LIFE WORTH LIVING

VIVA LA VIDA

Alianza para la Prevencion del Suicidio del Condado de Sonoma
Sonoma County Suicide Prevention Alliance

Sonoma County Suicide Prevention Strategic Plan

2024 - 2029

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Dedication

This strategic plan is dedicated to residents of Sonoma County who have been touched by suicide: through experiencing suicidal thoughts, by a suicide attempt, as a loss survivor, or as a provider of care and support for individuals impacted by suicide. Together, we can make a difference by preventing the tragedy of suicide in our community as well as helping one another to create a life worth living.

You Are Not Alone

Please remember that help is available through local and national resources. If you or someone you care about is in emotional distress or thinking about suicide, help and support are available from a wide variety of services. For help identifying local resources, call 211.

The next pages have many of these services, focused on helping our community members safely navigate a crisis and find support.

Contact us: Life-Worth-Living-Suicide-Prevention@sonoma-county.org

Sonoma County Crisis Resources

988: Suicide Prevention & Crisis Lifeline (Answered locally by Buckelew Programs)
Call or text 988 from any phone in the U.S.

Chat online at www.988lifeline.org
Free, confidential, 24 hours a day, 7 days a week;
TTY: 1-800-799-4889

Sonoma County Mobile Support Team (MST)

MOBILE SUPPORT TEAM
sonomacounty
DEPARTMENT OF HEALTH SERVICES

Call 1 800-746-8181 to talk to our 24 hour a day, 7 days a week call center staff who can connect you with an in field crisis response team if needed.

The MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers, and family members.

When MST responds and the scene is secured, staff provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment, crisis intervention, support, and referrals to medical and social services as needed. Follow-up services are provided by community members with personal mental health experience to help link community members to ongoing support.

Sonoma County Behavioral Health - Crisis Stabilization Unit & Crisis Line: 707-565-4970

2225 Challenger Way Santa Rosa, CA 95407
The Crisis Stabilization Unit (CSU) provides 24 hours, 7 day-a-week crisis intervention, assessment, medication, and up to 23 hours of supportive care for individuals in an acute mental health crisis. Services are available for children, youth, adults, and their families. Referrals are made to Crisis Residential Services or inpatient mental health facilities for those needing a higher level of psychiatric inpatient care.

Substance Use Treatment Services - <u>County of Sonoma Treatment Services for Adults:</u>
https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/services/substance-use-disorder-services/adult-sud-treatment

<u>Substance Use Disorder Provider Directory:</u>
https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/services/substance-use-disorder-services/adult-sud-treatment

ADDITIONAL RESOURCES:
For teens, call **TEEN LINE** at **800-852-8336** or text TEEN to **839863**
For transgender people, call the **Trans Lifeline** at **877-565-8860**
For Veterans, dial **988 and then press 1** or text **838255**
For law enforcement personnel, call the **COPLINE** at **800-267-5463**
For other first responders, call the **Fire/EMS Helpline** at **888-731-FIRE (3473)**
For non-emergency emotional support, call **Peer-Run Warmline** at **855-845-7415** or chat online at: <u>mentalhealthsf.org/peer-run-warmline</u>

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A Letter from the Sonoma County Department of Health Services, Behavioral Health Division Director

Dear Residents of Sonoma County,

In Sonoma County, we are struggling as a community with a public mental health crisis. A global pandemic, preceded by several devastating fires and floods, traumatized, and impacted our communities. Our increasing suicide rates are a part of this somber trend. In response, Sonoma County Behavioral Health Services Department invited community members, stakeholders, and service providers to join us in creating the "Life Worth Living: Sonoma County Suicide Prevention Alliance" which, in turn, developed this Suicide Prevention Strategic Plan.

Our goal with this strategic plan is to reduce suicides and suffering while building meaningful connections for our community; helping one another to find reasons for hope, healing, and connection. The Life Worth Living Alliance includes a wide variety of people from our community, dedicated to reducing suicides by offering hope to those of every culture, gender, and socioeconomic group across their lifespans. It is with deep appreciation to the Alliance that we thank them for their dedication to this cause and their tenacity during this process. Their input and collaborative spirit have made this possible. We believe that "connection is prevention". Together we can create positive change. We know that by offering support and connection to those struggling with depression and suicidal thoughts, we can prevent suicide. The strategic aims and related activities in this plan were developed by reviewing local data, and examining local resources, strengths, and gaps, as well as stakeholder surveys. Our strategies are also aligned with California's Strategic Plan for Suicide Prevention, *Striving for Zero*.

The Life Worth Living Alliance's purpose is to promote help and hope to everyone at risk or affected by suicide, understanding that this touches each of our lives. It is our hope that this strategic plan will help support the efforts of the Alliance and make a meaningful impact on the communities we serve.

Thank you.

Sincerely,

Jan Cobaleda-Kegler

Jan Cobaleda-Kegler, PsyD, LMFT
Behavioral Health Division Director
Sonoma County Department of Health Services

Call to Action: All of Us Must Play a Role in Suicide

Organizations and individuals throughout Sonoma County are invited to join our collective effort to combat suicide and its devastating consequences. With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together. No single individual, organization or sector can succeed alone in putting the strategies in this strategic plan into action. We invite all community members to look at this plan to see where they fit in, and we hope that you will be inspired to get involved and take action to create a suicide-safer community.

At work, at home, at school, and in our community -- anyone and everyone can help:

- **Learn the warning signs of suicide and steps to take if you are concerned for yourself or someone you care about.**
    - For more information visit: www.suicideispreventable.org/
    - 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 about suicide and asking about suicide has been shown to be lifesaving. It encourages people to seek help, promotes a sense of belonging, and connects people to care.
    - Encourage someone who is thinking of suicide to call the Suicide & Crisis Lifeline at 988 or reach out to another resource. You can also call 988 to learn more about how to help.

- **Use best practice language**. Whether you are a member of the media, designing a brochure, posting on social media, or simply conversing with a friend on suicide-related matters, you can help reduce the negative impact of stigma around suicide by following best practices:
    - Read about language and stigma in this plan and work to apply these principles in your daily life. Visit https://theactionalliance.org/messaging or https://suicidepreventionmessaging.org/.
    - Help educate others in your community, workplace, school, and home life about stigma and person-first language.

- **Promote, support, and participate in suicide prevention training and presentations.**

- **Support suicide prevention in the workplace.**
    - Strive for personnel, paid time off, and employee assistance policies and practices that promote employee and workplace behavioral health before, during, or after a crisis.
    - Provide and/or promote employee and manager training on suicide prevention, intervention, and means safety.
    - Prepare your workplace to be able to respond to a suicide attempt or loss by developing awareness of community resources that can be shared with employees.
    - Normalize conversations about behavioral health; promote awareness of helpful resources such as 988, the National Suicide & Crisis Lifeline.

- **Reduce access to lethal means for suicide.**

  Means safety is about limiting a person's access to means 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.

    - 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, including:
        - Keeping medications securely stored; disposing of unused, unwanted, or expired medications.
        - 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.

- **Get involved in the Life Worth Living: Sonoma County Suicide Prevention Alliance.**

  This Alliance is open to the public and meets regularly to coordinate suicide prevention efforts across Sonoma County, advance best practices, support implementation of this strategic plan, and host community awareness events.

  To learn more, email: Life-Worth-Living-Suicide-Prevention@sonoma-county.org

Participants in the 1st Annual Connection is Prevention Event in September 2023.

LIFE WORTH LIVING:
SONOMA SUICIDE PREVENTION ALLIANCE CHARTER

Alianza para la Prevencion del Suicidio del Condado de Sonoma
Sonoma County Suicide Prevention Alliance

The Life Worth Living Alliance: Sonoma County Suicide Prevention Alliance (Life Worth Living Alliance) is a County-wide initiative funded by the Sonoma County Board of Supervisors and led by the Department of Health Services, Behavioral Health Division. The group forming this alliance began meeting in the fall of 2022 and continues to meet monthly, organizing special events and ongoing activities throughout the year. The heart of the group is its strong collaboration with key community partners, including broad representation and involvement from community stakeholders and service providers. The group includes community members with lived experience (individuals with behavioral health challenges and suicidal ideation and attempts), County staff, community organizations, education, behavioral health providers, Veterans Affairs, and public partners across key settings. Everyone in Sonoma County is invited and encouraged to share feedback and contribute ideas to planning and implementing the Alliance's suicide prevention efforts.

MISSION:

Work collaboratively to create a community where anyone impacted by suicide is supported when and where they need it. We envision a community with robust and diverse supports, where members feel connected to others and strive to help one another to build a life worth living.

PURPOSE:

GUIDING PRINCIPLES:

While striving to prevent suicide, we also want to support our fellow community members in helping one another to create a life worth living, to safely navigate crises, and to find support. To do this, we aim to follow these principles our work:

- Reduce stigma by normalizing conversations about suicide.
- Take a whole-person approach; prioritize basic needs that impact well-being.
- Value individual dignity.
- Promote protective factors such as connection, coping skills, and support.
- Empower community members to help support loved ones at risk.
- Involve those with lived experience around suicide or mental health challenges in planning & action.
- Support robust, timely, and compassionate crisis response services.
- Honor individual experiences but focus on community needs at large.
- Prioritize linguistic, racial, and cultural equity in our work.
- Value evidence-based, community-driven, and culturally competent healing practices.

WORKING AGREEMENTS:

- To make our work effective, equitable, and harmonious
- Respect different opinions and value all contributions and feedback.
- Accept that agreement and consensus on every detail isn't a requirement.
- Respect what the group and the community as a whole wants/needs.
- Commit to and follow a structured process for our meetings.
- Respect each person's different experience(s), learning, and comfort level.
- Encourage authenticity and connection.
- Engage in brave and honest conversations to bring about meaningful change.
- Acknowledge that we do not all share all the same values and priorities.
- Promote individual self-care and encourage each other to seek support when needed.

In addition to the Strategies outlined in the Plan, the Alliance will work to:

- Maintain an alliance that represents the diversity of our community; provide leadership to establish and continue partnerships necessary to reduce suicidal behavior.
- Prioritize input from individuals with life experience around suicide ideation, attempts, and loss; strive to ensure that planning processes are accessible to them.
- Identify ways to integrate existing suicide prevention, intervention, and survivor supports into local programs and activities. Aim to prioritize collective impact and avoid duplicating efforts.

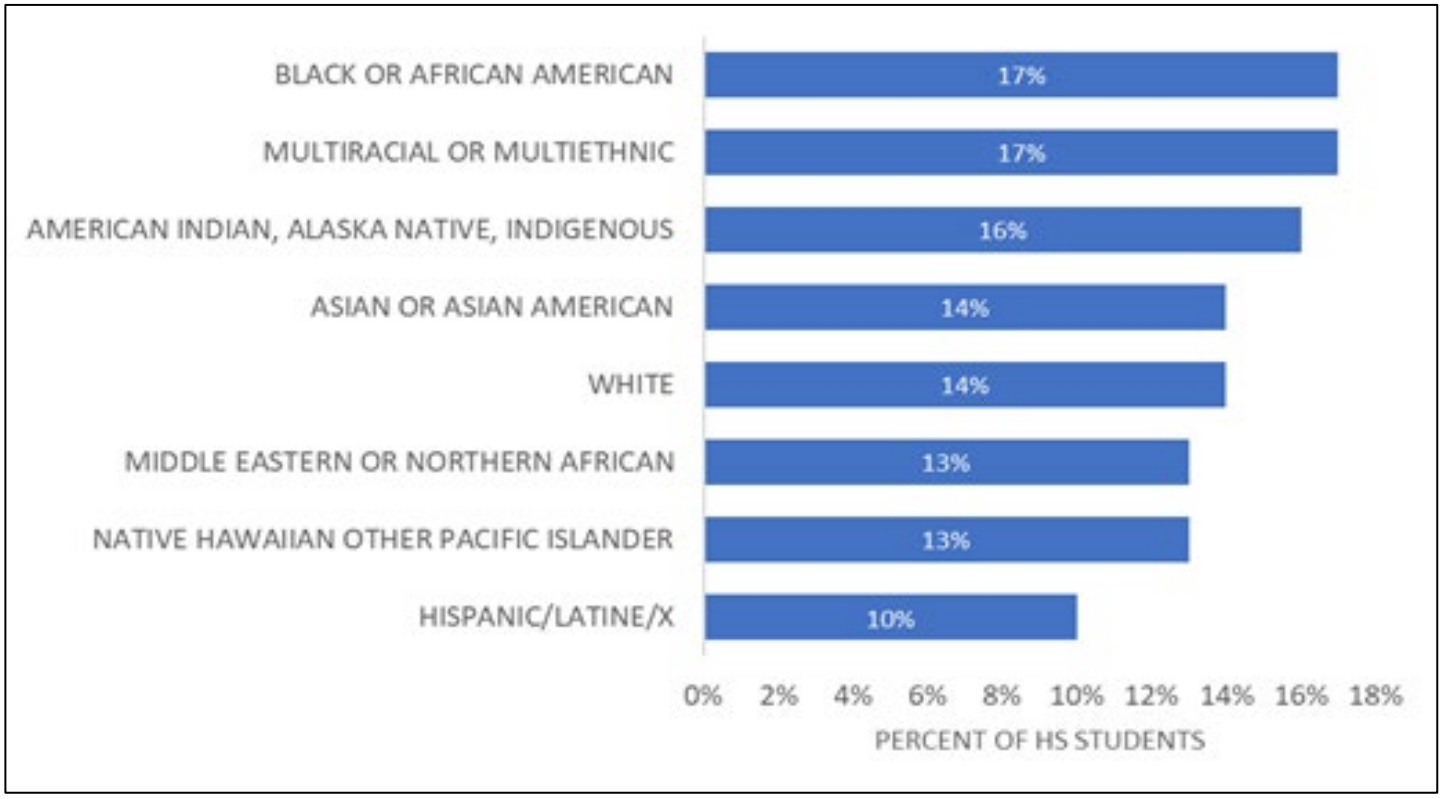
Why Diversity, Equity, and Inclusion Matter in Suicide Prevention

The values of Diversity, Equity, and Inclusion (DEI) are particularly relevant to developing a plan to prevent suicide, as specific populations are disproportionately impacted by suicide. Socio-economic challenges, discrimination, and policies rooted in racism, place these groups at higher risk for behavioral health conditions that may escalate, leading to suicidal behaviors.

The County Board of Supervisors unanimously approved a proclamation to designate racism as a public health crisis in 2024, placing racial equity at the forefront of county policies and services[1 i]. This declaration came at a time in which county data indicate that suicidal ideation and death by suicide is on the rise in Sonoma County for African/Black Americans, Latinx, and LGBTQ+ populations.

[1] *Press Democrat, "Generations of Systemic Harm – Sonoma County Declares Racism Public Health Crisis", March 12, 2024.*

The 2018-2022 Youth Truth Survey revealed that a higher percentage of African American/Black, Multiracial, and Native American/Indigenous youth in Sonoma County reported experiencing suicidal ideation compared with their peers. When the data on suicide ideation was examined further, by sexual orientation and gender/transgender, the percentage of self-reported suicide ideation was even higher.



According to the Youth Truth survey, 28-30% of students who self-reported suicide ideation identified as gay, lesbian, or bi-sexual. Transgender and non-binary youth represented even larger percentages (39% and 34%) of self-reported suicidal ideation.

Another troubling trend, documented by the California Department of Health Care Access and Information, reported the overall rate for **non-fatal emergency room visits** in Sonoma County doubled in the five-year period (2016-2021), from 225 to 473 per 100,000. Sonoma County's rate is also significantly higher than the state rate of 277 per 100,000.
Rates for non-fatal emergency room visits with suicide ideation have also risen. This is concerning for the African American/Black, White, and Hispanic/Latinx communities, as their rates doubled or nearly doubled since 2016. However, rates for **non-fatal emergency room visits for suicide attempts** decreased for African American/Blacks while rates for Whites and Hispanic/Latinx trended slightly upward.

Concerningly, the number of deaths by suicide among Hispanic/Latinx people in Sonoma County more than doubled between 2016 and 2022 (from 7 deaths in 2016 to 16 deaths in 2022). These deaths were predominantly among males, between the ages of 25 – 44, a trend observed throughout California.

The County Department of Health Services – Behavioral Health Division has partnerships with several community organizations that serve the Hispanic/Latinx, African American/Black, and Indigenous communities through an array of behavioral health prevention, early intervention, and/or treatment programs, including:

- Community Baptist Collaborative
- County of Sonoma Human Service Department - *Unidos Por Nuestro Bienestar*
- La Luz
- Latino Service Providers
- On the Move - *Nuestra Cultura Cura*
- Sonoma County Indian Health Project - Aunties and Uncles & Community Programs

In 2023, the Behavioral Health Division conducted a series of ten Listening Circles to learn more about the behavioral health needs of county residents. Four sessions were held with Hispanic/Latinx community members (including immigrant- and U.S.-born youth and adults) in Sonoma Valley, Cloverdale, and Guerneville, as well as LGBTQ+, African American/Black, and Asian community members. The key findings of the Listening Sessions were that these community members identified discrimination as a significant threat to behavioral health and wellbeing. They noted an increase in stress and depression linked to the multiple natural disasters, the 2020 pandemic, and the rising cost of living. In addition, isolation and loneliness were mentioned as a high-need priority and most participants said they were not aware of behavioral health support services.

HOW TO USE THIS PLAN

Community members (individuals, families, and organizations) and service providers are encouraged to use this plan as a guide to actions they can take to help prevent suicide in Sonoma County.

Background: Explains why a comprehensive approach to suicide prevention, intervention, and postvention, is needed to make meaningful and sustainable change.

Data: Shows the impact of suicide on Sonoma County residents, including population groups that are disproportionately impacted by suicide, helping identify where prevention efforts should be focused.

Strategies & Activities: Provides an overview of prioritized prevention efforts and considerations for their implementation; community members, organizations and service providers are encouraged to focus on aspects of most interest and/or relevance to them.

A note on language: The alliance values the lived experience and choices of all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances. To reflect this, an effort was made to use inclusive, person-first language throughout this plan. Despite these efforts, specific terminology or language may be unintentionally offensive or stigmatizing to some individuals or populations. Language is subjective, and the meaning and use of language changes over time.

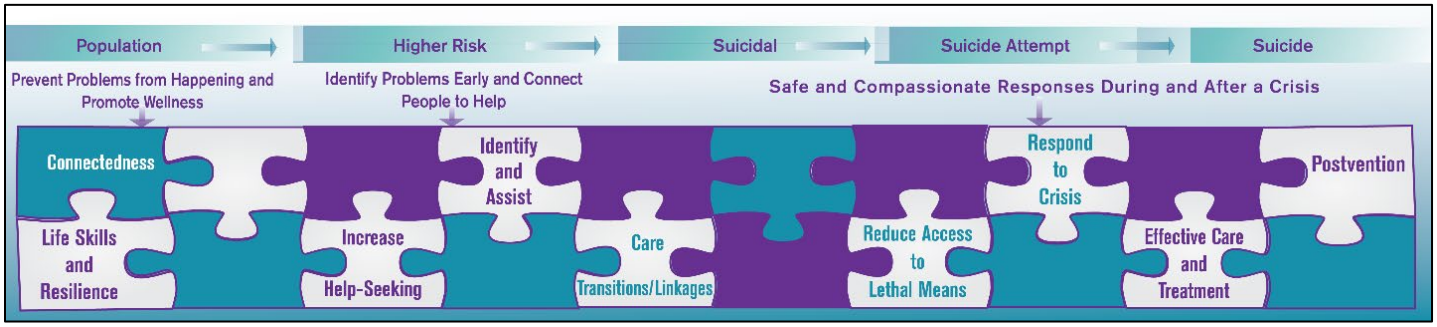
The plan's terminology is intended to reduce stigma faced by communities and populations disproportionately impacted by suicide. Our hope is to communicate in a manner that reflects a vision for a collective, inclusive, and respectful approach to suicide prevention in our community.

Supervisor Chris Coursey presenting a Proclamation to our Behavioral Health Division Director Jan Cobaleda-Kegler for Suicide Prevention

Background: Why a Comprehensive Approach to Suicide Prevention is Needed

Public Health Model: Suicide is a complex public health problem involving many factors. Effective suicide prevention requires a combination of strategies at the individual, community, and population levels to prevent problems from occurring in the first place and to provide access to effective care and support when problems do occur. Programs that have taken this approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

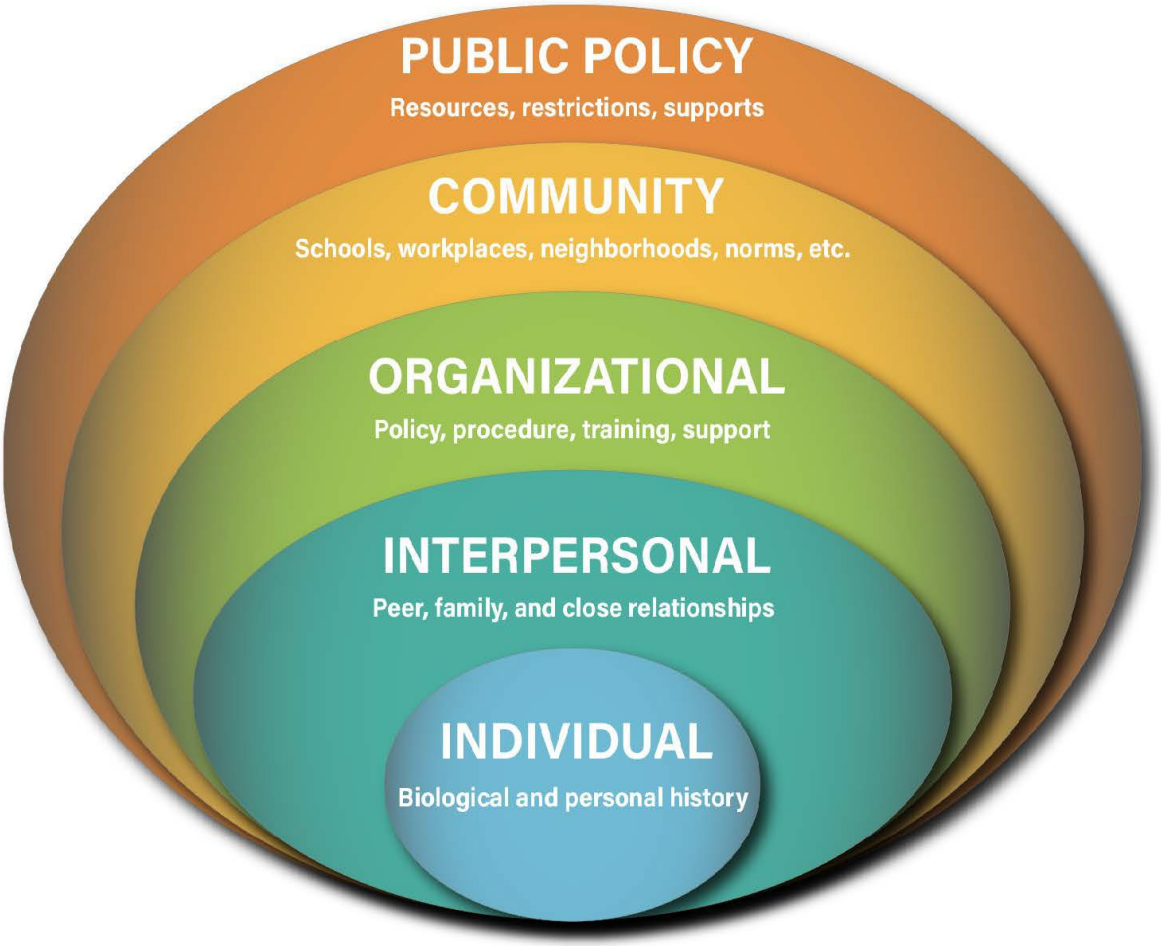
The Suicidal Crisis Path Model: This approach to suicide prevention offers a framework (see below) for conceptualizing the different stages of suicide as a public health problem, from strategies to prevent a crisis in the first place to after-care following a suicide attempt or death. It helps align suicide prevention strategies and considerations with each stage along this crisis pathway. [2]



In the graphic above, the Suicide Crisis Path is paired with the nine strategies adapted from the Suicide Prevention Resource Center. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

Social Ecological Model: The Social Ecological Model helps to systematically consider the different levels of influence that contribute to an individual's health behaviors. Within this model, there are interactions between individual, interpersonal, organizational, community, and public policy factors that influence risk, as well as factors that prevent suicidal behavior. The model helps when identifying and describing how factors at multiple levels impact the possible risk of suicide.

[2] *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*



Graphic above: Social Ecological Model.

Building Shared Knowledge about Suicide

Definitions:

Definitions and key concepts for prevention of suicidal behaviors reflect a broad continuum of risk and include: desire to die; suicidal ideation; suicide attempt planning; suicide attempt; and death by suicide. The Centers for Disease Control and Prevention (CDC) uses the term **self-directed violence** to describe a range of violent behaviors that can be fatal or non-fatal, suicidal, or non-suicidal; suicide itself is defined as "death caused by self-directed injurious behavior with any intent to die as a result of the behavior."

Behavioral Health: Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health services include both mental health and substance use.

Crisis Lines: Provide immediate support and facilitate referrals to medical and mental health care, and community support services. Trained crisis counselors provide support and promote problem-solving and coping skills via phone, text or online chat for individuals experiencing emotional or psychological distress.

Continuity of Care/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 behavioral health appointments are not completed. Follow-up interventions, also known as "postvention," are implemented after discharge from a hospital emergency department, hospital, or other behavioral health crisis care setting. Along with attempt or loss survivor support groups, and access to clinicians trained in suicide risk, postvention strategies that have shown promise in preventing future suicide attempts.

Crisis Residential Services: Provides voluntary, community-based care for individuals who have experienced a behavioral mental health crisis; a less-restrictive, supportive alternative to psychiatric hospitalization. Staff often include peer support specialists with lived experience of mental illness, including suicide thoughts or attempts.

Crisis Stabilization Services: Provides short-term care (up to 23 hours) for individuals in an acute behavioral health crisis; makes referrals to crisis residential or inpatient psychiatric facilities for those needing longer-term inpatient care.

Interrupted Suicide Attempt: self-directed potentially injurious behavior effort to with any intent to die that is stopped by the person attempting self-harm, or by another individual prior to fatal injury. This can occur at any point during the act, such as after the initial thought or after the behavior has started.

Mobile Crisis Teams: Provide de-escalation, assessment, and connections to care or support services for individuals experiencing a behavioral health crisis, wherever the individual is at (home, school, work or in the community). Their main objectives are to provide a timely response, assess the individual's needs and when possible, resolve the immediate crisis situation when more intensive care is not needed.

Preparatory Acts: Preparation toward making a suicide attempt, taken before potential

for harm has begun. This can include any action beyond a verbalization or thought, such as purchasing a firearm or preparing for one's death by suicide by giving away belongings.

Self Harm or Non-suicidal self-injury is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself, with no evidence - implicit or explicit - of suicidal intent.

Suicide Attempt: a non-fatal, self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury and starts with the first action taken with any intent of suicide.

Suicidal Ideation: Having some desire to die or thinking about engaging in suicidal behavior. Suicidal ideation can be passive or active. If active, it may include: a method without intent to die or plan; a method and intent to die, but no plan; or a method, intent, and plan.

Warm Lines: Provide mental health support and/or resource information, often staffed by individuals with lived experience, but not intended for emergency situations.

The Role of Stigma in Suicide Prevention

Stigma refers to negative attitudes and beliefs about people with behavioral health needs, which may include mental health conditions, substance use disorders, or co-occurring substance use and behavioral health challenges. The severity of needs range from mild to moderate emotional or psychological distress to diagnosable illnesses and disorders.

Stigma not only discourages people from seeking professional help, but also can prevent individuals, families, and communities from connections with meaningful support. Stigma also impacts the reporting and recording of suicidal behaviors, including the circumstances leading up to a suicide (such as a previous attempt or death by suicide in the family). Consequently, prevention efforts are stymied by the underreporting of suicidal behavior.

Stigmatizing language that this strategic plan took care to avoid includes phrases such as: *committed* suicide; *successfully* completed suicide, *suicidal* person, *unsuccessful* or *failed* suicide attempt, and *mentally ill*.

Language Matters

The suicide prevention community is trying to clarify the ways we all refer to actions related to suicide to better support help-seeking behavior among those that are at risk. Historically, it has been commonplace to describe someone ending their own life as the individual having "committed suicide." Consider what first comes to mind when you hear the word "commit?" Crime? Sin? Just the use of the word "commit" can carry an enormous amount of stigma and shame, preventing people from reaching out for the support they need.

Instead, it is recommended to use "died by suicide." This phrase can't be distorted and simply states the fact without placing shame or guilt on the individual or survivors of suicide loss. Another phrase to consider is "successful" versus "unsuccessful" to describe suicide attempts. There is no success or failure when it comes to suicide. These events should simply be referred to as a suicide death or a suicide attempt.

Through small changes in our own thinking and language, and through use of safe and effective messaging practices, we can all become leaders in changing the conversation about suicide in our communities, for the better.

Effective Messaging:

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, delivered through person-to-person conversations, presentations, data reports, outreach materials, etc. can encourage someone to seek help and reach out, or they can push people further from the support they need.

It is recommended to always evaluate any information you are sharing through a safety lens. Ask yourself: If a vulnerable individual who is thinking about suicide hears your conversation or sees your outreach materials, video, remarks or media coverage, how will it make them feel? Will it encourage them to feel hopeful and seek help, or will it increase their feelings of pain? How will your message be received by individuals who have lost a loved one to suicide?

The following guidelines are adapted from the Action Alliance on Suicide Prevention Framework for Successful Messaging (https://suicidepreventionmessaging.org/):

- Educate the audience on warning signs and, if appropriate, different ways people can get involved in local suicide prevention efforts.
- Use person-first language. For example, use ***someone experiencing thoughts of suicide***; don't use suicidal.
- Focus on prevention and hope by using images and words that show people being supported, not suffering alone.
- Explain the 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.
- When discussing "risk factors" it is important to also include "protective factors" such as positive supports, connections, access to treatment and services, peers, equitable and anti-racist policies, and systems.
- Avoid sharing information about or images of means (e.g. weapons or medications) that could be used during a suicide attempt.
- Always provide a suicide prevention resource such as a crisis line.

Myths and Misconceptions

Myths and misconceptions about suicide also hinder prevention efforts. Below are common examples of these myths and the facts associated with each, based on research.

MYTH: Most suicides are impulsive and happen without warning.

FACT: Over 70 percent of people who die by suicide communicated their plans to someone, prior to death. Planning, including obtaining the means by which to attempt suicide and identifying a location, often happens well before the attempt. Most suicides

are preceded by warning signs, such as communicating the desire to die, having no reason to live, or feeling like being a burden.

MYTH: People who want to die are determined and there is no changing their minds.

FACT: Over 90 percent of people who were interrupted during a suicide attempt do not go on to die by suicide at another location or by other methods.
Research suggests that those at risk for suicide often show great ambivalence about the desire to die or live and express a high degree of suffering. The accounts of attempt-survivors suggest that many people are relieved to have lived through an attempt and regain their desire to live. This fact highlights the opportunity to intervene by separating a person at risk from lethal means for a suicide attempt.

MYTH: Talking about suicide with a person at risk will plant the seed for thoughts of suicide, increasing risk.

FACT: Communicating openly about suicide and asking about risk has been shown to be lifesaving. It encourages people to seek help, promotes a sense of belonging, and connects people to care.

Risk Factors, Protective Factors, and Warning Signs

Protective Factors are characteristics, including the absence of risk factors, that may make suicidal behavior more likely to occur. These may include connectedness to community, culture, spirituality or faith, and problem-solving skills, as well as access to health care, behavioral health care, social support, and the safe storage of lethal means such as guns and medications. Follow-up connections made by service providers and caregivers, after care for suicidal behavior or an attempt, are another form of protective factor.

Protective factors exist at many levels: individual, interpersonal, organizational, community, and in the form of public policy. They include but are not limited to the following:

- Life skills, especially during stressful events and life changes (including problem-solving and coping skills, ability to adapt to change)
- Coping skills and resource acquisition after previous suicidal behavior
- Cultural or religious beliefs that prohibit or discourage suicide
- High self-esteem and sense of worth
- Strong quality of life and sense of life purpose
- High sense of belongingness
- Connectedness to family or family of choice
- Genuine support from family or family of choice
- Relationships that affirm sexual orientation and gender identity
- Access to effective, affirmative health and behavioral health care
- Connectedness to neighborhood, community, or social group
- Religious affiliation or spiritual community membership

Left Pic: Danza Azteca group blessing at the 1st Annual Connection is Prevention Event in September 2023.

Right Pic: Artwork with hopeful and positive messages, created by participants at Connection is Prevention event.

Risk Factors are characteristics that, based on data, may make suicidal behavior more likely to occur, while protective factors are characteristics that make suicidal behavior less likely.

Suicide prevention efforts are effective when they target high-risk settings or risk factors that can be modified, such as by increasing screening and access to services for depression and other needs. Risk can be elevated during times of acute or lasting transition, such as a job loss, marital status change, hospitalization, housing change, and military service discharge or post-service-deployment. Risk appears to be additive – the more factors, the higher the risk – and it cuts across demographic, economic, social, and cultural boundaries.

Major risk factors for suicide are prior suicide attempt; substance use disorder; mood disorder, such as depression; access to lethal means; and physical health needs.

Suicide risk factors exist across the individual, interpersonal, organizational, community, and public policy level, including and not limited to:

- Prior suicide attempt(s)
- Thoughts of suicide with intent and planning (especially intense, pervasive, difficult-to-control thoughts); perceiving few reasons for living
- Demographic factors (male sex, indigenous or white ethnicity, middle to older age)
- Unmet acute or persistent physical health and behavioral health needs, including chronic pain, disability, substance use, and mood disorders
- Access to lethal means and gun ownership, especially having unlocked guns in the home
- Social isolation and low sense of belongingness
- Unstable mood or sleeping patterns, including insomnia and nightmares
- Hospitalization or incarceration
- Financial or employment problems
- End of a relationship or marriage, including by death or divorce
- Relationship dissatisfaction and problems, including abuse, unstable, or conflictual relationships
- Lack of access to appropriate and affirmative health and behavioral health care
- Disconnection from culture and cultural practices
- Cultural beliefs or institutions that promote social isolation
- Sensationalistic media coverage, especially for youth
- Behavioral health stigma and discrimination

Warning Signs are behaviors that *may* indicate acute risk for suicide. The behaviors below cannot predict a suicidal behavior, but they are important to be aware of. Suicide warning signs can also look different for different individuals and may be subtle.

Speaking directly with the person, sharing the behaviors you are noticing, and asking if they are related to thoughts of suicide are powerful steps everyone can take.

If you notice the signs above in yourself or another person, please do not wait. Reach out for help by calling or texting 988, the National Suicide and Crisis Lifeline (available 24/7 365 days a year).

Warning signs may include:

- Communicating a wish to die or plans to attempt suicide
- Having thoughts of suicide that are intense, pervasive, or difficult to control
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Giving away possessions
- Drafting notes indicating intent or desire for suicide
- Communicating feeling hopeless, having no reason to live
- Communicating feelings of guilt, shame, or self-blame
- Communicating feelings of being trapped or in unbearable pain
- Communicating being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly or engaging in risky activities
- Insomnia, nightmares, and irregular sleeping
- Withdrawing or feeling isolated
- Communicating or exhibiting anxiety, panic or agitation
- Appearing sad or depressed or exhibiting changes in mood
- Showing rage or uncontrolled anger or communicating seeking revenge

Using Data for Effective Suicide Prevention Planning

A comprehensive approach to suicide prevention requires telling a comprehensive story about suicide and suicide prevention in our communities. Data is one source of information that helps support: a common understanding of the problem, develop long term goals for suicide prevention, and set priorities. Everything cannot be changed at once; however, gathering, reviewing, and taking consideration of local data allows us to:

- Provide context to local issues of suicide
- Dispel misconceptions and raise awareness about how suicide impacts us all
- Focus effort where the problem is most severe
- Identify risk and protective factors in order to select interventions
- Persuade funders, policy and decisionmakers to invest in and prioritize suicide prevention efforts
- Evaluate and measure change over time

The Limitations of Data

Data does not tell the entire story and can be biased based on the design of research or in its analysis. Data has been used to perpetuate inequalities, leaving out groups who may be disproportionally impacted by suicide or other negative public health outcomes. When used for the purpose of advancing inclusion and equity, data can also be a powerful tool to help us get a more complete view of what is needed for suicide prevention.

By pairing data with deep listening, we can get answers to important questions, like "Who is not at the table? Whose voice is not yet being heard?" Additionally, resource mapping of programs, trainings, services, supports, and community strengths and needs can help us assess what can be built on and what gaps need to be filled.

Data on Progress and Programs

In addition to local data on suicide and suicide related behavior, the Alliance is dedicated to sharing information that shows how Sonoma residents are seeking help and helping one another to navigate suicidal crises and find support. In the future, this information will be a component of our annual report on suicide prevention in Sonoma County. Highlights of recent successes include:

QPR (Question, Persuade, Refer) Suicide Prevention Training through Sonoma County Office of Education:

- From August 2022 to May 2023, 3,127 residents were trained in QPR (Question, Persuade, Refer) suicide prevention training through Sonoma County Office of Education; (this includes 2,300 students, 394 educators, and 43 community members).
- Trainings were provided at 9 high schools, 4 middle schools, and 2 continuation schools
- Staff trainings were provided at 11 schools, with parent nights in English and Spanish in 2 districts

In 2022-2023, Sonoma County Office of Education's Behavioral Health and Wellbeing team also provided:

- Individual counseling (over 300 students), crisis counseling, and classroom lessons across 20 school districts.
- Teacher consultation and professional development focusing on equitable and healing-centered practices (Youth Mental Health First Aid, suicide risk screening, supporting school-based youth mental health, supporting LGBTQ youth, trauma-responsive classroom interventions etc.) provided to over 2,000 educators, school based mental health providers, school counselors, parents, and community members.
- 16 youth-focused events supporting 670 students including a Youth Advisory Council.
- Three Latino Service Providers *Pro Promotores* interns were trained to host peer listening sessions on youth mental health topics. The synthesized student responses and shared recommendations during a *Conversations in Community* event for over 500 educators and community members, before introducing speaker Dr. Nadine Burke Harris.

Sonoma County Suicide Prevention Alliance: Life Worth Living (through 2024):

- The coalition recruited members from a broad spectrum of community and government organizations that are concerned about suicide prevention. Members have participated in collaborative meetings, reviewing suicide related data, information sharing, and collaborative planning.
- Developed the Alliance name, charter, and logo. Alliance name and logo were developed by Alliance members with lived mental health experience.
- Participated in statewide Striving for Zero Strategic Planning Learning Collaborative
- Hosted inaugural annual suicide prevent month event: Connection is Prevention
- Hosted two Survivors of Suicide remembrance events
- Developed draft Sonoma County Suicide Prevention Strategic Plan

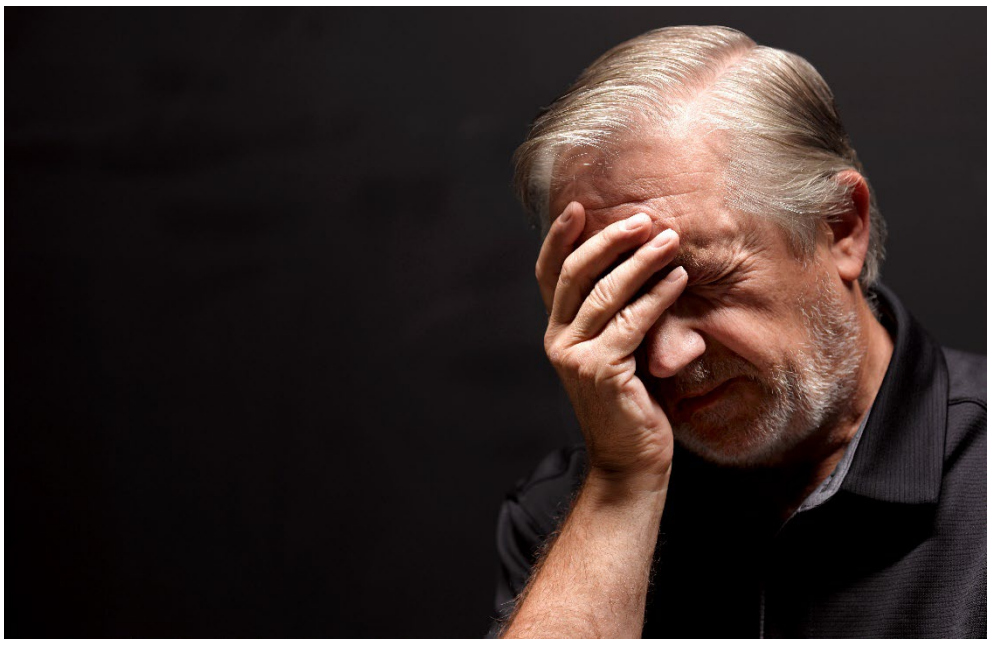
Local Suicide Related Data

Three main sources of statistical data are available that can support prevention planning:

- ***Mortality*** refers to deaths that were confirmed to be suicide. Occasionally, deaths that may have been suicide are not reported as such because the coroner or medical examiner is not able to establish suicidal intent. In many jurisdictions, the threshold, or criteria to meet classification for a suicide is very high. Sources for this data include Coroners/Medica Examiners and public health and vital statistics agencies.

- ***Morbidity*** refers to nonfatal, *intentional* self-injuries. It is important to note that there are many hurdles to overcome for intentional injuries and suicide attempts to be recorded correctly such as (1) disclosure by patient, (2) recording by medical team, and (3) accurate or appropriate injury classification code assigned in a data system by staff. This data is helpful to gain an understanding of the prevalence of suicide attempts, but it is important to note that the actual number of suicide attempts in a community is likely to be higher, as this data does not include attempts that were not treated medically, sources include hospitals and Emergency Departments.

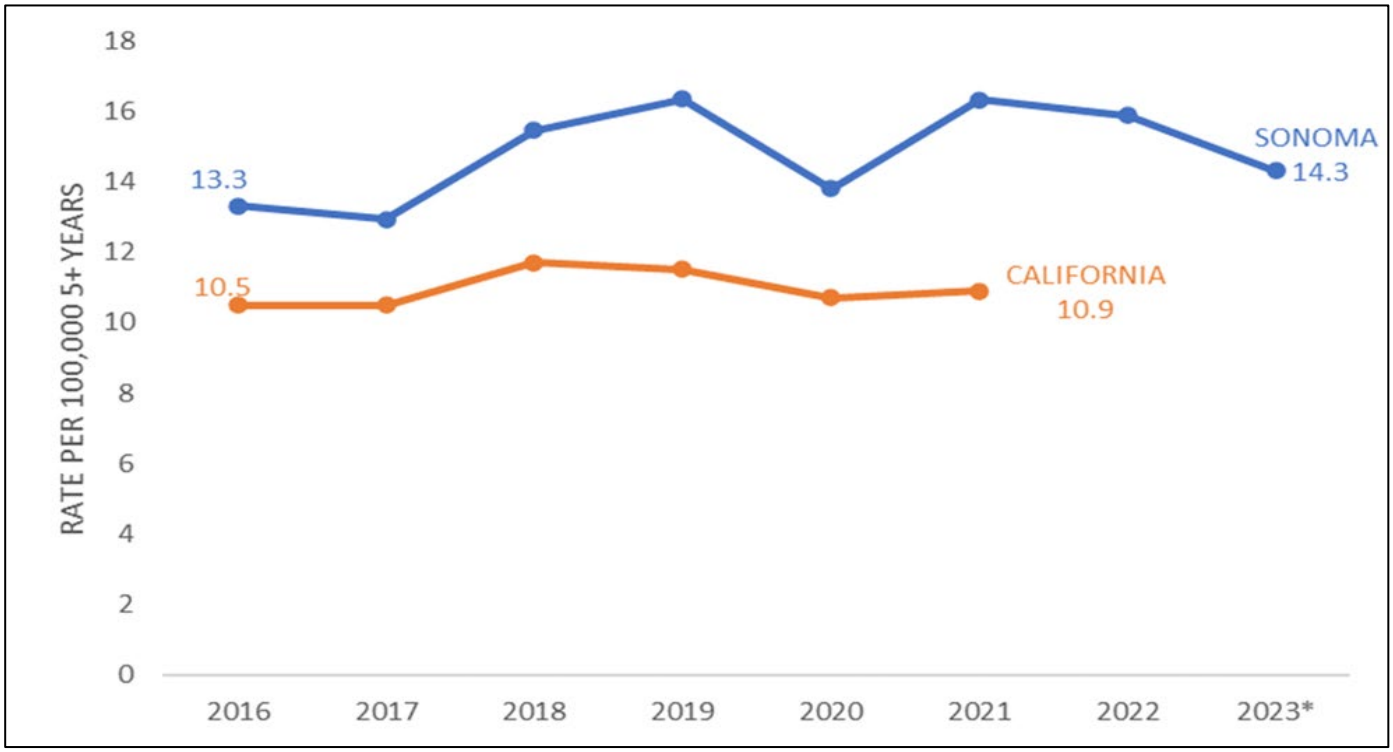
- ***Suicidal ideation*** refers to thinking about or wanting to take one's own life. Typically, this is self-reported data that is gathered through risk assessment or screening tools administered by health care or other providers or from surveys administered by phone or within specific settings, such as schools.



Suicide Deaths

Suicide Deaths in Sonoma County

Table 1: (Suicide death rates, people 5 years and older, 2016-2023).[3]



*Rates are preliminary and are age-adjusted to the 2000 US standard

Each year in Sonoma County about 73 people 5 years and older die by suicide. The suicide death rate in Sonoma County is significantly higher than the California rate and appears to be increase while the state rate remains relatively flat.

While suicide can impact anyone, certain populations are at disproportionate risk. For example, Sonoma County data from 2016-2023 shows that suicide death rates are[4]*:

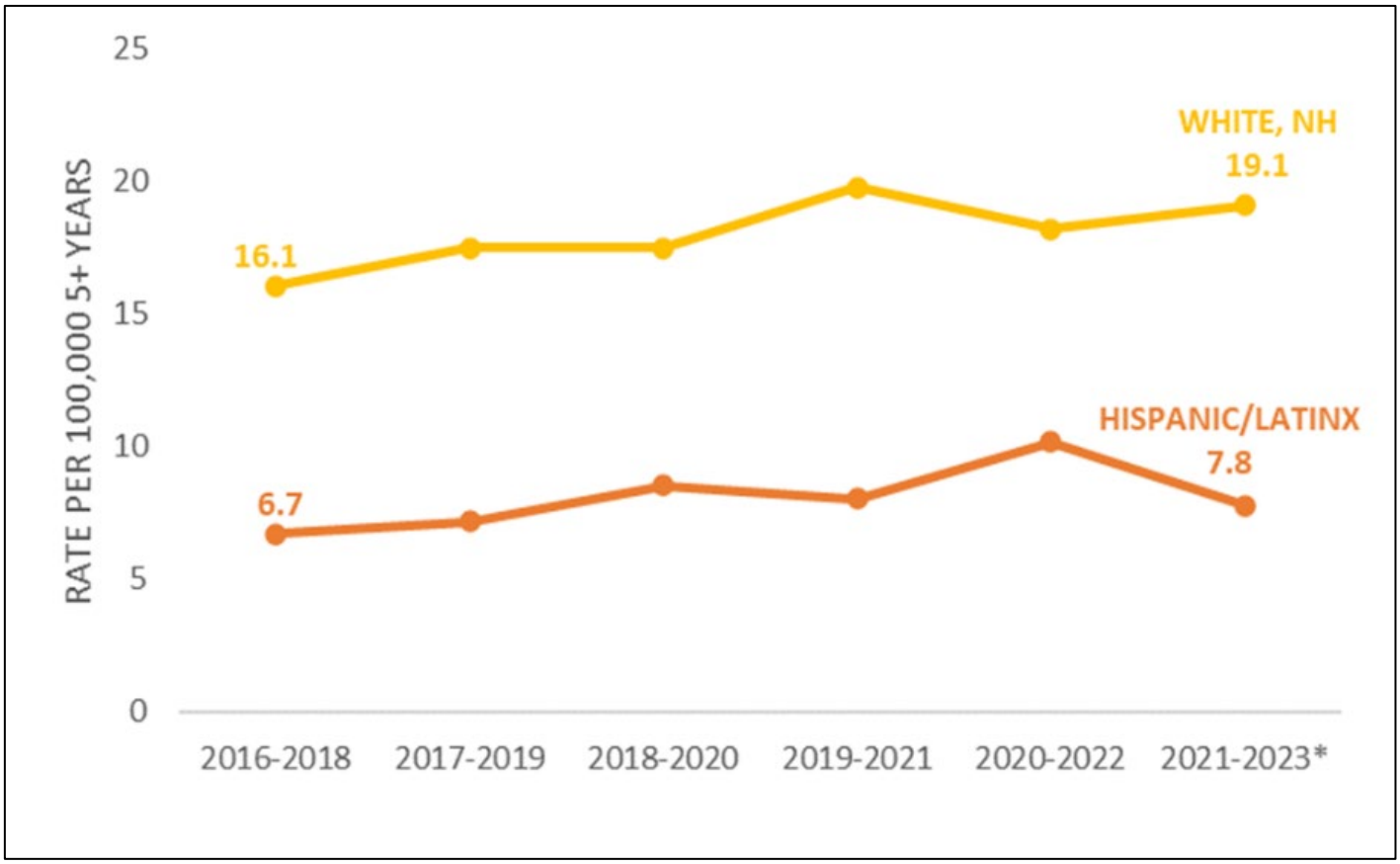
- Higher and increasing among men while decreasing among women.
- Increasing for adults aged 35-44 and over 75 years and decreasing among adults ages 55-64 years.
- Higher among persons experiencing homelessness.

[3] *Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)*

[4] *Data not Shown

Suicide death rates by race/ethnicity

Table 2: (Suicide death rates by race/ethnicity, people 5+ years, 2016-2023).[5]



*Rates are preliminary and are age-adjusted to the 2000 US standard population
Source: CDPH, CCDF, 2016-2023

The suicide death rate remains higher among White, non-Hispanic people in Sonoma County and continue to increase. The suicide death rate among Hispanic/Latinx people in the county has also increased with the number of deaths from suicide more than doubling from 2016 to 2022.

[5] *Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)*

Suicide death rates by availability of resources

The Healthy Places Index is a measure of the social and economic resources in a geographical area that are needed to support health and wellbeing.

This measure assigns a score to each census tract in the state based on the amount of social and economic resources the residents of these areas have. Lower quartile areas have the fewest resources and higher quartile areas have the most resources.

Table 3: Suicide death rates by availability of resources in different parts of Sonoma County

(Healthy Places Index Quartile, people 5 years and older, 2016-2023)

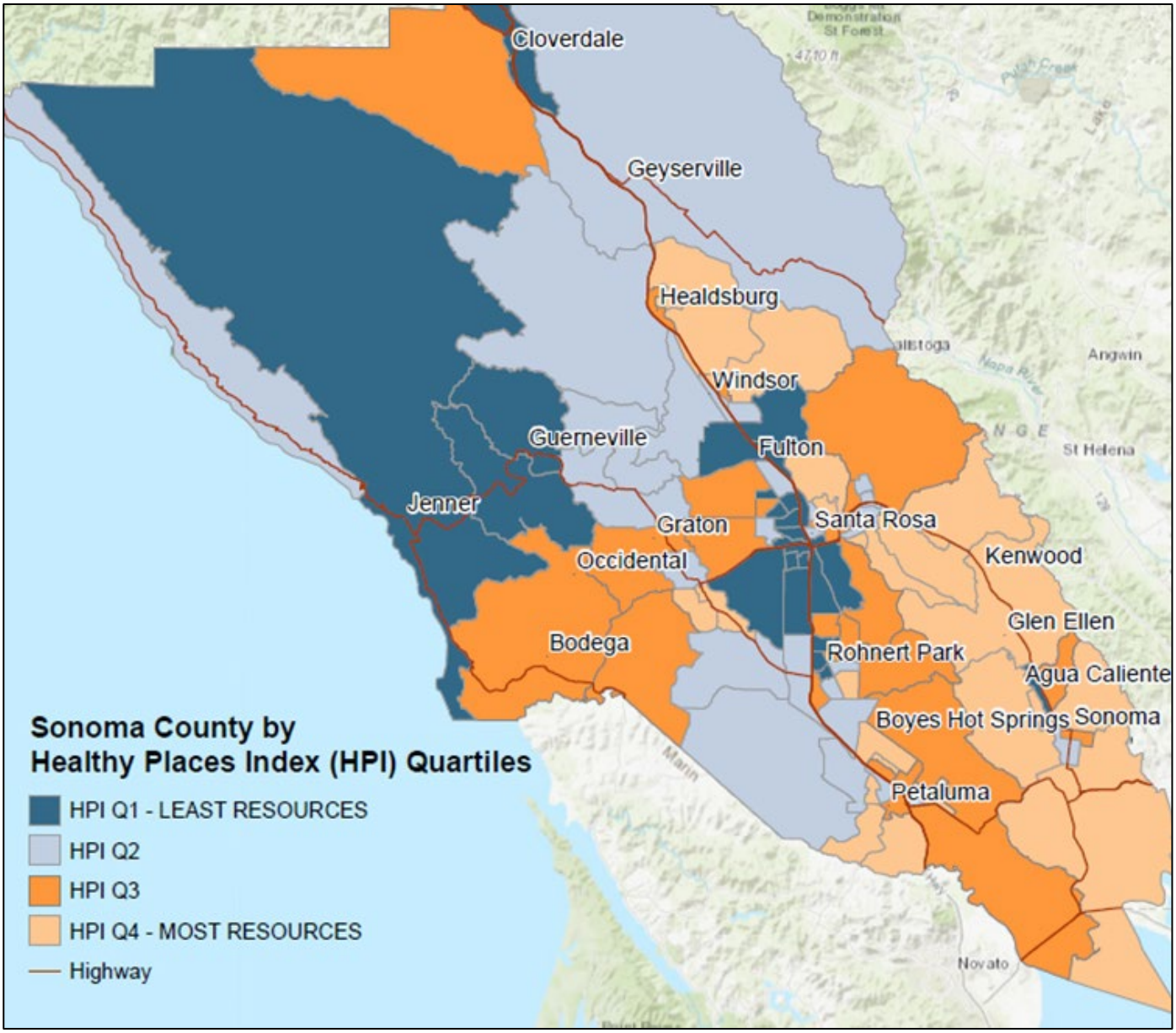
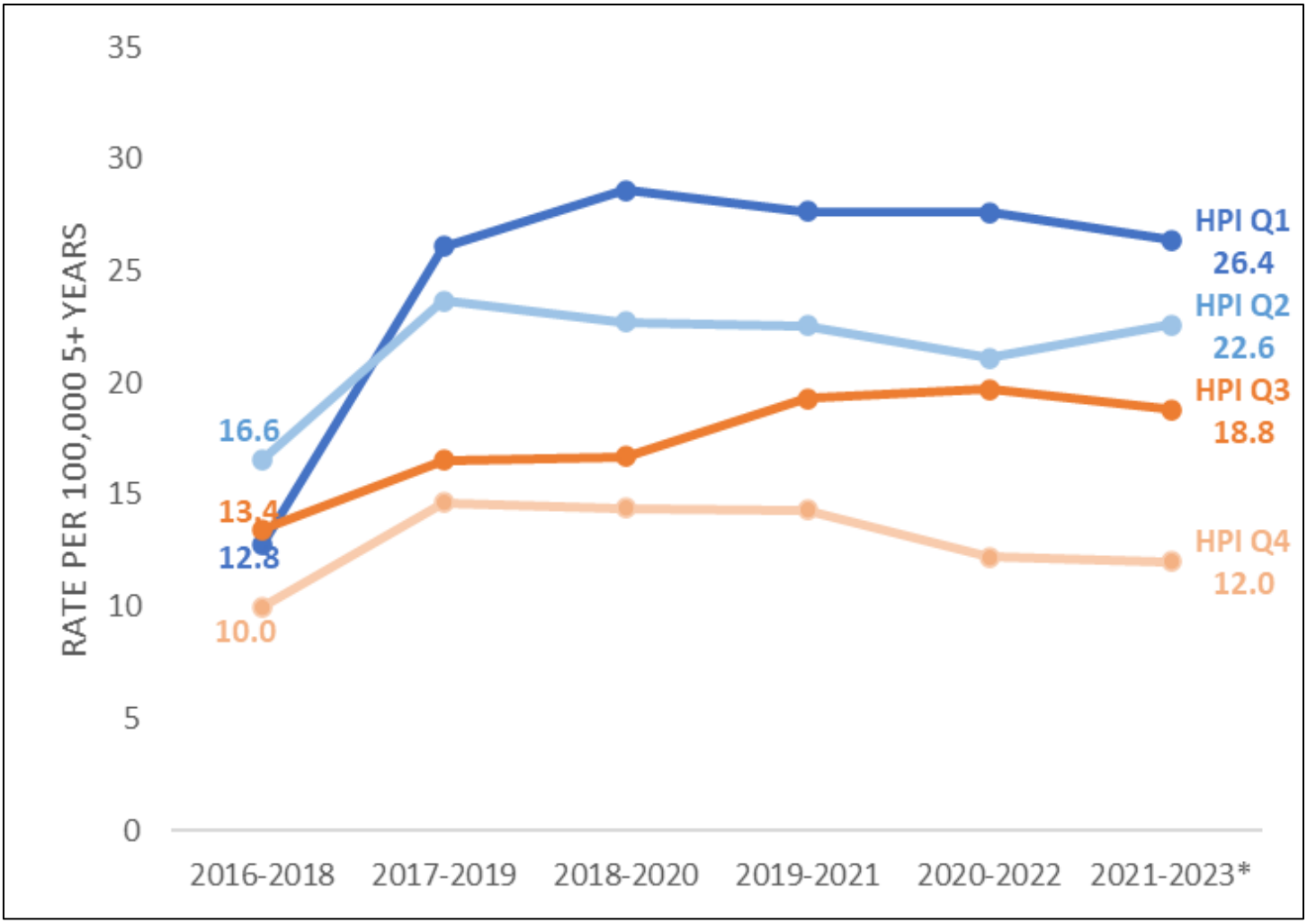


Table 4: (Suicide death rates by HPI Quartiles, people 5+ years, 2016-2023)[6].

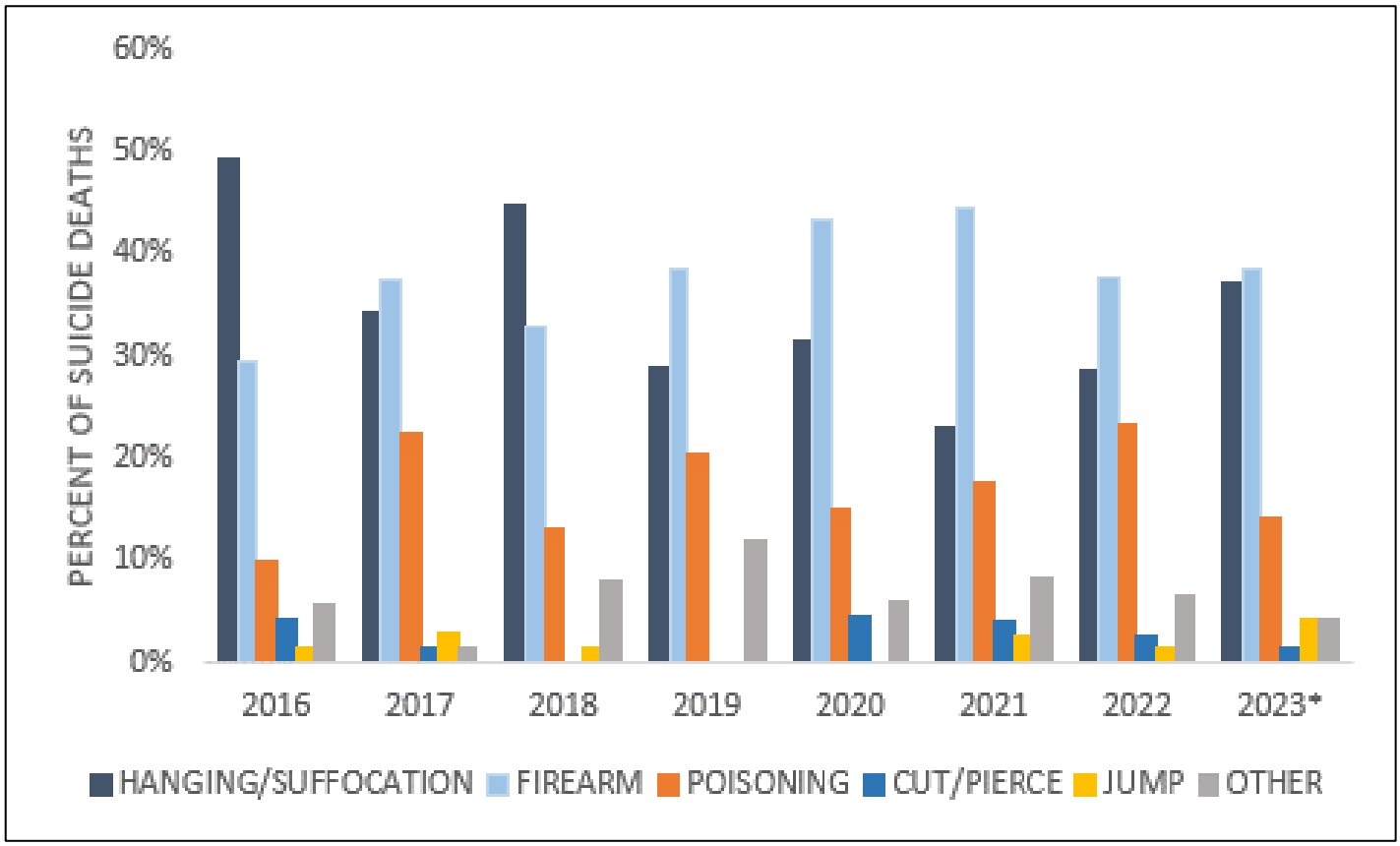


Suicide death rates are **highest** among people living in the **lowest resourced census tracts** (HPI quartile 1) and have increased at a steeper rate than for other, more resources areas.

[6] *Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)*

Suicide deaths by method

Table 5: (Suicide deaths by method 2016-2023 Sonoma County)[7]



From 2016-2023, suicide deaths by hanging/suffocation and firearms were most common, with fluctuations in other categories.

The means that are used in a suicide attempt may have a significant impact on whether the person survives. Information about suicide means can help inform our local means safety strategies and activities.

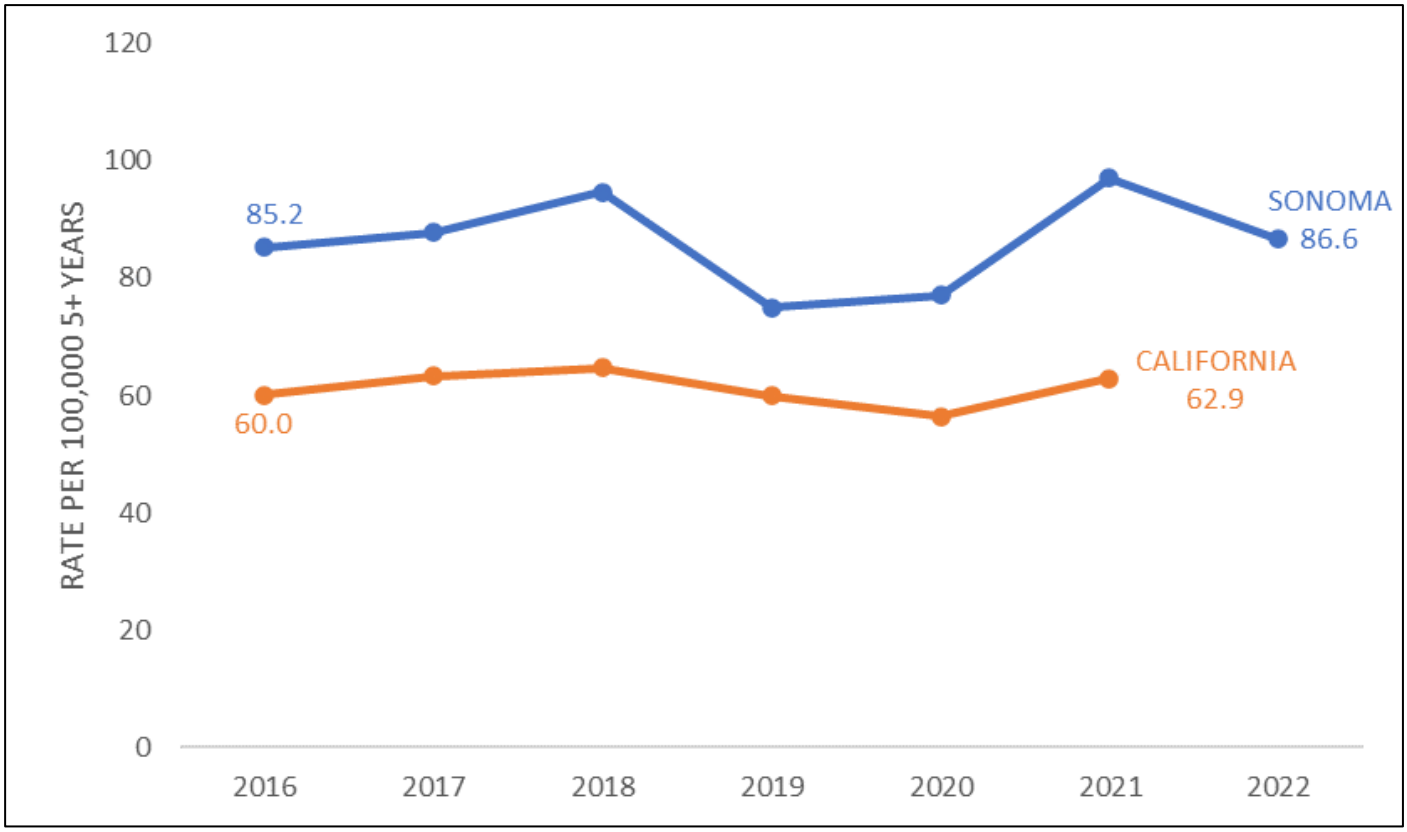
To learn more about means safety for everyone, please visit https://strivingforsafety.org/.

[7] *Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)*

Self-Harm and Suicide Attempts

Emergency Department visit rates for non-fatal self-harm

Table 6: ED visit rates for non-fatal self-harm/suicide attempt, people 5+ years, Sonoma County and California, 2016-2022.[8]



The Emergency Department (ED) visit rate for non-fatal self-harm in Sonoma County is higher than the state rate.

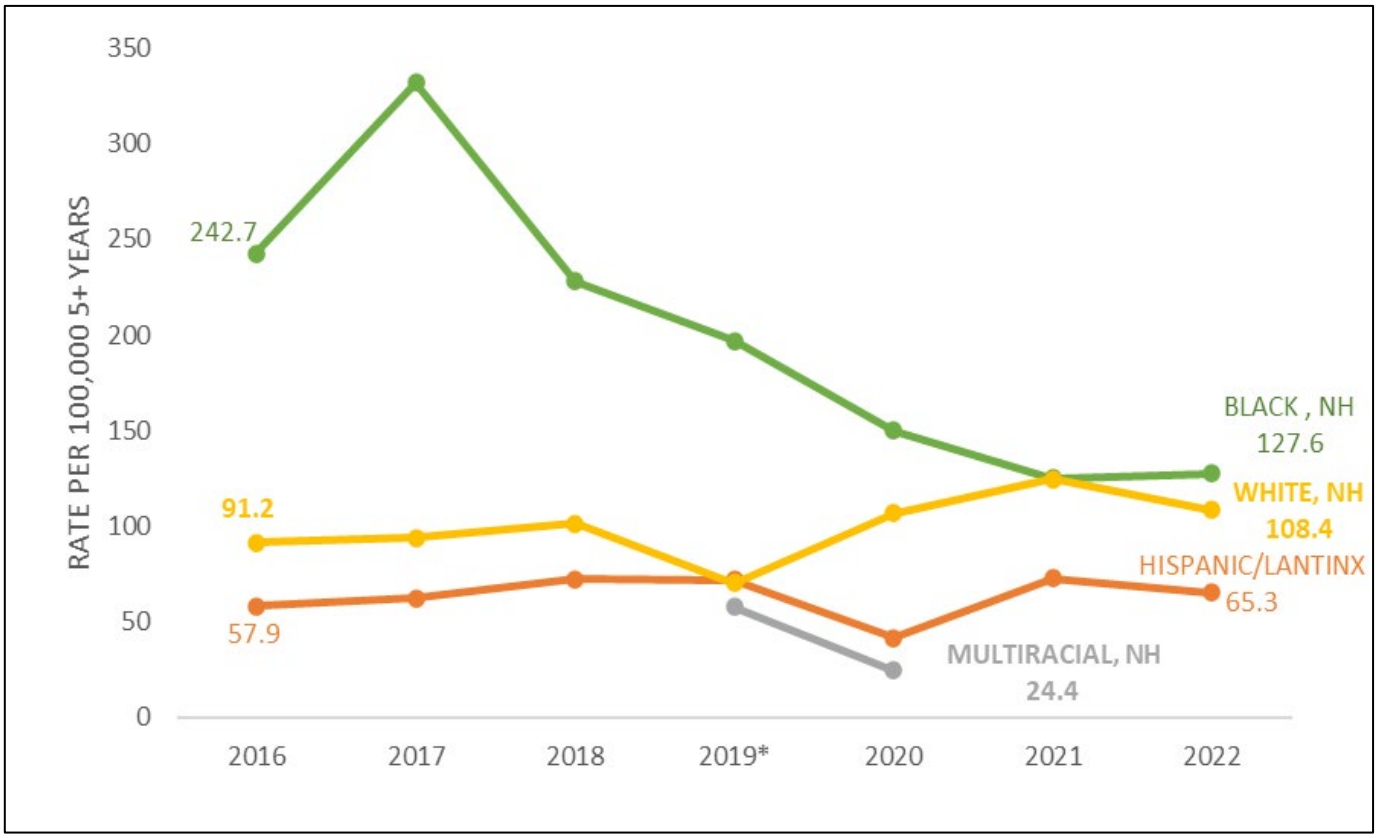
Just as certain populations may experience disproportionate risk for suicide, non-fatal self-harm or suicide attempt data shows certain groups of individuals have, on average, higher rates. It is worth noting that the groups disproportionately represented in non-fatal self-harm or suicide attempt data are different than those for suicide death. This includes the following differences*:

- Rates are higher among females than males.
- The age group with the highest rates is young adults aged 10-24 years.
- The most common means for self-harm is cutting/piercing, followed by poisoning.

[8] *] Source: CA HCAI, CA ED Visit Data, 2016-2022*

Emergency Department visit rates for non-fatal self-harm by race/ethnicity

Table 7: ED visit rates for non-fatal self-harm/suicide attempt by race/ethnicity, people 5+ years, Sonoma County and California, 2016-2022.[9] *Note: Race classifications changed to include multiracial.*



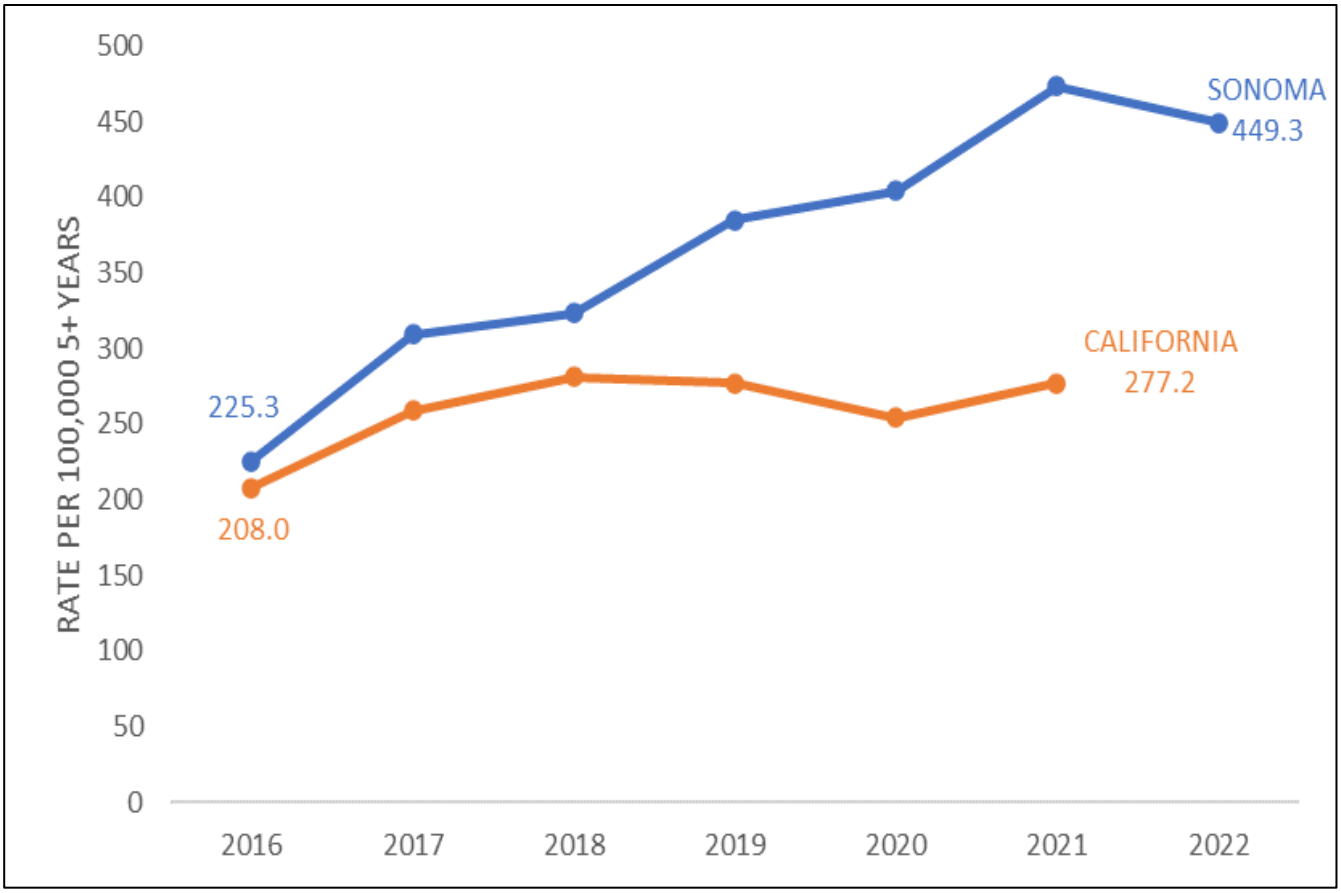
Emergency Department visit rates for non-fatal self-harm/suicide attempts have increased among Hispanic/Latinx people in Sonoma County. Rates among Black people in Sonoma County decreased by more than 50% in the past 6 years.

[9] *Source: CA HCAI, CA ED Visit Data, 2016-2022*

Self-Reported Suicidal Ideation

Emergency Department self-reported suicide ideation rates

Table 8: ED visit rates with suicide ideation, people 5+ years, Sonoma County and California, 2016-2022.[10]



Suicide ideation is increasing throughout the state. Sonoma County ED visit rates with suicide ideation have almost doubled in the past 7 years, a much steeper increase than for California.

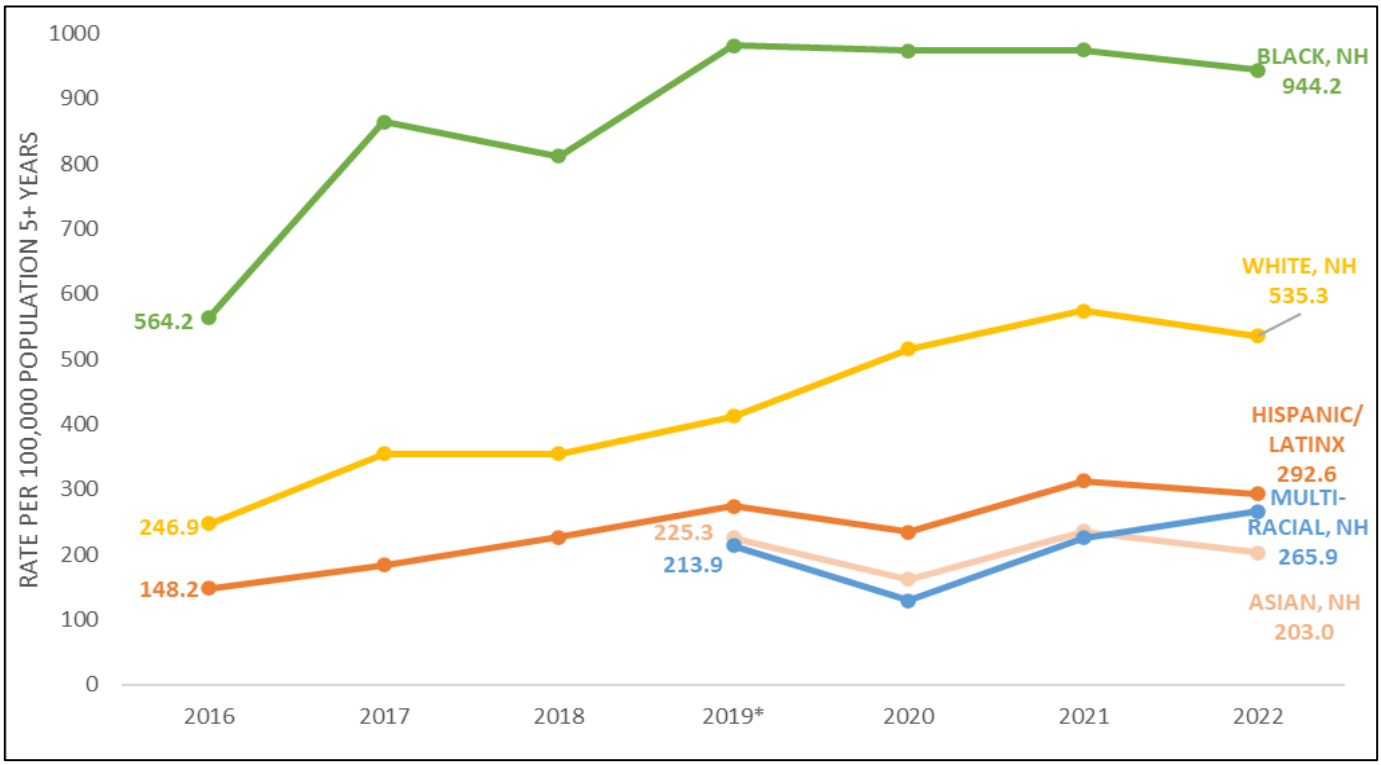
Between 2016-2022, the rate for ED visits with suicide ideation in Sonoma County:

- Doubled for both males and females.
- Was highest among youth ages 10-18 years, but has increased among most age groups, particularly children aged 5-14 years

[10] *Source: CA HCAI, CA ED Visit Data, 2016-2022*

Emergency Department Self-reported suicide ideation rates by race/ethnicity

Table 9: ED visit rates with suicide ideation by race/ethnicity, people 5+ years, Sonoma County and California, 2016-2022[11]; Note: Race classifications changed to include multi-racial and disaggregated Asian/Pacific Islander

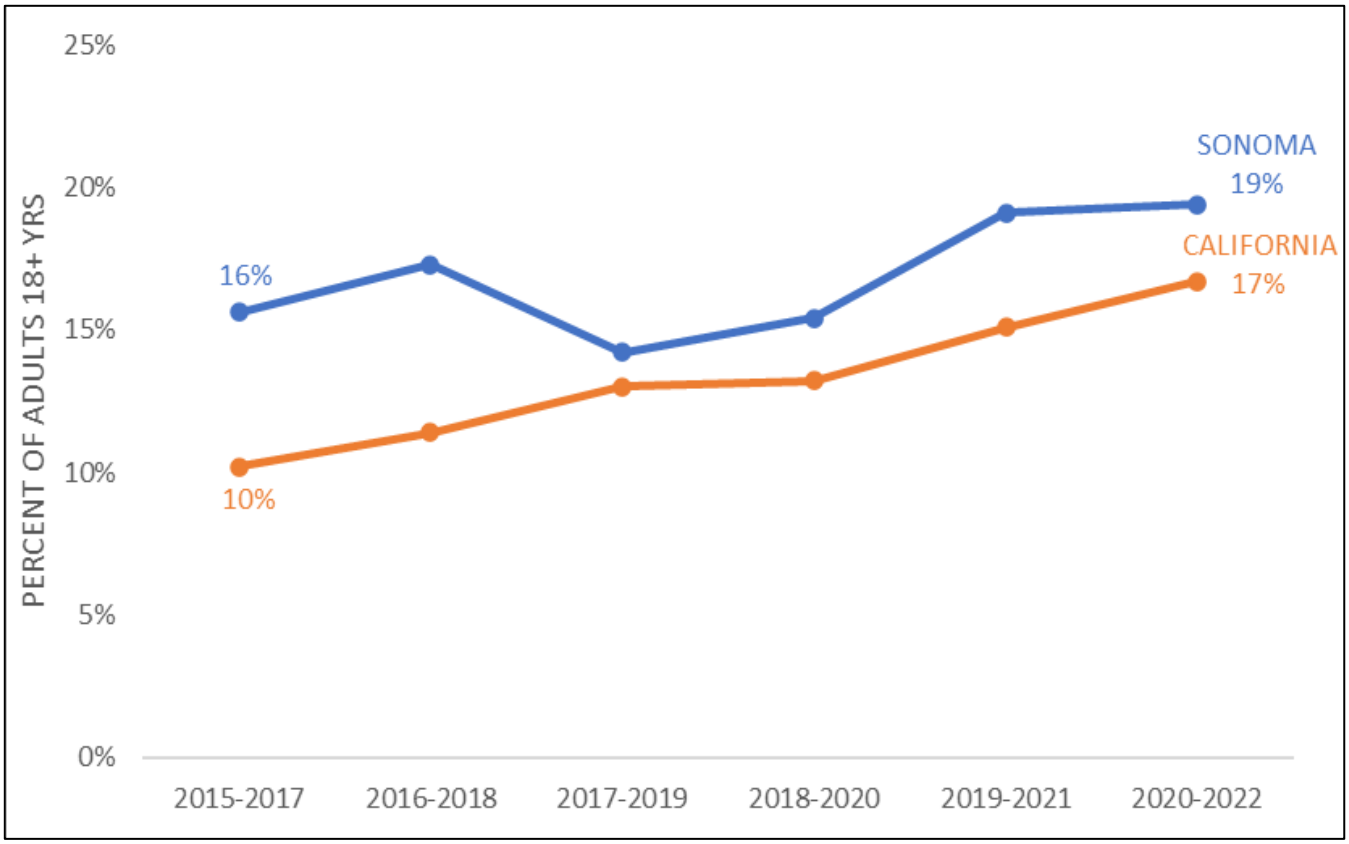


Between 2016-2022, the rate increased for most race/ethnic groups, doubled for Black, White, and Hispanic/Latinx residents, and was significantly higher among Black residents in Sonoma County, compared to any other racial/ethnic group.

Suicide Ideation among adults

[11] *Source: CA HCAI, CA ED Visit Data, 2016-2022*

Table 10: Percent of adults 18 years and over that reported they ever seriously thought about attempting suicide (California Health Interview Survey, 2015-2022)[12]



The prevalence of self-reported suicidal ideation is higher in in Sonoma County than in California as a whole and is trending towards an increase:

- Self-reported suicidal ideation is increasing for both males and females.
- Prevalence is higher among Black, Multiracial/multiethnic, American Indian or Alaska Native and Indigenous youth than among their peers.
- The percent of adults who report suicide ideation has increased in the past 6 years, while the percent of students who report seriously considering attempting suicide has held relatively steady.

However, the prevalence of suicide ideation among students varies drastically by sexual orientation, gender identity, and transgender status, including the following:

[12] *Source: California Health Interview Survey 2015-2022*

- Bisexual and gay or lesbian students were more than three times as likely to report suicide ideation than straight students (30% compared to 8%);
- Non-binary or gender non-conforming students were about three times more likely to report suicide ideation than male or female identifying students (34% compared to 9% for males and 14% for females); and,
- Transgender students were more than three times more likely to report suicide ideation than students who don't identify as transgender (39% compared to 11%).

Using Data to Inform Suicide Prevention

Obtaining and reviewing data can help us answer these and other questions to inform our work:

- Who is attempting suicide?
- Who is dying by suicide?
- How long does it take for survivors of suicide loss to access support?
- 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?

Together with our community program, education, and public health partners, the Life Worth Living Alliance will:

- Develop a plan to collect local data around suicide ideation, attempts, loss, and help-seeking.
- Develop a consistent way to review and discuss this data to inform our efforts.
- Use this data to produce and distribute a public-facing annual report to inform community members and partners on local suicide trends, as well as prevention progress.

The Core of the Suicide Prevention Strategic Plan:

Strategies, Objectives, and Activities

This strategic plan organizes the major goals and action items into a three-tiered structure:

- **Strategies** are longer-term priorities to guide the Life Worth Living Alliance and community partners in carrying out the mission of preventing deaths by suicide in the county.

- **Objectives** are core goals in policy implementation, program development, cross-systems collaboration, and community outreach and engagement. Objectives are intended to be collaborative efforts among public agencies, community-based organizations, service providers, and community members. For each objective, there is a list of **recommended partners** whose participation can help advance progress.

- **Activities** are programs, services, collaborative ventures, and planning efforts undertaken to meet objectives.

- In addition, each strategy includes **performance measures** that can be used to measure progress towards goals.

Left: *Danza Azteca performing at the 1st Annual Connection is Prevention Event in September 2023.*

Sonoma County's Core Strategies At-A-Glance

Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

Strategy 3: Provide culturally responsive, evidence-based and/or best practice suicide prevention trainings and education to Sonoma County residents

Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Strategy 5: Assist behavioral health providers to develop uniform policies and procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Strategy 6: Promote effective suicide-related care and follow-up supports for individuals at high risk and their families.

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.

Because of the stigma surrounding suicide, individuals experiencing suicidal ideation often do not volunteer their thoughts to caregivers. Individuals with thoughts of suicide need to be asked directly about suicidal thoughts to disclose their thoughts. Uniform suicide screening across healthcare systems can enable early intervention for suicidal behavior.

Many individuals who die by suicide have had recent contact with their healthcare providers before their deaths, yet they did not receive linkage to behavioral healthcare.

To bridge this gap, the Life Worth Living Alliance recommends the establishment of community guidelines that create visible, easily accessible pathways to access services for those at risk of suicide. These include: a centralized online behavioral health / crisis support resource hub, provider referral networks, and best practice protocols for 988 and 911 dispatchers. Additionally, it is imperative that local media be aware of best practices for reporting on suicide to improve awareness of community resources and reduce the possibility of contagion suicides.

Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.
Short-Term Goal: Develop and disseminate a web-based behavioral health / crisis support community resource map by July 1, 2025.
Objectives: 1.1: Develop a suicide prevention awareness campaign that destigmatizes suicide, encourages behavioral health help-seeking, and promotes messaging that suicide is preventable. 1.2: Ensure that public messaging about suicide prevention is provided in a variety of modalities and languages to reach diverse community populations. 1.3: Plan outreach and engagement activities that raise public awareness of behavioral health resources. 1.4: Raise awareness of disparities in accessing behavioral health resources and identify strategies to remedy disparities.

Recommended Activities:

- Build a community behavioral health/crisis support resource map.
- Seek input from diverse community members/groups and behavioral health providers on creating an effective public awareness campaign.
- Develop a public awareness campaign centered around this community resource map.
- Evaluate reach of public awareness campaign annually.

Potential Partners:

- Sonoma County Behavioral Health
- Buckelew Suicide Prevention Hotline
- 211 / Findhelp.org
- Libraries
- Hospitals & Healthcare Systems
- Behavioral Health Providers
- Federally Qualified Community Health Centers
- Community-based Behavioral Health Organizations
- Local Farmer's Markets
- Community Health/Wellness Fairs
- School Districts
- Faith-based communities
- Law Enforcement Agencies
- Community Foundations
- Chambers of Commerce
- Board of Supervisors
- City Councils
- Sonoma County Indian Health
- Veterans Administration & Support Services

Potential Performance Measures:

- Number of unique individuals visiting the Suicide Prevention page on the Behavioral Health Website.
- Number of clicks based on analytics of the Suicide Prevention page on Behavioral Health Website.
- Number of respondents that report increase in awareness of suicide prevention resources.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

According to one predominant theory of suicide, known as the Interpersonal Theory for Suicide, three components must align to predict risk for suicide or a serious suicide attempt: thwarted belongingness, perceived burdensomeness, and acquired capability for lethal self-injury. Thwarted belongingness is described as a state of "unmet need to belong." Both the theory and extensive research indicate that *people have a fundamental need to belong* and that, when that need is thwarted, it increases risk.

This theory is backed by a comprehensive study published in 2023 by the U.S. Surgeon General, titled *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.* In this study Surgeon General Dr. Vivek H. Murthy lays out the clear evidence for how our lack of connection is leading to a mental and physical health epidemic.

Perhaps the most notable statement in the report relates directly to suicidality and self-harm: ***"Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior among samples varying in age, nationality, and clinical severity."***

Surgeon General Murthy goes on to say "*We are called to build a movement to mend the social fabric of our nation. It will take all of us - individuals and families, schools and workplaces, health care and public health systems, technology companies, governments, faith organizations, and communities… It will require reimagining the structures, policies, and programs that shape a community to best support the development of healthy relationships.*"

While businesses, organizations, and agencies are essential in the efforts to reduce suicidality through stronger community connection, individual relationships and connections are the key to combating loneliness and isolation.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

Short-Term Goal:

By July 1, 2026, there will be a 20% increase of activities and programs that promote protective factors in place.

Objectives:

2.1: Raise awareness of the importance and impact of connection as a protective factor and component of wellness.

2.2: Empower and equip community members and organizations with resources, opportunities, and tools to build and strengthen connections.

2.3: Identify and promote services that build resilience and positive attachments between children, youth, their families, older adults, and social supports in their community.

2.4: Promote communication and connection of organizations and agencies across diverse settings and communities to strengthen and widen the network of support.

Recommended Activities:

- Host annual Connection is Prevention Wellness Fair
- Host central web resource (connectionisprevention.com)
- Develop a “Connection is Prevention” public awareness campaign
- Promote and support school-based initiatives to increase awareness of support
- Promoting connection opportunities for Resource Providers
- Faith-based Mental Health Summit

Potential Partners:

- Board of Supervisors
- City Councils
- Municipal Advisory Committees
- Sonoma County Libraries
- Sonoma County Regional and City Parks
- Health Care Providers and Clinics
- Behavioral Health Clinicians
- Peer Service Providers
- Mobile Crisis Support Teams
- Schools, Colleges and Universities
- Youth Organizations
- Foster Care Organizations
- Faith-based Communities
- Community Based Organizations
- Recovery Organizations
- Santa Rosa Junior College and Sonoma State University
- Media Outlets, including print and radio

Potential Performance Measures:

- Baseline survey
- Youth Truth Survey
- Number of schools, community organizations, and other entities participating in Suicide Prevention Week and Month activities (annual count)

Strategy 3: Provide culturally responsive, evidence-based and/or best practices suicide prevention trainings and education to Sonoma County residents.

In Sonoma County, there is widespread community interest in suicide prevention training and education programs. There are many evidence-based suicide prevention trainings available for service providers, behavioral health practitioners, and community members. Some providers in the county already offer these trainings. This strategic aim includes coordinating these local efforts, strengthening coordination across trainers and settings, and expanding offerings as needed.

Training that is available for gatekeepers and wider audiences of community members will equip Sonoma residents with the skills and knowledge to initiate conversations about suicide, to recognize the warning signs of suicide, and to provide initial support to those who may be contemplating suicide.

We envision a future where suicide prevention trainings are as common in workplaces and community settings as first aid trainings, where suicide prevention is routinely and regularly discussed in school and community settings, and where the right community members have the right training to provide help to their clients, loved ones, and fellow community members. A community trained to recognize the signs of suicide and offer knowledge of support services will significantly increase collective protective factors and the sense of connectedness.

Strategy 3: Provide culturally responsive, evidence-based and/or best practices suicide prevention trainings and education to Sonoma County residents.

Short-Term Goal:

By July 1, 2025, Sonoma will implement a comprehensive Suicide Prevention Training Plan.

Objectives:

3.1: Convene stakeholders with subject matter expertise to develop a culturally responsive Suicide Prevention Training Plan.

3.2: Develop a request for proposal and identify a contractor to implement and coordinate the training plan, which incorporates existing trainers and organizations providing trainings throughout Sonoma County.

3.3: Advocate for ongoing training and support for service providers on best practices for culturally competent suicide risk assessments, management, intervention, means safety, and ongoing care for individuals at risk of suicide.

Recommended Activities:

Form Training Subcommittee and identify lead via Request for Proposals (RFP):

- Map and identify existing evidence-based and best practice trainings
  - QPR
  - Mental Health First Aid
  - Youth Mental Health First Aid
  - Columbia Suicide Severity Rating Scale (C-SSRS)
  - Stanley-Brown Safety Plan
  - Risk Assessment
  - Counseling on Access to Lethal Means
- Map and identify existing trainers and training resources and needs
- Identify trainings to address populations disproportionately impacted by suicide
- Develop and facilitate collaborative of trainers; includes incorporating suicide prevention trainings being conducted by organizations in the County.
- Train agencies, organizations, businesses, family members, and community members that work with groups disproportionately affected by suicide (as prioritized by data) to recognize signs of suicide, utilize means safety strategies, and appropriately intervene.

Potential Partners:

- Life Worth Living (LWL) Alliance
- Training Providers:
    - NAMI (National Alliance on Mental Illness) Sonoma County
    - Sonoma County Office of Education
    - Behavioral Health Division
    - Veterans Administration
    - SRJC
    - Buckelew
    - Kaiser
- Key Settings or Partners to Participate In Trainings:
    - Sonoma State University

Potential Performance Measures:

- Number of individuals trained
- Pre- and post- training questionnaires re: change in knowledge of warning signs
- Survey measuring community awareness of suicide prevention resources.

Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Suicide prevention efforts often focus on why people attempt suicide and aim to reduce suicidal thoughts and attempts. However, how a person attempts suicide—in particular, the method used—can determine whether those individual lives or dies.

Suicidal behavior is often method-specific, and a person's choice of means is driven by multiple factors. These factors are critical because crises involving suicidal behavior tend to be short-term and transient and are characterized by ambivalence about the wish to die or stay alive. Reducing access to lethal means has proven to be one of the most effective and evidence-based strategies for suicide prevention. The Harvard T.H. Chan School of Public Health's Means Matter campaign emphasizes the six key points of understanding why means reduction efforts important:

- **Many suicide attempts occur with little planning during a short-term crisis**. While some suicides are the result of deliberate planning, many people who attempt or die by suicide decide to do so in an hour or less of consideration. Reducing access to common lethal means can deter some individuals from impulsive suicidal self-directed violence.

- **Intent alone does not determine whether or not an attempt will be lethal; means also matter**. Reducing easy access to highly lethal methods of suicide can save lives, especially among individuals with a high intent to die by suicide during brief episodes.

- **90% of people who make a suicide attempt will not go on to die by suicide in their lifetime**[48]. The high rate of long-term survival among survivors of a suicide attempt support the understanding that many suicidal crises are short-lived, even if there are underlying, longer-term factors behind shorter-term crises

- **Access to firearms is a risk factor for suicide**. Scientifically validated studies have unilaterally demonstrated that access to firearms is associated with increased suicide risk in the United States

- **Reducing access to lethal means saves lives**. Research demonstrates the effectiveness of efforts in lethal means reduction, in the United States and internationally. Combined with

practices that reduce the likelihood that individuals experience behavioral health crises, lethal means reduction is critical to preventing suicide.

Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Short-Term Goal:

By July 1, 2026, there will be a 30% increase of community member awareness about means safety.

Objectives:

4.1: Establish a Means Safety Implementation Workgroup to partner with stakeholders in key community settings and implement strategies.

4.2: Develop and utilize means safety messaging campaigns and distribute practical tools and resources to empower community members.

Recommended Activities:

- Review data to inform efforts.
- Consult with key stakeholders to map existing activities
- Distribution of personal safes, cable/trigger locks, and other practical tools
- Public campaigns for means safety messaging
- Identify and promote existing means safety training

Potential Partners:

- Firearm ownership associations and retailers
- Pharmacists
- Opioid or SA/SUDS providers or coalitions
- Law enforcement
- Hospitals and Health Care organizations
- Veterans Administration
- Vet Connect
- Professional mental health associations

Potential Performance Measures:

- Number of lockboxes distributed.
- Number of individuals trained in Counseling on Access to Lethal Means

Strategy 5: Assist behavioral health care settings to develop uniform procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Screening tools can identify people at risk for suicide, warning signs, risks, and appropriate interventions. Crisis and support services can assist with assessing suicide risk and connection to available services that benefit the diverse range of people in need of help.

The Columbia-Suicide Severity Rating Scale (C-SSRS) along with the Stanley and Brown Safety Planning Intervention prioritize evaluation of the intensity of suicidal ideation as well as evaluation of suicidal behavior.

The greatest utility of a safety plan is connecting individuals to community support and care providers in the least restrictive setting.

These tools used in combination are considered best practices. The tools utilize a person-centered, collaborative, and transparent approach. Therefore the Alliance advocates for the adoption of the C-SSRS and Stanley Brown Safety Planning Intervention in behavioral health and community settings.

Learn more about the Columbia Suicide Severity Rating Scale and Safety Planning Intervention by visiting https://cssrs.columbia.edu/ and https://suicidesafetyplan.com/.

Strategy 5: Assist behavioral health care settings to develop uniform procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Short-Term Goal:

Survey and assess the use of the CSSRS and Stanley and Brown Safety Plan in behavioral health settings throughout Sonoma County by July 1, 2025.

Objectives:

5.1: Map and evaluate the continuum of crisis services available through private and public resources and identify strengths and gaps.

5.2: Promote the use of best practices in suicide risk assessment and management for those who screen positive for risk in health, behavioral health, education, and criminal justice settings.

5.3: Promote clear methods of collaboration and communication between crisis service providers and other systems of care.

Recommended Activities

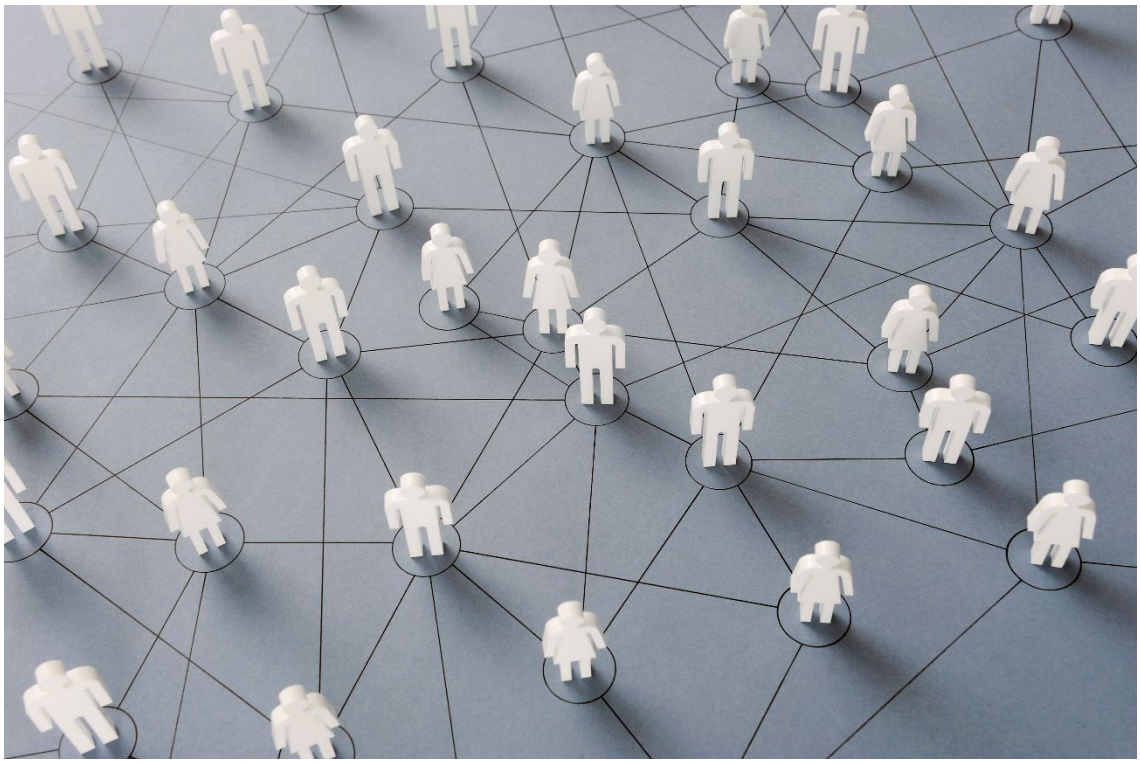
- Survey, System Resources
- Disseminate information on available crisis services resources to health, and behavioral healthcare partners.
- Convene crisis service providers regularly to share information, build collaboration, and identify/address gaps.
- MOUs or other information-sharing agreements
- Provide or support training on the Columbia Suicide Severity Rating Scale (C-SSRS), Stanley Brown Safety Plan, and other evidence-based tools.

Potential Partners:

- Behavioral Health
- Hospitals
- Community Clinics
- Crisis Stabilization Unit
- Mobile Crisis Support Teams
- Redwood Empire Association of Marriage and Family Therapists
- Redwood Empire - National Association of Social Workers
- Redwood Psychological Association
- Sonoma State - Nursing and MH MA Programs

Potential Performance Measures:

- Number of individuals enrolled in trainings on using the CSSRS and Stanley and Brown Safety Plan
- Number of individuals that successfully completed the CSSRS and Stanley and Brown Safety Plan training
- Percentage of individuals that reported confidence in using the CSSRS and Stanley and Brown Safety Plan following the training



Strategy 6: Promote effective suicide-related care and follow-up supports for individuals after a suicidal crisis.

Best practices research indicates that implementing "bridge" or "transition" services within and between service providers and clinics can significantly increase the likelihood that a patient will link to outpatient care.

Ideally timely services and supports are available to people experiencing suicidal behavior, especially attempted suicides. Behavioral health and substance providers need to be equipped to help those at risk and trained to deliver care that reflects best practices. For example, low-cost, high-impact post hospitalization postcards and referral services are effective strategies for preventing future suicidal behavior and must be a standard component of aftercare following hospital or emergency department discharge.

Strategy 6: Promote effective suicide-related care and follow-up supports for individuals at high risk and their families.
Short-Term Goal: Develop resources to support individuals after a suicidal crisis by July 1, 2026.
Objectives: 6.1: Include information, education, and training resources on best practices for supporting an individual at high risk of suicide in the online resource map 6.2: Promote safe behavioral health discharge practices and transition of care for individuals at high risk of suicide and their loved ones. 6.3 Establish a postcard distribution project for individuals following a suicidal crisis
Recommended Activities: • Identify and create resources to support individuals after a suicidal crisis. • Advocate conducting warm hand-offs when a client is transitioning between providers. • Create content for postcards to send to individuals following a suicidal crisis.

Potential Partners:

- Inpatient and outpatient physical health and behavioral health providers
- Schools, Colleges, and Universities
- Faith based communities

Potential Performance Measures:

- Number of hospitals, clinics, and providers that implement standardized follow-up contact procedures.
- Number of clients who were sent caring postcards following discharge.
- Number of schools that implement standard reentry protocols for returning students

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

It can be traumatic for Individuals who experience a loved one's death by suicide. In addition to grief stemming from the loss, survivors of suicide loss frequently experience complicated emotions, including shame, guilt, anger, resentment, loss, and sadness. For many, the first few weeks and months after a death are filled with details and practical considerations. The deeper impacts may not be felt for months, or even years. Long term suicide loss survivors report intermittent and recurring periods of worsening grief.

It is estimated that approximately 50% of people will experience a suicide loss at some point in their life. Supportive interventions conducted after a suicide, also known as postvention, can reduce negative effects of exposure to suicide and facilitate the process of healing from a suicide loss.

Postvention 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 promote healing and support to individuals, groups and communities impacted by a suicide death. Many suicide loss

survivors benefit from connecting with others who have experienced a suicide loss to share strategies for coping and healing.

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

Short-Term Target: Develop LOSS outreach materials (for referral by providers) and packet of support resources for survivors and distribute to community providers by 2025.

Objectives:

7.1: Identify resources to support survivors of suicide loss in healing and finding support.
7.2: Raise awareness of and promote access to existing loss survivor supports.
7.3: Create opportunities for connection and healing amongst loss survivors.

Recommended Activities

- Map out existing grief and suicide loss support resources.
- Host one annual event in November to raise awareness regarding suicide loss.
- Develop and distribute culturally responsive bereavement resources.
- Promote community postvention planning in key community settings.

Potential Partners:

- Peers/those with lived experience of suicide loss
- Sheriff's Office, Coroners Office, Law Enforcement Chaplaincy (unexpected tragedy)
- Bay Area Chapter American Foundation of Suicide Prevention
- First responders
- Funeral directors
- Faith-based communities
- Buckelew - Survivors of Suicide (SOS) online
- NAMI (National Alliance on Mental Illness)
- Behavioral Health provider organizations
- Sonoma County Resiliency Collaborative
- County Office of Education

Potential Performance Measures:

- Suicide loss support resources distributed
- Number of people who attend survivor support meetings or events
- Number of individuals receiving supportive services for processing suicide loss

From Planning to Implementation

Creating a strategic plan results in change when the strategies, objectives, and goals in the plan are implemented, evaluated, and adapted over time to meet the shifting needs of the community. Success depends on supportive partnerships with and active participation from a wide range of individuals, agencies, and organizations.

Following the adoption of the Sonoma County Suicide Prevention Strategic Plan, the Life Worth Living: Sonoma County Suicide Prevention Alliance, along with Sonoma County Behavioral Health and community partners, will use an implementation framework to develop action plans and next steps for each area, as well as to refine how progress and success will be measured and reported in each Annual Report.

If you are interested in getting involved or would like more information, please contact: Life-Worth-Living-Suicide-Prevention@sonoma-county.org

Members of the Alliance sharing a meal, successes, and ideas at the December 2023 Potluck.

With Gratitude

Thank you to our Suicide Prevention Alliance membership for your compassion, dedication, and care in creating this plan to guide and support our local activities.

At the time of publish, these individuals represented the membership of the Life Worth Living: Sonoma County Suicide Prevention Alliance:

Name	Organization/Representation
Alethea Larson	The Living Room, unhoused
Ali Soto	Sonoma County Office of Education, Transition Age Youth
Amanda Lopez	Veterans Affairs
April Reza	Sonoma County Office of Education, Transition Age Youth
Carly Memoli	Consultant
Christina Nihil	Buckelew, Suicide Prevention
Citlaly Martinez	Humanidad
Cristian Gutierrez	Latino Service Providers
Deepali Sansi	Buckelew, Suicide Prevention
Erika Klohe	Provider, Buckelew, lived experience, family member
Fabiola Espinosa	MHSA Analyst, family member
Fletcher Skerrett	Law Enforcement
Gabriel Kaplan	Public Health
Imelda Vera	Humanidad
Jan Cobaleda-Kegler	Behavioral Health Division Director
Jeane Erlenborn	Santa Rosa Junior College, Transition Age Youth
Jenny Mercado	Department of Health Services, Epidemiology
Juan Torres	Humanidad, provider
Justin Haugen	Law Enforcement, Coroner's Office
Katie Bivin	Behavioral Health School Based Program and Medication Support Manager, youth
Leslie Petersen	Hanna Center
Lisa Nosal	Cultural Responsiveness, Inclusion & Training Coordinator
Marikarmen Reyes	Family member
Mary Champion	Sonoma County Office of Education
Mary-Francis Walsh	NAMI, family member
Meghan Murphy	Buckelew, Family Services Coordination
Melissa Ladrech	MHSA Coordinator, family member

Michael Johnson	Mental Health Board, lived experience
Michael Reynolds	West County Community Services, lived experience
Michael Schemmel	Law Enforcement, Coroner's Office
Rebekah Pope	Sonoma County Office of Education
Sandra Black	Consultant
Sarahi Hernandez	Latino Service Providers
Shelly Niesen-Jones	Kaiser, healthcare, provider
Shriya Ambre	Buckelew, Suicide Prevention
Steve Diamond	Buckelew, Suicide Prevention
Susan Standen	Peer at large, lived experience

The Sonoma County Suicide Prevention Strategic Plan Workgroup

We would also take this opportunity to highlight the Strategic Plan Workgroup that diligently and tirelessly drafted the Strategic Plan with input and feedback from the Alliance.

Name	Organization
Carly Memoli	Consultant, Striving for Zero Learning Collaborative
Fabiola Espinosa	Sonoma County Department of Health Services, Behavioral Health Division
Mary Champion	Sonoma County Office of Education
Mary-Francis Walsh	NAMI
Melissa Ladrech	Sonoma County Department of Health Services, Behavioral Health Division
Michael Reynolds	West County Community Services
Rebekah Pope	Sonoma County Office of Education
Shelly Niesen-Jones	Kaiser

APPENDIX A – GUIDING DOCUMENTS AND REPORTS

The following resources include recommendations and resources to support communities in creating and using strategic plans and cooperative efforts for suicide prevention. The Life Worth Living: Sonoma County Suicide Prevention Alliance referred to many of these in the creation of this plan.

Transforming Communities: Key elements for the implementation of comprehensive community-based suicide prevention published by the National Action Alliance for Suicide Prevention:
www.theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf

National Guidelines for Child and Youth Behavioral Health Crisis Care:
https://store.samhsa.gov/product/national-guidelines-child-and-youth-behavioral-health-crisis care/pep22-01-02-001

Preventing Suicide: A Technical Package of Policy, Programs, and Practices:
www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf

Striving for Zero, California's Strategic Plan for Suicide Prevention – Mental Health Services Oversight and Accountability Commission:
https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Striving for Zero Learning Collaborative Resource Page:
https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/

National Action Alliance for Suicide Prevention: https://theactionalliance.org/

The 2018 CDC Vital Signs report: www.cdc.gov/vitalsigns/suicide/index.html

https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20pri nting%202019_08_16%20(1).pdf

Community Readiness Manual on Suicide Prevention in Native Communities:
https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.1 4.pdf

Know the Signs – California Mental Health Service Authority:
https://www.suicideispreventable.org/

Roadmap to the Ideal Crisis System: https://www.thenationalcouncil.org/wp content/uploads/2022/02/042721_GAP_CrisisReport.pdf

One Size Does Not Fit All: Making Suicide Prevention and Interventions Equitable for Diverse Communities:
https://www.suicideispreventable.org/events.php

Community Program Planning Listening Session Report 2023

Crisis Now: https://crisisnow.com/

CIT-Crisis Intervention International