

PROJECT SAFETY NET COMMUNITY FORUM
POLICY AND ADVOCACY
MAY 23, 2018

SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent suicide deaths and suicide attempts in Santa Clara County

Outcome Objectives

Increase early identification and support for people thinking about suicide

Increase use of mental health services

Strengthen
community
suicide prevention
and response
systems

Reduce access to lethal means

Improve messaging in media about suicide



Suicide Prevention Oversight Committee

Policy advocacy

Santa Clara
County Suicide
Prevention
Program

Policy implementation



REACTING TO POLICY

- Federal policy and rhetoric about immigration
- Received reports of increased suicidal thinking/behavior in response to DACA program rollback
- Led to partnership with Office of Immigrant Relations



Photo source: LA Times, 2018



AB2246: SCHOOL SUICIDE CRISIS RESPONSE AND PREVENTION



- Partnership with Stanford and HEARD Alliance, County Office of Education, and School-Linked Services
- Needs assessment survey on policy implementation



SURVEY RESPONSE OVERVIEW

- Total: 28 (25 usable)
- 16 school districts
- Approx. 58,271 students represented
- 11 high schools
- 15 middle schools
- 2 elementary
- Respondents: Principals, Student Services Coordinators, Associate Superintendents, School Counselors





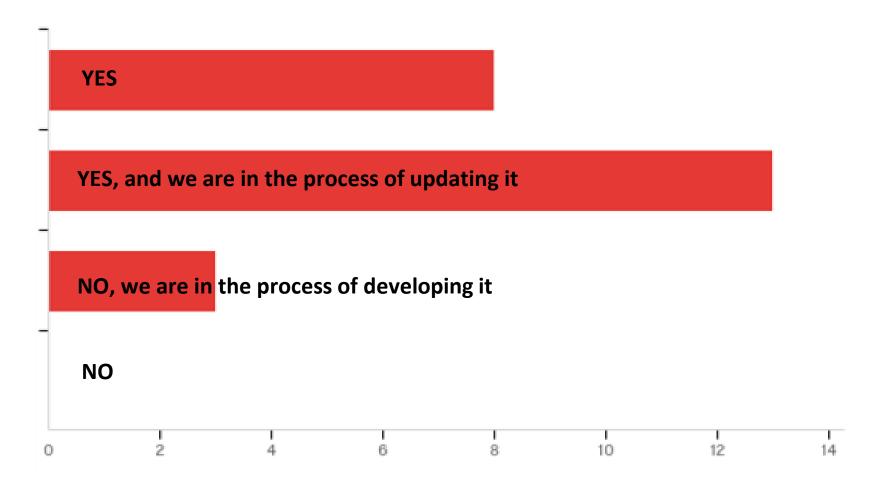
MENTAL HEALTH CLIMATE

- Staffing (averages)
 - Psychologists: 1.6 per 1,000 students
 - LMFTs: 2.0 per 1,000
 - Licensed Social Workers: 0.5 per 1,000
 - Others: guidance counselors, behaviorists, interns
- Mental health clubs/support groups: 17 of 25 (68%)





DOES YOUR SCHOOL CURRENTLY HAVE A SUICIDE PREVENTION AND INTERVENTION POLICY IN PLACE?







INTERVENTION AND POSTVENTION

Low risk Moderate risk Attempts

|--|

	Support for low- risk students	Support for students with moderate risk	In-school suicide attempts	Out-of- school suicide attempts	Re-entry after suicidal crisis	Response to suicide deaths
Yes	74%	74%	13%	13%	48%	22%
In Progres s	13%	26%	43%	39%	30%	52%
No	13%	0%	43%	48%	22%	26%





PROMOTION

 Awareness of administration and staff about safe messaging best practices: 6.6 out of 10

Trainings Received in Past School Year

	School mental health professionals (1)	Teachers (2)	Other school staff (3)	Students (4)
Yes	61%	35%	30%	30%
No	39%	65%	70%	70%

- (1) QPR, YMHFA, SafeTALK, ASIST, Kognito, AMSR, Suicide to Hope, on-site
- (2) QPR, SafeTALK, ASIST, Kognito, Keenan Safe Schools online module, on-site
- (3) QPR, other training by school counselors
- (4) More than Sad, Kognito, Sources of Strength, Other (Second Step/Step Up to Thrive, Life Skills, ACT)





Suicide Prevention Adult Training Programs

Basic QPR: Question, Persuade, Refer	safeTALK	Mental Health First Aid (+ youth version)	ASIST	Advanced Suicide to Hope
Recognize the warning signs of a suicide crisis. Learn how to question, persuade, and refer someone to help. Audience: General-adult Format: In-class, online Duration: 1-2 hrs	Learn to move beyond the common tendency to miss, dismiss, and avoid suicide. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe. Audience: General-adult Format: In-class Duration: 3 hrs	Understand risk factors and warning signs for common mental health challenges and 5-step mental health action plan to help both youth and adults in crisis. Audience: General-adult Format: In-class Duration: 8 hrs	Learn to provide suicide first aid to a person at risk. Identify key elements of a suicide safety plan and the actions required to implement it. Audience: mental health professionals, caregivers Format: In-class Duration: 2 days	Understand a framework for finding and exploring recovery and growth opportunities for clients with suicide experiences. Apply a Pathway to Hope (PaTH) model for setting recovery goals. Audience: mental health professionals Format: In-class Duration: 8 hrs

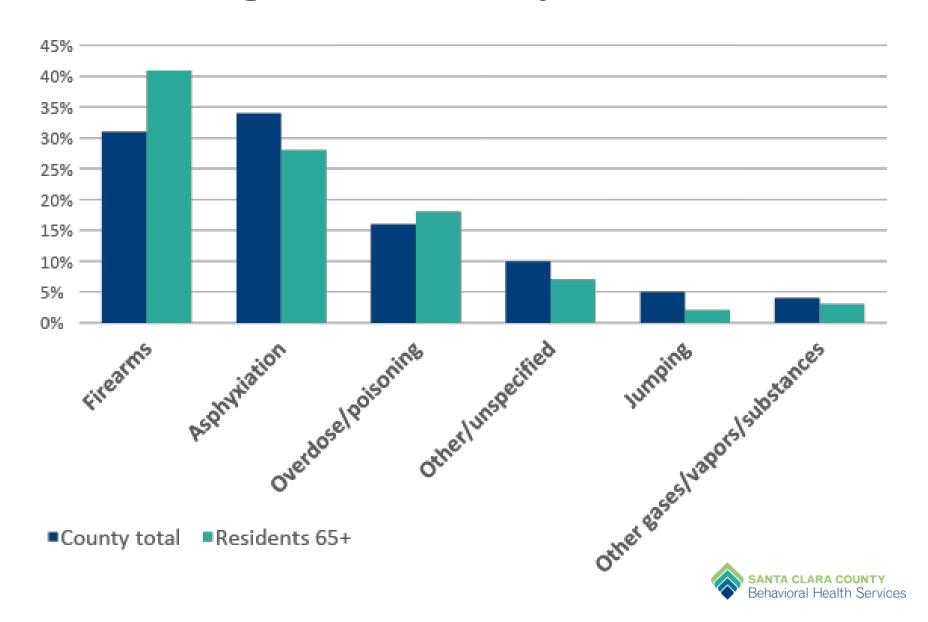
To arrange a training and for information about youth trainings, please contact <u>zinat.mohamed@hhs.sccgov.org</u>, (408) 885-6421

All trainings are free and funded by the voter-approved Mental Health Services Act (Prop. 63).



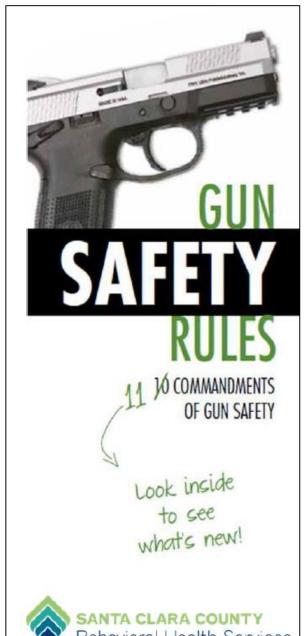


Percentage of Suicide Deaths by Method, 2007-16



Reduce access to lethal means

- Policy enforcement, e.g. San Jose safe storage, Gun Violence **Restraining Order**
- Outreach to gun shops/ranges, gun shows
- Engage gun owners
- County Gun Safety and Violence **Prevention Coordination Team**





CITY SUICIDE PREVENTION POLICIES

CITY OF MORGAN HILL CITY COUNCIL POLICIES AND PROCEDURES

CP-xx-xx

SUBJECT: SUICIDE PREVENTION POLICY

EFFECTIVE DATE: FEBRUARY 7, 2018

ORIGINATING DEPARTMENT: POLICE DEPARTMENT

BACKGROUND

Suicide is the leading cause of death by fatal injury in Santa Clara County. These deaths are usually preventable. Within that framework, it is the policy of the City of Morgan Hill to adopt best practices for suicide prevention and early intervention. It is the policy of the City to implement the Santa Clara County Suicide Prevention Strategic Plan, adopted by the Santa Clara County Board of Supervisors on August 24, 2010. To meet these goals, the City will promote mental health care, wellness, and prevention, and will provide support for community members in need, as available.

PURPOSE

This policy encourages community collaboration; promotes planning, implementing, and evaluating strategies for suicide prevention, intervention, and postvention; and encourages mental health care.

POLICY

It is the policy of the City to implement current strategies and best practices as designed by the Suicide Prevention Resource Center, a national agency promoting the national suicide prevention plan, and the California Suicide Prevention Plan.



- Palo Alto, Mountain View, Los Gatos: Existing policies
- Morgan Hill: Passed unanimously by City Council on February 7th
- San Jose: Under second round of review; cleared City Council Rules Committee and will move next to full Council vote
- Gilroy, Milpitas, Sunnyvale: Under review





