

Santa Clara County Mental Health Department

Santa Clara County Suicide Prevention Third Annual Report

November 8, 2013

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 Third 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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Santa Clara County Public Health Department**

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, and **Amy Cornell**, Health Information Officer, Santa Clara County Public Health Department, for their commitment to raising public awareness on suicide prevention and best practices reporting of suicide deaths in all media.

Sujatha Velmurugan, DPM, Suicide Prevention Program volunteer for entering all of the 2012 Santa Clara County suicide death data into the preliminary database.

Hung Nguyen, MS, Decision Support, Learning Partnership, Santa Clara County Mental Health Department, for analyzing 2012 death data and generating the initial review.

Anandi Sujeer, 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.

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 Volunteers

Staff:

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Sandra Hernandez, LCSW, Division Director, Santa Clara County Mental Health Department

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Amani Abdallah, Santa Clara County Suicide Prevention Specialist, (June 2013 – present)

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Eddie Subega, LMFT, SACS Volunteer Coordinator, Santa Clara County Mental Health Department

Suicide Prevention Initiative Third Annual Report

Letter of Welcome

Since the approval of the Santa Clara County Suicide Prevention Strategic Plan, the county has seen great improvement in the Suicide Prevention Initiative educates, trains and facilitates suicide prevention efforts throughout the county. Initially a staff of one, it has grown to two full time employees and one extra help employee (a former intern). Under the supervision of the Suicide Prevention Oversight Committee (SPOC), the mission of the program is **to bring community awareness to the issue of suicide and to engage the community effort to stop it**. Within this mission, the program will seek to reduce suicide losses by 40% among adults, and 50% among youth by 2021 as written in the Santa Clara County Suicide Prevention Strategic Plan (SPSP).

In this last year, the Suicide Prevention Initiative has been able to educate and train hundreds of individuals as suicide prevention gatekeepers in the community. These individuals have learned the tools necessary to identify the warning signs of a suicidal person, how to ask the suicide question, and how to persuade and refer them to help. In addition, many more have been trained through the online suicide prevention training, QPR (Question, Persuade, Refer). These gatekeepers are in our communities. They are our parents, teachers, clergy, clinicians, college students, law enforcement officers, health care providers, and the youth in our schools. It is only through community capacity building that the Suicide Prevention Initiative can sustain implementation strategies to ensure the message of hope and prevention reaches those who live and work in this county.

Suicide is preventable and mental illness is treatable. Yet, on any given day, 20% of the students in K–12 classrooms suffer from a mental health issue. And 70% of these students receive no support or mental health related services to help them manage their suffering. One can discuss the different age groups and their needs, but the message is clear to us: there is still a lot more to do.

We are grateful to the Santa Clara County Board of Supervisors and its partners in this community for assisting in bringing needed attention to the problem of suicide in our various communities. It is on broad agreement that as a community all must be proactive in averting this preventable loss. 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.

Nancy Peña, PhD
**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, 2012 through September 31, 2013 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.

This third year launched the Suicide Prevention Initiative into the implementation phase. The approach has been guided by basic public health principles of community education, training, capacity building, and population health. The implementation approach has been designed with one priority in mind: suicide prevention for everyone.

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 for 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
- Survivors of Suicide Support (SOS) Group
- Santa Clara County Suicide Prevention Speakers' Bureau Panels
- *Assisted Suicide Intervention Skills Training (ASIST) Workshops*

Strategy 1: Gains and Achievements

- In October 2012, SACS received American Association of Suicidology (AAS) Accreditation as Lifeline Hotline. During October 2012 to September 2013, SACS served 26,013 callers and an additional 142 members from the Survivors of Suicide support group.
- SACS is working toward becoming a National Suicide Prevention Lifeline member.
- SACS staff has increased from 80 to 95 crisis counselors. Of the 95 staff, 35 are bilingual, and 16 are master degree level staff who are working toward their licenses to become Licensed Clinical Social Workers (LCSWs) or Licensed Marriage Family Therapists (LMFTs).
- To improve data access and collection and information services, a new database system (ACCESS) has been implemented. The database allows for multiple functions such as storing and tracking callers' demographic information, types of calls, services provided and total number of calls received.
- The SP intervention workgroup completed a user-friendly suicide prevention/intervention/postvention directory (tri-fold brochure) as a collaborative project within the Intervention Workgroup.
- In March 2013, SP formed the Santa Clara County Suicide Prevention Speakers' Bureau through mini-grant funding from the California Mental Health Services Authority (CalMHSA). Eleven (11) community members were trained as suicide prevention speakers representing suicide attempt survivors, suicide loss survivors, suicide

prevention experts, and other persons with lived experience with a mental illness. The speakers' bureau is an essential component in reducing stigma and discrimination reduction. The SP Program has teamed up with The Center for Dignity, Recovery & Stigma Elimination to train new and existing speakers.

- SP participated in the development of a "Suicide Prevention Mobile Phone Application" for suicidal individuals adopted by the Know the Signs Campaign, a CalMHSA state-wide suicide prevention initiative. Information can be found at www.My3app.org

Strategy 1: Work in progress/future activities

- SACS is collaborating with the Santa Clara Valley Medical Center (SCVMC) Emergency Department (ED) and SCVMC's Social Services Department to explore and implement crisis services for ED patients and their families. Services may include but not limited to provide SACS resources, brief crisis interventions, referrals and linkage and after-care services.
- SACS is working toward becoming a National Suicide Prevention Lifeline member. Benefits of Lifeline Network include: annual stipends, information on evidence-based and best practices, trainings, national promotions, and unique funding and grant opportunities.
- SP is collaborating with The Center for Dignity, Recovery & Stigma Elimination to carry out training and development workshops for existing speakers and new speakers. Technical assistance is being offered through a CalMHSA mini-grant. Trained speakers will be part of the speakers' panels at the *Suicide Prevention: A Community Conversation* events which continue to be organized throughout the county.
- Launch *Applied Suicide Intervention Skills Training (ASIST)*, a 2-day comprehensive suicide intervention training workshop for clinicians, therapists and anyone whose role is to assist and intervene with a suicidal person to deescalate and save their life. The goal is to train and certify 90 individuals to assist in suicide intervention in the coming year. An Informal Competitive Process is in place to review potential ASIST Instructors.

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- as outlined in CalMHSA grant.

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

- SACS's rural outreach initiative (CalMHSA)
- Suicide Prevention Gatekeeper Trainings:
 - *Question, Persuade, Refer* (QPR) class room and online
 - *safeTALK* (suicide alertness for everyone Talk-Ask-Listen-Keepsafe)
- Capacity Building Initiative:
 - QPR Train-the-Trainer Workshops
 - *safeTALK* Train-the-Trainer Workshops
- Community Conversations on Suicide Prevention
- Community Action Building mini-grants (planning phase)
- SP Public Awareness Campaign (planning phase)

Strategy 2: Gains and Achievements

- SACS has been active in providing resources and raising awareness in different populations such as the ethnic minority communities (i.e., the Latino, Asian, and African American community) and subculture groups (i.e., the Lesbian Gay Bisexual Transsexual and Questioning (LGBTQ), seniors and transitional age youth). In addition, outreach and services have been extended to the underserved and monolingual population in the rural areas through staff presentations and media services (i.e., newspaper advertising).
- SP has distributed over 3,700 online suicide prevention training access codes to individuals who are 18 years and older working or residing in Santa Clara County. This includes QPR codes issued to schools, including Sunnyvale, Eastside and Gunn High School teachers.
- Remaining online QPR access codes no longer have an expiration date as previously stated by the vendor, the QPR Institute.
- SP has completed suicide prevention gatekeeper trainings in the community reaching over 500 individuals. These trainings included medical/clinical staff, parks department

staff, law enforcement, non-profit community organizations, senior centers, nursing home staff, foster parent groups, and child advocacy staff.

- SP launched *safeTALK* for suicide prevention training, a three-hour training in the general population. Two safeTALK gatekeeper trainings have been implemented creating an additional 20 suicide prevention gatekeepers with skills necessary to identify and refer and connect suicidal persons to help. This new type of gatekeeper training has received great support and interest from the community. Some participants have expressed interest in becoming certified safeTALK trainers.
- SP/SACS participated in dozens of community health fairs, tabling events and community walks reaching out to hundreds of individuals.
- SP procured and distributed suicide prevention promotional materials including SACS crisis hotline wallet cards as well as pens, tote bags, whistles and flashlights all with the printed 24/7 hotline number: **1-855-278-4204 Toll Free**
 - These events included older adults, youth, LGBTQ, homeless, persons with mental illness, caregivers, etc. Suicide prevention materials were available in Spanish, Mandarin and Vietnamese.
- Hired a dedicated extra help employee to carry out outreach, policy and education activities throughout the county.
- Partnered with Older Adults Services to carry out suicide prevention trainings to senior serving staff throughout the City of San Jose. This led to a partnership with the Senior Nutrition Program of the City of San Jose leading to the adoption of SP training and awareness for senior center staff and participants at these centers. This partnership will address cultural perspectives, stigma and inadequate identification of mental illness among others.
- SP began the online QPR training of the Department of Aging and Adult Services staff.
- SP began initial dialogues with homeless shelters for suicide prevention training.
- Launched the SP's Community Capacity Building initiative via Train-the-Trainer workshops certifying 54 new Question-Persuade-Refer instructors capable and ready to implement suicide prevention gatekeeper trainings throughout the county. New instructors include staff from the Mental Health Department, the Public Health Department, Santa Clara Valley Medical Center clinics, Adult Custody Health Services, NAMI, Project SafetyNet, Momentum for Mental Health, San Jose State University, Stanford University as well as parents, teachers and mental health consumers.
- Observed Suicide Prevention Week, September 9-13, with several events and trainings throughout the county.
- SP launched *Suicide Prevention: A Community Conversation* discussions addressing stigma and discrimination reduction. This is the venue at which member of the speakers' bureau participate and discuss their stories of Help, Hope and Strength.
- In May 2013, SP formed the Communications Workgroup to strategize on the public awareness campaign. Workgroup members include SPOC members, the SCVHHS Public Information Officer as well as the Public Health Department's Health Information Officer.
- Partnered with SACS to augment their print media advertising with strategies to launch a public awareness campaign addressing people in crises. This plan is pending approval for launch.

- CalMHSA launched the second wave of the statewide *Know the Signs Campaign* (1/2013) with theater and billboard postings in some Santa Clara County venues.

Strategy 2: Work in progress/future activities

- Continue the momentum initiated by the launch of the *Community Discussions on Suicide Prevention* - a series of community meetings designed 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.
- Continue to distribute and make available online suicide prevention training codes to school district staff, community-based organizations, and corporations and institutions.
- Partner with agencies serving the homeless for suicide prevention and intervention through training and referral linkages.
- Develop more tools and informational products in the five threshold languages
- Launch the public awareness campaign through VTA buses and digital advertising throughout the county to increase public awareness about the crisis line, support services and to emphasize the message that suicide is preventable. The campaign is expected to launch January – March 2014.
- 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.
- Continue to utilize and customize the “Know the Signs” campaign materials as part of our public awareness and education strategies.
- Please refer to Appendices A and B for a summary list of activities and trainings.

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 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
- Training workshops on *Best Practices* reporting on suicide prevention for reporters, elected officials and school staff.

Strategy 3: Gains and Achievements

- In May 2013, SP formed and convened the Communications Workgroup to oversee all communication strategies and projects, including a community education & information campaign; ensure suicide prevention is framed as a community public health issue; tailor messages for different target populations, i.e., language, age, etc.; create, replicate and implement a variety of tools to promote awareness of mental health issues and suicide including multi-media and social networking sites.
- Initiated preliminary revisions to the dedicated suicide prevention section in the Mental Health Department’s website.
- Partnered with the SCVHHS Public Information Officer and the Public Health Department’s Health Information Officer to revise and launch training workshops on *Best Practices* reporting on suicide prevention for reporters, elected officials and school staff.
- Identified potential venues to launch training, negotiating costs and alternatives.
- SACS launched an ethnic media campaign in various local newspapers including the following languages: Spanish, Vietnamese, Mandarin, and Tagalog.

Strategy 3: Work in progress/future activities

- Educate local media about safer protocols
- County website: determine audience, objectives and method to promote

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:

- Educational and informational presentations at School Board Meetings
- Partnering with youth-based coalitions
- Informational meetings with Human Resources departments at county-based corporations

Strategy 4: Gains and Achievements

- To date, 13 school districts have adopted a Suicide Prevention Policy, of those 13, 2 have no Administrative Regulations (AR) listed. The districts with Suicide Prevention Policies include: Campbell Union High School District (with no AR listed), Eastside Union High School District, Franklin-McKinley School District, Gilroy Unified School District, Loma Prieta Joint Union School District, Los Gatos Union School District, Los Gatos-Saratoga Joint Union High School District, Oak Grove School District (with no AR listed), Orchard School District, Palo Alto Unified School District, San Jose Unified School District, Saratoga Union School District, and Mount Pleasant School District.
- Currently, there are six other school districts seriously considering adoption of SP policy and AR procedure.
- SP has partnered with the City of San Jose Youth Commission. Each youth commissioner represents the 11 school districts within the City of San Jose. The main objective for this partnership is to raise awareness about suicide prevention and policy development. The youth advocates guide the initiative and will develop their own strategies for implementation. This youth-led initiative will result in increased awareness about suicide prevention in the school environment, at the City level and in communities at-risk for suicide. This effort will be sustained over time as a result of policy development and implementation. This work can potentially be used as a model for other schools and counties.

Strategy 4: Work in progress/future activities

- Continue policy advocacy and support among the six school districts seriously considering adopting SP policy and AR procedures. Districts considering adoption include Evergreen School District, Milpitas Unified School District, Fremont Union High School District, Santa Clara Unified School District, Moreland School District, and Campbell Union School District.
- Provide support to the remaining SCC school districts as well as businesses and other entities within SCC.
- Perform technical assistance to any entity interested in exploring and possibly adopting a suicide prevention policy. Provide support to the remaining community senior centers in SCC for adoption of SP awareness.

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
- Solicit support from other data analysis and reviewing teams such as Decision Support and the Epidemiologists in the Public Health Department.
- A program evaluation dashboard (in planning phase)

Strategy 5: Gains and Achievements

- Continued partnership with the Medical Examiner/Coroner's Office for the 2012 suicide data reports.
- SP secured a volunteer to enter all of the 2012 data into database for preliminary analysis.
- Working collaboration with the Public Health Department (PHD) for in-depth analysis of the suicide data.
- Partnered with Decision Support to generate initial analysis of 2012 data with tables and graphs.
- Initiated presentations of 2009-2012 data to various agencies and community organizations for discussion of needs assessment and next steps.
- Collaborating with city governments for training of staff/needs assessments based on the data report findings for each city.
- Integrating suicide data findings into suicide prevention training modules.
- Revised and reprinted 2009-2011 Data Report for county-wide distribution and dissemination at Cities, California Counties, agencies, and the State.
- Completed the 2012 data entry and initial analysis for a comprehensive 2009-2012 Data Report Executive Summary to be released in December 2013. Please refer to Appendix C for preliminary 2009-2012 Death Data Report Executive Summary.

Strategy 5: Work in progress/future activities

- Hire a suicide prevention program evaluator to establish program dashboards to help measure the efficacy and program impact in all of the SPSP strategies and services to help inform program planning and implementation. This will help highlight key issues that can be addressed by the various workgroups.
- Identify trends in suicide data based on factors such as age, location, means available, education, mental health needs, and other factors.
- Print and distribute final 2009-2012 Death Data Report Executive Summary to cities, organizations, school districts, etc.

Appendix A. Suicide Prevention Community Events

DATE	EVENT
January 7-8, 2013	SCC Office of Education- Suicide Prevention Seminar
February 6, 2013	Intervention Workgroup Meeting
February 24, 2013	Non-Profit Organization Exhibition
March 6, 2013	Intervention Workgroup Meeting
April 3, 2013	Intervention Workgroup Meeting
April 24, 2013	SACS & SP Presentation, Foster Youth 12-15 yrs. old
May 1, 2013	Intervention Workgroup Meeting
May 4, 2013	Health Fair- Community Cinco de Mayo Fiesta Americana
May 15, 2013	Health Fair-Senior Walk & Active Adult Health & Wellness
June 5, 2013	Intervention Workgroup Meeting
June 8, 2013	Ethnic & Cultural Communities Advisory Committee - Community Event (Spanish)
June 11 & 12, 2013	Health Fair- 2013 Employee Health & Wellness
June 18 & 20, 2013	Health Fair- 2013 Employee Health & Wellness
July 3, 2013	Intervention Workgroup Meeting
July 17, 2013	Health Fair- Senior Resource Fair
July 18, 2013	Picture This: Mental Health in SF Bay Area
July 26, 2013	Health Fair- Seniors Town Park Towers
August 1-4, 2013	Santa Clara County Health Fair
August 17, 2013	San Jose Pride Event
August 24, 2013	Suicide Prevention Presentation: Saint John the Bautiste
September 9, 2013	Suicide Prevention: A Community Conversation at SJSU
September 10, 2013	Suicide Prevention: A Community Conversation at Bascom Library
September 12, 2013	SP Resources: Presentation to the County Chiefs of Police in collaboration with Pat Dwyer
September 12, 2013	Suicide Prevention Presentation: Evergreen Community Senior Center
September 24, 2013	Implementing Effective Suicide Prevention Strategies in CA
October 1, 2013*	Create a 1000 lights - SJSU
October 2, 2013*	Intervention Workgroup Meeting
October 8, 2013*	Health Fair: Send Silence Packing (West Valley College)
October 12-13*	The Open Air Health Fair (HealthTrust)
October 12, 2013*	NAMI Event
October 24, 2013*	Health Fair: Senior Wellness Center
October 25, 2013*	Health Fair: Homeless, Low-Income, Uninsured
October 27, 2013*	Out of Darkness Walk (DeAnza College)
November 4, 2013*	South Bay Labor Council
November 6, 2013*	Intervention Workgroup Meeting
November 7, 2013*	Health Fair: Mission College Health Occupations

*although outside of the reporting timeframe, this event was added to indicate ongoing activities and services

Appendix B. Suicide Prevention: Training and Prevention Workshops

DATE	EVENT	LOCATION	Number of Participants
October 3, 2012	QPR	SCC Parks	15
October 10, 2012	QPR	SCC Parks	30
October 17, 2012	QPR	SCC Parks	23
October 19, 2012	QPR	St. James Center	14
October 19, 2012	QPR	St. James Center	6
October 30, 2012	QPR	Gardner Clinic, Gilroy	20
November 13, 2012	QPR	Foster Parent Spanish, San Jose	5
February 13, 2013	QPR	3030 Alum Rock Ave, San Jose	34
March 19, 2013	Speakers' Bureau Training	Learning Partnership, San Jose	11
March 21, 2013	QPR	Foster Parents, San Jose	7
March 27, 2013	QPR	Child Advocates of Silicon Valley, Milpitas	31
April 18-19, 2013	QPR – CIT	Morgan Hill	27
April 19, 2013	QPR	Asian Americans for Community Involvement	10
June 2, 2013	QPR	Congregation Beth Am, Los Altos	12
June 8, 2013	QPR	Ethnic & Cultural Communities Advisory Committee	13
June 11, 2013	QPR Train The Trainer	Cubberly Community Center, Palo Alto	16
June 18, 2013	QPR	South County Retirement, San Martin	10
June 22, 2013	QPR Train The Trainer	Morgan Hill Police Department	9
June 25, 2013	QPR Train The Trainer	Charcot Training Center	29
July 17, 2013	QPR – CIT	Morgan Hill	25
August 1, 2013	QPR	Congregational Church, San Jose	25
September 10, 2013	QPR	Bascom Community Library	11
September 13, 2013	safeTALK Training	Charcot Training Center	19
September 16, 2013	QPR	Camden Community Center	11
September 17, 2013	QPR	Department of Alcohol and Drug Services, Counselors	14
September 19, 2013	QPR – CIT	Mountain View Police Department	30
September 25, 2013	QPR	7 Trees Community Center	5
September 27, 2013	QPR	Gardner Clinic	31
October 4, 2013*	safeTALK Training	Learning Partnership	10
October 18, 2013*	QPR	West Valley College, 1 West Campbell Ave	30
October 28, 2013*	QPR	Department of Alcohol and Drug Services Contract Agencies' Staff	20
October 30, 2013*	QPR	Southside Senior Center, San Jose	14
October 31, 2013*	QPR	Hank Lopez Community Center, San Jose	15

*although outside of the reporting timeframe, this event was added to indicate ongoing activities and services

Appendix C: Summary of 2009-2012 Santa Clara County Suicide Data

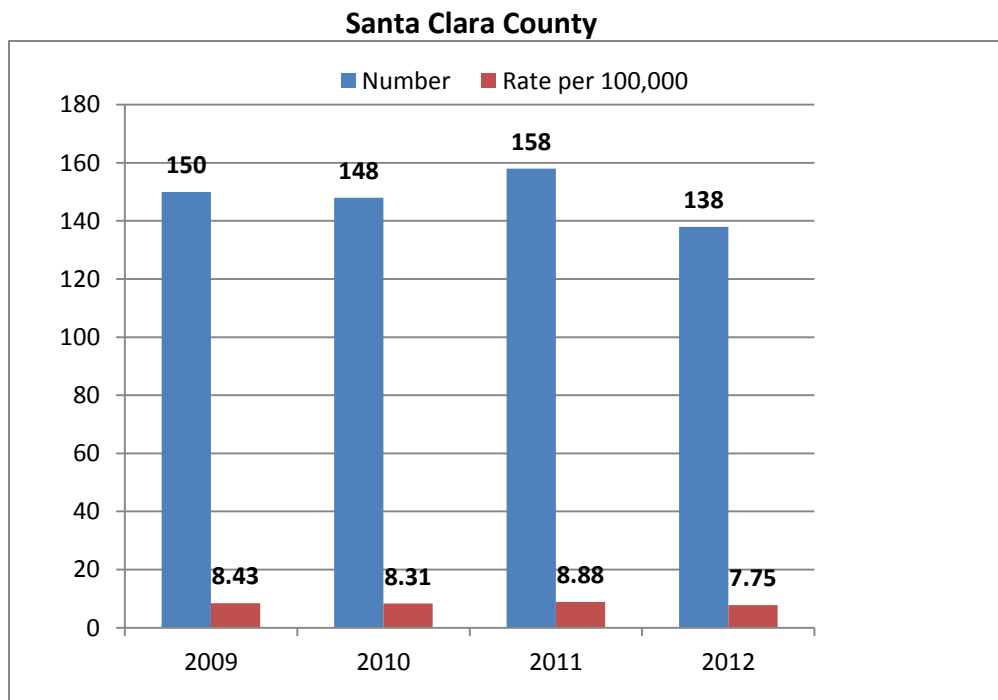
Santa Clara County (SCC) is home to more than 1.78 million people who live in 15 cities and unincorporated areas. SCC is the largest member of the economic region called Silicon Valley and is a world leader in development of new technologies and industries. SCC cities are frequently ranked among the highest in the nation in overall health and safety. However, SCC is faced with the fact that 10% of SCC deaths are the result of someone taking their own life.

This report provides baseline information of completed suicides in Santa Clara County. The information contained in this report is essential in identifying the needs and developing effective suicide intervention and prevention strategies. This data helps the Suicide Prevention Initiative to ask the right questions and guide the community wide efforts. Further, the report offers a foundation to evaluate the Suicide Prevention program effectiveness in attaining the initiative's primary goals: decrease the number of suicide deaths by 40% among adults, and 50% in youth by 2021.

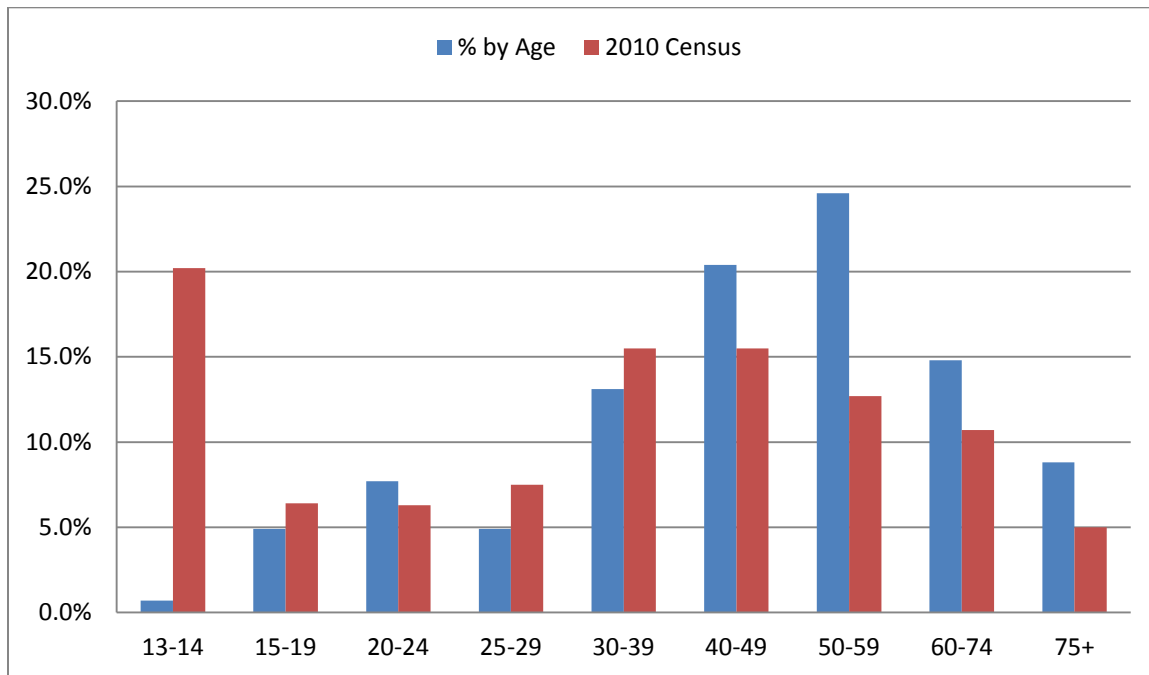
What follows is information on suicides in SCC 2009-2012 based on factors such as age, gender, place of death, and means employed. The report highlights different demographic variables and provides data for each one.

Overview

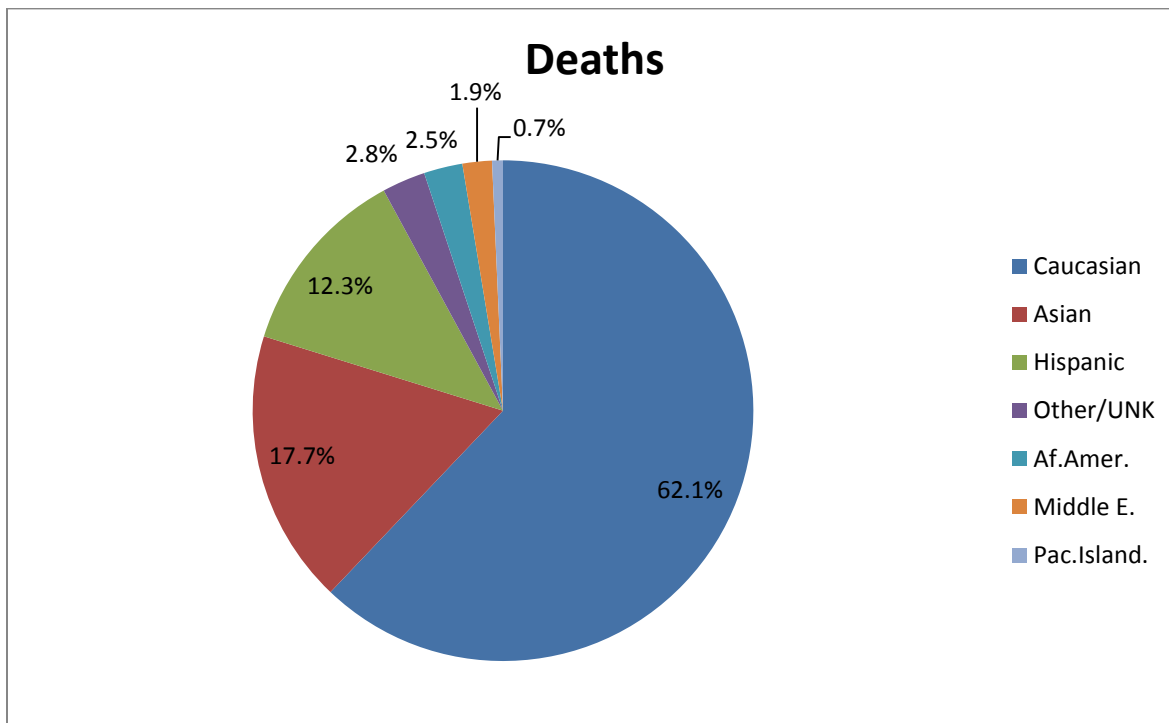
For comparison, in 2009 the rate of suicides per 100,000 was 8.43 for Santa Clara County, 10.3 for California, and 12.0 for the United States. Below are 2009-2012 rates for Santa Clara County.



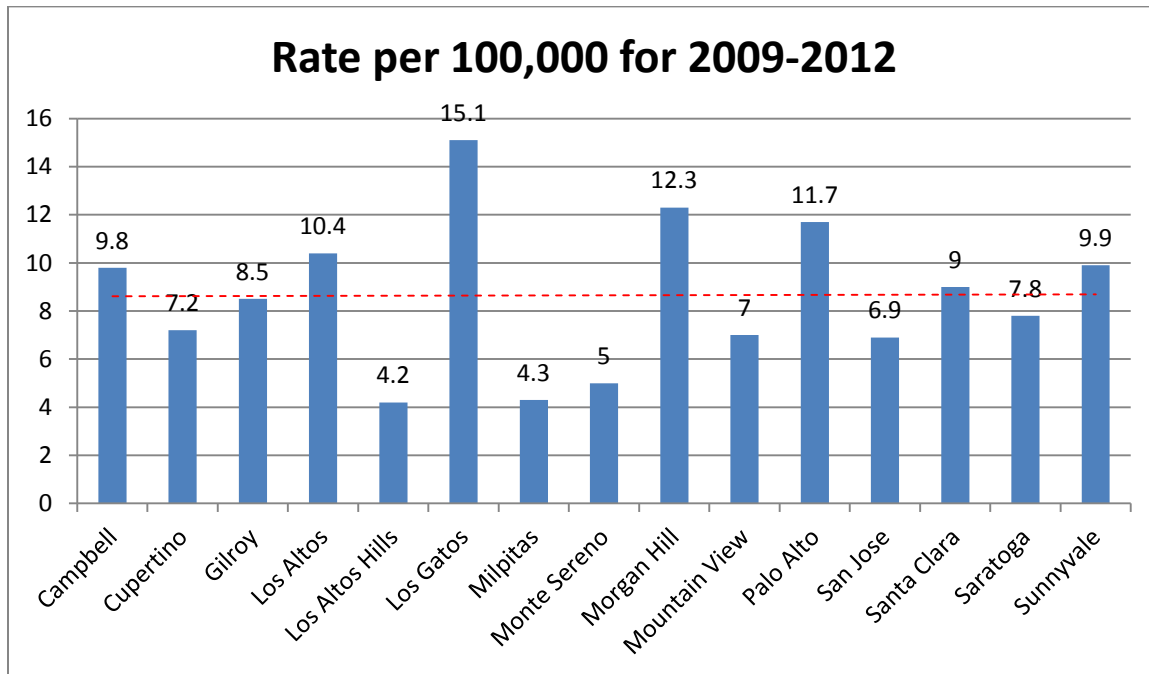
AGE. The youngest deaths were two 13 year old girls, with the oldest being a 96 year old male. The highest risk group by age is 50-59. This group is 12.7% of the population, and has 24.6% of all suicides for 2009-2012.



ETHNICITY. The highest rate of suicide by race/ethnicity is Caucasian, with 62.1% of all suicides, and being 35% of the county population. The second highest is the Asian population with 17.7%, followed by the Hispanic population with 12.3% of the suicides.



PLACE OF RESIDENCE. 8.6 deaths per 100,000 is the baseline for city comparisons. Los Altos Hills has the lowest rate of 4.2, and Los Gatos is the highest with a rate of 15.1 per 100,000. It is premature to attempt to draw conclusions on the disparity of the rates between cities with only four years of data.



MEANS. Santa Clara County is very different from the rest of the United States in regards to means used by someone taking their life. 51% of suicides in the United States are completed by use of a firearm. In SCC, 30.8% of suicides are completed using a firearm, and 30.8% are by hanging.

MEANS	2009	2010	2011	2012	TOTAL	%
Asphyxiation	8	6	9	2	25	4.2%
Helium	0	7	2	3	12	2%
Cutting/Stab	5	3	7	5	20	3.7%
Drowning	3	2	0	1	6	1%
Drug/Poison	20	25	36	27	108	18.2%
Firearm	55	40	47	41	183	30.8%
Hanging	42	48	43	50	183	30.8%
Immolation	3	1	1	1	6	1%
Jumping	4	9	2	0	15	2.5%
Train	7	3	9	6	25	4.2%
Other	3	4	2	2	11	1.9%
TOTAL	150	148	158	138	594	100%

LOCATION. 63% of all SCC deaths occur in or around decedent’s place of residence.

PLACE OF DEATH	NUMBER	%
Home Bedroom	133	22.4%
Home Garage	54	9.1%
Home Inside	131	22.1%
Home Outside	56	9.4%
Car	26	4.4%
Hotel/Motel	31	5.2%
Train Tracks	25	4.2%
Park/Trail	28	4.7%
Relative/Friend Home	17	2.9%
Work	7	1.2%
Hospital/Nursing Home	7	1.2%
Jail	7	1.2%
Other Public Location	59	9.9%
Unknown	13	2.2%

MENTAL HEALTH CONDITION. In 39% of the cases, it is unknown if there was a mental health condition. However, in almost 38% of the cases, clinical depression was listed as a mental health condition that was present at the time of death.

