



Napa County - Strategic Plan for Suicide Prevention 2023 - 2026

*Presented by
Napa County Suicide Prevention Council*



WELLNESS • RECOVERY • RESILIENCE

This Plan was developed with funding from the Mental Health Services Act.



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Support is available: If you or someone you know needs help, please reach out today: 3

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People who receive support from friends and family and have access to mental health services are less likely to act on suicidal thoughts.

For 24/7 confidential crisis support, call or text 988.



In 2020, 521 California youth aged 10 to 24 lost their lives to suicide. Their futures were important, and so is yours.

For 24/7 confidential crisis support, call or text 988.



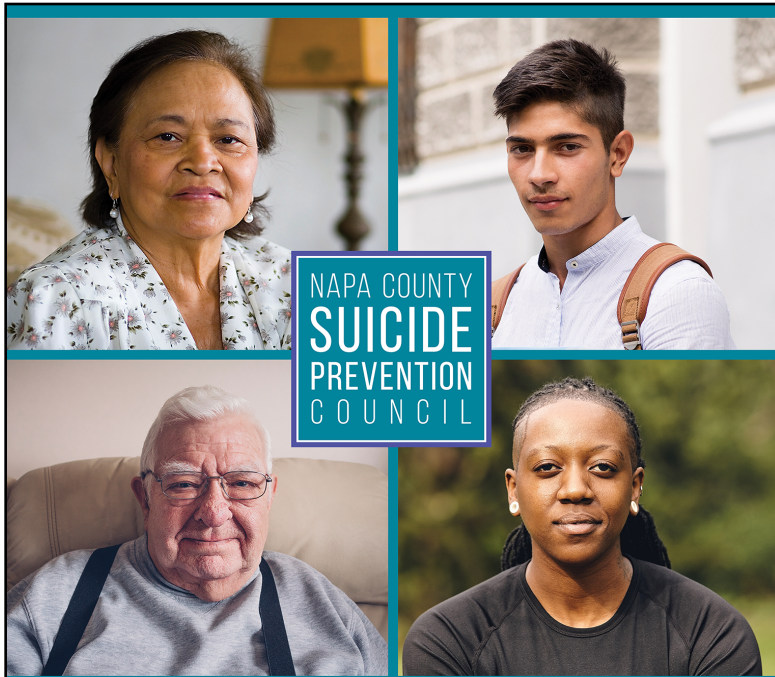
In 2019, LGBTQ+ high school students were twice as likely than their heterosexual peers to plan how they would attempt suicide.

For 24/7 confidential crisis support, call or text 988.



In 2020, California young adults aged 18 to 24 experienced suicidal thoughts more than any other age group.

For 24/7 crisis support, call or text 988



NAPA COUNTY SUICIDE PREVENTION COUNCIL

If you are in crisis, Call or Text **988** for the Suicide & Crisis Lifeline

Kung ikaw ay nakararanas ng krisis o nagtatangkang magpakamatay, tumawag o mag-text sa **988** upang humingi ng tulong

Si usted está en crisis, Llame o Envíe un Texto al **988** para la línea de suicidio o crisis

Support is available. If you or someone you know needs help, please reach out today:

Napa County Mental Health 24-hour Crisis Line
707-253-4711

National Suicide Crisis Lifeline
Call or Text **988**

Press 1 to be routed to the Veterans Crisis Line
Press 2 to be routed to the Spanish Crisis Line
Press 3 to be routed to the LGBTQ+ Crisis Line
For people who are deaf or hard of hearing, call 800-799-4889

Crisis Text Line
Text **HOME** to 741741

Spanish Crisis Text Line
Texto **HOLA** para 741741

Law enforcement needing support, call the COPLINE 800-267-5463
All other first responders needing support call the Fire/EMS Helpline at 888-731-FIRE (3473)
For LGBTQ youth, call The Trevor Project 866-488-7386 or text START to 678678
For transgender people, call the Trans Lifeline 877-565-8860
For teens needing someone to talk to, call the TEEN LINE 310-855-4673 or text TEEN to 839863

If you have lost someone to suicide, you may be in search of support for yourself and others. There are local resources available to support those who have lost someone to suicide. You are not alone.

LOCAL MENTAL HEALTH RESOURCES FOR SUPPORT

Family Suicide Survivors Peer Support Counselors
phone support - no fee
Denise Bleuel, LCSW (707) 226-9838
James Warnock, MDiv (707) 332-7516

Trauma and Grief Therapists
Call Collabria and ask for Bereavement Counselor
414 S. Jefferson Street, Napa - (707) 258-9080

Napa County Mental Health Access: (707) 259-8151
24-hour Crisis Line: (707) 253-4711

Mobile Response Team M-F/8am-5pm: (707) 299-2111

Mentis Outpatient Clinic: (707) 255-0966 ext. 132

Aldea Children and Family Services: (707) 224-8266

OLE Health: (707) 254-1770
LGBTQ Connection: (707) 251-9432

SUPPORT GROUPS FOR SURVIVORS OF SUICIDE LOSS

The Compassionate Friends
Peer support group after a child dies - 3rd Thursdays monthly at 7pm
Queen of the Valley Wellness Center
3421 Villa Lane, Napa - (707) 258-1623

Friends for Survival
Support Groups +Resources (916) 392-0664, www.friendsforsurvival.org

Loss Helpline: (800) 646-7322

Collabria Care
Support Groups for Survivors of Suicide Loss
call (707) 258-9080 for more information

International Survivor's Day Conference
For Survivors of Suicide Loss - Annually, the Saturday before Thanksgiving
For information and registration: visit afsp.org/survivorday

American Foundation For Suicide Prevention "Healing Conversations"
Peer support for Survivors of Suicide Loss
Visit: www.afsp.org, follow "get help"

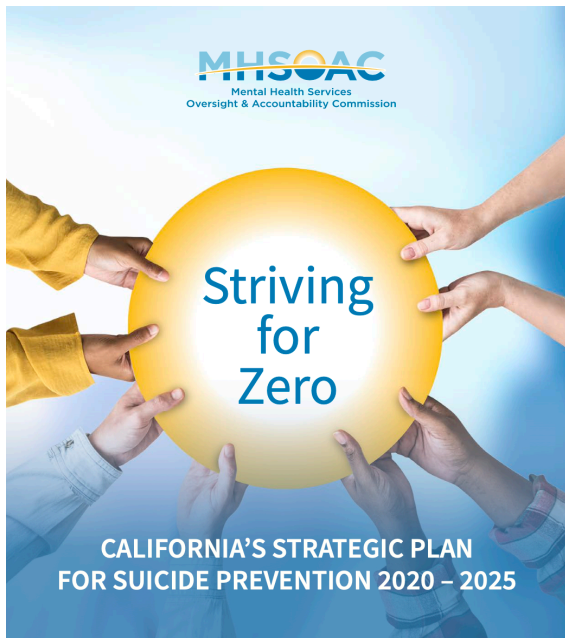


Introduction

This plan was developed by Napa County Health & Human Services Agency with the Napa County Suicide Prevention Council. It is meant to reflect the priorities, accomplishments, and needs for suicide prevention in our county and outlines a comprehensive approach to suicide prevention. Only with a comprehensive approach can we move towards our vision of zero suicides in Napa County.

While this Vision is ambitious, the Napa County Suicide Prevention Council believes that prevention is possible if action is bold. Eliminating suicide will require the support of our whole community, from agency and organizational partners to individuals in all walks of life. Everyone has a role to play in suicide prevention. This plan puts forth strategies that are intended to help each of us find and step into those roles.

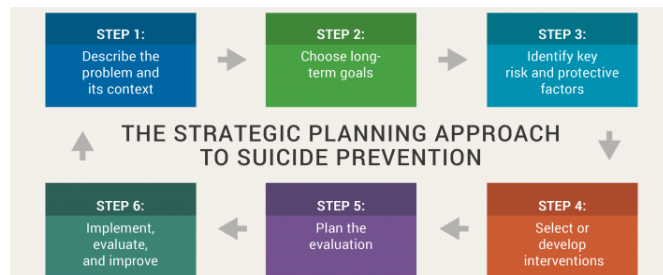
The Napa County Suicide Prevention Council supports existing local suicide prevention and stigma reduction efforts. We are working to identify and fill gaps in suicide prevention and postvention approaches across the County, as we develop an overarching Suicide Prevention plan that addresses the needs and input of our community and is based in data and the real experiences and stories of our community members. The strategies outlined are in alignment with California’s Suicide Prevention Strategic Plan, Striving for Zero (which can be viewed or downloaded in [English](#) and [Spanish](#) at: <https://mhsaac.ca.gov>), as well as the Suicide Prevention Resource Center’s (SPRC) Framework for Strategic Planning.



Acknowledgements

Thank you to our Council Members, who represent these and other groups and who will be engaged in furthering the Council's goals:

- Aldea
- American Foundation for Suicide Prevention
- Bank of Marin
- CARE Network
- City of Napa
- Disability Services & Legal Center
- Napa County HHS/Mental Health
- Napa County Probation
- Individuals and families with lived experience
- LGBTQ Connection
- Live Healthy Napa County
- Mentis/Teens Connect
- Napa County Sheriff’s Office
- Napa Valley College
- Napa County Mental Health Board
- Napa County Office of Education
- Napa Valley Unified School District
- NEWS Napa
- OLE Health
- On the Move
- Private practitioners
- Providence/QVMC
- Saint Apollinaris Catholic Church
- St. Helena Unified School District
- St. Joseph Home Health
- Up Valley Family Centers: Claro/a
- Veterans VA NorCal Healthcare System





The Problem of Suicide in Napa County

A comprehensive approach to suicide prevention requires telling an in-depth story about suicide and suicide prevention in our local communities. Data is one source of information that helps support a common understanding of the problem and allows us to develop long term goals for suicide prevention and to set priorities. Everything cannot be changed at once; however, including the gathering, review, and consideration of data in our process allows us to:

- Dispel misconceptions and raise awareness about how suicide impacts our community
- Focus efforts and resources where the need is most severe
- Identify risk and protective factors to select interventions
- Persuade funders and decision makers to invest in/prioritize suicide prevention efforts
- Evaluate and measure change over time

We also know that data does not tell the entire story. Methods and/or approaches can be biased based on who is gathering or analyzing data. Historically, some methods of data and reporting have been used to perpetuate inequalities and justify leaving out people who should be at the center of our work.

However, when used with the goal of advancing justice, inclusion, and equity, gathering and sharing data can also be a powerful tool to help us get a more comprehensive view of the communities we serve and the problems we seek to address. Ideally these approaches work together to address health disparities -- for instance pairing listening sessions and individuals' stories with data helps us answer questions like: "Who is not at the table? Whose voice is not yet being heard?" Additionally, resource mapping of programs, trainings, services, supports, and community strengths as well as gaps can help us assess what we can build on and what gaps we need to fill.

Obtaining and reviewing data can help us answer these and other questions:

- Who is seeking help by reaching out or accessing services? Who isn't?
- Who is experiencing thoughts of suicide?
- Who is attempting suicide?
- Who is dying by suicide?
- How long does it take for survivors of loss to access support?
- What risk and protective factors are present?
- What care transitions exist? How well are these working? What can be improved?
- What community strengths can support suicide prevention efforts? What are the gaps?

Data on suicide is often obtained through vital statistics data. The most up-to-date data tables for California statewide violence-related causes of death, including suicide, can be found here: [Preliminary Monthly Statewide Violence-Related Death Counts \(PDF\)](#). This data shows monthly counts of deaths using preliminary vital statistics data and are updated quarterly. Death data can take a full year to be finalized, and the most current final vital statistics data are available on the [EpiCenter Dashboard](#).

Although the Injury and Violence Prevention Branch does not directly monitor mental health across the state, data on adult/teen perceived need, access, and use of mental health services and overall mental health status can be found within the [California Health Interview Survey \(CHIS\)](#), and the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#).

Age-Adjusted Suicide Rate by County in California, 2018–2020, per California Violent Death Reporting System ([California Violent Death Reporting System \(CalVDRS\)](#)): The overall suicide rate in California is 10.5, the highest county rate is in Shasta County (24.9) and the lowest rate is in Imperial County (5.8).

County	Count	Rate	County Rank in the State
Napa	52	10.9	28 th

Additionally, the Napa Suicide Prevention Council works to obtain local data in collaboration with Public Health, our healthcare and hospital partners, and answer points for the 988 Suicide and Crisis Lifeline, amongst others, to gain as detailed, updated, and accurate a picture as possible of how suicide risk, behavior, and loss are affecting our community members.

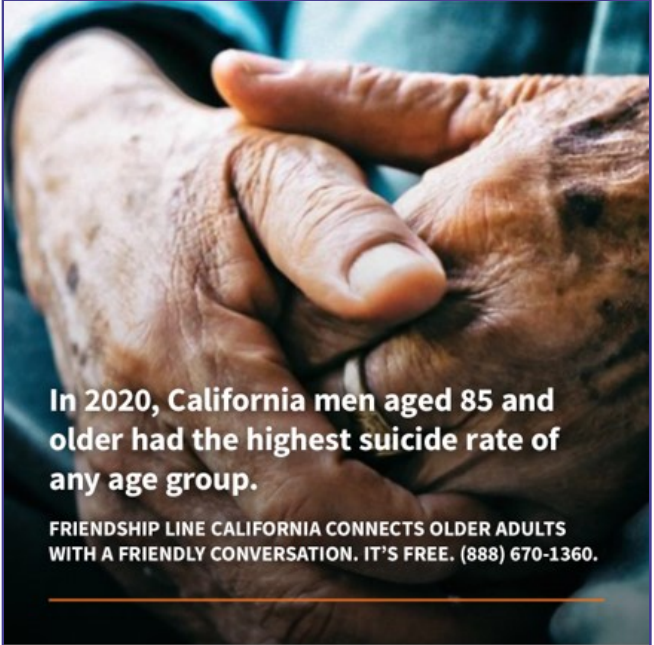


The Stigma

When sharing information about suicide data, it is important that we as individuals and organizations represent this using non-stigmatizing language and safe and effective messaging principles.

Along with the Data Workgroup of the Suicide Prevention Council, the Marketing Workgroup will continue to incorporate safe and effective messaging and reporting about suicide in Napa County. This includes messaging guidelines put forth by the Suicide Prevention Resource Center (<https://sprc.org/keys-to-success/safe-and-effective-messaging-and-reporting/>) and the Action Alliance (suicidepreventionmessaging.org)

These toolkits include specific recommendations for being strategic in our messaging around suicide and suicide prevention, identifying opportunities to represent a positive narrative (such as, “Help is available”) and following certain key guidelines to share information and data with the public in a safe, accurate, and effective manner.



In 2020, California men aged 85 and older had the highest suicide rate of any age group.

FRIENDSHIP LINE CALIFORNIA CONNECTS OLDER ADULTS WITH A FRIENDLY CONVERSATION. IT'S FREE. (888) 670-1360.

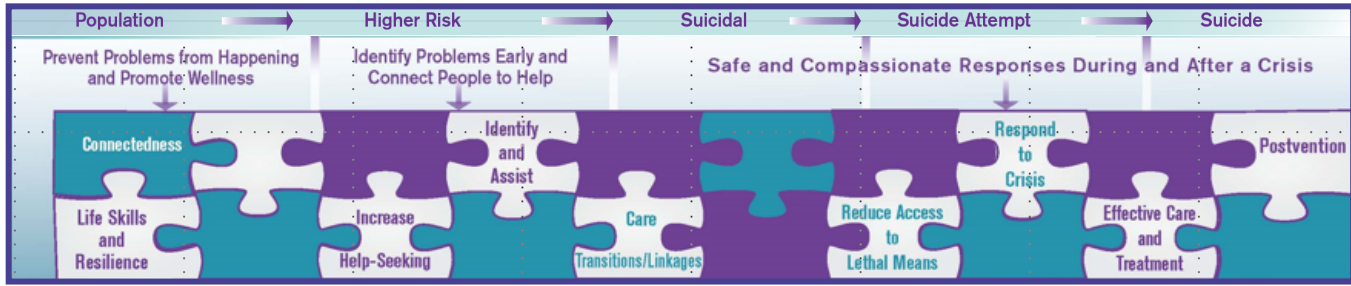
What Works?

The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach is comprehensive, including a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.



There were **4,140** suicides in California in 2020.

SUPPORT YOUR COMMUNITY BY SHARING THE SUICIDE AND CRISIS LIFELINE, AVAILABLE 24/7 AT 988.



The Suicidal Crisis Path model¹ helps conceptualize a public health approach within the context of an individual's suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway. This model describes important components and considerations for state-level and local or regional suicide prevention planning. It is also a powerful way to visualize the components of a comprehensive suicide prevention approach and the goals, objectives, and activities needed to address this in a comprehensive and broad way in our community. The Suicide Crisis Path is paired above with the nine strategies adapted from the Suicide Prevention Resource Center.

Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services). Each are briefly defined below with sample strategies and, where available, examples of existing local organizations and/or activities that represent forward motion in this area – for example, the comprehensive bilingual database of resources that include programs and agencies that offer supportive relationships, connection, and support available in Napa County, such as Family Resource Centers, school Wellness Centers and programs like Mentis and Teens Connect: <https://mentisnapa.org/resources/>. This provides a substantial base of local resources and efforts aligned with these various components of a comprehensive plan.

Programs Serving Napa County



NAPA COUNTY
Health & Human Services Agency



Collective Values

We aim to integrate these principles throughout our work and across all areas of the plan:

- Integrating suicide prevention into and across existing initiatives
- Establishing and maintaining collaboration and linkages for collective impact.
- Striving for broad-based community representation and input
- Utilizing a lens of inclusivity, as well as cultural and language equity
- Reducing stigma and increasing awareness of supports
- Focus on thoughtful planning and timely implementation

¹ Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County's Community-Based Suicide Prevention Strategic Plan, 2018



Strategic Plans Aims, Goals and Objectives

The Napa County Suicide Prevention Plan includes a comprehensive approach that will have the greatest potential to reduce suicide risk in our county. The initial plan is intended to cover a 3-year period of 2023-2026, with efforts focused on meeting the goals and objectives for this timeframe, as well as ideas and visioning for the future.

Our plan includes goals that will reach as many county residents as possible with education about warning signs and how to help, as well as strategies that will focus on residents who are at disproportionate risk of suicide and provide support and healing to those who are impacted by suicide.

Strategic Aim 1: Maintain and Strengthen the Suicide Prevention Infrastructure

Goal 1: Maintain a broad-based Suicide Prevention Council that provides leadership and supports the partnerships that are necessary to reduce suicidal behavior in our county.

Suicide is a complex problem that requires ongoing solutions implemented by many sectors of society. Although behavioral health agencies are often tasked with leading suicide prevention efforts, responsibility lies with the whole community. No single agency or sector can solve this complex issue alone, but a diverse coalition that is truly representative of the community can ensure that suicide prevention gets the attention it deserves, as well as provide ongoing feedback and support to existing local agencies and their efforts.

Objective 1.1 Ensure continued administrative/staffing support for the Council and designate Co-Chairs to lead and facilitate meetings and activities. Refine structure of Council to facilitate coordinated and effective leadership, as well as inclusive processes for Council and community member input.

Objective 1.2 Continue to recruit new Council members that reflect our diverse community, including from faith-based sectors, first responders, health care, youth and seniors. Develop strategies to encourage active participation in council and related activities amongst existing and prospective members.

Objective 1.3 Work with Council members to identify how they will partner to implement strategies within the Plan.

Objective 1.4 The Council and leadership shall regularly review progress of strategies outlined in the plan to ensure the plan is being implemented as intended, as well as to modify the plan as needed to address emerging trends or other issues.

Goal 2: Collect and review data to better understand and address the problem and impact of suicide in our county.

While suicide can impact anyone, certain groups are disproportionately affected by suicide. Learning where to target some of our efforts can help ensure that they will make a difference for those that have the greatest need.

Objective 2.1 Convene a work group to identify appropriate data indicators (and data sources) To track suicide mortality, morbidity, ideation, help-seeking and risk and protective factors.

Objective 2.2 Utilize available sources of data and continue to build partnership with key individuals and organizations, such as the Coroner, public health/vital statistics, hospitals, Emergency Departments, service providers, and outside training evaluators.

Objective 2.3 At least once per year the Council will review suicide-related data.

Objective 2.4 As resources permit, publish an annual report to the community highlighting suicide prevention efforts in Napa County including the data related to the problem of suicide that is aligned with effective messaging around suicide



Strategic Aim 2: Enhance Prevention to Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness.

Goal 3: Enhance protective factors by promoting wellness and prevention, ensuring more people in Napa County are aware of suicide prevention and mental health resources.

People can learn skills to manage stressors, and to understand when they need to reach out for additional support. Increasing social connectedness can reduce stigma and isolation. Media, including the entertainment industry, can prevent suicide through responsible reporting of suicide death, by destigmatizing mental health needs, and by highlighting mental health resources.

Objective 3.1 Convene a Marketing Workgroup to educate Napa County about Suicide Prevention and Suicide Loss (Postvention), raise awareness, and break the stigma around suicide. The workgroup will design an overall marketing strategy for the Suicide Prevention Council, including efforts ongoing throughout the year and during Suicide Prevention Month in September. The Marketing Workgroup will implement outreach and information activities to educate the community about wellness and prevention and increase awareness of services and supports. Additionally, the workgroup will update the Suicide Prevention Council page on the Napa County website, and will coordinate partner efforts around marketing wellness-related resources, including and not limited to:

Live Healthy Napa County: [Live Healthy Napa County - LHNC- Live Healthy Napa County](#)

Each Mind Matters Resource Center: <https://emmresourcecenter.org/>

Take Action for Mental Health: <https://takeaction4mh.com/> or <https://calmhsa.myshopify.com/>

Know the Signs: <https://www.suicideispreventable.org/>

Directing Change: <https://directingchange.ca.org/>

California Department of Public Health: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/SuicidePreventionProgram.aspx>

Objective 3.2 Share information and resources with local media representatives and public figures/leaders. For example, write articles, provide information to the community, appear on local radio, etc. Utilize best practices for safe and effective messaging and responsible reporting on suicide prevention, including guidelines put forth by the following organizations:

The Suicide Prevention Resource Center

<https://sprc.org/keys-to-success/safe-and-effective-messaging-and-reporting/>

and the Action Alliance

<https://suicidepreventionmessaging.org>

Objective 3.3 Convene a workgroup to coordinate planning for Suicide Prevention event. Participate in and connect to existing activities and events (including during Mental Health Awareness Month and Suicide Prevention Week, as well as specific events e.g. Awareness Walks, and the Youth Mental Health Summit).

Objective 3.4 Plan and organize community events that promote resources and healing for those who have been impacted by suicide.

Objective 3.5 Increase the presence of the Suicide Prevention Council within diverse community settings such as health fairs, farmers markets, Family Justice Center, schools, and local organizations.

Objective 3.6 Continue to deliver community presentations (such as QPR) to gatekeepers and populations at disproportionate risk of suicide in Napa County. Convene a Training Workgroup to coordinate and track community education activities.



Goal 4: Create safe environments by reducing access to lethal means.

Reducing access to lethal means is the most evidence-based suicide prevention strategy. Risk for suicide can be reduced by reducing environmental threats to safety, while building individual, family, and community resiliency. Eliminating or reducing access to lethal means creates time and opportunity for intervention during what are often transient crises.

There are four basic ways to restrict or reduce access to lethal means by persons at imminent 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

There are some common elements among any means safety efforts: a public awareness component, where information and resources are available to help people understand the importance of means safety and how they can use the information; training for key gatekeepers that offers specific information about their role in promoting and supporting means safety; and lethal means counseling from providers and others that are in an important position to intervene with those at highest risk. Means safety approaches vary depending on the means in question, its availability in the environment, legal issues, and individual factors. For effective suicide prevention strategies, it is important to know the means of death by suicide and how it varies between different socio-demographic groups.

Objective 4.1 Disseminate information to local gun shop and firing range owners, as well as local law enforcement agencies to increase awareness of suicide prevention efforts, suicide warning signs, and available resources. Examples include the resources available through:

American Foundation for Suicide Prevention (AFSP)

<https://afsp.org/firearms-and-suicide-prevention>

National Shooting Sports Foundation & AFSP

<https://www.nssf.org/safety/suicide-prevention/suicide-prevention-toolkit/?hilite=suicide>

Objective 4.2 Promote safe medication disposal methods in the community or through pharmacies and other health care providers, including activities such as “take back” campaigns that help people dispose of unused or expired medications. Partner with local pharmacies to increase the availability of methods to dispose of unused medication and highlight suicide and overdose prevention resources for people filling prescriptions.

Objective 4.3 Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose. Partner with local efforts and organizations coordinating these or similar activities. Example campaigns, toolkits, and resources include:

Napa Opioid Safety Coalition

[Home | My Site \(napaosc.wixsite.com\)](http://napaosc.wixsite.com)

Statewide Striving for Safety Website

[Home - MHSOAC - Means Safety \(strivingforsafety.org\)](http://strivingforsafety.org)

Objective 4.4 Promote trainings such as Counseling on Access to Lethal Means

<https://zerosuicidetraining.edc.org/enrol/index.php?id=20>

and resources such as the **Bullet Points Project**

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

to mental health, substance use and health care providers.



Strategic Aim 3: Increase early identification of suicide risk and connection to services for those who are at highest risk in the least restrictive setting.

Crisis services are an important part of a comprehensive approach to suicide prevention. Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care. Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and connected.

A community’s response to and support for someone in crisis starts much earlier (for example, earlier in the continuum, for someone who says “yes” when queried about suicidal thoughts, to consider for how we train and whom we train to assess or intervene in our communities.

Individuals may present with a need for crisis services in different ways, at different times, to different care providers or helpers. Creating and encouraging a system of collaboration, information sharing, and mutual support amongst crisis response service providers is to the benefit of the individual community members, organizations, first responders, and the overall community.

Providing a full range of crisis services can reduce suicides when paired with mental health follow-up care. Many communities offer two or three types of crisis care, but few provide a full continuum of services designed to provide the right care at the right time in the least restrictive setting. However, this is changing as we learn more about the cost-effectiveness and positive outcomes associated with providing a full continuum of care.

Similarly, the care and treatment following the initial crisis often impacts not only the length and severity of the current crisis, but – as a form of upstream prevention – can be critical to equipping the individual, organization, and community with effective strategies and skills to cope with and de-escalate future crises as they emerge.

Goal 5: Support and foster collaboration and improvement across systems and programs that serve those at risk. Identify and support activities across various community settings that can connect individuals thinking about suicide to effective interventions.

With education and support, anyone can recognize the warning signs of suicide and can learn to communicate effectively with people at risk to determine the type of support needed. Programs and partnerships that enhance connections between providers in different settings and ensure that people are aware of the resources that are available can empower people at risk to recognize their personal warning signs, identify coping strategies and a supportive social network, reduce access to lethal means, and seek professional, peer, and/or personal supports to help navigate and manage suicide crises.

Objective 5.1 Review existing programs to gain a comprehensive understanding of what programs and infrastructures are already in place to address suicide prevention.

Objective 5.2 Develop and keep updated a multi-lingual continuum of care guide for navigating the mental health resources in Napa County and ensure it is widely available, for both insured and uninsured individuals.

Objective 5.3 Review data and establish a community engagement process to identify underserved populations and understand what services are in place and where the gaps need to be filled to better connect people to appropriate services and supports.



Goal 6: Improve the availability and accessibility of timely services and supports for people experiencing suicidal behavior.

Crisis services and support also can assist with assessing for suicide risk and connection to services, and must be widely available, accessible, and varied to benefit the diverse range of people in need of help.

Objective 6.1 Promote best practices such as screening, risk assessment, and safety planning for providers in key settings and schools to increase consistency of care.

Objective 6.2 Map out how individuals in a suicidal crisis are connected with help (crisis response system in Napa County) and recommend interventions that promote de-escalation and supports in the least restrictive setting.

Objective 6.3 Promote crisis resources and warm lines.

Objective 6.4 Partner with health, mental health, and substance use disorder care systems to identify and promote ways to improve continuity of care when individuals are transitioning from care settings following services for suicidal behavior.

Objective 6.5 Identify and map existing follow-up programs for individuals who have received suicide-related services, such as after a suicide attempt. Explore the feasibility of enhancing existing services or implementing new programs.

Goal 7: Expand community response and support services after a suicide loss

Objective 7.1 Establish and maintain a Survivors of Suicide Loss Workgroup of the Napa Valley Suicide Prevention Council. The workgroup will support survivors of suicide loss with education, resources, and professional support and continue to expand the availability of suicide bereavement support programs that are designed and implemented specifically by, for, and with suicide loss survivors.

Objective 7.2 Promote training opportunities and resources to equip mental health service providers to support individuals grieving a suicide loss.

Objective 7.3 Identify and promote existing postvention resources or strategies in specific community settings (such as schools, workplace, corrections, etc.)

Objective 7.4 Organize annual event for suicide loss survivors in Napa or support/partner with neighboring counties.

Objective 7.5 Produce and distribute Resource Cards for Survivors of Suicide Loss with current information. Distribute to appropriate agencies or community partners, as outlined by Survivors of Suicide Loss Workgroup.

Goal 8: Support districts and schools in implementing comprehensive suicide prevention in the school-setting

Objective 8.1 Partner with Napa County Office of Education to assess how districts and schools are aligning with policy mandates for implementing suicide prevention, intervention and postvention efforts.

Objective 8.2 Promote trainings and educational resources to districts and schools. Examples include QPR, training on screening and risk assessment, re-entry after a suicide attempt, postvention in school settings, and youth & parent engagement.

Objective 8.3 Promote programs that increase protective factors and decrease risk factors, including peer-based clubs and approaches.

Objective 7.4 Promote the free [Directing Change](#) youth suicide prevention program to schools in Napa County to prepare young people to recognize signs of suicide and how to offer support.



Strategic Aim 4: Coordinate training activities countywide to ensure that more people recognize warning signs and how to help someone who may be thinking about suicide.

Training is an essential component of our strategic plan. Training helps to foster consistent knowledge, skills, and abilities for those who are in a key position to recognize and respond to suicide risk and helps connect the community in meaningful ways. Training models are available that vary in length and intensity and that are tailored for particular populations and settings. Implementing a range of training models can help ensure that more people in our community have the knowledge and skills needed to recognize and intervene when someone may be thinking about suicide.

Goal 9: Develop and implement a training plan that prepares the community and providers in Napa County to recognize and respond to suicide risk.

Objective 9.1 Establish a Training Workgroup within the Suicide Prevention Council to coordinate existing training resources and opportunities. The Training Workgroup, together with others, will also assess current training opportunities, models, and gaps and identify training opportunities and resources for organizations within Napa County.

Objective 9.2 Provide training to community groups on the prevention of suicide. Prioritize training on recognizing and responding to suicide risk within key settings such as workplaces, schools, youth-serving programs, older adult residential living facilities, and senior services programs.

Objective 9.3 Explore training formats that are infused with cultural norms of underserved and at-risk populations in Napa County. Address the needs of vulnerable groups and tailor to the cultural and situational contexts within our community.

Together We Can Make a Difference!

Achieving our vision of eliminating suicide in Napa County will require the support of everyone in our community. We need your help. Whether it is providing us with feedback about this plan, learning more about warning signs and how to help yourself or someone else, or finding new ways to connect with others in our community, you too can make a difference. With the support and partnership of individuals, agencies, and organizations, we can prevent suicide.

To stay connected with current efforts and learn how to get involved, please visit our webpage:

[Napa County Suicide Prevention Council | Napa County, CA \(countyofnapa.org\)](http://Napa County Suicide Prevention Council | Napa County, CA (countyofnapa.org))

Are you concerned for someone else?

Pain isn't always obvious. Reach out to someone you are concerned about 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:

Warning signs to look for:

- Talking about or wanting to die or suicide
- Looking for 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
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

If you are concerned about someone, reach out and ask: "Are you thinking about suicide?"

If you think the person is suicidal, take it seriously. Don't leave them alone. Call or text the National Suicide and Crisis Lifeline at 988 or call 911 for life-threatening emergencies.

Visit suicideispreventable.org to learn if someone you know might be at risk.



Additional Resources to Learn More About Suicide Prevention



Mental Health Services Oversight and Accountability Commission

[Striving for Zero, California's Strategic Plan for Suicide Prevention](#)
[Striving For Zero Learning Collaborative Modules and Resources](#)



California Mental Health Services Authority

[Know the Signs Strategic Planning for Suicide Prevention Learning Collaborative](#)
[Know the Signs](#)

[The Surgeon General's Call to Action to Implement National Strategy for Suicide Prevention](#)



Centers for Disease Control and Prevention

[Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)



National Action Alliance for Suicide Prevention

[Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention](#)
[National Action Alliance for Suicide Prevention](#)



Suicide Prevention Resource Center

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