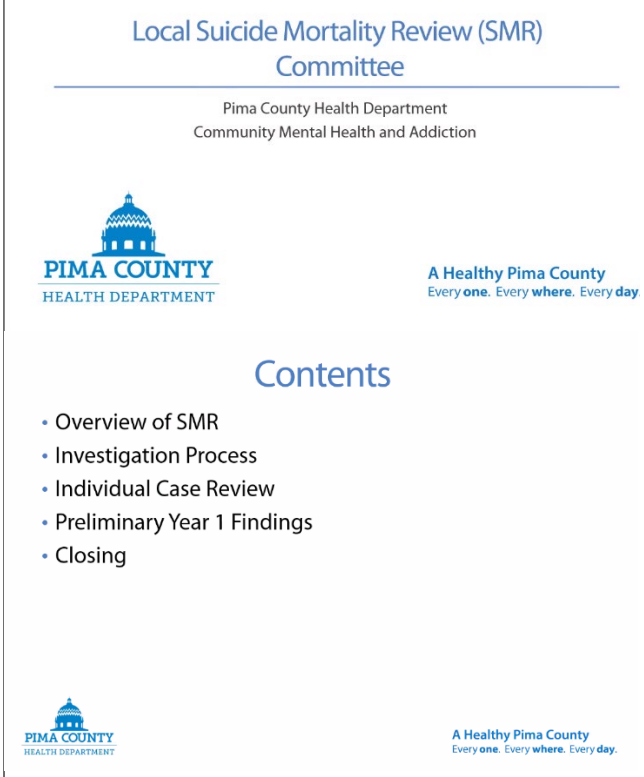
Pima County Suicide Prevention Task Force

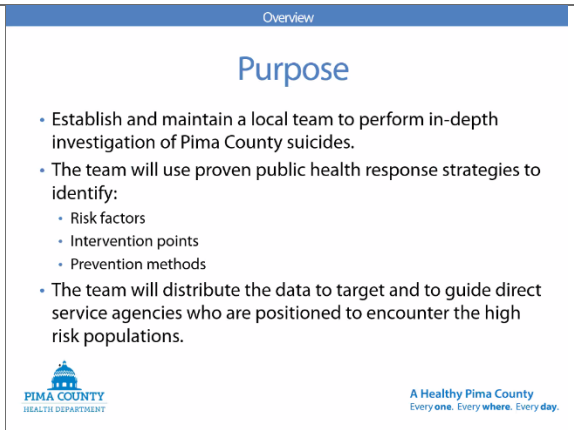
Minutes

Logistics

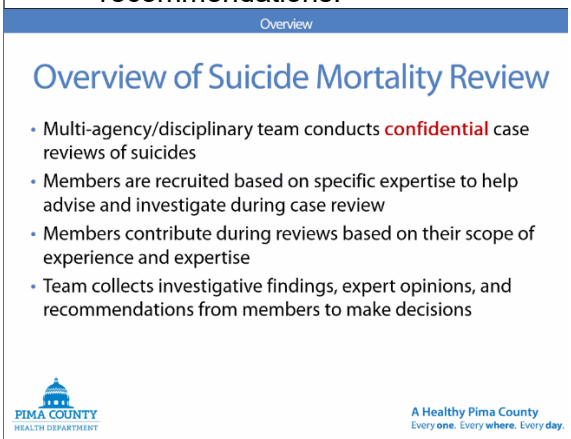
Time:	3:00 PM – 4:00 PM
Date:	Tuesday April 18, 2023
Invitees:	Pima County Collaborative Partners
Attendees	**Julie Mack**, Arizona Complete Health **Arisia Lee**, Pima County Health Department **Erin Gibson**, Pima County Sheriff's Department lead on substance use & mental health **Sara Lind**, Pima County Health Department **Dedra Clark-McGee**, Pima County Health Department **Hollie Watson-Smith**, Pima County Health Department **Julia Chavez**, Arizona Complete Health, Tribal Programs Specialist **Morgan Hines**, Teen Lifeline **Adriana Laigo**, Pima County Health Department **Monica Rivera** **Katie Wilkinson,** Real Life. Real Talk. Coordinator, Planned Parenthood **Lynn Oelke,** Tucson Medical Center **Mercedeh Reamer,** Arizona Department of Health Services **George Beverly Junior,** Community Activist **Rex Scott,** Pima County Board of Supervisors **Mayra Jeffrey**, Pima County Health Department **Leah Morales,** Pima County Health Department
Meeting Purpose:	Partner Introductions and Overview
Location:	ZOOM Meeting

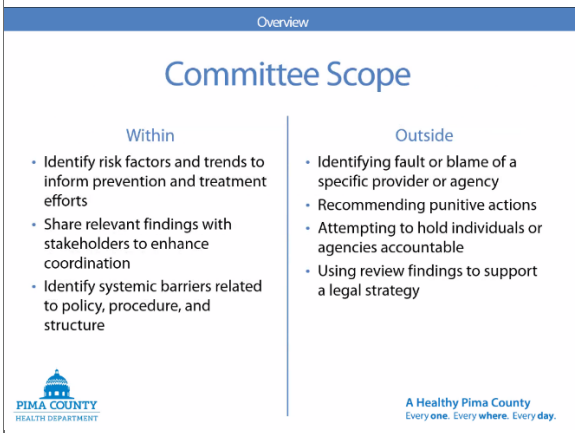
Agenda

Item #	Description	Presenter
1	Introductions • Lynn Oelke. Works at the Tucson Medical Center Wellness Department. Working on building a new suicide prevention initiative for TMC's staff and is here to learn about community resources that are available. • Sara Lind. Works at the Pima County Health Department as a Program Coordinator for Suicide Mortality Review and will be presenting today. • George Beverly. Is a community activist. Is from Oregon and now lives in Pima County. Meeting Purpose • Goal – Look at what's happening in Pima County. Offer Postvention services.	All
2	Overview Suicide Mortality Review Board 	Sara Lind Hollie Watson-Smith



- We want to have people in Pima County who know the Suicide mortality review system.
- Team to ID risk factors in each case.
- Goal is to gather as much information as possible about the cases and provide the community with recommendations.
- This is the first year of the suicide mortality review. Year 1 was just completed. The next step is to provide recommendations.





- The committee is trying to get a picture of what the person's life looked like up until the suicide.
- The committee is not subject to subpoena. The review can't be used in legal strategy.

Overview

Confidentiality

- Closed meetings
- Civil liability protection for team members and those that provide information
- Members may not be questioned in civil or criminal proceedings regarding info presented in meeting

PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County
Every one. Every where. Every day.

- Strict confidentiality is maintained.

Overview

SMR Process

- Pima County Health Department identifies random selection of cases from previous year
- PCHD Program Coordinator begins gathering information from various sources: Office of the Medical Examiner, law enforcement, Health Information Exchange (HIE)
- Program coordinator identifies additional sources of information such as behavioral health agencies, hospitals, crisis response center, LTCs, group homes, etc.
- Program coordinator puts information together into a summary and timeline for presentation to committee

PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County
Every one. Every where. Every day.

- Create a summary and timeline for each case that is presented to the committee.

Overview

Our Local Committee

PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County
Every one. Every where. Every day.

Individual Case Review

PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County
Every one. Every where. Every day.

Individual Case Review

Case Narrative

- Demographics
- Incident details
- Medical history
- Behavioral history
- Life stressors

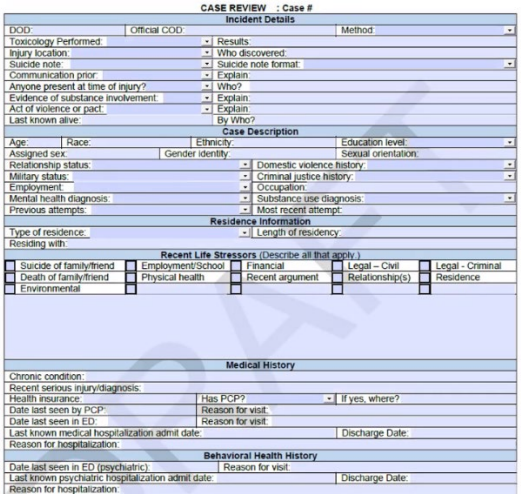
PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County
Every one. Every where. Every day.

- The following is included in an individual case review:
  - Details of the fatal incident.
  - Toxicology.
  - Note.
  - Drug involvement.
  - Chronic conditions.
  - Hospitalizations.
  - Behavioral health diagnosis.
  - Changes in employment.
  - Changes in school status.
  - Changes in intimate relationships.

Individual Case Review

Case Narrative



CASE REVIEW : Case #

Incident Details			
DOD:	Official COD:		Method:
Toxicology Performed:		Results:	
Injury location:		Who discovered:	
Suicide note:		Suicide note format:	
Communication prior:		Explain:	
Anyone present at time of injury?		Who?	
Evidence of substance involvement:		Explain:	
Act of violence or pact:		Explain:	
Last known alive:		By Who?	

Case Description			
Age:	Race:	Ethnicity:	Education level:
Assigned sex:	Gender identity:		Sexual orientation:
Relationship status:		Domestic violence history:	
Military status:		Criminal justice history:	
Employment:		Occupation:	
Mental health diagnosis:		Substance use diagnosis:	
Previous attempts:		Most recent attempt:	

Residence Information	
Type of residence:	Length of residency:
Residing with:	

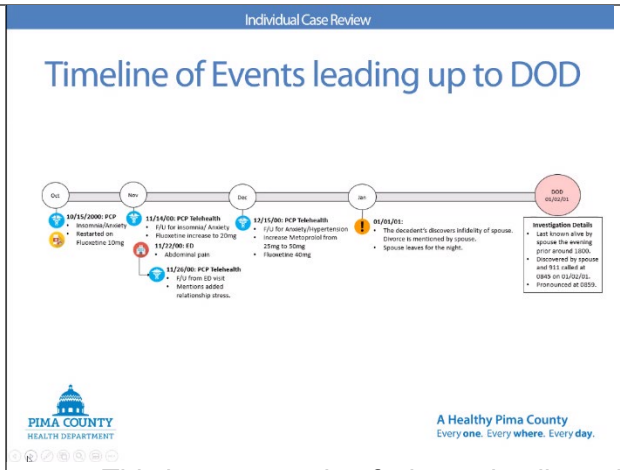
Recent Life Stressors (Describe all that apply.)

☐ Suicide of family/friend	☐ Employment/School	☐ Financial	☐ Legal – Civil	☐ Legal - Criminal
☐ Death of family/friend	☐ Physical health	☐ Recent argument	☐ Relationship(s)	☐ Residence
☐ Environmental	☐	☐	☐	☐

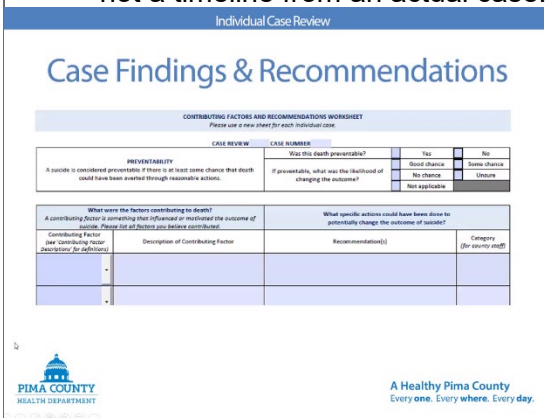
Medical History		
Chronic condition:		
Recent serious injury/diagnosis:		
Health insurance:	Has PCP?	If yes, where?
Date last seen by PCP:	Reason for visit:	
Date last seen in ED:	Reason for visit:	
Last known medical hospitalization admit date:		Discharge Date:
Reason for hospitalization:		

Behavioral Health History		
Date last seen in ED (psychiatric):	Reason for visit:	
Last known psychiatric hospitalization admit date:		Discharge Date:
Reason for hospitalization:		

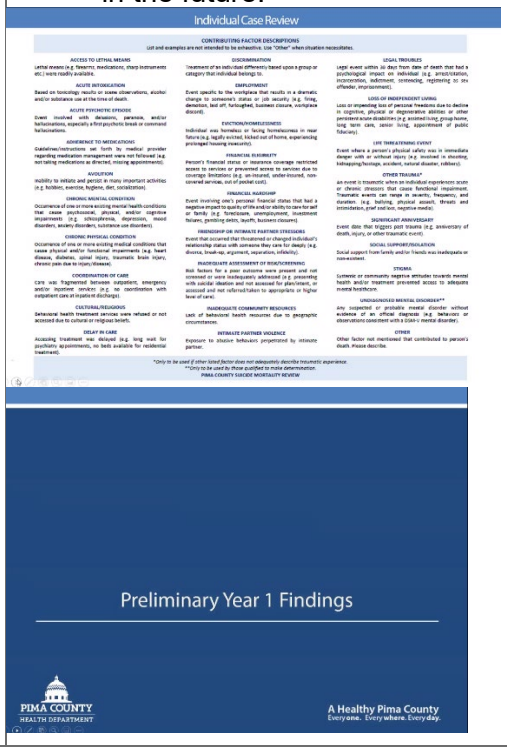
- The case narrativ eis 5 pages in length and attempts to show a comprehensive look at the individual's life before the completed suicide.

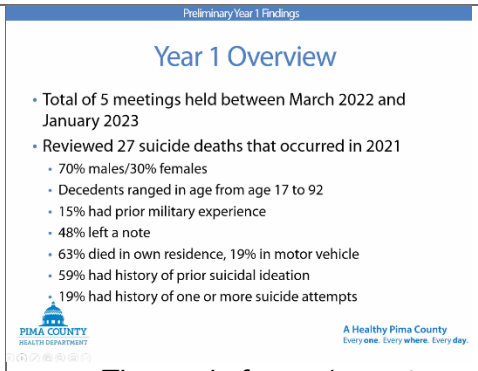


- This is an example of what a timeline might look like. It is not a timeline from an actual case.

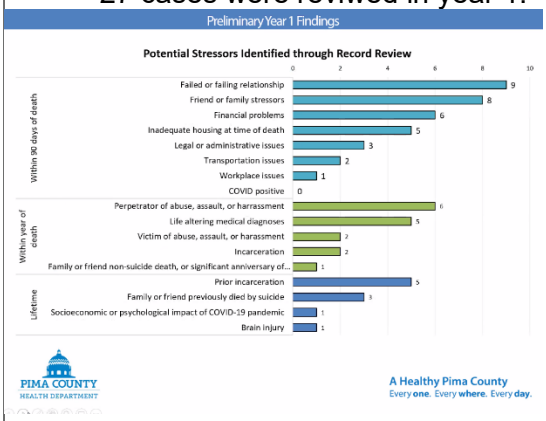


- Committees members use their expertise to provide recommendations to keep a similar death from occuring in the future.

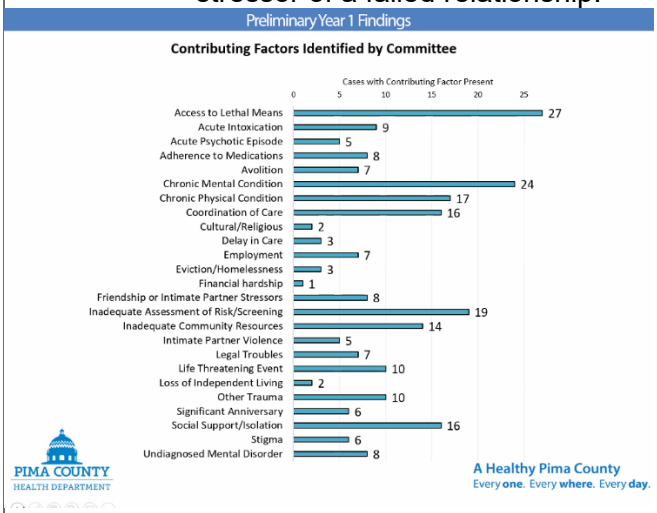




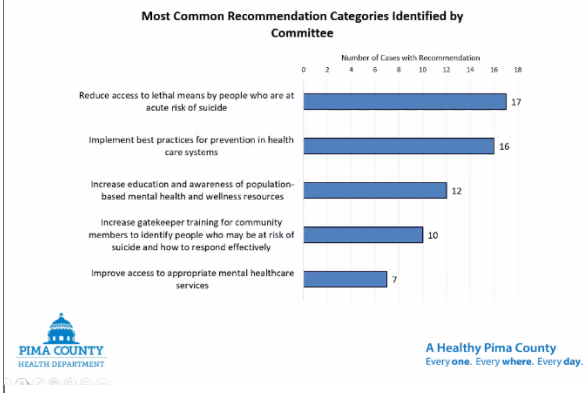
- The goal of year 1 was to review 10% of deaths that occurred due to suicide in Pima County. This goal was met.
- 27 cases were reviwed in year 1.



- These are out of 27 cases.
  - So for 9 of the cases, there was a potential stressor of a failed relationship.



- These are out of 27 cases.
  - So in all 27 cases the person who completed a suicide had access to lethal means.



- Decrease access to lethal means.
    - Gun locks/safes.
    - Increase messaging to the community about decreasing access to lethal mens.
    - Increased training.
    - More restrictions to online orders of lethal means.
    - Decrease access to firearms for those at risk of suicide.
- Implement the following:
    - Improving quality and acces to care for people with eating disorders.
    - Give health care providers access to ALL of a patients health history.
    - Availability and awareness of counseling resources.
    - Creation of low cost health care resources.
    - Promote using the crisi lin for loved ones.
    - Family education for elders in decline.
    - Increase availability of QPR training.
    - Promote community trainings for community members with mental illness.
    - Need for long- term services and wraparound care for people with chronic conditions.
    - Specialized treatment plans for those at a high risk of suicide.
- When the annual report has been completed, the goal is to have concise recommendations to share with the public and specific recommendations to share with providers.

Questions & Comments

Is there demosgraphic information for military veterans, specifically for black and brown people?

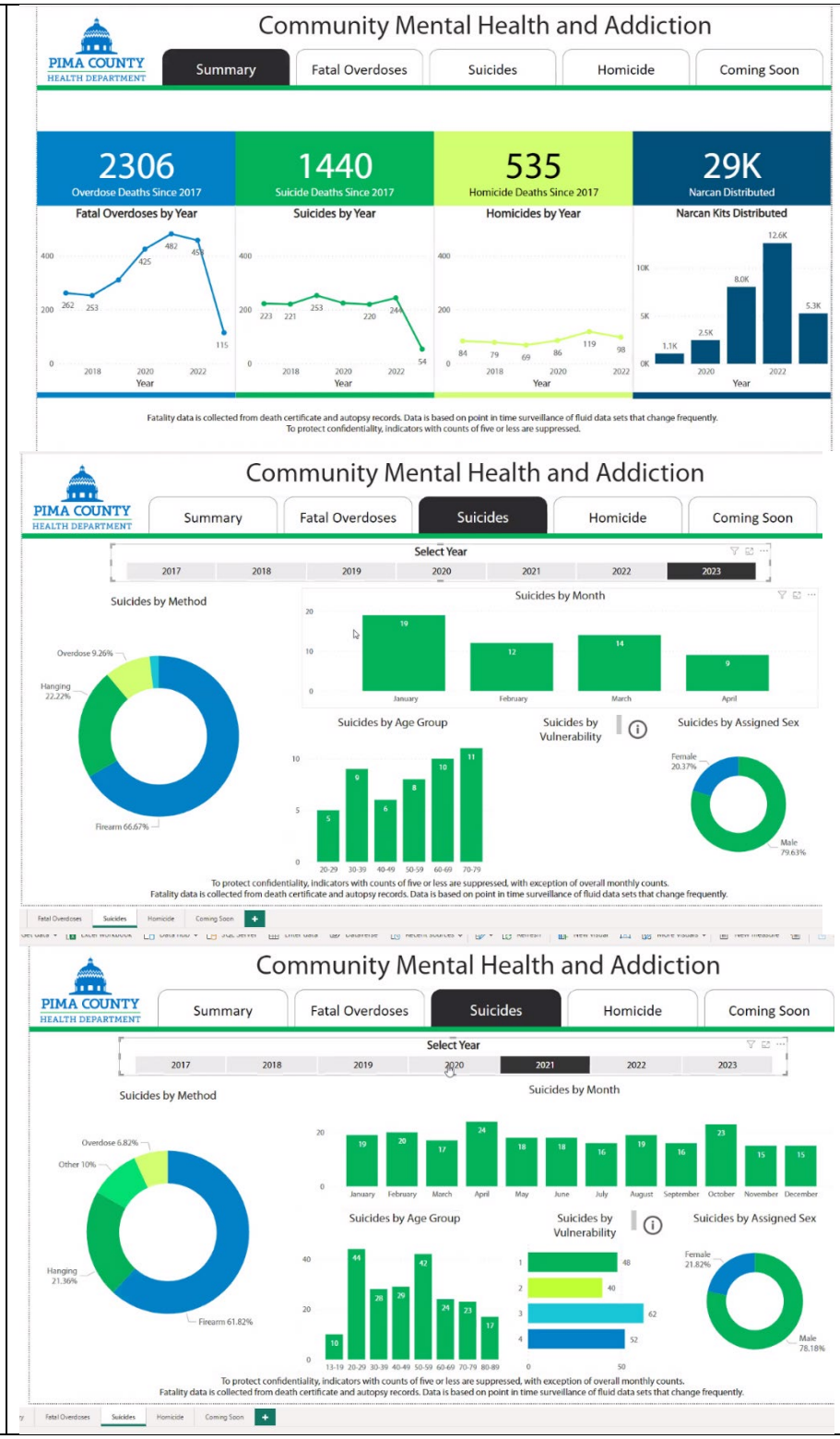
- For this small of a sample size, we don't have that information.
- As years increase, we should have a better answer.

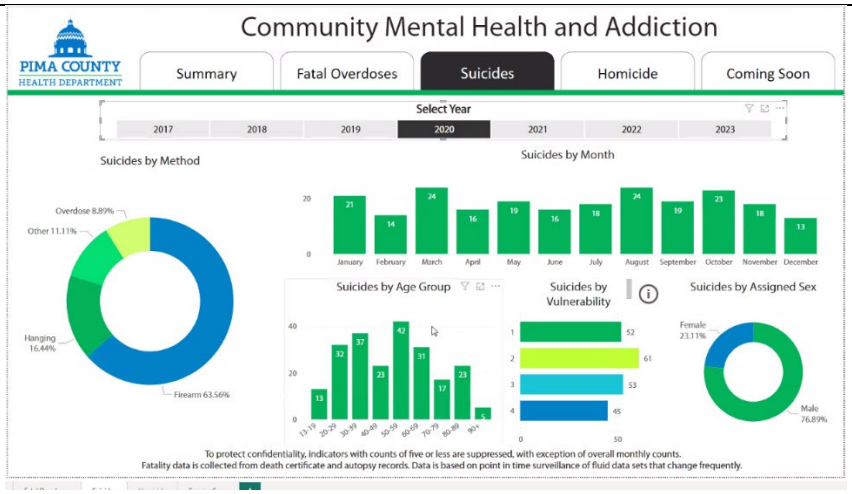
	Homelessness is hard to quantify because it is not recorded on the death certificate. Do families have the opportunity to opt out if they do not want their loved one used for research? • We are not conducting next of kin interviews. We are thinking of including their input in the futue. • Loved ones are not aware that we are conducting these reviews. • Everyone signs a confidentiality statement. Tribal population information like this is confidential. You might look into mentioning to tribal communities that this is taking place. It is important to give them this information and also to give them the opportunity to opt out How are the 10% of cases chosen? • Random number generator. • Only look at cases of deaths that occurred in Pima County, also have to be a resident of Pima County. 	

3	Partner Updates **Teen Lifeline** • Teen Lifeline is expanding into Tucson • This is a brand new program that was launched this year. • Making contacts with hospitals and health centers in inpatient facilities, so that patients can opt into he program at discharge and a coordinator will contact them 15 times in a year, send care packages. • If you are interested in this program contact Morgan. • This summer Teen Lifeline will hire a Team members for – 1. providing training and education to schools and families, 2. A Community Liaison for partnerships and outreach. • The hotline and peer counseling program will also be coming to Tucson.	All Morgan Hines

	• Morgan's info: morgan@teenlifeline.org
	
	American Foundation for Suicide Prevention (ASFP)
	• ASFP is sponsoring 2 programs in May
	  ○ Talk Saves Lives: An Introduction to Suicide Prevention for Latinx and Hispanic Communities
	  ○ Introduction to Supporting Those At Risk
	• Visit their website for more information: https://afsp.org/
	•
	Healthy Pima
	• The Community Health Improvement Plan has been finalized and printed. If you would like a copy contact Arisia.
	• Healthy Pima puts out a monthly newsletter. If you would like to receive it or include something in it, contact Arisia.
	• If you have updates to the Action Plan, contact Arisia.
	• Arisia.Lee@pima.gov
		Gina Gillis
		
		Arisia Lee

4	**Pima County Health Department: Suicide Death Trends**	Hollie Watson-Smith


Community Mental Health and Addiction
PIMA COUNTY HEALTH DEPARTMENT
Summary
Fatal Overdoses
Suicides
Homicide
Coming Soon
2306
Overdose Deaths Since 2017
1440
Suicide Deaths Since 2017
535
Homicide Deaths Since 2017
29K
Narcan Distributed
Fatal Overdoses by Year
Suicides by Year
Homicides by Year
Narcan Kits Distributed
Year
Fatality data is collected from death certificate and autopsy records. Data is based on point in time surveillance of fluid data sets that change frequently.
To protect confidentiality, indicators with counts of five or less are suppressed.
Community Mental Health and Addiction
Select Year
2017
2018
2019
2020
2021
2022
2023
Suicides by Method
Overdose 9.26%
Hanging 22.22%
Firearm 66.67%
Suicides by Month
January
February
March
April
Suicides by Age Group
Suicides by Vulnerability
Suicides by Assigned Sex
Female 20.37%
Male 79.63%
To protect confidentiality, indicators with counts of five or less are suppressed, with exception of overall monthly counts.
Fatality data is collected from death certificate and autopsy records. Data is based on point in time surveillance of fluid data sets that change frequently.
Community Mental Health and Addiction
Select Year
Suicides by Method
Overdose 6.82%
Other 10%
Hanging 21.36%
Firearm 61.82%
Suicides by Month
Suicides by Age Group
Suicides by Vulnerability
Suicides by Assigned Sex
Female 21.82%
Male 78.18%
To protect confidentiality, indicators with counts of five or less are suppressed, with exception of overall monthly counts.
Fatality data is collected from death certificate and autopsy records. Data is based on point in time surveillance of fluid data sets that change frequently.

	 • 54 confirmed suicides for the year. • Intentional overdoses are higher than previous years, at 9% right now. • Intentional overdoses for February and March is low compared to previous months. • April is looking like it might get higher for intentional overdoses. • Suicides by age group ○ 60-79 years old – these numbers are not normally this high. Right now this age group is on track to be high again this year. ○ 20-29 years old is the group that usually has the highest numbers, not 60-79 years old.	
5	General Announcements	All
6	Closure / Next Steps	All
7	Task Force meets quarterly on the last Tuesday of the month – **Next Meeting = 7/25/23 – 3:00 – 4:00 - 10/31/23**	All