



STRATEGIC PLAN
FOR SUICIDE PREVENTION
VENTURA COUNTY BEHAVIORAL HEALTH

2023–2028

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The California Code of Regulations (CCR), is the official compilation and publication of the regulations adopted, amended, or repealed by state agencies pursuant to the Administrative Procedure Act (APA). There are also numerous parts, chapters, and articles containing hundreds of code sections, or individual statutes. The following is an overview re: Suicide Prevention regulations.

CCR Title 9 – Rehabilitative and Development Services, Division 1 – Department of Mental Health, Chapter 14 – Mental Health Services Act, Article 7 – Prevention and Early Intervention:

1. § 3730 – Defines Suicide Prevention Program requirements for CA Counties choosing to offer one
2. § 3750(e) – Validated methods are required to measure changes in attitudes, knowledge, and/or behavior regarding suicide as related to mental illness.
3. § 3755(g) – Information required for the description of a Suicide Prevention Program.
4. § 3735 – Three required strategies for all Prevention and Early Intervention funded programs.



2023 California Education Code Title 1 – General Education Code Provisions, Division 1 – General Education Code Provisions, Part 1 – General Provisions, Chapter 2 – Educational Equity, Article 2.5 – Pupil and Student Suicide Prevention Policies:

1. § 215 – The Local Educational Agency (LEA) serving students in kindergarten through 12th grade shall review its policy on pupil suicide prevention every fifth year.
2. § 215.5 – Public, charter, and private schools serving students in any grade 7 to 12 shall issue pupil identification cards with 988 Suicide and Crisis lifeline, Crisis Text Line, National Domestic Violence Hotline, and campus police or security phone numbers.
3. § 216 – Evidenced-based online suicide prevention training programs shall be available for school staff and middle & high school students.



You are Not Alone!

Please remember that you are not alone and help is available through local and national resources. Everyone needs help sometimes and we have multiple options to find help for ourselves or someone else. Visit www.WellnessEveryDay.org/preventing-suicide for additional information.

GET HELP NOW

If you or someone you care about is in crisis or thinking of suicide, help and support are available:

Ventura County Crisis & Referral Line:

Local Resources & Mobile Crisis Response Team
1-866-998-2243

Substance Use Treatment Services:

1-844-385-9200
24 hours a day, 7 days a week
www.VCBH.org

988 Suicide & Crisis Lifeline

Call or text 988 or chat 988lifeline.org
Dial 988 from any phone in the US
Call: 1-800-273-8255
TTY: 1-800-799-4889
Free, Confidential, 24 hours a day, 7 days a week
www.988lifeline.org

Veterans Crisis Line

Dial 988 then press 1
Text 838255
Chat online www.veteranscrisisline.net/get-help-now/chat
24 hours a day, 7 days a week
www.veteranscrisisline.net

Crisis Text Line

Text HELLO to 741741
Or message on WhatsApp (+1 443-787-7678)
Free 24/7 support
www.crisistextline.org

The Trevor Project

Confidential support and help for LGBTQ+ youth
Call: 1-866-488-7386
Text: 678-678
www.thetrevorproject.org/get-help

Additional Resources:

- For non-emergency emotional support call the Mental Health Warm Line at: 1-855-845-7415 or connect with them via web chat at: www.mentalhealthsf.org/peer-run-warmline
- For local Ventura County resources call 2-1-1 or text your zip code to 898211
- For teens, call the TEEN LINE at 310-855-4673 or text HEARME to 839863
- For transgender people, call the Trans Lifeline at 877-565-8860
- For law enforcement personnel, call the COPLINE at 800-267-5463
- For other first responders, call the Fire/EMS Helpline at 888-731-FIRE (3473)



Dedication

The strategic plan is dedicated to all the residents of Ventura County that have been touched by the issue of suicide whether by death, suicide attempt, bereaved loved ones, personal experience with suicide thoughts, or for those providing care and support for individuals impacted by suicide. We believe that, together, we can make a difference and prevent the tragedy of suicide in our community.

Acknowledgments

Several years ago, the Ventura County Suicide Prevention Council engaged in the development of a vision statement, mission statement and council goals. One of the primary goals identified was to create a county-wide Suicide Prevention Strategic Plan.

In the time since, the Suicide Prevention Council and the Suicide Prevention Strategic Plan Subcommittee have helped to shape the goals, objectives, and strategies in this plan. Several committee members and the Ventura County Behavioral Health (VCBH) Mental Health Services Act Department organized and facilitated community forums and focus groups, provided data used in this plan, and assisted with writing of this document. In doing so, they considered individual experiences, trends shown in local data, and evidence-based practices that are known to help. The VCBH Department sincerely thanks all those who contributed to making this Suicide Prevention Strategic Plan a reality.

Thank you so much for your dedication to this cause and for your tenacity during this process. Your input and collaborative spirit have made this process possible.

A Note on Language

This Suicide Prevention Strategic Plan places value on the lived experiences and choices of all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance. To reflect this vision, a concerted effort was made to use inclusive and person-first language throughout the Plan. Evidence-based, contemporary terminology is used to convey respect and empowerment and to reduce stigma faced by communities and populations disproportionately impacted by suicide.

Despite these efforts, specific terminology or language may be unintentionally offensive or stigmatizing to some individuals or populations. Language is subjective, and the meaning and use of language changes over time. This approach is intended to help the Suicide Prevention Strategic Plan's users to identify these societal shifts in preferred terminology and to communicate in a manner that reflects its vision for a collective, inclusive, and respectful community response.

Introduction: Together We Can Make a Difference

This strategic plan is based on the idea that a comprehensive approach to suicide prevention will best help us move towards a goal of fewer (and even zero) suicides for Ventura County. The plan was developed by a subcommittee of the Ventura County Suicide Prevention Council and with input from stakeholders and community members. Identified strategies are appropriate for our community and are generally aligned with Striving for Zero: California's Strategic Plan for Suicide Prevention 2020–2025. The Council includes a wide variety of people from our community who are dedicated to reducing suicides by offering help and hope to people of every culture, gender, and socioeconomic group across their lifespans.

The Council's purpose is to promote help and hope to everyone at risk or affected by suicide, with the understanding that this touches each of our lives. This involves working together and taking action to:

- Raise awareness of mental health challenges and the impact of suicidal thoughts and feelings
- Reduce the stigma, challenges, or barriers to getting help and finding support
- Make sure our community knows how to find resources for themselves or others
- Learn together and promote educational and training opportunities for our community
- Think outside the box and support creative and non-traditional activities to prevent suicide and support community members who are struggling to find hope and healing.

By thinking ahead and supporting people even before a crisis starts, during a crisis, and after a crisis, we can achieve the best outcomes and develop a strong safety net that prevents people from slipping through the cracks.

To see real change in this area depends on the support of our whole community, from government agencies, formal organizations, community providers, peers, individuals with life experience, and community members from all walks of life. Everyone has a role to play in suicide prevention. We hope that you will use this plan to get involved, promote hope, and help us move together towards a safer Ventura County.

Suicide Prevention Gatekeeper Training teaches people to identify individuals who are showing warning signs of suicide risk and link them to help. To learn more about free Suicide Prevention Gatekeeper Training, click/scan here:



The development of the suicide prevention strategic plan is funded by Ventura County Behavioral Health through the Mental Health Services Act (MHSA).

In 2004, California voters passed Proposition 63, MHSA, aka "The Millionaires Tax." MHSA provides a 1% tax on taxable personal income over \$1 million. MHSA funds are designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families.



WELLNESS • RECOVERY • RESILIENCE

How to Use This Plan

Stakeholders are encouraged to use this plan to support and guide actions that individuals, families, and organizations can participate in to help prevent suicide for our Ventura County communities.

Understanding the Need for Suicide Prevention in Ventura County (page 5) includes information on priority populations and other information to highlight how suicide ideation and behavior are affecting Ventura County residents. The information helps us see how and to whom we can focus our efforts.

A Continuum of Experience and Supports (page 12) shows how a comprehensive way of thinking about, planning for, and addressing suicide prevention, intervention, and postvention is necessary to help us make meaningful and sustainable change.

At-A-Glance (page 18) gives an overview of Strategic Aims and Goals so stakeholders can more easily focus on the aspects of the plan that are of the most interest to them.

Call to Action

No single individual, organization or sector can succeed alone in putting this into action. We hope that and invite all community members to look at this plan, see where they fit in, and be inspired to take action and get involved.

Organizations and individuals throughout Ventura County are invited to join the collective effort to combat suicide and its devastating consequences. With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together.

Strategies we can all take in our home, school, place of work, worship and/or gathering include:

- Share the VCBH Crisis & Referral Line: 1-866-998-2243 for local resources and the Suicide & Crisis Lifeline: 988 for nationwide resources with family, friends, co-workers and community
- Learn about and use person-first language when talking about suicide and mental health.
- Learn to recognize the warning signs for suicide and respond in a helpful way.
- Attend a training or workshop to learn more and build your skills to help.
- Donate resources or time to local organizations that are helping.
- Join or help with a local event.
- Share safe and effective messaging and resources on social media.
- Utilize apparel, pins, stickers, profile pictures, Zoom backgrounds, etc., with supportive mental health messaging and resources.
- View and share inspiring messages from young people at directingchange.ca.org
- Speak out to share your own story and normalize talking about mental health.

Later in this plan, we have listed additional resources or ways to get involved in the various activities, contribute to planning efforts, and inspire or motivate others to get involved.

Visit www.WellnessEveryDay.org/preventing-suicide, www.VCBH.org, or email MHSA@ventura.org for additional information about suicide and ways to stay connected with suicide prevention efforts in Ventura County.

Understanding the Need For Suicide Prevention in Ventura County

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

- Provide context to local issues of suicide
- Dispel misconceptions and raise awareness about how this impacts us all
- Focus effort where the problem is most severe
- Identify risk and protective factors to select interventions
- Persuade funders, policy and decision makers to invest in and prioritize suicide prevention efforts
- Evaluate and measure change over time

We also know that data does not tell the entire story. Data can be biased based on who is designing the research or providing the analysis. It has been used to perpetuate inequalities and justify leaving out people who should be at the center of our work. But used with the purpose of advancing justice, inclusion and equity, it can also be a powerful tool to help us get a more complete view of what is needed. Ideally these approaches work together to address health disparities – for instance pairing deep listening with data helps us answer questions like: “Who is not at the table? Whose voice is not yet being heard?” Additionally, resource mapping of programs, trainings, services, supports, and community strengths as well as gaps can help us assess what we can build on and what gaps we need to fill.

Obtaining and reviewing data can help us answer these and other questions to inform our work:

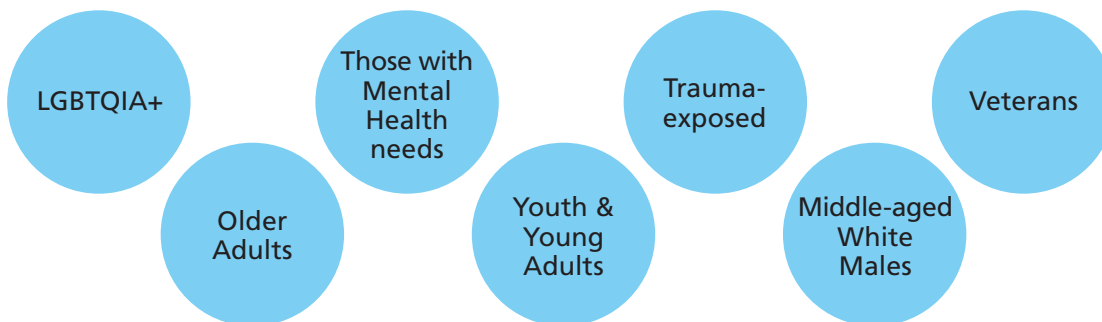
- Who is seeking help by reaching out to a crisis or warm line or accessing services? Who isn't?
- Who is attempting suicide?
- Who is dying by suicide?
- How long does it take for survivors of loss to access support?
- What risk and protective factors are present?
- What care transitions exist? How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

Samples of data are shared below. For more information, visit: www.HealthMattersInVC.org

PRIORITY POPULATIONS

Suicide is a complex phenomenon. Data tells us that some groups are at disproportionate risk compared to the general community. This may be due to stigma, inequities, lack of resources, and other factors.

It is important to aim for representation from these groups in planning efforts and to build awareness of and respond to unique cultural needs wherever possible. It is our goal that programs and supports will be accessible and acceptable to people from these communities.



Ventura County Community Health Needs Assessment 2022

Summary data on suicidal ideation, attempts, and death is from the Community Health Needs Assessment is shared below.

View additional information gathered through this needs assessment:

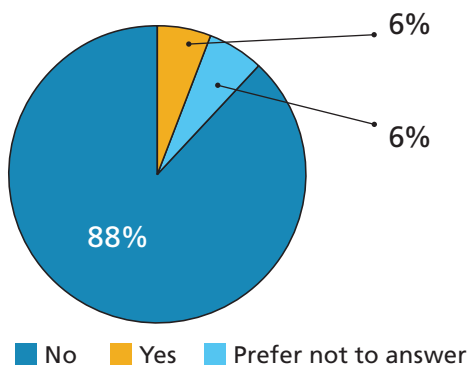
[Ventura_CHNA_2022_v4.pdf](#)
(www.HealthMattersInVC.org)

[VCBH_Survey_Items_Summary_of_Findings.pdf](#)

[VCBH Community Survey – Summary of Findings – YouTube](#)

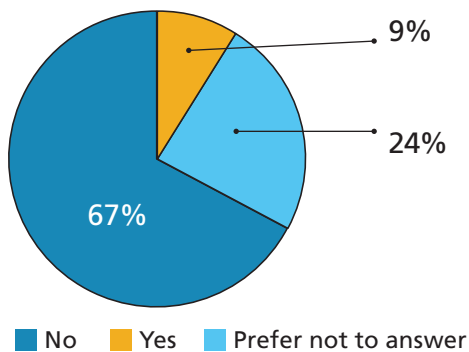


SUICIDAL THOUGHTS IN THE PAST 12 MONTHS (n = 2855)



About 6% of survey respondents reported having thoughts of suicide in the past 12 months.

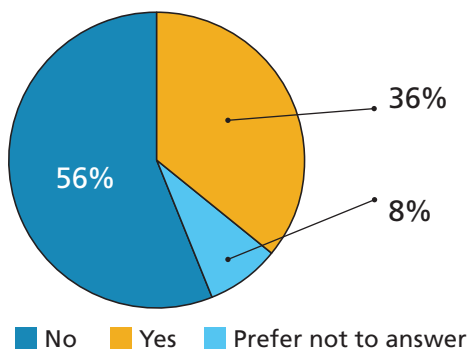
SUICIDE ATTEMPTS IN THE PAST 12 MONTHS (n = 328)



About 9% of individuals who responded reported that they attempted suicide.

Additionally, 17% of individuals who reported having suicidal thoughts indicated that they attempted suicide.

RECEIVED MEDICAL ATTENTION AFTER ATTEMPT (n = 25)



Most individuals who made a suicide attempt did not receive medical attention afterward.

Suicide Ideation and Attempts – Age Comparisons

- Suicidal thoughts were more common among younger age groups.
- Suicide attempts were most common among individuals aged 45-54 and under 18 years
- Older age groups were less likely to have suicidal thoughts, but more likely to have made attempts, compared to their younger counterparts

Age Group	Suicidal Thoughts ₁	Suicide Attempts ₂
0–17 Years (n ₁ = 133, n ₂ = 99)	15%	15%
18–24 Years (n ₁ = 292, n ₂ = 76)	12%	7%
25–34 Years (n ₁ = 502, n ₂ = 62)	6%	7%
35–44 Years (n ₁ = 629, n ₂ = 56)	5%	11%
45–54 Years (n ₁ = 427, n ₂ = 31)	5%	16%
55–64 Years (n ₁ = 388, n ₂ = 35)	4%	3%
65 Years and Up (n ₁ = 370, n ₂ = 18)	2%	11%

Summary of Findings – Recommendations

Expand mental health services across the county. Find ways to target individuals who report having unmet mental health needs.

Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.

Outreach to individuals for mental health services should include targeting individuals who identify as Hispanic/Latino non-CIS gendered individuals between the ages of 25 and 44.

Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training to potential responders would acknowledge this high risk of dying that people are in when having suicidal ideation.

EXAMPLE OF HELP-SEEKING DATA: CALL VOLUME TO THE 988 SUICIDE & CRISIS LIFELINE

SUICIDE PREVENTION CENTER HOTLINE
Ventura County Monthly Report



CONTACT ANALYSIS FOR VENTURA COUNTY DECEMBER 2023		
Contact Volume		
	December 2023	Year to Date
Total Calls	261	3,619
Total Chats	4	80
Total Texts	18	157
Grand Totals*	283	3,856
* Contacts from 988, SPC Local Line, Teenline, and Disaster/Distress. 988 Launch was on 7/16/2022		

988 SUICIDE & CRISIS LIFELINE

Monthly Call, Chat, & Text Volume	
	<p>■ 2023 (N = 3,856) ■ 2022 (N = 3,225)</p>

In December 2023, Ventura County's contact volume accounted for 3% of contacts to SPC from California.
This month, 3% of contacts were considered High or High-Moderate risk (N = 9).

Top Cities Contacting the Crisis Line in Ventura County		
	N	%
Oxnard	99	35%
Thousand Oaks	40	14%
Simi Valley	38	14%
Ventura	36	13%
Camarillo	18	6%
Newbury Park	16	6%
Santa Paula	8	3%

Prepared by Research and Evaluation 1/8/2024

Source Data: iCarol

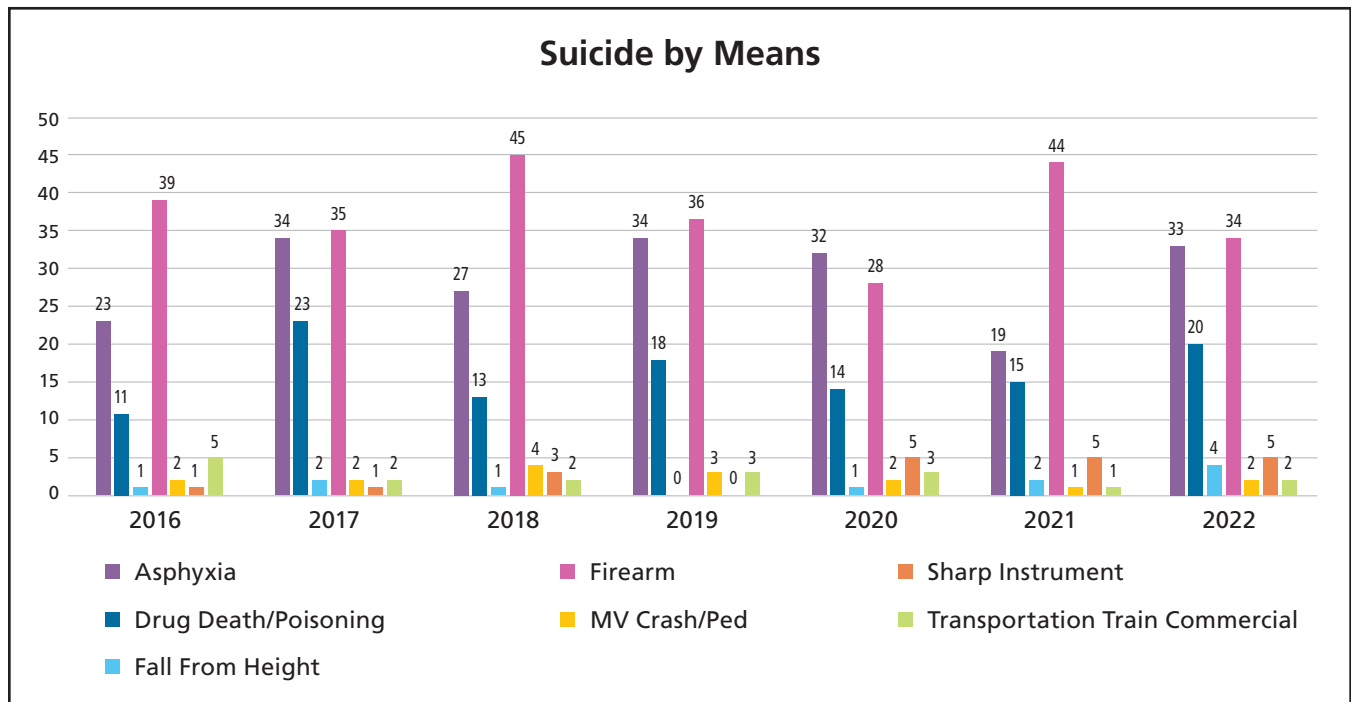
The **988 Suicide & Crisis Lifeline** is made up of an expansive network of over 200 crisis contact centers located across the United States. Calls to **988** are routed to their closest center based on area code, with the goal of connecting callers to crisis counselors in their own state. **988's** united network provides at-risk individuals across the country with a single, easy to remember phone number. Centers are accredited, provide training for crisis counselors, and disseminate standards and best practices. The crisis counselors at these crisis centers answer **988** calls, chats, and texts from people in distress daily, 24/7.

Didi Hirsch Mental Health Services is the 988 crisis contact center for Ventura County.

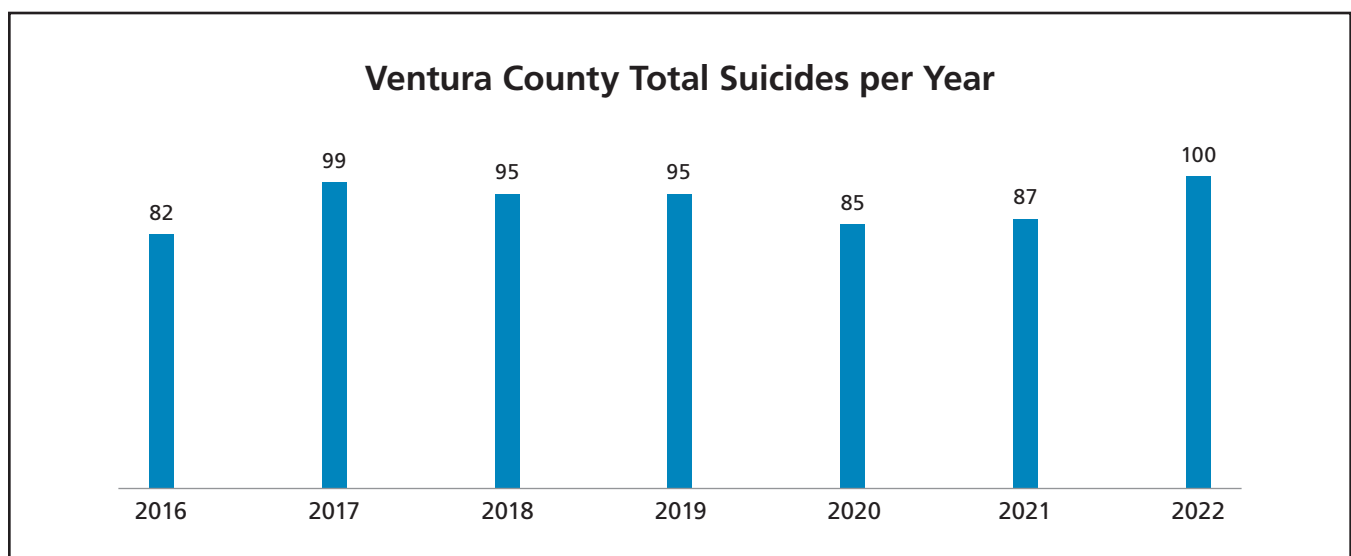
EXAMPLE OF SUICIDE DEATH DATA: VENTURA COUNTY SUICIDE DEATHS 2016-2022

Ventura County Medical Examiner Data Sources for Suicide Prevention Planning

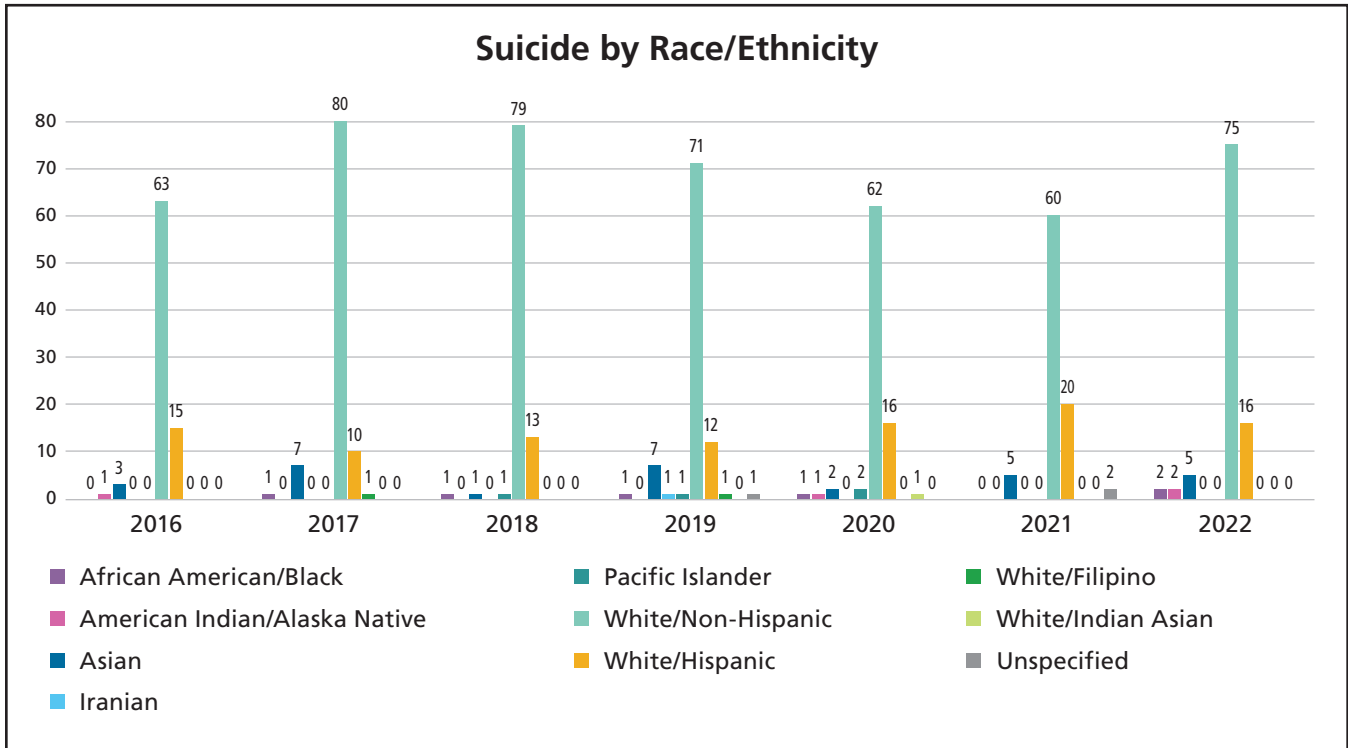
Note: Data includes outside residents who die within Ventura County lines and does not include Ventura County residents who die outside county lines.



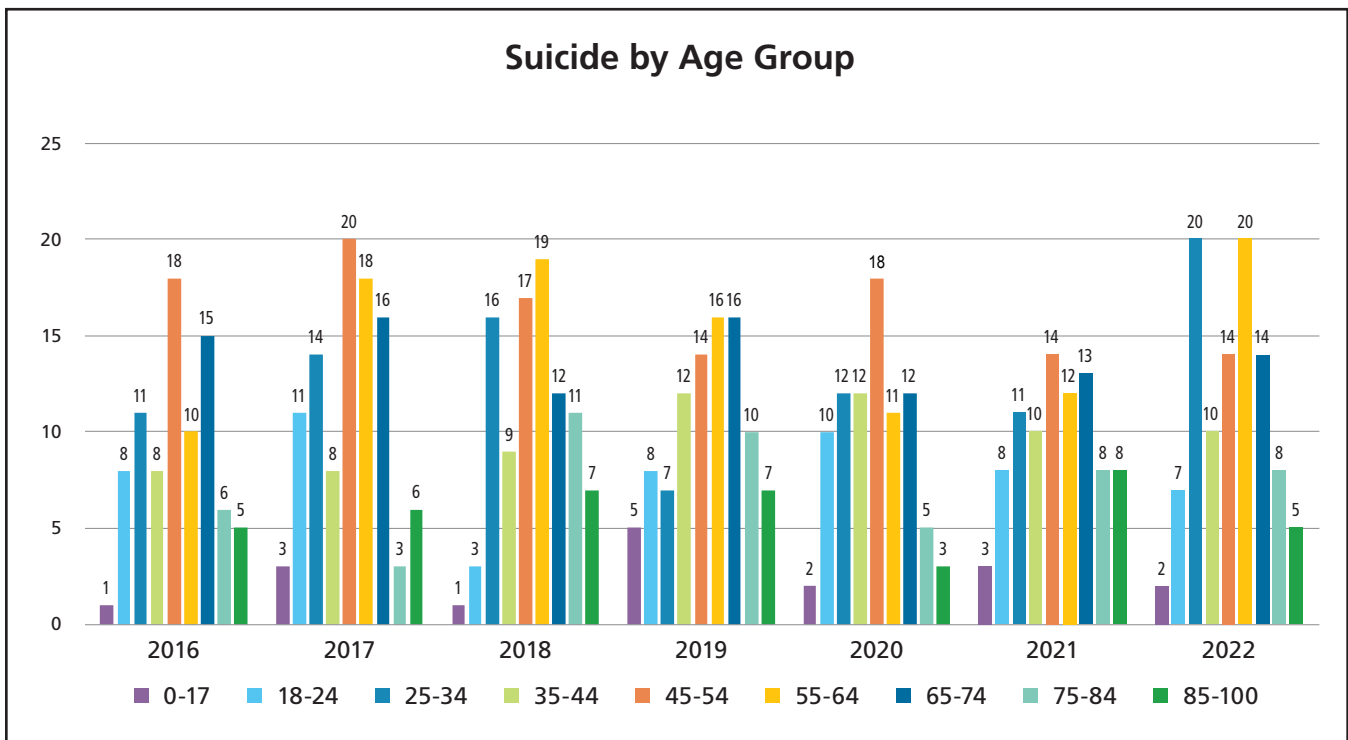
Asphyxia, Drug Deaths and Firearms remain the highest means of suicide in seven years.



2022 showed an all-time high looking back 7 years at 100 although we did show a decline during the pandemic years.



White non-Hispanics outnumber by far all other race/ethnicities in Ventura County.



For the first time in 7 years, the highest two age groups for 2022 are 25-34 and 55-64 both with 20 each. Some decline for the 45-54 range the last two years.

A Continuum of Experience and Supports

IT'S COMPLICATED & IT'S POSSIBLE: SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION

At any point in our daily living, our normal or new normal can be thrown off when the balance between our stressors and supports is compromised. Anyone can experience thoughts and feelings of despair, grief, or suicide — what matters is how we, as a community, respond to and support those who are struggling.

Thoughts of suicide can happen for any of us at any point. However, sometimes an event, experience, or period of rapid change can combine with other factors (like a risky environment) to make it harder to cope and even harder to stay safe. We each experience crises differently, but we all deserve support in getting through these times to find a new normal or baseline.

The idea of a continuum of services and care is based on the idea that, anywhere in the community, if someone is having thoughts of suicide, at risk of acting on these thoughts, navigating a suicide attempt, or grieving a suicide death, we want to be prepared to respond in the appropriate way. We recognize that one size does not fit all and also that we cannot do it all at once. We know that some members of our community are at increased or disproportionate risk for suicide. We also want to know about the upstream factors that can make life so hard that someone is more likely to think of suicide (sometimes called risk factors) and do what we can to minimize these.

The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach to suicide recognizes that this is a real possibility and challenge for our communities. As such, we need a range of strategies for the whole community, in schools/businesses/organizations and also for individuals. These strategies will be most effective if we are working both to help prevent problems from occurring and also to ensure access to effective help when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

Another important piece of the puzzle is the type and quality of screening and risk assessment tools being used (in addition to whom is using these and how well they are trained to screen/assess, as well as to use caring and effective referral practices). When suicide risk screening/assessment is ineffective, it creates a burden on the crisis response system by sending too many people who are at low risk for unnecessarily intensive services (when lesser is needed) and exposes these individuals in distress to unnecessary trauma.

This unnecessary burden on the crisis response system therefore limits resources available for those most in need of acute services. In some cases, using similar practices or a single tool for assessment or screening across the community can make the overall process more transparent and collaborative, both for service providers, but also for the folks they are trying to help.

We each experience crises differently, but we all deserve support in getting through these times to find a new normal or baseline.

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide a wide variety of services or supports. These can include crisis hotlines, mobile crisis teams, walk-in crisis clinics, hospital-based mental health emergency services, 23-hour crisis observation or stabilization, and a wide range of peer- and community-based crisis services. Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and connected. Many communities offer two or three types of crisis care, but few provide a full continuum of services designed to provide the right care at the right time in the least restrictive setting. A solid suicide prevention plan for any community includes a focus on crisis services; ideally, these crisis services are provided along a spectrum or continuum, so that individuals, peers, family members, and service providers can connect someone in crisis with the right type of help for that person. Systems that deliver the right care, at the appropriate time and in the least restrictive setting will be most effective in supporting individuals who are considering suicide.

Finally, crisis services also include how we respond when a suicide attempt or suicide death has occurred – supporting individuals who have experienced a suicide attempt or loss to suicide (and doing this in a caring, proactive, and timely manner) can make a big difference for those individuals’ ability to stay alive during and after the crisis they are experiencing.

The Suicidal Crisis Path model¹ helps conceptualize a public health approach within the context of an individual’s suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway.



The following nine strategies adapted from the Suicide Prevention Resource Center detail this idea of a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices & services) and are most effective when pursued together:

- 1 **ENHANCE LIFE SKILLS AND RESILIENCE:** Help people form, build, and strengthen the life skills that can help them navigate the difficult times by building strengths (sometimes called protective factors) such as critical thinking, stress management and coping or lessening the challenges or threats (sometimes called risk factors) that can make surviving a crisis more difficult.
- 2 **PROMOTE SOCIAL CONNECTEDNESS AND SUPPORT:** People need people. Supportive relationships and the feeling of being connected to others can make it easier to navigate a crisis or difficult time. We all find this in different ways.

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

3 INCREASE HELP-SEEKING: One goal is to help people to recognize when they need help and know that they are worthy of this help, as well as make it easy to access types of support that are accessible and acceptable to the person. Reducing barriers or challenges to getting help can greatly increase the chance that someone in distress will reach out to appropriate supports.

4 IDENTIFY AND ASSIST PEOPLE WHO HAVE SUICIDE THOUGHTS: Promote awareness, reduce stigma, and normalize reaching out for support. Help those who are in a position to support someone else to feel more prepared and ready to help. This involves messaging campaigns, trainings, and tools that can help us recognize when we or our friends, family, neighbors, and colleagues are struggling.

5 ENSURE ACCESS TO EFFECTIVE MENTAL HEALTH AND SUICIDE CARE AND TREATMENT: We want to be sure that folks experiencing thoughts of suicide can readily find and get the supports that are available, acceptable, and approachable for them.

6 RESPOND EFFECTIVELY TO INDIVIDUALS IN CRISIS: Provide a full continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting.

7 SUPPORT SAFE CARE TRANSITIONS AND CREATE ORGANIZATIONAL LINKAGES: Ensure that individuals who have been treated for suicide risk or after a suicide attempt have uninterrupted care transitions. Basically, this means that the organizations who support someone take measures to make it easier (rather than more difficult) to work together and for the person to participate in or receive services from multiple providers in different care settings.

8 PROVIDE FOR IMMEDIATE AND LONG-TERM POSTVENTION: Develop postvention (meaning after a suicide) plans and supports to provide effective and compassionate care for those impacted by suicide deaths.

9 REDUCE ACCESS TO LETHAL MEANS AND PROMOTE MEANS SAFETY: Prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means to use in a suicide attempt and promote means safety efforts such as gun locks and safe storage and use of medications. This is based on the evidence that, for most people, ensuring a safe environment during an immediate suicide crisis can help the person remain safe and avoid harming or killing themselves during this high risk time.

When combining the Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective. This approach also lets us place a high value on data-driven and evidence-based activities while equally valuing the life experiences, stories, and perspectives of one another and our community members.

Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and connected.

Strategic Planning Process

This Suicide Prevention Strategic Plan includes a comprehensive approach that will have the greatest potential to support individuals who are experiencing thoughts of suicide and after a suicide attempt, their loved ones, and survivors of suicide loss in our county. The plan was developed by a subcommittee of the Council and informed through ongoing collaborative subcommittee and council meetings, by surveying council members regarding the goals and process, incorporating successful approaches used in comparable counties, and with support from local and state experts.

FROM PLANNING TO IMPLEMENTATION

Creating a strategic plan only results in change when the strategies, objectives, and goals in the plan are implemented, evaluated, and adapted over time to meet the shifting needs of the community . Success also depends on supportive partnerships with and active participation from a wide range of individuals, agencies, and organizations .

Following the adoption of the Strategic Plan For Suicide Prevention 2023-2028, the Council, along with VCBH and community partners, adopted an implementation framework to develop action plans and next steps for each area, as well as to examine how progress and success will be measured.

If you are interested in getting involved as an implementation workgroup member or would like more information, please email: MHSA@ventura.org



SURVEY

The Council created an online survey for wellness and support service partners and community members involved in suicide prevention efforts throughout Ventura County. Survey participants were asked to designate one person in their organization or department to fill out the survey. Seventeen community members completed the survey between December 2022–January 2023.

Participants were asked to indicate their background, with the option to indicate multiple options:

37.5%	Education K-12 Professional
31.25%	Community-based Organization Professional
25%	Higher Education Professional
25%	Suicide Loss Survivor
25%	Behavioral Health Professional
25%	Community Members

KEY FINDINGS INCLUDED THE FOLLOWING

- Nearly all of the participants indicated that their organization promoted (93.75%) Coping and Resilience, and (81.25%) Social Connectedness
- 75% of participants indicated that their organizations addressed **mental health** and **supportive relationships**.
- Participants addressed what gatekeeper trainings/community presentations they provided; results included:
 - safeTALK (LivingWorks): 23.08%
 - Mental Health First Aid: 23.08%
 - QPR (Question, Persuade, Refer): 15.38%, and
 - Custom/Other: 38.46%
- Half of the respondents indicated they had received both **Crisis Intervention Team** and **Mental Health First Aid** trainings.
- Asked about topics they would like to see more trainings on, respondent comments included:
 - More training for collaboration across systems of care/response
 - Resources and appropriate response based on level of risk
 - Trainings for and to support populations at disproportionate risk, including veterans, first responders, older adults, etc.

The majority of survey participants (91.67%) indicated that they were aware of resources or programs to support individuals in Ventura County that are thinking about suicide.

- Asked about screening or assessment tools utilized:
 - The majority (64.29%) of survey respondents indicated they do not currently use the Columbia Suicide Severity Rating Scale
 - Other tools used include customized/internal tools and the Patient Health Questionnaire (PHQ-9).
- The majority of survey participants (91.67%) indicated that they were aware of resources or programs to support individuals in Ventura County that are thinking about suicide.
- Slightly more than half (57.14%) of survey respondents indicated that they were aware of resources or programs to support individuals after a suicide attempt.
- More than two-thirds of participants (69.23%) indicated they were aware of resources for people who have lost someone to suicide. The most common responses included support groups.
- The last survey question regarding resources and programs asked respondents to identify programs or supports they would like to see started (or more of) in Ventura County. Commonly identified groups included youth & older adults.
- Lastly, survey respondents were asked to think about the one or two big “ideas” they have that they would like to see included in the strategic plan. Narrative responses included the following:
 - Finding and supporting local igniters or changemakers for grant writing, reporting, etc.
 - Follow-up after hospitalization, focus on whole person care
 - Increase response by mental health professionals to offset burden/responsibility for first responders
 - Higher quality training, better linkage to services based on continuum of risk
 - For focused populations (e.g. veterans), prioritize peers and service providers with shared experience.
 - Support in navigating insurance and financial challenges in accessing mental health care.
 - Preparing community members to reach out and provide support, rather than waiting for someone needing support to reach out.
 - Coordinated collection of suicide attempt data across the county,
 - Standardized mental health and suicide prevention related curriculum for students starting in K-5

AT-A-GLANCE: STRATEGIC AIMS AND GOALS

For each of the strategic aims listed below, objectives and strategies can be identified to achieve progress community-wide and for key community settings, including healthcare, corrections, education, and workplaces, amongst others. As a whole, the intention is to address each area along the Suicidal Crisis Path and ensure that we are using appropriate strategies at a community-wide level and for those at enhanced risk. Following, please view initial goals identified for each area and consider where you would like to be involved.

STRATEGIC AIM 1: An Ongoing Priority: Maintain Local Resources and Supports for Suicide Prevention & Strategic Planning

STRATEGIC AIM 2: Promote Protective Factors

STRATEGIC AIM 3: Create Safe Environments

STRATEGIC AIM 4: Recognize and Connect: Make it easier for individuals, family members, peers, and service providers to recognize when someone needs help and connect themselves or someone else with the right services or supports.

STRATEGIC AIM 5: Individuals Are Supported With Managing Thoughts and Feelings About Suicide

STRATEGIC AIM 6: Individuals and Communities Are Supported After a Suicide Loss

STRATEGIC AIM 7: Support Youth Suicide Prevention Efforts



Ventura County Suicide Prevention Council Meetings & Newsletter

STRATEGIC AIM #1

An Ongoing Priority: Maintain Local Resources and Supports for Suicide Prevention & Strategic Planning

1 **PRIORITY:** Maintain a Suicide Prevention Council that properly represents our community. The SPC should provide leadership and identify the resources needed to establish and continue partnerships that are necessary to reduce suicidal behavior in our county.

GOAL 1: Identify administrative/staffing support for the Council and a Chair or Co-Chairs to lead and facilitate meetings and maintain minutes, circulate information, etc.

GOAL 2: Prioritize the inclusion, participation, and input of individuals with life experience around suicide ideation, attempts, and loss. Continually strive to ensure that planning processes are accessible and welcoming to individuals with life experience.

GOAL 3: Work with Council members to identify opportunities for collaboration and how they will partner to implement strategies within the Plan.

GOAL 4: Identify ways to connect and integrate existing suicide prevention, intervention, and survivor supports into local programs and activities. Look for ways to prioritize collective impact and avoid duplicating efforts.

2 **PRIORITY:** Develop a plan to collect data around suicide ideation, attempts, loss, and help-seeking. Develop a consistent way to review and discuss this data to inform our efforts.

GOAL 1: Develop a data gathering and evaluation system or dashboard. Potential partners include the Medical Examiner, public health, hospitals, and emergency departments, crisis team, service providers, training evaluators, and others collecting data related to suicide deaths, attempts and ideation.

GOAL 2: Establish methods and find opportunities to share appropriate data publicly (to raise awareness and provide context for current efforts). This includes considerations for providing context and applying effective messaging for suicide prevention.

GOAL 3: Review local data routinely in planning and implementation efforts, including to: 1) Learn about and address personal, familial, or societal factors that increase or lessen risk for suicide, 2) Identify trends and groups at disproportionate risk for suicide, 3) Utilize culturally responsive, and effective practices.

GOAL 4: Review, at least annually, the data, data system, and the county's suicide prevention strategies to improve data collection processes, determine effectiveness and transparency of prevention strategies and adjust accordingly.

GOAL 5: Identify models and available resources to review suicide death and attempt data (to understand the factors that influence suicide death over time); this is often referred to as a suicide fatality review team. Team members may include representatives of the medical examiner, law enforcement, subject matter experts, and others with legal access to confidential information, amongst others. The goal is that data will be shared where possible and used to support prevention goals throughout Ventura County.

Support and expand programs that strengthen the life and coping skills that can help community members navigate difficult times.

Currently, the Centers for Disease Control (CDC) include the following Protective Factors:

INDIVIDUAL PROTECTIVE FACTORS (PERSONAL/INDIVIDUAL FACTORS)

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

RELATIONSHIP PROTECTIVE FACTORS: HEALTHY RELATIONSHIP EXPERIENCES

- Support from partners, friends, and family
- Feeling connected to others

COMMUNITY PROTECTIVE FACTORS: SUPPORTIVE COMMUNITY EXPERIENCES

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

SOCIETAL PROTECTIVE FACTORS: CULTURAL AND ENVIRONMENTAL FACTORS WITHIN THE LARGER SOCIETY

- Reduced access to lethal means among people at risk
- Cultural, religious, or moral objections to suicide

www.cdc.gov/suicide/factors/index.html



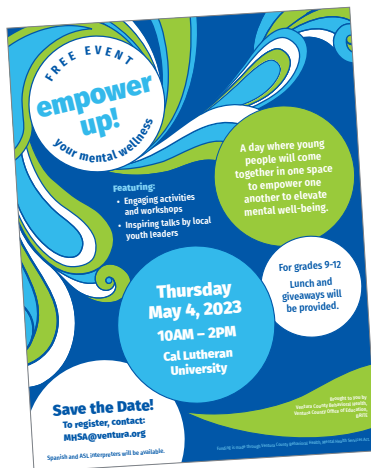
STRATEGIC AIM #2

Promote Protective Factors

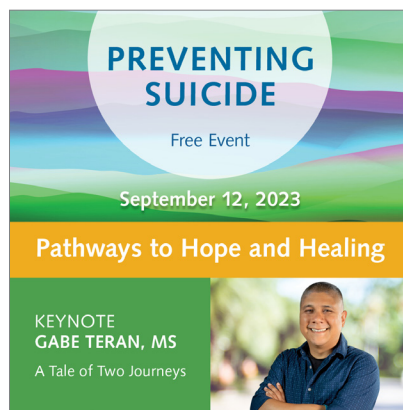
GOAL 1: Support and expand programs that strengthen the life and coping skills that can help community members navigate difficult times.

GOAL 2: Identify, partner with, and promote organizations and resources that focus on building strengths such as social-emotional learning, stigma reduction, promoting help-seeking, and strengthening relationships and connectedness. While these efforts or programs may not be explicitly identified as related to suicide prevention, they have a powerful supportive impact to lessen risk and promote safety.

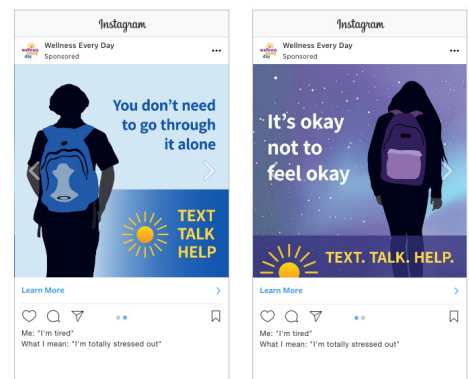
Protective Factors can vary by individual, family, and community.



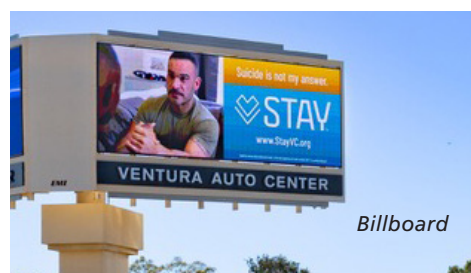
Empower Up! Youth Wellness Fair



Suicide Prevention Forum



WellnessEveryDay.org Instagram Ads



Billboard



Pacific View mall food court



The Oaks

The STAY suicide prevention campaign reframes the conversation around suicide in an accessible way. STAY targets several high-risk groups including LGBTIQ+, teens, military and first responders, middle-aged men and women, and older adults. See the video here: <https://vimeo.com/wellnesseveryday>

Spotlight on Protective Factors: Sharing Our Stories and Healing Together

Art-based learning and other forms of self-expression can be a powerful tool for us to express thoughts, process feelings, and cope through difficult times. The following poem and film “Peace with My Past” were created by a young person in Ventura County involved with the BRITE program and as part of the Directing Change Youth Suicide Prevention program. Many youth, particularly incarcerated youth, can benefit from the opportunity to use art as a creative outlet to express their inner thoughts, hopes, and frustrations, and as a way to process difficult emotions while gaining confidence, empathy and resilience.

PEACE WITH MY PAST <https://vimeo.com/683539724>

*Have you ever felt that you were placed on this earth for a reason?
Things aren't going to be easy in life but the easy way out isn't always the right answer
Running in front of a truck didn't work
I just ended up in the hospital with a broken arm and ribs
Maybe I didn't run fast enough or hard enough, but at the moment I thought life was meant for me
I started thinking that if I died then I wouldn't be able to have a real family
I realized how hard I had been hurting the people I love and care for and protect
Looking into the future was difficult since I didn't even want to look into the present
But five years from now I would be 18 with my life put together
Smart and beautiful and stronger than ever
I'm glad I'm alive now, standing on hard ground believing in things I thought not possible
Suicide seems like the right answer, but it's not
Think about the people who love and care for you
Think about life even if that sucks
Feel happy even if you can't
Love people even if that's hard
I've made peace with my past
I have thoughts and finally learned to love somebody*



YOUTH CREATING CHANGE



STRATEGIC AIM #3

Create Safe Environments

GOAL 1: Increase the number of people who have information about how to create safe environments for themselves or a loved one before, during, or following a crisis.

GOAL 2: Partner with firearm owners (e.g. retailers, ranges, firearm owners, law enforcement) to incorporate suicide prevention and safe storage practices into their firearm safety processes.

GOAL 3: Work with local pharmacies to build relationships and increase awareness of how to incorporate suicide prevention activities and resources (including safe storage/disposal) into their work.

GOAL 4: Partner with existing coalitions, campaigns, and efforts related to means safety.

STRATEGIC AIM #4

Recognize and Connect

Make it easier for individuals, family members, peers, and service providers to recognize when someone needs help and to connect themselves or someone else with the right type of services and supports.

GOAL 1: Increase the number of people who have information and skills to recognize and respond appropriately to signs of distress. Raise awareness through educational opportunities, trainings, and awareness/messaging tools and campaigns.

GOAL 2: Train a wide range of community members, caregivers, peers, helpers, and service providers to accurately screen or assess for suicide risk. Make sure crisis services providers are also trained and are using these tools in transparent and collaborative ways, and are referring people for appropriate supports based on risk.

STRATEGIC AIM #5

Individuals Are Supported With Managing Thoughts and Feelings About Suicide

GOAL 1: Increase the number of people that are trained in supporting an individual with managing thoughts and feelings about suicide and/or suicide loss.

GOAL 2: Identify sources of information, assess strengths and gaps, and develop a plan to help providers and community members find people trained in supporting an individual with managing thoughts and feelings about suicide.

GOAL 3: Bring together people, peers, and professionals who have received and/or provide crisis level services. Meet regularly to map out what currently happens when someone is known to be having suicide thoughts, where additional needs are, what can be improved, and how to support one another.

GOAL 4: Promote the use of crisis services as alternatives to hospitalization and as a resource to support people in distress. Look for opportunities and support efforts to make crisis services more person-focused and collaborative—crisis supports should reflect and respect the wishes of the individual wherever possible.

GOAL 5: Make sure that people who have received or participated in crisis services have options for ongoing and follow-up supports. Identify ways for providers to make referrals, transition, or warm hand-offs as effective, caring, and inclusive as possible.

STRATEGIC AIM #6

Individuals and Communities Are Supported After a Suicide Loss

GOAL 1: Offer support groups for survivors of suicide loss, on a regular basis, assess if the resources available meet the needs of survivors of suicide loss in the community.

GOAL 2: Implement programs that reduce the amount of time between when a suicide loss is experienced and access to bereavement services, supports and resources.

Resources for Suicide Loss

Individuals who experience the suicide death of a friend or loved one are often exposed to immense trauma. In addition to grief stemming from the loss, survivors of suicide loss frequently experience complicated emotions, including shame, guilt, anger, resentment, loss, and sadness. They can become consumed with questions about why the person ended their life that are often difficult to answer. The complicated grief and stigma can often leave them feeling isolated or threaten their support system.

For many, the first few weeks and months after a death are filled with details and practical considerations (such as funeral or insurance arrangements). During this time, individuals may be in shock and not yet fully able to experience the enormity of grief. The deeper impacts may not be felt for months, and even years. Long term suicide loss survivors report periods of worsening grief intermittently or during significant times such as holidays, birthdays, or the anniversary of the death.

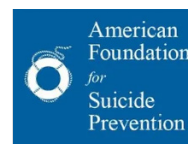
If you have lost someone to suicide, you are not alone. Grief is hard and grief after suicide can be even more complex. You deserve support for yourself and others in your life who are grieving this loss. Support is available when you are ready.

NATIONAL RESOURCES

American Foundation for Suicide Prevention

<https://afsp.org/chapter/greater-los-angeles-and-central-coast>

Print and online materials, conversations, and annual events with the greater Los Angeles & Central Coast Chapter



Friends For Survival

<https://friendsforsurvival.org/>

Local and online support, materials, and activities



American Association of Suicidology:

<https://suicidology.org/resources/suicide-loss-survivors/>

Online materials and activities for loss survivors



SUPPORT AFTER A LOSS

Didi Hirsch Suicide Bereavement Support Group

(424) 362-2912 or online at <https://crisiscare.org/support-groups>

Livingston Memorial Visiting Nurse Association and Hospice

Ventura: (805) 389-6870 or email grief@lmvna.org

The Church of the Epiphany Grief and Loss Support Group

Oak Park: (818) 991-4797

The Compassionate Friends – Supporting Family after a Child Dies

Thousand Oaks: (805) 579-7065 or West Ventura County (805) 561-3207

Life After Loss Grief Support Group

Simi Valley: (805) 415-3709



American Foundation Suicide Prevention
Out of the Darkness Community Walks Ventura County

STRATEGIC AIM #7

Support Youth Suicide Prevention Efforts

Another way to think about and approach our strategic aims, goals, and objectives, includes examining how we might make progress in each of these areas for a particular group (such as youth) or in a particular community setting (such as our educational systems).

The Council has developed these specific areas of focus to support youth throughout Ventura County:

GOAL 1: Support schools and learning communities with implementing comprehensive suicide prevention efforts.

GOAL 2: Support and Promote Education and Prevention Activities. For example:

- Raising awareness of warning signs and actions to take (school staff, teachers and students)
- Building protective factors through social-emotional learning activities and peer-based clubs
- Preparing young people to recognize warning signs and take action to help themselves or a friend.
- Destigmatizing talk about suicide and mental health and increase active listening skills.
- Promoting and normalizing the use of the Suicide Crisis Lifeline (988) and other resources
- Supporting youth at disproportionate risk (such as system-involved youth and LGBTQ+ youth).
- Promoting gender-specific and gender-inclusive messaging
- Increasing the number of parents, caregivers and adult allies who are aware of the warning signs of suicide, what actions to take if they are concerned about a young person, and helpful resources.

GOAL 3: Implement Compassionate and Effective Intervention Strategies, for example:

- Connecting youth and families with multiple points of community-based alertness that are trained in identification and asking directly about suicide and know how to connect person to the least restrictive support possible.
- Offering skills-based intervention training and using best practices for school counselors, psychologists, wellness center staff, and community-based organization staff

GOAL 4: Plan Ahead for Postvention, for example:

- Identifying and mapping existing resources and efforts
- Increasing the number of districts and schools with a plan in place to support the school community (students, staff, administrators, parents) with appropriate communication, immediate resources, and follow-up supports after a suicide death.

Next Steps

Creating a community that is safer from suicide behavior and loss truly involves us all. Your voice matters as we continue to work together. We encourage all community members to please:

- Learn about and share ideas on ways to connect with others in our community – finding our place and our people can make a big difference.
- Share your ideas and thoughts on connectedness and how we can find this together and reduce isolation as individuals and as a community!
- Contribute your ideas on this plan and our proposed strategies.
- Learn more about suicide warning signs and the supports available to help yourself or someone else who is in distress.

With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together.

To stay connected with suicide prevention efforts in Ventura County, visit: www.WellnessEveryDay.org/preventing-suicide or www.VCBH.org, or contact MHSA@ventura.org for more information.



Learn How to Help

Suicide Warning Signs

www.WellnessEveryDay.org/preventing-suicide/suicide-warning-signs

American Foundation for Suicide Prevention

Suicide prevention resources

www.afsp.org

1-888-333-AFSP (2377)

Know the Signs

Learn the warning signs – Find the words – Reach out

www.suicideispreventable.org

safeTALK Suicide Alertness Classes

Free, 3-hour training sessions for schools

[LinkClick.aspx\(vcoe.org\)](http://LinkClick.aspx(vcoe.org))

Ventura County Office of Education

www.vcoe.org/Title-IX-Bullying-Harassment-Suicide-Prevention#suicide

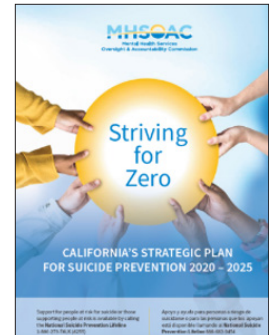


Community Resource Displays

Additional Resources to Learn More

The following resources include recommendations and resources to support communities in creating and using strategic plans and cooperative efforts for suicide prevention. The Suicide Prevention Council referred to many of these in the creation of this plan.

Striving for Zero: California’s Strategic Plan for Suicide Prevention
(Mental Health Services Oversight and Accountability Commission)
[Striving for Zero: California’s Strategic Plan for Suicide Prevention 2020–2025](#)



Striving For Zero: Learning Collaborative Modules and Resources
(Mental Health Services Oversight and Accountability Commission)
[Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative: Modules and Resources - MHSOAC \(ca.gov\)](#)

Know the Signs: Strategic Planning for Suicide Prevention Learning Collaborative
(California Mental Health Services Authority)
[Strategic Planning for Suicide Prevention Learning Collaborative \(emmresourcecenter.org\)](#)



The Surgeon General’s Call to Action to Implement National Strategy for Suicide Prevention
[sprc-call-to-action.pdf \(hhs.gov\)](#)

Preventing Suicide: A Technical Package of Policy, Programs, and Practices
(Centers for Disease Control and Prevention)
[Preventing suicide : a technical package of policies, programs, and practice \(cdc.gov\)](#)

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



National Action Alliance for Suicide Prevention
(National Action Alliance for Suicide Prevention)
[Home Page | National Action Alliance for Suicide Prevention \(theactionalliance.org\)](#)

Suicide Prevention Resource Center
[Suicide Prevention Resource Center \(sprc.org\)](#)



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Community Forum Attendees

We would like to express our sincerest appreciation and gratitude to the community members and partners who attended the community forums, events, council meetings, and/or participated in focus groups. Your input was invaluable.

**STRATEGIC PLAN
FOR SUICIDE PREVENTION
VENTURA COUNTY BEHAVIORAL HEALTH**

2023–2028

