

FY24 PREVENTION SERVICES DIVISION

ANNUAL REPORT

County of Santa Clara
Behavioral Health Services Dept.



*Preventing suicides
and substance use*

SANTA CLARA COUNTY

Reporting Period:
July 2023 - June 2024

Acknowledgements

The report authors would like to acknowledge the following contributors to the work in FY24:

BHSD Administrative Oversight

Director: Sherri Terao, Ed.D.
Director, Access and Unplanned Services: Bruce Copley, MA
Substance Use Treatment Medical Director: Cheryl Ho, MD
Division Director, Systems Initiatives, Planning & Communication: Jeanne Moral, MPA
Program Manager III, MHSA Manager: Roshni Shah, MPH
Program Manager II, Mental Health and Substance Use Block Grants: Kimberly Doe

Prevention Services Division Staff

Prevention Services Division Director: Mego Lien, MPH, MIA
Substance Use Prevention Services Manager: Alejandro Villalobos, MPH
Communications Manager: John Donoghue, MPH
School-based Prevention Services Manager: Jasmine Lopez, MA
Prevention Program Analysts: Ashley Boleware, MA; Jen Kang, MPH; Bob Lorilla; Mike Torres;
Asya Zaraysky, MPH
Management Analyst: Crystal Garcia, MSW
Community Outreach Specialist: Evelyn Quintanilla
Extra Help Management Aide: Sam O'Neill, PhD
Office Specialist: Christina Cantu

Thank You:

County of Santa Clara Board of Supervisors
Members of the Suicide Prevention Oversight Committee, workgroups, and subgroups
Members of city-level suicide prevention taskforces
BHSD Santa Clara County Opioid Overdose Prevention Project (SCCOOPP) staff
BHSD The ColleQtive Harm ReduQion staff
Members of the Fetal Alcohol Spectrum Disorders (FASDs) Workgroup
County of Santa Clara Public Health Department Tobacco and Substance Use Prevention Program staff
Members of the Youth Orgs United (Y.O.U.) coalition
Prevention Services Division contracted providers
988 Crisis and Suicide Services staff
988 and Suicide Prevention Program volunteers

Contents

Prevention Services Division Overview..... 1

Suicide Prevention: Annual Report..... 6

Background - Suicide Prevention 7

Data Discussion 8

 Suicide death data..... 8

 Suicide attempt data..... 10

Populations of Focus and Partnerships 13

 Youth 13

 Older adults..... 13

 Latinx/e and Asian communities..... 14

 Regional/city-level collaborations..... 15

Progress on Suicide Prevention Program Objectives 17

Core Objective 1: Improve social-emotional skills and protective factors among community members 18

 Youth Alternative Activities..... 18

 Youth Education 21

 Parent Education..... 22

 Restorative Practices..... 23

 Adult Alternative Activities 25

 Reducing Isolation for Older Adults 25

Core Objective 2: Increase public knowledge about suicide 27

Core Objective 3: Increase community members’ helping and help-seeking behaviors..... 27

 Helper/Mental Health Trainings 27

 Public Awareness Campaigns..... 31

 Community Outreach..... 32

 Suicide Prevention Conference..... 34

 Crisis and suicide prevention services (through the Crisis Services program in BHSD)..... 34

Core Objective 4: Reduce access to harmful products by community members 37

Hanging Means Safety.....	37
Firearm Safety	39
Core Objective 5: Improve media messaging and reduce stigma through media portrayals.....	40
Rapid Local Media Response.....	40
Safe Messaging Trainings	40
Tool for Evaluating Media Portrayals of Suicide (TEMPOS).....	42
Core Objective 6: Increase capacity for screening, referral, and treatment by care providers...	44
School-District Partnerships.....	44
County Health Systems	47
Community Postvention/Grief Support	50
Conclusion.....	53
Substance Use Prevention: Annual Report.....	55
Background – Substance Use Prevention Services (SUPS)	56
Data Discussion	57
Alcohol.....	57
Cannabis	61
Opioids and Methamphetamine	65
Progress on Substance Use Prevention Services Program Objectives	70
Core Objective 1: Improve social-emotional skills and protective factors among community members.....	71
Youth Alternative Activities.....	71
Youth Education	74
Parent Education.....	75
Restorative Practices.....	76
Adult Alternative Activities	78
Reducing Isolation for Older Adults	78
Core Objective 2: Increase public knowledge about substance use	80
Core Objective 3: Increase community members helping and help seeking behaviors	80
Youth Information Dissemination.....	80
Adult/Community Info Dissemination	82

Tabling and Outreach	82
College-Age Prevention Education.....	83
Media Campaigns and Messaging.....	86
Core Objective 4: Reduce access to harmful products by community members	94
Alcohol Policy Work	94
Cannabis Policy Work.....	94
Increase Harm Reduction (Opioids)	95
Core Objective 5: Improve media messaging and reduce stigma through media portrayals.....	97
Core Objective 6: Increase capacity for screening, referral, and treatment by care providers...	98
FASDs Knowledge.....	98
FASDs Access to Services.....	101
Community Postvention/Grief Support	102
Conclusion.....	104







Prevention Services Division Overview

The County of Santa Clara Behavioral Health Services Department’s (BHSD) Prevention Services Division aims to prevent and reduce suicide and substance use in the County by designing, implementing, and evaluating population-based, public health approaches. The Division includes the Suicide Prevention and Substance Use Prevention Services (SUPS) programs, as well as cross-cutting prevention efforts that address both behavioral health areas. The division was formed in FY21 by bringing together BHSD’s two prevention programs together under the one division. Development of the Prevention Services Division has created opportunities for blended funding and primary prevention initiatives that address risk and protective factors for both suicide and substance misuse. Together and individually, the programs under the Prevention Services Division work towards six core objectives (see p. 3), around which this report is organized.

This annual report covers the period of Fiscal Year ‘24: July 1, 2023 to June 30, 2024.

FY24 PREVENTION SERVICES DIVISION HIGHLIGHTS BY NUMBERS	
25	School districts participated in one or more prevention efforts
5,456	Community members participated in positive prosocial activities, building protective factors against suicidality and substance use
8,170	People trained in suicide prevention, substance use prevention, or related topics
24,816	Visitors to substance use and suicide prevention web pages
59,964	Calls received by the local Crisis and Suicide Prevention Lifeline
54,252,707	Impressions from suicide and substance use prevention public awareness campaigns

























The Prevention Services Division aims to prevent and reduce suicide and substance use in Santa Clara County by designing, implementing, and evaluating population-based, public health approaches. The Division includes the Suicide Prevention and Substance Use Prevention Services programs, as well as cross-cutting prevention efforts that address both behavioral health areas.



























By...		Through...	We strive to...
	1: Improve social-emotional skills and protective factors among community members	<ul style="list-style-type: none"> ● Trainings and Consultations ● Public Awareness Campaigns ● Community Outreach ● Policy Work ● College-Age Prevention Education ● Restorative Practices Initiative ● Knowledge Building and Access to Services Work ● Alternative Activities for Youth and Adults ● Youth and Parent Educational Workshops ● Information Dissemination ● Distribution of Safety Resources ● Rapid Local Media Response ● Safe Messaging Training ● TEMPOS (Tool for Evaluating Media Portrayals of Suicide) 	<p>Prevent and reduce suicide, substance misuse, and overdose in Santa Clara County</p>
	2: Increase public knowledge about suicide and substance use		
	3: Increase community members' helping and help-seeking behaviors		
	4: Reduce access to harmful products by community members		
	5: Improve media messaging and reduce stigma through media portrayals		
	6: Increase capacity for screening, referral, and treatment by care providers		

The work of the entire Division is united by these six core objectives. The table on the following pages outlines the primary strategies that are implemented by the two Departments within the Prevention Services Division (Suicide Prevention and Substance Use Prevention Services). Although some strategies may overlap or touch upon more than one objective, all strategies are aligned with at least one of the core objectives.

The table on the following pages shows how the strategies implemented by each of the departments (Suicide Prevention and Substance Use Prevention Services) in the Division align with each of the six Division objectives. Strategies often address multiple objectives. For example, the same activity that has a goal of increasing public knowledge may also attempt to increase helping and help-seeking behaviors.

For the purposes of this report outcomes are reported for each strategy under the one or two objectives with which they align the most. This helps to reduce some repetition. However, the overlapping and cohesive nature of strategies should be taken into consideration when reviewing outcomes. Strategies are not implemented within silos, and each strategy contributes to the collective efforts of the Division to achieve its ultimate outcome: **to prevent and reduce suicide, substance misuse, and overdose in Santa Clara County.**

<u>Suicide Prevention Strategies</u>	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 5	Obj. 6
Youth Alternative Activities (Healthy activities for youth)						
Youth Education (Skill-building workshops and classes for youth)						
Parent Education (Skill-building workshops and classes for parents)						
Restorative Practices						
Adult Alternative Activities (Healthy activities for adults)						
Reducing Isolation for Older Adults						
Helper/mental health trainings						
Public awareness campaigns						
Community Outreach						
Suicide Prevention Conference						
Crisis and Suicide Prevention Services						
Hanging Means Safety						
Firearm Safety						
Rapid local media response						
Safe messaging trainings						
Tool for Evaluating Media Portrayals of Suicide (TEMPOS)						
School District Partnerships						
County Health System						
Community Postvention/Grief Support						

<u>Substance Use Prevention Services Strategies</u>	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 5	Obj. 6
Youth Alternative Activities (Healthy activities for youth)						
Youth Education (Skill-building workshops and classes for youth)						
Parent Education (Skill-building workshops and classes for parents)						
Restorative Practices						
Adult Alternative Activities (Healthy activities for adults)						
Reducing Isolation for Older Adults						
Youth Information Dissemination						
Adult/Community Information Dissemination						
Tabling and Outreach						
College Age Prevention Education						
Media Campaigns and Messaging						
Alcohol Policy Work						
Cannabis Policy Work						
Increase Harm Reduction (Opioids)						
FASD Knowledge						
FASD Access to Services						
Community Postvention/Grief Support						



*Preventing suicides
and substance use*

SANTA CLARA COUNTY

Suicide Prevention **ANNUAL** **REPORT**

County of Santa Clara
Behavioral Health Services Dept.

Reporting Period:
July 2023 - June 2024

Background - Suicide Prevention

Established in 2010, the County of Santa Clara's Suicide Prevention (SP) Program designs, implements, and evaluates population-based, public health approaches to reducing and preventing suicides. Suicide prevention in the County is guided by the County's Suicide Prevention Strategic Plan (SPSP), which was passed by the Board of Supervisors in 2010.

The SP Program coordinates the Suicide Prevention Oversight Committee (SPOC) and four Workgroups, which are each tasked with supporting a different strategy of the County's SPSP: Interventions (Strategy One), Communications (Strategies Two and Three), Policy (Strategy Four), and Data (Strategy Five). The Interventions Workgroup also includes subgroups that focus on each of the workgroup's goals; in FY23, the Older Adult Suicide Prevention Subgroup was formed. SPOC oversees and approves the work of the workgroups.

Cultural factors related to suicidality and suicide deaths are mentioned throughout the original strategic plan, but there was not a specific call-out of the efforts that the SP Program engages in to ensure cultural considerations are infused throughout the work. In 2022, SPOC voted to add a sixth strategy to cover the importance of incorporating culture throughout all SP efforts within the County. An addendum to the strategic plan on Strategy Six was finalized and published in May 2024. Implementation of Strategy Six cuts across all of the work of the workgroups and other strategies.

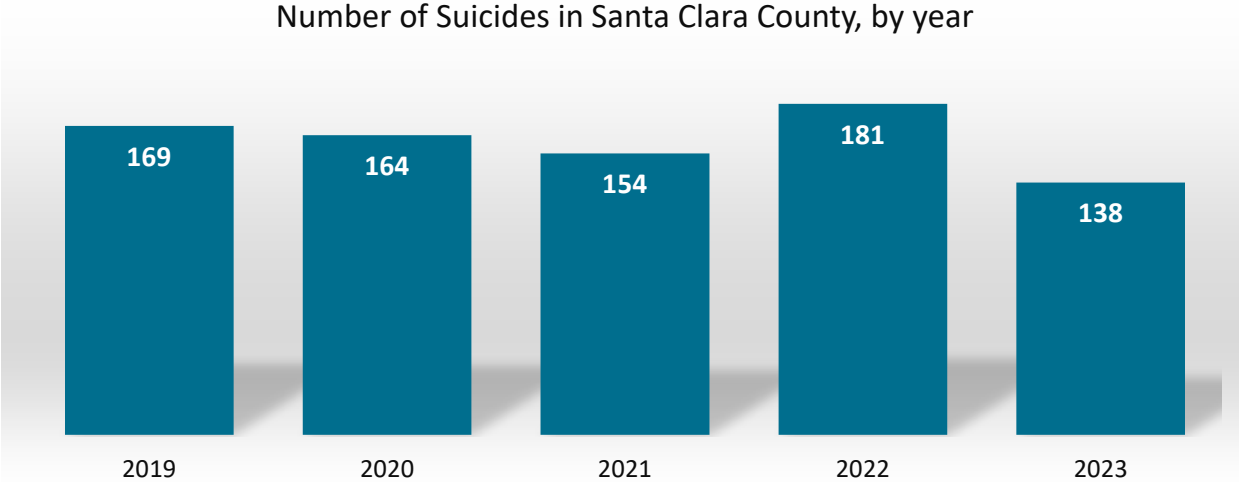
The County's SPSP and the Strategy Six Addendum are available at <https://bhsd.santaclaracounty.gov/get-prevention-services/about-suicide-prevention-program>.

Data Discussion

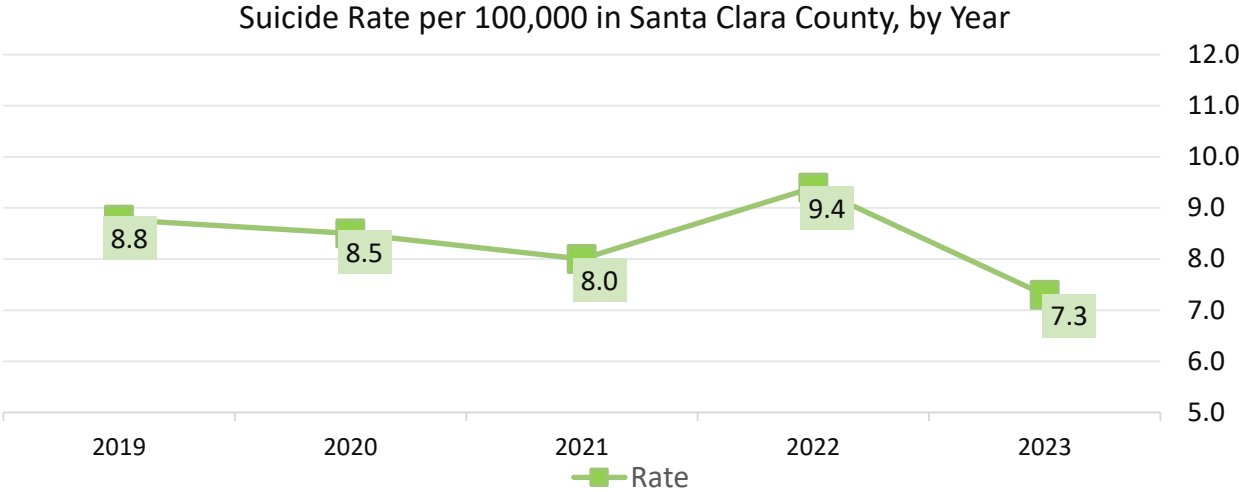
Suicide death data

The SP Program puts together an annual suicide death data report using the County’s Medical-Examiner Coroner’s (ME-C) data. In 2023, there were 138 suicides by County residents in the County of Santa Clara, recorded by the ME-C Office. This is the lowest overall count since 2016 (134) and 2017 (133). The number of suicide deaths have decreased each year since 2019, with the exception of 2022. The rate of suicide deaths per 100,000 has also decreased each year since 2019, with the exception of 2022 (the 2023 suicide death rate will be calculated once the 2023 U.S. Census Bureau data is released in December 2024).

Figure 1. County of Santa Clara Suicide Counts and Rates, 2019-2023



Data Source: County of Santa Clara (CSC) Medical Examiner-Coroner's (ME-C) Office. [ME-C data dashboard](#) | [Office of the Medical Examiner-Coroner](#) | [County of Santa Clara](#)



Data Source: ACS 5-year estimates for population estimates. ME-C Cases from CSC ME-C Data Dashboard for Suicide Counts.

Observations on County suicide death data:

1. Age group:

- Decreases in annual number of suicides occurred across all age groups since 2022, except for the 10-14 and 35-44 age groups. In particular, 2023 was the third consecutive year of a decrease in the number of suicides among the 45-54 age group.
- The 25-34 and 55-64 age groups have been in the top three counts, and percentages, of suicides by age group in the last three years (2021-2023).
- 2023 was the third consecutive year of increasing percentages in suicides among those in the 55-64 age group.

2. Gender:

- Two consecutive years of an increasing percentage of female suicides and a decreasing percentage of male suicides (2021-2023).

3. Race/ethnicity:

- 2023 decrease in number of suicides across race/ethnicities compared to 2022, except for decedents identified as Pacific Islander (increase of one) and essentially no change among decedents identified as white (decrease of one).
- 2023 decrease in number of suicides compared to 2022 among decedents identified as Asian and Latinx/e.
- In 2023, the decedents identified as white still account for just more than half of suicides.
- Looking at 2019-2023 age group and race/ethnicity data combined:
 - The age group with the highest count of suicide deaths among the county's Asian and Hispanic suicide decedents is the 25-34 year age group
 - The age group with the highest count of suicide deaths among the county's White suicide decedents is the 55-64 year age group

4. Method:

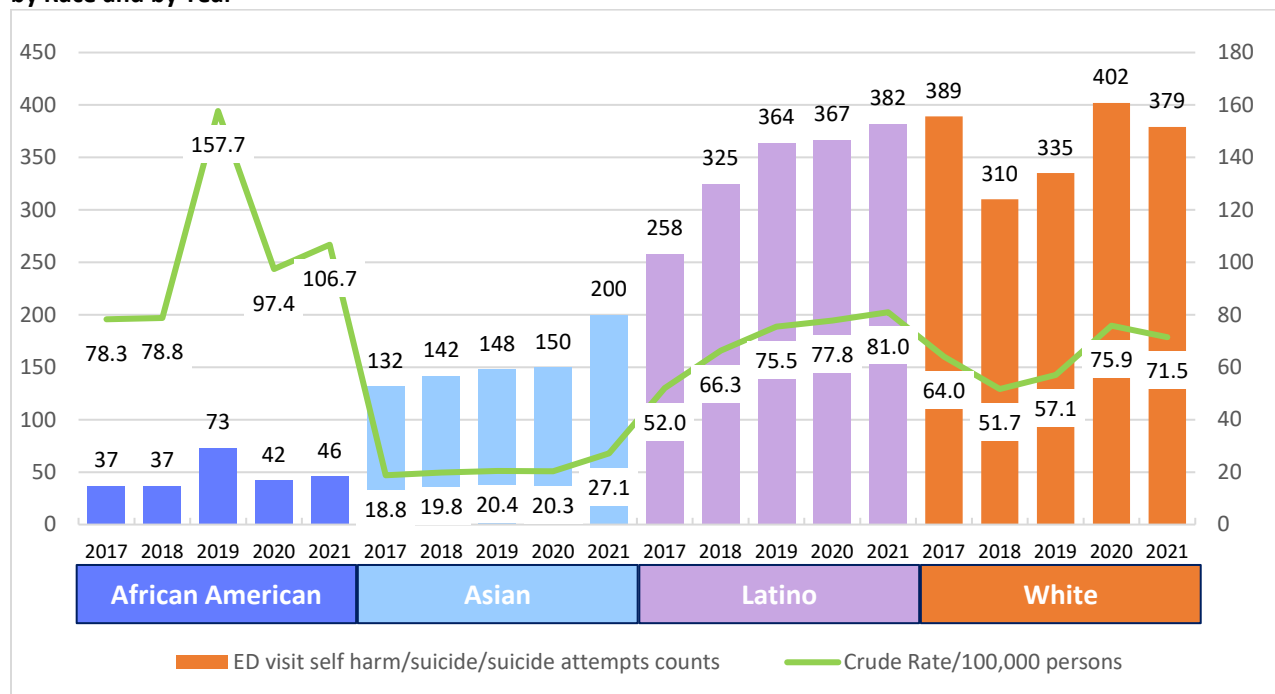
- In 2023, hanging remains the top method of suicide, followed by firearms. This is now the 6th consecutive year that hanging has been the top method of suicide in the county
- Looking at 2019-2023 data collectively:
 - Hanging is the most common suicide method among decedents identified as Latinx/e and Asian, while firearms is the most common suicide method among decedents identified as White.
 - Hanging is more common among youth and adults, whereas firearm suicides are more common among older adults. Other methods have a more even spread across age groups.
- One suicide by train collision in 2023 was reported by the ME-C. Some suicides involving train collision may have been coded under "Other" (N=6), which includes 3 deaths that mentioned "Blunt Force Injuries."

Suicide attempt data

In January 2024, the SP Program received 2017-2021 Department of Health Care Access and Information (HCAI) data on emergency department visits for self-harm/suicide attempts from the County of Santa Clara’s Public Health Department. Data show that:

- The overall number and rate of emergency department visits for self-harm and suicide attempts were 1,033 visits (rate of 53.3 per 100,000) in 2017 and 1,109 visits (rate of 58.8 per 100,000) in 2021.
- *Race/ethnicity*: The highest number of emergency department visits for self-harm and suicide attempts by race/ethnicity fluctuated between Latinos and whites year by year, with the count among Latinos being the highest in 2021 (382), 2019 (364), and 2018 (367), and the count among whites being the highest in 2020 (402), and 2017 (389). The rate of emergency department visits for self-harm and suicide attempts by race/ethnicity are highest among African Americans, followed by Latinos (except in 2017, when the rate among whites was higher).

Figure 2. Number of ED Visits for Self-Harm/Suicide/ Suicide Attempt & Rates per 100,000 in Santa Clara County by Race and by Year



Data Sources: Department of Health Care Access and Information (HCAI); American Community Survey 2017-2021 combined data.

Observations on County suicide attempt data:

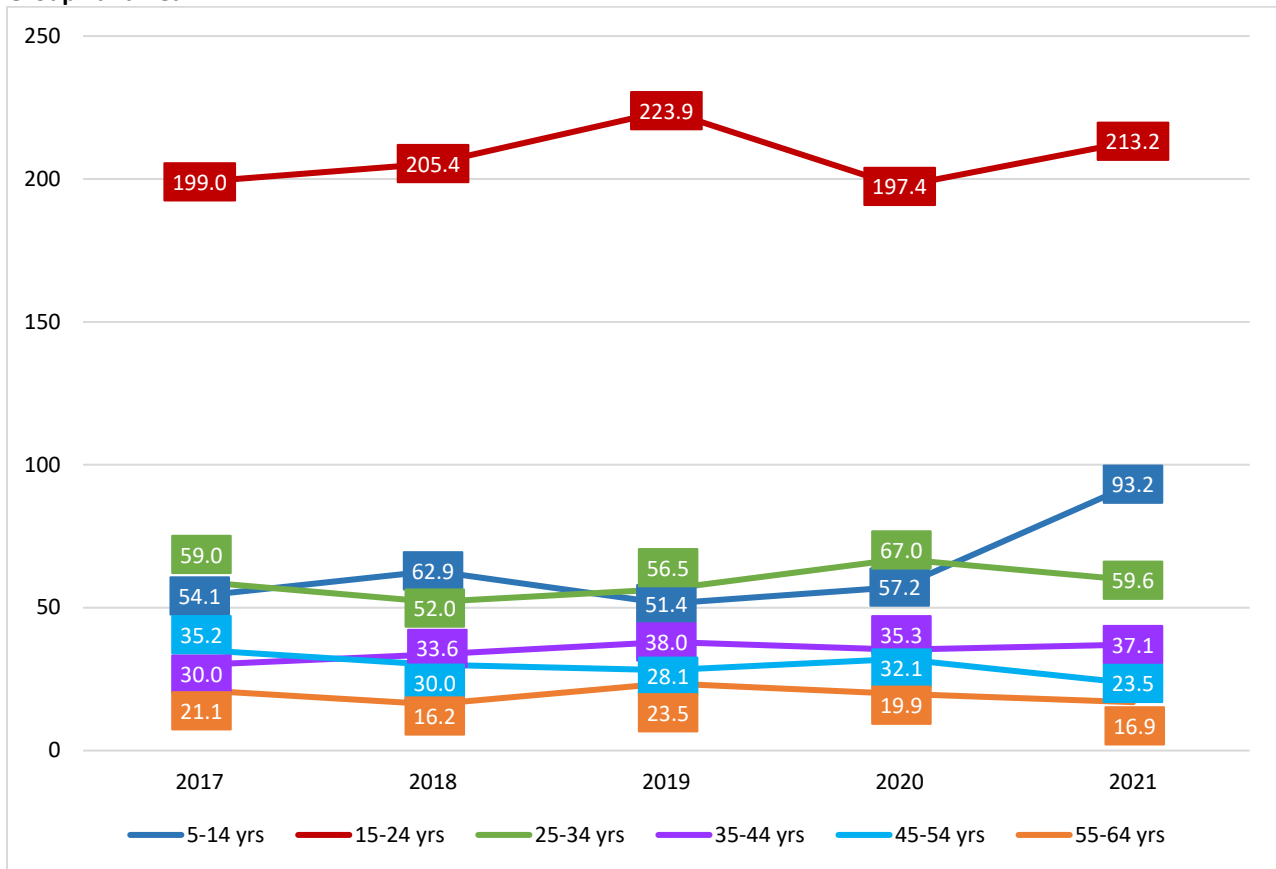
1. Gender:

- The number and rate of emergency department visits for self-harm and suicide attempts among females are consistently higher than those of men each year from 2017 to 2021 (e.g. 725 visits by females with a rate of 78.6 in 2021, compared to 381 visits by males with a rate of 39.6 in 2021).

2. Age:

- When looking at the pooled five-year count of emergency department visits for self-harm and suicide attempts from 2017-2021 by age group, the number for those aged 15-24 is higher compared to any other age group – 2,402 visits, compared to the next two highest of 1,072 visits for the 5-14 age group and 901 visits for the 25-34 age group. The rate of emergency department visits follow the same trend: highest for the 15-24 age group (213.2 per 100,000 in 2021), followed by the 5-14 age group (93.2 per 100,000 in 2021), then followed by the 25-34 age group (59.6 per 100,000).

Figure 3. Rate (per 100,000) of ED Visits for Self-Harm/Suicide/ Suicide Attempts in Santa Clara County by Age Group* and Year



*rates for 0-4 years, 65-74 years, 75-84 years, and 85+ years were masked and not available to include in this chart due to low counts.

Data Sources: Department of Health Care Access and Information (HCAI); American Community Survey 2017-2021 combined data.

SPOC’s Data Workgroup continues to grapple with the challenge of obtaining the most up-to-date and actionable suicide attempt data available for the County. In FY21, through its partners at Palo Alto University (PAU), the Data Workgroup developed a proposal to the Institutional Review Board (IRB) to directly obtain suicide attempt and ideation data for analysis from the California HCAI. Though an MOU was ultimately signed at the end of FY23, PAU is currently still awaiting the arrival of the data from HCAI, and once it is received will analyze the data and share findings with the Data Workgroup. In FY24 the Data Workgroup summarized the suicide data sources that are available, along with the benefits and drawbacks of each data source, in Table 1 on the following page.

Table 1. Suicide Data Sources

Data source	Pros	Cons	Other Considerations
Suicide death data			
<p>Medical Examiner-Coroner</p>	<p>Available through ME-C public data dashboard</p> <p>Can pull and analyze data in-house as soon as year’s cases are closed</p>	<p>Relies on data from Coroner/law enforcement interviews after suicide</p> <p>No narrative on circumstances of death, medical or behavioral health records, or suicide notes included</p>	<p>Includes suicides by County residents that occurred in the County</p> <p>Includes suicides by non-County residents that occurred in the County</p>
<p>State Vital Records Business Intelligence System</p> <p>California Vital Data (Cal-ViDa) - VSQ Client Portal</p>	<p>Has ethnicity-specific data</p>	<p>Limited analysis available; PHD cannot release raw data and summarized data if counts are small</p> <p>Little/no control over, or ability to predict, the date by which data would be received</p>	<p>Includes suicides by County residents that occurred anywhere in the state</p> <p>CalVDRS – County does not participate as of 2024</p>
Suicide attempt and ideation data			
<p>ED and hospitalization data from HCAI/state (not yet available)</p>	<p>From all hospitals and EDs in the County</p> <p>Research-level data including PHI</p>	<p>The data request process has taken several years so far (3+) and currently still has not received approval.</p> <p>There is a cost associated with the data request</p> <p>Data is retrospective (about two years prior to current year)</p>	
<p>ED and hospitalization data from PHD</p>	<p>From all hospitals and EDs in the County</p> <p>PHD analyzes annually</p> <p>Demographic analyses available</p>	<p>The data is not research-level and does not include Personal Health Information (PHI)</p> <p>PHD cannot release raw data and summarized data if counts are small</p>	<p>Request on annual basis</p> <p>Can track a person using an encrypted SSN</p> <p>Data released in fall; currently have 2021 data. By end of 2024 should have 2023 data (15-18 months of lag)</p> <p>Includes data for all residents of County treated within the state</p>
<p>ED and hospitalization data from County of Santa Clara Valley Healthcare</p>	<p>Would allow for more up-to-date data on suicide attempts, at least from CSC hospital clients</p>	<p>County of Santa Clara hospital clients only – would not include ED hospitalizations from any of the other hospitals in the county</p>	

Data source	Pros	Cons	Other Considerations
		Data received will require substantive cleaning and would be highly labor-intensive for the SP Program team, including the need to create a database	
Additional Program-level Data Sources			
Suicidal ideation and risk/protective factor data from BHSD CANS/treatment data	Easily accessible through BHSD Analytics team	BHSD clients only (MediCal and uninsured)	
988 call data – suicide risk level	Easily accessible through BHSD Crisis Services team	It is very difficult to gather demographic data from callers who have just been in crisis, understandably resulting in a vast majority of “unknowns” in the data set	

Populations of Focus and Partnerships

This past year the SP Program’s populations of focus were youth, older adults, and the Latine/x and Asian communities (particularly ages 18-44) in the County. In addition, the SP Program continued to partner with regional and city-level suicide prevention taskforces around the County. The specifics of activities addressing each of the populations of focus are discussed across each of the writeups on the SP Program’s objectives in this report.

Youth

In its effort to support youth suicide prevention and school-based state policy mandates, the SP Program has continually dedicated a range of resources and efforts to K-12 programming. Dating back to 2017 with an initial county-wide needs assessment completed by school districts, the SP Program determined the need for technical assistance around adult and youth trainings, crisis response intervention protocols, and varying site-specific needs. To date, the school-based suicide prevention initiative has engaged with 26 school districts, representing 202,600 youth in the County.

Older adults

Since its establishment, the SP Program has pursued various initiatives to support suicide prevention among older adults. These efforts include enhancing suicide prevention protocols within the County health systems, collaborating with city-level organizations, implementing public awareness campaigns, partnering with County veterans, and conducting resource tables at community events for older adults. To consolidate and focus these efforts, in FY23 the SP Program formed the Older Adult Subgroup of SPOC’s existing Interventions Workgroup. This subgroup identified key needs and established the following goals for FY24: 1. Enhancing partnerships, 2. Raising awareness about older adult suicide prevention through education and outreach, and 3. Promoting healthy connections.

In FY24, the Older Adult Subgroup has fostered partnerships among programs serving older adults by inviting them to present their services at each meeting. The subgroup continued its outreach efforts to expand membership to those serving older adults through various communication channels, such as emails, virtual meetings, newsletters, and flyers. By the end of FY24, these efforts resulted in a diverse membership of 13 representative organizations, including the BHSD Adult/Older Adult System of Care; Korean American Community Services; the Department of Aging and Adult Services; Milpitas Barbara Lee Senior Center; the Veterans' Administration Palo Alto Health Care System; and more.

Latinx/e and Asian communities

In late 2023, upon reviewing prior years' data, SPOC recommended an emphasis on the Latinx/e and Asian populations, especially ages 18-44 years, due to increases in suicide deaths for three consecutive years (2020-22) in these groups. Within the Asian community, a focus on the Chinese, Vietnamese, and Korean communities was identified. A two-pronged approach was established to begin a. gathering research on suicide prevention in these two populations, and b. engaging more stakeholders in these efforts:

- a. Under SPOC's Data Workgroup, an ad hoc research subgroup was created to gather and review current data and research on questions related to suicide prevention, mental health promotion, and stigma among these two communities. The findings were reviewed, and various recommendations discussed, by each of the SPOC workgroups and at the 2024 Suicide Prevention Conference. [The resulting research report](#) was completed and disseminated in October 2024.
- b. SPOC's Interventions Workgroup members created a database of, and outreached to, 60 local Latinx/e and Asian-serving providers and organizations. These efforts resulted in 13 new organizations joining the Interventions Workgroup, presentations on local programs and community needs, and further distribution of SP Program resources.

Applying the findings of the research report took place starting in FY25. SPOC's Communications Workgroup and SP Program staff developed a stigma reduction public awareness campaign, while the Interventions Workgroup reviewed the research report and developed its fiscal-year goals in response to the report's findings. Additionally, the SP Program initiated a mini-grant Request for Proposals to support local organizations' suicide prevention projects for the two communities.

Regional/city-level collaborations

Every city in Santa Clara County has formally adopted a city suicide prevention policy, due to about 10 years of effort by SPOC. The policies promote suicide prevention in local communities and increase collaborative efforts with SPOC and the SP Program. In FY24, notable updates from SPOC's collaborative efforts with cities follow:

North County: Project Safety Net (PSN)

- [Teen Mental Health First Aid](#) pilot programming partnership with Momentum to conduct trainings with school districts and youth-led organizations;
- Means Restriction Advisory Group (MRAG): Focused on strengthening relationships with Caltrain and City of Palo Alto;
- Hosted Applied Suicide Intervention Skills Training (ASIST) for community partners in Sunnyvale to recognize Mental Health Awareness Month in May; and
- In the face of financial challenges, PSN furloughed efforts temporarily at the end of FY24.

Milpitas HOPE (Helping Others Process Emotions)

Milpitas HOPE continued to have active participation from community members of diverse backgrounds, including local faith community leaders, non-profit agency leaders, representatives from the County's SP Program, and staff from the Milpitas Police Department and Recreation and Community Services Department. Milpitas HOPE holds bimonthly taskforce meetings and in the alternate months, holds small group meetings with its three workgroups: Marketing and Outreach, Teens and Transitional Youth, and Older Adults. In addition to working on specific suicide prevention initiatives, the taskforce provides a forum for those working in related fields to make connections and cross-promote services.

In FY24, Milpitas HOPE accomplishments included:

- Recruiting a Community Outreach Specialist from the Santa Clara County Library District;
- Hosting ASIST suicide prevention training for City staff and community members;
- Creating a teen resource area for mental wellness, suicide prevention, and other social services-related resources;
- Launching Milpitas HOPEfuls, a teen suicide prevention and mental health leadership and advocacy group that focuses on peer support in local middle and high schools;
- Promoting the new 988 texting feature, the Older Adults Suicide Prevention Resource Guide, and other local and county resources for mental wellness; and
- Ongoing efforts to raise awareness throughout the community with tabling at local and City events, publicity on City website and social media, the Activity Guide, and other City publications.

Milpitas HOPE representatives are also active members of SPOC and its Older Adult Suicide Prevention Subgroup.

City of San José

Adopted on March 3, 2020, the San José City Council Policy on Suicide Prevention is in alignment with the County's Strategic Plan. Under the policy, the City promotes strategies and resources provided by the County as well as the Suicide Prevention Resource Center, under the following guiding framework: 1. City employees, 2. City facilities, 3. City residents, and 4. Coordination with outside agencies. The City completed the following activities during the reporting period June 1, 2023-June 5, 2024:

1. City employees: Sent communications in September 2023 for Suicide Prevention Month and in May 2024 for Mental Health Awareness Month, including links to community and employee assistance program resources. Similar information was shared with the leaders of both retiree associations in June 2024.
2. City facilities: The Public Works Department reviewed the City's standard operating procedures, as required by the Council Policy, and made no changes.
3. City residents: Published social media communications regarding Suicide Prevention Month and Mental Health Awareness Month, including crisis resources, health and self-care resources, and community outreach materials. Shared suicide prevention and mental health resources through the City Manager's e-newsletter, the Mayor and Council Offices, the Fire Department, and the Police Department's website.
4. Coordination with outside agencies: A representative from the City Manager's Office periodically joins bi-monthly SPOC meetings.

South County Youth Task Force (SCYTF) Mental Health Subcommittee

- In May 2024, held the annual Family Health and Wellness – Workshops and Resource Fair, a week-long event with workshops on various wellness topics and resources culminating in a community resource fair. A key session addressed substance use and suicide prevention, facilitated by Community Solutions and BHSD; and
- Developed a [website](#) that has online resources available in South County, along with upcoming events.

Progress on Suicide Prevention Program Objectives





Core Objective 1: Improve social-emotional skills and protective factors among community members

Under the shared core objective of improving social-emotional skills and protective factors, a prime example of work that spans the entire Prevention Services Division is the work we do that focuses on strengthening protective factors against both suicide and substance use among community members.

To emphasize the fact that work in this area is so strongly interconnected across the Division, this section is repeated verbatim in both the Suicide Prevention and the Substance Use Prevention reports.

To address this objective, Suicide Prevention and Substance Use Prevention team partners focus on the implementation of:

- **Youth Alternative Activities**
- **Youth Education**
- **Parent Education**
- **Restorative Practices**
- **Adult Alternative Activities**
- **Reducing Isolation for Older Adults**

Youth Alternative Activities

Youth alternative activities are healthy activities for youth (ages 9-24) that are designed to keep them active, give them a sense of purpose and community connectedness, and provide an alternative to substance use and other unhealthy coping mechanisms. In FY24, the providers under contract with the Prevention Services Division to deliver these activities were: Asian Americans for Community Involvement (AACI) – Friday Night Live (FNL) and Youth in Technology Incubator (YTI), Caminar, Catholic Charities, Horizon, Rebekah Children’s Services (RCS) Culinary Academy, Youth Alliance, and Youth Community Service (YCS). In FY24, 5,336 unduplicated youth and 10,267 duplicated youth participated in these activities:

- AACI FNL: Engages youth as active leaders and resources in their communities; implemented at eight sites from elementary to high school.
- AACI YTI: Utilizes arts and media to promote healthy lifestyles and positive skill development. Workshops include photography, graphic design, storyboarding, creative writing, podcasting, and website development.
- Caminar: Implements the South County Safe Space Program for LGBTQIA+ youth in Morgan Hill and Gilroy.
- Catholic Charities: Offers a variety of programming that includes substance use prevention and social support groups.
- Horizon: Operates Project Eden, a prevention program that includes AOD education; brief screenings; and outreach.
- RCS Culinary Academy: A vocational arts training program for high-risk youth and young adults. Participants learn hands-on culinary and life skills in a commercial kitchen under the supervision of a credentialed, professional chef.
- Youth Alliance: Implements a variety of youth groups (OLLIN, XINACHTLI, EL JOVEN NOBLE, HEROS, Leaders in Training) in Morgan Hill and Gilroy.
- YCS Youth Connect: Engages youth and community leaders in youth-led service-learning projects.



Core Objective 1: Improve social-emotional skills and protective factors among community members

FY24 Youth Alternative Activities



In FY23, in collaboration with the evaluation agency Hatchuel Tabernik and Associates (HTA), the Prevention Services Division developed a survey to help measure the impact of these alternative activities. The survey (available in English and Spanish) asked respondents if they learned something new, had fun, and were glad they participated. Participants were also asked to self-report on substance use in the past 30 days, and to reflect on the development of protective factors including emotion regulation, self-esteem, coping and problem-solving skills, engagement and connection with others, and the development of skills and interests.

In FY24, the survey was piloted, and with the exception of Catholic Charities, all alternative activity contract providers collected surveys from participants in their activities. Between July 2023 and June 2024, a total of 178 surveys were completed, of which 89.3% of respondents reported being between ages 10-20. A summary of the survey responses is below:

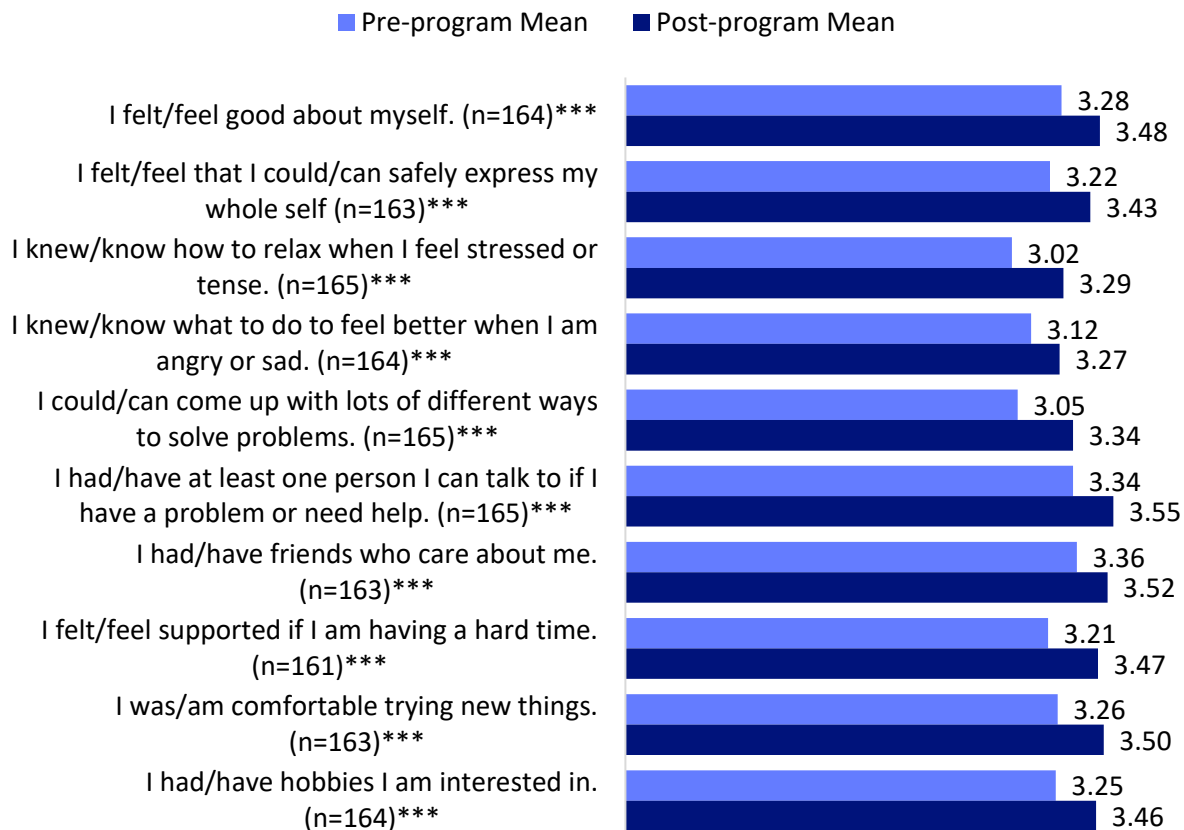
- Did you learn something new in this program? 90.4% Yes
- Did you have fun in this program? 97.2% Yes
- Are you glad you participated in this program? 96.1% Yes



Core Objective 1: Improve social-emotional skills and protective factors among community members

Some of the questions on the survey were retrospective pre-post items, meaning that even though the survey was conducted at one point in time, participants were asked to report on the way that they felt prior to participating in the activity and after. Mean scores ranging from 1 to 4 were created from the ratings (Strongly Disagree=1, Disagree=2, Agree=3, Strongly Agree=4) with a higher score indicating greater knowledge, skillsets, and protective factors. Paired samples t-tests were used to compare responses to the “before” and “after” items to determine if there were any statistically significant changes after participating in the program (Figure 4). From pre- to post-activity, one would hope to see an increase, as it indicates that more respondents agreed with the statements after participating in programming (i.e., after receiving the intervention). For all of the “pre-post” items on this survey there was a statistically significant increase in protective factors among participants (indicating that some factor other than just pure chance contributed to the change).

Figure 4. Pre- and Post- survey responses for youth participating in program activities



Data source: FY24 Prevention Services Division Youth Alternative Activities Survey

***p< .001 level

Highlights from the survey’s open-ended questions about youths’ experience with programming are below:

- “One important thing I learned by joining Youth Connect is how to communicate and collaborate well with others. It’s a life skill that I think is very necessary especially later in life, and coming up with project ideas and implementing them really helped me build that skill”
- “Learning how to relax after I get mad or upset and to respect myself was a really important thing that I learned during this program.”



Core Objective 1: Improve social-emotional skills and protective factors among community members

- “The most important thing I learned was to be open and that it's okay to be me and boundaries.”
- “I learned to have more communication with people and let the fears go away. “
- “Learned to love myself and care for myself to always shine because at the end of the day it's just me vs the whole world.”
- “I love this program because it helps you little by little.”
- “I would recommend all high schoolers go through this program. Not only is it a lot of fun but you also learn so much and get out of your comfort zone.”
- “It helped me become more calm and have patience.”
- “It is a good program if you need help going through things.”
- “It is a very welcoming environment where there is no shame to express yourself...”
- “It made me express my feeling more.”

Youth Education

Youth education includes skill-building workshops and classes for youth (ages 9-24) that help to develop protective skills such as healthy coping mechanisms for stress, and refusal and negotiations skills. In FY24, the providers under contract with the Prevention Services Division to deliver these workshops were: AACI Youth Technology Incubator, Catholic Charities, Gardner, Horizon, Rebekah Children’s Services, Youth Alliance, and Youth Community Service. In FY24, 401 youth education workshops/classes were held, with 1,492 unduplicated youth and 6,451 duplicated youth served.

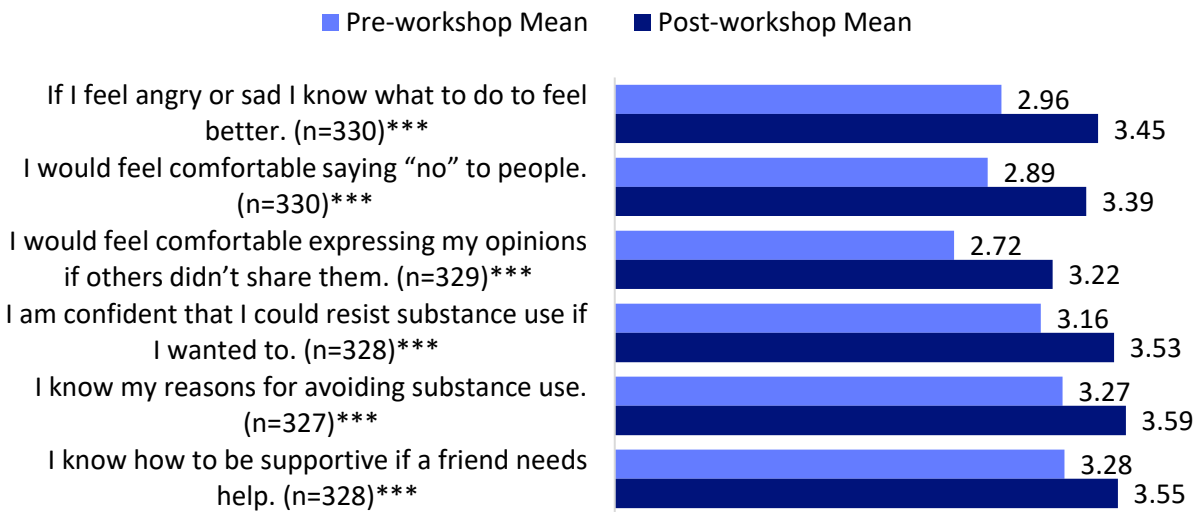
The workshop survey asked respondents to share which topics were covered in the workshop they attended, whether they enjoyed the workshops and had fun, and to reflect on their knowledge and skillsets before and after participating. The survey was available in English and Spanish. Between July 2023 and June 2024, a total of 342 surveys were completed by youth who participated in youth education workshops. Of the survey respondents, 93.9% of respondents reported being between ages 10 and 20, while 74.0% of respondents reported being Hispanic or Latino and 11.1% reported being Asian.

Some of the questions on the survey were retrospective pre-post items, meaning that even though the survey was conducted at one point in time, participants were asked to report on the way that they felt prior to the workshop and after. Mean scores ranging from 1 to 4 were created from the ratings (Strongly Disagree=1, Disagree=2, Agree=3, Strongly Agree=4) with a higher score indicating greater knowledge and skillsets. Paired samples t-tests were used to determine if there were any statistically significant changes after participating in the workshops (Figure 5). From pre- to post-workshop, one would hope to see an increase, as it indicates that more respondents agreed with the statements after participating in the workshops (i.e., after receiving the intervention). For all of the “pre-post” items on this survey there was a statistically significant increase in protective factors among participants (indicating that some factor other than just pure chance contributed to the change).



Core Objective 1: Improve social-emotional skills and protective factors among community members

Figure 5. Pre- and Post- survey responses for youth (aged 10-20 years) participating in workshops



Data source: FY24 Prevention Services Division Youth Education Survey

***p< .001 level

Highlights from the survey’s open-ended questions about participants’ experience with youth education workshops are below:

- “I learned that people have different lives and perspectives. Also that you have to respect everyone’s differences and that you never know what anyone is going through.”
- “I learned how to be sensitive and understand it is about the other person when dealing with mental health issues, as well as being someone they can receive support from.”
- “I learned how to control my emotions and communicate and what happens when you use drugs.”
- “I think learning about relationships with others is important because we interact with people in our daily lives.”
- “The most important thing I learned was how to say no and how to express my feelings.”

Parent Education

Parent education activities are designed to help with the development of parenting skills, especially those which support the mental health and well-being of children. The goal is for parents who participate in skill-building workshops and trainings to gain knowledge and confidence in parenting. The providers/partners contracted with the county to deliver parent education activities in FY24 included Caminar, Catholic Charities, Gardner, Horizon, Rebekah Children’s Services, and Youth Community Service (YCS). These providers reported facilitating 43 parent workshops/trainings, which reached 595 unduplicated parents (669 duplicated) people in FY24. Examples of parent workshops include Caminar’s Proud Parents group for parents of LGBTQIA+ youth; Catholic Charities’ communications skills workshops; substance use educational presentations for parents; and YCS’s youth co-created workshops designed to promote positive intergenerational relationships using the Developmental Relationship Framework from the Search Institute.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Restorative Practices

The Restorative Practice (RP) Initiative provides training, convenings, consultations, and technical assistance to school districts and community-based organizations supporting school districts. Through the initiative, RP trainings teach participants how to develop community, strengthen relationships, and manage conflict; while additional supports, such as convenings, consultations, and technical assistance, provide participants with best practices for implementation.

The RP framework was selected because it provides support and skill sets that align with other Santa Clara County school district initiatives that are related to suicide and substance use prevention, such as Social Emotional Learning (SEL), Positive Behavioral Interventions and Supports (PBIS), or Alternative to Suspensions (ATS). RP works to promote overall health and wellbeing of students by increasing protective factors for youth and adults while simultaneously reducing risk factors for myriad problems that arise within the school system, such as substance use, suicide, chronic absenteeism, teacher burnout, etc.

In FY24 the RP initiative had 11 participating school districts¹, plus the Santa Clara County Office of Education. The participating district partners who were trained in RP then trained 367 additional individuals in their districts. Each participating district was given space to select from the individuals who were trained in the foundational training to become a trainer of trainers, and in FY24 the initiative trained six additional RP trainers. For the individuals who received their RP foundational training in the year prior, the restorative conferencing circle training was offered, and 40 faculty and staff completed this advanced level certification.

Due to the unique culture and environment of each county school district, no two districts are in the same stages of implementation. Therefore, each district is given autonomy to decide what is needed at their individual school sites. As an example, in FY24 Los Gatos Union School District made great strides, not only training faculty and staff but training 40 of their own elementary students as well, then updating their discipline matrix to incorporate RP best practices.

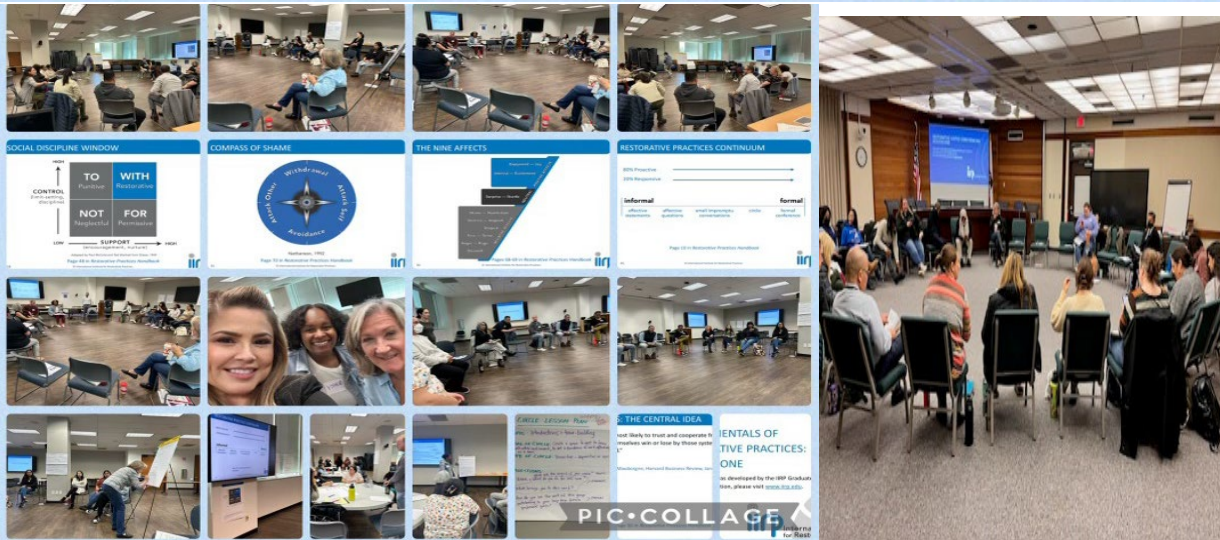
In FY24 the RP initiative hosted its first “Restorative Practices Symposium” in Gilroy. The symposium focused on growing wellbeing and the implementation of RP throughout Santa Clara County school districts. Of the post-symposium survey respondents, 89.7% said that the symposium provided opportunities to connect and collaborate with others; 93.1% stated that they gained the inspiration needed to further the restorative work; and 82.8% were motivated to take action. In FY24 members of the RP initiative also presented their work at the County of Santa Clara Suicide Prevention Conference and at the California School Based Mental Health Conference.

¹ Participating districts include: Berryessa Union, Cupertino Union, East Side Union High School District, Evergreen, Los Gatos, Milpitas Unified, Moreland, Mountain View Los Altos Union High School District, Oak Grove, San Jose Unified, Santa Clara Unified, and the Santa Clara County Office of Education.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Images from FY24 Restorative Practices Events





Core Objective 1: Improve social-emotional skills and protective factors among community members

Adult Alternative Activities

The Prevention Services Division piloted alternative activities for adults starting in FY24. Activities for this category are provided by Catholic Charities, who offer a wide variety of adult programming focused on substance use prevention, social support, and empowerment. The programming is delivered as part of groups on topics such as parenting, communication skills, grief and loss, and employment skills, all with the goal of improving social emotional skills and increasing protective factors. In FY24, 120 unduplicated adults and 202 duplicated adults were reported as having been served by this programming. Catholic Charities continues to work on implementing the adult alternative activities impact survey.

FY24 Adult Alternative Activities



Reducing Isolation for Older Adults

Currently, this strategy is primarily implemented by the Suicide Prevention team. However, it is an overlapping strategy across both teams.

In FY24, the Older Adult Suicide Prevention subgroup focused on enhancing social connections to reduce isolation among older adults. The subgroup reviewed the Substance Abuse and Mental Health Service Administration (SAMHSA) toolkit, "[Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers.](#)" and completed assessments for the Milpitas Barbara Lee Senior Center and the Saratoga Adult Care Center (SACC). This review led to several initiatives: providing community helper trainings for staff and volunteers on sensitive topics, sharing mental health and suicide prevention resources at the centers, and exploring the implementation of support groups to foster a sense of purpose, resilience, and connectedness among older adults. For example, SACC introduced grief support services in partnership with Sutter Health and Hospice of the Valley. These monthly services cover topics such as Models of Grief, Grief in Relation to Children & Adolescents, and Advance Directives. The Barbara Lee Senior Center offered a monthly veterans' support group (15 regular attendees; 1-3 new each month); a Technology for Seniors workshop (83 attendees); mental health training for city staff; and increased mental health and suicide prevention resources through the center.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Additional accomplishments by other subgroup member organizations include the following:

- RYDE Program drivers completed the Be Sensitive, Be Brave (BSBB): Suicide Prevention training in recognizing suicide warning signs and abnormal behaviors in clients;
- West Valley Outlook included mental health and suicide prevention resources, reaching over 32,000 homes;
- Catholic Charities offered activities that improved social-emotional skills and created connections for older adults: staff attended a suicide prevention training; 84 unduplicated clients attended a mental health outpatient program for older adults offering therapy, case management, and medication support; 30 drop-in groups covering psychosocial support, body movements, social skills were offered, serving 160 duplicated clients; and a variety of groups at Supportive Housing sites for older adult tenants were held; and
- Representatives from Friendly Voices, the County's Access to Technology Program, and Gardner Health Services' Older Adult Program presented at the County's 4th Annual Suicide Prevention Conference to promote the use of digital connection resources among older adults.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Core objectives two and three focus on increasing public knowledge about suicide and community member's help-seeking behaviors. While they are distinct objectives under the Division, the strategies the SP program implements overlap in scope and thus are presented jointly in this section.

To achieve these two core objectives, the SP Program focuses on five main strategies:

- **Helper/mental health trainings**
- **Public awareness campaigns**
- **Community outreach (including older adult education)**
- **Suicide Prevention Conference**
- **Crisis and Suicide Prevention Services**

Helper/Mental Health Trainings

The SP Program offers seven community helper trainings in suicide prevention and mental health. These trainings' main goals are to teach participants the warning signs of suicide or a mental health crisis, and how to support and refer individuals in crisis to seek professional help. In FY24, the program trained 2,831 community members and/or service providers through community helper trainings. Among these 2,831 individuals trained, 116 were senior care providers, including senior living residents, staff, and volunteers from senior centers and older adult-serving organizations, due to the efforts of the Older Adult Suicide Prevention subgroup.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Table 2. FY24 Suicide Prevention and Mental Health Helper Trainings

Name	Description	Group(s) Trained in FY24	Trainings Hosted/ Individuals Trained
Question, Persuade, Refer (QPR)	Basic helper training teaching the QPR method of asking the suicide Question, Persuading the individual to get help, and referring the individual to local resources.	General community, public health nurses, city staff	Online codes ² issued: 176
LivingWorks Start	Multi-modal interactive training simulations and scenarios to learn and practice how to recognize when someone is in distress, increase comfort with supporting an individual in crisis, and how to connect them to an intervention provider.	General community, partner organizations	Online codes issued: 38* <i>Note: Change in registration process may have impacted participant numbers in comparison to FY23</i>
Be Sensitive, Be Brave: Suicide Prevention	Participants explore tailored content to define suicide, identify specific warning signs and how to talk about suicide with compassion to account for cultural differences.	Clinicians, park rangers, clinic staff, youth advisory group, senior living residents, Senior care providers, Older Adult Suicide Prevention subgroup members, general community, nursing students	11 completed; 242 trained Virtual (Zoom) *Spanish-language pilot trainings commenced in FY24
Applied Suicide Intervention Skills Training (ASIST)	Participants learn to provide suicide first aid to a person at risk, identify key elements of a suicide safety plan and the actions required for implementation.	Mental health professionals, community partners, contracted providers, school/youth-serving providers	6 completed; 128 trained In-person (<i>San Jose, Milpitas, Gilroy, Sunnyvale</i>)

² Online codes are numbers that are issued to individuals who register for a training which allow them to access the training.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Name	Description	Group(s) Trained in FY24	Trainings Hosted/ Individuals Trained
<i>SP201: Suicide Prevention and Clinical Management for Diverse Clientele</i>	Participants learn to assess suicide risk, safety plan, case conceptualize, and treatment plan for managing suicide risk in diverse populations.	Youth-serving and adult-serving BHSD/county contracted clinicians and mental health professionals, senior care providers, Older Adult Suicide Prevention subgroup members	2 completed; 76 trained Virtual (Zoom)
<i>Be Sensitive, Be Brave: Mental Health</i>	Participants learn to define mental health, identify signs of mental distress and mental health resources, and how culture and diversity affect mental health.	Youth advisory group, senior care providers, Older Adult Suicide Prevention subgroup members, general community	3 completed; 48 trained Virtual (Zoom)
<i>Kognito simulations</i>	Simulated online conversations in grade-level specific modules on various mental health and wellness topics.	Elementary, middle, and high school educators and staff; middle and high school students	20 school districts participated; 2,123* staff and students trained *Duplicated



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Across the four suicide prevention helper trainings offered, participants reported statistically significant improvements in self-reported suicide prevention competencies (Table 3). The trainings analyzed were Question, Persuade, Refer (QPR); LivingWorks Start; Be Sensitive, Be Brave: Suicide Prevention; and Applied Suicide Intervention Skills Training (ASIST).

Table 3. Change in Self-Report of Suicide Prevention-Related Competencies for Trainings, July 2023-June 2024

Variables	Pre-Training (N= 291-295)		Post-Training (N=244-247)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
1. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting.	3.46	1.02	4.26	0.67	-10.92***	-0.93	Large
2. I am confident in my ability to make a referral for someone in a suicide crisis.	3.38	0.99	4.3	0.68	-12.68***	-1.08	Large
3. I have the skills necessary to support or intervene with someone thinking about suicide.	3.27	1.01	4.31	0.7	-14.13***	-1.20	Large
4. I feel prepared to apply concepts of culture and diversity in my efforts to help people with their suicidal distress.	3.25	0.95	4.12	0.76	-11.78***	-1.01	Large
5. I know the warning signs for suicide.	3.64	0.87	4.3	0.66	-9.96***	-0.85	Large
6. I am able to identify someone who is at risk for making a suicide attempt.	3.48	0.91	4.24	0.66	-11.21***	-0.96	Large
7. I am aware of the resources necessary to refer someone in a suicide crisis.	3.53	0.92	4.36	0.61	-12.52***	-1.06	Large
8. I understand and can identify ways in which culture affects how suicide is expressed and experienced.	3.48	0.93	4.16	0.71	-9.54***	-0.82	Large

Data Source: Prevention Services Division “Suicide Community Helper Pre-Training Survey” and “Suicide Community Helper Post-Training Survey”



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Public Awareness Campaigns

In FY24, the SP Program and BHSD leadership expanded its countywide public awareness campaign promoting 988, including the County's innovative mobile response services, and the BHSD Call Center that gives access to additional mental health and substance use treatment services. Campaign objectives were to raise community awareness of 988 and the Call Center number, improve knowledge about where to seek help for mental health and substance use treatment, improve attitudes towards seeking help for behavioral health services, and increase help-seeking behavior.

The campaign expansion involved updating media ads and informational materials based on formative research on 988. All updated campaign assets:

- highlighted new text message capabilities available through the County's 988 County and Suicide Prevention Lifeline;
- were in English and Spanish, addressing youth and adult audiences;
- aired for six weeks in April and May 2024; and
- were distributed through various channels, including digital online browsers, music streaming services, TV and movie streaming services, social media platforms, in-language Spanish radio and TV, as well as buses and billboards. Informational materials were also distributed to the community through the SP Program and its partners.

In total, all media ads generated 8,971,951 impressions. The SP Program also updated all campaign ads and informational materials in Vietnamese and Chinese, for distribution in FY25.

This campaign was evaluated and results reported in FY23, so the FY24 campaign was not evaluated again.





Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Additionally, in FY24, as part of its efforts to address suicide prevention in the Latine/x and Asian communities, SPOC recommended using research findings from the effort to develop a media campaign aimed at reducing stigma among these groups. Campaign planning and development began in April 2024. The campaign's primary objectives are:

- to shift attitudes and counter cultural perceptions towards seeking help for mental health or substance use services;
- to increase knowledge about mental health and its importance in overall well-being;
- to increase awareness about where to seek help for crisis and non-crisis mental health and substance use treatment; and
- to increase help-seeking behavior.

In FY25, the Program plans to distribute English and Spanish campaign ads through a variety of media platforms. Additionally, next fiscal year, the Program intends to adapt assets in Asian languages for distribution and aims to conduct an evaluation of these the stigma reduction campaign effort.

Community Outreach

Based on County suicide data, outreach efforts in FY24 were focused on two priority populations: a. older adults (ages 65+) and b. Latinx/e and Asians (ages 18-44). In total, 20 community events were attended by staff or program volunteers, and 882 members of the public were provided mental health and suicide prevention resources.

Older Adults:

In an effort to increase community members' knowledge of available suicide prevention resources and to enhance their ability and willingness to help, the SP Program provided mental health and suicide prevention resources through tabling at various events for older adults, including the Veteran Stand Down, Milpitas Veterans Resource Fair, and the City of Santa Clara's Be Strong Live Long Health and Wellness Fair. Furthermore, the subgroup provided suicide prevention presentations at meetings, including the West Valley Service Providers Network, Milpitas Veterans Support Group, BHSD AOA All Staff Meeting, and Sourcewise Advisory Council.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Older Adult Resource



Introduction	4
• About this Resource Guide	
• Suicide Warning Signs	
Financial Support	6
• Food and Finance	
• Housing	
Safe Environments	9
• Reduced Access to Firearms	
• Medication Overdose Prevention	
• Elder Protection	
Healthy Connections	13
• Companionship	
• Community Engagement	
• Transportation Assistance	
Access to Care	18
• Medical Services	
• Behavioral Health Services	
• Grief Support	
Additional Local Services	23

The Older Adult Suicide Prevention subgroup has developed a 24-page [Older Adult Suicide Prevention Resource Guide](#) to address their goal of enhancing awareness and education about suicide prevention among older adults. This guide provides essential information on the warning signs, risk factors, and available resources for suicide prevention.

Developed based on the [CDC's Suicide Prevention Resource for Action](#) strategies, the guide aims to raise awareness and empower older adults and their caregivers. Specifically, the guide seeks to increase awareness of the

BHSD Call Center and 988, improve knowledge on how and where to seek behavioral health services, and encourage help-seeking behaviors among older adults. To ensure cultural competence and usability, the guide was designed in a booklet format, reflecting preferences identified for older adults. Key design features include large fonts, high-contrast colors for improved readability, and the inclusion of phone numbers and websites for easy reference.

In FY24, the subgroup compiled a contact list of programs and organizations serving older adults and distributed copies of the resource guide to more than 397 of these organizations. Feedback from community members highlighted the guide's impact:

- *"The Older Adult Suicide Prevention Resource Guide is an excellent source of lots of valuable information for seniors. It is extremely well done and in a very readable large font."*
- *"I found the Older Adults Suicide Prevention Resource Guide surprisingly useful. I thought it was only for people who need mental health support, but there is a little bit of everything in here. Everything you need is right there."*
- *"The information was clear, and the resources listed gave me a sense of support. It's comforting to know that there are dedicated resources available for older adults facing mental health challenges."*

Latinx/e and Asian:

Increased outreach for the Latinx/e and Asian priority populations was established to address one of the Intervention Workgroup's focus areas for FY24. Program mental health and suicide prevention resources were distributed at various tabling events, including the Minority Mental Wellness Fair, Party in the Park, Living Above the Influence, and the Cinco de Mayo Parade and Celebration. In addition, program resources were provided to 30 organizations, resulting in an additional 3,528 resources distributed.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Stand Down Tabling Event for Veterans



Cinco de Mayo Parade and Celebration



Suicide Prevention Conference

In September 2023, the Suicide Prevention Program held its 4th annual Suicide Prevention Conference. In alignment with the keynote address on suicide prevention in trans and gender-diverse communities, a traveling photo-text exhibit from Family Diversity Projects was displayed with stories of trans and nonbinary people and their families. The other conference sessions covered various topics, including lived experience, school-based suicide prevention, means safety, and integrating spirituality into suicide prevention. The conference was attended by 150 providers in the community, and 47 speakers presented.



Crisis and suicide prevention services (through the Crisis Services program in BHSD)

Crisis and Suicide Prevention Lifeline

The Crisis and Suicide Prevention Lifeline (CSPL) answered a total of 59,964 total calls from July 1, 2023 to June 30, 2024 (see Table 4). Compared to FY23, total calls increased by 5.5%. CSPL fielded direct calls to 988 and the local crisis number line, as well as calls connected to the Call Center through BHSD's consolidated 10-digit behavioral health services access line.



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Table 4. CSPL Call Data

Month	988				Local Lines 855-278-4204 & 1-800-704-0900			
	Offered	Answered	Unanswered & Hang-up	Answer Rate	Offered	Answered	Unanswered & Hang-up	Answer Rate
Jul-23	2,314	2,163	151	93%	4,273	3,519	754	82%
Aug-23	2,207	2,078	129	94%	3,494	3,053	441	87%
Sep-23	2,633	2,529	104	96%	3,515	3,056	459	87%
Oct-23	2,416	2,297	119	95%	3,511	2,977	534	85%
Nov-23	2,137	1,998	139	93%	3,413	3,017	396	88%
Dec-23	2,199	2,049	150	93%	3,520	2,979	541	85%
Jan-24	2,128	2,014	114	95%	3,411	2,996	415	88%
Feb-24	2,131	2,020	111	95%	3,513	3,050	463	87%
Mar-24	2,445	2,270	175	93%	3,459	2,944	515	85%
Apr-24	2,501	2,321	180	93%	3,451	2,956	495	86%
May-24	2,792	2,570	222	92%	3,352	2,767	585	83%
Jun-24	2,578	2,341	237	91%	2,759	2,319	440	84%
FY 23-24	28,481	26,650	1,831	94%	38,912	33,314	5,598	86%

Data Source: County of Santa Clara Behavioral Health Services Department, Crisis and Suicide Services Division

BHSD offers additional mobile crisis response services accessible through 988 and the other County crisis phone lines. CSPL referrals to the services are captured in Table 5, below. The table includes referrals made to MCRT, MRSS, and TRUST programs, and includes those that resulted in field visits. The number of referrals provided to IHOT and 911 are so low that CSPL no longer includes these data in the table provided.

Table 5. CSPL Referrals to Crisis Services

Month	MCRT			MRSS			TRUST		
	Referred	Field Visit (FV)	%FV	Referred	Field Visit (FV)	%FV	Referred	Field Visit (FV)	%FV
Jul-23	148	43	29%	23	6	26%	356	112	31%
Aug-23	159	55	35%	21	5	26%	339	122	36%
Sep-23	160	56	35%	27	4	15%	330	118	36%
Oct-23	153	52	34%	34	4	12%	298	125	42%
Nov-23	115	35	30%	23	6	26%	243	113	47%
Dec-23	172	52	30%	13	6	46%	378	138	37%
Jan-24	179	72	40%	14	5	36%	270	158	59%
Feb-24	140	73	52%	38	7	18%	470	210	45%
Mar-24	183	94	48%	35	4	7%	470	221	49%
Apr-24	229	129	56%	32	5	13%	435	197	48%
May-24	221	111	50%	33	2	6%	492	313	64%
Jun-24	244	129	53%	17	5	29%	478	213	45%
FY 23-24	2,103	901	43%	310	59	19%	4,559	2,040	45%
Totals	3,565	1,215	34%	536	149	28%	5,612	2,353	42%

Data Source: County of Santa Clara Behavioral Health Services Department, Crisis and Suicide Services Division



Core Objective 2: Increase public knowledge about suicide



Core Objective 3: Increase community members' helping and help-seeking behaviors

Crisis Text Line

Since 2018 the SP Program has partnered with Crisis Text Line (CTL), a free crisis intervention service via text message. Under the partnership, CTL provided the County with its own code word RENEW and access to a data dashboard tracking demographics and conversations that have taken place through RENEW. In FY24, 340 conversations among 233 texters took place under the County's CTL.

Due to the launch of the County's 988 texting service in July 2023, the SP Program ended its partnership with CTL at the end of FY24. CTL services are still accessible to anyone by texting any word, such as HELLO or HOLA (for Spanish-language texting services), to the number 741741.

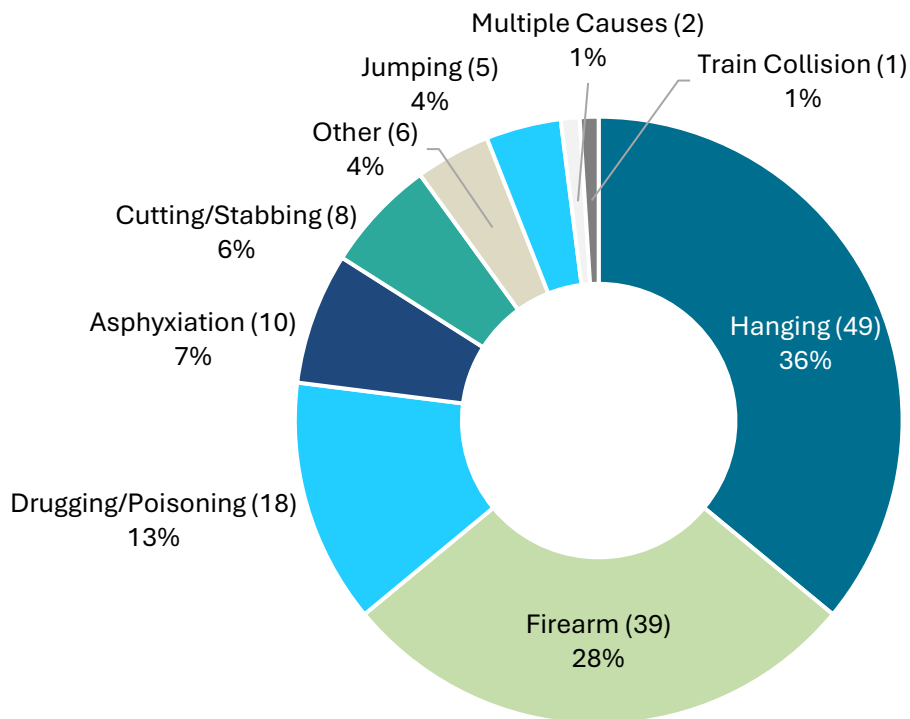


Core Objective 4: Reduce access to harmful products by community members

To reduce access to harmful products by community members, the SP Program team focuses on two core strategies: **Hanging Means Safety**; and **Firearm Safety**.

Hangings, followed by firearms, have been the most common and second-most common methods for suicide by County residents for the past six consecutive years³. Suicide by hanging continues to affect youth and non-white racial/ethnic groups in particular, while firearm suicides more heavily impact older white residents.

Figure 6. Suicides in Santa Clara County by Method, 2023



Data Source: County of Santa Clara Behavioral Health Services

Hanging Means Safety

The effort to create prevention strategies that address suicide by hanging means safety within community spaces continued in FY24 through the hanging means safety workgroup, which prioritized disseminating educational brochures and developing a provider training that addresses suicide by hanging means.

³ For information on the Prevention Services Division’s efforts to reduce access to substances that may be used in drugging/poisoning suicides (the third most common method for suicide in the County), see page 95 of the Substance Use Prevention Services program report.



Core Objective 4: Reduce access to harmful products by community members

The educational brochures were finalized last fiscal year, with one brochure being available to the broader community and another brochure being available upon request by providers (e.g., clinicians, school staff, other suicide prevention programs, etc.). These brochures covered information such as facts about the method, suicide warning signs, common ligature and ligature points, ways to reduce the risk of suicide by hanging as a caregiver, suicide risk assessment, and how providers can talk to loved one about suicide by hanging risk. In FY24, the workgroup prioritized disseminating these brochures to community-based organizations and County programs.

The workgroup additionally partnered with staff from the Veterans' Administration (VA) to utilize the caregiver and provider brochures as reference for their own creation of educational brochures about suicide by hanging. This partnership led to staff from the VA to coordinate with larger suicide prevention staff to prioritize addressing suicide by hanging in prevention materials. These additional members of the workgroup have been influential in bringing this workgroup's efforts into the broader suicide prevention field.

Members of the workgroup continue to provide presentations to other suicide prevention programs across the country and staff associated with the VA. These presentations include information on literature reviews regarding suicide by hanging as well as efforts done within this workgroup.

Currently, the workgroup is focusing on finalizing a provider training that may be used as an addendum to common trainings that address lethal means of suicide. Often, a focus on suicide by hanging is left out of these trainings, despite there being high risk and a significant number of deaths associated with this method. The workgroup hopes to partner with different organizations to make this addendum available to providers to increase the knowledge of suicide by hanging and inform future prevention efforts.



Core Objective 4: Reduce access to harmful products by community members

Firearm Safety



In FY24, the SP Program continued its collaboration with the Office of the District Attorney (DAO) by actively engaging with the County's Gun Safety and Violence Prevention (GSVP) workgroup. As part of this ongoing effort, the Program participated in the annual gun buyback event organized by the GSVP workgroup to enhance suicide prevention through gun safety. During the County's buyback event in FY24, the Program coordinated with partners to distribute 320 resource bags, each containing a gun lock and suicide prevention and mental health resources. Public Health Department (PHD) partners issued a satisfaction survey to participants in the December 2024 gun buyback event. Among the survey results, 96% (145 of 151) of survey respondents said

they had a good or excellent experience at the event, while 64% (96 of 151) said nothing could be improved about the event. When asked, "What led you to sell back your gun(s) at this event?", survey respondents gave the following reasons (respondents could give multiple reasons):

Table 6. December 2024 Gun Buyback Event: Why Participants Sold Back their Firearms

Reason	Count	Out of	Percentage
Did not use or no use for guns	95	151	63%
It was a gift or inherited	40	151	26%
It posed a safety risk, or general concern over safety or misuse	27	151	18%
It was easier to turn it in rather than sell it to a gun dealer	15	151	10%

Data Source: County of Santa Clara Public Health Department Partner Survey

In FY23, the SP Program assisted DAO in applying for a Kaiser Permanente Gun Violence Prevention Initiative grant, which DAO was awarded in FY24. DAO is utilizing the funding to implement its Freedom from Gun Violence initiative (FFGV). Throughout FY24, the SP Program coordinated with DAO and provided technical assistance to develop a public awareness campaign strategy that incorporates suicide prevention as part of FFGV. DAO is currently exploring engagement with a media agency to help develop and implement the public awareness campaign component in FY25.



Core Objective 5: Improve media messaging and reduce stigma through media portrayals

To address this objective the SP Program focuses on:

- **Rapid local media response regarding articles addressing suicide**
- **Safe messaging trainings for media, local officials, youth**
- **Development and utilization of Tool for Evaluating Media Portrayals of Suicide (TEMPOS)**

Rapid Local Media Response

A strong evidence base exists on the influence of media coverage of suicide on suicidal behavior. The SP Program conducts regular monitoring of the local media and response to reporters for stories on suicide, and tracks reporters' responses to these outreach efforts.

- In FY24, the Program sent 36 communications regarding articles and opinion pieces on suicide and mental health published locally. Communications were sent to local reporters, high school newspaper staff, and community stakeholders sharing opinion pieces, regarding their articles on suicide and mental health.
- Of the 36 communications, the SP Program fielded seven follow-up messages, some resulting in continued dialogue with journalists and media organizations. The Program has set a goal to develop new, and cultivate existing, relationships with local media to better promote suicide prevention through encouragement to use safe reporting practices.

Safe Messaging Trainings

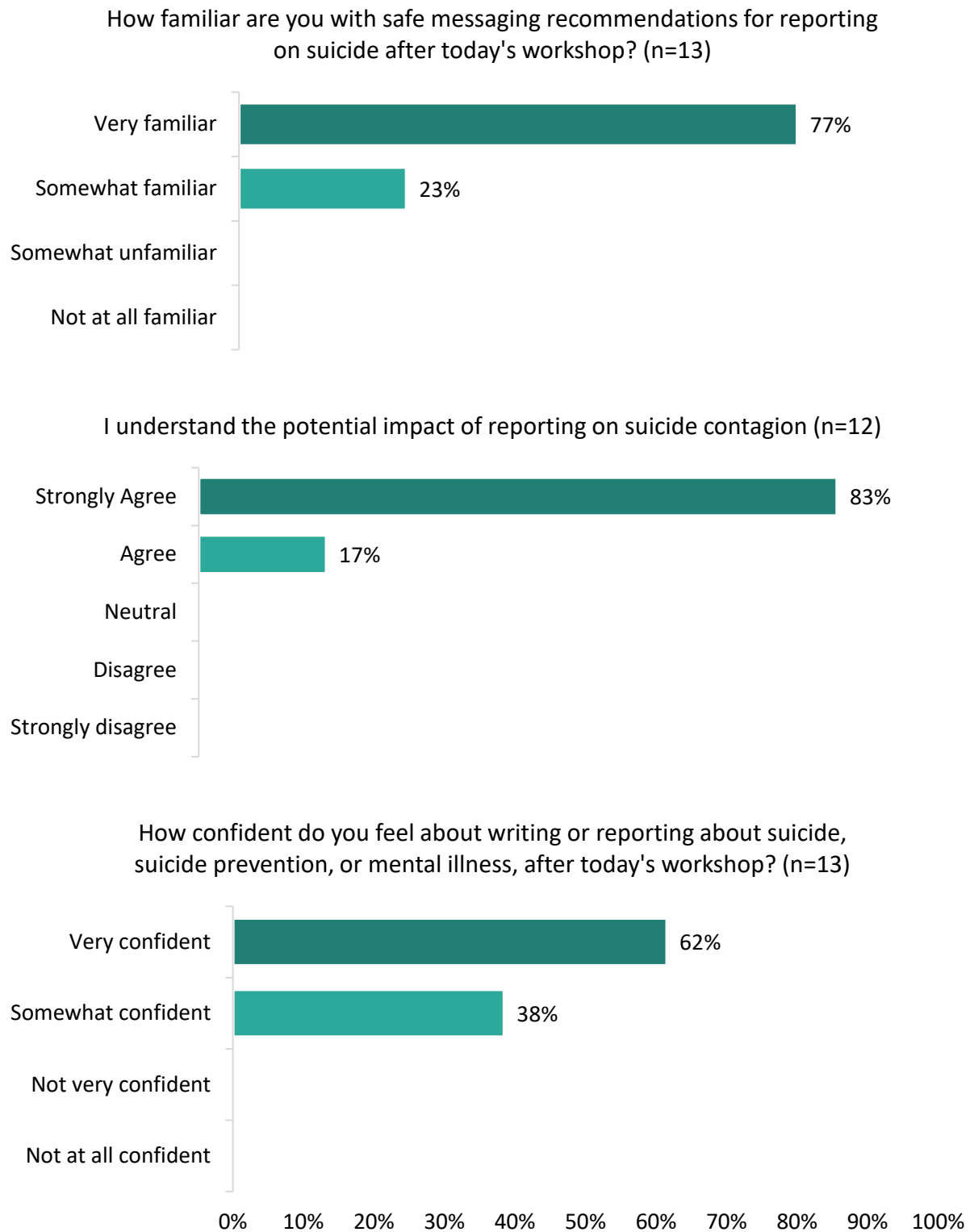
In FY24, the Program began offering its safe reporting training to media members in its outreach communications. The effort opened dialogue with news organizations and resulted in unique training opportunities. In FY24, the Program provided four safe messaging trainings to Bay Area News Group, KTVU Fox News, Southern California News Group, and SP Program Communications Workgroup members and partners. During the trainings with news agencies, the Program offered technical assistance in developing or updating reporting protocols around suicide and mental health. The SP Program reviewed and made recommendations to existing Bay Area News Group protocols and to newly-established protocols by the Southern California News Group. Program trainers also provided KTVU journalists and on-air personalities recommendations in real time during the workshop.

The four workshops were attended by 105 journalists, reporters, editorial staff, and suicide prevention stakeholders. The SP Program also gathered pre- and post-training survey data from the safe messaging trainings.



Core Objective 5: Improve media messaging and reduce stigma through media portrayals

Figure 7. Safe Messaging Training Survey Quantitative Results



Data Source: FY24 General Safe Messaging Post-Workshop Evaluation Survey



Core Objective 5: Improve media messaging and reduce stigma through media portrayals

Safe Messaging Training Survey Qualitative Feedback Examples

- “I am sure we'll put out a synopsis of the session for our newsroom... but it's something that ALL newsrooms should have... I don't think I would have spent part of my morning learning about suicide if my news director hadn't offered this training... and I am glad she did!”
- “the actual words we can use in our on-air scripts—even just adding "you are not alone" and "suicide is preventable" when we give the help line... in addition to not saying "committed" and things like that (that I think we've learned/stuck to over the past several years) THANK YOU for your work... you have been helpful... we will do things better/differently because of you :)”
- “It's key to take extra time to find the best way to balance informing our readers while also mitigating additional harms.”

Tool for Evaluating Media Portrayals of Suicide (TEMPOS)

To assess long-term outcomes of its safe messaging work, in FY24 the SP Program pursued a new analysis of suicide-related reporting using the Tool for Evaluation Media Portrayals of Suicide (TEMPOS) – a tool developed by the Program and Stanford partners. To conduct the analysis, the Program engaged with an evaluation agency and the Center for Urban Studies at the Federal University of Minas Gerais in Brazil. The project was a follow-up to a 2018 baseline analysis. The purpose was to ascertain changes in trends of reporting on suicide among local media since 2018.

For the FY24 analysis, the Program and project collaborators applied TEMPOS to a dataset of 74 suicide-related news articles from March 2022, when Katie Meyer, a locally and nationally known figure, died by suicide.

Table 7. TEMPOS Follow-up Analysis Results: Average Scores by Criteria Local Publications; Change Over Time

Criteria (Local)	2018 Mean	2022 Mean	Change	p-value	Sig?
Suicide prevention/mental health resources	1.83	2.24	+0.41	.034	Yes
Appropriate/non-stigmatizing suicide related language	2.73	2.76	+0.03	.786	No
Factual & non-speculative information	2.18	2.15	-0.03	.870	No
Suicide method/scene	2.25	1.90	-0.35	.091	No
Suicide note	2.54	2.97	+0.43	.012	Yes
Framing of suicide	2.13	2.24	+0.11	.378	No
Reasons and risk factors for suicide	2.05	1.82	-0.23	.075	No
Sensationalism (language)	2.35	2.29	-0.06	.770	No
Glamorizing suicide	2.70	2.79	+0.09	.394	No
Visual content	2.59	2.23	-0.36	.055	No

Data Source: County of Santa Clara Behavioral Health Services, 2024 TEMPOS Study



Core Objective 5: Improve media messaging and reduce stigma through media portrayals

Table 8. TEMPOS Follow-up Analysis Results: Average Scores by Criteria National Publications; Change Over Time

Criteria (Local)	2018 Mean	2022 Mean	Change	p-value	Sig?
Suicide prevention/mental health resources	2.02	2.38	+0.36	.024	Yes
Appropriate/non-stigmatizing suicide related language	2.72	2.83	+0.11	.340	No
Factual & non-speculative information	2.56	2.20	-0.36	.002	Yes
Suicide method/scene	2.26	2.28	+0.02	.908	No
Suicide note	2.56	3.00	+0.44	<.001	Yes
Framing of suicide	2.37	2.35	-0.02	.833	No
Reasons and risk factors for suicide	2.23	2.00	-0.23	.109	No
Sensationalism (language)	2.60	2.40	-0.20	.100	No
Glamorizing suicide	2.84	2.65	-0.19	.048	Yes
Visual content	2.74	2.71	-0.03	.755	No

Data Source: County of Santa Clara Behavioral Health Services, 2024 TEMPOS Study

TEMPOS analysis data indicated that local reporting demonstrated statistically significant improvements in providing mental health resources and appropriately addressing suicide notes. Data showed national improvements for those same areas, along with including factual and non-speculative information and avoiding glamorizing of suicide. Promisingly, there were not statistically significant declines shown by national or local media on any TEMPOS reporting criteria. During the time between analysis periods (2018 and 2022), the Program had increased its outreach efforts to local media about safe reporting, specifically through direct communications and trainings. While these efforts cannot be directly linked to improved reporting practices, analysis results lend support to the Program's objective to continue engagement with local media around safe reporting. The Program will use project data and findings to inform ongoing work and areas to explore that promote safe messaging and reporting.

The TEMPOS analysis produced valuable information to a limited evidence base about measuring safe reporting practices and scales that aim to assess adherence. A research article on the project's development, analysis, and results was started in FY24. The Program aims to complete and submit the article for journal publication in FY25.

In FY24, the SP Program began exploring developing an artificial intelligence tool based on TEMPOS. The project aim is to create a tool that allows suicide prevention advocates and media professionals to more quickly and easily analyze reports and other media pieces for adherence to the safe messaging guidelines. In FY25, the Program plans to contract with the University of California Berkeley Data Science Society to develop the AI instrument, with Stanford University's Media & Mental Health Initiative (MMHI) assisting in an advisory capacity.



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

To address this objective SP focuses on:

- School-district partnerships
- County Health Systems
- Community postvention/grief support

School-District Partnerships

State policies AB2246 and AB1767 mandate that public schools serving grades K-12 adopt policies addressing suicide prevention, crisis response, and student mental health. The SP Program officially launched the school-based partnership in 2018 as a response to a needs assessment conducted with districts on their progress with implementing these policies. In FY24, the SP Program entered its sixth year of the partnership and expanded reach to a total of 20 districts with varying prevention needs and technical assistance requests.

Table 9. Districts Participating in School Partnership Efforts

	Pilot Yr (18-19)	Yr 2 (19-20)	Yr 3 (20-21)	Yr 4 (21-22)	Yr 5 (22-23)	Yr 6 (23-24)
1. Alum Rock Union	X			X		
2. Berryessa Union			X	X	X	X
3. Cambrian					X	X
4. Campbell Union					X	X
5. Cupertino Union School District						X
6. East Side High School Union		X		X	X	X
7. Evergreen Elementary			X	X	X	X
8. Franklin-McKinley				X	X	
9. Fremont Union HS District				X	X	X
10. Gilroy Unified				X	X	X
11. Los Altos Elementary				X		
12. Los Gatos Union		X	X	X	X	X
13. Los Gatos - Saratoga High School District	X	X	X	X		
14. Oak Grove School District						X
15. Milpitas Unified	X	X	X	X	X	X
16. Moreland					X	X
17. Morgan Hill Unified	X	X	X	X	X	X
18. Mt Pleasant Elementary School District						X
19. Mountain View Los Altos			X	X	X	X
20. Mountain View Whisman	X	X	X	X	X	
21. Palo Alto Unified		X	X	X	X	
22. Santa Clara County Office of Education (SCCOE) programs and charters	X	X		X	X	X
23. Santa Clara Unified	X	X	X	X	X	X
24. San Jose Unified					X	X
25. Sunnyvale Elementary		X	X	X	X	X
26. Union						X



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

The SP Program provides guidance and resources around appropriate trainings and consultations to build comprehensive suicide crisis response systems at schools. The main helper trainings offered to schools are the Kognito online health simulations, which the SP Program offers through a cost-sharing arrangement with the County Office of Education. For the 2023-24 academic year, **2,123 school staff and students (duplicated) were trained in online Kognito modules.**

Completed <http://www.kognito.com/> simulations included 13 staff offerings and the Friend2Friend peer module. **In six years of the partnership, more than 20,000 (duplicated) teachers, staff, and students** have been trained in various Kognito simulations across 20 County school districts.

FY24 pre- and post- training survey results from the Kognito “At-Risk” suite and “Emotional and Mental Wellness” online trainings indicated statistically significant improvements in suicide prevention helper-related competencies.

Table 10. Change in Self-Report of Suicide Prevention-Related Competencies for Kognito “At-Risk” suite and “Emotional and Mental Wellness” online trainings (for elementary, middle, high school educators)

Variables	Pre-Training (N= 1618-1634)		Post-Training (N=1241-1261)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
1. I know the warning signs for suicide.	3.63	0.84	4.08	0.64	-16.61***	-0.60	Medium
2. I am able to identify someone who is at risk for making a suicide attempt.	3.51	0.86	4.04	0.66	-16.49***	-0.69	Medium
3. I am aware of the resources necessary to refer someone in a suicide crisis.	3.59	0.89	4.09	0.65	-17.10***	-0.64	Medium
4. I am confident in my ability to make a referral for someone in a suicide crisis.	3.5	0.9	4.02	0.69	-16.56***	-0.65	Medium
5. I have the skills necessary to support or intervene with someone thinking about suicide.	3.41	0.92	3.97	0.7	-18.00***	-0.69	Medium
6. I understand and can identify ways in which culture affects how suicide is expressed and experienced.	3.46	0.91	3.92	0.75	-13.96***	-0.55	Medium
7. I feel prepared to apply concepts of culture and diversity in my efforts to help people with their suicidal distress.	3.39	0.91	3.92	0.76	-15.45***	-0.63	Medium

Data Source: Kognito Training Survey



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

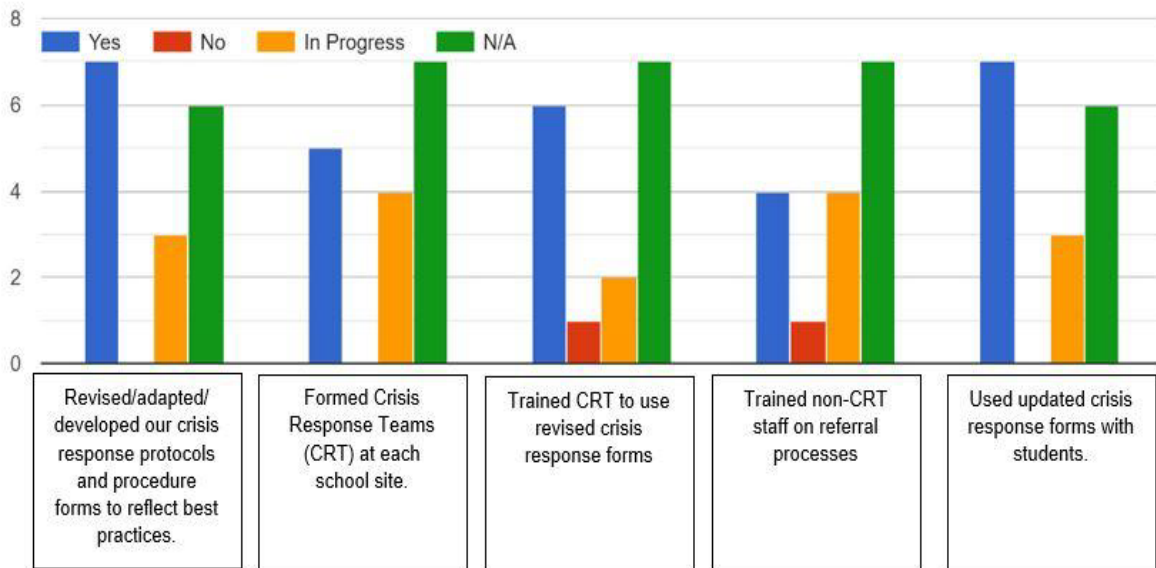
At the conclusion of FY24, the Kognito sunset its offerings due to the company discontinuing its brand of resources and simulation products. The SP Program and district stakeholders have identified and will provide the “*Be Sensitive, Be Brave*” online training series beginning in FY25. This training series for mental health and suicide prevention is an effective alternative to support educator and staff prevention efforts moving forward.

This fiscal year, the Stanford HEARD Alliance offered its second series of county-wide trainings at the beginning of the academic year. As a complement to the Kognito trainings, this virtual series outlined steps to ensure school personnel (teachers, staff, administration) and mental health professionals were trained to respond to student concerns and crisis by strengthening their crisis response protocols and implementing best practice prevention efforts. **Over the course of six months, 185 school personnel participated in the training series, representing 17 school districts.**

In reflecting on the series’ impact on their district efforts, participants completed a follow-up survey measuring progress for their respective site-based interventions efforts attributed to consultation with the HEARD Alliance (see figure below).

Figure 8. HEARD Alliance Follow-up Survey results

As a result of the crisis response consultations, my district/site...



Data Source: HEARD Alliance survey of school district participants



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

County Health Systems

Research supports the idea that deaths by suicide may be effectively prevented by focusing on clinical settings. Starting in FY21, the SP Program contracted with Community Connections Psychological Associates (CCPA) to provide culturally competent downstream implementation support for primary care and behavioral health clinical sites seeking to enhance their system-wide suicide services. As a result of a highly effective pilot program in FY21, CCPA expanded the initial efforts in FY22 and FY23, with a plan to continue through FY2025.

In FY24, CCPA continued its efforts to provide culturally competent implementation support, building on the work initiated in prior years. General aims were to collaboratively develop programs of action unique to each consultation site using a number of engagement modalities: organizational assessment, staff education, data and evaluation, incorporation of cultural and diversity considerations, integration of evidence-based innovative approaches to culturally competent suicide assessment and management, and modification of screening and assessment protocols, clinical documentation, or intervention practices. Through this consultation work, the goals were to enhance the suicide prevention practices provided by the partnering organizations that deliver mental health and substance abuse services. As each site has different needs and organizational processes, site-specific aims were also identified.

Asian Americans for Community Involvement (AACI)

The consultation started with creating a workgroup and an agency-wide suicide prevention needs assessment, customized for AACI in FY23. Based on the qualitative data gathered for the needs assessment, four areas were identified as needing improvement:

- 1) Handling suicide crises steps on the “day-of”,
- 2) Integration of cultural considerations in suicide assessment and management,
- 3) In-depth detailed assessment, and
- 4) Support for staff following a suicide death.

The qualitative data identified the need for increased suicide prevention training and improvements in workflow and procedures. After reviewing these results, the workgroup determined to do a deeper re-envisioning of suicide prevention agency-wide and set goals for the year. FY24 saw increased and ongoing provision of such training as well as further refinement of the comprehensive draft policy.

In this reporting year, two specific areas for development were supported through the consultation role, including incorporation of a component for the comprehensive suicide prevention policy to address suicide crises that happen among visitors, staff, and other non-patients. This policy was drafted, iterated multiple times and ultimately included into a revised comprehensive suicide prevention policy. The second related content area addressed Tarasoff warning situations, often referred to as “duty to warn and protect” situations. For this consultation, CCPA collaboratively developed, and provided to AACI, an entirely new training to address the topic, as well as consultative support leading to the development of a new related policy. Ultimately, it was determined that this “Tarasoff Policy” should remain separate from the comprehensive suicide prevention policy, and a draft of the Tarasoff policy is currently under review by the AACI policy review committee.



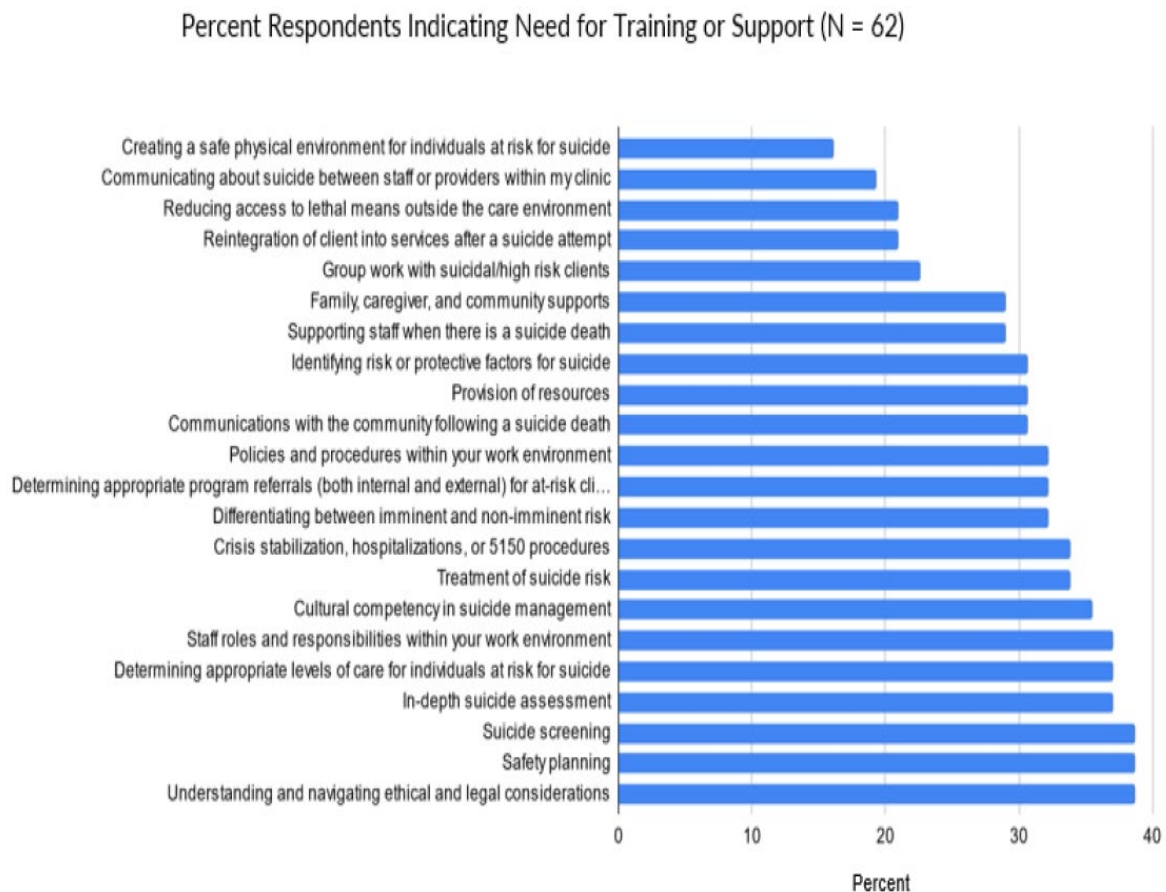
Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

In September 2024, AACI will officially roll out their fully-completed and fully-approved Comprehensive Suicide Prevention Policy. Accompanying the rollout will be Electronic Health Record (EHR)-integrated suicide prevention assessments and forms, and a companion online Sharepoint Suicide Prevention Toolkit. The workgroup is currently developing a new, integrated suicide prevention training that teaches comprehensive suicide prevention within the new AACI-specific policy and EHR. They are also finalizing plans to potentially offer community helper training (BSBB) for all AACI staff.

Behavioral Health Services Department (BHSD): Adult and Older Adult (AOA) System of Care

AOA was a newly-engaged site for full consultation services in FY24. The consultation began by creating a suicide prevention task force and conducting a thorough agency-wide assessment of suicide prevention needs, which was customized for AOA by the CCPA team. Key takeaways from the assessment results included strengths in current staff and team skills. Key areas for improvement identified included enhanced training systems, enhanced policies supported by procedures, protocols and tools, and increased clarity around responding to acute crisis situations.

Figure 9. AOA Staff Indication of Need for Improvement across Multiple Suicide Prevention Domains

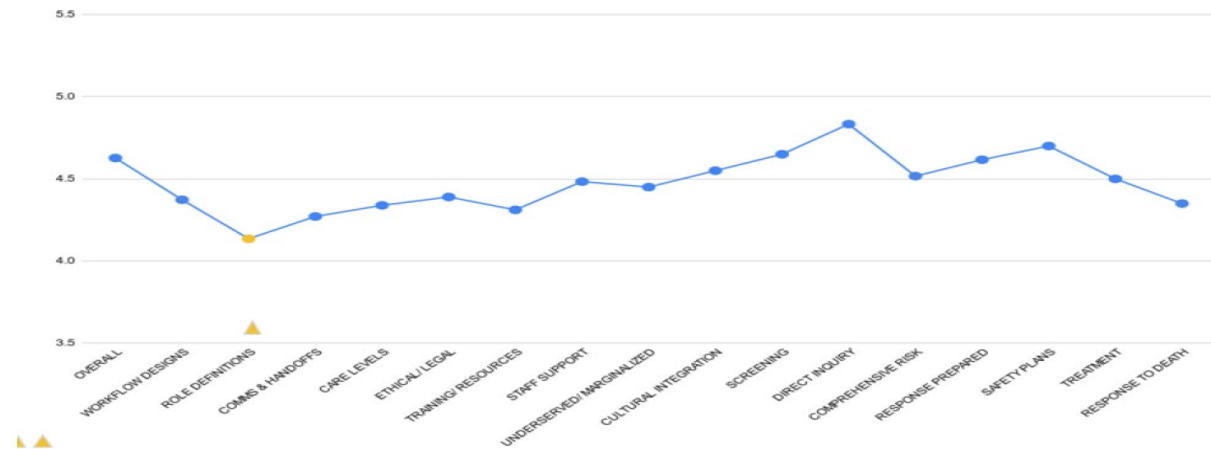


Data Source: FY24 Suicide Needs Assessment Report, Community Connections Psychological Associates



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

Figure 10. AOA Staff Agreement with Successful Functioning across Multiple Suicide Prevention Domains



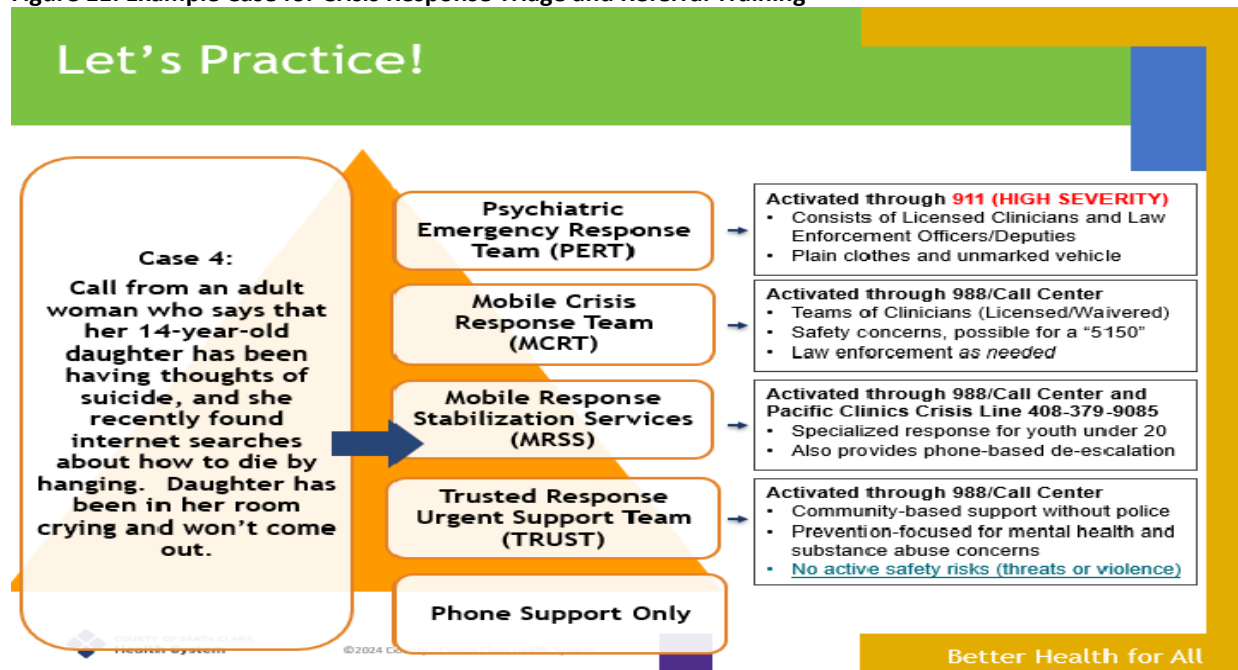
Data Source: FY24 Suicide Needs Assessment Report, Community Connections Psychological Associates, Inc.

Remaining consultation work to date has focused on development of a comprehensive policy, a first full version of which is now under review by AOA leadership. CCPA also collaborated on the development of an online Sharepoint toolkit.

BHSD Mobile Crisis Response Team (MCRT)

MCRT was initially engaged in FY24 for some limited-scope consultation services around training needs. CCPA conducted initial meetings with MCRT leadership to develop a triaged curriculum of training for both internal MCRT staff and external outreach efforts. During the FY24 consulting, CCPA collaboratively developed the first training on current models of crisis response triage and referral in Santa Clara County, including the development of new case examples for training.

Figure 11. Example Case for Crisis Response Triage and Referral Training





Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

Momentum for Health

Full engagement at Momentum concluded in FY22, with maintenance level support formally concluding in FY23. Therefore, the goal for FY24 was to serve any on-call support needs that arose and to continue disseminating information regarding the consultation efforts. A team from CCPA, AACI, and Momentum presented on these downstream efforts at the 4th Annual Santa Clara County Suicide Prevention Conference in September of 2023.

Primary Care Behavioral Health (PCBH)

PCBH consultation entered a hold status early in FY24. Work proceeded to finalize the extensive policy and procedural rework of overall operations, emphasizing responsivity to physician suicide prevention referrals. This included continued progress in expanding group services to accommodate referrals more quickly. Once finalized, however, implementation of the policies, procedures and training efforts was paused pending structural reorganizations in leadership above the PCBH team and remained on hold through the remainder of FY24.

Care bags



In March 2023, through continued partnership with the Valley Health Foundation, the SP Program provided 240 care bags for patients discharged from Emergency Psychiatric Services due to suicidality. Each bag holds self-care materials and resources that can help support patients after discharge - a highly vulnerable time for those people who attempted or considered suicide. This marks the third year of the care bags program.

Community Postvention/Grief Support

In FY24, the Bill Wilson Center (BWC) for Living with Dying continued under their contract to deliver Community Crisis Response (CCR) trainings, as well as postvention services to community groups and County partners affected by suicide or loss (e.g., when a school district experiences the death or suicide of a student). CCR trainings aim to increase the capacity of the County's BHSD staff to provide grief support services following critical incidents and loss, including suicide. In FY24, BWC delivered two CCR trainings to 82 BHSD staff, and 43 community grief support responses (individual and group) to 372 community members.



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

During the two CCR trainings this year, participants reported statistically significant improvements from pre- to post-training in seven self-reported preparedness measures related to grief response.

Table 11. Change in Self-Report of Grief Response Preparedness for CCR trainings

Variables	Pre- Training (N= 64-65)		Post- Training (N=58-60)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
1. I feel adequately prepared to identify the dynamics of the stress/grief response after change or loss.	3.43	1.02	4.53	0.54	-7.67***	-1.34	Large
2. I feel adequately prepared to recognize behaviors, thoughts and feelings related to stress/grief.	3.77	0.81	4.64	0.48	-7.33***	-1.30	Large
3. I feel adequately prepared to articulate and practice effective techniques for responding to grief in children, youth and adults.	3.18	1.03	4.51	0.57	-8.97***	-1.20	Large
4. I feel adequately prepared to identify specific dynamics of suicide grief and sudden or violent trauma.	3.29	1.06	4.43	0.65	-7.34***	-1.59	Large
5. I feel adequately prepared to recognize and articulate stress responses in yourself and co-workers in the aftermath of a critical incident.	3.5	0.98	4.53	0.54	-7.36***	-1.30	Large
6. I feel adequately prepared to recognize and articulate stress responses in co-workers in the aftermath of a critical incident.	3.29	1	4.47	0.57	-8.21***	-1.44	Large
7. I feel adequately prepared to apply principles and processes of stress management to build resiliency in the home and work environment.	3.31	0.98	4.45	0.54	-8.10***	-1.44	Large

Data Source: Prevention Services Division Pre- and Post- CCR Training Survey



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

During Q3-Q4, the Center's staff engaged with BHSD, CCPA, and Dr. Tammy McCoy-Arballo at the County Executive's Office/Trauma Recovery Center, to update and ensure that training content and community responses aligned with evidence-based practices. CCPA and BWC staff established a working group and made an initial evaluation of the existing training material. CCPA also engaged national experts on crisis response around best evidence-based crisis response practices. Material was incorporated into a new edition resulting in changes that include the following:

- Incorporating modern evidence-based practices in the field, to be inclusive of foundations of Psychological First Aid approaches while eliminating references to Critical Incident Stress Debriefings; and
- Maintaining the person-centered BWC core approach that optimizes key predictors of recovery.

Conclusion

In FY24 the SP Program continued to sustain and expand its prevention efforts through partnerships, most notably through its 2021 merger with the Substance Use Prevention Services program under the one Prevention Services Division. The program continued to review and respond to local-level data using evidence-based interventions, focusing on the high-risk populations of youth, older adults, and the Latine/x and Asian communities in the County. Highlights and achievements from each of the program's six objectives follow below:

1. Improved social-emotional skills and protective factors among community members

- **Youth alternative activities:** More than 5,000 unduplicated youth and 10,267 duplicated youth participated in activities designed to foster emotional regulation, coping skills, and connectedness. Participant surveys indicated that 90% learned something new, 97% had fun, and 96% were glad they participated. Statistically significant pre- and post-activity survey results showed increased resilience and strengthened social-emotional skills among participants.
- **Youth education:** Four hundred and one workshops were facilitated, engaging 1,492 unduplicated youth. Surveys revealed notable increases in knowledge about stress management, refusal skills, and substance use prevention strategies.
- **Restorative practices:** Eleven school districts participated in trainings aimed at fostering supportive school environments. More than 360 additional individuals were trained, and innovative approaches like student-led discipline reforms were implemented in some districts. More than 40 staff also completed the Restorative Conferencing Circle training certification.
- **Reducing isolation for older adults:** New peer support groups were initiated by Older Adult Subgroup members, the Senior Centers of Saratoga and Milpitas.

2. Increase public knowledge about suicide

3. Increase community members helping and help-seeking behaviors

- **Community helper trainings:** The SP Program trained 2,831 community members and/or service providers in suicide prevention/mental health helper trainings, with statistically significant improvements in self-reported suicide prevention competencies.
- **Public awareness campaigns:** The 988 campaign was updated to highlight new text message capabilities and based on formative research on 988 perceptions and service usage. In total, all media ads generated nearly nine million impressions. The program also began developing a campaign to address suicide prevention and stigma in the Latine/x and Asian communities.
- **Community outreach:** Twenty community events were attended by staff or program volunteers, and 882 members of the public were provided mental health and suicide prevention resources. The Older Adult Suicide Prevention subgroup developed a 24-page Older Adult Suicide Prevention Resource Guide and distributed copies to more than 397 older adult-serving organizations. Program mental health and suicide prevention resources were provided to 30 Latine/x- and/or Asian-serving organizations, resulting in an additional 3,528 resources distributed. The fourth-annual Suicide Prevention Conference was attended by 150 providers in the community and covered various topics, including lived experience, school-based suicide prevention, means safety, and integrating spirituality into suicide prevention.
- **Suicide and crisis services:** The Crisis and Suicide Prevention Lifeline (CSPL) answered a total of 59,964 total calls—a 5.5% increase compared to FY23.

4. Reduce access to harmful products by community members

- **Hanging means safety:** The hanging means safety workgroup partnered with staff from the Veterans' Administration (VA) to utilize the caregiver and provider brochures as reference for their own creation of educational brochures about suicide by hanging.
- **Firearm safety:** During the County's gun buyback event, the Program coordinated with Gun Safety and Violence Prevention (GSVP) workgroup partners to distribute 320 resource bags, each containing a gun lock and suicide prevention and mental health resources.

5. Improve media messaging and reduce stigma through media portrayals

- **Safe messaging:** The Program sent 36 communications and fielded seven follow-up messages regarding articles and opinion pieces on suicide and mental health published locally. Four safe messaging trainings were provided to 105 reporters, editorial staff, and suicide prevention stakeholders at media groups including the Bay Area News Group, KTVU Fox News, and the Southern California News Group, resulting in review of and recommendations for the two news groups' reporting protocols. An analysis of the program's safe messaging efforts between 2018 and 2022 showed that local reporting demonstrated statistically significant improvements in providing mental health resources and appropriately addressing suicide notes.

6. Increase capacity for screening, referral, and treatment for care providers

- **School district partnerships:** The SP Program entered its sixth year of its suicide prevention partnership and expanded reach to 20 districts with varying prevention needs and technical assistance requests. 2,123 school staff and students (duplicated) were trained in online Kognito modules, with pre- and post- training survey results from the "At-Risk" and "Emotional and Mental Wellness" online trainings indicating statistically significant improvements in suicide prevention helper-related competencies. Representing 17 school districts, 185 school personnel participated in the crisis response training series, with about half of the districts reporting progress on their crisis response protocols and procedures as a result.
- **County health system:** Clinical policies, procedures, and trainings for suicide crisis management were strengthened at Asian Americans for Community Involvement (AACI) and at the County BHSD's Adult/Older Adult System of Care.
- **Community grief support:** The Bill Wilson Center for Living with Dying provided postvention services to 372 community members and trained 82 BHSD staff on crisis response and grief support. Training participants reported statistically significant improvements from pre- to post-training in seven self-reported preparedness measures related to grief response.

In March 2024, California Proposition 1 passed to amend the Mental Health Services Act, the SP Program's primary funding source. FY25 will be marked by understanding and preparing for Prop. 1 implementation, including identifying ways to coordinate with state-level suicide prevention efforts and sustain the funding and established activities of the SP Program.



*Preventing suicides
and substance use*

SANTA CLARA COUNTY

Substance Use Prevention Services

ANNUAL REPORT

County of Santa Clara
Behavioral Health Services Dept.

Reporting Period:
July 2023 - June 2024

Background – Substance Use Prevention Services (SUPS)

Substance Use Prevention Services (SUPS) was established in the early 2000s within the Department of Alcohol and Drug Services (DADS). As part of the strategic planning process, a key stakeholder group—which included department directors or designees from the District Attorney’s Office, Probation Department, Public Defender’s Office, Department of Mental Health, Department of Public Health, Department of Family and Children’s Services, County Office of Education, community-based organizations, and youth and community representatives—developed a vision statement in 2002. The vision statement created for SUPS at the time was “Innovative Partnerships Strengthening Communities.”

In 2015, County Mental Health and DADS merged to form the Behavioral Health Services Department (BHSD). The name DADS was officially retired and replaced by Substance Use Treatment Services (SUTS) and SUPS. In 2017, the department created the Santa Clara County Substance Use Assessment Report, aimed at providing baseline data on alcohol and drug use rates, attitudes, risks, and perceptions of harm among youth, adults, and older adults throughout the county. Building on this, the county developed the 2019-2024 Strategic Prevention Plan (SPP) in 2019, identifying three priority areas: alcohol, cannabis, and opioids.

In 2021, SUPS was organizationally relocated under the Prevention Services Division. Today, SUPS contracts with ten community-based providers to implement primary prevention efforts and services. SUPS is committed to its vision of preventing and reducing substance use disorders in Santa Clara County through age-appropriate, culturally competent, and evidence-based programs and services. SUPS addresses the needs of individuals and families through prevention education, information dissemination, alternative activities, and environmental change strategies. By applying core strategies, the program enhances knowledge, strengthens protective factors, builds resilience, and prevents the onset of substance use.

SUPS implements its programming using the Strategic Prevention Framework (SPF) and strategies from the Center for Substance Abuse Prevention (CSAP). The program’s focus areas align with the outcomes of the SPP and the department’s logic model. SUPS relies on both internal staff and external contractors to execute the strategic plan. SUPS partners with contracted service providers to deliver education, information dissemination, and alternative activities to parents, teachers, students, families, youth, and other stakeholders throughout Santa Clara County. Internal staff also focus on specific communities and age groups, including adults, service providers, and transitional-aged youth (TAY).

Data Discussion

As mentioned in the preceding background section, in 2019 the county developed the 2019-2024 Strategic Prevention Plan (SPP), identifying three priority areas: alcohol, cannabis, and opioids. Gathering data and information on these priority areas requires looking at various different sources including county, state, and national sources given the limited amount of data that is available at the county level alone.

Alcohol

Alcohol-Attributable Deaths (State-level)

According to the California Department of Public Health, from 2020-2021, an average of 19,335 people died per year due to excessive alcohol use in California:

- 62.1% from chronic causes, such as cancer, heart disease, and diseases affecting the liver, gallbladder, and pancreas
- 37.9% from acute causes, such as injuries, violence, and motor vehicle crashes.

The top three causes of AADs among males:

- 1. alcoholic liver disease,
- 2. other poisonings,
- 3. motor vehicle crashes.

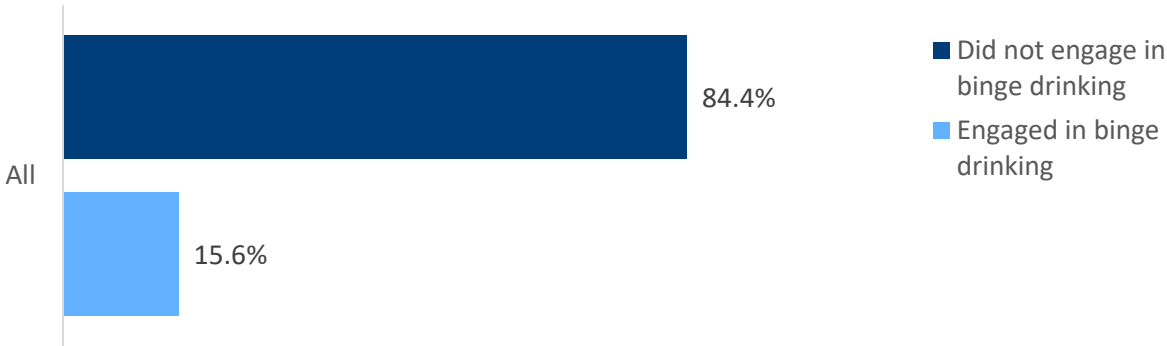
The top three causes of AADs among females:

- 1. alcoholic liver disease,
- 2. hypertension,
- 3. other poisonings.

Prevalence of Excessive Use (County-level)

According to 2023 California Health Interview Survey (CHIS) data, 15.6% of Santa Clara County adult respondents reported binge drinking in the past month. The confidence interval for this data suggests that one can be 95% positive that the actual percentage of the entire adult population in the County that has engaged in binge drinking in the past month ranges from 13.7 – 17.6%.

Figure 12. Binge drinking in the past month - Adults

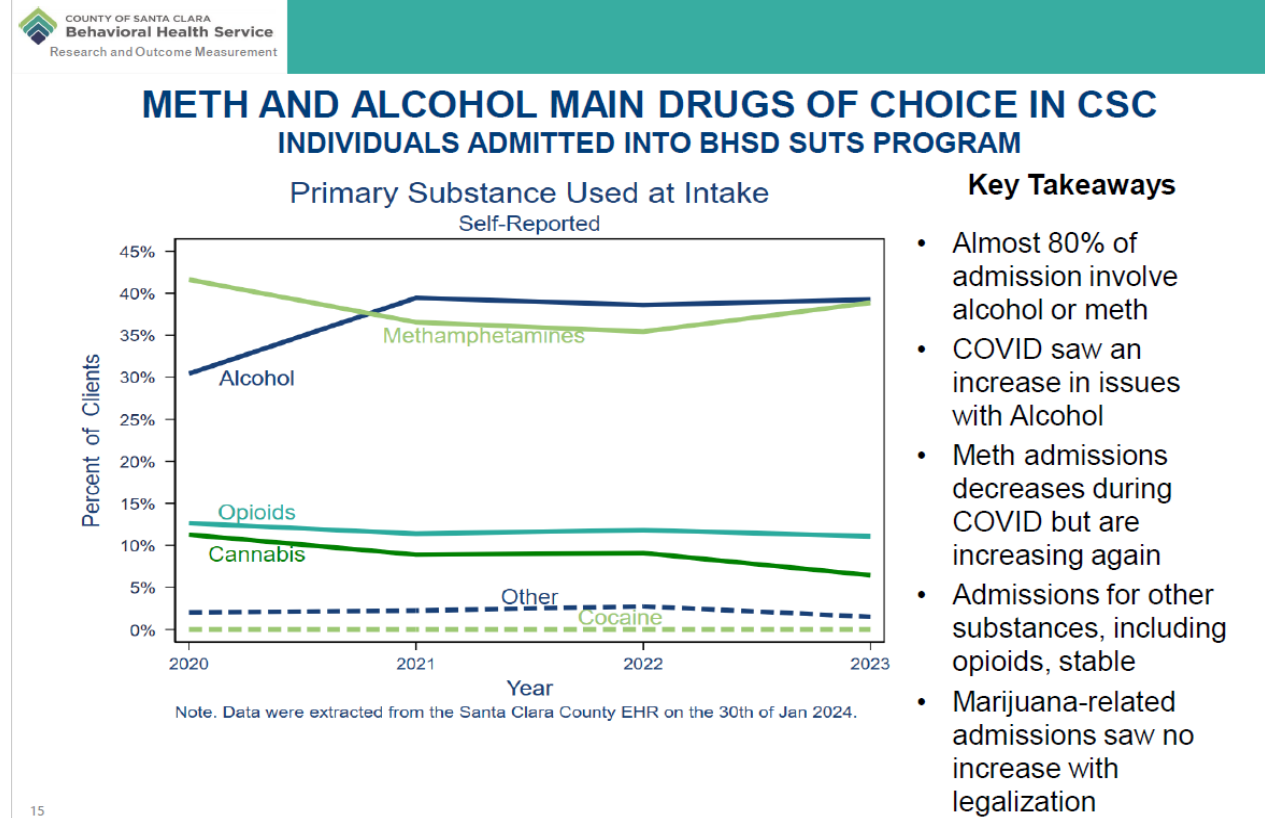


Data Source: 2023 California Health Interview Survey, UCLA Center for Health Policy Research

Prevalence of Use – BHSD SUTS Clients (County-Level)

According to internal County of Santa Clara Behavioral Health Service data (Figure 13), methamphetamine and alcohol are the main drugs of choice among individuals admitted into BHSD Substance Use Treatment Service (SUTS) programs.

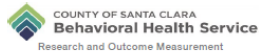
Figure 13. Self-reported drugs of choice among individuals in BHSD treatment programs



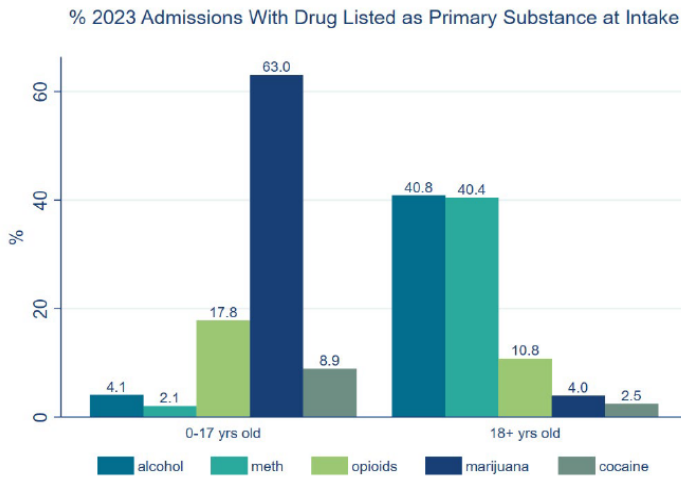
Data Source: County of Santa Clara Behavioral Health Service data

When looking at internal CSC data on primary substance at BHSD SUTS program intake by age (Figure 14), we see that youth are significantly more likely to report marijuana use, while adults are more likely to report alcohol or methamphetamine use.

Figure 14. Self-reported drugs of choice among individuals in BHS treatment programs, by age



PRIMARY SUBSTANCE AT INTAKE BY AGE



Key Takeaways

- Youth significantly more likely to report marijuana use
- Youth significantly less likely to report alcohol and methamphetamine use
- Adults are most likely to report alcohol and methamphetamine use

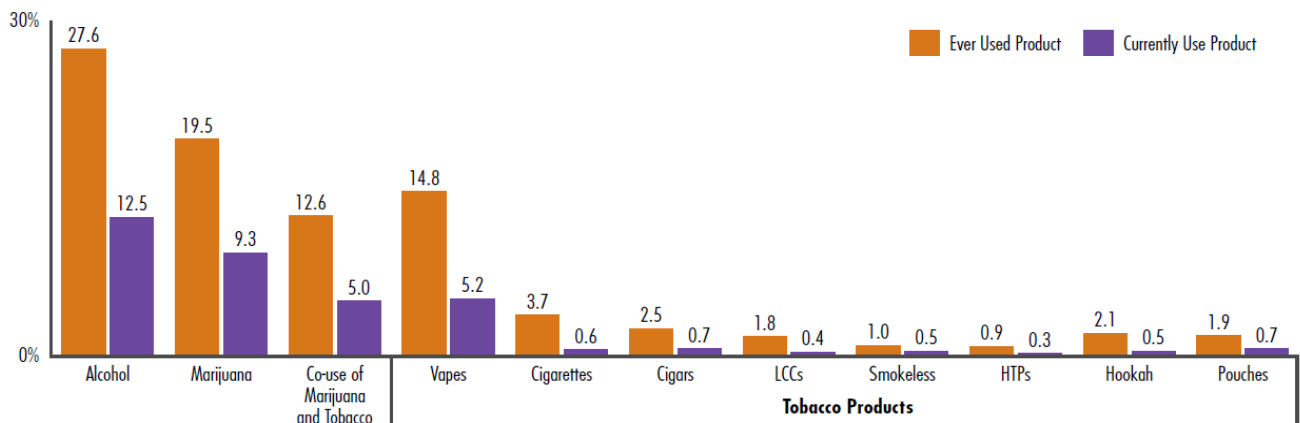
Data Source: County of Santa Clara Behavioral Health Service data

Prevalence of Use – Youth (County-Level)

Data from the 2023 California Youth Tobacco Survey (CYTS) (Figure 15) shows that Alcohol was the top substance that youth reported ever using or currently using (N=1,056 students in 10th or 12th grades at 11 high schools in Santa Clara County, California Youth Tobacco Survey (CYTS), 2023).

Figure 15. 2023 California Youth Tobacco Survey: Ever and Current Use Among Youth

Ever and Current Use by Product

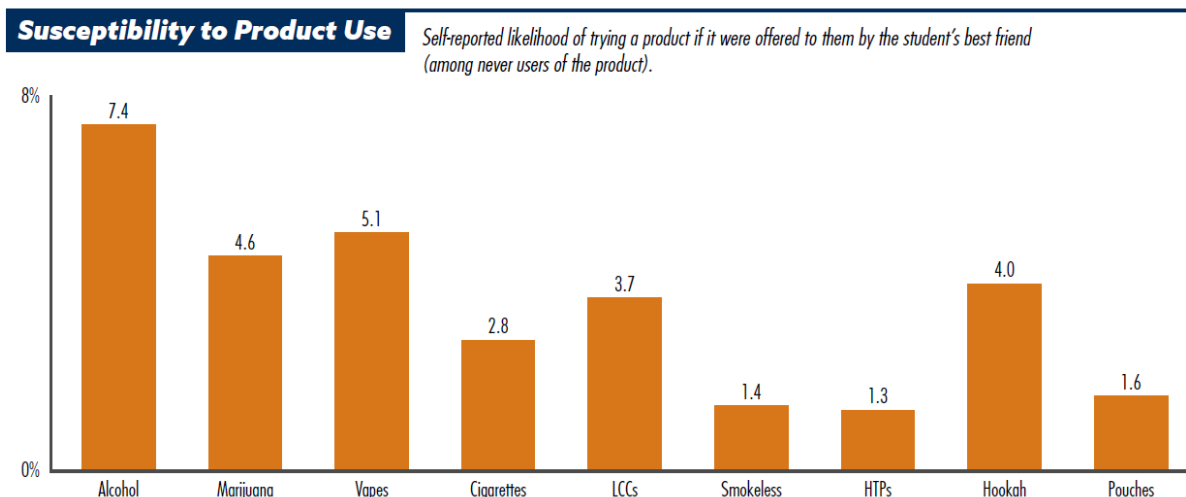


*LCCs = Little cigars and cigarillos; HTPs = Heated tobacco products/heat-not-burn; Pouches = nicotine pouches; Co-use is defined as use of both products in the student’s lifetime (ever) or in the past 30 days (current). Use of alcohol or marijuana and co-use of marijuana and tobacco are included for comparison only and are not included in the rates of overall tobacco use.

Data Source: California Youth Tobacco Survey, 2023

Alcohol was also the product youth would be most likely to try (7.4%), if it were offered to them by their best friend (CYTS, 2023).

Figure 16. 2023 California Youth Tobacco Survey: Youth Susceptibility to Product Use



*LCCs = Little cigars and cigarillos; HTPs = Heated tobacco products/heat-not-burn; Pouches = nicotine pouches; Alcohol and marijuana use are included for comparison only and are not included in the rates of overall tobacco use.

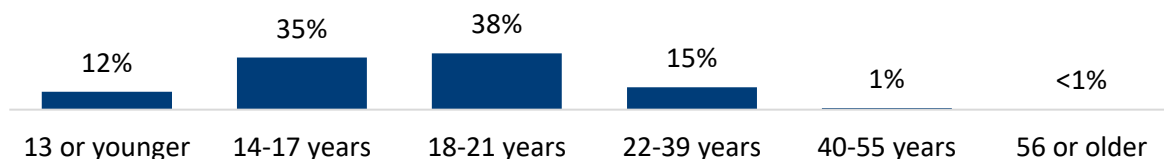
Data Source: California Youth Tobacco Survey, 2023

Given that Alcohol was reported as the product with the highest percentage of “ever use,” current use, and the highest susceptibility to use if it was offered by a close friend, this may indicate that it is important to continue our work around educating youth on the potential harms of alcohol use, and teach tools that help counteract peer pressure. SUPS activities centered around youth include this work. The SUPS program has also been partnering with SCC PHD on Alcohol-related policy work—the Policy section of this report contains more information about that work.

Age of Onset (County-level)

A community-wide survey conducted in Santa Clara County (N=831) for the *BHSD Prevention Services’ 2017 Substance Use Assessment* showed that the most common age at first use for alcohol was 18-21 years of age (38%), followed by 14-17 years of age (35%). The most common place of first use of alcohol was at a private party or other person’s home (39%).

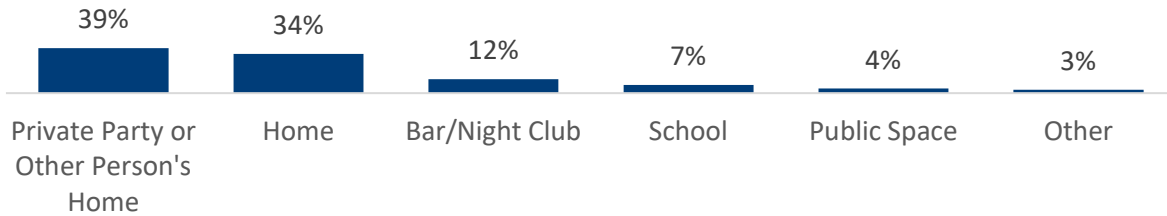
Figure 17. Distribution of Age at First Use, Alcohol



*Individuals’ race and ethnicity influenced the age at which alcohol was first consumed. Nineteen percent (19%) of those who identified as Latino(a)s had their first drink at age 13 or younger, compared to 11% of Whites. Twenty-six percent (26%) of those identifying as Asian reported not consuming alcohol until age 22 or older.

Data Source: BHSD Prevention Services’ 2017 Substance Use Assessment

Figure 18. Place of First Use, Alcohol



Data Source: BHSD Prevention Services' 2017 Substance Use Assessment

Cannabis

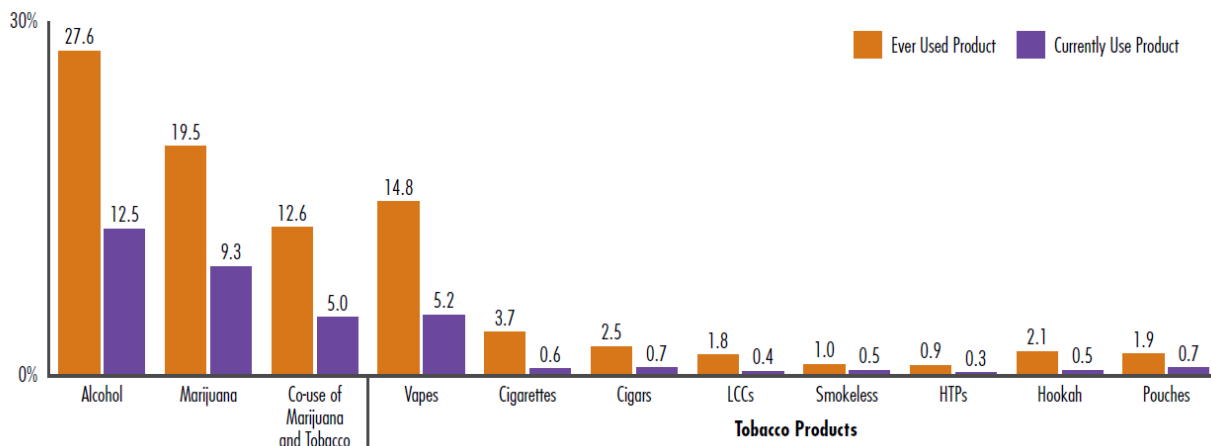
Prevalence of Use - Youth (County-level)

When looking at prevalence of cannabis use among youth in the county, the 2023 CYTS shows that:

- 19.5% of youth reported ever using cannabis, and 9.3% reported currently using it
- 12.6% reported ever co-use of cannabis and tobacco, and 5.0% reported current use
- When surveyed for use of specific tobacco products, vapes had the highest ever-use (14.8%) and highest current use (5.2%), followed by cigarettes.

Figure 19. 2023 California Youth Tobacco Survey: Ever and Current Use by Product (N=1,056 students in 10th or 12th grades at 11 high schools in Santa Clara County, California Youth Tobacco Survey (CYTS), 2023).

Ever and Current Use by Product



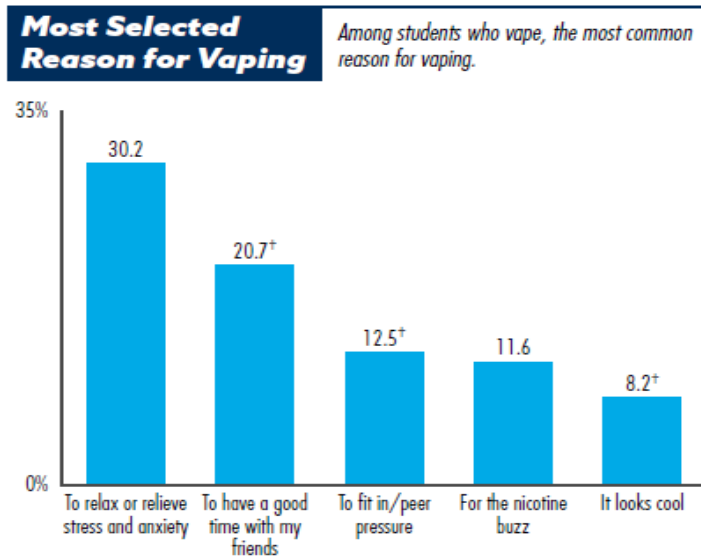
*LCCs = Little cigars and cigarillos; HTPs = Heated tobacco products/heat-not-burn; Pouches = nicotine pouches; Co-use is defined as use of both products in the student's lifetime (ever) or in the past 30 days (current). Use of alcohol or marijuana and co-use of marijuana and tobacco are included for comparison only and are not included in rates of overall tobacco use.

Data Source: California Youth Tobacco Survey, 2023

While vapes can be used with various products outside of just cannabis, vapes are important to keep in mind when working on substance use prevention efforts.

Among students who reported vaping on the 2023 CYTS (Figure 20), 30.2% reported that the most common reason for vaping was “to relax or relieve stress and anxiety.” This was the most common reason reported overall. This highlights the importance of teaching, modeling, and providing access to alternative coping strategies for youth in our county. SUPS activities such as Youth Alternative Activities and Youth Education address such topics.

Figure 20. 2023 California Youth Tobacco Survey: Self-reported reasons for vaping among youth

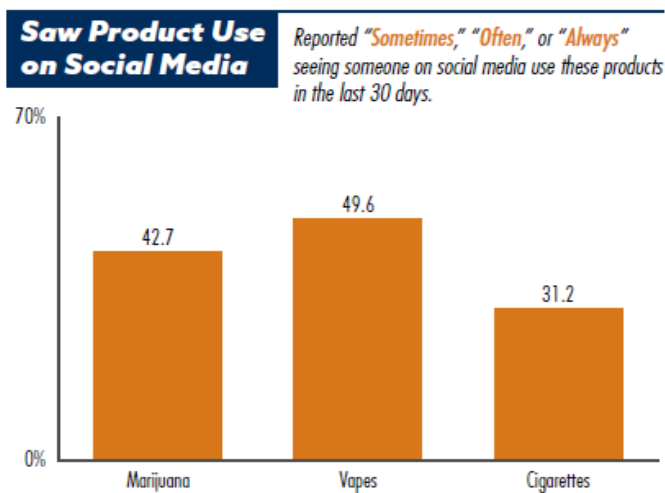


*Estimate is unstable.

Data Source: California Youth Tobacco Survey, 2023

When asked about seeing product use of either Marijuana, Vapes or Cigarettes on social media (Figure 21), Vapes rose to the top with 49.6% reporting “sometimes,” “often,” or “always” seeing someone on social media use vapes in the last 30 days.

Figure 21. 2023 California Youth Tobacco Survey: Social Media Influence on Youth

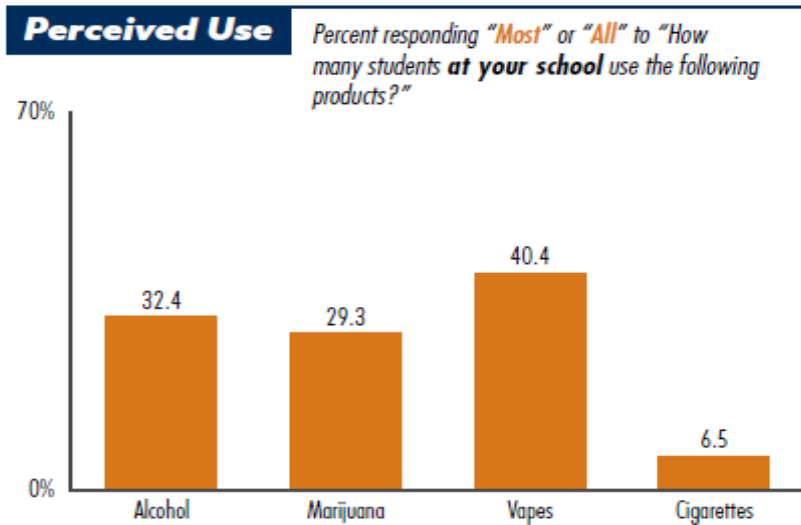


*Marijuana is included for comparison only and is not included in the rates of overall tobacco use.

Data Source: California Youth Tobacco Survey, 2023

When looking at perceived use and being asked “How many students at your school use the following products? (alcohol, marijuana, vapes, cigarettes)” - Vapes rated highest, with 40.4% responding “most” or “all,” followed by Alcohol, with 32.4% responding “most” or “all”.

Figure 22. 2023 California Youth Tobacco Survey: Youth Perceived Use of Others



*Alcohol and marijuana use are included for comparison only and are not included in rates of overall tobacco use.

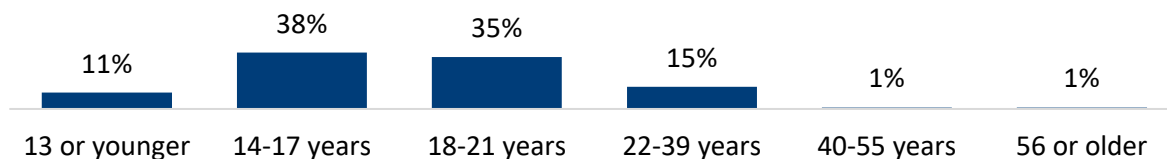
Data Source: California Youth Tobacco Survey, 2023

These data points could potentially speak to the power of social media on student’s perception of drug use among their peers, particularly around vapes (which can involve a variety of substances) and alcohol. This further highlights the importance of continuing to provide educational opportunities for youth around these topics through SUPS funded activities such as Youth Information Dissemination or Youth Education.

Age of Onset - (County-level)

The 2017 community-wide survey conducted in Santa Clara County showed that 84% of the 432 respondents who had used marijuana tried it for the first time at age 21 or younger (Figure 23), further highlighting the need for ongoing substance use prevention programming for youth.

Figure 23. Age at First Use, Marijuana

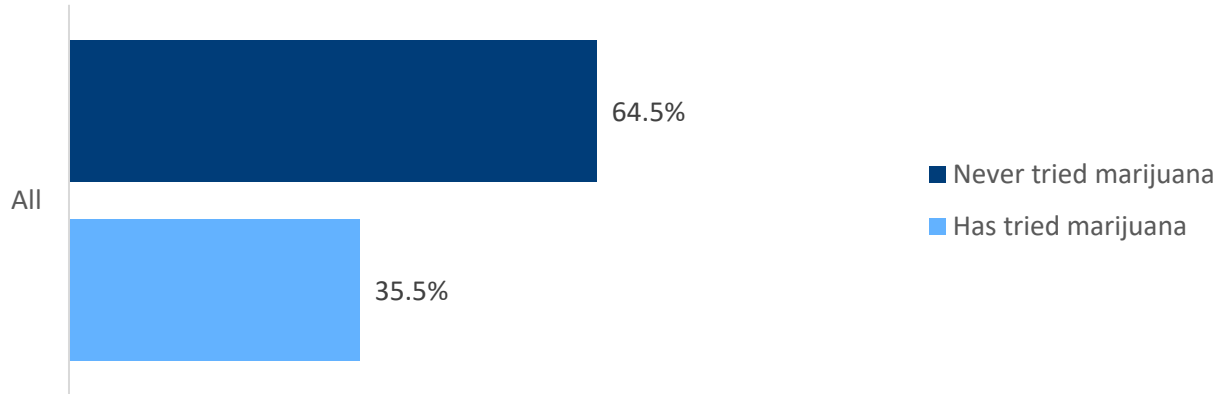


Data Source: BHSD Prevention Services’ 2017 Substance Use Assessment

Prevalence of Use – Adults (County-level)

When looking at 2023 AskCHIS data, we see that 36% of adult respondents in the County reported that they have tried marijuana or hashish (Figure 24). The confidence interval for this data suggests that one can be 95% certain that the actual percentage of the adult population in the County that has ever tried marijuana ranges from 32.8 – 38.2%.

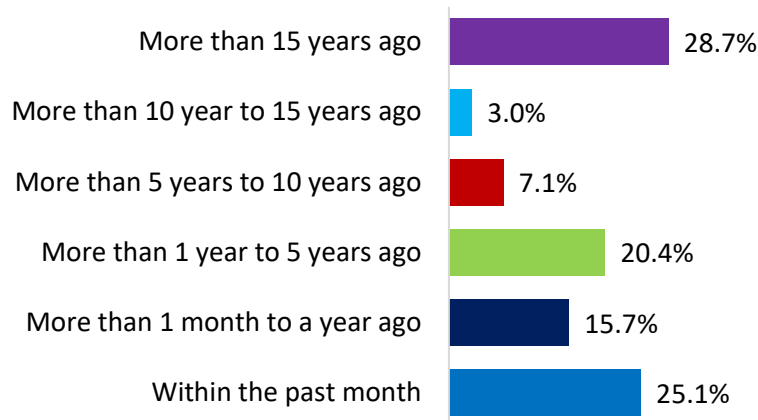
Figure 24. Ever tried marijuana or hashish



Data Source: 2023 California Health Interview Survey, UCLA Center for Health Policy Research

It was most common for adults who have used marijuana to report that their most recent use was within the past month (Figure 25). Looking at the confidence interval for this data one can be 95% certain that between 21.0 and 29.3% of marijuana use among adults has been within the past month.

Figure 25. Last Time Used Marijuana



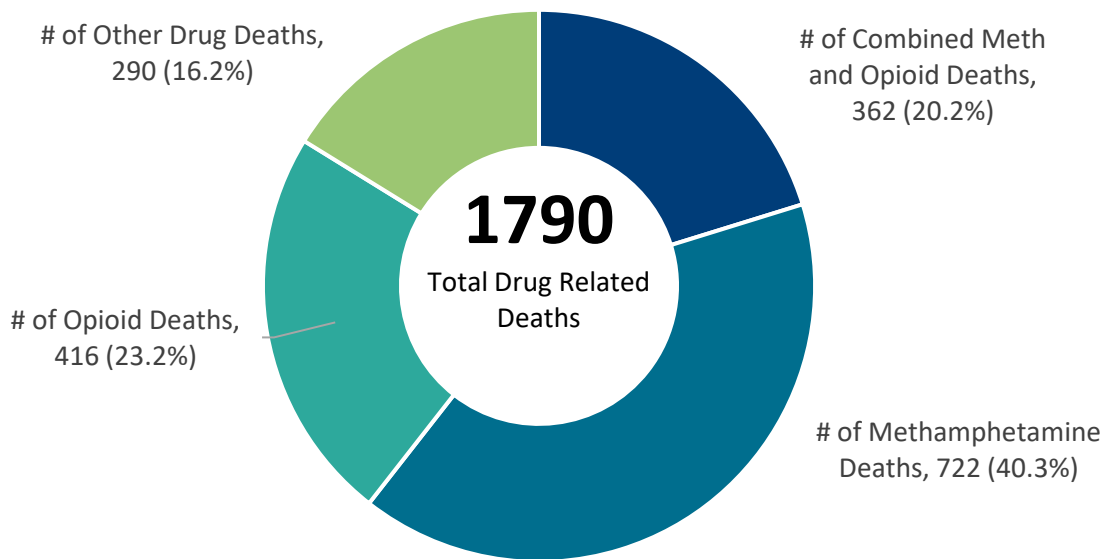
Data Source: 2023 California Health Interview Survey, UCLA Center for Health Policy Research

Opioids and Methamphetamine

Methamphetamine Deaths and Use

Though methamphetamine is not listed as one of the 2019-2024 Strategic Prevention Plan (SPP) priority areas, we include methamphetamine data here because when reviewing total drug death data from the county’s medical examiner-coroner's office (ME-C) throughout the past 5 years (2019-2023), we see that methamphetamine makes up 40% of the deaths⁴ – that number grows to about 60.5% if you included deaths that are recorded as “methamphetamine deaths” (40.3%) as well as those recorded as “combined methamphetamine and opioid deaths” (20.2%).⁵ Also, as mentioned earlier, almost 80% of BHSD SUTS Program admissions involve alcohol or methamphetamine.

Figure 26. Recorded Deaths - All Drug Deaths in the County

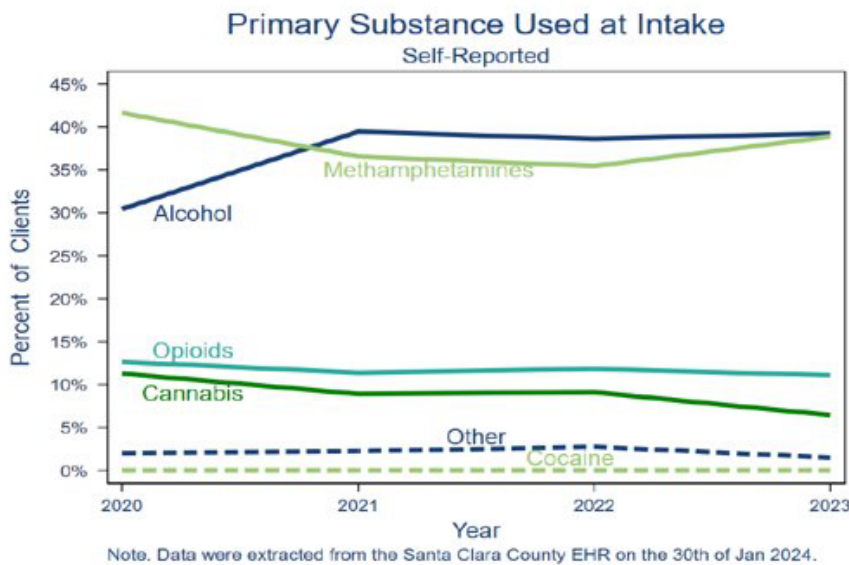


Data Source: County of Santa Clara Medical Examiner-Coroner’s Office (ME-C)

⁴ Total Drug Deaths. County of Santa Clara ME-C Data Dashboard. 12.3.24 [ME-C data dashboard | Office of the Medical Examiner-Coroner | County of Santa Clara](#)

⁵ Ibid.

Figure 27. Self-reported meth and alcohol drugs of choice among individuals in BHSD treatment programs
METH AND ALCOHOL MAIN DRUGS OF CHOICE IN CSC
INDIVIDUALS ADMITTED INTO BHSD SUTS PROGRAM



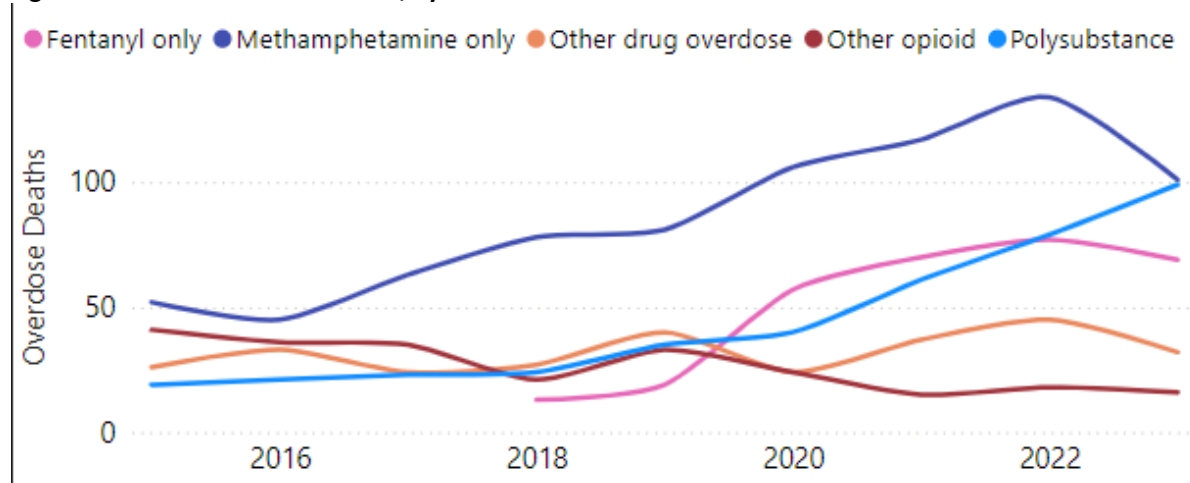
Key Takeaways

- Almost 80% of admission involve alcohol or meth
- COVID saw an increase in issues with Alcohol
- Meth admissions decreases during COVID but are increasing again
- Admissions for other substances, including opioids, stable
- Marijuana-related admissions saw no increase with legalization

Data Source: County of Santa Clara Behavioral Health Service data

Looking at a longer time span, the County’s Public Health Department’s Overdose Data Dashboard shows that methamphetamine-only drug deaths have been the highest type of drug death since at least 2016. That being said, the number of polysubstance overdose deaths have been steadily increasing in the past few years and in 2023, the number of polysubstance overdose deaths (99) almost matched the number of methamphetamine only deaths (101).

Figure 28. Annual Overdose Deaths, by Substance 2016-2022

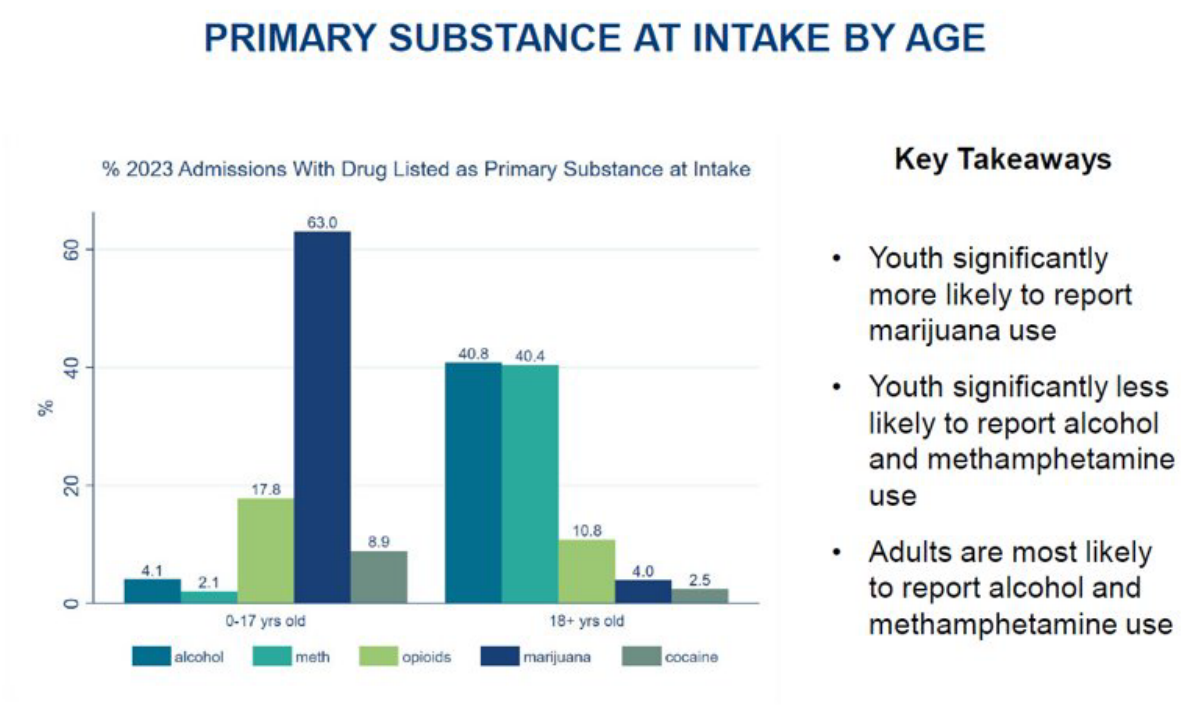


*The [data dashboard](#) mentions that “Fatal overdose data are from California Vital Records Business Information System (VRBIS).”

Data Source: County of Santa Clara Public Health Department Overdose Data Dashboard

Also, as mentioned earlier, when looking at primary substance at BHS D SUTS Program intake by age, adults are most likely to report alcohol and methamphetamine use.

Figure 29. Self-reported primary substance at intake, by age among individuals in BHS D treatment programs



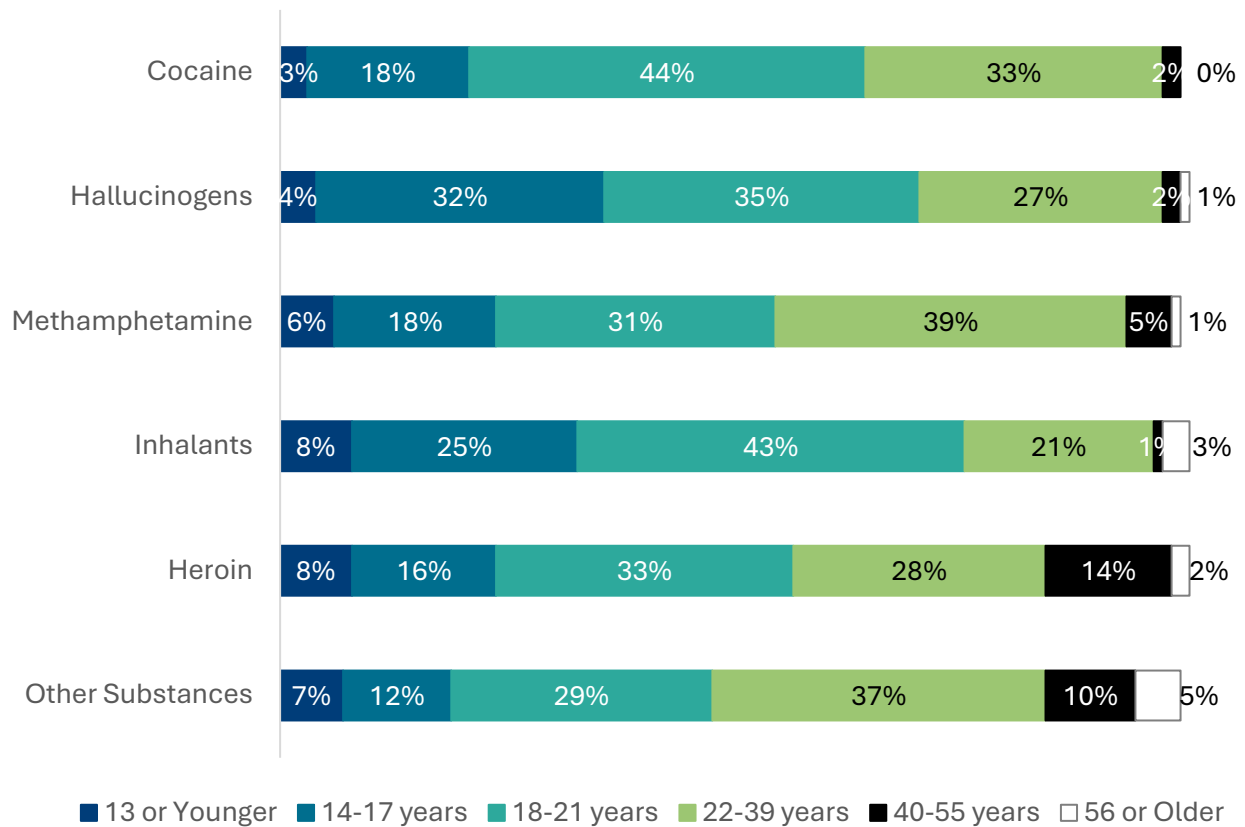
Data Source: County of Santa Clara Behavioral Health Service data

Age-of-Onset (Methamphetamine)

The 2017 community survey conducted for Santa Clara County residents (part of the *2017 Substance Use Assessment – BHS D Prevention Services Report*), showed that of respondents who indicated their age of first use form meth (n=107),

- 39% indicated 22-39 years,
- 31% indicated 18-21 years,
- 18% indicated 14-17 years

Figure 30. Age at First Use, Illegal Substances



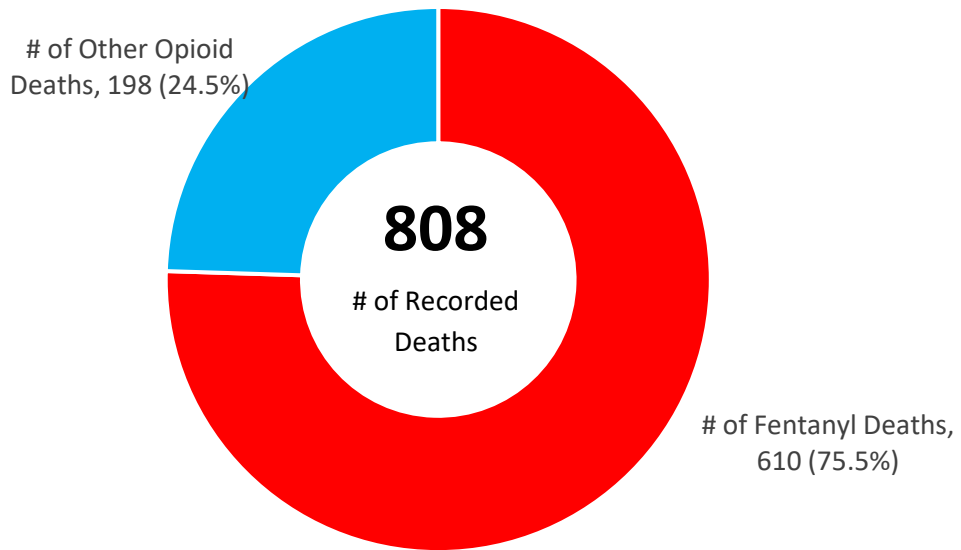
*Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=71; Heroin n=51; Other Substances n=41
Data Source: BHSD Prevention Services' 2017 Substance Use Assessment

At a national level, the 2017 U.S. National Survey on Drug Use and Health indicated that the average age of new methamphetamine users was 23.

Opioid Deaths

Between 2019 and 2023 there were 808 recorded opioid-related deaths in Santa Clara County. The majority (76%) were categorized as “Fentanyl deaths,” although this category also includes mixed drug deaths that included fentanyl. “Other opioid deaths” account for 25% of recorded opioid-related deaths encompassing single drug and mixed drug deaths in which at least one of the substances was an opioid other than fentanyl. Because fentanyl has been associated with the majority of recent opioid-related deaths, it has been the focus of public awareness campaigns and other substance use prevention strategies in the County over the past few years. However, because opioid deaths are often the result of mixed substances such as methamphetamines, substance use prevention strategies are not limited to fentanyl alone.

Figure 31. Recorded Opioid Deaths



Data Source: County of Santa Clara Medical Examiner-Coroner's Office (ME-C)

Progress on Substance Use Prevention Services Program Objectives





Core Objective 1: Improve social-emotional skills and protective factors among community members

Under the shared core objective of improving social-emotional skills and protective factors, a prime example of work that spans the entire Prevention Services Division is the work we do that focuses on strengthening protective factors against both suicide and substance use among community members.

To emphasize the fact that work in this area is so strongly interconnected across the Division, this section is repeated verbatim in both the Suicide Prevention and the Substance Use Prevention reports.

To address this objective, Suicide Prevention and Substance Use Prevention team partners focus on the implementation of:

- **Youth Alternative Activities**
- **Youth Education**
- **Parent Education**
- **Restorative Practices**
- **Adult Alternative Activities**
- **Reducing Isolation for Older Adults**

Youth Alternative Activities

Youth alternative activities are healthy activities for youth (ages 9-24) that are designed to keep them active, give them a sense of purpose and community connectedness, and provide an alternative to substance use and other unhealthy coping mechanisms. In FY24, the providers under contract with the Prevention Services Division to deliver these activities were: Asian Americans for Community Involvement (AACI) – Friday Night Live (FNL) and Youth in Technology Incubator (YTI), Caminar, Catholic Charities, Horizon, Rebekah Children’s Services (RCS) Culinary Academy, Youth Alliance, and Youth Community Service (YCS). In FY24, 5,336 unduplicated youth and 10,267 duplicated youth participated in these activities:

- **AACI FNL:** Engages youth as active leaders and resources in their communities; implemented at eight sites from elementary to high school.
- **AACI YTI:** Utilizes arts and media to promote healthy lifestyles and positive skill development. Workshops include photography, graphic design, storyboarding, creative writing, podcasting, and website development.
- **Caminar:** Implements the South County Safe Space Program for LGBTQIA+ youth in Morgan Hill and Gilroy.
- **Catholic Charities:** Offers a variety of programming that includes substance use prevention and social support groups.
- **Horizon:** Operates Project Eden, a prevention program that includes AOD education; brief screenings; and outreach.
- **RCS Culinary Academy:** A vocational arts training program for high-risk youth and young adults. Participants learn hands-on culinary and life skills in a commercial kitchen under the supervision of a credentialed, professional chef.
- **Youth Alliance:** Implements a variety of youth groups (OLLIN, XINACHTLI, EL JOVEN NOBLE, HEROS, Leaders in Training) in Morgan Hill and Gilroy.
- **YCS Youth Connect:** Engages youth and community leaders in youth-led service-learning projects.



Core Objective 1: Improve social-emotional skills and protective factors among community members

FY24 Youth Alternative Activities



In FY23, in collaboration with the evaluation agency Hatchuel Tabernik and Associates (HTA), the Prevention Services Division developed a survey to help measure the impact of these alternative activities. The survey (available in English and Spanish) asked respondents if they learned something new, had fun, and were glad they participated. Participants were also asked to self-report on substance use in the past 30 days, and to reflect on the development of protective factors including emotion regulation, self-esteem, coping and problem-solving skills, engagement and connection with others, and the development of skills and interests.

In FY24, the survey was piloted, and with the exception of Catholic Charities, all alternative activity contract providers collected surveys from participants in their activities. Between July 2023 and June 2024, a total of 178 surveys were completed, of which 89.3% of respondents reported being between ages 10-20. A summary of the survey responses is below:

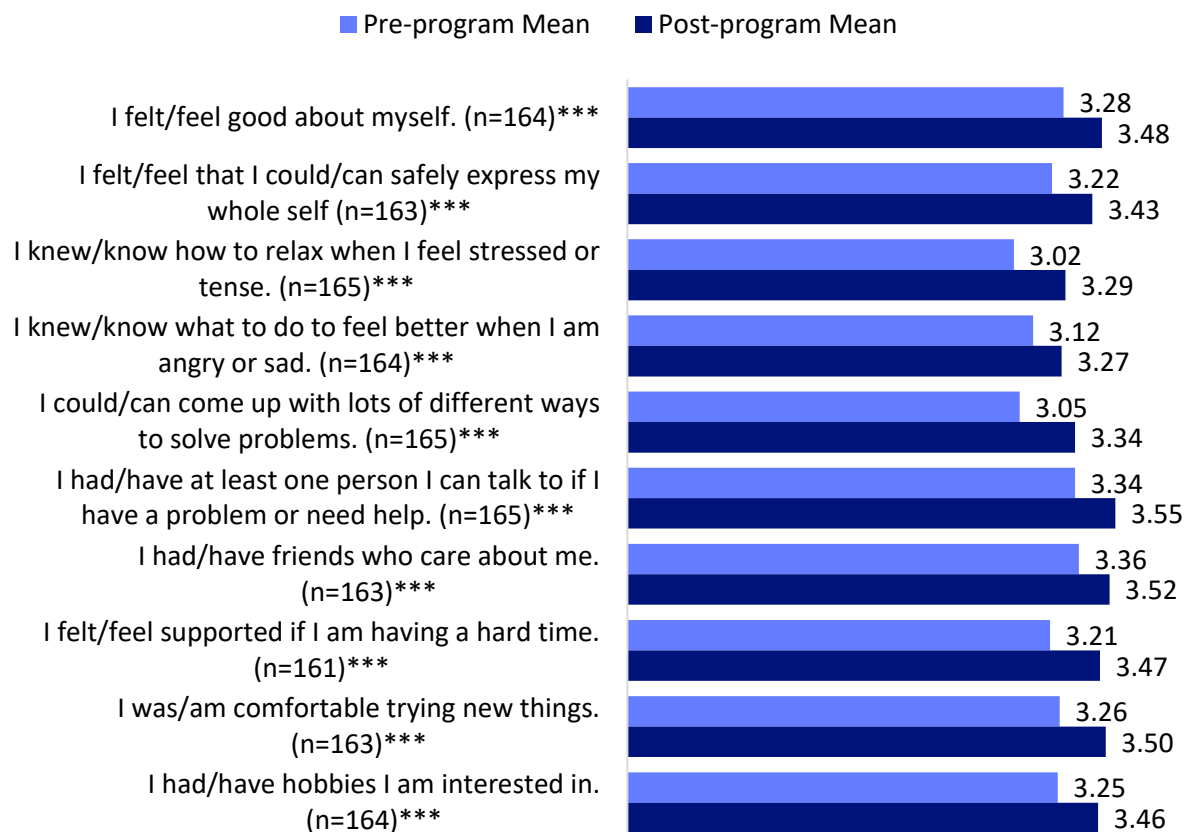
- Did you learn something new in this program? 90.4% Yes
- Did you have fun in this program? 97.2% Yes
- Are you glad you participated in this program? 96.1% Yes



Core Objective 1: Improve social-emotional skills and protective factors among community members

Some of the questions on the survey were retrospective pre-post items, meaning that even though the survey was conducted at one point in time, participants were asked to report on the way that they felt prior to participating in the activity and after. Mean scores ranging from 1 to 4 were created from the ratings (Strongly Disagree=1, Disagree=2, Agree=3, Strongly Agree=4) with a higher score indicating greater knowledge, skillsets, and protective factors. Paired samples t-tests were used to compare responses to the “before” and “after” items to determine if there were any statistically significant changes after participating in the program (Figure 32). From pre- to post-activity, one would hope to see an increase, as it indicates that more respondents agreed with the statements after participating in programming (i.e., after receiving the intervention). For all of the “pre-post” items on this survey there was a statistically significant increase in protective factors among participants (indicating that some factor other than just pure chance contributed to the change).

Figure 32. Pre- and Post- survey responses for youth participating in program activities



Data source: FY24 Prevention Services Division Youth Alternative Activities Survey

***p< .001 level

Highlights from the survey’s open-ended questions about youths’ experience with programming are below:

- “One important thing I learned by joining Youth Connect is how to communicate and collaborate well with others. It’s a life skill that I think is very necessary especially later in life, and coming up with project ideas and implementing them really helped me build that skill”
- “Learning how to relax after I get mad or upset and to respect myself was a really important thing that I learned during this program.”



Core Objective 1: Improve social-emotional skills and protective factors among community members

- “The most important thing I learned was to be open and that it's okay to be me and boundaries.”
- “I learned to have more communication with people and let the fears go away. “
- “Learned to love myself and care for myself to always shine because at the end of the day it's just me vs the whole world.”
- “I love this program because it helps you little by little.”
- “I would recommend all high schoolers go through this program. Not only is it a lot of fun but you also learn so much and get out of your comfort zone.”
- “It helped me become more calm and have patience.”
- “It is a good program if you need help going through things.”
- “It is a very welcoming environment where there is no shame to express yourself...”
- “It made me express my feeling more.”

Youth Education

Youth education includes skill-building workshops and classes for youth (ages 9-24) that help to develop protective skills such as healthy coping mechanisms for stress, and refusal and negotiations skills. In FY24, the providers under contract with the Prevention Services Division to deliver these workshops were: AACI Youth Technology Incubator, Catholic Charities, Gardner, Horizon, Rebekah Children’s Services, Youth Alliance, and Youth Community Service. In FY24, 401 youth education workshops/classes were held, with 1,492 unduplicated youth and 6,451 duplicated youth served.

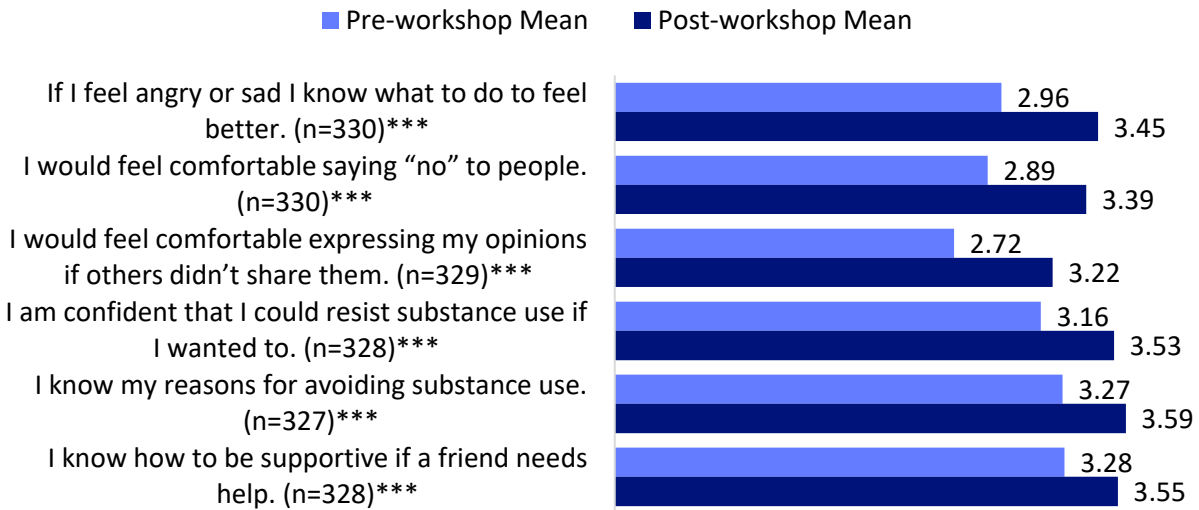
The workshop survey asked respondents to share which topics were covered in the workshop they attended, whether they enjoyed the workshops and had fun, and to reflect on their knowledge and skillsets before and after participating. The survey was available in English and Spanish. Between July 2023 and June 2024, a total of 342 surveys were completed by youth who participated in youth education workshops. Of the survey respondents, 93.9% of respondents reported being between ages 10 and 20, while 74.0% of respondents reported being Hispanic or Latino and 11.1% reported being Asian.

Some of the questions on the survey were retrospective pre-post items, meaning that even though the survey was conducted at one point in time, participants were asked to report on the way that they felt prior to the workshop and after. Mean scores ranging from 1 to 4 were created from the ratings (Strongly Disagree=1, Disagree=2, Agree=3, Strongly Agree=4) with a higher score indicating greater knowledge and skillsets. Paired samples t-tests were used to determine if there were any statistically significant changes after participating in the workshops (Figure 33). From pre-to post-workshop, one would hope to see an increase, as it indicates that more respondents agreed with the statements after participating in the workshops (i.e., after receiving the intervention). For all of the “pre-post” items on this survey there was a statistically significant increase in protective factors among participants (indicating that some factor other than just pure chance contributed to the change).



Core Objective 1: Improve social-emotional skills and protective factors among community members

Figure 33. Pre- and Post- survey responses for youth (aged 10-20 years) participating in workshops



Data source: FY24 Prevention Services Division Youth Education Survey

***p< .001 level

Highlights from the survey’s open-ended questions about participants’ experience with youth education workshops are below:

- “I learned that people have different lives and perspectives. Also that you have to respect everyone’s differences and that you never know what anyone is going through.”
- “I learned how to be sensitive and understand it is about the other person when dealing with mental health issues, as well as being someone they can receive support from.”
- “I learned how to control my emotions and communicate and what happens when you use drugs.”
- “I think learning about relationships with others is important because we interact with people in our daily lives.”
- “The most important thing I learned was how to say no and how to express my feelings.”

Parent Education

Parent education activities are designed to help with the development of parenting skills, especially those which support the mental health and well-being of children. The goal is for parents who participate in skill-building workshops and trainings to gain knowledge and confidence in parenting. The providers/partners contracted with the county to deliver parent education activities in FY24 included Caminar, Catholic Charities, Gardner, Horizon, Rebekah Children’s Services, and Youth Community Service (YCS). These providers reported facilitating 43 parent workshops/trainings, which reached 595 unduplicated parents (669 duplicated) people in FY24. Examples of parent workshops include Caminar’s Proud Parents group for parents of LGBTQIA+ youth; Catholic Charities’ communications skills workshops; substance use educational presentations for parents; and YCS’s youth co-created workshops designed to promote positive intergenerational relationships using the Developmental Relationship Framework from the Search Institute.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Restorative Practices

The Restorative Practice (RP) Initiative provides training, convenings, consultations, and technical assistance to school districts and community-based organizations supporting school districts. Through the initiative, RP trainings teach participants how to develop community, strengthen relationships, and manage conflict; while additional supports, such as convenings, consultations, and technical assistance, provide participants with best practices for implementation.

The RP framework was selected because it provides support and skill sets that align with other Santa Clara County school district initiatives that are related to suicide and substance use prevention, such as Social Emotional Learning (SEL), Positive Behavioral Interventions and Supports (PBIS), or Alternative to Suspensions (ATS). RP works to promote overall health and wellbeing of students by increasing protective factors for youth and adults while simultaneously reducing risk factors for myriad problems that arise within the school system, such as substance use, suicide, chronic absenteeism, teacher burnout, etc.

In FY24 the RP initiative had 11 participating school districts⁶, plus the Santa Clara County Office of Education. The participating district partners who were trained in RP then trained 367 additional individuals in their districts. Each participating district was given space to select from the individuals who were trained in the foundational training to become a trainer of trainers, and in FY24 the initiative trained six additional RP trainers. For the individuals who received their RP foundational training in the year prior, the restorative conferencing circle training was offered, and 40 faculty and staff completed this advanced level certification.

Due to the unique culture and environment of each county school district, no two districts are in the same stages of implementation. Therefore, each district is given autonomy to decide what is needed at their individual school sites. As an example, in FY24 Los Gatos Union School District made great strides, not only training faculty and staff but training 40 of their own elementary students as well, then updating their discipline matrix to incorporate RP best practices.

In FY24 the RP initiative hosted its first “Restorative Practices Symposium” in Gilroy. The symposium focused on growing wellbeing and the implementation of RP throughout Santa Clara County school districts. Of the post-symposium survey respondents, 89.7% said that the symposium provided opportunities to connect and collaborate with others; 93.1% stated that they gained the inspiration needed to further the restorative work; and 82.8% were motivated to take action. In FY24 members of the RP initiative also presented their work at the County of Santa Clara Suicide Prevention Conference and at the California School Based Mental Health Conference.

⁶ Participating districts include: Berryessa Union, Cupertino Union, East Side Union High School District, Evergreen, Los Gatos, Milpitas Unified, Moreland, Mountain View Los Altos Union High School District, Oak Grove, San Jose Unified, Santa Clara Unified, and the Santa Clara County Office of Education.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Images from FY24 Restorative Practices Events





Core Objective 1: Improve social-emotional skills and protective factors among community members

Adult Alternative Activities

The Prevention Services Division piloted alternative activities for adults starting in FY24. Activities for this category are provided by Catholic Charities, who offer a wide variety of adult programming focused on substance use prevention, social support, and empowerment. The programming is delivered as part of groups on topics such as parenting, communication skills, grief and loss, and employment skills, all with the goal of improving social emotional skills and increasing protective factors. In FY24, 120 unduplicated adults and 202 duplicated adults were reported as having been served by this programming. Catholic Charities continues to work on implementing the adult alternative activities impact survey.

FY24 Adult Alternative Activities



Reducing Isolation for Older Adults

Currently, this strategy is primarily implemented by the Suicide Prevention team. However, it is an overlapping strategy across both teams.

In FY24, the Older Adult Suicide Prevention subgroup focused on enhancing social connections to reduce isolation among older adults. The subgroup reviewed the Substance Abuse and Mental Health Service Administration (SAMHSA) toolkit, "[Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers.](#)" and completed assessments for the Milpitas Barbara Lee Senior Center and the Saratoga Adult Care Center (SACC). This review led to several initiatives: providing community helper trainings for staff and volunteers on sensitive topics, sharing mental health and suicide prevention resources at the centers, and exploring the implementation of support groups to foster a sense of purpose, resilience, and connectedness among older adults. For example, SACC introduced grief support services in partnership with Sutter Health and Hospice of the Valley. These monthly services cover topics such as Models of Grief, Grief in Relation to Children & Adolescents, and Advance Directives. The Barbara Lee Senior Center offered a monthly veterans' support group (15 regular attendees; 1-3 new each month); a Technology for Seniors workshop (83 attendees); mental health training for city staff; and increased mental health and suicide prevention resources through the center.



Core Objective 1: Improve social-emotional skills and protective factors among community members

Additional accomplishments by other subgroup member organizations include the following:

- RYDE Program drivers completed the Be Sensitive, Be Brave (BSBB): Suicide Prevention training in recognizing suicide warning signs and abnormal behaviors in clients;
- West Valley Outlook included mental health and suicide prevention resources, reaching over 32,000 homes;
- Catholic Charities offered activities that improved social-emotional skills and created connections for older adults: staff attended a suicide prevention training; 84 unduplicated clients attended a mental health outpatient program for older adults offering therapy, case management, and medication support; 30 drop-in groups covering psychosocial support, body movements, social skills were offered, serving 160 duplicated clients; and a variety of groups at Supportive Housing sites for older adult tenants were held; and
- Representatives from Friendly Voices, the County's Access to Technology Program, and Gardner Health Services' Older Adult Program presented at the County's 4th Annual Suicide Prevention Conference to promote the use of digital connection resources among older adults.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

Core objectives two and three focus on increasing public knowledge about substance use and community member's help-seeking behaviors. While they are distinct objectives under the Division, the strategies the Substance Use Prevention Services (SUPS) program implements overlap in scope and thus are presented jointly in this section.

To achieve these two core objectives, the SUPS Program focuses on seven main strategies:

- **Youth Education**
- **Parent Education**
- **Youth Information Dissemination**
- **Adult/Community Info Dissemination**
- **Tabling and Outreach**
- **College-Age Prevention Education**
- **Media Campaigns and Messaging**

The overarching education strategy is to increase awareness and knowledge of the nature and extent of alcohol and drug use, abuse and addiction and their effects on individuals, families and communities. Efforts are also aimed at increasing knowledge and awareness of available prevention programs and services. Activities are available throughout the County. Information Dissemination service activities include, but are not limited to, Community/School Outreach Events, Multi-media, Presentations, Printed Materials, and Resource and Information Services. Tabling and Outreach provides information and materials at community/school events.

Details about FY24 Youth Education and Parent Education activities and outcomes can be found under Core Objective 1.

Youth Information Dissemination

Youth information dissemination encompasses myriad educational presentations for youth (ages 9-24). The anticipated outcome is that youth who participate will have increased knowledge about the topics presented. The providers/partners contracted with the county to deliver youth information dissemination activities in FY24 were AACI (Youth Technology Incubator), Gardner, Horizon, Youth Alliance, and Youth Community Service (YCS). These providers reported serving a total of 1,825 unduplicated youth (at least 4,910 duplicated) through the delivery of 245 youth-focused information dissemination workshops and classes as well as 58 community-based information dissemination workshops and classes that included youth in FY24.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

A youth information dissemination survey was available in English and Spanish for providers to administer to youth after information dissemination activities. Between July 2023 and June 2024, a total of 571 surveys were completed. One of the questions on the survey was retrospective pre-post, meaning that even though the survey was conducted at one point in time, participants were asked to report on the way that they felt prior to the presentation and after. Mean scores ranging from 1-5 were created from the ratings (Very low=1, Low=2, Moderate=3, High=4 and Very High=5) with a higher score indicating higher knowledge. Paired samples t-tests were used to determine if there were any statistically significant changes to participants after participating in the presentations (Table 12).

For the one retrospective pre-post item on this survey, there was a statistically significant increase (indicating that the increase was due to some factor other than just pure chance).

Table 12. Difference in youth’s level of knowledge about topics covered, pre- to post-presentation.

	Pre-presentation		Post-presentation		t-test	Cohen’s d	Effect Size
	M	SD	M	SD			
Level of knowledge about topics that were covered in the presentations (n=566)	3.16	0.98	3.77	0.89	-14.09***	0.59	Moderate

Data Source: FY24 Prevention Services Division Information Dissemination Surveys

***p< 0.001 level

Youth were also asked to share the most important thing they learned in the presentation. A few examples of their responses are below:

- “Fentanyl is dangerous and lethal. It can be commonly laced within other drugs.”
- “I have learnt some new techniques for coping with stress, such as mindful medicine and box breathing.”
- “It's important to be empathetic and compassionate with someone that is self medicating because you don't know their situation and everyone reacts to stress differently.”
- “The food you eat everyday is so important for stress levels and your well being”



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

Adult/Community Info Dissemination

Adult/community information dissemination encompasses educational presentations for adults (age 25+). The anticipated outcome of adult information dissemination activities is that those who participate will have increased knowledge about the topics presented. The providers/partners contracted with the County to deliver adult/community information dissemination activities in FY24 were AACI YTI, Catholic Charities, Gardner, Horizon, Rebekah Children’s Services (RCS), and Youth Alliance. These providers reported serving a total of 682 adults (age 25+) and 802 additional community members (age group unknown) through 84 presentations held in FY24.

An adult/community member information dissemination survey was available in English and Spanish for providers to administer after information dissemination activities. Between July 2023 and June 2024, a total of 82 surveys were completed by adults who participated in the presentations. For the one retrospective pre-post item on this survey there was a statistically significant increase in knowledge (indicating that the increase was due to some factor other than just pure chance).

Table 13. Difference in adult/community Level of knowledge about topics covered, pre- to post-presentation.

	Pre-presentation		Post-presentation		t-test	Cohen’s d	Effect Size
	M	SD	M	SD			
Level of knowledge about topics that were covered in the presentation (n=81)	3.01	1.02	3.64	1.03	-4.73***	-0.53	Moderate

Data source: FY24 Prevention Services Division Information Dissemination Surveys

***p< 0.001 level

Tabling and Outreach

Tabling and outreach activities are designed to share information widely about substance use prevention resources and strategies. The providers/partners contracted with the County to deliver tabling and outreach activities in FY24 included Caminar, Catholic Charities, Gardner, Horizon, and Youth Alliance (YA). These providers reported engagement in 294 tabling events and outreach activities, which included the distribution of 3,697 toolkits/educational materials, and reached 17,867 people in FY24.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors



Santa Clara County Pride Flag Raising Ceremony (Caminar)



Resource Fair at Morgan Hill (Caminar)



Horizon Tabling Event

College-Age Prevention Education

The Santa Clara County College Collaborative is comprised of colleges, county agencies, and community organizations working together to address substance use among college-age students and to increase knowledge about the effect it has on their physical and mental wellbeing. College Age Prevention Education goals include:

- Provide substance use educational components and resources to college students, staff, and organizations working with the college age population.
- Assist colleges and community agencies to strengthen existing behavioral health programs and assist to implement new ones.
- Enhance and foster partnerships with other agencies and programs to address the connection between substance use and mental health concerns and interpersonal violence, sexual assault, STD/ HIV, LGBTQ.

In FY24, participating colleges and universities included: De Anza, West Valley, Foothill, Mission, Evergreen, San Jose City and Gavilan Community Colleges; and Santa Clara, San Jose State and Stanford Universities.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

In FY24 the following activities were accomplished:

- 12 health fairs at various colleges and universities; close to 6,000 students and faculty served; more than 20 agencies in attendance. Topics included: substance use (including Narcan trainings; drunk goggles, Mothers Against Drunk Driving/San Jose Police Department Crash Car); mental health; sexual health; domestic violence and sexual assault, etc.
- 4 online and in-person educational programs/trainings to more than 100 faculty and staff. Topics included: substance use in college students; available college resources
- AOD and mental health assessment surveys ([eCHECKUP TO GO](#); [Healthy Minds Study](#), and [ACHA-NACHA survey](#))
- Assistance with substance use/mental health policies, red folder development/implementation:⁷
 - [De Anza College red folder](#)
 - [WVC Updated Red Folder - July 2023-comp](#)
- 4 harm reduction vending machines installed on campuses (West Valley College, Mission College, Santa Clara and Stanford Universities). Contents included naloxone, fentanyl test strips, sexual health products (condoms etc.) and Plan B, OTC medication, etc. Products vary by campus.
- \$5,000 program stipends to campuses to implement substance use prevention-related programs.

In collaboration with evaluation consultants from HTA Consulting, the County of Santa Clara developed surveys to help measure the impact of events targeting college-aged youth.

College Age Presentation Survey

This survey asked respondents about their level of knowledge about the topics that were covered before and after the presentation. The survey was available in English and Spanish. Between July 2023 and June 2024, a total of 42 surveys were completed by college students and staff who participated in presentations. There was a statistically significant increase in knowledge from pre- to post-presentation (indicating that the increase was due to some factor other than just pure chance).

Table 14. Difference in college-age level of knowledge about topics covered, pre- to post-presentation

	Pre- presentation		Post- presentation		t-test	Cohen's d	Effect Size
	M	SD	M	SD			
Level of knowledge about topics that were covered in the presentations (n=42)	2.67	1.05	4.07	.712	-10.29***	-1.59	Large

Data Source: FY24 Prevention Services Division College Presentation Surveys

***p< 0.001 level

⁷ Red folders are resources prepared for school personal to assist students in emotional distress or situations of concern. Contents typically include examples of troubling behaviors, tips for how to approach situations, and available supports in the community.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

College Age Event Survey

This survey asked respondents about their level of knowledge about available campus/community resources before and after the event. Participants were also given the opportunity to share any other thoughts on the event and were asked to rate the event they participated in. The survey was available in English and Spanish. Between July 2023 and June 2024, a total of 42 surveys were completed by college students and staff. There was a statistically significant increase in knowledge from pre- to post-presentation (indicating that the increase was due to some factor other than just pure chance).

Table 15. Difference in college-age level of knowledge about topics covered, pre- to post-event

	Pre-event		Post-event		t-test	Cohen's d	Effect Size
	M	SD	M	SD			
Level of knowledge (n=41)	2.68	1.04	4.00	0.98	-6.62***	-1.03	Large

Data Source: FY24 Prevention Services Division College Event Surveys

***p < 0.001 level

Post-health fair survey ratings and comments indicated that students enjoyed the various activities on campuses and learned about what agencies they could reach out to for assistance, as well as information about the topics presented at the health fairs.

"It was very helpful for resources I didn't know we had." – College Event Participant

College Events, FY24





Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

Media Campaigns and Messaging

To increase knowledge about substance use and increase helping and help-seeking behaviors in the community, SUPS implements multiple public awareness campaigns each fiscal year. In FY24, SUPS aired two campaigns – one addressing alcohol use and one addressing opioid use. Both campaigns were extensions of ongoing SUPS campaigns.

Fetal Alcohol Spectrum Disorders Campaign



The first effort aimed to raise public awareness of Fetal Alcohol Spectrum Disorders (FASDs) and educate on how to prevent them. The campaign sought to reach Santa Clara County English- and Vietnamese-speaking women ages 18 to 35 and their partners. Specific goals were to:

- increase knowledge and awareness about FASDs and their effects;
- increase knowledge among expecting mothers that drinking any alcoholic beverage is not safe;
- remind partners of expecting mothers that they help to influence the future health of their babies;
- reduce the likelihood that expecting mothers drink alcohol; and
- increase help-seeking behavior among expecting mothers and partners regarding alcohol consumption while pregnant.

The effort included updated media ads and educational materials. Changes were informed by evaluation survey results following a previous airing of the campaign and additional qualitative feedback provided by target audience members in the community. All assets encouraged the audience to visit a dedicated FASDs information and resource webpage. The extension aired for six weeks, from September to November 2023. Ads were distributed on many channels including digital



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

online browsers, streaming services (music, movie, TV, and YouTube), social media platforms, in-language Vietnamese radio and TV, and buses. Digital flyers and postcards were also distributed to the community and SUPS partners, and were made available on the resource page. In total, all media ads generated 8,222,641 impressions.

Fentanyl Campaign

The second campaign was developed to raise public awareness of fentanyl, its impact on the community, and how to avoid it. The target audiences were English-speaking youth ages 14 to 29 and English- and Spanish-speaking parents of adolescents and young adults in Santa Clara County. The adult component of the campaign was developed through a partnership with national non-profit, Song For Charlie. SUPS elected to update and distribute this campaign based on promising evaluation results from the FY23 campaign, indicating strong campaign recall among the target audience and higher reporting of help-seeking action for those who saw the campaign.

Specific goals for the youth audience were to:

- inform them about the impact of fentanyl on the local community;
- encourage them to learn more about fentanyl, especially the substances it's commonly found in, helping them to avoid accidental overdose; and
- educate them on how to recognize the signs of an opioid overdose, what to do if they see one, including how to give someone Narcan, and where they can get Narcan.



Goals for the adult audience were to:

- inform them about the impact of fentanyl on communities, especially youth and young adults;
- encourage them to talk to their children and those they care for about fentanyl and the new drug landscape; and
- connect them with tools, expert advice, and other resources to help them effectively engage with their children and those they care for.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors



The campaign aired in three six-week phases throughout the year – November to December, March to April, and June to July. Throughout campaign airing, messaging, materials, and marketing tactics were updated, informed by evaluation survey results and by focus groups conducted with target audience members. Youth-focused ads prompted the audience to visit a fentanyl information and resource webpage; adult-targeted ads encouraged visiting a Song For Charlie website with information and tools to talk to your children about fentanyl. The effort was distributed on digital online browsers, streaming services (music, movie, and TV), social media platforms, movie theaters, in-language Spanish TV, buses, and billboards. Campaign ads generated 37,058,115 impressions across the three phases.

In FY25, SUPS evaluated this year’s fentanyl campaign. The program plans to incorporate these evaluation findings and community input and air the campaign in English, Spanish, and Vietnamese. Additionally, in FY25, SUPS plans to implement public awareness campaigns about intoxicating hemp (synthetic cannabis) products and about methamphetamine use.



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

Media campaign evaluation

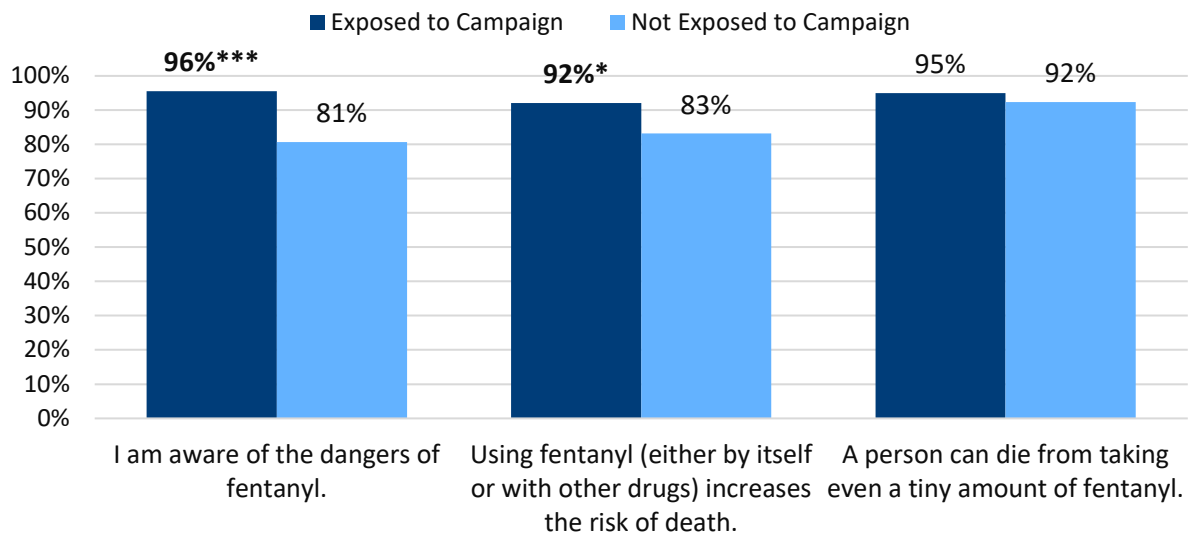
When possible, SUPS evaluates its media campaigns to understand how effectively they reach target audiences and to assess if the campaigns achieve key goals. To do so, evaluations include quantitative and qualitative data; they may include community survey data and/or focus group feedback. In FY24, SUPS contracted with an evaluation agency to conduct evaluations of two campaigns – one that aired in FY23 and one in FY24. Below are evaluation findings that cover one of the SUPS key campaign goals: to increase knowledge about substance use.

Fentanyl

This evaluation utilized surveys and focus groups to assess the effectiveness of an earlier fentanyl campaign that ran from June 5 through July 16, 2023. This campaign targeted youth and young adults ages 14 to 29.

- Sixty-four percent (64%) of survey respondents said that the ads made them want to learn more about the risks of fentanyl.
- Survey results showed knowledge about the risks of fentanyl was very high, even more so for those who were exposed to the campaign (see Figure 34).

Figure 34. Differences in knowledge between those who remembered the campaign and those who didn't; Percentage who Strongly Agreed/Agreed with each statement (n=321)



Data Source: Fentanyl Campaign Survey Data; *p<.05; **p<.01; ***p<.001

Survey data also showed that the county’s communities hold attitudes that fentanyl is dangerous, even for those only experimenting, and that it is unsafe to buy drugs on social media (see figure 35).

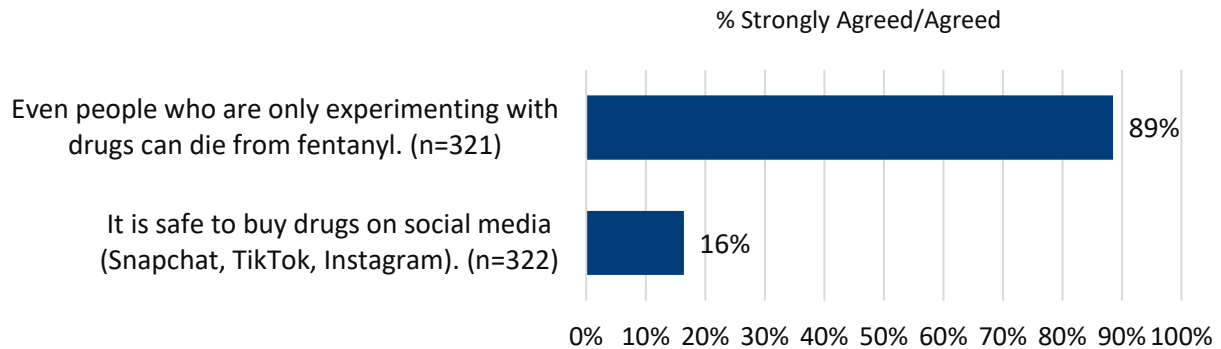


Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

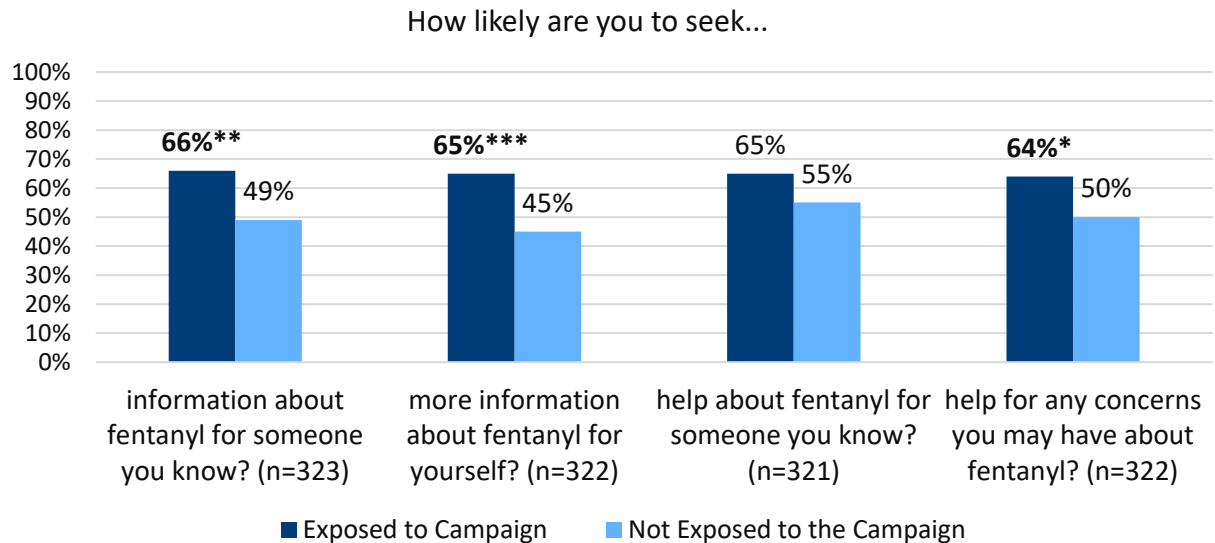
Figure 35. Respondents' attitudes toward experimental drug use and buying drugs on social media



Data Source: Fentanyl Campaign Survey Data

More than half of the survey respondents who saw or heard the campaign reported that they had already taken action to avoid recreational drug use after seeing/hearing the ads. Those exposed to the campaign were significantly more likely to say that they would seek out help for themselves and more information about fentanyl for themselves and others (see Figure 36).

Figure 36. Differences in likelihood to seek help between those who remembered the campaign and those who did not; Percentage who said they are Very Likely/Somewhat Likely



Data Source: Fentanyl Campaign Survey Data; *p<.05; **p<.01; ***p<.001



Core Objective 2: Increase public knowledge about substance use



Core Objective 3: Increase community members helping and help seeking behaviors

Youth focus group participants shared that they felt knowledgeable about fentanyl, specifically about the health effects of misuse and the rising numbers of fentanyl-related overdoses. They believed that the campaign messaging was important, but shared that they are not likely to take fentanyl campaign ads seriously (see feedback, below).

Overall reaction to the ads

- In general, focus group participants agreed that the ads helped to raise awareness of fentanyl risks.
 - One participant noted that while the ads helped raise awareness, they didn't indicate how to get help if needed.
 - The majority of focus group participants described the ads as eye-catching because of the visuals and the information they contained.

"I think it's really eye-catching because it includes a lot of information as well as a lot of visual pictures."
 - A few used words like "scared," "shocking" and "informative" to describe how they felt when they saw the ads.
- Most shared that if these ads came up on their Instagram they would scroll past them because they don't think of themselves as drugs users and the information would not be applicable.

Data Source: Fentanyl Campaign Focus Groups, January/February 2024

Additional parent focus groups were conducted in April/May 2024 to help inform the future direction of the fentanyl campaign. Local English- and Spanish-speaking parents indicated they had limited, general knowledge of fentanyl. They are aware that it is a drug and is dangerous, but are not entirely sure how fentanyl is consumed or how to have knowledgeable conversations with their children about it.

Cannabis

This evaluation utilized surveys to assess the effectiveness of the County's cannabis campaign that was launched in spring 2023. This campaign targeted parents of youth ages 14 to 24. Materials were adapted from an earlier 2023 campaign by the California Department of Public Health (CDPH).

Overall, parent survey respondents reported high levels of knowledge about the risks of cannabis use and talking to their children about use. Specifically:

- Eighty-nine percent (89%) agreed with the statement, "If my child uses cannabis before their brain is done developing, it will change the way their brain works;"
- Eighty-six percent (86%) agreed that having ongoing conversations with their kids can reduce risk of future misuse; and
- Seventy-nine percent (79%) reported having enough knowledge to talk to their kids about cannabis.

**Core Objective 2: Increase public knowledge about substance use****Core Objective 3: Increase community members helping and help seeking behaviors**

There were no statistically significant differences in reported knowledge between parents who saw the campaign and those who didn't.

Table 16. Cannabis Campaign Evaluation Comparison - Attitudes and Knowledge

Q5 – Select how much you agree with each statement:	Disagree/ Strongly Disagree	Strongly Agree/ Agree
If my child uses cannabis before their brain is done developing, it will change the way their brain works (N = 178).		
Yes, I remember hearing or seeing the ad(s) (n = 79)	6.3%	93.7%
No or Not Sure (n = 100)	15.2%	84.8%
Having ongoing conversations with my teen(s) about the risks of cannabis can reduce their chance(s) of future misuse (N = 180).		
Yes, I remember hearing or seeing the ad(s) (n = 78)	15.4%	84.6%
No or Not Sure (n = 102)	12.7%	87.3%
I have enough knowledge to talk to my kid(s) about cannabis (N = 186).		
Yes, I remember hearing or seeing the ad(s) (n = 81)	21.0%	79.0%
No or Not Sure (n = 105)	21.9%	78.1%

*No significant differences were observed between parents who had seen the campaign ads and parents who had not;
Data Source: Cannabis Campaign Survey Data

Survey responses to questions about attitudes and behaviors around cannabis use, regardless of campaign exposure, showed that:

- Eighty-six percent (86%) agreed that having ongoing conversations with their teens about risks of cannabis use can reduce the chances of future misuse;
- Eighty-seven (87%) said they feel they are big influences for their children; and
- Seventy-nine percent (79%) were at least somewhat concerned about possible side effects of their children using cannabis.

Differences in attitudes and behaviors among those who saw the campaign and those who didn't were not statistically significant. However, compared to parents who did not recall the campaign, a significantly larger proportion of parents who had seen the campaign agreed that they would have a hard time talking to their children about marijuana, regardless of their own personal marijuana use (see Figure 37, next page). This finding points to a possible need to better collaborate with community members during campaign planning and development to ensure effectiveness.



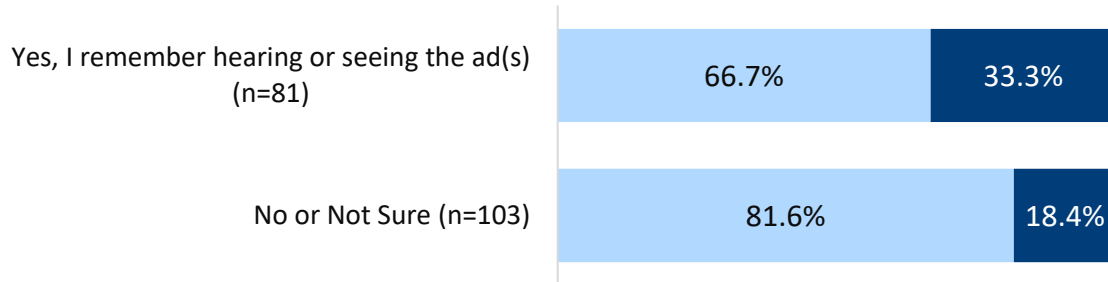
Core Objective 2: Increase public knowledge about substance use



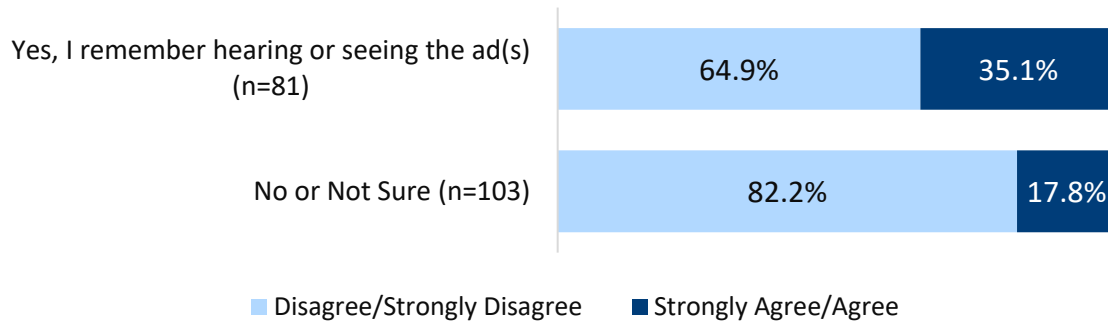
Core Objective 3: Increase community members helping and help seeking behaviors

Figure 37. Significant differences by cannabis campaign ad exposure

I would have a hard time talking to my kid(s) about the risks of cannabis use because it is legal for adults (N=184)*



I would have a hard time talking to my kid(s) about the risks of cannabis use because I use/have used it myself (N=167)*



Data Source: Cannabis Campaign Survey Data; *p<.05; **p<.01; ***p<.001



Core Objective 4: Reduce access to harmful products by community members

To address this objective, the SUPs team focuses on:

- **Alcohol Policy Work**
- **Cannabis Policy Work**
- **Increasing Harm Reduction (Opioids)**

Alcohol Policy Work

Alcohol consumption poses a significant public health challenge. In Santa Clara County, alcohol consumption is a contributing factor to more than 8,500 emergency department visits and 200 deaths annually⁸. The proximity of alcohol retailers to schools influences the physical and social environment for youth, with alcohol being the most commonly-used substance among this population. To address these concerns, efforts are underway to reduce access to harmful products through policy and education by collaborating with local jurisdictions. A key focus is developing a policy agenda that includes implementing a buffer zone ordinance near schools and community centers to minimize the overconcentration of alcohol outlets and protect youth. Partners include the County's Public Health Department (PHD), city staff, and partners in the Youth Orgs United (Y.O.U) coalition. In addition, the SUPS team participates in the national Alcohol Policy Academy, convened by the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) to increase the capacity of local coalitions to develop, enact, and implement evidence-based alcohol policies.

In FY24, activities included providing alcohol and policy information community events, such as farmers markets, and to parents, school board members, and law enforcement; seeking out community support and endorsements; and working with city staff on draft policy language and a policy agenda. Discussions are currently underway with the City of Sunnyvale to add a school buffer zone ordinance to the City Council's agenda.

Cannabis Policy Work

Synthetic cannabis products, such as Delta-8, and intoxicating hemp products have become a growing concern due to their widespread availability, targeted marketing tactics, and lack of regulation. These substances often contain dangerously high levels of THC and are packaged to mimic everyday snacks and candies, making them particularly appealing and accessible to children, and often without parental knowledge. To address these issues, efforts are underway to raise local awareness about the dangers of synthetic cannabis and intoxicating hemp products, including their unregulated availability, misleading packaging, and associated risks. Partners include the County's PHD, city staff, and partners in the Y.O.U. coalition as well as the Tobacco-Free Coalition, convened by PHD.

⁸ Alcohol prevention policy - public health - county of Santa Clara. (n.d.-b). <https://publichealth.sccgov.org/health-information/tobacco-and-substance-use-prevention-policy/alcohol-prevention-policy>



Core Objective 4: Reduce access to harmful products by community members

In FY24, activities included providing intoxicating hemp and policy information community events, such as farmers markets, and to parents, school board members, and law enforcement; seeking out community support and endorsements; and working with city staff on draft policy language and a policy agenda.

Focus Groups

To support alcohol and synthetic cannabis policy efforts and inform public awareness campaign development, in FY24 SUPS conducted focus groups with county parents of middle and high school-aged children. Six focus groups were conducted – three in English and three in Spanish – with a total of 37 participants. The sessions aimed to: learn parents' perceptions about accessibility to alcohol in their community, concern about underage drinking and access, feelings about regulating alcohol outlet concentration, and what public messaging would inspire parent action to prevent youth consumption; and to: understand knowledge about intoxicating hemp products, concern about the products, and what public messaging would prompt parents to take action about the products. Key high-level findings were that:

- Alcohol is easily accessible in the community through various avenues, including the home and friends.
- Parents are open to regulating alcohol outlet concentration but are divided on effective it would be (English-speaking parents feeling it would not make a difference and Spanish-speaking parents feeling the opposite).
- Education for youth about responsible drinking, and for parents and other adults focused on responsibility and mindfulness could help limit youth consumption.
- Parents have limited baseline knowledge about intoxicating hemp products
- Parents are concerned about their children consuming the products
- There is potential for widespread disinformation due to confusion around the products

SUPS looked to the focus group input to help guide its policy focus and began developing a parent-focused public awareness campaign about synthetic cannabis products to be aired in FY25.

Increase Harm Reduction (Opioids)

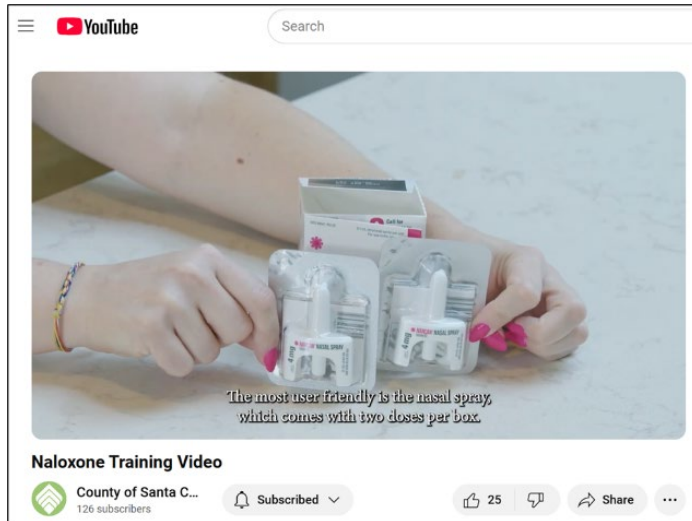
The SUPS team does not lead but has supported its partners' harm reduction efforts around opioids/fentanyl, specifically the distribution of naloxone through trainings, community outreach, and installation of vending machines for harm reduction products. As part of these efforts SUPS participates in the Santa Clara County Opioid Overdose Prevention Project (SCCOOPP).

SUPS supports and collaborates with the Harm ReduQion Project (HRQP), which is a part of BHSD's The Q Corner, with a focus on bringing affirming and trauma-centered support for 2SLGBTQIA+ individuals who use or are around substances. FY23 was HRQP's first full year of operation, with two fulltime staff (one Rehabilitation Counselor and one Community Outreach Specialist) funded from the Substance Use Block Grant and one part-time staff (a Community Outreach Specialist) funded from Opioid Settlement Funds. The HRQP team distributes overdose prevention information and resources into community through in-person and online trainings, distribution of training videos, and outreach at community events. Groups reached through these efforts include homeless shelters and housing programs, schools and colleges, libraries, businesses and rotary clubs, bars and restaurants, and health and behavioral health programs. The team also



Core Objective 4: Reduce access to harmful products by community members

links partnering agencies to acquiring naloxone vending machines through SCCOOPP. The team creates resources that educate the public to share through these outreach efforts and social media (e.g., Opioid Overdose Prevention tips, Why Businesses Should Carry Naloxone, Where to Find Free Naloxone in Santa Clara County, and Trauma-Informed Harm Reduction Tips).



In FY24 SUPS helped to further increase naloxone distribution and knowledge by partnering with HRQP to create [English](#) and [Spanish](#) education and training videos on naloxone and how to administer it. The videos provide background information on what naloxone is and how it works, how to recognize an opioid overdose, how to give someone naloxone, and other steps to take when encountering an overdose emergency. The videos also encourage people to use fentanyl test strips and to seek out harm reduction resources.

These videos are promoted by HRQP, SUPS, and other BHSD partners and are

publicly available on multiple BHSD webpages, as well as on the BHSD and Q Corner YouTube pages. When BHSD staff are unable to fulfill training requests, the staff share these videos with the requestors. As of November 2024, the English video has received 2,929 views and the Spanish video has received 273 views. In FY25, a Vietnamese video will be created, with pre-production planning underway. SUPS aims to coordinate with HRQP to more effectively promote the videos, particularly Spanish, to improve its dissemination in the community.



Core Objective 5: Improve media messaging and reduce stigma through media portrayals

The SUPS team does not currently address this objective.

Notes:

- The County's Public Health Department is doing stigma reduction messaging work through funding from the Centers for Disease Control and Prevention's Overdose Data to Action (OD2A) Cooperative Agreement.
- In FY25, the SUPS team will begin a literature review focused on media portrayals of substance use. Findings will be applied to future stigma reduction strategies.



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

To address this objective, the SUPs team focuses on:

- **FASDs Knowledge**
- **FASDs Access to Services**
- **Community Postvention/Grief Support**

The County's workplan and workgroup to address Fetal Alcohol Spectrum Disorders (FASDs) were formed to prevent and mitigate the health and social consequences of FASDs, by increasing public awareness and by identifying and providing resources for affected clients and families.

The workplan's priority areas include:

1. Public awareness and prevention
2. Screening for prenatal alcohol exposure and assessment/diagnosis of FASDs
3. Targeted services/interventions to improve outcomes for individuals who are affected by FASDs and served by County programs
4. Cross-system practitioner training and collaboration

FASDs Knowledge

To raise public awareness about FASDs and educate on how to prevent them, in FY24 SUPS aired a public awareness campaign addressing alcohol use during pregnancy. See Core Objective 2, Media campaigns for a description of this campaign effort.

To provide guidance and training to care providers, BHSD contracted Dr. Ira Chasnoff, who is president of NTI Upstream, Professor of Clinical Pediatrics at the University of Illinois College of Medicine in Chicago, and one of the nation's leading researchers in the field of child development and the effects of maternal alcohol and drug use on the newborn infant, child, and adolescent. In FY24 Dr. Chasnoff conducted focus groups with key stakeholders to inform the development of a tailored training curriculum for care providers across Santa Clara County. The resulting FASDs training initiative provided cross-disciplinary training and educational programs to the County's public and private agencies and advocacy groups.

The goal was that through participation in the cumulative training curriculum, participants would be able to:

1. Identify and conduct a brief intervention for the pregnant individual at risk for the use of alcohol and other substances.
2. Identify the child, youth, or adult at risk from prenatal alcohol exposure.
3. Describe the effects of prenatal exposure to tobacco, marijuana and illicit drugs on the development and outcome of the child.



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

4. Analyze the impact of prenatal substance exposure on the long term medical, cognitive, and behavioral development of the individual affected by prenatal exposure to alcohol and other substances.
5. Discuss an evidence-based approach to assessing and diagnosing an individual at risk for FASDs.
6. Describe an overall strategy for developing interventions that support appropriate behavior and promote learning in individuals affected by prenatal exposure to alcohol or other substances.
7. Discuss the impact of FASDs on their agency or organization.
8. Create an FASDs-aware workforce that can provide collaborative services for children and families affected by prenatal exposure to alcohol and other substances.

In FY24 trainings focused on goals 1, 2, and 3 and at the same time attempted to expand the discussion to include goals 4 through 8. During the reporting period, Dr. Chasnoff conducted 10 trainings, reaching approximately 1,159 duplicated participants (Table 17).

Table 17. Training Schedule and Participation Figures

Date	Training Title	Audience	# of participants
July 18, 2023	“Substance Use in Pregnancy: The Newborn Infant”	Department of Family and Children’s Services (DFCS) Social Services Agency (SSA) County of Santa Clara	356
July 20, 2023	“Identification of the Pregnant Woman at Risk for Substance Use and Misuse”	Community of Practice meeting (CaAIM Enhanced Care Management, Lead Care Managers (care coordinators) and ambulatory and inpatient Medical Social Workers	30
August 17, 2023	“Fetal Alcohol Spectrum Disorders: Recognizing the Individual at Risk”	Community of Practice meeting	30
August 29, 2023	“Basics of FASD and the newborn with prenatal drug exposure”	CPSP Roundtable Maternal, Child and Adolescent Health (MCAH)	44
September 12, 2023	“Identifying the Pregnant woman with specific attention to brief interventions”	CPSP Roundtable MCAH	34
October 4, 2023	Prenatal Drug and Alcohol Exposure and Learning: What Teachers Need to Know	Education Santa Clara County SELPAs	16
Oct 17, 2023	“Fetal Alcohol Spectrum Disorders: Recognizing the Individual at Risk”	DFCS, SSA	356
September 29, 2023	Prenatal Substance Exposure and the Criminal Justice System	Behavioral Health Services Department (BHSD), Probation, Custody Health, Public Defender	120



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

Date	Training Title	Audience	# of participants
June 5, 2024,	Psychosocial Risk for Pregnant and Parenting Women with a History of Substance Misuse: Building a Foundation for Gender-specific Treatment and Care	MCAH/Social Services/BHSD/Community Agencies and Partners	66
June 26, 2024	Fetal Alcohol Spectrum Disorders: Recognizing the Child and Teen at Risk	Pediatrics	107

Feedback from trainings:

1. Pre-/post-test scores indicated increased knowledge regarding FASDs.
2. Evaluation surveys indicated very positive scores in the 80 and 90 percentile, noting that the speaker was engaging, provided useful information, and was knowledgeable about the topic.
3. Participants requested further information and trainings, and demonstrated a commitment to addressing the needs of individuals affected by prenatal substance exposure.

The following table provides an overview of the progress that has been made as to meeting the original goals developed for the FASDs Training Initiative.

Table 18. Progress with FASD Training Initiative Goals

1. Identify and conduct a brief intervention for the pregnant individual at risk for the use of alcohol and other substances.	
2. Identify the child, youth, or adult at risk from prenatal alcohol exposure.	
3. Describe the effects of prenatal exposure to tobacco, marijuana and illicit drugs on the development and outcome of the child.	
4. Analyze the impact of prenatal substance exposure on the long term medical, cognitive, and behavioral development of the individual affected by prenatal exposure to alcohol and other substances.	
5. Discuss an evidence-based approach to assessing and diagnosing an individual at risk for Fetal Alcohol Spectrum Disorders	
6. Describe an overall strategy for developing interventions that support appropriate behavior and promote learning in individuals affected by prenatal exposure to alcohol or other substances	
7. Discuss the impact of FASD on their agency or organization	
8. Create an FASD-aware workforce that can provide collaborative services for children and families affected by prenatal exposure to alcohol and other substances	

Legend: Good progress Some progress No progress



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

FASDs Access to Services

The FASDs training initiative also aimed to enhance the early recognition, assessment, diagnosis, and treatment/ access to services of individuals in Santa Clara County through training and technical assistance. Numerous County providers were involved in this work, including Social Services, BHSD, Criminal Justice/ Custody/ Probation, Public Health, Education, medical providers pediatricians and OBGYN, and community service providers. Collectively, these providers/partners produced the following outputs in FY24:

- Use of the 4Ps Plus screening tool to screen pregnant women in County hospitals and clinics expanded through the efforts of the Public Health Department’s MCAH staff. Women are screened for substance use, mental health concerns and domestic violence and referred to appropriate treatment/assistance.
- Developed a Santa Clara County Consensus Statement on Diagnoses within FASDs:

“To enhance the early recognition, assessment, diagnosis, and treatment of individuals in Santa Clara County affected by prenatal alcohol exposure, an invited group of clinicians, administrators, advocates, and family members met to review science-based, published criteria in order to come to consensus as to the four major diagnoses across the fetal alcohol spectrum: Fetal Alcohol Syndrome (FAS) partial Fetal Alcohol Syndrome (pFAS) Alcohol Related Neurodevelopmental Disorder (ARND) Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure (ND-PAE). Future work will consider strategies for screening, assessment and treatment of individuals with FASD as well as improvement of processes and systems issues to enhance appropriate care.”

Table 19. Criteria for diagnoses within FASDs

Diagnosis	Alcohol Exposure History ¹	Dysmorphia ²	Growth	Central Nervous System
FAS	Confirmed or unknown	Short palpebral fissures Upper lip (4,5) Philtrum (4,5)	Height or weight ≤10 th %ile currently or in the past absent other reasons	<ul style="list-style-type: none"> • Structural abnormality including HC <3rd %ile OR • Intellectual disability OR • Functional deficit ≥2 SD below mean in each of 3 neurodevelopmental domains³
pFAS	Confirmed	Short palpebral fissures Upper lip (4,5) Philtrum (4,5)	Height and weight >10 th %ile currently and in the past	<ul style="list-style-type: none"> • Structural abnormality including HC <3rd %ile OR • Intellectual disability OR • 3 neurodevelopmental domains³ ≥2 SD below mean
ARND	Confirmed	None to 2 of 3 criteria met	Height and weight >10 th %ile currently and in the past	<ul style="list-style-type: none"> • Structural abnormality including HC <3rd %ile OR • Intellectual disability OR • Functional deficit ≥2 SD below mean in each of 3 neurodevelopmental domains³
ND-PAE	Confirmed “more than minimal”			Functional deficit ≥2 SD below mean in each of 3 neurodevelopmental domains ³

- With technical assistance by Dr. Chasnoff, developmental pediatricians implemented the diagnostic statement with children in their clinic.
- The Executive Functioning Disorders (EFD) Program explored screening, assessment, diagnosis, and treatment of teens and adults with FASDs and with a history of prenatal substance exposure; however, the team declined further participation in the initiative as they do not have the staff or capabilities to conduct FASD-informed assessment and treatment.



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

Remaining areas of concern related to access to FASDs services include a lack of diagnostic/assessment services and a lack of treatment for individuals with FASDs. The developmental pediatric clinic has limited resources, and there is a several months-long waitlist to be seen by this group. Furthermore, the deficit in treatment services for individuals with FASDs lead care providers to question the purpose of diagnosing in the first place. Although the developmental pediatric clinic will provide medication management for children and teens, any further treatment is referred out to the Behavioral Health clinics, and beyond adolescence, there is no group in the County assessing adults for FASDs. The next phase of the FASDs training initiative in FY25 will focus on developing treatment and intervention capabilities among care providers.

Community Postvention/Grief Support

In FY24, the Bill Wilson Center (BWC) for Living with Dying continued under their contract to deliver Community Crisis Response (CCR) trainings, as well as postvention services to community groups and County partners affected by suicide, overdose, or loss (e.g., when a school district experiences the death or suicide of a student). CCR trainings aim to increase the capacity of the County's BHSD staff to provide grief support services following critical incidents and loss. In FY24, BWC delivered two CCR trainings to 82 BHSD staff, and 43 community grief support responses (individual and group) to 372 community members.

During the two CCR trainings this year, participants reported statistically significant improvements from pre- to post-training in seven self-reported preparedness measures related to grief response.

Table 20. Change in Self-Report of Grief Response Preparedness for CCR trainings

Variables	Pre-Training (N= 64-65)		Post-Training (N=58-60)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
1. I feel adequately prepared to identify the dynamics of the stress/grief response after change or loss.	3.43	1.02	4.53	0.54	-7.67***	-1.34	Large
2. I feel adequately prepared to recognize behaviors, thoughts and feelings related to stress/grief.	3.77	0.81	4.64	0.48	-7.33***	-1.30	Large
3. I feel adequately prepared to articulate and practice effective techniques for responding to grief in children, youth and adults.	3.18	1.03	4.51	0.57	-8.97***	-1.20	Large
4. I feel adequately prepared to identify specific dynamics of	3.29	1.06	4.43	0.65	-7.34***	-1.59	Large



Core Objective 6: Increase capacity for screening, referral, and treatment by care providers

suicide grief and sudden or violent trauma.							
5. I feel adequately prepared to recognize and articulate stress responses in yourself and co-workers in the aftermath of a critical incident.	3.5	0.98	4.53	0.54	-7.36***	-1.30	Large
6. I feel adequately prepared to recognize and articulate stress responses in co-workers in the aftermath of a critical incident.	3.29	1	4.47	0.57	-8.21***	-1.44	Large
7. I feel adequately prepared to apply principles and processes of stress management to build resiliency in the home and work environment.	3.31	0.98	4.45	0.54	-8.10***	-1.44	Large

Data Source: CCR Post-Training Survey

Conclusion

The FY24 PSD SUPS report highlights impactful achievements and significant progress in addressing the County's objectives for substance use prevention. SUPS has successfully implemented programs and initiatives that promote healthier communities, raise awareness, and enhance protective factors across diverse populations. Highlights and achievements from each of the program's six objectives follow below:

1. Improved social-emotional skills and protective factors among community members

- **Youth Alternative Activities:** Over 5,000 unduplicated youth and 10,267 duplicated youth participated in activities designed to foster emotional regulation, coping skills, and connectedness. Participant surveys indicated that 90% learned something new, 97% had fun, and 96% were glad they participated. Statistically significant pre- and post-activity survey results showed increased resilience and social-emotional skills.
- **Youth Education:** SUPS facilitated 401 workshops, engaging 1,492 unduplicated youth. Surveys revealed notable increases in knowledge about stress management, refusal skills, and substance use prevention strategies.
- **Restorative Practices:** Eleven school districts participated in trainings aimed at fostering supportive school environments. Over 360 additional individuals were trained, and innovative approaches like student-led discipline reforms were implemented in some districts. Over 40 staff also completed the Restorative Conferencing Circle training certification.

2. Increase public knowledge about substance use

3. Increase community members helping and help seeking behaviors

- **Educational Outreach:** Nearly 2,000 youth and adults attended educational workshops, with significant improvements in substance use awareness and prevention skills.
- **Media Campaigns and Messaging:** Two major campaigns addressed fentanyl and alcohol-related risks. The campaigns reached millions of residents, generating over 37 million impressions for fentanyl awareness and over 8 million impressions for alcohol-related messaging. Survey data from post-campaign evaluations showed increased knowledge and prevention behaviors among target audiences. Those exposed to campaigns were significantly more likely to seek help for themselves and to take steps to increase their knowledge about substances featured in the campaigns.
- **College Collaborative:** SUPS partnered with local colleges to implement health fairs, educational programming, and harm reduction initiatives. These efforts reached over 6,000 students and staff, promoting awareness of substance use and mental health resources. Harm reduction vending machines were also implemented at West Valley College, Mission College, Santa Clara and Stanford University.
- **Parent and Community Education:** Workshops and presentations reached over 1,400 participants, equipping them with tools to communicate effectively, build resilience, and support mental health.

4. Reduce access to harmful products by community members

- **Policy Collaboration:** SUPS and the Public Health Department worked with city governments to develop policies addressing alcohol outlet density and awareness of intoxicating hemp products. These efforts aim to reduce access to harmful substances while raising awareness of the issue.
- **Harm Reduction:** The Harm Reduction Project distributed naloxone and overdose prevention resources countywide. Naloxone training videos had over 2,000 combined views.

5. Increase capacity for screening, referral, and treatment for care providers

- **Fetal Alcohol Spectrum Disorders (FASDs):** SUPS facilitated 10 training sessions, reaching over 1,000 participants, including healthcare providers, educators, and social workers. These sessions focused on identifying and supporting individuals impacted by prenatal substance exposure.
- **Community Grief Support:** The Bill Wilson Center provided postvention services to 372 community members and trained 82 BHSD staff on crisis response and grief support.

Looking Ahead to FY25

SUPS will build on these accomplishments in FY25, with several key initiatives planned:

1. **Expanding Public Awareness Campaigns:** New campaigns will address preventing and raising awareness of methamphetamine use, intoxicating hemp products, and other emerging issues.
2. **Policy Development:** Continued collaboration with local jurisdictions will focus on developing and implementing policies to limit access to harmful substances, including alcohol and intoxicating hemp products.
3. **Capacity Building:** SUPS will continue to invest in training providers, educators, and community leaders to improve prevention and intervention strategies. Including expanding our Restorative Practice Initiative and Safety First.
4. **Innovative Youth Engagement:** SUPS will explore new approaches to engage youth in leadership roles, fostering skills that support connectedness and resilience, and substance use prevention.

The FY24 report emphasizes SUPS' commitment to reducing substance use risk factors, increasing protective factors, and fostering community resilience. Through collaboration, innovation, and targeted activities, SUPS is making measurable progress toward healthier and safer communities in Santa Clara County. Moving into FY25, the program remains focused on addressing emerging substance use challenges and building on its successes to meet the needs of the community.