

April 7, 2021



Striving
for
Zero

Suicide Prevention in Rural Counties: An Overview of the Coordinated Community Engagement Model

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



If you called in on the phone,
find and enter your audio PIN

If you have a question,
technical problem or
comment, please type it into
the “chat” box or use the icon
to raise your hand.



Sandra Black has 20 years of experience working in mental health and suicide prevention at the federal, state and community levels. She learned the importance of inclusion, recovery and data-driven policy while at the SAMHSA Center for Mental Health Services and led the California Office of Suicide Prevention in implementing the state's first strategic plan. Sandra has supported suicide prevention projects in many areas including best practices around suicide prevention among older adults and men, and in rural areas, and postvention planning and loss survivor support. Sandra has also worked with the Suicide Prevention Resource Center on media and crisis line initiatives.



Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities. She is also the founder and executive director of the youth suicide prevention program Directing Change.

Assembly Bill 114 (Chapter 38, Statutes of 2017) directed the Commission to develop a statewide strategic suicide prevention plan. In early 2018, the Commission formed a Suicide Prevention Subcommittee, which included Commissioners Tina Wooton (Chair), Khatera Tamplen, and Mara Madrigal-Weiss.

The Commission adopted Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025 in November 2019.



Striving for Zero

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

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 (CaIMHSA) 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

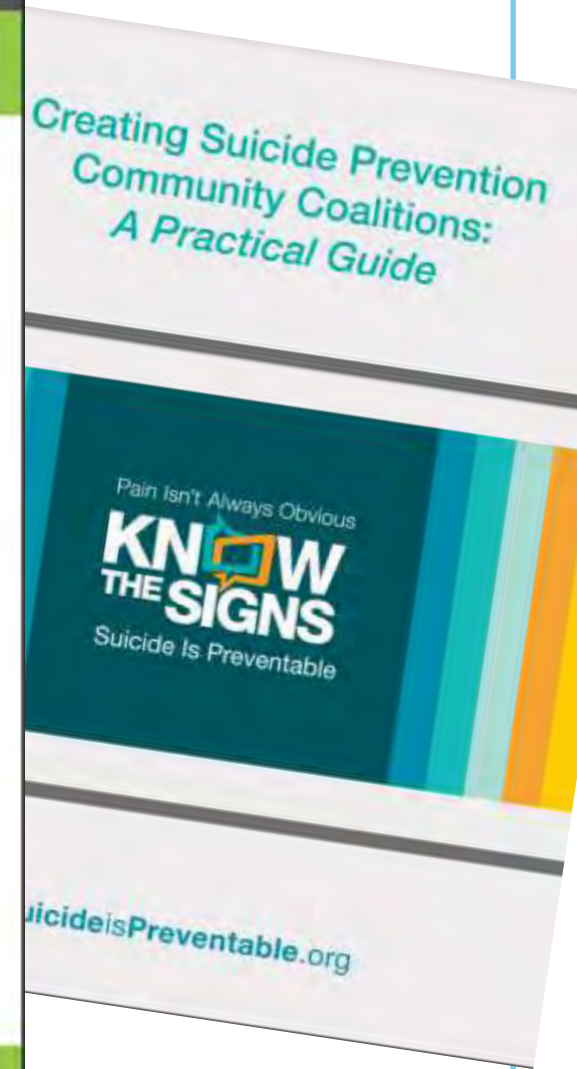
- Step 1: Describe the Problem
- Step 2: Choose Long Term Goals
- Step 3: Identify Risk and Protective Factors
- Step 4: Select or Develop Interventions
- Step 5: Plan for Evaluation
- Step 6: Implement, Monitor, Evaluate, and Report

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.

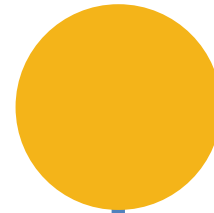
The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical 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 standby 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.
— City Council
Nevada County Public Health

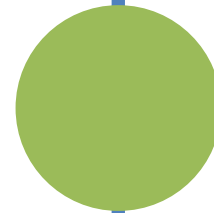


Striving for Zero Learning Collaborative

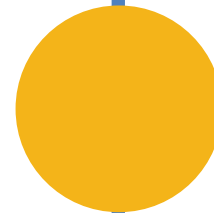
Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



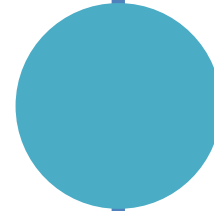
Update or create strategic plans for suicide prevention



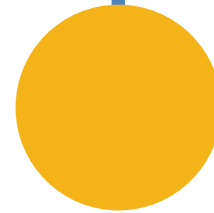
Advance effective use of local data collection and analysis



Engage broad-based community coalitions with strategic planning and implementation



Establish implementation priorities

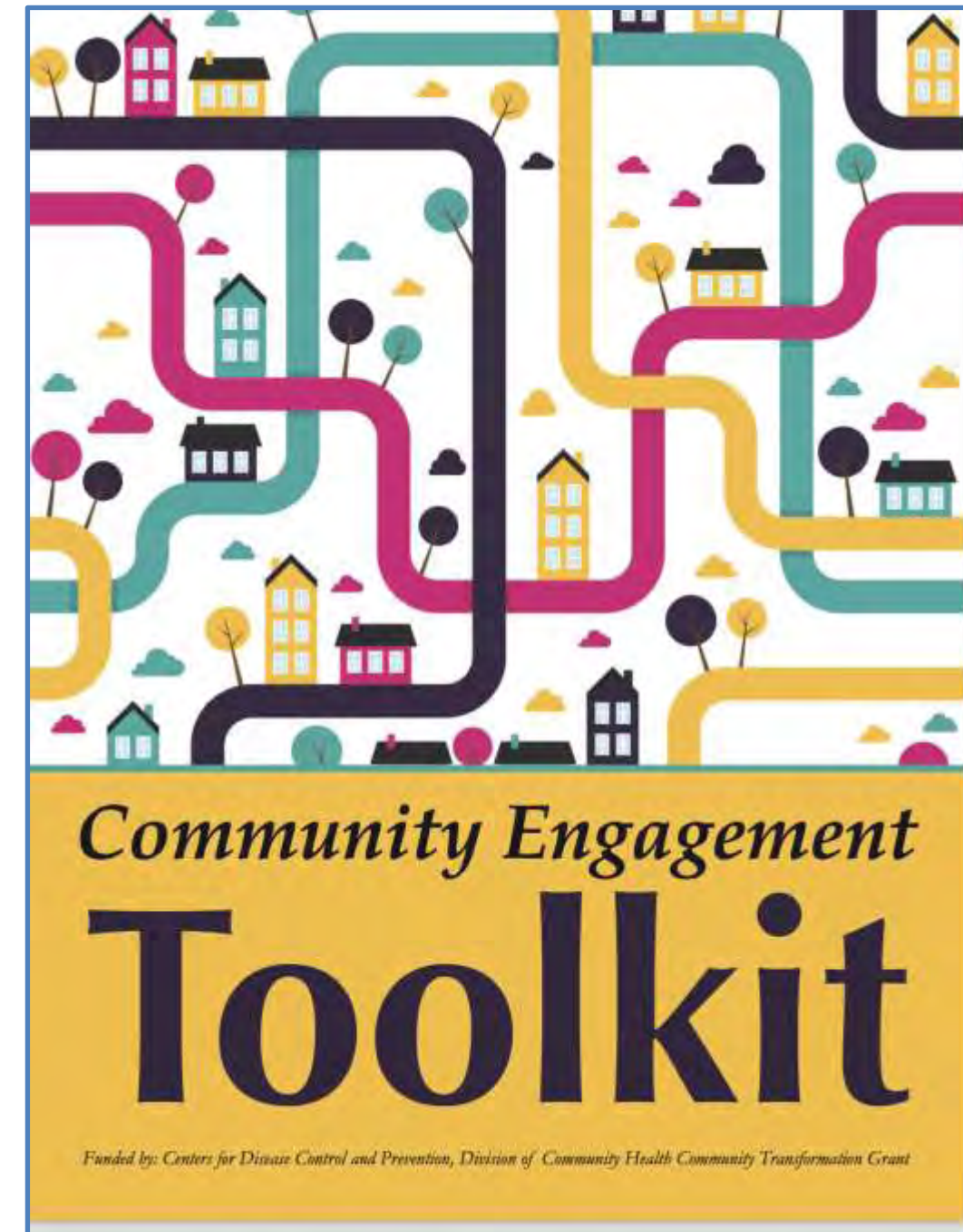


Develop sustainable practices

Striving for Zero Learning Collaborative

- ✓ Online modules
- ✓ Individualized technical assistance
- ✓ Learning exchange with other counties in shared interest areas

Special focus and hands-on support for rural counties



Interested? It's Not Too Late to Join!

| Contra Costa Fresno Kings Los Angeles Marin Monterey Orange Riverside San Bernardino San Francisco San Joaquin San Mateo Santa Cruz Ventura | El Dorado Glenn Humboldt Imperial Lake Napa Nevada San Luis Obispo Shasta Siskiyou Sonoma Sutter Yuba Trinity Tulare Tuolumne |
|--|---|

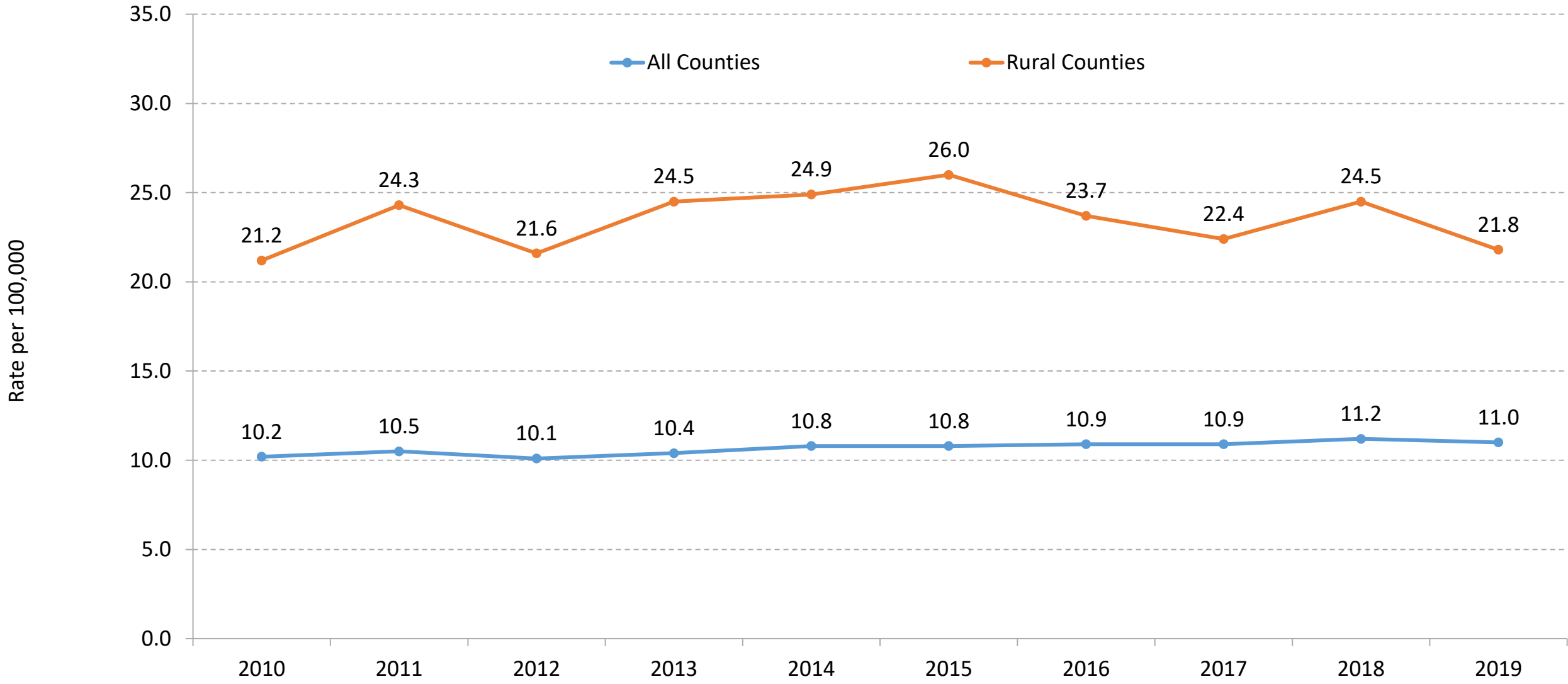
Data on Suicide in Rural California Counties

Renay Bradley, Sara Mann, and Nichole Watmore

CA Department of Public Health

Injury and Violence Prevention Branch

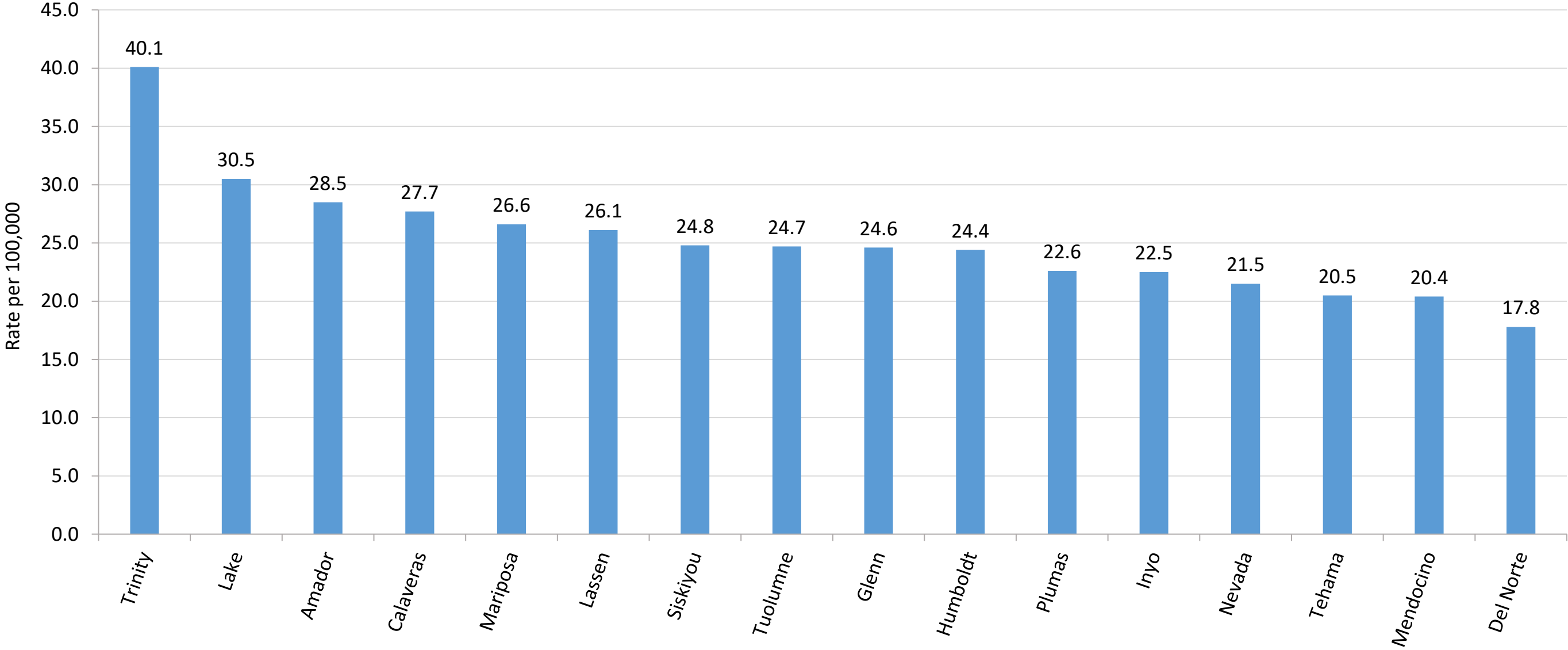
Suicide Rates in California, 2010-2019



Source: California Department of Public Health. EpiCenter Injury Data Online Query. Retrieved from <http://epicenter.cdph.ca.gov/Default.aspx>



Suicide Rate by County* in California, 2015-2019

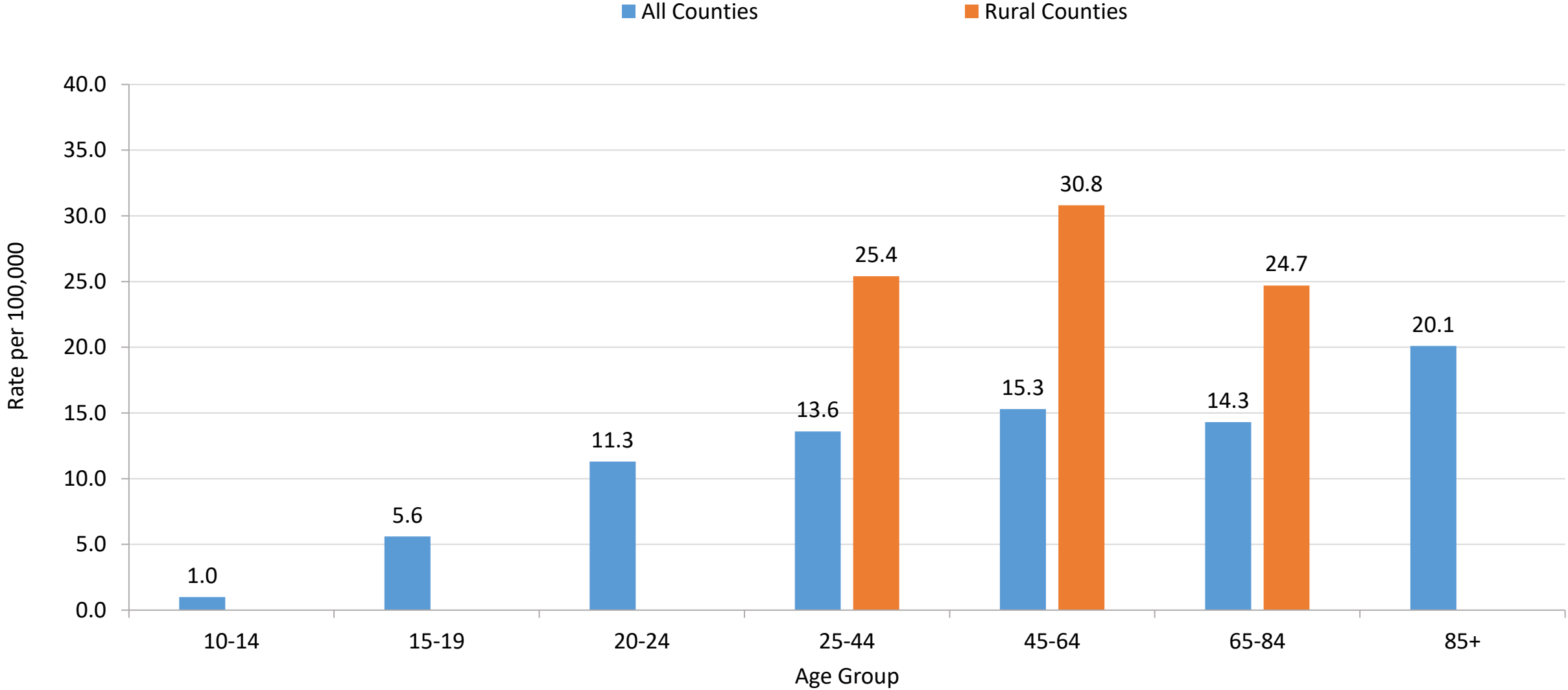


Source: California Department of Public Health. EpiCenter Injury Data Online Query. Retrieved from <http://epicenter.cdph.ca.gov/Default.aspx>

*Only rural counties with reliable rates are shown.



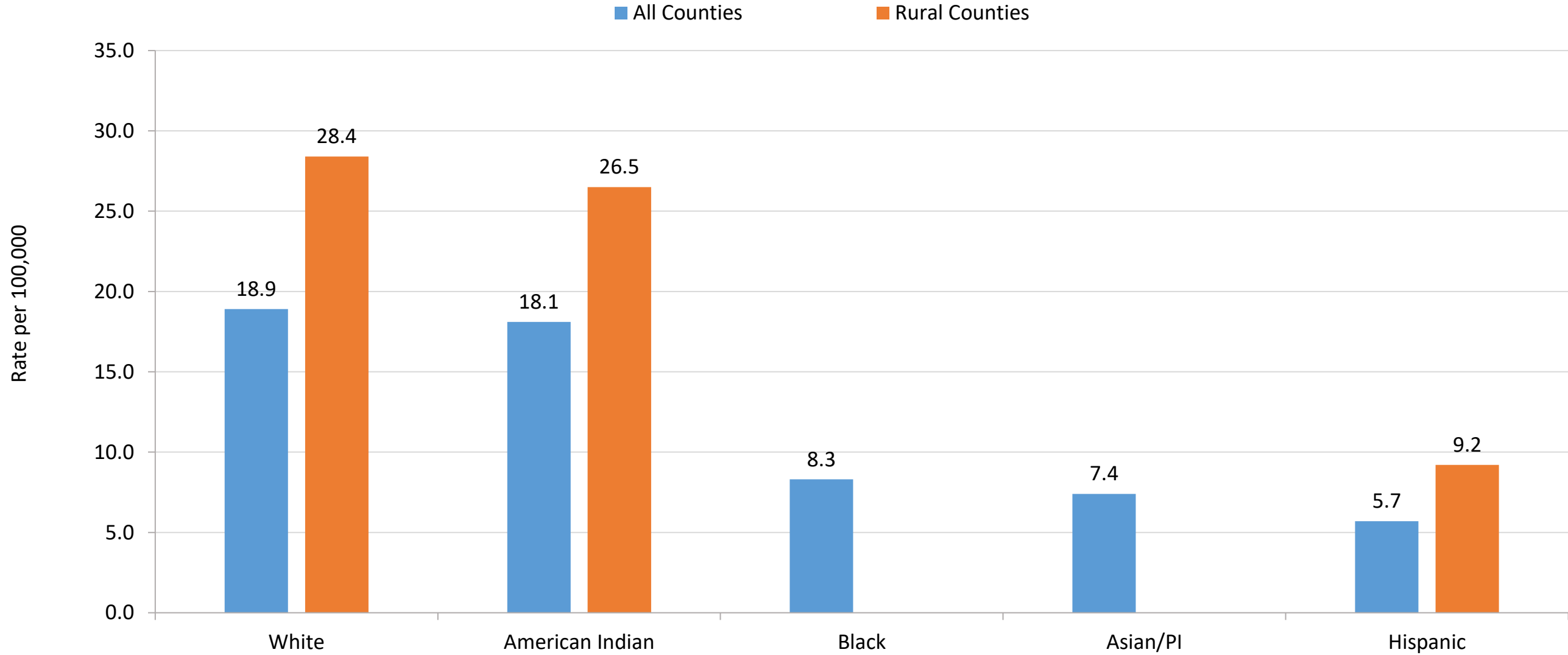
Suicide Rate by Age Group* in California, 2019



Source: California Department of Public Health. EpiCenter Injury Data Online Query. Retrieved from <http://epicenter.cdph.ca.gov/Default.aspx>
*Rural county rates are only shown for age groups with reliable rates.



Suicide Rate by Race/Ethnicity* in California, 2015-2019

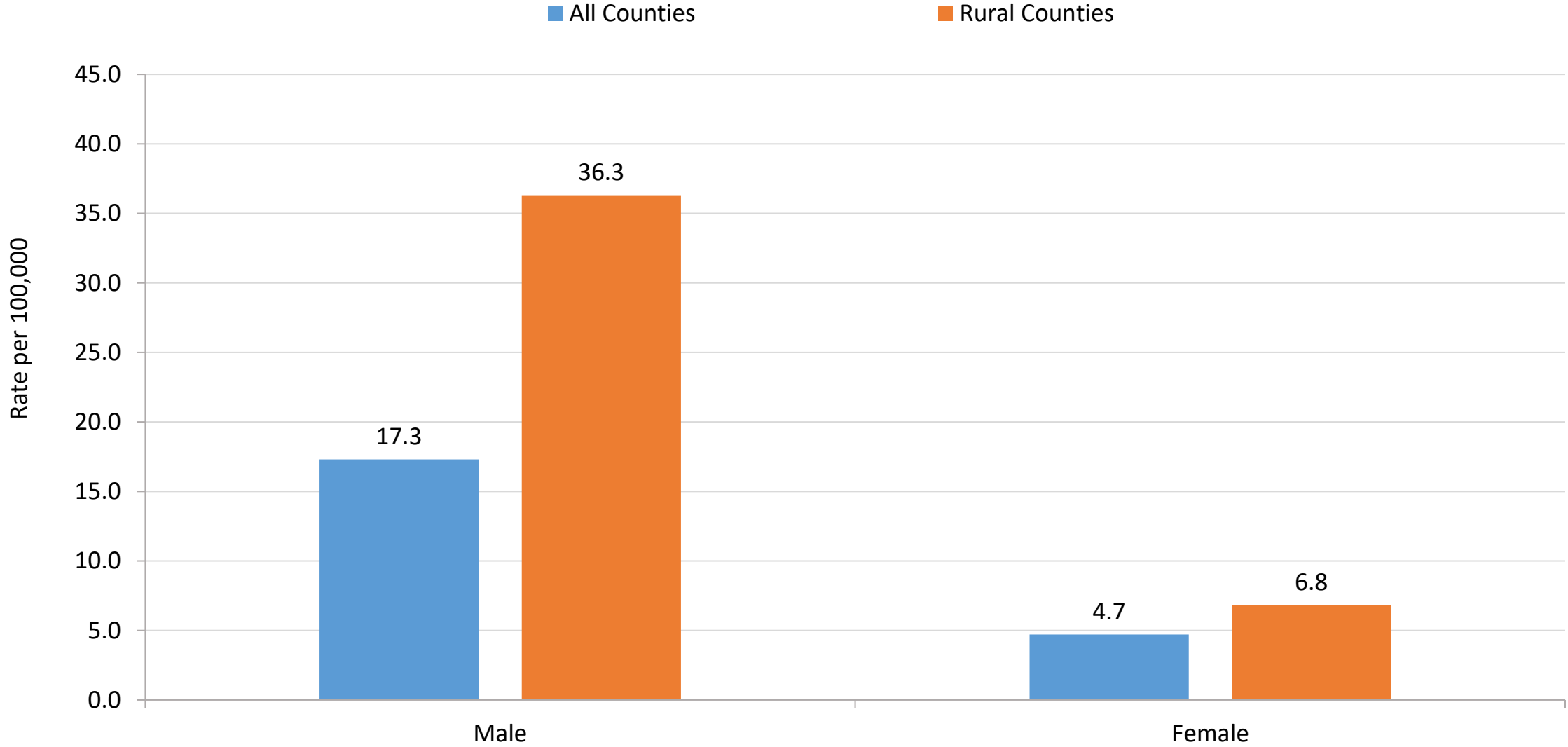


Source: California Department of Public Health. EpiCenter Injury Data Online Query. Retrieved from <http://epicenter.cdph.ca.gov/Default.aspx>

*Rural county rates are only shown for race/ethnicity groups with reliable rates.



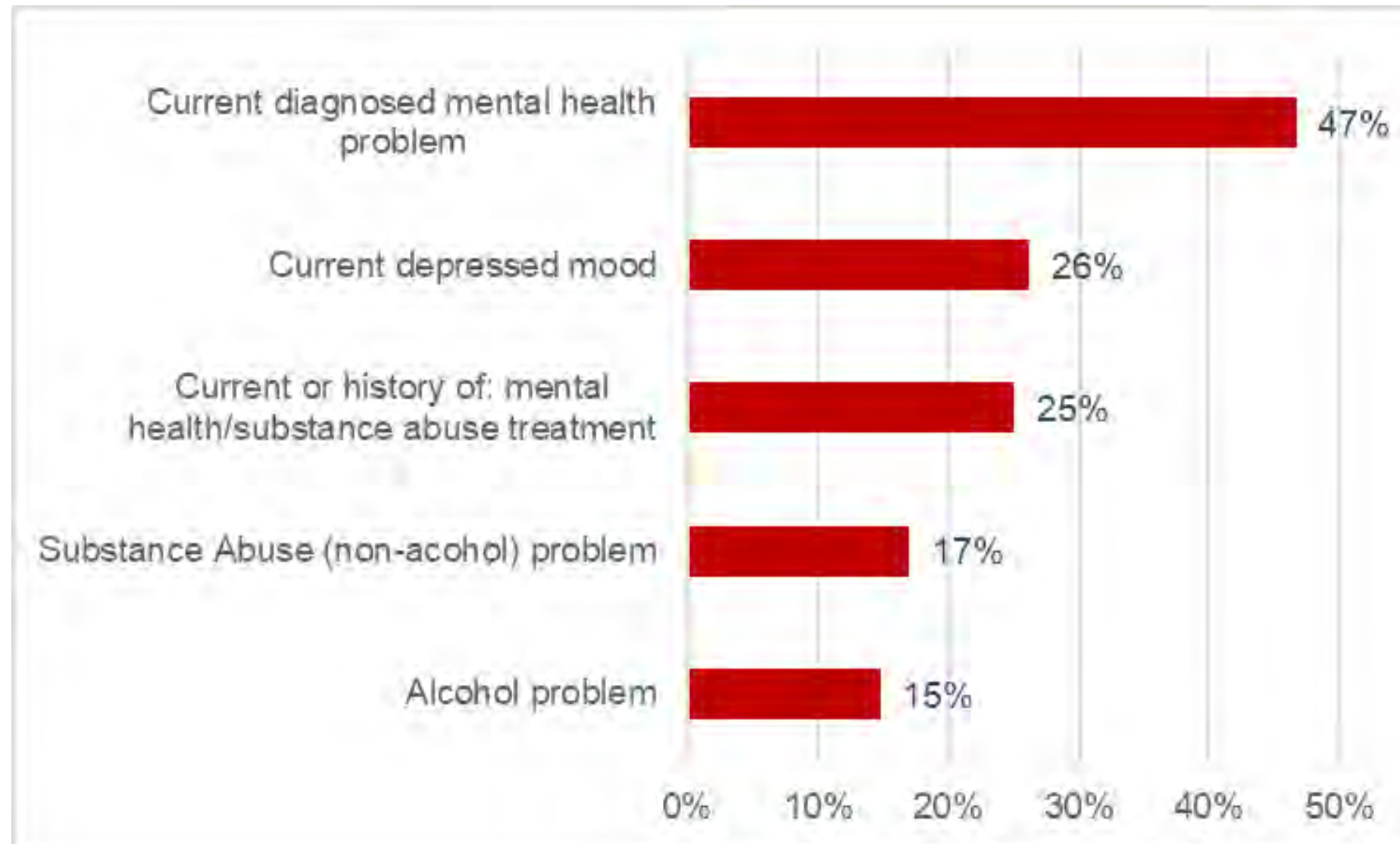
Suicide Rate by Sex in California, 2019



Source: California Department of Public Health. EpiCenter Injury Data Online Query. Retrieved from <http://epicenter.cdph.ca.gov/Default.aspx>



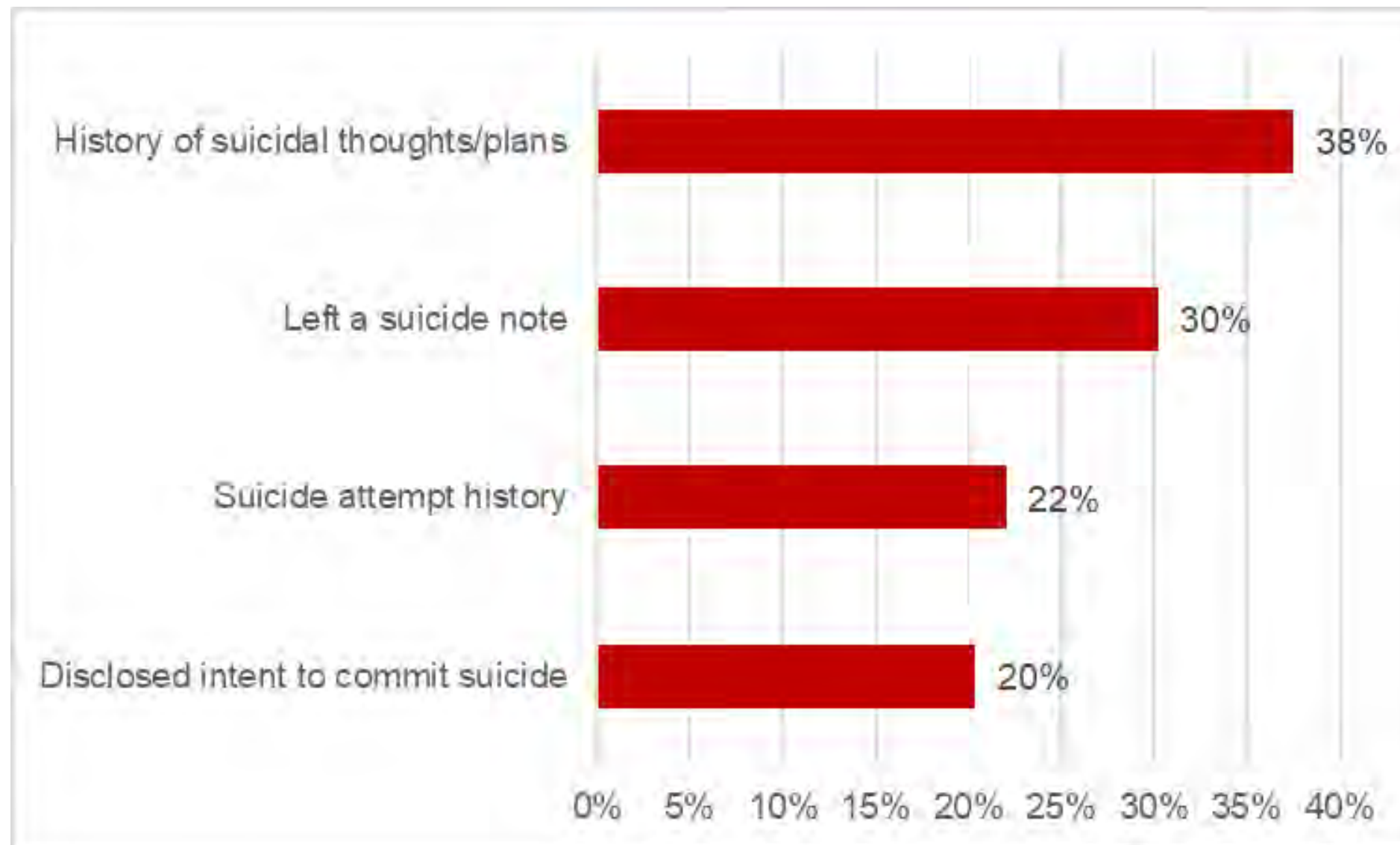
Mental Health and Substance Abuse Circumstances* among Suicide Decedents



*Circumstances are not mutually exclusive; Percentage among those with at least one known circumstance; Circumstances were available for 90% (21,03) of suicides in 21 CalVDRS counties

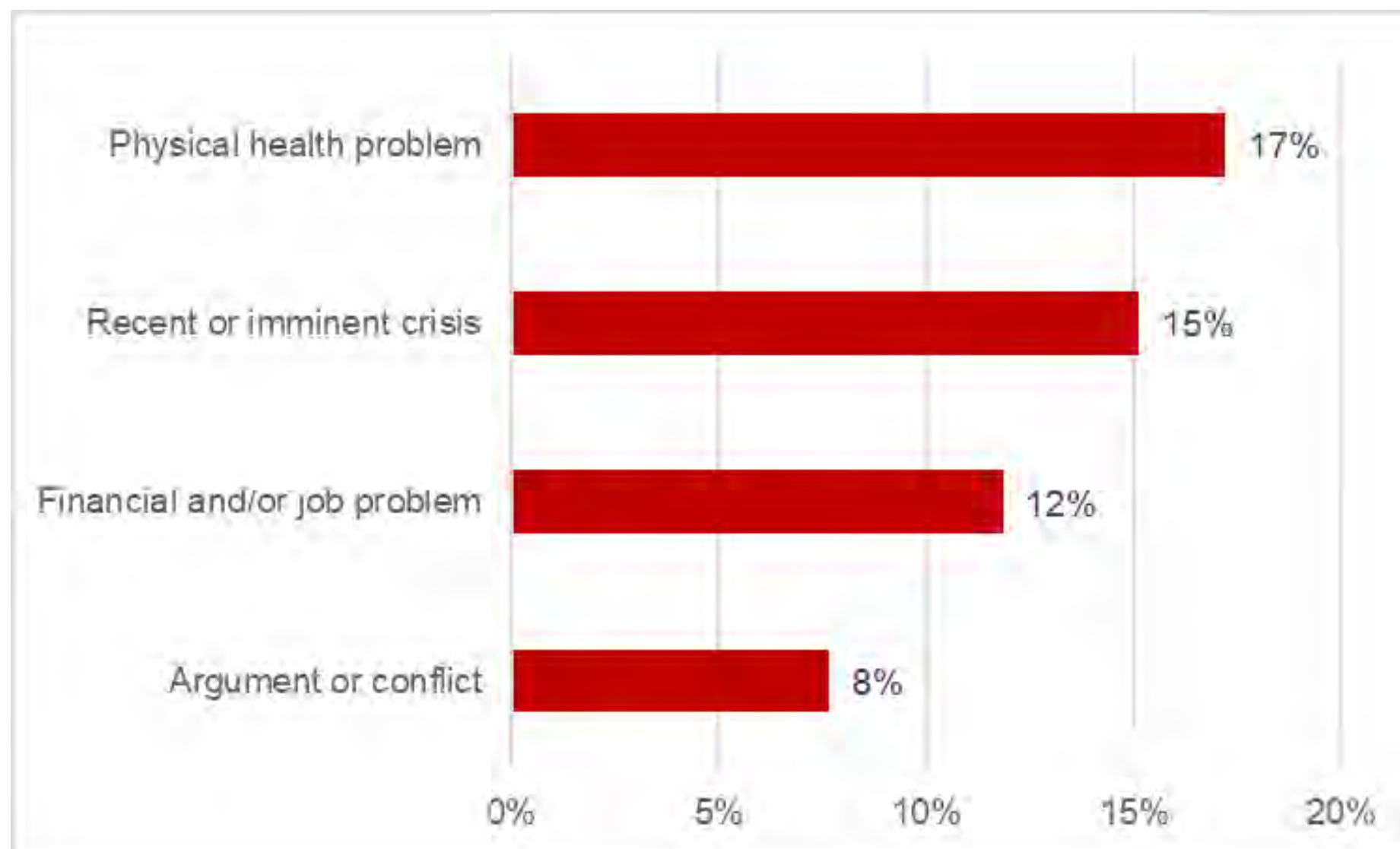
Source: CDPH, CalVDRS Death File, 2018

History of Suicidal Thoughts and Attempts* among Suicide Decedents



*Circumstances are not mutually exclusive; Percentage among those with at least one known circumstance;
Circumstances were available for 90% (2103) of suicides in 21 CalVDRS counties
Source: CDPH, CalVDRS Death File, 2018

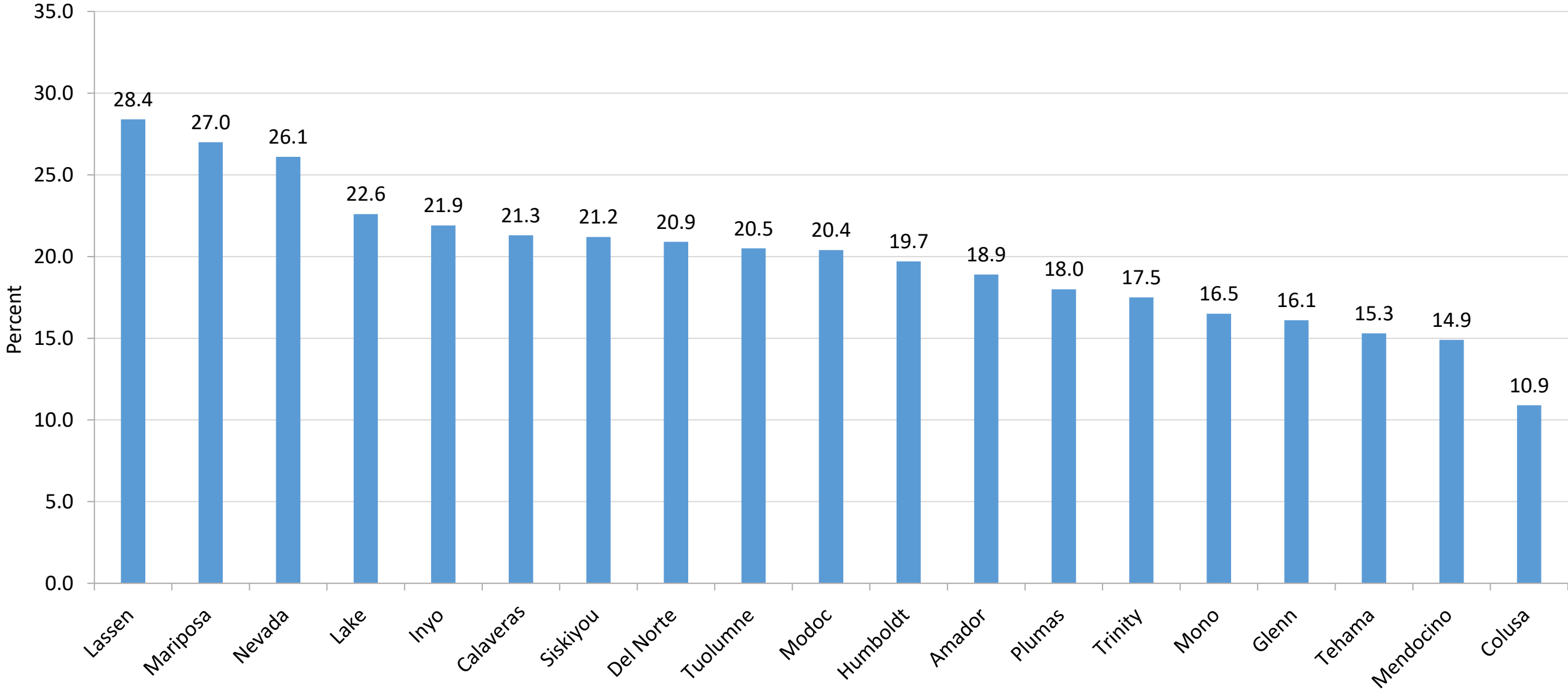
Other Frequent Circumstances* among Suicide Decedents



*Circumstances are not mutually exclusive; Percentage among those with at least one known circumstance;
Circumstances were available for 90% (2103) of suicides in 21 CalVDRS counties

Source: CDPH, CalVDRS Death File, 2018

Percent of Students in 11th Grade Who Seriously Considered Suicide in the Past Year by County*, California, 2017-2019



Source: WestEd. California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education. Retrieved from Kidsdata.org.
 * Only rural counties with reliable rates are shown.



What Will Make a Difference?



Rural Roadmap Upstream

- Positive and supportive messaging through campaigns, web sites and social media, and news media
- Reduce stigma around seeking help and experiencing behavioral health challenges
- Sharing stories of hope from real people
- Including people with lived experience from the ground up



Graphic courtesy of: <https://bccdcfoundation.org/upstream-101-decoding-public-health/>

Rural Roadmap Midstream

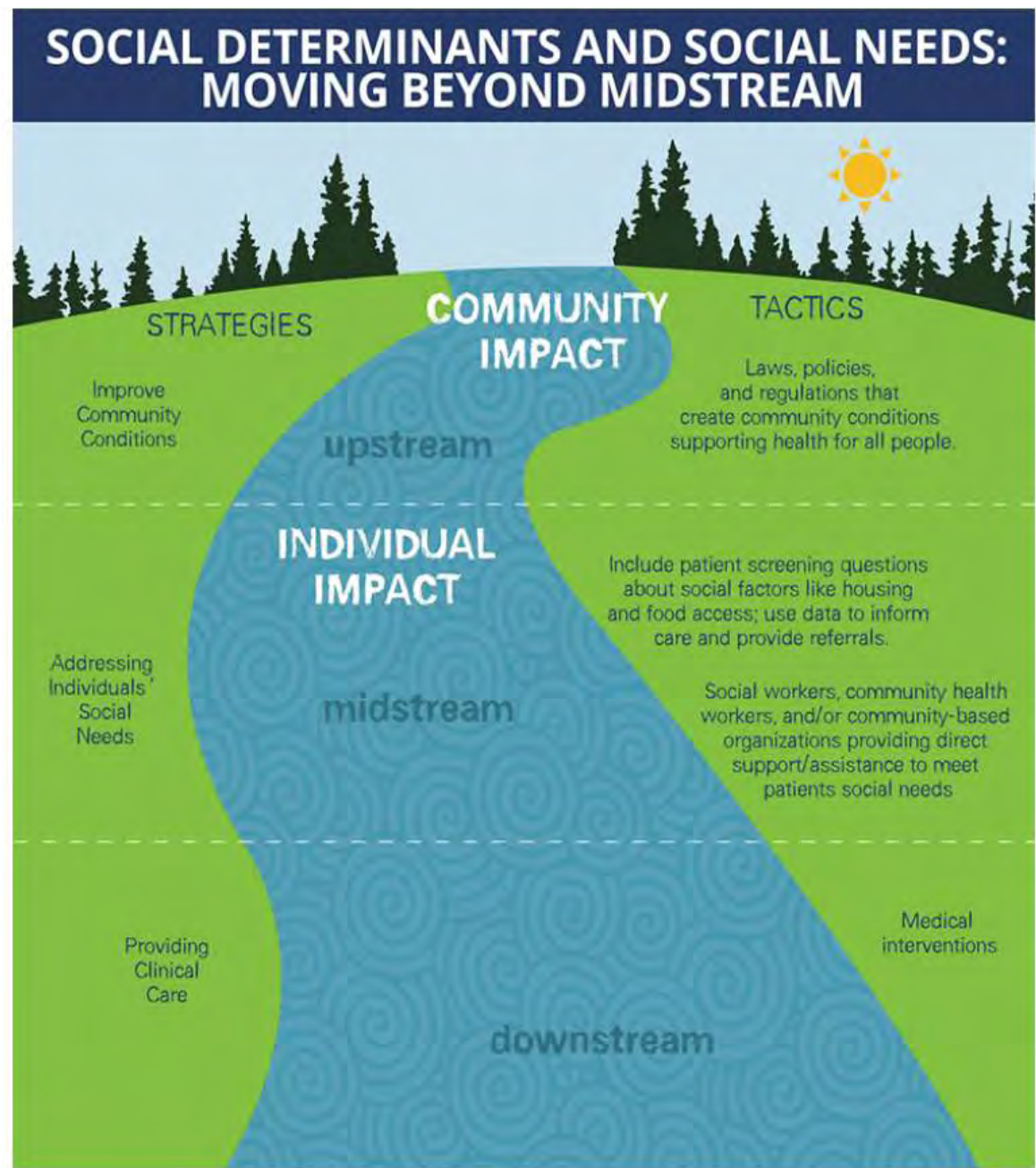


Illustration Citation: "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019. DOI: [10.1377/hblog20190115.234942](https://doi.org/10.1377/hblog20190115.234942)

Targeted outreach for populations at disproportionate risk

Increase access to health and behavioral health services

e.g. telehealth, co-location of services, directories of providers with specific skills sets

Offer opportunities for training for providers and other gatekeepers

Recognizing and responding to suicide risk, treating suicidality and complicated grief

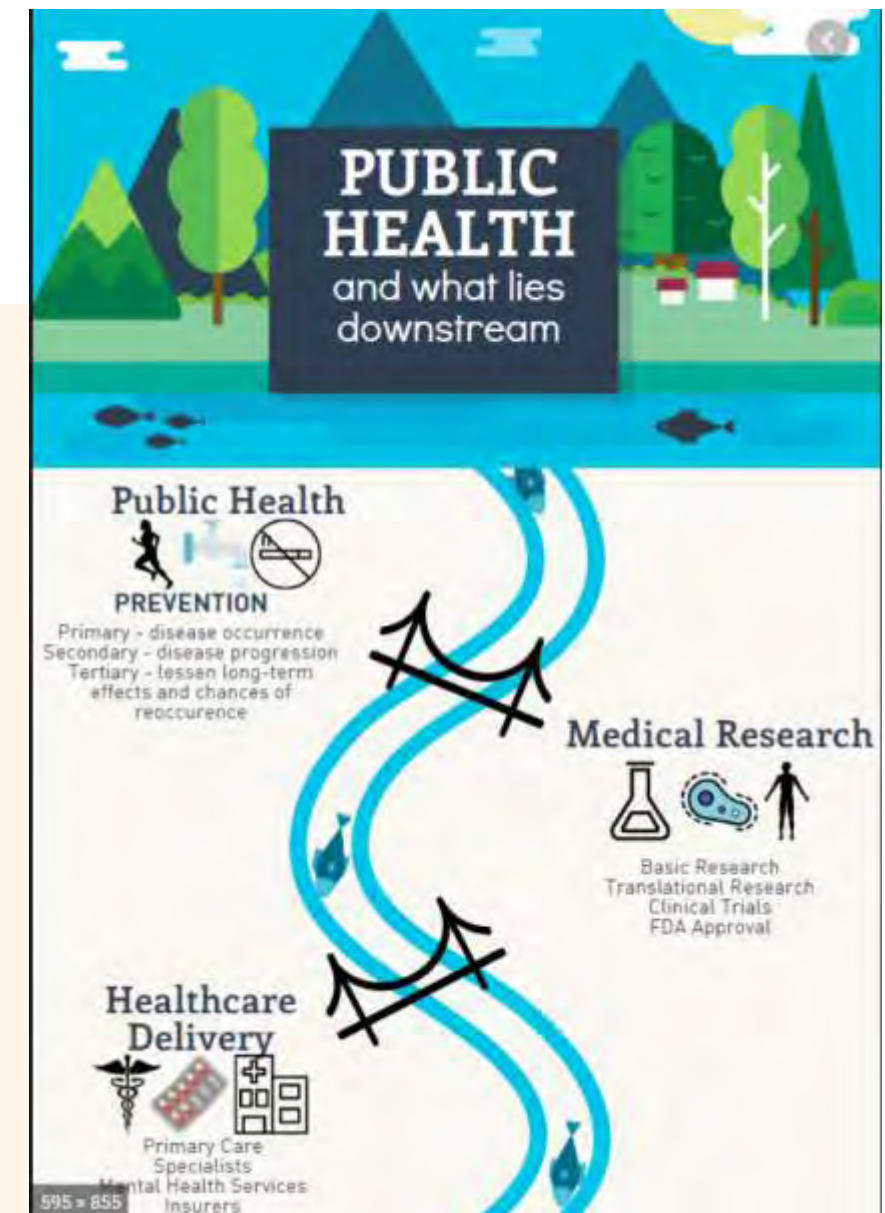
Promote lethal means safety

Partnerships with the firearm community; safe storage and disposal of medications; Counseling on Access to Lethal Means for key partners

Rural Roadmap Downstream

Downstream strategies support healing and support after a crisis or loss have occurred.

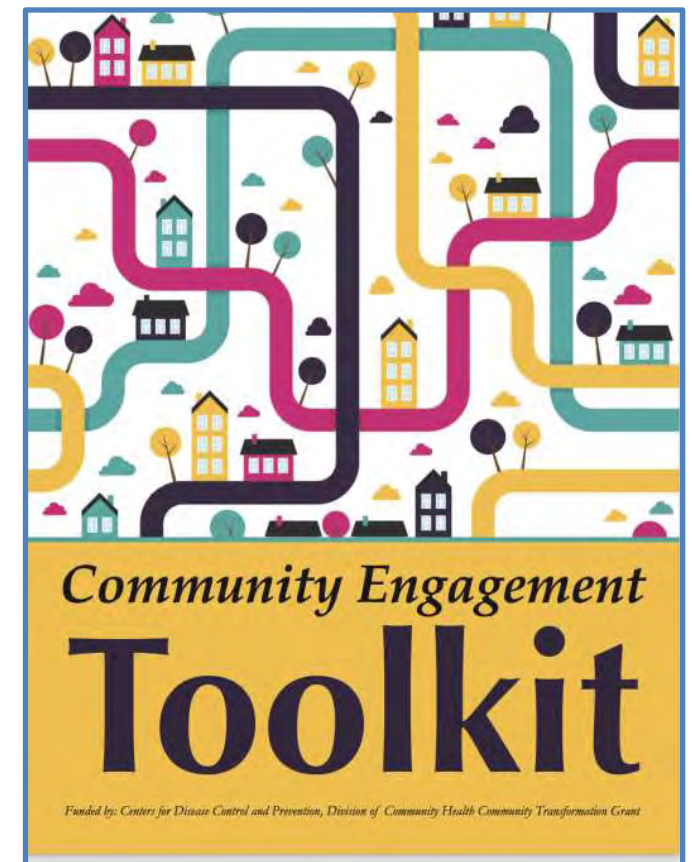
- Enhancing connections with supports after transitioning from treatment for suicide-related services, such as from inpatient settings or Eds
- Developing a community postvention plan that guides timely and effective response after a suicide death
- Support resources for loss and attempt survivors



<https://u.osu.edu/phipan/author/pan-387/>

Coordinated Community Engagement Model

- Coordinated Community Engagement is a process by which community members and organizations come together with a mission to make a change to benefit their community.
- It inspires true ownership of the problems and the solutions; the more people who “own” your community engagement process, the more successful, and long-standing the overall change will be.



Why Utilize Community Engagement?

Why would you utilize Community Engagement?

If done correctly, and with the support of the community, community engagement is an excellent way to drive permanent change or impact in a collaborative and bottom-up way.

Considerations:

- The process can be lengthier due to consensus building.
- Maintaining excitement can be difficult if the process is too slow.
- Gaining the involvement of the key players or unusual suspects is important, but at times difficult.
- Overcoming differences to find a common vision or goal.

Results:

- The results will be longer lasting due to a larger invested interest.
- Small, easy wins can build a great amount of momentum.
- Connections and trust is built among organizations/ individuals.
- New leaders can be developed.
- Change is stronger and more powerful with invested interest from the community.

Source: Brad Gibbens, Deputy Director, Center for Rural Health, UND School of Medicine and Health Sciences



Questions?

PROJECT

LAZARUS[®]

Prevent prescription medication and drug poisonings

Present responsible pain management

Promote Substance Use Treatment

Provide Support services

Fred Wells Brason II

Founder/President/CEO

fbrason@projectlazarus.org

PROJECT

LAZARUS[®]

- Non-profit organization
- Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.

Lazarus Recovery Services – Project Pill Drop

Virginia Pain Society – Lazarus Link –

Lazarus Prevention Services –

Lazarus FIRST (Families In Recovery Support Together)



PROJECT

LAZARUS[®]



**WHEN THE MUSIC
CHANGES, SO DOES
THE DANCE.**

QUOTE-ID.COM

African Proverb



PROJECT

LAZARUS[®]



[®]

Drug Problem?

PROJECT

LAZARUS[®]

Biological

Cultural

Environmental

Depression

Trauma

Poverty

Drug
Problem

**Pew
Charitable
Trust Study -
incomes in US
counties 2000-**

Crime

Death

Finances

Family

Health

Economics



Prevent, Intervention, Treatment...
why should I care?

- Why am I/We needed
- What do I/We need to know
- What needs to be done





DATA ANALYSIS

- **Mortality**
 - **Toxicology**
- **ED visits**
- **EMS/Other naloxone rescues**
 - **(accepted or refused transport)**
- **Crime**
 - **Substance related arrests**
(possession/sales)

PROJECT

LAZARUS[®]



Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation

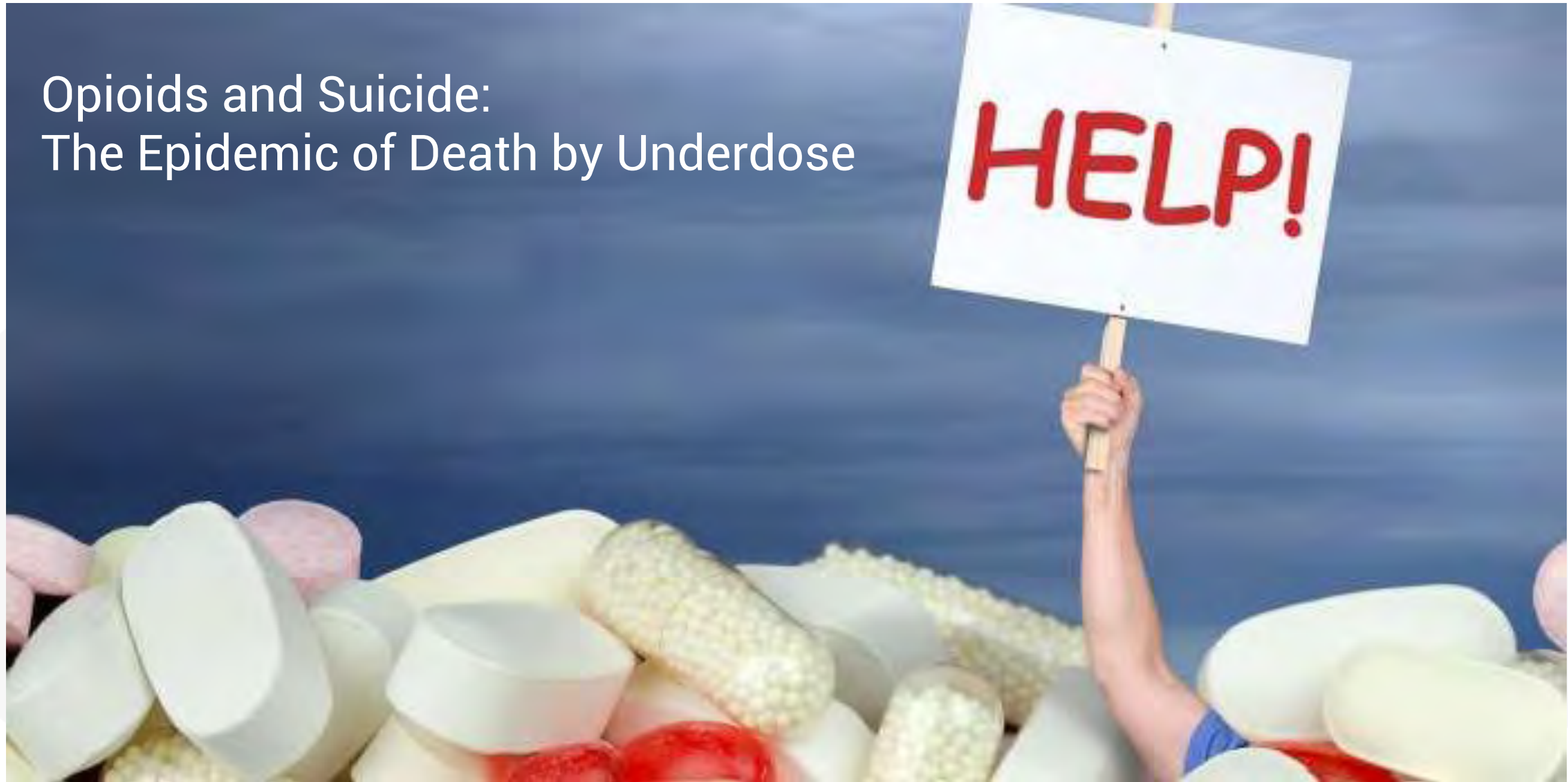
BMJ 2020; 368 doi: <https://doi.org/10.1136/bmj.m283> (Published 04 March 2020) Cite this as: *BMJ* 2020;368:m283

Conclusions Patients were at greater risk of death from overdose or suicide after stopping opioid treatment, with an increase in the risk the longer patients had been treated before stopping

The most serious question about our study of suicides and Rx opioid change ([#CSIOPIOIDS](#)) is this: **"Why are you not studying people like me, who are suicidal right now, due to Rx opioid change"?**

<https://twitter.com/StefanKertesz/status/1376954401206587393>

Opioids and Suicide:
The Epidemic of Death by Underdose



But just how many people? There are no reliable statistics on the number of “death of despair” caused by forced withdrawal of opioids, but anecdotal estimates from 40 to

PROJECT

LAZARUS[®]



[®]

Overdose –
Who, What, When, Where, Why, How?

- ◆ Patient misuse
- ◆ Family/Friends sharing to self medicate
- ◆ Accidental ingestion
- ◆ Recreational User
- ◆ Substance Use Disorder/Treatment/Recovery

Thank You
God For
Saving my Brother

Keep a Lazarus
Kit, Without it
My brother would
have died when
I Found him
Overdosed + Blue

I Love you
Little Brother

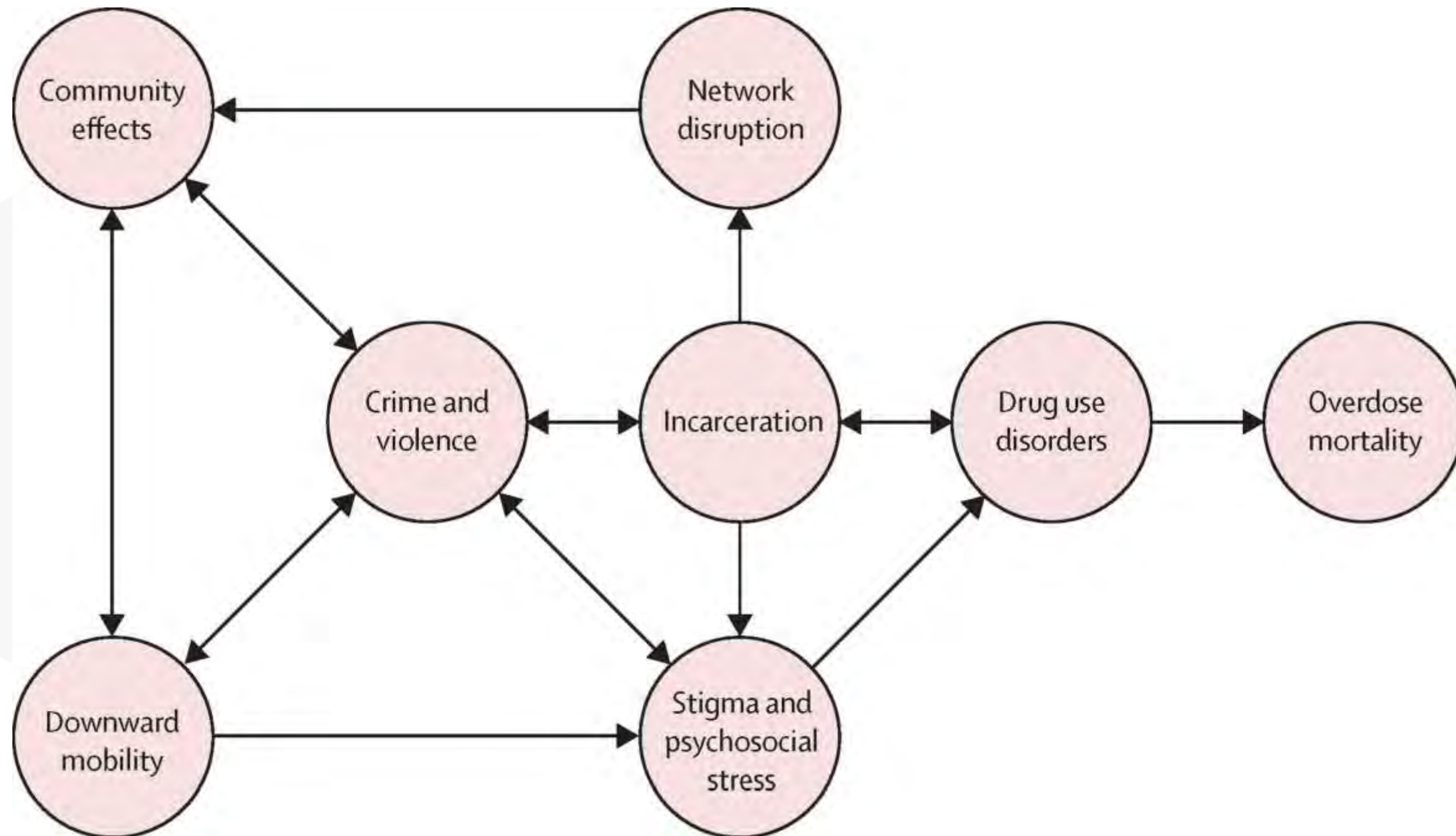
PROJECT

LAZARUS[®]



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What causes overdose to be the leading cause of death among recently incarcerated people?

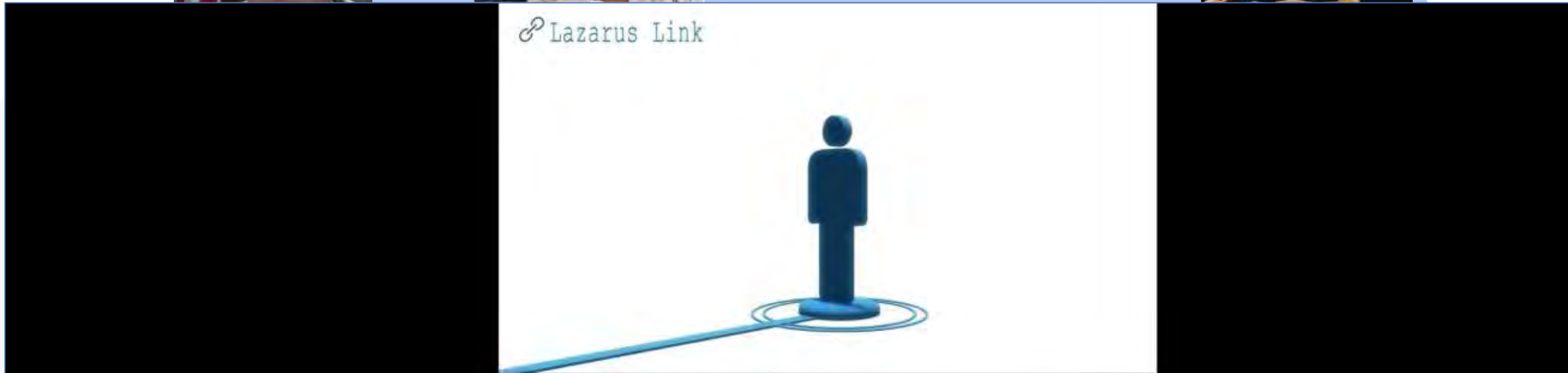


- DSS referred him a year ago,
- Helped him get into treatment,
- Residential recovery for a time,
- Then his own place
- Now he is getting full custody of his kids
- He states if DSS had not referred him to PL likely would be dead.

In court, he was given custody of his kids, the Judge and courtroom all stood and applauded his success.

PROJECT

LAZARUS



LAZARUS LINK
Telehealth Connects Community

PROJECT

LAZARUS[®]

ProjectLazarus.org



LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!




Fred Wells Brason II

fbrason@projectlazarus.org

**STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF
NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF
PRESIDENT OBAMA 2013**

“Project Lazarus is an exceptional organization—not only

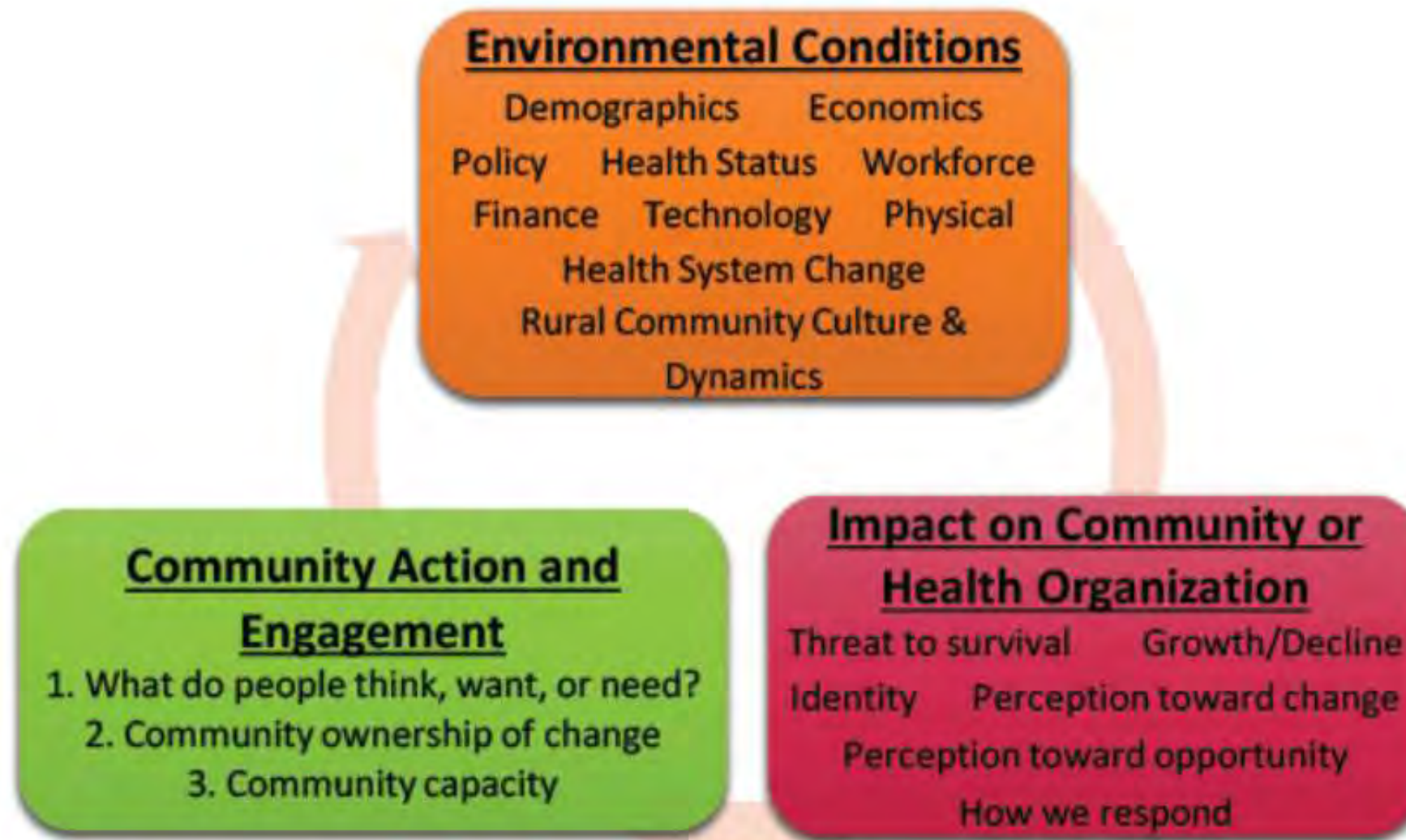


How can we apply this to suicide prevention?

Why Utilize Community Engagement?

- The shared risk & protective factors approach looks at existing partners that are addressing problems with common roots – both in what increases risk and what reduces risk
- These partners are essentially already doing the work already, under a different name
- Banding together knits together a safety net based on common threads, creating something new from what is already there.
- Pooling efforts creates something more than sum of the parts.

Rural Community Change Model



Source: Brad Gibbens, Deputy Director, Center for Rural Health, UND School of Medicine and Health Sciences

Assessing Community Readiness

Suicide prevention is complex and may have different barriers at various levels.

- Focus on what is most likely to work, given the specific context of your community, and how much the community takes ownership/recognizes/sees their role in it.

Community readiness is the degree to which a community is prepared to take action on an issue.

- Plans/efforts have to be challenging enough to move the community forward, but not so ambitious as to fail because the community is not ready or able to implement.

Community Readiness Assessment matches plans and efforts to how ready the community is to take them on.

- ✓ Review local data
- ✓ Prepare and complete a community readiness assessment
- ✓ Convene a broad-based community coalition
- ✓ Prioritize action items
- ✓ Create a work plan for suicide prevention

You Can't Do It Alone

Like individuals who are struggling need help, one agency or a couple of staff cannot do it alone.

The solution involves whole communities

The Power of Rural
Resourceful





Suicide Prevention Resource Center Suicide Prevention Resource Center

Shawna Hite-Jones, MPH CHES
Senior Prevention Specialist
Education Development Center

Rural Collaboration in Suicide Prevention: Authentically Engaging Rural Communities



@SPRCTweets



Funding and Disclaimer



The Suicide Prevention Resource Center at the University of Oklahoma Health Sciences Center is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 1H79SM083028-01.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.



Suicide Prevention Resource Center

The national **Suicide Prevention Resource Center** is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer

- Best practice models
- Toolkits
- Online trainings
- Research summaries and more!

Who we serve

- Communities
- Organizations
- Agencies
- Systems

CONNECT WITH US



www.sprc.org

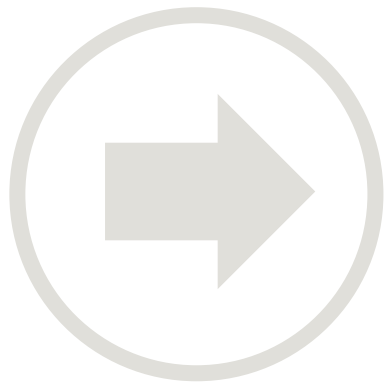


@SuicidePrevention
ResourceCenter



@SPRCTweets

Agenda



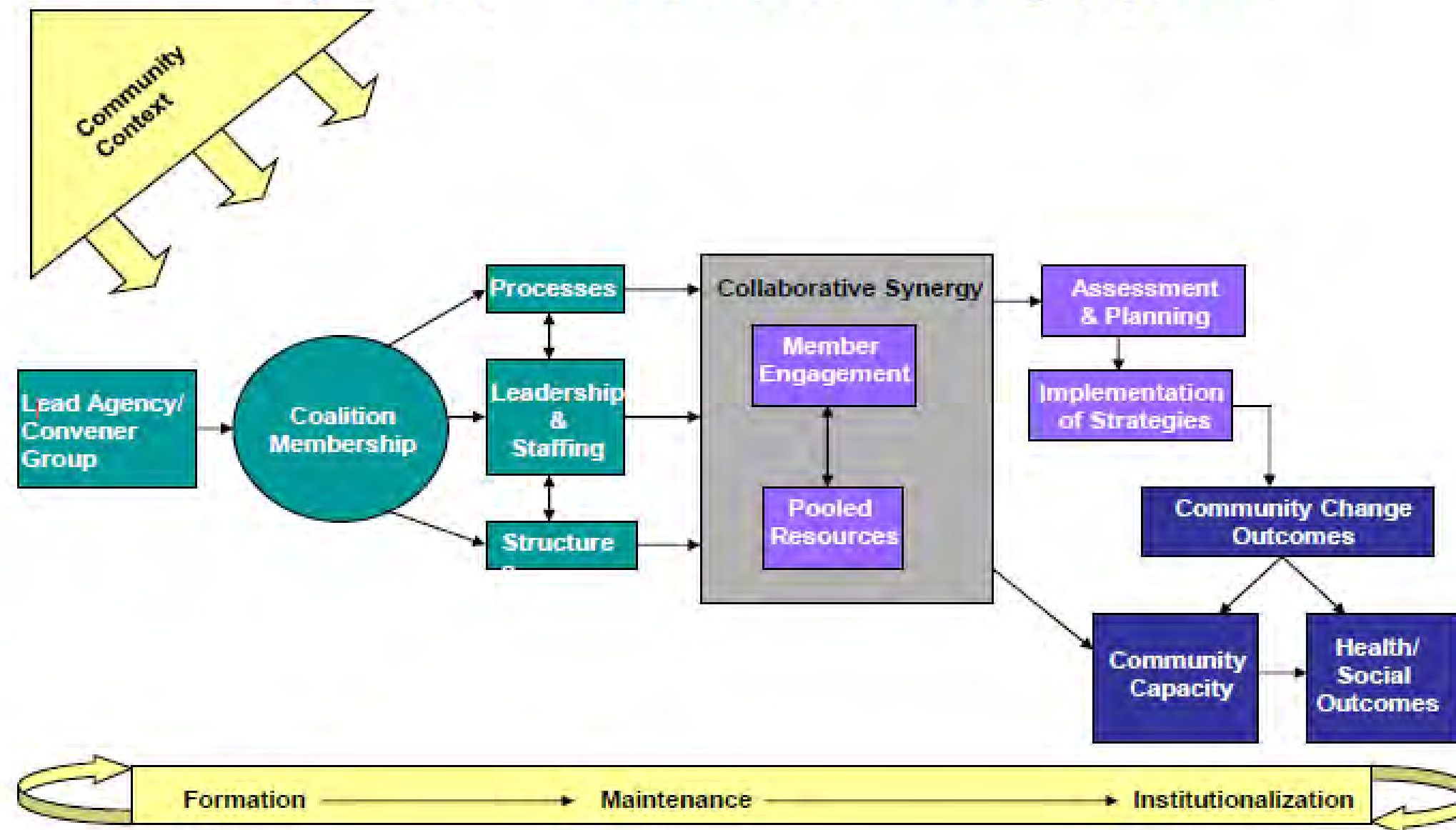
- Community Engagement in Coalitions
- Ohio's Suicide Prevention Coalitions
- Rural Suicide Prevention
- Resources



Community Engagement through Coalitions

Community Coalition Action Theory (CCAT)

Figure 3 Community Coalition Action Theory (CCAT) Butterfoss & Kegler, 2008



Butterfoss, F. & Kegler, M. (2009). [The community coalition action theory](#). In Emerging theories in health promotion practice and research. R. DiClemente, R. Crosby, & M. Kegler (Eds.) (pp. 238-276). San Francisco: Jossey-Bass

QUESTIONS





Ohio's Suicide Prevention Coalitions

Ohio Suicide Prevention Coalitions (OSPCs)



Suicide Prevention Coalition Partnership



OSPCCs 2014-2015 Assessment :

Research Purpose:

To provide **OSPCCs** with information on:

- what practices aid OSPCC development
- what processes harm OSPCC development

- **21 Focus Groups** held with **28 Ohio Suicide Prevention Coalition (OSPCCs)**
 - Identified themes in focus group transcripts
 - Compared themes to CCAT Constructs



OSPCCs in 2014 Assessment:

| County Type | Number of Coalitions in County Type | Percent of Coalitions in County Type |
|-------------------------------------|-------------------------------------|--------------------------------------|
| Rural | 14 | 58.3% |
| Urban | 1 | 4.2% |
| Suburban | 1 | 4.2% |
| Urban & Suburban | 1 | 4.2% |
| Rural & Suburban | 3 | 12.5% |
| Rural, Suburban, & Urban | 4 | 16.7% |

Source: diymaps.net (c)

OSPCs Identified Recommendations:

1. OSPCs should seek out diverse membership from all community sectors early in development and build upon this membership throughout OSPCs' lifetimes.
2. OSPCs should have an open community which welcomes diverse input and opinions, making sure that member agreement is reached on all decisions.
3. OSPC Leaders should focus on organizing member activities and developing shared goals/ a shared vision with coalition members.
4. OSPCS must complete assessments of their community needs, wants, weaknesses & strengths *BEFORE* choosing activities or implementing programs.
5. OSPCs should use the results of their community assessments to form strategic plans that include long-term goals and short-term goals.

Achieving Recommendations:

Practical strategies:

○ New Relationship development

- ✓ Active outreach is required
- ✓ Have a plan for gathering members over time
- ✓ Set parameters around member engagement (what is your ask of members?)
- ✓ Know WHY you are asking each member to join



Achieving Recommendations:

Practical strategies:

- **Creating Active Engagement/Member Sustainment**
 - ✓ Focus on authentic engagement
 - ✓ Create subcommittees/subgroups
 - ✓ Identify leaders for subgroups
 - ✓ Connect coalition work to participating organizations' work



Achieving Recommendations:

Practical Strategies:

- **Collective decision-making**

Collective decision making made easier by:

- Make a part of meetings
- Share roles to prep for and lead discussions
- Get data, information, etc. for review to group in advance of meetings
- Have a formal decision-making process



Achieving Recommendations:

Practical Strategies:

- **Choosing prevention strategies**

Strategies should balance evidence-base with:

- ✓ Identified needs
- ✓ Feasibility/Sustainability
- ✓ Successful strategies

=

continued interest & new interest



QUESTIONS





Rural Suicide Prevention

OSPCCs Rural Cultural Considerations:

Cultural Considerations Noted by Rural Coalitions:

1. Impact of Isolationism/bootstrap culture on suicide prevention efforts
2. Stigma/misunderstanding of suicide
3. Firearms/gun ownership
4. Transportation challenges/ large geographic coverage



Rural Risk Factors & Protective Factors

Risk Factors:

- Accessibility of mental healthcare
- Substance abuse
- Stigma
- Geographic Isolation
- Access to firearms

Protective Factors:

- Life Skills/Resilience
- Sense of Purpose
- Social Support
- Culture

*We must address risk and protective factors in culturally appropriate ways.
Partnerships & community engagement make this possible.*

Rural Resources

1. [Suicide Prevention Resource Center](#)

- National suicide prevention resource center

2. [Rural Health Information Hub's Rural Suicide Prevention Toolkit](#)

- Models, program clearinghouse, guidance on implementation, evaluation, sustainability, etc.

3. [Rural Response to Farmer Mental Health and Suicide Prevention](#)

- Resources, organizations, funding and opportunities, news, events, models, etc.

4. [CoalitionsWork](#)

- Online repository of tools and resources to support coalition development

5. [Community Tool Box](#) (University of Kansas)

- Variety of toolkits and information to guide community prevention planning

Questions?

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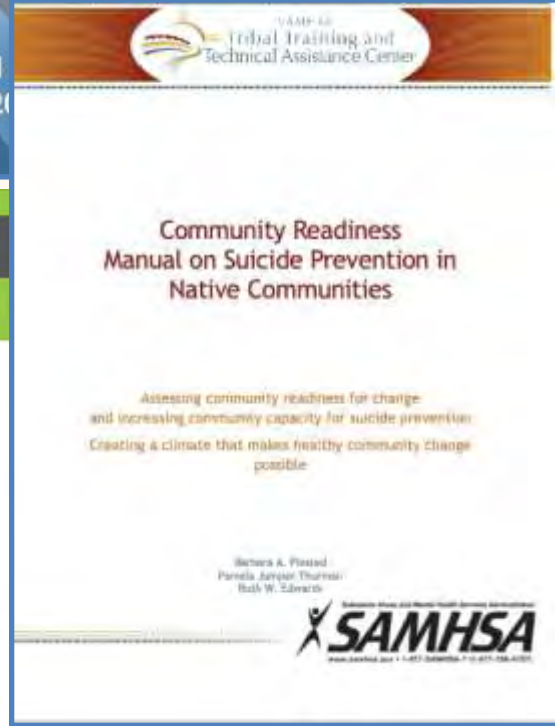
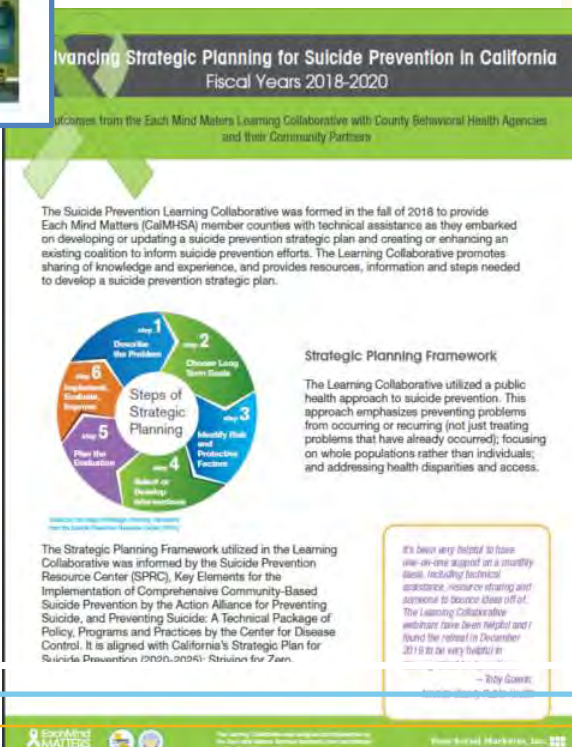
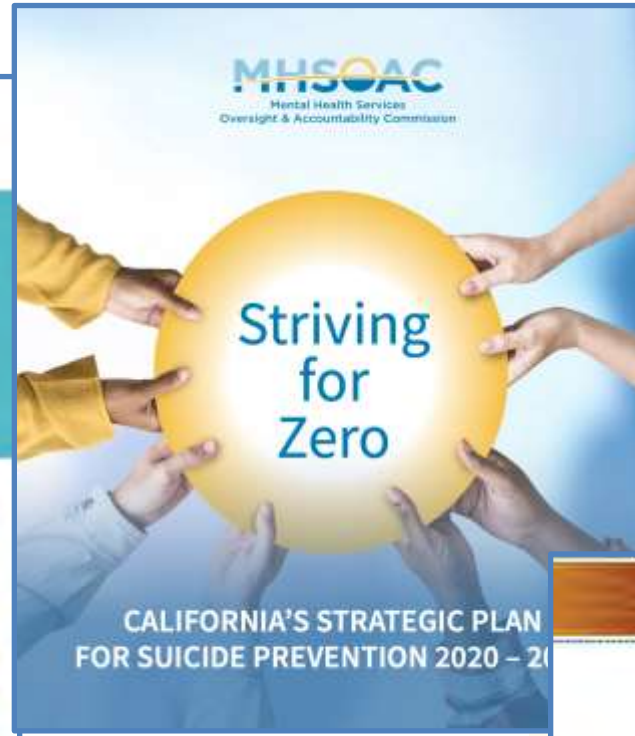
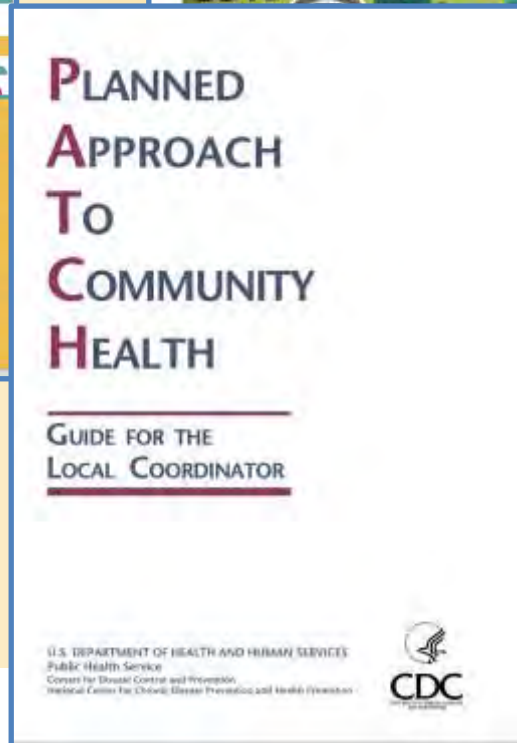
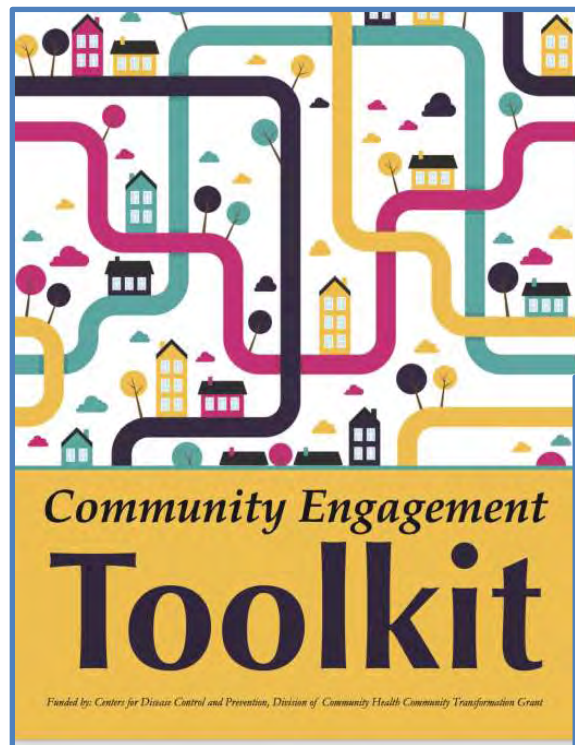
EDC Headquarters

43 Foundry Avenue

Waltham, MA 02453



Resources

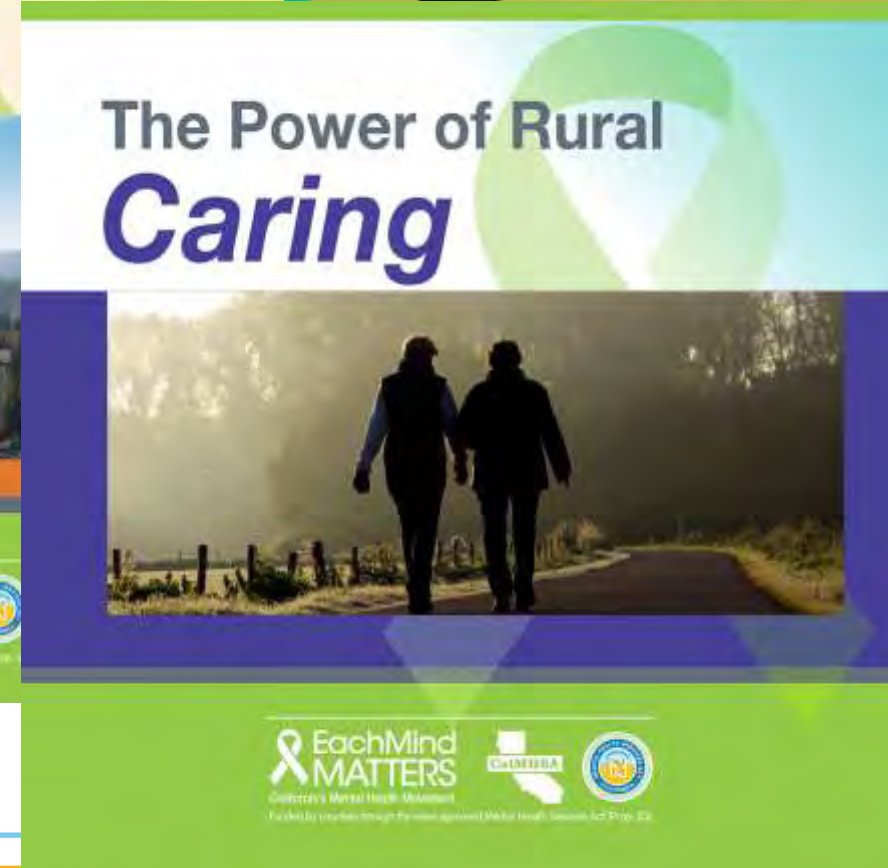
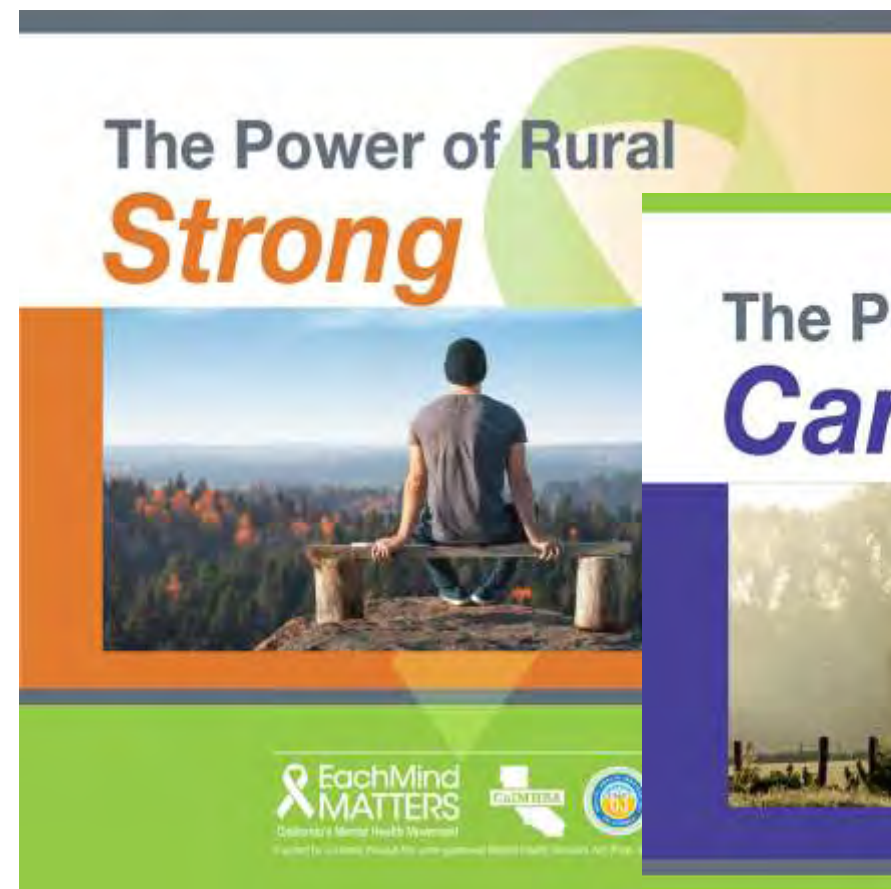


Resources

Suicide prevention resources and specific resources for rural communities can be accessed on the Each Mind Matters Resource Center at www.EMMResourceCenter.org



Pain Isn't Always Obvious
KNOW THE SIGNS
suicideispreventable.org



You Don't Have to Do it Alone!

| Contra Costa | El Dorado |
|----------------|-----------------|
| Fresno | Glenn |
| Kings | Humboldt |
| Los Angeles | Imperial |
| Marin | Lake |
| Monterey | Napa |
| Orange | Nevada |
| Riverside | San Luis Obispo |
| San Bernardino | Shasta |
| San Francisco | Siskiyou |
| San Joaquin | Sonoma |
| San Mateo | Sutter Yuba |
| Santa Cruz | Trinity |
| Ventura | Tulare |
| | Tuolumne |

Contact Us to Receive An
Interest Form!
Sandra@suicideispreventable.org

Thank you for your time

For more information please contact: Sandra@suicideispreventable.org

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