The first meeting of the Outreach and Direct Services Sub-Committee was held on February 14, 2011. Twenty-six (26) participants, including two who joined via phone, participated in brainstorming and the beginning of consolidated thinking regarding universal suicide prevention strategies. After participating in breakout sessions made up of 5-6 group members, participants were asked to present back top five (5) strategies to the large group. From here, the large group selected three (3) strategies to move forward.

This document includes:
1 – Large group findings
2 – Synthesis of the information from the breakout groups
3 – Raw notes from the breakout groups

1 - Large Group Findings
These are the three (3) strategies agreed on by the large group for movement forward in the development of the Suicide Prevention Action Plan.

What are the three Universal interventions and/or strategies that should be presented to the CHIP Suicide Prevention Action Plan Committee?
- Universal training and education
- Media/social media campaign effort
- Research and data collection

What would it take to implement this intervention/strategy?
Universal training and education – “No Wrong Door” - Everyone is trained to recognize signs, symptoms, myth and facts. Also, people will know what to do, be able to act/respond.
- Provide funding for trainers
- Provide staff time to attend trainings
- Provide time to provide trainings
- Mandate trainings
  - Job orientation – make suicide prevention training part of new employee orientation
  - Training materials may need to be tailored to each population and provider type (e.g., different for high school students than for therapist)
  - Ongoing discussion point: Need to review who should be mandated to training and how that would be done. Also, consider further identification of who should be mandated/not mandated.
- Provide incentives instead of mandating training
- Target training to be educational based/data driven
- Employers must be on board with making training available to staff
- Need to brand the message
- Training should be ongoing (periodic booster trainings)
Who needs to be involved to see this implemented successfully?

<table>
<thead>
<tr>
<th>Medical community</th>
<th>Athletes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universities</td>
<td>Pharmacists</td>
</tr>
<tr>
<td>Clergy</td>
<td>Grant makers</td>
</tr>
<tr>
<td>Schools</td>
<td>Foundations</td>
</tr>
<tr>
<td>Educators</td>
<td>Family members</td>
</tr>
<tr>
<td>Police Dept</td>
<td>Media</td>
</tr>
<tr>
<td>Financial Institutions</td>
<td>Pop culture</td>
</tr>
<tr>
<td>Political, community, and cultural leaders (locally, state, and national)</td>
<td>Subject matter experts – to be involved in identification of development of training</td>
</tr>
<tr>
<td>Champions (spokespersons)</td>
<td>First responders</td>
</tr>
<tr>
<td>Mail delivery people</td>
<td>Survivors</td>
</tr>
<tr>
<td>Theme parks (Shamu)</td>
<td>Insurance companies</td>
</tr>
<tr>
<td>Cox Communications</td>
<td></td>
</tr>
</tbody>
</table>

What would need to happen at a system or organizational level to make this happen?

- Insurance company policy changes
- Provide tax incentives/breaks
- Provide funding for trainers
- Make it a practice standard that are included in employee orientation packets
- Training must have cultural and environmental relevance
- Elevate the importance to what is seen with HIPPA and sexual harassment training
**2 - Breakout Groups – Synthesis**

**Universal Strategies identified**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brady Bill</td>
<td>Depression screenings</td>
</tr>
<tr>
<td>Early intervention training</td>
<td>Anti-stigma campaign via media</td>
</tr>
<tr>
<td>Universal education – suicide prevention education, signs and symptoms,</td>
<td>Use of Media – use of social media, print media, involve public health</td>
</tr>
<tr>
<td>myths and facts, warning signs, risk factors, protective factors,</td>
<td></td>
</tr>
<tr>
<td>include a media component</td>
<td></td>
</tr>
<tr>
<td>Telephone Lines to Call - crisis lines, warm lines, increase awareness</td>
<td>Changing media – from reporting to initiating proactive campaign</td>
</tr>
<tr>
<td>of crisis numbers OR promote just 1 number, caregiver support lines,</td>
<td></td>
</tr>
<tr>
<td>information assistance hotlines, 211</td>
<td></td>
</tr>
<tr>
<td>Yellow Ribbon model for youth</td>
<td>Mental Health First Aid training program</td>
</tr>
<tr>
<td>Promotoras/es model</td>
<td>Reducing access to means</td>
</tr>
<tr>
<td>Peer to peer models</td>
<td>P.E.R.T.</td>
</tr>
<tr>
<td>Mandated guidelines</td>
<td>After Action reviews</td>
</tr>
<tr>
<td>Political leaders supporting and promoting acceptance of mental health</td>
<td>Gatekeeper training</td>
</tr>
<tr>
<td>issues</td>
<td></td>
</tr>
<tr>
<td>Research and data collection – better regional, cultural data, increased</td>
<td>Outreach, selective outreaching</td>
</tr>
<tr>
<td>attempt numbers</td>
<td></td>
</tr>
<tr>
<td>Educate/train each region on the higher risk/suicide prevalence in their</td>
<td>911</td>
</tr>
<tr>
<td>region</td>
<td></td>
</tr>
<tr>
<td>Rebrand mental health/suicide prevention terminology</td>
<td>Behavioral health integration with health care</td>
</tr>
<tr>
<td>No wrong door</td>
<td>Placing stickers on every public telephone, hotel telephone to promote the Access and Crisis Line</td>
</tr>
<tr>
<td>Cross collaboration between cultural groups, economic entities, educators</td>
<td>Universal electronic health records that includes medication for reconciliation purposes – integrated</td>
</tr>
<tr>
<td>, NAMI, politicians, etc. to share ideas and change perception</td>
<td>care model</td>
</tr>
<tr>
<td>Post SA follow-up/research</td>
<td></td>
</tr>
</tbody>
</table>

**Who needs to be involved**

All inclusive training to involve:

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare providers</td>
<td>Homeless Outreach</td>
</tr>
<tr>
<td>Librarians</td>
<td>Schools/colleges</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>transportation - trolley</td>
</tr>
<tr>
<td>Faith community</td>
<td>pharmacist education</td>
</tr>
<tr>
<td>Alcohol/Drug Services</td>
<td>unemployment - SSA</td>
</tr>
<tr>
<td>career centers</td>
<td>Welfare office</td>
</tr>
<tr>
<td>100,000 home camp</td>
<td>Safe parking program</td>
</tr>
<tr>
<td>Veterans Benefits office</td>
<td></td>
</tr>
<tr>
<td>Priority Areas/Regions</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>LGBT</td>
<td>Homeless</td>
</tr>
<tr>
<td>Native American - Rural and Urban</td>
<td>SOS</td>
</tr>
<tr>
<td>Older Men – middle age, Caucasian, single</td>
<td>North County</td>
</tr>
<tr>
<td>Youth - 15-24, also identified as prenatal – adulthood</td>
<td>Focus on suicide means</td>
</tr>
<tr>
<td>Unemployed or People living in poverty</td>
<td>Transportation, guns, pills, trolley</td>
</tr>
<tr>
<td>Military, Veterans and families</td>
<td>Specific groups with intergenerational trauma - Native-American, African-American</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Severally Mentally Ill</td>
</tr>
</tbody>
</table>
3 - Breakout Group – Raw Notes

What universal interventions and/or strategies have been successful in preventing suicide and reducing suicide rates?

- Brady Bill – 5 day waiting period, gun control, background checks, federal legislation
- Early Intervention training – including the general population
- Mental Health First Aid – Training Program
- Depression Screenings
- Yellow Ribbon model for youth
- Promotoras/es model – educational messages
- Social Media/Print Media
- National Suicide Hotline
- Advertise social media
- Define successful
- Any information assistance hotline
- Receive suicide prevention education
- Caregivers Support hotline

All inclusive training to involve:

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<td></td>
</tr>
</tbody>
</table>

Reducing access to means
- Crises Lines
- Peer-to-peer models
- Depression Screenings
- Anti-stigma campaign media
- Education – Employer/Employee
- School – all levels
- Clergy
- Counselors
- Professionals
211
911
P.E.R.T.
Warm lines
Gatekeeper training
Mandated guidelines
After Action reviews
Increased access
Cultural Acceptance for mental health issues
Selective outreaching
Holistic care/whole person
Relationship based care
Political leaders supporting/promoting acceptance of mental health issues
Internet based information availability
Social Media
Research

Which interventions and/or strategies would make the most impact in addressing suicide prevention in San Diego County?

Clergy/church
Economic health (loans, banks, real estate)
Pharmaceutical companies
Employee Assistance Programs
Primary Health
Senior Health or Community Centers
Amusement Parks (Legoland, Sea World, sporting events, Padres, Chargers)
Park and Recreation
Cultural
DMV
0 suicide goal for the medical, mental health, alcohol and drug, consumer groups
Educate/train each region on the higher risk/suicide prevalence in their region
Education and Awareness, Universal
  Signs and symptoms
  Myths and facts
  Warning signs and risk factors
  Protective factors
  Rebrand mental health/suicide prevention terminology
Media
  Public health
  From reporting to proactive campaign
Behavioral health integration with health care
No wrong door
Better data collection
  Regional, cultural, etc.
  Attempt #s
Placing stickers on every public telephone, hotel telephone to promote the Access and Crisis Line
Cross collaboration between cultural groups, economic entities, educators, NAMI, politicians, etc. to share ideas and change perception
Peer to peer
Outreaching
Education (including campaigning, media exposure)
Post SA follow-up/research
Access to treatment
Universal electronic health records that includes medication for reconciliation purposes – integrated care model
Increase awareness of crisis numbers OR promote just 1 number
What priority areas/regions (if any) would be targeted?

LGBT
Native American (Rural and Urban)
Older Men (middle age) (Caucasian, single)
Youth (15-24)
Unemployed or Poverty
Military, Veterans and families
Substance Abuse
 Severely Mentally Ill
Homeless
SOS
North County
   Focus on suicide means
   Transportation, guns, pills, trolley
Youth (prenatal – adulthood) - ACE – Adverse Childhood Experiences
Specific groups with intergenerational trauma - Native-American, African-American
Increase Resources – acute crisis beds