

Pima County Suicide Task Force

Meeting Minutes – Tuesday March 29, 2022

3:00-4:30 PM

TEAMS



I. In Attendance:

| | | |
|----------------------|---|-----------------|
| Julie Mack | Arizona Complete Health | EVENT ORGANIZER |
| Hollie Watson-Smith | Pima County Health Department | |
| Chrissy Lieberman | University of Arizona | |
| Jessica Bell | AZ Department of Health Services | |
| Arisia Lee | Pima County Health Department | |
| Julia N. Chavez | Arizona Complete Health | |
| Ernestina Limon | Pascua Yaqui Tribe, We Embrace Life Suicide Prevention Team | |
| Joshua Stegemeyer | AZ Department of Health Services, Suicide Prevention | |
| Marta Peralta | Pascua Yaqui Tribe | |
| Jason Ground | University of Arizona Communications | |
| Mark Person | Pima County Health Department | |
| Mercedeh Reamer | AZ Department of Health Services | |
| Chad Myler | University of Arizona | |
| Kimberly Romo | Palo Verde Hospital | |
| Linda Everett | Pima County Health Department | |
| Kimberly Wang | Pima County Health Department | |
| Adrienne Sainz Trees | | |

II. Welcome/Overview of Today's Meeting

- We are continuing our process; we will begin by reviewing the work we did last month.
- The next few meetings will be spent working on the action plan.
- The meetings have been extended to 90 minutes during the next few meetings.
- We are going to be doing some future processing – goals, objectives, and strategies.
- As usual we will end looking at some of Hollie's statistics.
- At the end of the meeting there will be a quick survey link about the action plan process
- Next meeting, we will continue working on developing the action plan

III. Summary of Determining Root Causes of Top Items to Address Finish Up

- MURAL review
- Determining root causes of top issues/problems identified to address
 - Group 1 review and voting on final root cause of: why are persons who are having suicidal thoughts or made an attempt not receiving postvention care?

DETERMINING ROOT CAUSES

GROUP 1 SUMMARY

Why are persons who are having suicidal thoughts or made an attempt not receiving postvention care?

(add words on a sticky, an icon, or an image)

Why is the problem stated in #2 happening?
 (add words, an icon, or an image)

Not enough emphasis is put on postvention care like prevention, etc.

FINAL ROOT CAUSE

Because people don't know what postvention is or how to get this type of care



- Group 2 review of final root cause to the question: why does the community have limited access to resources around suicide prevention and intervention?

GROUP 2 SUMMARY

Why does the community have limited access to resources around suicide prevention and intervention?

(add words on a sticky, an icon, or an image)

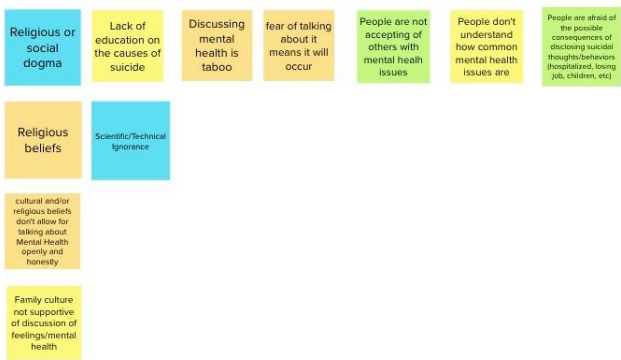
Why is the problem stated in #1 happening?
 (add words on sticky note, an icon, or an image)

Stigma - people don't want to talk about it.

Tip: Double click to add a sticky note. Use the menu buttons to change the color or font.

FINAL ROOT CAUSE

Family culture not supportive of discussion of feelings/mental health



- Group 3 review and voting on final root cause of: why is the community unaware of suicide prevention and intervention resources?

GROUP 3 SUMMARY

Why is the community unaware of suicide prevention and intervention resources?

(add words on a sticky, an icon, or an image)

Why is the problem stated in #2 happening?
 (add words on a sticky note, an icon, or an image)

Mental health issues need to be normalized

Tip: Double click to add a sticky note. Use the menu buttons to change the color or font.
Tip: Use the menu bar on the left to add an icon or image

FINAL ROOT CAUSE

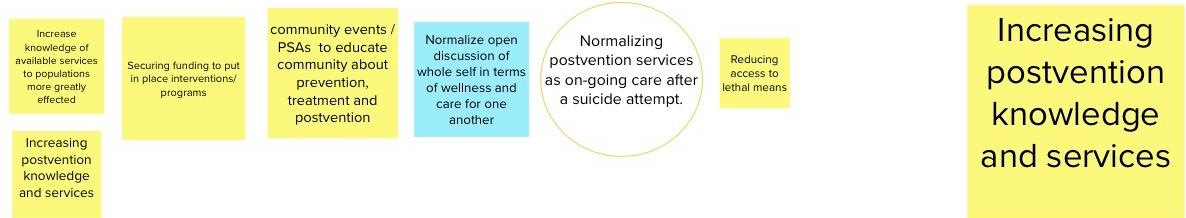
Mental health is not seen the same as physical health

- Final Issue to address

FINAL ISSUE/PROBLEM TO ADDRESS?

Write the final issue/ problem to address in the action plan

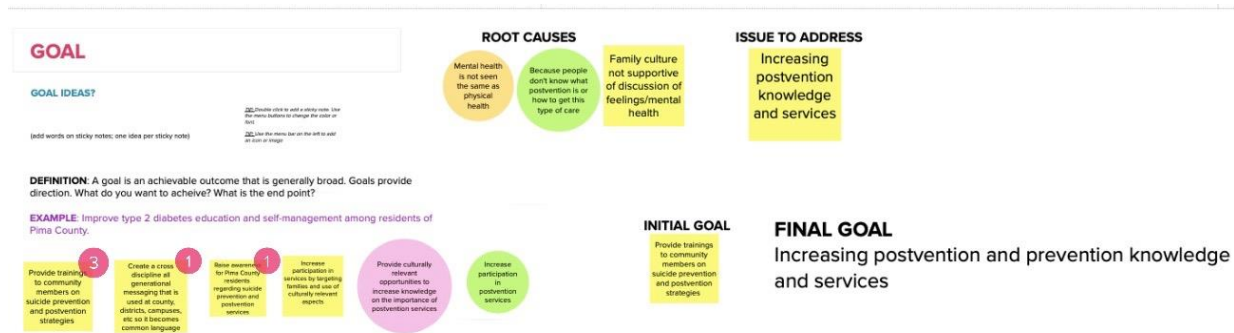
(add words on sticky notes or images; one idea per sticky note)



- The final issue/problem: increasing postvention knowledge and services, is similar to the following root cause: because people don't know what postvention is or how to get this type of care

IV. Action Plan: Goals, Objectives, Strategy, Policy Change, Baseline Measurements

- Goal
 - Julie: I think of goals as broad and overarching and objectives as how you are going to do it, so I think as we vote, all these ideas are really good and maybe they are more objectives than goals. Something to consider while voting – is it broad enough, or would it be more of an objective to meet the goal.
 - Arisia: after voting, the group can always go back and change the objective.



- Objective
 - Julia: after reading the last post it that came up to providing trainings to the community, my initial thought is – what more, or other types of trainings could we potentially provide that aren't already being provided and it feels like it doesn't reflect some of the discussions we had where the concerns seem to be postvention. In trying to be progressive, I just wonder what else could we do. For a while mental health first aid was the primary training that people were utilizing to address suicide prevention and I don't know that anything else has come out from that. We have Mental Health First Aid, ASSIST, QPR, and all those different types of trainings that

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we've used pretty frequently. I'm wondering how we are going to make it different or more readily available in order to reduce or eliminate suicide.

- Julie: I agree, I think if we merge these – increase prevention and postvention knowledge and services. Presently there are very limited postvention services in Pima County. One of our objectives could be – create partnerships to develop postvention programming because I am not aware of really any postvention programming. I know that there is a grief support group at La Fronterra. So we may be at ground zero to start developing a postvention strategy or programming. I totally agree that we don't want to start our process with a finite statement.
- Julia: I like the idea of embarking on something new with postvention because back in the day it was called After Care and people fell off the wagon and weren't following through or following up with those people participating in those types of services. I really like the idea of creating something new in postvention. I know that in the Native American community there are healing ceremonies that people will sometime participate in to get them to a different place in their life. I know that those types of things can be incorporated from a cultural perspective for that particular community, but I know that with the Hispanic culture there may be other areas to look into as far as how to make it more acceptable to talk about. We could be starting something new. I just don't want us to move backward.
- Marta: We have trainings available, it's more of increasing awareness, having a common language. It's really getting people to those trainings. It's not the lack of the trainings, other than in postvention because we really are concentrating on that right now. It's difficult for us to get training right now so that we can provide postvention. It's not as readily available as prevention training. We have prevention services, we need to target the families, the groups in a way that is meaningful to them, not just letting them know this is available.
- Julie: Chrissy and Chad- are there any postvention programs at the University?
- Chrissy: We have been working on it and rely on information that we share widely with folks on behavioral intervention, related to it. We are currently working on a postvention planning. They have actually done a lot of work already. We are ready for postvention, but we haven't made it broad, but our Counseling and Psych services folks have put a lot of effort into that in the past couple of months and readiness in everything we are up against right now. We have these programs and we have a resource in each other through behavioral health intervention where we actually go out and do work with impacted groups, but it isn't broad. For the 46,000 students and staff we have on campus I can't say that there is something we do every time, but it is more targeted based on the circumstances. For some, we have to do a lot of one-on-one education, because there are higher profile concerns that we then try and draw attention away from with postvention. So we do specific education with Communications folks in departments and colleges so that don't draw unnecessary attention to certain actions of students as well. There are people

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that we can rely on too, depending on where we go with this goal to build up the work that has already been done.

- Hollie: At PCHD, last May or June, we had met with the person in charge of the postvention up in Maricopa County with La Fonterra's Impact group and they were going to be bring that down to Pima County and we were going to help her, Sandra McNally, and I don't know what became of that. I can reach out to her and ask her if she wants to be part of the group.
- Julie: Impact, up in Maricopa County, is state-of-the-art. Here in Pima County they do have some grief support for persons who lost someone by suicide but I don't think that it's as strong as what they have in Maricopa.
- Hollie: She (Sandra) would have someone respond to the family of someone who tried to commit suicide within a couple hours. They were trying to get that down here, but I don't know where she ended up with that, but I can reach out to her.
- Kimberly: I think what was just referenced is called Survivors of Suicide. I had a flyer from them. That would be fantastic if we were able to get a chapter down here.
- Goal to be revised to include increasing prevention and postvention knowledge and services
- Julie: It (the goal) is very broad and under it would be postvention and develop relationships and create a pool of providers for postvention, provide training and some of the other stuff we noted throughout our process.
- Julie: I agree with you, Marta, that there are many people trained in suicide prevention trainings and it is just getting them out there. There is a lot of training potential for Pima County.
- Julia: I really like creating a general overall message that can be posted at county buildings, schools, and billboards. Have a common message across the board in promoting or taking away stigma.
- Chrissy: I agree with that, but I think having that common language across the board is part of it because I think we all do the work in our own way, but I also think there is so much crossover in how we could be doing the work. If you look at Covid, it is a universal thing that we could collectively talk about, if it is common vernacular then it is a way to start the conversation and make it cross generational.
- Julia: Addressing particular groups like the Native American population, the Hispanic population, African American population and doing it in a culturally respectful manner. Finding those key individuals from those communities to assist with programming and wording.
- We will finish up the objectives section during the next meeting.

OBJECTIVE

OBJECTIVE IDEAS?

(add words on sticky notes; one idea per sticky note)

DEFINITION: An objective is shorter term and defines measurable actions to achieve an overall goal. Deliverables, concrete measurable steps.

EXAMPLE: By December of 2022, the Together 2 End Diabetes group will implement 1 strategy to increase educational opportunities for residents of Pima County with type 2 diabetes.

1. Double click to add a sticky note. Use the menu buttons to change the color or font.
2. Use the menu bar on the left to add an icon or image.

FINAL GOAL

Increasing postvention and prevention knowledge and services

same message, but with vast array of spokespeople

Recruit partners for creating postvention services

Creating a general overall message that can be posted throughout the community to decrease stigma that is cross generational

addressing particular groups in a respectful manner and using individuals in those groups to assist with programming and wording

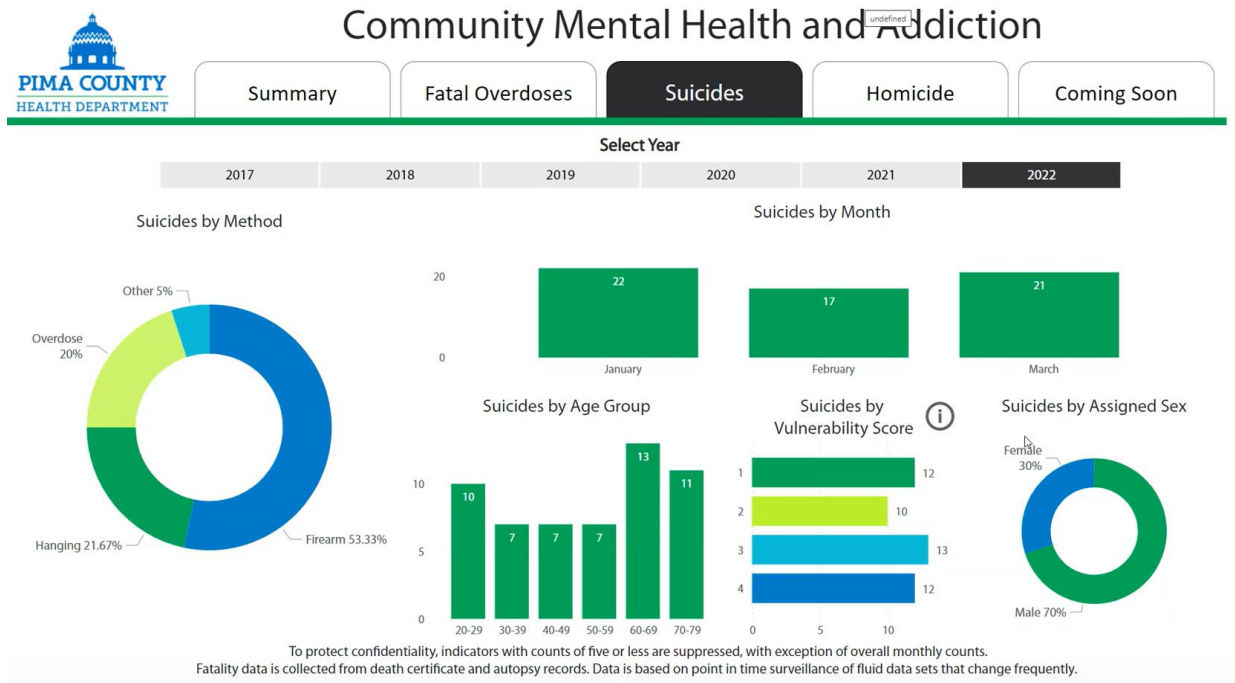
recruit partners for creating postvention services



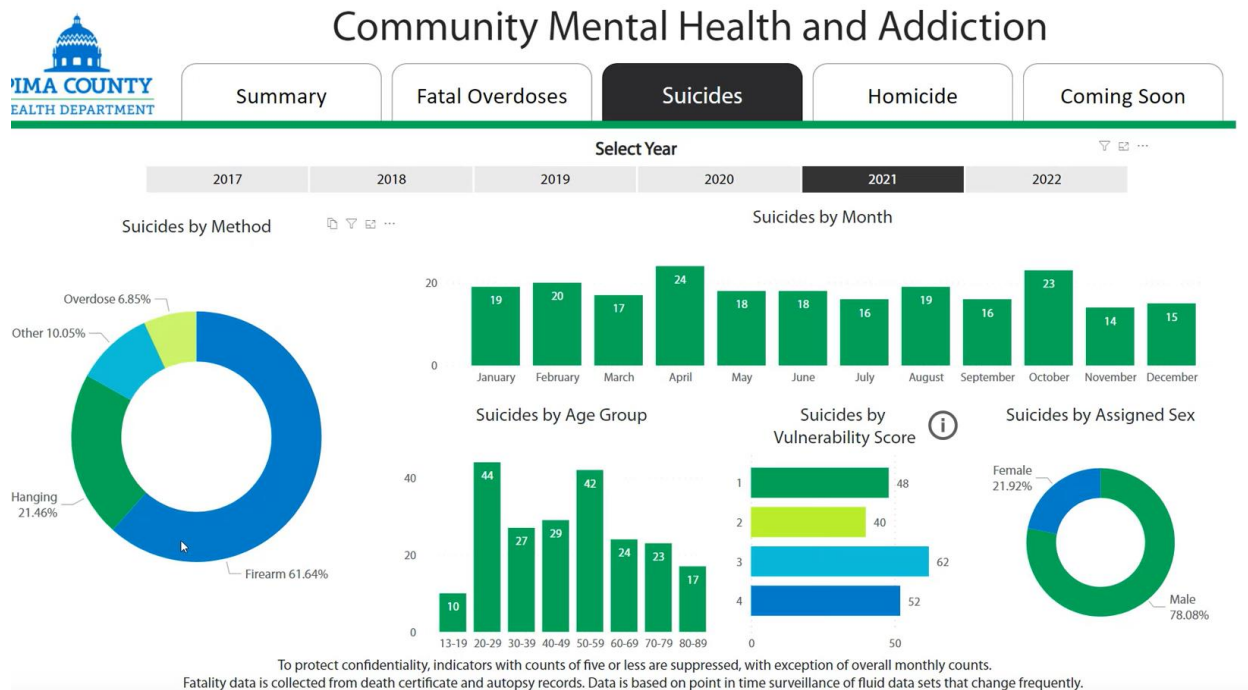
V. Data Sharing/Suicide Data Review

- This is the same Dashboard we've been using that is now updated as of this morning.
- 21 suicides for March 2022 is pretty high and we have a few more days in March, so we are expecting a few more.
- You will likely be seeing another suicide alert going out from our team.
- Suicides by firearms is almost half, like last year. However, the overdose data is concerning us. These are intentional overdoses.
- We are looking into trends that can potentially explain that change.
- We have seen a higher number of older adults dying by suicide than we normally do, but not all of these are by overdose.
- This year we have had 12 intentional overdoses. In 2021 we only had 15 for the whole year.
- We are looking at 60-79-year age group; we are at almost half of last year's totals in the first quarter. This is higher than we expect to see in March, but not as high as Jan. & Feb.
- The goal is to make this information available onto the pima.gov website.
- If you have any questions for Hollie or need data for something, email her at: Hollie.Watson-Smith@pima.gov

2021



2022



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VI. Meeting Wrap Up

- We are meeting on Teams during the action planning process, so keep an eye out for the next meeting invitation.
- Will send out an email asking for objectives to add.
- Let us know how the action planning process is going:
<https://www.surveymonkey.com/r/ZBJQWZW>

VII. Next Meeting

- **Next meeting: April 26 from 3:00pm-4:30pm on Teams**
- Pattern is the last Tuesday of the month from 3:00pm to 4:30pm
- Action Plan: Activities, Responsible Person(s), Expected Outcomes, Timeframe, Resources to be Used, and Data Sharing

Questions/Comments/ Ideas about the Objectives

Reach out to:

- Julie Mack, AZ Complete Health, JUMACK@azcompletehealth.com
- Arisia Lee, Pima County Health Department, Arisia.Lee@pima.gov