COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

2018-19 Suicide Prevention Annual Report
Reporting Period: January 2018-June 2019

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Overview and highlights

In a March 2019 state report, **Santa Clara County was reported to have the lowest suicide rate compared with other counties in California, from 2015-17**. Santa Clara County's suicide rate (7.5 per 100,000) was found to be significantly below the state suicide rate (10.7 per 100,000). In addition, the rate and number of suicide deaths by County residents decreased in 2016 (143 deaths, or 7.9 per 100,000) and 2017 (137 deaths, or 7.6 per 100,000), reaching a ten-year low in 2017.

2018-19 Suicide Prevention Highlights by Numbers	
171	people trained in best practices in suicide prevention and crisis response (e.g. school district staff, media)
2,207	community members reached with suicide prevention and mental health resources, through 83 community outreach events attended
5,355	people trained in mental health or suicide prevention (warning signs, response, and resources)
25,067	calls received by the Suicide and Crisis Services hotline
1,456,260	impressions of the campaign promoting the County's Crisis Text Line service

The Suicide Prevention Program and community partners held the County's first-ever Suicide Prevention Conference on May 31, 2019, co-sponsored by the Santa Clara County Office of Education (SCCOE) and marking the end of May's Mental Health Awareness Month. The conference was an opportunity to share current research and directions in suicide prevention and to inform local program and planning efforts. Nearly 30 presenters and approximately 150 attendees participated, from Santa Clara County and neighboring counties. At the conference, **the County also awarded its first-ever Suicide Prevention Advocate Award to Morgan Hill Unified School District**, for its exemplary efforts in the areas of suicide prevention and mental health promotion (see photos, below).

Background

Established in 2010, the Santa Clara County 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, which was passed by the Board of Supervisors in 2010. The plan recommends the below five evidence-based public health strategies, to guide a comprehensive community effort to prevent suicide.

- Strategy One: Implement and coordinate suicide intervention programs and services for high-risk populations
- Strategy Two: Implement a community education and information campaign to increase public awareness of suicide and suicide prevention
- Strategy Three: Develop local communication "best practices" to improve media coverage and public dialogue related to suicide
- Strategy Four: Implement a policy and governance advocacy initiative to promote systems change in suicide awareness and prevention
- Strategy Five: Establish a robust data collection and monitoring system to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts

The SP Program coordinates the Suicide Prevention Oversight Committee (SPOC) and five Workgroups, which are each tasked with supporting a different strategy of the County Suicide Prevention Strategic Plan: Interventions (Strategy One), Communications (Strategies Two and Three), Policy (Strategy Four), Data (Strategy Five), and the South County Suicide Prevention Workgroup (regional focus). SPOC oversees and approves the work of the Workgroups.

This annual report covers the period of January 1, 2018 to June 30, 2019.

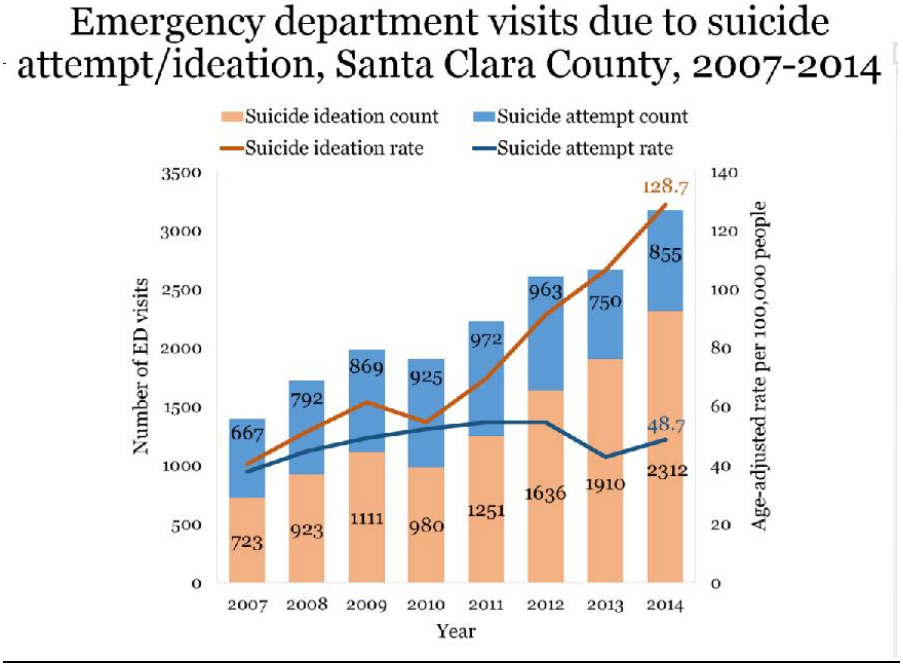
Suicide data and program evaluation

a) Suicide data review

Overall trends *(Public Health Department: www.sccphd.org/healthdata, and California Department of Public Health Violence Prevention Initiative)*

- **In a March 2019 state report, Santa Clara County was reported to have the lowest suicide rate in the state, from 2015-17.** Santa Clara County's suicide rate (7.5 per 100,000) was also found to be statistically significantly below the California state suicide rate (10.7 per 100,000).
- The rate and number of suicide deaths by County residents decreased in 2016 (143 deaths, or 7.9 per 100,000) and again in 2017 (137 deaths, or 7.6 per 100,000), reaching a ten-year low in 2017. The rate of suicide deaths by County residents between 2007-2018 was an average of 8.1 per 100,000 people, ranging from a low of 7.5 per 100,000 in 2007 to a high of 8.6 per 100,000 in 2008 and 2011.
- The number of emergency department (ED) visits due to **suicide attempts or suicide ideation** increased between 2007-14, from 667 ED visits to 855 ED visits (see Figure 1).

Figure 1:



County populations impacted by suicide *(Public Health Department, www.sccphd.org/healthdata)*

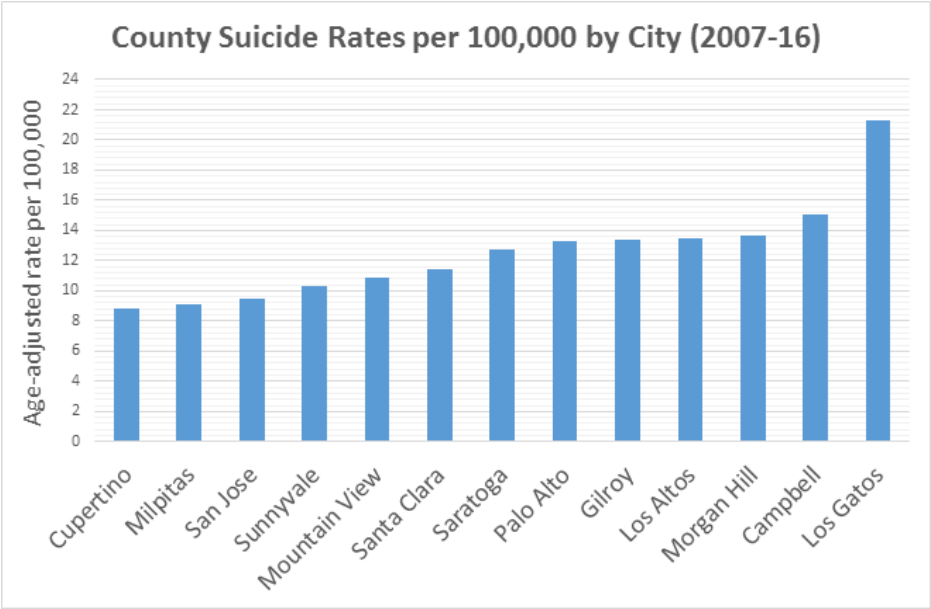
Sex: In the County (and the US overall), **men die by suicide at consistently higher rates than women** (three times higher, from 2009-18). Conversely, more women attempt suicide than men (200.9 visits per 100,000 for females, compared with 156.5 visits per 100,000 for males, in 2014).

Age: **Suicide death rates among County residents generally increased with increasing age**, during 2009-18. Residents ages 75 to over 85 years had the highest suicide rates (15.1 deaths per 100,000 for 74-85 years and 18.2 per 100,000 for 85+), followed by residents ages 45-64 years (12.1 per 100,000 for 45-54 years and 14.4 per 100,000 for 55-64 years), compared with other age groups. However, **emergency department visit rates for suicide attempts and/or ideation were highest among youth ages 15-24** (294.1 per 100,000, in 2007-14), compared with other age groups.

Race/ethnicity: **White County residents had the highest suicide rate in 2009-18 (12.0 per 100,000), followed by Koreans (9.7 per 100,000), and African Americans and Chinese (each 6.1 per 100,000)**, compared with other racial and ethnic groups. In 2014, emergency department rates due to suicide attempts and/or ideation were highest among African American residents (423.8 visits per 100,000), compared to White residents (248.9), Latino (194.4), and Asian/Pacific Islanders (66.7).

City of residence: In the period of 2007-16, Los Gatos had the highest rate of suicide deaths per 100,000, and Cupertino had the lowest rate (see Figure 2). However, 51% of suicide decedents in this period were from San Jose.

Figure 2:



<u>Characteristics of County suicide deaths and decedents in 2017</u> *(Medical Examiner-Coroner data; see attached data report)*

The majority of suicides by County residents take place at home—62% of the suicides in 2017. Among the suicides in 2017, 5% occurred in a vehicle, 4.5% in a hotel or motel, and 1.5% took place on train tracks. **Firearms and hanging are the two most lethal and commonly used methods for suicide death**, with 35% of suicides in 2017 completed by firearm and 33% by hanging. In general, firearms are used more commonly with increasing age, particularly among older adults ages 65 and up, while hangings are used more commonly among youth and young adults. **Half of decedents (49.6%) did not leave a suicide note.**

Of the County residents who died by suicide in 2017:

- **About 29% were married and 21% were single**. Marital status was unknown for 22% of decedents.
- **Forty-five percent had no past reported suicide attempt**, while 21% had at least one known past attempt (34% unknown).
- **About 58% had at least one reported mental health challenge.** The mental health challenges experienced by these decedents included depression (38%), anxiety (13%), and bipolar disorder (11%).
- **More than 45% of decedents had physical health conditions** reported at

the time of their attempt. The conditions included hypertension, heart conditions, and pain (osteoporosis, arthritis, or gout).

b) Suicide data collection and monitoring system

The SP Program currently uses suicide data from two sources:

First, in September 2018, the Public Health Department (PHD) launched its Open Data Portal (www.sccphd.org/healthdata), which includes a section on 8- and 10-year aggregate data on suicide deaths and attempts by County residents (regardless of where in the state decedents died). The PHD participates in the SP Program's Data Workgroup and supports the SP Program's efforts using this data, which is gathered from the California Office of Statewide Health Planning and Development (OSHPD).

Second, the Medical Examiner-Coroners' (ME-C) Office shares redacted suicide death reports with the SP Program on an annual basis. This data includes suicides that occurred within the County, by County residents, so offers more detail for analysis but does not include the full count of suicide deaths by County residents, as the state-level data does. **In 2018 the SP Program partnered with Palo Alto University (PAU) to enter, clean, and analyze ME-C suicide data from 2009-2016, and to create a standard data report that could be recreated and compared year-to-year.** In 2018 PAU completed the 2016 death data report and transferred its data analysis system to BHSD's Decision Support team. Decision Support completed the attached 2017 data report and will continue to produce the ME-C suicide data reports on an annual basis.

The SP Program's Data Workgroup is currently pursuing ways to link suicide ideation and attempt data to suicide death data, in order to inform health system improvements for people who are suicidal.

In 2018 the PAU team gained Institutional Review Board (IRB) approval for exempt status, to access the ME-C suicide death data and perform studies using the data to inform programming work in the future. Studies in progress include the following:

- Racial/ethnic differences in location of suicide death

- Characteristics of non-mental health-related suicide deaths
- Latent Cluster Analysis of characteristics of suicide decedents to identify subtypes of suicide

c) Program evaluation efforts

Process evaluation

As part of the SP Program's four-year contract with the Department of Diversity and Community Mental Health at Palo Alto University (PAU), PAU developed and conducted a process evaluation of the SP Program in 2018. The PAU team conducted 22 focus groups using a semi-structured interview process, which asked for stakeholders to assess the Suicide Prevention Oversight Committee (SPOC) and four workgroups (the South County workgroup had just begun); cultural competency in the SP Program's efforts; and to make suggestions for improvement.

The process evaluation identified **internal and external strengths** of the SP Program, including existence of a strategic plan, the program staff and overall leadership, gatekeeper training efforts, and public awareness campaigns.

Process improvement recommendations included the following:

- Increase program staffing and clarify/expand stakeholder membership in SPOC and workgroups
- Increase communication and transparency in and among workgroups
- Strengthen data collection and usage

Recommendations for **programmatic improvements** included the following:

- Focus work on specific cultural groups/communities that are most affected
- Increase collaboration with schools and universities
- Expand work "downstream" to include focus on clinical interventions
- Expand Policy and Advocacy Workgroup membership and work

A number of the recommendations were addressed over the course of the reporting period, and others will be implemented in FY20.

Outcome evaluation efforts

In 2018 the SP Program developed a detailed logic model to clarify and guide its work, and to shape efforts to evaluate the program. In connection to the overarching program goal of reducing and preventing suicides in Santa Clara County, **the SP Program identified five outcome objectives:**

1. **Increase early identification and support for people thinking about suicide**
2. **Increase use of mental health services**
3. **Strengthen community suicide prevention and response systems**
4. **Reduce access to lethal means**
5. **Improve messaging about suicide in the media**

With the support of the PAU team, the SP Program began developing and incorporating metrics to measure progress for each outcome objective. Beginning with Objective 1, PAU developed metrics to include across all gatekeeper trainings offered by the SP Program. These metrics were gathered beginning January 2019, and an evaluation of the trainings program/Objective 1 was conducted in summer 2019 (see page 11). The SP Program also developed metrics and conducted a baseline media analysis for Objective 5 (see page 24). Efforts to define and gather outcomes-related data are continuing in FY20, particularly for Objective 2.

Objective 1: Increase early identification and support for people thinking about suicide

Gatekeeper trainings (Strategic Plan Strategy One)

The SP Program offers six "gatekeeper" trainings in suicide prevention and mental health. Gatekeeper trainings' main goals are to teach participants how to identify the warning signs of suicide or a mental health crisis, and how to support and refer individuals in crisis to seek professional help. **From January 2018 through June 2019, the program trained 5,124 community members and/or service providers through gatekeeper trainings.**

Below are some training highlights and outcome evaluation data. **Overall, from pre- to post-training, participants reported statistically significant improvements in knowledge, attitudes, and preparedness around gatekeeping (see Figure 3)**. Training-specific results are reported below. See "Youth-specific suicide prevention efforts" and "Older adult-specific suicide prevention efforts" for additional results.

Figure 3. Change in suicide gatekeeper measures across all trainings, January-June 2019

Measures (Scores range from 1=Strongly Disagree to 5=Strongly Agree)	**Pre-Training**		**Post-Training**		
	M	**SD**	**M**	**SD**	**t-test**
I know the warning signs for suicide. (N=2508)	3.16	.835	4.06	.816	-58.01***
I am able to identify someone who is at risk for making a suicide attempt. (N=2510)	2.92	.816	3.97	.765	-73.30***
I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting. (N=713)	3.44	1.03	4.22	.794	-16.23***
I am aware of the resources necessary to refer someone in a suicide crisis. (N=2508)	3.04	.917	4.10	.663	-62.39***

I am confident in my ability to make a referral for someone in a suicide crisis. (N=2507)	3.07	.929	4.12	.742	-64.42***
I have the skills necessary to support or intervene with someone thinking about suicide. (N=2510)	2.74	.893	3.93	.812	-74.56***

Note. M=Mean. SD=Standard Deviation. *** $p < .001$

Question, Persuade, Refer (QPR):

This basic gatekeeper training teaches the QPR method of asking the suicide Question, Persuading the individual to get help, and Referring the individual to local resources. As part of Crisis Intervention Training, 323 police officers were trained in QPR in 2018-19 (photo, left). Other trainees included faith-based groups; city public works employees; and various staff providers of mental health, health, immigration/legal, education, and employment services. **Pre-/post-training survey results from QPR (January-June 2019) showed statistically significant increases in knowledge and improved attitudes around suicide prevention (see Figure 4).**

Figure 4.

Change in Gatekeeper Measures: QPR

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		
	Mean	**SD**	**Mean**	**SD**	**t-test**
1. I know the warning signs for suicide. (N=472)	3.51	.861	4.28	.777	-14.62***
2. I am able to identify someone who is at risk for making a suicide attempt. (N=471)	3.31	.887	4.20	.800	-16.46***
3. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting. (N=469)	3.38	1.04	4.15	.799	-12.66***
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=473)	3.22	.970	4.26	.770	-17.95***
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=471)	3.20	1.00	4.15	.815	-16.03***
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=472)	3.05	.987	4.04	.844	-16.68***
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced. (N=466)	3.22	.948	3.81	.908	-9.445***
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress. (N=463)	2.88	.962	3.71	.945	-13.36***

Note. SD=Standard Deviation ***p < .001

safeTALK: Similar to QPR, this training also teaches participants the warning signs of suicide and offers practice for asking about suicide and connecting individuals to supportive resources. From 2018-19, **44 service providers and community members were trained in safeTALK, from Palo Alto Unified School District, the County Fire Department, and city of Milpitas community members.** Initial outcome evaluation data from safeTALK did not demonstrate large or statistically significant improvements in gatekeeping measures between pre- and post-training (see Figure 5). These results may be due in part to a small sample size, but the SP Program will also be reducing safeTALK training offerings in FY20.

Figure 5.

Change in Gatekeeper Measures: safeTALK

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		
	Mean	**SD**	**Mean**	**SD**	**t-test**
1. I know the warning signs for suicide. (N=23)	3.33	.949	4.00	.905	-3.32*
2. I am able to identify someone who is at risk for making a suicide attempt. (N=25)	3.16	.987	3.76	.970	-2.60*
3. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting. (N=25)	3.68	1.22	3.88	1.01	-0.63
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=25)	3.32	1.03	3.76	1.09	-1.59
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=25)	3.76	.926	3.84	1.14	-0.28
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=25)	3.52	1.12	3.68	1.18	-0.54
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced. (N=24)	3.50	1.10	3.58	1.02	-0.27
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress. (N=25)	3.22	1.28	3.60	1.04	-1.22

Note. SD=Standard Deviation *p < .05

Applied Suicide Intervention Skills Training (ASIST): This two-day training involves more intensive work on supporting suicidal individuals, in order for service providers like mental health professionals and nurses to better serve community members and support colleagues as well. Through approved funding by the city, **the Morgan Hill Police Department trained all of its sworn and civilian staff in ASIST in 2018-19**. **Pre-/post-training survey results from ASIST (January-June 2019) showed statistically significant increases in knowledge and improved attitudes around suicide prevention (see Figure 6).**

Figure 6.

Change in Gatekeeper Measures: ASIST

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		
	Mean	**SD**	**Mean**	**SD**	**t-test**
1. I know the warning signs for suicide. (N=116)	3.74	.745	4.47	.796	-7.33***
2. I am able to identify someone who is at risk for making a suicide attempt. (N=117)	3.58	.820	4.40	.732	-7.87***
3. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting. (N=116)	3.62	.927	4.48	.702	-8.03***
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=117)	3.54	1.01	4.47	.738	-7.80***
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=116)	3.54	1.02	4.56	.623	-8.66***
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=117)	3.38	.918	4.43	.716	-9.66***
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced. (N=116)	3.22	.931	4.09	.942	-7.44***
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress. (N=118)	3.10	.925	3.99	.920	-7.88***

Note. SD=Standard Deviation ***p < .001

Qualitative feedback on ASIST is also consistently strong (examples below):

- "I feel like prior to this training I would have treated a scenario of potential suicide very differently. I feel like my approach has completely changed for the better."
- "Perfect job done by the trainer! Very helpful and practical skills to have as a mental health therapist. Thank you so much!"
- "I really enjoyed the training and have learned a lot that really help me feel more prepared to help my parents and others in my personal life."
- "The ASIST workshop is a wonderful training that helps me to remember why I became a therapist."

Suicide to Hope: a follow-up to ASIST and focused on supporting clients using a growth and recovery model following suicide attempts. **In the reporting period, 52 mental health professionals participated in this training.**

Cultural competency: In 2018 partners at **Palo Alto University (PAU) completed a cultural competency review of the SP Program's gatekeeper trainings**, based on evidence about cultural differences in the way suicidality is expressed and experienced. As a result of this review, the SP Program and PAU began incorporating the review recommendations into the gatekeeper trainings. **In partnership with the training company LivingWorks Education, cultural**

adaptations were incorporated to the ASIST curriculum and piloted in Santa Clara County in 2019.

In addition, PAU and the SP Program began developing original, culturally competent training content. These trainings include introductions to mental health and suicide prevention, and are tailored to address the training needs of the County's diverse community members, as identified by the SP Program. In the beginning of 2019, **the Mental Health 101 training was piloted with 242 members from the Christian, Taiwanese Buddhist, and Nepalese communities in the County, while the Suicide Prevention 101 training was piloted with Nepalese community residents and 13 clinicians at Gardner Health Center.** These trainings, as well as a more advanced suicide prevention training for mental health clinicians, will continue to be piloted and refined by the PAU team in FY20.

The SP Program and PAU partners presented this work at the American Association of Suicidology's Annual Conferences in Washington, DC in 2018 and in Denver, CO in 2019.

Objective 2: Increase use of mental health services

The SP Program strives to increase use of mental health services by addressing both supply (running/improving mental health and crisis services) and demand (conducting community education and outreach, to increase awareness about available services and to encourage help-seeking for mental health).

Crisis Text Line (Strategic Plan Strategy One): See "Youth-specific suicide prevention efforts."

Suicide and Crisis Hotline (Strategy One)
Run by Suicide and Crisis Services (SACS), **the Suicide and Crisis Hotline received a total of 25,067 calls from July 1, 2018-June 30, 2019**. The number of calls increased (compared to prior years) in large part due to SACS' joining the National Suicide Prevention Lifeline (NSPL) network in October 2017. Crisis phone calls that are made from Santa Clara County to the Lifeline number are now routed to the SACS crisis hotline for a local response. NSPL is a network of more than 150 crisis centers located in communities across the country that are committed to suicide prevention. In addition to the increase in call volume, NSPL-routed calls tend to be more severe in crisis (see Figure 7) and come from primarily younger callers, ages 16-25.

Figure 7: SACS hotline call volume by risk of suicide, FY19

CRISIS CALLS	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
Suicide in Progress	5	5	5	1	4	1	1	0	5	0	4	3	**34**
High Risk	49	36	50	31	21	26	7	8	13	6	11	22	**280**
Medium Risk	229	164	206	184	116	137	28	42	73	69	69	105	**1,422**
Low Risk	1,112	1,143	1,241	1,156	941	925	247	436	684	695	740	1,540	**10,860**
No Risk of Suicide, Need Support	1,272	1,060	1,164	1,054	955	920	413	552	847	1,166	971	1,396	**11,770**
Informational (Triage/Misc)	54	68	127	60	44	42	26	38	49	55	59	79	**701**
Totals	**2,721**	**2,476**	**2,793**	**2,486**	**2,081**	**2,051**	**722**	**1,076**	**1,671**	**1,991**	**1,854**	**3,145**	**25,067**

Grief support services (Strategy One)

The Interventions Workgroup set a goal to increase the number of mental health providers in the County who are trained in providing grief support, particularly to suicide loss survivors, who are at increased risk of suicide themselves. After reviewing some grief support services and trainings available in the County and nationally, the Workgroup decided to partner with Dr. Janet Childs at the Bill Wilson Center for Living with Dying. **In January 2019 Dr. Childs piloted a grief support training for 25 County mental health clinicians and peer support workers.** After the training, more participants strongly agreed that they felt adequately prepared to do the following: recognize behaviors, thoughts and feelings related to grief and loss; articulate and practice effective techniques for responding to grief; and recognize/articulate stress responses in themselves and co-workers, among other skills. In FY20, the SP Program will continue to pursue ways to refine and expand grief support trainings and services, building on this work.

Some follow-up services for suicide loss survivors and those who attempt suicide are already provided by SACS. **In FY19, 32 unduplicated clients participated in SACS' Survivors of Suicide (SOS) support group**, which convenes weekly in San Jose. Additionally, SACS' Emergency Department (ED) Patient Support Program provides face-to-face contacts with patients who received medical treatment at the ED of Santa Clara Valley Medical Center (SCVMC) due to self-harm injuries/behaviors or suicide attempts. Through the program, SACS volunteers/interns meet with patients one-on-one to provide resources, follow-up, and support group services. **In the period of July 1, 2018 to June 30, 2019, SACS volunteers/interns made follow-up contacts with 32 unduplicated individuals at VMC's ED.**

Community outreach (Strategy Two)

In 2018-19 SP Program outreach focused on reaching transitional-aged youth (16-25), middle aged adults (45-55), and older adults (65+). Activities included tabling (photo, left), resource fairs, partnership-building with community-based organizations and colleges, and launching a volunteer program to expand outreach efforts.

- 83 tabling events attended
- 2,207 people reached with resources through tabling events
- 3 mental health resource fairs hosted at Eastridge Mall in May 2018 and 2019 (for Mental Health Awareness Month) and in September 2018 (Suicide Prevention Month)
- First LGBTQ+ Suicide Prevention Conference hosted in South Bay in June 2018, in partnership with the American Foundation for Suicide Prevention (Mercury News coverage)
- First annual Santa Clara County Suicide Prevention Conference organized by the SP Program in May 2019, in a partnership between the County Office of Education and the Behavioral Health Services Department (see "Overview and highlights," p. 2)
- 7 volunteers recruited, selected, and onboarded
- New outreach materials developed to address the needs of specific groups:
    - Mental health guide for immigrants brochure, developed in collaboration with the Office of Immigrant Relations (see Attachment 1)
    - Handout on LGBTQ+ mental health and suicide prevention resources (see Attachment 2)
    - Updated handout on technology-aided suicide prevention
    - In addition, a cultural competency review of all outreach materials was conducted by Palo Alto University (PAU) team, to align information with current evidence on diversity and suicide. PAU's recommendations have been incorporated, and the new materials will be finalized and printed in FY20.

Objective 3: Strengthen community suicide prevention and response systems

School-based suicide prevention and crisis response (Strategic Plan Strategies One, Four): See "Youth-specific suicide prevention efforts."

Suicide death response (Strategy One)

Recognizing that "postvention," or providing support for survivors of suicide loss, is a key component of suicide prevention, the Interventions Workgroup has been working in this area in FY18 and FY19. As part of this work, the Workgroup has examined how the County communicates with, and offers support to, individuals and communities that experience suicide losses. Below are the Workgroup's accomplishments in this area, in the reporting period:

- Connected the SP Program to SACS for sharing of suicide death notifications from the Coroners' Office, as soon as notifications are filed. The SP Program began connecting to community institutions, such as businesses and schools, to offer support in the aftermath of suicide losses. **In 2018-19 the SP Program was able to identify and reach out to 12 identified community groups who were affected by suicide loss, offering condolences and grief support resources.** These community groups included apartment complexes, businesses, the Department of Veterans' Affairs, and schools.
- **Partnered with the County's Child Death Review Team to review and revise the support letter and list of grief support resources sent to next-of-kin who lose a child to suicide**, in accordance with postvention best practices and safe messaging around suicide. Connected with the Elder Death Review Team and recommended that this team take on the same effort.

City-wide suicide prevention policies (Strategy Four)

In 2018 the Policy Workgroup advocated for city-wide suicide prevention policies that would counter stigma and increase awareness, and further establish suicide prevention as a norm and priority. **The cities of Morgan Hill (photo, left), Sunnyvale, and Milpitas passed suicide prevention policies** in the reporting period, following policy passage in prior years by Palo Alto, Mountain View, and Los Gatos. The Policy Workgroup also continued to advocate for passage of a suicide prevention policy by San Jose.

Collaboration between each city and the SP Program increased in each of the three cities that passed policies in 2018. For example, the Sunnyvale Senior Center has hosted a number of suicide prevention and mental health trainings, and the SP Program has begun tabling regularly at Sunnyvale city events. The city of Milpitas established a Suicide Prevention Taskforce and will begin offering suicide prevention trainings specifically for Milpitas city staff and residents in FY20. Lastly, the city of Morgan Hill participates in the South County Suicide Prevention Workgroup, which is active and meets monthly (see page 34).

Objective 4: Reduce access to lethal means

Gun safety (Strategic Plan Strategies Two, Four)

Firearms are the second most commonly used means for suicide in the County, and the most lethal means overall. Following passage of a safe storage policy by San Jose in 2017, the SP Program joined the County Gun Safety and Violence Prevention (GSVP) Coordination Team, along with other agencies such as the District Attorney's Office, the Public Health Department, and the City of San Jose. **In 2018 safe storage policies were passed by cities of Morgan Hill and Saratoga. Additionally, the city of Sunnyvale was the first city in the County to ban the purchase of automatic rifles for youth under the age of 21.**

The SP Program supported gun safety efforts in the following ways:

- Community conversations
    - Supported Supervisor Cortese's office to organize the Community Summit on Firearms and Safety in April 2018, and facilitated the breakout discussion on suicide;
    - Helped to develop, spoke on a panel, and spoke to policymakers as part of a West Valley community gun safety summit, which took place in Saratoga in February 2019;
    - Held a focus group discussion with gun owners to inform messaging for a County-wide safe storage public education campaign;

    - Delivered various presentations on suicide and gun safety, for example, at the Mayor's Gang Violence Prevention Task Force conference and a monthly meeting of West Valley mayors.
- Distributed information
    - Developed and began giving out a gun safety brochure at outreach events and trainings;
    - Incorporated information about the Gun Violence Restraining Order at community suicide prevention trainings;
    - Distributed suicide prevention and Department of Veterans' Affairs materials to nine gun shops in the County, and at a gun show at the County Fairgrounds.
- Distributed free gun locks
    - Helped the San Jose Police Department acquire free gun locks;
    - With the GSVP team, distributed approximately 400 suicide prevention outreach materials and free gun locks at two gun buyback events in North County (September 2018, photo, above) and in San Jose (December 2018).

Objective 5: Improve messaging about suicide in the media (Strategic Plan Strategy 3)

The volume and content of media coverage on suicides can influence suicidal behavior, depending on well the media adheres to the safe messaging guidelines for reporting on suicide. These guidelines were created by national suicide prevention and media groups to help inform reporters on how to safely report on suicide. During the reporting period, the SP Program undertook a range of efforts to monitor and improve safe messaging in the media:

News media analysis

In 2018 the SP Program conducted a media analysis study that assessed how well local and national media adhered to the safe messaging guidelines in the month of June, when Anthony Bourdain and Kate Spade both died by suicide and the Centers for Disease Control and Prevention (CDC) issued a new data report on suicide. To assess the articles, the SP Program created a coding instrument that numerically rated articles on a scale from 1 to 50, based on 10 article characteristics that were adapted from the "Recommendations for Reporting on Suicide." The results showed that the media overall, local and national, did not comply with the safe messaging guidelines in June 2018. The results also showed that local media scored the highest on using safe terminology and photos/videos, and scored the lowest on including suicide warning signs and multiple resources for help (see Figure 8).

Figure 8: Local media's average scores on safe messaging characteristics (scale of 0 to 5, highest)

Article Characteristics	Local Media
Terminology	**4.76**
Photo/video	**4.13**
Most recent data	3.46
Report on suicide as a public health issue	3.39
Spokespeople quoted	3.24
Method	3.22
Titles	3.17
Suicide Note	3.11
Resources/Numbers	**1.93**
Warning Signs/What to Do	**1.28**

The media analysis results informed further and more targeted work with the media by the Communications Workgroup. Additionally, the analysis can be repeated using the new coding instrument, in order to monitor and evaluate progress in the SP Program's work with the media. **The media analysis was accepted as an abstract and presented at the 2019 American Association of Suicidology's national conference in Denver, CO.**

News media monitoring and response

From June 2018, the SP Program also began systematically tracking and responding to local media coverage on suicide, working with the Communications Workgroup as a Media Response Team. **Through weekly monitoring of the media, the SP Program has reviewed 163 local articles on suicide and has responded to reporters of 24 of these articles**, either reminding them about or thanking them for following the safe messaging guidelines.

Media education and relationship-building

The SP Program works directly with the media by providing trainings and education about safe messaging, and by providing safe content on suicide prevention through interviews and press releases about the program's work. **In the reporting period, the SP Program conducted 16 media interviews about suicide and suicide prevention.** In June 2019, the Health System's Public Information Office also issued a press release on the County's low suicide rate and the decrease in the suicide rate over three years; samples of resulting press coverage are below:

- July 12, Mercury News: **Editorial: Bay Area county's suicide prevention effort is working**
- June 14, SF Gate: **County sees slight drop in suicides despite increase nationwide**
- June 14, Patch: **Suicide rate drops in Santa Clara County**
- June 12, KCBS: **Santa Clara County suicide rate bucking state and national trend**

This work is supported by trainings and presentations on safe messaging for local media and spokespeople. **In 2018, two safe messaging trainings that were held in the County**—one in South County in March (hosted by the SP Program and South County SP Workgroup, photo, left), and one in North County in April (hosted by Stanford University's Center for Youth Mental Health and Wellbeing). Thirty-seven members of the media and community organizations attended the media briefing on youth suicide prevention efforts in South County, followed by a training on safe messaging. After the training, *Morgan Hill Life* and KCBS published stories following safe messaging guidelines. In the training evaluation, both media and community members reported an average increase in familiarity with the safe messaging guidelines and increased confidence in conducting an interview about suicide, as a result of the training.

In 2019, the SP Program's Communications Workgroup opted to begin making presentations to individual newsrooms about safe messaging, instead of holding annual trainings, which were a larger investment and traditionally not well-attended by media staff. **In June, the SP Program and Health System Public Information Officer (PIO) met with editors at NBC Bay Area to discuss safe messaging.** As a result of the meeting, editors began making calls to the PIO in advance of publication, to consult on ways to safely message stories about suicide.

Safe messaging in entertainment media

In May 2018, the SP Program alerted school districts and parents about the second season of the Netflix show, "13 Reasons Why," including the resource www.13reasonswhytoolkit.org, which was developed by Stanford's Center for Youth Mental Health and Wellbeing, along with national partners. Due to pressure nationally from various communities—including suicide prevention advocates, mental health professionals, parents, and educators—Netflix developed a warning video to air at the beginning of each episode of the show, and in July 2019 announced that it would be removing the suicide scene at the end of the first season.

Youth-specific suicide prevention efforts

In addition to the efforts described above, the SP Program undertook other activities in 2018-19 that were specific to preventing suicide among youth, particularly ages 16-25.

a) Crisis Text Line (Strategy One)

To improve and increase youth access to crisis services, the SP Program completed its agreement with Crisis Text Line (CTL) in 2018. CTL is a free crisis intervention service via SMS message, where roughly 75% of users nationally are under age 25 (crisistrends.org). **Beginning December 2018, community members may text RENEW to the national CTL number, 741741, to access trained volunteer crisis counselors via text message.**

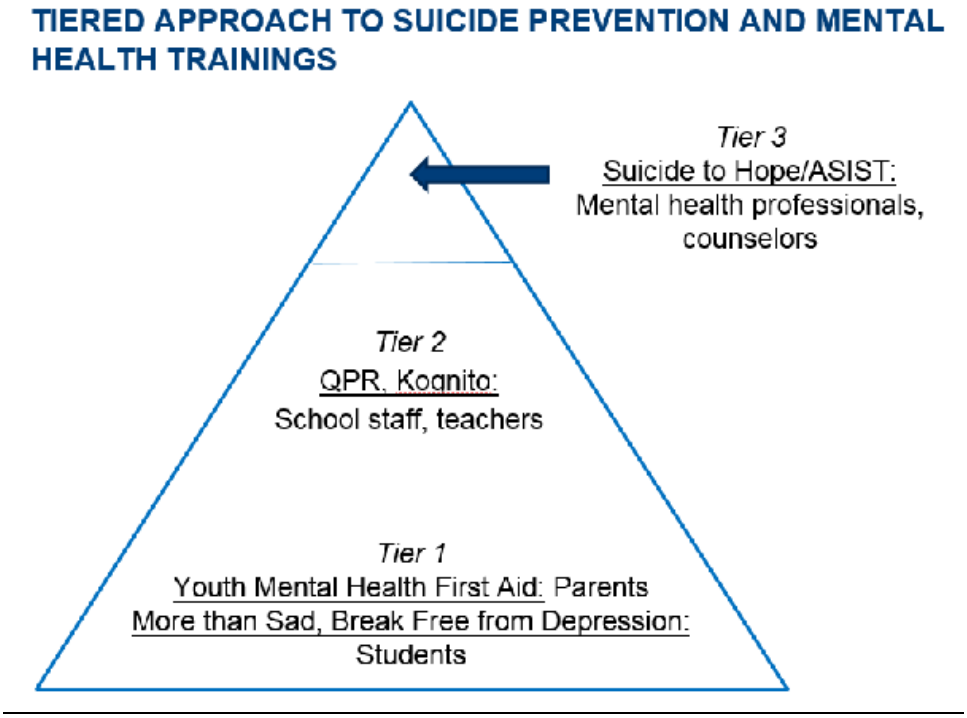
The SP Program launched the County CTL on social media, internally, and in the media (e.g. KCBS, Palo Alto Online). In May 2019, the SP Program's Communications Workgroup launched a mass media campaign designed to promote the County's CTL service. Targeted to youth ages 13-25, the campaign consists of paid and organic social media (Facebook, Instagram, Snapchat, and Pandora, photo, left), light rail transit ads, and an animated ad airing on the screen at the DMV office in Gilroy. **From May 27 to June 30, 2019, the CTL campaign had achieved an estimated 1.2 million impressions on social media, reached 187,500 people through light rail ads, and reached another 50,388 people via the Gilroy DMV screen. In addition, state legislation SB972 calls for all middle schools, high schools, and colleges to print crisis hotline and Crisis Text Line numbers on student IDs, beginning July 2019.**

As of August 2019, 227 text conversations had taken place under the County's CTL code word RENEW. When 300 text conversations have been reached under the code word, CTL will grant the SP Program access to a customized data dashboard that will share aggregated, population-level data on text conversations exchanged under RENEW.

b) Gatekeeper trainings (Strategy One)

The SP Program encourages schools to follow a comprehensive, tiered approach to trainings in suicide prevention and mental health (see Figure 9). This approach ensures that mental health professionals and adult staff are first trained to handle referrals of students who may be struggling with suicide, because student referrals tend to increase after students have received training.

Figure 9:



Mental health professionals: 207 trained in Applied Suicide Intervention Skills Training (ASIST)

Primarily school mental health professionals were trained, through a partnership between the SP Program and the County Office of Education, who advertises and

hosts ASISTs at their offices. See page 15 for ASIST evaluation data.

School teachers and staff: 2,379 trained in Kognito and 613 trained in Question, Persuade, Refer (QPR)

In August 2018, the SP Program launched a pilot training partnership with seven public school districts, to strengthen faculty and staff skills in supporting students who experience mental health distress. The online training Kognito "At Risk" (screenshot, left) allows users to practice simulated conversations about mental health with students and parents. Under the partnership, 2,379 school teachers and staff in nearly 80 Santa Clara County schools completed the Kognito "At Risk" training in the 2018-19 school year. Participating school districts are also receiving technical support from Stanford and the HEARD Alliance on implementing school-based suicide prevention and crisis response (see next section).

The SP Program is partnering with School-Linked Services and the County Office of Education to provide the Kognito training to the school districts, through a cost-sharing arrangement. In 2018-19 the seven participating districts were Mountain View Whisman, Santa Clara Unified, Los Gatos-Saratoga, Alum Rock Unified, Morgan Hill Unified, Milpitas Unified, and the County Office of Education's Alternative Education District.

Pre-/post-training survey results from the Kognito At-Risk online training showed statistically significant increases in knowledge and improved attitudes around suicide prevention (see Figure 10).

Figure 10.

Change in Gatekeeper Measures: Kognito

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		
	Mean	**SD**	**Mean**	**SD**	**t-test**
1. I know the warning signs for suicide. (N=1794)	3.03	.755	3.96	.808	-4.57***
2. I am able to identify someone who is at risk for making a suicide attempt. (N=1794)	2.77	.703	3.87	.725	-5.65***
3. I feel prepared to discuss with a student my concern about the signs of psychological distress they are exhibiting. (N=636^; N=418^^)	2.75^ 2.71^^	.689^ .701^^	3.92^ 3.90^^	.732^ .776^^	-78.33***^ -60.60***^^
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=1791)	2.93	.864	4.03	.593	-5.40***
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=1793)	2.98	.872	4.07	.707	-4.99***
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=1793)	2.57	.784	3.86	.787	-6.38***
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced. (N=1788)	2.68	.831	3.72	.870	-5.62***
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress. (N=1784)	2.34	.730	3.62	.912	-6.27***

Notes. SD=Standard Deviation ***p < .001 ^ data from high school educators ^^ data from middle school educators

School staff who received in-person QPR training include bus drivers of Gilroy Unified School District, charter school and after-school program staff, and 191 staff of local colleges and universities. See page 13 for QPR evaluation data.

<u>Parents: 104 trained in Youth Mental Health First Aid (YMHFA) and 204 in QPR</u>

In June 2018 the SP Program partnered with the National Council of Behavioral Health to train 18 new instructors in the YMHFA curriculum (photo, left). In FY19 the SP Program offered a number of YMHFA trainings for parents and community members in North County (through a partnership with Project Safety Net in Palo Alto), San Jose, and South County (in partnership with Community Solutions in Gilroy). The additional 204 parents were trained in QPR at various public and charter schools.

Although YMHFA teaches gatekeeper skills for mental health challenges, the training data was incorporated with data from other suicide prevention gatekeeper trainings. **YMHFA showed statistically significant improvements in participants' reported knowledge and attitudes around suicide (see Figure 11).**

Figure 11.

Change in Gatekeeper Measures: YMHFA

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		
	Mean	**SD**	**Mean**	**SD**	**t-test**
1. I know the warning signs for suicide. (N=53)	3.59	.969	4.38	.860	-4.57***
2. I am able to identify someone who is at risk for making a suicide attempt. (N=53)	3.28	.928	4.26	.964	-5.65***
3. I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting. (N=53)	3.47	1.01	4.34	.854	-5.07***
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=52)	3.40	1.03	4.29	.848	-5.40***
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=52)	3.41	1.02	4.33	.879	-4.99***
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=53)	3.12	1.05	4.26	.880	-6.38***
7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced. (N=52)	3.18	1.01	4.13	.768	-5.62***
8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress. (N=53)	2.95	1.14	4.13	.761	-6.27***

Note. SD=Standard Deviation ***p < .001

<u>Students: Walk in Our Shoes, Ending the Silence, and QPR</u>

Approximately 53 middle- and high-school students were trained in QPR or in the mental health curriculum, "Walk in Our Shoes," in 2018. The SP Program also partnered with the National Alliance for Mental Illness (NAMI)'s Santa Clara County chapter, to expand the number of students who receive NAMI's Ending the Silence mental health training. In the 2019-20 school year, the SP Program will be working with select Kognito partnership school districts (who trained staff in 2018-19) in expanding mental health trainings, particularly to high school students. **Through partnerships with colleges and universities, such as San Jose State University, the SP Program also trained 221 college students in QPR in 2018-19.**

c) School-based suicide prevention and crisis response (Strategies One, Four) State policy AB2246 passed in September 2016, mandating that public schools serving grades 7-12 adopt policies addressing suicide prevention, crisis response, and student mental health. In the beginning of 2018, the SP Program conducted a needs assessment with schools on their progress with AB2246 and areas where they could benefit from support. Of the 25 responding school and district representatives, every one had a suicide prevention policy in place or under development. However, understanding about protocols for handling suicide attempts, re-entry, and response to suicide deaths in school communities was low. Furthermore, more than 60% of respondents stated that teachers, staff other than mental health professionals, and students had not received trainings about suicide prevention within the past school year. Survey respondents also indicated their top concerns, which were mainly in the areas of prevention/trainings, crisis response protocols, and re-entry.

In October 2018, the SP Program finalized a contract and initiated work with Stanford University and the HEARD Alliance, who developed the K-12 Toolkit for Mental Health Promotion and Suicide Prevention based on evidence and Palo Alto Unified's experience responding to suicide clusters. Based on the needs assessment results and using the Toolkit as a key resource, **the HEARD Alliance team has been providing technical support primarily to the school districts under the Kognito partnership (see section above), on strengthening suicide crisis response and prevention protocols.** During the reporting period, the HEARD Alliance team completed consultations with administrators and staff from each of the seven participating school districts. Additional school districts have joined the partnership for the 2019-20 school year, so this work will continue in FY20.

Evaluation data shows statistically significant improvements in school staffs' knowledge about their schools' action plans for students at low, medium, and high risk for suicide, as well as re-entry after a suicide attempt. However, the improvements in knowledge were slight and generally changed from an average of 2 (Disagree/no knowledge) to an average of 3 (Neither Agree Nor Disagree) or higher (Agree/some knowledge) (see Figure 12).

Figure 12. Mean ratings by Kognito training participants: "I am confident that I know my school's action plan for a student…" (Items were on a 5-point scale, Strongly Disagree (1) to Strongly Agree (5))

	Pre-Test Mean (SD)	Follow-Up Mean (SD)	t-test
At low risk for suicide, e.g., those who have shown signs of emotional distress	E 3.07 (1.14)	E 3.58 (.94)	E 3.63**
	M 3.41 (1.04)	M 3.76 (.98)	M 2.74**
	H 3.25 (1.03)	H 3.82 (.81)	H 4.44***
At medium risk for suicide, e.g., those who have expressed suicidal thoughts	E 2.88 (1.13)	E 3.48 (.96)	E 5.49***
	M 3.33 (1.02)	M 3.71 (.97)	M 2.75***
	H 3.27 (1.02)	H 3.79 (.86)	H 3.80***
Who has made a suicide attempt	E 2.64 (1.11)	E 3.08 (1.01)	E 3.65***
	M 3.03 (1.08)	M 3.73 (1.08)	M 3.06***
	H 3.06 (1.09)	H 3.51 (1.02)	H 3.21**
Re-entering school after a suicide crisis	E 2.49 (1.08)	E 2.90 (.99)	E 3.73***
	M 2.84 (1.13)	M 3.31 (1.07)	M 3.43***
	H 3.00 (1.12)	H 3.43 (1.09)	H 3.09**

Notes. *** $p < .001$; ** $p < .01$; E: elementary; M: middle school; H: high school; N(E)=73, N(M)=69-70, N(H)=77

The SP Program, along with partners from Kognito and various school districts, presented about this partnership in various forums, including the County's first annual Suicide Prevention Conference in May 2019 and the annual conference of the National Association of City and County Health Officials (NACCHO) in July 2019. Additionally, in July 2019 the partners published a white paper describing the development and execution of the partnership in its first year. The white paper is being disseminated nationally.

d) Partnerships

<u>Palo Alto/Project Safety Net (PSN)</u>

The SP Program supports and collaborates with Project Safety Net on youth suicide prevention efforts in Palo Alto. The SP Program participates on PSN's

Leadership Team, and PSN's Executive Director participates on the County Suicide Prevention Oversight Committee. In 2018-19 the SP Program collaborated with PSN and Palo Alto partners on gatekeeper trainings, outreach, and city-level policy efforts.

South County Suicide Prevention Workgroup

The South County SP Workgroup formed in September 2017 in response to the EpiAid report on youth suicides, which found that Morgan Hill had the second-highest rate of youth suicides in the County. Co-chaired by the Suicide Prevention Manager and Morgan Hill Police Chief, the Workgroup's 2018-19 accomplishments are as follows:

- Completed **media training on safe messaging** for South County newspapers and Public Information Officers (see Objective 5);
- Wrote and introduced **suicide prevention policy** to Morgan Hill City Council, which passed unanimously;
- Held **gatekeeper trainings** for youth-serving organizations in South County (e.g. Discovery Counseling, Community Solutions, Gavilan College, Morgan Hill and Gilroy Unified, Morgan Hill Community Services and Police Department);
- Pursued **improvements to mental health continuum of care for youth**: Mapped continnum of care; attempted to establish a South County suicide case review team; supported Morgan Hill Unified to strengthen suicide crisis response system through Kognito/HEARD Alliance partnership;
- **Gathered and reviewed multiple sources of data** to identify risk and protective factors for suicide and guide workgroup's strategies;
- Engaged Caminar Family and Children's Services, County Office of LGBTQ Affairs, and Morgan Hill City Councilmember Rene Spring to **expand LGBTQ services in South County**: Held community listening sessions for LGBTQ Wellness Centers; marketed LGBTQ support groups in Morgan Hill and Gilroy; shared LGBTQ trainings and resources with service providers; began new LGBTQ safe spaces and support groups at Morgan Hill Library, Wiley House, and Discovery Counseling.

Older adult-specific suicide prevention

From 2017 the SP Program initiated an additional focus on suicide prevention among older adults, who have the highest rates of suicide in the County.

a) Data review (Strategy Five)

In 2018 the Behavioral Health Services Older Adult Manager completed a review of data on older adult suicides in 2015. Additionally, with the support of Palo Alto University, the SP Program began analyzing Medical Examiner-Coroners' suicide death data across multiple cultural variables, such as age and race/ethnicity. This analysis, which began with 2016 data, produced learnings about suicide in various cultural groups. For example, higher rates of older adult suicide in the County were found among the White population, followed by the Asian population. Additionally, firearms were found to be a more common method for suicide among older adults, compared with hanging among younger individuals (see attached 2017 Suicide Data Report).

In April 2018, the SP Program also conducted focus groups with older adults. The focus groups served two purposes: to gain a better understanding about older adults' knowledge, attitudes, and behaviors around suicide and seeking help for mental health, and to inform public messaging that would help to increase help-seeking behavior among seniors. Some general findings from the focus group effort are listed below.

- Two approaches would be necessary to reach two distinct populations: older adults experiencing depression or suicidal thoughts and need immediate help, and older adults at risk for depression/anxiety and need increased awareness and the tools to potentially help themselves in the future.
- For those experiencing mental health challenges, participants reacted best to communications that listed symptoms in more detail, outlined treatment, and emphasized that life will get better after help is sought. Frame the issue of suicide as a medical health risk that requires screening and awareness, just like a number of other conditions.
- Top recommended locations for campaign materials were doctors' offices/hospitals, faith institutions, senior centers, online video ads, and movie theaters.

b) Communications campaign for older adult suicide prevention (Strategy Two)

The focus group results informed development of a communications campaign, encouraging older adults ages 60 years and up to seek help if they are struggling with thoughts of suicide. Working with the Communications Workgroup, the SP Program completed development of the campaign during the reporting period and launched the campaign in July 2019. Consisting of a video, radio ad, digital ads (example, left), and print materials, the campaign will air for about three months on YouTube health and news channels, in local newspapers, and on KCBS. The SP Program will also strive to distribute the print materials and video to partners at senior centers, faith institutions, and health care centers. More information and resources are available on the campaign's website, www.scchope.org.

c) Community outreach and partnerships (Strategy Two)

Based on findings from the data review and focus groups, in 2018-19 outreach to older adults focused on senior centers as well as faith-based organizations and primary care providers. First, the SP Program presented at and began participating in the County's Elder Death Review Team (EDRT). As one outcome of the program's EDRT participation, **the SP Program presented with the District Attorney's Office to San Jose Kaiser Permanente psychiatry and medical staff about elder abuse and suicide, prevention and resources in June 2019.**

The SP Program also established new partnerships with organizations such as Mayfair Community Center, Yu-Ai Kai, Valley Village Retirement Community, and the Diocese of San Jose. During the reporting period, the SP Program held resource tables at nine community events for seniors and/or faith-based communities, such as the Senior Wellness Fair (photo, left) and the Healing Shepherds' Mental Health Symposium for faith leaders.

Partnerships with cities and faith institutions allowed the SP Program to expand its reach to older adults. For example, all Sunnyvale Community Services Senior Center counseling staff were trained in QPR, and the city of Milpitas's senior center is involved with its Suicide Prevention Taskforce. In addition, 21 members of the Prince of Peace congregation in Saratoga received the Mental Health 101 pilot training in 2019.

In FY20, the SP Program will deepen its faith-based efforts, working in partnership with its Interventions Workgroup and NAMI's new FaithNet initiative (an MHSA Innovations project sponsored by the Behavioral Health Services Department).

Conclusion and Recommendations

During the reporting period, the SP Program grew in the six strategic areas that were proposed in the 2017 annual report. The six areas are listed below, along with recommendations/goals to progress further in each of the areas in FY20.

a) **Grow and strengthen the program to be able to better and more comprehensively serve the population across the lifespan.**
   - Increase efforts with older adults, for example, by working with primary care providers and faith-based organizations.
   - Increase program staffing to be able to dedicate staff to focus efforts in each high-risk population, and on program function areas, such as communications and data.

b) **Continue to support efforts to strengthen services and the continuum of care as related to suicide.**
   - Widely market the County's Crisis Text Line.
   - Increase the number of clinicians trained to provide grief support following suicide loss.
   - Increase staffing and capacity of the Suicide and Crisis Hotline.
   - Increase outreach and trainings of clinicians around suicide prevention, particularly within the County's Health System.

c) **Increase primary prevention efforts by incorporating upstream, public health strategies that focus on building resilience factors and on improving environmental factors.**
   - Support school districts that have trained teachers and staff to move onto training students in mental health and building resilience. In partnership with PAU, finalize culturally competent training content about mental health that can be taught to youth and community members.
   - Explore efforts to promote social connectedness, which is a key resilience factor against suicide—for example, by increasing availability of LGBTQ services in South County, and by supporting School-Linked Services' activities through *allcove*.

- Continue gun safety efforts and explore means restriction for hangings, which are now the top means used for suicide in the County.

d) **Focus on sustainability of efforts, namely through capacity-building for SP.**
   - Continue building the SP Program volunteer base and stakeholder participation in Workgroups, in order to increase community participation in suicide prevention.
   - Continue and expand online training and training-of-trainer efforts.
   - Support cities in implementing suicide prevention efforts, particularly once cities have passed suicide prevention policies.

e) **Ensure all SP efforts are culturally competent** in order to better serve the diverse communities in the County.
   - Continue incorporating PAU's cultural competency recommendations into trainings, both internally at the SP Program and more widely by working with the companies that offer the trainings.
   - Continue to develop culturally competent trainings and materials to address the needs of different County populations.

f) **Move towards regular/continuous program monitoring and improvement** by increasing and streamlining evaluation of program activities, and by building a data and evaluation system for suicide data and SP efforts in the County.
   - Incorporate consistent evaluation measures for all activities under each of the five program objectives, with a focus on outcomes measures.
   - Increase gathering of evaluation data in all SP Program efforts.
   - Continue working with the Data Workgroup to identify and advocate for further data collection and analysis, to inform suicide prevention efforts.

Acknowledgements

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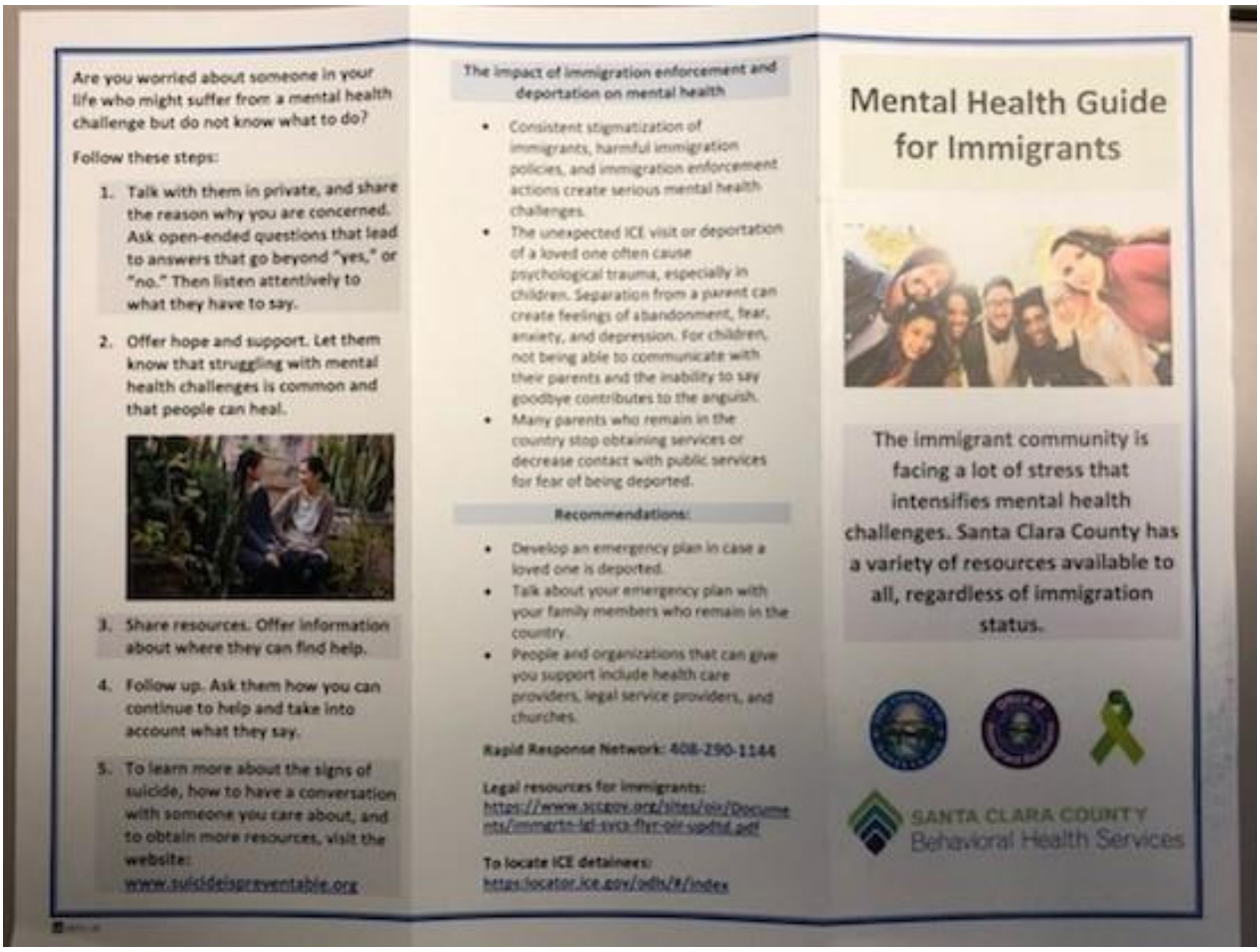
Thank You
Santa Clara County Board of Supervisors
Members of the Data Workgroup
Members of the Interventions Workgroup
Members of the Communications Workgroup
Members of the South County Suicide Prevention Workgroup
SACS and SP Volunteers

Attachment 1



Are you worried about someone in your life who might suffer from a mental health challenge but do not know what to do?

Follow these steps:

1. Talk with them in private, and share the reason why you are concerned. Ask open-ended questions that lead to answers that go beyond "yes," or "no." Then listen attentively to what they have to say.
2. Offer hope and support. Let them know that struggling with mental health challenges is common and that people can heal.

3. Share resources. Offer information about where they can find help.
4. Follow up. Ask them how you can continue to help and take into account what they say.
5. To learn more about the signs of suicide, how to have a conversation with someone you care about, and to obtain more resources, visit the website: www.suicidepreventable.org

The impact of immigration enforcement and deportation on mental health

- Consistent stigmatization of immigrants, harmful immigration policies, and immigration enforcement actions create serious mental health challenges.
- The unexpected ICE visit or deportation of a loved one often cause psychological trauma, especially in children. Separation from a parent can create feelings of abandonment, fear, anxiety, and depression. For children, not being able to communicate with their parents and the inability to say goodbye contributes to the anguish.
- Many parents who remain in the country stop obtaining services or decrease contact with public services for fear of being deported.

Recommendations:

- Develop an emergency plan in case a loved one is deported.
- Talk about your emergency plan with your family members who remain in the country.
- People and organizations that can give you support include health care providers, legal service providers, and churches.

Rapid Response Network: 408-290-1144

Legal resources for immigrants:
https://www.sccgov.org/sites/oir/Documents/immgrtn-lgl-svcs-flyr-oir-updtd.pdf

To locate ICE detainees:
https://locator.ice.gov/odls/#/index

Mental Health Guide for Immigrants

The immigrant community is facing a lot of stress that intensifies mental health challenges. Santa Clara County has a variety of resources available to all, regardless of immigration status.

SANTA CLARA COUNTY
Behavioral Health Services

Attachment 2

Suicide Prevention Resources for LGBTQ+ Community Santa Clara County

Get Services

Outlet
(650) 424-0852
590 W. El Camino Real
Mountain View
projectoutlet.org
Serves: Teens

LGBTQ Youth Space
(408) 343-7940
452 S. 1st Street
San Jose
youthspace.org
Serves: Teens

Billy DeFrank Lesbian & Gay Community Center
(408) 293-3040
938 The Alameda
San Jose
defrankcenter.org
Serves: Adults

LGBTQ Wellness
(408) 343-7944
452 S. 1st Street
San Jose
fcservices.org/lgbtq-wellness
Serves: Adults

Find a Provider

Gaylesta
Referral for psychotherapist services, specializing in the LGBT community
gaylesta.org
Serves: All

they2ze
Mobile App with database of community vetted health and life service
iTunes & Google Play
Serves: Transgender Youth

VHC Downtown Transgender Clinic
(408) 885-5000
777 E. Santa Clara Street
San Jose
scvmc.org
Search VHC downtown
Serves: Transgender Age 15+

When You Need to Talk

Trans Lifeline
1 (877) 565-8860
Serves: Transgender Youth & Adults

Crisis Text Line—It's Free
Text 'LGBTQ' to 741741
Local line: text 'RENEW' to 741741
Serves: Youth & Adults

Older Adult Hotline
1 (888) 234-SAGE (7243)
Serves: Older Adults

The Trevor Project
1 (866) 488-7386
Text 'Trevor' to
1 (202) 304-1200
Serves: Teens

Trevor Space
Forums for LGBTQ youth
Trevorspace.org
Serves: 13-24 years of age

More Information

It Gets Better
itgetsbetter.org
Serves: Teens

LGBT National Health
LGBThotline.org
Serves: Youth & Adults

Parents, Families & Friends of Lesbians & Gays
pflag.org
Serves: Parents

Family Acceptance Project
familyproject.sfsu.edu/publications
Serves: Parents

COUNTY OF SANTA CLARA
Behavioral Health Services