

VENTURA COUNTY BEHAVIORAL HEALTH SERVICES

****NOTE: ITEMS LISTED IN BLACK ARE SERVICES PROVIDED BY VC BEHAVIORAL HEALTH.**

ITEMS LISTED IN BLUE ARE ESSENTIAL BEHAVIORAL HEALTH SERVICES PROVIDED BY CONTRACTED PARTNERS.

MENTAL HEALTH SERVICES – ADULT SERVICES

Adult Outpatient Clinics

Mental health services are provided to adults ages 18 and older. Comprehensive services include psychiatric treatment (i.e., medication and nursing support), case management, psychotherapy (i.e., group and individual), rehabilitation, psychological testing, and crisis intervention. Outpatient clinics assist clients with placement and housing, substance use services, acquisition/management of benefits, and employment.

Outpatient Clinic Locations:

Ventura Clinic

4258 Telegraph Rd., Ventura
(805) 477-57000

Santa Paula Clinic

725 E. Main St. 3rd floor, Santa Paula
(805) 933-8480

North Oxnard Clinic

1911 Williams Dr., Ste. 110, Oxnard
(805) 981-4200

South Oxnard Clinic

2500 South C St., Ste. C, Oxnard
(805) 385-9420

Conejo Clinic

125 W. Thousand Oaks Blvd., Ste. 500, Thousand Oaks
(805) 777-3500

Simi Valley Clinic

1227 E. Los Angeles Ave., Simi Valley
(805) 582-4075

Adult Specialty Programs

Empowering Partners Through Integrated Community Services (EPICS) and Adult Residential Services (ARS)

1911 Williams Dr., Ste. 110, Oxnard
(805) 981-9240

EPICS is an intensive program designed for clients with the most serious mental illnesses and significant functional impairment which relies upon a high staff-to-client ratio. Much of this work is field-based and draws upon collaboration with families/friends and outside agencies where possible. Staff engage clients on a weekly basis (if not more frequent) to encourage participation with both psychiatric and medical treatment. Case management and rehabilitation efforts often focus on helping client develop their own appreciation for mental health recovery by ensuring the appropriate use of funds and maintaining stable living arrangements.

ARS monitors and addresses the needs of clients whose mental health recoveries depend upon placement in wide array of clinical settings from locked mental health rehabilitation centers to board and cares, both in and out of Ventura County. Staff assess clients for referral to these placements and following admission provide ongoing oversight, consultation, and discharge planning in coordination with the treating team in the various facilities.

Older Adults Team (two locations)

5740 Ralston St., Ste 200, Ventura
(805) 289-3203

125 W. Thousand Oaks Blvd., Ste. 500, Thousand Oaks
(805) 777-3500

The Older Adults Team provides a full range of mental health services to clients, typically 60+ years of age, who have difficulty accessing treatment in a traditional outpatient setting. These more intensive services rely upon a high staff-to-client ratio in both East and West county locations. Much of this work is field-based, and in addition to the usual array of mental health services, staff commonly coordinate with medical treatment providers and seek to insure necessary and appropriate care is not hindered by clients' challenges with mobility and communication.

Transitions and Ventura County Power Over Psychosis (VCPOP) (two locations)

1911 Williams Dr., Ste. 120, Oxnard
(805) 981-9270

125 W. Thousand Oaks Blvd., Ste. 500, Thousand Oaks
(805) 981- 9270
VCPOP (805) 981-8865

Transitions provides specialized mental health services for clients ages 18-25. Among the treatment goals is helping young adults to recognize and manage their mental health symptoms so as to be able to achieve self-identified goals such as independent living, completing their education and/or obtaining employment.

VCPOP is a program whose aim is to help adolescents/young adults aged 16-25 and their families recognize and effectively respond to the early mental health signs/symptoms. The focus is on early identification and effective intervention with more serious mental health issues to be able to minimize their impacts.

Rapid Integrated Support and Engagement (RISE) and Assist (Assisted Outpatient Treatment, or "Laura's Law")

1911 Williams Dr., Ste. 165, Oxnard
(805) 981-4233

RISE provides countywide outreach to people, not otherwise enrolled with VCBH, who are experiencing (or at risk of) significant functional impairment as a result of an untreated serious mental illness. The goals including helping people avoid/overcome homelessness, incarceration, and hospitalization. Much of this work is field-based and draws upon collaboration with law enforcement and other community partners. Rise seeks to facilitate admission to VCBH services and treatment and insure follow through until a connection is established.

ASSIST provides voluntary treatment to individuals with the serious mental illnesses, significant functional impairment, and poor insight which typically causes them to struggle to recognize their need for treatment and service. When necessary there is the potential for this outpatient treatment to be court-ordered. The program seeks to promote mental health recovery in the least restrictive environment and reduce the cycle of homelessness, incarceration, and hospitalization .

Forensic Services (i.e., Mental Health Court and Mental Health Diversion)

4258 Telegraph Rd., Ventura
(805) 477-5775

Forensics services encompasses an array of programs to address the needs of people who are judicial involved. VCBH’s partners include not only the Superior Court, but also law enforcement agencies, the Probation Department, the District Attorney’s Office, and defense counsel (both Public Defenders and private attorneys). VCBH’s Mental Health Court provides mental health treatment and services as an alternative to incarceration to sentenced defendants who suffer from mental illness. Mental Health Diversion also provides mental health treatment and services, but as an alternative to adjudication. Successful completion of the program results in criminal charges being dropped. The Forensic team also provides evaluation and treatment aimed at the legal restoration of misdemeanor defendants who have been found incompetent to stand trial. VCBH also provides expert evaluation, risk assessment, testimony, and treatment/placement recommendations for those referred for conservatorship.

MENTAL HEALTH SERVICES – YOUTH AND FAMILY SERVICES

Youth & Family Outpatient Services

Ventura County Behavioral Health provides Youth and Family services throughout the county. Services include psychiatric assessment and treatment, outpatient therapy, case management, intensive care coordination, psychological testing, and acute crisis and hospitalization. As a trauma-informed agency, we provide culturally and developmentally appropriate services at clinics, juvenile facilities, schools, home and in the community. We work to provide continuity of care in the least restrictive environment and prevent out of home placement. Services are integrated with other County Agencies and community-based organizations to ensure all child and family needs are met in a holistic manner. Call us at 1-866-998-2243.

Outpatient Clinic Locations:

Conejo Clinic

125 W. Thousand Oaks Blvd., Ste. 600, Thousand Oaks
(805) 777-3505

Fillmore Clinic

828 Ventura St., Ste. 240, Fillmore
(805) 524-8660

Juvenile Justice Programs

4333 Vineyard Ave., Oxnard
(805)981-5581

North Oxnard Clinic

1911 Williams Dr., Ste. 150, Oxnard
(805) 981-8460

South Oxnard Clinic

2500 South C Street, #C, Oxnard
(805) 385-9460

Santa Paula Clinic

725 E. Main St., 3rd Fl., Santa Paula
(805) 933-8440

Simi Valley Clinic

1227 E. Los Angeles Ave., Simi Valley
(805) 582-4080

Ventura Clinic

5740 Ralston St., Ste. 100, Ventura
(805) 289-3100

Youth Support Services

In addition to clinic-based services, specialized juvenile justice, foster care and special educative services are provided along with community based and in-home services for youth and families.

SUBSTANCE USE SERVICES**Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan**

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan is a managed care initiative that organizes and transforms the delivery of health care services for Medicaid-eligible individuals with substance use disorders (SUD). DMC-ODS counties are required to provide a continuum of treatment services to eligible beneficiaries modeled after the American Society of Addiction Medicine (ASAM) Criteria. These services also include:

- 24/7 SUD Access Line
- Medication Assisted Treatment (MAT)
- Case Management/Care Coordination
- Recovery Support Services

VCBH Offered Substance Use Treatment Services:

VCBH offers outpatient and intensive outpatient levels of care at six county-operated clinics to adults and youth. Individuals meeting medical necessity for outpatient service are provided:

- Assessment and Treatment Planning
- Individual and Group Counseling
- Crisis Intervention
- Family Therapy
- Case Management
- Recovery Support Services
- Medication Assisted Treatment

Outpatient Clinic Locations:

The Fillmore Center

828 W. Ventura St., Ste. 250, Fillmore
(805) 524-8644

The Oxnard Center

1911 Williams Dr., Ste. 190, Oxnard
(805) 981-9200

The Simi Valley Center

3150 E. Los Angeles Ave., Simi Valley
(805) 577-1724

The Thousand Oaks Center

125 W. Thousand Oaks Blvd., Ste. 400, Thousand Oaks
(805) 777-3570

The Ventura Center

5850 Thille St., Ste. 205, Ventura
(805) 652-6919

Specialty Services:

A New Start for Moms

1911 Williams Dr., Oxnard
(805) 981-9250

A New Start for Moms (ANSFM) is a county-operated specialty clinic located in Oxnard. The program addresses the special needs of women who require treatment for substance use disorders and are pregnant and/or parenting children or attempting to regain legal custody of their children. ANSFM also offers mental health services, integrating the mental health and substance use services into the treatment plan. Treatment modalities use a trauma informed approach, along with parenting and perinatal education. A childcare cooperative and transportation services are also available.

For referrals to outpatient treatment services, call 805-385-9200

VCBH Contracted Substance Use Treatment Services:

Contracted services include:

- Specialty Outpatient treatment for justice involved clients – Individuals are referred through the Probation Department and other agencies that need medically necessary SUD treatment
- Residential Treatment – Three levels of short-term 24-hour residential care for rehabilitation services in a non-institutional setting:
 - Clinically Managed Low-Intensity Residential Services (ASAM 3.1)
 - Clinically Managed Population-Specific High-Intensity Residential Services (ASAM 3.3)
 - Clinically Managed High-Intensity Residential Services (ASAM 3.5)
- Residential/Inpatient Withdrawal Management (Detox) – Intake, observation, medication services and discharge services (ASAM 3.2-WM)
- Opioid (Narcotic) Treatment Program – Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with opioid use disorder

For referrals to contracted treatment services, call 805-385-9200

VCBH Driving Under the Influence (DUI) Program

The Ventura County DUI Program offers a First Offender DUI Program and a Multiple Offender DUI Program for individuals convicted of driving under the influence of alcohol, drugs (Illegal/Legal) or a combination of alcohol and drugs. The objectives of the DUI Program are to reduce the number of repeat offenders, provide opportunity for offenders to explore problems related to their alcohol or other drug use and to satisfy court and DMV terms/return of driver's license. The programs consist of education sessions, groups and individual counseling. Programs are offered at five county-operated sites located in Fillmore, Oxnard, Simi Valley, Thousand Oaks, and Ventura.

Locations:

Fillmore DUI Program

828 W. Ventura St., Ste. 250, Fillmore
(805) 524-8645

Oxnard DUI Program

1911 Williams Dr., Ste. 190, Oxnard
(805) 981-9210

Simi Valley DUI Program

3150 E. Los Angeles Ave., Simi Valley
(805) 520-0305

Thousand Oaks DUI Program

125 W. Thousand Oaks Blvd., Ste. 400, Thousand Oaks
(805) 777-3506

Ventura DUI Program

5850 Thille St., Ste. 105, Ventura
(805) 662-1840

Prevention Services

Substance Use Services Prevention conducts culturally informed health promotion activities, working upstream to reduce alcohol and drug-related problems by working with local stakeholders. Initiatives are aimed at limiting the harms related to underage and binge drinking; impaired driving; prescription drug misuse; cannabis abuse and vaping, especially as they relate to youth. To effectively reduce health disparities among vulnerable populations, the primary goal of SUS Prevention is to delay the age of first use of alcohol and or other drugs by youth, using culturally appropriate education and messaging.

Ventura County Responds

Prescription painkiller and heroin abuse has created a public health crisis. This website tracks what is being done in Ventura County to address the opioid crisis and provides the latest information for prescribers and community members. Find resources for preventing overdose, getting help, and medication safety at home.

> www.VenturaCountyResponds.org

Overdose Rescue Kit information: (805) 667-6663

Marijuana FactCheck

Stay up to date with cannabis and our kids' health and safety. Here you will find a compilation of the latest findings and research. We encourage you to visit this site to explore, to share and to have the facts – allowing you to best make the decisions possible for you and your family.

> MJFactCheck.org

Vaping FactCheck

What you need to know about teens & vaping. Latest news & updates regarding the vaping health alert and local policy. Includes information and resources for parents, as well as contact information for vaping cessation programs.

> www.VapingFactCheckVC.org

Social Determinants of Health

Resources for promoting healthy communities, where everyone has the opportunity to live a healthier life, no matter who we are, where we live, or how much money we make.

> www.healthequityvc.org

HOW TO ACCESS OUTPATIENT VCBH TREATMENT AND SERVICES

Screening Triage Assessment and Referral (STAR)

1911 Williams Dr., Ste. 165, Oxnard
(805) 981-4233 (Mon-Fri 8am-5pm)
(866) 998-2243 (24/7 Access Line)

Mental Health Screening, Triage, Assessment and Referral services available 24 hours a day, every day. The STAR Team serves beneficiaries of all ages who are entering the County's behavioral health care system. STAR coordinates access to services so that beneficiaries receive timely, appropriate, and consistent information, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide.

Substance Use Treatment Access Line

1 (844) 385-9200 (24/7)

Screening and referral services.

Behavioral Health Administration

1911 Williams Dr., Ste. 200

Oxnard, CA 93036

(805) 981-6830

Visit us online at www.vcbh.org

Logrando Bienestar

805-973-5220

Lograndobienestar@Ventura.org

Logrando Bienestar is a program that address the challenges and barriers the Latinx and Mexican Indigenous community faces when it comes to accessing Mental Health Services. Logrando Bienestar provides support to individuals/families who have a difficult time accessing, navigating, and understanding the mental health system. Individuals and families receive support in connecting with services in a culturally sensitive manner, by a bilingual/bicultural team. Stigma reduction tied to mental illness in the community is also an area that Logrando Bienestar addresses in the forms of workshops.

INPATIENT AND CRISIS SERVICES

Hillmont Psychiatric Unit (HPC)

200 Hillmont Ave., Ventura

(805) 652-6729

HPC is the County-operated psychiatric inpatient that is a part of the Ventura County Medical Center system. Acute inpatient psychiatric treatment is intended to address the needs of those experiencing psychiatric crises. Both voluntary and involuntary admissions are accepted.

Crisis Stabilization Unit (CSU)

200 Hillmont Ave., Ventura

(805) 652-6757 (Option 8)

The CSU is intended to address the needs of those experiencing psychiatric crises prior to and in place of psychiatric inpatient admission when it can be avoided. Services are designed to address acute behavioral health needs and, when possible, draw upon outpatient services and other natural supports to insure the person can be safely and effectively treated in the community.

Ventura County Crisis Team

(866) 998-2243

Ventura County Behavioral Health provides crisis intervention services for psychiatric emergencies. The Crisis Team operates 24 hours per day, 7 days per week and is accessed by the entire community. Our experienced and trained mental health staff will provide you with assistance and support on the phone and, if indicated, will respond in person. Individuals and families are aided in creating the least

restrictive plan for safety. If a higher level of care is needed, Crisis Team may assist with the initial steps toward voluntary or involuntary psychiatric hospitalization.

Adult Crisis Residential Treatment (CRT)

350 Hillmont Ave., Ventura
(805) 233-7750

CRT is an unlocked, short-term residential program that commonly addresses the needs of people as a “step-down” from inpatient treatment. Alternatively, CRT also addresses the voluntary treatment needs of people living in the community who require a higher level of care and are seeking avoid potential hospitalization. Treatment focuses on enhancing recovery by ensuring appropriate administration of medication and the use of therapy and rehabilitation to strengthen the life skills that increase the chances for success in the transition that follows discharge.

Youth Crisis Stabilization and Crisis Residential Programs

2130 N. Ventura Rd., Oxnard
(805) 289-8000

The Ventura County Crisis Stabilization Unit (CSU) serves Ventura County youth ages 6 to 17, experiencing a mental health crisis, whose needs may be met in under 24 hours. The CSU is an unlocked program designed to serve medically stable youth at risk of or placed on a 72 hour psychiatric hold, regardless of ability to pay.

The Ventura Comprehensive Assessment and Stabilization Services (COMPASS) Program is a short-term residential program that aims to support the needs of youth experiencing a mental health crisis. The goal of the Ventura COMPASS program is to work collaboratively with youth and caregivers to provide stabilization services and sustainable and integrated assessment and planning services.

From: **MHSOAC Communications** <Communications@mhsoc.ca.gov>

Date: Mon, Feb 8, 2021 at 2:38 PM

Subject: MHSOAC Update: Words to Deeds Webinar Registration - March 2, 2021

To: <MHSOAC_LISTSERV@listserv.state.ca.gov>

Register Today

Crisis Now: Transforming Services Within Our Reach



YOU'RE INVITED

Crisis Now: Transforming Services Within Our Reach

A presentation on a model of crisis system optimization that has a proven track record of diverting those in a behavioral health crisis away from jails and emergency departments.

TUESDAY, MARCH 2, 2021

12:00 - 1:30 PM

REGISTER TO ATTEND:

CLICK HERE



Jamie Sellar, MA, LPC
Chief Strategy Officer,
RI International



Karen Larsen
Director, Health &
Human Services,
Yolo County



Curtis Budge
Client Services Program
Manager, HHS/Adult
Systems of Care, Placer
County

Jamie Sellar MA, LPC, will present on the *Crisis Now* Academy and how it is being deployed in California. Sponsored by the Mental Health Services Oversight & Accountability Commission (MHSOAC), the *Crisis Now* Academy is an 8.5-month learning collaborative that is supporting nine California Counties and one city to optimize their current behavioral health crisis system. The presentation will illustrate the three main components of the *Crisis Now* Academy and review the educational elements. In addition to the review, actual members of the current cohorts will relay how they are using the process to further their crisis systems. As a primer, an overview of the *Crisis Now* Model will be given for those that are not familiar with this leading model of crisis system development. Attendees will learn the functional components of the model, the business case for *Crisis Now*, how to determine a community's crisis capacity needs, and ways to implement this new model based on real-life implementations in Arizona, Georgia and Colorado.

WEBINAR IN PARTNERSHIP



HOSTED BY: FMHAC
www.fmhac.org

GUEST SPEAKERS



Jamie Sellar, MA, LPC

[CLICK HERE FOR BIO](#)



Karen Larsen

[CLICK HERE FOR BIO](#)



Curtis Budge

[CLICK HERE FOR BIO](#)

Third in a Series of Webinars in partnership with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to support the Criminal Justice Innovation Incubator Projects. There is no fee to attend this webinar program.

REGISTER HERE

[Visit our website](#)

Forensic Mental Health Association of CA | 4010 Foothills Boulevard, Suite 103-196, Roseville, CA
95747

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From: **Angela Brand** <angela@namica.org>

Date: Tue, Jan 26, 2021 at 5:44 PM

Subject: NAMI CA Town Hall: Suicide Prevention with Graham Wiseman

Hello All,

On behalf of NAMI California, we would like to thank you for your attendance and participation during our recent Town Hall on the Suicide Prevention with guest speaker Graham Wiseman of BeingwellCA. We are excited that through these events and partnerships, NAMI CA can continue to strengthen our efforts to connect local voices to state level agencies and entities to further support the needs of families and individuals. Attached please find the presentation materials provided during the event. Additionally, a recording of this session can be viewed at: <https://namica.org/townhall/>

Throughout the presentation, resources were shared with attendees. We have included them below:

- Columbia-Suicide Severity Rating Scale (C-SSRS): <https://cssrs.columbia.edu/training>
- Safety Planning: https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf
- [The National Alliance on Mental Illness](#)
- [National Suicide Prevention Lifeline](#) 1-800-273-8255
- [American Foundation for Suicide Prevention](#)
- [Crisis Text Line](#) text HOME to 741741 (24/7)
- [The Trevor Project](#) 866-488-7386 (24/7), Text START to 678678
- [The Veterans Crisis Line](#) 800-273-8255 and press 1 (24/7), Text 838255 (24/7)
- [Vets4Warriors](#)
- [SAMHSA's National Helpline](#) (Substance Abuse) 800-662-HELP (4357) (24/7)
- [The Jed Foundation](#)
- [Speaking of Suicide](#)
- [Medscape](#)
- [CDC Suicide Resource](#)
- [Friends for Survival](#)
- [Each Mind Matters](#)
- [Sandyhook Promise](#)
- [Safe Call Now](#)
- [COPLINE](#) (Police Officers)

- [FIRE / EMS Line](#) (Firefighters)
- [California Peer Warmline](#)
- [Cal HOPE Warmline](#)
- [Institute on Aging Friendship Line](#)
- [CA Youth Crisis Line](#)
- [Teen Line](#)
- [National Lifeline for Deaf, Hard of Hearing](#)
- [Wellness Together](#) Leader in school based mental health services supporting students, parents and educators
- [Support for Teachers Affected by Trauma](#) Support for Teachers Affected by Trauma
- [Students Affecting Change](#) Students Affecting Change – Empowering the next generations
- [California PTA](#) California PTA - Positively impact the lives of all children and families
- [Greater Good](#) faculty, parent & student support
- [Cal Dept Edu](#)
- [Hear You](#)
- [Columbia Lighthouse](#)
- [C-SSRS Training](#)
- [The Atlantic article](#)

These are also in the presentation slides attached. Thank you again for all of your continued support through attendance and participation at these events. For more information on upcoming events or to register for our February 18th Town Hall, please visit: <https://namica.org/townhall/>

Stay well, stay healthy. In community,

Angela
 ANGELA BRAND
 she/her/hers
 VP, Strategic Engagement

NAMI California
 WEB | www.namica.org
 MOBILE | 916.303.0652
 EMAIL | angela@namica.org



Hope and Suicide Prevention

Incorporating TRUST in addressing
anxiety, depression and suicide



California





None of us are superheroes – practice self care

Colin

Feb 8th, 1997

Jan 3rd, 2013





What word comes to mind when you think of suicide?

INTERACTIVE



Shoshin

The beginners mind

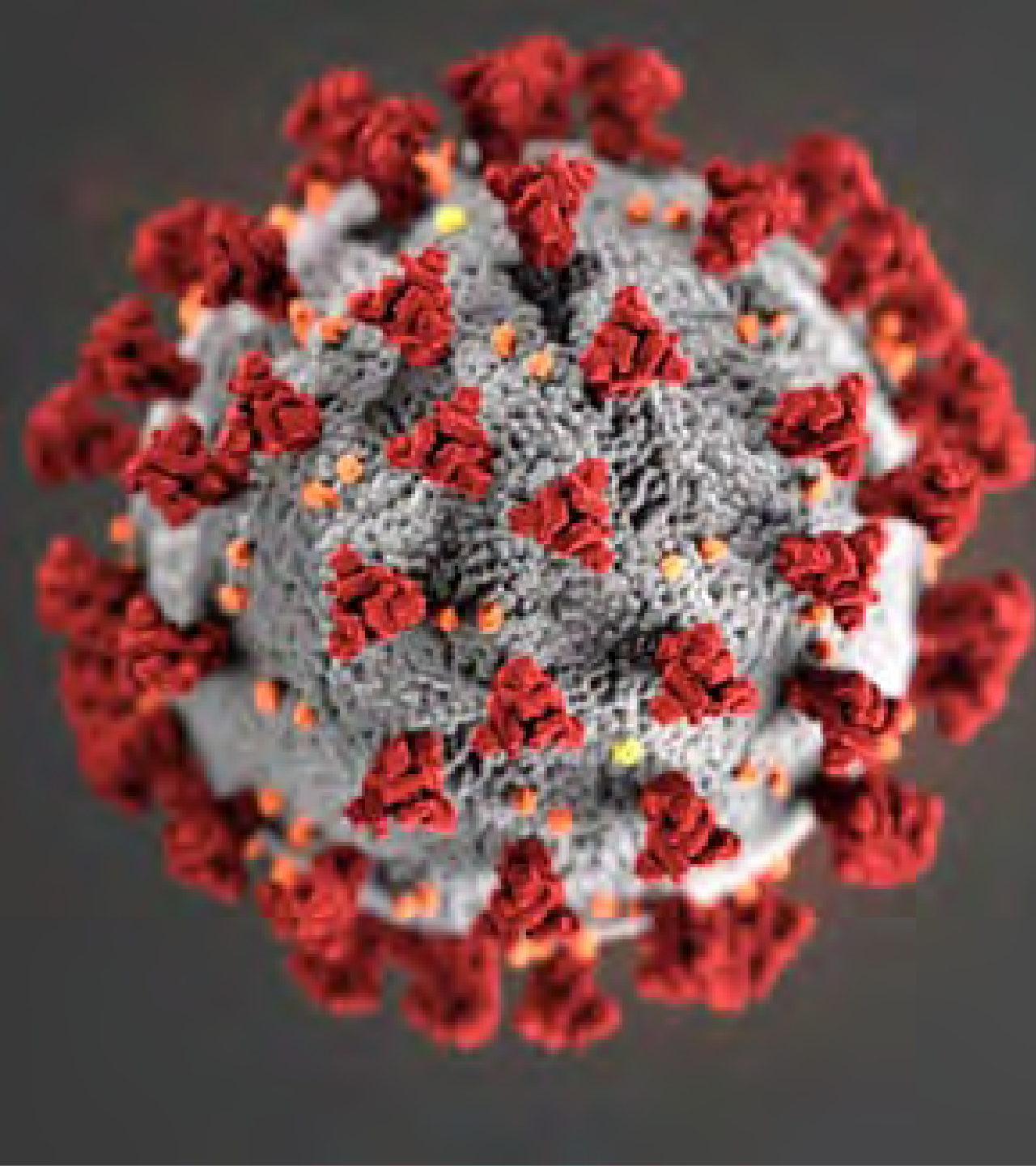




So Many Elephants...

The Future





COVID 19



Wildfire



Unrest



REMOTE LEARNING DURING THE COVID-19 PANDEMIC

"THE ENEMY IS FEAR.
WE THINK IT IS HATE;
BUT, IT IS
FEAR."

~GANDHI





Don't take that off ramp

Forget
Everything
And
Run

Face
Everything
And
Rise

More than
48,000 people
died from suicide in 2018



1 death
every
11 minutes

If you or someone you know
is in crisis, please contact the

National Suicide Prevention Lifeline



1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Many adults **think about**
suicide or **attempt** suicide.

Seriously thought about suicide:

10.7 million

Made a plan for suicide:

3.3 million

Attempted suicide:

1.4 million

During late June, 40% of U.S. adults reported struggling with mental health or substance use^{*}

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE[†]



^{*}Based on a survey of U.S. adults aged ≥18 years during June 24–30, 2020

[†]In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping






CDC.GOV

bit.ly/MMWR81320

MMWR

- 11% of American adults reported seriously considering suicide in June, about double the percentage who did so last summer, a [new CDC report](#) finds.
- Rates of suicide ideation were highest among 18- to 24-year-olds (25%) and unpaid caregivers for adults (30%).
- The report also found that the prevalence of symptoms of depression and anxiety quadrupled and tripled, respectively, compared to last year.
- In total, 40% of Americans reported some mental health issue or substance abuse related to the pandemic.



THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	

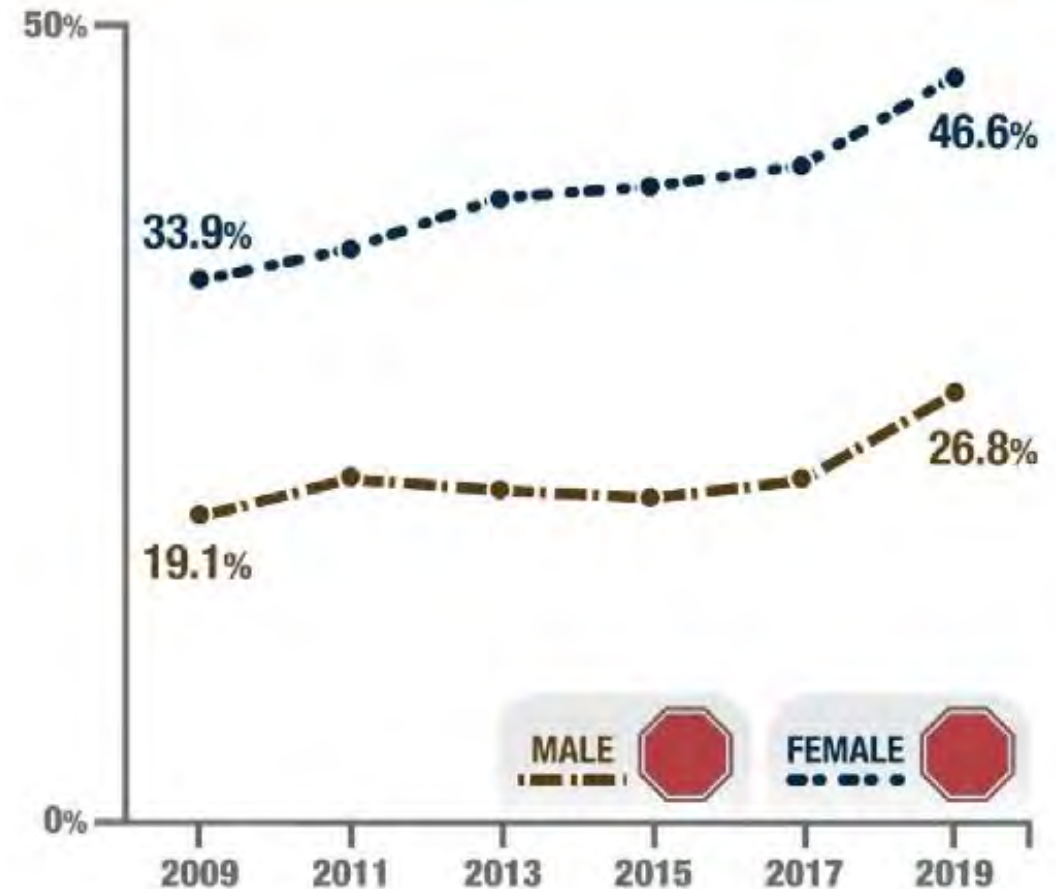
Source : National Youth Risk Behavior Surveys 2009-2019

10-Year Trend Description

Total



More students experienced persistent feelings of sadness or hopelessness from 2009 through 2019.

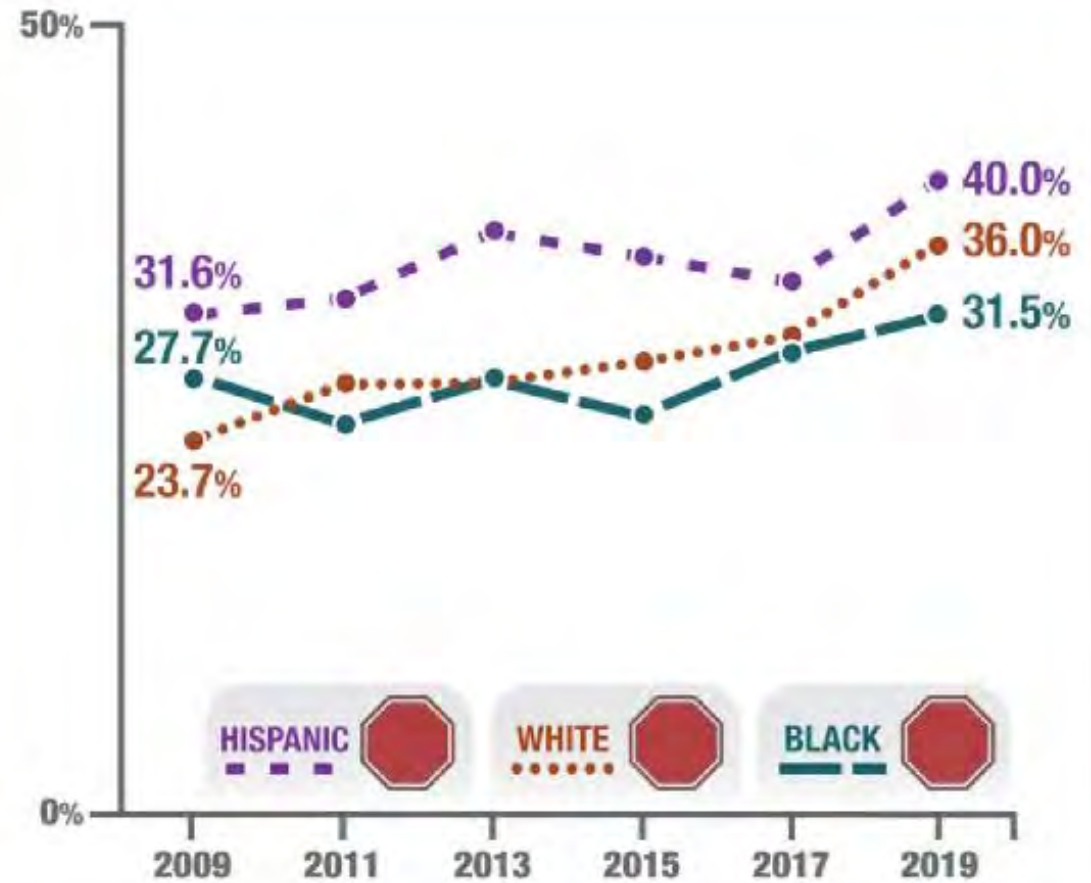


10-Year Trend Description

Total

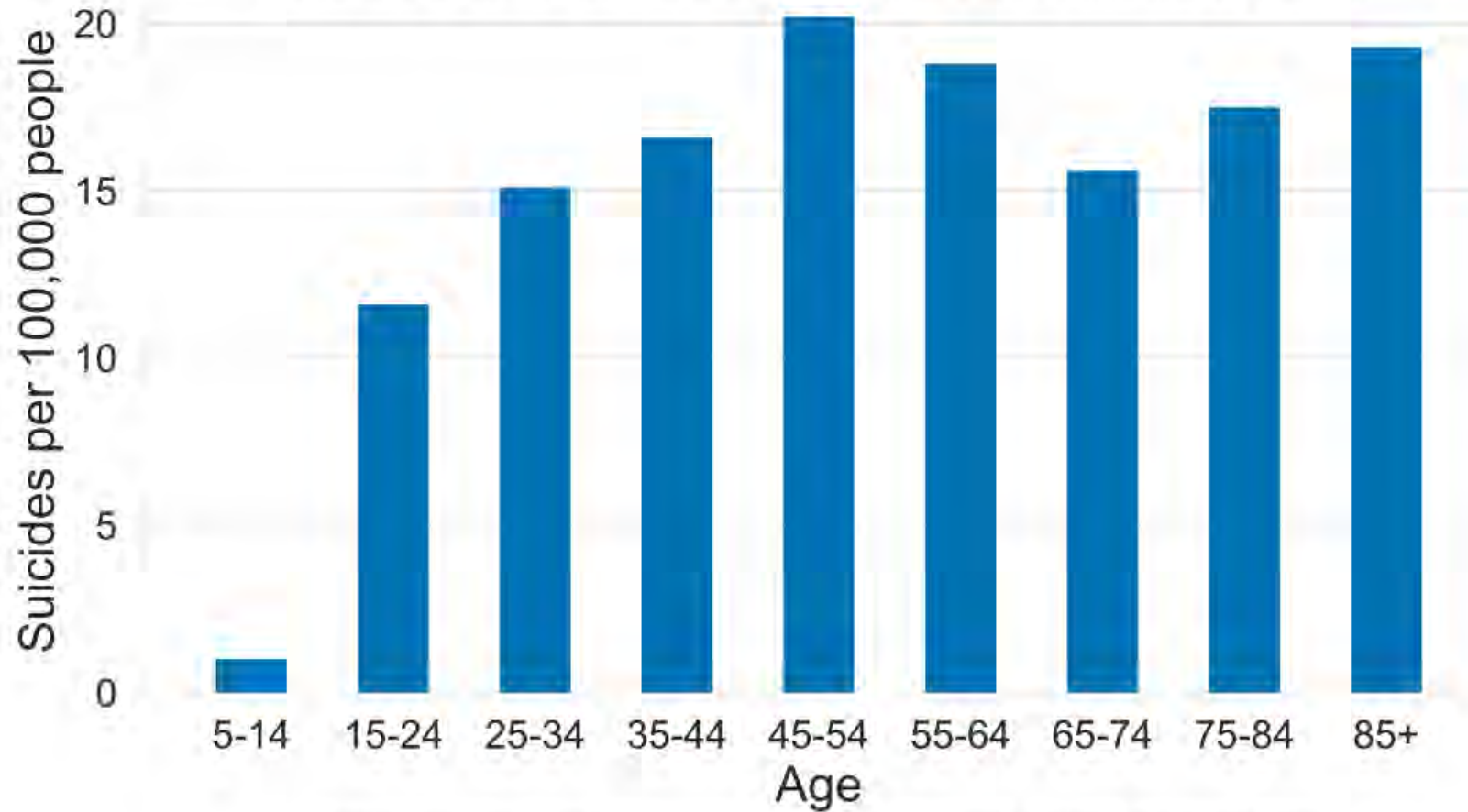


More white students, black students, and Hispanic students experienced persistent feelings of sadness or hopelessness from 2009 through 2019.



US Suicide Rate by Age

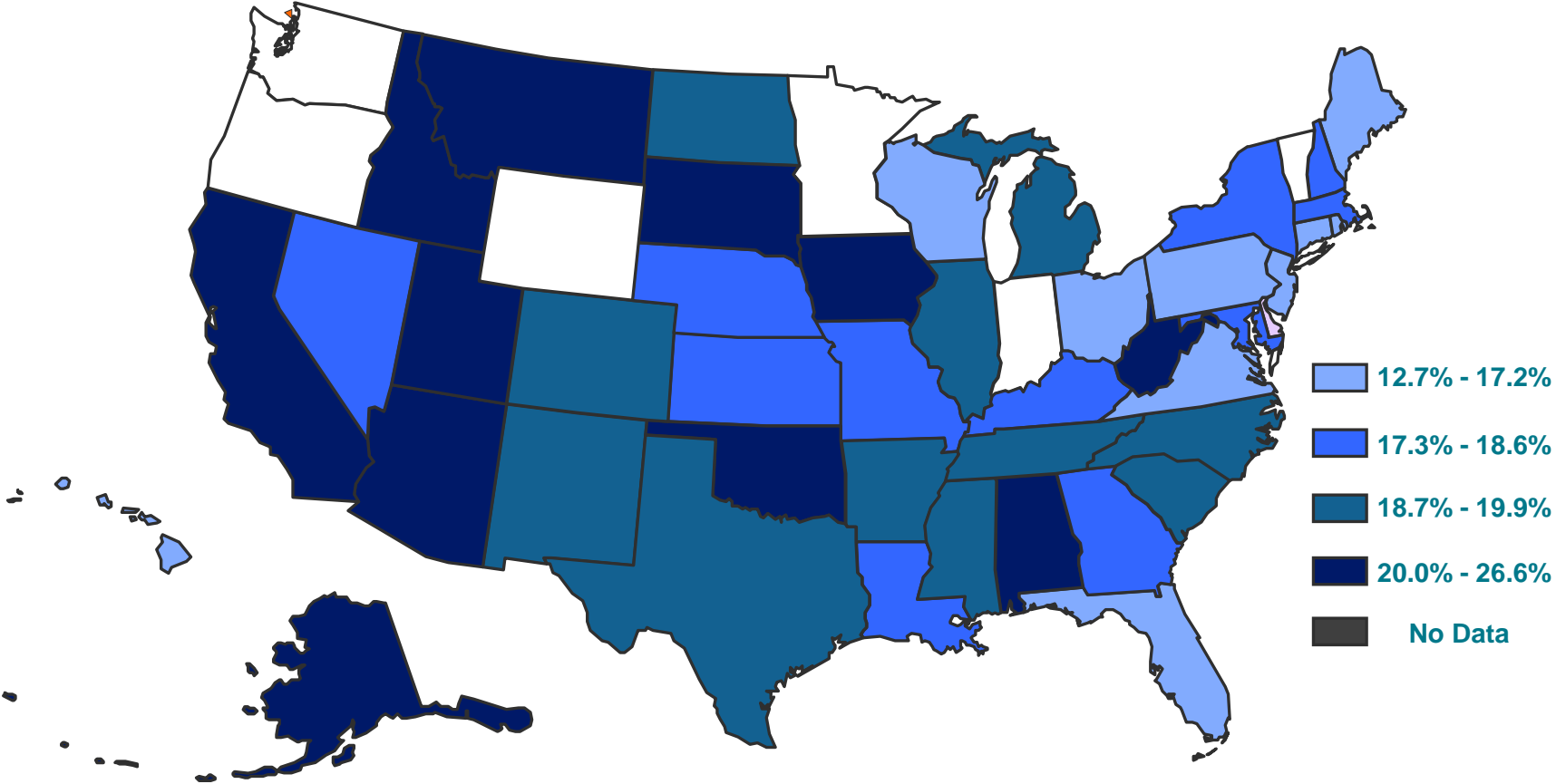
Rates are for 2015. Deaths of children under 5 aren't counted as suicide.



Data source: https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf [Table 5] (US CDC)

ChartYourWorld.org

Percentage of High School Students Who Seriously Considered Attempting Suicide*








Ever during the 12 months before the survey

Suicide Deaths California

2008-2014, California
Death Rates per 100,000 Population
All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for California: 10.48



 Suppressed/Unstable/Undefined	 6.53-10.13	 10.14-13.62
 13.63-22.25	 22.26-30.87	

Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

Condition	% Lifetime Risk
Prior Suicide Attempts	27.5%
Bipolar Disorder	15.5%
Major Depression	14.6%
Mixed Drug Abuse	14.7%
Dysthymia	8.6%
Obsessive-Compulsive	8.2%
Panic Disorder	7.2%
Schizophrenia	6.0%
Personality Disorder	5.1%
Alcohol Abuse	4.2%
General Population	0.72%

Who is at risk





What is missing?



Who knew the
Brady Bunch were
preparing us for
2020!



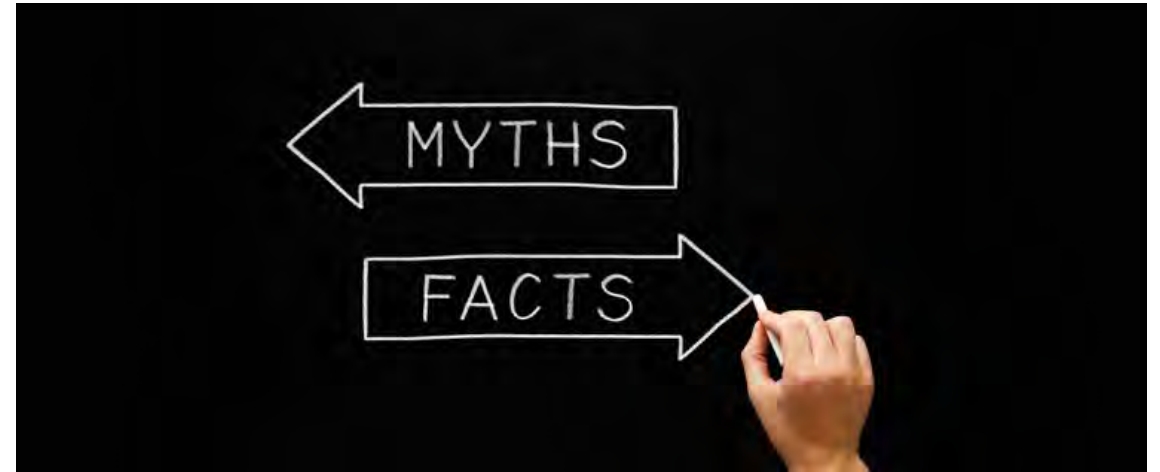
Myths

- Asking someone about suicide will increase the risk of suicide.
 - It has been shown that asking someone about suicide lowers anxiety, opens up communication, and lowers the risk.
- Only experts can stop a suicide.
 - Anyone can stop a suicide: listen, show you care, provide hope.
- Suicidal people don't talk about it.
 - Most suicidal people have given some sort of clue or communicated an intent prior to their attempt.



Myths

- Those who talk about suicide don't do it.
 - Those who talk about it may try and even complete a self-destructive act.
- Once a person decides to attempt suicide, no one can change their mind.
 - Suicide is a preventable form of death, almost any positive action may save a life.
- No one can stop suicide.
 - If people in crisis get the help they need, they are far less likely to attempt suicide.



Depression

Suicide Ideation

DUI

Cut from Team

Worthless

Overwhelmed

Don't want to be me

Olympian

WHAT DOES IT LOOK LIKE?

Michael Phelps wanted to remind people that his battle against mental health issues has no “finish line.” There’s no neat and tidy end to his daily struggles with depression, even if the media portrays him in way that show he’s somehow made a complete comeback — and that he’s beaten the disease.

He hasn’t — he won’t.

Amid the coronavirus outbreak and during the rigors of quarantine, Phelps admitted he is struggling more than ever. And he seems to want to encourage others to create a health discourse around mental health during the pandemic.

USA Today ,Henry McKenna May 18, 2020



KNOW THE SIGNS

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. **If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speak up.**



If any of these signs are present, call the [National Suicide Prevention Lifeline](https://www.national suicide prevention lifeline.org) at 1-800-273-8255.

- Talking about death or suicide
- Seeking methods for self harm, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

KNOW THE SIGNS

www.suicideispreventable.org

FIND THE WORDS

"Are you thinking of ending your life?" Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important. Here are some ways to get the conversation started.



KNOW THE SIGNS

www.suicideispreventable.org

REACH OUT

You are not alone in helping someone in crisis. There are many resources available to assess, treat and intervene. Crisis lines, counselors, intervention programs and more are available to you, as well as to the person experiencing the emotional crisis.

STATE & NATIONAL RESOURCES

COUNTY RESOURCES

California Statewide & National Resources

- National Suicide Prevention Lifeline, 1-800-273-8255
- California Statewide Resources
- Crisis Text Line
- Get Trained in Suicide Prevention
- Resources for those who have lost someone to suicide

The infographic features three hexagonal icons: an orange one for 'STATE & NATIONAL RESOURCES', a teal one for 'COUNTY RESOURCES', and a dark teal one containing a map of California with county boundaries.



End the Stigma



Debunk the Myths

Share your story

Talk about suicide

Reach out- Help out

Pledge to be StigmaFree @ [NAMI.ORG](https://www.nami.org)

COLIN'S
SISTER



Be a cheerleader for change





Let's talk about what this look like



TIME TO STRETCH



Take a 5 minute Break





Prevention Plan



Who thought of Denmark – Kangaroo – Orange ?

Risk Factors Personal Level

- Low sense of control over life circumstances
- Lack of meaning and purpose in life
- Poor coping skills
- Hopelessness
- Guilt and shame
- Feeling like a burden

- Previous suicidal behavior
- Gender (male)
- Mental Illness
- Chronic pain or illness
- Immobility
- Alcohol or other substance abuse
- Low self-esteem



Risk Factors Social Level

- Significant Loss
- Peer rejection
- Imprisonment
- Poor communication skills
- Family history of suicide or mental illness

- Abuse and violence
- Social isolation
- Family dispute, conflict and dysfunction
- Separation
- Bereavement



Risk Factors Environment Level

- Social or cultural discrimination
- Homelessness
- Exposure to environmental stressors
- Lack of social support services
- Geographical isolation

- Access to Lethal Means
- Unemployment, economic insecurity
- Financial stress
- Neighborhood violence and crime
- Poverty
- School failure



Protective Factors

Personal Level

Gender
Positive Self Image
Good Physical Health
Absence/Reduction Alcohol & other drugs
Sense of Meaning & Purpose
Improved Coping Skills
Sense of Control over life's challenges
Positive Outlook on Life

Social Level

Physical & Emotional Security
Family Harmony
Supportive & Caring loved ones
Supportive Social Relationships
Feeling of Self-determination
Good Communication Skills
No Family History of Suicide or Mental Illness

Gender
Positive Self Image
Good Physical Health
Absence/Reduction Alcohol & other drugs
Sense of meaning and purpose
Improved coping skills
Sense of control over life's challenges
Positive outlook on life



Columbia Suicide Severity Rating Scale



C-SSRS
140 Countries

The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

You know
what to say...

TRUST YOURSELF



Having the conversation

Question 1

In the past week, have you wished you were dead, or wished you could go to sleep and not wake up?

Question 2

In the past week, have you had any actual thoughts of killing yourself?

Question 3

In the past week, have you been thinking about how you might do this?

FREE Training (30 minutes)

<https://cssrs.columbia.edu/training>

Safety Plan

<https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown-StanleySafetyPlanTemplate.pdf>

A suicide safety plan is a written set of instructions that create a contingency plan should someone begin to experience thoughts about harming themselves.

It will contain a series of gradually escalating steps to follow, proceeding from one step to the next, until the person is safe.

Work together with someone trusted—such as a best friend, a close family member, doctor or therapist to develop a personal suicide safety plan.

Create the plan while the person is feeling well and can think clearly. Keep it in a safe place where it can be easily accessed.

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
Step 4: People whom I can ask for help:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
2. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
3. Local Urgent Care Services _____	
Urgent Care Services Address _____	
Urgent Care Services Phone _____	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
1.	_____
2.	_____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>	

The one thing that is most important to me and worth living for is:

Upstreaming



Downstream



Why Wellness Centers?



Dr. Cheryl King

Youth Depression and Suicide
Prevention Program



The intervention: Youth-nominated support teams



A total of 448 adolescents were followed through the study from 2002 through 2016.

The adolescents were recruited from either university or private psychiatric hospitals in the United States.

THE FINDINGS

12 Years Later

660%
reduction in deaths

There were two deaths in the support team group — one homicide and one suicide — out of a sample of 223. There were 13 deaths in the group without support teams, including eight that were either by suicide or were drug-related deaths with unknown intent, out of a sample of 225.

The control group had a 6.6-fold increased risk of death compared to the support team group.

The support team intervention was “shown to be a safe intervention with no associated negative outcomes.”

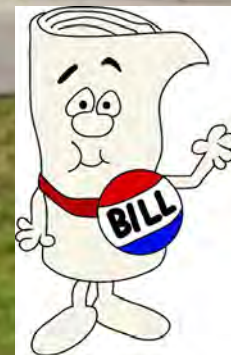




Reach out help out



THIS IS ALL GREAT
Graham,
BUT WHO IS GOING
TO PAY FOR IT?



**Proudly show your support
for mental health**



www.beingwellca.org

Be that caring adult



Now what word
comes to mind when
you think of suicide?

INTERACTIVE

A photograph of a sunset over a beach. The sun is low on the horizon, creating a bright, golden glow that reflects on the water and the sand. In the foreground, a seashell is lying on the sand. Overlaid on the image is a quote written in a cursive, handwritten style.

"Trust yourself. You know more
than you think you do."
~ Benjamin Spock

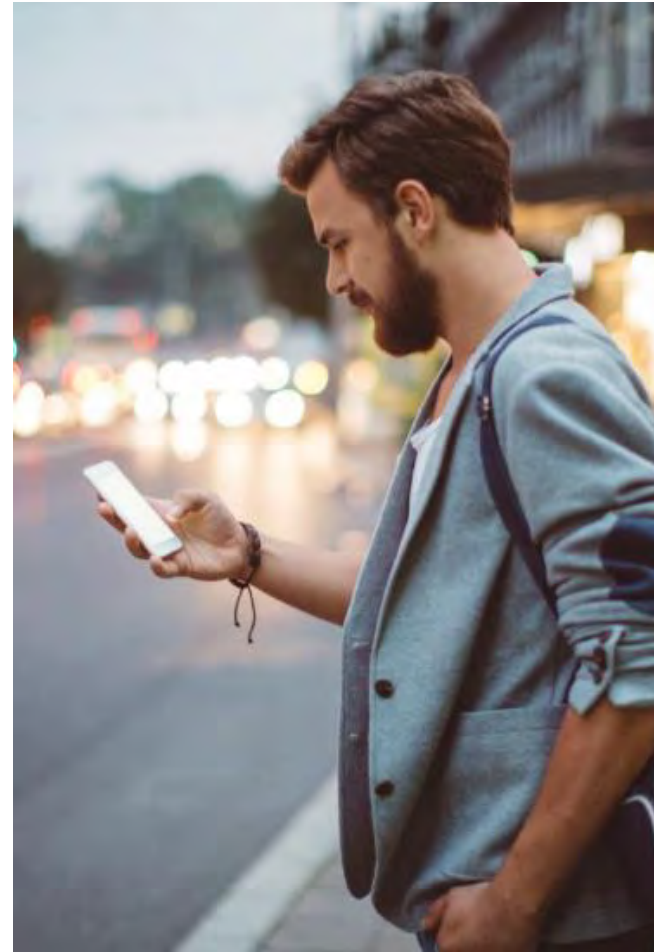
Resources

- [The National Alliance on Mental Illness](#)
- [National Suicide Prevention Lifeline](#)1-800-273-8255
- [American Foundation for Suicide Prevention](#)
- [Crisis Text Line](#) text HOME to 741741 (24/7)
- [The Trevor Project](#) 866-488-7386 (24/7), Text START to 678678
- [The Veterans Crisis Line](#) 800-273-8255 and press 1 (24/7), Text 838255 (24/7)
- [Vets4Warriors](#)
- [SAMHSA's National Helpline](#) (Substance Abuse) 800-662-HELP (4357) (24/7)
- [The Jed Foundation](#)
- [Speaking of Suicide](#)
- [Medscape](#)
- [CDC Suicide Resource](#)



More Resources

- [Friends for Survival](#)
- [Each Mind Matters](#)
- [Sandyhook Promise](#)
- [Safe Call Now](#) (for 1st Responders)
- [COPLINE](#) (Police Officers)
- [FIRE / EMS Line](#) (Firefighters)
- [California Peer Warmline](#)
- [Cal HOPE Warmline](#)
- [Institute on Aging Friendship Line](#)
- [CA Youth Crisis Line](#)
- [Teen Line](#)
- [National Lifeline for Deaf, Hard of Hearing](#)



Even More Resources

[Wellness Together](#)

[Support for Teachers Affected by Trauma](#)

[Students Affecting Change](#)

[California PTA](#)

[Greater Good](#)

[Cal Dept Edu](#)

[Hear You](#)

[Columbia Lighthouse](#)

[C-SSRS Training](#)

[The Atlantic article](#)



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Thank you NAMI California

Q & A

Contact us Today



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