



SAN MATEO COUNTY
Suicide Prevention Roadmap
2017-2020



www.smchealth.org/SuicidePrevention

COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES





SUMMARY

According to the data collected from the San Mateo County Health System Epidemiology Unit, there were

- **370 SUICIDES** in San Mateo County during 2010-2015.
- **MALES' SUICIDE RATES** are almost three times as high as females' suicide rates.
- **WHITE INDIVIDUALS** accounted for 68.1% of the suicides.
- **HANGING** was the most common method used to complete suicides.

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OUR MISSION

The San Mateo County Suicide Prevention Committee provides oversight and direction to suicide prevention efforts in San Mateo County. The Suicide Prevention Committee's strategic work plan guides and connects efforts to reduce suicide overall with a focus on high risk communities. The Suicide Prevention Committee is made up of San Mateo County representatives, community based organizations, SamTrans, and other community members, and is led by the San Mateo County Health System Behavioral Health and Recovery Services (BHRS).



COUNTY OF SAN MATEO
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BEHAVIORAL HEALTH
& RECOVERY SERVICES



Behavioral Health & Recovery Services
SAN MATEO COUNTY
Office of Diversity and Equity

Introduction Letter

Dear Colleagues,

Suicide is a public health issue that affects all San Mateo County residents. We can all have a role in preventing suicide whether we are helping ourselves, a friend, a colleague or client/consumer. Our collective effort to prevent suicide can go a long way.

We have created our first Suicide Prevention Roadmap to give you and other community members a prevention tool that highlights strategies, programs and future plans to prevent suicide in San Mateo County. In our first iteration of this report, we have included many of the community suicide prevention resources. We present this Suicide Prevention Roadmap as a resource that we can build upon as we continue to learn about and engage other community resources to work with on suicide prevention efforts.

To address the multi-faceted problem of suicide, a group of behavioral health (mental health and substance use) treatment providers, clients/consumers, community partners, family members, and concerned community members came together to form the [San Mateo County Suicide Prevention Committee \(SPC\)](#). In fall of 2014, the SPC completed a strategic planning session that identified suicide prevention interventions that are currently in place and interventions that are still needed to prevent suicide in San Mateo County.

The results of this strategic planning session are incorporated into this [2017-2020 Suicide Prevention Roadmap](#). The roadmap outlines:

- Four suicide prevention [strategies](#)
- The [desired outcomes](#) of each strategy
- Descriptions of [organizations and programs](#) that are addressing each strategy and
- [Future recommended activities](#) for each strategy

The [overall goals](#) of this Suicide Prevention Roadmap are to provide behavioral health professionals, clients/consumers and family members, and community advocates and agencies with:

- A [resource listing](#) of suicide prevention efforts and services addressing the four suicide prevention strategies
- An opportunity to get involved in [what still needs to be done](#) to reduce suicide in San Mateo County and
- A [collaborative system](#) of suicide prevention

The Roadmap also provides useful statistics about suicide to better understand the problem, who is most affected, the risk factors, and how San Mateo County compares to other neighboring counties.

Suicide is preventable and together, we can ensure that suicide is prevented in San Mateo County.

Thank you for your commitment to preventing suicide in our community,



Stephen Kaplan, LCSW
San Mateo County Health System
Behavioral Health and Recovery Services



Jei Africa, PsyD, MSCP, CATC-V
San Mateo County Health System
Behavioral Health and Recovery Services
Office of Diversity and Equity

BACKGROUND



Death by suicide has become a statewide and countywide public health issue. In California, more than twice as many people die by suicide annually than by homicide. To frame it another way, someone in California dies by suicide every two hours.

American Foundation for Suicide Prevention

The following statistics reveal the unfortunate impacts of suicide in San Mateo County (SMC) and in the United States
Please refer to Appendix A for more details

Suicide is a major health issue for youth and young adults.
In the United States in 2015, suicide was the:

Suicide is a major health issue for adults in SMC.
The largest age group of reported completed suicides was:

57
SMC residents died by suicide in 2015

68%
of completed suicides in SMC from 2010-2015 were white, despite only making up 40% of the overall population

3rd leading cause of death among 10-24 year olds

2nd leading cause of death among 25-34 year olds

45-64 years old (44%) followed by age group 20-44 years old (30%) and then 65-85+ years old (22%)

The following statistics also highlight the need for more suicide prevention efforts in San Mateo County.
Please see Appendix B for more details

- San Mateo County has the highest rate per 100,000 youth for self-injury hospitalizations compared to neighboring counties and a higher rate compared to the state average.
- The percentage of bullying in San Mateo County is lower than the other Bay Area counties and the state overall, but still represents nearly 1/3 of the students reporting they have experienced bullying.

The above statistics and data show that **suicide is a public health issue that can affect all San Mateo County residents.** From the suicide victim, family members, school staff and peers, work colleagues, to even local transit workers—everyone feels the devastating effects of a suicide. Thus, suicide is a difficult personal experience that has far-reaching, public impact. However, **suicide can and should be prevented.** We hope that this report provides the foundation for efforts dedicated to ensuring that suicide is being prevented in San Mateo County, survivors are being supported, and communities are being educated.

STRATEGY 1: Create a Coordinated System of Suicide Prevention

Desired Outcomes of Strategy 1:

CREATE linkages between existing systems (e.g. collaboratives, initiatives, etc.) and programs and identify gaps in services.

DELIVER integrated services and establish formal partnerships that foster communication and coordination.

INTEGRATE suicide prevention programs into K-12 and higher education institutions.

DEVELOP programs that reduce gaps for underserved populations.

MAINTAIN at least one accredited suicide prevention hotline in San Mateo County.

Future Recommended Activities of Strategy 1:

- Provide warm handoff from Psychiatric Emergency Services (PES) to referral agency.
- Increase San Mateo County Mental Health Assessment and Referral Team (SMART) vehicle availability and visibility.
- Increase services provided to suicide survivors once they are discharged from the hospital (follow, support and connect).
- Partner and increase support for survivors and family members.
- Develop “postvention” policies throughout the county (e.g. information sharing policy between schools and hospitals after a youth is released for attempting suicide).
- Inform older adult service providers about depression screening tools. Older adults can contact the Institute on Aging Helpline at (800) 971-0016.
- Create a suicide prevention training that is embedded in school curriculum especially grades 6-12 and with a focus on how to support a friend.
- Develop brief Wellness Recovery Action Plan (WRAP) plans at the Psychiatric Emergency Services (PES) & Inpatient Psychiatric Unit at San Mateo Medical Center.
- Increase support services and outreach for underserved communities, including people of color, low income, and Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and 2-Spirit (LGBTQQI2S) populations.
- Increase the number of crisis line staff and language capacity for the crisis line.
- Train staff around issues specific to the coming out process, hate crimes, etc., faced uniquely by the Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and 2-Spirit (LGBTQQI2S) community.

Organizations and Programs Addressing Strategy 1:

Psychiatric Emergency Services (PES) and Inpatient Psychiatric Unit at San Mateo Medical Center

Mateo Lodge

Youth to Adult Transition Program at San Mateo County Behavioral Health and Recovery Services (BHRS)

Kara Suicide Survivors Support Group

StarVista 24/7 Crisis Hotline

San Mateo County Mental Health Assessment and Referral Team (SMART)

Youth Case Management Team at BHRS

See Appendix E for Organization and Program descriptions, individuals served and contact information.

STRATEGY 2: Implement Training and Workforce Enhancements to Prevent Suicide

Desired Outcomes of Strategy 2:

INCREASE the number of training attendees or trainings on suicide prevention.

INCREASE awareness about the need to prioritize (or the importance of) suicide prevention trainings.

ESTABLISH annual targets for suicide prevention training.

IDENTIFY individuals and occupations that will receive the training.

IDENTIFY training models used.

Future Recommended Activities for Strategy 2:

- Target suicide prevention training for the following providers:
 - Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and 2-Spirit (LGBTQQI2S)
 - Older adult services
 - Primary care
 - In-home-support services
- Have culturally specific trainings and materials.
- Offer more Crisis Intervention Training (CIT) for police departments.
- Provide Question, Persuade and Refer (QPR) Training.

Organizations and Programs Addressing Strategy 2:

Veterans Affairs Palo Alto Health Care System (VAPAHCS) Operation S.A.V.E. Training & Suicide Safety Plans

Applied Suicide Prevention Intervention Skills Training (ASIST) by BHRS

Crisis Intervention Team (CIT) training by BHRS and the San Mateo County Sheriff's Office

San Mateo Mental Health Assessment and Referral Team (SMART) training

StarVista Volunteer Training and School Presentations

Mental Health First Aid (MHFA) for Adults and Youth by BHRS Office of Diversity and Equity

See Appendix E for Organization and Program descriptions, individuals served and contact information.



STRATEGY 3: Educate Communities to Take Action

Desired Outcomes of Strategy 3:

BUILD grassroots outreach and engagement efforts to meet local needs for suicide prevention.

ENGAGE AND EDUCATE local media about their role in suicide prevention.

EDUCATE community members to identify, respond to, and refer people demonstrating acute potential suicide warning signs.

PROMOTE and provide suicide prevention education.

DEVELOP and disseminate a directory of local suicide prevention/intervention services.

INCORPORATE AND BUILD capacity for peer support and peer operated service models.

Future Recommended Activities for Strategy 3:

- Work with the San Mateo County Health Equity Initiatives to conduct suicide prevention outreach with specific cultural communities.
- Increase print, broadcast and digital media on basic suicide facts.
- Provide survivor stories to media during suicide prevention week.
- Increase parent education around how to distinguish severe depression and suicide risk among children and youth.
- Develop suicide prevention tip sheet for employees, schools, and community.
- Provide more accessible suicide prevention training e.g. Question, Persuade and Refer (QPR) to the community.
- Develop countywide resource list for providers and community.
- Enhance and raise awareness about existing peer suicide survivor group.
- Provide culturally specific suicide prevention education to reduce stigma.
- Have a community awareness campaign on the issue of older adults and suicide.

Organizations and Programs Addressing Strategy 3:

Caltrain Suicide Prevention Efforts

StarVista Outreach Efforts

Know the Signs Campaign

See Appendix E for Organization and Program descriptions, individuals served and contact information.



STRATEGY 4: Improve Suicide Prevention Program Effectiveness and Accountability

Desired Outcomes for Strategy 4:

INCREASE local capacity for data collection, reporting, surveillance and dissemination regarding suicide.

BUILD local capacity to evaluate suicide prevention programs.

ESTABLISH AND ENHANCE capacity of forensic and clinical reviews of suicide deaths.

WORK with San Mateo County Coroner's Office to enhance consistency and accuracy of reported suicide deaths.

Future Recommended Activities for Strategy 4:

- Develop system for accurately tracking and reporting.
- Create tracking system to capture number of people trained and where they work.
- Identify a position to be in charge of data collection to improve suicide prevention in the county.
- Research what other counties/states are doing for data collection and evaluation and create a data collection plan.
- Evaluate effectiveness of suicide prevention services.
- Develop more formal forensic review within the San Mateo County.
- Work with San Mateo County Coroner's Office to improve classifications of suicides and suicide deaths.

Organizations and Programs Addressing Strategy 4:

San Mateo County Psychological Autopsies

San Mateo County Child Death Review Team (CDRT)

See Appendix E for Organization and Program descriptions, individuals served and contact information.

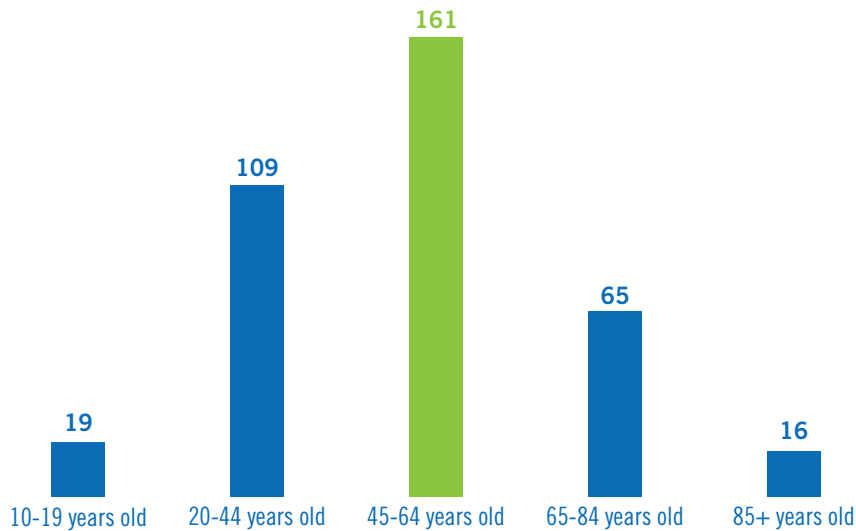


APPENDIX A: Summary of 2010-2015 Suicide Data for San Mateo County

This data should not be considered inclusive of all the individuals who completed suicide. In other words, not every suicide is reported.

TOTAL NUMBER OF SUICIDES BY AGE GROUP, SAN MATEO COUNTY 2010-2015

The largest age group of reported completed suicides was 45-64 years old (43.5%) followed by age group 20-44 years old (29.5%) and then 65-84 years old (17.6%), however the highest rates are in individuals over the age of 85 (15.7) per 100,000 individuals followed by persons in the 45-64 year old age group (13.0/100,000).

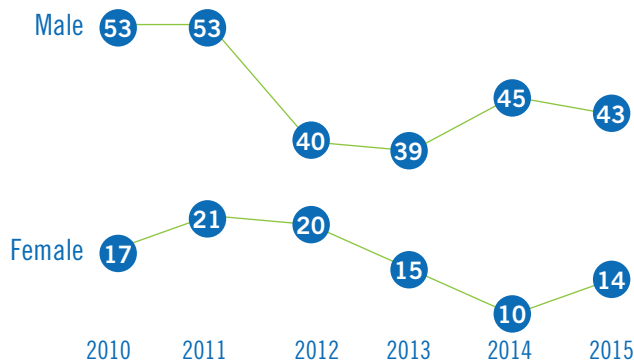


Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015

SAN MATEO COUNTY TOTAL NUMBER OF SUICIDES BY GENDER 2010-2015

Despite the County's suicide prevention efforts, the total number of suicides completed each year between 2010 and 2015 for males and females combined ranged between 54-74. The data shows a decrease in the total number of suicides between 2011-2013 before the numbers began increasing again in 2014.

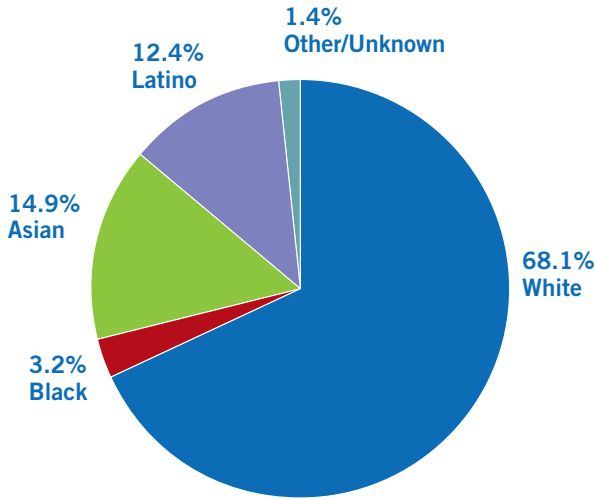
Males are almost three times as likely to complete suicide as females. In San Mateo County, for the years 2010-2015, males comprised 73.8% of suicides reported while females accounted for 26.2%. This is consistent across the U.S. where females tend to show higher rates of reported nonfatal suicidal behavior and suicide ideation and males have a much higher rate of completed suicides.¹



¹ Canetto, Silvia. "The Gender Paradox in Suicide." *Suicide and Life Threatening Behavior* 28(1):5
Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015

APPENDIX A: Summary of 2010-2015 Suicide Data for San Mateo County

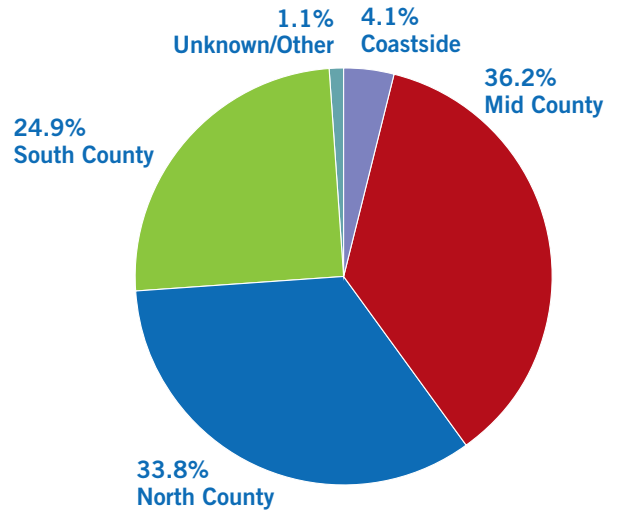
PERCENTAGE OF SUICIDES BY RACE/ ETHNICITY, SAN MATEO COUNTY, 2010-2015



The largest subsection of the population that died by suicide in San Mateo County were Whites (68.1%) followed by Asians (14.9%) and Latinos (12.4%). While Whites also had the highest rate of suicides (13.7/100,000), there was a high rate among Blacks as well (10.5/100,000).

Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015

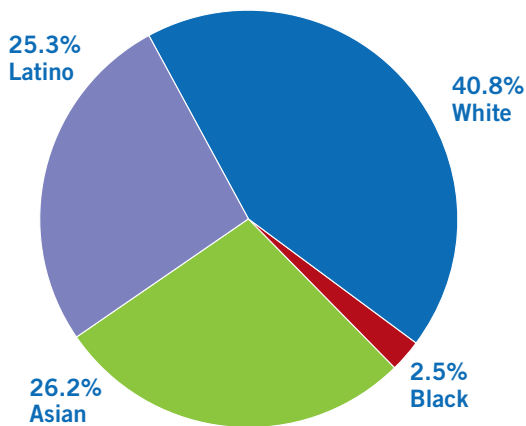
SUICIDES BY THE DIFFERENT SAN MATEO COUNTY REGIONS, 2010-2015



North County and Mid County had similar and highest suicide percentages during the years 2010-2015 followed by South County, but the highest rates were in the Coastside (52.9/100,000) and Mid-County regions (54.3/100,000).

Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015

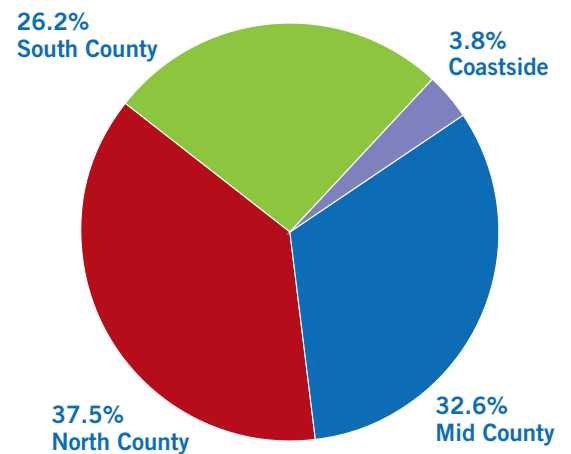
TOTAL POPULATION BY RACE/ETHNICITY, SAN MATEO COUNTY



The largest racial/ethnic groups in San Mateo County are Whites, followed by Asians and Latinos, while African Americans/Blacks make up a small percentage of the population.

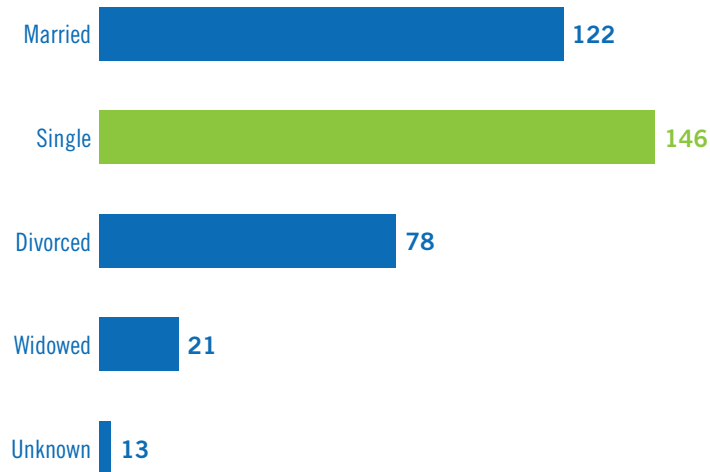
Source: United States Census Bureau, American Community Survey 2011-2015 estimates

POPULATION SIZE BY SAN MATEO COUNTY REGION, 2010-2015



Source: 2014 ACS 5-year Estimates

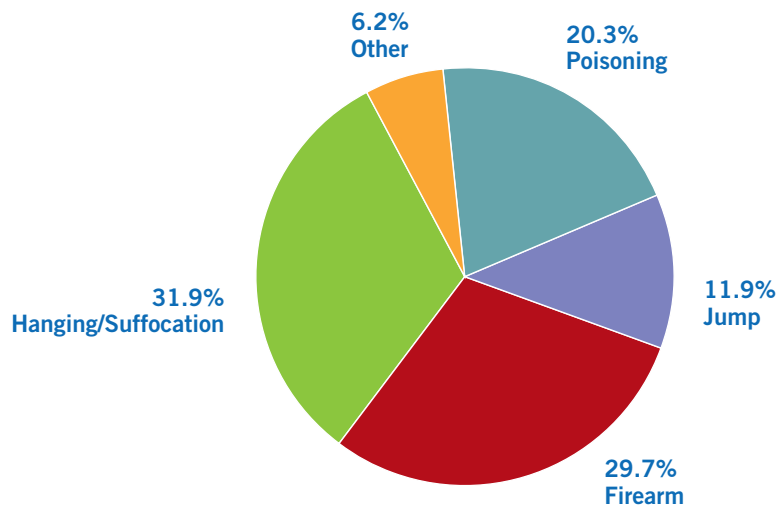
NUMBER OF SUICIDES BY MARITAL STATUS, SAN MATEO COUNTY, 2010-2015



According to the data, single (never married) individuals had the highest number of suicides during the years 2010-2015 followed by married then divorced individuals.

Source: San Mateo County Health System Epidemiology Unit, Death files 2010-2015

SAN MATEO COUNTY SUICIDES BY METHOD, 2010-2015



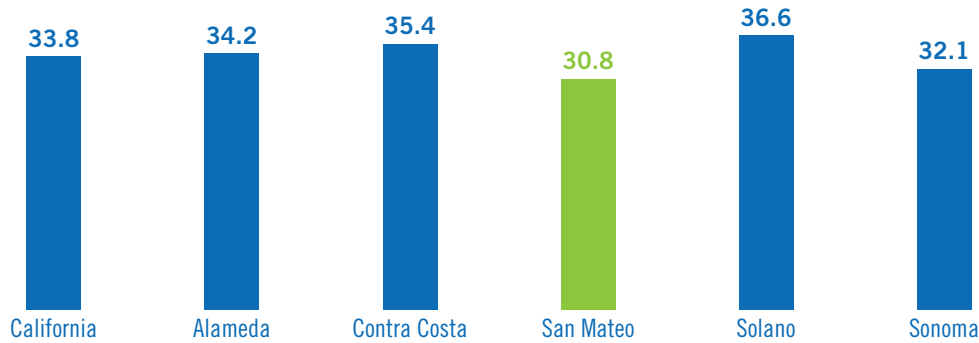
Hanging/suffocation followed by firearm and then poisoning are the three methods that were mostly used for suicide during the years 2010-2015.

Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015

APPENDIX B: Suicide Risk Factors in San Mateo County

Risk factors: Bullying has strong negative effects on the mental health and well-being of individuals. Some negative outcomes of bullying include depression, anxiety, substance abuse, and poor social functioning. Youth who report being frequently bullied are actually at increased risk for suicide-related behavior (Centers for Disease Control and Prevention).

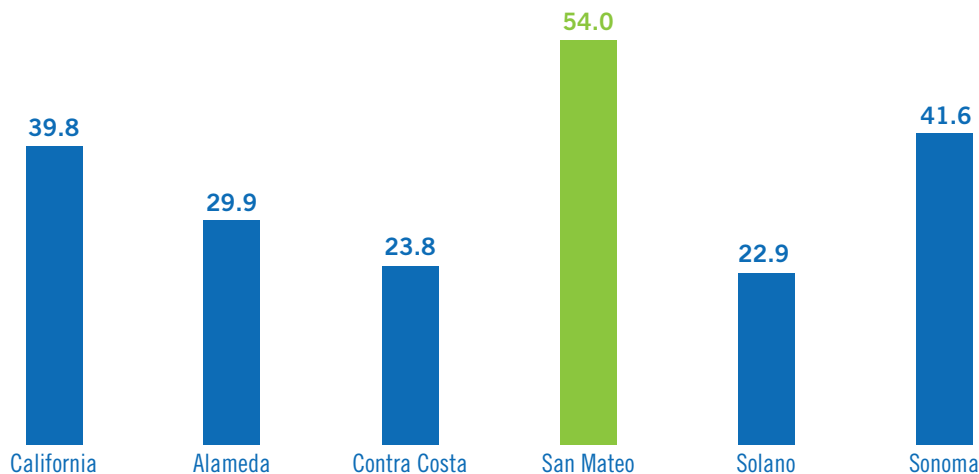
PERCENTAGE OF BULLYING/HARASSMENT FOR ANY REASON IN CA AND DIFFERENT COUNTIES (ALL GRADES TOTAL PERCENTAGE)



The percentage of bullying in San Mateo County is lower than the other Bay Area counties and the state overall, but still represents nearly 1/3 of the students reporting they have experienced bullying.

Source: California Healthy Kids Survey data for 2011-2013 accessed on Kidsdata.org

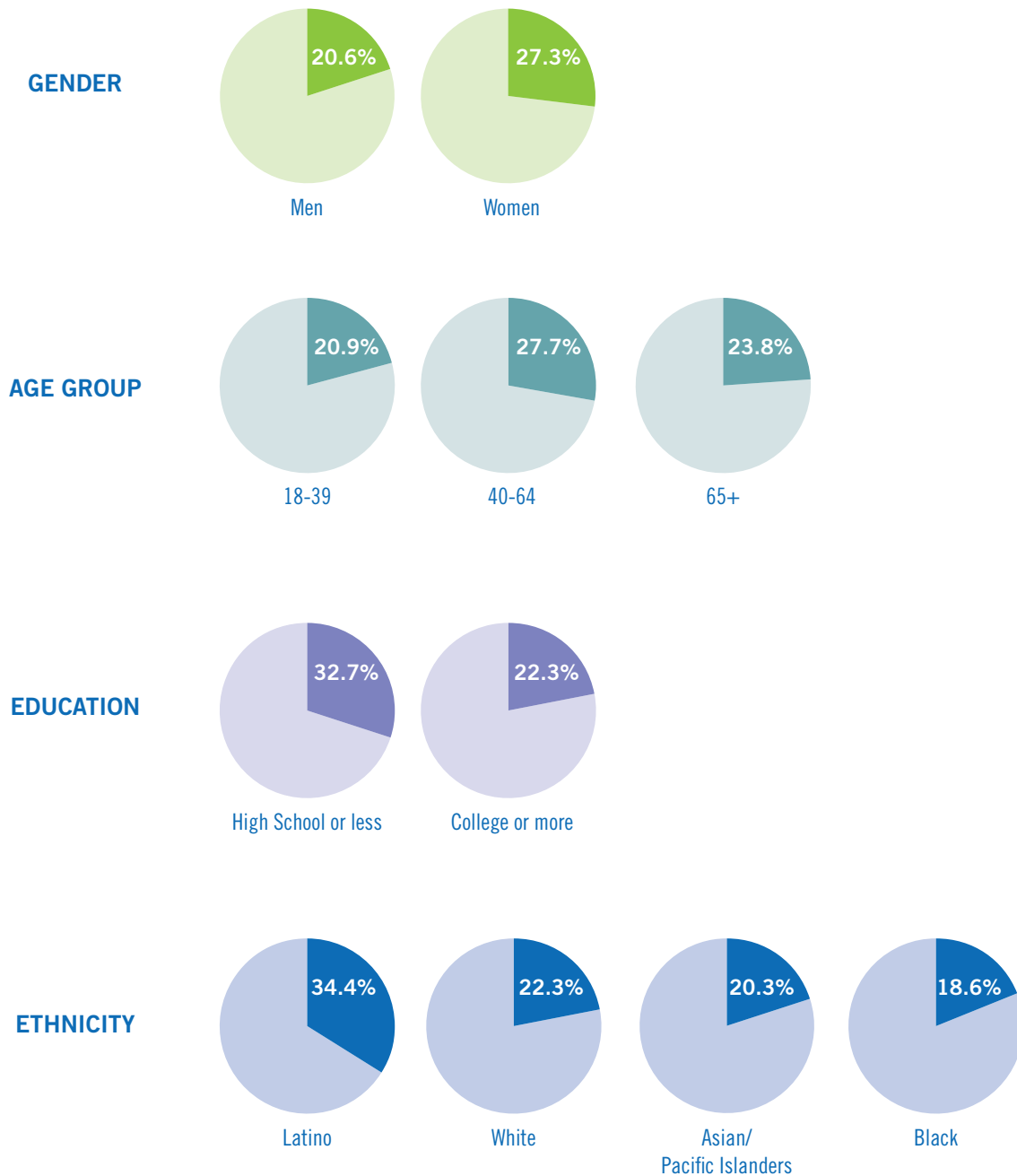
SELF-INFLICTED INJURY HOSPITALIZATION FOR YOUTH AGES 5-20 IN CA AND DIFFERENT COUNTIES (RATE PER 100,000)



San Mateo County has the highest rate per 100,000 youth for self-injury hospitalizations compared to neighboring counties and a higher rate compared to the state average.

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2013 accessed on Kidsdata.org

DEMOGRAPHICS OF PEOPLE IN SAN MATEO COUNTY REPORTING DEPRESSION THAT LASTED 2+ YEARS



The data shows that women, individuals age 40-64, Latinos/Hispanics, and persons with less than a high school education have the highest percentage of reported depression that lasted for more than two years.

Source: San Mateo County Health Assessment, 2013

APPENDIX C:

Caltrain Fatalities Data 2010-2015 by Total Numbers, Gender, and Station Location

TOTAL NUMBER

39

Total number of deaths that occurred on the train tracks between years 2010-2015 is 39. Of the 39 deaths, 29 were ruled suicides.

STATION AREAS WITH HIGHEST NUMBER OF DEATHS

9

Burlingame

5

Menlo Park

7

San Mateo

GENDER

24

Men

5

Women

Speak Up, Save A Life

Suicide is Preventable

Most people who experience suicidal thoughts are in a temporary serious crisis. Suicide can be prevented with your help.

It's up to us.

24/7 Crisis Hotline (650) 579-0350
www.smchealth.org/SuicidePrevention



COUNTY OF SAN MATEO
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During Suicide Prevention month in 2016, San Mateo County raised awareness about suicide prevention through targeted "Speak up, Save a life" advertisements on buses, Caltrain, social media, and radio stations to help residents learn the warning signs and how to help.

APPENDIX D: Summary of StarVista Quarterly Reports for Fiscal Year 2014-2015

Quarter	Combined total number of calls	Number of crisis line calls	Number of support (warm) line calls	Number of drug and alcohol line calls	Number of chat room hits and visits	Number of private chats	Number of school-based interventions, follow up sessions, and collateral consultations	Number of suicide prevention-based presentations
Q1 2014: July-September	3,382	3,168	68	77	102,392 hits, and 21,079 visits	3	2 school-based interventions, 0 follow up sessions, 4 collateral consultations	18 presentations for 452 students
Q2 2014: October-December	3,240	3,139	22	22	233,139 hits, and 22,832 visits	15	22 school-based interventions, 53 follow-up sessions, 35 collateral consultations	39 presentations for 1150 students.
Q3 2015: January-March	3,850	3,531	90	118	197,185 hits, 19,150 visits	36	21 school-based interventions, 19 follow-up sessions, 37 collateral consultations	15 presentations for 940 students
Q4 2015: April-June	3,513	3,320	67	87	148,634 hits and 20,114 visits	35	5 school-based interventions, 15 follow-up sessions, and 18 collateral consultations	6 presentations for 524 students

Source: StarVista and Crisis Intervention Suicide Prevention Center (CISPC), 2015

About Star Vista

StarVista is a nonprofit that delivers high impacts services through counseling, skill development, and crisis prevention to children, youth, adults and families. StarVista's Crisis Intervention and Suicide Prevention Center provides a 24/7 crisis hotline (650-579-0350) for callers who are in distress and need support, treating each person with empathy and compassion and providing referrals and services. StarVista's Crisis Center also runs a teen to teen peer chat room at onyourmind.net with a Youth Intervention team that provides crisis intervention and counseling to children, youth and families and provides presentations and services to the schools and the community.

APPENDIX E: Organizations and Programs Addressing Strategy 1-4

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 1

Program Name	Description	Individuals Served	Contact Information
Psychiatric Emergency Services (PES) and Inpatient Psychiatric Unit at San Mateo County Medical Center	<p>Provides 24-hour emergency psychiatric services to people in emotional crisis.</p> <p>Serves approximately 300 individuals per month.</p> <ul style="list-style-type: none"> • Individuals who are acutely ill are admitted to an inpatient psychiatric unit at San Mateo Medical Center or at an outside hospital. • PES is a designated 5150-receiving center. However, individuals may receive PES services on a voluntary basis. • Services can be provided in all languages through the use of interpreter services. • Individuals may request to receive a 72-hour follow-up phone call from PES staff at the time of discharge. • The Youth to Adult Transition Program and Youth Case Management provide intensive case management to youth and young adults. • Individuals who are deemed to be at imminent risk of harming themselves or others, or are gravely disabled due to a mental illness or a mental health crisis are brought to PES for an assessment and services. 	All individuals who are deemed to be an imminent danger to themselves or to others, or gravely disabled because of a mental illness or mental health crisis are brought to PES for assessment.	<p>Psychiatric Emergency Services (PES) at San Mateo Medical Center (650) 573-2662 W. 39th Ave. San Mateo, CA 94403</p> <p>Julia McLaughlin, BSN, RN Nurse Manager Psychiatric Emergency Services (650) 573-3622 jumclaughlin@smcgov.org</p>
Mateo Lodge	<p>Provides 24-hour residential care, case management, outreach services, and full-service partnerships.</p> <ul style="list-style-type: none"> • Operates three state licensed residential care facilities in San Mateo County including: Cassia House, Wally's Place, and Humboldt House. • Case managers offer clients/consumers support in achieving self-directed goals and successfully transitioning clients/consumers into independent living. • The Outreach Services team provides 24/7 assertive intervention to homeless individuals and families. The team is composed of bilingual staff who provide housing assistance, food, clothing, financial assistance, SSI assistance, doctor appointments, and coordination with treatment teams. • In the Full-Service Partnership Program, a case manager takes on limited goal directed short-term services for clients at the South County Clinic. 	Seriously mentally ill populations in San Mateo County.	Ian Adamson, CEO (650) 363-8125 iadamson@cruzio.com

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 1

Program Name	Description	Individuals Served	Contact Information
Youth to Adult Transition Program at San Mateo County BHRHS	<p>The team’s clinicians evaluate the young adults at Psychiatric Emergency Services (PES).</p> <ul style="list-style-type: none"> • They are responsible for follow up after the client is discharged. The follow-up includes developing a safety plan with each client. • In addition, program clinicians provide on-going, intensive therapy and case management. • The program serves 200-300 people every year. 	Young adults, 18-25 years old.	Jason Kimbrough, MFT Program Specialist (650) 573-3615 jkimbrough@smcgov.org
Kara Suicide Survivors Support Group	<p>The support group provides a safe space and supportive environment where participants can share their experiences and feelings, while also learning about the grieving process.</p> <ul style="list-style-type: none"> • Kara’s adult program offers closed 12 session groups that meet weekly for 90 minutes. • Enrollment requires an initial interview and groups are led by two peer co-facilitators. • Kara also offers individual peer counseling (for donation) and where necessary, therapy services (for fee). 	Individuals who have had a family member or close friend die from suicide.	Marizela Maciel, Programs and Operations Manager (650) 321-5272
StarVista 24/7 Crisis Hotline	<p>A 24/7 Suicide Prevention Hotline for crisis intervention.</p> <ul style="list-style-type: none"> • Volunteers and staff are trained to treat callers with empathy and compassion. • Volunteers and staff provide referrals for community resources and services including <ul style="list-style-type: none"> - ACCESS Line, FAST Team, Hospital PES, StarVista counseling center, CORA, KARA, RTS, Your House South, DoA Hotline, Help After Neonatal Death (HAND), Kids/CAHPP Line, onyourmind.net, American Foundation of Suicide Prevention Center, Daybreak, Insights, Heart & Soul Inc., NAMI, Caminar, etc. Other counseling centers depending on the individual’s location, crisis, and special needs. 	<p>People who feel sad, hopeless, or suicidal.</p> <p>Family and friends who are concerned about a loved one.</p> <p>Anyone interested in mental health treatment and service referrals or who simply need support through a personal crisis.</p>	<p>Contact: StarVista (650) 579-0359 www.star-vista.org</p> <p>Crisis Hotline (650) 579-0350 1-800-TALK (24/7)</p> <p>Website, Chat Service: www.onyourmind.net</p> <p>M-Th. 4:30-9:30 p.m. during school year</p>

APPENDIX E: Organizations and Programs Addressing Strategy 1-4

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 1

Program Name	Description	Individuals Served	Contact Information
San Mateo County Mental Health Assessment and Referral Team (SMART)	<p>SMART is a new program developed by the Health Department and American Medical Response West (AMR) in which a specially trained paramedic will respond to law enforcement Code 2 EMS requests for individuals having a behavioral emergency.</p> <ul style="list-style-type: none"> This SMART paramedic will be able to perform a mental health assessment, place a 5150 hold if needed and transport the client to psychiatric emergency services, or, in consultation with County staff arrange for other services to meet the individual's needs. Access to the new SMART program will only be through the County's 9-1-1 system. 	Individuals having a behavioral health emergency	Pernille Gutschick, MFT Clinical Services Manager BHRS (650) 372-8586 pgutschick@smcgov.org
Youth Case Management Team at San Mateo County BHRS	<p>The team provides assessment and case management for youth of all ages who enter Psychiatric Emergency Services (PES).</p> <ul style="list-style-type: none"> The team develops a plan for stabilizing the youth in crisis and for leaving PES, either for admission to inpatient treatment or returning to their home with caregivers. Provides case management and service coordination for Medi-Cal eligible youth upon hospital discharge, and coordinate care with hospitals, families and treatment providers. Provides services in both English and Spanish, working to engage diverse communities in services throughout San Mateo County. 	All youth ages 18 and younger, or who are still in high school, who have presented in crisis at PES or other psychiatric hospitals. Youth are typically experiencing acute psychiatric symptoms, including suicidal ideation, psychosis or agitation.	Steve Munson, MFT Supervisor (650) 573-2993 smunson@smcgov.org

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 1

Program Name	Description	Individuals Served	Contact Information
San Mateo County Behavioral Health Crisis Team	<p>In partnership with San Mateo County Office of Education, the Crisis Team</p> <ul style="list-style-type: none"> • Created Suicide Prevention School Protocol <ul style="list-style-type: none"> - Based on input received over the course of 8 months through workgroups which included 75 stakeholders representing law enforcement/probation, community-based organizations, behavioral health providers, human services agency, school districts, county counsel, clients/consumers, youth, parents and more - Finalized and ready to be rolled out in the upcoming months - Able to easily be adopted by any school, K-12 - Includes Positive School Climate, Prevention, intervention and Postvention - Includes mandatory information as required by new law AB2246 • Created Suicide Prevention School Poster <ul style="list-style-type: none"> - Printing funded by Measure A & K - Delivered to schools countywide along with a Suicide Prevention Training - Training has lasted between 15 minutes and 2 hours at over 18 high schools, 15 middle schools, 7 elementary schools and some entire school districts (including Jefferson Union High School District, Jefferson Elementary School District and San Mateo Union High School District) • Helps individual schools or districts with high numbers of 5150's to address the issue and build a better foundation of support for students. <p>In partnership with the BHRS Central Community Service Area, the Crisis Team held and will continue to hold parent resource nights</p> <ul style="list-style-type: none"> • Past events were at Hillsdale High School in November 2016 and Aragon High School in January 2017 • Upcoming events include San Mateo Foster City School District 	Individuals with behavioral health crisis	Pernille Gutschick, MFT Clinical Services Manager BHRS (650) 372-8586 pgutschick@smcgov.org

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ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 2

Program Name	Description	Individuals Served	Contact Information
Veterans Affairs Palo Alto Health Care System (VAPAHCS) Operation S.A.V.E (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment) Training & Suicide Safety Plans	<p>A 45-minute training that teaches: Know the signs, Ask the question, Validate the feelings, and Expedite help.</p> <ul style="list-style-type: none"> • Gatekeeper training that is very similar to Question, Persuade and Refer (Q.P.R.). • All VA mental health staff is trained in completing “suicide safety plans” for veterans endorsing suicidal ideation. • Includes basic facts about suicidal crisis, attempt and completions along with debunked myths. • The trainings are done as part of outreach to communities and are not on any fixed schedule. Arrangements can be made for community organizations who are interested in having the training. 	The training is provided for all the new employees and a refresher for various VAPAHCS departments.	Frederick MacRae, LCSW, Suicide Prevention Coordinator (650) 493-5000 ext. 63337 Frederick.MacRae@va.gov
Applied Suicide Intervention Skills Training (ASIST) (provided by BHRS)	<p>A 15-hour 2-day training which helps individuals respond to crisis situations and to provide tools to help prevent the immediate risk of suicide.</p> <ul style="list-style-type: none"> • Provided by San Mateo County BHRS in collaboration with StarVista staff. • Offered 2-3 times per year. • During the year 2014-2015, there were two ASIST trainings and 73 people were trained. 	BHRS staff and community members	Jei Africa, PsyD, MSCP, CATC-V Director BHRS Office of Diversity and Equity San Mateo County Health System (650) 573-2714 jafrica@smcgov.org www.smchealth.org/ode
Crisis Intervention Team (CIT) Training (provided by BHRS)	<p>A 40-hour training to improve how law enforcement and first responders respond to mental health crisis calls.</p> <ul style="list-style-type: none"> • Participants also learn about the different resources in the county to which they could refer clients. • One segment of the training is focused on suicide prevention. • Offered approximately 4 times a year. 	Training is for law enforcement and first responders to help community members in crisis	Pernille Gutschick, MFT, Clinical Services Manager BHRS (650) 372-8586 pgutschick@smcgov.org
Mental Health Assessment and Referral Team Training (SMART)	<p>Trains paramedics to respond to law enforcement Code 2 Emergency Medical Service requests for people having a behavioral emergency.</p> <ul style="list-style-type: none"> • SMART paramedics are trained to: perform a mental health assessment, place a 5150 hold if needed, and transport a client to psychiatric services. • SMART paramedics are also trained to arrange other services to meet the person’s needs, as long as they consult with County staff first. • Access to this training will only be through San Mateo County’s 911 system. • New training program developed by the San Mateo County Health System and American Medical Response West (AMR) 	Training is for paramedics to help community members in crisis	Pernille Gutschick, MFT, Clinical Services Manager BHRS (650) 372-8586 pgutschick@smcgov.org

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 2

Program Name	Description	Individuals Served	Contact Information
StarVista Volunteer Training and School Presentations	<p>StarVista Volunteer Training</p> <ul style="list-style-type: none"> • 10 session training which covers topics such as working with difficult callers, elders and youth, domestic violence, counseling skills and role-plays. • The training is offered 2-3 times a year with ongoing personal development classes. <p>StarVista School Presentations</p> <ul style="list-style-type: none"> • Suicide prevention presentations are provided to middle and high school students, school personnel, service providers, and community groups. • These presentations are provided as an experimental learning style presentation for a group that focuses on stigma-reducing conversations about suicide, depression, stress management and ways to notice and help someone who may be suicidal (these topics are covered in either 1 or 2 presentations). Almost 100 presentations are delivered during a single school year. 	<p>Adults who will become hotline counselors and teens who will become chat room crisis counselors (teens are supervised by an adult counselor during their shifts).</p> <p>Presentations are offered for school students, staff, service providers and community groups</p>	<p>StarVista (650) 579-0359 www.star-vista.org</p> <p>Crisis Hotline (650) 579-0350 1-800-TALK (24/7)</p> <p>Website, Chat Service: www.onyourmind.net M-Th. 4:30-9:30 p.m. during school year</p>
Mental Health First Aid Trainings (provided by BHRS Office of Diversity and Equity)	<p>Adult Mental Health First Aid (MHFA):</p> <p>Free 8-hour certification course that teaches community members how to recognize and appropriately respond to an individual experiencing an emotional or behavioral health challenge or crisis including: depression, thoughts of suicide, anxiety, psychosis, and substance abuse.</p> <ul style="list-style-type: none"> • MHFA courses are taught in English and Spanish. • Since the inception of the program in February 2011 through 2016, 888 individuals have been certified in Adult Mental Health First Aid in San Mateo County. <p>Youth Mental Health First Aid (YMHFA):</p> <p>Free 8-hour certification course that teaches community members how to recognize and appropriately respond to a young person who may be experiencing a mental health challenge or crisis including: suicidal ideation and behavior.</p> <ul style="list-style-type: none"> • All YMHFA trainings are provided in English and Spanish. • From October 2013 through 2016, 1,332 individuals have been certified in Youth Mental Health First Aid in San Mateo County. • As of 2016, the program provided 61 sessions (1 training session to train the trainers and 60 participant sessions to 94 schools). 20 of 24 school districts have been represented in San Mateo County. 	<p>Adult Mental Health First Aid is offered to community members (18 years and older).</p> <p>Youth Mental Health First Aid is offered for adults or youth who work or assist young people, ages 12-24.</p>	<p>Natalie Andrade, Community Program Specialist I (650) 372-8548 nandrade@smcgov.org</p>

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ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 3

Program Name	Description	Individuals Served	Contact Information
<p>Caltrain Suicide Prevention Efforts</p>	<p>Caltrain is dedicated to working with community partners to prevent suicide and reduce mental health stigma.</p> <p>Through its suicide prevention efforts, Caltrain has</p> <ul style="list-style-type: none"> • Partnered with the San Mateo County BHRS Office of Diversity and Equity and StarVista to host the Speak Up, Save a Life: Suicide Prevention Forum, during National Suicide Prevention Awareness Month in September 2015. • Launched in 2014 a Suicide Prevention page on its website that features a hotline crisis number and local resources for the community. • Posted suicide prevention signs along the 50-mile rail corridor. Signs include a telephone number for a crisis prevention center and a message that help is available. Approximately 250 signs have been installed since 2010. • Been an active participant in mental health taskforces and suicide prevention activities with Santa Clara and San Mateo County. • Had 13 Transit Police trained in specialized Crisis Intervention Training. • Raised almost \$12,000 for suicide prevention during their “Out of the Darkness Overnight” event in 2013, and raised money and walked in the 2016 event in May. 	<p>Commuters along the San Francisco Peninsula, through the South Bay to San Jose and Gilroy.</p>	<p>Tasha Bartholomew, Communications Officer (650) 508-7927 bartholomewt@samtrans.com www.caltrain.com/riderinfo/safety_security/Suicide_Prevention</p>

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 3

Program Name	Description	Individuals Served	Contact Information
StarVista	<p>AmeriCorps workers provide Suicide Prevention workshops and presentations at schools throughout San Mateo County.</p> <ul style="list-style-type: none"> • Workshop topics include: suicide myths & facts, risk factors, warning signs, and how to talk to someone who is suicidal. • School staff can choose among 50 minute, 90 minute, or two 50 minute workshops. • Adult trainings can also be scheduled. 	School-aged youth and adults interested in learning about suicide prevention.	<p>Crisis Center AmeriCorps Members (650) 579-0359 ext. 30 onyourmind@star-vista.org</p> <p>For Adult Trainings: Narges Zohoury Dillon, M.A. LMFT StarVista Program Director Child and Adolescent Hotline Prevention Program (CAHPP) Crisis Intervention and Suicide Prevention Center Phone: (650) 339-5537</p>
Know the Signs Campaign	<p>A California suicide prevention social marketing campaign based on three key messages: Know the signs. Find the words. Reach out.</p> <ul style="list-style-type: none"> • Intends to educate Californians on how to recognize suicide warning signs, how to find the words to have a conversation with someone in crisis, and where to find professional help and resources. • Prepares Californians for suicide prevention by increasing their knowledge of suicide warning signs and how to offer help or point others to local resources. • Provides hope and reassurance that help is available to individuals who are going through difficult times. • Works with news media to increase reporting about suicide in a way that is consistent with national recommendations. 	All people throughout the state of California.	<p>Frances Lobos Parent Project Coordinator (650) 372-3272 flobos@smcgov.org info@suicideispreventable.org www.suicideispreventable.org</p>

APPENDIX E:

Organizations and Programs Addressing Strategy 1-4

ORGANIZATIONS AND PROGRAMS ADDRESSING STRATEGY 4

Program Name	Description	Contact Information
San Mateo County Psychological Autopsies	A psychological autopsy is an educational peer and systems review after a BHRS client suicide. Its purpose is to identify areas where changes in practice or procedure may improve care. Attendance is restricted to professional personnel who were part of the deceased client's treatment. Attendance is also restricted to an administrative role in the involved units, BHRS Medical Director, Quality Improvement Manager, and consultant when appropriate.	Bob Cabaj, MD, Medical Director San Mateo County BHRS (650) 573-2043 BCabaj@smcgov.org
San Mateo County Child Death Review Team (CDRT)	San Mateo County (SMC) has a well-established interdisciplinary Child Death Review Team (CDRT), comprised of county and community agencies that meet regularly. CDRT reviews unexpected infant and child deaths (including suicide) occurring in SMC, and maintains a strong working relationship with other counties by reviewing deaths of non-SMC residents and sending reports to the county of residence. CDRT conducted a multi-year report on aggregate data and provided recommendations which have encouraged further investigations of cases and increased collaboration and information sharing among involved agencies. A standardized risk assessment tool (a recommendation from CDRT) is being piloted in SMC.	Tricia Michels Tayama, Chair TTayama@smcgov.org Mary Newman MNewman@smcgov.org Toni DeMarco TDeMarco@smcgov.org

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 - Office of Diversity and Equity
 - Suicide Prevention Committee
 - Youth to Adult Transition Program
- San Mateo County Medical Center
 - Psychiatric Emergency Services and Inpatient Psychiatric Unit

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For more information, please visit www.smchealth.org/SuicidePrevention.

2017-2020

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