



**SANTA CLARA COUNTY**  
Behavioral Health Services

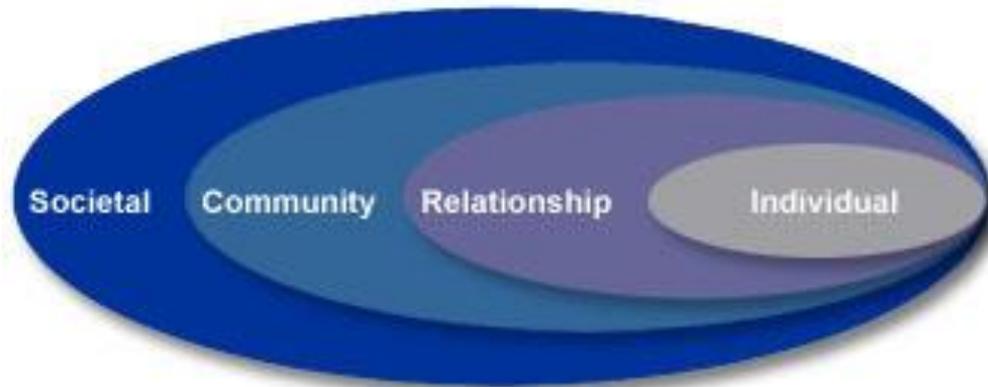
**2016 SUICIDE PREVENTION ANNUAL REPORT  
DIVISION OF INTEGRATED BEHAVIORAL HEALTH  
REPORTING PERIOD: OCTOBER 2015 – DECEMBER 2016**

## SUICIDE PREVENTION INITIATIVE (SPI): ADOPTED BY BOS – JUNE 2010

Suicide Prevention Program: Public Health Model (Prevention/Early Intervention)

Mission:

- To bring community awareness to the issue of suicide and to engage the community effort to stop it



## THE FIVE STRATEGIES OF THIS BROAD COMMUNITY EFFORT ARE:

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

# 2016 SUICIDE PREVENTION PROGRAM AIMS: SUICIDE IS PREVENTABLE

## I. **Increase Help-Seeking Behaviors**

Focus on Middle-age Males: Focus Groups → Radio Campaign

[www.suicideispreventablescc.org](http://www.suicideispreventablescc.org)

## II. **Increase Mental Health Promotion and Education**

Focus on School-based Suicide Prevention: trainings, workshops, public awareness

## III. **Reduce stigma** associated with mental illness → engaging people with lived experience (Speakers' Bureau)

## IMPLEMENT AND COORDINATE SUICIDE INTERVENTION PROGRAMS AND SERVICES FOR HIGH-RISK POPULATIONS

1. Suicide and Crisis Services (SACS) – 24/7 Crisis Hotline (Early Intervention/Referral) **1-855-278-4204**
2. Survivors of Suicide Support Group (SOS)
3. Applied Suicide Intervention Skills Training (ASIST) Workshops
4. Stakeholder Intervention Workgroup



# ASIST



## EARLY INTERVENTION: GAINS AND ACHIEVEMENTS

- Crisis Hotline provided services to 24,482 crisis callers
- Follow up support/contact with suicide attempt survivors during treatment at the Valley Medical Center Emergency Department (suicide risk assessments, referrals to community-based services, support groups.
  - 108 ED patients connected with a SACS Crisis Counselor
- SACS Received re-accreditation by the American Association of Suicidology (AAS) for a period of five (5) years (November 2015 – November 2020)
- 120 new ASIST trainers in schools, community-based agencies and outpatient mental health centers providing suicide first aid

## EARLY INTERVENTION: WORK IN PROGRESS/FUTURE ACTIVITIES

- Crisis texting services will be added to supplement hotline to increase access to youth and young adults
- Intervention Workgroup will be developing a youth-focused mental health resources manual in collaboration with the Santa Clara County Office of Education
- ASIST will be expanded to train 180 new participants
- Partner with State regarding suicide risk assessment guidelines/requirements for MSW and MFT interns

## IMPLEMENT A COMMUNITY EDUCATION AND INFORMATION CAMPAIGN TO INCREASE PUBLIC AWARENESS OF SUICIDE AND SUICIDE PREVENTION

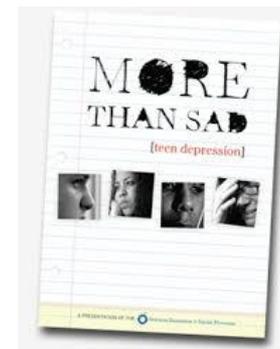
- Suicide Prevention Gatekeeper Workshops
- Mental Health Promotion Trainings
- Capacity Building Initiative
- Mental Health Awareness Month (May 2016)
- Suicide Prevention Week Observance, September 4-9, 2016
- Suicide Prevention Public Awareness Campaign: Research, Planning Implementation and Evaluation



National Conference on Catholic Youth Ministry/Northern California Faith Formation, December 1-3, 2016.



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HEALTH  
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SANTA CLARA COUNTY  
Behavioral Health Services

## PREVENTION GAINS AND ACHIEVEMENTS

- Participated in over 35 mental health promotion and suicide prevention community events
- Conducted over 50 workshops and trainings for over 1400 participants
- Led suicide prevention certifications at 4 Crisis Intervention Team (CIT) trainings reaching over 300 law enforcement officers

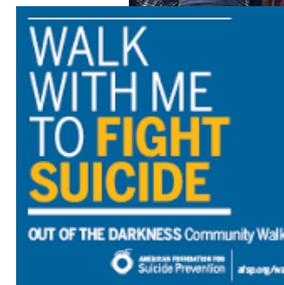
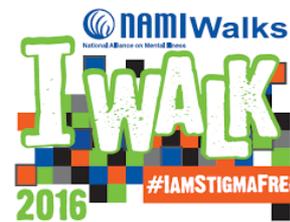
“I now feel more comfortable, knowledgeable and confident in asking the suicide question.”

*San Jose State Nursing Student, 12/1/2016, QPR Gatekeeper Training*

“I’m very pleased on personal and professional levels with the quality of this workshop. I will integrate this model into my professional life. Thank you!” *Psychologist, April 2016, Applied Suicide Intervention Skills Training*

“One of the best, practical and most useful trainings I have been to.” *Momentum for Mental Health Staff, Dec. 2015, SafeTALK*

“It truly is an excellent course for people that work with clients in behavioral health. Even people in other fields should take this course.” *Participant, Sep. 2016, Mental Health First Aid*



## PREVENTION: WORK IN PROGRESS/FUTURE ACTIVITIES

- Develop collaborative efforts with National Alliance on Mental Illness (NAMI) to provide Suicide Prevention Speakers' Bureau continuity ([Engaging People with Lived Experience](#))
- Implement Youth Mental Health First Aid Train the Trainer in partnership with Santa Clara County Office of Education as part of the youth mental health initiative and to support Positive Behavioral Interventions and Supports (PBIS) efforts ([Partnerships and Collaborations](#))
- Continue to provide workshops and trainings on suicide prevention and mental health promotion ([Evidence-based Prevention](#))
- Facilitate mini-grants for community-based agencies to incorporate suicide prevention strategies and to develop suicide prevention policies ([Culturally Competent Approaches](#))
- Provide technical assistance to school districts as a result of SB 2246 (9/2016): address procedures relating to suicide prevention, intervention and postvention ([Safe and Effective Messaging and Reporting](#))



Source: Suicide Prevention Resource Center.

## DEVELOP LOCAL COMMUNICATION “BEST PRACTICES” TO IMPROVE MEDIA COVERAGE AND PUBLIC DIALOGUE RELATED TO SUICIDE

1. Suicide Prevention Communications Workgroup and Selective Prevention\*
2. Maintain Suicide Prevention website
3. Promote Safe Reporting Standards on suicide as well as Safe Messaging Guidelines

### COMMUNICATIONS: GAINS AND ACHIEVEMENTS

1. SP Communications Workgroup provides oversight on the planning and implementation of the sports radio campaign for middle age males (the group with highest suicide death burden and the least to call the crisis hotline)
2. Increased call volume to crisis hotline after KNBR Radio spots
  - Campaign: January 2016 – October 2016 (campaign break in March – April)
  - 30x commercials for 16 weeks

SACS CALLER DATA BY GENDER IN CALENDAR YEAR 2015	JAN	FEB	MAR	APRIL	MAY
Female	72.70%	70.30%	60.97%	62.27%	68.77%
Male	27.30%	29.70%	39.03%	37.73%	31.23%
SACS CALLER DATA BY GENDER IN CALENDAR YEAR 2016	JAN +	FEB +	MAR	APRIL	MAY +
Female	57.63%	57.80%	65.82%	62.23%	58.90%
Male	42.37%	42.20%	34.18%	37.77%	41.10%

+Campaign Launch: Week of 1/4/16, 1/11/16, 2/1/16, 2/8/16, 5/23/16, 5/30/16

\*Selective prevention: strategies target subgroups of the general population that are determined to be at risk for death by suicide

# WWW.SUICIDEISPREVENTABLESCC.ORG

**Help is available!**

**CRISIS LINE**  
(855) 278-4204  
7 Days a Week, 24 Hours a Day

If you or someone you care about is in crisis and needs immediate help, call the Crisis Hotline at 1-855-278-4204.

The phone lines are answered by trained professionals who are available 24/7.

The call is free and confidential.

If emergency medical care is needed, call 9-1-1 or go to the emergency room of the nearest hospital.

*No guy wants to feel weak or look weak. That's why we don't ask for help. So when I was feeling down I kept it to myself. Then the depression got worse. So I talked to a buddy who got me to a website and some counseling. Now I'm taking care of business and feeling much better. I'm still a tough guy, just one who needed a little help.*

**It takes a tough guy to go ask for help. Find your strength and reach out to those who want to listen.**

**LISTEN TO THE RADIO SPOT**   **TALK IT OUT**

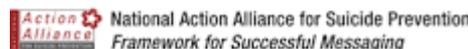
*“It is harder to grapple with standing up for your friend with mental illness than a friend with cancer. There is fear, perhaps blame....”*

*“Sometimes I think guys, we need to be spoken to very directly.”*

According to our participants, “mental illness” carries a much more negative association than depression and suicide. Therapists and therapy are also stigmatized for many. However, advice and help from an “expert” or “professional” is highly valued.

# COMMUNICATIONS: WORK IN PROGRESS/FUTURE ACTIVITIES

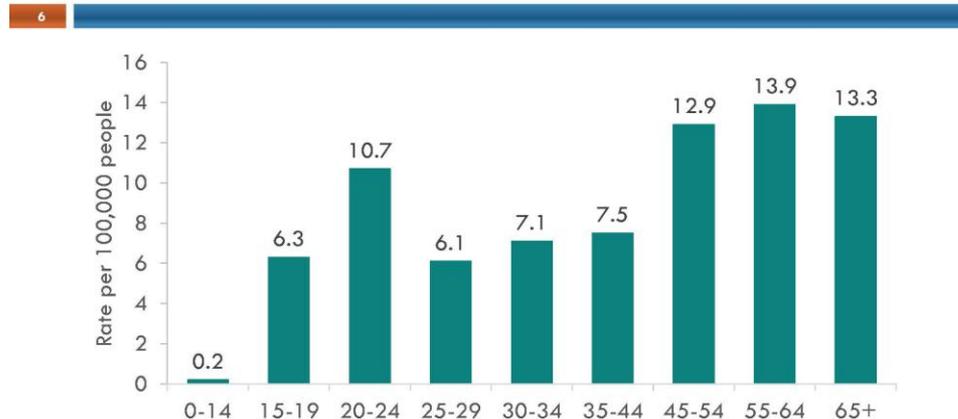
- Coordinate a January 2017 Safe Messaging and Safe Reporting training workshop in collaboration with SAVE.org (Suicide Awareness Voices of Education)
- Continue the Sports Radio (KNBR) campaign for middle age males X4 weeks in January and February 2017
- Finalize and launch Phase III public awareness campaign to increase help seeking behaviors among youth and young adults
  - Preliminary focus group findings are being reviewed for young adults 18-25 years old (Transition-Age Youth) for both heterosexual and LGBTQ youths
- Continue to provide support in communications response to release of Centers for Disease Control and Prevention (CDC)/Substance Abuse and Mental Health Services Administration (SAMHSA) report on youth suicides in Santa Clara County



## ESTABLISH A ROBUST DATA COLLECTION AND MONITORING SYSTEM TO INCREASE THE SCOPE AND AVAILABILITY OF SUICIDE-RELATED DATA AND EVALUATE SUICIDE PREVENTION EFFORTS

- Ongoing Data Workgroup
- Facilitated the partnership with Palo Alto University and Medical Examiner's Office to review all suicide deaths for last 30 years (Michelle Jordan, MD; Joyce Chu, PhD) – a two-year project
- Support the implementation and evaluation of CDC/SAMHSA Recommendations on investigation of youth suicides in Santa Clara County
- Develop a logic model for evaluation of program components

Age-specific rates of suicide deaths, 2010-2014 (pooled)



Source: Santa Clara County Public Health Department, Coroner death data, 2009-2014; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010. State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, January 31, 2013

11/4/2015

# Age-adjusted rate of deaths from suicide by gender, 2009-2014

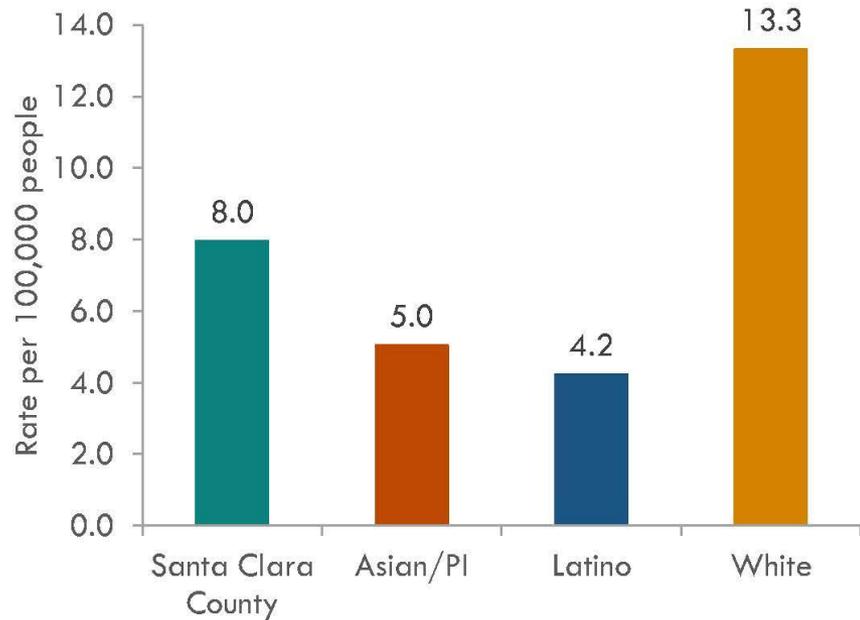
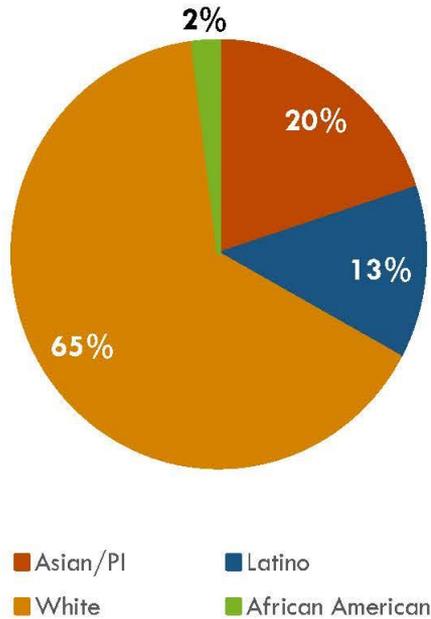
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Source: Santa Clara County Public Health Department, Coroner death data, 2009-2014; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010. Sacramento, California, September 2012 (years 2000-2009); State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, January 31, 2013 (years 2010-2014)

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# Percentage and age-adjusted rates of suicide deaths by race/ethnicity, 2010-2014 (pooled)



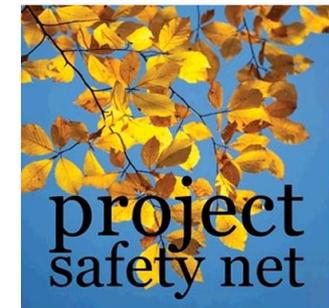
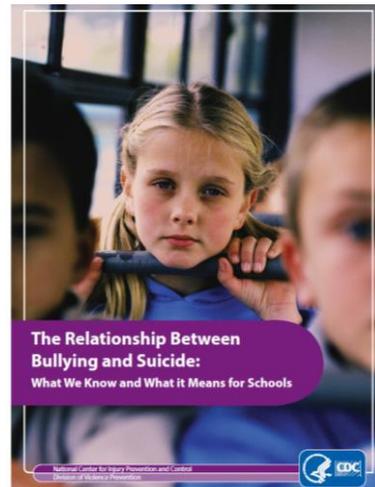
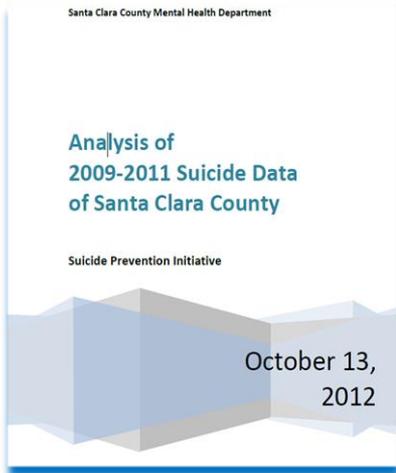
Source: Santa Clara County Public Health Department, Coroner death data, 2009-2014

Source: Santa Clara County Public Health Department, Coroner death data, 2009-2014; State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, January 31, 2013

11/4/2015

## DATA: GAINS AND ACHIEVEMENTS

- Continued partnership with MEC on review of redacted suicide death reports to create annual analysis of suicide deaths in Santa Clara County
- Contributed suicide prevention components to the Child Death Review Team Three-Year Report
- Partnered with local suicide prevention experts on strategic response to CDC/SAMHSA Investigation on Youth Suicides in Santa Clara County, e.g. Project Safety Net, Stanford University



## DATA: WORK IN PROGRESS/FUTURE ACTIVITIES

1. Analysis of 2015 Suicide Death Data (in progress)
2. Program evaluation of all activities (logic model)
3. Review suicide attempt data (ED, epi-center)
4. Review service data for people in system from 5150 holds or Crisis Stabilization, and suicide decedents - by linking them with SCC-VMC data, contracted Community Based Organizations, or California's Office of Statewide Health Planning and Development (OSHPD) data about ED use in other counties
5. Longer term goal: Capacity assessment
6. Partner with Stanford scientists on a preliminary research project to focus on real-time cluster avoidance and an early warning system as prevention mechanisms (Rebecca Bernert, PhD; Steven Goodman, MD)



PILOT PROJECT TO DEVELOP AN INITIAL INFRASTRUCTURE AND DATA MONITORING CENTER FOR THE STUDY AND PREVENTION OF LOCAL SUICIDE CLUSTERS

• PI	Rebecca Bernert, PhD	Psychiatry
• Co-PI	Steven Goodman, MD, PhD	Medicine/DGMD/HRP
• Co-I	Bonnie Halpern-Felsher, PhD	Pediatrics
• Co-I	Natasha Purington, MS	Medicine/QSU

*Drs. Joshi, Gould, Sherry*     *Stanford University, Columbia University, University of Denver*  
*Dr. Cody and Ms. Gloner*     *Santa Clara County Public Health Department, Project Safety Net*

NOVEMBER 15 2016     CENTER FOR POPULATION HEALTH SCIENCES FAST PITCH

# SUICIDE PREVENTION OVERSIGHT COMMITTEE (SPOC)

Joy Alexiou  
**HHS Public Information Officer**

Mandeep Baath, MPH  
**Santa Clara County Public Health Department**

Joyce Chu, PhD (Data Workgroup Co-Chair)  
**Palo Alto University**

Kathy Forward  
**National Alliance on Mental Illness (NAMI)**

Sandra Hernandez, LCSW  
**Division of Integrated Behavioral Health  
Behavioral Health Services Department**

Shashank Joshi, M.D. (Data Workgroup Co-Chair)  
**HEARD Alliance/LPCH/Stanford University**

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

Mary Ojakian, R.N.  
**American Foundation for Suicide Prevention  
Survivor of Suicide Loss**

Victor Ojakian, SPOC Co-Chair  
**Behavioral Health Board  
Survivor of Suicide Loss**

Lauren Olaiz, MPH (Intervention Workgroup Co-Chair)  
**Behavioral Health Services  
El Camino Hospital**

Sara Cody, MD  
**Health Officer, Santa Clara County Public Health Department**

Andrea Flores Shelton  
**Injury and Violence Prevention  
Santa Clara County Public Health Department**

Kenneth Smith, MD. (Intervention Workgroup Co-Chair)  
**Retired Physician, SP Speakers Bureau**

Toni Tullys, MPA, SPOC Co-Chair  
**Director, Santa Clara County Behavioral Health Services**

Evelyn Tirumalai, MPH  
**Suicide Prevention Coordinator (2013 – 2016)**

## **Administrative Oversight**

Toni Tullys, MPA, Director, Santa Clara County Behavioral Health Services Department  
Sandra Hernandez, LCSW, Director, Integrated Behavioral Health Division  
Jeanne Moral, Coordinator, Santa Clara County Mental Health Services Act (MHSA)

## **Suicide Prevention Staff**

Coordinator: Evelyn Castillo Tirumalai, MPH, Liaison to CalMHSA  
Associate Management Analyst – EH: Zinat Mohamed

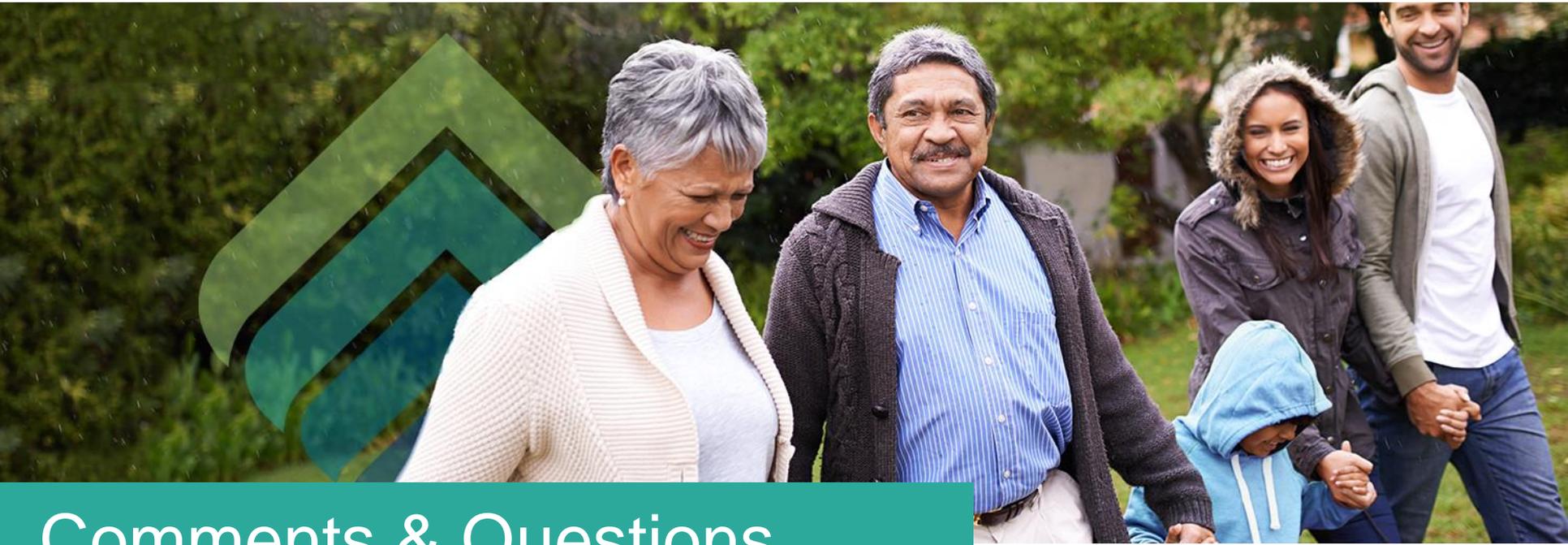
## **Suicide and Crisis Services (SACS) Hotline Staff**

Senior Program Manager: Mikelle Le, LMFT  
Manager: Lan Nguyen, MA  
Volunteer Coordinator: Eddie Subega, LMFT

## **THANK YOU**

**Santa Clara County Board of Supervisors**  
**Santa Clara County Public Health Department**  
**Santa Clara County Health & Hospital System -Valley Medical**  
**Center Public Information Officer**  
**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**

**SUCCESS IS NO ACCIDENT.**  
It is hard work, perseverance,  
learning, studying, sacrifice  
and most of all, love of what you are doing.  
- Pele



# Comments & Questions