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

### YOUTH SUICIDE PREVENTION

- TOTAL IMPRESSIONS/REACH: 3,989,069
  - Facebook: 1,023,210
  - Instagram: 988,311
  - Pandora: 1,834,448
  - NCM (6 theaters): 94,342
  - Screen Vision Media (Morgan Hill theater): 30,000
  - Website hits: 18,758

![Friend Yourself Ad](image)

Advertisement
Skip to Pandora

![Crisis Text Line](image)
Union and Unified districts trained
High school districts trained
MIDDLE-AGED ADULTS SUICIDE PREVENTION

Reach
- 392,200 men, 25-54 yrs
- 346,000 men, 55+ yrs

Impressions (times heard)
- 4.2M, men 25-54 yrs
- 3.1M, men 55+ yrs
SUICIDE PREVENTION ACROSS LIFESPAN

Means of Suicide Deaths, 2015

- Hanging/suffocation
- Firearm
- Train collision
- Poisoning
- Jumping
- Other
- Cutting/stabbing
- Vehicle collision
- Drowning

- **SACS**: 21,434 calls received through October; joined National SP Lifeline

- **Older adults** FY18 information-gathering: data review, focus groups, outreach
Death occurs

First responders attend to death, e.g. police, sheriff

Coroner notified; ruled suicide

SACS notified

SP team notified

SP sends letter of support/notifies community institution, if identifiable

CDRT sends letter to next-of-kin (youth only)

SACS sends condolences letter inviting to SOS support group (SCC only)
## DATA COLLECTION AND MONITORING SYSTEM

Data Workgroup: Assessing progress, opportunities, gaps in establishing data monitoring and evaluation system

<table>
<thead>
<tr>
<th>Data</th>
<th>Palo Alto University (PAU) &amp; Medical Examiner study of suicide deaths across demographic groups: IRB approval obtained; data entered and cleaned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stanford study of suicides along railway corridor: IRB approval obtained; community forum held in Nov 2017</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Process evaluation and cultural competency review in progress by PAU</td>
</tr>
<tr>
<td></td>
<td>Incorporating/improving evaluation for all activities, electronic when possible</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS

1. Grow/strengthen program to more comprehensively *serve* population across the lifespan

2. Continue supporting efforts to *strengthen services/continuum of care*

3. Strengthen *primary prevention* efforts by incorporating upstream, public health strategies that focus on building resilience, improving environments

4. Focus on *sustainability of efforts*, namely through capacity-building

5. Ensure all SP efforts are *culturally competent*

6. Move towards *regular/continuous program monitoring and improvement*