

# Santa Clara County Suicide Prevention Fourth Annual Report

November 7, 2014

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](http://www.sccmhd.org/sp) on the Suicide Prevention Resources page.

# Santa Clara County Suicide Prevention Fourth 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.

**Members:**

Jo Coffaro  
**Hospital Council of Northern & Central California**

Joseph O'Hara, M.D.  
**Santa Clara County Medical Examiner-Coroner**

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**Injury and Violence Prevention  
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.

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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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**Yasmina Janini**, Decision Support, Learning Partnership, Santa Clara County Mental Health Department, for assisting in website updates and revisions.

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**Celeste Cordeiro**, *Health Career Connections* Intern, for providing exceptional assistance in all program components as well as developing the first Suicide Prevention Program newsletter 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 Volunteers**

**Administrative Oversight**

Nancy Dane Peña, Ph.D., Director, Santa Clara County Mental Health Department  
Sandra Hernandez, LCSW, Director, Integrated Behavioral Health Division  
Jeanne Moral, Santa Clara County Mental Health Services Act (MHSA) Coordinator

**Suicide Prevention Staff**

Coordinator: Evelyn Castillo Tirumalai, MPH, Liaison to CalMHSA  
Associate: Jean Kaelin, MPA

**Suicide and Crisis Services (SACS) Staff**

Manager: Lan Nguyen, MA  
Volunteer Coordinator: Eddie Subega, LMFT

# Suicide Prevention Initiative Fourth 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 has worked under the general direction of the Santa Clara County Suicide Prevention Strategic Plan (SPSP) approved in 2010.

In this report, the SPI demonstrates the acceptance and growing community participation on the topic of suicide prevention. The SPI has increased community capacity by educating key opinion leaders and key stakeholders in different communities to implement and expand suicide prevention and mental health promotion in their own communities. Opportunities have been created to allow the continuation of the Suicide Prevention Speakers Bureau by creating a learning environment where persons with lived experience can share their stories of help, hope and strength and compel others to reach out and seek help.

The *online* suicide prevention training enrollment continues to increase, 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. However, the stigma associated with mental illness and suicidality works against suicide prevention by discouraging persons at risk for suicide from seeking life-saving help and further traumatizes survivors of suicide. We continue to address these issues through our community conversations featuring the Suicide Prevention Speakers Bureau (SPSB) panels.

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.

Nancy Peña, PhD  
**Co-Chair, Suicide Prevention  
Oversight Committee (SPOC)**

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

# Annual Report Summary

## **Suicide Prevention and Suicide and Crisis Services**

The reporting period is from **October 1, 2013 through September 30, 2014** 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 second year of implementation, the SPI focused primarily on increasing public awareness, conducting community education and reducing stigma associated with mental illness. 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 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
- Survivors of Suicide Support (SOS) Group
- *Applied Suicide Intervention Skills Training (ASIST) Workshops*
- Santa Clara County Suicide Prevention Speakers' Bureau Panels
- *Assessing and Managing Suicide Risk (AMSR): Core competencies for mental health professionals*

### **Strategy 1: Gains and Achievements**

- Staff and volunteers at the Suicide and Crisis Services (SACS) Hotline (1-855-278-4204) answered 24,291 calls during this report period.
- Of the currently active 75 SACS Hotline volunteers, 37 volunteers speak other languages besides English.
- In collaboration with Santa Clara Valley Medical Center's Emergency Department (SCVMC-ED), SACS implemented a new outreach initiative providing follow up for patients with self-inflicted injuries (suicide attempters):
  - This ongoing initiative includes a visit to the client at SCVMC-ED by a trained crisis hotline volunteer who provides a brief suicide risk assessment and a resources packet with referral to support groups and other county and community-based services followed by a phone call within three working days after ED discharge.
  - The program was launched in late April 2014 and has served 130 clients ranging from ages 8 – 73 years old through September 2014.
- Suicide and Crisis Services continues to provide weekly support groups to survivors of suicide loss, Survivors of Suicide (SOC) Support Groups. SOS meets every Monday from 6:30-8:00pm.

- Suicide and Crisis Services and SP conducted over 35 outreach visits to rural and South County areas such as Gilroy and Moran Hill.
- Suicide Prevention contracted with two ASIST trainers training over 100 professionals and community members with suicide intervention skills:
  - Three trainings were completed during this report period.
  - Suicide Prevention collaborated with San Jose State University faculty in providing space and shared materials for ASIST trainings.
- The Santa Clara County Suicide Prevention Speakers' Bureau has been sustained in its second year and has added an additional 7 speakers. In all, 18 speakers with suicide prevention lived experience have been trained to carry out *Community Conversations* addressing stigma reduction and suicide prevention messages. During this period, three *Community Conversations* were held at various community-based locations (from Mountain View to Morgan Hill) reaching 68 individuals.

### **Strategy 1: Work in progress/future activities**

- Suicide and Crisis Services is collaborating with the County's Emergency Psychiatric Services (EPS) to provide support follow up services, similar to the activities conducted at the VMC-ED, to clients upon their discharge from EPS. Services will start in December 2014.
- Suicide and Crisis Services is currently offering a new support group for suicide attempt survivors, *Path of Hope* Support Group. This new support group will meet on Tuesdays at 5:00pm and will provide a safe space for suicide attempt survivors who continue to struggle with these difficult thoughts and feelings. This group will be facilitated by a licensed therapist.
- Suicide and Crisis Services will participate in the statewide initiative, Common Metrics, to help identify and define what is considered best practice in the field. This partnership with other crisis call centers will provide another way to measure the number of people affected by suicide across the state and create an opportunity to tell a story about suicide prevention in California. It is expected that these efforts will help educate our 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 is scheduled to offer another ASIST workshop with priority enrollment for all school-based staff, administrators and educators.
- In partnership with the American Association of Suicidology and the Suicide Prevention Resource Center, SP will offer the first Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals:
  - A significant proportion of people who die by suicide have had recent contact with a mental health professional.
  - Assessing and Managing Suicide Risk was designed to address that training gap. It teaches essential core competencies that meet the needs of an entire spectrum of mental health professionals, including psychiatrists, psychologists, licensed counselors, social workers, and employee assistance professionals.
  - We expect to train 20 individuals in December 2014.
- Suicide Prevention will launch a quarterly speakers bureau check-in and debrief group starting in January 2015.

## **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 and Crisis Services' rural outreach initiative (CalMHSA)
- Suicide Prevention Gatekeeper Trainings:
  - *Question, Persuade, Refer* (QPR) class room 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
  - Community Conversations on Suicide Prevention: Speakers Bureau Panels
  - *Mental Health First Aid (MHFA)*: National Council for Behavioral Health certification for community members on mental health promotion
  - *More Than Sad*: Suicide prevention education for teachers, students and other school personnel created by the American Foundation for Suicide Prevention (AFSP)
- Suicide Prevention Week observance, September 8-14
- Suicide Prevention/ Suicide and Crisis Services Public Awareness Campaigns (gains and achievements described in the next section, Strategy 3). See Appendix A for design and message.

### **Strategy 2: Gains and Achievements**

- Suicide and Crisis Services and SP distributed over 3,000 bilingual Crisis Hotline flyers; over 2,800 crisis hotline business cards; and over 1,500 brochures in the following communities: Spanish-speaking, Asian Pacific Islander, African American and other high-risk populations including Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, seniors, veterans and Transitional Age Youth (TAY).
  - Brochures and hotline wallet cards were translated into Vietnamese, Chinese and Spanish languages.
- To date, SP has provided 5,800 *online* QPR classes

- 21% of these classes have been utilized by the public school system, 26% by medical clinics/staff training, 12% by community organizations, and 8% by cities. All age groups from 18-75 are represented in the online program.
- Suicide Prevention provided 2 QPR Train-the-Trainer Certification Workshops, certifying and additional 36 individuals as QPR Instructors for a total of 90 QPR-certified instructors in SCC.
- Community gatekeeper trainings reached 2,158 individuals at various community settings:
  - Suicide Prevention staff conducted 27 QPR classes, with a total of 621 individuals being trained as suicide prevention gatekeepers
  - Palo Alto Unified School District trained 1,067 high school students in QPR and mental health promotion. SP providing QPR trainer certification, resource booklets and materials, as well as codes for parent online suicide prevention gatekeeper training
  - Foothill College QPR-trained staff and interns conducted 17 QPR classes reaching 342 college students on their campus community
  - Additionally, SP supports the gatekeeper training implementation efforts at Sunnyvale Unified School District and the Palo Alto SafetyNet by providing localized QPR booklets and SP brochures along with mental health promotion resources. Sunnyvale School District has trained over 60 staff and educators in QPR Gatekeeper trainings
  - *safeTALK* gained momentum this year, four workshops were held in collaboration with Valley Specialty Center reaching 68 participants from SCVMC, schools and community
- Suicide Prevention launched its first offering of the Mental Health First Aid 8-hour certification training for community members in the Spanish language, i.e. *Primeros Auxilios Para La Salud Mental*. Additional English and Spanish classes are being planned.
- Suicide Prevention distributed 50 *More Than Sad* (MTS) video instructional kits to school personnel, counselors and health education teachers.
  - *More Than Sad* addresses suicide prevention education for teachers, parents and youth.
  - Suicide Prevention integrates MTS youth video at all its youth QPR classes throughout the county as well as the MTS teacher video at all school staff QPR trainings.
- Suicide Prevention has participated in and attended over 20 community events, health fairs, Suicide Prevention Awareness events, community walks, and other community /public activities.
- Suicide Prevention provided eight Suicide Prevention/Information/Education presentations to various public entities. Close to 400 individuals participated in these events.
- Observed Suicide Prevention Week, September 8-14:
  - Held Speakers Bureau panel discussions throughout the County
  - Received a Proclamation by the Board of Supervisors declaring “Suicide Prevention Week in Santa Clara County”
  - SP Coordinator was interviewed on Spanish language radio during this week (“Buenas Tardes con Celina” radio show, 1370 AM). See Appendix B for activities during this week.

- Suicide Prevention staff participated as a regional judge for the Directing Change campaign that involves high school students submitting 60 second videos on various aspects of mental health, stigma reduction and suicide prevention.

### **Strategy 2: Work in progress/future activities**

- In collaboration with the Public Health Department, SP will launch a youth suicide prevention initiative through youth coalition building and advocacy. This effort was approved by the Mental Health Department and Public Health Department Directors during this reporting period.
  - In partnership with the Public Health Department, commonly perceived in the community as providers of health and overall physical wellbeing, the Mental Health Department will seek to disseminate the message that suicide is preventable and that mental illness can be treated as any other medical condition.
  - Three youth action teams will assess their community needs, prepare a plan for action and implement it.
- A new extra help Community Outreach Worker was hired at SACS during this report period (late October 2014) 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.
- Suicide Prevention will seek approval for one full-time Community Worker to expand outreach efforts, support the training and education initiatives and provide support in all aspects of workgroup coordination and follow up.
- Suicide Prevention will seek approval for a part-time extra help to support the youth suicide prevention initiative with the Public Health Department, continue the SP newsletter and support program planning and implementation as part of the MHSA PEI 5 plan.
- Continue to offer *Community Conversations* via the SPSB 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, etc.).
- Expand the mental health promotion efforts by providing MHFA certifications in English and Spanish as well as introduce *Youth Mental Health First Aid* in Santa Clara County.
- Continue to distribute and make available online suicide prevention training codes to school district staff, community-based organizations, and corporations and institutions.
- 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. SP has been researching and working in collaboration with CalMHSA in program components and design.
- Please refer to Appendices C and D 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'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"<sup>1</sup>.

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

#### **Strategy 3: Gains and Achievements**

- In partnership with the SP Communications Workgroup, SACS launched an ethnic media campaign to increase public awareness about the Crisis Line on ethnic community newspapers. A total of eight newspaper ads were placed in Spanish and Vietnamese language newspapers in Santa Clara County.
- The SP Communications Workgroup launched its first large scale public awareness campaign:
  - A press conference was held at the Valley Transit Authority main lot attracting coverage from various news organizations and print media.
  - The campaign was launched via the VTA buses. Sixteen (16) buses circulated throughout the County for a contracted period of three months in four different languages: English, Spanish, Vietnamese, and Chinese. Refer to Appendix A for bus ads.
    - As of this report period, one last bus was spotted around San Jose area as VTA ads contractor does not remove banners unless needed for another paid campaign.
  - Additionally, 33 digital advertisements were installed at the Great Mall (four screens), Westfield Oakridge (nine screens), and Westfield Valley Fair (20 screens) in Santa Clara County for a length of three months (12 weeks).
- Created substantial revisions and updates to the suicide prevention section in the Mental Health Department's website: [www.sccmhd.org/sp](http://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 death of Robin Williams and the

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<sup>1</sup> Available online at [www.ReportingonSuicide.org](http://www.ReportingonSuicide.org) and [www.AFSP.org/media](http://www.AFSP.org/media)

County's response to the public and news channels. SACS Crisis Hotline Coordinator and volunteers were featured in the media stories.

**Strategy 3: Work in progress/future activities**

- Educate local media about safer protocols
- The SP Communications Workgroup is currently researching to design the next public awareness campaign for youth and seniors in crisis.
- County website: redefine and research further to best determine audience, objectives and method to promote county services and resources.

#### **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: Agreement with Public Health Department
- Informational meetings with Human Resources departments at county-based corporations

##### **Strategy 4: Gains and Achievements**

- To date, 26 school districts have adopted a Suicide Prevention Policy.
  - Five school districts: SP policy & Administrative Regulations (ARs) prior to 2010
  - Four school districts: SP policy & ARs in 2010
  - Five school districts: SP policy & ARs in 2012
  - Ten school districts: SP policy & ARs since June 2013
  - Four school districts: considering a SP policy and ARs
  - Three school districts: no indication of any action; one district: unique, so no request
  - Santa Clara County Office of Education: SP policy and ARs
- See Appendix E for school districts with SP policies.

##### **Strategy 4: Work in progress/future activities**

- Continue policy advocacy and support for the four remaining school districts considering adopting SP policy and AR procedures. Still considering a policy: Santa Clara Unified School District.
- 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.
- Work with the Public Health Department on the launch of the Youth Suicide Prevention action teams at three local school or community settings.

## **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 Learning Partnership's Decision Support team and the Epidemiologists in the Public Health Department.
- A program evaluation dashboard (in planning phase)

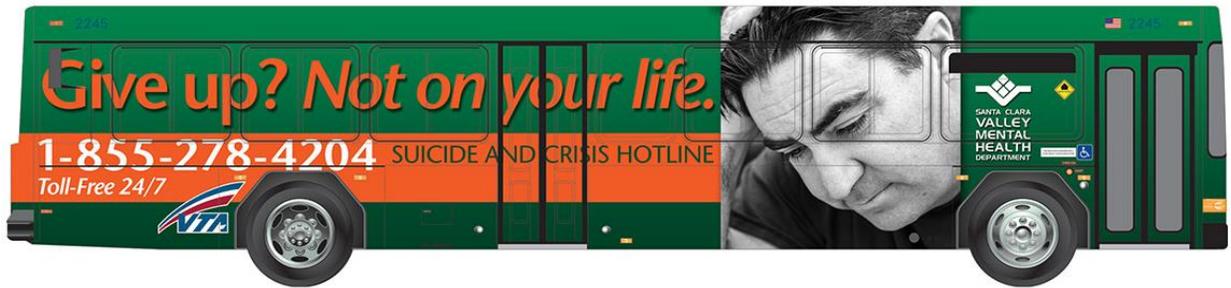
### **Strategy 5: Gains and Achievements**

- Continued partnership with the Medical Examiner/Coroner Office in suicide death data gathering.
- Continued partnership with volunteer to enter data into database for analysis.
- Partnered with Decision Support to generate initial analysis of SACS call data along with potential measurable impact related to the bus ad campaign. See Appendix F for call volume data.
  - The bus ad campaign measure in place was not able to capture the impact of the public awareness campaign as the strategy for measure was not systematically implemented and sometimes not feasible for every call. Ultimately, less than 14% of all callers were asked "*how did you hear about us?*" not creating a clear, reliable measure of the impact. A 20%-30% sample would have been acceptable as a measure.
  - One item to point out, however, is that all the callers that answered "VTA bus ad" as their source for the Crisis Hotline number, were new callers.
- Integrating suicide data findings into suicide prevention training modules.
- Completed the 2013 data entry and initial analysis for a Preliminary 2009-2013 Data Report. Please refer to Appendix G for preliminary 2009-2013 Death Data Report Executive Summary.

**Strategy 5: Work in progress/future activities**

- Now with five years of suicide death data, will integrate into presentations at workshops and other community events.
- Work with Data SP Workgroup to identify trends in suicides based on age, means, location, etc.
- Print and distribute final 2009-2013 Death Data Report Executive Summary to cities, organizations, school districts, etc.
- Continue to collaborate with the Public Health Department staff on the first Suicide Brief to be published out of the Injury and Violence Prevention Program.
- Five potential suicide prevention program evaluators have been identified to invite them to apply as contractors for SP to help establish program 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. VTA Bus Ad Campaign.



## APPENDIX B. Suicide Prevention Week, September 8-14.



*From left to right: Hon. Ken Yeager, Aimee Reedy, Lan Nguyen, Kenneth Smith, Kathryn Parlet, Jean Kaelin, Mary Ojakian, Vic Ojakian, Hon. Mike Wasserman, Nancy Peña, Evelyn Tirumalai, Celeste Cordeiro, Hon. Joe Simitian, Hon. Cindy Chavez, and Hon. Dave Cortese.*



*Speakers Bureau panels held at various locations throughout the County.*

WHEREAS, the Board of Supervisors recognizes suicide as a countywide public health problem, and suicide prevention as a countywide responsibility;

WHEREAS, suicide has been proven to be preventable;

WHEREAS, suicide is the 10th leading cause of all deaths in the United States and the 3rd leading cause of death among individuals between the ages of 15 to 24;

WHEREAS, in the United States, one person completes suicide every 14.2 minutes;

WHEREAS, it is estimated that 4.73 million people in the United States are survivors of suicide (those who have lost a loved one to suicide);

WHEREAS, 746 Santa Clara County residents died by suicide from 2009-2013, primarily among males in middle age; and, the suicide rate remains highest for adults 75 years of age and older;

WHEREAS, the stigma associated with mental illness works against suicide prevention by discouraging persons at risk for suicide from seeking life-saving help;

WHEREAS, countywide suicide prevention efforts should be developed and encouraged to the maximum extent possible;

WHEREAS, the Suicide Prevention Oversight Committee and its stakeholder workgroups are dedicated to reducing the frequency of suicide attempts, and the pain of survivors affected by suicides of loved ones, through educational programs, intervention services, and bereavement services;

WHEREAS, World Suicide Prevention Day, September 10, 2014, is recognized internationally and supported by the World Health Organization;

WHEREAS, the 2014 National Suicide Prevention Week is September 8 through September 14, 2014, as observed by the American Association of Suicidology (AAS); NOW, THEREFORE, the Santa Clara County Board of Supervisors:

**Recognize** suicide as a countywide problem and declare suicide prevention to be a countywide priority;

**Acknowledge** that no single suicide prevention program or effort will be appropriate for all populations or communities;

**Encourage** initiatives based on the *Santa Clara County Suicide Prevention Strategic Plan* key five overarching strategies;

THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Santa Clara do hereby proclaim September 8 through September 14, 2014, as **SUICIDE PREVENTION WEEK IN SANTA CLARA COUNTY**

## APPENDIX C. Suicide Prevention Community Events

DATE	EVENT
Feb. 1-2, 2014	Lunar New Year (Tết) Festival
Feb. 8, 2014	Crime & Gang Prevention Summit
March 1, 2014	Santa Clara Mosque, Community Health Fair
March 4, 2014	Britton Middle School, SP Presentation (More Than Sad)
March 10, 2014	SJSU Community Health Promotion. SP presentation
April 2, 2014	Suicide Prevention Bus Ad Launch, Press Event
April 9-12, 2014	AAS Conference, SACS Manager attended
April 16, 2014	Community Conversation (Bascom Library), Speakers Bureau Panel
April 16, 2014	DeAnza College, Art with Impact Panel
April 18, 2014	Youth Summit Conference City of San Jose
April 23, 2014	San Jose State University, Art with Impact panel
May 7, 2014	Joseph George Middle School, SP presentation for parents in Spanish
May 11, 2014	Mother's Day Health Fair, Vietnamese Community
May 20, 2014	El Camino Hospital Fair, Mental health Awareness Month Event
May 21, 2014	Bascom Community Center
June 3, 5, 10, 12	VMC Employee Wellness Health Fair
August 5, 2014	National Night Out, Gilroy
August 8, 2014	Party in the Park, Gilroy
August 27, 2014	Senior Agenda Summit Workshop
September 9, 2014	Speakers Bureau Panel at Central Wellness
September 9, 2014	"Buenas Tardes con Celina" 1370 AM Spanish radio interview
September 10, 2014	Speakers Bureau Panel at Morgan Hill Community Library
September 11, 2014	VA Mental Health Summit, Suicide and Crisis Panel for VA families, MH professionals
September 12, 2014	Speakers Bureau Panel at Valley Specialty Center
September 19, 2014	Speakers Bureau Panel at Army Reserve, Reg. Supp. Command for soldiers and civilians
*October 1, 2014	Caltrain Launches Suicide-Prevention Page: Media Event, Speakers Bureau member speaks
*October 3, 2014	SP Update to the BHB - System Planning & Fiscal Committee
*October 3, 2014	Suicide Prevention data, resources and support presentation at the SCC County Office of Education Seminar on Suicide Prevention at Schools
*October 8, 2014	Lakeside School, SP Discussion for teachers
*October 18, 2014	Living Above The Influence (LATI) Health Fair, Morgan Hill
*October 23, 2014	Sr. Wellness Fair at Timpany
*October 26, 2014	Out of Darkness Walk at De Anza
*November 7, 2014	Homeless Health Fair, St Joseph's Cathedral, San Jose

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

## APPENDIX D: Suicide Prevention: Training and Prevention Workshops

DATE	Location	Activity	Audience	Participant (#)
Jan. 27-28, 2014	San Jose State University	ASIST	General Public	20
Feb. 3, 2014	Over Felt High School	QPR Training	High school student	9
Feb. 4, 2014	Britton Middle School	QPR	Middle School Youth	85
Feb. 19, 2014	Mayfair Community Center	QPR	Senior adults	15
Feb. 28, 2014	CIT Training	QPR	Law enforcement	28
Feb. 28- Mar1, 2014	San Jose State University	ASIST	General Public	14
March 7, 2014	Senior Nutrition	QPR	Site managers	40
March 12, 2014	Over Felt High School	QPR	High school students	8
March 14, 2014	San Jose State University	QPR	Nursing students	55
March 28, 2014	Valley Specialty	safeTALK	Nurses, social workers, community	26
March 31, 2014	EMQ	QPR T4T	Counselors	18
April 25, 2014	Senior Nutrition Program (SCC)	QPR	Nutritionists	19
April 29, 2014	Valley Specialty	safeTALK	School counselors, administrators, staff	17
May 2, 2014	West Valley College	QPR	College Students	21
May 8, 2014	Sister to Sister program	Youth QPR , MTS	Teenage girls	~150
July 9, 2014	SCC Family Affairs WRAP	QPR	Consumers, family	20
July 25, 2014	Girl Scouts, San Jose	QPR, MTS	Staff	5
July 25, 2014	Community Solutions-Gilroy	QPR	Crisis volunteers	15
July 28-29, 2014	Learning Partnership	ASIST	Counselors	27
August 4-5, 2014	Learning Partnership	ASIST	Counselors	23
August 27, 2014	Self Help Center, Gilroy	QPR	Clients	9
September 8, 2014	San Jose Police Department	QPR at CIT Workshop	Police Officers	31
September 8, 9	Central Wellness	MHFA Spanish	General Public	5
September 16, 2014	Gilroy Unified School	QPR	Staff	37
September 24, 2014	Overfelt High School	QPR, MTS	Students in detention	8
Sept.29-30, 2014	Learning Partnership	ASIST	Counselors	17
*October 3, 2014	West Valley College	QPR	Students	23
*October 10, 2014	San Jose State University	QPR	Nursing Students	90
*October 4, 2014	SCCOE SP Seminar	MTS	Teachers/Counselors	~100
*October 14, 2014	SCCOE SP Seminar	QPR	Teachers/Counselors	28
*October 23, 2014	Gilroy Unified	QPR - Spanish	Parents	54
*November 6, 2014	Oak Grove School District	MHFA	Counseling staff, etc	18
*November 17, 2014	CIT – SJPd	QPR	Law enforcement	54
*November 21-22	Valley Specialty	MHFA-Spanish	Community	6
*December 1	Behavioral Health Servs.	AMSR	Licensed Clinicians	20
*December 15-16	SCC Office of Education	ASIST	Teachers/Counselors	

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

## APPENDIX E. Santa Clara County School Districts with Adopted SP Policies

Alum Rock Union School District	Fremont Union High School District	Milpitas Unified School District	San Jose Unified School District
Berryessa Union School District	Gilroy Unified School District	Moreland School District	Saratoga Union School District
Campbell Union High School District	Lakeside Joint School District	Mount Pleasant School District	Sunnyvale School District
Campbell Union School District	Loma Prieta Joint Union School District	Mountain View Los Altos High School District	Union Elementary School District
East Side Union High School District	Los Gatos Union School District	Oak Grove School District	
Evergreen School District	Los Gatos-Saratoga Joint Union H.S. District	Orchard School District	
Franklin-McKinley School District	Luther Burbank School District	Palo Alto Unified School District	Santa Clara County Office of Education

## APPENDIX F: SACS Call Volume, 2-Year Comparison

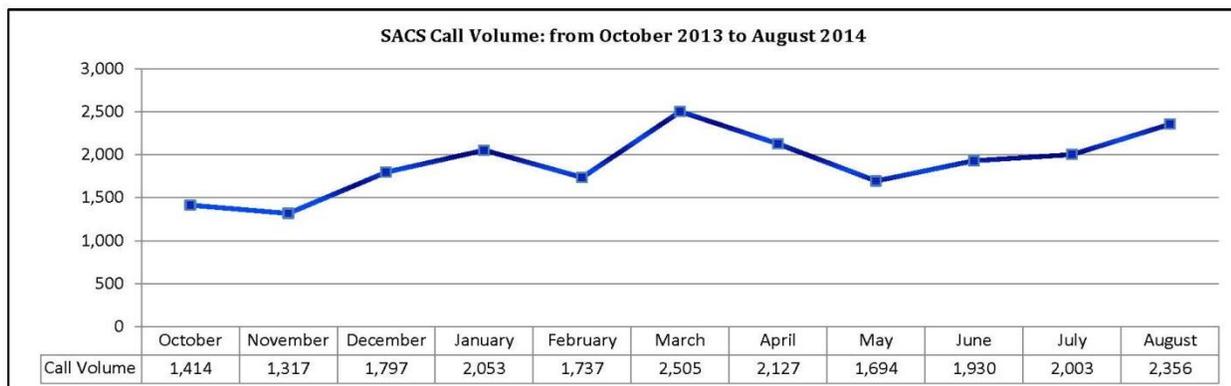
FY12-13	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
SUICIDE IN PROGRESS	2	8	5	6	3	3	3	4	4	4	3	5	50
HIGH RISK	6	20	17	16	8	8	10	9	17	9	8	20	148
MEDIUM RISK	16	23	39	23	37	25	25	27	32	26	25	26	324
LOW RISK	77	97	101	68	123	118	166	105	129	134	134	94	1356
CRISIS ONLY (NON-SUICIDAL)	1505	1560	1581	1365	1413	1492	1676	1342	1531	1422	1533	1202	17,622
INFORMATIONAL (TRIAGE, MISC)	797	561	619	570	552	670	683	548	490	565	501	401	6957
<b>TOTAL</b>	<b>2403</b>	<b>2269</b>	<b>2362</b>	<b>2048</b>	<b>2136</b>	<b>2316</b>	<b>2563</b>	<b>2035</b>	<b>2213</b>	<b>2160</b>	<b>2204</b>	<b>1748</b>	<b>26,457</b>

FY13-14	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
SUICIDE IN PROGRESS	5	6	3	5	4	4	5	0	1	0	0	0	33
HIGH RISK	18	8	10	14	23	9	14	3	16	6	9	10	140
MEDIUM RISK	32	26	38	19	27	27	38	12	36	16	14	24	309
LOW RISK	117	122	97	128	117	118	108	63	98	84	37	63	1152
CRISIS ONLY (NON-SUICIDAL)	1444	1412	1513	1325	1091	1325	1810	1593	2288	1997	1605	1792	19,195
INFORMATIONAL (TRIAGE, MISC)	502	571	419	513	463	531	78	66	66	69	28	41	3347
<b>TOTAL</b>	<b>2118</b>	<b>2145</b>	<b>2080</b>	<b>2004</b>	<b>1725</b>	<b>2014</b>	<b>2053</b>	<b>1737</b>	<b>2505</b>	<b>2172</b>	<b>1693</b>	<b>1930</b>	<b>24,176</b>

### SACS Call Volume: from October 2013 to August 2014

Month	October	November	December	January	February	March	April	May	June	July	August	Total
<b>Call Volume</b>	<b>1,414</b>	<b>1,317</b>	<b>1,797</b>	<b>2,053</b>	<b>1,737</b>	<b>2,505</b>	<b>2,127</b>	<b>1,694</b>	<b>1,930</b>	<b>2,003</b>	<b>2,356</b>	<b>20,933</b>

Source: SACS Access Database



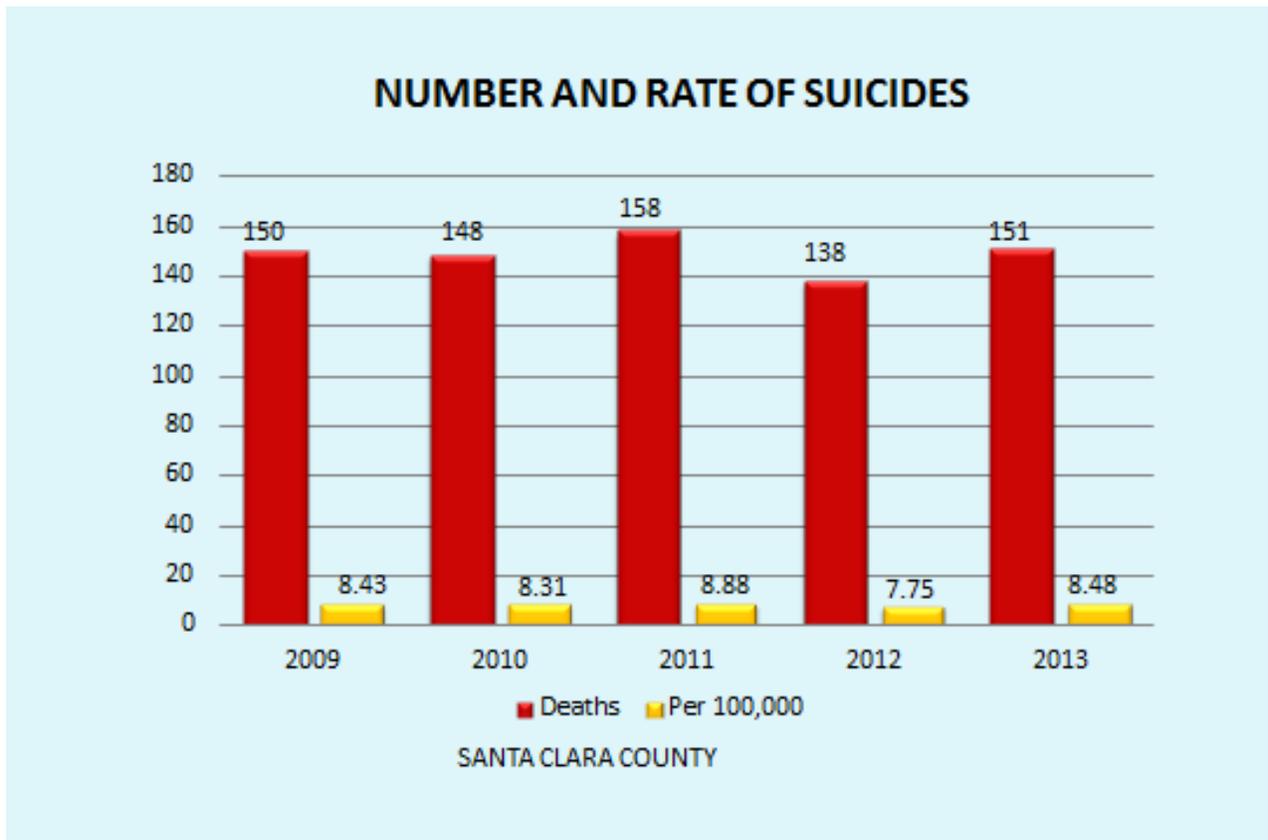
## APPENDIX G: 2009-2013 Suicide Death Data Preliminary Update

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.

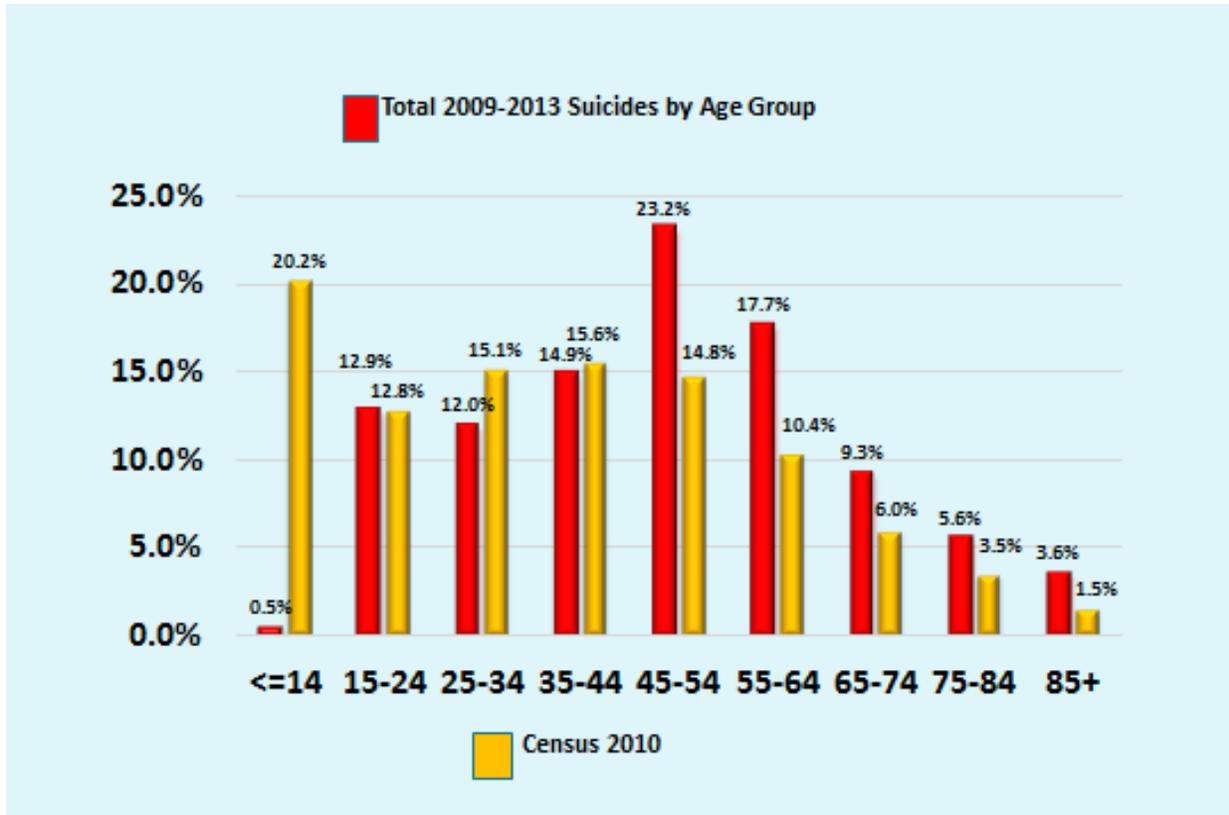
What follows is information on suicides in SCC 2009-2013 based on factors such as age, gender, place of death, and means employed. The report highlights different demographic variables and provides data for each one.

### 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 2009-2013 rates for Santa Clara County.



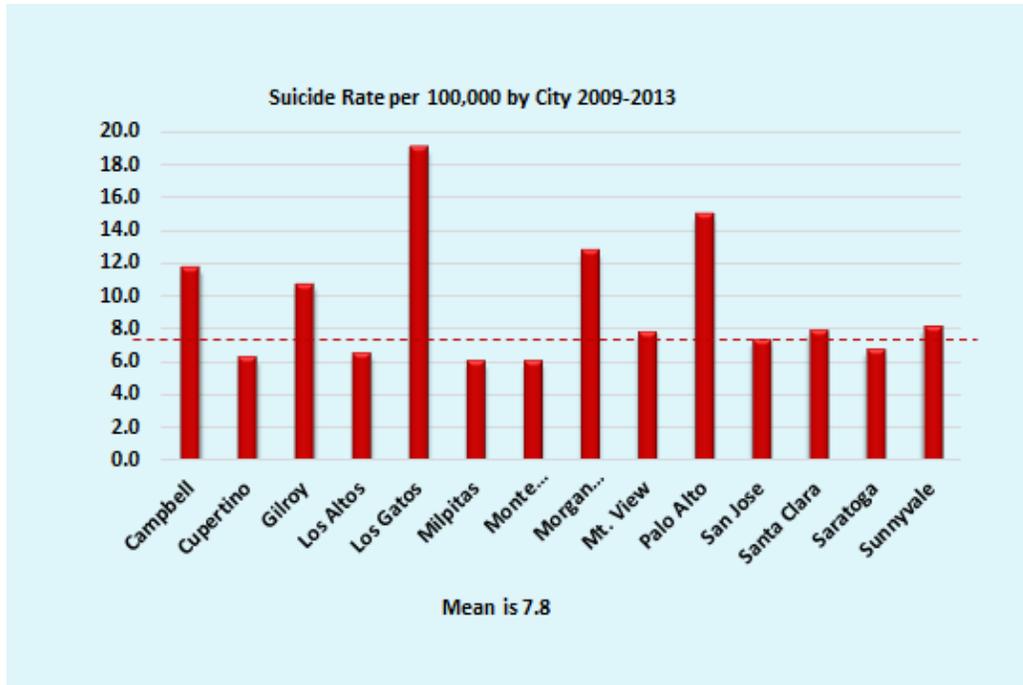
**AGE.** The highest risk group by age is 55-64. This group is 16.4% of the population, and represents 27% of all suicides for 2009-2013.



**ETHNICITY.** Consistently each year, the highest rate of suicide by race/ethnicity is Caucasian, with 62.8% of all suicides. The second highest is the Asian population with 18.0%, followed by the Hispanic population with 11.8% of the suicides.

	2009	2010	2011	2012	2013	Total	%	2010 Census
Caucasian	90	97	95	87	99	468	62.8%	47.0%
Asian	25	29	28	27	25	134	18.0%	32.0%
Hispanic	17	16	23	17	15	88	11.8%	26.9%
Native American	0	0	0	0	0	0	0.0%	0.7%
African American	4	4	3	4	3	18	2.4%	2.6%
Pacific Islander	0	0	2	2	6	10	1.3%	0.4%
Middle Eastern	1	2	7	1	3	14	2.0%	NA
UNK	13	0	0	0	0	13	1.7%	
Total	150	148	158	138	151	745	100%	

**PLACE OF RESIDENCE.** It is premature to attempt to draw conclusions on the disparity of the rates between cities with only five years of data alone.



**MEANS.** Santa Clara County is very different from the rest of the United States in regards to means used by someone taking their life. Over 50% of suicides in the United States are completed by use of a firearm. In SCC, 30.1% of suicides are completed using a firearm, and 31.4% are by hanging.

MEANS	2009	2010	2011	2012	2013	Total	%
Asphyxiation	8	6	9	2	5	30	4.0%
Helium	0	7	2	3	5	17	2.3%
Cutting/Stab	5	3	7	5	3	23	3.1%
Drowning	3	2	0	1	0	6	.8%
Drug/Poison	20	25	36	27	25	133	17.9%
Firearm	55	40	47	41	41	224	30.1%
Hanging	42	48	43	50	51	234	31.4%
Fire	3	1	1	1	1	7	.9%
Jumping	4	9	2	0	10	25	3.4%
Train	7	3	9	6	5	30	4.0%
Other	3	4	2	2	5	16	2.1%
<b>Total</b>	<b>150</b>	<b>148</b>	<b>158</b>	<b>138</b>	<b>151</b>	<b>745</b>	<b>100%</b>

**LOCATION.** 64.4% of all SCC suicides occurred in or around decedent's place of residence.

2009-2013 Total = 745

Place of Death	Number	%
Home	480	64.4%
Car	29	3.9%
Hotel/Motel	36	4.8%
Train Tracks	30	4.0%
Park/Trail	34	4.6%
Relative/Friend Home	20	2.7%
Work	9	1.2%
Hospital/Nursing Home	9	1.2%
Jail	7	1.0%
Other Public	78	10.5%
UNK	13	1.7%