

Integrated Behavioral Health Action Coalition (IBHAC)



June 2, 2023 | 9:00 AM - 10:30 AM

9:00 AM	WELCOME & SELF CARE	<i>Ali Hayes & Jen Hastings, HIP</i>
9:05 AM	LOCAL SNAPSHOT DATA: SUICIDAL IDEATION, ATTEMPTS, AND SUICIDES	<i>Dr. Faris Sabbah, County Superintendent of Schools, COE Andrea Tolaio, Program Director, Suicide Prevention Services Dr. Stephany Fiore, County Coroner</i>
9:40 AM	SUICIDE PREVENTION SANTA CRUZ COUNTY	<i>Andrea Turnbull, LCSW, County Behavioral Health Services</i>
9:55 AM	PANEL DISCUSSION	<i>Facilitated by Ali Hayes</i>
10:30 AM	CLOSING & APPRECIATIONS	<i>Ali Hayes & Jen Hastings, HIP</i>

This meeting is being recorded. The recording will be linked in the follow-up email.



Self Care





Trigger Warning

This presentation contains language, topics and discussion of death that might be emotionally difficult or triggering for some people.

Please take care of yourself however you need to during the session.





Destigmatizing Language

We encourage folks to shift away from using the word "committed" suicide and **using the terms "suicide death" or "death by suicide."** For family members and others who have lost loved ones this is important.

Criminalizing language perpetuates the stigma around suicide, and perpetuates the shame around discussing suicidal thoughts.

Language is important...

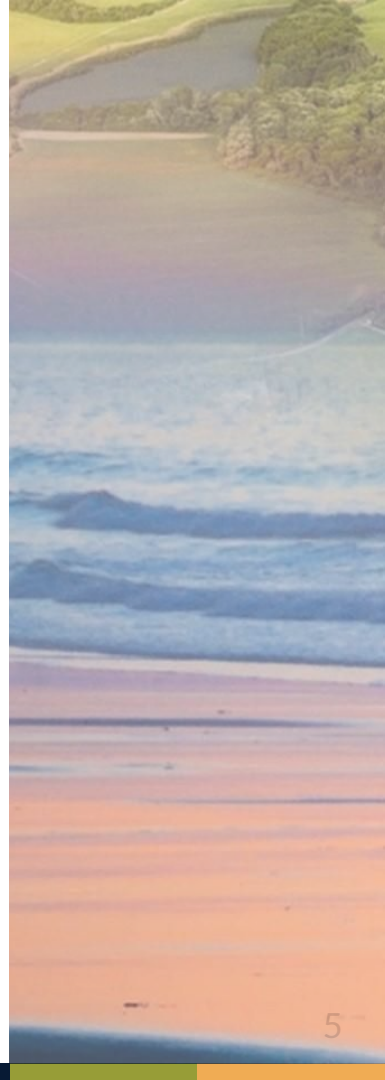


LOCAL SNAPSHOT DATA: SUICIDAL IDEATION, ATTEMPTS, & SUICIDE DEATHS

Dr. Faris Sabbah, County Superintendent of Schools, COE

Andrea Tolaio, Program Director, Suicide Prevention Services

Dr. Stephany Fiore, County Coroner





6.2.23

Centering Wellness

The Role of Schools in
Addressing the Mental Health Crisis

Dr. Faris Sabbah

Santa Cruz County Office of Education

Youth in Crisis



npr

SIGN IN NPR SHOP DONATE

THE MENTAL HEALTH CRISIS IN OUR SCHOOLS

Mental Health In Schools: A Hidden Crisis Affecting Millions Of Students




Psychiatric Times

TOPICS MEDIA PUBLICATIONS JOB BOARD CME/CE PARTNERS RES

Child and Adolescent Mental Health: A National Emergency

Three leading groups in child and adolescent mental health have declared a state of emergency for the nation's youth.

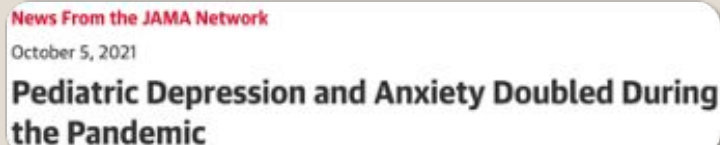
How COVID-19 Stole 'Children's Joy,'
Sparking a Mental Health Emergency



THE WALL STREET JOURNAL

Loneliness, Anxiety and Loss:
the Covid Pandemic's Terrible
Toll on Kids

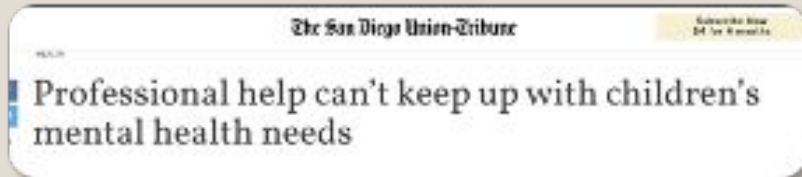
Stress and short tempers: Schools struggle
with behavior as students return



News From the JAMA Network

October 5, 2021

Pediatric Depression and Anxiety Doubled During
the Pandemic



HEALTH

The San Diego Union-Tribune

Subscribe Now \$4 for 4 months

Professional help can't keep up with children's
mental health needs



Local Data: CA Healthy Kids Survey

Have you felt sad or helpless every day in the last 12 months?



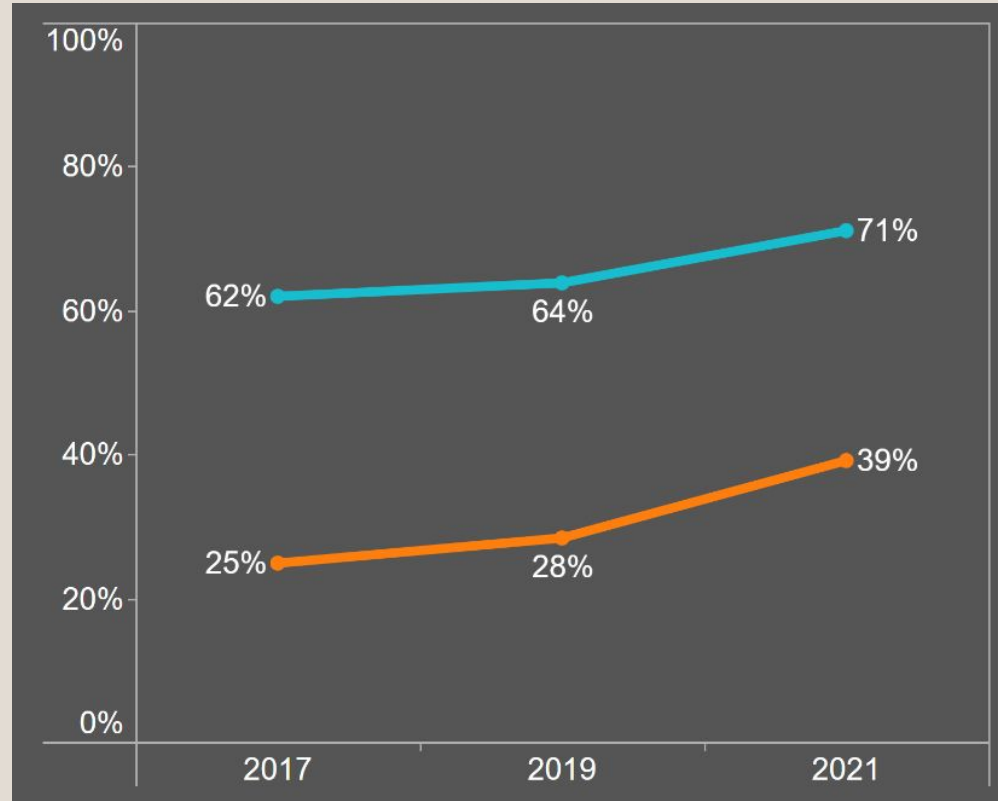
Students who identify as LGBT



Students who do not identify as LGBT



dataportal.santacruzcoe.org



Local Data: CA Healthy Kids Survey

Did you seriously consider suicide in the last 12 months?



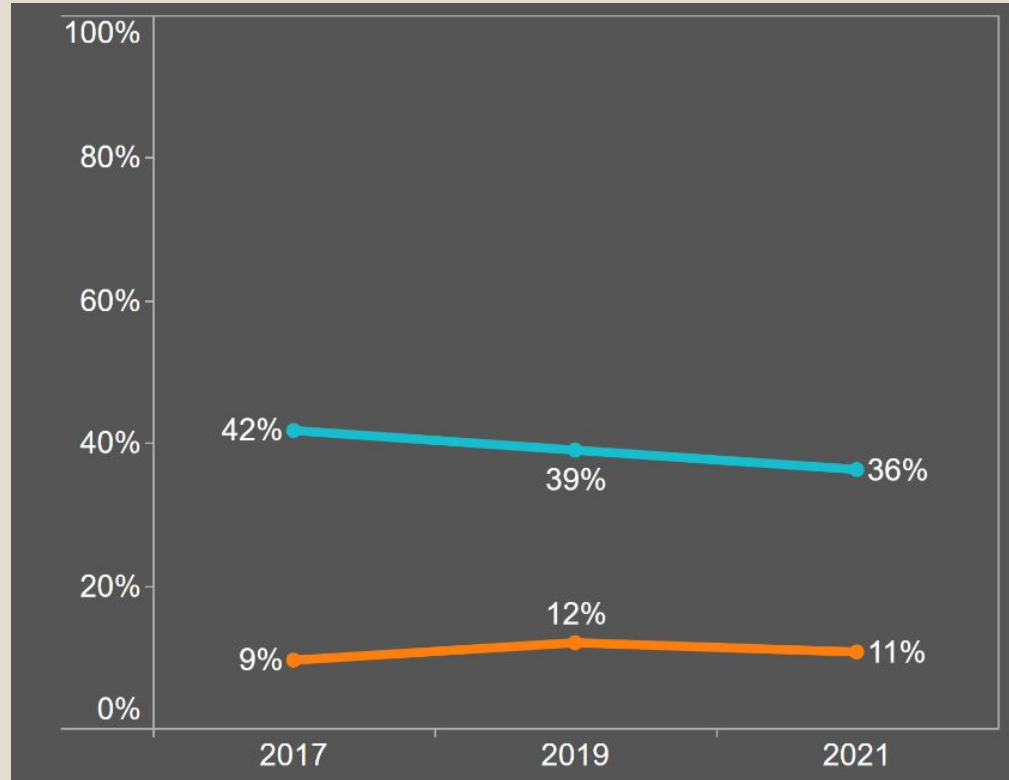
Students who identify as LGBT



Students who do not identify as LGBT



dataportal.santacruzcoe.org



School as a Hub



Where are the Gaps?



Decentralized Service
Delivery

Limited Access
Insurance, location

Organizational Silos

Staff Burnout
Limited pool of Clinicians

Complex and inconsistent
funding sources

Ongoing Efforts

Staff Training

- Youth Mental Health First Aid
- Trauma/Resiliency Training

Training for Students

- Teen Mental Health First Aid
- Peer Support (Hope Squad)

NAMI Training for Parents

- Ending the Silence
- NAMI Basics

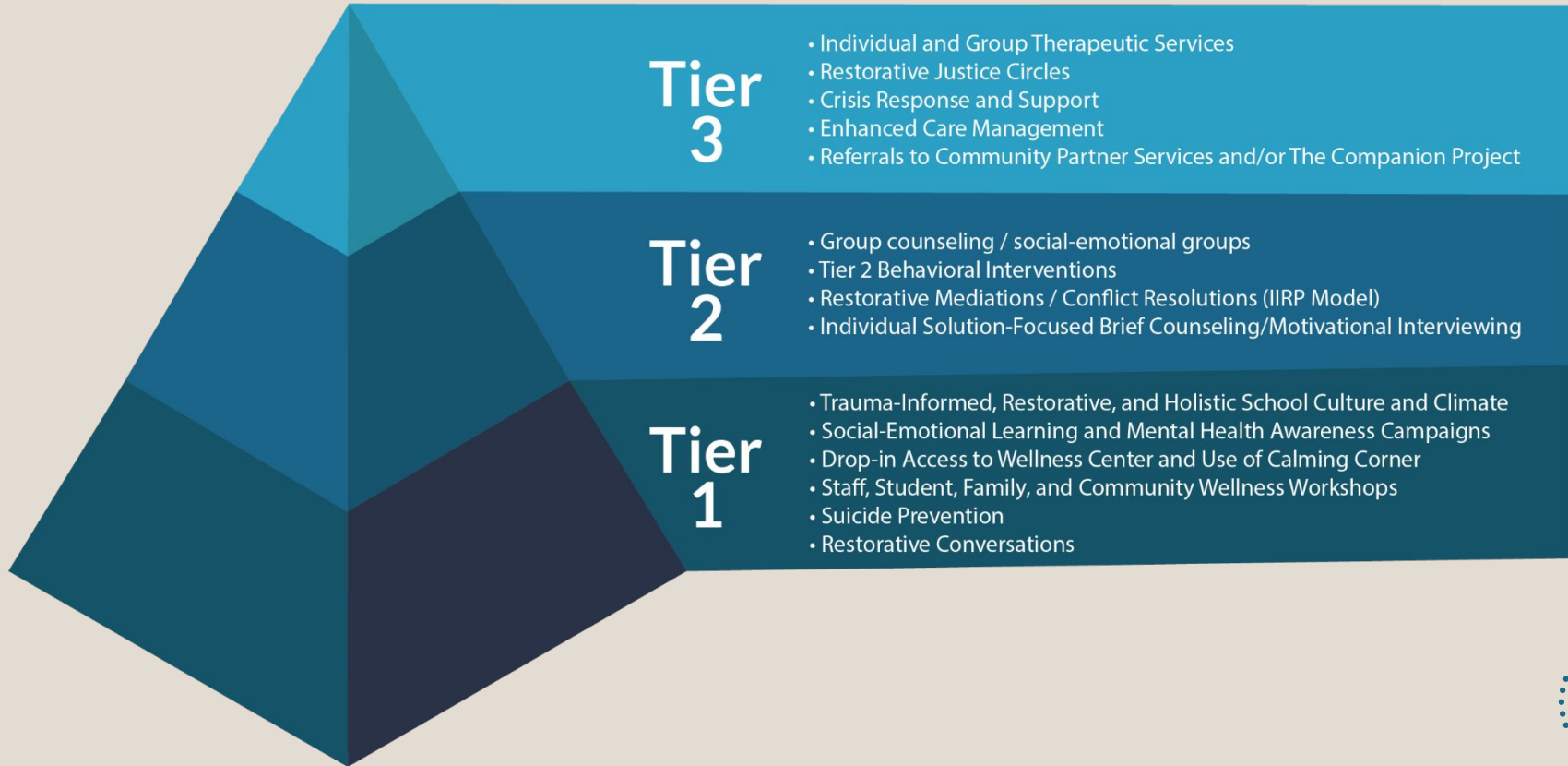
Case Management

- Companion Project

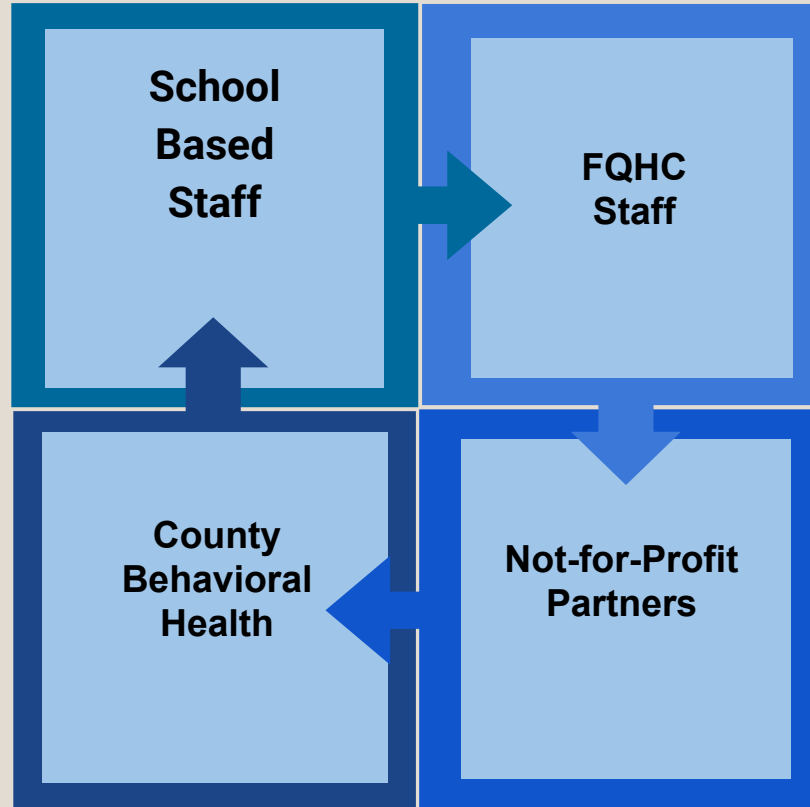
Wellness Centers at all
Comprehensive High
Schools



Multi-Tiered Systems of Support



Delivering Services



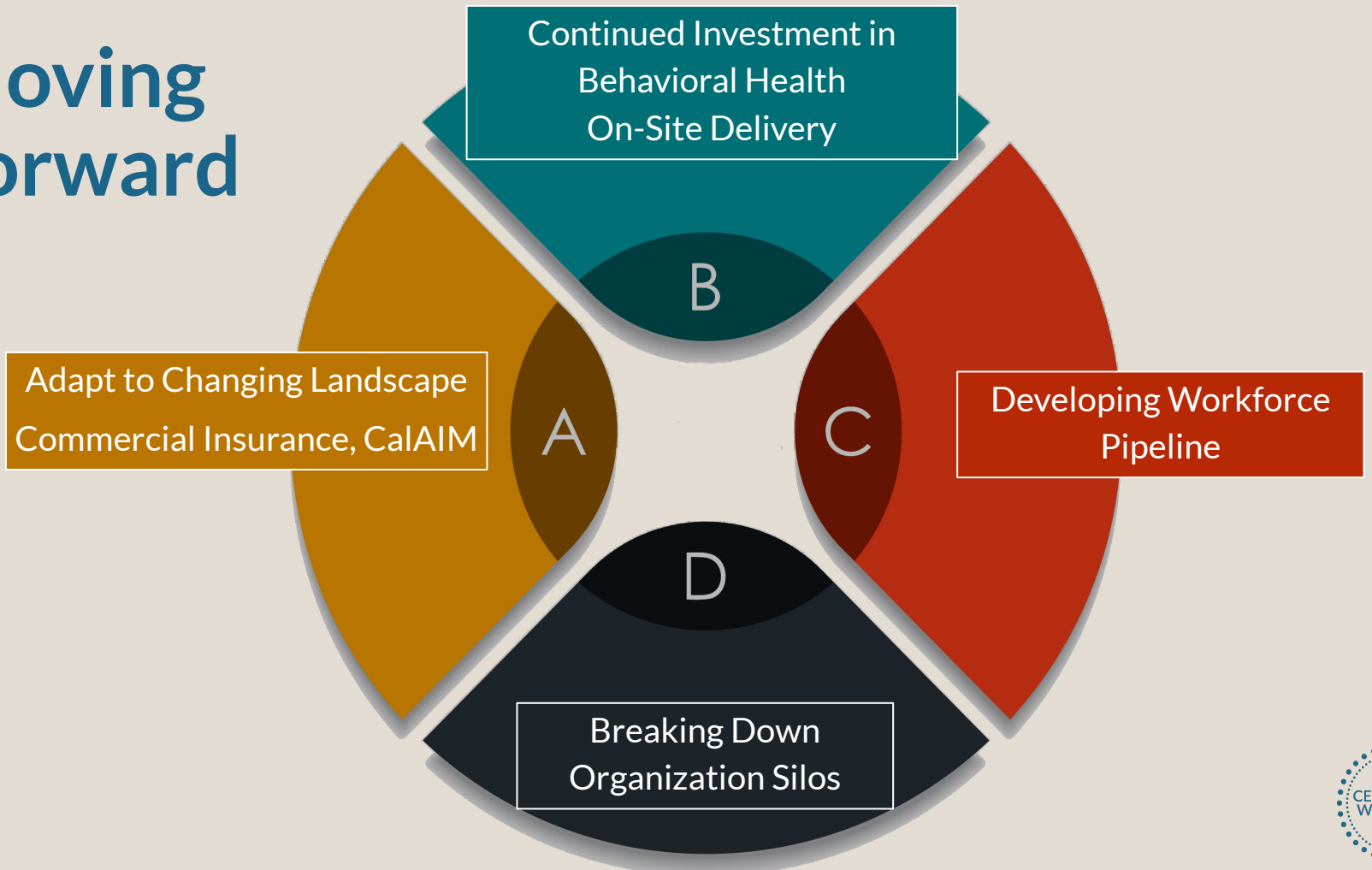
Expected Outcomes



- **Stigma Reduction of Mental Health Care**
- **Open Door to Wellness and Connection to Services**
- **Integrated systems of support that address the social determinants of health**
- **Prevention and Early Intervention**
- **Social and Emotional Skill Building**



Moving Forward





Suicide Prevention Service: A program of Family Services Agency of the Central Coast

Andrea Tolaio
Program Director
Tolaio.a@fsa.cc.org
831-459-9373



Suicide Prevention Service is a program of Family Services Agency of the Central Coast



988 SUICIDE & CRISIS LIFELINE

Suicide Prevention Hotline

If you know someone in crisis, call 988.

Suicide Prevention Service of the CENTRAL COAST

988 for the Central Coast
Monterey, Santa Cruz and San Benito Counties
Population: 771,794

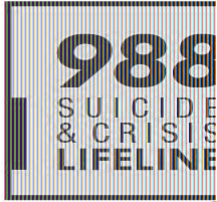
County	Population	Percent
Monterey County	437,325	56.66%
Santa Cruz County	267,792	34.70%
San Benito	66,677	8.64%
	771,794	100.00%

CA 988 CRISIS CENTERS

- 1 Bucklelew Suicide Prevention Program
- 2 Central Valley Suicide Prevention Hotline – Kings View
- 3 Contra Costa Crisis Center
- 4 Crisis Support Services of Alameda County
- 5 Kern Behavioral Health & Recovery Services Hotline
- 6 Optum
- 7 San Francisco Suicide Prevention Felton Institute
- 8 Santa Clara County Suicide and Crisis Services
- 9 StarVista
- 10 Didi Hirsch Mental Health Services
- 11 Suicide Prevention of Yolo County
- 12 Suicide Prevention Service of the Central Coast
- 13 WellSpace Health

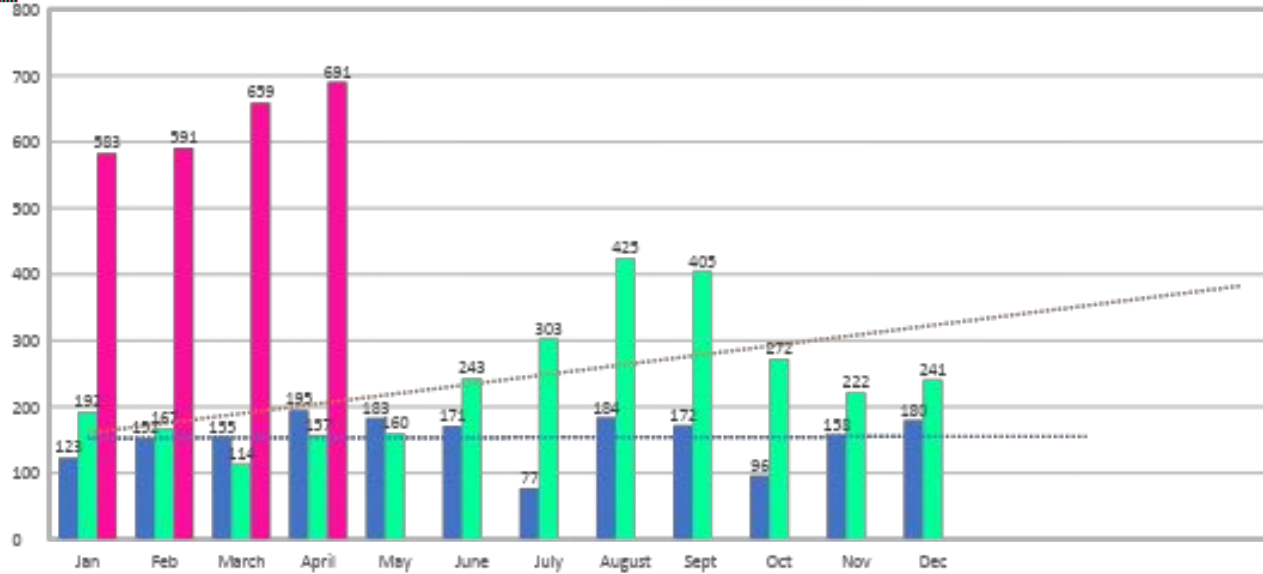


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Calls Answered Callers that are engaged with a Responder.

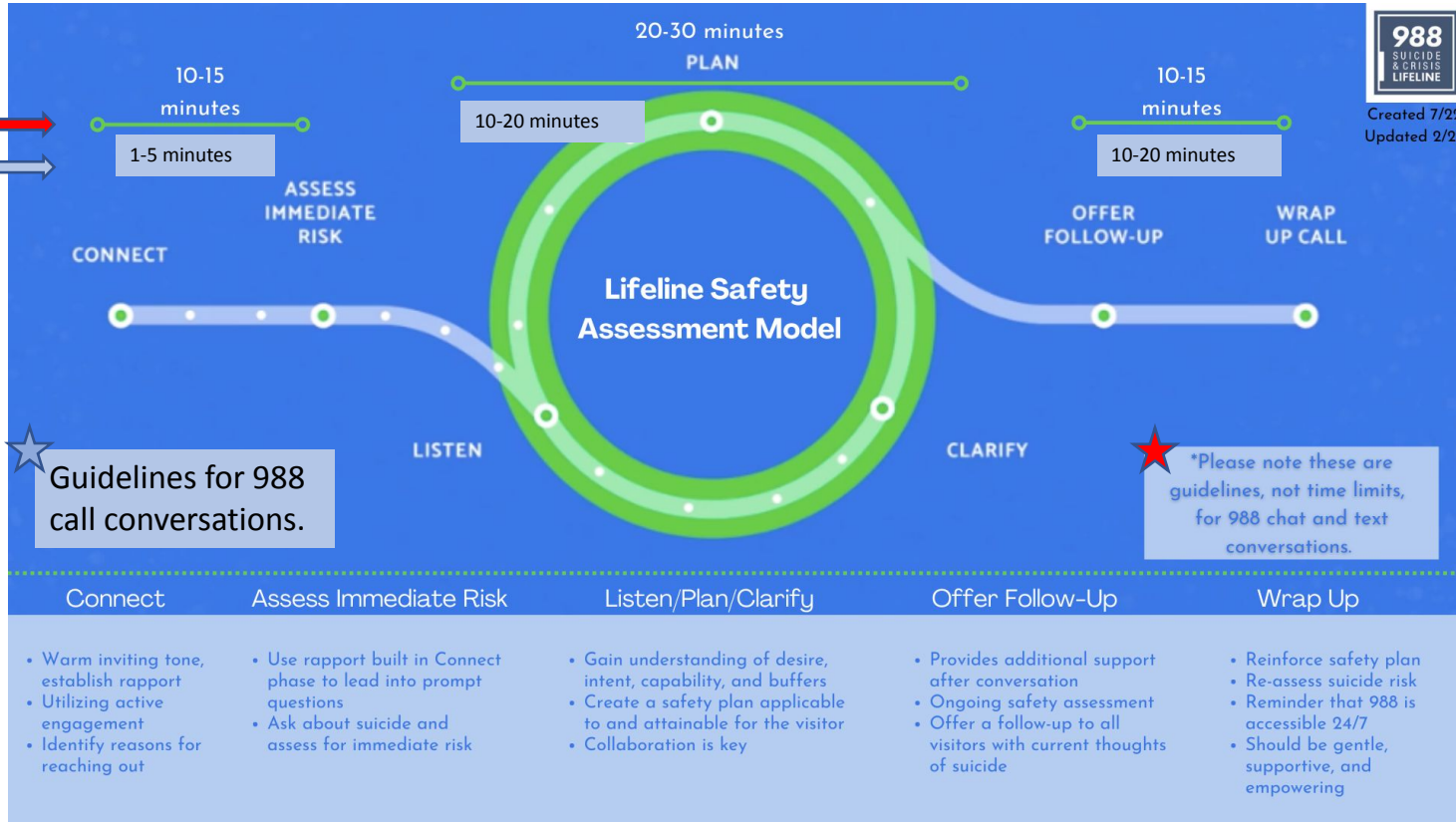
2021 (1,846)
2022 (2,901)
2023 (2,524 Jan – April)



Lifeline Safety Assessment Model



Created 7/22
Updated 2/23





The basic safety assessment questions we ask every caller are:

1. Have you had thoughts of suicide today or in the past few days?
2. Have you taken any action to try to kill yourself today?

If the answer to either of those is yes, we will do a full safety assessment exploring desire, intent, capability, and buffers.

We try to make a safety plan with every caller, coming up with short-term, concrete steps they can take to stay safe and care for themselves.

We make a safety agreement with every caller, asking "Can you agree to not take any suicidal action for the next 24 hours and call us back if at any point you feel you cannot stay safe?"

Desire

Intent

Capability

Buffers

1 Suicidal Ideation

1 Hopelessness

1 Attempt in Progress

1 Plan - Method Known

1 Preparatory Behaviors

1 Expressed Intent to Die

1 History of Attempts

1 History of Self Harm (NSSI)

1 Available Means

1 Dysregulated

1 Currently Intoxicated

1 Immediate Supports

1 Reasons for Living

1 Ambivalence

• Perceived Burden

• Feeling Trapped

• Self-Hate

• Psychological Pain

• Feeling Intolerably Alone
(Low Belonging)

• Substance Abuse

• Exposure to Someone Else's
Suicide

• Acute Symptoms of
Mental Illness

• Sleep Disturbance

• Increased Anxiety

• History of Violence to Others

• Sense of Purpose

• Planning for Future

• Engagement with Helper

• Social Supports

• Core Beliefs



Suicidal Ideation, Risk Assessment and Safety Plans



Suicidal Ideation Preoccupied with the idea of suicide. May regularly think about the way they would commit suicide or think about what life would be like if they weren't around. They may also replay the suicidal act out in your mind.

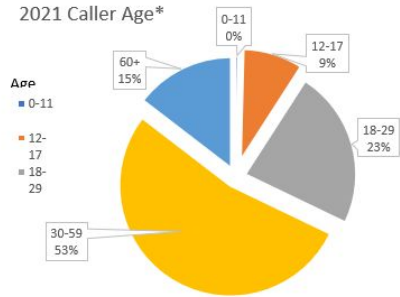
Risk Assessment What is a suicide screening?

A suicide risk screening can help find out how likely it is that someone will try to take their own life. During most screenings, a provider will ask some questions about behavior and feelings. There are specific questions and guidelines that providers can use. These are known as suicide risk assessment tools.

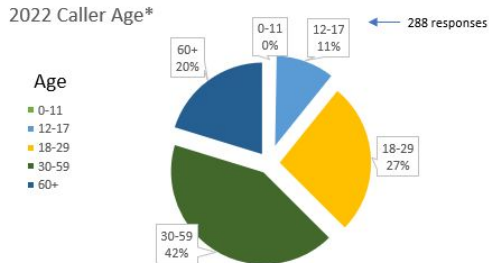
98% of callers who are assessed as **AT RISK*** agree to a Safety Plan

SANTA CRUZ COUNTY ONLY							
ASSESSMENT, & SP/SA JAN TO APRIL 2023							
CategoryName	GroupName	Answer	Jan	Feb	Mar	Apr	Total
Assessment	Is the caller at Risk?	Yes	158	167	112	101	538
Safety Planning	caller agree to a safety plan?	Yes	134	159	118	117	528

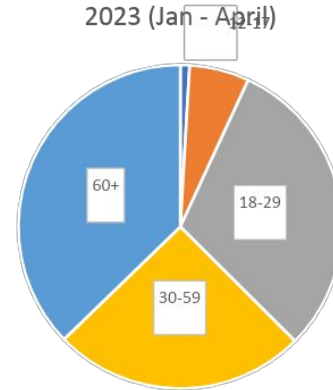
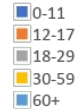
Suicide Prevention Service Program Suicide & Crisis Lifeline Santa Cruz County Caller Ages



* Calls are anonymous. Percentage based on number of



* Calls are anonymous. Percentage based on number of responses (1,846)

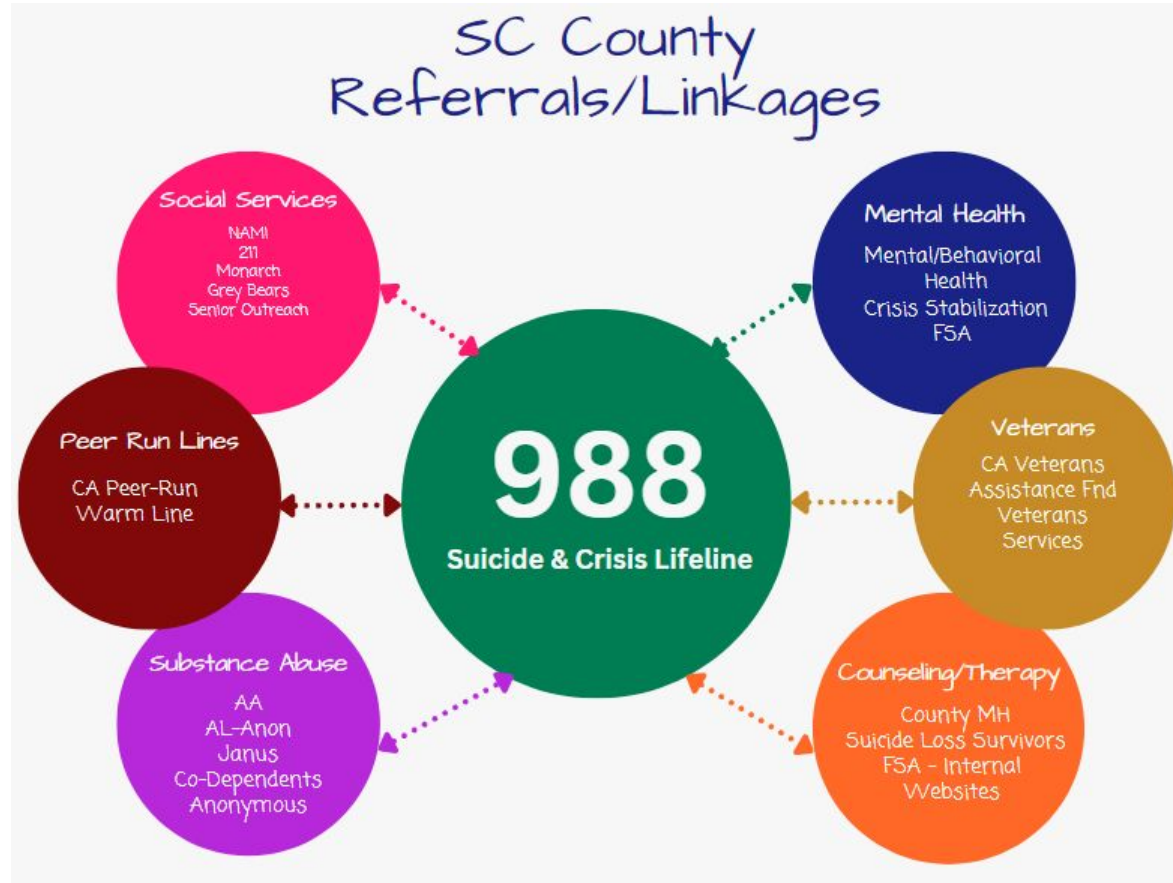


Age	Count	Percentage
0-11	4	1%
12-17	26	6%
18-29	133	31%
30-59	110	25%
60+	162	37%
total	435	100%

Suicide Prevention Service of the
Central Coast Referrals
7/1/2022 - 4/30/2023



total # of referrals	CATEGORY
122	SS= Social service
8	SA= Substance abuse
25	PR= Peer Run
2	V= Veterans
13	Internal
37	MH= Mental health
6	CM= Crisis mobile
1	CS= Crisis stabilization
214	TOTAL IN SC COUNTY



Where are we on the path of continuum of BH care? Collaborating and working closely with local stakeholders and partners in behavioral health to rethink how people are connected to compassionate, accessible care and response with the goal of serving community members in crisis.

- Building trust and relationships
- Stakeholder meetings
- MOUs
- Agreeing on processes and policies re: “warm hand-offs,” crisis calls, imminent risk, mobile crisis options
- Cross trainings
- Gathering/Sharing Data
- Planning/Partnering
- Resource/Information sharing
- PLANNING
- Building community and education

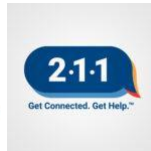
A Continuum of Crisis Responses

Understanding the various crisis response options is critical to planning a response, incorporating needed services throughout the crisis system more broadly, and addressing the community's immediate needs. See **Figure 1: Essential Components of Local Crisis Responses** for an overview of the continuum of crisis responses.

Figure 1: Essential Components of Local Crisis Responses



While responses are one piece of a **crisis system**, communities can use the options in Figure 1 as a launching pad to build out their comprehensive system. Understanding needed responses, capacity, and resources can help inform decisions on prevention and aftercare services.





What's NEW What's NEXT

- Strengthening and advancing the CA 988 Coalition
- Involvement with mobile crisis response teams
- Offering TEXT/CHAT beginning July 2023
- Collective Mental Health and Suicide Prevention Campaigns
- Increasing Lifeline staffing/coverage.
- Exploration; training/supervising students in the behavioral health field (colleges and universities, linkages to community resources)
- Continuing Education and 988 certified training for Responders
- Unified Platform with CA988
- Referrals and follow-up

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831-459-9373 ext 36

THANK YOU!!



Overview of Suicide Deaths in Santa Cruz County, 2015-2022

Stephany Fiore, MD

Santa Cruz County Sheriff-Coroner's Office

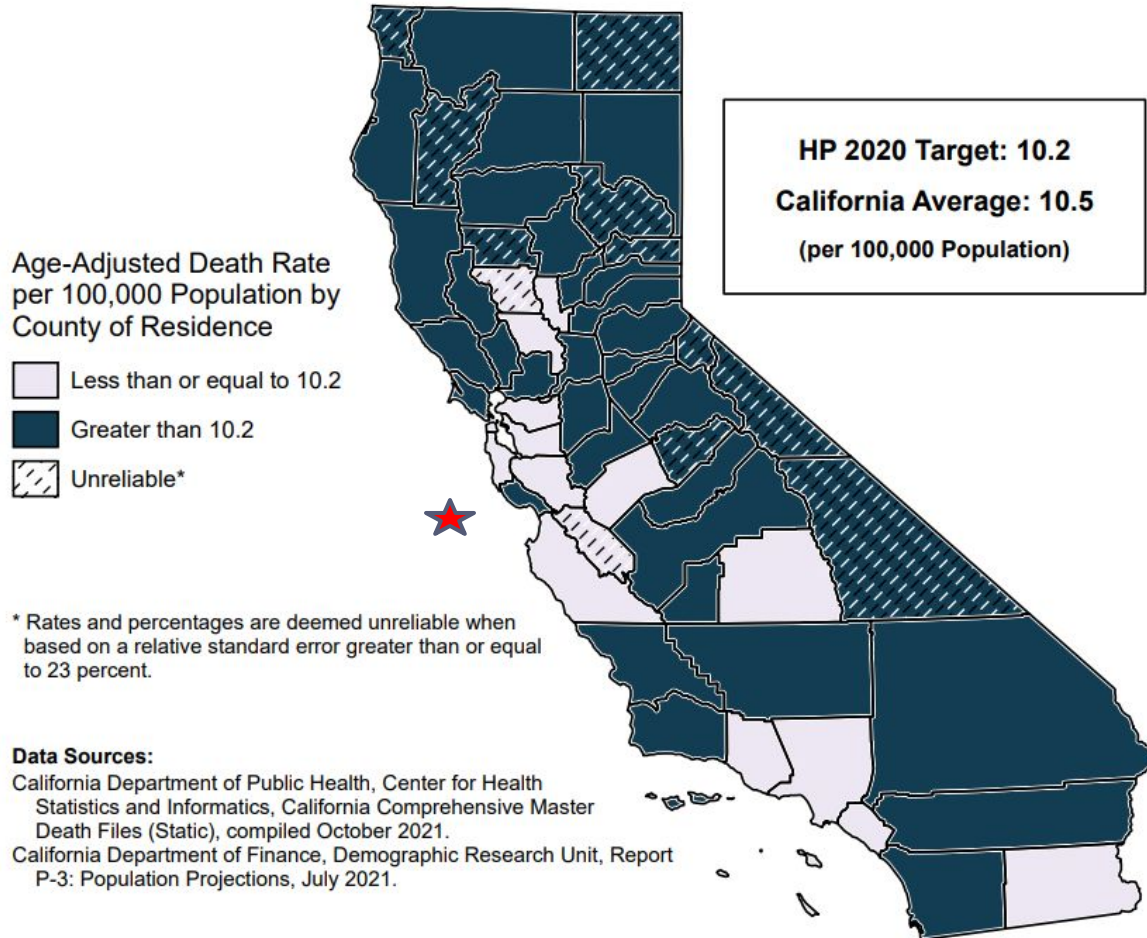
June 2, 2023

Suicide Defined

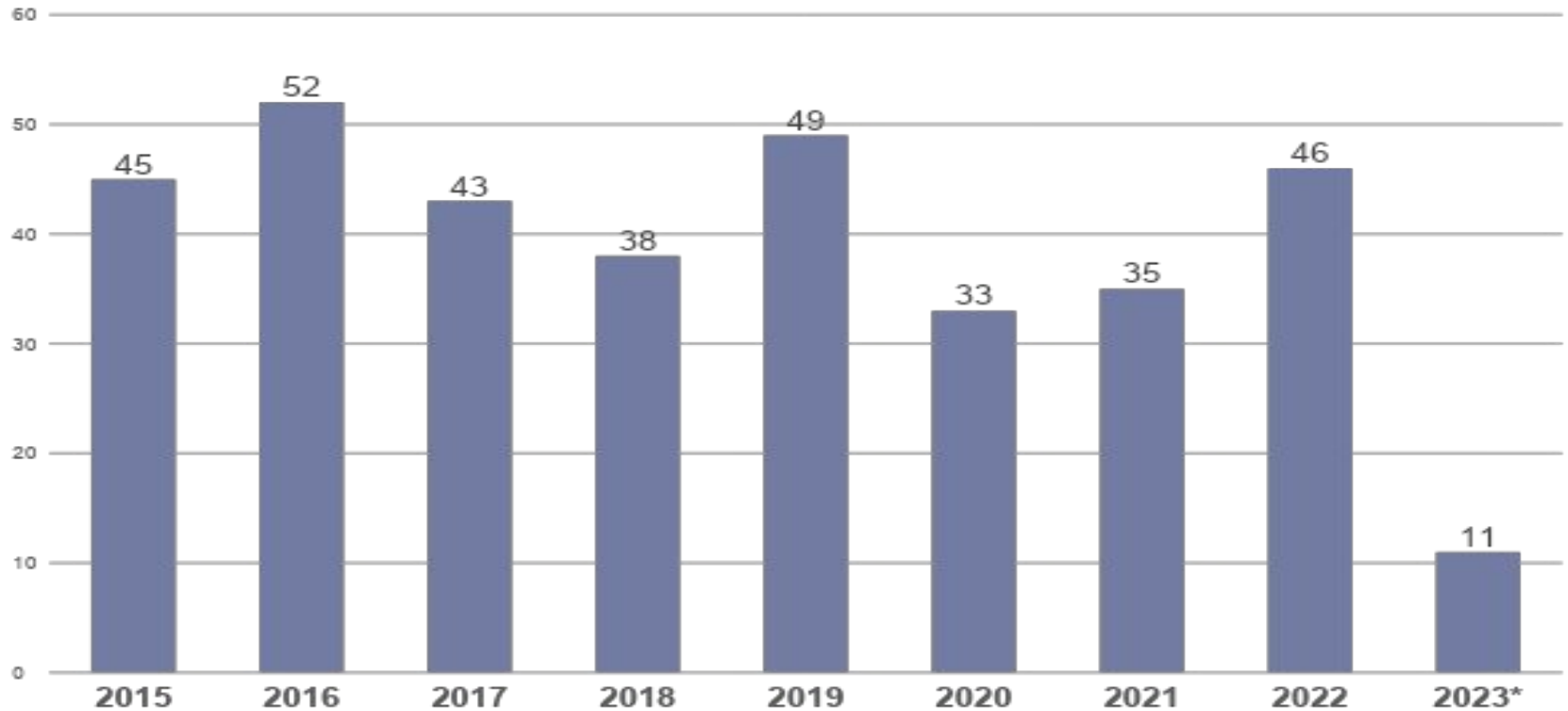
- Intentional taking of one's own life
- Requires reasonable certainty (>50% probability) that the lethal act was intentional
 - Suicide note
 - Verbal expression of suicidal ideation
 - Autopsy findings consistent with suicidal intent
 - Stomach full of pills
 - Contact gunshot wound



DEATHS DUE TO SUICIDE, 2018–2020

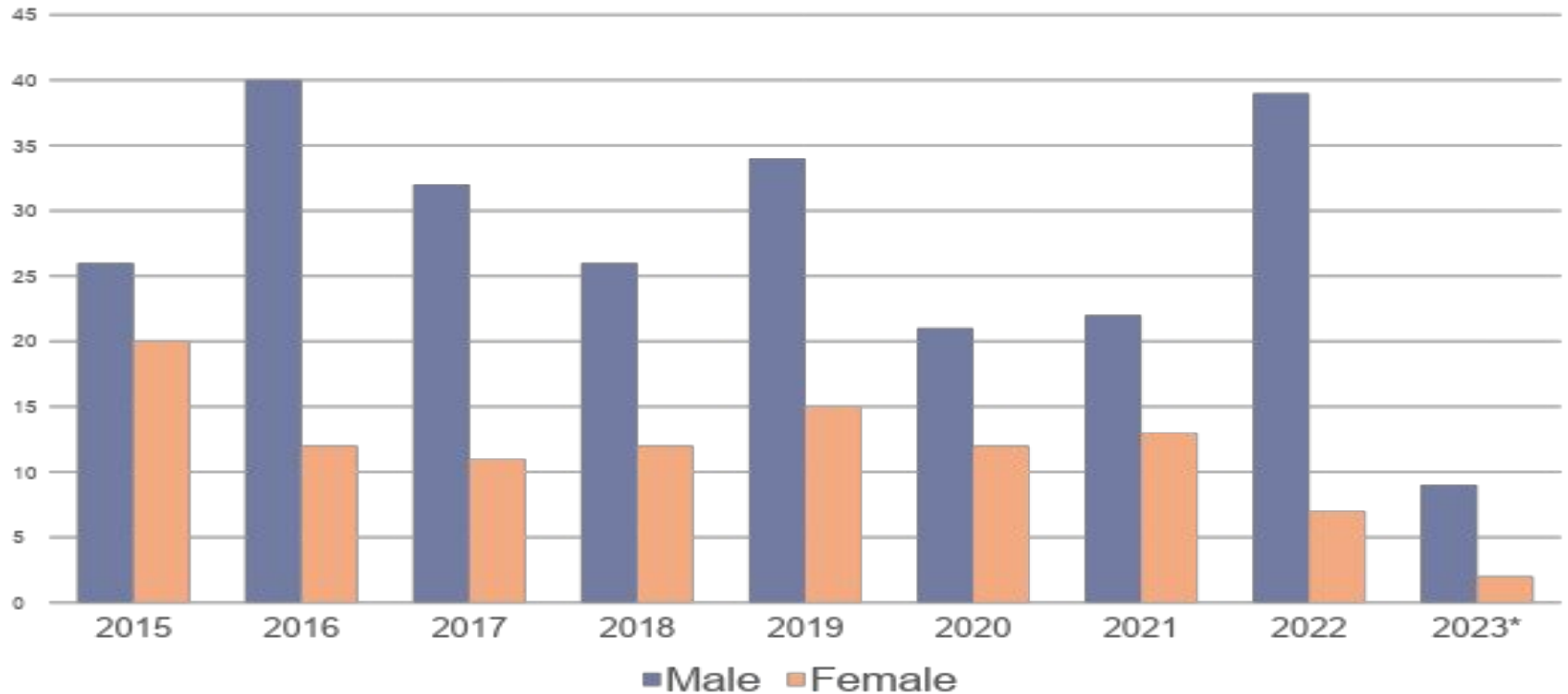


Total Suicides per Year



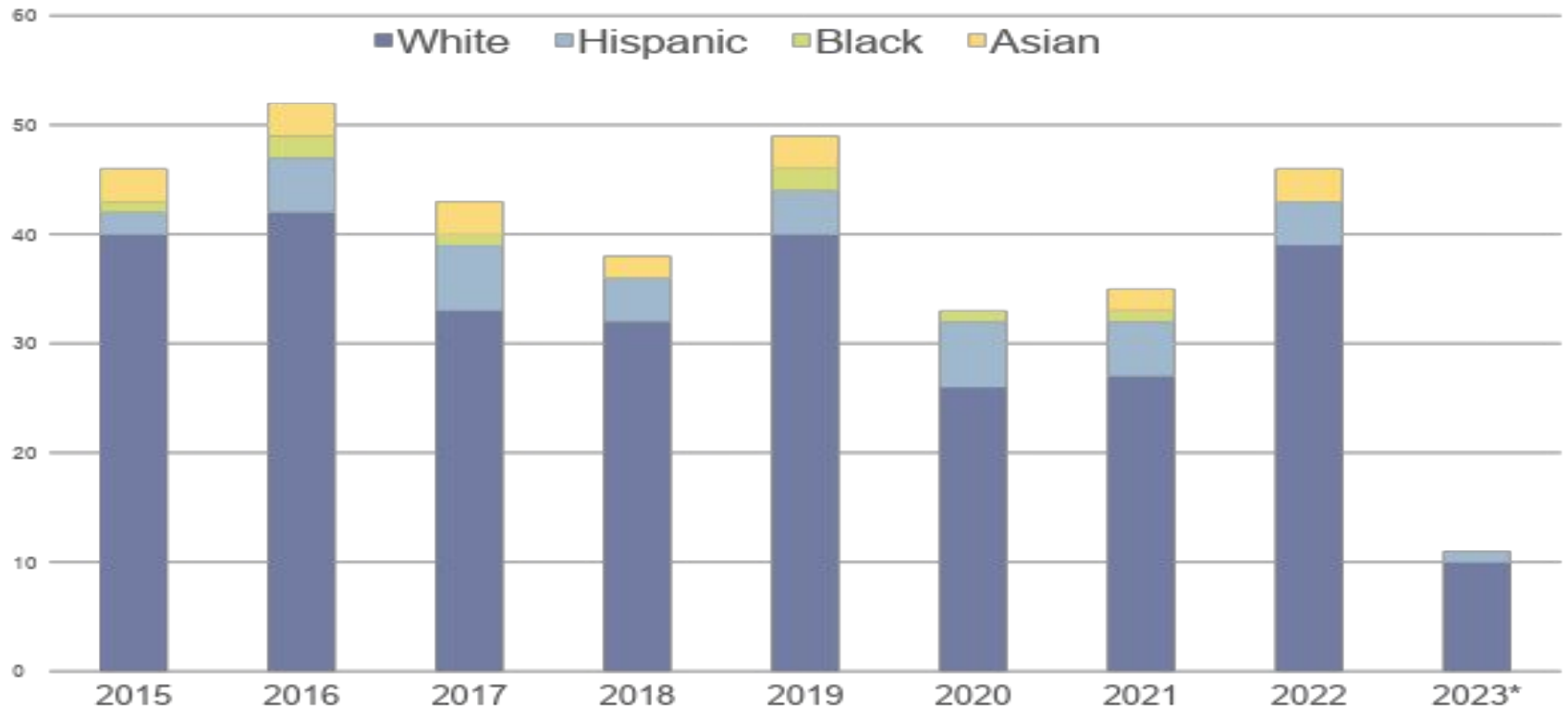
▶ *Preliminary data Jan-Apr 2023

Suicides by Sex



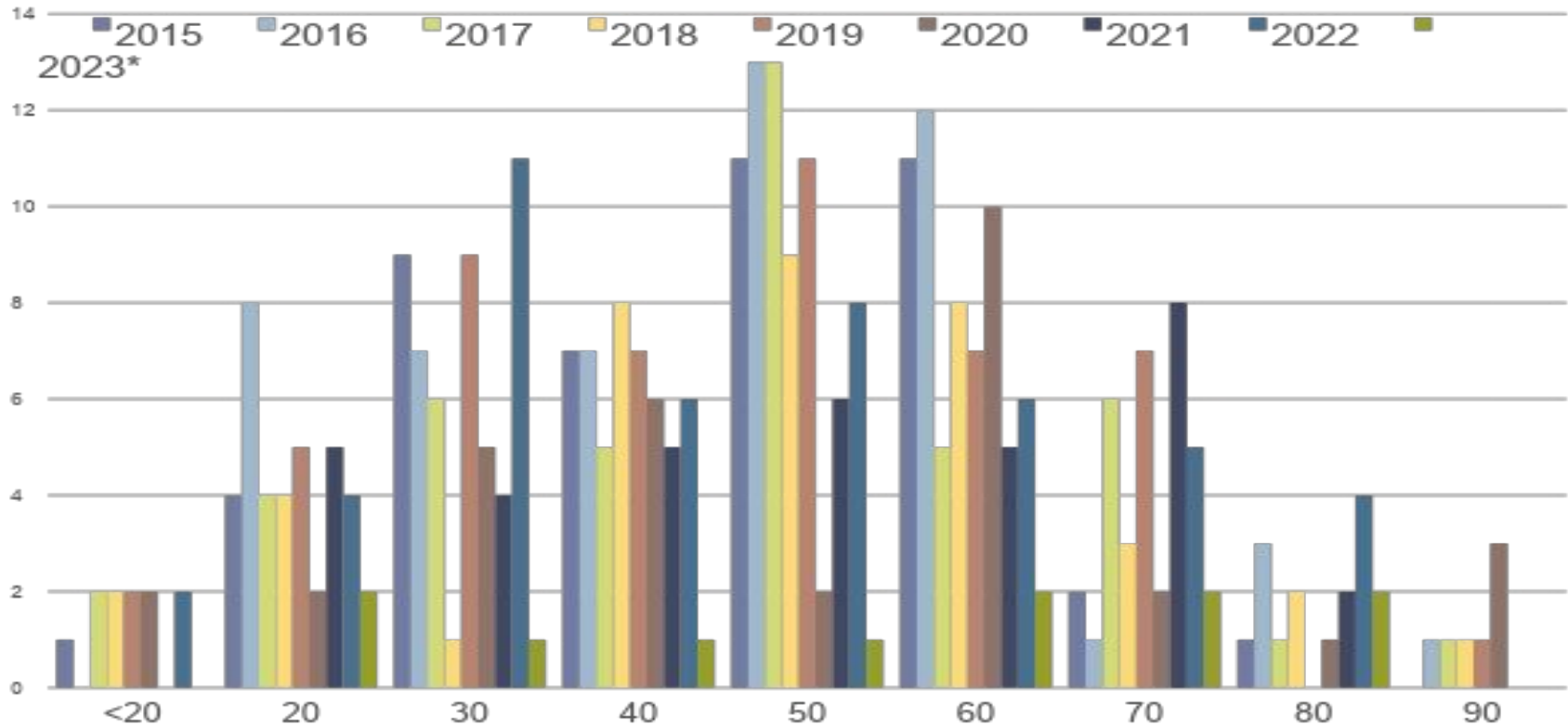
▶ *Preliminary data Jan-Apr 2023

Suicides by Race



▶ *Preliminary data Jan-Apr 2023

Suicides by Age



▶ *Preliminary data Jan-Apr 2023

Overview of Suicides in the Young (n=49)

- 11 (3%) were <20 yrs (youngest was 13 yrs) and 38 (11%) in their 20s.
- 40 (82%) were males and 9 (18%) were females.
- 38 (78%) with mental health history.
- 24 (49%) with substance use disorder.
- 4 (8%) were unsheltered.
- 2 (4%) with gender/sexual identity issues.
- 4 (8%) were bullied.

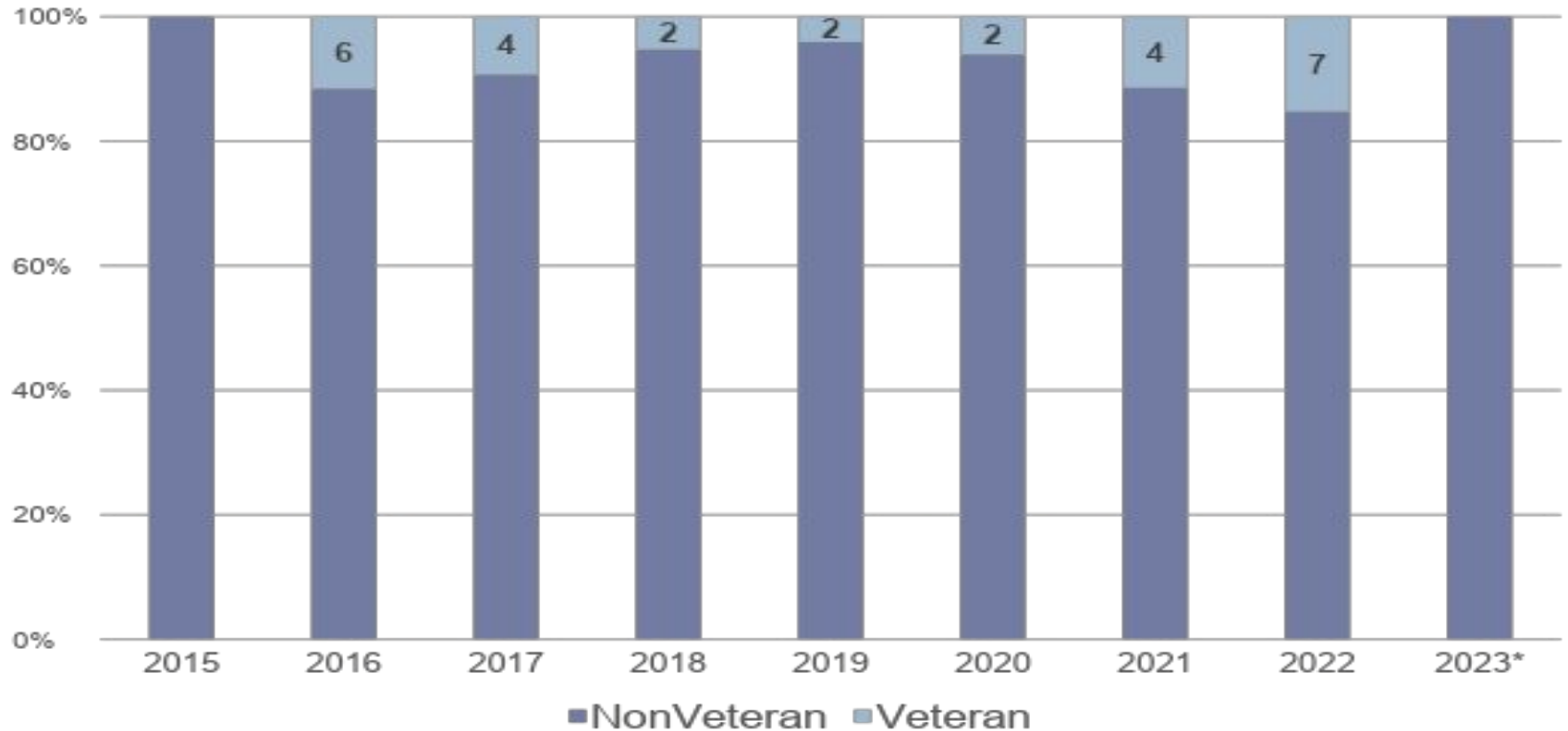


Methods Used in the Young

- GSW – 12 (25%) .
- Hanging – 21 (43%).
- Jumped or drove over cliff – 4 (8%).
- Ocean drowning – 4 (8%).
- Drug overdose – 4 (8%).
- Chemical asphyxia (carbon monoxide, helium, sodium nitrite) - 4 (8%).



Suicides in Veterans (% of total; # of cases)

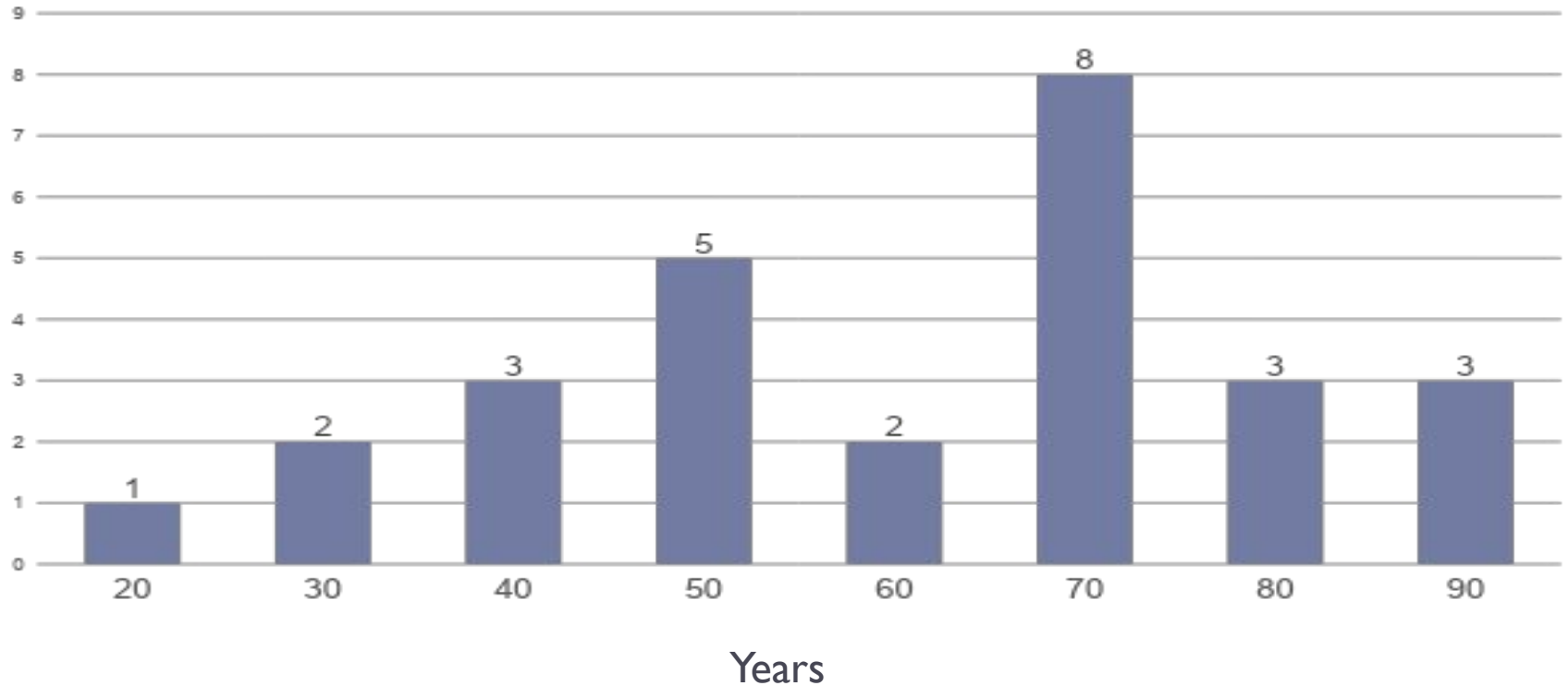


Overview of Suicides in Veterans (n=27)

- All 27 were male.
- 12 (44%) had mental health history.
- 9 (33%) had substance use disorder.
- 2 (7%) were unsheltered.
- **Marital Status:**
 - 7 (26%) - Never Married, 8 (29.5%) - Divorced,
 - 8 (29.5%) - Married, 4 (15%) - Widowed
- **Education Level:**
 - 11 (41%) - High School, 12 (44%) - College,
 - 4 (15%) - Graduate Degree



Veteran's Age at Suicide



Thank You!!!

- Amanda Purcell, Coroner Forensic Technician



SUICIDE PREVENTION SANTA CRUZ COUNTY



Andrea Turnbull, LCSW

INTRODUCTION

Crisis Continuum

Suicide Prevention Grants

Future and AB 988

COUNTY CRISIS CONTINUUM

Mobile Emergency Response Team for Youth and Adults

Mental Health Liaisons

Access Walk In Crisis

Rapid Connect





SUICIDE PREVENTION GRANTS

SAMHSA BUILDING HOPE AND SAFETY

- Training
- Monarch Services vouchers
 - Address the needs of domestic violence victims
- LOSS team
 - Leveraging current services
 - Working collaboratively with community partners
- Mental Health Pocket Guide
- Suicide Prevention Coordinator
- Wraps up July 2023

CDPH COMPREHENSIVE SUICIDE PREVENTION

- Create protective environments through reducing access to lethal means
 - Lockboxes
 - Firearm retailers
 - CALM-Counseling Access to Lethal Means
- Identify and support people at risk through implementing gatekeeper training
 - MHFA-Mental Health First Aid Train the Trainer
- Received 190K additional grant



FUTURE PLANS

AB 988

Crisis Now

Youth Stabilization and Crisis Residential

AB 988

- Provides for 24-hour call center
 - Call, text, and chat
- Mobile crisis teams
 - Available 24 hours per day
 - Respond in a timely manner
 - Respond without law enforcement unless high risk
- 5 year implementation plan due 12/31/2023
 - Fully implemented by 1/1/2030

CRISIS NOW

Project goals

- Sustainable crisis response plan
- Better meet community needs
- Reduce incarceration and hospitalization

24/7 Crisis Call Hubs

- Call, text, and chat ie 988
- Air traffic control for MH crisis

Mobile Crisis Outreach Teams

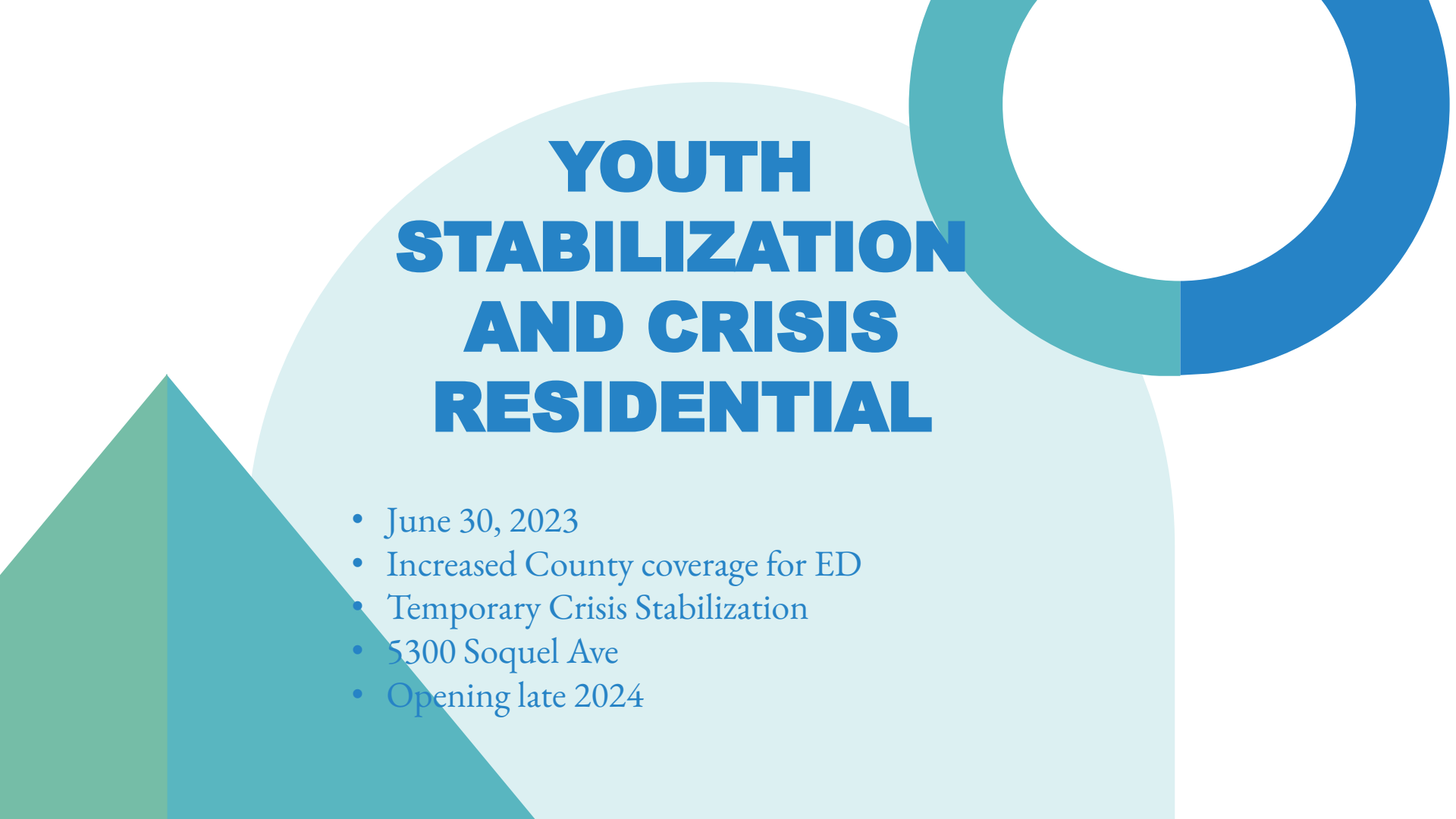
- Teams with peers and clinicians

Crisis Receiving Facilities

Principles and Practices

- Recovery orientation
- Trauma Informed Care





YOUTH STABILIZATION AND CRISIS RESIDENTIAL

- June 30, 2023
- Increased County coverage for ED
- Temporary Crisis Stabilization
- 5300 Soquel Ave
- Opening late 2024

RESOURCES AND REFERENCES

- https://www.santacruzhealth.org/Portals/7/Pdfs/BH/ACT%20Pocket%20Guide_FINALRV_ENG.pdf
- https://www.santacruzhealth.org/Portals/7/Pdfs/BH/ACT%20Pocket%20Guide_FINALRV_SPAN.pdf
- https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB988
<https://youtu.be/MWLCUx6-Sms>
- <https://crisisnow.com/>
- <https://www.santacruzhealth.org/Portals/7/Pdfs/BH/Crisis%20Now%20INN%20Project%202-2023%20-%20Santa%20Cruz.pdf>

THANK YOU

Andrea Turnbull, LCSW

Andrea.Turnbull@santacruzcounty.us



Exploring solutions: Dr. Christine Moutier, MD



25TH ANNUAL SYMPOSIUM - MARCH 10, 2023  

RESOURCES PRESS CONTACT  0 ITEMS

THE JON E. NADHERNY/CALCIANO
MEMORIAL YOUTH SYMPOSIUM

HOME ABOUT JON BOARD **2023 SYMPOSIUM** ▾ DONATE

2023 SYMPOSIUM PRESENTATIONS

MARCH 10, 2023
YOUTH SUICIDE: UPDATES ON RISK &
PREVENTION, RECOVERY &
RESILIENCE

To view 2023 Calciano Symposium presentations, click here:
<https://calcianoyouthsymposium.org/2023-symposium-presentations/>

Underdetection

- Suicide hasn't always been a clinical focus
- Most suicide decedents had contact w medical professional within 3 months of death
- 50% within prior month, and 30% past week
 - 40% saw PC within month of suicide death
 - 20% saw MHP within month of suicide death

Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: review of the evidence. *Am J Psychiatry* 2002



Panel Discussion

Steps Health Systems Can Take

- **Change Workflows & Provide education to staff**
 - Screen, Safety Planning & Lethal Means Counseling
- **Routine suicide screening/assessment, key steps to take**
- **Ask for consent to involve fam at the start of tx**
- **Put 'Caring Contacts' in place systematically**
- **Document actions taken**
 - Bridge between care, communication w family
 - Safety Plan completed, provided 988
 - Counseled & checked lethal means removal

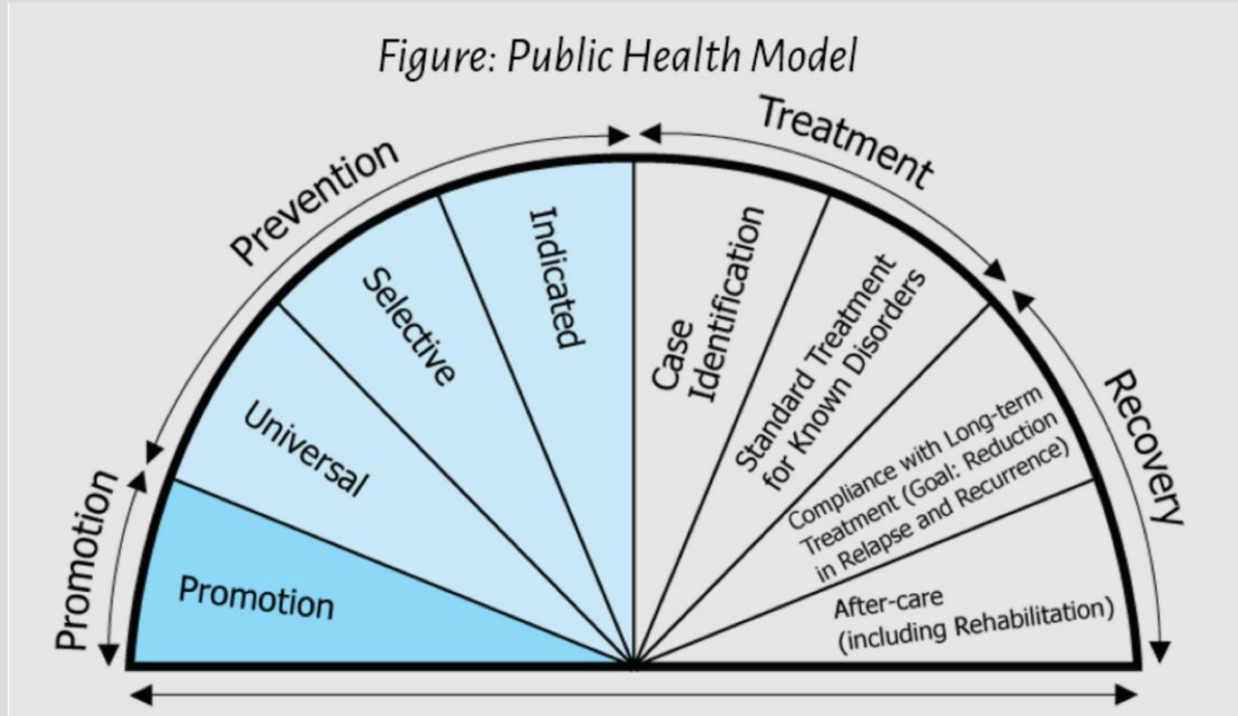


Practical Take-Aways for Clinicians

- Address mental health condition(s) AND suicide
- Conduct suicide risk assessments, ongoing over time
- Empathically listen without judgment, to pt's suicide narrative
- Increase frequency of visits/contacts
- Review and adjust medication, limit quantity meds
- Psychotherapy (CBT, DBT) in addition to meds
- Communicate in split-tx arrangements
- Obtain consultation “never worry alone”
- Help establish safe environment by addressing lethal means & working with family



Public Health Framework for Suicide Prevention



National Collaborating Centre for Mental Health (UK). Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance: Updated edition. Leicester (UK): British Psychological Society; 2014 (NICE Clinical Guidelines, No. 192.) www.ncbi.nlm.nih.gov/books/NBK338542/figure/app9.f1

Be the Friend Who Listens.

Starting a conversation about mental health does not need to be uncomfortable, and it can make all the difference. Check out these resources to learn how to support a friend – or get help for yourself.

I'M ALL EARS



THANK YOU!

Please email ahayes@hipscc.org any flyers, registration links, or resources you would like to share with IBHAC Members