## EL DORADO COUNTY
## FY 2022-23

# SUICIDE PREVENTION STRATEGIC PLAN

The colors purple and teal represent
Suicide Prevention Awareness
and these colors are
reflected throughout this
Suicide Prevention Strategic Plan.

# A special thank you…

Stakeholders across ages and geographic boundaries participated in the development of this Suicide Prevention Strategic Plan, including organizations serving youth, older adults, law enforcement agencies, Veterans, Latinos, mental health professionals, survivors and family members. Thank you for your dedicated efforts to create this valuable resource for El Dorado County.

ACCEL/Opioid Coalition
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Barton Hospital
*Natasha Schue, Community Outreach & Relations*

Behavioral Health Commission
*Arturo Salazar, Chair (May 2020-May 2021)*

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Working together, we can raise awareness and prevent suicide in our County

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Folsom Lake College, El Dorado Center
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Placerville Parents, Family/Friends of Lesbians and Gays (PFLAG)
*Joe Connolly, Member*

Placerville Police Department
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Shingle Springs Health & Wellness Center
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Sierra Child and Family Services
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Sierra Law Enforcement Chaplains
*Betsy Vanderpool, Lead Chaplain*

Suicide Prevention Network
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Summitview Child & Family Services
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Survivors and Family Members

Tahoe Youth and Family Services
*Karen Carey, Executive Director*

Youth Voices
*Jayce Kaldunski*
*Khalood Ghayas*
*Members of the El Dorado County Youth Commission*

*We call to action our County, the Health and Human Services Agency, public officials, private healthcare providers and hospitals, community-based organizations, Office of Education, law enforcement and professionals involved with public policy, as well as individuals within our community, to bring about the changes necessary to address this devastating community health issue of suicide.*

- *The Suicide Prevention Strategic Plan Workgroup*

# Executive Summary

Suicide is a complex issue that is best addressed by communities working together around the common goal of suicide prevention and offering hope to individuals who are experiencing suicidal thoughts and loss.

This Suicide Prevention Strategic Plan (Plan) was written with input from multiple stakeholders and community-based organizations, during the Coronavirus Public Health Emergency/COVID-19 pandemic. This is significant because the stakeholders and community members could not meet to discuss the Plan in person. This Plan is the culmination of nearly a year of emails, Zoom meetings, and countless phone calls. Most of all, this is a community plan for change and hope, which can work with California's Strategic Plan for Suicide Prevention and help us get closer to a "zero suicide" community. As we continue to realize the ramifications resulting from the COVID-19 pandemic, including the mental health ramifications, this Suicide Prevention Strategic Plan will become even more vital.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. According to the Centers for Disease Control and Prevention, in 2019 alone more than 47,500 people died by suicide, and 1.4 million suicide attempts were reported.[1] The number of people who seriously think about suicide or plan a suicide attempt is even higher. Other repercussions of suicide include the emotional toll on family, friends and co-workers, as well as the combined medical and lost work costs to the community.

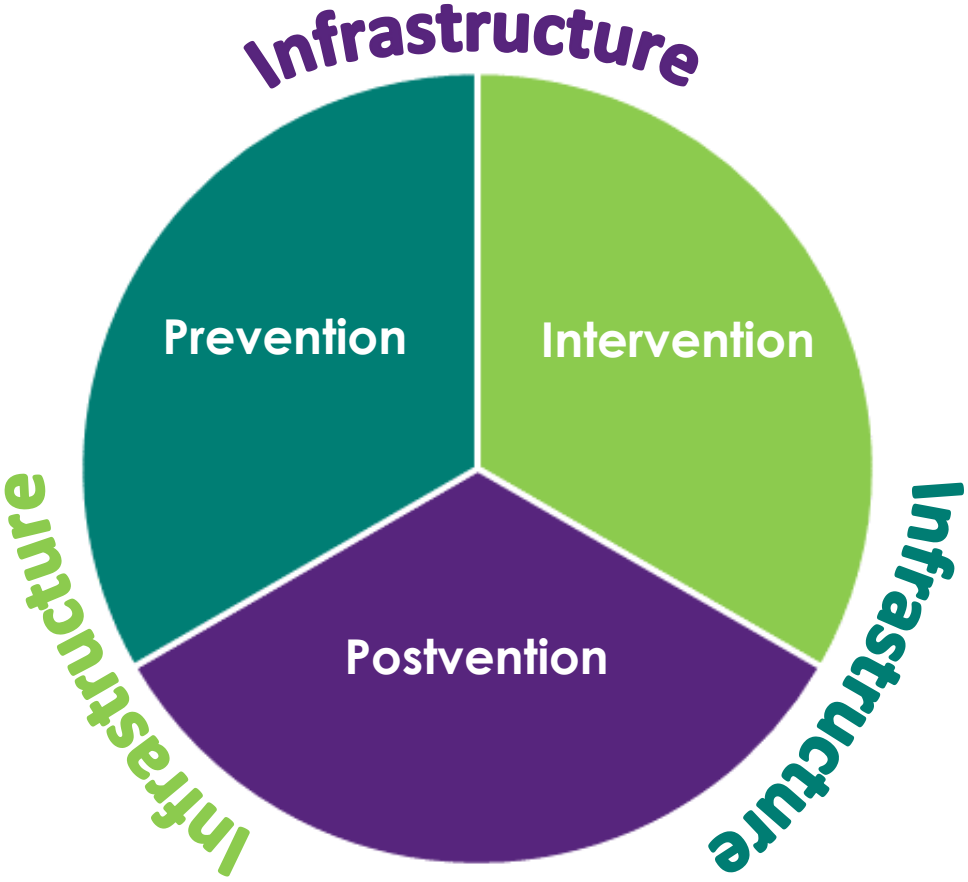
In El Dorado County, an average of 33 residents die by suicide every year.[2] In 2020, 35 community members took their own lives, and seven of them were under the age of 25.[3] El Dorado County currently has a higher rate of death by suicide than both the State of California and the United States. The California age-adjusted suicide rate per 100,000 people is 10.6, the national average is 13.9, while El Dorado County has a rate of 16.8.[4] Generally, those over 45 years of age are at a disproportionate risk of dying by suicide. More than 78% of deaths by suicide in El Dorado County from 2015-19 were by males and 50% of suicides from the same time frame involved the use of firearms.[5]

These statistics are tragic, yet there is hope. Suicides can be preventable and lives can be saved in El Dorado County if everyone takes action together. This Suicide Prevention Strategic Plan identifies a roadmap for success in reducing, and ideally striving for zero, attempted suicides and deaths by suicide.

A comprehensive approach to suicide prevention includes strategies and actions at multiple levels, from individuals and families to the community as a whole. The Suicide Prevention Strategic Plan Stakeholders Committee focused efforts on identification, research, and review of models within three specific realms to bring about change within the community. Key to the success of these activities is the

[1] Centers for Disease Control and Prevention, Suicide Prevention, Fast Facts. https://www.cdc.gov/suicide/facts/index.html, retrieved July 28, 2021.
[2] WellDorado website of Data in El Dorado County, https://www.welldorado.org/indicators/index/, retrieved July 28, 2021
[3] Data provided by El Dorado Sheriff's Office, January 26, 2021.
[4] http://www.welldorado.org/indicators/index/view?indicatorId=120&localeId=246, July 16, 2021 Welldorado Age Adjusted Death Rate due to Suicide.
[5] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.

development of a robust infrastructure to support these Suicide Prevention efforts, with involvement of all aspects of the community.



# Suicide Prevention Goal

**REDUCE** *the five-year average number of deaths due to*

**SUICIDE** *in El Dorado County*

**BY 20%** *by 2027*

**Establish a suicide prevention infrastructure to advance and sustain suicide prevention efforts**

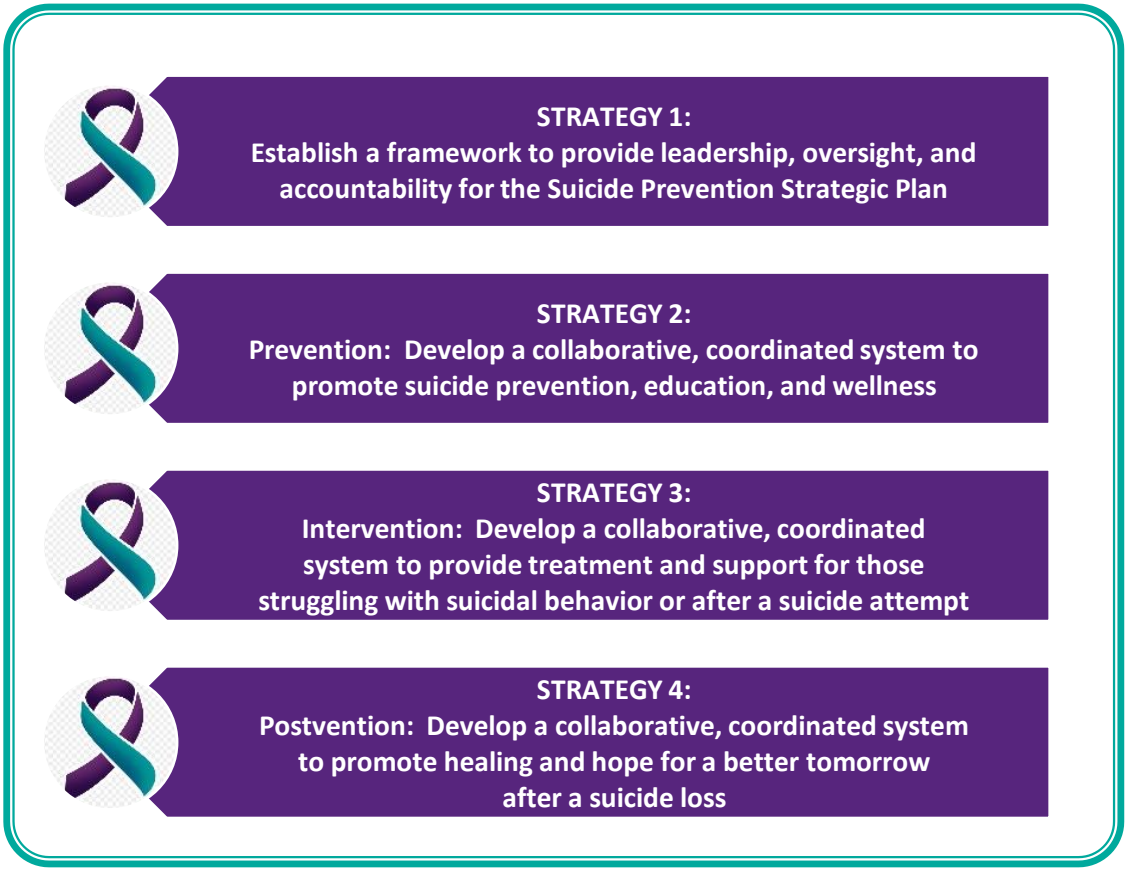
**Increase community awareness of suicide prevention and where to go for help or to learn more**

**Enhance early identification of suicide risk and connections to and between effective services and supports.**

**Share positive messages of hope and recovery so that more people in need of support will reach out for help**

**Promote hope and healing for those who are impacted by a suicide loss or recovering after a suicide attempt.**

# Suicide Prevention Strategies




The Suicide Prevention Strategic Plan Workgroup believes that implementation of this Plan will have a positive impact on saving lives and reducing the number of suicide deaths. That opinion is supported by the testimony of many survivors of suicide who have benefited from such efforts.

*Working together, we can raise awareness and prevent suicide in our County.*

# Contents

# Introduction

Suicide is a significant public health problem. In El Dorado County from 2015 through 2019, an average 33 county residents die by suicide every year.[6] El Dorado County currently has a higher rate of death by suicide than both the State of California and the United States. The California age-adjusted suicide rate per 100,000 people is 10.6, the national average is 13.9, while El Dorado County has a rate of 16.8.[7] Generally, those over 45 years of age are at greatest risk of dying by suicide. More than 78% of deaths by suicide in El Dorado County from 2015-19 were by males and 50% of suicides from the same time frame involved the use of firearms.[8] In 2020, 35 community members took their own lives, and seven of them were under the age of 25.[9] The impact of suicide on individuals, families and communities is profound, and those who have lost someone to suicide are left not only with the grief of their loss, but often struggle with feelings of guilt and shame. Suicide can be a difficult subject to discuss, and the myths and misunderstanding surrounding suicide contribute to stigma that can cloud the path to prevention.

In the face of these tragedies, many are left feeling powerless. Yet many suicides can be prevented. While the causes of suicide are complex, there is hope when communities come together around the common goal of suicide prevention.

In July 2020, El Dorado County Health and Human Services, through funding made available by the Mental Health Services Act (MHSA) program, launched a Suicide Prevention Strategic Plan Workgroup (Workgroup). The goal of the Workgroup was to develop a strategic plan as a foundation for a Suicide Prevention program in El Dorado County.

The overarching goal of the Suicide Prevention Strategic Plan is to reduce suicide attempts and deaths in El Dorado County through a comprehensive framework, using a public health approach that encompasses:

- Prevention;
- Early intervention for those at risk;
- Treatment and support for those struggling with suicidal thoughts after a suicide attempt; and
- Postvention after a suicide loss, to promote healing and hope for a better tomorrow.

Working together, we will reduce the stigma and shame that surrounds suicide in our community and encourage more people to seek help. Each member of our community has a role to play in suicide

[6] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.

[7] http://www.welldorado.org/indicators/index/view?indicatorId=120&localeId=246, July 16, 2021 Welldorado Age Adjusted Death Rate due to Suicide.

[8] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.

[9] Data provided by El Dorado Sheriff's Office, January 26, 2021.

prevention, from learning the warning signs and how to help, to knowing the resources that are available to support ourselves and others when there is a crisis.

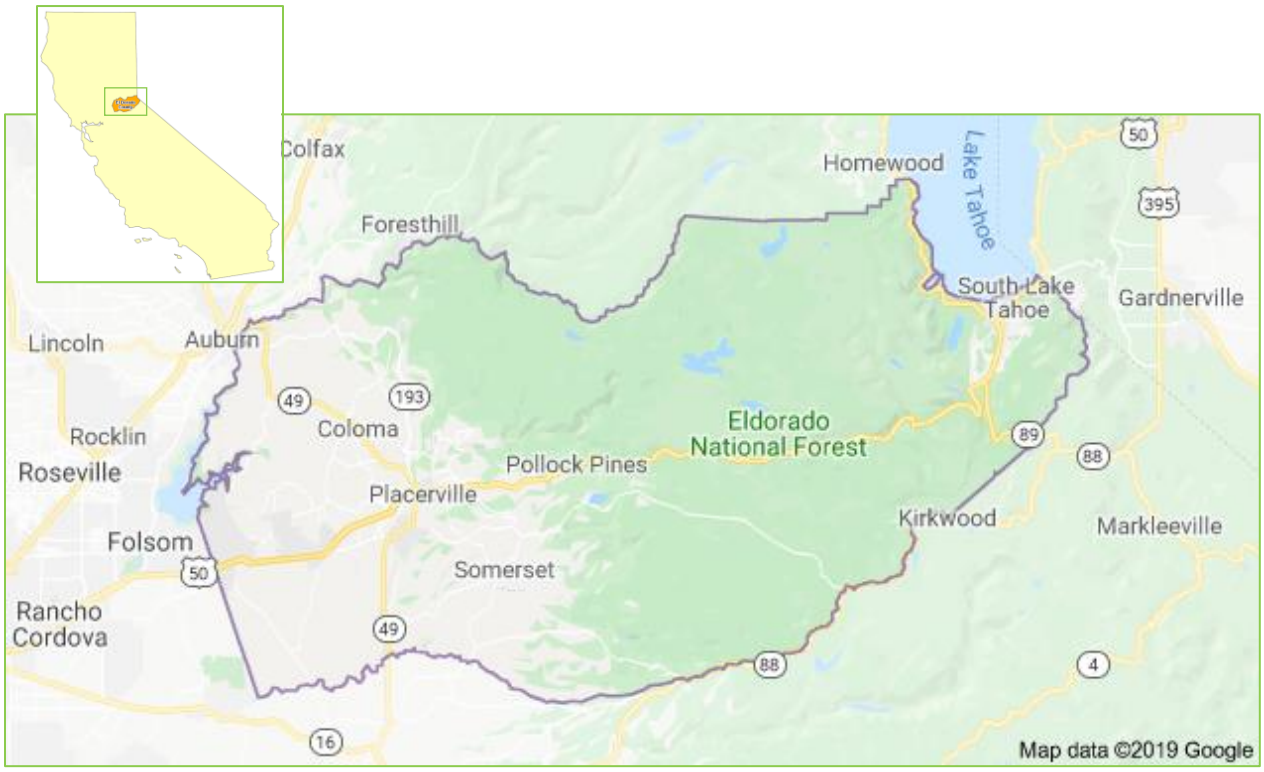
To learn more and get involved, email mhsasp@edcgov.us.

# El Dorado County Profile

Understanding the problem of suicide in El Dorado County requires a broad understanding of the communities in which people live, work, and go to school. Many different factors can influence suicide risk and it is important to place statistics about suicide into the community context.

## Geographic Information

According to the U.S. Department of Commerce (January 2014), El Dorado County, located in east-central California, encompasses 1,707.88 square miles of rolling hills and mountainous terrain. The County's western boundary contains part of Folsom Lake, and the eastern boundary is also the California-Nevada State line. The County is topographically divided into two zones: The northeast corner of the County is in the Lake Tahoe basin (South Lake Tahoe, California), while the remainder of the County is in the "western slope," the area west of Echo Summit.

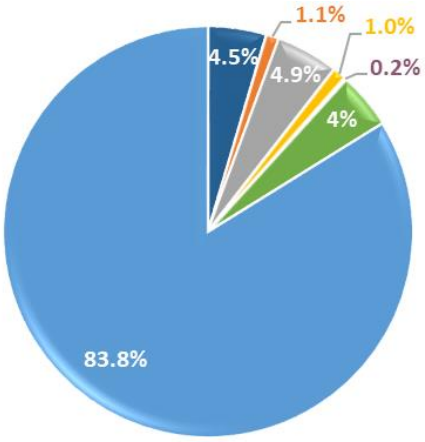



## Population and Growth

The 2021 population estimate for El Dorado County was 193,651 (Claritas, 2021, WellDorado.org). There are two incorporated cities, Placerville, the county seat, with a population of 11,175, and South Lake Tahoe with a population of 22,197. Countywide, there has been a population increase of 6.5% since the 2010 census.[10]

[10] https://www.census.gov/quickfacts/fact/table/placervillecitycalifornia,southlaketahoecitycalifornia,eldoradocountycalifornia/PST045219, accessed July 16, 2021.

## RACE & ETHNICITY




Source: Claritas, 2021, WellDorado.org

### Race

| | |
|---|---|
| 2+ Races | 8,781 |
| American Indian/Alaskan Native | 2,108 |
| Asian | 9,468 |
| Black/African American | 1,936 |
| Native Hawaiian/Pacific Islander | 376 |
| Other Race | 8,645 |
| White | 162,337 |

### Ethnicity

| | | |
|---|---|---|
| Hispanic/Latino | 26,116 | 13.5% |
| Non-Hispanic/Latino | 167,535 | 86.5% |

## VETERANS

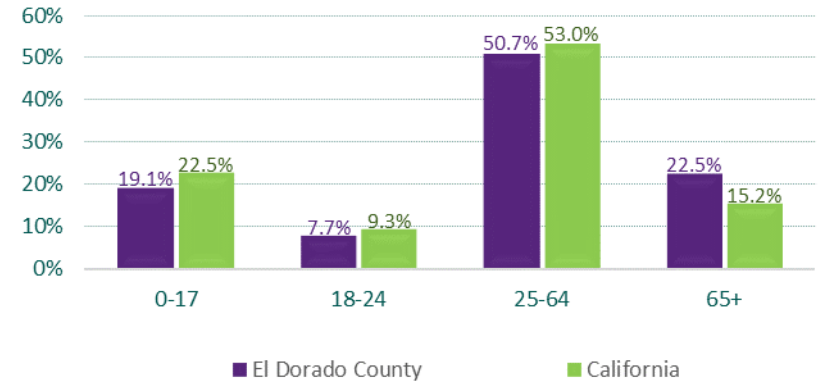
**13,604 Veterans**[11]

call El Dorado County home

**Over 17,000**[12]

Veterans, and their dependents and survivors live in the County

## AGE




Source: Claritas, 2021, WellDorado.org

[11] https://www.census.gov/quickfacts/fact/table/eldoradocountycalifornia/VET605219#VET605219, accessed July 19, 2021.

[12] https://edcgov.us/Government/Veterans/Pages/about_us_details.aspx, accessed July 30, 2021.

## EDUCATION

Of adults age 25+:

94% have a high school diploma or higher education

27% have some college, but no college degree

35% have a bachelor's degree or higher

## FAMILY

54,361 families

24,346 households with children

2,940 families below poverty

1,821 families below poverty with children

## HOUSEHOLDS

663 homeless persons:

183 sheltered homeless persons

480 unsheltered homeless person

76,632 households

2.50 persons average household size

$90,470 median household income

Source: Claritas, 2021, WellDorado.org; Homelessness data, 2020, from the U.S. Department of Housing and Urban Development as reported on WellDorado.org.

# Understanding Suicide

Suicide affects all ages. According to the CDC, suicide is the 10th leading cause of death in the United States.[13] It is the second leading cause of death for people 10 to 34 years of age, the fourth leading cause among people 35 to 54 years of age, and the fifth leading cause among people ages 45 to 54.[14] There are an average of over 3,703 attempts by young people grades 9-12.[15] Four out of five teens who attempt suicide have given clear warning signs.[16]

> *"The good news is that more than 90% of people who attempt suicide and survive never go on to die by suicide."*
>
> - *Centers for Disease Control and Prevention, Suicide Prevention, Fast Facts*[8]

While these numbers are staggering, many suicides may not be included in official statistics as attempts are generally considered to be underreported. Not all who attempt suicide receive medical treatment and may not be included in the numbers. Furthermore, some deaths that may have been a suicide may not be documented as suicide, such as overdoses or single car collisions.

Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the life span occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.[17] On average, older white adults have triple the suicide risk compared to younger, non-white adults.[18] While men are more likely than women to die by suicide, women are more likely to have suicidal thoughts and attempt suicide.[19]

Suicide attempts occur more frequently than deaths. For example, in 2019 more than 47,500 people died by suicide in the U.S., but in the same year 1.4 million suicide attempts were reported.[20] The number of people who seriously think about suicide or plan a suicide attempt is even higher.

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[13] Centers for Disease Control and Prevention, Suicide Prevention, Fast Facts. https://www.cdc.gov/suicide/facts/index.html, citing: CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). (2020) Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

[14] Centers for Disease Control and Prevention, Suicide Prevention, Fast Facts. https://www.cdc.gov/suicide/facts/index.html, retrieved July 28, 2021.

[15] The Jason Foundation, https://jasonfoundation.com/youth-suicide/facts-stats/. Retrieved February 7, 2022.

[16] The Jason Foundation, https://jasonfoundation.com/youth-suicide/facts-stats/. Retrieved July 27, 2021; Speak Up Break the Silence, https://speakup.us/helpandresources/warning-signs/. Retrieved July 28, 2021.

[17] Stone DM, Holland KM, Bartholow B, Crosby AE, Davis S, Wilkins N. (2017) Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[18] Olfson, M., et al. *Suicide following deliberate self-harm*. American Journal of Psychiatry, March 21, 2017. https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2017.16111288. Retrieved February 7, 2022.

[19] Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. Suicide and LifeThreatening. Behavior, 28, 1–23. McManus, S., Hassiotis, A., Jenkins, R., Aznar, C., Dennis, M., & Appleby, L. (2016). Suicidal thoughts, suicide attempts and self-harm. Cited in *Research briefing: Gender and suicide*, https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf.

[20] Centers for Disease Control and Prevention, Suicide Prevention, Fast Facts. https://www.cdc.gov/suicide/facts/index.html, retrieved July 28, 2021.

Additionally, a phenomenon known as "Suicide by Proxy" aka "Suicide by Cop" (SbC) (a suicidal subject intentionally engages in behaviors that it compels law enforcement to respond with deadly force) has contributed to increases as captured by data.[21]

## Populations at Disproportionate Risk of Suicide

Members of certain populations and groups are disproportionately impacted by suicide. It is important to recognize that belonging to these groups itself is not what increases risk, but rather that these groups are more likely to face certain risk factors than other groups. Although data at the County level is largely not available for special populations, data from research studies and national sources can be used to guide local planning.

### *Men*

Suicide rates among men are significantly higher than among women across all ages and racial and ethnic groups. One reason for this disparity is that men are more likely than women to use highly lethal means such as firearms in their attempts. Rates are highest among middle-aged and older men.

As a group, men are traditionally socialized to embody values and behaviors that can contribute to increased risk for suicide when faced with significant challenges[22] Values such as strength, toughness, and being a good provider and protector of family and property can make it difficult to display vulnerability and appear weak, such as by recognizing the need for help and asking for it. Emotional despair in men may be masked by emotions and behaviors more in line with perceived expectations: stoicism, recklessness, increased drug or alcohol use, excessive working, anger and irritability, and resentment. It may also manifest in physical symptoms such as sleep issues, fatigue, and chronic pain.[23]

Men in their middle years experience higher risk of suicide in conjunction with external problems and negative life events, as compared to women and younger men.[24] Financial, employment, and legal problems elevate risk in this group as well as interpersonal relationship problems, such as child custody issues or divorce. Men in lower income brackets are at higher risk than those in higher income brackets.

Men in middle age and older are more dispersed throughout the community, and may often be reluctant to ask for help. A suicide prevention focus on men requires engaging new, non-traditional partners (workplaces, local businesses, gun shops, firing ranges) as well as more traditional ones (primary care, hospitals/emergency departments) to encourage men to reach out for help.[25]

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[21] American Association of Suicidality, https://www.admboard.org/Data/Sites/25/Assets/pdfs/cit/6-Suicide-Prevention/6-9-SuicidebycopfactsheetAAS2013.pdf. Retrieved March 16, 2021; Police Executive Research Forum, *Suicide by Cop: Protocol and Training Guide*, https://www.policeforum.org/suicidebycop. Retrieved February 7, 2022.

[22] Suicide Prevention Resource Center. (2016). *Preventing suicide among men in the middle years: Recommendations for suicide prevention programs.* Waltham, MA: Education Development Center, Inc. http://www.sprc.org/sites/default/files/resource-program/SPRC_MiMYReportFinal_0.pdf.

[23] Ibid.

[24] Ibid.

[25] What Interrupts Suicide Attempts in Men: A Qualitative Study. Player, M.J. et. al. June 19, 2015. PLOS. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128180

### *Older Adults*

Suicide is a significant concern for the older adult population. Rates of suicide are higher among older adults than among younger people. Rates are particularly high among older men, with men age 85 and older having the highest rate of any group.[26] Suicide attempts made by older adults are much more likely to result in death than among younger people.[27] El Dorado County has a high number of older adults per capita, making this a crucial population to reach and support.

Research has suggested the following factors may influence suicide risk in this population:

- Older adults plan more carefully and use more lethal means;
- Older adults are less likely to be discovered and rescued; and
- The physical condition of older adults means that they are less likely to recover from an attempt.[28]

Depression is not a normal part of aging. Approximately 20 percent of older adults experience some type of mental health concern, with depression the most prevalent.[29] Although there are many effective treatments for depression and other mental health challenges, these conditions are widely unrecognized and undertreated among older adults[30]. Several factors increase the risk of depression among older adults, including the loss of a spouse, co-occurring medical and other conditions that have limited their ability to function, and changes in living situations such as relocation to congregate living facilities.[31] Social and emotional support, assistance with activities of daily living, and engaging in meaningful activities are important protective factors against depression and suicide risk among older adults.[32]

### *Veterans*

As a group, Veterans possess unique protective factors related to their service, such as resilience or a strong sense of belonging to a unit. They may also possess risk factors related to their military service, such as service-related injury or a recent transition from military service to civilian life. They are often familiar with and comfortable around firearms, which can increase risk for individuals who are experiencing emotional distress.

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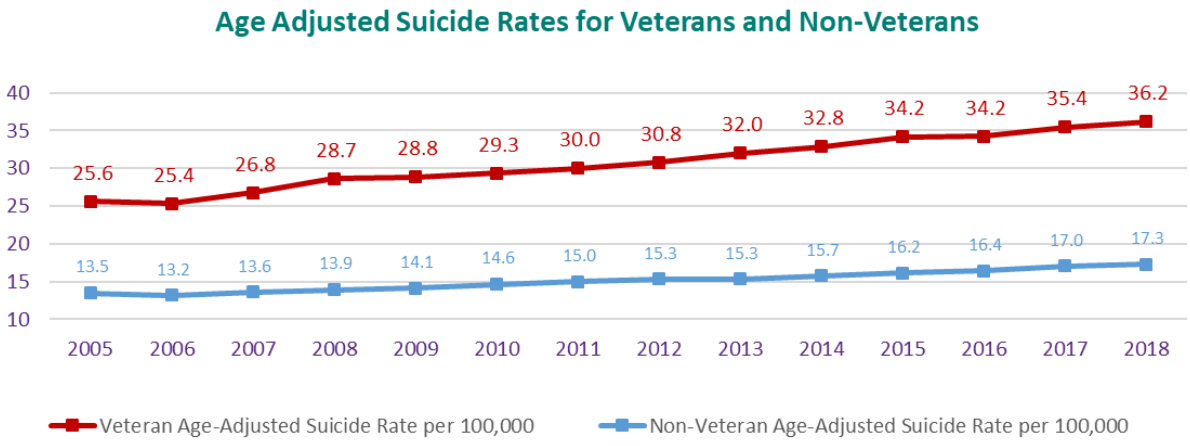
[26] Suicide Prevention Resource Center, https://www.sprc.org/populations/older-adults. Retrieved July 28, 2021.
[27] Ibid.
[28] Ibid.
[29] Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008
[30] Ibid.
[31] Fisk, A., J.L. Wetherell, and M. Gatz. 2009. Depression in Older Adults. *Annu Rev Clin Psychol*. 2009 ; 5: 363–389. doi:10.1146/annurev.clinpsy.032408.153621.
[32] Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008

According to the data appendix for the 2020 National Veteran Suicide Prevention Annual Report,[33] Veterans have rates of suicide that are more than double the rate of non-veterans:




Source: U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report, Data Appendix. 2020. Retrieved July 23, 2021 from https://www.mentalhealth.va.gov/docs/data-sheets/2018/2005-2018-National-Data-Appendix_508.xlsx.

Rates of suicide tend to be highest among younger veterans, but the largest number of suicides are among older veterans.[34]

| Age Range | Suicide Rate per 100,000 | Veteran Suicide Deaths | Veteran Population Estimate |
|---|---|---|---|
| **18–34** | **45.9** | 874 | 1,903,000 |
| 35–54 | 33.4 | 1,730 | 5,180,000 |
| **55–74** | 30.4 | **2,587** | 8,521,000 |
| 75+ | 27.4 | 1,237 | 4,522,000 |
| Total | 32.0 | 6,435 | 20,126,000 |

Although County-level data for Veteran and non-Veteran suicide rates is not available, the statewide data for California reflects similar trends as the national data, although the California rate was lower than the national rate (30.0 in California vs. 36.2 nationally).[35]

[33] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report Data Appendix. 2020. Retrieved July 23, 2021 from https://www.mentalhealth.va.gov/docs/data-sheets/2018/2005-2018-National-Data-Appendix_508.xlsx.
[34] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report, Data Appendix. 2020. Retrieved July 23, 2021 from https://www.mentalhealth.va.gov/docs/data-sheets/2018/2005-2018-National-Data-Appendix_508.xlsx.
[35] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. California Veteran Suicide Data Sheet, 2018. 10/2020. Retrieved July 23, 2021 from https://www.mentalhealth.va.gov/docs/data-sheets/2018/2018-State-Data-Sheet-California-508.pdf.

Also of note for the Veteran community is its higher rate of the use of firearms as the method of suicide:

| Method | El Dorado County - All[36] | California - All[Error! Bookmark not defined.] | California - Veterans[Error! Bookmark not defined.] |
|---|---|---|---|
| Any type of handgun/firearm | 50.0% | 36.5% | 61.2% |
| Intentional hanging, strangulation, suffocation | 29.0% | 36.0% | 22.4% |
| Intentional self-poisoning | 13.6% | 14.6% | 9.3% |
| Other intentional means | 7.4% | 12.9% | 7.1% |

### *Youth*

Suicide is the second-leading cause of death for 15 to 34 year olds, after accidents.[37] According to the U.S. Centers for Disease Control and Prevention, per Curtin and Heron, "Suicides among children and young people aged 10 to 24 rose 57% from 2007 to 2018."[38] For each death that occurs, many more attempts are made. Similarly to trends in the general population, young males die by suicide about four times as often as young females, yet young females report suicidal thoughts and attempt suicide about twice as often as young males.[39] Some of the discrepancy may be related to the means used in the attempt.

While the number and rates of suicide in El Dorado County indicate older age groups are priority populations based upon current suicide rates, providing targeted suicide prevention activities for the County's youth population is anticipated to reduce current and future rates of suicide or attempted suicide among this population now and as it ages.

[36] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.
[37] National Institutes of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide, Retrieved 8/11/21.
[38] Curtin SC, Heron M. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. NCHS Data Brief, no 352. Hyattsville, MD: National Center for Health Statistics. 2019.
[39] Miranda-Mendizabal, A. et. al. Gender differences in suicidal behavior in adolescents and young adults. 2019. International Journal of Public Health 64:265–283 https://doi.org/10.1007/s00038-018-1196-1.

## Spotlight

### El Dorado County Probation Department

The Probation Department in El Dorado County operates a youth detention facility (YDF) in the South Lake Tahoe Region, and the facility accepts bookings from all law enforcement agencies in the County.

Probation works to determine a youth's risk of future delinquency, stabilization needs, and criminogenic needs to assist families from these assessments. Since they are aware confinement can cause adverse effects on a youth's mental health (including risk factors for future suicide) and increase future delinquency/victimization, Probation makes an effort to release detained youth as soon as possible.

During the calendar years of 2018 and 2019, Probation received 418 bookings. Upon arrival, every youth is asked about current and prior suicide attempts or thoughts and whether they are feeling suicidal at the time of booking. Of the 418 youth booked into the YDF, 3% reported they were considering suicide at the time of their booking.

Youth reporting prior suicidal ideation, who are in crisis, or are reporting thoughts/intent or who attempt suicide during their stay will be placed on "Suicide Watch," referred to mental health services, and will be seen daily until cleared by a mental health clinician. All YDF custodial and mental health staff attend a mandatory four (4) hour suicide prevention training annually.

### *African Americans*

Although there can be intersectionality for African Americans within other groups mentioned in this section, African Americans have experienced historical trauma unique to them. This trauma contributes to Adverse Childhood Experiences (ACEs), which are further exacerbated by exposure to racial inequity that can have significant impact on mental health. Mental health disparity for African Americans has been a significantly understudied topic until recently and more specifically African American suicide (Satcher 1999; Spates 2014)[40]. Two contributing factors to consider is the belief that African Americans do not engage in self harm and suicide is associated with white people (Early and Akers 1993).[41]

Although African American suicides are less than those of whites, Health and Human Services data suggests that African Americans are 20% more likely to experience serious mental health problems than the general population.[42] Groups in other counties within the State have shared these recommendations as strategies to help support better mental health for African Americans:

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[40] Spates, K., Suicide in Color: Portrayals of African American Suicide in Ebony Magazine from 1960 to 2008. University of Cincinnati Press, DOI: 10.34314/issuescomplete2019.00010.

[41] US National Library of Medicine, Suicidal Behavior in the African American Community. Retrieved on March 1, 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615885/.

[42] *Addressing mental health in the Black Community*. Columbia University Department of Psychiatry. (2019, February 8). Retrieved February 8, 2022, from https://www.columbiapsychiatry.org/news/addressing-mental-health-black-community.

- ensure diagnoses of African Americans are accurate and unbiased;
- create mental health programs that are culturally responsive and equipped to appropriately address their age-specific mental health needs;
- acknowledging the high incidence of complex trauma;
- provide coordinated services while reducing ad-hoc and piecemeal services;
- build multidisciplinary collaboration among all stakeholders, including the child, family members, providers, primary care physicians and other service providers.

University of California, Davis Center for Health Disparities researchers found that "Youth suicide has become a tragic trend among African Americans in recent years."[43] According to Bridge, J.A., et al., 2018, suicide attempts among black adolescents increased by 73% between 1991 and 2017, while attempts among white youth decreased.[44] Other studies have shown an elevated risk of suicide among African American boys ages 5 to 11 (Abrams, 2020).[45]

### *Hispanic and Latino Americans*

The Hispanic/Latino community is the largest ethnic minority group in the United States.[46] A manuscript published in 2017 stated that suicide behaviors in this community rose during the prior 10 years and that those numbers are anticipated to continue to rise.[47] The Hispanic/Latino community faces social and economic obstacles in obtaining mental health services.

Low mental health literacy, stigma and cultural beliefs surrounding mental health treatment are barriers to care for Hispanics.[48] "Disparities in access to mental health treatment are more prevalent with only 1 in 10 Hispanics with a mental health disorder actually using mental health services from a general health care provider. Even fewer, only 1 in 20, receive services from a mental health specialist due to factors like stigma, discrimination, lack of knowledge about services, and a lack of health insurance, among other factors."[49]

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[43] UC Davis: Building Partnerships https://health.ucdavis.edu/crhd/pdfs/resources/building-partnerships-07-african-american.pdf.
[44] Lindsey, M.A., et al., Pediatrics, Vol. 144, No. 5, 2019, cited by American Psychological Association, https://www.apa.org/news/apa/2020/black-youth-suicide. Retrieved March 16, 2021.
[45] Bridge, J.A., et al., JAMA Pediatrics, Vol. 172, No. 7, 2018, cited by American Psychological Association, https://www.apa.org/news/apa/2020/black-youth-suicide. Retrieved March 16, 2021.
[46] Cable News Network. (2021, February 24). Hispanics in the US fast facts. CNN. Retrieved February 4, 2022, from https://www.cnn.com/2013/09/20/us/hispanics-in-the-u-s-/index.html.
[47] National Center for Biotechnology Information, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103646/. Retrieved March 23, 2021.
[48] The American Psychiatric Association (2017), Mental Health Disparities Hispanic and Latino (Fact Sheet) https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf.
[49] The American Psychiatric Association (2017), Mental Health Disparities Hispanic and Latino (Fact Sheet) https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf, citing the US Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services

The topic of mental health is often not discussed within Hispanic/Latino cultures due to stigma around mental health challenges, help-seeking, and suicide. Other contributing obstacles in assisting the Hispanic community include: access to care, language barriers, affordability, immigration status, and culture.[50]

Culturally and linguistically appropriate outreach and education to the Hispanic/Latino community is essential to address stigma, provide factual information regarding mental health services and create a pathway to care for this underserved population.

### *Native Americans*

The U.S. suicide rate is up 33% since 1999, but for Native American and Alaska Native communities, the increase is even greater: 139% for women and 71% for men, according to analysis from the Centers for Disease Control and Prevention's National Center for Health Statistics.[51] Native communities experience higher rates of suicide compared to all other racial and ethnic groups in the U.S., with suicide being the 8th leading cause of death for Native Americans and Alaskan Natives across all ages.[52]

For Native youth, ages 10-24, suicide is the 2nd leading cause of death; and the Native youth suicide rate is two and a half times higher than the overall national average, making these rates the highest across all ethnic and racial groups.[53]

### *Lesbian, Gay, Bisexual, Transgender, Questioning + (LGBTQ+)*

Sexual minority[54] youth experience increased suicidal ideation and behavior compared to their non-sexual minority peers.[55] Certain mental health challenges, misuse of alcohol and other drugs, and suicidal thoughts and behaviors are more prevalent among people who are lesbian, gay, bisexual, and/or transgender than in the general population.[56] It is important to recognize that simply identifying

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Administration (US); 2001 Aug. Chapter 6 Mental Health Care for Hispanic Americans. https://www.ncbi.nlm.nih.gov/books/NBK44247/?

[50] The American Psychiatric Association (2017), Mental Health Disparities Hispanic and Latino (Fact Sheet) https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf.

[51] Curtin SC, Hedegaard H. Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. NCHS Health E-Stat. 2019.

[52] Substance Abuse and Mental Health Services Administration. Suicide Clusters within American Indian and Alaska Native Communities: A review of the literature and recommendations. HHS Publication No. SMA17-5050. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2017.

[53] Curtin SC, Hedegaard H. Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. NCHS Health E-Stat. 2019.

[54] "The term "sexual minority" includes a variety of gender and sexual identities and expressions that differ from cultural norms. Usually, sexual minorities are comprised of lesbian, gay, bisexual and transgender individuals.", European Psychiatry , Volume 41 , Issue S1: Abstract of the 25th European Congress of Psychiatry , April 2017 , pp. s848, DOI: https://doi.org/10.1016/j.eurpsy.2017.01.1680.

[55] Luk, J. W., Goldstein, R. B., Yu, J., Haynie, D. L., & Gilman, S. E. (2021, October 1). *Sexual minority status and age of onset of adolescent suicide ideation and behavior. American Academy of Pediatrics*. Retrieved February 8, 2022, from https://publications.aap.org/pediatrics/article/148/4/e2020034900/181289/Sexual-Minority-Status-and-Age-of-Onset-of

[56] Suicide Prevention Resource Center, https://www.sprc.org/populations/lgbt, accessed 7/23/2021, citing: Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R. . . . Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. Journal of Homosexuality, 58(1), 10–51.

as LBGTQ+ does not lead to increased risk; rather it is the impact of the prejudice and discrimination that many LGBTQ+ people may experience that contributes to risk. Family acceptance and social support are protective factors that can significantly reduce suicide risk.

### *Persons with Medical Concerns*

The potential of death by suicide is a predominant factor in the population of those with chronic illness and/or disability, both visible and "invisible". Though this reality is seen in youth/teens as well as adults, it is often the long-term debilitating effects of being ill that lead to the suicidal ideation and sense of hopelessness. This in turn creates a vicious cycle of the overlap between one's mental health and physical health.

Researchers have found and continue to study the link between physical health conditions and increased risk of suicide. Literature suggests that many of those with long term disease or physical disorder have no prior history of mental health diagnosis. Often, the risk factors with ongoing illness are missed by the healthcare system and even one's own community of family and friends. It has been indicated in statistics that "80% of those who die by suicide have made a doctor visit in the year before their death, and 50% go to the doctor within 4 weeks of dying by suicide".[57]

### *First Responders*

First responders include individuals working as firefighters, law enforcement officers and in emergency medical services (EMS). First responders may also include mobile crisis units consisting of mental health clinicians, chaplains, coroner and medical examiner personnel, dispatchers and others. As professional helpers, first responders are key partners in community suicide prevention, however the stresses of the job can also mean that first responders will themselves need help and support throughout their careers.

First responders have many protective factors against suicide. There are many rewards in the opportunities to help individuals and communities and save lives. Their role offers a strong sense of purpose and meaning. Having good problem solving and coping skills, as well as opportunities to work through the impacts of traumatic experiences, can increase resiliency. There is a strong sense of connectedness among first responders, who view one another as family, and watch out for one another. Having a strong social network off the job, such as supportive and understanding family, spouses, and communities, can strengthen protective factors even more.

However, there are many risk factors for suicide related to this work. First responders are often exposed to stressful and life-threatening situations and numerous traumatic incidents. They are tasked with gaining control of very challenging situations and administering potentially lifesaving interventions. The feelings that first responder carry with them after such emotionally charged incidents represent a more enduring source of stress.58 First responder occupations also carry other inherent risks that impact individual health and safety, including long or unusual working hours that can cause sleep disturbances and disruptions in familial social support. Many first responders have ready access to highly lethal

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[57] US National Library of Medicine, Primary Care visits prior to Suicide, Retrieved on March 1, 2021 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765834/.

[58] Waters JA, Ussery W. Police stress: history, contributing factors, symptoms and interventions. Policing: An International Journal of Police Strategies and Management. 2007;30(2):169–88. https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=241457

means, and in general the field is overwhelmingly comprised of white males, the demographic groups that has the highest rates of suicide.59

Although a system for collecting accurate data on suicide death rates for first responders has not been developed, several studies have examined risk factors and prevalence of suicide thoughts and behaviors among first responders.

The CDC has reported that suicide rates among Protective Services occupations (which includes firefighters and law enforcement, but not EMTs) are higher than the general population, and also that females working in these fields are at higher risk than expected when looking at general population trends.[60] One explanation for this may be that certain protective factors, such as social connectedness, may be less prominent for females in occupations that remain male-dominated.

A report from SAMHSA found that first responders are at higher risk for Post-Traumatic Stress Disorder, depression, and substance abuse, than the general population.

One study focusing on firefighters found that the career prevalence estimates of suicide ideation, plans, attempts, and non-suicidal self-injury were 46.8%, 19.2%, 15.5%, and 16.4%, respectively.[61]

A sample of law enforcement officers in a midsize urban police department revealed lifetime prevalence of suicidal ideation of 25% and 23.1% for females and males, respectively[6263]. These rates are higher than the general population, where about 13.5% of individuals report lifetime ideation [64]

A 2018 study from Arizona concluded that EMTs were 1.39 times more likely to die by suicide than non-EMTs[65].

First responders are accustomed to being the helpers, the ones charged with gaining control of difficult situations, and they may be reluctant to ask for help for themselves. There can be self-imposed as well as cultural or institutional pressure to appear tough or unimpacted by extremely difficult experiences. This can lead to unhealthy coping strategies, such as drinking to excess. Also, of concern is the issue of "perceived jeopardy", or worry that seeking help or even admitting to mental health challenges could

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[59] Ian H.Stanley, Melanie A.Hom, Thomas E.Joiner, A Systematic Review of Suicidal Thoughts and Behaviors Among Police Officers, Firefighters, EMTs, and Paramedics. Clinical Psychology Review, Volume 44, March 2016, Pages 25-44

[60] Peterson C, Stone DM, Marsh SM, et al. Suicide Rates by Major Occupational Group — 17 States, 2012 and 2015. MMWR Morb Mortal Wkly Rep 2018;67:1253–1260. DOI: http://dx.doi.org/10.15585/mmwr.mm6745a1

[61] Ian H.Stanley, Melanie A.Hom, Christopher R.Hagan, Thomas E.Joiner. Career prevalence and correlates of suicidal thoughts and behaviors among firefighters. Journal of Affective Disorders, Volume 187, 15 November 2015, Pages 163-171

[62] Ian H.Stanley, Melanie A.Hom, Thomas E.Joiner, A Systematic Review of Suicidal Thoughts and Behaviors Among Police Officers, Firefighters, EMTs, and Paramedics. Clinical Psychology Review, Volume 44, March 2016, Pages 25-44

[63] Violanti, J. M., Fekedulegn, D., Charles, L. E., Andrew, M. E., Hartley, T. A., Mnatsakanova, A., & Burchfiel, C. M. (2009). Suicide in police work: Exploring potential contributing influences. American Journal of Criminal Justice, 34(1-2), 41–53. http://doi.org/10.1007/s12103-008-9049-8

[64]Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. Archives of General Psychiatry, 56(7), 617. http://doi.org/10.1001/archpsyc.56.7.617

[65] Vigil, N. H., Grant, A. R., Perez, O., Blust, R. N., Chikani, V., Vadeboncoeur, T. F., . . . Bobrow, B. J. (2018). Death by suicide—The EMS profession compared to the general public. Prehospital Emergency Care. Advance online publication. doi: 10.1080/10903127.2018.1514090.

jeopardize one's employment or prospects. Certain life circumstances can increase risk, such as the loss of a partner or spouse, involvement with a critical incident such as a shooting or the death of a child. Significant changes in routine, such as retirement or change of duty, can also pose increased risk.

### *Individuals Struggling with Substance Use*

Suicide is a leading cause of death among people who misuse alcohol and drugs.[66] While many individuals turn to drugs and alcohol as a solution for managing symptoms such as anxiety and depression, especially when they are not able to access other coping mechanisms, substance can also trigger or worsen the severity these conditions. A level of disinhibition occurs when an individual is intoxicated, which may be one of the reasons alcohol and/or drug misuse is a significant risk factor for suicide even among individuals that do not have a substance misuse condition.

People often enter into substance abuse treatment can be at higher risk of suicide. Often entering into treatment occurs alongside multiple life crises, such as the loss of a job, legal or marital problems, and/or when their substance use has spiraled out of control. Additionally the cessation of all substance use can lead feelings of being overwhelmed by the problems they had been medicating with substances.

**People treated for alcohol abuse or dependence are:[67]**

- at approximately 10 times greater risk for suicide
- six times more likely to die by suicide than those without substance use disorders
- 30-40% more likely to have alcohol present during suicides and suicide attempts

### *Individuals with Access to Highly Lethal Means*

When more highly lethal means are used, suicide attempts are more likely to be fatal[68]. Firearms are the leading cause of suicide deaths in California, particularly among males. In 2017 firearms accounted for

[66] In Brief: Substance Use and Suicide. SAMHSA Publication ID SMA16-4935, Mar.2016.

https://store.samhsa.gov/product/In-Brief-Substance-Use-and-Suicide-/sma16-4935?referer=from_search_result

[67] Substance Use and Suicide: A Nexus Requiring a Public Health Approach, Substance Abuse and Mental Health Services Administration (SAMHSA), In Brief 2016. https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4935.pdf.

[68] Means Matters, Harvard School of Public Health

nearly 40% of suicide deaths in California[69]. For El Dorado County residents who died by suicide between 2015-2019, 50% involved the use of firearms.[70] A study by the Harvard School of Public Health of all 50 U.S. states identified a strong link between rates of firearm ownership and suicides.[71]

## The Impact of COVID-19

Suicide mortality rates that were rising over the past two decades combined with the current pandemic are a "perfect storm," as stated in a study published in the Journal of the American Medical Association in April 2020.[72] Factors related to the pandemic that can influence suicide risk include increased economic stress, social isolation and overall anxiety, and reduced access to social and community support resources including religious services. The U.S. Centers for Disease Control (CDC) reports that more than 40% of adults in the United States reported "considerably elevated adverse mental health conditions associated with COVID-19."[73]

Preliminary data shared on July 28, 2021 by the California Department of Public Health suggests that while in 2020 the overall suicide death rate declined, there were increases among certain subgroups of younger Californians and within Asian Pacific Islander populations[74]. Among youth, the increase in rates were reported among Black, Latino, and female youth between ages 10-24. Finally, the proportion of suicide deaths by firearm increased in 2020 compared to more recent years.

## Risk Factors and Protective Factors

The causes of suicide are complex. Suicide is rarely caused by any single factor. Instead, the interaction of multiple risk and protective factors come into play. Understanding risk and protective factors is vital for suicide prevention because they provide opportunities to plan and target interventions to reach those who may be at risk and promote safe and supportive environments that can reduce the likelihood of a suicidal crisis occurring.

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[69] Preventing Violence in Calfornia, 2019. California Department of Public Health Violence Prevention Initiative

[70] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.

[71] *Guns and suicide: A fatal link*. News. (2014, April 23). Retrieved February 8, 2022, from https://www.hsph.harvard.edu/news/magazine/guns-and-suicide/.

[72] Reger MA, Stanley IH, Joiner TE. Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? JAMA Psychiatry. 2020; 77 (11):1093–1094. doi:10.1001/jamapsychiatry.2020.1060. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584.

[73] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1.

[74] Suicide in California -Data Trends in 2020, COVID Impact, and Prevention Strategies. California Department of Public Health webinar, July 28, 2021.

## Risk Factors for Suicide

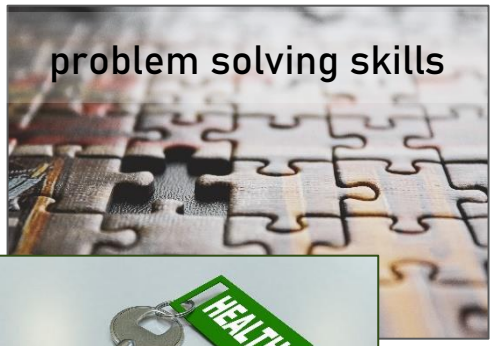
A risk factor may be thought of as leading to or being associated with suicide. While people who experience risk factors for suicide are at greater potential for suicidal behavior, it is important to note, not all should be considered suicidal. Risk factors include:[75]


[75] Source: *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*, referencing Suicide Prevention Resource Center (n.d.). Risk Factors retrieved from https://www.sprc.org/aboutsuicide/risk-protective-factors.

## Protective Factors for Suicide

Protective factors reduce the likelihood of suicide, and often mitigate the impact of risk factors. Protective factors include:[76]







[76] Source: *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*, referencing Suicide Prevention Resource Center (n.d.). Protective Factors retrieved from https://www.sprc.org/aboutsuicide/risk-protective-factors.

At first glance it may seem that the number of risk factors overshadows the protective factors, and yet we know that suicide prevention does work. We know that if people feel connected in the community, school, workplace, place of worship, family and neighborhood, they are less likely to have suicidal thoughts.

According to the Centers for Disease Control Strategic Direction for the Prevention of Suicidal Behavior, "General measures of social integration (e.g., number of friends, higher frequency of social contact, low levels of social isolation or loneliness) have been found to be protective against suicidal thoughts and behaviors, as documented in studies of adolescents and young and older adults.[77] One case-control study estimated a 27% reduction in elderly suicide if limited social interaction was available for that group.[78] Connectedness between adolescents and their parents or families has been associated with decreased suicidal behaviors in cross-sectional studies of youth in the United States and the Caribbean, cross-sectional studies with Mexican American and American Indian/Alaska Native youth, and two youth longitudinal studies.[79] Not surprisingly, disrupted social networks (e.g., family discord, problems with friends, ending of a romantic relationship) have the expected opposite effect, significantly increasing the risk of suicidal behaviors and death."[80]

## Warning Signs of Suicide

Warning signs are behaviors that may indicate or signal acute risk for suicide, and may be similar to or distinct from risk factors.

It is important to understand that suicidal thinking and behavior "makes sense" to the individual when viewed in the context of their history, vulnerabilities, and mental distress. Most suicidal individuals suffer from a state of mental pain or anguish and loss of self-respect, often preventing them from seeing a full range of healthy options. They want the pain to go away. They may view themselves as a burden to their loved ones and friends. They are not thinking clearly and believe that suicide is the "only way" out of their particular situation. This is why it is important for everyone in El Dorado County to understand the warning signs of suicide.

### WARNING SIGNS OF SUICIDE

**The following behaviors could indicate warning signs of suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss or change:**[81]

- **communicating a wish to die or plans to attempt suicide**
- **expressing the experience of having thoughts of suicide that are intense, pervasive, or difficult to control**
- **looking for a way to kill oneself, such as searching online or obtaining lethal means**

[77] CDC Violence Prevention Strategic Prevention of Suicidal Behavior, retrieved 8/10/21 from https://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf.
[78] Ibid.
[79] Ibid.
[80] Ibid.
[81] Source: *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*, referencing Suicide Prevention Resource Center (n.d.). Warning Signs retrieved from https://www.sprc.org/about-suicide/warning-signs.

| WARNING SIGNS OF SUICIDE |
| --- |
| ◆ giving away possessions |
| ◆ drafting notes indicating intent or desire for suicide |
| ◆ communicating feeling hopeless or having no reason to live or persistent hopelessness |
| ◆ communicating feelings of guilt, shame, or self-blame |
| ◆ communicating feelings of being trapped or in unbearable pain |
| ◆ communicating being a burden to others |
| ◆ increasing the use of alcohol or drugs |
| ◆ acting anxious or agitated; behaving recklessly or engaging in risky activities |
| ◆ insomnia, nightmares, and irregular sleeping |
| ◆ withdrawing or feeling isolated |
| ◆ communicating or exhibiting anxiety, panic or agitation |
| ◆ appearing sad or depressed or exhibiting changes in mood |
| ◆ showing rage or uncontrolled anger or communicating seeking revenge |

## Suicide in El Dorado County

El Dorado County currently experiences an age-adjusted suicide death rate per 100,000 people that is higher than state and national averages. As of 2016-2018:[82]

National Average

**13.9**

per 100,000

State Average

**10.6**

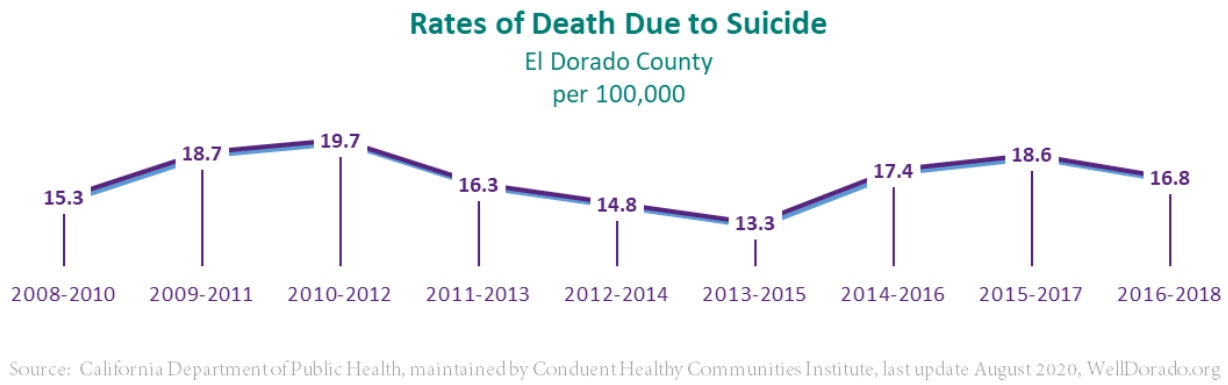
per 100,000

El Dorado County Average

**16.8**

per 100,000

[82] Source for State rate: California Department of Public Health, maintained by Conduent Healthy Communities Institute, last update August 2020, WellDorado.org; source for national rate: Centers for Disease Control and Prevention, WellDorado.org. http://www.welldorado.org/indicators/index/view?indicatorId=120&localeId=246&localeChartIdxs=1, accessed July 19, 2021.




El Dorado County is also well above the state average (40.3 per 10,000) for emergency room visits for adolescent suicide and intentional self-inflicted injury with 78.7 youth age 10-17 per 10,000 in El Dorado County.[83]

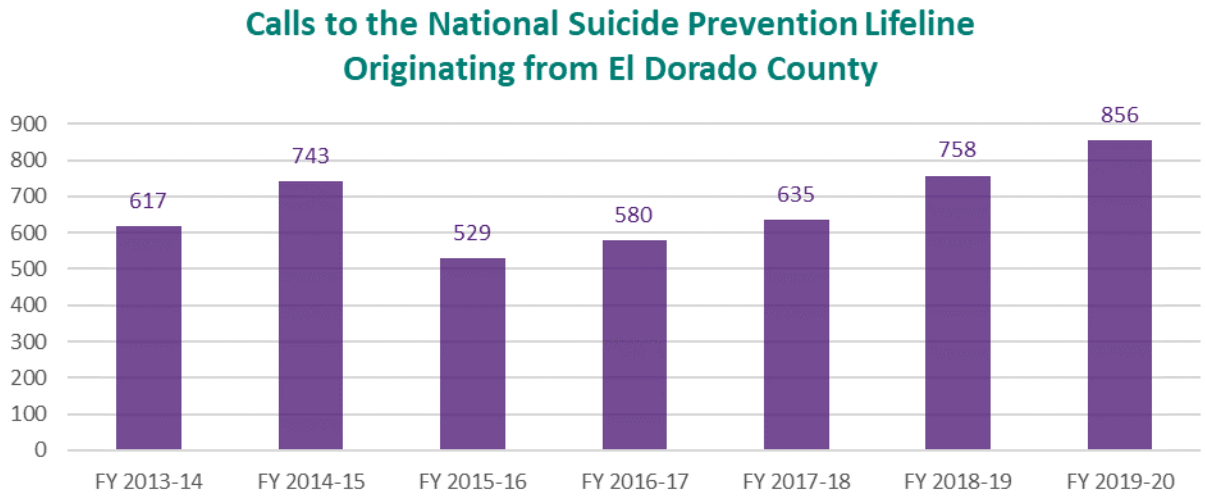
The El Dorado County Sheriff's Office reported that there were 35 deaths due to suicide and 90 attempted suicides, which is two more than the average of 33 for the years 2015-2019, suggesting a trend upward. Of the 35 deaths by suicide that occurred in 2020, seven were under 25 years of age, while between the years of 2014 through 2019, a total of 15 youth died by suicide (average of 3 per year).

During 2020 in the United States, the proportion of mental health–related emergency department (ED) visits among adolescents aged 12–17 years increased 31% compared with that during 2019.[84] According to the California Department of Public Health, Emergency Department visits for self-harm rose among females and youth between 10-18 years of age, with most of the increase occurring after July 2020.[85]

The number of calls to the National Suicide Prevention Lifeline originating from El Dorado County have shown a slight increase in recent years, however these numbers represent a very small percent of the total County population (approximately 0.39% in FY 2018-19 and 0.44% in FY 2019-20)[86,87] Given that there are many support options for individuals experiencing suicidal thoughts (see "Local and National

[83] Source http://www.welldorado.org/indicators/index/view?indicatorId=6621&localeId=246 July 27, 2020 Welldorado Age Adjusted ER Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury.
[84] Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021;70:888–894. DOI: http://dx.doi.org/10.15585/mmwr.mm7024e1; and Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1.
[85] Suicide in California -Data Trends in 2020, COVID Impact, and Prevention Strategies. California Department of Public Health webinar, July 28, 2021.
[86] 2019 population estimate of 192,843. QuickFacts, El Dorado County, California, United States Census Bureau. Population estimates, July 1, 2019. https://www.census.gov/quickfacts/eldoradocountycalifornia, retrieved August 3, 2021.
[87] Data from the National Suicide Prevention Lifeline (NSPL) of calls to the three NSPL numbers (General, Veterans and Spanish line) originating from El Dorado County. Only answered calls are included, provided by Striving for Zero Suicide Prevention Learning Collaborative.

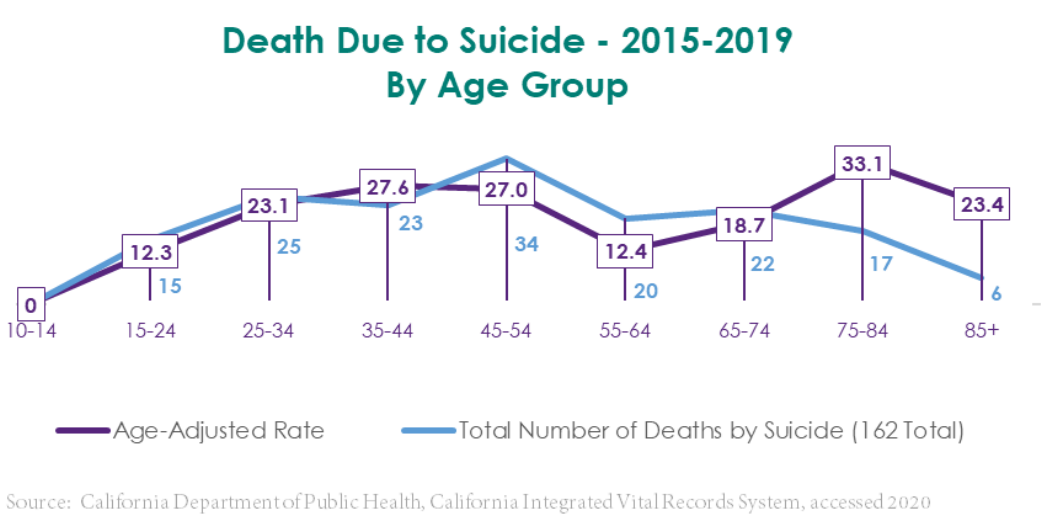
Resources" at the end of this Plan), the total number of support calls and individuals seeking help cannot be determined.




One of the goals of this Suicide Prevention Strategic Plan is to increase knowledge about and use of suicide prevention resources, such as the National Suicide Prevention Lifeline.

## El Dorado County

# **162** Deaths by Suicide (2015-2019)[88]




Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020

**127** males (78%) **35** females (22%)

| Method | Number of Suicides | Percent of Total |
|---|---|---|
| Any type of handgun/firearm | 81 | 50% |
| Intentional self-harm by hanging, strangulation and suffocation | 47 | 29% |
| Intentional self-poisoning by and exposure to other and unspecified drugs, other substance used for medical treatment, or biological substances | 12 | 7% |
| Other intentional self-poisoning | 10 | 6% |
| Other intentional means | 7 | 4% |
| Intentional self-harm by jumping from a high place | 5 | 3% |

[88] Data includes only El Dorado County residents who died within or outside of El Dorado County between 1/1/2015 and 12/31/2019. Source: California Department of Public Health, California Integrated Vital Records System, accessed 2020.
Age-adjusted rate for total was calculated using the SEER 2000 U.S. Standard Million Population (https://seer.cancer.gov/stdpopulations/stdpop.19ages.html).
Population estimates by age group for El Dorado County were obtained from the California Department of Finance.California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2010-2060 (Baseline 2019 Population Projections; Vintage 2019 Release). Sacramento: California. January 2020.

### Priority Populations for Suicide Prevention in El Dorado County

Data specific to El Dorado County demonstrates that the following are priority populations and topic areas for suicide prevention activities:


## What Works for Suicide Prevention

Programs and treatment modalities that have demonstrated effectiveness in reducing suicide risk are available. The strategies include those with a focus on preventing the risk of suicide as well as approaches to lessen the immediate and long-term harms of suicidal behavior for individuals, families, communities, and society.

The Division of Violence Prevention, National Center for Injury Prevention and Control from the Centers for Disease Control and Prevention developed resource called "Preventing Suicide: A Technical Package of Policy, Programs, and Practices" (Technical Package) that "represents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent suicide."[89] The information included in the Technical Package, including the following strategies and approaches, will be interwoven with the local strategies and objectives identified as the El Dorado County Framework by the Suicide Prevention Strategic Plan Workgroup.

[89] Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf.

| Preventing Suicide[90] | |
|---|---|
| **Strategy** | **Approach** |
| Strengthen economic supports | • Strengthen household financial security<br>• Housing stabilization policies |
| Strengthen access and delivery of suicide care | • Coverage of mental health conditions in health insurance policies<br>• Reduce provider shortages in under-served areas<br>• Safer suicide care through systems change |
| Create protective environments | • Reduce access to lethal means among persons at risk of suicide<br>• Organizational policies and culture<br>• Community-based policies to reduce excessive alcohol use |
| Promote connectedness | • Peer norm programs<br>• Community engagement activities |
| Teach coping and problem-solving skills | • Social-emotional learning programs<br>• Parenting skill and family relationship programs |
| Identify and support people at risk | • Gatekeeper training<br>• Crisis intervention<br>• Treatment for people at risk of suicide<br>• Treatment to prevent re-attempts |
| Lessen harms and prevent future risk | • Postvention<br>• Safe reporting and messaging about suicide |

## Changing the Conversation About Suicide

How we talk about suicide can have a substantial impact on suicide risk and people's willingness to reach out for help. Certain ways of messaging about suicide can increase suicide risk among vulnerable individuals and perpetuate unhelpful myths about suicide. However, safe and effective messaging can promote resiliency, encourage people to reach out for help. This is important for public communications, including web sites, news media, social media, and other materials developed and shared by agencies and organizations. It is also important on an interpersonal level, as we have informal communications with colleagues, clients, friends and families.

Guidelines for safe and effective messaging on suicide prevention include:[91]

[90] Ibid.

[91] *Suicide prevention week messaging guide (2021)*. Each Mind Matters Resource Center. (n.d.). Retrieved February 8, 2022, from https://emmresourcecenter.org/resources/suicide-prevention-week-2017-messaging-about-suicide-prevention.

- Avoid using words like "committed", "completed", or "successful"; instead, use "died by suicide" or "attempted suicide".
- Provide a suicide prevention resources, such as the National Suicide Prevention Lifeline (800-273-8255).
- Share educational information about warning signs and risk factors.
- Avoid discussing details about an individual suicide death such as method of suicide.
- Explain the complexity of suicide, and avoid oversimplifying the causes of a suicide, especially pointing to one factor or event as "the cause" (e.g., pandemic, bullying, military services, etc.) or engaging in a lot of speculation about the cause of a death.
- Focus on prevention: rather than using sensational language (e.g., epidemic, skyrocketing) and statistics that can make suicide seem overly common (e.g., every 10 minutes someone dies by suicide) point to statistics that show people are reaching out for help, such as calls to a crisis line; use hopeful images that show people being supported rather than suffering alone.

## Helpful Messaging Resources

- Know the Signs Messaging Matters Tip Sheet
- Recommendations for Reporting on Suicide
- National Action Alliance Framework for Successful Messaging

# Suicide Prevention Strategic Planning Process

This Suicide Prevention Strategic Plan was written with input from multiple stakeholders and community-based organizations. The El Dorado County Behavioral Health Division identified Stephanie Carlson, Health Education Coordinator in the Substance Use Disorder Services program, as the lead for the Suicide Prevention Strategic Plan Workgroup (Workgroup).

In July 2020, prospective members were invited to join in the Workgroup. The Workgroup met regularly in 2020 and 2021, using technology to communicate due to the COVID-19 pandemic. Once all the stakeholders were identified, Workgroup members collaborated regularly using video chats, emails and Google Docs to share planning documents, data, and ideas.

The Workgroup established subcommittees, and members were assigned based upon individual interests and topic knowledge.

Workgroup members were requested to submit their top five priorities for inclusion in the Suicide Prevention Strategic Plan. The submittals were summarized into these key areas:

- Suicide Prevention Coordinator position;
- Education;
- Stigma reduction;
- Reporting / evaluation; and
- Collaboration throughout the county to make an impact towards reducing suicides.

These priorities were incorporated into the final strategies established by this Suicide Prevention Strategic Plan. The Workgroup members then reviewed and approved the initial draft of the Plan, which was submitted to the Behavioral Health Division of HHSA for review.

As part of the review process, the draft Suicide Prevention Strategic Plan was submitted to the Mental Health Services Oversight and Accountability Commission's contractors for the "Striving for Zero Learning Collaborative" to obtain their input, which was incorporated as appropriate.

After final review by members of the Health and Human Services Agency leadership, the Suicide Prevention Strategic Plan was submitted for consideration and approval by the El Dorado County Board of Supervisors.

## Suicide Prevention Framework for El Dorado County

**Infrastructure** | **Prevention** | **Intervention** | **Postvention**

Programs that have taken a comprehensive approach to suicide prevention - encompassing strategies for universal prevention, early intervention, effective treatment after a suicide attempt, and postvention after a suicide death for survivors of suicide loss - have demonstrated outcomes of reductions in suicidal behaviors, as well as other positive outcomes.

Keeping in mind the Suicide Prevention Goals for El Dorado County, the following strategies will be implemented to achieve those goals.

Effective implementation of this Suicide Prevention Strategic Plan, and achieving our overarching goal of reducing suicide deaths and suicide attempts, will require close collaboration between a broad range of community members and agency partners, and a focus on strategies that are intended to reach and support those who are at highest risk.

## Suicide Prevention Goals

**REDUCE** *the five-year average number of deaths due to*

**SUICIDE** *in El Dorado County*

**BY 20%** *by 2027*

**Establish a suicide prevention infrastructure to advance and sustain suicide prevention efforts**

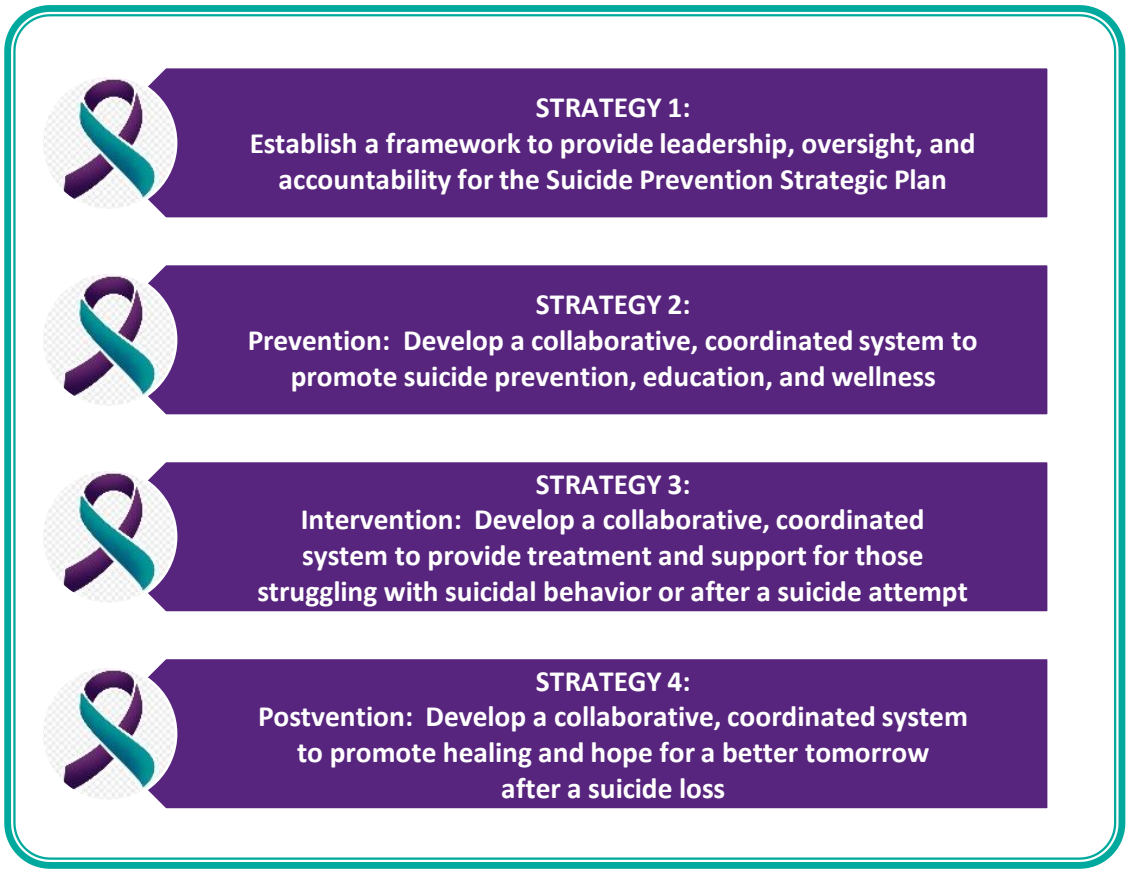
**Increase community awareness of suicide prevention and where to go for help or to learn more**

**Enhance early identification of suicide risk and connections to and between effective services and supports.**

**Share positive messages of hope and recovery so that more people in need of support will reach out for help**

**Promote hope and healing for those who are impacted by a suicide loss or recovering after a suicide attempt.**

## Suicide Prevention Strategies



## STRATEGY 1:
## Establish a framework to provide leadership, oversight, and accountability for the Suicide Prevention Strategic Plan

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| **OBJECTIVE 1.1**<br>Establish a dedicated Suicide Prevention Coordinator role in El Dorado County to support, implement and evaluate the Suicide Prevention Strategic Plan activities. |
| **OBJECTIVE 1.2**<br>Establish a Health and Human Services Agency Suicide Prevention Committee to provide input on the needs of the community related to suicide prevention, intervention and postvention activities; review and provide feedback about the implementation and outcomes of the Suicide Prevention Strategic Plan activities; and provide other support and feedback as identified in the Committee's charter. |
| **OBJECTIVE 1.3**<br>Establish and adopt standardized protocols for gathering and reporting data and messages of prevention related to suicide attempts and deaths. |
| **OBJECTIVE 1.4**<br>Establish and adopt standardized processes for evaluating program outcomes and adopting modifications to the Suicide Prevention Strategic Plan. |

### Objective 1.1: Suicide Prevention Coordinator

Establish a dedicated Suicide Prevention Coordinator role in El Dorado County to support, implement and evaluate the Suicide Prevention Strategic Plan activities.

The Suicide Prevention Coordinator will oversee and facilitate implementation of the Suicide Prevention Strategic Plan through coordination, education, monitoring, and reporting activities, and building the partnerships that will be needed to implement strategies within the Plan. The Suicide Prevention Coordinator will also serves as the liaison between the Suicide Prevention Committee and the Health and Human Services Agency Behavioral Health Division.

The Suicide Prevention Coordinator will work closely with Behavioral Health in ensuring implementation of the El Dorado County Suicide Prevention Strategic Plan through activities including, but not limited to the following:

- Coordinating and supporting the operations of the Suicide Prevention Committee.
- Monitoring Suicide Prevention Strategic Plan implementation and identifying areas for improvement, and preparing reports related to the implementation of the Suicide Prevention Strategic Plan.
- Recruits and engages diverse partners in the implementation of Suicide Prevention Strategic Plan activities, including but not limited to County and City agencies, community-based organizations, suicide prevention experts, health providers, private entities (including insurers and local business representatives), residents' with lived experiences around suicide.

- Developing partnerships for implementation within key systems and settings, including but not limited to: the Coroner's office, public health, law enforcement and other first responders, primary care, older adult services, substance use and mental health, domestic violence and other violence prevention initiatives, education, family services, news and other media, and faith communities.
- Coordinating the development and implementation of suicide-related protocols (such as risk assessment, intervention response, and postvention response) that are align with best practices, and monitoring fidelity to established protocols.
- Providing or arranging for the provision of suicide prevention education and training for members of the community and stakeholders related to topics such as, but not limited to:
    - how to recognize individuals who may be at risk for suicide (warning signs);
    - how to help someone who may be at risk of suicide; and
    - resources within the community and statewide that are available to support someone who may be at risk for suicide.
- Developing and/or obtaining information about suicide prevention resources for distribution to the community and interfacing with local suicide prevention services.
- Linking individuals and families to community resources.
- Participating in local, regional, and state suicide prevention planning, education, and workshops.
- Responding to referrals, requests for information from community providers, and calls concerning community members at suicidal risk; refers to the County's established Crisis Line or other appropriate helpline(s) as appropriate.
- Maintaining awareness of suicide prevention, intervention and postvention options and makes recommendations to providers when new options become available.
- Gathering data related to suicide attempts and completions within the County; where date is not available, working to identify methods to obtain the data through establishing partnerships with the Coroner, public health, hospitals, and other key partners for sourcing suicide-related data.
- Identifying and recommending opportunities for funding, training and community engagement.

### Objective 1.2: Suicide Prevention Committee

Establish a Health and Human Services Agency Suicide Prevention Committee to provide input on the needs of the community related to suicide prevention, intervention and postvention activities; review and provide feedback about the implementation and outcomes of the Suicide Prevention Strategic Plan activities; and provide other support and feedback as identified in the Committee's charter.

A "Health and Human Services Agency Suicide Prevention Committee" (Committee) will be established by the Health and Human Services Agency's Behavioral Health Director. The Committee will consist of up to nine regular members. Potential members will be identified and solicited by Behavioral Health, or its designated contractor, to apply for the Committee, and members of the public may also apply independent of that process.

The Committee will serve in an advisory capacity, with anticipated Committee activities including, but not limited to:

- Quarterly meetings to review the progress of the Suicide Prevention Strategic Plan implementation.
- Review available data on a quarterly and annual basis.
- Make recommendations for updates to the Suicide Prevention Strategic Plan to address community needs.
- Recommend opportunities for funding, training and community engagement.
- Provide feedback to the Behavioral Health Director or designee regarding Behavioral Health's Suicide Prevention program.
- Identifying and securing key partnerships across diverse systems and settings to implement strategies within the Suicide Prevention Strategic Plan.
- As needed, forming working groups that will meet separately to focus on advising and facilitating the implementation of specific strategies, including those intended to address priority populations as identified by El Dorado County data.

A Committee Charter will be developed by the Suicide Prevention Coordinator in consultation with Behavioral Health to identify the specific activities for which the Committee is responsible.

## Objective 1.3: Standardized Protocols for Gathering and Reporting Data

### Establish and adopt standardized protocols for gathering and reporting data and messages of prevention related to suicide attempts and deaths.

The Suicide Prevention Coordinator, in consultation with stakeholders, the Behavioral Health Division, and the Suicide Prevention Committee, will:

- Identify suicide prevention, intervention and postvention outcomes and reporting standards.
- Identify available data sources, develop standardized reporting tools and processes, and develop standard reports.
- Partner with county public health and vital statistics agencies, local hospitals, and others to gather suicide-related data (including ideation, attempts, and deaths) to identify and report on trends for the purposes of prevention planning and postvention response.

- Collaborate with the El Dorado Sheriff's Office, Medical Office Review, and the Child Death Review team to provide consistent data and reporting of reported or suspected deaths by suicide.
- Collaborate with County Behavioral Health and other appropriate partners (e.g., El Dorado County Sheriff's Office) to establish capacity for forensic and clinical reviews of suicide deaths; this may be, but is not required to be, accomplished through development of a Suicide Fatality Review Team.
- Assist community organizations with data gathering and reporting needs.
- Facilitate training to share recommendations for gathering and reporting data regarding suicide, which may include members of the press/media and Public Information Officers.
- Develop a media outreach strategy and identify spokespeople who are available to speak with the news media using safe and effective messaging, which in the event of an attempt or death by suicide should focus on messages of prevention rather than details of the event.
- Establish and implement a validated method to measure changes in attitudes, knowledge, and/or behavior related to suicide prevention, mental health disorders and seeking help.
- Provide reports required by MHSA and other funding sources.
- Design and conduct evaluations of suicide prevention programs that are implemented as part of the Suicide Prevention Strategic Plan and report results to the Suicide Prevention Committee.

## Objective 1.4: Program Evaluation and Modification of the Suicide Prevention Strategic Plan

### Establish and adopt standardized processes for evaluating program outcomes and adopting modifications to the Suicide Prevention Strategic Plan.

A key component to the success of this Suicide Prevention Strategic Plan is regular evaluation of the goals and strategies, and making modifications to the Suicide Prevention Strategic Plan as may be needed to improve programs and outcomes. Utilizing qualitative and quantitative data collected, the Suicide Prevention Coordinator will perform program evaluation, and issue reports to the Suicide Prevention Committee, Behavioral Health and other stakeholders to report on the outcomes of the program.

Through feedback received, the Suicide Prevention Coordinator will identify potential modifications needed in the Suicide Prevention Strategic Plan, working closely with stakeholders, the Suicide Prevention Committee and Behavioral Health to make updates and implement changes. Timelines for program evaluation and review (and modification if needed) of the Suicide Prevention Strategic Plan, will be established by the Suicide Prevention Committee, but shall occur once each fiscal year at a minimum.

Required outcomes include those that comply with State requirements for Suicide Prevention programs funded through the Mental Health Services Act (MHSA) and the local MHSA Three-Year Plan and Annual Updates and include:

- Measurement 1: This project shall use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental health disorders that are applicable to the specific prevention program/approach implemented.
- Measurement 2: Suicide-related data including deaths and attempts will be gathered at minimum annually; changes in data will be compared alongside other measures to determine if strategies within the Suicide Prevention Strategic Plan may be associated with those changes.

Additional measurements or goals may be identified by the State for programs funded through MHSA or in response to local Suicide Prevention program activities. For example, should there be any goals related to reducing ideation and attempts added to the Suicide Prevention Strategic Plan?

Within two months of the end of each fiscal year, the Suicide Prevention Coordinator will draft an Annual Report for the most recently completed fiscal year and submit the final report to the Suicide Prevention Committee, the Behavioral Health Director, the Behavioral Health Commission, and the MHSA Coordinator.

The Suicide Prevention Coordinator will make a presentation to the Behavioral Health Commission, if requested, annually regarding the status of the Suicide Prevention Strategic Plan.

## STRATEGY 2:
## Prevention: Develop a collaborative, coordinated system to promote suicide prevention, education, and wellness

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| **OBJECTIVE 2.1** |
| Create an ongoing and coordinated system of suicide prevention, including "upstream" strategies for prevention that may not be viewed as suicide prevention. |
| **OBJECTIVE 2.2** |
| Develop a prevention education program and provide training throughout the County to the public, providers, and other stakeholders, including education about lethal means reduction. |
| **OBJECTIVE 2.3** |
| Integrate best practices in suicide screening, risk assessment, and management in health, mental health, and substance use disorder care settings and workflows. |
| **OBJECTIVE 2.4** |
| Implement a referral system (or map the current referral system) to connect children, youth, adults, older adults, and families experiencing suicidal thoughts to appropriate services and supports. |

Prevention activities can generally be broken into three categories: universal, selective and indicated. As referenced in Striving for Zero, California's Strategic Plan for Suicide Prevention 2020 – 2025, citing Mrazek & Haggerty:[92]

- ***Universal prevention*** efforts focus on the entire population and seek to deter suicidal behaviors by creating safe environments, increasing connectedness, building skills, and promoting mental health.
- ***Selective prevention*** efforts target people within vulnerable groups who have been identified as at greater risk for suicidal behaviors.
- ***Indicated prevention*** efforts focus on serving people engaged in suicidal behavior and providing timely intervention to prevent future suicidal behavior.

Each of these categories of prevention may be utilized to promote the most effective suicide prevention program, depending upon the target audience.

### Objective 2.1: System of Suicide Prevention

#### Create an ongoing and coordinated system of suicide prevention, including "upstream" strategies for prevention that may not be viewed as suicide prevention.

The Suicide Prevention Coordinator will partner with entities including but not limited to hospitals, medical offices, El Dorado County Office of Education, youth groups, faith communities, law enforcement, Coroner, El Dorado County Health and Human Services Agency, and local media to

[92] *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*, referencing Mrazek, P. J., & Haggerty, R. J. (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. Washington, D.C.: National Academy Press.

promote education, outreach activities, and other activities related to suicide prevention. These activities may include but are not limited to:

- Create linkages between existing systems and programs (through collaborations and other initiatives) and identify service needs.
- Establish formal partnerships that foster communication and coordination between systems.
- Identify, train to, and implement evidenced-based suicide prevention models.
- Target populations that are at disproportionate risk for suicide in El Dorado County, or their gatekeepers, with customized, strategic outreach campaigns:

| | |
|---|---|
| ***Men in Middle Age and Older*** | Men in middle age and older have the highest rates of suicide in El Dorado County. Under the guidance of the Suicide Prevention Committee, identify specific strategies to reach this population with messages of prevention and to encourage them to reach out for help. |
| ***Firearms Community*** | Partner with firearm safety instructors, retailers, and firing ranges and sportsman clubs to develop and promote suicide prevention and firearm safety messaging. |
| ***Veterans and Other Military Personnel*** | Veterans and other military personnel are disproportionately impacted by suicide. Prevention activities should focus on maximizing protective factors while working to minimize risk factors. |
| ***Medical Providers/Support Staff*** | Collaborate with leading physicians and other healthcare professionals on how to best address two general goals:<br>1) Increase the awareness of physicians and their consistent identification of, and the appropriate treatment and recommendations given to, those who are struggling with mental health symptoms or suicidal thoughts.<br>2) Inform both healthcare workers and patients about how to evaluate their own mental health and how to get help. |

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|---|---|
| ***Clergy and Faith Leaders*** | 1) Enlist clergy and faith leaders to deepen their awareness of mental health symptoms and suicide.<br>2) Implement evidence-based training.<br>3) Promote information that leads their members to better awareness of the signs of depression and suicide.<br>4) Reduce stigma through education.<br>5) Effectively address the dangerous despondence that occurs in LGBTQ+ adolescents who are faced with the probable or actual rejection of their immediate family due to their sexual identity.<br>6) Partnerships with faith leaders may be best lead by individuals who are aware of the faith's nuances and are also suicide prevention trainers. |
| ***Caregivers: Those Who Work with Seniors and the Disabled*** | Work with organizations and individuals who have frequent contact with seniors and their caregivers to bring awareness of and combat elderly abuse and neglect. Ensure these gatekeepers are well equipped with resources and information that help increase the quality of living for seniors and reduce suicidal ideation. |
| ***First Responders/Law Enforcement Officers (LEO)*** | Those who work in these fields historically have a higher than average number of deaths by suicide due to secondary trauma, and the job related stresses they have experienced. Again, a group to focus on for the risk factors are higher. |
| ***Veterinarians*** | Those who work in this field have a higher than average number of deaths by suicide, with the research indicating that access to lethal means being a significant factor.[93] |
| ***Gatekeepers*** | Establish an on-going Gatekeeper Training program with non-clinical frontline staff of health care and crisis management programs, such as reception staff and telephone operators to assure that they are aware of how to recognize signs of suicide risk and options for patients with whom they come in contact during crisis situations. |
| ***School-Based Wellness Centers*** | Partner with the "Wellness Centers" that are already in place at the various high schools. If this is a successful model then devise a plan to replicate the high school support system into area Middle Schools. |

- Identify and/or develop messages of prevention that are aligned with best practices, including the National Action Alliance for Suicide Prevention's Framework for Successful Messaging.

[93] https://www.avma.org/javma-news/2020-01-15/access-lethal-means-looked-lower-veterinary-suicide-rate, citing the Journal of the American Veterinary Medical Association 2019;254:104-112, https://avmajournals.avma.org/doi/full/10.2460/javma.254.1.104. Retrieved February 7, 2022.

- Create and distribute print, broadcast and digital media that includes effective messaging about suicide prevention. Build strong partnerships with the entities such as those listed below for the placement of ads. Target these ads according to specific populations that are at disproportionate risk for suicide and the general demographics of individuals who frequent those locations.
    - local transportation systems;
    - hospitals and medical offices;
    - first responders;
    - libraries (part of the Hub);
    - HHSA locations accessed by the general public;
    - bus shelters;
    - churches;
    - schools;
    - bulletin board flyers; and
    - newspapers.
- Provide training to local media about how to report information regarding suicide prevention, and provide survivor stories to media to offer messages of hope.
- Develop and provide programs regarding "lethal means safety". For example, collaborate with providers of guns to have suicide education for store employees and information for customers on where to get help.
- Develop a suicide prevention "tip sheet" for employees, schools, and community.
- Develop and implement an annual media outreach program for Suicide Prevention Week, including providing survivor stories to media during Suicide Prevention Week.
- Internet Presence - Develop and promote an online Suicide Prevention Resource page for providers and community members with information, focus on awareness, and offers resources. Encourage schools to link to the page from their student and staff web pages. Promote social media and websites that are specifically designed to support teens and young adults through mental health challenges and suicidal ideation.
- Develop a community awareness campaign targeting specific populations (e.g., higher risk groups, Veterans, youth, older adults, LGBTQ+, people of color, and other historically underserved groups).
- Offer profession-specific early prevention programs and training that target high-risk professions within government (such as police officers/El Dorado Sheriff Office deputies, and other organizations and professionals including physicians and Emergency Medical System/EMS responders, and veterinarians).
- Integrate suicide prevention programs into K-12 and higher education institutions.
- Develop programs that reduce gaps for underserved populations (increase staff level/raise awareness and recognize risk/increase clinical training).

- Work with the National Suicide Prevention Lifeline network crisis centers that serve El Dorado County to enhance 24/7 Lifeline coverage for calls, chats and texts, and improved connection and referrals to local services and supports.
- Implement mental health screening by Primary Care providers.
- Incorporate and build capacity for peer support and peer operated service models.
- Investing in the development of programs for the growing elderly population that make socializing and contributing to our communities more accessible to them.
- Partner with non-conventional groups and organizations to promote effective suicide prevention messaging and share resources. For example: gun shops, bars, senior living and senior centers, youth activities, sports leagues, clubs, etc.

## Objective 2.2: Prevention Education Program

### Develop a prevention education program and provide training throughout the County to the public, providers, and other stakeholders, including education about lethal means reduction.

The Suicide Prevention Coordinator will lead the effort to coordinate widespread, culturally appropriate education regarding suicide prevention, including but not limited to how to identify, respond to, and refer people demonstrating acute potential suicide warning signs. The Suicide Prevention Coordinator, the Suicide Prevention Committee, the Behavioral Health Division, and stakeholders will identify training needs and opportunities.

The suicide prevention education and training will also be targeted towards priority populations identified in the Suicide Prevention Strategic Plan.

The education program will focus on achieving:

1. Increased awareness of mental health issues and the role everyone in the community can play in suicide prevention.
2. Improved the ability to recognize severe depression and suicide risk.
3. Increased knowledge and confidence in how to respond to a person who is feeling suicidal.
4. Increased awareness of how to engage in and access suicide prevention, intervention, postvention, and grief counseling services.
5. Decreased judgment or blame associated with suicidal thoughts and feelings.

This objective will include activities and topics such as:

- Grassroots outreach and engagement efforts to meet local needs for suicide prevention.
- How to engage in and access suicide prevention, intervention, postvention, and grief counseling services.
- Educate individuals on how to recognize when they may need help.

- Engage and educate local media about their role in suicide prevention and how to reframe postvention messaging.
- Educate community members to identify, respond to, and refer people demonstrating suicide warning signs.
- Provide print, broadcast and digital media on basic suicide prevention facts.
- Provide more accessible suicide prevention training, particularly for key gatekeepers and helpers of those at disproportionate risk of suicide in El Dorado County. For example Mental Health First Aid (MHFA), safeTALK, etc., to the community and track penetration data. Ideally use the same education model by age group for training (for example, safeTALK for those over 15 years of age, Mental Health First Aid for those who work with youth for educators, etc.) so that consistency occurs across different age groups and regions of the County.
- Increase parent and community education around how to distinguish severe depression and suicide risk among children and youth.
- Encourage age appropriate education for students related to mental health awareness and suicide prevention; understanding their potential genetic vulnerability to mental health disorders; and understanding vulnerability due causes such as trauma, ACEs, gender identification, genetic factors, etc.
- Assist first responders and other front-line contacts to Increase knowledge and confidence when responding to a person who is feeling suicidal.
- Community awareness campaign on the issue of older adults and suicide.
- Reduce stigma or blame associated with suicidal thoughts and feelings.
- Reduce access to lethal means for those who may be at risk, including promoting that all healthcare clinical staff take the Counselling Access to Lethal Means (CALM) free online training (2 hours).
- The importance of sleep, nutrition, and exercise in relation to mental wellness.

## Objective 2.3: Suicide Screening, Risk Assessment, and Management

### Integrate best practices in suicide screening, risk assessment, and management in health, mental health, and substance use disorder care settings and workflows.

- Identify, distribute, and provide training for a Universal Suicide Screening Tool for countywide use by entities that perform health-related screenings.
- The Suicide Prevention Coordinator will collaborate with County Behavioral Health, other local healthcare and behavioral health providers, community agencies, and the Suicide Prevention Committee to identify a standard suicide screening tool intended to be used throughout El Dorado County.

- Once the tool has been selected, protocols will be developed, and trainings on how to use the tool will be provided by appropriately trained individuals to ensure fidelity. These completed screening tools may be included in referral packets generated, as appropriate.
- Disseminate tools and provide training for a standardize suicide risk assessment procedure in health, mental health, and substance use disorder care settings.
- Work with these entities to create uniform policies and procedures to make screening, assessments, and decision-making routine within those settings. Clarify billing methods for services as needed.

## Objective 2.4: Referral System

### Implement a referral system (or map the current referral system) to connect children, individuals, and families experiencing behavioral health risks, concerns, or issues to services.

Ensuring that individuals in need of support are referred to appropriate resources is vital. As such, the Suicide Prevention Coordinator will coordinate with community partners and stakeholders to develop a referral system, with all necessary agreements to facilitate referrals between partners. The referral system may include:

- Referrals to outpatient treatment, scheduled check-ins with the Behavioral Health Division or peer support.
- Identification of natural supports (i.e., family, friends).
- Crisis intervention supports that would be helpful such as hotlines, text lines, and local crisis numbers and promote alternatives to hospitalization whenever possible.
- Development of a safety plan as part of the referral process.
- Developing a training plan for mental health professional to develop competencies in assessing and managing suicide risk and a directory that makes it easy to find them.

## STRATEGY 3:
## Intervention: Develop a collaborative, coordinated system to provide treatment and support for those struggling with suicidal behavior or after a suicide attempt

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| **OBJECTIVE 3.1** |
| Perform an assessment of suicide intervention services available in the County, identify potential gaps in services, and recommended additional services. |
| **OBJECTIVE 3.2** |
| Provide mental health services, and other non-mental health services and supports when indicated, to individuals at risk for suicide, experiencing suicidal ideation, or with a plan for suicide. |
| **OBJECTIVE 3.3** |
| Provide or arrange for the provision of ongoing training on intervention services to providers, stakeholders and the community. |
| **OBJECTIVE 3.4** |
| Create policies, trainings, programs, and linkages that facilitate follow-up services after a suicide attempt. |

Intervention services must be available in the community to support those who are at risk for suicide, experiencing suicide ideation, have a current plan for suicide, or have attempted suicide. This Suicide Prevention Strategic Plan calls for broad and robust suicide intervention services to be made available using evidence-based practices across the community needs spectrum, including providing targeted efforts to reach people within vulnerable groups and those engaged in suicidal behavior.

### Objective 3.1: Resources and Needs Assessment

Perform an assessment of suicide intervention services available in the County, identify potential gaps in services, and recommended additional services.

The Suicide Prevention Coordinator will conduct a countywide Resource and Needs Assessment to determine available suicide intervention resources and supports, identify potential gaps in services, and recommended additional services, including a plan to build capacity in El Dorado County. The Assessment report will be provided to the Behavioral Health Divisions for review. Once final, the report will be released to the Suicide Prevention Committee, the Behavioral Health Commission, and the public. The Resource and Needs Assessment will be updated every two years thereafter.

### Objective 3.2: Intervention Services and Supports

Provide mental health services, and other non-mental health services and supports when indicated, to individuals at risk for suicide, experiencing suicidal ideation, or with a plan for suicide.

The Suicide Prevention Coordinator will partner with local providers to establish a network of intervention services and supports for those who may be at risk of suicide, experiencing suicide ideology, have a current plan for suicide, or have attempted suicide. The full network will take time to

establish, however the Resource and Needs Assessment will be used as the foundation to prioritize the highest needs and connect existing providers to potential referral sources. This network may include, but is not limited to:

- A system for seamless transitions between levels and types of care, including improving communication between providers. For example, prior to discharge from a hospital, connect suicide attempt survivors and their caregivers to services and supports and continue to offer ongoing referrals, linkage, and case management services.
- Partner with hospitals to offer counseling on access to lethal means as part of the discharge process for patients seen for suicide ideation or attempt.
- Culturally relevant services for people of color, low income individuals, LGBTQ+, and other underserved populations.
- Services for individuals at higher risk of suicide.
- Methods to reduce financial, cultural, and logistical barriers to care.[94]
- Services provided in the field, home, schools, medical offices, and other locations identified by the Resources and Needs Assessment.
- Facilitate access to clinical providers that are trained in assessing and managing suicide risk, such as through creating an online, public directory that lists providers delivering suicide-related treatment and bereavement. Where possible, ensure the directory includes information about insurance eligibility and criteria for new clients.
- Increase the number of providers who are trained in offering clinical support after a suicide attempt.

## Objective 3.3: Intervention Training

### Provide or arrange for the provision of ongoing training on intervention services to providers, stakeholders and the community.

As we work to improve knowledge of warning signs and how to help someone who may be thinking of suicide, we must also to ensure that there are providers in the county who are trained in providing suicide-related care so that people who reach out or are referred to services get the care they need.

The Suicide Prevention Coordinator, in collaboration with providers and other stakeholders, will develop a training plan to ensure that providers receive ongoing training related to new practices, the latest information regarding suicide trends, new evidence-based practices, and refresher training as may be needed. Once training needs have been identified, the Suicide Prevention Coordinator will either provide or arrange for the provision of needed trainings.

Training needs that will be addressed may include, but are not limited to:

[94] "Strategies, Programs, and Practices to Consider", https://www.sprc.org/effective-prevention/comprehensive-approach.

- Ensuring that a broad range of providers in our county are trained in best practices in Suicide Risk Assessment, Safety Planning, and lethal means safety.

- Increase the number of clinical providers that are trained in delivering best practices in suicide risk assessment and management and in interventions specific to preventing suicide.
- Increase the number of providers who are trained in providing bereavement support for survivors of suicide loss.

## Objective 3.4: Follow-Up Services

### Create policies, trainings, programs, and linkages that facilitate follow-up services after a suicide attempt.

The Suicide Prevention Coordinator will collaborate with local providers and other stakeholders, including the Behavioral Health Division and the Suicide Prevention Committee, to develop standardized policies for suicide intervention.

The purpose of the policies is to ensure legal compliance when making referrals, providing treatment to individuals, and sharing information allowed by law; to establish standard procedures related to referrals and linkage; and to make navigation of the postvention system easier for those engaged in services.

The Suicide Prevention Coordinator will provide or arrange for the provision of ongoing training on intervention services to providers, stakeholders and the community.

Providing linkages to follow-up services after a suicide attempt can greatly improve the process of healing and reduce the risk of future attempts. This can include ensuring that a safety plan is included in suicide-related services after an attempt, creating protocols and procedures to enhance communication and warm hand-off between inpatient settings (such as Emergency Departments) and outpatient settings (such as mental health providers and community support networks), and programs to provide proactive outreach (such as phone calls, emails, or postcards) to individuals who have been treated after a suicide attempt to check in on their recovery and encourage them to follow up with outpatient supports.

The Suicide Prevention Coordinator, in collaboration with providers and other stakeholders, will develop a plan to facilitate linkages and follow-up services after a suicide attempt. Key partners will include Hospitals, Emergency Departments, crisis services providers, and community mental health providers among others.

Develop countywide postvention policies (e.g., information sharing policy between schools and hospitals after a youth attempted suicide) and procedures, e.g., working with school districts to facilitate supports after an attempt and a process for assisting students with returning to school after a suicide attempt.

## STRATEGY 4:
## Postvention: Develop a collaborative, coordinated system to promote healing and hope for a better tomorrow after a suicide loss

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| **OBJECTIVE 4.1** |
| Develop a county Postvention Plan through partnerships stakeholders and other key partners, to ensure appropriate, timely and effective information sharing, support and coordinated response after suicide throughout the county and within key settings. |
| **OBJECTIVE 4.2** |
| Develop and distribute a resources directory of suicide loss survivor and attempt survivor resources that are available to County residents, including support programs and providers with specific training and/or skills in suicide bereavement. |
| **OBJECTIVE 4.3** |
| Develop a Postvention Education Program and provide training throughout the County to the public, providers, and other stakeholders, including the media. |

### Objective 4.1: Postvention Plan

Develop a county Postvention Plan through partnerships stakeholders and other key partners, to ensure appropriate, timely and effective information sharing, support and coordinated response after suicide throughout the county and within key settings.

The Suicide Prevention Coordinator will partner with the Behavioral Health Division, the Suicide Prevention Committee, local providers, and other stakeholders to develop a Postvention Plan with establishes a network of Postvention services and supports for suicide attempt survivors and family/friends of those who died by suicide, and identifies any needs or gaps in services.

Postvention services are designed to ensure connectivity with support and follow-up services for individuals that have survived a suicide attempt, and their families/caregivers/supporters, from the time of the first intervention offered. As such, all individuals who connect in any manner with an individual impacted by suicide can be part of the Postvention supports and services.

The Postvention Plan should also include:

- A process to ensure a warm hand-off between inpatient and outpatient settings, or between levels or types of care, for those who have been treated for suicide-related services.
- Consistency across providers and programs (e.g., schools) for postvention services.
- Templates for messaging and mobilizing support in the community after a death by suicide has occurred.
- Partnerships with first responders (including Law Enforcement chaplains) and other key community gatekeepers (funeral directors, hospital staff, faith leaders) to ensure suicide loss support resources are shared with loss and attempt survivors.

Postvention services may include, but are not limited to:

- Development and expansion of support groups, including peer groups, for suicide attempt survivors, family members, friends, and those directly impacted.
- Partnership with existing organizations, such as the Sierra Law Enforcement Chaplains, to support survivors and family members.
- School-based education on the "return after an attempt" for staff so students are supported.
- Increase the number of behavioral health providers who are skilled and trained in offering services for bereavement after a suicide loss.

## Objective 4.2: Postvention Resource Directory

### Develop and distribute a resources directory of suicide loss survivor and attempt survivor resources that are available to County residents, including support programs and providers with specific training and/or skills in suicide bereavement.

The Suicide Prevention Coordinator will develop and distribute a resource directory to the community, identifying how and where to obtain services and supports, and providing other relevant information such as messages of hope.

The resource directory will include a range of services and supports including peer support groups, online communities, newsletters, and providers that are trained in offering healing support for those bereaved after a suicide loss or recovering from a suicide attempt.

## Objective 4.3: Postvention Education Program

### Develop a Postvention Education Program and provide training throughout the County to the public, providers, and other stakeholders, including the media.

In collaboration with the Suicide Prevention Committee and other stakeholders, develop and implement a Postvention Education Plan to provide ongoing education relating to topics such as, but not limited to:

- Building protective factors (e.g., resiliency, stress management, social connectedness).
- Training to local media about how to report information regarding a suicide loss or attempt.
- Provide training to first responders, crisis service providers, and access line responders on best practices in supporting suicide loss survivors, from understanding their unique needs to helping them access resources.

## Next Steps

**Immediate Goals (within one month):**

- ❑ The Suicide Prevention Strategic Plan will be distributed by the Behavioral Health Division to stakeholders and community members via email, with links also provided via social media posts.
- ❑ The Suicide Prevention Strategic Plan will be posted on Health and Human Services Agency's Suicide Prevention webpage.

**Short-Range Goals (within six months):**

- ❑ Contract with a provider to serve as the County's Suicide Prevention Coordinator, in compliance with El Dorado County Procurement Policy C-17.

**Short-Range Goals (within one year):**

- ❑ Within one month of the start of the contract for their services and annually thereafter, the Suicide Prevention Coordinator will draft an annual workplan to identify goals to accomplish within the next annual period to work towards full implementation and ongoing operations of this Suicide Prevention Strategic Plan. Behavioral Health will have final approval of the initial workplan, and the Suicide Prevention Committee will have final approval of the workplan in subsequent years.
- ❑ The Suicide Prevention Coordinator will draft the Charter for the Suicide Prevention Committee within two months of the start of the contract for their services. The Behavioral Health Director will be responsible for final approval of the Charter.
- ❑ Behavioral Health Director will appoint the Health and Human Services Agency Suicide Prevention Committee of up to nine regular members and have its first quarterly meeting within three months of the start of the contract for the Suicide Prevention Coordinator. Potential members will be identified and solicited to apply for the Committee and the general public may also apply. Applications will be reviewed by the Suicide Prevention Coordinator and key County staff.
- ❑ Within one year of the start of the contract for their services, the Suicide Prevention Coordinator will conduct a Resource and Needs Assessment, and provide the report to the Behavioral Health Division for review. Once final, the report will be released to the Suicide Prevention Committee, the Behavioral Health Commission, and the public. The Resource and Needs Assessment will be updated every two years thereafter.

**Mid-Range Goals (within two to four years):**

- ❑ Fully implement all strategies within the Suicide Prevention Strategic Plan.
- ❑ Adapt the Suicide Prevention Strategic Plan to address changing needs of El Dorado County and as indicated by program evaluation.

**Long-Range Goals (five or more years):**

- ❑ Adapt the Suicide Prevention Strategic Plan to address changing needs of El Dorado County and as indicated by program evaluation.
- ❑ Reduce the average number of deaths due to suicide in El Dorado County by 20% by 2027.

# Local and National Resources

Many organizations focus on mental health and suicide prevention efforts and are determined to help those at risk as well as support the families and friends of at-risk individuals. The list of resources below is not exhaustive, yet it includes information about agencies providing valuable support to our community.

## Local Support

### El Dorado County Crisis Line

West Slope:  530-622-3345

South Lake Tahoe Area:  530-644-2219

### National Alliance on Mental Illness (El Dorado Affiliate)

Warm-line English:  530-306-4101

Warm-line Spanish:  530-344-4876

https://namieldoradocounty.org/

### Friends for Survival

https://friendsforsurvival.org/

This national non-profit bereavement group is open to those who are grieving a suicide loss.  They are meeting via Zoom for now and there is a chapter in Cameron Park.

## Statewide or National Support

### Crisis Text Line

741741

https://www.crisistextline.org/

### National Suicide Prevention Lifeline

1-800-273-TALK (8255)

https://suicidepreventionlifeline.org/

**Nacional de Prevención del Suicidio**

1-888-628-9454
https://suicidepreventionlifeline.org/help-yourself/en-espanol/

**Deaf, Hard of Hearing, Hearing Loss**

Online Chat: https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/

TTY: 1-800-273-8255
For people who are deaf or hard of hearing, call the Lifeline at 800-799-4889.

### Veterans Crisis Line

800-273-TALK (8255) and press 1

https://www.veteranscrisisline.net/

Veterans in crisis and their families and friends can be connected with qualified Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text by calling 1-800-273-TALK (8255) and pressing 1.

If you are a Veteran or service member with hearing loss, or any person concerned about someone who is, there are several ways to contact the Veterans Crisis Line:

Text with a Veterans Crisis Line responder – Send a text message to 838255

Online chat with a Veterans Crisis Line responder – https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/

**CalHOPE Connect**

833-317-HOPE (4673)

https://www.calhope.org/

CalHOPE Connect offers safe, secure, and culturally sensitive emotional support for all Californians who may need support relating to COVID-19.

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**Teen Line**

310-855-4673 or text TEEN to 839863

https://teenlineonline.org/

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**The Trevor Project**

866-488-7386 or text START to 678678

https://www.thetrevorproject.org/

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**Trans Lifeline**

877-565-8860

https://translifeline.org

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**COPLINE**

800-COPLINE (800-267-5463)

https://www.copline.org/

"CopLine has earned the trust of the Law Enforcement community by providing peer listening through a hotline by maintaining complete confidentiality as well as anonymity if the caller chooses. We train competent, confident, committed, and compassionate retired officers to engage with callers on the daily stressors officers and their family members experience."

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**Fire/EMS Helpline**

888-731-FIRE (3473)

https://www.nvfc.org/help

"Being an emergency medical provider brings many challenges. Remember, you are not alone. Talk to someone you love. Talk to a friend or colleague. Or talk to counselors trained and experienced in the firefighter and EMS culture by calling the national Fire/EMS Helpline."

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**Know the Signs**

www.suicideispreventable.org

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**Suicide Prevention Resource Center**

https://www.sprc.org/

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# Get Help Now

**If you or someone you know are experiencing a mental health crisis or needs immediate assistance, please call 911.**

PHONE: A trained crisis counselor can be reached by calling the National Suicide Prevention Lifeline at **800-273-TALK (8255)**.

Callers can also select a prompt from this line to be connected to Veterans specific and Spanish language support.

CHAT: A trained crisis counselor can be reached by chat by visiting **https://suicidepreventionlifeline.org/chat/**.

TEXT: Text any word to **741741**. The first two responses are automated. They tell you that you're being connected with a Crisis Counselor and invite you to share a bit more.

# Learn More

To learn more about the warning signs of suicide and how to help someone you are concerned about, visit the *Know the Signs* web site at **www.suicideispreventable.org**.

Funding for the El Dorado County Suicide Prevention Strategic Plan is made possible through the voter-approved Mental Health Services Act (MHSA) (Proposition 63)