’s markets to lower-income neighborhoods.
COVID-19 and Social Determinants of Health

30 million people have lost their jobs in just 6 weeks.

Reminder that these are very stressful times with the COVID-19 pandemic. We’re very aware of the issue to our physical health, but we’re seeing impacts on most of the Social Determinants of Health with:

- Cities and communities sheltering in place resulting in closed schools, businesses, childcare providers, and transportation issues.
- Staggering job losses and therefore, fear about making payments and potential housing evictions.
- Food insecurity with disruptions to regular food sources including school lunch programs and huge numbers visiting food banks.
- And of course, there are challenges to our mental health and access to health services at a time when people are more vulnerable. This has also led to social isolation as they are required to stay inside to protect themselves.

While we don’t yet know the impact that COVID-19 might have on suicide rates and attempts, our current situation suggests that creating protective environments and promoting connectedness should be extremely valuable at this time.

"We just can’t feed this many."

Vehicles start lining up before dawn as locals hit hard by economic effects of coronavirus seek aid from the San Antonio Food Bank.

By: Tom Reel

From: MySA.com, Editor and the Main Desk.
The Public Health Impact of Suicide

- Suicide is the **10th leading cause of death** in the United States
  - More than 48,000 deaths in 2018
  - In 2018, 10.7 million American adults seriously thought about suicide, 3.3 million made a plan, and 1.4 million attempted suicide

- Suicide is a problem **throughout the lifespan** — it affects people all ages
  - Second leading cause of death for people ages 10 to 34 years
  - Fourth leading cause of death for people ages 35 to 54 years
  - Eighth leading cause of death for people ages 55 to 64 years

- Suicide rates **vary by race/ethnicity, age, and other population characteristics**
  - Highest rates occur among non-Hispanic American Indian/Alaska Native and white non-Hispanic populations
  - Other Americans disproportionately impacted by suicide include Veterans, other military personnel, and workers in certain occupational groups

MHMD-1: Reduce the Suicide Rate

Suicide (age adjusted, per 100,000 population) By Total


Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.
MHMD-1: Reduce the Suicide Rate
State-Level Data

State-level Data
Suicide (age adjusted, per 100,000 population)

Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Why Focus on Law?

• Law can be used as a lever to improve health:
  o Reinforces public policies and standards
  o Establishes minimum standards for desired change
  o Grants authority and flexibility to governments to respond to community needs
  o Has been demonstrated to protect and promote health
Reports and Related Products
• Reports and community “Bright Spots”

Webinar Series
• Focuses on specific Healthy People 2020 topics
• Shares community examples of innovative uses of law and policy to improve health outcomes

Supporting the Development of Healthy People 2030
• Listening Session: 2018 Public Health Law Conference

For more information: www.healthypeople.gov/2020/law-and-health-policy
1. Direct Regulation
2. Deregulation
3. Taxation
4. Spending
5. Redress Through Civil Litigation

Note: Law and legal policy can also be critical determinants of health. They shape everyday life circumstances, societal institutions, and systems—therefore, they influence health and well-being in many ways.

- Graphic adapted from: Gostin LO, Wiley LF. Public health law: power, duty, restraint. Univ of California Press; 2016 Feb 2
Suicide Prevention Issues and Sectors

Healthy People 2020 Objectives

- **MHMD-1**: Reduce the suicide rate (LHI)
- **MHMD-2**: Reduce suicide attempts by adolescents

Law and policy play important roles around suicide prevention in various sectors and ways including:

- Health care
- Education and training
- Means safety
- Crisis services
Role of the Health Care System

- Health care system intersects with all aspects of suicide: suicide prevention, suicide attempts, and fatalities from suicide
- **45%** of people who die by suicide visit their primary care physician within a month of their death
- Examples of laws related to education and training for health care professionals include:
  - Federal Mental Health First Aid Act of 2016
  - State-Led Suicide Assessment, Treatment, and Management Legislation
    - 9 states mandate suicide risk assessment, treatment, and management for health professionals
    - 4 states encourage or require that medical centers offer training
    - 15 states have enacted laws on Mental Health First Aid

Role of Education and Training

• Suicide prevention interventions aim to improve the public’s knowledge of risk factors for suicide
• State laws and policies focused on training teachers and school administrators (K-12) include:
  o 13 states mandate annual training
  o 18 states and DC have mandated training—no annual requirements
  o 15 states encourage training
  o 22 states have school policies and programs on suicide prevention, intervention, and postvention

Laws and policies help reduce access by:

1. **Intervening at suicide “hotspots”** (places where suicides may take place more easily, such as tall structures, tracks, or parks)
   - Erecting barriers or limiting access to tall buildings or bridges to prevent falls or jumps
   - Installing signs to encourage seeking help

2. **Encouraging safe storage practices**
   - Medications—blister packs, restricting quantities, warning labels, locked storage cabinets
   - Poisonous or potentially dangerous products—locked, warning labels

**Sources:**
Supporting Crisis Services

Laws and policies can support crisis intervention:

• Crisis lines
  o National Suicide Prevention Lifeline, the national network for suicide crisis calls, was established in 2005
  o A series of evaluations funded by SAMHSA revealed inconsistencies in how centers responded to callers leading to development of standards and guidelines
• Emergency departments
  o As many as 1 in 10 suicides are by people who recently received treatment in an emergency department
Contact Information

• For more on the Healthy People initiative, including the development of Healthy People 2030:
  o www.HealthyPeople.gov

• For the Law and Health Policy project:

• For any other questions, please contact:
  o Angie McGowan, Project Director (CDC Assignee), ODPHP: Angela.McGowan@hhs.gov
Overview of Suicide Prevention Technical Package

Technical Package Workgroup:
Deb Stone, Kristin Holland, Brad Bartholow, Alex Crosby, Shane Jack, and Natalie Wilkins

Law and Health Policy Webinar
May 2020

Alex Crosby
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Disclaimer: The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention/the Agency for Toxic Substances Disease Registry.
Plan

- The public health approach
- What is a technical package?
- Strategies within the suicide prevention technical package
- Questions and Comments
The Public Health Approach to Prevention

1. Define and monitor the problem
2. Identify risk and protective factors
3. Develop and test prevention strategies
4. Disseminate and implement successful strategies widely
Suicide among all persons by sex -- United States, 1933-2018

Source: CDC WISQARS vital statistics
- www.cdc.gov/injury/wisqars/fatal.html
Suicide rates among males by age group -- United States, 1999 and 2018

Suicide rates females by age group -- United States, 1999 and 2018

Suicide rates by level of county urbanization among persons aged ≥10 years – U.S., 2001-2015

What is a Technical Package?

...a select group of strategies based on the best available evidence to help communities and states sharpen their focus on priorities with the greatest potential to reduce suicide.

CDC’s Technical Packages

- Child Abuse and Neglect (2016)
- Sexual Violence (2016)
- Youth Violence (2016)
- Intimate Partner Violence (2017)
- Suicide Prevention (2017)
- Adverse Childhood Experiences (2019)

http://www.cdc.gov/violenceprevention/pub/technical-packages.html
Technical Package has three components:

- **Strategies** – direction or actions to achieve the goal of preventing suicide
- **Approaches** – specific ways to advance the strategy
  - Example programs, policies, or practices
- **Evidence** – quality of data for each of the approaches in preventing suicide or its associated risk factors
Considerations for Inclusion

- Example programs, policies, & practices selected based on the best available evidence:
  - Meta-analyses, systematic reviews, or rigorous evaluation studies showing impacts on suicide, suicide attempts, or risk/protective factors
  - Beneficial effects on multiple forms of violence
  - Similar outcomes with different settings/populations
  - Feasibility of implementation in U.S. if evaluated in another country
  - No evidence of harmful effects on specific outcomes or with subgroups
### Preventing Suicidal behavior Technical Package

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
</table>
| 1. Strengthen economic supports         | • Strengthen household financial security  
• Housing stabilization policies       |
| 2. Strengthen access and delivery of suicide care | • Coverage of mental health conditions in health insurance policies  
• Reduce provider shortages in underserved areas  
• Safer suicide care through systems change |
| 3. Create protective environments       | • Reduce access to lethal means among persons at-risk of suicide  
• Organizational policies and culture  
• Community-based policies to reduce excessive alcohol use |

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
</table>
| 4. Promote connectedness | • Peer norm programs  
  • Community engagement activities |
| 5. Teach coping and problem-solving skills | • Social-emotional learning programs  
  • Parenting skill and family relationship approaches |
| 6. Identify and support people at risk | • Gatekeeper training  
  • Crisis intervention  
  • Treatment for people at-risk of suicide  
  • Treatment to prevent re-attempts |
| 7. Lessen harms and prevent future risk | • Postvention (i.e., activities which reduce risk and promote healing after a suicide death)  
  • Safe reporting and messaging about suicide |

Strengthen Economic Supports

- Strengthen household financial security
  - Provide individuals with the financial means to lessen the stress and hardship associated with job loss or other unanticipated financial problems.

- Housing stabilization policies
  - Aim to keep people in their homes and provide housing options during times of financial insecurity.
Strengthen access to care

- Coverage of mental health conditions in health insurance policies
  - Ensures that mental health services are covered on par with other health concerns.
Create Protective Environments

- Reduce access to lethal means among persons at-risk of suicide
  - Increases the time interval between the thought of suicide and an attempt.

- Organizational policies and culture
  - Promotes prosocial behavior, skill building, norms change, and access to helping services to positively impact organizational climate and morale.

- Community-based policies to reduce excessive alcohol use
  - Reduces a risk factor shown to be highly associated with suicides and suicide attempts.
Sector Involvement

- Public health
- Education
- Government (local, state, federal)
- Social services
- Business and labor
- Other non-governmental organizations

- Health services
- Justice
- Housing
- Media
Monitoring and Evaluation

- Timely and reliable data
  - Monitor extent of problem & evaluate impact of prevention efforts
  - Program planning, implementation and assessment
Implementing the Technical Package

- Already engaged in suicide prevention
  - Do your current efforts align with information included in the technical package?
  - Are there ways the technical package can advance your work?

- Not yet engaged in suicide prevention
  - Can you use the package to plan and prioritize your efforts?
Why a comprehensive suicide prevention approach

- Because suicide is a complex and multi-factorial issue, no one sector, approach or system can do it alone. It encourages emphasis on upstream, midstream and downstream efforts in promoting successful results.

- It includes mental health as well as public health focus.

- Results in system-wide population changes/evaluation that can be widely implemented versus change in just one individual.

- Because this approach is successful – motor vehicle safety, vaccines, tobacco cessation, opioid misuse, heart disease, workplace safety, infectious disease control, HIV/AIDS.
Suicidal behavior is an important public health problem

There are successful ways to prevent it

Prevention requires a wide range of partners and a broad perspective

Opportunities exist to start efforts that work

The technical package is a tool to help states and communities take action
For more information

Division of Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

1-800-CDC-INFO

Visit CDC’s page on the technical packages
https://www.cdc.gov/violenceprevention/pub/technical-packages.html

and other violence prevention pages
www.cdc.gov/violenceprevention
Thank You Being a Suicide Prevention Champion!
Colorado-National Collaborative

Sarah Brummett, MA JD
Office of Suicide Prevention

Violence and Injury Prevention-Mental Health Promotion Branch Prevention Services Division
Colorado Department of Public Health and Environment
Colorado-National Collaborative is a partnership of local, state and national scientists and public health professionals working with health and social service agencies, nonprofit organizations, government agencies, businesses, academic organizations and Colorado residents to identify, promote and implement successful state- and community-based strategies for suicide prevention in Colorado.
Beginnings

Theory: Coordinated and full-scale comprehensive prevention efforts are necessary to demonstrate a measurable reduction in rates and numbers at the state level.

Goal: Develop, implement, and evaluate a comprehensive strategy that can be replicated nationwide.

Assessment □ Capacity Building □ Planning □ Implementation □ Evaluation

Step 1: select the state.
<table>
<thead>
<tr>
<th>Factors</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Burden</td>
<td>• High enough burden to demonstrate effectiveness of successful intervention</td>
</tr>
<tr>
<td>Political Will</td>
<td>• Senior political support (e.g. governor &amp; state legislature)</td>
</tr>
<tr>
<td></td>
<td>• Recently passed legislation in support of suicide prevention</td>
</tr>
<tr>
<td>Key Infrastructure</td>
<td>• Senior Executive &amp; State Infrastructure</td>
</tr>
<tr>
<td></td>
<td>• Suicide Prevention Commission</td>
</tr>
<tr>
<td></td>
<td>• Support across federal, county, &amp; community behavioral health centers</td>
</tr>
<tr>
<td>Firearm Laws</td>
<td>• Preferred state with less restricted rural/urban firearm ownership laws</td>
</tr>
<tr>
<td>Agreement on Approach</td>
<td>• Respect for both Upstream &amp; Downstream Approaches (Public Health &amp; Mental Health)</td>
</tr>
</tbody>
</table>
Legislative History in Colorado

1998- Governor’s Commission

2000- State Office designation

2012- Collaboration with hospitals and emergency departments

2014- Colorado Suicide Prevention Commission modeled on National Action Alliance

2016- Zero Suicide in health systems

2018- School Grant program

2019- Provider training for screening tools
State Partners

- Colorado Department of Public Health and Environment/Office of Suicide Prevention
- Suicide Prevention Commission
- Rocky Mountain Mental Illness Research, Education and Clinical Center at the Denver Veterans Administration Center
- Governor’s Office
- CO Behavioral Healthcare Council
- University of CO Depression Center
- University of CO Hospital
- Colorado Governor’s Challenge

National Partners

- Injury Control Research Center for Suicide Prevention
- Education Development Center (Suicide Prevention Resource Center)
- American Foundation for Suicide Prevention
- Centers for Disease Control and Prevention
- Substance Abuse and Mental Health Services Administration
- National Action Alliance
Refining the Scope: An interactive data dashboard

www.coosp.org
County Partners Include:

- Local Public Health Departments
- Community Mental Health Centers
- Local Coalitions and non-profits
- Hospitals
- Schools/Districts
- Law Enforcement/Fire/EMS
- Family Resource Centers
- Faith Community leaders
- Veteran-serving organizations
- Local government agencies
- And more!
**Priority**

Reduce Suicide Burden by 20% by 2024

---

**Outcomes**

- Increase Key Protective Factors
- Reduce Key Risk Factors

---

**Community Strategies**

- Improving Connectedness
- Increasing Economic Stability
- Providing Education and Awareness
- Suicide Safer Care
- Increasing Lethal Means Safety
- Strengthening Postvention Efforts

---

**Infrastructure**

- Local, State, and National Leadership
- Strategic Funding and Staffing
- Strategic Partnerships
- Engaged Data
- Responsive Planning
- Shared Learning and Support

---

**State & National Partner Efforts**

- Secure funding
- Identify partners/support groups to fill gaps in coalition work
- Gather and share data to improve prioritization and monitoring
- Provide coordination across CNC counties
- Provide Technical Support and Sustainability Planning
- Share information on best practice, resources, and tools
- Provide expectations and toolkits around equity
- Build state/local political will

---

Speaker notes:

The cool thing about all of this is that this is already going on. All of you just need to keep doing what you are doing ... come along, we ask that you use this as a resources to hand off grant opportunities that do not align with you work or to identify partners to work with and apply to a grant in a collaborative way. We hope this workplan and map serve as tools for partnership development and for new organizations to get engaged in the mental health work. The new work will come when we have the community identify strategies and the CHIP team will be assessing capacity and trying to move these new strategies forward until another organization has the capacity and interest to take them on.
Assessment: Environmental Scan

A mapping of existing efforts to prevent self-injury mortality. Participants include health systems, prison systems, government agencies, community-based organizations engaged in prevention efforts.

Which Suicide-related Activities Are Happening?

Who do you serve? In what setting?

How are your prevention efforts funded? How long do you expect your funding to continue?

Do you collaborate with other prevention agencies? Who are your important collaborators?
Populations of Focus

- Working-Age Adults (25-64)
- Veterans
- Youth (0-18)
- Older Adults 65+
- Priority Occupations
- LGBTQ+ Community
The Pillars
COLORADO-NATIONAL COLLABORATIVE

1. CONNECTEDNESS
2. ECONOMIC STABILITY AND SUPPORTS
3. EDUCATION AND AWARENESS
4. ACCESS TO SAFER SUICIDE CARE
5. LETHAL MEANS SAFETY
6. POSTVENTION
### Preventing Suicide

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
</table>
| Strengthen economic supports          | • Strengthen household financial security  
• Housing stabilization policies      |
| Strengthen access and delivery of suicide care | • Coverage of mental health conditions in health insurance policies  
• Reduce provider shortages in underserved areas  
• Safer suicide care through systems change |
| Create protective environments        | • Reduce access to lethal means among persons at risk of suicide  
• Organizational policies and culture  
• Community-based policies to reduce excessive alcohol use |
| Promote connectedness                 | • Peer norm programs  
• Community engagement activities    |
| Teach coping and problem-solving skills | • Social-emotional learning programs  
• Parenting skill and family relationship programs |
| Identify and support people at risk   | • Gatekeeper training  
• Crisis intervention  
• Treatment for people at risk of suicide  
• Treatment to prevent re-attempts |
| Lessen harms and prevent future risk  | • Postvention  
• Safe reporting and messaging about suicide |
Selecting Common Strategies and Priorities:

- Data-driven
- Across the continuum: prevention, intervention, postvention
- Evidence-based, where possible
- Common strategies across all 6 communities so that it can be evaluated
- Aligned with national recommendations from CDC and National Action Alliance
- Lens of health equity and inclusivity (race, ethnicity, urban/rural, LGBTQ+)
- Infrastructure and capacity critical ($$$)
Structure of each pillar

What is the minimum local communities would need to be doing to result in measurable change?

Setting, objectives, expected outcomes

SMART Goals
STEP 1
Leadership team.
Evidence-based and evidence-informed strategies that align with national best practices.
Existing Colorado work.

STEP 2
Local leaders and stakeholders.
Review and structured feedback process.

STEP 3
Full group.
Debrief, incorporate feedback, where possible. Finalize pillar.
Suicide prevention cannot be simply about keeping people alive.

We must improve lives and create community contexts worth living in.
Economic Stability and Supports

Settings: Local public health, health care, human services, older adult services, faith communities, schools and higher education settings, LGBTQ+ serving orgs, veteran serving orgs, food security orgs.

Strategies:
Increase awareness of and access to food security initiatives. Increase awareness of and access to affordable housing and transportation programs. Family-friendly workplace policies. Affordable, quality child care.
Number of suicides for which **Eviction or loss of home** was indicated by year

- **Graph**

Number of suicides for which **Contributing financial problem** was indicated by year

- **Graph**
Connectedness

**Settings:** Youth-serving orgs, veteran serving orgs, workplaces, faith communities, older adult serving orgs.

**Strategies:**
Promote Behavioral Health → Early social-emotional health, positive youth development, workplace policies, etc.
Create opportunities for safe and inclusive community gatherings and meaningful social interaction events.
Build public support for LGBTQ+ inclusive policies and protections.
Postvention

**Settings:**
Community Mental Health, Behavioral Health & Substance Abuse, County/Government Coroner / Medical Examiners, Survivors of Suicide Loss, Lived Experience Community.

General Community, Faith Communities, Service Members, Veterans & Family Settings (SMVF), Schools / Higher Education, Workplaces, Media, News & Journalists.

**Strategies:**
Survivor outreach and support.
Training and awareness of postvention resources.
Community Postvention Response Planning.
Responsible and (proactive) messaging and reporting.
Improving Access to Safer Care

Settings:
1. Community Mental Health Centers, Bx Health and SA Tx Agencies
2. Hospitals and EDs
3. Primary Care

Strategies:
1. Full Zero Suicide implementation.
2. Lead, Identify, Train, Engage, Refer, Follow Up, Improve.
3. Identify, Train, Engage, Refer, Follow Up, Protocol development.
Education and Awareness

Settings:
Industry/Occupation, Employment Centers/Housing, Legal/Judicial, Faith, Veteran Serving Orgs, LGBTQ+ Serving Orgs, Youth Serving Orgs, Older Adult Serving Orgs

Strategies:
Gatekeeper training
Awareness Campaigns
Organizational Policy Development
Lethal Means Safety

Settings:
1. Firearm Community (shops, ranges, instructors, clubs)
2. Workplaces, Youth-serving orgs, Health care settings/providers, judicial and correctional settings, veteran-serving orgs

Strategies:
1. Colorado Gun Shop Project
2. Lethal means safety training (firearms and medications); prescriber training, public messaging campaign
Current Status

- Small $ funding to 6 counties to support continued action planning and FTE to help braid local funding (began April 1, 2020)
- Building out interactive process and outcome dashboard for partners
- Evaluation framework development
Collective Impact for Upstream Veteran Suicide Prevention

Nicola M. Winkel, MPA
Project Director

May 26, 2020
Coalition Model Development

2009
Established as a **public/private partnership**. Incubated at the Arizona National Guard as part of the federal Joint Family Support Assistance Program (JFSAP).

2010
Moved under the umbrella of an established **nonprofit fiscal sponsor** (provides accounting, finance and human resources support).

Grew from a **backbone team** of one paid staff and in-kind team members to a team of twelve to support our statewide collective impact initiative.

2010 to 2020
Develop and implement key initiatives that impact the military, veteran and family population. Statewide upstream suicide prevention program **Be Connected** launched in 2017.

2020
Continue to **align federal, state, philanthropic and corporate funding** toward common goals.
Essential Elements

Nationally-recognized statewide public/private partnership
(military, government, community)

Sustainability:
Celebrating a Decade+ of Collaboration

Neutral vehicle for Coordination of Local, State & National Efforts

Collective Impact Model
(common agenda; shared measurement; aligned activities, communication, backbone team)

Technical Assistance Provided to Every State and Territory
(since 2011, through SAMHSA/VA TA Center)
RISK OF SUICIDE
For Arizona Veterans

General Population 3x 4x

-Arizona Violent Death Reporting System
For every 1 suicide…

- 227 people report thoughts of suicide
- 27 people make a suicide attempt
- 9 people are treated in hospital emergency rooms for self harm injuries

Centers for Disease Control and Prevention Preventing Suicide: A Technical Package of Policy, Programs, and Practices.
Arizona Veterans

- **393** known suicides in 18 months…
- **3,537** veterans treated in hospital emergency rooms for self harm injuries
- **10,611** veterans made a suicide attempt
- **89,211** veterans had thoughts of suicide

Note: This is a general population model (not veteran specific) and is used for illustrative purposes.
What We Built

In partnership with the Office of Senator McCain
Upstream Prevention

GREEN ZONE: Ready
No crisis and stress is manageable

YELLOW ZONE: Stress Reaction
Increased signs of distress

ORANGE ZONE: Stress Injury
Urgent situation requiring support

RED ZONE: Stress Illness
Immediate danger or threat to life

Goal = earlier intervention to positively impact social determinants of health
2008 - 2010

Highest rate of suicide in history of organization

2011 - 2012

Zero suicides and increased utilization of resources
Upstream Prevention

- Known suicides
- Veterans treated in hospital emergency rooms
- Suicide attempts
- Thoughts of suicide

Opportunity to impact social determinants of health (SDOHs):

Speaker notes: All boats
Arizona’s Approach

WHERE:
Statewide team of 30 support line, navigators & supervisors

WHO:
All service members, veterans, family members, providers & helpers

WHAT:
Upstream – earlier and more effective focus on SDOHs to prevent crisis

CALL
Support available to everyone by phone

MATCH
Personalized resource matching and navigation

LEARN
Training and skills to equip yourself to help
Responsive
Someone reaches out for help…
the BC team responds and provides help.

We will continue to focus on being responsive.

Proactive
Use data and community input to identify vulnerable populations…
and proactively engage those at higher risk.

Examples:
• Justice-involved and incarcerated veterans
• Rural & tribal veterans
• Veterans at risk of opioid use disorder
• Transitioning service members, etc.
• Funding
  – State agencies
  – U.S. Department of Veterans Affairs
  – CDC/CDC Foundation
  – Foundations & Corporations

• Policy
  – Be Connected has been written into state plans and policies, include the state suicide prevention plan, behavioral health plans and workforce plan
Executive order signed March 5, 2019 focuses on how federal agencies work with states and communities on suicide prevention. ACMF Director spoke at signing.
KEYS TO OUR ARIZONA MODEL

Suicide Prevention

≠

ONLY Crisis Intervention

A Scalable Ecosystem of Support

Engage, Equip & Connect Intermediaries to Create More Open Doors

Cross-Sector Collaboration Supported by a Dedicated Backbone Team
Sustainability

Infrastructure

Funding

Policy
Nicola M. Winkel, MPA
Project Director
nicola@arizonacoalition.org
www.BeConnectedAZ.org
Richard McKeon, SAMHSA
Question & Answer Session
Resources for Suicide Prevention

• CDC
  o Suicide Prevention Resources: [https://www.cdc.gov/violenceprevention/suicide/index.html](https://www.cdc.gov/violenceprevention/suicide/index.html)

• NIMH

• SAMHSA
  o Suicide Prevention Resources: [https://www.samhsa.gov/suicide/resources](https://www.samhsa.gov/suicide/resources)