



# Striving for Zero

## Striving for Zero Learning Collaborative Module #6: Targeted Strategies – August 31, 2022

Support for people at risk for suicide or those supporting people at risk is available by calling the  
**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está  
disponible llamando al **National Suicide Prevention Lifeline 1-888-682-9454**

# Welcome!

Please add your county name to your display name and introduce yourself in the chat.

We will share the slides and recording with you.

# Striving for Zero Learning Collaborative

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



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

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

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

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

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

**Steps of Strategic Planning**

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

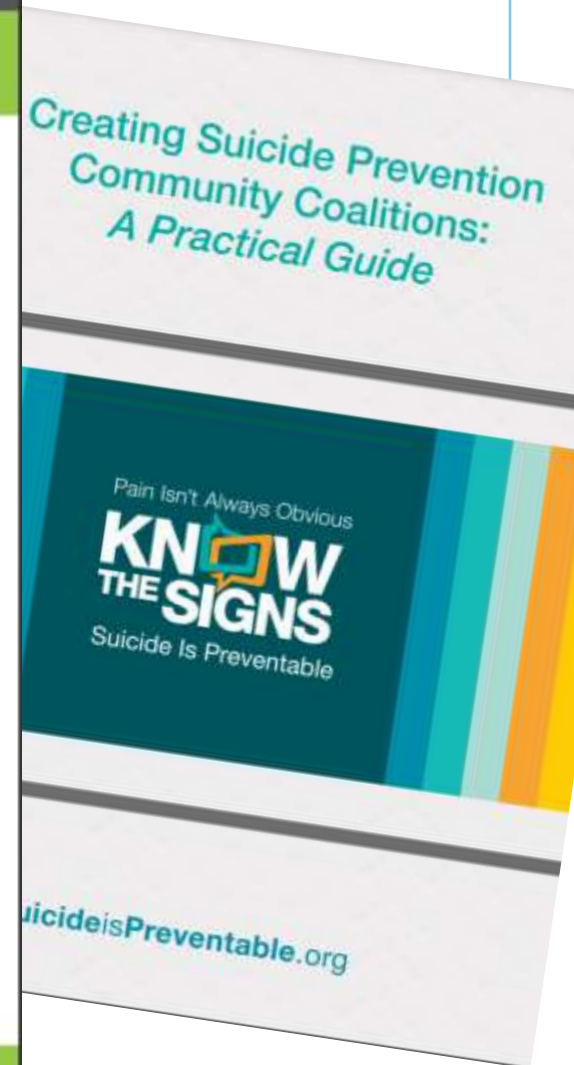
**Strategic Planning Framework**

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

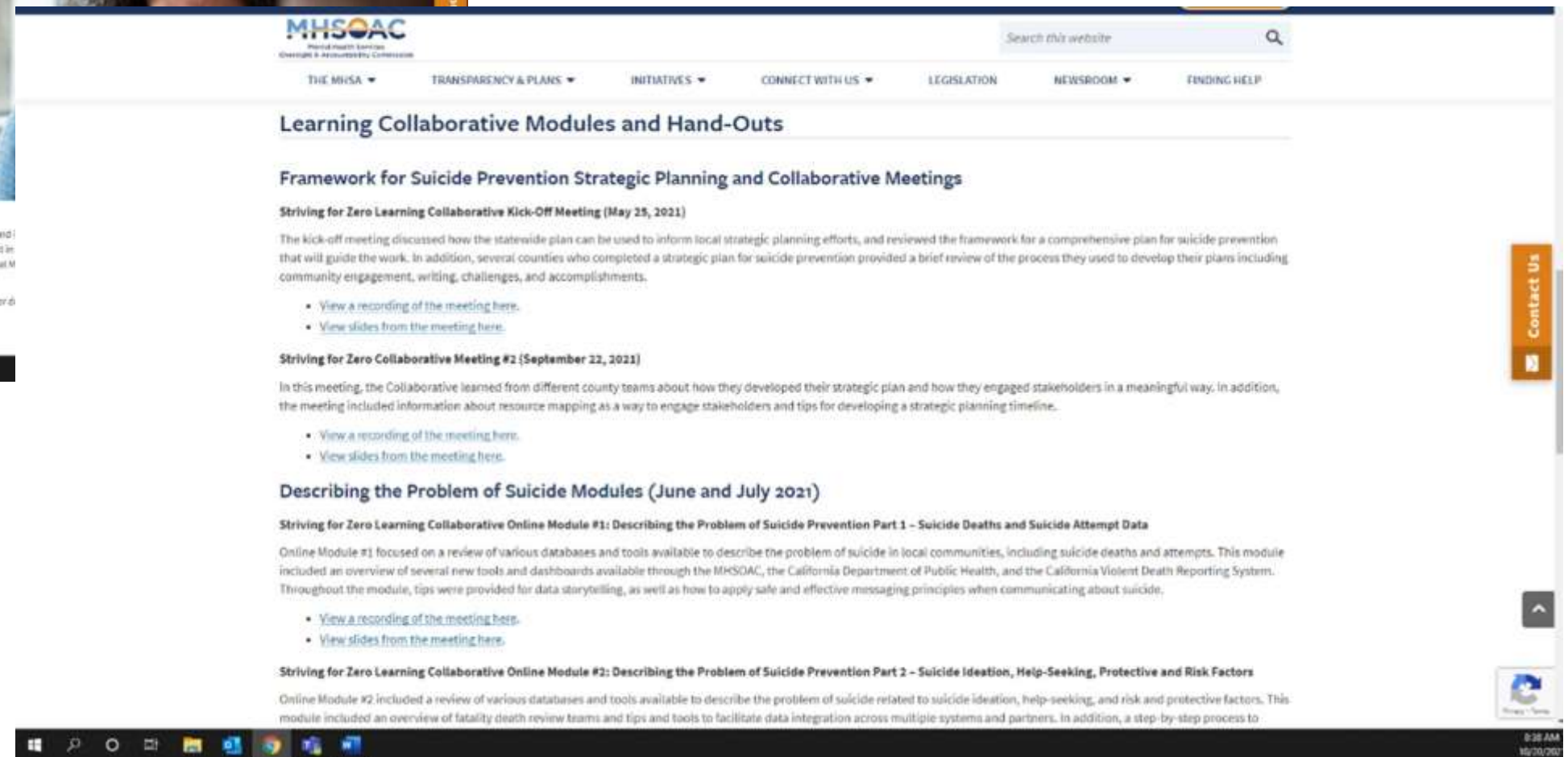
*It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.*  
— Ritya Grewal, Nevada County Public Health

The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

Each Mind MATTERS  
The Learning Collaborative was designed and implemented by the Center for Disease Control and Prevention, National Institute of Mental Health, and the California Department of Public Health.  
Vince Social Marketer, Inc.



# Striving for Zero Learning Collaborative Resource Page



# Guest Speaker Shari Sinwelski, Didi Hirsch Mental Health Services

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# 988 Update

## Striving Towards Zero

August 31, 2022

Shari Sinwelski, LPCCC  
Vice President of Crisis Care

**The National Suicide Prevention Lifeline is now:  
988 Suicide and Crisis Lifeline**



- 9-8-8 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. This dialing code is available to everyone across the United States – went LIVE on July 16, 2022. (Note: The old number will continue to route callers.)
- 9-8-8 already existed as a network of 200+ independently operated and funded local and state crisis call centers. It is a national portal for connecting to localized services.
- Since 988's launch on 7/16/22,
  - Volume initially doubled
  - Call volume at Didi Hirsch has increased by 35%
  - While chats have decreased by 23%, texting volume has more than doubled (191%)
  - The bilingual line (English/Spanish) has increased by 52%

# California's 9-8-8 Crisis Call Centers

[www.988california.org](http://www.988california.org)



- 1 **Buckelew Suicide Prevention Program**
- 2 **Central Valley Suicide Prevention Hotline – Kings View**
- 3 **Contra Costa Crisis Center**
- 4 **Crisis Support Services of Alameda County**
- 5 **Kern Behavioral Health & Recovery Services Hotline**
- 6 **Optum**
- 7 **San Francisco Suicide Prevention Felton Institute**
- 8 **Santa Clara County Suicide and Crisis Services**
- 9 **StarVista**
- 10 **Didi Hirsch Mental Health Services**
- 11 **Suicide Prevention of Yolo County**
- 12 **Suicide Prevention Service of the Central Coast**
- 13 **WellSpace Health**





# The Opportunity of 9-8-8: *a transformative moment for the crisis care system in the U.S.*



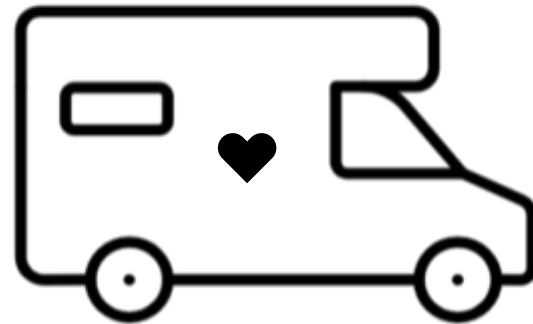
A 988 crisis line that is effectively **resourced** and **promoted** will be able to:

- Help end stigma toward those seeking or accessing mental healthcare.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention at scale.
- Reduce healthcare spending with more cost-effective early intervention.

# Long-Term Vision of 9-8-8: *a sturdy three-legged stool*



1. Someone to **answer** the call: 24/7 crisis call centers  
Right now. The building blocks.
2. Someone to **respond**: mobile response teams  
80% by 2025
3. Someplace to **go**: crisis stabilization centers, peer respite centers, short-term crisis residential homes  
80% by 2027



## Which Number to Call: 9-1-1 or 9-8-8?

When you've got a medical, police, fire or rescue emergency, you call 9-1-1

When you have an urgent **suicide or mental health crisis** need, you call 9-8-8

9-1-1 is focused on **dispatching** EMS, Fire and PD

9-8-8 is focused on **resolving the crisis telephonically** (or via chat/text) – using the least invasive intervention

**Over 95%** are stabilized through crisis lines without any type of in-person response needed

## Key Take-aways 9-8-8

- ✓ 9-8-8 service is not new; *only* the number is
- ✓ 9-8-8 can be used by individual in crisis or by a 3<sup>rd</sup> party (friend, parent, teacher)
- ✓ 9-8-8 is not a dispatch service; it *might* have access to dispatch in emergency situations
- ✓ 9-8-8 *could* be the **springboard** for creating better systems of crisis care and response



# 988 California What's Next?



- AB 988 on the Governor's Desk
- Unified Platform for CA Centers
  - Better Coordination for 988/911
  - Integration of future capabilities such as Mobile Crisis Response Dispatch and geolocation
- Reach out to your local 988 Center to see how to work together

# For Additional Information *about* 9-8-8:



– <https://988lifeline.org/>



– <https://theactionalliance.org/resource/988-messaging-framework>



– <https://988answeringthecall.org/>



– <https://www.samhsa.gov/ind-help/988/faqs>



– <https://vibrant.org/988/>



– <https://reimaginecrisis.org/>

**For more info [www.samsha.gov/find-help/988](http://www.samsha.gov/find-help/988)**



## 988 Partner Toolkit

- Key Messages
- FAQs
- Logos and branding
- Social media shareable

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# Thank you for joining us!

## Questions and Feedback





# Contact information:



Shari Sinwelski, LPCC  
Vice President of Crisis Care  
[ssinwelski@didiirsch.org](mailto:ssinwelski@didiirsch.org)

Q&A



# From Striving For Zero:

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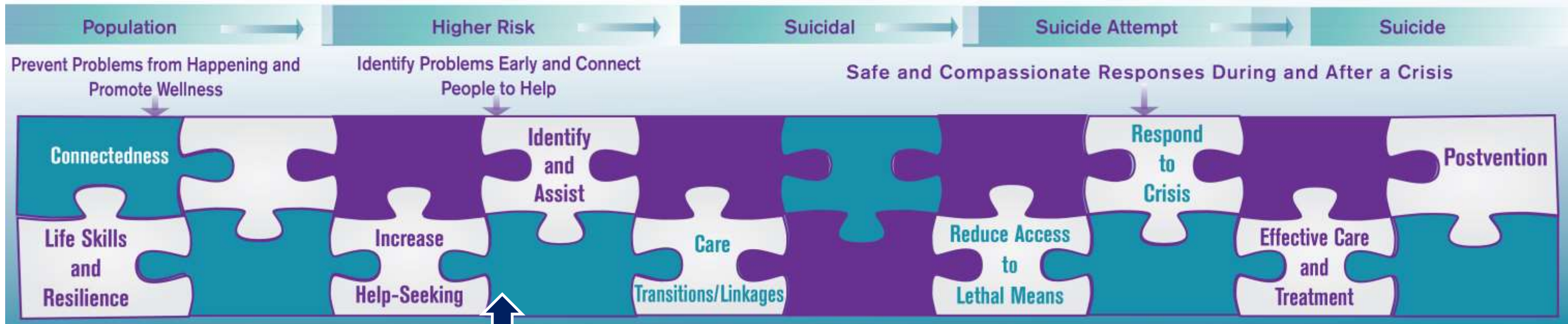


## **STRATEGIC AIM 3:** INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

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

# Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention

Population → Higher Risk → Suicidal → Suicide Attempt → Suicide

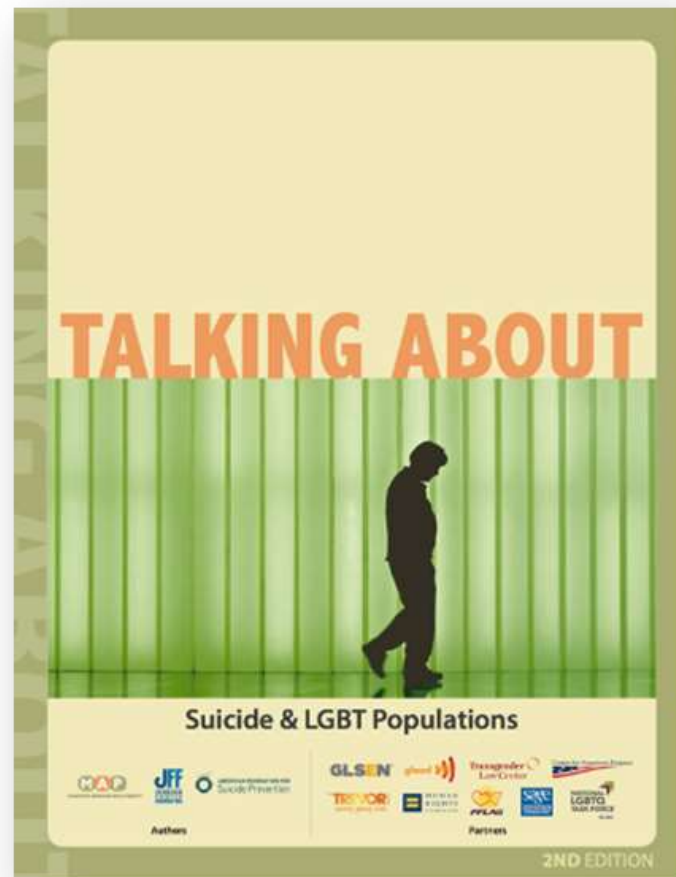


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## What is a “High Risk” population?”

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- Some populations have large numbers of suicides or attempts, and/or high rates or percentage of suicidal behavior
- Too closely identifying a particular group with suicide can inadvertently normalize suicide within that group
- Suicide risk is not inherently tied to identifying as part of a population, although risk factors for suicide can be heightened for individuals in a group (e.g., effects of stigma, prejudice, discrimination, and marginalization)
- More accurate to say “disproportionately impacted by suicide” where possible



“Suicidal behaviors in LGBT populations appear to be related to “minority stress”, which stems from the cultural and social prejudice attached to minority sexual orientation and gender identity. This stress includes individual *experiences of prejudice or discrimination, such as family rejection, harassment, bullying, violence, and victimization.* These negative outcomes, rather than minority sexual orientation or gender identity per se, appear to be the key risk factors for LGBT suicidal ideation and behavior.”

<https://www.lgbtmap.org/file/talking-about-suicide-and-lgbt-populations-2nd-edition.pdf>

## Age Limits for Enlisting

You must be at least 17 to enlist in any branch of the active military. The oldest you can be to enlist for active duty in each branch is:

- o Coast Guard: 31
- o Marines: 28
- o Navy: 39
- o Army: 35
- o Air Force: 39

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# Guest Speaker

# California Department of Public Health

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# Suicide Among Older Adults in California, 2019

**August 31, 2022**

**Learning Collaborative**

Injury and Violence Prevention Branch

Office of Suicide Prevention

Jonah Cox, PhD

Zoilyn Gomez, MPH

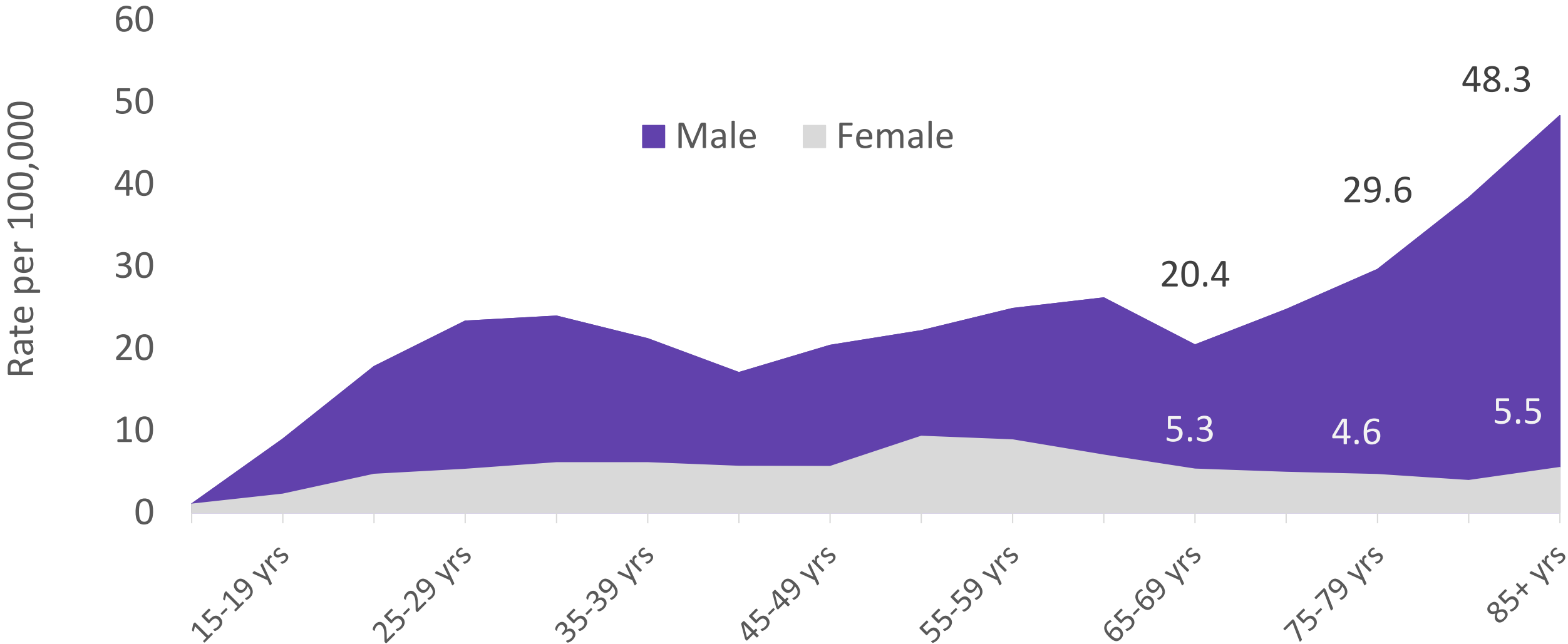
# Objectives

- Describe the population and public health burden
- Identify relevant circumstances leading to suicide deaths

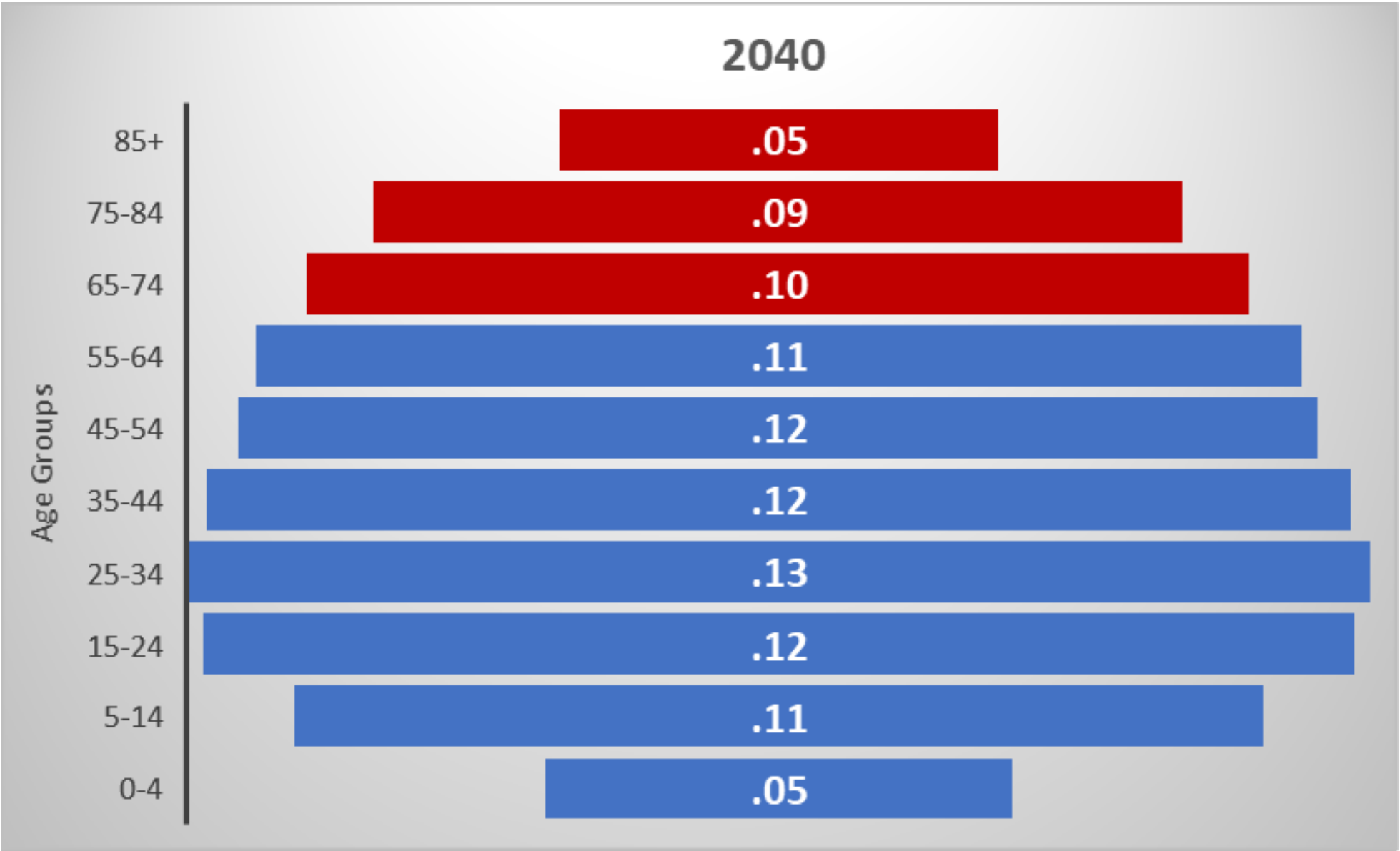
# Background

- Suicide is a public health concern that can have immediate and long-term emotional and economic impacts on individuals, families, and communities.
- Rates peak at several stages throughout the lifespan.
  - Highest in those ages 85 years and above.
- Data-driven prevention efforts are needed to focus on those most at risk, including older adults.

# Suicide Rates Across the Lifespan



# California Age Distribution Through Time

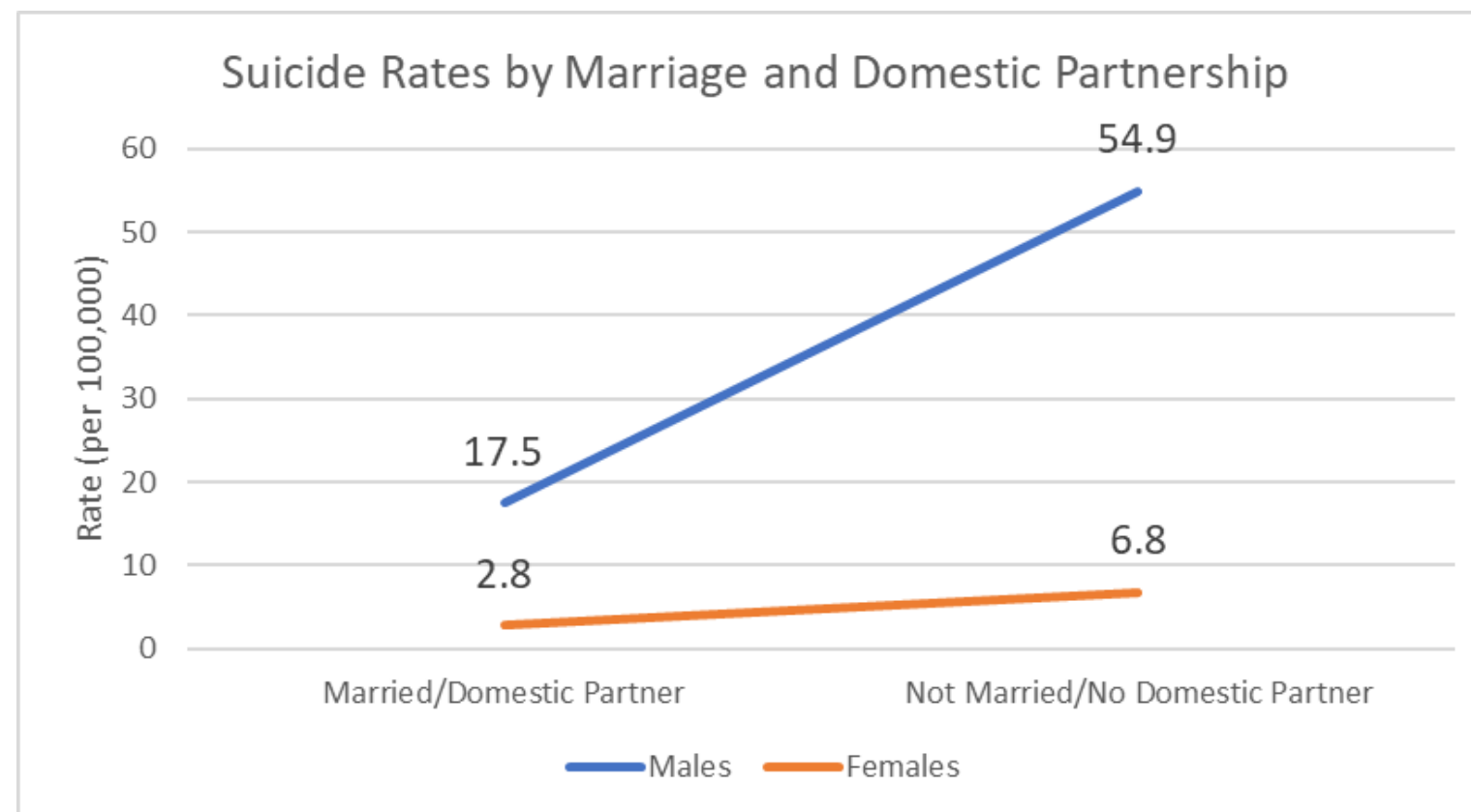


# Data Sources

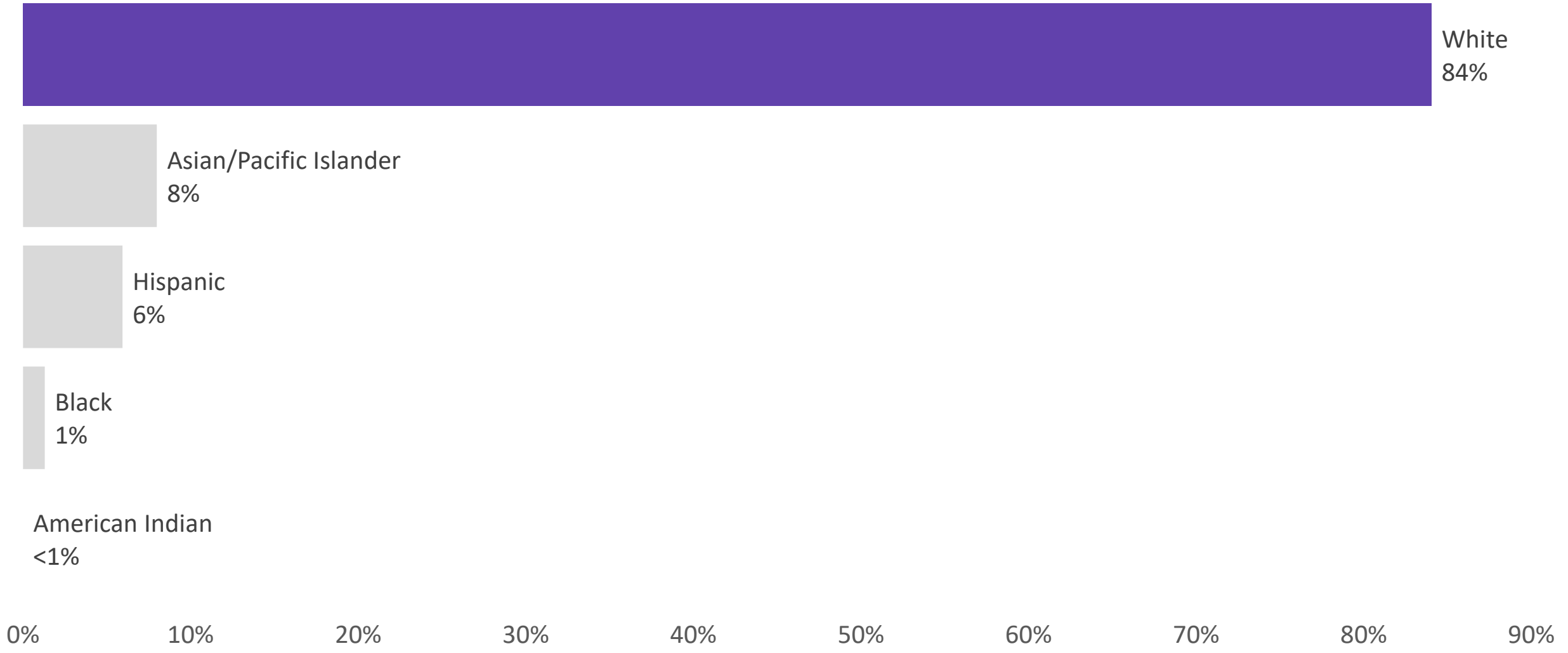
- California Comprehensive Death File, 2019
  - Provides death certificate data for all California resident deaths (e.g., demographic information, cause/manner death, veteran status).
- California Violent Death Reporting System, 2019
  - Surveillance system on violent deaths that occur in a subset of California counties using Medical Examiner/Coroner and Law Enforcement reports to provide circumstantial information (e.g., incident narratives, weapon details, stressors, toxicology, mental/physical health history).

# Suicide in Older Adults

- Of the 4,439 suicide deaths of California residents in 2019:
  - 927 suicide deaths were among older adults (65 years and older)
    - Accounts for 21% of all suicide deaths
    - Suicide rate for 65 and over was 15.3 deaths per 100,000
    - 82% were male; 44% of the males were veterans



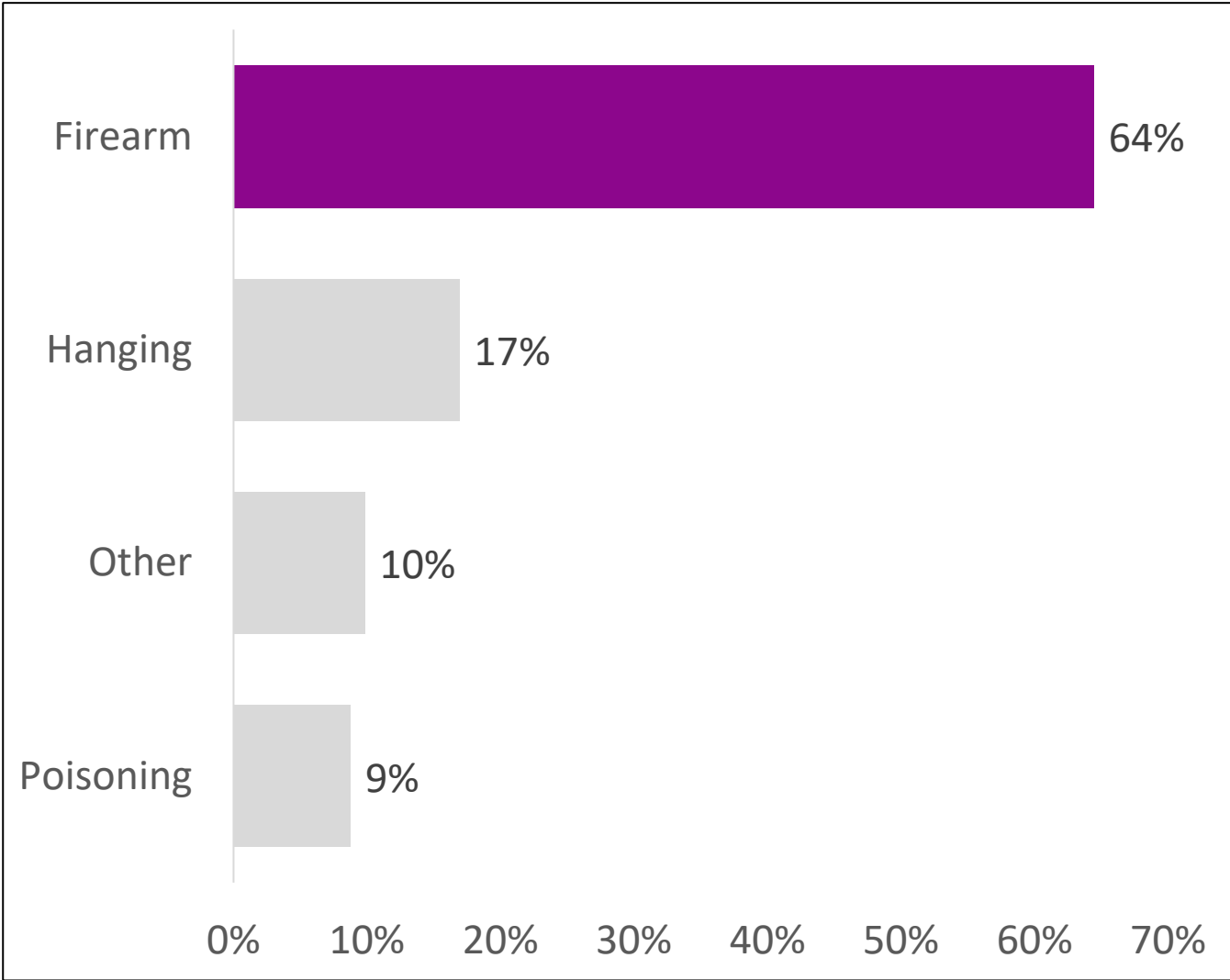
# Older Adult Suicide by Race/Ethnicity



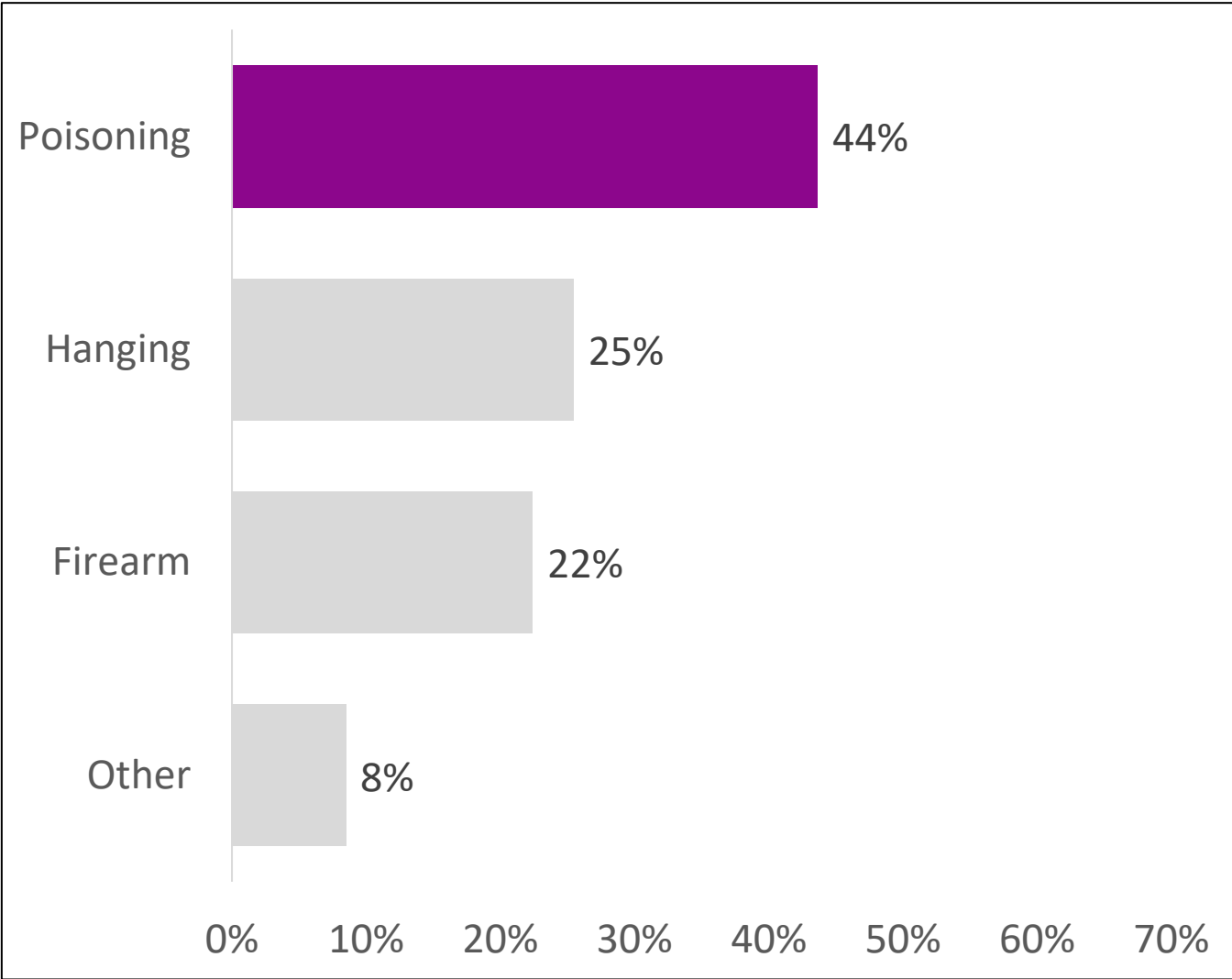


# Older Adult Suicide

### Males



### Females



# Circumstances of Older Adult Suicide Deaths

## Overall

- 79% occurred at the person's home
- 39% had a history of suicidal thoughts and/or plans
- 37% had a diagnosed mental health problem
- 29% were perceived to have been depressed or down recently
- 16% disclosed their suicidal thoughts or plans to someone
- 7% had a family member or friend die recently

# Circumstances of Older Adult Suicide Deaths

Circumstance	Male	Female
Had a contributing health problem	51%	44%
Diagnosed with mental health problem	33%	56%
Mental health problem included depression diagnosis	85%	82%
In treatment for mental health/substance abuse problem	12%	25%
History of suicidal thoughts or plans	35%	55%
History of suicide attempts	11%	30%

# Thank you!

California Department of Public Health  
Injury and Violence Prevention Branch  
Office of Suicide Prevention

[https://www.cdph.ca.gov/Programs/CCDPHP/DCCDIC/SACB/Pages/Office-of-Suicide-Prevention-\(OSP\).aspx](https://www.cdph.ca.gov/Programs/CCDPHP/DCCDIC/SACB/Pages/Office-of-Suicide-Prevention-(OSP).aspx)

Jonah Cox, PhD

[Jonah.Cox@cdph.ca.gov](mailto:Jonah.Cox@cdph.ca.gov)

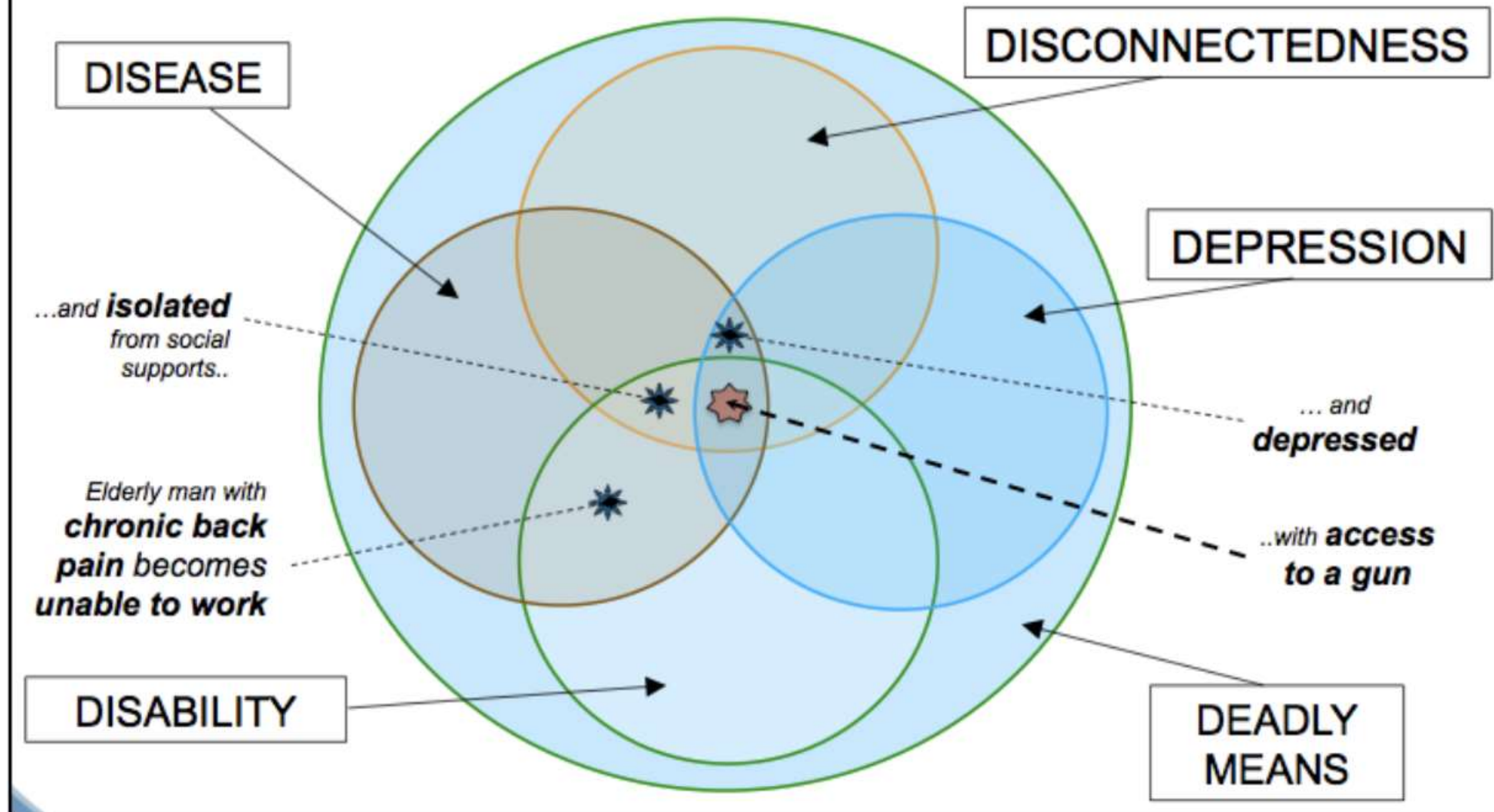
Zoilyn Gomez, MPH

[Zoilyn.Gomez@cdph.ca.gov](mailto:Zoilyn.Gomez@cdph.ca.gov)

Q&A



## THE "5 Ds" OF LATE LIFE SUICIDE



From Conwell, Y. (2013). Suicide and Suicide Prevention in Later Life. *Focus* 11(1), 39–47.

A longitudinal study found that people with more positive perceptions about aging lived on average 7.5 years longer than those with less positive self-perceptions. Attitudes about aging had a stronger impact on survival than gender, socioeconomic status, loneliness, and functional health; and were a stronger predictor of survival than blood pressure and cholesterol.

*Levy BR, MD Slade, AR Kunkel, SV Kasl. Longevity Increased by Positive Self-Perceptions of Aging. Journal of Personality and Social Psychology, 2002, Vol. 83, No. 2, 261–270. DOI: [10.1037//0022-3514.83.2.261](https://doi.org/10.1037//0022-3514.83.2.261)*

Older people are age group least likely to engage in preventative health behaviors. Those with more positive perceptions of aging are more likely to practice preventive health behaviors, such as balanced diet and exercise, and following medication regimens.

*Levy BR, Myers LM. Preventive health behaviors influenced by self-perceptions of aging. Prev Med. 2004 Sep;39(3):625-9. doi: [10.1016/j.ypmed.2004.02.029](https://doi.org/10.1016/j.ypmed.2004.02.029). PMID: 15313104.*

Studies from around the world have found that many clinicians are less willing to work with older people on mental health-related issues, have negative assumptions about the effectiveness of treatment for older people, and lack knowledge of the geriatric population.

*Bodner, E, Y Palgi, and MF Wyman. Ageism in mental health assessment and treatment of older adults. In: L. Ayalon, C. Tesch-Römer (eds.), Contemporary Perspectives on Ageism, International Perspectives on Aging 19, [https://doi.org/10.1007/978-3-319-73820-8\\_15](https://doi.org/10.1007/978-3-319-73820-8_15)*

A cross sectional study of U.S. adults ages 50-80 found that everyday ageism was prevalent (93.4%) and associated with multiple indicators of poor physical and mental health.

*Ober Allen, J., et. al. Experiences of everyday ageism and the health of older US adults. JAMA Network Open. 2022;5(6):e2217240. doi:10.1001/jamanetworkopen.2022.17240*



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## Preventing elder suicide requires an upstream approach

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Older adult suicide attempts are more lethal: As many as 200 young adults attempt suicide for every death; but among older people this ratio is 4 attempts for every death.

Older people are often:

- More likely to die from injury
- More isolated (less likely to be rescued)
- More plan-oriented and determined
- More likely to use firearms

*Conwell, Y, K Van Orden, E.D. Cain. Suicide in Older Adults. Psychiatr Clin North Am. 2011 June ; 34(2): 451–468. doi:10.1016/j.psc.2011.02.002*



## Protective factors

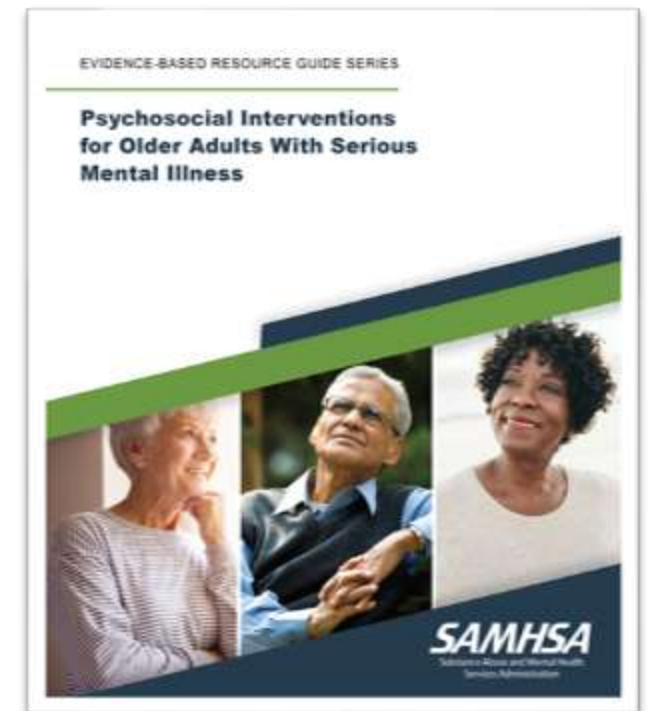
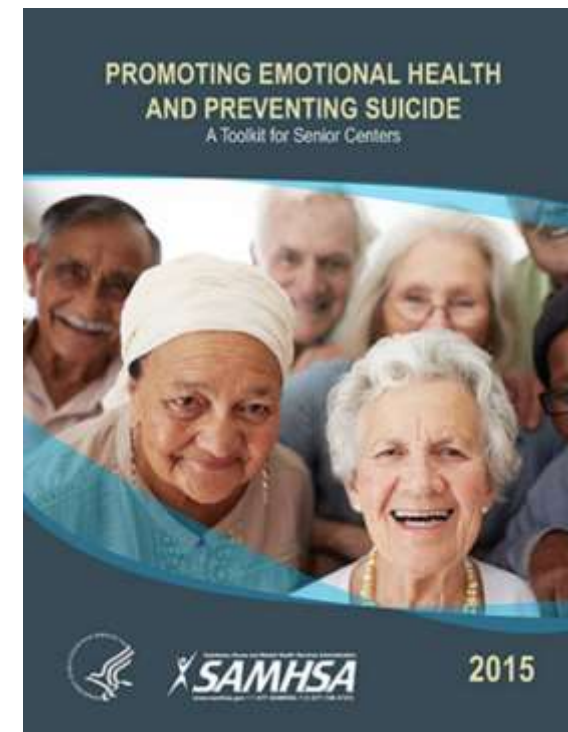
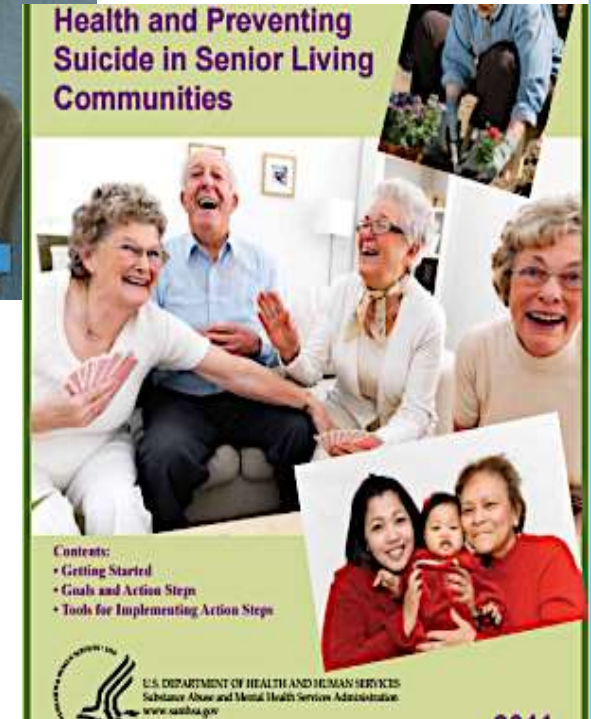
People of all ages benefit from some common tenets of wellness, but the specific ways to achieve it can change across the life span. To thrive, people of all ages benefit from focused attention to building resilience and sustaining wellness.



- Strong social support networks
- Good physical and behavioral health
- Seamless access to effective health care
- Meaning and purpose
- Routines for self-care routines and wellness
- Positive attitudes about aging

# Strategies for Elder Suicide Prevention

- Shift cultural norms and attitudes around aging
- Reduce social isolation and increase connectedness and purpose
- Reduce stigma around reaching out for help
- Improve screening and early identification of behavioral health conditions and suicidal ideation
- Train helpers, caregivers and providers to recognize warning signs of suicide and how to help someone.
- Link and integrate primary care, aging services, and behavioral health support to weave a community safety net



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## Examples of elder suicide prevention activities

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- Provide programs and classes that promote wellness and prevention education in settings older people already use
- Foster intergenerational programs that join people of different ages around common activities
- Reduce isolation and promote connectedness through enhancing aging support services and increasing the availability/accessibility of inclusive social and cultural events.
- Coordinate with programs that offer financial and housing assistance for elders
- Launch a campaign to promote positive attitudes about aging
- Offer universal screening in primary care settings

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## Examples of elder suicide prevention activities

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- Offer suicide prevention education and training for people who routinely interact with elders
- Support training and skills development around treating behavioral health challenges among older adults
- Expand the range and capacity of in-home supportive services programs
- Work with aging services programs and senior living communities to develop suicide prevention, crisis, and postvention plans

# Guest Speaker

# California Department of Aging

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# CDA's Behavioral Health Preventative and Crisis Support Systems

Presented by Tanya Bautista

# Topics

- CDA Mission
- Master Plan for Aging Overview
- Programs Administered by Area Agency on Aging- How they support the MPA
- Aging Resources - Community Partnerships
- Friendship Line- Presented by Mia Griggs with IoA
- Resources

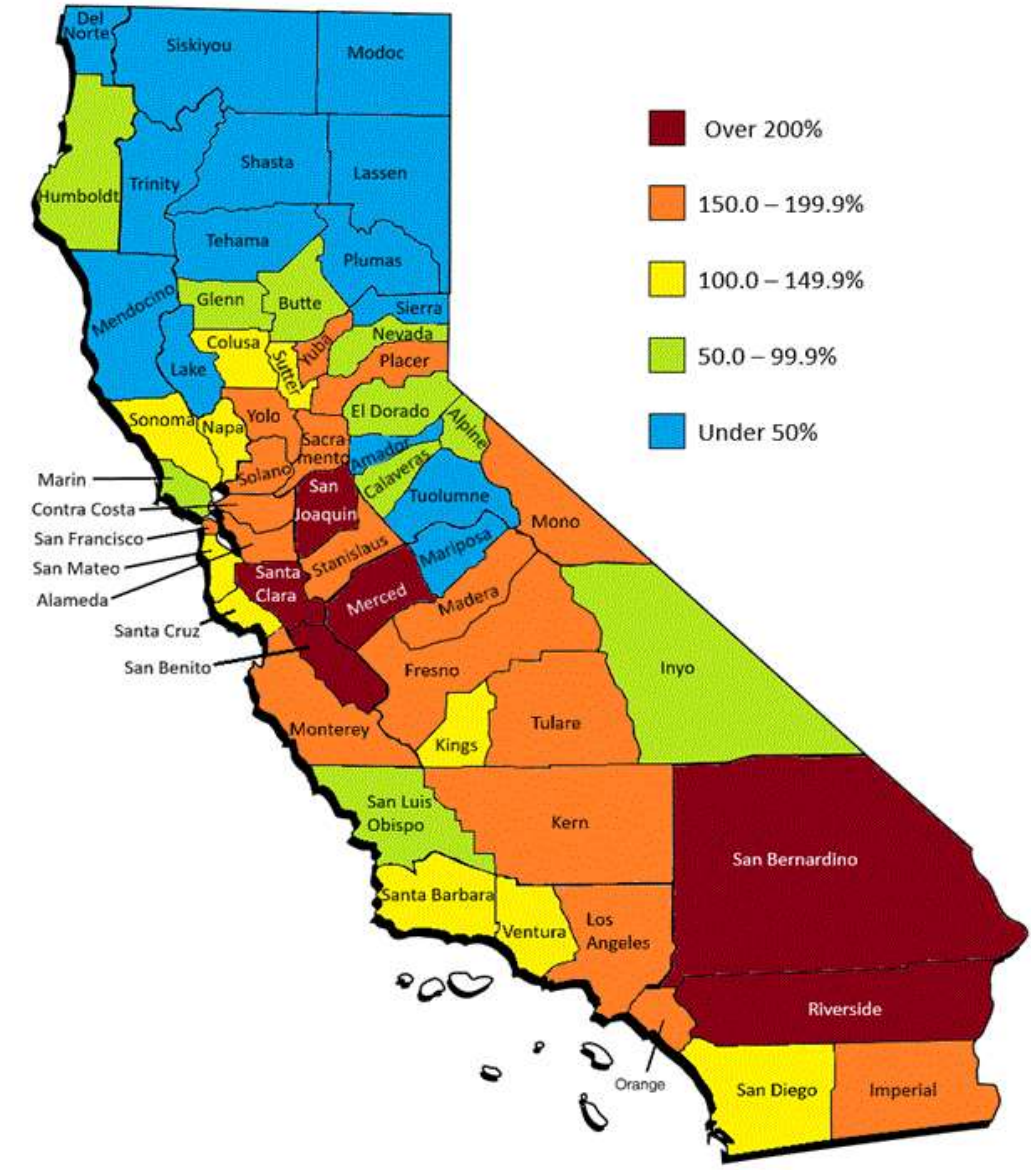
CDA's mission is to promote the independence and wellbeing of older adults, adults with disabilities, and families through:

- Access to information and services to improve the quality of their lives,
- Opportunities for community involvement,
- Support for family members providing care, and
- Collaboration with other state and local agencies



# Map of Percentage Increase of Adult Population Aged 60 and Over, years 2010-2030

The population over age 60 will have an overall increase of 166 percent during the period from 2010 to 2060. More than half the counties will have over a 100 percent increase in this age group. Twenty-four of these counties will have growth rates of over 150 percent. These counties are located throughout the central and southern areas of the State. The influence of the 60 and over age group on California is expected to emerge most strongly between 2010 to 2030<sup>1</sup>



1) California Department of Finance (2017). Press Release. Retrieved from Population Projections (Baseline 2016): <http://www.dof.ca.gov/Forecasting/Demographics/Projections>

# Master Plan for Aging



**Goal 1-** Housing for All Ages & Stages

**Goal 2-** Health Reimagined

**Goal 3-** Inclusion & Equity, not Isolation

**Goal 4-** Caregiving that Works

**Goal 5-** Affording Aging

**California Department of Aging  
Planning and Service Areas (PSAs)**

The State is divided geographically into 33 PSAs. Within each PSA is an Area Agency on Aging (AAA) responsible for planning and administering services for older adults.



Type	PSA#	PSA by County (2022) County(ies) Served
***	PSA 1	Del Norte, Humboldt
**	PSA 2	Lassen, Modoc, Shasta, Siskiyou, Trinity
****	PSA 3	Butte, Colusa, Glenn, Plumas, Tehama
**	PSA 4	Nevada, Placer, Sierra, Sacramento, Sutter, Yolo, Yuba
*	PSA 5	Marin
*	PSA 6	City and County of San Francisco
*	PSA 7	Contra Costa
*	PSA 8	San Mateo
*	PSA 9	Alameda
***	PSA 10	Santa Clara
*	PSA 11	San Joaquin
**	PSA 12	Alpine, Amador, Calaveras, Mariposa, Tuolumne
***	PSA 13	San Benito, Santa Cruz
**	PSA 14	Fresno, Madera
**	PSA 15	Kings, Tulare
**	PSA 16	Inyo, Mono
****	PSA 17	Santa Barbara, San Luis Obispo
*	PSA 18	Ventura
*	PSA 19	Los Angeles County
*	PSA 20	San Bernardino
*	PSA 21	Riverside
*	PSA 22	Orange
*	PSA 23	San Diego
*	PSA 24	Imperial
*****	PSA 25	Los Angeles City
**	PSA 26	Lake, Mendocino
*	PSA 27	Sonoma
**	PSA 28	Napa, Solano
*	PSA 29	El Dorado
*	PSA 30	Stanislaus
*	PSA 31	Merced
*	PSA 32	Monterey
*	PSA 33	Kern

AAA Entity Type: \*County (19), \*\*Joint Powers Agreement (8), \*\*\*Private Non-profit (4), \*\*\*\*University Foundation (1), \*\*\*\*\*City(1)

# Programs Administered by Area Agency on Aging (AAA's)

- Information & Assistance
- Caregiver Support Programs
- Food and Nutrition Program
- Long-Term Care Ombudsman
- HICAP- Medicare Counseling
- Legal Services
- Senior Employment training
- Fall Prevention



# What people are saying...

"I am so appreciative of this program as I continue to work at home trying to stay in business . It is a huge help having C. engaged in something a couple hours a day. While we are all facing obstacles during this time, I am sure you are aware living 24/7 with a person with Alzheimer's is challenging at best."



" I just want to take a moment to say thank you for this incredible 2 hours a day. M. has adjusted to her "class" extremely well. She looks forward to it daily, even if we are on the road. For someone with limited emotion she really misses it if she can't be a part of it daily...This has helped her during Covid to feel "normal" during a hard time. She may doze off from time to time but know that she loves the program and for that we are grateful."



"I wanted to thank you and your team for continually delivering an outstanding performance on your Skyview virtual program. You quickly developed and have sustained an engaging program with specialized attention to your participants. Although I'm usually teleworking during your program, I sometimes overhear conversations, singing, storytelling, and witness exercising in action. After the program, my Dad is fully charged with rave reviews on how much he enjoyed himself. Everyone's kindness provides a lovely feeling of community. Thanks so much to all of you."

# Friendship Line Overview

## More resources mean more ways to connect all over California.

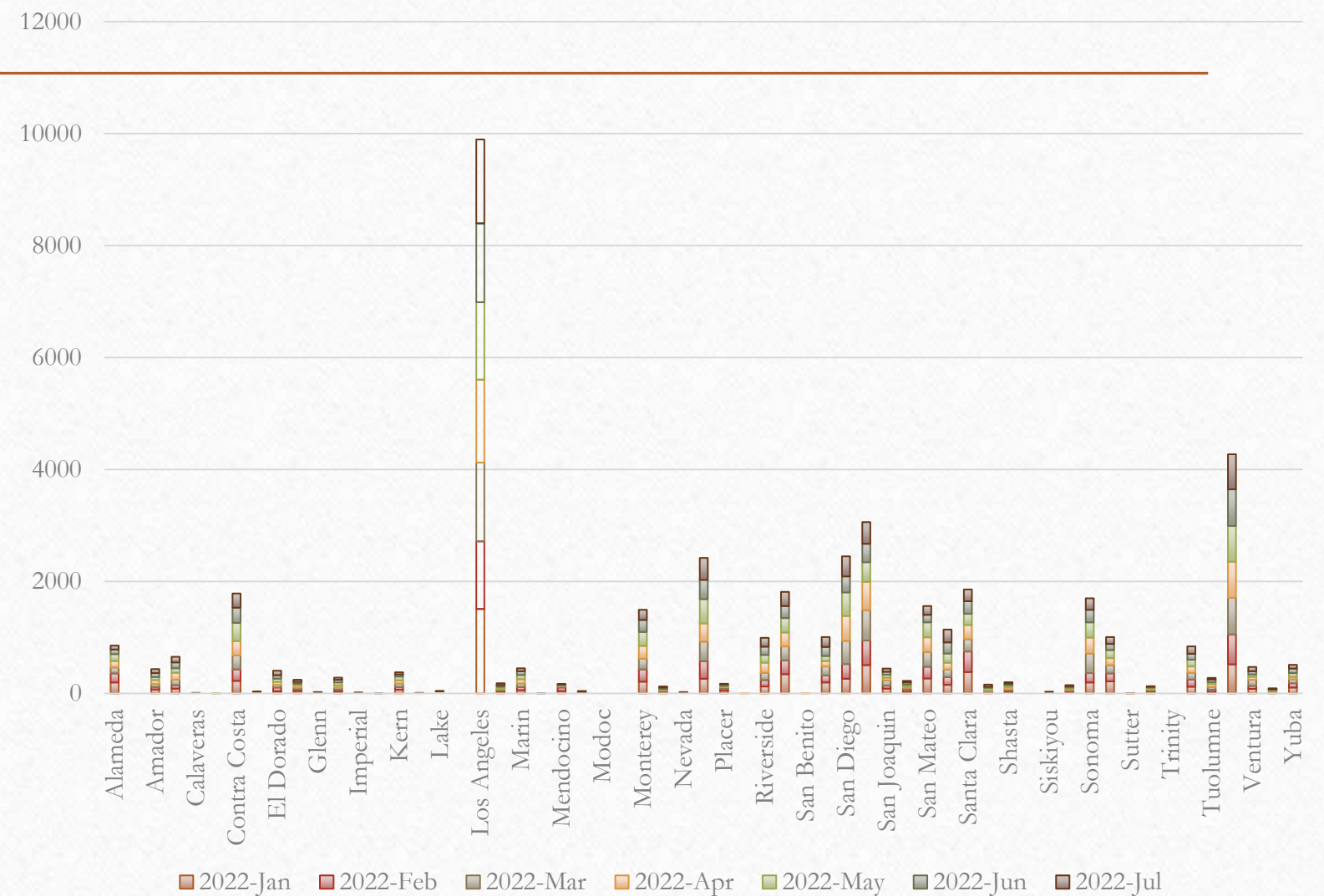
For over forty-five years, Friendship Line has been a vital lifeline for people aged 60 years and older and adults living with disabilities to connect with a caring, compassionate voice ready to listen and provide emotional support. As the nation's only accredited hotline of its kind, the need for this service has increased with the arrival of COVID-19 and the host of emotional well-being issues related to social isolation. Now, thanks to a new partnership with [The California Department of Aging](#), we can support all older Californians who may benefit from a friendly conversation.

CALL NOW  
1 (888) 670-1360

# Friendship Line Call Overview

- 4/14/20- 12/31/20 = **73,744** calls
- 1/1/21-12/31/21 = **82,788** calls
- 1/1/22-7/31/22 = **44,606** calls

Call Volume By County 2022





## Resources and Contact Information

- [California Master Plan for Aging](https://mpa.aging.ca.gov) <https://mpa.aging.ca.gov>
- [Providers and Partners](https://www.aging.ca.gov/Providers_and_Partners/) [https://www.aging.ca.gov/Providers\\_and\\_Partners/](https://www.aging.ca.gov/Providers_and_Partners/)
- [AAA Service Area Map](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/) [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/)
- [Find Services in My County](https://www.aging.ca.gov/Find_Services_in_My_County/) [https://www.aging.ca.gov/Find\\_Services\\_in\\_My\\_County/](https://www.aging.ca.gov/Find_Services_in_My_County/)
- [Friendship Line](https://www.ioaging.org/friendship-line-california) <https://www.ioaging.org/friendship-line-california> 1(888) 670-1360

California Aging & Adult Info Line- 1 (800) 510-2020



Q&A



# Guest Speaker: Travis Lyon, Tehama County

Travis Lyon

Tehama County Health Services Agency

Behavioral Health

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**



ELDER OUTREACH

Tehama County

Travis Lyon

Tehama County Health

Services Agency

Behavioral Health

I am Grateful for

FAMILY  
God  
PATH  
food  
Sobriety  
MATURE  
EVERYTHING  
FRIENDS  
Help  
My home  
My wife  
My school life  
music  
Sports  
Sleep  
Dutch  
Summer  
MONEY  
SEATS  
ARTISTS  
Turtles  
Lovely world  
My friends  
MIDNEY  
SEATS  
ARTISTS  
Turtles  
Lovely world  
My friends  
MIDNEY  
SEATS  
ARTISTS



I am Happier & Hopeful for

LOVE  
HAPPINESS  
Hopeful for  
Truth  
cure 4 cancer  
LUCK  
LIFE  
GROWTH  
TRAVEL  
PERFORMANCE  
LIFE  
GROWTH  
TRAVEL  
PERFORMANCE

A photograph of a group of people sitting in a circle on chairs. The focus is on the hands of a person in the foreground who is holding a yellow stress ball. The person is wearing a beige sweater and a watch. Other people are visible in the background, some wearing blue and grey clothing. The scene appears to be a group activity or workshop.

## The Group Components

- \* Stress balls
- \* Ice breakers
- \* Relaxation
- \* Fun activity
- \* Relax and check out
- \* Friendship Line

# Music & the science behind it:

- *Relieves stress*
- *Reduces anxiety and depression*
- *Lessens agitation*

## How to incorporate it:

- Ask them to lead in singing their favorites
- Have large print lyrics printed out and available
- Play the song on your phone and join in



# Exercise & why it works:


- **Benefits of Physical Activity**

- *Helps maintain independence*
- *Reduces the risk of chronic diseases*
- *Improves overall health*
- *Reduces anxiety and depression*

- **How to incorporate it:**

- \* *Lead them in chair exercises*
- \* *Try tai chi or Qi Gong videos*
- \* *Dancing of any kind is great*
- \* *Let them take turns leading*





# The importance of socialization

## \*Benefits

- \*Improves mood

- \*Increases cognition and memory

- \*Associated with healthy behaviors

- \*Enhances mental health

## \*How to incorporate it

- \*Arrange to lead some groups

- \*Coordinate with Activity Directors

- \*Make it about "FUN" so they come

- \*Encourage interaction and get their input



# The science of relaxation:

## • BENEFITS:

- Improves mood
- Quality sleep
- Reduces frustration
- Enhances physical health
- Boosts mental health
- Reduces pain

## \*HOW TO INCORPORATE IT:

- \*Use videos if you need to
- \*Breathing
- \*Guided meditation
- \*Tapping
- \*Grounding
- \* Progressive relaxation



# Questions?



# Guest Speaker Noah Whitaker, Tulare County

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# SUICIDE

# PREVENTION

*Task Force* — [www.sptf.org](http://www.sptf.org)



## “Check in with You”

The Older Adult Hopelessness  
Screening Program

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# Program Elements

- All patients age 55+ who visit a PCP at the Visalia Health Care Center (VHCC) are asked to complete the Beck Hopelessness Scale® on a voluntary basis.
- Those who score at the “moderate” or “severe” level of hopelessness are asked to speak with a mental health clinician at VHCC for a suicide risk assessment.

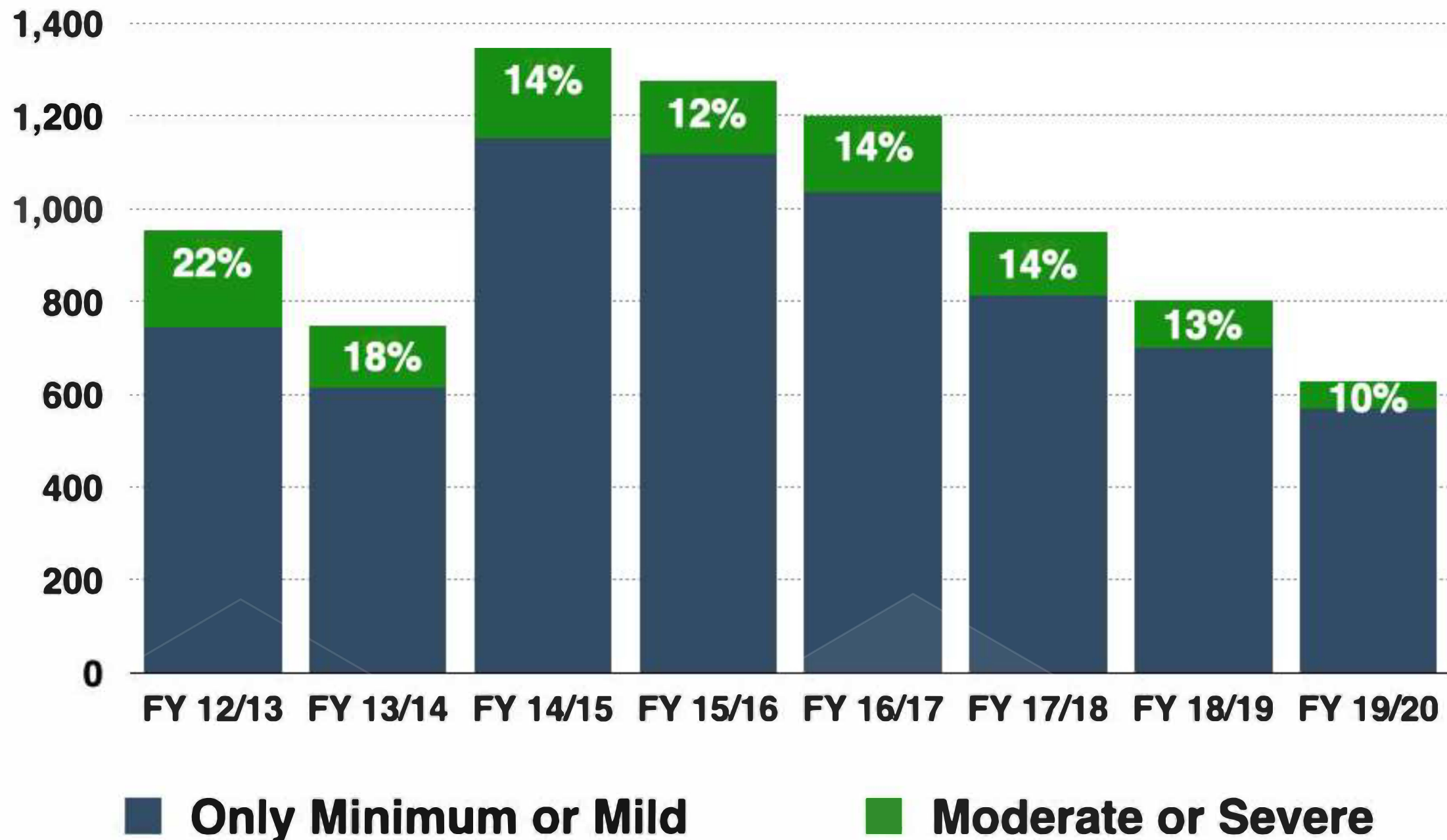
# Program Elements (Continued)

High-scoring individuals who are willing are:

- Provided with short-term therapy, if appropriate.
- Provided with case management and “warm” linkages to additional services. These may include additional mental health services or other available services that they need.

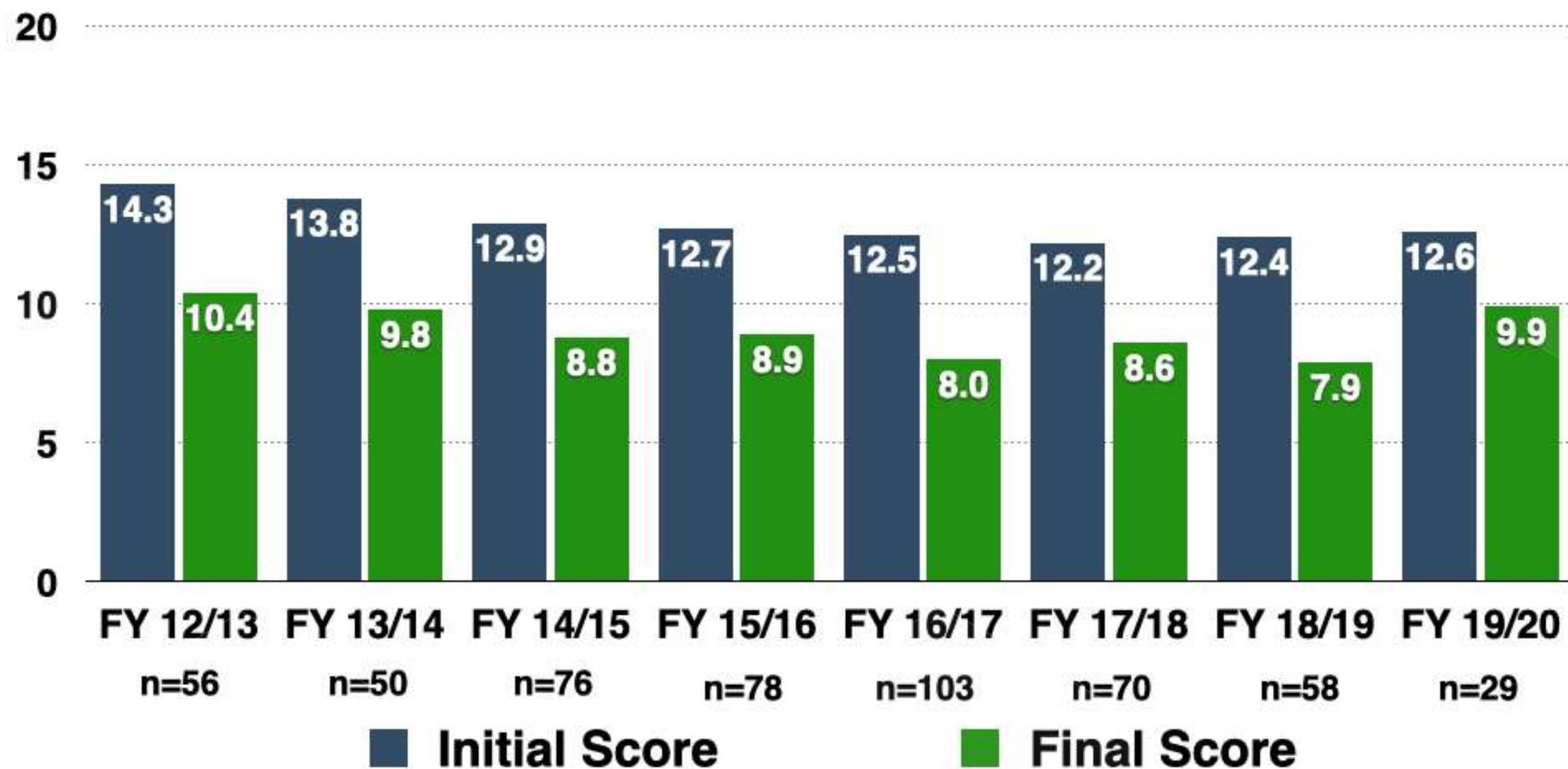
# Screening results

Individuals Who Completed the BHS® Screening  
July 1, 2012–March 16, 2020



# Initial and Final Screening Scores

## Mean BHS<sup>®</sup> Score upon Entry into OAHS and Mean Final Score in the Fiscal Year



All changes are statistically significant.  
( $p < 0.01$ ; one-tailed, paired-sample t-test)





# Kings/Tulare Area Agency on Aging

## CHAT PROJECT

CONNECTIONS, HEALTH, AGING & TECHNOLOGY

Administered through California Department of Aging

[ktaaa@tularecounty.ca.gov](mailto:ktaaa@tularecounty.ca.gov)

# iPads for Seniors!

iPads for seniors participating in Older American (OAA) Programs

Impact on social isolation & wellbeing

Help bridge the digital divide for older adults

# Tulare County SPTF and K/T AAA Bringing Family Together

## Impact

# Suicide Prevention Week/Month 2022

[www.suicideispreventable.org/prevention-kit.php](http://www.suicideispreventable.org/prevention-kit.php)



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

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  
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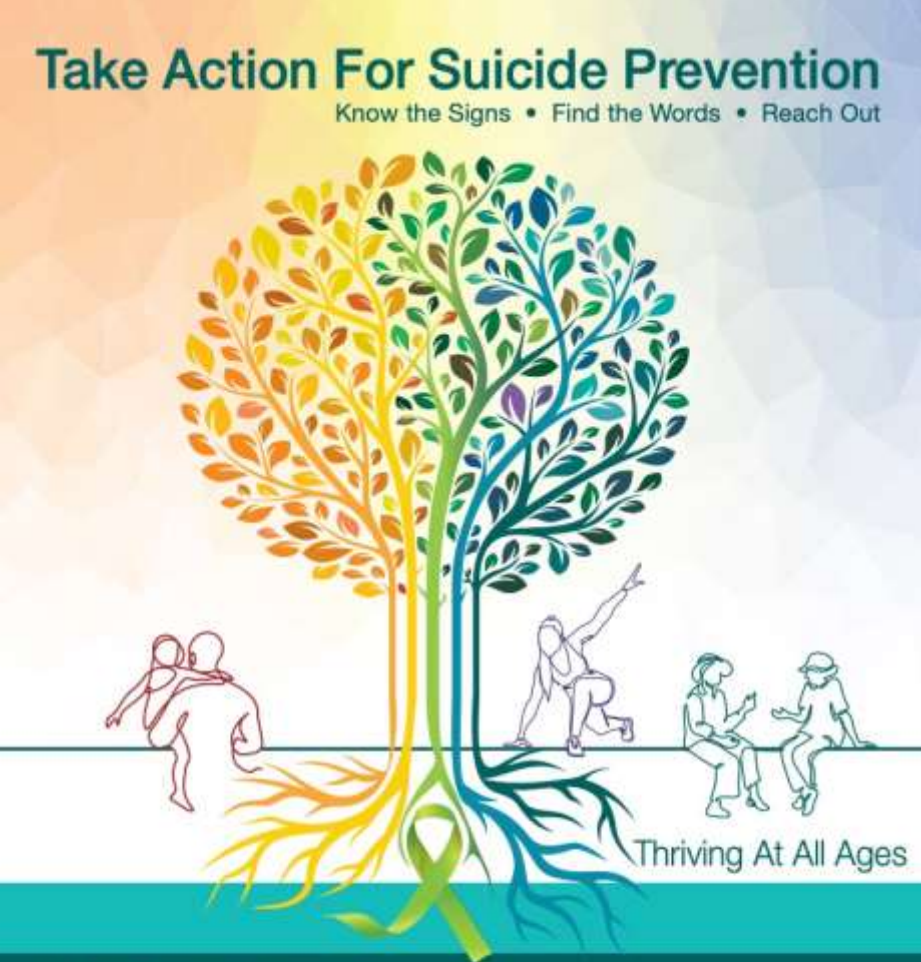
# Take Action for Suicide Prevention: Know the Signs. Find the Words. Reach Out .

People of all ages benefit from some common tenets of wellness, but the specific ways that wellness and resilience are supported change through the life span. Building resiliency is important at all ages, and strategies can be tailored depending on what is enjoyable or accessible depending on your age. Throughout our communities many people are continuing to experience mental health challenges, trauma, burn-out and fatigue due to the prolonged impacts of the pandemic and natural disasters.

To support *Thriving At All Ages*, Californians are encouraged to recognize the importance of strengthening resiliency, protective factors, and physical and emotional wellness throughout the lifespan and at difference life stages.

Together we can Take Action for Mental Health by learning more, checking-in with ourselves and others, and getting support when needed. Visit [www.takeaction4MH.com](http://www.takeaction4MH.com) for more information.

Together we can Take Action for Suicide Prevention by knowing the signs for suicide, finding the words to check-in with someone we are concerned about, and reaching out to resources. Visit [www.suicideispreventable.org](http://www.suicideispreventable.org) for more information.



**Take Action For Suicide Prevention**  
Know the Signs • Find the Words • Reach Out


**Thriving At All Ages**

**Suicide Prevention Resources**  
All resources available 24/7

<b>National Suicide Prevention Lifeline</b> 1-800-273-TALK (8255) Veterans: Press 1 En Español: 1-888-628-9454 For Deaf & Hard of Hearing: 1-800-799-4889 <b>Text "HOPE" to 741-741</b> Text with a trained counselor from the Crisis Text Line for free, 24/7	<b>The Trevor Project</b> Phone, chat, and text support for LGBTQ+ youth. 1-866-488-7386 <a href="http://www.thetrevorproject.org/get-help-now/">www.thetrevorproject.org/get-help-now/</a> <b>Friendship Line</b> 1-800-971-0016 Crisis and warm line for adults 60 years and older operated by Institute on Aging
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For mental health resources visit the Take Action for Mental Health campaign at [www.takeaction4mh.com](http://www.takeaction4mh.com)

[suicideispreventable.org](http://suicideispreventable.org)



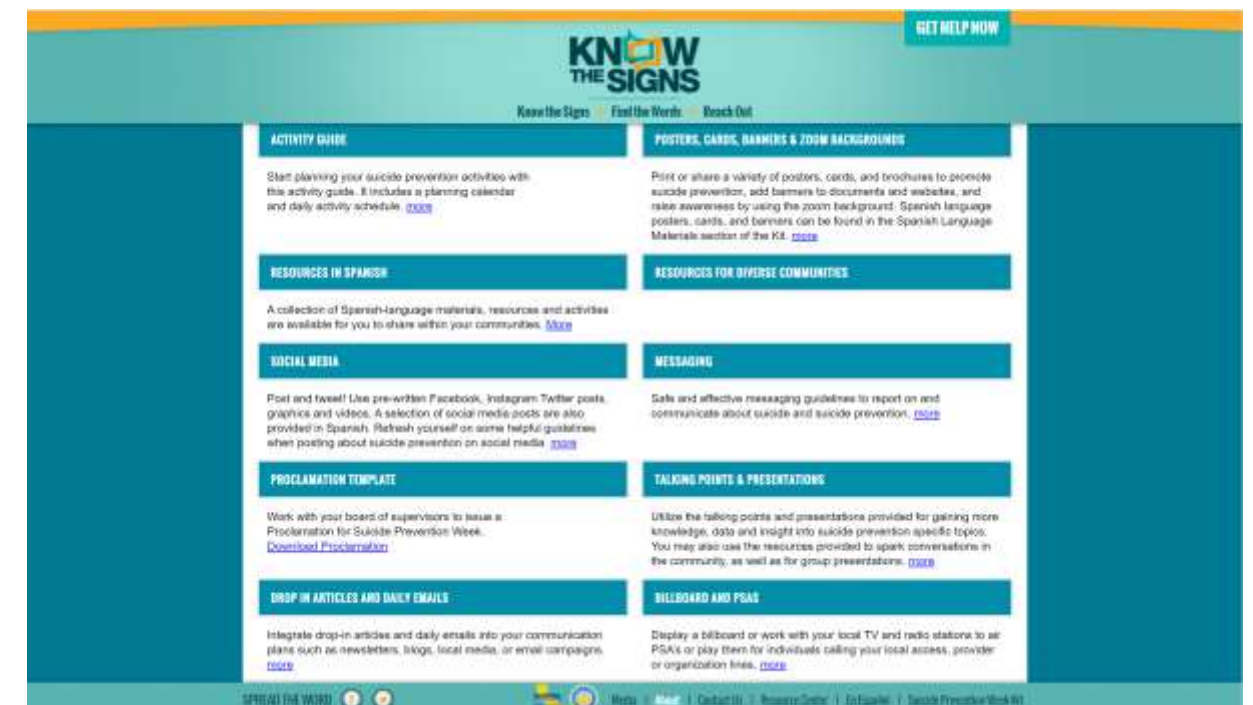
Funded by resources through the Mental Health Services Act (Prop 63)

# Suicide Prevention Activation Kit 2022 – General Public

To support your communication efforts, we have provided a series of digital resources to you. All of the resources are in English and Spanish and available on the Know the Signs campaign website:

[www.suicideispreventable.org/prevention-kit.php](http://www.suicideispreventable.org/prevention-kit.php)

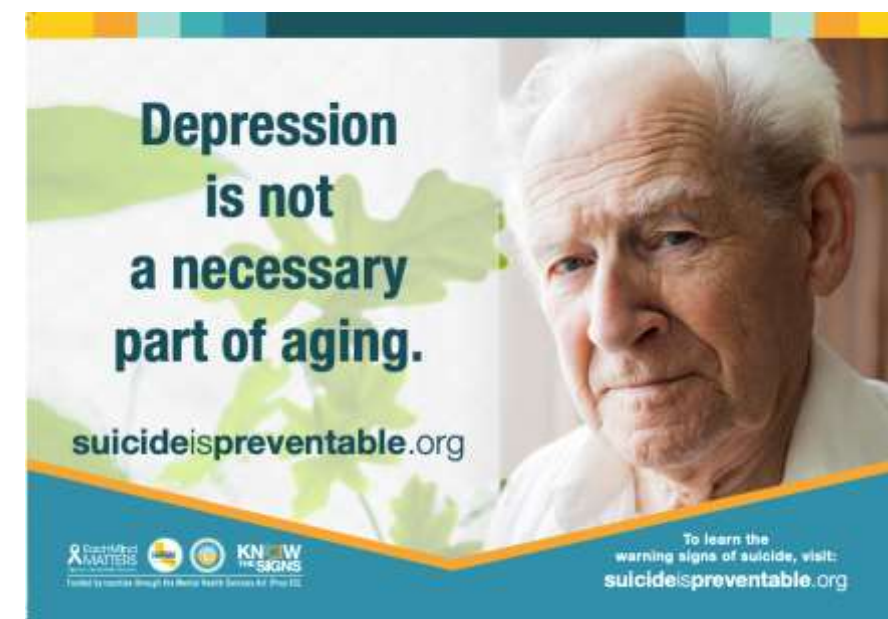
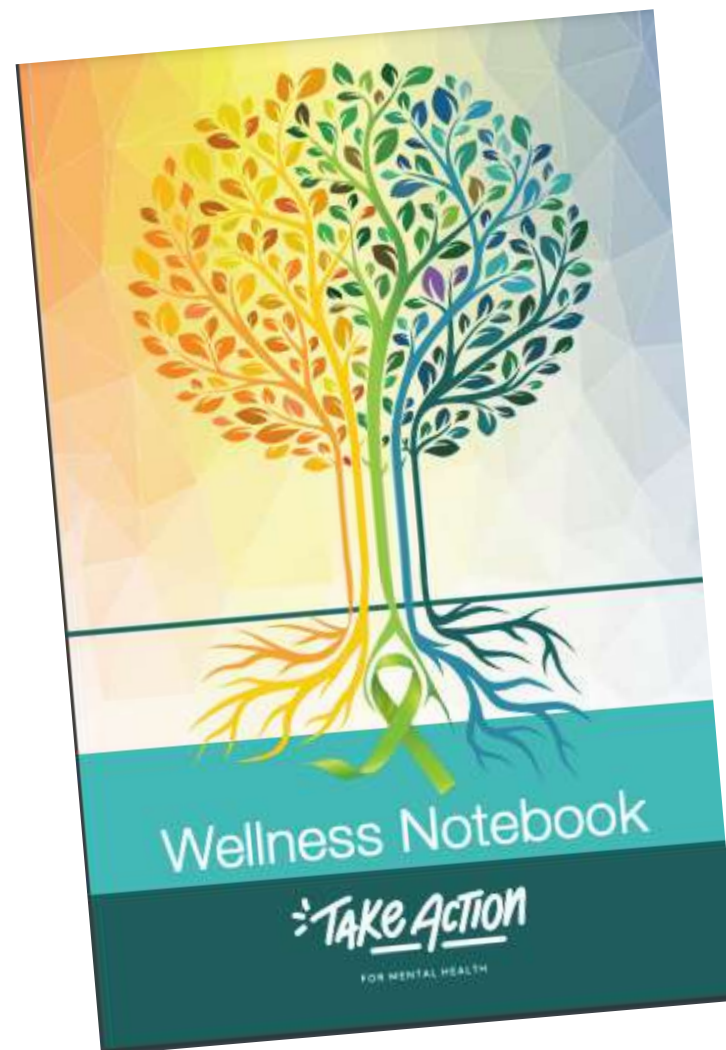
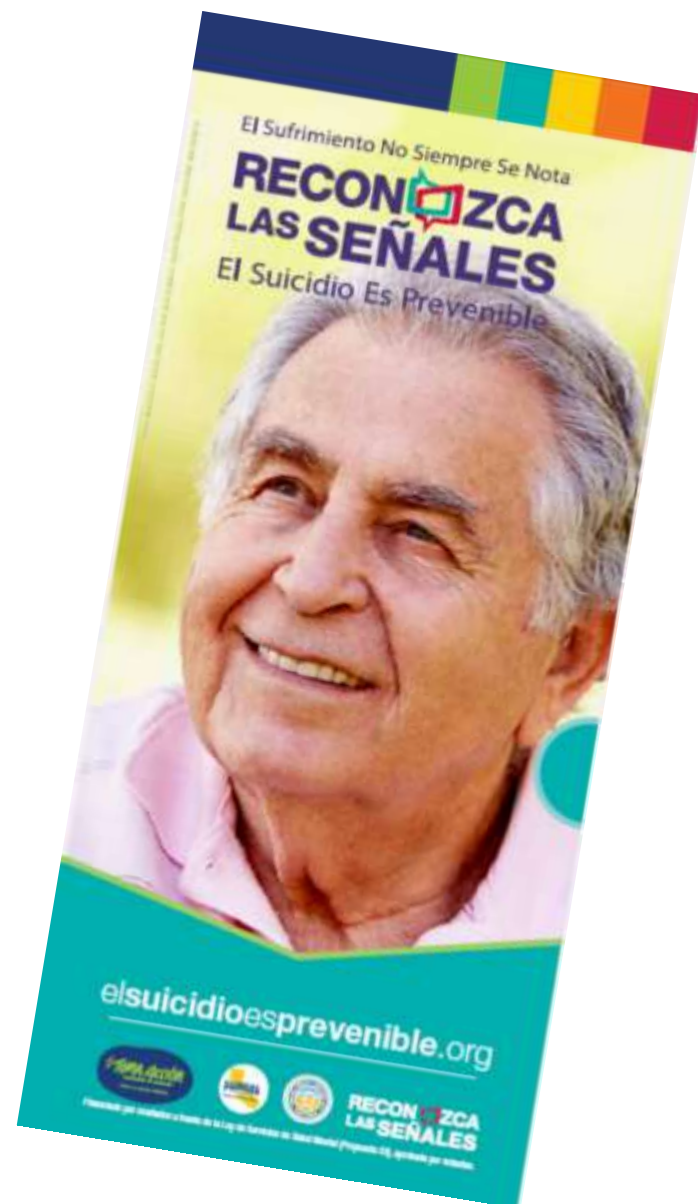
- **Activities & Activity Guide**
- **Social Media Posts**
- **Proclamation Template**
- **Drop-In Articles & Daily Emails**
- **Posters, Brochures, Cards, & More**
- **Zoom Backgrounds**
- **Billboards & PSA's**
- **Data Briefing & Presentation Templates**
- **Back to School Resources!**



# Thriving At All Ages

Older Adult Mental Health Awareness Week: October 1st – 10<sup>th</sup>

Active Aging Week: October 3<sup>rd</sup> – 9<sup>th</sup>



## Thriving At All Ages Materials

- Wellness Notebook
- Drop-In Article and Email Templates
- Activity Tip Sheet, including Older Adult Wellness Class Template
- Older Adult Brochure (New Spanish Version)
- Older Adult Billboard
- Outreach to partners working with older adults
- Suicide Prevention 101 Presentation for Older Adults

## World Suicide Prevention Day September 10th



Light a candle near a window or on social media as a symbol of hope and support for suicide prevention and in memory of those we have lost to suicide.

Join individuals from across the world  
and light a candle at 8PM!



[suicideispreventable.org](http://suicideispreventable.org)

## Día Mundial de Prevención del Suicidio 10 de Septiembre



Encienda una vela cerca de una ventana o en las redes sociales como símbolo de esperanza y apoyo para la prevención del suicidio y en memoria de quienes hemos perdido por suicidio.

¡Únate a personas alrededor del mundo y  
encienda una vela a las 8 pm!



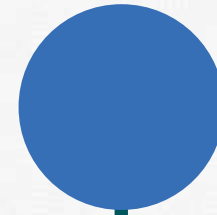
[elsuicidio.espreventible.org](http://elsuicidio.espreventible.org)



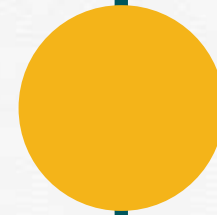
For questions email: [info@suicideispreventable.org](mailto:info@suicideispreventable.org)

To access the toolkit online:  
[www.suicideispreventable.org/prevention-kit.php](http://www.suicideispreventable.org/prevention-kit.php)

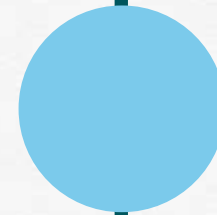
# Questions to ask yourself for your strategic plan:



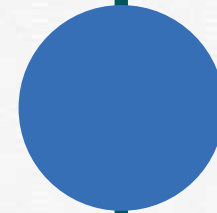
**What populations have the highest rates of suicide and suicide attempts in your county?**



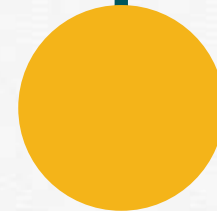
**What are the key risk and protective factors for those populations?**



**What resources are already in place to reach and support them? What needs to be developed?**



**Who are the key partners and helpers?**



**How are people from these populations involved in your strategic planning?**

## Key Settings

**Workplaces, schools, universities**

**Criminal and juvenile justice systems,  
social services**

**Social services, housing and public  
assistance programs**

**Residential communities, local businesses  
and retail, social clubs, fitness facilities,  
faith and spiritual organizations**

**Primary care settings, clinics,  
physical rehabilitation services**

**Mental health and substance use  
treatment services**

## Strategies to Impact Change

**Suicide prevention training for those in a  
position to recognize and help**

**Crisis and postvention plans**

**Campaigns with targeted messaging.**

**Integrated services and supports.**

**Outreach and education in non-  
traditional settings.**

**Enhance protective factors such as  
connectedness, resilience**

*Adapted from the Center for the Study and Prevention of Suicide, University of Rochester*

What's Next?



# Striving for Zero Collaborative Meeting

October 12, 2022  
10AM - 12PM

To register:

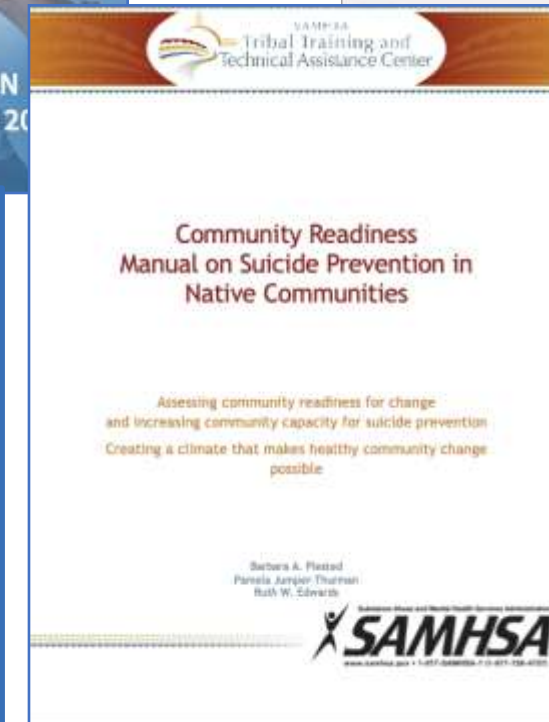
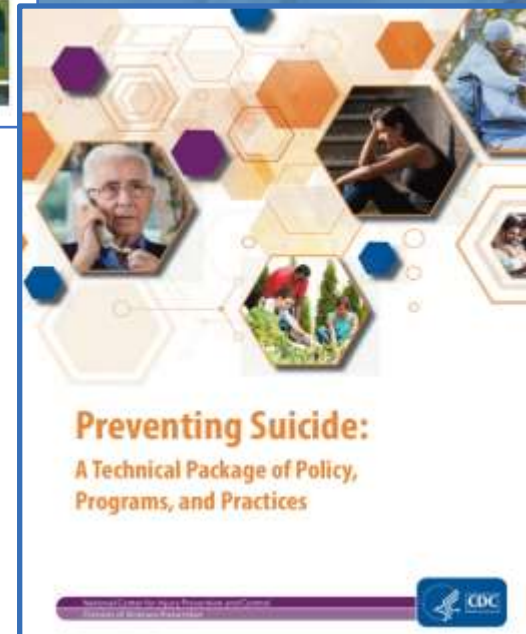
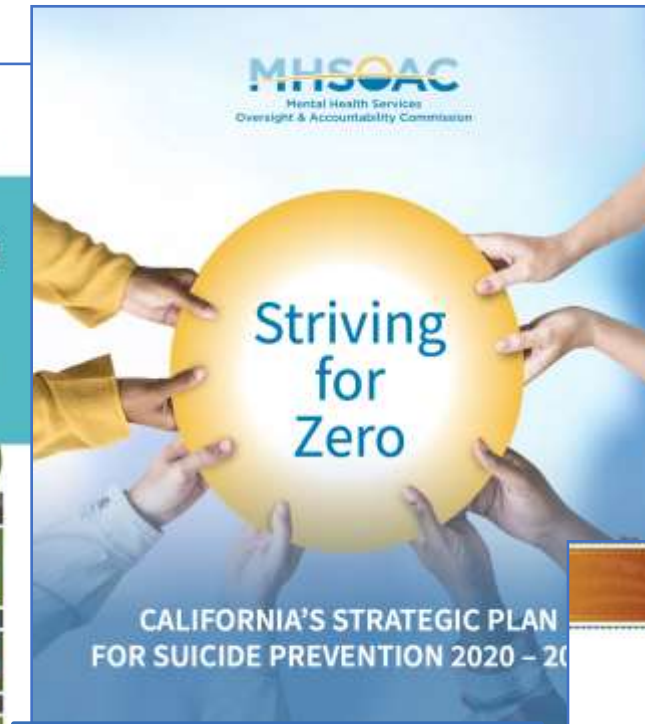
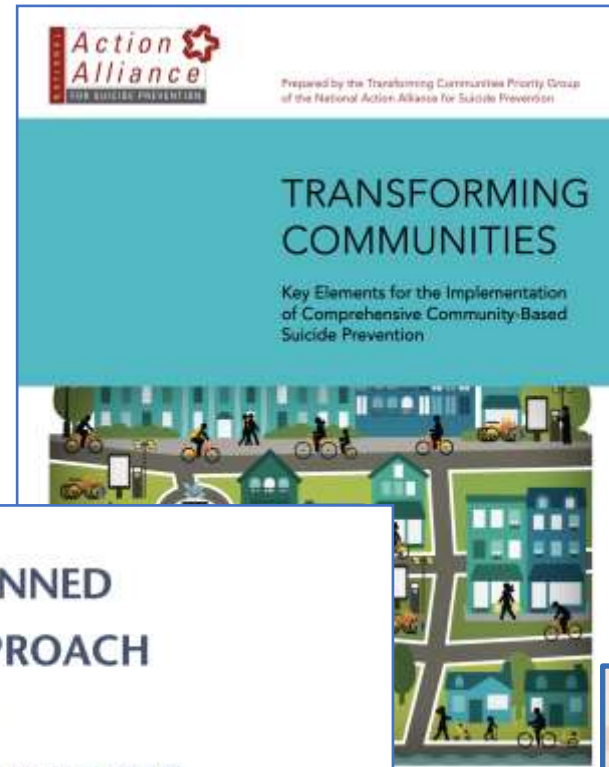
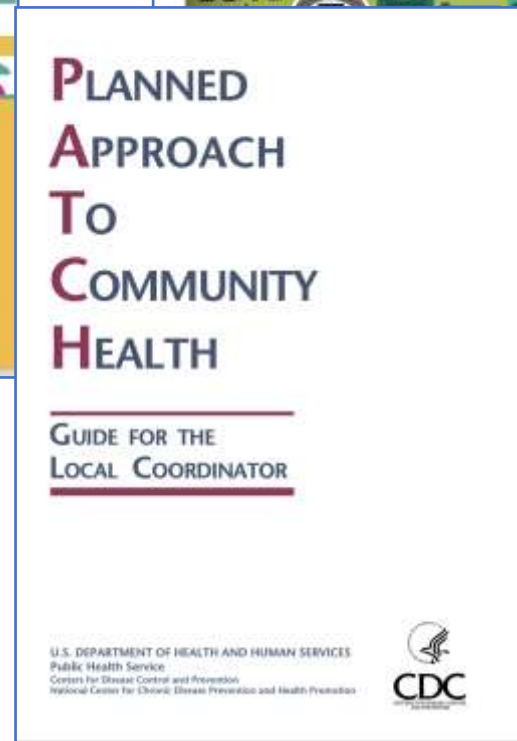
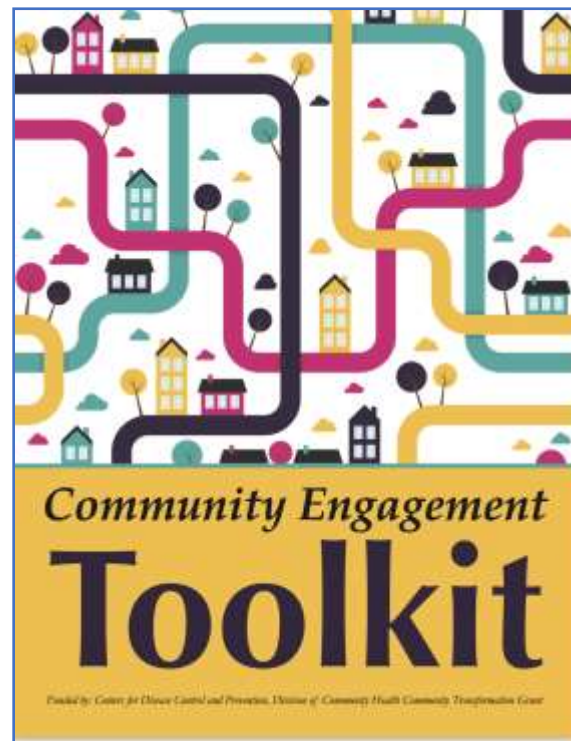
<https://us06web.zoom.us/j/81285202201>

## Learning Collaborative Resource Page



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

# Guiding Resources



# Thank you for your time

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

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