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

3 Help Available Now

4 Dedication

5 Introduction Letter

6 Executive Summary

8 Suicide Trends in San Mateo County

11 Frameworks

13 Strategic Aims & Goals

33 Next Steps

34 Acknowledgements

36 Appendix
  A. Suicide Prevention Committee
  B. 2017-2020 Roadmap & Progress
  C. 2020-2025 Roadmap Development
  D. Suicide 101
  E. Suicide Data in San Mateo County
  F. Suicide Prevention Resources for San Mateo County
Help Available Now

If you or someone you know is in suicidal crisis or emotional distress, please reach out for 24/7 confidential crisis support

Call 1-800-273-8255 (TALK) (National Suicide Prevention Lifeline)
650-579-350 – Star Vista’s Crisis Hotline (San Mateo County)
650-579-351 Text “Bay” to 741741 - National Crisis Hotline

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

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

Local psychiatric emergency services including the following facilities:

San Mateo Medical Center
650-573-2662
222 West 39th Avenue, San Mateo, CA 94403

Mills-Peninsula Medical Center
650-696-5915
1501 Trousdale Drive, Burlingame, CA 94010

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

This plan is dedicated to people who we have lost to suicide, people who have attempted or thought about suicide, and their loved ones. Many, if not all of us, know someone affected by suicide. While this plan may not replace your loss, it is meant to honor your loss and suffering through thoughtfulness, compassion and action.
Introduction Letter

Dear San Mateo County Community Members and Partners,

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

Suicide is also a complex public health issue that involves a variety of factors at the individual, relationship, community and societal level. While many frame suicide as a mental health issue, the Centers for Disease Control (CDC) reports that 54% of those who died by suicide did not have a known mental health condition. While mental health is still a major factor of suicide, the CDC reports many other factors that contribute to suicide, including relationship problem, crisis in the past or upcoming two weeks, problematic substance use, physical health problem, job/financial problem, criminal legal problem and loss of housing.¹

Embracing suicide as a personal and public health issue, we created this 2020-2025 Suicide Prevention Roadmap that is informed by best practices, quantitative data and qualitative data, including perspectives from those with lived experience as suicide attempt or loss survivors. This Roadmap is part of a larger vision to both reduce suicide deaths and attempts and build our community so everyone can realize healthy and meaningful lives.

There are many uses, and benefits of this Roadmap and we hope you can utilize it for one or more of the following ways:

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

To successfully implement this Roadmap, we need partners across sectors (not just our public behavioral health agency).

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

In Community,
Scott Gilman, Director, San Mateo County Behavioral Health & Recovery Services

Executive Summary

Suicide is a leading public health issue across the country, state and in our local county. Suicide is the 15th leading cause of death in San Mateo County in 2015-2017. While San Mateo County suicide data generally exhibit lower rates compared state and national rates, our county is committed to saving every life possible. There is a need to examine suicide data more closely to identify specific demographic groups and factors that pose a higher suicide risk compared to the general population.

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

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

The 2020-2025 San Mateo County Suicide Prevention Roadmap is not only guided by comprehensive frameworks but also the latest research, data and best practices that shape the strategies and goals in the California’s Strategic Plan for Suicide Prevention 2020-2025. This has led to the creation of 4 strategic aims and 13 goals in the 2020-2025 San Mateo County’s Suicide Prevention Roadmap. Each goal includes the following components: rationale, long-term outcome, current efforts and objectives. The strategic aims and goals are as follows:

Strategic Aim 1: Establish a Suicide Prevention Infrastructure
- Goal 1: Enhance Visible Leadership and Networked Partnership
- Goal 2: Increase Development and Coordination of Suicide Prevention Resources
- Goal 3: Advance Data Monitoring and Evaluation

Strategic Aim 2: Minimize Risk Factors and Promote Protective Factors Across the Individual, Relationship, Community and Society Levels
- Goal 4: Create Safe Environments by Reducing Access to Lethal Means
- Goal 5: Empower People, Families and Communities to Reach Out for Help When Mental Health and Substance Misuse Needs Emerge
- Goal 6: Increase Connectedness Between People, Family Members and Community
- Goal 7: Increase the Use of Best Practices for Reporting Suicide and Promote Healthy Use of Social Media and Technology
- Goal 8: Strengthen Economic Supports

Strategic Aim 3: Increase Early Identification of Suicide Risk and Connection to Service Based on Risk
- Goal 9: Increase Detection and Screening to Connect People to Services
- Goal 10: Deliver Continuum of Crisis Services

Strategic Aim 4: Improve Suicide Related Services and Supports
- Goal 11: Deliver Best Practices in Care Targeting Suicide Risk

● Goal 12: Ensure Continuity of Care and Follow-Up After Suicide Related Services
● Goal 13: Expand Support Services Following A Suicide Loss

After the creation and dissemination of this 2020-2025 San Mateo County Suicide Prevention Roadmap, the next steps include the following:
1. Recruit key action partners and build coalition
2. Develop action plan
3. Develop evaluation plan

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

Suicide is a leading public health issue across the country, state and in our local county. To get a sense of the suicide behavior in San Mateo County, here are some general and recent data to start with:

Suicide Deaths\(^3\)
- Suicide is the **15th leading cause of death** in San Mateo County in 2015-2017.
- 68 residents of San Mateo County died by suicide in 2018.
- The leading demographics for San Mateo County suicide deaths in 2018, include **male, single, 51-60 years, White, high school graduate/GED**.
- The leading methods for San Mateo County suicide deaths in 2018 are **firearm** followed by **hanging**.
- The **county suicide death rate** (7.4 per 100,000 in 2015-2017) is **lower than the state and national suicide death rate** (10.4 per 100,000 in 2015-2017 and 14 per 100,000 in 1999-2017, respectively).
- San Mateo County **ranks second to lowest county suicide death rate compared to 57 other counties in California**. Santa Clara County has the lowest county suicide death rate.\(^4\)

Suicide Attempts
- **346 emergency department visits were related to intentional self-harm** in San Mateo County in 2017
  - The leading demographics for these emergency department visits related to intentional self-harm include **female, 15-24 years, White or Latino and Mid-County**.
  - In 2016-2018, the county emergency visit rate for adolescents (27.5 per 100,000) and adults (11.5 per 100,000) is **lower than the state emergency visit rate for adolescents** (40.3) and **adults** (18.5)
- **360 hospital admissions were related to intentional self-harm** in San Mateo County in 2017
  - The leading demographics for these hospital admissions related to intentional-self-harm include **female, White, 15-24 years, Mid-County**.
  - In 2016-2018, the county hospitalization rate for adolescents (23.2 per 100,000) is **higher than the state hospitalization rate for adults** (12.9 per 100,000).
  - In 2016-2018, the county hospitalization for adults (9.8 per 100,000) is **lower than the state hospitalization rate for adults** (13.6 per 100,000).

Suicide Thoughts
- **9.5% adults** reported that that they ever thought seriously about dying by suicide in 2017-2018 for San Mateo County residents
  - The leading demographics for adult suicide ideation include **25-44 years** (13.9%) followed by **18-24 years** (12.6%)
  - This percentage is **lower than what adults reported in California** overall in the same time period (12.5%)

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\(^3\) The leading demographics and methods referenced refer to suicide death numbers (not rates).

\(^4\) Data Brief 1: Overview of Homicide and Suicide Deaths in California (PDF) Updated 11/15/19.: [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Violence%20Prevention%20Initiative/VPIReportsandDocuments.aspx](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Violence%20Prevention%20Initiative/VPIReportsandDocuments.aspx)
13.4% 9th grade students in San Mateo County in 2015-2017 reported that they seriously considered attempting suicide in the previous year.

- The leading demographics for 9th grade suicide ideation include female and straight.
- This percentage is lower than what 9th grade students reported in California overall in the same time period (16%).

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

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

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

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

1. **Social Ecological Model (SEM)** - This framework was originally created by the Centers for Disease Control and Prevention and researched in the suicide prevention context by Robert J. Cramer and Nestor D. Kapusta. The table below includes Cramer and Kaputsa’s summary of existing research on the suicide risk and protective factors.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Society</strong> - social cultural norms or policies (health, social, economic, political, etc.)</td>
<td>Economic downturn/depression</td>
</tr>
<tr>
<td></td>
<td>Living location with less restrictive firearm laws</td>
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<tr>
<td></td>
<td>Seasonal variation</td>
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<tr>
<td></td>
<td>Stigma about mental health and treatment</td>
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<tr>
<td></td>
<td>Air pollutants</td>
</tr>
<tr>
<td></td>
<td>Viruses/parasites</td>
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<tr>
<td></td>
<td>Poverty</td>
</tr>
<tr>
<td></td>
<td>Mountain region of the US</td>
</tr>
<tr>
<td></td>
<td>Western and southern US</td>
</tr>
<tr>
<td><strong>Community</strong> - settings, environments and neighborhoods</td>
<td>Exposure to community violence</td>
</tr>
<tr>
<td></td>
<td>Local suicide epidemic</td>
</tr>
<tr>
<td></td>
<td>Barriers to healthcare access</td>
</tr>
<tr>
<td><strong>Relationship</strong> - close relationships</td>
<td>Living in household with firearm</td>
</tr>
<tr>
<td></td>
<td>Exposure to suicide/contagion</td>
</tr>
<tr>
<td></td>
<td>Family violence</td>
</tr>
<tr>
<td></td>
<td>Family conflict</td>
</tr>
<tr>
<td></td>
<td>Family history of mental illness</td>
</tr>
<tr>
<td></td>
<td>Family history of suicide/attempt</td>
</tr>
<tr>
<td></td>
<td>Relationship instability</td>
</tr>
<tr>
<td></td>
<td>Death of a loved one</td>
</tr>
<tr>
<td></td>
<td>Severing of romantic relationship</td>
</tr>
<tr>
<td></td>
<td>Social isolation/withdrawal</td>
</tr>
</tbody>
</table>

5 [https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html](https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html)
6 [https://www.co.fresno.ca.us/home/showdocument?id=37982](https://www.co.fresno.ca.us/home/showdocument?id=37982)

<table>
<thead>
<tr>
<th>Combat exposure</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulling together</td>
<td>Pulling together</td>
</tr>
<tr>
<td>Caring letters</td>
<td>Caring letters</td>
</tr>
<tr>
<td>Social connectedness</td>
<td>Social connectedness</td>
</tr>
<tr>
<td>Contact with caregivers</td>
<td>Contact with caregivers</td>
</tr>
<tr>
<td>Support for connection with healthcare providers</td>
<td>Support for connection with healthcare providers</td>
</tr>
<tr>
<td>Cognitive-behavioral therapy</td>
<td>Cognitive-behavioral therapy</td>
</tr>
<tr>
<td>Dialectical-behavior therapy</td>
<td>Dialectical-behavior therapy</td>
</tr>
<tr>
<td>Collaborative assessment and management of suicide (CAMS)</td>
<td>Collaborative assessment and management of suicide (CAMS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual - biological, socio-demographic or personal history</th>
<th>Biological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male sex (completions)/Female sex (attempts)</td>
<td>Male sex (completions)/Female sex (attempts)</td>
</tr>
<tr>
<td>Serotonin dysfunction</td>
<td>Serotonin dysfunction</td>
</tr>
<tr>
<td>Family history of suicidal behavior</td>
<td>Family history of suicidal behavior</td>
</tr>
<tr>
<td>Socio-Demographic</td>
<td>Socio-Demographic</td>
</tr>
<tr>
<td>Gender (e.g., Transgender status)</td>
<td>Gender (e.g., Transgender status)</td>
</tr>
<tr>
<td>Lesbian, gay, bisexual or other sexual orientation minority identity</td>
<td>Lesbian, gay, bisexual or other sexual orientation minority identity</td>
</tr>
<tr>
<td>Religiosity/spirituality (i.e., suicide as a resolution to problems)</td>
<td>Religiosity/spirituality (i.e., suicide as a resolution to problems)</td>
</tr>
<tr>
<td>Native American ethnicity</td>
<td>Native American ethnicity</td>
</tr>
<tr>
<td>Hispanic ethnicity</td>
<td>Hispanic ethnicity</td>
</tr>
<tr>
<td>Asian/Pacific Islander ethnicity</td>
<td>Asian/Pacific Islander ethnicity</td>
</tr>
<tr>
<td>Whites (compared to non-Whites)</td>
<td>Whites (compared to non-Whites)</td>
</tr>
<tr>
<td>Older adult age</td>
<td>Older adult age</td>
</tr>
<tr>
<td>Middle adult age</td>
<td>Middle adult age</td>
</tr>
<tr>
<td>High risk professions (e.g., military, law enforcement)</td>
<td>High risk professions (e.g., military, law enforcement)</td>
</tr>
<tr>
<td>Firearm ownership (and unlocked, loaded)</td>
<td>Firearm ownership (and unlocked, loaded)</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Incarceration</td>
</tr>
<tr>
<td>High perceived/subjective stress</td>
<td>High perceived/subjective stress</td>
</tr>
<tr>
<td>Job loss/unemployment</td>
<td>Job loss/unemployment</td>
</tr>
<tr>
<td>Financial strain</td>
<td>Financial strain</td>
</tr>
<tr>
<td>Recent discharge from psychiatric hospital</td>
<td>Recent discharge from psychiatric hospital</td>
</tr>
<tr>
<td>Bullying/bias crime victimization</td>
<td>Bullying/bias crime victimization</td>
</tr>
</tbody>
</table>

2. **Suicidal Crisis Path Model** - This framework was created by Dr. DeQuincy A. Lezine.
   - **Stasis Level** - normal level of coping (varies by individual)
   - **Higher Risk** - exposed to factors that lead to increased likelihood (but doesn’t necessarily cause) of suicidal behaviors below
   - **Suicidal** - thinking about, considering or planning suicide
   - **Suicide Attempt** - non-fatal attempt of suicide
   - **Suicide** - death by suicide

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

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

San Mateo County’s Suicide Prevention Roadmap aligns with and builds off of the 4 strategic aims and 12 goals outlined in California’s Strategic Plan for Suicide Prevention 2020-2025. These strategic aims and goals are based on current suicide prevention best practices and intended to empower local partners.

San Mateo County’s Suicide Prevention Roadmap consists of 4 strategic aims and 13 goals. Each goal includes the following components:

1. **Rationale** - based on data when available, including qualitative data (e.g. stakeholder surveys, forum discussions and public comment) and quantitative data (e.g. death, attempt, thoughts, protective factor, risk factor and help-seeking data).
2. **Long-Term Outcome** - measurable targets that may be directly or indirectly from implementation of objectives and anticipated to take longer than 5 years to achieve; often based on qualitative data
   a. **Current Efforts** - program or activity that is currently advancing this specific goal
   b. **Objectives** - program or activity intended to advance this specific goal

To address this complex public health issue, San Mateo County needs a variety of key action partners to dedicate people, funding and work around suicide prevention. San Mateo County has many suicide prevention partners already doing impactful work and also need to continue to foster further collaboration to implement this strategic plan. Key action partners include:

- People with lived experience with suicidal behavior (survivors of loss and attempt)
- Advocates, researchers, and providers working with high risk groups (youth, older adults, veterans, LGBTQ and other groups identified via data collection)
- Business sector (employers, gun shop and range vendors, funeral directors, other businesses identified via data collection)
- Coroner’s office
- Justice - courts, district attorney, probation and corrections (professionals, researchers, leaders)
- Education (schools/college/universities, administrators, teachers, counselors, staff, parents/guardians, students)
- Faith-based communities (members and leaders)
- Families (parents, caregivers, chosen family, extended family)
- First responders (police, paramedics)
- Foundations and philanthropy
- Health care, public health, mental health, and substance misuse (researchers, leaders, providers, administrators)
- Housing
- Media, entertainment and communications (including organizations, associations, colleges/universities)
  - Media (television news, print, radio, reporters, editors)
  - Entertainment (film, television, podcasts, music, theater, producers)
  - Communication (public information officers, spokespersons, social media managers)
- Policy makers (county, city/town)
- Tribal communities (leaders, traditional healers, advocates)
- Transportation (train, bus, rapid transit)
- Violence prevention partners (child abuse, elder abuse, homicide, domestic violence)
STRATEGIC AIM 1: ESTABLISH A SUICIDE PREVENTION INFRASTRUCTURE

GOAL 1: ENHANCE VISIBLE LEADERSHIP AND NETWORKED PARTNERSHIPS

Rationale
- Suicide is a local public health priority as the 15th leading cause of death in San Mateo County in 2015-2017.\(^8\)
- Suicide prevention requires a diversity of partners since suicide is attributed to various factors at the individual, relationship, community and society levels.

**Long-Term Outcome:** Increased commitment and sustainability of suicide as a preventable public health priority across diverse partners.

Current Efforts
- Suicide Prevention Committee

For details of above program/activity, please see Appendix.

Objectives

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

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

GOAL 2: INCREASE DEVELOPMENT AND COORDINATION OF SUICIDE PREVENTION RESOURCES

Rationale
- Stakeholder feedback identified coordination of resources as the 2nd highest priority goal of the 12 goals identified by the California’s Strategic Plan for Suicide Prevention 2020-2025.
- Global, national and state strategic plans prioritize coordination of suicide prevention resources across all sectors in a community (not just among behavioral health organizations).\(^9\)

**Long-Term Outcome:** Increase in coordination and integration of suicide prevention resources through planning and collaboration across diverse partners and systems.

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\(^8\) Data from San Mateo County Coroner’s Office and analyzed by San Mateo County Health Epidemiology Unit.

Current Efforts
• 2017-2020 Suicide Prevention Roadmap (Implementation)

For details of above program/activity, please see Appendix.

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

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

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

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

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

GOAL 3: ADVANCE DATA MONITORING AND EVALUATION

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

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

Current Efforts
• California Healthy Kids Survey
• California Peer Run Warmline
• Caltrain Suicide Prevention Activities
• Child Death Review Team
• Domestic Violence Death Review Team
• Elder Death Review Team
• Health & Quality of Life Survey (HQoL)
• Institute of Aging Friendship Line
• MOQA (Measurements, Outcomes, and Quality Assessment)
• Psychological Autopsies
• San Mateo County All Together Better Health Data Portal
• San Mateo County Office of Education Documentation of Risk Assessment (DORA)
• Star Vista’s Crisis Hotline
• Stigma Baseline Survey
Objectives

Objective 3a | Analyze and Use Suicide Data: Use suicide death and attempt data to evaluate the proportion of suicidal behavior that results in death. The results should be used to identify high-risk groups, target them with selective prevention strategies, and focus resources on specific lethal means restriction strategies.

Objective 3b | Update Suicide Consolidated Risk Assessment Profile: The Coroner’s Office and Suicide Prevention Committee can work together to update San Mateo County’s version of the Suicide Consolidated Risk Assessment Profile (more details in Appendix).

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

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

Objective 3e | Disseminate Best Practices: Disseminate effective suicide prevention practices shared by leading suicide prevention organizations and researchers.

Objective 3f | Explore Partnerships with Colleges/Universities: Build relationships with local colleges and universities and identify capacity for research to support local and state suicide prevention goals.
STRATEGIC AIM 2: MINIMIZE RISK PROMOTE PROTECTIVE FACTORS ACROSS THE INDIVIDUAL, RELATIONSHIP, COMMUNITY AND SOCIETY LEVELS

GOAL 4: CREATE SAFE ENVIRONMENTS BY REDUCING ACCESS TO LETHAL MEANS

Rationale

- As is across the United States and California, San Mateo County
  - Suicide deaths are attributed to more lethal means such as firearm and hanging.
  - Suicide attempts are largely attributed to less lethal (but still dangerous and potentially lethal) means such as drug overdose.¹⁰

Long-Term Outcome: Decrease in suicides and initial and subsequent intentional self-harm hospital visits for each method of suicidal behavior.

Current Efforts

- Anonymous Gun Buyback
- Caltrain Suicide Prevention Efforts
- Gun Violence Restraining Order
- Moms Demand Action
- Safe Waste Disposal of Medicine
- San Mateo County Sheriff’s Office Firearm Destruction

For details of above program/activity, please see Appendix.

Objectives

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

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

Objective 4c | Disseminate Suicide Prevention Information to Gun Shop & Range Owners: Disseminate information to local gun shop and range owners to increase awareness of suicide prevention efforts, suicide warning signs, and available resources.

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

¹⁰ Data from San Mateo County Coroner’s Office and analyzed by San Mateo County Health Epidemiology Unit.
Objective 4e | Disseminate Information About Lawful Firearm Transfer/Storage During Suicide Crisis: Partner with law enforcement to guide dissemination of lawful options for temporarily transferring firearms for storage in times of suicide crisis or when Gun Violence Restraining Orders apply.

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

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

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

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

GOAL 5: EMPOWER PEOPLE, FAMILIES AND COMMUNITIES TO REACH OUT FOR HELP WHEN MENTAL HEALTH AND SUBSTANCE MISUSE NEEDS EMERGE

Rationale
- Stakeholder feedback as the 1st highest priority goal of the 12 goals identified by the California’s Strategic Plan for Suicide Prevention 2020-2025.
- Appropriate, timely and accessible mental health and substance misuse needs services have the potential to prevent suicide. Best practices include insurance coverage policies, telehealth health system changes and peer norm programs in school or workplace settings.

**Long-Term Outcome:** Increase mental health and substance misuse service utilization and reduce unmet behavioral health needs as assessed by the California Health Interview Survey.

**Current Efforts**
- California Clubhouse
- Cannabis Decoded
- Directing Change Program & Film Contest
- East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)
- Helping Our Peers Emerge (HOPE)
- North County Outreach Collaborative (NCOC)
- Peninsula Conflict Resolution Center (PCRC)
- Voices of Recovery San Mateo County
- National Alliance on Mental Illness San Mateo County

For details of above program/activity, please see Appendix.

**Objectives**

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

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

**Objective 5c | Coordinate Collaborative Awareness Campaigns:** Partner with community organizations and businesses to expand awareness of suicide warning signs and prevention resources. Coordinate suicide prevention awareness campaigns with other social marketing

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

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

**GOAL 6: INCREASE CONNECTEDNESS BETWEEN PEOPLE, FAMILY MEMBERS, AND COMMUNITY**

**Rationale**
- Stakeholder feedback as the 3rd highest priority goal of the 12 goals identified by the California’s Strategic Plan for Suicide Prevention 2020-2025
Numerous risk and protective factors are related to connectedness at various levels of social ecology, including connectedness between individuals, between individuals and families and among community organizations and social institutions.¹⁶

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

**Current Efforts**
- Directing Change Program & Film Contest
- Health Equity Initiatives
- Mental Health Month
- National Alliance on Mental Illness San Mateo County - Warmline
- Parent Project
- Peer Organizations
- Recovery Month
- Star Vista’s Crisis Hotline
- Suicide Prevention Month

For details of above program/activity, please see Appendix.

**Objectives**

**Objective 6a | Increase Services to Build Positive Attachments and Social Supports:** Increase services intended to build positive attachments between children, youth, their families, other adults, and social supports in their community to increase a sense of belonging, strengthen a sense of identity and personal worth, and provide access to larger sources of support. Social support can be found in schools, faith-based communities, cultural centers, and other community-based organizations. Tailor strategies to be responsive to needs based on age and culture.

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

**Objective 6c | Consider Suicide Prevention Strategies to Integrate in Violence Prevention Services:** Identify opportunities to integrate suicide prevention strategies into services intended to reduce other forms of violence, such as child abuse, elder abuse and domestic violence. These forms of violence may share risk and protective factors with suicidal behavior.

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

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

GOAL 7: INCREASE THE USE OF BEST PRACTICES FOR REPORTING SUICIDE AND PROMOTE HEALTHY USE OF SOCIAL MEDIA AND TECHNOLOGY

Rationale:
- Research has shown that certain types of suicide public messaging can increase risk factors for suicide while other types of suicide-related public messaging can increase protective factors for suicide.\(^{17-18}\)

Long-Term Outcome: Reduce events referred to as “suicide clusters,” when multiple suicides occur within a particular time period or location, especially among youth.

Current Efforts
- Caltrain’s Suicide Prevention Communication

For details of above program/activity, please see Appendix.

Objectives

Objective 7a | Create Postvention Communication Strategies: Minimize the circulation of misinformation by creating communication strategies for use in the event of a suicide – including pre-existing agreements with media partners. Include a formal strategy for managing information on the most used social media sites and monitor social media posts by others related to the suicide death.

Objective 7b | Disseminate Suicide Safe Reporting/Messaging Guidelines: Disseminate information and/or deliver training on best practices guidelines for suicide reporting/messaging to media, entertainment and communication partners.

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

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

Objective 7e | Disseminate Information to Encourage Help-Seeking: Partner with media, entertainment and communication partners to disseminate information about resources,

\(^{17}\) https://reportingonsuicide.org/research/
\(^{18}\) http://suicidepreventionmessaging.org/framework/background-research
encourage people to seek help for mental health needs and substance misuse, and reduce stigma and discrimination that may prevent people from accessing services and supports.

GOAL 8: STRENGTHEN ECONOMIC SUPPORTS

Rationale
● Suicide risk and protective factors have been linked to the below economic factors.\textsuperscript{19,20,21}
  ○ Healthy economy
  ○ Economic depression/downturn
  ○ Poverty
  ○ Minimum wage

Long-Term Outcome: Decrease in suicide rates, increase in median household income that can cover basic needs and increase in residents able to afford housing.

Current Efforts
● Caminar Supported Housing
● Community Care Settings Program
● Get Healthy San Mateo County’s Healthy Economy Priority
● Housing Leadership Council
● Mental Health Association of San Mateo County
● San Mateo County Home for All Initiative
● Whole Person Care

For details of above program/activity, please see Appendix.

Objectives

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

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

\textsuperscript{19} https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/
\textsuperscript{20} https://www.nber.org/papers/w25787
\textsuperscript{21} https://www.ajpmonline.org/article/S0749-3797(19)30028-5/fulltext
STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

GOAL 9: INCREASE DETECTION AND SCREENING TO CONNECT PEOPLE TO SERVICES

Rationale
● Early identification is intended to prevent suicide attempts and deaths

Long-Term Outcome: Decrease in suicidal behavior and increase in connection to services based on risk.

Current Efforts
● Applied Suicide Intervention Skills Training (ASIST)
● Crisis Intervention Training (CIT)
● Mental Health First Aid (MHFA)
● Psychiatric Emergency Response Team (PERT)
● Question Persuade Refer (QPR)
● San Mateo County Mental Health Assessment and Referral Team (SMART)
● Star Vista’s Crisis Hotline

For details of above program/activity, please see Appendix.

Objectives

Objective 9a | Deliver Suicide Prevention Gatekeeper Training: Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance misuse services and culturally appropriate supports.
● Offer training programs that vary by intensity to meet varied roles and availability
● Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions.
● Build capacity and sustainability for suicide prevention training across systems using train-the-trainer models or evidence-based online trainings.

Objective 9b | Train First Responders on Suicide Intervention: Train first responders and other personnel patrolling or monitoring community sites used for suicidal behavior, such as bridges and railways. The training should include how to identify warning signs, use de-escalation techniques, and disseminate information on local suicide prevention resources, including crisis hotline numbers.

Objective 9c Enhance Suicide Screenings & Assessment in Health Settings:
● Screen people for suicide risk in health, mental health, and substance misuse care settings, including correctional facilities. Suicide screenings can follow positive results on other behavioral health screening tools.
- Create uniform policies and procedures to make screening, assessments, and decision-making routine. Clarify billing methods for services.

**Objective 9d | Train Community-Based Partners on Suicide Screenings:** Deliver training to key action partners for conducting suicide screening in community-based settings when a person is identified as exhibiting warning signs or communicating a desire to die.

**GOAL 10: DELIVER A CONTINUUM OF CRISIS SERVICES**

**Rationale**
- Offer varied levels of crisis services to meet varied intensity levels of suicidal behavior.

**Long-Term Outcome:** Increase in linkage to community-based services for people experiencing suicidal behavior and their families and caregivers.

**Current Efforts**
- ACCESS Line
- Crisis Intervention Training (CIT)
- Psychiatric Emergency Response Team (PERT)
- San Mateo County Mental Health Assessment and Referral Team (SMART)
- Star Vista’s Crisis Hotline

For details of above program/activity, please see Appendix.

**Objectives**

**Objective 10a | Map Continuum of Crisis Services:** Evaluate the continuum of crisis services available through private and public resources and identify gaps in the continuum (and potential funding sources to address those gaps).

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

**Objective 10c | Promote Crisis Services as Alternatives to Hospitalization:** Promote the use of crisis services as alternatives to hospitalization and as a resource to support people in distress, by advertising crisis hotline and warmline numbers and other methods.

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

**Objective 10e | Create Formal Agreements Between Organizations to Facilitate Follow Up Care:** Create memorandums of understanding between systems of care and community-based crisis services to provide follow-up for people transitioning out of care systems, including protocols for protecting the confidentiality of people at risk. Health, mental health, and substance use misuse care systems should have protocols in place for obtaining consent for follow-up care from people at risk. To coordinate efforts, document clear methods of
communication between crisis service providers and other systems, such as community corrections, child welfare, and veterans’ services.
STRATEGIC AIM 4: IMPROVE SUICIDE-RELATED SERVICES AND SUPPORTS

GOAL 11: DELIVER BEST PRACTICES IN CARE TARGETING SUICIDE RISK

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

Long-Term Outcome: Decrease in suicidal behavior as measured by intentional self-harm data reported by hospitals.

Current Efforts
- Helping Our Peers Emerge (HOPE)
- Integrated Medical Assisted Treatment Program (IMAT)
- Psychiatric Emergency Services
- Whole Person Care

For details of above program/activity, please see Appendix.

Objectives

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

Objective 11b | Promote Electronically Accessible Safety Plans: Promote safety planning by prompting health, mental health, and substance misuse service providers to record safety plans in electronic medical record systems and by making plans accessible to people via commonly used portals.

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

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

Objective 11e | Educate Caregivers on How to Provide Ongoing Support to Those with Suicidal Risk: Disseminate information to caregivers and family members on how to support a

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22 https://www.ncbi.nlm.nih.gov/books/NBK109922/
person at risk by serving as a resource identified by the person in safety planning; how to reduce environmental safety risks by promoting means safety, especially at home; and how to help manage harmful behaviors stemming from underlying health, mental health, and substance misuse needs, such as escalating alcohol or drug use.

**GOAL 12: ENSURE CONTINUITY OF CARE AND FOLLOW-UP AFTER SUICIDE-RELATED SERVICES**

**Rationale**
- There is substantial research that patients discharged from various treatment settings are of high risk of suicide, including discharge from inpatient psychiatric units, emergency departments and residential addiction treatment. Proactive follow up and active engagement strategies have been associated with reduced suicide deaths and attempts.

**Long-Term Outcome**: Reduce subsequent suicidal behavior among people discharged from emergency departments and hospital settings after suicide-related services.

**Current Efforts**
- Helping Our Peers Emerge (HOPE)
- Psychiatric Emergency Services (PES)
- Serenity House
- Whole Person Care
- Youth Case Management
- Youth to Adult Transition Program

For details of above program/activity, please see Appendix.

**Objectives**

**Objective 12a | Enhance Postvention Documentation and Information Sharing**: Increase the use of electronic health records to document a person’s safe transition to another provider, and ensure life-saving information is transmitted, while protecting the person’s privacy.

**Objective 12b | Facilitate Safe and Timely Care Transitions**: Facilitate safe and timely care transitions by providing linkages to culturally and linguistically appropriate outpatient mental health and substance misuse service providers, crisis services, safety planning or crisis

response planning, and by reducing access to lethal means.

**Objective 12c | Disseminate Safe Discharge Best Practices to Emergency Departments:** Disseminate to emergency department administrators the *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments*\(^{28}\) and *Quick Guide for Clinicians*\(^{29}\) to increase awareness of safe discharge practices for people seen for suicide-related services.

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

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

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

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

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

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

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GOAL 13: EXPAND SUPPORT SERVICES FOLLOWING A SUICIDE LOSS

Rationale
● Effective postvention is intended to prevent future suicidal behavior.

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

Current Efforts
● Coroner’s Office “What Do I Do Now?” Brochure
● Mission Hospice & Home Care Suicide Loss Support Group
● Lived Experience Academy

For details of above program/activity, please see Appendix.

Objectives

Objective 13a | Develop Integrated Postvention Services Plan: Develop an integrated postvention services plan to guide delivery of best practices following a suicide loss.
● Tailor strategies to settings and cultures.
● Identify a lead agency or organization responsible for ensuring adequate capacity, training, and effectiveness in the delivery of activities that support survivors, service providers, and community members after a suicide loss.
● Enter into agreements that contain clearly defined roles and procedures to increase the effectiveness of coordinated responses, such as procedures for sharing private information and data based on the role of each provider.

Objective 13f Establish Formal Postvention Agreement with Coroner’s Office: Enter into memorandums of understanding with Coroner’s Office to establish coordinated, timely, and respectful responses following a suicide loss, and establish policies and protocols to govern activities in the event of a suicide. Components should include how information is shared, and with whom, and how the privacy of families is respected, including a process for determining how and when to reach out to family members with resources and support.

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

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

Objective 13d | Expand Capacity of Suicide Loss Support Programs: Expand capacity and sustainability of existing suicide bereavement support programs using Pathways to Purpose and Hope Guide.30

30 https://www.sprc.org/resources-programs/pathways-purpose-and-hope
Objective 13e | Expand Peer-Led Suicide Loss Support Programs: Expand support services designed and facilitated by survivors of suicide loss. Provide training for suicide loss survivor service facilitators. Create opportunities for service facilitators to support each other, including group debrief sessions.
NEXT STEPS

After the creation and dissemination of this 2020-2025 San Mateo County Suicide Prevention Roadmap, the next steps include the following:

1. **Recruit Key Action Partners and Build Coalition:** The evaluation and action plan will be developed in collaboration with key action partners. The Suicide Prevention Committee may need to recruit new partners into the coalition to be able to address this strategic plan in its entirety.

2. **Develop Action Plan:** An action plan will be critical to the implementation of this strategic plan and can include the objectives, timeline/deadline, interim milestones, lead organizations/individuals, supporting organizations/individuals, resources needed and progress status.

3. **Develop Evaluation Plan:** While this plan includes Long-Term and short-term outcome measures, a more detailed evaluation plan will better monitor progress and identify areas for improvement. Specifically, the evaluation plan will include logic models for each goal; these logic models map out the pathway from what we are doing (inputs/resources) and the desired change we want to produce (short-/long-term outcomes). The evaluation plan and logic models will also require further exploration on specific data sources and partners who can help collect that data.

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

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We would like to thank and recognize the following organization/group partners for their commitment to suicide prevention and their contributions to creating such a critical resource for San Mateo County.

● Caltrain
● Each Mind Matters
● Heart & Soul, Inc.
● Kaiser Permanente
● Mission Hospice & Homecare
● National Alliance on Mental Illness San Mateo County
● Peninsula Health Care District
● San Mateo County Child Death Review Team
● San Mateo County Coroner’s Office
● San Mateo County Domestic Violence Death Review Team
● San Mateo County Elder Death Review Team
● San Mateo County Health
  ○ Aging & Adult Services
  ○ Epidemiology Unit
  ○ Behavioral Health and Recovery Services
    ■ Health Equity Initiatives
    ■ Lived Experience Education Workgroup
    ■ Mental Health Substance Abuse Recovery Commission
    ■ Office of Consumer and Family Affairs
    ■ San Mateo County Medical Center
    ● Psychiatric Emergency Services
● San Mateo County Human Services Agency
  ● Veterans Service Office
● San Mateo County Office of Education
● San Mateo County Sheriff’s Office
● Sequoia Healthcare District
● Star Vista
● Veterans Affairs Palo Alto Health Care System
● Voices of Recovery San Mateo County

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- Scott Gruendl, MPA, CPCO
- Sylvia Tang, MPP

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

APPENDIX A: ABOUT THE SUICIDE PREVENTION COMMITTEE

The mission of the San Mateo County Suicide Prevention Committee (SPC) is to provide oversight and direction to suicide prevention efforts in San Mateo County. Created in 2010, this coalition consists of passionate suicide prevention advocates, including suicide attempt survivors, suicide loss survivors and representatives from behavioral health, primary care, emergency health services, social services, law enforcement, transportation, education, communication & media, art & culture, spirituality & faith, and community members. The SPC uses its strategic plan to prioritize and connect efforts to reduce suicide overall and among specific high-risk communities.

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

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

APPENDIX B: 2017-2020 ROADMAP & PROGRESS

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

- Strategy 1: Create a Coordinated System of Suicide Prevention
- Strategy 2: Implement Training and Workforce Enhancements to Prevent Suicide
- Strategy 3: Educate Communities to Take Action
- Strategy 4: Improve Suicide Prevention Program Effectiveness and Accountability

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

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

APPENDIX C: 2020-2025 ROADMAP DEVELOPMENT

From about October 2019 through September 2020, the Suicide Prevention Committee (SPC) conducted the planning process for the 2020-2025 San Mateo County Suicide Roadmap. This second suicide prevention strategic plan builds off of the Roadmap and 2020-2025 California Suicide Prevention Strategic Plan. The specific steps of this strategic planning process are based on the Suicide Prevention Resource Center Strategic Planning Approach and lessons from the Each Mind Matters Suicide Prevention Strategic Planning Learning Collaborative.

The figure below depicts the steps and timeline for San Mateo County’s suicide prevention strategic planning process. There was a two-month pause in the process to address COVID-19 pandemic related matters.

APPENDIX D: SUICIDE INTERVENTION 101

33 http://www.sprc.org/effective-prevention/strategic-planning
34 https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative
How to Help Someone Considering Suicide

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

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

To gain more in-depth knowledge on how to support someone who is considering suicide or at risk of suicide, you can take one of the following suicide prevention gatekeeper trainings. More information in the figure below.

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

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

<table>
<thead>
<tr>
<th>Stigmatizing Language</th>
<th>Non-Stigmatizing Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committed, Completed or Successful Suicide</td>
<td>Died by Suicide</td>
</tr>
<tr>
<td>Failed Suicide Attempt</td>
<td>Suicide Survivor</td>
</tr>
<tr>
<td>Suicidal Person</td>
<td>Person at Risk of Suicide</td>
</tr>
<tr>
<td>Mentally Ill Person</td>
<td>Person Living with Mental Health Issues or Needs</td>
</tr>
</tbody>
</table>

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

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35 [www.suicideispreventable.org/](http://www.suicideispreventable.org/)

APPENDIX E: SUICIDE DATA IN SAN MATEO COUNTY (IN PROGRESS)

1. Demographics
2. Types of Data
   a. Death
   b. Attempt
   c. Thoughts
   d. Risk Factors
   e. Protective Factors
   f. Help-Seeking
3. Data Sources
4. Data Limitations

APPENDIX F: SUICIDE PREVENTION RESOURCES IN SAN MATEO COUNTY (IN PROGRESS)

This section is intended to be a resource directory of suicide prevention-related community resources in San Mateo County. For more updated information, please visit smchealth.org/Suicide Prevention.

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Description</th>
<th>People Serving</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 ACCESS Call Center, San Mateo County Behavioral Health &amp; Recovery Services 800-686-0101 TDD: Dial 711</td>
<td>This call center provides assessment and referrals for those looking for mental health and/or substance use services or those who may be experiencing a mental illness and/or substance use condition.</td>
<td>San Mateo County residents who have or are eligible for Medi-Cal or those who are uninsured</td>
<td>Selma Mangrum 650-573-2615 <a href="mailto:SMangrum@smcgov.org">SMangrum@smcgov.org</a></td>
</tr>
<tr>
<td>Anonymous Gun Buyback</td>
<td>On December 14, 2019 in San Carlos, San Mateo County Sheriff Carlos G. Bolanos, Redwood City Police Chief Dan Mulholland, and Belmont Police Chief Tony Psaila supported an anonymous gun buyback event.</td>
<td>Any individual can surrender firearms with no questions asked</td>
<td>Sergeant Salvador Zuno Public Information Officer 650-363-4800 <a href="mailto:pio@smcgov.org">pio@smcgov.org</a> <a href="http://www.smcsheriff.com/gun-buyback">www.smcsheriff.com/gun-buyback</a></td>
</tr>
<tr>
<td>Applied Suicide Intervention Skills Training</td>
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<td></td>
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<tr>
<td>California Clubhouse</td>
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<tr>
<td>Organization/Program</td>
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### Volunteer Training

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For a list of state, national and global suicide prevention resources, please visit [smchealth.org/SuicidePrevention](http://smchealth.org/SuicidePrevention).