



Striving  
for  
Zero

## Striving for Zero Learning Collaborative Kick Off Meeting May 25, 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.

# Today's Agenda

- Introductions
- Learning Collaborative Model and Goals
- Striving for Zero Strategic Plan for Suicide Prevention: How Counties Use This Plan to Guide Their Local Efforts
- Overview: Framework for a Comprehensive Approach for Suicide Prevention
- County Spotlights: Roadmap to Writing and Publishing a Strategic Plan for Suicide Prevention
- Upcoming Modules and Collaborative Meetings



9am	MEETING
10am	DEPARTMENT MEETING
11am	STUDENT MEETING
12pm	COMMITTEE MEETING
1pm	GRANT MEETING
2pm	ADMINISTRATIVE MEETING
3pm	REVIEW MEETING
4pm	MEETING TO DISCUSS FUTURE MEETINGS
5pm	MEETING RE: ANNUAL MEETING
6pm	MEETING TO ASSESS THE VALUE OF MEETINGS

JORGE CHAM © 2014



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SHANNON WHEELER

# Introductions

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## Jana Sczersputowski, MPH



Jana Sczersputowski, MPH, President of YSM, has over 15 years of experience providing suicide prevention technical assistance to county and city behavioral health agencies and more than 22 years of experience implementing county, regional and statewide behavior change initiatives. In 2011, Jana was one of the project managers for the development of the statewide suicide prevention campaign *Know the Signs*. In addition, Jana is currently working on several county-funded initiatives, providing technical assistance in the areas of coalition building, marketing, outreach and sustainability. Jana has been the social marketing lead for several federal initiatives, including Steps to a Healthier U.S. and Children’s System of Care grants. As a result of her work, Jana was asked to join the national technical assistance team as part of the SAMHSA-funded campaign “Caring for Every Child’s Mental Health,” where she assisted county and state agencies with implementing social marketing plans, mental health and suicide prevention activities. Jana’s passion for mental health and suicide prevention is fueled by being a survivor of suicide loss and the personal experience of having a family member in treatment and recovery. Jana is the founder of the Directing Change Program.

## Sandra Black, MSW



Sandra has 20 years of experience working in mental health and suicide prevention at the federal, state and community levels. In 2011 she was fortunate enough to join the Know the Signs social marketing campaign as a suicide prevention advisor, providing technical assistance and resource navigation to state, county and local partners. Previously, she led the California Office of Suicide Prevention in implementing the state's first strategic plan and developing a resource center to support suicide prevention efforts around the state. She learned the importance of inclusion, recovery, and data-driven policy as foundational principles in effective mental health systems while at the SAMHSA Center for Mental Health Services. Sandra completed a Master's in Social Welfare from the University of California, Berkeley in 2004.

## Rosio Pedroso, MPP



Rosio Pedroso, MPP, Principal of Pedroso Consulting has over 20 years of experience conducting research and evaluation for underrepresented and underserved communities. For the past four years she created content, programs and conducted outreach for California's Mental Health Movement, SanaMente, for Spanish-speaking populations. She has conducted evaluations, needs assessments, primary research, empathy studies, focus groups, and interviews on a variety of topics including K-5 literacy, secondary and postsecondary STEM initiatives for underrepresented groups and first-generation college students. Rosio has developed and conducted trainings on a variety of topics to increase awareness and prevention of suicide, child abuse, and cannabis use to Spanish-speaking communities. She also contributed to strategic planning efforts for suicide prevention and adult education consortiums in California. Rosio has provided technical assistance to county behavioral health agencies as a resource navigator since 2017.



## Nicolle Perras, MPH, MA LMFT



Nicolle Perras, MPH, MA, LMFT is a Health Program Analyst with the Los Angeles County Department of Public Health (DPH) and a Licensed Marriage and Family Therapist (LMFT). She has over 20 years of experience working in the field of public health research, program planning and evaluation. For the past 15 years at DPH she has worked on the connections between multiple forms of violence, health impacts of trauma, abuse and violence, and trauma informed care practices and systems change. Ms. Perras works to address mental health, suicide and violence as public health issues, examining them through the perspectives of social determinants of health, health equity and social justice. She has served as the suicide prevention lead for DPH and has been a member of the LA County Suicide Prevention Network since its inception.

## Noah J. Whitaker, MBA



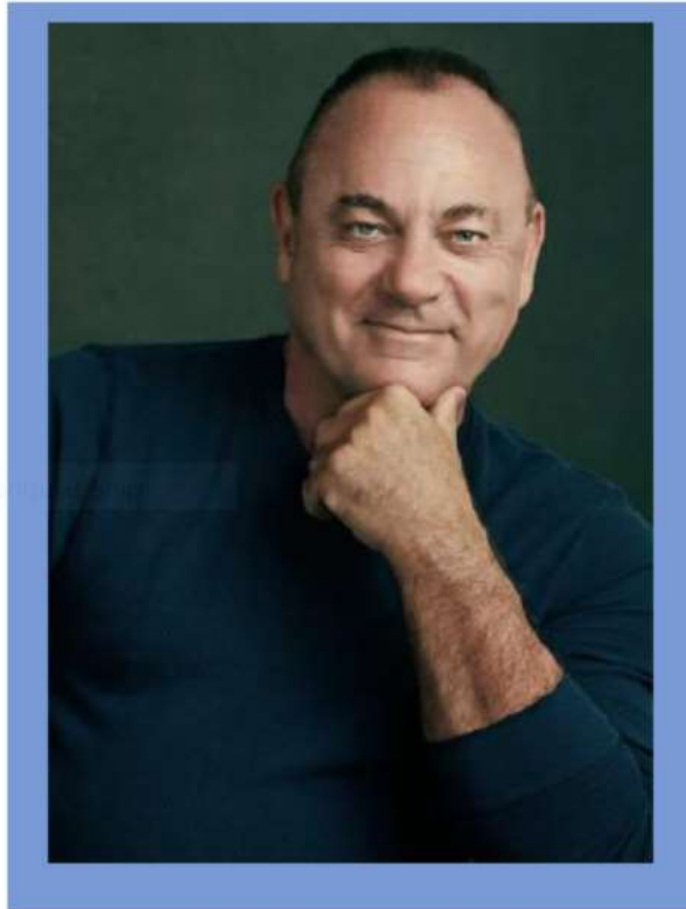
Noah J. Whitaker is a passionate community advocate and public servant. He is married to his high school sweetheart and they have five children together. Noah grew up as a survivor of suicide loss having never met his paternal grandfather, then during his senior year in high school his own father from inadequately treated depression. This devastating formative experience crystallized into a devotion to helping others through their struggles. Noah has worked in the mental health field for nearly 20 years, including working with individuals with severe and persistent mental illnesses, substance use disorders, those experiencing homelessness, peer support, community edition, and additional work. He served as the director of the Tulare County Suicide Prevention Task Force (SPTF) for over a decade working alongside an incredible team of public servants and volunteers. His experience includes creating Mental Health Service Act Prevention and Early Intervention programs such as the Older Adult Hopelessness Screening (OAHS), Depression Reduction Achieving Wellness (DRAW), Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE), the Festival of Hope, and numerous other initiatives. His work thrives in assisting communities in developing suicide prevention strategic plans, initiatives, and postvention efforts. He actively serves on the Tulare County LOSS Team. Among his fondest memories are times serving with his SPTF friends Carla, Darcy, Jackie, and Van.

## Stephanie Ballard, Ph.D., MA, CADC



As the Director of Marketing and Program Development for Your Social Marketer, Inc Stephanie leads the development, implementation and evaluation of mental health, addiction, stigma reduction and suicide prevention integrated marketing campaigns. Utilizing high-impact strategies across digital, social, media, event and traditional marketing she develops culturally relevant strategies that meet the needs of the clients, as well as the communities they serve. Prior to her work at Your Social Marketer, Inc Stephanie served as the Executive Director of Marketing where she was responsible for the marketing, communications, business development and branding strategy for a National Addiction Treatment Provider, as well as a multi-site Psychiatric and Counseling Practice. Stephanie has also served as a Clinical Director and Therapist where she provided direct clinical mental health and addiction treatment care to young adults, adults and families. She has held both a Licensed Professional Counselor and Certified Drug and Alcohol Counselor certification.

## Robert K. Stohr, M.S., L.M.F.T.



Robert K. Stohr is currently serving as the President of the Board of Directors for the Greater Los Angeles Chapter of The American Foundation for Suicide Prevention. He has been a licensed clinician for over 25 years, with 8 years of specific experience in the field of Suicide Prevention. He currently serves as the Executive Director of U.S. VETS - Bob Hope Patriotic Hall, the largest nonprofit in the country working with homeless veterans. He has been implementing suicide prevention in this national organization training both staff and executives. Robert's clinical and training skills in suicide prevention and mental health issues has been developed and applied in specific populations including but not limited to veterans, seniors, LGBTQ, and TAY communities. He has extensive experience in the development and implementation of innovative programming including, peer programming & case management, working in community mental healthcare with veterans, suicide attempt survivors, suicide loss survivors, and clinicians.

## Stan P. Collins, Suicide Prevention Specialist



Stan has worked in the suicide prevention field for two decades since losing a friend to suicide in high school. He utilizes his experience to support and develop strategies to create system level change around suicide prevention. Through his work at the community, county and statewide level, Stan has planned and coordinated strategic efforts to impact system level change in schools, behavioral health agencies, news media outlets, first responder agencies, and health care settings. Utilizing his strong public speaking and media communication skills, he has led a variety of media engagement efforts and trainings on safe and effective messaging around suicide prevention. As a former Lifeguard and Emergency Medical Technician, and coming from a family of law enforcement officers, he has a passion for supporting and working with first responders. Stan is co-founder of the Directing Change Program and Film Contest and has been supporting county behavioral health agencies as a resource navigator and with strategic planning for suicide prevention since 2013.

# Poll

**How many of you...?**

- Have a cat
- Have a dog
- Own another type of pet
- Got married in the past 12 months
- Moved in the past 12 months
- Play an instrument
- Went out of your comfort zone this month?
- Practiced self care this week



# Learning Collaborative Model and Goals

# Striving for Zero Learning Collaborative

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



Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

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

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

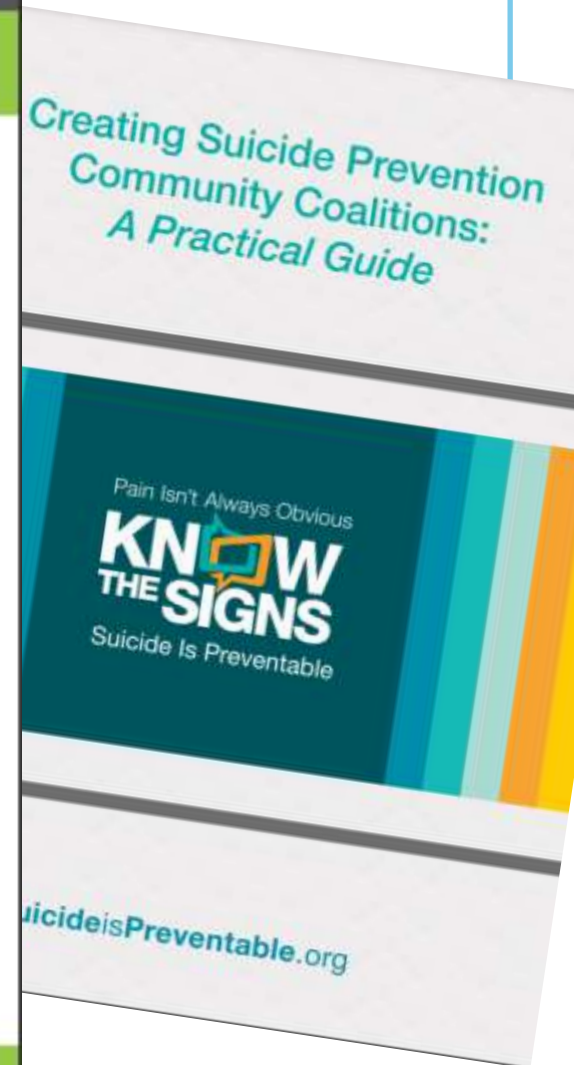
The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CalMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

**Strategic Planning Framework**

The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

*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.*  
— Ritya Guevra, Nevada County Public Health

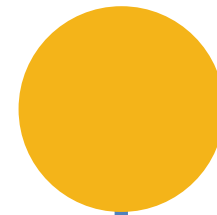
Each Mind Matters logo and other organizational logos are at the bottom.



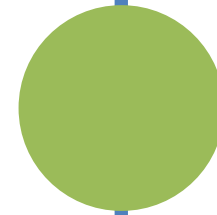


# Striving for Zero Learning Collaborative

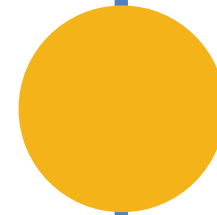
Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



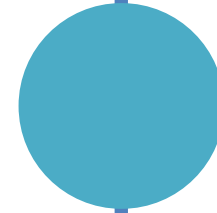
Update or create strategic plans for suicide prevention



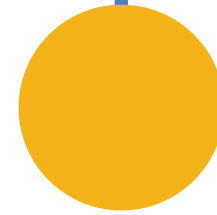
Advance effective use of local data collection and analysis



Engage broad-based community coalitions with strategic planning and implementation



Establish implementation priorities



Develop sustainable practices

# Pre-Assessment Findings



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

- ✓ 33% (10 out of 30) have a Strategic Plan for Suicide Prevention
- ✓ 20 (out of 30) counties aim to have a suicide prevention plan in place by the end of 2022 or early 2023.
- ✓ 53% (15) have a suicide prevention coalition
- ✓ Out of the 15 that have a coalition, 62.5% are satisfied or very satisfied with their coalition structure and 75% with their coalition's activities.

# Cohorts

## Cohort 1: Early Planning

Contra Costa  
Glenn  
Humboldt  
Imperial  
Kern  
Kings  
Lake  
San Bernardino  
San Francisco  
San Joaquin  
Shasta  
Siskiyou  
Sonoma  
Sutter Yuba  
Trinity  
Tuolumne  
Ventura

## Cohort 2: Intermediate and Final Stages of Plan or Plan Updates

El Dorado  
Monterey  
Napa\*  
Nevada  
Orange\*  
San Luis Obispo\*  
Tulare\*

\* Included in 10 counties with a strategic plan

## Cohort 3: Implementation

Fresno  
Los Angeles  
Marin  
Riverside  
San Mateo  
Santa Cruz

## Rural Cohort Coordinated Community Engagement

Amador  
Del Norte  
El Dorado\*  
Glenn\*  
Lake  
Shasta  
Sutter Yuba  
Tehama

\* Tentative

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

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



# Striving for Zero

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

# Commission Initiatives to Prevent Suicide

The Commission is working to begin implementation of *Striving for Zero* by addressing critical statewide gaps in suicide prevention strategic planning, data, safety, training, and support.

Local Strategic Planning	Lethal Means Safety	Suicide Risk Screening & Triage
Research and Data Visualization	Local Suicide Surveillance	Risk Assessment & Management
Healthcare Discharge Follow-Up	AB 2112 Implementation	State-level Coordination
988 Implementation	Crisis Now Implementation	Prevention & Early Intervention



# A Public Health Approach to Suicide Prevention

# Applying a Public Health Approach to Suicide Prevention

## Surgeon General

In 1999 the Surgeon General issued a Call to Action to Prevent Suicide, declaring suicide a “serious public health problem”.

<https://profiles.nlm.nih.gov/ps/access/nnbbbh.pdf>

## A Public Health 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.

## Public Health

is the science of protecting and improving the health of people and their communities through prevention, early intervention, and effective response to disease when it occurs.

## National Strategy for Suicide Prevention

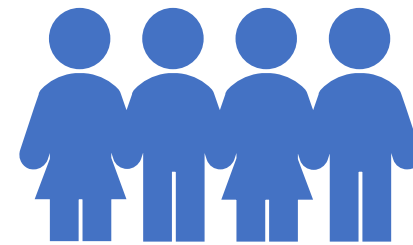
The Surgeon General’s report led to the development of the first national comprehensive suicide prevention plan in 2002, updated in 2012. This plan Acknowledges that suicide is a complex problem requiring complex solutions at multiple levels

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.



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

# Communities are Key Settings for Suicide Prevention

## Life skills and positive social connections

are formed that help strengthen resiliency and ability to cope with life's challenges.

## Effective crisis services

are available and people know where to find them

**The people** we interact with day to day are in a key position to help identify who may be at risk and connect them with the assistance and care. They provide support for those bereaved by suicide.

**Connections are developed between different systems** promoting seamless care and support networks

What happens when you call a meeting of community members and stakeholders together and ask what the county needs to do about suicide?

**Emotional response to recent loss and/or media stories**

**Harrowing stories**

**Address needs of diverse communities**

**Raise awareness**

**Someone needs to do something!!!**

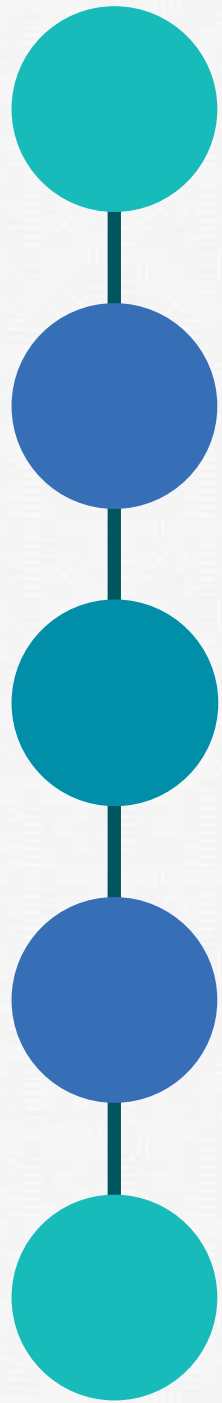
**More services**

**More trainings**

# What Makes a Plan Strategic?



# What Makes a Plan Strategic?



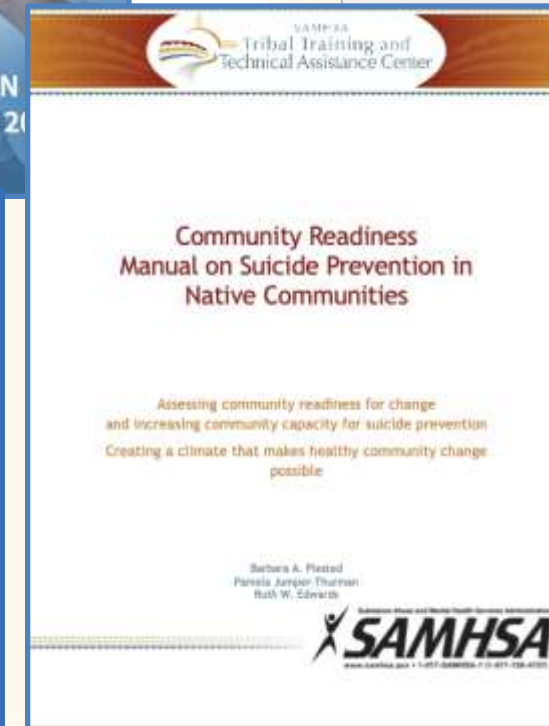
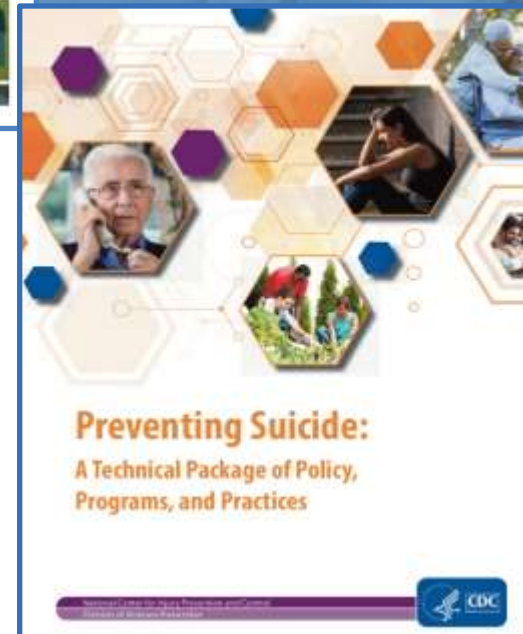
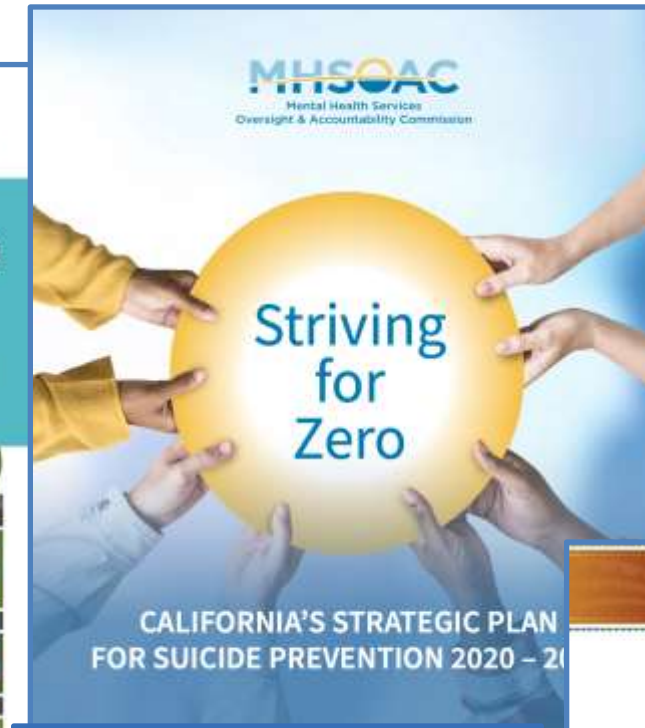
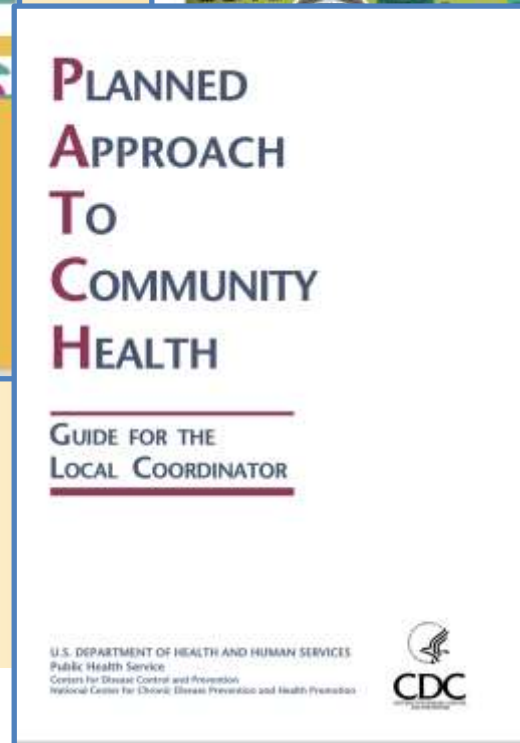
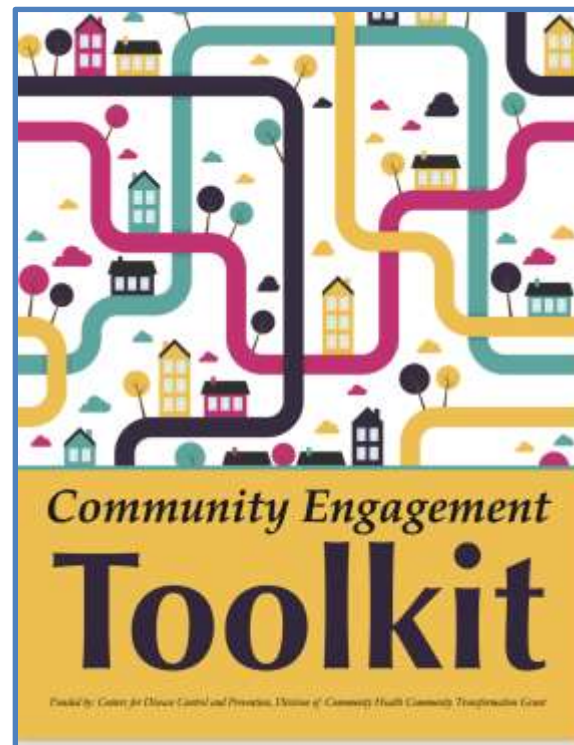
Result of a strategic planning process

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



# A Comprehensive Approach to Suicide Prevention

# Guiding Resources



Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

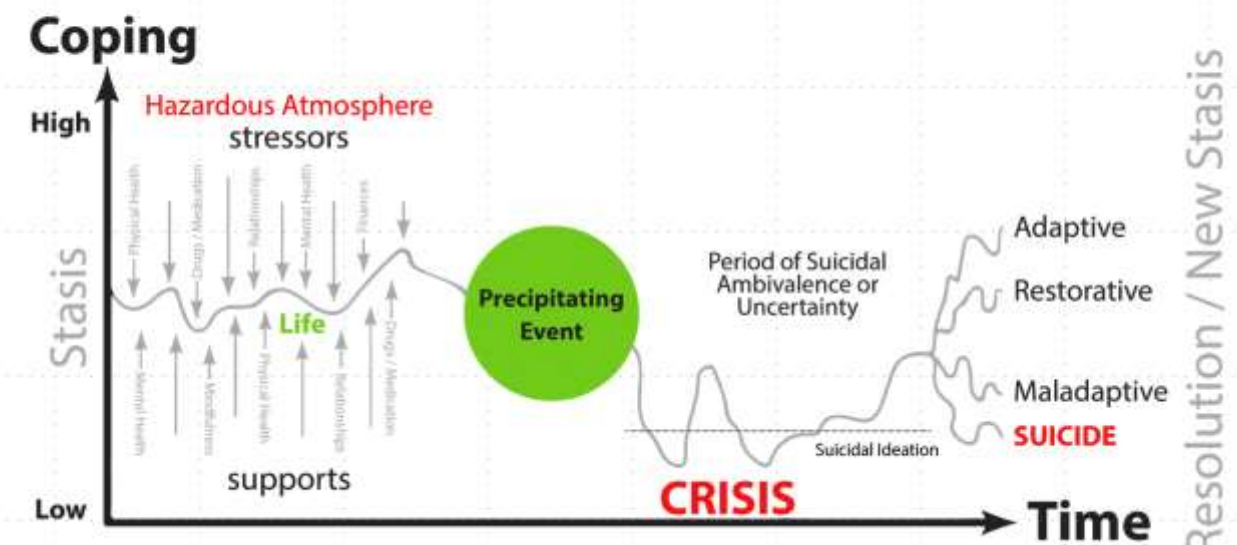
# The Suicidal Crisis Path Model as a Framework for Understanding Suicide Prevention

“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







# Building on What Works!

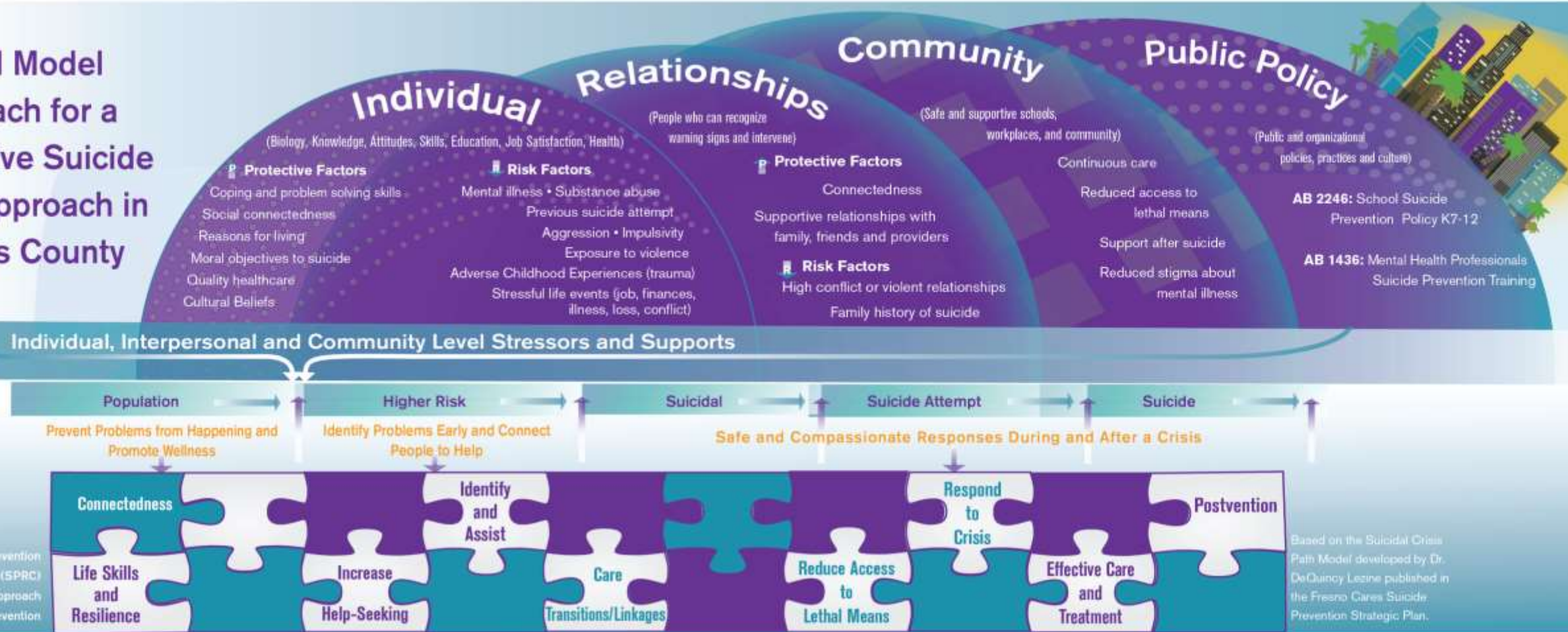
# Ecological Approach to Suicide Prevention Along Suicidal Crisis Path



## Individual, Interpersonal and Community Level Stressors and Supports



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



## Prevention

**Goal:** Youth and adults have access to and are engaged with programs and activities that foster connectedness, build life skills, promote problem-solving and strengthen resilience.

1. School, after-school and CBO staff are trained in SEL learning and teaching, and implement research based SEL strategies.
2. Foster collaboration and linkages between school, community, public and private programs that promote protective factors and reduce risk factors.
3. Encourage employers to implement wellness programs.

## Early Intervention

**Goal:** All people in Los Angeles County are aware of the warning signs for suicide, aware of crisis resources and confident to intervene with a person they are concerned about.

**Goal:** Individuals at risk for suicide are identified through comprehensive screening and assessment and connected to resources.

1. Implement suicide prevention public awareness campaign.
2. Implement strategies to reduce stigma about mental illness and promote local resources.
3. Integrate information about suicide prevention and resources into community outreach.
4. All school staff, youth, and parents are trained to recognize warning and respond. (AB 2246).
5. Create a comprehensive training and outreach plan to ensure all sectors of LA County (faith, schools, employers, first responders, CBOS, older adult providers, etc ) are trained as gatekeepers, and as appropriate implement effective screening, assessment and safety planning practices, utilizing training models that are culturally responsive.

## Respond to Crisis

**Goal:** All youth and adults experiencing a suicidal crisis are aware of and have access to crisis resources that are caring, compassionate, effective, timely and respectful of their culture.

1. Implement a neighborhood and community-based Care Response Team (PSW2, Medical Case Manager, Community Health Worker) that respond to 5150/5585 linkages that did not result in a hold to provide a warm hand-off to services and continuity of care . (Address needs of high utilizers).
2. Implement the Family Intervention for Suicide Prevention (FISP) best practice in every district.
3. School district specialized staff are trained in risk assessment and have protocols in place to provide care and transitions for students.
4. Continue and/or increase funding for Crisis Line.
5. Explore expanding or adding peer-based crisis resources for youth, LGBT, first responders, Veterans, and other high risk groups.
6. Increase availability of hospital beds for Medi-Cal patients.
7. Improve timely response by improving structure of existing crisis response teams using the Crisis Now model as a guide.

## After a Suicide Attempt

**Goal:** After a suicide attempt, all youth and adults receive follow-up care after discharge from the hospital.

1. Implement a follow-up program in all hospital, ER and urgent care settings in Los Angeles County.
2. Expand capacity of existing Attempt Survivor Support Groups.
3. Expand the number of clinicians in LA County that are trained in assessing and ongoing care for suicide risk in suicidal clients.
4. Schools have effective re-entry protocols.

## Means Restriction

**Goal:** Enhance efforts to reduce access to lethal means for those considering suicide

1. Promote and enhance trainings for professionals to effectively counsel on lethal means reduction.
2. Implement a county-wide firearm safety campaign.

## Postvention

**Goal:** Short and Long-Term Postvention supports are available to suicide loss survivors

1. Implement a neighborhood based Care Response Team to provide active and timely support to families and loved ones exposed to suicide at suicide death scene and ongoing support/linkage to support in their communities.
2. All schools have a suicide postvention response plan as part of their safety plans.
3. Expand number of clinicians that are trained specifically in suicide loss bereavement.
4. Increase capacity of suicide loss support groups.
3. Support existing projects to increase signage and barriers at bridges.
4. Identify and collaborate with existing prescription drugs, opioid coalitions and programs to integrate suicide prevention and means restriction.
5. Educate the community about existing efforts and strategies to reduce access to lethal means.

## Overarching Strategic Approaches:

### Building Infrastructure & Support

**Goal: Enhance visible leadership and networked partnerships**

- Identify leaders to champion suicide prevention.
- Create a formal coalition.

### Effective Messaging & Communications

**Goal: Increase safe reporting of suicide and healthy social media use**

- Partner with members of media to provide information about resources.
- Integrate best practices into public campaigns.
- Communication strategies for suicide loss.

**Goal: Advance data monitoring and evaluation**

- Partner with coroners and medical examiners to develop a method for accessing data to improve suicide prevention strategies.

### Measuring & Sharing Outcomes

## Suicidal Crisis Path:



## Supporting Strategic Approaches:

**Goal: Increase connectedness between people, family members, and community.**

- Increase services focused on fostering a sense of belonging.
- Promote a culture free of stigma and discrimination.

### Healthy & Connected Communities

### Promoting Resiliency

**Goal: Increase resiliency and help-seeking**

- Integrate activities into community-based services that increase life skills.
- Expand services to increase help-seeking behaviors and promote messages of resiliency, recovery and hope.

**Goal: Increase detection and screening to connect people to services based on suicide risk**

### Trainings

- Trainings to increase effectiveness of suicide risk screenings, assessments and trauma-informed practices.
- Trainings to support identification and intervention to effective care.

**Goal: Standardize policies and curriculum to promote connectedness and address suicide risk**

- Implement programs that foster social emotional growth.
- Develop and implement standardized suicide risk assessment tools and prevention plans.
- Assist schools with the implementation of trauma-informed practices.

### Engaging Schools

### Means Safety

**Goal: Deliver best practices in care targeting suicide risk**

- Provide information to caregivers and family members on how they can support a person at risk and help plan for safety.

**Goal: Create safe environments by reducing access to lethal means**

- Implement activities to reduce access to lethal means for individuals thinking about suicide.

**Goal: Deliver a continuum of crisis services across the county**

- Evaluate crisis services to identify gaps and potential funding sources.
- Increase awareness and utilization of crisis services.

**Goal: Ensure continuity of care and follow-up after suicide-related services**

- Facilitate safe, timely and effective transitions to ongoing care.

### Expansion & Integration of Suicide Prevention in Health Services

**Goal: Expand support and services following a suicide loss**

- Expand support services for survivors of suicide loss.
- Enter into MOUs with coroners and medical examiners to coordinate responses following a suicide loss.

### Postvention Services

# County Spotlights

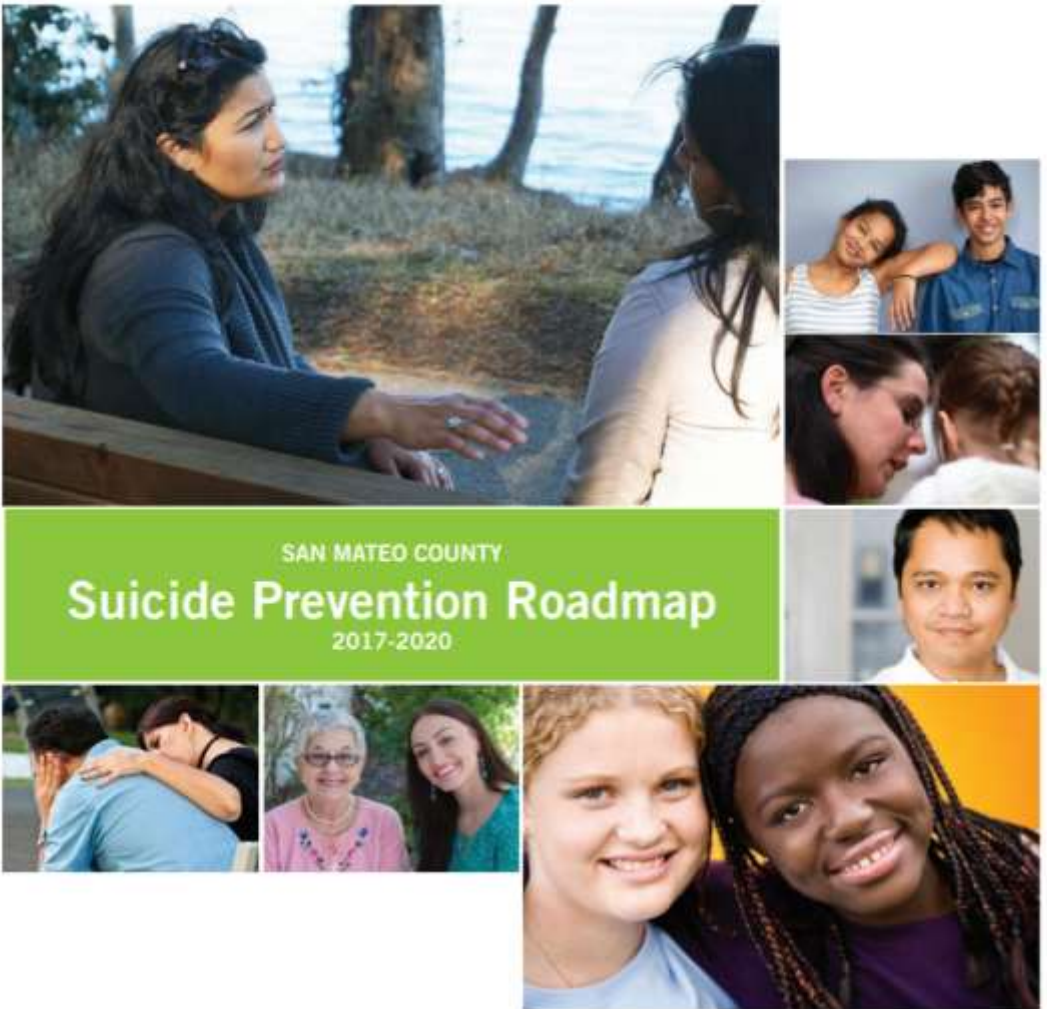
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# Guiding Questions

- How and at what time did you involve stakeholders?
- What was the adoption/approval process?
- Can you give an example of how data was used to inform your plan?
- Approximately long did the process of creating your strategic plan take?
- What is the time period for your plan?
- Any big lessons learned or something you feel worked really well?
- What advice can you give others just starting out?


# San Mateo County

[smchealth.org/SuicidePrevention](http://smchealth.org/SuicidePrevention)



SAN MATEO COUNTY  
**Suicide Prevention Roadmap**  
2017-2020

[www.smchealth.org/SuicidePrevention](http://www.smchealth.org/SuicidePrevention)



COUNTY OF SAN MATEO  
HEALTH SYSTEM  
BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health & Recovery Services  
SAN MATEO COUNTY  
Office of Community and Equity

*We want your input on the*

## 2020-2025 SUICIDE PREVENTION ROADMAP

**DUE AUGUST 23, 2020**

Options for public input:

- Email
- Phone
- Online Survey
- Online Forum - August 13 and 15

Details at [bit.ly/SPRoadmap2025](https://bit.ly/SPRoadmap2025)



Speak Up, Save Lives  
StarVista 24/7 Crisis Hotline  
650-579-0350  
[www.smchealth.org/SuicidePrevention](http://www.smchealth.org/SuicidePrevention)

I NOW SIGNS  
[www.preventable.org](http://www.preventable.org)

SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH & RECOVERY SERVICES

# Nevada County



**Goal 1: Increase community awareness of suicide and knowledge about suicide prevention and intervention.**

**Strategy 1: Increase community awareness of suicide through outreach and public education.**

**Tactics & Objectives**

**Tactic 1: Local stigma reduction/suicide prevention campaign (Short and mid-term)**

- Develop and promote Let's Talk Nevada County campaign
  - Integrate Know the Signs campaign curriculum
  - Identify campaign spokespeople to share message with specific audiences
  - Develop firearm safety campaign under Let's Talk Nevada County

**Tactic 2: Create a social media presence to share information about suicide and provide an opportunity for people to engage directly on the topic of suicide (Short-term)**

- Develop and begin implementation of a plan for leveraging social media to share suicide prevention information
  - Create network of local social media accounts to share suicide prevention information
  - Create social media kit with sample posts and images

- Develop a plan to create a multi-disciplinary Nevada County Suicide Review Team
- The Nevada County Suicide Review Team meets at least annually to review suicide deaths, attempts and data to identify trends and possible recommendations for systems advocacy to improve suicide prevention

...ion programs and services.

...d data to inform suicide prevention efforts.

...existing reporting systems (Ongoing)

...local suicide data from existing reporting systems to

...vention Task Force meeting on key data

...note and any suicide deaths by school-age youth

...heriff's Office) to access additional data (Short-term)

...coroner reports from suicides to monitor for trends in

...w suicide data for additional information and trends

(Mid-term)

TAKING CARE OF YOURSELF



TAKING CARE OF OTHERS



SOURCES



MINING ACTIVITIES



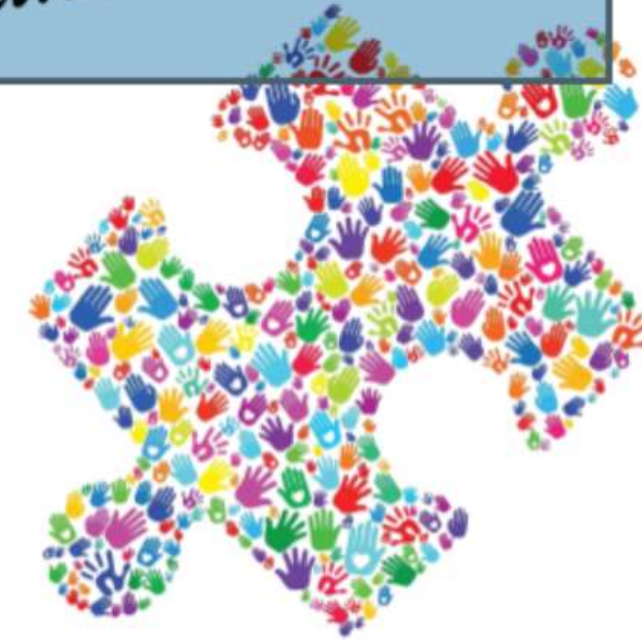


# Riverside County

The **Suicide Prevention Strategic Plan Framework** address three levels of intervention (Universal, Selective, and Indicated) and looks at the individual's experience along the suicidal crisis path (Upstream, Prevention, Intervention, and Postvention). The inner level are the 10 identified strategic approaches to suicide prevention.



Building Hope  
and Resiliency



*A Collaborative Approach to  
Suicide Prevention in Riverside County*

No one agency strategy alone will be able to resolve the issue of suicide. Like the pieces in a puzzle, each agency or individual holds only a fragment of the larger picture. Inside are Riverside County's suicide prevention strategic approaches, goals, and objectives.



# *Building Hope and Resiliency*

*A Collaborative Approach to Suicide Prevention in Riverside County*

# Strategic Planning Timeline

**November 2018:** Statewide Suicide Prevention Learning Collaborative

**July 2019:** Riverside County Suicide Prevention Stakeholder meetings

**June 2020:** Riverside County releases strategic plan for suicide prevention, *Building Hope and Resiliency*

**October 2020:** Coalition Kick-off Meeting

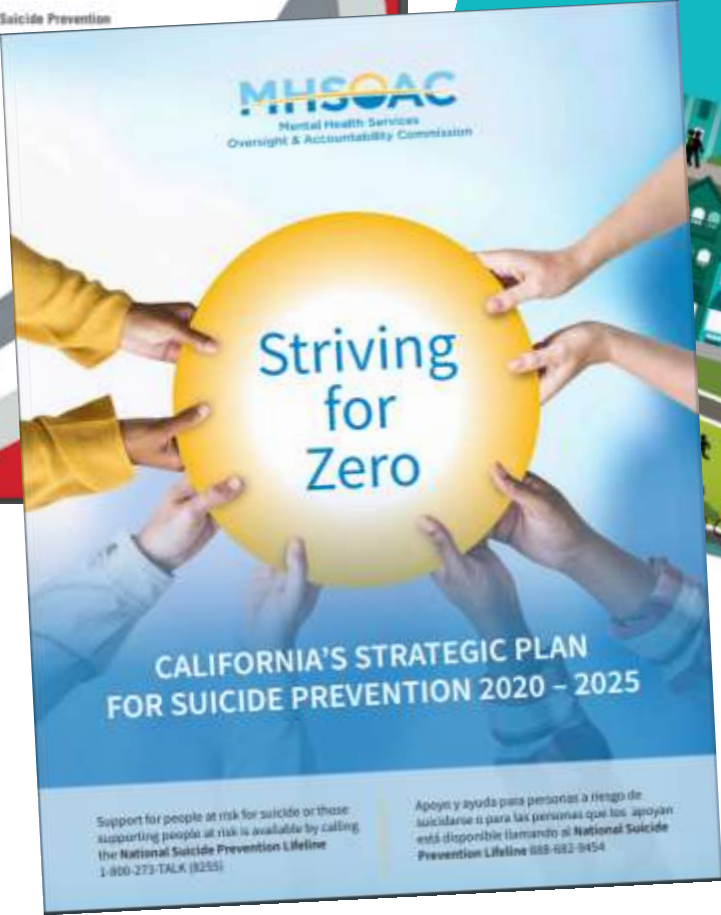
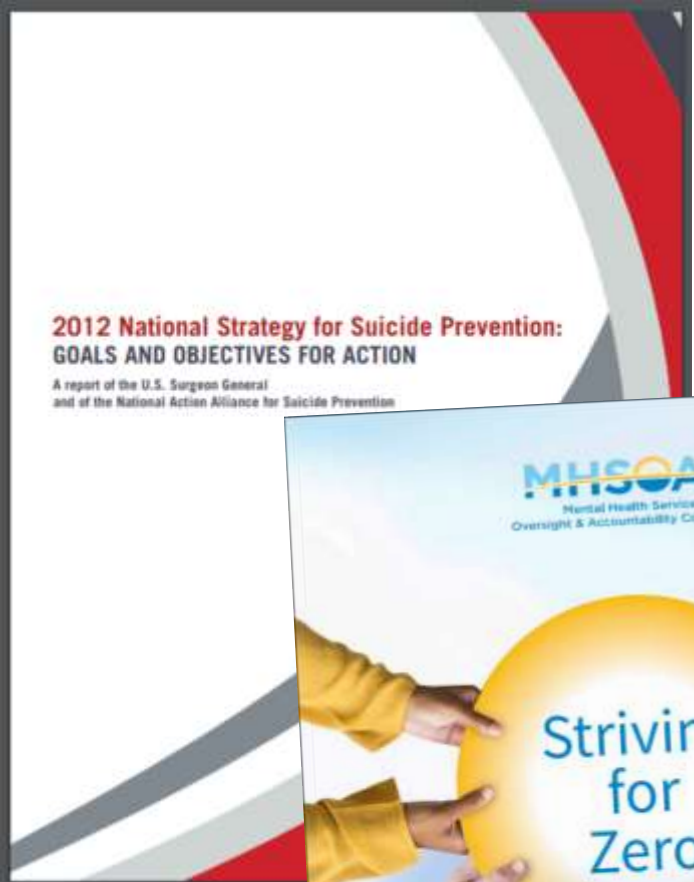
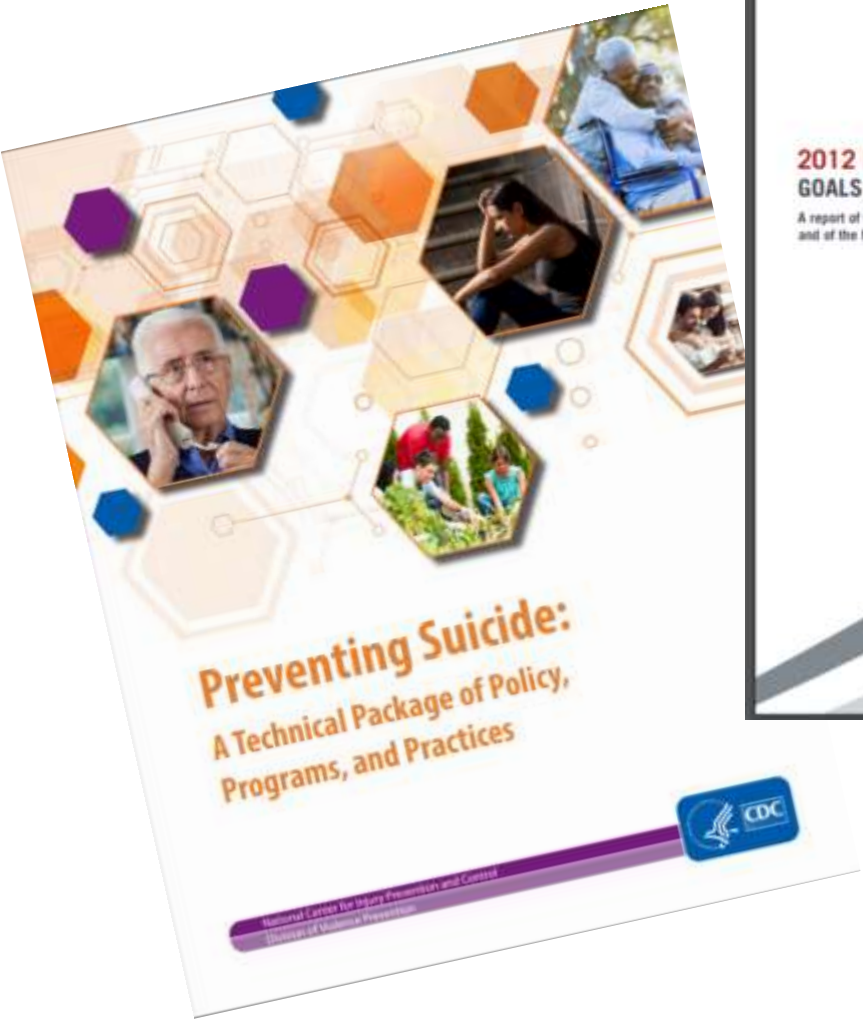
**2018:** Suicide Risk and Depression Needs Analysis

**August 2019-May 2020:** Literature review, synthesis of stakeholder feedback, writing the strategic plan

**September 2020:** County BOS passed a resolution (unanimously), recognizing *Building Hope and Resiliency*

**2021:** Quarterly Meetings in January, April, July, October: learning opportunities and progress updates from each sub-committee

Better Together...



## Overarching Strategic Approaches:

### Building Infrastructure & Support

**Goal: Enhance visible leadership and networked partnerships**

- Identify leaders to champion suicide prevention.
- Create a formal coalition.

### Effective Messaging & Communications

**Goal: Increase safe reporting of suicide and healthy social media use**

- Partner with members of media to provide information about resources.
- Integrate best practices into public campaigns.
- Communication strategies for suicide loss.

**Goal: Advance data monitoring and evaluation**

- Partner with coroners and medical examiners to develop a method for accessing data to improve suicide prevention strategies.

### Measuring & Sharing Outcomes

## Suicidal Crisis Path:



## Supporting Strategic Approaches:

**Goal: Increase connectedness between people, family members, and community.**

- Increase services focused on fostering a sense of belonging.
- Promote a culture free of stigma and discrimination.

### Healthy & Connected Communities

### Promoting Resiliency

**Goal: Increase resiliency and help-seeking**

- Integrate activities into community-based services that increase life skills.
- Expand services to increase help-seeking behaviors and promote messages of resiliency, recovery and hope.

**Goal: Increase detection and screening to connect people to services based on suicide risk**

### Trainings

- Trainings to increase effectiveness of suicide risk screenings, assessments and trauma-informed practices.
- Trainings to support identification and intervention to effective care.

**Goal: Standardize policies and curriculum to promote connectedness and address suicide risk**

- Implement programs that foster social emotional growth.
- Develop and implement standardized suicide risk assessment tools and prevention plans.
- Assist schools with the implementation of trauma-informed practices.

### Engaging Schools

### Means Safety

**Goal: Deliver best practices in care targeting suicide risk**

- Provide information to caregivers and family members on how they can support a person at risk and help plan for safety.

**Goal: Create safe environments by reducing access to lethal means**

- Implement activities to reduce access to lethal means for individuals thinking about suicide.

**Goal: Deliver a continuum of crisis services across the county**

- Evaluate crisis services to identify gaps and potential funding sources.
- Increase awareness and utilization of crisis services.

**Goal: Ensure continuity of care and follow-up after suicide-related services**

- Facilitate safe, timely and effective transitions to ongoing care.

**Goal: Expand support and services following a suicide loss**

- Expand support services for survivors of suicide loss.
- Enter into MOUs with coroners and medical examiners to coordinate responses following a suicide loss.

### Postvention Services

### Expansion & Integration of Suicide Prevention in Health Services

## Coalition Organizational Structure



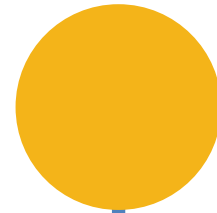


What's Next?

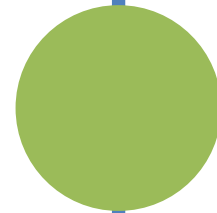


# Upcoming Meetings and Modules

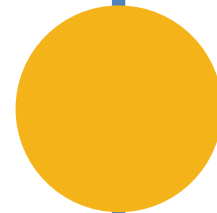
With a few exceptions we meet the third Wednesday of the month from 10 a.m. to 12 p.m.



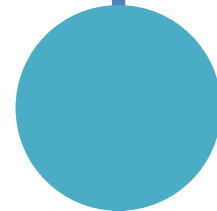
June 30: Online Module #1



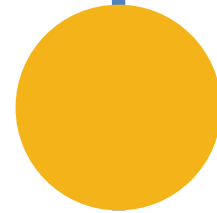
July 21: Online Module #2



September 22: Collaborative Meeting #2



October 20: Online Module #3



November 17: Collaborative Meeting #3

# Module 1:

## Describing the Problem of Suicide

### Part I: Deaths and Attempts

Online Module: June 30, 2021  
10 a.m. to 12 p.m.

Aligns with Striving for Zero Strategi Aim 1, Goal 3:  
Advance Data Monitoring and Evaluation

#### Learning Objectives:

By the end of this module, participants will be able to:

1. List and understand the different methods of gathering suicide death and attempt data to define the problem and inform suicide prevention efforts in their county.
2. Know if their county participates in the California Violent Death Report System
3. List and explain 3 “do’s” and 3 “dont’s” related to messaging with suicide data

#### Online Module

- Describing the Problem of Suicide- Taking a Comprehensive Look, Part 1: Mortality and Morbidity
- “Messaging Tips”
- Suicide in CA Data Snapshot (CDPH)
- California Violent Death Reporting System (CDPH)
- MHSOAC Dashboard
- County Spotlight: Riverside County Dashboard
- Description of Templates and Tools
- Upcoming Modules

#### Templates and Tools

- Suicide Data Hand-Out: Step by step process to access mortality, morbidity, ideation and other data that describes the problem of suicide in counties
- Template PPT: Internal Data Sharing with Stakeholders
- Template: Public-facing Infographics and Hand-outs
- Data Sharing Process Template and Talking Points

# Module 2:

## Describing the Problem of Suicide Part II: Suicide Ideation, Help-Seeking, Risk and Protective Factors)

Online Module: July 21, 2021  
10 a.m. to 12 p. m.

### Learning Objectives:

By the end of this module, participants will be able to:

1. **List and understand the different methods of gathering suicide ideation, help-seeking, risk and protective factor data to define the problem and inform suicide prevention efforts in their county.**
2. **List key questions that guide a resource mapping process**
3. **Explain the purpose of a Suicide Fatality Review Team**

### Online

- Brief Review of Last Module
- Describing the Problem of Suicide- Taking a Comprehensive Look, Part 2: Suicide Ideation, Risk and Protective Factors, Help-Seeking
- Risk and Protective Factors (CDPH)
- County Spotlight: Suicide Fatality Review Team Humboldt County
- Resource Mapping
- Description of Templates and Tools
- Upcoming Modules

### Templates and Tools

- Data Integration Template
- Existing Suicide Prevention Measures
- School Survey Questions
- Resource Mapping Questions and Activity
- Stakeholder Feedback Template

# Module 3: Trainings

Online Module: October 20, 2021  
10 a.m. to 12 p.m.

Aligns with Striving for Zero Strategi Aim 4, Goal 10:  
Deliver best practices in care targeting suicide risk

## Learning Objectives:

By the end of this module, participants will be able to:

1. **List suicide prevention trainings**
2. **Apply a training needs assessment to determine training needs and gaps in their organization and in their county.**

## Online Module

- Review of Past Modules
- Context of Where Trainings Fall on the Suicidal Crisis Path and Resource Mapping Questions
- Training Round Table
- Online Directory
- County Spotlight
- Description of Templates and Tools
- Upcoming Modules

## Templates and Tools

- Training Catalog/Hand-Out
- Training Planning Template

# 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