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What's with the semicolon?



- Symbolizes where an author could have ended a sentence, but didn't.
- Represents a period of crisis or suicidal crisis where someone could have ended their life/story, but didn't. Something or someone helped them to continue.
- Reminds us and others that staying alive through a period of instability or hopelessness (and continuing the story) is possible.
- The triangle/delta symbol represents: 1) The possibility of change, and 2) Three key components of building a suicide safer community – robust and coordinated Prevention, Intervention, and Postvention efforts.

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OVERVIEW

Where are we now and where are we going?

Data Snapshots, Highlights and Updates for:

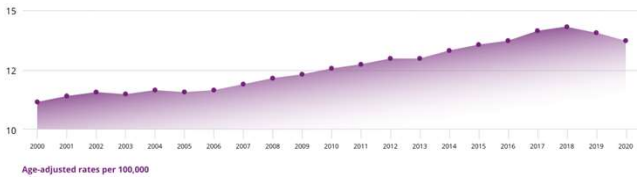
- Supports for Suicide Attempt Survivors
- Means Safety – resources and recommendations
- Suicide Risk Screening – resources and recommendations
- Youth-led & youth-involved prevention activities – resources and recommendations



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CDC: Age-Adjusted rates per 100,000 2000-2020



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Snapshot: 2020 CA Suicide Death Data

- Sixty percent (4,143) of reported violence deaths (6.902) were deaths due to suicide. There were nearly twice as many suicides as homicides.
- 48% of those who died did not have a known mental health problem or this was unknown/diagnosed; 52% of those who died had a known mental health problem/diagnosis
- 1/3 of those who died had a known substance abuse problem or challenge
- 78% of those who died by suicide were identified as male
- There were five suicide deaths among youth under the age of 10 in 2020; these are the first reported deaths by suicide in this age group among California residents since the inception of CalVDRS (California Violence Death Reporting System) in 2017.
- Suicide is now the 2nd leading cause of death for 1-44 age group, behind unintentional injuries (including opioid overdose)

[https://www.cdph.ca.gov/Programs/CCDCID/DCDC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20\(CalVDRS\)/CalVDRS_Suicide_FactSheet_2020.pdf](https://www.cdph.ca.gov/Programs/CCDCID/DCDC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_Suicide_FactSheet_2020.pdf)

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Snapshot: 2020 CA Suicide Death Data

- 65% of suicides occurred at home.
- 82% of those younger than 18 died at home.
- The impact of COVID-19 included concern over employment or financial issues resulting from deaths or lockdowns; increased isolation, distress, and depression; and fear of the disease itself, amongst other factors.
- *Mental Health and Suicide-Specific Circumstances by Sex:*

	Males	Females
Current Mental Health Problem	49%	61%
Current or history of mental health or substance abuse treatment	22%	33%
Current perceived depressed mood	25%	27%
Documented history of suicide thoughts/plans	36%	45%
Documented history of previous suicide attempt(s)	18%	37%
Recently disclosed intent for suicide	17%	17%
Left a suicide note	26%	38%

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Age Adjusted Suicide Rates in California 2018-2020

Age-Adjusted Suicide Rate by County in California, 2018-2020.

The overall suicide rate in California is 10.5; of the counties who report data to the California Violent Death Reporting System (CalVDRS), the highest county rate is in Shasta County (24.9) and the lowest rate is in Imperial County (5.8). The table below lists these, Santa Cruz, and immediately adjacent counties.

County	Count	Rate/100,000	Rank among counties
Imperial	32	5.8	Lowest (44 th)
Monterey	130	9.6	33 rd
Santa Cruz	114	12.9	18th
San Benito	16	8.4	39 th
San Luis Obispo	146	16.2	12 th
Shasta	137	24.9	Highest (1 st)

<https://www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx>

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STRATEGIC PLAN

Program Areas

PREVENTION INTERVENTION POSTVENTION

Essential Elements

COMMUNICATION

TRAINING

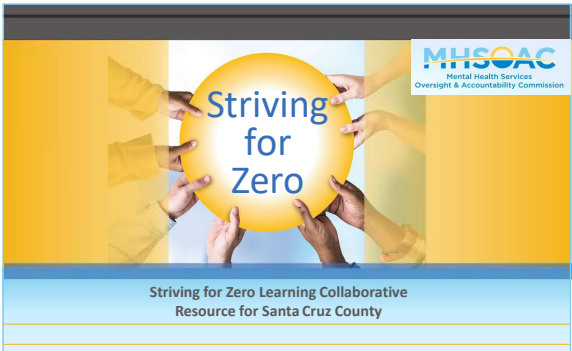
DATA

EVALUATION

SAMHSA COVID-19 Emergency Response for Suicide Prevention

SAMHSA
Substance Abuse and Mental Health Services Administration

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MHSOAC
Mental Health Services Oversight & Accountability Commission

Striving for Zero

Striving for Zero Learning Collaborative
Resource for Santa Cruz County

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Striving for Zero Learning Collaborative

- Resource for Santa Cruz (and other counties) to plan, implement, evaluate, and grow suicide prevention, intervention, and postvention efforts.
- Direct assistance from team of subject matter and strategic planning experts for key areas (e.g. develop a youth-focused action plan or workgroup for suicide prevention efforts in our County)
- All-County modules and meetings on specific topics (e.g. supports after a suicide attempt); sharing best practices, successful models, and navigating challenges.

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

"The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening." (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

www.FresnoCares.org

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Focus Area I: Supports After a Suicide Attempt

A study published by JAMA Pediatrics in April 2019, indicated that the number of children and teens in the United States who visited emergency rooms for suicidal thoughts and suicide attempts doubled between 2007 and 2015. The average age of a child at the time of evaluation was 13, and 43% of the visits were in children between 5 and 11.


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Emergency Department Follow Up Suicide Prevention Program 2010-2021

Postvention as suicide prevention

A US study explored whether follow-up calls provided a return on investment by examining the 30 days post-discharge through a multi-state Medicaid database. This study found that follow-up reduced subsequent readmission by at least 13.3% and therefore saved money and lives.

Richardson, J. S., Mark, T. L., & Minton, B. (2019). The return on investment of postdischarge follow-up calls for suicidal ideation or deliberate self-harm. Psychiatric Services, 69(8), 1012–1019.



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Excellent Outcomes

- PREVENTING SUICIDE DEATHS & RE-ATTEMPTS post-discharge:

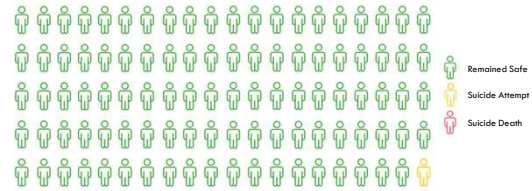
OF the 901 patients referred for ED Follow Up:

- 99% patients remained safe from suicide post-discharge
- Only 1% attempted suicide post-discharge in 10+ years of ED Follow Up
- 0 Suicide Deaths among participants in 10+ years of ED Follow Up

We see YOU!

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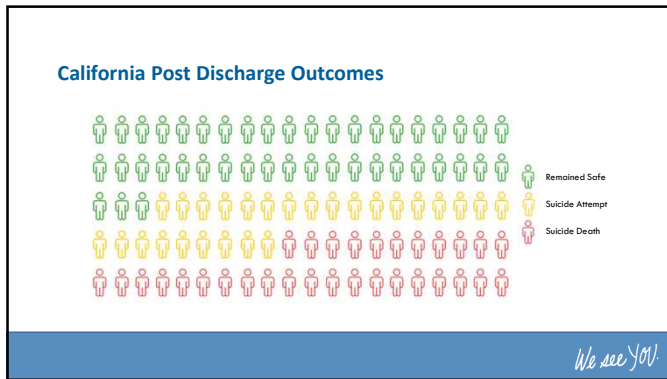
WellSpace Health Post Discharge Outcomes



Remained Safe
Suicide Attempt
Suicide Death

We see YOU!

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Sample Program: Marin Caring Cards Initiative

Caring, handwritten letters sent quarterly to monthly throughout the year for up to 5 years after inpatient hospitalization significantly **reduced the number of suicide deaths** among patients who received them compared to similar patients who did not. The study targeted patients who refused long-term care or to engage with the health care system.

Ruger MM, Gebhart HM, et al. (2018) Preferences for the Caring Contacts suicide prevention intervention. *Suicide Life Threat Behav* doi: 10.1111/sltb.12528

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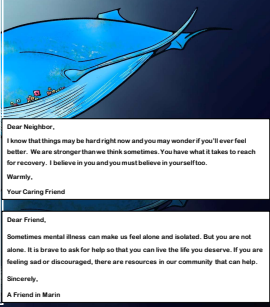
What is Caring Cards?

- Caring Cards sends heartfelt messages of hope, recovery, and support to someone who has been hospitalized or has been struggling with mental health, suicidality, and/or substance use issues.
- The cards have images of youth artwork with a handwritten caring message inside and referral information on the back.
- By utilizing youth art that expresses their own journey with mental health, those who receive the card feel more supported by someone "who has been there" on a similar journey.
- Note: you do not have to have experience to be a part of this program.

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Supportive Messages:

- Connect a person to hope
- Sense of belonging and acceptance
- Shares the message that recovery is possible
- Help is available



Dear Neighbor,
I know that things may be hard right now and you may wonder if you'll ever feel better. We are stronger than we think sometimes. You have what it takes to reach for recovery. I believe in you and you must believe in your self too.

Warmly,
Your Caring Friend

Dear Friend,
Sometimes mental illness can make us feel alone and isolated. But you are not alone. It is brave to ask for help so that you can live the life you deserve. If you are feeling sad or discouraged, there are resources in our community that can help.

Sincerely,
A Friend in Marin

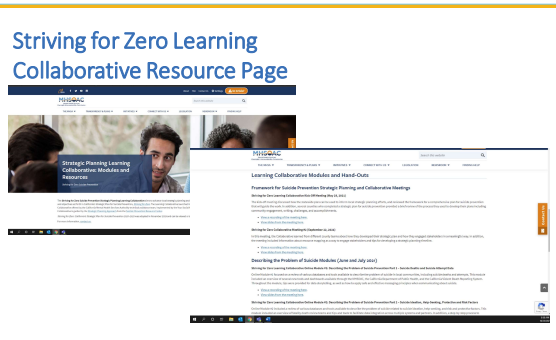
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Honoring and Celebrating Youth & Youth Leaders

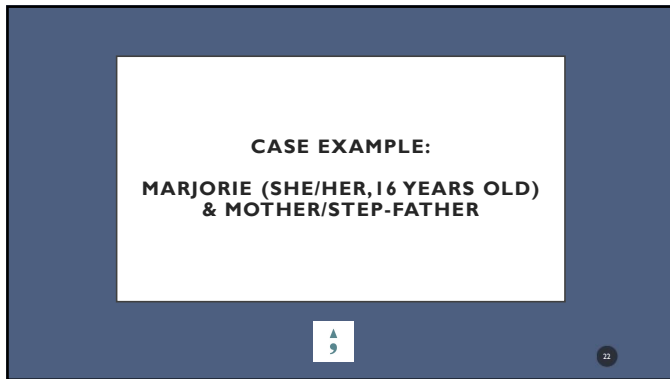



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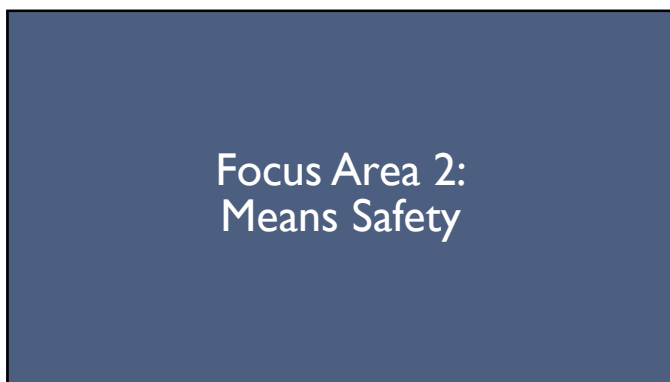
Striving for Zero Learning Collaborative Resource Page



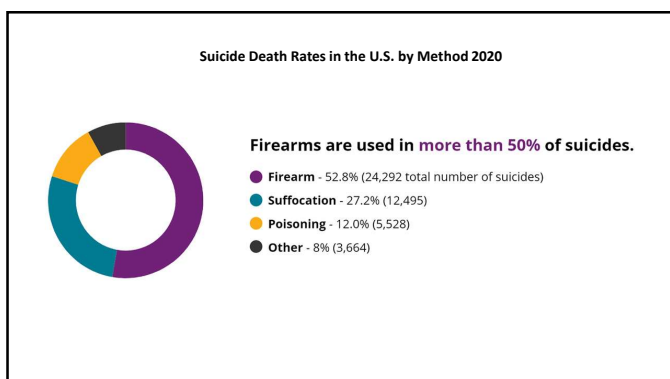
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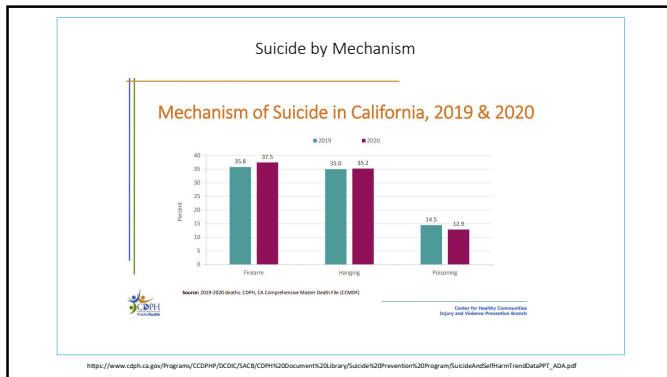
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Means Safety and Youth in CA

- Among younger people who died by suicide, hanging/suffocation was the most common method used
- Hanging/suffocation was used in 56% of those younger than 18 who died by suicide and in 43% of those aged 18-24.
- Poisoning/overdose was, by far, the most common method of suicide attempts that did not prove fatal, but still resulted in 12-15% of youth suicide death.
- The use of firearms as a method of suicide increased with age; firearms were used among 28% of those younger than 25 years old

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Means safety:

Limiting a person's access to means, methods, or mechanisms by which they may attempt suicide.



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Why? Means Safety and the Suicide Risk Curve

Most periods of suicide crisis are fairly short in duration. By putting time and space between a person and lethal means, a lethal attempt is less likely

SUICIDE RISK CURVE



-Suicide Risk Curve by Barbara Stanley, PhD and Gregory Brown, PhD
<https://suicidesafetytypson.com/>

Suicide risk fluctuates over time

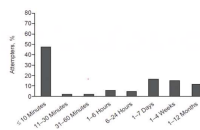
Risk is greater when:*

- Thoughts are more frequent
- Thoughts are of longer duration
- Thoughts are less controllable
- Few deterrents to acting on thoughts
- Stopping the pain is the “reason”

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Timing: Importance of Means Safety BEFORE Times of Crisis

Based on substantial research, the typical period of time for deliberation before the suicide attempt was fairly short. This has been replicated in numerous studies and highlights the importance of restricting access to lethal means prior to crisis.



Source:
<https://pubmed.ncbi.nlm.nih.gov/19026258/>
<https://pubmed.ncbi.nlm.nih.gov/11924695/>

Duration of Suicidal Deliberation:

- 24% said less than 5 minutes
- 24% said 5-19 minutes
- 23% said 20 minutes to 1 hour
- 16% said 2-8 hours
- 13% said 1 or more days

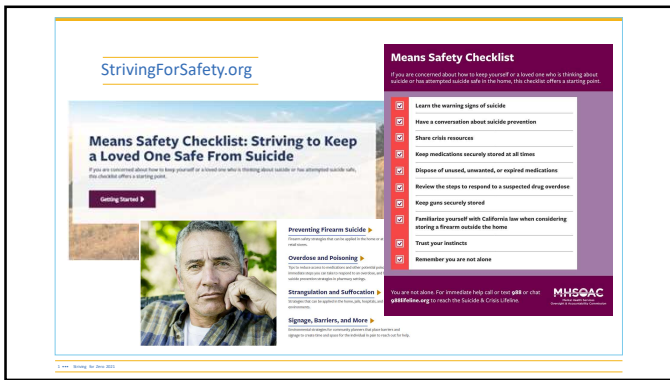
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How can we restrict or reduce access to lethal means?

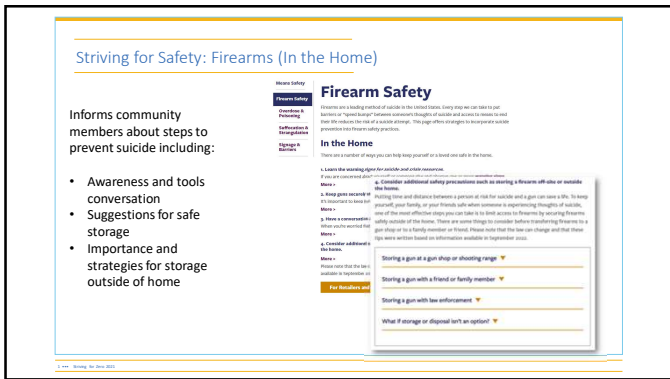
- Place the person in a safer environment
- Put a barrier between the person and the means
- Create time between the person and the means
- Make the means (and an attempt) less lethal



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Striving for Safety: Overdose

[Home Safety](#)
[Overdose & Poisoning](#)
[In the Home >](#)
[For Pharmacists >](#)

Informs community members about steps to prevent suicide including:

- Awareness and tools for conversation
- Steps for safe storage
- Safe disposal

Overdose & Poisoning

In the Home
 Improving safety procedures in your home is a starting point for keeping your loved ones safe.

- Keep medications securely stored in all homes.
- Be vigilant about keeping track of your inventory of pills and needles.
- Dispose of unused, unwanted, or expired medications.
- Use the proper containers.
- Be aware of potential risks.
- Maintain working carbon monoxide detectors.
- Review the steps to respond to a suspected drug overdose.

[For Pharmacists >](#)

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Striving for Safety: Suffocation and Strangulation

[Home Safety](#)
[Suffocation & Strangulation](#)
[In the Home >](#)
[In Controlled Environments >](#)

Informs community members and professionals:

- Steps to reduce risk in home
- When to seek higher level of care
- Emphasizes general prevention
- Resources for controlled environments

Suffocation & Strangulation

In the Home
In Controlled Environments

National Commission on Correctional Health Care, Suicide Prevention Portal
 This website details requirements for a comprehensive, multipronged suicide prevention and intervention program in various settings: jails, prisons, juvenile facilities, mental health services and opioid treatment programs.

www.nccchc.org/

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BulletPoints Project: Clinical tools for preventing firearm injury

By the end of this course, attendees will be able to:

- Describe the clinician's role in preventing firearm injuries
- Identify patients at increased risk for firearm injury
- Engage in conversations about firearm injury prevention with patients
- Apply interventions appropriate to the level and type of risk

Course Summary:

- Available for free
- Takes about 60 minutes to complete
- Offers CEUs

www.bulletpointsproject.org



BulletPoints
 A resource for clinicians and medical educators who are committed to firearm injury prevention.

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Counseling on Access to Lethal Means

- Can be completed independently online
- Live courses also facilitated locally, with interactive elements and a focus on local and state resources
- Through this course, participants learn the value of means counseling and means safety strategies, as well as the skills to address this with clients and families at-risk.

Upcoming CALM Workshop in Santa Cruz County – spaces still available!
Monday 3/20/2023 9:00 a.m. – 12:00 p.m.

Register at: <https://forms.office.com/r/DwBZHWTUzy>
Email: info@appliedcrisistraining.com with questions

More information: [Counseling on Access to Lethal Means - SP Resource Center](#)

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Youth Mental Health Thrival Kits –

Provided in SC by the California Department of Public Health CSP Grant

Included in Youth Mental Health Thrival Kit

- 1 notebook
- 1 pen
- 2 sticker sheets
- 1 journaling bookmark

Incluido en el kit de bienestar para jóvenes:

- 1 cuaderno
- 1 pluma
- 2 hojas de pegatinas
- 1 marcador de páginas de diario



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Focus Area 3: Effective Risk Screening

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Striving for Zero: California Strategic Plan

**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

Local and Regional Objectives

Objective 8f Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports. Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk. Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions. Build capacity and sustainability for suicide prevention training across systems using train-the-trainer models or evidence-based online trainings.

https://mhsos.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

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Local and Regional Objectives**STRATEGIC AIM 3: ENHANCE EARLY IDENTIFICATION OF SUICIDE RISK AND INCREASE ACCESS TO SERVICES BASED ON RISK**

Objective 8h Integrate best practices in suicide risk assessment and management in health, mental health, and substance use disorder care settings and workflows. Create uniform policies and procedures to make screening, assessments, and decision-making routine. Clarify billing methods for services.

Objective 8i Deliver training to key action partners for conducting suicide screening in community-based settings when a person is identified as exhibiting warnings signs or communicating a desire to die. The Columbia-Suicide Severity Rating Scale has been adapted to meet the needs of diverse settings and populations and can be accessed for free here: <http://cssrs.columbia.edu/>.


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Suicide Risk Screening – More than a checklist

- **Connect, involve, and collaborate** with the individual wherever possible.
- Support the person in **talking through and about** any suicide thoughts/plans. When these are not present, establish norms for future needs/conversations.
- Connect the person to appropriate supports based on risk and individual needs.
- Start the process of **de-escalation and stabilization**
- **Effective documentation** for continuity of care; connect with those completing a risk assessment, reach for similar language and approach.
- Continued learning and support for provider

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**THE COLUMBIA
LIGHTHOUSE
PROJECT**
IDENTIFY RISK. PREVENT SUICIDE.

Online Options:

- On-line training module available through the Center for Practice Innovation (CPI) [here](#).
- Watch a webinar on your own schedule by going to the Project's [YouTube channel](#) and selecting an archived webinar (less than 60 minutes).
- Unlimited free training and tools available through this open-source, multi-setting tool and toolkit.
- Training is available in over 30 languages and there is no limit on the number of downloads.

Always ask questions 1. and 2.

- Have you wished you were dead or wished you could go to sleep and not wake up?
- Have you actually had any thoughts about killing yourself?

IF YES to 2, ask questions 3, 4, 5, and 6.
IF NO to 2, skip to question 6.

- Have you been thinking about how you might do this?
- Have you had these thoughts and had some intention of acting on them?
- Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?


Always Ask Question 6

- Have you done anything, started to do anything, or prepared to do anything to end your life?

Examples: Collected pills, obtained a gun, gave away valuables, wrote or sent suicide notes, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

Fast Month


Life Time	Points
Low Risk	1
High Risk	2
High Risk	3



Any YES, YES indicates that someone should seek behavioral healthcare.

However, if the answer to 4, 5 or 6 is YES, get immediate help. Call or text 988, call 911 or go to the emergency room.

STAY WITH THEM until they can be evaluated.



Download the app

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[illegible]

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CalMHSA Webinar Recordings

Guidance for the Systematic Infusion of Culture and Diversity into Suicide Prevention Efforts

<https://attendee.gotowebinar.com/recording/89749773786690629136>

Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities

<https://attendee.gotowebinar.com/recording/131319492283411727>

Sociocultural risk and protective factors associated with suicide among BIPOC youth

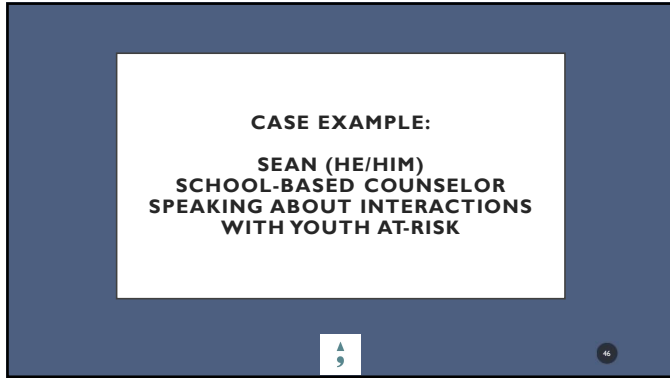
<https://attendee.gotowebinar.com/recording/8689555164474880527>

Structural and systemic factors that impact suicide treatment seeking and access BIPOC youth

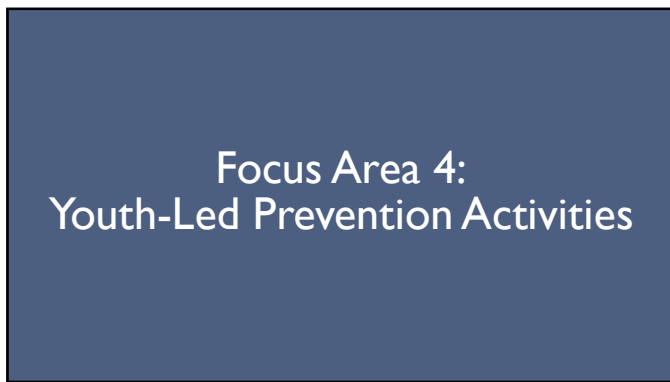
<https://attendee.gotowebinar.com/recording/6458439363841028364>

Delivering culturally responsive suicide interventions in community settings

<https://attendee.gotowebinar.com/recording/79050973433237194764>




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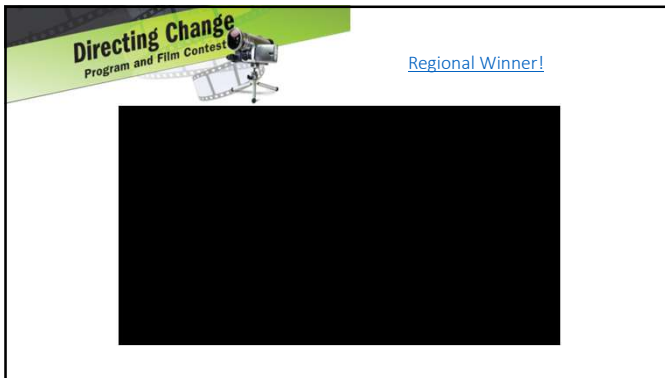
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Directing Change
Program and Film Contest

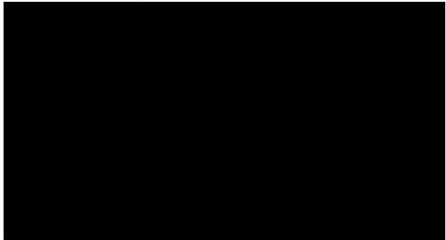
- Information for schools on 988
- AB2246 Resources
- Resources for Teachers & Lesson Plans
- Staff Trainings and Prevention Resources
- Intervention
- Tips on Accessing Data
- Postvention
- Youth Engagement and Resources for Youth
- Parent Engagement and Resources for Parents

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Directing Change
Program and Film Contest

[Regional Winner!](#)



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Directing Change
Program and Film Contest




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Directing Change
Program and Film Contest

Enlace web a las películas del condado de Santa Cruz:
[Link to Santa Cruz County Films](#)

Recommendations:
Increase the use and reach of this and similar youth-led
and youth-involved efforts in Santa Cruz County.

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ACT Applied Crisis Training
and Consulting

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