



# Striving for Zero

## Striving for Zero Learning Collaborative

### Module 3: Strategic Approaches to Training - October 20, 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>

**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**

- 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 the Evaluation
- step 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.

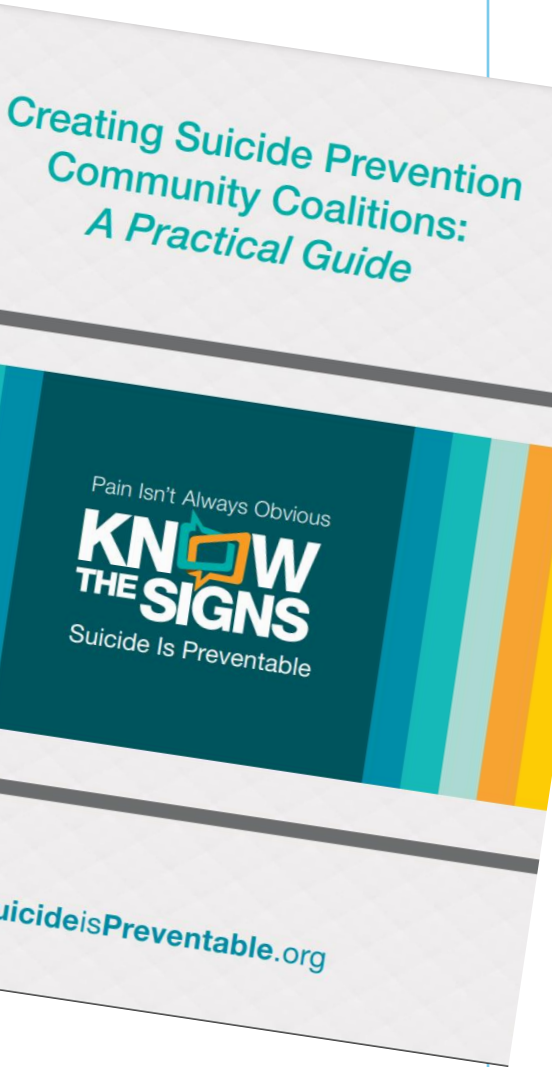
Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

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

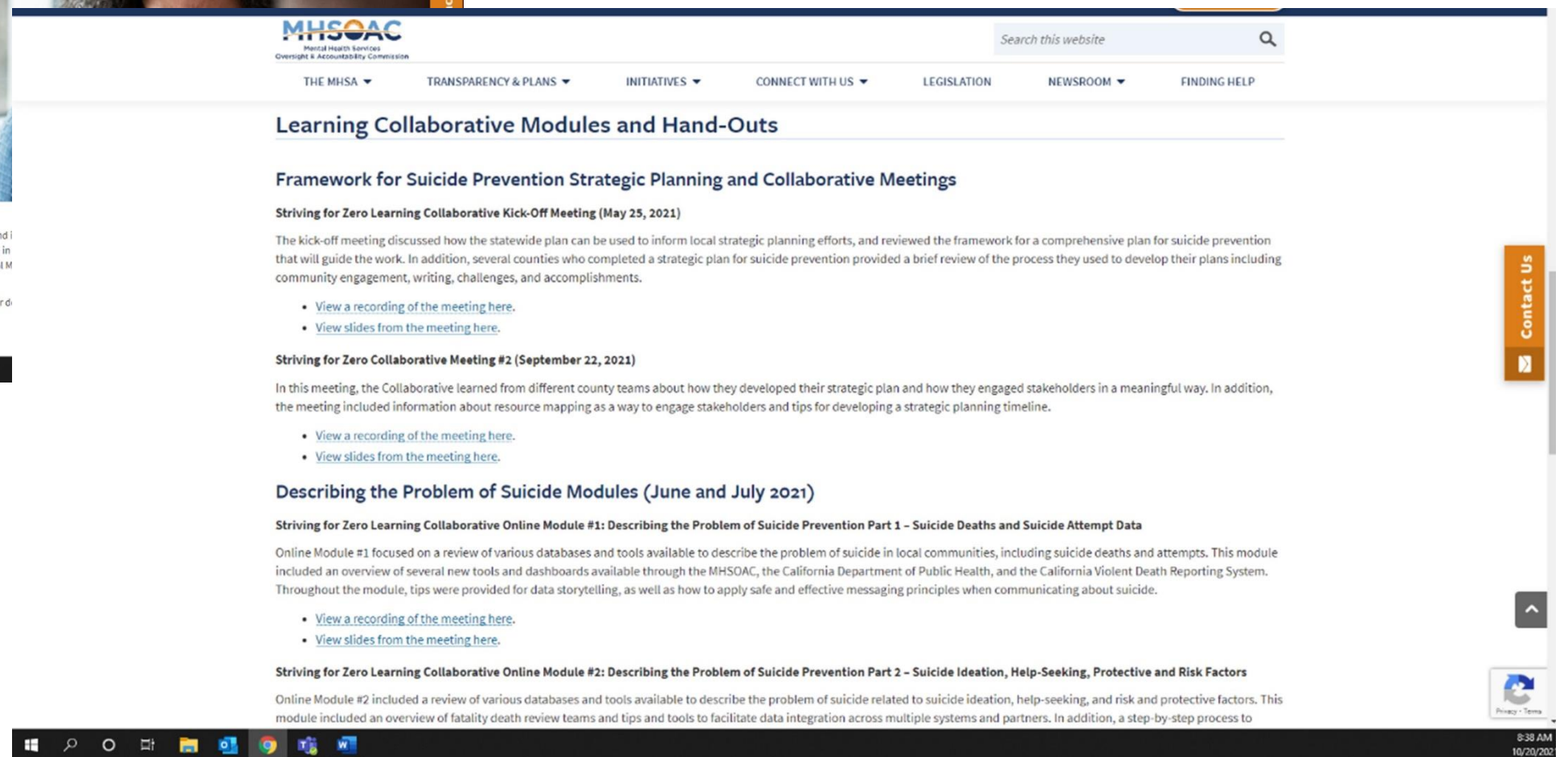
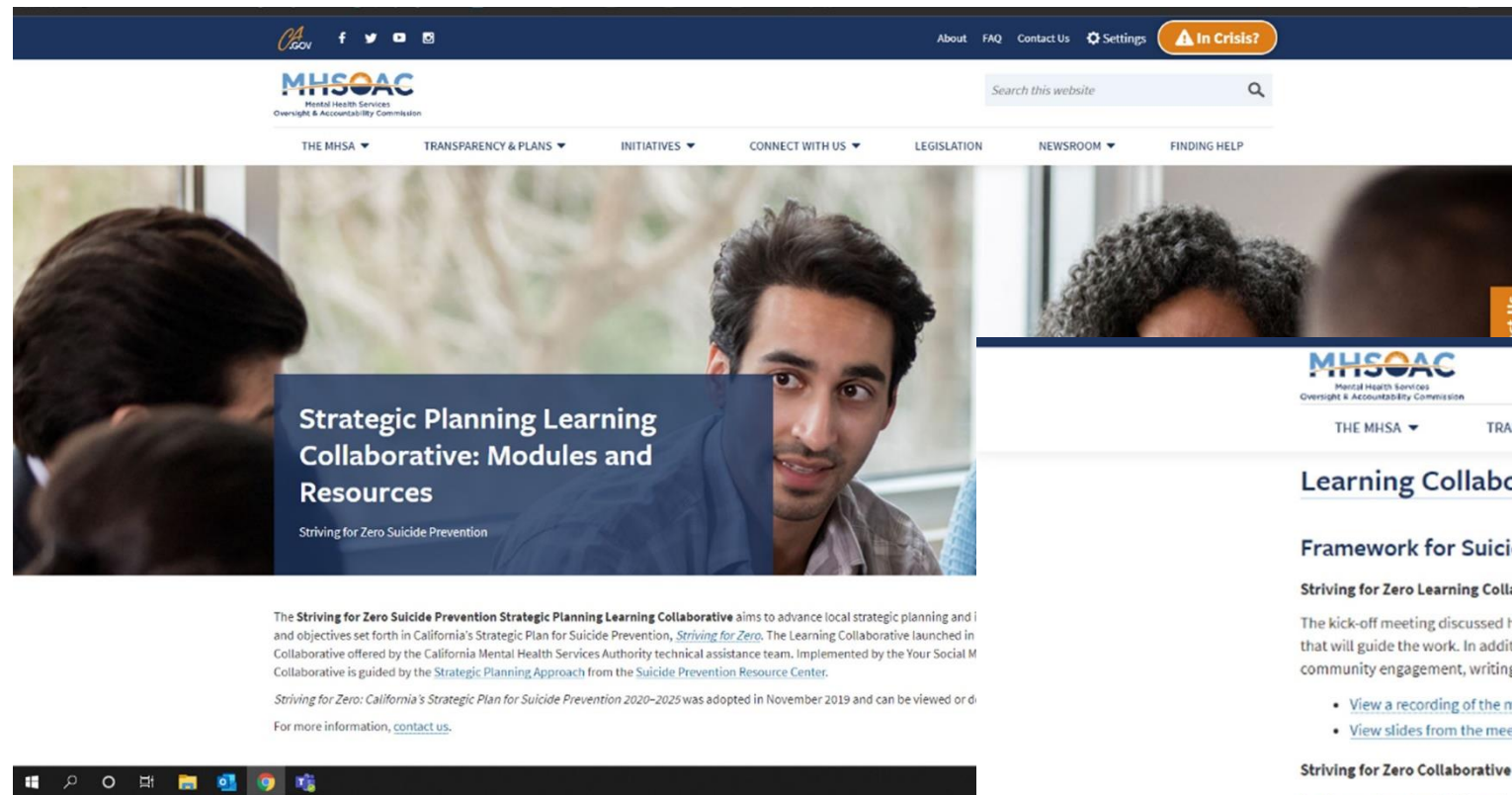
EachMind MATTERS  
The Learning Collaborative was designed and implemented by the Each Mind Matters Technical Assistance Team administered by Your Social Marketer, Inc.

Your Social Marketer, Inc.





# Striving for Zero Learning Collaborative Resource Page



# Strategic Planning Framework



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

## Today's Agenda

- Understanding different suicide prevention trainings and how to apply a strategic planning approach to selecting and incorporating goals around trainings into your strategic plan.

## Coming Soon!

- Training “Catalog”

# Snapshot of Striving for Zero Learning Collaborative counties

## Snapshot of Striving for Zero Learning Collaborative Counties (n: 30)

**Public and private clinician receive specific training to assess and manage suicide risk.**

- No (53.33%)
- Planning Phase (23.44%)
- Yes, but limited (16.67%)
- Yes (6.67%)

**There is an online public directory of providers delivering suicide related treatment.**

- No (90%)

# Strategic Framework for Training



## Step 2. Chose Training Goals

- What is needed? (Resource mapping)
- Where do you want to go?
- Organizational Assessment - Who should be trained, in what training module, at what organization(s)?
- Short-term vs. Long-term
- Specific, Measurable, Achievable, Realistic, Time-bound
- Volume target vs. percentage to completion?

**Example Goal: DBH will conduct 12 sessions of Clinical Approaches to Suicide Care, training 120 staff (80% of dept total) and 24 community service providers by December 31, 2022.**

# Strategic Framework for Training

## Step 4. Develop Training Interventions

- How you will get to your destination
- Core components: what is the intent?
- Resources: space, time, materials, funding, other
- Training: T4T, required, offered, or needs to be developed
- Barriers: reaching targets, funding, politicized issue, etc.
- Logic model: how actions lead to your destination

## SPRC

- Confirm your activities will work
- Plan your activities in advance: what, who, when
- Research





# Strategic Framework for Training



## Step 6. Implement, Evaluate, Improve

- Data measures
- What worked?
- What could go better?
- Sunk costs?
- Continuous improvement

## SPRC

- Ensure activities were implemented as planned
- Return to goal benchmarks

# Poll

**Which of these suicide prevention trainings have you been trained in?**

- ☐ QPR
- ☐ SafeTalk
- ☐ ASIST
- ☐ Other Suicide Prevention Training
- ☐ Counseling on Access to Lethal Means (CALM)
- ☐ Assessing and Managing Suicide Risk (AMSR, RRSR, or CAMS)

# Theoretical Frameworks

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**

Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

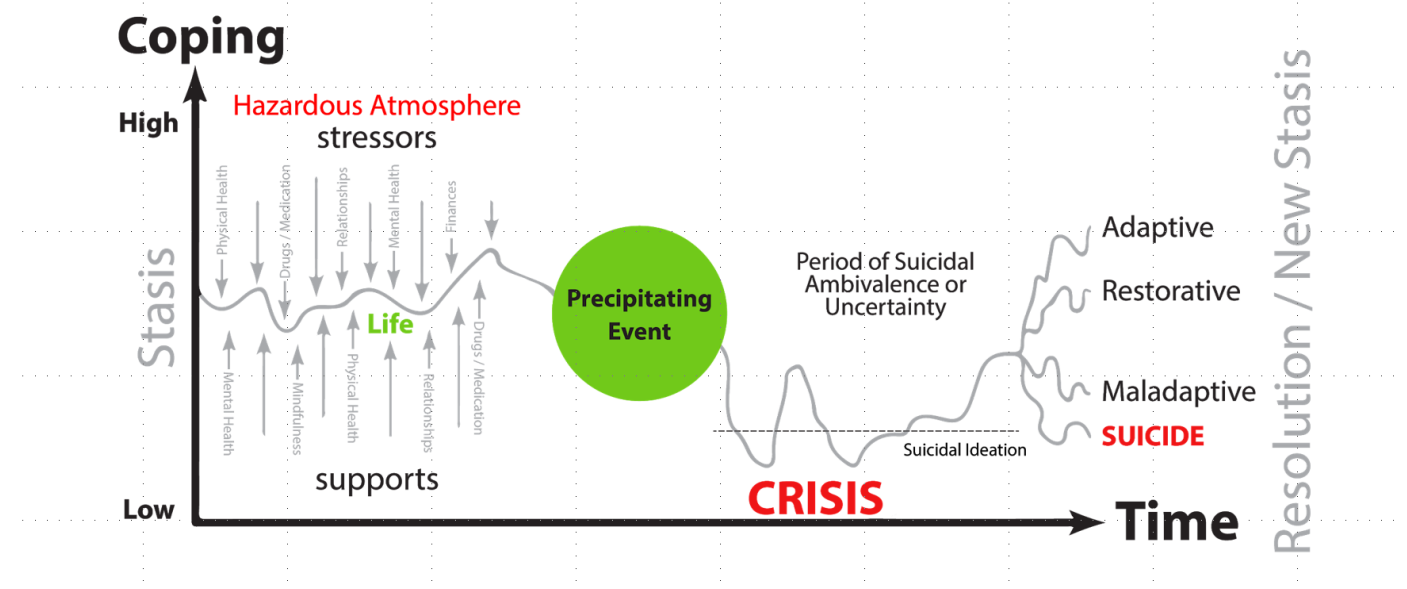
# The Suicidal Crisis Path Model as a Framework for Understanding Suicide Prevention

“The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual’s suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening.” (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

[www.FresnoCares.org](http://www.FresnoCares.org)

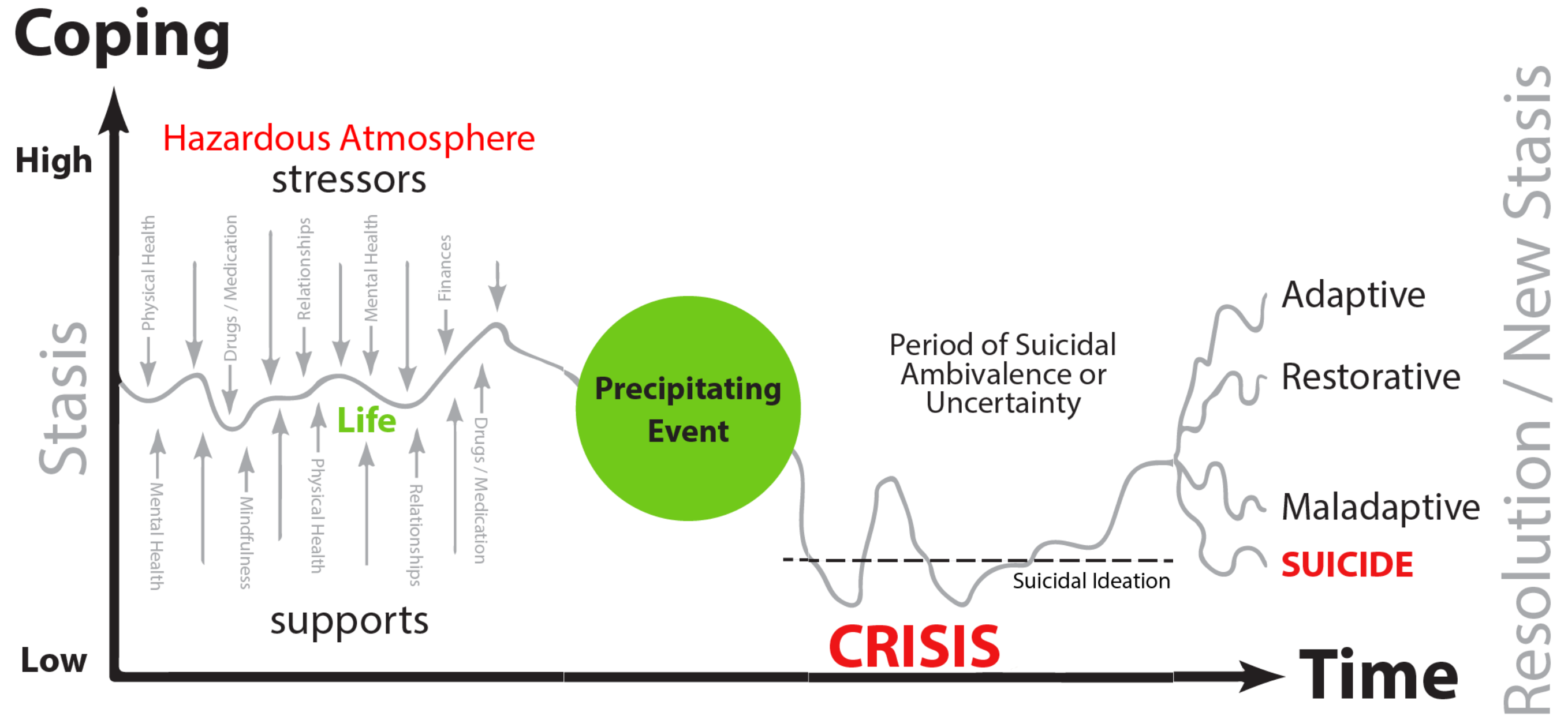
Figure 2

## Model 2: Crisis Coping Theory





# Crisis Coping Theory



# Suicide Prevention Resource Center (SPRC)

## Comprehensive Approach to Suicide Prevention

Population → Higher Risk → Suicidal → Suicide Attempt → Suicide

Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

Prevent Problems from Happening and Promote Wellness

Identify Problems Early and Connect People to Help

Safe and Compassionate Responses During and After a Crisis

Connectedness

Life Skills and Resilience

Identify and Assist

Increase Help-Seeking

Care

Transitions/Linkages

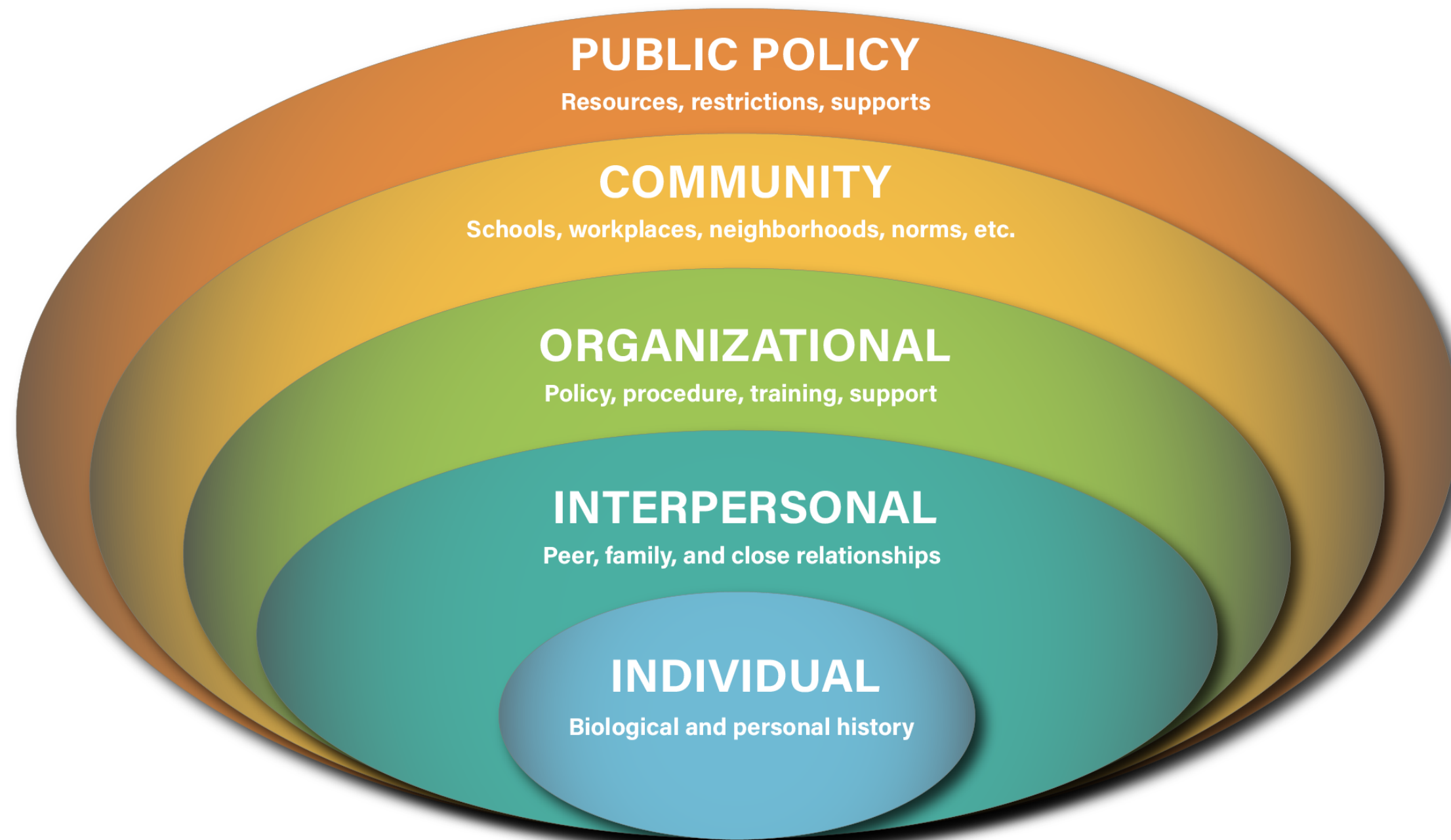
Reduce Access to Lethal Means

Respond to Crisis

Effective Care and Treatment

Postvention

# Social-Ecological Model



# Social-Ecological Model



# Risk & Protective Factors

## Public Policy

- Risk: competitive, remove/reduce funding, access
- Protective: safety net, MHSA, means restriction

## Community

- Risk: cost of living, lack of providers, isolated groups
- Protective: access to care, respite, connectedness, peer supports, safe messaging by news outlets

## Organizational

- Risk: high stress, toxic culture, anti-mental health
- Protective: EAP, proactive door, work-life balance

## Interpersonal

- Risk: loneliness, isolation, relationship instability,
- Protective: connectedness, supports treatment

## Individual

- Risk: depression, health challenges, lethal means
- Protective: coping skills, cultural values, spirituality



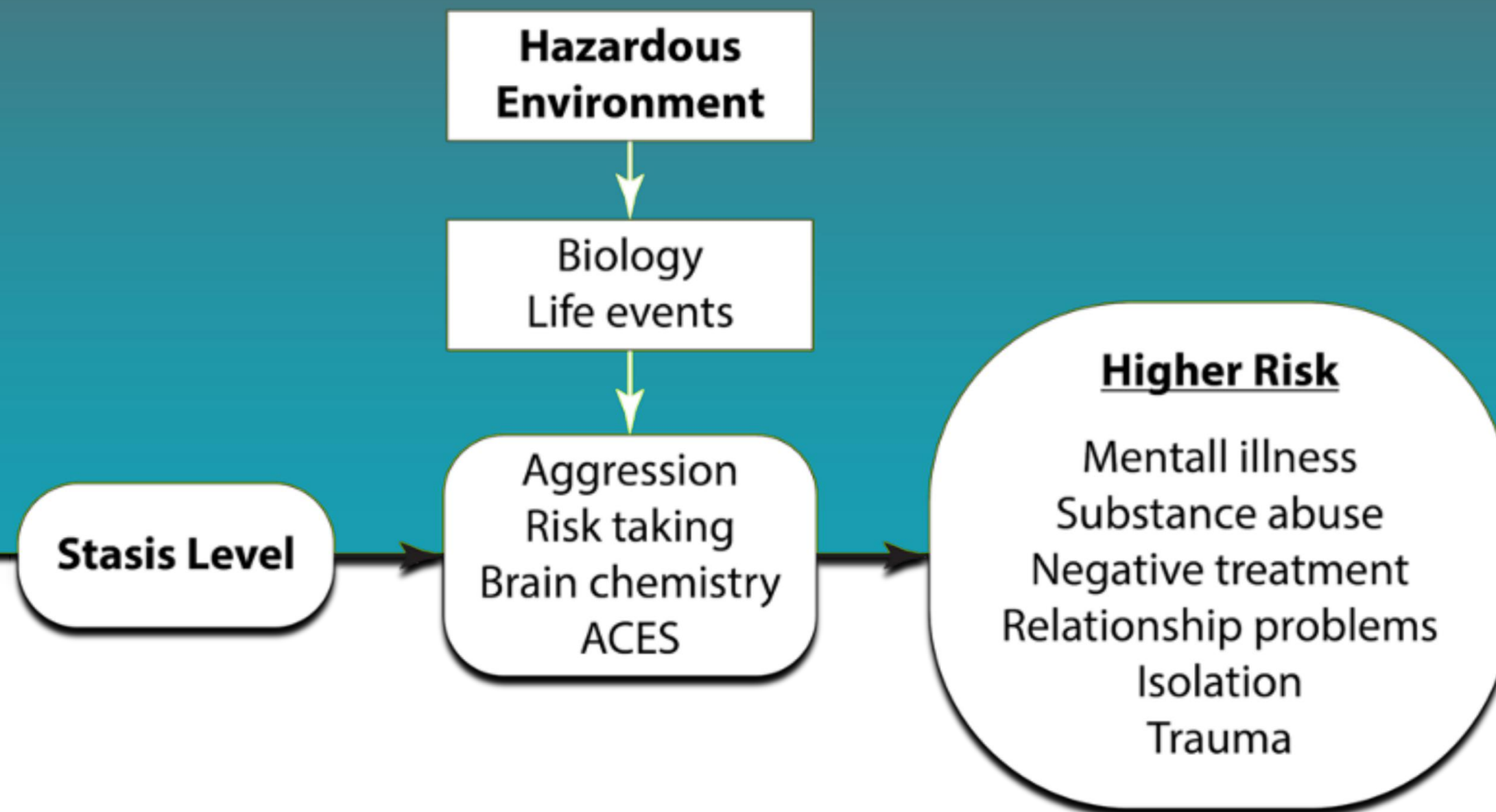
# Ecological Model and Approach for a Comprehensive Suicide Prevention Approach in Los Angeles County

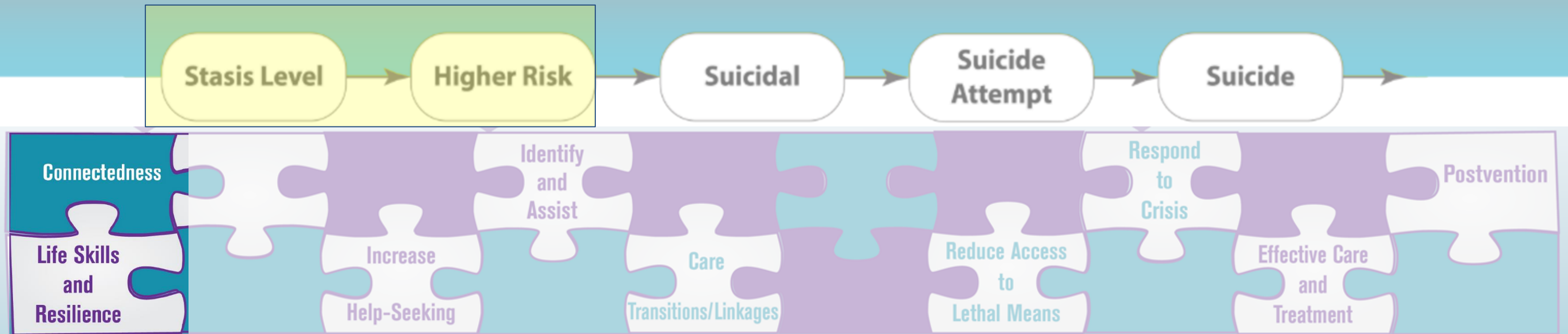


# Putting Theory into Practice:

Applying these frameworks to incorporating trainings into your strategic planning process.





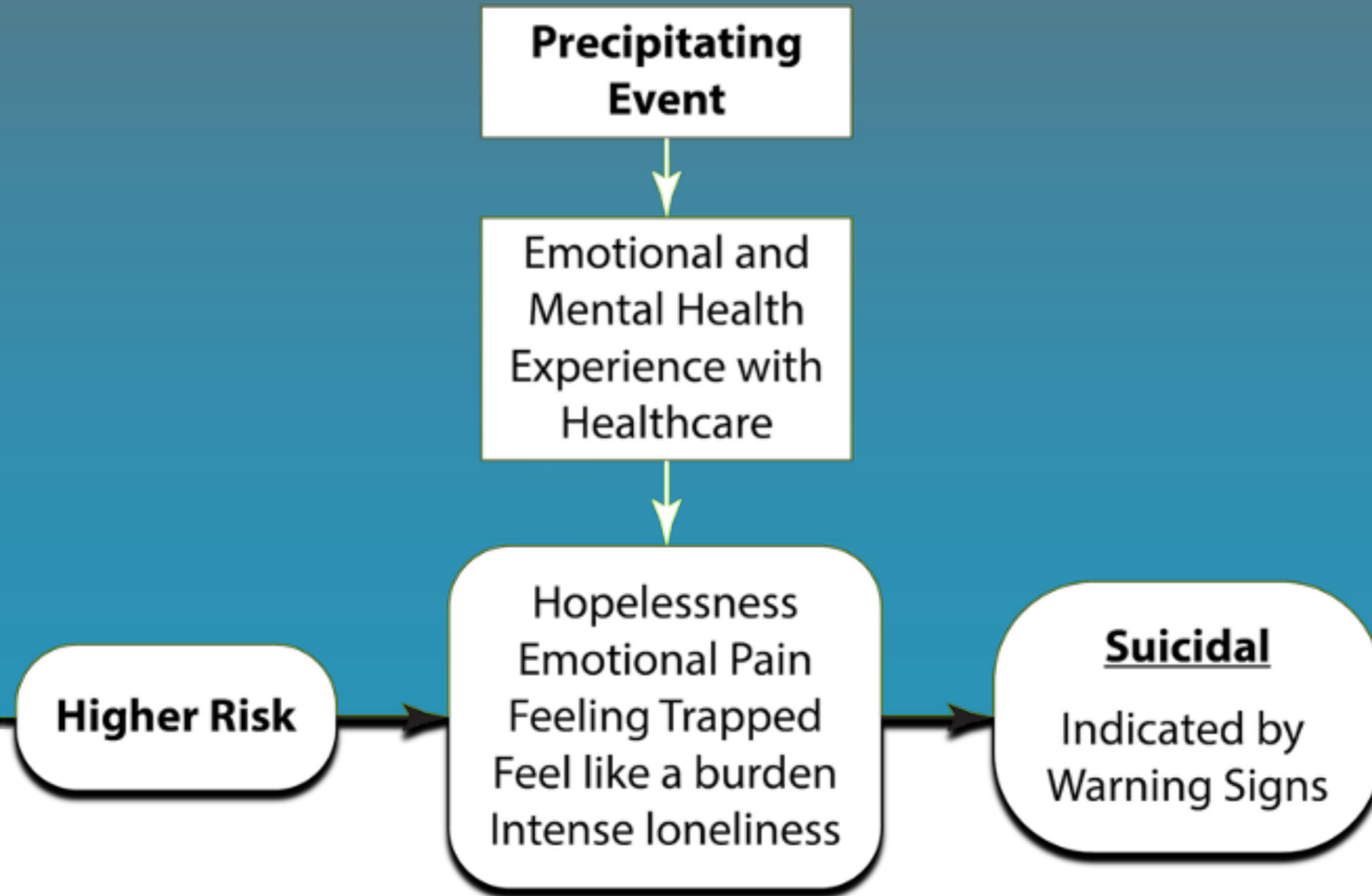
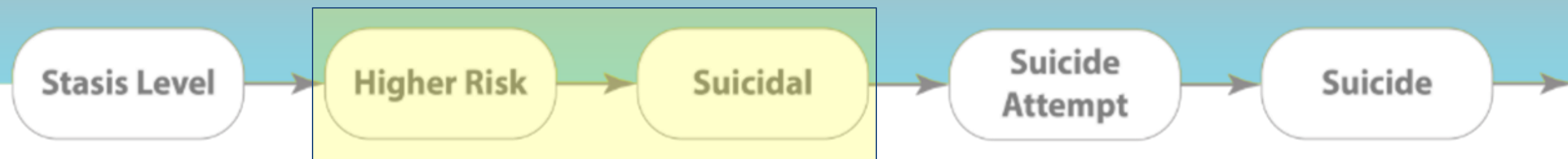


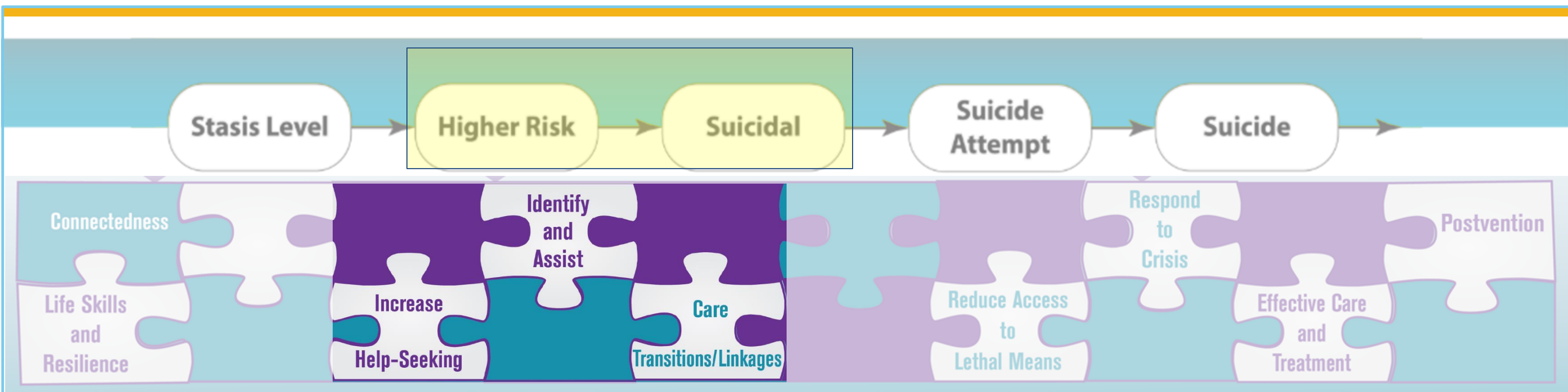
# Prevention & Wellness Promotion



Public Policy	Mental Health Services Act, CalAIM, School Suicide Prevention Policies
Community	Awareness Campaigns, Walks. Intergenerational Programs, etc.
Organizational	<b>Motivational Interviewing, Active Listening</b> , SEL Practices
Interpersonal	Communication Skills, Healthy Relationships, Parenting Skills, Respite
Individual	Financial and Stress Mngt, Life Skills, Problem Solving, Coping Skills







## Early Intervention

Public Policy	Mental Health Parity, Crisis Lines Written on Student ID Cards
Community	<b>Mental Health First Aid (MHFA)</b>
Organizational	Trauma-Informed Care, Critical Incident Stress Management (CISM)
Interpersonal	<b>QPR, SafeTALK, Talk Saves Lives, El Rotalio, START, Be Sensitive Be Brave, Kognito, etc</b>
Individual	<b>Trauma-Focused Cognitive Behavioral Therapy, EMDR, Prolonged Exposure Therapy</b>

# QPR

Question  
Persuade  
Refer

**Cost:** Can range from *free* to \$670 per person.

**Platform:** In person or online

**Duration:** Ranges from 1 hr to 40 hrs.

**Target:** Suitable for general public with additional training for specific professions and groups.

**Objective:** How to Question, Persuade and Refer someone who may be suicidal; recognition skills for professional groups; up to specific clinical skills.

# QPR

**Question**  
**Persude**  
**Refer**

## Modules:

- QPR Online
- QPR Gatekeep Instructor Certification
- QPRT Suicide Risk Assessment and Management Training Pro
- QPR Suicide Triage Training Online
- Counseling and Suicide Intervention Specialist (OCSIS)
- Suicide Screening Training
- QPR for Clergy, Corrections, Eldercare Workers, Doctors and Physicians, Firefighters and EMS, Law Enforcement, Nurses, Occupational and Physical Therapists, Pharmacists, Sports Coaches, AOD, Veteran Care Providers, Students and Crisis Volunteers, Psychosis
- Counseling Suicidal People: A Therapy of Hope
- Ethics and Suicide



# El Rotafolio

## Train the Trainer

**Cost:** Varies

**Platform:** In-Person

**Duration:** 2 days

**Target:** Spanish-speaking Promotores and Community Health Educators

**Language:** Spanish

**Objective:** To prepare Promotores and Community Health Educators to deliver suicide prevention community presentations in Spanish.

To learn more about the training, research to date, pricing or to schedule a training in your area, please contact Rosio Pedroso:  
[rosio@pedrosoconsulting.com](mailto:rosio@pedrosoconsulting.com) 408.657.6746.



## Usefulness of El Rotafolio Training Presentation

96%

Did the presentation provide useful information about local resources and support groups?

(Based on the following responses: local resources n=2081 and support group n=2090)

96%

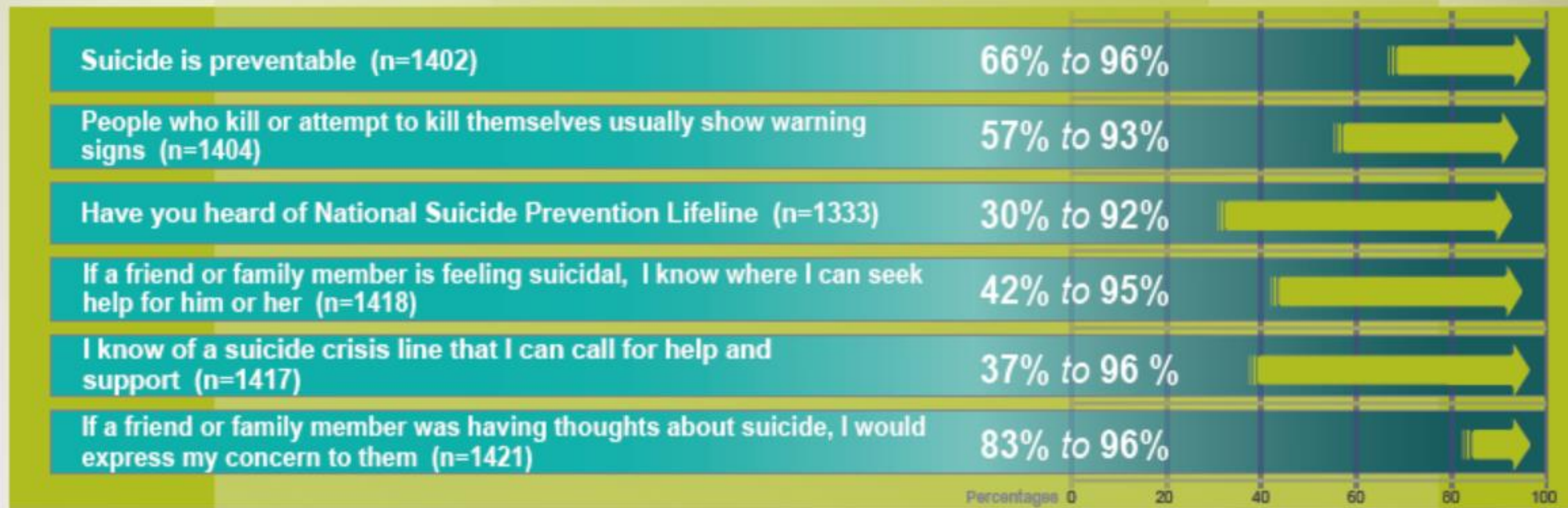
Did the presentation provide you with useful suggestions on how to initiate the conversation, ask about suicide, and listen?

(Based on 1,440 responses)

Participants that agreed or strongly agreed with statements. Statistically significant difference at  $p < 0.05$ .

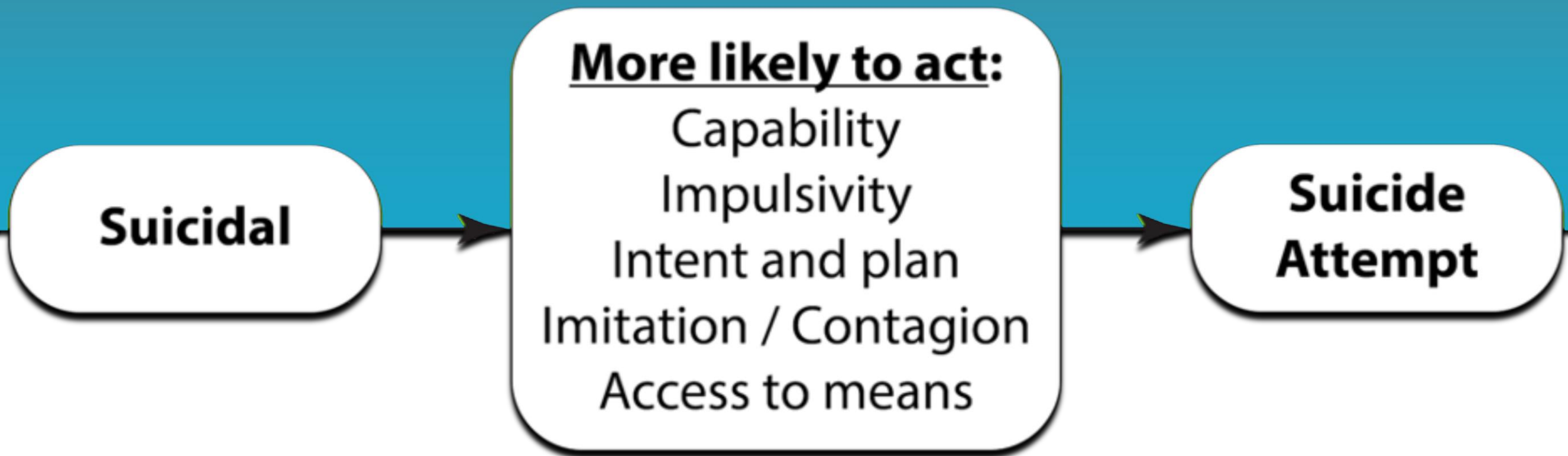
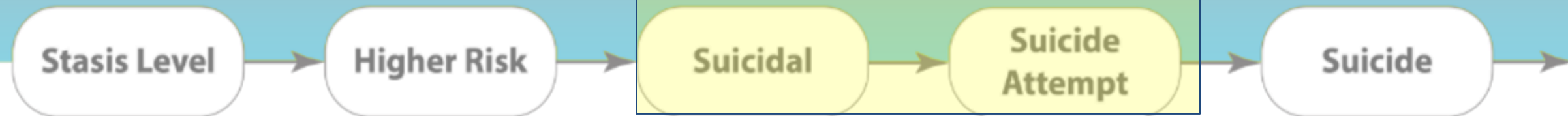
## Changes in Attitudes and Beliefs About Suicide

Increase from pre to post in the percentage of participants that agree or strongly agree with statements about suicide prevention.

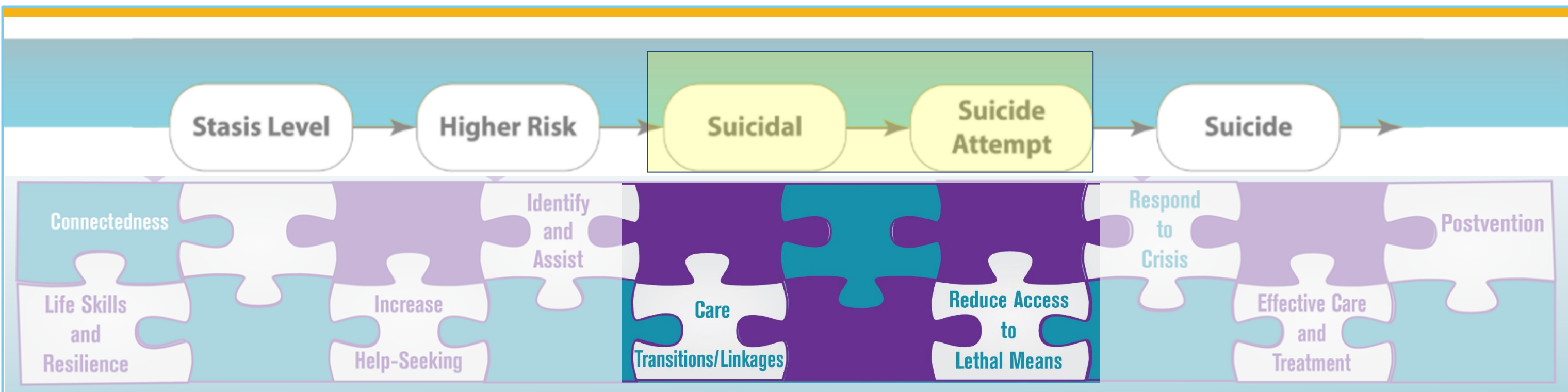


Percentages 0 20 40 60 80 100

Respondents based their response on a 5 point scale: "1" Strongly Disagree, "2" Disagree, "3" Neutral, "4" Agree and "5" Strongly Agree. Statistically significant difference at  $p < 0.05$ .







## Clinical & Crisis Intervention

Public Policy	Means Restriction and Safety (opioids, firearms, poisons, etc.)
Community	Columbia Suicide Severity Rating Scale (C-SSRS), Safe-T Planning
Organizational	Assessment and Management of Suicide Risk CAMS, AMSR, RRSR
Interpersonal	Applied Suicide Intervention Skills Training (ASIST)
Individual	Cognitive Behavioral Therapy (CBT)



# AMSR

## Assessing and Managing Suicide Risk

**Cost:** \$135-\$65 (volume) or \$50 for Direct Care, plus shipping fees for materials.

**Platform:** Virtual or in-person

**Duration:** 6.5 or 3 hrs - Direct Care

**Target:** Professionals and support staff in inpatient and outpatient settings as well as SUD providers

**Objective:** Enhancing competencies in suicide risk identification, assessment, and management competencies.

# CAMS

## Collaborative Assessment and Management of Suicidality

**Cost:** \$359

**Platform:** Book, online video, online live role-play, & phone consultation.

**Duration:** 10-hours

**Target:** Mental/behavioral health clinicians

**Objective:** Best-practice assessment approach to help clinicians and patients identify the causes of pain and reduce risk for suicide. Typically, over 4-12 treatment sessions.

# RRSR

## Recognizing and Responding to Suicide Risk

**Cost:** Service fee, trainer fee, indirect cost, trainer fee and travel/lodging, costs also vary per type of RRSR, T4T

**Platform:** Face-to-face or virtual

Duration: 2 days (clinicians) to 90 min (PCP)

**Target:** MH/BH clinicians and physicians

**Objective:** Focused overview of the impact of suicide on survivors, and the clinical and support responses that are needed.



# County Spotlight: Sonoma County



# Implementing AMSR in Sonoma County Behavioral Health Division

## 2015

Trained 6 staff to be  
AMSR Leaders

Conducted 4 trainings  
with key managers  
and staff to get buy in

## 2016

Section Manager Susan  
Castillo championed  
training the entire clinical  
staff in AMSR

BH Director announced that  
AMSR was now mandatory  
for clinical staff

5 additional trainings  
were offered with over  
150 staff

## 2016- 2019

The Suicide Risk  
Assessment (SRA)  
Procedure, Form, Safety  
Plan and Safety Support  
Plan were revised or  
introduced and the forms  
follow the AMSR  
curriculum

Staff was trained on  
the SRA Procedure  
and forms

## Ongoing

2-3 AMSR courses  
are offered annually  
with only 2 trainers

Managers regularly  
ask when the next  
training will be held

# What Worked and Challenges



## What worked

Having an influential champion in division leadership  
Making training mandatory  
Getting buy in from managers and key staff  
Procedure and forms that followed curriculum  
Most managers like having their staff trained  
Since 2015 over 20 trainings offered with over 500 trained staff & CBOs

As hardships (fires, budget shortfalls, leadership changes, pandemic) evolved, it was more difficult to keep focus and AMSR was no longer a priority

Trainers left or had positions that no longer allowed for time to train.

Currently new leadership wants to change procedure and forms



## Challenges

# Lessons Learned

**Try to have a strategic  
plan in place and  
training as an aspect  
of the plan**

**Vitally important to  
have leadership  
champion and  
endorsement**

**Develop procedure  
and forms with  
representatives from  
line staff and multiple  
layers of  
management**

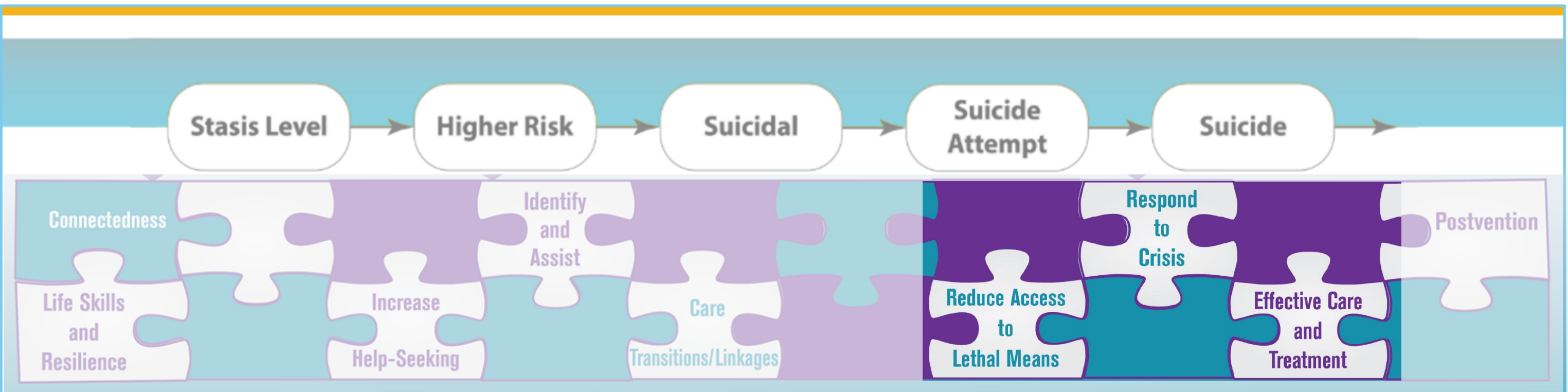


**Suicide Attempt**

**More likely fatal:**  
Deliberate planning  
Lethal method  
Short course of action  
Slow intervention  
Inadequate treatment

**Suicide**





# After a Suicide Attempt

Public Policy	ED/ER Visit Data, California Poison Control Center
Community	Integration Suicide Prevention into Firearm Safety Trainings
Organizational	Counseling on Access to Lethal Means as part of Hospital Discharge
Interpersonal	NAMI’s Family-to-Family, Caring Contacts, Suicide Attempt Survivor Support Groups
Individual	CBT-SP, Access to SP trained clinicians (CAMS, AMSR, RRSR)

# CALM

## Counseling on Access to Lethal Means

**Cost:** Free

**Platform:** Online

**Duration:** 2 hours

**Target:** Anyone -> mental health, health, AOD, social services, clergy, etc.

**Objective:** How to ask individual about access to lethal means, and work with them to reduce access.

# CBT-SP

## Cognitive Behavioral Therapy for Suicide Prevention

**Cost:** \$500

**Platform:** Virtual

**Duration:** Three days

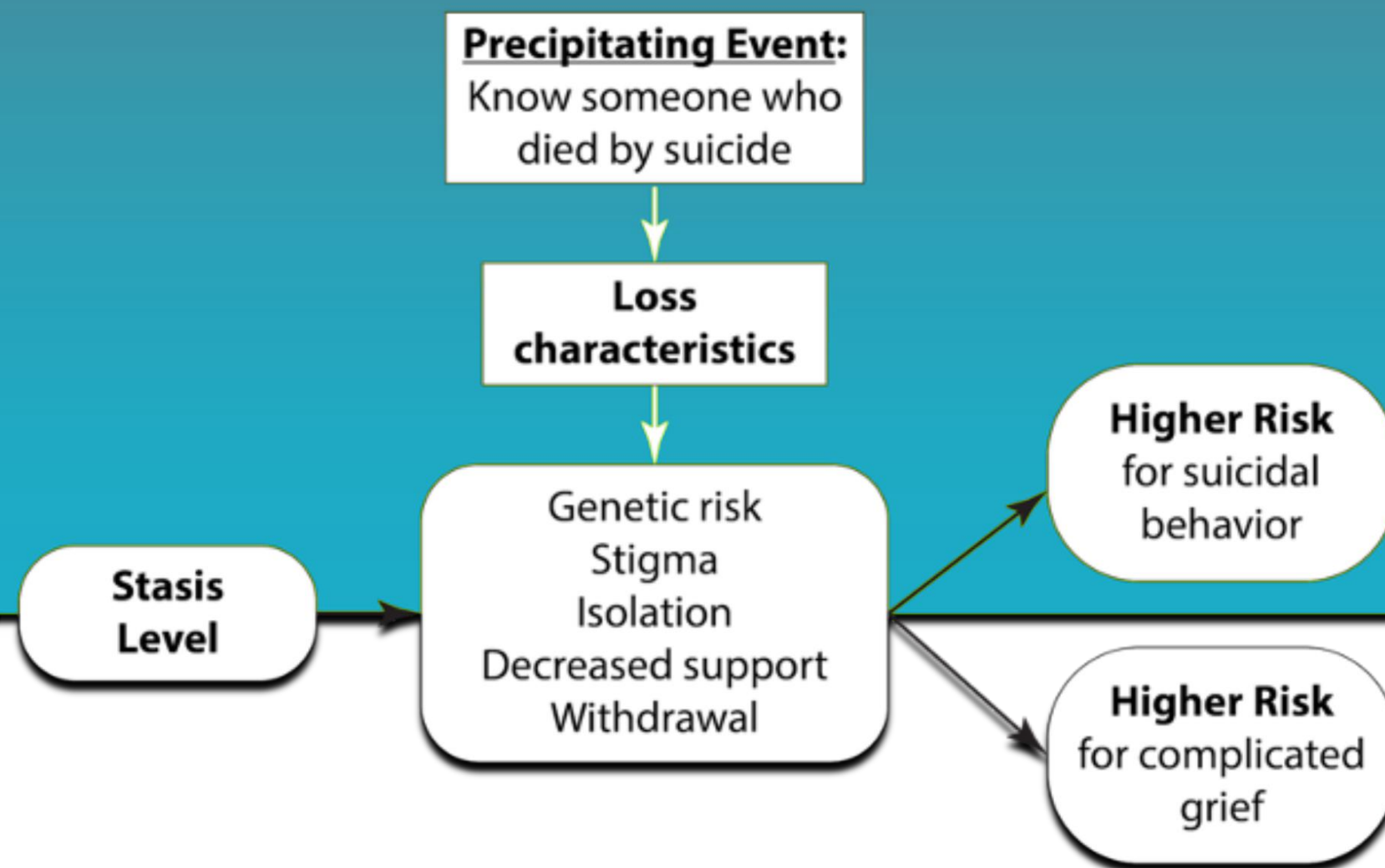
**Target:** MH/BH clinicians

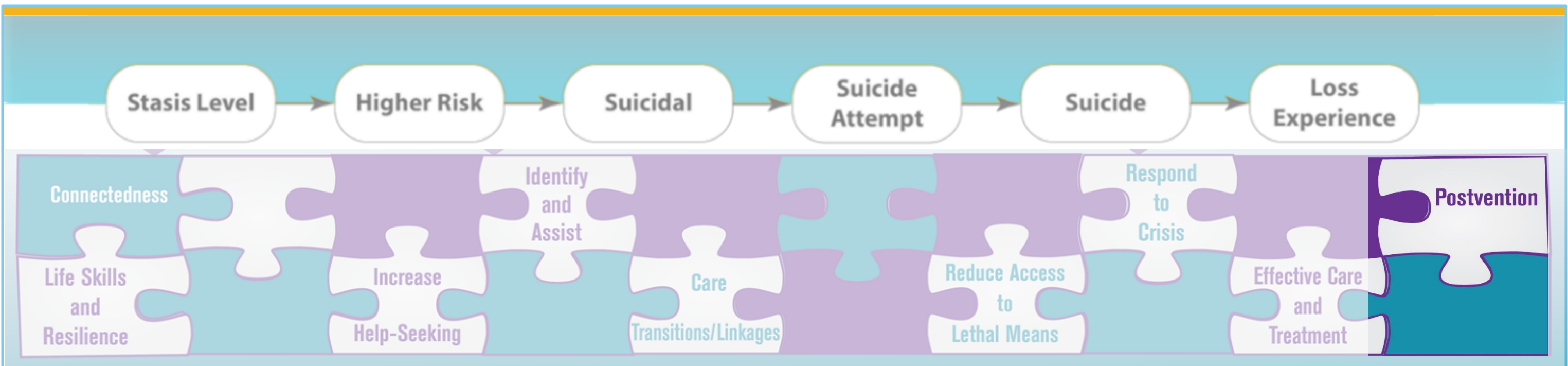
**Objective:** reduce the occurrence of suicide attempts, conceptualize depressed clients, establish the therapeutic relationship, instill hope, modify their maladaptive thinking and behavior, and solve problems on their own.



# County Spotlight: Humboldt County







## Postvention

Public Policy	Death Reporting: Death Certificate Fields
Community	Sudden & Traumatic Loss Training
Organizational	Psychological Autopsy, LOSS Team Training, Living Works Connect
Interpersonal	Peer Support Group Facilitator Training
Individual	Suicide Bereavement Clinician Training

# POSTVENTION

- **Psychological Autopsy**
- **Psychological Autopsy for Law Enforcement**

**Cost:** \$350 AAS members, \$385 non-members

**Platform:** Virtual

**Duration:** 2:15hr per session, 4 sessions over 4 days

**Target:** Usually government officials or those involved with death reviews

**Objective:** Reconstruct the causes of an individual's death by suicide or to ascertain the most likely manner of death where that manner of death is equivocal and left undetermined by a medical examiner or coroner.

# POSTVENTION

- (1) Suicide Bereavement Clinician Training Program
- (2) Clinical Work with the Suicide Bereaved

**Cost:** Currently under review

**Platform:** Virtual or in-person

**Duration:** 6.5 hrs (1) or 3.5 hrs (2)

**Target:** Clinicians and others involved in the support of those bereaved by suicide loss.

**Objective:** Understand the complex dynamics relating to suicide grief and complicated grief and trauma often experienced by loss survivors, explore related grief theories, understand best practices to facilitate the healing journey.

# Trainings for Diverse Communities



# Be Sensitive Be Brave for Suicide Prevention

A Culturally Responsive Workshop on Suicide Prevention

## Description

“Be Sensitive, Be Brave: Suicide Prevention” infuses culture and diversity throughout a foundational workshop in suicide prevention. The workshop teaches community members to act as eyes and ears for suicidal distress and to help connect individuals with appropriate services. Participants will learn to recognize suicide risk, how to ask individuals if they are thinking about suicide, and connect them with help. This workshop discusses navigating conversations about suicide across diverse populations, with the aim of equipping community members to be culturally responsive within their communities.

## *With a cultural lens:*

- Learn how to identify signs of suicide
- Practice sensitively and confidently asking individuals if they are considering suicide
- Learn how to connect individuals at risk of suicide with the appropriate resources & community supports
- Learn to approach suicide prevention in a culturally sensitive

## CONTACT:

**Joyce Chu Ph.D.**

Clinical Psychologist

Professor, Palo Alto University

Director, Community Connections Psychological Associates

[joycepchu@gmail.com](mailto:joycepchu@gmail.com)



# Be Sensitive, Be Brave (BSBB) for Mental Health

## *A Culturally Responsive Workshop on Mental Health & Mental Illness*

### BSBB: MH Workshop Goals

*With a culture and diversity lens:*

- Learn how to identify when you or someone you know is in **mental distress**
- Practice being **sensitive** and **brave** in helping others
- Increase awareness of mental health **resources**
- Learn how to prevent mental illness by using a **recipe** for mental health
- Build **cultural sensitivity** around mental illness
- Increase community responsiveness and decrease stigma

#### CONTACT:

Joyce Chu Ph.D.

Clinical Psychologist  
Professor, Palo Alto University  
Director, Community Connections Psychological  
Associates

[joycepchu@gmail.com](mailto:joycepchu@gmail.com)

**Workshop Description:** Be Sensitive, Be Brave for Mental Health (BSBB: MH) infuses culture and diversity throughout a foundational workshop on mental health and mental illness. The workshop prepares community members to help friends and loved ones during times of distress. Participants will learn how to recognize mental illness, what to do when someone needs support, and tools for maintaining good mental health and preventing mental illness. Diversity considerations are addressed throughout the workshop as we discuss how mental health challenges may look different across cultures.



# Suicide 201: Advancing Suicide Prevention & Management for Diverse Clientele



**Joyce Chu, PhD**  
Clinical Psychologist



**Christopher  
Weaver, PhD**  
Clinical Psychologist

6 CE  
credits

Fulfill your suicide prevention  
licensure renewal requirement.  
Target audience: Post-licensure  
instruction

*Beginning, intermediate, or advanced levels Board of  
Behavioral Sciences or Board of Psychology*

**CE Course Overview:** This workshop will provide instruction and a forum for clinical discussion and case practice, on the current standards of practice for suicide prevention and management. A useable framework and accessible guidelines will ensure that workshop participants are able to competently manage suicide risk, incorporating the latest standards in suicide science and practice.

Throughout its content, this workshop address the management of suicide in diverse populations. Attendees will learn state-of-science theoretical, measurement, and applied research as practical approaches to assist clinicians in accounting for cultural influences on suicide risk among diverse populations. Aims are to provide guidance to advance culturally competent suicide research and practice.

For live trainings contact:

Christopher Weaver, Ph.D.  
[chrisweaver.phd@gmail.com](mailto:chrisweaver.phd@gmail.com)

Joyce Chu Ph.D.  
[joycepchu@gmail.com](mailto:joycepchu@gmail.com)

For online  
trainings:  
[bit.ly/Suicide20](https://bit.ly/Suicide20)



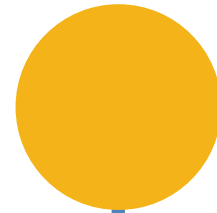
## Learning Objectives

- Identify 6 key steps of assessing & managing suicide risk
- Apply standard approaches to suicide risk assessment & inquiry
- Identify major components of safety planning, suicide risk case conceptualization, and treatment planning while accounting for important clinical documentation & legal considerations
- Discuss the latest research on cultural differences in suicide, & culturally competent assessment & prevention of suicide among ethnic minority & LGBTQ populations
- Apply a guiding framework & assessment tools/approaches that advance culturally competent suicide practice w/ diverse clients

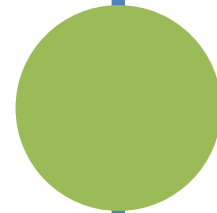
**CPA Accredited:** Community Connections Psychological Associates Inc. is approved by the California Psychological Association (CPA) to provide continuing professional education for psychologists. The California Board of Behavioral Sciences (BBS) now recognizes CPA continuing education credit for license renewal for LCSWs, MFTs, and other BBS licensed professionals. Community Connections Psychological Associates Inc. maintains responsibility for this program and its contents. This course / its instructors have no commercial support or conflict of interest relationships to report

# Developing a Training Plan

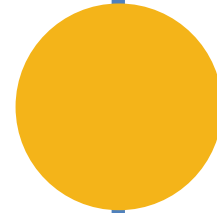
# Developing a Training Plan



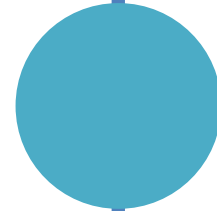
Identify training needs in your organization. Ask yourself: Who (what position) needs to be trained in what curriculum.



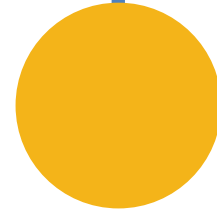
Review and select available training options with good fit for your organization. Evaluate virtual vs. in-person vs. T4T options.



Create budget and implementation plan



Create a plan to retain and engage individuals after they have been trained



Create a directory!





What's Next?

# Collaborative Meeting #3:

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

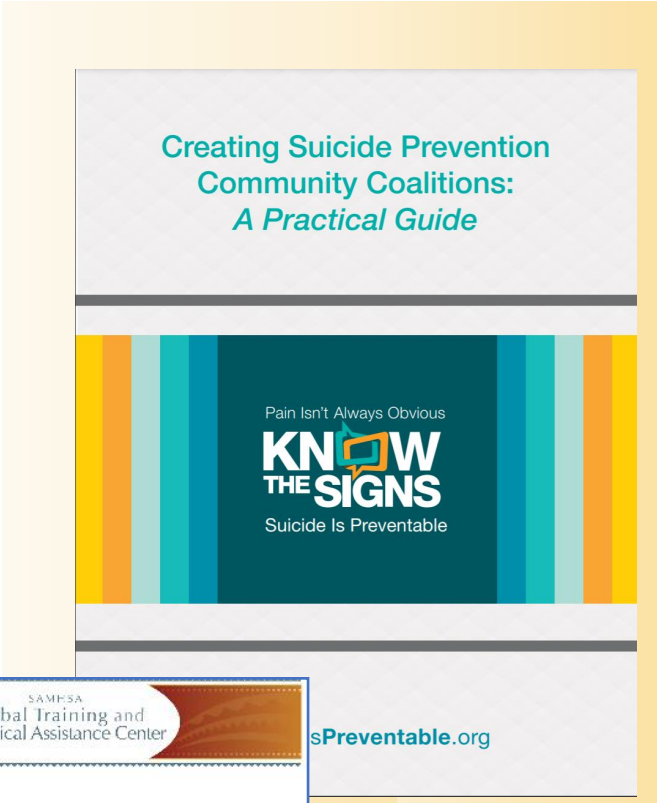
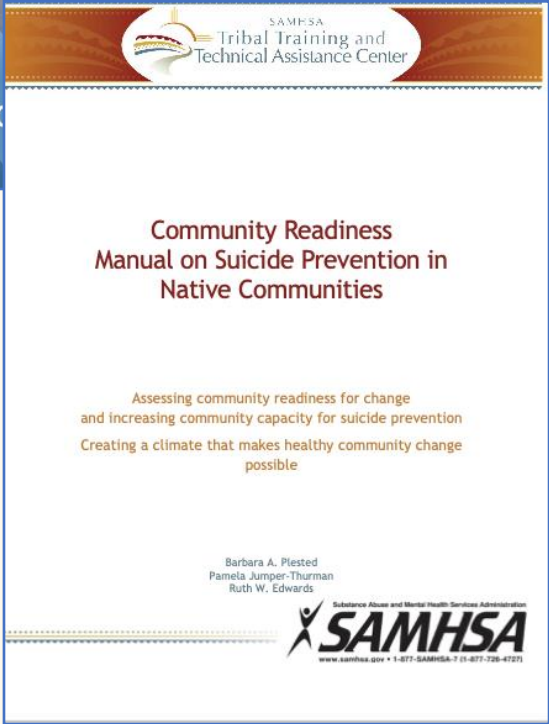
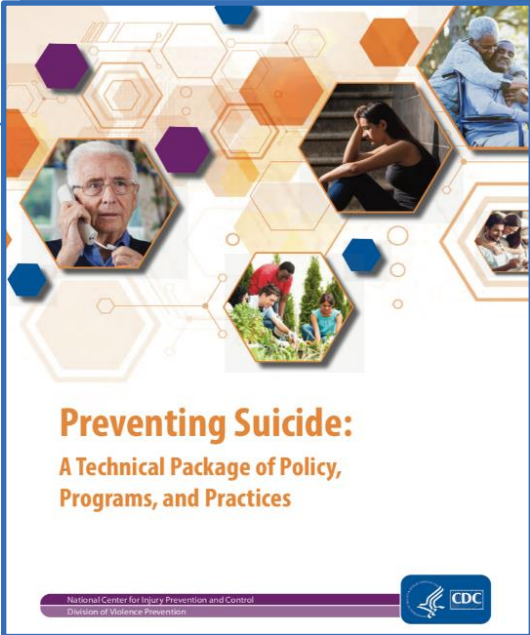
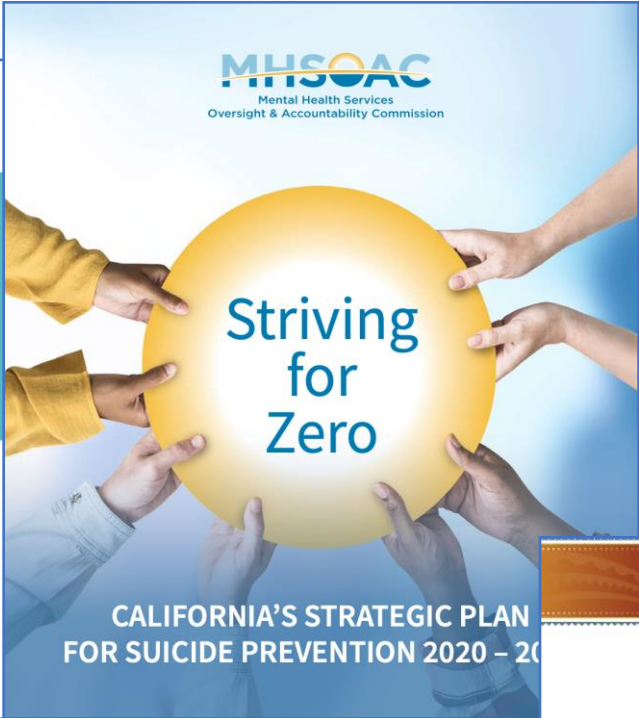
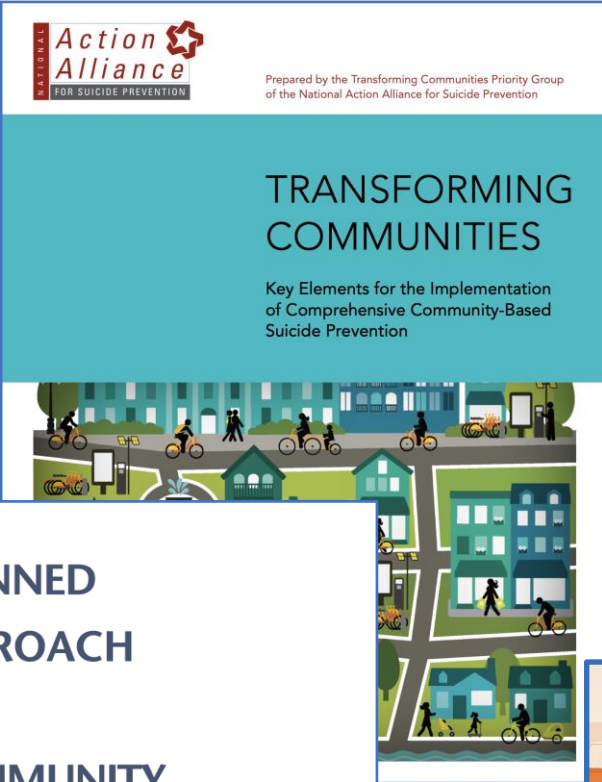
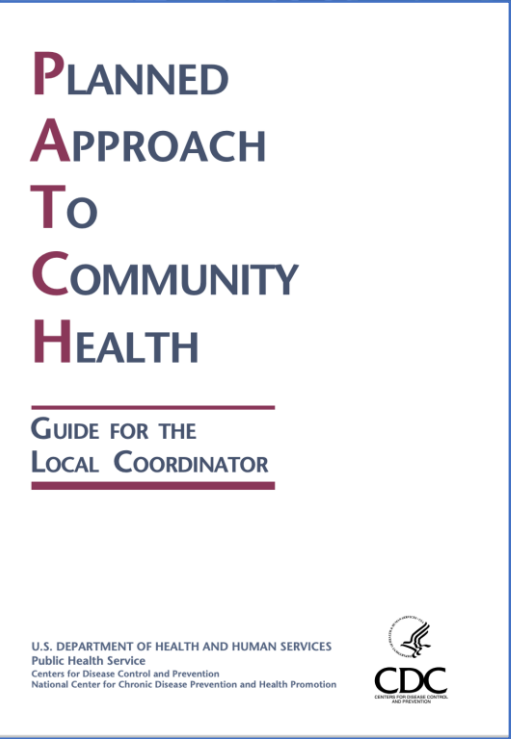
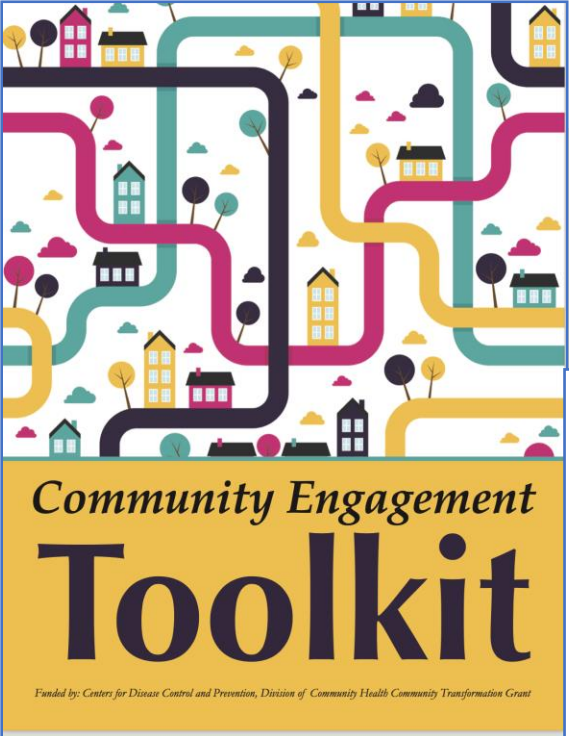
Register:

[https://us06web.zoom.us/meeting/register/tJ0lc-mqrTMpHNcBqyOwhZRfOzvOoNu\\_YXWq](https://us06web.zoom.us/meeting/register/tJ0lc-mqrTMpHNcBqyOwhZRfOzvOoNu_YXWq)

# New Learning Collaborative Resource Page:



# Guiding Resources



# Thank you for your time

For more information please contact: [jana@yoursocialmarketer.com](mailto: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