



Suicide Prevention Oversight Committee (SPOC)

5/20/2011

Agenda

Suicide Prevention Activities

Information

Data Workgroup

Information

Intervention Workgroup

Action

Policy & Governance
Workgroup

Action

Communications Workgroup

Action

Current Efforts

- PEI P5
 - State changes
 - SPC staffing changes
 - 5/24/11 Present P5 to BOS for approval
 - 6/1/11 Submitting to State for approval
 - Funds available, waiting to learn of next steps from State
- SAMHSA's SP Toolkit for Nursing Homes released and available
- Gatekeeper Trainings update
- Community Awareness

Data Workgroup: Update

- Members submitting available data points to SPC
- Next meeting goal:
 - Agree on baseline data
 - Review current data collected
- Coroner's Office data: ME team met with SPC team to work on providing data



Intervention Workgroup



Intervention Workgroup

Purpose:

- Create a comprehensive community suicide prevention & intervention services inventory
- Enhance current suicide prevention & intervention services

Intervention Workgroup

Strategy One - Intervention	
<i>Implement and coordinate suicide prevention and intervention programs and services for targeted high risk populations</i>	
Resource Inventory, Prioritizing recommendations	Compile available resources, identify service gaps
	Prioritize what will be implemented and research costs
	Develop process and performance metrics for adopted strategies
Enhance Current Services	SACS: Expand services, Single phone number (done), evaluate pros and cons of accreditation
Local Advocacy	Increased number of Crisis Intervention Team (CIT) trained officers (Rec. remain in POLICY, remove from Intervention)

Intervention Workgroup- Cont.

Promote and Leverage Existing Services	Self-Help Centers, Mental Health Urgent Care (MHUC), Golden Gateway
	Ethnic and Cultural Community Advisory Committees (ECCACs)
	New/Upcoming PEI projects
Offer New Services	Accessible, affordable & age-appropriate crisis support
	Post 5150 episode care
	Engage youth in public service
	School-based, culturally relevant prevention, early intervention & intervention,
	New support groups, peer groups
	Gatekeeper training

Considerations

Options:

- How best to address specific groups' needs-
 - Agreed to maintain one standing meeting time to address the all groups' needs. Various examples of ensuring this focus were discussed
- Very large group of potential contributors, start with 20 -25



Community Education and Information Efforts

Community Education Efforts

- Broad Social Marketing campaigns prohibited with PEI funds
- Gatekeeper Trainings
 - ASIST Training
 - Universal Gatekeeper RFP update
- New SACS Hotline Number being widely disseminated. North County outdoor advertising campaign scheduled for FY 13 to promote new number.



Communications Practice Workgroup

Communication Practices Strategies

Community Education &
Information

Primary Role of Communications Workgroup

- Oversee all communication projects and activities related to suicide prevention
- Oversee development and selection of paradigm-changing Suicide Prevention messaging
- Educate Media to more effective reporting on SP
- Oversee Community Education & Information Campaign

Communications Practices Workgroup

Communications Practices: Strategy 2 and 3

Oversee all communications projects, community education & information campaign, promote “best practices” to improve media coverage and public dialogue

Effective Messaging, Tools	Oversee all communications projects, including community education & information campaign
	Ensure suicide prevention is framed as a community public health issue
	Define paradigm-shifting messages
	Tailor messages for different target populations, i.e., language, age, etc.
	Create, replicate and implement a variety of tools to promote awareness of MH issues and suicide including multi-media and social networking sites.
	Explore feasibility of new PSA campaign or promote existing PSAs Recommend: Leverage existing and new Public Service Announcements (PSA) and broad social marketing efforts, including from AFSP, SAMHSA, etc.
	Educate local media about safer protocols
	County website: determine audience, objectives, method to promote
	Publicly recognize individuals who connect people at risk of suicide to resources

Communications Practices

Workgroup- cont.

Collaborate with Local Agencies & National Players	211, SACS, NAMI
	Existing grief & suicide support groups, non-profit agencies
	Local transportation agencies (VTA, Caltrain, others) for outreach to riders
	Schools, School districts
	Faith community
	Business leaders, organizations, government departments, non-profits
	Cultural groups
	Regional Collaboration (multi-county)
	Prevention oriented websites such as reachout.com, onyourmind.net
	Social networking companies
Inform, Educate, Train	Gatekeeper/other training for different target groups
	Train faith leaders to recognize & address signs of elder abuse, self harm, depression
	Listening campaigns

Considerations

Options:

- Invite members from various groups identified in Collaborate with Local Agencies to assist in developing outcomes
- Broad Social Marketing efforts are barred from being funded by PEI P5 funds. State MHSA contracts are creating a SP PSA campaign.
- Two cornerstones: community involvement & suicide is a preventable public health issue



Policy & Governance Effort/ Workgroup

Policy & Governance

Purpose/ Goals

- Increase number of agencies adopting SP policies
- Increase number of cities that adopt SP policies and awareness activities
- Advocate for greater SP awareness and policies within our County and beyond.

Policy & Governance Summary

Policy and Governance: Strategy 4

Implement policy and governance advocacy to promote systems change in suicide awareness and prevention

Local Advocacy	Increase public awareness of Suicide as a preventable public health issue
	Promote Suicide Safety Plans among “counselors” (ADD)
	Advocate for supportive, enabling policies and legislation
	With Police to expand Crisis Intervention Training (CIT) (Also in INT?)
	Track adoption of suicide prevention policy by <ul style="list-style-type: none"> • school districts • Municipalities/cities (ADD) • Government agencies • nursing homes (ADD) • Businesses (ADD)
Advocacy at National or State Level	Funding for National Violent Death Reporting System, Depression Centers of Excellence
Collaboration with State	Leverage CalMHSA regarding <ul style="list-style-type: none"> • Student Mental Health Initiative • State suicide prevention efforts & programs • Ethnic specific programs

Policy & Governance- cont.

Policy and Governance: Strategy 4

Implement policy and governance advocacy to promote systems change in suicide awareness and prevention

Recent Gains

Mental Health Parity & Health Care Reform

SCC Coroner's Office annual reports

Revamped training for involuntary SP holds—5150/ 5250

Sharing our plan with the National Association of Counties conference

Public Health Dept (PHD) adopted prevention of suicide as a strategic priority

In discussion with CANHR re: promoting adoption of SAMHSA's Tool Kit for SP in residential communities

Stanford Geriatric Education Center now incorporates training on suicide safety plans when training clinicians in CBT

Considerations

Options:

- Structure: Ad hoc “workgroup”

Contact

Elena Tindall

Suicide Prevention Coordinator for Santa Clara County

Ph: (408)793-5843 Elena.Tindall@hhs.sccgov.org

Or

Anita Jhunjhunwala Mukherjee

Suicide Prevention Associate Santa Clara County

Ph: (408) 793-5864

Anita.Mukherjee@hhs.sccgov.org

Need Help?

Suicide & Crisis Hotline

1-855-278-4204

Toll-Free

24 hours/ 7 days

We Care

