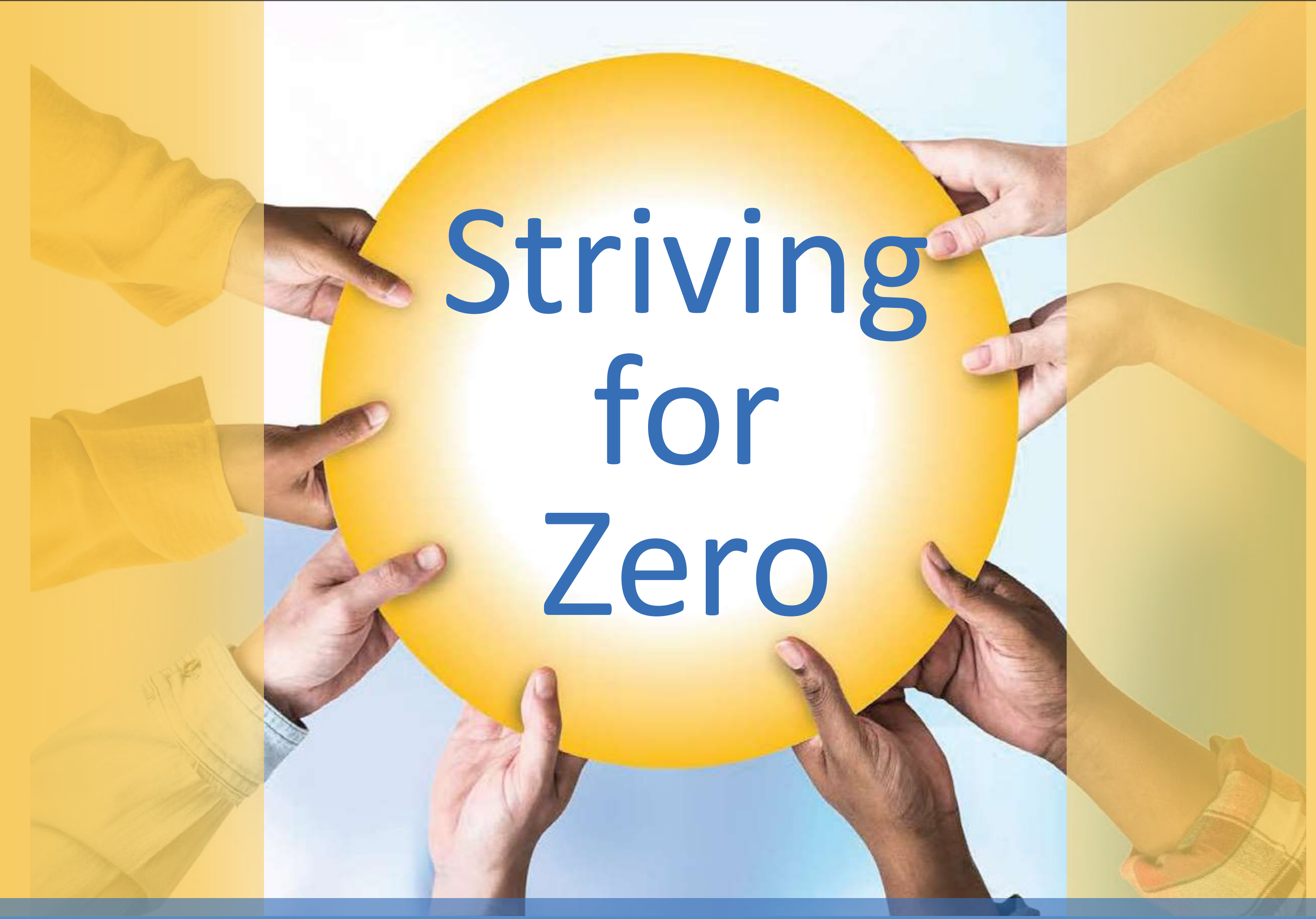


Striving for Zero Learning Collaborative

Collaborative Meeting – April 19, 2023

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) or 988

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 o 988

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

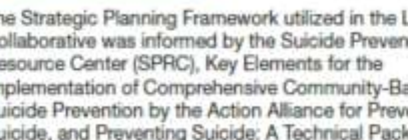
Advancing Strategic Planning for Suicide Prevention in California
Fiscal Years 2018-2020

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.

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.



The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

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.
– Toby Guevin, Nevada County Public Health

Your Social Marketer, Inc.

Creating Suicide Prevention Community Coalitions: A Practical Guide

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

SuicideisPreventable.org

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

Striving for Zero Collaborative Module

June 7, 2023

10AM - 12PM

To register: LINK

Learning Collaborative Resource Page

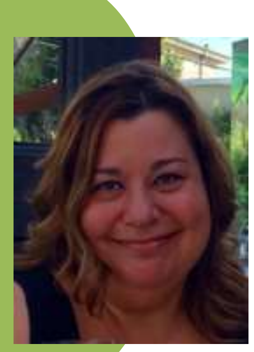
https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/

Joyce Chu, Ph.D.

joycepchu@gmail.com

Joyce Chu is a licensed Clinical Psychologist whose expertise lie in the areas of suicidology, diversity and culture, and community mental health. She is a Director of Community Connections Psychological Associates and holds a Professor position at Palo Alto University. Her work is focused around advancing the assessment and prevention of suicide for ethnic minority and LGBTQ populations, particularly in Asian Americans. She has published numerous works including a cultural theory and model of suicide and a tool that assists in accounting for cultural influences on suicide risk.

Nicolle Perras, MPH, LMFT



Nicolle Perras has worked at the intersections of public health and mental health for 20 years; with specializations in suicide prevention, the impact of trauma on health and wellbeing, trauma informed care and systems, vicarious trauma and staff wellbeing.
Nicolle received her BA and MPH from UCLA, and is also a Licensed Marriage and Family Therapist in Los Angeles, California.

Steps of Strategic Planning

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

Brief Recap from last module

- Evaluation
- Misconception about evaluation
- Four step evaluation process
- Measurements

Evaluation Is Thought To Be:	Evaluation Can Be:
Expensive	Cost-effective
Time-consuming	Strategically timed
Tangential	Integrated
Technical	Accurate
Not Inclusive	Engaging
Academic	Practical
Punitive	Helpful
Political	Participatory
Useless	Useful

Centers for Disease Control and Prevention, Evaluation Guide,
http://www.cdc.gov/cvh/library/evaluation_framework/index.htm

Program Evaluation: 4 Simple Steps

Output

What you DID

Output

vs.

Outcome

While what you DID is important…

… what HAPPENS when you do it is even more important.

*What has **changed** as a result of what we have been doing?*

Template Language for Outcome Statements

Change…	In What…	For Whom?
Increase/decrease…	Attitudes	Population group
Maintain…	Knowledge	Participant
Improve…	Perception	Client/Patient
Reduce…	Behavior	Individual
Expand…	Organization	Family
	Skills	Community

Short-term Outcomes

Medium-term Outcomes

Long-term Outcomes

Suicide prevention efforts need to include short-term, intermediate and long-term outcomes.

- Push/pressure to show immediate reductions in suicide deaths and medically treated attempts
  - Suicidal ideation
  - Suicidal behaviors
  - Upstream reduction of risk factors and increase of protective factors
- Focus is on the entire spectrum from prevention through postvention
- While devastating to individuals, families and communities suicide deaths and attempts are not the only sources of pain, suffering and tools needed to change the impact of suicide on society

3.Outcomes

(of the Activities)

Short-term

1. Engagement of diverse community training participants who can support diverse, high-need individuals
2. Increases in community members' knowledge of warning signs of suicide
3. Increases in community members' knowledge of resources and supports
4. Increases in community members' knowledge and awareness of cultural factors in mental health and suicide prevention
5. Decreased stigma related to behavioral health and help-seeking

Medium-term

1. Increases in community members' skills to help people from diverse cultural backgrounds with culturally appropriate supports
2. Increased resiliency in mental health
3. Increased capacity of community members to identify warning signs of suicide and mental health conditions
4. Increased capacity of community members to support individuals with suicidal thoughts and mental health concerns.
5. Increased referrals of those at risk to mental health and substance use services and culturally appropriate supports.
6. Increased likelihood to seek help or encourage others to seek help for suicidal thoughts

Long-term

1. Decreases in suicidal thoughts and behaviors and increase in connection to appropriate level of services based on risk.
2. Address mental health and suicide disparities for undeserved and high-need communities

Think *broadly* about the data that you can collect

Working from the top down
(the ideal measures /
outcomes)

Working from bottom up
(using whatever data you
have available)

Identification of Key Data Sources

- **Surveys** measuring mental health outcomes, consumer perceptions, health risk behaviors, and overall program satisfaction, including new suicide prevention committee (SPC) member and partner organization surveys
- **Training Evaluation Forms** measuring e.g., training satisfaction, knowledge gained, and confidence to intervene (pre-, post-, and longer term follow-up)
- **Call data** (988, crisis hotlines, crisis text lines)
- **Medical examiner / Coroner data** on suicide deaths
- **Behavioral Health Measures** assessing e.g., overall well-being, knowledge of resources, coping skills, etc.
- **Hospital or Health System data** on suicide attempts, ideation, and service usage
- **Data Tracking** e.g., to record data pertinent to SPC activities such number of outreach presentations and **web or social media analytics**
- **Other Innovative Techniques**, such as Geographic Information System Mapping (GIS)

Main Categories of Cultural Data

- Collection of cultural outcome data
- Analysis of cultural identity / group differences
- Process Outcomes / Formative Assessment: Is there adequate cultural infusion through partnership building?
- Use data to inform programming tailored for specific communities

Economic Toll of Suicide on Society

"In 2020, suicide and nonfatal self-harm cost the nation over $500 billion in medical costs, work loss costs, value of statistical life, and quality of life costs."

https://www.cdc.gov/suicide/facts/index.html

Economic Cost of Injury — United States, 2019

Weekly / December 3, 2021 / 70(48);1655–1659

Cora Peterson, PhD[1]; Gabrielle F. Miller, PhD[1]; Sarah Beth L. Barnett, PhD[1]; Curtis Florence, PhD[1]

TABLE Number, rates, and estimated costs* of injuries, by outcome, intent, sex, and age group — United States, 2019

Outcome and intent	Total	Sex		Age group, yrs				
		Male	Female	0–14	15–24	25–44	45–64	≥65
Suicide								
No. of deaths	**47,511**	37,256	10,255	546	5,954	15,584	16,250	9,173
Rate[§]	**13.9**	22.4	6.0	0.9	14.0	17.8	19.5	17.0
Costs	**463,193**	359,092	104,102	9,235	70,567	166,836	173,946	42,610
Medical	**252**	179	73	7	39	87	71	47
Value of statistical life	**462,941**	358,912	104,029	9,227	70,528	166,749	173,875	42,562

WISQARS - Data Filters

Data Year: 2020 | Injury Outcome: Fatal | Intent: Suicide | Mechanism: All Injury | Geography: United States | Sex: Both Sexes | Age: All Ages

Change Selections

Mechanism	Intent	Deaths	Medical Costs		Value of Statistical Life		Combined Costs	
			Total	Average	Total	Average	Total	Average
Cut/Pierce	Suicide	907	$5.96 M	$6,575	$9.16 B	$10.10 M	$9.17 B	$10.11 M
Drowning (includes water transport)	Suicide	498	$1.87 M	$3,747	$5.15 B	$10.34 M	$5.15 B	$10.34 M
Fall	Suicide	1,074	$6.02 M	$5,601	$11.39 B	$10.61 M	$11.40 B	$10.61 M
Fire/Flame	Suicide	175	$3.03 M	$17,319	$1.81 B	$10.36 M	$1.82 B	$10.37 M
Firearm	Suicide	24,292	$98.84 M	$4,069	$238.57 B	$9.82 M	$238.67 B	$9.83 M
Drug Poisoning	Suicide	4,329	$46.03 M	$10,633	$44.90 B	$10.37 M	$44.95 B	$10.38 M
Non-Drug Poisoning	Suicide	1,199	$6.20 M	$5,173	$12.07 B	$10.07 M	$12.08 B	$10.07 M
Suffocation	Suicide	12,495	$80.18 M	$6,417	$141.30 B	$11.31 M	$141.38 B	$11.32 M
Transport, other land	Suicide	161	$996,308	$6,188	$1.82 B	$11.28 M	$1.82 B	$11.29 M
Other specified and classifiable	Suicide	638	$2.90 M	$4,553	$7.23 B	$11.34 M	$7.24 B	$11.34 M
Other specified / NEC	Suicide	125	$2.74 M	$21,957	$1.34 B	$10.76 M	$1.35 B	$10.78 M
Unspecified	Suicide	86	$849,114	$9,873	$892.40 M	$10.38 M	$893.25 M	$10.39 M

Notation: ** indicates unstable value (<20 deaths); -- indicates suppressed value (<10 deaths in sub-national geographic areas or nonfatal injury counts based on <20 unweighted count, <1,200 weighted count, or coefficient of variation of the estimate >30%);

Abbreviations: $B = Billions; $M = Millions; ED = Emergency department; NEC = Not elsewhere classified; MV = Motor vehicle

Currency year and time horizon: Costs are 2020 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the 1 year following the ED injury visit.

Data sources:

Suicidal Behavior has Far Reaching Impact

For every suicide death, it is estimated that there are –

- 3 hospitalizations for self-harm**
- 8 emergency department visits related to suicide***
- 38 self-reported suicide attempts in the past year****
- 265 people who seriously considered suicide in the past year****

- *Based on the latest year of available data for adults ages 18 and older.
- **Source: HCUP National Inpatient Sample (2020)
- ***Source: CDC WISQARS (2020)
- ****Source: SAMHSA National Survey on Drug Use and Health (2021)

What is Cost-Benefit Analysis?

- A way to compare the costs and benefits of an intervention, where both are expressed in monetary units.

Inputs =

- **Costs** of implementing an intervention
- **Benefits** resulting from an intervention, such as medical costs averted, productivity gains, and the monetized value of health improvements.

Outputs =

- the net benefits (benefits minus costs) of an intervention

- Source: https://www.cdc.gov/policy/polaris/economics/cost-benefit/index.html#:~:text=Cost%2Dbenefit%20analysis%20is%20a,(CEA)%20include%20health%20outcomes.

Example

Screening and Intervention for Suicide Prevention: A Cost-Effectiveness Analysis of the ED-SAFE Interventions

Dunlap,et al., Psychiatric Services, 2019.

- A universal screen for suicidality in emergency departments (EDs) increases costs while increasing the percentage of patients identified as being at risk of suicide.
- Universal screen AND telephone-based intervention cost about 50% ($500) more per patient
- 10% reduction in suicide attempts and deaths in the 12 months *(this study)*
- Universal screen AND telephone-based intervention after ED discharge cost of roughly $5,000 per averted suicide attempt or death.
- 395,000 suicide attempts are reported annually; if 25% averted through societal cost savings of almost $840 million annually

Example

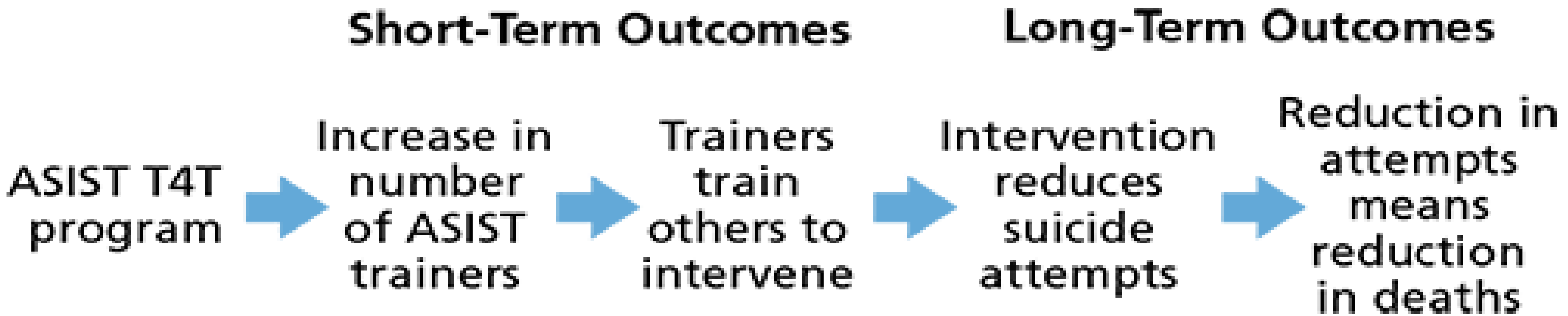
Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST)

RAND - Ashwood, et. al, 2015

- Overall anticipated benefits = fewer suicide attempts and deaths, reduced spending on emergency care and recovery, and increased earnings
- Estimated outcomes for each year of investment in the ASIST T4T program
  - at least 3,600 suicide attempts and 140 deaths will be prevented
  - projected financial benefits of averting these attempts and deaths to be $1,100 per dollar invested
    - savings in medical costs and increased earnings
  - estimated financial gains to the state government alone were $50 per $1 invested

Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST)

by J. Scott Ashwood, Brian Briscombe, Rajeev Ramchand, Libby May, M. Audrey Burnam



CalMHSA investment in the ASIST T4T program - at least 3,600 suicide attempts and 140 deaths will be prevented over the next 28 years.

- reduction of 0.13 percent in the number of suicide attempts and deaths

projected financial benefits from averted these attempts and deaths estimated to be $1,100 per dollar invested in ASIST

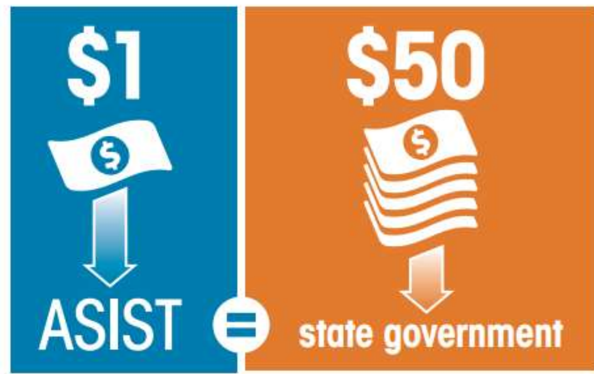
- these benefits include savings in medical costs and increased earnings.
- financial gains to the state government alone, we estimated at $50 per $1 invested in ASIST training.

Example

SUICIDE PREVENTION PROGRAMS WILL

Save Lives and Dollars

California Mental Health Services Authority's (CalMHSA) Applied Suicide Intervention Skills Training (ASIST) instructs people holding jobs in which they are likely to come in contact with people at risk for suicide how to recognize risk factors, intervene, and link those at risk with appropriate resources. An independent cost-benefit analysis of ASIST by RAND found that Californians stand to benefit from continued investment in the ASIST program in multiple ways:



The state government will **gain $50 for each dollar invested** in ASIST through averted Medi-Cal health care costs and increased state income tax revenue.

For **every $1 the state invests** in CalMHSA's suicide prevention program, the people of California will receive an estimated **$1,100 in economic benefits** such as reduced spending on emergency care and increased earnings.

One year invested in CalMHSA's ASIST program is projected to **prevent at least 140 deaths and 3,600 suicide attempts** over the next three decades.

*Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST)

Example

Costs, benefits, and cost-benefit of Collaborative Assessment and Management of Suicidality versus enhanced treatment as usual

McCutchan, et. al, 2022.

- Collaborative Assessment and Management of Suicidality (CAMS)
  - cost of the CAMS in comparison to alternative interventions
- Secondary data analysis of the DoD-funded "Operation Worth Living" (OWL) study, an RCT of CAMS versus ETAU for suicidal Soldiers
- Participants were assessed on clinical variables and service utilization measures at baseline and 1-month, 3-month, 6-month, and 12-month timepoints

Example

Costs, benefits, and cost-benefit of Collaborative Assessment and Management of Suicidality versus enhanced treatment as usual

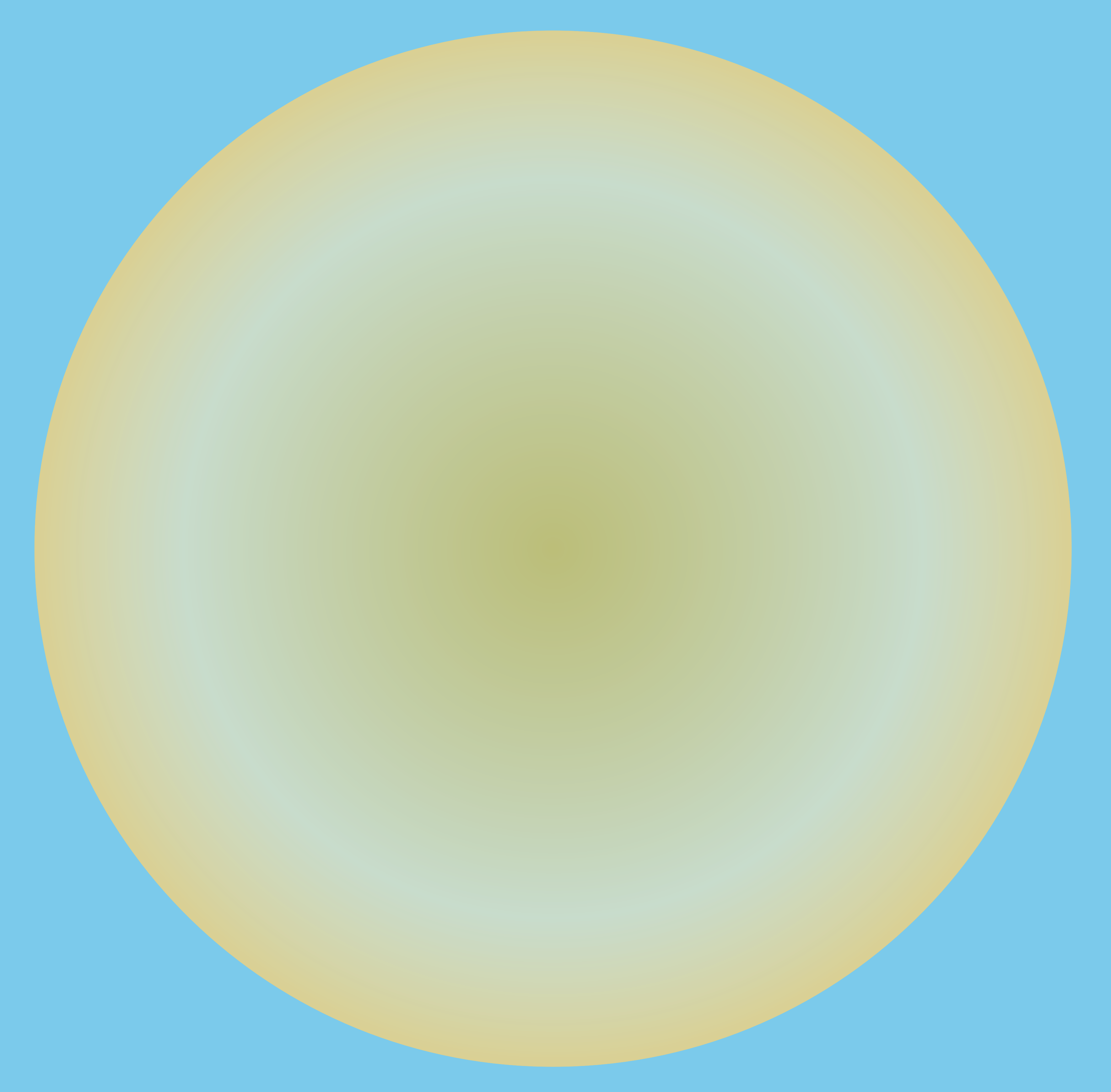
McCutchan, et. al, 2022.

- Data suggest that participants in the CAMS condition may use more crisis services than ETAU in the first month of treatment but use significantly fewer crisis services by 6- and 12-month follow-ups
- CAMS participants reduced their past-year total healthcare expenditures by $0.68 for each dollar spent on treatment, whereas ETAU participants increased spending by $13.26 for each dollar spent on treatment
- Neither treatment paid for itself through reduced healthcare expenditures

Funding Allocations

- The President's 2023 budget proposal includes $22 million for the CDC's Comprehensive Suicide Prevention Program, an increase of $2 million from FY 2022.
- Suicides and suicide attempts cost the nation almost $70 billion per year in lifetime medical and work-loss costs alone.
- https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/cost-calculators.html

Q&A



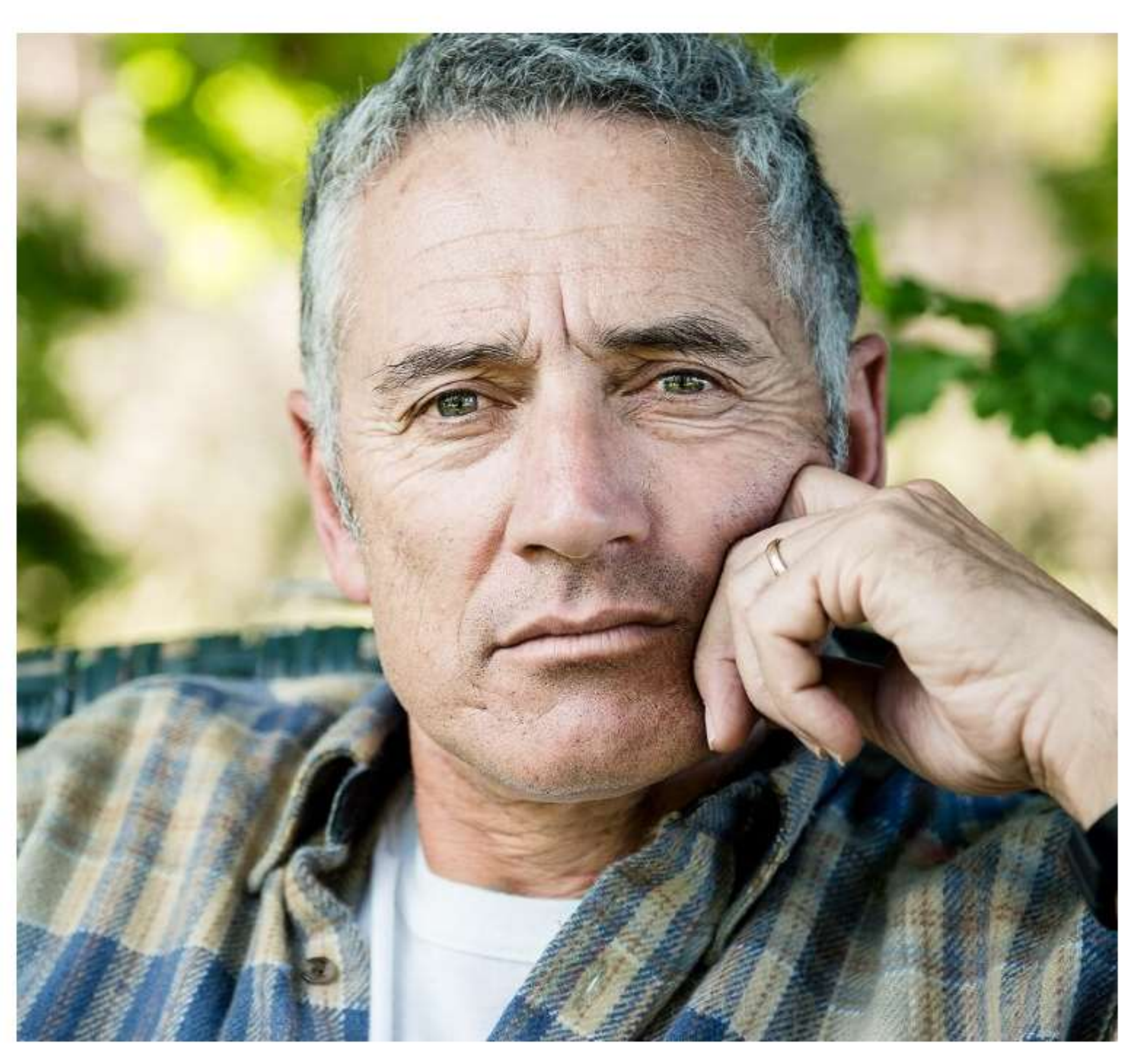
Means safety is one the most effective strategies for suicide prevention…

Most efforts to prevent suicide focus on why people take their lives. But as we understand more about who attempts suicide and 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

- MeansMatter.org

Striving for Safety

www.strivingforsafety.org



Preventing Firearm Suicide

Firearm safety strategies that can be applied in the home or at firearm ranges or retail stores.

Overdose and Poisoning

Tips to reduce access to medications and other potential poisons in your home, immediate steps you can take to respond to an overdose, and how to implement suicide prevention strategies in pharmacy settings.

Strangulation and Suffocation

Strategies that can be applied in the home, jails, hospitals, and other controlled environments.

Signage, Barriers, and More

Environmental strategies for community planners that place barriers and signage to create time and space for the individual in pain to reach out for help.

Means Safety Checklist

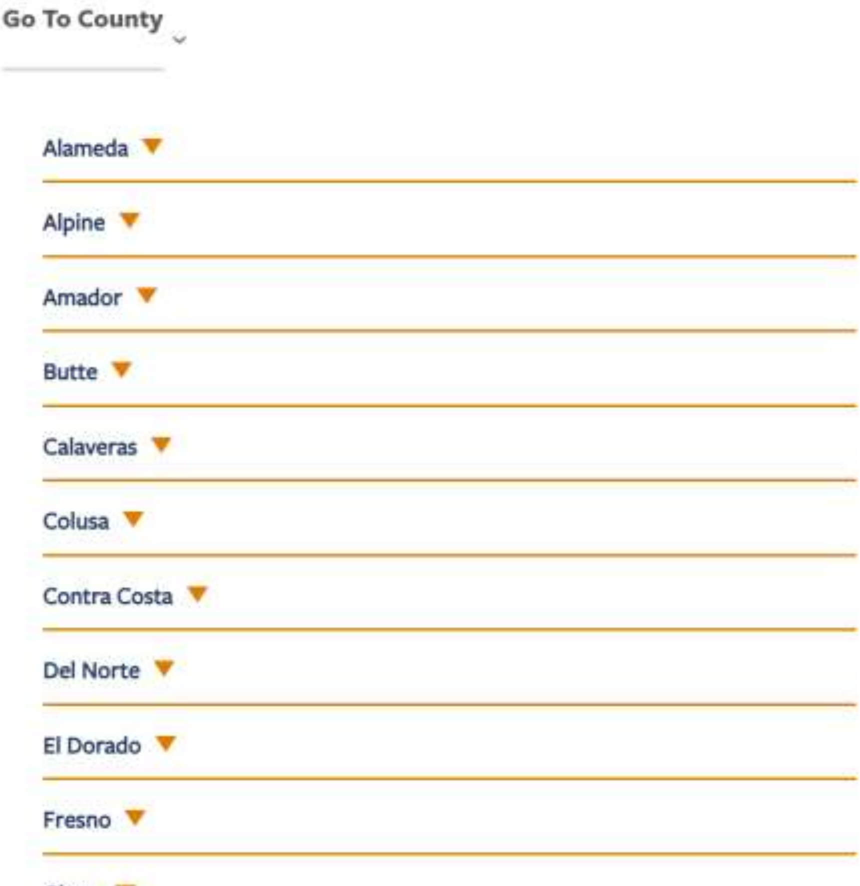
If you are concerned about how to keep yourself or a loved one who is thinking about suicide or has attempted suicide safe in the home, this checklist offers a starting point.

- ☑ Learn the warning signs of suicide
- ☑ Have a conversation about suicide prevention
- ☑ Share crisis resources
- ☑ Keep medications securely stored at all times
- ☑ Dispose of unused, unwanted, or expired medications
- ☑ Review the steps to respond to a suspected drug overdose
- ☑ Keep guns securely stored
- ☑ Familiarize yourself with California law when considering storing a firearm outside the home
- ☑ Trust your instincts
- ☑ Remember you are not alone

You are not alone. For immediate help call or text **988** or chat **988lifeline.org** to reach the Suicide & Crisis Lifeline.

Striving for Safety

www.strivingforsafety.org



Save the Date!

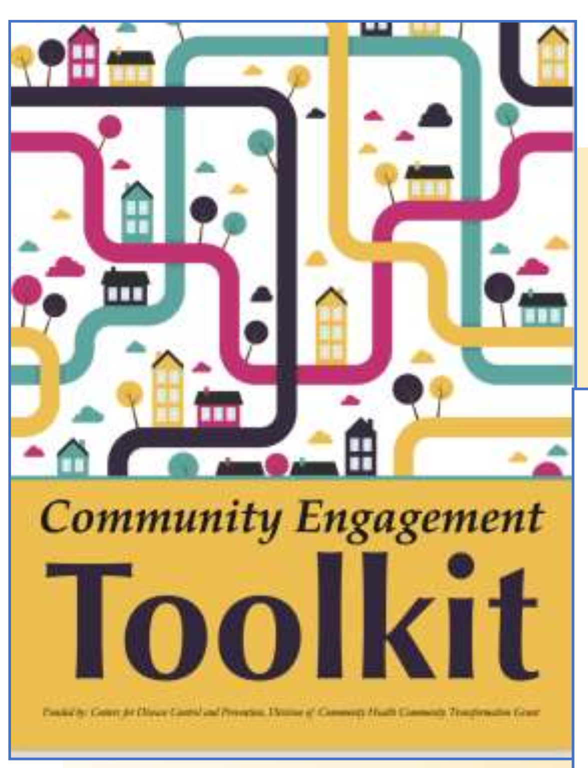
Striving for Zero Learning Collaborative In-Person Gathering

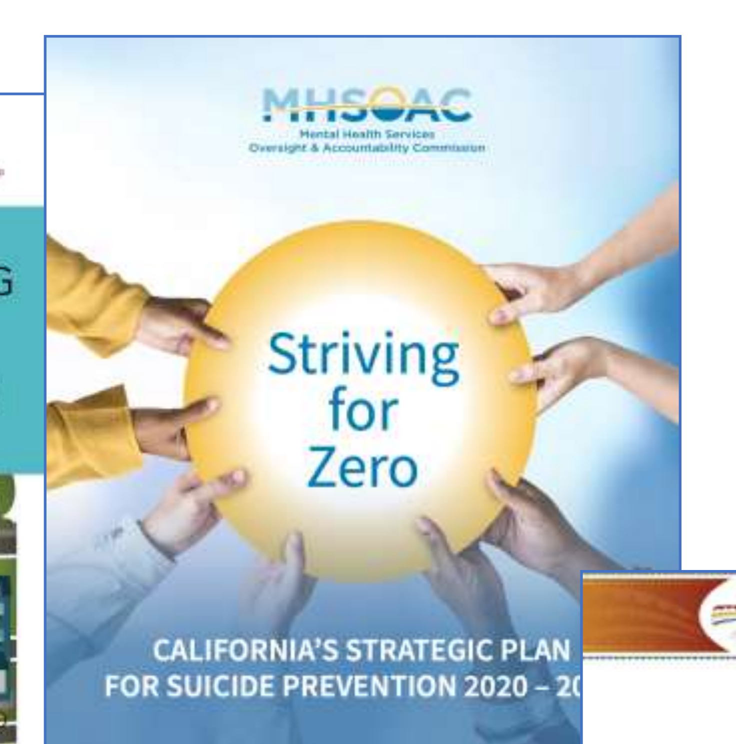
February 28-March 1, 2024

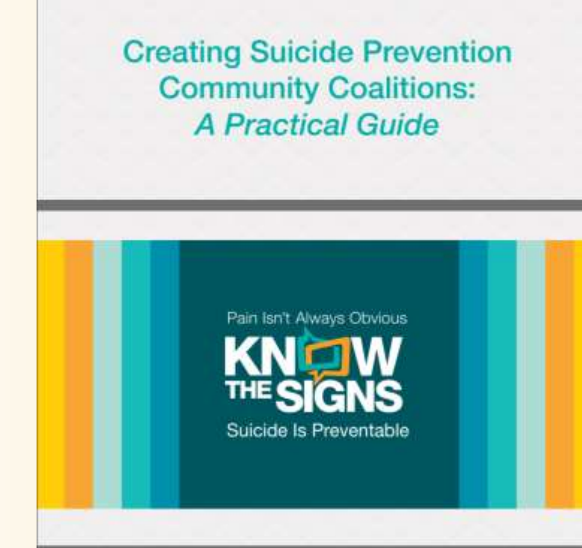
Carlsbad, San Diego County

Future Module Topics

Guiding Resources







PLANNED APPROACH TO COMMUNITY HEALTH

GUIDE FOR THE LOCAL COORDINATOR

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC

Preventing Suicide:

A Technical Package of Policy, Programs, and Practices

Tribal Training and Technical Assistance Center

Community Readiness Manual on Suicide Prevention in Native Communities

SAMHSA

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) or 988

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 o 988