DEADLINE: MARCH 28, 2011

ID # (assigned by CSG): 2011-

Please provide the following information, adding space as necessary:

State: Arizona
Assign Program Category (applicant): Health and Human Services, Human Services

1. Program Name
   Central Arizona Programmatic Suicide Deterrent System Project

2. Administering Agency
   Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)

3. Contact Person (Name and Title)
   Dr. Laura Nelson, Deputy Director DBHS

4. Address
   150 North 18th Avenue
   Phoenix, Arizona 85007

5. Telephone Number
   (602) 542-1025

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   (602) 542-1062

7. E-mail Address
   nelsonla@azdhs.gov

8. Web site Addresses
   www.azdhs.gov and www.magellanofaz.com/suicide

9. Please provide a two-sentence description of the program.
   The Central Arizona Programmatic Suicide Deterrent System Project is a groundbreaking initiative designed to reduce to zero the number of suicides among individuals enrolled in the region’s public health system who face life challenges as a result of a serious mental illness. The Arizona Department of Health Services’ Division of Behavioral Health Services leads a community collaborative with public policy, law enforcement and mental health leaders to change the culture around suicide, arm provider agency staff and families with skills and knowledge to intervene with those most at risk, and create a clinical care and intervention framework to address this alarming, but preventable major public health problem.
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 28, 2011 to be considered.

The Central Arizona Programmatic Suicide Deterrent System Project has been operational since the spring of 2009 and has evolved from a training initiative for behavioral health professionals to a comprehensive national model for addressing a growing, but previously overlooked, issue facing our most vulnerable population. The ultimate goal is to reduce to zero the number of suicides among Arizona's highest-risk population for suicide. This is not simply a target, but rather an expectation by all those involved in the program.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Arizona has the dubious honor of being ranked seventh in the nation for suicides per capita, according to the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention. In 2007 (the most recent statistics available), an astounding 986 Arizonans died by suicide – twice the number of individuals who were murdered. During that year, the rate of suicides in Arizona was 15.9 per 100,000 individuals, compared to 6.9 per 100,000 in New York. Since that time, the number of suicides in Arizona has held steady, and the state continues to hover among the top 10 states for total suicide deaths.

At highest risk of suicide are those who face life challenges because of mental illness. In particular, the rate of suicide for individuals with a Serious Mental Illness (SMI) is six to 12 times higher than the rate of the general population. Statistics show that the life expectancy for the SMI population in Arizona is already grim, as these individuals tend to live 30 years less than those without such an illness.

The Central Arizona Programmatic Suicide Deterrent System Project was borne out of these disturbing trends.

The initiative aims to eliminate the prevalence of death among the more than 80,000 individuals enrolled in the county's mental health system – particularly the 21,000 individuals with serious mental illness – who sometimes fall through the cracks in getting help by suicide prevention agencies designed for the general public.

Since 2009, the initiative has made tremendous strides in training behavioral health professionals to recognize the signs and symptoms of suicide in those with mental illness, and to help these individuals stay safe and seek help, as needed. Since that time, the program has become even more far-reaching to include partnership with an innovative clinical care and intervention framework that is being developed nationally by the National Action Alliance for Suicide Prevention and the Substance Abuse and Mental Health Services Administration (SAMHSA), and enhanced engagement programs designed to increase the longevity of those most at risk.

12. Describe the specific activities and operations of the program in chronological order.

**Step 1: Identifying the problem**

Suicide has been a topic of discussion among mental health professionals for a half century, yet the field has remained relatively unchanged. An estimated 1 million Americans attempt suicide and more than 8 million citizens have serious thoughts of suicide each year. Despite these facts,
mental health providers in the United States have not had comprehensive programs to address suicide. Instead, they have a few niche staff who provide crisis intervention. These resources have received secondary attention, and suicide intervention is not part of their core mission. Many times, their workforce has not received any training in suicide intervention, including those such as social workers or counselors with professional licensure. Accreditation bodies, national trade associations and professional groups have avoided the topic despite the 2001 release of the National Strategy for Suicide Prevention. In September 2010, Forbes magazine indicted the field with an article entitled “The Forgotten Patients” and the recent 2010 Progress Report reviewing the National Strategy corroborated this assessment.

ADHS/DBHS has historically dedicated resources to suicide prevention efforts for the general community. However, this initiative took on an innovative new angle in 2009, when, as part of a routine review of recipient case reports, we made a startling discovery: the incidence of attempted suicides and suicide deaths among those with a serious mental illness was unexpectedly high.

To probe further into the issue, nearly 1,700 case managers, clinicians, nurses and physicians in the Maricopa County workforce were surveyed to assess their confidence and skills in engaging in suicide prevention and intervention with individuals most at risk. The result: a staggering 40 percent of the respondents reported that an individual in their care had died by suicide, and nearly half of this group reported two or more individuals died by suicide. Moreover, nearly half of the respondents said they did not have the skills, knowledge and supports to adequately address suicide prevention and intervention with mental health recipients. Based on its illuminating research findings, ADHS/DBHS would effect positive change in reducing the number of suicides among mental health recipients in central Arizona.

Step 2: Establishing the Central Arizona Suicide Deterrent Project Framework

With research findings in hand, ADHS/DBHS worked closely with its partners to engage a community collaborative to tackle this problem and place suicide prevention and intervention at the core of the community mental health delivery system. Together, DBHS and these partners charted a course to eliminate suicide deaths among mental health recipients in central Arizona.

The collaborative was resolute in its efforts to create a complete suicide barrier by empowering teams and igniting a culture to open dialogue with those struggling with intense psychiatric pain. An integral component of the program was bringing together the mental health community – the Regional Behavioral Health Authority (RBHA) contractor Magellan Health Services, the largest behavioral health providers and key service recipients and family members, advocates, law enforcement officials and even public policy-makers. The chief executives of ten of the nation’s largest community mental health service providers committed their agency resources to the mission. In addition, state Sen. John Huppenthal, ADHS/DBHS Deputy Director Dr. Laura Nelson and CEO of the Arizona chapter of the National Alliance on Mental Illness Bill Kennard joined other leaders on the steering committee to provide support and guidance. It was the first time these diverse leaders came together to proactively tackle a major public mental health issue.
The group created a task force and six workgroups, each with a special area of focus, including comprehensive staff suicide intervention training, attempt survivor and peer supports, family engagement, clinical care and intervention, community integration and race and equity. At the start, the collaboration identified populations and communities with increased risk of suicide and looked for ways to address the issue through Living Works' ASIST training. ASIST (Applied Suicide Intervention Skills Training) was selected as the primary training vehicle because it is universal, evidence-based and has a proven track record of producing lasting outcomes (increased confidence in approaching someone with suicidal thoughts).

**Step 3: Developing Program Essential Tenets**
The collaborative developed six essential tenets that would form the backbone of the Central Arizona Programmatic Suicide Deterrent System Project. The team immediately began implementing these tenets, which include:

1. Providing training for ALL agency staff in suicide intervention and prevention using a national best practice modality – Applied Suicide Intervention Skills Training (ASIST);
2. Ensuring the availability of attempt survivor/loss survivor support groups to supplement care plans for those at risk of suicide;
3. Developing and implementing standardized approaches to clinical care and intervention, including risk stratification, accessibility and follow-up;
4. Engaging and integrating family and natural supports as a primary intervention at the outset;
5. Engaging and integrating community supports and resources; and
6. Ensuring culturally appropriate approaches (40% of the central Arizona population is comprised of Hispanic, African American, Asian and Native American populations).

**Equipping Central Arizona’s Work Force for Suicide Intervention (Two-Day ASIST Training)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Attendees</th>
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<td><strong>TOTAL</strong></td>
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<td>2,179</td>
<td>79%</td>
</tr>
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![87% of 2,000 Trained](image)

In the fall of 2009, the steering committee institutionalized ASIST and established the goal to train 2,000 behavioral health professionals. To date, the group has achieved 87 percent of its targeted goal: more than 1,700 direct care provider staff has taken part in a two-day ASIST session. Not only has the training equipped participants with the skills and knowledge to identify and intervene with those at most risk of attempting suicide, it also has given participants self confidence in managing through these tenuous situations. Research conducted in 2010 among members of central Arizona’s behavioral health workforce validates these facts (see inset next page).

**Step 4: Organizing Work Groups; Initiating ASIST Training**
The Steering Committee empowered a task force and six working sub-groups to implement the tenets, and ten of the largest behavioral health service agencies in central Arizona began training their entire workforce in ASIST (see list at left).

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**Step 5: Reaching Beyond Training**
Training 100 percent of staff is only the first objective in the program's multi-year change process. As part of the program's next stage of development, its leaders are working to effect change in the culture and attitudes about suicide. That means introducing attempt survivor support groups and identifying tools – such as 101 meaningful things to do in the community – to help engage and integrate recipients into their neighborhoods, and encourage family support.
Program leaders also have introduced the most pioneering aspect of the program – a clinical care and intervention model that is being developed in partnership nationally with the National Action Alliance for Suicide Prevention (launched September 10, 2010 by DHHS Secretary Kathleen Sebelius and Department of Defense Secretary Robert Gates). The model features four work groups:

- Risk stratification, which provides a formal assessment of an individual’s likelihood of attempting to take his/her life;
- Intervention, which includes best practice regimens for those at high, medium or low risk for attempting suicide;
- Accessibility and follow-up, which identifies key steps and the immediacy for getting help to those in need, encouraging personal engagement among recipients, and creating a connection among their family members/support system; and
- Ongoing engagement and education among both behavioral health professionals and recipients.

This progressive model provides the full safety net for those contemplating suicide and will help the program leaders reduce to zero the number of suicides among the SMI population in Arizona.

13. Why is the program a new and creative approach or method?
Historically, mental health providers in the United States have not made suicide prevention and intervention a primary area of focus, largely because the issue is addressed by national, regional and local agencies and prevention programs. Suicide has not been considered core business for three key reasons, including the fear around the subject experienced by professionals who believe they lack appropriate training, the myths that continue to perpetuate that suicide is not always preventable and the tendency to treat suicide care as a specialty referral service. These three factors have resulted in counseling and social work education programs and national trade organizations giving scant attention to workforce preparedness. Training has not been part of core curriculums, presentations have not been part of national conferences, and suicide intervention and prevention was relegated to hospital Emergency Departments, law enforcement, and a few specialty crisis intervention specialists.

Given the trends uncovered in recipient case reports, along with the findings from the mental health workforce survey, the ADHS collaborative identified an opportunity. The idea was not to create a community-based outreach program for the general public, but rather to take a targeted approach to those who have been diagnosed with serious mental illness and are being treated through central Arizona’s publicly funded behavioral health system. In doing so, the program will change the course of suicide in community mental health.

Making behavioral health recipients the focal point of the program distinguishes the program from other initiatives nationally. So does the intensive involvement by the entire mental health community – from providers and other caregivers to police officers and public officials – as this underscores the importance of building greater exposure and ongoing support for all mental health issues. This initiative is a key component of the ADHS/DBHS agenda to transform central Arizona’s decades-old mental health system. The Central Arizona Programmatic Suicide
Deterrent System Project is one more positive step in this process. Finally, the comprehensive nature of the program – which involves everyone from caregivers to recipients and their families/support networks – along with the cutting-edge clinical care and intervention model set a standard for helping public behavioral health programs reduce the number of suicides among SMI individuals nationwide.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The centerpiece of the initiative in the first stages was ASIST – a two-day first aid interactive workshop for caregivers. This practical training is designed to prevent the immediate risk of suicide among mental health recipients by helping these individuals stay safe and seek help, as needed. Approximately, $100,000 in start-up costs have been accrued as part of a “train the trainers” program which has resulted in 35 behavioral healthcare agency staff credentialed to train others in ASIST. Individual provider agencies have absorbed the minimal costs associated with the $35 per person materials fees for the 1,700 who have gone through the program.

The Regional Behavioral Health Authority has budgeted $50,000 for the implementation of Suicide Attempt Survivor Peer Support Groups beginning in spring 2011. A formal Request for Letters of Interest resulted in the selection of Crisis Response Network (CRN) to launch these services in concert with other behavioral healthcare providers.

15. What are the program's annual operational costs?

The program costs have been approximately $60,000, $80,000 and $80,000 in the first three years of the program (2009-2011). These expenses have consisted primarily of start-up costs (identified in the prior question) as this initiative is utilizing and leveraging the existing infrastructure of service delivery.

16. How is the program funded?

To date, the collaborative has been a shared initiative among ADHS/DBHS and the steering committee partners designating suicide intervention and prevention as a core mission. All members have allocated the financial and manpower resources to achieve the Year 1 and 2 goals. The Central Arizona Programmatic Suicide Deterrent System Project Steering Committee will make recommendations in 2012 for any policy, programmatic or funding changes needed to sustain the tenets following the completion of the initial design phases.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

The Central Arizona Programmatic Suicide Deterrent System Project program did not require the passage of legislation, an executive order or regulations. However, to be successful, the Division of Behavioral Health Services has engaged a high-level Steering Committee that operates from a strategic charter and ensures programmatic, policy and funding requirements can be realized in achieving project objectives.
18. What equipment, technology and software are used to operate and administer this program?
Nearly 1,700 clinicians, social workers, nurses, physicians, case managers, administrators and other staff in more than 20 agencies were surveyed in 2009 through www.surveymonkey.com. The 2010 follow-up survey consisted of nearly 1,800 individuals, with nearly 700 reporting they had already received the two-day ASIST training.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.
Yes, this innovative program originated in Maricopa County, Arizona. Dr. Laura Nelson is the Deputy Director of ADHS/DBHS and she serves on the suicide Steering Committee, which has primary responsibility for developing the tenets of this project. David Covington chairs the steering committee as the Chief of Adult Services for ADHS' RBHA contractor Magellan Health Services of Arizona. David's contact information is 4801 E. Washington, Suite 100, Phoenix, Arizona 85034, 602-572-5959 and dwcovington@magellanhealth.com.

David has served as vice-chair of SAMHSA's Steering Committee for the National Suicide Prevention Lifeline since 2005. This leadership group includes commissioners of state mental health authorities, the executive director of the National Association of State Mental Health Program Directors (NASMHPD) and the executive director of the National Council of Community Behavioral Health (NCCBHA). He also serves as a member of the Executive Committee for the National Action Alliance for Suicide Prevention and is co-chairing the Clinical Care and Intervention Task Force with Mike Hogan, Commissioner of Mental Health for New York State.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?
There are a few examples of isolated provider agencies that have employed at least one of the tenets. There are no examples of partnerships of agencies that have taken a comprehensive approach to the six tenets, or prioritized suicide intervention as a core business. For example, Advantage Behavioral Health Services in Athens, Georgia, has determined that it will train its staff in QPR-T, which is similar to ASIST training. This mirrors the first tenet of the Central Arizona Programmatic Suicide Deterrent System Project.

21. Has the program been fully implemented? If NO, what actions remain to be taken?
Of the six essential tenets of the Central Arizona Programmatic Suicide Deterrent System Project, four are being implemented and two are still in development. We are nearing the end of the first phase of comprehensive staff training and anticipate completion in mid-2011. Our first Suicide Attempt Survivor Peer Support Groups will be operational spring 2011. The "new normal" Family Engagement and Integration training is being conducted. The recommendations of the Clinical Care and Intervention, Race and Equity and Community Integration sub-groups are being finalized and reviewed by the steering committee and task force.
22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.
Suicide intervention is now a priority and viewed as a "core mission" for the 12 largest mental health service providers in Maricopa County. All dedicated themselves to training their entire clinical staff with ASIST and will accomplish the goal in 2011. There are many groups across the country dedicated to supporting family members and friends of those who have died by suicide, but the launch of the nation's first formalized Suicide Attempt Survivor Peer Support groups is another significant milestone.

While our first couple of years has been focused on these process implementations, we are tracking three key areas for effectiveness, the reduction of suicide deaths, the workforce self-assessment of confidence, skills and training, and the reduction of unnecessary inpatient hospitalizations.

- Since the FY2007 baseline, there has been nearly a 50% reduction in the suicide death rate (from 175 per 100,000 for those with SMI to 92 per 100,000)
- Prior to ASIST training, 1 in 2 staff in the workforce deny they have the training, knowledge and supports to effectively engage those at risk. In the 2010 re-evaluation, 98% of the nearly 700 who had been through ASIST reported they had appropriate training, knowledge and supports.
- After training Assertive Community Treatment staff in the two-day ASIST training, inpatient hospital rates reduced 51%, resulting in inpatient savings estimated at over $3 million. This is a direct result of more confidence in engaging individuals at risk in direct conversations of suicide instead of referring them to law enforcement and crisis interventionists who are more likely to hospitalize individuals with whom they are unfamiliar.

23. How has the program grown and/or changed since its inception?
In 2009, ADHS took on the innovative approach of targeting individuals enrolled in the mental health system for suicide intervention. This has led to national recognition and interest as Central Arizona takes on a comprehensive approach to develop a Programmatic Suicide Deterrent System Project. The initial focus was on equipping the behavioral healthcare workforce in the skills, training and knowledge to more effectively engage and collaborate with those at risk. In 2010, the initiative focused on developing an innovative, effective and clinically-driven approach to an attempt survivor peer supports group. In 2011, we are developing standardized clinical care approaches that will undergird a consistent approach to assessment and intervention.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?
There have been two significant barriers that we would anticipate other states would also face. The first is the resources required to transition suicide intervention to the core of the workforce. The agencies which committed themselves to this investment of time and energy believed that the increased self-assessment of skills, knowledge and supports would lead to reduced turnover,
increased job satisfaction and better outcomes, but this was a major dialogue in the beginning phases. By mid-2011, more than 4,000 work days will have been committed to ASIST training alone. The second major barrier has been the entrenched cultural beliefs held by many in the behavioral workforce that suicide is an inevitable component of our work. Webinars by national experts like Dr. Thomas Joiner of Florida State University (and author of Why People Die by Suicide and Myths about Suicide) helped us conquer these concepts.

Local and National Publicity
The Central Arizona Programmatic Suicide Deterrent System Project has generated both local and national attention for its scale, scope and targeted objective of changing behavioral health care to train 100 percent of staff and prioritize a comprehensive suicide plan as core business.

- **Suicide Prevention Resource Center (SPRC)**, December 16, 2009, "Arizona Alters Approach to Suicide Prevention" included on its Web site home page and in its newsletter The Weekly Spark. SPRC is one of SAMHSA’s primary contractors for provision of support, education and resources on suicide prevention and advancement of the National Strategy for Suicide Prevention. The article highlighted the number trained in ASIST and the target of more than 2,000 behavioral healthcare direct staff in 2010. It also included more information about ASIST as an established best practice training intervention.

- **The Arizona Republic**, Arizona’s largest daily newspaper, with a subscriber base of 474,000, December 10, 2009, "Mental Health Services Alters Approach to Suicide Prevention," references the development of a suicide prevention and intervention steering committee to guide this best practice clinical initiative, quoting a suicide attempt survivor and an ASIST trainer.

- KAZ-TV’s **The Pat McMahon Show**, two different interviews on January 13, 2010 and September 10, 2009, with an overview of the importance and mission of the Central Arizona Project and personal experience of Katie Ayotte, suicide survivor and co-leader of the one of the project’s workgroups.

- **Provider Weekly** newsletter, November 16, 2009, "Last Chance to Register for Suicide Prevention Webinar," referencing one of the key initiatives of the project: quarterly Webinars with national consensus suicide intervention experts. More than 500 staff throughout the county participated in this 90-minute dialogue with Dr. Thomas Joiner, author of Why People Die by Suicide and one of the nation’s preeminent suicidology researchers.

- KPNX-NBC 12 in Phoenix, October 13, 2009, "Suicide, Crisis Calls and the Economy," provided an overview of the Central Arizona Project and its relevance in the middle of the third year of a national recession.
The Arizona Republic, September 26, 2009, "Professional Help is Available for Those at Risk of Suicide," described the dramatic changes of the past decade that have made the new Central Arizona Project a possibility.

2011 Innovations Awards Application
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Use these as guidelines to determine the appropriate Program Category for your state’s submission and list that program category on page one of this application. Choose only one.

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- Revenue
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