

COUNTY OF SANTA CLARA SCHOOLS FOR SUICIDE PREVENTION (S4SP): A MULTI-SECTOR PARTNERSHIP

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SANTA CLARA COUNTY, CALIFORNIA



- Silicon Valley: Palo Alto to Gilroy
- Population = 1.94 million (2017)
- 32 school districts
- 423 schools
- 272,321 students
- 11,000+ educators

SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM

Goals

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

Outcome Objectives

1. Increase early ID and support for people thinking about suicide

2. Increase use of mental health services

3. Strengthen community suicide prevention and response systems

4. Reduce access to lethal means

5. Improve messaging in media about suicide

Cross-cutting

Data & evaluation

Policy implementation

Cultural competency

STEPS TAKEN TO BUILD AND ADVANCE PARTNERSHIP

1. Needs Assessment
2. Partnership Development
3. Technical Assistance and Consultation
4. Training Implementation
5. Evaluation and Next Steps

NEEDS ASSESSMENT: TOP THREE ISSUES FROM SCHOOL DISTRICTS

Promotion (22)

- **Trainings (admin, staff - counselors, psychologists, etc., parents, students)
- *Systemic, sustained education and awareness
- *Promoting SEL, mindfulness, comprehensive wellness
- Fighting stigma
- Negative impacts of social media on mental health
- Cross-cultural connections

Crisis intervention and response (11)

- *Intervention/response protocols, developing plans
- *Re-entry/safety plans, after-care
- Confidentiality
- CPS response

General mental health services for students (8)

- Staffing, increasing/maintaining support during fiscal uncertainty
- Improving counseling for students on-site/continuous improvement
- Wrap-around services, linkages to outside agencies, long-term therapy

Postvention (3)

- Protocol for postvention
- Handling social contagion of suicide

** or * high frequency response



Partnership Development

PARTNERSHIP GOALS

- **Increase number of gatekeepers in schools**, in order to:
 - Increase support available to students, especially with short supply of mental health professionals
 - **Reduce burden on current mental health staff**
 - **Increase identification and support for students in distress**
 - Increase usage of mental health services
 - **Reduce stigma around mental health and suicide**
 - Improve school climate
- **Strengthen suicide crisis response protocols**
- **Long-term:** Support and engage school districts in comprehensive youth suicide prevention
 - Prevention, Intervention, Postvention – crisis response/Intervention as a necessary first step
 - Trainings and protocols as a tangible, feasible starting point for broader systemic change

ASSETS AND AVAILABLE RESOURCES

Policy: Mental Health Services Act (MHSA), AB2246, AB1767

County leadership: County of Santa Clara Behavioral Health Services Department and County Office of Education

Local non-profit organizations and advocates: HEARD Alliance

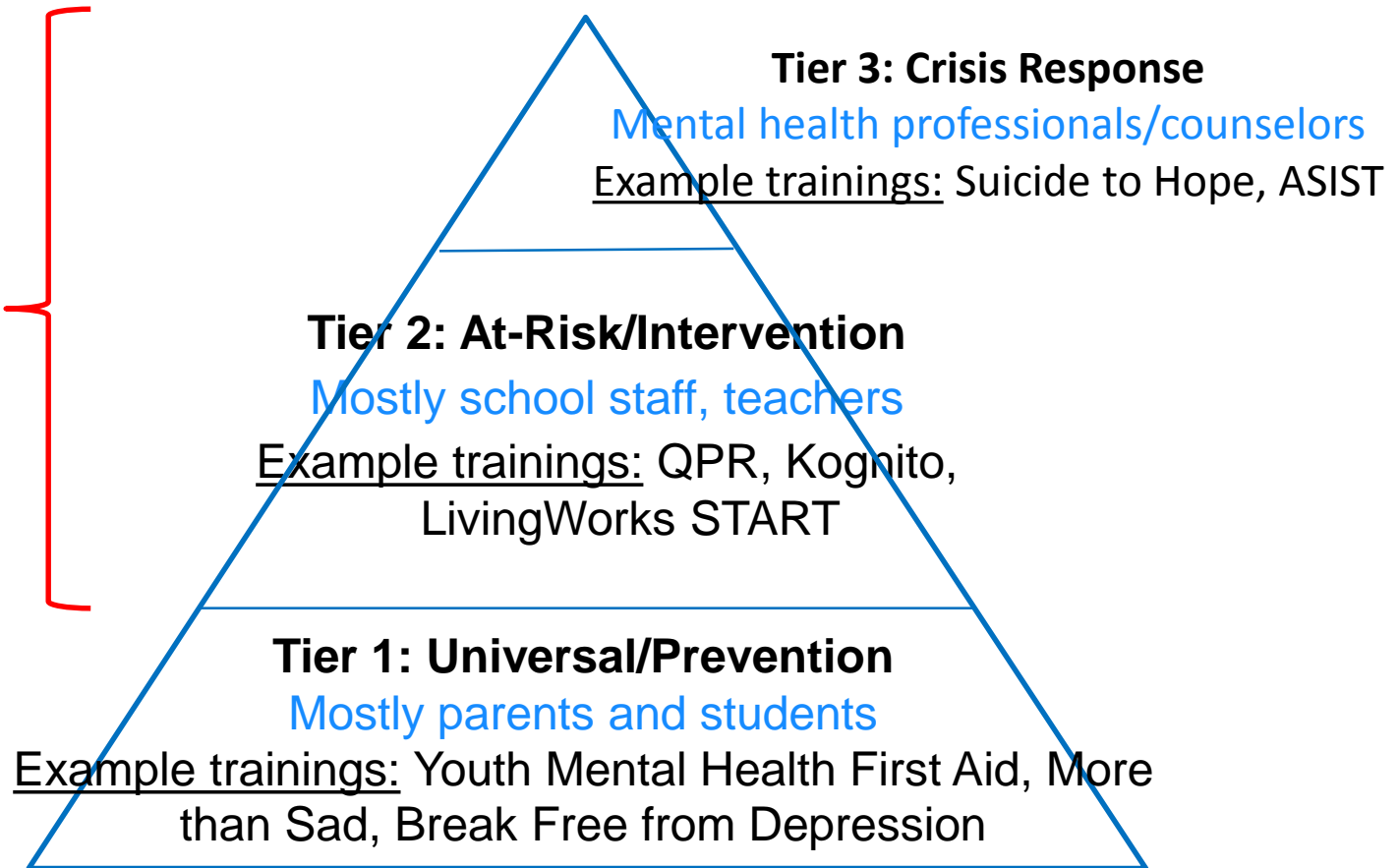
Evidence-based health training simulations: Kognito (and QPR, LivingWorks START)

School district buy-in: 7 districts in Cohort 1, additional 5 districts in Cohort 2

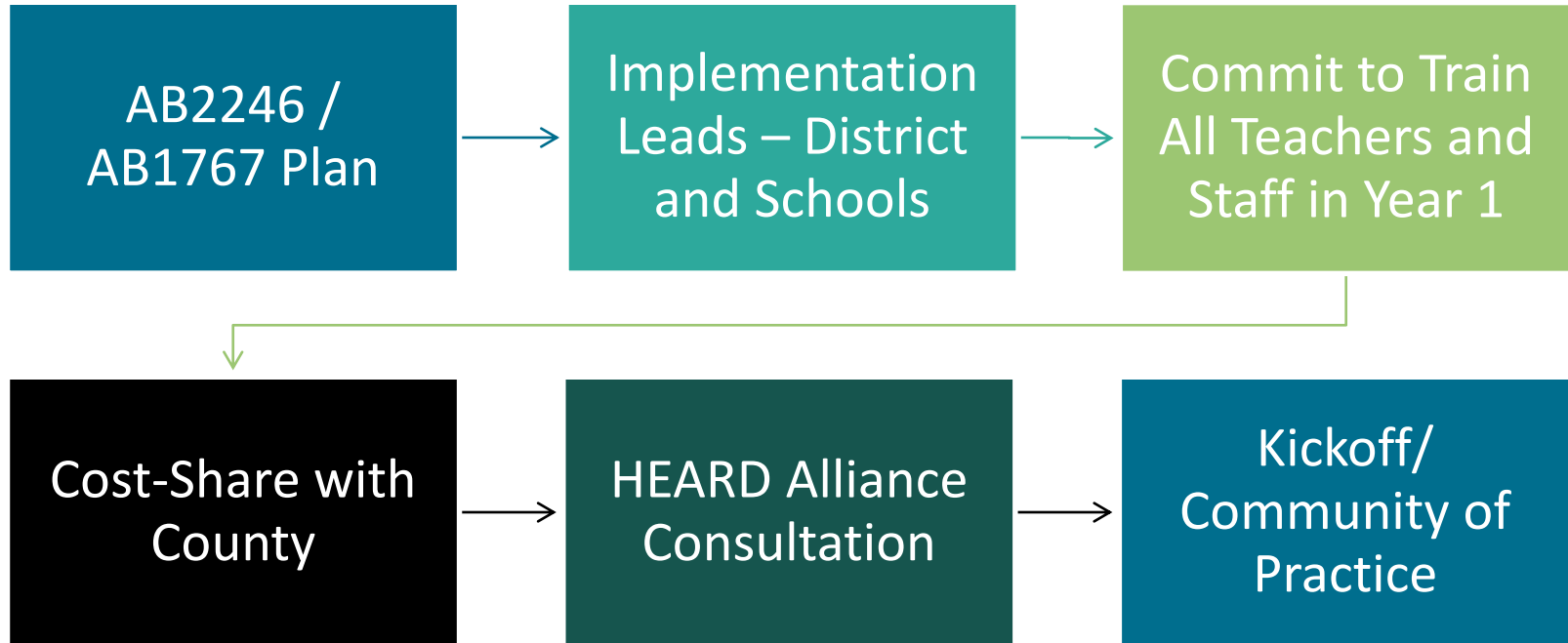
Funding: MHSA, School Districts, Kognito group discounts

TIERED APPROACH TO SUICIDE PREVENTION AND MENTAL HEALTH TRAININGS

Focus of partnership
years 1-2 Plus
crisis protocol work with HEARD Alliance



PARTNERSHIP CRITERIA



Technical Assistance and Consultation





K-12

Toolkit for Mental Health Promotion and Suicide Prevention

www.heardalliance.org/help-toolkit

(Open source, please reference "HEARD K12 Toolkit")

Compiled by:

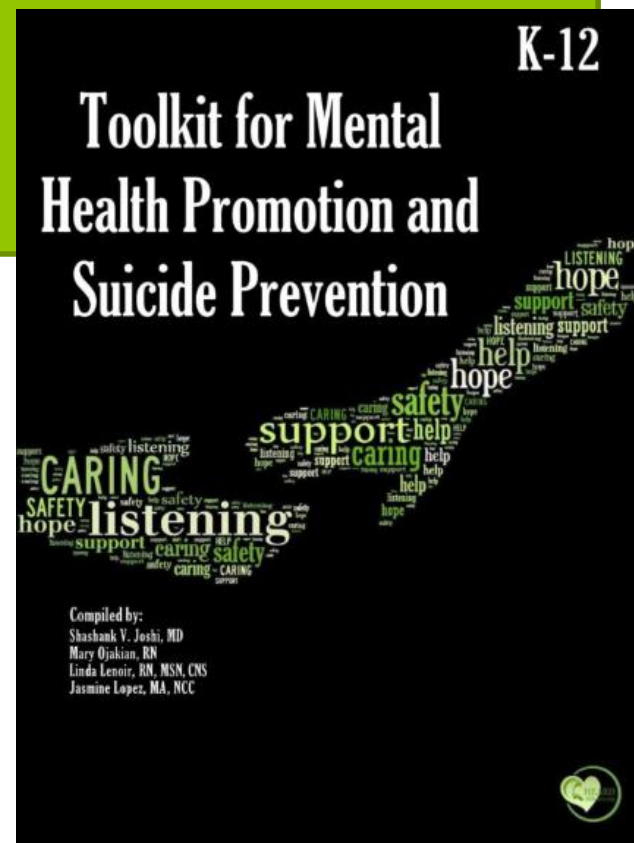
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Purpose of the K-12 Toolkit



- Educate staff, families and students regarding mental health and wellbeing
- Improve recognition of student mental health issues
- Increase early detection and referral of students
- Handle crisis situations in a coordinated, consistent, and documented fashion
- Provide tools for follow-up support
- Be a practical, usable document that is guided by evidence-based practices



OVERVIEW OF TOOLKIT

3 Interrelated Sections

- **Promotion of Mental Health and Wellbeing**
- **Intervention in a Suicidal Crisis**
- **Postvention Response to Suicide of a School Community Member**



Section I:

Promotion of Mental Health and Wellbeing

Training & Education

- Programs for staff, families & students
 - Youth mental health awareness
 - Gatekeeper training
 - Healthy adolescent sleep
 - Self care

Positive School Climate

- School connectedness
- Social emotional learning (SEL)
 - Mindfulness
- Cultural awareness/competencies

Prepare Protocols

- “Red Folder Initiative”
- Crisis Response Team formation
 - Assessment & Referral Forms

Identify Mental Health Resources

- Community
- Online/Crisis Lines
- Grief support

At-Risk Students

- Identify
- Monitor



Section II:

Intervention in a Suicidal Crisis

- Crisis Response Team formation & roles
- Crisis intervention flow charts and checklists
- Safety planning & re-entry
- Documentation forms

Section III: Postvention



Postvention is Prevention

- Interventions conducted after a suicide
- Balances grief support with suicide prevention
- Support all members of the school community
- Respond to suicide loss as would to other sudden loss
- Prevent a contagion or cluster
- Identify, monitor and support vulnerable students now at increased risk
- Return school to regular routine - usually within a week or two

Note: After a suicide everyone in the school community experiences some level stress. Stress inhibits the ability to make good decisions. Postvention is designed to enhance staff ability to respond quickly and effectively under these conditions.

Benefits of Implementing the Toolkit



- Protocol Development – Help schools organize crisis response to various risk behaviors
- Education – Increase knowledge; changed attitudes; taught skills
- Increased Safety Net – Eye opening experience of how frequently suicidal behavior surfaces. Increased confidence in the ability to make a difference, especially with early intervention
- Systematic Re-Entry after Hospitalization or Absence - Gives parents, students and school staff an improved readiness to be supportive of returning students.
- Strengthened Relationships – Between schools and crisis service providers
- Reduction of Stigma Against Seeking Help – School climate changed as a direct result of the school community having learned to talk openly and respectfully about suicidal behavior and take concrete steps to help support individuals
- Early Interventions - Fewer crisis situations and better management of those that did occur

“Notes from the Field”

Maine School Community Based Youth Suicide Prevention Intervention Project 2003

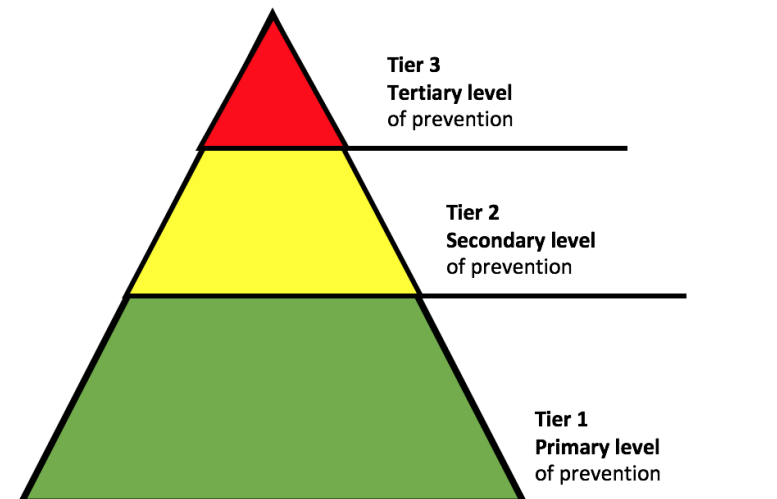
Implementation Challenges and Lessons Learned

IMPLEMENTATION CHALLENGES

- Engaging school districts in the work (multiple challenges)
 - Health not a priority
 - State policies help, but not much incentive to implement
 - Districts have varied (or no) mental health supports
 - Varied stages of readiness to implement suicide prevention and crisis response systems
 - Staff turnover
 - Funding barriers

LESSONS LEARNED AND WHAT WAS HELPFUL: STRUCTURING THE PARTNERSHIP

- Use and presentation of data, including needs assessment responding to districts' needs
- Aligned suicide prevention trainings and framed work using MTSS framework
- Drilled down youth suicide prevention (and Toolkit) into concrete, actionable steps; focusing initial work on Tier 2-3 crisis response
- Cost-share helped with buy-in and funding barriers
- Collaboration across agencies and programs



LESSONS LEARNED AND WHAT WAS HELPFUL: RELATIONSHIP-BUILDING

- Need to identify key stakeholders in district
- Consistently assess and respond to need (needs assessment and continual check-ins with districts)
- Key role of SCCOE: endorser, convener, pass-through; contextualizes and links to Health Framework and broader prevention efforts
- Consistent communication/ check-in
- Sustained partnership and commitment

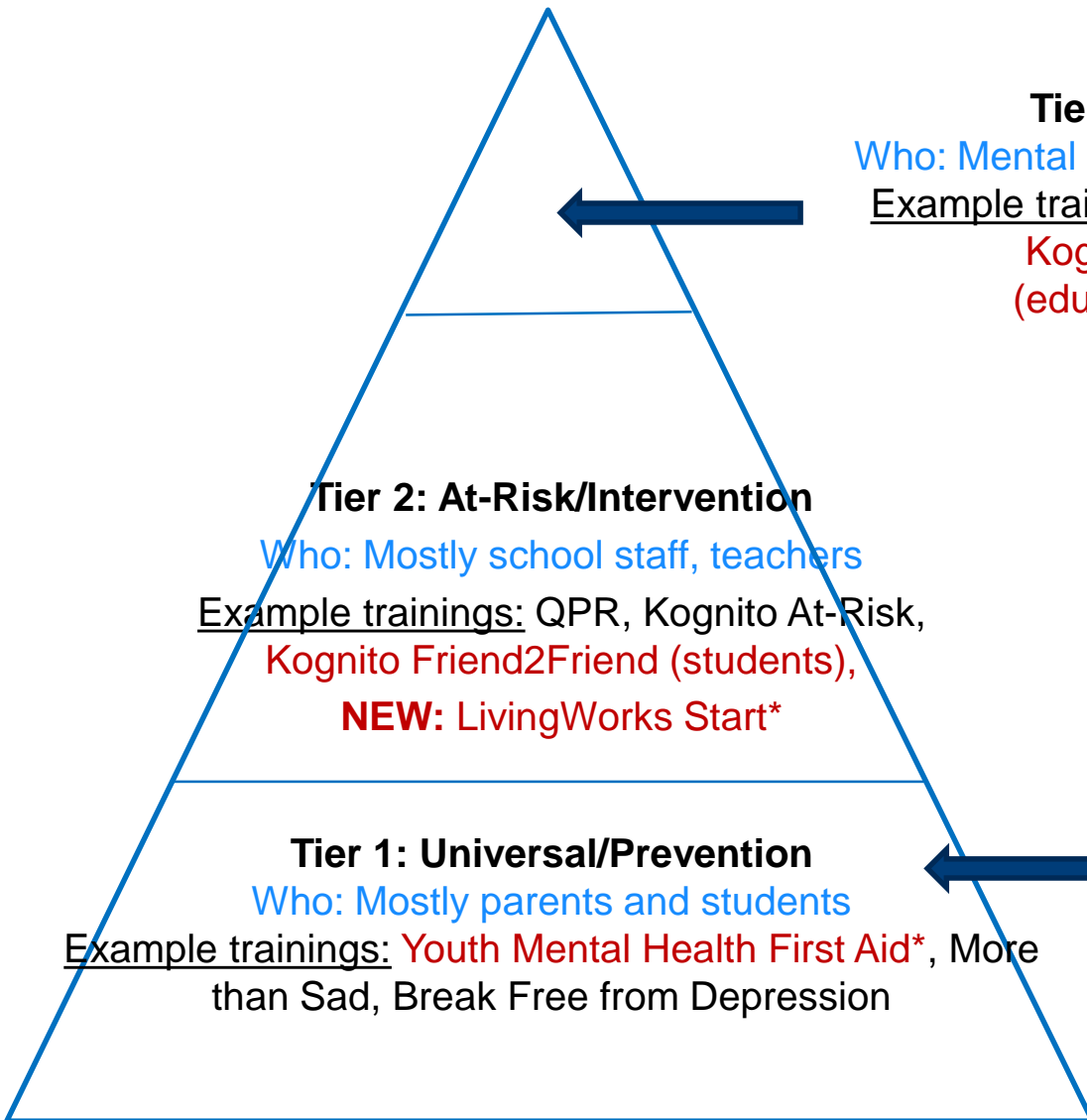


LESSONS LEARNED AND WHAT WAS HELPFUL: SUSTAINABILITY

- Meet districts where they are at; offer flexibility and options and build capacity over time
- Share success with others – e.g. regular newsletter, SCCOE meetings, Suicide Prevention Conference/ Award (photo, right)
- Partnership addresses whole child in MTSS framework



NEXT STEPS: 2020-21, YEAR 3 PARTNERSHIP PLANNING



Tier 3: Crisis Response

Who: Mental health professionals/counselors

Example trainings: Suicide to Hope, ASIST,
Kognito Coping with Loss
(educators+administrators)

Tier 2: At-Risk/Intervention

Who: Mostly school staff, teachers

Example trainings: QPR, Kognito At-Risk,
Kognito Friend2Friend (students),
NEW: LivingWorks Start*

Tier 1: Universal/Prevention

Who: Mostly parents and students

Example trainings: Youth Mental Health First Aid*, More
than Sad, Break Free from Depression

- **NEW:** Kognito Step In Speak Up*, Kognito bullying prevention (educators)
- *HEARD Alliance vetting student and parent trainings*
- *Seeking SEL implementation funding*

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Comments & Questions