

Iowa Plan for Suicide Prevention 2022-2027

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Protecting and Improving the Health of Iowans

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Executive Summary

Suicide is a complex public health concern that requires multiple strategies in a sustained effort over time to create the system transformation needed to reduce the suicide rate in Iowa.

When developing comprehensive suicide prevention strategies, it is important to use a data-driven approach to select evidenced-based programs that will address areas of concern in Iowa. The development of this plan was based on data gathered from Vital Statistics of Iowa Annual Report, Iowa Youth Survey, Iowa Violent Death Reporting System, Web-based Injury Statistics Query and Reporting System (WISQARS), Iowa IPOP (inpatient, outpatient) hospitalization data, Iowa Veteran Suicide Data Sheet from U.S. Department of Veteran Affairs, and Iowa Poison Control data.

The Iowa Plan for Suicide Prevention builds upon previous plans and draws from the 2012 National Strategy for Suicide Prevention. This plan is designed to provide a framework for state agencies, local public health, community coalitions and local organizations to guide the development of evidence-based, culturally sensitive and data-driven suicide prevention efforts in communities across Iowa.

The plan was developed by a task force of dedicated individuals and organizations across Iowa that met monthly from January to December 2021. The task force developed an overall mission and vision for the plan to guide the plan implementation.

Mission: Prevent suicide in Iowa by providing data-driven, culturally responsive suicide prevention programming, evidence-based treatment and community support.

Vision: To instill hope and facilitate healing for people in Iowa at risk or impacted by suicide.

The Iowa Plan for Suicide Prevention is divided into 3 main priorities that focus on building capacity, utilizing evidence-based practices and building community resilience.

1. Build capacity in suicide prevention, intervention and postvention infrastructure at the organizational, local, and state levels.

The first priority focuses on building capacity to provide comprehensive suicide prevention programming across the state. It includes building infrastructure and increasing the collection and use of data to inform prevention efforts.

2. Integrate evidence-based, culturally sensitive suicide prevention, intervention and postvention strategies in systems serving all people within Iowa.

The second priority involves the use of evidence-based prevention, intervention and postvention strategies across all systems that serve the public. This priority recognizes that everyone has a role to play in reducing the suicide rate.

3. Promote community resilience through ongoing collaboration, public education, and equitable access to formal and informal supports.

The third priority focuses on engaging the community to build resilience, increase awareness of suicide as a public health issue and ensuring all community members have access to needed supports.

Each priority has recommended strategies to support the priority (Table 1). A more detailed work plan with specific action steps and timeline for each strategy is included in Appendix B.

Many people from various groups and communities, including individuals that have lived experience with suicide, worked on the development of this plan. The hope is that the plan will help provide a clear vision for suicide prevention across the state and inspire individuals, organizations, coalitions, clubs and communities to take action to prevent suicide in Iowa.

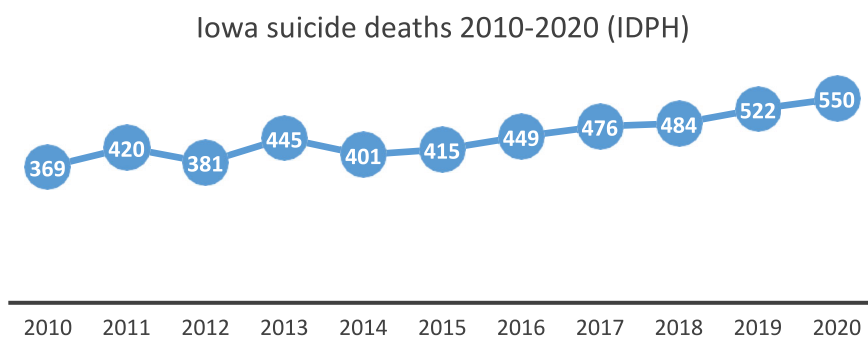
List of Acronyms

AFSP	American Foundation for Suicide Prevention
CALM	Counseling on Access to Lethal Means
DHS	Department of Human Services
DOE	Department of Education
EAP	Employee Assistance Program
NRC	National Resource Center for Family Centered Practice
IAVDRS	Iowa Violent Death Reporting System
IDPH	Iowa Department of Public Health
ISPPG	Iowa Suicide Prevention Planning Group
IPN	Integrated Provider Network
ISU	Iowa State University
IVP	Injury and Violence Prevention
MHDS	Mental Health and Disability Services
NAMI	National Alliance on Mental Illness
OME	Office of the Medical Examiner
VA	Veteran's Administration

Suicide in Iowa

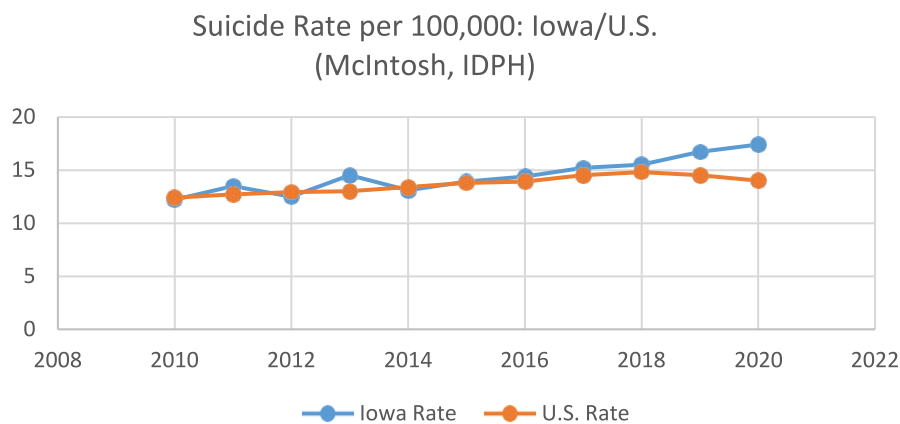
Suicide is the 2nd leading cause of death for people ages 15-44 in Iowa. The number of suicides has increased 49%, from 369 suicide deaths in 2010 to 550 in 2020, with a continual increase over the last six years (Iowa Department of Public Health, 2021) (Figure 1). Suicide is a public health concern and requires a comprehensive and multi-faceted response to decrease the number of suicides in Iowa.

Figure 1 Number of Suicide Deaths in Iowa 2010 - 2020



As shown in Figure 2, the Iowa suicide rate has been near or above the U.S. rate since 2010 with the state rate increasing more sharply since 2016. In 2019 and 2020 the United States saw a decrease in the suicide rate while Iowa's rate continued to increase (McIntosh, 2020; Iowa Department of Public Health, 2021).

Figure 2 Suicide Rates per 100,000 residents Iowa/United States



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In 2020, males accounted for 82% of deaths from suicide among Iowa residents and females accounted for 18% of Iowa suicide deaths (Iowa Violent Death Reporting System, September 2021). (Figure 3). Gender identity data are not available.

Figure 3 Suicide Deaths by Sex, 2020

Iowa Suicide Deaths by Sex, 2020 (IAVDRS)

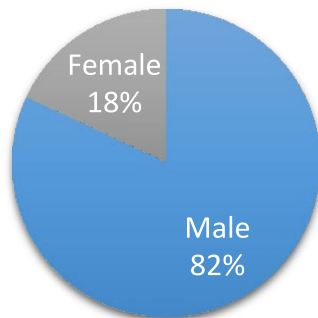
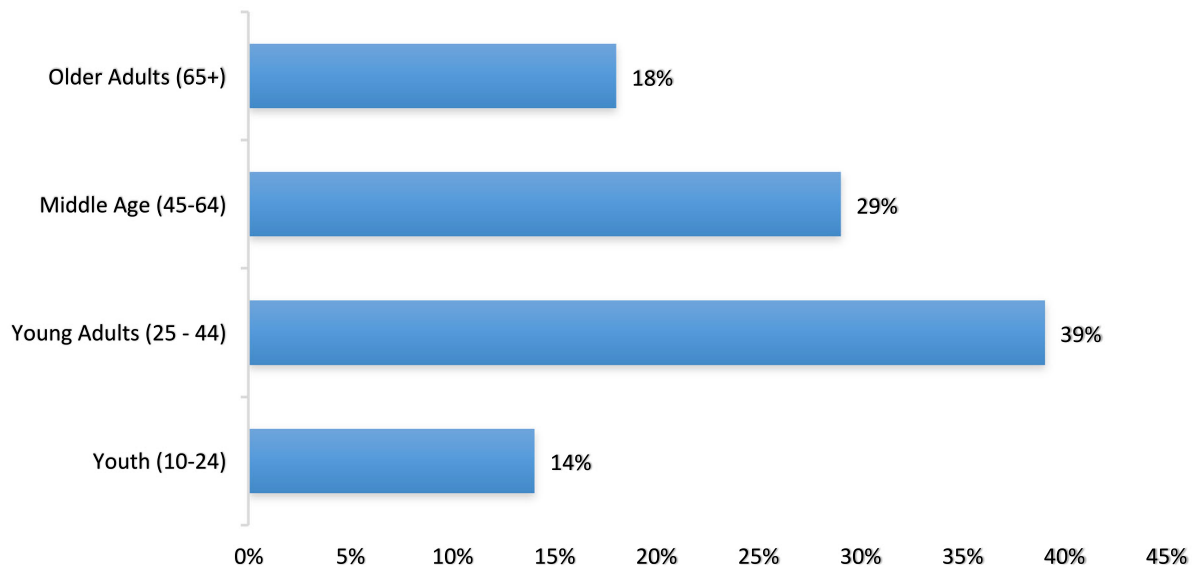


Figure 4 shows the breakdown of suicide deaths by life stage. Young adults ages 25-44 had the highest percentage of suicide deaths (39%), followed by middle age adults ages 45-64 (29%), older adults ages 65+ (18%) and youth ages 10-24 (14%). (Iowa Department of Public Health, 2021).

Figure 4 Suicide Deaths by Life Stage, 2020

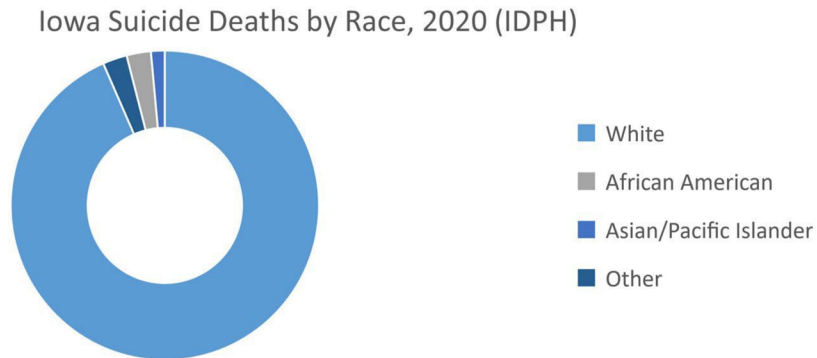
Iowa Suicide Deaths by Life Stage, 2020 (IDPH)



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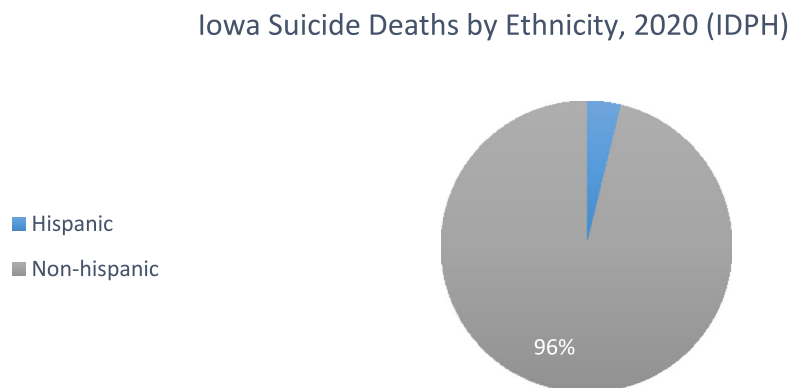
Suicide death data by race from 2020 (Figure 5) shows that 93% of Iowa residents that died by suicide were white, 3% Black or African American, 1% Asian/Pacific Islander and 3% were other races. Numbers for races in this category were too small to report in separate categories (Iowa Department of Public Health, 2021).

Figure 5 Iowa Suicide Deaths by Race, 2020



Ethnicity data from 2020 (Figure 6) indicates that 4% of suicide deaths were Hispanic while 96% of the suicide deaths were non-Hispanic (Iowa Department of Public Health, 2021).

Figure 6 Iowa Suicide Deaths by Ethnicity, 2020



According to the Iowa Violent Death Reporting System Special Report on Suicide in Iowa 2016-2018, circumstance data show that mental health concerns, intimate partner conflict, financial concerns, job related stress, physical health concerns, alcohol and/or drug misuse, and family conflicts were the most frequent circumstances occurring around the time of death by suicide. Circumstances vary by age and/or gender. Mental health problems were the most commonly reported contributing circumstance for female Iowans who had a death from suicide. In addition, 50.4% of female decedents of suicide were currently seeking mental health treatment at the time of the death. For males 45 years old and older, physical health problems were commonly identified as a contributing cause of the death by suicide. Iowan residents under the age of 45 were more likely to have a report of a problem with an intimate partner or a drug or alcohol problem than adults in the older age group (Iowa Violent Death Reporting System, March 2021).

A Comprehensive Approach to Suicide Prevention

The Suicide Prevention Resource Center (SPRC) developed, A Comprehensive Approach to Suicide Prevention model, which this plan draws from. The model requires a combination of approaches that work together to address different aspects of the problem (Figure 7). The model includes nine different strategies that together form a comprehensive approach to suicide prevention. Each strategy is a broad goal that can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

Figure 7 Comprehensive Plan for Suicide prevention



The nine strategies include:

- Identify and Assist Persons at Risk
- Increase Help-Seeking
- Ensure Access to Effective Mental Health and Suicide Care and Treatment
- Support Safe Care Transitions and Create Organizational Linkages
- Respond Effectively to Individuals in Crisis
- Provide for Immediate and Long-Term Postvention
- Reduce Access to Means of Suicide
- Enhance Life Skills and Resilience
- Promote Social Connectedness and Support

Table 1 shows the priorities and strategies for the Iowa Plan. Appendix C shows how each of the strategies in the Iowa Plan for Suicide Prevention fit with the 9 strategies in the SPRC model.

Table 1 Iowa Plan for Suicide Prevention

Priority 1: Build capacity in suicide prevention, intervention and postvention infrastructure at the organizational, local, and state levels.
Strategies:
1. Improve existing suicide data collection, analysis and reporting that is timely, clear and consistent.
2. Engage community partners in culturally informed initiatives throughout the state to strengthen local resources and activities for suicide prevention, intervention and postvention.
3. Allocate sufficient funding and personnel dedicated to lead data driven suicide prevention initiatives across the lifespan with special attention to specific populations disproportionately affected by suicide.
Priority 2: Integrate evidence informed, culturally sensitive suicide prevention, intervention and postvention strategies in systems serving all people within Iowa.
Strategies:
1. Implement Best Practices in Health and Behavioral Health Care Systems by promoting a systematic approach to suicide prevention, which includes implementation of evidence-based tools for screening, assessment, treatment, safety planning and follow-up care.
2. Provide culturally sensitive evidence based suicide prevention training to service providers in Iowa.
3. Promote lethal means safety efforts among individuals with identified suicide risk.
4. Engage communities and organizations across Iowa to develop postvention plans that enables a culturally sensitive, compassionate, and timely response after a suicide death.
Priority 3: Promote community resilience through ongoing collaboration, public education, and equitable access to formal and informal supports.
Strategies:
1. Create a network of community partners to identify, coordinate, and establish suicide prevention activities across multiples sectors and settings.
2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.
3. Increase awareness and access to the array of comprehensive and integrated crisis services that are available to anyone within Iowa.

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Appendix A - Glossary

988: A three-digit number designated as the National Suicide Prevention Lifeline (launches on July 16, 2022).

Affected by suicide: All those who may feel the impact of suicide behaviors, including those bereaved by suicide, as well as community members and others.

Behavioral healthcare: The term used to describe the service systems encompassing the promotion of emotional health; the prevention and treatment for mental illness, substance use disorders, problem gambling and recovery support.

Bereaved by suicide: Family members, friends, and others affected by the suicide of a loved one (also referred to as survivors of suicide loss).

Best practices: Activities or programs that are based upon the best available evidence regarding what is effective.

Caring contacts: Brief communications with individuals during care transitions, such as discharge from treatment, that show support for the person and can promote a feeling of connection to treatment.

Comprehensive suicide prevention plan: Plan that use a multifaceted approach to address the problem, for example, including interventions targeting biopsychosocial, social, and environmental factors.

Culturally Informed: Utilizing evidence-based practices that have been tested with or adapted for specific populations and cultures.

Culturally Sensitive: Interventions and programs that acknowledge, respect and integrate an individual's cultural values, beliefs and practices in the treatment approach.

Evidence-based programs: Programs that have undergone scientific evaluation and have proven to be effective.

Gatekeepers: Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military.

Health: The complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

Intervention: A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

Means: The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs).

Methods: Actions or techniques that result in self-directed injurious behavior (e.g., overdose).

Mental health: The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).

Postvention: Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.

Prevention: A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Rate: The number per unit of the population with a particular characteristic, for a given unit of time.

Resilience: Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Suicide Screening: A standardized instrument or protocol used to identify individuals who may be at risk for suicide.

Stakeholders: Entities including organizations, groups, and individuals that are affected by and contribute to decisions, consultations, and policies.

Substance use disorder: A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use; includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide attempt: A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicide Syndromic Surveillance: An investigational approach where health department staff monitor self-harm and suicide indicators in near real-time to detect suicide trends earlier than would otherwise be possible with traditional public health methods.

Appendix B - Work Plan

Table 2 Work Plan and Timeline for Suicide Prevention

Priority 1: Build capacity in suicide prevention, intervention and postvention infrastructure at the organizational, local, and state levels.		
Strategy 1.1: Improve existing suicide data collection, analysis and reporting that is timely, clear and consistent.		
Action Steps	Who's Responsible	Timeline
1.1a. Develop an easily accessible public facing dashboard with comprehensive suicide data that is updated annually.	IDPH, IAVDRS	Oct 2022
1.1b. Develop a suicide death review team that meets quarterly to review suicides in Iowa to look for trends and to inform suicide prevention efforts.	IDPH, IAVDRS, OME, ISPPG, VA	Dec 2026
1.1c. Standardize the information gathered on suicide risk factor data, suicide attempt data and circumstance data.	IDPH, IAVDRS, OME, law enforcement	Jan 2023
1.1d. Disseminate an annual suicide data report to stakeholders through the public facing dashboard.	IDPH, IAVDRS	Sep 2022
1.1e. Update the medical examiners' form to allow for consistent collection of inclusive demographics and circumstance data.	IAVDRS, IDPH, OME	Jul 2023
1.1f. Conduct training for medical examiners on trauma informed interviewing and inclusive data collection processes.	IAVDRS, IDPH, OME	Dec 2023
Strategy 1.2: Engage community partners in culturally informed initiatives throughout the state to strengthen local resources and activities for suicide prevention, intervention and postvention.		
Action Steps	Who's Responsible	Timeline
1.2a. Hold an annual summit starting in 2022 for local coalitions to learn new skills and exchange ideas.	IDPH, ISPPG, local coalitions, VA	Oct 2022
1.2b. Provide technical assistance to community organizations, businesses, and schools on how to develop and implement a postvention response plan.	IDPH, DOE	Ongoing

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1.2c.	Provide major employers with information on evidence-based suicide prevention trainings and encourage employers to provide access to resources as part of their EAP.	Local coalitions, EAP	Ongoing
1.2d.	Work with local public health to further integrate suicide prevention into their programming.	IDPH, local coalitions, local public health	Ongoing
1.2e.	Analyze coalition membership at the local and state level and develop a plan to ensure representation from diverse groups.	IDPH, local coalitions	Dec 2022
1.2f.	Engage Indigenous community leaders to develop culturally relevant suicide prevention resources, training and technical assistance specific to the needs of the community.	Community leaders, IDPH, local coalitions, local public health	Dec 2024
Strategy 1.3: Allocate sufficient funding and personnel dedicated to lead data driven suicide prevention initiatives across the lifespan with special attention to specific populations disproportionately affected by suicide.			
Action Steps		Who's Responsible	Timeline
1.3a.	Develop a suicide syndromic surveillance system and create operational guidelines and policies.	IDPH	Dec 2026
1.3b.	Allocate state funding to support suicide prevention staff to focus on suicide across the life span.	IDPH	Jul 2026
1.3c.	Develop champions group to work with state legislative liaison on issues related to suicide.	IDPH, NAMI, AFSP	Mar 2023
1.3d.	Apply for grants focused on suicide prevention to enhance the ability to implement evidence based suicide prevention in Iowa.	IDPH	Ongoing

Priority 2: Integrate evidence-based, culturally sensitive suicide prevention, intervention and postvention strategies in systems serving all people within Iowa.		
Strategy 2.1: Implement Best Practices in Health and Behavioral Health Care Systems by promoting a systematic approach to suicide prevention, which includes implementation of evidence-based tools for screening, assessment, treatment, safety planning and follow-up care.		
Action Steps	Who's Responsible	Timeline
2.1a. Educate and promote use of evidence-based suicide screening, assessment and safety planning tools in emergency departments.	Local hospitals	Jul 2024
2.1b. Implement the Zero Suicide Framework within substance use disorder and gambling treatment providers.	IDPH, IPN	Ongoing
2.1c. Encourage healthcare providers to connect patients to behavioral healthcare following identification of behavioral health concerns during a healthcare visit.	local healthcare providers, hospitals and healthcare clinics	Jan 2023
2.1d. Increase the use of follow-up contacts and caring contacts in health and behavioral health care systems.	local healthcare providers, hospitals and healthcare clinics	Jan 2023
2.1e. Increase the number of health and behavioral health care providers who have received evidence-based, suicide specific clinical training.	IDPH	Jan 2023
2.1f. Conduct a statewide study of suicide screening, assessment and safety planning processes utilized in all healthcare settings.	IDPH, IVP	Jul 2023
Strategy 2.2: Provide culturally sensitive evidence based suicide prevention training to service providers in Iowa.		
Action Steps	Who's Responsible	Timeline
2.2a. Collaborate with Indigenous communities to provide culturally relevant suicide prevention training specific to the needs of the community.	Community leaders, IDPH, DHS, local coalitions, local public health	Dec 2024
2.2b. Equip funeral homes with resources for families of persons who died by suicide.	Local coalitions	Oct 2023
2.2c. Collaborate with Iowa State Extension and Iowa Concern hotline to provide suicide prevention resources and training targeted specifically to people working in agriculture.	Iowa Concern Hotline, ISU extension, IDPH, local coalitions, local public health	Dec 2022
2.2d. Provide suicide prevention resources, training and technical support to faith communities in Iowa.	Local coalitions	Ongoing

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2.2e.	Train school personnel in evidence based suicide prevention gatekeeper training.	DOE, local coalitions, AEA	Ongoing
2.2f.	Work with colleges/Universities to include suicide specific curriculum to students working towards degrees in the helping profession.	Colleges and Universities in Iowa	Dec 2026
2.2g.	Train employers/supervisors in high risk occupations (first responders, construction, veterinary, healthcare workers) in suicide gatekeeper training.	EAP, IDPH, local coalitions	Ongoing
2.2h.	Provide accessible evidence-based suicide prevention training to peer support specialists.	NAMI, DHS, NRC	Ongoing
2.2i.	Train area agency on aging and senior centers and older adult care providers in evidence-based suicide gatekeeper training.	Local coalitions, Area Agencies on Aging, local senior centers	Ongoing
2.2j.	Train service industry workers (hairdressers, bartenders, massage therapists, hotel staff, animal shelter staff and other frontline workers) in suicide prevention gatekeeper training.	Local coalitions, crisis centers, AFSP	Ongoing
2.2k.	Train Attorneys, funeral home directors, insurance agents, hospice workers and cemetery groundkeepers in evidence-based suicide prevention gatekeeper training.	Local coalitions, crisis centers, AFSP	Ongoing
Strategy 2.3: Promote lethal means safety efforts among individuals with identified suicide risk.			
Action Steps:		Who's Responsible	Timeline
2.3a.	Increase the number of firearm retailers, ranges and pawn shop staff trained in identifying warning signs of suicide.	VA, AFSP, local coalitions	Dec 2024
2.3b.	Increase the number of behavioral health and primary care clinicians that have completed CALM training.	local healthcare providers, hospitals and healthcare clinics, VA	Dec 2023
2.3c.	Educate parents on safe storage of firearms and medications.	Local coalitions, AFSP	Ongoing
2.3d.	Increase access and education to the use of naloxone in case of opioid overdose.	IDPH, local public health	Ongoing
2.3e.	Provide gun locks, safe storage information and suicide prevention resources at gun shows and other public events.	AFSP, VA, local coalitions	Ongoing

2.3f.	Encourage distribution of gun locks to the public through the sheriff’s departments, Veteran Affairs, Child Serve and local coalitions.	VA, local sheriff departments, Child Serve	Ongoing
2.3g.	Promote awareness of Drug Take Back Days and locations of prescription drug take-back sites.	IDPH, local coalitions, local public health, local law enforcement	Ongoing
Strategy 2.4: Engage communities and organizations across Iowa to develop postvention plans that enable a culturally sensitive, compassionate, and timely response after a suicide death.			
Action Steps:		Who’s Responsible	Timeline
2.4a.	Support schools districts in the development of comprehensive and culturally sensitive suicide postvention plans.	IDPH, DOE	Ongoing
2.4b.	Encourage employers to develop postvention plans.	IDPH, business associations	Ongoing
2.4c.	Increase awareness of local suicide bereavement support groups and suicide loss resources across the state.	IDPH, AFSP, local coalitions	Ongoing
2.4d.	Provide materials and education for death investigators, crisis response staff, law enforcement, EMTs and funeral directors on support services, crisis services and suicide bereavement resources for families.	AFSP, NAMI, IDPH, local coalitions	Ongoing
2.4e.	Provide health care providers, clinicians, peer support workers, first responders, and others with care and support when an individual under their care dies by suicide.	IDPH, employers in helping professions, EAP	May 2025
Priority 3: Promote community resilience through ongoing collaboration, public education, and equitable access to formal and informal supports.			
Strategy 3.1: Create a network of community partners to identify, coordinate, and establish suicide prevention activities across multiples sectors and settings.			
Action Steps:		Who’s Responsible	Timeline
3.1a.	Develop a platform for local coalitions to collaborate and connect with the state and other suicide prevention coalitions in Iowa.	IDPH	Oct 2022
3.1b.	Develop a platform for local suicide bereavement support group leaders to collaborate and connect with other group leaders in Iowa.	IDPH	Oct 2022
3.1c.	Identify funding to support suicide prevention activities through local coalitions.	IDPH	Jul 2023

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3.1d. Create a statewide email listserve to provide updates on new resources, share data and promote upcoming events and trainings.	IDPH	Dec 2022
Strategy 3.2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.		
Action Steps:	Who's Responsible	Timeline
3.2a. Inform media of national safe messaging guidelines when reporting on suicide.	IDPH, local coalitions	Ongoing
3.2b. Follow national safe messaging guidelines when developing press releases and messaging campaigns about suicide.	IDPH, local coalitions, local public health	Ongoing
3.2c. Develop suicide prevention materials available on the Your Life Iowa website for the public to download and use in their communities.	IDPH, DOE	Jun 2024
3.2d. Develop an education campaign for employers and employees to normalize the use of paid sick leave for emotional and behavioral needs as well as physical health.	IDPH, EAP, employers, business associations	Dec 2023
Strategy 3.3: Increase awareness and access to the array of comprehensive and integrated crisis services that are available to anyone within Iowa.		
Action Steps:	Who's Responsible	Timeline
3.3a. Work to implement the state plan for the launch of 988.	IDPH, DHS, 988 Coalition	Jul 2022
3.3b. Develop a committee to explore a centralized dispatch system for mobile crisis outreach that coordinates with local dispatch processes to ensure everyone has equal access to the service.	DHS	Nov 2025
3.3c. Secure sustainable funding to support crisis centers answering 988.	IDPH, DHS	Jul 2022
3.3d. Develop an inclusive messaging campaign and distribution plan to build awareness and promote the use of crisis and peer support services including 988, Your Life Iowa and the statewide warm line.	IDPH, DHS, 988 Coalition, local coalitions, VA	Jul 2022
3.3e. Recognize the clinical workforce shortage and educate guidance counselors, academic advisors and the public about loan repayment and tuition reimbursement programs available for those who pursue education and practice in a behavioral health field.	IDPH, DOE, local public health	Dec 2023

3.3f.	Develop strategies to remove barriers to accessing behavioral health care (transportation, waitlists, financial concerns, misinformation around accessing care, language barriers, available hours).	IDPH, DHS, local coalitions, local public health, behavioral health providers	Jul 2023
3.3g.	Expand current psychiatric bed-tracking program to include availability of crisis stabilization beds.	DHS	Jul 2025
Strategy 3.4: Implement culturally sensitive, evidence-based wellness programs and trainings that promote development of positive coping skills and community connection.			
Action Steps:		Who's Responsible	Timeline
3.4a.	Develop online messaging campaigns that promote wellness, provide positive coping strategies, normalize help seeking and provide resources for support.	IDPH, DHS, local coalitions, local public health	Jun 2024
3.4b.	Distribute information about evidence-based self-help tools, websites and apps that promote coping.	IDPH, DHS, local coalitions	Jan 2023
3.4c.	Implement evidence-based life skills and classroom behavior management curricula in schools.	DOE, local school districts	Jan 2026
3.4d.	Conduct community based workshops focused on mindfulness and stress reduction.	Local coalitions, local organizations	Ongoing
3.4e.	Increase access to peer support, peer wellness centers and peer recovery programs in Iowa.	DHS, NAMI	Jun 2026
3.4f.	Increase community connections through local clubs, libraries, recreation centers, support groups and neighborhood associations.	Local coalitions, neighborhood associations	Jan 2024
3.4g.	Promote collaboration between local organizations, clubs and community groups in the formation of resiliency-focused coalitions to work directly with local populations.	IDPH, local coalitions, local public health	Jul 2025

Appendix C - Crosswalk between Comprehensive Approach and Iowa Plan

Table 3 Crosswalk between Comprehensive Approach and Iowa Plan

A Comprehensive Approach to Suicide Prevention	Iowa Plan for Suicide Prevention
Identify and Assist Persons at Risk	2.1a, 2.1b, 2.1c, 2.1e, 2.1f, 2.2a, 2.2b, 2.2c, 2.2d, 2.2e, 2.2f, 2.2g, 2.2h, 2.2i, 2.2j, 2.3a
Increase Help-Seeking	3.2d, 3.3d, 3.3f
Ensure Access to Effective Mental Health and Suicide Care and Treatment	1.2c, 1.2f, 3.2d, 3.3a, 3.3b, 3.3c, 3.3e, 3.3f, 3.3g
Support Safe Care Transitions and Create Organizational Linkages	2.1b, 2.1c, 2.1d
Respond Effectively to Individuals in Crisis	1.1f, 1.2b, 1.2c, 2.1a, 2.1b, 2.1c, 2.1d, 2.1e, 2.2a, 2.2b, 2.2c, 2.2d, 2.2e, 2.2f, 2.2g, 2.2h, 2.2i, 2.2j, 2.3c, 2.4a, 2.4b, 2.4d, 2.4e, 3.3a, 3.3b, 3.3f
Provide for Immediate and Long-Term Postvention	1.1f, 1.2b, 2.2b, 2.4a, 2.4b, 2.4c, 2.4d, 2.4e, 3.1b
Reduce Access to Means of Suicide	2.3a, 2.3b, 2.3c, 2.3d, 2.3e, 2.3f, 2.3g
Enhance Life Skills and Resilience	3.4a, 3.4b, 3.4c, 3.4d, 3.4g
Promote Social Connectedness and Support	1.2a, 1.2d, 1.2e, 1.2f, 1.3b, 1.3d, 2.4c, 3.1a, 3.1b, 3.1c, 3.1d, 3.1e, 3.4e, 3.4f, 3.4g

Appendix D – Links of Interest

Below are links of interest that are referenced directly in this Plan or that are particularly relevant to specific priority areas. Links are presented alphabetically, with a brief description provided for each:

2012 National Strategy for Suicide Prevention - National guide from the U.S. Surgeon General presenting a framework to reduce suicides and promote health and safety.

https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

A Comprehensive Approach to Suicide Prevention- A model that provides a nine strategy framework for a comprehensive approach to suicide prevention.

<https://www.sprc.org/effective-prevention/comprehensive-approach>

Department of Human Services MHDS Crisis Services - A description and listing of the array of crisis services available in Iowa.

<https://dhs.iowa.gov/mhds/crisis-services>

National Suicide Prevention Lifeline - National resource for those who need help for themselves or for others. Confidential services offered by the nearest available crisis center, with two located in Iowa.

<http://www.suicidepreventionlifeline.org/>

Recommendations for Reporting on Suicide - A guide for media and those who work with media on ways to report on suicide that are positive, hopeful, and don't increase the chances of additional suicides.

<https://reportingonsuicide.org/>

Suicide Prevention Resource Center (SPRC) - A federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention.

<https://www.sprc.org/>

Your Life Iowa - An integrated system/hub for information and resources for help with concerns about alcohol, drugs, gambling, mental health and suicide.

<https://yourlifeiowa.org/>