



COUNTY OF SANTA CLARA

Behavioral Health Services

Supporting Wellness and Recovery

FY23 Suicide Prevention Annual Report
Reporting Period: July 2022-June 2023

Table of Contents

Background	2
FY23 Suicide Prevention Highlights by Numbers	3
Suicide Data Discussion	4
Progress on Program Objectives and Evaluation	
Objective 1: Strengthen suicide prevention and crisis response systems	9
Objective 2: Increase use of mental health services	22
Objective 3: Reduce access to lethal means	32
Objective 4: Improve messaging in media about suicide	35
Objectives 5-6: Improve social-emotional skills and resiliency; Increase connectedness and sense of purpose	37
Conclusion	44
Acknowledgments	45
References	47

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 six 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
- Strategy Six: (*added in 2022*) Integrate culture and diversity throughout all programming, to serve the needs of culturally diverse communities

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 Suicide Prevention Strategic Plan: 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.

In FY21, the SP Program joined BHSD's Substance Use Prevention Services (SUPS) program under a new BHSD division, Prevention Services. The creation of the Prevention Services Division created opportunities for blended funding and

initiatives addressing both suicide and substance use, particularly at the primary prevention level.

This annual report covers the period of Fiscal Year 22: July 1, 2022 to June 30, 2023.

FY23 SUICIDE PREVENTION HIGHLIGHTS BY NUMBERS

20	school districts* participated in the school-based partnership
387	conversations with 231* texters took place over the County Crisis Text Line
625	school staff received technical support in suicide prevention and crisis response
4,453	people trained to be community helpers for suicide prevention and mental health
9,600	estimated number of clients and patients* benefitting from suicide system improvements at Ambulatory Care, Momentum for Health, and Asian Americans for Community Involvement
17,808	unique visitors* to suicide prevention web pages
56,843	calls received by the local 988 service
546,257	estimated number of individuals* reached by 988 public awareness campaign

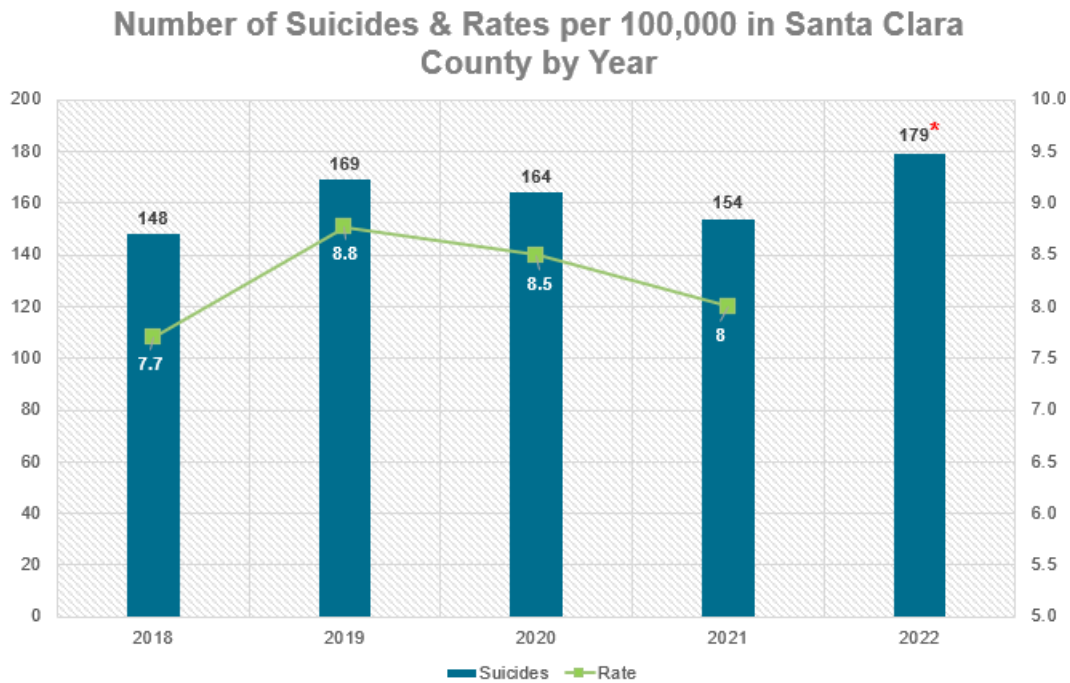
* *Unduplicated numbers*

SUICIDE DATA DISCUSSION

Suicide Death Data

Between 2018-2019, the suicide count and rate increased to 148 deaths (7.6 per 100,000) in 2018 and 169 deaths (8.8 per 100,000) in 2019. There was then a small decrease in suicide count and rate between 2019-2021 (See Figure 1). **While the 2022 suicide rate cannot yet be calculated as the US Census Bureau data will not be available until December 2023, the data shows that there was an increase in the number of suicide deaths in 2022, with 154 deaths (8.0 per 100,000) in 2021 and 179 deaths in 2022.** The County's suicide rate continues to be lower than the California state age-adjusted suicide rate, which was 10.1 per 100,000 in 2021 (Centers for Disease Control and Prevention, 2023a).

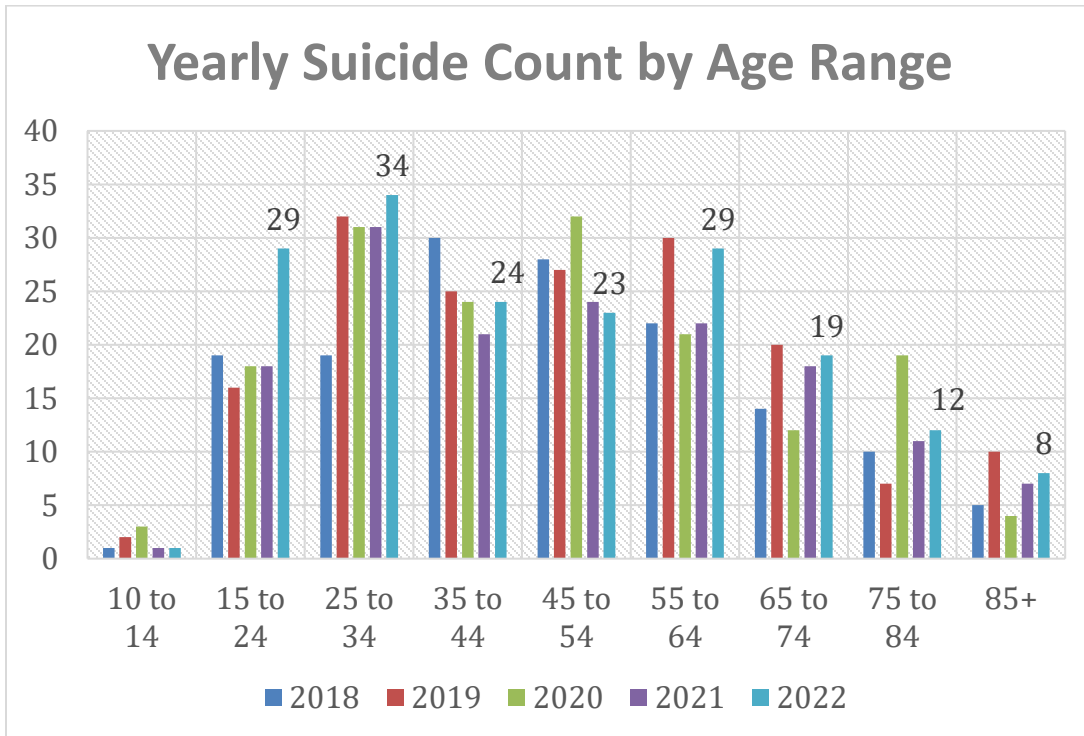
Figure 1. 2018-2022 Suicides in Santa Clara County



The following data should be interpreted while keeping in mind that between 2021-2022, there was an increase in suicide deaths, and thus there are many increased suicide deaths for various demographics (see 2021-22 Suicide Data Report attachment). Between 2021 and 2022, the number of female and male

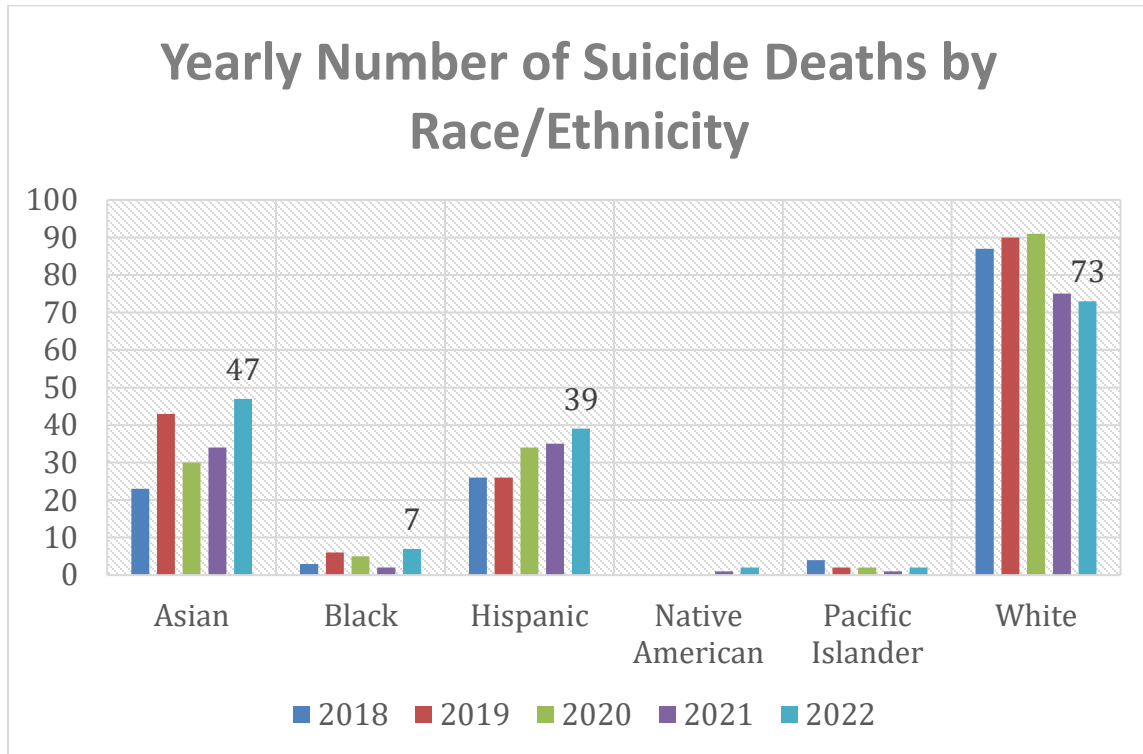
deaths increased by 11 and 13, respectively. Across all age groups except 10 to 14 (deaths remained stable) and 45- to 54-year-olds, there was an increase in suicide deaths. The number of deaths for youth (ages 15 to 24) increased by 11 from 2021 (18) to 2022 (29). For adults aged 55 to 64, suicide deaths increased by seven from 2021 (22) to 2022 (29; See Figure 2).

Figure 2. 2018-2022 Suicides by Age in Santa Clara County



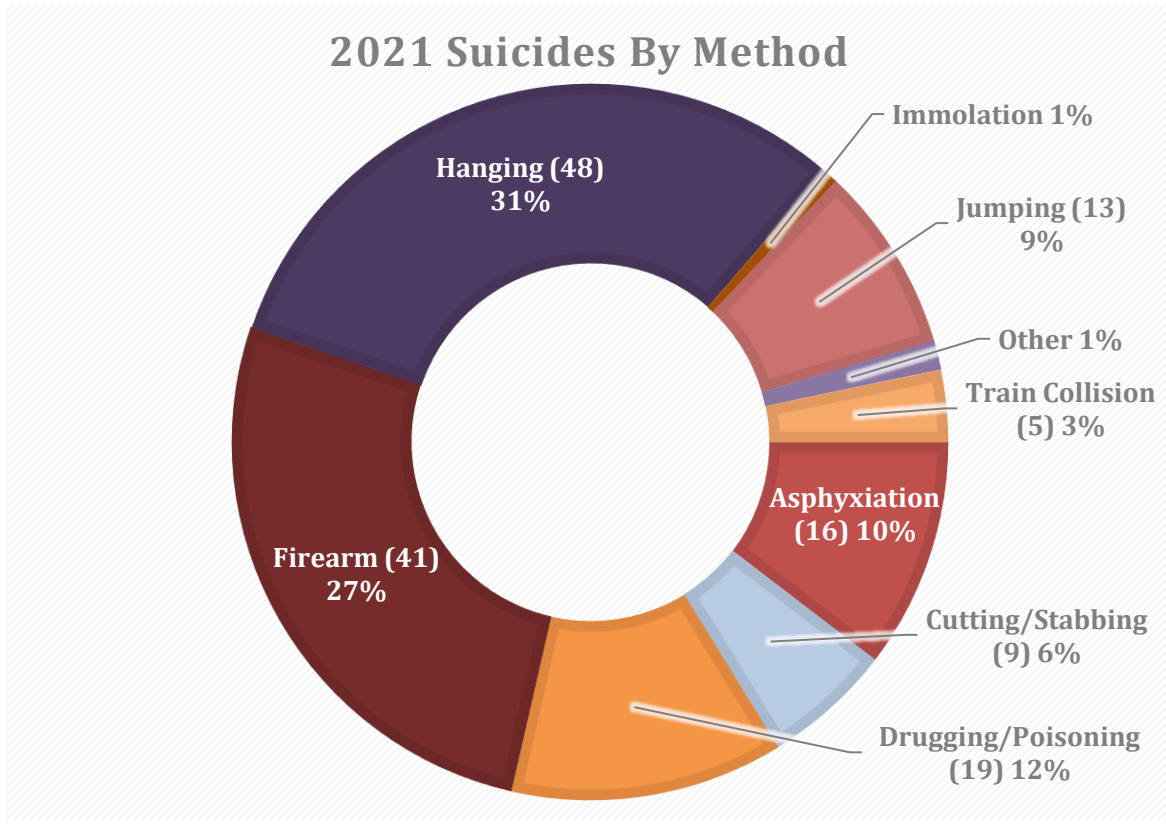
Regarding race/ethnicity groups, all groups demonstrated an increase in suicide deaths except for the white community, which showed a decrease of two deaths between 2021 (75) and 2022 (73). In the Asian community, there was an increase of 13 deaths from 2021 (34) to 2022 (47), and the Black/African-American community showed an increase of five deaths from 2021 to 2022. The raw data shows that since 2018, the suicide death count for the Hispanic/Latine community has been increasing, with an increase of 4 deaths from 2021 (35) to 2022 (39), and with young adults most affected (See Figure 3). In response to this data trend, in FY24, the SP Program is developing a plan to increase outreach and engagement with Hispanic/Latine young adults in the County.

Figure 3. 2018-2022 Suicides by Race/Ethnicity in Santa Clara County



The 2022 data on suicide method is still currently being analyzed, so the 2021 data will be discussed. The number of deaths by drugging/poisoning as the method increased by 3 from 2020 (16) to 2021 (19). The two most predominant methods of suicide death (firearms and hanging) within the County from 2020 and 2021 both saw declines in raw numbers. The number of suicide deaths within the County by firearms saw a reduction of 12 deaths from 2020 (53) to 2021 (41). The number of suicide deaths by hanging also saw a reduction of 19 deaths from 2020 (67) to 2021 (48; See Figure 4).

Figure 4. 2021 Suicides by Method in Santa Clara County



Suicide Attempts and Ideation Data

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 state Department of Health Care Access and Information (HCAI). In FY22-23, HCAI reviewed and approved the data request, contingent on completion of a data-sharing MOU between PAU and BHSD. The MOU was in final signatures at the end of FY23, and the Data Workgroup expects to purchase and receive the dataset in FY24.

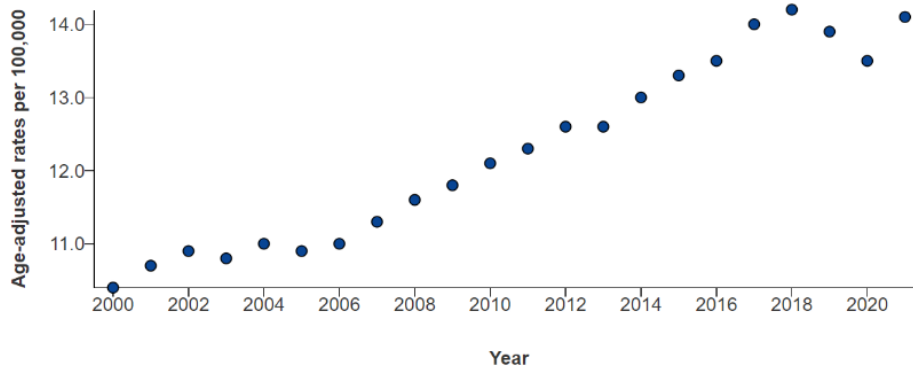
Discussion

The slight decrease in suicide deaths in the County during 2019-21—the years of the COVID-19 pandemic and shelter-in-place measures—followed by the increase in 2022 matches the trend in the US (See Figure 5). Recent studies have suggested that certain factors may have been protective against suicide during the pandemic, such as governmental financial supports and an increase in contact with family and loved ones due to social distancing measures (Kim, 2022). This trend also reflects

studies of other periods that found that suicide rates typically decrease during times of crisis, such as wars and natural disasters, and then rise again immediately after (Horney et al., 2021). The American Foundation for Suicide Prevention hypothesized that this finding could be due to greater community cohesion, individuals becoming more externally focused, and community suffering making personal suffering more tolerable during times of crisis (Martin, 2023).

Figure 5. 2000-2020 Age-Adjusted Suicide Rates Per 100,000 in the U.S. (Centers for Disease Control and Prevention, 2023b)

Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates nearly returned to their peak in 2021.



Furthermore, prior to 2022, the white/Caucasian population had typically accounted for the largest number of suicides compared to other racial/ethnic groups. However, in 2022, all non-white/Caucasian racial/ethnic groups experienced increases in suicides. This disparity could be due to the disproportionate impact of the COVID-19 pandemic on communities of color.

The SP Data Workgroup and stakeholders discussed other potential factors contributing to the 2022 increase in suicides. These include a delayed effect of an increase in suicide-related suffering during the initial pandemic years, when an increase in depression and substance use was documented (Czeisler et al., 2020). In addition, hanging has become the most common method for suicide in the County in recent years, with virtually no existing evidence base to support effective ligature means safety measures for communities.

PROGRESS ON PROGRAM OBJECTIVES AND EVALUATION

Objective 1: Strengthen suicide prevention and crisis response systems

School-based Partnership

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 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 FY23, the SP Program entered its fifth year of the partnership and expanded reach to a total of 20 districts with varying prevention needs and technical assistance requests (see Table 1).

Table 1. School Districts Participating in S4SP Partnership

	Pilot Year (2018- 2019)	Year 2 (2019- 2020)	Year 3 (2020- 2021)	Year 4 (2021- 2022)	Year 5 (2022- 2023)
1. Alum Rock Union	X			X	
2. Berryessa Union			X	X	X
3. Cambrian					X
4. Campbell Union					X
5. East Side High School Union		X		X	X
6. Evergreen Elementary			X	X	X
7. Franklin-McKinley				X	X
8. Fremont Union HS District				X	X
9. Gilroy Unified				X	X
10. Los Altos Elementary				X	
11. Los Gatos Union		X	X	X	X
12. Los Gatos-Saratoga High School District	X	X	X	X	
13. Milpitas Unified	X	X	X	X	X
14. Moreland					X
15. Morgan Hill Unified	X	X	X	X	X
16. Mountain View Los Altos			X	X	X
17. Mountain View Whisman	X	X	X	X	X
18. Palo Alto Unified		X	X	X	X
19. Santa Clara County Office of Education (SCCOE) programs and charters	X	X		X	X
20. Santa Clara Unified	X	X	X	X	X
21. San Jose Unified					X
22. Sunnyvale Elementary		X	X	X	X

This fiscal year, in partnership with the Santa Clara County Office of Education (SCCOE), the HEARD Alliance expanded to further address crisis response support and social-emotional learning efforts. In collaboration with the SCCOE’s Department of Youth Health and Wellness team, the Crisis Response Team launched a series of trainings at the beginning of the academic year (screenshot, right). The 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 seven months, 466 school personnel participated in the training series, representing 20 school districts.**

K-12 Suicide Prevention, Early Intervention & Crisis Response Team Training Series

The Santa Clara County Office of Education, Santa Clara County Behavioral Health Services Department, and the HEARD Alliance are partnering to offer a K-12 Suicide Prevention, Early Intervention & Crisis Response Team (CRT) training series for schools who are seeking to establish a site-based CRT and/or who would like support with building a more robust CRT.

California Education Code (EC) Section 215, as added by AB 2246 and AB1767, mandates that "any local educational agency (LEA) that serves pupils in grades kindergarten to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention." This training series centers on the HEARD Alliance's K-12 Toolkit for Mental Health Promotion & Suicide Prevention, which draws on evidence-based national and state youth suicide prevention guidelines and serves as an implementation tool for California's suicide prevention policy.

This virtual five-part series will outline steps to ensure school personnel (teachers, staff, administration) and mental health professionals are trained to respond to student concerns and crises by strengthening their crisis response protocols and implementing best practice prevention efforts.

Location: Virtual (Zoom links to be provided)

#1: Informational Session & Toolkit Overview
 Date & Time: 09/22/2022 @ 3:30 - 4:30 p.m.
 Audience: All staff, including Mental Health Providers, School Leaders & District Leaders

#2: Early Identification, Intervention & Crisis Response
 Date & Time: 10/27/2022 @ 3:30 - 4:30 p.m.
 Audience: Crisis Response Team Members

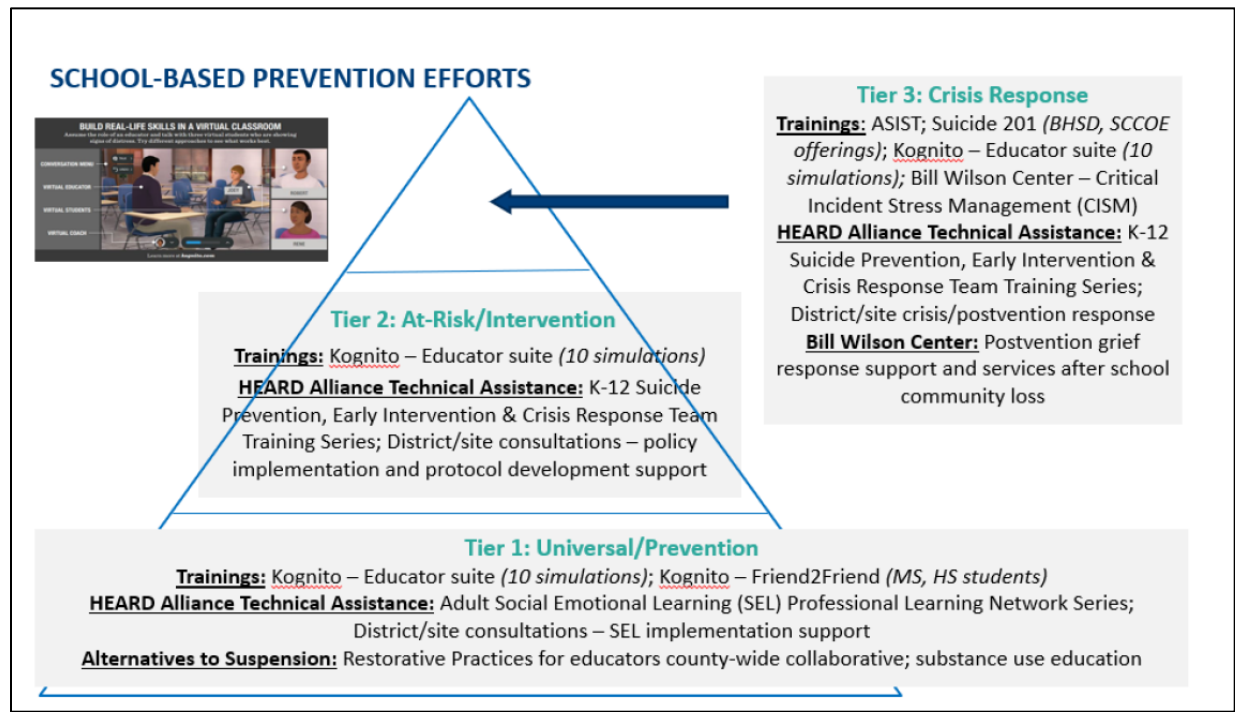
#3: Intervention Follow Up Session
 Date & Time: 12/08/2022 @ 3:30 - 4:30 p.m.
 Audience: Crisis Response Team Members

#4: Postvention is Prevention
 Date & Time: 01/19/2023 @ 3:30 - 4:30 p.m.
 Audience: Crisis Response Team Members

#5: Promotion of Mental Health & Wellness
 Date & Time: 03/02/2023 @ 3:30 - 4:30 p.m.
 Audience: Crisis Response Team Members (site/district SEL teams/leaders also welcome!)

The partnership encourages school districts to follow a comprehensive, tiered approach to trainings in suicide prevention and mental health (see Figure 6), also known in the education field as Multi-Tiered Systems of Support (MTSS). The partnership initially emphasizes skills development among school staff to support with intervention after identifying warning signs of student mental health crises. In addition, through the expansion of HEARD Alliance supports funded by the American Rescue Plan Act (ARPA), the team focused on building out Tier 1 social-emotional learning for adults and restorative practices for educators (see Objectives 5-6).

Figure 6. MTSS Comprehensive Approach to School-based Prevention Efforts



The SP Program provides guidance around which trainings and consultations are appropriate for each tier of work. The main helper trainings for Tier 2 work are the

Kognito Mental Health & Wellness Professional Development Courses

Conversations that change lives.

The Santa Clara County Office of Education and Santa Clara County Behavioral Health Services Department are pleased to provide all educators and school staff across the county with access to the following simulations from Kognito's social emotional learning curriculum:

- At-Risk for Early Childhood Educators
- At-Risk for Elementary School Educators
- At-Risk for Middle School Educators
- At-Risk for High School Educators
- Building Respect: Bullying Prevention
- Trauma-Informed Practices
- Resilient Together
- Step In, Speak Up!
- Safe and Caring Schools for Educators
- Emotional & Mental Wellness

These virtual modules offer evidence-based role-play simulations focused on increasing comfort and competency in managing critical conversations with youth. For detailed information about each course, please [click here](#) or visit bit.ly/3n3nUMb.

Available: July 1, 2022 – June 30, 2023
 Format: Online, self-paced
 Location: SCCOE.Kognito.com
 Timeframe: 30-45 minutes per course
 Audience: District & Charter School Staff in Santa Clara County
 Grade Level(s): PK – 12
 Cost: Free

To access the Kognito simulations:

- Visit SCCOE.Kognito.com
- Create a new account
- Select a simulation

Please join us for a Kognito informational session on July 26, 2022 from 12:00 – 12:30.

- For new & returning users
- Includes an overview of the modules & the new Kognito platform

Kognito online health simulations, which the SP Program offers through a cost-sharing arrangement with the County Office of Education. For the 2022-23 academic year, **3,352 school staff and students (duplicated) were trained in online Kognito modules.** Completed simulations included 10 staff offerings and the Friend 2 Friend peer module (screenshot, left). **In five years of the partnership, more than 18,000 (duplicated) teachers, staff, and students have been trained in various Kognito simulations across 20 County school districts.**

FY23 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 (see Table 2).

Table 2. 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= 1605-1617)		Post-Training (N=1057-1067)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
I know the warning signs for suicide.	3.56	0.83	4.04	0.7	-16.173***	-0.614884564	Medium
I am able to identify someone who is at risk for making a suicide attempt.	3.48	0.85	3.98	0.71	-16.489***	-0.627411455	Medium
I am aware of the resources necessary to refer someone in a suicide crisis.	3.48	0.9	4.02	0.72	-17.099***	-0.648372185	Medium
I am confident in my ability to make a referral for someone in a suicide crisis.	3.45	0.91	3.99	0.74	-16.562***	-0.638155474	Medium
I have the skills necessary to support or intervene with someone thinking about suicide.	3.32	0.93	3.91	0.77	-18***	-0.678517752	Medium
I understand and can identify ways in which culture affects how suicide is expressed and experienced.	3.36	0.93	3.83	0.79	-13.958***	-0.536096218	Medium
I feel prepared to apply concepts of culture and diversity in my efforts to help people with their suicidal distress.	3.31	0.93	3.83	0.8	-15.452***	-0.590667481	Medium

HEARD Alliance Technical Assistance

While rolling out their choice of trainings for their school communities, districts concurrently focus on refining suicide crisis response forms and protocols, and developing and training Crisis Response Teams, with technical support from Stanford University’s [HEARD Alliance](#). Engagement with school districts on crisis response work is summarized in Table 3 below.

Table 3. FY23 HEARD Alliance Crisis Response Services District Support

School District	Consultations & Trainings	District Activity Highlights
Berryessa Union	Training series participation; 31 attendees	<ul style="list-style-type: none"> • Meetings with Director of Student Services about forms/protocols • CRT Training Series attendance • Sent updated and new resources throughout the year
Cambrian	Training series participation; 12 attendees	<ul style="list-style-type: none"> • CRT Training Series attendance
Campbell Union	Training series participation; 2 attendees	<ul style="list-style-type: none"> • CRT Training Series attendance
Eastside Union HS District	1 consultation; 1 attendee	<ul style="list-style-type: none"> • Consultation to review various forms with district lead
Escuela Popular Charter (ESUHSD)	Training series participation/Consultation; 9 attendees	<ul style="list-style-type: none"> • CRT Training Series attendance • Meeting with counselors
Evergreen Elementary SD	Training series participation; 1 attendee	<ul style="list-style-type: none"> • Team focused on other areas of work this year; did not revisit CRT efforts since this has been the focus of past years • CRT Training Series attendance • Postvention resources sent following suicide loss and support offered
Franklin-McKinley	1 consultation; 3 Administrators	<ul style="list-style-type: none"> • Consultation/review of forms • Sent Toolkit forms
Fremont Union HS District	Training series participation; 1 attendee	<ul style="list-style-type: none"> • Reviewed district Toolkit • Consultation/review of the intervention forms • Postvention support following suicide loss • CRT Training Series attendance
Gilroy Unified	Training series participation; 2 attendees	<ul style="list-style-type: none"> • Updates for sections of the toolkit • Sent and new resources
Los Altos Elementary School District	Training series participation; 2 attendees	<ul style="list-style-type: none"> • No consultations this year • Ongoing email communication with new resources and updated documents

Los Gatos Union School District	Training series participation; 2 attendees	<ul style="list-style-type: none"> Email exchanges around various topics: anxiety/worry, SEL, mental health skills building curriculum, etc.
Milpitas Unified	Training series participation; Consultation; 33 attendees	<ul style="list-style-type: none"> CRT Training Series attendance Presentation for staff and administration
Morgan Hill Unified	Training series participation; 33 attendees	<ul style="list-style-type: none"> CRT Training Series attendance
Moreland	Consultation; 5 attendees	<ul style="list-style-type: none"> Individualized staff training Review of suicide response forms Postvention presentation
MVLA	Training series participation; 2 attendees	<ul style="list-style-type: none"> CRT Training Series attendance Tabling by HEARD Out of the Darkness Walk event tabling
Mountain View Whisman	Training series participation; 1 attendee	<ul style="list-style-type: none"> CRT Training Series attendance
Palo Alto Unified	Training series participation/Meeting; 2 attendees	<ul style="list-style-type: none"> CRT Training Series attendance Meeting with Director of Counseling Services
Santa Clara Unified	Training series participation; 2 attendees	<ul style="list-style-type: none"> CRT Training Series attendance
San Jose Unified	Presentation/Training; 6 attendees	<ul style="list-style-type: none"> Initial consultation/offerings discussion via email thread Presentation on postvention with district CRT leads Presentation on Intervention/Forms with district CRT leads
Sunnyvale Elementary SD	N/A	<ul style="list-style-type: none"> Sent new resources Ongoing email communication
SCCOE Early Learning Program	Consultation; 5 staff attendees	<ul style="list-style-type: none"> Consultation with program lead(s) Shared resources
SCCOE Opportunity Youth Academy	Training series participation; 4 attendees	<ul style="list-style-type: none"> CRT Training Series attendance

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, the program was extended for FY22 and renewed for a 5-year effort (FY23-FY27).

In FY23, 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.

Ambulatory Care – Primary Care Behavioral Health (PCBH)

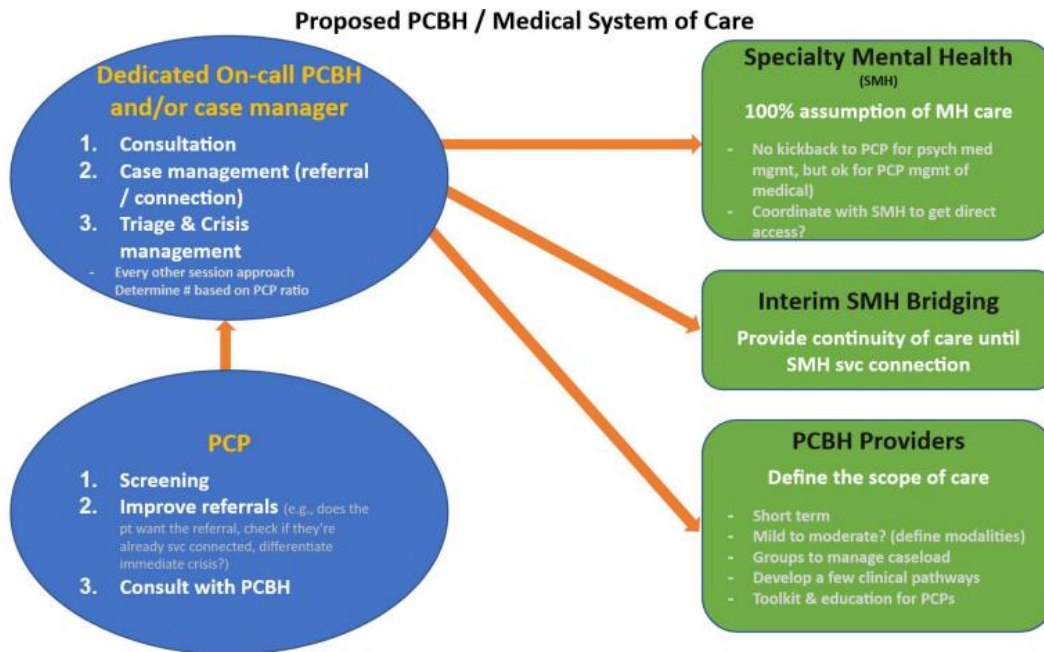
Previous year’s needs assessment data showed that there were opportunities to streamline PCBH workflows, to simplify the handoff process for physicians, and to create a



solid foundation of policies and procedures that would facilitate suicide screening and assessment of PCBH patients. The PCBH team agreed to embark on a multi-year process to re-envision PCBH, with goals that include developing a PCBH model that fits the needs and demands of primary care physicians in the County Health System; and integrating evidence-based, culturally-responsive suicide risk assessment and management throughout the new workflows. In FY23, the PCBH team made significant progress throughout the year despite facing many challenges, primarily staffing. The PCBH team developed detailed workflows and policies (see Figure 7) and made drafts of marketing materials to facilitate the procedural roll-out to physician, mental health clinician, and patient (see sample above). The patient-facing pamphlets were translated into multiple languages. Material distribution is on hold while PCBH undergoes organizational changes to meet CalAIM requirements. In the meantime, the group is maintaining focus on group therapy offerings as planned and initiated as part of this project last year,

facilitating faster patient response and screening (including for suicide risk and substance use).

Figure 7. PCBH Workflows



Given staffing shortages and organizational changes, current discussions are to move up the timeline for focused work on suicide policies, procedures, and trainings. Goals of this focused work would be to enhance suicide practices within the PCBH on-call and core staff, so that all patients who touchpoint with PCBH services receive excellent care for suicide risk with particular attention to substance use issues.

Behavioral Health – Asian Americans for Community Involvement (AACI)

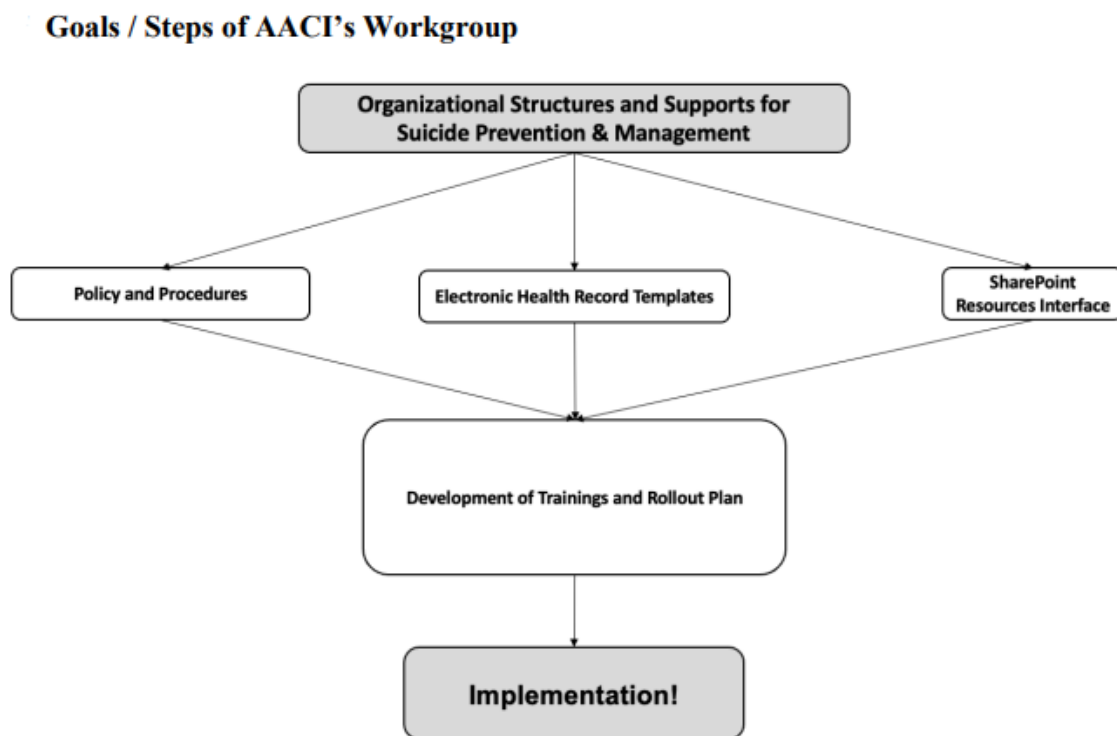
A major partnership focusing on behavioral health specialty services in FY23 focused on collaborative efforts with a new site, AACI – one of Santa Clara County’s major community-based behavioral health organizations. The consultation for FY23 began by creating a workgroup and conducting a thorough agency-wide assessment of suicide prevention needs, which was customized for AACI by the CCPA team. 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
- 4) Support for staff following a suicide death (procedural and emotional)

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 (See Figure 8).

Figure 8. Goals/Steps of AACI’s Workgroup



In this reporting year, the workgroup implemented a SharePoint site cataloging suicide assessment and prevention resources in a user-friendly manner accessible to all staff. The workgroup also developed a new suicide prevention policy in FY23. The policy revision, under policy/compliance and legal review at the time of this writing, resulted in detailed flowcharts for clinical workflow in a suicide assessment situation, and a specific communications workflow involving clinical and management contributors. Electronic health record (EHR) templates smart-phrases were then developed and programmed into AACI’s EHR system, with the goals of simultaneously facilitating standard core practices for suicide

screening/assessment/management with specific attention to substance use issues, while also streamlining efficiencies/decreasing paperwork burden of clinical staff.

Following the completion of the drafting of the suicide prevention policy and accompanying clinical guidelines, the team drafted a training curriculum to facilitate the roll-out of the new policy, as well as to educate and onboard new staff ongoing.

Behavioral Health – Momentum for Health

With the full engagement phase at Momentum wrapping up last FY22, the aim for FY23 was to provide a lower level of support to Momentum with the goal of transferring ownership (from co-ownership by the consultants and site, to sole ownership by the site) in the service of self-sustainment of improvements. To achieve this, CCPA engaged with the standing team less frequently to facilitate eventual sustainable handoff.

In FY23, the Momentum workgroup aimed to respond to feedback from the FY22 post-consultation evaluation results to re-launch the six-month suicide prevention speaker series, with a focus on making the trainings widely available as resources to staff on an ongoing basis. As such, two trainings were provided in an asynchronous interactive format, and three trainings were provided live. Support was also provided for Momentum’s incorporation of the Columbia Suicide Risk Screener into their medical records platform.

Postvention/Grief Support

In FY23, the Bill Wilson Center for Living with Dying continued under their contract to deliver Critical Incident Stress Management (CISM) trainings, as well as CISM/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). The CISM trainings aim to increase the capacity of the County’s Behavioral Health Services Department staff to provide grief support services following critical incidents and loss, including suicide (screenshot, left). In response to local tragedies and the increased need for community support, the contract was amended prior to the end of the fiscal year to support additional postvention responses.

Service provided	Number offered	Participants/Number served
Critical Incident Stress Management (CISM) training	1 training	48
CISM postvention responses	75 responses (<i>individual and group</i>)	820

During the one CISM training this year, participants reported statistically significant improvements from pre- to post-training in six self-reported preparedness measures related to grief response (see Table 4).

Table 4. Change in Self-Report of Grief Response Preparedness for CISM trainings

Variables	Pre-Training (N= 31-32)		Post-Training (N=34)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
I feel adequately prepared to identify the dynamics of the stress/grief response after change or loss.	3.59	0.95	4.59	0.78	-4.638***	-1.171936371	Large
I feel adequately prepared to recognize behaviors, thoughts and feelings related to stress/grief.	3.91	0.73	4.65	0.77	-3.9902***	-1.000775632	Large
I feel adequately prepared to articulate and practice effective techniques for responding to grief in children, youth and adults.	3.44	0.95	4.5	0.83	-4.8419***	-1.209277268	Large
I feel adequately prepared to identify specific dynamics of suicide grief and sudden or violent trauma.	3.48	0.89	4.41	0.89	-4.1956***	-1.061400641	Large
I feel adequately prepared to recognize and articulate stress responses in yourself and co-workers in the aftermath of a critical incident.	3.62	0.83	4.44	0.89	-3.8395***	-0.966631536	Large

I feel adequately prepared to apply principles and processes of stress management to build resiliency in the home and work environment.	3.53	0.95	4.53	0.83	-4.5455***	-1.140827612	Large
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Spirituality and Mental Health Policy

In FY23, the county’s Behavioral Health Services Department (BHSD) adopted a policy on incorporating spirituality into mental health practice and treatment, following a two-year effort spearheaded by SP Program stakeholders. Research has demonstrated that for many individuals, recognition and acceptance of their spiritual beliefs may be a key component in helping them achieve their recovery goals. Inclusion of these beliefs in behavioral health treatment and/or interventions has been associated with successful outcomes. Religion and spirituality are also often associated with social support networks and community resources, which are important protective factors for mental health and suicide prevention. **Inspired by the strong evidence base and by similar policies from LA, San Mateo, and Alameda Counties, the stakeholders researched, developed, and supported passage of a spirituality and mental health policy before the BHSD Policy Committee. The policy was approved by BHSD in May 2023.**

Regional/City-level Collaborations

In FY23, a major policy development was achieved: **Every city in Santa Clara County formally adopted a city suicide prevention policy.** The development was a result of years-long work that began in 2012 by the Suicide Prevention Program and its stakeholders. By the end of 2020, seven city policies were in place. Then in 2021, six more were passed, with one more coming in 2022. The final city-level policy was formally adopted in February 2023. The policies promote suicide prevention in local communities and increase collaborative efforts with the Suicide Prevention Program, helping to fight the stigma against suicide and save lives. The policies commit cities to collaborate and engage in suicide prevention best practices, such as acknowledging suicide as a public health issue; educating residents on suicide, its warning signs, and where to seek help; establishing and following formal procedures to share resources and follow safe messaging best practices when communicating with the community; and adopting

and activating postvention protocols. Most city suicide prevention policies in the county were adopted unanimously.

The SP Program collaborates with city-level suicide prevention taskforces, including Project Safety Net in North County, the South County Mental Health Collaborative, and the Milpitas HOPE (Helping Others Process Emotions) Taskforce.

During the reporting period, Milpitas HOPE continued to meet monthly, with active participation from community members of diverse backgrounds; local faith community leaders; nonprofit agency leaders; representatives from the County's SP Program; and staff from the Milpitas Police Department and Milpitas Recreation and Community Services Department. In addition to working on specific suicide prevention initiatives, the group provides a valuable forum for those working in related fields to make connections and cross-promote services.

In FY23, Milpitas HOPE accomplishments include:

- Launched monthly Veteran's Support Group to build a supportive peer community and link veterans to resources. The group is co-led by a Milpitas HOPE member who is a veteran and licensed therapist and a social worker from the regional Veterans Affairs office.
- Produced and released two Stories of HOPE public service announcements featuring inspiring stories of two Milpitas HOPE members who overcame their suicidal ideation. These videos are intended to be the first collection that will use relatable personal experiences to illustrate that suicidal thoughts can affect all demographics and that there are people and resources in the community to turn to for help.
- Hosted ASIST suicide prevention training for City staff and community members.
- Promoted 9-8-8, as well as local and county resources, for mental wellness.
- Continued ongoing efforts to raise awareness throughout the community with tabling at City events, publicity on City website and social media, Activity Guide, and other City publications, and training for Milpitas Police personnel and City staff.

Objective 2: Increase use of mental health services

Community Helper Trainings

The SP Program offers seven community helper trainings in suicide prevention and mental health (see Table 5). 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 FY23, the program trained 4,453 community members and/or service providers through community helper trainings.**

Table 5. FY23 Suicide Prevention and Mental Health Helper Trainings

Name	Description	Group(s) Trained in FY23	Trainings Hosted/Individuals Trained
<i>Question, Persuade, Refer (QPR)</i>	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 issued: 192
<i>LivingWorks Start</i>	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: 154
<i>Be Sensitive, Be Brave: Suicide Prevention</i>	Participants explore tailored content to define suicide, identify specific warning signs and how to talk about suicide with compassion to account for cultural differences.	Youth advisory groups, senior living residents, general community, high school/college staff and students, veteran services, nursing students	21 completed; 432 trained Virtual (Zoom) *Spanish-language pilots commenced in FY23
<i>Applied Suicide Intervention Skills Training (ASIST)</i>	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, local providers, school/youth-serving providers	6 completed; 148 trained In-person (<i>San Jose, Milpitas, Gilroy, Mountain View</i>)

<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.	BHSD clinicians and county contracted mental health professionals	2 completed; 75 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, high school students, general community, local providers	8 completed; 100 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; high school students	20 school districts participated; 3,352 staff and students trained

Across the four suicide prevention helper trainings offered, participants reported statistically significant improvements in eight self-reported suicide prevention competencies related to knowledge, attitudes, and preparedness around being community helpers for suicide prevention (see Table 6). The trainings analyzed include: Question, Persuade, Refer (QPR); LivingWorks Start; Be Sensitive, Be Brave: Suicide Prevention; and Applied Suicide Intervention Skills Training (ASIST).

Table 6. Change in Self-Report of Suicide Prevention-Related Competencies for Trainings, July 2022-June 2023

Variables	Pre-Training (N= 452-454)		Post-Training (N=293-295)		t-test	Cohen's <i>d</i>	Effect Size
	M	SD	M	SD			
I know the warning signs for suicide.	3.54	0.87	4.45	0.57	-17.156***	-1.189103729	Large
I am able to identify someone who is at risk for making a suicide attempt.	3.38	0.89	4.38	0.6	-18.256***	-1.269495371	Large
I feel prepared to discuss with someone my concern about the signs of suicidal distress they are exhibiting.	3.25	1.05	4.3	0.7	-16.44***	-1.132702638	Large
I am aware of the resources necessary to refer someone in a suicide crisis.	3.4	0.94	4.4	0.62	-17.543***	-1.208219663	Large
I am confident in my ability to make a referral for someone in a suicide crisis.	3.18	1.03	4.29	0.69	-17.666***	-1.219005567	Large

I have the skills necessary to support or intervene with someone thinking about suicide.	3.11	0.98	4.24	0.68	-18.653***	-1.294076211	Large
I understand and can identify ways in which culture affects how suicide is expressed and experienced.	3.3	0.94	4.21	0.63	-15.841***	-1.095558175	Large
I feel prepared to apply concepts of culture and diversity in my efforts to help people with their suicidal distress.	3.11	0.98	4.15	0.7	-16.959***	-1.182543597	Large

Older Adults

The SP Program has pursued multiple streams of work to support suicide prevention among older adults in Santa Clara County. Ongoing efforts are described throughout this report and include enhancing suicide prevention protocols in County health systems, working 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 this work, in FY23 the Interventions Workgroup decided to create a subgroup dedicated to suicide prevention among older adults.

In FY23, the SP Program engaged various stakeholders—including Senior Centers, the Senior Agenda from the Department of Social Services Agency, the Department of Aging and Adult Services, BHSD’s Adult/Older Adult System of Care, the Veterans Affairs (VA) Palo Alto Health Care System, Catholic Charities, Gardner Health Services, and Momentum for Health—to recruit members for the Older Adult Suicide Prevention Subgroup. The SP Program also hired a new Suicide Prevention Coordinator to focus on the older adult population and lead the subgroup.

Members of the subgroup reviewed older adult data trends, past objectives, and older adult characteristics around suicide to better understand the population and topic. The subgroup also conducted a gap analysis through surveys, interviews, and by reviewing mental health and suicide prevention resources and services. By applying public health frameworks, the gap analysis revealed a need for more resources and services tailored to primary prevention for older adults, and for community- and societal-level services—for example, resources that promote

social connectedness for older adults and raise awareness about suicide prevention at the community level. The workgroup also stressed the importance of building partnerships among programs serving older adults in the County.

As the subgroup started its work towards the end of FY23, they developed the FY24 goals and objectives shown in Figure 9. To address Goal 1, the subgroup created a learning space online and during each meeting for members to learn about each other's organizations and services. To address Goal 2, the subgroup began identifying tabling opportunities to promote suicide prevention and behavioral health services. As a result, in FY23, the SP Program provided mental health and suicide prevention resources through tabling at various events for older adults, including the Village Health Festival, the Older Adult Health and Wellness Fairs in the City of Santa Clara, and the Senior Safari at Happy Hollow Park Zoo.

Figure 9. Older Adult Suicide Prevention Subgroup Goals & Objectives for FY24

Older Adult Suicide Prevention Subgroup Goals & Objectives for FY24	
Goal 1: Enhance partnerships.	
<ul style="list-style-type: none"> • Objective 1: Strengthen partnerships among OASP workgroup members by attending regular meetings and participating. • Objective 2: Create a learning space during the meeting for members to learn about each member's organization and the services offered. • Objective 3: Identify shared workstreams among SP workgroups and work collaboratively. 	
Goal 2: Raise older adult suicide prevention awareness through education and outreach.	
<ul style="list-style-type: none"> • Objective 1: Increase the number of suicide prevention trainings delivered to people serving older adults in the county. • Objective 2: Share/identify community events to provide older adult suicide prevention resources. • Objective 3: Revise the older adult suicide prevention booklet. • Objective 4: Create an older adult suicide prevention resource guide. 	
Goal 3: Promote healthy connections.	
<ul style="list-style-type: none"> • Objective 1: Explore and implement activities/programs to enhance OAs' social interaction using the SAMHSA toolkit(s). • Objective 2: Increase the use of digital connecting resources among older adults. 	

Middle-Aged Men

In FY23, in response to suicide data and a relative lack of other efforts targeted for this specific population, the Suicide Prevention Oversight Committee recommended updating and re-airing a public awareness campaign that had previously been developed for middle-aged men and that had evaluated well. The Program’s Communications Workgroup planned, developed, and implemented the campaign, which supported suicide prevention and awareness among English- and Spanish-speaking adult men ages 35 to 54 in the County. The campaign’s primary objectives were to improve knowledge about when and where to seek help for suicidal crises, to improve attitudes toward seeking help and reduce stigma, and to increase help-seeking behavior.


To ensure effective messaging and reach, the Program conducted English and Spanish focus groups with target audience members in March 2023. All campaign assets from the prior campaign were updated according to focus group feedback. The campaign ran from June 26 to August 6, 2023 and was comprised of radio and online advertisements in English and Spanish, promoting a message that there is help available for those having thoughts of suicide. Online ads and radio spots encouraged the audience to call 988 for free, confidential, 24/7 support or to visit www.scchope.org/help, the campaign webpage.

[English](#) | [Español](#)

Feeling down or having suicidal thoughts?

There is help.

Call 988 (for local area codes)
All others call 800-704-0900 & press 1
Free • Confidential • 24/7 • 200+ Languages



Campaign reach and impressions data are included in Table 7 below. According to US Census Bureau estimates (2022), 269,458 males ages 35 to 54 reside in Santa Clara County. Because the campaign previously evaluated well, the Program opted not to allocate further resources to conducting an outcomes evaluation of this effort.

Table 7. Middle-Aged Men Campaign Reach and Impressions

Campaign Totals		
Total impressions	Digital reach	Radio spots
2,828,593	635,000	201

Pacific Islanders



Work continued through FY23 to outreach to Pacific Islander transitional-aged youth, using a strengths-based approach due to high stigma around mental health and suicide among the Pacific Islander community. An emphasis on wellness and wellness practices was identified as an entry point to the topic of mental health. Five talanoas (cultural chats) were held in FY23 at churches and other community gathering places for Pacific Islanders. The Interventions Workgroup also researched and developed a resource brochure/booklet to help bring education on mental health. Research was conducted to locate cultural

wellness practices already in place, local resources, and basic definitions. The final resource (pictured left) includes sections on emotional wellness, cultural wellness practices, self-compassion, local resources, and writing prompts.

Community Outreach

Outreach efforts in FY23 were focused on transitional-aged youth and older adults. **In total, 42 community events were attended by staff or program volunteers, and 1,940 members of the public took resources home.** These events included those at schools, colleges, and youth events to reach transitional-aged youth, and senior centers and older adult events to reach the older adult population. In addition, program resources were requested and provided to 28 programs, resulting in an additional 2,827 resources distributed. Finally, **240 care bags were created for patients discharging from Emergency Psychiatric Services** after being hospitalized due to suicidal ideation or attempt. The care bags are full of comfort items and resources to help support patients as they transition back into their daily lives.

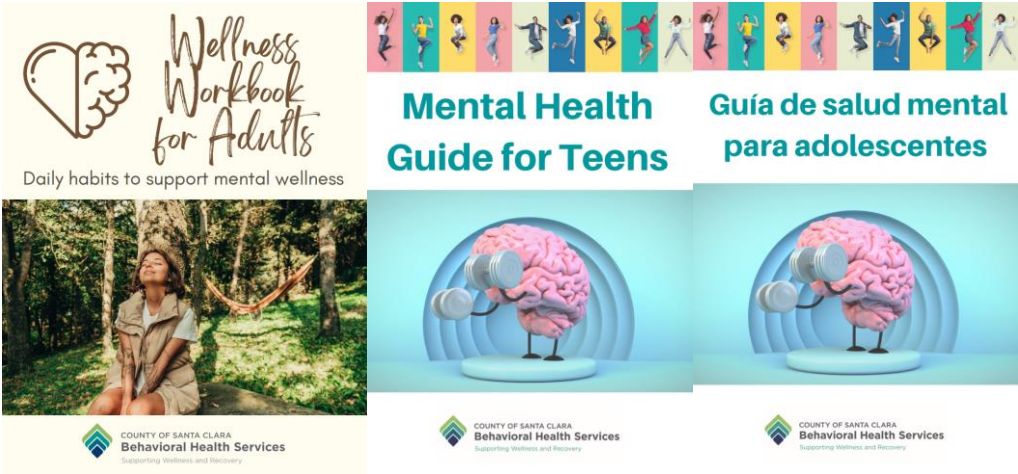


For Suicide Prevention Awareness Month in September 2022, the SP Program hosted its 3rd Annual Suicide Prevention Conference virtually, with the theme of Connecting Communities. Session topics covered intersectionality, co-

occurring disorders, recovery, youth wellness, County suicide death data, lethal means safety, community trainings, communications work, wellness for adults, and suicide postvention efforts. A total of 108 individuals attended the conference.

In FY23, the following community resources were developed to support outreach efforts:

- Wellness resources for teens and adults (pictured below)
- Translations of the resource for suicide attempt survivors
- 988 pen
- Stress ball (cube) with various wellness exercises
- A mindfulness coloring book



Crisis Services

Crisis and Suicide Prevention Lifeline/988

In response to the federal requirement that all states transition to 988 as the new phone number for the national suicide and crisis lifeline, BHSD launched 988 services in July of FY23. The Crisis and Suicide Prevention Lifeline (CSPL) answered a total of 56,843 calls from July 1, 2022-June 30, 2023. Compared to FY22, total calls answered increased by 59%, likely due to the transition to 988. CSPL fielded direct calls to 988 and calls connected to the Call Center through BHSD’s consolidated 10-digit behavioral health services access line. Additionally, the previous 10-digit local CSPL number remained active for the entire fiscal year to best provide access to crisis response services. In FY23, BHSD launched additional mobile crisis response services accessible through 988 and the consolidated Call Center phone number. CSPL referrals to the services are captured in the Table 8 below.

Table 8. CSPL Referrals to Crisis Services

CSPL Referrals to Crisis Services

CSPL Referrals	MCRT			MRSS			TRUST *Go live 11/7			IHOT		911
	Referred	Field Visit (FV)	% FV	Referred	Field Visit (FV)	% FV	Referred	Field Visit (FV)	% FV	Referred	Field Visit	Referred
Jul 16 - Jul 31	75	9	12%	2	2	100%	0	0	0	1	0	1
Aug 2022	183	38	21%	14	12	86%	0	0	0	4	1	1
Sept 2022	156	36	23%	9	6	67%	0	0	0	1	0	1
Oct 2022	164	44	27%	13	10	77%	0	0	0	2	0	2
Nov 2022	84	22	26%	11	9	82%	32	19	59%	0	0	0
Dec 2022	172	46	27%	26	13	50%	221	77	35%	0	0	1
Jan 2023	158	45	28%	23	13	57%	216	82	38%	0	0	2
Feb 2023	166	33	20%	22	3	14%	187	70	37%	0	0	4
Mar 2023	99	27	27%	28	8	29%	178	59	33%	0	0	4
Apr 2023	197	57	29%	46	8	17%	268	90	34%	0	0	6
May 2023	146	39	27%	27	5	19%	213	71	33%	0	0	3
Jun 2023	106	47	44%	22	6	27%	216	58	27%	0	0	7
Totals	1,706	443	26%	243	95	52%	1,531	526	37%	8	1	32

In FY23, the SP Program and BHSD leadership developed and launched a public awareness campaign promoting the County’s transition to 988 and the new BHSD Call Center number, to access BHSD mental health and substance use treatment services. The primary campaign objectives were to drive awareness about the new 988 lifeline and 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 was comprised of three six-week phases, airing throughout FY23. Each phase addressed both youth and adult audiences and targeted different County cultural communities. The first phase ran from September to October, the second from January to March, and the third from May to June. The campaign included digital online, social media, radio, television, and print ads, as well as internal and public informational materials. In total, the campaign generated 26,250,225 impressions.



An evaluation survey was designed to determine the campaign's reach, understand knowledge, attitudes, and behavior around calling 988 and the BHSD Call Center, and explore community experiences with the 988 lifeline for those who have called. Survey distribution took place from July 14 to August 14, 2023.

Evaluation results provided promising feedback on the campaign and services promoted. The survey also delivered constructive community input to incorporate into services and public awareness efforts. Some key results included the following:

- **One in three respondents recalled seeing or hearing the ads;**
- **One-third of those who recalled the ads had already taken action to share the information with someone else and/or learn more about 988;**
- **Respondents who recalled the ads had significantly more knowledge about 988; and**

- **Attitudes about 988 and help-seeking were mostly positive, and were significantly more positive amongst those who recalled the campaign.**

In addition, there were noticeable increases in 988 call volume that coincided with the campaign phases, and call volume was at its highest at the end of all three phases. Feedback from 988 callers about the service was mostly positive, with two in three comments praising the service while about one in five expressed concerns; remaining comments were mixed.

Finally, in the FY23 County Mental Health Services Act (MHSA) consumer survey, **among survey respondents who utilized County behavioral health services, 988 was one of the three most-recognized services**—serving as another data point suggesting that the FY23 public awareness efforts were effective.

Crisis Text Line

Crisis Text Line texter feedback: “[The volunteer] made me heard of the problem I was in. She gave supportive feedback and answers that I wanted to hear from someone. Thank you...so much.”

The County BHSD partners with Crisis Text Line (CTL), a free crisis intervention service via text message. **Community members may text RENEW to the national CTL number, 741741, to access trained volunteer crisis counselors by text (free, 24/7, anonymous). In FY23, 387 conversations among 231 texters took place under the County’s CTL.** See Table 9 for the top topics discussed.

Table 9. FY23 Crisis Text Line Conversation Content (Top Topics Discussed)



FY23 Crisis Text Line Conversation Content (Top Topics Discussed)	
Issue	Percentage of Call Volume
Anxiety/Stress	31.4%
Relationship	31.4%
School(*)	30.8%
Depression/Sadness	30.4%
Suicide	29.3%
Isolation/Loneliness	22.5%
* Issue inferred from Conversation	

Objective 3: Reduce access to lethal means

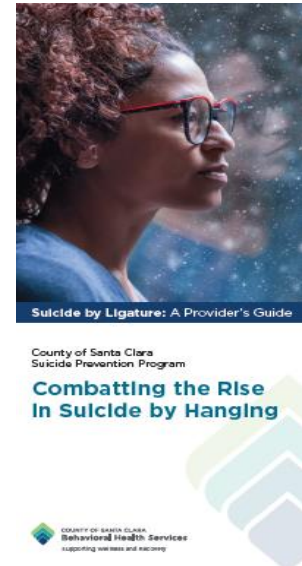
Hanging Means Safety

The SP Program’s work on addressing ligature means safety originated based on county suicide data showing that hangings had become the most common means for suicide in recent years, and especially for youth and non-white racial/ethnic groups. In the fiscal year, the Program focused on ligature means safety by finalizing brochures for caregivers and providers to increase education about ligature means safety in the community. This effort built on the workgroup’s past fiscal year’s efforts of conducting literature reviews and roundtables on the topic, then finalizing recommendations for community prevention strategies to address ligature means safety.

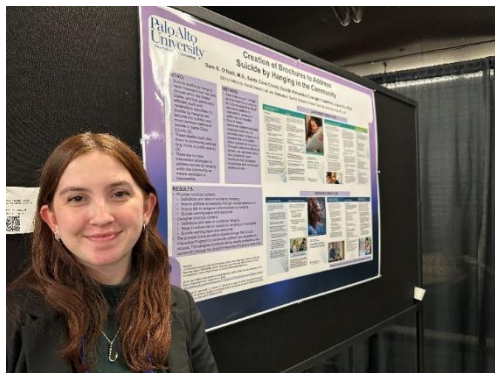
Both the caregiver and provider brochures are available for the community, with the caveat that the provider brochure must be requested through the Program team. Hard copies are available per request. The caregiver brochure covers general information about suicide by hanging, as well as common ligature and ligature points. Additional information is included on how to reduce the risk of suicide by ligature as a caregiver (screenshots, below). This entails how to talk to a loved one about suicide, creating a safe home environment, understanding what a safety plan is, and knowing when hospitalization should be an option. Suicide warning signs and resources are also shared.

A Description of Resources Suicide by Ligature	Resources	Reducing the Risk of Suicide by Ligature	Suicide Warning Signs
<p>Background</p> <p>Suicide by ligature, also known as suicide by hanging, involves an individual using items to suffocate themselves.</p> <ul style="list-style-type: none"> • Hanging is the number one method of suicide in the County, exceeding firearms, and representing 40% of suicides in the County between 2018-2022¹ • Suicide by ligature is very deadly, similar to firearms² • The majority of suicides by hanging occur in the community, within people’s homes and public spaces³ • Asphyxiation “games” that are common among youth encourage them to choke themselves until they pass out, which can lead to unintentional death <p>Common Ligatures/Ligature Points</p> <ul style="list-style-type: none"> • Common ligatures include: <ul style="list-style-type: none"> - belts, ropes, cables, and scarves • Common ligature points include: <ul style="list-style-type: none"> - beams, trees, ceiling fans, windows, door/door knobs, and curtain or shower rods <p>¹ While these are common, there are still many other items that can be used in the home and completely restricting them is nearly impossible</p>	<p>There are many resources available in our County and nationally to support you and your loved one through a time of crisis, such as:</p> <p>Suicide & Crisis Lifeline For local area codes: 988 For non-local area codes: 1-800-704-0900. Press 1. Free, 24/7 support for anyone experiencing mental health distress, including:</p> <ul style="list-style-type: none"> - Thoughts of suicide - Mental health or substance use crisis - Just need to talk <p>Mental Health & Substance Use Services Call Center 1-800-704-0900 Free, 24/7 access to County services, including:</p> <ul style="list-style-type: none"> - Specialty mental health - Substance use treatment or prevention - Support for survivors of suicide - General information, grievances, and appeals <p>Crisis Text Line Text: RENEW to 747471 (English only) Envia COMUNIDAD a 747471 (Spanish only) Free, 24/7 crisis support via text message.</p> <p>Crisis Intervention Team (CIT) Officer 911 In emergency situations, ask for a CIT officer trained in mental health issues</p> <p><small>(1) Haber, L. D. et al. (2018). Increase in suicide by hanging/hangings in the U.S., 2010-2016. <i>American Journal of Preventive Medicine, 64</i>(2), 161-166 (2) County of Santa Clara Open Data Home Health Care Database (OHHS). (n.d.). <i>Open Data (OHHS)</i>. County of Santa Clara. Retrieved from https://www.sccgov.org/sites/ohhs/files/2022/04/2022-04-01-Open-Data-Home-Health-Care-Dataset.xlsx</small></p> <p>For more information, contact SuicidePrevention@hhs.sccgov.org</p>	 <p>Suicide by Ligature: A Caregiver Support Guide</p> <p>County of Santa Clara Suicide Prevention Program</p> <p>Helping a Loved One in Times of Suicidal Crisis</p>	<p>As a caregiver, you can take steps to reducing your loved ones risk for suicide by ligature. A few steps you can take include:</p> <p>Be Sensitive, Be Brave</p> <ul style="list-style-type: none"> • If your loved one is having thoughts about suicide, you can follow the Be Sensitive Be Brave approach: - Be Sensitive: Create a connection by sharing your worries for them, and actively listen to their current feelings and experiences <i>"I really do care about you, and I want to make sure you're safe, so let me ask..."</i> - Be Brave: Directly ask your loved one if they are having suicidal thoughts, and connect them with professional help and resources <i>"Are you having thoughts about suicide?"</i> <ul style="list-style-type: none"> • If you are interested in attending a training about this approach, contact www.hls.quitanilla@hhs.sccgov.org <p>Make a safe home environment</p> <ul style="list-style-type: none"> • Reducing common ligatures and ligature points in the home, while understanding that removing ALL ligatures and ligature points is nearly impossible. You can also help your loved one remove other unsafe items from their environment, such as sharp objects and medicines  <p>Use a Safety Plan</p> <ul style="list-style-type: none"> • If your loved one has received mental health care during their time in crisis, they should have created a safety plan. It is important to obtain a copy of this plan, and help your loved one use the coping skills and resources outlined in the plan • If they do not have a current safety plan, you and/or your loved one can call in-text in the crisis line seen in the resources section of this brochure to obtain assistance with creating a plan and/or use available apps • Apps: <ul style="list-style-type: none"> - "Stanley-Brown Safety Plan" on App Store - "Safety Net" on Google Play Store <p>Understand when to choose hospitalization</p> <ul style="list-style-type: none"> • We cannot monitor and care for our loved ones 24/7, nor can we remove all ligatures or ligature points from our homes. It can be helpful to bring your loved one to the hospital where they can receive 24/7 care in their time of crisis • Hospitalization may be the safest option for your loved one if your loved one is showing: <ul style="list-style-type: none"> - Thoughts about suicide, a plan for suicide, an intention with an exact time/date, and have access to the means for their plan - Multiple suicide warning signs • Your loved one could be kept at the hospital on an involuntary 72-hour hold if they are perceived by professionals as at risk to themselves or others. For adults, this is called a 5150. For minors, it is called a 588S <p>Thoughts / Verbal</p> <ul style="list-style-type: none"> • Thoughts/statements that life is not worth living, thinking about hurting oneself, believing that others are better off without them, or having suicidal thoughts <p>Feelings</p> <ul style="list-style-type: none"> • Hopeless, desperate, trapped, unbearable emotional pain • Abandoned or betrayed • No sense of purpose • Sudden mood changes • Feeling ashamed of oneself <p>Physical</p> <ul style="list-style-type: none"> • Unbearable chronic pain • Trouble coping with health changes <p>Behavioral</p> <ul style="list-style-type: none"> • Giving away prized possessions • Impulsive or reckless behavior • Putting affairs in order • Increased substance use • Withdrawing from others • Not caring for personal hygiene or health <p>Situational</p> <ul style="list-style-type: none"> • Conflict with/rejection from one's family, support system, and/or community • Exposure to trauma • Discrimination or being treated unfairly because of who you are • Not having others who understand you • Trouble adjusting to a new culture • Failure to meet expectations

The provider brochure (screenshot, right) is available upon request through the Program team. This brochure is intended for providers such as clinicians, school staff, and any individuals who may be the frontline for suicide prevention in a clinical capacity. Like the caregiver brochure, this brochure covers general information about suicide by hanging, suicide warning signs, and resources. This brochure differs as it touches on how to address accessibility of suicide by ligature through suicide assessments, as well as how to talk to caregivers about suicide by hanging risk for their loved ones.



The workgroup also created a suicide by hanging one-pager fact sheet to be implemented with 988 responders. The purpose of this fact sheet is to educate these providers about suicide by hanging in an accessible way. Information in the fact sheet includes general definitions of suicide by hanging; current research; and county-specific demographics for those at highest risk (based on suicide death data) for suicide by hanging.



Given the lack of evidence and innovative nature of ligature means safety, this work has drawn state and national interest. The brochures were presented and disseminated at the American Association of Suicidology conference in Portland in April 2023 (photo, left), and members of the workgroup have presented the efforts to other suicide prevention programs in California, to the Veterans' Administration, and on a SAMHSA webinar.

Future efforts of the workgroup in FY24 include disseminating the brochures and factsheet more widely, and researching development of a training on this topic throughout the county.

Firearm Safety

In FY23, the SP Program maintained its ongoing collaboration with the Office of the District Attorney (DAO) by actively participating in the County's Gun Safety



and Violence Prevention (GSVP) workgroup. To support suicide prevention through gun safety, the SP Program participates in gun buyback events organized by the GSVP workgroup. The Program coordinates with partners to provide and

distribute suicide prevention, mental health resources, and gun locks to buyback event participants. At a County buyback event in FY23, the Program distributed 134 resource bags, each containing a gun lock and suicide prevention and mental health materials.

The SP Program also assisted in applying for a Kaiser Permanente Gun Violence Prevention Initiative grant as a GSVP partner. If the grants are awarded for FY24, the Program plans to support public awareness efforts to promote safe firearm storage.

Additionally, the SP Program partnered with the Public Health Department (PHD) and San Jose Youth Empowerment Alliance (SJ YEA) to work on the following Outcomes and Key Results (OKRs):

1. Disseminate information on existing gun violence prevention and safety practices and ordinances in all City and County facilities.
2. Implement a multilingual campaign to raise awareness of publicly-funded youth violence reduction programs.

The SP Program actively participated in regular meetings to assist with community mapping and explored opportunities to include information on safe firearm storage and other gun safety practices, recognizing suicide warning signs, and how and where to find help.

Objective 4: Improve messaging in media about suicide

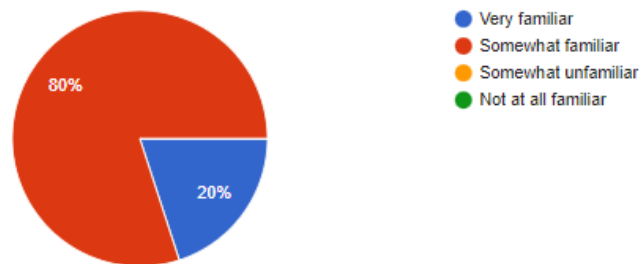
To further its evaluation efforts supporting safe messaging on suicide in the media, the Program conducts regular monitoring of the local media and response to reporters for stories on suicide, and tracks reporters' responses to these outreach efforts. In FY23, **27 separate communications were conducted with local and national reporters regarding their articles or prospective reporting on suicide and mental health.** Of the 27 total communication efforts, the Program fielded nine follow-up messages, some resulting in continued dialogue and fostered relationships with journalists. Cultivating these relationships is a priority of the Program's media response work. In the coming fiscal year, the Program will offer its safe reporting training in each instance of outreach to media members.

In FY23, the Program continued to gather pre- and post-training survey data from the safe messaging training conducted with communications professionals in the county. In FY23, the Program provided one safe messaging training attended by 12 veterans from the County of Santa Clara Office of Veterans Services, other county organizations, and affiliated individuals. Though the sample size was low, post-training survey data highlights include respondents reporting familiarity with the safe messaging recommendations and confidence in conducting communications work about suicide, suicide prevention, or mental illness after the workshop (see Figure 9).

Figure 9. Safe Messaging Training Survey Results

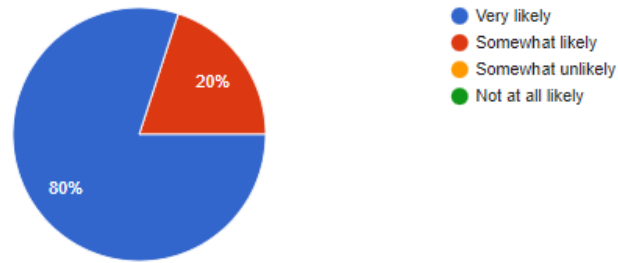
How familiar are you with safe messaging recommendations for reporting on suicide after today's workshop?

5 responses



How likely are you to apply safe messaging guidelines in your work?

5 responses



To assess long-term outcomes of its safe messaging work, in FY23 the SP Program began planning a follow-up analysis of local and national suicide-related news articles using the Tool for Evaluating Media Portrayals of Suicide (TEMPOS) developed in partnership with Stanford University’s Media & Mental Health Initiative. Working with MMHI and other partners, the Program applied TEMPOS to a dataset of 220 suicide-related news articles from June 2018, when Anthony Bourdain and Kate Spade died by suicide. The resulting analysis provided baseline data, which was included in a published journal article detailing tool development, application, and potential areas of utilization (Sorensen et al., 2022).

For the follow-up analysis, the Program has engaged with an evaluation agency and the Center for Urban Studies at the Federal University of Minas Gerais in Brazil. The purpose of the project is to ascertain changes in trends of reporting on suicide among local media since the 2018 baseline analysis was conducted. Findings will help evaluate the impact of the Program’s work with media on safe reporting and identify areas indicating progress and areas for improvement. Article coding and analysis began and a final report is projected to be completed by the end of calendar year 2023.

Objective 5: Improve social-emotional skills and resiliency
Objective 6: Increase connectedness and sense of purpose

A prime example of cross-cutting work under the Prevention Services Division is the work to build protective factors against both suicide and substance use among youth, under the shared objectives of improving social-emotional skills and resiliency and increasing connectedness and sense of purpose.

Youth Activities

In FY23, funding for Youth Community Service (YCS)’s program Youth Connect, formerly funded by the County General Fund and administered by the SP Program, was increased and shifted to Substance Abuse Block Grant (SABG) funds. In addition, YCS joined the cohort of SUPS-funded community-based organizations who were also contracted to run youth “alternative” or prosocial activities. Among the expected outcomes for youth alternative activities are that youth who participate will demonstrate lower risk factors and higher protective factors around suicide and substance use. Risk factors include: perceived risk of drug use; rebelliousness; and social isolation. Protective factors include: clear standards for behavior; emotional wellbeing; emotion regulation; positive social (prosocial) behavior; close relationships with adults and peers; hope; and positive attitudes toward mental health treatment (Centers for Disease Control and Prevention, 2022; Youth.gov, n.d.).



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 • Must be 14 or older or require related permission.
 • Must be able to commit to a 3-day program (Wednesday-Friday) from 9:00 AM-12:00 PM.
 • Must have a valid address in Santa Clara County.
 • Must be a resident of San Jose, San Francisco, or Santa Clara County.
 • Must be a resident of San Jose, San Francisco, or Santa Clara County.
 • Must be a resident of San Jose, San Francisco, or Santa Clara County.

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According to Mental Health America
64% of youth suffering from depression do not receive treatment

WAYS TO GET HELP

1. Call 1-800-662-HELP
2. Use SAMHSA to find a treatment center near you
3. Crisis Text Line: Text "HELLO" to 741741
4. Visit mhanational.org for help with screening and finding treatment

Logos for Youth Technology Institute, the aod, and COUNTY OF SANTA CLARA Behavioral Health Services.



In FY23, 2,690 unduplicated youth participated in this programming, resulting in 8,578 attendances in these activities. Surveys were developed and piloted for middle school, high school, and young adults to measure change in youth risk and protective factors through participation in the youth activities. Although the surveys were designed to be administered as pre-post surveys, due to variations in programming and timelines only 18 middle school surveys were collected in this way. The majority of surveys were collected as post-only (n=94).

Analysis of this year's surveys showed:

- Among the middle school youth who completed pre-post surveys (n=18), there was a statistically significant increase in the perceived risk of taking prescription drugs not prescribed to them, and a statistically significant increase in the belief that they can come up with lots of ways to solve their problems. Although not statistically significant, change for the majority (19) of remaining items on the survey trended in the desirable direction. A couple of prosocial behavior items, one item measuring positive relationships with adults, one help-seeking item, and two substance use items trended in the wrong direction.
- Middle school youth completing post surveys (n=37) perceived the use of prescription drugs not prescribed to them as being of great risk. All other risk and protective factor data trended in the desirable direction (i.e., means for risk factors were low, and for protective factors were high).
- High school youth completing post surveys (n=34) perceived most substance use to be of moderate risk. Most other risk and protective factor data trended in the desirable direction, although these youth reported high levels of school-related stress.
- Young adults (18-24) completing post surveys (n=23) similarly perceived most substance use to be of moderate risk. Most other risk and protective factor data trended in the desirable direction, although these youth reported high levels of stress in general.

Some program partners also collected additional qualitative feedback from participants in their programs. The statements that youth provided are highly

indicative of the powerful impact of programming on youth protective factors. The following is an example of a participant impact statement:

“Last year, I remember walking home after doing nothing during my basketball games and feeling worthless.... The year concluded and on came 9th grade: this year. The first semester, I endured much pressure from my parents, who saw stories of kids being great, wanting me to do the same.... I remember seeing the Youth Connect application one day when scrolling through my phone, and telling my dad about it. He urged me to try it out, so I did. On that first day alone, I felt appreciated, and I had barely even been there! Youth Connect has allowed me to meet so many great people including the owners of other organizations and other peer leaders who have inspired me to be great.... All anyone ever needs to be great is appreciation, inspiration and motivation, and boy, does Youth Connect deliver. ...YCS has definitely changed my life.”

In FY24, the Prevention Services Division has contracted with some new community-based organizations to deliver prosocial activities for youth and adults, and will focus on improving outcomes data collection for this work.

Social-emotional learning (SEL) in schools

The HEARD Alliance SEL workgroup provided ongoing consultation and technical assistance to 14 school districts during FY23. Each district reflects unique starting points and progress which the workgroup tracked quarterly. See Tables 10-13 below for detailed progress and action items based on consultation and survey feedback.

Tables 10-13. District SEL Technical Support - District Progress

Berryessa	Milpitas	Union
<ul style="list-style-type: none"> • Q1 <ul style="list-style-type: none"> ○ Assist with 3 signature practices for leadership ○ Professional Development Day discussion • Q2 <ul style="list-style-type: none"> ○ Met with district lead and discussed progress on previous PD day and options for the next professional day ○ Brief discussion providing suggestions for the Restorative Practices initiative (RP) ○ Participated in Meet & Greet RP launch 12/7 • Q3 <ul style="list-style-type: none"> ○ Working with Piedmont MS in another capacity yet ensuring that we're highlighting the RP initiative in the Community Schools grant proposal ○ Getting permission from admin to have the HEARD Alliance support the Community Advisory Council being formed at PMS as pilot for the district w/in the Community Schools model ○ (3) participated in the two-day RP for Educator training January 18-19 ○ (3) Participated in the RP Convening on 3/17 connection at district MTSS Core Planning team • Q4 <ul style="list-style-type: none"> ○ April 18-20 all day training with (2) principals and (1) school counselor in the Trainer of Trainer for RP for Educators ○ Support RP for Educators training for Berryessa Leadership team in June ○ Participation by (3) at the RP convening on 5/24 ○ Check in for support/email for support with training question/Met with Thomas Carrol- the new student services director ○ Survey participation for SEL TA ○ Survey participation for RP for Educators • Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Meet with the new director/coordinator of Student Services to determine actual needs. ○ New director/coordinator would like to be added to the RP Cohort and train as a Training of Trainers (ToT) ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process 	<ul style="list-style-type: none"> • Q1 <ul style="list-style-type: none"> ○ Discussed 3 signature practices observation tool ○ Created the observation tool and district is piloting it ○ Will support with Restorative Practices (RP)/Connect to trainer • Q2 <ul style="list-style-type: none"> ○ Discussion providing suggestions for the RP initiative ○ Participation in 12/7 Meet and Greet for RP Launch • Q3 <ul style="list-style-type: none"> ○ Planning for the RP Convening with ○ (3) participated in the RP Convening on 3/17 ○ Sharing staff trust building survey tools and resiliency materials • Q4 <ul style="list-style-type: none"> ○ 4/18-4/20 all day RP for Educators Trainer of Trainer training for (1) administrator and (1) SLS Coordinator ○ Participation by (3) at the RP Convening on 5/24 ○ June 6-8 all day RP for Educator Trainer of Trainer training for (1) ○ Survey participation for SEL TA ○ Survey participation for RP for Educators • Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process ○ Support with alignment of SEL/RP/PBIS ○ Support with district internal capacity building for Tier 1 	<ul style="list-style-type: none"> • Q1 <ul style="list-style-type: none"> ○ Discussion for SEL in district under unique challenges /trauma & recovery (staff & community grief, trust, overwhelm) ○ HEARD team discussing post-meeting - considering opportunities for HEARD ideas/support at Fall event • Q2 <ul style="list-style-type: none"> ○ Thought processing Emailed parent resources • Q3 <ul style="list-style-type: none"> ○ Invitation and participation in the 2-day RP for Educators training ○ Thought partners in planning for and debriefing the community health event ○ CHKS Data dive created (sharing asset-based results and possible applications for students, families and teachers) and has been shared (4/10/2023) • Q4 <ul style="list-style-type: none"> ○ Support with building capacity in the district to support health and wellness ○ 5/30 & 6/2 email to plan Rotary connection ○ 6/28 met with Randy in person at morning Rotary meeting-introductions for Health & Wellness ○ Survey participation for SEL TA • Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Identify and prioritize main areas in which they would like HEARD assistance - e.g. school structures, data sharing, RP, SEL, etc. ○ Utilize truncated TIPS tool to stay focused; track support and progress ○ Invite into the RP cohort

Sunnyvale	Cupertino	East Side
<ul style="list-style-type: none"> ● Q2 <ul style="list-style-type: none"> ○ Met to discuss SEL implementation in the district and requested that team share at the Professional Learning Network (PLN) ○ Created the PLN slide deck and integrated slides ○ Co-presented in the PLN ● Q3 <ul style="list-style-type: none"> ○ Email to offer space at RP for Educator training/declined ● Q4 <ul style="list-style-type: none"> ○ Brief discussion with Tasha Dean on 6/16 and connected her to a consulting resource to support with MTSS ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Schedule meeting with district leadership to identify goals and opportunities to support ○ Invite to the RP cohort 	<ul style="list-style-type: none"> ● Q3 <ul style="list-style-type: none"> ○ Request to meet to discuss suicide prevention curriculum ○ Invitation/attended Health Advisory Committee ○ Email follow up with resource to support adult well-being ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Schedule meeting with district leadership to identify goals and opportunities to support ○ Invite to the RP cohort 	<ul style="list-style-type: none"> ● Q1 <ul style="list-style-type: none"> ○ SCCOE attendance collaborative announcement regarding RP for Educator ● Q2 <ul style="list-style-type: none"> ○ 12/7 Meet & Greet RP Launch ● Q3 <ul style="list-style-type: none"> ○ Jan 18-19 RP for Educators training (3) ○ March 17th RP Convening (2) ● Q4 <ul style="list-style-type: none"> ○ April 18-20 RP for Educators Trainer of Trainers (2) ○ May 24th RP Convening (2) ○ (2) Trainings completed by TOTs in district ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Meet with district team to assess needs (further progress) ○ Explore Kognito Friend2Friend opportunities (Alt Ed as well) ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process ○ Explore presentation opportunity at RP symposium
Santa Clara Unified	San Jose Unified	SCCOE
<ul style="list-style-type: none"> ● Q1 <ul style="list-style-type: none"> ○ SCCOE attendance collaborative announcement regarding RP for Educators ● Q2 <ul style="list-style-type: none"> ○ 12/7 Meet & Greet RP Launch (3) ● Q3 <ul style="list-style-type: none"> ○ Jan 18-19 RP for Educators training (3) ○ March 17th RP Convening (3) ● Q4 <ul style="list-style-type: none"> ○ May 24th RP Convening (3) ○ June 6-8 RP for Educators Trainer of Trainers (3) ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Schedule time to meet with district leadership to assess needs, goals, priorities ○ Collaborate on suicide prevention conference presentation ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process 	<ul style="list-style-type: none"> ● Q1 <ul style="list-style-type: none"> ○ SCCOE attendance collaborative announcement regarding RP for Educators/ Introduction through East Side ● Q2 <ul style="list-style-type: none"> ○ 12/7 Meet & Greet RP Launch (3) ● Q3 <ul style="list-style-type: none"> ○ Jan 18-19 RP for Educators training (3) ○ March 17th RP Convening (3) ● Q4 <ul style="list-style-type: none"> ○ May 24th RP Convening (3) ○ Training completed by TOTs in district ○ June 6-8 RP for Educators Trainer of Trainers (3) ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Schedule time to meet with district leadership to assess needs, goals, priorities (All HEARD, Crisis Response and SEL/RP) 	<ul style="list-style-type: none"> ● Q1 <ul style="list-style-type: none"> ○ Presentation at the Attendance collaborative ● Q2 <ul style="list-style-type: none"> ○ 12/7 Meet & Greet RP Launch (2) ● Q3 <ul style="list-style-type: none"> ○ Jan 18-19 RP for Educators training (3) ○ March 17th RP Convening (2) ● Q4 <ul style="list-style-type: none"> ○ April 18-20 RP for Educators Trainer of Trainers (2) ○ May 24th RP Convening (2) ○ Survey participation for SEL TA ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 <ul style="list-style-type: none"> ○ Meet to clarify capacity for collaboration and intention around the work for FY24 ○ Collaborate on Restorative SARB process ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process

Oak Grove	Los Gatos Union	Gilroy
<ul style="list-style-type: none"> ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process <ul style="list-style-type: none"> ● Q1 ○ SCCOE attendance collaborative announcement regarding RP for Educators ● Q2 ○ Attendance at the Meet & Greet RP launch Dec. 7 ● Q3 ○ Jan 18-19 RP for Educators training w/ (2) participants ○ March 17 convening participation (2) ○ May 2-4 RP for Educators Trainer of Trainers (2) ● Q4 ○ May 24th RP convening participation ○ Connection to Moreland for RP implementation resources ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 ○ Schedule time to meet with district leadership to assess needs, goals, priorities ○ Email introduction to Crisis Response Team ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process 	<ul style="list-style-type: none"> ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process <ul style="list-style-type: none"> ● Q1 ○ Assist/research success resources for SEL/parenting section in Wellness Center; Will reassess for evaluation, direction and degree of support next quarter ● Q2 ○ Created and shared a resource list specific to her parent section in the <i>Wellness Center</i>. Curating from a list of over 40 books to recommend. ○ Attended the Meet & Greet for RP launch on 12/7 ● Q3 ○ Jan 18-19 RP for Educators Training for (3) participants ○ Brief meeting to deliver materials from the RP training ○ Planning for the RP Convening ○ Participation in the RP Convening March 17th ● Q4 ○ 4/18-4/20 (3) participants in the RP for Educators Trainer of Trainer training ○ May 5th RP convening planning input ○ Participation of (3) in the RP Convening on May 24th ○ Two day RP for Educators training provided in June to district early adopters of RP by the LG team ○ Survey participation for SEL TA ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 ○ Meet with leadership to identify main goals we can support with ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process ○ Explore opportunity on Positive Community Norms linkage & support (Montana Institute contract with LGUSD) 	<ul style="list-style-type: none"> ● Q1 ○ District rep reached out to discuss support with grant to further MTSS work ○ Run through Restorative Justice plan for the school year ● Q2 ○ Sent resources after child death ● Q3 ○ January 20th PD for (15) school counselors on compassion fatigue and resiliency - Evaluation Results ○ Offer of support provided 4/18 & 4/20 ● Q4 ○ Request from Brownell counselor Carlos Trujillo for YMHA training ○ Completion of the Romeo & Juliet project-facilitated connection between Gilroy High School and Dr. Steve Sust and Ivan Rodriguez. See the Romeo and Juliet Project report drafted and facilitated by Dr. Steve Sust and Ivan Rodriguez- It articulates the connection of SEL and Suicide Prevention. ● Tier 1 Needs for FY 24 ○ Leverage <i>Romeo & Juliet</i> project to support crisis response protocols/ Kognito Friend2Friend/ SEL/ RP ○ Invite to the RP convenings

Moreland	Evergreen	
<ul style="list-style-type: none"> ● Q1 ○ SCCOE attendance collaborative announcement regarding RP for Educators ● Q2 ○ Attendance at the Meet & Greet RP launch Dec. 7 ● Q3 ○ Series of emails for logistics RP for Educators training as host and for participant list ○ Hosted/attended the RP for Educators 2-day training ○ Attended the RP Convening (3) participants ○ Meeting with HEARD 2/15 to discuss alignment of initiatives ○ Request for additional support at district w/alignment 3/17 (2) attended the RP Convening ● Q4 ○ Met with future Principal and future AP (Theresa and Yonit) - strategized approaches to help district/schools stay/move toward prevention vs reactive stage to address increases in school avoidance, turnover in leadership; discussed available data sources and creative use of student data to message, reinforce/increase trust and connection; focused on "structures" (existing and future) that could improve effectiveness, connection and fidelity to SEL, increase PCEs, etc.; shared outstanding, local social media resources for presentations to students and parents. ○ May 2-4 (2) participants in the RP for Educators Trainer of Trainers training ○ 5/24 (2) participants in the RP Convening ○ 5/25 emailed introduction to Oscar Ortiz at Oak Grove and Yonit Parenti at Moreland to share resources for RP training ○ Survey participation for SEL TA ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 ○ Schedule time to meet with new district leadership to assess needs (Crisis Response and SEL/RP) ○ Get regular meetings on the calendar ○ Onboard new district leadership into RP cohort ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process 	<ul style="list-style-type: none"> ● Q1 ○ SCCOE attendance collaborative announcement regarding RP for Educators ● Q2 ○ 12/7 Meet & Greet RP Launch (3) ● Q3 ○ Jan 18-19 RP for Educators training (3) ○ March 17th RP Convening (3) ● Q4 ○ April 2-4 RP for Educators Trainer of Trainers (1) ○ May 24th RP Convening (2) ○ June 6-8 RP for Educators Trainer of Trainers (2) ○ Survey participation for RP for Educators ● Tier 1 Needs for FY 24 ○ Schedule time to meet with district leadership to assess needs, goals, priorities ○ Collaborating/collecting data/discipline matrix ○ Collaborate on evaluation process 	

CONCLUSION

The SP Program continues to sustain its level of programming while innovating in the field. Commitment to funding and supporting this work remains critical as the County faces an increase in suicides after the COVID-19 pandemic and has declared a mental health and substance use crisis. The creation of the Prevention Services Division in FY21 has created opportunities for further innovation and expansion of the work, to jointly address both suicide and substance use, particularly through primary prevention strategies.

To support this work, the Prevention Services Division continues to improve its data and evaluation system for both programs. Starting in FY24, additional work will be done to merge logic models with the SUPS program, to form one logic model for the Prevention Services Division. Ongoing improvement of data collection, program evaluation designs, and use of data in stakeholder engagement and decision-making will help to inform program-planning and improvements in the coming years.

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Members of the Interventions Workgroup and Subgroups
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