



September 1, 2020

As we prepare to observe national Suicide Prevention Week September 6-12, 2020 this letter is being sent to you on behalf of the **Solano County Suicide Prevention Committee** to 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 is aligned with a [new resource letter](#) recently received the California Department of Health Care Services and California Department of Public Health, as endorsed by both the California Surgeon General and the Governor which also highlights the importance of normalizing and systemizing screening for suicide risk.

**Suicide continues to be the 10<sup>th</sup> leading cause of death in the U.S. and the 2<sup>nd</sup> leading cause of death for children/youth ages 10-19 years old.** Suicide is a local preventable public health issue that requires collaboration and partnership by multi-sector organizations. The following 2019 suicide death data was provided by the Solano County Sheriff-Coroner's Office:

- There were 56 suicide deaths in Solano County which represents a 10% decrease from the year before
- Forty-one percent (41%) of the suicide deaths were adults ages 30-59, 34% were seniors 60 and over, 16% ages 19-29, and 9% of the suicide deaths were minors ages 14-17
- Eighty percent (80%) of the suicide deaths were males and 20% were females
- 8 veterans died by suicide
- Seventy-one percent (71%) of the suicide deaths were White residents, 12% Latino, 10% Asian/Pacific Islander, and 7% Black
- Forty-three percent (43%) of the individuals died by hanging, 36% by firearm, 12% due to an overdose, 4% involved a train/vehicle, 3% by asphyxia, and 2% involved sharps

The three largest and most populated cities of, Vallejo, Fairfield and Vacaville consistently experience higher rates of suicide within Solano County. It is also important to note that only 16% (9) of the 56 residents that died by suicide were Medi-cal eligible at the time of their death, and therefore the County Mental Health target population. As such, it is imperative that our private sector 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.

#### **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, LGBTQ+, 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 was developed following a very comprehensive community program planning process and brought together the entire County, including private, non-profit, and public sectors to work collaboratively to combat suicide in our community. The Plan which can be reviewed [here](#) will be updated in the Spring of 2021.

#### Ongoing Targeted Efforts:

- Community education and training
- Firearm Safety Campaign
- Public Service Announcements (PSAs)
- Targeted outreach
- Crisis Intervention Team (CIT) training for law enforcement
- Suicide Prevention Toolkits for all middle and high schools
- Provision of suicide screening tools and suicide prevention resources to local first responders
- Implementation of up to 35 culturally responsive school-based Wellness Centers/Rooms on school campuses K-12 and adult education sites across Solano County

#### Current Initiatives

- Increase screenings for suicide risk
- Suicide Death Review Team (delayed due to COVID)
- Engage Human Resource departments for private and public sectors to implement training on the signs of mental health and suicide risk

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](mailto:SolanoMHSA@SolanoCounty.com).

#### **How Can You Help?**

##### Screen for Suicide Risk

As referenced above, the Committee has 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, to 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 frequency, 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 it 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 (National Institute of Mental Health). 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 questions. Interventions may include a more comprehensive suicide risk evaluation, safety planning, increase frequency of contact, referral for more intensive services, encourage a voluntary stay in a crisis stabilization unit or local emergency department, or initiation of a 5150 by law enforcement or 5150 designated staff.

#### 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](mailto:tlacey@solanocounty.com) or 707-784-8213.

In Partnership,



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