Orange County Family Solutions Collaborative
Focus Areas

COORDINATED ENTRY SYSTEM  SYSTEM GAPS ANALYSIS  HOUSING INVENTORY PLAN
Current System
Progress

1. Match meetings
   ◦ Case Conferencing
   ◦ Shelter entry coordination
   ◦ Transitional Housing coordination
2. Reduction in length of time on prioritization list by half
3. Diversion first approach—Family Service Navigators have diverted 33 families
<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>6 Families</td>
</tr>
<tr>
<td>4-8</td>
<td>85 Families</td>
</tr>
<tr>
<td>9 + non PSH</td>
<td>52 Families</td>
</tr>
<tr>
<td>9 + PSH</td>
<td>15 Families</td>
</tr>
</tbody>
</table>

Total: **158** Family records including Document Ready and Assessed

Families Currently on Prioritization List
Family Service Navigators

North Services
Family Navigator: Andrew Castillo
acastillo@families-forward.org

Central Services
Family Navigator: Nancy Cerda
ncerda@families-forward.org

South Services
Family Navigator: Mayra Vargas
mvargas@families-forward.org
MISSION, VISION AND VALUE

WELLNESS CENTER CENTRAL
WELCOME TO OUR LOVELY FACILITY

We serve an average of 85+ members per day.
Music is just one way that we have tapped into our inner creativity to shine together.
We find our potential is unlimited. Every day presents new opportunities.
ARTWORK

Our avenues of expression, infinite.
We are proud recipients of the Providence Exceptional Award in 2013.
Wellness center staff and members recognize the value of helping ourselves by giving back to the community.
Growth is reflected in everything we do.
OUR ANCHORS

OUR CORE VALUES AT THE WELLNESS CENTER ARE OUR ANCHORS. THEY ARE DISCOVERY, EMPOWERMENT, HOPE WELCOMING, EDUCATION AND COLLABORATION. THESE ANCHORS HAVE ENCOMPASSED PRINCIPLES OF THE RECOVERY MODEL, PATHWAY’S VALUES, AND VALUES AGREED UPON BY WELLNESS CENTER STAFF.
#BeThere

Tibor Rubin VA Medical Center
Dustin Halliwell, LCSW-Coordinated Entry System Coordinator
Whitaker Rehm, LCSW-Suicide Prevention Case Manager
A little housekeeping before we start:

- Suicide is an intense topic for some people.
  - If you need to take a break, or step out, please do so, with one condition…
    - Let me know if you are okay, by giving me a “thumbs up.”
    - If you aren’t okay, give me a discreet “thumbs down” so I can follow up with you.
  - Resources (other than VCL listed below):
    - National Suicide Prevention Lifeline: (800) 273 - 8255
    - Employee Assistance Program:
Overview

- Objectives
- Facts about suicide
- Myths/realities about suicide
- The steps of S.A.V.E.
- Resources and References
Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States
- Know how to identify a Veteran who may be at risk for suicide
- Know what to do when you identify a Veteran at risk
Suicide in the United States

- **More than 42,000** deaths from suicide per year among the general U.S. population.$^{1,2}$
- Suicide is the **10th** leading cause of death in the U.S.$^{3}$
- Every **12.3 minutes** someone dies by suicide.
Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year,
  - One attempt every **35 seconds**

- Gender disparities:

  - **Women** attempt suicide **3 times** more often than **men**.\(^1\)
  - **Men** die by suicide **4 times** more often than **women**.\(^1\)
Facts about Veteran suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans.\(^4\)

- Veterans are more likely than the general population to use *firearms* as a means for suicide.\(^4\)

- On average, there are **764 suicide attempts** per month among Veterans receiving recent VA health care services.\(^5\)

- **25%** of Veterans who died by suicide had a history of previous suicide attempts.\(^5\)
<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
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If somebody really wants to die by suicide, there is nothing you can do about it.
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<td>Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.</td>
<td></td>
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## Death by Suicide is Preventable

### Lethal Means Safety

- Safe storage of lethal means reduces suicide
  - *e.g.*, Firearms, abundance of analgesic doses per bottle, etc.

- How did we figure this out?
  - *e.g.*, Coal gas in the UK, placement of lethal items behind counters, fencing off bridges

- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.
### Common myths vs. realities

<table>
<thead>
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<td>Asking about suicide may lead to someone taking his or her life.</td>
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Common myths vs. realities

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<tr>
<td>Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.</td>
<td></td>
</tr>
<tr>
<td>Myth</td>
<td>Reality</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>There are talkers, and there are doers.</td>
<td></td>
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### Common myths vs. realities

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<td>Many individuals who die by suicide or attempt suicide have given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.</td>
<td>Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, &quot;You'll be sorry when I'm dead,&quot; or &quot;I can't see any way out&quot; may indicate serious suicidal feelings.</td>
</tr>
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## Common myths vs. realities

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**Common myths vs. realities**

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<td>Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.</td>
<td></td>
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## Common myths vs. realities

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<td>He/she won’t die by suicide because…</td>
<td></td>
</tr>
<tr>
<td>▪ He just made plans for a vacation.</td>
<td></td>
</tr>
<tr>
<td>▪ She has young children at home.</td>
<td></td>
</tr>
<tr>
<td>▪ He made a verbal or written promise.</td>
<td></td>
</tr>
<tr>
<td>▪ She knows how dearly her family loves her.</td>
<td></td>
</tr>
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</table>
## Common myths vs. realities

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<td>The intent to die can override rational thinking.</td>
<td>Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate his or her condition and provide treatment as appropriate.</td>
</tr>
</tbody>
</table>
S.A.V.E.

- S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- The acronym “S.A.V.E.” helps one remember the important steps involved in suicide prevention:
  
  **S** - Signs of suicidal thinking should be recognized.
  
  **A** - Ask the most important question of all.
  
  **V** - Validate the Veteran’s experience.
  
  **E** - Encourage treatment, and Expedite getting help.
Importance of identifying warning signs

- There are behaviors that may indicate/reveal that a Veteran needs help.
- Veterans in crisis may show behaviors that indicate a risk of harming or killing themselves.
Signs of suicidal thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there’s no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends
Signs of suicidal thinking

The presence of any of the following signs requires immediate attention:

- Thinking about hurting or killing themselves
- Looking for ways to die
- Talking about death, dying, or suicide
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs, or weapons
A | Asking the question

Know how to ask the most important question of all…
A | Asking the question

“Are you thinking about killing yourself?”
Asking the question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?
## Asking the question

<table>
<thead>
<tr>
<th><strong>Do’s</strong></th>
<th><strong>Don’ts</strong></th>
</tr>
</thead>
</table>
| • DO ask the question if you’ve identified warning signs or symptoms. | • DON’T ask the question as though you are looking for a “no” answer.  
  - “You aren’t thinking of killing yourself. Are you?” |
| • DO ask the question in a natural way that flows with the conversation. | • DON’T wait to ask the question when someone is halfway out the door. |
Things to consider when talking with a Veteran at risk for suicide:

- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions — let the Veteran do the talking.
- Use supportive, encouraging comments.
- Be honest — there are no quick solutions, but help is available.
Validate the Veteran’s experience.

- Talk openly about suicide. Be willing to listen, and allow the Veteran to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure that help is available.
Encourage treatment, and expedite getting help.

- What should I do if I think someone is suicidal?
  - Don’t keep the Veteran’s suicidal behavior a secret.
  - Do not leave him or her alone.
  - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room.
  - Call 911.

- Reassure the Veteran that help is available.

- Call the Veterans Crisis Line at 1-800-273-8255 and Press 1.
Safety Issues:

- Never negotiate with someone who has a gun.
  - Get to safety, and call VA police, security, or 911.

- If the Veteran has taken pills, cut himself or herself, or harmed himself or herself in some way, call VA police, security, or 911.

- Call the Veterans Crisis Line at 1-800-273-8255, Press 1
Encourage treatment, and expedite getting help.

- Remember: When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family.
  - Veterans Crisis Line number 1-800-273-8255 and Press 1
  - Veterans Crisis Line brochures and wallet cards
Resources

Mental Health

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.

- For more information on VA Mental Health Services, visit [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)

Vet Centers

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.

- For more information about Vet Centers and to find the Vet Center closest to you, visit [www.vetcenter.va.gov](http://www.vetcenter.va.gov)
Make The Connection

- *MakeTheConnection.net* is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit *MakeTheConnection.net* to learn more.
Resources (cont.)

Post-Traumatic Stress Disorder (PTSD)

- Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you, visit www.ptsd.va.gov

- PTSD Coach App: The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp
Resources (cont.)

Veterans Crisis Line/Chat/Text

- 1-800-273-8255 and Press 1
- VeteransCrisisLine.net
- Text to 838255

VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
- Find your local SPC at VeteransCrisisLine.net/ResourceLocator
Remember:

S.A.V.E.

S  Signs of suicidal thinking should be recognized.
A  Ask the most important question of all.
V  Validate the Veteran’s experience.
E  Encourage treatment, and Expedite getting help.
By participating in this training, you have learned:

- Suicide prevention is everyone’s business.
- General facts about suicide in the U.S.
- Facts about Veteran suicide.
- How to identify a Veteran who may be at risk for suicide.
- How to help a Veteran at risk for suicide.
- How to address a crisis situation.
- What resources are available and how to access them.

http://spreadtheword.veteranscrisisline.net/materials/
References


5 Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.
Contact Information

Dustin Halliwell, LCSW-Coordinated Entry System Coordinator

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(562) 826-8000 ext. 22078

Whitaker Rehn, LCSW-Suicide Prevention Case Manager

Harold.Rehm@va.gov
(562) 826-8000 ext. 23002