

Meeting Minutes
Pima County Suicide Prevention Task Force
Tuesday, July 26, 2022
3:00-4:00 pm
TEAMS
& Abrams

Attendance

- Julie Mack Arizona Complete Health
- Arisia Lee Pima County Health Department (PCHD)
- Karen Ring Pima Council on Aging
- Mark Person PCHD
- Hollie Watson-Smith Community Mental Health & Addiction, PCHD
- Jessica Bell Suicide Mortality Review Program Manager and Suicide Prevention Program Supervisor, ADHS

- Sara Lind Community Mental Health & Addiction, PCHD
- Kimberly Wang Community Mental Health & Addiction, PCHD
- Mayra Jeffery Community Mental Health & Addiction, PCHD
- Ernestina Limon Pascua Yaqui Tribe Suicide Prevention Team
- Erin Gibson Pima County Sheriff's Department
- Rex Scott Pima County Board of Supervisors
- Susan Cota (City of Tucson) Community Safety Health and Wellness
- Noah Garipey City of Tucson - Community Safety, Health, and Wellness
- Julia N. Chavez Arizona Complete Health
- Jason Ground University of Arizona Communications Office
- Daniel Reyes City Manager's Office, Community Safety, Health and Wellness Program

- Chad Myler Manager, Employee Health and Wellness Promotion - University of Arizona

- Lee Hopkins City Manager's Office, Community Safety, Health and Wellness Program

- Jason Winsky Tucson Police Department
- Marta Peralta Program Manager of the "We Embrace Life Suicide Prevention Team" for the Pascua Yaqui Tribe

- Amanda Monroy PCHD
- Olivia Holt Arizona College of Nursing
- Candelaria Cantua PCHD

Welcome/Overview of Today's Meeting

- Welcome to Dedra Clark-McGee.
- We are meeting for an hour today.
- We have listened to feedback from the group and based off of group feedback, we will be meeting bi-monthly and will now meet for one hour instead of 90 minutes.
- At the beginning of each meeting, we will introduce new members and members will be asked to share updates. We may go back to a guest speaker format –we will have them talk about what is going on in his/her agency. Next we will focus on next steps of planning (15 minutes will be allocated) and then different suicide data trends/deaths by suicide will be shared with the group.
- We sent out a survey a couple months ago, we listened to feedback, and incorporated your suggestions into meeting plans.

Agency Program Updates

Arisia Lee: Healthy Pima Initiative

- Healthy Pima is having a Kickoff event to: share the results of the 2021 CHNA with the community, to begin the Community Health Improvement Planning process in Access to Care and Social Determinants of Health, to invite the community to join community planning efforts already in occurring in Substance Use Disorder and Mental & Behavioral Health, to strengthen and build new relationships with community partners, and to re-start the Community Health Improvement Task Force.

Susan Cota: City of Tucson – Community Health Safety and Wellness

- There is a new care coordination team at the City of Tucson that is focusing on members utilizing the 911 system quite frequently. A lot of the focus is outreaching these members and providing resources and focusing on their SDOH and how we can bridge those gaps of care.

Julia Chavez: Arizona Complete Health

- We are beginning to re-connect with our tribal communities. They are slowly starting to open up to having people come onto tribal land again. Some outreach has been done in person recently, but there are unfortunately suicides still happening. There was one yesterday that we were working with one tribe in particular on. Things are slow right now with the tribes because they are so small and are trying to be as cautious as possible with the new strands of Covid that are out, but they are slowly opening up. Outreach is slow and we have participated in some back-to-school events, but it is hit and miss. However, we are still moving forward as far as providing information and as many resources as possible

Julie Mack: Arizona Complete Health

- There is a new launch at the #988. There is a SAMHSA funded project, which is a response to the national suicide prevention lifeline. 988 is a number that is a no wrong door number and has replaced the national suicide prevention lifeline. The lifeline still works, but 988 is the number they are giving a lot of advertisement to. It is not just a suicide line, it is also a mental health

line. With that renaming, it may remove some of the stigma to call the number. Also, if you are a Veteran or know a Veteran, it is similar to how the lifeline worked before, it is 988 and you add a 1 and that will give you services for Veterans. It is 24-7. There is also a tool kit and if you go on and put SAMHSA 988, you get to a website and there are additional resources. It is a page of data. In Arizona, we had a very sound crisis line, whereas in some states they had to start from ground 0. It will be interesting to see if calls increase because it is not just suicide. It just launched on July 21st.

Action Plan Update

- Amanda Monroy, PCHD Public Health Policy Manager
 - After reading through the action plan the following recommendations were made.
 - A Policy Brief/Issue
 - i. The identification of a Policy Brief/Issue Brief is a policy action in itself. Recommendation is to copy that action into the policy action. It is a really good project to get the environment scanned for what larger P policy legislative actions can happen down the road
 - Another recommendation after reading through the action plan is exploring postvention opportunities in the 988 infrastructure. Policy work does not have to happen through the state legislature, there is a lot of great policy work that can happen through systems and environmental changes and through education. Building those documents that provide education and an argument for the work that you are trying to do can be used when discussing this issue with people who have the power to effect change at any level (organizational, community, legal policy, and informal policy). Policy doesn't always mean a state statute or a federal bill, it can be as simple as a rule change in a school district or creating an educational document with great local data and recommendations for people to act on.
 - What does a policy brief mean exactly?
 - A policy brief is also known as an issue brief. It is a deeper dive (about 2 pages) into a specific issue. It provides background, opportunities, strengths, weaknesses. It basically includes a SWOT analysis, so if someone reads the document, they have a clear and concise picture of what the issue is at the local level. It includes data as well as recommendations, which makes it different from a traditional report. Policy briefs tend to also include a robust recommendation section. They immediately have recommendations they can be enacted upon or start working towards or advocating on. It is the start of a greater community education process. They tend to be written for an audience that is not an expert, they are meant to be community documents and to be quick briefers on complex issues. They can also be excuses to do deeper dives into qualitative research, such as interviews. For example, qualitative data from providers to get a better scope of the environment beyond the quantitative numerical based data. Briefs are also an opportunity to do a root cause analysis, even though the root cause analysis tree/process is not in the issue brief itself, but the root cause analysis prior to an issue brief can better inform the recommendations that an issue brief can lead to. They are meant to be the product after community conversations happen, data dives happen and analysis and environmental scans happen. It is something that the average person can pick up and read and understand what you are asking.
 - For example
 - i. The partners on this call could be the ones to do the root cause and qualitative analysis and we could explore an issue brief that speaks to policy makers or folks who may not

- work in this direct field, but who could be allies in the work you are trying to do who may need a document that isn't practitioner based. This could be a document to gain large community support from sectors that are not traditionally in this space as well.
- Qualitative analysis is something we could explore together. We could do some basic interviews just to get an idea of the environment and the day-to-day work around postvention. It can include open-ended questions that could be analyzed for themes from the data you get from face-to-face conversations. With this type of data collection, you can ask follow up and clarifying questions. It could be meeting with community practitioners and leaders to get ideas.
 - Coming up with a definition of postvention that the layperson could understand and use while talking to prominent community leaders in the areas where the group is seeing a greater need for postvention services and getting their perspective on how they interact with the system. Taking stories and human experiences to then compare to the quantitative numerical data to marry them together and see how they can provide a clearer environmental landscape of where we are right now in Pima County. This could further the conversation around big P legislative policy changes down the line to help benefit this issue. A qualitative data approach too might provide why there isn't a greater postvention landscape and would help guide to create it in a way that is in harmony with community, which can take an equitable approach from the start. When it comes to policy it seems like the group is in the exploratory education phase. If you want to have a deeper conversation down the line the policy team is available.
 - After Amanda provided policy recommendations, the group was asked to share their policy recommendations with the group. After all ideas were shared, the group then voted on ideas. The policy recommendations with the most votes was to explore postvention opportunities in the 988 infrastructure.

POLICY RECOMMENDATION

Policy Recommendation Ideas

add ideas to sticky notes, one idea per sticky
click on the sticky, move it, and start typing



Policy Brief on
Postvention
Care



Require suicide
prevention training
by all gun shop staff
(ASSIST, QPR, MHFA,
etc).



Explore
postvention
opportunities
in the 988
infrastructure



Assault
weapons
ban



Deciding on Policy Recommendations to Use in the Action Plan

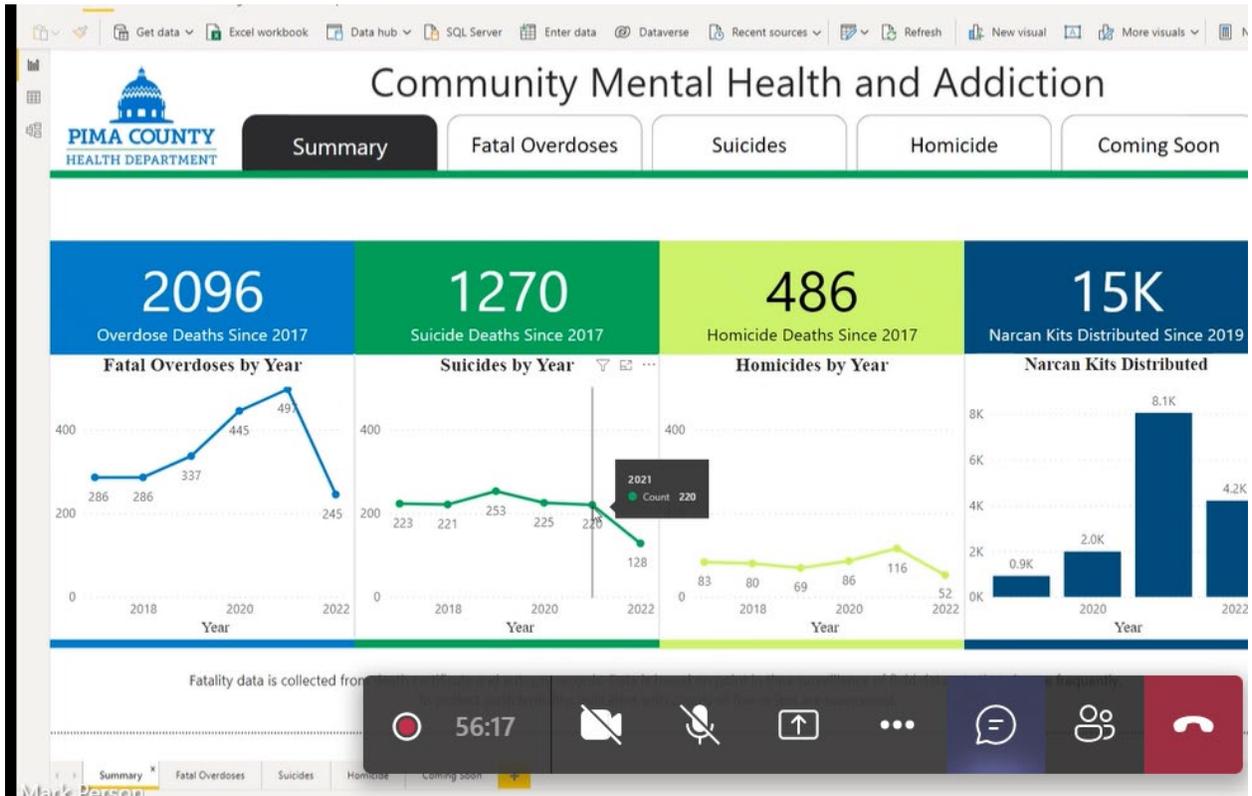
*You have two green thumbs up to use and two red thumbs down to use

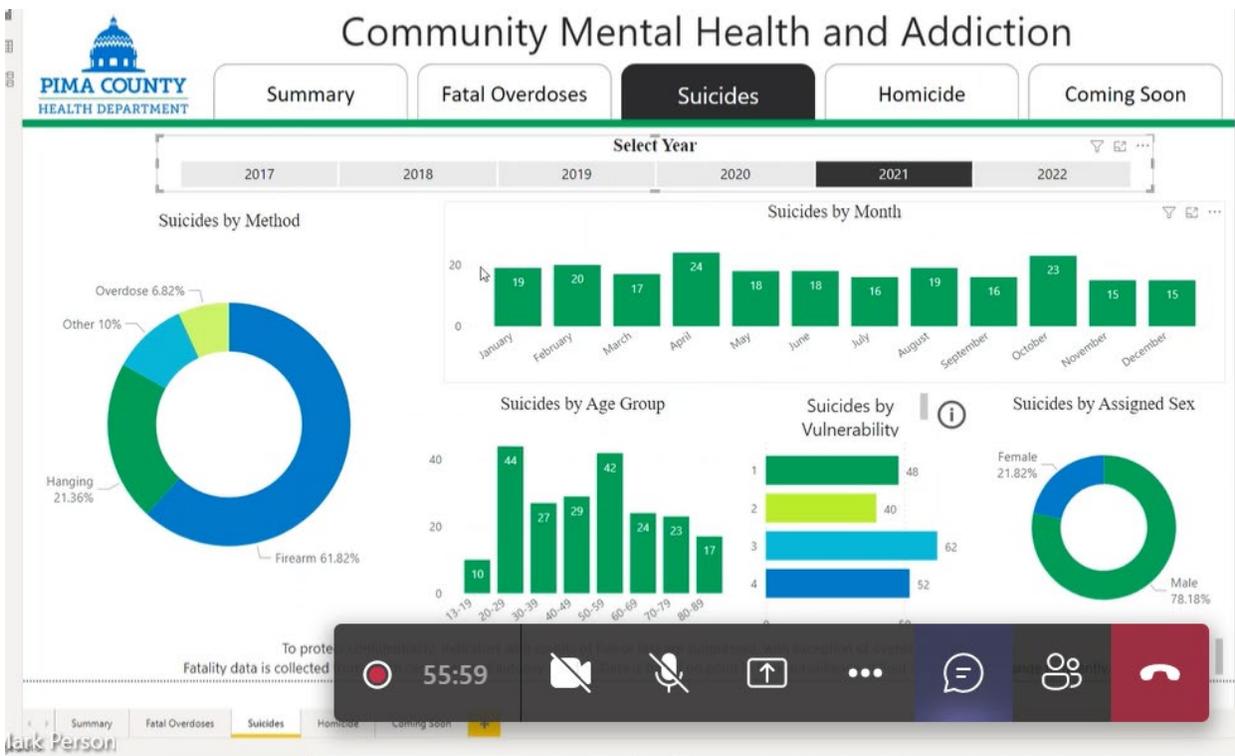
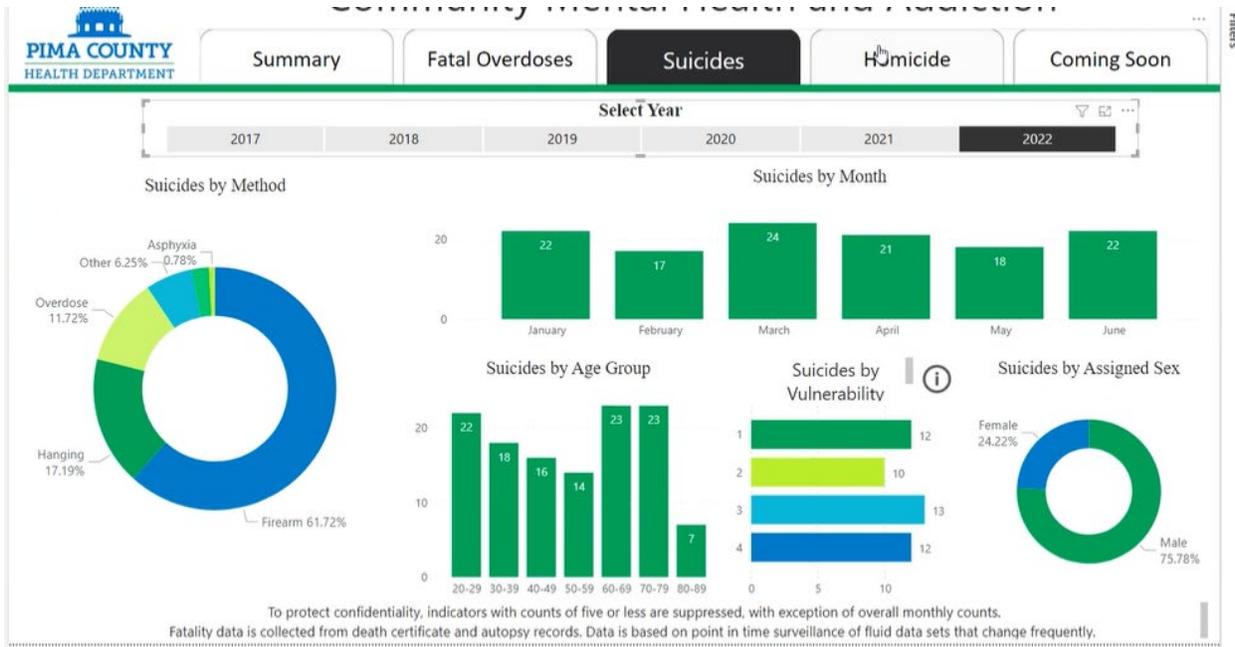
*If there are more green thumbs for each recommendation we will use them as the policy recommendation for the action plan



If you need another sticky note or red/green thumb - click on an available sticky/thumb, then click on the 3 dots in the right corner, and click on duplicate

Data Sharing





- Suicides by Month
 - This is a point in time count.
 - June is still being tallied, and is currently at 22, but will probably be at 25 once everything is entered.
 - There have been suicides in the month of July that haven't been formally ruled as a suicide yet.

- The numbers are pretty high for the calendar year so far. Right now we are on pace to exceed the total suicides we saw last year. However, there is no telling what will happen in 6 months, we could see a drastic decrease or increase.
- Based on the averages so far, we are projecting about 250 suicides. Last year (2021) we had 220 suicides. In 2020, there were 225 and the highest we saw was in 2019, with 253 suicides.
- Suicides by Method
 - Firearms are the dominant cause of death when it comes to suicides.
 - Hanging is a second at 17.19%.
 - Overdoses is at 11.2%.
 - Asphyxia is at 0.78%.
 - Other is a mixture of all kinds of things at 6.25%.
 - It includes all kinds of things, like jumping from a height and cutting.
- Suicides by age group
 - Teens and minors are not represented on the chart because they have not met the threshold to populate the data. If it is 5 or less, it is excluded because it is too easy for people to identify.
 - There have been additional minors this year that has raised the level of concern.
 - As we go into the school year, if these levels continue, we may see a repeat of 2020, where we had 11 minors die by suicide, which was a record-breaking high in Pima County. We are not at a point where we would be issuing an alert or identifying a root cause with kids. It is a concern that the few we have seen recently is heading in the wrong direction. We will be watching it closely, especially with school approaching. One thing that has been analyzed is the effect of the school year versus the summer months. We do see suicides occurring in traditional school months by and large.
 - We will issue an alert if something comes up.
 - For the most part, people in their 60's and 70's represent the top of the data when it comes to suicides in 2022. A lot of it is due to gunshot wounds, but there has been an uptick in intentional overdoses as well.
 - Folks in their 60's-70's are at the top and the 20-29 year old age group is a close 2nd.
 - There are no changes with the middle age groups, which is typical.
- Assigned Sex at Birth
 - We are looking at about 75% male and 25% female, which is a little on the high side for males.
- Suicides by Vulnerability
 - These are relatively even right now.
 - This represents the residential address of our decedents.
 - When someone dies, we look at not the location where they died, but where they call home.
 - If they reside in a socially vulnerable area or a census tract scoring, then we will be able to establish what kind of conditions these decedents may have lived in.
 - We know there are census tracts in Pima County with a high social vulnerability, which means higher rates of unemployment, homelessness, poverty, food insecurity, and housing insecurity. When people have these vulnerabilities, they are more prone to declining mental health, substance abuse, and sometimes we see higher rates of deaths in these areas. So we keep a close eye on these areas. Right now they are pretty even. The overdose chart is different. Right now for suicides it is pretty even across the board.

- Updates
 - Pima County's Community Mental Health and Addiction Program applied for a big Suicide Prevention grant through the CDC in May. We are anticipating that in September/October we will know if it was awarded to us. There are only 6 awards to the entire nation, so it's a long shot, but if we get it, it would be a significant lift for the community. There is a significant amount of funding that comes with it and it is a longer term (5 year) grant. If anyone is interested, the grant information can be sent out.
 - Work is ramping up on firearm injuries and death in general, which includes suicides, homicides and accidental shootings.
 - The health department, the county attorney's office, and several local gun dealers are distributing gun locks, gun safes, and lock boxes that go along with gun ownership. The dealers distribute gun locks when they sell a gun
 - The health department and county attorney's office is supplying locks for free, you don't have to show evidence that you have a gun.
 - The more households or gun owners that are storing guns securely and have appropriate safety measures in their home, the safer our community will be. We have to get community buy-in and stick to it and get more locks out and engage the public and engage a diverse group of the public, not just people who are interested.
 - A significant number of gun deaths are suicides and homicides make up the rest of it. It is rare for us to see accidental shootings in Pima County (they are about 1 per year max), most are intentional.
 - Individual preferred gender and why the data team only counts gender assigned at birth.
 - The data sets are not able to provide that information and it is something that the data team is looking into doing and collaborating with others in having access to in the future. There is not a standardized form to collect this data. Death certificates do not incorporate this type of information.

Wrap Up

- We will now be meeting every other month, so we will see everyone on September 27th.
- Between now and September you will receive information on the planning and a flyer for the Healthy Pima Kickoff.
- The next meeting invite will be from Julie Mack, it will be an Arizona Complete Health invitation.
- Thank you for your participation and if you have any questions, reach out to Julie Mack.

Next Meeting:

- Next Zoom meeting: **September 27th from 3:00-4:00 PM** (last Tuesday in September)