



Alabama State Suicide Prevention Plan

2021-2026

*Suicide Prevention Network of Alabama
(SPNA) – Working together to bring
suicide safer communities to all of
Alabama*

Alabama State Suicide Prevention Plan 2021-2026

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Alabama State Suicide Prevention Plan 2021-2026

BACKGROUND

This Alabama State Suicide Prevention Plan was developed through a collaborative effort of a group of representatives of partner organizations from the Suicide Prevention Network of Alabama (SPNA). SPNA is an Alabama 501(c)(3) nonprofit organization (application in process) made up of a group of volunteer individuals and organizations from throughout the state.

SPNA's mission is to lead and coordinate the efforts of a statewide coalition of suicide intervention and prevention partners to lower the suicide rate, reduce stigma, and bring awareness of suicide and mental health needs to communities throughout Alabama.

SPNA is designated as the lead organization to lead and coordinate the publishing and implementation of the activities called for in the Alabama State Suicide Prevention Plan. The complete SPNA bylaws can be found at the link included in Appendix A. Key excerpts from SPNA bylaws describing how SPNA will operate are included in Appendix B of this document.

The Alabama State Suicide Prevention Plan was written as a response to:

- the concerns of SPNA partners regarding suicide in Alabama
- the 2020 Alabama Commission on Evaluation Services' (ACES) Program Evaluation of Suicide Prevention in Alabama (ACES Report)
- the January 2021 Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention (National Strategy),
- the Alabama's Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF)
- Alabama Legislative Task Force on Veteran Suicide

Links to key programs and documents cited are included in Appendix B of this document.

The group held multiple meetings/conferences over a two-year period to complete the final plan. Significant research into best practices and evidence-based programs for suicide prevention was conducted in preparation and during drafting of the plan. The SPNA Partners were guided and informed by:

1. The 2012 National Strategy
2. Findings from the 2020 ACES Program Evaluation of Suicide Prevention in Alabama
3. Recommendations and guidance from the Center for Disease Control (CDC) and the Suicide Prevention and Resource Council (SPRC)
4. A study of multiple state plans from across the nation including virtual meetings with suicide prevention leaders in:
 - West Virginia
 - Ohio
 - Wisconsin
 - Tennessee
 - Nebraska
5. The collective knowledge and experience of SPNA's network of over 40 partner organizations and 150 plus individuals from across the state

ACKNOWLEDGEMENTS

SPNA Partner representatives that participated directly in drafting the Alabama State Suicide Prevention Plan include:

Alabama Department of Mental Health (ADMH)

- Maegan Huffman, MPH, Suicide Prevention Coordinator
- Beverly Johnson, MPA, Director, Prevention Services

Alabama Department of Public Health (ADPH)

- Betsy Cagle, Community-Based Programs Branch Director

Alabama Department of Education (ALSDE)

- Dr. Marilyn Lewis, Program Coordinator Prevention and Support Services
- Dr. Erica Butler, AL Suicide Advisory Prevention Committee ALSDE Lead
- Dr. Kay Warfield, ALSDE Prevention and Support Services

Lifelines Mobile

- Katherine Rogers, Suicide Prevention Coordinator

Alabama Suicide Prevention and Resource Center (ASPARC)

- Cheryl Dodson, President
- Katie Beaugez, Treasurer
- Belinda Kock, Training Coordinator
- Dr. David Coombs, Board Member

American Foundation for Suicide Prevention (AFSP)

- Jennifer Hall, Area Director, Alabama
- Meesha Emmett, Board Chair, Alabama Chapter

SAM Foundation

- Harold Culbert, President
- Nicole Goggans, Alabama Program Coordinator

Crisis Services of North Alabama

- Shannon LaFramboise, Ph.D., Clinical Director
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Crisis Center Birmingham

- Rhiannon Reese, Crisis Services Clinical Director
- Emily Roebuck, Crisis & Suicide Line Coordinator

Athens State University

- Dr. Vanessa Miller-Curtis

Curtis Preferred Primary Care

- Dr. Christopher E. Curtis, MD, FAAFP

2020 ACES REPORT

The 2020 ACES Report was a major influencer of the activities undertaken in the Alabama State Suicide Prevention Plan. Multiple SPNA partners participated in the interviews used in publishing the report. The report provides broad details on the status of suicide prevention in Alabama. Through its findings and recommendations, the report offers a roadmap of where Alabama is as a state to where it needs to be regarding suicide prevention. Due to its recent publication, detailed analysis and comprehensive nature, the ACES report's Executive Summary, Key Findings, and Key Recommendations are emphasized in the following sections of the Alabama State Suicide Prevention Plan. A link to the full ACES report with explanations of findings is included in Appendix A.

ACES EXECUTIVE SUMMARY

Alabama lacks critical state infrastructure to effectively collaborate and coordinate its suicide prevention activities. With only one statewide mandate to impact suicide, the Jason Flatt Act, Alabama has existing limitations that have resulted in missed opportunities, unreached at-risk populations, and unintended consequences.

Of the top 10 causes of death, only Alzheimer's has risen at a higher rate than suicide over the last 15 years. (See Table 1) From 1999 to 2018, the suicide death rate for all Alabamians has increased an average of 34.6% and as high as 85% for some groups.

Cause of Death	% Change ('04-18')
Suicide	29.1%
Alzheimer's disease	35.6%
Unintentional injuries	26.0%
Lung diseases	-4.3%
Kidney diseases	-11.0%
Diabetes	-14.1%
Cancer	-20.9%
Influenza and pneumonia	-26.6%
Heart disease	-26.4%
Stroke, hemorrhage, blood clots, etc.	-27.4%

Table 1: Percent of change in national death rates among the leading causes of death from 2004 to 2018

SOURCE: CDC Data

Alabama is not unique, as most states are grappling with increased suicide rates and no state has figured out a single solution to address this surging problem. While leading states have maintained their position

as leading states, they are still faced with rising suicide rates. What is unique about leading states is that they have invested in prevention efforts to address their risk and protective factors. Alabama has not. Alabama has continued to rely almost exclusively on federal dollars awarded through a competitive grant process to provide public awareness campaigns and trainings designed to teach key gatekeepers to recognize the signs of suicidality.

The current infrastructure is best defined as autonomous. Programs are driven out of autonomous agencies and provided by autonomous community organizations or schools. While autonomy is not inherently bad, it has resulted in a fragmented and disjointed system of delivery that often does not produce reliable data or metrics to effectively manage the programs being delivered. While communities may be best suited to meet their own individual needs, they are unable to do so without the leadership of the state.

Opportunities to expand our efforts and increase our capacity have been missed. As a state that relies on grant dollars to fund programs, at least two new grant opportunities were passed on by state agencies in recent years. These opportunities would have amounted to more than twice as much funding directly available for suicide prevention.

Further hindering the state's efforts, existing information such as hospital discharge data and Patient Origin Surveys are either not produced or overly burdensome to gather. Also contributing to these deficiencies are agency data collection efforts that do not produce actionable information. This means Alabama gains little new understanding of the needs of its own population. Notice of Update: In the 2021 Regular Legislative Session, supported by the Alabama Hospital Association and ADPH, legislation was enacted that requires hospitals to report discharge data.

The state's efforts at coordination among agencies and stakeholders have lacked a strong structure, continuity, and accountability. This evaluation includes recommendations by ACES, agencies, and leading organizations and experts from around the country to generate and strengthen accountability as well as develop a more comprehensive approach to suicide prevention.

ACES KEY FINDINGS

No single organization is responsible for coordinating the state's suicide prevention efforts, resulting in no fewer than four state agencies and multiple partners implementing a fragmented system.

Suicide prevention is a statewide problem that requires collaboration among several state agencies and community partners. Historically, that collaboration has happened on an ad hoc basis revolving around individual programs and community reactions to instances of suicide. That history has resulted in a framework where, despite some ongoing communication, no strategic collaboration is taking place. The 988 crisis response will yield a more comprehensive and coordinated approach to suicide prevention and incorporate necessary protective factors.

988 Comprehensive Behavioral Health Crisis Communication System and Protective Factors

The nation's upcoming transition to a three-digit crisis line (988) provides Alabama with the unique opportunity to fully integrate and intentionally align the state's crisis service delivery system – linking individuals directly to critical services with someone to call, someone to respond, and somewhere to go.

Done correctly, the 988 crisis communication system can provide the earliest intervention and become the front door to Alabamians accessing crisis services in their local communities. 988 serves as America's mental health safety net. We will reduce suicides and mental health crisis, and provide a

pathway to well-being, having immediate access to effective suicide prevention, crisis services, and behavioral healthcare through 988.

A long-awaited moment to increase access to behavioral health service and address the high rate of suicide in Alabama while reducing the reliance on law enforcement, emergency departments and jails has arrived. The creation of 988 as the front door to Alabama's crisis system of care will produce an interconnected emergency system of care for behavioral health crises with services and supports that reduce stigma and decriminalize a mental health crisis. What 9-1-1 is for medical crises, regional 988 call centers will become for a behavioral health crisis. This is the vision for Alabama.

The Study Commission on the 988 Behavioral Health Crisis Communication System was created by Act 2021-359, sponsored by Alabama House Majority Leader Representative Nathaniel Ledbetter and signed by Governor Kay Ivey on May 6, 2021. The purpose of the 988 Study Commission is to study and provide recommendations for implementation of the 988 system to enhance and expand behavioral health crisis response and suicide prevention services before it is nationally implemented on July 16, 2022. The 988 Study Commission included representatives from sixteen different public, private, and non-governmental entities, including many partners organizations from the Suicide Prevention Network of Alabama.

Community Mental Health Centers (CMHCs) will continue to work with law enforcement and Emergency Medical Services (EMS) through mobile crisis teams, CMHC Crisis Centers, and CMHC access lines as they transition to Lifeline Member Centers for conversion to 988. The three current Lifeline Member Centers will continue to address the high volume of calls that do not require deployment of crisis services. As we transition, we will work together to develop solutions that work for local communities.

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills, including problem solving skills and coping skills, and the ability to adapt to change
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

The passage of the 2020 National Suicide Hotline Designation Act is a game changer for addressing a critical core element of a crisis system. Critically, this measure paves the way to create a sustainable funding stream for crisis line call-takers. This seemingly small change will make finding help and accessing services easier for those who are experiencing suicide or mental health crises. Instead of loved ones calling law enforcement during a crisis, they could call the crisis line. Done right, the 988 crisis communication system could provide the earliest intervention and open the gateway to care.

This is Alabama's moment to step up and ensure parity and equity for all those with a mental health crisis or suicidal thoughts. Crisis services are healthcare services.

ACTIVITIES

The activities undertaken in this plan are laid out following the form of the National Strategy for Suicide Prevention. The [National Strategy for Suicide Prevention](#) (National Strategy) is a call to action intended to guide the nation's suicide prevention efforts. Released by the U.S. Surgeon General and the Action Alliance, the National Strategy presents [13 goals and 60 objectives for](#) suicide prevention and describes the role that each of us can play in preventing suicide and reducing its impact on individuals, families,

and communities. The National Strategy and the resultant suicide prevention efforts that have spawned from its publication are widely considered the definitive guide for suicide prevention providers. It and the ACES report were major considerations in the development of the following activities undertaken in the 2021-2026 Alabama State Suicide Prevention Plan.

Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Objective 1: Establish effective, sustainable, and collaborative suicide prevention programming at the state, tribal, and local levels.

Activities:

- Develop, publish, and maintain a comprehensive statewide suicide prevention plan that is updated every 5 years and reported on annually to key stakeholders.

Objective 2: Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.

Activities:

- Establish a full-time State Suicide Prevention Coordinator to coordinate all state suicide prevention efforts.
- Seek legislative and governmental designation for the SPNA to develop, publish, and coordinate implementation of a comprehensive and achievable suicide prevention plan.
- Organize, convene, and lead a group of potential suicide prevention activity providers to target underserved areas.

Objective 3: Develop and sustain public-private and interagency partnerships to advance suicide prevention.

Activities:

- Expand SPNA's partner base, geographic reach, and region-by-region statewide organizing and recruiting efforts utilizing guidance from the SPRC's State Suicide Prevention Infrastructure Plan.
- Host annual conferences to promote suicide prevention in Alabama.
- Provide technical assistance in creating self-sufficient suicide prevention coalitions or committees at the local level in communities throughout Alabama (using a framework such as those provided by the SPRC and the CDC).

Objective 4: Integrate suicide prevention into all relevant healthcare reform efforts.

Activities:

- Provide and promote access to a wide variety of free suicide prevention training for healthcare professionals.
- Create and implement a comprehensive suicide prevention and treatment resource directory to assist populations in need.

Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Objective 1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

Activities:

- Develop and disseminate suicide prevention messaging to use statewide.

Objective 2: Increase communication efforts conducted online and through other communication channels that promote positive messages and support evidence-based crisis intervention strategies.

Activities:

- Promote suicide awareness, availability of suicide prevention resources, and recommendations for reporting on suicide through a wide variety of communication channels, to include development of an SPNA website, social media channels, email campaigns, printed media, television, and radio.

Objective 3: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care.

Activities:

- Provide and promote access to a wide variety of free gatekeeper training to individuals, organizations, and communities across the state. Gatekeeper and other suicide prevention training provides information on warning signs and risk factors of suicide ideation and development of skills for interacting with individuals in crisis.
- Work to ensure adequate crisis and mental health resources are available to effectively assist individuals who are in crisis. This will include adequate support for suicide crisis line centers, peer support systems, and promotion of crisis diversion centers.

Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Objective 1: Promote and help provide effective programs and practices that increase protection from suicide risk.

Activities:

- Promote and implement proactive mental health training and awareness programs to Alabama communities through the SPNA.
- Support and promote suicide loss survivor groups in Alabama.

Strategic Direction 2: Clinical and Community Preventive Services

Goal 4: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Objective 1: Strengthen and improve the coordination, implementation, and evaluation of comprehensive state and local suicide prevention programming.

Activities:

- Promote and implement proactive mental health training programs to Alabama communities through the SPNA.
- Create and implement a comprehensive suicide prevention and treatment resource directory to assist at-risk populations.

Objective 2: Make an online postvention toolkit of resources available to healthcare providers, community organizations, and the public to guide the response to a suicide attempt or loss, preventing future loss and reducing contagion effects in communities.

Activities:

- Identify and adopt national guidelines and resources for a suicide postvention toolkit to be disseminated to healthcare providers, local community organizations, and the public.

Goal 5: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Objective 1: Increase the number of lethal means safety strategies implemented.

Activities:

- Provide evidence-based lethal means safety training to human service organizations, first responders, educational institutions, healthcare providers, and communities throughout the state.
- Create a media campaign to promote lethal means safety.

- Collaborate with firearm stores and firing ranges to display and distribute suicide prevention materials and firearm safety resources.
- Partner with pharmacies to promote education about safety and disposal of medications, including drug take-back events.

Goal 6: Provide training to community and clinical service providers on the prevention of suicide and related behaviors.

Objective 1: Increase the number of individuals trained using evidence-based suicide prevention programs.

Activities:

- Provide evidence-based suicide prevention programs that promote wellness and teach coping and problem-solving skills in school and community settings, to first responders, medical personnel, higher education, and high-risk populations (i.e. LGBTQ+; middle-aged men; African American or Black; American Indian or Alaska Native; Asian American, Native Hawaiian, or Pacific Islander; Hispanic or Latino, and active military, veterans, National Guard and Reserve).

Strategic Direction 3: Treatment and Support

Goal 7: Promote suicide prevention as a core component of health care services.

Objective 1: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Activities:

- Promote crisis centers, crisis diversion centers, and adequate mental health treatment and care facilities for people with suicidal ideations throughout the state.
- Identify a behavioral health risk assessment tool for first responders and integrate the tool as an established agency practice.

Objective 2: Ensure adequate crisis infrastructure to support implementation of the national 988 number.

Activities:

- Seek additional funding opportunities to expand the infrastructure for crisis team members towards a comprehensive crisis system. The comprehensive crisis system will ensure that when a person is in a suicidal or mental health crisis that the individual will have someone to talk to, someone to respond, and a place to go.
- Partner with mobile crisis teams to expand the continuum of care services to individuals in crisis across the state.

Objective 3: Promote the implementation of the “Zero Suicide” program as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

Activities:

- Work with the Alabama Hospital Association and partners to introduce information about the Zero Suicide program to hospitals.

Strategic Direction #4: Surveillance, Research, and Evaluation

Goal 8: Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.

Objective 1: Improve and expand state and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions by promoting the use and sharing of national and local suicide related data.

Activities:

- Identify national, state, and local entities collecting and housing evidence-based suicide related data.
- Promote the timely collection and use of data to guide suicide prevention efforts across the state including but not limited to the National Violent Death Reporting System, the Youth Risk Factor Behavior Survey, county level data, vital statistics, medical examiner offices, and hospital data.

CONCLUSION

As can be seen from a review of the ACES key findings, suicide prevention in Alabama is at a critical juncture. The Garrett Lee Smith (GLS) grant that has been the primary source of funding for suicide prevention in the state for the last 5 years ended in September of 2021. This grant supplied approximately \$750,000 per year for suicide prevention throughout the state. Since there is no specific funding for suicide prevention at the state level, there will be a significant gap in funding until additional funds can be found either from another federal grant or from state level funding or both. ADMH has secured funding to prepare for 988 statewide implementation, but it is understood there will be additional funding needs.

The ACES report also highlights that the suicide prevention effort in Alabama is a fragmented and disjointed system of delivery that often does not produce reliable data or metrics to effectively manage the programs being delivered. One of the key recommendations in the report is to designate a lead organization to develop and publish a comprehensive and achievable suicide prevention plan and to lead and coordinate its implementation in a collaborative effort with other partners.

Multiple additional findings in the report suggest that Alabama is woefully behind when compared to other state's suicide prevention efforts. The findings and recommendations from this report had significant impact on the activities in the Alabama State Suicide Prevention Plan including the impetus for organization and development of SPNA to lead and coordinate the plan's implementation.

The Alabama State Suicide Prevention Plan does not address all the findings and recommendations in either the National Strategy or the ACES report. Even so, it is in the collective opinion of its authors, a challenging, realistic, and achievable plan. The greatest challenge is the current lack of funding in Alabama for suicide prevention at both the state and federal level. There are 40 plus organizations and over 150 individuals within SPNA who are willing to offer their time, effort, and resources to undertake collaborative efforts to bring the activities called for in the plan to fruition. It is believed that through enhanced coordination and collaboration, a behavioral health crisis infrastructure, and unified planning processes, Alabama will yield significant improvements and outcomes in addressing suicide prevention across the lifespan.

APPENDIX A – Links to key guiding documents and programs

- [2020 ACES Program Evaluation of Suicide Prevention in Alabama](#)
- [2012 National Strategy for Suicide Prevention](#)
- SPNA Strategic Plan (see Appendix B)
- [January 2021 Surgeon General Call to Action to Implement the National Strategy for Suicide Prevention](#)
- [Alabama’s Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and their Families \(SMVF\)](#)
- [Alabama Legislative Task Force on Veteran’s Suicide](#)
- [ALSDE Model Policy for Suicide Awareness, Prevention, Intervention and Postvention](#)
- [ALSDE LEA Crisis Report Form](#)

Appendix B – Suicide Prevention Network of Alabama (SPNA) Mission and Strategic Plan

SUICIDE PREVENTION NETWORK OF ALABAMA Mission and Strategic Plan

Mission

The SPNA is an Alabama 501(c)(3) nonprofit organization made up of a group of volunteer individuals and organizations from throughout the state working in a collaborative effort to bring about a reduction of suicidal behaviors in communities across Alabama.

The mission of SPNA is to lead and coordinate the efforts of a statewide coalition of suicide intervention and prevention partners to lower the suicide rate, reduce stigma, and bring awareness of suicide and mental health needs to communities throughout Alabama.

SPNA Leadership and Guidance

SPNA is led by a board of directors including officers in the positions of President, Vice-President, Secretary, and Treasurer. General information about the organization, its mission, the roles, duties and responsibilities of the board of directors, meeting guidelines and voting procedures, and other rules and procedures regarding the organization are detailed in these bylaws.

SPNA is guided and derives its strategic objectives from the 2020-2026 Alabama State Suicide Prevention Plan.

[Alabama State Suicide Prevention Plan Link](#)

This Alabama State Suicide Prevention Plan was developed through a collaborative effort of SPNA leaders utilizing guidance from:

- The 2012 National Strategy for Suicide Prevention,
<https://www.ncbi.nlm.nih.gov/books/NBK109917/>
- Findings from the 2020 ACES Program Evaluation of Suicide Prevention in Alabama
https://evidence.alabama.gov/wp-content/uploads/2020/09/Program-Evaluation-of-Suicide-Prevention_Final-SEPT-2020-1.pdf
- SPRC and CDC recommendations and guidance and consultations with 5 State Prevention Networks across the nation,
<https://www.sprc.org/state-infrastructure>
- Combined with the knowledge and experience of SPNA's network of partner organizations and individuals across the state.

SPNA Partners

SPNA partners are made up of wide variety of individuals and organizations including, but not limited to, counselors, mental health professionals, physicians, clergy, journalists, social workers, law enforcement personnel, school, college and university personnel, representatives from local, state, and national charities and foundations, representatives from state agencies as well as survivors of suicide and suicide attempts.

Suicide does not discriminate against age, race, means or profession, and SPNA's goal for its volunteer partners is to be just as diverse in background as the people it strives to reach.

Anyone with a passion for or interest in helping those in need should feel free to sign up to attend a regional or statewide SPNA meeting, sign up for the SPNA newsletter, and volunteer your services in implementing the Alabama State Suicide Prevention Plan.

SPNA Regions

To more effectively implement the Alabama State Suicide Prevention Plan at the community level participating SPNA partners are divided into 4 Regions across the state. Each region has 2-3 Partners on the SPNA Leadership Advisory Council (LAC).

REGION 1 - NORTH ALABAMA REGION

REGION 2 - CENTRAL ALABAMA REGION

REGION 3 - SOUTH CENTRAL ALABAMA REGION

REGION 4 - SOUTH ALABAMA REGION



Committees

In order to further its mission, the SPNA Board of Directors and its Leadership Advisory Council (LAC) will draw from its partner base to establish committees around its organizational structure and implementation of the activities defined in the Alabama State Suicide Prevention Plan. Some committees will be standing and will act perpetually on behalf of SPNA. Others will be formed for specific purposes and time frames related to activities and objectives called for in the Alabama State Suicide Prevention Plan as well as special focus projects SPNA may undertake. Committees may be statewide and act across all four SPNA regions, while others may be established to act within specific region(s) within SPNA.

Partners Leadership Advisory Council (LAC)

The SPNA Board of Directors shall establish and maintain a standing committee to make up the SPNA Partners Leadership Advisory Council. As an integral component of the SPNA, the Partners Leadership Advisory Council (LAC) shall work with the board and staff of SPNA to carry out its mission to lead and coordinate the efforts of SPNA Partners in the implementation of the Alabama State Suicide Prevention Plan.

The LAC will be a non-partisan, voluntary group of individuals, organizations, and agencies (public and private) and will serve as a leadership team for the collective voice for its SPNA's partner organizations that represent a broad spectrum of key stakeholders in the area of suicide prevention in Alabama. Recommendations of the LAC will support the continued advancement and development of SPNA towards more effectively accomplishing its mission in coordination of the implementation of the Alabama State Suicide Prevention Plan.

Leadership Advisory Council (LAC) Selection Process

The SPNA board of directors shall establish a standing nominations committee within the board that will nominate a minimum of two and up to three volunteer leaders for the SPNA LAC for each of its four regions. Nominations will be drawn from SPNA advisory partners from each region across the state. Nominations will be reviewed by the full board and if approved will be voted on by all participating volunteer partners within each region. If approved, they will be appointed to the Leadership Advisory Council for their region for a two-year term.

Leadership Advisory Council Roles and Responsibilities

The SPNA Leadership Advisory Council will undertake the following roles and responsibilities:

- Work with the SPNA board and staff to establish working groups and committees to provide recommendations for effective and equitable implementation of the Alabama State Suicide Prevention Plan in communities across Alabama.
- Hold and publish minutes to regularly scheduled meetings/video conferences with SPNA partners within their region to continually set goals, organize efforts, and share updates towards the implementation of the Alabama State Suicide Prevention Plan.
- Attend regularly scheduled SPNA statewide meetings/video conferences to raise awareness, recruit new partners, and share updates and progress across regions towards the Alabama State Suicide Prevention Plan and SPNA's stated mission.

Ex-officio Members of the LAC

The membership of the LAC shall include appointed representatives of the various state Departments/Commissions/Councils and agencies who serve on an *ex-officio* basis. Initially these include representatives from the Alabama Department of Public Health, Alabama Department of Mental Health, and the Alabama Department of Education. Representatives from other state agencies will be invited and encouraged to join and provide input and support from their respective departments in implementation of the Alabama State Suicide Prevention Plan.

Strategic Planning Steering Committee

The SPNA Board of Directors shall establish a standing committee made up of select board members and LAC leadership to guide the organization's strategic direction in the implementation of its mission, strategic objectives, and the Alabama State Suicide Prevention Plan.

SPNA Strategic Objectives

SPNA developed strategic objectives based on the Alabama State Suicide Prevention Plan. The Alabama State Suicide Prevention Plan is laid out in the outline of the 2012 National Strategy. For SPNA's strategic objectives, the **activities** detailed in the plan are grouped and stated in categories. These categories are conducive to organizing SPNA partners in committees around accomplishing the work, defining responsible parties, and time framing desired outcomes.

Authority, Organization, and Planning

At the core of SPNA's suicide prevention efforts is the group of partners across the state that work collaboratively to lead and coordinate the implementation of the Alabama Suicide Prevention Plan. Collaborative partnerships organized by a lead organization are key recommendations in the 2012 National Strategy, SPRC recommendations for state infrastructure planning as well as recommendations in the 2020 Aces Report. To be successful it is imperative that SPNA partners undertake a continual process of planning, organizing, and growth of the partnership base while implementing activities called for in the Alabama State Suicide Prevention Plan. The following strategies support that effort.

- Work with SPNA partners to develop, publish, and maintain a comprehensive and achievable statewide suicide prevention plan that is updated every 5 years and reported on annually to key stakeholders.
- Seek legislative and governmental designation for the Suicide Prevention Network of Alabama (SPNA) to lead and coordinate implementation of the Alabama Prevention plan.
- Work to expand SPNA's partner base, geographic reach, and region-by-region statewide organizing and recruiting efforts utilizing guidance from SPRC's State Suicide Prevention Infrastructure Plan.
- Establish a full-time State Suicide Prevention Coordinator to coordinate all state suicide prevention efforts.
- Advocate for annual state level support for suicide prevention including a line item in the state budget for suicide prevention.
- Ensure that suicide prevention organizing, and leadership efforts result in suicide prevention activity providers equitably targeting underserved areas.

Community Level Support

A primary component of SPNA's mission is providing suicide prevention services at the community level through its partner organizations across the state. Many rural and underserved counties in Alabama have little to no suicide prevention services. Where available, oftentimes community leaders and concerned citizens are unaware of the services or how to use them to establish a suicide prevention network at the local level. The following objectives are undertaken to assist in that effort.

- Provide evidence-based suicide prevention programs that promote wellness, and teach coping and problem-solving skills in school and community settings, first responders, medical personnel, higher education, and high-risk populations (i.e. LGBTQ; middle-aged men; African American or Black; American Indian or Alaska Native; Asian American, Native Hawaiian, or Pacific Islander; Hispanic or Latino, and active military, veterans, national guard, and reserve.

- Provide technical assistance in creating self-sufficient suicide prevention coalitions or committees at the local level in communities throughout Alabama (using a framework such as those provided by SPRC and the CDC).
- Support and promote suicide loss survivor groups in Alabama.
- Identify and adopt national guidelines and resources for a suicide postvention toolkit and make available online to healthcare providers, community organizations, and the public to guide the response to a suicide attempt or loss, preventing future loss and reducing contagion effects in communities.

Communications and Awareness

There is a continuing stigma associated with both mental illness and suicide that is extremely detrimental to multiple phases of suicide prevention efforts across the state. To help reduce this stigma, it is critical that all Alabamians be made aware of resources that are available to them as well as actions they can take to raise mental health awareness and implement suicide prevention efforts within their local communities. This information is normally not sought out by communities unless there has been a suicide death of a prominent citizen either in the community or nationally, a young person, or a cluster of suicide deaths in the community. Messaging must be consistent and continually reinforced to move communities to action. The following SPNA objectives were developed from the Alabama State Suicide Prevention Plan to support that effort.

- Host annual conferences to promote suicide prevention in Alabama.
- Develop and disseminate suicide prevention messaging to use statewide with particular emphasis on reaching defined segments of the population.
- Promote suicide awareness, availability of suicide prevention resources and recommendations for reporting on suicide through a wide variety of communication channels to include development of an SPNA website, social media channels, email campaigns, printed media, television, and radio.

Training and Education

Training and education are essential elements of any suicide prevention effort. To be successful in raising awareness and preventing suicide, information on warning signs and risk factors of suicide ideation and development of skills for interacting with individuals in crisis must be provided through promoting and offering training at the community level. Training is more effective when designed for targeted audiences i.e., the public, medical and mental health professionals, school counselors, first responders, populations at greater risk, etc. Specific objectives targeting K-12 students have been developed and implemented by the Alabama State Department of Education (ALSDE). The following SPNA objectives are adopted from the Alabama State Suicide Prevention Plan and is designed to further that effort.

- Promote and provide access to a wide variety of free gatekeeper and mental health training to individuals, organizations, and communities across the state. Specific training to target a variety of audiences including but not limited to:
 - General public
 - Healthcare professionals
 - Youth
 - First Responders
 - School teachers, counselors, and administrators
 - Jailors

- Active military, Veterans, National Guard and Reserve
- Faith communities
- Complete a total update of the ALSDE Model Policy for Suicide Awareness, Prevention, Intervention and Postvention including:
 - Updated school protocols and guidance
 - Required training and associated documentation for faculty as well as all staff
 - List of national, state, regional and local suicide awareness and prevention resources
 - Approved list of evidence-based statewide training materials to address associated risks and protective factors for k-12 students
- Develop a digital reporting survey regarding school-aged suicide ideation, attempts, and deaths that all school district Safety Coordinators must complete and submit directly to the ALSDE Office of Prevention and Support Services.
- Require all school-based mental health coordinators to utilize the Youth Risk Behavior Survey (YRBS) to implement school-wide risk assessments in middle and high schools at least once annually.
- Support the effort to hire a Mental Health Service Coordinator (MHSC) in each LEA in Alabama.
- Provide Youth Mental Health First Aid (YMHFA) training to all MHSC's and promote training to additional school personnel.

Resource Analysis, Funding, Sustainability and Strategic Planning

To shape a successful statewide strategy of suicide prevention it is essential to understand the suicide prevention and treatment resources currently available to communities across the state, determine coverage gaps and develop a coordinated funding plan to fill those gaps. SPNA has developed the following specific objectives to reach that goal.

- Create and publish a comprehensive suicide prevention and treatment resource directory to assist populations in need.
- Analyze available resources to determine coverage gaps geographically and demographically.
- Pursue a coordinated and collaborative grant application funding plan that works to close coverage gaps and to ensure that suicide prevention efforts are equitable distributed to include underserved areas and populations.

As funding is obtained by SPNA, the board, in coordination with the LAC, will create and document a process for the distribution of mini grants among SPNA partner organizations. Within this process, any individual associated with an organization that is applying for grant funding shall recuse themselves from the grant-awarding process.

Access to Lethal Means

Working to restrict access to lethal means is a common element of many suicide prevention plans across the nation and continues to be one of the most successful strategies in preventing suicide. The fundamental assumption underlying restricting access to means of suicide is that, in many cases, it may delay an attempt until the period of high-risk passes. Moreover, if access to highly lethal methods of suicide is reduced, even where substitution occurs, the proportion of people who survive suicide attempts will be increased. Lethal means restrictions take multiple forms including limiting access to bridges, firearms, lethal doses of medications, etc. In Alabama, restricting access

to firearms is particularly important because data indicate that 70% of all suicides are completed by lethal means. Further, suicide by firearms is extremely lethal with more 95% of attempts resulting in death. The situation is further complicated because Alabama is a pro-gun ownership state and advocacy to restrict access is often viewed as an attempt to restrict gun ownership. SPNA has adopted the following objectives from the Alabama State Suicide Prevention Plan to support the restriction of access to lethal means.

- Provide evidence-based lethal means safety training to human service organizations, first responders, educational institutions, healthcare providers, and communities throughout the state.
- Create a media campaign to promote lethal means safety.
- Collaborate with firearm stores and firing ranges to display and distribute suicide prevention materials and firearm safety resources.
- Partner with pharmacies to promote education about safety and disposal of medications, including drug take-back events.

Treatment and Support Services

Timely access to care is critically important to individuals in crisis. Crisis hotlines, online crisis chat/intervention services, self-help tools, crisis outreach teams, and other services play an important role in providing timely care to patients with high suicide risk.

Statistics point to an unquestionable link between suicide and the delivery of medical and mental health treatment providers. Over 38% of individuals have made a healthcare visit (e.g., primary care, emergency department, specialty care, etc.) within the week before their suicide attempt and 95% have had a health care visit within the preceding year. Recognition of this link to health care systems prompted the founding of the Zero Suicide effort. It is the result of a partnership between the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and other national suicide prevention experts. Zero Suicide seeks to transform the way health systems care for people with suicidal thoughts and urges. It is aspirational goal designed to catalyze transformational change, a suicide care model with specific practices for health systems to employ, and a movement seeking to make health care settings safer and more compassionate for people with suicidal thoughts and urges. Adoption of the Zero Suicides model is specifically recommended in the 2012 National Strategy.

Increased collaboration and coordination among suicide prevention programs, health care systems addressing mental health and substance abuse, and local crisis centers can help provide a continuum of care for individuals at risk for suicide. SPNA has adopted the following specific objectives to further that effort.

- Work to ensure adequate crisis and mental health resources are available to effectively assist individuals who are in crisis to include adequate support for NSPL crisis line centers and peer support systems.
- Ensure adequate crisis infrastructure to support implementation of the national 988 number.
- Provide adequate mental health treatment and care facilities for seriously depressed and suicidal persons throughout the state.
- Identify a behavioral health risk assessment tool for first responders and integrate the tool as an established agency practice.
- Seek additional funding opportunities to expand the infrastructure for crisis team members towards a comprehensive crisis system. The comprehensive crisis system will ensure that

when a person is in a suicidal or mental health crisis that the individual will have someone to talk to, someone to respond, and a place to go.

- Partner with mobile crisis teams to expand the continuum of care services to individuals in crisis across the state.
- Promote the implementation of the “Zero Suicide” program as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.
- Work with the Alabama Hospital Association and partners to introduce information about the Zero Suicide program to hospitals.

Data and Evaluation

Understanding the collection, use, and evaluation of data is crucial for the successful implementation of any comprehensive suicide prevention plan. Most grants such as those offered by the CDC and SAMSHA to fund the design and implementation of comprehensive public health-based programs require grantees to collect and utilize data in targeting suicide prevention programs to specific at-risk populations. In addition, evaluation of data is required to determine the effectiveness of the program’s projected outcomes.

SPNA supports the following objectives related to data and evaluation from the Alabama State Suicide Prevention Plan.

- Identify national, state, and local entities housing evidence-based suicide related data.
- Promote the timely collection and use of data to guide suicide prevention efforts across the state including but not limited to: National Violent Death Reporting System, Youth Risk Factor Behavior Survey, county level data, vital statistics, medical examiner offices, hospital data.