

Striving
for
Zero

Striving for Zero Learning Collaborative Collaborative Meeting 2, September 22, 2021

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454

Welcome!

Please add your county name to your display name and introduce yourself in the chat.

We will share the slides and recording with you.

Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

Find the Plan here: <https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention/final-report>

The cover of a report titled "Advancing Strategic Planning for Suicide Prevention in California Fiscal Years 2018-2020". It features a green ribbon graphic on the left. The text on the cover includes: "Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners", a paragraph describing the collaborative's formation and purpose, a circular diagram of the "Steps of Strategic Planning" (6 steps: 1. Describe the Problem, 2. Choose Long Term Goals, 3. Identify Risk and Protective Factors, 4. Select or Develop Interventions, 5. Plan the Evaluation, 6. Implement, Evaluate, Improve), a "Strategic Planning Framework" section, a testimonial from Ruby Covert, Nevada County Public Health, and logos for Each Mind Matters, CalMHSA, and Truist Social Marketer, Inc.

Advancing Strategic Planning for Suicide Prevention in California
Fiscal Years 2018-2020

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CalMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

Steps of Strategic Planning

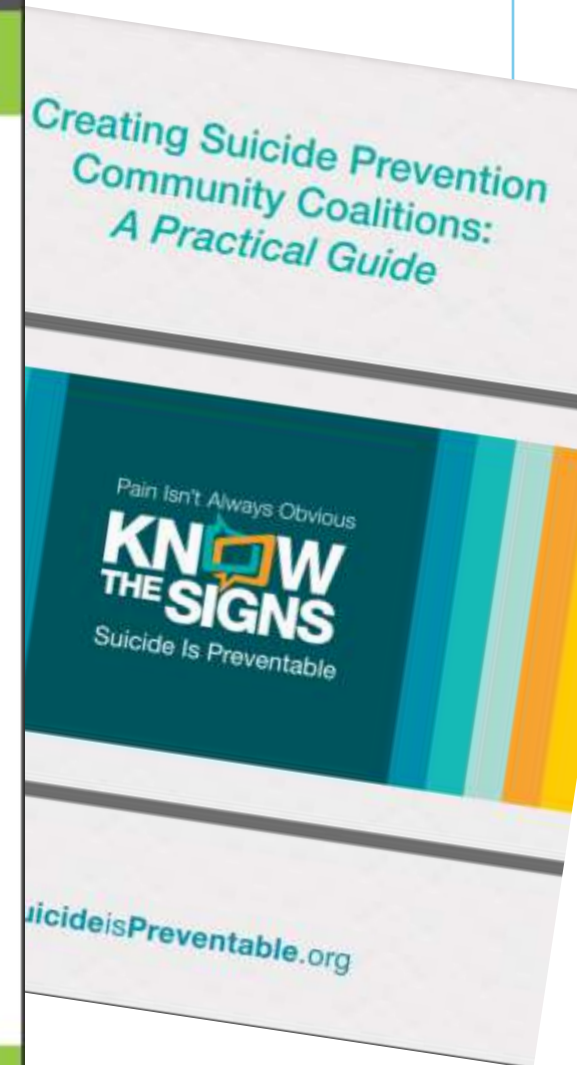
- 1 Describe the Problem
- 2 Choose Long Term Goals
- 3 Identify Risk and Protective Factors
- 4 Select or Develop Interventions
- 5 Plan the Evaluation
- 6 Implement, Evaluate, Improve

Strategic Planning Framework

The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.
— Ruby Covert, Nevada County Public Health

Each Mind Matters | CalMHSA | Truist Social Marketer, Inc.



Strategic Planning Framework



Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

Module 1 and Module 2

- Describing the Problem of Suicide (Suicide Deaths, Suicide Attempts, Ideation, Risk and Protective Factors, Help-Seeking)
- Data Surveillance including Suicide Fatality Review Teams
- Messaging and Data

Available Hand-Outs

- Making a Data Request from your Epidemiologist
- Data Guide
- Sample Public-Facing Data Hand-Out

How was/is your Suicide Prevention Week or Month?

Supportive Transitions
Reconnect, Reenter and Rebuild

Reenter
Reconnect
Rebuild

#SuicidePrevention

Suicide Prevention Week: September 5-11, 2021
World Suicide Prevention Day: September 10

suicideispreventable.org

Funded by counties through the Mental Health Services Act (Prop 63).

Día Mundial de Prevención del Suicidio
10 de Septiembre

¡Únase a personas alrededor del mundo y encienda una vela a las 8 pm!

Encienda una vela cerca de una ventana o en las redes sociales como símbolo de esperanza y apoyo para la prevención del suicidio y en memoria de aquellos que hemos perdido por suicidio.

#Prevencióndel-suicidio

elsuicidioespreventable.org

Financiado por unidades locales de la Ley de Servicios de Salud Mental y Propiedad de la Tierra, administrado por el estado.

Creating a Public Facing Data Hand-Out

Key tips

- ✓ Words Matters
- ✓ Identify your audience
- ✓ Safe messaging
- ✓ Offer hope
- ✓ Action items
- ✓ Resource(s)

Words to Consider...

RECOMMENDED terminology

- ✓ Died by suicide
- ✓ Took their own life
- ✓ Ended their life
- ✓ Attempted to end their life

NOT RECOMMENDED terminology

Committed suicide

Note: Use of the word “commit” implies a negative act such as a crime or sin.

Completed suicide

Note: This associates suicide with success.

Successful attempt or unsuccessful/failed attempt

Note: There is no success, or lack of success, when dealing with suicide.

Public Data Hand-Out Examples

San Diego Report Cards:

<https://www.sdchip.org/initiatives/suicide-prevention-council/reports-resources/>

LASPN Report Card:

<http://lasuicidepreventionnetwork.org/wp-content/uploads/2021/09/The-Hero-In-Us-Report-Card-2021.pdf>

LA Data Briefing Public:

http://publichealth.lacounty.gov/ivpp/docs/Impact_of_Suicide_Brief_2018.pdf

Status of Suicide and Suicide Prevention in Los Angeles County Suicide Prevention Week 2021 Report Card – continued

American Foundation for Suicide Prevention (www.afsp.org)

The Los Angeles Chapter of the American Foundation of Suicide Prevention provides education, outreach and trainings in schools, health care settings and communities.

FY 2020-2021

14,000 community members trained in suicide prevention during 400 virtual presentations. 1,300 participants in virtual SoCal Out of the Darkness Experience

Teen Line (www.teenline.org)

Teen Line is an anonymous hotline for teenagers that operates every evening from 6 p.m. to 10 p.m. PST. Teen Line volunteers who answer the calls, emails and texts are Los Angeles teenagers who have received specialized training. In addition to operating the crisis line, Teen Line supports teens through online message boards, outreach, education and professional trainings.

2020 Outcomes

17,354 calls, emails and texts with 980 suicidal teens helped on the hotline
24,378 parents, school, staff, youth organization staff and law enforcement officers trained in suicide prevention
5,336 youth participated in outreach programs

Directing Change Program (www.DirectingChangeCA.org)

The Directing Change Program educates youth ages 12-25 about the warning signs of suicide, mental health, and how to help themselves or a friend with an initiative that engages them in the creation of short films on these topics. Additional services by Directing Change include outreach, parent engagement, and trainings for educators and districts focusing on implementing comprehensive school-based suicide prevention policies

FY 2017-2018 Outcomes

42,589 youth, parents, and community members reached through program, mini grants, and events
332 films about suicide prevention and mental health created by Los Angeles County youth
211 school administrators from 56 Los Angeles County schools/districts trained virtually on implementing suicide prevention policies

In 2018, **29** children and adolescents (**11-17** years old) died by suicide in Los Angeles County. Of these, **74%** were male, **26%** were female and **37.5%** were ages **16-17** years. The youngest age of a child was **11** years.

(Child Death Review Team Report 2019)

Between **2016** and **2018**, **351** youth and young adults (10-24 years old) in Los Angeles County died by suicide, the majority were male.

1,869 youth and young adults (10-24 years old) were hospitalized for a suicide attempt in Los Angeles County. The majority were female.

3,903 youth and young adults (10-24 years old) were treated in the ER for a suicide attempt.

(Los Angeles County Department of Public Health: Preventing Youth Suicide, September 2021 Brief (In Press))

Approximately **15%** of **9th** and **11th** graders have seriously considered suicide.

(Los Angeles Suicide Ideation County average: 2015-2017 Source: CalSCHLS <http://calschls.org>)



the Hope & Justice Category



When It All Seems Hopeless

In 2020, Directing Change launched a new category titled Hope and Justice that asked youth to create art pieces in any medium about either what brings them hope, a social justice topic they feel passionate about, or a rotating monthly submission topic around the social distancing, election, self-love, representation, substance use, mental health and other topics.

- 164 art pieces by 175 Los Angeles County youth in the 2020-2021 program year.

"Not only is it a great program for our students who needed so much extra support this year, but it is a great advantage to the staff, as it keeps our attention on mental health, and a wonderful vehicle through which to address it. I have never seen such open discussion as I did this year about the students discussing why they made their own film and student response to it. This is a vital program for so many. Directing Change indeed directs change and results in a positive change in areas of mental health, technical abilities, self-awareness and growth mindset for all involved."

- LA County, English teacher at John R. Wooden High School

There is hope,
and there is help

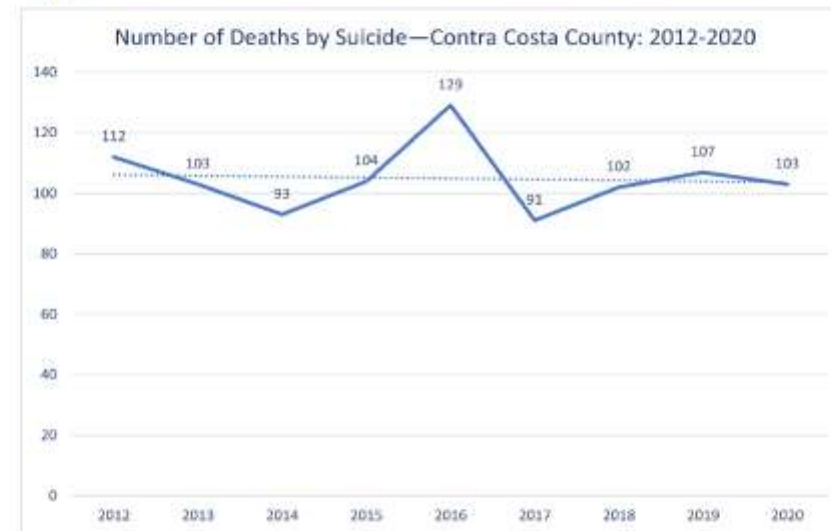
Suicide Prevention Report September 2021



Every day in Contra Costa County, there are friends, family, and co-workers who struggle with emotional pain. And, for some, it's too difficult to talk about the pain, thoughts of suicide, and the need for help. We can all play a role in suicide prevention by learning the warning signs, finding the words to start a conversation and reaching out to local resources. You are not alone. Staff at the Contra Costa Crisis Line are available 24/7 to support you or a loved one.



The state of Suicide in Contra Costa County



Source: Contra Costa County Coroner's Office. Note: Suicide Death data is preliminary and subject to change pending any outstanding investigations by the Coroner's division.

Groups disproportionately affected by suicide risk:

- Males
- American Indian/Alaska Natives and Whites
- Older adults
- Veterans
- Those living in rural areas
- LGBTQ youths and adults

Youth Mental Health:

- From 2012-2018, deaths for those ages 40-59 declined, while those ages 0-39 increased
- 20% of students think about suicide
- 30% of students express chronic depression

The state of Suicide in Contra Costa County



You are not alone.

Everyday, residents of Contra Costa County are reaching out to local resources for support.

	2017	2018	2019	2020
Crisis Calls*	20,092	21,265	24,903	21,667
Psych Emergency Services Visits for Suicide Ideation or Attempts	3,789	3,868	3,973	2,673
Inpatient Admissions after Suicide Ideation or Attempt**	439	359	326	316

*Crisis Line data is based on Fiscal Years 17/18, 18/19, 19/20, 20/21.

**Inpatient Admissions reflects admissions at county-affiliated facilities only.

Contra Costa Crisis Center (24/7)

1-800-833-2900 or dial 211

[211 online resources](#)

Text HOPE to 20121

National Suicide Prevention Lifeline (24/7)

1-800-273-8255 (1-800-273-TALK)

Text TALK to 741741

La Red Nacional de Prevención del Suicidio (24/7)

1-888-628-9454 (in Spanish)

Behavioral Health Access Line (24/7)

1-888-678-7277

9-1-1 for life threatening emergencies

KNOW THE SIGNS

Learn to recognize the warning signs

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speak up.

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal from others
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

For additional information visit:
[SuicideisPreventable.org](https://www.suicideispreventable.org)

Mental Health Matters! Remember to practice self care and breathe. And take the time to check in with your Mental Health today by completing this free and anonymous screening online: [CLICK HERE](#)



FIND THE WORDS

Learn to listen and find the appropriate words to get a conversation started

When it comes to suicide prevention, the terms, phrases and words we use can have a significant impact on the way messages are received. Messages can encourage someone to **seek** help and reach out, or they can push people further from the support they need.

WORDS MATTER

Avoid

Committed
or
Completed Suicide

Successful
or
Unsuccessful

Use

Died by Suicide
or
Lost Their Life to Suicide

Attempted Suicide

The word "commit" implies a negative act such as a crime or sin. The words "completed," "successful," or "unsuccessful" imply there is an achievement to be had or missed with suicidal behavior.

Using neutral phrasing like "He died by suicide" OR, "She attempted suicide," helps strip away the shame and stigma.

Avoid shaming statements like, "You're not thinking about suicide, are you?" OR, "You're not thinking about doing something stupid, are you?"

Instead, say, "I'm really worried about you, are you thinking about suicide?"

FIND THE WORDS

Learn to listen and find the appropriate words to get a conversation started

- Give yourself plenty of time
- Listen and let the person speak freely
- Mention the warning signs you have seen
- Let them know you care and want to help
- Ask directly about suicide
- Have resources handy

"Are you thinking about suicide?" Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important.

Asking about suicidal thoughts does not put the idea in someone's head and usually they are relieved.

Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.



Consider reaching out to someone who has lost a friend or loved one to suicide. Ask them about how the person they lost lived rather than focusing on the way they died. The more we talk about suicide and suicide prevention, the more we can reduce the stigma around the subject and infuse our communities with hope and healing.

REACH OUT

*Find professional help
and resources available
in your community*

There is hope, and there is help

Resources:



crisis-center.org

Contra Costa Crisis Center (Available 24/7)

- 1-800-833-2900 or dial 211
- [211 online resources](#)
- Text HOPE to 20121

National Suicide Prevention Lifeline (Available 24/7)

- 1-800-273-8255 (1-800-273-TALK) or [Chat online](#)
- Text TALK to 741741
- 1-888-628-9454 (La Red Nacional de Prevención del Suicidio)

Crisis Support Services of Alameda County

- 1-800-309-2131

San Francisco Suicide Prevention

- 1-415-781-0500
- Institute on Aging, Friendship Line: 1-800-971-0016

[American Foundation for Suicide Prevention](#)

[California's Strategic Plan for Suicide Prevention 2020-2025](#)

[Contra Costa County Mental Health Commission](#)

CCHS Mental Health Mobile Crisis Response Team:

- 1-833-443-2672

Relationship Violence, Domestic Violence, Intimate Partner Violence:

- STAND! for Families Free of Violence: 1-888-215-5555
- National Domestic Violence Hotline: 1-800-799-7233

Sexual Assault, Rape, Human Trafficking

- Community Violence Solutions: 1-800-670-7273
- National Hotline (RAINN): 1-800-656-4673

[Know the Signs campaign](#)

[Be the 1 To](#)

[Mental Health Is Health](#)

REACH OUT

*Find professional help
and resources available
in your community*

If you think someone is suicidal, take it seriously. Don't leave them alone. Encourage them to reach out for help, and if you can, call with them.

Contra Costa Crisis Center (24/7)

1-800-833-2900 or dial 211

[211 online resources](#)

Text HOPE to 20121

National Suicide Prevention Lifeline (24/7)

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9-1-1 for life threatening emergencies



Any willingness to accept help at some time, even if in the future, is a good outcome.

You are not alone in helping someone in crisis. Crisis lines, counselors, intervention programs and more are available to you as well as to the person experiencing the emotional crisis. Crisis counselors can quickly assess the level of risk in a situation and connect you to appropriate services. You can find reassurance in the knowledge that most suicidal crises last for a brief period of time. Stay with the person until help is provided and help them identify other people they trust.

REACH OUT

*Find professional help
and resources available
in your community*

There is hope, and there is help

Resources:

Resources for Youth and Transitional Age Youth (TAY: aged 16-25):

Seneca Mobile Crisis Response Team:

- ☐ Serving 5yo-21yo: 1-833-443-2672

The Trevor Project for LGBTQQ+ youth & young adults

- ☐ 1-866-488-7386 (1-866-4-U-TREVOR)

Trans Lifeline:

- ☐ 7am-2am: 1-877-565-8860

[Teen Line](#)

- ☐ 800-852-8336 (6pm – 10pm PST)
- ☐ TEXT TEEN to 839863

[NAMI \(National Alliance on Mental Health\) Contra Costa](#)

- ☐ [Ending the Silence](#) – Transitional Age Youth Program
- ☐ [NAMI on campus](#)

[BeingwellCA](#)

[Sandy Hook Promise](#)

[Z-Cares](#)

[Active Minds](#)

[Seize the Awkward](#)

[JED Foundation](#)

[Bring Change to Mind](#)

[Directing Change Youth Suicide Prevention Program](#)

Get Involved!



Everyone Can Play a Role in Suicide Prevention!

- ☐ Contra Costa Mental Health (CCMH) has established the [Consolidated Planning Advisory Workgroup \(CPAW\)](#) in order to ensure local stakeholders are an integral part of all planning and evaluation of The Mental Health Services Act (MHSA) funded services and supports. CPAW's aid and advice helps MHSA funded programs provide integrated, community-based, culturally competent services that are guided and driven by those with lived-experience, and promote wellness, recovery, and resiliency in those traditionally underserved. Please email MHSA@cchealth.org for more information.
- ☐ The [Contra Costa Suicide Prevention Coalition](#) is a multi-disciplinary, multi-agency collaborative with the goal to raise community awareness about suicide and its causes, to decrease stigma around suicide and mental health, and support the development of resources that will help reduce suicide rates in Contra Costa County. They meet the fourth Friday of every month. Please email jhunt@cchealth.org for more information.
- ☐ [The Contra Costa Crisis Center's Crisis Line volunteers](#) provide active listening, emotional support and community resources to people who are in crisis, depressed, suicidal, grieving, homeless, mentally ill, or looking for resources.
- ☐ [The Contra Costa County Office of Education \(CCCOE\)](#) assists the 18 school districts and county-approved charters in the development and implementation of comprehensive policies for suicide prevention, intervention and postvention. The county has a training team for Youth Mental Health First Aid, facilitates the distribution of LivingWorks online training at no cost to districts, and is an active participant on the countywide Suicide Prevention Coalition. CCCOE supports districts through its Social Emotional Learning Department, site-based MTSS training and trauma-informed practices training to support a positive school climate for all learners.



Celebrating Successes

San Mateo County

SAN MATEO COUNTY
Suicide Prevention Roadmap
2017-2020

www.smchealth.org/SuicidePrevention

COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health & Recovery Services
SAN MATEO COUNTY
Office of Community and Equity

SAN MATEO COUNTY

SUICIDE PREVENTION ROADMAP
2021 - 2026

COUNTY OF SAN MATEO

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

smchealth.org/SuicidePrevention

Countywide Suicide Prevention Efforts

Prevention & Early Intervention (PEI)

Trained Suicide Prevention Helpers



- ◆ Applied Suicide Intervention Skills Training (ASIST)
- ◆ Adult/Youth Mental Health First Aid
- ◆ Know the Signs
- ◆ SafeTALK

Culturally Specific Presentations & Suicide Prevention in Schools

- ◆ CMHPP provides Mental Health presentations on multiple topics, including suicide prevention, to culturally diverse groups. Suicide prevention specific presentations reached a large audience.
- ◆ Directing Change engages youth in creating public service announcements through film, focused on mental health and suicide prevention.
- ◆ TSAPP trains schools on suicide prevention, including students, school faculty, parents, and community members.

Community Mental Health Promotion Programs (CMHPP) FY 2019-2021



Directing Change FY 2017-2021



Teen Suicide Awareness & Prevention Program (TSAPP) FY 2017-2021



16,372

Audience Reached

HELPLine



FY 2017-2021

- ◆ Available 24 hours a day, 7 days a week
- ◆ Responded to **17,968** crisis calls from 21,674 calls
- ◆ **4,436** crisis calls contained suicidal content
- ◆ **140** active rescues for individuals in imminent danger of dying by suicide from FY 2019-2021
- ◆ **12,865** referred for further services

Crisis Response System of Care

Mobile Crisis Services

M.C.R.T.
Mobile Crisis Response Teams completed **14,828** crisis responses and served a total of **11,771** individuals since 2015.

C.B.A.T.
Community Behavioral Assessment Teams responded to **924** requests with law enforcements and served a total of **815** individuals since January 2021.

M.C.M.T.
The mobile crisis management teams have new teams in-progress.

24/7 Urgent Care

M.H.U.C.
Mental Health Urgent Care Centers have on average **11,327** admissions per year. Data was averaged over the last two fiscal years, starting July 2019. Unduplicated people served averages **6,606** per year.

24/7 Crisis Stabilization Unit

C.S.U.
Over the last two fiscal years, the two Crisis Stabilization Units have on average **12,588** admissions. Data was calculated across FYs July 2019 to June 2021.

Established October 2020, the goal of the Suicide Prevention Coalition is to bring together multidisciplinary teams to work towards addressing the root causes of suicide.

A Collaborative Approach to Suicide Prevention in Riverside County



Building Hope and Resiliency

For more information, or to join a subcommittee of the Suicide Prevention Coalition, contact: pei@ruhealth.org



Crisis/Suicide Intervention Hotlines

HELPLine- 24/7 Crisis/Suicide Intervention

Phone: (951) 686-HELP (4357)

National Suicide Prevention Lifeline

Phone: (800) 273-TALK (800-273-8255)

Spanish line: (888) 628-9454

TTY: (800) 799-4TTY (4889)

Riverside University HEALTH SYSTEM
Behavioral Health Public Health



Building Hope and Resiliency - Putting the Riverside Suicide Prevention Strategic Plan Into Action

Year 1 accomplishments:

Upstream Focus

Goal: Increase connectedness between people, family members, and community and increase resiliency and help-seeking

Year 1: Determined communities and age groups to target. Working on understand needs and developing content and activities to increase coping, problem solving skills, social engagement and internal resilience.

Healthy & Connected Communities

Promoting Resiliency

Prevention Focus

Goal: Standardize policies and curriculum to promote connectedness and address suicide risk. Also, increase detection and screening to connect people to services based on suicide risk.

Year 1: To maximize impact, Promoted suicide prevention trainings in communities that have the most high risk populations.

Engaging Schools

Trainings

Intervention

Goal: Deliver best practices in care targeting suicide risk and create safe environments by reducing access to lethal means; Deliver a continuum of crisis services across the county and ensure continuity of care plus follow-up after suicide-related services

Year 1: Conducted planning centered on needs and crisis resources, and identified gaps in crisis intervention services.

Means Safety

Expansion & Integration of Suicide Prevention in Health Services

Postvention Focus

Goal: Expand support and services following a suicide loss

Year 1: Partnered with a trauma expert group to create LOSS teams to support survivors of suicide loss. LOSS stands for Local Outreach to Suicide Survivors. Gathered information about suicide loss by outreaching to loss survivors.

Postvention Services

Effective Messaging & Communications

Goal: Increase safe reporting of suicide and healthy social media use

Year 1: Developed social media images supporting effective suicide messaging. Educating media outlet and public information officers on safer suicide messaging.

Effective Messaging & Communications

Measuring & Sharing Outcomes

Goal: Advance data monitoring and evaluation

Year 1: Developed data briefs and dashboard to effectively share information on the status of suicide and attempts utilizing multiple sources.

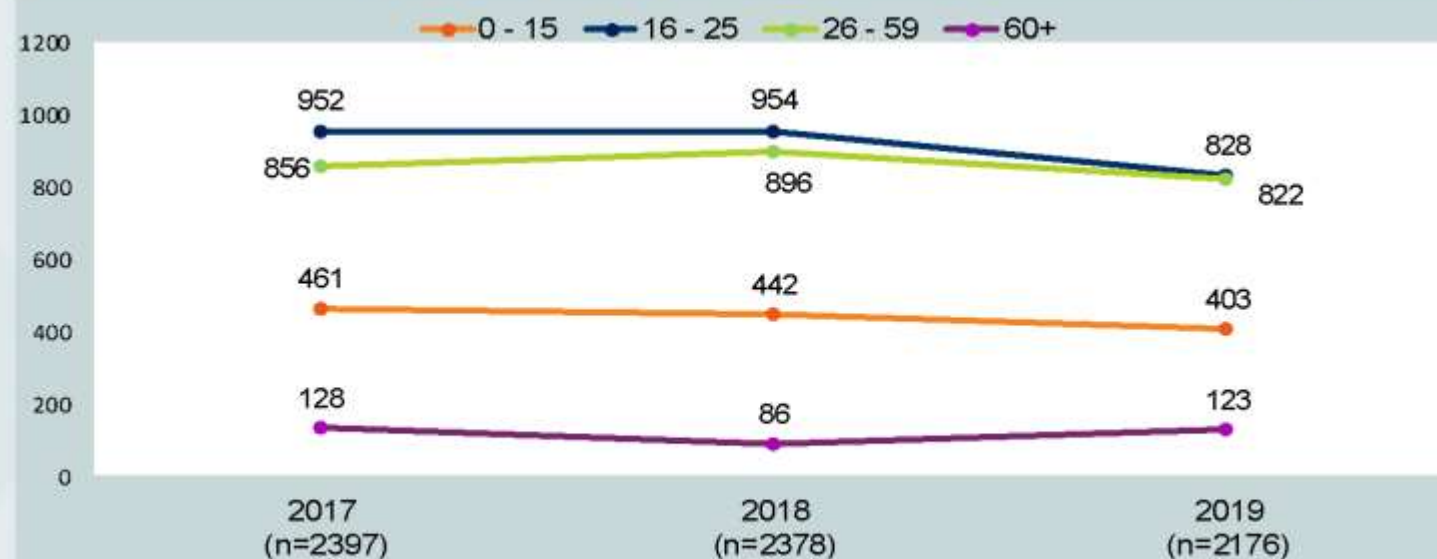
Measuring & Sharing Outcomes

Quick Facts: Suicide in Riverside County

Total suicide deaths for 2020 have shown decreases and downward trends.

Preliminary 2020 data on suicide attempts is not expected to show dramatic increases.

Suicide Attempts by Age Group and Year, 2017-2019 Riverside County



Source: Office of Statewide Health Planning and Development (OSHPD)

Suicide Deaths by Age Group and Year, 2017-2020 Riverside County



Source: Electronic Death Reporting System (EDRS)

How are you
moving
forward with
strategic
planning
efforts amidst
COVID-19, wild
fires and more?



Getting from A to Z: Your Strategic Planning Timeline

Strategic Planning Timeline

What is the approval process for your plan?

Determine who needs to approve the final plan and if the plan needs to go to public comment. How long will this take?

What format meets your needs?

Review sample plans and determine what format will meet your needs. If a more formal and designed plan is desired, build in time for graphic design. Also consider how often you want to update the plan and how easy it will be to make edits and updates when selecting your format.

Will your plan be translated into other languages?

If yes, build in time for cultural adaptation and translation.

Involving your suicide prevention coalition and stakeholders

- Present available suicide death, attempt, ideation and help-seeking data
- Engage members in Resource Mapping (in-person or virtual meeting, by survey, phone interviews, listening sessions)
- Engage and host meetings with key partners
- Outline possible strategies within a comprehensive approach to suicide prevention and ask for feedback
- Write draft plan
- Review draft plan with stakeholders and coalition (In-person or virtual meeting, by survey, Townhall meetings)
- Write final plan
- Put planning into action
- Begin work as you are building the plan

Strategic Planning Timeline

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Creating Your Timeline

- September 2022 Complete Plan
- June 2022: Route for formal approval and public comment
- April: Host coalition and community meetings to present draft plan and gather feedback.
- March: Final written draft plan (review with internal leadership)
- November-January: Review data with coalition and stakeholders
- July-January: Gather data, resource mapping and engage key partners.

How have you
authentically
engaged
diverse
communities
in your
strategic
planning
efforts?





County Spotlight:
Monterey County

MEANS ACCESS AND SAFETY

Means safety refers to actions to reduce or eliminate access to lethal means for individuals that are experiencing thoughts of suicide. It includes efforts to reduce access to specific objects (e.g., medications, firearms, sharp objects) as well as locations (e.g. bridges, parking structures) that could be used in suicide attempts.

Rational and Overview

Most efforts to prevent suicide focus on why people take their lives. As we understand more about who attempts suicide, including when and where and why, it becomes increasingly clear that how a person attempts – the means they use – plays a key role in whether they live or die.

Reducing access to lethal means is the most evidence-based suicide prevention strategy.

Numerous studies show when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. The most effective strategies for lethal means restriction are physical deterrents.

Most crises are short-term: putting time and space between someone and lethal means can reduce risk of suicide. Since 70% of suicide attempt survivors survive their lifetime, and 90% of people who attempt suicide with the most highly lethal means is restricted during a first die by suicide (11-13).

Additionally, the means someone chooses for a suicide are based on their level of intent to die. Interviews with suicide attempters show that if the most lethal means is taken away, the person will simply use another means. Most individuals have a preference for a particular means. If substitution of means does occur, the substitution is often to a more lethal means.

There are four basic ways to restrict or reduce access to risk of suicide:

1. Place the person in a safer environment
2. Put a barrier between the person and the means
3. Create time between the person and the means
4. Make the means (and an attempt) less lethal

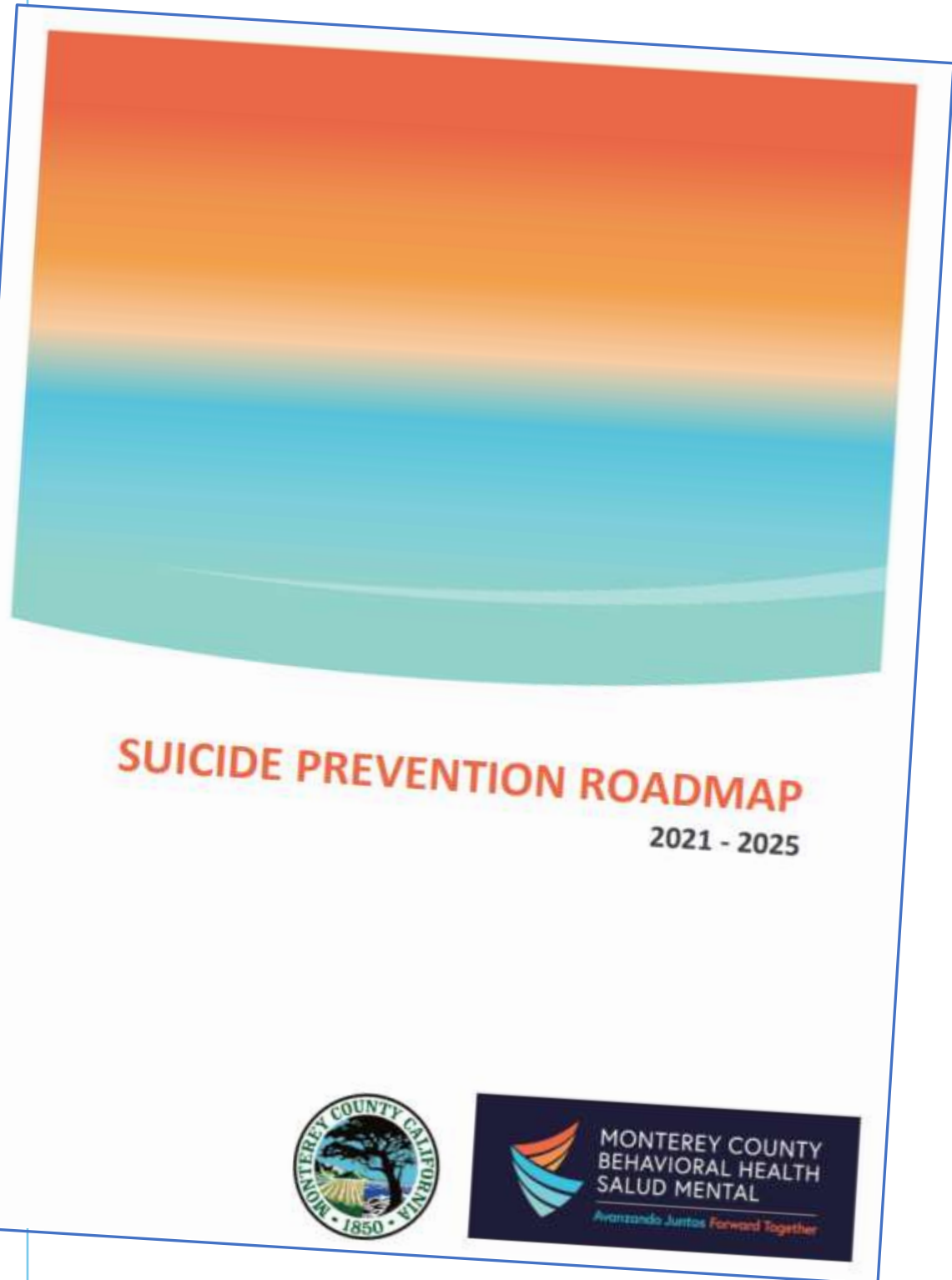
Potential Strategies:

- Address access to means for specific demographic populations based upon Monterey County data with tailored outreach strategies
- Partner with the community and key stakeholders to expand existing efforts and strategies to reduce access to lethal means
- Train behavioral health, substance use and health care professionals in counseling on means safety
- Implement county-wide firearm suicide prevention means safety campaign
- Increase barriers and signage at sites and locations vulnerable to suicide attempts
- Identify and collaborate with existing prescription drug and opioid coalitions and programs to integrate suicide prevention and means safety

United Kingdom: Fewer suicide deaths following replacement of coal gas with natural gas.
Israel: 40% reduction in suicides of soldiers when policies changed to require weapons be stored on base.
Sri Lanka: Ban on certain chemicals used in pesticides associated with reduction in suicides.
New Zealand: Suicide deaths reduced to zero after barriers were reinstalled on bridges.
Multiple Countries: Limiting prescription size and altering packaging resulted in fewer suicides. (17,18)

SUICIDE PREVENTION ROADMAP 2021 - 2025





Survey for MC HOPES Roadmap

Please complete this brief survey to help guide efforts to create a suicide safer community. Information about MC HOPES along with the draft Roadmap can be found on our website at <https://www.mtyhd.org/mchopes>.

Please share your input for the following sections of the MC HOPES Roadmap:

1. Monterey County Data Overview

Enter your answer

2. Wellness & Prevention

Enter your answer



Survey for MC HOPES Roadmap

Scaling Questions:

On a scale of 1-10, please rank the following questions where 1 is highly disagree, 5 is that you neither agree nor disagree, and 10 is that you highly agree.

6. Did the MC HOPES Roadmap present strategies to prevent suicide ideation, attempts and death in Monterey County?

Highly disagree 1 2 3 4 5 6 7 8 9 10 Highly agree

7. Did the MC HOPES Roadmap propose strategies that show promise to address the problem of suicide in Monterey County outlined in the data overview section?

Highly disagree 1 2 3 4 5 6 7 8 9 10 Highly agree

Back

Next

Never give out your password. [Report abuse](#)

Monterey County Helping One another Prevent and Eliminate Suicide (MC HOPES) invites you to be part of county-wide efforts to create a suicide safer community!

As we embark on a collective journey of working towards the vision of zero suicides in Monterey County we need your help! The near final draft of Monterey County's Strategic Plan for Suicide Prevention, the MC HOPES Roadmap, is under review right now and we are preparing to put planning into action. We are in the initial phase of forming a Coalition to finalize and guide the implementation of the Roadmap. Everyone is welcome and your voice matters. Together we can make a difference for our community.

Ways to be involved:

1. Visit the Monterey County Behavioral Health website to review draft Roadmap and learn more about MC HOPES [HERE](#).
2. Attend MC HOPES Coalition Meeting on September 28th: Register [HERE](#).
3. Become a Coalition member, Chair or Co-Chair of an Implementation Workgroup. Complete survey [HERE](#) and we will contact you.

Chairs, Co-Chairs and Members needed for these implementation workgroups:

- Wellness and Prevention
- Interventions and Individual Supports
- Means Safety
- Postvention After a Suicide
- Youth, Schools and Educational Partners

We will provide support and guidance as each Chair and Co-Chair works to guide their workgroup towards bringing the strategic plan into action and ensuring goals and objectives are met. Please consider joining one of the workgroups.

For more information, please reach out to Dana Edgull at edgulldr@co.monterey.ca.us.

If you or someone you know needs help, please call the National Suicide Lifeline at 1-800-273-8255



Ayudando uno al otro a prevenir y eliminar el suicidio en el Condado de Monterey (MC HOPE por sus siglas en inglés) les invita a formar parte de sus esfuerzos en todo el condado para crear una comunidad más segura del suicidio.

Mientras embarcamos en un viaje colectivo de trabajo hacia la visión de cero suicidios en el condado de Monterey, ¡necesitamos su ayuda! El borrador casi final del Plan Estratégico para la Prevención del Suicidio del Condado de Monterey, titulado "MC HOPES Roadmap", está bajo revisión en este momento y estamos preparándonos para poner el plan en acción. Estamos en la fase inicial de formar una Coalición para finalizar y orientar la implementación de la Hoja de Ruta. Todos son bienvenidos y su voz importa. Juntos podemos hacer una diferencia para nuestra comunidad.

- Visite el sitio web del departamento conductual del Condado de Monterey para revisar el borrador "Hoja de Ruta" y para aprender más sobre MC HOPES [aquí](#).
- Participe en la junta de coalición de MC HOPES el 28 de septiembre. Regístrese [aquí](#).
- Únase como miembro, presidente o copresidente de los grupos de trabajo de implementación de la Coalición. Completa una encuesta de interés [aquí](#) y nos pondremos en contacto con usted.

Se necesitan presidentes, copresidentes, y miembros para los siguientes grupos de trabajo de implementación.

- Bienestar y prevención
- Intervenciones y apoyos individuales
- Seguridad con medios de suicidio
- Apoyo y recursos después de un suicidio
- Jóvenes, Escuelas y Socios Educativos

Brindaremos apoyo y orientación a cada presidente y copresidente mientras ellos guían a su grupo de trabajo a poner en acción el plan estratégico y trabajan para realizar las metas y objetivos del plan. Por favor, considere ser parte de uno de los grupos de trabajo.

Para más información, comuníquese con Dana Edgull por correo electrónico a: edgulldr@co.monterey.ca.us.

Si usted o alguien que conoce necesita ayuda, llame a la Red Nacional de Prevención del Suicidio al 1-888.628.9454



www.mtyhd.org/MCHOPES



GUÍA PARA LA PREVENCIÓN DEL SUICIDIO 2021 - 2025

Participe en los esfuerzos locales para la prevención del suicidio uniéndose a MC HOPES

El departamento conductual del Condado de Monterey (MCBH por sus signos en inglés) está en el proceso de desarrollar un plan estratégico para la prevención del suicidio titulado “MC HOPES Roadmap”, con el objetivo de a largo plazo de tener cero suicidios en el Condado de Monterey. MCHB anima e invita a la comunidad a participar a través de varias diferentes actividades.

- Forme parte de la coalición MC HOPES y participe en la próxima junta de representantes interesados que se llevará a cabo el 28 de septiembre del 2021. - [Zoom](#)
- Si le interesa un tema en particular, únase a [el grupo de trabajo de implementación de MC HOPES](#). También estamos buscando personas interesadas en tomar el oficio de presidentes o copresidentes para los grupos de trabajo.
- Revise y comente sobre el “BORRADOR MC HOPES Roadmap”. ([versión en inglés](#), [versión en español](#))([Dar comentarios](#))
- ¿Quieres involucrarte? Haga [clic AQUÍ](#) para proporcionar su nombre e información de contacto y para hacernos saber cómo le gustaría participar.

Si le interesa cualquier de lo mencionado anteriormente o para más información, comuníquese con Dana Edgull a: edgulldr@co.monterey.ca.us

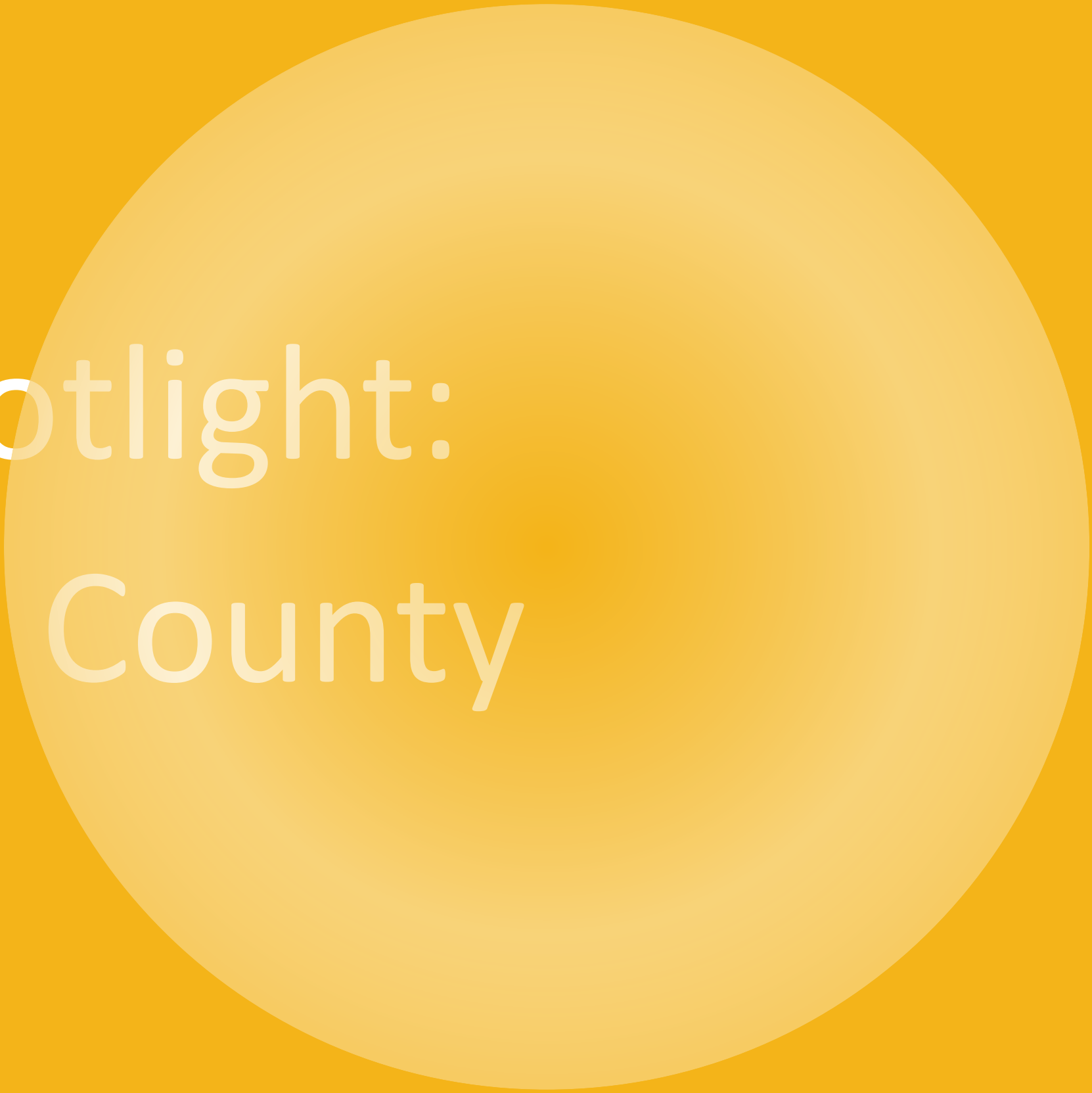
Recuerde, ¡No está solo! Estos recursos están disponibles las 24 horas al día, 7 días a la semana para usted o para un ser querido que necesita ayuda.

- Línea para la prevención del suicidio (1-877-663-5433)
- Línea de texto de Crisis (escriba HOME al 741741)

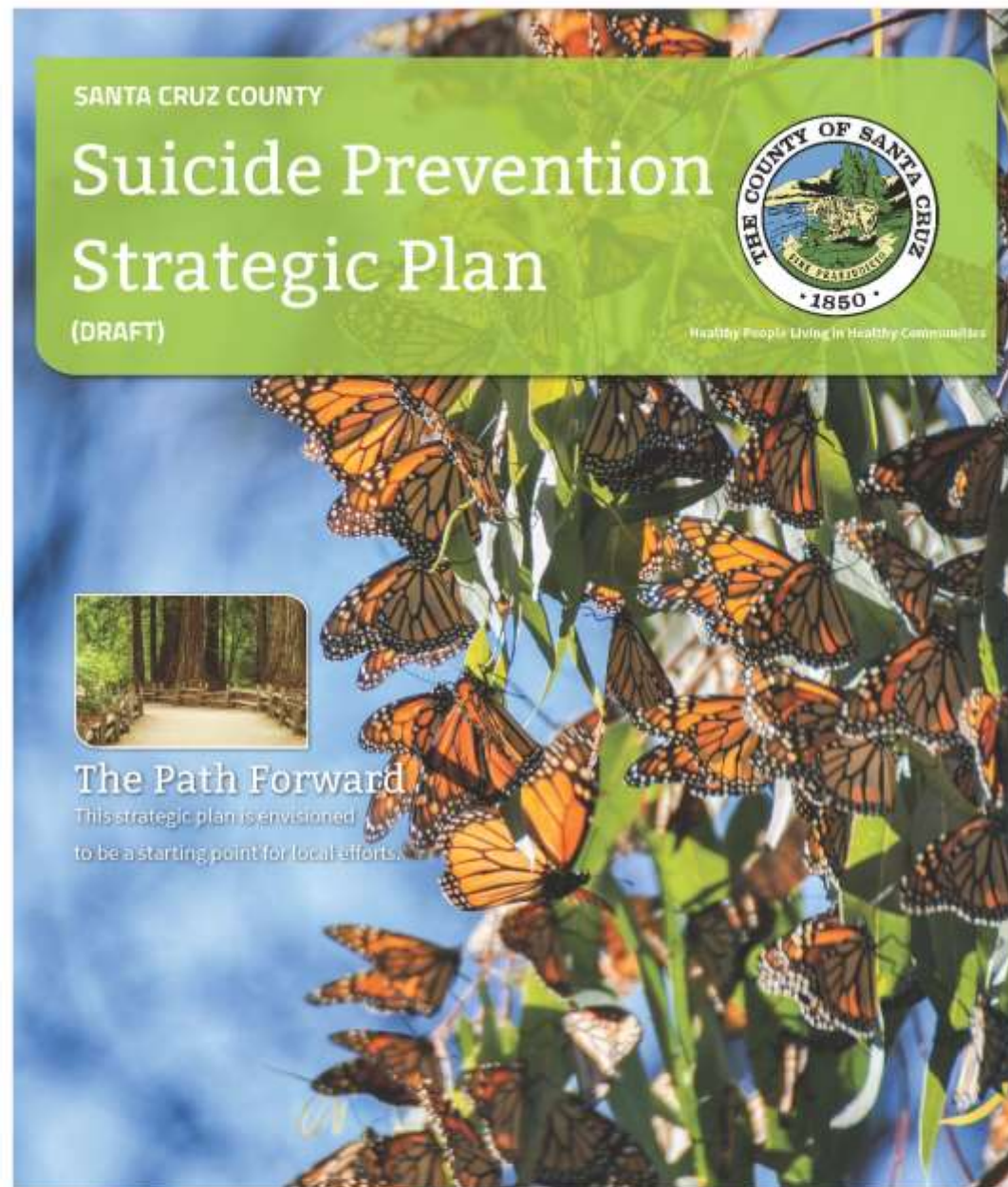


How have you
authentically
engaged
diverse
communities
in your
strategic
planning
efforts?





County Spotlight:
Santa Cruz County



SANTA CRUZ COUNTY



INTRODUCTION



GOALS



KEY INFORMANT SURVEY

Timeline

STRATEGIC PLANNING PROCESS

To help drive action toward the development of our strategic plan, the Task Force established a brief roadmap to chart our course, commencing in September of 2018.

September: The Task Force convened to create a shared vision, discussed functional parameters, and engaged in an initial discussion of information relating to suicide and suicide prevention.

October: The group affirmed our values, agreed to mirror the goals of the National Strategy for Suicide Prevention, and continued an informative discussion of information relating to suicide and prevention efforts.

November: Overview of suicide prevention programs by Prevention, Intervention, and Postvention. We identified a subset of select programs of interest and prioritized the programs that were desired for more depth in future meetings. Initial discussion of data and limitations.

December: Delved deeper into a handful of programs identified in the November meeting. Entertained brief discussions of these programs and/or local-level programs that are currently underway. Engaged in ongoing discussion of goals and objectives as well as data.

January: Examined in greater depth programs ranging prevention, intervention, and postvention from the November meeting. Discussed which programs fit our established values, goals, and resources, and might be leveraged with existing local-level programs. Began circulation of key informant interview survey.

February: Narrowed the focus of our examination of programs identified in the November meeting. Examined additional data available from local sources. Discussed making recommendations of the selected programs for implementation, tabling, or indefinite postponement. Expanded circulation of key informant interview survey.

March: Revisited the narrowed pool of identified programs. Voted on final recommendations from the Task Force as to programs and interventions that are desired for initial implementation to feed directly into the draft suicide prevention strategic plan for community discussion and feedback.

April: Initial draft of the strategic plan circulated for Task Force and stakeholder review and comment at the April 19 Task Force meeting; opened the 30-day public comment period.

May: Continue circulation of draft plan for 30-day public comment period to conclude at the May 16 Santa Cruz County Mental Health Advisory Board meeting. Discuss any emergent needs relating to the strategic plan and focus upon communication efforts. Incorporate any public comment/feedback.

June: Submit the draft plan for review and potential adoption by the Santa Cruz County Board of Supervisors. If adopted, encourage additional partners to review and adopt the strategic plan.

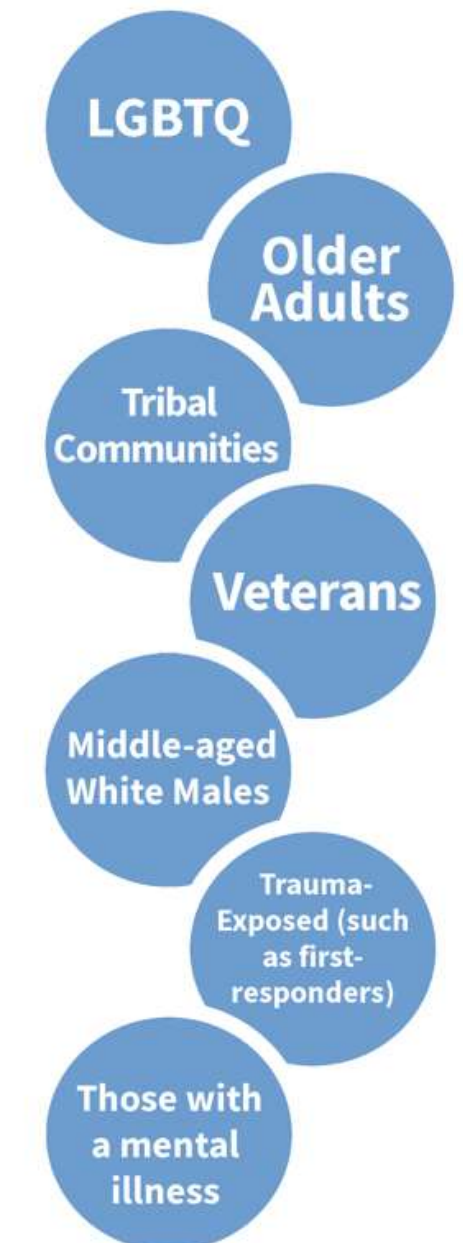
The Path Forward

The Santa Cruz County Suicide Prevention Task Force has identified immediate and ongoing priorities:

- Encourage dissemination and adoption of this strategic plan by local organizations and governing boards.
- Explore opportunities for collaboration and partnership on a regional level.
- Create subcommittees to implement the three recommended, initial programs.
 - ~ Community-based Supportive Services
 - ~ C-SSRS & Safety Planning
 - ~ LOSS Team
- Conduct system mapping around service delivery, capacity, and future growth to better understand strengths, needs, and gaps.
 - ~ Identify local experts who can be leveraged for a cost savings.
 - ~ Develop an inventory of all trainers currently in the area who are certified to offer training such as safeTALK, ASIST, QPR, MHFA, as well as additional training capacity and willingness to engage.
 - ~ Leverage established programs and opportunities for enhancement and integration associated with preventing suicide and supporting those who are struggling.
- Create a system for sharing information via existing committees to stimulate a local learning collaborative.
- Encourage the development of a coalition of peer-based service-delivery providers.
- Identify existing local data collection systems and methods for accessing and assessing data as key indicators for suicide prevention efforts.

Priority Populations

Suicide is a complex phenomenon. Some populations have an elevated risk compared to the general population. It is therefore important to keep these groups in mind when selecting strategies to ensure representation from these groups, sensitivity to their unique cultural needs, and that programs and interventions address their specific needs. In adherence with our CLAS values and existing research on suicide, the following priority populations were identified for consideration:



Selected Program Information

The Santa Cruz County Suicide Prevention Task Force examined more than 35 different programs, training options, communication campaigns, and resources. We utilized the elements set forth in our Strategic Direction to select a subset of 10 initiatives for greater discussion and examination. This process resulted in three program areas across prevention, intervention, and postvention to focus on three initial programmatic areas for community discussion and potential implementation. The tabled programs should be revisited in the future as public policy evolves and additional partners, funding streams, and resources become available.

Prevention

Community-Based Supportive Services

Overview: This is not a specific program but rather an approach to providing necessary services in the community to help increase supports, interventions, access to care, and to reduce risk for suicide. Community-Based Supportive Services are primarily provided by trained professionals and paraprofessionals such as behavioral health providers, educators, law enforcement, medical providers, community-based organizations, jails and prisons (including juvenile justice), inpatient services, and others. These services can and should include peer-based supports such as peer support specialist, peer support groups, and similar resources.

Services in this area can include individual and group counseling, medication, Assertive Community Treatment (ACT), Crisis Intervention Teams, school-based mental health supports, substance abuse support and recovery services, and similar support systems and models.

Purpose: To develop and provide services that address systemic gaps and meet local-level needs associated with increased risk for suicide.

Audience: At-risk groups identified in the community. Service population can be universal, selective, or indicated, depending upon the program being developed.

Training: Training is dependent upon the specific programs selected for development and implementation. Training should be strategically linked to other training provided in the community, such as Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), and similar training.

Cost: Program costs must be developed during strategic discussion and implementation and are dependent upon available allocations and resources. This can be facilitated through either sole-source agreement, through request for proposal (RFP), or similar processes.

Website: The document provided below outlines specific elements and strategies to develop successful community-based programs, which should also be applied to Community-based Peer Support programs.

Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention

<https://theactionalliance.org/resource/transforming-communities-key-elements-implementation-comprehensive-community-based-suicide>

Postvention

Local Outreach to Suicide Survivors (LOSS) Team

Overview: LOSS Teams follow the Active Postvention Model developed by Dr. Frank Campbell, in which trained loss survivors and other trained individuals respond in the aftermath of a suicide death to provide information, linkage, and referral to the newly bereaved. Each LOSS Team tends to have a unique structure that is dependent upon available resources, political will, and local help-providing systems. Some teams are grassroots, and some fall within community-based organizations such as crisis response centers or hospices, while others are housed within governmental entities. The center of LOSS Teams is the inclusion of suicide loss survivors who are often paired with clinicians or paraprofessionals on responses. LOSS Teams can engage in active postvention in which they immediately dispatch to an incident scene, or they can be delayed responses that take place days, weeks, months, or even years after a suicide death.

Purpose: Reduce the elapsed time between the experience of a suicide loss to engagement in supportive services, increase positive coping skills to aid in recovery rather than maladaptive coping skills, and provide a network of care and support for the newly bereaved. These teams link the newly bereaved with peer support groups, counseling services, and other coping supports.

Audience: Individuals who have experienced the loss of an individual to suicide.

Training: Initial training called Sudden & Traumatic Loss is available via Campbell & Associates as well as others. Additional training is developed by each team to cover local response protocol with law enforcement and trauma processing, and should include additional training supports such as Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR), Critical Incident Stress Management (CISM), and other models.

Cost: Costs are fully dependent upon the structure of the LOSS Team. Each LOSS Team tends to be uniquely structured, depending upon the availability of resources. Consultation fees depend upon the depth and duration of consulting and training desired. Additional training costs should be considered, such as offering ASIST, MHFA, QPR, CISM, or other training identified as essential to the local team.

Website: <http://www.losssteam.com>

Intervention

Columbia Suicide Severity Rating Scale (C-SSRS)

Overview: A crucial first step in preventing suicide is to identify people who are most at risk for dying by suicide. In 2012, the FDA made the Columbia-Suicide Severity Rating Scale, also known as the Columbia Protocol, the "gold standard" for measuring suicidal ideation and behavior in clinical trials. It provides definitions and standardized questions to provide a uniform approach to understanding risk. The tool has several versions that are population adapted as well as "community cards" that can facilitate quick initial screening and can lead to interventions and more in-depth assessments by licensed mental/behavioral health care professionals.

The C-SSRS is structured into two sections: suicidal ideation and behavior. The tool examines the types of ideation of increasing severity and then explores the intensity of that ideation. Suicidal behaviors are assessed for actual attempts, interrupted attempts, aborted attempts, and preparatory behavior.

Purpose: Increase the detection of suicidal ideation and behavior across a wide array of individuals and sectors. This screening tool helps to more accurately assess for suicide risk.

Audience: This tool can assist anyone in asking questions about thoughts and behaviors to assess risk for suicide. This tool has been adapted for government health and social services agencies, health care, first responders, military, schools, correctional facilities, families, friends, and neighbors.

Training: Available for free online at The Columbia Lighthouse Project website. Training is possible through interactive training modules, pre-recorded webinars, online and downloadable videos, and other formats. In-person training can be offered by anyone competent in the tool. Training should include safety planning.

Cost: Use of the tool is free but costs include printing, staff time, training space, etc.

Website: <http://cssrs.columbia.edu>

Crisis & Safety Plan or Safety Plan Intervention

Overview: The Safety Plan Intervention was developed by Barbara Stanley, Ph.D., and Gregory K. Brown, Ph.D., to step beyond an assess and refer model to incorporate individuals in planning efforts to reduce and alleviate their own risk for suicide through the development of an individualized safety plan. The Stanley and Brown Safe Plan Intervention is utilized by the National Suicide Prevention Lifeline and supported by the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP).

Purpose: Reduce individual risk for suicide using a simple tool to develop a plan of action for current and future suicide risk.

Audience: This tool can be utilized by crisis hotlines, college counseling centers, emergency departments, mental/behavior health systems, veteran support systems, high school counselors, private practices, outpatient clinics, faith-based organizations, and others.

Training: In-person training can be developed or sought. Safety planning is an integral part of other training opportunities, such as Recognizing & Responding to Suicide Risk (RRSR), Assessing and Managing Suicide Risk (AMSR), and others. It is also a core component of Applied Suicide Intervention Skills Training (ASIST), though ASIST utilizes a slightly different model and process.

Training link - <http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm>

Cost: Free, though in-person training may come with additional costs.

Website: The links provided below are to resources related to the Safety Plan Intervention.

1. <http://suicidesafetyplan.com>
2. https://www.sprc.org/sites/default/files/resource-program/Brown_StanleySafetyPlanTemplate.pdf
3. <http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.p>
4. http://suicidesafetyplan.com/uploads/Safety_Planning_-_Cog__Beh_Practice.pdf

Resource Mapping

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Resource Mapping: Postvention

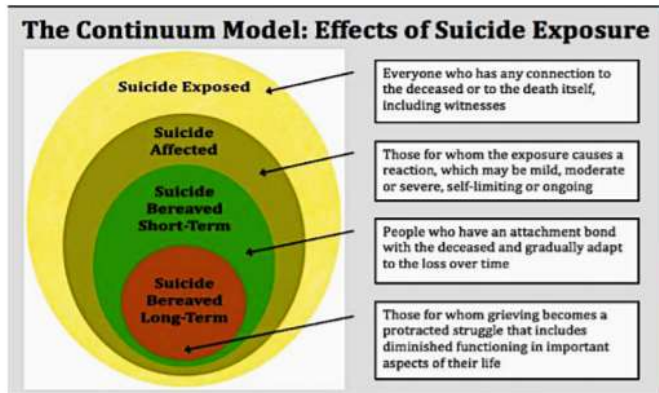
Population

Higher Risk

Suicidal

Suicide Attempt

Suicide



It is estimated that 50% of the population will be exposed to the suicide of someone they know at some point in their life.

- On average 115 people are exposed when a suicide occurs.
- Of these, 63 will identify as having a high or very high level of closeness with the person.
- On average, 25 people will have their lives impacted in a major way, and the suicide will have a devastating impact on 11 people closest to the person.

- How many people die by suicide in your County?
- Do you provide any support to survivors of suicide at the death scene or shortly after? How is this structured?
- Are there survivors of suicide that are ready and interested in being involved in suicide prevention/loss support?
- How many support groups are available to survivors of suicide loss? Where are they offered? What format? What language?
- How do survivors of suicide find out about supports available to them?
- How many public and private clinicians are trained in suicide bereavement? How can they be located?
- How many districts and schools have postvention plans?

Increase short term and long term supports to survivors of suicide loss

Increase # of support groups for survivors of suicide loss

Reduce the amount of time between a suicide loss and access to bereavement services

Increase the number of districts and schools with a postvention plan

Resource Mapping: Means Safety

Population



Higher Risk



Suicidal



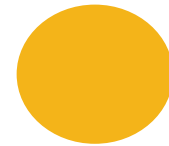
Suicide Attempt



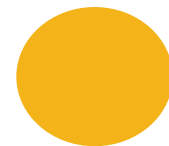
Suicide

Why This Matters

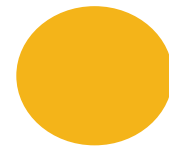
Reducing access to lethal means is the most evidence-based suicide prevention strategy. Numerous studies have shown that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. The most effective strategies for lethal means restriction are physical deterrents.



What data collection systems are in place to track trends on means used in suicide deaths and suicide attempts?



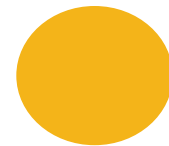
What are the most common methods used for suicide deaths and suicide attempts?



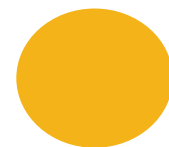
Are there existing means restriction efforts underway?



Are there existing coalitions you can partner with? (E.g. Overdose prevention, safe disposal efforts.



And are individuals discharged from the hospital after an attempt, their family members and caregivers, counseled on means safety?



Are there suicide hot spots in your county? And if yes, do barriers and/or signage exist?

Increase # behavioral health and health professionals trained in counseling on access to lethal means with focus on locations where individuals would receive care following a suicide attempt.

Collaborate with existing prescription drug and substance use coalitions to integrate suicide prevention and means safety and raise awareness of safe storage and disposal practices.

Have you
partnered with
pharmacists as
gatekeepers
for suicide
prevention?





Other Questions?

What's Next?

Module #3: Trainings

Online Module: October 20, 2021
10 a.m. to 12 p.m.

Register:

<https://us06web.zoom.us/meeting/register/tJYkdOqqqToqHdM2KiLHbKYeVO38Y9p-fgOn>

Coordinated Community Engagement Meeting

Online Module: October 8, 2021
10 a.m. to 11.30 a.m.

Register:

<https://us06web.zoom.us/meeting/register/tZUlc-6tqzMoHNUbNtrJbvGKpWDOqDjo1kmA>

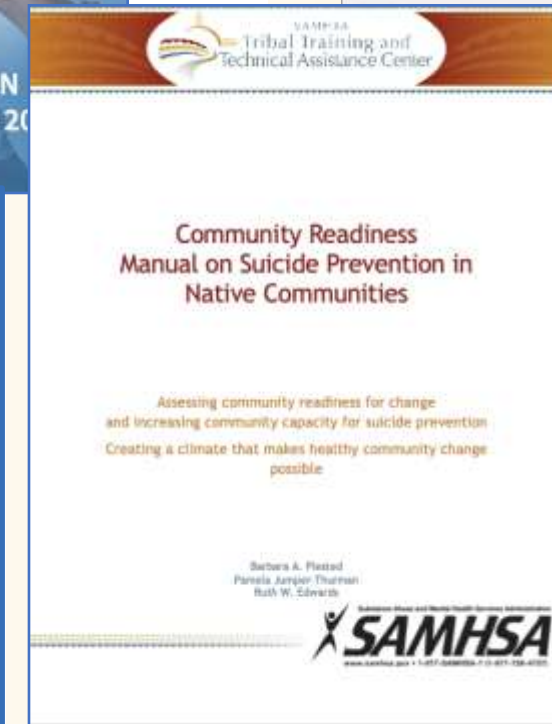
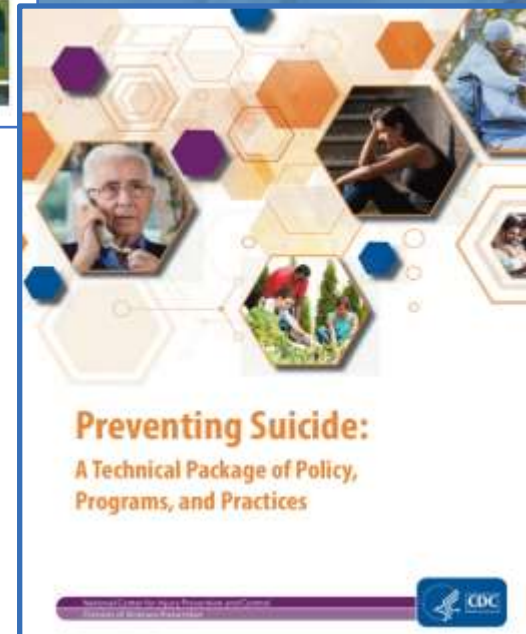
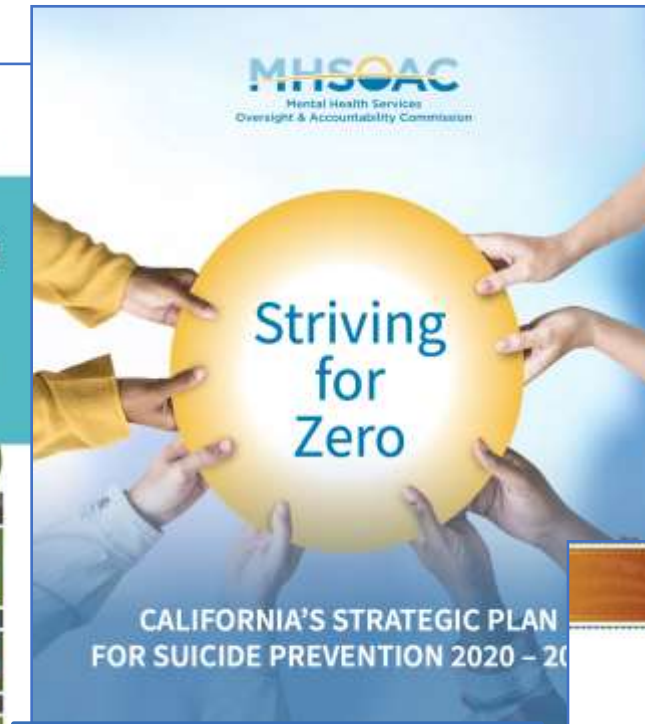
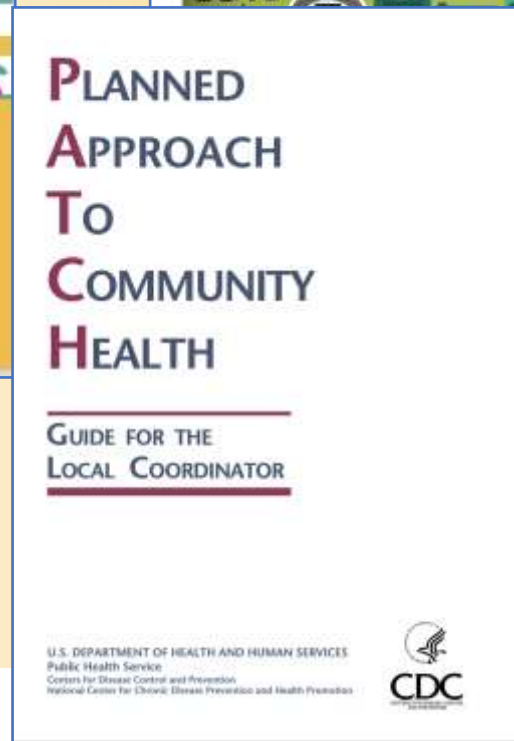
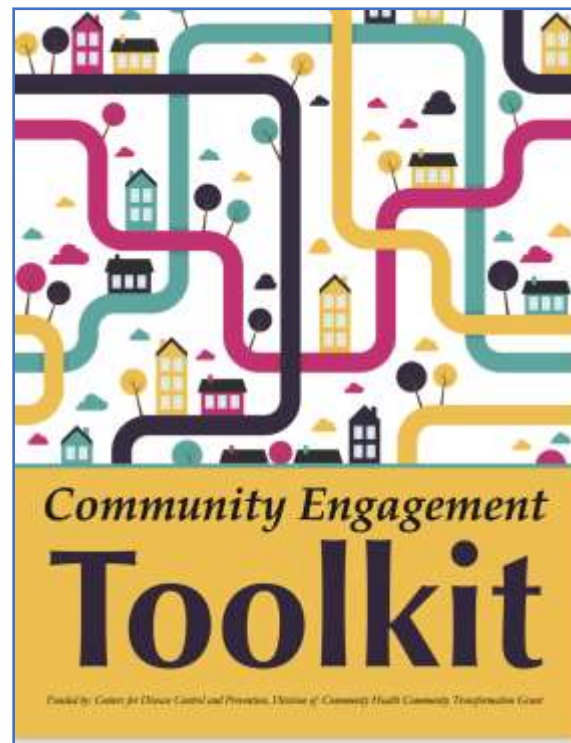
Collaborative Meeting #3:

Online Module: November 17, 2021
10 a.m. to 12 p.m.

Register:

https://us06web.zoom.us/meeting/register/tJ0lc-mqrTMpHNcBqyOwhZRfOzvOoNu_YXWq

Guiding Resources



Thank you for your time

For more information please contact: jana@yoursocialmarketer.com

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454