

Suicide **PREVENTION** Strategic Plan

Orange County, CA

FY 2024/25 to FY 2028/29

[Light Up Hope]

MESSAGE

from the Director

I am honored to present the Suicide Prevention Strategic Plan for Orange County for 2024-2027, a comprehensive blueprint dedicated to addressing one of the most pressing public health challenges of our time. This plan is the culmination of a collaborative effort spearheaded by the team of the Office of Wellness and Suicide Prevention at the Orange County Health Care Agency, and involving countless individuals, organizations, and community members who share a steadfast commitment to preventing suicide and promoting mental well-being.

As the Behavioral Health Director, I have witnessed firsthand the profound impact of mental health crises on individuals, families, and our community. Each life lost to suicide represents not only a personal tragedy but a call to action for all of us. It is imperative that we come together with compassion, understanding, and determination to create an environment where every person feels valued, supported, and connected.

This strategic plan outlines actionable steps and evidence-based approaches designed to reduce the incidence of suicide and provide critical resources for those in need. It emphasizes the importance of prevention, early intervention, access to quality mental health care, and the promotion of hope, purpose and connection.

I extend my deepest gratitude to the stakeholders, community partners, healthcare providers, and dedicated team members whose tireless work has made this plan possible. Your insights, expertise, and unwavering dedication have been instrumental in shaping our approach and ensuring that it reflects the unique needs of our community.

Together, we will continue to build a network of support that fosters mental wellness and saves lives. I am confident that, with our collective efforts, we can make significant strides in suicide prevention and create a brighter, healthier future for all residents of Orange County.



Sincerely,
Ian Kemmer
Director of Behavioral Health Services
Orange County Health Care Agency

Table of **CONTENT**

Acknowledgments	4
Executive Summary	6
Introduction	8
All of Us Can Play a Role in Suicide Prevention	10
The Need for Suicide Prevention in Orange County	16
A Community Framework for Suicide Prevention	20
Strategic Aims and Goals for Orange County	26
Goal 1: Increase awareness about how to prevent suicide	28
Goal 2: Increase connectedness between individuals, families, and communities, promote mental health, and strengthen protective factors	34
Goal 3: Organizations who engage with priority populations have clear processes to support detection and response	39
Goal 4: Provide continuum of crisis care and continuity of care	41
Goal 5: Connect suicide loss survivors to timely and effective support to reduce their risk for suicidality and promote healing	46
Goal 6: Promote safe environments through lethal means safety efforts and activities	49
Appendix	55

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We extend our heartfelt gratitude to the many individuals and organizations that played an integral role in the development of the Suicide Prevention Strategic Plan for Orange County. Your dedication, insights, and commitment have been invaluable in shaping a comprehensive plan aimed at saving lives and providing support to those in need.

Contributors and Stakeholders

- 1. Community Members and faith-based leaders and partners:** Your voices, experiences, and resilience have been the cornerstone of this plan.
- 2. Healthcare Professionals:** Your expertise and unwavering commitment to mental health wellness, support and care have guided our strategies and recommendations.
- 3. Local Government partners:** Your support and leadership have been crucial in advancing our shared goals.
- 4. Community-based Organizations:** Your tireless work and advocacy for mental health awareness have inspired and informed our efforts.
- 5. Department of Education and Orange County Educational Institutions:** Your contributions towards implementing student mental health initiatives and programs have been critical to fulfilling the identified gaps in the continuum of care in Orange County.
- 6. Correctional partners, Law Enforcement and First Responders:** Your frontline contributions in moments of crisis and dedication to community safety have been very informative and invaluable in shaping the strategic goals.
- 7. Survivors and Families:** Your courage in sharing your stories has deeply impacted our understanding and approach to suicide prevention.

We also acknowledge the contributions of the dedicated members of the Community Suicide Prevention Coalition who have worked diligently to bring this plan to fruition. Your collaboration, expertise, and passion for suicide prevention have been instrumental in crafting a plan that reflects the needs and strengths of our community.

Without the assistance and guidance from Jana Sczersputowski, Anara Guard, Carly Memo-li, Stan Collins and Sandra Black from the Mental Health Oversight and Accountability Commission, this Plan would not have been written. Your assistance and encouragement provided us the confidence and subject matter expertise to put this Plan together for services in Orange County.

Thank you all for your steadfast commitment to making a difference. Together, we are building a community where hope, support, and resilience thrive.

In gratitude,

Bhuvana Rao

Office of Wellness and Suicide Prevention
and Co-Chair CSPC
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NAMI Walk, 2024

EXECUTIVE SUMMARY



Suicide represents a critical public health issue, ranking as the 11th leading cause of death in the United States, with over 49,000 lives lost annually—approximately one every 11 minutes. It is particularly devastating among youth, being the second leading cause of death for individuals aged 15 to 29. In Orange County, an average of 329 suicide deaths per year underscores the urgency of this crisis. Despite the complexity of factors leading to suicide, including social, psychological, and cultural influences, it is clear that these tragedies are preventable.

Community Response

In response to rising suicide rates from 2016 to 2018, a diverse coalition was formed in Orange County, bringing together community members, individuals with lived experience, and various stakeholders. This Community Suicide Prevention Coalition (CSPC) collaborated to identify community-specific needs and prioritize effective prevention strategies. The Coalition aims to enhance suicide prevention efforts by identifying gaps in services and developing actionable goals that resonate with local needs. The resulting strategic plan emphasizes a balanced systems approach, integrating population-based and individual-focused interventions within the

community; in educational, healthcare, workplace, and correctional settings.

Key Initiatives and Framework

The Office of Wellness and Suicide Prevention (OWSP) was established at the Orange County Health Care Agency (HCA) to coordinate suicide prevention efforts including spearheading the coordination of preparing the Strategic Plan in collaboration with stakeholders and community partners. The Strategic Plan aligns with the State's Mental Health Services Oversight & Accountability Commission's Striving for Zero Strategic Plan for Suicide Prevention (2020-2025). A detailed review of local suicide data was conducted in identifying priority populations—youth, middle-aged men, and older adults—while employing the Zero Suicide Framework locally to foster a comprehensive response to prevention and postvention.

Strategic Goals for 2024 and Beyond

The strategic goals for the next five years continue focus on increasing hope, purpose, and community connectedness. Specific objectives include enhancing suicide prevention awareness, improving connectedness among individuals and communities, establishing transparent support processes within organizations, providing a continuum of crisis care, and promoting safe environments. Engaging the community in these efforts is essential to combat underlying stigma and encourage help-seeking behaviors.

Strategic Goals:

1. **Increasing Awareness:** Increase awareness about how to prevent suicide.

2. **Fostering Connection:** Increase connectedness between individuals, families, and communities, promote mental health, and strengthen protective factors.
3. **Detection and Response:** Organizations who engage with priority populations have clear processes to support detection and response.
4. **Crisis Care Continuum:** Provide continuum of crisis care and continuity of care.
5. **Support for Survivors:** Connect suicide loss survivors to timely and effective support to reduce their risk for suicidality and promote healing
6. **Safe Environments:** Promote safe environments through lethal means safety efforts and activities.

Call to Action:

All community members are invited to participate in the CSPC and contribute to suicide prevention efforts. Each individual can play a role in this vital mission by fostering open dialogue, reducing stigma, and supporting those in need. Awareness campaigns, educational programs, and collaborative events will help create an environment where everyone feels empowered to reach out and seek help.

In summary, the strategic plan for suicide prevention in Orange County is a comprehensive and collaborative effort aimed at saving lives and fostering resilience within the community. Together, we can work towards the ambitious goal of zero suicides, transforming our approach to mental health and well-being.

Introduction

Suicide is a serious public health concern that needs our urgent attention. Suicide is the 11th leading cause of death in the United States. Last year more than 49,000 people in the United States died by suicide.¹ For some perspective, that is one death every 11 minutes. It is the second leading cause of death in 15 to 29-year-olds.² According to the World Health Organization, there are indications that for each adult who dies of suicide, there may be at least 20 others attempting suicide.³ In Orange County, over the past three years suicide deaths have averaged 329 deaths per year. One suicide is one too many especially when we know that suicides are preventable.

The topic of suicide is complex; social, psychological, cultural and other factors interact to lead to suicidal behavior in an individual. Risk factors at the individual and the cultural levels such as family history, trauma, mental illness, job loss, academic performance, lack of self-esteem, social isolation and neglect, job loss, stigma related to mental illness, discrimination, sexual orientation, among other factors impact on an individual in complex ways. There is a feeling of shame leading to feelings of lack of self-worth, preventing them from seeking timely help. The persisting feelings of despair and hopelessness sometimes leading an individual act on their suicidal thoughts.

The responsibility to address this complex topic lies with the entire community; no single entity or organization can solve this complex issue alone. A diverse coalition that is truly representative of the community is needed to ensure that suicide prevention as a topic gets the attention it deserves. In

Orange County, a diverse group of community members, individuals with lived experience and many stakeholders formed a suicide prevention community coalition and actively engaged in a collaborative and participatory process to identify the need and prioritized the goals that are relevant and appropriate to our Orange County community. The members of the Community Suicide Prevention Coalition actively participated in regular meetings and outlined successful strategies existing in the community, shared existing best practices, and identified gaps in access, treatment and support and ways to address these gaps by identifying meaningful action that can be taken to reduce suicide, suicide attempts, prevention of suicide attempts and improving outcomes for survivors of suicide attempts and survivors of suicide loss. This Strategic Plan is a result of their collective efforts.

- The Plan adopts a balanced systems approach that combines a population-based, as well as individual-focused approach to suicide prevention that aims to address broad social, emotional, and physical factors that can ultimately influence suicide risk at the individual level.
- It integrates suicide prevention, intervention and postvention practices within the community setting: that prioritizes educational, workplace, health care and correctional settings representative of the community at large.
- The Plan adopts a framework that is aligned with State's Mental Health Services Oversight & Accountability Commission's **Striving for Zero Strategic Plan for Suicide Prevention 2020-2025**.⁴

1 <https://afsp.org/suicide-statistics/>

2 <https://www.cdc.gov/suicide/disparities/index.html>

3 Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018.

4 <https://mhsoac.ca.gov/initiatives/suicide-prevention/>

Crisis Resources

9-8-8 Remember you are not alone. Trained counselors and peer support specialists are available to offer support 24/7, whether you are in emotional pain and/or crisis yourself or concerned for someone else.

Veterans Line

- **Trevor line Call the Trevor Line at (866) 488-7386 or text “start” to 678678**
- **Warmline Call Text or chat at the OC Warmline at (877) 910 9276.**

Warmline

Warmline call or text or chat at the 24/7 peer-led non-emergency support at:

- **CalHOPE Warmline at 833 317 HOPE (4673) or (855) 600 9276.**
- **OC Warmline at (877) 910 9276.**


Laying the Foundation of Community Suicide Prevention Efforts in Orange County

With upward trending rates of suicides in Orange County during 2016-18, many community members felt an urgency to address the increasing rates of suicides in the community and the impact on family members. A few concerned community members organized informal meetings at the grassroots level at local cafes, Panera Bread locations and other community settings to bring more attention to the matter. During this same time, HCA and various partners including OC hospitals, Orange County Department of Education (OCDE), Saddleback Church, and community members were also collaborating to strategize and implement a coordinated suicide prevention effort. Between March- May 2018, HCA completed a Needs Assessment

to gather information about existing efforts towards suicide prevention in the community.⁵ Subsequently, a Community Suicide Prevention Initiative Leadership Group with these agencies and other representatives from public and private organizations as well as community stakeholders was established. The group convened regular meetings, hosted focus groups and community forums and provided feedback to guide the development of the coordinated approach and implementation of activities. The Leadership Group was instrumental in establishing the initial framework and an Action Plan to advance suicide prevention efforts in Orange County. (See Appendix Attachment B)

5 A Snapshot of Suicide Prevention Activities in Orange County. Prepared by Anara Guard and Jana Sczer-sputowski, for OC Health Care Agency. October 2018. See attachment A in Appendix

All of Us Can Play a Role in Suicide Prevention



Suicides take a heavy toll on all those impacted. Family members, friends and the community members experience far-reaching and often devastating consequences long after the individual has taken their own life. Suicide is often shrouded in stigma, shame and misunderstanding. Many of those struggling with emotional pain do so in isolation and this pain isn't always obvious. When a person is labeled by their condition, their experiences of illness, they experience judgment and prejudice. The experience of stigma not only results from the judgment of others but also self-stigma. This results in feelings of shame, embarrassment, self-disgrace, distress, hopelessness and reluctance to seek or accept help. Loss survivors, or individuals struggling with emotional pain or experiencing mental illness and/or substance use disorders are impacted by stigma. Stigma is a significant reason why individuals suffer in silence and a primary barrier why they do not seek help in a timely manner or do not seek help until a crisis occurs.

Each of us in Orange County can play a part in suicide prevention. Each one of us can provide hope and purpose and help to break the barriers of stigma by supporting those who may be vulnerable, struggling or bereaved by suicide. At work, at home, at school, and in our community -- anyone and everyone can show their support.

Community Engagement

A first and easiest step we can all take is to acknowledge the struggles a loved one may be experiencing without judgement and be there for them.

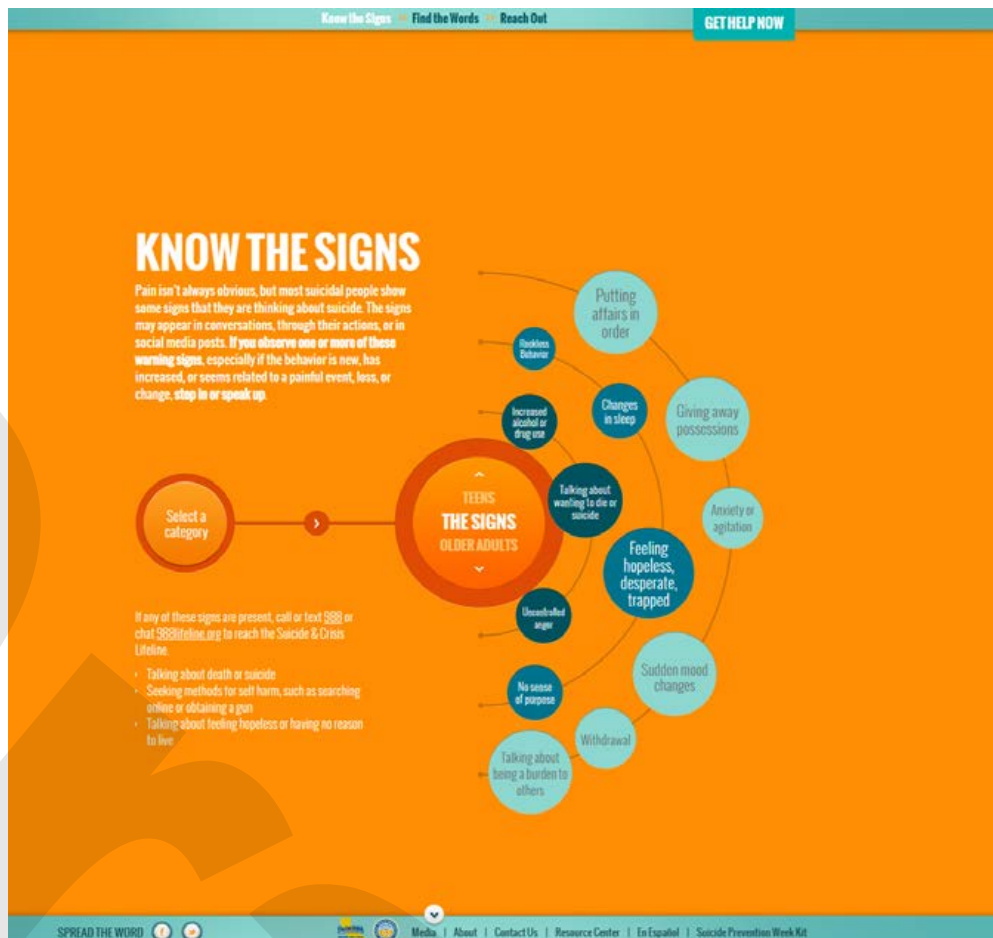
Each one of us can take time to **KNOW THE SIGNS, FIND THE WORDS AND REACH OUT.**⁶

⁶ www.suicideispreventable.org

Know the Signs

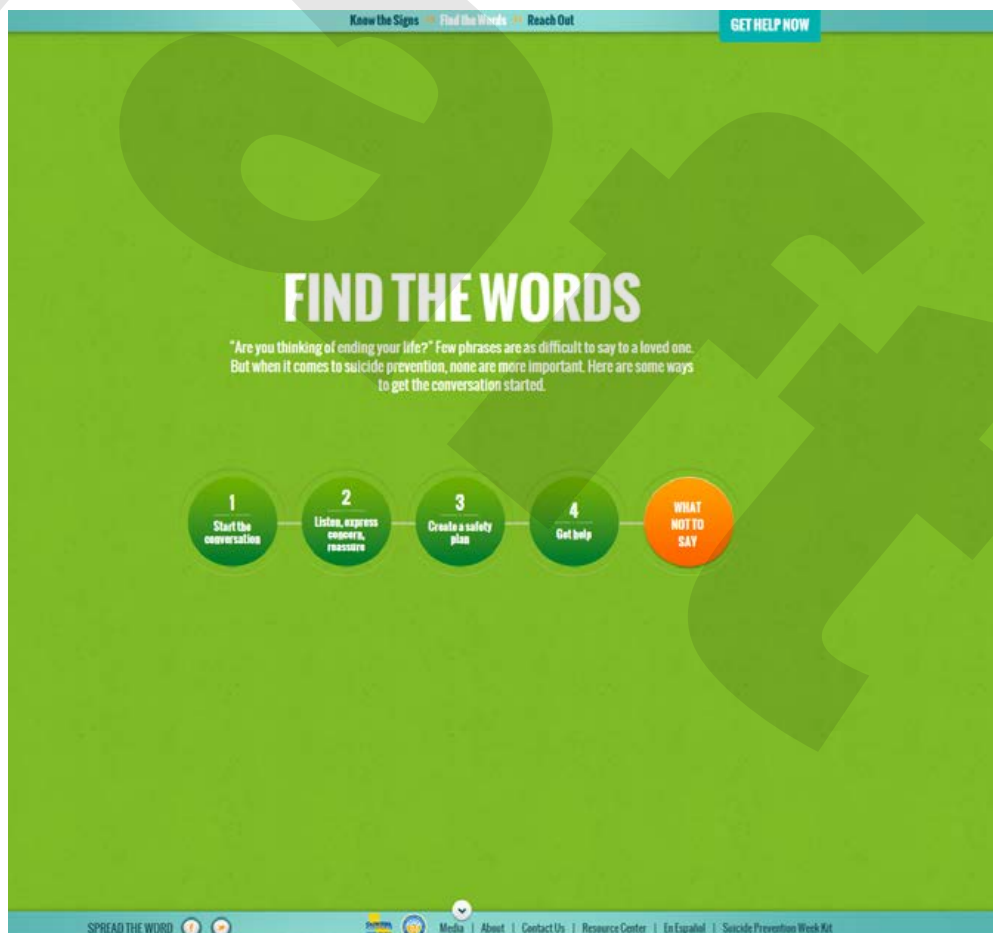
Learn the warning signs of suicide and learn what action to take if you are concerned for yourself or someone you care about.

All organizations and community members can play a role in suicide prevention by recognizing the warning signs of suicide and by learning how to be prepared to support a loved one, friend, patient, co-worker, or community member before, during and after a suicidal crisis. For more information visit: www.suicideispreventable.org.



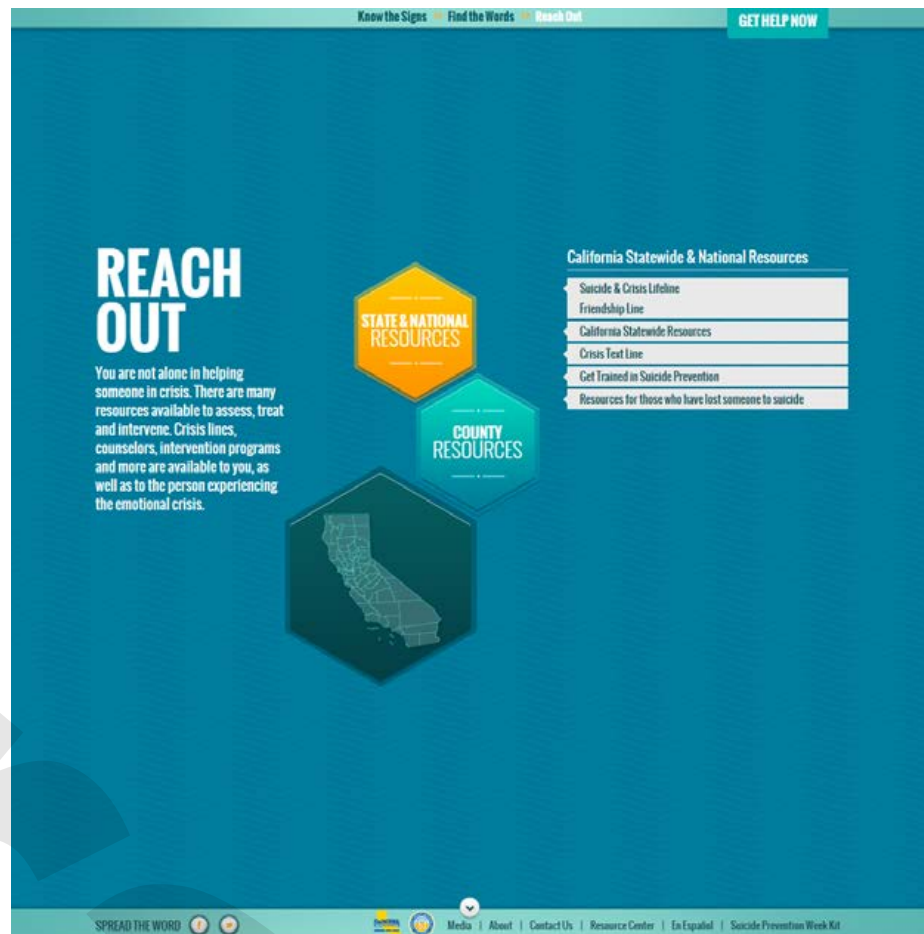
Find the Words

If you notice signs of suicide, talk to the person about your concerns and ask directly: "Are you thinking about suicide or feeling that life may not be worth living?" Communicating openly, compassionately and in a non-judgmental way about suicide and asking about suicide has been shown to be lifesaving. It provides an opportunity for the person to share about their struggles and share their feelings, communicates to them that someone cares promotes a sense of belonging, encourages people to seek help, and connects people to care.



Reach out

- Encourage someone who is thinking of suicide to call or text the Suicide & Crisis Lifeline at 9-8-8, Peer run Warmline, a non-emergency resource for emotional support at 1-855-845-7415 or the Trevor Line at 866-488-7386 or text “start” to 678678.
- You can also call to learn more about how to help for someone thinking of suicide, someone who has attempted, and those who have lost someone to suicide—many people want support but may not know where to start looking.
- Learn about resources. A good place to start is the OC Navigator, an online resource navigation tool that includes a curated list of Orange County behavioral health resources to guide an individual to needed services and supports. For more information visit: www.OCnavigator.org.



During suicide prevention month in September and beyond, all of us can wear the teal and purple ribbon, colors that represent resilience and hope. This small symbolic gesture goes a long way to show someone who may be struggling that we care.

Reduce the Stigma:

Combatting stigma includes engaging communities and creating open dialogs through community education, dispelling

myths, normalizing an individual's experience and giving a message of hope that there is no shame in experiencing behavioral health conditions, that treatment is effective, and that suicide is preventable not inevitable.

Use effective messaging and language.

Whether you are designing a brochure, or posting on social media, or a member of the media, one part of reducing stigma and promoting safety is to use best practices in messaging and use non-stigmatizing language when talking about suicide prevention, attempts, and losses.

- Visit <https://theactionalliance.org/messaging> or <https://suicideprevention-messaging.org/> to learn more.
- Download Orange County's Messaging Tip Sheet for the New Media (Ref: [Appendix C](#)).

Common Myths about Suicide

One reason for the persistent stigma is that suicide continues to be widely misunderstood and subject to many myths. Each of us can educate ourselves and others about suicide; According to Thomas Joiner⁷, myths about suicide are largely created when a person is trying to reason about the suicidal mind from a non-suicidal place, from the outside especially when reasoned by someone who does not experience these struggles. With better understanding, we can all do a better job of preventing suicide as well as support loss survivors -those it leaves behind.

Myth	Fact
Suicide is the most self-ish act	The suicidal person is likely thinking that their death is worth more than their life to others
Talking about suicide increases suicidal ideation	Discussing suicide openly can actually reduce the risk. It actually helps individuals feel heard and supported and it encourages them to seek help ⁸ .
Suicide happens without warning	Most suicides are preceded by warning signs, such as changes in behavior, mood, or verbal cues ⁹
Suicide is an impulsive act	Many individuals who die by suicide have expressed their feelings before hand and have made a plan to end their pain and misery ¹⁰
People who talk about suicide are just seeking attention	Any mention of suicidal thoughts should be taken seriously. Many individuals who die by suicide have expressed their feelings before hand.
Only people with mental health conditions are at risk of suicide	While mental health conditions are a significant factor, other stressors like relationship issues, trauma, job loss, or financial problems can also contribute.
Once someone is suicidal, they will always feel that way	Suicidal thoughts are often temporary and situation-specific. With proper support and intervention, individuals can recover and lead fulfilling lives.
Restricting access to means of suicide does not help.	There is evidence that limiting access to lethal means significantly reduces suicide rates.

7 Joiner, Thomas. 2011. Myths about Suicide. Harvard University Press.

8 www.Mayoclinichealthsystems.org

9 www.NAMI.org

10 www.Mayoclinichealthsystems.org

Suicide Prevention Messaging

WORDS TO CONSIDER

Recommended Terminology

- Die by suicide
- Took their own life
- Ended their life
- Attempted to end their life

Not Recommended Terminology

- Committed suicide
Note: Use of the word “commit” implies a negative act such as a crime or sin
- Completed suicide
Note: This associates suicide with success
- Successful attempt or unsuccessful/failed attempt
Note: there is no success, or lack of success, when dealing with suicide.

THE POWER OF WORDS

When it comes to suicide prevention, the terms, phrases and words we use can have a significant impact on the way messages are received. Messages can encourage someone to seek help and reach out, or they can push people further from the support they need.

Tips for effective Messaging on Suicide Prevention

- Provide a suicide prevention resource.
- Educate the audience on warning signs.
- Avoid discussing details about the method of suicide.
- Explain Complexity of suicide and avoid oversimplifying. It's natural to want to answer the “why” involved in a suicide, but there is usually not one event that is “the cause” of a suicide attempt or death.
- Focus on prevention and hope by using images and words that show people being supported, not suffering alone.
- Avoid sensational language and statistics that make suicide seem common overall. Consider data that highlights help-seeking such as number of calls to the local crisis line.

Helpful Resources:

Reporting suicide for the news media

www.ReportingOnSuicide.org

Framework for Successful Messaging, National Action Alliance for Suicide Prevention

www.SuicidePreventionMessaging.org

Get Involved in the Community Suicide Prevention Coalition (CSPC)

In January 2023, the initial charter of the CSPI was expanded to form a broader Community Suicide Prevention Coalition (CSPC). The coalition includes individuals dedicated to uniting efforts across Orange County to prevent suicide and save lives. The CSPC keeps growing and is comprised of over 60 community members and partner organizations, collaborates to steer planning, and implementation of comprehensive suicide prevention strategies. Aligned with both state and national objectives, CSPC strives to achieve the ambitious goal of zero suicides in Orange County. The CSPC is open to the public and meets on a regular basis. To learn more visit: <https://www.ochealth-info.com/services-programs/mental-health-crisis-recovery/wellness-promotion-prevention/suicide-prevention-5>

Why Join the Coalition?

- Open to anyone passionate about preventing suicide, including family members, community organizations, and individuals.
- Connect and collaborate with a diverse network of community members, agencies, and advocates.
- Gain access to valuable training opportunities focused on mental health and suicide prevention.
- Contribute directly to the planning and execution of local suicide prevention initiatives.
- Engage in impactful activities and events designed to raise awareness and promote suicide prevention.



Get Involved!

Email us at: OfficeofSuicidePrevention@ochca.com

The Need for Suicide Prevention in Orange County

Situating Data in Planning Efforts

Understanding suicides in Orange County requires telling a comprehensive story about suicide and suicide prevention in our local communities. Data is one source of information that helps support a common understanding of the problem and allows us to plan, strategize, set priorities and implement short and long-term goals for suicide prevention. While we appreciate that everything cannot be changed at once; a detailed examination of the suicide death data in Orange county allowed the stakeholders to:

- Provide context to local issues of suicide
- Dispel misconceptions and raise awareness about how this impacts us all
- Focus effort where the problem is most severe
- Identify risk and protective factors to select interventions
- Make appropriate policy, and funding recommendations to prioritize and invest in our local efforts
- Evaluate and measure change over time.

We also realize that data alone does not tell the entire story. Data can be biased based on who is designing the research or providing the analysis. In some cases, it has been used to perpetuate inequalities and justify leaving out people who should be at the center of our work. However, used with the purpose of advancing justice, inclusion, and equity, it can also be a powerful tool to help us get a fuller view of the communities we serve and the problems we seek to address. Ideally these approaches work together to address health disparities. For instance, pairing deep

listening with data helps us answer questions like: “Who is not at the table? Whose voice is not yet being heard?”

A detailed review of Orange County’s suicide death data¹¹ helped us answer these and other questions and guide strategic planning:

- Who is seeking help by reaching out to a crisis or warm line or accessing services? Who isn’t?
- Who is experiencing thoughts of suicide?
- Who is attempting suicide?
- Who is dying by suicide? And what risk factors were present that put them at disproportionate risk of suicide?
- How long does it take for survivors of suicide loss to access support?
- What risk and protective factors are present?
- What care transitions exist? How well are these working? What can be improved?
- What community strengths can support suicide prevention efforts? What are the gaps?

Orange County Health Care Agency Data Dashboard

Launched in 2021, the suicide data dashboard shows suicide and self-harm data in Orange County and was developed for raising community awareness and strategic planning and implementing suicide prevention, intervention and postvention efforts in Orange County. (<https://www.ochealthinfo.com/services-programs/mental-health-crisis-recovery/wellness-promotion-prevention/suicide-prevention-3>)

11 Orange County Suicide Death Report can be accessed here: www.ochealthinfo.com/page/self-harm-and-suicide-publications

The dashboard was developed through a collaboration of several HCA departments, including the Office of Wellness and Suicide Prevention, Office of Project Management and Quality Improvement, Research and Information Technology. The Orange County's Behavioral Health Advisory Board, which included representation from the mental health recovery and substance use disorders communities, were part of the initial launch and provided feedback and recommendations for improvements.

The Dashboard sourced through the California Comprehensive Death File, includes demographic information, geography and means of suicide, and is updated monthly. The Dashboard is interactive, and allows users filter the data by age, gender, race, method of suicide and place of death.

**2000 to 2018
Suicide Death Rates
increased by**

25%

**2000
to
2018**

Approximately
330 lives
lost to suicide
each year

2018

An all-time high
of **369** lives
lost to suicide

Priority Populations



Based on the Orange County data and risk factors, these priority populations were identified to focus efforts.



Youth & Young Adults
with particular focus
on LGBTQ and foster
youth, adolescent girls
and high achievers.



Men in their Middle Years
with particular focus on first
responders, veterans,
construction workers,
and businessmen/
professionals.



Older Adults
with particular focus on
homebound seniors, nursing
home residents, cultural
minorities, unemployed
single men and veterans.

2018

March - May

HCA completed a Needs Assessment to gather information about existing efforts towards suicide prevention in the community. On March 12, 2019, the Orange County Board of Supervisors allocated funding to create a community-driven county wide initiative to build community awareness reduce suicide attempts and deaths.

Timeline

2016 - 2018

Suicide rates in Orange County are trending upwards. A group of concerned individuals come together for a coordinated suicide prevention effort.

2019

July

The Community Suicide Prevention Initiative (CSPI) was launched in partnership by the Orange County Health Care Agency, and Mind OC within the Be Well OC movement.

- September 2019- 2020 Leadership groups and community Forums convened
- Identified priority populations based on OC Data
- Developed priority actions for populations of focus in their communities

Month

Developed a framework and an Action Plan that directed the community to focus on these four elements:

1. Reach out to high risk populations to find and engage those in need;
2. Maintain contact with those in need and support continuity of care;
3. Improve the lives of those in need through comprehensive services and supports; and
4. Build community awareness, reduce stigma and promote help-seeking

2020

October 6

Orange County Board of Supervisors directed the County to establish an Office of Suicide Prevention (OSP) to reach out to community members at disproportionate risk for suicide, support continuity of care through comprehensive services and supports, and build community awareness of suicide prevention, reduce stigma, and promote help-seeking.

HCA's Office of Wellness and Suicide Prevention

In August 2021, the OC Health Care Agency established the Office of Wellness and Suicide Prevention (OWSP) to coordinate suicide prevention efforts at the Agency level and interface with local and statewide initiatives to create a systems-approach to suicide prevention in Orange County. Core activities of the Office of Suicide Prevention identified were:

- Build hope, purpose, and connection for individuals in need through initiatives and campaigns focusing on stigma reduction and suicide prevention
- Coordinate data collection and analysis efforts
- Liaison with county and community suicide prevention, intervention and postvention efforts including co-leading the Community Suicide Prevention Coalition.



A Community Framework for Suicide Prevention

It's complicated and it's possible – what works and the big picture for suicide prevention, intervention, and postvention.

Health care systems have traditionally focused on assessing immediate to short-term level of risk in individuals presenting with suicidality and treatment efforts tend to focus on treating mental illness and interventions with individuals assessed as high risk.¹² This approach has limitations as assessments of risk (low, medium, high) is not a good methodology to predict risk of imminent suicidal behavior.¹³

Adopting a systems approach such as the Zero Suicide Framework, recognizes that there are multiple factors that impact suicidal behavior. According to this framework, many people who die by suicide do not have severe or enduring mental illness and most would not have necessarily been identified as “high risk” in recent contacts. The Zero Suicide Framework also highlights the importance of using postvention interventions such as safety planning and follow-up care that specifically target suicidality in addition to treating immediate underlying causes.¹⁴

A public health approach to suicide additionally allows us to recognize that we need a range of strategies for the whole community, in schools, in the workplace, in our health care settings and more. These strategies will be most effective if we are working both to help prevent problems from occurring and to ensure access to effective

help when problems do occur. Research has shown that initiatives and programs that have taken a comprehensive public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

Aligning with this approach, Orange County also adopted a multisectoral approach that combines “selective” interventions targeted to broad groups who as a population have increased risk, and indicated interventions that target individuals with specific risks, either through diagnosis or lethality of attempts. By combining prevention, intervention, and postvention strategies along a continuum we are able to approach this problem by focusing on universal and selective approaches that target all individuals to prevent problems from occurring, reducing risk and harm when identified through indicated interventions and ensuring access to effective crisis care when problems do occur. Services and activities are planned for all community members - at risk and high-risk and those in the general population in a variety of settings.

The puzzle diagram (to the right) of the Suicidal Crisis Path model¹⁵ helps conceptualize a public health systems approach that highlight the individual's

12 Turner, K. et al. The Paradox of Suicide Prevention. International Journal of Environmental Research and Public Health. 2022 Nov 19(22). Published Online 2022.

13 Franklin J.C., et al. Risk Factors for Suicidal Thoughts and Behaviors: A Meta Analysis of 50 years of Research. Psychol. Bull. 2017; 143:187-232.

14 Kaplan G., et al. Bringing a Systems Approach to Health. NAM Perspect. 2013; 3.

15 Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County's Community-Based Suicide Prevention Strategic Plan, 2018



experience within the context of the community at large. It helps to provide a framework to plan and implement the most appropriate services for individuals and the community at any stage within the continuum. It is a framework that provides a guide to develop and enhance strategies and interventions that would help prevent suicide at each incremental stage of risk on the crisis pathway; from the population level where the focus can be promoting wellness and preventing problems from happening to higher risk where the strategy should be to identify/detect problems early and connect the individual quick access to care; to increased suicidal risk/suicidal attempt where the most effective strategies will focus on responding to suicidal crisis and reducing access to lethal means and connecting individuals to effective care and treatment and in the most unfortunate circumstance, should a suicide occur, provide effective postvention services and promote wellness.

By superimposing the comprehensive strategies and approaches to the stages within the continuum of the suicidal crisis path, we can begin to identify the most effective programs and interventions we can plan for and implement. This approach also lets us place a high value on data-driven

and evidence-based activities while equally valuing the life experiences, stories, and perspectives of an individual's unique experience as well as plan services that allow healing for the entire community.

The nine strategies adapted from the Suicide Prevention Resource Center detail this idea of a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices & services) and are most effective when pursued together. These strategies are as follows:

- **Enhance Life Skills and Resilience:** Assist people in building life skills such as critical thinking, stress management and coping to increase protective factors and reduce impacts from risk factors.
- **Promote Social Connectedness and Support:** Supportive relationships and helping people to feel connected can limit impact of risk factors and protect individuals.
- **Increase Help-Seeking:** Help individuals to recognize when they need help, increase their awareness of where to find support can reduce barriers to people reaching out for help in times of distress and prior to times of crisis.

- **Identify and Assist Persons at Risk:** Raise awareness through education, trainings and messaging campaigns to assist in identifying people in need and connecting them to the appropriate support.
- **Ensure Access to Effective Mental Health and Suicide Care and Treatment:** Ensuring individuals experiencing thoughts of suicide have access to timely and effective care.
- **Respond Effectively to Individuals in Crisis:** Provide a full continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting.
- **Support Safe Care Transitions and Create Organizational Linkages:** Ensure that individuals who have been treated for suicide risk or after a suicide attempt have uninterrupted care transitions.
- **Provide for Immediate and Long-Term Postvention:** Develop postvention plans and supports to provide effective and compassionate care for those impacted by suicide deaths.
- **Reduce Access to Lethal Means and Promote Means Safety:** Prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means to use in a suicide attempt and promote means safety efforts such as gun locks and safe storage and use of medications.

The idea of a continuum of services and care for suicide prevention as described above, is based on the idea that, anywhere in the community, if someone is having thoughts of suicide, is at risk of acting on these thoughts, or navigating a suicide attempt, or grieving a suicide death, we want to be prepared to respond in the most appropriate way. We recognize that one size does not fit all and that we cannot do it all at once. We also know that some members of our community are at increased or disproportionate risk for suicide. We planned our goals and strategies to minimize the risk factors that impact individuals and build up protective factors such as hope, a sense of purpose and connection to build a resilient community.

Risk Factors at the biological, psychological, family, community, or cultural level may include factors such as:

Biophysical (Individual)

- Family history
- Personal injury (TBI)
- Substance use

Psychological

- Traumatic life experiences
- Stress
- Self-esteem
- Student-related (academic performance etc.)

Social

- Abuse or neglect
- Sexual orientation
- Having few friends or healthy relationships
- Bullying
- Discrimination
- Recent loss either by death or divorce

Cultural

- Stigma

Protective Factors include:

- **Individual Level:** develop and enhance cognitive abilities, self-efficacy, healthy coping strategies
- **Social Level:** Build a strong system of support with family and friends and develop supportive parent-child relationships
- **Cultural Level:** Build strong kinship bonds, spiritual or religious practice, beliefs surrounding life and perseverance
- **Community Level:** Positive school experiences. community resources, affirming faith communities, safe neighborhoods

Population-Focused Universal Upstream Prevention Strategies:

Upstream population focused universal wellness promotion strategies help to prevent problems from happening. These include strategies that encourage the development of life skills, build resilience and promote connectedness within the community. Strategies that maximize impact can include:

- **Outreach:** Outreach in the community especially targeting the underserved and underserved communities and the priority populations. The use of peers for outreach is a proven and effective evidence-based strategy.
- **Wellness Promotion and awareness raising** events and campaigns to reduce stigma especially when conducted by combining community events with large awareness building campaigns help to increase connectedness, build life skills, promote resiliency, reducing stigma and encourage help-seeking behaviors.
- **Community education:** Training of first responders, educators, school staff, professionals, clinical and non-clinical staff, family members and community at large in topics that include warning

signs of suicide, recognizing signs of mental illness, having open conversations with family members, coping skills, stress management, substance use, safety planning and navigating available resources in the community.

- WarmLine and lifeline telephone/chat/text emotional support.

Selective Strategies for Early Intervention:

Another important piece of the puzzle includes early intervention strategies that assist with the identification of individuals who need assistance with emotional support, access to effective care and treatment, and care.

Transitions/linkages

The type and quality of screening and risk assessment tools being used (in addition to who is using these and how well they are trained to screen/assess, as well as to use caring and effective referral practices) are important to consider. When suicide risk screening/assessment is ineffective, it creates a burden on the crisis response system by sending too many people who are at low risk for unnecessarily intensive

services (when lesser intervention is needed) and exposes these individuals in distress to unnecessary trauma.

This unnecessary burden on the crisis response system therefore limits resources available for those most in need of acute services. In some cases, using similar practices or a single tool for assessment or screening across the community can make the overall process more transparent and collaborative, both for service providers, but also for the folks they are trying to help.

Indicated Strategies

Crisis Services: A focus on developing comprehensive crisis services; within the continuum, so that individuals, peers, family members, and service providers can connect someone in crisis with the right type of help for that person in a timely manner.

Although the term crisis services is often used to refer to lifelines/hotlines or helplines, it also encompasses other programs that provide a wide variety of services or support. These can include in addition, mobile crisis teams, walk-in crisis clinics, hospital-based mental health emergency services, 23-hour crisis observation or stabilization, and a wide range of peer- and community-based crisis transition and linkage services. Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and intentionally connected.

Postvention Services

The continuum of comprehensive crisis services must also include services and supports for during and after a crisis; services that support individuals who have experienced a suicide attempt or loss to suicide. Planning and implementing these services in a caring, proactive, and timely manner can make a big difference for those individuals' ability to stay alive during and after the crisis they are experiencing.

Reduce Access to Lethal Means and promote Means Safety

This aspect of the continuum is about limiting a person's access to the means and methods by which they may cause themselves harm. This is a practical, lifesaving approach to prevent suicide by making the environment safer for someone who is or may become suicidal, as well as after a suicide attempt.

- Keeping medications securely stored; disposing of unused, unwanted, or expired
- Reviewing the steps to respond to a suspected drug overdose.
- Keeping guns securely stored and learning about local laws/options for firearm storage outside the home.
- Participate in Counseling on Access to Lethal Means or other trainings for means safety.
- Visit strivingforsafety.org to learn more about means safety steps anyone can take.



Strategic Aims and Goals for Orange County

Consultants from the MHSAOC's Statewide Learning Collaborative for suicide prevention helped to facilitate a series of meetings for the CSPC members between February 2023 – October 2023. These meetings were held to finalize the governance structure of the Coalition, selecting the sub-committees and its leadership and membership, reviewing current suicide death data, identifying future needs and unmet gaps and finalizing the strategic goals and objectives for next five years to be implemented in community settings. This section is a result of the groups' collaborative input.

Strategic AIMS

Expand focus on increasing hope, purpose and connection at the individual and community level.

- Incorporate actionable objectives and tactics for prevention, intervention, and postvention within each of the key settings: workplace, schools, healthcare, justice system, as well as general community settings.
- Sustainable and coordinated efforts to reach and support all county residents.

Goals At a Glance for 2024-2026

The above aims will be realized by accomplishing the following goals for individuals at disproportionate risk for suicide as well as for the community-at-large throughout Orange County. These goals represent opportunities to reduce risk factors and promote protective factors at the individual and community level, within community, correctional, education, healthcare, and workplace settings. These goals and objectives will be achieved through integrated efforts among CSPC partners and stakeholders as well as through focused activities of each partner organization in a variety of community settings.

Goal 1

Increase awareness about how to prevent suicide.

Goal 2

Increase connectedness between individuals, families, and communities, promote mental health, and strengthen protective factors.

Goal 3

Organizations who engage with priority populations have clear processes to support detection and response.

Goal 4

Provide continuum of crisis care and continuity of care.

Goal 5

Connect suicide loss survivors to timely and effective support to reduce their risk for suicidality and promote healing.

Goal 6

Promote safe environments through lethal means safety efforts and activities.

Goal 1

Increase awareness about how to prevent suicide.

Adopt a broad population-based approach, with wellness and prevention strategies that raise awareness throughout the community coupled with programs that are available to reach populations disproportionately affected by suicide. It is important to note that while some populations in our communities are disproportionately impacted by suicide, suicide risk is not inherently tied to identifying it as part of that population, but rather to the presence of risk factors and lack of protective factors. Strategies need to be planned and implemented accordingly.

- Information and messages about suicide prevention are consistently provided in a variety of modalities, locations, and languages throughout Orange County and for targeted locations and populations disproportionately impacted by suicide.
- Information shared is tied to suicide prevention and intervention efforts that make the messaging actionable for individuals who receive it.

Objectives to achieve this goal include:

Objective 1: Increase the number of formal partnerships with organizations that reach community members through sports, recreation, or other ways and that share suicide prevention information through their networks.

Objective 2: Leading up to Suicide Prevention Week/Month in September, share communication tools, resources, and tool kits to promote the role everyone in Orange County can play in suicide prevention, including information about warnings signs of suicide, warmlines and suicide prevention crisis lifelines.

Objective 3: Create and distribute a partner suicide prevention hand-out including information about how organizations can integrate suicide prevention into the work they do and with suicide prevention resources in all threshold languages in Orange County they can share with the community members they work with or serve.

Objective 4: As budget permits, implement awareness campaigns to reach populations disproportionately impacted by thoughts of suicide, suicide attempts and/or suicide deaths with the goal to increase hope, knowledge of resources, and suicide prevention information.

Tactics:

In Community Settings

- Implement public awareness campaigns and community-wide outreach efforts and events, especially during mental health awareness month in May and Suicide Prevention Week/Month in September.
- Share information about the role everyone can play in suicide prevention, including knowing the signs of suicide, finding the words to reach out to someone they are concerned about and connecting with resources.
- Promote, support, and encourage participation in suicide prevention training and presentations.

In Correctional Settings

Share suicide prevention information with correctional setting staff and visitors/ family members of incarcerated community members, both during incarceration and at discharge.

In Educational Settings

- Train district and school staff, including coaches, bus drivers, cafeteria workers and others in recognizing warning signs of suicide and the steps to take if they are concerned about a student.
- Host suicide prevention workshops for parents.
- Engage students in suicide prevention by implementing youth-led awareness events, incorporating suicide prevention and mental health information into existing curriculums.
- Normalize conversations about mental health; promote resources for help, like the 988 Suicide & Crisis Lifeline.

In Health Care Settings

- Share suicide prevention information with providers, staff, patients and family members.
- Facilitate suicide prevention trainings for primary care offices to incorporate suicide prevention assessment, documentation, follow-up, and referrals.

In Workplace Settings

- During May mental health awareness month and Suicide Prevention Month/Week share information about suicide prevention with employees throughout the organization.
- Provide educational opportunities to increase employees' knowledge of mental health and suicide prevention to support their own wellness, and those around them.
- Establish Personnel, PTO, and EAP policies and practices that promote employee and workplace mental health before, during, or after a crisis.
- Provide and/or promote employee, manager, training and presentations on suicide prevention, intervention, and means safety.



Council on Aging - Southern California

June 19 · Published by Aerielle Nisson

My Colors. My Mind. Artist Profile: Cheryl Walsh

"I always was interested in art but did not have the opportunity to learn to paint until now and I am so glad that I did because it gave me a community that I belong to on a weekly basis. While I paint, all my worries go away and realize that the problems aren't that big after all. I look at the world differently since started painting and I often wonder to myself thinking, 'How can I paint this?'"

Learn more about creative art therapy at coasc.org/mycolors

#ArtTherapy #MentalHealth #MyColors



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Join Us for Art Therapy.
Celebrate the Colors
of Your Life.

MY COLORS. MY MIND. MY LIFE.

Art therapy is a powerful way to tell our personal story and support mental health. It challenges us to think creatively while boosting cognitive function and can improve the quality of your life.



My Colors. My Mind.
A Program of Council on Aging



Spotlights:

Several media campaigns, community-wide efforts awareness efforts, and innovative partnerships have amplified hope and suicide prevention messages to communities across Orange County and to vulnerable populations at disproportionate risk for suicide.

Light Up Hope OC

The Light Up Hope OC campaign aims to raise awareness for suicide prevention by lighting up iconic public buildings throughout Orange County in teal and purple to highlight symbolically the message that suicide is preventable, and that there is help available for those who might be struggling and inspire hope. The colors purple and teal symbolize suicide prevention awareness and serve as a reminder that suicide is an issue we need to talk about openly.

To learn more, visit:

www.LightUpHopeOC.com.

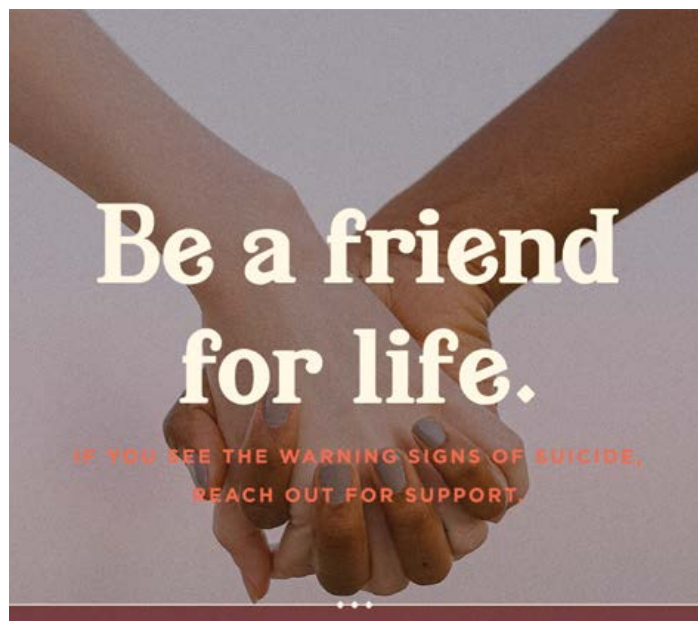


Los Angeles Angels and Anaheim Ducks Amplifying Suicide Prevention Message

Partnerships between the Orange County Health Care Agency and the Los Angeles Angels and Anaheim Ducks, professional sports organizations operating in Orange County, enables OC HCA to reach millions of Orange County sports fans with mental health and suicide prevention awareness messaging. These mental health and suicide prevention messages are strategically placed in the two sports arenas during the season games and shared through in-person outreach events, digital media, broadcast media, radio commercials, and more.

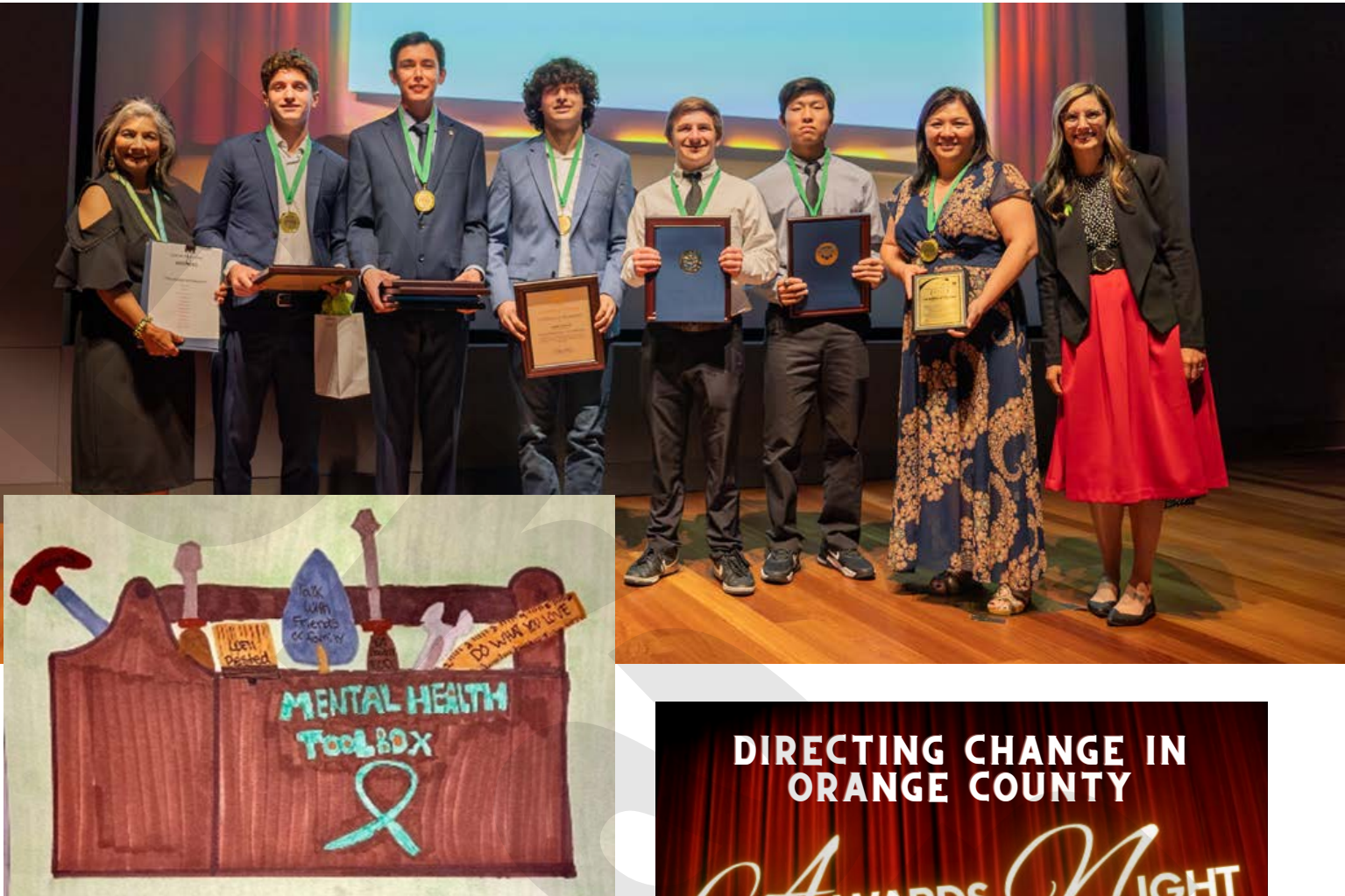


Be A Friend For Life: This youth suicide prevention campaign educated Orange County youth about how to prevent suicide, how to recognize the warning signs and what to do if they suspect a friend is in need. The campaign included digital ads, social media, influencer and out-of-home marketing efforts.



Help is Here OC: The broad-based marketing and advertising campaign reached middle-aged men and their loved ones with messages that provided education about the warning signs of suicide and encouraged help-seeking.

Program Spotlight: Directing Change Film Contest



Orange County has adopted Youth Creating Change's signature initiatives, the Directing Change Film Contest and Hope & Justice Initiative to train youth in suicide prevention through the creation of art and film projects. Youth Creating Change is a non-profit organization (501 c3) dedicated to placing young people's voices and creativity at the center of suicide prevention and mental health programming. The evaluated suicide prevention curriculum is embedded in the submission criteria and youth-created projects are celebrated in a local recognition ceremony at the end of the school year. View films and art from local students here: www.directingchange.org/orangecounty/

**DIRECTING CHANGE IN
ORANGE COUNTY**

AWARDS NIGHT



<https://linktr.ee/OWSPevents>

RSVP via the QR code by May 22, 2024

**WEDNESDAY
MAY 29, 2024**

5:00 P.M. - 8:00 P.M.

BOWERS MUSEUM
2002 NORTH MAIN ST.
SANTA ANA, CA 92706

Please join us for the 2nd Annual Directing Change Awards Ceremony, showcasing films created by Orange County students to raise awareness about mental health and suicide prevention.

This event is open to all participating students, the teachers and staff who advised them, friends, and family. Semi-formal attire is suggested. Light refreshments will be served.

 **YOUTH CREATING CHANGE**

 **Directing Change**
Program & Film Center

 **OC health**
CARE AGENCY

Goal 2

Increase connectedness between individuals, families, and communities, promote mental health, and strengthen protective factors.

According to the Center for Disease Control (CDC) connectedness is the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. The definition encompasses connections between individuals, their families, community organizations and social institutions. Communities can increase connectedness by strengthening cultural values and cultural identity. It's important to note that culture in this context can refer to racial or ethnic, vocational, such as first responders and culinary professions; as well as special populations, such as military culture.

Strategies are implemented at the population level to enhance protective factors such as connectedness, contacts with caregivers, problem solving skills, coping skills and promote overall mental health.

- **Objective 1:** Increase connectedness between individuals, families, and communities to reduce social isolation, strengthen supportive relationships, and enhance other protective factors by offering easy to access tools to navigate supports and services, community resources for volunteering such as the Hope Cards initiative, and SEL curriculums and peer-based clubs in the school setting.
- **Objective 2:** Raise awareness of suicide related topics, mental health and reduce stigma around mental illness and suicides through county-wide media campaign, community events, and celebration of Mental Health Matters Month in May and in September during Suicide Prevention month.

Tactics:

In Community Settings

Implement awareness campaigns and events to promote mental health and reduce stigma, with special emphasis on Mental Health Matters Month in May and in September during Suicide Prevention month.

In Correctional Settings

Provide support and resources to inmates and their families Establish evidence-based protocols to screen inmates

In Educational Settings

- Incorporate Social Emotional Learning (SEL) and mindfulness programming into curriculums across Orange County districts and schools.
- Offer peer-based programming and clubs that foster belonging and strengthen protective factors.

In Health Care Settings

- Enhance training and resources available to health care providers and their staff to ensure they are effectively screening patients for risk, are aware of crisis and mental health resources and how to access the resources, and that they are effectively activating their patients' support systems when risk is identified.
- Expand partnerships with Orange County Pharmacies, Hospitals and Medical clinics to develop locations and protocols for prescription disposal and drop-off programs in order to reducing access to lethal means.

In Workplace Settings

Offer wellness programs and opportunities to volunteer in community events.

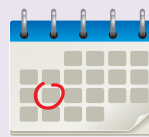
Spotlights: In Orange County, a multitude of efforts are underway to enhance protective factors. These include programs and activities that offer social support and strengthen connectedness and social emotional learning, including, but not limited to, these examples:

Hope Card Initiative

Community members are engaged in making Hope Cards for individuals who feel isolated or hopeless and foster hope and healing. The Hope Card Project was developed and adopted by the CSPC to spread hope and build connections through personal crafting and giving of handmade cards. The caring messages and affirmations in the cards have provided hope to many individuals in the community.

The presentation including sharing of resources and conversations during the making of the cards helps to normalize mental health topics that may be taboo, encourages discussion and reflection on personal wellness, empowers individuals to become pillars of support, and uplifts people through the power of hope. The Hope Card Project has served as tabletop volunteer activities, workplace wellness initiatives, team-building exercises, art therapy sessions for clients, opportunities for companies to practice corporate-social responsibility, and more.

Project Statistics from January 2024 to October 15, 2024



27 Hope Card events held to date



837 Hope Cards created to date by participants of all age groups including K-12, TAY, adults, and older adults



523 Hope Cards Distributed to cancer patients, individuals in homeless shelters, seniors, suicide support groups, and veterans



Community Testimonials

“ Through the Hope Card Project, I felt good about myself because I was able to share how I feel. I want to also give someone else positivity and make them feel important. ”

“ Making these cards uplifted my heart by extending some hope to others. ”

“ This activity made me feel beautiful. It brought me out of myself and watching other people make cards inspired me. Thank you for everything! ”

Community education and mental health promotion events and campaigns:

A county-wide program which aims to raise awareness, address the stigma associated with suicides, mental illness and addiction by creating an environment where people are seen and supported in their efforts to achieve wellness and recovery. A county wide calendar of events is available to further foster connection and wellness throughout the year and focused celebrations during Mental Health Awareness Month and suicide prevention month. Learn more at: www.ocmentalhealthevents.org

Peer-Based Efforts and Clubs, such as the Transitional Age Youth (TAY) Connect OC Coalition NAMI on Campus, Bring Change to Mind, GSA Clubs, Sources of Strength and many more are offered throughout Orange

County schools to strengthen connection, a sense of belonging and other protective factors among students.

Social Emotional Learning (SEL)

curriculums are infused throughout districts and schools. SEL is the process, through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. The skills and strategies that children and teens gain through Social Emotional Learning (SEL) have been shown to increase protective factors and reduce risk factors associated with suicide.

OC Navigator

Orange County’s new OC Navigator Tool is designed to help people find and connect with the supportive resources they need in different areas of their life including health, wellbeing, and other supportive services. Visit www.ocnavigator.org to learn more.



Innovative Partnerships

The Orange County Health Care Agency has initiated several programs designed to address the needs of vulnerable and underserved populations through peer-based interventions. The interventions have been designed to engage community members using innovative approaches such as creative and performance art and other immersive activities designed to draw the participants into enjoyable activities and support the development of emotional wellness skills, while incorporating messaging and education about mental health, suicide prevention, and community resources.

Partners4Wellness Mindful Expressions Workshops utilizes art-based activities, storytelling, and theatrical performances to engage transitional-aged youth, including foster youth and black students at our local colleges and universities. Activities incorporate discussion around mental health topics, development of skills and tools that support coping and emotional wellness, and information about resources available to the youth in support of their mental health.

Data points for Workshops

	FY 2022-2023	FY 2023-2024	FY 2024-2025
Total Workshops		226	94
Workshop Participants	4,056	2,813	>1,100
Community Partnerships	47	33	

Peer-led Mental Health Promotion Through Community Partnerships

In Orange County mental Health and wellbeing is provided by a network of several community-based organizations working together to promote mental health and wellbeing across Orange County, especially in communities that have often been overlooked or underserved. The goal is to reduce stigma around mental health and substance use, educate community members about mental health conditions and symptoms, teach vulnerable community members tools and skills to help them manage and maintain emotional health, help people feel more connected, and make it easier for community members to reach out and access help when they need it.

These services are designed for all community members but specifically those who may be isolated or facing barriers to care especially communities of color, immigrants, refugees, monolingual non-English speakers,

veterans, and LGBTQI individuals. Support is offered in multiple languages and is led by peers who understand the communities they serve. Each agency providing these services focuses on a specific group: Asian and African American communities; the Latinx community; LGBTQ communities; and veterans and military families and provides services in partnerships with smaller local groups and organizations to ensure access to these communities and provide support where it's most needed. Services include outreach, peer support, educational workshops, community events, and social media campaigns to spread awareness and connect people with resources. The work is guided by community feedback and is all about meeting people where they are, helping them feel heard, and making sure they know they're not alone.

Community-based organizations partnerships with Orange County correctional institutions have been established to offer support for inmates during their incarceration to support access to care while incarcerated, facilitate support groups for priority populations such as LGBTQ+ and Veteran inmates, and assist with access to resources and care during the transition out of incarceration to community.

APAIT (LGBTQ+)

	FY 2022-2023	FY 2023-2024	FY 2024-2025
Total # of group sessions held	23	44	23
Total # of unduplicated individuals	22	15	8



Goal 3

Organizations who engage with priority populations have clear processes to support detection and response.

The success of suicide prevention services traditionally has been dependent upon people at risk seeking the services they need within a particular care setting. As a result, people at risk for suicide may not be identified or receive the services they need when they need them. This can be addressed by integrating suicide prevention efforts (including screening and detection) across communities and into entire systems of care, to ensure people at risk do not fall through gaps.

Best practices in suicide risk screening, assessment, and management use a collaborative and transparent approach to examine the presence and immediacy of suicidality and other risk factors. A uniform approach, adequate and appropriate training, collaborative relationships across care settings, and investment in necessary infrastructure (e.g. Electronic Health Record systems) facilitate prompt and effective identification of those at risk, which in turn, results in more efficient and effective triage to appropriate services and supports.

Further, screening tools can identify people at risk for suicide in many settings. Anyone can learn to recognize the warning signs of suicide and can learn to communicate effectively with people at risk to determine the type of support needed. Additionally, brief interventions (such as the Stanley-Brown Safety Plan) can support people who are at risk to recognize their personal warning signs and identify coping strategies and supportive social or professional contacts to support them in times of elevated risk.

- **Objective 1:** Support the implementation of uniform policies and procedures to make screening, assessments, referral processes, and decision-making for suicide-related care routine and standardized.
- **Objective 2:** Invest in training and technology for systems serving health, mental health, and substance use disorders to improve uniform suicide risk screening, assessment, and management.
- **Objective 3:** Promote use of accessible screening and safety planning tools to equip individuals, families, and communities to detect potential risk and connect to support.

Tactics:

In Community Settings

- Promote the use of appropriate, evidence-based screening tools for use in community settings (e.g. Columbia Suicide Severity Rating Scale or Ages and Stages Questionnaire (ASQ)).
- Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports.

In Correctional Settings

- Facilitate access and linkage to mental health and substance use disorder services and culturally appropriate support services for people identified as needing such services.

- Screen inmates for risk using evidence-based tools

In Educational Settings

- Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk.
- Explore the use of machine learning (e.g. social media referral) to detect potential suicide risk and refer to support.

In Health Care Settings

- Explore how to link suicide screenings to other screening tools (e.g. positive screens for depression, anxiety, trauma, physical pain, and problem alcohol, drug use, and eating).
- Consider Electronic Health Record Integration and implement standardized policies, forms, and procedures used by other municipalities who have successfully implemented this.

In Workplace Settings

Share materials, information, and promote training for suicide prevention. Incorporate managerial and human resource training on mental health crises, suicide prevention, and risk screening and referral.

In Orange County, the following efforts are underway:

Trainings in community and schools: The Orange County Department of Education (OCDE) has trained all the Regional Mental Health Community Coordinators in the Columbia Suicide Severity Rating Scale for implementation across the districts.

Screening

- OC HCA, in partnership with OC Public Health, SUD, OCDE and community-based organizations, is working to enhance screenings for suicide risk across community settings, such as Mental Health Clinics, Substance Use Disorder Treatment Clinics, Emergency

Departments, outpatient medical settings, schools, and other community settings (i.e. Boys and Girls Club or the American Legion), in order to identify those who may be vulnerable or at-risk and connect them with support and treatment. OC HCA is also partnering with the Warmline to ensure that screenings are conducted for all callers reaching out to connect with a peer.

- **In the schools:** School districts have implemented the School Based Health Incentive Program (SBHIP) intended to address behavioral health access barriers for Medi-Cal students through targeted interventions to increase access to services. A Workgroup was established and met several times in 2023. One of the goals identified was to decide on a universal screener to assess students. The Workgroup also put together a portfolio of evidence-based screeners, familiarized themselves with each screening tool and considered the merits of each including the costs and time taken to administer the various screening tools.
- OCDE is also in the process of piloting a Protocol for schools and clinicians that addresses when a student is experiencing crisis and subsequently their reentry into schools after hospitalization. They have created a list of documents including protocols for clinicians, schools, and parents and created a Parent Student Guide.
- In Orange County, the correctional institutions have established evidence-based protocols for screening all inmates, at time of intake, to identify any mental health needs and ensure those needs are addressed.

Goal 4

Provide continuum of crisis care and continuity of care.

Crisis services are an integral part of comprehensive suicide prevention and are most effective when they are part of a comprehensive continuum of care. According to SAMHSA's national guidelines¹⁶, a crisis system needs “**someone to call, someone to respond, and somewhere to go.**” In Orange County, through the Crisis Intervention Team (CIT), this model is being implemented and residents of Orange County have access to a full continuum of care.

Someone to Call

Orange County's OC Links is a 24 hour, 365 day crisis number that utilizes trained clinical staff to screen and assess the caller and respond with the appropriate care, from dispatching a mobile crisis team (CAT) to a warm hand-off to an appropriate program. Direct linkages have been established with the Orange County **Warm Line and Crisis Lifelines/Hotlines**. These services provide immediate support and facilitate referrals to medical, health care, and community support services. Crisis counselors promote problem-solving and coping skills via telephone (or text or online chat) to individuals who are experiencing distress.

- The OC Warm Line, operated by NAMI, is a 24/7, toll-free, non-crisis telephone support, text and internet chat service for anyone needing emotional support or experiencing behavioral health issues. Staff draw upon their lived experience to connect with callers and provide them with emotional support and referrals to ongoing services as needed. Callers who are experiencing a behavioral crisis

are immediately referred to the Crisis Prevention Hotline.

- Call Toll: 877-910-9276
Text or Call Local: 714-991-6412
Live Chat: namioc.org
- Teen Line is a teen-to-teen hotline where teens can call, text or email about anything they are struggling with. Teen Line is staffed by trained teen listeners who understand what it is like to be a teen.
- Call 1-800-852-8336 (from 6 p.m. to 10 p.m. PST)
Text TEEN to 839863 (from 6 p.m. to 9 p.m. PST)

The Suicide Prevention Crisis Lifeline Telephone/Chat Support (988), operated by Didi Hirsch, is a toll-free, accredited hotline that operates 24 hours a day, 7 days a week to anyone in crisis or experiencing suicidal thoughts or to someone who is concerned about a loved one attempting suicide. Trained counselors provide immediate, confidential, over-the-phone/text/ chat assistance and initiate active rescues when necessary. For callers who give their consent, counselors conduct follow-up calls to ensure continued safety and reduce the likelihood of attempts and emergency room visits. Callers who are not experiencing a crisis are triaged and offered access to WarmLine or other appropriate resources. English, Spanish and Korean-speaking counselors are available.

Additionally, in March 2024, a diversion program was piloted between Orange County Sheriff Department (OCSD) Dispatch Call Center and OC Links. Using a screening

16 <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

rubric provided by DHCS under the Mobile Crisis Benefit, OCSD was able to divert over 100 calls to OC Links that were deemed appropriate for an OC Links response.

Somone to Respond

The Orange County's Crisis Assessment Team (CAT) responds to crisis calls providing acute mental health crisis stabilization and psychiatric assessment services to individuals of all ages within their own homes and in other sites outside of a traditional clinical setting. The objectives of such teams are to provide a timely and rapid response, assess the individual and resolve the behavioral health situation. With the implementation of the Mobile Crisis Benefit from DHCS, OC has been able to respond to many calls in teams reducing the utilization of law enforcement. This model aligns with the CIT's goal of utilizing law enforcement strategically. Furthermore, peer support specialists have been added to the mobile response teams, providing valuable insight and support to individuals and their families during a mental health crisis. Since January 2024, law enforcement has only been utilized on average of 24% of crisis calls, whereas this number was closer to 90% in prior years.

The Be Well OC Mobile Crisis Response Team is composed of two crisis intervention specialists who provide in-community assessment to individuals experiencing mental health or substance use challenges. The mobile response team provides information, referrals, transportation and additional follow-up support and case management. In cities with active programs, calls are received through the appropriate non-emergency line or 911. Dispatchers triage the situation and, when appropriate, deploy the Be Well OC Mobile Crisis Response Team to assist. A mobile crisis unit of two counselors skilled in de-escalation, crisis stabilization services, counseling, and mediation effectively address both the emotional and social well-being of the client. These teams are funded and operated by specific cities within Orange County.

Veterans Mental Evaluation Team (VMET)

The Veterans Administration (VA), in partnership with local law enforcement, provides mobile crisis support to Orange County veterans through the Veterans Mental Evaluation Team (VMET). The VMET team also conducts outreach to contact "at risk" veterans who have stopped showing up for the psychiatric care through the VA system of care. This program ensures that the crisis support and mental health services received by the veterans help to reduce anxiety and barriers while meeting the unique needs of the veterans. The VA utilizes a proactive approach, with a mental health clinician partnered with a police officer, in support of veteran access to crisis care and wrap around services. The VMET program was initiated in August, 2018 as a first of its kind program to help reduce the number of veteran suicides and increase participation in mental health treatment. The program has been so effective that the VA has started replicating the service nationwide.

Somewhere to Go

Crisis Stabilization Services (CSS), which are not to exceed 23 hours and 59 minutes, include psychiatric evaluation, basic medical services, individual and group therapy as appropriate, nursing assessment, collateral services with significant others, individual and family education, medication services, crisis intervention, peer mentor services, referral, linkage, follow-up services and transfer to inpatient level of care as appropriate. Two Crisis Stabilization Units are available: College Hospital CSU in Costa Mesa (for individuals 18 and older), and the Exodus CSU in Orange (for individuals ages 13 and older).

The In-Home Crisis Stabilization (IHCS)

program operates a 24-hour, 7-day a week, year-round service which consists of family stabilization teams that provide short term, intensive in-home services to individuals who have been assessed to be at imminent risk of psychiatric hospitalization or out-of-home placement but can remain safely in the community and out of the hospital with

appropriate support. The teams include clinicians, case managers and peers with lived experience, with one set of teams serving youth under age 18 and another serving TAY, adults, and older adults ages 18 and older. Individuals are referred by County behavioral health clinicians, County and County-contracted CSUs, our CAT teams and emergency department personnel. All IHCS services are mobile and, whenever possible, provided in the home, at the identified residence of individuals who are experiencing homelessness, and/or in any community setting where the individual or family feels comfortable.

The Crisis Residential Services (CRS)

program provides highly structured, voluntary services in a residential setting. The residences emulate home-like environments in which intensive and structured psychosocial, trauma-informed, recovery services are offered. Depending on the individual's age and their or their family's/significant other's needs, services can include crisis intervention; individual, group and family counseling/therapy; group education and rehabilitation; assistance with self-administration of medications; training in skills of daily living; case management; development of a Wellness Recovery Action Plan (WRAP); prevention education; recreational activities; activities to build social skills; parent education and skill-building; mindfulness training; narrative therapy, reminiscence groups, educational and didactic groups specific to older adults, issues associated with aging, stigma associated with aging, safety issues, adaptive equipment, fragility issues and "silver" fitness groups, outings and activities, and nursing assessments.

Follow-Up Care

Peer and Community-Based Crisis Services: access to follow up services, ongoing treatment, and support provided by public, private, peer and/or community-based crisis services that are culturally and linguistically responsive and provided by individuals with training in suicide care and management.

Peer support and respite services are an alternative to a psychiatric emergency department or inpatient hospitalization and are operated by people who with lived experience of mental illness or suicide thoughts or attempts (peers). Community-based

support services that fall outside of traditional mental health services can be powerful and accessible ways for individuals to cope with and recover from a crisis.

Continuity of Care Protocols and Follow-Up Supports:

The weeks and months following a suicide attempt are frequently ones with elevated risk, in particular the days following discharge and before outpatient visits are scheduled. Additionally, as many as half of initial follow-up mental health appointments are not completed. Programs, partnerships, and best practices exist to ensure that individuals who have been treated for suicide risk or after a suicide attempt have uninterrupted care transitions.

Follow-up programs, also called continuity of care or caring contacts, implemented after discharge from the ER, hospital or other setting, as well as the availability of attempt survivor support groups and clinicians trained in suicide risk specifically are strategies that have shown promise in preventing future suicide attempts.

Objectives to achieve this goal include:

Objective 1: Increase visibility of the Suicide and Crisis Lifeline (988), and other crisis and warmlines, and develop marketing and outreach efforts/materials in all threshold languages in Orange County.

- Establish linkages with existing navigation hubs such as the OC Navigator and the Crisis Intervention Team Initiative.
- Convene crisis care providers representing community, correctional, educational, healthcare and workplace settings on a regular basis to share information, address gaps in care, improve crisis services delivery, and support collective marketing and messaging efforts.

Objective 2: Coordinate and communicate effectively across services and systems, to close gaps, enhance care, and improve timely support for individuals before, during, and after a suicidal crisis.

Objective 3: Provide uninterrupted and comprehensive follow-up care for people discharged from healthcare and behavioral healthcare settings after suicide-related care. Strategies may include caring contacts (e.g. phone calls, letters, postcards), follow-up interventions and step-down services, re-entry protocols and practices, and availability of clinicians trained in assessing and providing ongoing care.

Tactics:

In Community Settings

- Share information about available crisis call, text, and chat services including specialized crisis lines for populations at disproportionate risk for suicide.
- Promote and increase availability of walk-in crisis stabilization resources.
- Increase language equity and capacity to serve diverse communities across programs.
- Promote availability of suicide attempt survivor support groups.

In Correctional Settings

Create uniform policies and procedures to connect people released from correctional settings who have been identified as at risk for suicide, or who were receiving suicide-related services in custody, to appropriate services in the community. Include a standardized process for transferring confidential data and information.

In Educational Settings

- Train district and school staff in completing risk assessments and referring students to the appropriate level of

support in the least restrictive setting possible.

- Support families with obtaining culturally appropriate follow-up care options for their child.
- Develop re-entry protocols and follow-up care to support students after a suicide attempt.

In Health Care Settings

- Establish partnerships, policies, and procedures to connect patients released from the ER, hospital or other inpatient settings who were receiving suicide-related services to appropriate services in the community to ensure continuity.
- Designate appropriate individuals to notify key partners to activate available supports.
- Promote safety planning by prompting health, mental health, and substance use disorder providers to record safety plans in electronic medical record systems and by making plans accessible to people via commonly used portals.

In Workplace Settings

- Promote safety planning by prompting health, mental health, and substance use disorder providers to record safety plans in electronic medical record systems and by making plans accessible to people via commonly used portals
- Designate appropriate personnel to brainstorm what steps will be taken and assess what resources, training and policies may be needed to effectively coordinate response and resources following a suicide attempt, loss, or other related crisis. a crisis.
- Review organizational policies around medical leave and reasonable accommodations to support employees experiencing a crisis and in returning to work.

Spotlight

Step-Down Services, offered by Didi Hirsch, is a partnership with Orange County hospitals to coordinate linkages and warm handoffs from emergency departments, intensive outpatient programs and inpatient behavioral health units to Didi Hirsch's Support Services. Services aim to reach individuals who are assessed for suicidal ideation; those who may have attempted a suicide or those who are assessed to be at high risk of suicide. Services include a direct linkage of these individuals, prior to being discharged, to step-down therapeutic intervention, prevention and postvention services. These services include individual intervention and/or treatment, support groups and/or individual, couples, or family therapy for at-risk individuals with suicidal ideation.

The step-down services feature evidence-based practices including Cognitive Therapy for Suicide Prevention (CT-SP), which will be provided by clinical staff through an average of 12 sessions. Sessions include an analysis of the suicidal event, safety plan development, skill building, psychoeducation, family intervention, and relapse prevention. Intervention services include one-on-one therapeutic sessions for individuals, couples and families for an average of 13 weeks per participant to reduce the risk of a suicide attempt, provided by clinicians who have specialized training in CT-SP. Services also include coping skills and support groups for individuals and family members, recognizing warning signs, how to obtain help.

Follow-up services are offered to participants upon completion of therapeutic services from Didi Hirsch and will include monitoring of safety plans, ongoing risk assessments and follow-through on referrals to community resources. The participant's individual therapist will do a check-in follow-up each month for two months post discharge. Subsequently, the specially trained Crisis Line Extended Follow-Up triage team will

make follow-up calls minimally at the three-six-nine- and 12-month marks post discharge from the program. Follow-up calls by the Crisis Line Extended Care counselors will also be offered to individuals who were discharged from hospitals but did not attend the Didi Hirsch step-down care program.

Crisis Intervention Team

The Crisis Intervention Team (CIT) started as a pilot in April 2021 by HCA and OCSD to improve safety for everyone involved with a mental health crisis. By strategically utilizing law enforcement during crisis situations and increasing the role of mental health professionals, peer support specialists, and other community supports the CIT aims to reduce the trauma that people experience during a mental health crisis and increases connections to effective and timely mental health services, thus contribute to their long-term recovery.

Community stakeholders invited to join the CIT Steering Committee include law enforcement, Fire/EMS personnel, dispatchers/call takers, jails, training departments, hospital systems, mobile crisis teams, behavioral health providers, community advocates, consumers, social services, and school personnel. Together the CIT Steering Committee members established sub-committees to address gaps in the crisis continuum of care, identified community needs like a mental health crisis readiness checklist, developed the diversion pilot between OCSD and OC Links, established a robust training program and utilized the meetings to exchange information and provide updates on new laws/regulations and policies. The CIT is a best practice for the oversight and practices of delivering a crisis continuum of care and Orange County is working to formalize the CIT with CIT International to become a Regionally Certified Crisis Intervention Team.

Goal 5

Connect suicide loss survivors to timely and effective support to reduce their risk for suicidality and promote healing.

Postvention is defined as an organized response in the aftermath of a suicide to accomplish any one or more of the following: To facilitate the healing of individuals from the grief and distress of suicide loss To mitigate other negative effects of exposure to suicide.¹⁷ Services includes the range of supports and services a community offers as an intentional response after a suicide death has occurred. Strategies range from immediate response after a death to options for ongoing support. The goal is to reduce suicide contagion, promote healing and support to individuals, groups and communities impacted by a suicide death.

Objectives to achieve this goal include:

- **Objective 1:** Utilizing existing models, develop a postvention plan template and disseminate to key settings throughout the community.
- **Objective 2:** Increase the visibility, capacity, and reach of existing suicide survivor support services, including different formats, age groups, and languages.
- **Objective 3:** Develop partnerships among first responders, medical examiners, behavioral health crisis service providers, and peers to explore the feasibility of an immediate postvention response team.
- **Objective 4:** Increase the number of behavioral healthcare and other providers who receive specialized training to offer individual and family suicide bereavement support.
 - Utilizing existing models, develop a postvention plan template and disseminate to key settings (healthcare, workplace, education) throughout the community with the goals of preparing organizations to mobilize available bereavement support for individuals

within their organization in a timely manner.

- Increase the visibility, capacity, and reach of existing suicide survivor support services, including different formats, age groups, and languages.

Tactics

In Community Settings

- Develop and train a network of peer survivors who volunteer to connect with the newly bereaved and offer support in navigating and finding services.
- Promote the visibility and availability of suicide loss survivor support groups and services.
- Conduct suicide loss survivor events and/or participate in community events to raise awareness of existing resources.

In Correctional Settings

- Develop a proactive plan for postvention and designate appropriate individuals to coordinate the postvention response after a suicide death.
- Provide training on best practices in supporting suicide loss survivors and referring to appropriate support.

¹⁷ Suicide Prevention Resource Center

- Identify and incorporate appropriate postvention supports for individuals in the correctional system, as well as for families and for staff (such as Critical Incident Stress Management or other interventions).

In Educational Settings

- Increase the number of districts that have plan in place to support the staff, students and parents after a suicide death as part of their school safety policies and procedures. This plan includes communication templates and guidelines for how to communicate with students, parents, the media, and the broader community, how to manage memorials, and steps to debrief staff and students and mobilize appropriate means of support.
- Provide immediate and long-term follow-up care to support students, staff and families after a suicide death has occurred.

In Health Care Settings

- Utilize existing resources and templates to develop a postvention plan for how to support the health care team (staff and providers) after a suicide death at their place of work, including communication templates, organizational policies around bereavement leave, and resources.
- Coordinate workforce training around Critical Incident Stress Management or other models, and best practices for supporting suicide loss survivors and disseminate information on resources to all appropriate personnel.
- Designate appropriate individuals to activate a postvention plan and supports including notification of key partners to coordinate response resources available to survivors of suicide loss in Orange County.

In Workplace Settings

- Utilize existing resources and templates to develop a postvention plan for the workplace for after a suicide attempt or loss.
- Review organizational policies around medical leave and accommodations to support employees grieving suicide loss, both during bereavement leave and upon returning to work.
- Establish clear communication guidelines, template emails, and effective messaging principles for internal or external messaging regarding suicide loss in the workplace.
- Identify bereavement support services and resources appropriate for the individual level, as well as for entire teams.

Immediate response can be provided by developing partnerships with first responders or medical examiners, who can request a response from a cooperative team of trained individuals (including peers and behavioral healthcare providers in some cases). These teams may accompany first responders to the scene of a death, or to notify a family. Whether the response is immediate or not, the key element of a proactive postvention response is that loss survivors do not have to reach out for support, rather the support is made available to them directly.

Additionally, ongoing loss survivor services should be available at any time the individual is ready to reach out. Many suicide loss survivors benefit from connecting with others who have experienced a suicide loss to share strategies for coping and healing. This can include group meetings, individual or family sessions with providers who have specialized training in suicide bereavement support, community events, virtual or online meetings, ongoing follow-up contact (postcards, letters, emails, phone calls), and more.

Program Spotlight:

Suicide Prevention Services Survivor Support Services

Provides education, information, support, referral and follow-up care for people who have experienced the loss of someone to suicide.

The program serves all ages, and individuals can be self-referred or referred by partner agencies. Individual counseling is available for children, adolescents and adults and short-term family bereavement counseling can also be provided. In addition to counseling, the program offers bereavement groups and closed groups that provide a safe, non-judgmental place for people who have survived a suicide attempt to talk about the feelings that led them to attempt suicide.

Survivors after Suicide Bereavement Groups: Two different bereavement groups are offered for anyone who is coping with the loss of someone to suicide. The first is an eight-week, closed format group, co-facilitated by a therapist and a survivor. The goal is to establish a safe place without stigma for survivors to share experiences, ask questions, and express painful feelings so they can move forward with their lives. The second group is a drop-in group designed to help individuals receiving individual counseling (described above), and program alumni so that they continue the healing process in the months and years following their losses.



Goal 6

Promote safe environments through lethal means safety efforts and activities.

Means safety for suicide prevention is about limiting a person's access to means by which they may cause themselves harm. Strategies to promote safety in times of crisis or in anticipation of crisis including placing yourself or a person in a safer environment, putting a barrier between the person and the means, or increasing the amount of time it takes for yourself or the person to access means. For example, by securely storing guns or prescription drugs which gives time for intervention or for the crisis to pass. (www.Strivingforsafety.org and www.ochealthinfo.com/adept) As part of a comprehensive approach to suicide prevention, means safety activities include limiting a person's access to means by which they may cause themselves harm via a suicide attempt. A range of means safety strategies can be used to promote safety in times of crisis, after an attempt, during care transitions, or in anticipation of a crisis.

Reducing access to lethal means for a person at risk of suicide is one the best empirically supported methods for reducing suicides.

Objectives to achieve this goal include:

- **Objective 1:** Routinely review available data on methods of suicidal behavior and use data to guide development of suicide prevention and means safety strategies.
- **Objective 2:** Disseminate information to local gun shops and range owners to increase awareness of suicide prevention efforts and to engage them in partners in suicide prevention.
- **Objective 3:** Identify and collaborate with existing prescription drug and overdose prevention coalitions and activities to integrate suicide prevention and means

Means Safety Checklist

If you are concerned about how to keep yourself or a loved one who is thinking about suicide or has attempted suicide safe in the home, this checklist offers a starting point.

- ☒ Learn the warning signs of suicide
- ☒ Have a conversation about suicide prevention
- ☒ Share crisis resources
- ☒ Keep medications securely stored at all times
- ☒ Dispose of unused, unwanted, or expired medications
- ☒ Review the steps to respond to a suspected drug overdose
- ☒ Keep guns securely stored
- ☒ Familiarize yourself with California law when considering storing a firearm outside the home
- ☒ Trust your instincts
- ☒ Remember you are not alone

You are not alone. For immediate help call or text 988 or chat 988lifeline.org to reach the Suicide & Crisis Lifeline.

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Oversight & Accountability Commission

safety, promote gatekeeper trainings, and raise awareness of safe storage practices and safe disposal sites for unused medications.

- **Objective 4:** Raise awareness of means safety strategies with the public and organizations in Orange County.
- **Objective 5:** Promote training, such as Counseling on Access to Lethal Means, to key providers across different settings and contact points that offer specific information about their role in promoting and supporting means safety.

TACTICS:

In Community Settings

- Share means safety resources, such as www.StrivingforSafety.org, to help community members increase safety for themselves, a friend, loved one, colleague, or client when suicide risk is elevated.
- Encourage community members in a wide variety of settings to learn about safe storage and disposal options for unnecessary or expired medications,
- Promote safe storage of firearms

In Correctional Settings

- Utilize existing information and means safety strategies for institutional settings, particularly to prevent and address suffocation and strangulation hazards.
- Incorporate means safety strategies (e.g. routine counseling on lethal means safety) into all intake and release protocols.

In Educational Settings

- Share means safety information and/or training for educators, administrators, parents, caregivers, and youth allies/organizations.

- Incorporate means safety strategies into existing trainings and protocol for screening, assessment, safety planning, and follow up after a suicide attempt or suicide death in educational settings.

In Health Care Settings

- Increase the number of health-care providers (including Emergency Department staff) trained in evidence-based means safety intervention, such as Counseling on Access to Lethal Means.
- Incorporate lethal means counseling and safety strategies into discharge or care transfer protocols following a suicidal crisis or suicide attempt.
- Encourage the use of practical strategies (e.g. medication blister packs, personal safes) to increase barriers for overdose to occur.
- Engage pharmacists as partners in suicide prevention by offering training on recognizing suicide risk in patients.

In Workplace Settings

- Incorporate means safety activities into existing trainings and protocol for any suicide related screening, assessment, safety planning, and follow-up after a suicide attempt or suicide death.
- Distribute information on safe storage and disposal, as well as means safety resources and information (such as strivingfor-safety.org) to employees. Utilize existing models for effective messaging through newsletters, EAP and/or Continuing Education/ Inservice offerings, and through HR or safety briefings.

WOULD YOU NOTICE
IF PILLS WERE MISSING?

 **MONITOR**

Take inventory of medications. Keep track of any missing and quickly-used medications.

 **SECURE**

Lock up medications to reduce access. Do not leave them in a bathroom or the kitchen.

 **DESTROY**

Destroy your unwanted or expired medications:

1. Pour unwanted or expired medications into a zip bag.
2. Pour hot water (over 110° - as hot as coffee) into the bag.
3. Insert kitty litter into the bag. Seal bag and place in trash.



(714) 834-4058
www.ochealthinfo.com/adept

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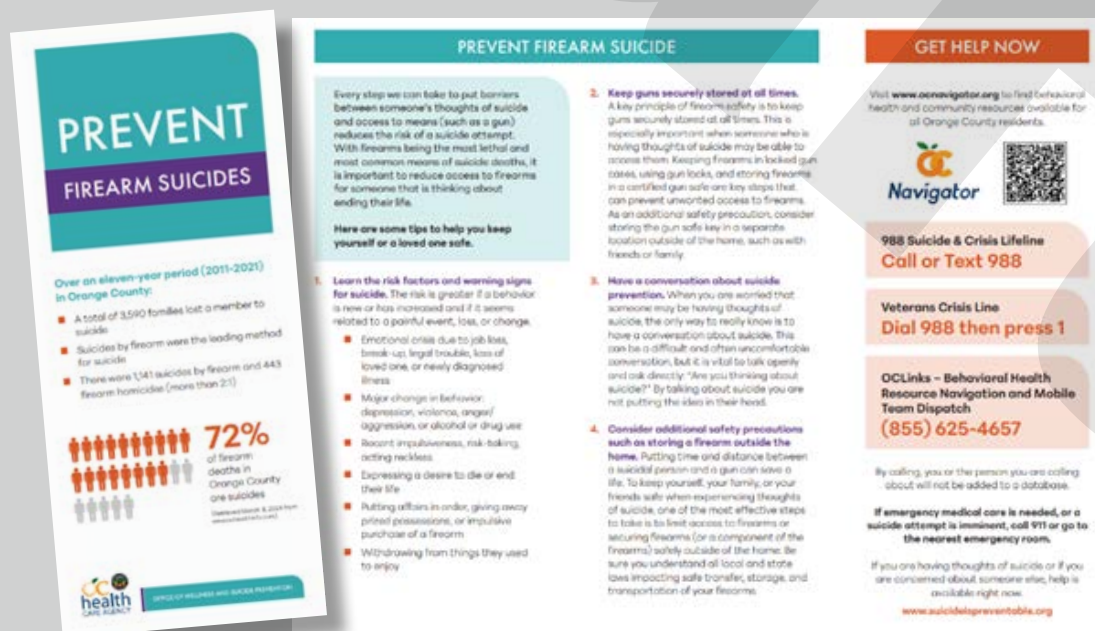
(714) 834-4058
www.ochealthinfo.com/adept

Program Spotlight:

CSPC Firearms Safety Workgroup

In 2021, the Community Suicide Prevention Coalition established a firearms Safety Workgroup in partnership with law enforcement, veterans, gun range owners, and community stakeholders to address suicide deaths by firearms in Orange County. The workgroup was established with the belief that successful outreach is dependent on active involvement of, and partnership with, gun owners and community stakeholders.

The workgroup developed a firearms safety brochure and an action plan to distribute it through outreach in strategic locations, such as Orange County gun shops and ranges. The outreach is conducted by a team familiar with the use of firearms and that understands the needs and interests of the community members impacted. The outreach team works directly with the owners and staff at the shops and ranges to encourage the distribution of the firearms safety brochure to everyone who purchased a gun from the shops or uses the ranges. In addition to the distribution of the brochures, the outreach team also distributes gun locks to the stores and at other community outreach events. The gun locks are made available through a partnership with the Veterans Administration (VA), as part of the VA's efforts to support a reduction in rates of suicide for Orange County veterans. The Firearms Safety workgroup continues to meet on a monthly basis and has expanded the workgroup goals to include mental health and firearms safety education and training for Orange County gun owners.



Next Steps:

1. Strengthen Postvention and Downstream Suicide Prevention Efforts

Goal: Build a Robust Postvention Framework and create a multi-layered postvention approach that includes:

- **Loss Team Response Component:** Develop a specialized team to provide immediate support to families and communities after a suicide, coordinated with first responders, hospitals, and community partners for rapid deployment.
- **Long-Term Survivor Support:** Expand survivor groups, peer mentorships, and access to trauma-informed counseling to support long-term healing and reduce risk.
- **Education for Families and Community Members:** Host community workshops to educate families and friends about recognizing signs of distress, supporting loved ones, and addressing stigma.
- **Data-Driven Improvement:** Conduct robust suicide death reviews, analyze data to continually improve postvention services and tailor interventions to community needs.

2. Enhance Partnerships at Key Intervention Points

Strengthen partnerships at critical touchpoints to capture at-risk community members:

- **Collaborate with Healthcare and Community Partners:** Work closely with healthcare providers, schools, and correctional facilities to establish consistent screening, intervention, and follow-up protocols.
- **Integrate Suicide Prevention into**

Existing Community Resources: Share resources and implement screening programs across a network of partners, ensuring support for at-risk individuals wherever they engage with public services.

- **Training for Key Staff:** Equip personnel across sectors with skills to recognize and respond to signs of suicide risk.

3. Support Vulnerable Communities with Targeted Outreach and Peer Support

To reach vulnerable populations effectively:

- **Tailored Programs for Specific Populations:** Develop culturally responsive, linguistically adapted outreach programs in collaboration with trusted community leaders.
- **Peer Support Networks:** Establish peer support groups and peer navigator roles in health centers, schools, and community spaces, fostering resilience and reducing stigma.
- **Digital and Grassroots Engagement:** Leverage social media and community-led initiatives to spread awareness and reach communities where traditional outreach may be less effective.

4. Compensate for Reduced Outreach and Education Funding

Adapt strategies to continue outreach and education with limited funding:

- **Leverage Community Partnerships and Shared Resources:** Partner with community organizations, businesses, and educational institutions to host events and share resources at minimal cost.
- **Digital Outreach and Resource Hubs:** Use social media

Program Spotlight:



Medication Drop Box List

To dispose of needles or sharps, visit www.oclandfills.com or call (714) 834-4000.

CITY	PLACE	ADDRESS	CROSS STREET	PHONE
ANAHEIM	ALBERTSONS	810 S. STATE COLLEGE BLVD	LA PALMA AVE	714-533-4820
	CVS	2011 E. LA PALMA AVE	STATE COLLEGE BLVD	714-991-9161
	VONS	8010 E. SANTA ANA CANYON RD	FESTIVAL DR	714-282-7056
	WALGREENS	946 S. BROOKHURST ST	BALL RD	714-520-5575
	WALGREENS	3446 W. BALL RD	KNOTT AVE	714-821-3112
	GALAXY PHARMACY	1801 WEST ROMNEYA DR #108	EUCLID STREET	714-833-5723
BREA	ALBERTSONS	2500 E. IMPERIAL HWY	S. KRAMER BLVD	714-671-1158
CYPRESS	CVS	5501 BALL RD	WALKER	714-484-3502
BUENA PARK	ALBERTSONS	8880 VALLEY VIEW ST	LINCOLN AVE	714-947-9980
	SENIOR CENTER*	8150 KNOTT AVE	SANTA ISABELLE CIR	714-236-3870
COSTA MESA	WALGREENS	1726 SUPERIOR AVE	17 TH ST	949-629-9714
DANA POINT	ALBERTSONS	33601 DEL OBISPO ST	STONEHILL DR	949-496-9490
FOUNTAIN VALLEY	ALBERTSONS	18579 BROOKHURST ST	ELLIS AVE	714-963-7503
	ALBERTSONS	19640 BEACH BLVD	YORKTOWN AVE	714-964-7979
FULLERTON	ALBERTSONS	2291 W. MALVERN AVE	N. GILBERT RD	714-992-6739
	ALBERTSONS	1930 PLACENTIA AVE	YORBA LINDA BLVD	714-792-0990
	CVS	2200 N. HARBOR BLVD	E. BASTANCHURY RD	714-446-9421
	WALGREENS	1250 E. CHAPMAN AVE	RAYMOND AVD	714-680-9124
	WALGREENS	1826 W. ORANGETHORPE AVE	BROOKHURST RD	714-526-9257
GARDEN GROVE	CVS	12031 BROOKHURST ST	CHAPMAN AVE	714-530-5280
	WALGREENS	12001 EUCLID ST	CHAPMAN AVE	714-530-1071
HUNTINGTON BEACH	ALBERTSONS	16600 BOLSA CHICA ST	HEIL AVE	714-846-1381
	ALBERTSONS	7201 YORKTOWN AVE	MAIN ST	714-536-6449
	CVS	19121 BEACH BLVD	GARFIELD AVE	714-848-1522
	VONS	8891 ATLANTA AVE	MAGNOLIA ST	714-960-4747
	WALGREENS	19001 BROOKHURST ST	GARFIELD AVE	714-593-1352
IRVINE	ALBERTSONS	4541 CAMPUS DR	CALIFORNIA AVE	949-854-8280
	ALBERTSONS	14201 JEFFREY RD	TRABUCO RD	949-733-0945
	CVS	5385 ALTON PKWY	JEFFREY RD	949-733-8226
	PAVILIONS	3901 PORTOLA PKWY	CULVER DR	657-273-5755

CITY	PLACE	ADDRESS	CROSS STREET	PHONE
LADERA RANCH	ALBERTSONS	27702 CROWN VALLEY PKWY	CECIL PASTURE RD	949-364-2098
LAGUNA BEACH	POLICE STATION	505 FOREST AVE	LAGUNA CANYON RD	949-497-0701
	PAVILIONS	600 N. COAST HWY	HIGH DR	949-376-3383
LAGUNA NIGUEL	PAVILIONS	27320 ALICIA PKWY	HEATHER RIDGE RD	949-448-9537
LAGUNA WOODS	CITY HALL*	24264 EL TORO RD	MOULTON PKWY	949-639-0500
LA HABRA	CVS	1387 WEST WHITTIER BLVD	IDAHO	562-691-1721
LOS ALAMITOS	CVS	3401 KATELLA AVENUE	LOS ALAMITOS BLVD	562-430-2026
MISSION VIEJO	PAVILIONS	26022 MARGUERITE PKWY	OSO PKWY	949-582-3294
	NORMAN P. MURRAY*	24932 VETERANS WAY	LA PAZ	949-470-3062
NEWPORT BEACH	CVS	1020 IRVINE AVE	W. CLIFF DR	949-642-0122
NEWPORT COAST	PAVILIONS	21181 NEWPORT COAST DR	SAN JOAQUIN HILLS RD	949-718-4986
ORANGE	ALBERTSONS	4550 E. CHAPMAN AVE	S. HUGHES ST	714-771-3014
	ALBERTSONS	8440 E. CHAPMAN AVE	JAMBOREE RD	714-771-7933
	ALBERTSONS	940 N. TUSTIN ST	E. COLLINS AVE	714-633-1681
	CVS	480 S. MAIN ST	LA VETA AVE	714-938-1200
	VONS	2684 N. TUSTIN ST	LINCOLN AVE	714-637-2140
RANCHO SANTA MARGARITA	PAVILIONS	22451 ANTONIO PKWY	LA PROMESA	949-858-0670
SAN CLEMENTE	CVS	638 CAMINO DE LOS MARES	CAMINO DE ESTRELLA	949-487-9791
SAN JUAN CAPISTRANO	VONS	32401 CAMINO CAPISTRANO	AVENIDA PADRE	949-661-3492
SANTA ANA	ALBERTSONS	2000 E. 17TH ST	TUSTIN AVE	714-543-8300
	CVS	3911 S. BRISTOL ST	SUNFLOWER AVE	714-556-7183
	VONS	3650 S. BRISTOL ST	W. MACARTHUR BLVD	714-540-0393
TUSTIN	ALBERTSONS	13270 NEWPORT AVE	17 TH ST	714-544-9262
	WALGREENS	13052 NEWPORT AVE	IRVINE BLVD	714-505-6021
WESTMINSTER	ALBERTSONS	6755 WESTMINSTER BLVD	GOLDENWEST ST	714-898-9669
	WALGREENS	8052 WESTMINSTER BLVD	BEACH BLVD	714-896-9589
YORBA LINDA	VONS	20445 YORBA LINDA BLVD	VILLAGE CENTER DR	714-777-1680

***Non-Controlled Medications Only. Check with your Pharmacist or Physician.**

Locations and availability are subject to change, please call ahead.

REV: AUG24

Appendix

Appendix A: A Snapshot of Suicide Prevention Activities in Orange County

A Snapshot of Suicide Prevention Activities in Orange County

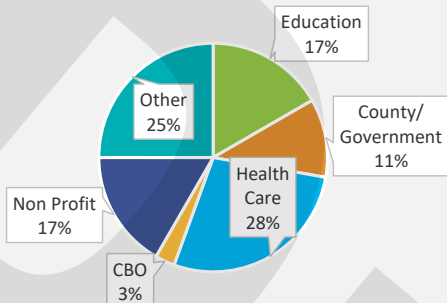
Stakeholder Interviews
February through May 2018



Participants

The Each Mind Matters Team collaborated with Orange County Health Care Agency to facilitate a total of 38 interviews with 45 community stakeholders with the purpose of gathering information about existing suicide prevention efforts and needs. Interviews ranged between 30 and 60 minutes and were facilitated from March through May 2018.

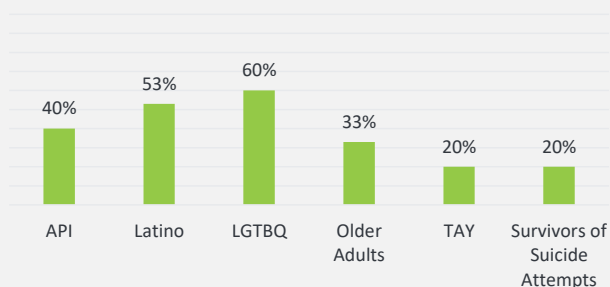
What best describes the focus area of the organization? (n= 36)



Responses marked "other" included:

- Health insurer
- Mental health awareness but are a non profit CBO
- Bereavement support
- Faith community
- Both providing services and education as well as being a Foundation
- Law enforcement
- Coalition

What target populations does your agency serve? (n= 15)



Open-ended responses included:

- Children, youth, young adults and families
- Veterans and active military
- Underserved populations
- Loss survivors

Key Findings

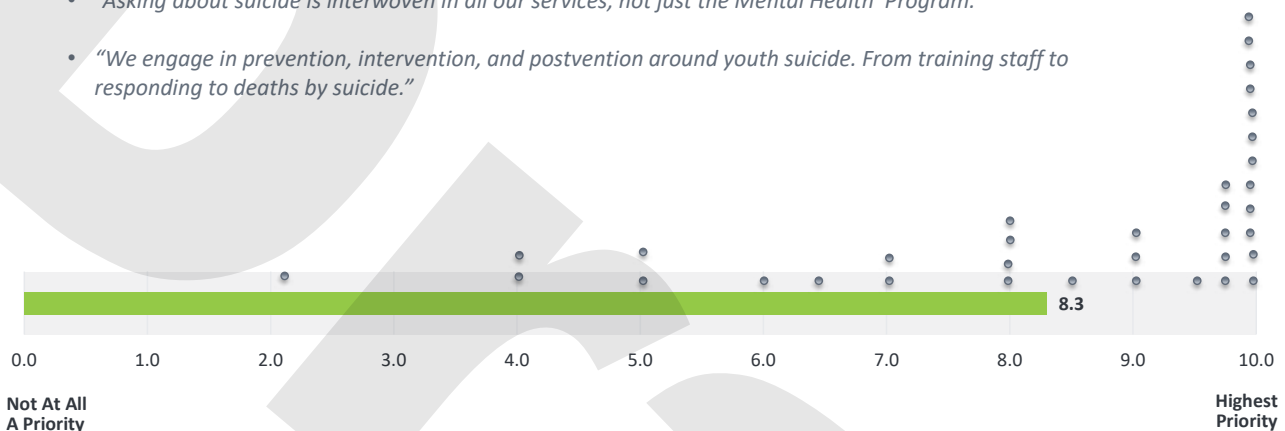
- Most participants regard suicide prevention as very **important** in the work that they do, with a mean score of 8.3 on a 1-10 scale.
- 58% of participants offer relevant **training**, both their own and using trainings created by other organizations.
- There was much confusion about **Suicide Prevention Week**, with few organizations offering events or participating during it. Many people thought it might be held in May.
- Most participants were aware of key **local resources** for suicide prevention, primarily Didi Hirsch, NAMI and OC Links.
- 44% of participants have suicide prevention information on their websites, 2/3 provide printed information when appropriate and ¾ provide information during face-to-face encounters.
- **Extent of suicidality.** Not all participants were asked but among interviewees who work with higher risk individuals or in acute settings, suicidality is a common occurrence. Several indicated they believe suicidality is increasing, although that may be in part due to better assessment.
- The majority of participants thought it would be a good idea to create a **council or coalition** dedicated to suicide prevention as long as it was focused and action-oriented.



Importance of Suicide Prevention

Respondents were asked to rate how important suicide prevention is in the work that their agency does. Overall, the majority of participants indicated suicide prevention as a high priority with a mean score of 8.3. Responses ranged from 2.1 to 10. (n= 35)

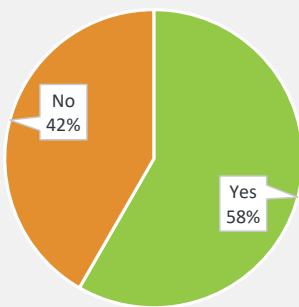
- “Through the Family Resource Center and the hospital, we are involving community in mental health events that don’t appear like mental health activities to promote mental health and suicide prevention.”
- “Suicide prevention is part of our ongoing work. Not only do we provide opportunities to talk about their mental health journeys through a variety of activities, but we also refer those we are concerned about to our partners who can provide mental health services.”
- “Asking about suicide is interwoven in all our services, not just the Mental Health Program.”
- “We engage in prevention, intervention, and postvention around youth suicide. From training staff to responding to deaths by suicide.”



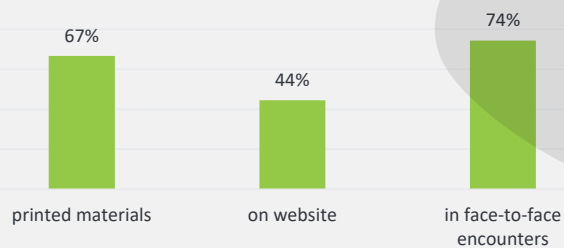
Suicide Prevention and Mental Health Trainings and Resources

Respondents were asked to indicate if their organization offers trainings relevant in the areas of suicide prevention and mental health and if they provide information on suicide prevention to staff and the community.

Does your organization offer training relevant in this area? (n= 36)



Does your organization provide information on suicide prevention to staff and the community through printed materials, on your website or through face-to-face encounters? (n= 36)

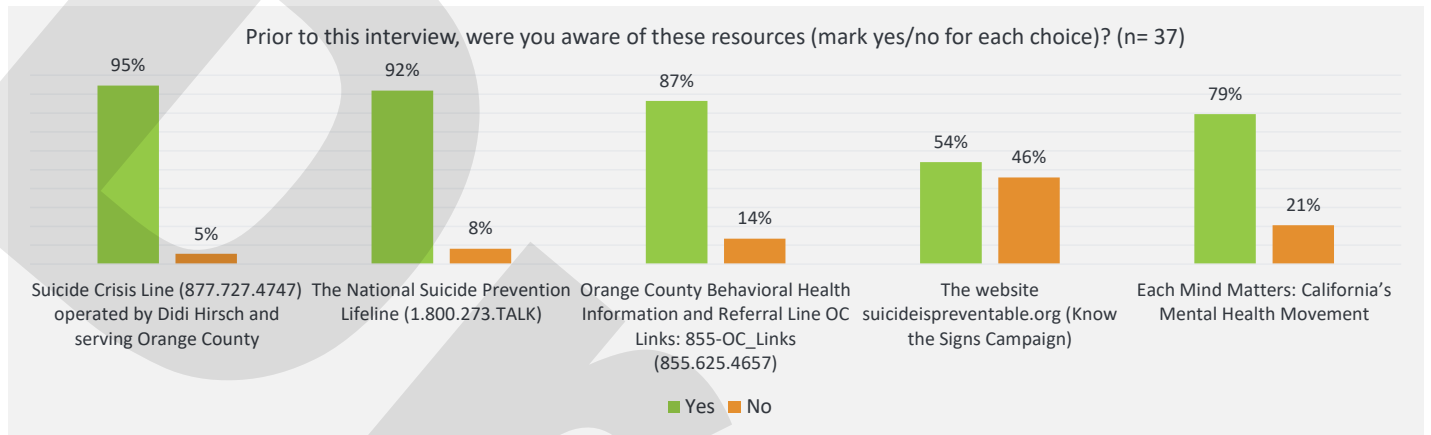




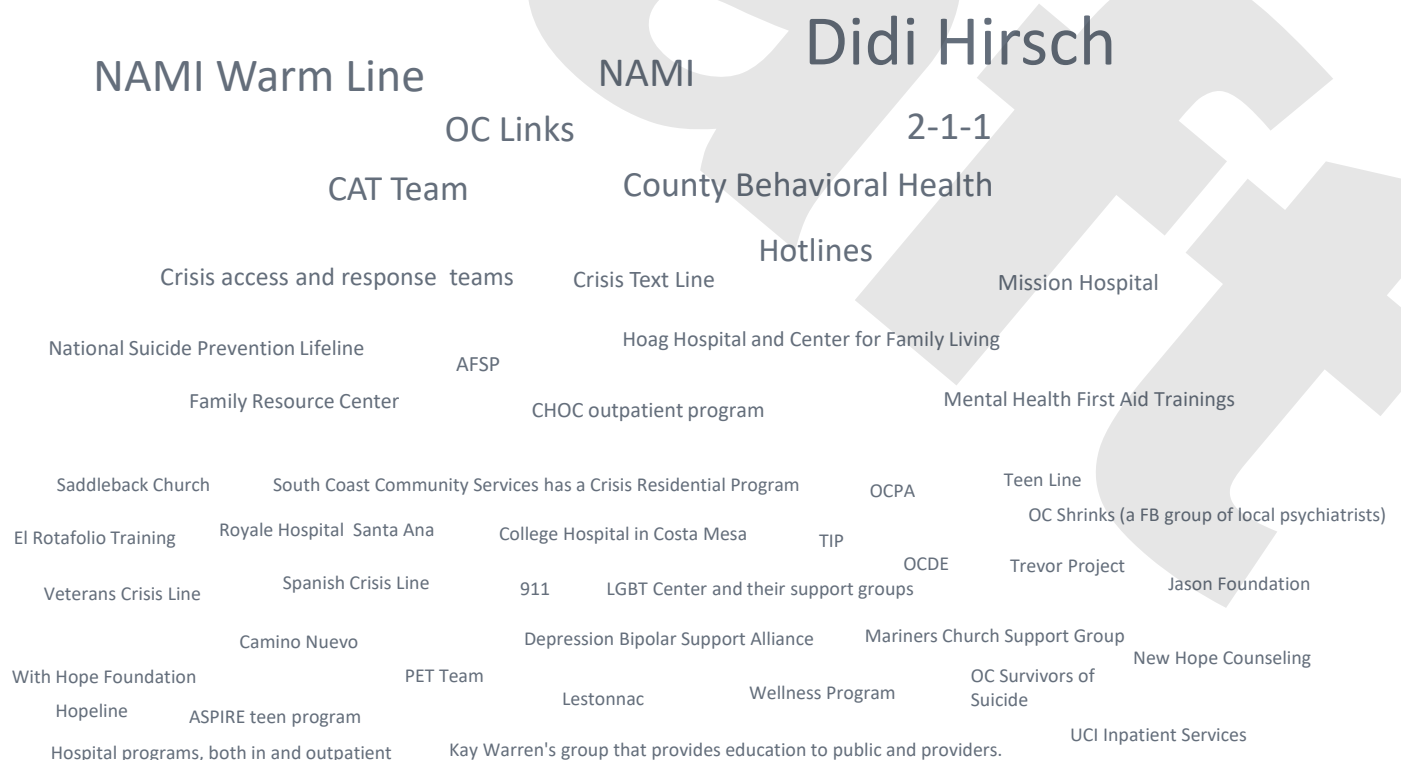
Awareness of Local Resources

Respondents were asked to indicate what resources are available in Orange County for: individuals that are having thoughts of suicide; family members who are concerned about someone being at risk of suicide or in need of mental health support; individuals that want to receive training in suicide prevention (see visual).

Most participants were aware of several **local resources** for suicide prevention, primarily Didi Hirsch, NAMI and OC Links, as well national and statewide resources such as the National Suicide Prevention Lifeline.



Awareness of Suicide Prevention Resources

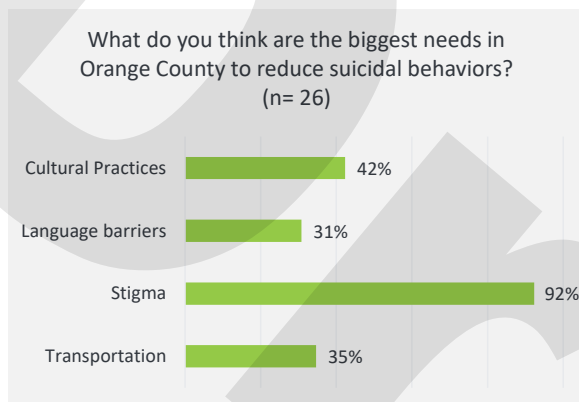




Needs, Barriers and Strengths

Respondents were asked to indicate what they believed to be the biggest needs in Orange County to reduce suicidal behaviors. Interviewees prompted participants by asking “are there barriers to people receiving help? what are those? Are there things that make it hard to get the services they need?”

- Participants were asked to name **challenges** of suicide prevention among specific populations. Populations named most often were families and parents, homeless people, low-income people, and cultural groups—especially non-English speaking and certain Asian populations.



Strengths

- Awareness
- Funding
- Collaboration, Commitment and Passion

Barriers

- Stigma
- Lack of awareness or understanding
- Lack of collaboration
- Training
- Funding
- Lack of staff



Challenges to Suicide Prevention Among *Specific* Populations

Homeless populations were named twice. “They face particular challenges as it is difficult to conduct follow-up and conduct safety protocols with them.”

Families and parents

- There is a lot of attention on what's hurting teens and a focus on their perfectionism but parents need more support. “They are overwhelmed with work, being the sandwich generation, fears for their kids.” Children don't want to add to their parents’ burdens by sharing their own stresses.
- Family support is needed, with more emphasis on mental health and not mental illness.
- “We have great resources, but getting the families to access them is difficult.” For more “well-off” families, they ignore the troubles and say “my kid has everything.”
- Parent follow through. Getting parents to connect the student to support after they are identified as at risk. “We're referring to free resources, so it's not financial barriers, but more cultural or not wanting to accept their child is at risk.”
- Parents who are unaware of the signs or of the available resources.
- Parents still don't believe that the child needs help even after assessment.
- Parents sometimes believe that there are no signs rather than think they are missing them or that the teen is hiding signs from their parents.
- Parents themselves can be a challenge in regard to follow-up care.

Low-income

- For MediCal families, transportation is an issue.
- For lower income families, there is stigma and shame around mental health and suicide prevention.

Cultural stigma in Korean, Vietnamese, and Latino populations. Others feel there is no help for them because they are undocumented.

Language Barriers

- The CAT Team is often accompanied by police/sheriffs which makes people uncomfortable. Trainings and materials need to be more culturally responsive and relevant. Lack of materials in various languages. Assessments are often not available in other languages.



Suicide Prevention Council

Interviewees were asked whether they thought a council or task force dedicated to suicide prevention was a good idea, what its priorities should be, and whether they or their organization would be interested in participating.

- Most respondents thought that a coalition was a **good idea**, although a minority expressed reservations: they thought **existing task forces** and coalitions could cover the topic (CHOC MH Task Force, OC MIND, opioid task force) and/or they did not want to be asked to serve on multiple bodies. *"I worry that a separate entity focused on suicide prevention might not take advantage of looking at the larger picture."* A few said a council would only be a good idea if it became **active quickly** and didn't just meet for the sake of meeting.
- A **majority of respondents** said yes, they or someone from their organization would be interested in serving on a council for suicide prevention.

Priorities for the Council:

- Thoughts on the Council itself
- Addressing stigma/Raising awareness/Education
- Focus earlier, upstream
- Focus on particular populations
- Increase access to services
- Continuity of care
- First, figure out what is the best approach
- Other priorities



Suicide Prevention Council

First, figure out the best approach:

- Invest broadly in evidence-based approaches.
- Examine data to identify the main issues and needs.
- Target the populations most at risk.
- Define who the stakeholders are.
- Learn about trends and the latest data.
- Consider national evidence alongside OC data to ensure local needs are addressed.
- Figure out the best approaches to do early SP and crisis intervention with various populations.
- It would be helpful to know what other states are doing, that have evidence.

Other priorities:

- Create and implement an Orange County plan and strategy.
- Be a voice for the county on the statewide SP plan.
- Advocate at the state level, don't focus only on Orange County.
- Develop multi-cultural approaches.
- Don't call it "suicide prevention" so that it is more accessible to all.
- Examine the Zero Suicide model.
- Provide opportunities for coalition members to work together, coordinate activities.
- Focus on transitions out of high school and out of foster care.
- Address bullying.

Thoughts on the Council itself. Some respondents had concerns:

- *A good idea IF it gets the job done.*
- *It must align with existing MH task forces. No one wants more meetings.*
- *Only a good idea IF it takes a cohesive approach.*
- *Should not get mired in bureaucracy.*
- *I'm interested in theory, but very busy and committed already.*
- *Add this issue to the existing coalition for behavioral health, not start a new entity.*
- *Take action, not just meet to talk.*

Others had suggestions:

- *Focus on outcomes. Don't take 12 months to develop. Start small and build.*
- *It could be a full-time job to lead, communicate and coordinate.*
- *Include organizations beyond MH, like child abuse, homelessness, school districts...*
- *Be transparent and collaborative.*
- *Coordinate with other task forces. Don't subsume this topic into another one: it will lose focus.*
- *Form a subcommittee focused on data to interpret findings and frame them for the council.*



Suicide Prevention Council Priorities

Focus on particular populations:

- Veterans
- Youth
- Families
- Middle-aged
- Seniors and geriatric
- Elementary school students
- Look at the whole person (a student is also a veteran, family member, etc.)

Increase access to services:

- Simply making a referral is insufficient.
- Create a hub for MH in every city, either a website or somewhere people can go for resources.
- Go out into the community rather than having people have to come to services.
- Understand all the possible touchpoints to intervene.
- Increase availability of acute resources.
- More accessible community-based clinics.
- Offer affordable or free mental health counseling, hospitalization and treatment.

Improve continuity of care:

- Find out who is falling through the cracks.
- Improve the handoff to resources.
- Build out the system of care.

Focus earlier, upstream:

- Focus on early identification and intervention.
- Focus on prevention and postvention rather than intervention, where a lot is already being done.
- Focus on mental health for younger ages.

Addressing stigma/Raising awareness/Education:

- Many respondents mentioned campaigns to reduce stigma or to educate the community about existing resources.
- Others suggested creating new projects: a local directory of all resources; a curriculum for kids.
- Several suggested an easy way for people to get help, perhaps through a three-digit phone number for non-medical emergencies.
- Others focused on dissemination of existing resources throughout the county.
- Make information more accessible in other formats and languages.
- Teach children and teens skills to cope with and articulate their feelings.
- Offer more outreach about services available for low-income people.
- Make schools a safe place to raise the issue of suicide.
- Provide parent and community education.
- Set aside a day devoted to this issue.

Appendix

Participants

Name	Title	Organization	Email	Focus Area of the Organization	Role within the Organization
Diana Daly	Consultant	Children and Families Commission of Orange County	diannamdaly@gmail.com	Education	Consultant on early childhood mental health for the commission
Christopher DeRosa	Head of US Commercial Strategy	Cigna Healthcare	Christopher.DeRosa@Cigna.com	Health Insurer	Oversees US commercial strategy
Jeffrey Charlson	Chief Administrative Officer	Department of Psychiatry & Human Behavior UC Irvine Health	jcharlso@uci.edu	Health Care	Administrative Officer
Rosy de Prado	Coordinator Emotional Wellness Program	Latino Health Access	rdeprado@latinohealthaccess.org	Health Care	Coordinator of Emotional Wellness Program
Brian McInerney	Chairman, CEO	Green Ribbon Club	Brian.McInerney@greenribbonclub.org	Mental Health Awareness	Chairman, CEO
Jeri Livingstone	Founder	Survivors of Suicide Orange County	jandktoo@socal.rr.com	Bereavement Support	Runs support groups
Michael Rose	Director, Community Programs	Hoag Hospital, Community Mental Health	michael.rose@hoag.org	Health Care	Oversees programs and staff
Joy Hurlow	Chief of Staff	Saddleback Church	joyh@saddleback.com	Faith Community	Chief of staff to Kay Warren.
Diana Linn	Manager of Community Behavioral Health	Mission Hospital	Diana.Linn@StJoe.org	Health Care	Manager of Community Behavioral Health
Iliana Wetly	Executive Director	MECCA, Multi-Ethnic Collaborative of Community Agencies	iliana@ocmecca.org	Education and Service Provider	Executive Director
Linda Borders Killian	Volunteer CEO and President	Jacquelyn Bogue Foundation	bordersls@aol.com	Foundation	Volunteer Leader
Cindy Anderson	Director Clinical Services	Jewish Federation & Family Services	canderson@jffs.org	Non Profit	Oversees counseling programs, food pantry, therapists, and program to help people with financial needs
Jim Perez	Administrator	Orange County Department of Education	jperez@ocde.us	Education	School-based violence prevention intervention
Jessica Van der Stad	Area Director	American Foundation for Suicide Prevention, OC Chapter	Jvanderstad@afsp.org	Non Profit	Oversees activities in OC, San Diego and Inland Empire
Lindsay Fitzpatrick	Executive Director	Shanti OC	lindsay.fitzpatrick@shantioc.org	Non Profit	Executive Director and directs mental health services

Participants

Name	Title	Organization	Email	Focus Area of the Organization	Role within the Organization
Ann Mason	Director of Mental Health	LGBT Center OC	ann.mason@lgbtcenteroc.org	Non Profit	Directs mental health program
Mariam Harris	Clinical Director	NAMI OC	mharris@namioc.org	Non Profit	Clinical Director for the Warmline
Anne Light	Medical Director	Orange County Social Services	anne.light@ssa.ocgov.com	County/Government	Medical Director. Pediatrician
Daphne Wong	Medical Director	Children's Hospital of Orange County, Suspected Child Abuse and Neglect (SCAN) Unit	dwong@choc.org	Health Care	Directs SCAN unit. Works in the ER with social workers
Jason Danks	Sheriff/Coroner	Orange County Coroner's Office	coroner@ocsd.org	Law Enforcement	Coroner
Eldon Baber	Executive Director	The Raise Foundation	eldon@theraisefoundation.org	Non Profit	Directs the organization
Rick Afable	President of Mind OC	MIND OC and OC Community Coalition for Behavioral Health	rfafable@gmail.com	Coalition	President of MIND OC
Ralph Kuechle	Clinical Psychologist	Orange County Psychological Association	ralph.kuechle@gmail.com	Health Care	Board member of the association
Marc Lerner	Pediatrician		marcalerner@icloud.com	Health Care	Serves on the mental health subcommittee for AAP OC chapter
Heather Huszti	Chief Psychologist	Children's Hospital of Orange County, Mental Health Initiative	HHuszti@CHOC.ORG	Health Care	Directs the mental health program
Clayton Chau	Regional Executive Medical Director for Mental Health	Providence St Joseph Health, Institute for Mental Health & Wellness	clayton.chau@stjoe.org	Health Care	Oversees medical aspects of the Institute
Jamie McDonald	Executive Director	American Academy of Pediatrics - OC Chapter	jamie@aap-oc.org	Health Care	Executive Director
Curtis Condon	Research Manager	OC HCA Health Policy, Research & Communications	ccondon@ochca.com	County/Government	Gathers, monitors, and tracks data, creates reports and other materials
Brian Batchelder	Registered Associate Clinical Social Worker	OC4Vets, Behavioral Health Services	BBatchelder@ochca.com	County/Government	Clinical social worker. Provides counseling, referrals, screening.

Participants

Name	Title	Organization	Email	Focus Area of the Organization	Role within the Organization
Angela Castellanos		Newport Mesa Unified School District	acastellanos@nmusd.us	Education	Oversee Mental Health and CARE assessment and response team (suicide prevention, threat assessment, crisis response)
Rebecca Pianta	District Lead School Counselor	Capistrano USD: Student Support Services	RGPianta@capousd.org	Education	District Lead School Counselor who oversees: PBIS, Restorative Practices, Crisis Coordinator, and all school counseling activities
Jackie Rivera	Assistant Program Director	Didi Hirsch Mental Health Services	JRivera@didihirsch.org	Crisis Response	Supervises therapists and outreach coordinator. Offers training
Heidi Cisneros	Executive Director	Santa Ana Unified School District- Pupil Support Services	Heidi.Cisneros@SAUSD.US	Education	Executive Director for Pupil Support Services
Lucy Vizzuto	Coordinator, Student MH, Socio-emotional Learning and School Climate	Orange County Department of Education	Lvezzuto@ocde.us	Education	Coordinates SMH and social-emotional learning for the department. Provides training and technical assistance to districts and schools (public, charter, private)
Monique Yessian	Director of Student Supports	Saddleback Valley Unified School District	Monique.Yessian@svusd.org	Education	Director of Student Supports
Kristi Batiste		TIP: Trauma Intervention Program CRN: Crisis Response Network (OCDE)	jamison001@yahoo.com	CBO	At TIP- crisis team manager At CRN: coordinates support by initializing response protocol
Carolina Gutiérrez-Richau	Director - Preventative Mental Health Department	Council on Aging – Southern California	cgrichau@coasc.org	Health Care	Director, Preventative Health, Mental Health Department.

August 2020



Orange County, California

Community Suicide Prevention Initiative

Board Of Supervisors Progress Report



BEST PRACTICES FOR REPORTING ON A DEATH BY SUICIDE

Media Plays an Important Role in Preventing Suicide Attempts?

- Research shows that negatives messages about suicide can increase risk for vulnerable individuals.

■ Over 100 studies worldwide have found that risk of suicide contagion is real. Responsible reporting can reduce the risk of additional suicides.
- Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.

■ Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

Interview an Expert

For media interviews with a program specialist about suicide prevention and/or resources email: hcacomm@ochca.com.

WARNING SIGNS OF SUICIDE	WHAT TO DO	RESOURCES TO INCLUDE IN REPORTING
<ul style="list-style-type: none"> Talking about wanting to die Talking about feeling hopeless or having no purpose Talking about feeling trapped or in unbearable pain Talking about being a burden to others Increasing the use of alcohol or drugs 	<p>If someone you know exhibits warning signs of suicide:</p> <ul style="list-style-type: none"> Do not leave the person alone Remove any firearms, alcohol, drugs, or objects that could be used in a suicide attempt Call the Suicide and Crisis Lifeline by dialing 988 Take the person to an emergency room, or seek help from a medical or mental health professional 	<p>Suicide and Crisis Lifeline: Dial 988</p> <p>The 988 Suicide and Crisis Lifeline is a hotline for individuals in crisis or for those looking to help someone else. To speak with a trained listener, call 988. Visit 988lifeline.org for crisis chat services or for more information.</p> <p>Crisis Text Line: Text SAVE to 741741</p> <p>The Crisis Text Line is a texting service for emotional crisis support. To text with a trained helper, text SAVE to 741741. It is free, available 24/7, and confidential.</p>

DO	DON'T	WHY?
Report as a death by suicide; keep information about location general. <i>"She died by suicide in her home."</i>	Describe the method and location of the suicide. <i>"A 48-year-old woman hung herself with a scarf on the closet door in her room."</i>	Content can potentially and unintentionally lead some to overidentify with the person who died and reasons for it.
Keep information general. <i>"A note was found on the bed."</i>	Share content of a suicide note. <i>"A note was found explaining why and mentioned financial troubles."</i>	Details of suicide may increase risk of suicidal thoughts for vulnerable individuals.
Keep information about the person general. <i>"He was a beloved son who had many friends and enjoyed sports."</i>	Describe intimate details about the person who died. <i>"John Doe went to East High School, was captain of the swim team, class president, and popular."</i>	Sharing personal information can lead someone vulnerable to over-identify with the person who died.
Report that coping skills, support, and treatment work for most people who've thought about suicide. <i>"Help and resources are available. Support and treatment can be very effective."</i>	Present suicide as a common/acceptable response to hardship. <i>"John took his own life because he lost his job."</i>	Suicide is not a common reaction to adversity or mental health issues.
Describe warning signs and risk factors. Risk factors: Depression, anxiety, stressful events, and/or substance problems. Warning signs: talk of killing oneself, feeling hopeless, having no reason to live.	Oversimplifying or speculating the reason for the suicide. <i>"John died suddenly without any warning."</i>	Suicide is complex and rarely can be attributed to a single cause. Speculating perpetuates myths and misconceptions about suicide.
Describe the individual in general terms. <i>"A 32-year-old resident of Irvine took her life."</i>	Name the individual or give identifying family surname information. <i>"Jane McGuire of Irvine took her life."</i>	It is important to respect the surviving family's privacy and not traumatize them further.
Report on the death using facts and language that are sensitive to a grieving family. <i>"A 38-year-old Irvine Woman Dies by Suicide."</i>	Sensationalizing details the headline or story. <i>"In Jane's death, suicide details emerge."</i>	Sensational language in headlines and stories draws unnecessary attention to a death by suicide.
Provide context and facts to counter perceptions the suicide was tied to heroism, honor, or loyalty to an individual or group. <i>"He deeply cared about his family."</i>	Glamorize or romanticize suicide. <i>"To save his family, Sam took out a life insurance policy."</i>	Vulnerable individuals may view suicide as a way to draw positive attention or secure their legacy.
Research the best available data and use words like "increase" or "rise." <i>"Data shows an increase in deaths by suicide in the past year."</i>	Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing." <i>"Suicide is an epidemic in the United States."</i>	This language is inaccurate and contributes to a narrative that suicide is common and not preventable.

Source: <https://reportingonsuicide.org/recommendations/>

CSPC Member Agencies/Organizations

Abrazar, Inc.
Access California Services (AccessCal)
Access to Prevention Advocacy Intervention and Treatment (APAIT)
Alianza Translatinx
Alzheimer's Orange County (AlzOC)
American Foundation for Suicide Prevention (AFSP) OC
Applied Crisis Training
Asian American Senior Citizens Service Center (AASCSC)
Be Well
Boys and Girls Clubs of Central Orange Coast
CalOptima Health
Cancer Kinship
Caregiver Resource Center OC (CRC OC)
Center for Applied Research Solutions (CARS)
Children's Hospital of Orange County (CHOC)
City of Seal Beach
Council on Aging - Southern California (COASC)
Creative Arts Recreational Therapy Social Services (CARTSS)
Cypress College
Decide Balance
Department of Veteran Affairs (VA), Long Beach
Didi Hirsch Mental Health Services (DHMHS)
Directing Change and Your Social Marketer, Inc
Evan's Gun World
Irvine Valley College Health and Wellness Center
Latino Health Access (LHA)
Leisure World Seal Beach
LGBTQ Center OC
Mental Health Association of Orange County
Moving Forward Psychological Institute, Inc.
National Alliance on Mental Illness OC (NAMI OC)
Norooz Clinic Foundation
Oak Health
OC Behavioral Health Advisory Board
OC Health Care Agency (HCA)
OC Multi-Ethnic Collaborative of Community Agencies (OCMECCA)
OC Sheriff's Advisory Council (OCSAC), OC Veterans Advisory Council (OCVAC)
OC Sheriff's Department (OCSD), Coroner Division
OMID Institute
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Orange County Department of Education (OCDE)
Orange County Herald Center (OCHC)
Orange County United Way
Our Paths Foundation
Partners4Wellness and Connect-OC
Patriots and Paws
Radiant Health Centers
Roman Catholic Diocese of Orange ROWI
Saddleback College
Second Baptist Church (SBC)
Shanti OC
South Asian Network (SAN)
South Coast Chinese Cultural Center (SCCCC)
Southland Integrated Services (SIS)
U.S. Vets Veteran Peer Outreach Program (VPOP)
UC Irvine, OC Veterans & Military Families Collaboratives
Union Trans-GNC
University of La Verne
Viet Rainbow of OC
Wellness & Prevention Center
Your Social Marketer, Inc

