



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

Agenda and Featured Speakers

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

- Nicola Winkel, MPA, Project Director, Arizona Coalition for Military Families



V. Comments

- Richard McKeon, PhD, MPH, Chief, Suicide Prevention Branch, Substance Abuse and Mental Health Services Administration

VI. Question and Answer Session – All Presenters

- Moderator: Carter Blakey, Acting Director and Community Strategies Division Director, ODPHP

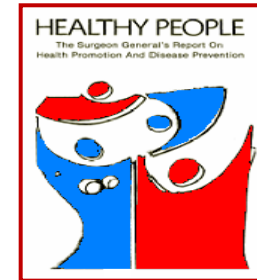


Healthy People



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



DEVELOPING
HealthyPeople
2030








- 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

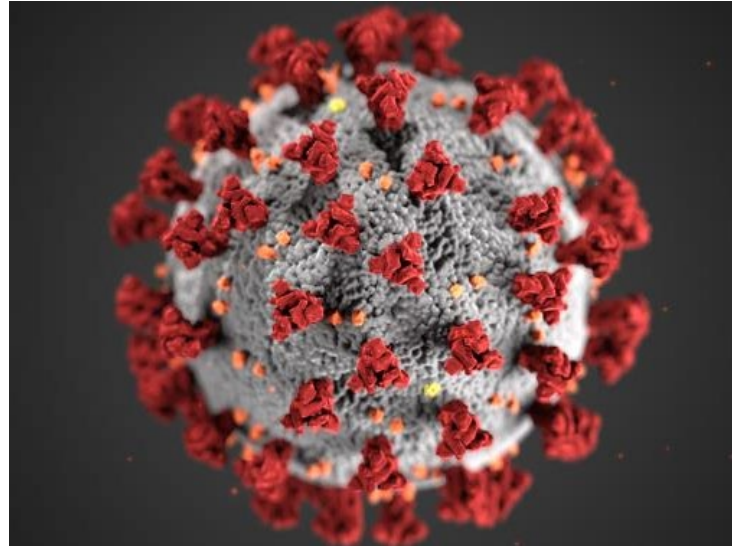
The screenshot shows the HealthyPeople.gov website interface. At the top, there is a search bar and navigation tabs for Topics & Objectives, Leading Health Indicators, Data Search, Healthy People in Action, Tools & Resources, and Webinars & Events. The main content area is titled "Mental Health and Mental Disorders" and includes tabs for Overview, Objectives, Interventions & Resources, and National Snapshots. A link to "Expand All Objectives" is visible. The objectives are categorized into "Mental Health Status Improvement" and "Treatment Expansion".

Objective ID	Description	Status	Action
MHMD-1	Reduce the suicide rate	LHI Revised	+
MHMD-2	Reduce suicide attempts by adolescents		+
MHMD-3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight		+
MHMD-4	Reduce the proportion of persons who experience major depressive episodes (MDEs)		
MHMD-4.1	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	LHI Revised	+
MHMD-4.2	Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)	Revised	+
MHMD-5	Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral		+
MHMD-6	Increase the proportion of children with mental health problems who receive treatment		+
MHMD-7	Increase the proportion of juvenile residential facilities that screen admissions for mental health problems		+
MHMD-8	Increase the proportion of persons with serious mental illness (SMI) who are employed	Revised	+
MHMD-9	Increase the proportion of adults with mental health disorders who receive treatment		
MHMD-9.1	Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment	Revised	+
MHMD-9.2	Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment	Revised	+

Healthy People's Social Determinants of Health Framework and Key Issue Areas

				
Economic Stability	Education	Health and Health Care	Neighborhood and Built Environment	Social and Community Context
<ul style="list-style-type: none">▪ Poverty▪ Employment▪ Housing stability▪ Food insecurity	<ul style="list-style-type: none">▪ High school graduation rates▪ Enrollment in higher education▪ Early childhood education and development▪ Language and literacy	<ul style="list-style-type: none">▪ Access to health services▪ Access to primary care▪ Health literacy	<ul style="list-style-type: none">▪ Quality of housing▪ Crime and violence▪ Environmental conditions▪ Access to healthy foods	<ul style="list-style-type: none">▪ Social cohesion▪ Discrimination▪ Civic participation▪ Incarceration

30 million people have lost their jobs in just 6 weeks



- 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



Sources: Centers for Disease Control and Prevention. (2020). Preventing Suicide <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>
Hedegaard H, Curtin SC, Warner M. (2020) Increase in suicide mortality in the United States, 1999–2018
Curtain SC. (2020) Suicide Rates for Females and Males by Race and Ethnicity: United States, 1999 and 2017.

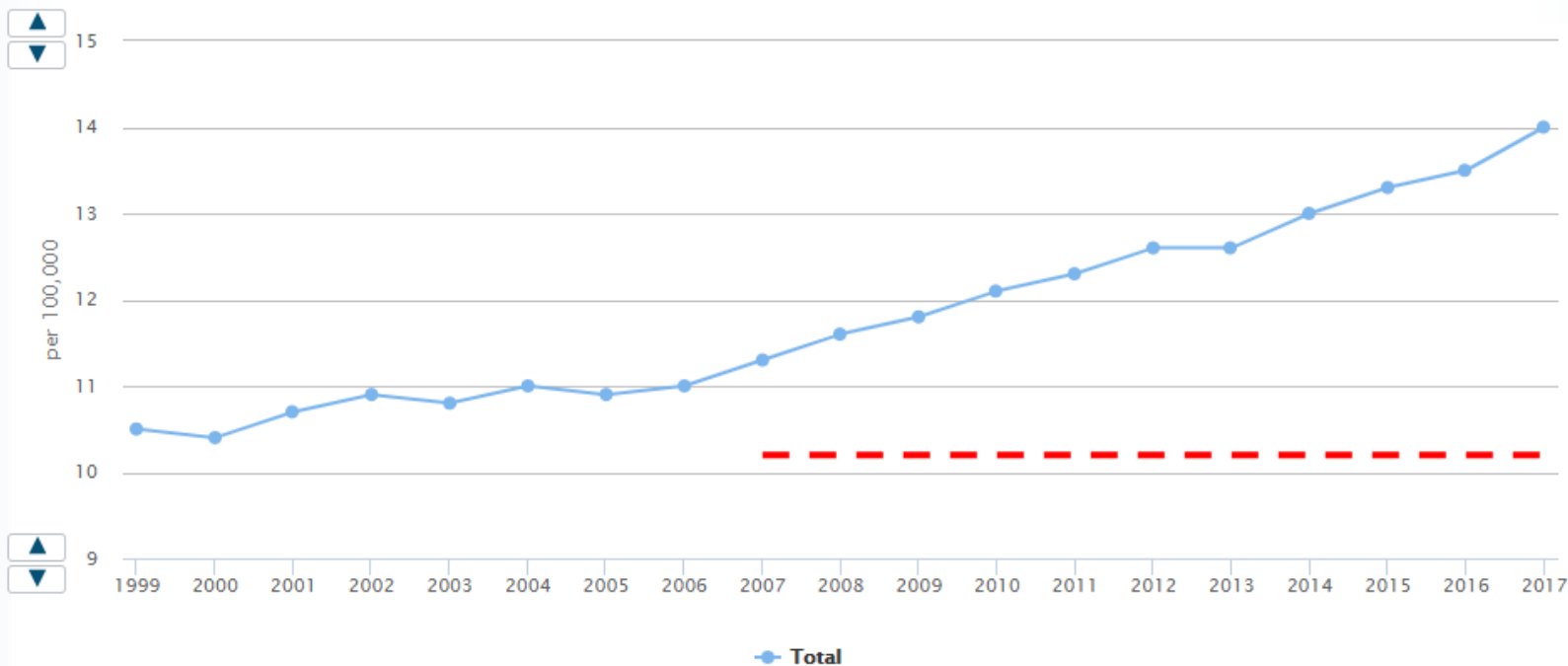


MHMD-1: Reduce the Suicide Rate

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

2020 Baseline (year): 11.3 (2007) --- 2020 Target: 10.2 Desired Direction: ↓ Decrease desired

Auto Scale



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



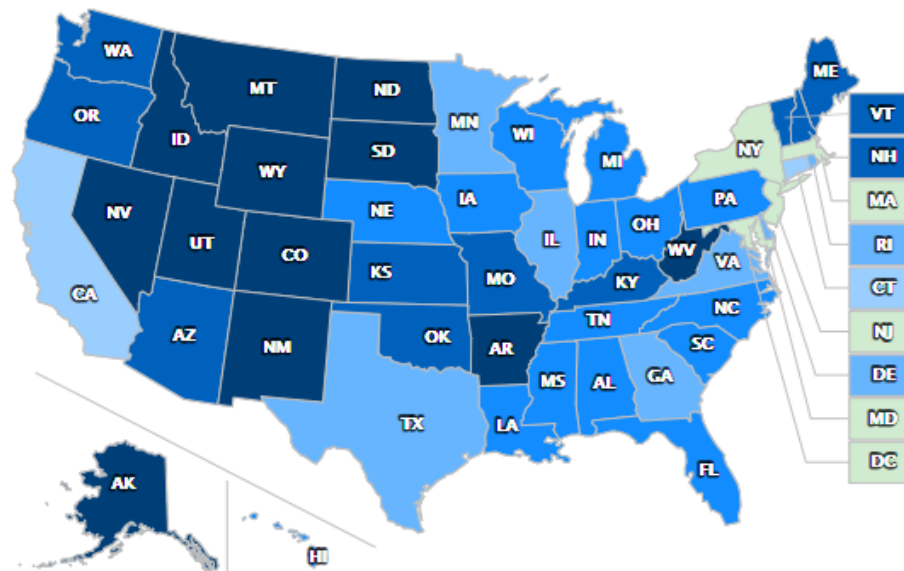
State-level Data

Suicide (age adjusted, per 100,000 population)



◀◀ 2016

2017 ▶▶



Legend: 4.4–10.2 National Target Met (Lightest Green), 10.3–11 (Lightest Blue), 11.1–13.9 (Light Blue), 14–16.8 (Medium Blue), 16.9–19.7 (Dark Blue), 19.8–29.6 (Darkest Blue)

States with no available data are shown in white

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)



Office of Disease Prevention
and Health Promotion

- **Law can be used as a lever to improve health:**
 - Reinforces public policies and standards
 - Establishes minimum standards for desired change
 - Grants authority and flexibility to governments to respond to community needs
 - 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

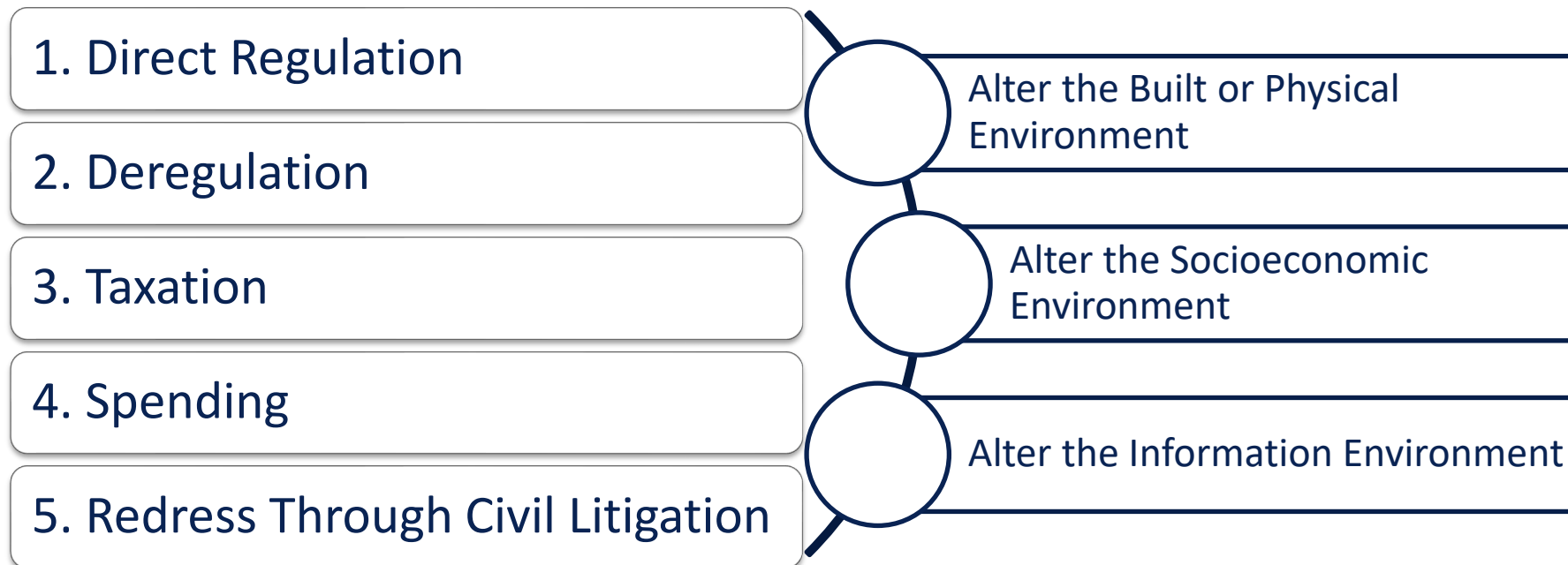
- Listening Session: 2018 Public Health Law Conference

For more information: www.healthypeople.gov/2020/law-and-health-policy



Robert Wood Johnson Foundation





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
- Secretary's Advisory Committee for Healthy People 2030, Issue brief: Law and Policy as Determinants of Health and Well-being. https://www.healthypeople.gov/sites/default/files/HP2030_Committee-Combined-Issue%20Briefs_2019-508c_0.pdf



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



- 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

Sources: Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry*. 2002 Jun;159(6):909-16.

The National Council for Behavioral Health. (2019). USA Mental First Aid Policy Handbook. https://www.thenationalcouncil.org/wp-content/uploads/2019/03/031219_NCBH_MHFAPolicyHandbook_v6.pdf?daf=375ateTbd56.

American Foundation for Suicide Prevention. (2019). <https://www.datocms-assets.com/12810/1577013724-afsphealthprofessionaltrainingissuebrief6-7-19.pdf>.



- 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:
 - 13 states mandate annual training
 - 18 states and DC have mandated training—no annual requirements
 - 15 states encourage training
 - 22 states have school policies and programs on suicide prevention, intervention, and postvention

Sources: American Foundation for Suicide Prevention. (2019). State Laws: Suicide Prevention in Schools (K-12). <https://www.datocms-assets.com/12810/1586436500-k-12-schools-issue-brief-1-14-20.pdf>

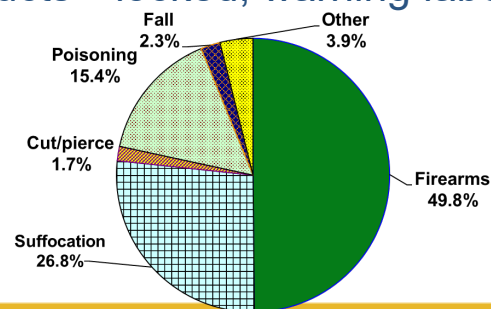


Laws and policies help reduce access by:

- 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:

- World Health Organization. Preventing suicide: A global imperative (2014).
- Van der Feltz-Cornelis CM, Sarchiapone M, et al. Best practice elements of multilevel suicide prevention strategies. *Crisis*. 2011 Sep 26.
- Yip PS, Caine E, Yousuf S, Chang SS, Wu KC, Chen YY. Means restriction for suicide prevention. *The Lancet*. 2012 Jun 23;379(9834):2393-9.



Graph: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005). Available from: www.cdc.gov/injury/wisqars

Laws and policies can support crisis intervention:

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



- For more on the Healthy People initiative, including the development of Healthy People 2030:
 - www.HealthyPeople.gov
- For the Law and Health Policy project:
 - <https://www.healthypeople.gov/2020/law-and-health-policy>
- For any other questions, please contact:
 - 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."

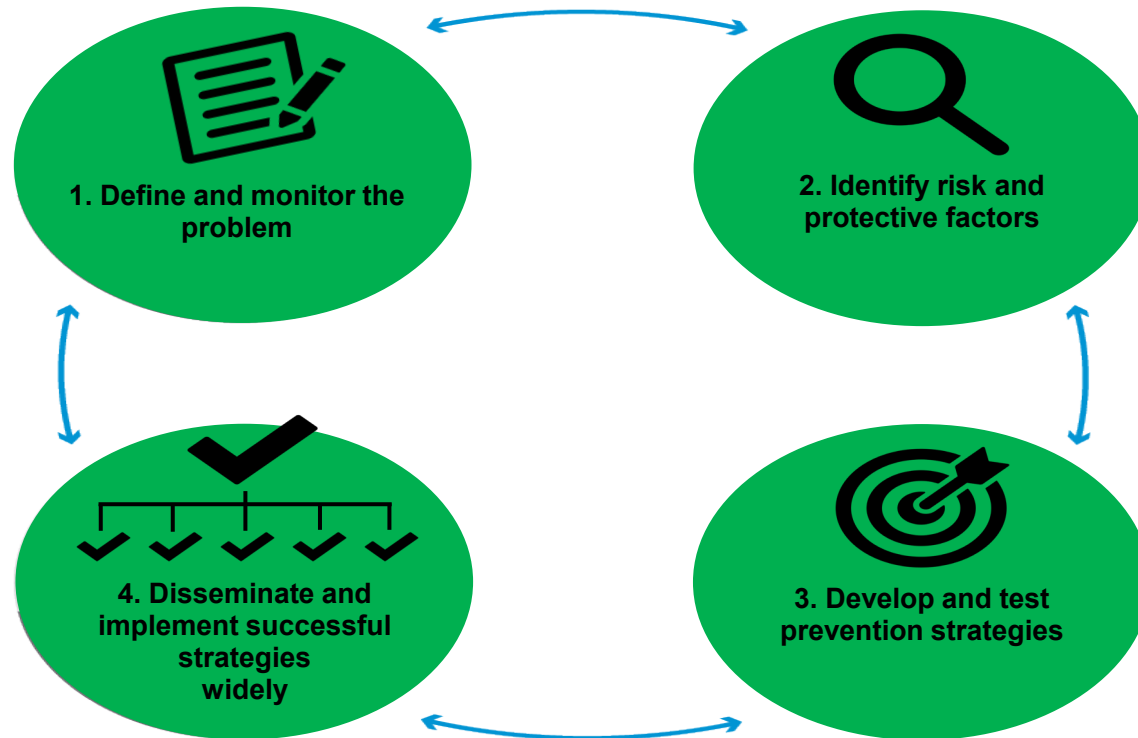


Plan

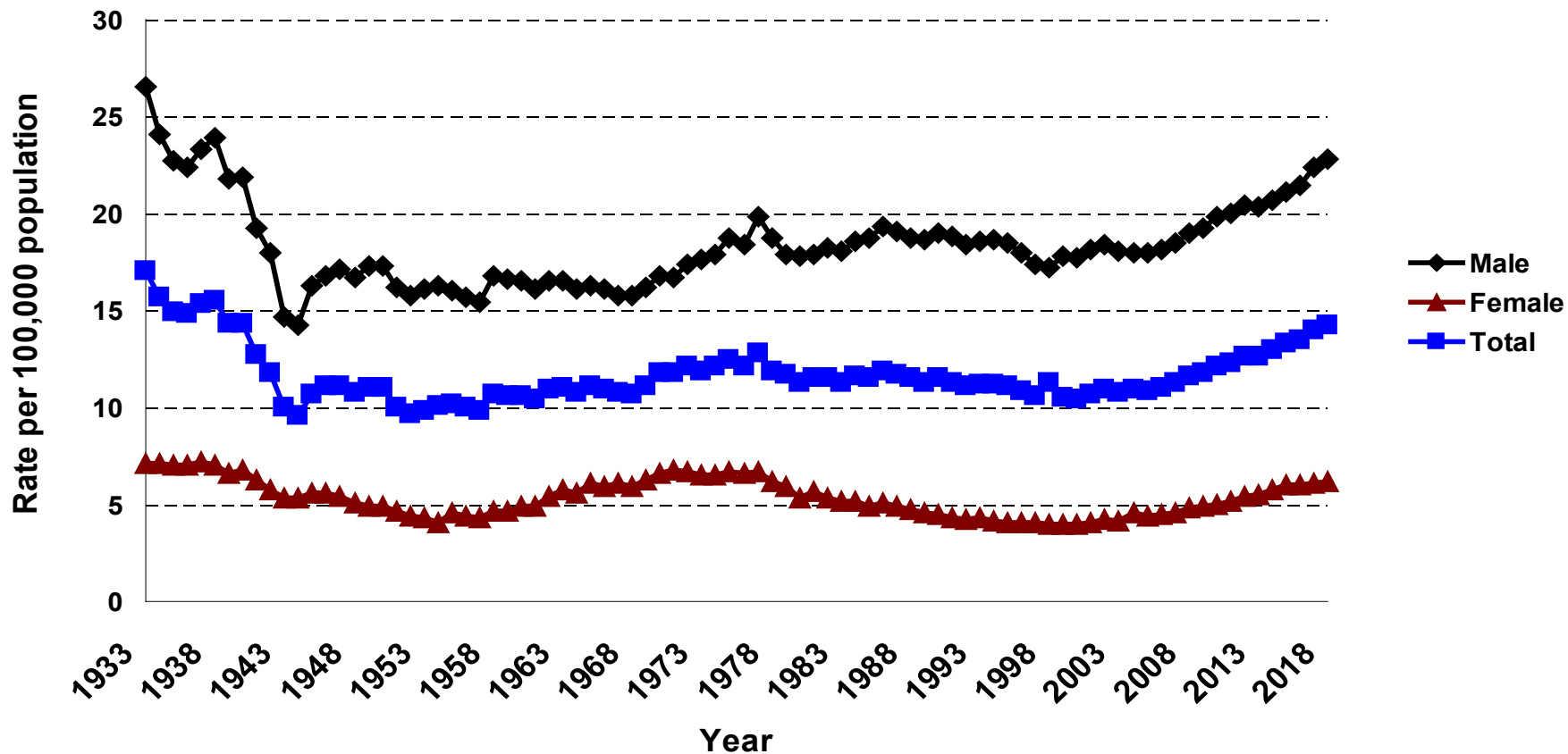
- The public health approach
- What is a technical package?
- Strategies within the suicide prevention technical package
- Questions and Comments



The Public Health Approach to Prevention



Suicide among all persons by sex -- United States, 1933-2018

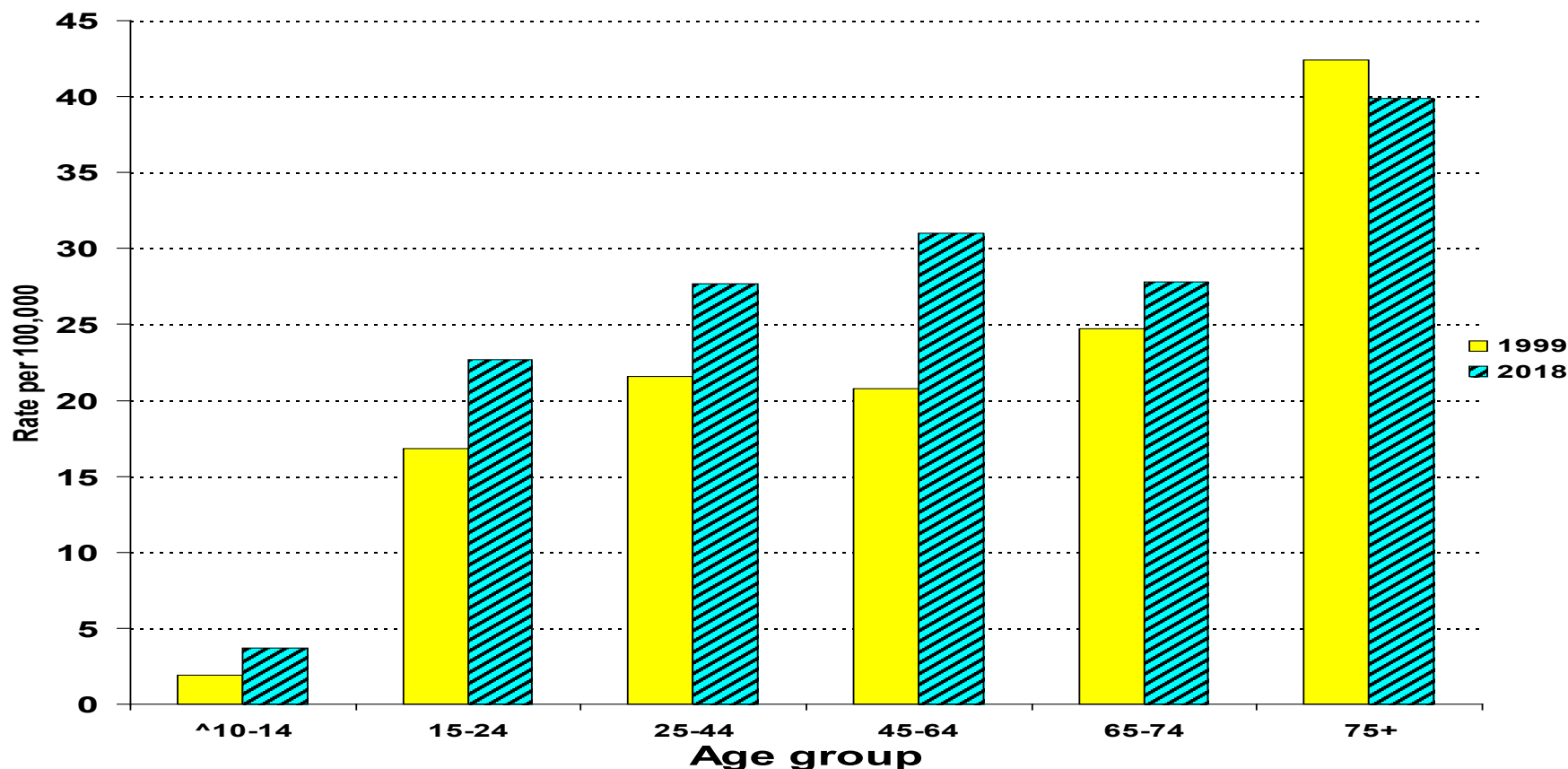


Source: CDC WISQARS vital statistics

- www.cdc.gov/injury/wisqars/fatal.html



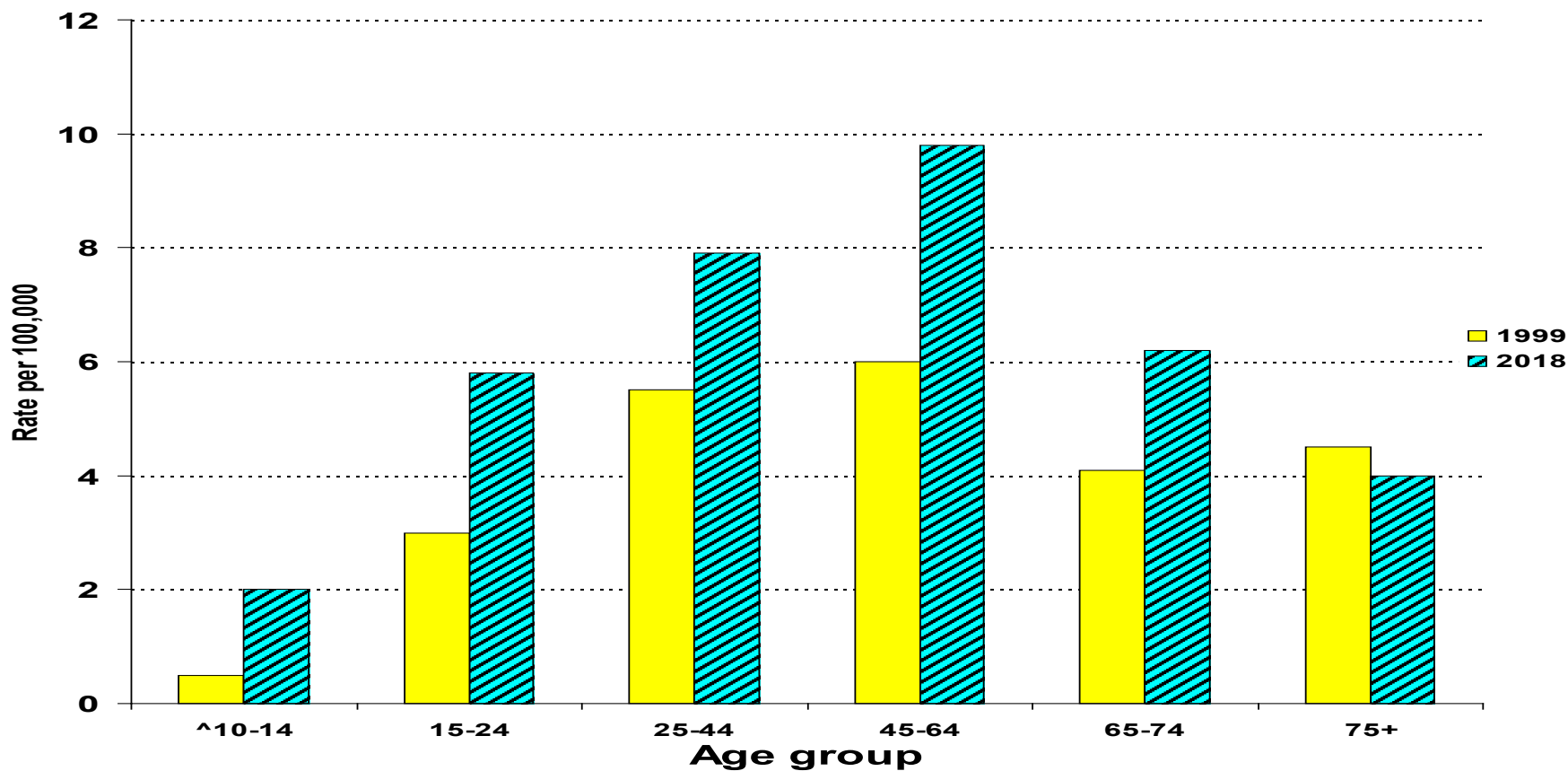
Suicide rates among males by age group -- United States, 1999 and 2018



Source: CDC National Vital Statistics & Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020.



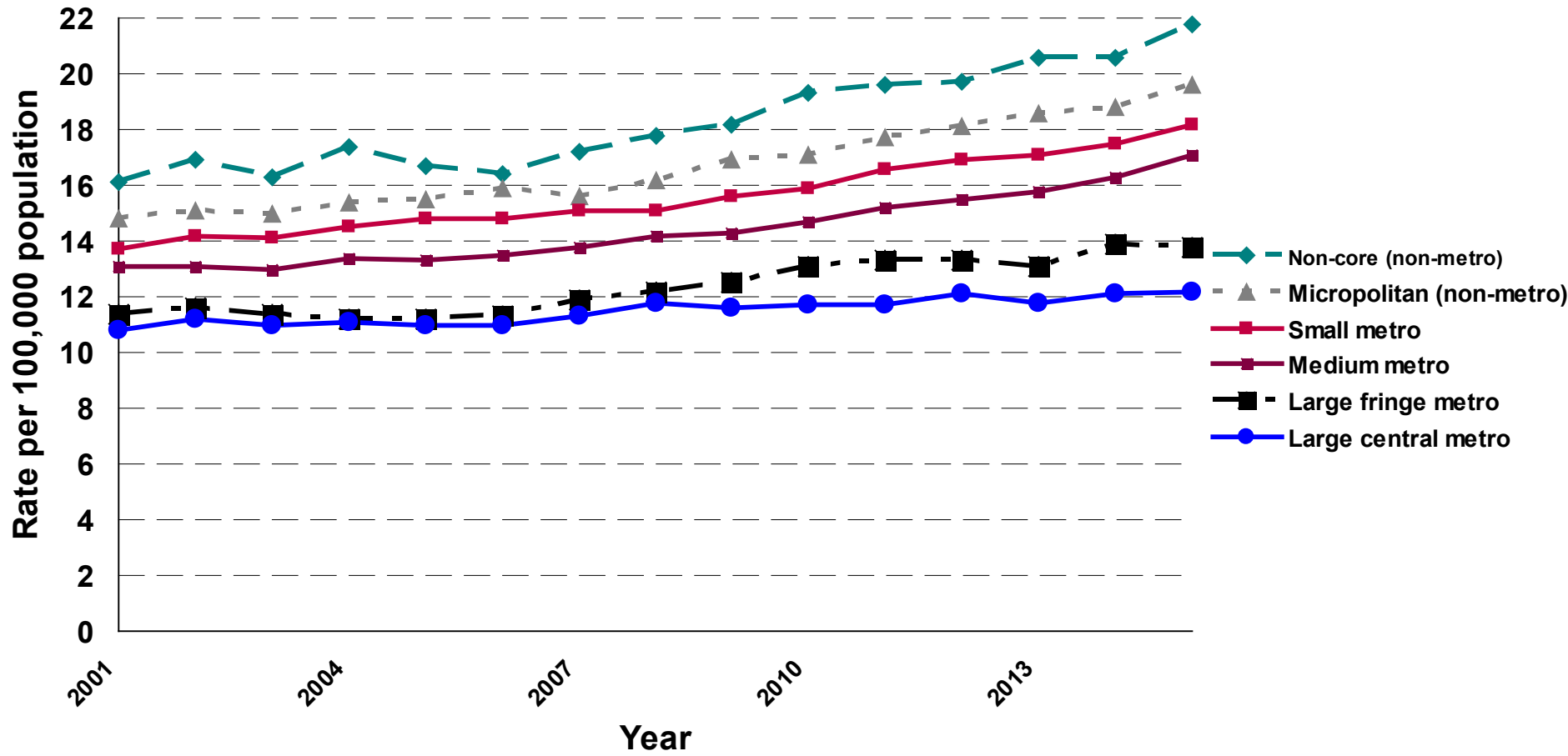
Suicide rates females by age group -- United States, 1999 and 2018



Source: CDC National Vital Statistics & Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020.



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



Source: Ivey-Stephenson AZ, Crosby AE, Jack SP, Haileyesus T, Kresnow-Sedacca M. Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015. *MMWR Surveill Summ* 2017;66(No. SS-18):1–16. DOI: <http://dx.doi.org/10.15585/mmwr.ss6618a1>.

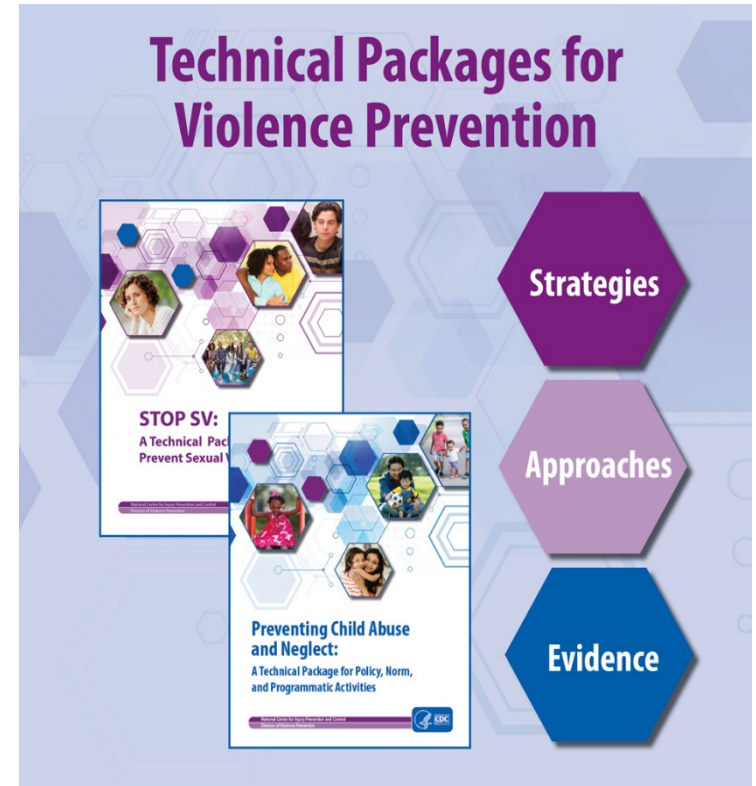


What is a Technical Package?

...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>

Structure

- 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

Strategy	Approach
1. Strengthen economic supports	<ul style="list-style-type: none">• Strengthen household financial security• Housing stabilization policies
2. Strengthen access and delivery of suicide care	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Reduce access to lethal means among persons at-risk of suicide• Organizational policies and culture• Community-based policies to reduce excessive alcohol use

Source: Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., & Wilkins, N. (2017). Preventing Suicide: A Technical Package of Policy, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.



Preventing Suicidal behavior Technical Package

Strategy	Approach
4. Promote connectedness	<ul style="list-style-type: none">• Peer norm programs• Community engagement activities
5. Teach coping and problem-solving skills	<ul style="list-style-type: none">• Social-emotional learning programs• Parenting skill and family relationship approaches
6. Identify and support people at risk	<ul style="list-style-type: none">• Gatekeeper training• Crisis intervention• Treatment for people at-risk of suicide• Treatment to prevent re-attempts
7. Lessen harms and prevent future risk	<ul style="list-style-type: none">• 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



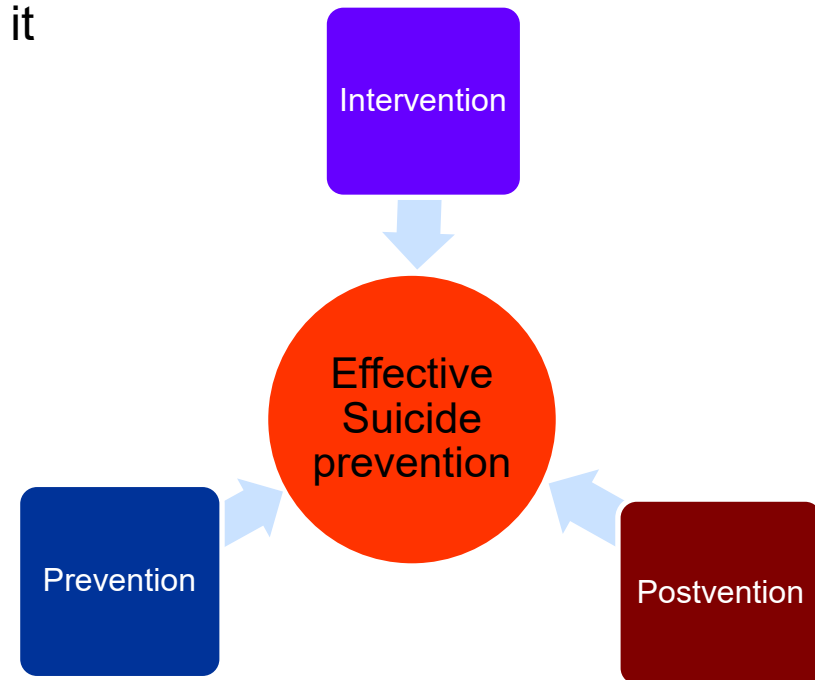
Implementing the Technical Package

- 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



Conclusion

- ❑ 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!**



Questions and Comments



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.

Factors

Evidence

Significant Burden

- High enough burden to demonstrate effectiveness of successful intervention

Political Will

- Senior political support (e.g. governor & state legislature)
- Recently passed legislation in support of suicide prevention

Key Infrastructure

- Senior Executive & State Infrastructure
- Suicide Prevention Commission
- Support across federal, county, & community behavioral health centers

Firearm Laws

- Preferred state with less restricted rural/urban firearm ownership laws

Agreement on Approach

- Respect for both Upstream & Downstream Approaches (Public Health & Mental Health)

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

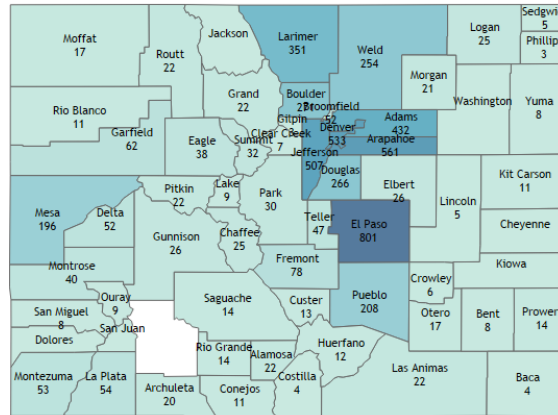
Overview (counts)	Crude Suicide Rates	Age-adjusted Suicide Rates	Methods, Circumstances and Toxicology	Demographics for Circumstances and Toxicology	Industry and Occupation	Feedback and Questions
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Suicides in Colorado: An Overview

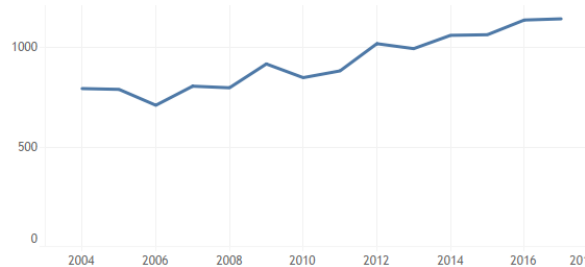
Colorado Violent Death Reporting System Select years: 2013 to 2017

Number of suicides by place of residence for selected years
Click on a region or county to filter other charts; use "control" to select more than one at a time; click again to deselect

Choose view: County



Selected population for all charts on this page
 Age: All, Gender: All, Race/ethnicity: All, Marital status: All, Veteran status: All, Medicaid: All
 Number of suicides per year, 2004-2017
 HSR: All, County: All

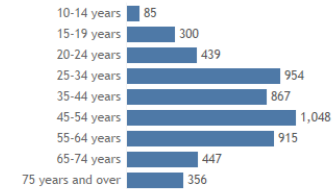


* Medicaid enrollment only includes deaths from 2008 onward. All deaths prior to 2008 are noted as 'Unknown'.
 Note: Counts of less than 3 are suppressed.

Total suicides for selected population and years: **5,411**

Number of suicides by demographics
Click on one or more subgroups below to filter all other charts to that group(s); click again to deselect

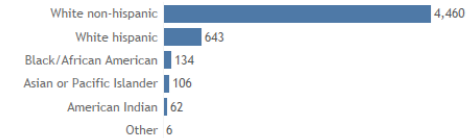
by age



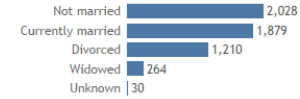
by sex



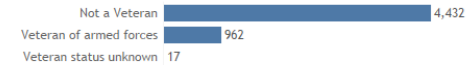
by race/ethnicity



by marital status



by veteran status



by Medicaid enrollment (within 2 years of death)*



**** Select "Enable Medicaid view" to filter based on Medicaid****
 Standard view

Counties

El Paso
La Plata
Larimer
Mesa
Montezuma
Pueblo



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



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



CONNECTEDNESS



ECONOMIC
STABILITY AND
SUPPORTS



EDUCATION
AND
AWARENESS



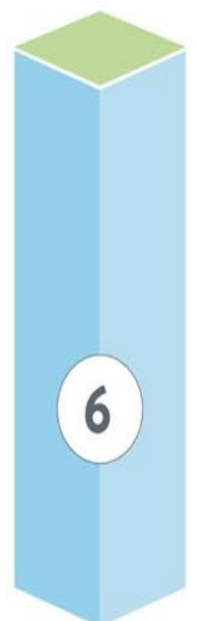
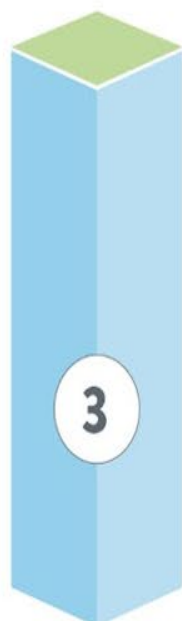
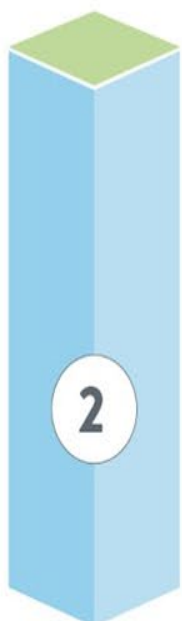
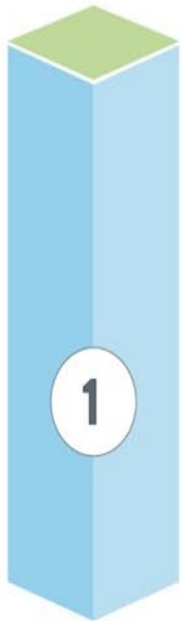
ACCESS
TO SAFER
SUICIDE CARE



LETHAL
MEANS
SAFETY



POSTVENTION



COLORADO
Department of Public
Health & Environment



Preventing Suicide

Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none">• Strengthen household financial security• Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none">• Coverage of mental health conditions in health insurance policies• Reduce provider shortages in underserved areas• Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Peer norm programs• Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none">• Social-emotional learning programs• Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none">• Gatekeeper training• Crisis intervention• Treatment for people at risk of suicide• Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none">• Postvention• Safe reporting and messaging about suicide

CDC Technical Package

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

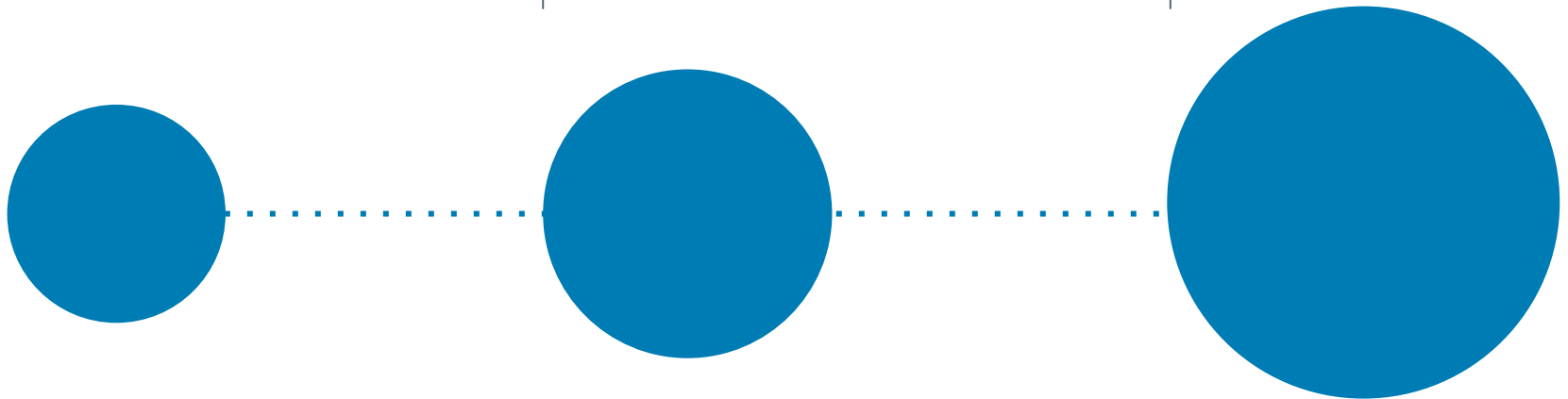
Local leaders and stakeholders.

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.

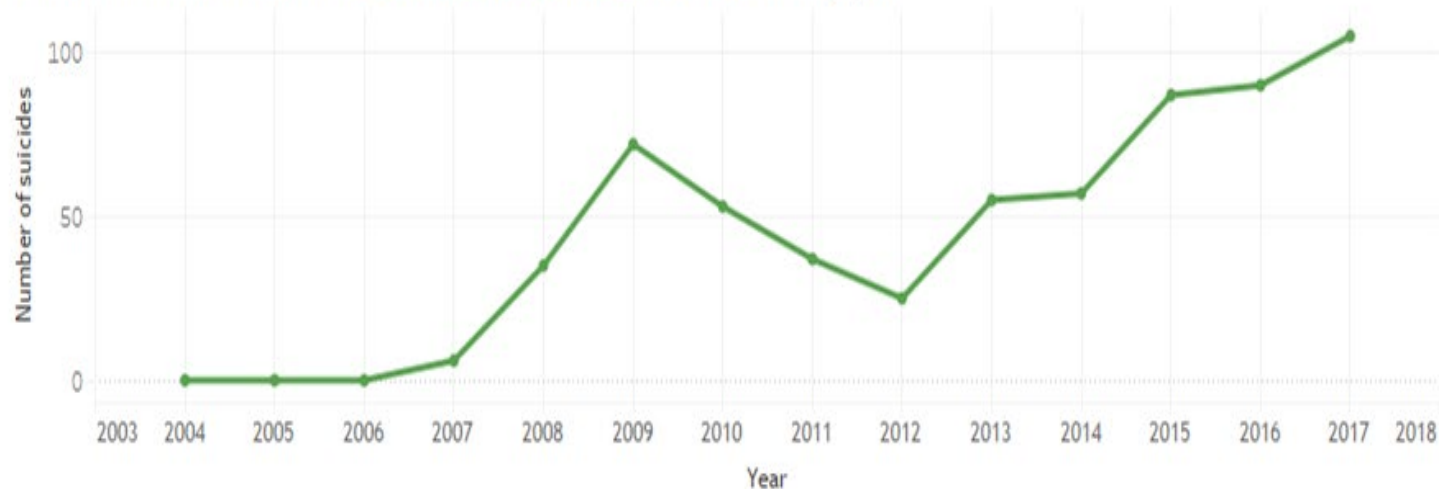
Increase awareness of and access to affordable **housing and transportation** programs.

Family-friendly workplace policies.

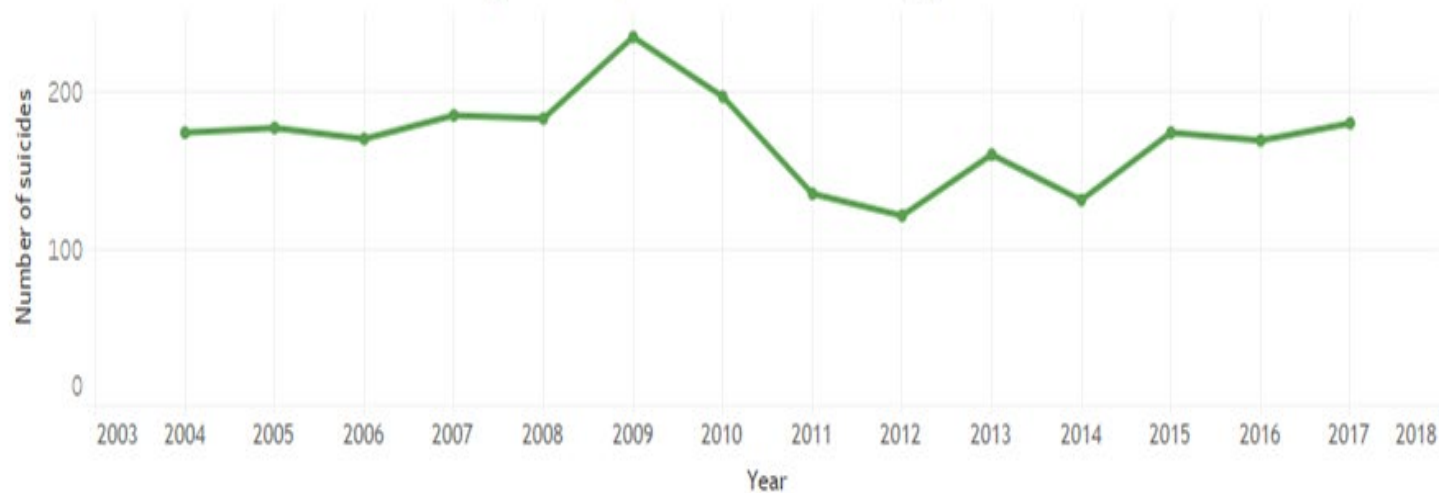
Affordable, quality **child care**.



Number of suicides for which **Eviction or loss of home** was indicated by year



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



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



THANKS!

More questions or ideas?

Sarah Brummett

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Collective Impact for Upstream Veteran Suicide Prevention

Nicola M. Winkel, MPA
Project Director

May 26, 2020

Photos courtesy of the U.S. Department of Defense

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).

2010

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.

to

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)

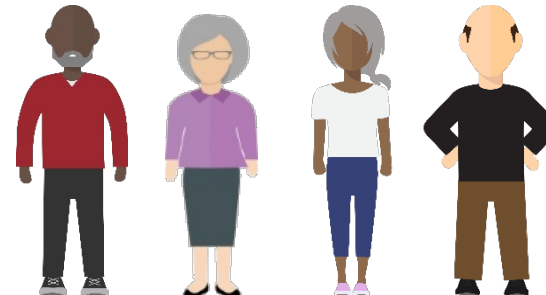


**Technical Assistance Provided to
Every State and Territory**
(since 2011, through SAMHSA/VA TA Center)



RISK OF SUICIDE

For Arizona Veterans



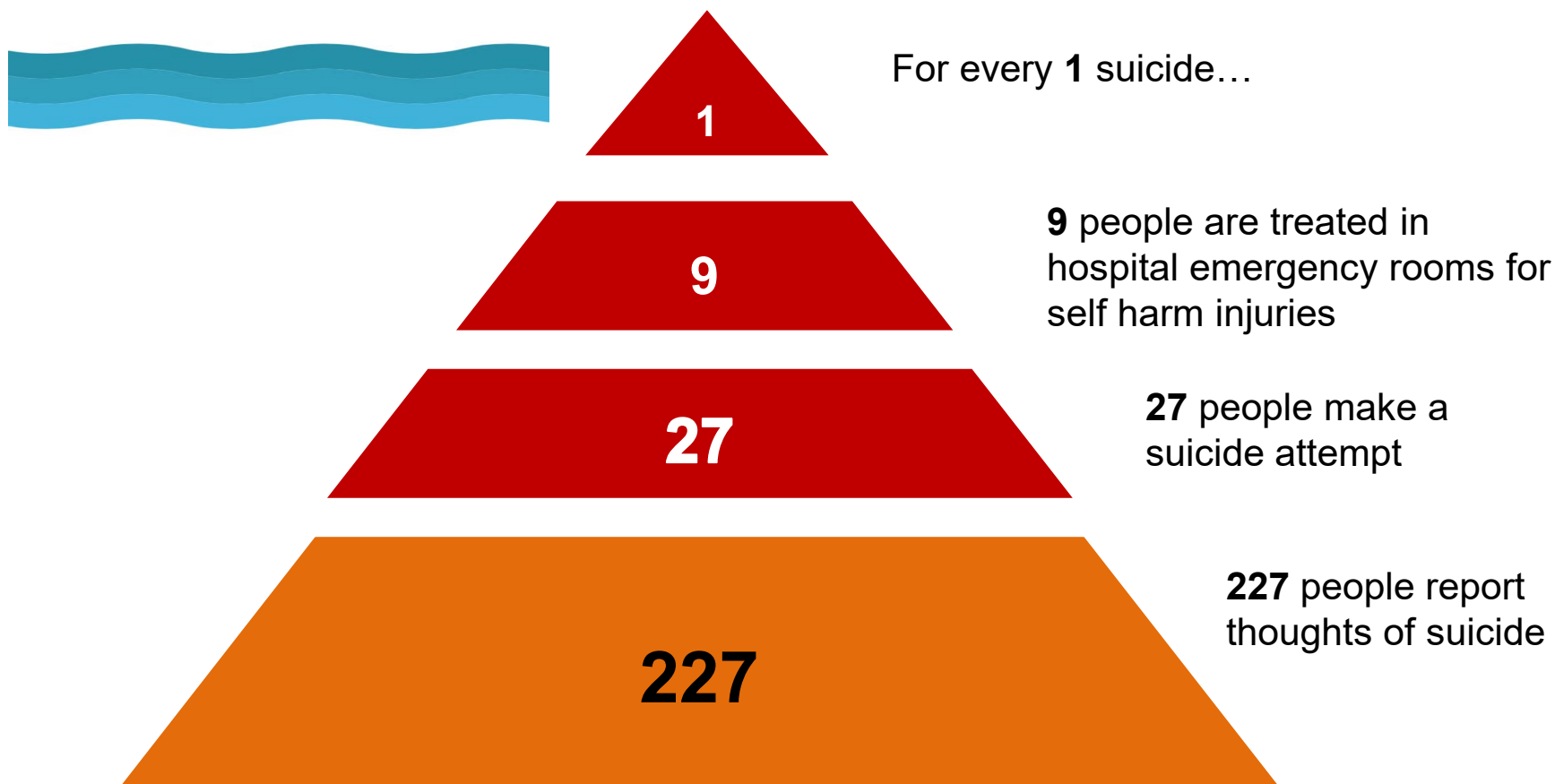
General
Population

3x

4x

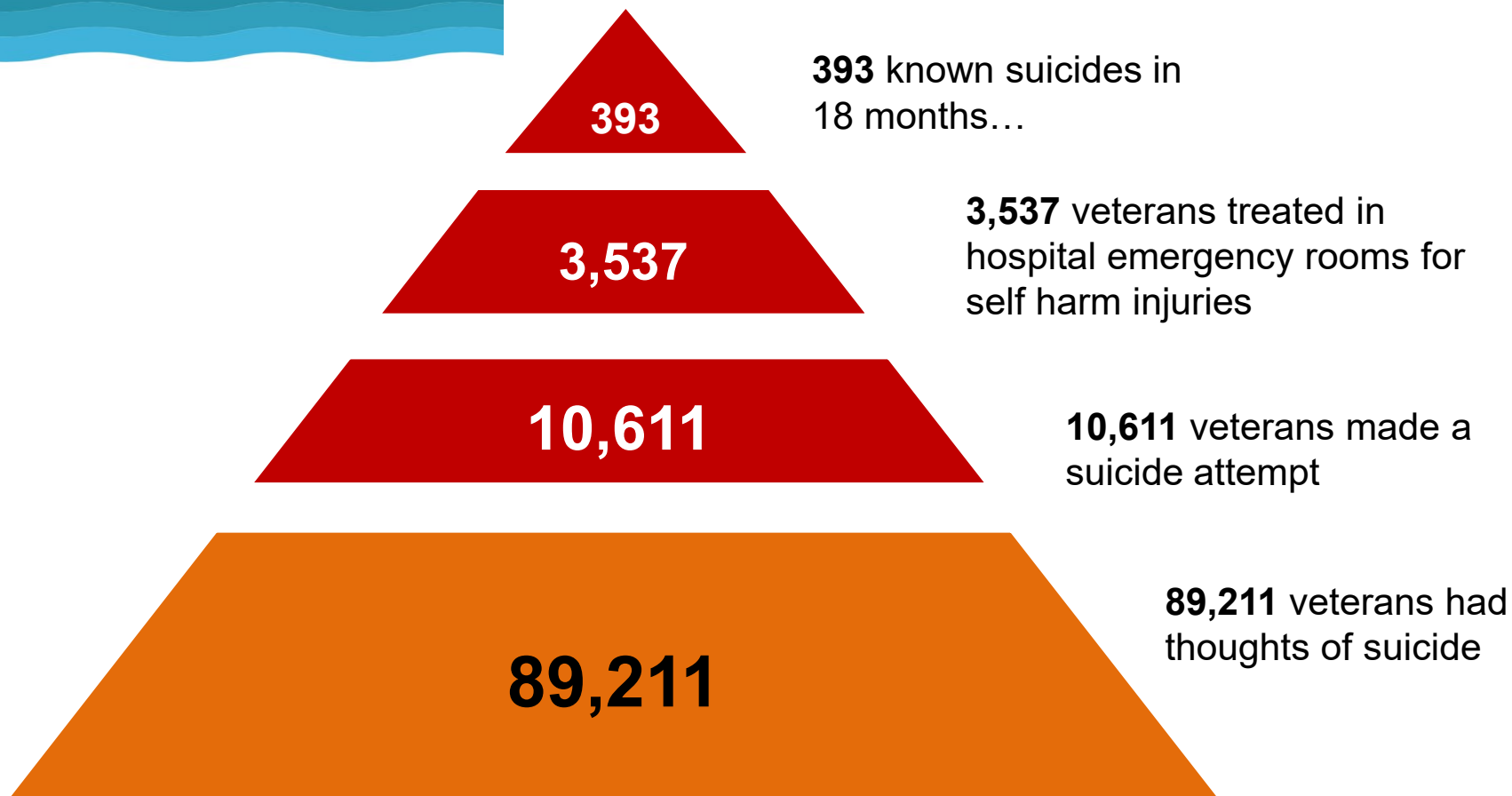
-Arizona Violent Death Reporting System

The Statistics: Looking Deeper



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

Arizona Veterans



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

What We Built

arizona coalition
for military families



- Phoenix • Tucson • Prescott
- Phoenix Regional Office



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



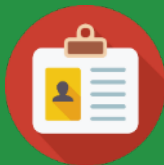
Known suicides

**Veterans treated in hospital
emergency rooms**

Suicide attempts

Thoughts of suicide

Opportunity to impact social determinants of health (SDOHs):



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

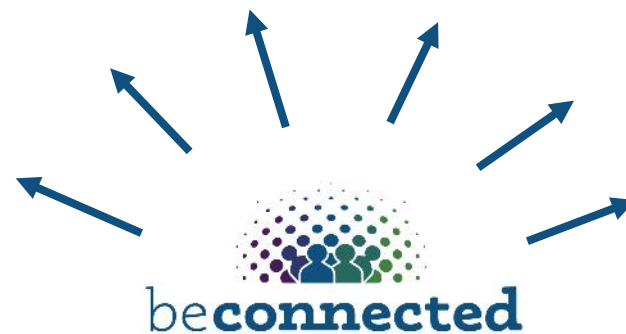
Training and skills to equip yourself to help



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

PREVENTS Executive Order Veteran Suicide



Executive order signed March 5, 2019 focuses on how federal agencies work with states and communities on suicide prevention. ACMF Director spoke at signing.

The New York Times

Program to Prevent Suicide by Veterans Earns Bipartisan Support



Gloribel Ramos wore body armor and held a plastic rifle so she could better understand the experience of war, during a training session for a program designed to help veterans contemplating suicide.
Conor E. Ralph for The New York Times

By Jennifer Steinhauer

Published Sept. 20, 2019 Updated Sept. 24, 2019



PHOENIX — Gloribel Ramos sunk slightly under the weight of her 32-pound body armor and gingerly gripped a plastic facsimile of an



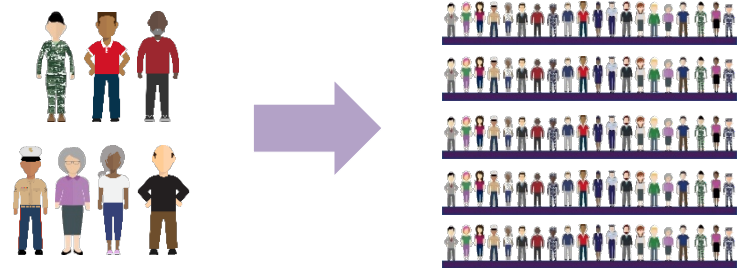
KEYS TO OUR ARIZONA MODEL

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**

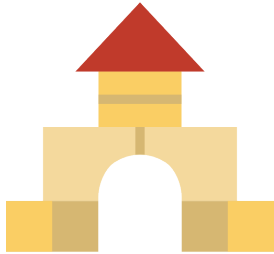
MILITARY

GOVERNMENT

COMMUNITY

BACKBONE ORGANIZATION & TEAM

Sustainability



Infrastructure



Funding



Policy



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Project Director

nicola@arizonacoalition.org

www.BeConnectedAZ.org

Photos courtesy of the U.S. Department of Defense

Richard McKeon, SAMHSA



Question & Answer Session



- CDC
 - Suicide Prevention Resources: <https://www.cdc.gov/violenceprevention/suicide/index.html>
 - COVID Resources - Coping with Stress: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- NIMH
 - Suicide Prevention Resources: <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>
- SAMHSA
 - Suicide Prevention Resources: <https://www.samhsa.gov/suicide/resources>
 - Suicide Prevention Resource Center: <https://www.samhsa.gov/suicide-prevention-resource-center-sprc>