



ARIZONA

Department of Health
Services

Suicide Prevention

Program
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Arizona Suicide Prevention Action Plan (2026 - 2030)

- **The Arizona Suicide Prevention Program**
- **Planning “the Plan”; Activities in 2025**
- **Survey and Rio Salado Event**
- **Goals 1 - 3 and Discussion**
- **Goal 4 - Data Collection and Dissemination**
- **Goal 5 - Fatality Review Support and Implementation**
- **Question and Answer**

AZ State Suicide Prevention: Brief History

- **2019: Mitch Warnock Act mandates school-staff training**
 - The AZ Legislature passed SB 1468 (the “Mitch Warnock Act”), codified as ARS 15-120, requiring all public-school staff to receive annual suicide - awareness and prevention training - and directing AHCCCS to post approved training materials each year. Jake’s Law
- **Late 2021: Authority shifts from AHCCCS to ADHS**
 - In 2021, Arizona’s suicide-prevention programming formally moved from AHCCCS (the State’s Medicaid agency) to the Arizona Department of Health Services
- **January 2022: ADHS program launch**
 - ADHS established a dedicated Suicide Prevention Specialist position and hires a program manager, nested within the Office of Injury and Violence Prevention, within the Bureau of Chronic Disease and Health Promotion, Prevention Division

AZ State Suicide Prevention: Brief History

- **2022: The first ADHS state plan**
 - The [2022 - 2023 Arizona Suicide Prevention Action Plan \(SPAP\)](#) was developed to be a bridge to the future. Consisting of 8 strategies developed from an internal literature review, review of Federal strategies and action plans, as well as feedback from a 3-day Zoom statewide summit for suicide prevention stakeholders
- **2024 - 2026 state plan**
 - A new, 3-year plan is developed, consisting of ADHS activities, funding for suicide prevention capacity and logistics building for stakeholders throughout the state and 24 partnership initiatives, developed through focus group and feedback sessions with ADHS-led, population-specific, suicide prevention workgroups
- **[2024 - 2026 Arizona SPAP](#)**
 - 17 grant awards, to 10 different awardees
 - 100% rating on “Examine” element of state infrastructure assessment (SPRC)
 - 24 partnership activities:
 - 8 activities completed
 - 7 currently being implemented
 - 9 not begun or unfeasible at this time

Arizona SPAP - 2026 - 2030

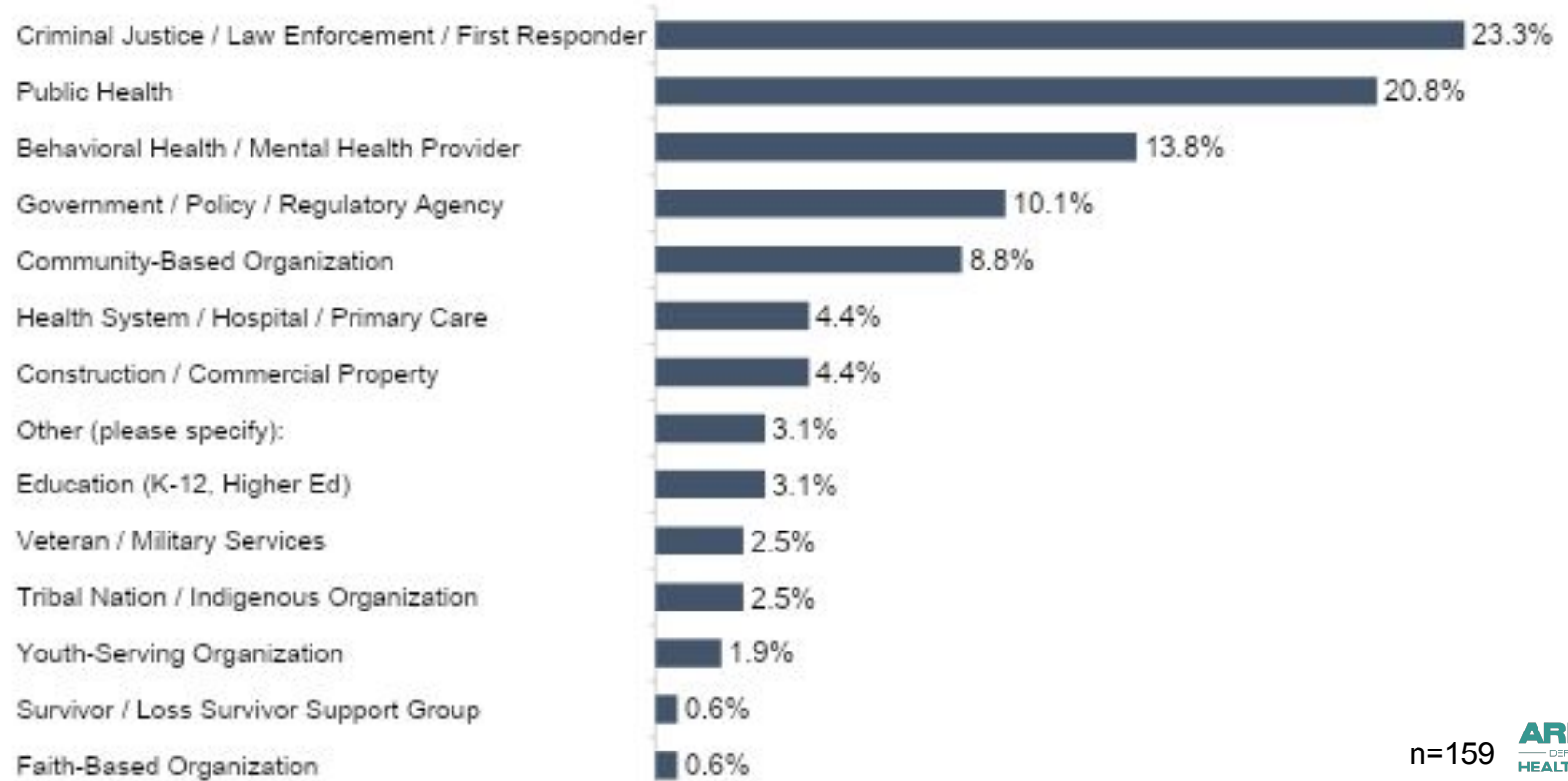
Plan Development - May - October 2025 | Collaborative Plan Development

- Launch engagement through workgroup meetings, an online partner kick-off session, and a statewide survey to gather broad input - (*May 2025, **Hybrid Stakeholder Event** - 80+ attendees*)
- Host a statewide planning event to collect in-depth feedback, align priorities, and formally initiate the plan refresh process - (*June 2025, **Rio Salado College Event** - 120+ attendees*)
- Develop draft tactics and actions informed by partner input; circulate drafts to workgroups for review and refinement - (*July, August and September 2025 workgroup meetings*)
- Conduct internal review by ADHS leadership; integrate feedback to ensure alignment with agency priorities and statewide needs - (*current phase*)
- **Finalize and approve** the plan through ADHS protocols
- **Share** the completed plan virtually with all partners via a statewide web conference and present highlights at the **HOPE Conference**.
- **Distribute plan statewide**

Survey Findings | Who Participated

- Respondents represented organizations that serve **all Arizona counties and Tribal Nations**
- **84.3%** of respondents have **personal or professional lived experience** - 45.6% reported both
- **88.5%** of respondents have **1+ years of experience** in suicide prevention or mental health work, with **68.8%** having **4 or more years** of experience
- **68.6%** of respondents' organizations have been engaged in suicide prevention for **4 or more years**. Nearly **50%** have been involved for **8+ years**

Survey Findings | Sectors Represented



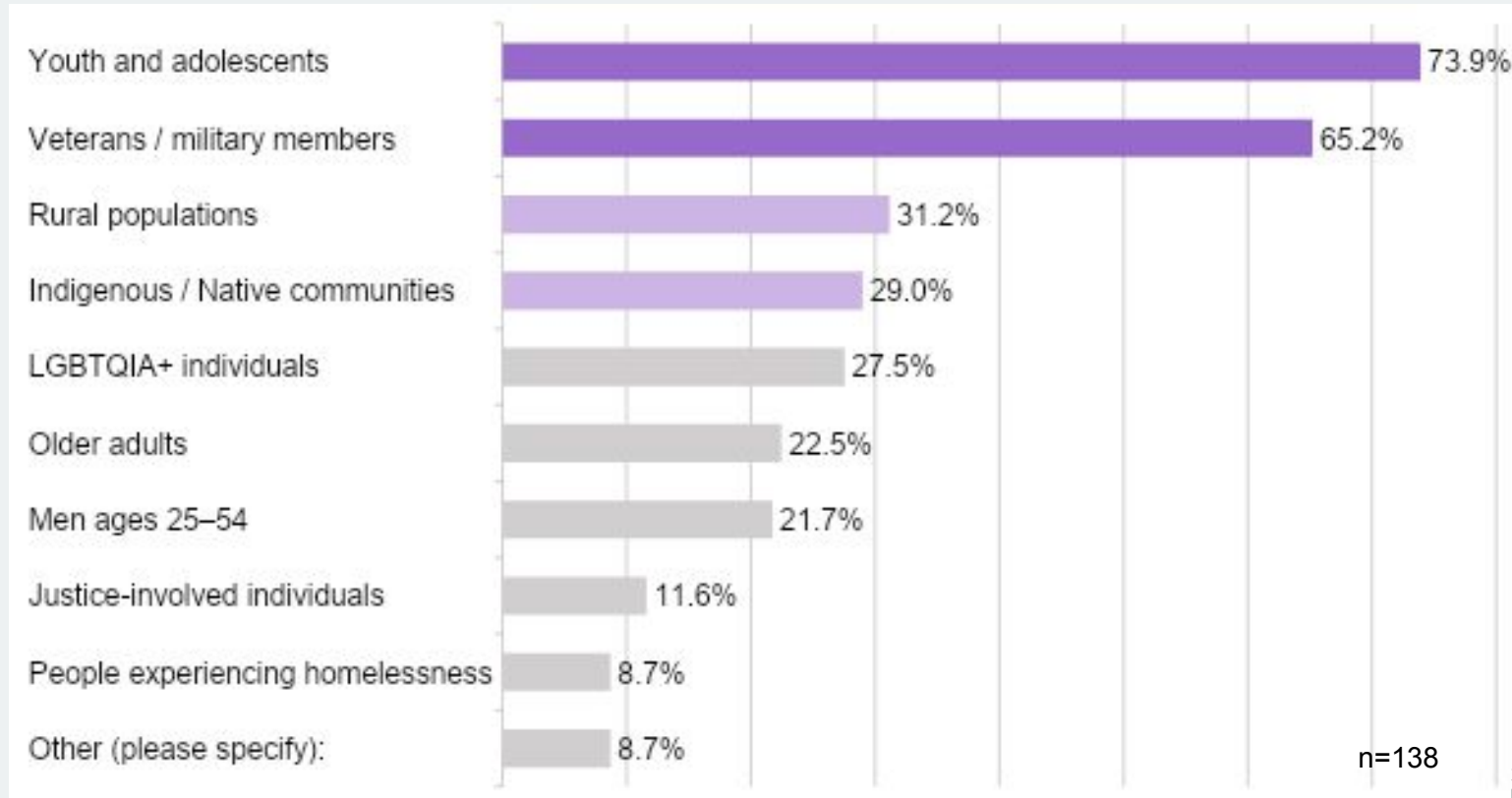
n=159

Survey Findings | Strategies Ranked

n=134

- 1 Support for Crisis Systems
- 2 Outreach and Education
- 3 Disproportionately Affected Populations
- 4 Data Collection and Dissemination
- 5 Occupation-Specific Prevention
- 6 Partnerships and Collaborations
- 7 Support for Healthcare Systems
- 8 Capacity and Logistics Building
- 9 Lethal Means Safety

Survey Findings | Focal Populations



Survey Findings | Resource & Support Needs



Survey Findings | Barriers & Challenges

n=104

- **Limited systems coordination and collaboration**
- **Insufficient funding and resources**
- **Communication Challenges**
- **Ability to engage and reach youth**
- **Workforce shortages and training gaps**
- **Low community awareness and understanding**

Survey Findings | Funding Impacts

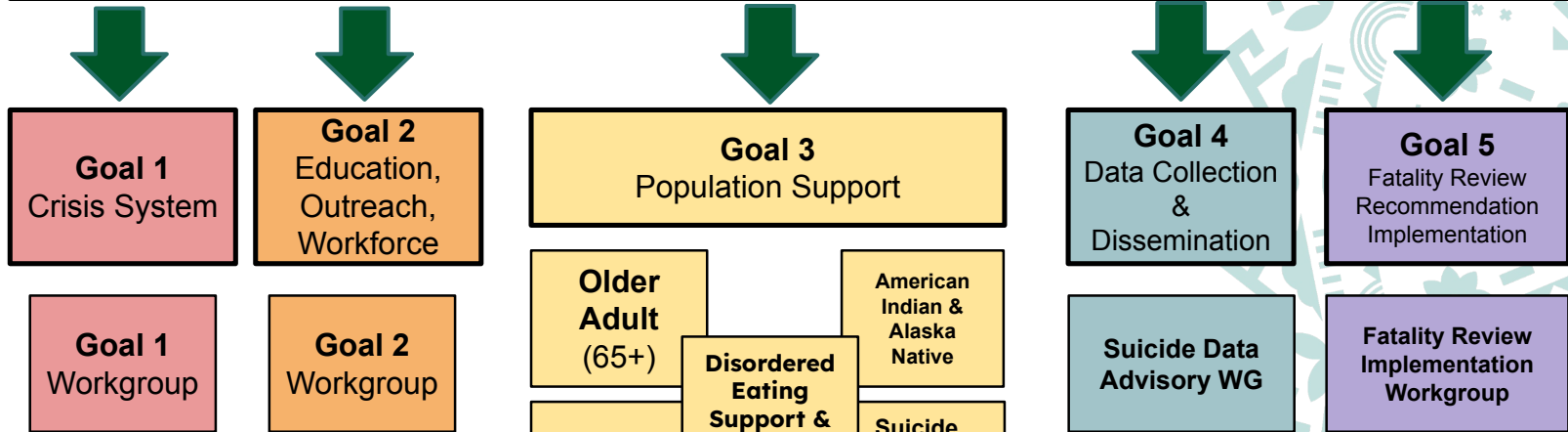
n = 82

Funding is at risk of decreasing or being eliminated in the next 12 to 24 months due to policy and/or funder changes among respondent organizations.

- **41.5%** are **unsure or unaware** of the funding impacts
- **15.9 %** reported **no anticipated or minimal (<5%)** funding impacts
- **30.5%** reported **some funding impact**
 - **17.1%** reported **95-100% funding loss**
 - **11.0%** reported **between a 20-60% funding loss**

Arizona SPAP - 2026 - 2030

Arizona Suicide Prevention Action Plan, 2026-2030



Goal-Based Workgroups:

- Work to implement Goals & achieve identified Outcomes
- Cross-Sector Collaboration
- Create annual action plan
- Advance programs and data collection

Goals 4 and 5:

- **Goal 4** works to establish new data collection, mitigate data weakness and identify data/asset gaps
- **Goal 5** works to implement recommendations from the SMR, CFR, MMRC and OFR teams

“The Plan”

Guiding Outcomes

- 1. Strengthened Crisis System Readiness** — Increase statewide access to timely, coordinated, and culturally competent crisis response by ensuring every county has operational crisis navigation tools, established local crisis protocols, and partnerships with community-based supports.
- 2. Expanded Public Education and Workforce Capacity** — Provide accessible, stigma-reducing messaging and training to at least 75% of identified frontline providers, educators, and community leaders, supported by sustained public awareness campaigns.
- 3. Enhanced Support for Priority Populations** — Expand culturally and contextually responsive programming for adolescents and young adults, older adults, AI/AN communities, Veterans and service members, rural residents, LGBTQIA2S+ individuals, those with suicide-centered lived experience, and individuals with disordered eating, with measurable reach and engagement increases in each group.

“The Plan”

Guiding Outcomes Continued

4. Improved Data Accessibility and Quality — Achieve timely publication of annual suicide surveillance, SMR, and coordinator reports, with expanded demographic and geographic data granularity to inform local and population-specific prevention strategies.

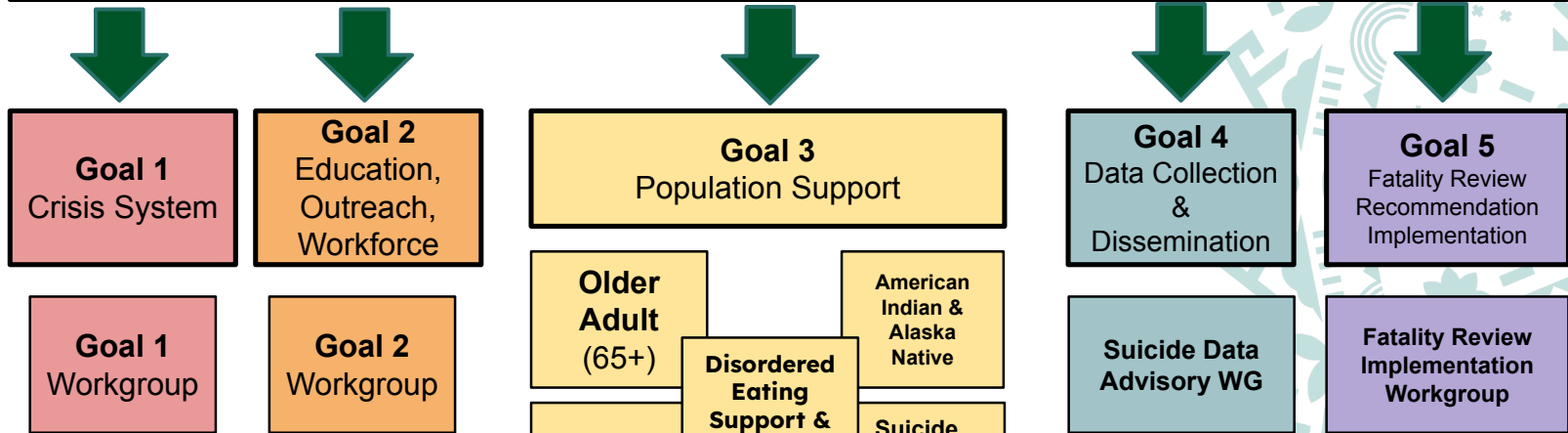
5. Implementation of Suicide Mortality Review Recommendations — By 2030, integrate SMR findings into at least 80% of statewide suicide prevention initiatives and ensure annual dissemination of actionable recommendations to all identified partner networks.

Turning Outcomes into Action

- **Goal Areas** are the primary structure for **implementation** in The Plan
- Each goal will be supported by a **dedicated workgroup**
 - Workgroups will focus on implementing recommendations from The Plan for each of the 5 goal areas
 - Multi-sector collaboration
 - Data collection, analysis and evaluation via ISA with **University of Arizona**
 - Mixing grassroots activism and community awareness with state-level assets, data and coordination support
- **Goals areas 1-3** will function similarly and focus on implementing **recommendations for action** generated from the spring/summer **stakeholder** events and workgroup sessions

Arizona SPAP - 2026 - 2030

Arizona Suicide Prevention Action Plan, 2026-2030



Goal-Based Workgroups:

- Work to achieve identified Outcomes
- Cross-Sector Collaboration
- Create annual action plan
- Advance programs and implement recommendations for action

Goals 4 and 5:

- **Goal 4** works to establish new data collection, mitigate data weakness, identify data gaps and disseminate data more effectively
- **Goal 5** works to implement recommendations from the SMR, CFR, MMRC and OFR teams

Goal 4: Data Collection and Dissemination

Why Data Collection and Dissemination Matter

- **Data drive prevention.** Reliable information reveals where suicide risk is highest and which interventions save lives.
- **Timely data guide action.** Up-to-date surveillance helps identify emerging trends before they become crises.
- **Transparency promotes action.** Sharing data openly empowers communities, coalitions, and policymakers to act confidently.
- **Local access creates local solutions.** When data are easy to understand and available at the county or Tribal level, prevention becomes more precise and responsive.
- **Better data = better accountability.** Clear, shared information ensures resources go where they are needed most and progress can be measured statewide, creating a shared understanding of what is needed and where.

Arizona Veteran Verification Project: What the Data Misses and Why it Matters

(excerpt from 8.6.25 presentation to VA-SAMHSA, Washington D.C.)

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Veteran Verification Project: Accurate Data

- Goal is to determine if there is a discrepancy in documentation of veteran status on deaths by suicide.
- Can be used to inform Veteran Suicide Mortality Review efforts by providing an accurate dataset and details on military service.
- ADHS, in coordination with local VA personnel, have reviewed approximately 60% of the 1,597 death certificates for deaths by suicide in 2022; preliminary findings include an approximate error rate for the “Military Status” block on death records, as well as character of discharge and service dates for identified Veterans

Veteran Verification Project: Accurate Data

Suicide Prevention efforts are guided by data and data systems

- When **non-veterans are mistakenly classified as veterans** on death certificates, it:
 - **Inflates the denominator**, making Veteran suicide appear more common in groups it isn't.
 - **Introduces false patterns** - e.g., age, race, gender, geography - into veteran data that reflect civilian realities, not military experiences.
 - **Leads to misaligned efforts** in the targeting of interventions (e.g., assuming a certain demographic is more at risk *as a veteran*, when they are not veterans at all).

Veteran Verification Project: Accurate Data

What we actually see:

Female Veterans Are More Likely to Be Misidentified at Death

Preliminary Data Insight:

- In unverified records, for data reviewed, females represent 2.6% of Veteran deaths by suicide (97%+ males)
- In verified records, for data reviewed, females represent 8.2% of Veteran deaths by suicide (91.5%+ males)
- This suggests that **female veterans were nearly three times more likely to be misidentified** than their male counterparts, when comparing verified to unverified records.

Expanded Points:

- National studies support this finding. Research by the VA and DOD notes that **women are less likely to self-identify as veterans** and less likely to be recognized as such by institutions, especially if they didn't serve in combat roles or were discharged under ambiguous terms.
- Death certificates often rely on next-of-kin knowledge, and **families may not be aware of or report a woman's military service**.
- Faulty data contributes to **systemic exclusion** of women veterans in suicide surveillance and service eligibility.
- Misidentification prevents linkage to VA postvention services, and skewed data results in underinvestment in female-specific, veteran suicide prevention.

Veteran Verification Project: Accurate Data

What we actually see:

Younger Veterans Are Underrepresented in Unverified Data

Preliminary Data Insight:

- **16–29-year-olds made up over 16%** of the verified group, while the unverified groups were disproportionately older.

Expanded Points:

- **Post-9/11 veterans** are often younger, and **may not have accessed VA services**, making documentation and recognition harder.
- Data suggests that **older adults** are more frequently misidentified as having served, **potentially identifying systemic preference** in serving older adults.
- **Younger veterans are more likely to be left off death records entirely**, which means we're underemphasizing a group at high risk for suicide during critical post-service years.

Veteran Verification Project: Accurate Data

What we actually see:

Misidentification Reflects Disconnection - and Creates It

Preliminary Data Insight:

- Misidentified veterans were more likely to be **never married or separated**, with misidentified females also more likely to be widowed, suggesting they may have had fewer close relationships at the time of death.
- They were also more likely to be **younger and female**, two groups less likely to be recognized as Veterans by default.

Expanded Points:

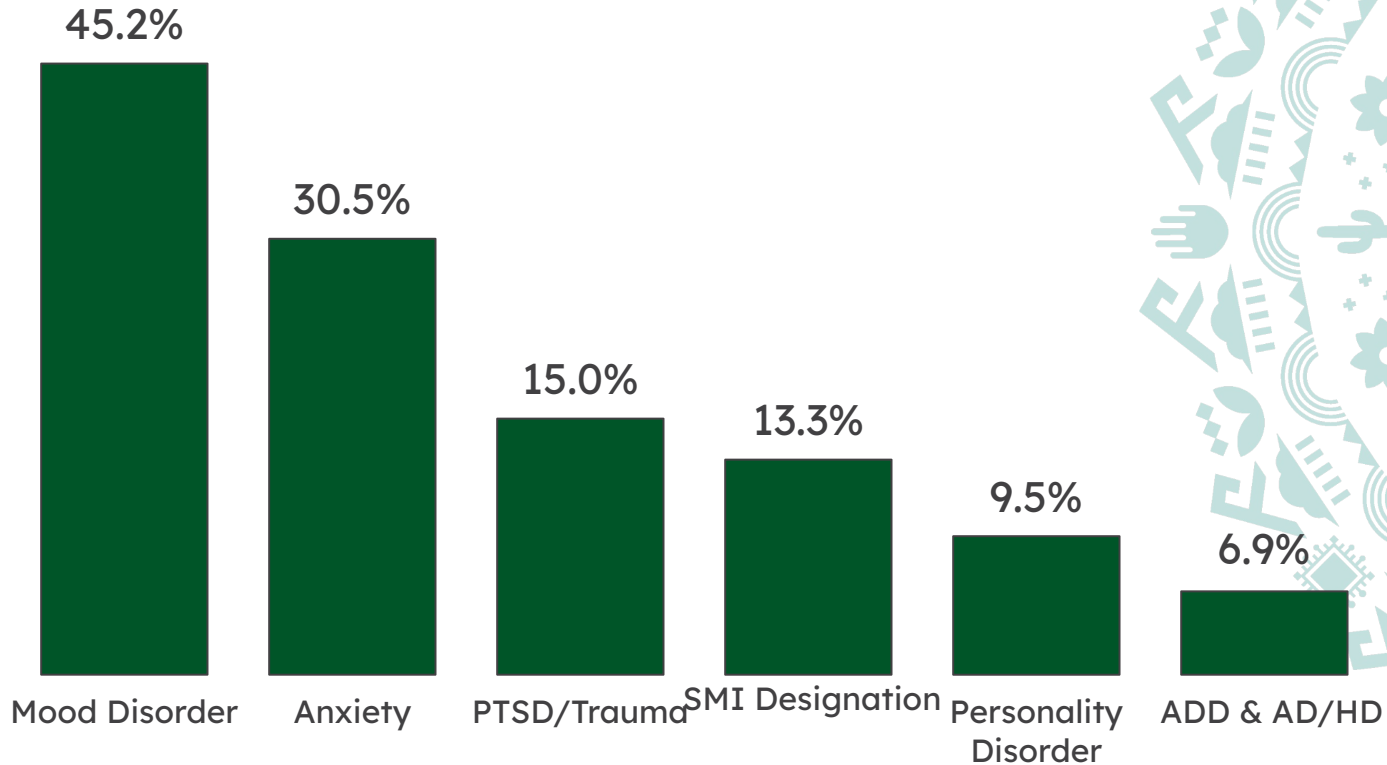
- Being **unmarried or separated** may reflect fewer protective relationships around the time of death.
- **Married status** may reflect access to more protective factors (e.g. supportive relationships, combined finances)
- **Disconnected Veterans** are less likely to access VA care, crisis lines, or peer support.
- **Younger and female Veterans** are often not recognized as Veterans by default.
- **Lack of recognition after death** prevents accurate data collection and limits family support.

Goal 5: Fatality Review Support & Implementation

- **Four coordinated review programs:**
 - **MMRC – Maternal Mortality Review:** Examines deaths up to 12 months post-partum to identify medical, social, and system factors that can improve maternal health.
 - **CFR – Child Fatality Review:** Reviews child deaths (<18) to uncover preventable causes and strengthen family and community safety.
 - **OFR – Overdose Fatality Review:** Analyzes overdose deaths to identify missed opportunities for intervention and improve substance use prevention systems.
 - **SMR – Suicide Mortality Review:** Reviews cases of death by suicide not reviewed by MMRC or CFR, to understand pathways to crisis and guide community-based prevention.
- **All fatality reviews use real-world, qualitative data** – family interviews, records, and contextual details – to explain *why* deaths occur, not just *where* or *how many*.
- **These reviews complement the quantitative data in Goal Area 4**, adding human context to the hard numbers, ensuring prevention strategies are both evidence-informed and grounded in lived experience.

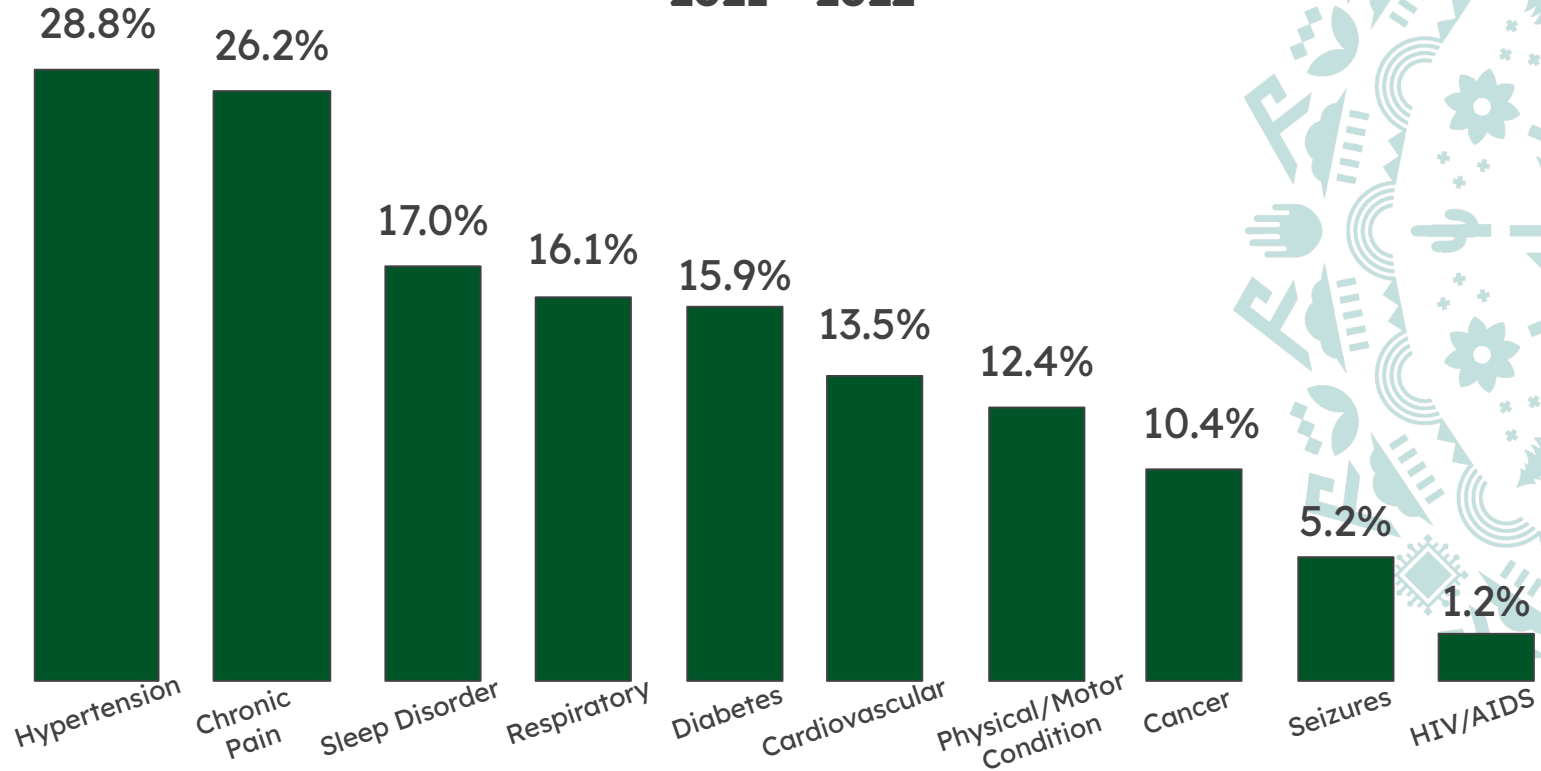
Suicide Mortality Review Data

Mental Health Diagnosis of SMR Decedents, 2021 - 2022



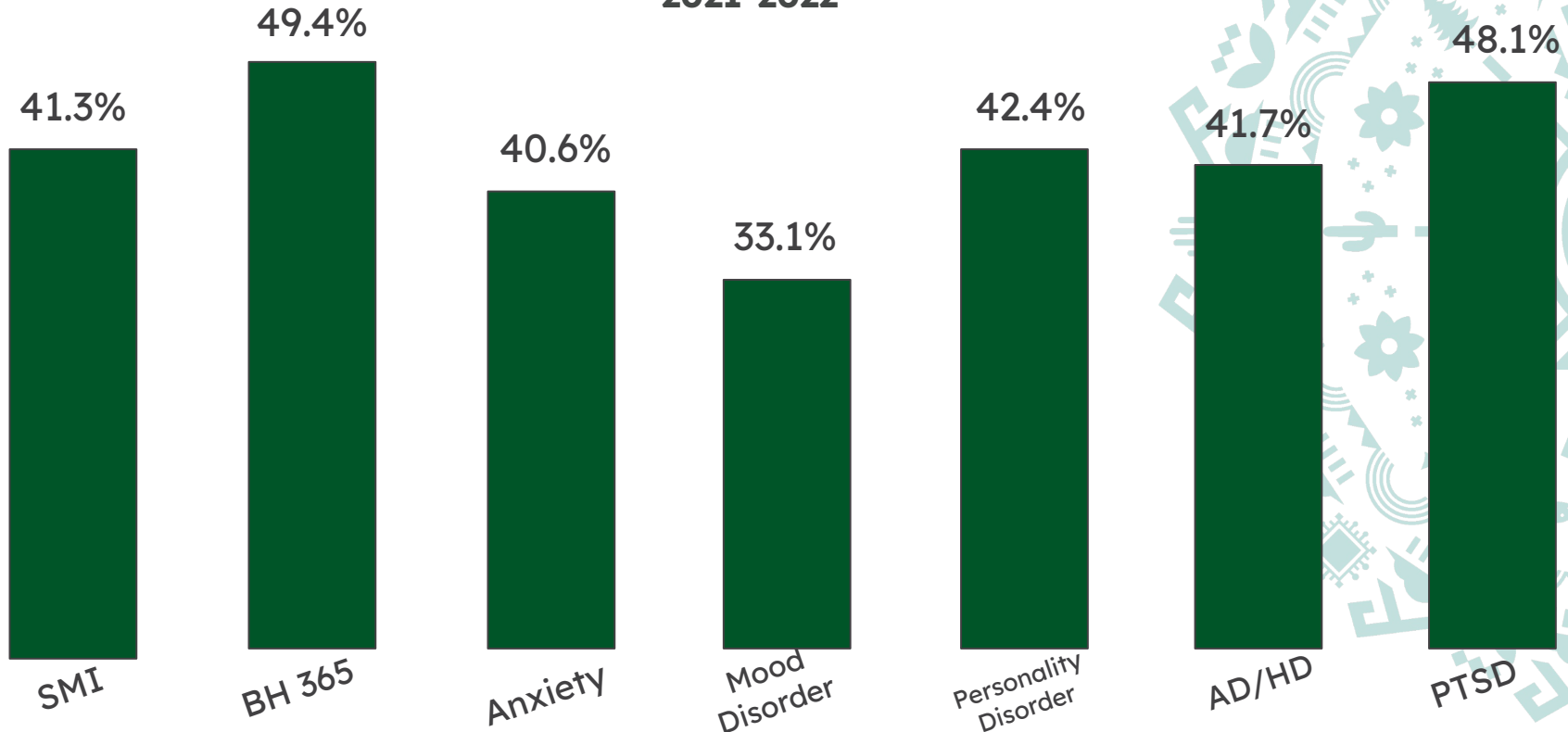
Suicide Mortality Review Data

Chronic Medical Conditions of SMR Decedents,
2021 - 2022



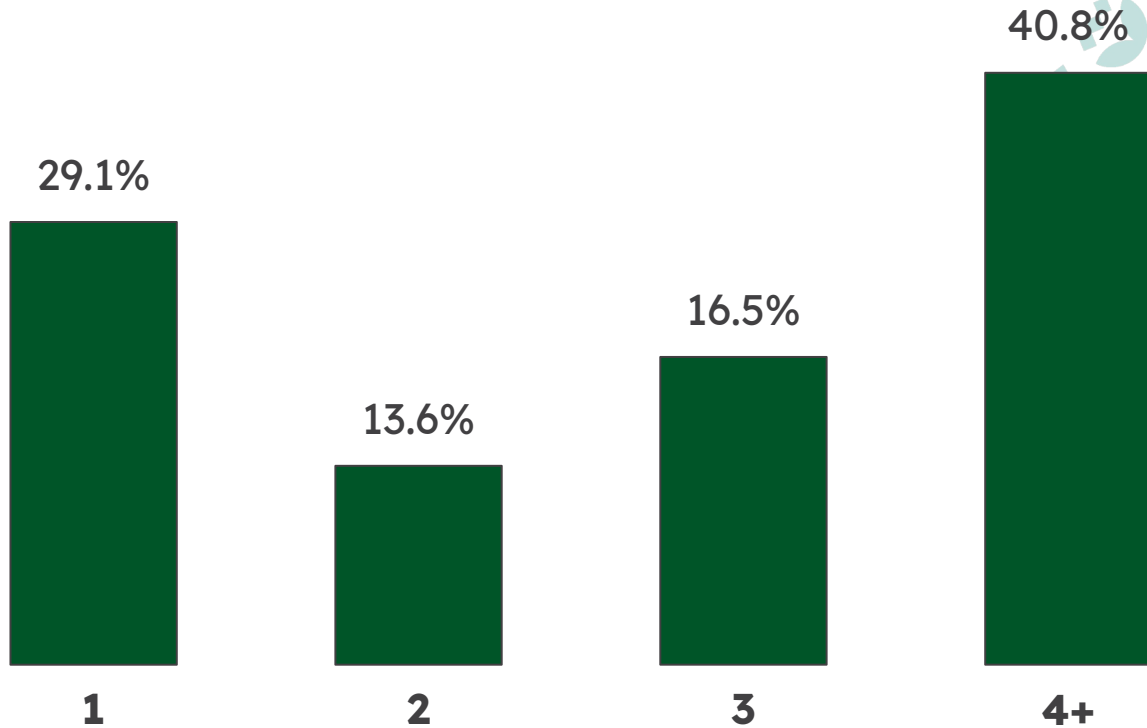
Suicide Mortality Review Data

Behavioral Health Diagnosis by Healthcare Utilization 30 days Prior to Death,
2021-2022



Suicide Mortality Review Data

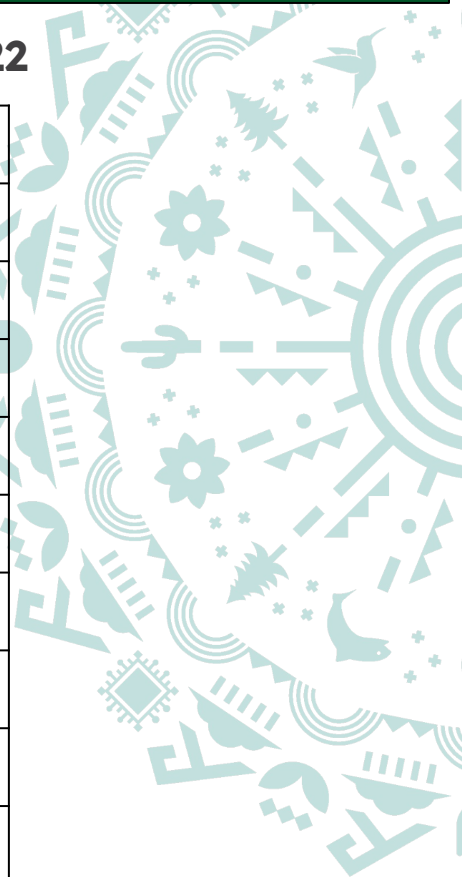
Number of ACEs Among SMR Decedents, 2021 - 2022



Suicide Mortality Review Data

Top 10 ACEs Among SMR Decedents, 2021 - 2022

Physical Abuse	13.0%
Parental Separation/Divorce	12.4%
Substance Misuse in Home	12.1%
Household Mental Illness	11.5%
Emotional Abuse	10.0%
Sexual Abuse	8.9%
Emotional Neglect	7.2%
Physical Neglect	4.9%
Mother Treated Violently	3.7%
Intimate Partner Violence	3.2%



Program Evaluation

- The **Participatory Evaluation Institute (PEI)**, part of the Participatory Prevention, Evaluation and Action Research Center at the **University of Arizona**, is the evaluation partner for the **ADHS Suicide Prevention Program**
- Participatory evaluation is a mutual learning process that relies upon partner expertise to define and refine program outcomes and indicators
- The **AzPEI** works with the **ADHS staff** and their **community partners** to conduct ongoing, collaborative **process and outcome evaluation** to provide continuous feedback
- **Community Participation** - Suicide Prevention Program Advisory Committee, independent of the program and staffed by advocates & workgroup members

Program Evaluation

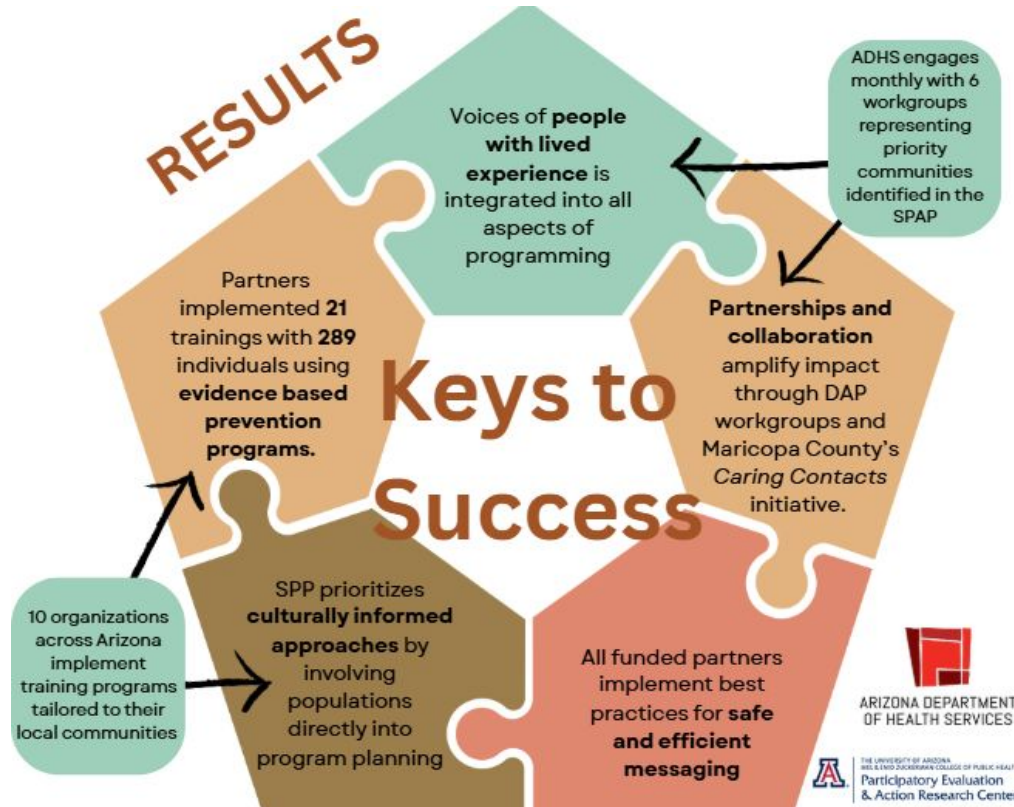
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- **Community Participation** - Suicide Prevention Program Advisory Committee, independent of the program and staffed by advocates & workgroup members

Program Evaluation

- Evaluation is guided by the Suicide Prevention Resource Center's (SPRC) **5 Keys to Success**
- Regular **assessment**, community **participation** and continuous **improvement** create a more responsive, tailored and **effective** suicide prevention program



Program Evaluation



Question and Answer



Contact Information

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