



SANTA CRUZ COUNTY

SUICIDE PREVENTION

STRATEGIC PLAN UPDATE

2024



BEHAVIORAL HEALTH
HEALTH SERVICES AGENCY



THE POWER OF WORDS



When it comes to suicide prevention, the terms, phrases, and words we use can have a significant impact on the way messages are received. Messages can encourage someone to seek help and reach out, or they can push people further from the support they need. The suicide prevention community is trying to clarify the ways we all refer to actions related to suicide to better support help-seeking behavior among those that are at risk. Please assist us in changing the conversations about suicide and help us raise the bar for the conversations about suicide prevention. Each of us can play a part in promoting a more supportive environment, and it begins with the words we use.

Tips for Effective Messaging when reporting, presenting, or talking about suicide:

- Provide a suicide prevention resource
- Educate the audience on warning signs
- Avoid discussing details about the method of suicide
- Explain complexity of suicide and avoid oversimplifying. It's natural to want to answer the "why" involved in a suicide, but there is usually not one event that is the "cause" of a suicide attempt or death
- Focus on prevention and hope by using images and words that show people being supported, not suffering alone
- Avoid sensational language and statistics that make suicide seem common overall
- Consider data that highlights help-seeking such as number of calls to the local crisis line

Each of us can play a part in promoting a more supportive environment

...SAY THIS	WHY
<p>died by suicide/ death by suicide / lost their life to suicide</p>	<p>“commit” implies suicide is a sin or crime, reinforcing the stigma that it’s a selfish act and personal choice</p> <p>using neutral phrasing like “died by suicide” helps strip away the shame/ blame element</p>
<p>died by suicide/ survived a suicide attempt / lived through a suicide attempt</p> <p>fatal suicide behavior / non-fatal suicide behavior</p> <p>fatal suicide attempt / non-fatal suicide attempt</p>	<p>the notion of a “successful” suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive</p> <p>to be matter-of-fact, a suicide attempt is either fatal or not</p>
<p>rising, increasing</p>	<p>words like “epidemic” can spark panic, making suicide seem inevitable or more common than it actually is</p> <p>by using purely quantitative, less emotionally charged terms like “rising”, we can avoid instilling a sense of doom or hopelessness</p>
<p><Name> is facing suicide / is thinking of suicide / has suffered through suicidal thoughts / has experienced suicidal thoughts</p>	<p>we don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts</p>

Helpful Resources:

- Reporting suicide for the news media – www.ReportingOnSuicide.org
- Framework for successful messaging, national action alliance for suicide prevention – www.SuicidePreventionMessaging.org

TABLE OF CONTENTS

WHAT WE'VE DONE

Suicide Awareness Team, What Works for Suicide Prevention, The Problem of Suicide in Santa Cruz County

— 06

DEVELOPMENTS

2019 Creation of Santa Cruz Suicide Prevention Plan, 988 Suicide and Crisis Lifeline, Changes to Local Crisis Services, Striving for Zero Learning Collaborative Membership, New Grants

— 13

CHALLENGES

The Pandemic & Natural Disasters, Staffing Transitions, Proposition 1

— 19

PROGRESS

Suicide & Crisis Lifeline, Training, Public Relations and Media, Suicide Loss Survivors Program

— 21

THE PATH FORWARD

Santa Cruz County Strategic Plan for Suicide Prevention, Strategic Aims, Get Involved, You Are Not Alone

— 29

A photograph of a forest path and stream. The path is dirt and covered with fallen leaves and twigs, leading into a dense forest of tall, thin trees. A stream flows through the forest, surrounded by moss and fallen logs. The scene is peaceful and natural.

DEDICATION

The strategic plan is dedicated to all the residents of Santa Cruz County that have been touched by the issue of suicide whether by death, suicide attempt, bereaved loved ones, personal experience with suicide thoughts, or for those providing care and support for individuals impacted by suicide. We believe that, together, we can make a difference and prevent the tragedy of suicide in our community while helping one another to create a life worth living.

INTRODUCTION

Hope

It is a simple yet unbelievably powerful word. When we have hope we can accomplish extraordinary things. We can face the darkness and be steadfast in our resolve to overcome it. It is with hope, compassion, and resolve that we developed and adopted our first [Strategic Plan for Suicide Prevention](#) for Santa Cruz in September of 2019.

A few short months after we marked this milestone our world changed. We were amid implementing progress when reports started emerging about the spread of coronavirus. In March of 2020, we were faced with the first major pandemic in generations. The pandemic posed enormous challenges on our staffing and resources. It also impacted each and every person in our county, laying bare inequities that have long needed to be addressed and irrevocably changing our lives forever.

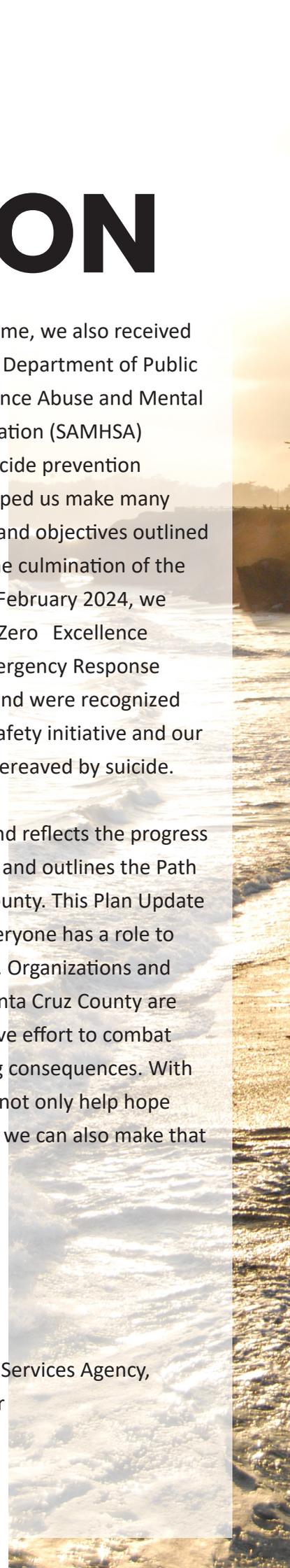
Our local suicide prevention efforts continued to embrace hope and make advancements. Our plan was guided by the principles of Striving for Zero, California's Strategic Plan for Suicide Prevention which provided the framework for a comprehensive approach to suicide prevention. In 2021, we joined the statewide Striving for Zero Suicide Prevention Learning Collaborative and learned about best practices and models for suicide prevention, intervention, and

postvention. During this time, we also received grants from the California Department of Public Health (CDPH) and Substance Abuse and Mental Health Services Administration (SAMHSA) to support community suicide prevention programming that has helped us make many strides towards the goals and objectives outlined in our Strategic Plan. At the culmination of the Learning Collaborative in February 2024, we received the Striving for Zero Excellence Award for our Mobile Emergency Response Team for Youth (MERTY) and were recognized for our Building Hope & Safety initiative and our efforts to support those bereaved by suicide.

This document updates and reflects the progress our community has made and outlines the Path Forward for Santa Cruz County. This Plan Update is also a Call to Action: Everyone has a role to play in suicide prevention. Organizations and individuals throughout Santa Cruz County are invited to join our collective effort to combat suicide and its devastating consequences. With your engagement we can not only help hope flourish in Santa Cruz, but we can also make that hope a reality.

Sincerely,

Tiffany Cantrell-Warren
Santa Cruz County Health Services Agency,
Behavioral Health Director



WHAT WE'VE DONE

SUICIDE AWARENESS TEAM

In 2018, the community formed a Suicide Prevention Task Force (SPTF) to gain a better understanding of local experience with suicide, to gather and understand data, review best practices, and create a Suicide Prevention Strategic Plan.

The SPTF consisted of a wide array of community members that represented community-based health care settings, and faith-based organizations, schools, law enforcement, hospice services, behavioral health and public health agencies, veterans, and individuals with personal experience of suicide and suicide loss. The County's first comprehensive suicide prevention plan was formally adopted by the County Board of Supervisors on June 11, 2019. Having accomplished the initial task of creating the plan, the Task Force ceased activities shortly thereafter, as the Santa Cruz County Behavioral Health Division set about finding the resources to support implementation of the plan.

The Suicide Awareness Team was formed near the end of the COVID-19 pandemic to launch Plan implementation and coordinate suicide prevention efforts across the community. In 2024, the Team worked together to create this Plan Update to reflect the progress that has been made and set the direction going forward.

Below is a list of the Suicide Awareness Team contributors.

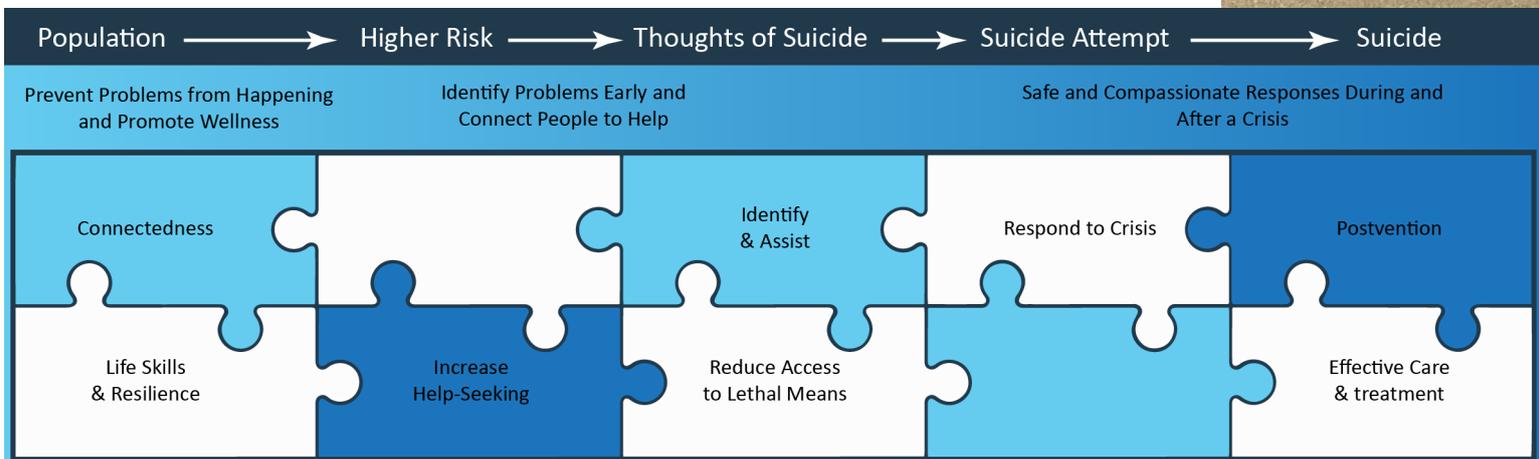
- Andrea Turnbull, Santa Cruz Health Services Agency – Access & Suicide Prevention Manager/Suicide Loss Survivor
- James Russell, Santa Cruz Health Services Agency – Crisis & Access Services Director
- Andrea Tolaio, Family Service Agency of the Central Coast – Suicide Prevention Services Director
- Kimberly Waller, Santa Cruz Health Services Agency – Suicide Prevention Coordinator
- Danielle Long, Santa Cruz Health Services Agency – Crisis Continuum Manager
- Shelly Barker, Santa Cruz Health Services Agency – Health Services Manager/Suicide Loss Survivor
- Cynthia Nollenberger, Santa Cruz Health Services Agency – Mental Health Liaison Supervisor
- LaShelle Burch, Veterans Affairs – Suicide Prevention Team
- Anna Sutton, Santa Cruz Health Services Agency – Public Health Director of Nursing
- Noah Whitaker, Consultant/Suicide Loss Survivor
- Carli Memoli, Consultant
- Sandra Black, Consultant

WHAT WORKS FOR SUICIDE PREVENTION

The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach is comprehensive, including a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

The Santa Cruz County Strategic plan for Suicide prevention is based on a comprehensive approach that has the greatest potential to reduce suicide risk in our county. The model below helps conceptualize a public health approach within the context of an individual’s suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway. This model describes important components and considerations for suicide prevention planning.

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



Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker, N.J., published in Fresno County’s Community-Based Suicide Prevention Strategic Plan, 2018





When combining the Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective.

The following nine strategies form a comprehensive approach to suicide prevention. Each can be advanced through an array of activities (i.e., programs, policies, practices, and services):

- **Enhance Life Skills and Build Resilience:** build life skills such as critical thinking, stress management and coping to increase protective factors and reduce impacts from risk factors
- **Promote Social Connectedness and Support:** promote connections and supports within families and communities to limit the impact of risk factors and enhance resilience
- **Increase Help-Seeking:** increase people's understanding of when to reach out and their awareness of where to find support; address stigma around mental health and suicide
- **Identify and Assist Persons at Risk:** outreach, education, trainings and messaging campaigns to assist in identifying people in need and connecting them to the appropriate support
- **Ensure Access to Effective Mental Health and Suicide Care and Treatment:** ensure individuals experiencing thoughts of suicide have access to timely and effective care
- **Respond Effectively to Individuals in Crisis:** provide a continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting
- **Support Safe Care Transitions and Create Organizational Linkages:** continuity of care and follow-up services for people who have been treated for suicide risk or after a suicide attempt
- **Provide for Immediate and Long-Term Postvention:** develop postvention plans and supports to provide effective and compassionate care for those impacted by suicide deaths
- **Reduce Access to Lethal Means and Promote Means Safety:** prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means through efforts such as gun locks and safe storage and use of medications

THE PROBLEM OF SUICIDE IN SANTA CRUZ COUNTY

A comprehensive approach to suicide prevention includes telling the story of how suicide impacts our communities. Data is one source of information that helps support a common understanding of the problem and allows us to develop long term goals for suicide prevention and to set priorities. Another source is the voices of lived experience, such as those who are bereaved by a suicide loss, those who have struggles with thoughts or feelings of wanting to die, and those who have engaged in supportive services. These voices in conjunction with data help to enrich our understanding of an issue and the impact it has on our community.



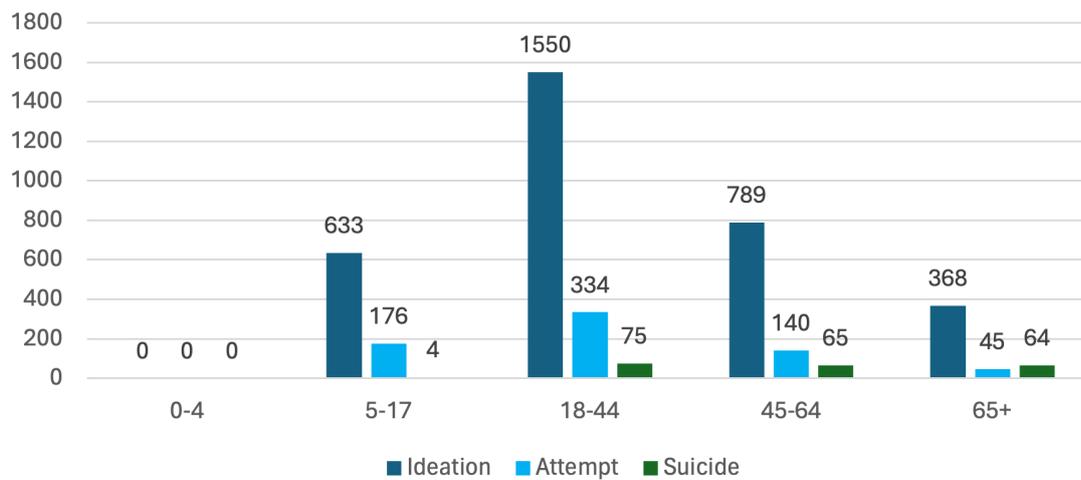
EVERYTHING CANNOT BE CHANGED AT ONCE; HOWEVER, INCLUDING THE GATHERING, REVIEW, AND CONSIDERATION OF DATA IN OUR PROCESS ALLOWS US TO:

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

LIMITATIONS

There are limitations to syndromic surveillance data. First, data completeness and data quality varies over time. Second, these findings are not representative of Santa Cruz County residents who seek care out of state. Third, syndromic surveillance data is a near-real-time, ever-changing data system, as such this data should not be considered final. Fourth, there is a chance for under-or-over estimation of suicidal ideation or suicide attempt because of differences in coding, reporting, and availability of chief complaint text or discharge diagnosis data between jurisdictions or over time. Lastly, these data are not representative of suicidal ideation or suicide attempts experienced outside of the emergency department. To understand the full scope of suicide-related thoughts and behaviors, these data should be used in conjunction with other sources.

Suicide Ideation, Attempts, and Deaths by Age (2019-2023)

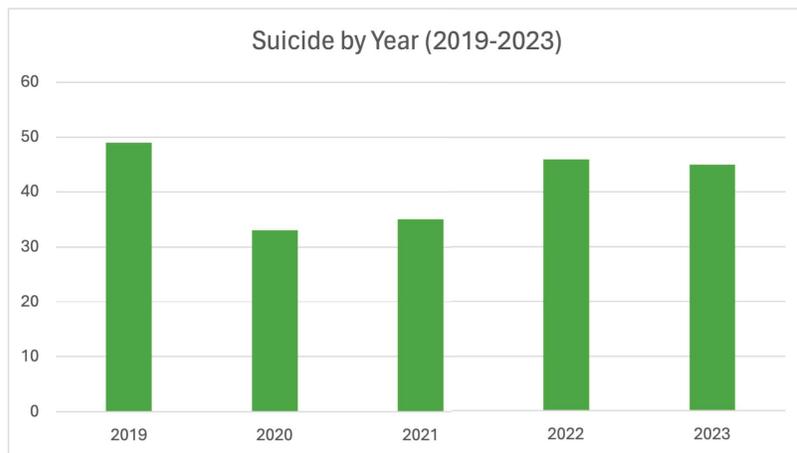


Suicidal behaviors exist on a spectrum including thoughts of wanting to die, actions to attempt to die, and death. The ideation and attempt data in this graph from emergency department visits in Santa Cruz. Adults aged 65+ experienced more suicide deaths than attempts. According to the Centers for Disease Control and Prevention, in 2021, 12.3 million adults considered suicide, 3.5 million made a plan, and 1.7 million adults attempted suicide.

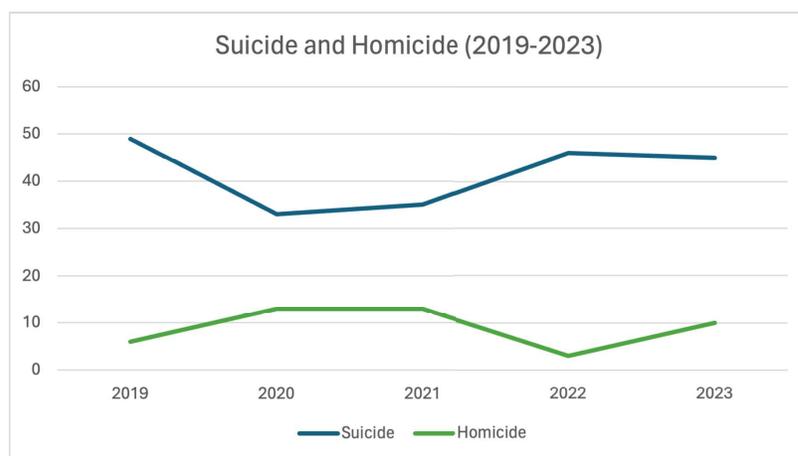
A NOTE ON DATA SOURCES

- The most up-to-date data tables for California statewide violence-related causes of death, including suicide, can be found here: [Preliminary Monthly Statewide Violence-Related Death Counts](#) (PDF). These data show monthly counts of deaths using preliminary vital statistics data and are updated quarterly
- The most current mortality and intentional self harm data are available on the [EpiCenter: California Injury Data Online](#)
- The [California Violent Death Reporting System Data Dashboard](#) is based on coroners' reports and shares data that includes information about risk and protective factors
- Although the [Injury and Violence Prevention \(IVP\) Branch](#) does not directly monitor mental health across the state, data on adult/teen perceived need, access, and use of mental health services and overall mental health status can be found within the [California Health Interview Survey](#) (CHIS), and the [Behavioral Risk Factor Surveillance System](#) (BRFSS)
- Additionally, Santa Cruz Behavioral Health obtains local data in collaboration with Public Health, our healthcare and hospital partners, and answer points for the 988 Suicide and Crisis Lifeline, amongst others, to gain as detailed, updated, and accurate a picture as possible of how suicide risk, behavior, and loss are affecting our community members. Part of this plan includes developing and implementing a plan to routinely review and share data, as well as to inform planning efforts and activities

Santa Cruz County Data

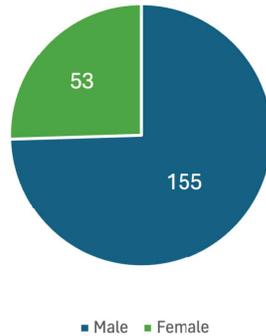


The data in this graph is from the Santa Cruz County Coroner and displays annual changes in the number of people who died by suicide. The first two years of the pandemic appear to have had a dampening effect on suicides. National data from the Centers for Disease Control and Prevention shows that rates nearly returned to their peak in 2021 but in Santa Cruz deaths had not yet returned to pre-pandemic levels as of 2023.



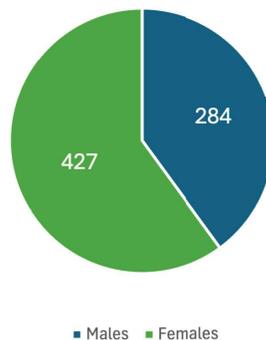
In the United States, the number of suicides is nearly double that of homicides. In Santa Cruz, from 2019 to 2023, suicides consistently outnumbered homicides. This discrepancy often confuses people, as media coverage tends to focus on homicides while frequently overlooking suicides.

Suicide by Sex (2019-2023)



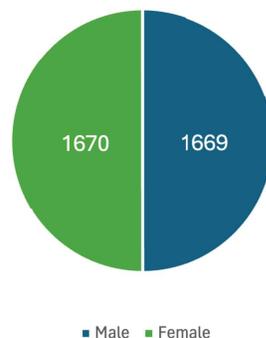
Data from the Centers for Disease Control and Prevention show that men comprise approximately 80% of suicide deaths in the United States. In Santa Cruz County, men account for approximately 75% of suicides. Women in Santa Cruz County have a 5% increase above national average which bears further analysis.

Suicide Attempts by Sex (2019-2023)



Women attempt suicide far more often than men. In Santa Cruz, women accounted for 60.06% of emergency department visits for suicide attempts which is nearly identical to that of the national level where 60.4% of non-fatal emergency department visits were by women (WISQARS: Self-Harm All Causes Nonfatal Emergency Department Visits and Rates per 100,000 Data Years: 2019 to 2022, United States, All Ages, All Sexes, Disposition: All Cases).

Suspected Suicide Ideation by Sex (2019-2023)



Ideation, or thoughts about wanting to die, is nearly equal between males and females who accessed emergency department services. Data from the National Institute of Mental Health shows a similar relationship nationally with men and women having nearly equal rates of suicide ideation.



Death data is currently limited to male and female categories due to discrepancies between gender identity and legal records. Non-binary individuals may not have legally updated their gender on their birth certificates, and transgender individuals are recorded only as male or female. While non-binary individuals might identify with an "X," no such deaths were recorded in Santa Cruz during this period. This issue is further complicated at the national level, as not all states permit legal gender changes or the selection of a non-binary status.

DEVELOPMENTS

988 SUICIDE AND CRISIS LIFELINE



The rollout of the 988 Suicide & Crisis Line transition in 2022 has led to substantial increases in volume of calls, chats, and texts to the Lifeline network. The 988 lifeline provides immediate connection to compassionate, supportive, and accessible care for anyone experiencing mental-related distress. Contacts from Santa Cruz, Monterey, and San Benito are answered by Suicide Prevention Services of the Central Coast.

Crisis Now Innovation Project:

The Crisis Now Innovation Project represents a paradigm shift in how we address mental health crises in Santa Cruz County. This project is designed to provide a more responsive, effective, and compassionate approach to crisis intervention and prevention. The key components of the project include:

- **Someone to call:** Planning and moving toward a regional call center in conjunction with 988
- **Someone to respond:** Deploying mobile crisis teams around the clock to provide on-site, immediate assistance to those experiencing a mental health crisis
- **Somewhere to go:** Planning for and establishing or modifying facilities that offer a safe and supportive environment for individuals needing short-term stabilization



SANTA CRUZ COUNTY BEHAVIORAL HEALTH IS
INTRODUCING **SIGNIFICANT CHANGES**
TO OUR LOCAL CRISIS SERVICES.

CHANGES TO LOCAL CRISIS SERVICES

As part of an ongoing commitment to enhance the mental health and well-being of our community, Santa Cruz County Behavioral Health is introducing significant changes to our local crisis services. Central to this transformation is the integration of the **Crisis Now Innovation Project** and a state mandate to provide 24/7/365 mobile crisis services.

IMPACT AND FUTURE DIRECTIONS OF CRISIS NOW

The implementation of the Crisis Now Innovation Project is expected to yield significant benefits, including:

- **Reduced Burden on Emergency Services:** By providing targeted crisis intervention, we aim to decrease the reliance on emergency departments and law enforcement for mental health crises
- **Improved Outcomes:** Early and effective intervention is key to preventing the escalation of mental health crises and improving overall outcomes

The first effort as part of this project and in complying with the Department of Health Care Services Behavioral Health Information Notice 23-025, will be launching 24/7/365 mobile crisis response services in the Summer of 2024

We are dedicated to the continuous improvement of our crisis services and are confident that the Crisis Now Innovation Project will be a cornerstone in our efforts to create a safer, healthier, and more resilient community for individuals of all ages.



STRIVING FOR ZERO: LEARNING COLLABORATIVE MEMBERSHIP

From 2021 through its completion in 2024, Santa Cruz has been a member county in the Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative, a statewide initiative to advance local strategic planning and implementation in alignment with California's Strategic Plan for Suicide Prevention, STRIVING FOR ZERO. The resource page for the Learning Collaborative includes many of the resources that were available and utilized by the County in continuing to implement the strategic plan, as well as in planning for future activities: mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/.



BUILDING HOPE AND SAFETY SANTA CRUZ

Although a welcome surprise, the unexpected award of the SAMHSA Building Hope and Safety grant led to a slower start and a longer-than-planned ramp up. By late 2021, program partners and County staff had shifted to other programs and priorities after initially receiving notice in 2020 that their application was not prioritized for funding. When they received notice that their application status had changed, and the program could begin implementation, partners and the County worked quickly to re-engage, adapt and adjust the program activities.

Santa Cruz County Behavioral Health (SCCBH) received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) which formally launched in January 2022 to provide critical suicide prevention activities in response to the pandemic and its impact on local communities.

Building Hope and Safety Santa Cruz funded a variety of activities, including:

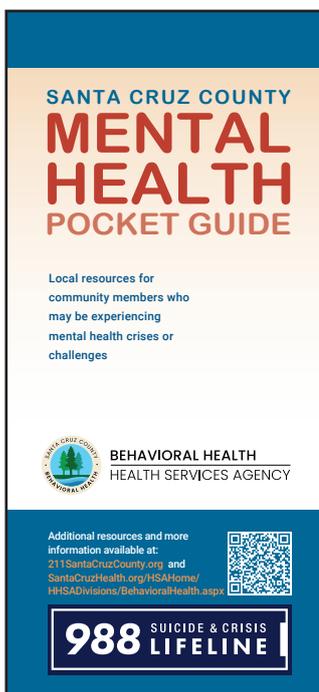
- **Rapid Connect:** SCCBH’s Rapid Connect program provides case management and service linkage for people who have attempted suicide or are at risk of experiencing a suicidal crisis
- **Screening and Assessment:** Behavioral health staff and community partners were trained in the Columbia Suicide Severity Rating Scale and Stanley Brown Safety Plan
- **Community and Service Provider Training:** Communitywide workshops were provided on Suicide Intervention Skills Training (ASIST), safeTALK (Suicide Alertness For Everyone), Mental Health First Aid, Counseling on Access to Lethal Means (CALM)
- **Santa Cruz Mental Health Pocket Guide:** 30,000 pocket guides offering behavioral health resources to all community members were printed and continue to be distributed
- **Public awareness and education campaigns:** Santa Cruz County Behavioral Health partnered with local community-based organizations to host multiple events promoting access to mental health supports and resources for suicide prevention, intervention, and postvention
- **Suicide Loss Survivor Support:** Resource kits for individuals and families who have been impacted by a suicide loss were produced and continue to be distributed through a variety of local channels

• **Enhanced Services for Survivors of Domestic Violence:** The County partnered with Monarch Services to address the increased need for mental health services for domestic violence survivors. All participants in the emergency shelter program are now being routinely screened for suicide risk and other behavioral health needs and referred to appropriate supports

• **Telehealth Services:** Telehealth services are offered in both the Santa Cruz and Watsonville clinics

The County recently produced a bilingual Mental Health Pocket Guide to increase the number of community members and service providers with easy access to mental health, suicide prevention, and loss resources. These have been widely shared throughout the community.

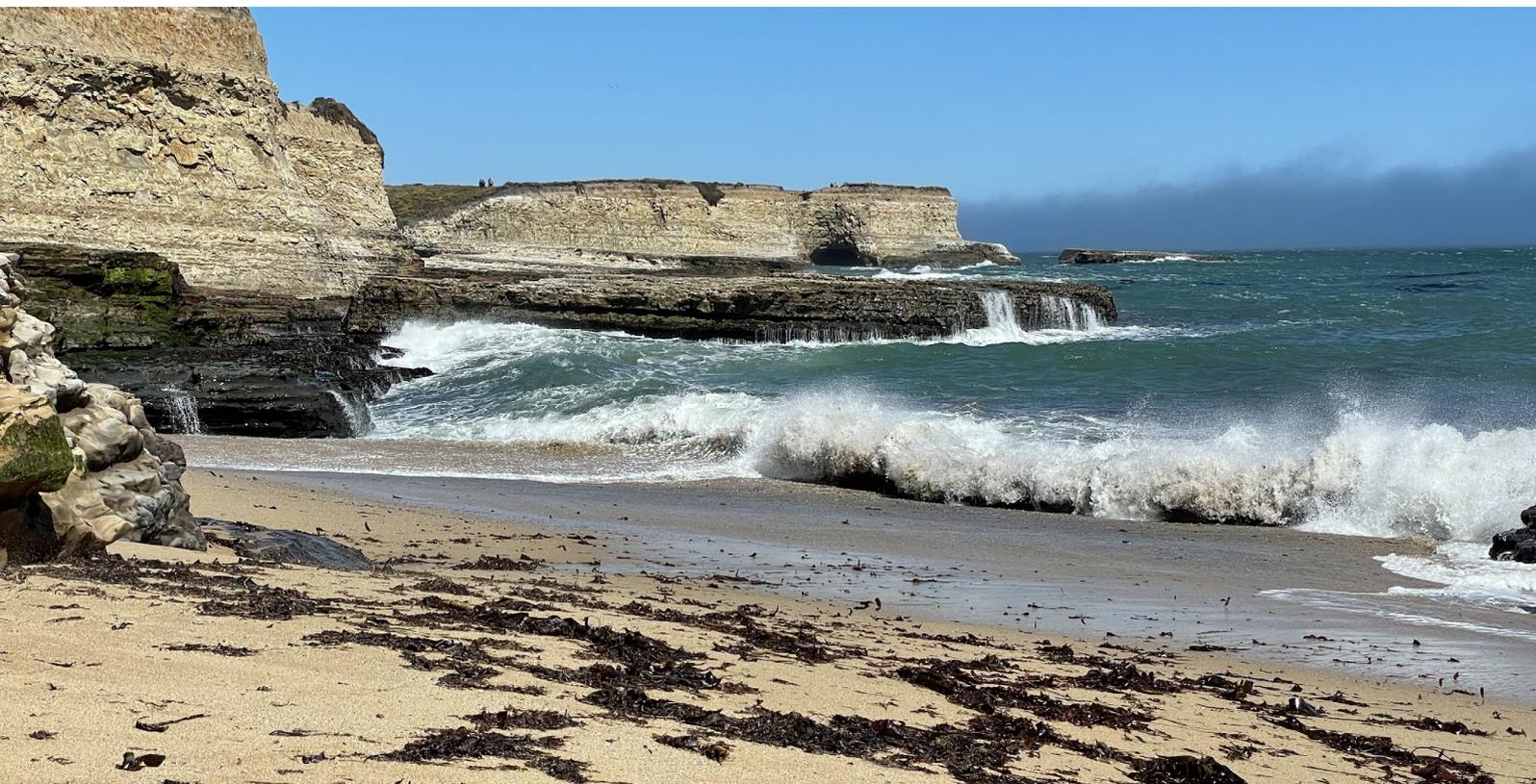
Please [click here](#) for the current version (pdf of pocket guide)



NEW GRANTS

Since the adoption of the 2019 Strategic Plan, Santa Cruz County was awarded grants from Substance Abuse and Mental Health Services Administration (SAMHSA) and the California Department of Public Health (CDPH). Grants are an essential way for communities to develop and offer services that are not otherwise possible due to a lack of other funding. Grants are time-limited and focused on achieving specific goals.

In January 2022, the SAMHSA “Building Hope and Safety-Santa Cruz” and the CDPH “Comprehensive Suicide Prevention” grant programs were formally launched. These grants jumpstarted the Suicide Prevention Plan activities.



CDPH COMPREHENSIVE SUICIDE PREVENTION GRANT

During the implementation of Building Hope and Safety Santa Cruz, the County was also selected for funding and support through the California Department of Public Health (CDPH) – Injury and Violence Prevention Branch’s Comprehensive Suicide Prevention (CSP) Program.

Criteria for selection included:

- 1) Higher local rates of suicide deaths than the overall state
- 2) Higher rates of self-harm emergency department visits than the state overall
- 3) Participation in the California Violent Death Reporting System (CalVDRS) which links Coroner/ Medical Examiner reports and Law Enforcement data with vital statistics in order to better understand the circumstances surrounding these deaths.

In addition to funding, training and technical assistance is being provided to these counties to support adoption, implementation and evaluation of evidence-based suicide prevention strategies, with the goal of reducing suicide rates and self-harm rates in those counties by ten percent. Existing partners work together to implement a range of suicide prevention activities in alignment with CDPH Tier 1 and 2 Strategies.

TIER 1 STRATEGY: CREATE PROTECTIVE ENVIRONMENTS

Reduce access to lethal means among people at risk via safe storage practices.

TIER 2 STRATEGY: IDENTIFY AND SUPPORT PEOPLE AT RISK

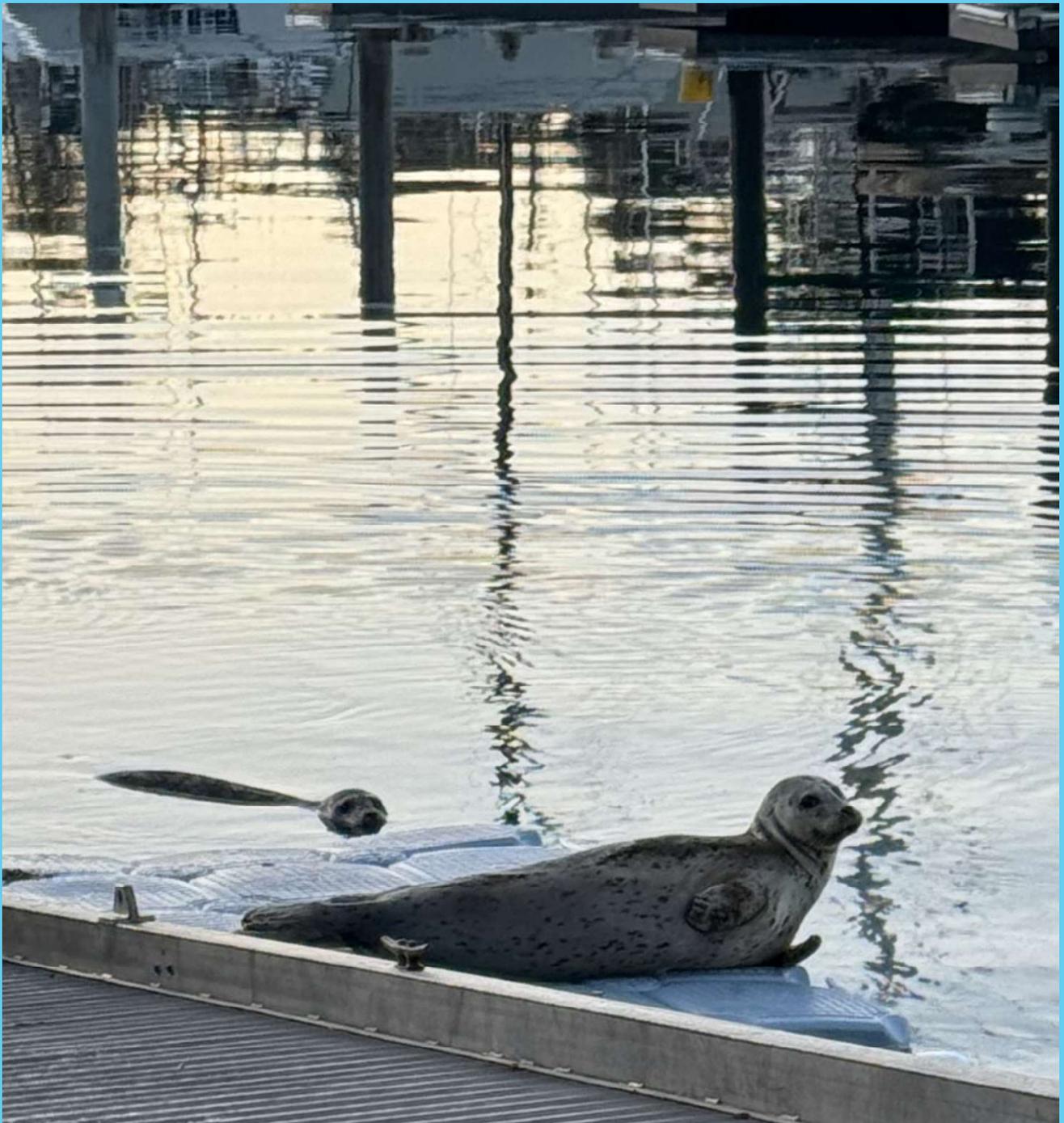
Implement provider education within the healthcare setting to streamline training efforts. This is a four-year grant cycle ending August 31, 2025. The initial grant was expected to support hiring a full-time Suicide Prevention Coordinator. During the second year of the grant, the County applied for and received additional funding to support the Tier Strategies. The County built capacity to offer Mental Health First Aid by adding 24 trainers, distributed safe storage lockboxes, and developed this Suicide Prevention Strategic Plan update.

To learn more, please visit:

[www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Comprehensive-Suicide-Prevention-\(CSP\).aspx](http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Comprehensive-Suicide-Prevention-(CSP).aspx)

CHALLENGES

SINCE 2019, THE COUNTY AND THE WORLD EXPERIENCED A GLOBAL PANDEMIC CAUSING MAJOR DISRUPTIONS IN SERVICE PROVISION. SANTA CRUZ COUNTY ALSO SUFFERED A DEVASTATING FIRE AND A SIGNIFICANT LOSS OF STAFF AND LEADERSHIP AS A DIRECT RESULT OF THE PANDEMIC.



STAFFING TRANSITIONS

The lasting pandemic had a critical effect on the County staffing patterns. Key leaders resigned from the County as did many clinical staff. The shortage of employees led to increased workloads throughout the County, but ultimately new leaders emerged to support the ongoing Suicide Prevention Plan implementation.

THE PANDEMIC & NATURAL DISASTERS

In early 2020, Santa Cruz, like other communities in the United States, locked down in the face of the worldwide pandemic. Santa Cruz County stayed locked down longer than most other communities and was able to keep the infection and death rates comparably low. The lockdown kept people in their homes, and the focus became transitioning to telehealth services and ensuring that consumers of mental health care had seamless access to comprehensive services from their homes. Provider and community training

offered through grant activities morphed to the virtual platform, and after a learning curve grant activities were able to resume.

In August of 2020 lightning struck and set off the Santa Cruz CZU lightning complex fires destroying over 900 homes and displacing thousands of people. The fire burned for 37 days and the County faced dual emergencies. This additional disaster caused widespread destruction. In the years following the fires, the increased risk of flooding during the rainy

season led to subsequent evacuations in areas with long-term fire damage and impacted County staff and services across the county. Additionally, the impact of extreme storm conditions and significant damage to our communities locally (which again necessitated the reassignment of County staff for emergency shelter purposes) provided a further challenge and impacted the implementation of the strategic plan.

PROGRESS

SUICIDE & CRISIS LIFELINE

On July 15, 2022, Family Service Agency of the Central Coast rolled-out local implementation of the transition from 1(800) 273-8255 to 9-8-8. In 2023, our local 9-8-8 call center experienced:

- **3,144** calls answered from Santa Cruz residents
- **73%** increase in the number of calls answered over a 12-month period July 2022 – June 2023
- **98%** of calls were answered in less than 20 seconds
- Lifeline staffing (“Responders”) increased from **6 staff to 16 staff**
- Began accepting **988 text/chat**



SUICIDE LOSS SURVIVORS PROGRAM

Support for those left behind is often overlooked, and it can result in severe mental and physical complications. Suicide Prevention Services of the Central Coast gives hope and care to those struggling as they continue to experience complicated trauma and grief.

93

LOSS PACKETS
DISTRIBUTED

36

SUICIDE LOSS
SURVIVORS
SUPPORT GROUP
MEETINGS

HELP IS 3 NUMBERS AWAY

211 maintains a comprehensive database of community resources and provides information and referrals for essential needs like:

- Food
- Housing and Shelter
- Utility Assistance
- Healthcare Services
- Government Services

211 also can connect people with information and referrals for:

- Transportation
- Legal Services
- Counseling and Support Groups
- Disaster Aftercare
- Everything Else



988 provides crisis support for:

- Thoughts of suicide
- Mental Health Crisis
- Substance Use Crisis
- Emotional Distress

911 also can connect people with information and referrals for:

- Medical Emergency
- Fire
- Reporting a Crime
- Disaster Response
- Life Threatening Situation

SPOTLIGHT ON MEANS SAFETY

Means safety is one of the most effective strategies for suicide prevention. The effectiveness of reducing access to lethal means has been demonstrated using a wide range of interventions in multiple countries. Numerous studies have also shown no evidence that individuals experiencing thoughts of suicide sought alternative means; in many cases, overall suicide rates decreased in areas where means safety strategies were rigorously implemented. Read more about the research support for means safety on the [Means Matter](#) web site.

Most periods of suicide crisis are fairly short in duration. Research has shown that the period of deliberation of a suicide attempt is less than one hour for the majority of people. By putting time and space between a person and lethal means, a lethal attempt is less likely.

Means safety for suicide prevention is about limiting a person's access to means, methods, or mechanisms by which they may attempt suicide. Strategies to promote safety in times of crisis or in anticipation of crisis include:

1. Place yourself or a person in a safer environment
2. Put a barrier between the person and the means (e.g., bridge barriers)
3. Increase the amount of time it takes for yourself or a person to access the means, for example by securely storing firearms, over the counter medications, or prescription drugs- this gives time for intervention or for the crisis to pass

The Means Safety Checklist outlines steps everyone can take to keep themselves and those they care about safe. More information and resources to support means safety efforts can be found on the Striving for Safety web site (strivingforsafety.org).

MEANS SAFETY CHECKLIST

If you are concerned about how to keep yourself or a loved one who is thinking about suicide or has attempted suicide safe in the home, this checklist offers a starting point.

- ✓ Learn the warning signs of suicide
- ✓ Have a conversation about suicide prevention
- ✓ Share crisis resources
- ✓ Keep medications securely stored at all times
- ✓ Dispose of unused, unwanted, or expired medications
- ✓ Review the steps to respond to a suspected drug overdose
- ✓ Keep guns securely stored
- ✓ Familiarize yourself with California law when considering storing a firearm outside the home
- ✓ Trust your instincts
- ✓ **Remember: you are not alone**

SPOTLIGHT ON POSTVENTION

The impact of a suicide death is devastating to families, friends, and others close to the person who died, and can ripple out to effect whole communities. Suicide deaths can also be traumatic for people who may not have known the individual who died but are affected by learning about the death or because they witnessed or otherwise been personally impacted by the death.

What happens after a suicide death can make a tremendous difference in the journey toward healing. Postvention is itself a form of prevention of future suicides.

Postvention refers to an organized response in the aftermath of a suicide to accomplish one or more of the following:

- Facilitate the healing of individuals from the grief and distress after a suicide loss
- Mitigate other negative effects of exposure to suicide
- Prevent suicide among people who are at high risk after exposure to suicide

Postvention response plans guide the process of mobilizing support and healing to those who are impacted by the death during a stressful time. They ensure that resources are offered in a timely manner and can also reduce the risk of future suicides by monitoring and responding to signs of distress as they appear. After Rural Suicide: A Guide for Coordinated Community

Postvention Response outlines key elements of a community postvention plan and provides templates and tools to guide the steps that can be taken to promote healing. Postvention plans can also be developed within specific settings. Examples include *A Manager's Guide to Suicide Postvention in the Workplace* and *After a Suicide: A Toolkit for Schools*.

Suicide loss support programs can help alleviate the feelings of isolation that often occur after losing someone to suicide. Connecting with others who have experienced the complicated grief that follows a suicide loss joins people together in a process of healing, regardless of whether the person who died was a friend, family member. Suicide Prevention Services of the Central Coast offers Suicide Loss Survivors support groups in Santa Cruz County.

For more information about suicide loss support, call **831-459-9373 ext. 5** or email sps24hr@fas-cc.org.



SPOTLIGHT ON TRAINING

Since 2022, with support from the SAMHSA and CDPH grants, Applied Crisis Training (ACT), SCCBH, and Suicide Prevention Services of the Central Coast (SPS), County residents and clinicians have had access to over 100 training and workshops from the following list.



Many of these trainings are offered on an ongoing basis.
For information of attending any of the trainings listed, please contact:
SuicidePrevention@santacruzcountyca.gov



Counseling on Access to Lethal Means (CALM)

– conveys skills to assist a person in formulating a plan to reduce access to lethal means through activities such as safe storage of firearms and medication

Applied Suicide Intervention Skills Training

(ASIST) – a two day comprehensive training to help attendees learn to recognize risk for suicide and equips them with a specific action model to help save lives

Mental Health First Aid (MHFA) – an 8-hour training course to help learn about signs and symptoms of psychological distress and tactics to aid people experiencing a crisis

SafeTALK – a 4-hour workshop to aid attendees in being more alert to someone thinking of suicide and better able to connect them with further help

Let’s Talk About It! - is an in-person, public event meant to raise awareness and educate community members about suicide

Columbia-Suicide Severity Rating Scale (C-SSRS)

for clinicians – a training to assist clinicians in learning to utilize evidence-based tools including the C-SSRS screening and the Stanley-Brown Safety Plan

THE PATH FORWARD: SANTA CRUZ COUNTY STRATEGIC PLAN FOR SUICIDE PREVENTION





STRATEGIC AIM 1: MAINTAIN AND BUILD LOCAL SUICIDE PREVENTION INFRASTRUCTURE

Suicide is a complex problem that requires ongoing solutions implemented by many sectors of society. Although behavioral health agencies are often tasked with leading suicide prevention efforts, responsibility lies with the whole community. No single agency or sector can solve this complex issue alone, but a diverse coalition that is truly representative of the community can ensure that suicide prevention gets the attention it deserves, as well as provide ongoing feedback and support to existing local agencies and their efforts.

- Goal 1: Maintain county staffing and an advisory group to provide leadership and support the necessary partnerships to reduce suicidal behavior in Santa Cruz County
- Goal 2: Collect and annually review data to better understand and address the problem and impact of suicide in our county
- Goal 3: Explore and coordinate funding and other resources for sustainability

STRATEGIC AIM 2: ENHANCE PROTECTIVE FACTORS BY PROMOTING WELLNESS AND PREVENTION, REDUCING STIGMA, AND ENSURING MORE PEOPLE IN SANTA CRUZ COUNTY ARE AWARE OF AND HAVE ACCESS TO SUICIDE PREVENTION AND MENTAL HEALTH RESOURCES

A comprehensive approach to suicide prevention includes strategies to increase protective factors such as connectedness, resiliency, sense of purpose, strong life skills, and access to effective services and supports when problems arise. They can also reduce the effects of risk factors for suicide and help prevent people from moving down the suicidal crisis path. See the *Spotlight on Training* on for more information.

- Goal 1: Develop and implement a coordinated bilingual English and Spanish public messaging, events, and media communications plan inclusive of 988
- Goal 2: Develop and implement a plan to continue offering prevention education and training for community members and a wide range of helpers

**STRATEGIC AIM 3:
INTERVENTION -- INCREASE
EARLY IDENTIFICATION OF
SUICIDE RISK; PROMOTE
CONNECTION TO SERVICES
BASED ON THE APPROPRIATE
AND LEAST RESTRICTIVE
SETTING AVAILABLE**

Early identification of suicidal ideation helps connect people to services and supports before a crisis occurs and alleviate the need for longer term or more intensive interventions. Strategies such as training, screening, and risk assessment can be offered in a variety of community settings that people are familiar with, such as schools, community centers, health care, and faith-based organizations.

- Goal 1: Formalize use of Columbia (C-SSRS) and Stanley-Brown Safety Plan within behavioral health
- Goal 2: Create system map of crisis resources in support of Crisis Now implementation
- Goal 3: Develop and disseminate supportive resources for individuals who have made a suicide attempt to help reduce risk of additional attempts
- Goal 4: Increase the effectiveness of treatment for people suffering from serious thoughts of self-harm by providing countywide training to behavioral health professionals on the Collaborative Assessment and Management of Suicidality (CAMS), an evidence-based approach.



**STRATEGIC AIM 4:
MEANS SAFETY: CREATE SAFE
ENVIRONMENTS BY REDUCING
ACCESS TO LETHAL MEANS
AND USING HARM
REDUCTION APPROACHES**

Reducing access to lethal means is the most evidence-based suicide prevention strategy. Numerous studies have shown that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. Restricting or reducing access to lethal means by persons at imminent risk of suicide is about helping the person to stay safe until they are in a better place. See the Spotlight on Means Safety on for more information.

- Goal 1: Partner with local gun shop and firing range owners and local law enforcement agencies to increase awareness of suicide prevention efforts, warning signs, and available resources
- Goal 2: Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose
- Goal 3: Distribute means safety information and tools to providers and community members

STRATEGIC AIM 5: POSTVENTION: IMPROVE THE AVAILABILITY AND ACCESSIBILITY OF TIMELY SERVICES AND SUPPORTS FOR PEOPLE WHO HAVE EXPERIENCED A SUICIDE LOSS

Grieving the suicide of a friend or loved one is different than grieving other kinds of loss. People may feel alone and not know where to turn for support. Mobilizing timely and effective supports to those impacted by a suicide death promotes healing and can even reduce the risk of subsequent suicides. See the ***Spotlight on Postvention*** on for more information.

- Goal 1: Distribute kits such as Local Outreach to Suicide Survivor (“LOSS”) Packets to support those bereaved by suicide through collaboration with community partners
- Goal 2: Develop a LOSS Response Team
- Goal 3: Increase the ability of local providers to support survivors of suicide loss through specialized training and resources



GET INVOLVED

CALL TO ACTION

We hope that all community members look at this plan, find where they fit in, and are inspired to take action and get involved.

- Suicide Prevention Services of the Central Coast and 988 crisis hotline Volunteer | Suicide Prevention Services
suicidepreventionservicecc.org
- Volunteer Center of Santa Cruz County
scvolunteercenter.org
- National Alliance on Mental Illness (NAMI) of Santa Cruz County Get Involved - NAMI Santa Cruz County namiscc.org
- American Foundation for Suicide Prevention
Volunteer with AFSP
afsp.org/volunteer-with-afsp/
- The Trevor Project
Opportunities with the Trevor Project
www.thetrevorproject.org/volunteer/
- Review the CDC's document [Preferred Terms for Select Population Groups & Communities](#)



Strategies we can all take include:

- Share the 988 Suicide Crisis Lifeline with family, friends, co-workers, and community
- Learn to recognize the warning signs for suicide and respond in a helpful way
American Foundation for Suicide Prevention's [Risk factors, protective factors, and warning signs](#)
- Attend a training or workshop to learn more and build your skills to help
- Donate resources or time to local organizations or events that are helping
- Volunteer or help with local efforts and events
- Share safe and effective messaging and resources on social media
- Utilize apparel, ribbons, pins, stickers, profile pictures, Zoom backgrounds, etc. with supportive mental health messaging and resources
- Use compassionate and person-first language when talking about suicide and mental health. Avoid using terms that imply criminality, like “committed suicide” or positive connotations “successful suicide” that are stigmatizing. Try to use terms like “died by suicide” that are neutral and treat suicide similarly to other causes of death
- View and share inspiring messages from young people at directingchange.ca.org
- Speak out to share your own story and normalize talking about mental health and our experiences with suicide

HOTLINES

National Suicide Prevention Lifeline

Free confidential hotline available 24/7. Anyone experiencing a mental health crisis may call. Services are provided in multiple languages.

Call **988** to speak to a counselor or visit:

<https://988lifeline.org>

Veterans Crisis Line

24/7 confidential crisis support through text, chat, and phone for veterans.

Dial **988** and press **1**, text **838255**, or go to veteranscrisisline.net to access chat.



The Trevor Project

Free confidential hotline, online chat, and text service that provides support to members of the LGBTQ community.

Call **866-488-7386** or visit

thetrevorproject.org to use text chat.

Trans Lifeline

A lifeline organized and operated by trans people, the Trans Lifeline provides fully anonymous and confidential support to trans individuals as well as family and friends.

Call **(877) 565-8860** or visit translifeline.org

to speak with a counselor.

Monarch Services Crisis Line

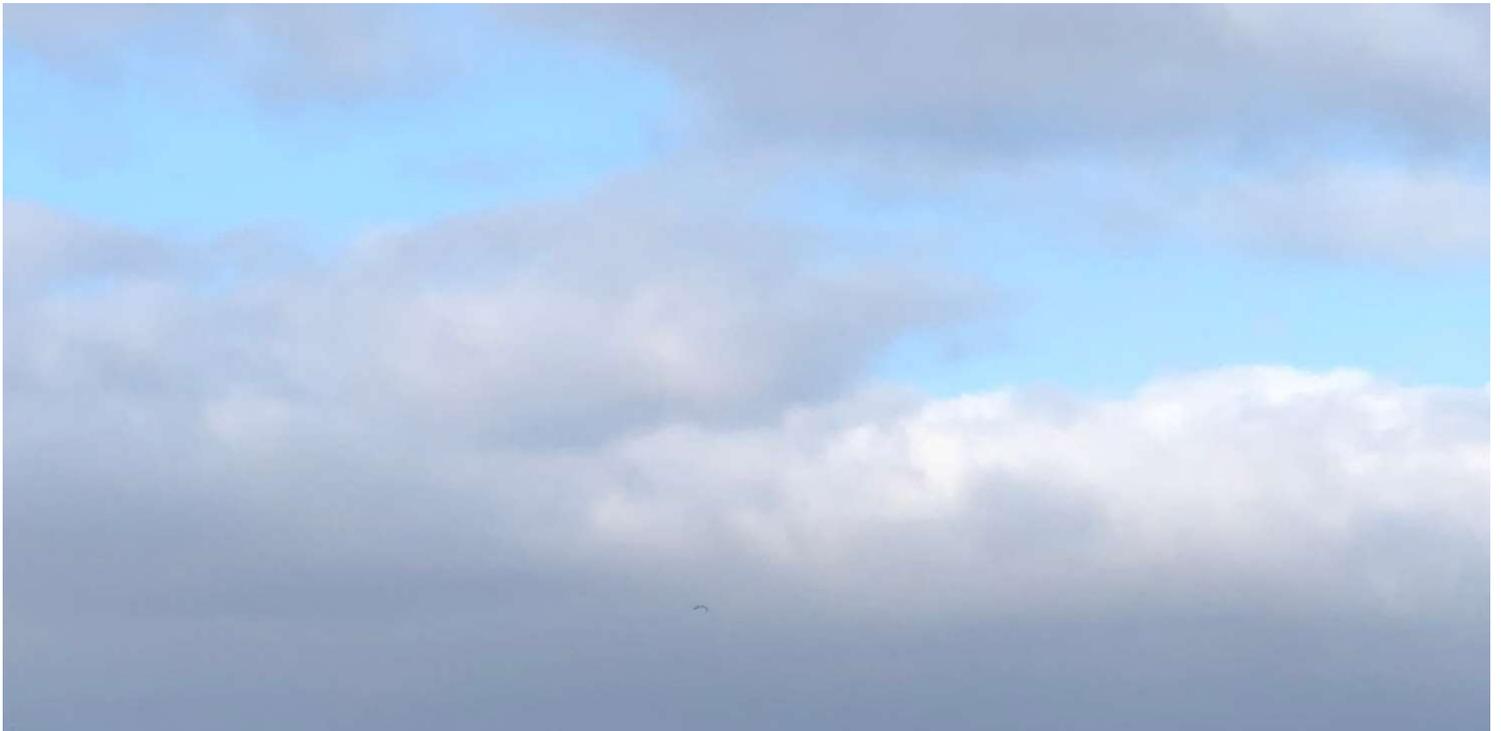
Trained advocates provide confidential support for anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship(s).

Confidential, available 24/7.

Call **(888) 900-4232** to speak to a counselor.

GRIEF AND LOSS SUPPORT

**IF YOU HAVE LOST SOMEONE TO SUICIDE,
THERE IS HELP. BELOW ARE RESOURCES
YOU CAN CONTACT TO CONNECT
WITH GRIEF SUPPORT SERVICES.**



Family Service Agency of the Central Coast Suicide Loss Survivors

FSA offers a peer support group for those grieving a suicide loss. They can also provide community resource referrals for counseling and other grief support services. Learn more at: suicidepreventionservice.org
Call (831) 459-9373 x5 or email sps24hr@fsa-cc.org

Hospice of Santa Cruz County

Grief support is available to hospice families and any community member who is grieving or anticipating the death of a loved one. Drop-in support groups are listed at hospicesantacruz.org/grief-support/. For information on scheduling an appointment or support group registration call (831) 430-3000 or email griefsupport@hospicesantacruz.org

GriefShare

A grief support group network that provides support in a structured way with expert seminar videos, personal reflection, and personal study. The support groups offered are for those grieving the death of a family member or friend. Visit griefshare.org to find support groups near you.

MENTAL HEALTH SUPPORT AND COUNSELING/SUPPORT GROUPS

COUNSELING - INDIVIDUAL AND FAMILY SUPPORT

Family Service Agency of the Central Coast (FSA)

Provides counseling, suicide prevention services, and support groups to residents of the Central Coast

Call: **(831) 423-9444**

Learn more at fsa-cc.org

Cabrillo College

Available to Cabrillo Students, Student Health Services provides crisis support, short term counseling, and referrals to community help.

To schedule an appointment. Call **(831) 479-6435**

or email healthservices@cabrillo.edu

Visit cabrillo.edu/student-health-services

Santa Cruz Community Health

Serves the primary health care needs of men, women, and children regardless of economic status. Offers primary care, pediatric services, mental health education, health coverage enrollment, food access programs, and more. Call **(831) 427-3500** to make an appointment.

Lighthouse Counseling

A program provided by Janus of Santa Cruz that provides affordable therapy services for individuals, couples, and families.

Call **(831) 462-1060** (English & Spanish)

for more information, or

www.lighthousecounselingsvc.com

The Diversity Center

Provides high quality, LGBTQ+ affirming mental health services to youth, family members, adults, seniors, and LGBTQ+ residents of Santa Cruz County.

Call **(831) 322-4870** or visit

www.diversitycenter.org/mhservices

Carelon Behavioral Health

Mental health care and counseling for Medi-Cal beneficiaries.
Call toll-free 24/7 **(855) 765-9700**

Pajaro Valley Prevention and Student Assistance, Inc.

Resources for families of PVUSD, offering counseling, substance use disorder services, mental health services, and family supportive services.

See www.pvpsa.org call **(831) 728-6445** or email admin@pvpsa.org

Shine a Light Counseling Center

Nonprofit committed to providing affordable therapy. Shine a Light offers sliding scale options and accepts Medi-Cal and victim compensation payments.

Request an appointment at:

shinealight.info or
call **(831) 996-1222**

Salud Para La Gente

Salud provides a variety of healthcare services including behavioral health and general healthcare.

Call **(831) 728-0222** for appointment availability.
Find out more at splg.org

PEER COUNSELING – SUPPORT GROUP**NAMI—National Alliance on Mental Illness**

Affordable and accessible behavioral and mental health services, community advocacy, and peer support groups. Leave a message at **(831) 427-8020**. One of NAMI's trained volunteers will return the call and assist in locating appropriate resources. Learn more at namisc.org

MHCAN - Mental Health Client Action Network

Peer-run wellness center for persons living with mental illness and addiction challenges

www.mhcan.org
Call **(831) 469-0462**

DOMESTIC VIOLENCE RESOURCES

Monarch Services—Bilingual Services

Support services for survivors of domestic violence and crisis counseling, including one-on-one sessions.

Call **(888) 900-4232** for 24/7 bilingual crisis line.

Learn more at monarchsc.org

UCSC CARE—Campus Advocacy Resources and Education

UCSC student support and resources for survivors of sexual assault, dating/domestic violence, and stalking. CARE is confidential and does not share information with anyone without explicit permission.

Call **(831) 502-2273** or email care@ucsc.edu

Request form available at <https://care.ucsc.edu>

Walnut Avenue Family and Women's Center

Support for families and survivors of domestic violence, including advocacy, information, support groups, emergency accommodation, and more.

Call **(831) 426-3062** to make an appointment.

If in immediate need of help call

(866) 2MY-ALLY (269-2559).

See www.wafwc.org for more information.

National Domestic Violence Hotline

Advocates are available 24/7 to discuss a relationship and help determine if it might be abusive.

Call **(800) 799-SAFE (7233)**, text "Start" to **88788**, or chat online at thehotline.org

IF YOU OR SOMEONE YOU KNOW IS EXPERIENCING A MENTAL HEALTH CRISIS, PLEASE REACH OUT FOR SUPPORT:

- Call **988** to speak to a trained counselor 24/7
- Go to the nearest hospital emergency room
- Call **911** for emergency services
- Trevor Lifeline for LGBTQ+ at **(866) 488-7386**
- Call the Trans Lifeline at **(877) 565-8860**
- Call the Veterans Crisis Line at **988** and press '1'
- Call or text **1-833-TLC-MAMA (1-833-852-6262)** for support for moms and their families before, during, and after pregnancy

Santa Cruz County Behavioral Health offers bilingual English/Spanish services.





If you are not in immediate danger but require crisis support, reach out to the 24/7 Santa Cruz Behavioral Health Services hotline at **(800) 952-2335** who will assess for hospitalization in a psychiatric crisis. Santa Cruz County Behavioral Health Services provides:

Walk in Crisis Services:

(800) 952-2335 - Crisis assessment and intervention services for adults and children.

Mobile Emergency Response Team (MERT):

(800) 952-2335 - Responds to sites to stabilize and support adults and children experiencing mental health crises.

Mental Health Liaison:

Through **911** Dispatch - Mental health clinicians who support individuals interacting with law enforcement.

Crisis Stabilization:

(831) 600-2800 - Crisis assessment, intervention, and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources.

Psychiatric Health Facility:

(831) 600-2800 - Locked 16-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. 24-hour treatment and care.



BEHAVIORAL HEALTH
HEALTH SERVICES AGENCY

YOU ARE NOT ALONE

Everyone needs help sometimes and there are multiple options to find help for ourselves or someone else. If you or someone you care about is in crisis or thinking of suicide, help and support are available.

