



Striving  
for  
Zero

# **STRIVING FOR ZERO CONVENING**

**FEBRUARY 2024**



# **FOUNDATIONAL MODELS & FRAMEWORKS**



# SUICIDE PREVENTION RESOURCE CENTER STEPS OF STRATEGIC PLANNING FRAMEWORK



Review of programs that have demonstrated effectiveness in reducing suicide deaths and/or attempts to distill common elements had the following elements in common:

- Unity
- Strategic Planning
- Integration
- Fit
- Communication
- Data
- Sustainability



**Source:**  
NAASP  
Transforming  
Communities

Programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes.



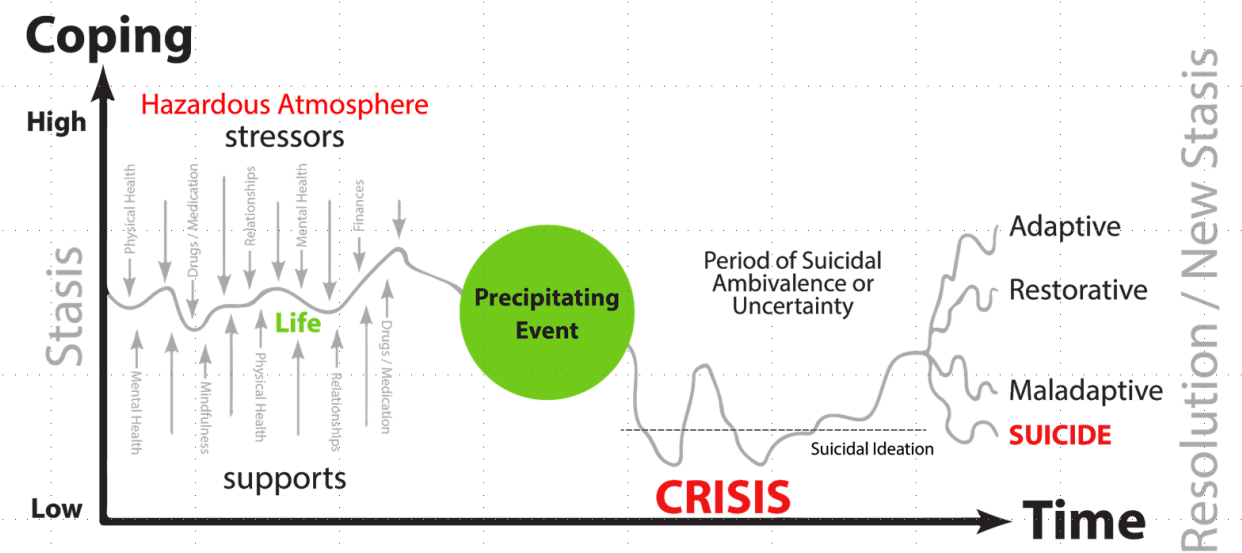
# THE SUICIDAL CRISIS PATH MODEL AS A FRAMEWORK FOR UNDERSTANDING SUICIDE PREVENTION

“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)

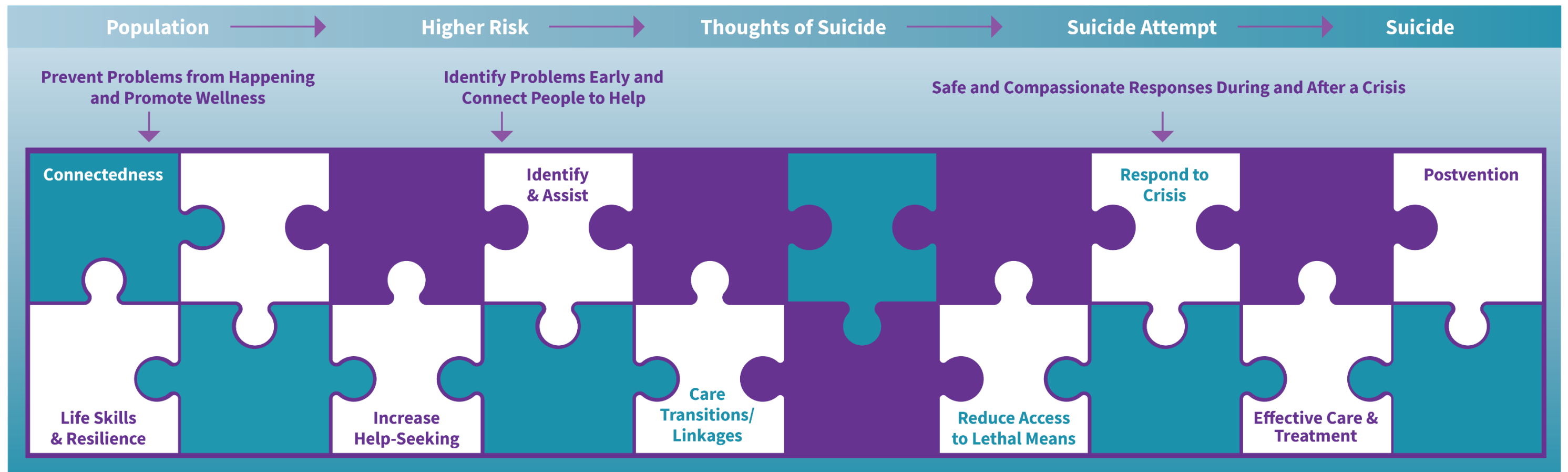
[www.FresnoCares.org](http://www.FresnoCares.org)

Figure 2

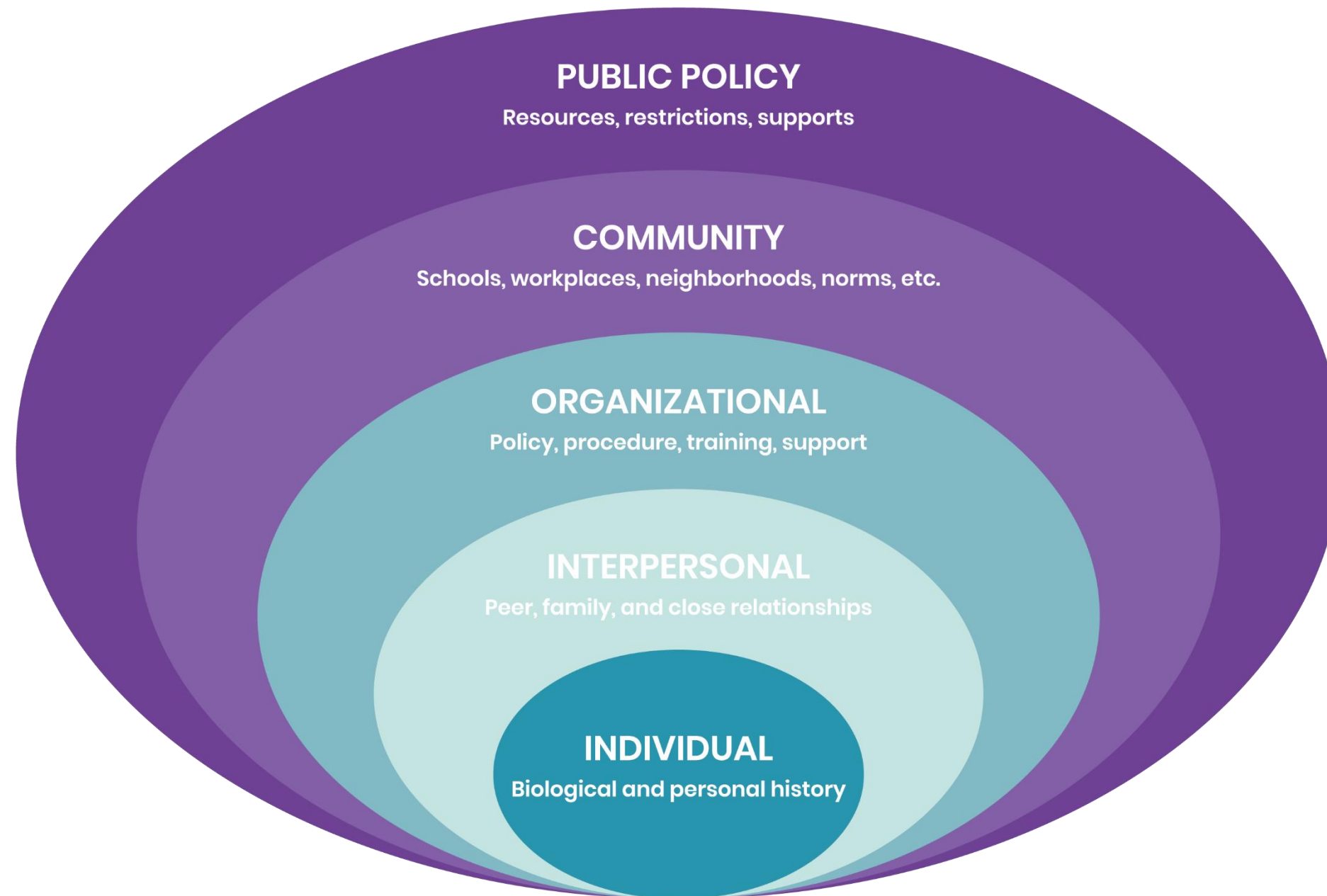
## Model 2: Crisis Coping Theory



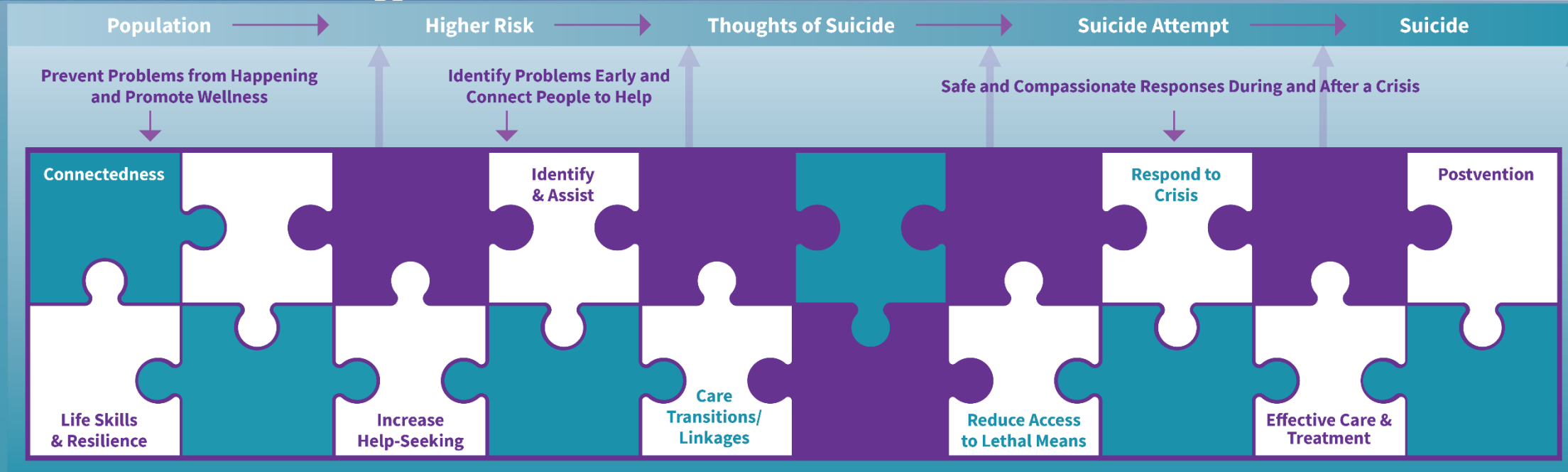
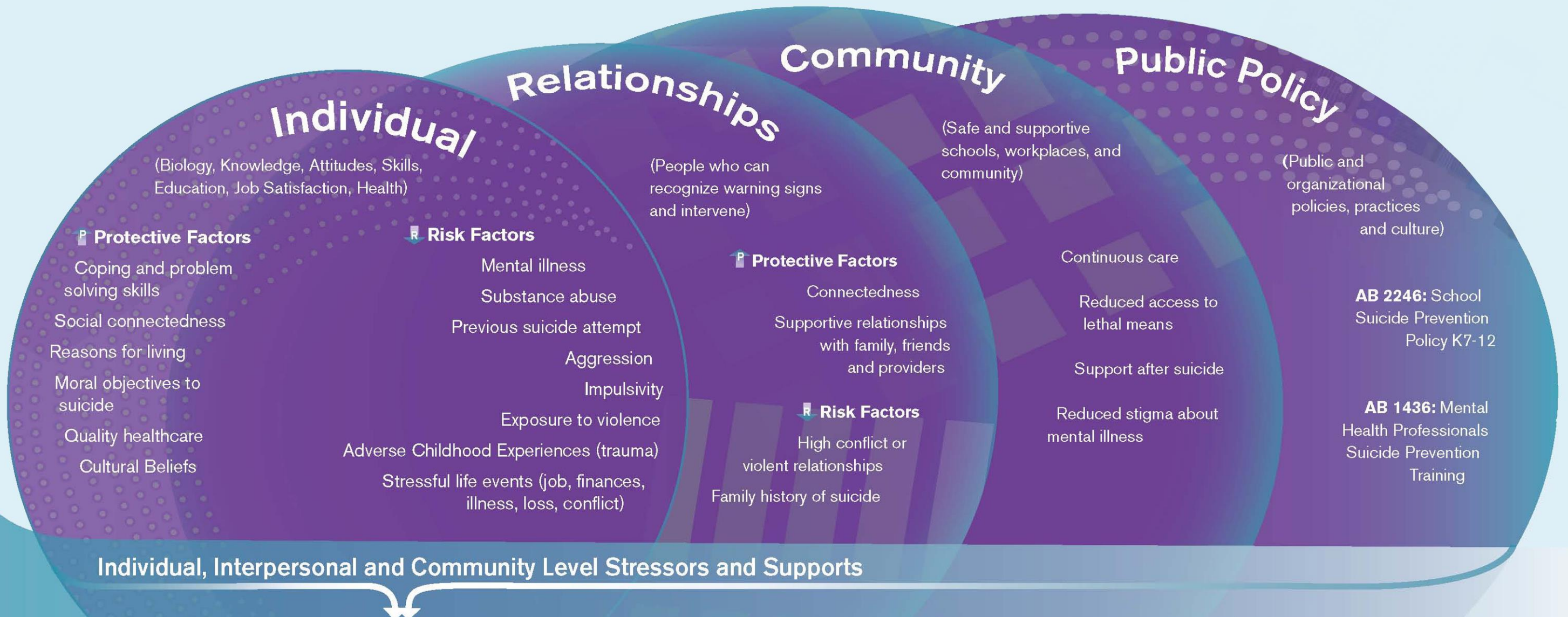
# Suicidal Crisis Path & Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention



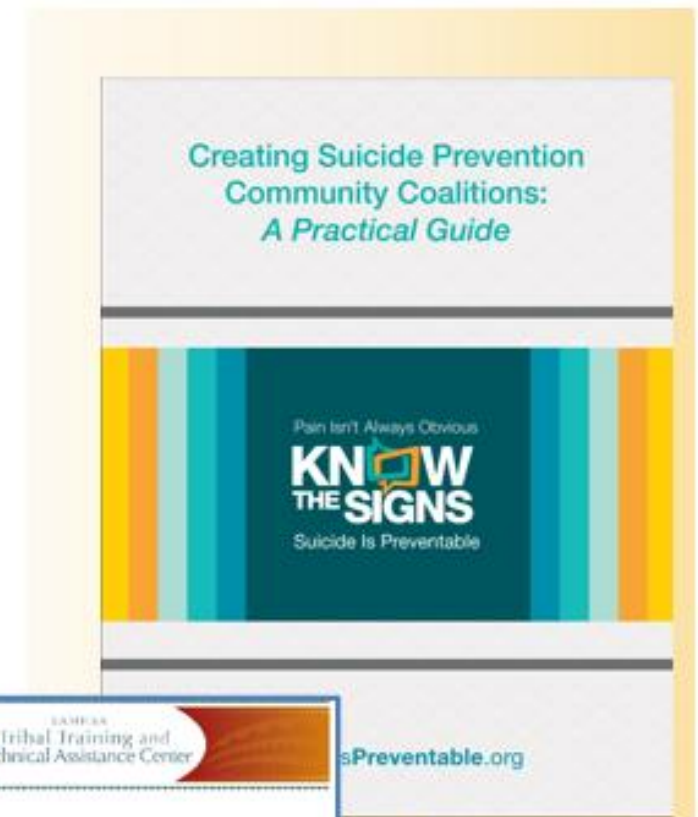
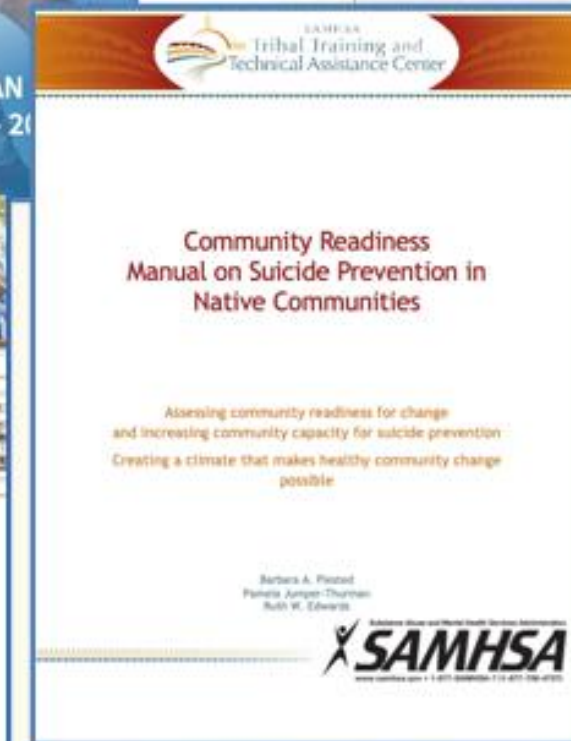
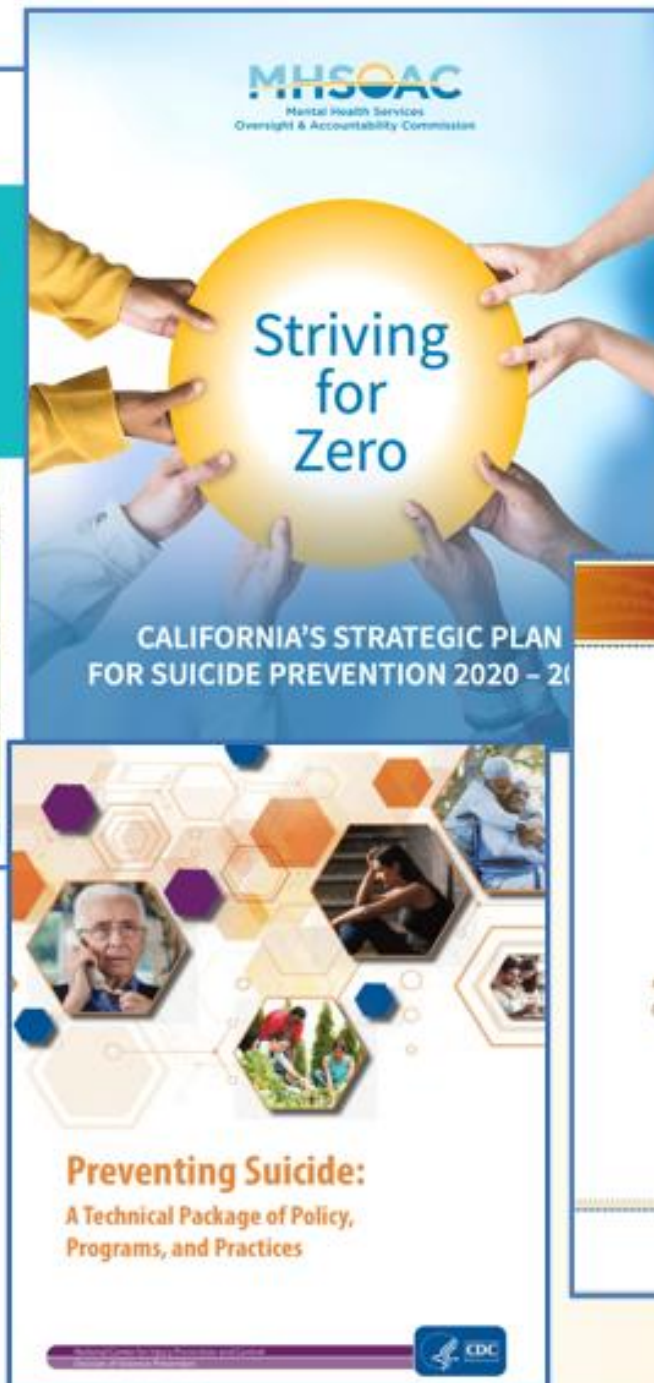
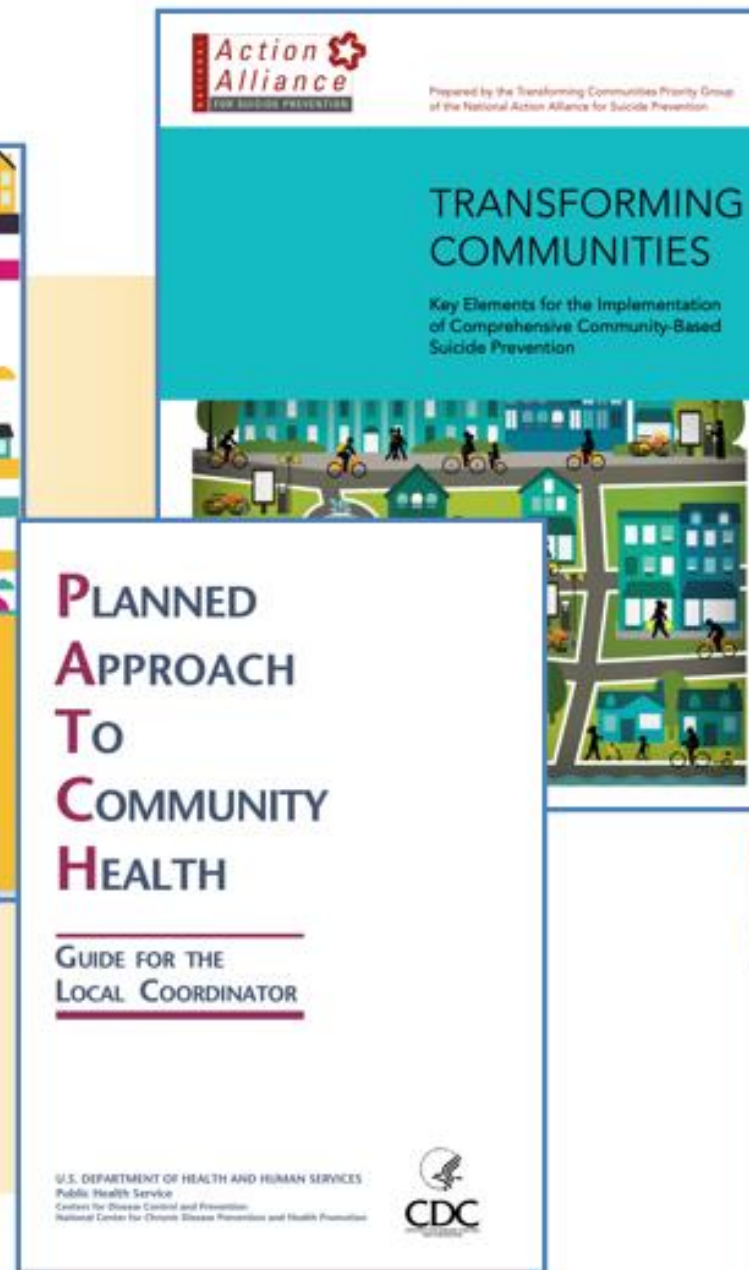
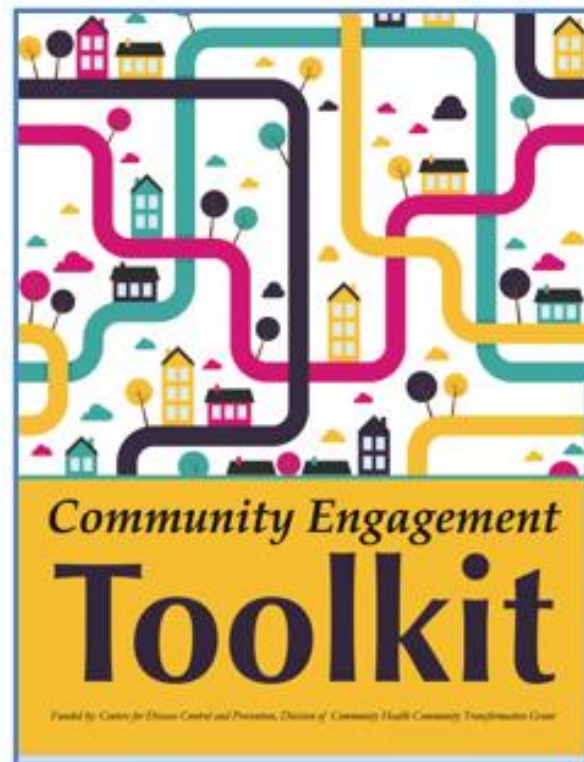
# SOCIAL-ECOLOGICAL MODEL







# Guiding Resources



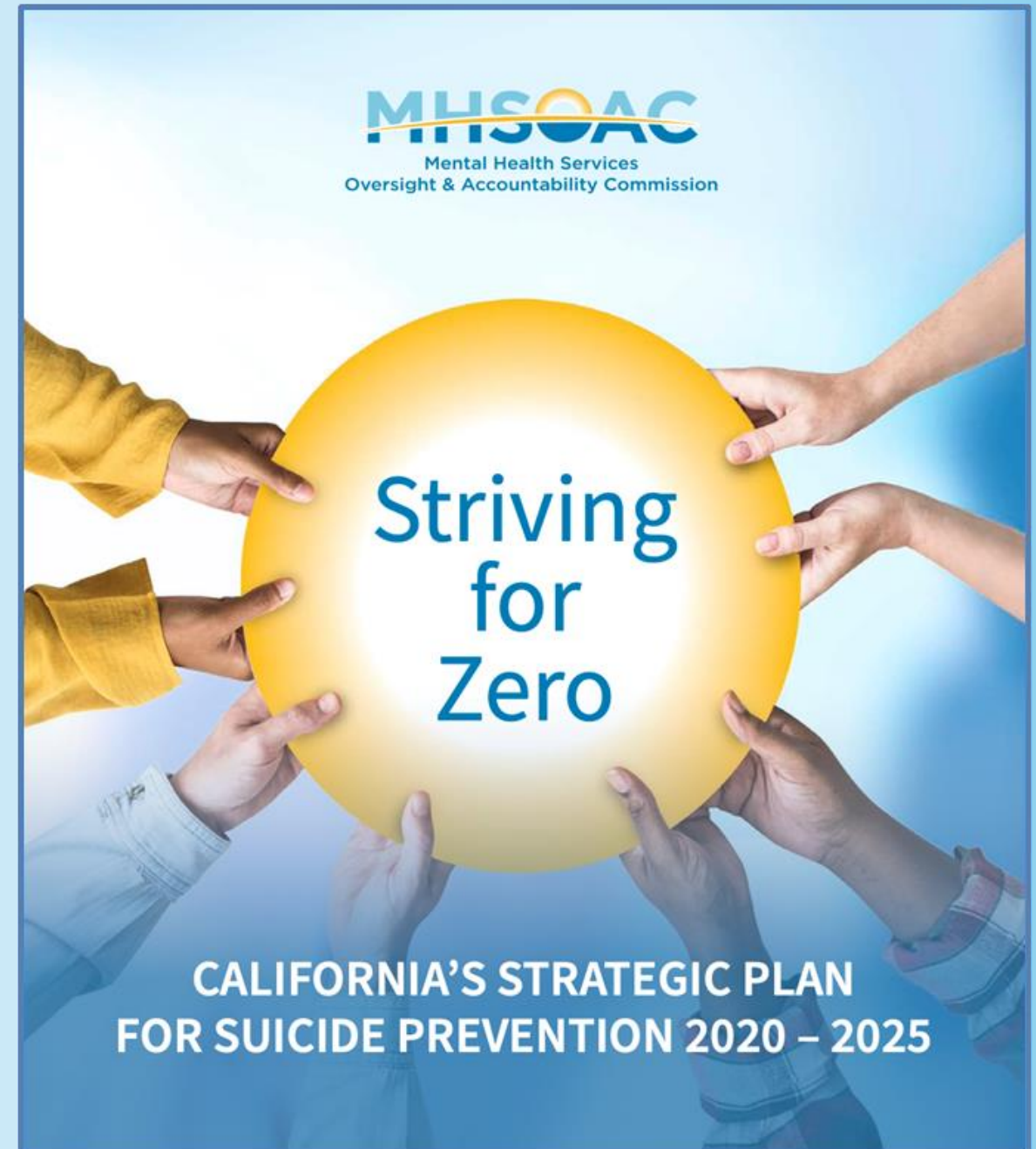


# **CALIFORNIA STATEWIDE STRATEGIC PLAN**



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

## CALIFORNIA'S STRATEGIC PLAN FOR SUICIDE PREVENTION 2020 – 2025

#### Plan Quick View

California's Strategic Plan for Suicide Prevention is framed by four strategic aims and 12 goals. Each goal statement embeds suicide prevention strategies and approaches with the greatest potential to prevent suicide in communities across the state. See the Best Practices in Suicide Prevention on page 65 section of this plan for more detail about the evidence of effectiveness.



#### STRATEGIC AIM 1: ESTABLISH A SUICIDE PREVENTION INFRASTRUCTURE

- Goal 1: Enhance visible leadership and networked partnerships
- Goal 2: Increase development and coordination of suicide prevention resources
- Goal 3: Advance data monitoring and evaluation



#### STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology



#### STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties



#### STRATEGIC AIM 4: IMPROVE SUICIDE-RELATED SERVICES AND SUPPORTS

- Goal 10: Deliver best practices in care targeting suicide risk
- Goal 11: Ensure continuity of care and follow-up after suicide-related services
- Goal 12: Expand support services following a suicide loss

# Now for the Hard Part: Putting California's Suicide Prevention Plan into Action

Published: Oct 09, 2020

# Advance Local Strategic Planning and Implementation



<https://mhsaac.ca.gov/initiatives/suicide-prevention/collaborative/>



## Suicide Prevention Strategic Plans in California

Below are Strategic Plans for Suicide Prevention in California counties of which we are aware as of September 2021. [Contact us](#) to include your county or task force's final suicide prevention plan.

- [Amador County](#) (not available for public download)
- [El Dorado County Suicide Prevention Strategic Plan](#)
- [Fresno County Suicide Prevention Strategic Plan](#)
- [Glenn County Suicide Prevention Strategic Plan](#)
- [Humboldt County Community Health Improvement Plan](#)
- [Kern County Suicide Prevention Strategic Plan](#) (En Español: [Guía para la Prevención del Suicidio para el Condado de Kern](#))
- [Los Angeles County Suicide Prevention Network Strategic Plan](#)
- [Marin County Suicide Prevention Strategic Plan](#)
- [Monterey County Suicide Prevention Roadmap](#) (En Español: [Guía para la Prevención del Suicidio para el Condado de Monterey](#))
- [Napa County Suicide Prevention Strategic Plan](#)
- [Orange County Community Suicide Prevention Initiative](#)
- [Riverside County Suicide Prevention Strategic Plan](#)
- [San Diego County Suicide Prevention Action Plan](#)
- [San Joaquin County Suicide Prevention Plan](#)
- [San Luis Obispo Suicide Prevention Strategic Plan](#)
- [San Mateo County Suicide Prevention Roadmap 2021-2026](#)
- [Santa Clara County Suicide Prevention Strategic Plan](#)
- [Santa Cruz County Suicide Prevention Strategic Plan](#)
- [Solano County Suicide Prevention Strategic Plan](#)



# **STRATEGIC AIM 1**

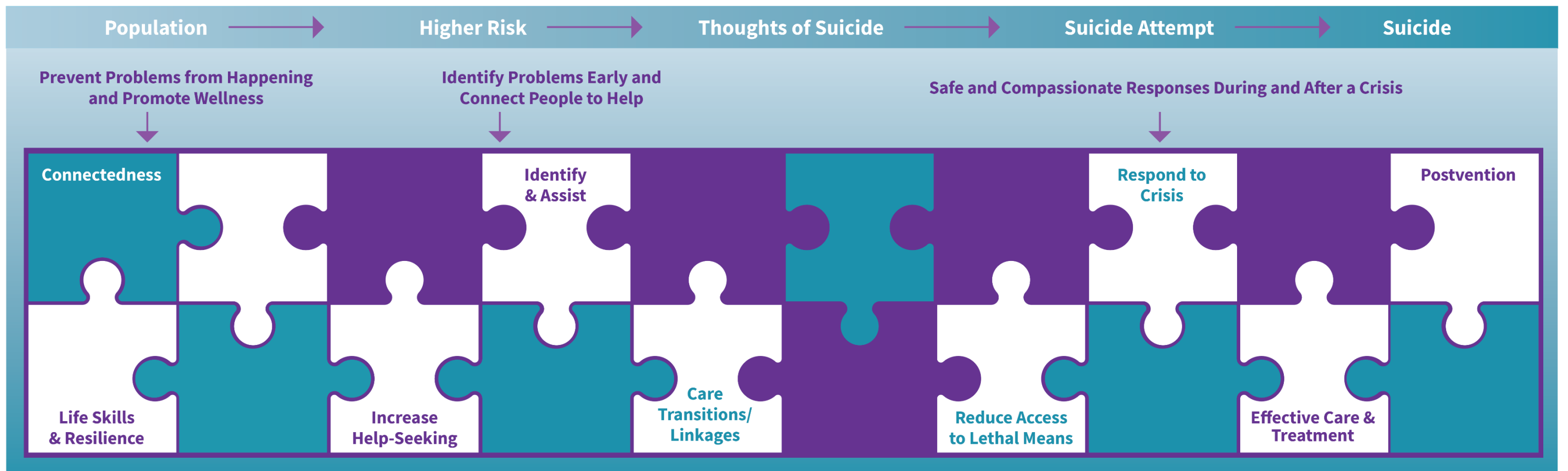




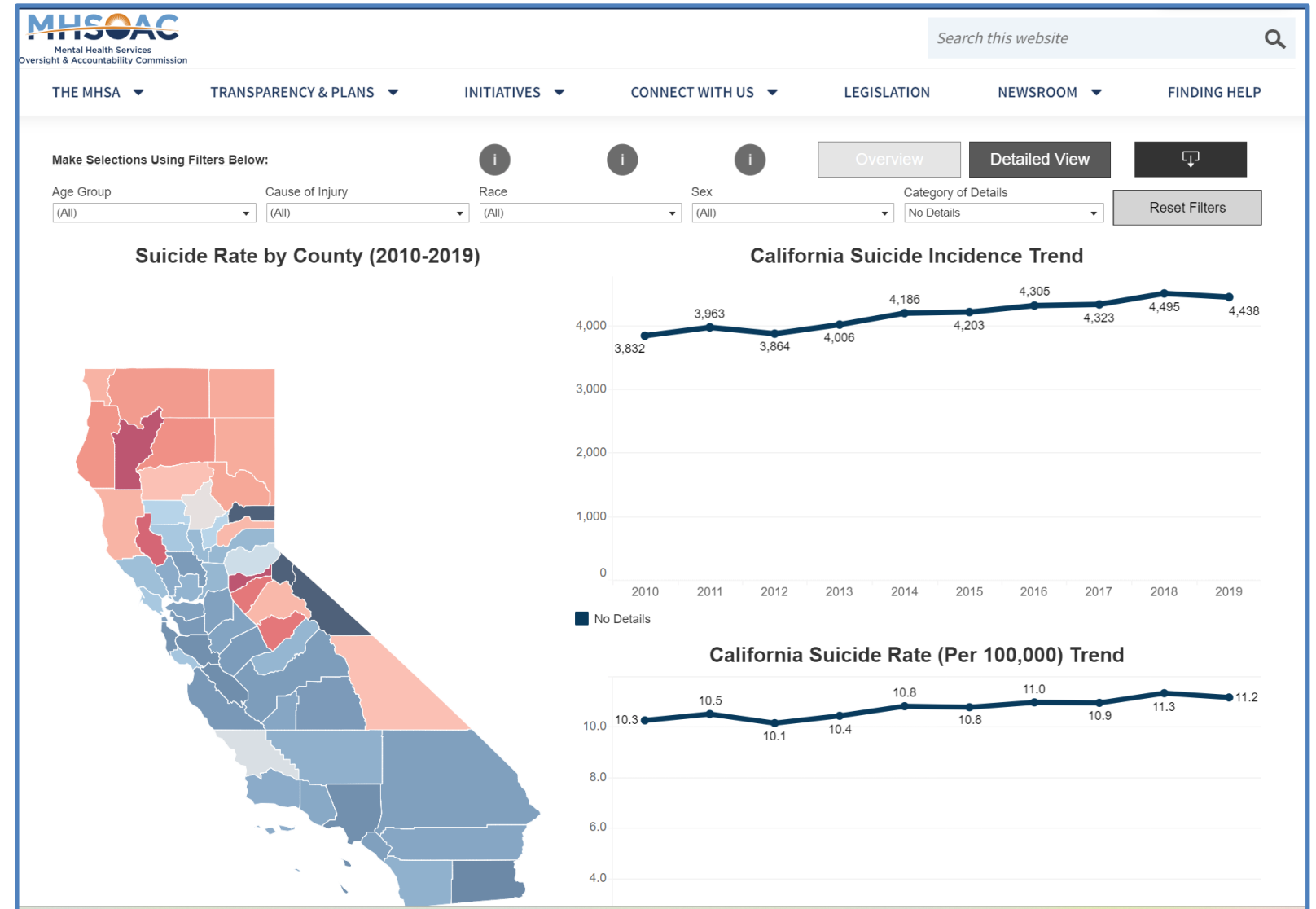


## STRATEGIC AIM 1: ESTABLISH A SUICIDE PREVENTION INFRASTRUCTURE

- Goal 1: Enhance visible leadership and networked partnerships
- Goal 2: Increase development and coordination of suicide prevention resources
- Goal 3: Advance data monitoring and evaluation



# Create a Suicidal Behavior Research Agenda and Action Plan and Begin Implementation



<https://mhsoac.ca.gov/transparency-suite/suicide-incidence-and-rate/>

# Suicide Fatality Review Teams



Kimberly Repp, PhD, MPH 1/26/2022



**FOLLOW  
THE DATA  
TRAIL**

Kimberly Repp, PhD, MPH 1/26/2022

# Injury and Violence Prevention Branch Suicide Prevention Efforts



Comprehensive  
Suicide Prevention  
(CSP) Program

Office of Suicide  
Prevention (OSP)

California Violent  
Death Reporting  
System (CalVDRS)

**Youth Suicide  
Reporting and  
Crisis Response  
Pilot Program**

**Youth Suicide  
Prevention Media  
and Outreach  
Campaign**





OSP Team at the Sacramento "Out of the Darkness"  
Walk to Prevent Suicide 9/9/23



Office of Suicide Prevention

# Office of Suicide Prevention (OSP)

As we strive to prevent suicide and self-harm injury using a public health approach, the OSP:

- **Connects our partners** with information, resources, expertise, and each other *(Goals 1 and 2)*
- **Uses data** to understand current conditions that contribute to or reduce suicide, and to inform program and policy-planning, decision-making, and action *(Goal 3)*
- **Promotes evidence-informed best practices** to prevent suicide *(Goal 2)*
- **Applies an equity lens** to data collection, research, education, and programs
- **Promotes a primary prevention approach** within communities and systems of care



Office of Suicide Prevention

# Partner Engagement

The OSP engages with a variety of partners (*Goals 1 and 2*)

- To coordinate activities (e.g., MHSOAC Striving for Zero Collaborative)
- To support priority populations (e.g., older adults, Veterans, Tribal populations, youth)
- To understand and support state- and local-level needs (e.g., Stakeholder Needs Assessment)
- To support cross-sector connections (e.g., those who support Veterans, Tribal populations, older adults)



Office of Suicide Prevention

# Sharing of Resources

The OSP shares updates on new data and programmatic activities (*Goal 2*)

- Visit our website:  
<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/SuicidePreventionProgram.aspx>
- Join our Suicide Prevention network to receive updates on new data, resources, and programmatic activities: <https://cdph-marketing.powerappsportals.com/IVPB/ivpb-register/>
- If you have any questions, please contact CDPH's Suicide Prevention Team at [Suicide.Prevention@cdph.ca.gov](mailto:Suicide.Prevention@cdph.ca.gov)

The OSP is starting a quarterly statewide “community of practice” starting in March 2024 (*Goals 1 and 2*)





Office of Suicide Prevention

# Monitoring of Data on Suicide and Self-Harm

CDPH conducts ongoing surveillance of suicide and self-harm (*Goal 3*)

- EpiCenter website: If you would like to analyze data on suicide deaths and self-harm ED visits in your county or region, please visit our EpiCenter Website:  
<https://skylab4.cdph.ca.gov/epicenter/>
- California Violent Death Reporting System (CalVDRS) Suicide Data Dashboard:  
<https://skylab4.cdph.ca.gov/calvdrs/>
- Sexual Orientation and Gender Identity (SOGI) Pilot Program (per AB 1094)
- Syndromic surveillance to monitor suicide-related trends



Office of Suicide Prevention

# Dissemination of Data Resources

CDPH's publicly available suicide and self-harm data reports can be found at: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx> *(Goals 2 and 3)*

- Statewide Suicide and Self-Harm ED Visit Data report and webinar released annually in September
- Annual Suicide and Self-Harm County Profiles disseminated to county partners (e.g., Local Health Jurisdictions, Behavioral Health Departments, County Offices of Education)
- Annual population-focused reports (Veterans, Older Adults, Youth, CalVDRS counties)
- Preliminary suicide death counts
- Social Media Shareables





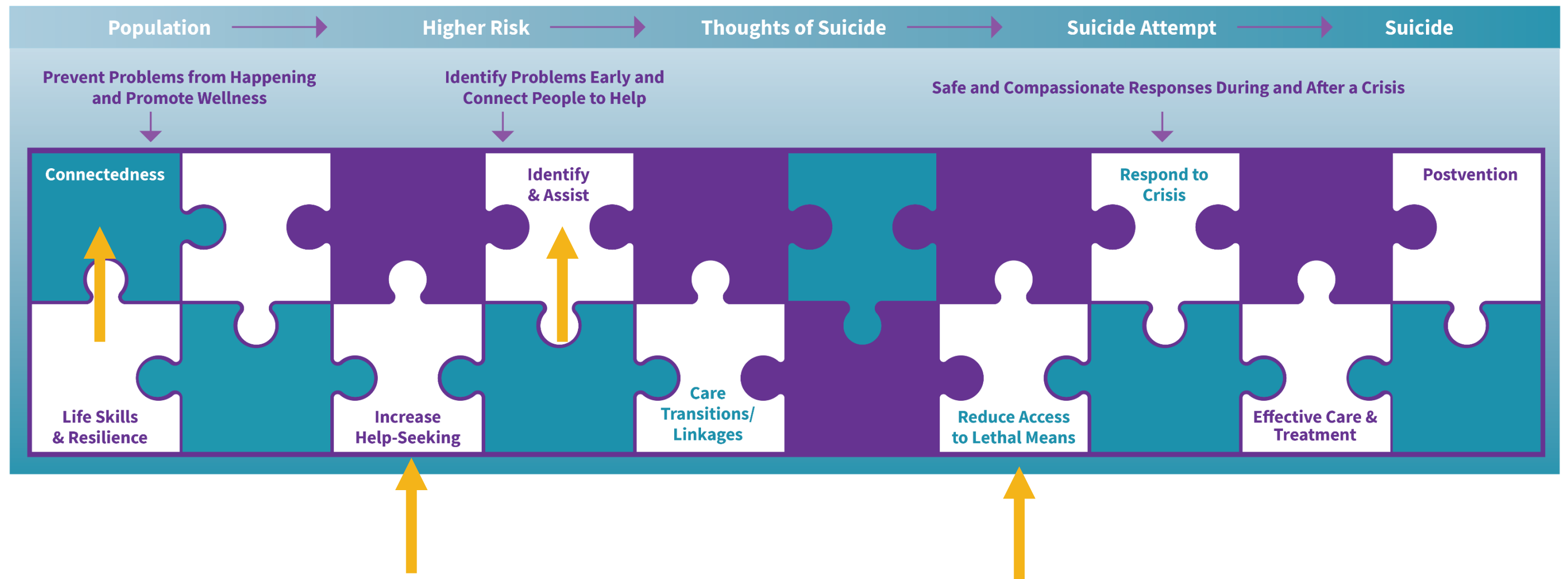
# **STRATEGIC AIM 2**



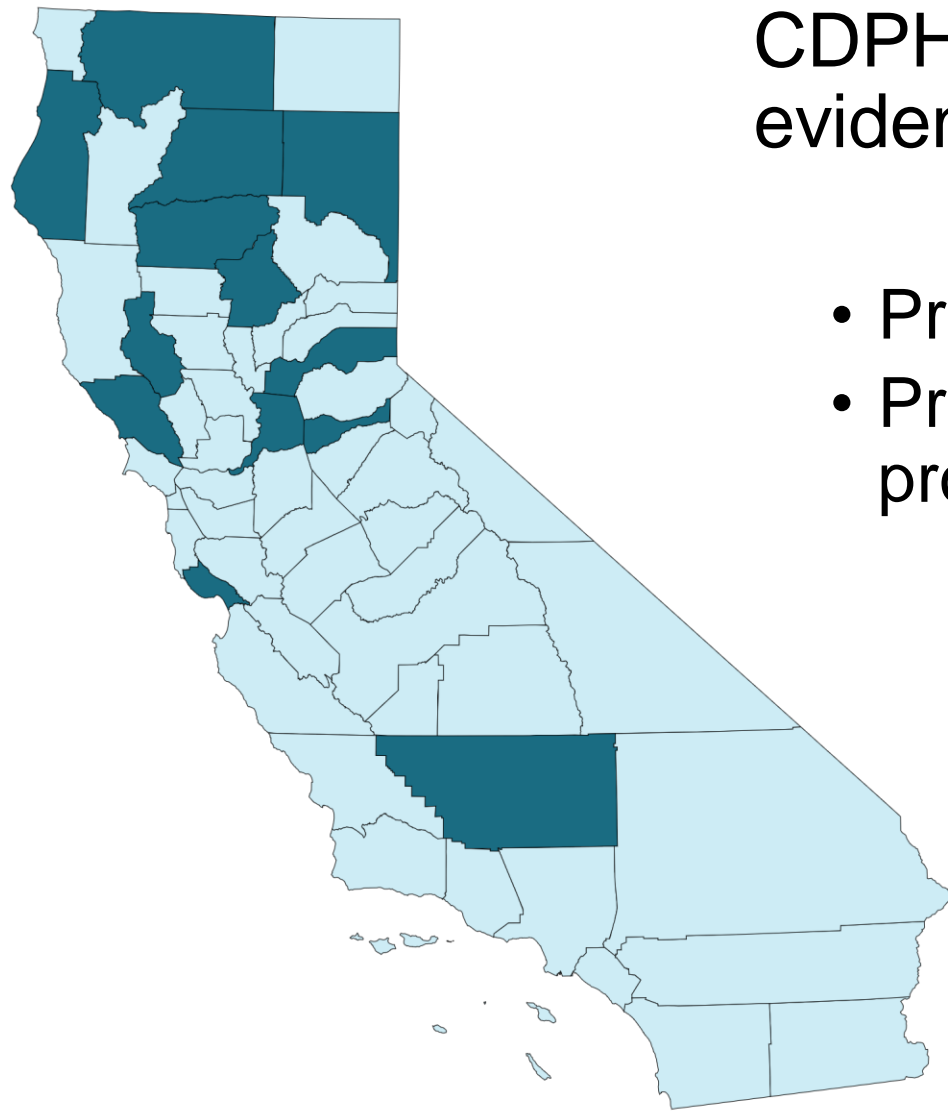


## STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

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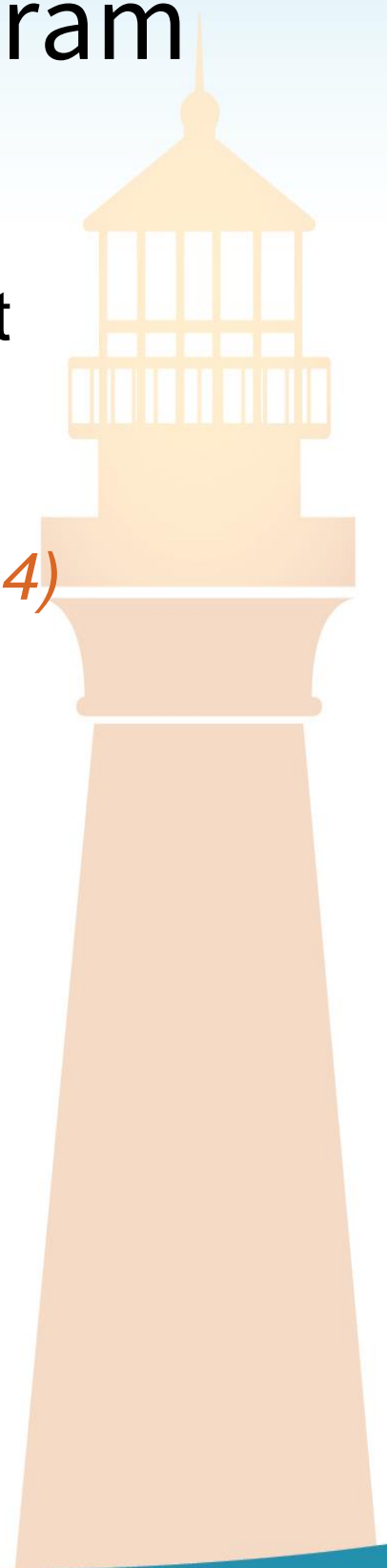


# Comprehensive Suicide Prevention (CSP) Program



CDPH awarded funding to counties to implement evidence-based suicide prevention strategies:

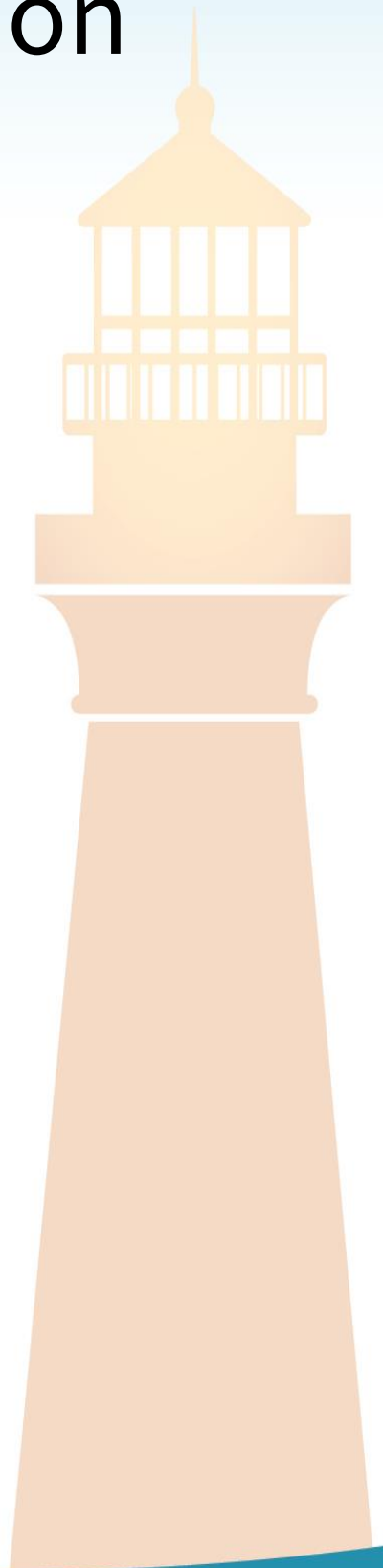
- Promotion of safe access to lethal means (*Goal 4*)
- Promotion of tele-mental health to address provider shortages (*Goal 5*)



# Office of Suicide Prevention Lockbox Distribution

The OSP distributed almost 10,000 lockboxes to local health jurisdictions and behavioral health departments in 2022 and 2023 (*Goal 4*)

- Lockboxes were distributed in communities to promote safe storage of firearms and medications
- In 2024, distribution of lockboxes will focus on Tribal entities





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.

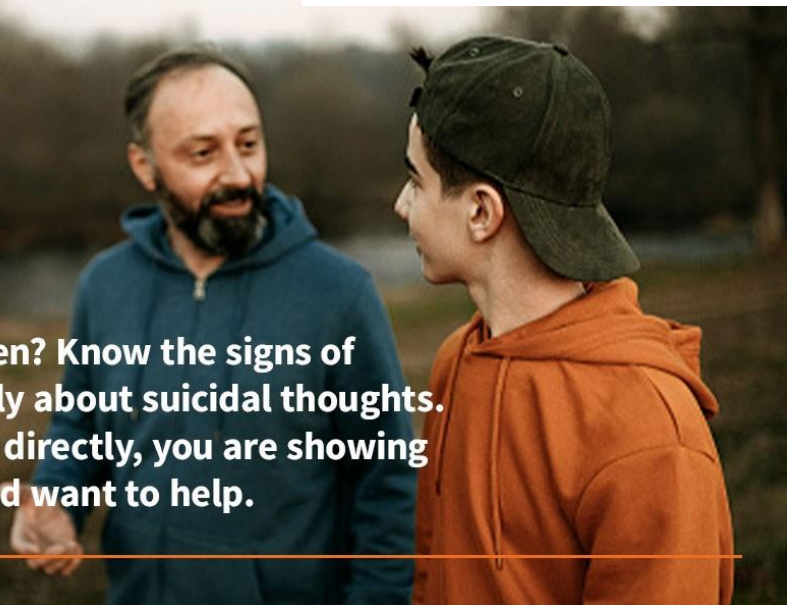


Communicating openly about suicide can encourage people to seek help, and ultimately save a life.

For 24/7 crisis support, call or text 988

For 24/7 crisis support, call or text 988

Concerned about a teen? Know the signs of suicide and ask directly about suicidal thoughts. By talking openly and directly, you are showing them that you care and want to help.



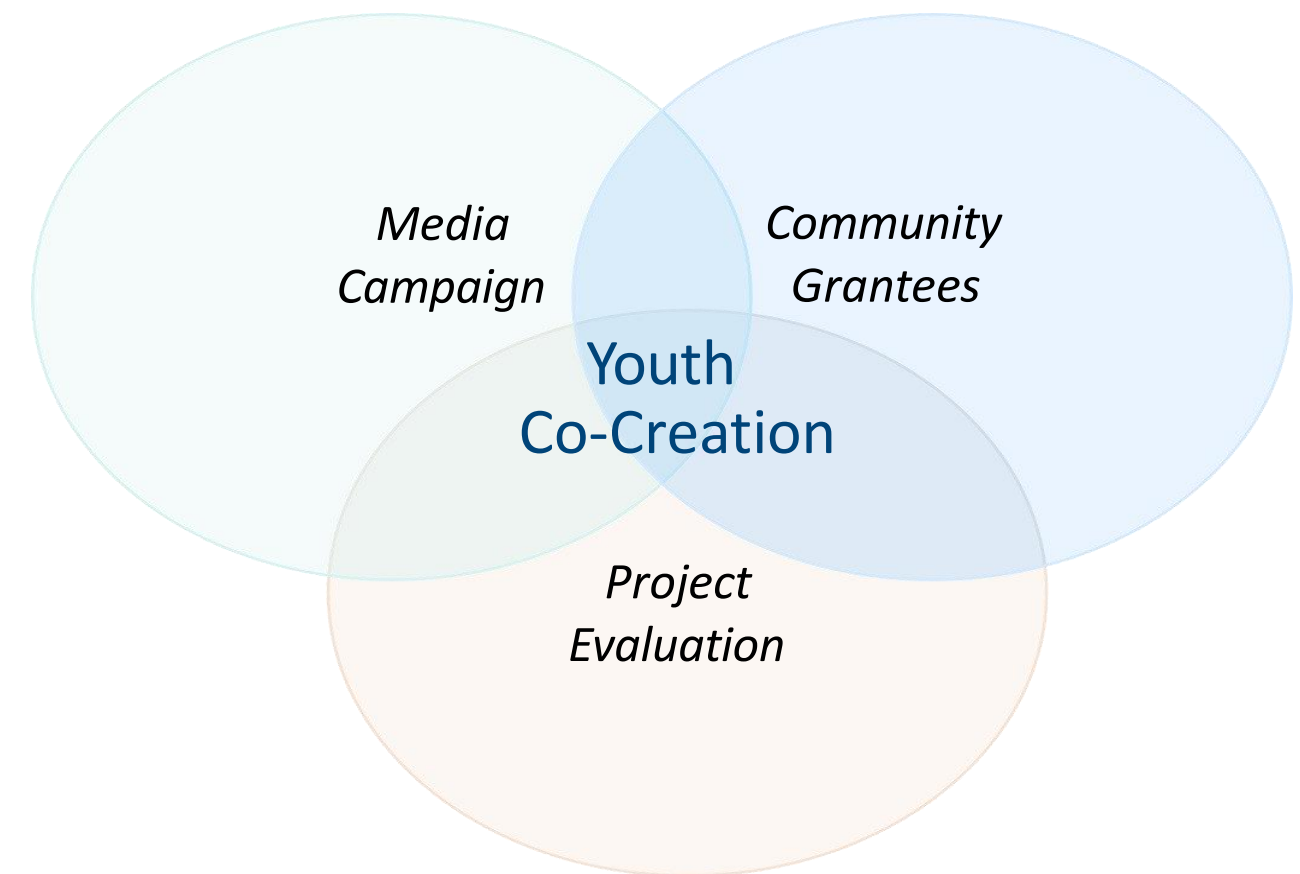


Office of Suicide Prevention

# Youth Suicide Prevention Media and Outreach Campaign

A data-driven, focused, and community-based youth suicide prevention media and outreach campaign for youth disproportionately impacted by suicide. *(Goal 5)*

**Project Goal:** Reduce suicide ideation, attempts, and deaths by increasing awareness and use of resources, services, and supports among California youth up to age 25 who are disproportionately impacted by suicide.





# Youth Suicide Prevention Media and Outreach Campaign

**Launching in Spring 2024!**

## Priority Populations

- **Hispanic and Latinx Youth**  
Experienced the *highest count* of suicides from 2016 to 2021.
- **American Indian and Alaskan Native (AI/AN) Youth**  
Experienced the *highest rate* of suicides from 2016 to 2021.
- **Black/African American Youth**  
Experienced the *highest growth in rate* of suicides from 2016 to 2021.

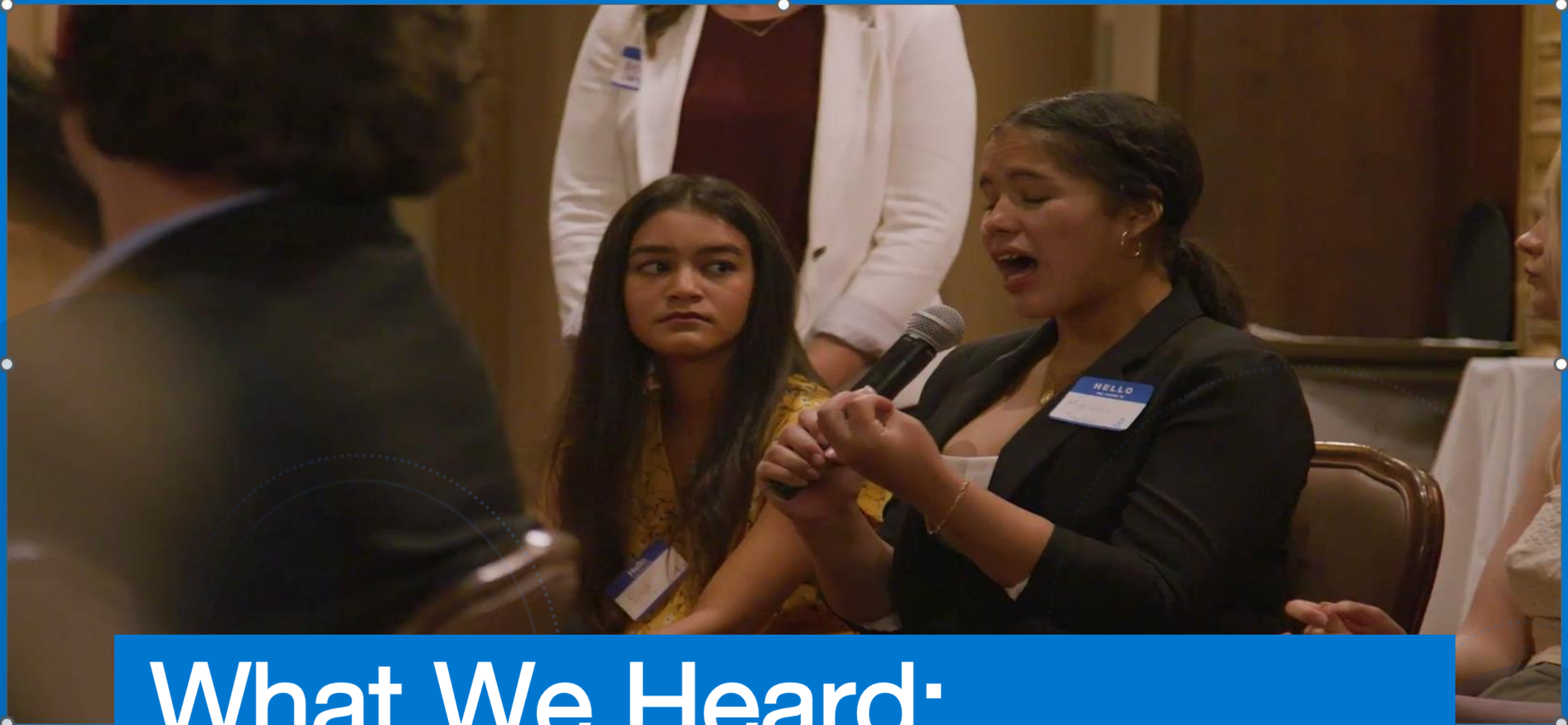
## Intersecting Populations

- LGBTQ+ Youth
- Youth with mental health conditions and/or substance use issues
- Youth impacted by the foster care system



**In 2020, Black youth aged 10 to 18 had higher suicide rates than their non-Black peers.**

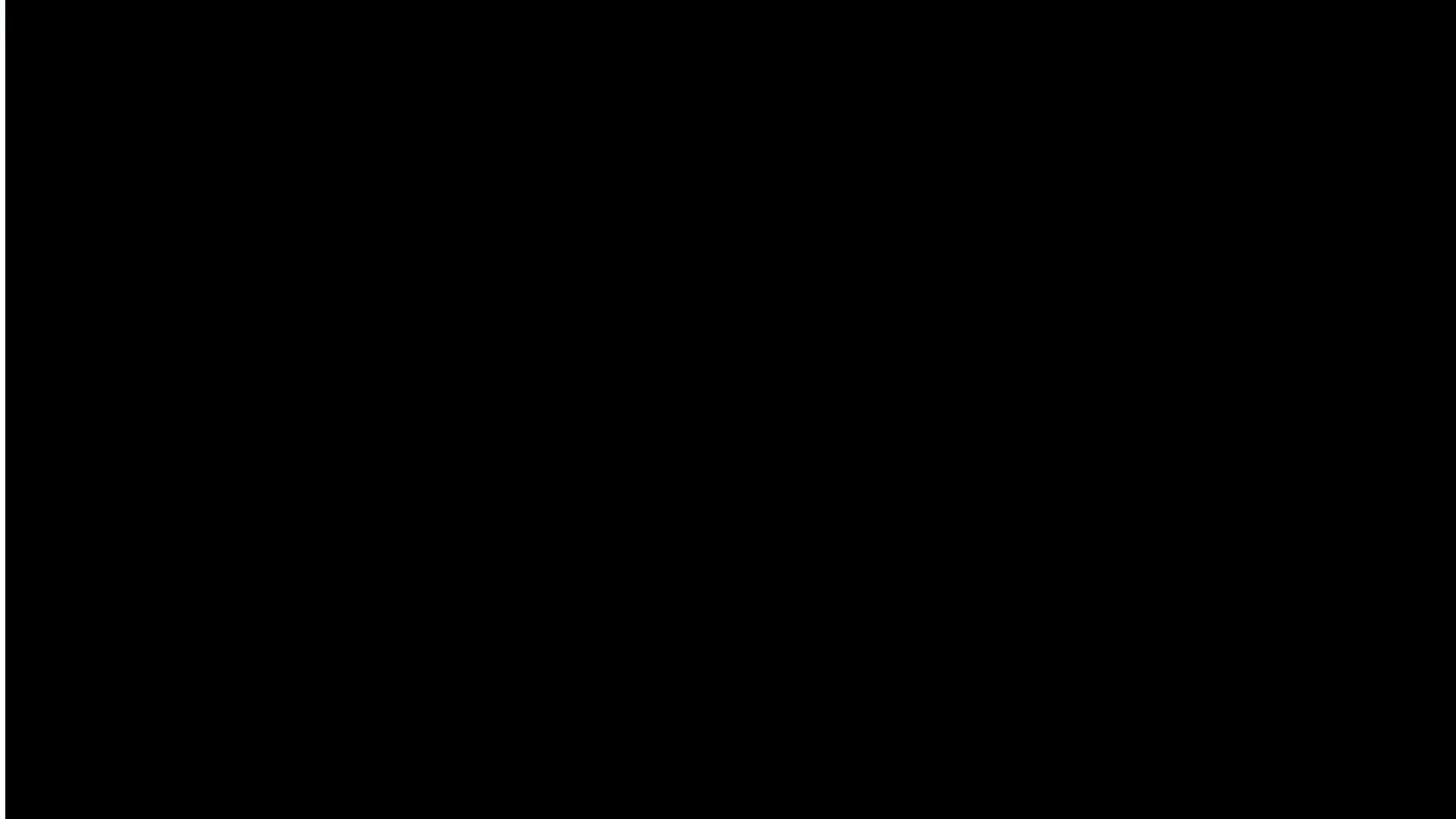
LET'S WORK TO SUPPORT CALIFORNIA'S BLACK YOUTH.



# What We Heard: Validation + Trust + Safety



Office of Suicide Prevention

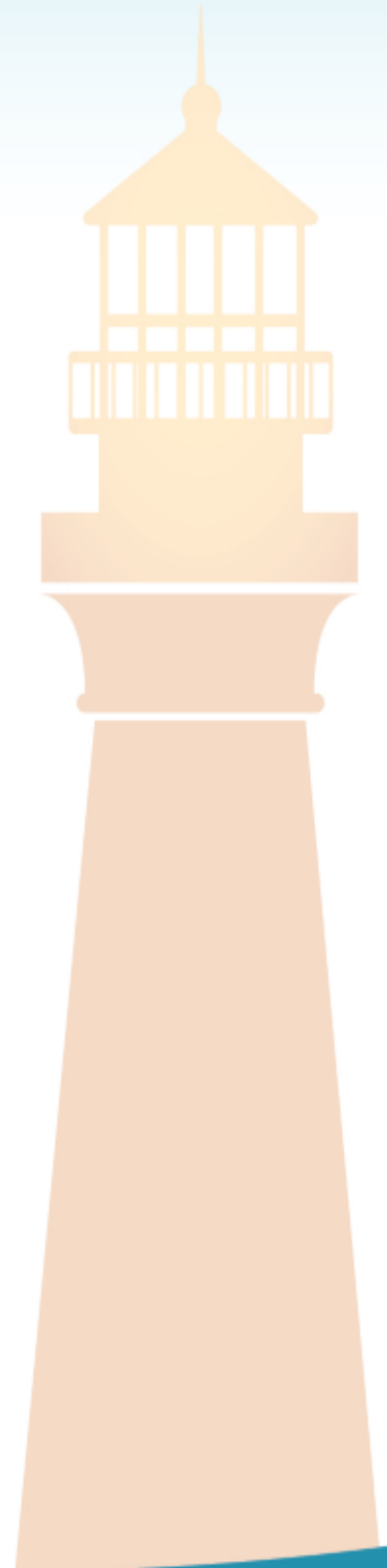


**“What I Wish My  
Parents Knew”  
(OCAPICA)**



## Co-Creation with Youth

“What I Wish My Parents Knew”  
(Kuni Mi Youth Group)





[Listening Session Preview Video](#)

 Civilian

Play

# Firearm Violence Policy Project



**“Could a student be at high risk for violence in School A yet at low risk for violence in School B?”** This is the rhetorical question that J. Kevin Cameron asked as he led off the [Impacts of Firearms Violence Panel](#) at the May 2023 Mental Health Services Oversight and Accountability Commission meeting in Los Angeles, California.

The panel was organized as part of the Commission's Impacts of Firearm Violence (IFV) project. It launched in August 2022 in response to the recent rise in mass shootings and interpersonal violence using a firearm in California. The project aims to build a shared, holistic understanding of the problem of firearm violence, how it intersects and overlaps with mental health, and what we can do collectively to address it.

The panel had five speakers, each of whom offered varying perspectives and contexts to consider when thinking about:

- 1 How the cycle of trauma and violence underpins firearm-related harm
- 2 How to elevate and scale innovative community-based and culturally-responsive interventions to prevent and mitigate the trauma that is frequently associated with firearm violence

Mr. Cameron, the internationally renowned Executive Director of the Center for Trauma Informed Practices, continued on to explain that violence is an evolutionary process. *“No one just snaps,”* he said. *“Frequently, trauma builds over time, a circumstance occurs, and the line is crossed.”* Furthermore, and in setting the stage for the subsequent panelists, he explained that ten people can engage in the same act of violence for ten different reasons, and ten people can be exposed to the exact same stimuli but have ten different responses. What we need, he implored, is *“assessment, assessment, assessment”* utilizing multi-departmental collaborations. And not for a mental health diagnosis alone—he noted that mental illness is only present in a minority of mass violence cases. The factor that is present in the majority? A history of untreated trauma.

An effective and impactful model for assessing and treating trauma – which is a creative departure from the norm – is the REACH Team, a program in southeast Los Angeles that



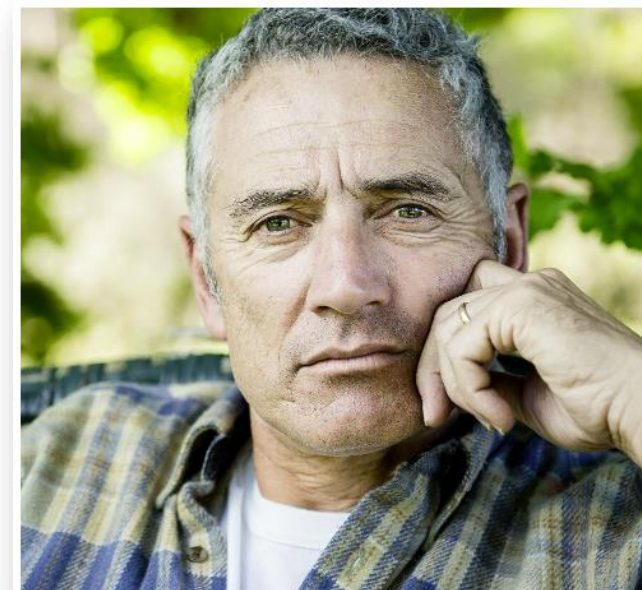
# Means Safety

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

## Means Safety Checklist

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

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



### **Preventing Firearm Suicide** ▶

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

### **Overdose and Poisoning** ▶

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

### **Strangulation and Suffocation** ▶

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

### **Signage, Barriers, and More** ▶

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

# Means Safety Checklist: Striving to Keep a Loved One Safe From Suicide

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

Getting Started ▶

1

2

3

4

5

6

7

8

9

10

11





# **STRATEGIC AIM 3 & 4**





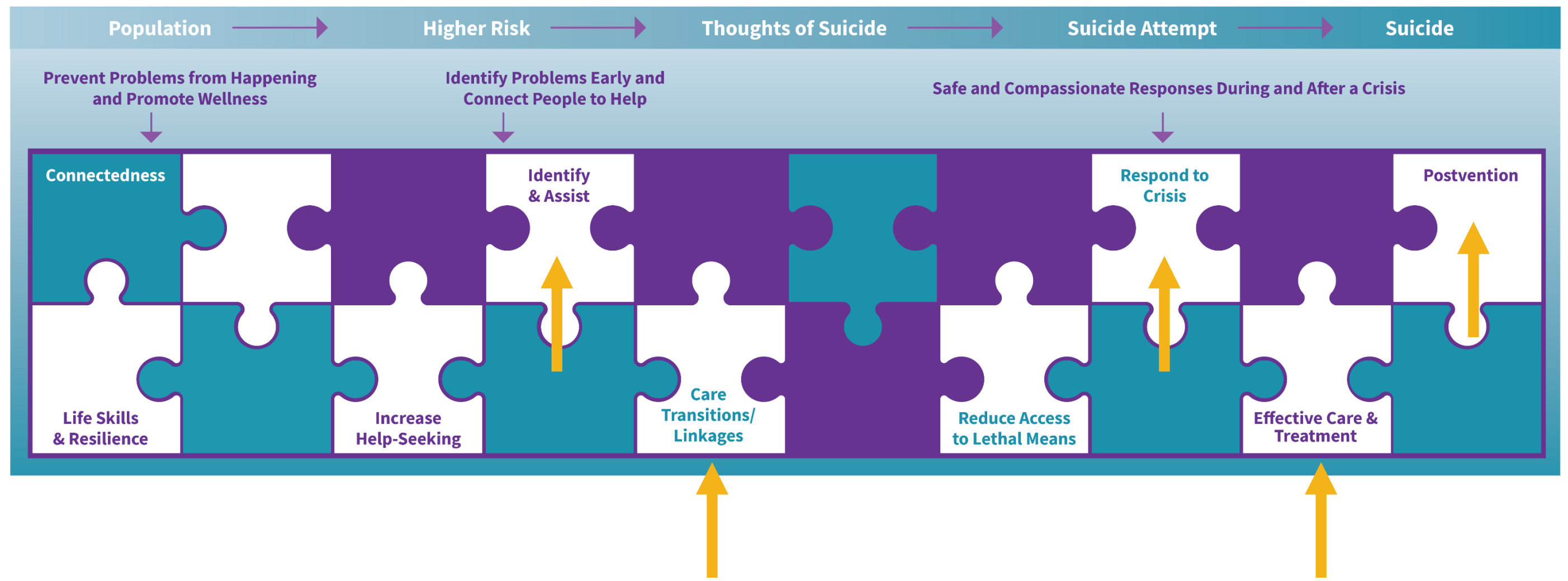
### STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties



### STRATEGIC AIM 4: IMPROVE SUICIDE-RELATED SERVICES AND SUPPORTS

- Goal 10: Deliver best practices in care targeting suicide risk
- Goal 11: Ensure continuity of care and follow-up after suicide-related services
- Goal 12: Expand support services following a suicide loss



# Suicide Risk Screening Training



## ABOUT THE TRAINING

Training on suicide risk screening for students in the school setting is vital to comprehensive suicide prevention. California Education Code 215 mandates that all Local Education Agencies have protocols in place to intervene with youth at risk. This training provides a FREE opportunity for school staff to learn about best practices in school-based screening for suicide risk and how to respond effectively to keep youth and students safe.

The training also incorporates content on **Suicide Safety Planning Intervention (SPI)**, data and tracking related to suicide risk screening, and cultural considerations. Attendees will receive materials necessary for implementation.

## LEARNING OBJECTIVES

- Learn best practices for screening youth for suicide risk
- Explore key components of suicide risk screening in the school setting, including evidence-based tools
- Examine crisis response protocols and how to incorporate steps to keep youth safe



**SPEAKER**  
**Stan Collins**  
Suicide Prevention Specialist

## WHO SHOULD ATTEND?

Individuals who are responsible for conducting student suicide risk screenings in TK-12 school settings are invited to participate in these trainings. You do not have to be a mental health professional to attend.

## TO REGISTER, SELECT A DATE FROM THE LIST BELOW

### SEPTEMBER 2023

**Thursday, Sep. 7, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

**Tuesday, Sep. 26, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

### OCTOBER 2023

**Friday, Oct. 6, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

**Wednesday, Oct. 18, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

### NOVEMBER 2023

**Thursday, Nov. 16, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

**Tuesday, Nov. 28, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

### DECEMBER 2023

**Friday, Dec. 1, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

**Wednesday, Dec. 6, 9:00 - 11:30 am**  
<https://us02web.zoom.us/j/8145486234>

## FOR MORE INFORMATION VISIT:

<https://mhsoc.ca.gov/initiatives/suicide-prevention/school-suicide-risk-screening/>

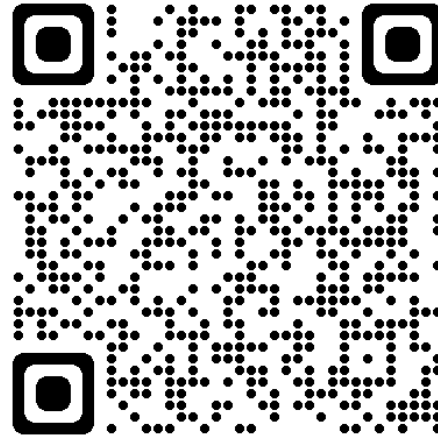
## FOR QUESTIONS PLEASE CONTACT:

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



## Impacts of Firearm Violence

Identifying opportunities to save lives, reduce trauma, and address mental health challenges resulting from firearm violence



# Firearm Violence Policy Project

### Impacts of Firearm Violence

Firearm violence is a serious problem in California. Millions of Californians are exposed to firearm violence each year, some on a daily basis. More than one out of four Californians consider gunshots and shootings a concern in their neighborhood, and one out of five Californians know someone who has been shot on purpose.



“Exposure to firearm violence in all its forms can be toxic for the person and the community, but trauma is preventable. We can work collaboratively to reduce risk, mitigate harm, and heal together.”

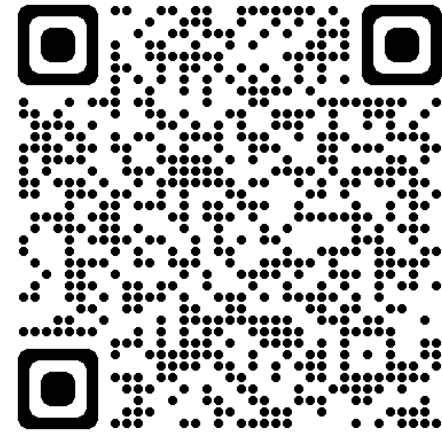
**Keyondria Bunch, Ph.D.**  
Commissioner & Project Chair, MHSOAC

### Goal/Opportunity

This project aims to identify opportunities to save lives, reduce trauma, and address the mental health challenges that result from firearm violence. This work can only happen in partnership with the community, including those with lived experience with gun violence, physicians and mental health providers, responsible gun owners and firearm safety advocates, community-based organizations, racial and ethnic minorities, law enforcement, and others. Through this project, the Commission an opportunity to learn, inform, and start valuable conversations across systems and with diverse groups.

## WELL AND THRIVING

ADVANCING PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH



# Mental Health Prevention and Early Intervention

*Embracing a public health approach to reduce risk and promote mental wellbeing in the places people love, live, work, play, and receive care.*



**MHSOAC**  
Mental Health Services  
Oversight & Accountability Commission

**MHSOAC**  
Mental Health Services  
Oversight & Accountability Commission

# Comprehensive Suicide Prevention (CSP) Program

✓ Over 100 Pharmacists Trained

Implementation of “pharmacists as gatekeepers” trainings to identify and support people at risk of suicide through education of healthcare providers  
(Goal 8)



### Pharmacists as Gatekeepers in Suicide Prevention

This webinar will provide insight into the role pharmacists, as frontline responders, and gatekeepers, can play in suicide prevention. Webinar content will include an overview of suicide prevention, how to counsel on medications that are high in lethality or increase risk of suicidal thoughts, and a variety of resources. Attendees will walk away with an increased understanding on how to identify warning signs of suicide, how to have a conversation with a patient, and how to provide that patient with help.

**CAPE Continuing Education Credit Provided!**

The webinar is open to pharmacists and pharmacists in training in the following counties: Amador, Butte, Humboldt, Kern, Lake, Lassen, Placer, Sacramento, Santa Cruz, Shasta, Siskiyou, Sonoma, and Tehama.

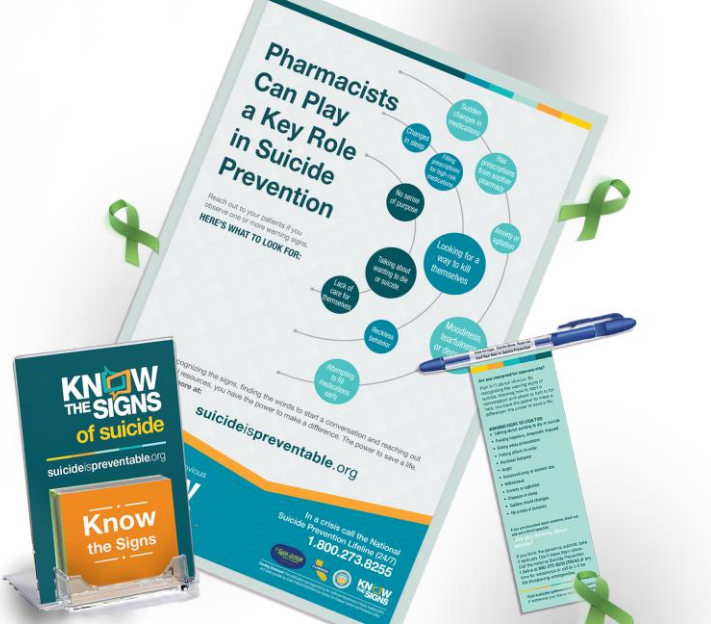
**Click on a Date to Register Below:**

- 09/07/22: 2-3 PM
- 09/20/22: 8-9 AM
- 10/04/22: 11-12 PM
- 10/20/22: 2-3 PM
- 11/09/22: 1-2 PM
- 11/29/22: 8-9 AM
- 01/11/23: 4-5 PM
- 01/31/23: 11-12 PM
- 03/02/23: 2-3 PM
- 03/15/23: 4-5 PM
- 03/30/23: 1-2 PM
- 04/13/23: 1-2 PM
- 04/25/23: 9-10 AM

If you have questions or would like more information reach out at [stephanie@yoursocialmarketer.com](mailto:stephanie@yoursocialmarketer.com).

suicideispreventable.org

✓ 480 Outreach Kits



✓ 960,000 Pharmacy Bags

### You Are Not Alone

**Warning Signs To Look For:**

Reach out if you or someone you are concerned about shows one or more of the following warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change:

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

**Suicide Prevention Resources**

**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**  
 Veterans: Press 1  
 En Español: 1-888-628-9454  
 For Deaf & Hard of Hearing: 1-800-790-4889

**Friendship Line 1-800-971-0016**  
 Crisis and warm line for adults 60 years and older operated by the Institute on Aging.



Office of Suicide Prevention

# Youth Suicide Reporting and Crisis Response Pilot Program



**YOUTH  
SUICIDE  
PREVENTION  
& RESPONSE  
NETWORK**

The pilot program will develop and test models for rapidly reporting and comprehensively responding to youth suicides/attempts at the county level by providing crisis services and follow-up supports within school and community settings (*Goal 9*)

- Activities designed by counties to:
  - Complement and expand existing supports
  - Identify and shrink gaps in reporting processes
  - Strengthen rapid responses/crisis services
  - Improve collaboration across local-level entities and within communities


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# Q&A





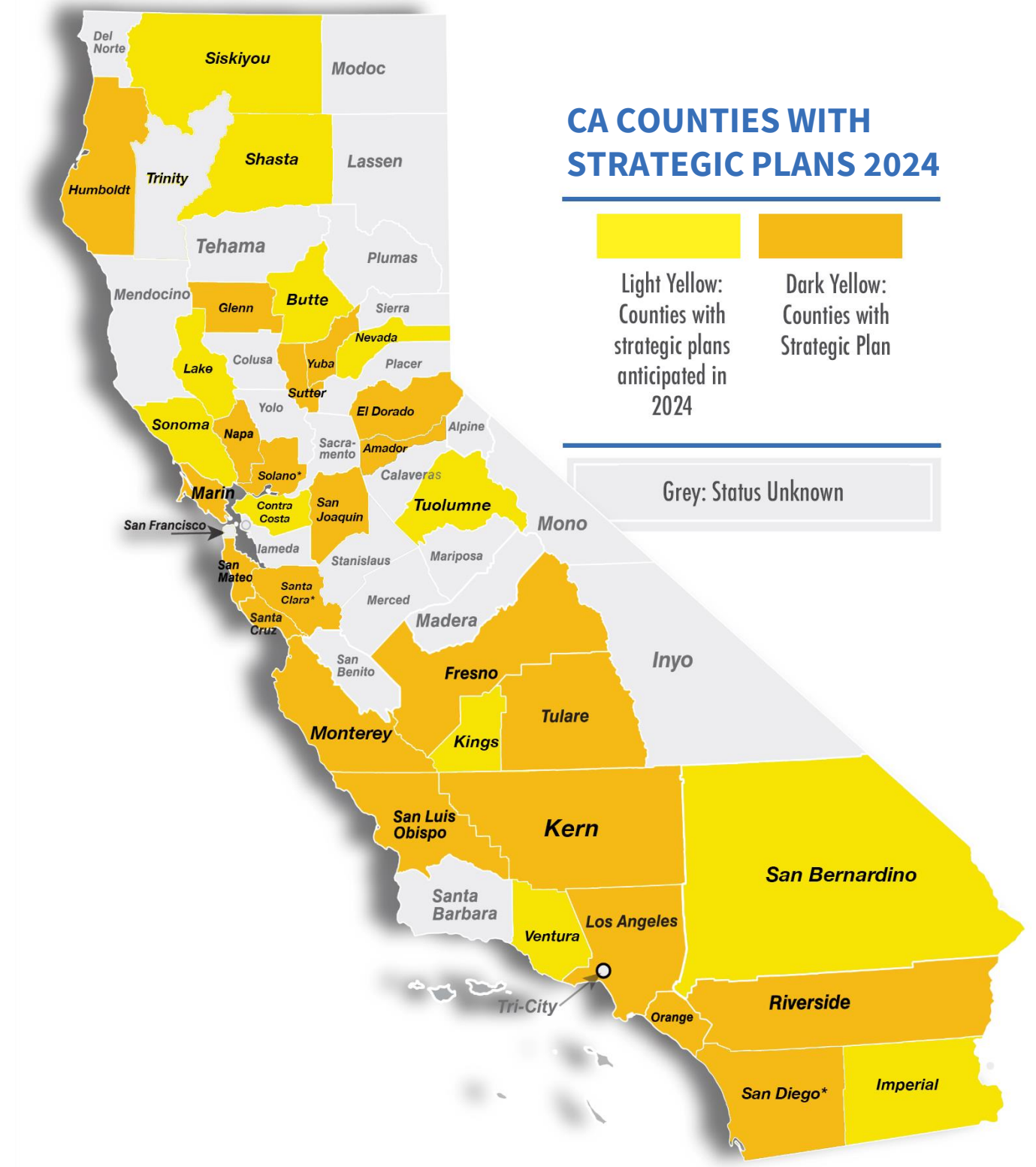


# Local Strategic Planning and Implementation



# STRIVING FOR ZERO STRATEGIC PLANNING LEARNING COLLABORATIVE





**At the beginning of the Learning Collaborative in April, 2022, 11 out of 58 counties had a strategic plan.**

**12 / 58**

**Now, 21 counties have completed strategic plans**

**21 / 58**

**At the beginning of the Learning Collaborative in April, 2022, 12 out of 58 counties had a strategic plan.**

**12 / 58**

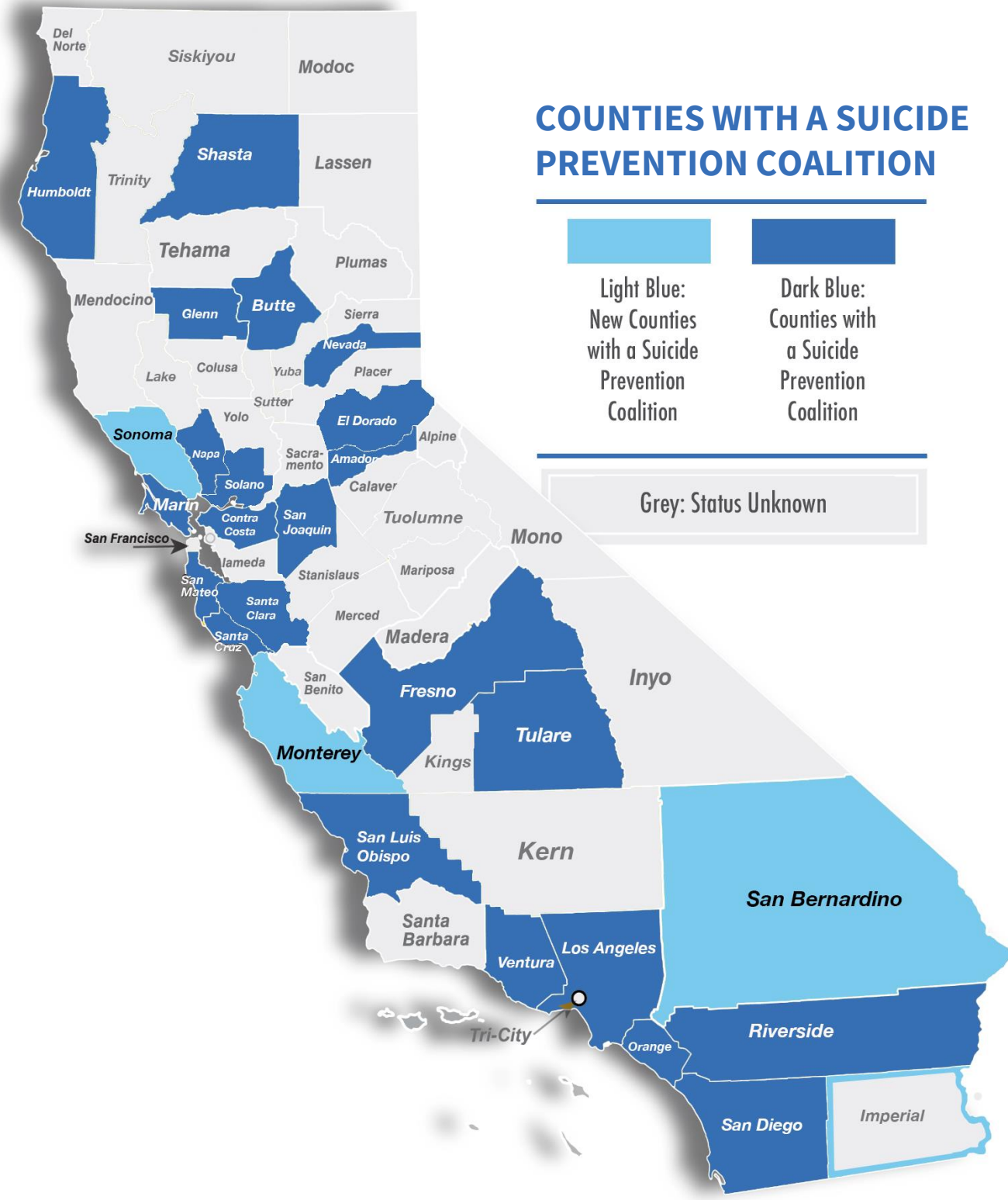
**By the end of 2024, 34 counties are anticipated to have a completed strategic plan**

**34 / 58**

**5 → 17**

**Counties with strategic plans that include goals around implementing comprehensive suicide prevention, intervention and postvention in different settings increased from 19% in April 2021 to 63% in February 2024.**





59% → 81%

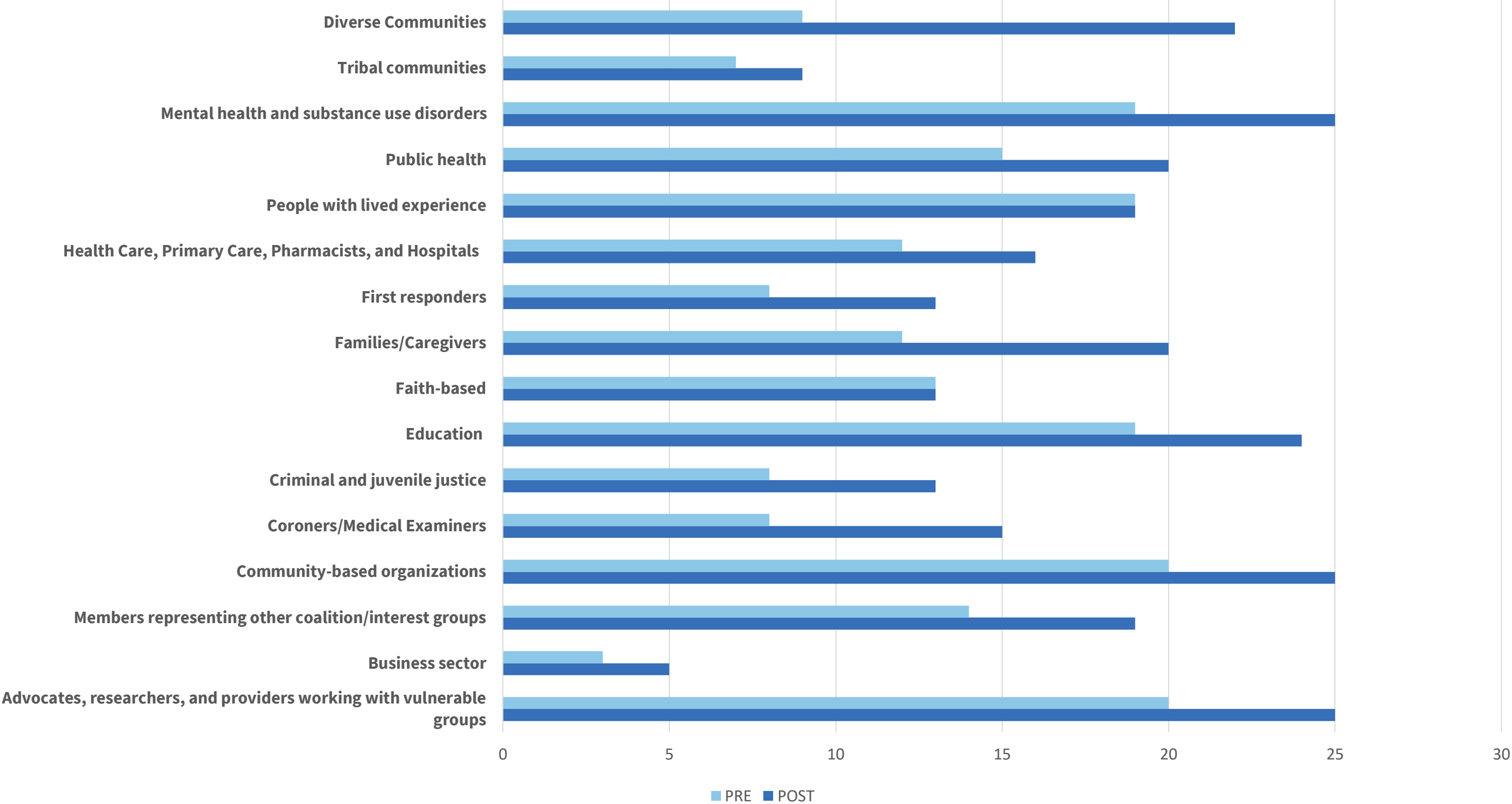
As of February 2024, 81% indicate their coalition has dedicated staffing or funding.

95%

As of February 2024, 95% indicate they **have policies or practices in place to sustain the coalition**, for example staffing is part of a funded job description or part of an annual budget.

	PRE →	POST
Overall, coalition members are engaged with suicide prevention activities	90%	100%
Overall, coalition members guide goals and strategies outlined in the strategic plan	60%	96%
Overall, coalition members are involved in implementation of plan	50%	61%

# ACTIVE MEMBERS AND ACTION PARTNERS INVOLVED IN LOCAL COALITIONS





**37% → 58%**

**Funding to support suicide prevention strategies is provided by more than one agency.**

**100%**

**Suicide prevention strategies are integrated into existing services through local settings, systems, and programs.**

# STRIVING FOR ZERO LEARNING COLLABORATIVE MODULES AND MEETINGS

- Learning Collaborative kick-off meeting (**May 25, 2021**)
- Module #1: Describing the Problem of Suicide Prevention Part 1: Suicide Deaths and Suicide Attempt Data (**June 30, 2021**)
- Module #2: Describing the Problem of Suicide Prevention Part 2: Suicide Ideation, Help-Seeking, Protective and Risk Factors (**July 21, 2021**)
- Collaborative Meeting #2 (**Sept. 22, 2021**)
- Rural County Collaborative Meeting #1 (**Oct. 8, 2021**)
- Module #3: Strategic Approaches to Trainings (**Oct. 20, 2021**)
- Collaborative Meeting #3 (**Nov. 17, 2021**)
- Collaborative Meeting #4 (**Jan. 19, 2022**)

For slides and recordings of these modules visit the Striving for Zero Learning Collaborative Resource Center: <https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/>

- Module #4: Crisis Response (**Feb. 16, 2022**)
- Rural County Collaborative Meeting #2 (**April 11, 2022**)
- Module #5: Follow-Up After a Suicide Attempt (**April 20, 2022**)
- Collaborative Meeting #5 (**June 15, 2022**)
- Module #6: Focusing Strategies Based on Risk: Older Adults (**Aug. 31, 2022**)
- Module #7: Screening and Assessment (**Oct. 12, 2022**)
- Rural County Collaborative Meeting #3 (**Nov. 2, 2022**)
- Suicide Death Fatality Review Team Collaborative Meeting (**Nov. 8, 2022**)
- Module #8: Means Safety with an Additional Focus on Men (**Dec. 7, 2022**)

- Module #9: Strategies to Measuring Outcomes (**Feb. 8, 2023**)
- Module #10: Evaluation and Measuring Outcomes Part 2 (**April 19, 2023**)
- Collaborative Meeting #6 (**June 7, 2023**)
- In collaboration with CDPH, utilizing the New EpiCenter Website to Query Data on Suicide and Self-Harm Webinar (**June 28, 2023**)
- Module #11: Understanding LGBTQ+ Youth and Suicide Prevention (**Sept. 13, 2023**)
- Module #12: Engaging and Sustaining Coalitions (**Oct. 13, 2023**)
- Rural County Collaborative Meeting #4 (**Nov. 8, 2023**)
- In collaboration with CDPH, CalVDRS Dashboard (**December 6, 2023**)

- Module #13: Improving Clinical Systems of Care – A Focus on Downstream Suicide Prevention (**Jan.31, 2024**)

2021

2022

2023

2024

# 448

**Since the launch of the Learning Collaborative, the Striving for Zero TA Team has facilitated 448 meetings with county teams. This includes regular check-in meetings, as well as attending and providing updates at suicide prevention council/alliance meetings, presenting at workgroups and subcommittees, and more.**

# RURAL COUNTY COLLABORATIVE

The Power of Rural



**Strong**



**Resourceful**



**Resilient**



**Relationships**

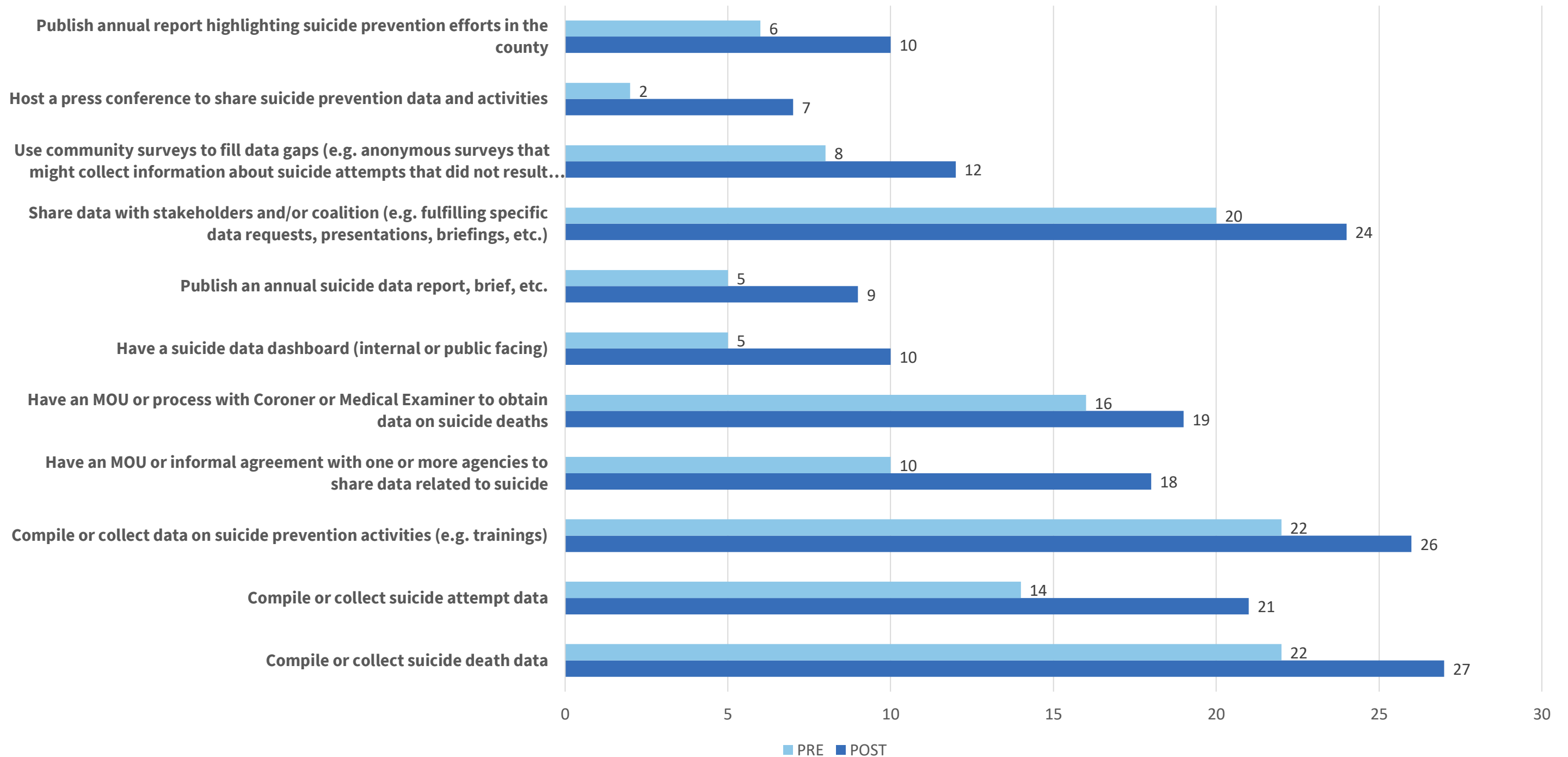


The rural cohort explored:

- Ways to focus limited resources where they will have the most impact
- Ensuring strategies and approaches honor rural culture
- Finding local partners and champions



# USING DATA TO DESCRIBE THE PROBLEM OF SUICIDE IN LOCAL COMMUNITIES



**20% → 50%**

Local suicide attempt survivor support groups are available in **13 of the 27** Learning Collaborative Counties as of February 2024, an increase from only 5 in April 2021

.



28% → 65%

Formal or informal **follow-up programs** (e.g. caring contacts) to support people discharged from the hospital or ER **following a suicide attempt** are available in **17 of the 27** Learning Collaborative Counties as of February 2024, an increase from 7 in April 2021.

# SUPPORTS AFTER A SUICIDE LOSS

**23**

COUNTIES

Local suicide bereavement support programs are available in 23 of the 27 Learning Collaborative counties as of February 2024.

**16**

COUNTIES

Specialized clinical supports are available for suicide bereavement in 16 of the 27 Learning Collaborative counties as of February 2024.

**6**

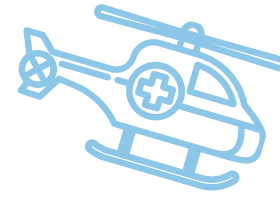
COUNTIES

Local Outreach to Suicide Survivors (LOSS Team) or active trauma or tragedy response team



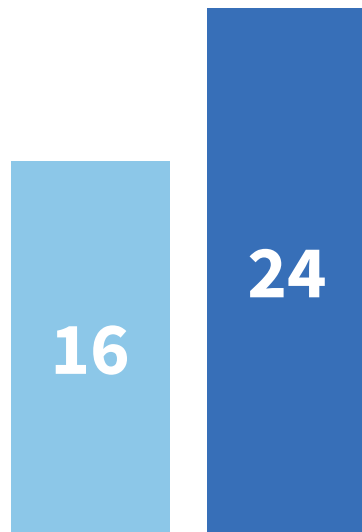
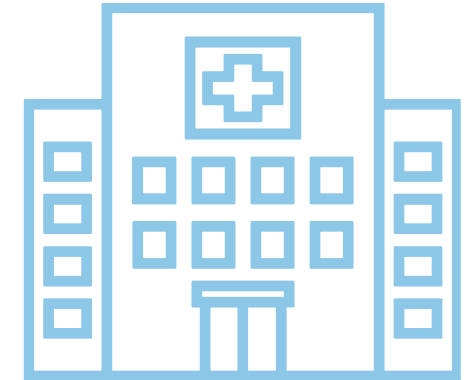
**6 → 11**

Public information officers and news media outlets receive information on safe and effective messaging about suicide



**8 to 21**

The use of crisis services (e.g. mobile, community-based or school-based) are promoted as alternatives to hospitalization for students/ minors



Suicide prevention trainings are delivered to organizations that function as gatekeepers for individuals at disproportionate risk for suicide in the county

**\* 6**  

---

**18**

First responders and personnel monitoring community sites used for suicidal behavior receive training in identifying warning signs, de-escalation techniques, and suicide prevention resources



**5 to 25**

The use of crisis services (e.g. mobile, community-based or school-based) are promoted as alternatives to hospitalization for adults

**2 → 10**

Public and private clinicians receive specific training to assessing and managing suicide risk



**COURAGE**

**COMMUNITY**

**CONNECTION**

**CELEBRATION**



# **CLOSING COMMENTS & NEXT STEPS**



*Thank you for your time*