

San Diego County Suicide Prevention Action Plan Update 2024



a project facilitated by:
COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together





Table of Contents

4	Introduction
6	Executive Summary
7	Summary of San Diego County Data
11	Suicide Prevention Action Plan Update 2024 At-A-Glance
14	San Diego County Suicide Prevention Council Accomplishments
18	Community Engagement
23	Suicide Prevention Action Plan 2024 Update Evaluation Plan Process and Approach
26	Evaluation Plan Organization and Management
29	Suicide Risk and Protective Factors
35	Impact of COVID-19 on Suicides
38	Strategy Definitions
40	SPAP Update 2024 Strategies Overview
57	Call for Action
59	Acknowledgements



Introduction

Dear San Diego County Residents:

The County of San Diego Health and Human Services Agency (HHSA) and Community Health Improvement Partners (CHIP) are pleased to present the San Diego County Suicide Prevention Council's - 2024 Suicide Prevention Action Plan Update (SPAP 2024 Update). We invite you to continue to work with us towards a shared mission of preventing suicide and its devastating impact in San Diego County. Established in 1995, CHIP has been a leader in innovative, collaborative solutions to address critical community health

issues in the San Diego region. In 2010, the County of San Diego awarded CHIP a contract to form an interagency Suicide Prevention Council (SPC). In 2011, the SPC brought together stakeholders from multiple sectors to create the San Diego County's Suicide Prevention Action Plan (SPAP 2011), the first of its kind in California. The SPAP 2011 proposed to increase understanding and awareness of suicide, decrease the stigma associated with suicide and ultimately, reduce the number of suicides in San Diego County.

From 2018-2021, suicide rates for San Diego County residents have shown a steady decrease. At the state level we are the closest we have been in a decade to state numbers, and we are well below the national rates: San Diego 10.8, California 10.6, and USA 14.5, per 100,000 residents.

For San Diego County residents, 2021 marked the lowest suicide death rate in the last 10 years. In 2022 however, data from San Diego County Medical Examiner's Office show that there were 362 confirmed suicide deaths, which is a 1.4% increase since 2021 (357).

While the overall downward trend is encouraging, more needs to be done. We can never forget this data represents our real family members, friends, and neighbors. San Diego County needs to maintain efforts such as improved screening for depression across healthcare settings and County-wide initiatives highlighting mental health awareness and reducing stigma to move closer to the goal of zero suicides.

As with previous plans, a comprehensive community engagement process was used to develop the 2024 SPAP Update. Just under 250 individuals and 67 organizations contributed to the SPAP 2024 Update, representing various sectors, populations, and experiences. They include members of priority populations who are at increased risk for suicide such as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning+ (LGBTQ+), Military/Veterans, Native Americans/American Indian, Transitional Age Youth, Older Adults/Seniors, LatinX/Hispanic, Asian American and Pacific Islander, individuals with lived experience of suicide loss, and people working within health, education, public safety, and community and faith-based organizations. In listening to these community partners, we have heard about the impact of COVID-19, challenges of systemic and historic health inequities and disparities, as well as the need for improved access to resources and services. We have also learned about new

opportunities for strengthening the work of the SPC, and protective factors within families, communities, and systems that can serve to advance our vision of zero suicides in San Diego County.

The SPAP 2024 Update combines the use of proven strategies as well as other approaches informed by evolving community priorities and needs. We ask you to join us in the coming years to implement this plan, to revise and add depth to our collective commitment to saving lives, restoring hope, alleviating the pain that people are living with, and connecting people to the vital and necessary resources that are available to those in need. We believe it is up to us to help save lives and prevent suicides in our communities.

Sincerely,

Luke Bergmann, Director, Behavioral Health Services, County of San Diego HHS

Charles Westfall, SPC Co-Chair, Manager, Adult Outpatient Services, Sharp Mesa Vista Hospital

Amy Chavez, SPC Co-Chair, Bilingual Program Manager, HERE Now and Anti-BIAS Programs

Dana Richardson, President and Chief Executive Officer, Community Health Improvement Partners

Yeni L. Palomino, Vice President of Community Health, Community Health Improvement Partners



Executive Summary

Suicide prevention is a collective effort. The SPAP, including the At-A-Glance Overview can be a guide for organizations and individuals to develop strategic directions and inspire action to prevent suicide.

Coordinated by Community Health Improvement Partners (CHIP) and funded by the County of San Diego Health & Human Services Agency, SPC is at the forefront of suicide prevention efforts. SPC's efforts include the facilitation of community engagement activities to support the development and implementation of a comprehensive Suicide Prevention Action Plan (SPAP), coordination of SPC general and subcommittee meetings, serving as a resource and information hub, and delivery of evidence-based trainings to gatekeepers and frontline providers.

A total of 98 organizations representing different sectors and priority populations are active members of SPC. Commitment, cooperation, and leadership from SPC members within public health, mental health, education, justice, healthcare, social services, and government, are driving significant improvements in the ecosystem of suicide prevention strategies in San Diego County.

The aim of the San Diego County 2024 SPAP Update is to guide the implementation of strategies, that based upon the best available evidence, can support the vision of zero suicides in the region. The SPAP 2024 Update builds upon more than a decade of planning, implementation, and evaluation of activities. The first SPAP was published in 2011 and served to mobilize cross-sector engagement in the SPC. The SPAP Strategy Framework was developed as part of the SPAP 2018 Update and incorporated wide-ranging community input. The SPAP Strategy Framework incorporates elements of the Institute of Medicine's Environmental Prevention Model as well as best practices identified within the California Strategic Plan on Suicide Prevention, the National Strategy for Suicide Prevention, and the Centers for Disease Control (CDC) comprehensive suicide prevention approach.



Summary of San Diego County Data

In examining the data for our suicide prevention plan through a health equity lens, we recognize the critical importance of identifying and understanding the disparate impacts of suicide across various demographic groups. This approach highlights the nuanced factors contributing to higher risks in certain populations, such as economic instability, systemic discrimination, and lack of access to culturally competent healthcare, thereby guiding our targeted interventions to bridge these gaps and foster a community where mental health support is both accessible and equitable for all.

There were 362 suicide deaths among San Diego County residents in 2022. Suicide is the second leading cause of death for age 20-29, and the third leading cause of death for those ages 30-39.¹ The method and means of suicide attempt a person utilizes, for example firearms, intentional drug poisoning or hanging can greatly increase a person's risk of dying due to limited opportunity for rescue. Among the 362 deaths, the majority of deaths involved a firearm, followed by asphyxia and intentional drug overdoses.²

Even though the overall death rate has decreased from 2018, when stratified by region and demographics, inequities still exist. From 2018-2022, the rate of death for suicide increased for Central and South San Diego County Regions and decreased in East, North Central, North Coastal, and North Inland Regions. The highest rate in 2022 was in North Coastal Region (12.1 per 100k residents). The greatest percent increase happened in South Region, with a 16% increase (7.9 per 100k residents to 9.1 per 100k residents).²

Suicide attempts have additional impacts. Individuals are more likely to survive a suicide attempt than die as a result. Individuals who make a suicide attempt are often seriously injured and need medical care. In 2021, there were 3,839 Emergency Department (ED) discharges and 2,070 inpatient discharges involving nonfatal intentional self-harm or suicide attempts among San Diego County residents. From 2016 to 2021, the rate of nonfatal intentional self-harm or suicide attempts increased by 5% for ED discharges.³

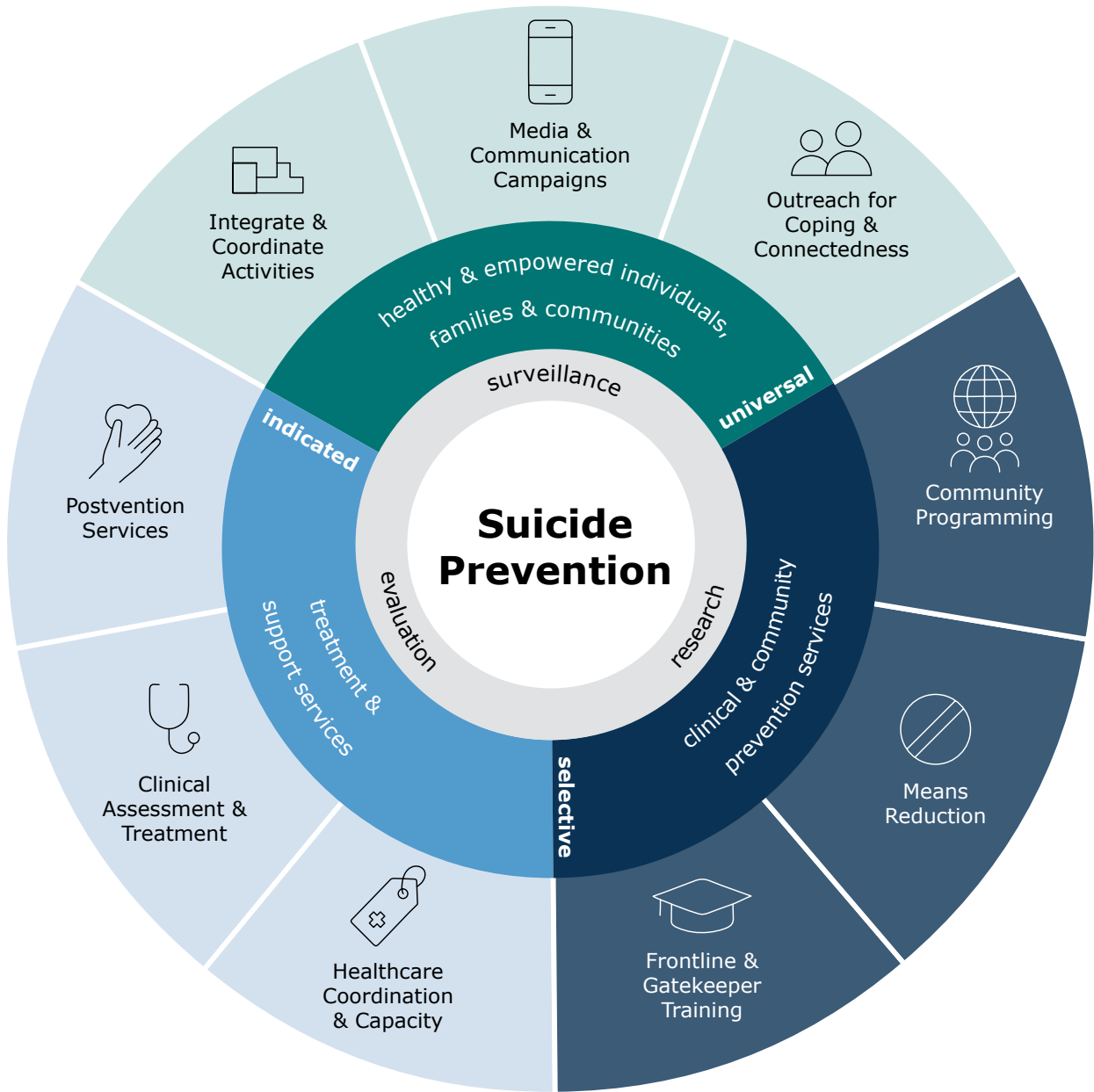
Suicide attempts—as indicated by nonfatal intentional self-harm and emergency department (ED) discharges in 2021—were disproportionately higher among specific demographic groups, highlighting a pressing need for targeted interventions. Notably, the highest rates of ED discharges for suicide attempts were observed among female residents aged 10-24, with American Indian/Alaska Native young women being the most affected, followed by Black/African American individuals in the same age bracket. Furthermore, inpatient discharge data reveal that the groups most affected by serious attempts requiring hospitalization were also young females aged 10-24, particularly those within the Black/African American community. This data underscores the urgency of addressing the unique mental health challenges and systemic barriers faced by these groups, driving our suicide prevention strategies to prioritize culturally sensitive, accessible, and age-appropriate interventions.³

Our comprehensive review of suicide and its impacts within San Diego County, viewed through a health equity lens, underscores the complex interplay of factors contributing to suicide risk and the critical need for targeted prevention efforts. The data reveal that while overall suicide rates may show signs of decline, significant disparities persist, affecting vulnerable communities and demanding nuanced, culturally competent interventions. The disproportionate rates of suicide attempts among young females, especially within American Indian/Alaska Native and Black/African American populations, call for an urgent, coordinated response that addresses systemic inequities and barriers to accessing mental health care. As we move forward, our plan must not only aim to reduce the incidence of suicide across all demographics but also ensure that mental health services are equitable and accessible to those most at risk. SPC, in collaboration with BHS, will continue to release an annual report to the community summarizing suicide data points in San Diego County.

References

1. California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System
2. County of San Diego Department of the Medical Examiner
3. California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2016-2021

Figure 1. SPAP Strategy Framework



Over the past five years, the SPC has overseen the development, monitoring and evaluation of implementation plans for each of the nine SPAP Framework strategies. The SPC was also able to successfully transition from in-person to online sessions and provide support in response to the COVID-19 pandemic.

A compelling feature of the SPC and the SPAP Updates is the extent to which individuals with lived experience of suicide loss and ideation are leading the work. More than 289 individuals from 66 organizations participated in the development of the SPAP 2024 Update, which was subsequently reviewed by senior leadership from Community Health Improvement Partners (CHIP) and HHSAs, Behavioral Health Services Department.

An analysis of the stakeholder input identified the following trends with regards to suicide prevention influences and approaches:

- ▶ There is heightened urgency to identify and reverse deep rooted inequalities that contribute to increased risk for suicide among communities of color. SPC members are seeing access to mental health resources through the lens of equity and advocating for services that are aligned with the needs, priorities and preferences of different priority populations including older adults, youth and young adults, the LGBTQ+ community, and LatinX/Hispanic, Asian and Pacific Islander, African American and Native American communities.
 - ▶ Many focus group participants remark that COVID-19 has taken a toll on the mental, emotional, physical, and economic well-being of individuals, families, and communities and that this could increase the risk for suicide. It is also believed that the pandemic led to changes that increased the resiliency of communities such as the development of culturally and linguistically competent community health worker programs.
 - ▶ Two strategies that were promising in 2018, means reduction and postvention services, are increasingly recognized as essential elements of a comprehensive approach. The wealth of ideas put forward to advance these strategies and support for actions such as the Coronado Bridge protective barrier are clear indicators of elevated awareness of their effectiveness.
 - ▶ Ideas shared by participants representing different sectors reflect growing recognition of the value of using common screening and assessment, a need for improved coordination within healthcare systems, and cross-sector partnerships.
- ▶ There is sustained appreciation and demand for programs and services that create community connectedness, reduce loneliness, address stigma, and encourage help seeking behaviors.

Over the next four years, community stakeholders will be invited to develop implementation and evaluation plans along with the SPC based upon strategies outlined in the SPAP 2024 Update to collectively put in to action activities to decrease suicides in the region. Through facilitated planning discussions participants will discuss the strategic directions and ideas presented in the SPAP 2024 Update, identify specific activities, establish timelines, evaluate needs and lead partners. Additional focus groups will be coordinated with representatives from priority populations who are known to have increased risk for suicide such as justice-engaged and incarcerated individuals, Native American/American Indian and LGBTQ+ communities, and Veterans and Military connected individuals. The SPAP 2024 Update will be enhanced based upon the input of these groups.

It is anticipated that SPC subcommittees will align their workplans and goals with the SPAP 2024 Update, as well as contribute to the development and delivery of future implementation and evaluation plans.






Organizations and individuals throughout San Diego County are invited to continue to be part of the collective effort to combat suicide and its devastating consequences, and to:





- ☑ Engage in future planning activities
- ☑ Participate in monthly SPC meetings
- ☑ Volunteer to serve on a SPC subcommittee
- ☑ Deliver and participate in activities that are part of the SPAP Update 2024

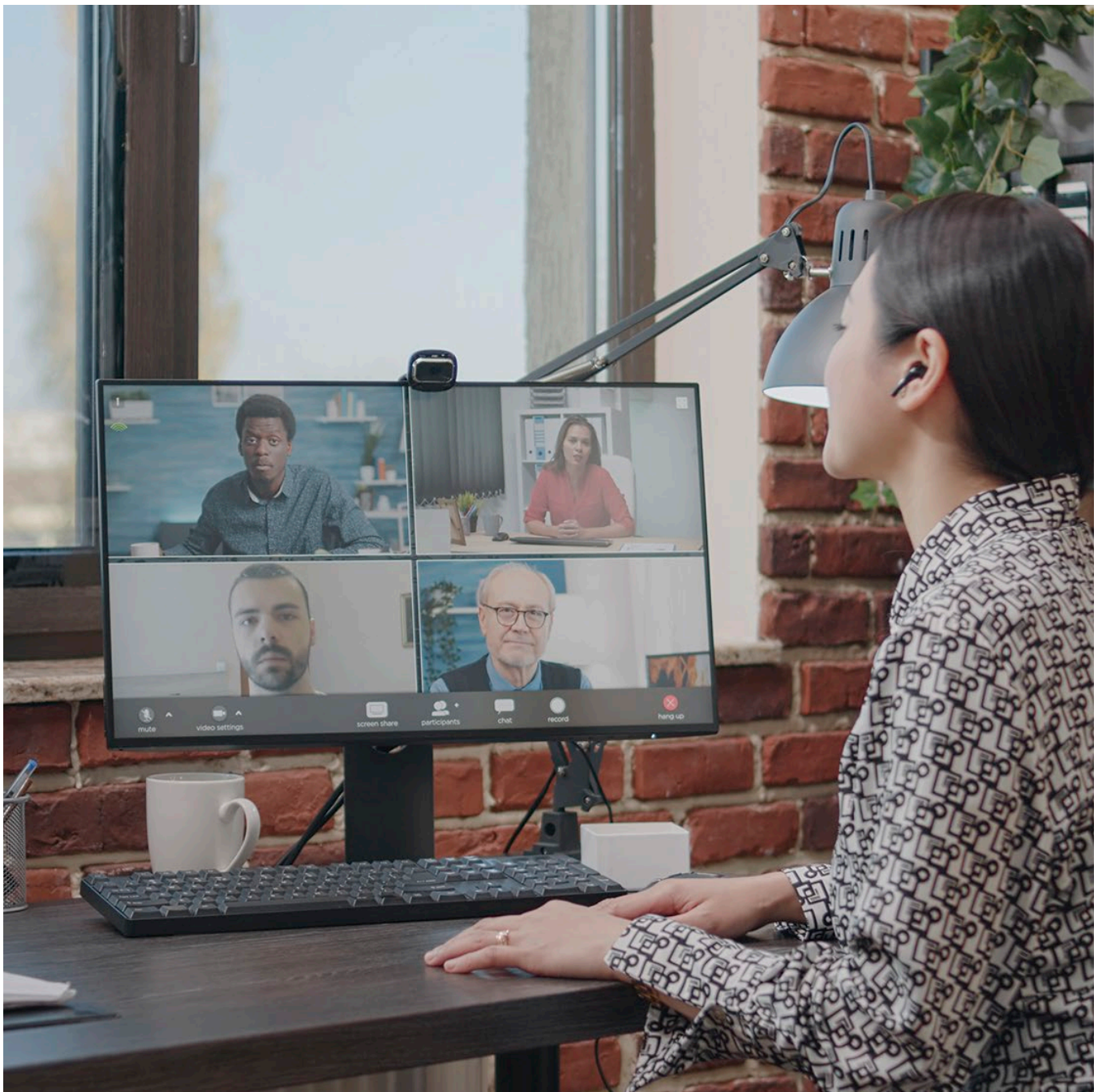


Suicide Prevention Action Plan Update 2024 At-A-Glance

The nine strategies listed here are part of the Strategy Framework adopted as part of the Suicide Prevention Action Plan Update 2018 (see page 11). Participants in focus groups and community listening forums reviewed these strategies and made suggestions for new and enhanced strategic directions to be incorporated into the SPAP Update 2024 that reflect evolving community needs and priorities.

Strategy	2024 Community Recommended Strategic Directions
 <p data-bbox="180 344 367 449">Integrate and Coordinate Activities</p>	<p data-bbox="430 233 1430 338">1a. Engage in cross-sector partnerships that build understanding and capacity to address intersecting risks and root causes of suicide in San Diego County.</p> <p data-bbox="430 344 1406 415">1b. Facilitate challenging conversations that look at risk factors and root causes within underserved and priority populations.</p> <p data-bbox="430 422 1425 493">1c. Lead and participate in policy and system change efforts that advance mental health equity.</p>
 <p data-bbox="159 642 391 709">Media and Communications</p>	<p data-bbox="430 531 1438 636">2a. Elevate San Diego's mental illness stigma reduction and suicide prevention campaigns to represent and reach historically marginalized and underserved populations.</p> <p data-bbox="430 642 1455 714">2b. Actively engage with and educate different and multiple media partners on safe messaging for suicide reporting.</p> <p data-bbox="430 720 1435 791">2c. Provide a centralized point of contact for the ongoing dissemination of information and resources relating to suicide prevention.</p>
 <p data-bbox="168 940 381 1045">Outreach for Coping and Connectedness</p>	<p data-bbox="430 831 1398 903">3a. Provide access to opportunities for people to learn social-emotional skills which promote self-care and wellness.</p> <p data-bbox="430 909 1463 980">3b. Develop peer support networks within different systems and workforces to reach and relate to priority populations.</p> <p data-bbox="430 987 1430 1079">3c. Support the delivery of a wide array of activities that build community, prevent and reduce loneliness and isolation, and create safe, inclusive environments.</p>
 <p data-bbox="180 1234 370 1302">Community Programming</p>	<p data-bbox="430 1125 1459 1230">4a. Advance behavioral health education, early intervention, and prevention activities through expanded efforts and partnerships with faith-based organizations and other community sectors.</p> <p data-bbox="430 1236 1455 1348">4b. Deliver school and community-based services to children, adolescents and young adults that support positive youth development and address adverse childhood experiences.</p> <p data-bbox="430 1354 1443 1459">4c. Improve and expand access to mental health and wellness services that also address inequities across social determinants of health within priority and underserved populations.</p>
 <p data-bbox="155 1644 393 1675">Means Reduction</p>	<p data-bbox="430 1535 1425 1640">5a. Engage with key stakeholders to implement strategies and campaigns focused on limiting access to specific means of suicide and to reach identified priority populations.</p> <p data-bbox="430 1646 1289 1717">5b. Use data on patterns and trends in suicide means to inform programming and advocacy activities.</p> <p data-bbox="430 1724 1455 1829">5c. Educate community members and professionals representing different sectors and priority populations on the range of strategies that can help decrease access to different means of suicide.</p>

 <p>Frontline and Gatekeeper Training</p>	<p>6a. Expand access to Question, Persuade, and Refer (QPR) and Mental Health First Aid trainings to bolster and diversify the gatekeeper community.</p> <p>6b. Identify gaps in frontline and gatekeeper suicide prevention training, identify strategies to address those gaps and meet the needs of different audiences.</p> <p>6c. Create suicide prevention trainings that continue to enhance local suicide prevention efforts and are more accessible to the community.</p>
 <p>Healthcare Coordination and Capacity</p>	<p>7a. Create opportunities for representatives from different healthcare sectors and systems to convene around the challenge of care coordination for patients who are at risk for or who have attempted suicide.</p> <p>7b. Implement programs or services that increase integration of care between providers.</p> <p>7c. Coordinate professional development opportunities focused on understanding the care coordination needs of those with suicidal ideation, especially those in priority populations.</p>
 <p>Clinical Assessment and Treatment</p>	<p>8a. Build capacity to conduct universal assessment and screening for suicide, using evidence-based tools and practices, in a full range of clinical settings.</p> <p>8b. Expand access to clinical treatment approaches that are culturally affirming, and trauma informed.</p> <p>8c. Support sharing of best practices of clinical assessment and treatments for suicide prevention in clinical settings.</p>
 <p>Postvention Services</p>	<p>9a. Continue to raise awareness of the value and availability of postvention services, as postvention is prevention.</p> <p>9b. Expand community and peer-based postvention services to meet the needs of diverse populations.</p> <p>9c. Enhance the delivery of clinical postvention services for survivors of suicide loss.</p>



San Diego County Suicide Prevention Council Accomplishments

While the work of preventing suicide is ongoing, the completion of this assessment offers an opportunity to reflect upon the accomplishments of the San Diego County Suicide Prevention Council (SPC) in the past five years.

- **SPC continues to act as a hub for collaboration among local agencies, private organizations, and communities by coordinating and improving suicide prevention activities and services.** The efforts of SPC have raised awareness of the complex challenges and needs relating to suicide, provoked difficult conversations around root causes such as systemic inequalities, and brought together individuals from all walks of life to share their lived experiences and perspectives. The level and diversity of engagement bears testimony to SPC's unofficial motto that "Suicide Prevention is Everybody's Business". *A total of 98 organizations representing different sectors and priority populations are active members of SPC. It should also be noted here that many participants in the SPC do not work for organizations addressing mental health but have chosen to participate as survivors of suicide attempts or as survivors of suicide loss.*
- **We have seen an expanded use of evidence-based screening tools with medical settings.** Acting as a neutral convener, SPC originally brought together healthcare providers from different organizations to take part in a Medical Provider Roundtable. This work resulted in providers within Sharp Mesa Vista, TrueCare primary healthcare clinics and Scripps Healthcare Electronic medical record at Mercy Hospital adopting use of the C-SSRS.
- **The SPC led a rapid and effective response to the COVID-19 pandemic.** The work of the SPC continued and evolved throughout the COVID-19 pandemic. SPC meetings and trainings that had traditionally been held in person were quickly shifted to Zoom and other online platforms thereby ensuring that SPC services and support could still be accessed during the pandemic. The critical pivot ensured that the SPC remained available and accessible to the community and its partners. During this very difficult and tumultuous period, the SPC supported other organizations as they adapted and gathered all the services and resources that were available for suicide prevention and mental health for community members/affiliated organizations. SPC developed the Suicide Prevention & Mental Health CV-19 Resources List that was utilized by community partners during this critical time.
- **In the five years following the completion of the SPAP 2018 Update, SPC members came together to take the plan further and developed Implementation and Evaluation Plans for each of the nine strategies that make up the SPAP Strategy Framework.** This coordinated and concerted planning effort has ensured that progress was made in building capacity, initiating new projects, evaluating the plan, and completing specific deliverables. The SPAP Implementation and Evaluation Plans turned ideas into meaningful and measured actions. These Plans were also reviewed on an ongoing basis via SPC subcommittees and community engagement efforts, most recently during the focus groups and listening sections conducted as part of the development of this SPAP 2024 Update.
- **SPC's subcommittees are playing a pivotal role in delivering a wide array of activities.** SPC has ten active subcommittees, including three new subcommittees that were added to reflect emerging and priority needs. *In 2022, 122 individuals served on at least one subcommittee.*

Key accomplishments of these subcommittees include:

- *Assessment & Evaluation Subcommittee* prepared the annual SPC Report to the Community and oversee the SPC/SPAP evaluation components.
- *Faith Organizing Outreach Subcommittee* –organized the SPC Annual Faith Breakfast, created a Faith-based video recording promoting and highlighting the Faith Breakfast and developed resource materials.
- *Higher Education Subcommittee* – hosted Campus Plunge events, and coordinated the participation of SPC and local universities in the American Foundation Suicide Prevention (AFSP) Out of the Darkness Walk annually.
- *Media Subcommittee* – coordinated an annual press conference to present the SPC Report to the Community, provided multiple Public Information Officers (PIO) workshops, and responded to high-profile suicides as necessary.
- *Means Reduction Subcommittee* – prepared a Means Reduction Presentation on Firearms and supported planning activities relating to installation of a barrier for the Coronado Bridge.
- *Postvention Subcommittee* – reviewed postvention national guidelines and created information brochures to share with the community for individuals and for organizations.
- *Priority Populations & Communities Subcommittee* – Created resource guides for each of the different priority populations.
- *Schools Collaborative (K-12) Subcommittee* – created and disseminated annually, the SPC Suicide Prevention Schools Resources Guide, and hosted twenty Gay, Lesbian, Straight Education, Network (GLSEN) trainings to teach staff, administrators, and community leaders on how to create safe and inclusive environments for students of all gender identities and sexual orientations.
- **Best practice and evidence-based training sessions were delivered to a diverse array of stakeholders who were seeking to build their capacity to engage in suicide prevention efforts.** Over the past five years a total of 888 training sessions were delivered reaching more than 18,800 people:
 - Question, Persuade, and Refer (QPR) trainings x 710 (14,483 people)
 - Applied Suicide Intervention Skills Training (ASIST) Trainings x 13 (694 people)
 - Gay, Lesbian, Straight Education Network (GLSEN) trainings x 26 (1,384 people) in partnership with County Office of Education
 - Pharmacists Suicide Prevention Trainings x 5 (133 people) in partnership with UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences
 - First Responder Suicide Prevention Trainings x 134 (2,298)

In addition, 48 individuals were sponsored by CHIP/SPC to become QPR trainers and 17 individuals were trained to deliver a new First Responder Suicide Prevention training curriculum. This increase in trainer capacity will help to ensure that efforts to train frontline providers, gatekeepers, and the general community can be sustained.

- **The results of the annual SPC member survey indicated a high degree of member satisfaction with SPC.** Member feedback indicated 91% of SPC members agreed or strongly agreed they were satisfied with the work of SPC. As a result of the SPC, 2021 survey results indicated members agreed or strongly agreed that they understood the importance of seeking help (91%), were aware of suicide and mental health issues (90%), knew where to get help when needed (88%), gained more knowledge about suicide and suicide prevention (88%), and felt more comfortable seeking help (81%).¹ Further, the majority (96%) of SPC members felt that at least medium or better progress has been made in implementing the SPAP Update 2018 and 53% felt that excellent or close to excellent progress has been made.
- **Significant progress has been made with respect to means reduction from the Coronado Bridge.** The SPC through extension of the SPC Means Reduction Subcommittee and lead from the Coronado San Diego Bridge Collaborative have been informing and participating in the Coronado Bridge deterrent efforts by participating in the legislated advisory board through Caltrans and informing the SPC regarding opportunities for input and sharing overall progress. A feasibility study was completed and \$14 million in protective barrier design funds have been awarded to Caltrans. The project has now been added to the State Highway Operations and Protections Program and entered what's called the Progressive Design Build phase to design and blueprint the project as we continue to work on securing the \$131 million it will take to build the deterrent.



Alone we can do so little; together we can do so much.

-Hellen Keller



¹ All percentages increased since the survey was administered in 2018.



Community Engagement

The San Diego County Suicide Prevention Council (SPC) facilitated multiple focus groups and community listening forums from January through April 2023 to gather input from stakeholders and community members. A total of 248 community members participated in these meetings. All meetings were conducted virtually via Zoom, except for the SPC General Meeting and the Older Adult/Seniors Focus Group which were facilitated in-person. In addition to the focus groups, five interviews were conducted with eight key individuals. In addition, a community survey was conducted from April 10-May 22, 2023. The survey aimed to garner insights to guide the development of the SPAP Update 2024, particularly from those individuals who could not participate in the community engagement events conducted in January to March 2023. A total of 41 people completed the survey.

Priority Population Focus Groups



LatinX/Hispanic



Asian American Pacific Islander (AAPI)



Lived Experience Focus Group



Older Adults/Seniors Focus Group

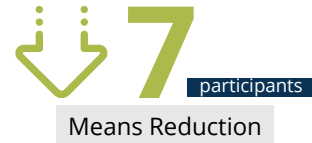
SPC Subcommittee Focus Groups



Assessment and Evaluation



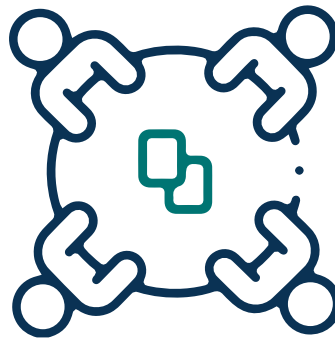
Faith Organizing Outreach



Means Reduction



Priority Populations & Communities



Media Communications Subcommittee



Postvention Focus Group



Higher Education



School Collaborative K-12

Professional Affiliation and Community Stakeholder Forums



SPC General Membership



K-12 and Higher Education Professionals



Healthcare and Mental Healthcare Professionals



This section describes the results of the community engagement process in terms of numbers and characteristics of participants based upon attendance records and completed surveys.



289

Total number of community engagement participants:



248

Focus Groups



41

Survey



8

Key Informant Interviews

Participant Demographics³⁴

Member of the San Diego County Suicide Prevention Council:



Yes: 33%



No: 65%



No Response: 2%

Gender identity:



73%



21%



0.5%

Transgender Female



0.5%

Other



0.5%

Non-Binary



0%

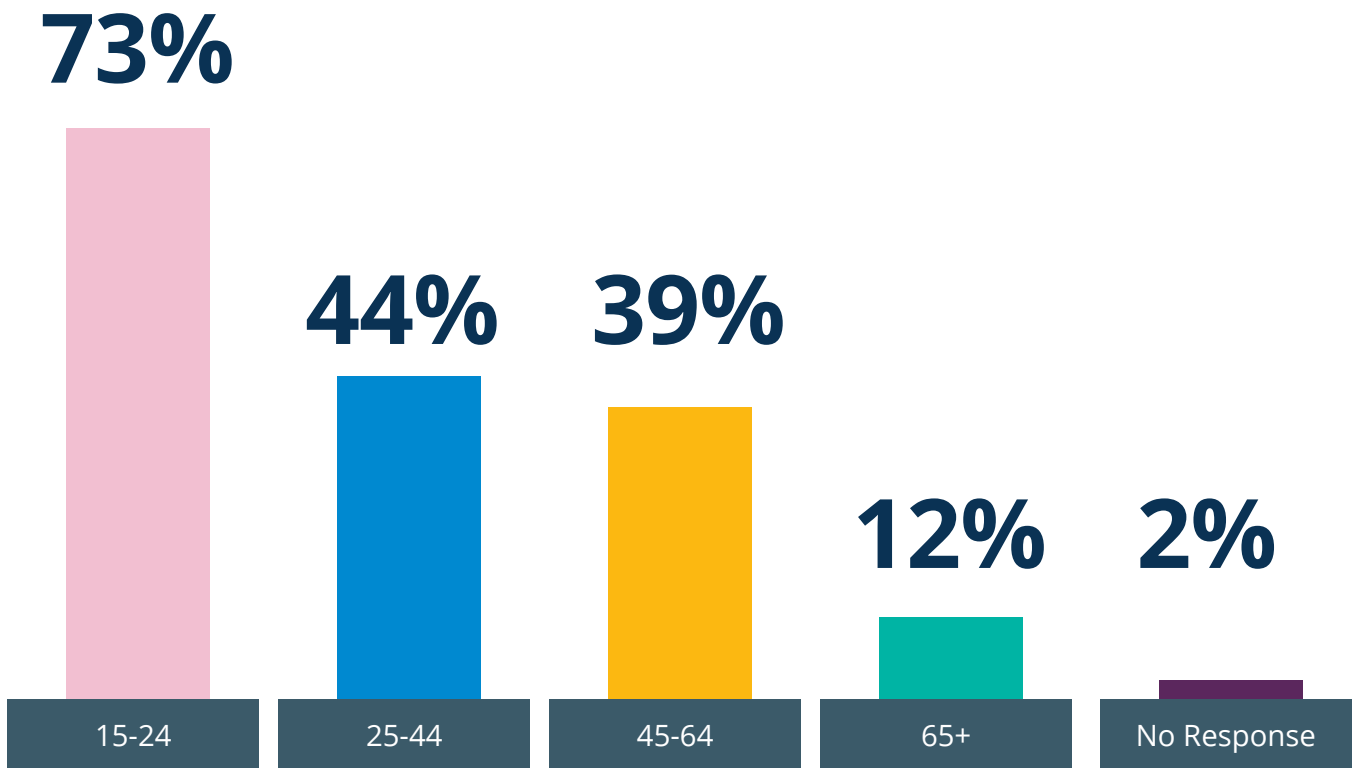
Transgender Female



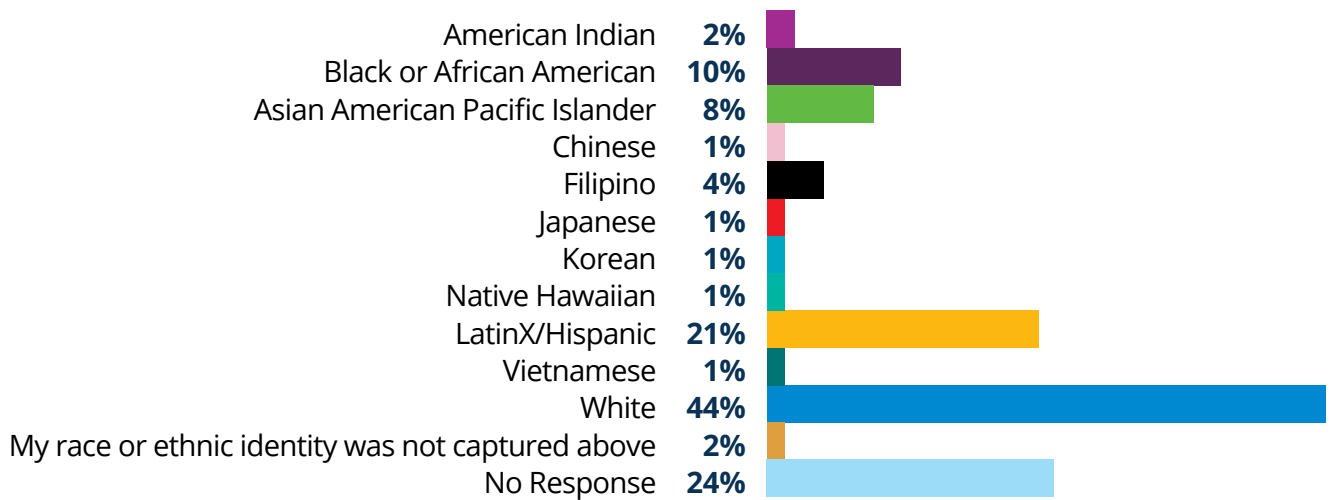
5%

No Response

Age:

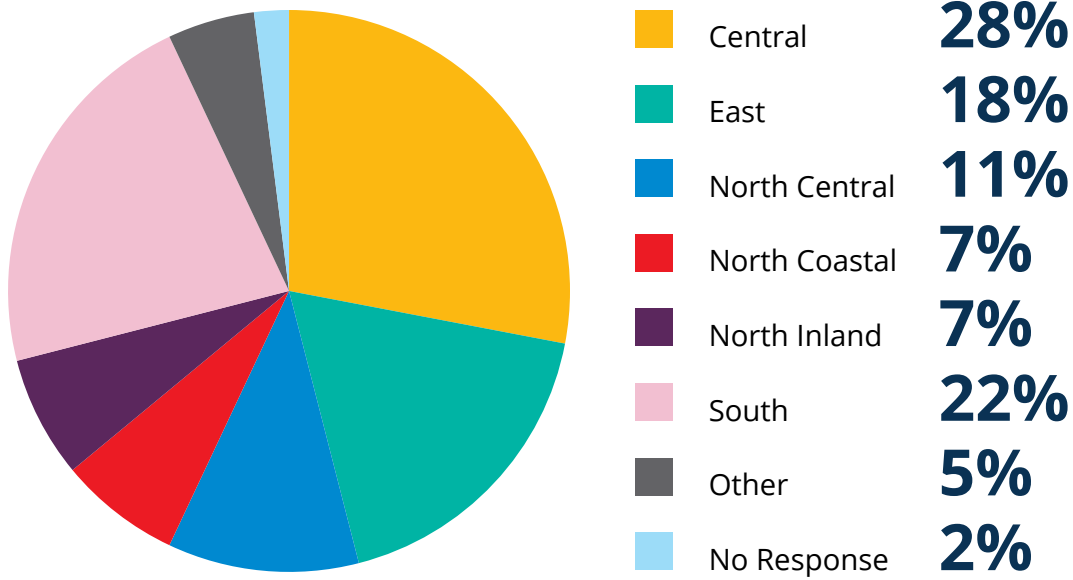


Racial and Ethnic Identity:



² Demographic data was collected from 223 or 84% of participants.
³ Rounded to nearest percentage therefore not all sections add to exactly 100%

County Region of Residence:

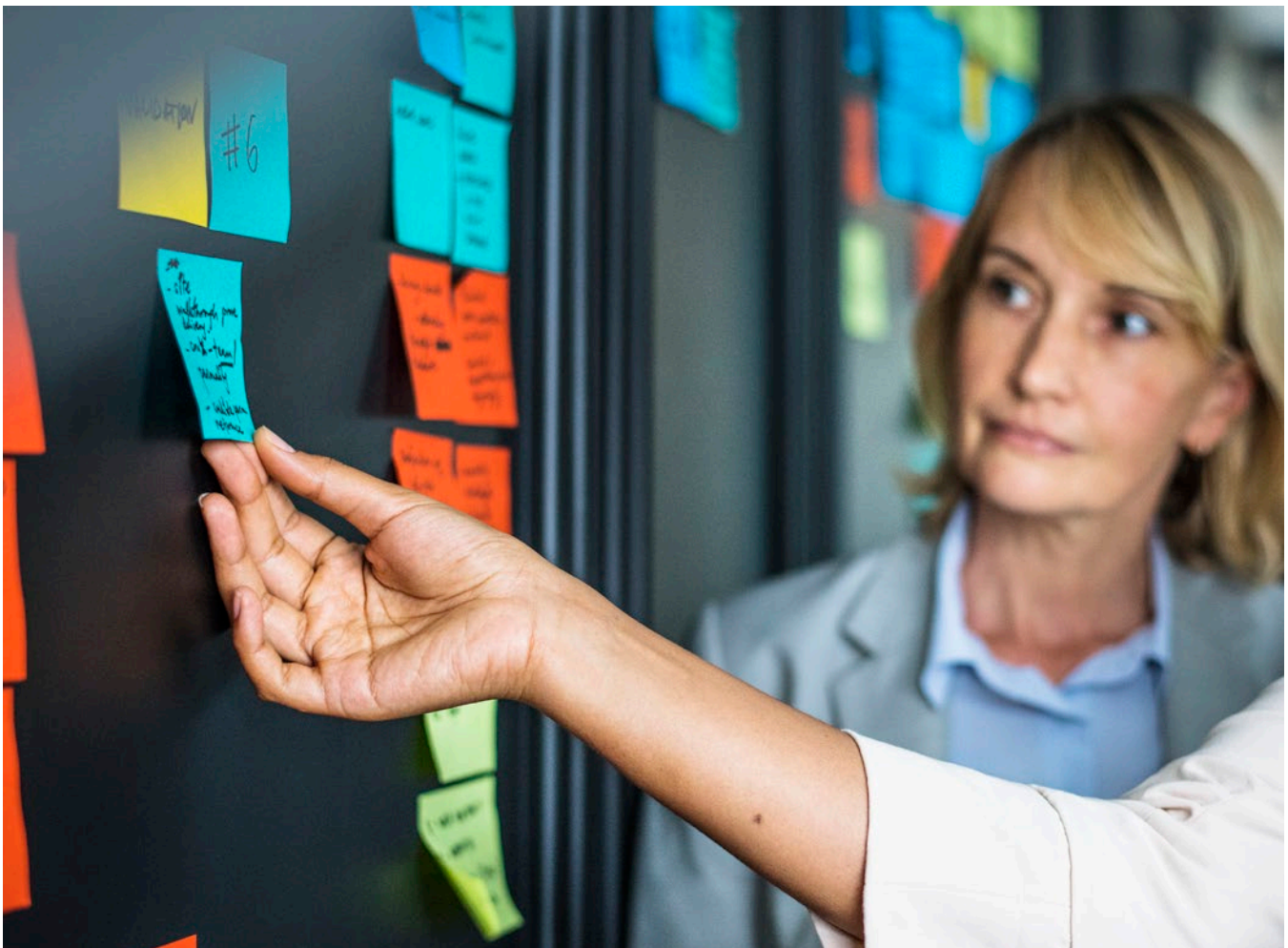


Personal lived experience of suicide:



If yes, which of these responses describes your experience:





Suicide Prevention Action Plan 2024 Update Evaluation Plan Process and Approach

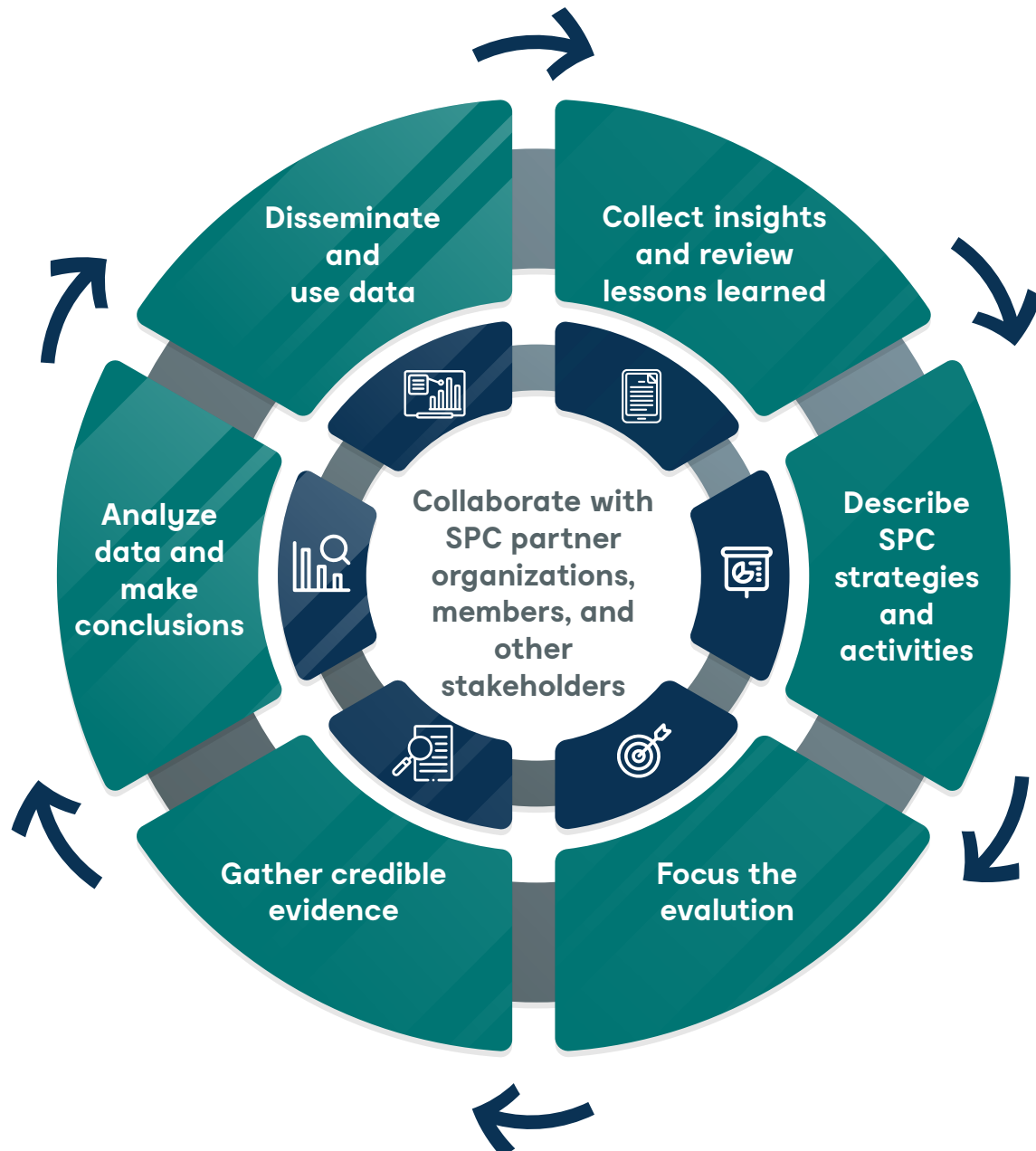
Evaluation is a systematic method for collecting and analyzing data to examine the effectiveness and efficiency of programs.⁴ The process aids in the improvement of a program by assessing implementation practices and determining if these lead to expected outcomes. The purpose of the evaluation plan for the SPAP 2024 Update is to guide the collection and use of data to monitor progress of community-level outcomes and Suicide Prevention Council (SPC) functioning. The evaluation plan aims to clarify practices for evaluating change over time within the community coalition's efforts. Its design will assist the SPC and partner organizations in contributing to and benefiting from shared data, evaluating the effectiveness of interventions implemented, and improving programs and services based on data collected from the community.

⁴ Centers for Disease Control and Prevention. (2023, March 10). Program evaluation. <https://www.cdc.gov/evaluation/index.htm>

Evaluation Approach

The evaluation planning and implementation process is an iterative cycle, with insights and learnings from previous evaluations used to refine and enhance evaluation methods and activities. The evaluation team reviewed the evaluation design used for the SPAP 2018 Update and will adopt a similar overarching approach for developing the evaluation plan for the SPAP 2024 Update. Figure 2 visually represents the evaluation process for the SPAP 2024 Update, drawing inspiration from the Centers for Disease Control and Prevention's framework for program evaluation and participatory evaluation approaches.¹

Figure 2. SPAP 2024 Evaluation Framework

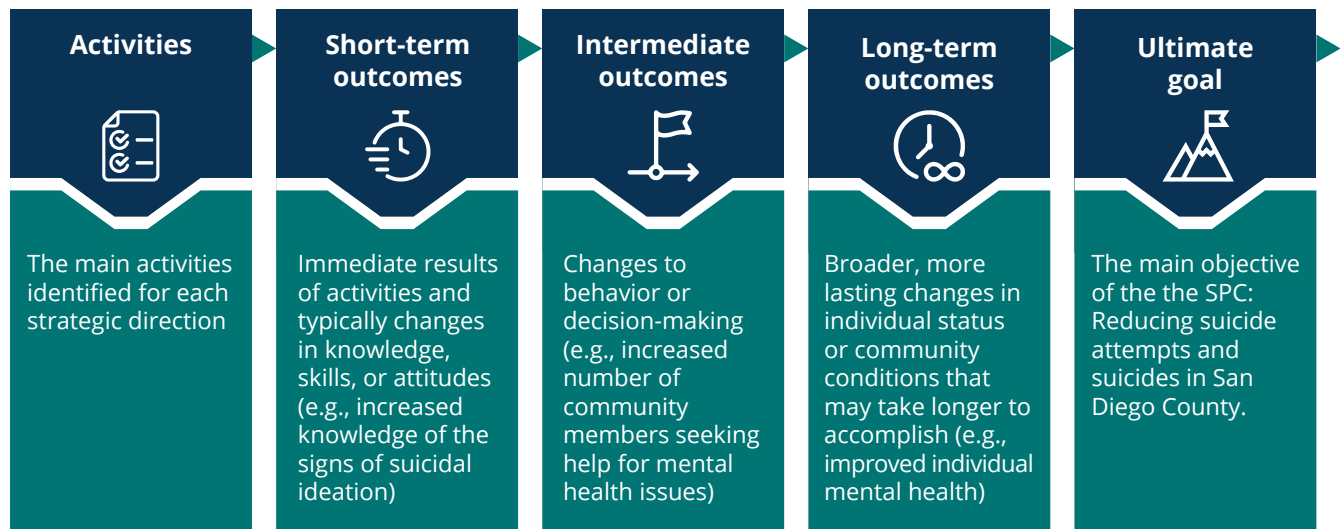


SPAP 2024 Evaluation Stages

Collaboration with SPC partner organizations, members, and other stakeholders, such as community members, behavioral health professionals, and individuals directly affected by suicide, is a crucial aspect of planning and implementing the evaluation. This approach incorporates stakeholder feedback from community engagement activities to shape the program's description and refine the evaluation's focus. It also relies on these partners for data collection, analysis, reporting, dissemination, and decision-making. Engaging stakeholders throughout all stages ensures the evaluation's usefulness and enhances learning processes. It is also vital to reflect and respect the diverse cultural contexts of the communities served. Furthermore, fostering a sense of shared ownership through this collaborative process strengthens relationships among partners and promotes the coalition's long-term sustainability.

The evaluation elements for the SPAP 2024 Update will be developed and refined after the activities for each strategy are identified through the implementation planning process and logic models for each strategy are developed (see Figure 3). The evaluation team will consult with stakeholders, key partners, and SPC subcommittees to further develop the evaluation plan and assign specific responsibilities. The SPC Assessment & Evaluation Subcommittee will be instrumental in reviewing and providing recommendations for the evaluation plan.⁵

Figure 3. SPC Logic Model Components



⁵ Center for Community Health and Development. (2017). *Developing a logic model or theory of change*. Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>



Evaluation Plan Organization and Management

Evaluation plan grids were created to organize and detail the key components of the SPAP 2018 Update evaluation. These grids will be revised to incorporate any new elements identified as part of the SPAP 2024 Update and implementation plans developed for individual strategies.

The evaluation plan grids identify:

- Connections between specific strategic directions and activities to their indicators of progress,
- Data sources and organizations that own the data or are responsible for data collection,
- SPC partners responsible for overseeing the evaluation,
- SPC partners responsible for reporting evaluation results and the outlet for disseminating these results,
- SPC partners' decisions to implement or continue the evaluation as part of the SPAP Update,
- Evaluation implementation progress status (i.e., evaluation previously implemented; evaluation has been implemented, but requires minor changes/additions; evaluation in progress; evaluation has not been implemented and is not in progress),
- Evaluation implementation timeframe, and
- Specific actions that must be taken before the evaluation can be implemented as described.

Process and Approach Outline for Developing the SPAP Update 2024 Evaluation Plan

Evaluation planning for each strategy will be completed in coordination with the strategic planning process. The following table details proposed evaluation planning activities. The SPC Assessment & Evaluation Subcommittee will be a source of feedback throughout the process.

Activity	Objective	Deliverables
Review SPAP Update 2018 Evaluation Plan.	Assess existing evaluation methods to identify areas (1) where there are data gaps, or data collection or reporting issues or (2) where evaluation activities can be expanded or improved upon to support the SPAP 2024 Update.	Identify areas where new data elements should be incorporated, or existing data collection and reporting strategies should be revised to support the SPAP 2024 Update.
Review input from focus groups, community forums, and surveys.	Analyze community engagement feedback data to explore potential changes to SPAP strategies and inform the SPAP Update 2024 Evaluation Plan.	Community engagement results are incorporated into the SPAP 2024 Update Evaluation Plan.
Develop new indicators, as needed, to measure change in targeted areas identified through the community engagement activities.	Revise the evaluation plan to incorporate new community data and research on effective suicide prevention evaluation.	New elements are incorporated into the SPAP 2024 Update Evaluation Plan.
Facilitate the development of indicator metrics to measure change in any strategic directions and activities.	Review and prioritize indicators and set targets for assessing the impact of SPC activities.	Baseline and target metrics for change are incorporated into the SPAP 2024 Update Evaluation Plan.
Conduct meetings and individual interviews with key SPC stakeholders and partners to review evaluation objectives.	Review data collection processes with long standing partners and identify goals and collaborative data collection and reporting efforts for newer partners.	Data collection and reporting plan and timeline for the SPAP 2024 Update Evaluation Plan are refined.

Activity	Objective	Deliverables
Present and gather feedback on proposed evaluation indicators, evaluation questions, evaluation activities at SPC subcommittee meetings.	Review evaluation plan elements with stakeholders with expertise on specific suicide prevention strategies.	Data collection and reporting plan for the SPAP 2024 Update are refined based on input provided by SPC subcommittees.
Revise the evaluation plan to update data collection results reporting and feedback gathering methods.	Ensure that the evaluation provides useful feedback on the implementation and impact of the SPAP 2024 Update.	Incorporate an updated dissemination strategy into the SPAP 2024 Update Evaluation Plan. Prepare draft SPAP 2024 Update Evaluation Plan.
Present and gather feedback on elements of the evaluation plan and drafts of the evaluation plan at SPC Assessment & Evaluation Subcommittee meetings throughout the evaluation planning process.	Review evaluation plan with the SPC Assessment & Evaluation Subcommittee members to identify areas needing refinement or improvement.	Input from the SPC Assessment & Evaluation Subcommittee is incorporated into the SPAP 2024 Update Evaluation Plan.
Review and finalize the evaluation plan incorporating stakeholder feedback where applicable.	Finalize the evaluation plan for the SPAP 2024 Update.	Develop final SPAP 2024 Update Evaluation Plan.
Facilitate information sessions as needed for SPC stakeholders and partners to review the updated evaluation plan, indicators, and methodologies.	Conduct a review of the evaluation plan with key stakeholders tasked with evaluation responsibilities. This aims to foster a shared understanding of the revised evaluation plan, encompassing its goals, processes, indicators, methodologies, and the roles and responsibilities of each stakeholder.	Information sessions conducted with SPC stakeholders and partners.



Suicide Risk and Protective Factors

As recognized by the Centers for Disease Control and Prevention (CDC) many factors contribute to suicide risk, and similarly there are many factors that protect against this risk.⁶

Risk factors are not predictors or causes of suicide. We know that suicide is rarely caused by a single circumstance or event; a range of situations or problems can increase the possibility that a person will attempt suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.

A risk factor is an aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that has been shown to be associated with an increased occurrence of death by suicide. People possessing the risk factor are understood to be at greater potential for suicidal behavior. Risk factors include both permanent and nonmodifiable characteristics such as demographics or family history, as well as those that are potentially modifiable such as a behavioral health disorder and community characteristics, including access to resources.

⁶ Risk and Protective Factors | Suicide | CDC

A protective factor is a characteristic or attribute that reduces the likelihood of attempting or completing suicide. Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They enhance resilience and help to counterbalance risk factors. Protective factors can be either personal or external-environmental.

Participants in the SPAP Update 2024 community listening forums and focus groups were asked to share their perceptions regarding the prevalence of the most recognized risk and protective factors. Focus group participants reviewed the CDC risk and protective factors and identified ones that they perceived to be more prevalent or impactful within their communities. Of all risk factors, social isolation and stigma associated with help-seeking and mental illness were perceived to be the most universally experienced across different populations and sectors. Focus group participants also identified additional risk and protective factors that are not recognized by CDC but which they see as both prevalent and significant.

The purpose of including these factors within the SPAP Update 2024 is to raise awareness among stakeholders and to ensure that they are considered when implementation and evaluation plans are being developed.

Risk Factors



Individual - These personal factors contribute to risk of suicide:

- *Previous suicide attempt*
- *History of depression and other mental illnesses*
- *Serious illness such as chronic pain*
- *Criminal/legal problems*
- *Job/financial problems or loss*
- *Impulsive or aggressive tendencies*
- *Substance use*
- *Current or prior history of adverse childhood experiences*
- *Sense of hopelessness*
- *Violence victimization and/or perpetration*



Relationship - These harmful or hurtful experiences within relationships contribute to risk of suicide:

- *Bullying*
- *Family/loved ones' history of suicide*
- *Loss of relationships*
- *High conflict or violent relationships*
- *Social isolation*



Community - These challenging issues within a person's community contribute to risk of suicide:

- *Lack of access to healthcare*
- *Suicide cluster in the community*
- *Stress of acculturation*
- *Community violence*
- *Historical trauma*
- *Discrimination*



Societal - These cultural and environmental factors within the larger society contribute to risk of suicide:

- *Stigma associated with help-seeking and mental illness*
- *Easy access to lethal means of suicide among people at risk*
- *Unsafe media portrayals of suicide*

Protective Factors



- Individual** - These personal factors protect against suicide risk:
- *Effective coping and problem-solving skills*
 - *Reasons for living for example, family, friends, pets*
 - *Strong sense of cultural identity*



- Community** - These supportive community experiences protect against suicide risk:
- *Feeling connected to school, community, and other social institutions*
 - *Availability of consistent and high quality physical and behavioral healthcare*



- Relationship** - These healthy relationship experiences protect against suicide risk:
- *Support from partners, friends, and family*
 - *Feeling connected to others*



- Societal** - These cultural and environmental factors within the larger society protect against suicide risk:
- *Reduced access to lethal means of suicide among people at risk*
 - *Cultural, religious, or moral objections to suicide*

Perceived Prevalence of Risk and Protective Factors in San Diego By Population and Sector

Each group reviewed the CDC risk or protective factors and selected those identified with a check mark as the most prevalent. They then discussed other more unique factors that are experienced within their population, and which contribute to risk or offer protection. These factors are identified with a and are in *italics*.

LatinX/Hispanic
<p>Risk Factors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Violence victimization and/or perpetration <input checked="" type="checkbox"/> Social isolation <input checked="" type="checkbox"/> Lack of access to healthcare <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Stigma associated with help-seeking and mental illness <input type="checkbox"/> <i>Expectations of success and parental pressure among youth</i> <input type="checkbox"/> <i>Lack of access to culturally competent mental health care including school-based services</i>
<p>Protective Factors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strong sense of cultural identity <input checked="" type="checkbox"/> Support from partners, friends, and family <input type="checkbox"/> <i>Connection to faith or spirituality</i> <input type="checkbox"/> <i>Strength and resilience of immigrant and newcomer populations</i>

Asian American Pacific Islander
<p>Risk Factors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Social isolation <input checked="" type="checkbox"/> Lack of access to healthcare <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Stigma associated with help-seeking and mental illness <input type="checkbox"/> <i>Expectations of success and parental pressure among youth</i> <input type="checkbox"/> <i>Lack of access to culturally competent mental health care including school-based services</i>
<p>Protective Factors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Support from partners, friends, and family <input checked="" type="checkbox"/> Cultural, religious, or moral objections to suicide <input type="checkbox"/> <i>Strength and resilience of immigrant and newcomer populations</i> <input type="checkbox"/> <i>Connection to faith or spirituality</i>

Lived Experience
Risk Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sense of hopelessness <input checked="" type="checkbox"/> Loss of relationships <input checked="" type="checkbox"/> Stigma associated with help-seeking and mental illness <input checked="" type="checkbox"/> Easy access to lethal means of suicide among people at risk <ul style="list-style-type: none"> ○ <i>Current or past military service</i> ○ <i>Experience of homelessness</i>
Protective Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Feeling connected to school, community, and other social institutions <input checked="" type="checkbox"/> Availability of consistent and high-quality physical and behavioral healthcare <ul style="list-style-type: none"> ○ <i>Understanding of policy and politics</i> ○ <i>Access to peer support networks</i>

Older Adults/Seniors
Risk Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serious illness such as chronic pain <input checked="" type="checkbox"/> Criminal/legal problems <input checked="" type="checkbox"/> Substance use <input checked="" type="checkbox"/> Loss of relationships <input checked="" type="checkbox"/> Social isolation <input checked="" type="checkbox"/> Stigma associated with help-seeking and mental illness <input checked="" type="checkbox"/> Easy access to lethal means of suicide among people at risk <ul style="list-style-type: none"> ○ <i>Current or past military service</i> ○ <i>Gun ownership</i> ○ <i>Experience of homelessness</i> ○ <i>Loss of identity, self-worth, or sense of purpose</i> ○ <i>Impact of life transitions</i> ○ <i>Immigration problems</i> ○ <i>Accessibility of Coronado Bridge</i>
Protective Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Feeling connected to others, school, community, and social institutions

K12/Higher Education
Risk Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current or prior history of adverse childhood experiences <input checked="" type="checkbox"/> Sense of hopelessness <input checked="" type="checkbox"/> Bullying <input checked="" type="checkbox"/> High conflict or violent relationships <input checked="" type="checkbox"/> Social isolation <input checked="" type="checkbox"/> Stress of acculturation <input checked="" type="checkbox"/> Stigma associated with help-seeking and mental illness <ul style="list-style-type: none"> ○ <i>Expectations of success and parental pressure among youth</i> ○ <i>Impact of life transitions</i> ○ <i>Lack of access to culturally competent mental health care including school-based services</i> ○ <i>Social media influences and heavy use among youth</i>
Protective Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Support from partners, friends, and family <input checked="" type="checkbox"/> Feeling connected to school, community, and other social institutions <ul style="list-style-type: none"> ○ <i>Connection to faith or spirituality</i> ○ <i>Access to peer support networks</i> ○ <i>Access to nature</i>



Healthcare
Risk Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serious illness such as chronic pain <input checked="" type="checkbox"/> Job/financial problems or loss <input checked="" type="checkbox"/> Substance use <input checked="" type="checkbox"/> Current or prior history of adverse childhood experiences <input checked="" type="checkbox"/> Sense of hopelessness <input checked="" type="checkbox"/> Violence victimization and/or perpetration <input checked="" type="checkbox"/> Loss of relationships <input checked="" type="checkbox"/> High conflict or violent relationships <input checked="" type="checkbox"/> Lack of access to healthcare <input checked="" type="checkbox"/> Historical trauma <input checked="" type="checkbox"/> Easy access to lethal means of suicide among people at risk <input type="checkbox"/> <i>Experience of homelessness</i> <input type="checkbox"/> <i>Loss of identity, self-worth, or sense of purpose</i> <input type="checkbox"/> <i>Immigration problems</i> <input type="checkbox"/> <i>Lack of access to basic needs</i> <input type="checkbox"/> <i>Impact of transportation challenges on access to services and connection to supports</i> <input type="checkbox"/> <i>Impact of language barriers on access to mental health care services</i> <input type="checkbox"/> <i>Growing access to fentanyl</i>
Protective Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Support from partners, friends, and family <input checked="" type="checkbox"/> Feeling connected to school, community, and other social institutions <input type="checkbox"/> <i>Reasons for living for example, family, friends, pets, etc.</i> <input type="checkbox"/> <i>Strong sense of cultural identity</i> <input type="checkbox"/> <i>Reduced access to lethal means of suicide among people at risk</i> <input type="checkbox"/> <i>Connection to faith or spirituality</i> <input type="checkbox"/> <i>Access to technology for connections</i> <input type="checkbox"/> <i>Resources such as insurance</i> <input type="checkbox"/> <i>Supportive employers who offer flexibility to address mental health needs</i> <input type="checkbox"/> <i>Collective commitment of stakeholders to focus on behavioral health</i>

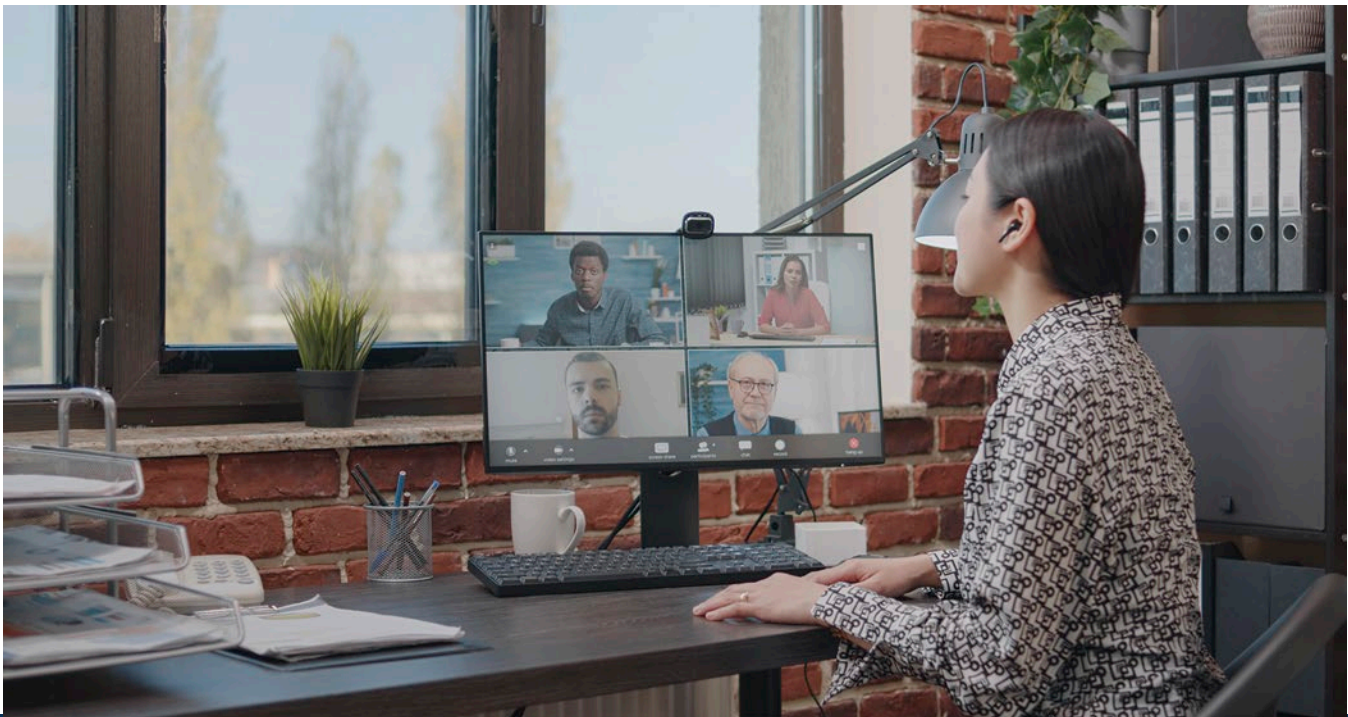
Other Priority Populations (LGBTQ+, Youth/Transition Age Youth, Military/Veterans)
Risk Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Social isolation <input type="checkbox"/> <i>Expectations of success and parental pressure among youth</i> <input type="checkbox"/> <i>Loss of identity, self-worth, or sense of purpose</i> <input type="checkbox"/> <i>Lack of access to basic needs</i> <input type="checkbox"/> <i>Impact of transportation challenges on access to services and connection to supports</i>
Protective Factors
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Effective coping and problem-solving skills <input type="checkbox"/> <i>Tolerant and open-minded community norms</i> <input type="checkbox"/> <i>Community centers and self-help organizations</i> <input type="checkbox"/> <i>Military/veteran culture and connections</i> <input type="checkbox"/> <i>Supportive chosen family for LGBTQ students</i> <input type="checkbox"/> <i>Access to nature</i> <input type="checkbox"/> <i>Access to gender affirming healthcare and mental healthcare</i>



Impact of COVID-19 on Risk and Protective Factors

Focus group participants discussed the impact of COVID-19 on suicide risk and protective factors within their respective populations. As the table below indicates, while there was acknowledgement that COVID-19 provided some benefits the consensus is that overall, the pandemic led to new or increased risk factors.

Risk Factors	Protective Factors
<ul style="list-style-type: none"> ▶ Greater Isolation from sources of support ▶ Financial problems and loss of employment ▶ Sense of hopelessness and feelings of uncertainty ▶ Worsened family conflicts due to increased proximity ▶ Grief because of loss of a loved one to COVID ▶ Experienced of racism against the AAPI community ▶ Widened political divide ▶ Feeling of paranoia and belief in conspiracy 	<ul style="list-style-type: none"> ▶ Quality time with family ▶ Greater understanding of need to promote equity ▶ Access to alternative (i.e., online) health and healing resources ▶ Greater understanding of stressors that could lead to mental health issues.



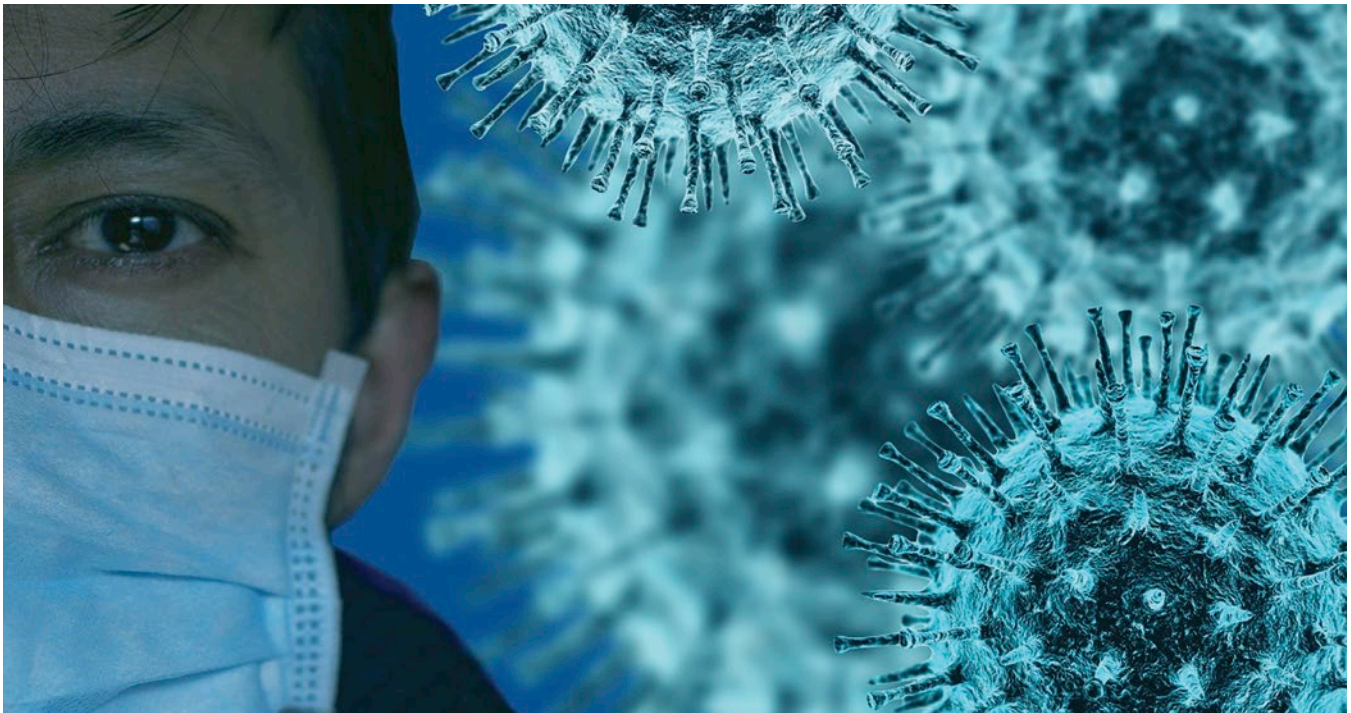
Sources

[Risk and Protective Factors | Suicide | CDC](#)

[Risk factors, protective factors, and warning signs | AFSP](#)

[Risk Factors Associated with Suicide - Suicide Prevention Center NY \(preventsuicideny.org\)](#)

[Suicide Prevention Program | Western Michigan University \(wmich.edu\)](#)



Impact of COVID-19 on Suicides

There is no doubt that the COVID-19 pandemic and the resulting public health measures affected economic, psychosocial, and health-related risk factors for suicidal ideation. Whether this risk resulted in an increased prevalence of suicide ideation, attempts or deaths by suicide is less conclusive.⁷

According to data from the CDC there was a minor decline in suicides in the United States in 2020, however, the rate increased by 4 percent from 2020 to 2021, after two consecutive years of decline.⁸ The largest increase in the rate of suicide occurred among males ages 15-24 – an 8% increase. Locally, the suicide rate continued to trend downwards from a rate of 12.1 in 2019, to 11.7, 10.8 and 10.9 respectively in 2020, 2021 and 2022.

Focus group participants discussed the impact of COVID-19 on suicide risk and protective factors within their respective populations. As the table below indicates, while there was the acknowledgment that COVID-19 provided some benefits the consensus is that overall, the pandemic led to new or increased risk factors.

⁷ Yan Y, Hou J, Li Q, Yu NX. Suicide before and during the COVID-19 Pandemic: A Systematic Review with Meta-Analysis. *Int J Environ Res Public Health*. 2023 Feb 14;20(4):3346. doi: 10.3390/ijerph20043346. PMID: 36834037; PMCID: PMC9960664.

⁸ [Suicide Increases in 2021 After Two Years of Decline \(cdc.gov\)](#)
[Vital Statistics Rapid Release, Number 024 \(September 2022\) \(cdc.gov\)](#)

The following COVID-19 impacts were shared by community members during focus groups and forums:

Employment related and financial pressures – Loss of income due to reduced hours or layoffs was experienced by many individuals and families and was the cause of stress. Connections were made between this economic impact and the increased risk for homelessness. Participants in the LatinX/Hispanic group discussed how their community was especially impacted either through loss of jobs in the hospitality industry, retail, or transportation, or who had greater exposure to COVID-19 through status as frontline healthcare or grocery store.

Loss of in-person connections – Lockdowns meant that people were isolated from friends and family and had less access to sources of social support through faith organizations, clubs etc. While this was identified as impacting all populations, it was felt that the elderly, youth, and young adults were especially impacted.

Growth in the use of Technology for Communications and Telehealth – This impact was presented as both a challenge and an opportunity. Multiple access issues were identified including insufficient technology (poor Wi-Fi, adults not having a computer or technological literacy) lack of comfort, trust, or skill in using mediums such as Zoom, and concerns around privacy. Many groups also pointed out that there were benefits to this impact such as people having new options for accessing supportive services, connecting to family, and organizations building capacity for telehealth.

Emotional burden of COVID-19 – The COVID-19 pandemic placed a significant and prolonged emotional toll on many people: fear and anxiety caused by risk of contracting COVID-19; frustration and confusion relating to public health orders; grief and loss from losing loved ones to COVID. The impact of COVID-19 on frontline or essential workers as causing fatigue and burnout was discussed by members of both the Priority Population and LatinX/Hispanic groups.

Developmental disruptions – The idea that COVID-19 was especially difficult for children and youth was shared by all groups. Missing out on milestone events or healthy recreation, isolation from school friends, strained relationships between youth and parents, loss of in-school learning for both K-12 and college students, increase in bullying, and use of substances to regulate moods.

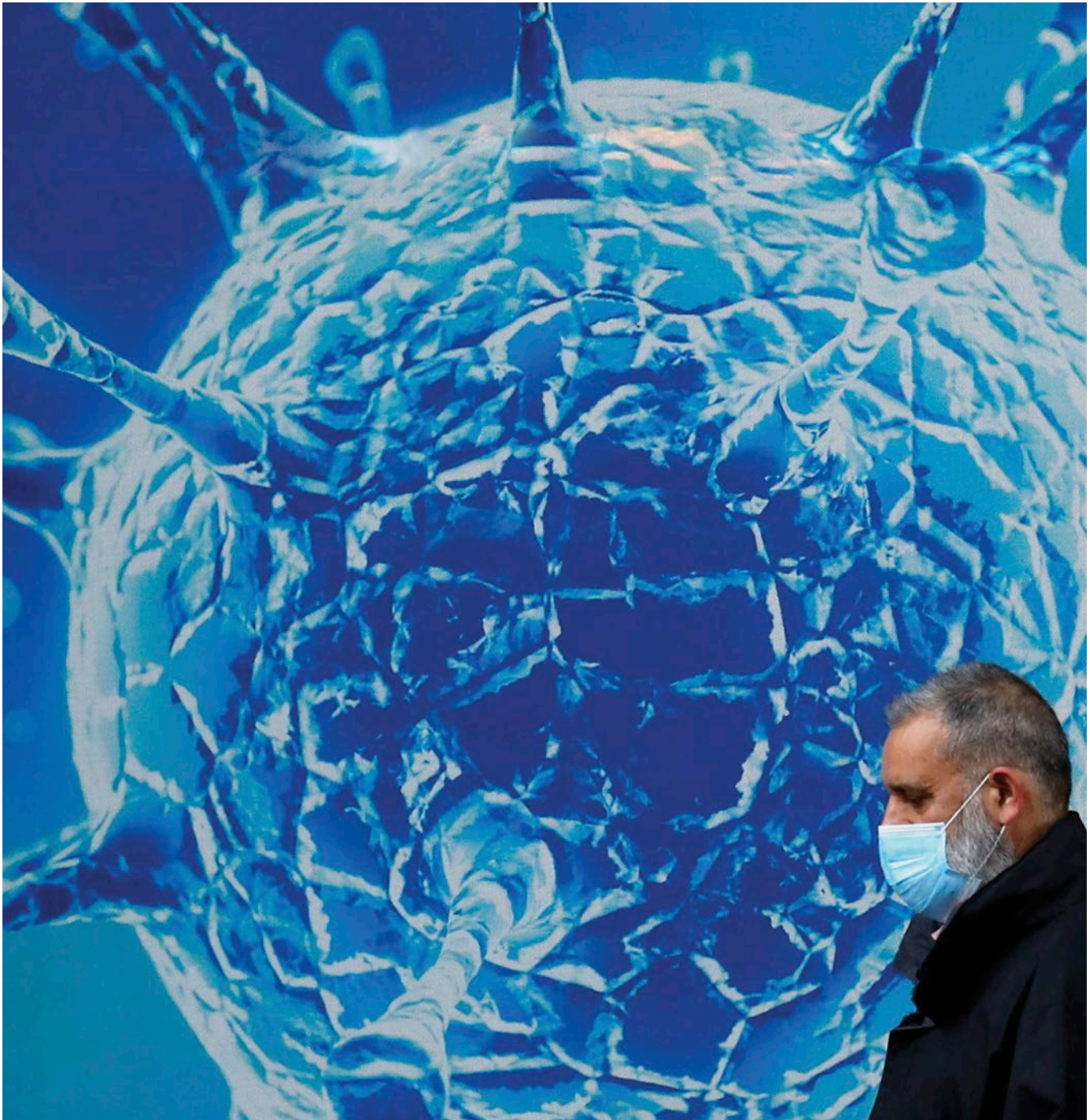
Family relationships – The impact of COVID-19 on family life varied and included: increased risk for relationship violence, difficulties among youth from the LGBTQ community, heightened family tensions due to being home together often in crowded conditions, and lack of ability to travel to see family or celebrate events. Some groups acknowledged that some families benefitted from having more time together, but overall COVID-19 was seen as having a net negative impact on family life.

Awareness of mental health – Members of some groups believe COVID-19 helped to raise awareness of the importance of mental health, prompted help-seeking and self-care behaviors, and reduced the stigma of accessing mental health services.

Political environment – The political and social context in which the COVID-19 Pandemic occurred was also presented as a contributor to fractured relationships between families, members of different racial backgrounds, vax versus anti-vax camps, and political persuasions. Participants in the Asian/Pacific Islander group shared a concern that COVID-19 led to increased racism including anti-Asian hate crimes and that this has had a lasting impact on the community.

Community Resilience – An overarching message among focus group participants was that even though COVID-19 exacerbated pre-existing inequities and systemic weaknesses, there were also opportunities to come together and collaborate towards solutions.

The cumulation of impacts or chain reaction was also noted. An example was provided of an individual who was laid off due to COVID-19. This resulted in multiple problems: less income; housing insecurity; loss of purpose and routine; relationship stressors; and reduced access to colleagues who were a source of support. This information is key to developing future activities around our updated strategies and will help address some of the COVID-19 impacts while also making use of some of its benefits.





Strategy Definitions

Strategy Definitions

Results By Strategy	Definition
 <p>1. Integrate & Coordinate Activities</p>	<p>Integrate and coordinate suicide prevention programs and policies across a broad range of organizations and programs, and in multiple sectors and settings at state, tribal, and local levels</p>
 <p>2. Media & Communication Campaigns</p>	<p>Implement research-informed communication methods designed to prevent suicide by changing knowledge, attitudes, and behaviors. Promote the safety of online content related to suicide, and responsible media reporting and accurate portrayals of suicide and mental health illnesses</p>
 <p>3. Outreach for Coping & Connectedness</p>	<p>Promote effective programs and practices that prevent suicidal behaviors and support wellness and recovery by increasing social engagement, imparting knowledge of risk and protective factors, and teaching coping and problem-solving skills</p>
 <p>4. Community Programming</p>	<p>Develop, implement, and monitor community-based programs and education that promote wellness and prevent suicide and related behaviors at a community level</p>
 <p>5. Means Reduction</p>	<p>Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk</p>
 <p>6. Frontline & Gatekeeper Training</p>	<p>Provide training to community groups on the prevention of suicide, and to clinical services providers on the recognition, assessment, and management of at-risk behaviors</p>
 <p>7. Healthcare Coordination & Capacity</p>	<p>Promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention and care, and to create continuity across the spectrum of emergency, inpatient, primary care, and mental health and substance abuse services</p>
 <p>8. Clinical Assessment & Treatment</p>	<p>Promote and implement professional practices for assessing and treating those identified as being at risk for suicidal behaviors</p>
 <p>9. Postvention Services</p>	<p>Provide postvention services to lessen harm, prevent future risk, and to care for and support those affected by suicide deaths and attempts</p>



SPAP Update 2024 Strategies Overview



Integrate & Coordinate Activities

This strategy was discussed at length within all the priority population focus groups as well as within the Higher Education, K-12 Collaborative and SPC Members focus groups. The following strategic directions and suggested actions are the result of these discussions.

1a. Engage in cross-sector partnerships that build understanding and capacity to address intersecting risks and root causes of suicide in San Diego County.

Suggested actions for SPAP 2024 Update:

- Encourage greater collaboration between substance abuse and mental health in support of suicide prevention and to address systemic challenges such as siloed funding and reimbursement models.
- Partner with entities such as County of San Diego Substance Use and Overdose Prevention Taskforce (SUOPT), Binge and Underage Drinking Initiative (BUDI), and Cannabis Public Health Initiative to develop means reduction strategy relating to use of substances.
- Establish a Health Care Coordination subcommittee within SPC to engage providers from different sectors and systems in advancing this strategy and improving access to care.
- Work with the Medical Examiner to discuss the complexities and intersection of death by overdose and suicide and how cause of death can be more accurately recorded.
- Recruit youth and young adults from different sectors to participate on the Suicide Prevention Council and coordinate suicide prevention efforts with other youth council/ leadership groups that are already established.
- Work with local community colleges to explore the possibility of adding suicide prevention curricula to selected courses.
- Identify and engage partners who understand border region dynamics and challenges.
- Establish connections with organizations and coalitions focused on building economic resilience and addressing social determinants of health such as housing, employment, and income disparities.

1b. Facilitate challenging conversations that look at risk factors and root causes within underserved and priority populations.

Suggested actions for SPAP 2024 Update:

- Collaborate with the Board of Directors for the tribal communities within San Diego County to develop and facilitate trainings for community members focused on addressing risks and building resilience
- Collaborate with organizations working with LGBTQ+ populations, including the Transgender Law Center, to assess and address the elevated risk for suicide among members of the transgender community because of the current political climate
- Complete an assessment of the unique risk factors and systemic barriers to wellness faced by individuals who are incarcerated or re-entering community

- Thread the work of SPC into efforts to advance health equity within County systems through engagement of members or staff on different councils or convenings such as i.e. African American Community Clinical Council
- Look at the work of SPC through a diversity, equity and inclusion lens
- Explore ways to make prevention and early intervention services more accessible to people who have a disability
- Identify and address the broader systemic issues that reduce access or compromise the quality of mental health treatment

1c. Lead and participate in policy and system change efforts that advance health equity.

Suggested actions for SPAP 2024 Update:

- Review data on health access and outcomes as well as data on prevalence of adverse childhood experiences and trauma among priority populations to highlight disparities that increase risk for suicide
- Collaborate with San Diego County Office of Education (SDCOE) on Creating Opportunities in Preventing and Eliminating Suicide (COPES) grant to educate all grade levels on suicide prevention
- Expand efforts to share and utilize data to inform suicide prevention planning and activities
- Review and share studies on the relationship between household financial security and stable housing and suicide
- Advocate for better conditions and compensation for mental health providers including peer-based non-clinical staff working with underserved populations

Accomplishments that can be built upon:

- ☑ Development of and regular meetings of SPC Priority Populations and Communities Subcommittee
- ☑ Focus groups held for 10 priority populations
- ☑ Developing 13 resource guides for priority populations, pending finalization.
- ☑ Participation in Physical & Emotional Health (PEH) Action Group - San Diego Veterans Coalition and Family Life Action Group (FLAG) - San Diego Veterans Coalition (SDVC).
- ☑ Developed action plan for Refugee Community with San Diego Refugee Communities Coalition (SDRCC)
- ☑ In partnership with SDCOE, develop an annual suicide prevention resource guide for the school community
- ☑ Collaborated with BHS Community Engagement to collect and disseminate information



Media & Communication Campaigns

This strategy was discussed at length within all the priority population focus groups as well as within the Assessment & Evaluation Subcommittee and Faith Organization Outreach Subcommittee focus groups. The following strategic directions and suggested actions are the result of these discussions.

2a. Elevate San Diego's stigma reduction and suicide prevention campaigns to represent and reach historically marginalized and underserved populations.

Suggested actions for SPAP 2024 Update:

- Create waiting room videos/brochures/content for healthcare facilities serving marginalized and underserved populations
- Initiate a media campaign to recruit more trainers for QPR and SPC trainings targeting those who serve/represent priority populations
- Add a page on the SPC website that includes links to culturally relevant suicide prevention resources for different priority populations
- Develop culturally focused stigma reduction campaign materials focused on priority populations, for example, translate It's Up to US Campaign materials into Somali and Amharic (currently only available in English, Spanish, Farsi, Arabic, Tagalog and Vietnamese)

2b. Actively engage with and educate different and multiple media partners.

Suggested actions for SPAP 2024 Update:

- Coordinate and create partnerships with sports stations to educate coaches to better help youth and young adults
- Create a "Meet the Media" Day to review terms and correct language and include info on resources such as access and crisis lines
- Inform media about avoiding images of bridges and guns
- Create a campaign that is focused on anecdotal stories from suicide attempt survivors that are culturally relevant and have diverse representation

2c. Provide a centralized point of contact for the ongoing development and dissemination of information and resources relating to suicide prevention.

Suggested actions for SPAP 2024 Update:

- Coordinate with media outlets to create opportunities outside of the annual press conference and annual SPC Report to the Community to promote SPC's suicide prevention activities
- Support campaigns that aim to create protective barriers at hot spot locations to prevent suicides at bridges & overpasses
- Evaluate the current approach to promoting awareness of existing suicide prevention and mental health services to identify opportunities for improvement such as making resources more user friendly, culturally affirming and accessible to individuals with limited English or functional literacy skills

- Develop online resources, use social media for awareness campaigns, and explore the use of digital tools or platforms to support mental health and recovery for those that have attempted suicide.

Accomplishments that can be built upon:

- ☑ SPC Report to the Community promoted the Access function of the Access and Crisis Line (ACL) and focused on News You Can Use
- ☑ Completed Public Information Officer workshops for the general community, K-12 school staff, higher education, and First Responders
- ☑ Completed media 1:1 meetings and campaigns with Local Media San Diego (radio station 90.3) and Univision San Diego
- ☑ Updated informational page, subcommittee lists, members list, and accomplishments pages in SPC fliers
- ☑ Completed press conferences re: Schools K-12. Means Reduction, Postvention, Healthcare Coordination and Capacity, and Clinical Assessment and Treatment
- ☑ Completed SPC Suicide Prevention Resource Guide for K-12 schools
- ☑ Partnered with Univision to do specifically targeted media pieces for LatinX/Hispanic community that included radio interview, social media posts and promotional videos



Outreach for Coping & Connectedness

This strategy was discussed at length within all the priority population focus groups as well as within the Assessment & Evaluation Subcommittee and Faith Organization Outreach Subcommittee focus groups. The following strategic directions and suggested actions are the result of these discussions.

3a. Provide access to opportunities for people to learn socio-emotional skills and which promote self-care and wellness.

Suggested actions for SPAP 2024 Update:

- Provide self-care and wellness resources at sober livings events
- Create community resource guides or handouts that can be distributed in health care settings and senior centers
- Expand socio-emotional learning programs that are aimed at youth to include information on the impact of trauma and coping mechanisms
- Promote training on the impact of vicarious trauma and importance of self-care for frontline workers

3b. Develop peer support networks within different systems and workforces to reach and relate to priority populations.

Suggested actions for SPAP 2024 Update:

- Continue support for peer advocacy groups
- Expand SPC work to include a focus on occupational groups that are at increased risk for suicide such as professional athletes, veterinarians, financial and tech workers
- Support cultural exchange events to foster unity and greater cross-cultural understanding
- Develop peer support or advocacy groups within existing organizations and agencies that support seniors/older adults
- Utilize individuals with lived experience to provide volunteer support at psychiatric hospitals
- Support peer connection services and programming for individuals with lived experience of suicide

3c. Support the delivery of a wide array of activities that build community, prevent and reduce loneliness and isolation, and create safe inclusive environments.

Suggested actions for SPAP 2024 Update:

- Support outreach activities for veterans at the Veterans of Foreign War locations
- Present information about postvention services at high schools and colleges
- Raise awareness of the significance of transportation as a barrier to connection especially for seniors, youth and people living in rural communities and generate a list of potential solutions

- Support community events that celebrate culture and heritage, foster unity and advocate against discrimination
- Incorporate a generational lens as well as cultural when developing outreach materials
- Develop programming and resources that addresses social isolation and supports suicide attempt survivors

Accomplishments that can be built upon:

- Continue to offer trainings to diverse community members and increased accessibility with introduction of virtual trainings
- San Diego County Office of Education (SDCOE) provided countywide trainings and developed “Transforming Mental Health Initiative” webinar series
- SDCOE facilitated annual Mind Out Loud mental health conferences for students
- San Diego LGBT Community Center facilitated 50 peer support groups
- Recovery International provided online and phone support meetings
- Courage to Call manages the Peer 2 Peer line, Military Veteran Spouse Resilience Group, and Veterans Treatment Court Mentor Program
- Jewish Family Service of San Diego (JFS) Breaking Down Barriers shares relevant resources during their presentations
- SPC Priority Populations resource guides include peer-based support information



Community Programming Strategy

This strategy was discussed at length within all the priority population focus groups as well as within the Higher Education Subcommittee, K-12 Collaborative, and Faith Organization Outreach Subcommittee focus groups. The following strategic directions and suggested actions are the result of these discussions.

4a. Advance behavioral health education, early intervention, and prevention activities through expanded efforts and partnerships with faith-based organizations and other community sectors. It is reflected appropriately in the At-A-Glance section early on in the report, but not mirrored here.

Suggested actions for SPAP 2024 Update:

- Conduct outreach to further engage places of worship and contemplation in suicide prevention and mental health stigma reduction efforts
- Support the expansion of the NAMI On Campus model to youth ministries
- Invite and include pastors, rabbis, faith leaders to the SPC Faith Subcommittee meetings

4b. Deliver school and community-based services to children, adolescents and young adults that support positive youth development and address adverse childhood experiences.

Suggested actions for SPAP 2024 Update:

- Enhance positive social-emotional development of children and youth through use of social and emotional learning (SEL) curricula that is grounded in prevention science (i.e., uses research-based methodologies)
- Create stronger, more robust connections between K-12 schools, students of color, and colleges and universities, and especially with Historically Black Colleges and Universities (HBCU) and Hispanic-Serving Institutions (HIS)
- Expand access to training for teachers, parents, and staff on signs of suicide in students
- Develop strategies that utilize social media, Tik Tok and Artificial Intelligence platforms to promote help seeking behaviors, access to resources and reduce stigma as well as counter the negative impact and use of social media (i.e., online bullying)

4c. Improve and expand access to health and wellness services that address inequities across social determinants of health within priority and underserved populations.

Suggested actions for SPAP 2024 Update:

- Develop culturally relevant crisis intervention services
- Create co-occurring mental health and substance use suicide prevention programming
- Develop support for people who have attempted suicide and their families
- Support greater integration and use of resources and services available through the Substance Abuse and Mental Health Services Administration (SAMHSA)

- Develop connections with ethnic community-based organizations (ECBOs) to reduce stigma of mental health among families that are refugees/new arrival/humanitarian parolees
- Provide trainings periodically on Postvention 101 to educate the public across diverse groups
- Support programs that improve household financial security during periods of economic stress

Accomplishments that can be built upon:

- ☑ San Diego County Office of Education (SDCOE) Mental Health in Schools Collaborative has facilitated discussions about mental health and social-emotional learning with a trauma lens.
- ☑ SDCOE has developed a suicide risk assessment and school re-entry checklist.
- ☑ LGBTQIA County Collaborative has developed virtual training that includes best practices to support LGBTQIA students to teachers, admin, and school social workers.
- ☑ This is now continuous dissemination of best practices, trainings, events, and resources on relevant mental health and suicide prevention topics.



Means Reduction

This strategy was discussed at length within all the priority population focus groups as well as within the Means Reduction Subcommittee and the Assessment & Evaluation Subcommittee focus groups. The following strategic directions and suggested actions are the result of these discussions.

5a. Engage with key stakeholders to implement strategies and campaigns focused on limiting access to specific means of suicide and/or to reaching identified priority populations.

Suggested actions for SPAP 2024 Update:

- Create a protocol on how to work with families regarding gun control following a death by suicide using a firearm
- Collaborate with organizations such as San Diegans 4 Gun Violence Prevention
- Create an event with tribal communities for safe medication disposal and awareness
- Lead discourse on gun control in relation to suicide prevention
- Engage gun retail outlets as partners in suicide means reduction effort
- Provide 'Prevent Firearm Deaths' brochure to law enforcement to hand out
- Produce material relating to gun safety and other means reduction strategies in other languages
- Provide diverse language interpretation at community events/trainings that are focused on means reduction
- Conduct research on suicide by hanging and develop appropriate educational collateral
- Partner with entities such as San Diego Substance Use and Overdose Prevention Taskforce (SUOPT), and San Diego County Binge and Underage Drinking Initiative (BUDI) to develop means reduction strategy relating to use of substances

5b. Use data on patterns and trends in suicide means to inform programming and advocacy activities.

Suggested actions for SPAP 2024 Update:

- Track and provide information to SPC members on legislative or public policy efforts relating to Means Reduction such as Safe Prescription Protocol, Take Back days, Medication Assisted Treatment Program, gun safety, bridge barrier, etc.
- Continue to gather San Diego County suicide data based on means and use it to help inform advocacy and implementation efforts for means reduction efforts for suicide prevention
- Create and release a data dashboard or report to the community that covers general suicide prevention trends over time ensure these are publicized and accessible to the community

5c. Educate community members and professionals representing different sectors and priority populations on the range of strategies that can contribute to reducing access and ease of use to substances and objects that can be used for self-harm.

Suggested actions for SPAP 2024 Update:

- Connect means reduction experts with priority populations, collaborate and share information
- Develop means reduction materials in different languages including Spanish
- Train peers and frontline workers in means reduction strategies and efforts
- Discuss the benefits and risks of using a 5150 psychiatric hold (section of the Welfare and Institutions Code, which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization) as opposed to voluntary detention Use of a 5150 psychiatric hold activates a 5-year ban on gun ownership
- Train community organizations working with the senior/older adult population on suicide means
- Develop a protocol to reassess ownership of firearms with aging/cognitive decline
- Distribute gun locks during SPC events and QPR trainings when possible
- Explore the potential to implement a Counseling on Access to Lethal Means (CALM) Program or Emergency Department Counseling on Access to Lethal Means (ED CALM) Program

Accomplishments that can be built upon:

- ☑ Development of “Stop Firearms Suicide San Diego” webpage on It’s Up to Us
- ☑ Development of It’s Up to Us campaigns on substance use
- ☑ Development of SPC Means Reduction Firearms Presentation
- ☑ Peer support networks for priority populations were established and training/support was provided
- ☑ Coronado Bridge Deterrent Efforts (e.g., Feasibility Study Completed by Caltrans; \$41M in protective barrier design funds awarded to Caltrans, etc.)



Frontline and Gatekeeper Training

This strategy was discussed at length within all the priority population focus groups as well as within the Means Reduction Subcommittee and the Assessment & Evaluation Subcommittee focus groups. The following strategic directions and suggested actions are the result of these discussions.

6a. Expand access to Question, Persuade, Refer (QPR) and Mental Health First Aid (MHFA) to bolster and diversify the pool of community gatekeepers.

Suggested actions for SPAP 2024 Update:

- Provide training opportunities to non-traditional providers within higher education (e.g., facility and maintenance, resident advisors, faculty, and professional staff)
- Develop a QPR suicide prevention training one-page handout for youth to take home to families
- Ensure trusted messengers and members of priority populations are teaching QPR suicide prevention training in their communities
- Develop a one-page handout for MHFA training to support youth struggling with depression, bipolar, etc.
- Seek to add QPR component to Responsible Beverage Sales & Service in partnership with Alcohol Beverage Control (abc.ca.gov)

6b. Identify gaps in frontline and gatekeeper suicide prevention training, identify strategies to address those gaps and meet the needs of different audiences

Suggested actions for SPAP 2024 Update:

- Conduct an assessment to identify gaps in suicide prevention training programs within the region
- Include language within suicide prevention gatekeeper trainings that are culturally affirming for different populations in relation to mental health
- Incorporate useful information regarding substance use as it relates to suicide prevention in the gatekeeper trainings

6c. Create suicide prevention trainings that continue to enhance local suicide prevention efforts and are culturally and linguistically accessible to the community.

- Conduct research to identify additional suicide prevention and training curricula that could be provided to frontline professionals and/or community members
- Develop comprehensive suicide prevention training aimed at frontline and peer-based staff within community health or social service settings
- Research suicide prevention training best practices in preparation for any training development

Accomplishments that can be built upon:

- ☑ Over the past five years a total of 888 frontline and gatekeeper training sessions (QPR Suicide Prevention Training, Applied Suicide Intervention Skills Training (ASIST), Gay Lesbian Straight Education Network (GLSEN) trainings, Pharmacist Suicide Prevention and First Responder Suicide Prevention trainings) were delivered reaching more than 18,800 people
- ☑ A total of 65 new trainers were recruited and trained from a variety of new populations including those with lived experience
- ☑ New training materials and resources were created



Healthcare Coordination & Capacity

This strategy was discussed at length within all the priority population focus groups as well as within the SPC General Membership and the Healthcare and Mental Healthcare focus groups. The following strategic directions and suggested actions are the result of these discussions.

7a. Create opportunities for representatives from different healthcare sectors and systems to convene around the challenge of care coordination for patients who are at risk for or who have attempted suicide.

Suggested actions for SPAP 2024 Update:

- Host additional medical roundtables that bring providers from different sectors together to address system, policy and environmental barriers to care coordination and access for those that have shared suicide ideation and/or attempted suicide
- Provide guidance on who to attend SPC meetings to attract a diverse group of healthcare/mental healthcare field from all sectors
- Coordinate efforts to increase workforce diversity in healthcare/mental health settings
- Collaborate with other agencies and organizations to create better integration between agencies for automatic follow-up from one agency to the next
- Establish a Health Care Coordination subcommittee within SPC to engage providers from different sectors and systems in advancing this strategy and improving access to care

7b. Implement programs or services that increase the integration of care between providers.

Suggested actions for SPAP 2024 Update:

- Develop protocols with hospitals to ensure they are equipped with personalized resources for those being discharged from mental health crisis
- Develop patient advocacy services within healthcare settings
- Promote telehealth as an alternative to in-person mental health treatment or peer support
- Provide more after-hours mental health support and services, both clinical and self-help
- Provide patient navigators for care coordination during transitions
- Reach out to Mobile Crisis Response Team to build capacity to assess and respond to suicidality
- Promote the development of the specialized level of emergency intervention for mental health crises, and specifically for alternatives to police involvement

7c. Coordinate professional development opportunities focused on understanding the care coordination needs of priority populations.

Suggested actions for SPAP 2024 Update:

- Create trainings on affirming care as it relates to different priority populations (e.g., using pronouns, gender affirming language)
- Create awareness around multiple generational care and extending family care - being more inclusive of families of all types and compositions

Accomplishments that can be built upon:

- Development of Report to the Community 2021 with a focus on Healthcare Coordination & Capacity



Clinical Assessment and Treatment

This strategy was discussed at length within all the priority population focus groups as well as within the SPC General Membership and the Healthcare and Mental Healthcare focus groups. The following strategic directions and suggested actions are the result of these discussions.

8a. Build capacity to conduct assessment and screening for suicide, using evidence-based tools and practices, in different clinical settings.

Suggested actions for SPAP 2024 Update:

- Support suicide screening efforts for youth in clinical settings
- Research information on available trainings on assessment and evaluation and share with SPC members
- Continue to promote use of Columbia Suicide Severity Rating Scale (C-SSRS) as a universal risk assessment and provide trainings to healthcare and mental healthcare professionals
- Identify and promote use of age-appropriate suicide and/or behavioral health risk assessment in school settings, including elementary school settings
- Promote expanded use of mental health assessments for children

8b. Expand access to clinical treatment approaches that are culturally affirming and trauma informed.

Suggested actions for SPAP 2024 Update:

- Promote engagement of clinical care coaches or wellness coaches from diverse cultures within clinical settings
- Incorporate cultural healing approaches into clinical treatment
- Enhance cultural humility for those working with the Native American community
- Identify different barriers to accessing clinical treatment based upon past experiences, culture, fears and lack of health literacy - for example fear of being admitted or put on a 5150 psychiatric hold
- Identify the broader systemic issues that reduce access or compromise the quality of mental health treatment

8c. Support sharing of best practices of clinical assessment and treatments for suicide prevention in clinical settings.

- Coordinate communities of practice meetings that bring together partner organizations to share and learn from each other

Accomplishments that can be built upon:

- ✓ Development of 13 resource guides for priority communities, pending finalization
- ✓ County of San Diego launched Mobile Crisis Response Teams in December 2021 to provide mental health emergency care



Postvention Strategy

This strategy was discussed at length within all the priority population focus groups as well as within the Postvention Subcommittee focus group. The following strategic directions and suggested actions are the result of these discussions.

9a. Continue to raise awareness of the value and availability of postvention services.

Suggested actions for SPAP 2024 Update:

- Update the SPC website to include a page for Postvention Services
- Develop comprehensive training on postvention for providers
- Share Postvention informational webinar(s) as a free training resource
- Create materials that emphasize that postvention is prevention wrapped with care for survivors
- Collaborate in the development of postvention protocols within different systems/sectors
- Create messaging emphasizing that postvention must include information on care for family members

9b. Expand community and peer-based postvention services to meet the needs of diverse populations.

Suggested actions for SPAP 2024 Update:

- Have postvention services available in other languages
- Expand the strategy of sending care cards to families who have suffered a loss by suicide

9c. Enhance the delivery of clinical postvention services for survivors of suicide loss.

Suggested actions for SPAP 2024 Update:

- Coordinate with the County's clinical case review team to gain insights and review findings
- Leverage and reactivate the retired teacher and counselor population to cultivate multi-generational relationships with families
- Utilize Mindwise Innovations training on postvention services
- Create postvention services for college students who have been impacted by suicide ideation and hospitalization - create safe spaces
- Encourage the use of NAMI's OSCAR app and OSCER jr. app to help individuals navigate psychiatric crisis situations
- Coordinate with school counselors and staff that can help with the sharing of resources and support to schools during school hours with support as needed during summers and school breaks

Accomplishments that can be built upon:

- Postvention subcommittee was established
- Postvention materials created for individuals and organizations
- National Postvention Guidelines were reviewed and assessed for local application
- Status of postvention services in San Diego County was assessed



Call for Action

San Diego County's Suicide Prevention Council (SPC) calls upon all individuals and organizations to be vigilant, persistent, and actively engaged in preventing suicide. The creation of this Suicide Prevention Action Plan 2024 Update continues our journey and serves as a guide to inform and mobilize our collective efforts moving forward.

Next Steps

The SPAP Update 2024 will be translated into at least five threshold languages and disseminated widely to ensure access to as many community members as possible. We will engage priority populations and community stakeholders across different systems and sectors to co-create implementation and evaluation plans for the nine SPAP strategies for the next four years. Activities will be coordinated, monitored, and evaluated for impact. Results will be shared and used to inform service improvements and system change.

Opportunities for Engagement



- Join the Suicide Prevention Council email distribution list. For further details go to <http://www.sdchip.org> or contact spcsandiego@sdchip.org
- Partner with the Suicide Prevention Council and other members for support and resources
- Become a Suicide Prevention Council member and attend one or more subcommittee meetings
- Attend the Suicide Prevention Council or member events
- Participate in future SPAP Update 2024 implementation planning sessions
- Host or attend suicide prevention trainings such as QPR, ASIST, FIRST Responders, GLSEN, Mental Health First Aid
- Volunteer with the Suicide Prevention Council and/or the Suicide Prevention Council members
- Donate to the Suicide Prevention Council and/or the Suicide Prevention Council members
- Help make San Diego stigma free – learn more about It's Up to Us media campaign www.up2sd.org
- Participate in future SPAP Update 2024 implementation and/or evaluation planning sessions



For further details go to <http://www.sdchip.org> or contact 858.609.7976



Acknowledgements

The County of San Diego Health and Human Services Agency (HHSA) and Community Health Improvement Partners (CHIP) would like to thank Nash & Associates and University of California San Diego Health Services Research Center (HSRC) for their work on the development of the San Diego County SPAP Update 2024. In addition, we would like to thank the many individuals and organizations that have participated in the San Diego County Suicide Prevention Council (SPC) and its subcommittees over the years. Multiple partners have ensured that the plan is informed and accomplished by those who are working in support of suicide prevention and mental health including representatives of priority population communities and people with personal lived experience on the topic.

Thank You to the following organizations that have been active in the SPC over the years as subcommittee leads that assisted in the outreach and participation of key community engagement efforts to inform the SPAP Update 2024:

1. Access to Independence
2. All People's Church
3. Alzheimer's Association
4. Alvarado Parkway Institute Behavioral Health System
5. American Foundation for Suicide Prevention
6. Bayside Community College
7. Be SMART for Kids
8. California Department of Rehabilitation
9. Chula Vista Elementary School District
10. Community Research Foundation
11. Corporation for Supportive Housing
12. County of San Diego—Behavioral Health Services
13. Embark Behavioral Health
14. Harmonium Inc.
15. Home Start
16. Indian Health Council
17. Institute for Effective Education, The
18. Jewish Family Services
19. Karen Organization of San Diego
20. Learning Choice Academy
21. LGBT Community Center, The San Diego
22. Mental Health America
23. Mesa Vista, Sharp
24. Mira Costa Community College
25. Molina Healthcare
26. NAMI San Diego
27. Neighborhood House Association
28. New Alternatives
29. Newport Healthcare
30. Nile Sisters
31. North County Lifeline
32. North Park Apostolic Church
33. Office of Education, San Diego County
34. Optum
35. Palomar Community College
36. Pathways
37. Poway Unified School District
38. Prime Healthcare
39. Promises 2 Kids
40. Psycharmor
41. Rady Children's Hospital
42. Recovery International
43. Refugee Communities Coalition, San Diego
44. Regional Center, San Diego
45. Rescue Agency
46. San Diego Asian Pacific Islander Coalition
47. San Diego City College
48. San Diego Community College District
49. San Diego Medical Care Services
50. San Diego Refugee Communities Coalition
51. San Diego Regional Center
52. San Diego State University, Institute for Public Strategies
53. San Diego Unified School District
54. San Diego Youth Services
55. San Ysidro Health
56. Scripps Health
57. South Bay Community Services
58. State University, San Diego
59. Survivors of Suicide Loss San Diego Chapter
60. Turn Behavioral Health Services
61. UC San Diego Health
62. Union of Pan Asian Communities
63. Univision
64. Veterans Administration
65. Villa de Vida
66. Vista Hill

Additional thanks to the members of the Suicide Prevention Council and special thanks to those who chaired and that participate in our subcommittees including but not limited to:

SPC Membership & Co-Chairs

- Amy Chavez, San Diego Youth Services
HERE Now Program
- Charles Westfall, Sharp Mesa Vista Hospital

Assessment & Evaluation Subcommittee Members & Co-Chairs

- Charles Westfall, Sharp Mesa Vista
- Frances Reyes Yee, Health Services
Research Center, University of California
San Diego

Faith Organization Outreach Subcommittee Members & Chair

- Billie Simmons, North Park Apostolic
Church

Higher Education Subcommittee Members & Co-Chairs

- Abby Weisman, San Diego City College
- Emily Saldine, San Diego City College

Means Reduction Subcommittee Members & Co-Chairs

- Lori Van Orden, Be SMART for Kids
- Veronica Campbell, Sharp Mesa Vista
Hospital

Media & Communication Subcommittee Members & Co-Chairs

- Dave Jones, Suicide Prevention Advocate
- Sarah North, Rescue Agency

Postvention Subcommittee Members & Co-Chairs

- Emily Duval, County of San Diego
Behavioral Health Services
- Lauren Cook, Survivors of Suicide Loss,
San Diego

Priority Populations & Communities Subcommittee Members & Co-Chairs

- George Pojas, Indian Health Council
- Steve Carroll, The San Diego LGBT Center

School Collaborative (K-12) Subcommittee Members & Co-Chairs

- Heather Nemour, San Diego County
Office of Education
- Violeta Mora, San Diego County Office of
Education

.....

And thank you to *all* of you who participated in the community engagement efforts and who participate and support in suicide prevention efforts throughout our County. Your input and dedication are invaluable in our efforts to prevent suicide. The development of the San Diego County SPAP Update 2024 is funded by the County of San Diego HHS through the Mental Health Services Act (MHSA).



If you or someone you know needs help call or text 988 to receive FREE assistance 7 days a week / 24 hours a day and connect to over 200 languages 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 and www.spcsandiego.org.



a project facilitated by:
COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together

