



SAN MATEO COUNTY

SUICIDE PREVENTION ROADMAP

2021 – 2026



COUNTY OF SAN MATEO



**SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES**



SAN MATEO COUNTY SUICIDE PREVENTION ROADMAP 2021 – 2026

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www.smchealth.org/SuicidePrevention

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Help Available Now

If you know someone in a **suicidal crisis or emotional distress (warning signs below)**, please take it seriously and don't leave them alone. **Reach out to the following 24/7 confidential crisis support lines.**

Call 1-800-273-8255 (TALK) Suicide Prevention Lifeline (United States)

Call 650-579-0350 Star Vista's Crisis Hotline (San Mateo County)

Text "BAY" to 741741 Crisis Text Line (United States)

For physical/mental health emergencies that need an immediate response, call 9-1-1 or go to your nearest emergency room (if you can safely get there).

When calling 911 for mental health emergencies, refer to the guidelines for calling police to find out how to prepare and what to expect at smchealth.org/mh911. One important tip is to ask for a Crisis Intervention Trained Officer (CIT) to be dispatched.

Local psychiatric emergency services including the following facilities:

- **San Mateo Medical Center** 650-573-2662
222 West 39th Avenue, San Mateo, CA 94403
- **Mills-Peninsula Medical Center** 650-696-5915
1501 Trousdale Drive, Burlingame, CA 94010

Reach out to someone you are concerned about if you observe one or more of these **warning signs**, especially if the behavior is new, has increased or seems related to a painful event, loss or change:¹

- Talking about wanting to die or suicide
- Looking for a way to kill themselves or end their life
- Feeling hopeless, desperate, trapped
- Giving away prized possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

For **additional resources**, including population-specific or non-crisis resources, please visit smchealth.org/SuicidePrevention.



Dedication



This plan is dedicated to people who we have lost to suicide, people who have attempted or thought about suicide, and their loved ones. Many, if not all of us, know someone affected by suicide. We honor your loss and suffering by advancing this plan with thoughtfulness, compassion and action..

With our
individual
and collective
actions, lives
can be saved
from suicide.

There is hope.

Photo by Tatiana Lyulkin, Burlingame. Tatiana lost her mother to suicide.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

2000 Alameda de las Pulgas
Suite 235
San Mateo, CA 94403
650-573-2541 T
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smchealth.org

Dear San Mateo County Community Members and Partners,

San Mateo County Behavioral Health and Recovery Services acknowledges **suicide as both a personal and public health concern**. Most, if not all of us, know someone who has thought about or attempted suicide, or we know someone who died by suicide. That someone may be our family member, coworker, neighbor, friend or role model. As tragic and devastating suicide can be to a person and community, there are many ways we can prevent suicide – from talking openly about suicide with another person, to creating a society that is more connected and resilient.

Suicide is also a complex public health issue that involves a variety of factors at the individual, relationship, community and societal level. While mental health is still a major factor of suicide, the Centers for Disease Control (CDC) reports many other factors that contribute to suicide, including relationship problems, crisis in the past or upcoming two weeks, problematic substance use, physical health problems, job/financial problems, criminal legal problems and loss of housing.² With the current COVID-19 pandemic, these risk factors for suicide are exacerbated.

Embracing suicide as a personal and public health issue, San Mateo County created this 2021-2026 Suicide Prevention Roadmap to outline a strategy on how to collectively prevent suicide in our community. This Roadmap is part of a **larger vision to reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts** so that everyone in our community can realize healthy and meaningful lives.

The Roadmap is informed by the best practices, resources, quantitative data and qualitative data, including input from community members and those with lived experience as suicide attempt or loss survivors. There are many **uses and benefits** of this Roadmap and we hope you can utilize it for one or more of the following ways:

1. **Data** to understand our local needs, best practices and inform local prevention efforts.
2. **Education** on how to approach, support and refer those who are at risk for suicide.
3. **Resource** directory of local suicide prevention programs and activities.
4. **Opportunities to lead and/or collaborate** that are guided by a comprehensive plan.

We all play a role in preventing suicide. Whether you consider yourself a suicide prevention expert or not, you can make important contributions in advancing the goals of this Roadmap and, ultimately, helping prevent suffering and loss due to suicide. As our community have gone through unprecedented changes and loss, it is more important than ever that we have as many partners as possible to implement this ambitious and comprehensive plan.


Thank you so much to those of you who have contributed to this Roadmap, continue to advance existing suicide prevention efforts and plan to join new suicide prevention endeavors.

In Community,

Scott Gilman

Director, San Mateo County Behavioral Health & Recovery Services





Sprinkled throughout the document, you will find artistic words from some of our Suicide Attempt and Loss Survivors in San Mateo County. We are grateful that they shared their voices to send messages of hope, resilience and recovery.

If you know someone who is in a suicidal crisis or emotional distress, please reach out for 24/7 confidential crisis support:
call 650-579-0350
(or 1-800-273-8255) or
text “BAY” to 741741.

Executive Summary

Suicide is a leading public health issue across the country, state and in our local county. While San Mateo County generally has lower rates of suicide compared to state and national rates, our county is committed to saving every life possible. There is also a need to examine suicide data more closely to identify specific demographic groups and factors that have increased suicide risk compared to the general population. Unless otherwise noted, the data used below is from 2017 because this is the most current year of data available across all levels of suicide data. San Mateo County is working to improve data infrastructure so we have more timely and detailed data.

DEATH

Suicide is the
14th
leading cause of death in
San Mateo County.

59
San Mateo County
residents died
by suicide.

7.9
per 100,000 population
age-adjusted suicide death
rate (2016-2018).³

ATTEMPTS *or proxy attempt data*

346
emergency visits were
related to intentional
self-harm in San Mateo
County.

360
hospital admissions were
related to intentional
self-harm in San Mateo
County.

1,475
estimated suicide attempts
in San Mateo County
*based on the estimate of 25
suicide attempts for everyone one
suicide death.*⁴

THOUGHTS

9.5%
adults reported that they ever
thought seriously about dying by
suicide (2017-2018).

13.4%
9th grade students reported that
they ever thought seriously about
dying by suicide (2015-2017).

HELP SEEKING

1,176
calls from
650 area code to
California Peer-Run
Warmline.

5,684
calls from
650 area code to
Institute of Aging
Friendship Line.

5,316
calls from
650 area code to
National Suicide
Prevention Lifeline.

9,629
calls to
Star Vista
Crisis Hotline
(San Mateo County).

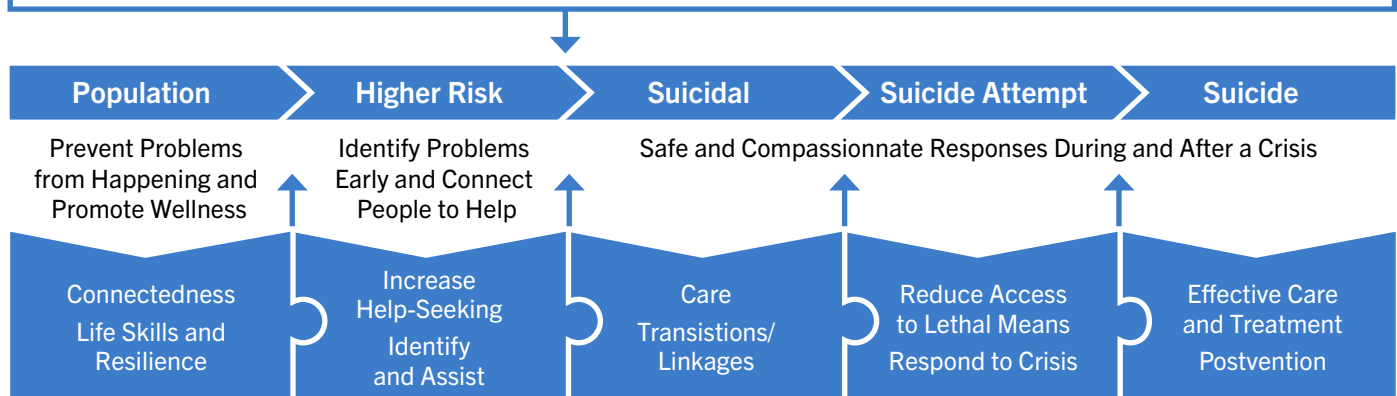
To address this public health priority, San Mateo County is publishing its second strategic plan – the Suicide Prevention Roadmap. This Roadmap is guided by **three frameworks that are compatible to the unique issues of suicide prevention and are comprehensive in framing the problems/opportunities and interventions.**

<p>Social Ecological Model</p> <p>frames risk and protective factors of suicide</p>	<p>Social Crisis Path Model</p> <p>frames suicidal behavior</p>	<p>Continuum of Interventions</p> <p>frames a continuum of interventions informed by suicidal behavior, risk factors and protective factors</p>
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Ecological Approach to Suicide Prevention Along Suicidal Crisis Path

<p>INDIVIDUAL Biology, Knowledge, Attitudes, Skills, Education, Job Satisfaction, Health</p>	<p>RELATIONSHIPS People who can recognize warning signs and intervene</p>	<p>COMMUNITY Safe and supportive schools, workplaces, and community</p>	<p>PUBLIC POLICY Public and organizational policies, practices, and culture</p>
<p>Protective Factors</p> <ul style="list-style-type: none"> ↑ Coping and Problem Solving Skills ↑ Social Connectedness ↑ Reasons for Living ↑ Moral Objectives to Suicide ↑ Quality Healthcare ↑ Cultural Beliefs <p>Risk Factors</p> <ul style="list-style-type: none"> ↓ Mental Health Condition ↓ Substance Abuse ↓ Previous Suicide Attempt ↓ Aggression ↓ Impulsivity ↓ Exposure to Violence ↓ Adverse Childhood Experiences (trauma) ↓ Stressful Life Events (job, finances, illness, loss, conflict) 	<p>Protective Factors</p> <ul style="list-style-type: none"> ↑ Connectedness ↑ Supportive Relationships with Family, Friends and Providers <p>Risk Factors</p> <ul style="list-style-type: none"> ↓ High Conflict or Violent Relationships ↓ Family History of Suicide 	<p>Continuous Care</p> <p>Reduced Access to Lethal Means</p> <p>Support After Suicide</p> <p>Reduced Stigma about Mental Health Condition</p>	<p>AB 2246 School Suicide Prevention Policy K7-12</p> <p>AB 1436 Mental Health Professionals Suicide Prevention Training</p>

Individual, Interpersonal, and Community Level Stressors and Supports



Adapted from image created by Los Angeles Suicide Prevention Network and Your Social Marketer, Inc.

The 2021-2026 San Mateo County Suicide Prevention Roadmap is not only guided by comprehensive frameworks but also the latest research, data and best practices that shape the strategies and goals in the California's Strategic Plan for Suicide Prevention 2020-2025.⁵ This has led to the creation of **4 strategic aims and 13 goals** in the 2021-2026 San Mateo County's Suicide Prevention Roadmap. Each goal includes the following components: **rationale, long-term outcome, equity focus, current efforts and objectives**. The strategic aims and goals are as follows:



STRATEGIC AIM 1 Establish a Suicide Prevention Infrastructure

Goal 1: [Enhance Visible Leadership and Networked Partnership](#)

Goal 2: [Increase Development and Coordination of Suicide Prevention Resources](#)

Goal 3: [Advance Data Monitoring and Evaluation](#)



STRATEGIC AIM 2 Minimize Risk Factors and Promote Protective Factors Across the Individual, Relationship, Community and Society Levels

Goal 4: [Create Safe Environments by Reducing Access to Lethal Means](#)

Goal 5: [Empower People, Families and Communities to Reach Out for Help When Mental Health and Substance Use Needs Emerge](#)

Goal 6: [Increase Connectedness Between People, Family Members and Community](#)

Goal 7: [Increase the Use of Best Practices for Reporting Suicide and Promote Healthy Use of Social Media and Technology](#)

Goal 8: [Strengthen Economic Supports](#)



STRATEGIC AIM 3 Increase Early Identification of Suicide Risk and Connection to Service Based on Risk

Goal 9: [Increase Detection and Screening to Connect People to Services](#)

Goal 10: [Deliver Continuum of Crisis Services](#)



STRATEGIC AIM 4 Improve Suicide Related Services and Supports

Goal 11: [Deliver Best Practices in Care Targeting Suicide Risk](#)


Goal 12: [Ensure Continuity of Care and Follow-Up After Suicide Related Services](#)

Goal 13: [Expand Support Services Following A Suicide Loss](#)

After the creation and dissemination of this 2021-2026 San Mateo County Suicide Prevention Roadmap, the **next steps** include the following:

1. **Recruit key action partners and build coalition**
2. **Develop action plan**
3. **Develop evaluation plan**

One of the greatest strengths of our San Mateo County community is collaboration. Our willingness to partner and own suicide prevention as a collective concern will bring us far along in reaching our suicide prevention aspirations. **To stay informed and to get involved, please visit smchealth.org/SuicidePrevention.**



“To all the
people that
don’t believe
they matter
to anyone or
feel numb.
**You Should
Be Here”**

– From *Letter To You* photovoice
by Vivian Valdez, San Mateo

Suicide Trends in San Mateo County

To have a general understanding of the suicide trends in San Mateo County, this section highlights suicide data categorized in four categories: (1) **suicide deaths**, (2) **suicide attempts**, (3) **suicide ideation** and (4) **help-seeking**.

The first three data categories include **leading demographics** that show which demographic groups constitute a high proportion of suicide deaths, attempts and ideation. While this information shows insightful trends, it doesn't predict whether these specific demographic groups will engage in suicidal behavior.

Most of the data used below is from 2017 because this is the most current year of data available across all levels of suicide data. San Mateo County is working to improve data infrastructure so we have more timely and detailed data.

Here are the suicide trend data for San Mateo County:

SUICIDE DEATHS⁶⁻⁷

- Suicide is the **14th leading cause of death** in San Mateo County in 2017.
- **59** residents of San Mateo County died by suicide in 2017.
- The groups of people with these demographic characteristics appear to be at disproportionate risk of suicide death: **White, male, single, 51-60 years** age group and **high school graduate/GED**.
- The leading methods for San Mateo County suicide deaths in 2017 were **firearm** followed by **hanging**.
- The **county suicide death rate** (7.4 per 100,000 in 2015-2017) is **lower than the state and national suicide death rate** (10.4 per 100,000 in 2015-2017 and 14 per 100,000 in 1999-2017, respectively).
- San Mateo County ranks **second to lowest county suicide death rate compared among all 58 counties in California**. Santa Clara County has the lowest county suicide death rate.⁸

SUICIDE ATTEMPTS⁹

Please Note: While suicide attempt data is approximated by intentional self-harm, self-harm does not necessarily equate to suicide attempt.¹⁰

- **346 emergency department visits were related to intentional self-harm** in San Mateo County in 2017
 - The groups of people with these demographic characteristics appear to be at disproportionate risk of emergency department visits related to intentional self-harm: **White or Latinx, female, 15-24 years** age group and **residing in Mid-County**
 - In 2016-2018, the county emergency visit rate for adolescents (27.5 per 100,000) and adults (11.5 per 100,000) is **lower than the state emergency visit rate for adolescents (40.3) and adults (18.5)**

- **360 hospital admissions were related to intentional self-harm** in San Mateo County in 2017
 - The groups of people with these demographic characteristics appear to be at disproportionate risk of hospital admissions visits related to intentional self-harm: **White, female, 15-24 years** age group and **residing in Mid-County**
 - In 2016-2018, the county hospitalization rate for adolescents (23.2 per 100,000) is **higher than the state hospitalization rate for adolescents** (12.9 per 100,000).
 - In 2016-2018, the county hospitalization for adults (9.8 per 100,000) is **lower than the state hospitalization rate for adults** (13.6 per 100,000).



SUICIDE THOUGHTS

- **9.5%** adults reported that they ever thought seriously about dying by suicide in 2017-2018 for San Mateo County residents.¹¹
 - The groups of adults in these age groups appear to be at disproportionate risk of suicide ideation: **25-44 years** (13.9%) followed by **18-24 years** (12.6%).
 - This percentage is **lower than what adults reported in California** overall in the same time period (12.5%)
- **13.4%** **9th grade students** in San Mateo County in 2017-2018 reported that they seriously considered attempting suicide in the previous year.¹²
 - The groups of 9th graders with these demographic characteristics appear to be at disproportionate risk of suicide ideation: **female** and **heterosexual**.
 - This percentage is **lower than what 9th grade students reported in California** overall in the same time period (16%)

HELP-SEEKING

- **5,684** calls from 650 area to Institute of Aging Friendship Line.¹³
- **5,316** calls from 650 area code to National Suicide Prevention Lifeline.¹⁴
- **9,629** calls to Star Vista Crisis Hotline.¹⁵

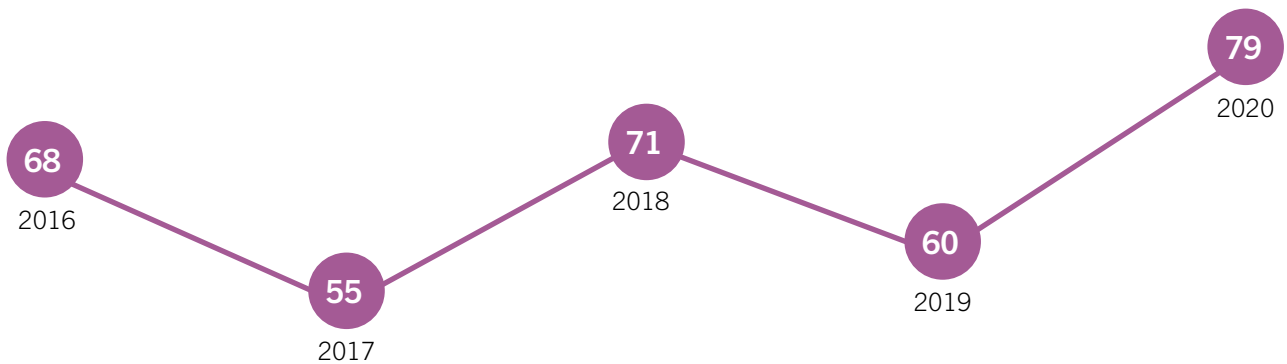
While the data generally shows **San Mateo County with lower rates of suicide behavior compared to the state and country**, our county is **committed to saving every life possible**, including those groups that have a higher risk than the general county population. There is a need to enhance data collection and analysis to illustrate a more nuanced understanding of the specific demographic groups and factors that have a higher suicide risk.

Suicide Trends During COVID-19

California Vital Records Business Intelligence System (VRBIS); data collected by the San Mateo County Coroner's Office and analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.

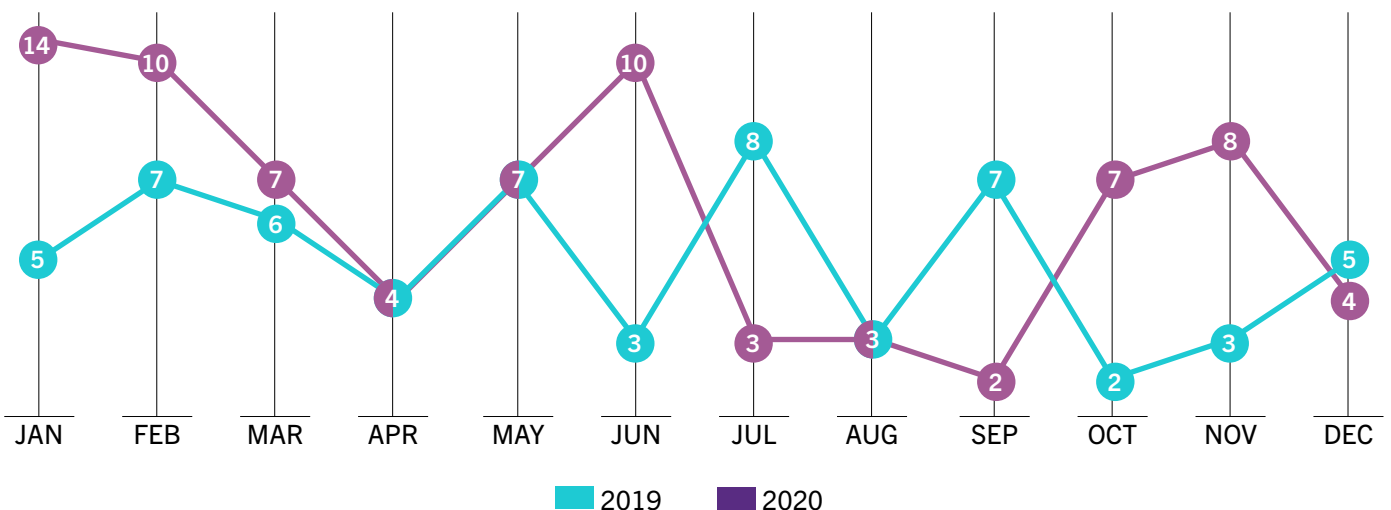
With the ongoing pandemic, suicide prevention has been more important than ever in the United States, California and San Mateo County. Suicide deaths increased 32% from 2019 to 2020. The most common methods of death by suicide for 2020 were firearm and hanging. This is comparable to prior years. Suicide deaths by city are comparable for 2020 vs. 2019, except for an increase in Belmont where 8 deaths by suicide occurred in 2020 compared to less than 3 in 2019, and in Redwood City where 12 deaths occurred compared to 4 in 2019.

Deaths by Suicide by Year, San Mateo County, 2016-2020



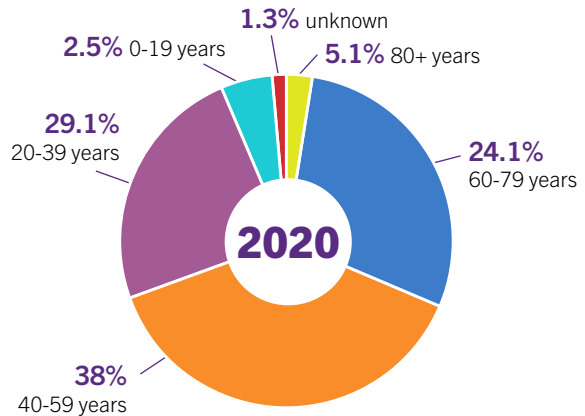
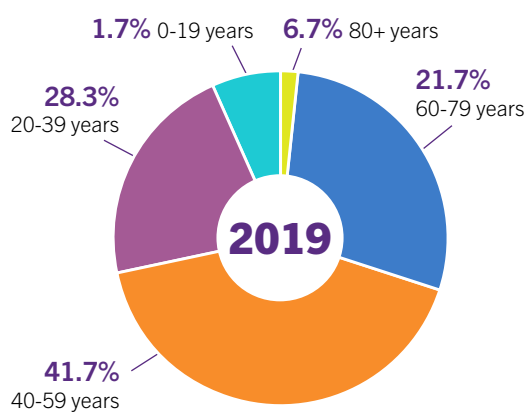
Deaths by Suicide by Month, San Mateo County, 2019-2020

There was an increase in suicide deaths in San Mateo County in the months of January and February of 2020, prior to the full impact of COVID-19. There was a high number of suicide deaths in June 2020 as well, but in looking across the other years (data not shown), it is not unusual to have a one month spike occur.



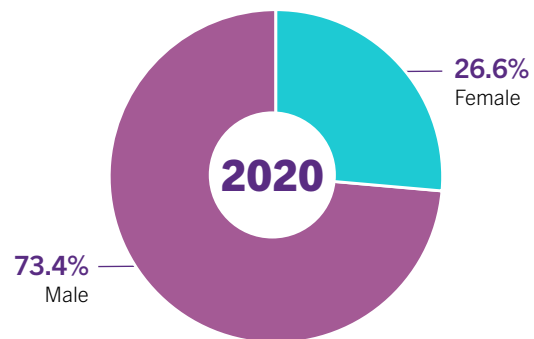
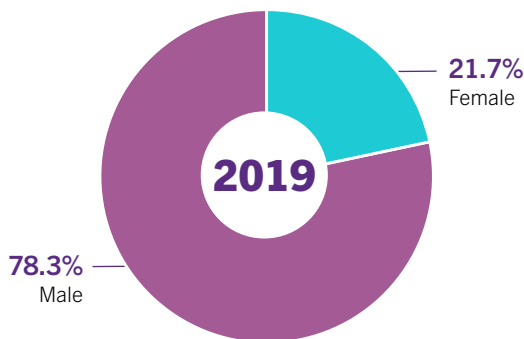
Deaths by Suicide by Age, San Mateo County, 2019-2020

Suicide deaths by age group for 2020 are similar to 2019.



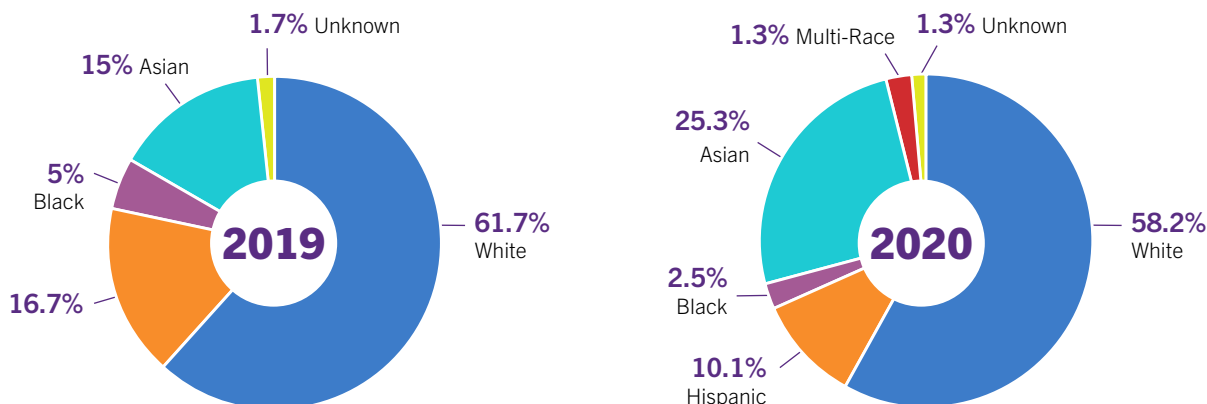
Deaths by Suicide by Sex, San Mateo County, 2019-2020

Suicide deaths by sex for 2020 are similar to 2019.



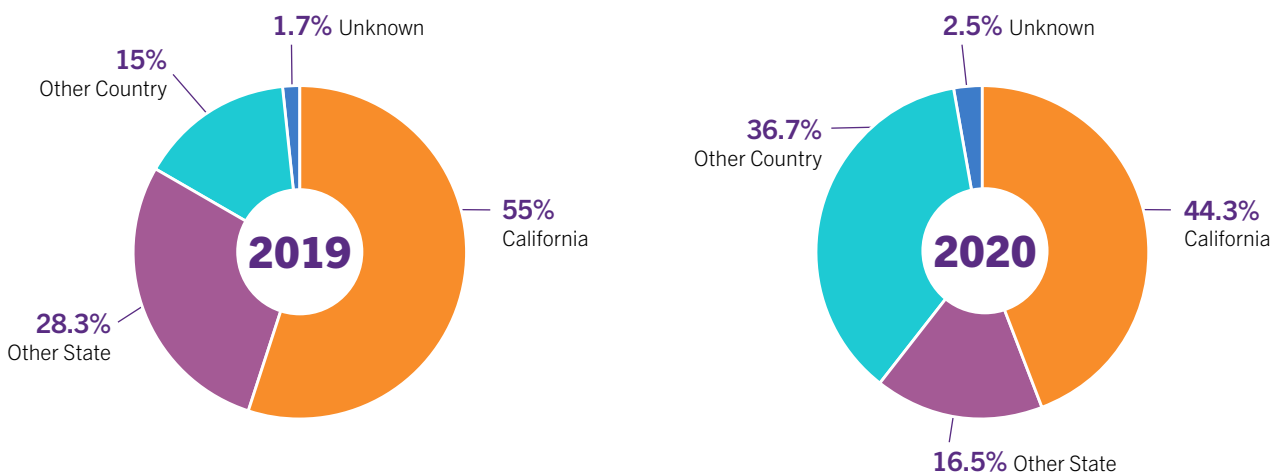
Deaths by Suicide by Race/Ethnicity, San Mateo County, 2019-2020

Suicide deaths by race/ethnicity show an increase in 2020 for Asians, compared to 2019.



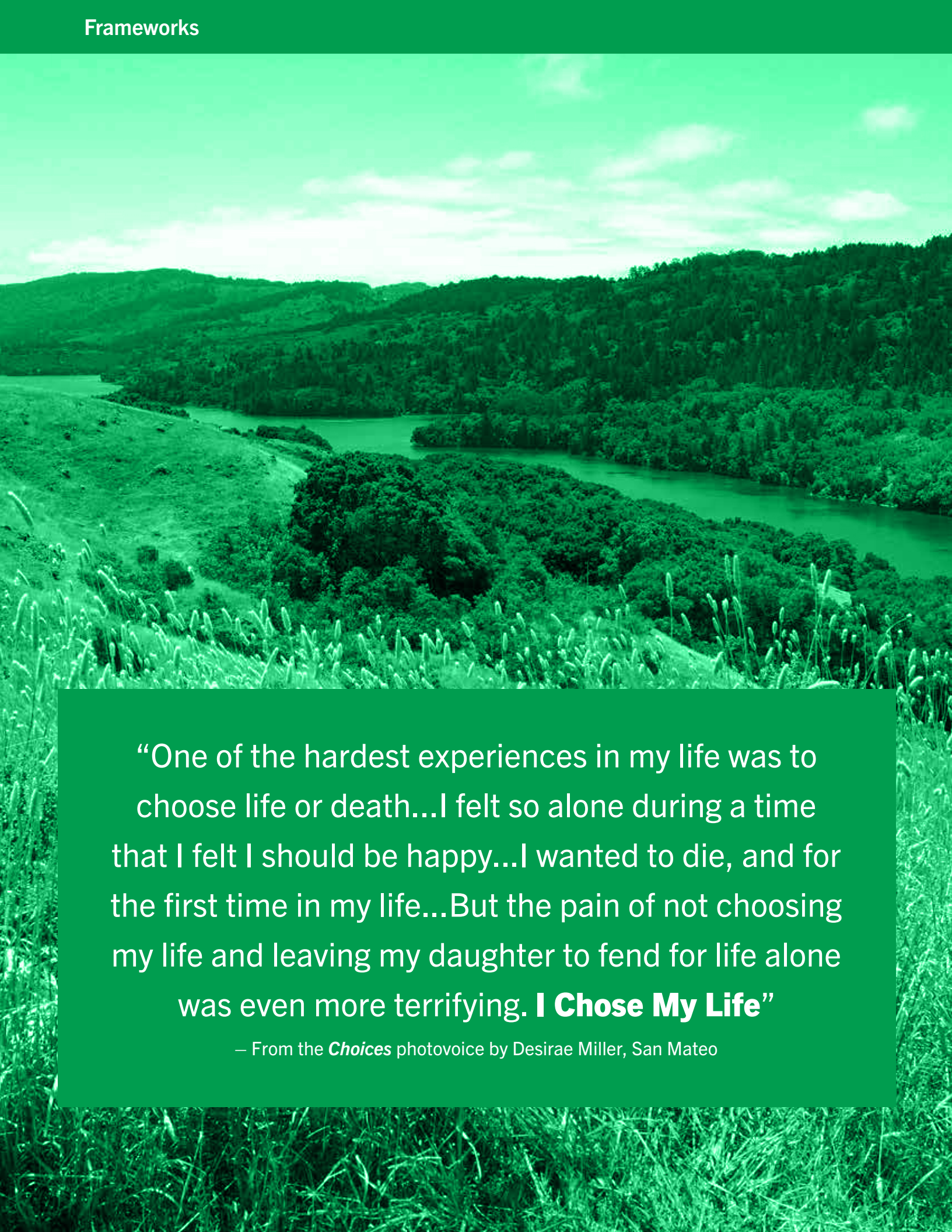
Deaths by Suicide by Birthplace, San Mateo County, 2019-2020

Suicide deaths by birthplace for 2020 show an increase amongst individuals born in a country other than the United States (36.7% in 2020 vs. 15.0% in 2019). No particular country stands out, although there are more from Asian countries (n=16) than other parts of the world.



If you know someone who is in suicidal crisis or emotional distress, please reach out for **24/7 Confidential Crisis Support** call **650-579-0350** or **1-800-273-8255** or text **"BAY"** to **741741**





“One of the hardest experiences in my life was to choose life or death...I felt so alone during a time that I felt I should be happy...I wanted to die, and for the first time in my life...But the pain of not choosing my life and leaving my daughter to fend for life alone was even more terrifying. **I Chose My Life**”

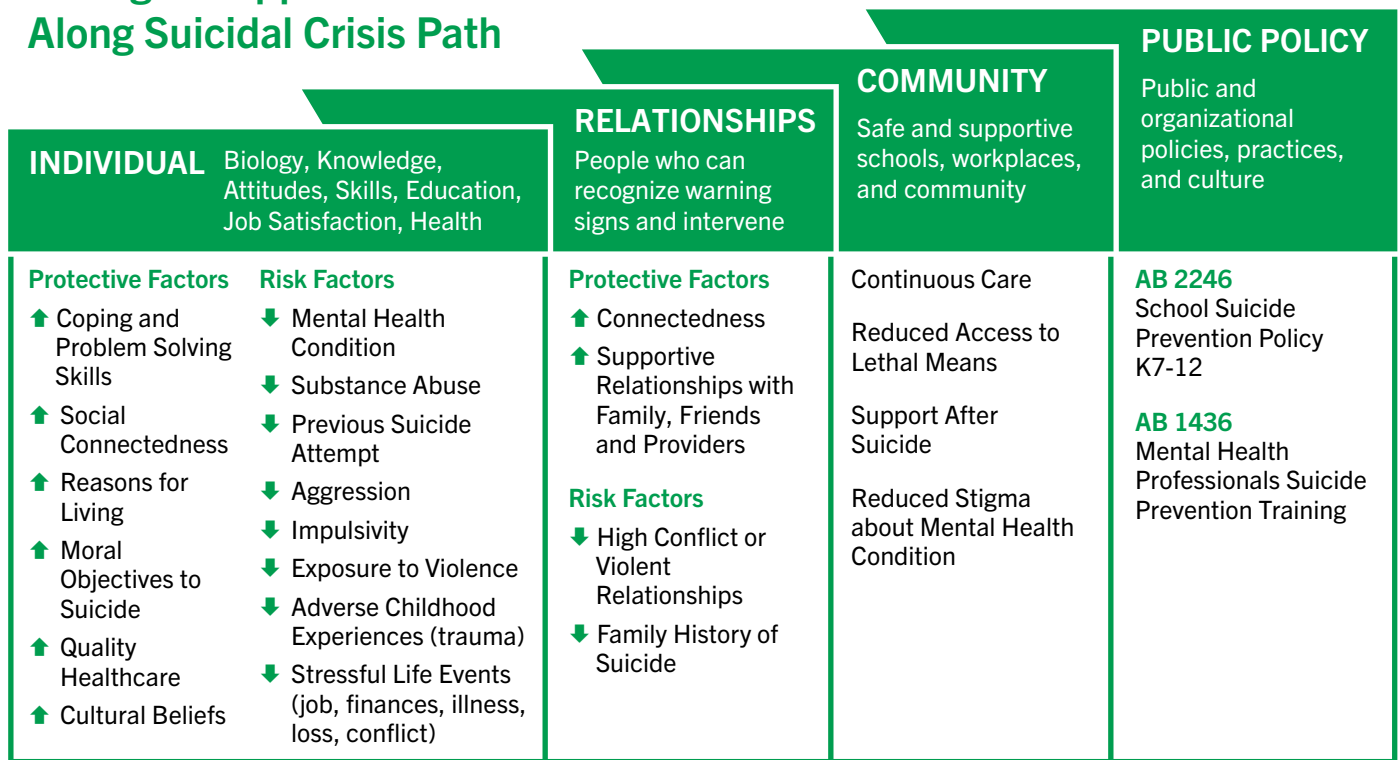
– From the *Choices* photovoice by Desirae Miller, San Mateo

Frameworks

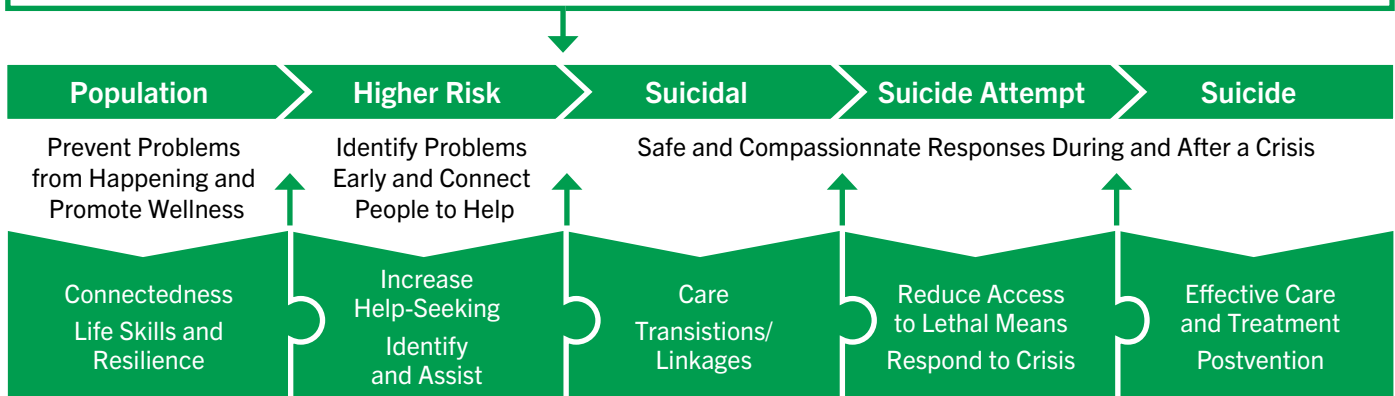
To address suicide prevention as a public health issue, San Mateo County Suicide Prevention Roadmap is guided by three frameworks:

1. **Social Ecological Model**¹⁶ – frames risk and protective factors of suicide
2. **Suicidal Crisis Path Model**¹⁷ – frames suicidal behavior
3. **Continuum of Interventions**¹⁸ – frames a continuum of interventions informed by suicidal behavior, risk factors and protective factors

Ecological Approach to Suicide Prevention Along Suicidal Crisis Path



Individual, Interpersonal, and Community Level Stressors and Supports



Adapted from image created by Los Angeles Suicide Prevention Network and Your Social Marketer, Inc.

The below diagram depicts the above frameworks. There are additional descriptions or examples below. For more in-depth explanation and research, please refer to corresponding references.

SOCIAL ECOLOGICAL MODEL (SEM)

This framework was originally created by the Centers for Disease Control and Prevention and researched in the suicide prevention context by Robert J. Cramer and Nestor D. Kapusta.¹⁹ The table below includes a modified summary of Cramer and Kapusta’s summary of existing research on suicide risk and protective factors. Please note that risk and protective factors may increase or decrease risk of suicide but do not necessarily predict or lead to suicide.

	Risk Factors	Protective Factors
<p>SOCIETY social cultural norms or policies (health, social, economic, political, etc.)</p>	<ul style="list-style-type: none"> • Economic downturn/depression • Living location with less restrictive firearm laws • Seasonal variation • Stigma about mental health and treatment • Air pollutants • Viruses/parasites • Poverty • Mountain region of the US • Western and southern US 	<ul style="list-style-type: none"> • Healthy economy • Living location with more restrictive firearm laws • Mental health funding • Northeast US
<p>COMMUNITY settings, environments and neighborhoods</p>	<ul style="list-style-type: none"> • Exposure to community violence • Local suicide epidemic • Barriers to healthcare access 	<ul style="list-style-type: none"> • Crisis support lines/hotlines • Healthcare/mental healthcare access • Effective mental healthcare • Trained gatekeepers • Community involvement • School-based support and intervention programming

	Risk Factors	Protective Factors
<p>RELATIONSHIP close relationships</p>	<ul style="list-style-type: none"> • Living in household with firearm • Exposure to suicide/contagion • Family violence • Family conflict • Family history of mental health condition • Family history of suicide/attempt • Relationship instability • Death of a loved one • Severing of romantic relationship • Social isolation/withdrawal • Combat exposure 	<ul style="list-style-type: none"> • Presence of social support • Use of social support • Perceived social support • Concerns suicide is harmful to child/family • Sense of responsibility to family • Healthy long-term committed relationship/marriage • Help-seeking behavior • Children present in the home • Pregnancy • Pulling together • Caring letters • Social connectedness • Contact with caregivers • Support for connection with healthcare providers • Cognitive-behavioral therapy • Dialectical-behavior therapy • Collaborative assessment and management of suicide (CAMS)



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

	Risk Factors	Protective Factors
<p>INDIVIDUAL biological, socio-demographic or personal history</p>	<ul style="list-style-type: none"> • Serotonin dysfunction • Family history of suicidal behavior • Socio-Demographic (including certain race/ethnicity, gender identity and sexual identity which may be a result of societal and community factors) • Religiosity/spirituality (i.e., suicide as a resolution to problems) • High risk professions (e.g., military, law enforcement) • Firearm ownership (and unlocked, loaded) • Incarceration • High perceived/subjective stress • Job loss/unemployment • Financial strain • Recent discharge from psychiatric hospital • Bullying/bias crime victimization 	<ul style="list-style-type: none"> • Biological • Selective serotonin reuptake inhibitors (SSRI) usage • Lithium/mood stabilizer treatment • Clozapine usage • Socio-Demographic • Heterosexual sexual orientation • Religiosity/spirituality (i.e., beliefs about suicide being wrong)



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

SUICIDAL CRISIS PATH MODEL

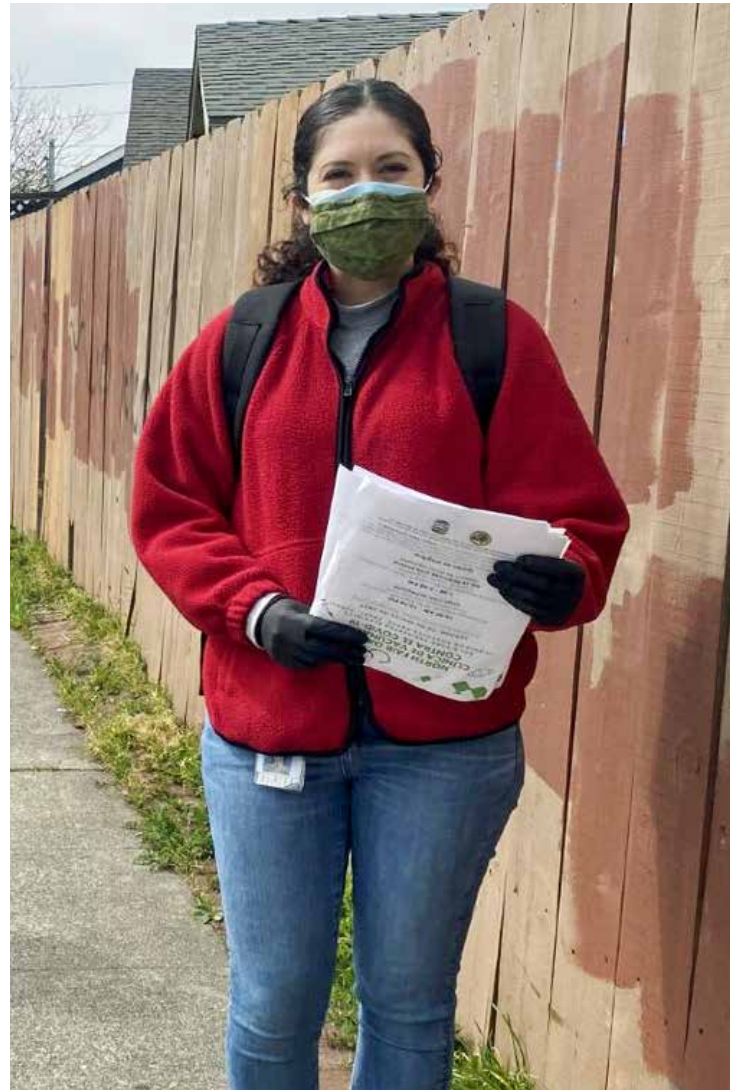
In order to develop a comprehensive approach for suicide prevention it is important to understand the complexity of suicide. The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. In doing 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.²⁰

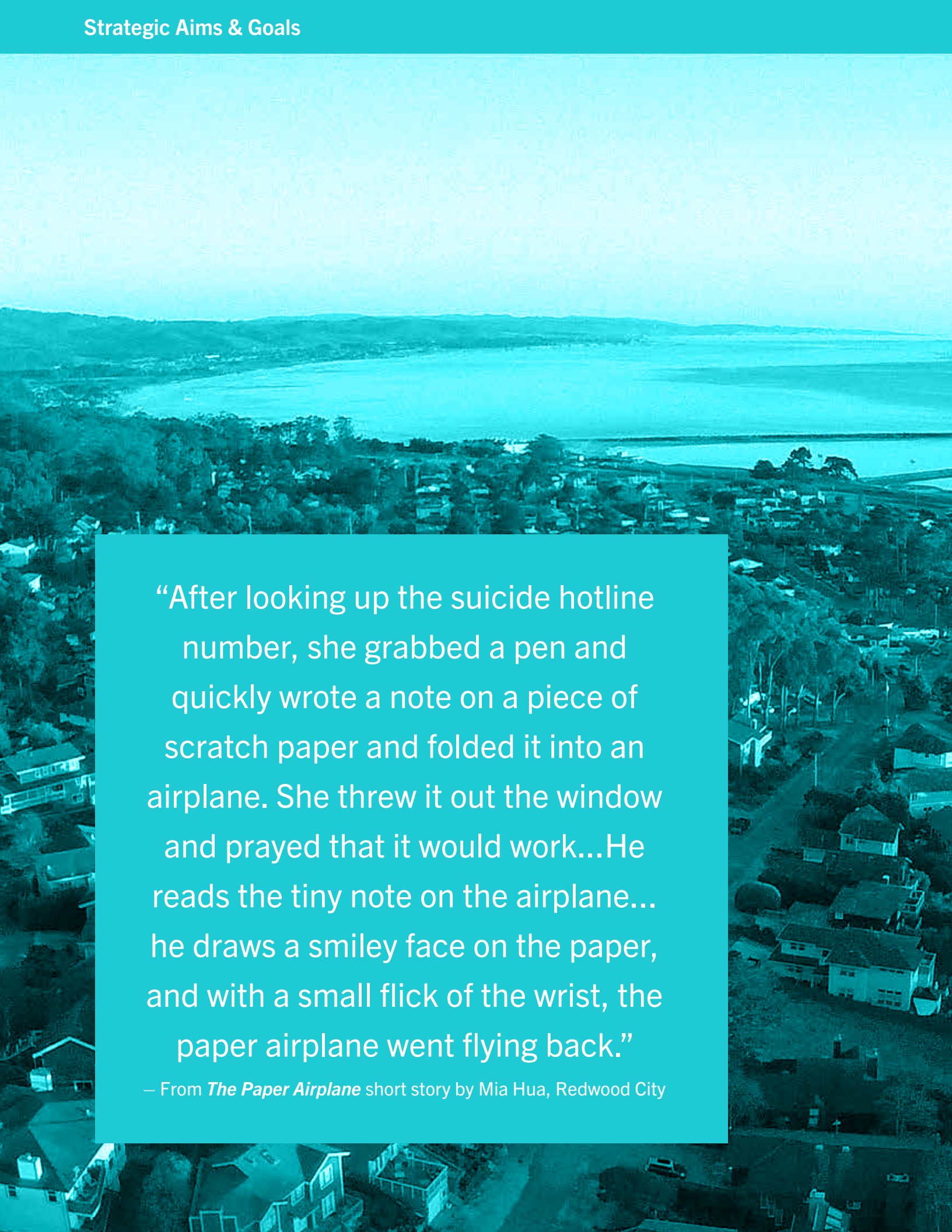
- **Stasis Level** – normal level of coping (varies by individual)
- **Higher Risk** – exposed to factors that lead to increased likelihood (but doesn't necessarily cause) of suicidal behaviors below
- **Suicidal** – thinking about, considering or planning suicide
- **Suicide Attempt** – non-fatal attempt of suicide
- **Suicide** – death by suicide

CONTINUUM OF INTERVENTIONS

This framework is based on the mental health intervention spectrum for mental health conditions in the National Academy of Science publication *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. The framework has been adapted to better apply to the unique nature of suicide prevention. For this Continuum of Interventions, there are a few things to consider when reviewing the below intervention definitions: (1) definitions of these five types of interventions vary across the suicide prevention field (there are no precise definitions), (2) types of interventions overlap on a continuum (there are no clear boundaries) and (3) the below working definitions are used to inform this plan.

- **Promotion** – interventions that increase suicide protective factors and reduce suicide risk factors to advance resilience and well-being
- **Prevention** – interventions that prevent suicidal behavior
- **Early Intervention** – interventions that detect early signs or symptoms of suicidal behavior
- **Intervention** – interventions that address existing suicidal behavior
- **Postvention** – interventions that address/prevent suicidal behavior among suicide loss survivors after a suicide death





“After looking up the suicide hotline number, she grabbed a pen and quickly wrote a note on a piece of scratch paper and folded it into an airplane. She threw it out the window and prayed that it would work...He reads the tiny note on the airplane... he draws a smiley face on the paper, and with a small flick of the wrist, the paper airplane went flying back.”

– From *The Paper Airplane* short story by Mia Hua, Redwood City

Strategic Aims & Goals

San Mateo County’s Suicide Prevention Roadmap aligns with and builds off of the four strategic aims and twelve goals outlined in California’s Strategic Plan for Suicide Prevention 2020-2025. These strategic aims and goals are based on current suicide prevention best practices and intended to empower local partners.

San Mateo County’s Suicide Prevention Roadmap consists of four strategic aims and thirteen goals. Each goal includes the following components:






-  **Rationale** – based on data when available, including qualitative data (e.g. stakeholder surveys, forum discussions and public comment) and quantitative data (e.g. death, attempt, thoughts, protective factor, risk factor and help-seeking data).
-  **Long-Term Outcome** – measurable targets that may be directly or indirectly from implementation of objectives and anticipated to take longer than five years to achieve; often based on qualitative data.
-  **Equity Focus** – equity-centered action that aims to improve outcomes for historically marginalized communities.
-  **Current Efforts²¹** – program or activity that is currently advancing this specific goal.
-  **Objectives** – program or activity intended to advance this specific goal.



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

To address this complex public health issue, San Mateo County needs a variety of **key action partners** to dedicate people, funding, data and work around suicide prevention.



The San Mateo County **Suicide Prevention Committee (SPC)** is a coalition that consists of many of the above key partners who are already doing impactful suicide prevention work. The SPC will continue fostering further collaboration to implement this Roadmap. For more information about the SPC, please see [Appendix A: About Suicide Prevention Committee](#) or visit www.smchealth.org/SuicidePrevention.



STRATEGIC AIM 1: Establish a Suicide Prevention Infrastructure

GOAL 1: Enhance Visible Leadership and Networked Partnerships

Rationale

- Suicide is a local public health priority as the 14th leading cause of death in San Mateo County in 2017.²²
- Suicide prevention requires a diversity of partners since suicide is attributed to various factors at the individual, relationship, community and society levels.²³

Long-Term Outcome

Increased commitment and sustainability of suicide as a preventable public health priority across diverse partners.

Equity Focus

Ensure that Suicide Prevention Committee represents the diverse demographic of the San Mateo County community, at least in terms of race/ethnicity, language, gender identity, sexual identity, age, birthplace and city.

Current Efforts²⁴

Since 2010, San Mateo County has had a suicide prevention coalition — the Suicide Prevention Committee — that is open to community partners and community members. The Suicide Prevention Committee is dedicated to the mission of providing oversight and direction to suicide prevention efforts in San Mateo County.

- **Suicide Prevention Committee** For details of above program/activity, please see [Appendix A: About Suicide Prevention Committee](#).

Objectives

Objective 1a | Enhance Coalition: Suicide Prevention Committee will provide strategic guidance, technical assistance, data monitoring, countywide evaluation, information dissemination and other infrastructure to local partners.

Objective 1b | Build Networked Partnerships: Recruit a diversity of action partners who can champion suicide prevention as a public health priority. Provide capacity building and workgroup opportunities to align goals, expertise and resources among partners.



GOAL 2: Increase Development and Coordination of Suicide Prevention Resources

Rationale

- Stakeholder feedback identified coordination of resources as the 2nd highest priority goal of the 12 goals identified by the California’s Strategic Plan for Suicide Prevention 2020-2025.
- National and state strategic plans prioritize coordination of suicide prevention resources across all sectors in a community (not just among behavioral health organizations).²⁵⁻²⁶

Long-Term Outcome

Increase in coordination and integration of suicide prevention resources through planning and collaboration across diverse partners and systems.

Equity Focus

Identify strategies to systematically improve community reach of suicide prevention resources to diverse communities in San Mateo County, at least in terms of race/ethnicity, language, gender identity, sexual identity, age, birthplace and city.

Current Efforts²⁷

To enhance the development, coordination and integration of suicide prevention resources, the Suicide Prevention Committee developed, facilitated implementation and monitored progress of San Mateo County’s first suicide prevention strategic plan – called the 2017-2020 Suicide Prevention Roadmap.

- Suicide Prevention Committee
- 2017-2020 Suicide Prevention Roadmap

For details of above program/activity, please see [Appendix A: About Suicide Prevention Committee](#) and [Appendix B: 2017-2020 Roadmap & Progress](#).

Objectives

Objective 2a | Develop Implementation Strategy: Develop an implementation strategy and action plan.

Objective 2b | Map Partners & Resources: Map partners and assets across sectors to coordinate priorities, roles & responsibilities, funding, data and other resources.

Objective 2c | Develop Return on Investment Data: Develop data that demonstrates how investments in specific suicide prevention strategies could lead to improved outcomes and cost savings in other areas, such as emergency services and healthcare.

Objective 2d | Integrate Strategies into Existing Services: Integrate suicide prevention strategies into existing services being delivered through local settings, systems, and programs.

Objective 2e | Establish Formal Partnerships: Establish formal partnerships to foster communication, information sharing and coordination (e.g. MOU)

GOAL 3: Advance Data Monitoring and Evaluation



Rationale

- Data monitoring and evaluation is essential to identify protective factors and risk factors at an individual, relationship, community and society level.
- Data and evaluation-based needs can better inform and tailor suicide prevention interventions.



Long-Term Outcome

Increase in the use of standardized data to guide suicide prevention local policy and planning, resource management, and investment.



Equity Focus

Advance suicide data collection that yields disaggregated data and more equitable data analysis for various marginalized communities.

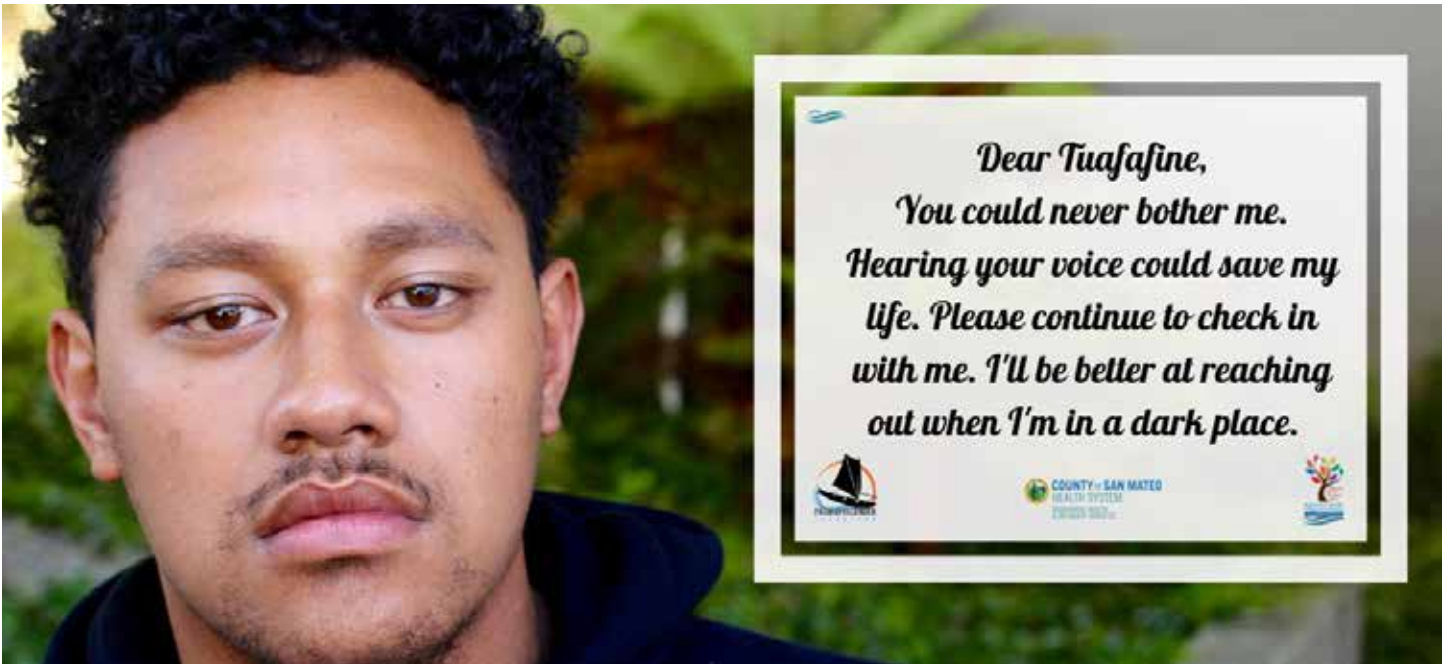


Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

Current Efforts²⁸

A variety of organizations and tools provide San Mateo County-specific data on suicide deaths, suicide attempts, suicide ideation, suicide risk/protective factors and help-seeking. This local data provides insights on who and what to focus on for suicide prevention interventions.

- All Together Better Health Data Portal
- Behavioral Health Case Review
- California EpiCenter
- California Health Interview Survey
- California Healthy Kids Survey
- California Measurements, Outcomes, and Quality Assessment
- California Office of Statewide Health Planning & Development – Emergency Department and Hospitalization Data
- California Peer-Run Warmline
- California Vital Records Business Intelligence System – Mortality Data
- Caltrain – Fatality Statistics
- Child Death Review Team
- Community Stigma Baseline Survey
- Coroner’s Office - Suicide Consolidated Risk Assessment Profile
- County Office of Education Suicide Prevention School Protocol – Documentation of Risk Assessment
- Domestic Violence Death Review Team
- Elder Death Review Team
- Health & Quality of Life Survey
- Institute on Aging Friendship Line
- National Suicide Prevention Lifeline
- Star Vista’s Crisis Intervention & Suicide Prevention Center – Hotline

For details of above program/activity, please see [Appendix E: Suicide Prevention Data in San Mateo County](#) and/or [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Objectives

Objective 3a | Analyze and Use Suicide Data:

Use suicide death, attempt and ideation data to evaluate the proportion of suicidal behavior that results in death. The results should be used to identify high-risk groups, target them with selective prevention strategies, and focus resources on specific lethal means restriction strategies.

Objective 3b | Update Suicide Consolidated Risk Assessment Profile: The Coroner's Office and Suicide Prevention Committee can work together to update San Mateo County's version of the Suicide Consolidated Risk Assessment Profile.

Objective 3c | Add Suicidality Question(s) to Health & Quality of Life Survey: Develop and propose suicidality question(s) to be added to San Mateo County's Health and Quality of Life Survey. Prioritize suicide ideation question that aligns with California Health Interview Survey. The addition of this question can help correlate suicide ideation with other risk and protective factors.

Objective 3d | Disseminate Suicide Prevention Participant and Program Evaluation Templates: Disseminate suicide prevention participant and program evaluation templates created by the statewide effort called MOQA (Measurements, Outcomes, and Quality Assessment).

Objective 3e | Disseminate Best Practices: Disseminate effective suicide prevention best practices shared by leading suicide prevention organizations and researchers. Best practices could cover topic areas such as communications, training, treatment and community-based programs. For community-based suicide prevention efforts, our local communities can refer to national guidelines on how to implement effective and comprehensive community-based suicide prevention programs.²⁹

Objective 3f | Explore Partnerships with Colleges/Universities: Build relationships with local colleges and universities and identify capacity for research to support local and state suicide prevention goals.

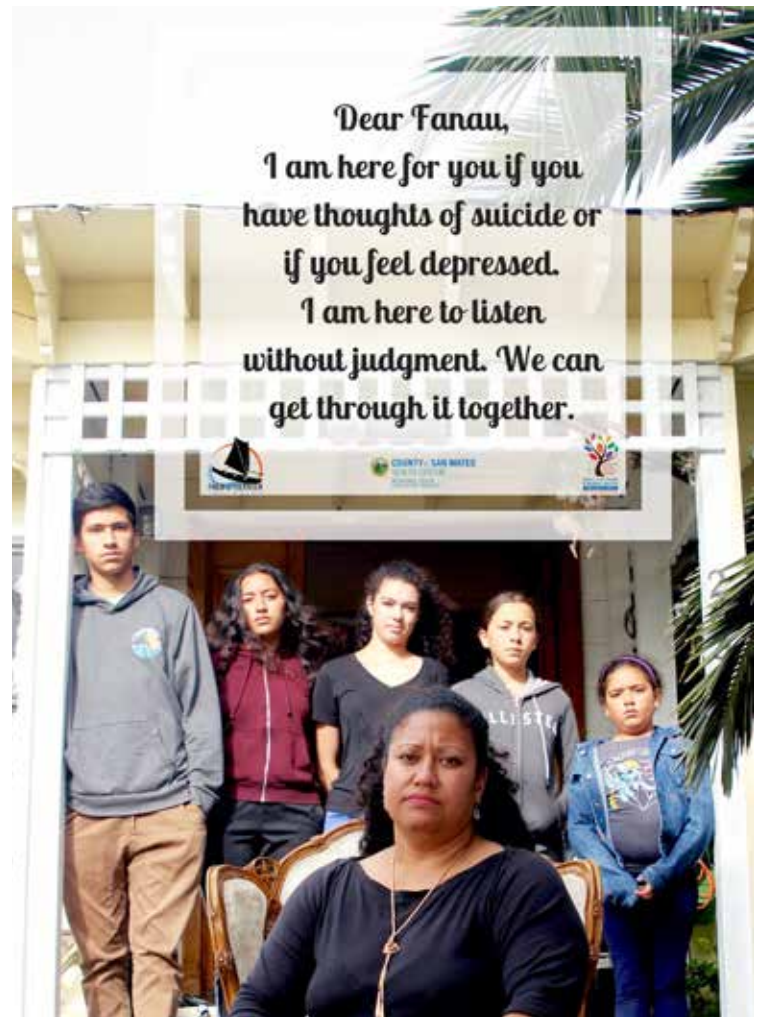


Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.



STRATEGIC AIM 2: Minimize Risk and Promote Protective Factors Across the Individual, Relationship, Community and Society Levels

GOAL 4: Create Safe Environments by Reducing Access to Lethal Means



Rationale

- As is across the United States and California, in San Mateo County, suicide deaths are attributed to more lethal means such as firearm and hanging.³⁰
- Research studies have suggested that lethal means restriction leads to reduced suicide rates due to that method and reduced overall suicide rates.³¹



Long-Term Outcome

Decrease in suicide deaths and attempts, including those attributed to lethal means.



Equity Focus

Ensure warning signs and labels are available in San Mateo County's threshold languages.



Current Efforts³²

San Mateo County has a variety of past and ongoing efforts that aim to reduce access to lethal means, including firearms, medication and trains.

- Anonymous Gun Buyback
- Caltrain – Rail Safety and Suicide Prevention Activities
- Gun Violence Restraining Order
- Moms Demand Action
- Safe Waste Disposal of Medicine
- San Mateo County Sheriff's Office Firearm Destruction

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).

Objectives

Objective 4a | Use Suicide Data to Tailor Means Restriction Strategies: Identify the methods of suicidal behavior (death and attempt) used by community members and by specific demographic and cultural groups (such as race/ethnicity, language, age, sexual orientation, and gender identity) to guide development of tailored means restriction strategies and evaluate impact.

Objective 4b | Create Suicide Prevention Data Collection & Reporting Agreements: Create agreements among local bridge and rail authorities, first responders, and crisis services providers to collect data documenting events in which people were prevented from making a suicide attempt (i.e. jumping), any services they received and the outcomes. Include reporting requirements, such as biannual or quarterly reports.

Objective 4c | Disseminate Suicide Prevention Information to Gun Shop & Range Owners: Disseminate information to local gun shop and range owners to increase awareness in the firearm owning community about suicide warning signs, how to intervene, and available resources.

Objective 4d | Incorporate Suicide Prevention in Firearm Safety Trainings: Partner with local firearm safety trainers to incorporate firearm suicide prevention education into trainings.

Objective 4e | Disseminate Information About Lawful Firearm Transfer/Storage During Suicide Crisis: Partner with law enforcement, family members and other key partners to guide dissemination of lawful options for temporarily transferring firearms for storage in times of suicide crisis or when Gun Violence Restraining Orders apply.

Objective 4f | Promote Safe Medicine Disposal and Suicide Prevention: Promote safe medication disposal methods in the community or through pharmacies and other health care providers and partner with local pharmacies to highlight suicide and overdose prevention resources for people filling prescriptions.

Objective 4g | Promote Overdose Prevention Information: Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose.

Objective 4h | Advance Policies to Reduce Excessive Alcohol Use: Partner with alcohol and other drug prevention experts on what and where local community-based policies can be implemented, including zoning laws (density of alcohol vendors), taxes and bans.

Objective 4i | Address Site-Specific Suicides: Convene with regional and local partners to (1) identify specific sites in the community frequently used for suicide, or those that provide opportunity for suicide, (2) consider the benefits and risks of installing signs that list crisis services resources and provide positive, life-affirming messages and (3) develop plans, identify funding for and implement plans to construct barriers to prevent suicide at those identified sites.



GOAL 5: Empower People, Families and Communities to Reach Out for Help When Mental Health and Substance Misuse Needs Emerge

Rationale

- Stakeholder feedback identified Goal 5 as the top priority of the 12 goals identified by the California’s Strategic Plan for Suicide Prevention 2020-2025.
- Appropriate, timely and accessible mental health and substance use needs services have the potential to prevent suicide. Best practices include insurance coverage policies,³³ telehealth health system changes³⁴⁻³⁵ and peer norm programs in school or workplace settings.³⁶⁻³⁷

Long-Term Outcome

Increase mental health and substance use service utilization and reduce unmet behavioral health needs as assessed by the California Health Interview Survey.

Equity Focus

Recruit and support career pipeline of peer workers that represents demographic of the San Mateo County community, at least in terms of race/ethnicity, language, gender identity, sexual identity, age, birthplace and city.

Current Efforts³⁸

San Mateo County has many resources that empower our community to reach out for behavioral health (mental health and substance use) services. Specifically, these resources offer diverse types of services, including resiliency building, outreach and engagement, education and awareness, and peer support.

- #BeTheOneSMC Campaign
- Assisted Outpatient Treatment
- California Clubhouse
- California Directing Change Program & Film Contest
- Cannabis Decoded Campaign
- East Palo Alto Partnership for Mental Health Outreach
- Family Assertive Support Team
- Health Ambassador Program - Adult
- Health Ambassador Program – Youth
- Health Equity Initiatives
- Heart & Soul, Inc.
- Help @ Hand Technology Suite Collaborative
- Helping Our Peers Emerge
- Mental Health First Aid – Adult and Youth
- Mental Health Month
- National Alliance on Mental Illness San Mateo County



- North County Outreach Collaborative
- Office of Consumer & Family Affairs
- Onyourmind.net
- Parent Project
- Peninsula Conflict Resolution Center
- Peninsula Family Services – Senior Peer Counseling
- Pride Center
- Recovery Month
- Star Vista’s Crisis Intervention & Suicide Prevention Center
- Success for Youth and Schools through Trauma Informed & Equitable Modules Support
- Suicide Prevention Month
- Voices of Recovery San Mateo County

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Objectives

Objective 5a | Expand Resilience Building Services: Expand community-based services for managing stressors, increasing life skills and building resiliency, which may include coping skills, critical thinking, stress management, mindfulness practices, conflict resolution, and problem-solving skills. Tailor activities based on community needs, age group, culture, language and setting.

Objective 5b | Expand Outreach & Engagement Strategies: Expand outreach and engagement strategies to promote behavioral health and community services and resources. Identify barriers that community members face in seeking services for behavioral health needs. Develop strategies to make services more accessible, convenient, and culturally & linguistically responsive to increase the likelihood people will pursue and stay connected to such services.

Objective 5c | Coordinate Collaborative Awareness Campaigns: Partner with community organizations and businesses to expand awareness of suicide warning signs and prevention resources. Coordinate suicide prevention awareness campaigns with other social marketing campaigns designed to reduce mental health stigma and discrimination and reduce relevant public safety threats, such as misuse of medication or unsafe gun storage practices. Target audiences could be at a population-level or specific population disproportionately impacted by suicide. Targeted campaigns should be culturally and linguistically adapted.

Objective 5d | Increase Mental Health Literacy: Expand services to increase mental health literacy across the lifespan and in a variety of languages, encourage people to seek help for health, mental health, and substance use needs, and promote messages that reduce stigma and spread messages of hope that lives can be saved from suicide.

Objective 5e | Develop Peer Support Network: Develop a network of peer support providers to help people navigate health, mental health, and substance use care systems. Create a transparent feedback loop to encourage peer support providers to identify ways health, mental health, and substance use systems can be more responsive to people at risk for suicide.

GOAL 6: Increase Connectedness Between People, Family Members, and Community

Rationale

- Stakeholder feedback as the 3rd highest priority goal of the 12 goals identified by the California's Strategic Plan for Suicide Prevention 2020-2025.
- Numerous risk and protective factors are related to connectedness at various levels of social ecology, including connectedness between individuals, between individuals and families and among community organizations and social institutions.³⁹

Long-Term Outcome

- Increase in reported connectedness among public school students in grades 7, 9, and 11 as assessed by the California Healthy Kids Survey.
- Increase in reported connectedness among adults as assessed by the below indicators from the San Mateo County Health & Quality of Life Survey.

Equity Focus

Ensure connectedness programs reach all communities in San Mateo County and address any relevant systemic barriers.

Current Efforts⁴⁰

While current efforts of Goal 5 and 6 overlap, current efforts for goal 6 focus on the connectedness between people (versus people and behavioral health services). Specifically, these resources offer diverse types of programs, including positive attachments, social supports, social emotional learning, behavioral health inclusion, violence prevention, volunteerism and civic engagement.

- #BeTheOneSMC Campaign
- California Clubhouse
- California Directing Change Program & Film Contest
- Health Ambassador Program - Adult
- Health Ambassador Program – Youth
- Health Equity Initiatives
- Heart & Soul, Inc.
- Mental Health Month
- National Alliance on Mental Illness San Mateo County
- Office of Consumer & Family Affairs – Lived Experience Academy and Lived Experience Education Workgroup
- Office of Education Safe and Supportive Schools
- Onyourmind.net
- Parent Project

- Peninsula Conflict Resolution Center
- Pride Center
- Recovery Month
- Star Vista's Crisis Intervention & Suicide Prevention Center
- Success for Youth and Schools through Trauma Informed & Equitable Modules Support
- Suicide Prevention Month
- Voices of Recovery San Mateo County

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Objectives

Objective 6a | Increase Services to Build Positive Attachments and Social Supports:

Increase services intended to build positive attachments between children, youth, their families, other adults, and social supports in their community to increase a sense of belonging, strengthen a sense of identity and personal worth, and provide access to larger sources of support. Social support can be found in schools, faith-based communities, cultural centers, and other community-based organizations. Tailor strategies to be responsive to needs based on age, language and culture.

Objective 6b | Promote Social Emotional Learning for Children & Teens: Partner with San Mateo County Office of Education, school districts and schools to reinforce existing or incorporate new evidence-based Social Emotional Learning programs in school-based settings for children and teens. Consider Collaborative for Academic, Social and Emotional Learning (CASEL) as a resource for local schools in San Mateo County.

Objective 6c | Promote Inclusive Culture Around Behavioral Health: Promote a culture free of stigma and discrimination by allowing for an open dialogue about mental health and mental health resources, and by delivering supportive messages of hope and recovery for people with mental health and substance use issues. Establish policies and methods for enforcement to create cultures that support healthy lifestyles and environments that are affirmative and that prevent violence, including bullying and discrimination.

Objective 6d | Consider Suicide Prevention Strategies to Integrate in Violence Prevention Services:

Identify opportunities to integrate suicide prevention strategies into services intended to reduce other forms of violence, such as child abuse, elder abuse and domestic violence. These forms of violence may share risk and protective factors with suicidal behavior.

Objective 6e | Promote Volunteerism: Partner with community-based organizations to build and promote opportunities for volunteerism to increase connectedness and a sense of purpose.

Objective 6f | Support Civic Engagement: Build capacity of local residents to help build local leadership that is representative of community demographics. Empower residents to be involved in decision-making and civic engagement.



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

GOAL 7: Increase the Use of Best Practices for Reporting Suicide and Promote Healthy Use of Social Media and Technology

Rationale

- Research has shown that certain types of public messaging about suicide can increase risk factors for suicide while other types of suicide-related public messaging can increase protective factors for suicide and reduce risk.⁴¹⁻⁴²

Long-Term Outcome

Reduce suicide contagion among the general population, including suicide clusters (when multiple suicides occur within a particular time period or location, especially among youth).

Equity Focus

Disseminate safe messaging best practices through media outlets commonly used by marginalized communities, including communities of color, youth, older adults, and LGBTQ+ communities.

Current Efforts⁴³

San Mateo County uses safe messaging best practices for public campaigns and is working with partners, particularly Caltrain, to use safe messaging best practices for public campaigns, postvention and reporting.

- #BeTheOneSMC Campaign
- Caltrain - Rail Safety and Suicide Prevention Activities

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.

Objectives

Objective 7a | Create Postvention

Communication Strategies: Minimize the circulation of misinformation by creating communication strategies for use in the event of a suicide – including pre-existing agreements with partners. Include a formal strategy for managing information on the most used social media sites and monitor social media posts by others related to the suicide death.

Objective 7b | Disseminate Suicide

Safe Reporting/Messaging Guidelines: Disseminate information and/or deliver training on best practices guidelines for suicide reporting/messaging to media, entertainment and communication partners.



Objective 7c | Disseminate Suicide Safe Social Media Posting Guidelines: Disseminate information about how suicide risk can effectively be expressed by people on various social media sites and highlight social media resources for identifying and reporting concerns about content.

Objective 7d | Share Best Practices for Healthy Social Media Use: Integrate into public campaigns, and health and mental health curriculum in schools' best practices for developing healthy social media habits and using social media in a way that promotes connectedness to reduce isolation.

Objective 7e | Disseminate Information to Encourage Help-Seeking: Partner with media, entertainment and communication partners to disseminate information about resources, encourage people to seek help for mental health needs and substance use, and reduce stigma and discrimination that may prevent people from accessing services and supports. Share best practices and resources on how to disseminate such information in culturally and linguistically appropriate ways.

GOAL 8: Strengthen Economic Supports



Rationale

- Suicide risk has been linked to the below protective factors., While more research is needed to understand the relationship between economic factors and suicide risk, current evidence suggests that strengthening economic supports may be an important protective factor.
 - Healthy economy⁴⁴
 - Minimum wage increase^{45,46}
- Centers for Disease Control and Prevention’s “Preventing Suicide: A Technical Package of Policy, Programs, and Practices” highlights two specific best practices for strengthening economic support to prevent suicide:⁴⁷
 - Strengthen household financial security
 - Advance household stabilization policies



Long-Term Outcome

Increase in household income and financial security, decrease in personal debt, decrease in foreclosure/eviction rates and decrease in suicide rates in San Mateo County.



Equity Focus

Work with Economic Supports partners to support communities disproportionately affected by financial insecurity and unstable housing in San Mateo County.



Current Efforts⁴⁸

There are a variety of efforts advancing economic supports for the San Mateo County community, including those specifically for strengthening household financial security and housing stabilization policies. Some programs are directly linked with behavioral health services while other programs are not.

- Community Care Settings Program
- Get Healthy San Mateo County - Healthy Economy and Healthy Housing Priorities
- Housing Leadership Council
- Housing Assistance for People with HIV/AIDS - Mental Health Association of San Mateo County
- Home for All Initiative
- People’s Alliance of San Mateo County
- Recovery Initiative – Economic Prosperity Workgroup
- Whole Person Care

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).

 Objectives

Objective 8a | Strengthen Household Financial Security: Partner with existing efforts to build financial security of San Mateo County residents, including (but not limited to) accessing livable wages, medical benefits, child care benefits, paid sick days, retirement, disability insurance, unemployment benefits, financial services, job training and job placement.

Objective 8b | Advance Housing Stabilization Policies: Partner with existing efforts to advance housing stabilization policies, including (but not limited to) programs that help promote affordable and stable housing options and reduce foreclosures and evictions.



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.



STRATEGIC AIM 3:

Increase Early Identification of Suicide Risk and Connection to Services Based on Risk

GOAL 9: Increase Detection and Screening to Connect People to Services



Rationale

- Among several expert panels and task forces, there is general agreement that suicide screening and assessment is useful when conducted by trained practitioners and embedded in a more comprehensive mental health evaluation and treatment program.⁴⁹



Long-Term Outcome

Decrease in suicidal thoughts and behaviors and increase in connection to appropriate level of services based on risk.



Equity Focus

Assess whether gatekeeper trainings and assessment/screening tools are culturally responsive or adaptable to different cultural groups.



Current Efforts⁵⁰

San Mateo County has a variety of programs that can help screen and refer those at risk of suicide, including gatekeeper trainings, call centers and coordinated teams.

- ACCESS Call Center
- Applied Suicide Intervention Skills Training
- Be Sensitive Be Brave Suicide Prevention
- Crisis Intervention Training
- Family Assertive Support Team
- Mental Health Assessment and Referral Team
- Mental Health First Aid – Adult and Youth
- Onyourmind.net
- Psychiatric Emergency Response Team

- Question Persuade Refer
- Reconozca Las Señales Workshop
- Star Vista’s Crisis Intervention & Suicide Prevention Center
- Veterans Affairs Suicide Prevention Gatekeeper Training

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Objectives

Objective 9a | Expand Delivery of Suicide Prevention

Gatekeeper Trainings: Expand delivery of suicide prevention trainings to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use services and culturally appropriate supports.

- Offer training programs that vary by intensity to meet varied roles and availability.
- Offer training programs that are culturally and linguistically relevant, including those targeting specific high-risk populations.
- 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 9b | Train First Responders on Suicide Screenings & Intervention: Train first responders on how to identify warning signs, screen for level of suicide risk, use de-escalation techniques and triage to those at risk of suicide to appropriate level of support.

Objective 9c | Enhance Suicide Screenings & Assessment in Various Settings:

- Screen people for suicide risk in various settings, including health, correctional, workplace and school settings.
- Suicide screenings can follow positive results on other behavioral health screening tools.
- Integrate best practices in suicide risk assessment and management in various settings and workflows.
- Create uniform policies and procedures to make screening, assessments, and decision-making consistent across fields. Clarify billing methods for services.

Objective 9d | Train Community-Based Partners on Suicide Screenings: Deliver training to community-based partners on how to conduct suicide screening that can identify suicide risk and refer to further suicide risk assessment when needed.

GOAL 10: Deliver a Continuum of Crisis Services



Rationale

- Tiered crisis services to address various levels of suicide risk and provide referral to appropriate level of care have been shown to be effective in reducing risk.
- Current research on crisis services indicates that crisis stabilization, community-based residential crisis care, and mobile crisis services can redirect individuals from unnecessary hospitalizations and connect individuals with the least restrictive treatment. There is also research suggesting that a continuum of crisis services can reduce the costs of psychiatric hospitalization without negatively impacting clinical outcomes.⁵¹



Long-Term Outcome

Increase in linkage to community-based services for people experiencing suicidal behavior and their families and caregivers by providing a variety of tiered resources to provide the appropriate level of care.



Equity Focus

Recruit and support career pipeline for crisis service providers that reflect the linguistic and cultural diversity of our communities.



Current Efforts⁵²

San Mateo County has multiple programs that can appropriately address and refer various levels of suicide risk. Many of these programs involve a coordinated effort with crisis providers in diverse community settings.

- ACCESS Call Center
- Assisted Outpatient Treatment
- Crisis Services
- Crisis Intervention Training
- Family Assertive Support Team
- Mental Health Assessment and Referral Team
- Office of Education Suicide Prevention School Protocol
- Onyourmind.net
- Psychiatric Emergency Response Team
- Star Vista’s Crisis Intervention & Suicide Prevention Center

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).

Objectives

Objective 10a | Map and Promote Continuum of Crisis Services: Evaluate the continuum of crisis services available through private and public resources and identify gaps in the continuum (and potential funding sources to address those gaps). Promote the use of tiered crisis to provide appropriate level of care and in the least restrictive setting.

Objective 10b | Deliver Suicide Prevention Trainings to Crisis Service Providers: Deliver suicide prevention training to crisis service providers, including crisis hotline and warm line numbers.

Objective 10c | Disseminate Crisis Resources to Health Partners: Disseminate information on available crisis service resources to health, mental health, and substance use care partners. Encourage these partners to include crisis services in safety plans developed through an alliance between partners and people at risk.

Objective 10d | Create Formal Agreements Between Organizations to Facilitate Follow Up Care: Create memorandums of understanding between systems of care and community-based crisis services to provide follow-up for people transitioning out of care systems or touched any part of the care system, including protocols for protecting the confidentiality of people at risk. Health, mental health, and substance use care systems should have protocols in place for obtaining consent for follow-up care from people at risk. To coordinate efforts, document clear methods of communication between crisis service providers and other systems, such as community corrections, child welfare, and veterans' services.

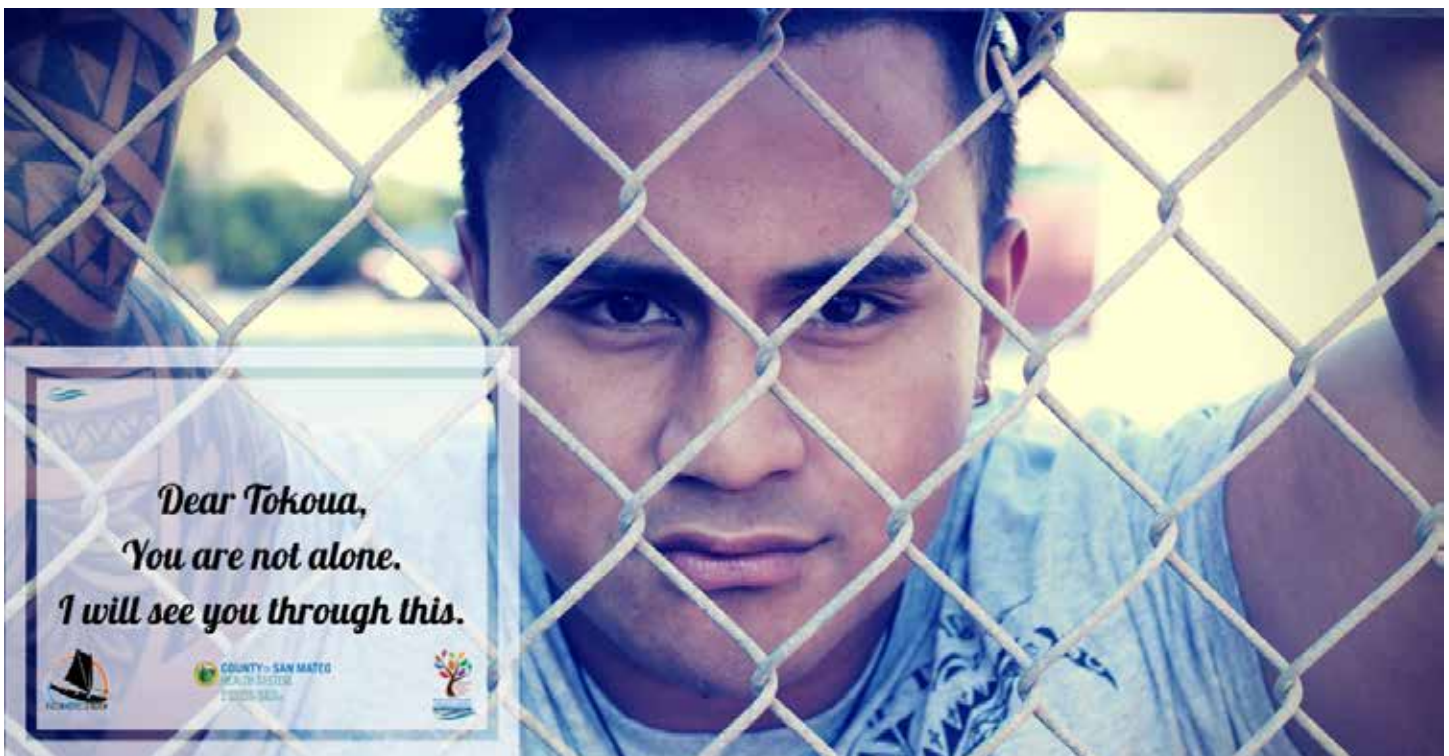


Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.



STRATEGIC AIM 4: Improve Suicide-Related Services and Supports

GOAL 11: Deliver Best Practices in Care Targeting Suicide Risk



Rationale

- Various health care systems have implemented system-wide suicide prevention best practices that have been associated with reduction of suicide deaths or improved health outcomes of patients with high suicide risk.⁵³



Long-Term Outcome

Decrease in suicidal attempt as approximately measured by intentional self-harm data reported by hospitals.



Equity Focus

Recruit and support career pipeline for health providers that reflect the linguistic and cultural diversity of our communities.



Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.



✓ Current Efforts⁵⁴

San Mateo County has well established and innovative programs designed to improve various parts of the behavioral health system and improve patient outcomes for those most in need.

- Helping Our Peers Emerge
- Integrated Medical Assisted Treatment Program
- Psychiatric Emergency Services
- Whole Person Care

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



★ Objectives

Objective 11a | Enhance Suicide Treatment via Telehealth and Telemedicine: Expand the use of telehealth and telemedicine providers with training in best practices for suicide-related treatment - especially in rural communities - to enhance timely access to care targeting suicide risk.

Objective 11b | Promote and Build Capacity for Effective Use of Electronically Accessible Safety Plans: Promote safety planning by prompting health, mental health, and substance use service providers to record safety plans in electronic medical record systems and by making plans accessible to people via commonly used portals. Build provider's capacity to effectively implement safety plans through trainings and/or consultations.

Objective 11c | Implement Trainings and Expand Capacity of Mental Health Providers for Suicide Treatment: Consider various evidence-based training modules on ongoing suicide care and management. Train mental health professionals in providing ongoing care for those with suicidal ideation or risk. Create a system that confirms competency or appropriate level of training for suicide treatment.

Objective 11d | Create Directory for Suicide Treatment Providers: Create a local online, public directory that lists providers delivering suicide-related treatment and services, information about insurance eligibility, language proficiencies, and criteria for new clients.

Objective 11e | Enhance Services and Supports to Caregivers: Partner with health, mental health, and substance use care systems and providers to improve delivery of services and supports to caregivers and family members of people transitioning from care settings following services for suicidal thoughts or behaviors. The efforts should prioritize safety and address service gaps. People at risk should be key decision-makers in defining support networks and the role each member of the network plays in creating safety and recovery.

Objective 11f | Educate Caregivers on How to Provide Ongoing Support to Those with Suicidal Risk: Disseminate information to caregivers and family members on how to support a person at risk by serving as a resource identified by the person in safety planning; how to reduce environmental safety risks by promoting means safety, especially at home; and how to help manage harmful behaviors stemming from underlying health, mental health, and substance use needs, such as escalating alcohol or drug use.

GOAL 12: Ensure Continuity of Care and Follow-up After Suicide-related Services

Rationale

- There is substantial research that patients discharged from various treatment settings are of high risk of suicide, including discharge from inpatient psychiatric units, emergency departments and residential addiction treatment.^{55,56,57}
- Proactive follow up and active engagement strategies have been associated with reduced suicide deaths and attempts.⁵⁸⁻⁵⁹

Long-Term Outcome

Reduce subsequent suicidal behavior among people discharged from emergency departments and hospital settings after suicide-related services.

Equity Focus

Enhance discharge transition for those disproportionately admitted to the emergency room or hospital after suicide attempts, including youth and Latinx communities.

Current Efforts⁶⁰

San Mateo County has various programs that provide follow up care after an individual has been discharged from care or has received any type of support for suicidal behavior.

- Helping Our Peers Emerge
- Psychiatric Emergency Services
- Serenity House
- Whole Person Care
- Youth Case Management
- Youth to Adult Transition Program

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



 Objectives

Objective 12a | Enhance Documentation and Information Sharing After Suicide Ideation/Attempt:

Increase the use of electronic health records to document a person's safe transition to another provider, and ensure life-saving information is transmitted while protecting the person's privacy.

Objective 12b | Facilitate Safe and Timely Care Transitions: Facilitate safe and timely care transitions by providing linkages to culturally and linguistically appropriate outpatient mental health and substance use service providers, crisis services, safety planning or crisis response planning, and by reducing access to lethal means.

Objective 12c | Disseminate Safe Discharge Best Practices to Emergency Departments: Disseminate to emergency department administrators the Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments⁶¹ and Quick Guide for Clinicians⁶² to increase awareness of safe discharge practices for people seen for suicide-related services.

Objective 12d | Create Uniform Policies and Protocols for Lethal Means Counseling: Create uniform protocols for counseling people discharged from emergency departments and hospitals after receiving suicide-related services on restricting access to lethal means. Families and caregivers should be included in such counseling.

Objective 12e | Educate and Train Health Providers on Lethal Means Counseling:

- Disseminate information on lethal means counseling to health providers, including health and behavioral health settings.
- Prioritize providers who predominantly serve at risk-groups or work in high-risk settings, such as emergency departments.
- Promote free online training, such as Counseling on Access to Lethal Means available at <https://training.sprc.org/>, and the use of online toolkits, such as <https://health.ucdavis.edu/what-you-can-do/>.
- Train health care providers to deliver lethal means counseling to family members and caregivers supporting people who are discharged from a health care setting after suicidal behavior.

Objective 12f | Create Uniform Policies and Procedures for Safe Transition: Create uniform policies and procedures for safely transitioning people or students back into the workforce and home or school following a suicide attempt, suicide, or hospitalization for a mental health crisis.

- Create uniform policies and protocols to support health, mental health, and substance use service providers in the creation or revision of safety plans for persons at risk.
- Examples include uniform procedures for establishing a connection between the person and a new provider; policies ensuring timely delivery of information to the new provider; and policies addressing the importance of follow-up within 24 to 48 hours of the transition.
- Create memorandums of understanding among local crisis service providers to establish relationships with people prior to discharge and ensure follow-up after discharge.

Objective 12g | Create Uniform Policies & Procedures After Release from Correctional Settings: Create uniform policies and procedures to connect people released from correctional settings who have been identified as at risk for suicide, or who were receiving suicide-related services in custody, to appropriate services in the community. Include a standardized process for transferring confidential data and information.

GOAL 13: Expand Support Services Following a Suicide Loss

Rationale

- Research suggests that exposure to a suicide death can increase the suicide risk to those who are bereaved by suicide.⁶³
- National guidelines recommend addressing the needs of those bereaved by suicide to reduce their risk and negative effects of suicide.⁶⁴

Long-Term Outcome

Reduce the amount of time between a suicide loss and access to bereavement services specifically designed to meet the needs of suicide loss survivors.

Equity Focus

Diversify cultural healing grief rituals and practices.

Current Efforts⁶⁵

Mission Hospice and Home Care provide the only suicide prevention suicide loss support group based in San Mateo County. While based in San Mateo County, Kara also offers grief support to those in San Mateo County. Both Mission Hospice and Kara offer a variety of grief support services. Star Vista provides a 24/7 crisis hotline for a person or a person helping someone at-risk of suicide, including those bereaved or exposed by suicide.

- Kara Grief – Suicide Survivor Support Group
- Mission Hospice & Home Care – Suicide Loss Support Group
- Star Vista’s Crisis Intervention & Suicide Prevention Center

For details of above program/activity, please see [Appendix F: Suicide Prevention Resources in San Mateo County](#).



Objectives

Objective 13a | Develop Integrated Postvention Services Plan: Develop an integrated postvention services plan to guide delivery of best practices following a suicide loss.

- Tailor strategies to settings and cultures.
- Identify a lead agency or organization responsible for ensuring adequate capacity, training, and effectiveness in the delivery of activities that support family and friends, service providers, and community members after a suicide loss.
- Enter into agreements that contain clearly defined roles and procedures to increase the effectiveness of coordinated responses, such as procedures for sharing private information and data based on the role of each provider.




Objective 13b | Provide Postvention Training to Service Providers: Provide training to first responders, crisis service providers, and access line responders on best practices in supporting suicide loss survivors, from understanding their unique needs to helping them access resources.

Objective 13c | Develop Online Bereavement Toolkit: Develop and disseminate an online bereavement toolkit consisting of community-specific resources.

Objective 13d | Expand Capacity of Suicide Loss Support Programs: Expand capacity and sustainability of existing suicide bereavement support programs using Pathways to Purpose and Hope Guide.⁶⁶ Consider Local Outreach to Suicide Survivors (LOSS) Team program modeled by Tulare County.⁶⁷

Objective 13e | Expand Peer-Led Suicide Loss Support Programs: Expand support services designed and facilitated by survivors of suicide loss. Provide training for suicide loss survivor service facilitators of diverse backgrounds, cultures and languages. Create opportunities for service facilitators to support each other, including group debrief sessions.



“Don’t be frightened,
and don’t be shy.
Pick up the phone
and let a friend try, to
show you the path to
recovery and light. It
may be hard but you
will be alright. Others
will help you and not
let you fall, Because
**Your Life is Precious
to Us All”**

— From the *HELP* poem
by Ellen Darnell, Redwood City

Next Steps

After the creation and dissemination of this 2021-2026 San Mateo County Suicide Prevention Roadmap, the next steps include the following:

1. **Recruit Key Action Partners and Build Coalition:** The evaluation and action plan will be developed in collaboration with key action partners. The Suicide Prevention Committee may need to recruit new partners into the coalition to be able to address this strategic plan in its entirety.
2. **Develop Action Plan:** An action plan will be critical to the implementation of this strategic plan and can include the objectives, timeline/deadline, interim milestones, lead organizations/individuals, supporting organizations/individuals, resources needed and progress status.
3. **Develop Evaluation Plan:**⁶⁸ While this plan includes long-term and short-term outcome measures, a more detailed evaluation plan will better monitor progress and identify areas for improvement. Specifically, the evaluation plan will include logic models for each goal; these logic models map out the pathway from what we are doing (inputs/resources) and the desired change we want to produce (short-/long-term outcomes). The evaluation plan and logic models will also require further exploration on specific data sources and partners who can help collect that data.

For readers of this plan, please consider joining the Suicide Prevention Committee or helping us recruit partners to advance this plan. More information at smchealth.org/SuicidePrevention.

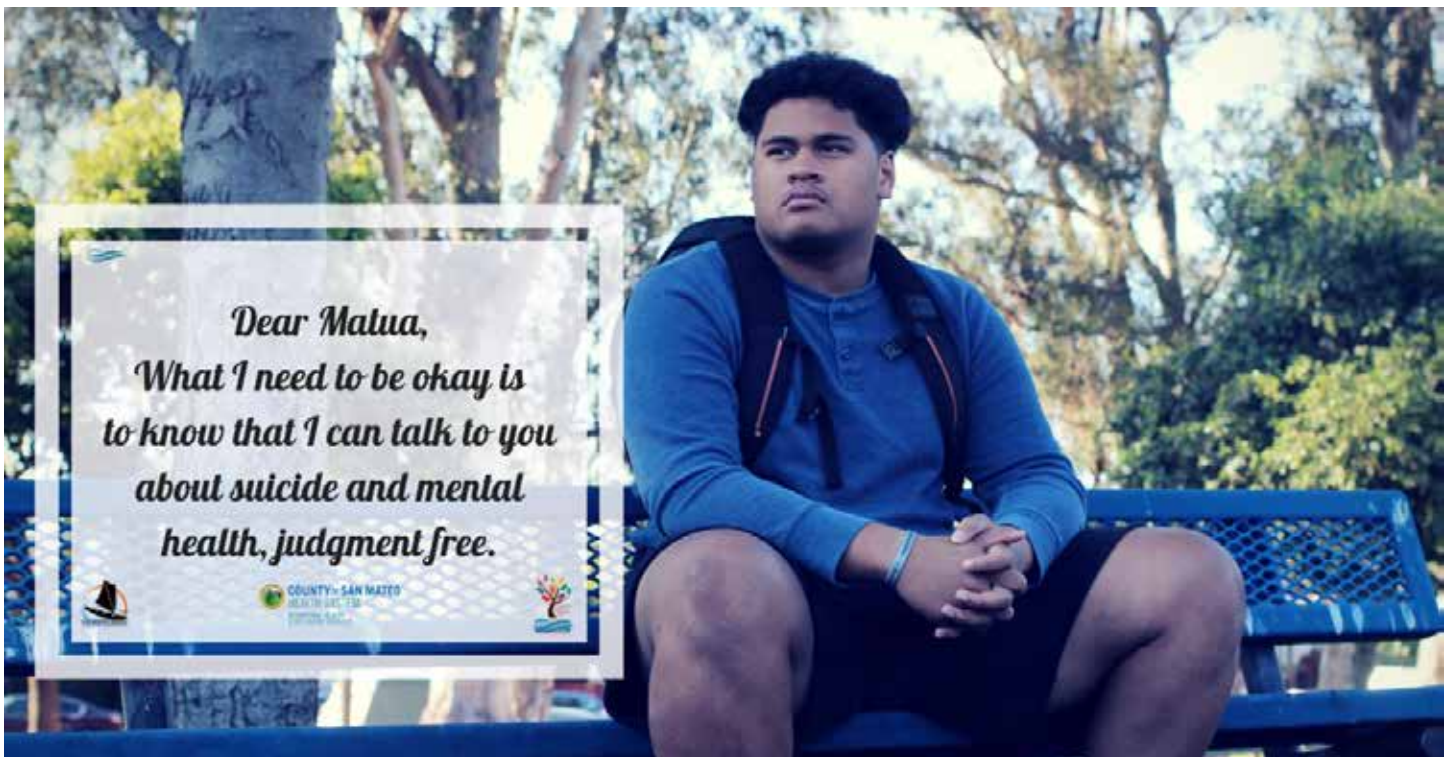


Photo from the Pacific Islander Initiative Suicide Prevention Resource Card series. Learn more at smchealth.org/pacific-islander-initiative.



“The San Mateo County Mental Health Community
is a Nation of Survivors and Believers; working
together in love, **We Are Limitless.**”

– John Butler, Menlo Park

Acknowledgments

We would like to thank and recognize:

Community members and community partners who participated provided input for this Roadmap through written and verbal comments in the online forums on August 13 and 15.

The following **organization/group partners** for their commitment to suicide prevention and their contributions to creating such a critical resource for San Mateo County:

- California Clubhouse
- California Mental Health Services Authority Technical Assistance Team (Your Social Marketer, Inc.)
- California Mental Health Services Oversight and Accountability Commission
- Cal Voices
- Caltrain
- Church of Jesus Christ of Latter-Day Saints
- El Concilio of San Mateo County
- Health Care Alliance for Response to Adolescent Depression Alliance
- Health Plan of San Mateo
- Heart & Soul, Inc.
- Institute of Aging – Friendship Line
- June & Julian Foss Foundation
- Kaiser Permanente Community Health Programs
- LifeMoves
- Mission Hospice & Homecare
- California Peer-Run Warmline (Mental Health Association of San Francisco)
- Mom’s Demand Action
- National Alliance on Mental Illness San Mateo County
- Peninsula Conflict Resolution Center
- Peninsula Health Care District
- Rape Trauma Services
- Samaritan House
- San Mateo Area Chamber of Commerce
- San Mateo County Child Death Review Team
- San Mateo County Coroner’s Office
- San Mateo County Domestic Violence Death Review Team
- San Mateo County Economic Development Association
- San Mateo County Elder Death Review Team
- San Mateo County Health
 - Aging & Adult Services
 - Behavioral Health and Recovery Services
 - Alcohol and Other Drugs
 - Health Equity Initiatives
 - Lived Experience Education Workgroup
 - Mental Health Substance Abuse Recovery Commission
 - Office of Consumer and Family Affairs
 - Office of Diversity and Equity
 - Public Health, Policy, and Planning
 - Health Policy & Planning
 - Office of Epidemiology and Evaluation
 - San Mateo County Medical Center
 - Keller Center for Family Violence Intervention
 - Psychiatric Emergency Services
- San Mateo County Human Services Agency
 - Veterans Service Office
- San Mateo County Office of Education
- San Mateo County Pride Center
- San Mateo County Sheriff’s Office
- Sequoia Healthcare District
- Skyline College Personal Counseling
- Star Vista Crisis Intervention & Suicide Prevention Center
- Veterans Affairs Palo Alto Health Care System
- Voices of Recovery San Mateo County
- Youth Leadership Institute

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- **Yvonne Murray**, Mom's Demand Action Peninsula Group, Los Altos United Methodist Church
- **Zena Andreani**, Star Vista Crisis Intervention & Suicide Prevention Center


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- **Scott Gruendl**, MPA, CPCO, Assistant Director, Behavioral Health & Recovery Services
- **Sylvia Tang**, MPP, Community Health Planner, Office of Diversity & Equity



If you think your organization or name is missing from above acknowledgments, please contact ODE@smcgov.org.

For more information about the Suicide Prevention Committee and suicide prevention resources, please visit smchealth.org/SuicidePrevention.



For a more full collection of the artistic work from some of our Suicide Survivors in San Mateo County, please visit smchealth.org/SuicidePrevention

APPENDIX A:

About the Suicide Prevention Committee

The mission of the San Mateo County Suicide Prevention Committee (SPC) is to provide oversight and direction to suicide prevention efforts in San Mateo County. Created in 2009, this coalition consists of passionate suicide prevention advocates, including suicide attempt survivors, suicide loss survivors and representatives from behavioral health, primary care, emergency health services, social services, law enforcement, transportation, education, communication & media, art & culture, spirituality & faith, and community members. The SPC uses its strategic plan to prioritize and connect efforts to reduce suicide overall and among specific high-risk communities.

The SPC is facilitated by the Office of Diversity and Equity at San Mateo County Behavioral Health & Recovery Services and funded by the Mental Health Services Act (Proposition 63).

Please visit smchealth.org/SuicidePrevention for more SPC information, including specific partners, current projects and meeting schedule.



Photo of the San Mateo County Suicide Prevention Committee (SPC).

APPENDIX B:

2017-2020

Roadmap & Progress

The 2017-2020 San Mateo County Suicide Prevention Roadmap was the county's first suicide prevention strategic plan. This plan aligned with strategies from the 2008 California Strategic Plan on Suicide Prevention⁶⁹, was informed by stakeholder input and quantitative data and mapped out what existing programs/organizations address the various strategies. The plan included 4 strategies (listed below) and 32 recommended activities.

Strategy 1: Create a Coordinated System of Suicide Prevention

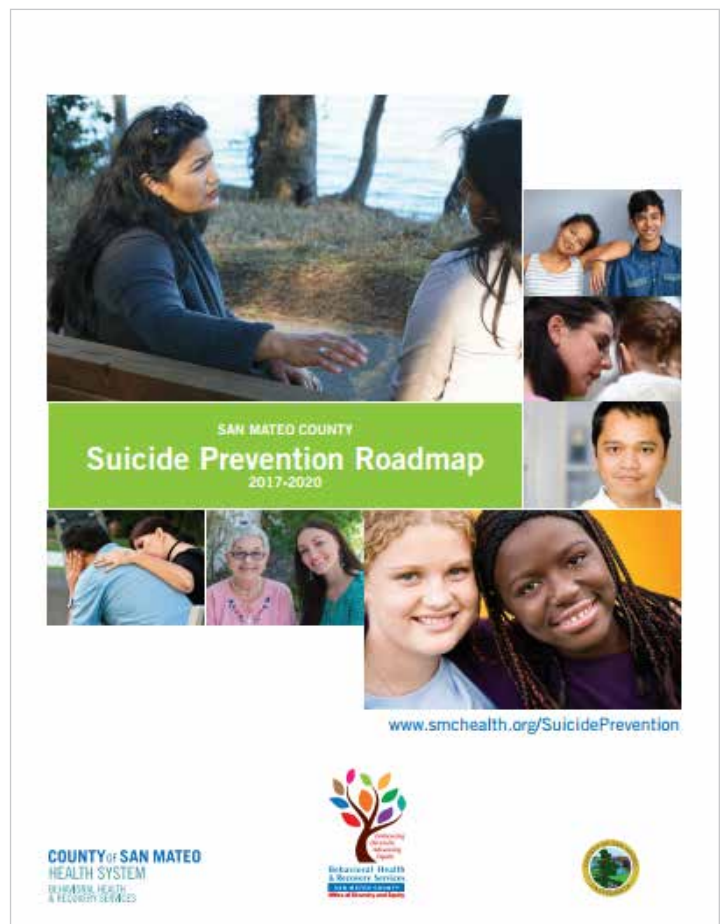
Strategy 2: Implement Training and Workforce Enhancements to Prevent Suicide

Strategy 3: Educate Communities to Take Action

Strategy 4: Improve Suicide Prevention Program Effectiveness and Accountability

After the creation of the Roadmap, an action plan was developed to monitor implementation of the activities and coordinate with partners leading or supporting the activities. During the 2017-2020 time period, 26 of the 32 activities made significant progress. The 6 activities that did not make progress all fell under Strategy 4.

To download a copy of the 2017-2020 San Mateo County Suicide Prevention Roadmap, please visit www.smchealth.org/SuicidePrevention.

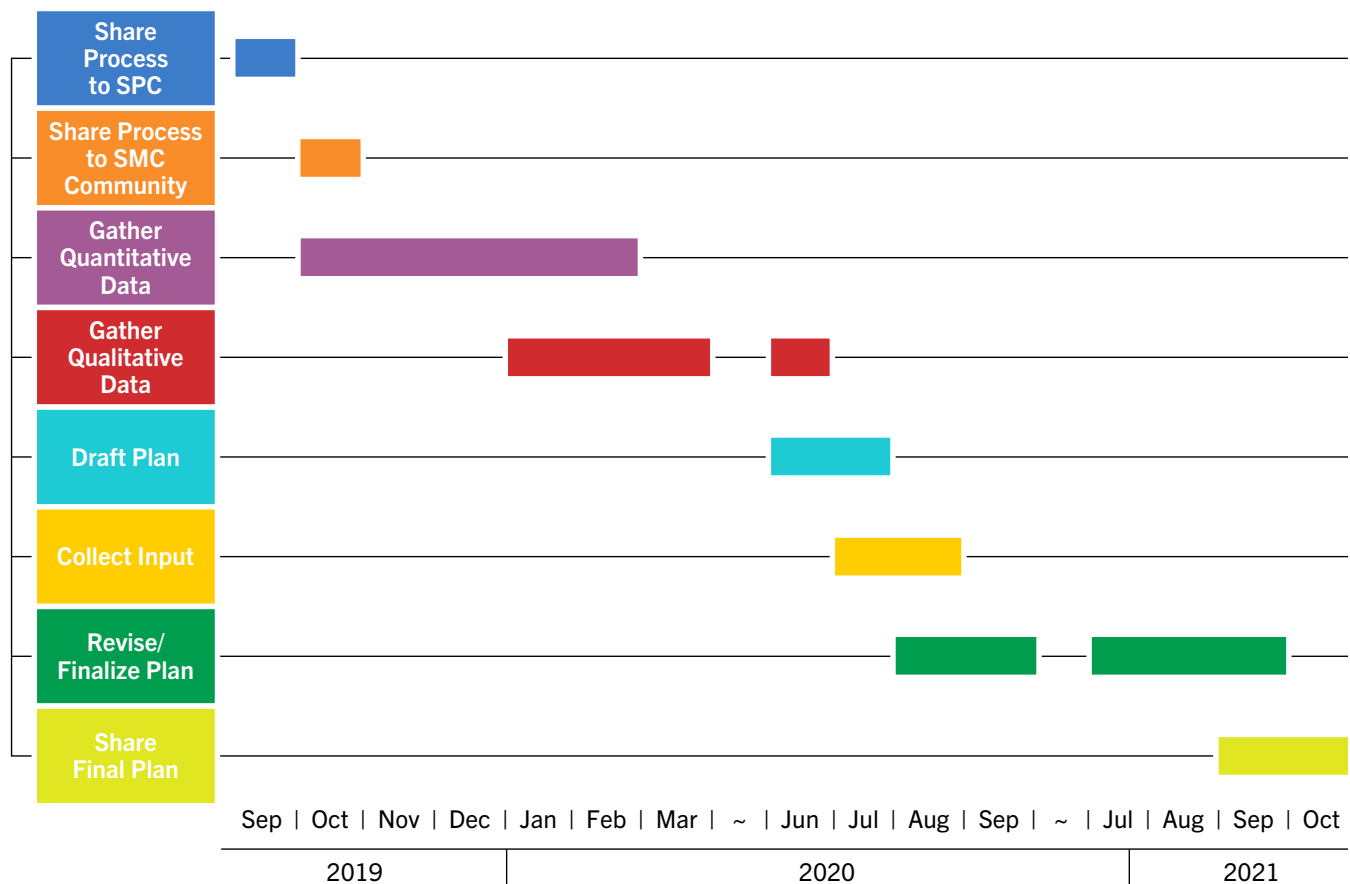


APPENDIX C:

2021-2026 Roadmap Development

From about October 2019 through September 2021, the Suicide Prevention Committee (SPC) conducted the planning process for the 2021-2026 San Mateo County Suicide Roadmap. This plan builds off of the previous Roadmap and the [2020-2025 California Suicide Prevention Strategic Plan](#). The specific steps of this strategic planning process are based on the Suicide Prevention Resource Center Strategic Planning Approach⁷⁰ and lessons from the Each Mind Matters Suicide Prevention Strategic Planning Learning Collaborative.⁷¹ The figure below depicts the steps and timeline for San Mateo County's suicide prevention strategic planning process. There was a two-month pause in the process to address COVID-19 pandemic related matters.

2021-2026 Strategic Planning Timeline



APPENDIX D: Suicide Intervention 101

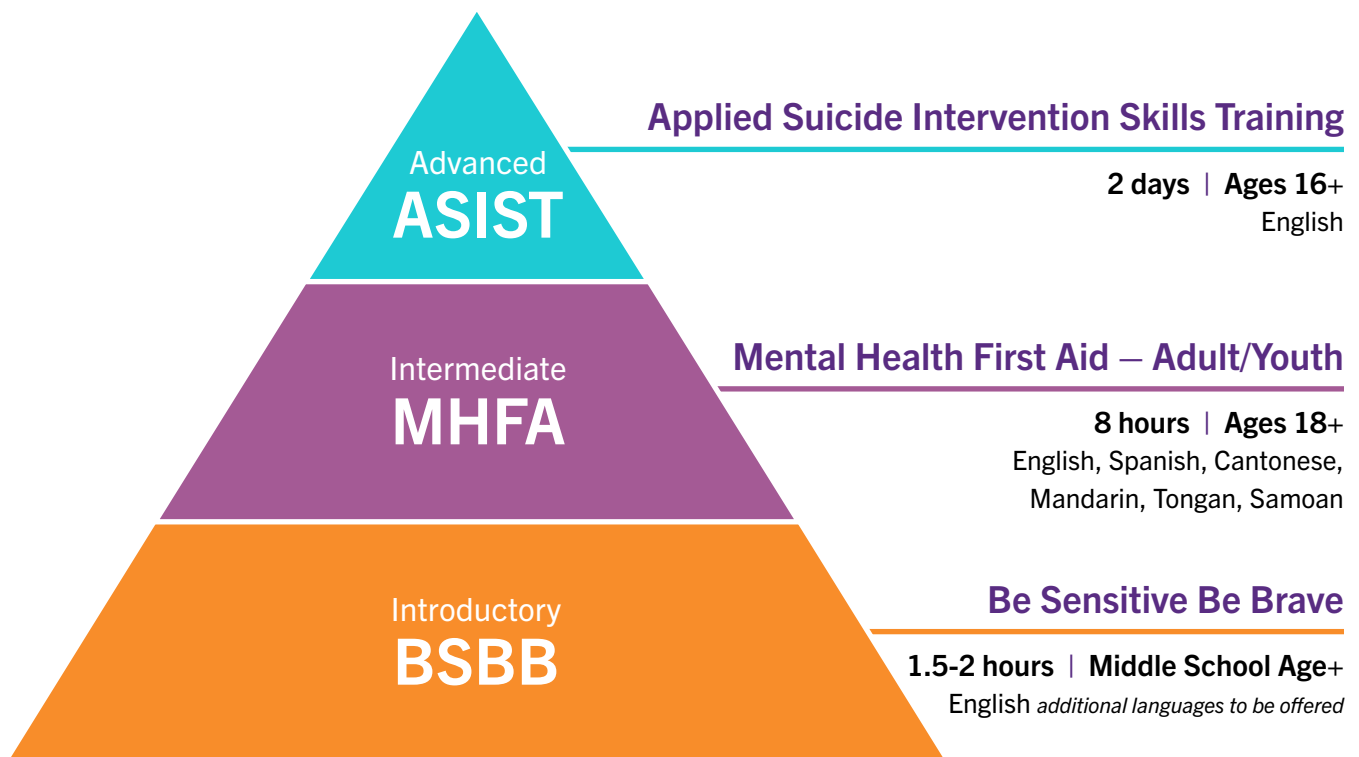
How to Help Someone Considering Suicide

Most people having suicidal thoughts are in a temporary, serious crisis. You can be the one to provide the support and help they need by **taking three steps**:⁷²

1. Know the signs of someone who is having suicidal thoughts.
2. Find the words to have a direct conversation with them.
3. Reach out for help from the many county resources available to those in crisis and their loved ones.

To gain more in-depth knowledge on how to support someone who is considering suicide or at risk of suicide, you can explore www.suicideispreventable.org and/or take one of the following suicide prevention gatekeeper trainings referenced in the figure below. More information on these trainings at smchealth.org/SuicidePrevention.

Suicide Prevention Gatekeeper Training



How to Talk About Suicide to Reduce Stigma and Encourage Open Dialogue

A powerful way to help prevent suicide is to address the stigma against suicide. Stigma is a major barrier for people to want to talk openly about suicide or seek help if they are considering suicide. The table below includes examples of stigmatizing versus non-stigmatizing language related to suicide.⁷³

Stigmatizing Language	Non-Stigmatizing Language
Committed, Completed or Successful Suicide	Died by Suicide
Person Who Failed a Suicide Attempt	Suicide Attempt Survivor
Suicidal Person	Person at Risk of Suicide
Mentally Ill Person	Person Living with a Mental Health Issue, Need or Condition

If you know someone who is in suicidal crisis or emotional distress, please reach out for
24/7 Confidential Crisis Support
 call **650-579-0350** or **1-800-273-8255**
 or text **“BAY”** to **741741**



APPENDIX E:

Suicide Data for San Mateo County

Data Types and Sources

Suicide data is generally categorized in five categories: (1) Deaths, (2) Attempts, (3) Thoughts, (4) Risk & Protective Factors and (5) Help-Seeking & Prevention. For San Mateo County, suicide data is available from the following data sources:

Deaths

1. San Mateo County Coroner's Office
2. San Mateo County Child Death Review Team
3. San Mateo County Domestic Death Review Team
4. San Mateo County Elder Death Review Team
5. California EpiCenter
6. California Vital Records Business Intelligence System – Mortality Data
7. Caltrain – Fatality Statistics

Attempts

8. California Office of Statewide Health Planning & Development – Emergency Department and Hospitalization Data

Thoughts

9. California Healthy Kids Survey
10. California Health Interview Survey

Risk and Protective Factors

11. California Healthy Kids Survey
12. San Mateo County Health & Quality of Life Survey

Help-Seeking & Prevention

13. Star Vista's Crisis Hotline
14. National Suicide Prevention Lifeline
15. California Measurements, Outcomes, and Quality Assessment
16. California Peer-Run Warmline
17. Institute on Aging Friendship Line
18. San Mateo County Office of Education Documentation on Referral & Assessment
19. San Mateo County Community Stigma Baseline Survey

Data Limitations

Each data source has strengths and limitations in illustrating the suicide trends in San Mateo County. As outlined in Goal 3: Advance Data Monitoring and Evaluation, San Mateo County continues to work on improving data collection and analysis to gain a more nuanced understanding of needs and solutions around suicide and suicide prevention.

Data Analyzed by Office of Epidemiology & Evaluation

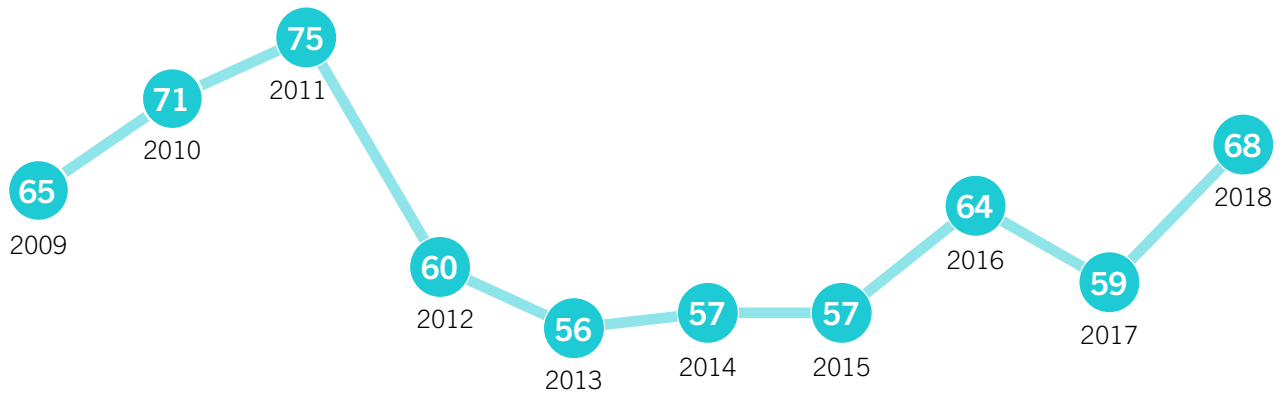
The following figures include data analyzed by the Office of Epidemiology & Evaluation in the Public Health, Policy & Planning Division of San Mateo County Health and presented at the December 3, 2019 Suicide Prevention Committee meeting. The data is organized as follows:

1. Suicide Deaths
2. Suicide Attempts – Emergency Department Visits and Hospitalizations
3. Suicidal Thoughts – 9th and 11th Graders
4. Suicide Risk and Protective Factors – Mental Health and Substance Use Indicators
5. Suicide Prevention – Community Stigma

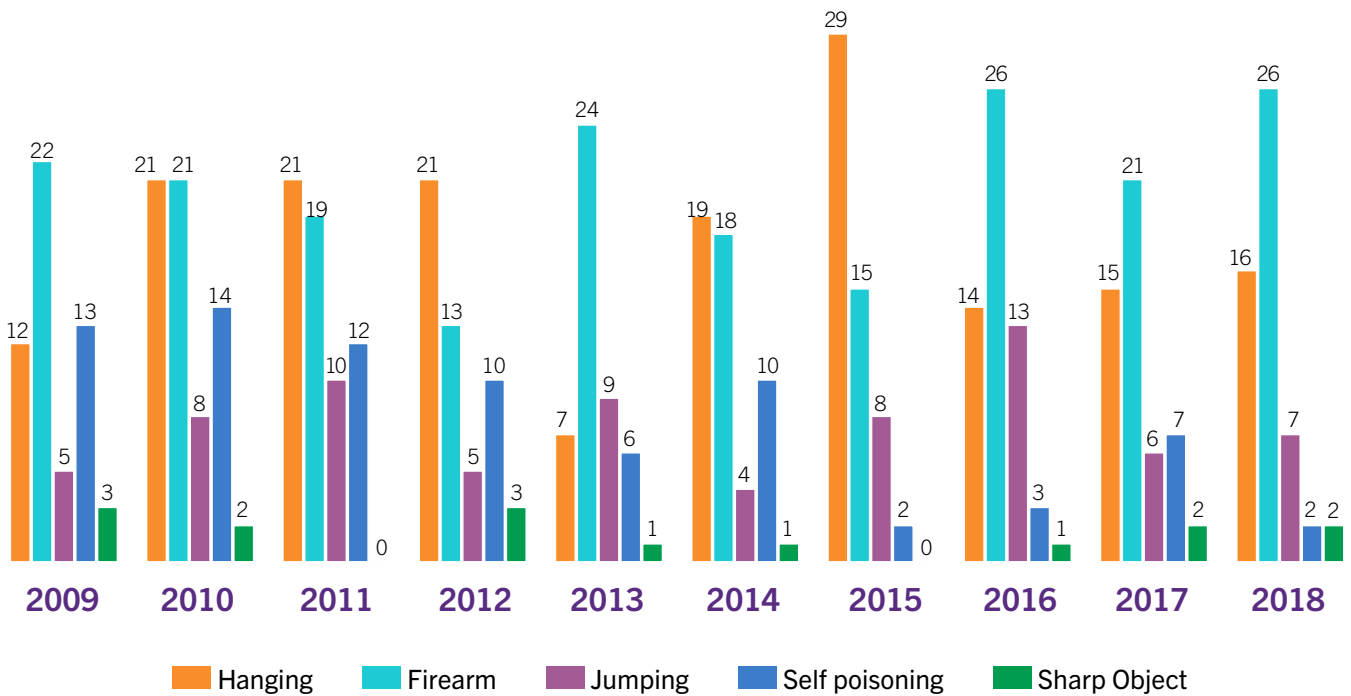
Suicide Deaths

San Mateo County Mortality data, 2008-2018

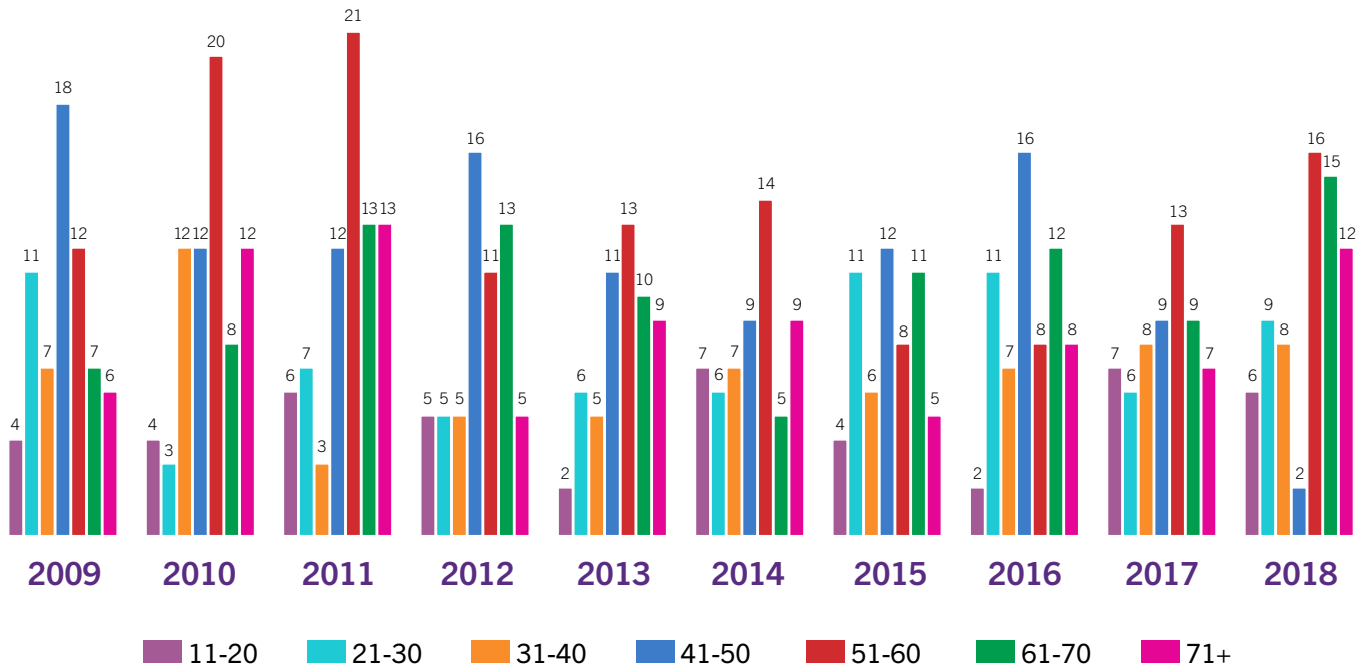
Suicide Deaths By Year



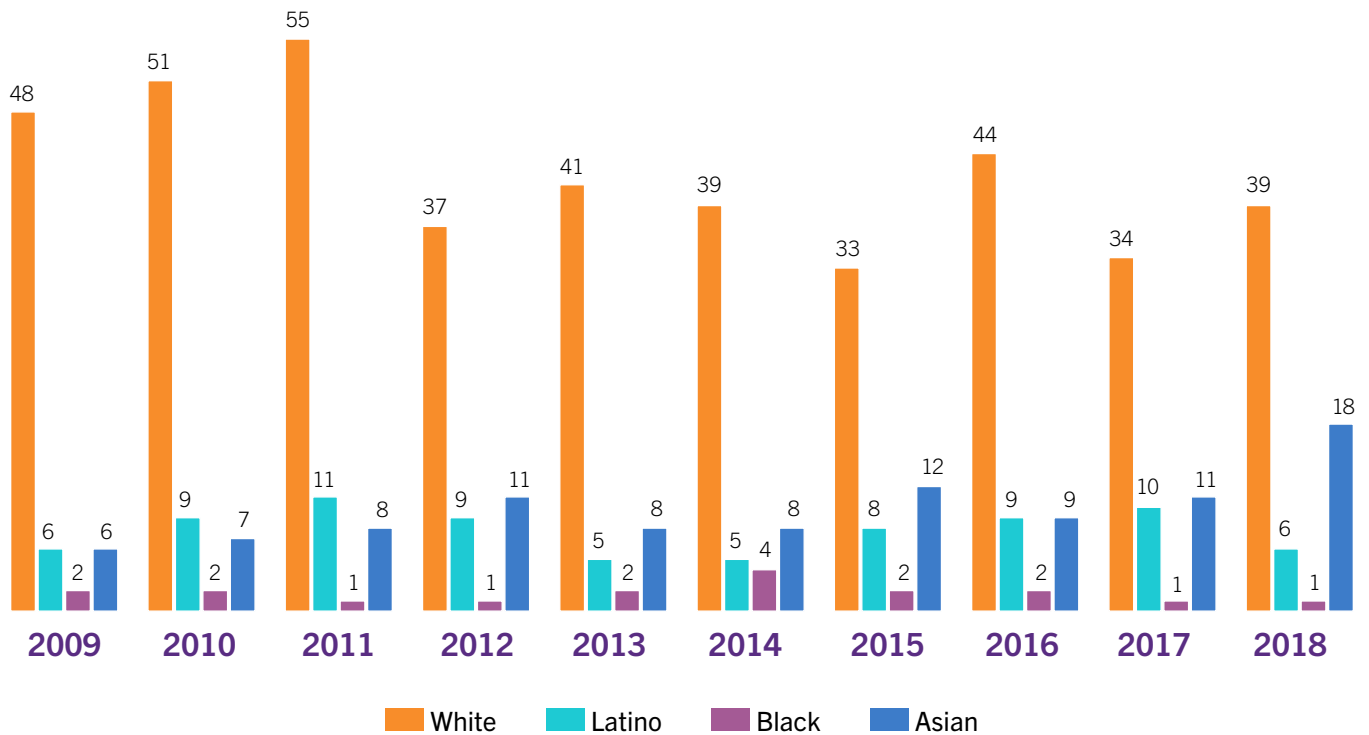
Suicide Deaths by Method



Suicide Deaths by Age

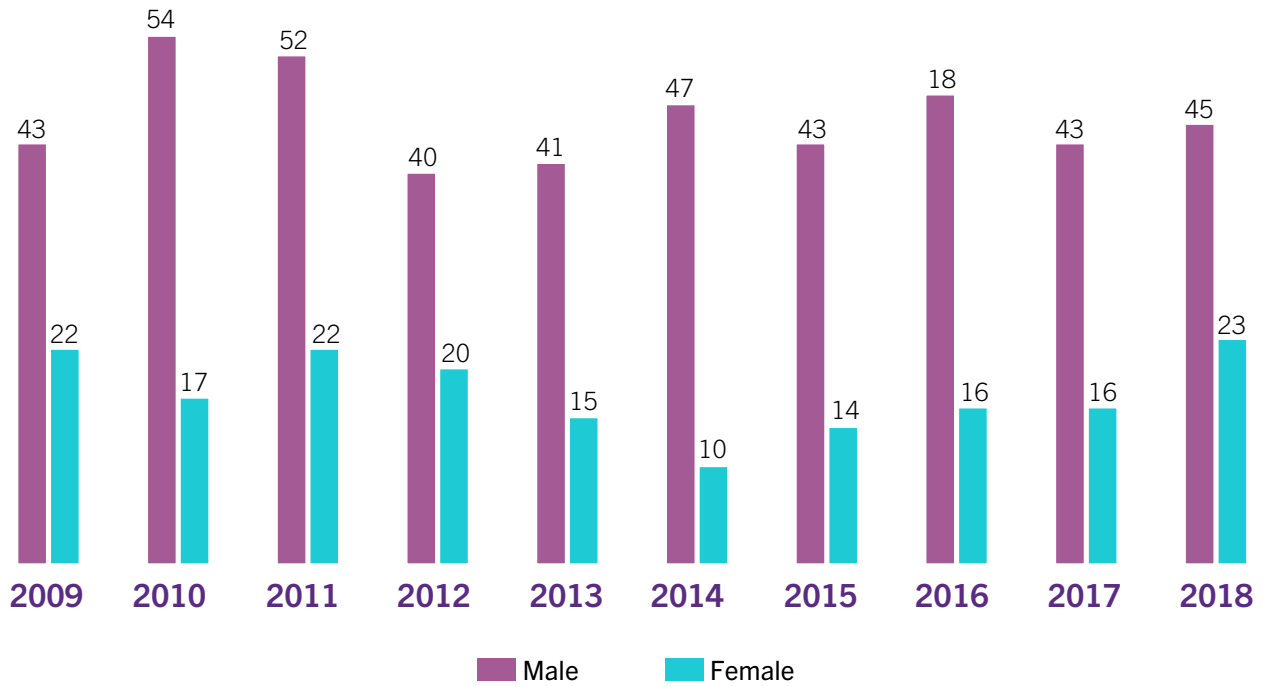


Suicide Deaths by Race/Ethnicity

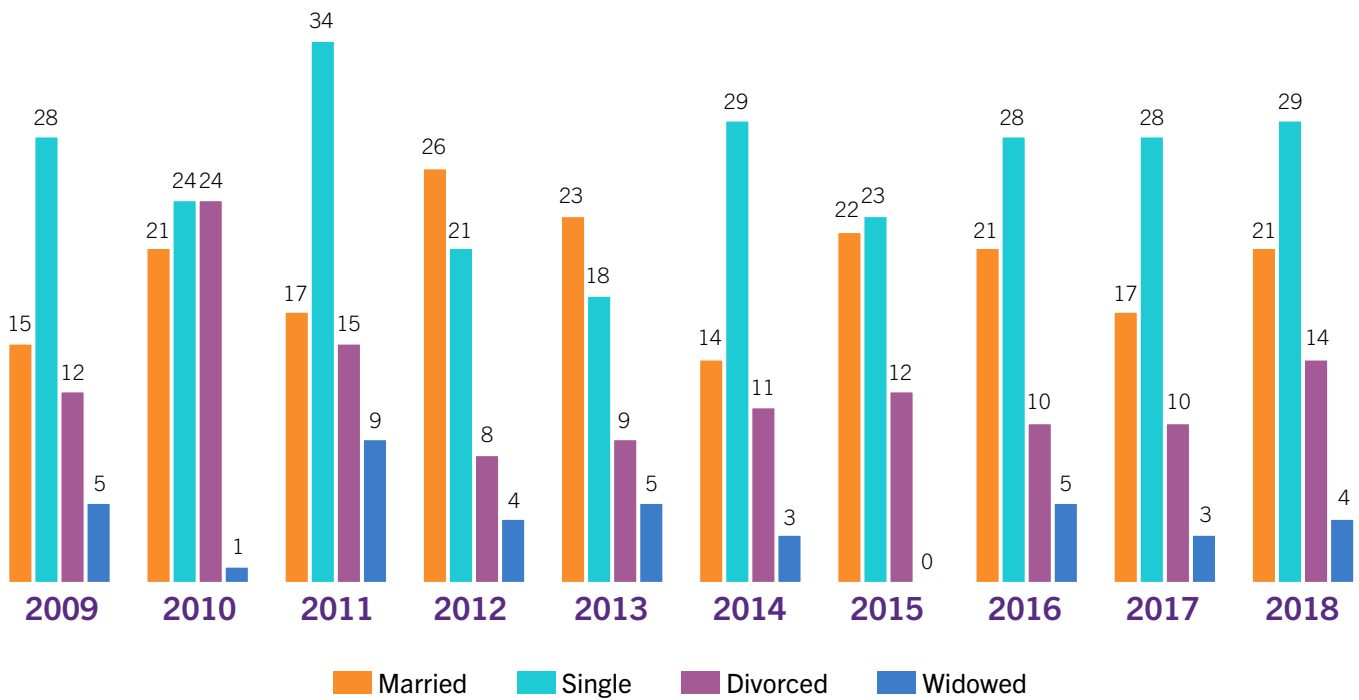


San Mateo County Mortality data, 2008-2018

Suicides Deaths by Sex

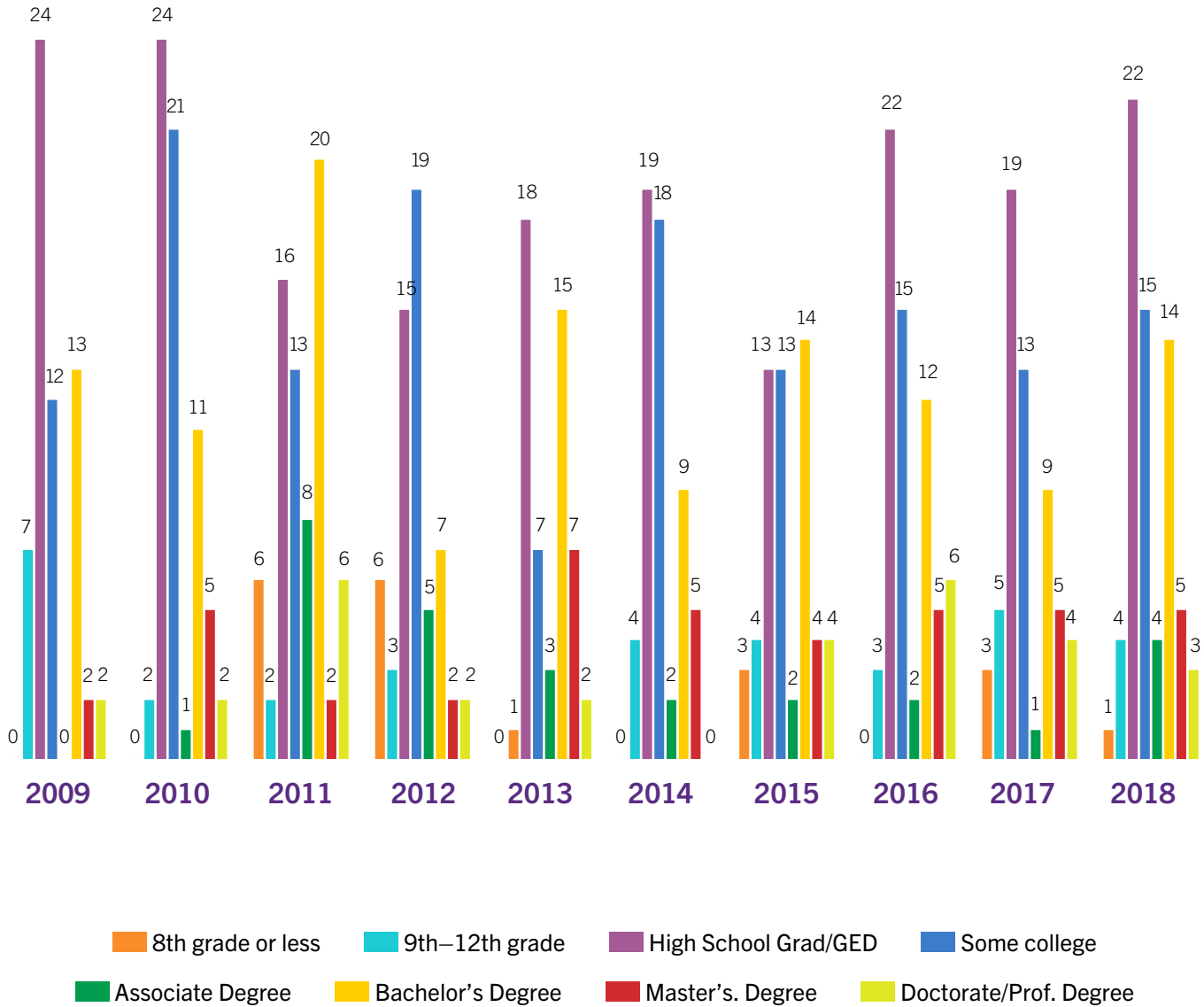


Suicides Deaths by Marital Status



San Mateo County Mortality data, 2008-2018

Suicide Deaths by Education Level

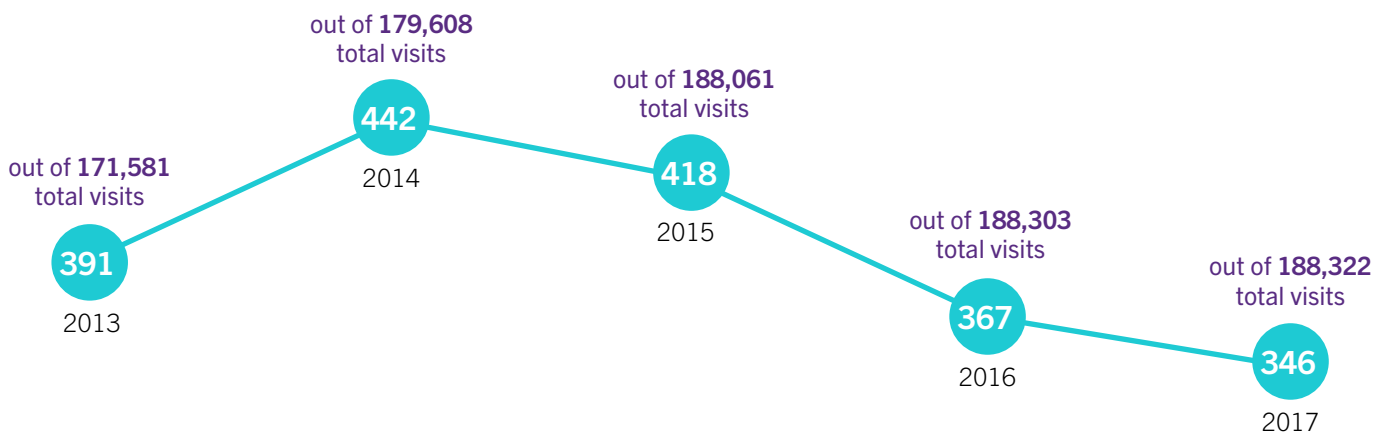


San Mateo County Mortality data, 2008-2018

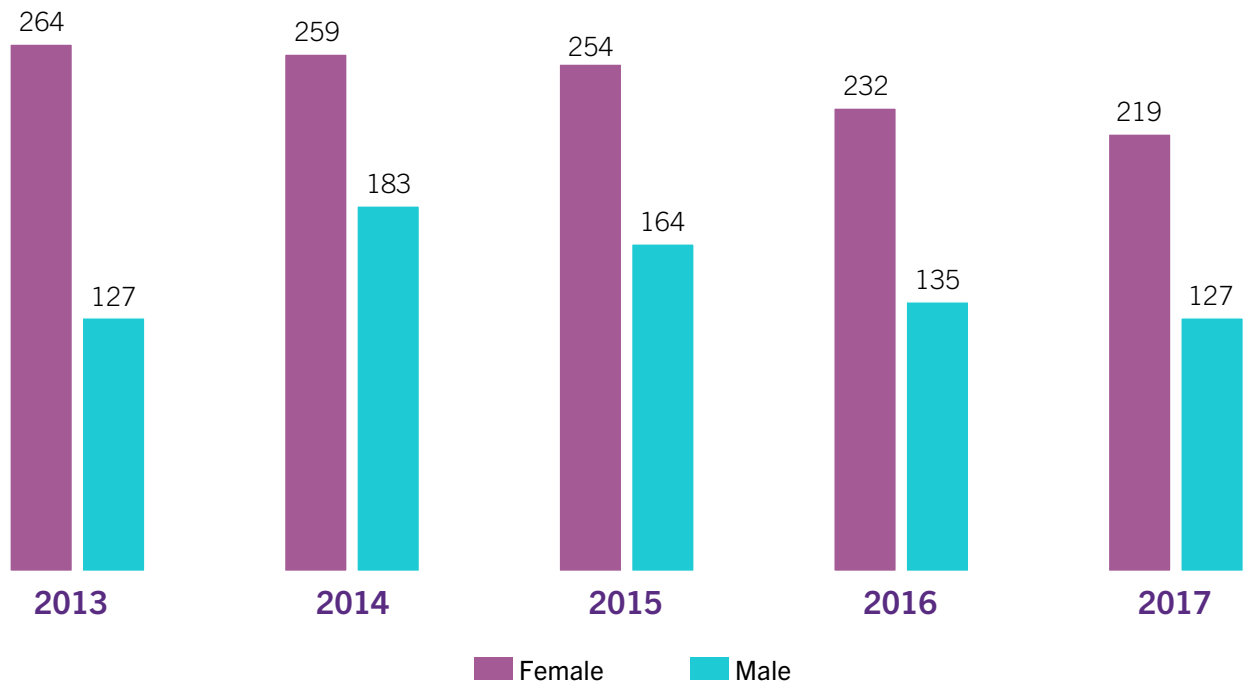
Suicide Attempts - Emergency Department Visits Related to Intentional Self-Harm

Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

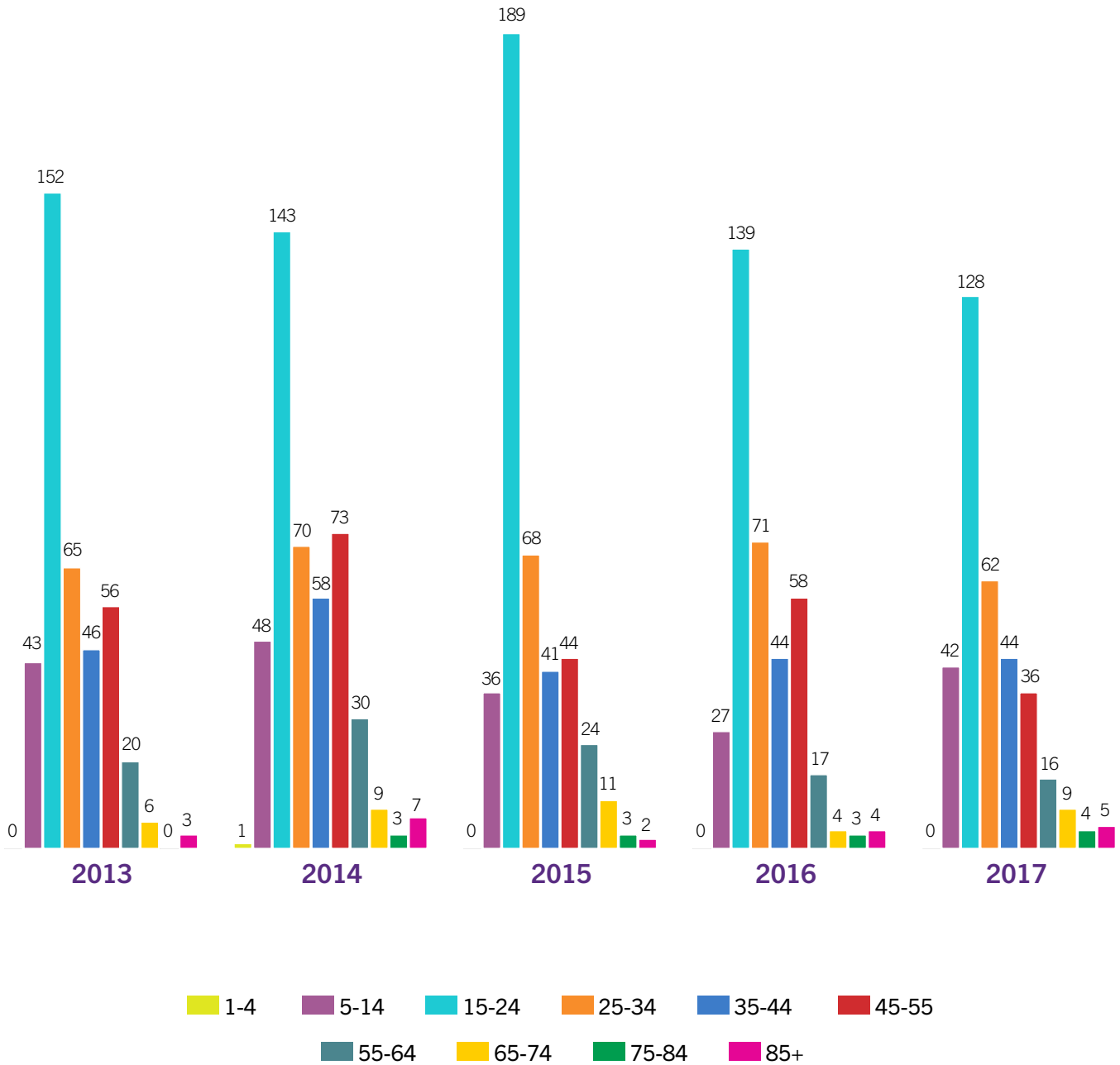
Intentional Self-Harm Emergency Room Visits by Year



Intentional Self-Harm Emergency Room Visits by Sex

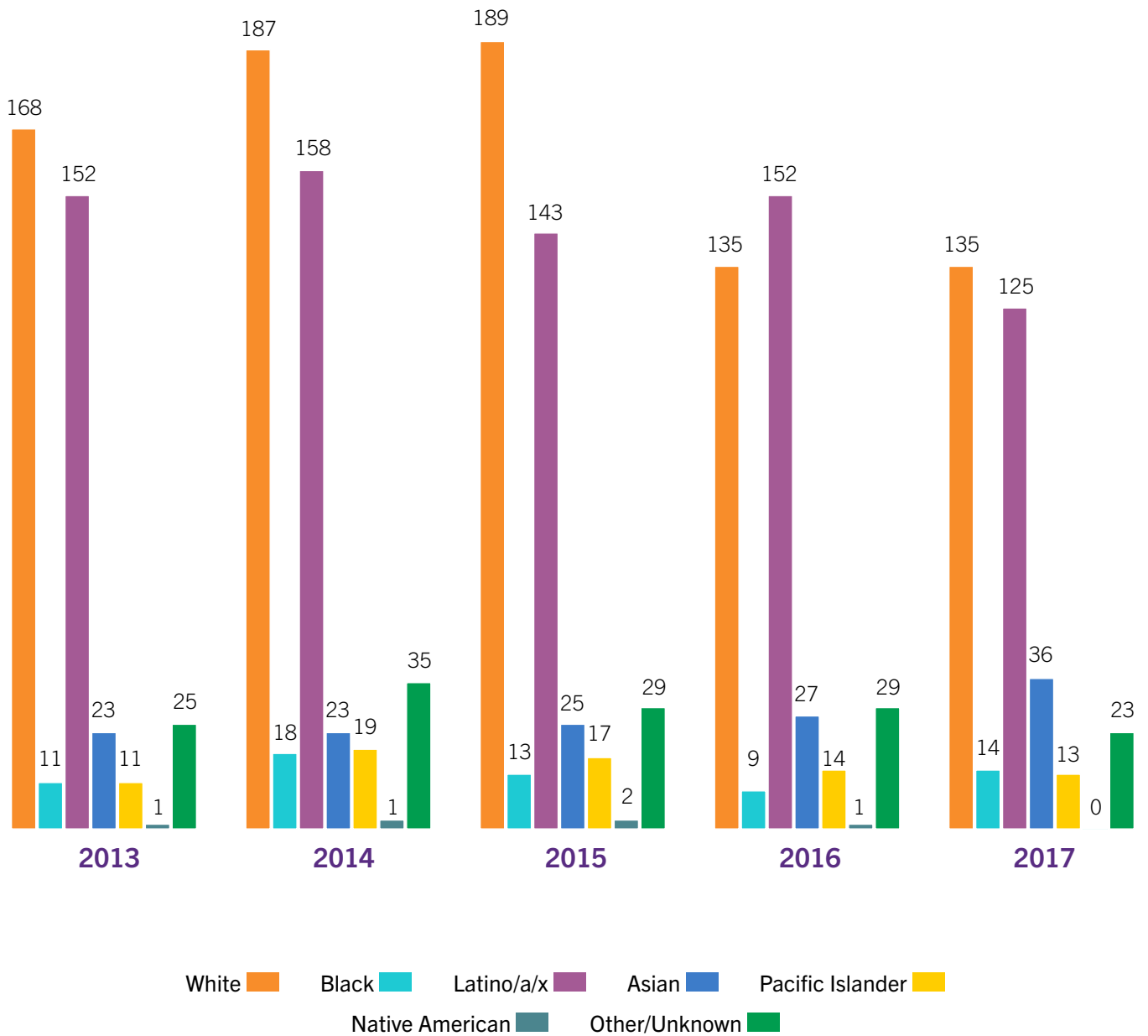


Intentional Self-Harm Emergency Room Visits by Age



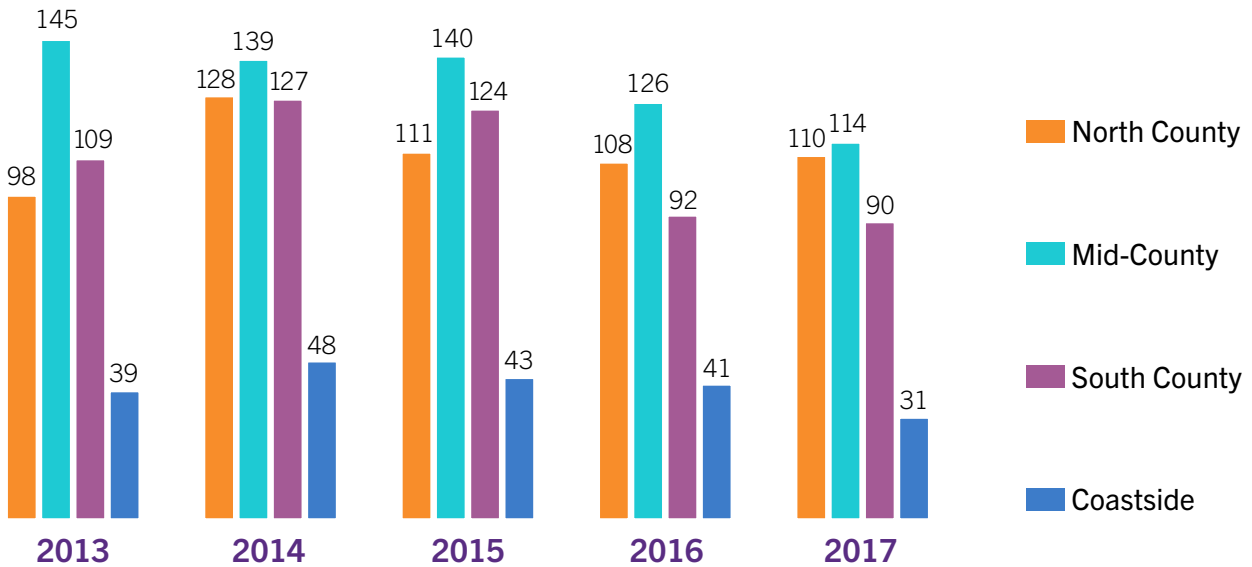
Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

Intentional Self-Harm Emergency Room Visits by Race/Ethnicity

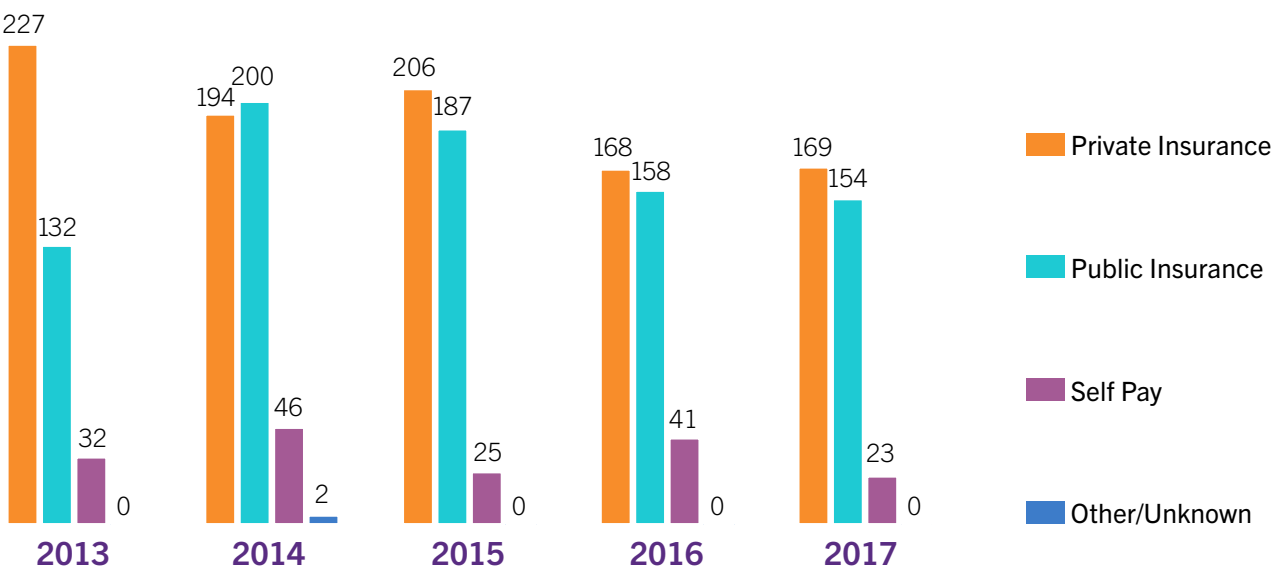


Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

Intentional Self-Harm Emergency Room Visits by County Region



Intentional Self-Harm Emergency Room Visits by Patient Insurance



Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

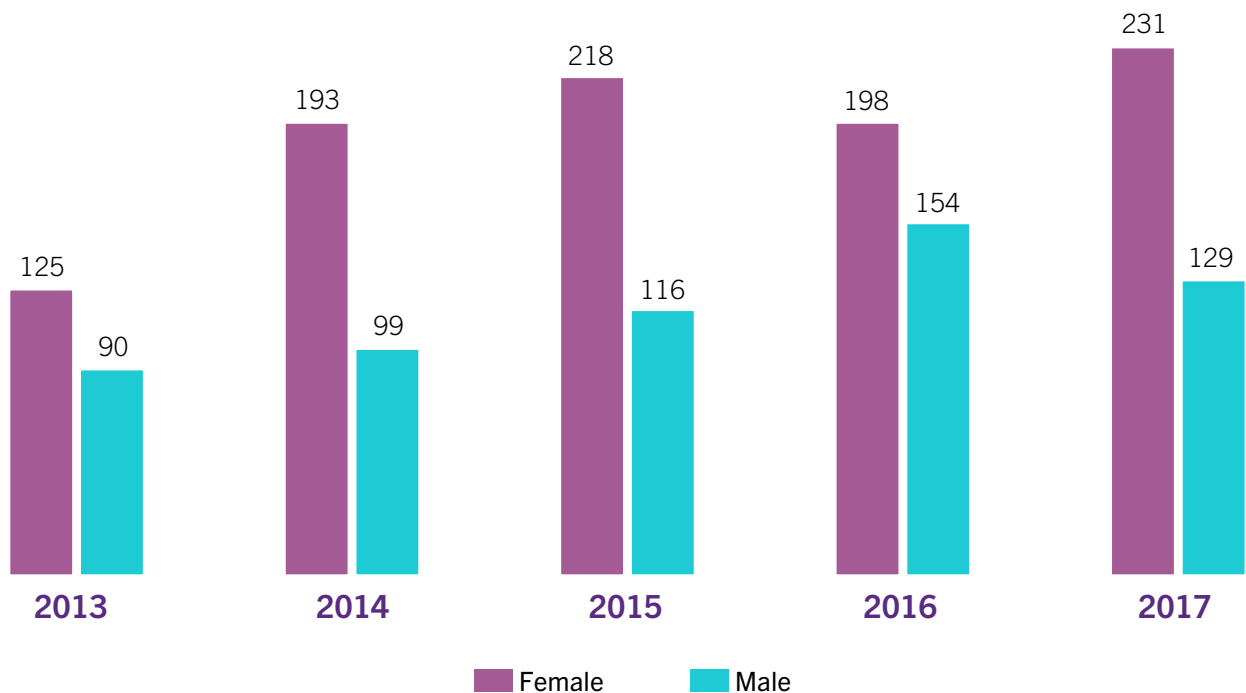
Suicide Attempts – Hospitalizations Related to Intentional Self-Harm

Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

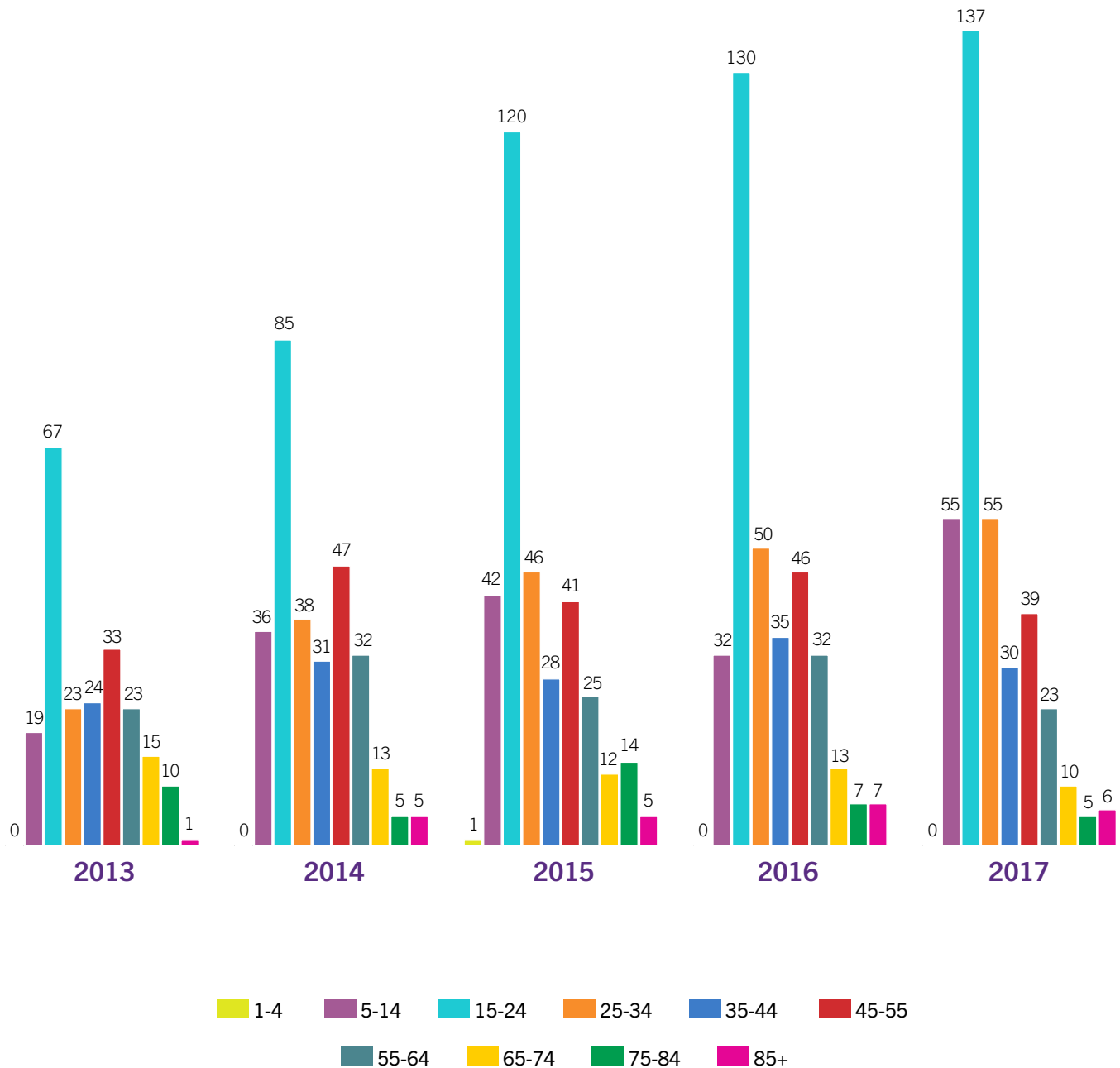
Intentional Self-Harm Hospital Admissions by Year



Intentional Self-Harm Hospital Admissions by Sex

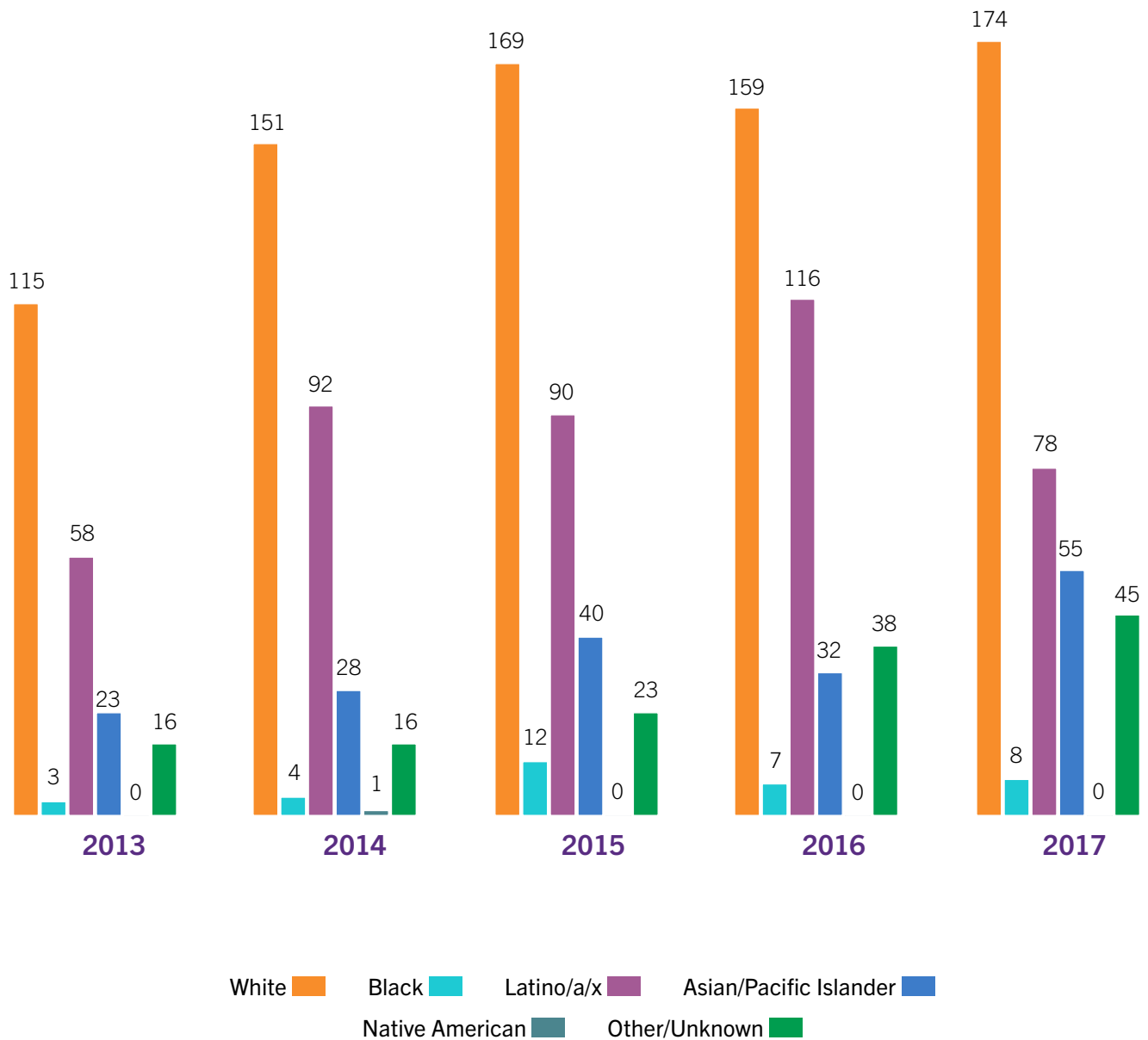


Intentional Self-Harm Hospital Admissions by Age



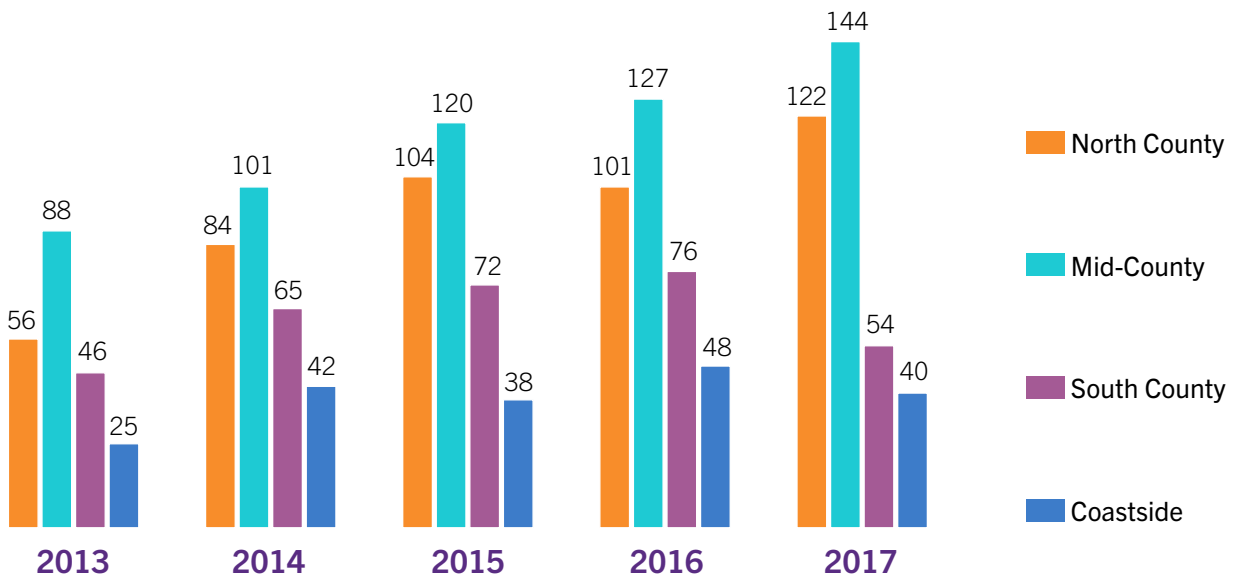
Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

Intentional Self-Harm Hospital Admissions by Race/Ethnicity

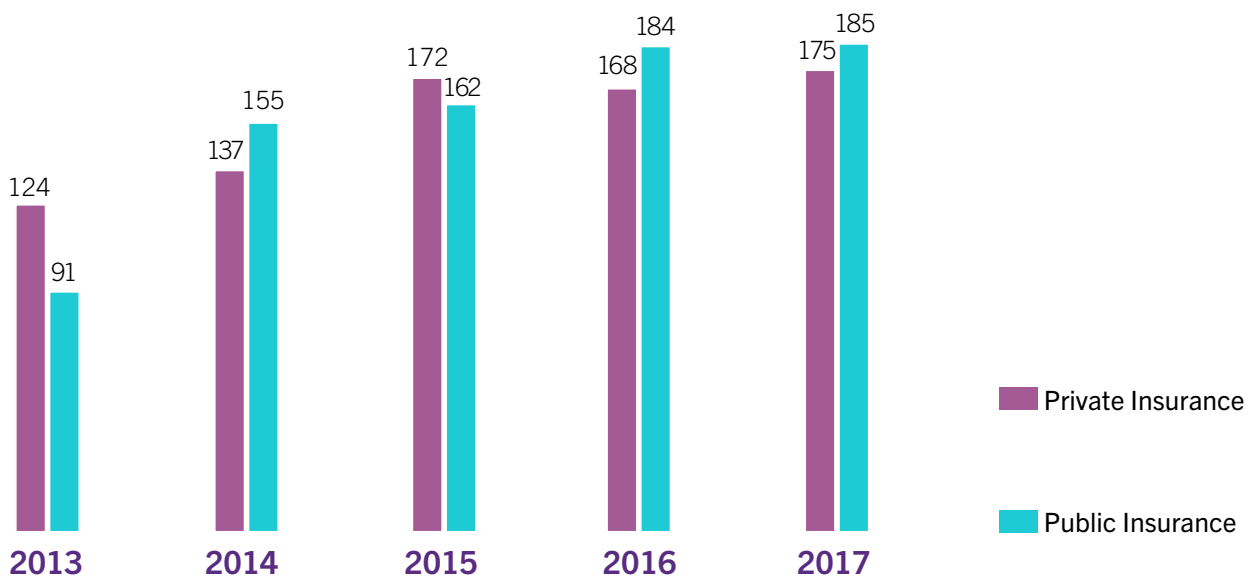


Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

Intentional Self-Harm Hospital Admissions by County Region



Intentional Self-Harm Hospital Admissions by Patient Insurance

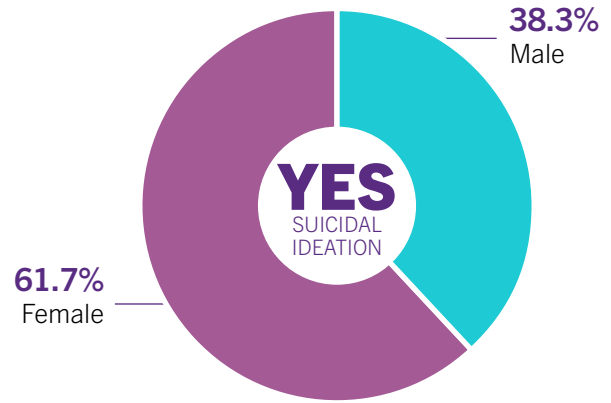
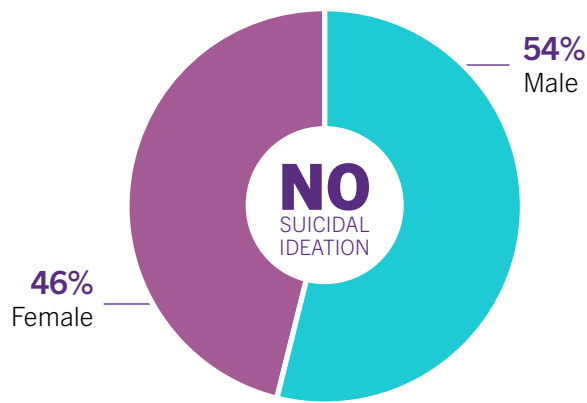


Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, San Mateo County, 2013-2017

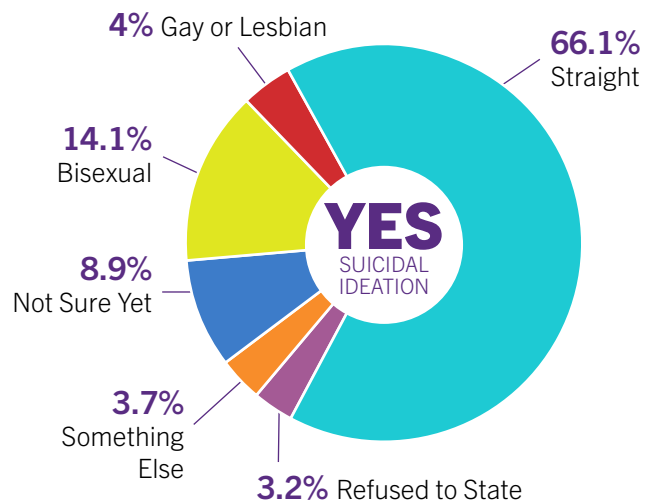
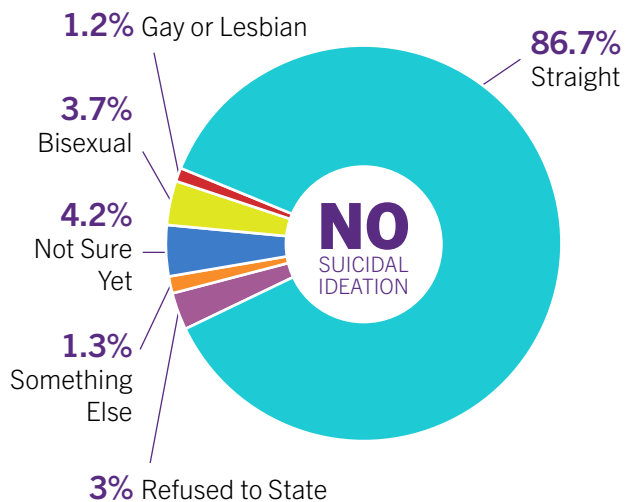
Suicidal Thoughts

California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

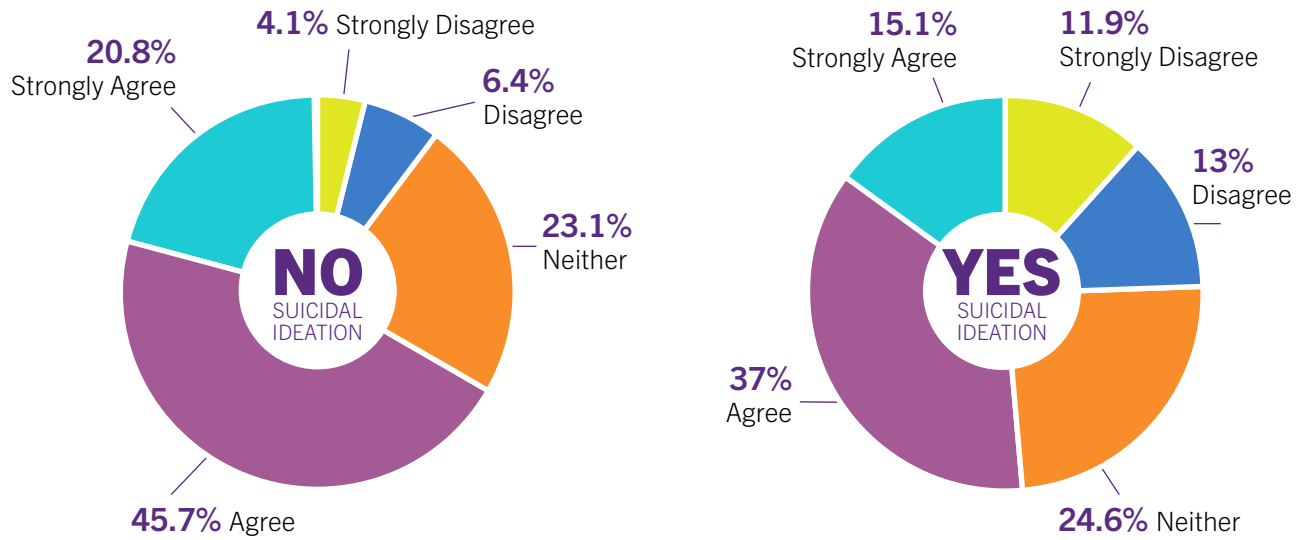
Suicidal Ideation by Sex, 9th & 11th Graders



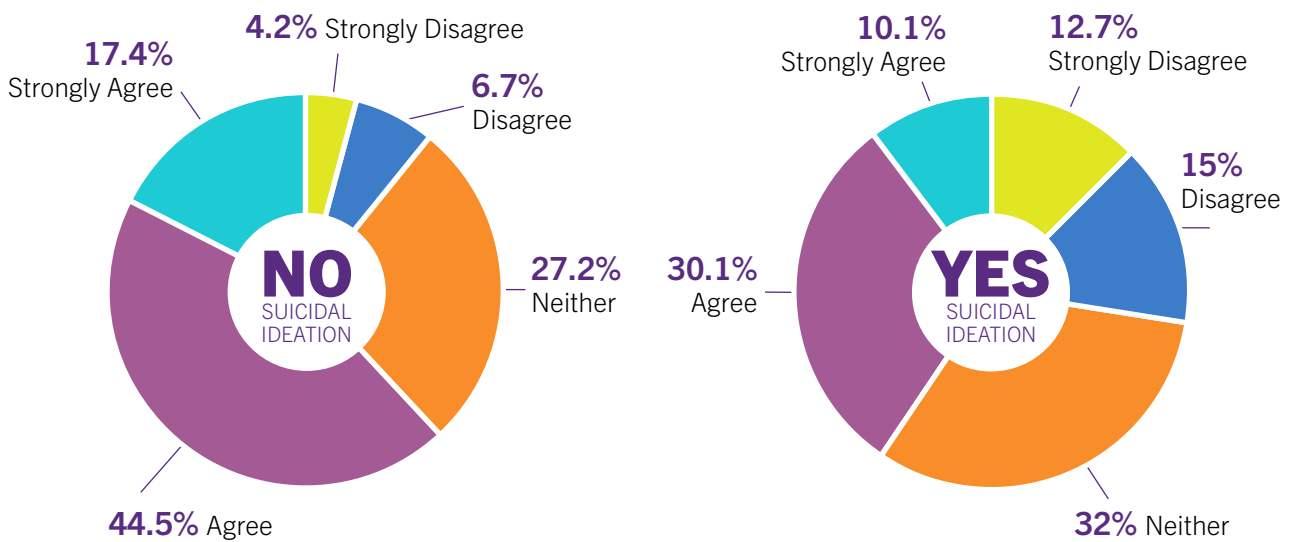
Suicidal Ideation by Sexual Identity, 9th & 11th Graders



Suicidal Ideation by Agreeance of How Happy at School, 9th & 11th Graders

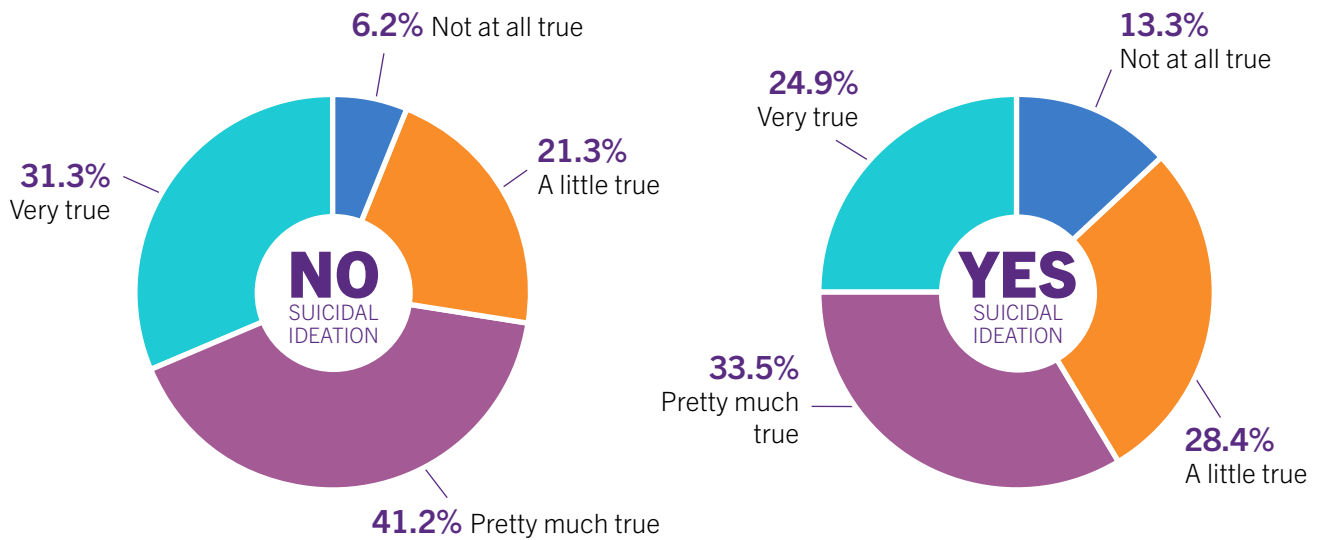


Suicidal Ideation by Agreeance of Feeling Part of this School, 9th & 11th Graders

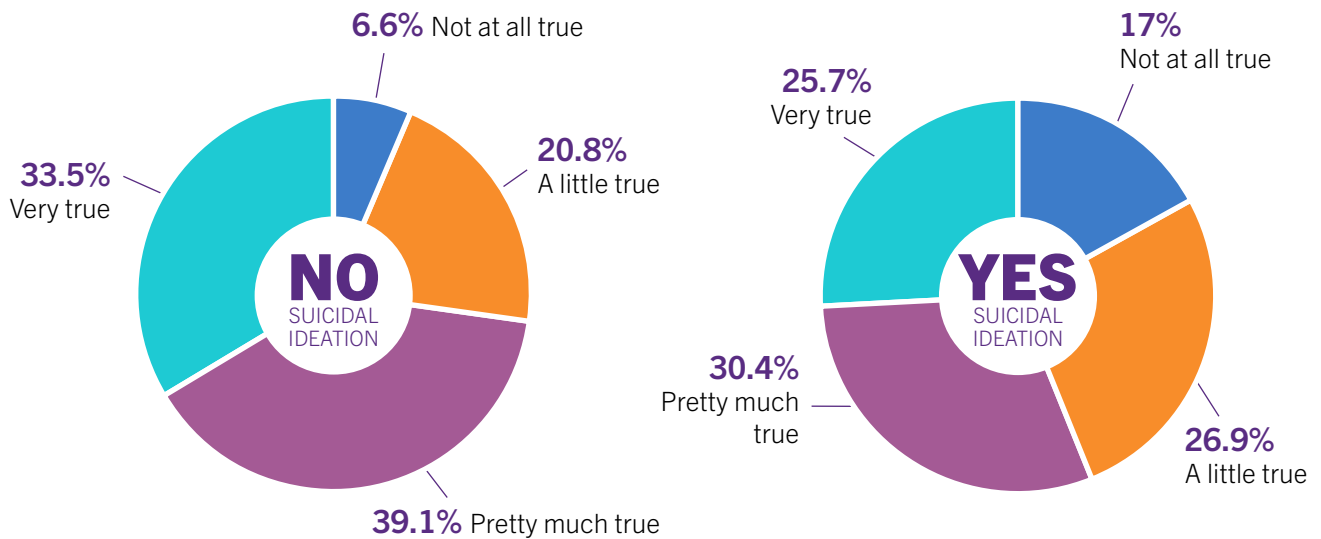


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by Agreeance of Adult Who Listens to Me, 9th & 11th Graders

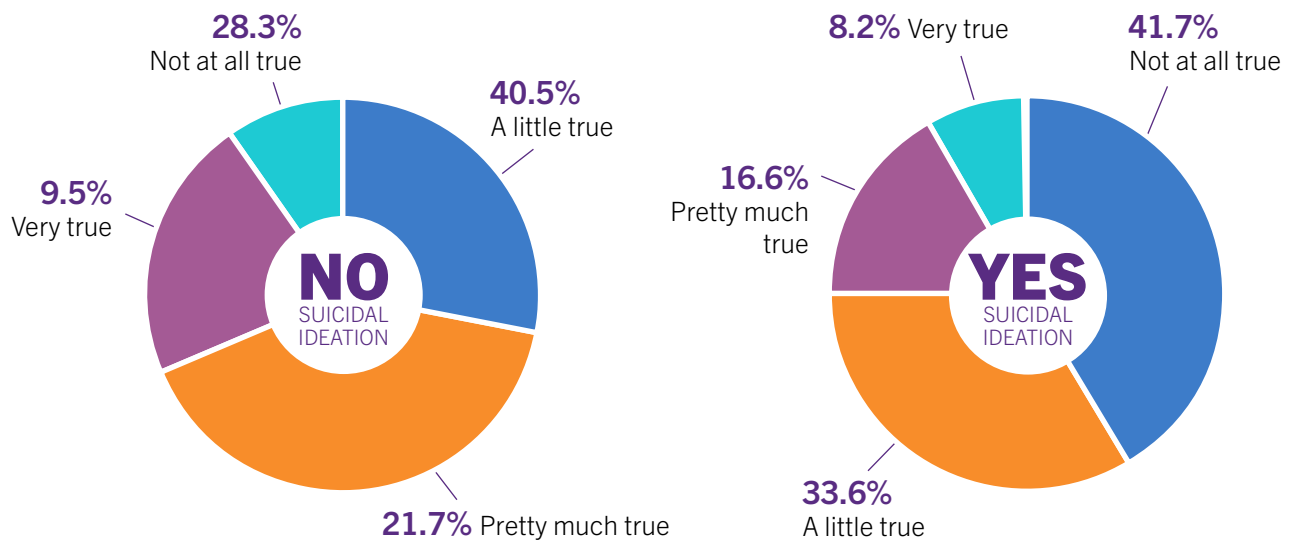


Suicidal Ideation by Agreeance of Adult Who Believes I Will Be a Success, 9th & 11th Graders

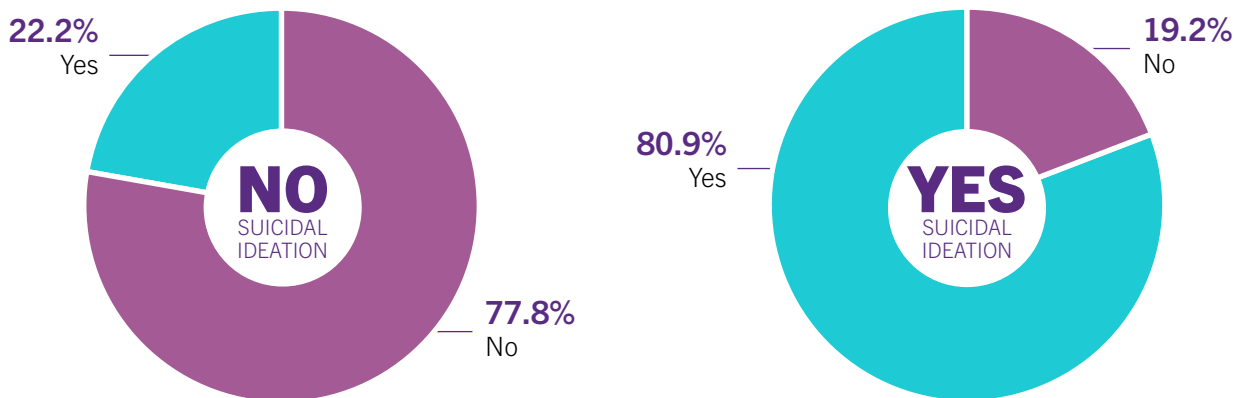


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by Agreeance of Doing Things that Make a Difference, 9th & 11th Graders

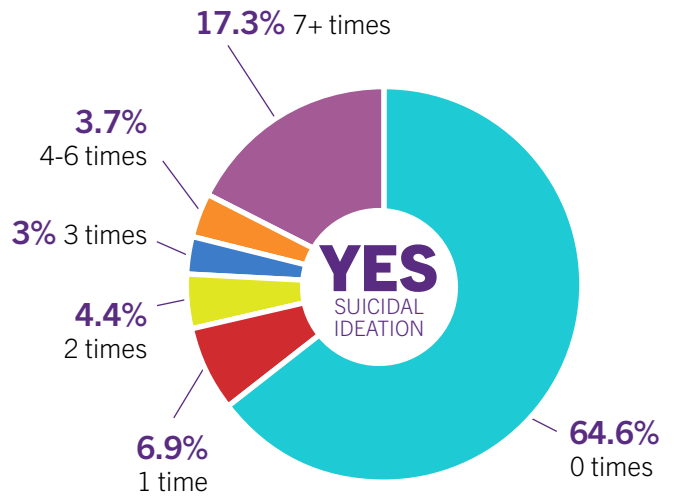
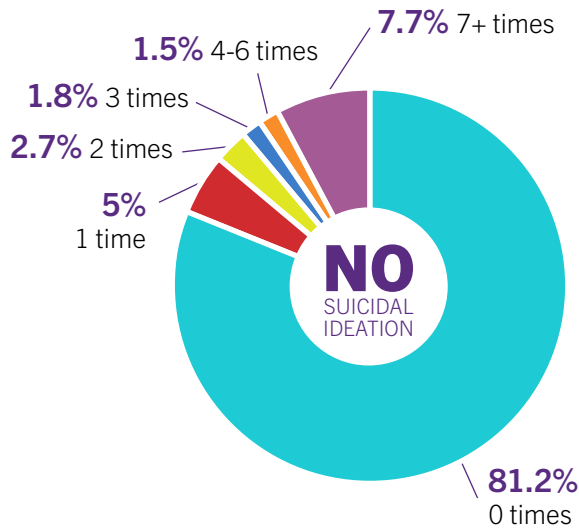


Suicidal Ideation by Agreeance of Feeling Sad/Hopeless for 2 or More Weeks During Past 12 Months and Stopped Usual Activities, 9th & 11th Graders

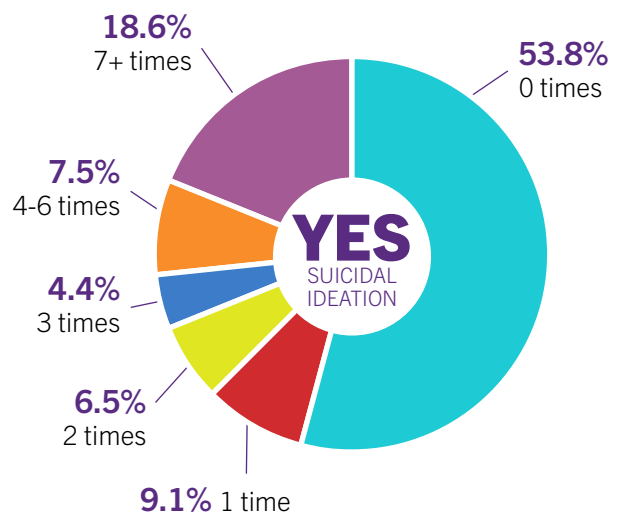
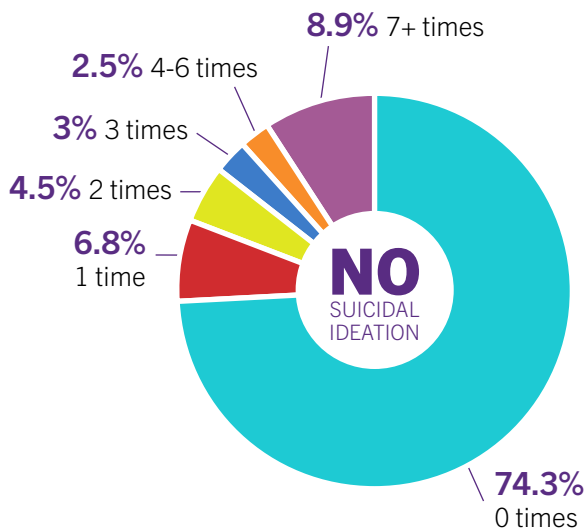


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by Lifetime E-Cigarette Use, 9th & 11th Graders

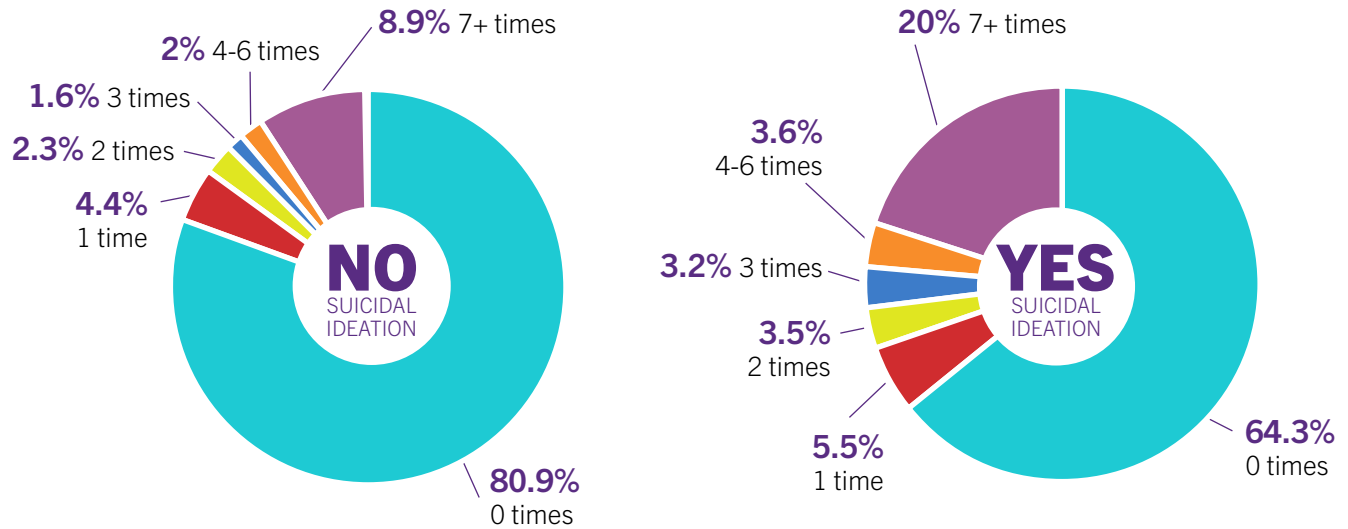


Suicidal Ideation by 1 Full Drink of Alcohol During Lifetime, 9th & 11th Graders

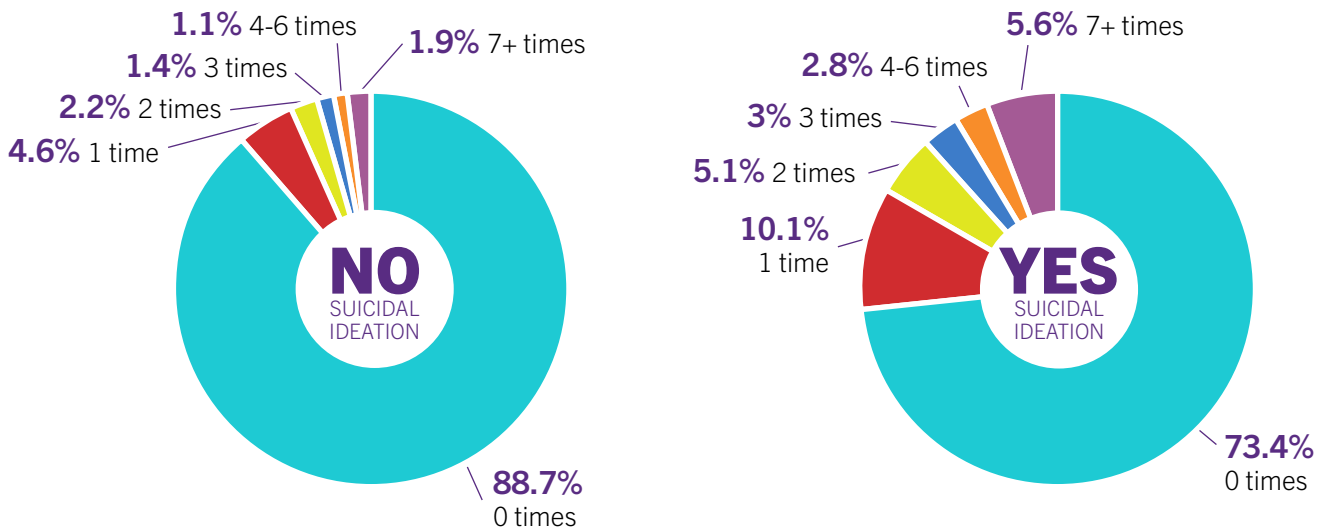


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by Lifetime Marijuana Use, 9th & 11th Graders

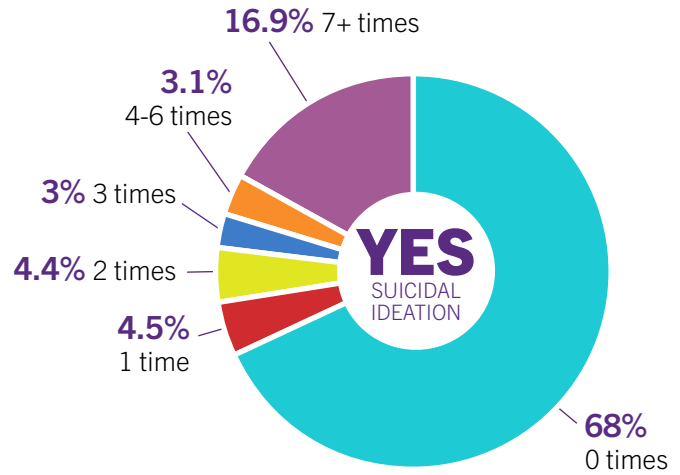
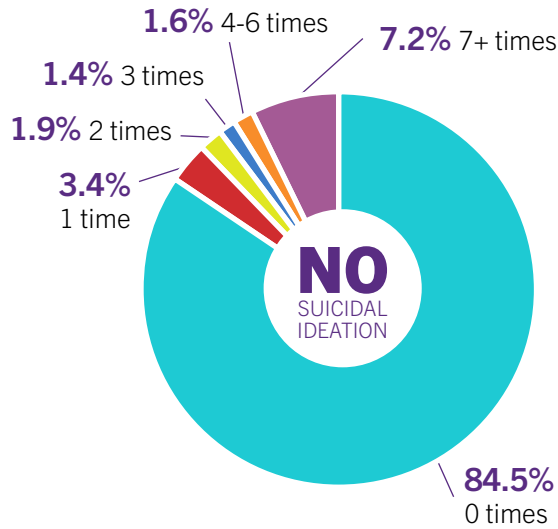


Suicidal Ideation by Very Drunk or Sick After Drinking, 9th & 11th Graders

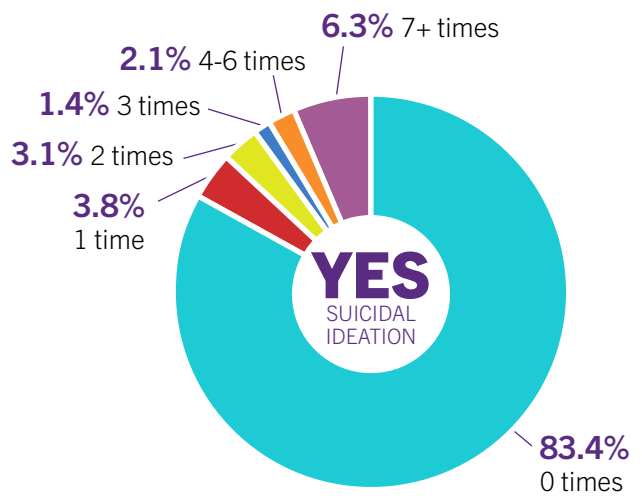
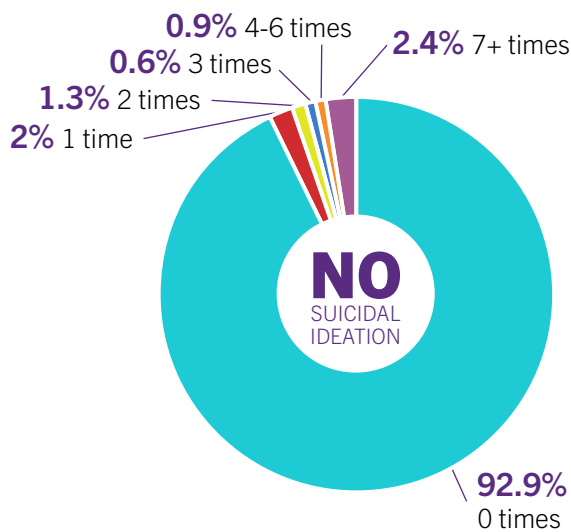


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by High from Using Drugs, 9th & 11th Graders

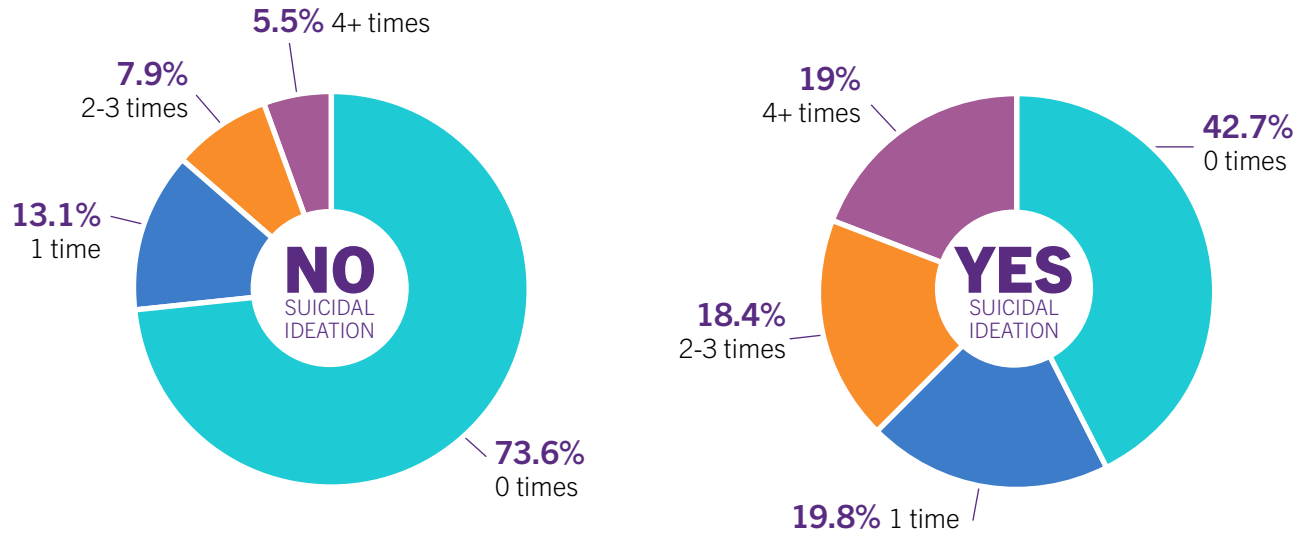


Suicidal Ideation by Drunk/High on School Property, 9th & 11th Graders

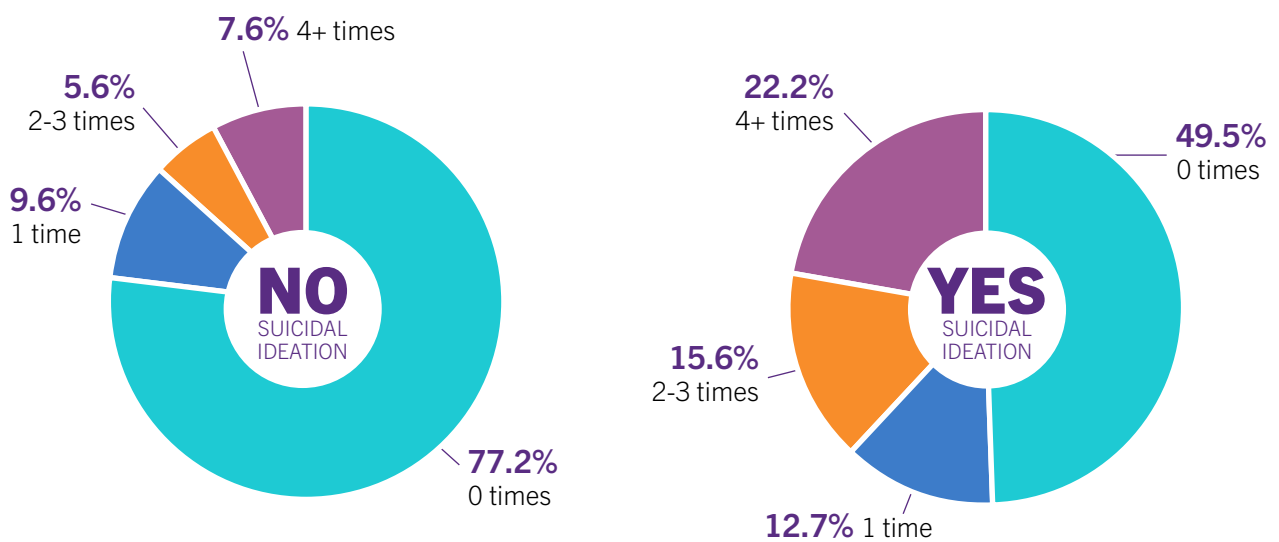


California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicidal Ideation by Had Mean Rumors or Lies Spread About You, 9th & 11th Graders



Suicidal Ideation by Had Sexual Jokes, Comments or Gestures Made to You, 9th & 11th Graders



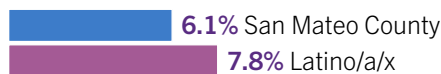
California Healthy Kids Survey data, 9th & 11th graders, 2017-2018

Suicide Risk and Protective Factors – Mental Health and Substance Use Indicators

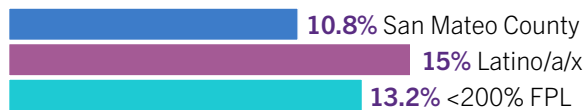
Mental Health Indicators, Adults 18+

Mental Health Indicators” header: “San Mateo County Health and Quality of Life Survey (HQoL), Adults aged 18 and older, 2017-2018

Mental distress of 14 days or more in last month



History of mental health condition



Experienced symptoms of chronic depression



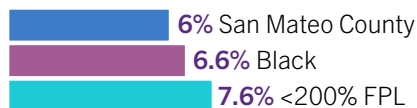
Fair/poor rating of access to mental health services



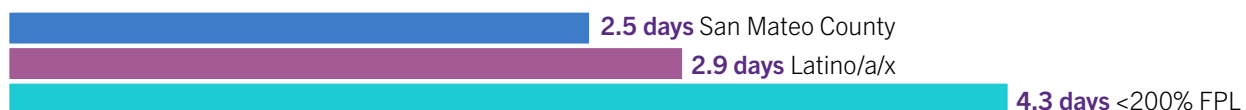
Have support little/none of time (65+ years)



Experience high stress on a daily basis



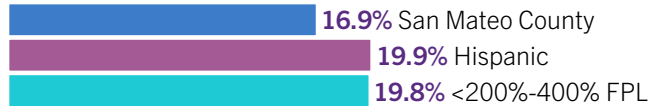
Average days sad/depressed in past month



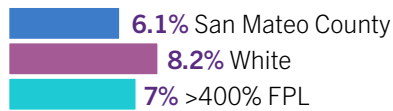
Substance Use Indicators, Adults 18+

Mental Health Indicators” header: “San Mateo County Health and Quality of Life Survey (HQoL), Adults aged 18 and older, 2017-2018

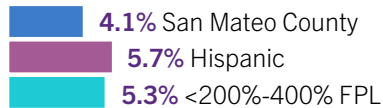
Binge drinking



Chronic drinkers (2+ drinks daily)



Illegal drug use in past year



Would not know where to access treatment for drug-related problem if needed



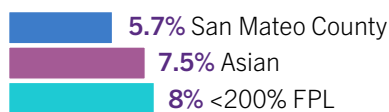
Fair/poor rating for access to substance use services



Ever sought professional help for drug-related problem



Current smoker



■ San Mateo County ■ Disparity Race ■ Disparity Income

Suicide Prevention

– Community Stigma

The following figures include help-seeking and prevention data collected and analyzed by Strata Research, Inc in March 2020. The Community Stigma Baseline Survey was conducted online and surveyed 450 San Mateo County adults that represented the demographics of San Mateo County population. The full report is posted in the “Resources” section at smchealth.org/bhrs/ode.

Two-thirds of adults (64%) agree that suicide is usually preventable.

There were no significant differences by demographics. CA Statewide data results significantly higher for agreeance (90% vs. 64%). CA statewide data source: 2014RAND California Statewide Survey.

Agreeance Over Believing Suicide is Usually Preventable



Note: “Suicide is usually preventable” is true. The World Health Organization highlights that “On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.”⁷⁴

One in five adults (21%) agree that talking about suicide can cause suicide.

Key demographics significantly more likely to agree are: 18-34 year olds; Residents with a below median income (\leq \$100K); Those with children at home. There are no significant differences by CA Statewide data.

Agreeance Over Talking About Suicide Can Cause Suicide

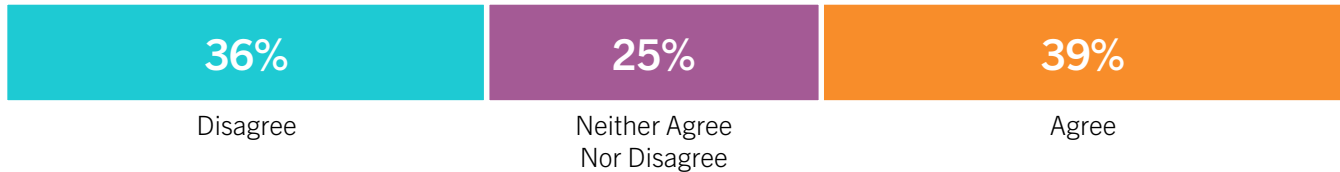


Note: “Talking about suicide can cause suicide” is a myth. The World Health Organization highlights that “Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behavior, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.”⁷⁴

More than one-third of adults (39%) agree that they don't have the necessary skills to talk about suicide with a friend, colleague, or family member

There were no significant differences by demographics. There were no significant differences by CA Statewide data.

Agreement Over Believing They Do Not Have Necessary Skills to Talk About Suicide with Friend/Colleague/Family Member



Note: The San Mateo County community has access to free online resources and gatekeeper trainings that can teach anyone (including those without prior training) on how to talk to loved ones about suicide and connect them to appropriate help when needed. See [Appendix D: Suicide Intervention 101](#) for details.

One-half of respondents (53%) agree that they can identify places or people where they should refer somebody thinking about suicide.

There were no significant differences by demographics. There were no significant differences by CA Statewide data.

Agreement Over Belief They Can Identify Places/People Where They Should Refer Somebody Thinking About Suicide



Note: Key places to refer someone thinking about suicide is our local and/or national crisis hotlines that offer 24/7 confidential crisis support from a trained counselor. You or your loved one in emotional distress has the following options:

- Call 1-800-273-8255 (TALK) – Suicide Prevention Lifeline (United States)
- Call 650-579-0350 – Star Vista’s Crisis Hotline (San Mateo County)
- Text “BAY” to 741741 – Crisis Text Line (United States)

For physical/mental health emergencies that need an immediate response, call 9-1-1 or go to your nearest emergency room.

Community Stigma Baseline Survey

APPENDIX F:

Suicide Prevention Resources for San Mateo County

This section is intended to be a resource directory of suicide prevention-related community resources in San Mateo County.

Please note the resource listed below may not be a complete list. If you have any recommendations on additional programs to add to the section, please contact ODE@smcgov.org.

For more information on suicide prevention resources, please visit [smchealth.org/Suicide Prevention](https://smchealth.org/SuicidePrevention).

Program or Activity	Description	Target Audience	Contact
#BeTheOneSMC Campaign Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health	Education and communication campaign to reduce stigma around mental health and substance use issues in San Mateo County. One of the key messages is to share how we can Be the One to make a difference. smchealth.org/endstigma	San Mateo County community	Sylvia Tang <i>Community Health Planner</i> 650-578-7165 stang@smcgov.org
ACCESS Call Center Behavioral Health & Recovery Services, San Mateo County Health	Call center that provides assessment and referrals for those looking for mental health and/or substance use services or those who may be experiencing a mental health and/or substance use condition. smchealth.org/bhrs/mhresources	Health Plan of San Mateo members with Medi-Cal, Medicare, Care Advantage, County ACE, or HealthWorx. Those without eligible insurance are referred to appropriate community resources	800-686-0101 TDD: Dial 711 Selma Mangrum <i>Manager</i> 650-573-2615 smangrum@smcgov.org
All Together Better Data Portal Public Health Policy & Planning, San Mateo County Health	Online data portal that contains San Mateo County data on a broad range of topics affecting the health of our communities and highlights assets in our county. smcalltogetherbetter.org	Community members, policy makers and other stakeholders interested in learning about the health of San Mateo County residents	Public Health Policy & Planning; Office of Epidemiology & Evaluation (650) 573-2144 Email via “Contact Us” page at smcalltogetherbetter.org

Program or Activity	Description	Target Audience	Contact
<p>Anonymous Gun Buyback</p> <p>San Mateo County Sheriff's Office</p>	<p>On December 14, 2019 in San Carlos, San Mateo County Sheriff Carlos G. Bolanos, Redwood City Police Chief Dan Mulholland, and Belmont Police Chief Tony Psaila supported an anonymous gun buyback event.</p> <p>smcsheriff.com/gun-buyback</p>	<p>Any individual can surrender firearms with no questions asked</p>	<p>Sergeant Jacob Trickett 650-802-4226 jtrickett@smcgov.org</p>
<p>Applied Suicide Intervention Skills Training (ASIST)</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health”</p>	<p>Two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.</p>	<p>Anyone 16 years or older who is interested in applying skills to help someone in the San Mateo County community; no prior formal training required</p>	<p>Workforce Education & Training BHR-WorkforceDev@smcgov.org</p>
<p>Assisted Outpatient Treatment (AOT)</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Program that helps people achieve and maintain physical and mental health while decreasing mental health crises, hospitalizations, incarcerations and homelessness through voluntary or court ordered treatment. Services include intensive case management, psychiatry, medication management, benefit and housing support, life skill development, and guidance and support to help people reach recovery goals.</p> <p>smchealth.org/aot</p>	<p>A person is eligible if they are 18 years or older and a resident of San Mateo County with a serious mental health condition that causes them to be unlikely to survive safely in the community without supervision.</p> <p>Additionally, the person's mental health must have either resulted in</p> <ul style="list-style-type: none"> • Psychiatric hospitalization or incarceration two or more times in the past 36 months. <p>Or</p> <ul style="list-style-type: none"> • Threats or acts of violent behavior towards themselves or others in the past 48 months. 	<p>650-372-6125 AOT@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Behavioral Health Case Review</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>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.</p>	<p>Staff of San Mateo County Behavioral Health and Recovery Services</p>	<p>Medical Director Behavioral Health & Recovery Services San Mateo County Health</p> <p>2000 Alameda de las Pulgas, Suite 235 San Mateo, CA 94403</p> <p>Moe Mati <i>Director's Assistant</i></p> <p>650-573-2043</p> <p>mmati@smcgov.org</p>
<p>Be Sensitive, Be Brave (BSBB) Suicide Prevention Workshop</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>BSBB is a foundational workshop in suicide prevention that teaches how to act as eyes and ears for suicidal distress and connect individuals with appropriate services. Workshop participants will learn to recognize suicide risk, how to ask individuals if they are thinking about suicide, and connect them with help. This workshop will also discuss navigating conversations about suicide across diverse populations, with the aim of equipping community members to be culturally responsive within their communities.</p>	<p>San Mateo County Community Ages 12+ or Middle School Age and Above</p>	<p>Sylvia Tang <i>Community Health Planner</i></p> <p>650-578-7165</p> <p>stang@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>California Clubhouse</p>	<p>Social and vocational rehabilitation program in San Mateo County for individuals living with a mental health conditions.</p> <p>californiaclubhouse.org</p>	<p>To qualify as a member, you must:</p> <ul style="list-style-type: none"> • Be 18 years or older • Have a diagnosis of a mental health condition 	<p>Open M-F, 8:30AM to 5:00PM*</p> <p>Evening Chats M-F 5:00PM to 7:00PM*</p> <p>210 Industrial Road Ste 102 San Carlos, CA 94070 650-539-3345</p> <p>info@californiaclubhouse.org</p> <p>*Currently hosting virtual programming via Zoom</p>
<p>California Directing Change Program & Film Contest</p>	<p>Statewide film contest that invites students and young people to submit 30 or 60 second films about suicide prevention and mental health. The winning student advocates win cash prizes and attend a red-carpet award ceremony. All schools and organizations that participate qualify for prevention and educational programs. Annual submission deadline is March 1.</p> <p>directingchange.org</p>	<p>Eligible film contestants:</p> <ul style="list-style-type: none"> • High school and middle school students • Youth or young adults ages 14-25 in partnership with a college, university, community-based organization, club, program or other agency. 	<p>Devin Saragosa-Harris, MPH <i>Program Manager</i> devin@directingchange.org 858-324-4846</p> <p>Stan Collins 619-518-2412 stan@suicideispreventable.org</p> <p>Jana Sczersputowski, MPH <i>Program Director</i> 858-740-4381 jana@yoursocialmarketer.com</p> <p>Shanti Bond-Martinez, MPH <i>Senior Program Manager</i> 619-786-5622 Shanti@directingchange.org</p>

Program or Activity	Description	Target Audience	Contact
<p>California EpiCenter</p> <p>California Department of Public Health Injury and Violence Prevention (IVP) Branch (Formerly Safe and Active Communities (SAC) Branch)</p>	<p>Online data portal that includes a variety of injury data, including self-injury (suicide) hospitalization and emergency department data.</p> <p>epicenter.cdph.ca.gov</p>	<p>Anyone interested in learning about injury data in California at the state or county level</p>	<p>916-552-9800</p> <p>TDD</p> <ul style="list-style-type: none"> • MCI from TDD 1-800-735-2929 or MCI from voice telephone 1-800-735-2922 • Sprint from TDD 1-888-877-5378 or Sprint from voice telephone 1-888-877-5379 <p>ivpb@cdph.ca.gov</p>
<p>California Health Interview Survey (CHIS)</p> <p>Conducted by the UCLA Center for Health Policy Research in collaboration with the California Department of Public Health, and the Department of Health Care Services</p>	<p>Nation’s largest state health survey and a critical source of data on Californians as well as on the state’s various racial and ethnic groups. The survey provides information at the state, county, zip code, city and legislative district levels.</p> <p>healthpolicy.ucla.edu/chis</p>	<p>Policy makers, researchers, media, public agencies, community organizations, advocacy groups, foundations and other stakeholders who want to learn more about the health of Californians and sub-populations.</p>	<p>UCLA Center for Health Policy Research</p> <p>10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024</p> <p>310-794-0909</p> <p>healthpolicy@ucla.edu</p>
<p>California Healthy Kids Survey (CHKS)</p> <p>Developed by WestEd for the California Department of Education</p>	<p>The nation’s largest statewide student survey of resiliency, protective factors, risk behaviors, and school climate.</p> <p>calschls.org</p>	<p>California school districts and partner communities</p>	<p>888-841-7536</p> <p>Ben Trigg <i>North Coast/Bay Area Technical Advisor</i> btrigg@wested.org</p>

Program or Activity	Description	Target Audience	Contact
<p>California Measurements, Outcomes, and Quality Assessment (MOQA)</p> <p>Coordinated by California Institute for Behavioral Health Solutions (CIBHS) and supported by the California Department of Health Care Services (DHCS)</p>	<p>County-driven and state supported effort to improve statewide reporting on outcomes resulting from programs supported through Mental Health Services Act (MHSA, Prop 63) funds. Currently, MOQA is focused on pilot data collection for Suicide Prevention and Stigma and Discrimination Reduction programs.</p> <p>cibhs.org/measurements-outcomes-and-quality-assessment-moqa</p>	<p>County departments funded by Mental Health Services Act funds</p>	<p>Samantha Spangler, PhD sspangler@cibhs.org</p>
<p>California Office of Statewide Health Planning & Development (OSPHD)</p> <p>Emergency Department and Hospitalization data analyzed by Office of Epidemiology and Evaluation, San Mateo County Health</p>	<p>State office that improves access to quality healthcare for Californians. OSPHD ensures hospital buildings are safe, offer financial assistance to individuals and healthcare institutions, and collect and publish healthcare data.</p> <p>oshpd.ca.gov/data-and-reports</p>	<p>All Californians</p>	<p>OSPHD Director's Office 916-326-3600 OSHPDDO@oshpd.ca.gov</p>
<p>California Peer-Run Warm Line</p> <p>Mental Health Association of San Francisco</p>	<p>24/7 non-emergency resource for anyone in California seeking emotional support. This warm line provides assistance via phone and webchat on a nondiscriminatory basis to anyone in need.</p> <p>mentalhealthsf.org/peer-run-warmline</p>	<p>Anyone in California seeking emotional support</p>	<p>1-855-845-7415 Mental Health Association of San Francisco 415-421-2926 info@mentalhealthsf.org</p>

Program or Activity	Description	Target Audience	Contact
<p>California Vital Records Business Intelligence System – Mortality Data</p>	<p>Mortality (death) data system for the State of California; provides information on all registered deaths, including deaths of county residents outside of the county, as well as deaths of non-residents that occur within the county.</p>	<p>All Californians</p>	<p>Much of this data is not publicly available; contact the SMC Health Office of Epidemiology & Evaluation for data requests: epidemiology@smcgov.org Or to apply for more limited data sets visit the following website: https://www.cdph.ca.gov/Programs/CHSI/Pages/Data-Applications.aspx</p>
<p>Caltrain - Rail Safety and Suicide Prevention Activities</p>	<p>Caltrain is dedicated to working with community partners to prevent suicide and reduce mental health stigma. Through its suicide prevention efforts, Caltrain’s suicide prevention activities include September Rail Safety and Suicide Prevention Month events, suicide prevention resource page, suicide prevention signs on 50-mile rail corridor, data collection of fatalities on the tracks, Crisis Intervention Training for Transit Police, fundraising for Out of the Darkness Overnight events, and sponsorships for various suicide prevention organizations. caltrain.com/thereishelp</p>	<p>Commuters along the San Francisco Peninsula, through the South Bay to San Jose and Gilroy.</p>	<p>Tasha Bartholomew, <i>Manager of Communications</i> 650-508-7927 bartholomewt@samtrans.com</p>

Program or Activity	Description	Target Audience	Contact
<p>Cannabis Decoded Campaign</p> <p>Community Health Promotion Unit, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Cannabis Decoded is a Youth Marijuana Education Initiative from the County of San Mateo. This initiative was launched in partnership with the San Mateo County Youth Commission to educate youth and young adults about the facts on cannabis use. This campaign aims to provide reliable, factual information so that young people have the tools they need to make informed decisions that impact their health and futures.</p> <p>www.cannabisdecoded.org/</p>	<p>Young people ages 11 – 25 and the trusted adults in their lives</p>	<p>cannabisdecoded@smcgov.org</p>
<p>Child Death Review Team (CDRT)</p>	<p>Interdisciplinary team comprised of county and community agencies that meet regularly to review unexpected infant and child deaths (including suicide) occurring in San Mateo County. CDRT creates multi-year reports that include aggregate data and recommendations which have encouraged further investigations of cases and increased collaboration and information sharing among involved agencies.</p>	<p>Infants and children who resided in San Mateo County</p>	<p>Anand Chabra, MD <i>Medical Director</i> Family Health Services San Mateo County Health achabra@smcgov.org</p>
<p>Community Care Settings Program</p> <p>Institute of Aging</p>	<p>CCSP is an intensive care management program focused on transitions from long-term care to community settings through a multi-disciplinary approach and partners with independent housing and residential care facilities.</p>	<p>Residents of long-term care facilities and/or those at high risk of institutionalization in the community</p>	<p>For referrals, CCSP RN, Benjamin Walls 650-235-5530 bwalls@ioaging.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Community Stigma Baseline Survey</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>The San Mateo County Behavioral Health & Recovery Services Office of Diversity and Equity commissioned an independent research firm, Strata Research Inc., to implement a baseline survey among San Mateo County residents who were at least 18 years of age. This 15-minute survey was completed by 450 residents in during March 2020. The Executive Summary and Full Report are located at www.smchealth.org/bhrs/ode</p>	<p>San Mateo County community (adults 18 years and above)</p>	<p>Sylvia Tang <i>Community Health Planner</i></p> <p>650-578-7165</p> <p>stang@smcgov.org</p>
<p>Coroner's Office</p> <p>San Mateo County</p>	<p>The Coroner is an independent official with responsibility under the law for the medico-legal investigation of unnatural or unexpected deaths occurring in San Mateo County. Suicide and other death data can be found in their annual reports at https://coroner.smcgov.org/annual-report.</p>	<p>San Mateo County residents</p>	<p>Robert J. Foucrault <i>Coroner</i></p> <p>RFoucrault@smcgov.org</p> <p>Main 650-312-5562</p> <p>50 Tower Road, San Mateo, CA 94402</p> <p>coroner.smcgov.org/</p>
<p>COVID Recovery Initiative, Economic Recovery Work Group</p> <p>San Mateo County Economic Development Association</p>	<p>The Economic Recovery work is focused on three areas: supporting small businesses, retraining residents who's pre-COVID jobs are not coming back and connecting job seekers with employers that are hiring.</p>	<p>Small business owners, furloughed and unemployed residents and hiring managers are all target audiences for this effort.</p>	<p>Additional information is available on the SAMCEDA website at www.samceda.org.</p>

Program or Activity	Description	Target Audience	Contact
<p>Crisis Intervention Training (CIT)</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<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. 	<p>Training is for law enforcement and first responders to help community members facing a behavioral health crisis due to mental health, suicide, substance use, dementia, intellectual disabilities or other challenges.</p>	<p>Jennifer Basler-Cameron, LMFT #94540 <i>Clinical Services Manager I</i></p> <p>650-505-0659</p> <p>jbasler@smcgov.org</p>
<p>Crisis Response Team (CRT)</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Team available for consultation or direct services after a critical incident or traumatic event. The team is available 24/7. CRT members receive specialized training in crisis response from the American Red Cross, receive suicide prevention training and have experience in providing mental health interventions in a variety of circumstances. Situations may include, structural fires, tragic death of a community member, violent incident, suicide, car accident, natural disaster, etc. Individual or group psychological first aid, grief support counseling, connection to needed on going services, and crisis intervention counseling are offered free of charge.</p>	<p>San Mateo County community members who experienced critical incident or traumatic event.</p>	<p>Jennifer Basler-Cameron, LMFT #94540 <i>Clinical Services Manager I</i></p> <p>650-505-0659</p> <p>jbasler@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Domestic Violence Death Review Team</p> <p>San Mateo County Coroner's Office</p>	<p>The San Mateo County Domestic Violence Death Review Team (DVDRT) is an interagency team that investigates and reviews all domestic violence related deaths in San Mateo County with a goal of developing policy and protocol recommendations for preventing domestic violence.</p>	<p>San Mateo County residents</p>	<p>Robert J. Foucrault <i>Coroner</i></p> <p>RFoucrault@smcgov.org</p> <p>Main 650-312-5562</p> <p>50 Tower Road San Mateo, CA 94402</p> <p>coroner.smcgov.org/</p>
<p>East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)</p> <p>Partner Agencies: One East Palo Alto, El Concilio of San Mateo County, Free At Last, Pacific Tonga Ma'a Tonga, USA and Pacific Tonga Ma'a Tonga, USA</p>	<p>Multiple partner agencies that provides community outreach and engagement services, thereby increasing access and improving linkage to behavioral health services for underserved residents of East Palo Alto.</p> <p>www.1epa.org/epapmho.html</p>	<p>East Palo Alto residents</p>	<p>Mele K. Latu <i>Behavioral Health Advisory Group Ambassador Team Coordinator</i></p> <p>Mental Health Initiative Program Associate</p> <p>Mailing Address: 903 Weeks Street East Palo Alto, CA 94303</p> <p>Program Operations Facility: 1195 Hamilton Court Menlo Park, CA 94025 <i>Facebook Willow Campus/MPK45</i></p> <p>650-329-2828 mlatu@1epa.org</p>
<p>Elder Death Review Team</p> <p>San Mateo County Health</p>	<p>The purpose of the San Mateo County Elder Death Review Team is to collaboratively review and analyze deaths of elders associated with suspected abuse and/or neglect in order to strengthen system policies and procedures and identify prevention strategies to reduce future incidents of elder abuse-related injuries and deaths.</p>	<p>Older and dependent adults in San Mateo County</p>	<p>Shannon Morgan, LCSW <i>Health Services Manager I</i></p> <p>San Mateo County, Aging and Adult Services</p> <p>smorgan@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
Family Assertive Support Team (FAST) Behavioral Health & Recovery Services, San Mateo County Health	An in-home outreach service that offers assessment, consultation, and support services. The team consists of a therapist, family partners and peer counselor. Spanish and Mandarin speaking capacity are available. Other languages are available upon request. https://www.smchealth.org/contact/family-assertive-support-team-fast	Adults (18+) in San Mateo County experiencing a severe mental health problem and their designated family members (broadly defined as individuals with close and enduring emotional ties).	Ian Adamson 650-368-3178
Firearm Destruction Sheriff's Office	Turn in firearms, ammunition, or explosives for destruction. www.smcsheriff.com/firearms-destruction	Anyone who wants to turn in unwanted firearms, ammunition, or explosives for destruction.	650-363-4911 to have a deputy retrieve unwanted explosives from you.
Get Healthy San Mateo County (GHSMC) – Healthy Economy & Healthy Housing Priorities Public Health, Policy, and Planning, San Mateo County Health	Get Healthy San Mateo County is a local collaborative of organizations working together to advance policy change to prevent diseases and ensure everyone has equitable opportunities to live a long and healthy life. For GHSMC 2015-2020 strategic plan, 10 components and 4 priorities identified, including Healthy Economy and Healthy Housing.	All who live, work, learn and play in San Mateo County.	Belén Seara <i>Senior Community Health Planner</i> 650-573-2319 bseara@smcgov.org Erika Rincón Whitcomb <i>Community Health Planner</i> 650- 573-2935 ewhitcomb@smcgov.org
Gun Violence Restraining Order	A Gun Violence Restraining Order is a court order that prohibits someone from having a gun, ammunition or magazines (ammunition storage and feeding devices).	All California residents, including close family member, roommate, employer, coworker, employee, teacher of certain schools and law enforcement officers	For additional information: www.courts.ca.gov/33961.htm

Program or Activity	Description	Target Audience	Contact
<p>Health & Quality of Life Survey</p> <p>Public Health, Policy, & Planning Office of Epidemiology & Evaluation, San Mateo County Health</p>	<p>Population-based survey conducted in San Mateo County since 1995 to assess health conditions, risk behaviors, prevention practices, and quality of life indicators, including those related to substance use and mental health</p>	<p>San Mateo County residents</p>	<p>Public Health, Policy, & Planning Office of Epidemiology & Evaluation</p> <p>epidemiology@smcgov.org</p>
<p>Health Ambassador Program (HAP) - Adult</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>A program where community members use their knowledge and experience to make a difference in the lives of fellow community members who may be experiencing symptoms of a mental health and/or substance use problem.</p> <p>smchealth.org/general-information/health-ambassador-program</p>	<p>San Mateo County adults (18+ years)</p>	<p>Brenda Nuñez, Program Coordinator</p> <p>650-477-4295</p> <p>hapy@star-vista.org</p>
<p>Health Equity Initiatives</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Health Equity Initiatives were created to focus on health disparities in access and quality of care for underserved, unserved and inappropriately served cultural and ethnic communities and identify the workforce development needs of staff of these communities.</p> <p>Each Initiative plans and implements activities in collaboration with other county staff, community partners, consumers/clients/family members and community stakeholders.</p> <p>www.smchealth.org/health-equity-initiatives</p>	<p>San Mateo County community</p>	<p>Maria Lorente-Foresti, Ph.D.</p> <p><i>Director, Office of Diversity & Equity</i></p> <p>650-573-2714</p> <p>MLorente-Foresti@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Heart and Soul, Inc.</p>	<p>A peer-founded, operated, and governed organization that aims to take a whole-person-centered approach in supporting participants towards their mental wellness. Heart and Soul's Self Help Centers and anti-stigma programming offer a variety of mental health recovery-oriented and wellness support opportunities, including one-on-one, peer-to-peer counseling, self-help groups, mindfulness classes, art for wellness, and Seeing Through Stigma campaign.</p> <p>www.heartandsoulinc.org</p>	<p>Adults in San Mateo County</p>	<p>San Mateo County Peer-Run Warm Line (24/7 non-emergency and one-on-One Peer Support)</p> <p>650-231-2024</p> <p>For other inquiries: 650-232-7426</p> <p>ineedsupport@heartandsoulinc.org</p> <p><i>Mailing Address:</i> 1618 Sullivan Ave. Ste. 462 Daly City, CA 94015</p>
<p>Help @ Hand Technology Suite Collaborative</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>The purpose of Help@ Hand, previously the INN Teach Suite Project, is to serve as a complementary support system that offers a bridge to care, helps identify early signs of mental health challenges, offers timely support, removes barriers, and seeks to include new avenues of care for communities not connected to conventional county services.</p> <p>www.calmhsa.org/programs/innovation/</p>	<p>County members across 12 counties and two cities in California participating in the collaborative.</p>	<p>Contact CALMHSA at helpathand@CalMHSA.org</p> <p>P.O. Box 22967 Sacramento, CA 95822</p> <p>1-888-210-2515</p>

Program or Activity	Description	Target Audience	Contact
<p>Helping Our Peers Emerge (HOPE) Heart & Soul, Inc.</p>	<p>HOPE is a new collaborative of San Mateo County Behavioral Health and Recovery Services (BHRS), Heart & Soul Inc., California Clubhouse, and National Alliance on Mental Illness-San Mateo County. HOPE provides Peer Participants in transition from psychiatric hospitalization to community integration, with Peer Mentors, Family Partners, and Supportive Employment Coordination.</p> <p>www.heartandsoulinc.org/hope-program</p>	<p>Adults (18+) receiving Medi-Cal and/or a member of the Health Plan of San Mateo, being discharged shortly from San Mateo Medical Center, Ward 3AB, meeting Whole Person Care criteria, identified for HOPE services by San Mateo Medical Center staff</p>	<p>Tom Arnott <i>HOPE Program Director</i> HOPE@heartandsoulinc.org 210 Industrial Road Suite 209 San Carlos, CA 94070 Tel: 650-242-7878 Fax: 650-226-5940</p>
<p>Home for All Initiative San Mateo County Health</p>	<p>The Home for All Initiative builds on the work and momentum of the Closing the Jobs/Housing Gap Task Force. Led by Supervisors Carole Groom and Don Horsley, the Home for All Initiative uses a variety of strategies to help close San Mateo County’s 11:1 jobs/housing gap (as of 2019). These include community conversations and public engagement around housing topics, sharing best practices for housing policy and funding solutions, and supporting innovative housing solutions like second units and educator and workforce housing development.</p>	<p>San Mateo County partners and residents</p>	<p>Home for All staff can be contacted at Homeforall@smcgov.org.</p>



Program or Activity	Description	Target Audience	Contact
Housing Leadership Council (HLC)	HLC is a membership organization that works with our partners to preserve and expand the range and supply of adequate, accessible, and affordable housing for residents and workers in San Mateo County. We organize to ensure everyone who works here, lives here, or grows up here can obtain a suitable home.	San Mateo County residents	Housing Leadership Council 2905 S. El Camino Real San Mateo, CA 94403 650-242-1764 hlcsmc.org
Housing Programs Mental Health Association (MHA) of San Mateo County	MHA has constructed, purchased, or rehabilitated emergency, transitional and permanent housing sites for individuals with serious mental illness to provide the appropriate type of housing and level of support to meet their needs. MHA currently owns 11 properties, providing 103 units of supportive housing in San Mateo County. https://www.mhasmc.org/housing	Housing through MHA is on a referral or application process.	2686 Spring Street Redwood City, CA 94063 650-368-3345 Info@mhasmc.org
Institute on Aging Friendship Line	Free 24-hour, hotline/warmline offering suicide intervention and prevention specifically for older adults and adults with disabilities as well as emotional support and connection. FL provides crisis support services, including active suicide intervention as well as offering a unique call-out service. The call-out service acts as an intervention to prevent suicide in the long term, and to improve the quality of life and connectedness of lonely and isolated callers.	San Mateo County residents (18+ years)	Mia Grigg, LMFT <i>Sr. Director</i> Integrated Behavioral Health Services 415-750-4138 MGrigg@ioaging.org

Program or Activity	Description	Target Audience	Contact
<p>Integrated Medical Assisted Treatment Program (IMAT)</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>A progressive, compassionate team that pairs the latest in addiction medicine with case management, to help those seeking to change their relationship to alcohol or opioids.</p>	<p>San Mateo County residents with (or eligible for) Medi-Cal. We welcome all communities, particularly underrepresented and uninsured individuals.</p> <p>Se habla Español</p>	<p>Mary Taylor Fullerton, LMFT <i>IMAT Supervisor</i></p> <p>650-542-6039</p> <p>mfullerton@smcgov.org</p> <p>IMAT team SMMC Emergency Department office: 650-573-2735</p>
<p>Kara Suicide Survivor Support Group</p>	<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). 	<p>Individuals who have had a family member or close friend die from suicide.</p>	<p>457 Kingsley Ave. Palo Alto, CA 94301</p> <p>Tel: 650-321-5272</p> <p>Fax: 650-473-1828</p> <p>Office Hours</p> <p>Monday-Thursday 9am – 4pm (PST)</p> <p>Friday 9am – 1pm (PST)</p> <p>kara-grief.org</p>
<p>Mental Health First Aid (MHFA) – Adult and Youth</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Free 8-hour certification course that teaches community members how to recognize and appropriately respond to an adult (for Adult MHFA) or youth (for Youth MHFA) experiencing an emotional or behavioral health challenge or crisis, including suicidal ideation and behavior.</p> <p>More info at smchealth.org/mhfa and smchealth.org/yhfha.</p>	<p>San Mateo County community adults (18 years and older)</p> <p>Adult HFA courses are taught in English, Spanish, Chinese (Mandarin and Cantonese) and Tagalog. Youth MHFA are taught in English and Spanish.</p>	<p>Sylvia Tang <i>Community Health Planner</i></p> <p>650-578-7165</p> <p>stang@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
Mental Health Month Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health	San Mateo County joins California and the United States in annually observing May as Mental Health Month (MHM). The purpose of MHM is reduce stigma and promote wellness around mental health and substance use issues. Activities include events and social media campaign. More info at smchealth.org/mentalhealthmonth	San Mateo County community	Sylvia Tang <i>Community Health Planner</i> 650-578-7165 stang@smcgov.org
Mission Hospice & Home Care – Suicide Loss Support Group	The Suicide Loss Support Group was created by Mission Hospice in March, 2019 as there were no suicide loss support groups in San Mateo County. We offer a safe space for people to gather to educate themselves about the grief process and express their grief among others who understand the unique experience of suicide loss. During the pandemic, we gather on the 1st and 3rd Thursday of each month at 6-7:30PM by video.	Adults who have lost a loved one to suicide who reside in San Mateo County or local areas without an active suicide loss support group.	Isabel Stenzel LCSW MPH 650-931-8236 istenzel@missionhospice.org
Moms Demand Action	Local group focused on public safety measures, safe storage programs, and education around access to lethal means because suicide attempts with a gun have an 85% fatality rate.	Gun owners, Parents, San Mateo and Santa Clara County residents.	Yvonne Murray 408-930-3733 y_murray@yahoo.com

Program or Activity	Description	Target Audience	Contact
<p>National Alliance on Mental Illness (NAMI) San Mateo County</p>	<p>Dedicated to improving the quality of life for people with mental illness and their families through support, education, and advocacy.</p> <p>namisanmateo.org</p>	<p>Individuals living with mental illness and their families and caregivers in San Mateo County</p>	<p>Warmline (Help Desk) 650-638-0800</p> <p>Twila Cole Dependahl <i>Executive Director</i></p> <p>twila@namisanmateo.org</p> <p>Jen Fuller <i>Education Coordinator</i></p> <p>education@namisanmateo.org</p> <p>Rocio Cornejo <i>Peer PALS and Spanish Education Coordinator</i></p> <p>rocio@namisanmateo.org</p>
<p>National Suicide Prevention Lifeline</p>	<p>Lifeline Chat is a service of the National Suicide Prevention Lifeline, connecting individuals with counselors for emotional support and other services via web chat. All chat centers in the Lifeline network are accredited by CONTACT USA. Lifeline Chat is available 24/7 across the U.S.</p>	<p>Anyone who is depressed, going through a hard time, needs to talk, or is thinking about suicide can use the chat. The chat counselors are here to listen and support you through whatever difficult times you may be facing.</p>	<p>1-800-273 TALK (8255)</p> <p>suicidepreventionlifeline.org/chat</p>
<p>North County Outreach Collaborative (NCOC)</p>	<p>NCOC is a San Mateo County Behavioral Health and Recovery Services partnership between Asian American Recovery Services, Pacifica Resource Center, Daly City Partnership, Star Vista, and the Daly City Youth Center in an effort to provide valuable resources to marginalized ethnic, cultural, and linguistically diverse individuals and families residing in North County (Daly City, Broadmoor, Pacifica, Colma, Brisbane, Millbrae, San Bruno, and South San Francisco).</p>	<p>North County residents</p>	<p>ncoc.home.blog</p>



Program or Activity	Description	Target Audience	Contact
Office of Consumer & Family Affairs (OCFA) – Lived Experience Academy and Lived Experience Education Workgroup (LEEW)	LEEW is the diverse group of consumer and family member leaders who are committed to using the wisdom and power from their lived experiences to educate and transform the BHRS community. LEEW members participate on workgroups and committees, work as peers and/or volunteer with agencies serving the behavioral health community and speak in panels and events in SMC and beyond.	BHRS clients and other San Mateo County residents who identify as consumers and/or family members of a consumer.	Claudia Saggese <i>OCFA Director</i> Csaggese@smcgov.org OCFA@smcgov.org Jairo Wilches <i>Program Coordinator</i> jwilches@smcgov.org
Parent Project Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health	The Parent Project is a free, 12-week course that is offered in English and Spanish to anyone who cares for a child or adolescent. The classes meet for three hours each week where parents learn parenting skills and get information about resources and other support available in their communities. www.smchealth.org/general-information/parent-project-r	Anyone who cares for a child or adolescent in San Mateo County	Kristie Lui <i>Community Program Specialist I</i> Kflui@smcgov.org
Peninsula Conflict Resolution Center	Peninsula Conflict Resolution Center is a communication and dispute resolution organization. PCRC partners with individuals, groups and institutions to empower people, build relationships and reduce violence through collaborative and innovative processes. www.pcrweb.org	Individuals, businesses, schools, nonprofits, government agencies or community organizations experiencing conflict or anticipating a difficult conversation	1670 S Amphlett Blvd #115 San Mateo, CA 94402 650-513-0330

Program or Activity	Description	Target Audience	Contact
<p>Peninsula Family Services – Senior Peer Counseling</p>	<p>A program that addresses the mental health needs of older adults coping with grief, isolation, loneliness, depression and/or anxiety by matching them with a trained volunteer peer counselor for weekly visits/phone calls and/or social group meetings.</p> <p>www.peninsulafamilyservice.org</p>	<p>San Mateo County residents</p> <p>Age 55+ for both volunteers and participants</p>	<p>Ann Blick Hamer LCSW <i>Director</i> Senior Peer Counseling, Peninsula Family Service 650-403-4300 x4322</p> <p>ablickhamer@peninsulafamilyservice.org</p>
<p>People’s Alliance of San Mateo County</p>	<p>The People’s Alliance of San Mateo County is an alliance of organizations in San Mateo County committed to working for social justice and equity in housing, health care, education, immigration, the environment, criminal justice, and in the workplace.</p> <p>www.ourvaluesourvoicessmc.org/alliance</p>	<p>San Mateo County residents</p>	<p>Peoplesalliance@sanmateocounty@gmail.com</p>
<p>Psychiatric Emergency Response Team (PERT)</p> <p>San Mateo County Behavioral Health & Recovery Services and Sheriff’s Office</p>	<p>PERT reviews all Sheriff’s Office cases involving possible mental health illness and conducts follow-up investigation with the goal of connecting patients and families with services and resources that can help manage acute crisis, prevent tragic outcomes, and reduce hospitalizations and incarcerations.</p> <p>Psychiatric Emergency Response Team (PERT)</p>	<p>Sheriff’s Office Jurisdictions</p>	<p>PERT Clinician 650-802-4294</p> <p>PERT Detective 650-802-4285</p>



Program or Activity	Description	Target Audience	Contact
<p>Psychiatric Emergency Services (PES)</p> <p>San Mateo Medical Center, San Mateo County Health</p>	<p>Provides 24-hour emergency psychiatric services to people in emotional crisis. 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. 	<p>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>	<p>Psychiatric Emergency Services (PES) at San Mateo Medical Center</p> <p>650-573-2662</p> <p>W. 39th Ave San Mateo, CA 94403</p> <p>Eva Torres BSN, RN-BC CSM-Nursing</p> <p>650-578-7174</p> <p>etorres1@smcgov.org</p>
<p>Question Persuade Refer (QPR)</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Free 1-3 hour suicide prevention gatekeeper training where any community member can learn how to intervene and support someone in suicidal crisis until professionals arrive.</p>	<p>San Mateo County community (all ages)</p>	<p>Sylvia Tang <i>Community Health Planner</i></p> <p>650-578-7165</p> <p>stang@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Reconozca Las Señales Workshop</p> <p>Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Free 1 hour suicide prevention gatekeeper training that covers how to recognize warning signs of suicide, how to start the conversation if you do see possible warning signs of suicide, and where one can find resources and help if they are needed.</p>	<p>San Mateo County Spanish-speaking community (all ages)</p>	<p>Sylvia Tang <i>Community Health Planner</i></p> <p>650-578-7165</p> <p>stang@smcgov.org</p>
<p>Recovery Initiative – Economic Prosperity Workgroup</p> <p>San Mateo County Economic Development Association</p>	<p>The Economic Recovery work is focused on three areas: supporting small businesses, retraining residents who’s pre-COVID jobs are not coming back and connecting job seekers with employers that are hiring.</p>	<p>Small business owners, furloughed and unemployed residents and hiring managers are all target audiences for this effort.</p>	<p>Additional information is available on the SAMCEDA website at www.samceda.org</p>
<p>Recovery Month</p> <p>Voices of Recovery San Mateo County</p>	<p>Recovery Happens Month is an international observance held every September to educate people about how substance use and mental health services can enable individuals and their families to live healthy and rewarding lives. This observance celebrates the hundreds of people in recovery from mental health and substance use issues, reminding us that behavioral health is an essential component to overall health, that prevention works, treatment is effective, and people can, and do, recover.</p>	<p>San Mateo County Community and Residential Treatment Centers.</p>	<p>Greg Thompson</p> <p>650-892-6092</p> <p>gthompson@vorsmc.org</p> <p>www.vorsmc.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Safe and Supportive Schools</p> <p>San Mateo County Office of Education</p>	<p>San Mateo County Office of Education has the following suicide prevention related programs or projects:</p> <ul style="list-style-type: none"> • SYSTEM of Supports is a grant funded program that provides Social Emotional Curriculum (SEL), Community Resiliency Model (CRM) Training, Universal Screeners and Care Solace, a mental health care coordination agency, to 12 districts across the county. The program further provides counseling support at 4 high needs districts and targeted SEL to help provide connectedness for certain grade levels. • Suicide Prevention School Protocol outlines administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide. • Documentation of Risk Assessment is part of the Suicide Prevention School Protocol and documents risk assessment and referrals of students. • The SMCOE supports districts in creating a Positive School Climate on their campuses through Restorative Justice Practices Programs: <ul style="list-style-type: none"> – Trauma-Informed Schools • RESPECT! 24/7 • Camp LEAD 	<p>All San Mateo County Schools</p>	<p>San Mateo County Office of Education</p> <p>101 Twin Dolphin Dr Redwood City, CA 94065-1064</p> <p>650-802-5300</p> <p>www.smcoe.org/for-schools/safe-and-supportive-schools</p> <p>Mary McGrath <i>Executive Director</i> Safe and Supportive Schools</p> <p>mmcgrath@smcoe.org</p> <p>650-802-5425</p> <p>Molly Henricks <i>Coordinator</i> School Safety and Risk Prevention</p> <p>mhenricks@smcoe.org</p> <p>650-802-5434</p> <p>Bradley Ostrander <i>Coordinator</i> School Climate</p> <p>bostrander@smcoe.org</p> <p>650-802-5432</p> <p>Shelene Peterson <i>Administrative Assistant</i></p> <p>speterson@smcoe.org</p> <p>650-802-5427</p>

Program or Activity	Description	Target Audience	Contact
<p>Safe Disposal of Medicine</p> <p>Environmental Health, San Mateo County Health</p>	<p>A program for community members to safely dispose their unused/leftover medication. Many retail pharmacies, clinic and hospital pharmacies and law enforcement agencies in the County participate as collection sites for the public to dispose of their medication to prevent accidental or inappropriate use of leftover medication and contamination of waterways.</p> <p>smchealth.org/rxdisposal</p>	<p>San Mateo County Residents/ County residency not required to participate</p>	<p>Liliana Mejia MS, REHS <i>Supervisor</i> HHW, Solid Waste, Medical Waste, Body Art, Massage Establishments and Disaster Response Programs</p> <p>Environmental health Services 650-339-9791 Lmejia@smcgov.org</p>
<p>San Mateo County Mental Health Assessment and Referral Team (SMART)</p> <p>San Mateo County Health</p>	<p>Program developed by the San Mateo County Health 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 health 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. • SMART paramedics are required to take Crisis Intervention Training 	<p>Individuals facing a behavioral health emergency</p>	<p>Jennifer Basler-Cameron, LMFT #94540 <i>Clinical Services Manager I</i> 650-505-0659 jbasler@smcgov.org</p>



Program or Activity	Description	Target Audience	Contact
<p>San Mateo County Pride Center</p> <p>A Partnership between Star-Vista, Outlet from Adolescent Counseling Services, and Peninsula Family Service</p>	<p>The Pride Center combines direct mental health services and specialized programming for youth and older adults. Additionally, we provide social and educational programming such as trainings, peer support groups, and public events. Most services can be provided virtually, in the community, and/or on- site as appropriate.</p> <p>sanmateopride.org</p>	<p>San Mateo county residents who identify as LGBTQ+ including individuals, partners, and families of all ages.</p>	<p>For Mental Health Services</p> <p>Clinical Info Line: 650-591-0133 ext. 146</p> <p>clinical@sanmateopride.org</p> <p>sanmateopride.org/mental-health-services</p> <p>For Crisis Resources including a list of local and national hotlines and warmlines (many are LGBTQ+ specific):</p> <p>sanmateopride.org/crisis</p>
<p>Serenity House</p> <p>HealthRight 360</p>	<p>Serenity House offers short-term residential services for adults in a mental health crisis. We provide a safe place to stay and support individuals in their recovery.</p> <p>Serenity House serves as a short-term residential facility for individuals experiencing a mental health crisis that are not a danger to themselves or the community.</p> <p>In partnership with San Mateo Behavioral Health, this facility provides services designed to promote wellness and recovery and help support the individual to resolve their situation through compassion, partnership and acceptance.</p> <p>We offer respite, warmth, empathy and compassion together with access to a wide range of recovery-oriented services.</p>	<p>San Mateo County residents 18+</p>	<p>3701 Hacienda St San Mateo, CA 94403</p> <p>650-204-9695</p> <p>www.healthright360.org</p>

Program or Activity	Description	Target Audience	Contact
Star Vista Crisis Intervention & Suicide Prevention Center: Crisis Hotline	The 24/7 hotline offers a free, safe, anonymous place for anyone who feels sad, hopeless or suicidal. This line offers space to explore feelings, vent frustrations, clarify problems and get referrals. Trained volunteers and staff treat callers with empathy and compassion and provide referrals for community resources and services.	<p>Anyone who feels sad, hopeless, or suicidal.</p> <ul style="list-style-type: none"> • Family and friends who are concerned about a loved one. • Anyone interested in mental health treatment and service referrals. • Or anyone who just needs some support through a personal crisis. 	<p>Zena Andreani, <i>Program Manager</i>, Registered Associate Marriage and Family Therapist #111220 650-339-5803 zena.andreani@star-vista.org</p>
Star Vista Crisis Intervention and Suicide Prevention Center: Teen Crisis Services	Peer-supported teen crisis chat, open Monday – Thursday 4:30pm to 9:30pm. Website also includes blogs, Q&A and local resource listings for mental health topics. sanmateocrisis.org	San Mateo County teens 13-19 years of age	<p>Zena Andreani <i>Program Manager</i>, Registered Associate Marriage and Family Therapist #111220 650-339-5803 zena.andreani@star-vista.org</p>
Suicide Prevention Month (SPM) Office of Diversity and Equity, Behavioral Health & Recovery Services, San Mateo County Health	San Mateo County joins California and the United States in annually observing September as Suicide Prevention Month (SPM). The purpose of SPM is reduce stigma around suicide and promote wellness. Activities include events and social media campaign. More info at smchealth.org/suicide-prevention-month	San Mateo County community	<p>Sylvia Tang <i>Community Health Planner</i> 650-578-7165 stang@smcgov.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Veterans Affairs Suicide Prevention Gatekeeper Training</p> <p>Department of Veteran Affairs Palo Alto Health Care System</p>	<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. 	<p>The training is provided for all the new employees and a refresher for various VAPAHCS departments</p>	<p>Frederick MacRae LCSW <i>Suicide Prevention Coordinator</i></p> <p>650-493-5000 ext. 63337 Frederick.MacRae@va.gov</p>
<p>Voices of Recovery San Mateo County</p>	<p>Voices of Recovery San Mateo County (VOR) is a nonprofit (501 c3) peer-led organization that was established in 2010 with the purpose of advocating for and supporting the recovery community—people overcoming drug and/or alcohol addictions. Voices of recovery recognizes that hope is a powerful lever for recovery that can be ignited by the leadership, peer support, and lived experience of people who have themselves</p>	<p>San Mateo County Community and Residential Treatment Centers.</p>	<p>ShaRon Heath <i>Executive Director</i></p> <p>408-505-1433 650-802-6552 info@vorsmc.org www.vorsmc.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Whole Person Care San Mateo County Health</p>	<p>Whole Person Care (WPC) seeks to address the physical, mental health, substance use, and social needs of eligible clients. This is done by strengthening collaboration across divisions and with county and community partners. WPC further enables San Mateo Health to empower staff to provide services relevant to the whole person. WPC augments existing programs to enhance service capacity and funds additional staff to extend services. Ultimately, it serves to support the coordination of health, behavioral health, and social services for the most vulnerable clients with complex needs.</p> <p>performance.smcgov.org/stories/s/Whole-Person-Care-Landing-Page/f8k8-s4he/#</p>	<p>Individuals with serious mental illness who are at risk of acute hospitalization, individuals whose untreated Substance Use Disorder,</p> <p>Individuals with any of the above as well as conditions including homelessness, unstable housing, recent jail discharge, or complex medical conditions.</p>	<p>Lucinda Dei-Rossi <i>Health Services Manager</i> Public Health Administration Ldei-rossi@smcgov.org</p>



Program or Activity	Description	Target Audience	Contact
<p>Youth Case Management</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<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. 	<p>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.</p>	<p>Steve Munson <i>MFT Supervisor</i></p> <p>650-573-2993</p> <p>smunson@smcgov.org</p>
<p>Youth Stabilization, Opportunity, & Support (S.O.S.)</p> <p>Star Vista</p>	<p>The Youth S.O.S team incorporates trauma-informed, culturally-responsive best practices to respond to youth (age 0-21) who may be in a crisis anywhere in San Mateo County within 24-hours. The team will be dispatched via the Star Vista Crisis Hotline, available 24 hours-per-day, 7 days-per-week. For current and former youth in foster care, the team will provide an immediate, in-person, 24/7 response.</p>	<p>San Mateo County youth (0-21 years)</p>	<p>svcrisiscenter@star-vista.org</p> <p>sanmateocrisis.org</p>

Program or Activity	Description	Target Audience	Contact
<p>Youth to Adult Transition Program</p> <p>Behavioral Health & Recovery Services, San Mateo County Health</p>	<p>Team of clinicians that evaluate young adults at Psychiatric Emergency Services (PES).</p> <ul style="list-style-type: none"> • Follows up after the client is discharged. The follow-up includes developing a safety plan with each client. • Provides on-going, intensive therapy and case management provided by clinicians • Serves the Medi-Cal population and can also accept referrals from the regional BHRS clinics 	<p>Young adults (18-25 years)</p>	<p>Mary J. Stavn LCSW <i>Supervising Mental Health Clinician</i> 650-599-1071 mstavn@smcgov.org</p>

For a list of state, national and global suicide prevention resources, please visit smchealth.org/SuicidePrevention



Endnotes

- 1 Know the Signs Website and Tent Card: www.suicideispreventable.org and <https://emmresourcecenter.org>
- 2 <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>
- 3 California Department of Public Health – County Health Status Profiles: https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf
- 4 Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfoerer, J. (2011). Suicidal thoughts and behaviors among adults aged ≥ 18 years - United States, 2008-2009. *MMWR Surveillance Summaries*, 60 (SS-13), 1-22. Retrieved November 29, 2018 from https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm?s_cid=ss6013a1_e.
- 5 <https://mhsoac.ca.gov/initiatives/suicide-prevention/>
- 6 California Vital Records Business Intelligence System (VRBIS); data collected by the San Mateo County Coroner’s Office and analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 7 The leading demographics and methods referenced refer to suicide death numbers (not rates).
- 8 California Department of Public Health – County Health Status Profiles: https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf
- 9 Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Hospitalization data, 2013-2017; data analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 10 Self-harm does not necessarily equate to suicide attempt because people may choose to harm themselves to cope and manage emotions (not with the intention of dying).
- 11 UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2017-2018. Ever seriously thought about committing suicide (San Mateo). Available at <http://ask.chis.ucla.edu>. Exported January 2021. Data analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 12 California Healthy Kids Survey (CHKS) data, 9th & 11th Graders, 2017-2018; data analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 13 Data from Institute of Aging. More information on Friendship Line at www.ioaging.org/services/all-inclusive-health-care/friendship-line.
- 14 Data from the National Suicide Prevention Lifeline. More information at suicidepreventionlifeline.org.
- 15 Data from Star Vista Crisis Intervention & Suicide Prevention Center. More information at www.star-vista.org/programs/crisis-center/.
- 16 <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
- 17 Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention. Based on the Suicidal Crisis Path Model developed by Dr. DeQuincy Lezine published in the Fresno Cares Suicide Prevention Strategic Plan. <https://www.co.fresno.ca.us/home/showdocument?id=37982>
- 18 <https://www.ncbi.nlm.nih.gov/books/NBK236319/>
- 19 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/>
- 20 Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018. <https://www.co.fresno.ca.us/Home/ShowDocument?id=30360>.
- 21 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs, please contact ODE@smcgov.org.
- 22 California Vital Records Business Intelligence System (VRBIS); data collected by the San Mateo County Coroner’s Office and analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 23 A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/>.
- 24 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 25 2012 National Strategy for Suicide Prevention. <https://pubmed.ncbi.nlm.nih.gov/23136686/>

- 26 Striving for Zero: California’s Strategic Plan for Suicide Prevention 2020-2025: <https://mhsoac.ca.gov/initiatives/suicide-prevention/>.
- 27 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 28 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 29 National Action Alliance for Suicide Prevention: Transforming Communities-Community-Based Suicide Prevention Priority Group. (2017). Transforming communities: Key elements for the implementation of comprehensive community-based suicide prevention. Washington, DC: Education Development Center, Inc. <https://theactionalliance.org/resource/transforming-communities-key-elements-implementation-comprehensive-community-based-suicide>.
- 30 California Vital Records Business Intelligence System (VRBIS); data collected by the San Mateo County Coroner’s Office and analyzed by the San Mateo County Health Office of Epidemiology and Evaluation.
- 31 <https://www.hsph.harvard.edu/means-matter/means-matter/saves-lives/>
- 32 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 33 While, D., Bickley, H., Roscoe, A., et al. (2012). Implementation of mental health service recommendations in England and Wales and suicide rates, 1997–2006: a cross-sectional and before-and-after observational study. *Lancet.*, 379(9820), 1005–1012. <https://pubmed.ncbi.nlm.nih.gov/22305767/>.
- 34 Bashshur, R. L and et al. (2016). The Empirical evidence for telemedicine interventions in mental disorders. *Telemedicine Journal and E-Health*, 22(2), 87–113. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/>.
- 35 Mohr, D. C., Ho, J., Duffecy, J., et al. (2012). Effect of telephone-administered vs face-to-face cognitive behavioral therapy on adherence to therapy and depression outcomes among primary care patients: a randomized trial. *Journal of the American Medicine Association*, 307(21), 2278–2285. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697075/>.
- 36 Pickering, T. A. and et al. (2018). Diffusion of a peer-led suicide preventive intervention through school-based student peer and adult networks. *Frontiers in Psychiatry*, 9, 598. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6249330/>.
- 37 Hanisch, S. E., Twomey, C. D., Szeto, A. C., Birner, U. W., Nowak, D., & Sabariego, C. (2016). The effectiveness of interventions targeting the stigma of mental illness at the workplace: a systematic review. *BMC Psychiatry*, 16, 1. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-015-0706-4>.
- 38 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 39 Preventing Suicide through Connectedness: https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue3-a.pdf
- 40 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 41 <https://reportingonsuicide.org/research/>
- 42 <http://suicidepreventionmessaging.org/framework/background-research>
- 43 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 44 A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/>.
- 45 Can Economic Policies Reduce Deaths of Despair?: <https://www.nber.org/papers/w25787>.
- 46 Association Between State Minimum Wages and Suicide Rates in the U.S: [https://www.ajpmonline.org/article/S0749-3797\(19\)30028-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30028-5/fulltext).
- 47 Centers for Disease Control and Prevention’s “Preventing Suicide: A Technical Package of Policy, Programs, and Practices”. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>.
- 48 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.

- 49 Suicide Prevention Resource Center Issue Brief: Suicide Screening and Assessment: http://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf
- 50 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 51 Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies: <https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848>.
- 52 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 53 <https://www.ncbi.nlm.nih.gov/books/NBK109922/>
- 54 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 55 Valenstein M and et al. Higher-risk periods for suicide among VA patients receiving depression treatment: prioritizing suicide prevention efforts. *J Affect Disord.* 2009;112(1–3):50–58. <https://www.ncbi.nlm.nih.gov/pubmed/18945495>.
- 56 Weis MA, Bradberry C and et al. An exploration of human services system contacts prior to suicide in South Carolina: an expansion of the South Carolina Violent Death Reporting System. *Inj Prev.* 2006;12 Suppl 2:ii17–ii21. <https://www.ncbi.nlm.nih.gov/pubmed/17170165>.
- 57 Center for Substance Abuse Treatment. Addressing suicidal thoughts and behaviors in substance abuse treatment. Treatment Improvement Protocol (TIP) Series 50. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; 2009. [Accessed May 17, 2012]. (HHS Publication No. (SMA) 09-4381) Available at <http://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA15-4381>.
- 58 Motto JA, Bostrom AG. A randomized controlled trial of postcrisis suicide prevention. *Psychiatr Serv.* 2001;52(6):828–833. <https://www.ncbi.nlm.nih.gov/pubmed/11376235>.
- 59 Fleischmann A, Bertolote JM, Wasserman D, et al. Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. *Bull World Health Organ.* 2008;86(9):703–709. <https://www.ncbi.nlm.nih.gov/pubmed/18797646>.
- 60 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 61 http://www.sprc.org/sites/default/files/EDGuide_full.pdf
- 62 http://www.sprc.org/sites/default/files/EDGuide_quickversion.pdf
- 63 Effects of suicide bereavement on mental health and suicide risk: <https://pubmed.ncbi.nlm.nih.gov/26360405/>.
- 64 Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines. <https://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>
- 65 Please note that the “Current Efforts” listed under each goal may not be a complete list. If you have any recommendations on additional programs to add to the list, please contact ODE@smcgov.org.
- 66 <https://www.sprc.org/resources-programs/pathways-purpose-and-hope>
- 67 <https://sptf.org/english/index.cfm/programs/lossteam/>
- 68 <https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative>
- 69 https://www.sprc.org/sites/default/files/California_CalSPSP_V92008.pdf
- 70 <http://www.sprc.org/effective-prevention/strategic-planning>
- 71 <https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative>
- 72 www.suicideispreventable.org/
- 73 <https://mhsoac.ca.gov/initiatives/suicide-prevention/>.
- 74 Preventing Suicide: A Global Imperative – Myths: https://www.who.int/mental_health/suicide-prevention/myths.pdf.



SAN MATEO COUNTY SUICIDE PREVENTION ROADMAP 2021 – 2026

www.smchealth.org/SuicidePrevention



If you know someone who is in a suicidal crisis or emotional distress,
please reach out for 24/7 confidential crisis support:
call **650-579-0350** (or 1-800-273-8255) or text **“BAY”** to **741741**.



COUNTY OF SAN MATEO



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH
& RECOVERY SERVICES

