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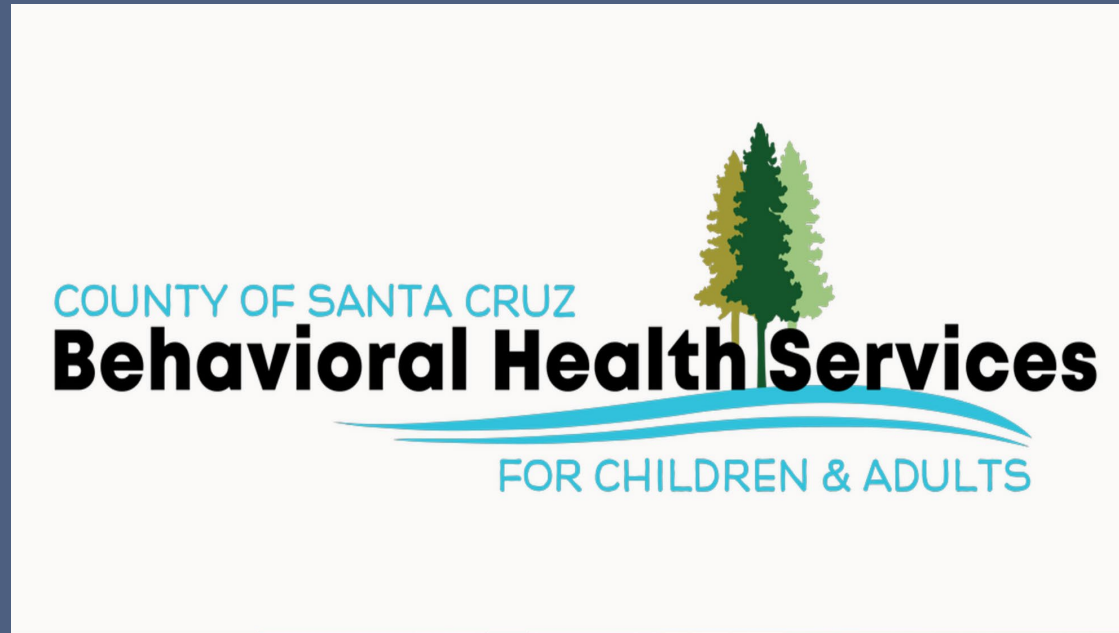
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Training & Systems Specialist

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Gratitude and Acknowledgement



What's with the semicolon?



- Symbolizes where an author could have ended a sentence, but didn't.
- Represents a period of crisis or suicidal crisis where someone could have ended their life/story, but didn't. Something or someone helped them to continue.
- Reminds us and others that staying alive through a period of instability or hopelessness (and continuing the story) is possible.
- The triangle/delta symbol represents: 1) The possibility of change, and 2) Three key components of building a suicide safer community – robust and coordinated Prevention, Intervention, and Postvention efforts.

Please take of yourself, especially today

While we are all passionate about suicide prevention, today's conversation may be more activating than others we will have.

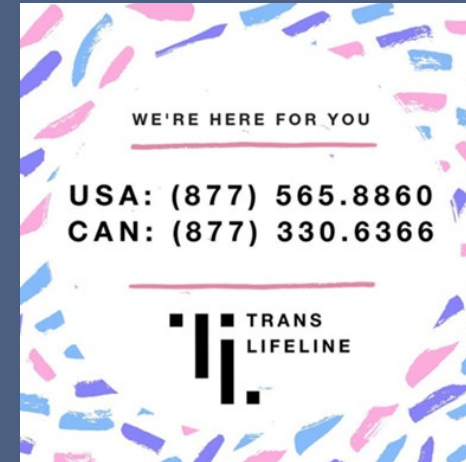
At any time, if you need to step away or take a break, please do so.

If you or someone you know needs support today...



Help Line: (831) 427-8020

Línea de ayuda en español: (831) 205-7074



BUILDING HOPE AND SAFETY SANTA CRUZ: SAMHSA GRANT OVERVIEW

- **History and Intent**
- **County, Community, and Program Partnerships**
- **Context, Timeline, and Implementation**
- **Primary Activities**



SANTA CRUZ COUNTY

Suicide Prevention Strategic Plan



Healthy People Living in Healthy Communities



The Path Forward

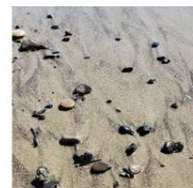
This strategic plan is envisioned to be a starting point for local efforts.



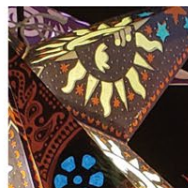
SANTA CRUZ COUNTY



INTRODUCTION



GOALS



KEY INFORMANT SURVEY

STRATEGIC PLAN

Program Areas

PREVENTION



INTERVENTION



POSTVENTION



Essential Elements



COMMUNICATION



TRAINING



DATA



EVALUATION

SAMHSA COVID-19 Emergency Response for Suicide Prevention





Suicidal Crisis Path and Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention

“The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual’s suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening.” (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

OVERVIEW

- **Suicide Prevention and Intervention Training**
- **Suicide Risk Screening, Assessment, and Safety Planning – resources and recommendations**
- **Awareness of and Access to Resources**
- **Supports for Suicide Loss Survivors**
- **Local and Statewide Resources and Tools**





Safe Support for Individuals and Families:

Domestic Violence
Sexual Assault
Human Trafficking
Healthy & Safe Relationships

1-888-900-4232

**24-Hour Bilingual Crisis Line:
Domestic Violence, Sexual
Abuse and Human Trafficking**

Programs Include:

- Crisis Intervention Program
- Children and Youth Program
- Education and Community Outreach Program
- Emergency Shelter
- Technology Safety
- Teen Violence Programs
- Positive Solutions Program





COMMON TERMS AND INFORMATION

Access Team: Evaluates all requests for non-emergency services for those not currently receiving services from County Mental Health or community mental health providers.

Adult Mental Health Services Program: Part of Santa Cruz County Health Services Agency, providing services to those with serious and persistent mental illnesses, ranging from transition age youth (18–25) to older adults (over 60).

Assessment: A mental health evaluation to determine an individual's mental health status and needs, including whether the individual qualifies for Santa Cruz County Behavioral Health Services.

Child and Adolescent Behavioral Health Services: Comprehensive, strengths-based, culturally and linguistically appropriate services for Medi-Cal eligible youth who have moderate to severe behavioral health needs.

Consumer: Term often used to refer to an individual receiving mental health services.

Crisis Stabilization Program (CSP): Provides crisis assessment, crisis intervention, and disposition planning for individuals experiencing a psychiatric emergency for both voluntary and involuntary individuals.

Inpatient Services: Services provided while an individual is hospitalized.

Patients' Rights Advocate/Ombuds: Protects the rights of all consumers of mental health services. Free and confidential. Call (831) 429-1913 or www.advocacy-inc.org.

Outpatient Services: Services that do not require hospitalization and/or are received while keeping current living arrangements.

Psychiatric Health Facility (PHF): A locked acute psychiatric inpatient program for people who are having a mental health emergency and need more intensive treatment and support.

Psychiatric Hold (5150/5585): Allows for involuntary evaluation and mental health treatment for up to 72 hours. May be mandated by a designated authority when an individual is determined to be a danger to themselves and/or others or gravely disabled due to a mental health issue.

Psychiatrist: A medical doctor with specialization in diagnosing and treating mental illnesses. Psychiatrists utilize therapy, medicine, and other modalities to treat patients.



STIGMA

Stigmas are negative assumptions that society or a person has about something. Examples of mental health stigmas include the idea that everyone with mental health issues is dangerous or that they are not reliable or responsible when being considered for a job or housing. Stigmas can discourage individuals from seeking help and jeopardize participation in ongoing treatment, support, or recovery. Fortunately, there are many ways to reduce stigmas and replace them with compassion and empathy. These ways include:

- Thinking and talking about mental health along a spectrum that includes everyone.**
- Encouraging individuals to seek help, recognizing that everyone needs support sometimes.**
- Making it easy for someone to reach out for or get help.**
- Using person-centered language like "a person with schizophrenia" rather than "a schizophrenic." A person is not a diagnosis.**
- Promoting and supporting those who are willing to speak about their experiences.**
- Supporting accurate representations of mental health and mental illness, such as in the media.**
- Getting involved in legislation, advocacy, and activism that challenges stigma and protects the rights, welfare, and dignity of those with lived mental health experiences.**

Therapist/Psychologist: Licensed professionals who specialize in the treatment of mental illnesses. Therapists and psychologists do not prescribe medication.

Rehabilitation: Services to improve, maintain, or restore an individual's ability to thrive and function. May include life skills, symptom management, and personal and social skills.

Therapy: An intervention that focuses on symptom reduction to improve everyday wellbeing. Delivered individually, to families, or in group settings.



CRISIS WARNING SIGNS

Mental health crises can manifest in different ways for each person and vary across age groups. While individuals may want help, it can be difficult to ask or know how to get it. However, there are some common warning signs that may indicate someone needs help. If you observe any of the following—especially if they are new behaviors—don't be afraid to speak up.

► Adults

- Talking about wanting to die
- Excessive worrying or fear
- Giving away possessions
- Extreme mood changes
- Difficulty concentrating
- Changes in sleep habits
- Avoiding friends/social activities

► Youth

- Changes in school performance
- Frequent outbursts
- Excessive worry or anxiety, such as fighting to avoid bed or school
- Giving away personal belongings
- Neglecting personal hygiene
- Disengaging from activities

www.suicideispreventable.org

FEEDBACK/CORRECTIONS

Email suicideprevention@santacruzcounty.us

Information and resources provided herein verified as of September 2022. This guide not intended as legal or medical advice or treatment.

Design by Dori Ward, dorigraphics.com

SANTA CRUZ COUNTY MENTAL HEALTH POCKET GUIDE

Local resources for
community members
who may be experiencing
mental health crises
or challenges

ACT Applied Crisis Training
and Consulting

COUNTY OF SANTA CRUZ
Behavioral Health Services
FOR CHILDREN & ADULTS

Additional resources and more
information available at:
211santacruzcounty.org/ and

[santacruzhealth.org/HSAHome/
HSADivisions/BehavioralHealth.aspx](http://santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth.aspx)





DOMESTIC VIOLENCE RESOURCES

► Monarch Services—Bilingual Services

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

Call **(831) 722-4532** 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 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.

CONFIDENTIALITY AND ANONYMITY

Community resources may offer support confidentially or anonymously. Confidential means the service provider you receive help from collects your information and acts to protect any identifiable information. Anonymous means no personal or identifying information is collected at all.



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.

In Santa Cruz call: **(831) 423-9444 x200**

In Soquel and South County call:

(831) 346-6767 x200

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.

Call **(831) 479-6435** or email healthservices@cabrillo.edu to schedule an appointment.

cabrillo.edu/student-health-services

► East Cliff Family Health Center

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 see janussc.org/lighthouse-counseling/

► Salvation Army Santa Cruz Community Center

Provides a variety of services including pantry, lunches for the unhoused, clothing, and recovery programs for substance abuse.

Call **(831) 426-8365**.

► Beacon Health Options

Psychiatric consultation, psychological and neuropsychological testing, and outpatient drug therapy monitoring.

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 namiscc.org.



If you or someone you know is experiencing a mental health crisis, please reach out for support:

- Call **988** or **(800) 273-8255** to speak to a trained counselor 24/7
- Go to the nearest hospital emergency room
- Call **911** for emergency services
- Contact Trevor Lifeline for LGBTQ individuals at **(866) 488-7386**
- Reach out to the Trans Lifeline at **(800) 565-8860**
- Call the Veterans Crisis Line at **(800) 273-8255**

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 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**
responds to sites to stabilize and support adults and children experiencing mental health crises.
- **Mental Health Liaison:** 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 1-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. 24-hour treatment and care.

County Participation and Resources

California's Suicide Prevention Plan 2020-2025



Download the plan here:

https://mhsoc.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454

Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

Advancing Strategic Planning for Suicide Prevention in California
Fiscal Years 2018-2020

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CalMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

Steps of Strategic Planning

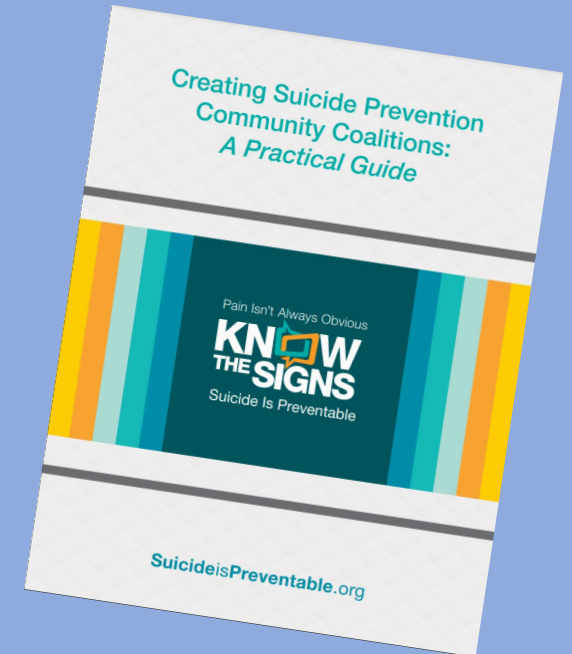
Strategic Planning Framework

The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred), focusing on whole populations rather than individuals, and addressing health disparities and access.

It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.
- Toby Guerin, Nevada County Public Health

The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

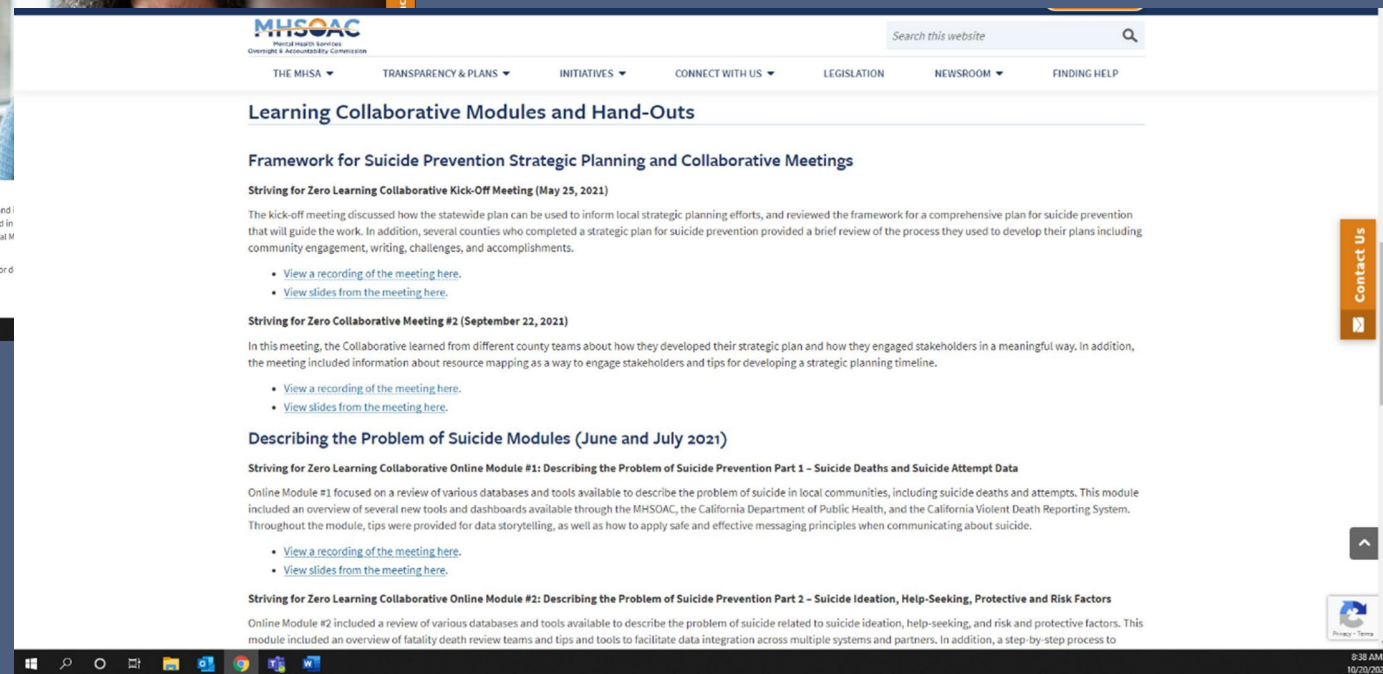
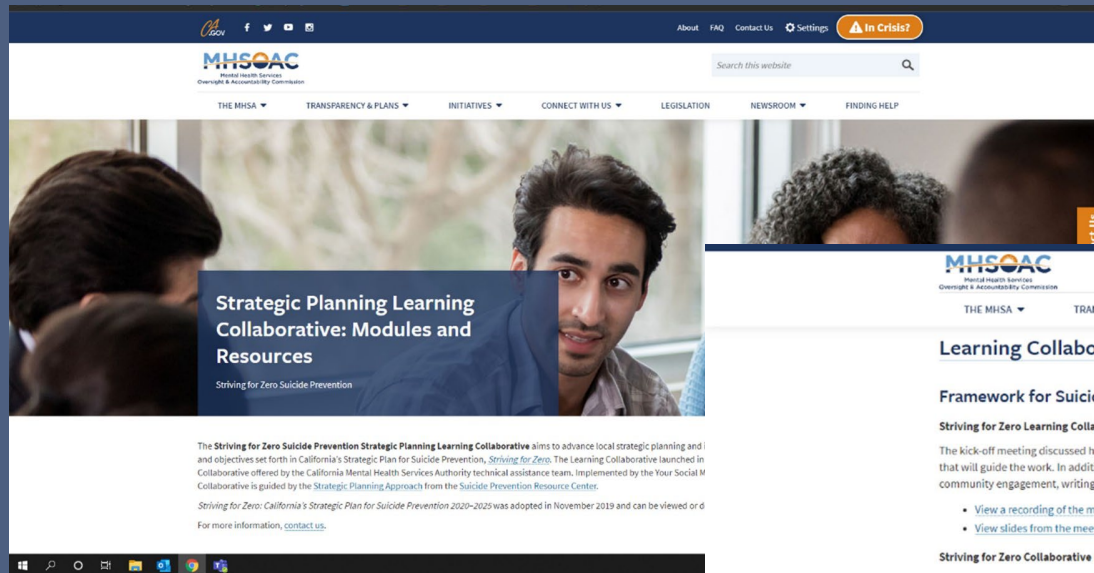
Each Mind MATTERS
The Learning Collaborative was designed and implemented by Your Social Marketer, Inc.



Striving for Zero Learning Collaborative

- Resource for Santa Cruz (and other counties) to plan, implement, evaluate, and grow suicide prevention, intervention, and postvention efforts.
- Direct assistance from team of subject matter and strategic planning experts for key areas (e.g. develop a youth-focused action plan or workgroup for suicide prevention efforts in our County)
- All-County modules and meetings on specific topics (e.g. supports after a suicide attempt); sharing best practices, successful models, and navigating challenges.

Striving for Zero Learning Collaborative Resource Page





safeTALK

Suicide Alertness for Everyone: 8 trainings provided through grant period

safeTALK is a half-day interactive training in suicide alertness that...

- Teaches participants to identify people at risk of suicide and connect them with life-saving intervention resources
- Is widely used by both professionals and the general public—over 50,000 people attend yearly
- Is open to everyone 15 years old or older



ASIST

Applied Suicide Intervention Skill Training Workshops: 8 provided throughout grant period

ASIST is a highly rated, two-day, in person, interactive workshop in suicide intervention skills.
It...

Teaches participants to identify people at risk of suicide and intervene to help them stay safe

Offers something to every participant, no matter how experienced

Is widely used by both professionals and the general public—over 120,000 attend yearly

Is open to anyone 16 years old or older

Includes: trainer presentations, audiovisuals, discussions, simulations and practice



MENTAL
HEALTH
FIRST AID®

3 options:

In-person, Full day

Blended In-person: Partial day (w/self-paced pre-work)

Blended Virtual: Partial day on Zoom (w/self-paced pre-work)

Full-day Adult Mental Health First Aid Training: 3 Workshops provided throughout the grant period.

“

It really gives the skills you need to identify — and ultimately help — someone in need.”

First Lady

Michelle Obama

MHFA Trained



Counseling on Access to Lethal Means

- 6 provided throughout the grant period
- Can be completed independently online
- Live courses also facilitated locally, with interactive elements and a focus on local and state resources
- Through this course, participants learn the value of means counseling and means safety strategies, as well as the skills to address this with clients or those at-risk.
- Handouts for this course include the following:
 - The Basics of Firearms
 - What Clients and Families Need to Know
 - Clients Who Need Lethal Means Counseling
 - Firearms Laws Relevant to Lethal Means Counseling
 - What Clinicians Can Do

Striving for Safety:

A Resource for Community Members and Professionals
(currently in soft launch)

**Mental Health Services Oversight and Accountability
Commission: www.strivingforsafety.org**

StrivingForSafety.org



[Home](#) [Means Safety](#) [Community Resources](#) [For Organizations](#) [For Survivors](#) [Suicide Prevention](#)



Means Safety: Striving to Keep a Loved one Safe from Suicide

Welcome. This website is designed to support you to increase safety for yourself or a loved one, friend, colleague, or client when suicide risk is elevated. Limiting a person's access to means by which they may cause themselves harm is called *lethal means safety*, and here you'll find information about a range of strategies to promote safety in times of crisis or in anticipation of crisis.

Adding time between thoughts of suicide and a person's ability to obtain lethal means for an attempt represents a practical, lifesaving approach to prevent suicide.

Means Safety Checklist: Striving to Keep a Loved One Safe From Suicide

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

Getting Started ▶



Preventing Firearm Suicide ▶

Firearm safety strategies that can be applied in the home or at retail stores.

Overdose and Poisoning ▶

Tips to reduce access to medications and other potential poisons, immediate steps you can take to respond to an overdose, and suicide prevention strategies in pharmacy settings.

Strangulation and Suffocation ▶

Strategies that can be applied in the home, jails, hospitals, and other environments.

Signage, Barriers, and More ▶

Environmental strategies for community planners that place barriers and signage to create time and space for the individual in pain to reach out for help.

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

You are not alone. For immediate help call or text **988** or chat **988lifeline.org** to reach the Suicide & Crisis Lifeline.



Striving for Safety: Firearms

Means Safety

Firearm Safety

Overdose & Poisoning

Suffocation & Strangulation

Signage & Barriers

Firearm Safety

Firearms are a leading method of suicide in the United States. Every step we can take to put barriers or “speed bumps” between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. This page offers strategies to incorporate suicide prevention into firearm safety practices.

In the Home >

For Retailers and Ranges >



Striving for Safety: Firearms (In the Home)

Informs community members about steps to prevent suicide including:

- Awareness and tools conversation
- Suggestions for safe storage
- Importance and strategies for storage outside of home

The screenshot shows a webpage with a sidebar on the left containing navigation links: Means Safety, Firearm Safety (highlighted), Overdose & Poisoning, Suffocation & Strangulation, and Signage & Barriers. The main content area is titled 'Firearm Safety' and includes an introductory paragraph, a sub-section 'In the Home', and a list of four numbered steps. A callout box on the right lists four storage options, each with a dropdown arrow.

Means Safety

Firearm Safety

Overdose & Poisoning

Suffocation & Strangulation

Signage & Barriers

Firearm Safety

Firearms are a leading method of suicide in the United States. Every step we can take to put barriers or “speed bumps” between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. This page offers strategies to incorporate suicide prevention into firearm safety practices.

In the Home

There are a number of ways you can help keep yourself or a loved one safe in the home.

- 1. Learn the warning signs for suicide and crisis resources.**
If you are concerned about yourself or someone else and observe one or more warning signs...
More >
- 2. Keep guns securely stored.**
It’s important to keep guns...
More >
- 3. Have a conversation about guns.**
When you’re worried that...
More >
- 4. Consider additional safety precautions such as storing a firearm off-site or outside the home.**
Putting time and distance between a person at risk for suicide and a gun can save a life. To keep yourself, your family, or your friends safe when someone is experiencing thoughts of suicide, one of the most effective steps you can take is to limit access to firearms by securing firearms safely outside of the home. There are some things to consider before transferring firearms to a gun shop or to a family member or friend. Please note that the law can change and that these tips were written based on information available in September 2022.

For Retailers and

- Storing a gun at a gun shop or shooting range ▼
- Storing a gun with a friend or family member ▼
- Storing a gun with law enforcement ▼
- What if storage or disposal isn’t an option? ▼

Striving for Safety: Firearms (Ranges and Retailers)

Provides recommendations for ranges and retailers:

- Promote suicide prevention (required by law to post NSPL)
- Offer trainings on suicide prevention
- Implement safe storage efforts
- Incorporate suicide prevention if firearm safety courses
- Resources for postvention guide

Means Safety

Firearm Safety

Overdose & Poisoning

Suffocation & Strangulation

Signage & Barriers

Firearm Safety

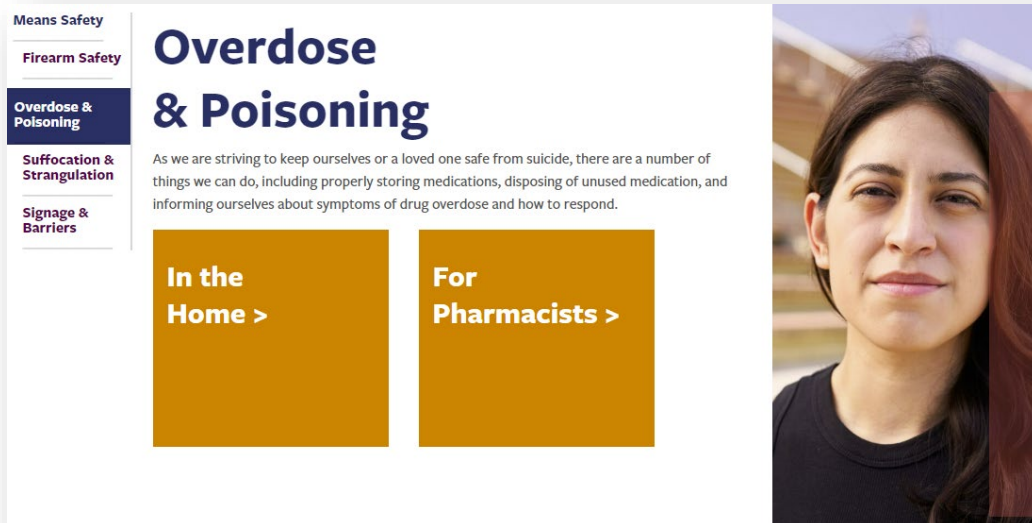
Firearms are a leading method of suicide in the United States. Every step we can take to put barriers or “speed bumps” between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. This page offers strategies to incorporate suicide prevention into firearm safety practices.

For Retailers and Ranges

Each year in the United States, the number of people who die by suicide using a firearm is substantially greater than those who die of firearm-involved homicide. Firearms retailers and ranges are uniquely positioned to play a significant role in incorporating suicide prevention into their existing firearm safety processes and efforts. Here are some steps you can take to help safeguard your customers and communities:

- ✓ Educate yourself and your staff about the **warning signs for suicide**, how to have a conversation with someone you are concerned about, and available resources.
- ✓ Host a suicide prevention training for your staff. Visit the **Community Resources** page to find organizations who may offer trainings in your area.
- ✓ Incorporate suicide prevention education in firearm safety courses. Download slides and talking points **COMING SOON**.
- ✓ Display suicide prevention materials, such as a poster or brochures, on your premises or include them with each new firearm purchase. Download free materials **COMING SOON**.
- ✓ Losing someone to suicide involves complicated grief and it can be helpful to prepare how to support your staff, organization, and community in the event of such a loss. Learn about protocols and procedures you can put in place if one of your members or customers dies by suicide. Order the AFSP-NSSF postvention guide for gun ranges [here](#).

Striving for Safety: Overdose



The screenshot shows a webpage with a sidebar on the left containing navigation links: Means Safety, Firearm Safety, **Overdose & Poisoning**, Suffocation & Strangulation, and Signage & Barriers. The main content area features the title 'Overdose & Poisoning' and a paragraph: 'As we are striving to keep ourselves or a loved one safe from suicide, there are a number of things we can do, including properly storing medications, disposing of unused medication, and informing ourselves about symptoms of drug overdose and how to respond.' Below this are two orange buttons: 'In the Home >' and 'For Pharmacists >'. To the right of the text is a portrait of a woman with long dark hair.

Informs community members about steps to prevent suicide including:

- Awareness and tools for conversation
- Steps for safe storage
- Safe disposal

Overdose & Poisoning

In the Home

Implementing safety precautions in your home is a starting point for keeping your loved one safe.

1. Keep medications securely stored at all times.

Medications, including over the counter and prescription, should always be kept in their original

[More >](#)

2. Be vigilant about keeping track of your inventory of pills and refills.

Carefully note when and how much medication has been taken, so you're aware of how much is

[More >](#)

3. Dispose of unused, unwanted, or expired medications.

The best way to dispose of medications is to drop them off at a local safe disposal site. You can

[More >](#)

4. Use the proper containers.

Always use products with child-resistant caps but remember they are not childproof. Keep

[More >](#)

5. Be aware of poisonous substances.

Poisons are any substance that in a high enough quantity can cause illness, injury, or death when

[More >](#)

6. Maintain working carbon monoxide detectors.

Carbon monoxide is a deadly gas that you cannot hear, smell, or see. Every home with at least

[More >](#)

7. Review the steps to respond to a suspected drug overdose.

Taking drugs (legal, illegal, prescribed, or over the counter) in amounts higher than necessary or

[More >](#)

[For Pharmacists >](#)

Training for Pharmacists

One-hour training for pharmacists, available for free:

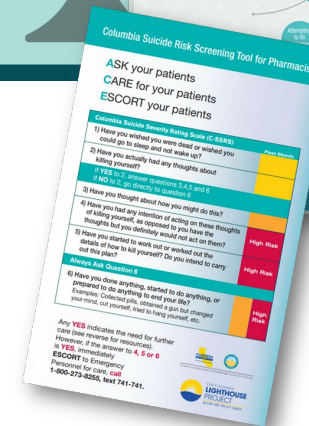
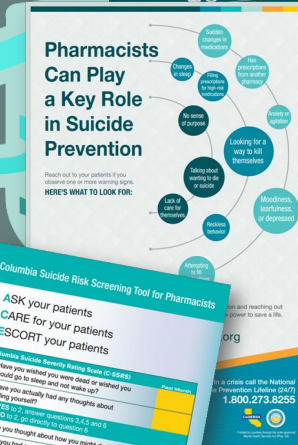
- Provides general information on recognizing suicide risk
- Reviews screening protocols using C-SSRS
- Provides opportunity to request hard copy of materials

To register, visit: <http://www.yoursocialmarketer.com/pharmacist-gatekeepers/>

Pharmacists as Gatekeepers in Suicide Prevention

Presented by Dr. Kelly Lee, Professor of Clinical Pharmacy & Associate Dean and Dr. Nathan Painter, Professor of Clinical Pharmacy at UC San Diego Skaggs of Pharmacy and Pharmaceutical Sciences, this webinar will provide insight into the role pharmacists, as frontline responders, and gatekeepers, can play in suicide prevention. Webinar content will include an overview of suicide prevention, how to counsel on medications that are high in lethality or increase risk of suicidal thoughts, and a variety of resources. Attendees will walk away with an increased understanding on how to identify warning signs of suicide, how to have a conversation with a patient, and how to provide that patient with help.

CAPE Continuing Education Credit Provided!



Striving for Safety: Suffocation and Strangulation

Suffocation & Strangulation

It can be challenging to limit access to some types of means within the home. If you are concerned that someone in your home is at risk for suicide, have a conversation with them. Ask directly if they have thought about how they might attempt suicide, or what items they might use. Most often, people thinking about suicide have specific methods they plan to use and oftentimes they don't deviate from their plan. Identifying an intended method can help you make a plan to reduce access to particular means.

In the Home >

In Controlled Environments >



In the Home

1. Take a good look around your home.

Reducing access to certain points (e.g., beams, door/n changing knobs to non-lock attempt. However, it is imp prolonged periods or perm

2. Complete a safety plan.

The Safety Planning Interv The Safety Planning Interv Safety Plan should be devel options. **SuicideSafetyPla** safety plan. Consider down Google Play.

If you are thinking about personal stories by thos coping strategies. Their

3. Stay vigilant and

If you are concerned that a sharp objects, or suffocatio care may be needed such a loved one to explore the op

4. You are not alone

You are not alone in helping and more are available to y assess the level of risk in a crises last for a brief perioo remove items that could be

In Controlled Environments

A number of suicide prevention strategies can be put in place in controlled environments such as hospitals, jails and prisons, and police custody.

1. Learn to recognize suicide warning signs and risk factors.

One effective strategy that organizations can implement is offering trainings on recognizing and responding to suicide risk to all staff in the organization. Another is to offer educational materials and crisis resources to family members and caregivers during visitation and at discharge.

2. Have suicide risk screening and assessment trainings and protocols in place to determine suicide risk level.

It's important to provide staff with training in determining risk level using screening and/or assessment. By clearly defining protocols to follow based on risk level, staff will be more effective in recognizing and responding to suicide risk and able to use the strategies they've learned to help keep people safe.

3. Conduct an environmental scan and implement safety technologies.

Such as effective monitoring and supervision; collapsible shower heads, light fixtures, and doorknobs; and specially designed bedding that's resistant to tearing.

4. Include counseling on access to lethal means and development of a safety plan as part of discharge protocols.

These interventions have been shown to reduce suicide risk and suicide attempts following discharge. For more information, please review **Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safer**.

5. Have a postvention plan in place to guide the response if a client, inmate, or staff member dies by suicide.

Responding effectively after a suicide death can help people to process trauma in healthier ways and reduce the risk of additional suicides.

National Commission on Correctional Health Care, Suicide Prevention Portal

This website details requirements for a comprehensive, multipronged suicide prevention and intervention program in various settings: Jails, Prisons, Juvenile Facilities, Mental Health Services and Opioid Treatment Programs.

www.ncchc.org/

Informs community members and professionals:

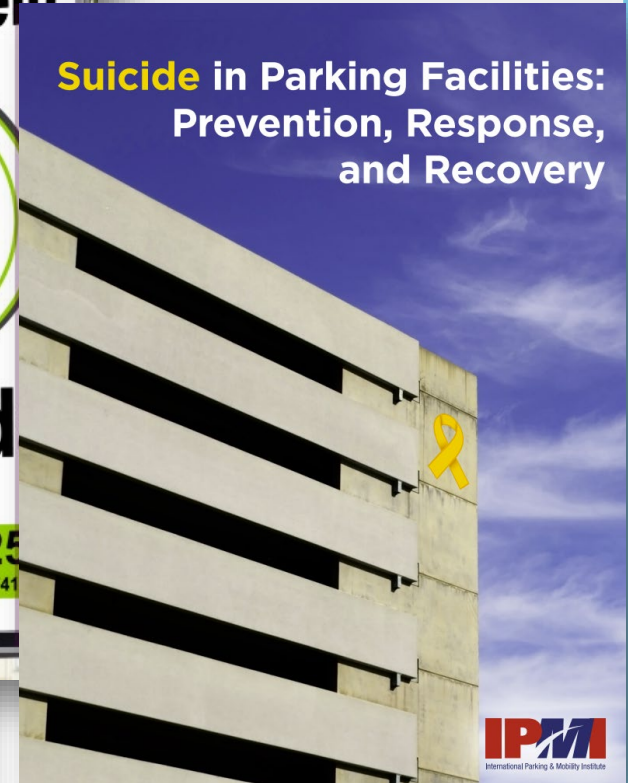
- Steps to reduce risk in home
- When to seek higher level of care
- Emphasizes general prevention
- Resources for controlled environments

Striving for Safety: Signage and Barriers

Provides information, toolkits, and research related to implementation of safety barriers at various sites:

- Bridge and overpass barriers
- Parking structures
- Railway efforts
- Signage (examples)

The screenshot shows a webpage with a sidebar menu on the left containing the following items: Means Safety, Firearm Safety, Overdose & Poisoning, Suffocation & Strangulation, and Signage & Barriers (which is highlighted). The main content area is titled "Signage & Barriers" and contains several paragraphs of text. At the bottom, there is a list of categories with dropdown arrows: Bridge Barriers, Parking Structures, Railway Efforts, and Signage.



Suicide Risk Assessment & Safety Planning: Required Training

Using evidence-based tools (Columbia Scale and Stanley & Brown Safety Plan) within a system of care and community, to achieve better safety outcomes.

Start time: 9:00 a.m.

End time: 5:00 p.m.

Lunch break: 12:15 p.m. – 1:15 p.m.

Cost: Free (supported through Building Hope and Safety Santa Cruz)

Register here for one date:
forms.office.com/r/YSYnqxwuyB



NOVEMBER 4
SANTA CRUZ CIVIC

NOVEMBER 15
TWIN LAKES (APTOS)

DECEMBER 2 9:00-5:00
WATSONVILLE CIVIC

JANUARY 9, 2023
VIRTUAL 9:00-5:00

Learning Objectives

Participants will:

- Be able to state the importance of collaboration with a person-at-risk in the course of intervention.
- Report increased familiarity with local prevention, intervention, and postvention supports and resources, as well as how to connect someone with these.
- Report improved confidence and effectiveness utilizing the C-SSRS screener and assessment tools during clinical assessment and client interactions.
- Report increased knowledge of how to utilize the Stanley & Brown Safety Plan tool in conducting an effective intervention and disposition.
- Identify useful tools and resources for consistent debriefing and for addressing vicarious traumatization and compassion fatigue.
- Report increased knowledge of resources for those affected by suicide death.
- Report being prepared to connect those affected by suicide death with resources or care.

Please note: Providers must disclose, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.

Full-day Custom Training:

Risk Assessment and Safety Planning with the Columbia Suicide Severity Rating Scale (C-SSRS) and Stanley-Brown Safety Plan

4 Workshops (3 in-person, 1 virtually)

“It’s about saving lives and directing limited resources to the people who actually need them.”

- Dr. Kelly Posner Gerstenhaber, Founder and Director



For information on the substantial evidence supporting the Columbia Protocol, visit this site to access a Supporting Evidence document:

<https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/>

Striving for Zero: California Strategic Plan



STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties

Local and Regional Objectives

Objective 8f Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports. Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk. Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions. Build capacity and sustainability for suicide prevention training across systems using train-the-trainer models or evidence-based online trainings.

Objective 8g Screen people seen in health, mental health, and substance use disorder care settings for suicide risk and deliver best practices in suicide risk assessment and management to those who screen positive for risk. Such settings include state and local correctional facilities.

- Suicide screenings can follow positive results on other screening tools. For example, screening specific to suicide risk should follow positive screens for depression, anxiety, trauma, physical pain, and problem alcohol, drug use, and eating. Comprehensive suicide risk assessments follow screening.
- The Joint Commission recommended the use of screening and assessment tools that include the following: Ask Suicide Screening Toolkit (ASQ) by the National Institute of Mental Health; the Columbia—Suicide Severity Rating Scale (C-SSRS) Triage Version; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; Suicide Behavioral Questionnaire Revised; Scale for Suicidal Ideation-Worst; and the Beck Scale for Suicide Ideation.²⁹

Objective 8h Integrate best practices in suicide risk assessment and management in health, mental health, and substance use disorder care settings and workflows. Create uniform policies and procedures to make screening, assessments, and decision-making routine. Clarify billing methods for services.

Objective 8i Deliver training to key action partners for conducting suicide screening in community-based settings when a person is identified as exhibiting warnings signs or communicating a desire to die. The Columbia-Suicide Severity Rating Scale has been adapted to meet the needs of diverse settings and populations and can be accessed for free here: <http://cssrs.columbia.edu/>.

C-SSRS: What is it?

- The Columbia Suicide Severity Rating Scale is a measurement tool designed to identify and measure suicide risk.
 - Presence of suicidal ideation (thoughts about suicide)
 - Intensity of those thoughts
 - History of suicidal behavior (attempts, preparatory bx)
- A handful of specific questions for each area help develop a sense of the client's current risk level

How do we use these?

- Clearly and directly asking the questions from the assessment tool helps us get a picture of suicide risk.
- Simply asking these questions can help you and the person.
- Responses can help with treatment recommendations.
- Responses can be used to develop a safety plan and identify where more support is needed.
- Fidelity, Empathy, Curiosity, and Directness can help ground us in being successful in our use of these tools.

Goals of Effective Interactions/Interventions

- Identify and **boost protective factors** (where possible)
- Identify and **minimize risk factors** (where possible)
- Provide the person with individualized care and support
- Identify environmental, personal, and other **variables** that can boost or threaten safety (e.g. managing access to means for suicide).
- Start the process of **de-escalation and stabilization**
- Lower and determine the level of risk of the individual.
- **Appropriately triage** the response to the identified risk (guide safety plan recommendations)
- **Effective documentation** for continuity of care

Risk & Protective Factors

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/> Hopelessness
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/> Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/> Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			<input type="checkbox"/> Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/> Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/> Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/> Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/> Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/> Aggressive behavior towards others
Activating Events (Recent)			<input type="checkbox"/> Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/> Refuses or feels unable to agree to safety plan
Describe:			<input type="checkbox"/> Sexual abuse (lifetime)
			<input type="checkbox"/> Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness		Protective Factors (Recent)
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/> Identifies reasons for living
Treatment History			<input type="checkbox"/> Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/> Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/> Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/> Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/> Engaged in work or school
Individual Risk Factors			Individual Protective Factors
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>

Notes:

Screening Tools for Suicide Risk

Columbia Suicide Severity Rating Scale Screener version with triage guidance

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should seek behavioral healthcare.
However, if the answer to **4, 5 or 6** is **YES**, get **immediate help: Call or text 988, call 911 or go to the emergency room.**
STAY WITH THEM until they can be evaluated.



Download
Columbia
Protocol
app



Online Options:

- On-line training module available through the Center for Practice Innovation (CPI) [here](#). Files for this training are also available for integration into internal Learning Management Systems by contacting the Lighthouse Project team [here](#).
- Watch a webinar on your own schedule by going to the Project's [YouTube channel](#) and selecting an archived webinar (less than 60 minutes).
- Download unlimited training videos to view or share for group training.
 - Training is available in over 30 languages and there is no limit on the number of downloads.
 - For English language training on the full and screener scales click on this [link](#), and then click on the “download” button in the upper-right corner to download it to your desktop (do not try to watch the video within the dropbox it will end early). A video training on just the shorter C-SSRS screener is also available if by clicking on this [link](#).
 - For training in other languages look in this [folder](#), select the language you desire and download the training by clicking on the “download” button in the upper righthand corner.

Note:

Specialized training and certification are available and required for use of the C-SSRS in research and clinical trials. Click [here](#) for more information.

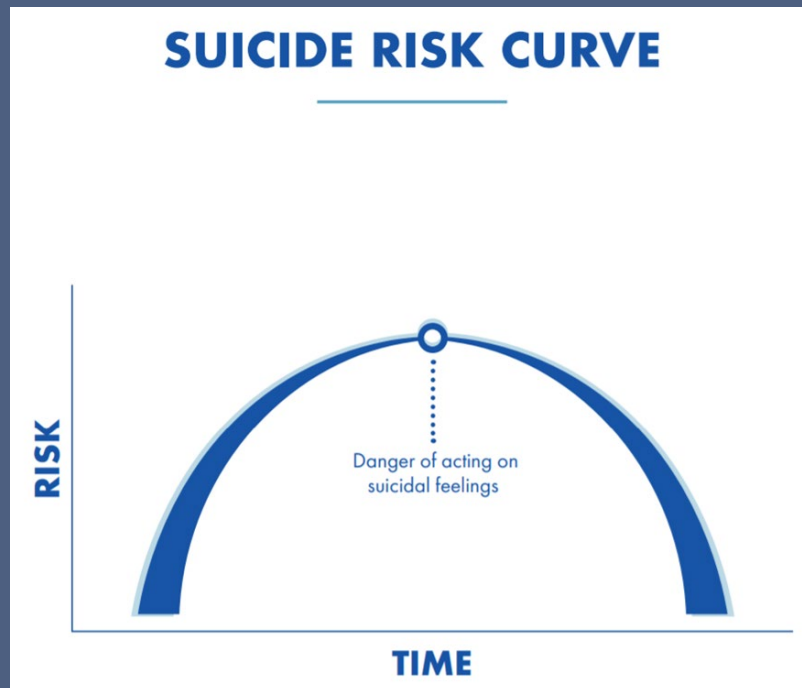
Training Considerations

Use of the Columbia protocol does not require prior knowledge or training; however, training is shown to be helpful for individual, organization, and community-wide use.

Trainings are not setting specific. Choose the method that works best for you or your group.

Why? Means Safety and the Suicide Risk Curve

Most periods of suicide crisis are fairly short in duration. By putting time and space between a person and lethal means, a lethal attempt is less likely



Suicide risk fluctuates over time

Risk is greater when:*

- Thoughts are more frequent
- Thoughts are of longer duration
- Thoughts are less controllable
- Few deterrents to acting on thoughts
- Stopping the pain is the “reason”

Stanley-Brown Safety Plan

Stanley-Brown Safety Plan

<https://suicidesafetyplan.com/>

- Brief, collaborative intervention
- Conversation and cooperation between clinician and the suicidal individual
- Goal and purpose – help those who have or are experiencing a suicidal crisis to:
 - ✓ Mitigate acute risk for suicidal behaviors
 - ✓ Access appropriate coping strategies
 - ✓ Identify and engage appropriate professional and personal resources

...all with the goal of decreasing the risk of suicidal behavior



Stanley-Brown Safety Plan

4+

Two Penguins Studios LLC

Designed for iPad

★★★★★ 3.7 • 6 Ratings

Free

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- | | |
|-----------------|-----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Place: _____ | 4. Place: _____ |

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

- | | |
|----------------|----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Name: _____ | Contact: _____ |

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

- | | |
|-------------------------------------------------------------|--------------|
| 1. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact: _____ | |
| 2. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact: _____ | |
| 3. Local Emergency Department: _____ | |
| Emergency Department Address: _____ | |
| Emergency Department Phone: _____ | |
| 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) | |

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

More than a checklist: Steps to Safety Planning

1. Conduct a risk assessment and obtain a description of a recent suicidal crisis to identify warning signs and how risk increases and decreases over time.
2. Review the Suicide Risk Curve and describe how the individual's suicidal crisis corresponds to the risk curve.
3. Provide a rationale for a safety plan – to support during and after a crisis and to identify coping strategies and resources before a crisis to better manage the future crisis and allow time to pass without engaging suicidal behavior.
4. Describe the Development of a Safety Plan as a collaborative process between the clinician and the individual.

More than a checklist: Steps to Safety Planning

5. Complete the steps of the Safety Plan. (More to come on this...)
6. Explain How To Use the Safety Plan once it has been developed.
5. Discuss the Details of the Safety Plan: Discuss the location of the Safety Plan, who to share it with, the likelihood of its use and potential barriers. Confirm shared understanding.
6. Conduct a Follow-up Review of the Safety Plan to determine if it was helpful and needs revision.

Steps of the Stanley-Brown Safety Plan:

- 1: Recognize warning signs of an impending or worsening suicidal crisis
- 2: Employ internal coping strategies
- 3: Utilize social contacts as a means of distraction from suicidal thoughts
- 4: Contact family members or friends who may help to resolve the crisis
- 5: Contact mental health professionals or agencies
- 6: Make the environment safer by reducing the potential use of lethal means
- 7: Identify reasons for living (optional)

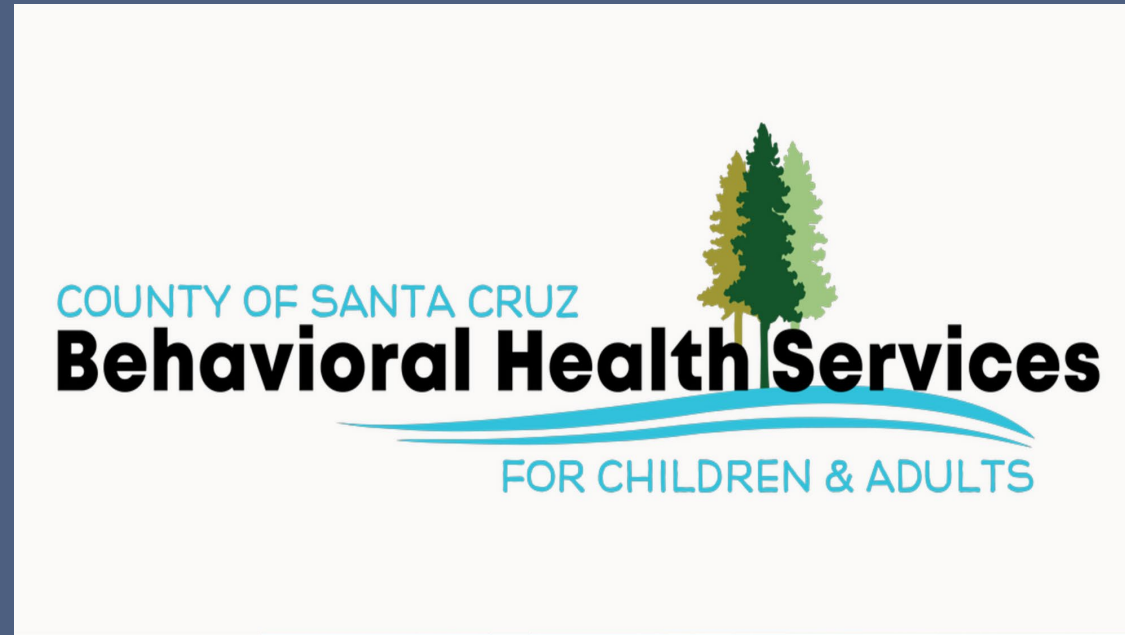
Support for Survivors of Suicide Loss



“Postvention is prevention for the next generation.”

Edwin Schneidman Ph.D. (1972)

Gratitude and Acknowledgement



- Evaluation Takeaways
- Next Steps & Continuing Activities



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