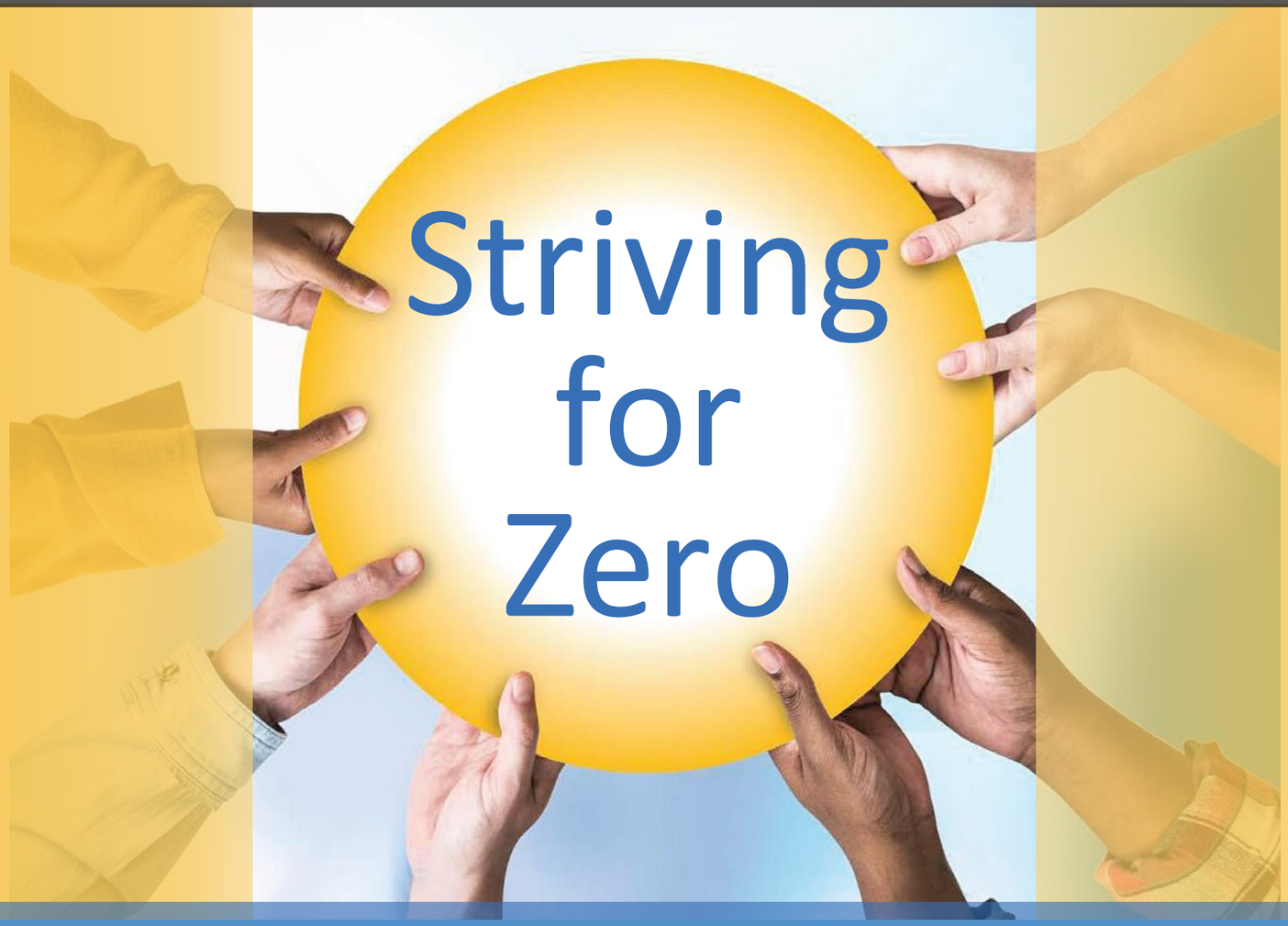


Striving for Zero Learning Collaborative

Module #4: Crisis Response – February 16, 2022

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** **1**-888-682-9454

Welcome!

Please add your county name to your display name and introduce yourself in the chat.

We will share the slides and recording with you.

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

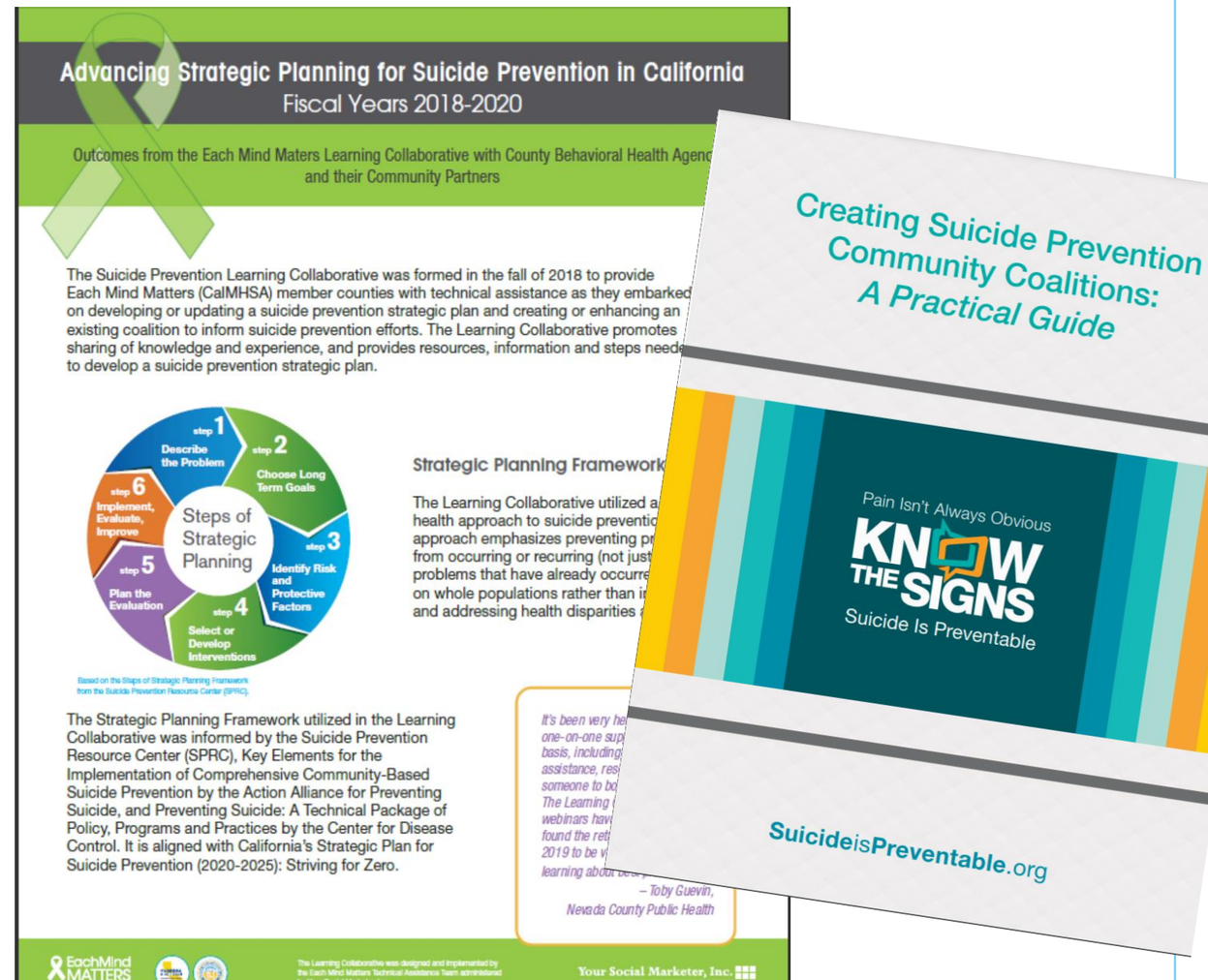
Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** **1-**888-682-9454

Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

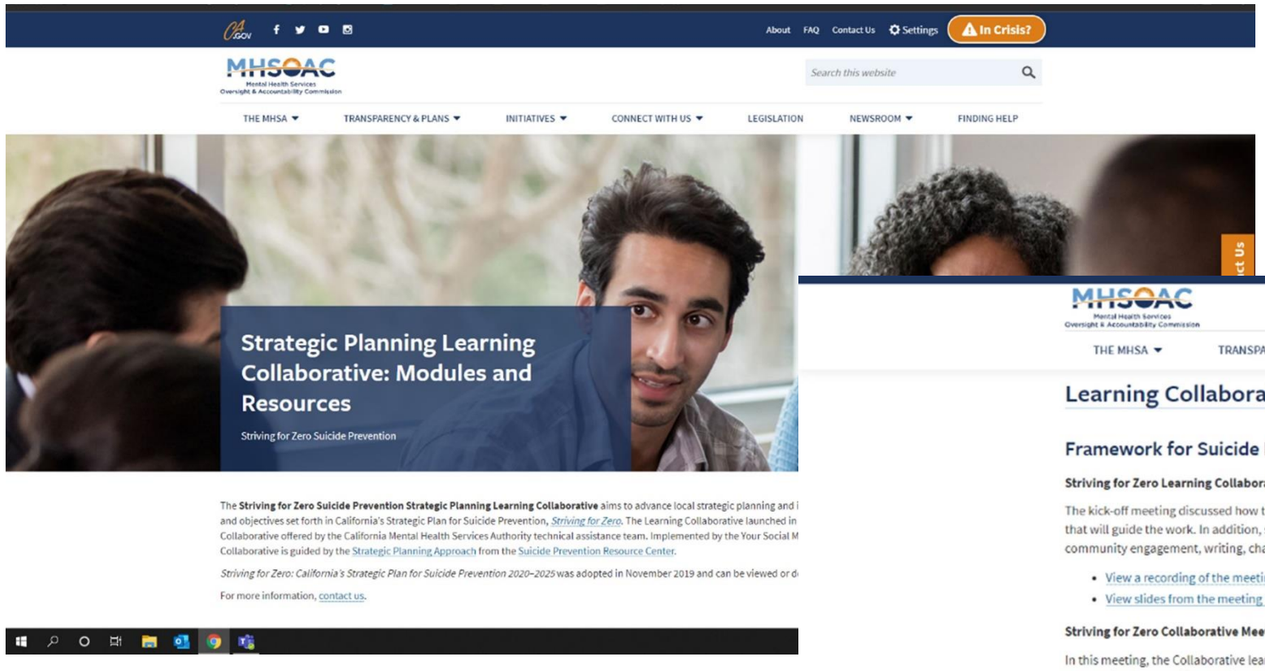


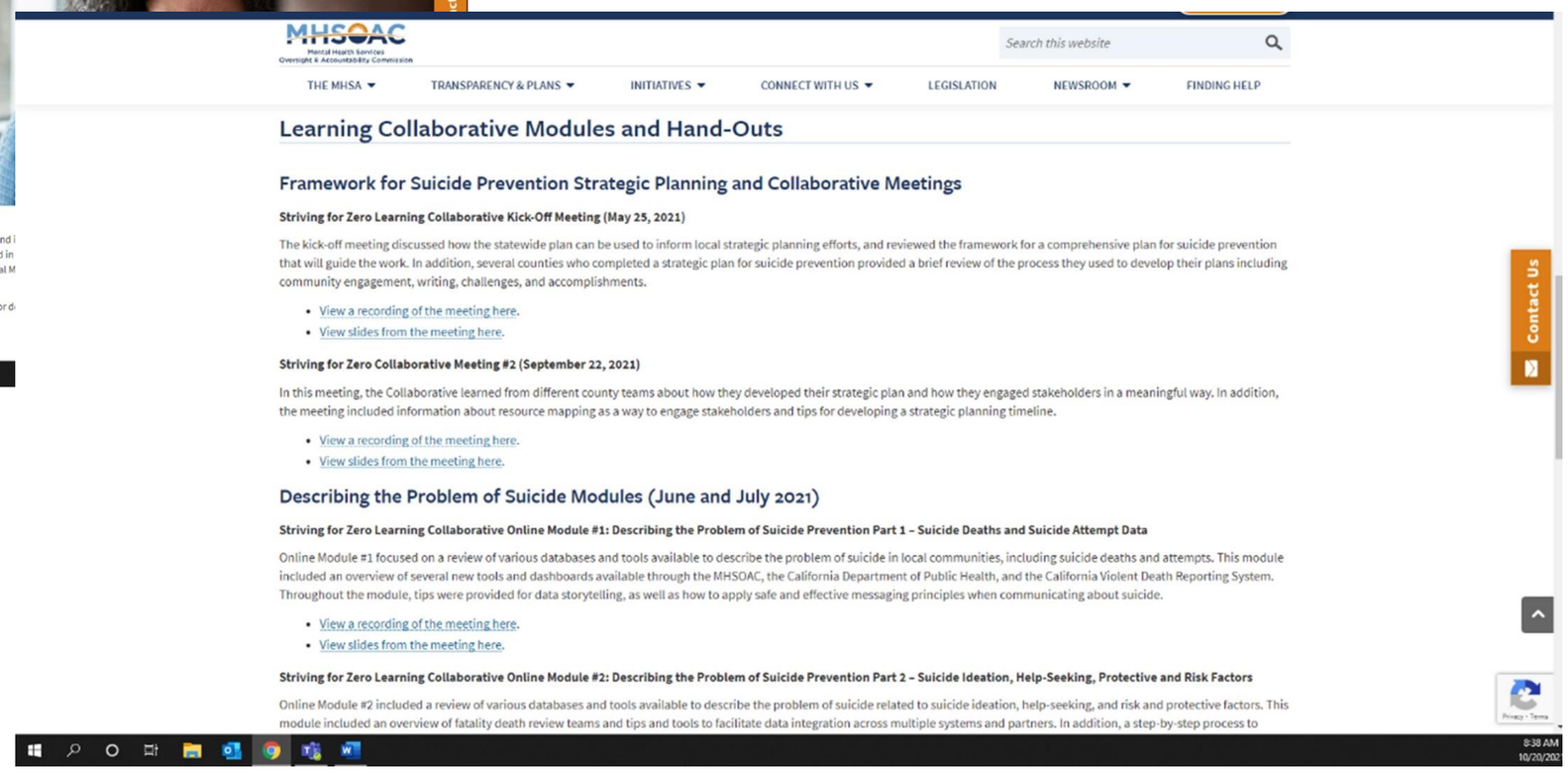
Find the Plan here: https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention/final-report

Pain Isn't Always Obvious
KNOW THE SIGNS
suicideispreventable.org

CalMHSA
California Mental Health Services Authority

Striving for Zero Learning Collaborative Resource Page

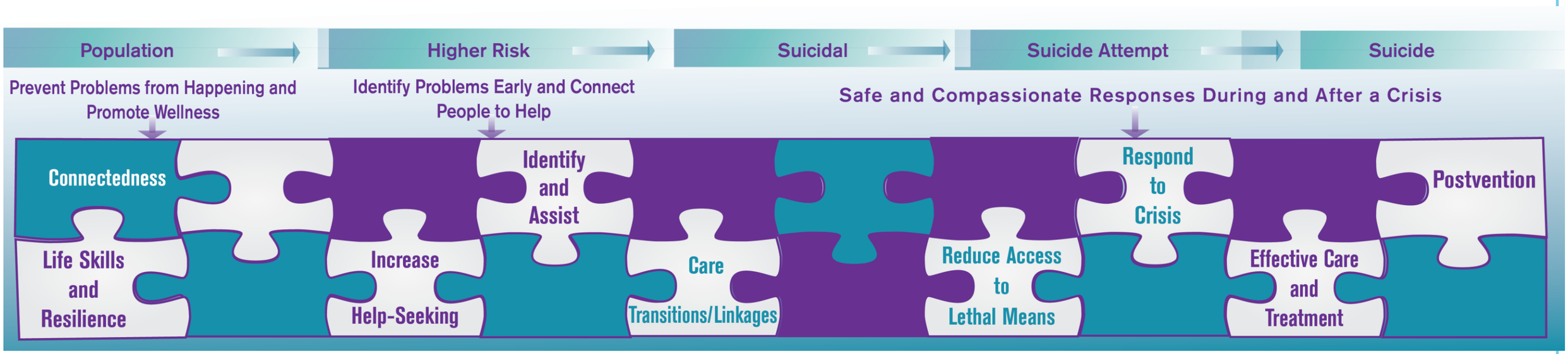




Steps of Strategic Planning

Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC)

Suicide Prevention Resource Center (SPRC)
Comprehensive Approach to Suicide Prevention



Population
Higher Risk
Suicidal
Suicide Attempt
Suicide
Prevent Problems from Happening and Promote Wellness
Identify Problems Early and Connect People to Help
Safe and Compassionate Responses During and After a Crisis
Connectedness
Life Skills and Resilience
Increase Help-Seeking
Identify and Assist
Care Transitions/Linkages
Reduce Access to Lethal Means
Respond to Crisis
Effective Care and Treatment
Postvention

Identifying and supporting individuals experiencing thoughts of suicide

3 STRATEGIC AIM

GOAL 9: PROMOTE A CONTINUUM OF CRISIS SERVICES WITHIN AND ACROSS COUNTIES

Desired Outcome Increase in linkage to community-based services for people experiencing suicidal behavior and their families and caregivers.

Short-term Target By 2025, 80 percent of all crisis services providers are trained in suicide prevention and are referring people in distress to community-based services based on risk assessments.

Objective 9e 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. Deliver suicide prevention training to all providers of such services.

Objective 9f Disseminate information on available crisis service resources to health, mental health, and substance use disorder care partners. Encourage these partners to include crisis services in safety plans developed through an alliance between partners and people at risk.

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Questions and Applications for Suicide Prevention Strategic Planning

- What currently happens when someone is identified at risk for suicide? At low-risk vs high-risk?
- Is everyone aware of crisis line supports (local or national)? What crisis call center does your county utilize/promote?
- Are you promoting and supporting any population specific support lines? Do you have a need?

Questions and Applications for Suicide Prevention Strategic Planning

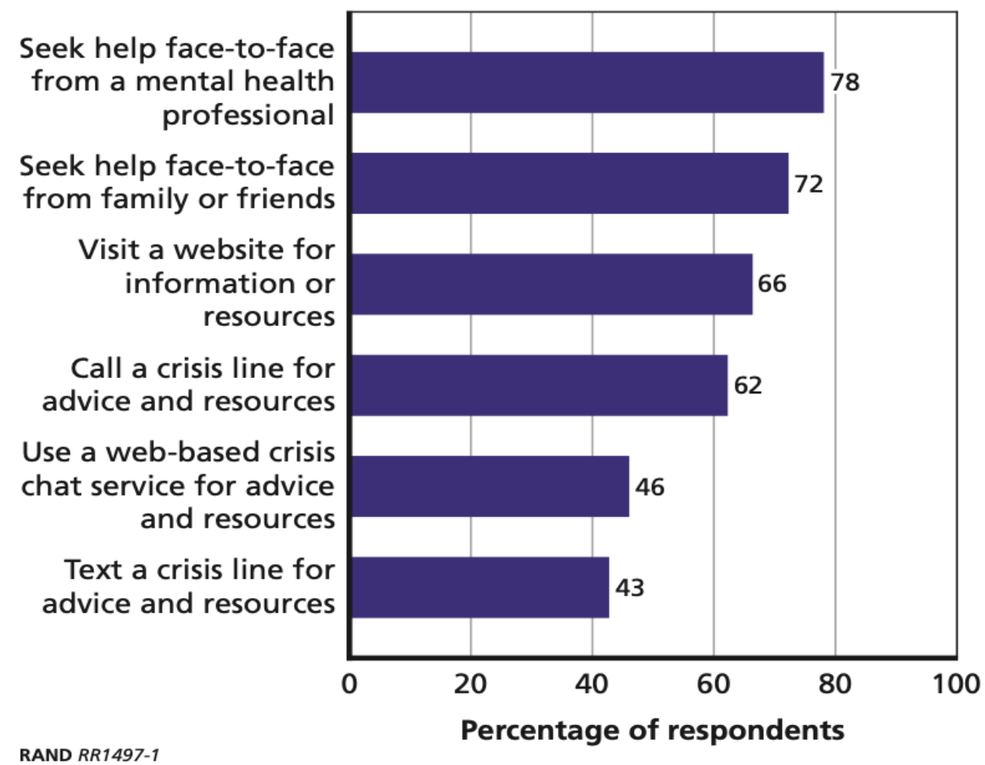
- What suicide risk screening/assessment tools are currently being used? What training is being provided for crisis services providers?
- What is the status of relationships and collaboration amongst crisis service providers? How could this be enhanced? Who is missing from the conversation? What are the barriers? Strengths/successes?
- Are mobile crisis response teams being utilized in your county? How? What is the capacity? Are community members aware of these?

Multiple Points of Entry for Crisis Response

Suicide Prevention Hotlines in California: Diversity in Services, Structure, and Organization and the Potential Challenges Ahead

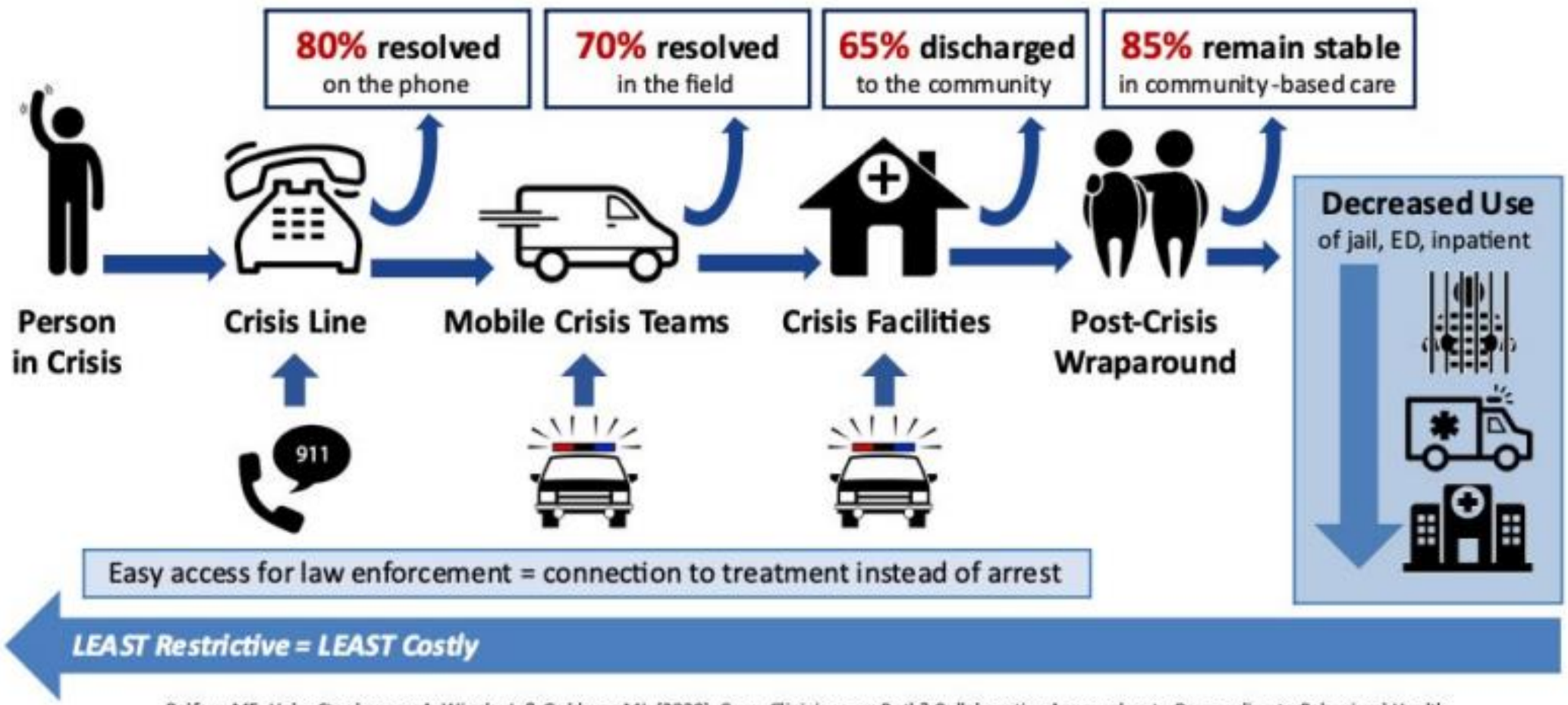
Rajeev Ramchand, Lisa H. Jaycox, and Patricia Ebener

Preferences for Help for Suicidal Thoughts



RAND *RR1497-1*

Crisis System: Alignment of services toward a common goal

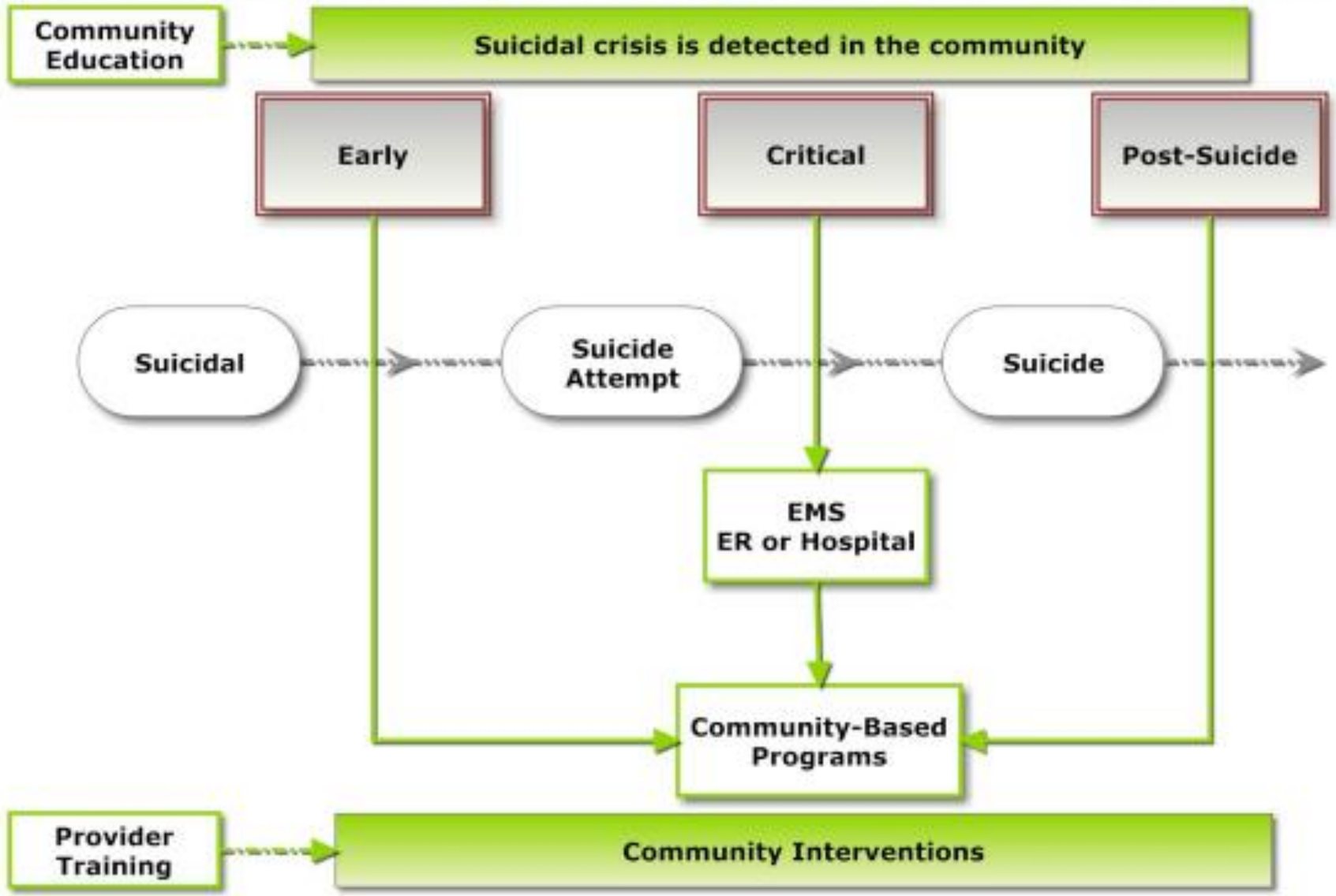


Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf

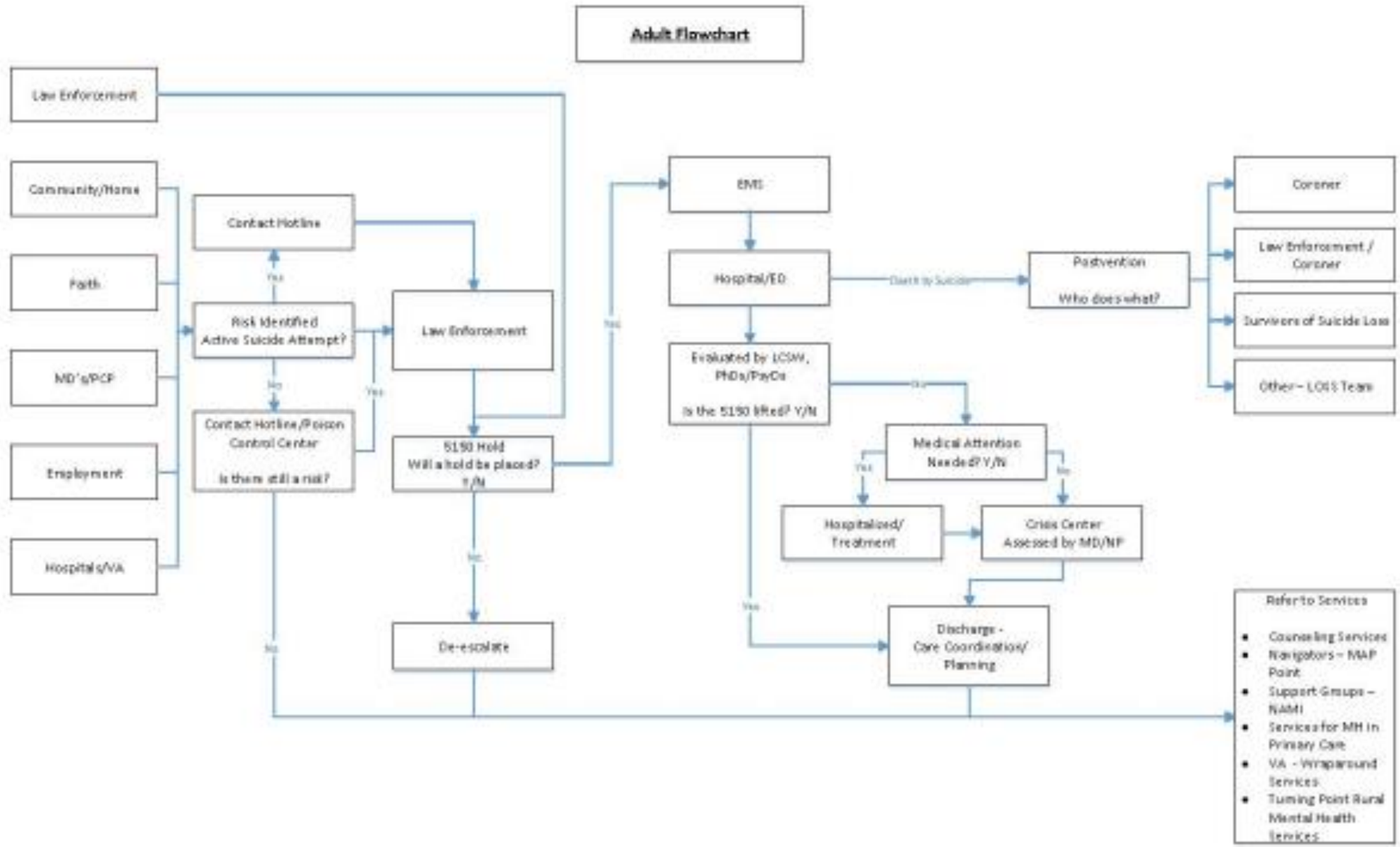
(Balfour, 2020)

fresno CARES

Figure 27. Simplified flowchart of Fresno County crisis system within the Suicide Crisis Path

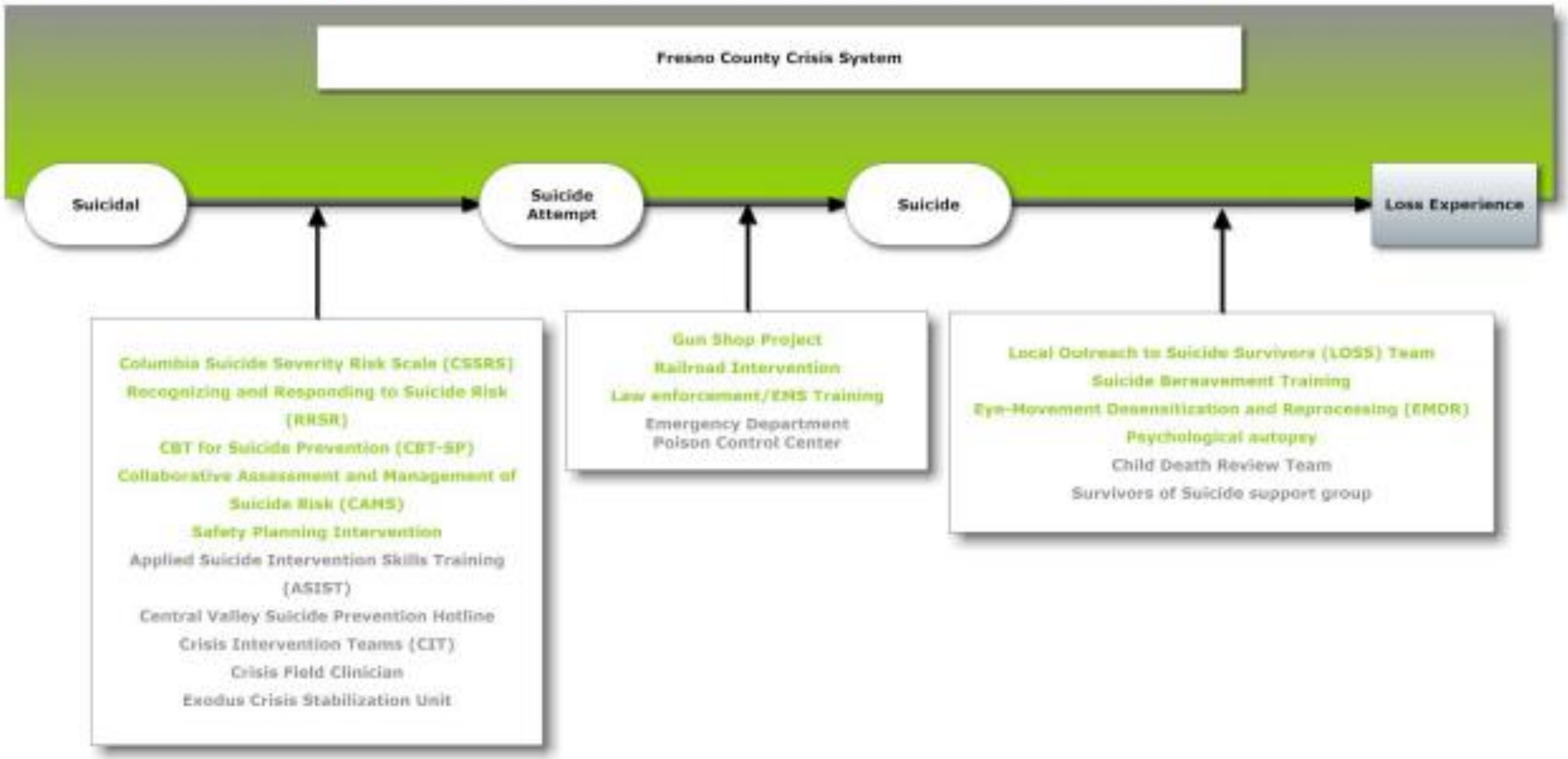


fresno
CARES



fresno CARES

Figure 28. Clinical and Crisis Intervention activities recommended for Fresno County

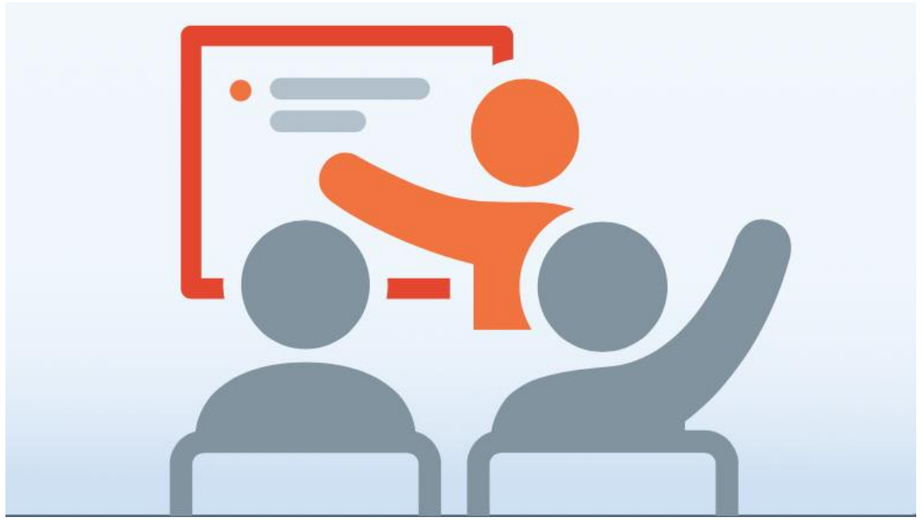


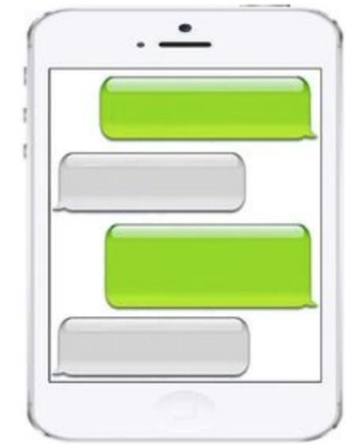
Crisis Services Continuum: Crisis Hotlines

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care.

Crisis hotlines provide immediate support and facilitated referrals to medical, health care, and community support services, and promote problem-solving and coping skills via telephone (or text or online chat) to individuals who are experiencing distress.

Crisis Centers

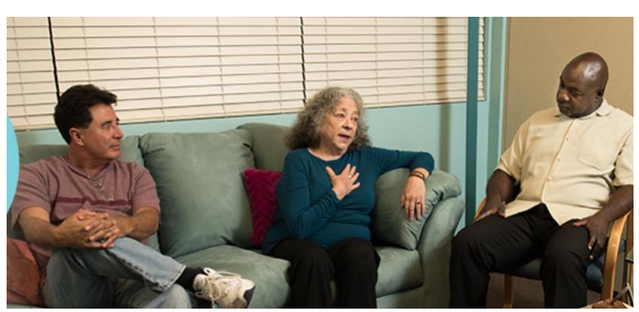




AMERICAN
ASSOCIATION OF SUICIDOLOGY

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

RED NACIONAL de PREVENCIÓN del SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org



Veterans Crisis Line
1-800-273-8255 PRESS 1

Crisis hotlines are uniquely positioned to provide follow up care.

CRISIS HOTLINES CAN:

- Provide 24-hour access to staff trained in suicide assessment and intervention
- Thoroughly assess for risk of suicide, provide support, offer referrals, develop a safety plan, and dispatch emergency intervention, if necessary
- Connect directly with local mobile crisis teams
- Avert unnecessary ED visits and better ensure needed ED visits
- Intervene when a caller is not willing or able to ensure his or her own safety

Guest Speaker:
Lyn Morris, LMFT
Didi Hirsch Mental Health Services

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9-8-8: The Future of Crisis Response

Lyn Morris, LMFT
Chief Operating Officer
lmorris@didihirsch.org

What is 9-8-8?

9-8-8

ANSWERING THE CALL

What is 9-8-8?

- America's first 3-digit number dedicated to mental health and suicide crisis
- Approved by FCC and Congress in 2020
- Must be implemented nationwide by July 16, 2022
- Call volume to crisis lines are expected to triple in the first 18 months.

9-8-8
ANSWERING THE CALL

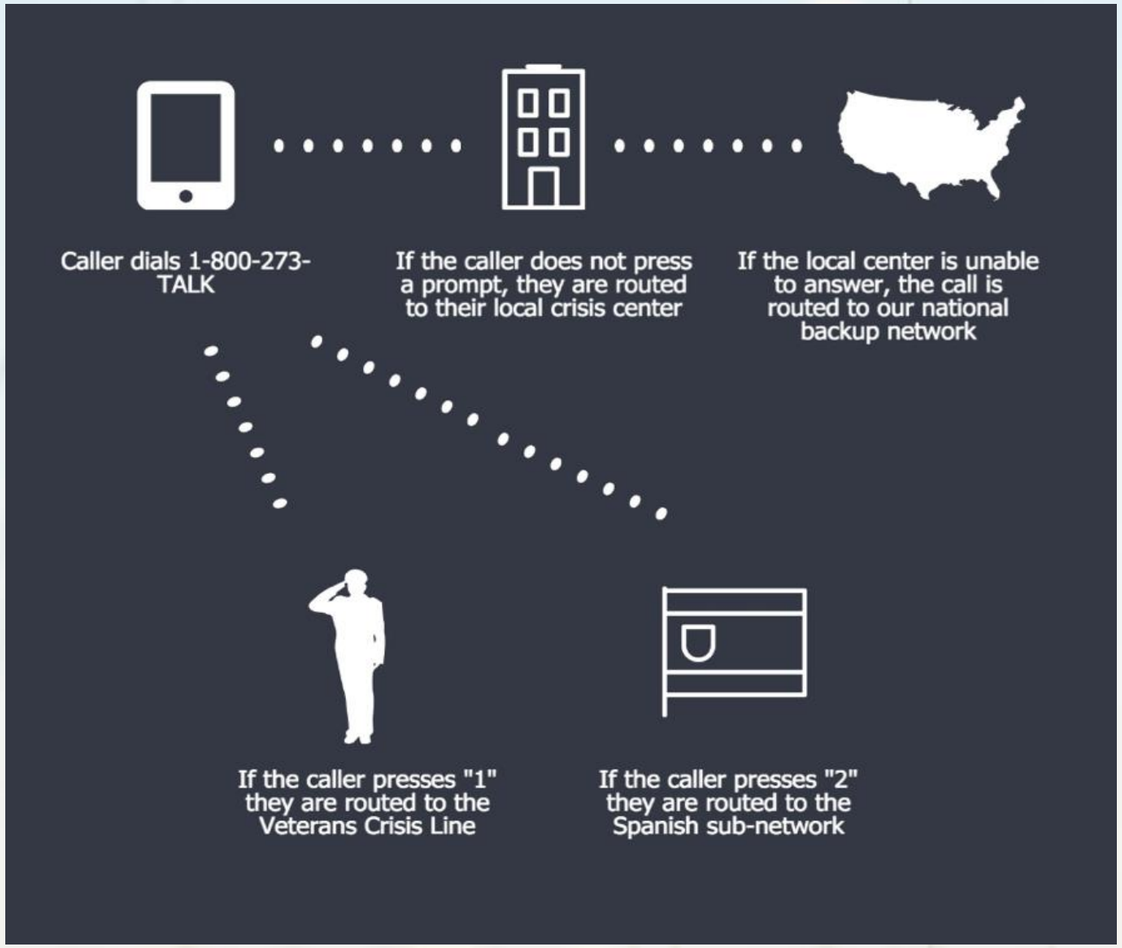
988 ≠ 911

Crisis call centers stabilize most situations over the phone through support, compassion, and guidance.

Protecting privacy, saving money, ensuring safety and empowering community members.

The 13 CA Crisis Centers are 9-8-8

Lifeline/9-8-8 is a network of independently operated and funded local and state crisis call centers. It is a national portal for connecting to localized services.

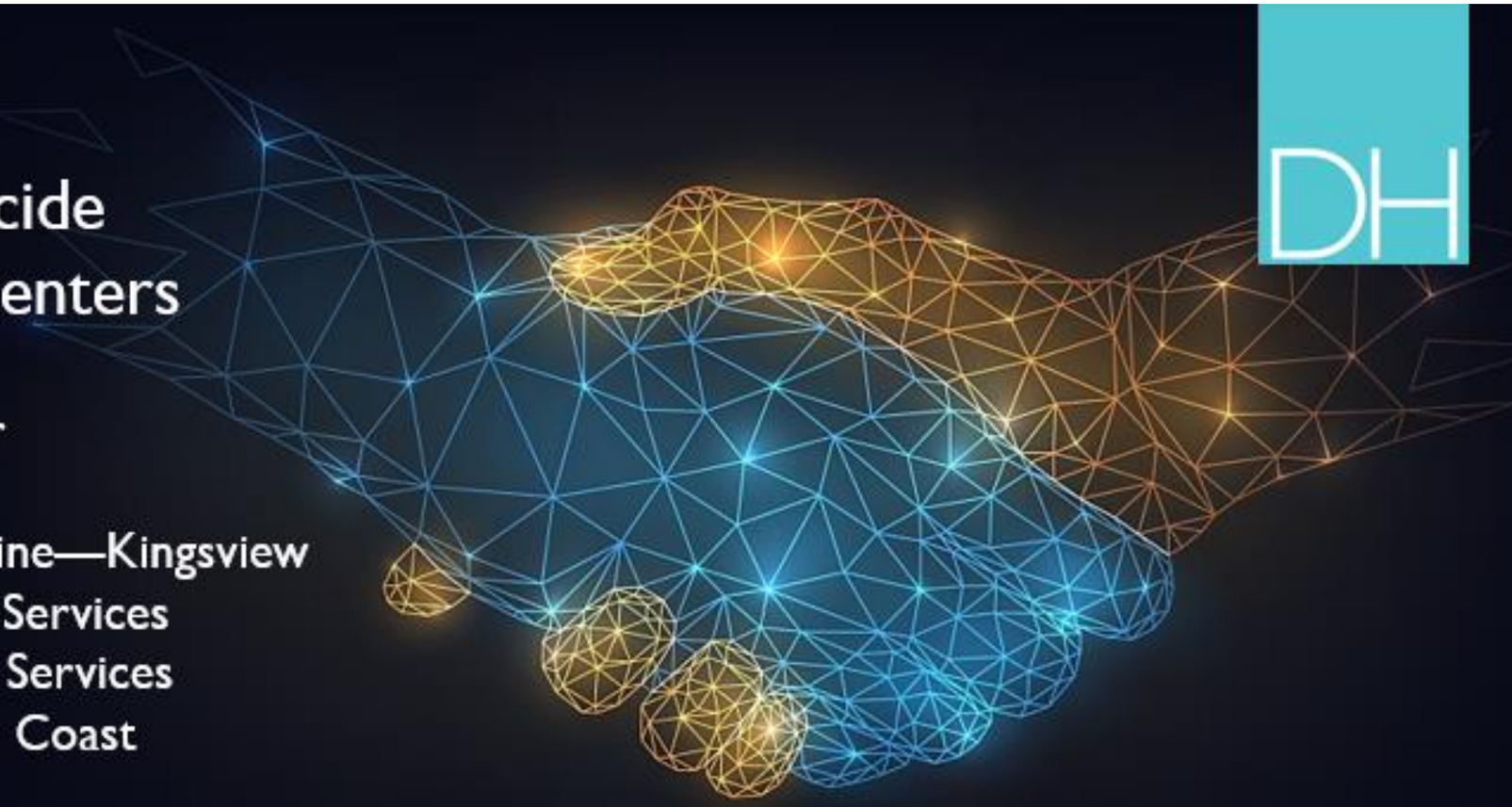


- 2.4M calls received (2005 – 2020)
- 190+ centers, including
  - 9 national backups
  - 30+ crisis chat/text centers
  - 3 Spanish centers
  - 3 National Disaster Distress Helplines
  - 1 Veterans Crisis Line

Didi Hirsch Suicide Prevention Center

- Largest and most comprehensive suicide prevention center
- Inaugural member of the Lifeline
- 137,000 calls/chats/texts
- 1 of 3 Spanish Crisis Lines 24/7 in nation
- 1 of 3 Disaster Distress Helpline in nation

California's 13 National Suicide Prevention Lifeline Crisis Centers

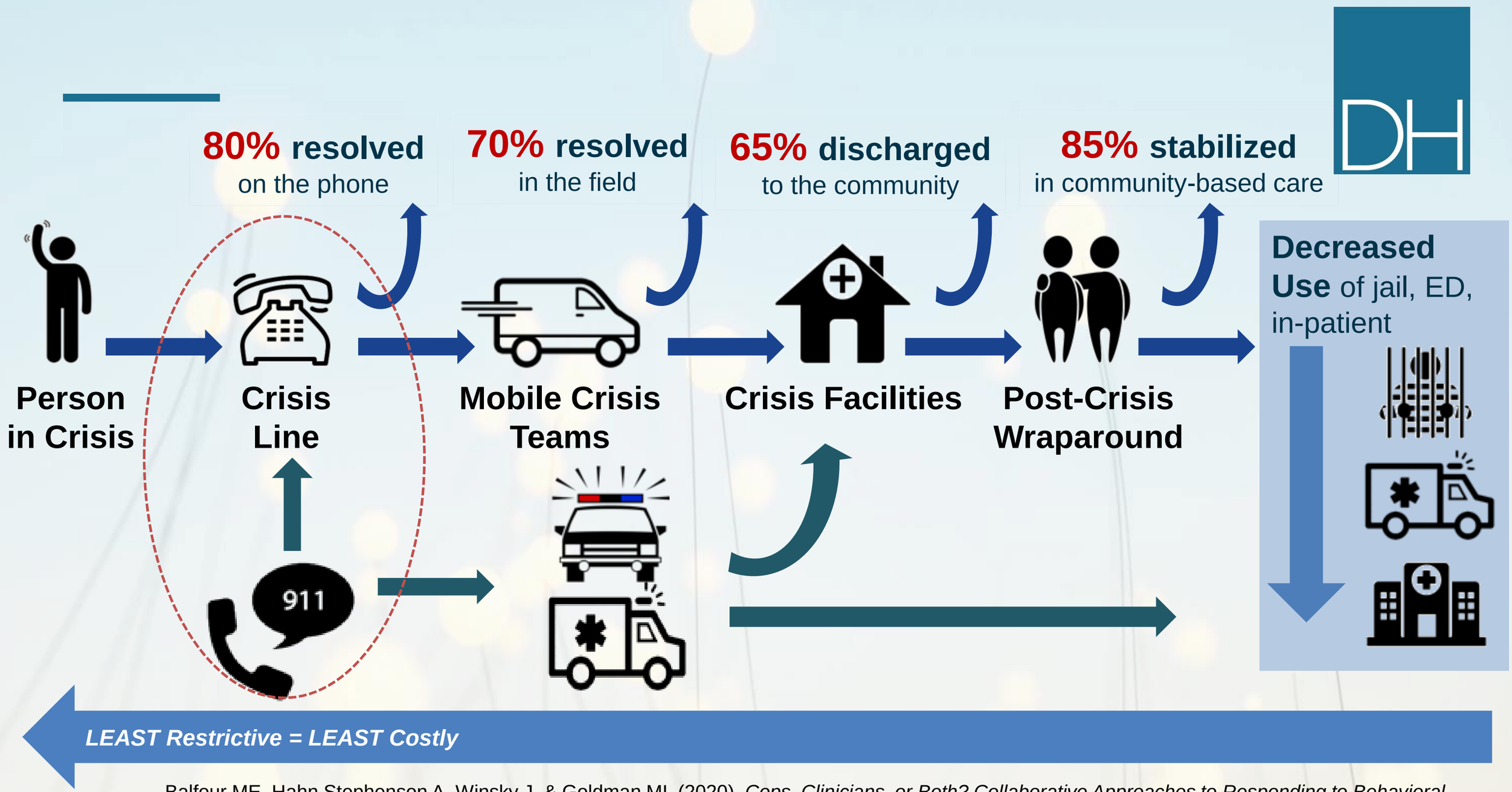


Didi Hirsch Suicide Prevention Center
Wellspace Health
Central Valley Suicide Prevention Hotline—Kingsview
Kern Behavioral Health and Recovery Services
Santa Clara County Suicide and Crisis Services
Suicide Prevention Services of Central Coast
StarVista
Contra Costa Crisis Center
Suicide Prevention of Yolo County
Crisis Support Services of Alameda County
Buckelew Suicide Prevention Program
Felton Institute—San Francisco Suicide Prevention
Optum

- Already led by Didi Hirsch in data quality and best practices
- 400,000-500,000 calls taken each year

What's needed for 988 to be effective?

- **Someone to answer the call**. 24/7 call centers that are adequately staffed by mental health professionals who are trained to respond to crises.
- **Someone to provide help**. Mobile response teams that are equipped for differing scenarios.
- **Someplace to go for treatment**. Crisis stabilization services that also connect people to follow-up care.



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The Future of Crisis Response

What happens if you call 9-1-1?
What happens if you call 9-8-8?
What if you need help beyond crisis line support?

- Psychiatric Mobile Response
- MEU SMART
- LASD MET

Where can you go?

- Crisis Stabilization Centers
- Peer Respite Centers
- Short-term Crisis Residential Homes

988 Statewide Planning and Funding

- Statewide Advisory Committee
  - State, County and local stakeholders

- Funding
  - $20M from DHCS—ends Dec. 2022
    - Unified Technology
    - Capacity and Infrastructure
  - $14.4M SAMHSA grant—ends April 2024
    - Staffing, Capacity

Need/Challenges

Long-term sustainable funding for 988 Crisis Centers and the crisis care continuum

Partnerships with Counties, law enforcement, local resources, warm/peer lines

Legislation—AB988

911 Diversion—no wrong door

9-8-8: Our Role

DID YOU KNOW?

You can help make 9-8-8 a success!

9-8-8: Our Role

9-1-1, 9-8-8, and the Journey Ahead in Crisis Response

What If...

- Working together
- Better People Ca
- Safer Communitie
- Saving Lives

9-8-8: The Future of Crisis Response

DH

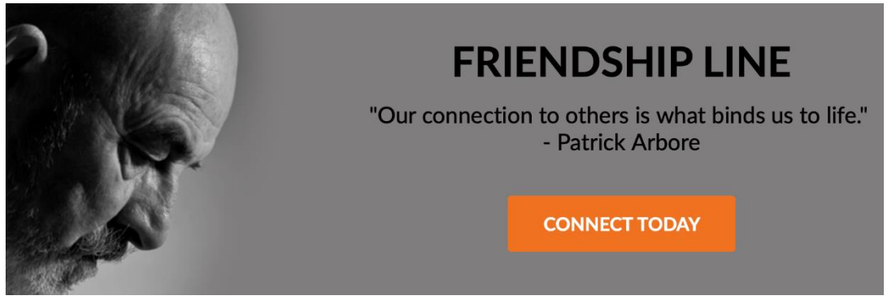
Didi Hirsch
SUICIDE PREVENTION CENTER

Questions and Thoughts

Q&A

teen line

teens helping teens



THE TREVOR lifeline

866.488.7386

YOU ARE NEVER ALONE

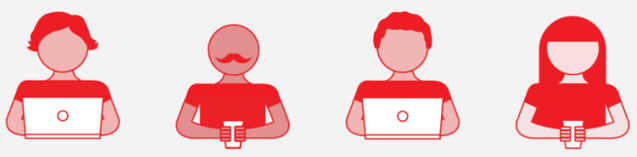
TheTrevorProject.org

WE'RE HERE FOR YOU

USA: (877) 565.8860

CAN: (877) 330.6366

TRANS LIFELINE



Crisis Text Line

Text from anywhere in the USA to text with a trained Crisis Counselor.

COPLINE™

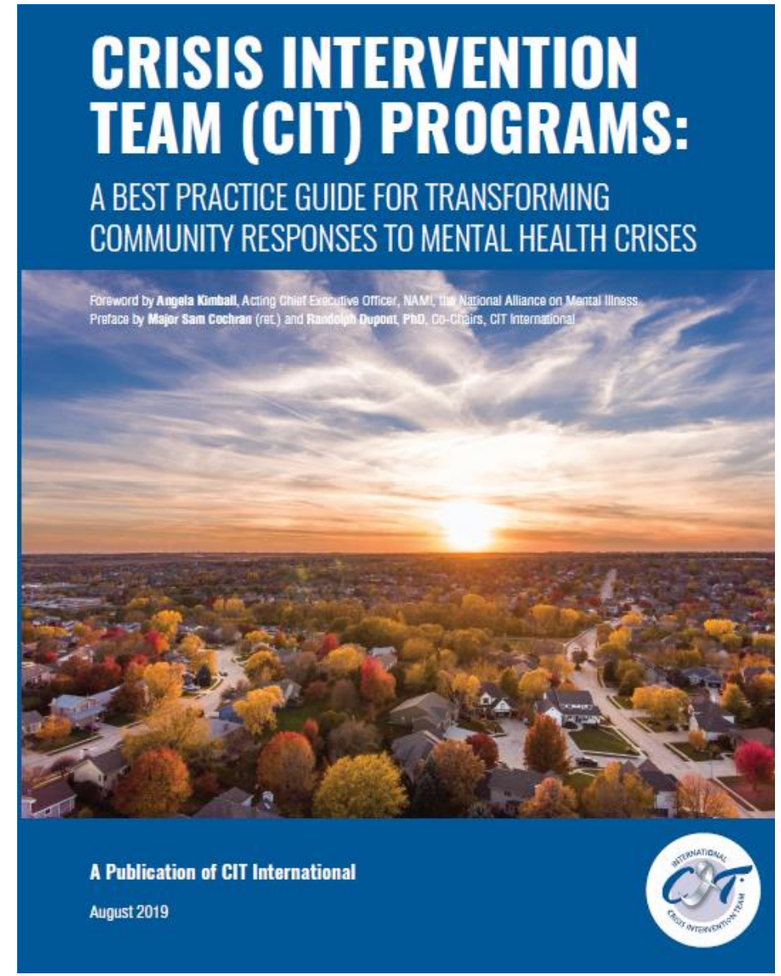
An Officer's Lifeline 1-800-267-5463

SAFE CALL NOW®

"Saving the lives of those who protect us"

SHARE THE LOAD™

A SUPPORT PROGRAM FOR FIREFIGHTERS AND EMTs



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit

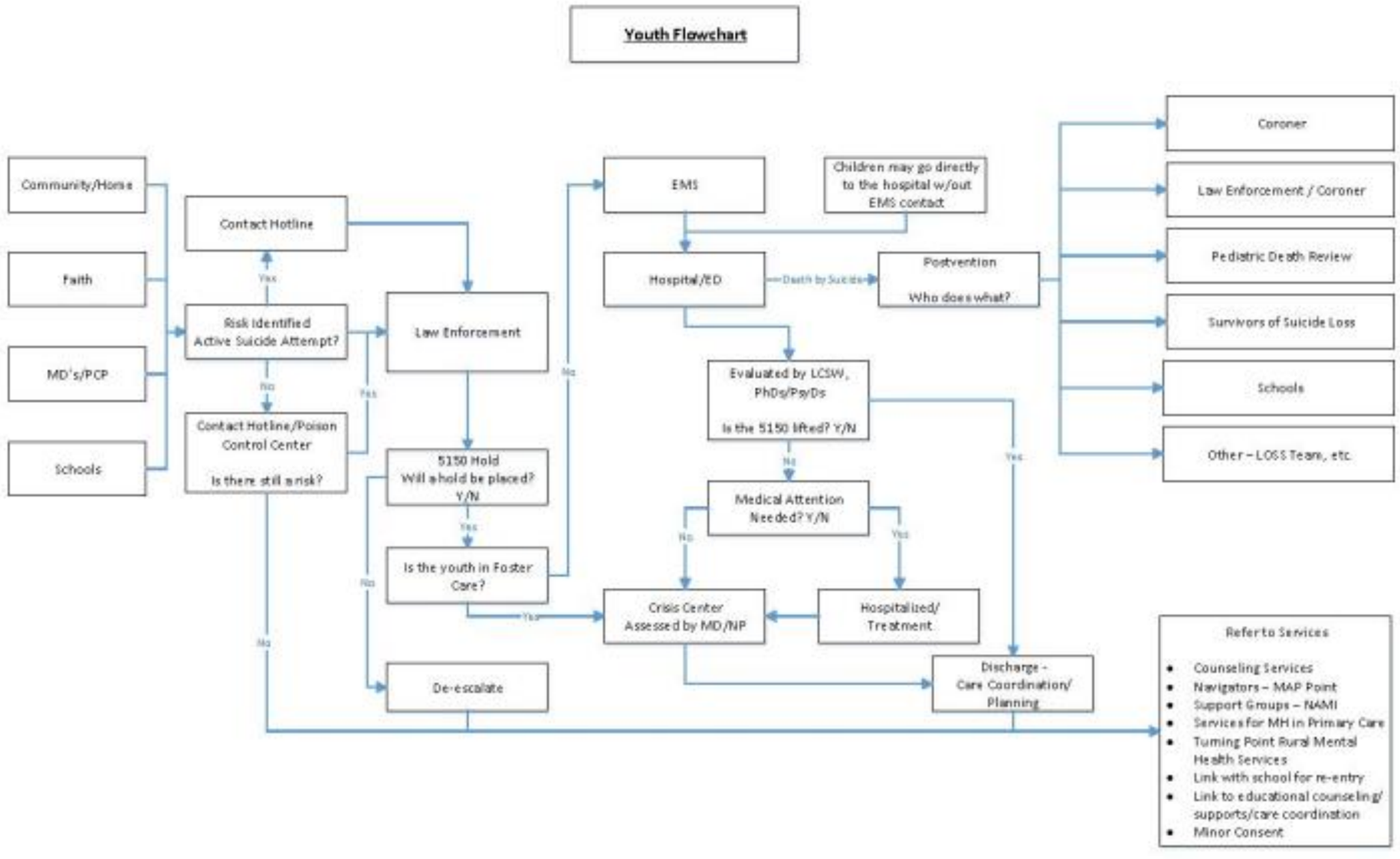
NATIONAL COUNCIL for Mental Wellbeing

NAMI
National Alliance on Mental Illness

ROADMAP TO THE IDEAL CRISIS SYSTEM

Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response

fresno
CARES



Guest Speaker:
Dr. Laurel Bear Ph.D

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School-based suicide prevention protocols have been developed and implemented.

Qualitative interviews in a local school district highlighted quality improvement targets:

Students & parents

- Feel excluded from decision-making processes
- Perceive procedures to be rigid and disciplinary
- Can perceive PMRT transport & hospitalization as traumatic

Family-centered care process model

School staff

- Like standardized procedures
- Want to reduce negative student experiences while prioritizing safety
- Describe practical & attitudinal barriers to follow-up services

Kodish et al., 2019

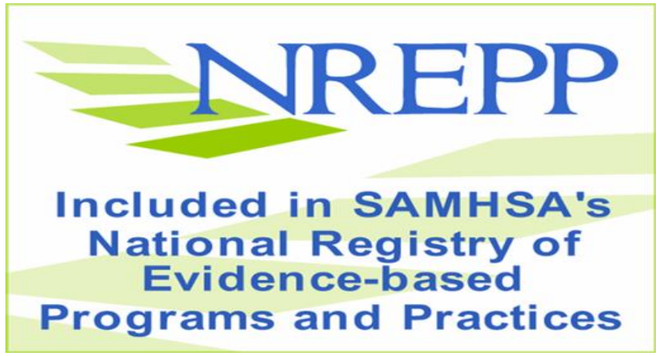
Focus Group: Safe Alternatives for Teens and Youth-Acute (SAFETY-A)

DR. ANNA LAU, UCLA Department of Psychology
Dr. LAUREL BEAR, Education Consultant
DR. JOAN ASARNOW, UCLA David Geffen School of Medicine
Duke University School of Medicine

SAFETY-A
(Safe Alternatives for Teens & Youth - Acute)

- Evidence-based intervention for suicidal youth
- Rooted in cognitive-behavioral and family systems theory
- Involves caregivers/parents throughout the therapeutic assessment and intervention process
- Initially designed for use in the ED and adapted for use in other settings
- Effective in enhancing linkage to mental health care

Goals



Behavioral assessment of imminent risk

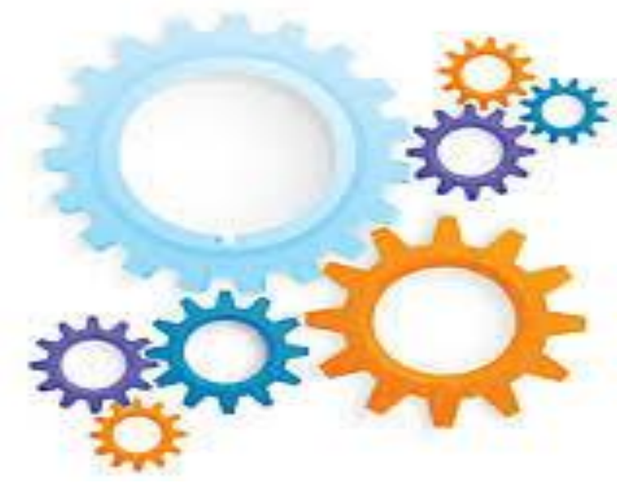
Brief intervention designed to:

- Improve care linkage
- Increase safety
- Enhance family support
- Improve youth functioning

Intended Use

- Complement schools suicide risk screening and approach with students and families

- NOT to replace, policies, procedures, and protocols



Safety-A Target Population

<u>NOT</u> for students you are sure will require hospitalization

<u>USE with</u> students with identified risk that require continued screening to identify next steps when it is not immediately clear that they will require hospitalization

<u>USE with</u> student as part of school reintegration plan

Risk Assessments Goals

1. Identify youth at risk of suicide or self harm
    - Risk Screening
2. Prevention of immediate risk and harm
    - Intervention and personal plan for safety
3. Connection of students to resources and treatment
    - Family involvement likely necessary
    - Inclusion of caregivers is critical to ensure safety and promote coping (Crepeau-Hobson, 2013; Hall-Lande et al., 2007)
    - Schools are NOT solely responsible for treatment (Brock & Louvar Reeves, 2018)

Benefits of SAFETY-A in Schools

Use with students who are suicidal may offer other benefits:

- More resources for supporting students
- Relationship building with vulnerable students
- Promotion of future help-seeking behavior
- Empowerment of students
- Alternatives to Emergency Department referral
- School reentry

SAFETY-A
Session Components

Youth

Parent/caregiver

Family

More resources for supporting students

Relationship building with vulnerable students

Promotion of future help-seeking behavior

Empowerment of students

Alternatives to Emergency Department referral

School-re-entry

Benefits to Using SAFETY-A in Schools

Thank You!

- UCLA –Duke ASAP Center

https://www.asapnctsn.org/

Q&A

Crisis Services Continuum: Mobile Crisis Teams

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care.

- **Mobile crisis teams** provide acute mental health crisis stabilization and psychiatric assessment services to individuals within their own homes and in other sites outside of a traditional clinical setting. Such teams' main objectives are to provide rapid response, assess the individual, and resolve crisis situations that involve individuals who have a behavioral health disorder.

Example:
Santa Cruz County Mobile Emergency Response Team for Youth (MERTY)

Crisis Services Continuum: Crisis Observation or Stabilization

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care.

- **23-hour crisis observation or stabilization** provides individuals in severe distress with up to 23 consecutive hours of supervised care to help de-escalate the severity of their crisis and need for urgent care, and to avoid unnecessary hospitalizations.

Crisis Services Continuum: Peer Crisis Services

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care.

- **Peer crisis services** are an alternative to a psychiatric emergency department or inpatient hospitalization and are operated by people who have experience living with a mental illness (i.e., peers). Services are intended to last less than 24 hours but may extend up to several days, if needed. Peer crisis services are generally shorter-term than crisis residential services.

Guest Speaker:
Santa Cruz Behavioral Health

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COUNTY OF SANTA CRUZ

Behavioral Health Services

FOR CHILDREN & ADULTS

A QUILT WORK APPROACH:

Santa Cruz County Behavioral Health Crisis Services

Service	Walk-in Crisis Services	Mobile Emergency Response Team	Mental Health Liaisons to Law Enforcement	Crisis Stabilization Program	Psychiatric Health Facility
Description	Crisis Assessment & Intervention Services for adults and children. Also provides linkage & referrals for follow-up care	Mobile Crisis Team responding in the field to secure sites for individuals experiencing a serious mental health crisis	Mental Health Clinicians embedded with Santa Cruz Police Department, Santa Cruz Sheriff's Office, & Watsonville Police Department	Crisis assessment, intervention and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources	Locked 16-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. Twenty-four hour treatment and care.
Hours of Operation	Monday – Friday, 8:00 am – 5:00pm (non holidays)	Monday – Friday, 8:00 am – 5:00pm (non holidays)	Monday – Friday, 8:00 am – 5:00pm (non holidays)	24 – hours/day 365 days/year	24 – hours/day 365 days/year
Location	1400 Emeline Ave, Santa Cruz	Field-based	Field-based	2250 Soquel Avenue, Santa Cruz	2250 Soquel Avenue, Santa Cruz
Access Process	Self-refer	Call (800) number to reach a Triage Worker	Law Enforcement Dispatch	Self- refer or 5150	Self-refer or 5150
Telephone Number	1 (800) 952-2335	1 (800) 952-2335	911 – dispatch; 1 (800) 952-2335	(831) 600-2800	(831) 600-2800

MHL Program

& CIT

TOWER

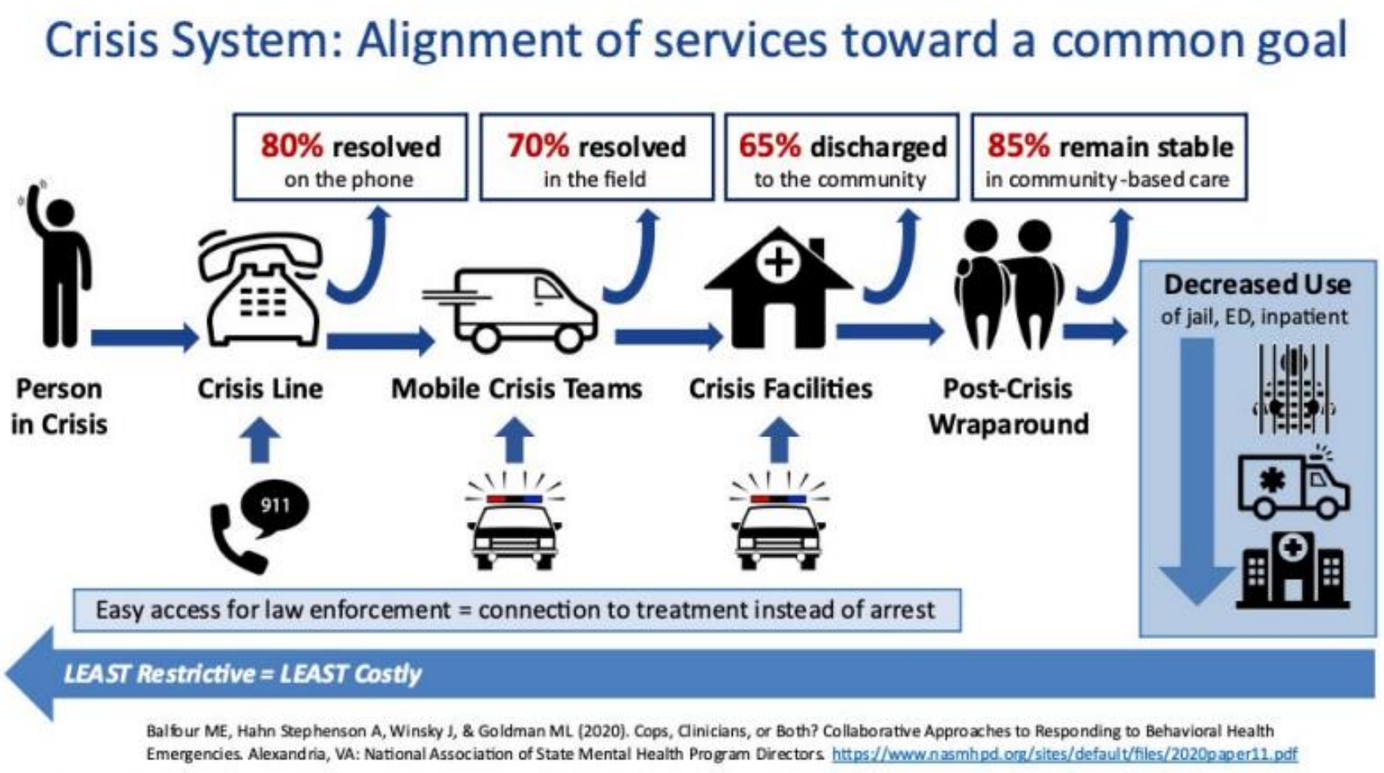
Crisis Care Mobile Units (CCMU) Grant

- Expanding community-based crisis services for youth and adults
- Funds for BH Infrastructure
  - Ex. Supervisors and Managers to oversee program expansion, data reporting, and outcomes measurement
- Non-competitive and competitive funding based on the strength of a local application

ACCESS FOR ALL * ACCESO PARA TODOS *
MERTY

COUNTY OF SANTA CRUZ
Behavioral Health Services
FOR CHILDREN & ADULTS

Mapping out an ideal crisis response



(Balfour, 2020)

Q&A

What’s Next?

Online Module #5 After a Suicide Attempt

Wednesday, April 20th 10AM - 12PM

Register here.

Striving for Zero Collaborative Meeting #5

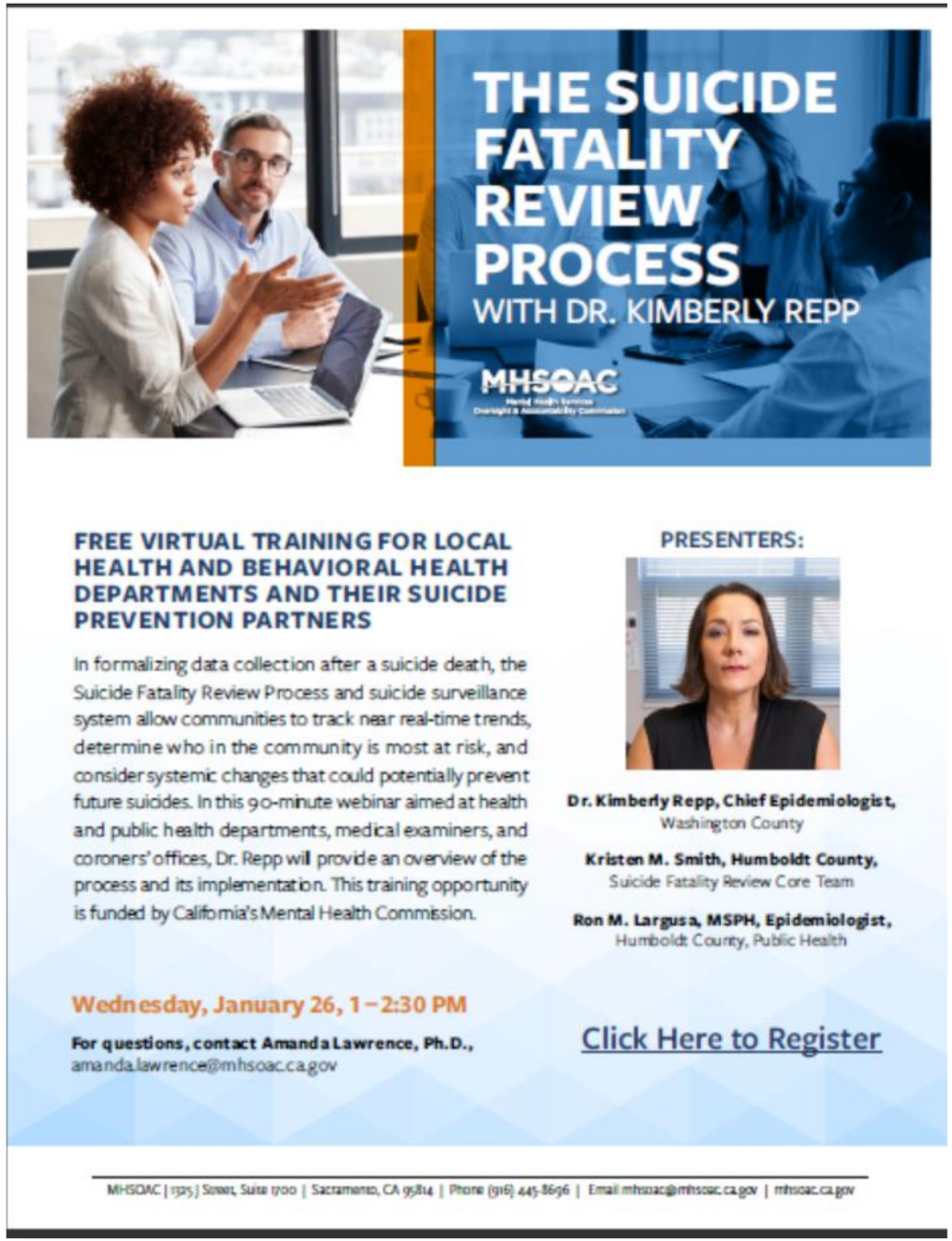
Wednesday, June 15th 10AM - 12PM

Register here.

Learning Collaborative Resource Page:

View Recording here:

https://mhsoac.ca.gov/initiatives/suicide-prevention/the-suicide-fatality-review-process-webinar/



THE SUICIDE FATALITY REVIEW PROCESS

WITH DR. KIMBERLY REPP

MHSOAC

FREE VIRTUAL TRAINING FOR LOCAL HEALTH AND BEHAVIORAL HEALTH DEPARTMENTS AND THEIR SUICIDE PREVENTION PARTNERS

In formalizing data collection after a suicide death, the Suicide Fatality Review Process and suicide surveillance system allow communities to track near real-time trends, determine who in the community is most at risk, and consider systemic changes that could potentially prevent future suicides. In this 90-minute webinar aimed at health and public health departments, medical examiners, and coroners' offices, Dr. Repp will provide an overview of the process and its implementation. This training opportunity is funded by California's Mental Health Commission.

PRESENTERS:

Dr. Kimberly Repp, Chief Epidemiologist, Washington County

Kristen M. Smith, Humboldt County, Suicide Fatality Review Core Team

Ron M. Largusa, MSPH, Epidemiologist, Humboldt County, Public Health

Wednesday, January 26, 1 – 2:30 PM

For questions, contact Amanda Lawrence, Ph.D., amanda.lawrence@mhsoac.ca.gov

Click Here to Register

MHSOAC | 1325 J Street, Suite 1700 | Sacramento, CA 95814 | Phone (916) 445-8696 | Email mhsoac@mhsoac.ca.gov | mhsoac.ca.gov

Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities

- Jan. 20, 2022, 10:00 AM PST to 11.30 AM PST

Sociocultural risk and protective factors associated with suicide among BIPOC youth

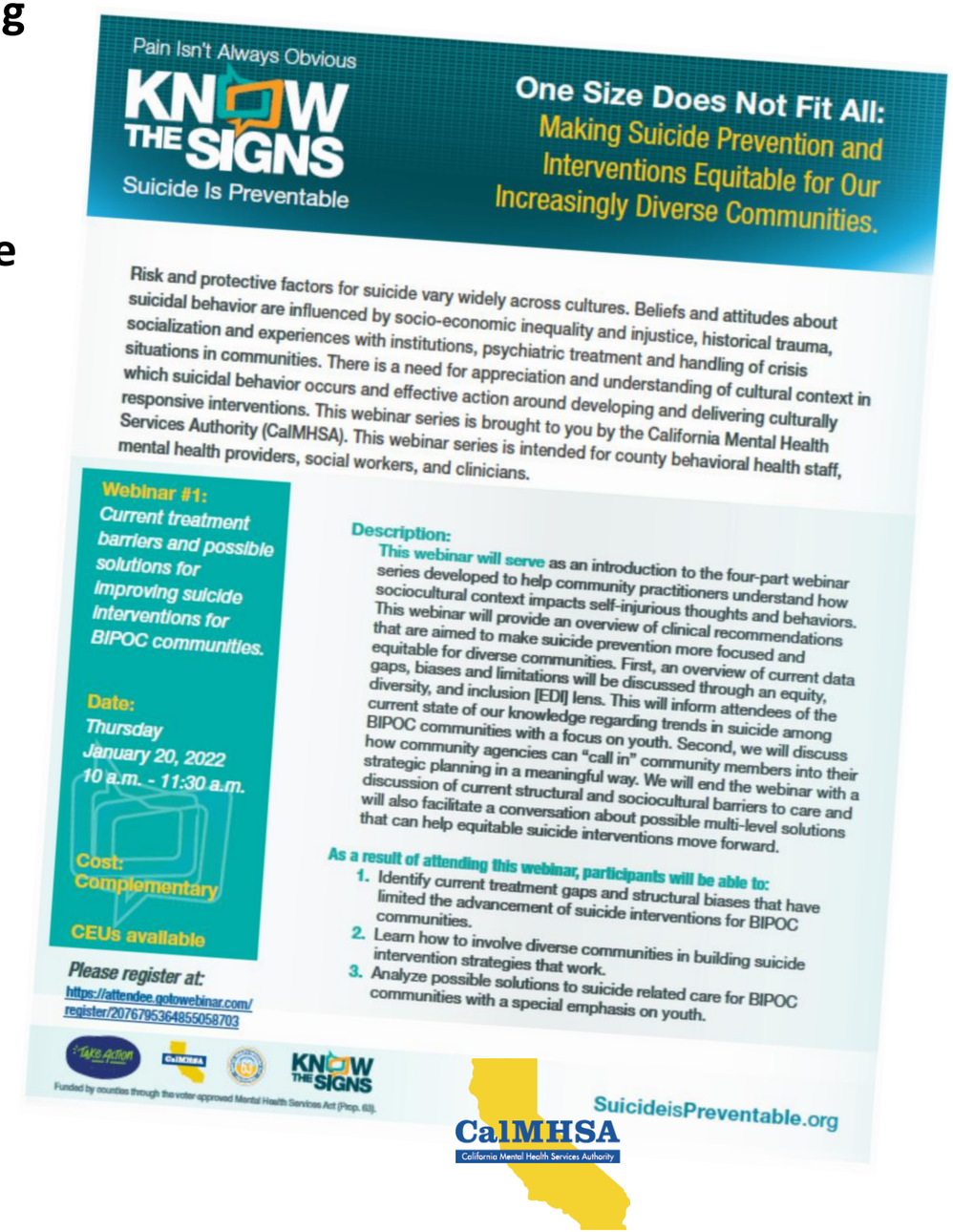
- Feb 8, 2022, 10 AM PST to 11.30 AM PST

Structural and systemic factors that impact suicide treatment seeking and access BIPOC youth

- Feb 22, 2022, 10:00 AM PST to 11.30 AM PST
- https://attendee.gotowebinar.com/register/2667302378203444751

Delivering culturally responsive suicide interventions in community settings

- March 8, 2022, 10 AM PST to 11.30 AM PST
- https://attendee.gotowebinar.com/register/1113945335852707084



Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable

One Size Does Not Fit All:
Making Suicide Prevention and Interventions Equitable for Our Increasingly Diverse Communities.

Risk and protective factors for suicide vary widely across cultures. Beliefs and attitudes about suicidal behavior are influenced by socio-economic inequality and injustice, historical trauma, socialization and experiences with institutions, psychiatric treatment and handling of crisis situations in communities. There is a need for appreciation and understanding of cultural context in which suicidal behavior occurs and effective action around developing and delivering culturally responsive interventions. This webinar series is brought to you by the California Mental Health Services Authority (CalMHSA). This webinar series is intended for county behavioral health staff, mental health providers, social workers, and clinicians.

Webinar #1:
Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities.

Date:
Thursday
January 20, 2022
10 a.m. - 11:30 a.m.

Cost:
Complementary

CEUs available

Please register at:
https://attendee.gotowebinar.com/register/2076795364855058703

Description:
This webinar will serve as an introduction to the four-part webinar series developed to help community practitioners understand how sociocultural context impacts self-injurious thoughts and behaviors. This webinar will provide an overview of clinical recommendations that are aimed to make suicide prevention more focused and equitable for diverse communities. First, an overview of current data gaps, biases and limitations will be discussed through an equity, diversity, and inclusion [EDI] lens. This will inform attendees of the current state of our knowledge regarding trends in suicide among BIPOC communities with a focus on youth. Second, we will discuss how community agencies can "call in" community members into their strategic planning in a meaningful way. We will end the webinar with a discussion of current structural and sociocultural barriers to care and will also facilitate a conversation about possible multi-level solutions that can help equitable suicide interventions move forward.

As a result of attending this webinar, participants will be able to:

1. Identify current treatment gaps and structural biases that have limited the advancement of suicide interventions for BIPOC communities.
2. Learn how to involve diverse communities in building suicide intervention strategies that work.
3. Analyze possible solutions to suicide related care for BIPOC communities with a special emphasis on youth.

Take Action · CalMHSA · KNOW THE SIGNS

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

SuicideisPreventable.org

CalMHSA
California Mental Health Services Authority

Guiding Resources

Thank you for your time

For more information please contact: jana@yoursocialmarketer.com

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** **1-**888-682-9454