Solano County
Suicide Prevention Strategic Plan
2017

together we can make a difference

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Acknowledgements

Special Acknowledgements

Several years ago, the Solano County Suicide Prevention Committee engaged in the development of a mission statement and committee goals. One of the primary goals identified was the creation of county-wide Suicide Prevention Strategic Plan, and since that time the members of the committee have focused on organizing efforts to engage in a community planning process to develop a county-wide plan. Several committee members and the Solano County Behavioral Health Mental Health Services Act Unit organized and facilitated community forums and focus groups, provided data used in this plan, and assisted with the writing of this document. Thank you so much for your dedication to this cause and for your tenacity during this process. Your input and collaborative spirit have made this process possible.

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Community Forum Attendees

We would like to express our sincerest appreciation and gratitude to the community members and partners who attended the community forums and/or participated in focus groups. Your input was invaluable. Due to the sensitive nature of the focus groups, participant names will remain anonymous.

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Introduction

Dedication

This Plan is dedicated to all the residents of Solano County that have been touched by the issue of suicide whether by death, suicide attempt, bereaved loved ones or for those providing care and support for individuals impacted by suicide. We believe that together we can make a difference and prevent the tragedy of suicide in our community.

Introduction

Death by suicide is a significant public health problem that is preventable through a coordinated community approach. It involves the tragic loss of life and agonizing grief and confusion for the families and communities affected. The impact of suicide is far reaching and is not limited to the immediate family, but extends throughout communities and across generations. As a community, Solano County can make a difference and save lives by uniting and working collaboratively to increase awareness about mental health stigma and the warning signs of suicide to prevent the tragedy of suicide. There is no single cause of suicide. Suicide is a complex problem, resulting from one or more biological, psychological, environmental, social, and/or cultural factors.

The act of suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental condition[1]. Many factors can increase the risk of suicidal thoughts and behaviors, such as trauma, loss, mental illness, substance abuse, chronic health conditions, life stressors, isolation, and access to lethal means. Conversely, there are protective factors that can decrease the risk for suicide such as a strong support system, healthy coping skills, and cultural/spiritual beliefs.

PLAN GOALS

Reduce suicide attempts by 5% in five years and 10% in ten years.

Reduce suicide deaths by 10% in five years, 20% in ten years, ultimately towards zero suicide deaths.

The Solano County Suicide Prevention Strategic Plan is intended to:

1. Increase awareness about suicide for the broader community.
2. Provide recommended strategies to prevent suicide.
3. Act as a guide for public and private entities to work collaboratively to address the issue of suicide.

The Plan calls for a comprehensive approach of promoting health and wellness in our community and was developed with stakeholder input – including youth and adult consumers, family members, providers from mental health, substance abuse and physical health, faith leaders, school personnel, and law enforcement. The Plan is intended to be used as a guide for public agencies, non-profits, County and private health care providers, schools, and individual community members to implement strategies to combat mental health stigma and reduce suicides through timely and effective responses.

Introduction

The Plan outlines the role of the Suicide Prevention Committee and provides relevant County demographics before providing information related to risk factors, protective factors, and the warning signs of suicide. Suicide data related to the nation and the state is presented, in addition to the specific Solano County suicide data to increase awareness about how suicide impacts Solano residents. The Plan then outlines recommended strategies to address: prevention, community collaboration, screening and assessment, treatment and aftercare, support for high risk populations, the use of social media, specific strategies for schools and postvention activities when there is a suicide death in our community. The *Solano County Suicide Prevention Strategic Plan* is posted on the Solano County Behavioral Health website at http://www.solanocounty.com/depts/mhs/default.asp.

Solano County Suicide Prevention Committee

The Solano County Suicide Prevention Committee is comprised of representatives from County agencies, community-based organizations, law enforcement, primary care, education, mental health consumers, and survivors and family members impacted by suicide.

Committee Mission

To provide leadership in developing suicide prevention projects in Solano County. The Committee will recommend specific implementation strategies to the Director of Behavioral Health and the Solano County Local Mental Advisory Health Board.

Committee Goals

- Prevent premature deaths due to suicide across the life span;
- Reduce the rates of suicide attempts and other self-harm behaviors;
- Raise community awareness about suicide and its causes;
- Improve access to resources;
- Examine the available resources than can help reduce suicide rates in the county and the current system of care, identify areas of need, and improve linkages between the general community and care providers;
- Increase the visibility of services, especially among at-risk populations through outreach, marketing, and public relations;
- Create opportunities for public-private partnerships with a shared mission of reducing suicide in Solano County;
- Increase Intervention and Postvention Strategies.

County Demographics

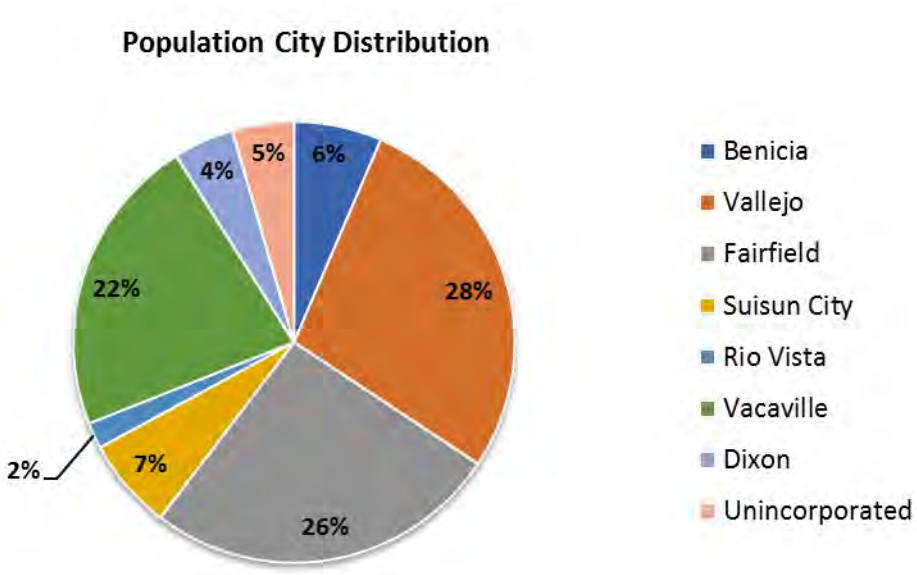
Solano County Demographics

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to *Solano County's 2016 Annual Report* the County's population was 431,498 in 2016[2]. 49.7% of the population is male and 50.3% of the population is female[3].

Population City Distribution

There are seven incorporated cities in Solano County, with the City of Vallejo as the most populous city in the County.

Figure 1: Solano County Population City Distribution



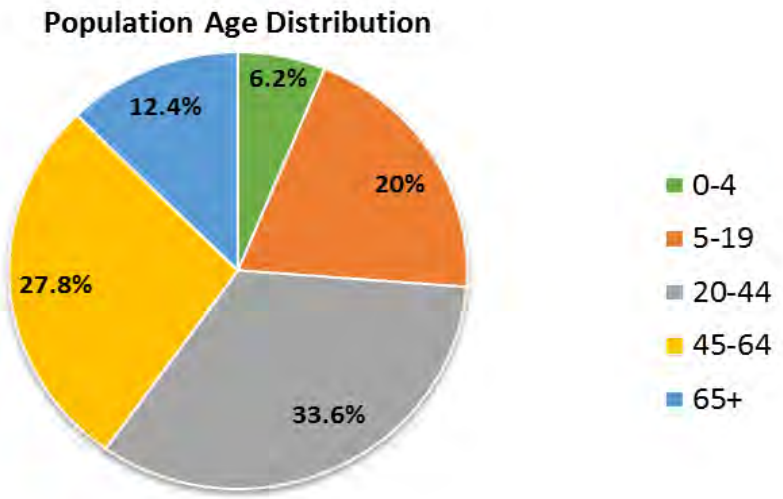
Source: Solano County Website

County Demographics

Population Age Distribution

The median age in Solano County is 36 years old[4]. 26.2% of the population are children/youth under the age of 19 years old, 61.4% of the population are adults between the ages of 20-64 and 12.4 % are older adults over the age of 65.

Figure 2: Solano County Population Age Distribution

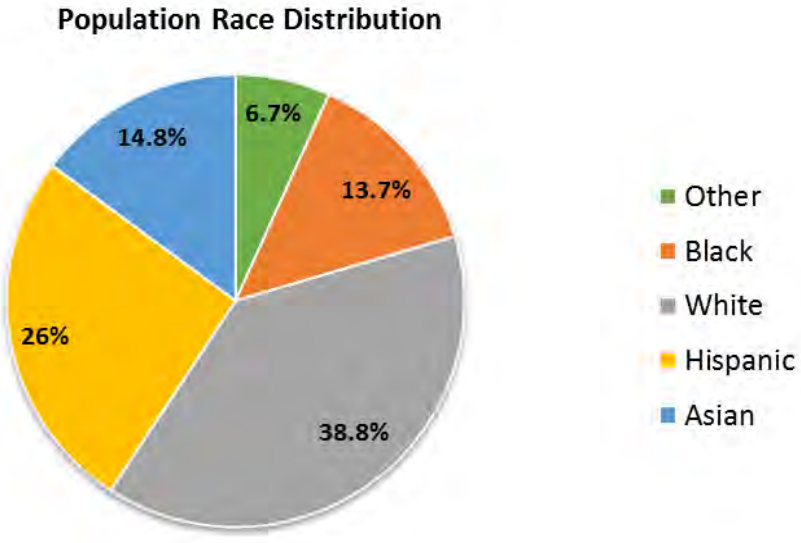


Source: Solano County's 2016 Annual Report

Population Race Distribution

Approximately 61.2% of the population identified with a race other than White or Caucasian. Recently Solano County was ranked as the 5th most racially diverse County in the United States[5].

Figure 3: Solano County Population Race Distribution



Source: Solano County's 2016 Annual Report

Protective & Risk Factors

Suicide Protective & Risk Factors

Suicide is a complex public health issue of which multiple intersecting risk and protective factors come into play. Protective factors can increase resilience and can reduce the likelihood for an individual to act on suicidal thoughts. Each individual responds to his/her environment differently, therefore what may be a protective factor for one person may not provide any relief or protection for another person. Similarly, risk factors are unique to each individual.

Protective Factors

- Strong support system to include: family, friends, faith community, treatment providers
- Problem solving skills
- Pets
- Coping skills
- Sense of responsibility to others
- Cultural and religious beliefs
- Life satisfaction
- Future plans and goals
- Healthy lifestyle: diet, exercise, self-care practices
- Restrictive access to lethal means of suicide

Risk Factors

- Hopelessness
- Mental health condition
- Substance use
- Impulsivity
- Job or financial loss
- Previous suicide attempt(s)
- History of trauma or abuse
- Involvement with the legal system
- Disciplinary problems
- Family history of suicide
- Lack of or loss of support system
- Barriers to care
- Recent loss or death of a loved one
- Diagnosed with a chronic or terminal medical condition
- Disability
- Victim of bullying
- Access to lethal means

Warning Signs & Statistics

Warning Signs for Suicide

The recognition and appropriate response to warning signs and symptoms of suicide has a greater potential for prevention when those who are in a supportive role have the tools and/or resources to link the individual to intervention and treatment services. Warning signs can include but are not limited to:

- Threats of self-harm
- Self-harm behavior
- Loss of interest in activities
- Talking or writing about death
- Researching or looking for ways to secure means (weapons, pills, poison, etc.)
- Expressing hopelessness
- Increased substance use
- Withdrawing from family and friends
- Increased mood swings, rage or seeking revenge
- Giving away belongings
- Engaging in reckless or risky behavior

General Suicide Statistics

Suicide shows little to no prejudice regarding economic status and is represented proportionally among all levels of society worldwide. Below are some relative national and statewide suicide statistics:

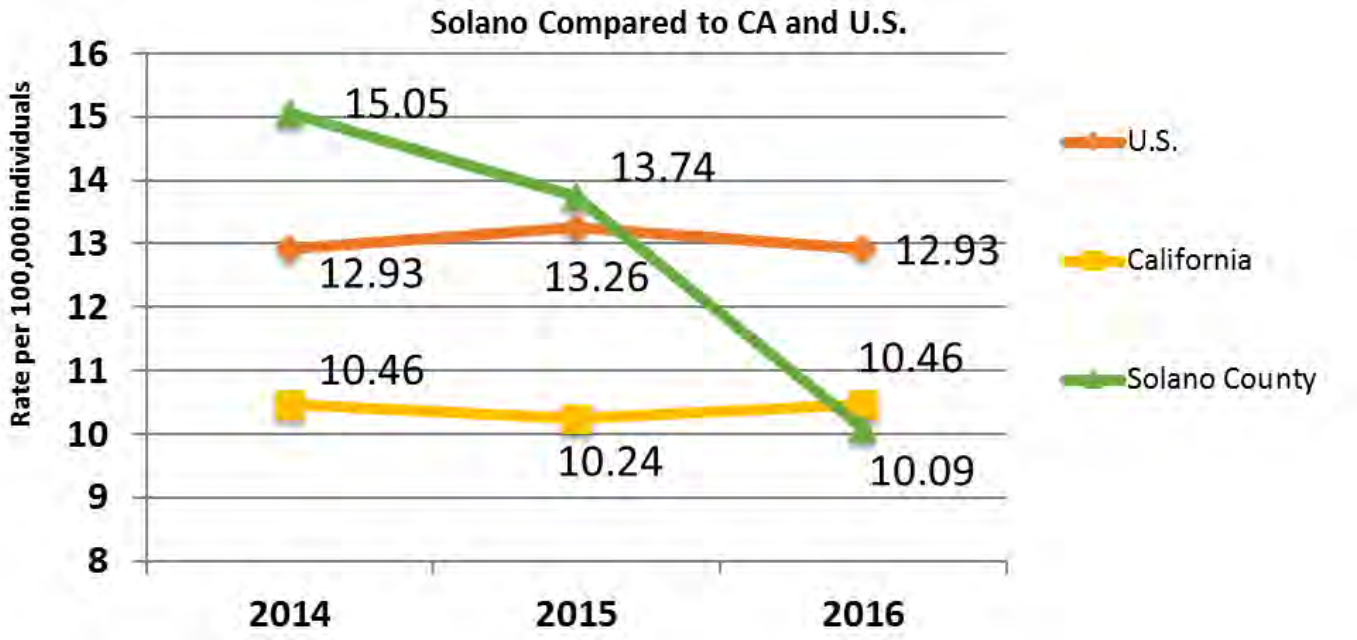
- Suicide is the tenth leading cause of death in the United States and the second leading cause of death among individuals under age 45[6].
- Suicide is the only leading cause of death in the United States that has increased every year for the past decade.
- It is estimated that someone attempts to take their life every 29 seconds resulting in over 1.1 million suicide attempts each year[7].
- In the United States one person completes suicide every 11.89 minutes, resulting in over 44,000 suicides each year[8].
- On average, there are 121 suicides per day in the United States[9].
- For every completed suicide, there are 25 attempts made[10].
- Firearms account for almost 50% of all suicide deaths[11].
- Men die by suicide 3.5 times more than women; and white males accounted for 7 out of 10 suicides in 2015[12].
- In 2014, California experienced 48,516 suicide attempts and 4,167 suicide deaths[13].
- In 2010 California suicides result in an estimated $4.2 billion in combined lifetime medical and work loss costs, which represents an average of $1,085,227 per death[14].
- On average one person dies by suicide every 2 hours in California and suicide is the 11th leading cause of death in California; the 2nd leading cause of death for Californians between the ages of 25 -34; and the 3rd leading cause of death for Californians between the ages of 10-24[15].
- More than twice as many people die by suicide in California annually than from homicide; the total suicide deaths reflect a total of 76,879 years of potential life lost (YPLL) before age 65[16].

Statistics

Solano County Suicide Deaths vs. California and the Nation

In reviewing the rate of suicide in Solano County compared to the state and the nation it appears that while Solano County's suicide rate per 100,000 residents was higher than that of the state and the nation in 2014, Solano County's suicide rate fell below the state and national rate in 2016.

Figure 4: Solano County Rates of Suicide Deaths vs. CA and the Nation: 3 Year Review 2014-2016



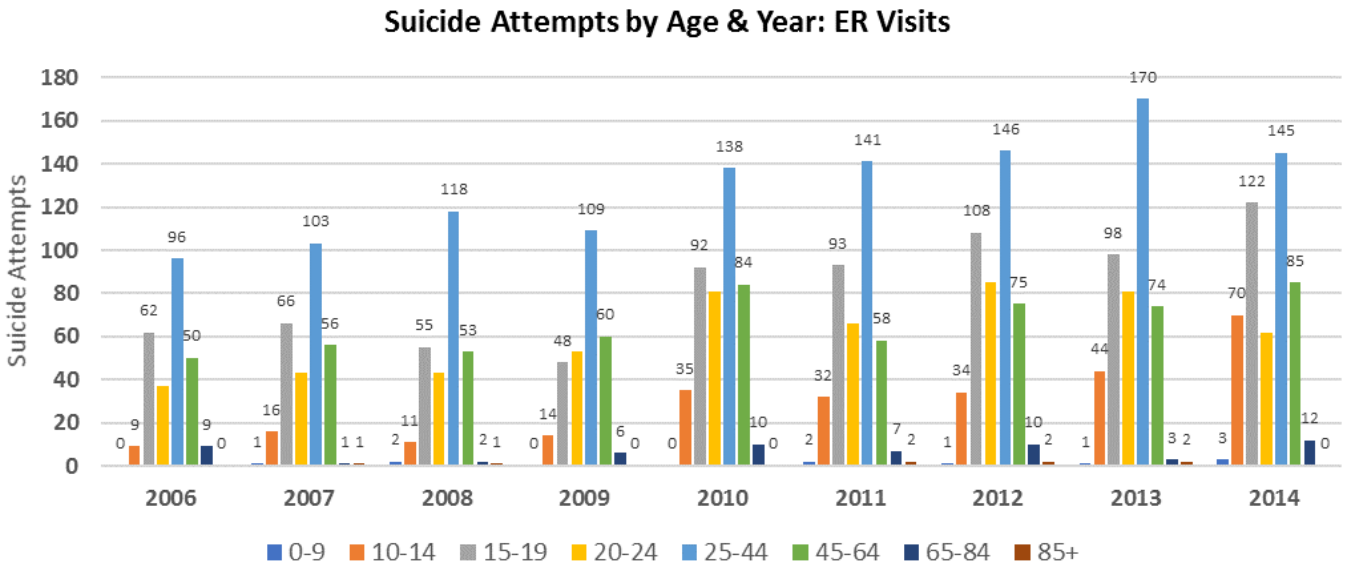
Solano County Statistics

Suicide Attempts

According to the California Health Interview Survey 29,000 or 9.1% of the Solano County adult residents that participated in the 2015 California Health Interview Survey reported having seriously contemplated suicide[17]. The 29,000 residents included 28,000 insured individuals and 1,000 uninsured individuals.

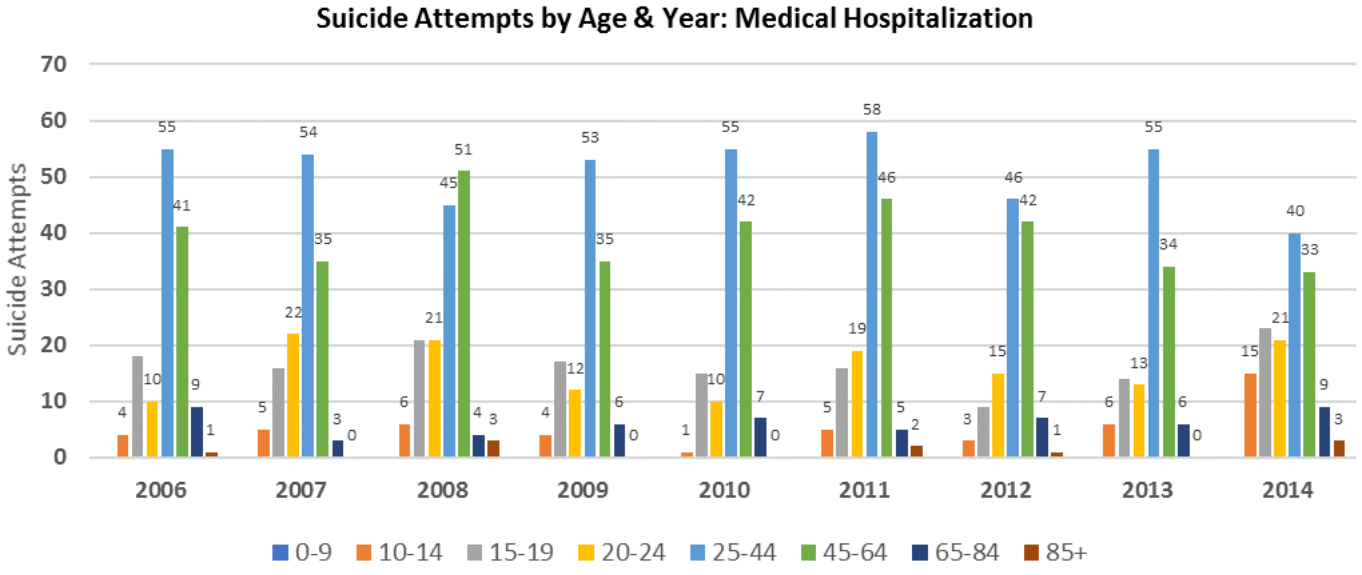
Many suicide attempts go unreported or untreated. Surveys suggest that at least one million people in the U.S. each year engage in intentionally inflicted self-harm[18]. Suicide attempts negatively impact the community and ultimately drive up health care costs. According to the most current data available regarding suicide attempts, in 2014 Solano County experienced 643 suicide attempts of which 36% (233) of the total attempts were made by youth 19 years or younger and three of these attempts were made by children 9 years or younger. The single highest risk age group was individuals ages 25-44 at 29% (185) followed by individuals ages 45-64 at 18% (118). Of those that made attempts 37% (239) were males and 63% (404) were females.

Figure 5: Suicide Attempts by Age and Year: 2006–2014: Non-fatal Emergency Room Department Visits (treated & released, or transferred to another facility)



Source: *California of Statewide Health Planning and Development, Emergency Department Data*[19]

Figure 6: Suicide Attempts by Age and Year: 2006–2014: Non-fatal Hospitalization in Medical Hospital



Source: *California of Statewide Health Planning and Development, Inpatient Discharge Data*[20]

Statistics

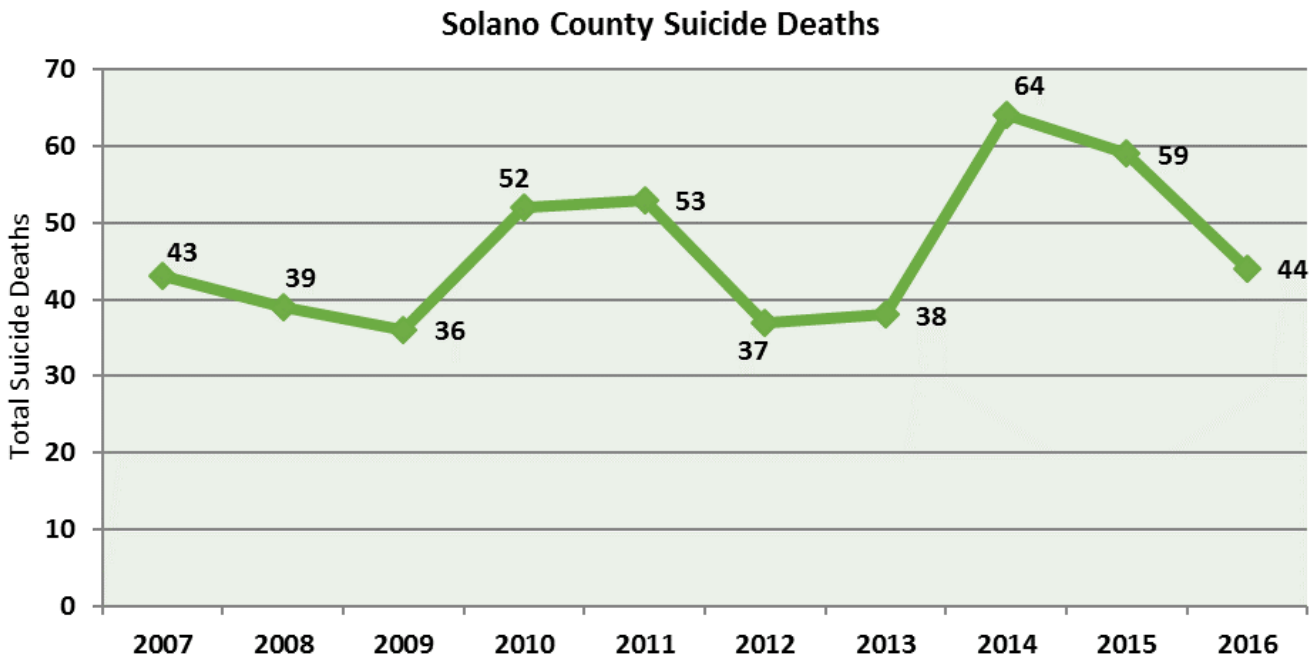
Solano County Suicide Deaths

The information presented in the following charts was provided by the Solano County Sheriff Department-Coroner's Office and represents statistics for completed suicides in Solano County during calendar years 2007 through 2016 including the total number of suicide deaths by year, further broken down by: city of residence, region of the County, age, gender, race, and means. The data collected by the Coroner's Office is dictated by State reporting requirements which includes the categories of race and gender. It is important to note that this data will only reflect suicide deaths that took place in Solano County. This data will not include any County residents that died by suicide in another County. Currently there is no mechanism for County Coroner Offices to cross report deaths for individuals that die by suicide outside of their county of residency. The suicide deaths represent individuals who were privately insured, had Medi-cal or were uninsured.

Total Suicide Deaths

A review of ten years' worth of data demonstrated that in Solano County there have been several years, most notably 2010 and 2014, in which suicide deaths increased significantly. That said, since the last significant increase in 2014, there has been a 31% decrease in suicides.

Figure 7: Suicide Deaths: 10 Year Review 2007-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

Statistics

When analyzing trends related to increases in suicide deaths many external factors can impact a community's suicide rates. Such factors include but are not limited to:

- Economic factors such unemployment rates, the housing market, cost of living, etc.
- Worldwide or local community tragedies
- Political changes
- Highly publicized celebrity suicides or highly publicized suicides of community members
- Suicide pacts

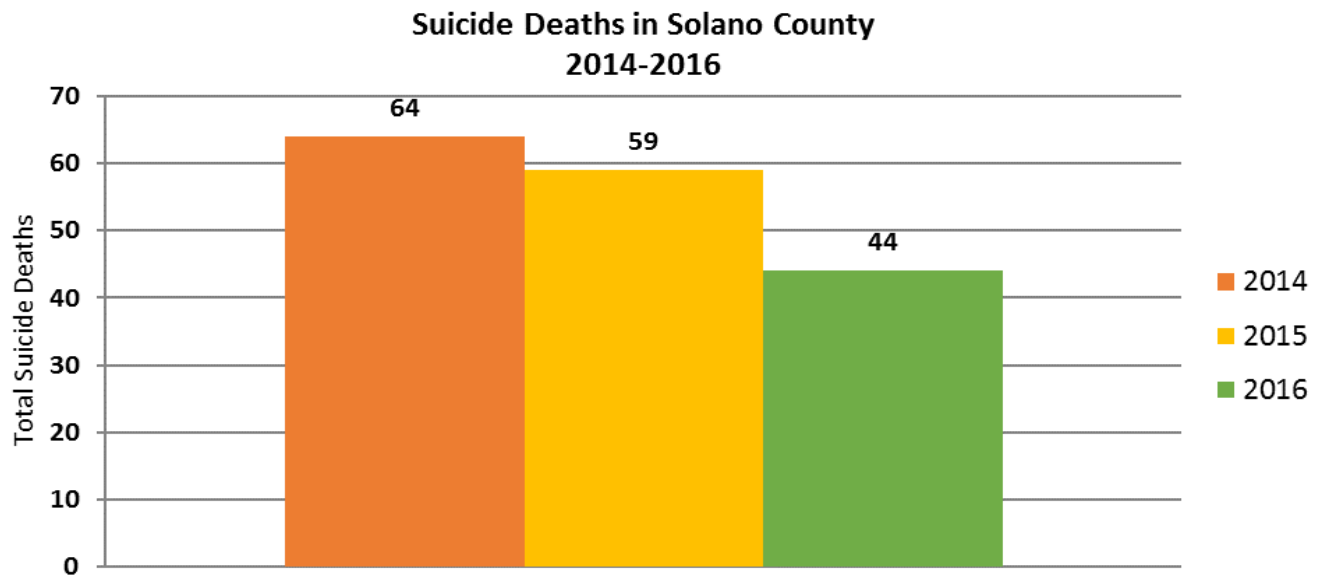
In 2010 there was a 44% increase over the number of suicide deaths in 2009, which may in part have been a result of the national housing crisis of 2010. Foreclosures hit a record high in the third quarter of 2009 with one in every 53 California housing units receiving a foreclosure filing, compared to one in every 136 housing units for the nation as a whole. The share of foreclosures (as a percent of total loans in California) for Solano County was more than 3% and the share of seriously delinquent loans (as a percent of total loans in California) was between 7-9%[21]. In addition to the housing crisis, the unemployment rate (not seasonally adjusted) for Solano County was 13.1 %, while the overall California unemployment rate (not seasonally adjusted) was 12.1%[22].

In 2010, in addition to possible environmental factors, there were several celebrity suicide deaths including athletes, musicians, and individuals from the fashion industry, as well as a very high-profile suicide of a high school student who took her life after being a victim of bullying. The impact of the unemployment rate and the housing market may have continued to impact Solano County through calendar year 2011 as evidenced by 53 total suicides that year. Compared to 2010 and 2011, there was a 29% decrease in suicide deaths for 2012 and 2013.

In 2014, Solano County experienced another significant increase in suicide deaths with a 68% increase over the number of suicide deaths in 2013. The unemployment rate (not seasonally adjusted) for Solano County was 7.5 %, while the overall California unemployment rate (not seasonally adjusted) was 7.9%[23]. Similar to 2010, there were several high-profile celebrity suicide deaths in 2014 including that of beloved comedian Robin Williams who was a Bay Area resident. In the week following his death the National Suicide Prevention Lifeline saw a 50% increase in calls; in the year after his death, those calls remained higher than they had ever been before[24].

From 2014 to 2016 there was a 31% decrease in suicide deaths. The suicide rate in Solano County in 2016 was 10.20 per 100,000 residents compared to the national rate of 12.93 per 100,000 citizens[25]. There had been significant efforts to provide suicide prevention training throughout the County as provided by Mental Health Services Act's (MHSA) Prevention and Early Intervention funding. Other contributing factors to the reduction may also have been the unemployment rate decreasing to 5.6% in Solano County and 5.8% for the state[26] and the stabilization of the housing market.

Figure 8: Suicide Deaths: 3 Year Review 2014-2016

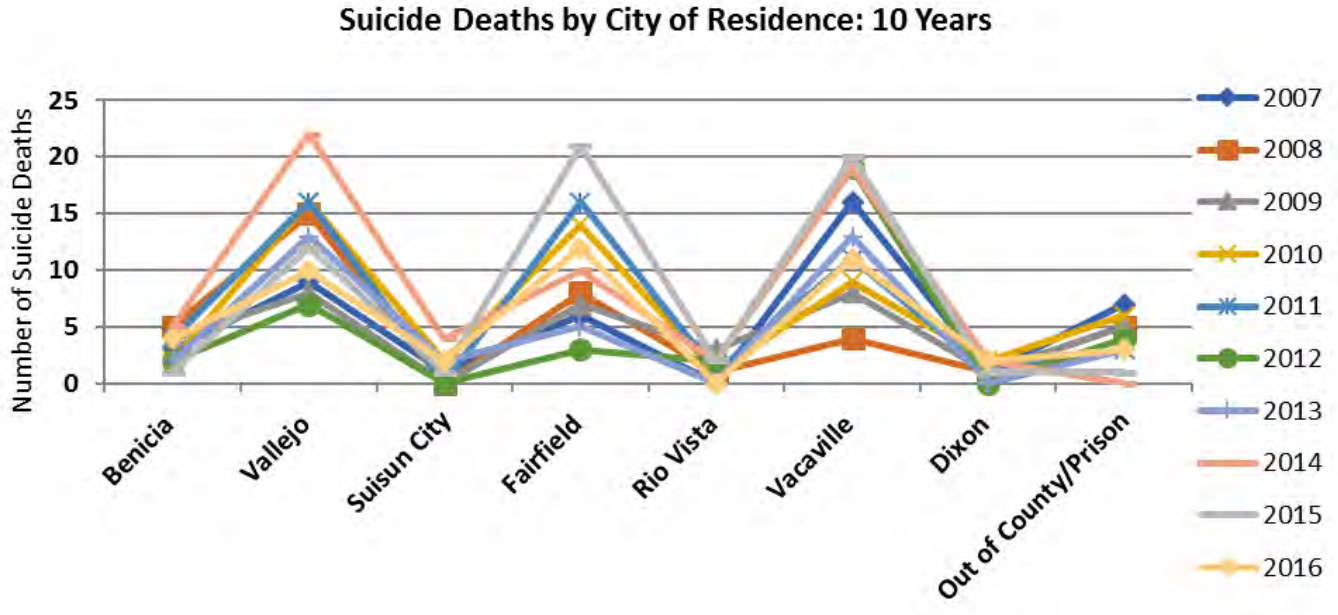


Source: *Solano County Sheriff's Department-Coroner's Office*

Geographic Distribution

A review of 10 years' worth of data demonstrated that in Solano County, the highest number of suicide deaths are correlated with the cities with the highest populations: Vacaville, Vallejo, and Fairfield, however suicides occur in all areas of the county.

Figure 9: Suicide Deaths by City of Residence: 10 Year Review 2007-2016

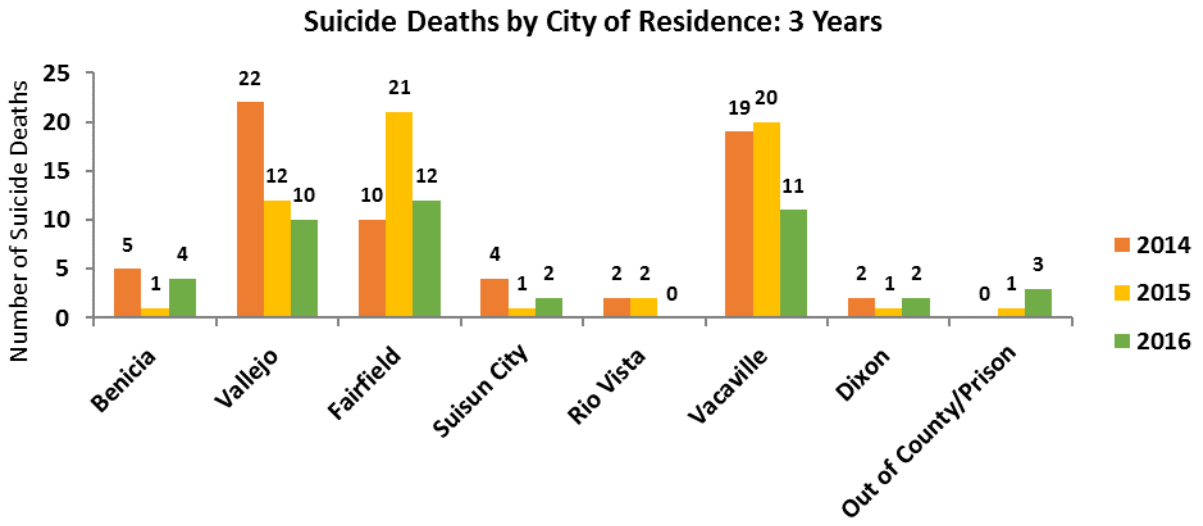


Source: *Solano County Sheriff's Department-Coroner's Office*

Statistics

The following chart shows a more detailed look at the most recent three years. The year 2016 shows a fairly even number of suicides across the three major cities, though in 2014 Vallejo had its highest rate and in 2015 Fairfield had its highest rate in the three-year period.

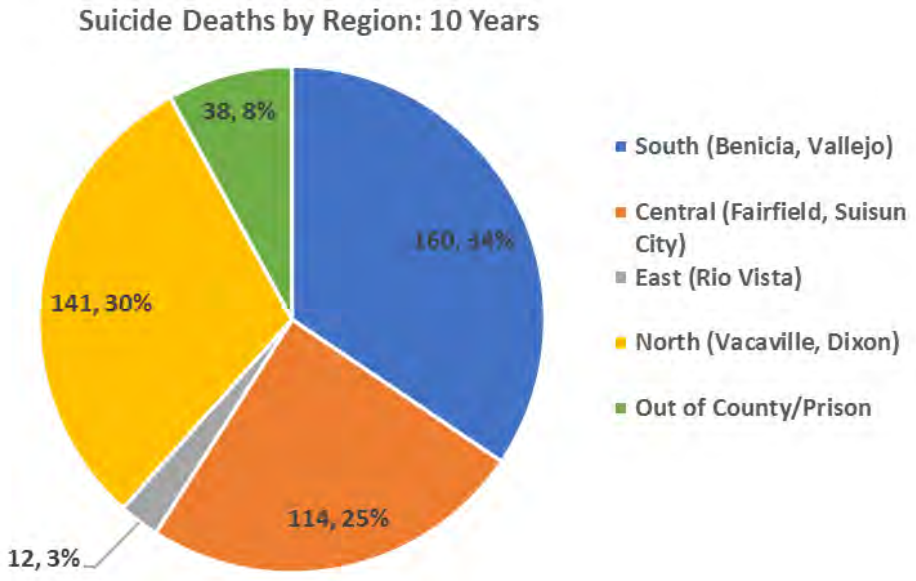
Figure 10: Suicide Deaths by City of Residence: 3 Year Review 2014-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

In Solano County, the largest percentage of suicide deaths occur among residents in the Southern region of the County (Benicia and Vallejo) at 34% (160) with the Northern region (Vacaville and Dixon) experiencing the 2nd largest percentage of suicide deaths at 30% (141).

Figure 11: Suicide Deaths by Region: 10 Year Review 2007-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

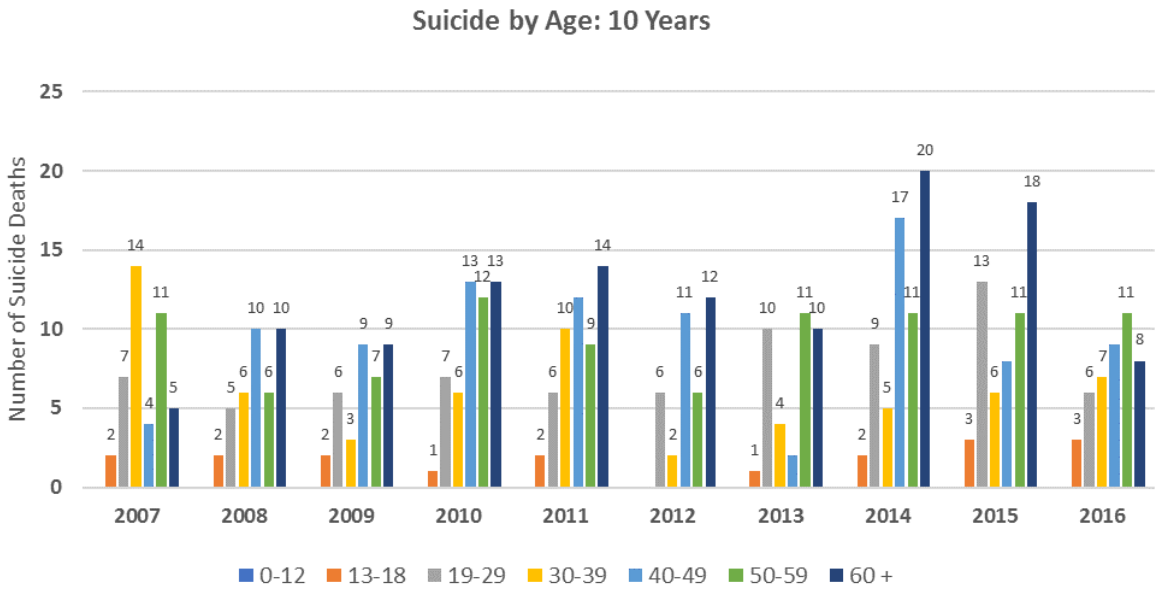
The most recent three years shows a proportion across geography that is consistent with the ten year period.

Statistics

Age

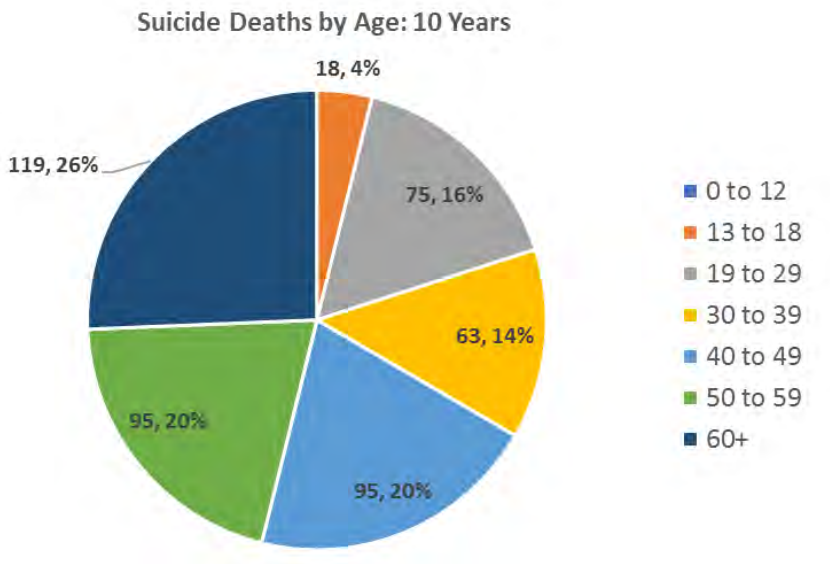
Adults ages 20-59 account for 71% of suicides in California. While older adults over the age of 60 account for 18% of the population in California, they account for one third of all suicides[27]. A review of 10 years' worth of data demonstrated that in Solano County the largest percentage of suicide deaths occur among residents over the age of 60 at 26% (119) – slightly lower than is shown statewide for older adults – followed by both residents ages 40-49 and ages 50-59, together representing 41% of suicides in Solano County.

Figure 12: Suicide Deaths by Age: 10 Year Review 2007-2016



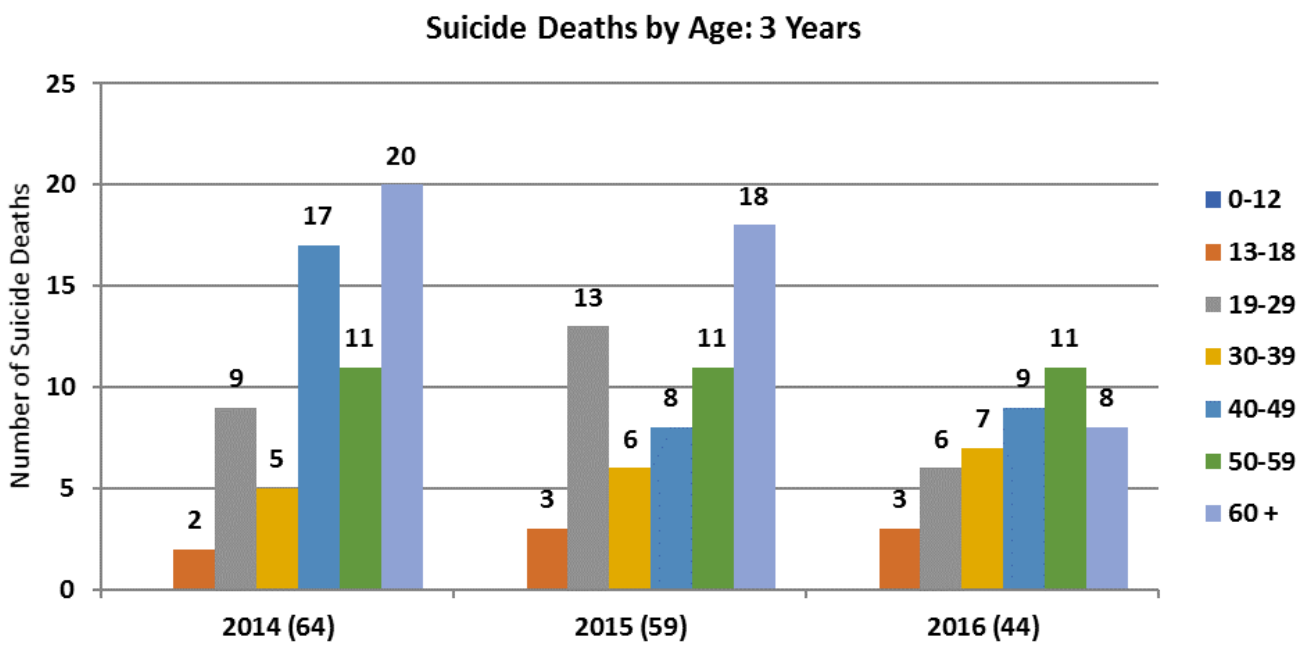
Source: *Solano County Sheriff's Department-Coroner's Office*

Figure 13: Suicide Deaths by Age: 10 Years



Source: *Solano County Sheriff's Department-Coroner's Office*

Figure 14: Suicide Deaths by Age: 3 Year Review 2014-2016



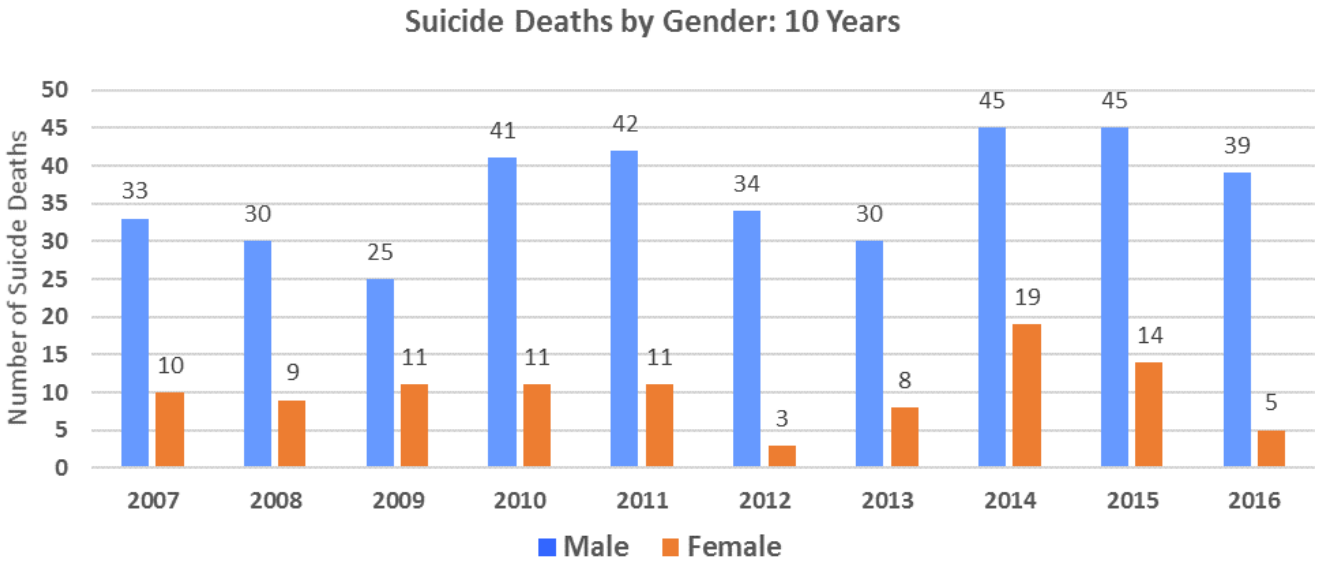
Source: *Solano County Sheriff's Department-Coroner's Office*

In reviewing the last three calendar years, with the exception of teens, all other age groups showed fewer suicides in 2016. In particular, older adults over the age of 60 showed the largest decrease, representing 30% of the suicides in 2015 decreasing to 18% in 2016. In part, this may be attributed to efforts made to outreach to Solano County older adult residents. Additionally, Solano County MHSA Prevention and Early Intervention (PEI) funding is allocated to support two community-based organizations that work specifically with older adults addressing isolation, depression, and suicide risk.

Gender

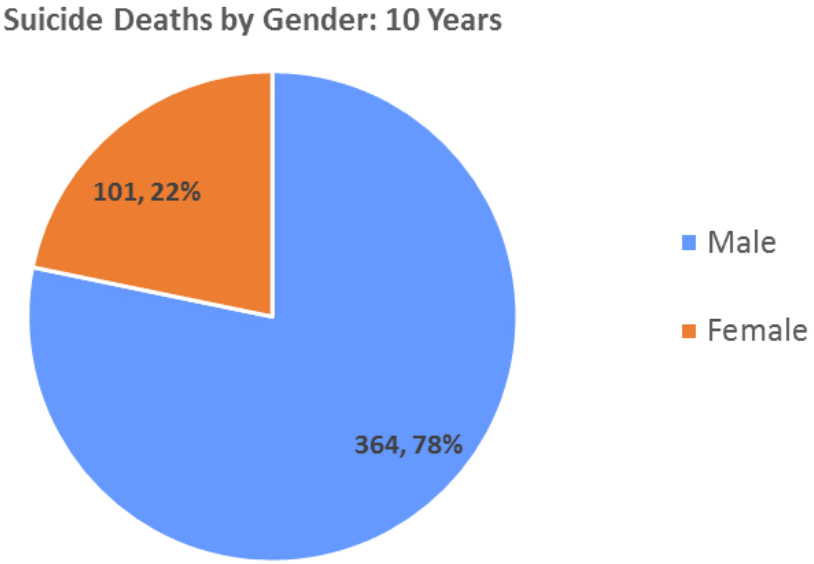
Consistent with state and national data, the largest number of suicides occurred among male residents with 78% (363) of the total suicide deaths over a 10 year period compared to female residents at 22% (101). National data indicates that while men are 3.5 times more likely to complete a suicide, women

Figure 15: Suicide Deaths by Gender: 10 Year Review 2007-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

Figure 16: Suicide Deaths by Gender: 10 Year Review 2007-2016



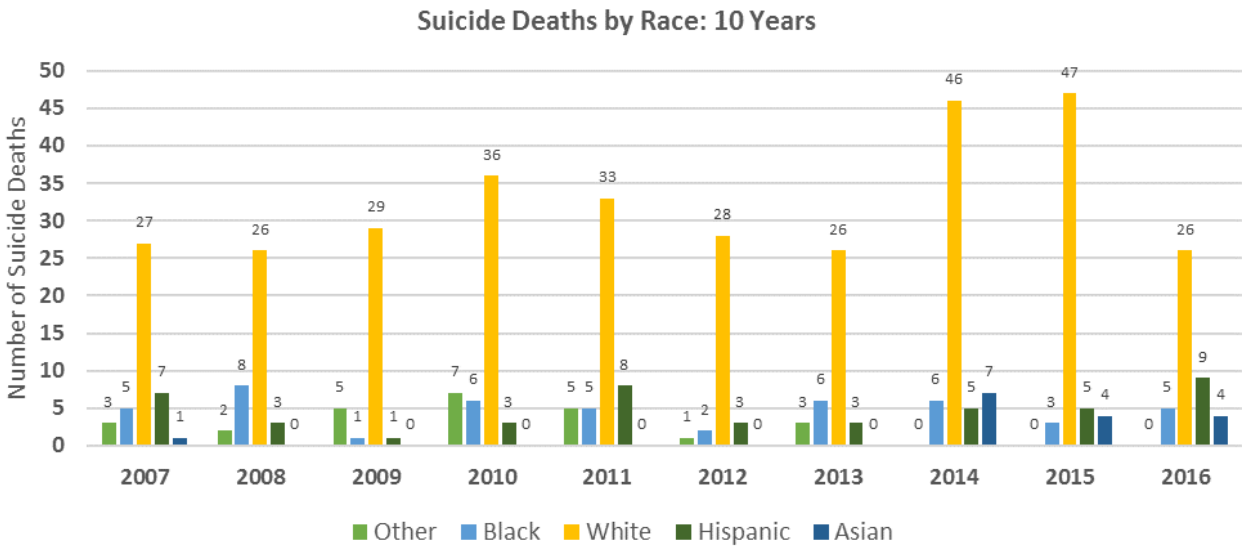
Source: *Solano County Sheriff's Department-Coroner's Office*

There is no significant difference between a 10 year or 3 year review and male residents in Solano County continue to be more at risk for suicide than women.

Race

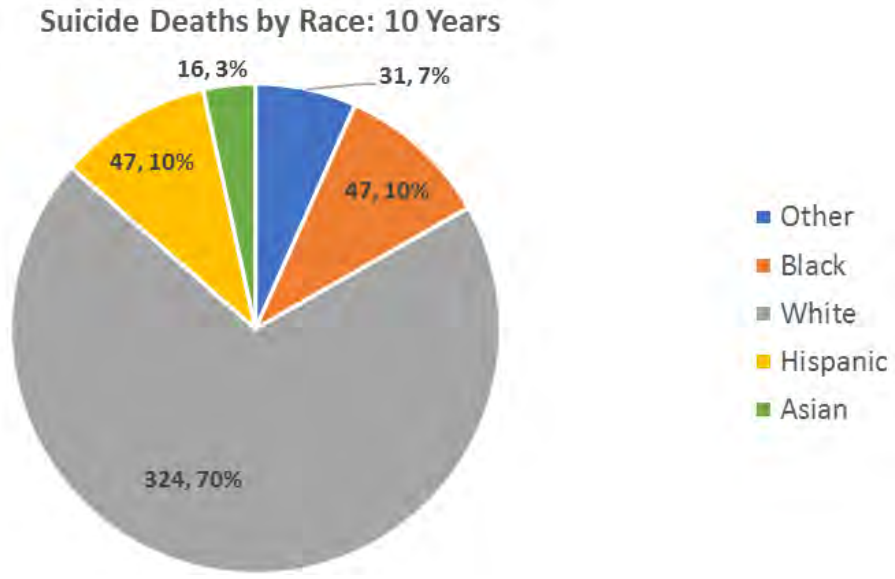
A review of 10 years' worth of data demonstrated that in Solano County the largest percentage of suicide deaths occur among White residents at 70% (324) followed by 10% (47) African America/Black, 10% (47) Hispanic, 3% (16) Asian and 7% (31) Other. Caucasian males between the ages of 40-60 account for the largest percentage of suicide deaths in Solano County, which is consistent with state and national trends. In 2016 the suicide rate per 1000 White residents was 0.2 which was double that of all other races in Solano County with a suicide rate of 0.1.

Figure 17: Suicide Deaths by Race: 10 Year Review 2007-2016 (racial categories per the State)



Source: *Solano County Sheriff's Department-Coroner's Office*

Figure 18: Suicide Deaths by Race: 10 Year Review 2007-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

Means of Suicide

A review of 10 years' worth of data demonstrated that in Solano County the largest percentage of suicide deaths are the result of a gunshot wound at 43% (198) followed by hanging at 31% (146). The data related to means correlates with that of gender in Solano County whereby males account for 78% of the deaths and males are known to use more lethal means.

Figure 19: Suicide Deaths by Means: 10 Year Review 2007-2016

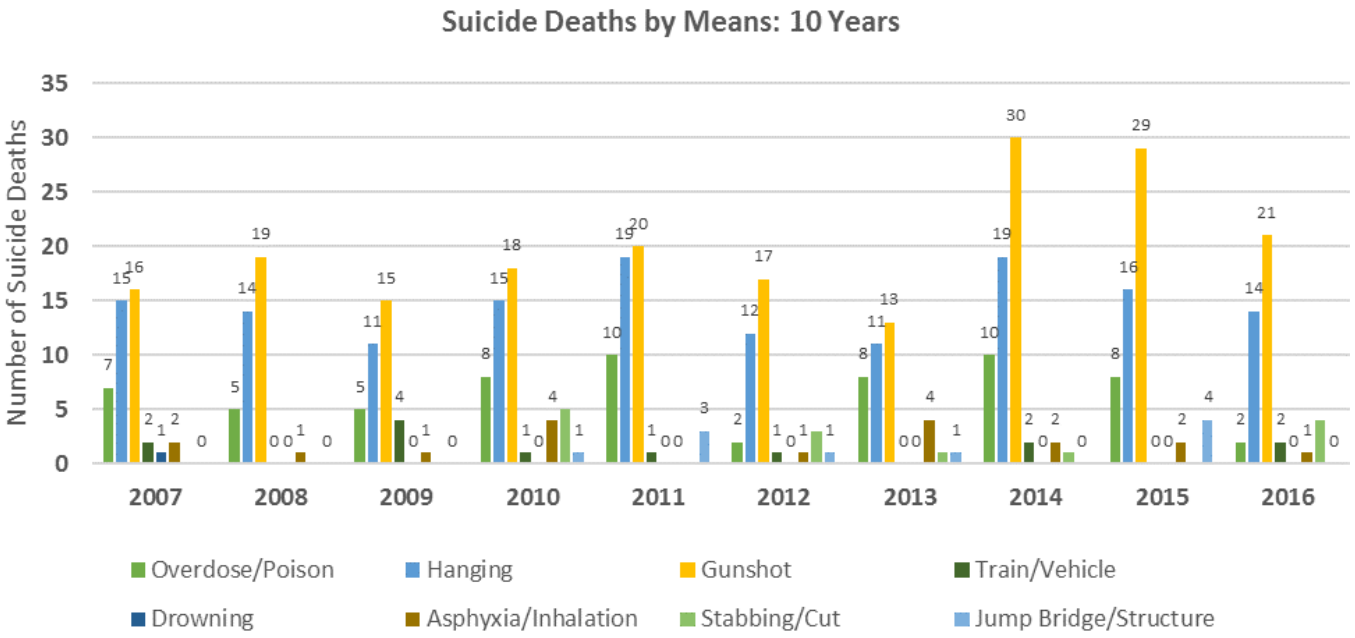
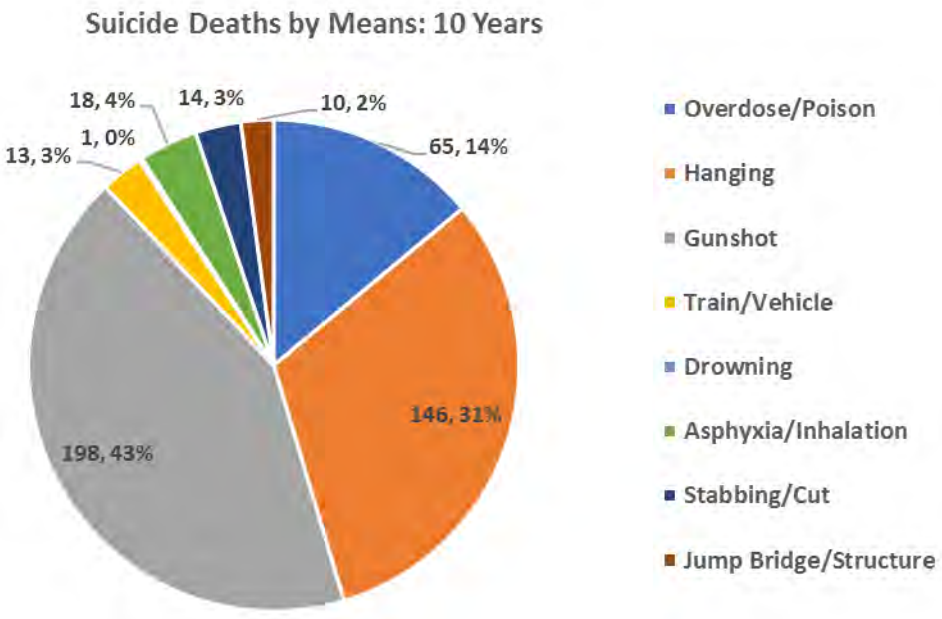


Figure 20: Suicide Deaths by Means 10 Year Review 2007-2016



Source: *Solano County Sheriff's Department-Coroner's Office*

Statistics

Restricting access to lethal means can put time between the impulse to complete suicide and the act itself, allowing opportunities for the impulse to subside or for warning signs to be recognized and interventions to occur.

Solano County Behavioral Health, in partnership with the Solano County Sheriff's Department, will be engaging local gun shop and firearm instruction businesses in a gun safety campaign to encourage gun owners to consider off site gun storage in the event that a loved one is presenting with warning signs and symptoms of suicide (see Appendix A).

Community Input

Stakeholder Engagement

The Community Planning Process for the County-wide Suicide Prevention Strategic Plan was conducted over six months, from March 2017 through August 2017 and included eight stakeholder community planning meetings and six focus groups. These meetings included representation from consumers, family members, mental health, substance abuse and physical health providers, law enforcement, community organizations, the faith-based community, veterans, and representatives from the County's unserved/ underserved Latino, Filipino, and LGBTQ communities.

Community Forums

Solano County MHSA Suicide Prevention Strategic Planning Meetings 2017	# Attendees
March 15, 2017 Opening Session CAC, 675 Texas St 1600, 1610, 1620, Fairfield	52
April 6, 2017 Breakout Session Fairfield -2101 Courage Drive, Fairfield	21
April 11, 2017 Breakout Session Dixon-470 East H Street, Dixon	15
April 18, 2017 Breakout Session Vallejo-505 Santa Clara St, Vallejo	21
May 23, 2017 Breakout Session Benicia-350 East K Street, Benicia	34
May 24, 2017 Breakout Session Rio Vista -500 Elm Street, Rio Vista	13
May 31, 2017 Breakout Session Vacaville-Library 1 Town Square Place, Vacaville	16

Community Forum Participant Demographics

Demographic information was collected at each community forum and included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, and disability.

A total of 110 unduplicated individuals attended the community forums. Of the attendees who completed the demographic survey, 80% were between the ages of 26-59, 16% were between the ages of 60-84, and 2% were between the ages of 16-25. 67% of the attendees identified as white, 10% as Latino, 10% as African American, 3% as American Indian/Alaska Native, 2% as Asian and the remaining attendees identified as other, more than one race or declined to answer. 95% of the attendees identified English as their primary language, 3% Spanish, 1% Russian and 1% other. Of the 74 attendees who answered the question related to current gender identity, 65% identified as female, 32% as male, 1% as transgender and 1% declined to answer.

Community Input

When reviewing participant demographics, it appears that there was good representation from the various regions in the County, in regards to city of residence and/or city of employment for participants.

Figure 21: Forum Participants' City of Residence

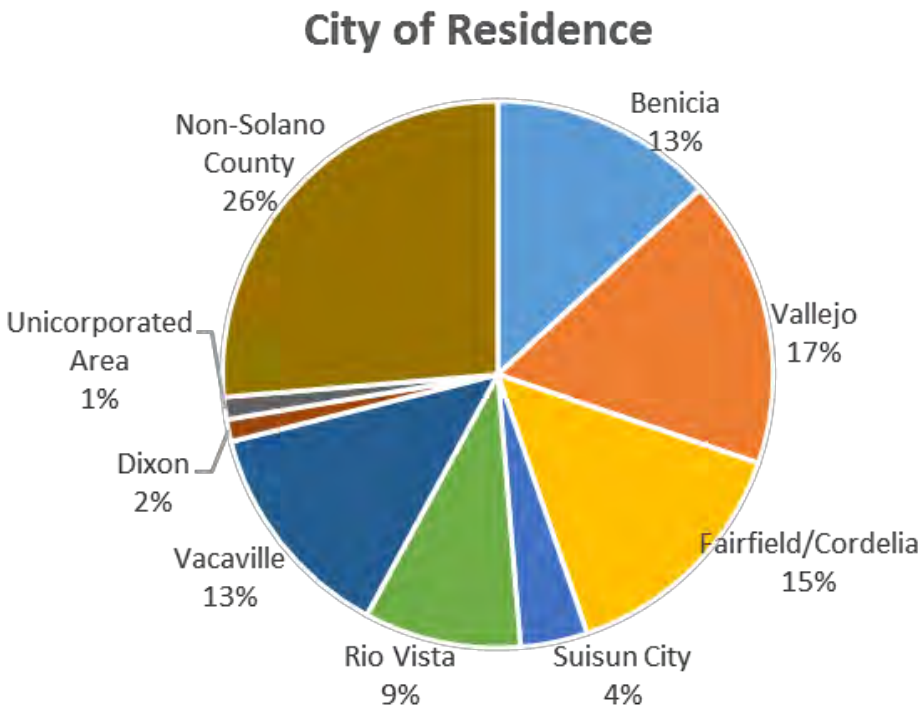
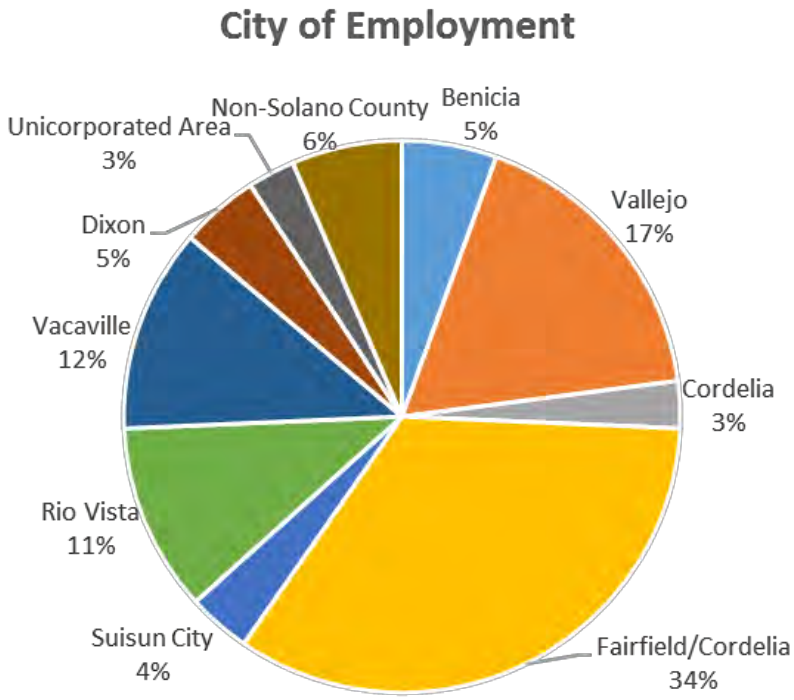


Figure 22: Forum Participants' City of Employment



Community Input

Stakeholder Perception

A brief survey was conducted to ascertain community members' experience and/or exposure to the issue of suicide and to gauge the level of exposure to suicide prevention training.

In response to a question asking if the respondent had been personally affected by suicide, 73% of the respondents endorsed "yes." In addition, 85% of the respondents endorsed having been affected by suicide in a professional capacity. When asked which populations were perceived to be most at risk for suicide respondents identified teens, LGBTQ individuals, older adults and veterans as being the most at risk for suicide.

Of the respondents surveyed 77% had previously had suicide prevention training. 37% of the respondents reported that the organization they were affiliated with did not provide training on suicide prevention and 14% of the respondents were unsure if the organization they were affiliated with provides training on suicide.

Focus Groups

Members of the Solano County Suicide Prevention Committee and/or Solano County Behavioral Health Mental Health Services Act Unit staff conducted specific focus groups with particular communities that were identified as being at increased risk for suicide. Targeted questions were used to elicit information regarding risk factors for the specific community and strategies to decrease stigma related to seeking mental health services and suicide prevention.

Solano County MHSA Suicide Prevention Focus Groups 2017	# Attendees
May 24, 2017 Youth Focus Group: Rio Vista High School	25
July 6, 2017 Youth Focus Group: Seneca	3
July 17, 2017 Older Adults: Faith In Action	13
July 20, 2017 LGBTQ Focus Group: Solano Pride Center	8
July 25, 2017 Filipino Focus Group: Suisun City	8
August 9, 2017 Native American Focus Group: Tribal TANF Office Fairfield	12

Community Planning Process

At each community forum data related to suicide deaths in Solano County was presented followed by an open space activity, 'Graffiti Wall', and group discussion used to elicit feedback from stakeholders regarding: community prevention efforts including trainings and stigma reduction; community coordination and collaboration; phases of intervention including screenings/assessments, treatment, and aftercare; special priority populations; postvention; goals for the plan; data collection/reporting; and resources available in the community. This process included identifying what efforts are currently in place and effective while also identifying new ideas and/or gaps within the system.

Community Recommendations

Prevention Through Knowledge

Training & Education

Stakeholders recommended that key partners—both public and private—make efforts to coordinate county-wide training and educational opportunities regarding mental health and suicide prevention to combat the stigma associated with mental health and that trainings be provided to the following groups:

- **Local Educational Agencies (LEAs)** – to include elementary, middle, and high schools and the local community college. Trainings to be provided to students, teachers, school counselors, school personnel, school resource officers, parents, and other community partners.
- **Mental Health Service Providers** – to include County, private, and community-based mental health providers.
- **Healthcare Service Providers** – to include County and privately-operated healthcare entities and their staff working in clinics and emergency service departments. In addition to general trainings on stigma reduction and suicide prevention trainings, Solano County Behavioral Health will continue to partner with local emergency rooms to provide training and certification for evaluating individuals for 5150 welfare holds.
- **First Responders** – to include local law enforcement, fire, dispatch, emergency medical services (EMS), etc. Solano County Behavioral Health to continue to partner with local law enforcement to provide Crisis Intervention Training (CIT) for local police departments and the Sheriff's Department which includes correctional officers working in the local jails.
- **Law Enforcement Chaplains** – to include local police departments and the Sheriff Department.
- **Health and Social Service Providers** – to include child welfare, adult protective services, public health, eligibility workers, foster care agencies, elder adult agencies, etc.
- **Legal System Partners** – to include adult and juvenile probation staff, juvenile hall staff, and the District Attorney's Office and Public Defender's Office social workers, Drug Court and Family Court.
- **Community Members** – to include the general public, faith-based communities, businesses, family resource centers, etc.

Stakeholders, which included mental health and substance abuse providers, indicated that an ideal training would be culturally appropriate using either an evidence-based or promising practice and, when possible, be made available county-wide. It is highly recommended that mental health and health care service programs ensure that their staff have had at least one training on assessing for suicide risk and intervention. The training curriculums endorsed by the community included but are not limited to:

- **Applied Suicide Intervention Skills Training (ASIST)** – An evidence-based model for suicide prevention is a two-day course designed to train individuals over 16 years old—regardless of prior experience or training—who want to be able to provide suicide first aid. The ASIST model teaches effective intervention skills, while helping build suicide prevention networks in the community. Those trained in the model will have the ability to recognize and review risk, and to intervene to prevent the immediate risk of suicide.

Training & Education (cont.)

- **safeTALK** – A half-day training for individuals age 15 and older—regardless of prior experience or training—to become a suicide-alert helper. Those trained in safeTalk will be able to identify warning signs of suicidal behaviors in others, and help connect individuals with appropriate intervention services.
- **Question Persuade Refer (QPR)** – A 6-8 hour course that teaches how to interview a potentially suicidal person, determine immediate risk of suicide, and help reduce the risk of suicide attempt or completion through a safety planning and referral process. This course can be taken online at https://www.qprinstitute.com/individual-training
- **Assessing and Managing Suicide Risk (AMSR)** – A 6-8 hour course specifically for mental health professionals. The course presents the most common dilemmas faced by providers and the best practice for addressing suicide risk with consumers.
- **Crisis Intervention Training (CIT)** – Offered as a one-day, two-day or five-day crisis intervention team (CIT) training, conducted by a community provider, was designed to increase first responders' knowledge, and understanding about mental illness, and to help develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code § 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and how to de-escalate individuals in order to establish safety without physical intervention in a mental health crisis.
- **Mental Health First Aid (MHFA)** – An 8-hour course that teaches the signs of mental illness and substance use disorders. Training participants will learn skills needed to provide support to someone who may be developing a mental health or substance use problem or experiencing a crisis. A portion of the training is focused on recognizing the signs of suicide, thus this curriculum further supports the County's suicide prevention efforts. The curriculum is available in English and Spanish and includes different modules including general adult, general youth, higher education, older adult, public safety, rural, and veterans.
- **Specialized Trainings** – During fiscal year (FY) 2016-2017 Solano County Behavioral Health convened a Clinical Risk Management Workgroup, which included clinical staff from both County and community-based mental health programs. This workgroup was tasked with creating a comprehensive risk intervention tool that can be used by professional and paraprofessional providers to evaluate for risk of suicide, homicide, and grave disability. In addition to the development of the evaluation tool, suggested scripts were developed for training purposes. During August 2017 all Solano County Behavioral Health mental health specialists, clinicians, supervisors and managers and selected contractor clinical staff attended a 7-hour training on the new tool and risk assessment skills. This training will be offered to other mental health programs and other community partners in the next year.

Community Recommendations

Community Awareness Events

Stakeholders recommended that key partners and other community members make efforts to coordinate county-wide stigma reduction and suicide awareness events to include, but not limited to:

- Organizing, hosting, and/or participating in annual awareness walks such as the "Out of the Darkness Campus Walks."
- Hosting events to highlight "National Suicide Prevention Week," which can include writing and submitting Proclamations or Resolutions for "Suicide Prevention Week" with the Solano County Board of Supervisors (County Behavioral Health initiates this), City Councils, School District Boards, or other organizational Boards.
- Honoring "National Survivor Day," which falls on the Saturday before Thanksgiving each year and is geared for individuals who have experienced the loss of a loved one to suicide.
- Coordinated trainings or events at local schools to raise awareness about mental health and suicide prevention.
- Hosting events to highlight "May is Mental Health Awareness Month".
- Write and submit Proclamations or Resolutions for "May is Mental Health Awareness Month" with the Solano County Board of Supervisors (County Behavioral Health initiates this), City Councils, School District Boards, or other organizational Boards.
- Conduct stigma reduction activities at "National Night Out" events held in neighborhoods the 1st Tuesday in August.
- Use Speaker's Bureau to provide peer consumers who have survived a suicide attempt or have experienced thoughts of suicide to share their stories.

Visual & Literature Prevention Campaigns

Stakeholders recommended that key partners and other community members make efforts to coordinate the county-wide dissemination of materials providing information about mental health, suicide prevention, resources, and services available in the community. Ideas endorsed by the community included, but were not limited to:

- Distribute materials available on stigma reduction and suicide prevention available for the state-wide Each Mind Matters campaign. Materials available through the following website http://www.eachmindmatters.org/
- Providing materials when a major life event has taken place such as: retirement, postpartum, the death of a loved one, divorce, diagnosis of a major illness, etc.
- Distributing and/or posting materials in key locations to include: schools, hospitals, churches, family resource centers, restaurants, bars, gun shops, fire ranges, local bridges, elder care facilities, barber, or hair salons, etc.
- Promote PSAs focused on stigma reduction and suicide prevention.

Community Recommendations

Community Coordination & Interagency Collaborations

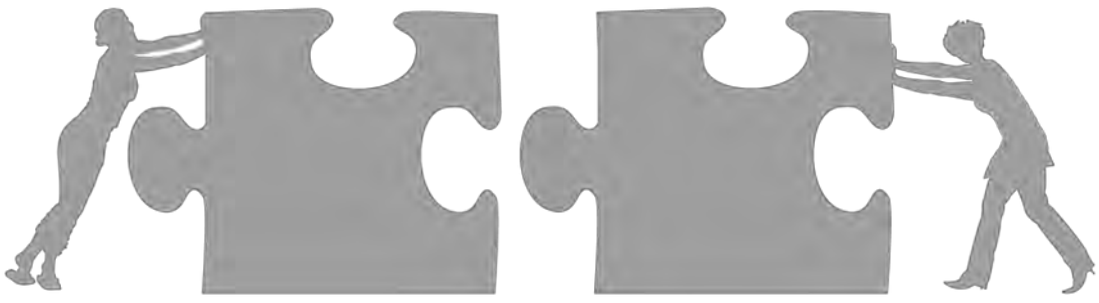
Key Partners

The following organizations and/or entities were identified by community stakeholders as key partners in the prevention of suicide who may need to collaborate in order to coordinate care for individuals during an acute crisis and for aftercare:

- **First Responders** – to include local law enforcement, fire, dispatch, emergency medical services (EMS), etc.
- **Mental Health Providers** – to include County, private, and community-based mental health providers, crisis stabilization unit, etc.
- **Health Care Service Providers** – to include County and privately-operated healthcare entities and their staff working in clinics and emergency service departments.
- **Local Educational Agencies (LEAs)** – to include key staff from elementary, middle, and high schools and the local community college.
- **Legal System Partners** – to include Probation, jail and juvenile hall staff, the District Attorney's Office and Public Defender's Office social workers, Drug Court, Family Court, etc.
- **Health and Social Service Providers** – to include child welfare, adult protective services, public health, eligibility workers, foster care agencies, elder adult agencies, etc.

Recommended Strategies to Enhance Coordination of Care

- Use of a common language when talking about suicide risk.
- Identify and understand the roles of each partner.
- Ensure there is a current resource guide that is available to entities and to the community.
- Develop processes for "warm hand off" when an individual is identified to be at risk for suicide and is being referred to higher level services and when discharged from CSU, local emergency room and/or inpatient facilities.
- Instill a sense of accountability to coordinate care.



Community Recommendations

Phases of Intervention

In the event that an individual is identified to be at risk for suicide steps must be taken to determine the level of risk including conducting a screening and/or assessment and initiating crisis services in the event that the risk is imminent. The following strategies are recommended for consideration by both public and private mental health and health care providers.

Screening & Assessment

The following screening and assessment approaches were identified by the community stakeholders which included mental health, healthcare and substance use providers, consumers, and family members:

- Be direct but empathic.
- Be a good listener.
- Use self-reporting screening tools.
- Do not be afraid to ask direct questions.
- Employ a culturally and linguistically appropriate approach including infusion of spirituality.
- Ensure that a thorough psycho-social assessment is completed.
- Assess for use of substances and impact on mental health.
- Assess for risk and protective factors.
- Engage family or collateral supports to gather additional information.
- Continue to screen for suicide risk after the crisis has passed.

In terms of systemic screenings, the following mechanisms or points of contact were recommended:

- Continued use of crisis lines.
- Continue to screen at the point of request for mental health services through: County Mental Health Access Line, Beacon, private insurers such as Kaiser, Sutter, Blue Shield, etc.
- Mental health treatment providers to screen periodically or at least annually for individuals involved in long term treatment. Initiate a screening if the identified client is demonstrating the warning signs of suicide.
- Primary care to initiate screenings at routine appointments.

Suicidal individuals suffering from depression will often seek out medical attention to address physical symptoms affecting them. As such, it is imperative that primary care providers have the training and education to screen for and recognize suicide risk.

The following screening tools were identified by the community stakeholders which included mental health, substance use and health care providers:

- Patient Health Questionnaire-9 (PHQ-9)
- Massachusetts Youth Screening Instrument (MAYSI)
- Adverse Childhood Experiences (ACE)
- BECK Depression Inventory
- Substance Abuse and Mental Health Services Administration (SAMSHA) phone App
- National Institute of Mental Health: Ask Suicide-Screening Questions (asQ)
- Ages & Stages Questionnaire-Social Emotional (ASQ-SE) for children 0-5

Community Recommendations

Crisis Intervention

If an individual is screened and determined to be at risk for life-threatening self-injurious behavior and suicide the following options should be considered:

- If the individual is at imminent risk call 911 and law enforcement will initiate a 5150 evaluation.
- If the individual is in the presence of a mental health provider certified to initiate a 5150, that provider should proceed with the 5150 evaluation process and arrange for safe transport to the County Crisis Stabilization Unit (CSU) or local Emergency Department (ED).
- The community endorsed a Mobile Crisis model staffed by mental health providers.

Treatment

The following recommendations regarding the types of treatment to address suicide risk and treatment approaches were endorsed by the community which included mental health, healthcare and substance use providers, consumers, and family members:

- Placement at a Crisis Residential Treatment (CRT) facility for up to 2 weeks for stabilization.
- Placement in an inpatient hospital as necessary.
- If treated in the community, the individual should be seen by a qualified mental health professional with increased frequency. Treatment providers can include private providers, local community-based organizations, or County Mental Health.
- Placement in a dual diagnosis program if the individual is suffering from both a mental illness and a substance use disorder.
- Referral to higher-level services which can include Full Service Partnership (FSP) programs or crisis aftercare programs.
- Referral to the Wellness & Recovery Centers which includes peer support.
- Use of warm or crisis lines for additional support.

The following treatment approaches were identified by the community stakeholders which included mental health, healthcare and substance use providers, consumers, and family members:

- Client-centered and driven services.
- Culturally and linguistically informed care.
- Cognitive Behavioral Therapy (CBT).
- Use of a trauma informed approach such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Dialectical Behavioral Therapy (DBT).
- Use a multi-modal approach: individual therapy, family therapy, couples therapy, group therapy.
- Medication management provided there is coordinated care with the clinician providing therapy.
- Use of mental health peer consumers in treatment.
- Support groups to include but not limited to: grief groups, peer facilitated groups, survivor groups, and divorce groups, etc.
- Implementation of individualized *Crisis Management Plans* or *Safety Plans.*

Community Recommendations

Discharge Planning & Aftercare

The following recommendations regarding appropriate discharge planning and aftercare for individuals discharged from a crisis unit, emergency rooms and/or inpatient facilities were endorsed by the community, which included mental health, healthcare and substance use providers, consumers, and family members:

- Ensure that the individual is linked to an appropriate level of treatment.
- Provide for a live conversation between the discharging facility and the community-based mental health provider who will be providing follow up care.
- Ensure that a follow up appointment has been made for both therapy and, if needed, a psychiatric medication appointment.
- Provide appropriate resources for meeting basic needs and support.
- Engage the individual's natural support system provided the individual authorizes the provider to do so.

Overwhelmingly the community expressed concerns about individuals being released with written resource materials only and being told to make a follow up appointment themselves.

Types of Aftercare

- Support groups including drop-in groups
- Warm-lines: phone lines individuals can call for brief support.
- Specific Crisis Aftercare programs that will engage and case manage an individual for 30-90 days.
- Respite or supported housing programs.

The following aftercare approaches were identified by the community stakeholders which included mental health, healthcare and substance use providers, consumers, and family members:

- Use of peer delivered services.
- Engage the individual's natural support system.
- Engage the individual's faith community as appropriate.
- Culturally and linguistically informed care.
- Continue to screen and assess for suicide risk.
- Use technology which can include text messages, emails and phone follow up contacts.

Priority Populations

Special Priority Populations

The following special priority populations were identified by the Suicide Prevention Committee and/or the community to be more at risk for suicide as evidenced by local, state, national suicide statistics, or were considered more at risk due to the stigma around mental health or due to a situational life stressor. The special priority populations identified included (*focus group held):

- Teens and youth*
- Men over age of 50
- Older adults*
- LGBTQ community*
- Filipino community *
- Native American community*
- Latino community
- Active and retired first responders
- Women postpartum
- Veterans
- Homeless individuals
- Individuals involved with the criminal justice system
- Children and families involved with the child welfare system

For a number of these special priority populations, members of the Suicide Prevention Committee held targeted focus groups to gather input about how to better support these communities to prevent suicide. For those populations that were identified, but a focus group was not held before the writing of this plan, focus groups will be held in the future to gather valuable input and insights into how to address stigma and to identify strategies to prevent suicide within these communities.

Teens & Youth

One of the myths about suicidal talk, and actual suicide attempts, in young people is that they are just a bid for attention or "a cry for help."[29] Suicidal ideation should be taken very seriously when working with teens. Two youth focus groups were held and were comprised of a diverse range of vocal young people who represented themselves and their peers. They were forthcoming about the risk factors, impacts, and recommended strategies to address stigma reduction and suicide prevention. Commonly mentioned risk factors included a traumatic and/or neglectful home situation, bullying, depression, on-going educational and relationship pressures and stressors, history of sexual assault and experiencing rejection due to identifying as LGBTQ. When discussing what supports would be helpful in preventing suicide, the youth discussed their reliance on fellow peers for support. Suggestions were made to train peer counselors and embed them in schools and other youth-friendly areas. When mental health treatment options were discussed, youth were clear that the services needed to be well advertised and the treatment providers needed to be culturally aware, authentic and engage in more than traditional talk therapy (e.g., offer services in the community and integrate art, music, and meditation).

Teens & Youth (cont.)

Regarding stigma reduction associated with mental health and suicide, the young people offered unique insight to what they feel would best for work for youth. There was a heavy emphasis on utilizing social media as a conduit to spread the message about how to prevent and respond to mental illness and suicide. Both groups stated that there is a clear need for education about what suicide risk factors are and how to respond if they experience these symptoms themselves or recognize the signs in a peer. They preferred that the educational training be offered at schools and recommended utilizing a motivational speaker who has struggled with mental illness and suicidal thoughts, as this type of presentation is more engaging to a younger audience. They recommended smaller break-out groups occur after the larger speaker presentation, so that youth would feel comfortable expressing themselves and asking questions.

Older Adults

Older adults over 60 are 18% of the population in California, but account for one-third of all suicides while adolescents account for less than 5 percent of the suicides. The suicide rate of older adults in California is 16.9 per 100,000 – higher than the overall rate of 10.4[30]. While Solano County has seen a decrease in suicides for older adults over 60 over the last several years this special population will require ongoing targeted prevention efforts to continue the downward trend.

The participants in the older adult focus group provided valuable insight into the risk factors, impacts, and proposed solutions to address the issue of suicide prevention. Identified risk factors included isolation, loss of independence as one ages, lack of family support, struggling with what is perceived to be a failing body, lack of finances; all of which contribute to an impact on self-worth and self-value. The group highlighted the intersection of the stigma related to being an older adult in a youth-centered culture with the stigma related to mental illness and suicide. They discussed experiencing this as a "double impact," with some participants highlighting that if you belong to certain cultural groups, such as LGBTQ, African American, American Asian Pacific Islander, the impact could be even greater.

To address these multiple impacts, training and education were suggested to aid in reducing the stigmas. It was recommended that these be offered to providers who serve older adults (including physicians, therapists, hair/nail salon staff), as well as family members and community members at already established meetings such as the Rotary. Given religious beliefs can act as a barrier to one obtaining help or support, outreach and training to faith-based centers was strongly recommended. One creative idea put forth was spearheading a public awareness campaign that frames being older as a strength and not a deficit. There was also the idea of linking older adults with animal rescue groups to address isolation and lack of physical contact, creating a mutually beneficial opportunity for volunteering/fostering/adopting pets in need.

Priority Populations

LGBTQ Community

The rate of suicide attempts is 4 times greater for LGBTQ youth and 2 times greater for questioning youth than that of straight youth[31]. The LGBTQ focus group provided particular insights into the risk factors, impacts and response needed to address suicide for this vulnerable community. Key risk factors that were identified included lack of family support, lack of education and resources within schools for youth, feeling attacked or condemned by faith-based centers, and the targeting of alcohol advertising to the LGBTQ community which encourages substance use and abuse. The group agreed that there are few places in Solano County where LGBTQ can feel safe to be themselves, and even fewer places where they can be themselves relative to their sexual orientation/gender identity AND their struggles with mental health issues.

The community could benefit from a wide array of stigma reduction strategies. There was a heavy focus on young people and the schools, with an emphasis on teacher trainings, student awareness trainings/campaigns, and identifying both youth and adult supports within the school setting that are both LGBTQ and mental health aware. Beyond just youth, it was suggested that there be community campaigns to normalize the conversation around LGBTQ identities and mental wellness. In looking at service delivery, the group commented that service providers—housing, mental health agencies, retail, restaurants—could participate in a signage campaign to establish that they are an LGBTQ-friendly space, and then uphold the space as safe for those who attend. Particular to mental health, the suggestion was made that numbers be distributed for mental health "help lines" that specialize in supporting the LGBTQ community and that services be provided in spaces that are already established as "safe."

Priority Populations

Filipino Community

A Filipino focus group was convened to address the issue of suicide prevention through the cultural lens of this community. The group explored the impact of suicide, the associated risk factors, and formulated culturally sensitive approaches to address the issue. Relative to the impacts of suicide, participants pointed out the emotional responses of shock, grief, anger, and helplessness. They discussed concern for families who had experienced the loss of a loved one to suicide, and also spoke to the impact this has on tight-knit Filipino communities. The group highlighted that until the issue of shame related to mental illness and suicide is addressed by the community and its members, people will not even begin to access resources if they are made available. Participants viewed many factors, including the shame and stigma, as being triggers for one to contemplate suicide. They discussed bullying, the influence of social media and its impact on expectations/societal norms/trends, relational issues, addiction, infidelity, and depression. There was a focus on the intergenerational gaps that occur between the different age groups within the Filipino community, and the influence this has on one's mental state. The consensus was to find a way to address and bridge these gaps.

Many potential ideas were put out regarding how to reduce shame related to mental illness and then provide culturally-responsive services to the community. An emphasis on creating awareness within the culture was discussed, with the recommendations to do so via social media and small group workshops and conversations. Social media campaigns could disseminate valuable information and aid in debunking myths related to mental health, while letting people take in the information at their own pace. The small group workshops would allow for intimate communal spaces where safety could be established and previously unspoken conversations could take place. Given the importance of faith and spirituality as it relates to the sense of community within the Filipino community, the focus group emphasized a desire to integrate mental health outreach and services with faith based centers. Partnering with already existing groups within faith based centers could help to fortify these groups that are already in place, and potentially lead to replicating them in other institutions where the Filipino population of Solano County congregates.

Priority Populations

Native American Community

Native Americans experience serious psychological distress 1.5 times more than the general population and use and abuse alcohol and other drugs at younger ages, and at higher rates than all other ethnic groups resulting in Native Americans being at higher risk for suicide [as evidenced by] suicide being the second leading cause of death among American Indian youth ages 10-34[32]. The Native American focus group created a platform for an open dialogue about the impact and risk factors associated with suicide within this marginalized community, while also creating an opportunity for exploration of what is needed to address issues related to mental health and wellness. The group emphasized the role that intergenerational trauma has on the Solano County Native American community, particularly as it relates to not being recognized as a population that experiences unique hardships including grief related to the displacement of tribes, economic inequality, substance abuse, environmental destruction, cultural appropriation, and the mockery of sacred spiritual and cultural practices. Additional risk factors identified included: stress, a lack of affordable housing, child abuse, and unresolved grief/trauma. The invisibility, in combination with the aforementioned hardships, create vulnerabilities that impact Native American residents' mental health and create risk for suicide. The group identified that when a Native person dies by suicide there is no "cry dance," indicating no communal expression of grief and support, and the family members are generally isolated at increased risk for mental health and/or suicide themselves. Due to the lack of recognizable safe and culturally responsive spaces, and a general stigma related to mental illness, the mental health needs of the Native American community are not adequately addressed from a prevention or intervention standpoint.

In addition to outlining the areas of risk and reasons why treatment needs are not addressed, they also were vocal in expressing what could be put into place to provide holistic support to this population. First and foremost, a visible acknowledgment of the Native American population in Solano will create opportunities for collaboration to address the historical shame and trauma. With the input of the community, mental health-specific welcoming spaces that are culturally responsive could be created by providing cultural competency trainings, education, and talking circles. The TANF office in Fairfield is already viewed as a safe space and the staff are considered cultural brokers. This could be leveraged to build supportive partnerships, particularly with the County, to further address stigma and work to meet the needs of the community. Supports needed included transportation, outreach from community healthcare staff, and building a network of supports within the native community. The group proposed hosting a symposium that would focus on the mental health needs of Native Americans. Incorporated in the symposium could be traditional healers/medicine people/elder presenters, along with community members telling their stories in hopes of creating an opportunity for healing and connection. As visibility is increased, and service provision addresses the unique strengths and challenges of the Native American population, the risk for suicide can be significantly reduced.

Postvention

If an individual commits suicide, the time following the death is extremely sensitive. It is recommended that attention is paid to supporting the family and loved ones as well as the providers working with the survivors. Additionally, it is recommended that there is a process review of the case or situation for the purpose of learning what preventative measures may be taken in the future to prevent suicide deaths.

The following recommendations regarding postvention strategies were endorsed by the community which included mental health, healthcare and substance use providers, consumers, and family members including family members who had lost a loved one to suicide:

Support for Family & Loved Ones

- Use of law enforcement department Chaplains to meet with the loved ones within 1-5 days of the death.
- Screen loved ones for suicide risk.
- Link loved ones to grief or therapeutic services including existing grief groups offered in the County.
- Encourage connection to faith community when appropriate.

Support for Providers, School Personnel, First Responders

- Convene those involved or who had worked with the deceased to notify them of the death and provide support. Allow for open dialogue and sharing of emotions.
- Offer referral to employee assistance program (EAP).
- Encourage those impacted to utilize supervision and/or peer consultation for support.
- Continue to check in with provider/team following the death.

Suicide Death Review Process

In the event that there is a suicide, convene the group of those providers or staff who had directly worked with the deceased to review the situation. Ensure that the tone of the meeting is one of inquiry rather than blame for any one person or persons. The purpose of the meeting must be to explore whether there were system barriers and/or preventative measures that could be put in place to prevent future suicide deaths.

Adverse Outcome Data Collection

During the community stakeholder process the issue of not being able to track demographic information that may put an individual at increased risk for suicide, such as LGBTQ status or Native American heritage was identified as a barrier to prevention. There are inherent limitations regarding the data that is collected and reported by the medical examiner as the demographic categories of gender and race are predefined by state and national reporting standards. A potential strategy that was recommended was to build in a follow up visit to the family of the deceased within 1-5 days by a police department chaplain whereby the chaplain could have a tool to sensitively guide the process of gathering additional information about stressors that may have led to the individual taking his/her life. The information could then be submitted to a centralized point of contact in order to expand upon the demographic data currently collected by the Coroner's Office.

Social Media: How to Recognize the Risks and Benefits

Social media is a relatively new phenomenon that has swept the world during the past decade. There is increasing evidence that the Internet and social media can influence suicide-related behavior.

Social Media Platforms

- Chat Rooms; e.g. Tumblr, Reddit
- Video Sites; e.g. YouTube
- Social Networking Sites; e.g. Facebook, Instagram, MySpace, Twitter, Google+
- Email
- Text Messaging
- Video Chat; e.g. FaceTime, Skype

These platforms have transformed traditional methods of communication by allowing the instantaneous and interactive sharing of information created and controlled by individuals, groups, organizations, and governments. An immense quantity of information on the topic of suicide is available on the Internet, both pro-suicide and prevention related content. The information available on the web and social media on the topic of suicide can influence suicidal behavior, both negatively and positively.

Social Media & Risk

There are several specific ways that social media can increase risk for suicidal behavior from encouraging suicide as a solution to a problem, sensationalizing the courage it takes to follow through with self-harm, 'how to' websites and a myriad of other pro-suicide content. Cyberbullying and cyber harassment, for example, are serious and prevalent problems. Cyberbullying typically refers to when a child or adolescent is intentionally and repeatedly targeted by another child or teen in the form of threats or harassments or humiliated or embarrassed by means of cellular phones or Internet technologies such as e-mail, texting, social networking sites, or instant messaging. Cyber harassment and cyber stalking typically refer to these same actions when they involve adults. "Cyberbullicide" is a term used to describe suicide indirectly or directly influenced by experiences with online aggression.

Social Media & Prevention

There are just as many examples of features on web and social media sites that allowed for proactive prevention. Social networking sites for suicide prevention can facilitate social connections among peers with similar experiences and increase awareness of prevention programs, crisis help lines, and other support and educational resources. For example, the National Suicide Prevention Lifeline Facebook page and the American Foundation of Suicide Prevention have a combined total of more than 100,000 fans. Both of these Facebook pages provide links to suicide prevention Web sites and hotlines, as well as information about the warning signs of suicide. There are hundreds of groups on Twitter and hundreds of blog profiles on Blogger.com designated as suicide prevention. These social media sites allow users to interact and share relevant information, stories, and events in their local areas. Search engines such as Google and Yahoo search have a feature that displays a link and message about the National Suicide Prevention Lifeline at the top of the search page when keyword searches suggest suicidal ideation or intent.

Educational Settings: K-12

Suicide Prevention for Educational Settings: K-12

A specific section is being included in the plan to address suicide prevention with the children and youth of Solano County given specific feedback received from educators and/or youth during the community planning process and to support the local educational agencies in responding to a recent law passed related to suicide prevention. Additionally, ideally prevention efforts should be focused on children and youth in order to prevent the development of more serious mental health conditions and to instill in the young people of Solano County that it is okay to request help when they are experiencing mental health symptoms or thoughts of suicide.

On September 26, 2016 Assembly Bill (AB) 2246 was passed in California imposing a state-mandated requirement for local educational agencies (LEA) that serve grades 7-12 to adopt a policy on pupil suicide prevention, specifically addressing the needs of high-risk groups before the beginning of the 2017-18 school year. The high-risk groups include: youth bereaved by suicide, youth with disabilities, youth with mental health or substance use disorders, youth experiencing homelessness or in foster care, and LBGTQ youth. This mandate is an opportunity for our community to engage in stigma reduction and suicide prevention efforts with young people early on which may ultimately prevent a child/youth from developing a mental health or substance use disorder, and more importantly, can prevent teen suicides. Prevention and intervention in the school setting can significantly impact the trajectory of a youth in a crisis.

School District Trainings & Education

It was recommended that each school district make efforts to coordinate training and educational opportunities regarding mental health and suicide prevention at each school site throughout the school year to combat the stigma associated with mental health. Provide trainings to the following educational stakeholders:

- Teachers
- School personnel
- Administrators
- School resource officers
- Students
- Parents
- Any mental health professionals employed by schools and/or district or co-located mental health professionals

School districts are encouraged to reach out to County Mental Health to request suicide prevention trainings outlined in this plan on pages 24-25. Additionally, it is recommended that school districts invest funding to have two to five employees trained as “train-the-trainers” for suicide prevention curriculums to ensure sustainability in the future.

Educational Settings: K-12

School districts are encouraged to continue to partner with County Mental Health to reduce stigma related to mental illness and to increase awareness of suicide prevention. Stigma reduction and suicide prevention awareness activities could include:

- Recognizing "National Suicide Prevention Awareness Week" each September.
- Implement the "Sources of Strength" suicide prevention program in high schools. This program incorporates a peer leader approach increasing help seeking behaviors, social support networks, and promoting connection between peers and caring adults sourcesofstrenght.org
- Hold school forums on stigma reduction to include an inspirational speaker who is a survivor*
- Organize and host suicide awareness walks.
- Recognizing "May is Mental Health Awareness Month" each May.
- Organize specific days for students to wear lime green in support of mental health awareness.
- Host poetry jams with a theme of mental health.
- Ensure that awareness and stigma reduction materials are visible and accessible for students.
- Engage students in the "Directing the Change" suicide prevention film contest campaign whereby students create short videos for submission for a statewide contest directingchangeca.org.
- Facilitate "Challenge Day" workshops at school sites challengeday.org.
- Leverage the Positive Behavioral Interventions & Supports (PBIS) multi-tiered approach to social, emotional, and behavioral support used in many of the schools in Solano County.
- Identify and maintain a drop-in safe space for students to come in for support, encouraging a peer support network. *

Phases of Treatment Related to Schools

There is often a misconception that if you ask an individual, particularly a young person, if they are considering suicide that this will plant a seed or trigger the individual to become suicidal. The is erroneous, and in fact, not asking or not providing the opportunity for an individual to share that they are having suicidal thoughts further contributes to the stigma of mental health and can increase risk further. School sites have personnel who are tasked with providing counseling and support for students and often mental health professionals are co-located on campuses. School districts should ensure that there are processes in place to either screen and/or assess for suicide. If a student discloses suicidal ideation, appropriate steps must be taken to evaluate the risk and either increase services and/or refer to more appropriate crisis services.

The "Treatment" and "Aftercare" sections included earlier in this Plan are relevant to school settings, however there were specific strategies that were highlighted regarding support for children and youth. In addition to the youth receiving individual therapy and increased support, other strategies include:

- Ensuring that students who are experiencing persistent suicidal ideation and or have made an attempt are referred to an appropriate level of ongoing care particularly given it is recommended that the frequency of services is increased to several times per week or more frequently in some cases.

* These actions were endorsed by youth who participated in suicide prevention focus groups.

- Facilitating opportunities for peer support groups with adult support available and/or monitoring the group.
- Ensuring access to mental health professionals including co-located professionals that may not be district employees.
- In the event that a student makes a suicide attempt, facilitate a re-entry meeting to include the student, parent/caretakers, school counselor, any pertinent school personnel that is considered a support for the student and when appropriate the external mental health provider. In the event that a student has made an attempt or is persistently suicidal, efforts should be made to increase coordination between external mental health treatment providers and school personnel.

Postvention for Schools

While any death of a student is tragic and can disrupt the day-to-day functioning of a school site, when a child or youth dies by suicide it is shocking and causes students and school personnel to feel confused and emotionally overwhelmed, which can disrupt the school's ability to return to the primary function of educating students[33]. Overarching strategies or goals should include:

- Identifying a crisis response team to be dispatched to the school site to provide support to students and school personnel. The school district may consider convening a specific group of individuals that will be called upon if there is a student suicide. Alternatively, school districts can reach out to County Mental Health or other mental health agencies with whom they have a working relationship with to request crisis support. It is recommended that the team that is dispatched is available to provide drop-in type services in an accessible location such as the school library or auditorium. Support can be in the form of a group discussion and/or one-on-one meetings, particularly for any students who are at higher risk due to having had a close relationship with the deceased. This focused support should be made available for up to two weeks or longer if deemed necessary.
- Be cautious around how the death is memorialized due to the increased risk for suicide contagion. Suicide contagion is the exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviors. Direct and indirect exposure to suicidal behavior has been shown to precede an increase in suicidal behavior in persons at risk for suicide, especially in adolescents and young adults.[34] It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death.[35]
- Ensure that students are aware that there is support available to them.
- Determine an appropriate mechanism to notify parents when there is a suicide death that impacts a school site community.

The manner in which a school site manages a suicide death of a student is very sensitive and ideally each district will have a process identified ahead of time rather than at the time of a student suicide. It is recommended that at the beginning of each school year, school districts review the crisis response plan. The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) collaborated to create a resource guide, *After a Suicide: A Toolkit for Schools*, to address how to respond when there is a student suicide which can be found at www.afsp.org/schools.

The Impact of Media on Youth Locally

In March of 2017 Netflix released a web television series called *13 Reasons Why* based on the 2007 novel *Thirteen Reasons Why* written by Jay Asher. This series revolves around a high school student, Clay Jensen, and his friend Hannah Baker, a girl who committed suicide after a series of traumatic events. The story is told over the course of 13 episodes anchored on cassette tapes made by the character Hannah prior to her suicide. The cassette tapes lead to flashbacks of Hannah before her death whereby she identifies people she considers responsible for her death. *13 Reasons Why* is co-produced by Selena Gomez and has become very popular among young people, including the youth of Solano County. This particular television series has a unique tie to Solano County in that parts of the show were filmed here in Solano County.

The series includes very mature material including bullying, the death of a student due to a car accident, two sexual assaults and a very graphic suicide. Unfortunately, when the series first aired, the producers did not include any particular advisory warnings and/or resources for sexual assault or suicide prevention for the episodes that included graphic scenes. As a result, the series has received negative press due to reports that there has been in increase in reported self-injurious behavior and suicide attempts among youth, increased calls to suicide hotlines, increased suicide-related searches on the Internet, and suicide deaths among young people following the release of the series. Suicide prevention experts have emphasized the importance of using this situation as a teachable moment to initiate a conversation about the issue of mental health and suicide prevention. In fact, increased calls to suicide hotlines can be viewed as a positive outcome of the series in that individuals that may have already been at risk for suicide reached out and asked for help. The Jed Foundation/Suicide Awareness Voices of Education put out "13 Reasons Why Talking Points"[36] which can be found in Appendix B. These talking points can be useful for parents and/or teachers working with youth who have watched the show and have been negatively impacted.

Following the release of *13 Reasons Why* Solano County Behavioral Health received several calls from local school districts reporting an increase in youth who were suicidal and/or had made attempts after watching the series. Solano County Behavioral Health provided suicide prevention training for the school districts that requested training. Additionally, a template for a parent letter that included the talking points referred to above and resources for sexual assault and suicide prevention was provided to the school districts as a resource in response to this Netflix series.

Educational Settings: K-12

A disturbing social media fad called the “Blue Whale Challenge” is an online game whereby children and teens are targeted and assigned a series of 50 challenges over a course of 50 days that are increasingly risky or dangerous and ultimately culminate in a final challenge to commit suicide. There has been reports of suicide deaths in other countries, however this has yet to be confirmed. That said, in May of 2017 the Vacaville Unified School District became aware of this potentially deadly game from some of their own students which prompted them to send letters to parents warning them about the online game.

Given the nature of social media and web-based television it is recommended that parents make a concerted effort to consistently monitor what their children are watching on television and to monitor their social media. Furthermore, it is recommended that parents make attempts to routinely initiate open and honest conversations with their children about their experiences at school, experiences with their peers, and to check in on their children’s mood. In the event that a parent notes a significant change in their child’s mood or behavior it is recommended that the parent seek help for their child immediately.

Goals of This Plan

During the planning process 2 overarching goals were identified:

Using the 2014 suicide attempt data of 643 total attempts as a baseline, the goal is to reduce suicide attempts in Solano County by 5% in five years and 10% in ten years.

Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 10% in five years, 20% in ten years with an ultimate goal to work towards zero suicide deaths.

In order to achieve these goals, objectives and tasks related to prevention; community coordination; and phases of treatment, have been identified as a starting point to unite the community around a shared vision to reduce and ultimately eliminate suicide in our community. This will require the collaboration of both the public and private sectors, as well as community volunteers working collaboratively sharing resources and expertise.

Objective 1: Normalize mental health seeking behavior.
Tasks:

1. Engage community in mental health stigma reduction activities.
2. Increase access to mental health services for communities that are unserved/underserved in Solano County.

Objective 2: Increase knowledge of the warning signs for suicide and how to link individuals in crisis to appropriate care.
Tasks:

1. Compile, organize and make available a master list of all suicide prevention trainings offered to providers and community members.
2. Increase the training capacity for suicide prevention trainers.
3. Create and promote messages that "suicide is preventable" through use of social media and literature campaigns.
4. Provide standard messaging around knowing the warning signs and how to connect to services.
5. Promote safe messaging guidelines related to suicide prevention events.

Objective 3: Increase opportunities to identify those that are at increased risk for suicide.
Tasks:

1. Increase the number of providers, school staff, and community members trained in suicide prevention, including train-the-trainer models.
2. Implement uniform brief self-reporting screening tools in mental health and primary care clinics.
3. Facilitate focus groups for the special priority populations that were identified but had not had a focus group at the writing of this Plan.
4. Continue to engage representatives from all of the special priority populations through key informant interviews, focus groups, and/or surveys to insure current risk factors are being considered.

5. Make efforts to implement some, or all of the strategies identified through the focus groups for the special priority populations.

Objective 4: Partner with firearm instructors and gun shop owners to incorporate suicide prevention awareness.
Tasks:

1. Educate and promote lethal means restrictions/protections during times of heightened risk.
2. Distribute the gun safety materials developed in partnership between Solano County Behavioral Health and the Sheriff's Department to the local firearm businesses.

Objective 5: Increase comprehensive coordination among treatment providers, particularly crisis providers and the treatment program that will provide aftercare.
Tasks:

1. Compile, organize and make available a comprehensive resource guide that will be available to all community members that will be updated routinely.
2. Create a list of identified points of contact for crisis aftercare follow up for each insurance plan.
3. Create a basic urgent care referral form that can be used universally to ensure that individuals at risk are adequately linked to care post-acute crisis.

Objective 6: Improve treatment and aftercare services for individuals experiencing an acute crisis.
Tasks:

1. Provide training on how to assess and provide crisis intervention in a culturally competent manner for mental health providers, primary care providers, substance abuse providers, hospitals, first responders, etc.
2. Increase the use of evidenced-based or promising practice models of treatment.
3. Encourage non-County providers to adopt a practice of mandating a follow up within 7 days from when a client is discharged from an inpatient facility. The follow up can be by phone, but ideally in person.

Objective 7: Develop a protocol for how to respond when there is a suicide death to better support the community impacted.
Tasks:

1. Convene a workgroup that will identify best practices related to how to support loved ones and the community impacted following a death by suicide.
2. Develop a guideline for a postvention review process for mental health, substance abuse and health care providers.
3. Support school districts to develop crisis response teams and guidelines for how to respond to a student suicide death.

Plan Implementation

The *Solano County Suicide Prevention Strategic Plan* is intended to galvanize all Solano County residents including the public and private sectors. In order to implement this Plan it will require community members, public and private providers, businesses, law enforcement, local educational agencies, faith-based organizations, etc. to work collaboratively on the various strategies outlined in this document. The Plan calls for a substantial coordinated effort by multiple partners to identify and successfully achieve the necessary program, policy, and system improvements. As such, this will require shared resources and is therefore not the sole responsibility of any one entity. Both public and private health care providers have their own policies and practices related to suicide prevention and suicide crisis response. This Plan is intended to be used as a guide in regards to policy-making and the actual practices deployed in programs and clinics across the County. The Solano County Suicide Prevention Committee will act as the holder of the Plan and will be responsible to organize targeted workgroups, focus groups and community coordinated efforts regarding suicide prevention.

Workgroups will be convened and focused on the various components of plan implementation. The workgroups will be comprised of key stakeholders that can influence change or movement for the particular task assigned. Starting in January 2018, and thereafter, workgroups will be convened to address the following:

- Coordination of training and education
- Stigma reduction and suicide prevention campaigns
- Screening protocols
- Treatment best practices
- Coordination of care
- Postvention policies and practices

To address the special priority populations, initial focus groups will be held for those special priority populations that have not yet had a focus group. Additionally, at least annual efforts will be made to have focus groups with all the priority populations in order to identify any new strategies that warrant consideration for implementation. The Solano County Suicide Prevention Committee and the Solano County Behavioral Health MHSA Unit will organize and facilitate these focus groups and all the information will be reported back to the larger Committee for consideration.

Solano County Behavioral Health will continue to leverage state suicide prevention resources through the Mental Health Services Act funding in order to provide leadership and guidance in regards to stigma reduction and suicide prevention activities available to all community members. Solano County Behavioral Health MHSA Unit will continue to provide support to the local educational agencies/school districts in developing and implementing their own suicide prevention policies and plans.

Plan Data Tracking & Reporting

Data Collection & Tracking

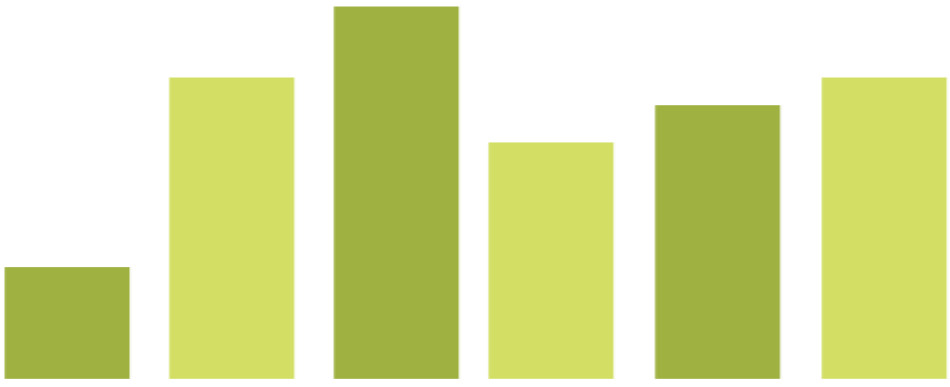
The data related to suicide attempts that result in medical treatment through local emergency rooms and/or medical hospital facilities will continue to be collected and reported to the California Department of Public Health and will be reviewed by the Solano County Suicide Prevention Committee biannually and annually to evaluate trends and identify specific target special populations.

The data related to suicide deaths will continue to be collected and tracked by the Solano County Sheriff Department-Coroner's Office. It was identified that there are some inherent challenges to the data categories that the Coroner is required to collect since the data will not capture information related to several of the special target populations. For example, in a situation in which an individual who died by suicide is transgender that information will not be captured in the end of the year data. This is true for Native American status, sexual orientation, and individuals involved with law enforcement and/or child welfare. The Suicide Prevention Committee will continue to make efforts to implement a system outside of the Sheriff's Department's data collection system to collect the expanded demographic data related to special priority populations.

Solano County Mental Health tracks and reports annually the total number of suicide prevention trainings provided and the number of participants trained for the trainings that County Mental Health funds. That said, there is no data collection related to trainings provided by other organizations, including private mental health and health care providers, schools, etc. Efforts will be made to create a tracking mechanism to track data related to suicide prevention trainings offered throughout the County.

Data Reporting

The Suicide Prevention Committee will review the data related to suicide prevention trainings provided throughout the County, suicide attempts, suicide deaths, and other relevant data informing the County-wide Suicide Prevention Strategic Plan throughout the year. On an annual basis the data collected will be reported back to the community in the month of September corresponding with National Suicide Prevention Awareness Week. The Plan, updates to the Plan, and annual outcomes will be posted on the County Behavioral Health website on the Mental Health page under "Suicide Prevention."



Local, State, and National Resources

There are many organizations that focus on suicide prevention efforts and/or crisis intervention. The list of resources below is not exhaustive, but rather includes information about agencies or organizations that are providing valuable support to our community.

Local Support

Solano County Mental Health Access Line
24/7 Access Services
1-800-547-0495

Solano County Crisis Stabilization Unit
24/7 Crisis Services
2101 Courage Drive, Fairfield, CA 94533
1-707-428-1131

Local Solano County Emergency Rooms
Pending City

There are many other programs and resources available to support individuals with mental illness and/or substance use disorders. Below is a link to the County Mental Health page where a comprehensive resource guide is maintained. The *Solano County Wellness Recovery Resource Guide 2017* can be accessed at : http://www.solanocounty.com/depts/mhs/default.asp

Statewide Support

Each Mind Matters
Stigma Reduction Campaign
www.eachmindmatters.org

Know the Signs
Suicide Prevention Campaign
www.suicideispreventable.org

National Support

National Suicide Prevention Lifeline
24/7 Suicide Prevention Hotline
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

The Trevor Project: Suicide Prevention for LGBTQ Youth
24/7 Suicide Prevention Hotline for LGBTQ Youth
1-800-488-7386 call and text capabilities
www.thetrevorproject.org

MY3: Suicide Prevention Phone App
www.my3app.org

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Appendix

Solano County Sheriff's Office

APPROVED

CCW Firearms Training Providers

Outdoor Gear	707-647-2511
Am. Canyon & Fairfield	29outdoorgear.com
Baptist Security Training	
Vacaville	www.BaptistSecurityTraining.com
Blue Ridge Consulting & Firearms	707-689-0172
Vacaville	BRCArms.com
Dobbs Firearm Training	888-486-0250
Fairfield & Vacaville	dobbsfirearmstraining.com
Eagle Defense	
Sloughhouse, CA	www.eagledef.com
Kennedy Consulting	530-617-1GUN
Fair Oaks, CA	jonkennedyconsulting.com
Liberty Firearms Training	916-476-4987
Sloughhouse & Walnut Grove	libertyfirearmstraining.com
Northern Firearms Instruction	530-776-4855
Vacaville	usgunpro.com
R&D Training	707-592-3113
Napa	
Security & Firearms Training Academy	916-500-1442
North Highlands	safta-inc.com

get in touch

For **24 Hour SUICIDE PREVENTION**, call
National Suicide Prevention Lifeline
(800) 273-TALK (8255)
http://www.suicideispreventable.org

For **24 / 7 CRISIS SERVICES**, call the
Solano County Crisis Stabilization Unit
2101 Courage Drive, Fairfield
(707) 428-1131

Mental Health Access
(800) 547-0495

THE 10 COMMANDMENTS OF GUN SAFETY

Brought to you by the
Solano County Sheriff's Office
and the
Department of Health & Social Services

THE 10 COMMANDMENTS OF GUN SAFETY

1. **Treat every firearm as if it is loaded** - It might be, even if you think it isn't.

2. **Always point the muzzle in a safe direction** - Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others.

3. **Keep your finger off the trigger until you've made the conscious decision to shoot.**

4. **Be sure of your target and what's beyond.** Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. Never fire in a direction where there are people or any other potential for mishap.

5. **Seek proper instruction**
   Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm. Before handling a new gun, learn how it operates.

6. **Store your guns safely and securely to prevent unauthorized access.**

7. **Don't mix alcohol or drugs with shooting.**

8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.

9. **Never handle a firearm if you are angry or depressed.**

THE 10TH COMMANDMENT

Consider temporary off-site storage if a family member may be suicidal.

When a friend or family member has experienced an emotional crisis such as a break-up, job loss, or legal trouble – or if you notice a major change in someone's behavior such as depression, violence, or heavy drinking, or drug use, simply consider off-site storage of firearms.

Most gun shops and law enforcement agencies will be glad to store guns outside the home until the situation improves.

Appendix B

13 REASONS WHY
TALKING POINTS

- 13 Reasons Why is a fictional story based on a widely known novel and is meant to be a cautionary tale.
- You may have similar experiences and thoughts as some of the characters in 13RW. People often identify with characters they see on TV or in movies. However, it is important to remember that there are healthy ways to cope with the topics covered in 13RW and acting on suicidal thoughts is not one of them.
- If you have watched the show and feel like you need support or someone to talk to, reach out. Talk with a friend, family member, a counselor, or therapist. There is always someone who will listen.
- Suicide is not a common response to life's challenges or adversity. The vast majority of people who experience bullying, the death of a friend, or any other adversity described in 13RW do not die by suicide. In fact, most reach out, talk to others and seek help or find other productive ways of coping. They go on to lead healthy, normal lives.
- Suicide is never a heroic or romantic act. Hannah's suicide (although fictional) is a cautionary tale, not meant to appear heroic and should be viewed as a tragedy.
- It is important to know that, in spite of the portrayal of a serious treatment failure in 13RW, there are many treatment options for life challenges, distress and mental illness. Treatment works.
- Suicide affects everyone and everyone can do something to help if they see or hear warning signs that someone is at risk of suicide.
- Talking openly and honestly about emotional distress and suicide is ok. It will not make someone more suicidal or put the idea of suicide in their mind. If you are concerned about someone, ask them about it.
- Knowing how to acknowledge and respond to someone who shares their thoughts of emotional distress or suicide with you is important. Don't judge them or their thoughts. Listen. Be caring and kind. Offer to stay with them. Offer to go with them to get help or to contact a crisis line.
- How the guidance counselor in 13RW responds to Hannah's thoughts of suicide is not appropriate and not typical of most counselors. School counselors are professionals and a trustworthy source for help. If your experience with a school counselor is unhelpful, seek other sources of support such as a crisis line.
- While not everyone will know what to say or have a helpful reaction, there are people who do, so keep trying to find someone who will help you. If someone tells you they are suicidal, take them seriously and get help.
- When you die you do not get to make a movie or talk to people any more. Leaving messages from beyond the grave is a dramatization produced in Hollywood and is not possible in real life.
- Memorializing someone who died by suicide is not a recommended practice. Decorating someone's locker who died by suicide and/or taking selfies in front of such a memorial is not appropriate and does not honor the life of the person who died by suicide.
- Hannah's tapes blame others for her suicide. Suicide is never the fault of survivors of suicide loss. There are resources and support groups for suicide loss survivors.

If you're struggling with thoughts of suicide...

- Text START to 741-741
- Call 1-800-273-TALK (8255)

Training partner by

SAVE

JED

www.save.org | www.jedfoundation.org

WELLNESS • RECOVERY • RESILIENCE