SUICIDE PREVENTION STRATEGIC PLAN UPDATE

solano county

2021

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Special Acknowledgements

In 2017 Solano County Behavioral Health (SCBH), in partnership with the Solano Suicide Prevention Committee developed the first county-wide *Suicide Prevention Strategic Plan* which was intended to be a guide for suicide prevention efforts for both public and private sectors in Solano County. Recently SCBH, selected committee members, SCBH staff and a consultant organized and facilitated a comprehensive community program planning (CPP) process which included community forums, focus groups and key informant interviews in order to update the countywide Plan. To the individuals that played a key role in the CPP process and the writing of the Plan Update, thank you so much for your dedication to this cause and for your tenacity during this process. Your input and collaborative spirit have made this process possible.

Alyssum Maguire
Project Manager
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Member

Alisha Rodriguez, BA
Consultant
IDEA Consulting

Alyssa Chapman, BA
Consultant
IDEA Consulting

Barbara Gervase
Executive Director
Kyle Hyland Teen Center
Family Survivor
Suicide Prevention Committee Member

Cerrene Cervantes, Ph.D.
Executive Director (former)
NAMI Solano Chapter
Suicide Prevention Committee Member (former)

Charlene Noveras
Project Manager
Solano County Behavioral Health
Mental Health Services Act Unit

Christine Lam, LMFT
Mental Health Clinician
Solano County Behavioral Health
Mental Health Services Act Unit

Eric Sheets, LMFT
Clinical Supervisor
Solano County Behavioral Health
Children's Outpatient Fairfield & Vacaville

Eugene Durrah, LCSW
Clinical Supervisor & Ethnic Services Coordinator
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Member

HsiuChen Liao, LMFT
Mental Health Clinician
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Member (former)

Jacqueline Torrecampo, LMFT
Mental Health Clinician
Solano County Behavioral Health
Mental Health Services Act Unit

Jamey Eells-Booth
Youth Coordinator
Solano Pride Center
Suicide Prevention Committee Member

Joanna Guillot
Consultant
IDEA Consultant

Joecilla San Nicolas
Office Assistant III
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Member

Jonathan Mazer
Lieutenant
Solano County Sheriff's Office
Coroner's Office Manager (former)
Suicide Prevention Committee Member

Julia Minori, BA
Consultant
IDEA Consulting

Kaela Ahad
Transition Age Youth
Suicide Prevention Committee Member

Kerry Ahearn, LCSW
Chief Executive Officer
Aldea Children & Family Services
Suicide Prevention Committee Member

Kristian Skillman, LMFT
Clinical Services Supervisor
Solano County Office of Education (SCOE)
Suicide Prevention Committee Member

Linyu Solis, LCSW
Consultant
IDEA Consulting

Lisa Singh
Office Assistant II
Solano County Behavioral Health
Mental Health Services Act Unit

Lorena Perswain, LMFT
Mental Health Clinician, Family Liaison
Solano County Behavioral Health
Wellness & Recovery Unit
Suicide Prevention Committee Member

Meredith Webb, LMFT
Director of Clinical Services
Solano County Office of Education (SCOE)
Suicide Prevention Committee Member

Nancy Callahan, Ph.D.
Consultant
IDEA Consulting

Nancy Morataya
Accounting Clerk
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Member

Ofelia Ramirez, LMFT
Mental Health Clinician
Solano County Behavioral Health
Mental Health Services Act Unit

Rob George, LCSW
Senior Mental Health Services Manager
Solano County Behavioral Health
Quality Improvement Unit, Access & Managed Care

Sandra Bolden
Peer Support Specialist
Solano County Behavioral Health
Adult Integrated Care Clinic - Fairfield
Suicide Prevention Committee Member

Tracy Lacey, LMFT
Senior Mental Health Services Manager
Solano County Behavioral Health
Mental Health Services Act Unit
Suicide Prevention Committee Chair

Suicide Prevention Committee Members

Alyssum Maguire
Solano County Behavioral Health

Andra Rogers
Solano County Sheriff's Office

Angel Cortes
Transition Age Youth Voice

Barbara Gervase
Kyle Hyland Teen Center

Cerrene Cervantes, Ph.D.
NAMI Solano Chapter

Eugene Durrah, LCSW
Solano County Behavioral Health

Heidi Biber
Solano County Behavioral Health

Jacqulyn Holley-Young
Solano County Public Health

Jamey Eells-Booth
Solano Pride Center

Janelle Rose
A Better Way

Joecilla San Nicolas
Solano County Behavioral Health

Jonathan Mazer
Solano County Sheriff's Office

Kaela Ahad
Transition Age Youth Voice

Kerry Ahearn, LCSW
Aldea Children & Family Services

Kristian Skillman, LMFT
Solano County Office of Education

Lynn Hoyle
Kyle Hyland Foundation

Lorena Perswain, LMFT
Solano County Behavioral Health

Maria Gonzales
Solano County Health Services

Mayra Montano
Vacaville Unified School District

Meredith Webb, LMFT
Solano County Office of Education

Nancy Morataya
Solano County Behavioral Health

Nicola Parr
Solano County Office of Education

Phil Lockwood
Living Hope Church

Roanne Deguia, LMFT
Private Practice Provider

Sandra Bolden
Solano County Behavioral Health

Sandy Apodaca
Touro University Drug Safe Solano

Sharoll Johnson
Emmanuel Temple Apostolic Church

Tracee Stacy
Choice in Aging

Tracy Lacey, LMFT
Solano County Behavioral Health

Yolanda Nunez-Bonomo, LCSW
NorthBay Healthcare

Community Forum, Focus Group and Key Informant Interview Participants

We would like to express our sincerest appreciation and gratitude to the community members and partners who attended the community forums; participated in focus groups and key informant interviews; and partners who shared their personal stories of being impacted by suicide. Your input was invaluable.

Ana Maria Parra
Ana Soto
Ana Vargas
Andra Rogers
Annette
Barbara Gervase
Barbara Gervase
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Catherine Reynolds
Cathy Collins
Chandra LaStrappe
Claudia Rodriguez
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Davis Kennedy
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Esmeralda Liberato
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Gary L Hopkins
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Heather Walsh
Hilda Schraer
Janine Mozee
JD Hatchett
Jerry
Jessica Donohoe
Jessica Fleshman
Jessica Garcia
Jules Hatchett
Kacee Lynch
Kate Grammy
Katherine Rodriguez
Katie
Kevin Brown
Kevin Conyers
Kim DeOcampo
Kim Mora
Kimberly Noble
Kristian Skillman
Kristian Skillman
Kristine Reguera
Larae Bratcher
Latrice Simmons
Lisa U'Ren
Marc Perry
Mary Ann Buggs
Matt Bloesch
Maureen Mason-Muyco
Maureen Mason-Muyco
Mayra Montano
Melissa
Michael Lopez
Mike Greene
Natasha
Nate
Nestor Aliga
Nicholas (Nico) Webb
Nicole Luchessi
Olga Duran
Pam Norris
Patricia Weber
Paul
Phil Lockwood
Prince
Ramona Berardi
Rev. Shawin DuBois
Richard McCormick
Rosemarie Brown
Salim
Sandra Bolden
Shanti Croom
Shawin DuBois
Simon Desmarais-Zelba
Susan Whalen
Tammy Guidi
Tara Torok
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Tonia
Valerie Bailey
Victor Rachelle
Wendy Armas

Introduction

Dedication

This Plan is dedicated to all the residents of Solano County who have been touched by the issue of suicide, whether by death, suicide attempt, bereaved loved ones, or those providing care and support for individuals impacted by suicide. We believe that together we can make a difference and prevent the tragedy of suicide in our community.

Introduction

Death by suicide is a significant public health problem that is preventable through a coordinated community approach. It involves the tragic loss of life and agonizing grief and confusion for the families and communities affected. The impact of suicide is far reaching and is not limited to the immediate family but extends throughout communities and across generations. As a community, Solano County can make a difference and save lives by uniting and working collaboratively to increase awareness about mental health stigma and the warning signs of suicide to prevent the tragedy of suicide. There is no single cause of suicide. Suicide is a complex problem, resulting from one or more biological, psychological, environmental, social, and/or cultural factors.

The act of suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental condition[1]. Many factors can increase the risk of suicidal thoughts and behaviors, such as trauma, loss, mental illness, substance use, chronic health conditions, life stressors, isolation, and access to lethal means. Conversely, there are protective factors that can decrease the risk for suicide such as a strong support system, healthy coping skills, and cultural/spiritual beliefs.

The *Solano County Suicide Prevention Strategic Plan Update 2021* is intended to:

1. Increase awareness about suicide for the broader community.
2. Provide recommended strategies to prevent suicide deaths in Solano County.
3. Act as a guide for public and private entities to work collaboratively to address the issue of suicide.

OVERARCHING PLAN GOAL

Reduce suicide deaths by 5% in five years; 10% in ten years; and ultimately toward zero (0) suicide deaths.

The Plan calls for a comprehensive approach of promoting health and wellness in our community and was developed with stakeholder input – including youth and adult consumers, family members, providers from mental health, substance use and physical health, faith leaders, school personnel, first responders, etc. The Plan is intended to be used as a guide for public agencies, non-profits, County and private health care providers, schools, and individual community members to implement strategies to combat mental health stigma and reduce suicides through timely and effective responses.

The Plan outlines the role of the Suicide Prevention Committee and provides relevant County demographics before providing information related to risk factors, protective factors, and the warning signs of suicide. Suicide data related to the nation and the state is presented, in addition to the specific Solano County suicide data to increase awareness about how suicide impacts Solano residents including populations identified to be at higher risk for suicide. The Plan then outlines recommended strategies to address prevention, community collaboration, phases of treatment, postvention activities when there is a suicide death in our community, the use of social media, specific strategies for K-12 schools, Plan goals/objectives, Plan implementation/ evaluation and suicide prevention resources.

Plan Objectives

- Prevention through Knowledge
- Community Coordination and Interagency Collaboration
- Address Needs of At-Risk Communities of Focus
- Improve Prevention Efforts
- Increase Screenings
- Improve Crisis Services, Treatment, and Aftercare
- Improve Postvention
- Address Social Media and Educational Settings K-12
- Improve Data Collection

The *Solano County Suicide Prevention Strategic Plan Update 2021* is posted on the SCBH website at Solano County - Suicide Prevention.

Solano County Suicide Prevention Committee

The Solano County Suicide Prevention Committee is comprised of representatives from County agencies, community-based organizations, law enforcement, primary care, education, mental health consumers, and survivors and family members impacted by suicide.

Committee Mission

To inspire, equip, and mobilize all people in Solano County to work towards a stigma and suicide free community.

Committee Goals

- Prevent premature deaths due to suicide across the life span
- Reduce the rates of suicide attempts and other self-harm behaviors
- Improve access to resources
- Examine the available resources that can help reduce suicide rates in the county and the current system of care, identify areas of need and improve linkages between the general community and care providers
- Increase the visibility of services, particularly among at risk populations through outreach, marketing, and public relations
- Create opportunities for public and private partnerships with a shared mission of reducing suicide deaths in Solano County
- Increase prevention, intervention and postvention strategies

County Demographics

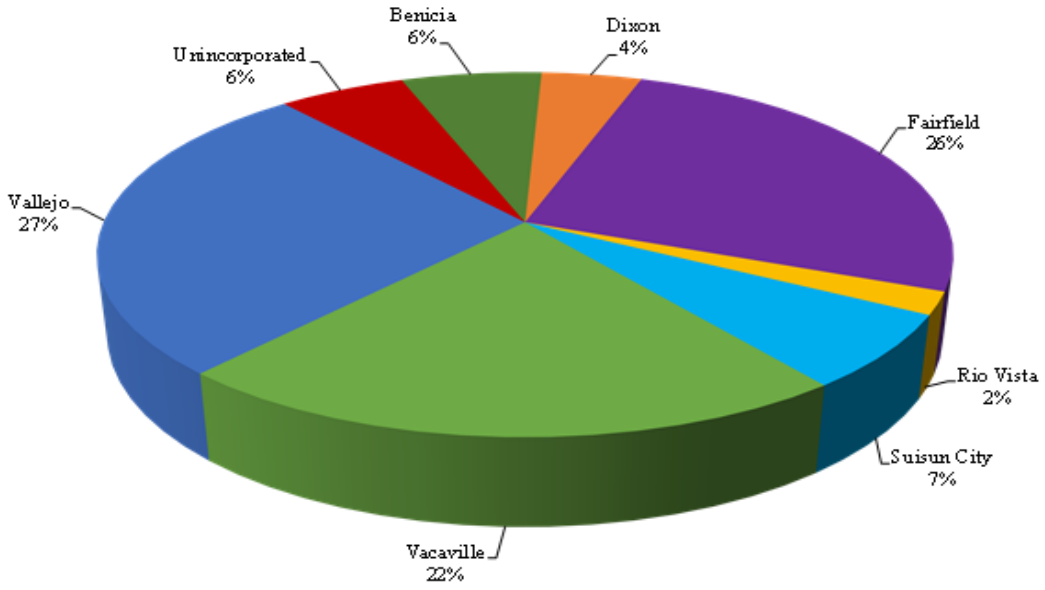
Solano County Demographics

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to *Solano County's 2020 Annual Report*, the County's population was 440,224[2].

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (27%) and Vacaville (22%) as the most populous cities in the County.

Figure 1
Solano County Population City Distribution

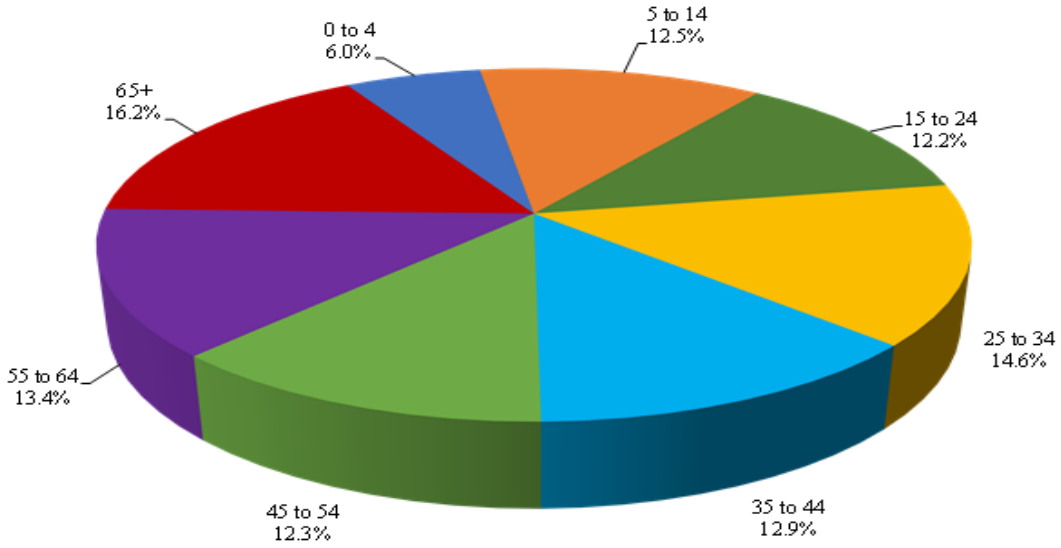


Source: Solano County's 2020 Annual Update

Population Age Distribution

Figure 2 shows the Solano County population separated into six (6) different ten-year age spans. Between ages 5-14 through 55-64, there is surprising consistency, with a range of 12.2% for persons 15-24 to 14.6% for person 25-34. Older adults 65+ show 16.2% of the population. Six percent (6.0%) of the population are children ages 4 and under.

Figure 2
Solano County Population Age Distribution

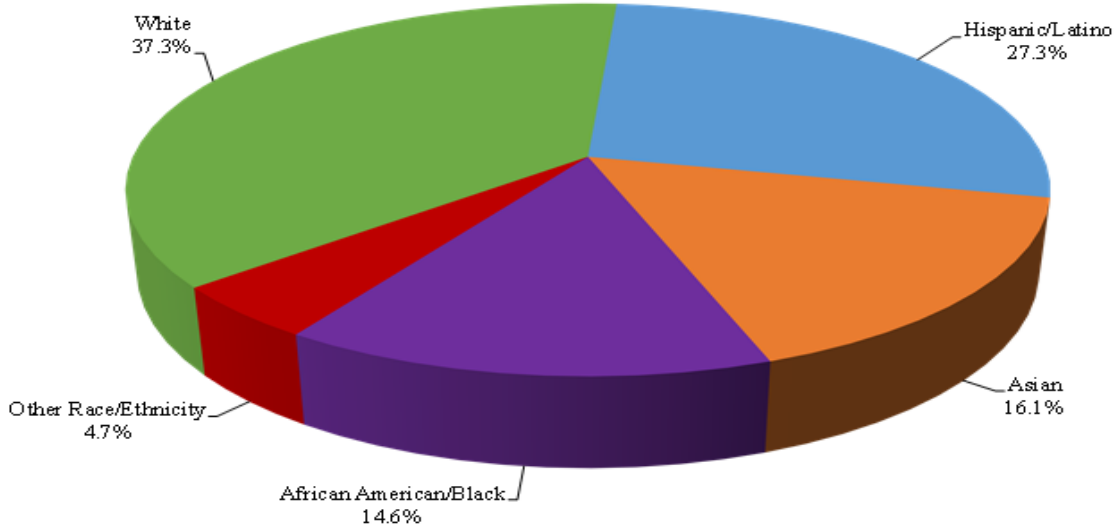


Source: Solano County's 2020 Annual Update

Population Race Distribution

Figure 3 shows Solano County's population by proportion of race/ethnicity groups. Approximately 62.7% of the Solano County population is identified with a race other than White/Caucasian. In 2019, Solano County was ranked as the 2nd most racially diverse County in the United States[3]. Persons who are White/Caucasian represent 37.3% of the population; Hispanic/Latino are 27.3%; Asian /Pacific Islander (AAPI) groups are 16.1%; Black/African American are 14.6%, and other race/ethnicity groups are 4.7%.

Figure 3
Solano County Population Race Distribution



Source: Solano County's 2020 Annual Update

Suicide Protective & Risk Factors

Suicide is a complex public health issue of which multiple intersecting risk and protective factors come into play. Protective factors can increase resilience and can reduce the likelihood for an individual to act on suicidal thoughts. Each individual responds to their environment differently, therefore what may be a protective factor for one person may not provide any relief or protection for another person. Similarly, risk factors are unique to each individual.

Protective Factors

- Connections to a strong support system to include family, friends, faith community, treatment providers
- Self-esteem and a sense of purpose or meaning in life
- Effective care and ongoing support for identified mental, physical, and substance use disorders
- Life skills, including problem-solving skills and coping skills; ability to adapt to change; conflict resolution; and nonviolent ways of handling disputes
- Personal, religious, and/or cultural beliefs that discourage suicide and support instincts for self-preservation
- Sense of responsibility to others
- Pets
- Healthy lifestyle (diet, exercise, wellness, and self-care practices)
- Life satisfaction
- Future plans and goals
- Restrictive access to lethal means of suicide

Risk Factors

- History of or current mental health condition, particularly clinical depression
- History or current use of alcohol and substance abuse
- History of trauma or abuse
- Victim of bullying
- Previous suicide attempt(s)
- Diagnosed with a chronic or terminal medical condition
- Disability
- Recent loss or death of a loved one
- Lack of, or loss of support system
- Job or financial loss
- Family history of suicide
- Access to lethal means
- Involvement with the legal system
- Feelings of hopelessness
- Impulsive tendencies
- Disciplinary problems
- Difficulty accessing care

Risk factors may vary by age group; culture; gender; and other characteristics such as within age groups:

- **Teens**: Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) youth.
- **Adult men**: Stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Risk factor examples within cultural groups:

- **American Indians/Alaska Natives:** The historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population.

Suicide Warning Signs & Statistics

Warning Signs for Suicide

The recognition and appropriate response to warning signs and symptoms of suicide has a greater potential for prevention when those who are in a supportive role have the tools and/or resources to link the individual to intervention and treatment services. Warning signs can include but are not limited to:

- Threats of self-harm
- Self-harm behavior
- Loss of interest in activities
- Talking or writing about death
- Researching or looking for ways to secure means (weapons, pills, poison, etc.)
- Expressing hopelessness
- Increased substance use
- Withdrawing from family and friends
- Increased mood swings, rage or seeking revenge
- Giving away belongings
- Engaging in reckless or risky behavior

General Suicide Statistics

Suicide shows little to no prejudice regarding economic status and is represented proportionally among all levels of society worldwide. Below are some relative national and statewide suicide statistics:

- Suicide is the 10th leading cause of death in the United States and the 2nd leading cause of death for youth ages 10-34[4].
- The national age-adjusted suicide rate in 2019 was 13.93 per 100,000 individuals[5].
- It is estimated that someone attempts to take their life every 29 seconds resulting in over 1.1 million suicide attempts each year in the U.S[6].
- In the United States one person dies by suicide every 11.1 minutes, resulting in over 47,000 suicides each year[7].
- On average, there are 130 suicides per day in the United States[8].
- For every suicide death nationally, there are 25 attempts made[9].
- Firearms account for 50.4% of all suicide deaths[10].
- Men die by suicide 3.63 times more than women; and white males accounted for 69.38% suicides in 2019[11].
- In 2019, California experienced 4,491 suicide deaths[12].
- In 2010 California suicides result in an estimated $4.2 billion in combined lifetime medical and work loss costs, which represents an average of $1,085,227 per death[13].
- On average one person dies by suicide every 2 hours in California and suicide is the 11th leading cause of death in California; the 2nd leading cause of death for Californians between the ages of 10-34; and the 4th leading cause of death for Californians between the ages of 35-44[14].
- More than four times as many people died by suicide in California in 2018 than in alcohol related motor vehicle accidents; the total suicide deaths reflect a total of 84,137 years of potential life lost (YPLL) before age 65[15].

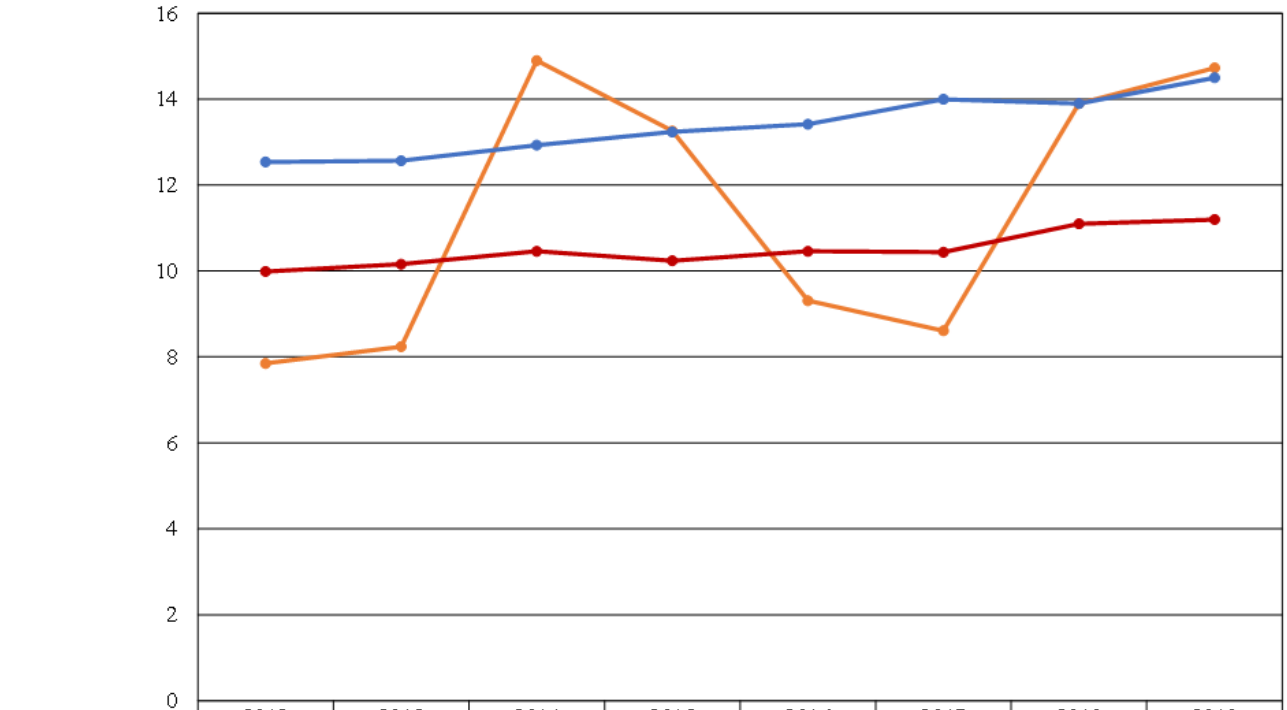
Statistics

Solano County Suicide Deaths vs. California and the Nation

The following data reviews Solano County suicide death rates compared with California and the United States' data. Figure 4 shows data on suicide death rates per 100,000 population, across eight years, from 2012, through 2019, the most recent year available for the state and the U.S. The Solano County data is more variable compared to the CA and U.S. data, because it is based on the smaller numbers: the population of Solano County; versus CA and the U.S.

The Suicide Death rate for Solano County varied from 7.9 in 2012 to highs of 14.9 in 2014 and 14.7 in 2019. Overall, four (4) of the eight (8) years was equal to or higher than the U.S. rate. The other four (4) years were lower than both the CA and U.S. rates.

Figure 4
Solano County, California, and United States
Suicide Deaths Rates per 100,000
CY 2012- 2019



	2012	2013	2014	2015	2016	2017	2018	2019
Solano County	7.9	8.2	14.9	13.3	9.3	8.6	13.9	14.7
California	10.0	10.2	10.5	10.2	10.5	10.4	11.1	11.2
U.S.	12.5	12.6	12.9	13.2	13.4	14.0	13.9	14.5

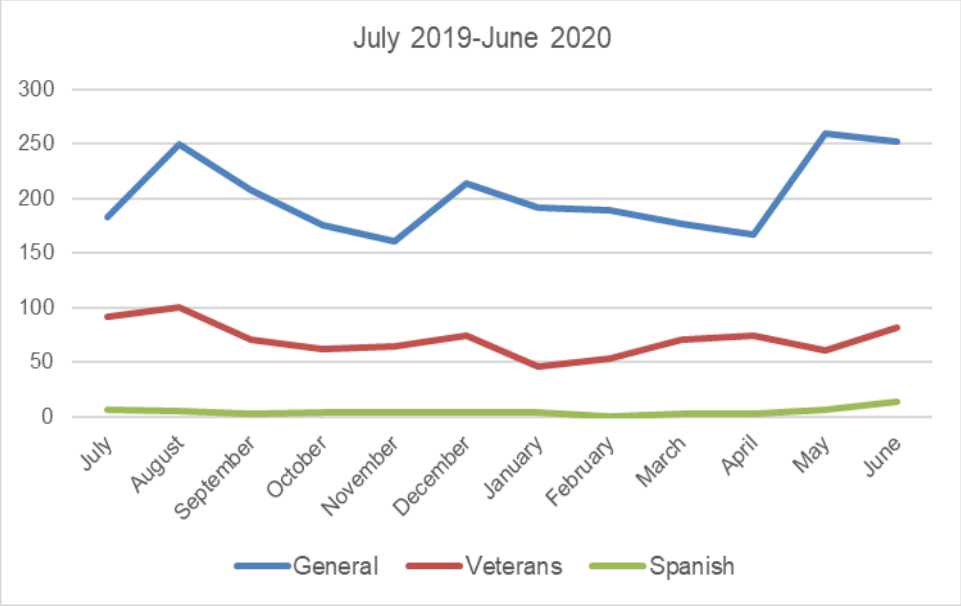
Source: Solano County Sheriff Office-Coroner ***Bureau and American Foundation for Suicide Prevention***

Solano County Statistics

Suicidal Ideation & Attempts

Currently SCBH and community partners advertise several different suicide prevention crisis hotlines/text lines (see pages 76-77 for the full list). Annually SCBH receives data for the primary suicide prevention hotline. Figure 5 shows that in fiscal year (FY) 2019/20 there were 3,330 calls from Solano County residents received by the National Suicide Prevention Lifeline, compared to 3,176 calls the previous year. Of the 3,330 calls, 2,427 were general calls, 848 were calls from veterans, and 55 of the calls were from Spanish-speaking callers. While this data does not include the call volume for the other resources, it does provide some insight into the need for these types of prevention services to support Solano County residents.

Figure 5
Solano Calls to the National Suicide Prevention Lifeline
FY 2019/20

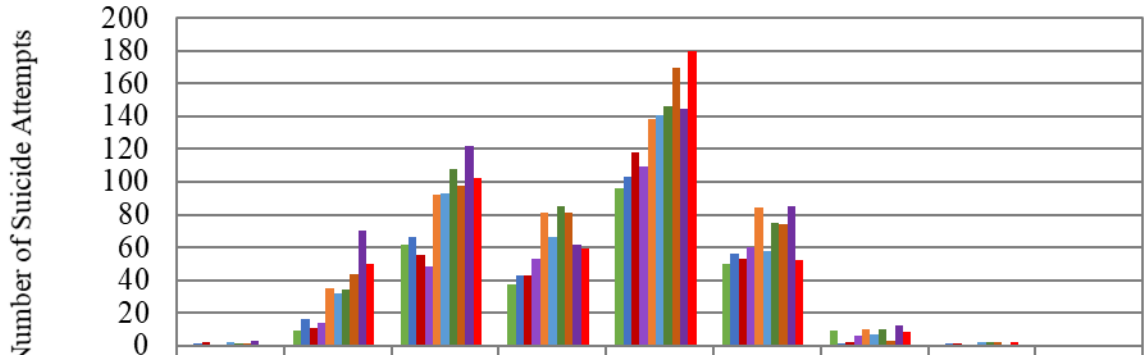


Source: National Suicide Prevention Lifeline

According to the 2019 California Health Interview Survey, of the 328,000 Solano County residents who completed the survey, 298,000 individuals were insured, and 30,000 individuals were uninsured. In response to the question "Thought about committing suicide" 10.60% (32,000) of insured Solano County residents reported having contemplated suicide and 79.4% (24,000) of uninsured residents contemplated suicide[16].

Many suicide attempts go unreported or untreated. Based on the 2018 National Survey of Drug Use and Mental Health, it is estimated that approximately 1.4 million adults aged 18 or older made at least one suicide attempt[17]. Suicide attempts negatively impact the community and ultimately increase health care costs. Figures 6 and 7 show the most current data available regarding suicide attempts, requiring treatment through and emergency department and also attempts whereby the injury was severe enough to require at least one night's stay in a medical hospital facility. This data is reported by emergency departments directly to the CA Department of Public Health. Data is then made public several years in the arrears. In 2015 Solano County experienced 696 suicide attempts of which 25% (174) of the total attempts were made by youth 19 years or younger. The single highest risk age group was individuals ages 25-44 at 33% (231) followed by individuals ages 45-64 at 13% (88).

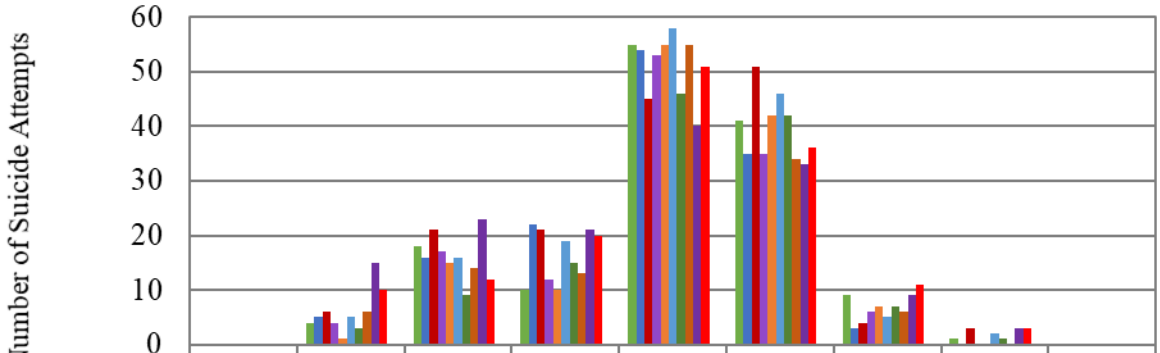
Figure 6
Solano County Suicide Attempts, by Age
Non-fatal Emergency Room Department Visits:
Treated and released or transferred to a psychiatric facility
CY 2006-2015



	0 - 9 years	10 - 14 years	15 - 19 years	20 - 24 years	25 - 44 years	45 - 64 years	65 - 84 years	85+ years	Total
# 2006	-	9	62	37	96	50	9	-	263
# 2007	1	16	66	43	103	56	1	1	287
# 2008	2	11	55	43	118	53	2	1	285
# 2009	-	14	48	53	109	60	6	-	290
# 2010	-	35	92	81	138	84	10	-	440
# 2011	2	32	93	66	141	58	7	2	401
# 2012	1	34	108	85	146	75	10	2	461
# 2013	1	44	98	81	170	74	3	2	473
# 2014	3	70	122	62	145	85	12	-	499
# 2015	-	50	102	59	180	52	8	2	453
# 10-year total	10	315	846	610	1,346	647	68	10	3,852

Source: California of Statewide Health Planning and Development, Emergency Department Data[18]

Figure 7
Solano County Suicide Attempts, by Age
Non-fatal Hospitalization in Medical Hospital
CY 2006-2015



	0 - 9 years	10 - 14 years	15 - 19 years	20 - 24 years	25 - 44 years	45 - 64 years	65 - 84 years	85+ years	Total
# 2006	-	4	18	10	55	41	9	1	138
# 2007	-	5	16	22	54	35	3	-	135
# 2008	-	6	21	21	45	51	4	3	151
# 2009	-	4	17	12	53	35	6	-	127
# 2010	-	1	15	10	55	42	7	-	130
# 2011	-	5	16	19	58	46	5	2	151
# 2012	-	3	9	15	46	42	7	1	123
# 2013	-	6	14	13	55	34	6	-	128
# 2014	-	15	23	21	40	33	9	3	144
# 2015	-	10	12	20	51	36	11	3	143
# 10-year total	-	59	161	163	512	395	67	13	1,370

Source: California of Statewide Health Planning and Development, Inpatient Discharge Data[19]

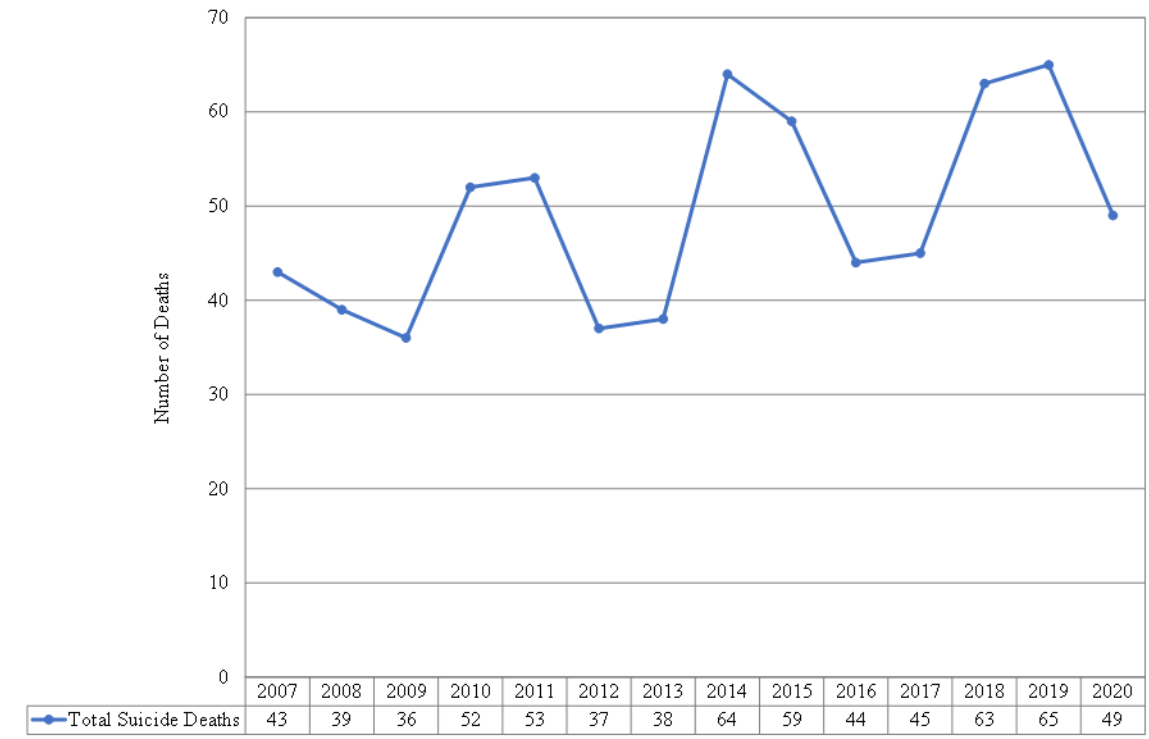
Solano County Suicide Deaths

The information presented in the following charts was provided by the Solano County Sheriffs Office - Coroner's Bureau and represents statistics for completed suicides in Solano County during calendar years 2007 through 2020 and shows the total number of suicide deaths by year. Additional figures show data by: age; race/ethnicity; gender; city of residence; city of residence by age; city of residence by race/ethnicity; region of the County; means and occupation. The data collected by the Coroner is determined by State reporting requirements which includes the categories of race and gender. It is important to note that this data only reflects suicide deaths that occurred in Solano County. This data does not include data on County residents that died by suicide in another County. Currently, there is no mechanism for County Coroner Offices to report on suicide deaths that occur outside of their county of jurisdiction. All suicide deaths represent individuals across the county, regardless of insurance status/type.

Total Suicide Deaths

Figure 8 shows the Solano County Suicide Deaths across the most recent 14 years, from 2007 through 2020. This data varies each year but shows a concerning upward trend across these 14 years. Most notably 2010-2011; 2014-2015; and 2018-2019, in which suicide deaths increased significantly.

Figure 8
Solano County Suicide Deaths: 14-year review
CY 2007 - 2020



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Suicide Deaths	43	39	36	52	53	37	38	64	59	44	45	63	65	49

Source: Solano County Sheriff's Office—Coroner Bureau

When analyzing trends related to increases in suicide deaths many external factors can impact a community's suicide rates. Such factors include but are not limited to:

- Economic factors such unemployment rates, the housing market, cost of living, etc.
- Worldwide or local community tragedies
- Political changes
- Highly publicized celebrity suicides or highly publicized suicides of community members
- Suicide pacts between two (2) or more people

In 2010, there was a 44% increase over the number of suicide deaths in 2009, which may in part have been a result of the national housing crisis of 2010. Foreclosures hit a record high in the third quarter of 2009 with one in every 53 California housing units receiving a foreclosure filing, compared to one in every 136 housing units for the nation as a whole. The share of foreclosures (as a percent of total loans in California) for Solano County was more than 3% and the share of seriously delinquent loans (as a percent of total loans in California) was between 7-9%[20]. In addition to the housing crisis, the unemployment rate (not seasonally adjusted) for Solano County was 13.1 %, while the overall California unemployment rate (not seasonally adjusted) was 12.1%[21].

In 2010, in addition to possible environmental factors, there were several celebrity suicide deaths including athletes, musicians, and individuals from the fashion industry, as well as a very high-profile suicide of a high school student who died by suicide after being a victim of bullying. The impact of the unemployment rate and the housing market may have continued to impact Solano County through calendar year 2011 as evidenced by 53 total suicides that year. Compared to 2010 and 2011, there was a 29% decrease in suicide deaths for 2012 and 2013.

In 2014, Solano County experienced another significant increase in suicide deaths with a 68% increase over the number of suicide deaths in 2013. The unemployment rate (not seasonally adjusted) for Solano County was 7.5 %, while the overall California unemployment rate (not seasonally adjusted) was 7.9%[22]. Similar to 2010, there were several high-profile celebrity suicide deaths in 2014, including that of beloved comedian Robin Williams who was a Bay Area resident. In the week following his death, the National Suicide Prevention Lifeline saw a 50% increase in calls; in the year after his death, those calls remained higher than they had ever been before[23].

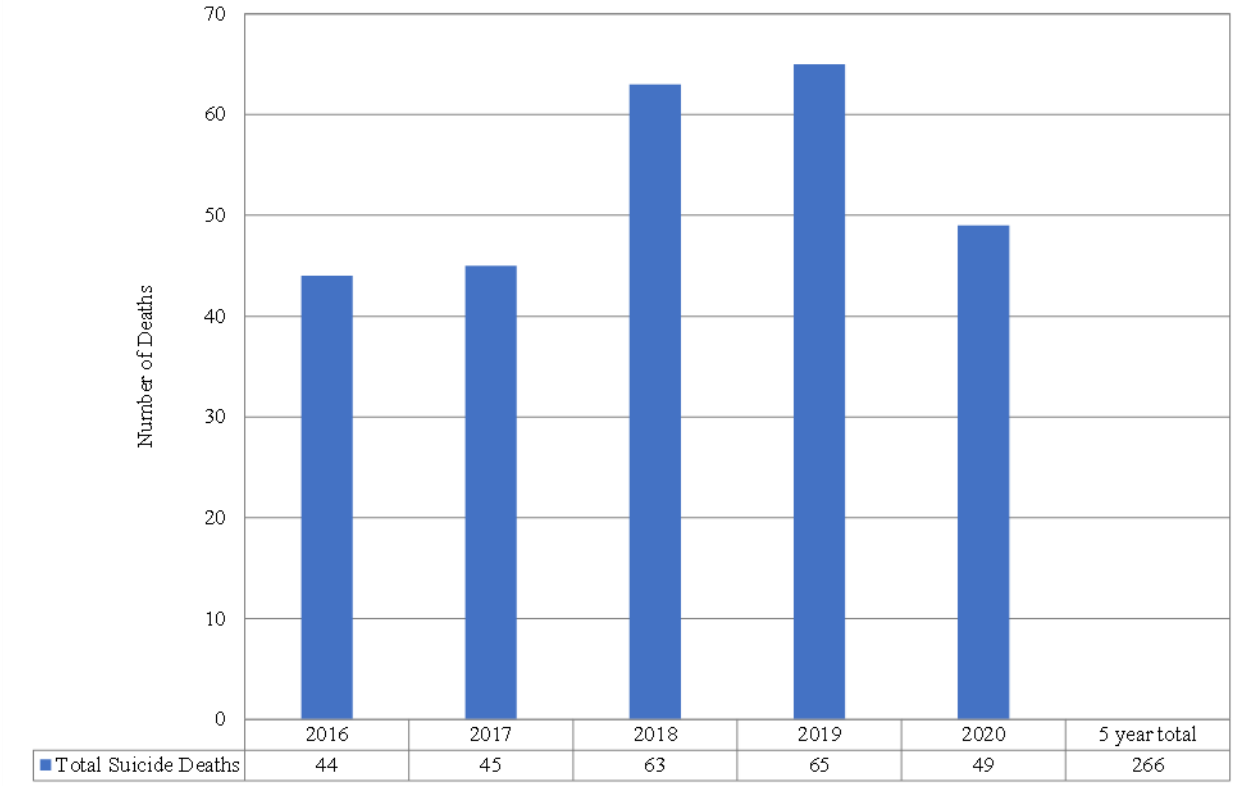
From 2014 to 2016, there was a 31% decrease in suicide deaths. The suicide rate in Solano County in 2016 was 10.20 per 100,000 residents compared to the national rate of 12.93 per 100,000 citizens[24]. Other contributing factors to the reduction may also have been the unemployment rate decreasing to 5.6% in Solano County and 5.8% for the state[25] and the stabilization of the housing market.

In 2017, there was a slight increase to from 44 to 45 suicide deaths: and then, unfortunately, a significant increase in 2018 to 63 suicide deaths and 65 in 2019. Between the years of 2018-2020, Solano County was impacted by wildfires that in several cases resulted in mass evacuations and loss of property and life. In 2020, there was a reduction to 49 suicide deaths. The COVID-19 global pandemic that started in March 2020 may have helped to contribute to this recent reduction, as people were primarily isolated in their homes.

In the following figures, Solano County suicide data is analyzed across the most recent five (5) year period, by a number of different indicators, including age; race/ethnicity; gender; city of residence, means, and occupation. Each figure includes a visual graph and associated table with additional details including number of suicide deaths per year by variable, as well as the percentage of suicide deaths for the particular variable related to the total deaths per year. This information is helpful in identifying areas for continuing to strengthen outreach and intervention activities as well as help guide the development and implementation of the updated Suicide Prevention Strategic Plan for 2021 and beyond.

Figure 9 shows the same data shown in Figure 7, but only reviews the most recent five (5) years, from CY 2016-2020. There were 266 suicide deaths in this time frame, with the two highest years being 2018 (63) and 2019 (65).

Figure 9
Solano County Suicide Deaths: 5-year review
CY 2016 - 2020



	2016	2017	2018	2019	2020	5 year total
Total Suicide Deaths	44	45	63	65	49	266

Source: Solano County Sheriff's Office—Coroner Bureau

Age Distribution

Figures 10a and 10b show the suicide deaths by age across the five-year time period of 2016-2020. There were 266 total suicide deaths during this five-year period. Figure 9a calculates this data by age and populations using 10-year age spans: 15-24; 25-34; 35-44; 45-54; 55-64. This helps to compare the number of suicide deaths across ages using a consistent 10-year span. In addition, data for persons 0-14 years and 65+ years are shown.

For persons who were 0-14 years, there were a total of three (3) suicide deaths, which is 1.1% of all suicide deaths over the five-year period. There are 82,508 persons 0-14 years of age in Solano County.

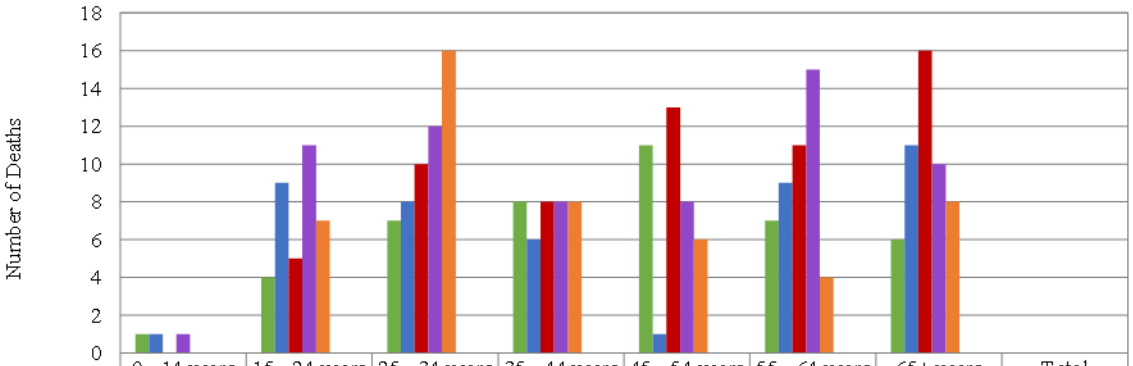
For persons who were 25-34 years, there were a total of 53 suicide deaths, which is 19.9% of all suicide deaths. There are 65,438 persons 25-34 years of age in Solano County. This data also shows a concerning increase in the number of suicide deaths for each of the five years, from seven (7) in 2016 to a high of 16 in 2020.

For persons who were 55-64 years, there were a total of 46 suicide deaths, which is 17.3% of all suicide deaths. There are 59,906 persons 55-64 years of age in Solano County.

For persons who were 65+ years, there were a total of 51 suicide deaths, which is 19.2% of all suicide deaths. There are 72,614 persons 65+ years of age in Solano County.

This shows that young adults ages 25-34 and persons 55 and older are at highest risk of suicide deaths.

Figure 10a
Solano County Suicide Deaths by Age using 10-Year Age Span
CY 2016 - 2020

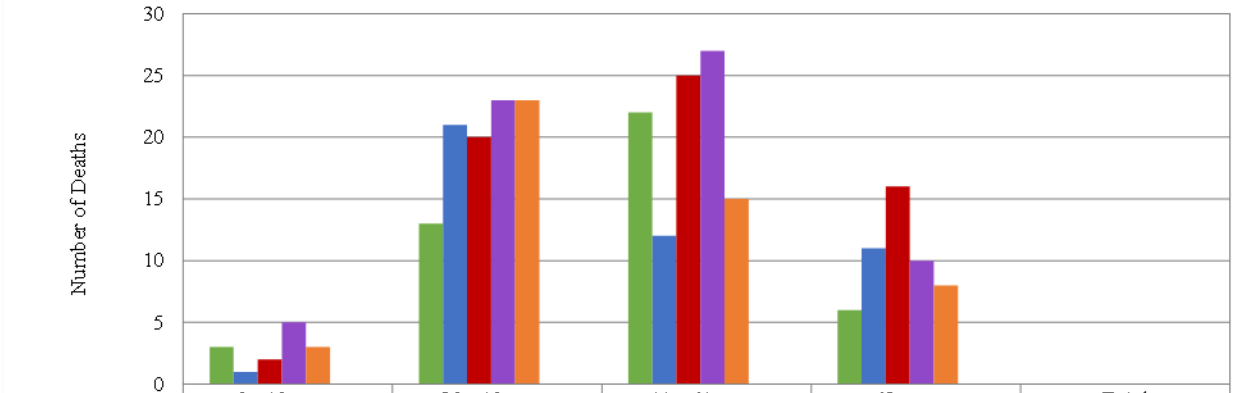


	0 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65+ years	Total
# 2016	1	4	7	8	11	7	6	44
% 2016	2.3%	9.1%	15.9%	18.2%	25.0%	15.9%	13.6%	100.0%
# 2017	1	9	8	6	1	9	11	45
% 2017	2.2%	20.0%	17.8%	13.3%	2.2%	20.0%	24.4%	100.0%
# 2018	-	5	10	8	13	11	16	63
% 2018	0.0%	7.9%	15.9%	12.7%	20.6%	17.5%	25.4%	100.0%
# 2019	1	11	12	8	8	15	10	65
% 2019	1.5%	16.9%	18.5%	12.3%	12.3%	23.1%	15.4%	100.0%
# 2020	-	7	16	8	6	4	8	49
% 2020	0.0%	14.3%	32.7%	16.3%	12.2%	8.2%	16.3%	100.0%
# 5 year total	3	36	53	38	39	46	51	266
% 5 year total	1.1%	13.5%	19.9%	14.3%	14.7%	17.3%	19.2%	100.0%
Solano Population	82,508	54,428	65,438	57,782	54,967	59,906	72,614	447,643

Source: Solano County Sheriff's Office--Coroner Bureau and U.S. Census Bureau (2019). ACS 5-Year Estimates Data Profiles.

Figure 10b shows the suicide deaths by age across the five-year time period of 2016-2020. There were 266 total suicide deaths during this five-year period. Figure 9b calculates this data by age using four (4) age spans: 0-19; 20-40; 41-64; and 65+. This data uses more 'traditional' age groups. This data shows that there were 14 suicide deaths for children and youth ages 0-19; 100 for adults ages 20-40; 101 for adults ages 41-64; and 51 for older adults ages 65+.

Figure 10b
Solano County Suicide Deaths by Age Using Traditional Age Groups
CY 2016 - 2020



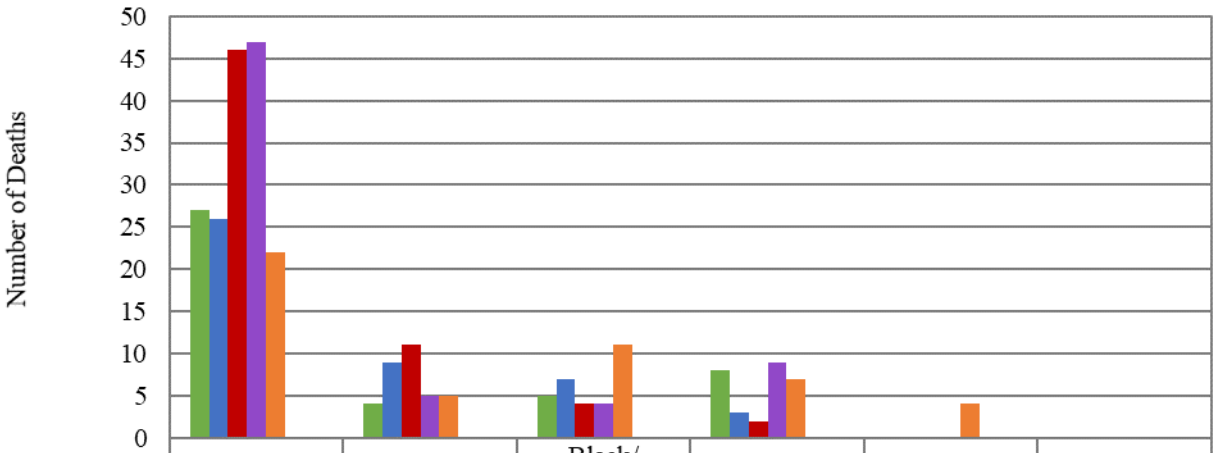
	0 - 19 years	20 - 40 years	41 - 64 years	65+ years	Total
# 2016	3	13	22	6	44
% 2016	6.8%	29.5%	50.0%	13.6%	100.0%
# 2017	1	21	12	11	45
% 2017	2.2%	46.7%	26.7%	24.4%	100.0%
# 2018	2	20	25	16	63
% 2018	3.2%	31.7%	39.7%	25.4%	100.0%
# 2019	5	23	27	10	65
% 2019	7.7%	35.4%	41.5%	15.4%	100.0%
# 2020	3	23	15	8	49
% 2020	6.1%	46.9%	30.6%	16.3%	100.0%
# 5 year total	14	100	101	51	266
% 5 year total	5.3%	37.6%	38.0%	19.2%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

Race/Ethnicity Distribution

Figure 11 shows the suicide deaths by race/ethnicity across the five year time period of 2016-2020. There were 266 total suicide deaths during this five year period. This data shows that the largest percentage of suicide deaths occurred among White residents at 63.2% (168) followed by 12.8% (34) for Asian American/ Pacific Islanders; 11.7% (31) for African American/Black; 10.9% (29) for Hispanic/Latino; and 1.5% (4) for persons with an unknown race/ethnicity. In 2020 there was a 175% increase in suicide deaths for African American/Black community members from the year prior. This increase may be attributed to the significant racial and social unrest following the murder of George Floyd and others.

Figure 11
Solano County Suicide Deaths by Race/Ethnicity
CY 2016 - 2020



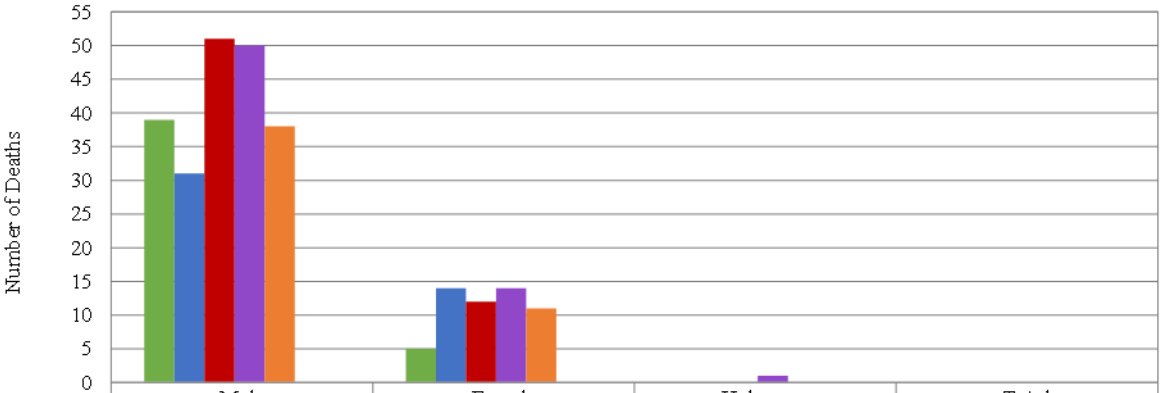
	White/ Caucasian	Asian/ Pacific Islander	Black/ African American	Hispanic/ Latino	Unknown	Total*
# 2016	27	4	5	8	-	44
% 2016	61.4%	9.1%	11.4%	18.2%	0.0%	100.0%
# 2017	26	9	7	3	-	45
% 2017	57.8%	20.0%	15.6%	6.7%	0.0%	100.0%
# 2018	46	11	4	2	-	63
% 2018	73.0%	17.5%	6.3%	3.2%	0.0%	100.0%
# 2019	47	5	4	9	-	65
% 2019	72.3%	7.7%	6.2%	13.8%	0.0%	100.0%
# 2020	22	5	11	7	4	49
% 2020	44.9%	10.2%	22.4%	14.3%	8.2%	100.0%
# 5-year total	168	34	31	29	4	266
% 5-year total	63.2%	12.8%	11.7%	10.9%	1.5%	100.0%
Solano Population	164,204	70,876	64,273	120,181	-	440,224

Source: Solano County Sheriff's Office—Coroner Bureau

Gender Distribution

Consistent with state and national data, Figure 12 shows that the largest number of suicides occurred among male residents with 78.6% (209) of the total suicide deaths over a 5-year period compared to female residents at 21.1% (56). There was one person with an unknown gender. National data indicates that while men are 3.5 times more likely to complete a suicide, women attempt suicide 3 times more than men.

Figure 12
Solano County Suicide Deaths by Gender
CY 2016 - 2020



	Male	Female	Unknown	Total
# 2016	39	5	-	44
% 2016	88.6%	11.4%	0.0%	100.0%
# 2017	31	14	-	45
% 2017	68.9%	31.1%	0.0%	100.0%
# 2018	51	12	-	63
% 2018	81.0%	19.0%	0.0%	100.0%
# 2019	50	14	1	65
% 2019	76.9%	21.5%	1.5%	100.0%
# 2020	38	11	-	49
% 2020	77.6%	22.4%	0.0%	100.0%
# 5 year total	209	56	1	266
% 5 year total	78.6%	21.1%	0.4%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

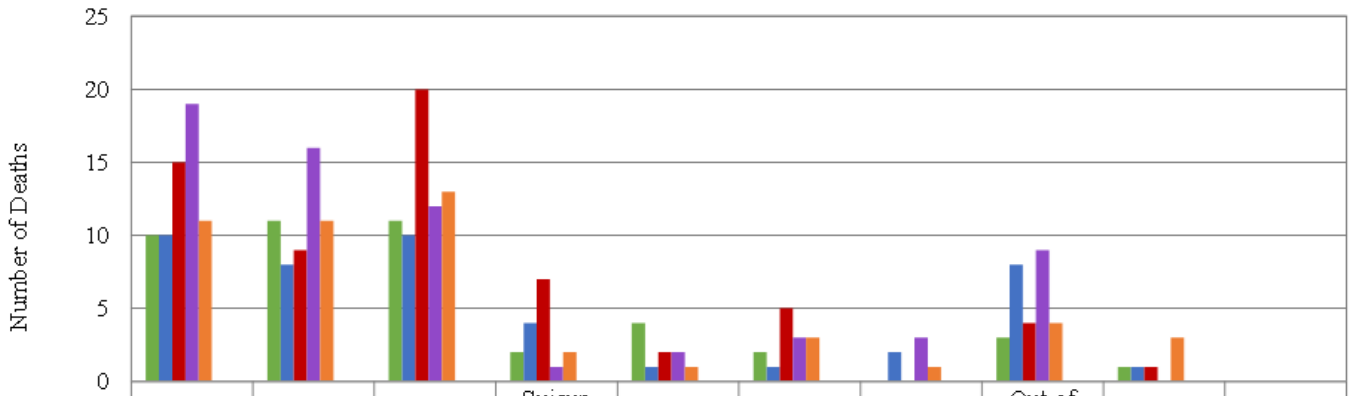
The Suicide Prevention Committee will continue to advocate for the expansion of data collected as it relates to current gender identity. This data would help understand the impact of gender identity, specifically for transgender individuals, on suicide deaths. In addition to expanding data collection related to current gender identity, the Committee will also advocate to collect sexual orientation. The collection of both current gender identity and sexual orientation would provide invaluable information related to the impact of suicide on the LGBTQ+ community in Solano County.

The Centers for Disease Control and Prevention (CDC) updated data February 9, 2021, shows that nationally, middle-aged white men have the highest rate of suicide, with men dying 3.63 times more often than women[26]. Nationally, white males accounted for 69.38% of all suicide deaths in 2019. This data is consistent with the Solano County data.

Geographic Distribution

Figure 13 shows data across the five-year time period of 2016-2020 for suicide deaths by city of residence. This data is ordered by population of each city, with the city with the largest population (Vallejo) on the left, followed by Fairfield and Vacaville with the next two largest populations. The highest number of suicide deaths are typically correlated with the cities with the highest populations. However, while Vallejo has the largest population, Vacaville had the highest number of suicide deaths, with 66 over the five year period. This is followed by Vallejo with 65, and Fairfield with 55. Comparing the next three cities with similar populations, Suisun City had 16; Benicia 10; and Dixon 14. There were also 28 people who lived in other counites but died by suicide in Solano County.

Figure 13
Solano County Suicide Deaths by City of Residence
CY 2016 - 2020



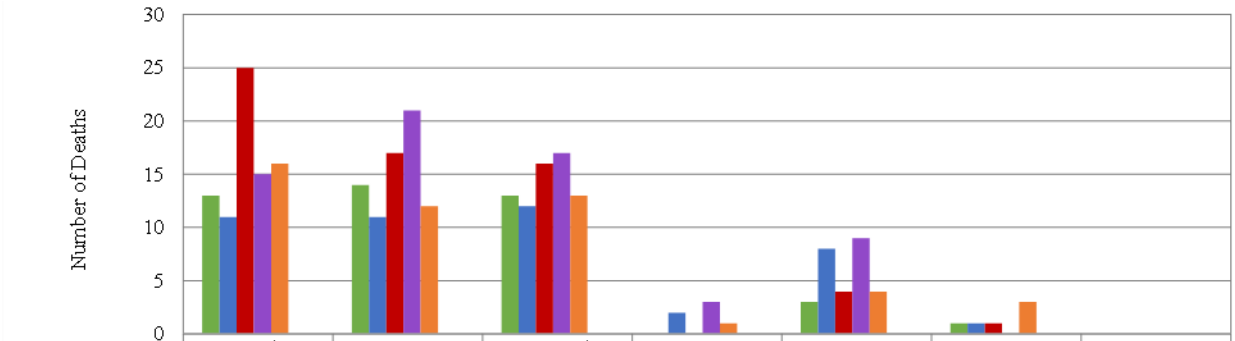
	Vallejo	Fairfield	Vacaville	Suisun City	Benicia	Dixon	Rio Vista	Out of County	Unknown	Total*
# 2016	10	11	11	2	4	2	-	3	1	44
% 2016	22.7%	25.0%	25.0%	4.5%	9.1%	4.5%	0.0%	6.8%	2.3%	100.0%
# 2017	10	8	10	4	1	1	2	8	1	45
% 2017	22.2%	17.8%	22.2%	8.9%	2.2%	2.2%	4.4%	17.8%	2.2%	100.0%
# 2018	15	9	20	7	2	5	-	4	1	63
% 2018	23.8%	14.3%	31.7%	11.1%	3.2%	7.9%	0.0%	6.3%	1.6%	100.0%
# 2019	19	16	12	1	2	3	3	9	-	65
% 2019	29.2%	24.6%	18.5%	1.5%	3.1%	4.6%	4.6%	13.8%	0.0%	100.0%
# 2020	11	11	13	2	1	3	1	4	3	49
% 2020	22.4%	22.4%	26.5%	4.1%	2.0%	6.1%	2.0%	8.2%	6.1%	100.0%
# 5 year total	65	55	66	16	10	14	6	28	6	266
% 5 year total	24.4%	20.7%	24.8%	6.0%	3.8%	5.3%	2.3%	10.5%	2.3%	100.0%
Population	121,267	115,282	98,875	29,488	28,192	20,084	8,947	-	-	447,643

Source: Solano County Sheriff's Office—Coroner Bureau and U.S. Census Bureau (2019). ACS 5-Year Estimates Data Profiles.

* The 25,508 "unincorporated" population is not shown on the graph but is included in the total Solano County population of 447,643.

Figure 14 shows data across the five-year time period of 2016-2020 for suicide deaths by region. Reviewing suicide deaths by region demonstrates that the deaths are cyclical and vary by region by CY, however north county does appear to have had a higher number of suicides in CY 2018 and 2020.

Figure 14
Solano County Suicide Deaths by Region
CY 2016 - 2020



	North (Vacaville, Dixon)	South (Benicia, Vallejo)	Central (Fairfield, Suisun City)	East (Rio Vista)	Out of County	Unknown	Total
# 2016	13	14	13	-	3	1	44
% 2016	29.5%	31.8%	29.5%	0.0%	6.8%	2.3%	100.0%
# 2017	11	11	12	2	8	1	45
% 2017	24.4%	24.4%	26.7%	4.4%	17.8%	2.2%	100.0%
# 2018	25	17	16	-	4	1	63
% 2018	39.7%	27.0%	25.4%	0.0%	6.3%	1.6%	100.0%
# 2019	15	21	17	3	9	-	65
% 2019	23.1%	32.3%	26.2%	4.6%	13.8%	0.0%	100.0%
# 2020	16	12	13	1	4	3	49
% 2020	32.7%	24.5%	26.5%	2.0%	8.2%	6.1%	100.0%
# 5 year total	80	75	71	6	28	6	266
% 5 year total	30.1%	28.2%	26.7%	2.3%	10.5%	2.3%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

Figure 15 shows the number and percent of suicide deaths for Calendar Year (CY) 2020, by age and city of residence. When revieing the three cities with the highest populations, of the 11 suicide deaths in Vallejo, two (2) were youth ages 15-24; three (3) were ages 25-34; two (2) were ages 35-44; one (1) was ages 45-54; one (1) was ages 55-64; and two (2) were 65 and older.

Of the 11 suicide deaths in Fairfield, two (2) were youth ages 15-24; three (3) were ages 25-34; two (2) were ages 35-44; one (1) was ages 45-54; two (2) were ages 55-64; and one (1) was 65 and older.

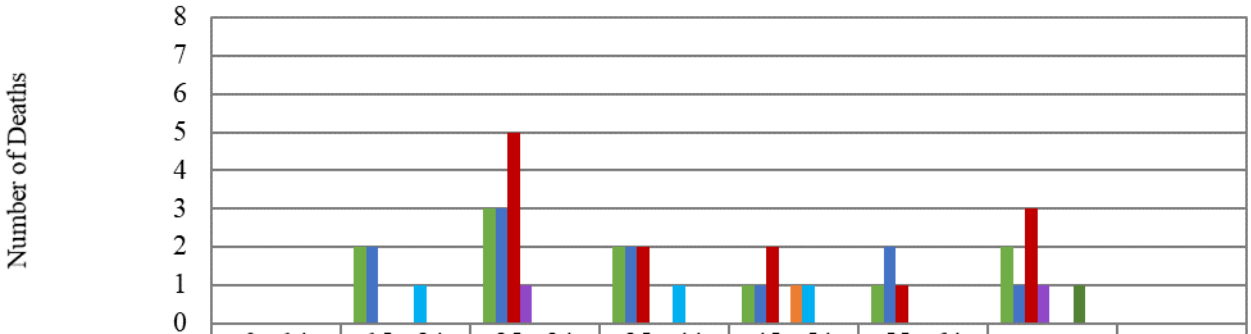
Of the 11 suicide deaths in Vacaville, none (0) were youth ages 15-24; five (5) were ages 25-34; two (2) were ages 35-44; two (2) were ages 45-54; one (1) was ages 55-64; and three (3) were 65 and older.

Across all 49 suicide deaths in CY 2020 across the entire county, none were ages 0-14; seven (7) were youth ages 15-24; sixteen (16) were ages 25-34; eight (8) were ages 35-44; six (6) were ages 45-54; four (4) were ages 55-64; and eight (8) were 65 and older.

Figure 15

Number and Percent of Deaths, by Age and City of Residence

CY 2020



	0 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65+ years	Total
# Vallejo	-	2	3	2	1	1	2	11
% Vallejo	0.0%	18.2%	27.3%	18.2%	9.1%	9.1%	18.2%	100.0%
# Fairfield	-	2	3	2	1	2	1	11
% Fairfield	0.0%	18.2%	27.3%	18.2%	9.1%	18.2%	9.1%	100.0%
# Vacaville	-	-	5	2	2	1	3	13
% Vacaville	0.0%	0.0%	38.5%	15.4%	15.4%	7.7%	23.1%	100.0%
# Suisun City	-	-	1	-	-	-	1	2
% Suisun City	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%
# Benicia	-	-	-	-	1	-	-	1
% Benicia	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
# Dixon	-	1	-	1	1	-	-	3
% Dixon	0.0%	33.3%	0.0%	33.3%	33.3%	0.0%	0.0%	100.0%
# Rio Vista	-	-	-	-	-	-	1	1
% Rio Vista	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
# 2020 total*	-	7	16	8	6	4	8	49
% 2020 total	0.0%	14.3%	32.7%	16.3%	12.2%	8.2%	16.3%	100.0%

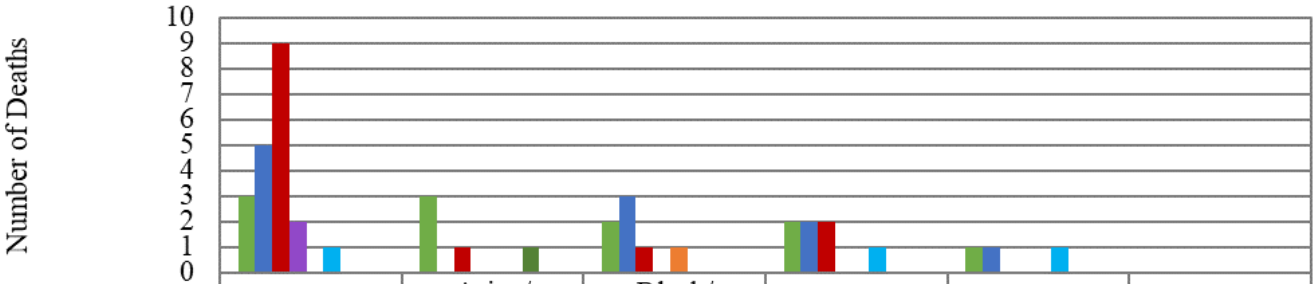
Source: Solano County Sheriff's Office—Coroner Bureau

Figure 16 shows the number and percent of suicide deaths for Calendar Year (CY) 2020, by race/ethnicity and city of residence. When revieing the three cities with the highest populations, In Vallejo, three (3) of the suicide deaths were White/Caucasian; three (3) were Asian/Pacific Islander; two (2) were Black/African American; two (2) were Hispanic/Latino; and one (1) was Unknown. Of the 11 suicide deaths for Fairfield, five (5) were White/Caucasian; none (0) were Asian/Pacific Islander; three (3) were Black/African American; two (2) were Hispanic/Latino; and one (1) was Unknown. Of the 13 suicide deaths for Vacaville, nine (9) were White/Caucasian; one (1) was Asian/Pacific Islander; one (1) was Black/African American; two (2) were Hispanic/Latino; and none (0) were Unknown. Across all 49 suicide deaths in CY 2020 across the entire county, twenty-two (22) were White/Caucasian; five (5) were Asian/Pacific Islander; eleven (11) were Black/ African American; seven (7) were Hispanic/Latino; and four (4) were Unknown.

Figure 16

Number and Percent of Deaths, by Race/Ethnicity and City of Residence

CY 2020



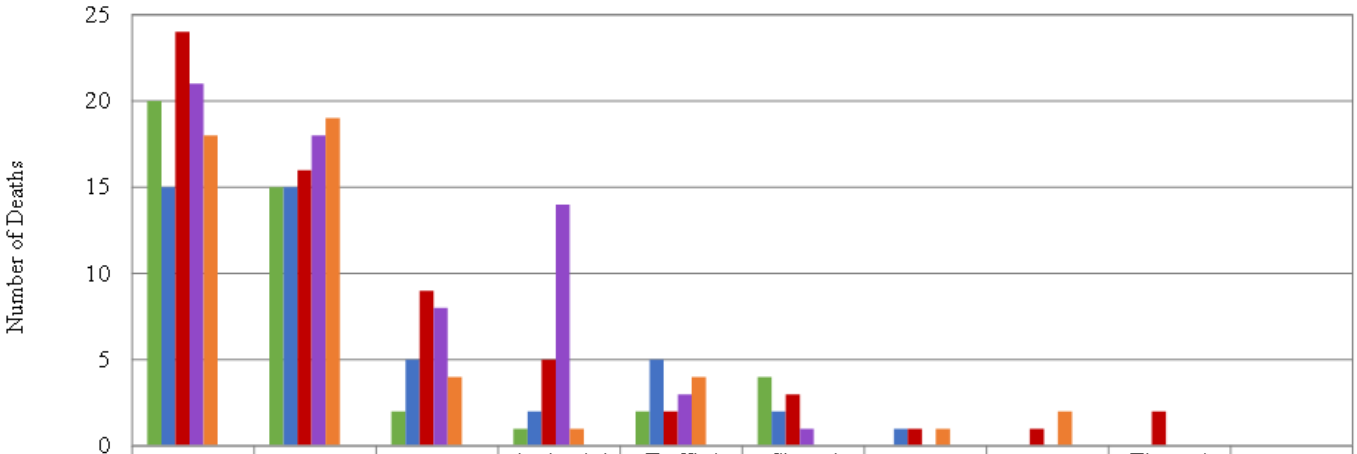
	White/ Caucasian	Asian/ Pacific Islander	Black/ African American	Hispanic/ Latino	Unknown	Total
# Vallejo	3	3	2	2	1	11
% Vallejo	27.3%	27.3%	18.2%	18.2%	9.1%	100.0%
# Fairfield	5	-	3	2	1	11
% Fairfield	45.5%	0.0%	27.3%	18.2%	9.1%	100.0%
# Vacaville	9	1	1	2	-	13
% Vacaville	69.2%	7.7%	7.7%	15.4%	0.0%	100.0%
# Suisun City	2	-	-	-	-	2
% Suisun City	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
# Benicia	-	-	1	-	-	1
% Benicia	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
# Dixon	1	-	-	1	1	3
% Dixon	33.3%	0.0%	0.0%	33.3%	33.3%	100.0%
# Rio Vista	-	1	-	-	-	1
% Rio Vista	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
# 2020 total*	22	5	11	7	4	49
% 2020 total	44.9%	10.2%	22.4%	14.3%	8.2%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

Means of Suicide

Figure 17 shows the largest percentage of suicide deaths are the result of a gunshot wound at 36.8% (98) followed by hanging at 31.2% (83). Other frequent means include overdose (10.5% (28) and Asphyxia/ Aerosol at 8.6% (23). The data related to means correlates with that of gender in Solano County where males are known to use more lethal means.

Figure 17
Solano County Suicide Deaths by Means of Suicide
CY 2016 - 2020



	Firearm	Hanging	Overdose	Asphyxia/ Aerosol	Traffic/ Vehicle	Sharp / Penetrating	Jump/ Fall	Drowning	Thermal Burn	Total
# 2016	20	15	2	1	2	4	-	-	-	44
% 2016	45.5%	34.1%	4.5%	2.3%	4.5%	9.1%	0.0%	0.0%	0.0%	100.0%
# 2017	15	15	5	2	5	2	1	-	-	45
% 2017	33.3%	33.3%	11.1%	4.4%	11.1%	4.4%	2.2%	0.0%	0.0%	100.0%
# 2018	24	16	9	5	2	3	1	1	2	63
% 2018	38.1%	25.4%	14.3%	7.9%	3.2%	4.8%	1.6%	1.6%	3.2%	100.0%
# 2019	21	18	8	14	3	1	-	-	-	65
% 2019	32.3%	27.7%	12.3%	21.5%	4.6%	1.5%	0.0%	0.0%	0.0%	100.0%
# 2020	18	19	4	1	4	-	1	2	-	49
% 2020	36.7%	38.8%	8.2%	2.0%	8.2%	0.0%	2.0%	4.1%	0.0%	100.0%
# 5 year total	98	83	28	23	16	10	3	3	2	266
% 5 year total	36.8%	31.2%	10.5%	8.6%	6.0%	3.8%	1.1%	1.1%	0.8%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

Nationally firearms accounted for 50.39% of all suicide deaths[27]. Restricting access to lethal means can put time between the impulse to complete suicide and the act itself, allowing opportunities for the impulse to subside or for warning signs to be recognized and interventions to occur.

In 2016 SCBH, in partnership with the Solano County Sheriff's Office and local fire arm instructors, a firearm safety brochure was developed (Appendix A) which includes content encouraging gun owners to consider off-site gun storage in the event that a loved one is presenting with warning signs and symptoms of suicide, as well as suicide prevention resources. SCBH will continue to engage local businesses that sell firearms in the gun safety campaign in an effort to reduce access to lethal means.

Occupation

Figure 18 shows suicide deaths by occupation. This information helps highlight the highest risk jobs and helps planning efforts to develop strategies for reaching persons in these jobs. Of the 266 suicide deaths, 72 persons (27.1%) were involved in Construction and/or Laborer positions. There were several different jobs that were included in this category. A full list of the different jobs that were included in the various categories is provided in Appendix B. Sales and Customer Service jobs ranked second with 23 persons (8.6%). Business Owner, Office/Management, and Students show 14 persons in each category (5.3%). Persons who never worked represent 12 individuals (4.5%) which would include minors who died by suicide and there were 26 with the job not reported or Unknown (9.8%).

Figure 18
Solano County Suicide Deaths by Occupation
CY 2016 - 2020

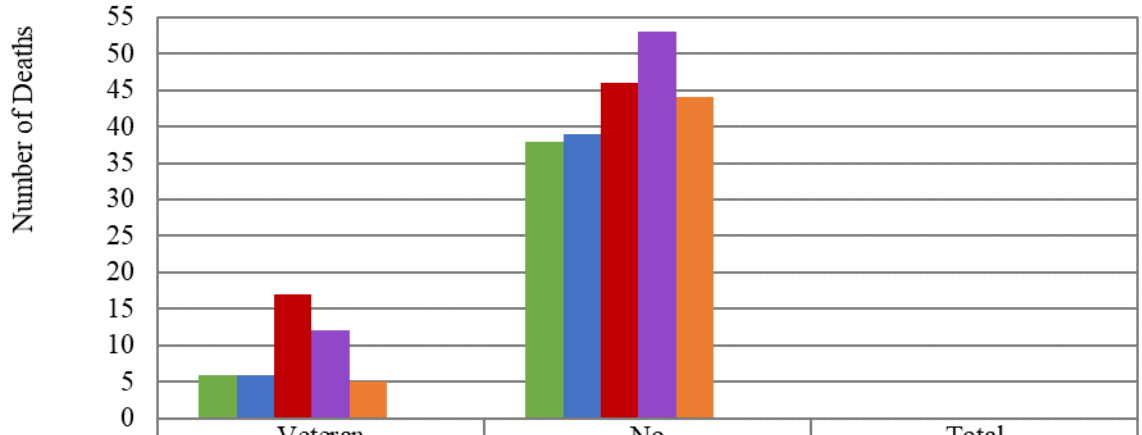
	2016	2017	2018	2019	2020	*5-year Total*
Construction/ Laborer	14	12	20	21	5	*72*
Sales/ Customer Service	2	4	4	8	5	*23*
Business Owner	1	3	6	1	3	*14*
Office/ Management	5	4	2	3	-	*14*
Student	3	2	1	5	3	*14*
Medical Field	2	4	2	1	2	*11*
First Responder/ Security	1	1	4	3	1	*10*
Mechanic	1	1	4	3	1	*10*
Caregiver/ Homemaker	1	2	2	2	1	*8*
Accountant/ Finance	1	1	1	3	1	*7*
Driver	2	2	2	-	1	*7*
Military	1	-	3	3	-	*7*
Restaurant Worker	-	2	3	1	1	*7*
Technology	2	-	1	3	-	*6*
Art/ Music	3	2	-	-	-	*5*
Educator	-	1	2	-	2	*5*
Engineer/ Architect	1	-	2	-	1	*4*
Miscellaneous	1	1	-	2	-	*4*
Never Worked	2	1	1	4	4	*12*
Unknown	1	2	3	2	18	*26*
Total Deaths	***44***	***45***	***63***	***65***	***49***	***266***

Source: Solano County Sheriff's Office—Coroner Bureau

Veteran's Status

Figure 19 shows the number and percent of suicide deaths for CYs 2016 – 2020 by Veteran status. Of the 266 total suicide deaths across the five-year time period 17.3% (46) of all suicide deaths were Veterans. CY 2018 had the highest number of Veterans, with 17 of 63 suicide deaths, or 27% of all persons who died by suicide. CY 2019 had the second highest number of Veterans, with 12 of 65 suicide deaths (18.5%).

Figure 19
Solano County Suicide Deaths by Veteran Status
CY 2016 - 2020



	Veteran	No	Total
# 2016	6	38	44
% 2016	13.6%	86.4%	100.0%
# 2017	6	39	45
% 2017	13.3%	86.7%	100.0%
# 2018	17	46	63
% 2018	27.0%	73.0%	100.0%
# 2019	12	53	65
% 2019	18.5%	81.5%	100.0%
# 2020	5	44	49
% 2020	10.2%	89.8%	100.0%
# 5-year total	46	220	266
% 5-year total	17.3%	82.7%	100.0%

Source: Solano County Sheriff's Office—Coroner Bureau

Community Input

Stakeholder Engagement

The work of the Suicide Prevention Committee started with a Community Program Planning (CPP) process to develop the county-wide *Suicide Prevention Strategic Plan* in 2017. The initial (CPP) process included eight (8) stakeholder community planning meetings and six (6) focus groups. In order to update the Plan in 2021, a second CPP process was conducted. This included four (4) community forums including one in Spanish (see Appendix C for flyers), and ten (10) focus groups, as well as several individual key informant interviews. As a result of COVID-19, all forums, focus groups and key informant interviews were conducted as virtual Zoom meetings or by phone.

The stakeholder groups included representation from consumers; family members; mental health; substance use and physical health providers; community organizations; the faith-based community; veterans; first responders; and representatives from the County's unserved and marginalized communities

Community Forums/Planning Meetings

Date	Type of Planning Meeting	# Attendees
May 3, 2021	Virtual Community Meeting via Zoom (English)	40
May 10, 2021	Virtual Community Meeting via Zoom (English)	16
May 13, 2021	Virtual Community Meeting via Zoom (English)	17
May 25, 2021	Virtual Community Meeting via Zoom (Spanish)	6

Focus Groups & Key Informant Interviews

Members of the Solano County Suicide Prevention Committee, SCBH Mental Health Services Act Unit staff and/or consultant partners conducted focus groups with various communities that were identified as being at increased risk for suicide.

Date of Forum	Focus Group & Key Informant Populations	# Attendees
March 30, 2021	Veterans	3
March 31, 2021	White/Caucasian Men, Ages 25-59	4
April 5, 2021	LGBTQ+ Adults	3
April 8-29, 2021	Seniors/Older Adults over 60 Years (Individual Interviews)	4
April 13, 2021	Family Member Survivors	3
April 14, 2021	LGBTQ+ Transition Age Youth (TAY) (ages 15-25)	5
April 15, 2021	TAY (ages 15-25)	3
April 15, 2021	Native and American/Indigenous Community	4
April 15, 2021	Law Enforcement and First Responders	5
April 20-28, 2021	Latino/Hispanic Community (Individual Interviews)	3
April 21, 2021	Black/African American Community	5
April 22, 2021	Asian American Pacific Islander Community	3

In spite of community outreach and two attempts to schedule a focus group with individuals with current or history of substance use, we were not able to recruit participants. SCBH and the Committee will continue to make efforts to engage this community given the increased risk for suicide for this community.

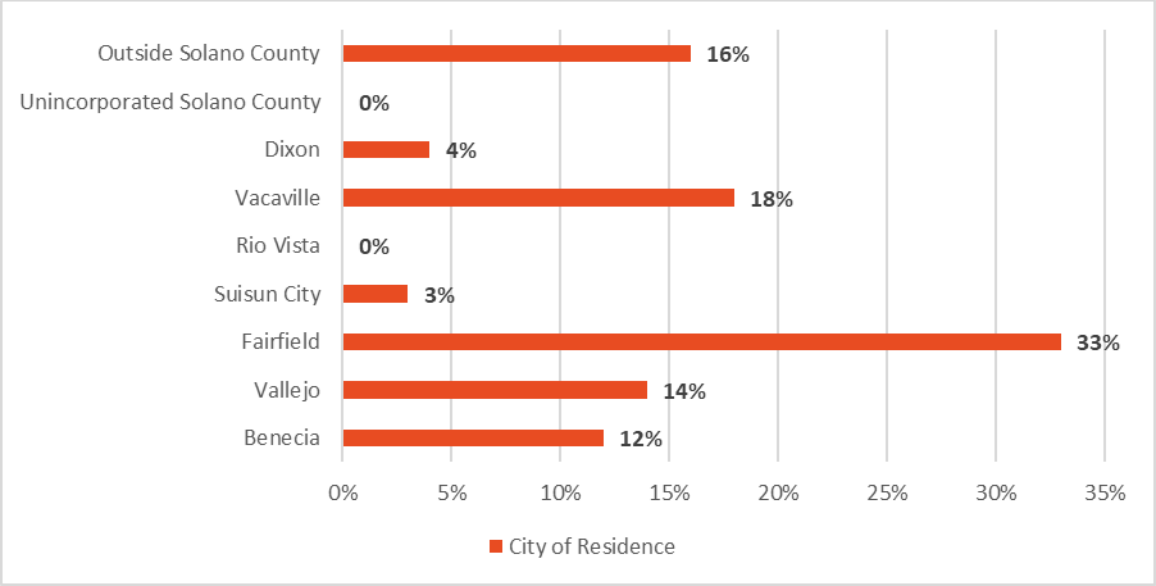
Community Planning Meetings – Participant Demographics

Community forum, focus group and key informant interview participants provided demographic information via an electronic survey at the point of registration, which included the following elements: age range; race; language; current gender identity; sexual orientation; city of residence, city of employment, military involvement, lived experience and suicide impact.

A total of 124 individuals attended the community forum meetings, focus groups and key informant interviews. Of the 73 attendees who completed the demographic survey, 75% were between the ages of 26-59, 11% were between the ages of 60-84, and 11% were between the ages of 16-25. Thirty-seven percent (37%) of the attendees identified as White/Caucasian, 12% as Hispanic/Latino, 21% as Black/African American, 5% as Native American/American Indian/Alaska Native (Yomba Shoshone Tribe, Pomo and Coast Miwok), 8% as Asian American/Pacific Islander and the remaining attendees identified as other (7%) or more than one race (10%) or declined to answer. Ninety-five percent (95%) of the attendees identified English as their primary language and 4% identified Spanish. Of the 56 attendees who answered the question related to current gender identity, 59% identified as female, 32% as male, 2% as transgender, 4% as another gender identity and 4% declined to answer. Of the 73 attendees who answered the question related to sexual orientation, 78% identified as heterosexual, 3% lesbian, 1% gay, 7% bisexual, 3% queer, 1% questioning, and 7% declined to answer. Nine percent (9%) of the attendees identified as veterans, 0% active military, 1% served, and 27% identified as a family member of a veteran/active military/served. Regarding the question related to lived experience, 23% reported lived mental health experience, 9% reported substance use history, 37% reported having a friend/family member with a mental health condition, 27% reported having a friend/family member with a history of substance use, and 4% reported no lived experience with mental health or substance use. 64% of the respondents reported having been personally impacted by suicide and 63% reported having been professionally impacted by suicide.

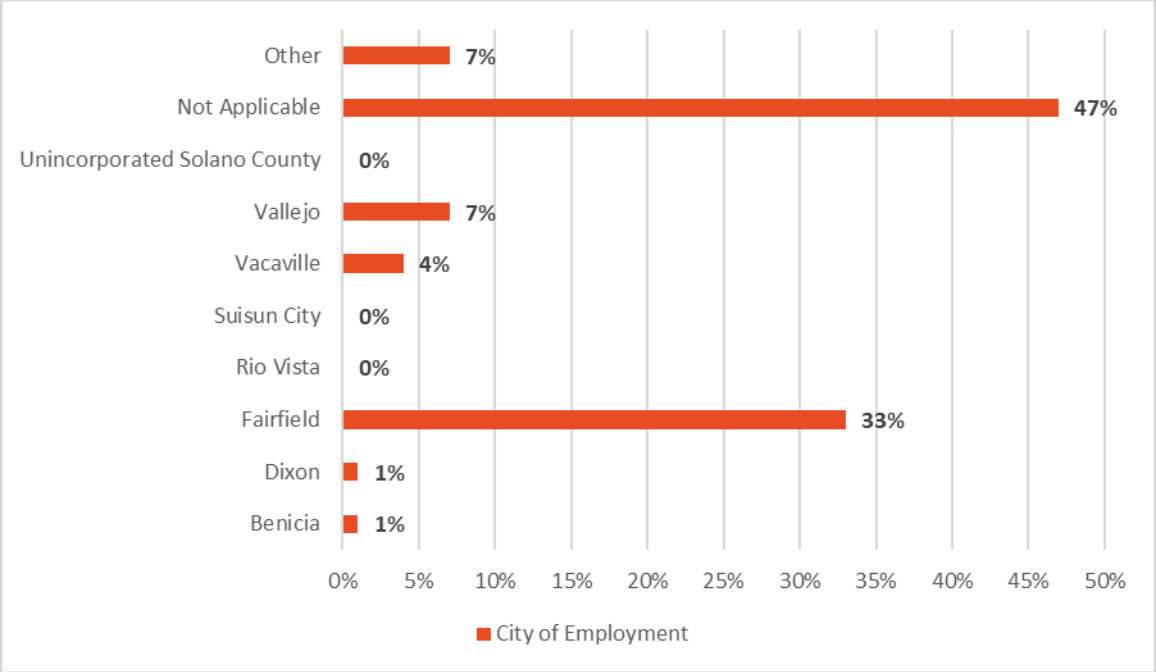
Figures 20 and 21 (on the following page) show stakeholder participation by city of residence and city of employment. It appears that there was representation from the various cities within the County, with the exception of Rio Vista.

Figure 20
Forum Participants by City of Residence



Source: SCBH Registration Survey

Figure 21
Forum Participants by City of Employment



Source: SCBH Registration Survey

Community Program Planning (CPP) Process

At each community forum, a brief PowerPoint presentation provided information on the prevalence of suicide nationally, at a state level and locally. Additionally, the presentation included an overview of the Suicide Prevention Committee and Strategic Plan activities over the past four years, including the Committee's mission and plan objectives. A survivor shared their personal experience with the group and shared resources that helped them to heal. Breakout sessions were held to solicit information and solutions directly from community members.

For the focus groups and key informant interviews, national and local data (see Appendix D) was shared related to suicide risk for each particular group was shared and targeted questions were used to elicit information regarding risk factors for the specific community; strategies to decrease stigma; suggestions for improving coordination across agencies; and suggestions for supporting the family, loved ones and the community after a suicide death. Focus groups and/or key informant interviews were facilitated by individuals who represented the communities of focus.

Feedback from these stakeholder groups provided important information on existing community prevention efforts such as trainings and stigma reduction activities; phases of intervention including screenings/ assessments, treatment, and aftercare; special communities of focus; postvention activities; goals for the plan and resources available in the community. This process included identifying what efforts are currently in place and effective while also identifying new ideas and/or gaps within the system. The feedback from the community helped guide the development of this Plan Update.

As the Suicide Prevention Committee implements the recommendations from this Plan Update, additional focus groups may be held to continue to gather valuable input and insights into how to address stigma and identify strategies to prevent suicide within various communities to help inform and continually improve strategies for strengthening the system of care across high-risk populations.

Communities of Focus

Special Communities of Focus

The following communities were identified by the Suicide Prevention Committee and/or the stakeholder community as populations more at risk for suicide, as evidenced by local, state, national suicide statistics; populations dying by suicide at higher rates in Solano County; or populations that were considered more at risk due to the stigma around mental health issues or due to a situational life stressor. The communities of focus identified included the following:

- Transition Age Youth (TAY), ages 16-25
- LGBTQ+ TAY
- LGBTQ+ Adult community
- White/Caucasian Men, ages 25-59
- Seniors/Older adults ages 60+ *
- Black/African American community
- Asian American/Pacific Islander community
- Native American/Indigenous community
- Latino/Hispanic community *
- First responders
- Veterans
- Family survivors
- Individuals with current or history of substance use **
- Homeless individuals **
- Individuals involved with the criminal justice system including those recently released from jail**
- Children and families involved with the child welfare system**
- Single parents**

*Indicates key informant interviews held

** indicates focus group/key informant interviews were not held

During the 2017 CPP process, focus groups were held with the TAY population (2 focus groups), seniors, the LGBTQ+ community, the Native American/Indigenous community, and the Filipino community. During the 2021 CPP process, a focus group and/or key informant interviews were held for twelve of the communities listed above that have been identified to be at greater risk for suicide based on national, state, or local data. Based on an increase in overdose deaths in Solano County SCBH and the Committee did make efforts to facilitate a focus group with individuals with current or history of substance use however were unable to recruit participants. The Committee will continue to monitor suicide risk for the additional communities identified and engage those communities as warranted. A summary from each community group is provided in the pages to follow.

Transition Age Youth (TAY)

One of the myths about suicidal talk, and actual suicide attempts, in young people is that they are just a bid for attention or "a cry for help"[28]. Suicidal ideation should be taken very seriously when working with teens. In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year[29]. During calendar year 2020, there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25.

In addition to the two (2) youth focus groups held to develop the initial Suicide Prevention Plan in 2017, two (2) youth focus groups were held in Spring 2021 and were comprised of a diverse range of vocal young people who represented themselves and their peers. One group was comprised of (TAY) ages 16-25 years. The second group was held for LGBTQ+ TAY to have an opportunity to provide their input into risk and resiliency factors as well as discussing ideas for expanding outreach and services to meet their needs. All of the youth groups were forthcoming about the risk factors, impacts, and recommended strategies to address stigma reduction and suicide prevention.

Commonly mentioned risk factors included a traumatic and/or neglectful home situation, bullying, depression, on-going educational and relationship pressures and stressors, history of sexual assault and experiencing rejection due to identifying as LGBTQ+.

The 2021 focus participants shared that in response to COVID-19, youth felt trapped and closed off from their friends and community because of school closures, police violence, racial and civil unrest, natural disasters, and social isolation. This isolation increased their time with family, which often took an additional toll on their mental health. School had always been their escape from family situations, and they had no means of escape. For youth who had complex family situations, they found it difficult to focus on participating in school through Zoom while being at home. Both bullying and cyber-bullying were identified as significant triggers and risk factors. Also, local and national violence impacted youth and affected their personal feelings of safety. Participants identified increased anxiety and depression as a result of the pandemic.

Both in 2017 and 2021, youth discussed what supports would be helpful in preventing suicide, which was in part focused on their reliance on fellow peers for support. Suggestions were made to train peer counselors and embed them in schools and other youth-friendly areas. When mental health treatment options were discussed, youth were clear that the services needed to be well advertised and the treatment providers needed to be culturally aware, authentic and engage in more than traditional talk therapy (e.g., offer services in the community and integrate art, music, and meditation).

Regarding stigma reduction associated with mental health and suicide, the young people offered unique insight to what they feel would best for work for youth. There was a heavy emphasis on utilizing social media as a conduit to spread the message about how to prevent and respond to mental illness and suicide. In addition, there is a clear need for education about what suicide risk factors are and how to respond if they experience these symptoms themselves or recognize the signs in a peer. They preferred that the educational training be offered at schools and recommended utilizing a motivational speaker who has struggled with mental illness and suicidal thoughts, as this type of presentation is more engaging to a younger audience. They recommended smaller break-out groups occur after the larger speaker presentation, so that youth would feel comfortable expressing themselves and asking questions.

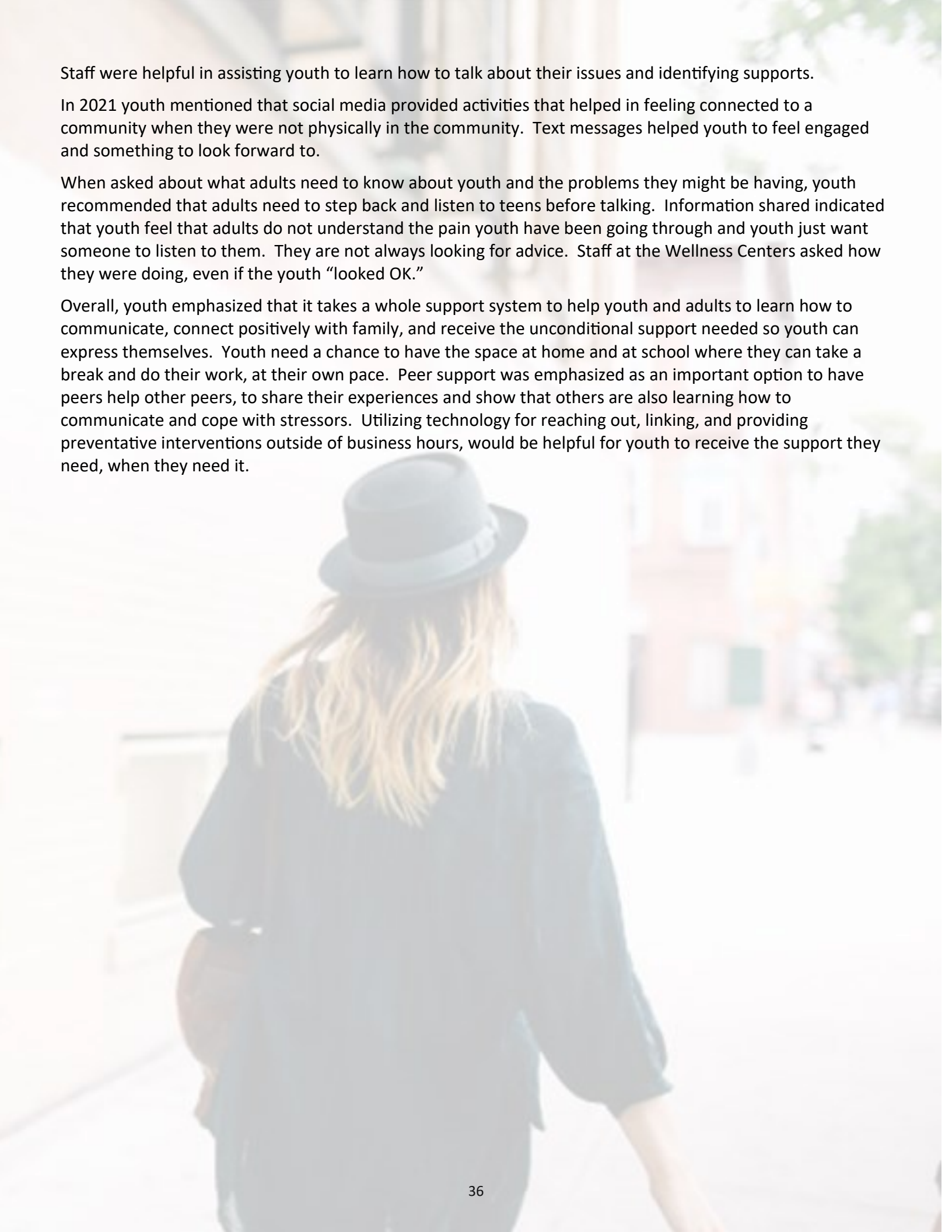
In 2020/21 due to the COVID-19 pandemic and school closures telehealth provided some support for youth, but they felt that there is a different connection with a therapist when receiving services in person. As with the group in 2017, youth who participated in the more recent focus groups recommended that mental health needs to be talked about in the schools. They noted that several of the schools had recently implemented Wellness Centers on the school grounds and staff were very helpful and very good at listening for hours, if needed. Staff helped with the "bad days" at school and helped youth talk through their issues and made sure they were okay before moving on to other things.

Staff were helpful in assisting youth to learn how to talk about their issues and identifying supports.

In 2021 youth mentioned that social media provided activities that helped in feeling connected to a community when they were not physically in the community. Text messages helped youth to feel engaged and something to look forward to.

When asked about what adults need to know about youth and the problems they might be having, youth recommended that adults need to step back and listen to teens before talking. Information shared indicated that youth feel that adults do not understand the pain youth have been going through and youth just want someone to listen to them. They are not always looking for advice. Staff at the Wellness Centers asked how they were doing, even if the youth "looked OK."

Overall, youth emphasized that it takes a whole support system to help youth and adults to learn how to communicate, connect positively with family, and receive the unconditional support needed so youth can express themselves. Youth need a chance to have the space at home and at school where they can take a break and do their work, at their own pace. Peer support was emphasized as an important option to have peers help other peers, to share their experiences and show that others are also learning how to communicate and cope with stressors. Utilizing technology for reaching out, linking, and providing preventative interventions outside of business hours, would be helpful for youth to receive the support they need, when they need it.



LGBTQ+ TAY

LGBTQ+ youth seriously contemplate suicide at almost 3 times the rate of heterosexual youth and LGBTQ+ youth are almost 5 times more likely to have attempted suicide compared to heterosexual youth[30]. Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's[31].

The 2017 LGBTQ+ TAY focus group provided insights into the risk factors, impacts and response needed to address suicide for this vulnerable community. Key risk factors that were identified included lack of family support; lack of education and resources within schools for youth; feeling attacked or condemned by faith-based centers; and the targeting of alcohol advertising to the LGBTQ+ community which encourages substance use and abuse. The group agreed that there are few places in Solano County where LGBTQ+ individuals can feel safe to be themselves, and even fewer places where they can be themselves relative to their sexual orientation/gender identity and their struggles with mental health issues. In 2021, youth mentioned a number of risk factors, including past traumas, especially previous bullying, sexual abuse, and death threats; poverty; lack of resources and natural supports; and not being accepted by family. If family is not supportive, youth noted it is hard to take care of oneself. If the environment is hostile, youth look for any escape. Youth also mentioned gender dysphoria, which can lead to self-harm.

Focus group participants indicated that the community could benefit from a wide array of stigma reduction strategies. There was a heavy focus on young people and the schools, with an emphasis on teacher trainings, student awareness trainings/campaigns, and identifying both youth and adult supports within the school settings that are both LGBTQ+ and mental health aware.

Beyond just youth, it was suggested that there be community campaigns to normalize the conversation around LGBTQ+ identities and mental wellness. In looking at service delivery, the group commented that service providers – housing, mental health agencies, retail, restaurants – could participate in a signage campaign to establish that they are an LGBTQ+-friendly space, and then uphold the space as safe for those who attend. Particular to mental health, the suggestion was made that numbers be distributed for mental health "help lines" that specialize in supporting the LGBTQ+ community and that services be provided in spaces that are already established as "safe spaces."

"Safe Spaces"

Youth mentioned that the Wellness Centers at school have been very helpful. Additionally, youth highlighted that it is important to learn that it is acceptable to ask for help. It was also noted that schools do not always recognize the "Invisible Disabilities". Youth suggested that having a mental health counselor is helpful, however schools primarily have guidance counselors. It would be helpful to train guidance counselors on the issues of mental health and challenges that impact LGBTQ+ youth so they can provide additional support. Another important item identified was the need to ensure that teachers and administrators do not "out" students and do not threaten to "out" students to their parents.

Youth recommended that adults need to know not to punish the behaviors they do not want to see. Participants identified that parents/caretakers need to stop thinking about what the community—particularly religious community—will think of their child. "They don't have to follow the norm, but they do need to make sure [their] child is OK." Participants also emphasized the importance of educating the community that being LGBTQ+ or having a mental illness is not just a trend or a phase.

Youth identified safe places in Solano County which include the Solano Pride Center, Starbucks, and the park. Service dogs also provide important support. The internet was also identified as a place for youth to obtain support and connections with other LGBTQ+ youth. Communities can support LGBTQ+ youth by helping with advocacy; working with City Councils; offering as many resources as possible;
and ensuring gender neutral bathrooms and changing rooms. One community college has one gender neutral bathroom that is far away from the main campus. Trans youth identified that they are exhausted by being misgendered and having the wrong name used. They also do not want to be put in a separate room

when placed in a psychiatric hospital. Youth recommend the best way to reach LGBTQ+ youth is by creating a presence on social media: Instagram; Snapchat; Facebook Lex; TikTok; and to advertise on dating aps.

LGBTQ+ Adults

The actual suicide rates among LGBTQ+ people are not known because gender identity and sexual orientation are not reported in death records[32]. Information known about suicidality among LGBTQ+ people is through the use of surveys in which people self-report suicide attempts and suicidal ideation. According to a number of regional and national studies, LGBTQ+ youth and adults face an elevated risk of suicidal thoughts and behavior. The LGBTQ+ community is diverse and strong, but may be disproportionately at-risk for suicidal feelings and other mental health struggles because of discrimination and prejudice they too often are up against[33]. In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25[34].

A focus group was held with LGBTQ+ adults in 2021. Participants identified that the lack of research and interventions create a feeling of hopelessness within the community, leaves them feeling marginalized and fosters a belief that no one cares. There is a feeling of mistrust towards helping sources because they do not see themselves being represented. Some therapists and other persons who offer support do not self-identify as being a member of the community, which exacerbates the feeling of isolation and stigma.

Triggers and risk factors for the adult LGBTQ+ community include un-affirming or unsafe “feeling” spaces; parental and peer rejections; family rejection; community rejection; and spiritual rejection (church). There is a fear of rejection within social and emotional groups. Because people do not feel that they can be who they are; love who they want; live their true lives, within an unsupportive and underrepresented community, they do not know where to find support and affirmation. Feeling unaccepted often leads to isolation. Substance use was also identified as triggering and a risk factor.

The past year’s stressors—COVID-19, racial and political unrest, natural disasters, etc.— impacted the LGBTQ+ adult community by increased loneliness; more isolation; racial and civil unrest created more anger and increased danger to transgender people; fires created an enhanced fear and increased anxiety of losing family and support persons; increased fear of losing jobs; increased cost of goods and services; loss of loved ones and pets; and always asking “does it matter”, when looking for or receiving services. Some community members do not have the technology, internet, and/or skills to access on-line services, which creates additional isolation.

Providing support for the LGBTQ+ adult community includes offering more LGBTQ+ support groups that deal specifically with depression and/or anxiety; for public service announcements showing LGBTQ+ services available through inclusive providers and showing what service are available and how to access them; more community training such as ASIST and safeTALK; and more ‘In Our Own Voices’ groups and programs dealing specifically with suicide in the LGBTQ+ community.

LGBTQ+ adults identified safe places in Solano County which included the Solano Pride Center; Solano Pride Senior Group; Holy Family Church and other spiritual groups; pride events; family; and affirming neighbors. Increased community outreach events and more representation at community events would help increase awareness.

White/Caucasian Males Ages 25-59

In 2019 the national suicide death rate for White males was 26.1 representing 32,964 total deaths[35]. Solano suicide data shows that White males who are between the ages of 25 and 59 have the highest rates of suicide. By occupation, they are persons who work in construction, carpenters, and other "blue collar" professions. The men in this focus group were able to share important information from their perspectives. The impact of suicide is devasting for families and friends. Suicide is a taboo subject and it is difficult to talk about. They noted that it is cultural in the U.S. that males cannot allow themselves to be seen as weak and "boys don't cry." They do not know how to talk about suicide, have a lack of awareness of the prevalence among this population, and how it impacts the community.

Common triggers or risk factors identified included lack of money, jobs, and changes in roles where men are expected to both work and help with family and household chores while their wives also work to help pay the high cost of living in the Bay Area. Society has high standards for White men and when they do not feel like they measure up, they get overwhelmed and struggle. "We have to trade all of our time for money."

Focus group participants indicated that COVID-19 increased the feelings of helplessness. People were locked in their houses; jobs were impacted; and family members died. Stigma and lack of resources prevent men to ask for help and to access professional counseling services. Pastors, veterans' resources, and community support groups can be helpful, but "we need to get over our pride" and stop thinking that "we need to be a man, and ask for help, when needed". Training people in the community, such as supervisors, pastors, gym owners, and supervisors is needed to help learn how to recognize the signs of mental health, substance use, and suicide, and develop the skills to ask the person if they need help. Someone who creates a safe environment, offers an awareness of suicide, and will spend time listening rather than talking would be beneficial for this high-risk group.

Methods identified for creating an environment that promotes wellness and reduces stigma included public service announcements on radio, television, social media, free community newspapers, and billboards. While there is a lot of information on COVID-19, there is little information about awareness about mental health and how to access resources. Resources may include a short, 30-minute awareness and resources presentation for small businesses, such as a safety tailgate meeting. Overall, it was suggested that there is a need to support conversations and activities between cities and county, local community groups, and businesses to raise awareness of the problem and offer information on how to access services.

Seniors/Older Adults

Older adults over 60 make up 18% of the population in California, but account for one-third of all suicides, while adolescents account for less than 5 percent of the suicides[36]. The suicide rate of older adults in California is 16.9 per 100,000 – higher than the overall rate of 10.4[37]. In 2019 the rate of suicide for seniors 65 and older was 17.0%[38]. While Solano County has seen a decrease in suicides for older adults over 60 over the last several years, this particular community of focus will require ongoing targeted prevention efforts to continue the downward trend.

The participants in the 2017 older adult focus group identified risk factors which included isolation; loss of independence as one ages; lack of family support; struggling with what is perceived to be a failing body; lack of finances; all of which contribute to an impact on self-worth and self-value. The group highlighted the intersection of the stigma related to being an older adult in a youth-centered culture with the stigma related to mental illness and suicide. They discussed experiencing this as a "double impact," with some participants highlighting that if you belong to certain cultural groups, such as LGBTQ+, African American, Asian American/ Pacific Islander, the impact could be even greater.

In 2021, a focus group was scheduled for seniors, however due to participants not showing up for the focus group as planned, key informant interviews were held instead. Four (4) older adults were interviewed individually. Risk factors were similar to those identified in 2017 with loneliness; physical pain; lack of family; finances; and challenges with lack of internet and the skills to use technology. Participants also identified that seniors have limited funds for taking care of their pets, which provide a big source of comfort when living alone.

To address these multiple impacts, training and education were suggested to aid in reducing the stigmas. It was recommended that these be offered to providers who serve older adults (including physicians, therapists, hair/nail salon staff), as well as family members and community members at already established meetings such as the Rotary. Given that religious beliefs can act as a barrier to one obtaining help or support, outreach and training to faith-based centers was strongly recommended. One creative idea put forth was spearheading a public awareness campaign that frames being older as a strength and not a deficit. There was also the idea of linking older adults with animal rescue groups to address isolation and lack of physical contact, creating a mutually beneficial opportunity for volunteering/fostering/adopting pets in need.

In 2021, participants stressed that there is a need for additional outreach and services for older adults. One senior noted that she started her own chat line, where she has a scheduled time to chat with other seniors and give them something to look forward to. Also, opportunities to participate in arts and crafts; sewing groups; and other opportunities to be creative is also very helpful.

Other strategies suggested included support services to check in on seniors; show them someone cares and lend a helping hand; meeting places that are open and affirming and receptive to all backgrounds; help accessing services such as In Home Support Services (IHSS); grocery delivery services; and needed essentials. The increased cost of goods and services has impacted seniors who live on a limited income. Additional supportive nursing services to help with medication management was also recommended. A lot of seniors have easy access to pills which can result in an overdose. Others do not take their medications properly because they forget and/or can't read the small print on pill bottles. Participants identified that there is also a need to learn more about quality CBD (Cannabidiol) products for pain management. Many seniors need help in filling out forms and accessing services that are available to them. While SCBH funds several prevention and early intervention programs that specifically serve seniors and provide several of the support services listed above, however efforts should be made to better advertise these services.

Seniors identified a need for increased information on resources; coping skills; suicide prevention phone numbers; and social media information in a friendly, accessible format, such as mail. Many seniors do not have the technology and/or cannot afford the tools needed to access social media and the internet. Also, having access to therapists that specialize in seniors would be helpful. These specialists would have an understanding of senior depression; loss of loved ones; decreased mobility; loss of eyesight; decreased hearing; loss of a driver's license; increased physical and medical issues; etc.

Training for the physical health community would also be helpful, providing training about how to ask about mental health; substance use; suicidal ideation; isolation; LGBTQ+; training on how to respond and validate the senior's concerns with respect; and how to link the person to the appropriate resources.

Black/African American Community

While the majority of studies show that African American men are more likely to die by suicide; African American women are more likely to attempt suicide[39]. During calendar year 2020, there were 49 suicide deaths in Solano County of which 22% (11) were African American residents, while African Americans represent only 14% of the total population in Solano County. SCBH and the Suicide Prevention Committee are monitoring this closely and making efforts to engage this community to raise awareness and prevent suicide deaths.

The Black/African American focus group held in 2021 discussed the impact of suicide on the community. Suicide is not openly shared or talked about, discussions are shunned, and no one addresses mental illness. In the faith-based community, it is not talked about, or embraced, and the family is not supported when a loved one dies by suicide. There is a lack of knowledge; and people feel shame and see it as a sign of weakness.

The stereotype of being "strong" and "being resilient" has created a reluctance to admit that one needs help which has negative impacts on health. Focus group participants identified that it is difficult to receive counseling because of the small number of counselors who represent the Black/African American community.

In addition, the COVID-19 pandemic increased feelings of helplessness with the economy/unemployment weighing heavily on Black males who may be the sole providers Additionally, concerns related to COVID-19 was that seniors are more isolated, and that substance use appears to have risen. Social injustices like what happened to George Floyd affect the mental well-being of the Black/African American community. This community has historically witnessed and heard about police killing of Black/African American community members, creating generational trauma. Participants identified that watching the news is retraumatizing. One participant stated, "Our whole life we have been exposed to trauma, generational trauma, Jim Crow, police violence. To never get justice is triggering." The police violence against Black men has been very difficult for veterans of color. Other participants identified that a lack of trust results in families keeping what happens in the home private which can result in not seeking help when it is needed. Participants also noted the "toxic stress" that their community continue to experience related to socio-economic challenges such as rising rent costs and a lack of resources are additional risk factors.

"We never get a chance to heal."

Protective factors identified include religious and spiritual practices and going to the church house on Sunday. Support comes from hearing and getting support from other community groups. Participants identified that community members are more apt to listen and check in with neighbors, trust family and friends. It is important to know who your village is and identifying them outside the biological sphere. Participants noted a tradition within the Black/African American culture is that it "takes a village to raise a child."

Other supportive services identified included peer support and raising awareness; distributing information to faith-based organizations; commercials and PSAs showing the Black/African American community accessing services. Also, providing support to vulnerable populations, such as the homeless, persons with substance use, and the elderly was highlighted as a need. Participants unanimously suggested offering emotional emancipation circles such as the organization in Sacramento called 'Safe Black Spaces', which offers a supportive community facilitated by providers representing the community. In addition, support comes from colleagues, family members, siblings, friends, church, faith-based networks, mental health, peer support groups, spouses, and Alcoholics Anonymous 12-Step programs.

Asian American/ Pacific Islander (AAPI) Community

Suicide is the second leading cause of death for Asian-Americans aged 15-34, which is consistent with the national data (the second leading cause for all 15-24 year-olds regardless of race/ethnicity), and the third leading cause for 25-34 year-olds[40]. During calendar year 2020 there were 49 suicide deaths in Solano County of which 10% (5) were AAPI residents.

In 2017 a Filipino focus group was convened to address the issue of suicide prevention through the cultural lens of this community. In 2021 the focus group was broadened to include community members representing the AAPI community in Solano County. Relative to the impacts of suicide, the 2017 participants pointed out the emotional responses of shock, grief, anger, and helplessness. They discussed concern for families who had experienced the loss of a loved one to suicide, and also spoke to the impact this has on tight-knit Filipino communities. Participants in both focus groups highlighted that until the issue of shame related to mental illness and suicide is addressed by the community and its members, people will not even begin to access resources if they are made available. It was also noted by the 2021 focus group participants that the impact of suicide varies across ages, with youth who are more likely to talk about suicide directly, while the older population is quiet and have shame, so do not want to talk about it. There is also a disconnect for the older population, with a lack of linguistically available resources, so the older generation/parents are not able to access services as easily.

The 2017 focus group participants identified many risk factors, including bullying, the influence of social media and its impact on expectations/societal norms/trends, relational issues, addiction, infidelity, and depression. There was a focus on the intergenerational gaps that occur between the different age groups within the Filipino community, and the influence this has on one's mental state. The consensus was to find a way to address and bridge these gaps.

The 2021 focus group participants identified the following risk factors for their community which included financial problems, especially when there is an economic downturn which puts an extra burden on the person employed due to their feelings of inadequacy to support the family. Gambling is a stress reliever but becomes a major problem within the family. Housing is also an issue, often due to multiple families living together in one house or losing their homes. Mental illness and medical health conditions are also stressors because people do not want to be a burden on the family and/or because of shame, so they do not access services.

Community stressors in 2020 significantly impacted the AAPI community: the COVID-19 pandemic; police violence; increased hate crimes; racial and political unrest; and natural disasters. It was identified that AAPI community members would not be likely to seek mental health services, after seeing the news and would be unsure if they could trust providers and/or the police. People were isolated, and became more withdrawn, did not connect with others, and many had businesses close.

Many ideas were expressed regarding how to reduce shame related to mental illness and to provide culturally-responsive services to the community. An emphasis on creating awareness within the culture was discussed, with the recommendations to do so via social media and small group workshops and conversations. Social media campaigns could disseminate valuable information and aid in debunking myths related to mental health, while letting people take in the information at their own pace. The small group workshops would allow for intimate communal spaces where safety could be established, and previously unspoken conversations could take place. Given the importance of faith and spirituality as it relates to the sense of community within the Filipino community, the 2017 focus group emphasized a desire to integrate mental health outreach and services with faith-based centers. Partnering with already existing groups within faith-based centers could help to fortify these groups that are already in place; and potentially lead to replicating them in other institutions where the Filipino population of Solano County congregates.

Asian American/ Pacific Islander (AAPI) Community (cont.)

The 2021 focus group participants noted that youth are now able to express more how they feel, are able to find resources through school and social media, are more acculturated, and are able to share these resources with the family. Protective factors were also discussed, and participants mentioned that they have had many stressors in their families, and this has helped them learn to be more resilient, and are able to overcome and recover more quickly because they have seen more difficulties in their home countries. As a result, in America, they see it as opportunity and are able to bounce back quickly. Participants highlighted that in response to increased hate crimes and violence towards the AAPI community post COVID, they saw younger people walking seniors home, which also created resiliency by offering support to others. They also noted that extended family living in the home helps develop resilience, as well as a strong ethnic identity within the AAPI community, which is a big protective factor.

Additional supportive services needed include services available in their primary language and easily accessible to the communities where they live. More social media exposure in their primary language; a smart phone app in multiple languages; partnerships with churches/faith-based organizations; and post-suicide prevention and mental health materials distributed widely.

Native American/Indigenous Community

American Indian/Alaska Native individuals have the highest suicide rates in the nation at 22.1 per 100,000 people and have seen an 86 percent increase in suicide deaths since 2000. Native Americans are generally unserved or underserved in most communities and have high rates of depression and substance abuse and are therefore more at risk for suicide[41]. Local suicide data does not indicate Native American/Indigenous community members are dying by suicide, however through the CPP process this community highlighted that this is likely due to the fact that community members are very hesitant to identify as native peoples due to distrust and a history of abuse by government entities.

In both 2017 and 2021 focus groups were held with Native and American/Indigenous community members to discuss the impact of suicide on their community. Participants discussed the impact and risk factors associated with suicide while also creating an opportunity to discuss what is needed to address issues related to mental health and wellness. The role that intergenerational trauma has on the Solano County Native American community, particularly as it relates to not being recognized as a population that experiences unique hardships including grief related to the displacement of tribes, loss of land and culture, economic inequality, substance abuse, environmental destruction, cultural appropriation, and the mockery of sacred spiritual and cultural practices was emphasized.

Additional risk factors identified included: stress, a lack of affordable housing, child abuse, and unresolved grief/trauma. The group identified that when a Native person dies by suicide there is no “cry dance,” indicating no communal expression of grief and support, and the family members are generally isolated and at increased risk for mental health and/or suicide themselves. The 2021 focus group participants identified that there continues to be a lack of services in Solano County, and there is a need to drive 1-2 hours for culturally responsive services. The group discussed that there continues to be a fear of seeking help due to how they think they are going to be treated; lack of inclusive and affirming Native providers; and limited local resources.

The 2021 group participants identified that the pandemic exacerbated the feelings of isolation. Community events were halted; they were unable to have ceremonies and come together as a community to share and support each other. Additional contributing factors were discussed, such as alcohol use; historical cultural genocide of land lost; residential schools; children adopted off reservations; and loss of culture are all factors that can lead to domestic violence, hopelessness, mental illness, and suicide.

Similarly, community stressors such as COVID-19, school closures, police violence, racial and civil unrest, and natural disasters that occurred in 2020/21, further impact mental health and suicide risk.

Participants identified that due to the lack of recognizable safe and culturally responsive spaces, and a general stigma related to mental illness, the mental health needs of the Native community are not being adequately addressed from a prevention or intervention standpoint. In regards to services and supports needed, participants shared that an effort towards a visible acknowledgment of the Native American population in Solano will create opportunities for collaboration to address the historical shame and trauma. This would include creating mental health-specific welcoming spaces that are culturally responsive by providing cultural competency trainings, education, and talking circles. The TANF office in Fairfield was identified as a safe space and the staff are considered cultural brokers. This confidence could be leveraged to build supportive partnerships, particularly with the County, to further address stigma and work to meet the needs of the community.

Supports needed include transportation, outreach from community healthcare staff, and building a network of supports within the native community. The 2017 participants proposed hosting a symposium that would focus on the mental health needs of Native Americans by incorporating traditional healers/medicine people/ elder presenters, along with community members telling their stories in hopes of creating an opportunity for healing and connection. As visibility is increased, and service provision addresses the unique strengths and challenges of the Native American population, the risk for suicide can be significantly reduced.

The 2021 participants recommended the need for support services to help build resiliency with an emphasis on holistic care. These recommendations included the following: prayer; ceremonies and gatherings; spiritual connections; Medicine Wheel Teaching; White Bison programs; more cultural services including more affirming and inclusive service providers; and creating a safe place to grieve. Other recommendations include additional community training; more housing supports; childcare services; transportation; and spirituality. Helping to create extended family networks; linkage to the tribal community; and acknowledgement of family roles, knowledge of elders, and supporting ancient knowledge within social circles can help promote health and wellness.

Latino/Hispanic Community

Latino/Hispanic youth are at higher risk of suicide compared to other demographic groups except Whites and Latino/Hispanic individuals in general use mental health services at lower rates[42]**.** During calendar year 2020 there were 49 suicide deaths in Solano County of which 14% (7) were individuals who were identified as Latino/Hispanic. In 2021, a focus group with Latino/Hispanic community was offered in Spanish, however due to participants not showing up for the focus group as planned, key informant interviews were held instead. Additionally, a community Forum in Spanish was held as well. The information below incorporates feedback obtained through both key informant interviews and the forum.

Participants reported that a suicide death disrupts the entire community because they don't understand why or how it could have happened. The community feels guilty and embarrassed that they did not do more to help when the person was alive, and there is stigma due to religious beliefs. Suicide has always been considered by the Catholic Church as a grave offense or sin.

Risk factors identified include lack of resources; lack of information and knowledge of who to go to for confidential help. There is also a language barrier with not enough therapists who speak Spanish, as well as not enough informational material in Spanish. Participants identified stigma related to mental health and feelings of being inferior if there is a mental illness or a person needs to ask for help.

Latino/Hispanic Community (cont.)

The global pandemic, police violence, racial and political unrest, and natural disasters all caused more stress; it added additional fears that someone is after us or that something bad will happen; these fears burden the mind and create more fear of police, and a feeling of hopelessness. In addition, families fear deportation for their loved ones. Related to the pandemic, participants identified an increase in violence due to the Stay-at-Home Order as an additional risk factor.

Protective factors identified by participants included: strong close family structures, connection to the community, faith and belief systems including the notion that dying by suicide is considered a sin in the Catholic Church.

Participants recommended offering training for parents so they can provide guidance to their children; family unity; acceptance and removal of stigma surrounding suicide including with the church. Supportive services would include advertisements in Spanish on radio and TV; community events; information on where to get additional information and resources; support groups held in Spanish with an emphasis on the peer-to-peer model, including information on substance use, which can lead to mental illness and violence. Support groups may include family; priests and nuns; co-workers; and an inner circle of Latinx friends and colleagues. Forum participants recommended increasing outreach with the Latino community through schools, churches, senior events, cultural events, libraries, immigration agencies, grocery stories that cater to the Latino community.

Additional ways to promote wellness identified included having courses at schools on mental illness and/or suicide awareness; employers to provide information and workshops; community events to bring community together and provide information; teach the community how to use and attend virtual events; provide information on how to reduce mental stress and promote personal mental health; have a centralized office where Spanish speaking individuals can receive services.

First Responders

It is estimated that 30% of first responders develop behavioral health conditions, including, but not limited to depression and post-traumatic stress disorder (PTSD), as compared with 20% of the general population. Firefighters were reported to have higher attempt and ideation rates than the general population, and for law enforcement, the estimates suggest that 125 to 300 police officers die by suicide every year[43].

There were five participants in the First Responder focus group held in 2021, which include both police officers and one firefighter. The impact of suicide on the First Responder community is far reaching. When suicide happens for first responders, the other team members who are left behind may think this is an option. Similar to when a family member dies by suicide, other family members are at higher risk for suicide; partners and crew left behind are like a family are also at increased risk for suicide. The impact lasts for months and months and it is difficult to overcome when the loss represents “one of us”. Participants also highlighted the negative impact on the investigators from the Coroner’s Office particularly when the decedent is a first responder.

Several participants mentioned that the impact of child/youth attempts or completed suicides is a significant issue, especially when the first responder has children of their own and even harder if their children are similar age to the decedent. It also has an impact on the first responders trying to share with family members, because they do not understand the experience. First Responders’ fear of being stigmatized as weak, and their normal place to receive support is from family becomes problematic because family cannot relate to the experience.

Risk factors for First Responders shared included when the individual is having trouble at home; with finances; and/or at work. The stress of the job is significant, when they are viewed as the hero, but also need to deal with normal life stressors: death, divorce, etc. Also identified was substance use to cope; overspending; extramarital affairs; which can lead to being a trigger for suicide. Risk factors were also discussed for retired First Responders which included isolation; not having a hobby or "purpose beyond the badge", loss of a social network; loss of identity; feelings of being disconnected from their peer group and as individuals age loss of spouses further contributing to isolation. The anxiety experienced post retirement was likened to separation/retirement from the military

Recent community stressors such as the COVID-19 pandemic, civil unrest, and natural disasters also further impact mental health and suicide risk for First Responders. These compound the inherent stress of the job. When First Responders are called away on a natural disaster, they may be away from family for long periods of time. This causes stress on the entire family. In regards to the pandemic, participants identified that unlike many other community members, first responders did not have the option to telecommute, which placed more burdens regarding fears of exposing families when they came home . Both the pandemic and wildfires resulted in limits on the ability to take time off, and vacation with family, is core in helping manage the stress of the job. In regards to the recent civil unrest, participants expressed a real concern that there are fewer people wanting a career in law enforcement, which creates a burden if there are not enough staff or funding to do the job.

The culture of opening up about challenges with mental health or substance use to get help creates a barrier to accessing services because of the real fear of the stigma of having the public find out and negative impacts on their job particularly for law enforcement. This forces First Responders into isolation.

"When there is a fire or crisis, others run from it and first responders run to it."

The global pandemic, police violence, racial and political unrest, and natural disasters all caused more stress; it added additional fears that someone is after us or that something bad will happen; these fears burden the mind and create more fear of police, and a feeling of hopelessness. In addition, families fear deportation for their loved ones. Related to the pandemic, participants identified an increase in violence due to the Stay-at-Home Order as an additional risk factor.

There are a number of protective factors that can help prevent suicide for First Responders. These include resiliency training; team building; having hobbies outside of the job; taking time off to de-stress with family; physical health including exercise; faith; family; support groups; and having clinicians who understand the culture of First Responders. Use of the Employee Assistance Programs (EAP) offers counseling support but is not necessarily adequate.

Participants identified that there is a mental health wellness app for First Responders, Cordico, that many police and fire departments are using. This app provides information on how to develop coping strategies, resiliency skills, and managing post-traumatic stress. Additionally, there is an ability to access mental health providers however it was noted that there are not many providers to select from. A strong emphasis was placed on having a Peer Support Team, that allows people to access individual or group services and provides a place to safely share their experiences and stressors, with people who understand the culture of first responders. Participants identified support groups outside the organization including AA 12-Step programs and several private practices providers who specialize in working with First Responders that are advertised by word of mouth as important resources.

First Responders (cont.)

Participants highlighted how important it is to have supervisors and managers be directly involved and endorse stigma reduction efforts, with buy-in from all levels of the organization. This includes training on developing resiliency and coping skills for all team members and how to recognize when people are struggling. Participants unanimously agreed that it would be helpful to have protocols for critical incident debriefings. Currently there are technical debriefings taking place to determine what went right and what went wrong, and for those that opt in Peer Support debriefings are held separately due to confidentiality. It may be more helpful to normalize the ability to talk and vent following troubling incidents such as those involving children (child abuse, exposure to domestic violence, child/youth suicide attempts or suicide deaths, etc.,), incidents involving deaths that are more traumatic such as car accidents involving dismemberment of body parts, suicides of first responders, etc.

Veterans

Veteran's suicides made up about 14 percent of total suicides in America in 2018[44]. Of the 49 suicide deaths in calendar year 2020 in Solano County 10% (5) were veterans and of the 65 suicide deaths in 2019, 17% (11) were veterans. A focus group was held with veterans in 2021. Homelessness, health, and financial issues are the three core factors that continue to impact veterans. PTSD continues to influence their ability to recover and in the past year, COVID-19 increased the feelings of helplessness, difficulty functioning, loss of relationships, and disabilities. Participants identified that vets have been isolated in their homes; jobs were impacted; and it was difficult to access resources and services. The loss of loved ones exacerbated their PTSD symptoms. The isolation prevented attendance at in-person support groups and going to restaurants for social interaction.

Participants identified that the police violence against Black men has been very difficult for veterans of color. The violence reminded individuals of the racism they experienced when in the military. Similarly, the protests of 2020 and the storming of the capital played a role in reliving traumatic experiences when in the military.

In regards to supports and services needed, participants identified that groups are very supportive for veterans as they provide comradery and support and help to reduce stigma because they can see others are impacted by the same experience. They are all together when in the military, then come home and experience isolation. Continuity with the same provider is also important, and a lot of veterans have therapist that are retiring, so they feel like they will need to start over again. It is important that providers and the community have an understanding of a veteran's triggers to help reduce factors that may lead to suicide.

Factors that can help build resiliency include developing coping skills; exercise; hobbies; and having another person in their lives. The veteran's center in Concord has also been helpful for vets. They create a trusting and supportive place that supports vets and helps them get benefits they do not know about. Other helpful resources would be to have an App for veterans, to help them know about local resources.
Also, PSA on radio and social media would help link veterans to other veterans, support groups, and resources.

Additional suggestions included: reducing access to legal weapons that can be used for suicide; suicide prevention training for health care providers; and offering targeted outreach and prevention services, such as sending a mobile clinic into a neighborhood where there are more vets, would be helpful to promote resiliency and increase knowledge of how to promote wellness and recovery. One particular participant prepared a comprehensive strategic plan to address veteran suicides which can be found in Appendix E. The Suicide Prevention Committee has been actively recruiting representatives from the local VA office and will also provide this strategic plan to that organization in the hopes we can collaborate to implement strategies identified by the focus group.

Family Survivors

For each death by suicide 147 people are exposed [for 2019, 6.98 million annually[45]. Survivors of suicide are more likely than other bereaved individuals to develop symptoms of PTSD[46].

There were four (4) family members who participated in the Family Member Survivors 2021 focus group. All participants stressed how having their loved one die by suicide changed their life forever, and the impact was shock and trauma. Others reported that they don't understand what they are going through, and that they will never get over it. Participants indicated that with suicide, the family member is searching for 'why' and 'what could I have done to prevent it?'. They referenced going through the stages of grief, first trying to deny it, escape, having feelings of guilt, and experiencing ongoing PTSD from the event. Following the death of their loved one, questions from others were often experienced unsupportive, especially the language used. Using the term 'died by suicide' is less stigmatizing than 'committed suicide'. Often family and friends provided important support, but there was also a need to have the space to be alone and grieve. Participants reported that they didn't know where to go for help and counseling, and it was difficult to find the resources needed to get support.

A number of different supportive services were recommended by the group. A clear, written, resource guide is needed that outlines the available local counseling services; support groups (not grief groups, which are different than death by suicide); a list of trained providers in the county; and other resources. This resource guide would be available for community mental health providers; Coroner's Office; law enforcement; hospital; schools; faith-based organizations; and others to immediately give to the family.

It was recommended that there needs to be training throughout the community to help develop skills to help support families for both survivors and for families impacted by suicide attempts. This includes helping schools to develop a better plan for supporting students who return to school after a crisis and/or hospitalization; postvention plans; and how to respond individually with the student.

Participants also recommended publishing information on local annual American Foundation for Suicide Prevention (AFSP) Survivor's Day; the annual Military's Survivor's Conference; and other support groups, to help reach out to family members on an ongoing basis. Additionally, participants recommended offering a support group similar to the one Napa County offers, which is a 12-Week course on "Understanding Suicide for Survivors". Participants also recommended creating an ongoing support group that is available, on an 'as needed' basis, would help provide help when individuals need to talk with others. Throughout the meeting the idea of developing a Survivors Mentor program kept coming up.

This would entail identifying survivors who were in an emotional place whereby they could be connected to the family/loved ones of someone who has recently died by suicide to provide support and guidance.

Other feedback included creating awareness campaigns to help reduce stigma and prevent suicides with an emphasis on changing the language surrounding suicide; using social media to reach out to different age groups in the community; sharing information about resources; increasing awareness of the school Wellness Centers; and distributing educational materials throughout the county. Focus group participants endorsed the need to expand the capacity to sensitively collect additional demographic information on suicides and attempts, including information on current gender identity and sexual orientation, would help to improve outreach and education in the community.

Community Recommendations

Prevention Through Knowledge – Training & Education

Stakeholders recommended that key partners – both public and private – make efforts to coordinate county-wide training and educational opportunities regarding mental health and suicide prevention to combat the stigma associated with mental health and that trainings be provided to the following groups:

- **Local Educational Agencies (LEAs)** – to include the Solano County Office of Education, all six (6) districts, elementary, middle, and high schools, and the local community college. Trainings to be provided to students, teachers, school counselors, school personnel, school resource officers, parents, and other community partners.
- **Behavioral Health Service Providers** – to include County, private, and community-based non-profit providers addressing mental health and substance use.
- **Healthcare Service Providers** – to include County, non-profit and privately-operated healthcare entities and their staff working in clinics and emergency service departments. Expand efforts to reach dentists, eye care providers and providers working with the hearing impaired, etc.
- **First Responders** – to include local law enforcement, fire, dispatch, emergency medical services (EMS), etc. SCBH to continue to partner with local law enforcement to provide Crisis Intervention Team (CIT) Training for local police departments and the Sheriff's Office which includes correctional officers working in the local jails.
- **Law Enforcement Chaplains** – to include local police departments and the Sheriff Office.
- **Health and Social Service Providers** – to include County, non-profit and privately-operated health and social services such as Child Welfare Services, Older Disabled Adult Services (ODAS), Public Health, Employment & Eligibility (E&E) Services, the Workforce Development Board, Department of Rehabilitation, foster care agencies, elder adult agencies, etc.
- **Legal System Partners** – to include adult and juvenile probation staff, juvenile detention facility staff, jail staff, District Attorney's Office and Public Defender's Office social workers, Drug Court, Diversion, Veteran's Court and Family Court.
- **Military & Veteran Services Partners** – to include engaging representatives from Travis Airforce Base, the Veterans Resource Center, Solano County Veteran Service Office, local Veteran's Administration facilities, etc.
- **Community** – to include the general public, family resource centers, libraries, specific cultural brokers, immigration agencies, and businesses. Specific businesses were identified during the CPP process to include:
    - ⇒ Restaurants and grocery stores that cater to particular communities at higher risk for suicide
    - ⇒ Gym staff
    - ⇒ Barbers, hair salons, nail salons and other self-care businesses
    - ⇒ Coffee shops and bars
- **Faith-Based Communities** – to include pastors, ministers, priests, youth pastors, Native/Indigenous healers, other faith leaders, etc.
- **Employers** – to include the Better Business Bureau, Chamber of Commerce, Solano Hispanic Chamber of Commerce, Filipino-American Chamber of Commerce, Solano County Black Chambers, American Indian Chamber of Commerce of California, Human Resources (HR) departments for County, non-profit and privately-operated businesses. Trainings to be provided to employees, supervisors, managers, and executive leadership.
- **Government Agencies –** to include all County Departments, Board of Supervisors, County Administrator's Office, City Councils and City Managers, etc.

Stakeholders, which included mental health and substance abuse providers, as well as consumers indicated that an ideal training would be culturally appropriate using either an evidence-based or promising practice and, when possible, be made available county-wide. It is highly recommended that mental health and health care service programs ensure that their staff have had at least one training on assessing for suicide risk and intervention. The training curriculums endorsed by the community included but are not limited to:

- **LivingWorks Applied Suicide Intervention Skills Training (ASIST)** – An evidence-based model for suicide prevention is a two-day 16 hour course designed to train individuals over 16 years old—regardless of prior experience or training—who want to be able to provide suicide first aid. The ASIST model teaches effective intervention skills, while helping build suicide prevention networks in the community. Those trained in the model will have the ability to recognize and review risk, and to intervene to prevent the immediate risk of suicide. For additional information on LivingWorks.
- **LivingWorks safeTALK** – A 3-hour training for individuals ages 15 and older – regardless of prior experience or training – to become a suicide-alert helper. Individuals trained in safeTalk will be able to identify warning signs of suicidal behaviors in others and help connect individuals with appropriate intervention services.
- **Question, Persuade, Refer (QPR)** – A 6-8 hour course that teaches participants how to interview a potentially suicidal person, determine immediate risk of suicide, and help reduce the risk of suicide attempt or completion through a safety planning and referral process. This course can be taken online at https://www.qprinstitute.com/individual-training
- **Assessing and Managing Suicide Risk (AMSR)** – A 6-8 hour course specifically for mental health professionals. The course presents the most common dilemmas faced by providers and the best practice for addressing suicide risk with consumers. For additional information on AMSR.
- **Crisis Intervention Team (CIT) Training** –this training was designed to increase first responders' knowledge, and understanding about mental illness, and to help develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code § 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and how to de-escalate individuals in order to establish safety without physical intervention in a mental health crisis. For additional information on CIT.
- **Mental Health First Aid (MHFA)** – An 8-hour course that teaches the signs of mental illness and substance use disorders. Training participants will learn skills needed to provide support to someone who may be developing a mental health or substance use problem or experiencing a crisis. A portion of the training is focused on recognizing the signs of suicide; thus, this curriculum further supports the County's suicide prevention efforts. The curriculum is available in English and Spanish and includes different modules including general adult, general youth, higher education, older adult, first/responders public safety, rural community, and veterans. For additional information on MHFA.
- **5150 Certification Training** – A 4-hour course provided by SCBH staff for selected providers that specifically provide high end mental health services and crisis intervention services including emergency department staff. Law enforcement departments also provide this training for their staff. This training is focused on how to evaluate individuals for 5150 welfare holds and includes a certification.
- **Specialized Trainings** – During fiscal year (FY) 2016-2017, SCBH convened a Clinical Risk Management Workgroup, which included clinical staff from both County and contracted behavioral health programs. This workgroup created a comprehensive crisis intervention tool to be used by professional and paraprofessional providers to evaluate for risk of suicide, homicide, and grave disability. During August 2017, all SCBH mental health specialists, clinicians, supervisors and managers and selected contractor clinical staff attended a 7-hour training on the new tool and risk assessment skills. This training has since been provided to additional contracted behavioral health providers, new county staff, and was most recently provided for the two new mobile crisis teams.

New Training Strategies Identified in 2021

- **LivingWorks Faith** – A 5-6 hour online training geared to train Christian ministry leaders to recognize the signs of suicide in order to effectively intervene.
- **Critical Incident Stress Debriefing (CISD)** – An interactive training provided for law enforcement partners and selected entities to facilitate debriefings and to respond after a critical incident.

In addition to the training curriculums identified above, stakeholders identified that trainings would ideally be in-person and interactive. Education and training regarding suicide prevention, coping skills and substance use prevention in school settings was highlighted as a need.

Plan Update: Efforts Made 2017-2021

In March of 2019 SCBH co-hosted a Native American Forum in partnership with the local Tribal TANF office, as recommended by Native American/Indigenous focus group participants in 2017 when this Plan was initially developed. Plans had been made to host another forum in 2020, however due to the COVID-19 global pandemic this forum was not held. Efforts will be made to collaborate with the Tribal TANF Office to facilitate annual trainings/forums to raise awareness regarding the mental health needs and suicide risk for the Native American/Indigenous community.

SCBH currently funds ASIST, safeTALK, and LivingWork Faith suicide prevention trainings as provided by County staff and/or contracted partners. Additionally, MHFA trainings are funded by both SCBH and the County Board of Supervisors through County General Funds. Much effort has been made to provide suicide prevention and Youth-MHFA trainings for local school districts and school sites. Please see page 65-70 for more information related to support for K-12 schools in Solano County.

SCBH will continue to fund an 8 hour CIT Intro course which is offered to all law enforcement agencies in Solano County. Currently SCBH is collaborating with Fairfield Police Department, the Sheriff's Office, and NAMI Solano to develop a 40 hour week CIT training curriculum based off the evidenced-based Memphis CIT model, and customized to Solano County. This curriculum has the 3 hour safeTALK training built into the

Community Awareness Events

Stakeholders recommended that key partners and other community members make efforts to coordinate county-wide stigma reduction and suicide awareness events to include, but not limited to:

- Organizing, hosting, and/or participating in annual awareness walks such as the "Out of the Darkness Campus Walks."
- Hosting events to highlight "National Suicide Prevention Week," which can include writing and submitting Proclamations or Resolutions for "Suicide Prevention Week" with the Solano County Board of Supervisors (SCBH initiates this), City Councils, School District Boards, or other organizational Boards.
- Advertising "National Survivor Day," which falls on the Saturday before Thanksgiving each year and is geared for individuals who have experienced the loss of a loved one to suicide. Locally this event has been hosted by Solano and/or Napa Counties.
- Coordinated trainings or events at local schools to raise awareness about mental health and suicide prevention.
- Hosting events to highlight "May is Mental Health Awareness Month".
- Write and submit Proclamations or Resolutions for "May is Mental Health Awareness Month" with the Solano County Board of Supervisors (SCBH initiates this), City Councils, School District Boards, or other organizational Boards.
- Conduct stigma reduction activities at "National Night Out" events held in neighborhoods the 1st Tuesday in August.

New Strategies Identified in 2021

- During the 2021 CPP process a 'National Military Suicide Survivor Seminar and Good Grief Camp' was highlighted for military families.
- Leverage the NAMI 'In Our Own Voices' public education program which trains people with lived experience to share their compelling personal stories about living with mental illness, including suicide attempts, and their path to recovery.
- Targeted outreach to City Councils and School District Boards to offer presentations on the impact of suicide locally.
- Organize health fairs and/or have behavioral health providers table at farmer's markets, community events, fairs, etc.
- Organize community forums specific to communities of focus who are more at risk for suicide.
- Outreach at cultural events, e.g. Native American/Indigenous celebrations, the Pista Sa Nayon Filipino festival, and Dia De Los Muertos event held in Vallejo annually, Pride Month celebrations, Juneteenth celebrations, etc.
- Partner with law enforcement to distribute mental health and suicide prevention resources.
- Facilitate events that are focused on art, crafts, music, and other non-traditional therapy modalities to raise awareness.

Plan Update: Efforts Made 2017-2021

Annually SCBH has organized Board resolutions for 'Suicide Prevention Awareness Week', Recovery Month', and 'May is Mental Health Month' and have partnered with other organizations to facilitate various events to recognize these opportunities to raise awareness. Annually Suicide Prevention Committee Members partner with each cities City Counsel to put forth a proclamation for 'Suicide Prevention Awareness Week'. Additionally, SCBH and community partners tabled at various community events providing information and materials to the community, however this activity was suspended due the COVID-19 global pandemic. Significant outreach has been done with districts and schools. Please see page 65-70 for more information related to support for K-12 schools in Solano County.

Visual & Literature Prevention Campaigns

Stakeholders recommended that key partners and other community members make efforts to coordinate the county-wide dissemination of information and materials about mental health, stigma reduction, suicide prevention, resources, and services available in the community. An emphasis was made to ensure information and materials are culturally and linguistically appropriately. Ideas endorsed by the community included, but were not limited to:

- Distribute materials available on stigma reduction and suicide prevention available for the state-wide Each Mind Matters "Know the Signs' campaign and Directing the Change video contest campaign. Materials available through the following website: http://www.eachmindmatters.org/
- Providing materials when a major life event has taken place such as: a suicide death, retirement, postpartum, the death of a loved one, divorce, diagnosis of a major illness or physical injury resulting in a disability including loss of eyesight and hearing, etc.
- Distributing and/or posting materials in key locations to include schools, hospitals, churches, family resource centers, restaurants, bars, gun shops, fire ranges, local bridges, elder care facilities, barber, or hair/nail salons, etc.
- Promote radio and television PSAs focused on stigma reduction and suicide prevention.
- Use social media platforms to raise awareness about resources available, combat stigma and prevent suicides. Please see page 63-64 for additional feedback related to the use of social media.

New Strategies Identified in 2021

- Work with primary care providers to post stigma reduction and suicide prevention materials in their clinic lobbies.
- Engage County Employment and Eligibility Division to disseminate stigma reduction and suicide prevention materials.
- Place PSAs/Campaigns on billboards and transit centers. PSAs need to be culturally and linguistically appropriate and the need to highlight older age as a strength rather than a weakness.
- Place ads in free local newspapers and magazines.
- Place PSAs on dating apps to include apps serving various ages including seniors, racial/ethnic groups, and the LGBTQ+ community.
- Promote local politicians, City Councils, school districts, etc. to add stigma reduction and suicide prevention information into their existing newsletters.
- Create mailers that could be sent out countywide particularly given there are community members, seniors for example and residents from historically marginalized communities who do not have access to technology and internet.
- Work with local businesses to post positive affirming messaging for the LGBTQ+ community to help identify "safe spaces" including highlighting the importance of having gender neutral restrooms.
- Outreach to specific businesses that may serve communities more at risk. For example, continue to provide suicide prevention materials to local coffee shops and bars, shotting ranges, as well as working with HR Departments across various sectors.
- Leverage partnerships with multiple organizations such as law enforcement, school districts, Public Health, Cities, etc. that have strong social media presence and large email/text distribution lists to share stigma reduction and suicide prevention materials.

Plan Update: Efforts Made 2017-2021

SCBH and many of community partners routinely distribute the EMM stigma reduction and suicide prevention materials. During FY2020/21 suicide prevention posters were distributed to all SCBH and County Health clinics. During the timeframe impacted by COVID, SCBH and several partners facilitated drive thru mental health awareness events and provided giveaway materials including suicide prevention materials.

In support of 'Suicide Prevention Awareness Week' and 'May is Mental Health Month' email distribution lists were used to raise awareness including sending information to all school districts and SCOE, as well as all Health and Social Services staff and key community partners asking that they then forward the message to their community email distribution lists.

In 2021 SCBH worked with a creative design team to develop a stigma reduction campaign that included TV ads, 3 in English, 3 in Spanish (County's threshold language), and 3 in Tagalog (County's sub-threshold language). These TV ads will start running July 2021 and will run for 5 months. Additionally, the creative design team created social media content in the three languages. Currently SCBH is working with the same creative team to develop a new TV ad and social media campaign that will specifically be focused on suicide prevention and hope to launch these in September as aligned with 'Suicide Prevention Awareness Week' which will then run for 5 months.

Through an MHSA Innovation project, the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) a group of community stakeholders developed several quality improvement (QI) action plans to address stigma for three communities of focus: Latino, Filipino and the LGBTQ+ communities who have historically not accessed mental health services at the rate anticipated. One QI action plan called the *LGBTQ+ Ethnic Visibility* signage campaign addresses the intersect between identifying as a member of the LGBTQ+ community and also identifying as a member of the Latino and/or Filipino communities, which can result in compounded stigma—the discrimination the LGBTQ+ community can experience in general—as well as the stigma associated with having a mental health condition. Seven (7) posters were created (see Appendix F to see samples) and 450 posters have been distributed to all SCBH clinics, County Health clinics, school wellness centers, and community locations such as restaurants and businesses in Solano County that cater to the Latino and Filipino communities. An additional 500 posters were ordered and are currently being distributed to contracted behavioral health programs, non-County health clinics, family resource centers, libraries, etc. Another QI action plan called the *TRUEcare Map* aimed to create a community friendly resource guide for core services a community member may need such as mental health services, basic needs, crisis, etc. The TRUEcare Map is available in English, Spanish and Tagalog (see Appendix G) and is also available in a more detailed interactive version (also three languages) on the SCBH website. Six thousand (6,000) paper 8x10 maps and 200 posters were ordered in the three languages and are being distributed to behavioral health and health care clinics; family resource centers; libraries,, the juvenile justice facility and jails; the First 5 Center; local emergency departments; law enforcement partners; transit centers, etc.

Community Coordination & Interagency Collaborations

Key Partners

The following organizations and/or entities were identified by community stakeholders as key partners in the prevention of suicide who may need to collaborate in order to coordinate care for individuals during an acute crisis and for aftercare:

- **First Responders** – to include local law enforcement, fire, dispatch, emergency medical services (EMS), etc.
- **Behavioral Health Providers** – to include County, private, and community-based non-profit providers addressing both mental health and substance use, crisis stabilization unit, mobile crisis programs, adult crisis residential treatment program, etc.
- **Health Care Service Providers** – to include County and non-profit and privately-operated healthcare entities and their staff working in clinics and emergency service departments.
- **Local Educational Agencies (LEAs)** – to include the Solano County Office of Education, all six (6) districts, and key staff from elementary, middle, and high schools and the local community college.
- **Legal System Partners** – to include adult and juvenile Probation, jail staff and juvenile detention facility staff, District Attorney's Office and Public Defender's Office social workers, Drug Court, Diversion, Veterans Court, Family Court, etc.
- **Health and Social Service Providers** – to include County, non-profit and privately-operated health and social services such as Child Welfare Services, Older Disabled Adult Services (ODAS), Public Health, Employment & Eligibility (E&E) Services, the Workforce Development Board, Department of Rehabilitation, foster care agencies, elder adult agencies, etc.
- **Military & Veteran Services Partners** – to include engaging representatives from Travis Airforce Base, the Veterans Resource Center, Solano County Veteran Service Office, local Veteran's Administration facilities, etc.

Recommended Strategies to Enhance Coordination of Care

- Use of a common language when talking about suicide risk.
- Identify and understand the roles of each partner.
- Ensure there is a current resource guide that is available to entities and to the community, and available in threshold languages.
- Develop processes for "warm hand off" when an individual is identified to be at risk for suicide and is being referred to higher level services and when discharged from CSU, local emergency room, and/ or inpatient facilities.
- Instill a sense of accountability to coordinate care.

New Strategies Identified in 2021

- Partner with law enforcement to ensure that they have easy access to mental health and suicide prevention resources to provide to community members when in the field.
- Stakeholders emphasized the importance of expanding representation on the Suicide Prevention Committee to include additional first responders, emergency department staff, healthcare providers such as Kaiser, Sutter and NorthBay, etc.
- Improve coordination between emergency department providers and community based providers with particular attention to the coordination with private insurance carriers.
- Develop a shared database whereby basic information related to a crisis situation could be shared. An example provided was the 'Unite Us' referral database that particularly Health and Social Services Divisions and partners are using.
- Increase the completion and collection of Psychiatric Advanced Directives which is a written document that describes what a person wants to happen if at the time of a crisis the person is incapacitated or unable to express their wishes.

Plan Update: Efforts Made 2017-2021

Bi-monthly a Psychiatric Emergency Services/Lanterman Petris Short (PES/LPS) Collaborative meeting is held with representatives from each city police department and Sheriff; local emergency department staff from Kaiser, Sutter and NorthBay; SCBH staff; Crisis Stabilization Unit program staff; Mobile Crisis program staff, District Attorney representation, etc. This meeting is used improve the coordination of crisis services for Solano County residents.

Phases of Intervention

In the event that an individual is identified to be at risk for suicide steps must be taken to determine the level of risk including conducting a screening and/or assessment and initiating crisis services in the event that the risk is imminent. The following strategies are recommended for consideration by both public and private mental health and health care providers.

Prevention: New Section added 2021

During the 2021 CPP process stakeholders made recommendations to increase prevention efforts beyond the items listed in the previous pages. These prevention strategies included:

- Leverage the 45 School-Based Wellness Centers on K-12, adult education sites including the Community College and the juvenile detention facility to provide trainings and prevention services including educational and support groups.
- Increased Peer-to-Peer services including at adult Wellness Centers and K-12 and adult education School-Based Wellness Centers; for seniors; and in general, for youth.
- Increase support groups available for particularly communities of focus who are at increased risk for suicide; veterans, LGBTQ+ youth and adults, Latino/Hispanic groups in Spanish, 'Talking Circles' for the Native American/Indigenous community, 'Safe Black Spaces' for the Black/African American community, AA 12-step groups, etc.
- Develop specific programs for the Native American/Indigenous community such as the 'White Bison ' Program.
- Expansion of the First Responder Peer Support programs.
- Link seniors and other communities at risk to animal shelters or rescues to leverage the healing power of animals and to reduce isolation.
- Develop critical incident debrief protocols for first responders.

Screening & Assessment

The following screening and assessment approaches were identified by the community stakeholders which included mental health, healthcare, and substance use providers; consumers; and family members:

- Be direct but empathic.
- Be a good listener.
- Use self-reporting screening tools and/or verbal interview in-person, by phone or telehealth.
- Do not be afraid to ask direct questions.
- Employ a culturally- and linguistically-sensitive approach, including infusion of spirituality.
- Ensure that a thorough psycho-social assessment is completed.
- Assess for use of substances and impact on mental health.
- Assess for risk and protective factors.
- Engage family, or collateral supports, to gather additional information.
- Continue to screen for suicide risk after the crisis has passed.

In terms of systemic screenings, the following mechanisms or points of contact were recommended:

- Continued use of crisis lines.
- Continue to screen at the point of request for mental health services through: SCBH Access Line, Beacon, private insurers such as Kaiser, Sutter, Blue Shield, etc.
- Mental health treatment providers to screen routinely for individuals involved in long term treatment. Initiate a screening if the identified consumer is demonstrating the warning signs of suicide.
- Primary care to initiate screenings at routine appointments.

Suicidal individuals suffering from depression will often seek out medical attention to address physical symptoms affecting them. As such, it is imperative that primary care providers have the training and education to screen for and recognize suicide risk.

The following screening tools were identified by the community stakeholders which included mental health, substance use, and health care providers:

- Patient Health Questionnaire-9 (PHQ-9)
- Massachusetts Youth Screening Instrument (MAYSI)
- Adverse Childhood Experiences (ACE)
- BECK Depression Inventory
- Substance Abuse and Mental Health Services Administration (SAMSHA) phone App
- National Institute of Mental Health: Ask Suicide-Screening Questions (asQ)
- Ages & Stages Questionnaire-Social Emotional (ASQ-SE) for children 0-5

New Strategies Identified in 2021

There were no new screening strategies identified during the 2021 CPP process.

Plan Update: Efforts Made 2017-2021

In 2020, the Suicide Prevention Committee completed a 6 month screening project, whereby the Committee had researched various suicide screening tools and ultimately identified two screening questions to be incorporated into existing self-reporting tools or verbal interviews used by both behavioral health and primary care providers.

1. ***In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?***
2. ***Have you felt hopeless in the last 30 days?***

A Suicide Screening Informational Letter (see Appendix H) was developed by the Committee and sent to all behavioral health and primary care settings in Solano County recommending the use of the screening questions and to increase the frequency of screenings. Around this same time period the California Department of Health Care Services and California Department of Public Health, as endorsed by both the California Surgeon General and the Governor, released a similar notice encouraging providers to increase screening efforts.

Crisis Intervention

If an individual is screened and determined to be at risk for life-threatening, self-injurious suicide behavior, the following recommended strategies were identified:

- If the individual is at imminent risk, call 911 and law enforcement will initiate a 5150 evaluation.
- If the individual is in the presence of a behavioral health provider certified to initiate a 5150, that provider should proceed with the 5150-evaluation process and arrange for safe transport to the County Crisis Stabilization Unit (CSU) or local Emergency Department (ED).
- Stakeholders highlighted the need to have a mobile crisis program staffed by mental health providers.

New Strategies Identified in 2021

Identify a key person, ideally a staff position or educated family member, to follow the individual through the point of entry into crisis services through the exit.

Plan Update: Efforts Made 2017-2021

In March of 2021 SCBH implemented a Community-Based Mobile Crisis Program in the cities of Fairfield and Suisun City, the seat of the County. In partnership with the Fairfield and the Suisun City Police Departments, the program will provide crisis response services for those experiencing a behavioral health crisis, e.g. risk to self, risk to others or is gravely disabled. This program will be implemented in phases starting with law enforcement departments as the primary referral source to develop strong workflows and safety protocols. Eventually the goal is to advertise a phone number widely promoting community members to self-refer or refer a loved one directly the mobile crisis program which will triage calls and engage law enforcement for cases that pose increased risk due to presence of a weapon or other safety concerns. This program, which is being delivered by Uplift Family Services, will serve residents of all ages regardless of insurance or immigration status. Services will be delivered by crisis teams comprised of two staff, one clinician and one person with lived experience, who will respond to crisis situations in the field to include community locations, homes, etc. At the writing of this Plan Update the program is operating Monday-Friday between 11AM-10PM and eventually will be provided 365/7. This program is funded by SCBH MHSA PEI funds.

In addition to the Community-Based Mobile Crisis program, a specialized School-Based Mobile Crisis Program will be launched at the start of the 2021/22 school year and will be delivered by the Solano County Office of Education (SCOE). This program will specifically serve K-12 school sites in all six (6) districts. School sites will be the sole referral source. Students will be eligible for services regardless of insurance or immigration status. Services will be delivered by clinicians who will respond to crisis situations on school sites during school hours. This program is funded by SCBH through the Mental Health Student Services Act (MHSSA) Grant.

Stakeholders identified that there will be a need for strong marketing and PSAs related to mobile crisis in order to educate the community when to engage law enforcement versus the mobile crisis team when someone is experiencing an acute crisis. The implementation of Mobile Crisis Services within Solano County is anticipated to significantly reduce the need for individuals to be placed on 5150 hold as community members/students will stabilized in the community avoiding the need for further crisis stabilization services or hospitalization. Mobile Crisis Services have been consistently endorsed by community stakeholders including when this Plan was initially developed in 2017 and during the recent 2021 CPP process.

Treatment

The following recommendations regarding the types of treatment to address suicide risk and treatment approaches were endorsed by the community which included behavioral health, healthcare, and substance use providers, consumers, and family members:

- Placement at a Crisis Residential Treatment (CRT) facility for up to 2 weeks for stabilization as necessary.
- Placement in an inpatient hospital, as necessary.
- If treated in the community, the individual should be seen by a qualified behavioral health professional with increased frequency. Treatment providers can include private providers, local community-based organizations, or SCBH providers.
- Placement in a dual diagnosis program if the individual is suffering from both a mental illness and a substance use disorder.
- Referral to higher-level services which can include Full-Service Partnership (FSP) programs and/or crisis aftercare programs.
- Referral to the Wellness & Recovery Centers which includes peer support.
- Use of warm or crisis lines for additional support.

The following treatment approaches were identified by the community stakeholders which included mental health, healthcare and substance use providers, consumers, and family members:

- Client-centered and driven services.
- Culturally and linguistically informed care including providing services in the individuals preferred language.
- Cognitive Behavioral Therapy (CBT).
- Use of a trauma-informed approach such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Dialectical Behavioral Therapy (DBT).
- Use a multi-modal approach: individual therapy, family therapy, couples therapy, and/or group therapy.
- Medication management provided in coordination with the clinician providing therapy.
- Use of mental health peer consumers in treatment.
- Support groups to include but not limited to: grief groups, peer facilitated groups, survivor groups, and divorce groups, etc.
- Implementation of individualized Safety Plans.

New Strategies Identified in 2021

There were no new treatment strategies identified during the 2021 CPP process. Both in 2017 and again in 2021 community stakeholders expressed concern related to privately insured residents not having access to the most appropriate level of care when experiencing a crisis.

Plan Update: Efforts Made 2017-2021

SCBH is exploring funding opportunities to support the implementation of a CRT program for youth.

Discharge Planning & Aftercare

The following recommendations regarding appropriate discharge planning and aftercare for individuals discharged from a crisis unit, emergency rooms and/or inpatient facilities were endorsed by the community:

- Ensure that the individual is linked to an appropriate level of treatment.
- Promote a conversation between the discharging facility and the community-based mental health provider who will be providing follow-up care.
- Ensure that a follow-up appointment has been scheduled for both therapy and, if needed, a psychiatric medication appointment.
- Provide appropriate resources for meeting basic needs and support to include food and transportation to follow up appointments.
- Engage the individual's natural support system provided the individual authorizes the provider to do so.

Overwhelmingly, the community expressed concerns about individuals being released with written resource materials only and being told to make a follow-up appointment themselves. Stakeholders identified significant concerns related to privately insured residents not receiving the crisis aftercare services they need in order to be stabilized and to prevent suicide deaths.

Types of Aftercare

- Develop support groups (including drop-in groups), with consideration for age; race/ethnicity; gender identity; and sexual identity
- Advertise warm-lines: phone lines individuals can call for brief support.
- Identify specific Crisis Aftercare programs that will engage and case manage an individual for 30-90 days.
- Develop respite or supported housing programs.
- Implement aftercare approaches:
    - ⇒ Use of peer delivered services.
    - ⇒ Engage the individual's natural support system.
    - ⇒ Engage the individual's faith community as appropriate.
    - ⇒ Culturally and linguistically informed care including providing services in the individuals preferred language.
- Continue to screen and assess for suicide risk.
- Use technology which can include text messages, emails, and phone follow up contacts.

New Strategies Identified in 2021

- Educate family members and/or peers to assist individual to navigate resources.
- Create informal peer mentor programs.
- Create a dedicated aftercare position for each behavioral health care entity—both public and private entities—to assist individuals in getting linked to ongoing treatment services including medication services.

Plan Update: Efforts Made 2017-2021

SCBH has had a long-standing Hospital Liaison Unit that helps facilitate discharge planning for all SCBH consumers released from inpatient facilities. During FY 2020/21 SCBH created a specialized team under the Hospital Liaison Unit, the Crisis Aftercare and Recovery Engagement (CARE) team that supports adult consumers for up to 60 days post discharge from an inpatient facility. This team has contact with the consumer within 7 days of discharge or sooner and ensures that the consumer has a medication follow-up appointment within 30 days of discharge.

Postvention

When an individual dies by suicide, the time following the death is extremely sensitive. It is recommended that the family and loved ones, as well as the providers working with the survivors, are linked to supportive services. In addition, it is recommended that there is a process review of each situation for the purpose of learning what preventative measures may be taken in the future to help prevent future suicide deaths.

The following recommendations regarding postvention strategies were endorsed by the community which included behavioral health, healthcare and substance use providers, consumers, and family members, including family members who had lost a loved one to suicide:

Support for Family & Loved Ones

- Use of law enforcement department Chaplains to meet with the loved ones within 1-5 days of the death.
- Screen loved ones for suicide risk.
- Link loved ones to grief or therapeutic services including existing grief groups offered in the County or in a nearby County.
- Encourage connection to faith community when appropriate.

Support for Providers, School Personnel, First Responders

- Convene those involved or who had worked with the deceased to notify them of the death and provide support. Allow for open dialogue and sharing of emotions.
- Offer referral to employee assistance program (EAP).
- Encourage those impacted to utilize supervision and/or peer consultation for support.
- Continue to check in with provider/team following the death.

Suicide Death Review Process

In the event that there is a suicide, convene the group of those providers or staff who had directly worked with the deceased to review the situation. Ensure that the tone of the meeting is one of inquiry rather than blame for any one person or persons. The purpose of the meeting must be to explore whether there were system barriers and/or preventative measures that could be put in place to prevent future suicide deaths.

Adverse Outcome Data Collection

During the CPP process in both 2017 and 2020, one barrier to prevention that was identified was the inability to track demographic information about suicides that may have indicated an increased risk for suicide, such as current gender identity, sexual orientation, or Native American heritage. There are inherent limitations regarding the data that is collected and reported by the medical examiner (Coroner's Office) as the demographic categories of gender and race are predefined by state and national reporting standards. A recommended strategy in 2017 was to build in a follow-up visit to the family of the deceased within 1-5 days by a police department Chaplain whereby the Chaplain could use a tool to sensitively guide the process of gathering additional information about stressors that may have led to the suicide death. The information could then be submitted to a centralized point of contact in order to expand upon the demographic data currently collected by the Coroner's Office.

In 2021 a specific Family Survivor focus group was held, and participants provided very valuable feedback regarding strengthening postvention efforts in Solano County. The new strategies below came from the focus group participants and/or from stakeholders who participated in community forums.

New Strategies Identified in 2021

- Develop a mentor network for survivors whereby people with the same lived experience can support one another. Strive to recruit survivors who represent culturally and linguistically diverse communities.
- Develop survivor specific support groups as typical grief groups do not meet the needs of family members who have lost a loved one to suicide. Consider replicating the support group model being used in Napa County. Strive to have the ability to offer survivor support groups in Spanish and Tagalog as needed.
- Develop a specific resource guide or brochure in English, Spanish and Tagalog, listing various resources available for family members/loved ones following a suicide death.
- Assign a behavioral health provider, clinician level or paraprofessional level, ideally with lived experience to be shared between SCBH and the Coroner's Office. A position such as this could be key in providing support following a suicide death and linking bereaved family members to the most appropriate resources. Additionally, this provider could complete a psychological autopsy to better understand the triggering event/s and potential points of intervention for the purposes of overall suicide prevention efforts.
- Develop a 'Bereavement Letter' modeled after the letter Public Health uses when an infant dies due to sudden infant death (SIDs) that is sent to the family following the death to provide follow up and encourage linkage to services and resources. Ensure the letter is sent in the family's/loved ones' preferred language.

Plan Update: Efforts Made 2017-2021

SCBH in partnership with SCOE has enhanced postvention supports for K-12 schools. Please see pages 65-70 for additional information.

The Suicide Prevention Committee has been working in partnership with the Sheriff's Office-Coroner's Office to develop a county-wide Suicide Death Review that will be modeled after the existing Child Death Review. Due to the volume of suicides 2-4 meetings will need to be held annually. Attendees will include involved law enforcement, SCBH representatives, emergency department staff, a Public Health representative, representatives from the Coroner's Office, and selected Suicide Prevention Committee members. The purpose of the meetings are as listed above to identify system barriers and/or preventative measures that could be put in place to prevent future suicide deaths. Efforts were being made to implement the Suicide Death Review in early 2020, however due to COVID-19 this project implementation was suspended. The goal is to implement the Suicide Death Review in 2021.

The strategy recommended in 2017 involving the Chaplain collecting expanded data was not able to be implemented due to limited Chaplain resources in Solano County as well as data collection protocols at the Coroner's Office. Members of the Committee worked in collaboration with staff from the Coroner's Office to explore having investigators collect gender identity and sexual orientation, however concerns were raised about the negative impact this could have on the family in the event that the decedent was not out yet, or out to all loved ones. The Sheriff's Office is in support of obtaining information related to gender identity and sexual orientation, however recommended that this be done by an individual with appropriate training to support the family in the event that there is a negative response. The recommendation to have a mental health provider co-located between SCBH and the Coroner's Office and the implementation of psychological autopsies could be a viable solution to consider. In the meantime, the Suicide Prevention Committee will continue to advocate for the expansion of data collected as it relates to current gender identity and sexual orientation as this would provide invaluable information related to the impact of suicide on the LGBTQ+ community in Solano County. Advocacy at a state and national level to expand the required data collected by the Coroner's Office may also be an important next step to consider.

Social Media

Risks and Benefits

Social media is a relatively new phenomenon that has swept the world during the past decade. There is increasing evidence that the Internet and social media can negatively influence suicide-related behavior.

Social Media Platforms

- Forums, e.g., Reddit
- Video Sites, e.g., YouTube
- Social Networking Sites, e.g., Facebook, Instagram, Twitter, TikTok, Snapchat, Lex, Whats Up ap, YouTube and Google Play streaming
- Email
- Text Messaging
- Video Chat, e.g., FaceTime, Skype, Zoom

Social media platforms have transformed traditional methods of communication by allowing the instantaneous and interactive sharing of information created and controlled by individuals, groups, organizations, and governments. An immense quantity of information on the topic of suicide is available on the Internet, both pro-suicide and prevention related content. The information available on the web and social media on the topic of suicide can influence suicidal behavior, both negatively and positively.

Social Media & Risk

There are several specific ways that social media can increase risk for suicidal behavior from encouraging suicide as a solution to a problem, sensationalizing the courage it takes to follow through with self-harm, "how to" websites, and a myriad of other pro-suicide content. Cyberbullying and cyber harassment, for example, are serious and prevalent problems. Cyberbullying typically refers to when a child or adolescent is intentionally and repeatedly targeted by another child or teen in the form of threats or harassments or humiliated or embarrassed by means of cellular phones or Internet technologies such as e-mail, texting, social networking sites, or instant messaging. Cyber harassment and cyber stalking typically refer to these same actions when they involve adults. "Cyberbullicide" is a term used to describe suicide indirectly or directly influenced by experiences with online aggression.

Social Media & Prevention

There are just as many examples of features on web and social media sites that allowed for proactive prevention. Social networking sites for suicide prevention can facilitate social connections among peers with similar experiences and increase awareness of prevention programs, crisis help lines, and other support and educational resources. For example, the National Suicide Prevention Lifeline Facebook page and the American Foundation of Suicide Prevention have a combined total of more than 100,000 fans. Both of these Facebook pages provide links to suicide prevention websites and hotlines, as well as information about the warning signs of suicide. There are hundreds of groups on Twitter and hundreds of blog profiles on Blogger.com designated as suicide prevention. These social media sites allow users to interact and share relevant information, stories, and events in their local areas. Search engines such as Google and Yahoo search have a feature that displays a link and message about the National Suicide Prevention Lifeline at the top of the search page when keyword searches suggest suicidal ideation or intent.

New Strategies Identified in 2021

- Youth focus group participants identified that special attention needs to be paid to highlighting the signs of suicide.
- Post concise easy to understand information about suicide including local data regarding the impact of suicide at least once monthly.

Plan Update: Efforts Made 2017-2021

Over the last few years, SCBH has committed to increasing communications and messaging across the community that promote an increase in awareness of services, lead to reduction in stigma, and support health education. This has included updating the website, brochures, and since April 2019, SCBH has adhered to the CAO-approved Business Plan for social media, which includes goals on highlighting awareness topics, diversity and equity efforts, and education on our service array. While there is not a dedicated staff to do this, a Social Media workgroup has been created which meets bimonthly to discuss awareness months, events, flyers, posts, and delegate tasks. Additionally, in 2020 SCBH began to post social media content in Spanish and Tagalog in an effort to reach the Latino and Filipino communities in Solano County . SCBH can be found at **@SolanoCountyBH** on Facebook (611 followers), Instagram (714 followers), and Twitter (137 Followers). SCBH consistently tags community partners and other Divisions within Health and Social Services with a request to repost the content in order to expand the reach to the community. Social Media Insights for Facebook and Instagram show that SCBH's reach has consistently trended upwards and shows they are having a wide reach to the Solano community through posts, shares and reposts.

Educational Settings: K-12

Suicide Prevention for Educational Settings: K-12

A specific section is being included in the Plan to address suicide prevention with the children and youth of Solano County given specific feedback received from educators and/or youth during the CPP process; and to support the local educational agencies in responding to a recent law passed related to suicide prevention. Ideally, prevention efforts should be focused on children and youth in order to prevent the development of more serious mental health conditions and to instill in the young people of Solano County that it is okay to request help when they are experiencing mental health symptoms and/or thoughts of suicide.

In September of 2016 Assembly Bill (AB) 2246 was passed in California imposing a state-mandated requirement for local educational agencies (LEA) that serve grades 7-12 to adopt a policy on pupil suicide prevention, specifically addressing the needs of high-risk groups before the beginning of the 2017-18 school year. The high-risk groups identified in the bill included: youth bereaved by suicide, youth with disabilities, youth with mental health or substance use disorders, youth experiencing homelessness or in foster care, and LBGTQ+ youth. This mandate is an opportunity for the community to engage in stigma reduction and suicide prevention efforts with young people early on which may ultimately prevent a child/youth from developing a mental health or substance use disorder, and more importantly, can prevent teen suicides. Prevention and intervention in the school setting can significantly impact the trajectory of a youth in a crisis.

In September of 2018 Assembly Bill (AB) 2022 was passed in California imposing a state-mandated requirement for local educational agencies (LEA) and charter schools to notify students and parents/ caretakers how to initiate mental health services on campus or in the community, including crisis services, at least twice per school year.

School District Trainings & Education

It was recommended that each school district make efforts to coordinate training and educational opportunities regarding mental health and suicide prevention at each school site throughout the school year to combat the stigma associated with mental health. Training could be provided to the following educational stakeholders:

- Teachers
- School personnel
- Administrators
- School resource officers
- Students
- Parents
- Guidance counselors
- Any mental health professionals employed by schools and/or district or co-located mental health professionals
- Coaches
- Bus drivers, yard duties and cafeteria staff

School districts are encouraged to reach out to SCBH and/or SCOE to request suicide prevention trainings outlined in this Plan on pages 50-51. In addition, it is recommended that school districts invest funding to have at least two employees trained as "train-the-trainers" in suicide prevention curriculums to ensure sustainability in the future.

Stigma reduction and suicide prevention awareness activities identified by behavioral health providers, school personnel and youth who participated in focus groups could include:

- Recognizing "National Suicide Prevention Awareness Week" each September including asking each School Board to recognize this week through a Board proclamation/resolution.
- Implement the 'Sources of Strength' suicide prevention program in high schools. This program incorporates a peer leader approach increasing help seeking behaviors, social support networks, and promoting connection between peers and caring adults
- Hold school rallies/assemblies on stigma reduction to include an inspirational speaker who is a survivor
- Organize and host suicide awareness walks.
- Recognizing "May is Mental Health Awareness Month" each May including asking each School Board to recognize this week through a Board proclamation/resolution.
- Organize specific days for students to wear lime green in support of mental health awareness.
- Host poetry jams with a theme of mental health.
- Ensure that awareness and stigma reduction materials are visible and accessible for students.
- Engage students in the 'Directing the Change' suicide prevention film contest campaign whereby students create short videos for submission for a statewide contest.
- Facilitate 'Challenge Day' workshops at school sites .
- Leverage the Positive Behavioral Interventions & Supports (PBIS) multi-tiered approach to improve social, emotional, and behavioral support used in many schools in Solano County.
- Identify and maintain a drop-in safe space for students to come in for support, encouraging a peer support network.

New Strategies Identified in 2021

- Promote districts to partner with Solano Pride Center to provide the 'Welcoming Schools' curriculum to create safe and inclusive schools for LGBTQ+ students. Focus group participants emphasized the importance of teachers and school administrators not "outing" or threatening to "out" LGBTQ+ students.
- Support parents to participate in school district board meetings to advocate for their children with special attention to lifting the voices of marginalized communities.
- Youth who participated in focus groups highlighted the need for better advertisement of crisis resources and mental health services available through the school.
- Youth identified the need to have culturally aware providers.
- Provide more non-traditional modes of treatment such as art, music, dance, and meditation.
- Leverage school wellness centers to provide support groups for students and trainings for students, school personnel and parents/caretakers.

Plan Update: Efforts Made 2017-2021

SCBH continues to provide consultation for districts regarding their Suicide Prevention Plans and crisis protocols as requested. Additionally, SCBH provided LEAs information related to County Behavioral Health services and crisis services to assist them with meeting the AB 2022 mandate.

SCBH provides information and resources related to stigma reduction and suicide prevention, including EMM materials, throughout the year via email messages.

SCBH continues to use MHSA PEI funds to support the following partners to provide various trainings and prevention activities specifically for school personnel/parents/caretakers/students in K-12 schools across Solano County:

- SCOE – Provides safeTALK, ASIST, Youth-MHFA, and tailored trainings on suicide prevention and stigma reduction. Additionally, SCOE provides trainings on other topics related to mental health, wellness, and social and emotional learning (SEL). SCOE is also funded to provide prevention workshops for students on various topics to include anti-bullying, safe social media, social skills, etc.
- A Better Way (ABW) and Rio Vista CARE– Both agencies provide trainings on various topics related to mental health, wellness, positive parenting, etc. They are also funded to provide student prevention workshops on various topics in addition to being funded to co-locate clinicians on school campuses across Solano County to provide mental health assessments and brief therapy for 3-5 months for students.
- Solano Pride Center – Provides training in the 'Welcoming Schools' model.
- NAMI Solano – Provides presentations called 'In Our Own Voices' whereby individuals including youth, are trained to share their personal stories of being impacted by a mental health condition and their road to recovery.
- Aldea Children & Family Services – Provides trainings for school personnel on the recognition of the early signs of psychosis.

SCOE continues to fund and offer training and support for all six (6) school districts to implement the PBIS model. PBIS consists of a 3 tiered framework: 1) universal prevention; 2) additional individual support for selected students; and 3) intensive supports for students who need this level of support. Additionally, SCOE funded a specialized training series 'Trauma, Illness & Grief (TIG) Training' which included various modules—*Grief & Loss, Trauma, Suicide, Chronic Illness, Threat Assessment*, and *Critical Incidence & Stress Management.* The TIG training series was provided from October 2020 through January 2021. Attendees were certified in providing crisis debriefing following a critical incident.

During the 2017 CCP process youth identified the need to have a safe space on campus that they could go to in order to decompress when feeling anxious, depressed, or overwhelmed. Through the MHSA ICCTM Innovation project, a group of educators developed a QI action plan *Takin' CLAS to the Schools* which aimed to place wellness centers on school campuses. This QI action Plan grew into the School-Based Wellness Center Initiative (SWCI) which SCOE and SCBH have partnered on. Starting in school year 2018/19 and through school year 2020/21 SCBH has funded forty-five (45) culturally responsive school wellness centers on K-12 campuses, the juvenile detention facility, and adult education sites including Solano Community College Fairfield campus. The funding provided was used to purchase furnishing, wall hangings, art materials, wellness materials such as books, headphones, yoga mats, etc. In addition to the use of Innovation funding, SCBH provided PEI funding to support the SCOE team to work closely with school sites who were awarded grant funds for wellness centers. Additionally, SCOE has applied for and received several grants that have augmented the SWCI, particularly the adult education sites. Services and supports already funded by SCBH MHSA PEI funds will be available for wellness center sites.

The districts and school sites were responsible to identify an appropriate space and to make any repairs needed. Additionally, school sites will be responsible to staff the wellness centers, though through various funding sources SCOE is providing support through their internship program. Additionally, SCOE launched a Faith and Education Collaborative that is being leveraged to recruit volunteers to staff the wellness centers. Finally, there is a goal to work with Solano Community College, who now has a wellness center on their Fairfield campus to leverage their Human Services Track to recruit college students interested in a career in human services to volunteer at wellness centers.

Phases of Intervention Related to Schools

There is often a misconception that if you ask an individual, particularly a young person, considering suicide that this will plant a seed or trigger the individual to become suicidal. This belief erroneous; and in fact, not asking or not providing the opportunity for an individual to share that they are having suicidal thoughts further contributes to the stigma of mental health and can increase risk further. School sites have personnel who are tasked with providing counseling and support for students and often mental health professionals are co-located on campuses.

Screening & Assessment

School districts should ensure that there are processes in place to either screen and/or assess for suicide. If a student discloses suicidal ideation, appropriate steps must be taken to evaluate the risk and either increase services and/or refer to more appropriate crisis services which will now include a referral to School-Based Mobile Crisis services.

Crisis Intervention

- If a student is screened and determined to be at risk for life-threatening, self-injurious suicide behavior, the following recommended strategies were identified:
- If the individual is at imminent risk, call 911 and law enforcement will initiate a 5150 evaluation. Stakeholders highlighted the need to have a mobile crisis program staffed by mental health providers.

Treatment & Aftercare

The "Treatment" and "Aftercare" sections included earlier in this Plan are relevant to school settings, however there were specific strategies that were highlighted regarding support for children and youth. In addition to the youth receiving individual therapy and increased support, other strategies included:

- Ensure that students who are experiencing persistent suicidal ideation and or have made an attempt are referred to an appropriate level of ongoing care particularly given it is recommended that the frequency of services is increased to several times per week or more frequently in some cases.
- Facilitate opportunities for peer support groups with adult support available and/or monitoring the group.
- Ensure access to mental health professionals including co-located professionals that may not be district employees.
- In the event that a student makes a suicide attempt, facilitate a re-entry meeting to include the student, parent/caretakers, school counselor, any pertinent school personnel that is considered a support for the student and when appropriate the external mental health provider.
- Efforts should be made to increase coordination between external mental health treatment providers and school personnel.
- Youth focus group participants in 2021 identified that while having access to mental health services via telehealth during the school closures due to COVID-19, their preference was in-person services as they felt that they could build a better relationship with the provider in-person. An additional concern identified was the risk for LGBTQ+ students that were not out to their families as telehealth did not provide the same level of privacy and confidentiality as these students would have in a provider's office.

Postvention for Schools

While any death of a student is tragic and can disrupt the day-to-day functioning of a school site, when a child or youth dies by suicide it is shocking and causes students and school personnel to feel confused and emotionally overwhelmed, which can disrupt the school's ability to return to the primary function of educating students[47]. Overarching strategies or goals should include:

- Identifying a crisis response team to be dispatched to the school site to provide support to students and school personnel. The school district may consider convening a specific group of individuals that will be called upon if there is a student suicide.

Alternatively, school districts can reach out to SCBH or SCOE to request crisis support. It is recommended that the team that is dispatched is available to provide drop-in type services in an accessible location such as the school library or auditorium. Support can be in the form of a group discussion and/or one-on-one meetings, particularly for any students who are at higher risk due to having had a close relationship with the deceased. This focused support should be made available for up to two weeks or longer if deemed necessary.

- Being cautious around how the death is memorialized due to the increased risk for suicide contagion. Suicide contagion is the exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviors. Direct and indirect exposure to suicidal behavior has been shown to precede an increase in suicidal behavior in persons at risk for suicide, especially in adolescents and young adults[48]. It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death[49].
- Ensure that students are aware that there is support available to them.
- Determine an appropriate mechanism to notify parents when there is a suicide death that impacts a school site community.

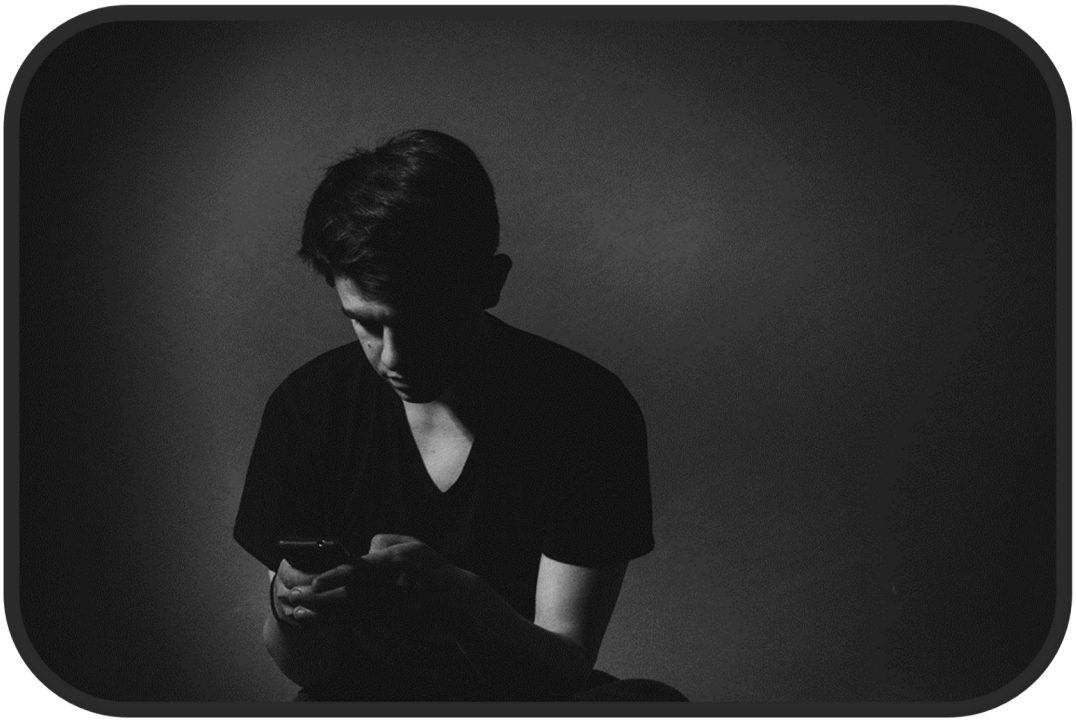
The manner in which a school site manages a suicide death of a student is very sensitive and ideally each district will have a process identified ahead of time rather than at the time of a student suicide. It is recommended that at the beginning of each school year, school districts review the crisis response plan. The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) collaborated to create a resource guide, *After a Suicide: A Toolkit for Schools* , to address how to respond when there is a student suicide which can be found at.

Plan Update: Efforts Made 2017-2021

Over the course of the last 4 years SCBH and SCOE have collaborated to develop notification processes with districts to contact SCBH and SCOE when there is a suicide death or other critical incident so that these organizations can support the impacted district/school site by identifying clinicians to be dispatched to school sites to provide support for students and school personnel. Additionally, SCBH has coordinated linking families who have experienced the loss of a loved one to suicide to the family that has most recently been impacted. The TIG training mentioned previously promotes identifying one person either from SCBH or an LEA to be the TIG Coordinator who would then be formally responsible to provide support for postvention following a student suicide death. SCBH and SCOE will continue to explore this option going forward but for now will continue to provide support for districts as outlined above.

In 2020 Solano County was awarded the Mental Health Student Services Act (MHSSA) Grant. Through this grant SCBH funds SCOE to expand suicide prevention trainings and consultation for districts regarding their Suicide Prevention Plans and crisis protocols. In addition to these prevention efforts SCOE will provide support for districts in developing trauma-informed aftercare support for students re-entering schools after being discharged from the hospital. Additionally, the grant supports SCOE in providing screenings and assessments for middle and high school students who are at risk of dropping out of school for participating districts. The MHSSA Grant provided an opportunity for SCBH to fund a specialized School-Based Mobile Crisis Program which will be launched at the start of the 2021/22 school year. This program will specifically serve K-12 school sites in all six (6) districts. School sites will be the sole referral source. Students will be eligible for services regardless of insurance or immigration status. Services will be delivered by clinicians who will respond to crisis situations on school sites during school hours.

The Impact of Media on Youth Locally



In March of 2017, Netflix released a web television series called *13 Reasons Why* based on the 2007 novel *Thirteen Reasons Why* written by Jay Asher. This series revolved around a high school student, Clay Jensen, and his friend Hannah Baker, a girl who died by suicide after a series of traumatic events. There were four seasons of the show released by Netflix. This particular television series had a unique tie to Solano County in that parts of the show were filmed here in Solano County. Following the release of season one of *13 Reasons Why*, which included very mature material including bullying, the death of a student due to a car accident, two sexual assaults and a very graphic suicide, SCBH received several calls from local school districts reporting an increase in youth who were suicidal and/or had made attempts after watching the series. SCBH provided suicide prevention training for the school districts that requested training. Additionally, a template for a parent letter that included the talking points and resources for sexual assault and suicide prevention was provided to the school districts as a resource in response to this Netflix series.

In May of 2017 Vacaville Unified School District (VUSD) became aware a disturbing social media fad called the "Blue Whale Challenge" which was an online game whereby children and teens are targeted and assigned a series of 50 challenges over a course of 50 days that are increasingly risky or dangerous, and ultimately culminate in a final challenge to die by suicide. VUSD learned of this potentially deadly game from some of their own students which prompted them to send letters to parents warning them about the online game.

Given the nature of social media and web-based television it is recommended that parents make a concerted effort to consistently monitor what their children are watching on television and to monitor their social media. Furthermore, it is recommended that parents make attempts to routinely initiate open and honest conversations with their children about their experiences at school, experiences with their peers, and to check in on their children's mood. In the event that a parent notes a significant change in their child's mood or behavior it is recommended that the parent seek help for their child immediately.

In an effort to address concerns related to the impact of media on children and youth, SCOE developed and now offers a Social Media Safety workshop for students and for parents/caretakers which is provided to participating districts and
school sites.

Goals and Objectives of this Plan

During the initial 2017 CPP process, two (2) overarching goals were identified:

1. Using the 2014 suicide attempt data of 643 total attempts as a baseline, the goal is to reduce suicide attempts in Solano County by 5% in five years and 10% in ten years. (Inactive Goal per 2021 Plan Update)
2. Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 10% in five years, 20% in ten years with an ultimate goal to work towards zero suicide deaths.

At the writing of this Plan Update, it has become apparent that we will not be able to accurately monitor suicide attempts in Solano County due to unforeseen significant delays in this data being available through the California Department of Public Health (CDPH). In fact, since the initial Plan was written in 2017 CDPH has only updated one year's worth of attempt data for 2015. Due to the inability to appropriately track the attempt data this first goal will temporarily be placed on an inactive status.

Sadly, at the four year mark there has been an 11% increase in suicide deaths from 2016 as comparted to 2020. There are likely many factors contributing to this increase including external stressors such as natural disasters, COCVID-19, racial and civil unrest, etc.. After having had a Plan in place for four years the Suicide Prevention Committee recognizes that the initial goal developed related to reducing suicide deaths in Solano County by 10% in five years and 20% in ten years may have not been realistic or attainable given the cyclical nature of suicides in the Solano community, which has been further impacted by external stressors mentioned above. The Committee continues to be committed to an overarching goal to work towards zero suicide deaths in Solano County, however at this time the anticipated percentage decrease at the 5 year and 10 year marks will be reduced to benchmarks that may be more attainable. Additionally, several additional goals are being added to address particular.

Overarching Plan Goal

Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 5% in five years, 10% in ten years with an ultimate goal to work towards zero suicide deaths.

New 2021 Goals

1. Using the 2020 suicide data of 17 suicide deaths for White/Caucasian men as a baseline, the goal is to reduce suicide deaths for this at-risk community by 5% at the next Plan Update.
2. Using the 2020 suicide data of 18 suicide deaths involving a firearm as a baseline, the goal is to reduce suicides involving a firearm by 5% at the next Plan Update.
3. Using the 2019 suicide data of 21 suicide deaths of Solano residents with an identified occupation of construction worker/laborer as a baseline, the goal is to reduce suicides involving a firearm by 5% at the next Plan Update.

Please note we are using 2019 data as the baseline for this particular goal as the data for 2020 had a significant number of cases missing data related to occupation. The 2019 data was more complete and provided a better picture of impact of suicide by occupation.

Updated Objectives and Action Items

Many of the objectives and action items listed below have been addressed or implemented in some way as reported previously in this document, however many items continue to be relevant and new action items have been identified through the 2021 CPP process.

Objective 1: Normalize mental health seeking behavior.

a. Engage community in mental health stigma reduction and suicide prevention awareness activities.
b. Increase access to mental health services for communities that are unserved/underserved in Solano County.

Objective 2: Increase knowledge of the warning signs for suicide and how to link individuals in crisis to appropriate care.

a. Compile, organize and make available a master list of all suicide prevention trainings offered to providers and community members.
b. Increase the training capacity for suicide prevention trainers.
c. Create and promote messages that "suicide is preventable" through use of social media and literature campaigns.
d. Provide standard messaging around knowing the warning signs and how to connect to services.
e. Promote safe messaging guidelines related to suicide prevention events.
f. ***New:*** Engage HR departments across sectors—starting with occupations determined to be more at risk for suicide in Solano County (page 28) to provide trainings related to stigma reduction and suicide prevention in order to raise awareness with their employees.
g. ***New:*** Develop a data collection/reporting process for partners—both private and public sectors—to report training and stigma reduction efforts.

Objective 3: Increase opportunities to identify those that are at increased risk for suicide.

a. Increase the number of providers, school staff, and community members trained in suicide prevention, including train-the-trainer models.
b. Implement uniform brief self-reporting screening tools in behavioral health and primary care clinics.
c. Continue to engage representatives from all of the identified communities of focus who are more at risk for suicide through key informant interviews, focus groups, and/or surveys to ensure current risk factors are being considered.
d. Make efforts to implement some, or all of the strategies identified through the focus groups for the communities of focus.
e. Support school districts to develop crisis response guidelines for how to respond to students who are experiencing a crisis.

Objective 4: When possible limit access to lethal means.

a. Partner with firearm instructors and gun shop owners to promote suicide prevention awareness.
b. Educate and promote lethal means restrictions/protections during times of heightened risk which can include continuing to distribute the gun safety brochure developed in partnership between SCBH and the Sheriff's Office to the local firearm businesses.
c. ***New:*** Post suicide prevention materials at local bridges and train stations.

Objective 5: Increase comprehensive coordination among treatment providers, particularly crisis providers and the treatment program that will provide aftercare.

a. Compile, organize and make available a comprehensive resource guide that will be available to all community members that will be updated routinely.
b. Create a list of identified points of contact for crisis aftercare follow up for each insurance plan.
c. Create a basic urgent care referral form that can be used universally to ensure that individuals at risk are adequately linked to care post-acute crisis.
d. ***New:*** The Solano County Suicide Prevention Committee will explore opportunities to develop a process to collect attempt data in real time. This will require engaging all local emergency departments, law enforcement and other stakeholders.

Objective 6: Improve treatment and aftercare services for individuals experiencing an acute crisis.

a. Provide training on how to assess and provide crisis intervention in a culturally and linguistically appropriate manner for behavioral health providers, primary care providers, substance abuse providers, hospitals, first responders, etc.
b. Increase the use of evidenced-based or promising practice models of treatment.
c. Encourage non-County providers to adopt a practice of mandating a follow up within 7 days from when an individual is discharged from an inpatient facility. The follow up can be by phone, but ideally in person.

Objective 7: Develop a protocol for how to respond when there is a suicide death to better support the community impacted.

a. Develop a guideline for a postvention review process for behavioral health, substance abuse and health care providers.
b. Support school districts to develop crisis response guidelines for how to respond to a student suicide death.
c. ***New:*** Develop a mentor program whereby family members who have experienced the loss of a loved one in the past can be called upon to provide support for a family who has just experienced a suicide death of a loved one.
d. ***New:*** Implement a Survivors' Support group in Solano County.
e. ***New:*** Consider co-locating a SCBH staff member in the Coroner's office to complete a psychological autopsy and to engage the family/loved ones following a suicide death in order to ensure that they are linked to appropriate services.
f. ***New:*** Implement the larger countywide Suicide Death Review to identify system barriers and/or preventative measures that could be put in place to prevent future suicide deaths.

Plan Implementation

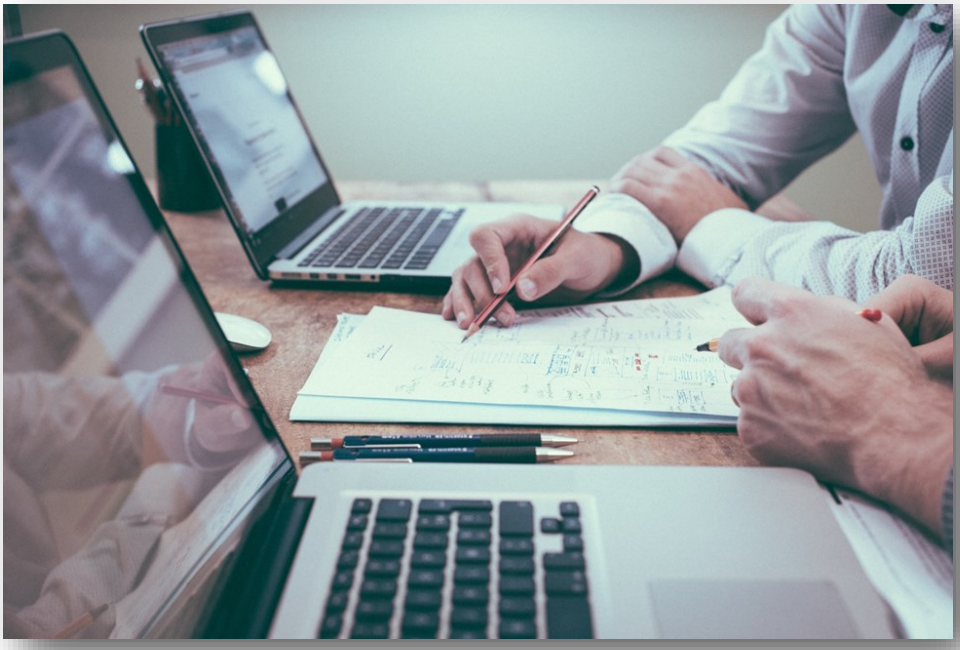
The *Solano County Suicide Prevention Strategic Plan* is intended to galvanize all Solano County residents including the public and private sectors. In order to implement this Plan, it will require community members, public and private providers, businesses, law enforcement, local educational agencies, faith-based organizations, etc. to work collaboratively on the various strategies outlined in this document.

The Plan calls for a substantial coordinated effort by multiple partners to identify and successfully achieve the necessary program, policy, and system improvements. As such, this implementation will require shared resources and is therefore not the sole responsibility of any one entity. Both public and private health care providers have their own policies and practices related to suicide prevention and suicide crisis response. This Plan is intended to be used as a guide in regards to policy-making and the actual practices deployed in programs and clinics across the County. The Solano County Suicide Prevention Committee will act as the holder of the Plan and will be responsible to organize targeted workgroups, focus groups and community coordinated efforts regarding suicide prevention.

Workgroups will be convened and focused on the various components of plan implementation. The workgroups will be comprised of key stakeholders that can influence change or movement for the particular task assigned. Workgroups may be convened to address the following:

- Coordination of training and education
- Stigma reduction and suicide prevention campaigns
- Screening protocols
- Treatment best practices
- Coordination of care
- Postvention activities
- Data collection and reporting

SCBH will continue to leverage state suicide prevention resources through MHSA PEI funding in order to provide leadership and guidance regarding stigma reduction and suicide prevention activities available to all community members. SCBH will continue to provide support to the local educational agencies/school districts in developing and implementing their own suicide prevention policies and plans.



Program Evaluation

Data Collection & Tracking

The data related to suicide deaths will continue to be collected and tracked by the Solano County Sheriff Office-Coroner's Office and reported to SCBH and the Suicide Prevention Committee. It was identified that there are some inherent challenges to the data categories that the Coroner is required to collect since the data will not capture information related to several of the communities of focus. For example, in a situation in which an individual who died by suicide is transgender that information will not be captured in the annual suicide death data. This is true for sexual orientation and Native American status. The Suicide Prevention Committee will continue to make efforts to implement a system outside of the Coroner's data collection system to collect the expanded demographic data related to specific communities of focus.

SCBH tracks and reports annually the total number of suicide prevention trainings provided and the number of participants trained for the trainings that SCBH funds. That said, there is no data collection related to trainings provided by other organizations, including private behavioral health and health care providers, community organizations, etc. Efforts will be made to create a tracking mechanism to track data related to suicide prevention trainings offered throughout the County.

Data Reporting

The Suicide Prevention Committee will review the data related to suicide deaths and other relevant data informing the county-wide Suicide Prevention Strategic Plan throughout the year. On an annual basis, the data collected will be reported back to the community in the month of September corresponding with 'National Suicide Prevention Awareness Week'. The Plan, updates to the Plan, and annual outcomes will be posted on the SCBH website on the Mental Health page under "Suicide Prevention."

Local, State, and National Resources

There are many organizations that focus on suicide prevention efforts and/or crisis intervention. The list of resources below is not exhaustive, but rather includes information about agencies or organizations that are providing valuable support to our community.

Local Support

Solano County Behavioral Health Access Line
24/7 Access Services
1-800-547-0495

Solano County Crisis Stabilization Unit
24/7 Crisis Stabilization Services (this is not a crisis line)
2101 Courage Drive, Fairfield, CA 94533
1-707-428-1131

In 2021 or early 2022 the Community-Based Mobile Crisis phone number will be advertised widely through press releases, PSAs, social media, ads in newspapers, etc.

Statewide Support

Teen Line Warmline
Peer warmline for non-emergency situations
1-800-TLC-TEEN phone available 6pm-10pm
Text line: Text **"TEEN"** to 839863 available 6pm-9pm

California Peer-Run Warmline
24/7 Peer warmline for non-emergency situations
1-855-7415 phone

Each Mind Matters
Stigma Reduction Campaign
www.eachmindmatters.org

Know the Signs
Suicide Prevention Campaign
www.suicideispreventable.org

Local, State, and National Resources

National Support

National Suicide Prevention Lifeline
24/7 Suicide Prevention Hotline
1-800-273-TALK (8255) English callers and for veterans press 1 to speak to a peer
1-800-628-9454 Spanish callers
www.suicidepreventionlifeline.org

Over the course of the next year this phone number will be transitioning to a 3-digit number. When this change takes place, it will be advertised widely through press releases, PSAs, social media, ads in newspapers, etc.

Crisis Text Line
Text **"HOME"** to 741741 to be connected with a Crisis Counselor 24/7

The Trevor Project: Suicide Prevention for LGBTQ+ Youth
24/7 Suicide Prevention Hotline for LGBTQ+ Youth 25 years and younger
1-800-488-7386 phone
TrevorText Line: Text **START** to 678678 Mon-Friday 12pm-7pm
www.thetrevorproject.org

The Trans Lifeline
Suicide Prevention Hotline for transgender individuals available 7am-1pm
1-877-565-8860 phone

Lifeline for Deaf & Hard of Hearing
24/7 Suicide Prevention Hotline
1-800-799-4889 phone

Institute of Aging Friendship Line (seniors)
24/7 Suicide Prevention Hotline
1-800-971-0016 phone

MY3: Suicide Prevention Phone App
www.my3app.org

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Appendix A: Firearm Safety Brochure

SOLANO COUNTY SHERIFF'S OFFICE

APPROVED

CCW FIREARMS TRAINING PROVIDERS

Outdoor Gear 707-647-2511
Am. Canyon & Fairfield 29outdoorgear.com

Baptist Security Training
Vacaville www.BaptistSecurityTraining.com

Blue Ridge Consulting & Firearms 707-693-0172
Vacaville BRCArms.com

Dobbs Firearm Training 888-486-0250
Fairfield & Vacaville dobbsfirearmstraining.com

Eagle Defense
Sloughhouse, CA www.eagledef.com

Kennedy Consulting 530-617-1GUN
Fair Oaks, CA jonkennedyconsulting.com

Liberty Firearms Training 916-476-4987
Sloughhouse & Walnut Grove libertyfirearmstraining.com

Northern Firearms Instruction 530-776-4855
Vacaville usgunpro.com

R&D Training 707-592-3113
Napa

Security & Firearms Training Academy 916-500-1442
North Highlands safta-inc.com

THE 10 COMMANDMENTS OF GUN SAFETY

get in touch

For **24 Hour SUICIDE PREVENTION**, call
National Suicide Prevention Lifeline
(800) 273-TALK (8255)
http://www.suicidelspreventable.org

For **24 / 7 CRISIS SERVICES**, call the
Solano County Crisis Stabilization Unit
2101 Courage Drive, Fairfield
(707) 428-1131

Mental Health Access
(800) 547-0495

Brought to you by the
Solano County Sheriff's Office
and the
Department of Health & Social Services

THE 10 COMMANDMENTS OF GUN SAFETY

1. **Treat every firearm as if it is loaded** - It might be, even if you think it isn't.

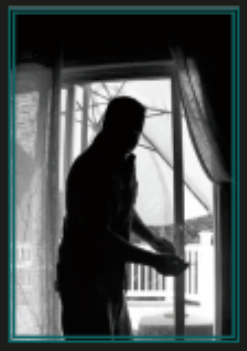
2. **Always point the muzzle in a safe direction** - Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others.

3. **Keep your finger off the trigger until you've made the conscious decision to shoot.**

4. **Be sure of your target and what's beyond.** Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. Never fire in a direction where there are people or any other potential for mishap.

5. **Seek proper instruction**
   Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm. Before handling a new gun, learn how it operates.

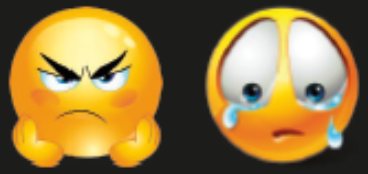
6. **Store your guns safely and securely to prevent unauthorized access.**



7. **Don't mix alcohol or drugs with shooting.**

8. **Be sure your gun and ammunition are serviceable and compatible** - Only cartridges or shells designed for a particular gun can be safely fired by that gun. When in doubt, consult a firearm professional.

9. **Never handle a firearm if you are angry or depressed.**



THE 10TH COMMANDMENT

Consider temporary off-site storage if a family member may be suicidal.

When a friend or family member has experienced an emotional crisis such as a break-up, job loss, or legal trouble – or if you notice a major change in someone's behavior such as depression, violence, or heavy drinking, or drug use, simply consider off-site storage of firearms.

Most gun shops and law enforcement agencies will be glad to store guns outside the home until the situation improves.

Appendix B: List of Occupations

Occupation Categories
CY 2016-2020

Occupation	Category	2016	2017	2018	2019	2020
Accountant	Accountant/ Finance	1	-	-	1	1
Auditor	Accountant/ Finance	-	1	1	-	-
Credit Manager	Accountant/ Finance	-	-	-	1	-
Finance Manager	Accountant/ Finance	-	-	-	1	-
Artist	Art/ Music	1	1	-	-	-
Graphic Designer	Art/ Music	-	1	-	-	-
Published Writer	Art/ Music	1	-	-	-	-
Business Owner	Business Owner	-	1	2	1	2
Dress Maker	Business Owner	-	1	-	-	-
Entrepreneur	Business Owner	-	-	1	-	-
HVAC Bus. Owner	Business Owner	-	-	1	-	-
Owner Operator	Business Owner	-	-	1	-	-
Self Employed	Business Owner	1	1	1	-	-
Caregiver	Caregiver/ Homemaker	-	-	1	-	1
Care Provider	Caregiver/ Homemaker	-	1	-	-	-
Homemaker	Caregiver/ Homemaker	1	-	1	2	-
Housekeeper	Caregiver/ Homemaker	-	1	-	-	-
Detailer	Construction/ Laborer	1	-	-	-	-
Waste Water Mgt	Construction/ Laborer	-	1	-	-	-
Erosion Control Specialist	Construction/ Laborer	-	-	-	-	1
Agriculture Worker	Construction/ Laborer	-	-	-	1	-
Carpenter	Construction/ Laborer	2	1	1	3	-
Construction	Construction/ Laborer	1	1	-	2	-
Contractor	Construction/ Laborer	-	-	1	1	-
Custodian	Construction/ Laborer	-	-	-	1	-
Dredgeman	Construction/ Laborer	-	-	1	-	-
Dry Wall Finisher	Construction/ Laborer	-	-	-	1	-
Foreman	Construction/ Laborer	-	-	1	1	-
Fork Lift Operator	Construction/ Laborer	1	-	1	-	-
Fuels Service Center Controller	Construction/ Laborer	-	-	1	-	-
Handyman	Construction/ Laborer	-	-	1	-	-
Heating and Air	Construction/ Laborer	1	-	-	-	-
Heavy Equipment Operator	Construction/ Laborer	-	-	2	-	-
Insulation	Construction/ Laborer	-	-	1	-	-
Laborer	Construction/ Laborer	2	2	-	4	2
Lagger	Construction/ Laborer	-	1	-	-	-
Landscaper	Construction/ Laborer	1	-	-	1	-
Machinist	Construction/ Laborer	1	-	2	-	-
Painter	Construction/ Laborer	1	-	-	-	1
Nuclear Pipe Fitter	Construction/ Laborer	-	-	-	-	1
Pipe Fitter	Construction/ Laborer	2	-	-	-	-
Product Worker	Construction/ Laborer	-	-	-	1	-
Refinery Worker	Construction/ Laborer	-	-	-	-	1
Sanitation worker	Construction/ Laborer	1	-	-	-	-
Scaffolding Builder	Construction/ Laborer	-	-	-	1	-
Service Tech	Construction/ Laborer	-	-	2	-	-
Technician	Construction/ Laborer	-	1	-	-	-
Tractor Operator	Construction/ Laborer	-	1	-	-	-
Tradesman	Construction/ Laborer	-	-	-	1	-
Warehouseman	Construction/ Laborer	-	1	-	1	-
Welder	Construction/ Laborer	1	1	2	-	-
Maintenance	Construction/ Laborer	-	-	-	1	-

Appendix B: List of Occupations

Occupation Categories
CY 2016-2020

Occupation	Category	2016	2017	2018	2019	2020
Plumber	Construction/ Laborer	-	1	-	2	-
Electrical Tech.	Construction/ Laborer	-	1	-	-	-
Electrician	Construction/ Laborer	-	-	2	-	-
Lineman	Construction/ Laborer	-	-	1	-	-
Bus Driver	Driver	1	1	1	-	-
Driver	Driver	1	-	-	-	1
Limousine Driver	Driver	-	-	1	-	-
Trucker	Driver	-	1	-	-	-
Professor	Educator	-	-	1	-	-
Teacher	Educator	-	1	-	-	1
Teacher's Aide	Educator	-	-	1	-	1
Electrical Engineer	Engineer/ Architect	-	-	2	-	-
Engineer	Engineer/ Architect	1	-	-	-	-
Stationary Engnr.	Engineer/ Architect	-	-	-	-	1
EMT	First Responder/ Security	-	-	1	1	-
Firefighter	First Responder/ Security	-	-	-	-	1
Police Officer	First Responder/ Security	-	1	-	1	-
Special Agent	First Responder/ Security	-	-	1	-	-
Defense Threat Reduction	First Responder/ Security	-	-	1	-	-
Guard	First Responder/ Security	-	-	-	1	-
Security	First Responder/ Security	1	-	1	-	-
Elevator Mechanic	Mechanic	1	-	-	-	-
Airplane Mech.	Mechanic	-	-	-	1	-
Auto Mechanic	Mechanic	-	-	1	-	-
Maintenance Mechanic	Mechanic	-	-	1	-	-
Mechanic	Mechanic	-	-	1	1	-
Animal Research	Medical Field	1	-	-	-	-
CNA	Medical Field	-	-	1	1	-
Health Admin	Medical Field	-	-	1	-	-
Nurse	Medical Field	-	1	-	-	-
Nursing Assistant	Medical Field	1	-	-	-	-
Pharmacy Tech.	Medical Field	-	-	-	-	1
Registered Nurse	Medical Field	-	2	-	-	-
Surgical Tech.	Medical Field	-	-	-	-	1
Vocational Nurse	Medical Field	-	1	-	-	-
C-5M Instructor Loadmaster	Military	-	-	-	1	-
Tanker Operator	Military	1	-	-	-	-
Aerial Port Mobility Team	Military	-	-	-	1	-
Cargo Operations Apprentice	Military	-	1	-	-	-
Senior Airman	Military	-	-	1	-	-
Flight Engineer	Military	-	-	1	-	-
Aircraft Fuel Systems Craftsman	Military	-	1	-	-	-
Master at Arms	Military	-	-	-	1	-
Soldier	Military	-	-	1	-	-
Lifeguard	Miscellaneous	-	-	-	1	-
Control Room Op.	Miscellaneous	1	-	-	-	-
Worker	Miscellaneous	-	1	-	-	-
Specialist	Miscellaneous	-	-	-	1	-
Never Worked	Never Worked	2	1	1	4	4
Director	Office/ Management	-	1	-	-	-
Manager	Office/ Management	1	1	-	1	-
Operations Mgr.	Office/ Management	-	-	-	1	-

Appendix B: List of Occupations

Occupation Categories
CY 2016-2020

Occupation	Category	2016	2017	2018	2019	2020
Plant Manager	Office/ Management	-	1	-	-	-
Produce Exporter	Office/ Management	1	-	-	-	-
Purchasing Agent	Office/ Management	1	-	-	-	-
Retail Operations Manager	Office/ Management	1	-	-	-	-
VP Of Safety	Office/ Management	1	-	-	-	-
Warehouse Manager	Office/ Management	-	-	-	1	-
Admin Assistant	Office/ Management	-	-	1	-	-
Exec. Assistant	Office/ Management	-	-	1	-	-
Barista	Restaurant Worker	-	-	-	1	-
Butcher	Restaurant Worker	-	-	1	-	-
Caterer	Restaurant Worker	-	-	1	-	-
Cook	Restaurant Worker	-	1	-	-	1
Server	Restaurant Worker	-	1	1	-	-
Waitress	Restaurant Worker	-	-	1	-	-
Billing Clerk	Sales/ Customer Service	-	1	-	-	-
Cashier	Sales/ Customer Service	-	1	-	-	1
Clerk	Sales/ Customer Service	-	-	-	1	2
Customer Service	Sales/ Customer Service	-	-	-	-	1
Inventory Manager	Sales/ Customer Service	-	-	-	1	-
Real Estate Broker	Sales/ Customer Service	-	-	-	1	-
Receptionist	Sales/ Customer Service	-	-	-	2	-
Recovery Assistant	Sales/ Customer Service	-	1	-	-	-
Sales Person	Sales/ Customer Service	1	1	3	1	-
Secretary	Sales/ Customer Service	-	-	1	-	1
Telemarketer	Sales/ Customer Service	-	-	-	1	-
Telephone Oper.	Sales/ Customer Service	1	-	-	1	-
Student	Student	3	2	2	5	3
Computer Tech.	Technology	-	-	-	1	-
Information Tech.	Technology	1	-	-	-	-
Nuclear Physicist	Technology	1	-	-	-	-
Programmer	Technology	-	-	-	1	-
Systems Analyst	Technology	-	-	1	1	-
Unknown	Unknown	1	2	3	2	19
Total		**44**	**45**	**63**	**65**	**49**

Appendix C: Community Forum Flyers

Appendix C: Community Forum Flyers

Appendix C: Community Forum Flyers

KAGAWARAN NG KALUSUGAN NG PAG-UUGALI NG SOLANO COUNTY
BATAS SA MGA SERBISYO SA KALUSUGAN NG PAG-IISIP

MGA PAGPUPULONG SA KOMUNIDAD UKOL SA PAG-IWAS SA PAGPAPAKAMATAY

Ang Kagawaran ng Kalusugan ng Pag-uugali ng Solano County, sa pakikipagtulungan sa Komite ng Pag-iwas sa Pagpapakamatay ng Solano County, ay naglunsad ng proseso ng pagpaplano ng programa sa pamayanan upang mai-update ang Plano ng Solano County para sa mga Pamamaraan sa Pag-iwas sa Pagpapakamatay (Solano County Suicide Prevention Strategic Plan) na binuo at naaprubahan ng Lupon ng Mga Superbisor ng Solano County noong 2017. Ang Solano County ay isa sa pito lamang na mga lalawigan ng California na mayroong plano para sa buong lalawigan upang matugunan ang isyung ito ng pagpapakamatay. Ang Plano na ito ay isang gabay para sa buong lalawigan — kapwa pampubliko at pribadong sektor — upang mabawasan ang mga namamatay dahil sa pagpapakamatay sa Solano County.

Bilang karagdagan sa naka-target na focus group na gaganapin para sa mga populasyon na isinasaalang-alang na may mas mataas na peligro para sa pagpapakamatay, gaganapin din ang tatlong mga virtual na forum ng komunidad upang mapataas ang kamalayan tungkol sa kung paano nakakaapekto sa lokal na komunidad ng Solano County ang mga kamatayan na dahil sa pagpapakamatay at upang maisali ang mga miyembro ng komunidad sa pagtukoy ng mga pamamaraan upang mabawasan ang bilang ng nagpapakamatay sa ating lokal na lalawigan.

Ang mga forum ng pamayanan ay bukas sa mga mga tumatanggap ng serbisyo, miyembro ng pamilya, tagapagbigay ng pangangalagang pangkalusugan at pangkalusugan sa pag-uugali, mga lokal na ahensya ng edukasyon, mga nahalal na opisyal, unang tagatugon at mga nag-aalala na mamamayan. Ang bawat forum ay isasama ang mga sumusunod:

- Mga istatistika ng pagpapakamatay sa Solano County
- Kasalukuyang mga pagsisikap at pamamaraan sa pag-iwas sa pagpapakamatay
- Mga breakout session upang makarinig ng puna mula sa pamayanan tungkol sa kung paano mapataas ang kamalayan at maiwasan ang pagpapakamatay
- Pagtataguyod at mga mapagkukunan ng tulong para sa krisis

PETSA

Mayo 3, 2021 | 9am-11am
Mayo 10, 2021 | 5pm - 7pm
Mayo 13, 2021 | 3pm - 5pm

Ito ay mga virtual na forum at gaganapin sa Zoom.
Upang magparehistro at makatanggap ng link ng pagpupulong, mangyaring mag-email sa SolanoMHSA@solanocounty.com nang hindi lalampas sa 2 araw bago ang iyong napiling petsa at oras ng pagpupulong.

Appendix D: Focus Group Data Slides

Statistics Related to African Americans & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 22% (11) were African American residents, while African Americans represent only 14% of the total population in Solano County (Solano County Coroner's Office).

There has been a 114% increase in suicide deaths of African Americans in Solano County from calendar year 2018 to 2020.

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife (Suicide Prevention Resource Center, 2018).

While the majority of studies show that African American men are more likely to die by suicide; African American women are more likely to attempt suicide (American Association of Suicidology, 2016). Locally in 2020, of the 11 suicides of African American community members 9 were men and 2 were women (Solano County Coroner's Office).

Statistics Related to AAPI Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 10% (5) were Asian Pacific Islander residents (Solano County Coroner's Office).

The suicide rate for Asian Pacific Islanders (7.4 per 100,000) is about half that of the national rate (14.5 per 100,000) (American Association of Suicidality, 2020).

Suicide was the second leading cause of death for Asian-Americans aged 15-34, which is consistent with the national data (the second leading cause for all 15-24 year-olds regardless of race/ethnicity, and the third leading cause for 25-34 year-olds (American Psychological Association).

In aggregate, Asian Americans have the lowest utilization rates of mental health services among ethnic populations, regardless of gender, age, and geographic location. However, Asian Americans who do seek care tend to delay using services until their problems become severe (Javier, J. R., et al., 2010).

Appendix D: Focus Group Data Slides

Statistics Related to Caucasian/White Males

Of the 49 suicide deaths in calendar year 2020 in Solano County **33% (16)** were white adult men between the ages of 23-82. Looking closer 16% (8) were between the ages of 23-35, 12% (6) were ages 36-59, and 4% (2) were seniors over 60 (Solano County Coroner's Office).

Nationally by age and gender, the highest suicide rate is among males ages 65 and older, followed by males ages 45 to 54. (America's Health Rankings, 2020).

In 2019 the suicide death rate for white males was 26.1 representing 32,964 total deaths (American Association of Suicidology 2020).

Statistics Related to Survivors

For each death by suicide 147 people are exposed [for 2019, 6.98 million annually] (***U.S.A. Suicide: 2019 Official Final Data,*** **American Association of Suicidality)**

As many as 40-50% of the population have been exposed to suicide in their lifetime (***U.S.A. Suicide: 2019 Official Final Data,*** **American Association of Suicidality)**

Survivors of suicide are more likely than other bereaved individuals to develop symptoms of PTSD (Tal Young, I., et. al., 2012)

Appendix D: Focus Group Data Slides

Statistics Related to First Responders

Since 2017 there have been 5 suicide deaths of First Responders in Solano County (Solano County Coroner's Office).

It is estimated that 30% of first responders develop behavioral health conditions, including, but not limited to depression and post-traumatic stress disorder (PTSD), as compared with 20% of the general population (SAMHSA, 2018).

Firefighters were reported to have higher attempt and ideation rates than the general population, and for law enforcement, the estimates suggest that 125 to 300 police officers die by suicide every year (SAMSA, 2018).

Statistics Related to the Latino/Hispanic Community

During calendar year 2020 there were 49 suicide deaths in Solano County of which 14% (7) were individuals who were identified as Latino/Hispanic (Solano County Coroner's Office).

Latino/Hispanic youth are at higher risk of suicide compared to other demographic groups except whites **(Each Mind Matters, 2018)**.

Hispanics and Latinos have the lowest suicide rates among all racial/ethnic groups in the United States, although only slightly lower than blacks and African Americans **(Suicide Prevention Resource Center)**.

Latino/Hispanic individuals in general use mental health services at lower rates **(Each Mind Matters, 2018)**.

Appendix D: Focus Group Data Slides

Statistics Related to LGBTQ+ Adults

LGBQ adults have a two-fold risk of suicide attempts compared to other adults (Health Resources and Services Administration, 2018).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers (SAMHSA, 2020).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

Statistics Related to LGBTQ+ Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 (Solano County Coroner's Office).

In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year (KidsData.Org, 2020).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ youth seriously contemplate suicide at almost 3 times the rate of heterosexual youth and LGBTQ+ youth are almost 5 times more likely to have attempted suicide compared to heterosexual youth (Trevor Project).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

Appendix D: Focus Group Data Slides

Statistics Related to the Native Indigenous Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County. None of the individuals who died by suicide were identified to have been Native American/American Indian/Alaskan Native (Solano County Coroner's Office).

American Indian/Alaska Native individuals have the highest suicide rates in the nation at 22.1 per 100,000 people and have seen an 86 percent increase in suicide deaths since 2000 (State Health Access Data Assistance Center, 2020).

Compared with whites, American Indians/Alaska Natives who died by suicide had 2.1 times the odds of a positive alcohol toxicology result and 2.4 times the odds of a suicide of a friend or family member affecting their death (Center for Disease Control, 2018).

Native Americans are generally unserved or underserved in most communities and have high rates of depression and substance abuse and are therefore more at risk for suicide (State Health Access Data Assistance Center, 2020).

Statistics Related to Seniors

During calendar year 2020 there were 49 suicide deaths in Solano County of which 20% (10) were seniors (Solano County Coroner's Office).

Older adults have a higher suicide rate when compared with younger adults and adolescents (America's Health Rankings, 2020).

By age and gender, the highest suicide rate is males ages 65 and older, followed by males ages 45 to 54 and females, ages 45-54, followed by those ages 55-64 (America's Health Rankings, 2020).

Appendix D: Focus Group Data Slides

Statistics Related to Transition Age Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 **(Solano County Coroner's Office)**.

In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year **(KidsData.Org, 2020)**.

Students with low levels of school connectedness were much more likely to have serious suicidal thoughts (32%) than their peers with medium (19%) or high (9%) connectedness **(KidsData.Org, 2020)**.

Teens are considered at high risk for suicide, particularly teen boys.

Statistics Related to Veterans

Of the 49 suicide deaths in calendar year 2020 in Solano County **10% (5)** were veterans and of the 65 suicide deaths in 2019, 17% (11) were veterans. (Solano County Coroner's Office).

Veteran's suicides made up about 14 percent of total suicides in America in 2018. (U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, 2020).

Firearms were involved in more than 68% of veteran's suicides in 2018. Among the rest of the American population, the figure was about 48%.

Appendix E: Veteran Strategic Plan

Veteran Strategic Plan
Developed by: Nestor Aliga

Strategic Direction 1: Healthy and Empowered Veterans, Families, and Communities

Goal 1: Integrate and coordinate Veteran suicide prevention activities across multiple sectors and settings

Goal 2: Implement research-informed communication efforts designed to prevent Veteran suicide by changing knowledge, attitudes, and behaviors

Goal 3: Increase knowledge of the factors that offer Veterans protection from suicidal behaviors and that promote their wellness and recovery

Goal 4: Promote responsible media reporting of Veteran suicide, accurate portrayals of Veteran suicide and mental illnesses in the entertainment industry, and the safety of online content related to Veteran suicide

Strategic Direction 2: Clinical and Community Preventive Services

Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent Veteran suicide and related behaviors

Goal 6: Promote efforts to reduce access to lethal means of suicide among Veterans with identified suicide risk

Goal 7: Provide training to community and clinical service providers on the prevention of suicide and related behaviors

Strategic Direction 3: Treatment and Support Services

Goal 8: Promote suicide prevention as a core component of health care services

Goal 9: Promote and implement effective clinical and professional practices for assessing and treating Veterans identified as being at risk for suicidal behaviors

Goal 10: Provide care and support to individuals affected by suicide deaths and suicide attempts to promote healing, and implement community strategies to help prevent further suicides

Strategic Direction 4: Surveillance, Research, and Evaluation

Goal 11: Increase the timeliness and usefulness of national surveillance systems relevant to preventing Veteran suicide and improve the ability to collect, analyze, and use this information for action

Goal 12: Promote and support research on Veteran suicide prevention

Goal 13: Evaluate the impact and effectiveness of Veteran suicide prevention interventions and systems, and synthesize and disseminate findings to inform future efforts

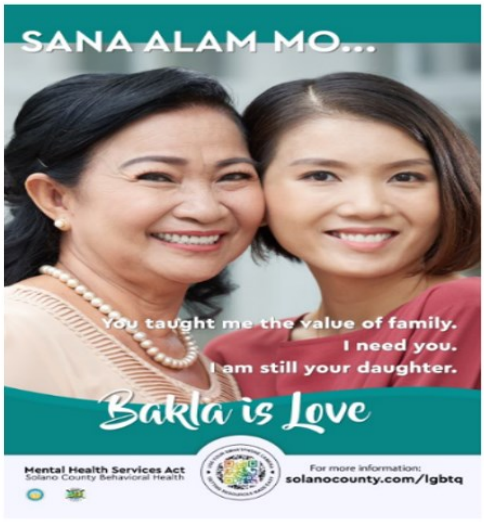
Goal 14: Refine and expand the use of predictive analytics for at-risk Veterans and for known upstream risks such as opioid use

Appendix F: Samples of LGBTQ+ Ethnic Visibility QI Action Plan

LGBTQ+ Ethnic Visibility: Latino Community

LGBTQ+ Ethnic Visibility: Filipino Community

Appendix F: Samples of LGBTQ+ Ethnic Visibility QI Action Plan



LGBTQ+ Ethnic Visibility: Filipino Community

Appendix G: TRUEcare Roadmap

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Appendix H: Suicide Screening Informational Letter

SOLANO COUNTY

September 1, 2020

As we prepare to observe national Suicide Prevention Week September 6-12, 2020 this letter is being sent to you on behalf of the **Solano County Suicide Prevention Committee** to share information regarding how suicide impacts our local Solano community, to share local efforts to prevent suicides deaths, and to request your partnership in increasing screenings for suicide risk. This request is aligned with a new resource letter recently received the California Department of Health Care Services and California Department of Public Health, as endorsed by both the California Surgeon General and the Governor which also highlights the importance of normalizing and systemizing screening for suicide risk.

Suicide continues to be the 10th leading cause of death in the U.S. and the 2nd leading cause of death for children/youth ages 10-19 years old. Suicide is a local preventable public health issue that requires collaboration and partnership by multi-sector organizations. The following 2019 suicide death data was provided by the Solano County Sheriff-Coroner's Office:

- There were 56 suicide deaths in Solano County which represents a 10% decrease from the year before
- Forty-one percent (41%) of the suicide deaths were adults ages 30-59, 34% were seniors 60 and over, 16% ages 19-29, and 9% of the suicide deaths were minors ages 14-17
- Eighty percent (80%) of the suicide deaths were males and 20% were females
- 8 veterans died by suicide
- Seventy-one percent (71%) of the suicide deaths were White residents, 12% Latino, 10% Asian/Pacific Islander, and 7% Black
- Forty-three percent (43%) of the individuals died by hanging, 36% by firearm, 12% due to an overdose, 4% involved a train/vehicle, 3% by asphyxia, and 2% involved sharps

The three largest and most populated cities of, Vallejo, Fairfield and Vacaville consistently experience higher rates of suicide within Solano County. It is also important to note that only 16% (9) of the 56 residents that died by suicide were Medi-cal eligible at the time of their death, and therefore the County Mental Health target population. As such, it is imperative that our private sector partners join the effort to increase screening and identification of individuals who are at risk for suicide and refer to them to treatment options through their insurance resources.

Local Efforts to Prevent Suicide Deaths

The longstanding Solano County Suicide Prevention Committee meets monthly and is comprised of multi-sector partners including: behavioral health, law enforcement, healthcare, public health, faith-based partners, local education agencies, representatives from communities at greater risk for suicide (older adults, LGBTQ+, youth, underserved communities), consumers of behavioral health services, and family members with lived experience of losing a loved one to suicide.

Appendix H: Suicide Screening Informational Letter

In September of 2017 a countywide ***Suicide Prevention Strategic Plan*** was presented to Board of Supervisors. This Plan was developed following a very comprehensive community program planning process and brought together the entire County, including private, non-profit, and public sectors to work collaboratively to combat suicide in our community. The Plan which can be reviewed here will be updated in the Spring of 2021.

Ongoing Targeted Efforts:

- Community education and training
- Firearm Safety Campaign
- Public Service Announcements (PSAs)
- Targeted outreach
- Crisis Intervention Team (CIT) training for law enforcement
- Suicide Prevention Toolkits for all middle and high schools
- Provision of suicide screening tools and suicide prevention resources to local first responders
- Implementation of up to 35 culturally responsive school-based Wellness Centers/Rooms on school campuses K-12 and adult education sites across Solano County

Current Initiatives

- Increase screenings for suicide risk
- Suicide Death Review Team (delayed due to COVID)
- Engage Human Resource departments for private and public sectors to implement training on the signs of mental health and suicide risk

If your organization would like to learn more about any of the efforts listed above, or if you would like to designate a representative to participate on the Suicide Prevention Committee please reach out to SolanoMHSA@SolanoCounty.com.

How Can You Help?

Screen for Suicide Risk

As referenced above, the Committee has researched the best screening tool or process to identify individuals who are at risk for suicide such as the one created by the National Institute of Mental Health (NIMH). A layperson can screen for suicide risk. Rather than recommending a particular screening tool, to the Committee recommends adding two screening questions to existing self-reporting tools program participants already complete per each organization's workflow:

1. ***In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?***
   Yes/No response

2. ***Have you felt hopeless in the last 30 days?***
   Yes/No response

It is important to note that the languaging used in these targeted questions is intentional and aligned with many standard screening tools such as the *Columbia Suicide Severity Rating Scale* and the NIMH *Ask Suicide-Screening Questions (ASQ)* referenced above as well as evidenced-

Appendix H: Suicide Screening Informational Letter

based suicide prevention training curriculums such as *safeTALK*, *Question, Persuade, Refer (QPR)*, *Applied Suicide Intervention Skills Training (ASIST)*, and *Assessing and Managing Suicide Risk (AMSR)*.

Ideally, the screening questions would be embedded into self-reporting tools completed by those receiving services and reviewed by the service provider during scheduled appointments. If it is not possible to institute a self-reporting tool, the Committee recommends that the provider verbally ask these questions during face-to-face, phone, or telehealth appointments.

Regarding frequency, the Committee recommends making every effort to provide multiple opportunities to screen for suicide risk, as the act of suicide is often a result of a constellation of stressors and it is an impulsive act that can be prevented if risk is identified. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored (National Institute of Mental Health). Whenever symptoms of depression are expressed, a person should be screened for suicide risk.

Intervention and Referrals

The Committee recommends that your organization develop clear policies and practices for follow-up interventions should a program participant respond "yes" to either of the questions. Interventions may include a more comprehensive suicide risk evaluation, safety planning, increase frequency of contact, referral for more intensive services, encourage a voluntary stay in a crisis stabilization unit or local emergency department, or initiation of a 5150 by law enforcement or 5150 designated staff.

Awareness and Stigma Reduction

We can all raise awareness about mental health and suicide risk, and make efforts to combat stigma. Stigma reduction and suicide prevention materials are available through Each Mind Matters.

The Committee appreciates your time and attention to this important information and your partnership in efforts to prevent suicide deaths in Solano County. Should you have any questions, I welcome the opportunity to discuss the content of this letter in further detail and can be reached at tclacey@solanocounty.com or 707-784-8213.

In Partnership,

Tracy Lacey, LMFT
Chair Solano County Suicide Prevention Committee
Senior Mental Health Services Manager – MHSA Coordinator
Solano County Health & Social Services Behavioral Health Division
TCLacey@SolanoCounty.com