Contra Costa Countywide Suicide Prevention Strategic Plan 2022

Contra Costa County Suicide Prevention Coalition





THERE IS HOPE, AND THERE IS HELP











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Are you concerned for someone else?

Pain isn't always obvious. Reach out to someone you are concerned about if you observe one or more of these warning signs, especially if the behavior is new, has increased or seems related to a painful event, loss, or change.

Warning signs to look for:

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- · Feeling hopeless, desperate, trapped
- · Giving away possessions
- · Putting affairs in order
- · Reckless behavior

- · Uncontrolled anger
- · Increased drug or alcohol use
- Withdrawal
- · Anxiety or agitation
- · Changes in sleep
- · Sudden mood changes
- · No sense of purpose

If you are concerned about someone, trust your instincts. Reach out and ask:

"Are you thinking about suicide?"

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at 800-273-8255 (TALK) at any time for assistance or call 9-1-1 for life-threatening emergencies.

If you are concerned about someone, trust your instincts. Reach out and ask a direct question:

"Are you thinking about suicide?"

Talking about suicide does not put the idea in someone's head and usually they are relieved. Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at 800-273-8255 (TALK) at any time for assistance or call 9-1-1 for life-threatening emergencies.

GET HELP NOW

Trained support is available 24 hours a day, 7 days a week

Contra Costa Crisis Center (24/7)

1-800-833-2900

211 online resources

Text HOPE to 20121

Behavioral Health Access Line (24/7)

1-888-678-7277

National Suicide Prevention Lifeline (24/7)

1-800-273-8255 (1-800-273-TALK)

Text TALK to 741741

La Red Nacional de Prevención del Suicidio (24/7)

1-888-628-9454 (in Spanish)

- **9 8 8** for the new three-digit National Mental Health Crisis Line (24/7)
- 9 1 1 for life threatening emergencies





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INTRODUCTION

Every day in Contra Costa County, there are friends, family, and coworkers who struggle with emotional pain. And, for some, it's too difficult to talk about how they're feeling, thoughts of suicide, and the need for help. We can all play a role in suicide prevention by learning the warning signs, finding the words to start a conversation, and reaching out to local resources.

The need for behavioral health services has increased as a result of the COVID-19 Pandemic and other societal traumas we've experienced in recent years [1]. The lives lost, persistent fear, economic uncertainty, and forced isolation related to the pandemic have exacerbated the pre-existing stressors we all already faced.

The pandemic is not the only challenge to our community's wellbeing. Racial trauma, a polarizing political climate, the darker sides of social media, and mismanagement of technology all contribute to the stress and uncertainty many in our community face [2, 3, 4]. Suicide and its impact transcends socioeconomic status, age, gender, and ethnicity. However, the BIPOC and AAPI communities, as well as our youth, have been the most impacted by both historical and recent societal traumas [5, 6]. In California, rates of suicide within these groups has increased since the start of the pandemic [7].

Prolonged sustained stress can become detrimental to our wellbeing and increase the risk for mental and physical health problems. As we work together to address the crises that our society faces today, proactive measures to address the rise in mental health concerns is necessary to prevent future suicidal behavior.

Suicide can be prevented if we <u>Take Action</u> together. You are not alone. Staff at the Contra Costa Crisis Center are available 24/7 to support you or a loved one by calling 988 or texting HOPE to 20121.





EXECUTIVE SUMMARY

The following Countywide Suicide Prevention Strategic Plan is intended to provide a broad audience with resources and strategies to prevent suicide in Contra Costa County. This document is intended to empower all of us to collectively know the signs, reduce stigma, and get support for anyone in need.

Within this document you will find:

- Theoretical frameworks from which we can better understand and address suicide as a Public Health issue.
- Suicide data specific to Contra Costa County to better understand its impact.
- Countywide goals and objectives poised to equip our community with a roadmap for action.
- Information on warning signs, helpful responses to someone in crisis, and resources for support.

Our hope for this plan is to foster public and private partnerships and make the issue of suicide a priority. Everyone can play a part, from family members to community leaders to policy makers; each person has an important role in preventing suicide. For Contra Costa County, we call to action our Health Services Department, public officials, the private health providers and hospitals, community-based organizations, professionals involved with public policy, and individuals within our community to bring about the changes necessary to address this devastating community health issue.

Funding for the planning and research of this Suicide Prevention Strategic Plan has been made possible through the Mental Health Services Act (MHSA). The MHSA community planning process in Contra Costa County identified suicide prevention as one of the major areas of focus for our Prevention and Early Intervention Plan. It is with great anticipation that this plan will motivate others to build on the foundation of work established by the dedicated efforts of the Suicide Prevention Coalition.

WORKING TOGETHER, WE CAN RAISE AWARENESS AND PREVENT SUICIDE.

PLAN DEVELOPMENT

In 2018, Contra Costa County's Suicide Prevention Coalition began work with the <u>California Mental Health Services</u>

<u>Authority</u> (CALMHSA) and the <u>Know the Signs Campaign</u> to help focus the Coalition's efforts and create an update to the countywide Suicide Prevention Strategic Plan, which was last written in 2013.

In February 2021, <u>California's Mental Health Services Oversight and Accountability Commission</u> (MHSOAC) launched the <u>Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative</u>. The Learning Collaborative builds on a previous Learning Collaborative offered by CALMHSA's technical assistance team. Implemented by the Your Social Marketer technical assistance team, the Learning Collaborative is guided by the <u>Strategic Planning Approach</u> from the <u>Suicide Prevention Resource Center</u>. These meetings and webinars served to advance Contra Costa County's local strategic planning and implementation in alignment with strategic aims, goals, and objectives set forth in <u>California's Strategic Plan for Suicide Prevention</u>, <u>Striving for Zero</u>.

Members of the <u>Contra Costa County Suicide Prevention</u>
<u>Coalition</u> demonstrated their commitment to reducing suicide by contributing time, talent, and the invaluable lessons of lived experience, to the creation of this Suicide Prevention Strategic Plan. It is with sincere gratitude that we acknowledge the valued partnership and imperative feedback from Coalition members that supported the development of this plan.



STRIVING FOR ZERO: CALIFORNIA'S SUICIDE PREVENTION PLAN IS FRAMED BY FOUR STRATEGIC AIMS.

California's Mental Health
Services Oversight and
Accountability Commission was
directed by the Legislature to
develop a new suicide
prevention plan for the state.
Striving for Zero: California's
Strategic Plan for Suicide
Prevention 2020–2025 was
adopted in November 2019 and
can be viewed or downloaded in
English and Spanish.

STRATEGIC AIM 1:

Establish a Suicide Prevention Infrastructure

STRATEGIC AIM 2:

Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness

STRATEGIC AIM 3:

Increase Early Identification of Suicide Risk and Connection to Services Based on Risk

STRATEGIC AIM 4:

Improve Suicide-Related Services and Supports



COMMUNITY ENGAGEMENT

The Contra Costa County Suicide Prevention Coalition is an interagency countywide collaborative of dedicated individuals who meet on a monthly basis. Membership is open to the public and is comprised of those who represent our diverse community such as individuals with lived experience, survivors of suicide loss, the LGBTQ community, and providers from various sectors, including school-based, hospital-based, behavioral health care, law enforcement, public health, the Office of Education, Veterans Administration, Crisis Services, peer-led organizations, and community-based organizations. Meetings include speakers, presentations, collaboration, and information and resource sharing. Throughout the development of this strategic plan, Coalition members and attendees provided insight and feedback.

In 2021, a youth-focused sub-committee re-launched to address the ever-growing need to support the wellness and mental health of our community's youth. This sub-committee meets quarterly to bring together youth, school staff, wellness professionals, community-based organizations, and anyone interested in youth wellness. The meetings are a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

Contra Costa County Suicide Prevention Coalition Mission and Strategies:

- Decrease suicide attempts and deaths by collaboration, advocacy, education and training
- Increase wellness, public awareness and community responsiveness
- Provide support and education to survivors, families and loved ones
- Recommend specific steps for implementing the strategies of the Suicide Prevention Strategic Plan to the Health Services Department

-DRAFI-

EVENTS AND ACTIVITIES

SEPTEMBER 2018

Hosted a public screening of the documentary film The S Word. The community event was held at the Board of Supervisors chambers in downtown Martinez and included a Q & A session with the film director and one of the featured stars, both of whom are suicide loss or attempt survivors.

INTERNATIONAL SURVIVOR OF SUICIDE LOSS DAY (2018, 2019)

Along with the American Foundation for Suicide Prevention, the Contra Costa Crisis Center has co-hosted a local version of this international event on the Saturday before Thanksgiving for loss survivors to come together to honor loved ones lost to suicide.

SEPTEMBER 2019

Hosted a Suicide Prevention Community Forum. The event had over 110 attendees and featured multiple guest speakers, and small group breakout discussions.

SEPTEMBER 2021

Hosted a Suicide Prevention Community Forum on Youth and Suicide. The event had over 130 attendees and featured multiple guest speakers, and small group breakout discussions. The 2021 Suicide Prevention Report was distributed at this event.

Through targeted small group discussion at the 2019 and 2021 Suicide Prevention Community Forums, the Coalition was able to generate instrumental input from participants. These insights helped the Coalition in the development of this plan by identify community resources, ways to promote community wellness, and prioritization of needs and services to support suicide prevention. Participants included representatives from:

- Local Law Enforcement
- Emergency/Crisis Responders
- Mental Health Providers (public and private sector)
- Community & Family Members
- School Based Providers

- Healthcare Workers
- Public Health Department
- Office of Education
- Advocacy Groups
- Board of Supervisors



UNDERSTANDING SUICIDE AND INTERVENTION

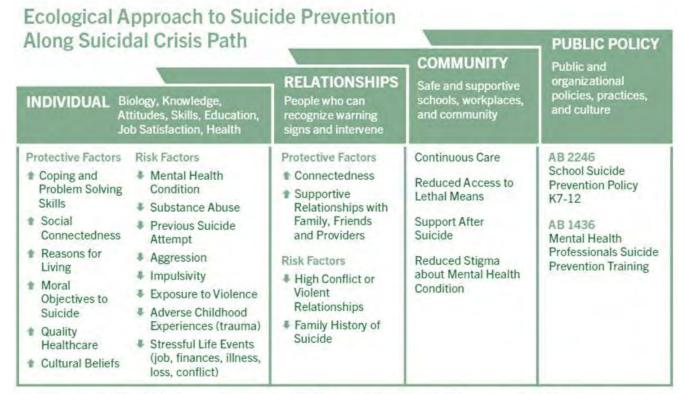
To address Suicide Prevention as a public health issue, Contra Costa County's Suicide Prevention Strategic Plan is guided by three frameworks:

frames risk and protective factors of suicide

Social Crisis Path Model frames suicidal behavior

frames a continuum of interventions informed by suicidal behavior, risk factors and protective factors

THE SOCIAL-ECOLOGICAL MODEL explores the relationship between an individual, his/her/their environment, and the social systems that influence everyday life. This Framework was originally created by the Centers of Disease Control and Prevention and researched in the suicide prevention contact by Robert J. Cramer and Nestor D. Kapusta [8]. The table below includes a modified summary of Cramer and Kaputsa's research on suicide risk and protective factors. Please note the risk and protective factors may increase or decrease risk of suicide but do no necessarily predict or lead to suicide.



Individual, Interpersonal, and Community Level Stressors and Supports

Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc

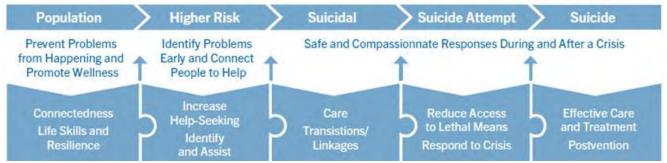
The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach to suicide prevention includes a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes.

THE SUICIDAL CRISIS PATH MODEL helps conceptualize a public health approach within the context of an individual's suicidal experience. It provides a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway. For example, at the population level we can enhance life skills and coping skills to increase protective factors

The following nine strategies adapted from the Suicide Prevention Resource Center (SPRC) form a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

- Enhance Life Skills and Resilience
- Promote Social Connectedness and Support
- Increase Help-Seeking
- Identify and Assist Persons at Risk
- Ensure Access to Effective Mental Health and Suicide Care and Treatment
- Respond Effectively to Individuals in Crisis
- Support Safe Care Transitions and Create Organizational Linkages
- Provide for Immediate and Long-Term Postvention
- Reduce Access to Lethal Means and Promote Means Safety

CONTINUUM OF INTERVENTIONS: When combining the SPRC's Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective.



The Suicidal Crisis Model along the Continuum of Interventions. Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc. Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County's Community-Based Suicide Prevention Strategic Plan, 2018

As the graph to the right indicates, rates of suicide in Contra Costa County have remained relatively stable. However, even one death is too many. It is our aim to learn more from the data we've collected, as well as implement more effective strategies for data collection, to help inform targeted activities for Suicide Prevention.

2018-2020 Contra Costa Suicide Rate Per 100,000 Residents: 9.8

2018-2020 Contra Costa Self-Harm Rate Per 100,000 Residents: 73.3

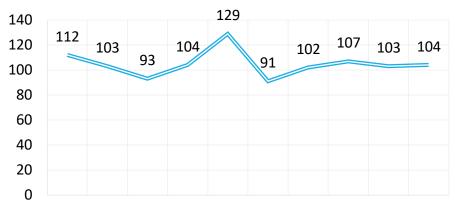
Out of 58 counties, Contra Costa ranks 45th for highest rate of suicides during 2018-2020.

Out of 58 counties, Contra Costa ranks 50th for highest rate of self-harm ED visits during 2018-2020.

Source: California Department of Public Health

Suicide in Contra Costa County

NUMBER OF DEATHS BY SUICIDE CONTRA COSTA COUNTY: 2012-2021



2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

Source: Contra Costa County Coroner's Office

Data used to support this plan comes from a variety of sources. However, most of the information provided here, and in the Supplementary Data Document, come from a deep dive into the records from the Coroner's Office conducted in 2018.

Currently, there are limitations to our what the data can tell us. Inconsistencies between approaches to data collection from various sources, and a primarily post-suicide-loss vantage point, creates discrepancies and gaps in what we know about suicide in our county. An integrated infrastructure for data collection could mitigate these limitations.



Contra Costa County Coroner's Office Data Deep Dive 2012-2018: Trends at-a-glance

Race/Ethnicity

Of those who die by suicide, most are white

Youth

- Rates of depression and suicidal ideation are higher amongst female youth than male youth
- Rates of suicidal ideation are higher amongst LGBTQ youth than youth who don't identify as LGBTQ
- 20% of students think about suicide
- 30% of students express chronic depression

Gender

- Males die by suicide at higher rates than females
- Females attempt suicide at higher rates than males

Age

- Of those who die by suicide, most are between 41-60 years old
- However, from 2012-2018, deaths for 40–59year-olds declined, and for 0-39-year-olds increased

Means

- Leading means of death are firearms and hanging
- Numbers of deaths by poisoning are close to deaths by hanging, but numbers of attempts by poison is much higher

Veterans

- Majority of suicide deaths amongst veterans are 60+ years old
- Majority of suicide deaths amongst veterans are completed with firearms

Source: Contra Costa County Coroner's Office 2018

PRIORITY POPULATIONS

Suicide is a complex phenomenon. Some populations have an elevated risk compared to the general population. It is therefore important to keep these groups in mind when selecting strategies to ensure representation from these groups, sensitivity to their unique cultural needs, and that programs and interventions are tailored appropriately. In adherence with out CLAS values and existing research on suicide the following populations were identified for priority

LGBTQ

Older Adult

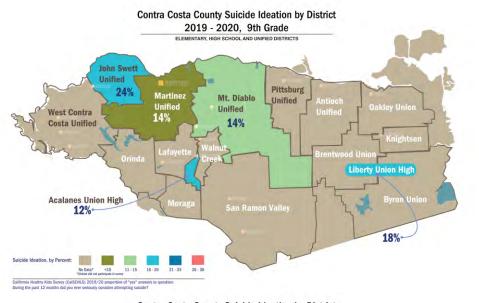
Youth

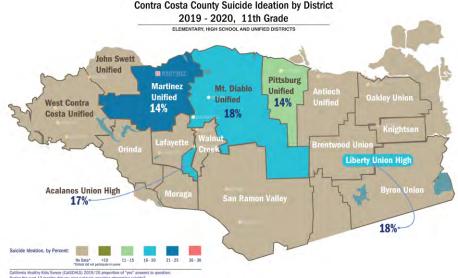
Veterans

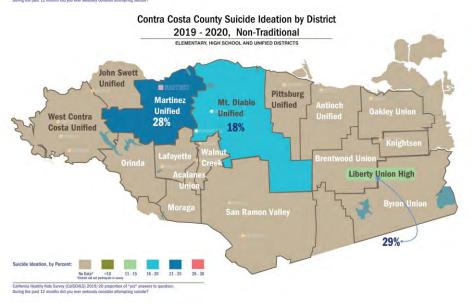
Middle-aged White Males

Trauma Exposed

Those experiencing mental illness







Youth and suicide

The California Healthy Kids Survey (CHKS) is a tool supported by the California Department of Education to help districts meet priorities to improve school climate, pupil engagement, parent involvement, and academic achievement. The survey aims to assess school climate and safety, student wellness, and youth resiliency. Within the Substance Use and Mental Health Domain, student were asked, "During the past 12 months, did you ever seriously consider attempting suicide?"

Findings for Contra Costa County are limited by lack of data from many districts. However, what was collected indicated:

- 20% of students think about suicide
- 30% of students express chronic depression
- Groups most vulnerable to experiencing suicidal ideation are:
 - Those who identify as female
 - Those who identify as LGBTOI+
 - Those who identify as having "other" living arrangements









Reaching out for support

Per the Contra Costa Health Services 2021 Annual Report:

About one in five adults in Contra Costa County are struggling with behavioral health issues.

Experts at Crisis Now, a nationally recognized organization, estimate that based on our population here in Contra Costa, there will be 28,800 acute crisis episodes every year.

When we look at where those calls may be going now, we know that in 2019, approximately 13% or 14,000 of Contra Costa County's 108,000 emergency medical calls were related to behavioral health.

Other places where residents are seeking help include Psychiatric Emergency Services, hospital emergency rooms, and Behavioral Health.

- The Mobile Crisis Team (MCRT) (serving adults) receives about 1,600 calls per year.
- The Mobile Response Team (MRT) (serving youth) <u>receives</u> about 1,000 calls each year.
- ❖ Each month, the Contra Costa Crisis Center <u>receives more than</u> 3,000 calls from County <u>residents</u> who need help.

Everyday, residents of Contra Costa County are reaching out to local resources for support. The below table shows some of the help-seeking actions people are taking to support their wellness and safety.

	2017	2018	2019	2020
Crisis Calls made to the Contra Costa Crisis Center*	16,342	20,092	21,265	24,903
Psychiatric Emergency Services Visits for Suicide Ideation or Attempts	3,789	3,868	3,973	2,673
Inpatient Admissions after Suicide Ideation or Attempt**	439	359	326	316

Source: Contra Costa County Behavioral Health and Contra Costa Crisis Center

- * Crisis Line data is based on Fiscal Years 17/18, 18/19, 19/20, 20/21.
- ** Inpatie The is in a flects admissions at county-affiliated facilities of the faci

Our County Plan includes a comprehensive approach that will have the greatest potential to reduce suicide risk in our county. Our plan includes strategies and objectives for before, during, and after a crisis, as well as goals for data collection and evaluation. These goals are aligned with Striving for Zero, with an emphasis on strategies that are best suited to meet the needs of our communities. They include strategies that will reach as many county residents as possible with education about warning signs and how to help, as well as strategies that will focus on residents who are at disproportionate risk of suicide and provide support and healing to those who are impacted by suicide

Contra Costa County has identified six primary focus areas and seventeen goals for suicide prevention.

Focus Area One: Leadership, Data Collection And Evaluation

- 1) Provide Suicide Prevention Leadership
- 2) Renovate Data Collection Strategies
- 3) Provide Opportunities for Feedback From the Community

Focus Area Two: Education, Training And Outreach

- 1) Develop and Implement a Training Plan
- 2) Launch a Wellness and Suicide Prevention Social Media and Outreach Campaign
- 3) Promote Resiliency and Connectedness

Focus Area Three: Youth Suicide Prevention

- 1) Support Schools with Suicide Prevention Policies and Practices
- 2) Foster Resilience and Connectedness by Growing the Youth Suicide Prevention Subcommittee
- 3) Educate Parents

Focus Area Four: Crisis Response And Continuity Of Care

- 1) Increase Access to Mental Health Services
- 2) Coordinated Approach to Screening, Risk Assessment and Safety Planning
- 3) Support Individuals After a Suicide Attempt
- 4) Promote Crisis Resources

Focus Area Five: Means Restriction

- 1) Partner with Pharmacies
- 2) Promote Firearm Safety
- 3) Provide Counseling on Access to Lethal Means Trainings

Focus Area Six: Support After A Suicide Loss

1) Promote Existing Support Groups and Postvention Services

Focus Area One: Leadership, Data Collection and Evaluation

Contra Costa County has identified three primary strategies for Suicide Prevention Leadership, Suicide Data Collection and Evaluation: 1) Provide Suicide Prevention Leadership, 2) Renovate data collection strategies, and 3) Provide opportunities for feedback from the community.

PROVIDE SUICIDE PREVENTION LEADERSHIP

Suicide is a complex problem, and no single agency or sector can solve this complex issue alone. However, a diverse coalition that is representative of public and private agencies and stakeholders in the community can provide ongoing feedback and support and guide the implementation of the strategies and objectives set forth in this plan.

Goal: Maintain a broad-based Suicide Prevention Coalition that provides leadership and supports the partnerships that are necessary to reduce suicidal behavior in our county.

Objectives:

- Convene a suicide prevention coalition on a regular basis.
- Review membership to identify individuals and organizations that are missing at the table and invite them to join.
- ❖ Identify how individuals and agencies represented by the coalition can work together to implement strategies within the plan.
- * Establish processes to review progress of strategies outlined in the plan to ensure the plan is being implemented as intended and to modify strategies as needed.
- Integrate suicide prevention into existing initiatives and establish linkages with other coalitions and agencies for collective impact.

Join the Contra Costa County Suicide Prevention Coalition Email jhunt@cchealth.org to join the Coalition and receive information about Mental Health and Suicide Prevention in Contra Costa County

Leadership, Data Collection and Evaluation, continued

RENOVATE DATA COLLECTION STRATEGIES

Goal: Develop a Data Review Committee that meets on a quarterly basis.

It is our aim that this team consists of staff from the CCBHS Informatics team, the CCBHS MHSA team, as well as representatives from the Public Health Department, the Coroner's Office, the Contra Costa Crisis Center, the US Department of Veteran Affairs, County and other local hospitals, and local stakeholders.

Objectives:

- Coordinate data collection processes.
- Identify trends that will inform future behavioral health programming.
- Identify gaps in current data gathering strategies.
- ❖ Identify funding and coordinate logistics for the development of an integrated digital infrastructure that will house all suicide related information collected throughout the county to streamline the identification of vulnerable communities and implement policies and programming accordingly.
- ❖ Identify strategies for collecting data on suicide death, suicide attempts, suicide ideation as well as risk and protective factors.
- Apply safe and effective messaging to any public-facing data reports.
- Identify strategies to evaluate suicide prevention efforts.

GATHER FEEDBACK FROM THE COMMUNITY

Goal: Provide opportunities for community feedback with emphasis on populations at disproportionate risk for suicide in our county.

Objectives:

- Distribute surveys via Survey Monkey to the general public eliciting feedback on how the community views Contra Costa County's Suicide Prevention efforts and request input on future endeavors.
- Continue to host Community Forums as part of MHSA's Community Program Planning Process (CPPP), encourage participation from local stakeholders and integrate feedback on suicide prevention efforts.
- Identify culturally appropriate strategies to obtain input from vulnerable populations and those whose primary language is not English, as well as community members at disproportionate risk for suicide.

Focus Area Two: Training, Education and Outreach

TRAINING AND EDUCATION

Goal: Develop and implement a training plan that prepares the community and providers to recognize and respond to suicide risk.

Objectives:

- Assess current training opportunities, models, and gaps and develop a comprehensive training plan for organizations within our county.
- Provide training to community groups on the prevention of suicide. Prioritize training on recognizing and responding to suicide risk within key settings such as workplaces, schools, youth-serving programs, older adult residential living facilities, and senior services programs and for non-clinical audiences including but not limited to school-based staff, non-clinical health staff, law enforcement, community members, and historically marginalized communities.
- Increase trainings and informational campaigns aimed at raising awareness about the impact of Social Trauma on Mental Health and Wellness.
- * Explore training formats that are infused with cultural norms of underserved and at-risk populations.
- Increase the number of behavioral health clinicians that are trained in recognizing, assessing and managing suicide risk, and create a directory of these providers to facilitate access.
- Train health and behavioral health care providers to deliver lethal means counseling to individuals who are at risk of suicide or who have been discharged from a health care or other setting after a suicide attempt, and their family members and caregivers.

Learn more about trainings through the Contra Costa Crisis Center

Visit CCCC's <u>Training and Education Website</u> and fill out the form provided Or reach out directly at:

LukeK@crisis-center.org, or (925) 939-1916.





















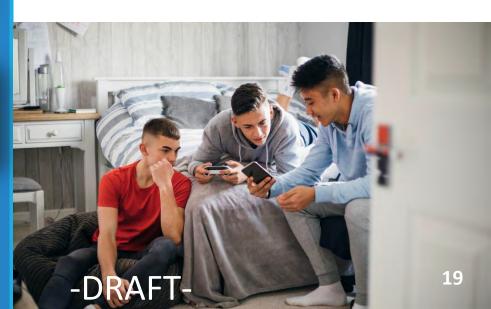
Training, Education and Outreach, continued

OUTREACH

Goal: Increase early identification of suicide risk by preparing Contra Costa community members to know the warnings signs for suicide and how to offer support.

Objectives:

- Launch a Wellness and Suicide Prevention Social Media Campaign on all Contra Costa County Health Services social media platforms informing the public about warning signs, and strategies for support, and resources.
- Extend the social media campaign to additional avenues of outreach to connect with populations who do not traditionally engage with social media.
- Increase use of effective messaging around suicide prevention by sharing best practices with media and community spokespeople.



Focus Area Three: Youth Suicide Prevention

SUPPORT SCHOOLS WITH SUICIDE PREVENTION POLICIES AND PRACTICES

Assembly Bill 2246 and 1767 mandate that all public-school districts in California, including charter schools, must develop policies, practices and procedures related to suicide prevention for students in elementary, middle school and high school.

Goal: In partnership with the <u>Contra Costa County Office of Education (CCCOE)</u>, support the 18 school districts and county-approved charters in the development and implementation of comprehensive policies for suicide prevention, intervention and postvention.

Objectives:

- Offer training for Youth Mental Health First Aid.
- Facilitate the distribution of LivingWorks online training at no cost to districts.
- Support school districts to enhance Social Emotional Learning (SEL).
- Provide site-based MTSS training and trauma-informed practices training to support a positive school climate for all learners.
- Support the CCCOE's Wellness in Schools Program (WISP) to develop new and bolster existing Wellness Programs in our public schools.
- * Encourage participation of education partners in the countywide Suicide Prevention Coalition and its Youth Sub-Committee.
- Offer trainings and supports to districts and schools to support staff (certificated, classified, volunteer, etc.) trainings, risk assessments, linkage with resources, re-entry protocols after hospitalization or suicide attempt, youth engagement and parent/family engagement.
- Equity, inclusion, and diversity: Promote programs that increase protective factors and decrease risk factors for suicide on campus, including peer-based clubs and approaches.
- Offer trainings and support to schools in the development of postvention plans and policies in the event of a suicide loss within the school community.
- Promote the no-cost Directing Change youth suicide prevention program to schools in Contra Costa County to prepare young people to recognize signs of suicide and how to offer support.
- Continue to ensure that Contra Costa Crisis Line or other resources (Teen Line, Trans Line) is included on all student ID cards and positioned to remain visible even if card is punched.







Youth Suicide Prevention, continued

GROW YOUTH SUICIDE PREVENTION SUB-COMMITTEE

The Youth Suicide Prevention Sub-Committee offers a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

Goal: Promote resilience and connectedness by growing the Youth Suicide Prevention Committee.

Objectives:

- Recruit youth participation in youth suicide prevention activities.
- Provide mentorship and youth development opportunities.
- Support youth in establishing an annual priority activity that will support Contra Costa youth suicide prevention efforts.

EDUCATE PARENTS

Goal: Increase parental awareness of the warning signs of suicide and how to support youth.

Objectives:

- Host annual Suicide Prevention 101 webinar for parents in English and in Spanish.
- * Coordinate with school districts and PTAs to include educational material and resources in their ongoing correspondence with parents.
- Provide information to parents on best practices and guidelines for social media and technology use.

Join the Youth Suicide Prevention Sub-Committee

Email <u>jhunt@cchealth.org</u> to join the committee and receive information about youth Mental Health and Suicide Prevention in Contra Costa County

Focus Area Four: Crisis Response and Continuity of Care

INCREASE ACCESS TO MENTAL HEALTH SERVICES

Goal: Promote mental health services.

Objectives:

- Offer behavioral health services and continue to work towards greater ease of access to behavioral health services.
- Offer behavioral health and social support services for identified vulnerable populations throughout the county.

COORDINATED APPROACH TO SCREENING, RISK ASSESSMENT AND SAFETY PLANNING

Goal: Promote a coordinated approach to and use of best practices for risk assessment and safety planning and promote a coordinated approached to suicide assessment and screening.

Objectives:

Identify and promote best practices such as screening, risk assessment, and safety planning in key settings such as mental health, substance use, health care, schools, hospitals, law enforcement and more.

SUPPORT INDIVIDUALS AFTER A SUICIDE ATTEMPT

Goal: Support individuals after a suicide attempt.

Objectives:

- Explore partnerships with Contra Costa hospitals and other in-patient settings to review existing suicide prevention efforts and discharge protocols.
- Continue coordination between CCBHS and the Contra Costa Crisis Center in the implementation of a Follow-Up Program for individuals after a suicide attempt.
- Create a suicide attempt survivor support group.

Crisis Response and Continuity of Care, continued

PROMOTE CRISIS RESOURCES

Goal: Promote crisis resources and continuity of care.

Objectives:

- Promote and expand existing crisis response services and initiatives in Contra Costa County.
- Promote crisis lines and warm lines.

Crisis Resources in Contra Costa County

<u>Seneca Family of Agencies Mobile Response Team (MRT)</u> provides youth and families with sameday, mobile crisis-intervention when and where they are experiencing a mental health crisis.

The <u>Mobile Crisis Response Team (MCRT)</u> provides adults with same-day, mobile crisis-intervention when and where they are experiencing a mental health crisis. MCRT is in the process of expanding into the <u>A3 Community Crisis Initiative</u> which provides timely and appropriate access to behavioral health crisis services to anyone, anywhere, at anytime. The program connects people in crisis with the care they need in the moment and reduces intervention by local law enforcement where clinical expertise is more appropriate.

988 is the newly designated three-digit dialing code that routes callers to the National Suicide Prevention Lifeline. When people call, text, or chat 988, they are connected to trained counselors within the existing National Suicide Prevention Lifeline network. People can also contact the Contra Costa Crisis Center directly by calling 211 or 800-833-2900 or text 'HOPE' to 20121. These numbers provide 24/7 support an access to comprehensive social and health services.

<u>Psychiatric Emergency Services (PES)</u> provides emergency psychiatric evaluation/treatment to people who present an imminent danger to self, danger to others, grave disability or mental health crisis. In collaboration with CCHS/BHS, the Contra Costa Crisis Center now operates a new Suicide Prevention Follow Up Program for patients with suicidal ideation being released from PES. The program increases linkages and reduces service gaps by offering immediate 24/7 support from counselors who are trained in providing crisis and suicide assessment and intervention.

Focus Area Five: Means Restriction

Partner with Pharmacies

Goal: Create safe environments by reducing access to lethal means.

Objectives:

❖ Conduct Pharmacists as Gatekeepers in Suicide Prevention trainings. Pharmacists are situated in a unique position to support those in need by recognizing potential signs of suicide or being a resource for individuals seeking help.

Promote Firearm Safety

Goal: Create safe environments by reducing access to lethal means.

Objectives:

Provide information and conduct trainings for gun retailers, range owners, and their employees on how to incorporate suicide prevention in firearm safety practices.

Provide Counseling on Access to Lethal Means Trainings

Goal: Develop and implement a training plan that supports reducing access to lethal means.

Objectives:

Promote trainings such as Counseling on Access to Lethal Means to mental health, substance use and health care providers.



Focus Area Six: Support After Suicide Loss

PROMOTE EXISTING SUPPORT GROUPS AND POSTVENTION SERVICES

Postvention is defined as an organized response after a suicide death with the goals to promote healing and provide support to individuals, organizations, and communities impacted by suicide death. Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors.

Goal: Offer and promote support services after a suicide loss and reduce the amount of time between suicide loss and bereavement services.

Objectives:

- Continue to offer and promote the availability of suicide bereavement support programs that are available.
- Promote the Mobile Grief Response Team.
- Increase the number of mental health providers and counselors that are skilled and trained in offering suicide bereavement services and create a directory of these providers to facilitate access.
- Develop a coordinated community postvention plan and partner with specific settings such as schools and workplaces to develop setting-specific postvention response plans.

Postvention Support in Contra Costa County

<u>The Contra Costa Crisis Center</u> provides group grief support and counseling to adults, teens, and children mourning the death of a loved one. Various grief support groups offered throughout the year include:

- Survivors After Suicide Loss Group
- Parents Who Have Lost a Child Group
- General Bereavement Support Group
- Partner/Spouse Loss Group

The Contra Costa Crisis Center also provides mobile grief response to schools or community agencies after a suicide, sudden, or traumatic death of a student or employee.

KNOW THE SIGNS

Recognizing the signs someone is in crisis: Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speakup. Talking about wanting to die or suicide Increased drug or alcohol use Looking for a way to kill themselves ■ Withdrawal Feeling hopeless, desperate, trapped Anxiety or agitation ☐ Changes in sleep Giving away possessions Putting affairs in order Sudden mood changes Reckless behavior ■ No sense of purpose Uncontrolled anger For additional information visit:

FIND THE WORDS

WWW.SUICIDEISPREVENTABLE.ORG

"Are you thinking about suicide?" Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important. Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk. Give yourself plenty of time Mention the warning signs you have seen Ask directly about suicide Listen and let the person speak freely Let them know you care and want to help Have resources handy Asking about suicidal thoughts does not put the idea in someone's head and usually they are relieved.

REACH OUT

Community and National Resources for All
Click The Icon To Be Directed To The Website Or Scan The OR Code



Contra Costa Crisis Center: Dial 988 or Text HOPE to 20121 (Available 24/7)





211 Information and Referral Database: Dial 211





988 Suicide & Crisis Lifeline (formerly, the National Suicide Prevention Lifeline): Dial 988, 1-800-273-8255, or Text TALK to 741741 (Available 24/7)





La Red Nacional de Prevención del Suicidio: Marque 1-888-628-9454 (Disponible 24/7)



Behavioral Health Access Line: Dial 1-888-678-7277



A3 Anyone Anywhere Anytime Community Crisis Response: Dial 1-833-443-2672

REACH OUT

Resources for Youth and Transitional Age Youth (TAY, Aged 16-25):

Click the icon to be directed to the website



Seneca Mobile Crisis Response Team: Serving 5yo-21yo: 1-833-443-2672



The Trevor Project:

For LGBTQQ+ youth & young adults: 1-866-488-7386 (1-866-4-U-TREVOR)



Trans Lifeline:

7am-2am: 1-877-565-8860



Teen Line 800-852-8336 (6pm – 10pm PST) TEXT TEEN to 839863



NAMI (National Alliance on Mental Health) Contra Costa Ending the Silence: Transitional Age Youth Program NAMI on campus

REACH OUT

Resources for Safety:

Click the icon to be directed to the website



STAND! for Families Free of Violence: Dial 1-888-215-5555



Contra Costa Family Justice Center:

Richmond: 510-974-7200, Concord: 925-

521-6366, Antioch: 925-281-0970



Community Violence Solutions

Dial: 800-670-7273 or Text "CVS" to 20121



National Domestic Violence Hotline:

Dial: 1-800-799-7233



National Sexual Assault Hotline (RAINN): Dial 1-800-656-4673

ADDITIONAL ONLINE RESOURCES

Click the icon to be directed to the website

















































References

- 1. World Health Organization, 2022. Mental Health and COVID-19: Early evidence of the pandemic's impact. Scientific brief. Accessed on 6/14/2022 from https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1
- 2. United States of Veterans Affairs, Center for Post Traumatic Stress Disorder, 2021. PTSD Research Quarterly, 32(1), 1-9. ISSN: 1050 -1835
- 3. American Psychological Association (2020). Stress in America™ 2020: A National Mental Health Crisis. Accessed on 6/15/2022 from https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf
- 4. Panchal, N., Kamal, R., Cox, C., and Garfield, R. (2021) Kaiser Family Foundation (KFF). The Implications of COVID-19 for Mental Health and Substance Use. Accessed on 6/15/21 from https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
- 5. Mental Health America, 2022. 2021 The State of Mental Health in America. Accessed on 6/14/2022 from https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf
- 6. Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. Stigma and Health, 6(1), 70–78. https://doi.org/10.1037/sah0000275
- 7. California Department of Public Health, 2021. California Suicide and Self-Harm Trends in 2020. Accessed on 6/16/2022 from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideAndSelfHarmIn2020-DataBrief-ADA.pdf
- 8. A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/