

Striving for Zero

Striving for Zero Learning Collaborative Module – Measuring Outcomes – February 8, 2023

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) or 988

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 o 988

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.

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



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>

Advancing Strategic Planning for Suicide Prevention in California
Fiscal Years 2018-2020

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CalMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

Steps of Strategic Planning

- Step 1: Describe the Problem
- Step 2: Choose Long Term Goals
- Step 3: Identify Risk and Protective Factors
- Step 4: Select or Develop Interventions
- Step 5: Plan the Evaluation
- Step 6: Implement, Evaluate, Improve

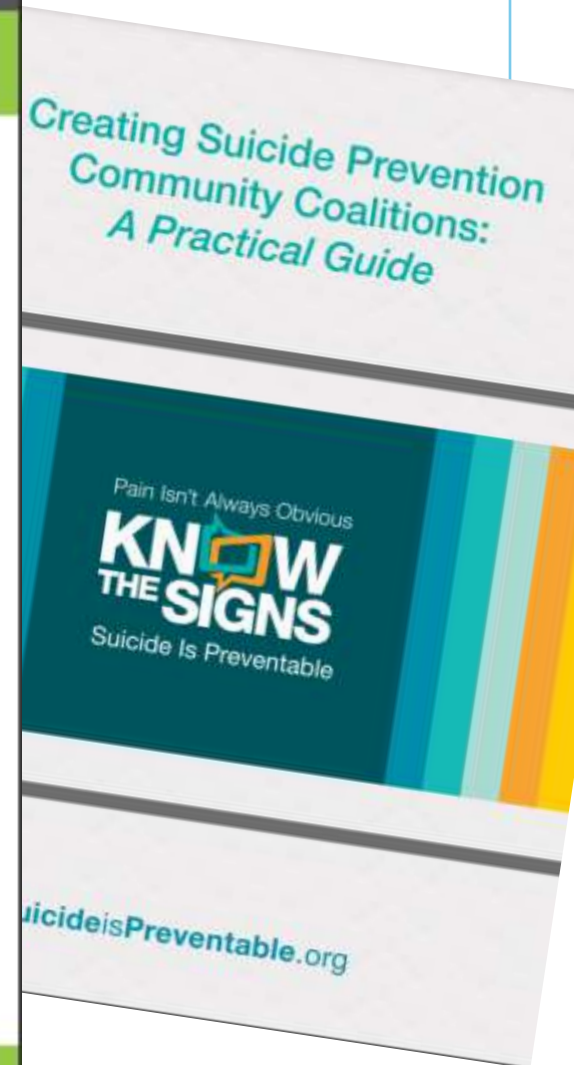
Strategic Planning Framework

The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.
— Ruby Covert, Nevada County Public Health

The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

Each Mind MATTERS logo and logos for the California Department of Public Health and the Learning Collaborative are at the bottom.



Striving for Zero Collaborative Module

April 19, 2023

10AM - 12PM

To register: [LINK](#)

Learning Collaborative Resource Page



Striving for Zero Collaborative Module

June 7, 2023

10AM - 12PM

To register: [LINK](#)

<https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/>

What are your struggles or questions about program evaluation for suicide prevention? Write anonymous questions/comments here:
<https://forms.gle/9SXk9Wxn9CEHsaUw7>

✓ **Joyce Chu, Ph.D.**

joycepchu@gmail.com



Joyce Chu is a licensed Clinical Psychologist whose expertise lie in the areas of suicidology, diversity and culture, and community mental health. She is a Director of Community Connections Psychological Associates and holds a Professor position at Palo Alto University. Her work is focused around advancing the assessment and prevention of suicide for ethnic minority and LGBTQ populations, particularly in Asian Americans. She has published numerous works including a cultural theory and model of suicide and a tool that assists in accounting for cultural influences on suicide risk.

✓ **Nicolle Perras,
MPH, LMFT**



Nicolle Perras has worked at the intersections of public health and mental health for 20 years; with specializations in suicide prevention, the impact of trauma on health and wellbeing, trauma informed care and systems, vicarious trauma and staff wellbeing. Nicolle received her BA and MPH from UCLA, and is also a Licensed Marriage and Family Therapist in Los Angeles, California.

Please take
of yourself

While we are all passionate about
suicide prevention, please
remember to take care of yourself
or step away if you need to.

Poll

What is the program evaluation development stage of your county? Answers can be for your plan as a whole or a specific goal(s) in the plan.

- **Undeveloped:** We are just beginning to think about program evaluation and measuring outcomes.
- **Early stages of development:** We have some outcome measures for one or more goals in our plan, but have not put it together in a logic model.
- **Middle stages of development:** We've started to put together a logic model and evaluation plan for one or more goals in our plan, but are still working on it.
- **Later stages of development:** We have a logic model and evaluation plan for one or more goals in our plan, but we have not collected or analyzed data.
- **Completely developed:** We have a logic model and evaluation plan for one or more goals in our plan, collected data, and performed data analysis to assess if we are meeting our goal.

Poll

What are some barriers to advancing your program evaluation plan? (choose all that apply)

- Limited access to staff who are trained in program evaluation
- Developing a logic model seems complicated
- Not enough budget to hire internal or external data / program evaluation specialists
- Limited availability of suicide-related data
- It's not clear how program evaluation will be helpful to us

Steps of Strategic Planning



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



Evaluation Is Thought To Be:

Expensive
Time-consuming
Tangential
Technical
Not Inclusive
Academic
Punitive
Political
Useless

Evaluation Can Be:

Cost-effective
Strategically timed
Integrated
Accurate
Engaging
Practical
Helpful
Participatory
Useful

Centers for Disease Control and Prevention, Evaluation Guide,
http://www.cdc.gov/cvh/library/evaluation_framework/index.htm





*Duncan
Hines.*

PERFECTLY
MOIST

DARK CHOCOLATE FUDGE
CAKE MIX



PER 1/10 PACKAGE

170
CALORIES

2.5g
SAT FAT

480mg
SODIUM

17g
TOTAL SUGARS

See nutrition facts for
"at home" information

NET WT 15.25 OZ (432g)

1 1/4 Cups Water



1 1/4 tazas de agua

+

**1/2 Cup
Vegetable Oil**



1/2 taza de aceite vegetal

+

3 Eggs



3 huevos

Time to bake!

Program Evaluation: 4 Simple Steps



Program Evaluation: 4 Simple Steps

1. Goals

2. Activities
(to achieve the Goals)

**3. Output /
Outcomes**
(of the Activities)

4. Measures
(for the Outcomes)



Program Evaluation: 4 Simple Steps



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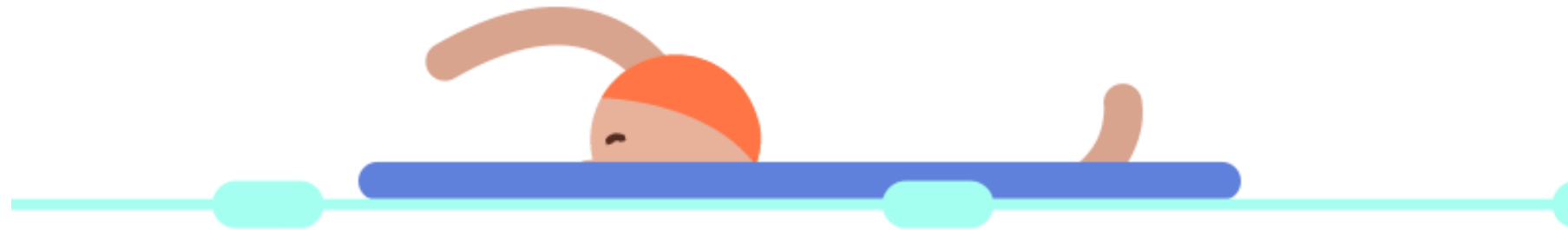
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3 practices
per week



Program Evaluation: 4 Simple Steps

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(for the Outcomes)



3 practices
per week

- Improved swimming skills
- Increased social engagement



Program Evaluation: 4 Simple Steps

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2. Activities
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3 practices
per week

- Improved swimming skills
- Increased social engagement

- Swim meet lap times
- Playdate invitations
- Decreased screen time



Program Evaluation: 4 Simple Steps

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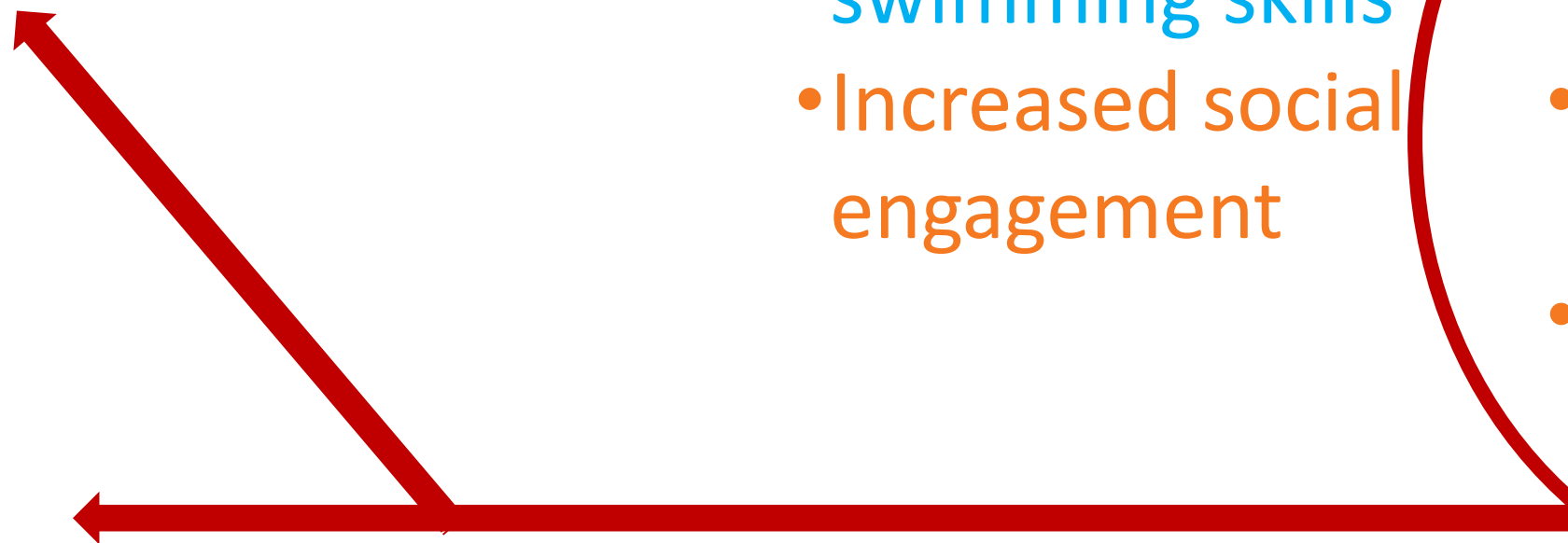
4. Measures
(for the Outcomes)



3 practices
per week

- Improved swimming skills
- Increased social engagement

- Swim meet lap times
- Playdate invitations
- Decreased screen time



Step 1: Goals

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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 o 988



Specific



Measurable



Achievable



Relevant



Timed



SMART Goals

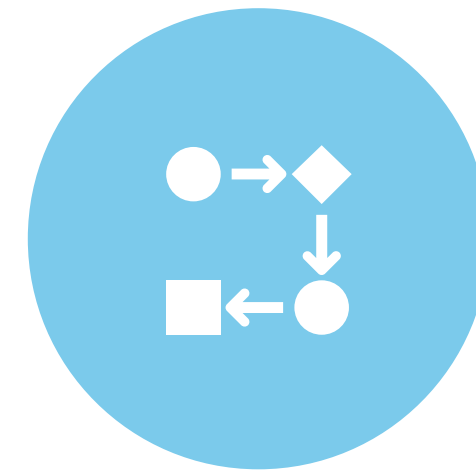
Types of Objectives



BEHAVIORAL



**COMMUNITY-
LEVEL**



PROCESS

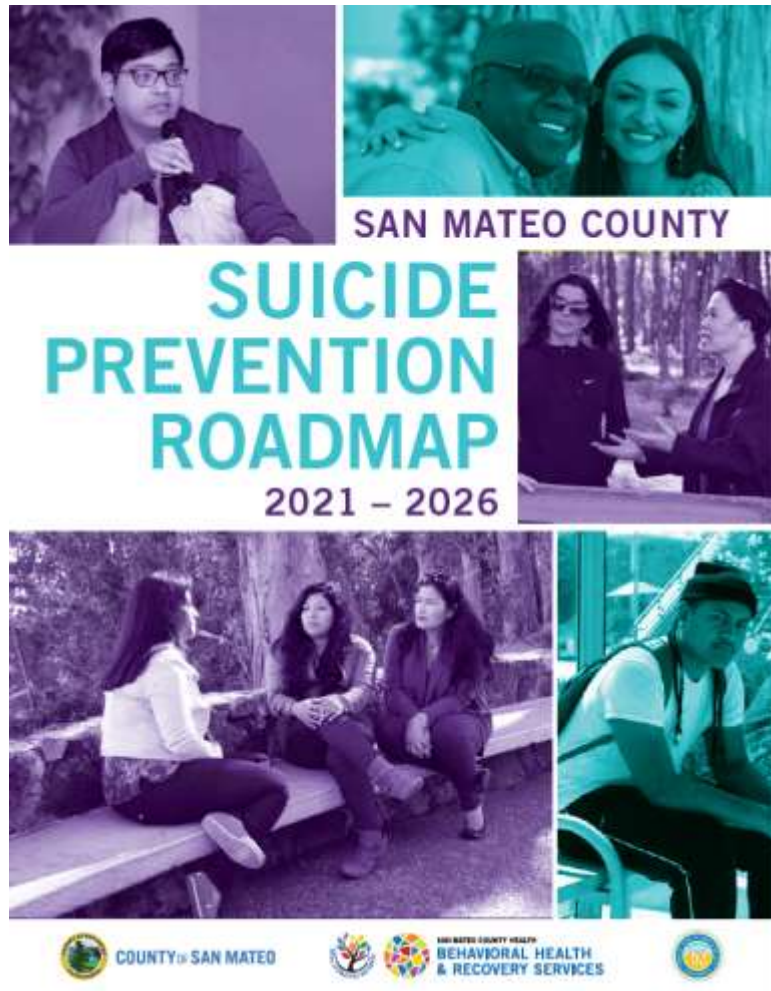


SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



STAR VISTA



smchealth.org/SuicidePrevention

Sylvia Tang (She/Her)

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Zena Andreani (She/Her)

Suicide Prevention Committee Co-Chair
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Twila Dependahl (She/Her)

Suicide Prevention Program Coordinator
tdependahl@smcgov.org

✓ **Specific**



✓ **Measurable**



✓ **Achievable**



✓ **Relevant**



✓ **Timed**



Reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in the San Mateo County community can realize healthy and meaningful lives, particularly in specific demographic groups with elevated suicide rates.

SMART Goals

SMART Goals



Problem Statement

Reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in the San Mateo County community can realize healthy and meaningful lives, particularly in specific demographic groups with elevated suicide rates.

SMART Goals

✓ Specific



✓ Measurable



✓ Achievable



✓ Relevant



✓ Timed



Problem Statement

Reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in the San Mateo County community can realize healthy and meaningful lives, particularly in specific demographic groups with elevated suicide rates.

Increase detection & screening to connect people to services by doing the following:

Program Goals

1. Expand delivery of evidence-based suicide prevention community trainings of varying intensity **30% by 2024**
2. Provide community trainings that are culturally responsive/adaptable to different cultural groups.

SMART Goals



Specific



Measurable



Achievable



Relevant



Timed



Problem Statement

Reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in the San Mateo County community can realize healthy and meaningful lives, particularly in specific demographic groups with elevated suicide rates.

Program Goal

To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

Step 2: Activities

(to achieve the Goals)

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) or 988

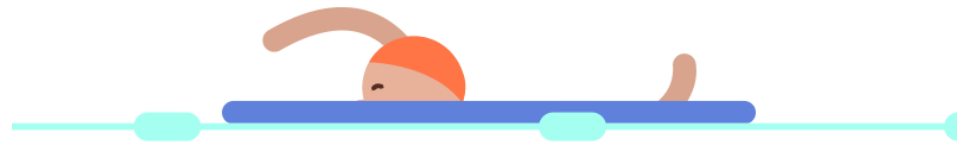
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Program Evaluation: 4 Simple Steps

1. Goals

2. Activities

(to achieve the Goals)



Program Evaluation: 4 Simple Steps

1. Goals

2. Activities
(to achieve the Goals)

To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

?

Poll

Which of the following are activities that would help to achieve the goal of increasing the detection & screening to connect people to services by expanding the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024?*

- a) Distribution education campaign brochures to 30 gun shops
- b) Provide 40 Be Sensitive Be Brave and Mental Health First Aid trainings
- c) Convene community coalition meetings once every two months
- d) Run a 988 awareness campaign in Spanish on the local Spanish radio station

Program Evaluation: 4 Simple Steps

1. Goals

To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

2. Activities (to achieve the Goals)

Trainings

- Be Sensitive Be Brave for Suicide Prevention or Mental Health
- Applied Suicide Intervention Skills Training
- Crisis Intervention Training
- Mental Health First Aid – Adult & Youth
- Reconozca Las Señales Workshop
- VA Suicide Prevention Gatekeeper Training

Program Evaluation: 4 Simple Steps

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To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

2. Activities (to achieve the Goals)

Trainings

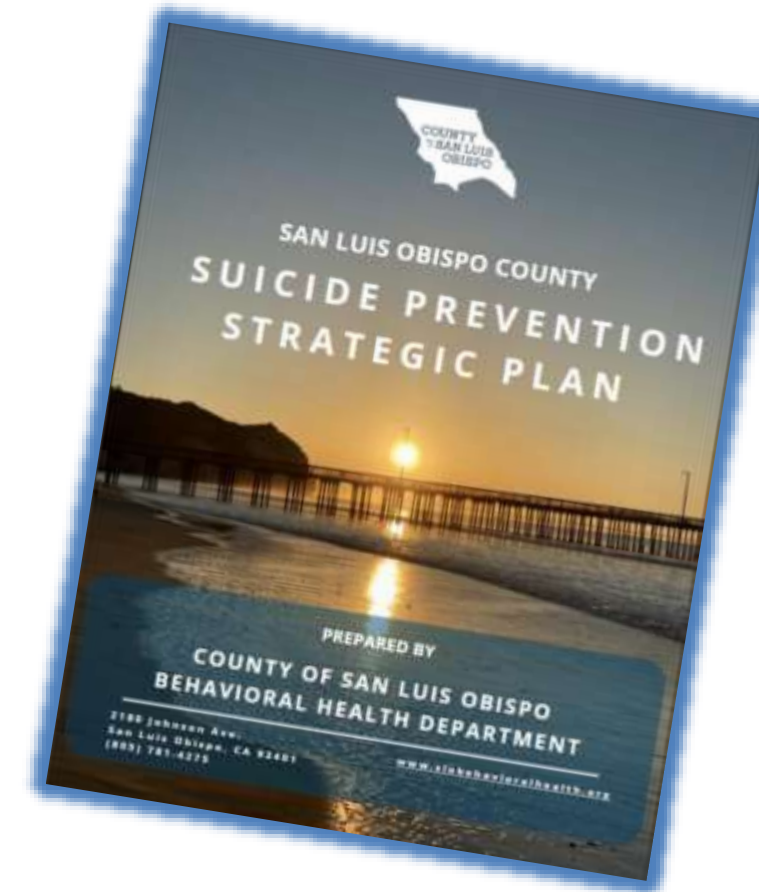
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- Applied Suicide Intervention Skills Training
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- VA Suicide Prevention Gatekeeper Training

1. Goals

2. Activities

(to achieve the Goals)

Example: San Luis Obispo County



Strategic Aim 2:

Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness

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

Objective 4d Disseminate information to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose, by June 30, 2022 and annually thereafter.

- Train all members of the Suicide Prevention Council on naloxone practices.
- Facilitate community naloxone trainings and safety points for emergency public use.
- Increase programs that provide naloxone to local organizations and businesses.

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

Objective 6c Integrate suicide prevention strategies into services intended to reduce other forms of violence, such as child and elder maltreatment or intimate partner violence, by increasing outreach to 10 annual events by 2023.

- These forms of violence may share risk and protective factors with suicidal behavior. For example, reducing interpersonal stress and teaching conflict resolution skills among at-risk families has the potential to increase a sense of connectedness and protect against suicide.

Example: San Luis Obispo County, continued

Goal 8: Increase Detection and Screening to Connect People to Services Based on Suicide Risk

Objective 8a Deliver suicide prevention training to 1,000 people annually who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports; with follow-up sessions three (3) to six (6) months after the training to support reinforcement efforts.

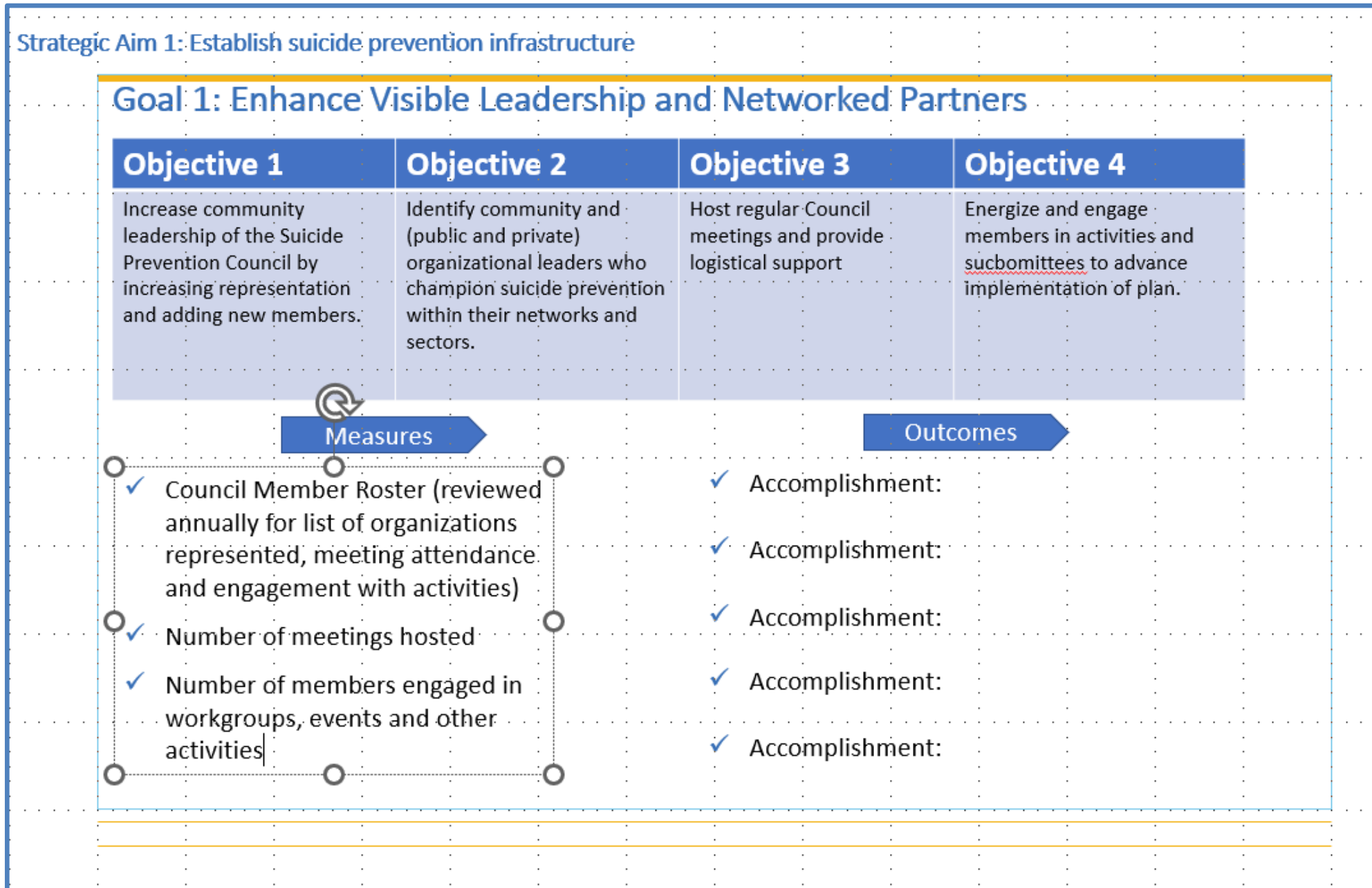
- Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk. Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions.
- Build capacity and sustainability for suicide prevention trainings across systems using the train-the-trainer models or evidence-based online trainings.
- Support Teen Mental Health First Aid programs for high school students. Consider the intensity of training needed and offer a variety of sessions to expand capacity and meet varied demand. For example, in a school setting, teachers, administrators, and other school personnel might receive brief trainings on suicide prevention awareness. Selected teachers—especially those who lead youth groups or coach youth sports—and counselors might receive intensive trainings focused on how to deliver brief interventions.

Objective 12b Develop an online bereavement toolkit consisting of community-specific resources, by June 30, 2023.

- Partner with Hospice, hospitals, first responders, funeral directors, faith-based communities, and coroners and medical examiners to distribute the toolkit in print or via web links. Resources to support funeral directors' participation in this strategy can be found here: <https://www.sprc.org/resourcesprograms/help-hand-supporting-survivors-suicide-loss-guide-funeral-directors>.
- Build upon the *After a Suicide Loss* support guide created by Suicide Prevention Council

Objective 7b Create a media workgroup within the Suicide Prevention Council to partner with entertainment, print, and traditional media to disseminate information about resources, encourage people to seek help for mental health needs and substance use disorders, and reduce stigma and discrimination that may prevent people from accessing services and supports, by June 30, 2022.

Example: San Luis Obispo County, continued



Step 3: Outputs / Outcomes

(of the Activities)

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) or 988

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Program Evaluation: 4 Simple Steps

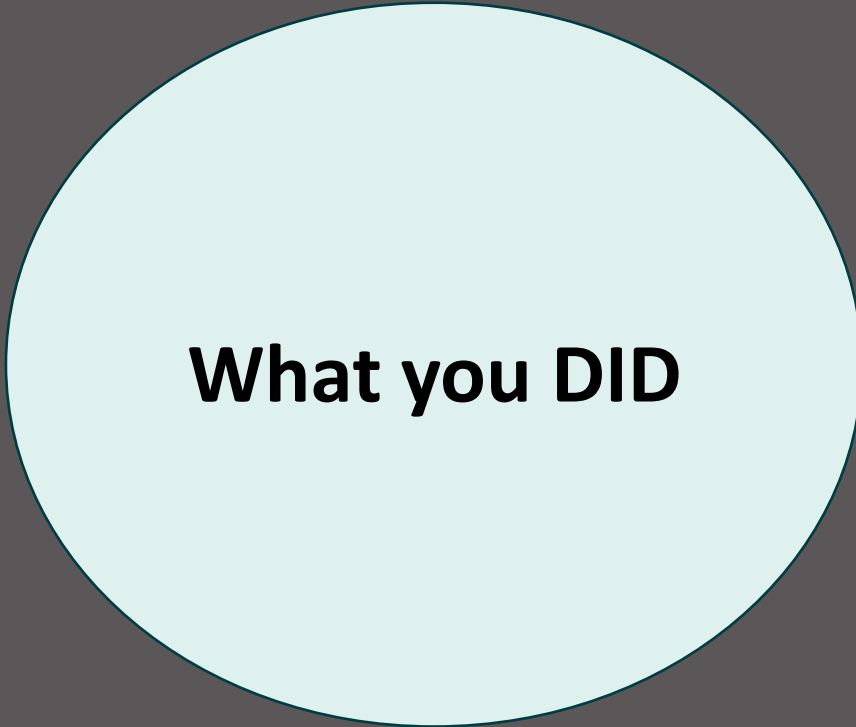


1. Goals

2. Activities
(to achieve the Goals)

3. Output / Outcomes
(of the Activities)

Output



What you DID

Output

vs.

Outcome

**While what you
DID is important...**

**... what HAPPENS
when you do it is even
more important.**

*What has changed as a result of
what we have been doing?*

Template Language for Outcome Statements

Change...	In What...	For Whom?
Increase/decrease...	Attitudes	Population group
Maintain...	Knowledge	Participant
Improve...	Perception	Client/Patient
Reduce...	Behavior	Individual
Expand...	Organization	Family
	Skills	Community



**Short-term
Outcomes**

**Medium-
term
Outcomes**

**Long-term
Outcomes**

Suicide prevention efforts need to include short-term, intermediate and long-term outcomes.



- Push/pressure to show immediate reductions in suicide deaths and medically treated attempts
 - Suicidal ideation
 - Suicidal behaviors
 - Upstream reduction of risk factors and increase of protective factors
- Focus is on the entire spectrum from prevention through postvention
- While devastating to individuals, families and communities suicide deaths and attempts are not the only sources of pain, suffering and tools needed to change the impact of suicide on society

Poll

Which of the following are **OUTPUTS** of training activities?

- Deliver 36 Be Sensitive Be Brave for Mental Health and Suicide Prevention trainings per year, to 30-45 people per training
- Decreased stigma related to behavioral health and help-seeking
- Increase in connection to appropriate level of services based on level of risk.
- None of the above

Which of the following are **OUTCOMES** of training activities?

- Deliver 10 trainings in County libraries (since they are trustworthy gathering places for diverse high need communities)
- Deliver Mental Health First Aid to 150 youth and 150 adults
- Increased referrals of those at risk to mental health and substance use services and culturally appropriate supports.
- Increases in community members' knowledge of warning signs of suicide

Program Evaluation: 4 Simple Steps

1. Goals

To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

2. Activities (to achieve the Goals)

Trainings

- Be Sensitive Be Brave for Suicide Prevention or Mental Health
- Applied Suicide Intervention Skills Training
- Crisis Intervention Training
- Mental Health First Aid – Adult & Youth
- Reconozca Las Señales Workshop
- VA Suicide Prevention Gatekeeper Training

3. Output / Outcomes (of the Activities)

Community Members Trained

- BSBB: 36 trainings / yr
- ASIST: 3 - 4 times / yr, 30 - 40 participants / training
- MHFA: 150 youth, 150 adults / yr

Diverse locations and participants to target diverse, high-need individuals

- Libraries (Trustworthy, gathering place for high need communities)
- Older adults

3.Outcomes

(of the Activities)

Short-term

- 1.Engagement of diverse community training participants who can support diverse, high-need individuals
- 2.Increases in community members' knowledge of warning signs of suicide
- 3.Increases in community members' knowledge of resources and supports
- 4.Increases in community members' knowledge and awareness of cultural factors in mental health and suicide prevention
- 5.Decreased stigma related to behavioral health and help-seeking

Medium-term

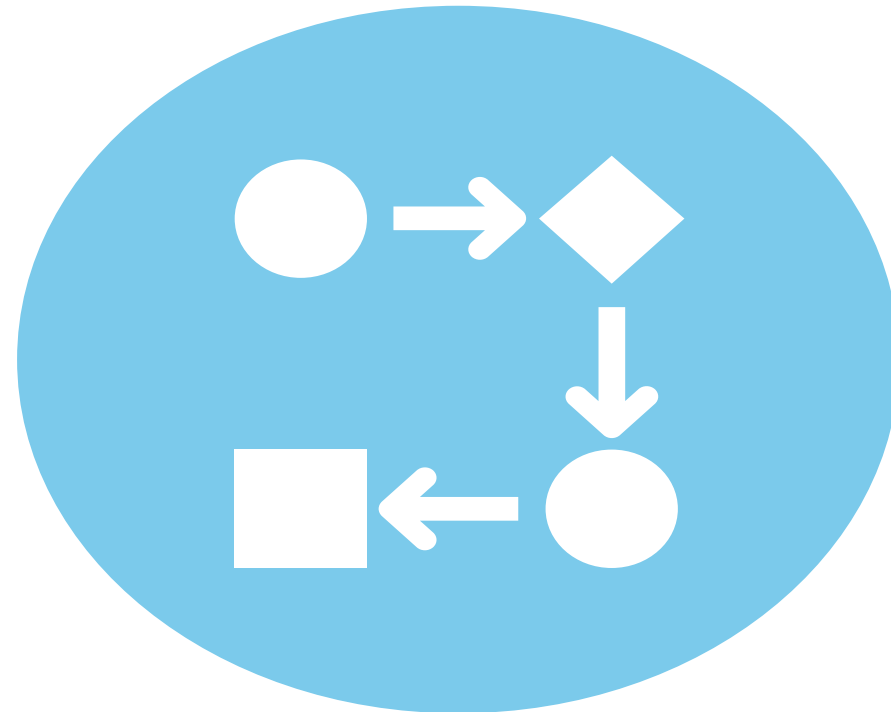
- 1.Increases in community members' skills to help people from diverse cultural backgrounds with culturally appropriate supports
- 2.Increased resiliency in mental health
- 3.Increased capacity of community members to identify warning signs of suicide and mental health conditions
- 4.Increased capacity of community members to support individuals with suicidal thoughts and mental health concerns.
- 5.Increased referrals of those at risk to mental health and substance use services and culturally appropriate supports.
- 6.Increased likelihood to seek help or encourage others to seek help for suicidal thoughts

Long-term

- 1.Decreases in suicidal thoughts and behaviors and increase in connection to appropriate level of services based on risk.
- 2.Address mental health and suicide disparities for undeserved and high-need communities

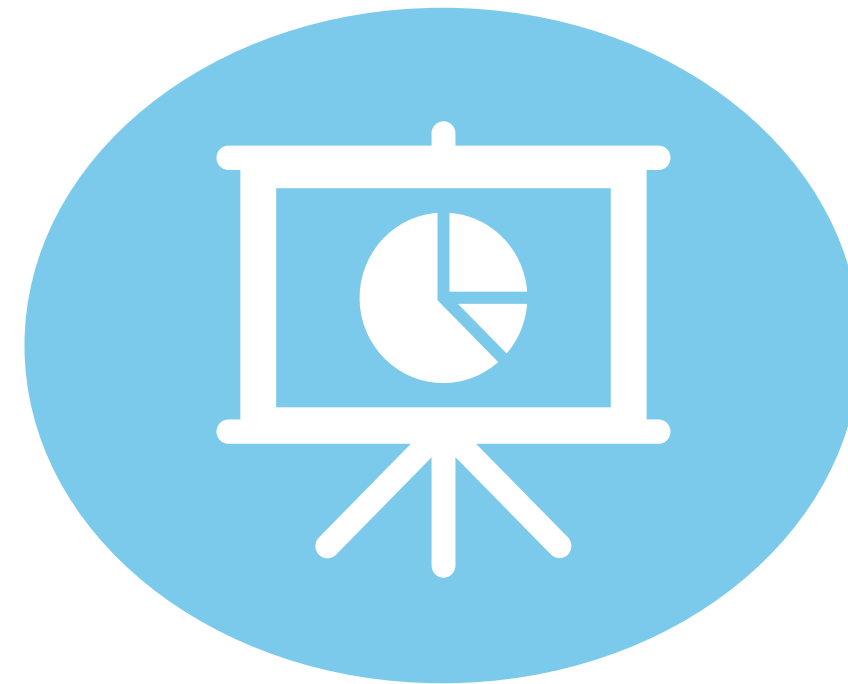
2 Different Types of Outcomes / Assessments

Formative
Assessment



Process
Outcomes

Summative
Assessment



Summative
Outcomes

Process Evaluation for Santa Clara County (2018)

Objectives

To assess the implementation of and gaps in Suicide Prevention Oversight Committee (SPOC) activities to date, with the purpose of informing areas of need and future iterations of the SPOC strategic plan.



Process Evaluation for Santa Clara County (2018)

Methods

27 out of 37 potential stakeholders interviewed

- Phase 1: stakeholders currently active in SPOC
- Phase 2: Individuals who were on the Strategic Planning Committee

22 total focus groups

- Anywhere between 1-3 stakeholders at a time

Semi-structured interview process addressing:

- SPOC Overall
- Cultural Competency of Suicide Prevention
- Specific Workgroups (4)
- Improvements and Suggestions

Process Evaluation for Santa Clara County (2018)


Overall Strengths.....	
“Internal” Strengths Related to the SPOC Committee.....	
“External” Strengths Related to SPOC Programming.....	
Overall Gaps and Challenges.....	
Staffing/Personnel.....	
Funding/Resources.....	
SPOC internal Operations.....	
Data Use and Program Evaluation.....	
Programmatic Efforts for Specific Regions or Populations.....	
Ideas for Improvement and Future Priorities.....	
Process Improvement Suggestions.....	
Programmatic Improvements, Part 1: General Suggestions.....	
Programmatic Improvements, Part 2: Focus Areas for the Next Three Years	

Step 4: Measures

(for the Outcomes)

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Think *broadly*
about the
data that you
can collect



Working from the top down
(the ideal measures /
outcomes)



Working from bottom up
(using whatever data you
have available)

Identification of Key Data Sources

- **Surveys** measuring mental health outcomes, consumer perceptions, health risk behaviors, and overall program satisfaction, including new suicide prevention committee (SPC) member and partner organization surveys
 - **Training Evaluation Forms** measuring e.g., training satisfaction, knowledge gained, and confidence to intervene (pre-, post-, and longer term follow-up)
 - **Call data** (988, crisis hotlines, crisis text lines)
 - **Medical examiner / Coroner data** on suicide deaths
 - **Behavioral Health Measures** assessing e.g., overall well-being, knowledge of resources, coping skills, etc.
 - **Hospital or Health System data** on suicide attempts, ideation, and service usage
 - **Data Tracking** e.g., to record data pertinent to SPC activities such number of outreach presentations and **web or social media analytics**
 - **Other Innovative Techniques**, such as Geographic Information System Mapping (GIS)
-
-

Outcome Measurement Plan, San Mateo County Suicide Prevention

		Outcomes	Activities	Measurement Plan / Item(s)
Short-Term Outcomes		1. Engagement of diverse, high-need individuals in trainings	Demographics from all training surveys	<i>Demographic data of training participants: age range, primary language, race & ethnicity, gender identity, sexual orientation, stakeholder group</i>
		2. Increases in community members' knowledge of warning signs of suicide	BSBB for SP	<i>1. I know the warning signs for suicide.</i>
			BSBB for MH	<i>1. I can identify warning signs for mental illness</i>
		3. Increases in community members' knowledge of resources and supports	BSBB for SP	<i>4. I am aware of the resources necessary to refer someone in a suicide crisis.</i>
			BSBB for MH	<i>7. I can name 2-3 local services I can access if I or my loved one need mental health support.</i>
		4. Increases in community members' knowledge and awareness of cultural factors in mental health and suicide prevention	BSBB for SP	<i>7. I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced.</i>
			BSBB for MH	<i>8. I understand and can identify a number of ways in which culture affects mental health / mental illness</i>
			MHFA / YMHFA	<i>36. As a result of this training, I have a better understanding of how mental health and substance use challenges affects different cultures.</i>
			MHFA / YMHFA	<i>35. This training was relevant to me and my cultural background and experiences (race, ethnicity, gender, religion, etc.)</i>
		5. Decreased stigma related to behavioral health and help-seeking	BSBB for MH	<i>10. I would feel inadequate if I went to a therapist for psychological help</i>
			BSBB for MH	<i>11. Most people in my community would treat someone who has been treated for a mental illness just as they would treat anyone else.</i>
			MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 20. Be aware of my own views and feelings about mental health problems, substance use challenges and disorders.</i>
			MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 21. Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them. [post-training + 6 months]</i>

Medium-Term Outcomes

1. Increases in community members' skills to help people from diverse cultural backgrounds with culturally appropriate supports	BSBB for SP	<i>8. I feel prepared to help people from diverse cultural backgrounds with their suicidal distress.</i>
	BSBB for SP	<i>13. Please give us an example of how you feel prepared to consider culture when you help people with their suicidal distress.</i>
	BSBB for MH	<i>9. I feel prepared to help people from diverse cultural backgrounds with their mental health concerns.</i>
	BSBB for MH	<i>16. Please give us an example of how you feel prepared to consider culture when you help people with their mental health concerns.</i>
2. Increased resiliency in mental health	BSBB for MH	<i>6. I can identify strategies that will help me or my loved ones cope with stress and maintain good mental health.</i>
3. Increased capacity of community members to identify warning signs of suicide and mental health conditions	BSBB for SP	<i>2. I am able to identify someone who is at risk for making a suicide attempt.</i>
	BSBB for MH	<i>2. I understand the difference between mental health and mental illness</i>
	BSBB for MH	<i>3. I understand the meaning of 2-3 mental health diagnoses (i.e. depression, bipolar disorder, etc.)</i>
	MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 13. Recognize the signs that someone [a young person – in YMHFA] may be dealing with a mental health problem, substance use challenge or crisis. [post-training + 6 months]</i>
4. Increased capacity of community members to support individuals with suicidal thoughts and mental health concerns.	BSBB for SP	<i>6. I have the skills necessary to support or intervene with someone thinking about suicide.</i>
	BSBB for MH	<i>4. I feel prepared to support someone struggling with mental health concerns</i>
	MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 14. Reach out to someone [a young person – in YMHFA] who may be dealing with a mental health problem, substance use challenge or crisis. [post-training + 6 months]</i>
	MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 15. Ask a [young – in YMHFA] person whether they're considering killing themselves.</i>
	MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 16. Actively and compassionately listen to someone [a young person – in YMHFA] in distress.</i>
	MHFA / YMHFA	<i>[As a result of this training, I feel more confident that I can...] 17. Offer a distressed [a young person – in YMHFA] person basic "first aid" level information and reassurance about mental health and substance use challenges.</i>

Example: Orange County Health Care Agency

Adult Suicide Prevention

Presenting Issue: Tasked to address suicide prevention during the COVID-19 Pandemic.

Data: 10-year local data indicates that middle age white males between the ages of 40-60 years are the highest priority population for suicide risk in Orange County.

Research: Men in this age group who are feeling stresses, overwhelmed or hopeless don't seek help in part because of prevailing beliefs and societal expectations regarding masculinity.

Strategy: Used a broad-based marketing and advertising campaign targeting white males 35+ years and their loved ones to encourage information and help-seeking. Additionally targeting military, first-responder, or manual labor type careers.

Objectives:

- Increase education around the signs of suicide ideation
- Increase awareness of helpful resources
- Decrease stigma or perceived shame around help seeking
- Encourage information and help seeking



Campaign Results

TV Cable 6-week targeted campaign. Flight dates 11/16/20 to 12/27/20.

- TV Cable impressions: 554,000

Broadcast Radio 6-week campaign. Flight dates 11/16/20 to 12/27/20.

- Total Radio impressions: 13,475,235

Outdoor 4-week campaign. Flight dates 11/30/20 to 12/27/20.

- Total Combined impressions 27, 440,970 impressions

Digital 8-week targeted campaign. Flight dates 11/02/20 to 12/27/20.

- The campaign was seen almost 21 million times across all digital media with almost 4.5 million video views. 72% of video views were completed views, meaning the video was played through more than 3 million times.

Landing Page 7-week targeted campaign. Flight dates 11/14/20 to 12/27/20.

- New users added: 37,940
- Page views: 71,925 (unique page views 60,020)

Tool Kit Data from 12/9/20 to 12/27/20

- Total users 92 (new users 58)
- Sessions 112; page views 419

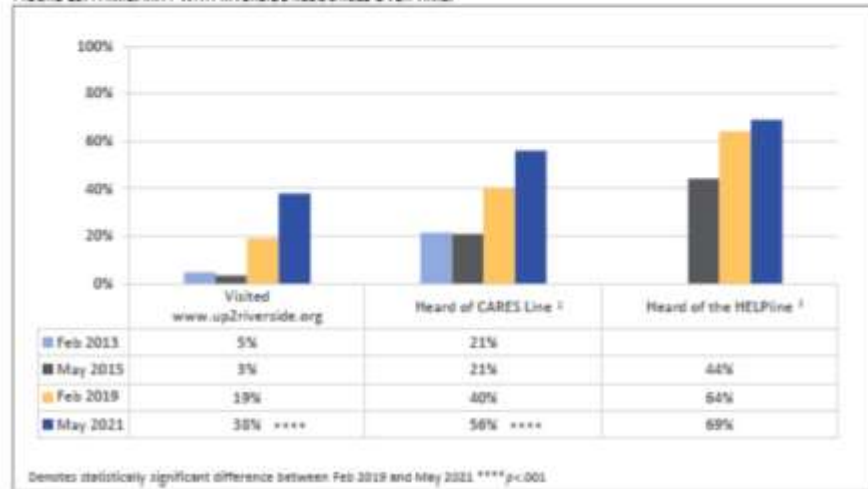
Example: Riverside County It's Up to Us Campaign

RIVERSIDE RESOURCES

All respondents were asked about their familiarity with three particular mental health resources available to Riverside County residents.

Since the 2019 survey, visitation to the up2riverside.org website and awareness of the CARES Line have significantly increased. Awareness of the HELpline remained relatively consistent.

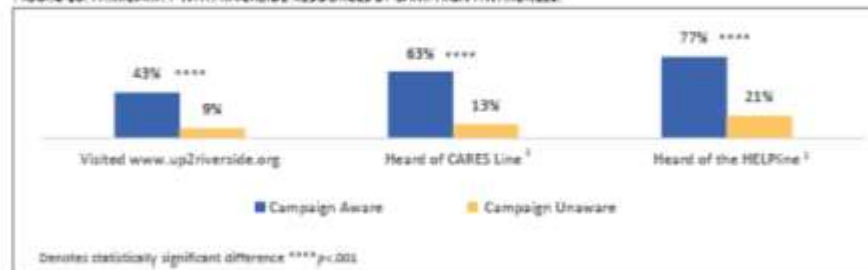
FIGURE 15: FAMILIARITY WITH RIVERSIDE RESOURCES OVER TIME



Base: Total: February 2013 n=896, May 2015 n=892, February 2019 n=888, May 2021 n=888

Additionally, campaign aware respondents were significantly more likely to know about these Riverside County resources compared to campaign unaware respondents.

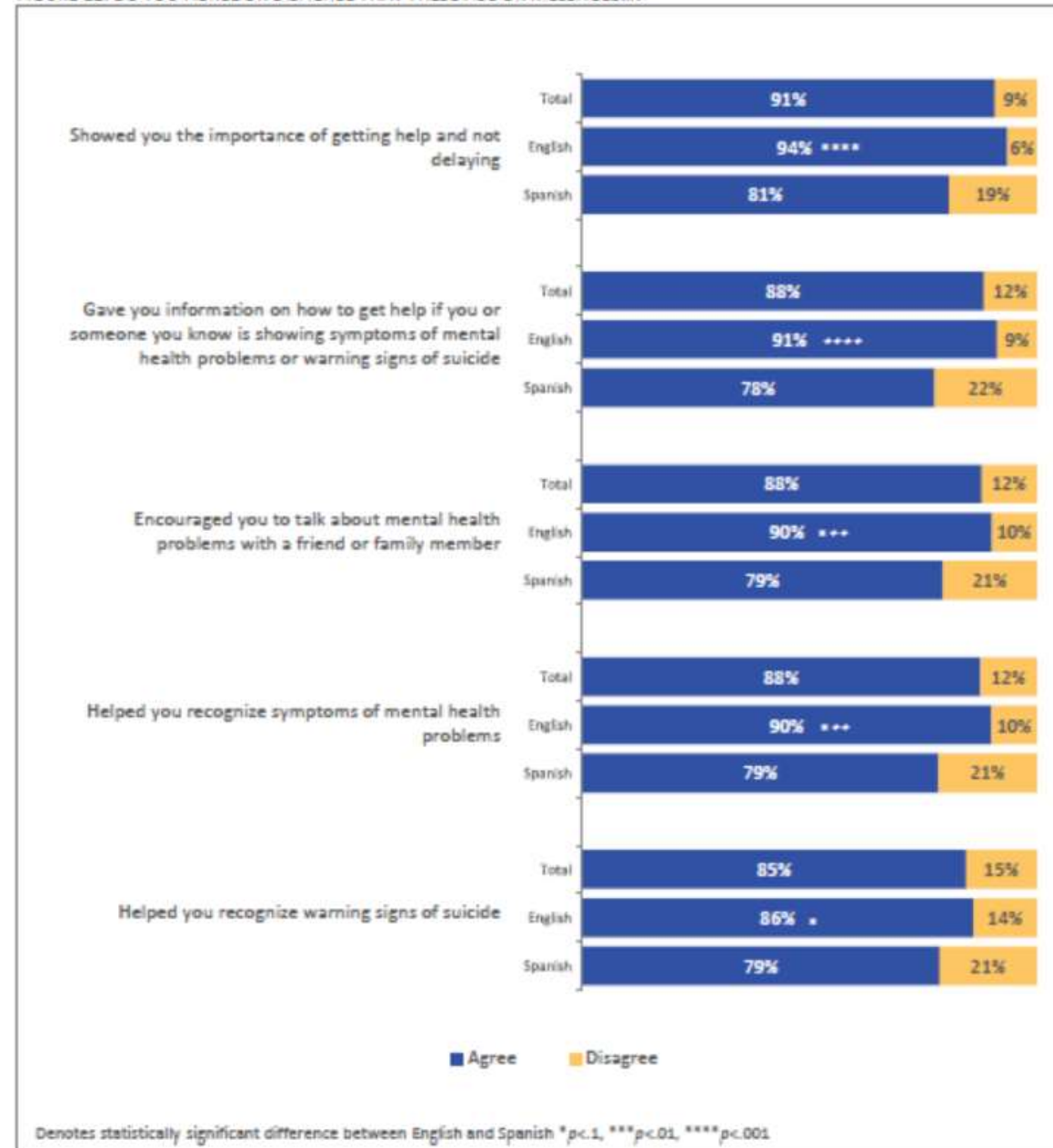
FIGURE 16: FAMILIARITY WITH RIVERSIDE RESOURCES BY CAMPAIGN AWARENESS



Base: Total: Campaign aware n=824, Campaign unaware n=94

1. Awareness is calculated by the total number of respondents who viewed the question (including 'Do not know' and 'Prefer not to say' responses). This calculation applies to past surveys as well for accurate comparison.

FIGURE 12: DO YOU AGREE OR DISAGREE THAT THESE ADS OR MESSAGES...?



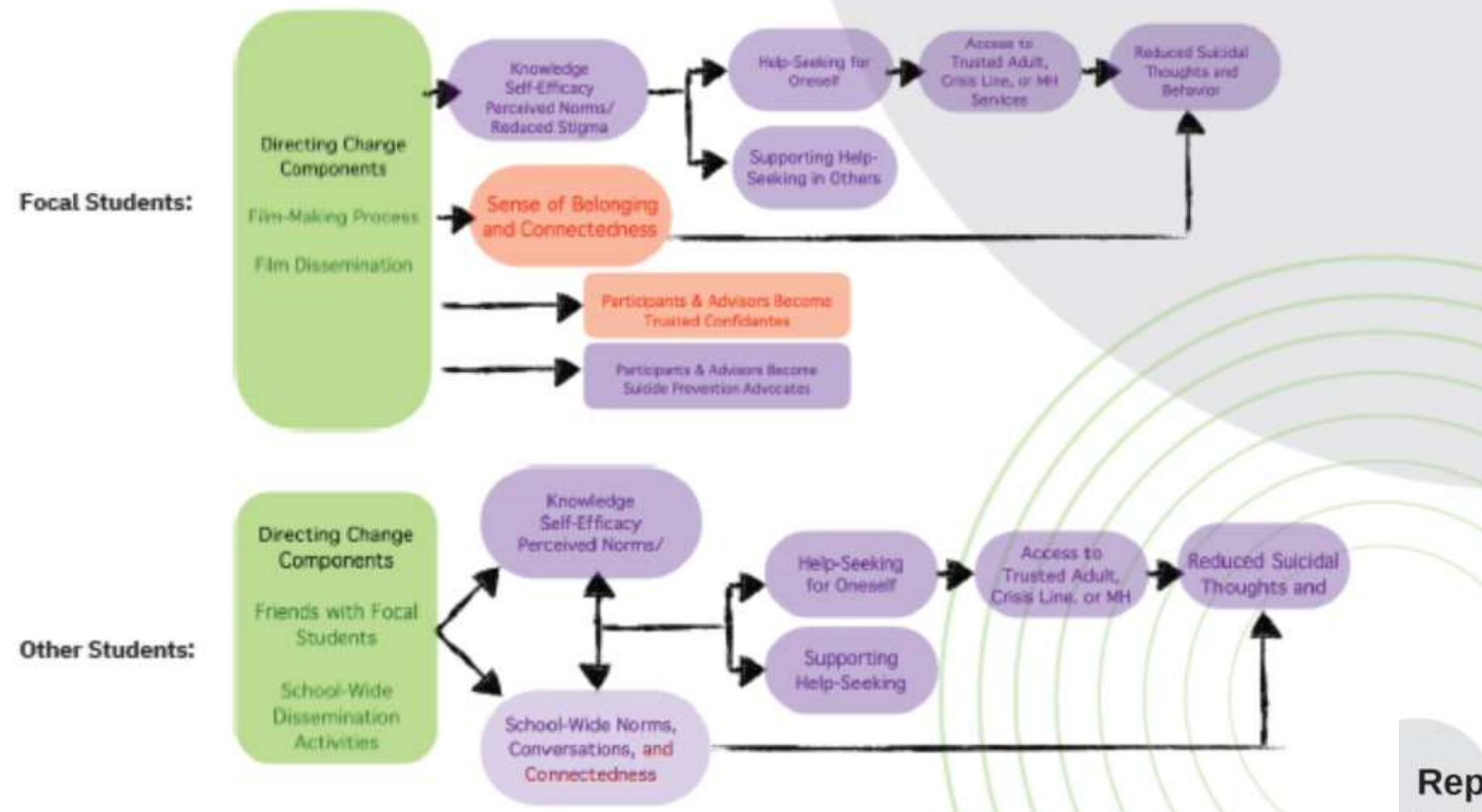
Base: Campaign aware. Total n=515, English n=406, Spanish n=109

Example: Training Evaluation (El Rotafolio)



Example: Program Evaluation (Directing Change)

Pathways of Influence of the Directing Change Program, Revised with New Themes:



Report on Preliminary Findings of the Directing Change Program 2020/2021

Directing Change Program & Film Contest



Example: Program Evaluation (Directing Change)

WHAT DID WE LEARN FROM THE QUANTITATIVE SURVEY?

Who participated?

Students in mini-grant schools were invited to complete surveys about their knowledge, beliefs, and behaviors prior to participating in the Directing Change program (baseline) and again after participating in the program (follow-up). Although the COVID-19 pandemic disrupted follow-up data collection in spring 2020, resulting in a reduced response rate overall, we were able to examine changes from baseline to follow-up in a small sample of 8 high schools where students submitted surveys at both baseline (285 students) and follow-up (137 students).

What did we find?

Results suggested statistically significant improvements in **knowledge about suicide** and suicide prevention, **intentions to support peers experiencing challenge** (e.g., by providing resources, talking to a trusted adult), and **willingness to stay engaged** with topics of suicide prevention and mental health. These findings are consistent with the results of the cross-sectional matched-comparison evaluation conducted by NORC in 2016, which found that students who participated in the Directing Change program, relative to demographically-similar students who did not participate in the program, had significantly greater knowledge of suicide prevention and mental health challenges, had more positive attitudes and intentions, and were more likely to report that they provided support (e.g., provided resources, encouraged help-seeking) to others experiencing challenge or distress.

Report on Preliminary
Findings of the Directing
Change Program 2020/2021

Directing Change
Program & Film Contest



Example: Program Evaluation (Directing Change)

Furthermore, we noticed that students who participated in the program took steps outside of the program to actually **seek help for themselves or for their peers**, when the situation demanded it. For example, an advisor stated, “This year, I had a student who has [Directing Change] several years before, and came up to me after class and said, specifically, ‘I’m very worried about this other student. She’s been texting me about her plans to end her life, and I’m trying to figure out how to navigate this correctly because I feel like I have a responsibility to honor the trust she has with me with this private information. But I also know what we’ve talked about. If I’m really her friend, I have to do what’s best for her, not what honors our high school friendship.’” This interaction highlights how the program helped open a line of communication between the advisor and the student, as well as showcasing how the student prioritized helping their friend over honoring a secret.

“

A student...came up to me after class and said, ‘I’m very worried about this other student. If I’m really her friend, I have to do what’s best for her, not what honors our high school friendship.’

- Advisor

”

WHAT DID WE LEARN FROM THE QUALITATIVE INTERVIEWS?

Who participated?

We sampled 10 advisors and 7 students in the Directing Change program (who came from 14 schools, altogether) and conducted one-hour long remote interviews asking about their experiences in the program; these 17 participants came from a larger pool of students and advisors who had participated in the program for a number of years. Our sample represented a wide range of advisor roles (e.g., teacher, counselor, principal), implementation settings (e.g., film, video production, freshman seminar, English, other elective), student groups (e.g., required course for all freshman, advanced film class for seniors, elective open for all grades), and background/interest that drew the advisor/student to the program (e.g., interest in film component vs. interest in mental health/suicide prevention). Three exemplar schools are shown in the text boxes below.

Report on Preliminary
Findings of the Directing
Change Program 2020/2021

Directing Change
Program & Film Contest



Integrating Culture & Diversity

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) or 988

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 o 988

Integrating Culture & Diversity into Your Evaluation Plan: **Main Considerations**

Programming should be culturally attuned to address all identities – but most existing programs haven't been culturally modified

Goals

- Identify and address cultural disparities
- Ensure your programs are meeting the needs of your diverse communities

Main Categories of Cultural Data

- Collection of cultural outcome data
- Analysis of cultural identity / group differences
- Process Outcomes / Formative Assessment: Is there adequate cultural infusion through partnership building?
- Use data to inform programming tailored for specific communities

Example Outcome Measures for Downstream Efforts

(providers & clinical organizations)

- What areas of suicide practice have you felt you need more training or support? Cultural competency in suicide management?
- Our organization is equipped to manage suicide risk in patients from underserved or marginalized groups (e.g., non-English speaking, low income, LGBTQ+, or racial or ethnic minority patients)
- For providers: I know how to incorporate culture and diversity into suicide assessment, prevention or management practices.

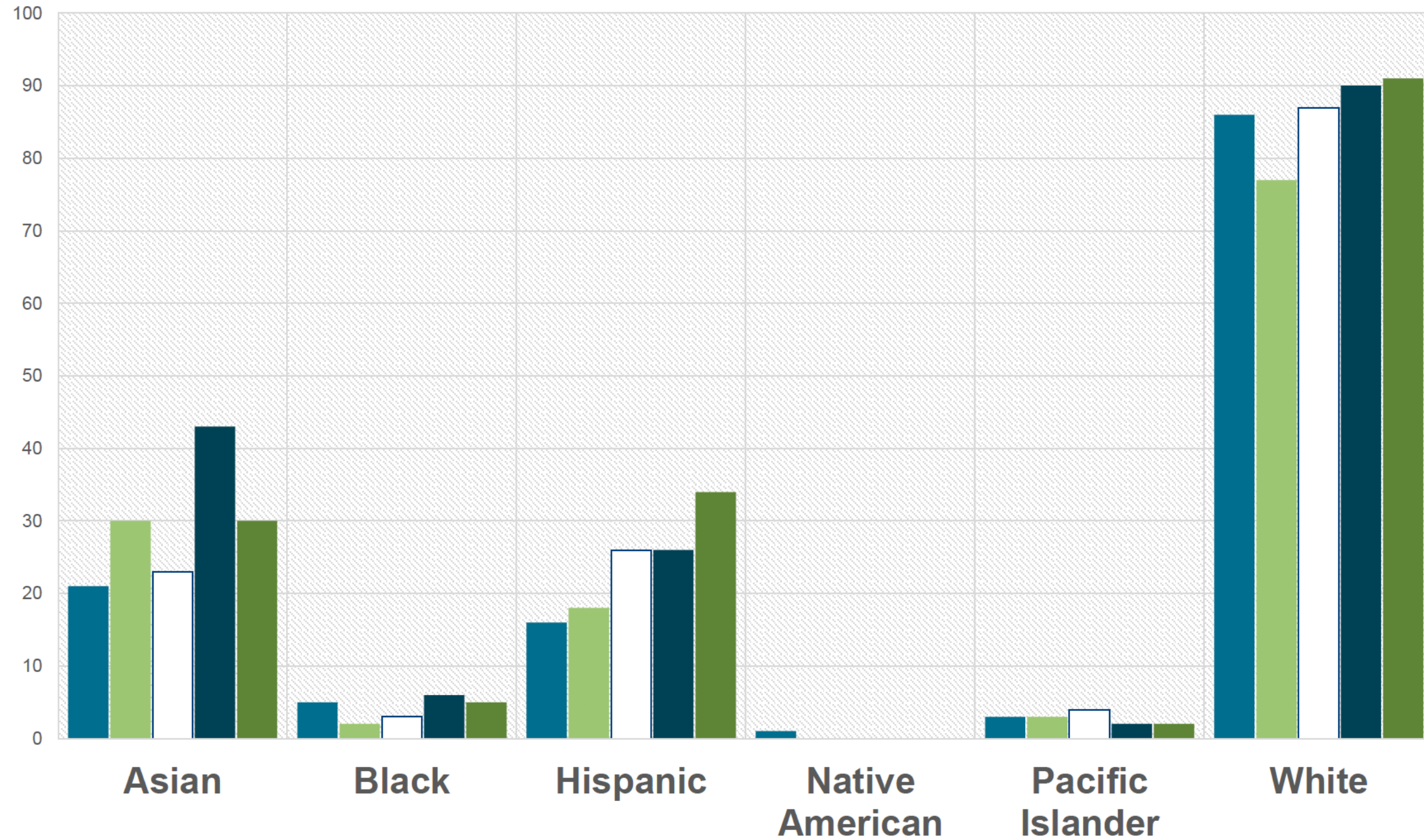
Example Outcome Measures for Upstream Efforts

(community outreach, training)

- I understand and can identify a number of ways in which culture affects how suicide is expressed and experienced.
- I understand and can identify a number of ways in which culture affects mental health / mental illness.
- I feel prepared to help people from diverse cultural backgrounds with their suicidal distress.
- Please give us an example of how you feel prepared to help people from diverse cultural backgrounds with their suicidal distress.

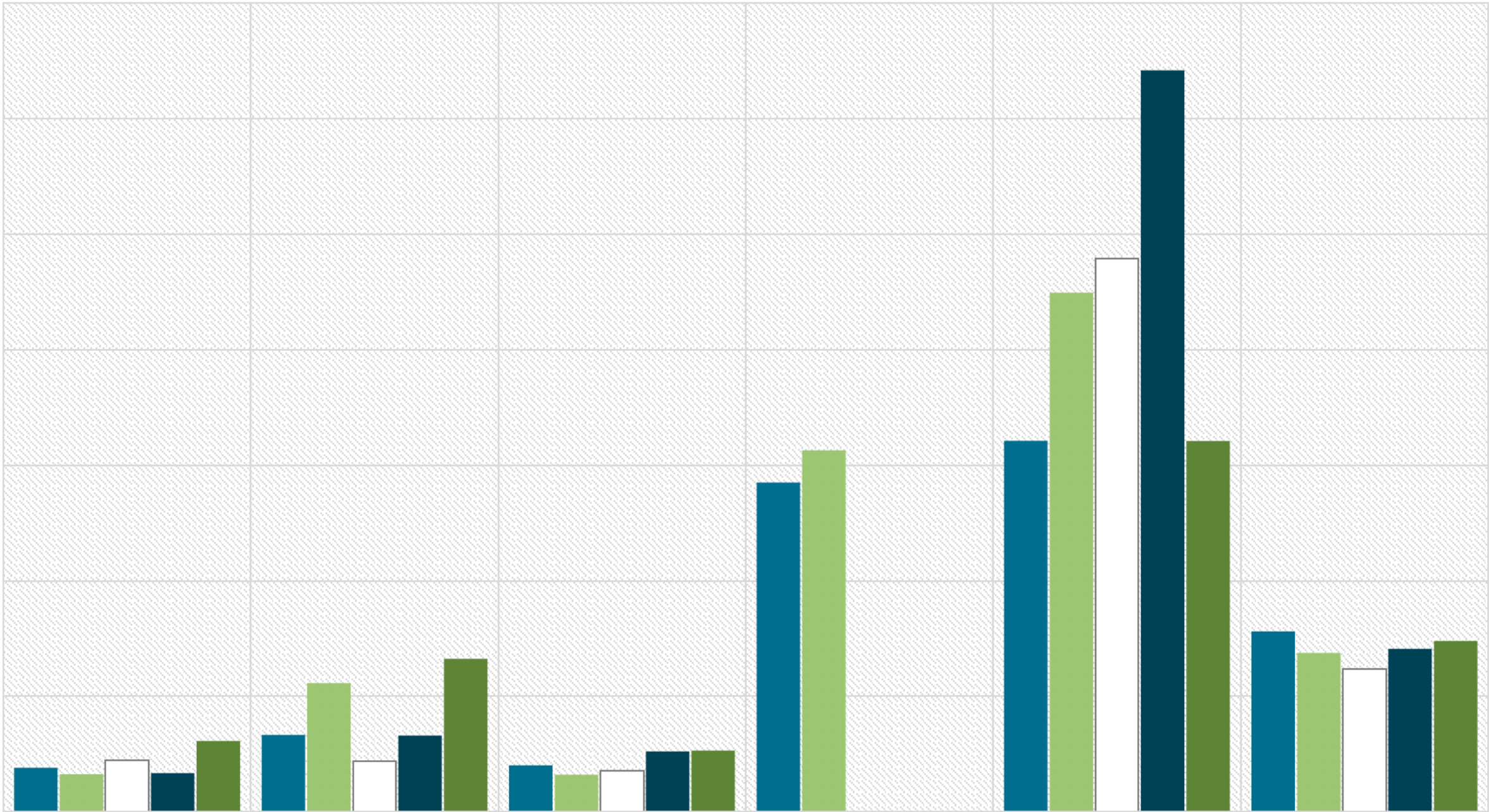
Yearly Number of Suicide Deaths by Race/Ethnicity

■ 2016 ■ 2017 □ 2018 ■ 2019 ■ 2020



Yearly Suicide Rate per 100,000 by Race/Ethnicity

■ 2015 ■ 2016 □ 2017 ■ 2018 ■ 2019



Asian

Black

Hispanic

Native American

Pacific Islander

White



Talanoa Community Roundtable

Pacific Islander Community Needs

When poll is active, respond at pollev.com/luenimasina274

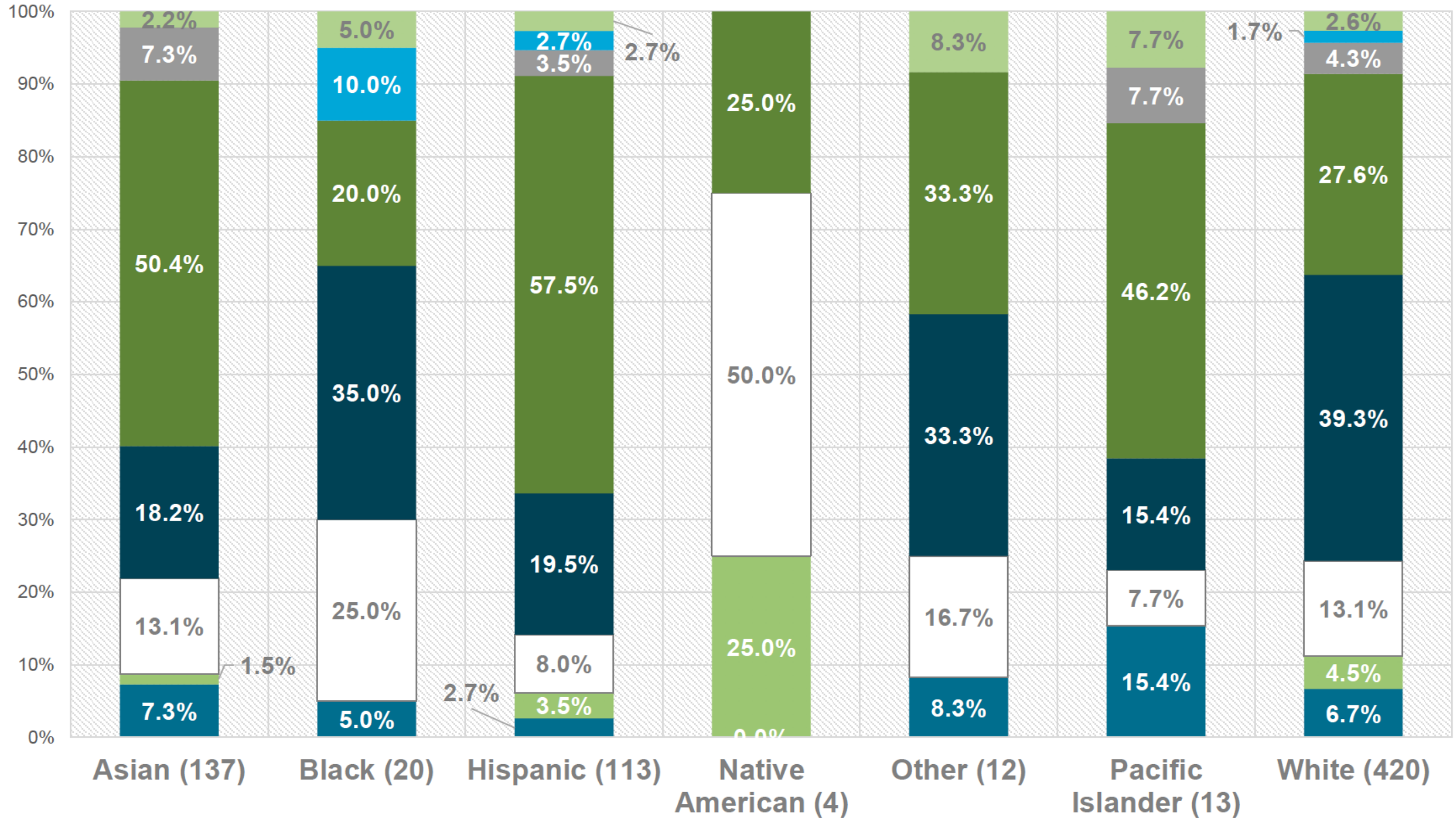
Text **LUENIMASINA274** to **22333** once to join

Why do you think Pacific Islanders might have thoughts of suicide or attempting suicide?



2016-2020 Percent Method of Suicide by Race / Ethnicity

■ Asphyxiation
 ■ Cutting / Stabbing
 ■ Drugging / Poisoning
 ■ Firearm
 ■ Hanging
 ■ Jumping
 ■ Other
 ■ Train Collision





Community/ Clinical Roundtable

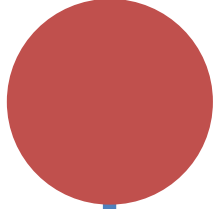
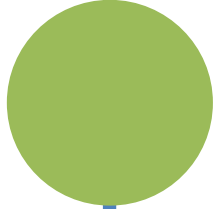
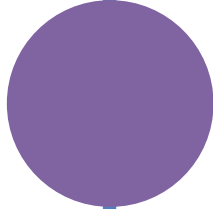
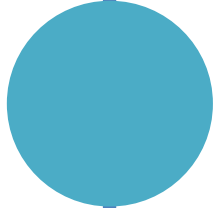
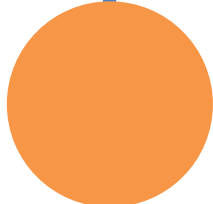
Hanging Means Restriction
Community-level suicide prevention

Putting it all Together: Logic Models & Evaluation Plans

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Why Use a Logic Model?

- ✓  Presents a picture of how your effort or initiative is supposed to work.
- ✓  Links what you are doing (inputs/resources) and the change it will produce (expected outcomes)
- ✓  Makes explicit the theory of how the program works and explains why your strategy is a good solution to the problem at hand.
- ✓  Helps you see how the path we want to use will lead to the desired outcomes
- ✓  Keeps partners in the effort moving in the same direction.

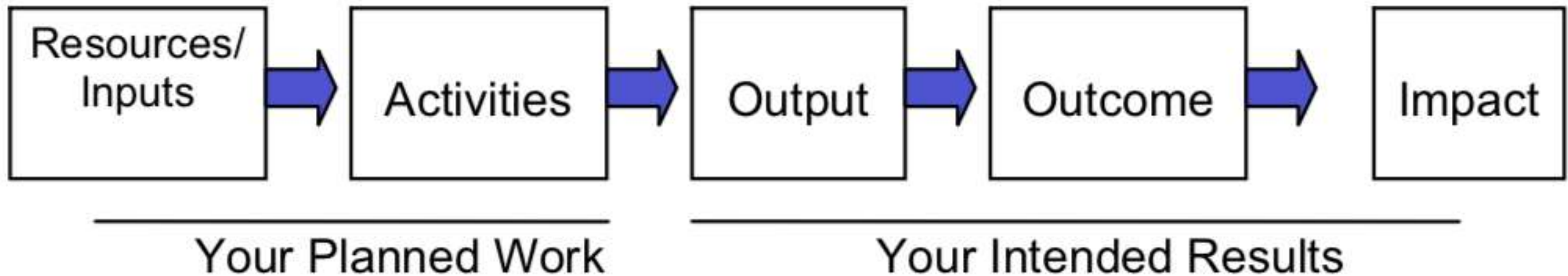
Certain resources are needed to operate your program

If you have access to them, **then** you can use them to accomplish your planned activities

If you accomplish your planned activities, **then** you will hopefully deliver the amount of service that you intended

If you accomplish your planned activities to the extent you intended, **then** your participants will benefit in certain ways

If these benefits are achieved, **then** certain changes in groups or communities are expected to occur



Program Evaluation: 4 Simple Steps

1. Goals

2. Activities
(to achieve the Goals)

**3. Output /
Outcomes**
(of the Activities)

4. Measures
(for the Outcomes)



**Logic
Model!**

Program Evaluation: 4 Simple Steps

1. Goals

To increase detection & screening to connect people to services, expand the delivery of culturally responsive evidence-based suicide prevention community trainings of varying intensity *30% by 2024*

2. Activities (to achieve the Goals)

Trainings

- Be Sensitive Be Brave for Suicide Prevention or Mental Health
- Applied Suicide Intervention Skills Training
- Crisis Intervention Training
- Mental Health First Aid – Adult & Youth
- Reconozca Las Señales Workshop
- VA Suicide Prevention Gatekeeper Training

3. Output / Outcomes (of the Activities)

Community Members Trained

- BSBB: 36 trainings / yr
- ASIST: 3 - 4 times / yr, 30 - 40 participants / training
- MHFA: 150 youth, 150 adults / yr

Diverse locations and participants to target diverse, high-need individuals

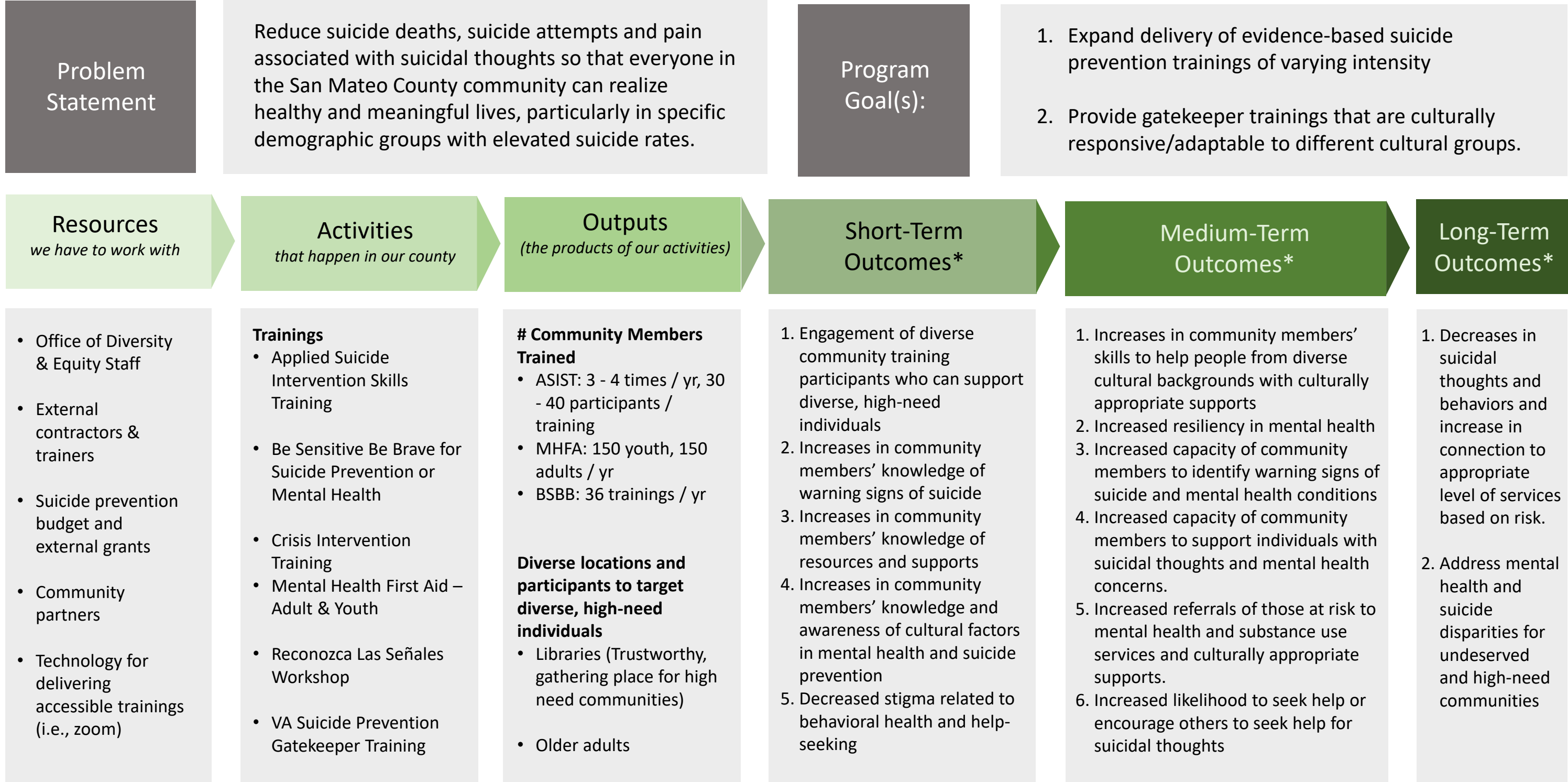
- Libraries (Trustworthy, gathering place for high need communities)
- Older adults

4. Measures (for the Outcomes)



Logic Model for San Mateo County Suicide Prevention Goal 9a (Expand Delivery of Suicide Prevention Gatekeeper Trainings)

A Subsection of Goal 9: Increase Detection & Screening to Connect People to Services



* Note: See “Outcome Measurement Plan” spreadsheet for a list of measures/items for each short, medium, and long term outcome

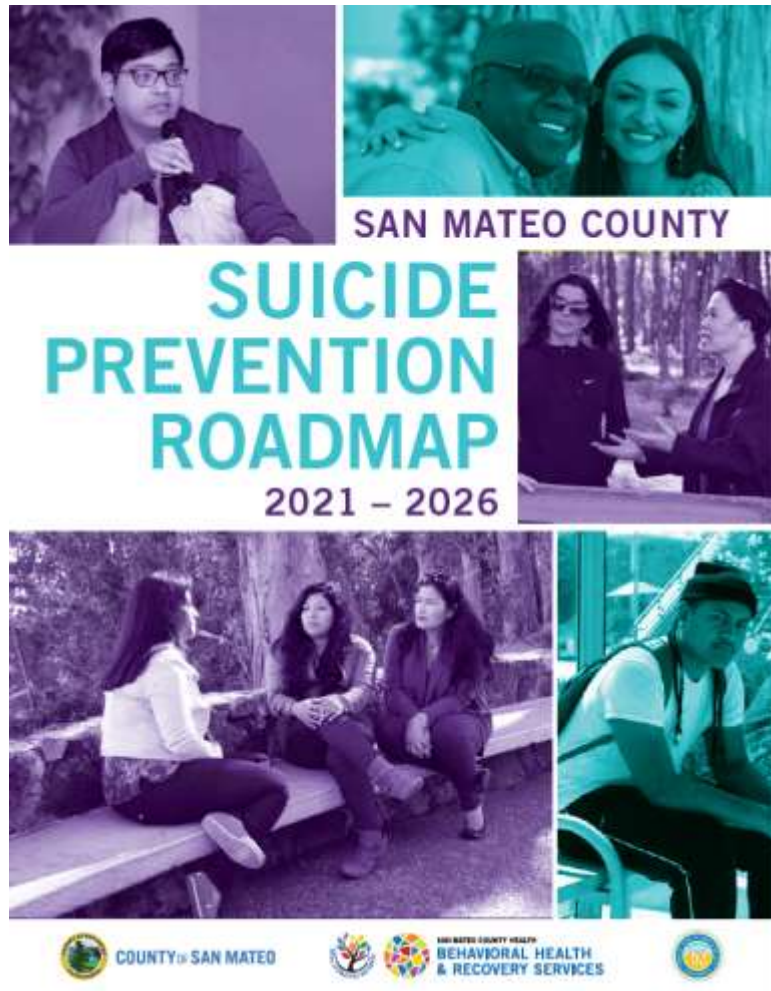


SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



STAR VISTA



smchealth.org/SuicidePrevention

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Suicide Prevention Committee Co-Chair
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Suicide Prevention Program Coordinator
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COUNTY OF SANTA CLARA
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County of Santa Clara Behavioral Health Services

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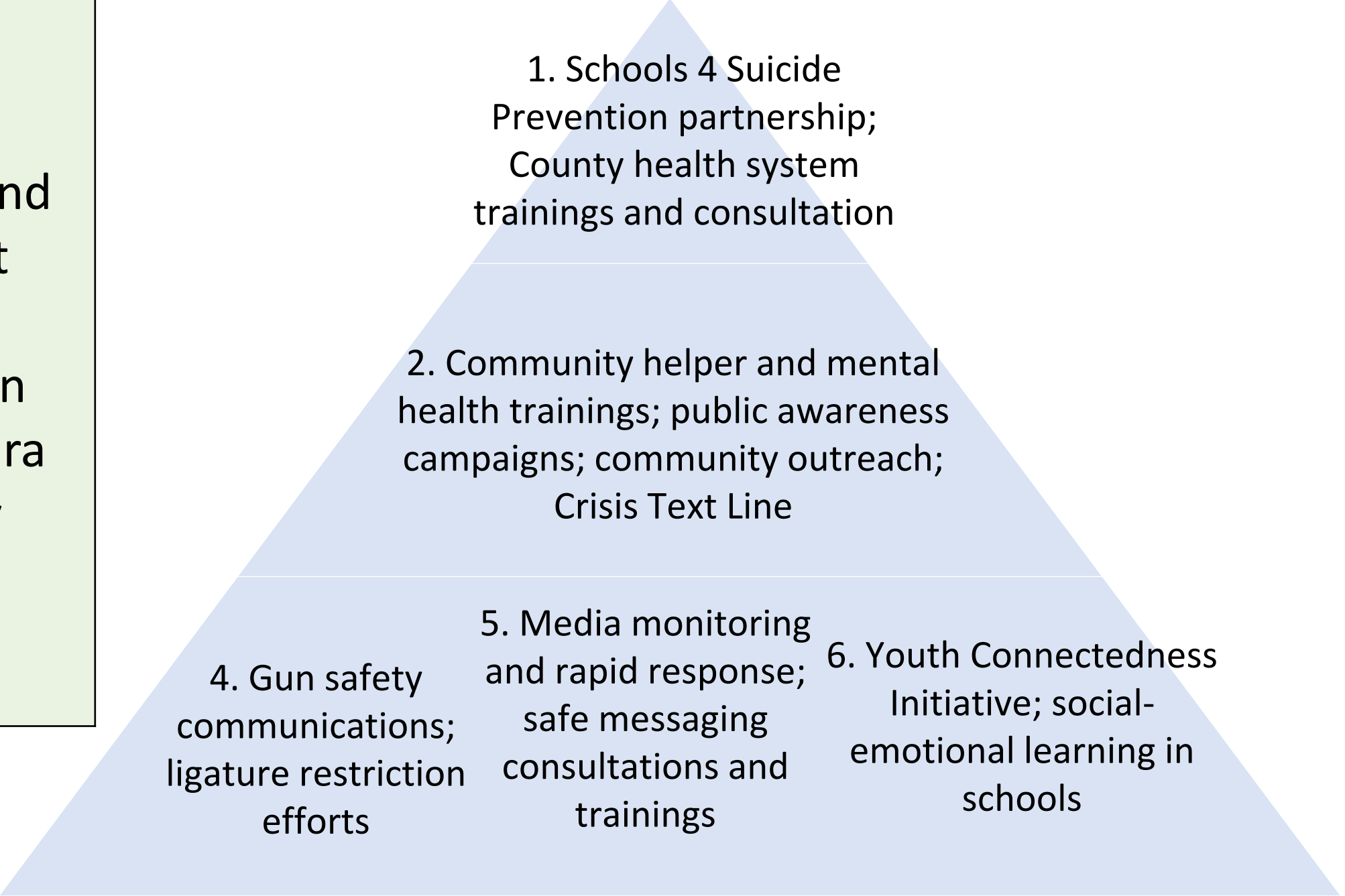
Email: samantha.oneill@hhs.sccgov.org

COUNTY OF SANTA CLARA SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent **suicide deaths** in Santa Clara County

Program Activities



Cross-cutting

Data & evaluation

Policy implementation

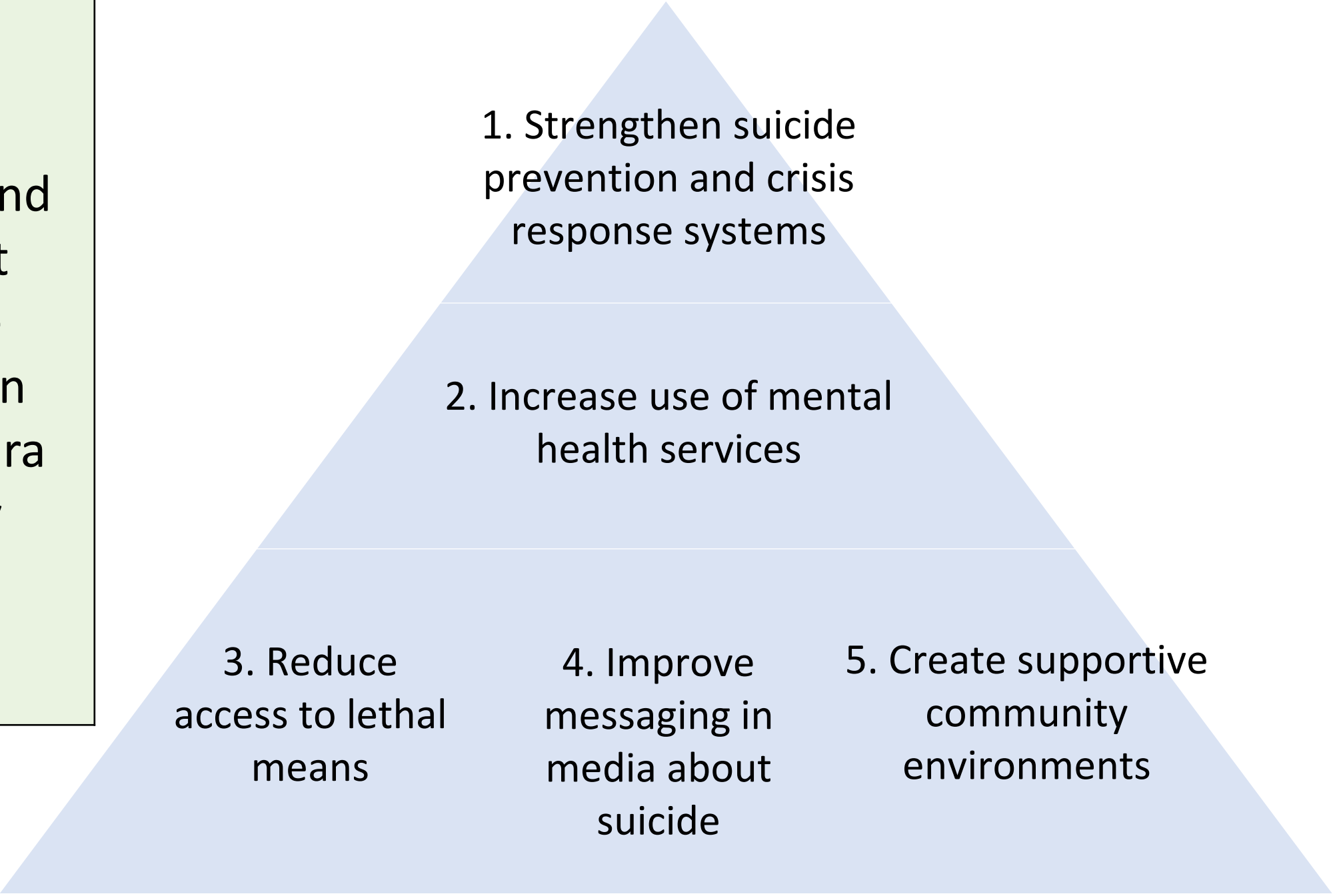
Cultural competency

COUNTY OF SANTA CLARA SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent **suicide deaths** in Santa Clara County

Outcome Objectives



Cross-cutting

Data & evaluation

Policy implementation

Cultural competency

Example: Monterey County Youth and School Workgroup

Goal 2: Increase the number of parents, caregivers and adult allies who are aware of the warning signs of suicide, what actions to take if they are concerned about a teen, and resources.

- Objective: Develop a pool of trainers that can facilitate suicide prevention trainings/presentations in English and in Spanish for parents, caregivers, and adult allies.
- Objective: Develop an outreach plan to promote and facilitate trainings
- Objective: Disseminate suicide prevention educational materials to parents, caregivers and adult allies.
- Objective: Explore how to offer this information in Mixteco and Triqui.

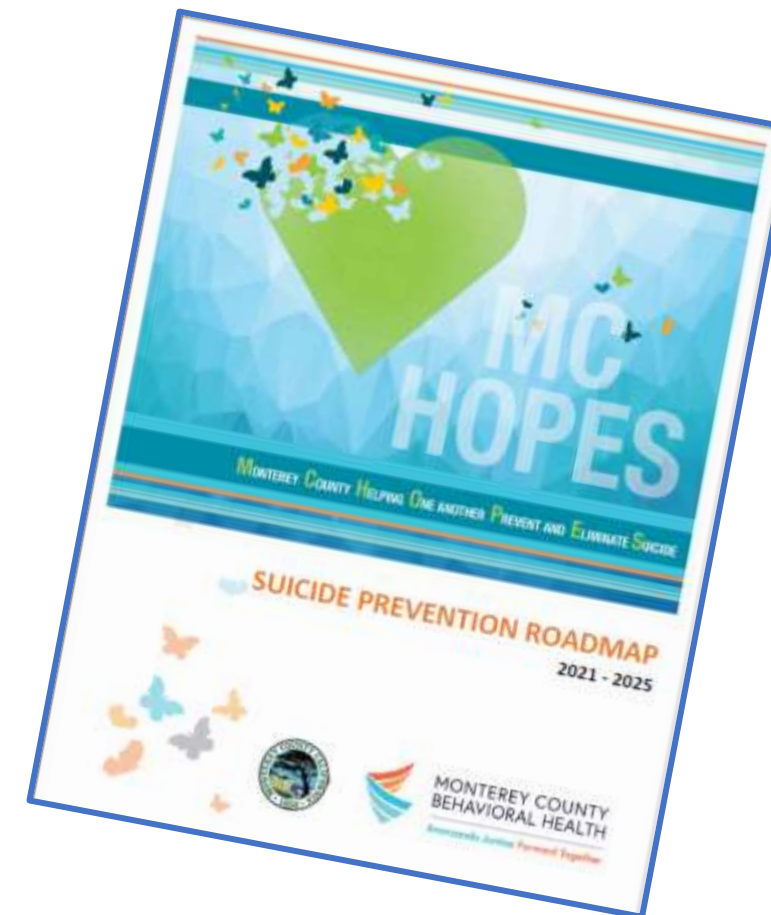
Potential Partners: Monterey County Behavioral Health Bureau, Family Service Agency of the Central Coast, Directing Change Program, Adult Education System, Mujeres in Accion, Family Resource Centers, Epicenter, Digital Nest, Planned Parenthood Promotores X Workgroup, CBDIO, Natividad Foundation Indigenous Interpretation Program

Resources that can be leveraged: Existing parent suicide prevention brochure and training developed by the Directing Change Program, CDE and Teenline; resources to support T4T through Monterey County Behavioral Health Bureau contribution to CalMHSA, Youth Mental Health First Aid training available through AIM, Family Service Agency of the Central Coast offers parent trainings.

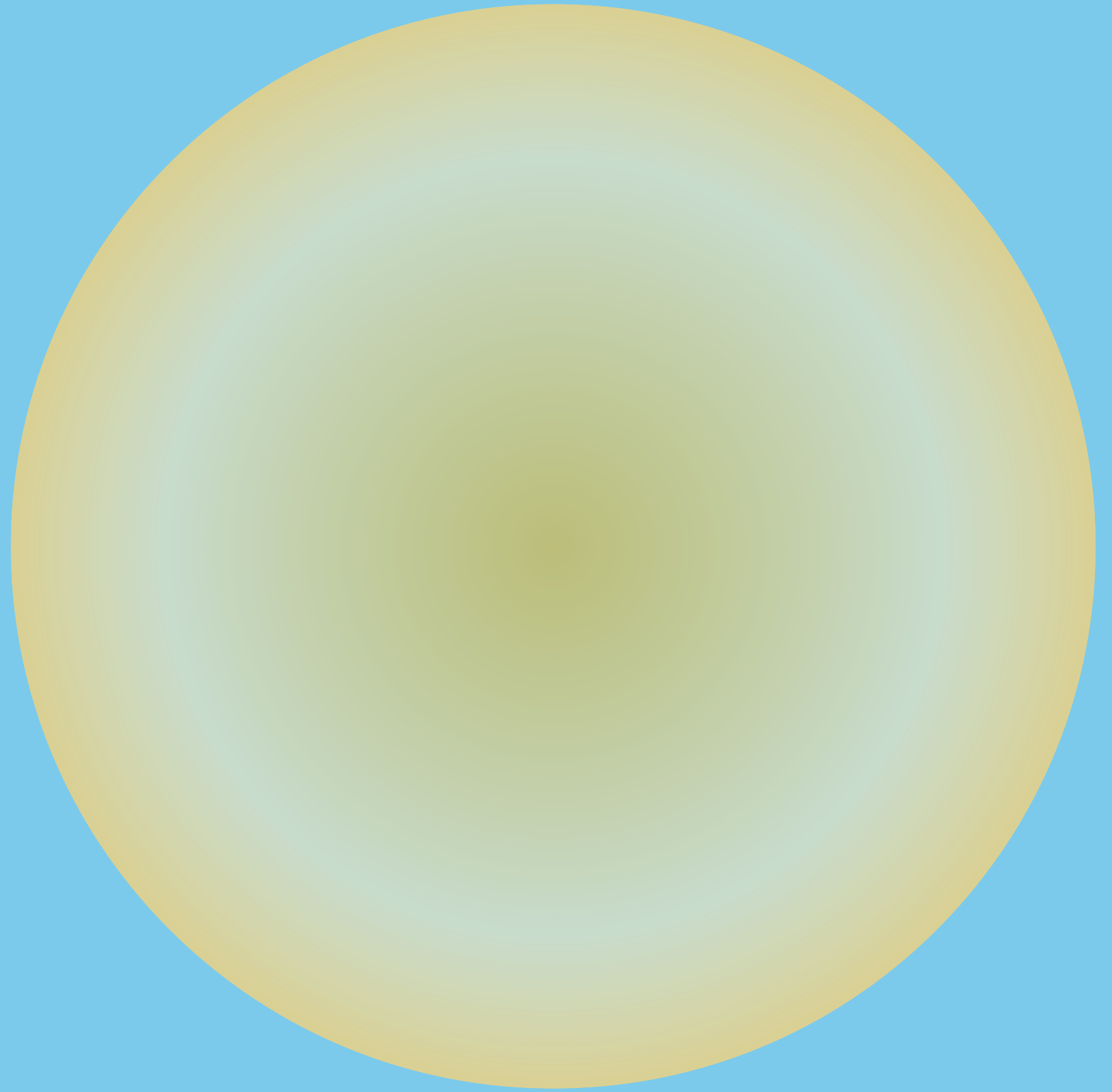
How will success be measured? Success will be measured by 1) The number of trainers/presenters trained in T4T, 2) the number of parents/caregivers/allies trained, 3) the number of parent educational materials disseminated, 4) Increases in knowledge as indicated by post-training/presentation survey, and 5) resources disseminated.

Action Plan and Updates:

Date	Update	Person responsible for next steps
1.20.23	Dana requested Parent/Allie SP 101 Training T4T in English and Spanish as part of CalMHSA funding.	Dana
Next workgroup meeting	Family Service Agency of Central Coast to share existing parent resources/presentations.	FSACC (Molly)



Q&A



Striving for Zero Collaborative Module

April 19, 2023

10AM - 12PM

To register: [LINK](#)

Learning Collaborative Resource Page



Striving for Zero Collaborative Module

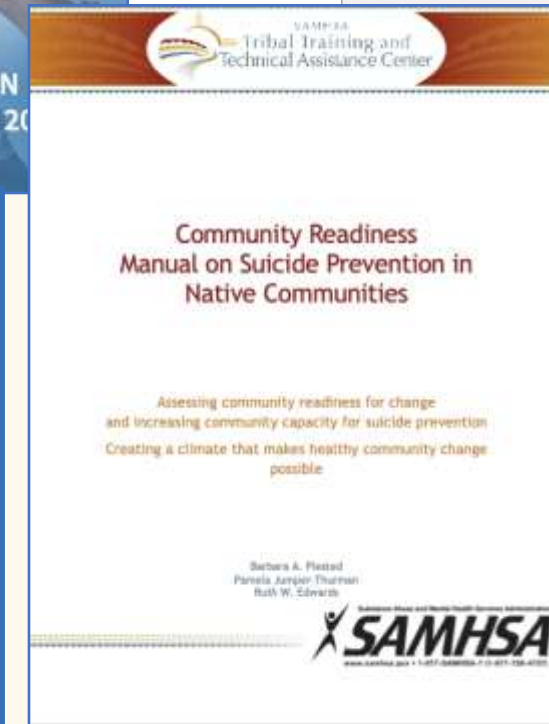
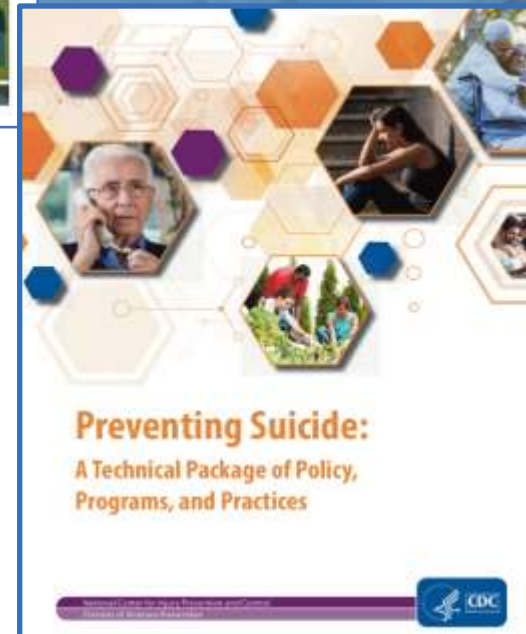
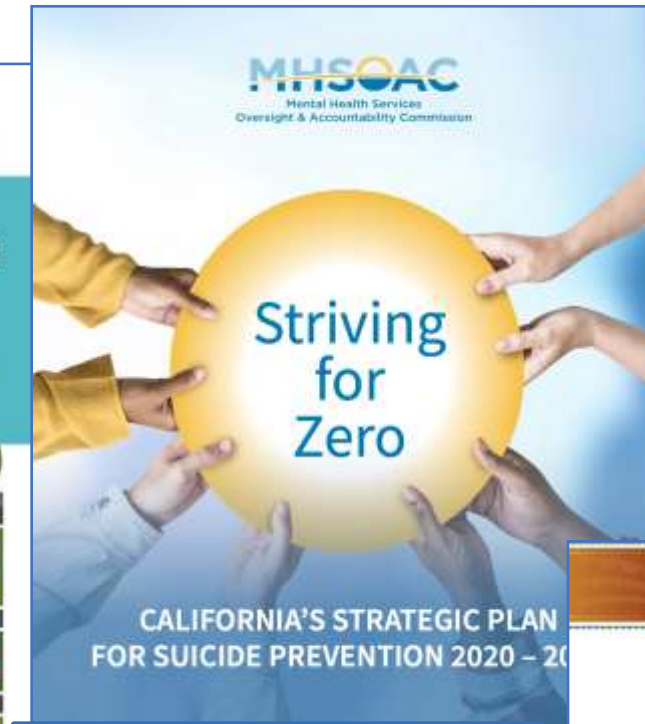
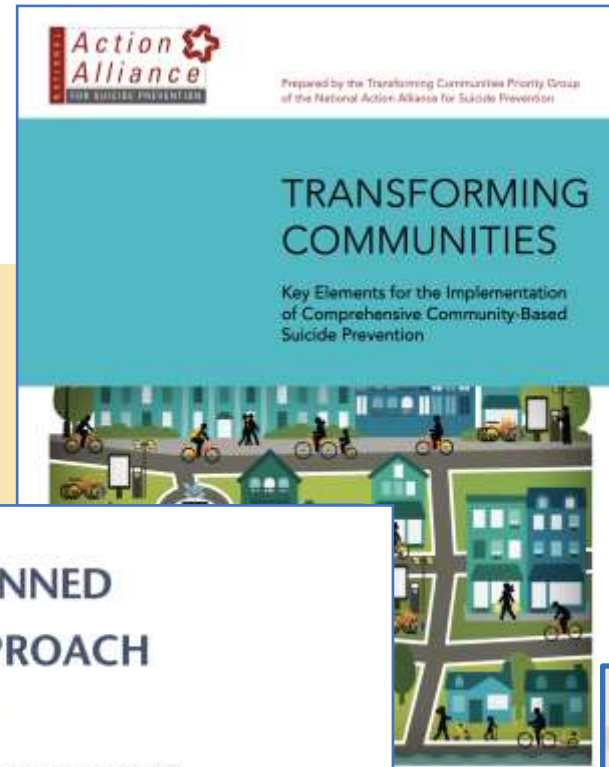
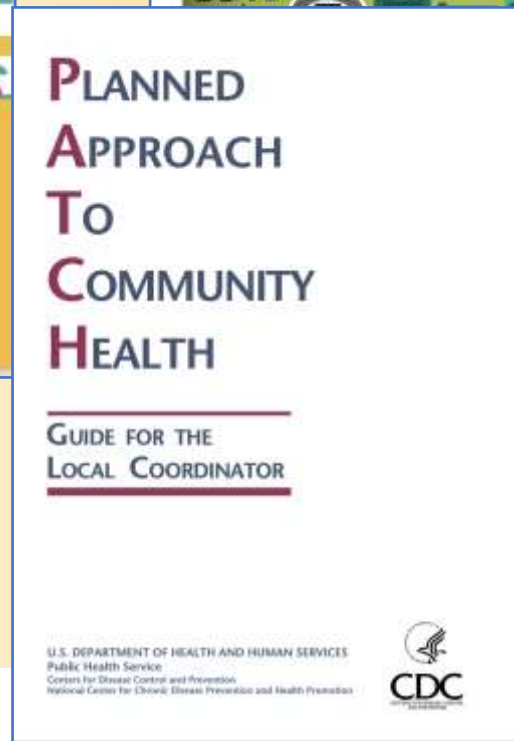
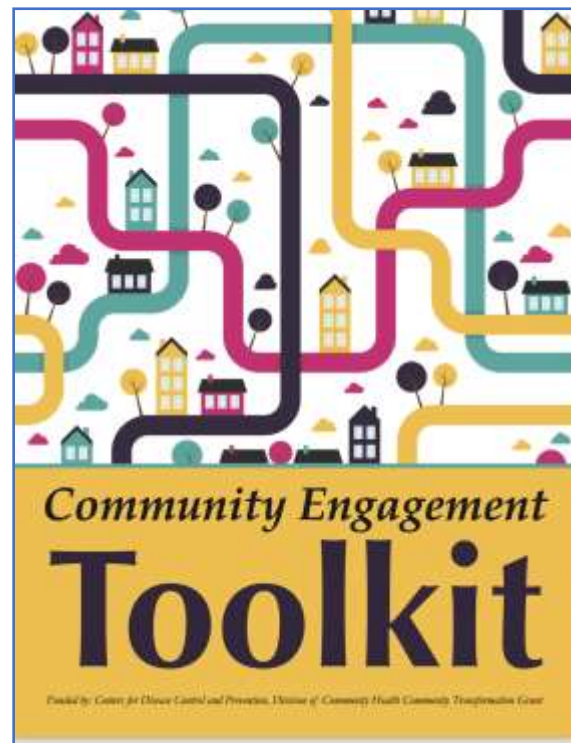
June 7, 2023

10AM - 12PM

To register: [LINK](#)

<https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/>

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) or 988

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