

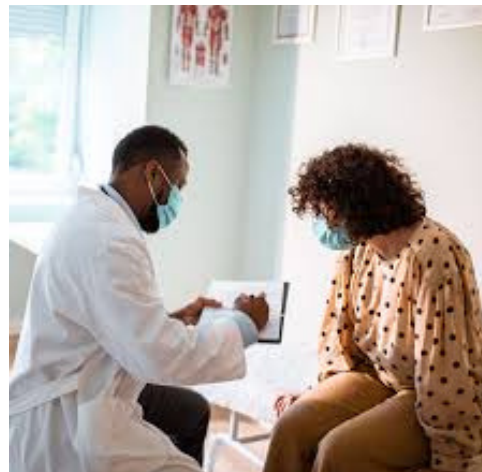
SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL

ANNUAL REPORT TO THE COMMUNITY ON THE STATUS OF SUICIDE &
SUICIDE PREVENTION EFFORTS IN SAN DIEGO COUNTY 2022

STATUS OF SUICIDE IN SAN DIEGO AND A CLOSER LOOK AT CLINICAL ASSESSMENT AND TREATMENT

The San Diego County Suicide Prevention Council Annual Report to the Community shares prevention resources and local data on suicide and help-seeking behavior. Our goal with this annual report is to raise awareness that suicide is everyone's problem, stimulate efforts to connect people to resources and, ultimately, reduce regional suicide rates. By sharing this information, we hope to reduce the stigma associated with suicide and mental illness and connect people with available resources.

This year's annual report reveals a ray of hope in the preliminary 2021 data (see table on page 2). Since 2018 there has been a year over year decline in the number of individuals who have died by suicide across San Diego County. *(In 2018, 465 compared to 364 in 2021).* For context, San Diego's rate of suicide is below the national average but is higher than the State of California. While this trend of fewer deaths by suicide in our community is reason for cautious optimism, the data fails to capture the qualitative aspects of the pain, suffering and emotional toll the 364 deaths by suicide inflicted on individuals, their loved ones and our community in. With this in mind, we need more than ever to double our efforts in meaningful ways to increase access to treatment as well as reduce the overall stigma associated with suicide.



As you read the report, note the diversity of settings and populations receiving assessment and treatment with the unified goal of screening and normalizing conversations around suicide and mental health concerns. The result, whether one is screened at school, assessed by a primary care physician or other provider or agency, talking about suicide will become more commonplace and unlock access to necessary treatments for those in most need. Regardless of who you are or your experience with suicide, you have a critical role to play. Reach out to someone who might be struggling, seek services for yourself if in need, check out the resources available in this report, or join the ongoing efforts of the San Diego County Suicide Prevention Council (www.spcsandiego.org).

PAGE 2

2022 Report Card on the Status of Suicide and Suicide Prevention Efforts in San Diego County Jan-Dec 2021.

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Highlights of San Diego County Office of Education's student risk screening for suicide.

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Suicide Risk Assessment resources and support.

STATUS OF SUICIDE & SUICIDE PREVENTION IN SAN DIEGO COUNTY: SPC REPORT CARD 2022

What does the data reveal about suicide? What is being done about it? This report card brings together the most recent data available from multiple sources (for the years 2017 through 2021) to present a profile of suicides for all ages in San Diego County. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County.

Indicator	2017	2018	2019	2020	2021
I.Total Suicide Deaths (ALL AGES)					
a. Number	458	465	429	419	364
b. Rate per 100,000 population	13.8	13.9	12.8	12.5	10.3
2. Emergency Department Discharges: Self-Inflicted Injury/Poisoning					
a. Number	3,091	3,163	3,029	3,285	-
b. Rate per 100,000 population	93.2	94.8	90.4	98.0	-
3. Access & Crisis Line: Percent of All Calls that are Crisis Calls	31.4%	47.6%	55%	53%	59.52%
4. It's Up to Us Media Campaign website visits and new Facebook Fans	265,771 21,602	265,454 22,097	247,000 21,983	211,403 21,902	217,321 21,963
5. Student Self-Report Percent of Students Who Seriously Considered Suicide	-	15.5%	-	14.5%	-
6. Suicide Prevention Gatekeeper Trainings	157 3,627	207 5,553	164 3,483	124 1,977	106 1,950

Total number and rate of persons that died by suicide. Source: County of San Diego HHS, Medical Examiner Database, 2017-2021 *(preliminary). Population Data from SANDAG. Suicide rates for previous years may not reflect values included in prior report cards due to updated population estimates. 2. Total number, rates of persons discharged from emergency department that had self-inflicted harm from 2017-2020. Source: CA Dept of Healthcare Access and Information, Emergency Department Database, 2017-2020. Population Data from SANDAG. 3. Total percentage of self-reported crisis calls to the San Diego County Access & Crisis Line from 2017-2021. Source: OptumHealth. 4. Total number of persons that visited the It's Up to Us media campaign website and cumulative number of fans of the Facebook campaign website page per year from 2017-2021. Source: rescue Agency. 5. Total percent of youth (9th and 11th Grade) that had suicide ideation (surveys conducted every other year from 2017-2020). Source: California Healthy Kids Survey (CHKS), Developed by WestEd for the California Department of Education, 2017-2020. The total percent is an average of the 9th and 11th grade percentages. 6. Total number of Gatekeeper suicide prevention trainings QPR, ASIST, GLSEN, First Responders, Pharmacists] overall held and participants trained as tracked by San Diego County Suicide Prevention Council. Source: Community Health Improvement Partners, 2017-2020.

IF YOU OR SOMEONE YOU KNOW NEEDS HELP CALL 988 OR THE SAN DIEGO ACCESS & CRISIS LINE (ACL) AT (888) 724-7240 TO RECEIVE FREE ASSISTANCE 7 DAYS A WEEK/24 HOURS A DAY AND THROUGH CHAT SERVICES MONDAY-FRIDAY (4PM-10PM) FOR MENTAL HEALTH AND SUICIDE PREVENTION SUPPORT. FOR MORE LOCAL RESOURCES AND INFORMATION ON SUICIDE AND MENTAL HEALTH IN SAN DIEGO COUNTY VISIT WWW.UP2SD.ORG. TO LEARN MORE ABOUT THE SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL, VISIT WWW.SPCSANDIEGO.ORG.

ASSESSMENT & TREATMENT FOR SUICIDE PREVENTION

ABOUT SUICIDE RISK ASSESSMENT & WHY IT'S DONE

A suicide risk assessment (SRA) is a comprehensive assessment that determines what an individual's risk is for suicide *at a given point in time*—as a suicide risk assessment cannot predict the future. You normally receive these in clinical settings.

The SRA's are intended to help clinicians assess risk of a suicide attempt for a person who might be struggling with thoughts of suicide. Clinicians can use the assessment in part to create a treatment plan to help that person in need of additional assistance. Although recommended by American College of Physicians (ACP) Clinical Guidelines Recommendations, screening is a difficult thing to do, and the best prevention of suicide happens up stream.

The role of mental health services is to provide needed treatment and connections for individuals identified as at risk and can help support families and individuals. But suicide prevention is about more than just addressing medical needs, there is the social component as well. Therefore, taking actions such as raising community awareness, restricting access to means of suicide (e.g., restricting guns, protecting iconic locations) and connecting stakeholders can be highly impactful to suicide prevention efforts.



SUICIDE TREATMENT & SAFETY PLANNING

It is important to have a suicide safety plan as a component of a treatment plan as they are crucial in crisis-driven contexts and during ongoing counseling or psychotherapy with individuals that are intermittently or chronically suicidal. A truly robust treatment plan looks at suicidality and treatment in seven dimensions of human functioning: emotional, interpersonal, cognitive, physical/biogenetic, spiritual/cultural, behavioral, and contextual.

"A safety plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicide crisis. The plan is brief, is in the patient's own words, and is easy to read." The safety plan is a tool to engage the patient and is only one part of a comprehensive suicide care plan. For more information visit: <https://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>.

This strength-based suicide assessment and treatment model is consistent with the American Association of Suicidology (AAS) competencies for working with individuals who are suicidal, as well as with other practitioner competencies. (Cramer, et al., 2013) Beyond this general model, there is also four protocols that have significant empirical support.

These include Dialectical Behavior Therapy (DBT), Collaborative Assessment & Management of Suicide, Cognitive Therapy for Suicide, Brief Cognitive-Behavioral Therapy for Suicide Prevention.

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES APPROACH

The County of San Diego Behavioral Health Services' approach to suicide risk assessment draws upon two evidence-based tools: *The Columbia-Suicide Severity Rating Scale (C-SSRS)* and the *Suicide Assessment Five-step Evaluation and Triage (SAFE-T)*. Both tools inform the County's "Prospective Risk Analysis" (PRA) which is designed to prospectively assess current and future suicide risks, likely to be encountered over one year (in between annual assessments). The art and science of suicide risk assessment are as complex as the individuals we serve. Suicidal behaviors are not the result of one single cause or stressor. Numerous factors contribute to suicide risk and can be divided into distal and proximal factors.

Distal factors may include prenatal and perinatal circumstances, childhood trauma, social inequity and racial injustice, death of a parent or family member by suicide. Proximal risk factors may include mental illness, physical illness, psychosocial crises, substance use, availability of lethal means, and exposure to suicidal behavior. While all tools assist with accurate suicide assessment and responsive treatment planning, a tool is only as good as the skill of the clinician who is administering it. Upon launch of the PRA in 2018, the County of San Diego hired Dr. Shawn Christopher Shea to train its workforce on the "Chronological Assessment of Suicide Events" (CASE Approach) – an empathic and sensitive evidence-based approach toward the uncovering of suicidal thoughts, intentions and preparations in the clinical setting.

PROSPECTIVE RISK ANALYSIS

The Prospective Risk Analysis integrates historic or "distal" risk factors, current or "proximal" risk factors as well as immediately activating factors such as job loss and homelessness, as well as protective factors such as access to care and support systems. This itemized summary of risk (distal and proximal), activating and protective factors then becomes the scaffolding for which proactive treatment planning rests upon.

HIGH RISK ASSESSMENT

"High Risk Assessment" (HRA) is used as an interim tool to assess intermediate risk between visits and upon admission to (or step down from) inpatient settings.

UNIVERSAL SUICIDE SCREENING-A BILL OF INTEREST

AB1394 is a bill that will require general acute care hospitals, as health facilities that provide 24-hour inpatient care, to establish and adopt written policies and procedures by January 1, 2025 to screen patients 12 years of age and older for purposes of detecting a risk for suicidal ideation and behavior.

Hospitals will be required to establish and adopt procedures for routine screening, designate appropriate staff to provide the screening, document patients that present as suicidal, and provide patients with information regarding resources should they present signs of suicidal ideation.

This screening is intended to help save lives by providing the critical help many are not able to ask for unprompted. According to the CDC, the number of suicides has increased in California by 50% over the past 20 years, and this upward trend is only increasing in severity.



SUICIDE PREVENTION RISK ASSESSMENT & TREATMENT IN PRIMARY CARE SETTINGS

SHARP REES-STEALY ON SUICIDE RISK ASSESSMENT & TREATMENT



Sharp Rees-Stealy addresses suicide risk utilizing evidence-based standardized assessment and intervention tools applied by an interdisciplinary team of health care professionals. Solution-focused, brief intervention, and referral to treatment (SBIRT) is directly delivered to high-risk patients by master's level social workers who comprise the medical group's behavioral health team within its Population Health department. Patients who may require more comprehensive care are identified for case management at the hospital, by their primary care physicians during regular visits, or by other touchpoints within Sharp Healthcare. It is known that patients with chronic medical conditions are more likely to suffer with depression, so all registered nurse case managers use a shortened version of the standardized PHQ9 assessment to assess their patients for depression (Ng, How, & Ng, 2017). High scoring patients can then be referred to a social worker. The behavioral health team quickly respond to an identified acutely suicidal patient, or a patient who may also be at risk in the future. Though most utilized in substance abuse care, SBIRT is now being applied in innovated primary care systems, where behavioral health is considered an important aspect of overall health (Hargraves et al., 2017).

THE GOAL

Our goal is for all Sharp-Rees Stealy patients to know that they have access to resources and support. We have teams of health care workers ready to be the safety net for our San Diego community members struggling with suicidal thoughts and behaviors.

197,000 HMO/ACO MEMBERS

Sharp Rees-Stealy manages care for more than 197,00 HMO/ACO members with varied physical and behavioral health conditions, Sharp Rees-Stealy's behavioral health team boasts master's trained medical social workers who quickly respond to an identified acutely suicidal patient, or a patient who may also be at risk in the future. well as social determinants of health factors.

RADY CHILDREN'S HOSPITAL'S APPROACH TO SUICIDE RISK ASSESSMENT

In 2014, following a new mandate from the Joint Commission, Rady Children's Hospital San Diego (RCHSD) began assessing all patients 12 years and older for depression. This screening began in the emergency department and expanded to the majority of the hospital including, inpatient settings, and satellite and specialty clinics to recognized need. RCHSD uses the Patient Health Questionnaire (PHQ) 2 and 9 and the Columbia Suicide Severity Rating Scale tools to screen.

Currently, the hospital screens approximately 1,500 youth per week and identifies 25-30 who are suicidal across all RCHSD programs and services. Rady Children's also has tracked screenings to look at the effect of the COVID-19 pandemic lockdown on adolescent mental health by examining PHQ screening results before and after the lockdown. Early data shows an increased risk of being positive for self-harm post-lockdown. RCHSD ED/Psych ED has seen a continued 20% increase per year of patients with behavioral health needs arriving to the emergency department. Since 2011 Rady Children's has experienced a 1746% increase in patients with behavioral health needs reporting to the emergency department. A new psychiatric emergency department was established in 2020 to manage this influx of patients with primary behavioral health needs.



SUICIDE PREVENTION & RISK SCREENING IN SCHOOL SETTINGS

SAN DIEGO COUNTY OFFICE OF EDUCATION OVERVIEW

School is a critical setting for preventing youth suicide. School protocols and practices can be a source of resiliency and support for students who are struggling. School personnel are often on the “front lines” of identifying and supporting students who might be struggling or thinking about suicide.

San Diego has 42 school districts, which translates to 42 different suicide intervention protocols. Each looks different based on what tools they are using, and what staffing and resources are available.

In general, once a student is identified as having suicidal thoughts, a suicide risk screening and/or a suicide risk assessment is completed. Depending on the severity level, a staff member, mental health professional or a crisis team will determine next appropriate steps to ensure the student is safe.

San Diego County Office of Education (SDCOE) has a 4-year grant, COPES (Creating Opportunities for Preventing & Eliminating Suicide), to partner with 16 participating school districts and 17 charter schools. As part of the grant, these districts/charter schools will receive suicide prevention training, technical assistance, and programming. In addition, they will adopt an evidence-based risk-screening tool and implement a comprehensive suicide risk screening protocol by using the Policy to Practice: Suicide Intervention Toolkit. This will create a common language and standardized measurement of severity level while using best practices in suicide intervention.

The training opportunities and toolkit are available to all districts and charter schools regardless of whether they are grant participants. For more information, please visit: <https://www.sdcoe.net/students/health-well-being/suicide-prevention>.

SUICIDE RISK SCREENING

A standardized instrument used to identify students who may be at risk for suicide, administered by any school staff.

SUCIDE RISK ASSESSMENT

A more comprehensive evaluation tool to confirm suspected suicide risk, estimate immediate danger, and decide on course of treatment, administered by a trained school professional.



SUICIDE PREVENTION & RISK SCREENING IN SCHOOL SETTINGS

SWEETWATER UNION HIGH SCHOOL DISTRICT: A LOCAL EXAMPLE

In the Sweetwater Union High School District, efforts and protocols have historically been in place to address the imperative need for suicide prevention, intervention, and postvention practices. As a district, Sweetwater has adopted the Columbia Suicide Severity Rating Scale (C-SSRS) as its risk assessment tool, which is utilized by site-based psychological triage teams (administrators, school psychologists, and counselors) when there are concerns that a student may be at risk of self-harm or suicide. The suicide risk assessments are conducted in person or utilizing digital platforms. The district has focused on creating a community of safety by engaging students, parents, and educators within the risk screening process. The Signs of Suicide, an evidenced-based curriculum is utilized to educate students to identify risk factors and warning signs and to use their “ACT” message. Acknowledge, Care, and Tell a trusted adult.

Following an initial suicide risk assessment, the site psychological triage teams follow a tailored approach for the level of risk and how to respond in the moment. During this process, they can refer to services, provide information/resources to students and parents/guardians, facilitate a reintegration meeting protocol for returning to school, and follow up with corresponding documentation that is filed on-site and sent to the district coordinator for data and evaluation purposes.

Once the team assessment determines a student to be identified as at-risk, the parent/guardian and the Psychiatric Emergency Response Team (PERT) are notified to access a higher level of safety and support care. When the student is psychologically and physically stable to return to the school environment, the school site team activate the reintegration plan. Together with the student, parents/guardians, a trusted adult and school-based mental health professionals ensure a smooth transition for the student to the school community with a wellbeing safety plan. The team conducts ongoing monitoring of progress and provides follow-up support services to foster wellbeing and safety. This acknowledges that suicide prevention and wellbeing is a priority and a process.

For more information on suicide prevention at Sweetwater Union High School District go to: <https://studentservices.sweetwaterschools.org/suicide-prevention/>

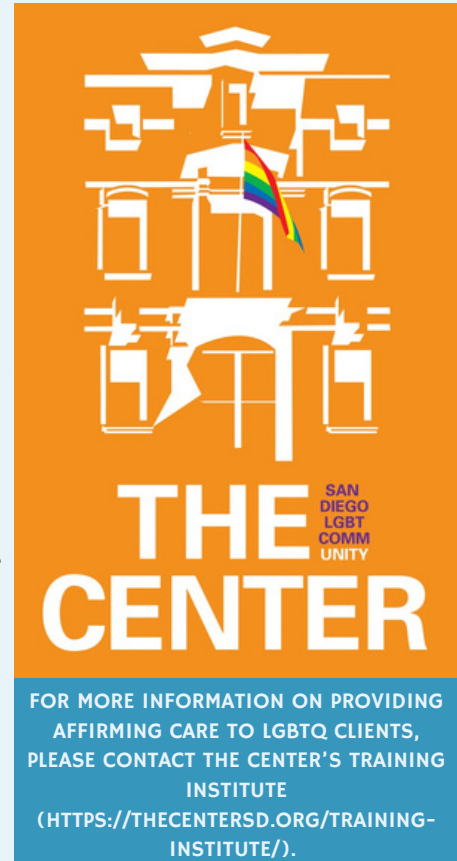


SUICIDE PREVENTION ASSESSMENT & TREATMENT CONSIDERATIONS IN PRIORITY POPULATIONS

LGBTQ CONSIDERATIONS IN SUICIDE RISK ASSESSMENT

The LGBTQ community has seen much progress towards visibility, acceptance, representation, and inclusion, and yet, there is a long way to go. Anti-LGBTQ prejudice, discrimination, harassment, and violence contribute to elevated suicide risk among individuals identifying as LGBTQ along with potential family & community rejection and lack of affirming care. As numerous studies have shown, transgender people and youth who identify as LGBTQ are particularly impacted by these experiences. Since 1986, the San Diego LGBT Community Center's Behavioral Health Services (BHS) Department has provided trauma-informed, strength-based, supportive counseling for the LGBTQ community.

Because of the unique risk factors cited above, all of The Center's BHS clients are screened for suicide risk. A suicide risk screen is included within the initial mental health assessment that is completed at intake. When screening clients who identify as LGBTQ for suicide risk, please consider the following affirming practices: Identify your pronouns and ask client theirs; Avoid gendered language that may alienate or misgender a client; Include "chosen family" as family; Provide access to gender affirming items for transgender clients; and understand that clients may not choose "calling 911" as a "safe intervention".



SUICIDE ASSESSMENT EFFORTS AND SUPPORT FOR INCARCERATED JUVENILE MALES



San Diego County Probation Department has specific protocols for Youth Screening and Evaluations. Specific to suicide risk and mental health assessment they assure 1.) Screening for suicide risk should include reasonable attempts to communicate with arresting or transporting officers and family members regarding the youth's past or present suicidal ideation or suicide attempts, if practicable. 2.) Youth who are identified to be at risk for suicide shall be referred to mental health staff consistent with the Suicide Prevention and Intervention Policy. Until the pandemic the department was starting to use the screening tool Columbia Suicide Severity Rating Scale (C-SSRS), which was promising and is worth re-engaging, especially as there is a promising pilot program being instituted at Rady Children's Hospital which is right next to the juvenile detention complex in Kearny Mesa to facilitate mental health treatment for juveniles. And the future building of a mental health youth "Hub" in the Hillcrest area may become a reality in the near future.

RESOURCES

THE COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

The protocol and the training on how to use it are available free of charge for use in community and healthcare settings, as well as in federally funded or nonprofit research. For more information, please visit: <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>

CHECK YOUR MOOD DAY 2022

Check Your Mood (CYM) Day is held annually in San Diego County in recognition of National Depression Screening Day and to encourage San Diegans to assess and monitor their emotional well-being. This year, CYM Day will be held on October 6, 2022.

The purpose of this annual event is to engage and encourage San Diegans to monitor and assess their emotional well-being. Getting screened for depression is an important part of healthcare checkups, much like getting your blood pressure checked or being screened for heart disease or diabetes.

Join other community members across San Diego County to get FREE mental health resources, take the online Check Your Mood screening, and participate in the social media campaign to raise awareness about mental health! Good mental health starts with you. How are you feeling? For more information please visit: www.checkyourmoodsd.org

Answer Questions 1 and 2		In the Past Month	
		YES	NO
1)	Have you wished you were dead or wished you could go to sleep and not wake up?		
2)	Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6			
3)	Have you thought about how you might do this?		
4)	Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5)	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
Always Ask Question 6		In the Past 3 Months	
6)	Have you done anything, started to do anything, or prepared to do anything to end your life?		


Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255) www.suicidepreventionlifeline.org

DON'T LEAVE THE PERSON ALONE. STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP.

THE COLUMBIA LIGHTHOUSE PROJECT www.columbia.edu/~lighthouse



SAVE THE DATE!
THURSDAY OCT. 6, 2022

CHECK YOUR MOOD DAY

Ways to Support Check Your Mood (CYM):

- Distribute flyers and promote Check Your Mood Day
- Participate virtually by accessing and sharing the e-toolkit
- Participate in the CYM social media campaign
- Display a resource table of CYM materials (no staff)
- Host and staff in-person site with CYM screenings


Good mental health starts with you. How are you feeling?

Check Your Mood Day (CYM) is an annual event to engage and encourage San Diegans to assess and monitor their emotional well-being.


Getting screened for depression is an important part of healthcare checkups, much like getting your blood pressure checked or being screened for heart disease or diabetes.

Join other community members across San Diego County to get FREE mental health resources, information, and self-administered screenings to Check Your Mood and help raise awareness for mental health!

For more information about Check Your Mood Day and to access resources, please visit: www.checkyourmoodsd.org



SCAN ME



TAKE ACTION

HOW WE CAN HELP...

If you or someone you know needs help for suicide or mental health challenges call 9-8-8 or if you'd rather CHAT the Access & Crisis Line offers M-F 4pm-10pm chat services for support in multiple languages available. <https://omnidigital.uhc.com/SDChat/>.

1

Learn the signs and what to do by hosting or attending a free QPR Suicide Prevention Gatekeeper training by visiting <https://www.sdchip.org/initiatives/suicide-prevention-council/trainings/>.

2

Find more resources at the It's Up to Us website www.up2sd.org; you can also join the Facebook page at www.facebook.com/up2sd.

3

Reach out to someone you think is struggling or if you are struggling try to connect to help.

4

Volunteer your time and/or donate to suicide prevention efforts and organizations.

5

Suicide is complicated so if you need additional support you can call 2-1-1, it is a resource and information hub for community, health and disaster services or visit <https://211sandiego.org/>.

6

Take a Mental Health First Aid Training to learn more about mental health and how you can help yourself and others by visiting <https://www.mentalhealthfirstaidsandiego.com/>.

7

For K-12 school suicide prevention resources, view our resource guide [HERE](#).

8

Learn more about the San Diego County Suicide Prevention Action Plan Update 2018 at www.spcsandiego.org.

9

Learn more and participate with the San Diego County Suicide Prevention Council at www.spcsandiego.org and/or join our mailing list by emailing info@sdchip.org.

10

SAN DIEGO COUNTY SUICIDE PREVENTION & NOTABLE MILESTONES

THE SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL

The San Diego County Suicide Prevention Council (SPC) is a community-wide collaborative focused on realizing a vision of zero suicides in San Diego County. Our mission is to prevent suicide and its devastating consequences. In 2010, the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services Department (BHS) awarded Community Health Improvement Partners (CHIP) a contract to form and establish in a public-private partnership an interagency council to inform, introduce, and drive implementation of a Suicide Prevention Action Plan (SPAP) for the entire County-- and the first of its kind in California. Then in 2016, after five years of successfully growing the SPC efforts, HHSA awarded CHIP another contract to update the SPAP. In 2018, the SPC released its SPAP Update 2018 that extended the efforts of the SPC into nine strategies designed to expand the coalition's membership, engagement, and impact through this community comprehensive approach to reduce suicide and stigma in our region. Today, with continued support from the County of San Diego HHSA and our SPC members, the council provides oversight, guidance, and collective support to implement the recommendations of the SPAP Update 2018.



San Diego County Suicide Prevention Council

Convened by Community Health Improvement Partners

**FOR MORE INFORMATION AND TO GET INVOLVED VISIT:
[HTTPS://WWW.SPCSANDIEGO.ORG](https://www.spcsandiego.org)**

NOTABLE SUICIDE PREVENTION MILESTONES TIMELINE

