



September 2022

In September of 2020 a letter was distributed to behavioral and healthcare providers on behalf of the **Solano County Suicide Prevention Committee** in an effort share information regarding how suicide impacts our local Solano community, to share local efforts to prevent suicides deaths, and to request your partnership in increasing screenings for suicide risk. This request was aligned with a [resource letter](#) received by the California Department of Health Care Services and California Department of Public Health in June 2020, as endorsed by both the California Surgeon General and the Governor which also highlighted the importance of normalizing and systemizing screening for suicide risk. In recognition of suicide prevention month, this updated letter is being distributed again as we continue to see an increase in community members struggling with mental health and in response to an increase in suicide deaths in Solano County.

Solano County's rate of suicide deaths are generally greater than the state and the nation. **From January 1 2022 through August 16, 2022 there have already been 38 suicide deaths four (4) of which were youth between the ages of 14-18.** It is imperative that both public and private behavioral health and primary healthcare partners join the effort to increase screening and identification of individuals who are at risk for suicide and refer to them to treatment options through their insurance resources.

Suicide is the 12th leading cause of death in the U.S. and the 2nd leading cause of death for children/youth ages 10-34 years old. Suicide is a local preventable public health issue that requires collaboration and partnership by multi-sector organizations. The following 2021 suicide death data was provided by the Solano County Sheriff-Coroner's Office:

- There were 54 suicide deaths in Solano County which represented an 8% increase from the year before
- Fifty-four percent (54%) of the suicide deaths were adults ages 30-59, 24% were seniors 60 and over, 17% ages 19-29, and 5.5% of the suicide deaths were youth ages 14-18
- Seventy-six percent (76%) of the suicide deaths were males and 24% were females
- Ten veterans died by suicide
- Seventy-four percent (74%) of the suicide deaths were White residents, 13% Asian/Pacific Islander, 6% Latino, and 5% Black
- Forty-three percent (43%) of the individuals died by firearm, 28% by hanging, 6% due to an overdose, 4% involved sharps, 4% by asphyxia, 4% by bridge, 2% involved a train, 2% drowning, and 2% vehicle

Local Efforts to Prevent Suicide Deaths

The longstanding Solano County Suicide Prevention Committee meets monthly and is comprised of multi-sector partners including: behavioral health, law enforcement, healthcare, public health, faith-based partners, local education agencies, representatives from communities at greater risk for suicide (older adults, LGBTQQ+, youth, underserved communities), consumers of behavioral health services, and family members with lived experience of losing a loved one to suicide.

In September of 2017 a countywide ***Suicide Prevention Strategic Plan*** was presented to Board of Supervisors. This Plan aims to bring together the entire County, including private, non-profit, and public sectors to work collaboratively to combat suicide in our community. The Plan was updated in 2021 following a comprehensive community planning process and can be reviewed [here](#). Through our local Plan we are striving for [Zero Suicides](#).

Ongoing Targeted Efforts:

- Community education and training
- Firearm safety campaign
- Multi-media campaigns
- Targeted outreach
- Suicide prevention technical assistance and materials for school districts/schools
- Implementation of 47 culturally responsive school-based Wellness Centers/Rooms on school campuses K-12 and adult education sites across Solano County
- Implementation of both a Community-Based Mobile Crisis program (launched May 2021) and a School-Based Mobile Crisis program (launched August 2021)

Current Initiatives

- Increase screenings for suicide risk
- Targeted outreach for construction/trade workers who are at greater risk for suicide in Solano
- Suicide Death Review Team (delayed due to COVID)

If your organization would like to learn more about any of the efforts listed above, or if you would like to designate a representative to participate on the Suicide Prevention Committee, please reach out to SolanoMHSA@SolanoCounty.com.

How Can You Help?

Screen for Suicide Risk

As referenced above, the Committee researched the best screening tool or process to identify individuals who are at risk for suicide such as the one created by the [National Institute of Mental Health](#) (NIMH). A layperson can screen for suicide risk. Rather than recommending a particular screening tool, the Committee recommends adding two screening questions to existing self-reporting tools program participants already complete per each organization's workflow:

1. ***In the last 30 days have you had thoughts of wanting to die or wanting to kill yourself?***
Yes/No response
2. ***Have you felt hopeless in the last 30 days?***
Yes/No response

It is important to note that the languaging used in these targeted questions is intentional and aligned with many standard screening tools such as the *Columbia Suicide Severity Rating Scale* and the NIMH *Ask Suicide-Screening Questions (ASQ)* referenced above as well as evidenced-

based suicide prevention training curriculums such as *safeTALK*; *Question, Persuade, Refer (QPR)*; *Applied Suicide Intervention Skills Training (ASIST)*; and *Assessing and Managing Suicide Risk (AMSR)*.

Ideally, the screening questions would be embedded into self-reporting tools completed by those receiving services and reviewed by the service provider during scheduled appointments. If it is not possible to institute a self-reporting tool, the Committee recommends that the provider verbally ask these questions during face-to-face, phone, or telehealth appointments.

Regarding the frequency of screening, the Committee recommends making every effort to provide multiple opportunities to screen for suicide risk, as the act of suicide is often a result of a constellation of stressors and is an impulsive act that can be prevented if risk is identified. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored (NIMH). Whenever symptoms of depression are expressed, a person should be screened for suicide risk.

Intervention and Referrals

The Committee recommends that your organization develop clear policies and practices for follow-up interventions should a program participant respond “Yes” to either of the screening questions. Interventions may include a more comprehensive suicide risk evaluation, safety planning, increase frequency of contacts, referral for more intensive services, a voluntary stay in a crisis stabilization unit or local emergency department, or initiation of a 5150 by law enforcement or 5150 designated staff which may include mobile crisis teams.

Awareness and Stigma Reduction

We can all raise awareness about mental health and suicide risk, and make efforts to combat stigma. Stigma reduction and suicide prevention materials are available through [Each Mind Matters](#).

The Committee appreciates your time and attention to this important information and your partnership in efforts to prevent suicide deaths in Solano County. Should you have any questions, I welcome the opportunity to discuss the content of this letter in further detail and can be reached at tlacey@solanocounty.com or 707-784-8213.

In Partnership,



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