

Santa Clara County Suicide Prevention Fifth Annual Report

December 9, 2015

If you or someone you know or love is in crisis, there are services, resources and help available at Santa Clara County.

Suicide and Crisis Services (SACS) Hotline
1-855-278-4204
Toll-free, 24/7

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

For Veterans
1-800-273-TALK (8255) press 1

Additional resources are listed on the Santa Clara County's Mental Health Department website: www.sccmhd.org/sp on the Suicide Prevention Resources page.

Santa Clara County Suicide Prevention Fifth Annual Report

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SANTA CLARA COUNTY SUICIDE PREVENTION OVERSIGHT COMMITTEE (SPOC)

SPOC represents a cross-section of people who meet every other month to oversee the implementation of the Suicide Prevention Strategic Plan and the work of the various Workgroups.

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The activities outlined in this report are funded by the Mental Health Services Act (MHSA)-Prevention and Early Intervention (PEI), and is referred to as Project 5: Suicide Prevention in the SCC PEI Plan.

And, with Special Thanks to:

Santa Clara County Medical Examiner and Coroner's Office, for their partnership in prioritizing this work by continuing to share essential data to help monitor the suicide deaths in Santa Clara County. This information helps inform program planning and implementation.

Joy Alexiou, Public Information Officer, Santa Clara Valley Health and Hospital System, for their commitment to raising public awareness on suicide prevention and best practices reporting of suicide deaths in all media.

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Victor B. Ibabao, MPH, MA, Decision Support, Learning Partnership, Santa Clara County Mental Health Department, for designing and managing Suicide and Crisis Services (SACS) call data and generating the graphs and tables for reports.

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Sophia Huang, Learning Partnership, Santa Clara County Mental Health Department, for assisting in website updates and revisions.

Anandi Sujeer, MPH, Pamela Amparo, MPH, and Mandeep Baath, MPH, epidemiologists in the Santa Clara County Public Health Department, for their support and guidance in reviewing existing data for suicide using a public health approach to find trends and patterns in defined populations.

Mennen Kassa, *Health Career Connections* Intern, for providing exceptional assistance in all program components and expanding outreach and training opportunities throughout the county.

Members of the Data Workgroup

Members of the Intervention Workgroup

Members of the Communications Workgroup

Members of the Santa Clara County Suicide Prevention Speakers' Bureau

SACS and SP Volunteers

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Community Outreach Specialist: Alicia Vega

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Senior Program Manager: Mikelle Le, LMFT

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Volunteer Coordinator: Eddie Subega, LMFT

Suicide Prevention Initiative Fifth Annual Report

Letter of Welcome

Under the supervision of the Suicide Prevention Oversight Committee (SPOC), the mission of the Suicide Prevention Initiative (SPI) is **to bring community awareness to the issue of suicide and to engage the community effort to stop it**. The Suicide Prevention staff works under the general direction of the Santa Clara County Suicide Prevention Strategic Plan (SPSP) approved in 2010 by the County Board of Supervisors.

Help-seeking behavior continues to be an area of growth and opportunity for our countywide prevention efforts. Our aim this past year has been to continue to create learning environments where persons with lived experience, family members and survivors of suicide loss can share their stories of help, hope and strength and compel others to reach out and seek support. The program has received increasing requests for community suicide prevention presentations from elementary school parents and staff. Previous requests typically came from high schools and colleges. This year alone, two school districts in our county launched a comprehensive training effort to train their entire district staff with the free online suicide prevention gatekeeper training, Question-Persuade-Refer (QPR).

The fog of stigma continues to dissolve as more communities learn to demystify mental illness and learn that treatment works and people recover. The Each Mind Matters anti-stigma initiative, California's statewide mental health movement, helps expand the message of hope and acceptance for those suffering from a mental disorder as well as increase awareness about services for families and friends of those with a mental illness. Community members and professionals from a variety of disciplines are attending Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) workshops, which continue to be the County's most popular educational offerings.

The suicide death data collected over the last five years is guiding our planning and implementation efforts, with middle-age white male continuing to be overwhelmingly represented in the suicide deaths in the County. The next public awareness campaign will address this community's needs with the aim to promote self-seeking and resources via a sports radio campaign and a dedicated webpage for this population as identified through coordinated focus groups in this population.

We are grateful to the Santa Clara County Board of Supervisors and its partners in this community for assisting with bringing needed attention to the problem of suicide in our various communities. With support from the community, the Suicide Prevention Initiative will be able to implement a strategy that ensures the message of hope and prevention reaches those who live and work in this County.

Toni Tullys, MPA
**Co-Chair, Suicide Prevention
Oversight Committee (SPOC)**

Victor Ojakian,
**Co-Chair, Suicide Prevention
Oversight Committee (SPOC)**

Annual Report Summary

Suicide Prevention and Suicide and Crisis Services

The reporting period is from **October 1, 2014 through September 30, 2015** which is consistent with the previous annual report timeframe. This Annual Report is submitted on behalf of the Santa Clara County (SCC) Suicide Prevention Oversight Committee (SPOC) and the following workgroups: Intervention Workgroup, Data Workgroup and Communications Workgroup. The activities implemented in support of the Suicide Prevention Strategic Plan (SPSP) are referred to in the document as the Suicide Prevention (SP) and the Suicide and Crisis Services (SACS) initiatives.

In this third year of implementation, the SPI focused primarily on conducting community education through suicide prevention gatekeeper trainings; increasing suicide prevention literacy among County contracted staff as well as school professionals on suicide intervention skills, and on reducing stigma associated with mental illness through Mental Health First Aid classes and speakers bureau panels. The implementation approach has been designed with one priority in mind: everyone plays a role in suicide prevention.

The updates provided in this report follow the five strategies of the Santa Clara County SPSP. The five strategies of this broad community effort are:

- Strategy 1. Implement and coordinate suicide intervention programs and services for high-risk populations.
- Strategy 2. Implement a community education and information campaign to increase public awareness of suicide and suicide prevention.
- Strategy 3. Develop local communication “best practices” to improve media coverage and public dialogue related to suicide.
- Strategy 4. Implement a policy and governance advocacy initiative to promote systems change in suicide awareness and prevention.
- Strategy 5. Establish a robust data collection and monitoring system to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts.

Strategy 1: Implement and Coordinate Suicide Intervention Programs and Services or High-Risk Populations

The primary objective of Strategy 1 is to prevent suicide deaths through effective suicide intervention services and earlier identification and intervention of high-risk individuals. These objectives are the core focus of the SACS Hotline volunteers and staff, staff of the Suicide Prevention Program and the dedicated efforts of the Intervention Workgroup members and its community partners.

This strategy's key desired outcomes include:

- Improved and earlier identification and engagement of people dealing with mental illness with an emphasis on stigma and discrimination reduction (SDR).
- Increase in help-seeking behavior from individuals with mental illness and from those who are connected to individuals with mental illness.
- Increase in support services to the family members and social network of individuals with mental health issues.

The following community-based services and strategies are in place to carry out these desired outcomes:

- Suicide and Crisis Services, 24/7 Hotline Toll Free 1-855-278-4204
- Survivors of Suicide Support (SOS) Group
- *Applied Suicide Intervention Skills Training (ASIST)* Workshops
- Stakeholder Intervention Workgroup

Strategy 1: Gains and Achievements

- During this report period, Suicide and Crisis Services (SACS) staff:
 - Answered 24,732 individual calls through the 24/7 Hotline.
 - Conducted follow-up with 130 clients after being released from the Santa Clara County Valley Medical Center Emergency Department (ED) for self-harm injuries/behaviors (suicide attempts). Clients receive information on community resources and support groups.
 - 50 suicide loss survivors attended the Survivors of Suicide (SOS) Support Group.
 - In addition to outreach efforts conducted by Suicide Prevention staff, SACS also carried out:
 - 74 outreach visits were made to the Latino community through churches, schools, libraries, community centers, and health clinics; conducted a total of 15 presentations on Assessment/Crisis Intervention among the Latino, Asian, and African American community as well as specific target communities including the LGBTQ, seniors, and Transitional Age Youth.
 - Implemented outreach efforts (8 visits) to South County areas including unincorporated areas as well as Morgan Hill and Gilroy.
- SACS is now part of the statewide initiative called Common Metrics. Common Metrics provides another way to measure the number of people affected by suicide across the State. It is expected that these efforts will help educate County communities on the role and effectiveness of crisis centers, facilitate additional funding opportunities, and provide ongoing dialogue and collaboration in the field of suicide prevention.

- Suicide Prevention continued contracts with two ASIST trainers to carry out four suicide intervention workshops reaching a maximum number of 120 participants:
 - Two trainings (one from previous fiscal year) were completed during this report period reaching N=46 participants.
 - Suicide Prevention provided ASIST training materials for N= 25 to San Jose State University's counseling office for their student/staff training efforts.

Strategy 1: Work in progress/future activities

- SACS was recently approved to be a member of the National Suicide Prevention Lifeline.
 - The National Lifeline receives on an average of 300 calls a month from crisis callers residing in Santa Clara County. Once membership becomes final, crisis calls originating from Santa Clara County will be routed Suicide and Crisis Services (SACS) crisis phone line. We are now working toward requesting the Board for Delegation of Authority to sign on the Network Agreement with the National Lifeline.
- SACS will be expanding its services by providing crisis texts. SACS will be partnering with Crisis Text Line to provide this service at no cost to the County or to crisis text users. As soon as the Contract Services Request (CSR) is approved and the Partnership Agreement with Crisis Text Line is signed off, SACS will be able to start providing this service.
- SACS will be expanding Survivors of Suicide (SOS) Support Groups to clients in South County and East San Jose. Client recruitment activities are underway.
- Three more ASIST workshops are planned for January, March and May 2016.
- SP's Intervention Workgroup meets monthly with an average of 20 participants from various community serving agency's including El Camino Hospital, EMQ Families First, San Jose Unified School District, Palo Alto Unified School District, the American Foundation for Suicide Prevention (AFSP), West Valley College, San Jose State University, Outlet, Veterans Administration, public citizens and persons directly affected by the loss of a loved one as well as suicide attempt survivors. The role of the group is to provide recommendations and inform program staff on strategy and program planning and implementation.

Strategy 2: Implement a Community Education and Information Campaign to Increase Public Awareness of Suicide and Suicide Prevention

The objectives of Strategy 2 are to implement a community education program and create an information campaign to increase public awareness of suicide and suicide prevention. This objective is primarily achieved through the combined efforts of the SP staff and the SP Communications Workgroup.

This strategy's key desired outcomes include:

- Increase awareness of depression and suicide, and that suicide is preventable.
- Increase public awareness of suicide.
- Improve identification of people who are feeling suicidal.
- Improve public knowledge of how to respond to a person who is feeling suicidal and how to connect them to help.
- Promote SACS hotline broadly, targeting SCC's rural areas and demographics.

The following community-based services and strategies are in place to carry out these desired outcomes:

- Suicide Prevention Gatekeeper Trainings:
 - *Question, Persuade, Refer* (QPR) classroom and online.
 - *safeTALK* (suicide alertness for everyone Tell-Ask-Listen-Keepsafe).
- Capacity Building Initiative:
 - QPR Train-the-Trainer Workshops.
- Mental Health Promotion and Stigma Reduction:
 - *Mental Health First Aid (MHFA)*: National Council for Behavioral Health (NCBH) certification for community members on mental health promotion.
 - *Youth Mental Health First Aid (YMHFHA)*: NCBH certification for adults working with youth 12-18 years of age.
- Suicide Prevention Week observance, September 7-13.
- Suicide Prevention Public Awareness Campaign (Focus Group among middle-aged white males, summary addressed in Strategy 3).
- Suicide Prevention Speakers Bureau panels.

Strategy 2: Gains and Achievements

- During this reporting period, Suicide Prevention and SACS outreach efforts have distributed over 3,000 bilingual program flyers; over 2,500 crisis hotline wallet cards, and over 2,000 brochures in English, Spanish, Vietnamese, and Chinese.
- To date, SP has provided 9,500 *online* QPR classes. All age groups from 18-75 are represented in the online program.
- Suicide Prevention supported QPR Train-the-Trainer Certifications for N=16 Ethnic and Cultural Communities Advisory Committee (ECCAC) program staff. ECCAC staff is equipped to provide suicide prevention community gatekeeper trainings to diverse communities in evidence-based curriculum, QPR. This certification is provided by the QPR Institute.
- Community gatekeeper trainings reached over 1,500 individuals at various community settings: places of worship, schools, universities, community centers, etc. This is an increase in the numbers reached last year.
 - *safeTALK* has been in full gear this year; two workshops were held in collaboration with Valley Specialty Center, reaching 20 participants.
 - SP staff will train 300 front line staff at Momentum for Health, using suicide prevention gatekeeper training, *safeTALK*. To date, two Momentum classes have been

implemented certifying 60 suicide-alert helpers. Four additional trainings are planned for the December and Spring of 2016.

- Suicide Prevention has continued to offer the popular Mental Health First Aid 8-hour certification training for community members, adding 89 mental health first aiders into the community.
- Offered the first Youth Mental Health First Aid course, training 22 new participants in collaboration with certified instructors from ECCAC.
- Suicide Prevention has participated in and attended over 20 community events, health fairs, Suicide Prevention Awareness events, community walks, and other community activities.
- Observed Suicide Prevention Week, *Reaching Out and Saving Lives*, September 7-13:
 - Held observance of World Suicide Prevention Day at the County Building breeze way reaching over 200 County employees and visitors.
 - Conducted “Mental Health Matters” assemblies to raise awareness about mental health and social-emotional wellness among Evergreen Valley High School juniors and seniors reaching over 1,200 students during seven assemblies held throughout the day.
 - Received a Commendation by the Board of Supervisor’s President, Honorable Dave Cortese, for “educating students and combating teen suicide in Santa Clara County”
 - Suicide Prevention staff participated as a content expert judge for the San Jose Unified School District’s Suicide Prevention Week Poster Contest.
 - Held Each Mind Matters Booths at Valley Medical Center’s Farmer’s Market with information about crisis hotline and other County resources.
- The Public Health Department has started the youth suicide prevention initiative launch at two local middle schools. A ten-session curriculum has been developed and student recruitment is on its way. Participating middle schools are Bret Harte Middle (San Jose Unified School District-Almaden Valley) and Jordan Middle (Palo Alto Unified School District). Youth action teams will assess community needs, prepare a plan for action and implement it. The project is expected to be completed by June 2016.
- A new Suicide Prevention Mental Health Community Worker (MHCW) was hired (July 2015) to expand and implement outreach and promotion activities in South County with emphasis in the bilingual communities of Gilroy and Morgan Hill as well as unincorporated areas in this region. In addition, the MHCW will help promote and implement gatekeeper trainings and online QPR access.
- The Santa Clara County Suicide Prevention Speakers’ Bureau has been sustained in its third year and has an active speaker group of six members. Most of the members are volunteers with lived suicide attempt experience or survivors of suicide loss. During this period, three speaker panels were held at various community-based locations reaching 80 individuals.

Strategy 2: Work in progress/future activities

- Suicide Prevention will seek approval for one contract epidemiologist to expand and support evaluation efforts, support training and education initiatives and provide program planning support in all aspects of suicide prevention strategic plan implementation.
- Continue to offer speaker bureau panels to address mental health issues, stigma and access to local resources among at-risk groups in Santa Clara County.
- Continue to provide suicide prevention gatekeeper trainings in the community (safeTALK, QPR, ASIST, MHFA, youth MHFA, etc.).
- Continue to distribute and make available online suicide prevention training codes to school district staff, community-based organizations, and corporations and institutions.
- SP in collaboration with the SP Intervention Workgroup plans to launch a mini-grant initiative to help fund community-based agencies already addressing mental health issues or as part of their work to address and adopt suicide prevention strategies and policies. A review committee will

be formed to inform and review program components and review submissions. The estimated release time will be Spring 2016.

Strategy 3: Develop Local Communications Best Practices to Improve Media Coverage and Public Dialogue Related to Suicide

The objectives of Strategy Three are centered on broadly cultivating media's agreement to report on suicides in alignment with established "Best Practices," and to foster a positive public dialogue related to suicide and the prevention of suicide. These objectives are primarily achieved through the efforts of the SP staff and the SP Communications Workgroup.

This strategy's key desired outcomes include:

- Establish and maintain a dedicated suicide prevention website.
- Create a coordinated communication strategy.
- Obtain agreement among key media outlets to educate staff and adhere to reporting standards in alignment with the "Best Practices."¹

The following community-based services and strategies are in place to carry out these desired outcomes:

- SP Communications Workgroup: Public awareness campaign strategy and design.

Strategy 3: Gains and Achievements

- In Phase II of the public awareness campaign, the next campaign addresses the Santa Clara County demographic largely impacted by suicide, middle-age males. The first part of the campaign will roll out through sports radio as it was identified through focus groups conducted prior to the campaign design (Appendix C).
- Continue to revise and update the suicide prevention section in the Mental Health Department's website: www.sccmhd.org/sp.
- Partnered with the Santa Clara Valley Health and Hospital System (SCVHHS) Public Information Officer and the Public Health Department's Health Information Officer to launch coordinated community response to the Mercury News public records request in response to the Palo Alto youth suicide cluster.

Strategy 3: Work in Progress/Future Activities

- SACS placed a total of 38 newspaper ads in Spanish, Vietnamese, and Chinese language newspapers to promote the crisis hotline.
- Continue to participate and collaborate with local media about safer protocols.
- The SP Communications Workgroup is launching a sports radio suicide prevention campaign this winter 2015-2016, December – February.
 - Will develop a campaign website to address the communications need of the target population.
 - Seeking contract with KNBR to air 30-second and 60-second commercials for three months (N=5 voice commercials) and website banners on KNBR webpage.
 - SACS baseline call data and number of visits to website will assess campaign effectiveness.
- County website: redefine and research further to best determine audience, objectives and method to promote County services and resources.

¹ Available online at www.ReportingOnSuicide.org and www.AFSP.org/media

Strategy 4: Implement Policy and Governance Advocacy to Promote Systems Change in Suicide Awareness and Prevention

This strategy recognizes the significance of policy change and its potential to prevent deaths by suicide. By adopting suicide prevention policies, cities and agencies are empowered to prioritize their role in promoting healthier communities and provide the infrastructure for the necessary collaboration to raise awareness in their community. This objective is primarily achieved through the efforts of the SP staff and the SPOC.

This strategy's key desired outcomes include:

- Implement policy and governance advocacy to promote system change in suicide awareness and prevention, both directly and through partnership.
- Reduce stigma associated with suicide by framing this as a public health problem.
- Promote adoption of policies and programs that either work to prevent suicide or respond to emotional crises.

The following community-based services and strategies are in place to carry out these desired outcomes:

- Provide training and education support to schools with suicide prevention policies.
- Provide support to cities and entities introducing or passing suicide prevention policies.
- Expand collaboration with Public Health Department's Injury and Violence Prevention Program.
- Collaborate with agencies to improve and expand suicide prevention efforts using solutions-based evidence and best practices.

Strategy 4: Gains and Achievements

- To date, 28 school districts have adopted a Suicide Prevention Policy including the County Board of Education. The School Districts without a policy: Cambrian School District; Cupertino Union School District; and, Santa Clara Unified School District.
- Collaborated with Palo Alto University and the California Mental Health Services Authority (CalMHSA) for a multi-year suicide intervention grant to the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant award would have involved collaboration among youth-serving institutions to provide improved outreach and other engagement strategies to increase participation in, and access to, treatment or prevention services among diverse populations. The award was not granted this time around:
<http://www.samhsa.gov/grants/grant-announcements/sm-15-004>. Letter of Support is attached.

Strategy 4: Work in progress/future activities

- Continue policy advocacy and support for three remaining school districts considering adopting SP policy and Administrative Regulations (AR) procedures. Provide technical and implementation support to SCC school districts with policies.
- Provide support to senior and youth community centers in SCC for adoption of SP awareness.
- Collaborate with Santa Clara County Office of Education to launch symposium series to inform schools and youth serving agencies about best practices and solutions-based interventions in mental health and suicide prevention. The symposium series will begin this January 2016 through December 2016.

Strategy 5: Establish a Robust Data Collection and Monitoring System to Increase the Scope and Availability of Suicide Related Data and to Evaluate Suicide Prevention Efforts

This strategy develops and sustains processes for collecting and analyzing state and local data that will help establish local program priorities and evaluate the impact of suicide prevention strategies. This objective is primarily achieved through the combined efforts of the SP staff and the SP Data Workgroup.

This strategy's key desired outcomes include:

- Increase the convergence of data reported by various agencies through active participation in the Data Workgroup.
- Establish a robust data collection process and monitoring system.
- Analyze and interpret data collected to identify leading causes of suicide and broadly disseminate those findings throughout the County.
- Develop and maintain a current database of suicide related data in SCC.

The following community-based services and strategies are in place to carry out these desired outcomes:

- Ongoing Data Workgroup meetings.
- Strong partnership with Epidemiologists in the Public Health Department.
- A qualitative analysis of 30 years of suicide notes: partnership between Santa Clara County Coroner's Office and Palo Alto University.
- The Centers for Disease Control and Prevention (CDC) to conduct suicide-cluster study in Palo Alto (Epi-Aid).
- Develop a program evaluation dashboard.

Strategy 5: Gains and Achievements

- Continued partnership with the Medical Examiner/Coroner Office in suicide death data gathering. This year, the Medical Examiner-Coroner's Office (MEC), led by Dr. Michelle Jorden, will partner with Palo Alto University researcher, Joyce Chu, Ph.D. to conduct a qualitative analysis of suicide notes dating back to the 1970's. The aim of this study is to develop trends and potentially add to the knowledge of warning signs and risk factors that contribute to suicides. The Data Workgroup initiated this partnership and was able to connect all parties at the early stages. We hope to see this work progress. The MEC will continue facilitation and access to notes for researchers.
- Continued partnership with volunteer to enter data into database for analysis.
- First suicide brief was developed by Public Health Department: https://www.sccgov.org/sites/scphd/en-us/Partners/Data/Documents/Violence%20and%20injury%20quick%20facts%202015/Suicide_quick%20facts_Final.pdf
- Completed epidemiological review of 2009-2014 suicide death data with generous support from SCC Public Health Department (PHD).
- Preliminary report for January – March 2015 suicide deaths (as part of the Public Records Request).
- SP Staff sits on the County's Child Death Review Team (CDRT) committee.

Strategy 5: Work in progress/future activities

- Continue to collaborate with the Public Health Department staff on future Suicide Quick Facts to be published out of the Injury and Violence Prevention Program.
- The CDC has been formally invited to come and do an "epi-aid" in Palo Alto, and they have accepted. Two Epidemic Intelligence Services (EIS) Officers will come in early January 2016.

Santa Clara County will help them understand what data already exist and share it with them. Public Health Department Director, Sara Cody, MD, is the leading contact for her Department. Behavioral Health Services Suicide Prevention will assist in any way necessary to help facilitate bringing together stakeholders to clearly define objectives for the investigation. A team from Stanford University (Shashank Joshi, MD, and Steven Goodman, MD) will be part of the investigation. This local group will do a more in depth, longer term investigation. It is critical for local experts to build on the investigation platform the CDC will create. Their length of stay is estimated to be no longer than three weeks.

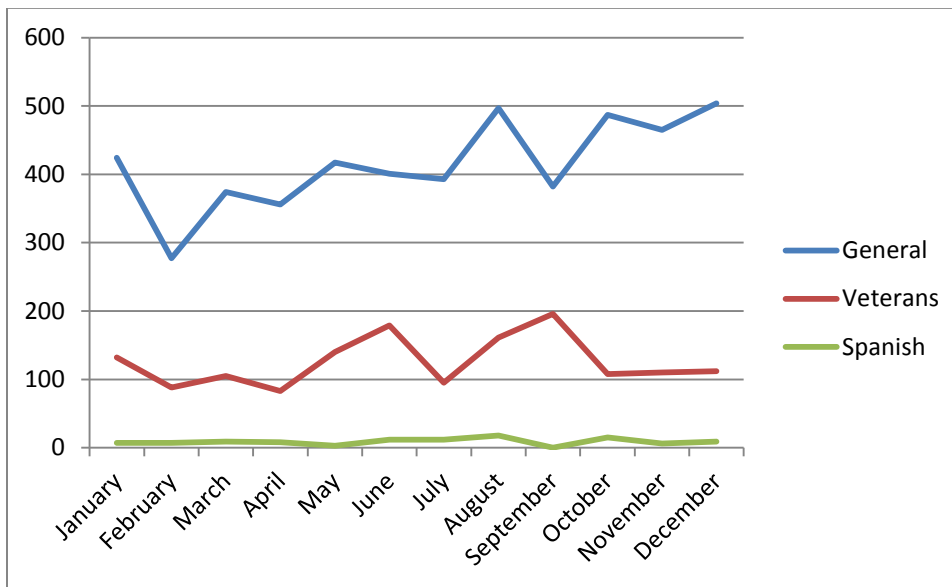
- Release a Request for Proposal (RFP) contract program evaluation and establish dashboards to measure the efficacy and program impact in all of the SPSP strategies and services that will inform program planning and implementation, and to highlight key issues in all program components.

APPENDIX A. SACS Call Volume 2014-2015

FY 2014 - 2015	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
Suicide in Progress	0	0	0	1	1	0	3	1	1	0	0	1	8
High Risk	7	15	8	11	4	6	13	9	16	18	9	8	124
Medium Risk	26	22	19	23	16	26	28	20	56	32	41	21	330
Low Risk	70	88	72	57	71	78	66	104	160	131	105	120	1,122
Crisis only(non-suicidal)	1,862	2,169	1,932	2,160	1,777	1,600	1,810	1,521	1,866	1,980	2,020	1,978	22,675
Informational (Triage, Misc)	38	62	68	53	66	43	43	138	37	31	24	28	631
Total	2,003	2,356	2,099	2,305	1,935	1,753	1,963	1,793	2,136	2,192	2,199	2,156	24,890

APPENDIX B: Calls to Lifeline (800-273-8255) originating from Santa Clara County, not calls that may have gone directly to any other crisis line in the County.

SANTA CLARA COUNTY 2014	General	Veterans	Spanish	Total
January	424	132	7	563
February	277	88	7	372
March	374	105	9	488
April	356	83	8	447
May	417	140	3	560
June	401	179	12	592
July	393	95	12	500
August	497	161	18	676
September	382	196	0	578
October	487	108	15	610
November	465	110	6	581
December	504	112	9	625
	4977	1509	106	6592





Suicide Prevention Focus Groups
Conducted for Santa Clara Valley Behavioral Health Services



August 2015

APPENDIX D: Public Health Fact Sheet - Suicide Quick Facts

https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/Violence%20and%20injury%20quick%20facts%202015/Suicide_quick%20facts_Final.pdf

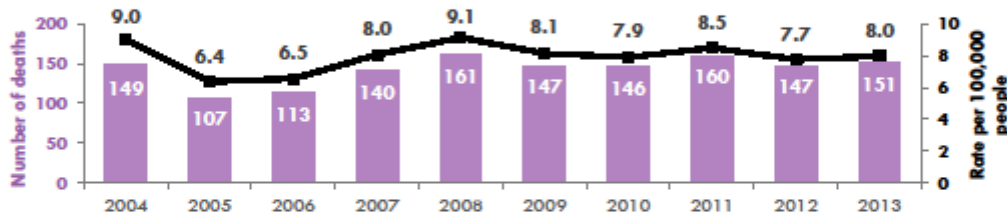


Santa Clara County: Suicide

Key findings

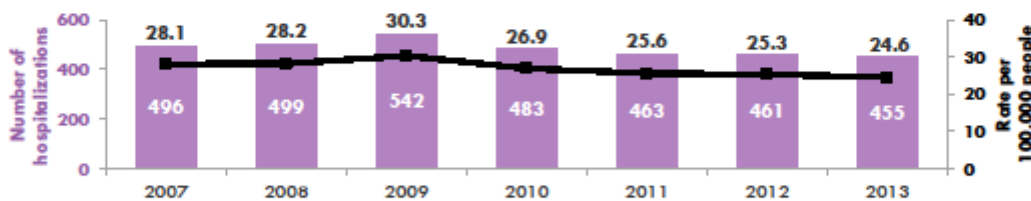
- In 2013, suicide was the leading cause of injury deaths and accounted for 22% of injury deaths.
- The death rate from suicide has decreased since 2004.
- The number and rate of hospitalizations for suicide have decreased since 2007 but have increased for emergency department (ED) visits until 2013.
- The rate of deaths is highest among Whites, and the rate of hospitalizations and ED visits for suicide is highest among African Americans.
- The death rate from suicide is highest among residents ages 45 and older. The rate of hospitalizations and ED visits for suicide is highest among adults ages 15 to 19.
- The death rate from suicide is higher for males than females, but rates for hospitalizations and ED visits are higher among females than males.

Number and age-adjusted rate of deaths from suicide, 2004-2013



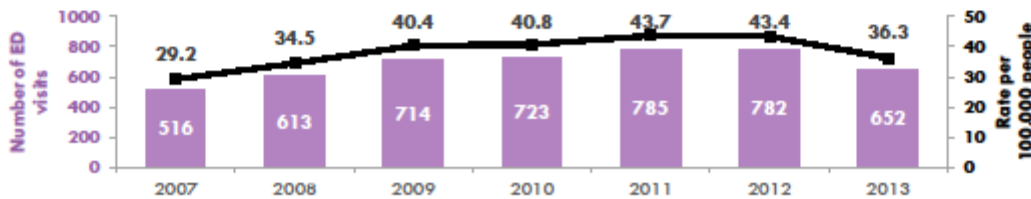
Source: Santa Clara County Public Health Department, 2004-2013 Death Statistical Master File¹

Number and age-adjusted rate of hospitalizations for suicide, 2007-2013



Source: Office of Statewide Health Planning and Development, 2007-2013 Patient Discharge Data¹

Number and age-adjusted rate of emergency department (ED) visits for suicide, 2007-2013



Source: Office of Statewide Health Planning and Development, 2007-2013 Emergency Department Data¹

Note: In each graph above, the colored bars represent the number and the black line represents the age-adjusted rate per 100,000 people.

A REVIEW OF THE SUICIDE DEATH DATA IN SANTA CLARA COUNTY, 2009-2014



Pamela Amparo, MPH
Epidemiologist
Santa Clara County Public Health Department

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APPENDIX F. Letter of Support for CalMHSA's grant submission to SAMHSA.

*Dedicated to the Health
of the Whole Community*



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BEHAVIORAL HEALTH SERVICES

May 28, 2015

Wayne Clark, PhD
CalMHSA Executive Director
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670-6394

Re: Letter of Commitment, CalMHSA Suicide Prevention project

Dear Dr. Clark:

This letter indicates the commitment of the following 3 Santa Clara County Behavioral Health Clinics: Las Plumas, Sunnyvale Behavioral Health and KidScope as well as the Santa Clara County Suicide & Crisis Hotline to participate fully in CalMHSA's project, **California Suicide Prevention and Early Intervention for Diverse Youth Populations.**

Commitment of County Behavioral Health Clinics. The three Santa Clara County Behavioral Health Clinics are experienced, licensed mental health/substance abuse treatment provider organization that serves diverse youth populations, including Latino, Asian, and LGBTQ. Subject to grant award, the Santa Clara County Behavioral Health clinics will begin participation in the following manner: Sunnyvale Behavioral Health will begin participation within 4 months of the grant. Las Plumas will begin participation between Year 2 and 3 of the project and Kidscope will be begin participation between Year 3 and 4 of the project.

Commitment of County Hotline. The Santa Clara County Suicide & Crisis Hotline offers 24-hour confidential suicide prevention services 7 days a week to help individuals who are experiencing a need for ongoing support. Subject to grant award the Hotline will provide active follow-up services for individuals released from the 3 behavioral health clinics if they are identified to be at-risk for suicide. These services will be provided in addition to the follow-up services that the Hotline currently provides to individuals discharged from the County's emergency departments, emergency psychiatric services and inpatient hospitalization units. The Hotline will also provide any requested data including number of people seen at discharge from the emergency department, emergency psychiatric services and the 3 behavioral health clinics following suicidal thoughts or attempts; number of people receiving follow-up services from the Hotline; and number of clients connected to ongoing mental health treatment following their discharge. In addition, the demographics of individuals served will be reported. The hotline will begin participation within 4 months of the grant.

Behavioral Health Services is a division of the Santa Clara Valley Health & Hospital System. Owned and operated by the County of Santa Clara.

As part of Santa Clara County's participation in the suicide prevention project, the Hotline and Clinics commit to will receiving training and follow-up technical assistance (TA) in implementing evidence-based culturally competent suicide early intervention, including risk assessment, treatment planning, and referral. Then, all will implement culturally competent evidence-based early intervention services to youth, using the format and guidance provided by the training and technical assistance. As part of these services, crisis response plans will be developed, adjusted, implemented, and monitored. The participating County programs will provide CalMHSA with updates on how the implementation is progressing and feedback on how the training/consultation process worked for them and suggestions for improvements.

We also commit to including Santa Clara County public emergency departments and emergency psychiatric services in the project to ensure care coordination and follow-up of clients identified at risk for suicide, and maintain our collaboration with the Santa Clara Suicide and Crisis Hotline to expedite follow-up after discharge. We will incorporate efforts to reduce access to lethal means among youth with identified suicide risk.

The Santa Clara County Behavioral Health clinics and Hotline will utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for the costs of participating in training, data collection, and service linkage and oversight. We will facilitate clients' access to insurance and other healthcare funding.

Santa Clara County commits to its participating agencies obtaining prior written, informed voluntary consent from each child's parent or legal guardian for all services except when this is specifically not required by SAMHSA and other regulations and laws (for example, in an emergency).

Sincerely,

A handwritten signature in black ink that reads "Toni Tullys". The signature is fluid and cursive, with a long horizontal stroke at the end.

Toni Tullys, MPA
Director, Behavioral Health Services
Santa Clara County Health and Hospital System