



**SAN JOAQUIN**  
— COUNTY —  
*Greatness grows here.*



# San Joaquin County Suicide Prevention Plan

Prepared by:  
San Joaquin County Behavioral Health  
Services

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[www.sjgov.org](http://www.sjgov.org)



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## Get Help Now

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If you or someone else needs support, a trained crisis counselor can be reached by calling or texting the 988 Suicide & Crisis Lifeline at 988. You can also Chat via their website at [988lifeline.org/chat/](https://988lifeline.org/chat/)

988 **CHAT**

En Español | For Deaf & Hard of Hearing

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All chat and text centers in the Lifeline network are accredited by either the American Association of Suicidology or the International Counsel for Helplines. Lifeline Chat and Text is available 24/7 across the U.S. and certain territories.

The 988 Suicide and Crisis Lifeline is committed to providing individuals in emotional crisis with support, which can include connection to specialized services for different populations.

Veterans and active service members can reach the Veterans Crisis Line 24/7 by texting 838255 or calling 988 and pressing 1.

*All of the resources above provide confidential help and are available 24 hours a day, seven days a week. Suicide risk assessment is a collaborative and transparent process between the person at risk and the person conducting the assessment. Working together, support services and referral options are identified based on risk and need.*

**If Someone is Showing Warning Signs (see the back of this page for a listing) or Communicating a Desire to Die, Take the Following Steps:**

- 1. ASK** "Are you thinking about suicide or feeling that life may not be worth living?" and assess the person's safety by asking if the person has a specific plan and any intent to act on that plan. Ask if the person has already begun acting on these thoughts or made a suicide attempt. Risk of death by suicide increases significantly as people put more pieces of a plan in place.
- 2. EXPRESS compassion.** The desire to die by suicide can be a frightening and isolating experience. Express compassionate care to emphasize that help is available, including confidential resources.
- 3. REACH OUT** for support by calling the crisis lines (see above) to be connected to resources. All crisis lines are available for people in crisis AND individuals supporting people in crisis.
- 4. FOLLOW-UP** by calling, texting, or visiting to ask how the person is doing and if additional support is needed.

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*Take a screen shot of this page if you're on your mobile device or make a copy if you're viewing the print version. This page can be saved for future use or sent to a loved one. Originally from Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025.*

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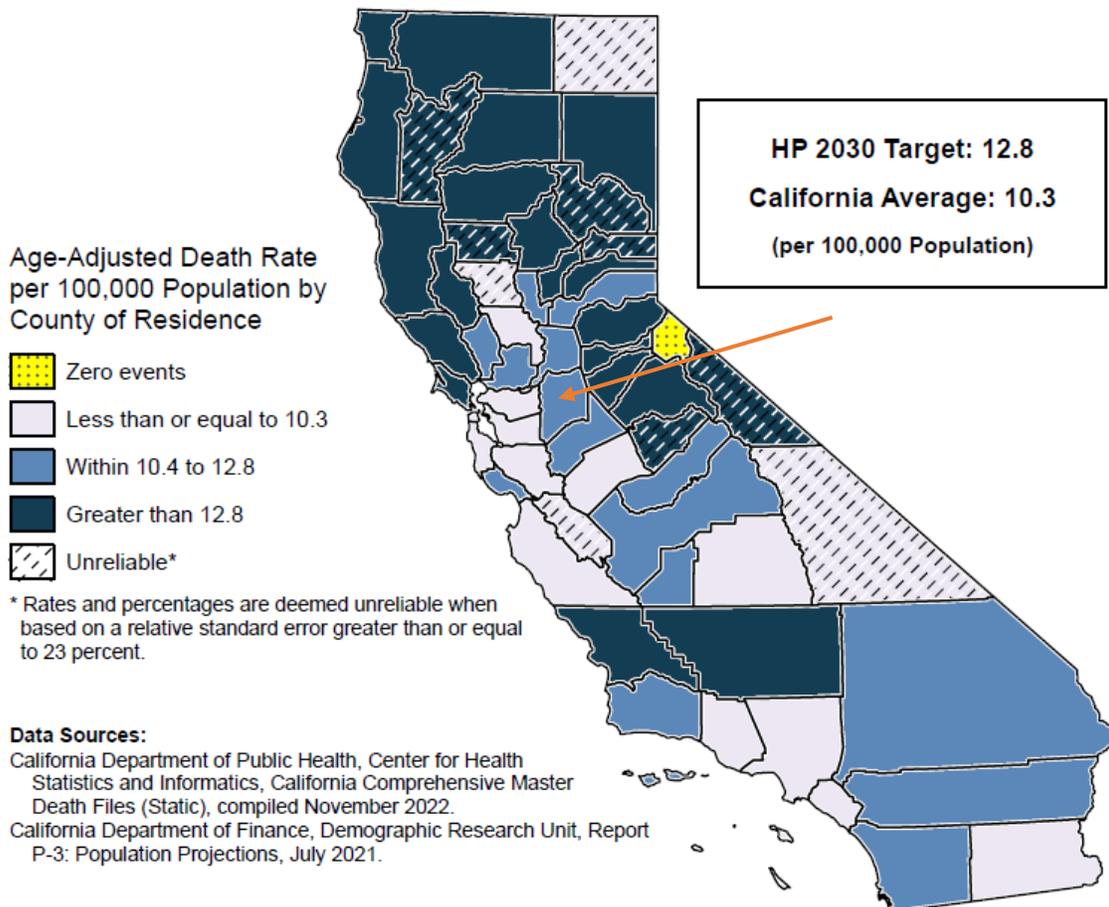


## Introduction

Suicide is a significant subject and a reality that affects San Joaquin County deeply, and as such, everyone has a part in suicide prevention energies. The collective effort to prevent suicide can have a strong impact on the wellbeing of all members of the community and in saving lives. This Suicide Prevention Plan is the outcome of community engagement and development from various stakeholders. The plan lays out strategic aims, goals, and objectives to address suicide and ensure prevention and intervention approaches are established countywide. San Joaquin County recognizes that prevention at the earliest possible opportunity is often the most productive means of prevention. For this reason, this plan heavily focuses on the children and youth of San Joaquin County. This plan summarizes new and established programs within the community.

Suicide is a leading public health issue across the country, state and in our local county. While San Joaquin County generally has lower rates of suicide compared to national rates, our rates of suicide are higher than the state rates. San Joaquin county is committed to saving every life possible.

### DEATHS DUE TO SUICIDE, 2019–2021



## *Stakeholder Process*

The San Joaquin County Community planning process serves as an opportunity for consumers, family members, mental health and substance abuse service providers, school districts, Health Care Services Managers, and other interested stakeholders to discuss the suicide prevention needs and challenges in our community. SJC recognizes the meaningful relationship and involvement of stakeholders in the planning process. The following activities were conducted to gather information regarding current programs and to provide recommendations on the need for additional programs to bridge identified gaps.

### **Community Discussions:**

June 15<sup>th</sup>, 2023 Reinvent Stockton Community Meeting

June 21<sup>st</sup>, 2023 Behavioral Health Board

June 23<sup>rd</sup>, 2023 Health Care Services Managers Meeting

July 11<sup>th</sup>, 2023 Immigrant Legal Resource Center Meeting

### **Targeted Discussions:**

June 6<sup>th</sup>, 2023 Lethal Means Safety Committee

June 30<sup>th</sup>, 2023 Technical Assistance with MHSOAC

July 11<sup>th</sup>, 2023 Children and Youth Services Leadership Team Meeting



## *Strategic Aims and Goals*

Strategic Aim 1: Increase community outreach and stigma reduction

Strategic Aim 2: Promote safe environments, resiliency, and connectedness

Strategic Aim 3: Enhance early identification of suicide risk and increase access to services

Strategic Aim 4: Improve suicide-related services and supports



# *Increase Community Outreach & Stigma Reduction*

## INCREASING RECOGNITION OF MENTAL ILLNESSES

### **Community Need**

Mental illnesses are common, and failure to provide appropriate and timely treatment can have serious and detrimental consequences for individuals, families, and communities. Community trainings to increase the recognition of early signs of mental illnesses and to effectively respond and link individuals to services are needed to improve timely access to mental health services for all individuals, and especially for individuals and/or families from underserved populations.

### **Project Description**

Trainings will reach out to community leaders and community-based organizations, service providers, college instructors, religious or spiritual leaders, and consumers and family members to provide information on how to increase recognition and respond effectively to the signs and symptoms of potentially severe and disabling mental illness. Trainings are also offered to consumers, parents/guardians, and other family members in order to provide information about mental health conditions that encourage individuals and families to overcome negative attitudes or perceptions about mental illnesses, recent diagnosis, and/or help seeking behavior.

### **Project Goal**

To develop community members as effective partners in identifying individuals in need of treatment interventions early in the emergence of a mental illness and preventing the escalation of mental health crises and promoting behavioral health recovery.

### **Project Components**

Trained instructors will provide evidence-based classes to service providers, consumers and family members. For more information see: <http://www.nami.org/> and [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

### **Project 1: Community Trainings for Potential Responders**

- **Provider Education Program (PEP):** PEP was developed by NAMI and helps providers who work with individuals living with mental illness to understand the experiences of mental illness from the perspective of the individual and family member. The five 2.5 hour sessions help participants increase their empathy and professional skills. Two PEP classes will be offered per year.
- **Parents and Teachers as Allies:** The Parents and Teachers as Allies is a 2-hour in service program that helps school professionals identify the warning signs of early-onset mental illness in children and adolescents in school.
- **Crisis Intervention Training for Law Enforcement:** BHS works in partnership with the Sheriff and local police departments to offer crisis intervention trainings for law enforcement. Courses include an 8-hour POST-certified training curriculum (POST is the Peace Officer Standard and Training Commission for the State of California.) A 40-hour training is also available for officers designated as Mental Health Liaisons.

- **Mental Health First Aid (MHFA):** Mental Health First Aid is an 8-hour course that teaches how to help someone who may be experiencing a mental health or substance use challenge. The training teaches community members who to identify, understand, and respond to signs of addictions and mental illness. Two trainings are offered in San Joaquin County. Mental Health First Aid and Youth Mental Health First Aid (YMHFA). In 2023-24, BHS will provide Mini grants for organizations to become Trainers in MHFA and YMHFA.
- **Trauma-Informed Care:** Training will assist responders in recognizing trauma-related symptoms and concerns and in the interventions helpful to individuals affected by trauma.

**Project 2: Community Education:**

- **In Our Own Voices (IOOV):** IOOV are 60-90 minute presentations to illustrate the individual realities of living with mental illness. The objective is to change attitudes, preconceived notions and remove stereotypes regarding mental illness. Each year, 40 presentations are planned throughout the county (32 in English and 8 in Spanish).
- **Family to Family (F2F):** F2F is a 12-session educational program designed for family members of adults living with mental illness. The program is taught by trained teachers who are also family members and offers hope, inspiration, and practical tips for families supporting recovery and wellness efforts. It is a designated evidence based practices that has been shown to significantly improve coping and problem-solving abilities of the people closest to an individual living with a mental illness.
- **Peer to Peer (P2):** P2P program provides up-to-date research on brain biology, a personalized relapse prevention plan, tools to prepare for interactions with health care providers, and skills for decision-making and reducing stress. Classes are 10, 2-hour sessions designed for adults living with mental illness. Classes are offered in English and Spanish.

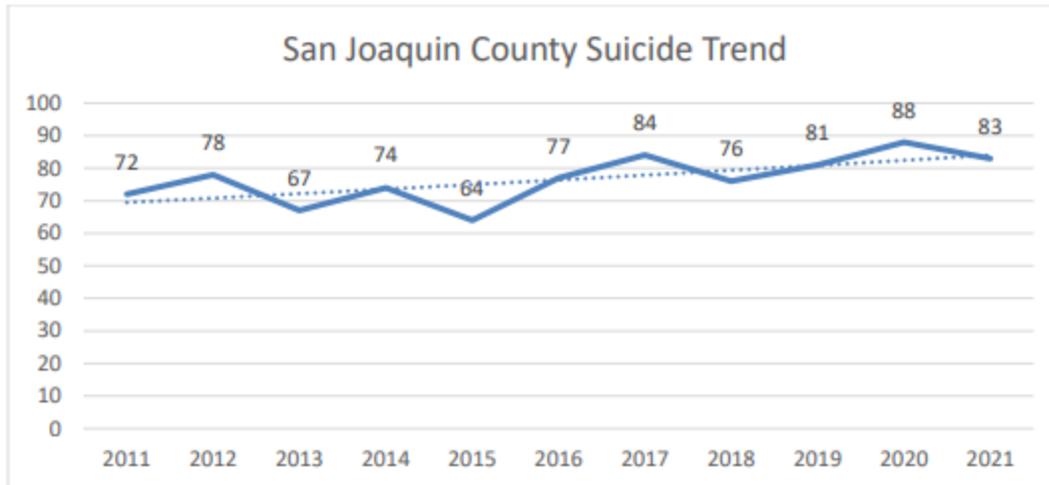
**Project Objective:**

After execution of signed contract, this program will provide a minimum of 5 training courses every year.

**SUICIDE PREVENTION AND EDUCATION IN THE COMMUNITY**

**Community Need**

There is an increase in the numbers of suicide deaths occurring over the past 10 years, according to the Office of the Coroner, and as shown in the chart below. Increases are somewhat higher than the prior 10 years in which suicides deaths were relatively flat, accounting for between 50 – 60 deaths annually. This is consistent with national research which shows that while suicide rates remained relatively stable between the late nineties and mid-2000’s there is a significant increase in suicide deaths in the last ten years.



Suicide is the preventable consequence of untreated mental illness. PEI currently funds a suicide prevention campaign in local schools. Additional resources are needed for a suicide prevention campaign targeting adults and older adults.

National data also indicates that the suicide prevention activities need to better target males, who account for the majority of suicide deaths (75% of suicides nationally, and 85% of San Joaquin’s suicide deaths, in 2017); and need to better target young men and adults between the ages of 15 – 64 with special outreach to young men and adults living in non-urban areas.

**Project Description**

In coordination with the PEI Information and Education Campaign BHS will work with a contracted program provider to develop a local suicide prevention campaign targeting young men and adults between the ages of 15-64. Suicide prevention campaign information will align its messaging with existing major suicide prevention initiatives, including national suicide prevention hotline and text lines, while simultaneously promoting local resources for a range of wellness concerns including depression, anxiety, and stress management.

**Project Goal:**

Increase awareness and understanding of suicide as an illness and how to connect with a mental health professional in the community to address suicide thoughts or planning for yourself or a friend.

**Project Components**

Suicide Prevention for the Community

Develop and promote a suicide prevention and information campaign using a range of multi-media platforms, including billboards, websites, social media and/or smart-device applications which will guide users to local resources in San Joaquin County. Gun violence is the most prevalent mode of suicide death in San Joaquin County. Suicide prevention and information campaign efforts will include facts about non-homicide firearm related deaths and measures that can be taken to limit easy access to a gun for someone who may be at risk for suicide. Education on suicide prevention can be provided to the community through this program. Additionally, some San Joaquin County funds are assigned to CalMHSA for statewide suicide prevention programs.

**Program Objectives:**

This program will complete one of each of the following during each fiscal year:

- Billboard Marketing
- Public Transportation Marketing
- Radio Advertisements

All of the above will be done in English and Spanish

## INFORMATION AND EDUCATION CAMPAIGN

**Community Need**

Too many individuals remain unserved by community mental health services owing to negative feelings attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. The overarching purpose of the PEI Information and Education Campaign is to increase acceptance and understanding of mental illnesses, substance use disorders and seeking behavioral health services; to increase help seeking behaviors; and to promote equity in care and reduce disparities in access to mental health services and substance use disorder services.

**Project Description**

BHS will work with a contracted program partner to develop, host, and manage a public information and education campaign intended to reduce multiple stigmas that have been shown to discourage individuals from seeking mental health services and substance use disorder services. The information and education campaign will include language, approaches, and social/media markets that are culturally and linguistically relevant and congruent with the values of underserved populations.

**Project Goal**

To reduce stigma towards individuals with a mental illness and/or substance use disorder and increase self-acceptance, dignity, inclusion and equity for individuals with a behavioral health challenge and members of their family.

**Project Components**

To develop and promote a public information and education campaign using: (1) positive, factual messages and approaches with a focus on recovery, wellness, and resilience; (2) culturally relevant language, practices, and concepts geared to the diverse population of San Joaquin County; and (3) straightforward terms – not jargon – to explain when, where, and how to get help.

*Self-Acceptance:* Understanding and accepting a mental health and or substance use disorder diagnosis can be a lengthy process for consumers and their family members; one made more difficult by a lack of relevant information. The primary focus of the Information and Education Campaign will be a reimagining of how information about mental illness, substance use disorder, treatment options, and pathways to services are made available to consumers and family members. Currently BHS and others rely heavily on website pages and brochures which provide relatively static information. With today's technology, there are better and more easily navigable ways to provide individualized information on mental illnesses and substance use disorders and how to get the help needed. Accepting a diagnosis is easier when there are meaningful examples of recovery; accessible pathways to services; tangible recovery milestones; and clarity on when, why, and how treatment is escalated. A secondary purpose of

this work will be to increase timely access to services for those first accepting a diagnosis of a mental illness and/or substance use disorder.

*Dignity:* Promoting dignity in the delivery of mental health services and/or substance use services is a fundamental value of San Joaquin County Behavioral Health Services. At BHS, consumer driven services are a fundamental tenant of how treatment and recovery plans are developed. The Information and 140 Education Campaign will include the development of simple step-by-step instructions for consumers to develop their own recovery pathway. Specific education campaign items will be accessed through the web-site, touch screen portals, and informational brochures. Examples of the types of items that will be addressed include, but are not limited to: developing and updating a Wellness Recovery Action Plan (WRAP), having a peer partner assigned; asking for a second opinion; patient rights, expectations for timely access to services; and escalating questions or concerns to a consumer advocate. Inclusion: The target population for the Information and Education campaign will be all residents of San Joaquin County and it is important to provide education to people who are not actively seeking information on mental health issues and substance use disorders such that there is broader acceptance of behavioral health concerns as a normalized experience; and a broader acceptance of people with mental illnesses in classrooms, workplaces, on playgrounds, and in the community. Hence, some efforts are needed to ensure that the education materials designed to reduce stigma towards mental illness and substance use disorders are broadly accessible in the community: on billboards, information kiosks, and prominently posted in public locations such as libraries, community colleges, post offices, court houses.

*Equity:* Equity means equal access to services; but it also means equal inclusion in the development of services and supports, the information that is generated about services and supports, and in the distribution of information and education materials. In developing a stigma and discrimination reduction campaign that is linguistically competent and culturally congruent to the values of the population the developers of the Information and Education Campaign will engage consumers, family members, youth, and underserved communities to provide guidance and feedback on the development of the Information and Education Campaign. At a minimum it is anticipated that Information and Education Campaign materials will be developed in English and Spanish and that a targeted information and education campaign will be developed for Spanish-speaking residents of San Joaquin County which may include billboards, social media, or other public or direct-contact approaches.

**Project Objective:**

This program will complete one of each of the following during each fiscal year:

- Billboard Marketing
- Public Transportation Marketing
- Radio Advertisements

All of the above will be done in English and Spanish



# Promoting Safe Environments, Resiliency, and Connectedness

## TRACY POLICE DEPARTMENT FAMILIAR FACES HOMELESS OUTREACH TEAM

### **Community Need:**

According to the National Health Care for the Homeless Council Fact Sheet (May 2018), in comparison to the general population, a 2012 study found suicide rates to be 10 times higher for a homeless cohort, and other research has indicated a higher suicide rate among people experiencing homelessness than the general population. In fact, more than half of people experiencing homelessness have had thoughts of suicide or have attempted suicide.

### **Project Description:**

The Tracy Police Department's Familiar Faces Homeless Outreach Team supports the City of Tracy's Homeless Strategic Plan for engaging with people experiencing homelessness by identifying people experiencing or at-risk of homelessness in vulnerable subpopulations within the City of Tracy and by establishing a Law Enforcement Protocol for initiating contact with people experiencing homelessness. The Familiar Faces program serves as an initial call, triage level, and follow-up response team, working to identify, engage, and assist unsheltered individuals in the community. The team provides resources about mental health, substance use disorder treatment, motivational interviewing, trauma-informed care, harm reduction integrated care, and care coordination, through utilizing community, county, and state resources to help divert unsheltered individuals off the streets by offering transportation services to individuals in need of reunification, shelter, urgent care services, and housing options, including the City's Temporary Housing Shelter. Familiar Faces also provides case management services to those that do not qualify for the Tracy Interim Shelter.

### **Project Goal:**

- Identify people experiencing or at-risk of homelessness
- Establish a Law Enforcement Protocol for initiating contact with people experiencing homelessness
- Assist unsheltered individuals in the community
- Divert unsheltered individuals off the streets by offering transportation services to individuals in need of reunification, shelter, urgent care services and housing options

### **Project Components:**

- Outreach and Engagement
- Triage
- Follow-up response team
- Linkage to resources and treatment
- Utilizes evidence-based practices
- Care Coordination
- Case Management
- Transportation Services
- Housing resources

### **Project Objectives:**

80% of clients will be managed through city-coordinated homeless response services. 20% of clients will be managed through county-coordinated specialty services, including Whole Person Care and Behavioral Health Services.

## LETHAL MEANS TRAINING

### **Community Need:**

According to the latest available statistics from the Centers for Disease Control and Prevention (CDC), more Americans died of gun-related injuries in 2021 than in any other year on record. Suicides accounted for more than half of U.S. Gun deaths in 2021. Suicide has long accounted for the majority of U.S. gun deaths. There are about 53 federally licensed firearm dealers and 14 guns shops in San Joaquin County.

### **Project Description:**

SJC will facilitate and host Lethal Means Trainings as a way to educate the community on gun safety. In addition, SJC will collaborate with community-based organizations to educate the community and gun shops.

### **Project Goal:**

To increase safety around firearms and other lethal means.

- Provide Lethal Means Training to the community.
- Provide Lethal Means Safety Counseling Training to service providers
- Implement the Gun Shop Project.
  - Develop outreach materials (with gun shop input)
  - Perform outreach to local gun shops, firing ranges and instructors.
- Educate the community regarding Gun Violence Restraining Orders (GVRO).
- Distribute gun locks along with information on Mental Health Resources.

### **Project Objectives:**

- Provide at least two Lethal Means Trainings.
- Provide at least one Lethal Means Safety Counseling Training.
- Distribute at least 100 brochures.
- Provide outreach to a minimum of 5 gun shops in SJC
- Provide a minimum of 2 GVRO trainings in SJC.

## SKILL-BUILDING FOR PARENTS AND GUARDIANS

### **Community Need**

Research demonstrates that some of the risk factors associated with a higher-than-average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Developing ways to empower parents with the skills necessary to mitigate stress within the family unit is essential to reducing risk and building resiliency among children and youth.

### **Project Description**

Community-based organizations will facilitate evidence based and/or community defined promising practice parenting classes or groups in communities throughout San Joaquin County. Parenting classes or groups will target underserved populations, including classes for older generation guardians, and be conducted in multiple languages.

**Project Goal:**

To prevent and reduce risk factors for mental illness and increase protective factors associated with social connectedness, parent and family resilience, and knowledge of child development.

**Project Components**

Community-based organizations will convene parenting classes or groups at one or more sites within San Joaquin County. Parenting classes will address parent and family resiliency, knowledge of child development, and support pro-social interactions and social connectedness.

Potential evidence-based parenting classes include:

- *Nurturing Parenting Program* is a series of 10-12 independent 60-90 minute lessons designed to teach parents alternatives to physical punishment and improve parenting skills, including: 1) understanding feelings; 2) alternatives to spanking; 3) communicating with respect; 4) building self-worth in children; 5) praising children and their behavior; 6) ages and stages of growth for infants and toddlers; 7) the philosophy and practices of Nurturing Parenting; 8) learning positive ways to deal with stress and anger; 9) understanding and developing family morals, values and rules; and 10) ways to enhance positive brain development in children and teens. For more details about the evidence-based Nurturing Parenting Program see: <http://www.nurturingparenting.com>
- *Parent Cafes* is a model derived from the Strengthening Families Initiative, and is a distinct process that engages parents in meaningful conversations about what matters most – their family and how to strengthen that family by building protective factors. Parent Cafés are focused on building the 5 research based protective factors that mitigate the negative 114 impacts of trauma. See: <http://www.beststrongfamilies.net/build-protective-factors/parentcafes/>
- *Positive Parenting Program (Triple P)* is an evidence-based 12-hour program, delivered in six 2-hour group meetings with between 8 and 12 parents. The goal of Triple P is to prevent behavioral, emotional and developmental problems by teaching parents skills to reduce parental stress and increase confidence in parenting. The success of Triple P is demonstrated by increased knowledge, skills and confidence, as measured by a Parenting Task Checklist and decreased levels of stress, over-reactivity and hostility, as measured by the Parenting Scale. For more details about the Positive Parenting Program see: <http://www.triplep.net/glo-en/home/>

**Program Objective:**

This program will serve a minimum of 320 parents annually.

## MENTORING FOR TRANSITIONAL AGE YOUTH

**Community Need**

Research demonstrates that some of the risk factors associated with a higher-than-average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Early intervention services, including

mentoring, are critical to support the ability of youth and young adults to develop resiliency and learn to cope effectively with adverse childhood experiences.

### **Project Description**

Public agencies or community-based organization(s) serving at risk-youth ages 16-25 will provide culturally appropriate intensive mentoring and support to transitional-age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care. The program will target underserved/unserved very high-risk youth, including youth who are gang involved or at risk of gang involvement, have been sexually exploited as minors or transitional age youth, or have other exposures to violence, criminality, or emotional abuse that have depleted their resiliency.

**Project Goal:** To reduce the risk of transitional-age youth developing serious and persistent mental illnesses which are associated with adverse childhood experiences, severe trauma or ongoing stress, family or domestic violence, and/or self-harm or suicidal thoughts.

### **Project Components**

- *Program Referrals:* Individuals needing additional mentoring and support to prevent the onset of serious mental illness may be referred to the program. Referral sources may include but are not limited to: Mobile Crisis Support Team, the Juvenile Justice Center clinical team, other BHS programs, local police departments, the County Probation Department, schools, hospitals, community based organizations, or self-referral.
- *Vocational Training:* Program will partner with local businesses to link youth to on-the-job vocational training. Contractor will use funds to reimburse local businesses for hiring youth and providing them with on-the-job vocational training.
- *Mentoring and Support Services:* Agencies or community-based organization(s) will provide intensive mentoring and other supportive services to high-risk transitional age youth who require counseling to prevent the onset of a serious emotional disorder but do not otherwise meet the criteria for specialty mental health services. Potential evidence based approaches include:
  - *Transitions to Independence (TIP):* TIP is an evidence-based practice designed to engage youth with emotional and/or behavioral difficulties in making a successful transition to adulthood. TIP programs provide case management services and supports to engage youth in activities to help resolve past traumas and achieve personal goals. For more details on the TIP model, see: <http://tipstars.org>

### **Program Objective:**

This program will serve a minimum of 220 individuals annually.



# Enhance Early Identification of Suicide Risk & Increase Access to Appropriate Services

## MENTAL HEALTH STUDENT SERVICES ACT (MHSSA)

### Target Population

This program targets children, youth and youth adults in the school setting. Emphasis will be placed on outreach to a “targeted Population” consistent with WIC Section 5886. That population includes those children and youth who are in foster care; those who identify as lesbian, gay, bisexual, transgender, or queer; and those who have been expelled or suspended from school. Program must serve youth in Economically Disadvantaged Communities (EDC) which is defined as Title 1 Schools with Free and Reduced-Price Meal Programs.

### Program Description and Components

San Joaquin County of Education (SJCQE) will partner with EDC school districts to provide the following services:

1. Screening: School staff will use the CRAFFT Substance use health screening tool for youth ages 12-21, and the Patient Health Questionnaire (PHQ)-2 depression screening tool. Students in grades 6-12 will be screened for substance misuse and depression, and when needed referred to San Joaquin County Behavioral Health Services (SJCBS), Chemical Dependency Counseling Center (CDCC), and other resources.
2. Suicide Prevention: School staff will provide Peer Helping Summits and Mental Health First Aid for grades Kindergarten through 8<sup>th</sup> grade.
3. Professional Learning and Development: SJCQE will provide professional development by offering school districts trainings such as but not limited to:
  - a. Applied Suicide Intervention Skills Training (ASIST)
  - b. Mental Health First Aid
  - c. Mental Health Mindfulness
  - d. You Matter Self-Care
  - e. Positive Parenting practices
  - f. Dis-Arming Dialogue
  - g. Brief Intervention and Referral to Treatment (SBIRT)
4. Parent Project: SJCQE and School Districts will offer the Parent Project Program

### Program Goals

The primary objective is to promote school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods. The goals of this program are to enhance county partnerships with school-based programs, and to expand access to mental health services for children and youth, including facilitating linkages and access to ongoing and sustained services.

### Program Objective:

This program will screen a minimum of 500 students annually and provide a minimum of 5 training courses annually.

## EVIDENCE BASED TRAINING

### **Community Need**

The State of California is facing a staffing shortage. This shortage has resulted in SJCBS having an average vacancy rate of about 30%. While efforts are being made to recruit and retain qualified staff into our workforce, it is also important to focus on improving the quality of work our current staff provide to our consumers.

### **Target Population**

BHS staff and contracted staff will be provided trainings in two evidence-based practices designed to prevent suicide and decrease crisis situations.

### **Program Description and Components**

BHS will provide Crisis Prevention Intervention (CPI) and Life Space Crisis Intervention (LSCI) training

1. CPI - training provides the de-escalation techniques and behavior management strategies you need to create a culture of safety. Staff will be provided the skills to safely recognize and respond to everyday crisis situations. This program includes:
  - i. Prevention and verbal de-escalation skills
  - ii. Disengagement safety techniques
  - iii. Trauma-informed training
  - iv. Risk assessment framework
  - v. When applicable, physical intervention techniques
2. LSCI – a brain-based, trauma-informed, relationship-building verbal strategy that turns crisis situations into learning opportunities for young people who exhibit challenging behaviors. This training provides a systematic, 6-stage process to move from stress and conflict to insight and long-term behavioral change.

### **Program Goals:**

Improve staff competency in crisis de-escalation.

### **Program Objectives:**

In Fiscal Year 23/24, BHS will train ten “train the trainers in Crisis Prevention Intervention (CPI). After completion of the train the trainer program, BHS will offer monthly CPI trainings for BHS staff and contracted staff. In Fiscal Year 24/25, BHS will train their Mental Health Specialists who work with populations under age 20 in LSCI.

## **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH GRANT WITH SJCOE**

### **Community Need**

Assembly Bill 2112 finds that suicide is a public health crisis that has warranted response from the state. Suicide risk is a lifespan issue, with a variety of groups at significant risk of death by suicide.

### **Target Population**

Youth 25 and younger in San Joaquin County

### **Project Description**

The Office of Suicide Prevention (OSP) was allocated funding in the Governor’s 2022-2023 Budget to implement the Youth Suicide Reporting and Crisis Response Pilot Program (Program). The Program’s

funded Pilot Projects (carried out at the local level) will develop and test models for making youth suicide and attempted suicide reportable events that initiate rapid and comprehensive responding (i.e., crisis response) to reported youth suicide deaths and attempted suicides. San Joaquin County Office of Education is lead on this project.

### **Project Components**

This program shall carry out activities focused on 1) Rapid Reporting of Youth Suicides and Suicide Attempts, and/or 2) Crisis Response to Youth Suicides and Suicide Attempts. Activities may include Planning/Coordination and/or Implementation related to Rapid Reporting and/or Crisis Response. This program shall engage and/or convene local-level advisory board(s) and/or coalitions(s) focused on the prevention of youth suicide to guide and help sustain all activities. SJCBS will be a member of these boards/coalitions.

### **Project Goals**

To assist the Office of Suicide Prevention (OSP) in addressing the root causes of suicide and self-harm injuries through strong partnerships, dissemination of data, and promotion of evidence-informed public health prevention strategies that create safe and healthy communities across California.

### **Program Objectives**

- Eight Progress reports shall be submitted between 9/30/23 and 6/30/25.
- Submit a final local-level evaluation report to California Department of Public Health/Injury and Violence Prevention Branch (CDPH/IVPB) by April 30, 2025
- Program will participate in monthly meetings with CDPH/IVPB

## **SUICIDE PREVENTION WITH SCHOOLS**

### **Community Need**

Suicide is a preventable consequence of untreated mental illnesses. Suicide prevention campaigns can effectively reduce the stigma associated with seeking mental health services and provide and promote suicide prevention resources, including alert helpers to link individuals to services. Broad suicide prevention strategies are needed to reduce stigma for help seeking behaviors and to increase awareness of suicide risk in San Joaquin County amongst children, youth, and adults.

### **Project Description**

The suicide prevention project will include both universal and targeted suicide prevention efforts.

- Comprehensive school-based suicide prevention programs for students and school personnel in San Joaquin County. Targeted suicide prevention activities will include
  - Evidence-based suicide education campaigns.
  - Depression screenings and referrals to appropriate mental health interventions.

### **Project Goal**

The project is designed to identify and refer individuals at risk of self-harming and suicidal behaviors and to reduce stigma for help-seeking behavior.

### **Project Components**

*Suicide Prevention with Schools* – Develop comprehensive school-based suicide prevention and education campaign for school personnel and students. Activities include depression screening and

referral services which will result in the timely identification and referral of students at risk of self-harming and/or suicidal behaviors to mental health services. Programs must operate in partnership with one or more schools or school districts. At a minimum the program will include:

- School personnel will be trained in an evidence-based practice to understand suicide, recognize suicide risk behavior in students, and to refer students for assistance, and
- Students at participating schools will receive evidence-based suicide prevention education.

*An Evidence-Based Suicide Education Campaign*-Implement one or more of the following evidence-based practices for both school personnel and students:

- Yellow Ribbon Suicide Prevention Campaign Implement the evidence-based Yellow Ribbon Campaign with its four essential stages:
  - Planning sessions with school leaders;
  - Be a Link® Adult Gatekeeper Training for school personnel and Ask 4 Help® Youth Gatekeeper Training for youth leaders, followed by school-wide student assemblies;
  - Booster training and training for new staff members and students;
  - Establishment of community task forces to ensure ongoing resource connections, awareness reminders, event coordination, and expanded gatekeeper training.

*Suicide Prevention Education and Awareness Training* - Planning conversations will be coordinated with participating schools to evaluate and select an education model suitable to that school and student population. Options to select from include but are not limited to: QPR and/or SafeTalk.

- Question, Persuade, Refer (QPR) Provide QPR Gatekeeper Training for Suicide Prevention to school personnel to train them to engage and intervene with youth who are displaying or discussing suicidal or self-harming behaviors. QPR will be implemented in accordance with the evidence-based practice described at: <http://www.qprinstitute.com>
- SafeTALK Workshops Provide SafeTALK workshops for individuals ages 15 and over at participating schools to assist in the recognition and identification of individuals with thoughts of suicide, and to connect them to mental health resources. SafeTALK will be implemented in accordance with the evidence-based program detailed at: <https://www.livingworks.net/programs/safetalk/>

*Depression Screening and Referral*- Provide depression screenings and referrals on school sites for high-school students throughout San Joaquin County. Screenings will be delivered by qualified personnel and provided to adolescents exhibiting signs of depression. An evidence-based screening tool will be used. Potential depression screening tools include but are not limited to:

- Patient Health Questionnaire-9 for Adolescents - Depression is common among adolescents. In response to the growing evidence for effective treatments for depression among adolescents, the US Preventive Services Task Force now recommends screening for depression among adolescents in primary care settings. The PHQ-9 has good sensitivity and specificity for detecting major depression among adolescents in the primary care setting. For more information on the PHQ-9 see: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>
- Center for Epidemiological Studies Depression Scale for Children - (CES-DC) is a 20-item self-report depression inventory used as initial screener and/or measure of treatment progress. Scores may indicate depressive symptoms in children and adolescents as well as significant 143 levels of depression. For more information on CES-DC see: [http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\\_dc.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf)

Following the screenings, youth may be referred to one or more of the following: individual therapy with a qualified mental health clinician; further assessments and screenings for medication evaluation; and/or school-based depression support groups including but not limited to:

The CAST curriculum is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group). The program consists of twelve 55-minute group sessions administered over 6 weeks. CAST serves as a follow-up program for youth who have been identified through screening as being at significant risk for suicide. CAST's skills training sessions target three overall goals: increased mood management (depression and anger), improved school performance, and decreased drug involvement. Group sessions incorporate key concepts, objectives, and skills that inform a group generated implementation plan for the CAST leader. Sessions focus on group support, goal setting and monitoring, self-esteem, decision making skills, better management of anger and depression, "school smarts," control of drug use with relapse prevention, and self-recognition of progress through the program. Each session helps youth apply newly acquired skills and increase support from family and other trusted adults. Detailed lesson plans specify the type of motivational preparation, teaching, skills practice, and coaching activities appropriate for at-risk youth. Every session ends with "Lifework" assignments that call for the youth to practice the session's skills with a specific person in their school, home, or peer-group environment.'

Break Free from Depression is a school-based curriculum designed to increase adolescents' awareness and knowledge about depression, enhance their ability to recognize signs and symptoms in themselves and their friends, and increase students' skills and strategies for finding help for themselves and their peers. This 4-session curriculum for high school students combines didactic and interactive activities. The cornerstone of the curriculum is a documentary that focuses on a diverse group of real adolescents (not actors) talking about their struggles with depression and suicide in their own words. They discuss stigmas often associated with depression, their symptoms, the course of their illness, and the methods they have used to manage their depression. Each session lasts 45 to 60 minutes.

Groups related to any other trends on campus that may perpetuate self-harming or suicidal behavior but are not necessarily directly related to depression. These groups may include topics like bullying, stress management, etc.

### **Program Objectives**

This program will do the following annually:

- A minimum of 5,500 students in schools throughout San Joaquin county will receive Yellow Ribbon Campaign messaging.
- 15 high schools in SJC will be actively engaged in the Yellow Ribbon Campaign.



# Improve Suicide-Related Services and Supports

## SCHOOL-BASED PREVENTION SERVICES

### Community Need

Research suggests that children and adolescents who have experienced trauma or abuse, and who do not receive early interventions, are at a greater risk for developing serious mental illnesses later in life. Children who have experienced trauma or abuse require tools to cope with adverse life events and interventions to reduce the long-term effects these events can cause.

### Project Description

This project will provide group and individual skill building and rehabilitative prevention services for children and youth who have been impacted by adverse childhood experiences, have social-emotional or behavioral issues, and/or are at risk of severe emotional disturbance. The objective is to reduce risk factors and improve protective factors. This program will also focus on the improvement of social and emotional regulation for children and youth. Services may be provided in the school or in the classroom but may extend into the home, which will increase the child's ability to learn and develop. The project focuses on a team concept, partnering school personnel with clinical staff in the classroom to solidify the collaborative approach to the project.

This project will operate in schools that provide public education services (including public charter schools) to children and youth who may be at a greater than average risk of developing a potentially serious mental illness. The students from the eligible schools may receive these services at school site, or under special circumstances at an alternate location (provider clinic, compliant remote methods etc.) as appropriate during off school periods due to school closure, student illness, or a national emergency, in order to ensure continuation of services to the students. Examples of risk factors include but are not limited, adverse childhood experiences, experience of trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, etc.

### Target Population

Public schools in San Joaquin County that are eligible for program activities must meet one or more of the following criteria:

#### High School Criteria (9-12):

- At least 60% of enrolled students are eligible for free meals; or
- At least 65% of enrolled students are eligible for free or reduced-price meals (FRPM)

#### Elementary / Middle School Criteria (K-8):

- At least 70% of enrolled students are eligible for free meals; or
- At least 75% of enrolled students are eligible for free or reduced-price meals (FRPM)

Exceptions: A school district may contact BHS to request school-based intervention services following a traumatic event that affects the majority of students in the school and/or a public health emergency.

While schools who meet the above threshold will be given priority, other schools may be considered if funding allows.

**Project Goal**

Reduce risk of Post-Traumatic Stress Disorders (PTSD) and other manifestations of trauma exposure and improve access to treatment for those experiencing symptoms of trauma.

**Project Components**

Qualified Organizational Providers shall assign dedicated clinical staff to work with participating schools. Dedicated clinical staff are participants of a school-team that helps every student achieve their best educational potential. The purpose of clinical staff on campus is to provide mental health early interventions for children and youth who are determined to have mental health concerns that cannot be addressed through the school's usual behavior management policies or through an individual education plan.

**Project Objectives:**

- 75% of students open to the program will have a service provided in the most recent 30 days.
- Contracted staff will be on campus at least 2 days or 12 hours a week.

## COPING AND RESILIENCY EDUCATION SERVICES

**Community Need**

Research suggests that children and adolescents who have experienced trauma or abuse, and who do not receive early interventions, are at a greater risk for developing serious mental illnesses later in life. Children who have experienced trauma or abuse require tools to cope with adverse life events and interventions to reduce the long-term effects these events can cause.

**Project Description**

This project serves children and youth who are engaged by or at risk of engagement by the Child Welfare system. Projects operate in partnership with San Joaquin Child Welfare Services and other child serving systems. Services are designed to align with statewide mandates to provide early mental health support services to high-risk youth.

**Project Goal:** Reduce risk of Post-Traumatic Stress Disorders (PTSD) and other manifestations of trauma exposure, and improve access to treatment for those experiencing symptoms of trauma.

**Program Components**

Safe, stable, nurturing relationships for children and their caregivers can provide a buffer against the effects of potential stressors, including exposure to trauma, and are fundamental to developing healthy brain architecture. They also shape the development of children's physical, emotional, social, behavioral, and intellectual capacities. As a result, promoting safe, stable, nurturing relationships and environments can have a positive impact on the development of skills that help children reach their full potential.

Behavioral Health and other child serving systems should work together to ensure that children and youth receive comprehensive trauma screening and timely referrals to the most appropriate level of care, and depending on care needs, short-term behavioral interventions or longer-term treatments. This continuum of care should be offered within children's homes or in other community-based settings.

This project provides screening, individual and group rehabilitative interventions, and referrals to higher levels of care for children who have experienced or are at risk of trauma. •

**Project Activities:** San Joaquin County Behavioral Health Services will:

- Screen children and youth for trauma and trauma-related symptoms.
- Refer children and youth to appropriate levels of care, including comprehensive behavioral health assessment, as appropriate.
- Provide short-term problem solving, safety planning, coping and resiliency skill-building to children who do not meet medical necessity for Specialty Mental Health Services.
- Provide early intervention services for children/youth that are screened out of Pathways to Wellbeing due to a decreased level of acuity.

**Trauma-Informed Interventions:** Once screened, children and youth will be linked to supportive short-term evidence-based interventions to address previous traumas and sustain them through difficult transitions. Interventions will be provided at clinic, community-and or home-based locations, and may include the following:

- PRAXES (Parents Reach Achieve and excel through Empowerment Strategies) Empowerment for Families—Training and education by behavioral health providers to help resource families and other caregivers cope with expectations; develop stress management techniques; reintegrate children and youth with their families; and handle child’s trauma. For more information see <http://www.praxesmodel.com/>. Trained staff will provide one on one and group support and education.
- Child Intensive Model —12 session program for children ages 5-11. This curriculum mirrors the PRAXES components but is interactive and configured for younger children.
- Youth Intensive Model—12 session program for youth ages 12-18. This curriculum mirrors the PRAXES components but is interactive and configured for adolescents.
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems – MATCH-ADTC is individualized Clinical therapy for children, ages 6-12, using a collection of therapeutic components to use in day-to-day practice. The components include cognitive behavioral therapy, parent training, coping skills, problem solving and safety planning. The modules are designed to be delivered in an order guided by clinical flowcharts based on primary area of concern (e.g., trauma-related issues). For more information, see <http://nrepp.samhsa.gov/ProgramProfile.aspx?id=64>

*Trauma Informed Training:* BHS will offer training on the causes and effects of adverse childhood experiences such as child abuse and neglect, strategies for dealing with trauma reactions; and strategies for self-care. BHS will use an evidence-based curriculum such as:

- Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents – This is a PowerPoint-based training designed to be taught by mental health professionals and a foster parent co-facilitator. The curriculum includes case studies of representative foster children, ages 8 months – 15 years, and addresses secondary traumatic stress in caregivers. The training includes a Participant Handbook with extended resources on Trauma 101; Understanding Trauma’s Effects; Building a Safe Place; Dealing with Feelings and Behaviors; Connections and Healing; Becoming an Advocate; and Taking Care of Yourself. For more information, see <http://www.nctsn.org/products/caring-for-children-who-haveexperienced-trauma>

*Collaborative Meetings:* San Joaquin County BHS participates in ongoing meetings with other child serving systems and committees. Meeting objectives will include the ongoing development of seamless

referral processes to support timely trauma screenings and interventions. The collaborative will explore community needs, service gaps, and effective strategies for addressing childhood and adolescent trauma within the County.

*Outreach and Engagement:* Aims to inform the public about mental health programs and services for youth, address stigma, and encourage linkage to appropriate services through attendance at community events, health fairs, school functions, etc. Activities focus on reaching a wide diversity of backgrounds and perspectives represented throughout the county as well as creating and sustaining partnerships with schools, community-based organizations, faith based organizations, historically disenfranchised communities, and other county departments.

### **Project Objectives**

This program will serve a minimum of 120 youth annually.

## PREVENTION AND EARLY INTERVENTIONS FOR OLDER ADULTS

### **Community Need**

Community stakeholders and older adults have expressed the need for prevention services for older adults in San Joaquin County. Older adults, those aged 60 or above, may suffer from undiagnosed developing mental health disorders. As a growing age group in San Joaquin County, it is imperative to provide prevention services to those individuals in need of additional prevention and early intervention supports by skill building and early intervention supports.

### **Target Population**

Older Adults (60+ years old), including individuals from underserved populations such as Latino, Asian, African American, LGBTQ, low income, and geographically isolated.

### **Project Description**

BHS will implement the Program to Encourage Active, Rewarding Lives (PEARLS), evidence based program, to educate older adults about what depression (and is not) and helps them develop skills they need for self-sufficiency and more active lives. This program takes place in six to eight sessions over the course of four to five months in an older adult's home or a community-based setting that is more accessible and comfortable for older adults who do not see other mental health programs as a good fit for them.

- PEARLS is an effective skill-building program that helps older adults manage and reduce their feelings of depression and isolation
- PEARLS adapts to the participant and the place and the need
- PEARLS is adaptable to various community needs and helps expand access to depression care in underserved communities, including rural ones.
- PEARLS meets older adults where they are, especially those who have limited access to depression care because of systematic racism, trauma, language barriers, low income, and other factor leading to determinants of health

### **Project Components**

Program providers (internal and community-based providers) will be fully trained in the evidence-based model for PEARLS. The PEARLS program will be the catalyst for initial engagement with the older adult population to provide key skill building supports and provide access to timely medically necessary early intervention services.

**Program Goals**

- Early identification of mental/emotional difficulties and increased timely access to medically necessary services 132
- Increased provider awareness of the mental health needs of older adults and linkage to appropriate community resources
- Reduced stigma around mental health and help seeking with the older adult community
- Reduced prolonged suffering by increasing protective factors and reducing risk factors

**Program Objective**

This program will serve a minimum of 30 adults annually.

## SAFETY ASSESSMENT FAMILY EMPOWERMENT AND TREATMENT (SAFE-T)

**Community Need**

With a statewide shortage of appropriate psychiatric hospital placements, it is important for the community to find suitable hospital diversion programs that can keep youth safe in their community.

**Target Population**

The program will serve children and youth identified and referred by BHS staff after a crisis evaluation has been completed. The target population is children and youth, ages 0-20, with Full Scope Medi-Cal or uninsured San Joaquin County residents who are:

1. At imminent risk for psychiatric hospitalization due to danger to self or others but are able to be safely maintained in their usual residence with immediate, intensive support.
2. Recently discharged from a psychiatric health facility and at risk of readmission.

**Project Description**

The program will receive referrals directly from SJCBS 24 hours a day, seven days a week. If a child or youth has been evaluated by SJCBS and determined able to be safely stabilized to their usual residence with additional support, the program will be contacted and expected to respond in person within one hour of request for service. Program staff will respond to children and youth discharged from psychiatric health facilities to their homes within 24 hours of release.

**Project Components**

Program staff will respond in person to the location of the child or youth being referred. The response will include the completion of an immediate safety plan and signed participation agreement from both the child or youth and parents or guardians to participate in the program. Program staff will immediately begin work with the family and develop a schedule of intensive services with the goal of stabilizing the immediate crisis, to ensure safety of the child or youth, avoid hospitalization, and link to ongoing services.

**Program Goals**

Prevent readmissions to psychiatric facilities by keeping clients safe in a lower level of care.

**Project Objectives**

This program will serve a minimum of 110 clients annually.

## MOBILE CRISIS SUPPORT TEAM

### **Community Need**

Over the last several years, police departments have taken on the responsibility of supporting the community by handling an increased volume of calls associated with mental health issues. SJCBS is dedicated to supporting law enforcement and the community in addressing these calls for help. Since Fiscal Year 2019/2020, Mobile Crisis Support Team (MCST) referrals have increased 54%.

### **Target Population**

Community members in need of mental health services. Families who have loved ones with mental health concerns.

### **Project Description**

The Mobile Crisis Support Team (MCST) is currently available five days a week to respond to calls from law enforcement, mental health consumers, family members of consumers and the community. In addition, the MCST accepts referrals from mental health consumers, community agencies, hospitals and board and care staff. Emphasis will be on early intervention and education to decrease the necessity of non-emergency calls for police and emergency medical response.

### **Project Components**

The MCST works on outreach and education throughout the community to help mental health consumers, as well as family and friends, learn how to identify early signs for intervention. Instead of having to wait until an unsafe situation occurs to call law enforcement, the consumer or family member may call the MCST at the initial signs of difficulty.

- Outreach
- Collaboration
- Recovery
- Resiliency
- Support

### **Program Goals**

To provide a mental health response team that is culturally sensitive and focused on offering support, intervention, and stabilization for those affected by mental illness.

### **Project Objectives**

Program will serve at minimum of 85 clients annually. Program will grow from 4 teams to 5 teams.

## Next Steps

San Joaquin County Behavioral Health Services is devoted to supporting the forward momentum from the planning process and is working with its partner agencies and organizations to implement the strategies delineated in this plan. Next Steps Include:

- Identifying and appointing BHS leader.
- Monitor plan implementation.
- Continue community outreach to gather stakeholder input.
- Ongoing facilitation of Suicide Prevention Collaboration.
- Update plan as needed.

Together we can prevent suicide. To stay connected with current efforts and learn how to get involved, please email [Preventsuicide@sjcbhs.org](mailto:Preventsuicide@sjcbhs.org)