



# Suicide Prevention Oversight Committee (SPOC)

3/11/2011



# Agenda

- Introductions
- Update on Status of PEI P5
- Define Governance Issues
- Discuss Data and Intervention Workgroups and Timelines

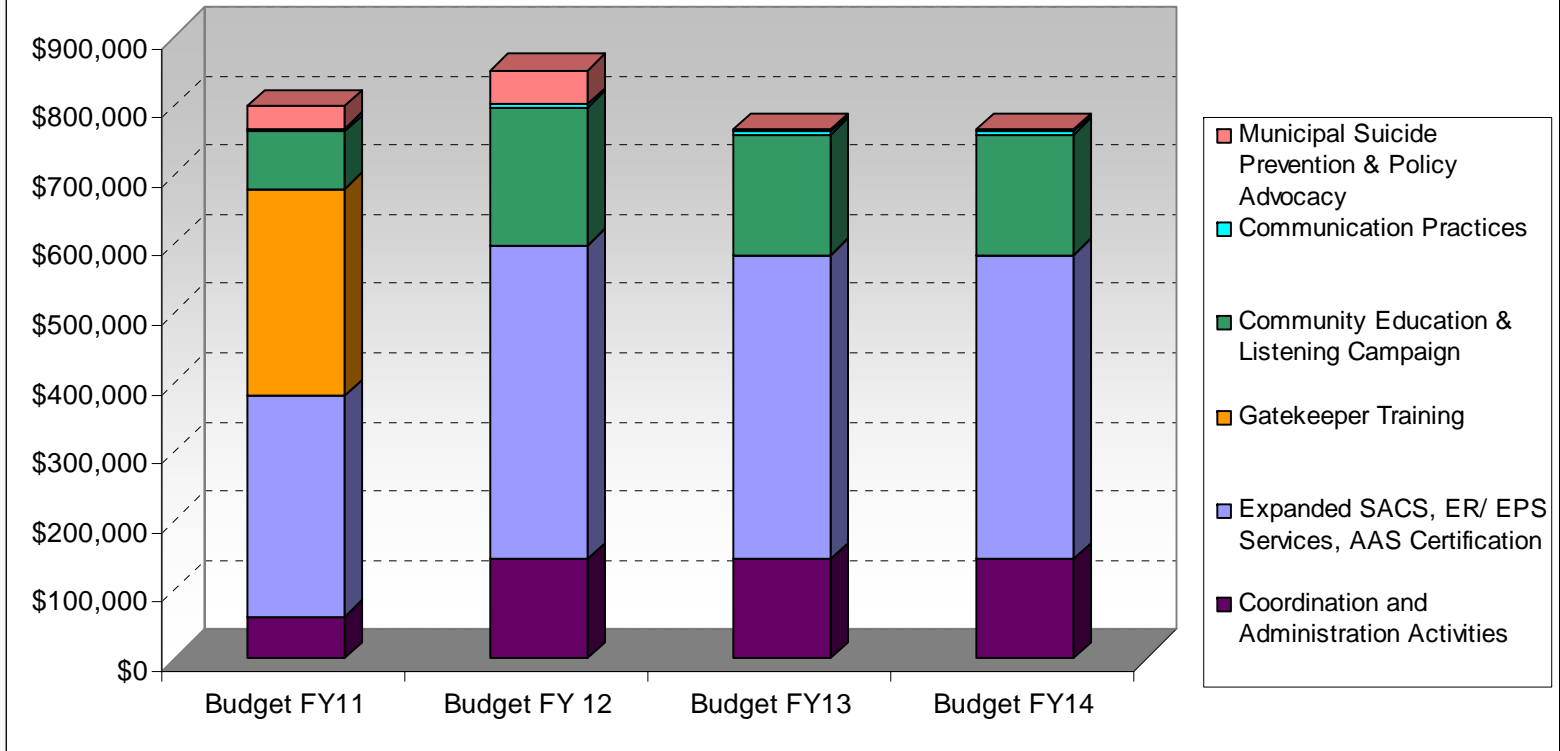


# Introductions

- Name
- Reason you're here
- What can you contribute?

# P5 Budget Distribution Overview

## Suicide Prevention Budget by Fiscal Year





# Presenting P5 to the Public

- 1/18/11-SPOC
- 3/4/11- Stakeholders Leadership Committee
- 3/10/11- Mental Health Board (MHB) Family, Adolescent & Children's Committee
- 3/14/11- MHB
- 3/15/11- MHB-Minority Advisory Committee
- 5/11/11- Board of Supervisors (BOS)- Health & Hospital Committee as part of MHSA Annual Update, and 30 day posting of plan
- 6/2011- Submit P5 to State for approval
- 7-8/2011- State to approve/ deny PEI P5



# Governance



# Primary Role of Oversight Committee

- Ensure faithful implementation of SPSP
- Oversee progress of workgroups
- Evaluate suicide prevention efforts
- Work closely with Mental Health Department (MHD), the lead agency, in an advisory capacity
  - Prepare bi-annual progress reports to the BOS Health and Hospital Committee (HHC)
- Identify means to ensure independent financing of these efforts long-term

# Oversight Committee

## Suicide Prevention Oversight Committee (SPOC)

	<b>Recommendation/Task</b>	<b>Status</b>
	Advise the Board of Supervisors (BOS) on the implementation of the Plan <ul style="list-style-type: none"><li>• prepare semi-annual progress reports to BOS Health and Hospital Committee (HHC)</li></ul>	
	<b>ADD:</b> Monitor progress of different workgroups	This functionality was with the DATA workgroup in the plan





# Decision-Making Process

Options:

- Majority Rule
- 1 to 5

Most decisions to be made during meeting.  
When not possible, then conduct email  
vote/ input process.

# Meeting Outcomes

## Suicide Prevention Oversight Committee Meeting Outcomes

January 2011	<ul style="list-style-type: none"> <li>• Scope of Work, and Oversight Committee function agreed to and defined</li> <li>• P5 program outline</li> <li>• P5 budget defined</li> <li>• Defined meeting times and calendar</li> </ul>
March	<ul style="list-style-type: none"> <li>• Final discussions on P5</li> <li>• Confirmed SPOC meeting Outcomes</li> <li>• Discussed Governance process, Member roles</li> <li>• Announced report needed for first HHC meeting (May 2011), BOS Meeting (June 2011)</li> <li>• Introduced 2 or 3 workgroups. For each               <ol style="list-style-type: none"> <li>a. Work-scope/agenda</li> <li>b. Identified Chair</li> <li>c. Discussed SPOC member organization participation</li> <li>d. Took inputs on potential workgroup members</li> </ol> </li> </ul> <p>Informed timeline for workgroups: 1<sup>st</sup> meeting between March and June 2011</p>
May	<ul style="list-style-type: none"> <li>• Informed about P5 status (MHB, SLC etc)</li> <li>• Reported on workgroups that already met</li> <li>• Provided update on status of other workgroups</li> <li>• Introduced balance workgroups</li> <li>• Reviewed timeline and meeting outcomes for workgroups</li> <li>• Discussed report for first HHC meeting (May 2011), BOS Meeting (June 2011)</li> <li>• Introduced World Suicide Prevention (WSP) Day (10 September) and Mental Health Awareness Week (1<sup>st</sup> week of October)</li> </ul>
July	<ul style="list-style-type: none"> <li>• Informed about status of PEI P5 (expected 7/2011)</li> <li>• Discussed final report sent to BOS in June 2011</li> <li>• Reported on each workgroup status, subcommittees, tasks</li> <li>• Discussed activities for WSP day/MH awareness week</li> <li>• Updated on Listening Campaigns</li> </ul>
September	<ul style="list-style-type: none"> <li>• Reported on P5 status (expected 7/2011)</li> <li>• Reported on WSP day</li> <li>• Reported on Status/updates from each workgroup</li> <li>• Discussed annual report HHC (11/2011) &amp; BOS (12/2011): updates received from workgroups</li> <li>• Recommendations, if any, for each workgroup discussed</li> </ul>



# Suicide Prevention Website

## Purpose/ Use

- Convey completed tasks?
- Provide a storage of our meeting documents?
- Other?



# Workgroups

# Suicide Prevention Workgroups: Timeline

March/April 2011	May/June 2011	July/August 2011	Sept/Oct 2011	Nov/Dec 2011	Jan/Feb 2012
<p><u>First meeting of Data &amp; possibly Intervention Workgroups (WG)</u></p>	<p><u>Data &amp; Intervention WGs</u> Tasks prioritize &amp; assigned. Workplans defined</p> <p><u>Organize and begin Policy &amp; Governance; &amp; Communications WG</u></p> <p><u>Provide updates to SPOC</u></p>	<p><u>Prepare first Annual report for BOS (12/2011) including available metrics</u></p> <p><u>All WGs have tasks &amp; workplans defined</u></p>	<p><u>Finalize first biannual status report for WG</u></p> <p><u>World Suicide Prevention Day activities report</u></p>	<p><u>Discuss feedback from first Annual report.</u></p> <p><u>Adjust priorities, as needed</u></p>	<p><u>Continue with defined workplans</u></p>
<p><b>Updates on progress and Listening Campaigns throughout</b></p>					



# Data Workgroup

## Purpose:

- Identify data needed to accurately monitor the number of suicide deaths.
- Identify agencies that can provide data and promote participation
- Analyze and interpret data collected to identify leading causes of suicide

# Data Workgroup

## Data Collection & Monitoring: Strategy 5

*Increase the scope and availability of suicide-related data*

*Evaluate suicide prevention efforts*

<b>Identify and Collaborate</b>	Identify data needed to accurately monitor the number of suicide deaths.
	Identify agencies that can provide data
<b>Analyze and Interpret</b>	Analyze and interpret data collected to identify leading causes of suicide
	Create psychological profiles of people at risk, prepare annual report (Sylvia Gallegos requested PHD to report on adult suicide death review panel)
<b>Resource Inventory, Monitoring</b>	<b>Develop and maintain a current database of academic articles, data, and other resources on suicide</b>
	<b>Inventory existing social and medical service centers to determine gaps and best practices in the mental health system</b>
	<b>Monitor youth oriented websites, outreach efforts</b>



# Data Workgroup

Vic Ojakian
Mental Health Department- Decision Support
Santa Clara County Medical Examiner-Coroner Office
County Public Health Department
SACS
Law Enforcement Liaison for South County
Palo Alto VA
Stanford/Lucille Packard
Valley Medical Center
Kaiser Permanente
Parole
Juvenile Hall, San Jose



# Intervention Workgroup

## Strategy One - Intervention

*Implement and coordinate suicide prevention and intervention programs and services for targeted high risk populations*

<b>Resource Inventory, Prioritizing recommendations</b>	Compile available resources, identify service gaps
	Prioritize what will be implemented and research costs
	Develop process and performance metrics for adopted strategies
	Convene subcommittee for each age group
<b>Enhance Current Services</b>	Evaluate if SACS should be accredited, Expand services, Single phone number
	Age-appropriate crisis hotline
	Mobile crisis unit for children: expand
<b>Promote and Leverage Existing Services</b>	Self-Help Centers, Mental Health Urgent Care (MHUC), Golden Gateway
	Ethnic and Cultural Community Advisory Committees (ECCACs)
	New/Upcoming county projects including Integrating Behavioral Health Services (IBHS) in Primary Care, services for homebound seniors, Project 3- PEI for Early Onset Psychosis, Services for New Refugees, P2 Stressed families
<b>Offer New Services</b>	Accessible, affordable & age-appropriate crisis support, Consultation support to primary care providers
	Post 5150 episode care
	Mobile Crisis unit for adults
	School-based, culturally relevant intervention, Engaging youth in public service
	New support groups, peer groups, CBT & other techniques
	Gatekeeper training
<b>Local Advocacy</b>	With Police to expand Crisis Intervention Training (CIT)

# Intervention Workgroup

Intervention Committee	
Activity	Target
	Vic Ojakian
	MHB
	Mary Ojakian
Enhance current services/Offer New Services	SACS
	VMC Emergency Psychiatric Services/ Urgent Care
Resource Inventory/Offer New Services	El Camino Hospital, Behavioral Health Services
Offer New Services	Homeless
	Expertise with Innovative SP programs in educational settings
	Peer mentoring: SA survivor
	Peer mentoring: SOS
	Spiritual Leaders

Intervention Committee	
Activity	Target
Promote/Enhance Existing programs	Golden Gateway
	EMQ
Promote and Leverage	DADS
	Jail/Prison population
	Juvenile Hall Mental Health
	AMHCA:Community Solutions
	University/GLBTQ
	GLBTQ:Outlet Program
	GLBTQ:Pflag
	Stanford /Heard Alliance
	Kaiser Permanente
	Palo Alto Veterans Admin
San Jose City College	



# Contact

Elena Tindall

Suicide Prevention Coordinator for Santa Clara County

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

Or

Anita Jhunjhunwala Mukherjee

Suicide Prevention Associate Santa Clara County

Ph: (408) 793-5864

[Anita.Mukherjee@hhs.sccgov.org](mailto:Anita.Mukherjee@hhs.sccgov.org)

# **Need Help?**

## **Suicide & Crisis Hotline**

# **1-855-278-4204**

## **Toll-Free**

### **24 hours/ 7 days**

# **We Care**

