



The Council of State Governments
Sharing capitol ideas.

2010 Innovations Awards Application
Deadline: March 15, 2010

ID # (assigned by CSG): **10-W-03AZ**

Please provide the following information, adding space as necessary:

State: Arizona

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

1. Program Name

Maricopa County 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, Acting Deputy Director DBHS

4. Address

150 North 18th Avenue
Phoenix, Arizona 85007

5. Telephone Number

(602) 542-1025

6. FAX Number

(602) 542-1062

7. E-mail Address

nelsonla@azdhs.gov and SORCER@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 Maricopa County Programmatic Suicide Deterrent System Project is a groundbreaking initiative designed to reduce the number of suicide deaths among the more than 80,000 individuals in the region who face life challenges as a result of mental illness and substance abuse and are enrolled in the public behavioral health system. As part of an adaptive change process, the Arizona Department of Health Services' Division of Behavioral Health Services and Magellan Health Services of Arizona (the regional behavioral health authority for Maricopa County), along with public policy, law enforcement and mental health stakeholders, equip behavioral health provider agency staff with the skills, knowledge, support and attitudes to intervene with those most at risk of this major, preventable 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 1, 2010 to be considered.

In 2007, ADHS/DBHS selected Magellan as the Regional Behavioral Health Authority (RBHA) for Maricopa County. By early 2009, ADHS/DBHS and Magellan had examined the alarming suicide rate in Arizona and identified that the issue required immediate attention. Both partners engaged in a comprehensive strategic planning process that evaluated the strengths, needs, weaknesses and opportunities that existed in the present system, eventually resulting in objectives that recognized the integral role of training, community development, identification and referral, and public information around suicide. In 2009, ADHS/DBHS focused on improving outcomes through clinical best practices and partnered with Magellan on making suicide prevention and intervention one of five clinical best practice priorities. At the start, the collaboration identified populations and communities with increased risk of suicide and looked for ways to address the issue through Applied Suicide Intervention Skills Training (ASIST) and safeTALK training.

ASIST 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). Magellan hosted additional ASIST sessions from 2007-2009 and has been able to increase the capacity of trainers in Maricopa County by more than 30.

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

The Project was created to dramatically reduce suicide deaths for those enrolled in behavioral healthcare services and better equip the behavioral healthcare workforce to achieve these outcomes. In Maricopa County, the most populous region of Arizona with two-thirds of the state's residents, the suicide rate is lower than in Arizona as a whole. At face value, that's good news. But the reality is life expectancy for those with serious mental illnesses across Arizona is grim, as these individuals tend to live 32 years less than those without such an illness.

In 2007, an astounding 986 Arizonans died by suicide – twice the number of individuals who were murdered. ADHS/DBHS and Magellan recognize that those enrolled in mental health systems represent a greater suicide risk than the general population. While researchers' opinions on the precise number vary, most believe greater than 90 percent of those who die by suicide have a serious mental illness, which may not be diagnosed or treated. Dr. Thomas Joiner of Florida State University is one of the nation's pre-eminent suicidology researchers. He serves as an advisor to this initiative's steering committee and has shared that individuals with serious mental illness are six times more likely to die by suicide than the general population.

These sobering facts were the impetus in creating the Maricopa County Programmatic Suicide Deterrent System Project. The initiative aims to reduce the prevalence of death among the more than 80,000 individuals enrolled in the county's mental health system who sometimes fall through the cracks in getting help by suicide prevention agencies designed for the general public.

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, most mental health providers across the country 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.

In 1999, then-U.S. Surgeon General David Satcher declared suicide a "serious public health problem." The stepped-up attention placed on suicide led to new legislation and treatment approaches for college-age students, Native Americans, veterans, active military, older adults and other niche publics, along with additional funding for suicide prevention programs. Yet in Arizona, ADHS/DBHS and Magellan Health Services identified a gap in suicide prevention and

intervention services. As part of a qualitative review of mental health service recipients in Maricopa County, the collaborative discovered a disproportionate number of individuals who had considered, attempted or succeeded in taking their life.

To probe further into the issue, Magellan of Arizona surveyed nearly 1,700 case managers, clinicians, nurses and physicians in the Maricopa County workforce 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 or knowledge to adequately address suicide prevention and intervention with mental health recipients.

Based on its illuminating research findings, ADHS/DBHS and Magellan took the necessary steps to effect positive change among the mental health workforce in Maricopa County, and ultimately, reduce the number of suicides among mental health recipients in their care.

National Economic Downturn

CNN and many national media outlets began reporting anecdotal evidence of an increase in psychiatric crisis and suicide in 2008 as a result of the economic downturn, increased unemployment and home foreclosures. In September 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) released an update to its National Outcomes Measures for Suicide Prevention and added specific information on the national unemployment rate (which increased from 4.9 percent in January 2008 to more than 10 percent in October 2009) and the national foreclosure rate (which reached a peak in July and August 2009). Because state data on suicide lags by as much as two years, it was not until November 2009 that it was clear suicide rates increased in 2008, with *The Wall Street Journal* reporting some states experiencing exceptional increases, e.g., as much as 16 percent in Tennessee and 14 percent in Iowa.

The members of the Maricopa collaborative were acutely aware of the potential impact of this double-edged downturn on mental health recipients. While demand is clearly increasing, there have been significant reductions impacting the accessibility of mental health services across the country. As such, the group felt it was vital to dramatically strengthen the crisis safety net for individuals at risk of suicide by empowering case manager, clinicians, physicians and others who worked with them most closely on a day-to-day basis.

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

Step 1 - ADHS/DBHS and Magellan had worked together to improve suicide prevention efforts for the general community beginning in 2008. However, this initiative took on a new and innovative angle in early 2009. As part of a routine review of recipient case reports, Magellan Health Services of Arizona's CEO made a startling discovery: the incidence of attempted suicides and suicide deaths among those with a serious mental illness was unexpectedly high.

Step 2 - The findings from the review were alarming – all six of the recipients reviewed had died of suicide. This led to a second step in the process: a survey to gauge the confidence, knowledge, skills and attitudes of Maricopa County's thousands of mental health staff in helping recipients address suicidal thoughts or attempts. One of the most revealing findings from the survey came in response to a query about the adequacy of caregiver skills in doing this work. Nearly half (45 percent) of the respondents noted they lack training to prevent suicide.

Step 3 - With research findings in hand, ADHS/DBHS and Magellan put suicide prevention and intervention at the core of its business by making the issue one of five of its key clinical initiatives. Together, the DBHS and Magellan charted a course to reduce the number of suicide deaths among mental health recipients in Maricopa County.

ADHS/DBHS and Magellan were resolute in their efforts to create a complete suicide barrier by empowering teams and igniting a culture to open dialogue with those struggling with intense psychic pain. An integral component is bringing together the mental health community, including providers and advocates, law enforcement officials and even public policy-makers.

In this spirit of collaboration, Magellan enlisted a community task force and steering committee to tackle this challenge. The chief executives of six 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 Acting Deputy Director Dr. Laura Nelson, Court Monitor Nancy Diggs and the CEO of the Arizona chapter of the National Alliance on Mental Illness joined other leaders on a steering committee to provide support and guidance. In addition, the group created a task force and five workgroups, each with a special area of focus, including peer issues, family involvement, race and equity, community integration, and ASIST training.

Step 4 - The collaborative developed six tenets that would form the key supports of the Maricopa County 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, such as Applied Suicide Intervention Skills Training (ASIST) or Question, Persuade, Refer or Treat (QPR-T);
2. Ensuring the availability of attempt survivor/loss survivor support groups to supplement care plan for those at risk of suicide;
3. Engaging and integrating family and natural supports as a primary intervention from the outset of care;
4. Maximizing the use of a formalized protocol for actively supporting direct care staff in suicide intervention (including supervision of ongoing care and responsiveness to emotional distress);
5. Actively promoting better understanding and empathy related to suicide risk among clinical professionals and reduce stigma through attempt survivor stories; and
6. Rigorously following accepted principles for suicide death reporting and peer review of all suicide deaths to provide objective feedback for learning.

Step 5 - The Steering Committee empowered a task force and five working sub-groups to implement the tenets, and six of the largest behavioral health service agencies in Maricopa County (TERROS, CHOICES Network, Southwest Network, Partners in Recovery, People of Color Network and Quality Care Network) began training their entire workforce in ASIST. To date, more than 300 clinicians, social workers, physicians, nurses, case managers and other staff have completed the two-day training. New key partner agencies (Ebony House, Jewish Family & Children's Service, NOVA, Community Bridges and Valle Del Sol) are being added to the mix. The initiative is on track to meet its target of training 2,000 staff in 2010.

ADHS/DBHS and Magellan also are reviewing steps to implement an Attempt Survivors Support Group pilot in 2010, and the five working sub-groups are actively engaged in the due diligence to execute the core tenets of the Maricopa County Programmatic Suicide Deterrent System Project.

Local and National Publicity

The Maricopa County 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 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 Maricopa County 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 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 Maricopa 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 Maricopa Project a possibility.

13. Why is the program a new and creative approach or method?

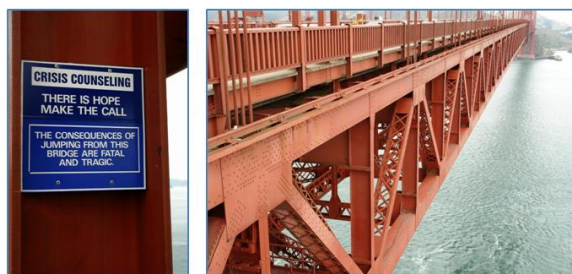
Historically, mental health providers in the United States have not made suicide prevention and intervention a primary area of focus, largely because the issue is addressed by numerous national, regional and local agencies and prevention programs. Suicide has not been considered core business for many reasons, including the manner in which funding streams are aligned with other categories, such as adult/child and mental health/addiction. In addition, counseling and social work education programs and national trade organizations have not seen suicide prevention and intervention as core business of community mental health. Training has not been part of the core curriculums, presentations have not been part of the national conferences, and suicide intervention and prevention was relegated to hospital Emergency Departments, law enforcement, and a few specialty crisis intervention specialists.

Making behavioral health recipients the focal point of the program distinguishes the Maricopa County Programmatic Suicide Deterrent System Project from other initiatives nationally.

Metaphor for Comprehensive Suicide Intervention as Core Business

Since its completion in 1937, the Golden Gate Bridge with its awe-inspiring orange-red towers has been recognized as an architectural wonder. Sadly, for the past 73 years this beloved landmark has been the most popular place in the entire world to commit suicide, with nearly 30 individuals per year taking their lives from its low four-foot rails. Although the bridge has been equipped at intervals with suicide hotline telephones and signage that warns of the danger and offers support, these efforts seem woefully insufficient given the loss of lives.

In 2003, Tad Friend wrote an influential article *Jumpers* on suicide in *The New Yorker* magazine." In 2004, Eric Steel filmed the Golden Gate Bridge for a year and released a documentary in 2006 about the 24 individuals who ended their lives with the 245-foot plunge during this timeframe ("The Bridge"). These developments changed the conversation about a barrier, and in late 2006, the Bridge, Highway and Transportation District initiated the Physical Suicide Deterrent System Project. In 2008, the Board of Directors voted to implement a plastic-coated steel safety net underneath the entire span of the bridge.



Likewise, community behavioral health services nationally have always had niche expertise in crisis intervention, but they have not equipped the entirety of their agencies or undertaken comprehensive approaches. Suicide is preventable and this approach is no longer acceptable, when these agencies have primary responsibility for the clinical care of those at risk. [Also, see "Creativity and Originality" under Question 24.]

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 is 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. Initially, Magellan Health Services of Arizona invested more than \$60,000 in start-up costs as part of a "train the trainers" program.

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

The cost of the program will subside in future years because of the significant amount of up-front training and infrastructure building. ASIST costs \$35 per person for the two-day training in addition to the direct services time lost and miscellaneous expenses, including meals for the two days, room costs, etc. This means that approximately \$90,000 in training costs is being shared among the primary agencies participating in this initiative to train 2,000 staff in 2010. It is likely that this training will be repeated every three years, dramatically reducing the annual expenditure.

16. How is the program funded?

To date, the collaborative has been a shared initiative among ADHS/DBHS, Magellan and the direct care provider agencies designating suicide intervention and prevention as a core mission. All members have allocated the financial and manpower resources to achieve the Year 1 goals. The Maricopa County Programmatic Suicide Deterrent System Project Steering Committee will make recommendations in 2011 for any policy, programmatic or funding changes needed to sustain the tenets following the completion of the design phase.

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

The Maricopa County 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 and Magellan have 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?

Magellan surveyed nearly 1,700 clinicians, social workers, nurses, physicians, case managers, administrators and other staff in more than 20 agencies through www.surveymonkey.com. Magellan also used www.box.net to share information and collaborate with working sub-groups.

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 Acting Deputy Director of ADHS/DBHS and she serves on the suicide Steering Committee, which has primary responsibility for developing the tenets of this project. The chairs of the task force are David Covington and Shawn Thiele, Magellan's Chief of Adult and Child Services, respectively. David's contact information is 4129 East Van Buren Street, Phoenix, Arizona 85008, 602-652-5959 and dwcovington@magellanhealth.com.

David has served as the vice-chair of the SAMHSA's Steering Committee for the National Suicide Prevention Lifeline since 2005. This leadership group includes several commissioners of state mental health authorities, the executive director of the National Association of State Mental Health Program Directors (NASMHPD), the executive director of the National Council of Community Behavioral Health (NCCBH), and the director of all suicide prevention programming for SAMHSA. In January 2010, Dr. Richard McKeon invited David and Magellan's Chief Medical Officer for Behavioral Health to present this innovative project to the Steering Committee.

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 single 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 Maricopa County Programmatic Suicide Deterrent System Project.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

As stated above, the major tenets of the Maricopa County Programmatic Suicide Deterrent System Project have been developed and the first two are being implemented. The steering committee, task force and five working sub-groups are still refining the models related to implementation of the final four tenets.

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 10 mental health service providers in Maricopa County. All 10 are dedicated to training their entire clinical staff with ASIST. More than 150 were trained by Magellan's prevention staff prior to the 2010 focus, and 180 additional direct care staff have been trained since the start of this campaign. Future trainings have been scheduled for the remainder of the year.

- a. TERROS has four certified ASIST Train-the-Trainers, has completed five two-day ASIST trainings for employees to date, with nearly 125 staff trained (including its CEO Dale Rinard) out of a total of 450 employees. TERROS has 13 additional two-day trainings scheduled with a capacity to train 30 people at each session during the next year.
- b. Southwest Network and CHOICES collectively have five certified ASIST Train-the-Trainers and have jointly completed four two-day ASIST trainings for employees to date, with nearly 100 staff trained out of a total of 900 employees. They have 19 additional two-day trainings scheduled during the next year.
- c. Partners in Recovery and People of Color Network started with five certified ASIST Train-the-Trainers (they have lost several due to employee transfers), and have jointly completed their first two-day ASIST training for employees, with 27 staff trained out of a total of 500 employees.
- d. More behavioral healthcare agencies are joining the project regularly, with recent inclusion of Quality Care Network, Valle del Sol, Ebony House, Jewish Family & Children Services, NOVA and Community Bridges.

The commitment of resources and allocation of training to all agency staff described above is a significant outcome of the project. The overall responses from both the ASIST Train-the-Trainers and the ASIST trainings also have been positive. Many trainers view the opportunity as more than "just another job task"; they value the honor in being selected and believe in their impact on the lives of those enrolled in services. They are enthusiastic about sharing their knowledge using a model they say makes sense and is easy to apply" They agree that the ASIST model is "applicable to anyone on any level." They are confident that participants will feel more prepared to identify, engage and help persons at risk of suicide, whether the relationship is personal, professional, or as a stranger. Trainers have demonstrated their commitment by:

- Working toward achieving ASIST “master trainer” status
- Participation in the Suicide Prevention Taskforce; and
- Enhancing their skills in the upcoming Living Works’ International Conference in Florida.

Direct care staff who have participated in the ASIST training say they have more confidence and skills in engaging persons at risk of suicide. Pre- and post-tests have been developed to measure these factors. Positive reactions to the training are the beginning of changing the professional culture to reduce stigma, and increase understanding and empathy about suicide.

23. How has the program grown and/or changed since its inception?

In the first year (2008), the program’s key infrastructure related to measuring outcomes and training agencies in ASIST and safeTALK, but was more traditionally focused on prevention and community outcomes. In 2009, the program took on the innovative approach of targeting individuals enrolled in the mental health system. This has led to national recognition and interest as Maricopa County takes on a comprehensive approach to develop a Programmatic Suicide Deterrent System Project. Given that the ADHS/DBHS contract with Magellan for the Maricopa County RBHA serves 80,000 members and is the largest public sector contract in the United States, the success of this collaboration likely will continue to garner significant attention.

In 2010, the collaborative has aggressively implemented the project’s tenets, and the early progress with training direct care staff in ASIST is beginning to change culture and practice. As the initiative has gained momentum, additional agencies have joined, adding 460 direct care staff to be trained. Members are regularly added to the task force and sub-committees.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

In 2010, the challenge to implementing a comprehensive suicide deterrent system project is the timing for community mental health nationally. The initial response from many agencies is likely to be that there is no worse time, due to economic challenges and concomitant, dramatic reductions in state mental health budgets and parallel pressures of healthcare reform.

It is also true that there is no time at which such a self-evident innovation should be pressed forward with more urgency. It seems contrary to logic that our national public sector mental health system would not have prioritized suicide intervention as a core business. However, we are entering the third year of an unprecedented national economic crisis that has broad implications for suicide deaths among those most at risk – individuals with serious mental illness.

As mental health programming is cut nationwide, large numbers of people are struggling with job loss, and a record 3.3 million were added to the Medicaid rolls in 2009. It is critical that the public mental health safety net of community mental health prioritize suicide and utilize the pioneering work of the Maricopa collaborative to respond to the urgent need. For example, a previous question referenced the Advantage CMHC in Athens, Georgia. In a January 2010 article in the Athens Banner-Herald, the Advantage CMHC reported two suicide deaths among enrolled consumers in fiscal 2007, three deaths in fiscal 2008, four deaths in fiscal 2009 and six deaths in the first six months of fiscal 2010.

The key to this program and the success of the Maricopa County collaborative is the shared commitment and investment by both executive and direct care staff among the involved agencies. TERROS is a great example. As a large behavioral health agency, it would have been easy to use funding reductions and resource allocation explanations for maintaining the status quo. The agency also has a stronger niche specialty crisis programming than the average community mental health agency. Instead, the agency’s senior executive team actively engaged in the planning process and responded to the results of the workforce survey with urgency. TERROS

CEO has already personally completed the ASIST training alongside its direct care staff, and the agency is helping to change the course of suicide for those with mental illness in Arizona.

Transferability to Other States

The transferability potential for the Programmatic Suicide Deterrent System Project is tremendous. In February 2010, Georgia's Department of Behavioral Health and Developmental Disabilities duplicated the first component of the Arizona project with a survey of 1,550 physicians, nurses, counselors, social workers, paraprofessionals and administrators in nearly 50 community mental health center "core providers" across the state's 159 counties.

There has also been dialogue about the project with mental health commissioners from Maryland and Virginia, the President and CEO of the National Council of Community Behavioral Health, and the Executive Director of the National Association of State Mental Health Program Directors. Magellan has engaged in discussions of repurposing the program with Carol Coussons de Reyes from the Nebraska Department of Health and Human Services Division of Behavioral Health, and David Guth, president and CEO of Centerstone America, a community mental health center that serves nearly 70,000 individuals in middle Tennessee and southern Indiana.

Creativity and Originality

Many of the nation's 1,600 community mental health centers and all state mental health authorities are actively engaged in some type of community suicide prevention activities. In September 2009, *Mental Health Weekly* highlighted a Rhode Island mental health program that provides ASIST training to the public and law enforcement officials. The story also features an initiative to provide mental health first aid training by The National Council, in partnership with the Maryland and Missouri state mental health authorities.

The Maricopa County Programmatic Suicide Deterrent System Project is unique in that it does not focus on the larger community, with niche specialty staff offering suicide prevention education and participation in anti-stigma marketing. Instead, the focus is on those enrolled in services who are at greater risk of suicide because of serious mental illness.

For individuals outside the publicly funded behavioral healthcare system, this may seem very logical, but it has simply not been done. In fact, the Maricopa project has taken such a non-traditional approach that significant measures have been taken to communicate what the project IS and what it IS NOT. For example, the Steering Committee charter required additional information to clarify for readers the focused purpose of this project (see below):

It is important to note at the outset that this steering committee does not intend to duplicate the extremely positive work of other groups/programs that already exist, such as the Arizona Suicide Prevention Coalition.

What this clinical initiative IS/IS NOT:

- Targets those enrolled in services (children/adults in GMH/SA or SMI clinics) not broader community
- Targets "clinical home" direct care staff, not agencies that do not have ultimate responsibility for care
- More focused on improving the intervention than enhancing prevention
- More focused on ultimate outcomes/results than new processes