

Tulare & Kings Counties _____



SUICIDE
PREVENTION

Task Force _____ www.sptf.org

SUMMARY REPORT
JULY 2011 – JUNE 2014



WELLNESS • RECOVERY • RESILIENCE

This program was paid for with California Mental Health Services Act
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I. Introduction

This report presents an overview of the activities and programs of the Tulare and Kings Counties Suicide Prevention Task Force from July 1, 2011 through June 30, 2014. The first sections review the SPTF's mission, vision, goals, function, composition, history, and data on suicides in Kings and Tulare counties as well as two neighboring counties. Next the report covers the many outreach activities of the Task Force and the trainings it has offered. Finally, all of the programs that have been funded by the Task Force and the results of a survey of Task Force members are presented.

Each section of the report, which was written by Sander C. Valyocsik of Societas, Inc., presents the intent behind each activity or program and then describes the output of each. Appendices at the end present more detailed information, including data tables, executive summaries of evaluation reports, and comprehensive member survey responses. Complete evaluation reports are available online at the Task Force's web site, sptf.org.

The purpose of this report is to serve as a guide to Task Force members as they embark upon a strategic planning process in May 2015. During this process, the voting members will decide on the direction the Task Force will take going forward, including which activities and programs merit continued support and to what extent. It is intentional that this report does not include a section that enumerates overall conclusions or recommendations, so as not potentially to influence members during the strategic planning process in favor of specific activities or programs.

The reader will be struck by the breadth and depth of activities that the Task Force has undertaken in the past 36 months, as well as in prior years, activities that were designed to reach the general populations of Kings and Tulare counties as well as the many different groups of people that comprise the populations of both counties. It is hoped that by providing a comprehensive review of what the SPTF has done in the past, including evaluations of its main programs, Task Force members will be more fully informed as they decide upon a course for the Task Force's future, that will most effectively prevent suicide attempts and completions among residents of Kings and Tulare counties.

II. Mission, Vision, Goals, Function, and Composition

A. Mission

The mission of the Tulare and Kings Counties Suicide Prevention Task Force is to reduce the rate of completed and attempted suicides in Tulare and Kings counties.

B. Vision

A community without suicide. Accomplish this by implementing a full range of strategies, starting from prevention and early intervention, which will be provided to all at-risk residents of Tulare and Kings counties with targeted programs addressing population specific needs. Communities need prevention services to promote health and address problems long before they become acute, to effectively reduce suicides and suicidal behavior. Communities need a coordinated system of services to effectively respond to crisis situations.

C. Goals

- To promote public awareness that suicide is a public health problem that is preventable.
- To improve and expand surveillance systems.
- To promote effective clinical and professional practices.
- To develop and implement suicide prevention programs.

D. Function

The SPTF does not function in the capacity of setting policy, but rather serves as an advisory committee to increase communication, information exchange, maximization and coordination of efforts, standardization of reporting and referral, and to improve community education and understanding of the myriad issues contributing to suicide in our community.

E. Composition

The Tulare and Kings Counties Suicide Prevention Task Force is composed of voting members representing organizations and populations in each county.

These include:

- The lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population
- Veterans
- Youth, young adults, and transition-age youth
- Mental health consumers and family members, from each county, and
- Survivors of loss by suicide, from each county.

Organizational members include representatives from:

- Kings County Behavioral Health
- The Kings View Behavioral Health Systems
- Tulare County's Human Services Department
- Tulare County's Mental Health Department
- Tulare County's Public Health Department
- The Tulare County Medical Society
- Education, from each county
- Law enforcement/coroner, from each county
- The Kings/Tulare Area Agency on Aging
- The media, and
- Faith-based organizations.

There are also four at-large Task Force members, two from each county. Potential new voting members must be recommended by an appropriate agency or group and are then voted upon by the voting members of the Task Force.

The Task Force is led by an Executive Committee, consisting of four members, two from Kings County and two from Tulare County. Two members represent each county government and two represent the community. Prospective Executive Committee members must be approved by their county government before taking office. The SPTF is supported by two staff members, who serve as Co-coordinators, one from each county government. These staff members work part-time on behalf of the Task Force under the direction of its Executive Committee. A portion of the time of Supervising Nurse I Carla Sawyer has also been dedicated to the Task Force as well as other administrative and clerical support time.

The SPTF holds general meetings every other month, in Hanford or Visalia, with committee meetings taking place in months in which the Task Force does not hold general meetings. The public is welcome and encouraged to attend all general and committee meetings. A calendar that shows meeting dates and agendas, as well as workshops and other events related to suicide prevention, can be found on the Task Force's website, sptf.org.

III. History

2003: Six suicides by teenagers took place in Lindsay, Porterville, and Visalia. The Tulare County Child Abuse Prevention Council sponsored community forums on the subject. Consequentially, a task force on suicide was founded and supported by the Tulare County Health and Human Services Agency, but it lost momentum and attendance declined.

2007: An alarming increase in suicide-related deaths occurred in Tulare County. Officials from public and private organizations met as a collegium to address the issue of suicide and open dialogue relating to awareness and prevention. Participants attempted to effect change, but a lack of supportive funding made progress difficult.

2008 to early 2009: The Tulare County Health and Human Service Agency's Mental Health Department began extensive outreach to communicate with residents across Tulare County regarding the community's concerns and priorities relating to mental health needs. These efforts were a direct result of Proposition 63 (also known as the Mental Health Services Act or MHSA), passed by California voters in 2004.

Early to mid-2009: The Tulare County Mental Health Department continued the process of interacting with the community regarding suicide prevention needs specific to Tulare County. These efforts lead to the creation and adoption of the Tulare County Mental Health Services Act: Prevention and Early Intervention Plan. One of the three primary components of the plan was the provision of services to increase suicide prevention.

Late 2009: The Tulare County Suicide Prevention Task Force (SPTF) solidified plans to meet as a group with broad representation to advance the cause of suicide prevention, establish best practice services, and increase awareness of the signs and symptoms of suicide risk. The SPTF launched awareness activities during National Suicide Prevention Awareness Week (September 6-10) by hosting a Suicide Prevention Awareness Candlelight Vigil and Awareness Walk as well as bringing in a nationally recognized documentary, "The Shaken Tree," free of charge to the community at the Visalia Fox Theatre. In addition, the SPTF established two suicide prevention pilot projects for early screening and referral of individuals to services to decrease their suicide risk.

2010: On May 21, the SPTF, with MHSA funding, sponsored the Community of Hope Conference, which included 21 breakout sessions as well as high-profile keynote speakers including Patty Duke and suicide researchers Drs. Alan Berman, Paul Quinnett, and Dan Reidenberg. The conference, held in Visalia, also included Question Persuade Refer training on how to identify suicidal thinking in others and refer individuals in need to professional help and support. More than 800 individuals attended.

This year also brought a more formal relationship with the American Association of Suicidology and a systematic exploration of suicide prevention at the national, state, regional, and local levels, including evidence-based best practices. The first Festival of Hope was held at the Tulare

Outlet Center to educate the public about the problem of suicide and the availability of helpful resources.

2011: A formal partnership with Kings County Behavioral Health began, leading to the renaming of the Task Force as the Tulare and Kings Counties Suicide Prevention Task Force and its leadership and membership being drawn from both counties. This year also began the offering in Kings and Tulare counties of some of the best suicide prevention and related training available, for mental health professionals and non-professionals. Apart from a wide variety of trainings developed by outside organizations, a local training on suicide and suicide prevention basics was developed by the Task Force and offered to varied audiences, including social workers, teachers, service clubs, and religious organizations. The second Festival of Hope was held at the Tulare Outlet Center.

2012 - 2014: A large variety of programs started and new trainings were offered. In addition, evaluation of the programs and trainings was initiated. Information from the evaluations is used to determine which activities should continue to be offered as well as whether the programs should be fine-tuned or expanded. The third through fifth Festivals of Hope were held at the Tulare Outlet Center.

IV. Suicide in Kings and Tulare Counties

One of the key activities of the Task Force is the surveillance of suicide, that is, tracking the number of suicides that are completed in Kings and Tulare counties along with specific information about the suicides and characteristics of the people who complete suicide. This is done in order to maintain awareness of the extent of the problem of suicide in each county and to be able to understand any patterns that may exist. This activity is greatly facilitated by the excellent relationship that exists between the SPTF and the Coroner's Offices in both counties. The sworn officers who oversee the coroner functions in each county's Sheriff's Office serve as voting members of the Task Force.

The Task Force closely monitors the number of suicide deaths in Kings and Tulare Counties. Examining numbers alone makes it difficult to compare urban areas to rural ones or large communities to small ones. To help establish a better basis for comparison, the number of suicide deaths is converted to a rate per population of 100,000. Most state and national data are presented as rates, so a rate of 9.0 means that there was an average of nine suicide deaths per every 100,000 residents of a specific area. Suicide rates are calculated by dividing the number of suicides by the population of the area and then mathematically adjusting the number based on the population, to generate a rate of suicides per 100,000 people.

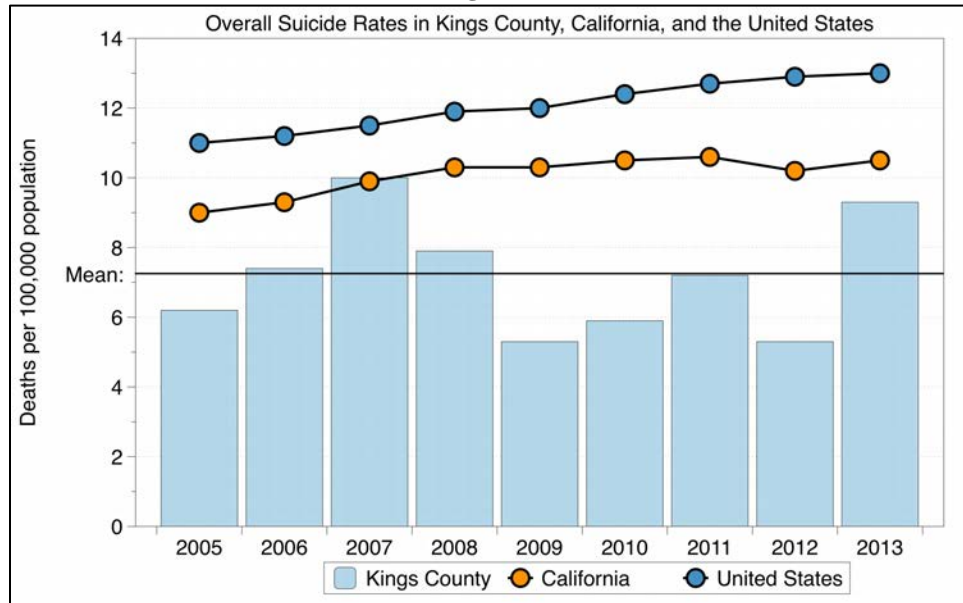
While the SPTF is committed to decreasing the rates of suicide completion in Kings and Tulare counties, it is the Task Force's philosophy that preventing every single suicide is important and that every single person counts.

Figures 1 and 2 display the suicide rates in Kings and Tulare counties, as reported by the respective Coroner's Offices, from 2005 through 2013. (Tables that present data on suicide deaths and rates are presented in Appendix 1, at the end of this report.) County rates for each year are shown as bars. For comparison, suicide rates in California and in the United States as a whole are shown as orange and blue circles, respectively. The suicide rates in Kings and Tulare counties have usually been lower than the state and national rates.

It is worth pointing out that the suicide rates in Kings County are lower overall than those in Tulare County. And in all but one year (2007) in Tulare County, the suicide rates in Kings and Tulare counties were lower than the national rates. If we average the suicide rate in each county from 2005 through 2013, we find that the mean suicide rate in Kings County is 7.2 (with a standard deviation of 1.7), while in Tulare County the mean suicide rate is 9.3 (with a standard deviation of 1.5). The mean of the suicide rates over all of the years is shown on the graph by a horizontal black line. The reasons for the lower suicide rates in Kings County compared to Tulare County are unknown.

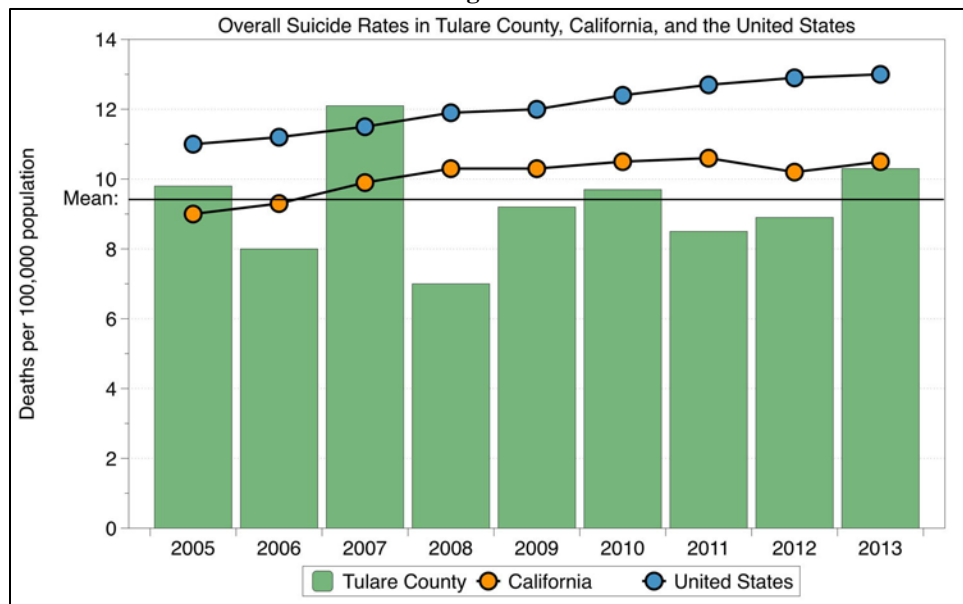
Perhaps most noteworthy in both graphs is the high degree of variability in the rate from year to year. In Kings County, the suicide rates range from 5.3 to 10.0 deaths per 100,000 population. In Tulare County, the rates range from 7.0 to 12.1. The rates frequently differ markedly from one year to the next, with no discernible trend, including during the years in which the SPTF has been active.

Figure 1



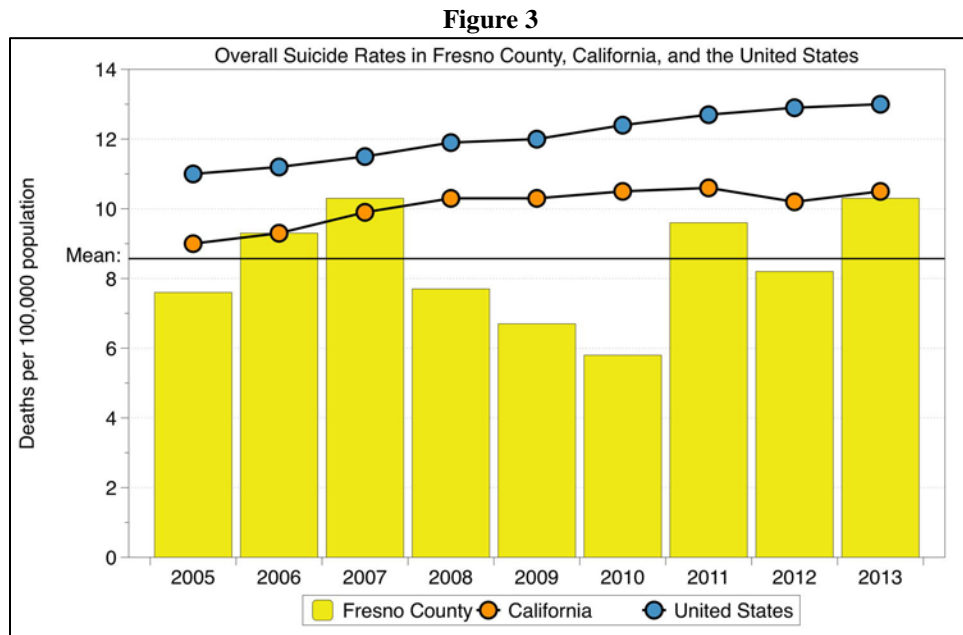
Sources: Kings County Coroner, U.S. Census Bureau

Figure 2



Sources: Tulare County Coroner, U.S. Census Bureau

For the sake of comparison within our region, data from Fresno County and Kern County are presented in Figures 3 and 4. Fresno and Kern counties border Kings and Tulare counties to the north and south, respectively. Their populations are similar in many respects to those of Kings and Tulare counties. The mean suicide rate in Fresno County over the years reported (8.4 with a standard deviation of 1.6) is lower than that in Tulare County (9.3 with a standard deviation of 1.5), but higher than that that in Kings County (7.2 with a standard deviation of 1.7). However, over the past three years the suicide rates in Tulare County and Fresno County have been quite similar.



The mean suicide rate in Kern County over the years reported is higher (10.8 with a standard deviation of 1.3) than that in any of the other three counties. (See Figure 4.) In addition, in each year from 2008 on, the suicide rate in Kern County has been higher than that in either Kings or Tulare counties.

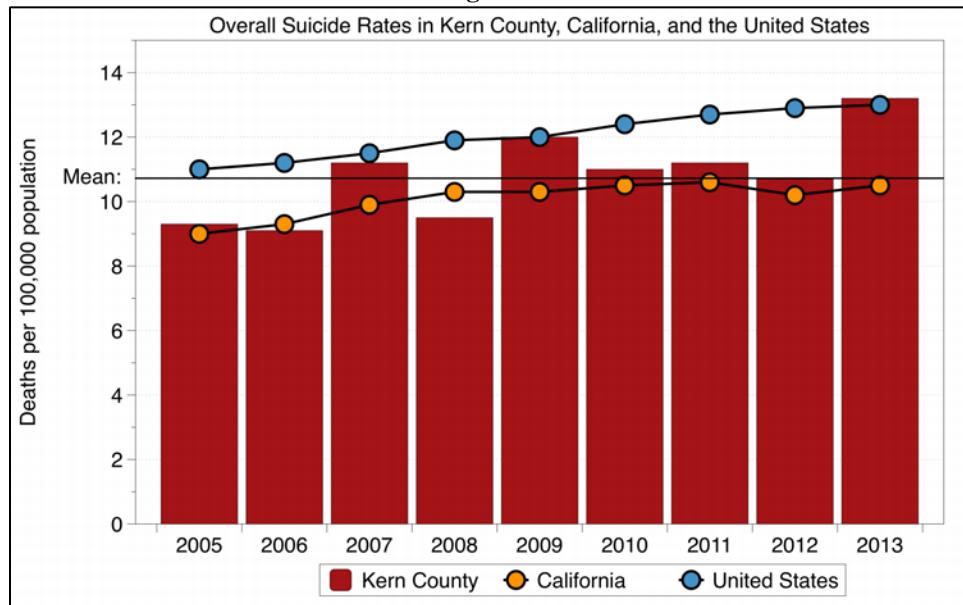
The lower rates of suicide in Kings and Tulare County compared to Kern County do not definitely demonstrate the greater effectiveness of suicide prevention in Kings and Tulare counties vis-à-vis that in Kern County. There are many factors that impact suicide rates. However, the lower rates of suicide in Kings and Tulare counties can be considered to be one indicator of the impact of the Tulare and Kings County Suicide Prevention Task Force, bearing in mind that correlation does not necessarily imply causation.

An interesting pattern in the data is that the suicide rates in Kings and Tulare counties are generally lower than the national suicide rates. This is noteworthy because rural areas, such as Kings and Tulare counties, generally have higher suicide rates than urban or suburban areas. Kern County, which has a higher level of urban concentration than Kings and Tulare counties, has higher suicide rates than either Kings or Tulare counties.

One critical fact to bear in mind is that suicide is estimated to be underreported by between 20% and 100%.¹ Some deaths by suicide, such as by drug overdoses or other accidents, may not be verifiable as suicides. Thus, the true scope of the problem of suicide is not fully reflected in the available data.

It is important to note that there are no reliable overall data on suicides that were attempted, but not completed. It is also impossible to measure with accuracy the number of suicides that were prevented. However, we do have anecdotal evidence from Task Force members and the evaluations of individual Task Force programs of potential suicides that were prevented. These are described in other sections of this report, namely those on the evaluation of programs and responses to the Task Force member survey.

Figure 4



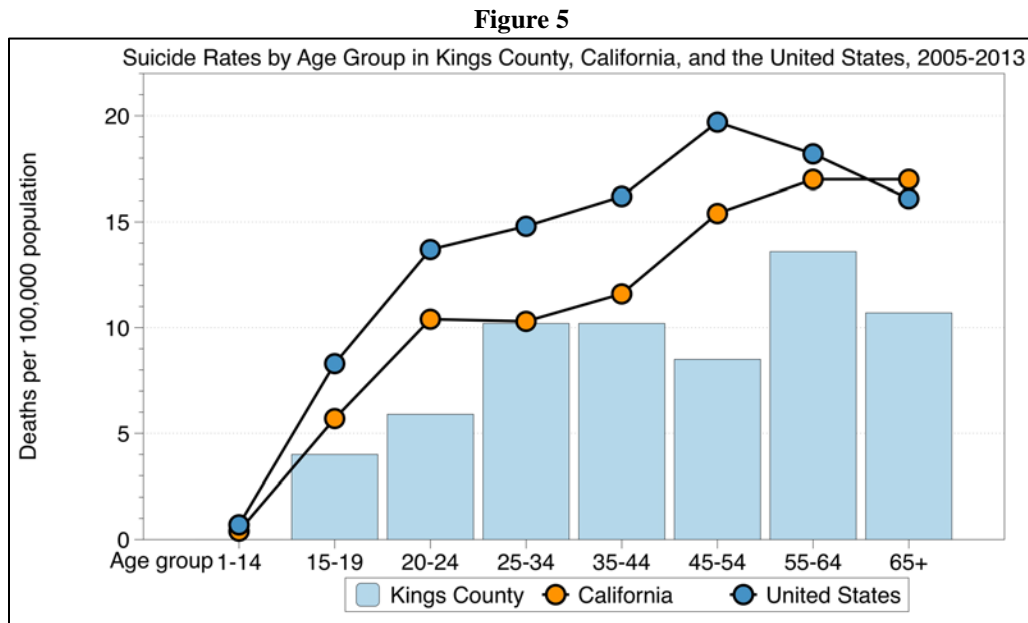
Sources: Kern County Coroner, U.S. Census Bureau

¹ Bertolote, José Manoel, and Alexandra Fleischmann. "Suicide and Psychiatric Diagnosis: Worldwide Perspective." *World Psychiatry* 1.3 (October 2002): 181-185.

In addition to numbers of suicide deaths, the SPTF tracks relevant information about the deaths and about the people who completed suicide in Kings and Tulare counties. This information includes the manner in which the suicides were completed (instrumentality), whether alcohol or other drugs were involved, and the individuals' ages, genders, and races/ethnicities.

Data on suicides in Kings County from 2005 through 2013 are presented in Figures 5 through 9. As Figure 5 shows, the highest suicide rates in Kings County were in the age groups 55-64 and 65 and older.²

Nationally, suicide is the second-leading cause of death among individuals age 15 to 34 and the third-leading cause of death among children age 10 to 14.³ However, the suicide rates are generally highest among older individuals.



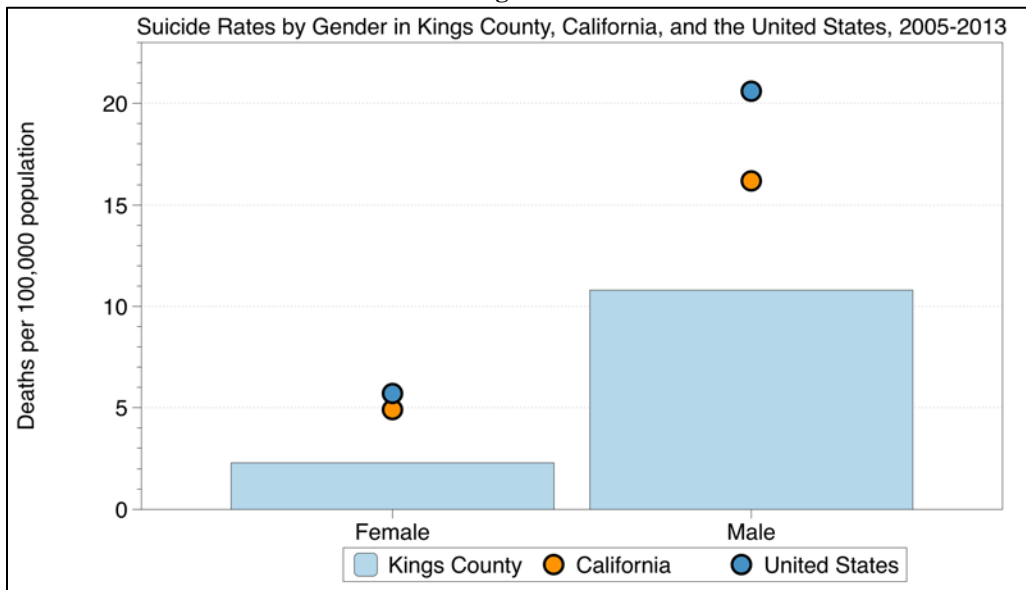
Sources: Kings County Coroner, U. S. Centers for Disease Control and Prevention WISQARS™ database, U.S. Census Bureau

² Deaths of children under the age of ten are not ruled as suicides.

³ U.S. Centers for Disease Control and Prevention document "10 Leading Causes of Death by Age Group, United States – 2012" <http://www.cdc.gov/injury/wisqars/leadingcauses.html>

As shown in Figure 6, the rate of suicide in Kings County is much higher for males than for females. In fact, the suicide rate was more than four times higher for males than for females. In California and the United States as a whole, males complete suicide at a rate more than three times higher than females.

Figure 6

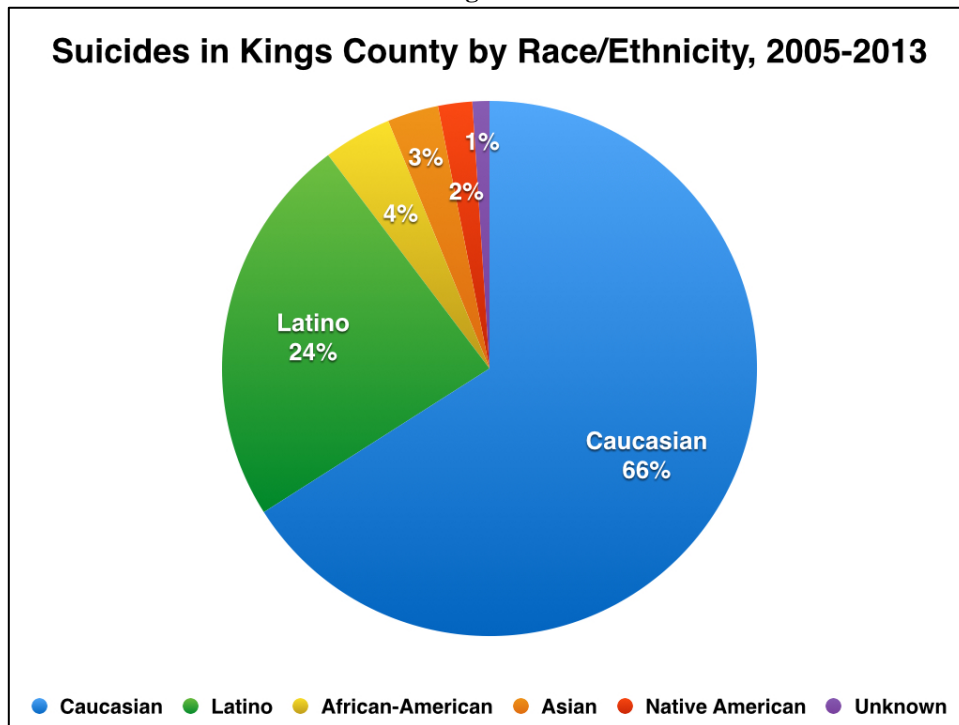


Sources: Kings County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database, U.S. Census Bureau

From 2005-2013, as shown in Figure 7, non-Latino Caucasians completed nearly two-thirds of the suicides in Kings County, while Latinos completed nearly one-quarter. One striking finding is that the suicide rate among Native Americans (2.1%) was nearly double the percentage of Native Americans who live in Kings County (1.2%).

Race/ethnicity categories in local suicide data do not match U.S. Census Bureau categories, which classify Hispanic/Latino ethnicity as separate from race. (Latinos may belong to any race or multiple races.) For this reason, it is impossible to present an accurate comparison with state or national suicide data in the area of race/ethnicity.

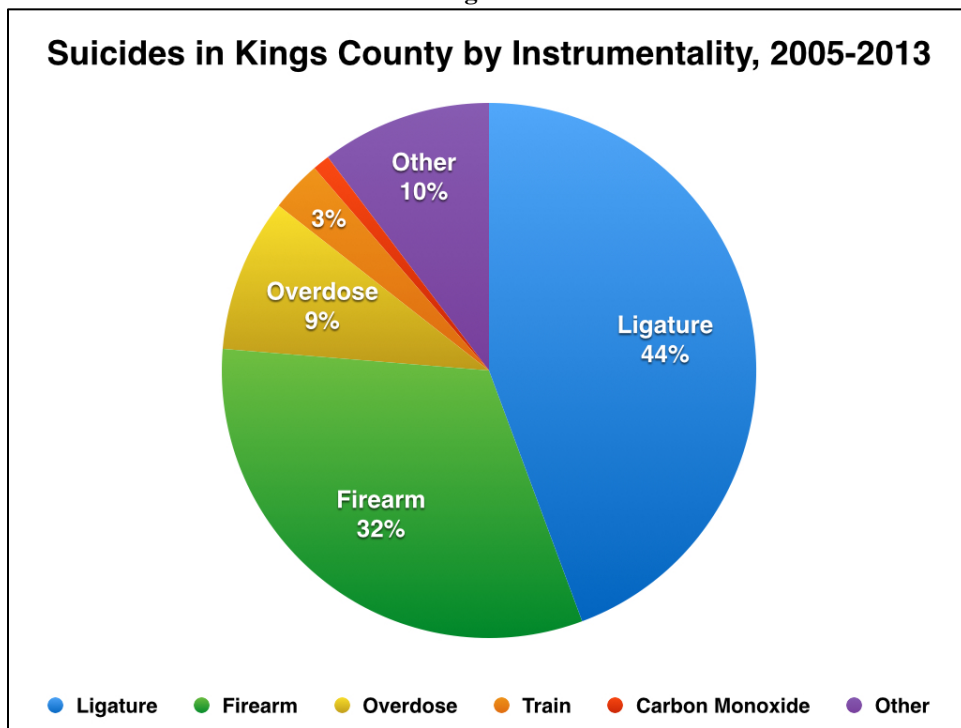
Figure 7



Sources: Kings County Coroner, U.S. Census Bureau

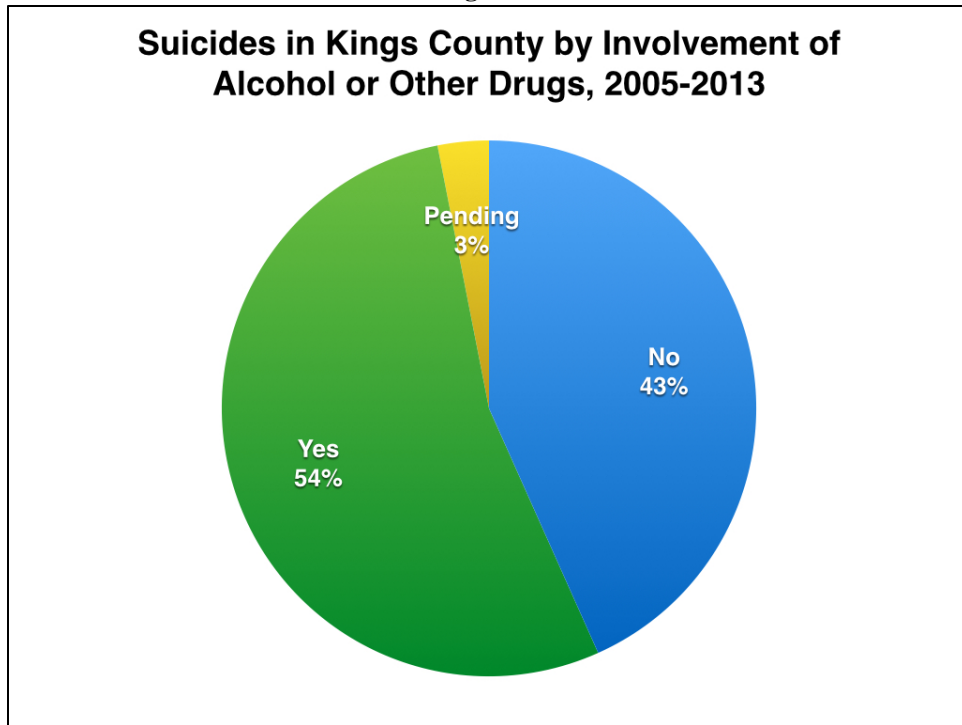
In Kings County, as shown in Figure 8, over four in ten (44%) suicides were completed by ligature (suffocation), while the next most prevalent instrumentalities were firearms and drug overdoses. Figure 9 reveals that a majority of suicides involved alcohol or other drugs.

Figure 8



Source: Kings County Coroner

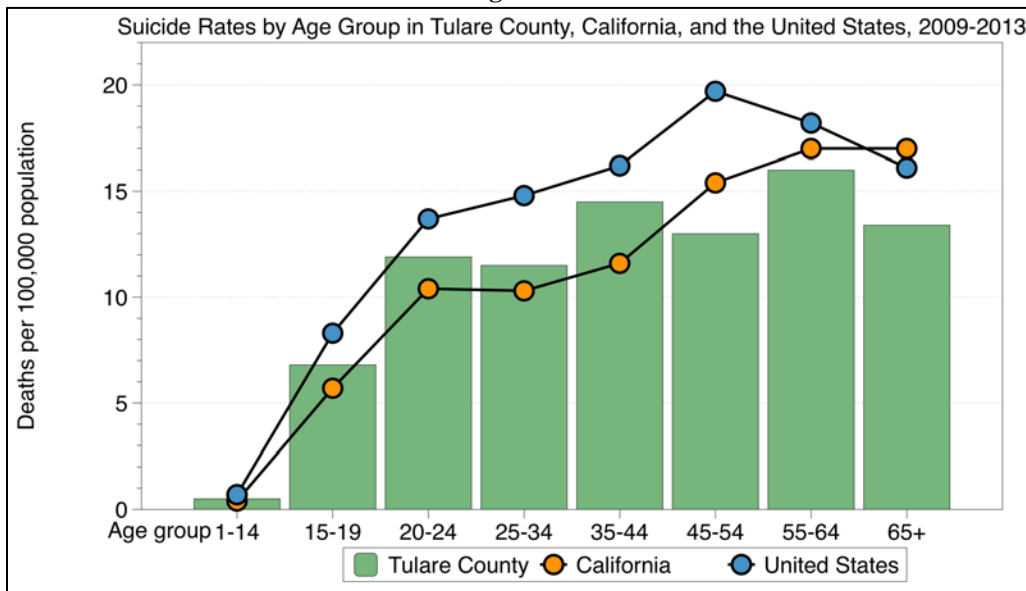
Figure 9



Source: Kings County Coroner

Data on Tulare County suicides from 2009 through 2013 are presented in Figures 10 through 14.⁴ Looking at suicides by age group, the highest suicide rates were, in descending order, in the age ranges of 55-64, 35-44, 65 and older, and 45-54.

Figure 10

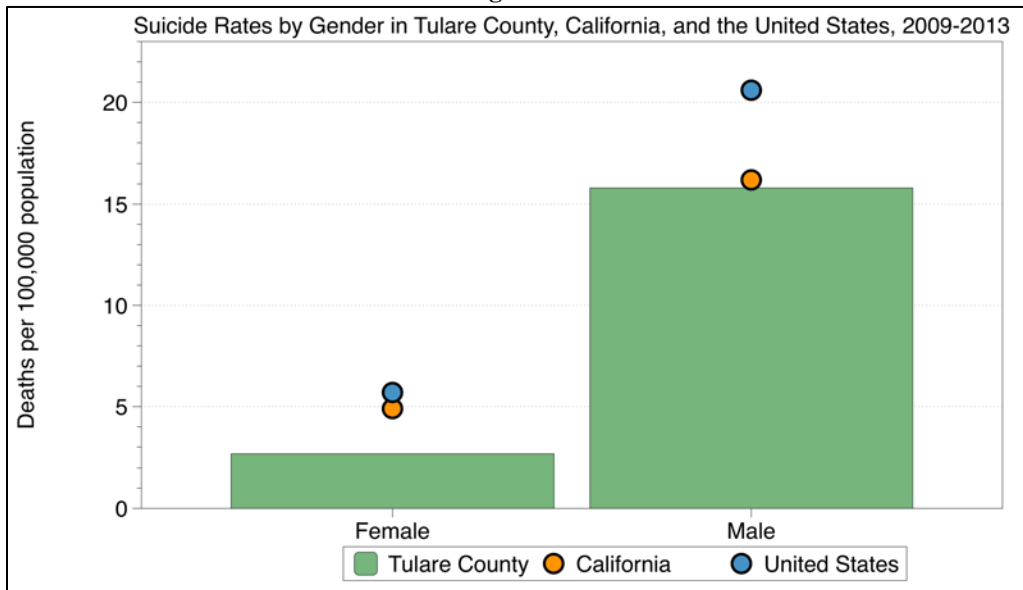


Sources: Tulare County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database, U.S. Census Bureau

⁴ Demographic data on suicides in Tulare County are available starting in 2009.

The rate of suicide in Tulare County is much higher for males than for females, as is the case in Kings County. In 2009-2013, the Tulare County suicide rate for males was nearly six times the rate for females. While the suicide rate for males in Tulare County is in line with the California rate, the rate of suicides by females in Tulare County is about half that in California as a whole.

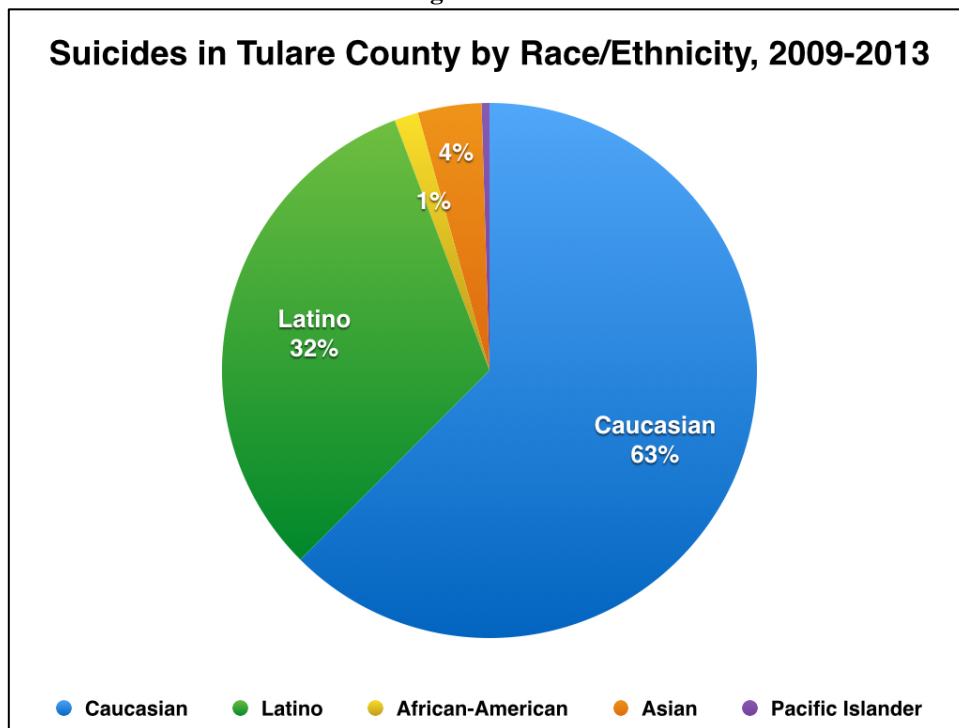
Figure 11



Sources: Tulare County Coroner, U. S. Centers for Disease Control and Prevention WISQARS™ database, U.S. Census Bureau

From 2009-2013, non-Latino Caucasians completed nearly two-thirds of the total suicides in Tulare County, while Latinos completed nearly one-third of the suicides. (These results are similar to those in Kings County, although the percentage of Latinos who completed suicide is higher in Tulare County than in Kings County.)

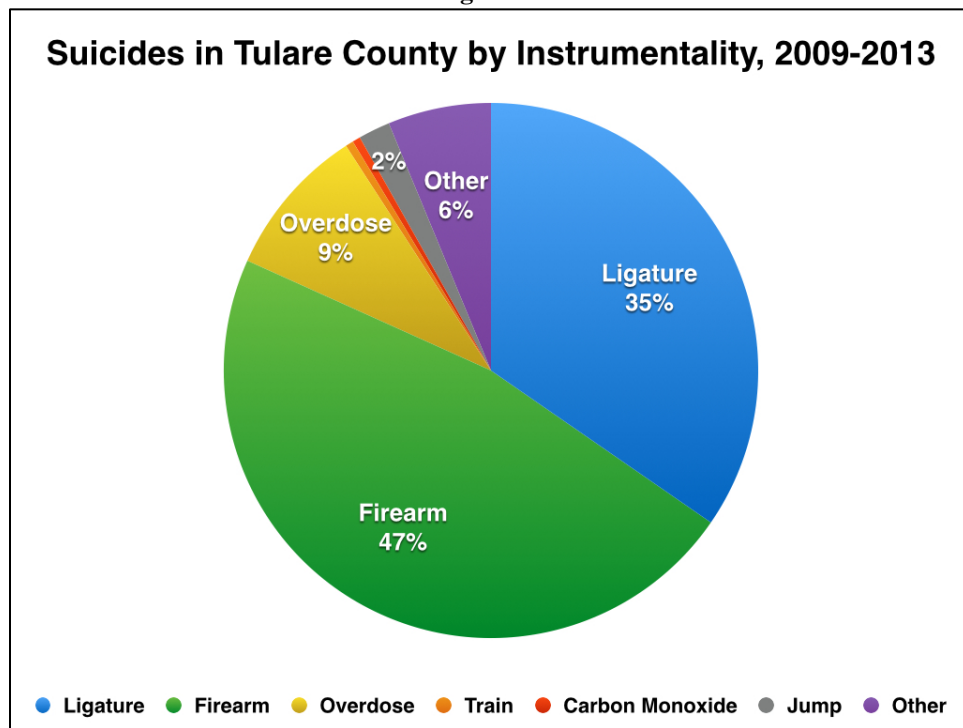
Figure 12



Sources: Tulare County Coroner, U.S. Census Bureau

As Figure 13 shows, in Tulare County nearly half (47%) of the suicides were completed with firearms, while the next most prevalent instrumentalities were ligature and drug overdose. Figure 14 shows that a majority (54%) of suicides involved alcohol or other drugs.

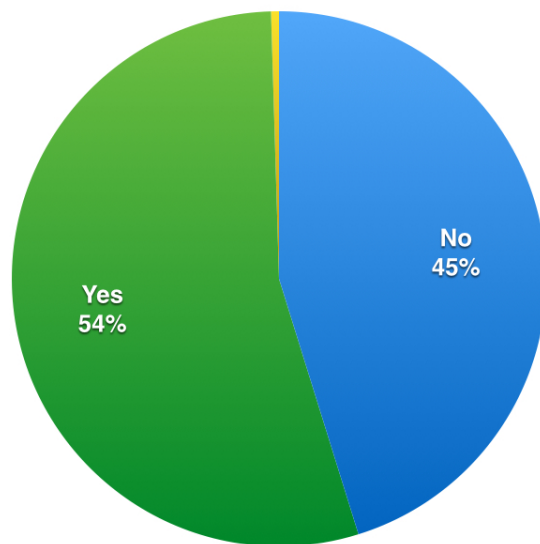
Figure 13



Source: Tulare County Coroner

Figure 14

Suicides in Tulare County by Involvement of Alcohol or Other Drugs, 2009-2013



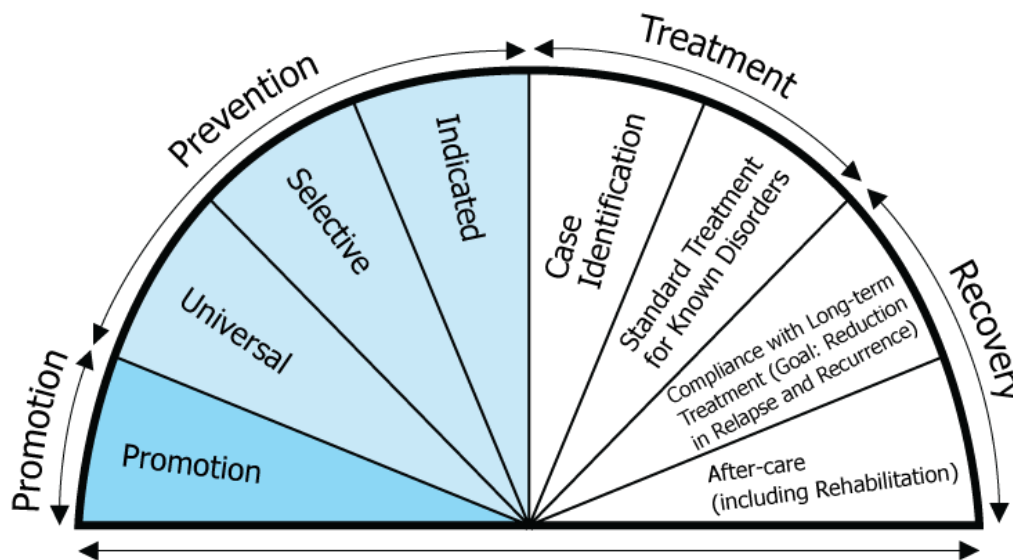
Source: Tulare County Coroner

V. SPTF Efforts on the Behavioral Health Continuum of Care

The U.S. Institute of Medicine’s Behavioral Health Continuum of Care Model (see Figure 15) provides a useful framework for viewing the work of the Suicide Prevention Task Force.

Promotion includes “strategies that create environments and conditions that support behavioral health and the ability of individuals to withstand challenges.” The efforts of the SPTF to reduce the stigma of discussing suicide, which is an inherent element of all of its outreach activities, and programs that include reduction of the stigma of mental illness as an explicit goal fall into the category of promotion. Several examples of SPTF programs that do work in the area of promotion include Depression Reduction Achieving Wellness (DRAW), Ending the Silence, and Reduction and Elimination of Stigma Through Art-Targeted Education (RESTATE).

Figure 15
The U.S. Institute of Medicine’s Behavioral Health Continuum of Care Model



Universal prevention is defined as “strategies that are delivered to broad populations without consideration of individual differences in risk.”⁵ Many of the SPTF’s activities and programs fall into this category. These include the Task Force’s general outreach activities and trainings for non-professionals, such as Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST). Programs that serve the general student population are also best categorized as universal prevention. An example of an SPTF universal prevention program is SOS Signs of Suicide, which taught high school students some of the main suicide risk factors and what to do if someone they know appears to be at risk of suicide.

⁵ Springer, Fred, and Joel L. Phillips. “The IOM Model: A Tool for Prevention Planning and Implementation.” *Prevention Tactics* (a publication of the Center for Applied Research Solutions) 8.13 (2006).

Selective prevention addresses specific “sub-groups of individuals that are identified based on their membership in a group that has an elevated risk.” The SPTF reaches out to members of the armed services and veterans; individuals employed in the agricultural sector; and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, who, studies show, are at a higher risk of suicide than the general population. Task Force selective prevention activities and programs include outreach efforts to these groups as well as the Out Loud Support Group and the Trevor Project, which help LGBTQ young people.

Indicated prevention “further focuses the ability to design interventions to address specific risk conditions” for suicide. Examples of individuals with specific risk conditions are those who demonstrate elevated levels of hopelessness or depression, which are risk factors for suicide. One SPTF program that operates in this area is DRAW, which screens college and vocational students for depression and provides them with short-term counseling and warm linkages to needed services.

Another SPTF indicated prevention program is “Check-In with You: The Older Adult Hopelessness Screening Program,” which voluntarily screens patients 55 years of age and older at the Visalia Health Care Clinic for hopelessness. Those who screen at the moderate or severe levels (and other patients who request to take part or whose healthcare providers request it) are invited to participate in the program and provided with short-term counseling and warm linkages to services.

The trainings for mental health professionals and paraprofessionals that the Task Force offers, such as those on Dialectical Behavioral Therapy and Motivational Interviewing, are best categorized as indicated prevention, because they enable clinicians to help their patients more effectively. Individuals with certain mental illnesses and behavioral health disorders (such as major depression and other mood disorders, personality disorders, schizophrenia, and substance use disorders) are at an increased risk of suicide compared to the general population.⁶

The Task Force’s Local Outreach for Suicide Survivors (LOSS) Team visits individuals who have lost a loved one to possible suicide, as soon after the death as possible, to provide resources and support. People who have lost a loved one to suicide are at an elevated risk of suicide themselves, with twice to ten times the risk as the general population.⁷ Providing this indicated prevention is what suicide researcher Dr. Edwin Schneidman called “postvention,” which he defined as “prevention for the next generation.”⁸

⁶ Bertolote, José Manoel, and Alexandra Fleischmann. “Suicide and Psychiatric Diagnosis: A Worldwide Perspective.” *World Psychiatry* 1:3 (October 2002): 181-185.

⁷ Runeson, B., & M. Åsberg. “Family History of Suicide Among Suicide Victims.” *American Journal of Psychiatry* 160 (2003): 1525–1526 and Kim, C. D., et al. “Familial Aggregation of Suicidal Behavior: A Family Study of Male Suicide Completers from the General Population. *American Journal of Psychiatry* 162 (2005): 1017–1019.

⁸ Schneidman, Edwin. “Foreword.” *Survivors of Suicide*. Ed. Albert C. Cain. Springfield, Illinois: Charles C. Thomas Publisher (1972): x.

VI. Outreach

The SPTF has engaged in promotion and universal and selective prevention by handing out a wide variety of materials, distributing information through the media, appearing at and sponsoring numerous events, and organizing a large annual event – The Festival of Hope – to raise awareness throughout Kings and Tulare counties of the problem of suicide and its risk and protective factors and to inform the public of available resources to help those who may be thinking about ending their lives.

A. Materials

1. Wallet Card

Intent: SPTF members wanted to give members of the public an easily portable piece of literature that includes readily accessible suicide prevention resources as well as some of the most significant indicators of suicide risk that people would be able to recognize in themselves and others.

Output: The SPTF created an informational wallet card, printed on both sides, and distributed more than 20,000 of them. The card lists five emotions that are linked with suicidal thoughts and invites people who may be contemplating suicide to connect to five free resources, including the National Suicide Prevention Lifeline, which is included on all SPTF literature. This and all other materials produced by the Task Force were designed to conform to the best practices guidelines of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

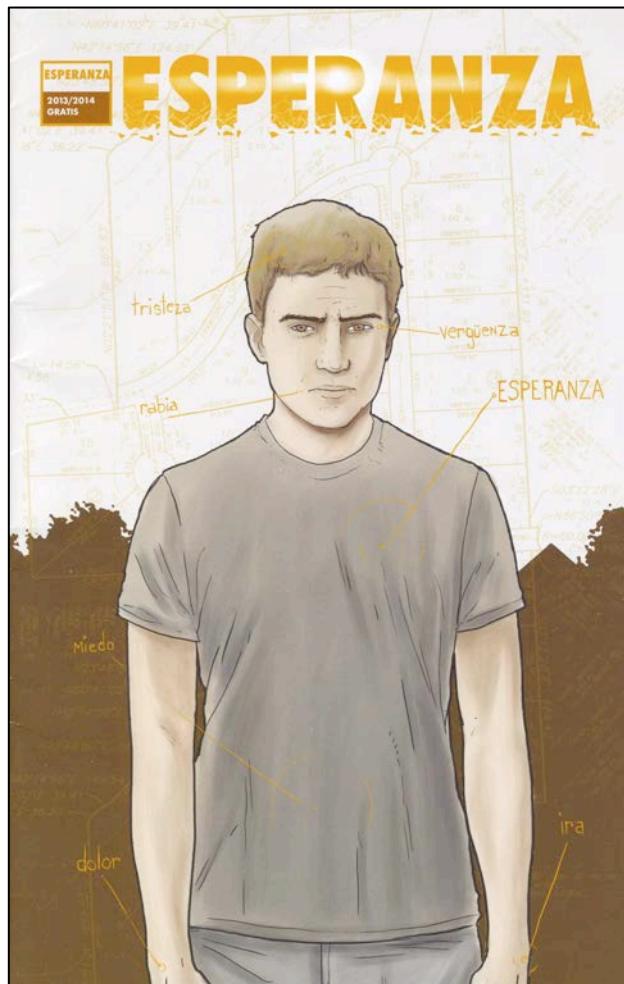


2. Comic Book

Intent: Members of the Task Force wanted a way to connect to young people and inform them in an appealing manner of identifiable suicide risk factors and how to get help for people who may be considering suicide.

Output: The “Hope/Esperanza Volume 1” comic book, with versions in English and Spanish, has been handed out across Kings and Tulare counties starting in July 2011. To date, more than 50,000 copies have been distributed by Task Force members and by schools and other organizations.

“Hope Volume 2,” which focuses on bullying and its link to suicide, is in the final stages of production and will be available online, free of charge, in 2015.



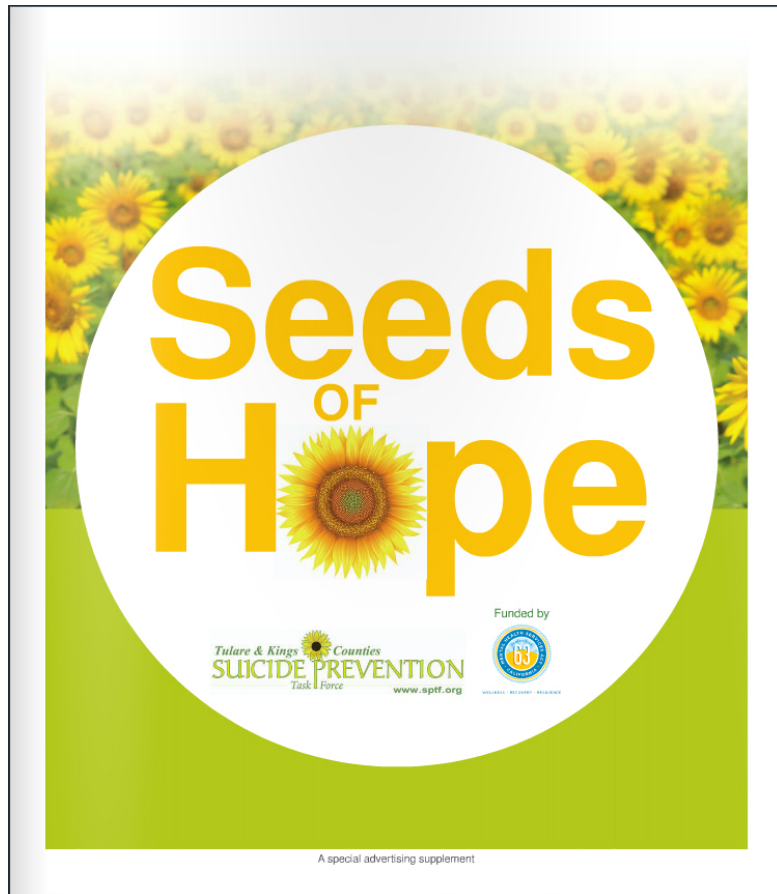
3. “Seeds of Hope” / “Semillas de Esperanza”

Intent: Task Force members wanted a way to inform community members about the problem of suicide locally, available resources, and some of the SPTF’s programs and activities for suicide prevention.

Output: “Seeds of Hope” / “Semillas de Esperanza” is a twelve-page publication in the form of a newspaper insert that describes the SPTF and several of its programs. It provides insight into the Task Force’s activities from the perspective of a few first-hand experiences.

The publication lists ten warning signs of suicide and tells readers what they can do if they recognize any of the signs in themselves or others. It provides general suicide prevention resources, resources for the LGBTQ population, and resources for veterans. The document includes all of this information in both English and Spanish.

In September-October 2013 and May 2014, this resource was inserted into local newspapers, including the Hanford Sentinel, Porterville Recorder, Tulare Advance-Register, Valley Voice, and Visalia Times-Delta. Task Force members and staff also distributed the publication at the 2013 Festival of Hope and other events, trainings, meetings, schools, and workplaces. In total, more than 100,000 copies have been distributed. It is also available on the Task Force’s website, sptf.org.



4. Additional Materials

Intent: SPTF members and staff attend many events and wanted to have materials apart from literature to give to the public that promote the Task Force’s message of hope and provide the National Suicide Prevention Lifeline’s toll-free telephone number.

Output: The SPTF has created and distributed a wide variety of additional materials that raise awareness of suicide, its risk factors, and available resources, in particular the National Suicide Prevention Lifeline. These materials include pens with pull-out resource banners, stress relievers in the shape of a sunflower (the Task Force’s symbol of hope for ending suicide), flower-shaped highlighters, sunflower seed packets, headbands, tote bags, and custom-made music compact discs (one edition for each of the first four Festivals of Hope).

All outreach materials were selected and designed to further the community’s connection to the Task Force’s branding of sunflowers for the issue of suicide prevention, have resources printed on them such as the National Suicide Prevention Lifeline telephone number, and serve the functional purpose of increasing the likelihood that these items would be frequently utilized, so that the resources would be readily available in the event that they are needed.

In addition, the Task Force distributes literature created by other programs that address suicide or mental health (such as the Trevor Project and the National Alliance on Mental Illness) and those produced by the California Mental Health Services Authority’s “Know the Signs” suicide prevention campaign.



Task Force materials being distributed to farmworkers at the Eighth Annual Farmworker Women’s Health, Safety, and Environment Conference in Visalia in October, 2010

B. Events

1. The Festival of Hope

Intent: SPTF members wanted to offer a high-profile event with entertainment and other attractions that would draw many community members and provide them with information on suicide and suicide prevention resources as well as spread the message that there is hope for people who experience suicidal thoughts.

Output: The Festival of Hope is an annual suicide prevention event that, beginning in 2010, has raised awareness of the problem of suicide and provided information about suicide prevention and free resources in a fun, family-friendly atmosphere with art and entertainment. The Festival originally coincided with National Suicide Prevention Week, the first week of September, but was moved back several weeks due to the excessive heat at that time of year. Held at the Tulare Outlet Center, the Festival includes booths with information on suicide prevention, mental health, substance abuse, physical health, and other topics with a connection to suicide.



Traditional Mexican folklorico dancing at the fifth Festival of Hope in Tulare in 2014.

The Festival features professional and amateur chalk art and other types of art as well as musical and dance performances. There is a children's area that offers resources pertaining specifically to young people as well as education and entertainment for children, including hands-on science learning, live music, a train ride, and an illusionist.

The Festival of Hope is held on the same day of, and in close proximity to, the National Alliance on Mental Illness (NAMI) Tulare County Chapter's annual walk, which is held to raise awareness of and reduce the stigma of mental illness, as well as to raise funds for the organization. The SPTF enabled the walk to be held in Tulare County in 2012. Previously, those interested in taking part in a walk for NAMI needed to participate in one in Fresno.



Chalk art by volunteers and community members at the Festival of Hope in 2014.

Over the five years that the Festival has been held, it is estimated that more than 13,000 people attended at least one Festival of Hope.

2. The Slick Rock Student Film Festival

Intent: SPTF members saw a local student film festival as an excellent vehicle to encourage young people to learn about suicide while making public service announcements that teach viewers about suicide risk factors and encourage them to connect with suicide prevention resources for themselves or others who may be considering suicide.

Output: The Slick Rock Student Film Festival is an event held each May at the Visalia Fox Theatre. Middle and high school students from throughout Central California create films and



The stage of the Visalia Fox Theatre during the Slick Rock Student Film Festival in 2014

submit them to be shown and judged in competition. The Festival is 15 years old and was started by Visalia high school teacher Scott Smith. The SPTF became involved in the event in 2010, and since 2011 the Task Force has been a title sponsor.

In 2011, the SPTF added the category of suicide prevention public service announcements (PSA's). These student PSA's were required to adhere to national safe messaging guidelines, and were scored accordingly. In 2013, 73 videos were submitted in this category.

The Slick Rock Student Film Festival served as the model for the California Mental Health Services Authority's "Directing Change" yearly student film contest.

Apart from suicide prevention PSA's, Slick Rock film categories include bullying prevention PSA's, alcohol and drug prevention PSA's, documentaries, and many others.

Works of art created by Kings and Tulare County high school students in the SPTF's RESTATE program were displayed outside the theater for audience members and passers-by to see during the 2014 festival. All of the artworks had mental illness as their theme and many related to suicide risk.



Task Force voting members Mercedes Adams and Carla Sawyer (at left) with 2014 Best Suicide Prevention PSA award winners Monica Franco and Jacqueline Martin of Golden West High School in Visalia. Golden West High School students Alex Contreras, Pablo Lopez, and Martin Rodriguez (not pictured) also helped to make the winning video.

3. Other In-Person Outreach

Intent: SPTF members believe it is critical to reach out to the public across Kings and Tulare counties, including people in the diverse segments of society, with information about the problem of suicide, its risk factors, and available resources for suicide prevention, in order to educate and impact as many individuals as possible. Being present and providing information at community events is one way to accomplish this.

Output: SPTF members and staff provide outreach in person on a continual basis throughout Tulare and Kings counties. This often involves attending events in communities that allow information booths and distributing information, both written and verbal, about suicide and available resources. From July 2011 through June 2014, SPTF members and staff performed outreach at more than 130 community events. The variety of the events at which outreach was performed was wide, so as to reach as many segments of the counties' populations as possible.

The outreach efforts were conducted at such diverse events as a skateboard competition; an anti-bullying event; a youth gang prevention festival, a youth summit, and other events for youths; school events; events for educators; a Boys and Girls Club event; a professional baseball game; a high school football game; a run for health; a fitness exposition; a resource fair for farm workers; faith community events; service club meetings; health fairs on an Indian reservation, at workplaces, at clinics, at a college, and elsewhere; an HIV/AIDS awareness event; a meeting of nursing students; an event for cosmetology and other vocational students; LGBTQ organization meetings; veterans' meetings; a farmers market; an arts festival; a country music festival; alcohol and other drug prevention and recovery festivals; a family festival; an event for the homeless; an event for women's empowerment; a domestic violence event; the Employment Development Department; a Latino conference; and a festival for senior citizens.

The locations of these events, across Kings and Tulare counties, were also geographically diverse. They include: Alpaugh, Dinuba, Earlimart, Exeter, Farmersville, Goshen, Hanford, Lemoore, Lindsay, Poplar, Porterville, Springville, Strathmore, Tulare, the Tule River Indian Reservation, Visalia, Woodlake, and Woodville.



SPTF voting member Carla Sawyer speaks with a student on the Visalia campus of the College of the Sequoias in September 2013.

A Suicide Prevention Basics presentation, developed by the SPTF, provides an introduction to suicide and suicide prevention, including available resources. The presentation's length and depth can be tailored, depending on the groups' available time. It has been given more than 50 times to such groups as teachers, students, service clubs, and faith communities.

C. Outreach Through the Media

Intent: The use of the media is another method of reaching out to the residents of Kings and Tulare counties with information about the problem of suicide, its risk factors, and available resources for suicide prevention, especially the National Suicide Prevention Lifeline. As with in-person outreach, it is essential that outreach in the media be directed to the general population as well as to diverse segments of society and specific subpopulations such as veterans, survivors of suicide attempts, and those who have lost loved ones to suicide.

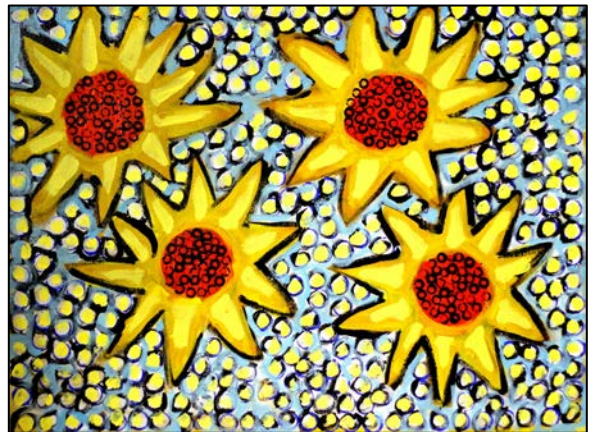
Output: The SPTF has been active in raising awareness of suicide and its risk factors as well as the free resources available to people who are considering suicide. The Task Force has conducted outreach in the following media:

1. Radio and Television

SPTF members and staff have been interviewed and presented information numerous times on the radio and on television. Before each Festival of Hope in the autumns of 2011, 2012, and 2013, SPTF members Carla Sawyer and Noah Whitaker took part in paid hour-long segments on KTIP radio, in which they provided an introduction to the Task Force and the Festival of Hope, discussed suicide and suicide prevention, focused on specific populations, and took part in question and answer sessions. It is important to note that this and all media outreach by the Task Force includes the National Suicide Prevention Lifeline telephone number.

In February 2012, Noah Whitaker and William VanLandingham were interviewed on KVPR, the regional public radio station, about suicides by young people, including LGBTQ youth. In addition, in the summer of 2014, SPTF staff member Jackie Jones Siegenthaler was interviewed twice on an agriculture talk program on Hanford radio station KIGS, on which she spoke about the growing problem of suicide in the agricultural sector and provided resources. Task Force representatives, employees of the Tulare County Health and Human Services Agency, have also been interviewed on the local Spanish-language radio stations Radio Campesina and Radio Bilingüe.

On television, the Task Force contributed two segments to KMPH's Valley Life program in 2012 and 2013. The segments included interviews with Task Force members and staff. The 2012 segment focused on the Slick Rock Student Film Festival, which is co-sponsored by the SPTF. The 2013 segment included discussion of the Festival of Hope, survivors of suicide, and the LOSS Team, and was aimed at generating public support to help people who have lost loved ones to suicide.



Painting of sunflowers, the symbol of the Task Force, by artist Steve Suggs, for the Festival of Hope in 2013. The Festival was promoted in print, on the radio, and on television.

In addition, in 2013 SPTF Co-Chair Cheryl Lennon-Armas was interviewed by Sacramento public television station KVIE about mental illness and suicide. The interview was also posted on the station's web site. In addition, Noah Whitaker was even interviewed by Dutch public television about suicides in Tulare County's dairy industry.

The Task Force also sponsored a football game on October 18, 2012 between Hanford High School and Visalia's Mount Whitney High School. It was aired on Fresno television stations EstrellaTV, KFRE, and KMPH. The SPTF had a resource booth at the game and suicide prevention messages, including the National Suicide Prevention Lifeline number, were broadcast.

Radio stations have occasionally contacted the SPTF and asked it to contribute on the air after local suicides hit the news. For example, on five occasions in the past three years Momentum Broadcasting asked Task Force members and staff to discuss suicide, crisis services, and positive outcomes from getting support when someone experiences suicidal thoughts, on the three local radio stations it owns: HITZ 104.9, K100 Classic Rock, and KJUG 106.7 Country. In another effort with Momentum Broadcasting, in 2012 the SPTF sponsored a country music festival at the Tulare County Fairgrounds associated with the radio station KJUG and was able to spread suicide prevention information both at the festival and on the radio.



Painting created by artist Erik Gonzalez, incorporating the Task Force's symbol of the sunflower with its central message of "Hope."

The Task Force has frequently used television and especially radio to promote suicide prevention information and messages. This has most frequently been done during National Suicide Prevention Week, the first week of September. The messages provide information about suicide prevention and promote the upcoming Festivals of Hope.

From July 2011 through June 2014, more than 275 SPTF advertisements were broadcast on the television stations KMPH, KFRE, EstrellaTV, and ThisTV. On the radio, over 250 advertisements on HITZ 104.9, K100 Classic Rock, KJUG 106.7 Country, KTIP, Radio Campesina, and Radio Bilingüe were aired. The stations donated some air time when the SPTF purchased advertising spots.

In all of its outreach efforts, the Task Force strives to spread information and messages to the diverse population of Kings and Tulare counties. The SPTF has reached out to the Spanish-speaking population on such outlets as Estrella TV, Radio Campesina, and Radio Bilingüe. It has also conducted outreach through radio stations with a variety of formats, including radio and television stations that reach people across the spectrum of entertainment and musical tastes.

It is important to mention that the SPTF developed a set of guidelines for presenting information to the media on behalf of the Task Force. These guidelines, which conform to the published media standards of the American Foundation for Suicide Prevention and other national organizations state, among other things, that "communications must reflect the mission and goals of the

Task Force,” that submissions should “avoid technical or clinical language” and that they should not “cite statistics that have not been reported widely in professional publications.”

2. Print Media

Interviews with Task Force members and staff have appeared in a variety of print publications, commonly before the Festivals of Hope and in the aftermath of publicized local suicides. In October 2011, the Visalia Times-Delta printed several articles about suicide and the Task Force in its “Viewpoints” section. In November 2011, Lifestyle magazine ran an article discussing the Festival of Hope, suicide awareness and prevention efforts, as well as branding and communication in suicide prevention. In October 2012, Direct Magazine printed a 2½-page feature about the Task Force along with a half-page advertisement.



A painting made by SPTF-sponsored artist Erik Gonzalez that expresses the positive message of embracing life. It has been shown at a variety of locations, including the Festival of Hope and the Walk of Hope.

In 2013 and 2014, SPTF members wrote several op-ed pieces related to suicide in the Visalia Times-Delta, on topics including suicide in the LGBTQ community, suicides by veterans, and survivors of suicide and the LOSS Team. Task Force member Dr. Kathryn Hall wrote an article that included information on suicide, titled “Reducing Disparities in Healthcare and Mental Healthcare,” for Vital Signs, the official magazine of the Medical Societies of Kings, Tulare, Fresno, Madera, and Kern Counties. And in April 2014, California Ag

Today printed an article by SPTF Co-Chair Cheryl Lennon-Armas on suicide prevention, featuring information from the Task Force.

The Hanford Sentinel printed several pieces that address suicide and Task Force programs. An article printed on January 21, 2013 titled “Programs Target Teen Suicide, Mental Health,” about the Task Force’s RESTATE and SOS Signs of Suicide programs, includes quotations by SPTF Co-Chair Mary Anne Ford Sherman and Task Force member Adam Valencia, of the Tulare County Office of Education. The article, “Kings County Suicide Rate Shows Increase,” from July 5, 2013, quotes Task Force member and coroner-specialist Kings County Sheriff’s deputy Tom Edmonds. And on February 20, 2013, the Visalia Times-Delta printed an article about the SPTF-funded Sprigeo program, titled “A New Approach.” Quotations from Adam Valencia and SPTF Co-coordinator Noah Whitaker are included in the article.

The Task Force advertised the Festival of Hope in newspapers and magazines with significant readership in Kings and Tulare counties in 2011 through 2014. These include Direct Magazine, the Fresno Bee, the Hanford Sentinel, the Porterville Recorder, the Tulare Advance-Register, the Valley Voice, and the Visalia Times-Delta. In addition, the SPTF’s “Seeds of Hope” publication was distributed in copies of the Hanford Sentinel, Porterville Recorder, Tulare Advance-Register, Visalia Times-Delta, and Valley Voice.

SPTF advertisements have appeared in the programs for the Big Man’s Breakfast event, the Slick Rock Student Film Festival, and the Miss Tulare County Pageant. (Pageant contestant Chelsea West, daughter of SPTF voting member Deb West, ran on a platform of suicide prevention, volunteering, and assisting the Task Force with community events.) An advertisement focused on veterans also appeared in a Tulare advertisement publication.

3. Billboards

In July 2014, the Task Force paid for three billboards for veterans suicide prevention that include the Veterans Crisis Line and the text, “22 Veterans Died Today by Suicide.” These billboards were located in Exeter, Hanford, and south of Porterville.

4. The Internet

The SPTF has also been active in social media. Its Facebook page, started in July 2011, has hundreds of posts about the Task Force’s activities and suicide prevention. Currently, more than 600 people “like” the page and follow the posts on it. The SPTF also has a web page, sptf.org, that serves as a repository of resources and information, including a calendar of events sponsored by the Task Force.



The home page of the Suicide Prevention Task Force’s web site, sptf.org

D. Outreach Through Art

Intent: The SPTF employs art as an alternative, accessible means of reaching out to the public to increase awareness of suicide and its risk factors and to spread the message that there is hope for people who are considering suicide. This is work in the areas of promotion and universal suicide prevention.

Output: The SPTF has contracted with the Visalia-based Urbanists Collective and other artists to create memorable works of art that address suicide and convey a message of hope. The art has been displayed at a variety of venues across Kings and Tulare counties.

The artworks have taken many forms. Those created by the Urbanists Collective were spray-painted, usually on canvas but also on other surfaces, including a truck trailer and, with permission, a wall behind a business on Mooney Boulevard in Visalia. The Urbanists Collective also painted the “Hopemobile” car that is brought to Task Force events to spark interest and raise awareness. Artist Steve Suggs created a variety of pieces of folk art for the Task Force. And a local tattoo artist created a design of birds on either side of a sunflower with the word “hope” in the middle for the second annual Festival of Hope in 2011. The design served as the Festival’s logo that year.

Students have made a multiplicity of art on the topic of suicide. High school students from across Kings and Tulare counties who participated in SPTF-funded RESTATE classes created art in a variety of media (including posters, paintings, mosaics, sculptures, and t-shirts) as well as videos and theatrical performances on a variety of mental health themes, including suicide. The art has been shown in both counties. Students from Central Valley Christian High School painted a fire hydrant on Main Street in Visalia with sunflowers to recognize the problem of suicide and honor the work of the Task Force.



Painting being created by Erik Gonzalez of the Urbanists Collective at a youth summit in Porterville in April 2013

Twelve students in Ms. Franco’s class at Woodrow Wilson Junior High School in Hanford in 2014 created a “Hope” mural, with the guidance of Erik Gonzalez of the Urbanists Collective. The mural banner has been displayed in two locations in Hanford.

Art has both increased many artists’ awareness of suicide and has also raised the awareness of community members across Kings and Tulare counties, who have been able to see the wide variety of art, about suicide with a message of hope, that has been made and displayed because of the Task Force.

E. Outreach to Young People

Intent: It is vital for the Task Force to reach out to the younger residents of Kings and Tulare Counties and work to prevent suicide among this population because suicide is the second-leading cause of death among people age 15 to 34 and the third-leading cause of death among children age 10 to 14 in the United States.⁹

Output: The majority of the SPTF's programs are focused on Kings and Tulare counties' younger residents. These programs, reviewed in other sections of this report, include: Depression Reduction Achieving Wellness (DRAW), Ending the Silence, the Out Loud Support Group, Reduction and Elimination of Stigma Through Art-Targeted Education (RESTATE), the Slick Rock Student Film Festival, SOS Signs of Suicide, Sprigeo, and the Trevor Project. DRAW targets students in higher and vocational education, following high school, while the remaining programs serve students in the middle and high school grades.



A fire hydrant on Main Street in Visalia, painted by Central Valley Christian High School students and sponsored by the Task Force.

Apart from the Task Force's programs that help younger people, there has been a good deal of outreach to this population. In 2012, in the Burton School District in Porterville, two students died in circumstances in which bullying was believed to be a contributing factor. The SPTF responded, at the school district's request, by providing a training on bullying and suicide for all personnel in the district. This was followed up by two smaller trainings for identified gatekeepers, both in the Burton School District and in the Porterville Unified School District. The Task Force then provided a community forum on suicide at Porterville High School. This process led to the founding of the Porterville-based community organization Parents Against Bullying, with the help of the Task Force.

In 2013, the SPTF responded to a request by the local Civil Air Patrol extracurricular program, which serves students at multiple schools, by providing a debriefing on suicide to all of the students in the program. The Task Force also presented on suicide risk among elementary school students to the Parent Coffee Club at Wilson Elementary School in Tulare in January 2014.

In 2012, as part of Arts Visalia's "Art on Fire" fire hydrant beautification project, students from Central Valley Christian High School in Visalia painted a fire hydrant in front of Redwood High School with sunflowers, the symbol of the Task Force, in an effort to raise awareness of suicide and spread a message of hope. The title of the artwork, which was sponsored by the SPTF, is "Hold On, Pain Ends." In addition, with the support of the SPTF, twelve students in Ms. Franco's class at Woodrow Wilson Junior High School in Hanford in 2014 created a "Hope" mural banner, with the guidance of Erik Gonzalez of the Urbanists Collective. Before making the banner, the students learned about suicide and bullying.

⁹ U.S. Centers for Disease Control and Prevention document "10 Leading Causes of Death by Age Group, United States – 2012" <http://www.cdc.gov/injury/wisqars/leadingcauses.html>

The SPTF has also collaborated with the Tulare County Office of Education, which leads the effort on student mental health in the region that includes Fresno, Kings, Madera, Merced, Mariposa, and Tulare counties. The Task Force performed outreach at the regional student mental health conference in 2013 and the regional winter conference in 2013.

The Task Force has also taken part in many outreach events for young people or with a significant number of youth present. These include a skateboard competition, a high school football game, a professional baseball game, a youth summit, a youth gang prevention summit, a Boys and Girls Club event, an anti-bullying event, a family festival, and many events at schools and on college campuses. In addition, the Festivals of Hope have included a special section for children.



A painting with the words "Love Life" being created by children at a festival organized by the radio station KJUG 106.7 and sponsored by the SPTF, in Tulare in June 2012.

F. Outreach to the Agricultural Sector

Intent: Task Force members believe that reaching out to the agricultural sector is essential. This sector is one of the leading economic sectors in both Kings and Tulare counties. Nationwide data show that suicide is more prevalent in rural areas than in urban and suburban areas. Locally, milk price fluctuations starting in 2008 and the ongoing drought and resulting lack of water and increase in feed prices have put financial strain on farms and dairies, driving many out of business. This has put increasing stress on farmers, many of whom have had dairies or farms in their families for generations and view being a farmer as central to their identity. Other agricultural workers have also suffered. Suicide has impacted this sector to an inordinate degree. In the United States, the suicide rate among farmers is just under twice the rate in the general population.¹⁰ SPTF outreach in this sector is selective prevention.

Output: In light of this need, the SPTF has been active in reaching out to the agricultural sector. In 2009, the Task Force gave a presentation to staff of the Tulare County Farm Bureau as well as a webinar for dairy owners across California, the latter in collaboration with the California Dairy Quality Assurance program and the University of California, Davis. An article based on information from the webinar was published in the Western Farm Press newspaper. That same year, the SPTF presented on suicide at the World Ag Expo in Tulare and the SPTF was featured on the California Report program on public radio and on public radio and television in the Netherlands.

In September 2012, SPTF gave another webinar for people in the dairy industry across California. That same year, the SPTF made a Spanish-language presentation at the Migrant Women's Farmworker Conference in Tulare. In addition, the Task Force regularly attends the annual Foster Farms employee health fair in Porterville and a country and western music festival sponsored by the radio station KJUG. And in April 2014, the publication California Ag Today printed an article by SPTF Co-Chair Cheryl Lennon-Armas on suicide prevention, featuring information from the Task Force. In the summer of 2014, SPTF Co-coordinator Jackie Jones Siegenthaler was interviewed twice on an agriculture talk program on Hanford radio station KIGS, on which she spoke about the growing problem of suicide in the agricultural sector and provided resources.

In early 2014, the Tulare County Farm Bureau asked the SPTF if it could provide a presentation on suicide prevention specifically for the agricultural sector, as there had been an increase in suicides among those working in agriculture. On June 18, 2014, the SPTF provided a new custom four-hour presentation, given by Cheryl Lennon-Armas (Co-Chair of the SPTF and Executive Director of the Tulare Youth Service Bureau) and Timothy Inouye (SPTF voting member and Tulare County Department of Mental Health clinician). Thirty-five individuals attended. Evaluation results show that attendees learned new information and they found it worth their time to attend. Moreover, the SPTF has been asked to give more agriculture-specific presentations on suicide in the future.



SPTF Co-Chair Cheryl Lennon-Armas presenting on suicide prevention in the agricultural sector in June 2014, at the request of the Tulare County Farm Bureau

¹⁰ Kutner, Max. "Death on the Farm." *Newsweek*, 18 April 2014. Online.

G. Outreach to Veterans and Members of the Armed Forces

Intent: Reaching out to veterans and members of the armed forces through selective prevention efforts is important because studies show that veterans are as much as twice as likely to complete suicide than non-veterans.¹¹ An active armed forces base, Naval Air Station Lemoore (NAS Lemoore), is located in Kings County. Some 7,200 uniformed service members and 1,300 civilians work on the base and live with 10,900 family members.¹²

Output: The Task Force has reached out to veterans in many ways. The SPTF provided three special sessions of Applied Suicide Intervention Skills Training (ASIST) for veterans and service members. In addition, there are now three certified ASIST trainers at NAS Lemoore. The SPTF provides resources to the Veterans Service Offices in Kings and Tulare counties and works with the Veterans Office at the College of the Sequoias.

Uniformed and civilian personnel from NAS Lemoore, including chaplains and representatives of the Fleet and Family Support Center, have been invited to and attended Task Force meetings.

In late 2013, the SPTF participated in and presented resources at a suicide planning session at NAS Lemoore, which included representatives from each command who were responsible for suicide prevention in their units.

The SPTF participated in two informational events for veterans on suicide in Sanger in Fresno County, which Kings and Tulare County veterans attended. These events took place in November 2012 and January 2015. In October 2013, the SPTF participated in an AMVETS forum on suicide risk among veterans.

The SPTF has a permanent voting member who represents veterans. The member who holds this position, Tom Donwen, serves at Post 56 (Tulare) of the AMVETS veterans' organization.

While serving as a Task Force voting member in 2010, Mr. Donwen became the chair of AMVETS' national suicide prevention program, called "Operation: Save Just One." Through his efforts and those of his fellow veterans he has raised awareness of this acute problem in 29 states. In July 2014, The SPTF paid for three billboards (pictured above) in Kings and Tulare Counties on the high suicide risk among veterans. They displayed the toll-free telephone number of the Veterans Crisis Line, which serves as a resource for veterans at risk of suicide. These billboards were designed under the auspices of the Task Force. Similar posters were also printed and about 100 handed out to service clubs and businesses across Kings and Tulare counties and a similar



A billboard co-sponsored by the SPTF and AMVETS Post 56, beside Highway 65, just south of Porterville, in July 2014. Identical ones were posted in Hanford and near Exeter.

¹¹ Kaplan, Mark E., et al. "Estimating the Risk of Suicide Among US Veterans: How Should We Proceed From Here?" *Veteran Suicide: A Public Health Imperative*. Ed. Robert M. Bossarte. Washington, DC: American Public Health Association, 2013.

¹² County of Kings Veterans Service Officer Joe Wright

advertisement printed in a Tulare advertisement magazine in 2014. A banner based on the poster is attached to AMVETS donation bins throughout California.

Mr. Donwen has done extensive outreach to veterans, service members, and civilians in Kings and Tulare Counties, including three visits to NAS Lemoore. He is pleased to report that since 2010 there have been 19 known suicide preventions in California as a result of “Operation: Save Just One” since its inception in 2010, with two of them in Tulare County.



Veterans from AMVETS Post 56 in Tulare providing suicide prevention resources at the Festival of Hope in 2014

H. Calls to the National Suicide Prevention Lifeline

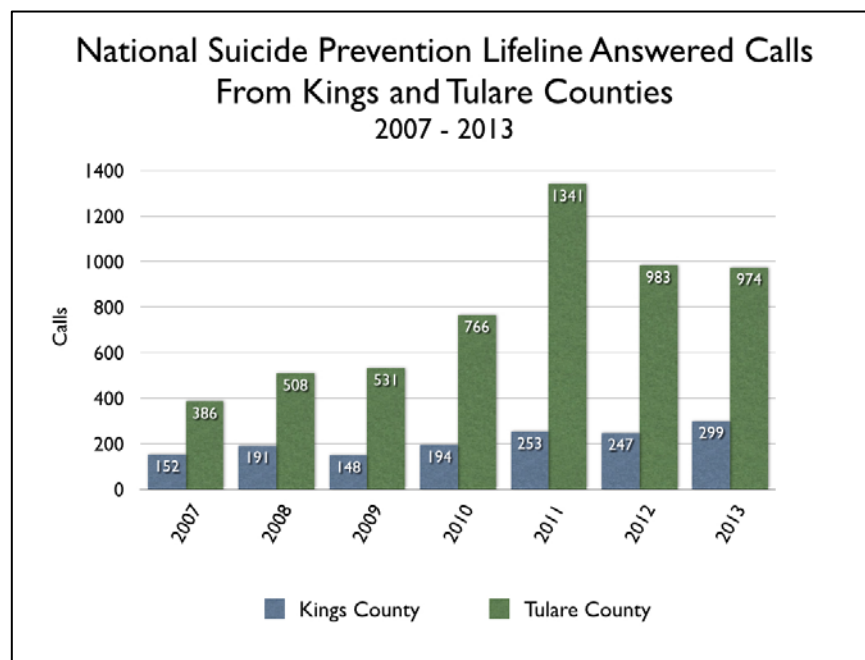
Intent: An integral element of all SPTF outreach activities is the dissemination of the National Suicide Prevention Lifeline telephone number (800-273-8255). People in crisis, whether or not they are having suicidal thoughts, are encouraged to call at any time and are helped by skilled, trained crisis workers who will listen to the callers' problems and tell them about mental health services in their area. Whenever possible, calls are routed to the Lifeline network crisis center closest to the caller's location. The crisis center that serves Kings and Tulare counties is the Central Valley Suicide Prevention Hotline, based in Fresno and operated by the Kings View Behavioral Health Systems. All calls are confidential and free of charge.

Output: Figure 16 shows the number of answered calls to the National Suicide Prevention Lifeline from Kings and Tulare Counties from 2007 through 2013.

In Kings County, the number of answered calls has increased from 152 per year in 2007 to 299 calls in 2013, trending upward but with a moderate dip in 2009. This represents an increase in calls of 97% over the time period. (By comparison, the population of Kings County remained virtually unchanged over this time period, increasing from 150,420 to 150,960.)

Answered calls to the Lifeline from Tulare County have increased by 150% from 2007 to 2013, with a peak of in 1,341 calls in 2011 and a decline to approximately 980 calls per year in 2012 and 2013. The spike in increasing call volume is attributable to the marketing push associated with the Festival of Hope, the release of the Hope Volume 1 comic book, and similar marketing and community event efforts. It was believed that a spike would occur, followed by a leveling-off. The predicted pattern has been experienced, with calls peaking in 2011 and remaining fairly constant in 2012 and 2013. (The population of Tulare County increased by 8% over this time period from 422,140 to 454,143.)

Figure 16



VII. Trainings

Intent: To provide high-quality training to professionals, paraprofessionals, and the general public that, directly or indirectly, helps to prevent suicide attempts and completions in Kings and Tulare counties.

Output:

A. Trainings for Professionals and Paraprofessionals

The SPTF has offered a variety of trainings for professionals and paraprofessionals to increase the skill and knowledge base among service providers in both counties on suicide prevention and mental health topics that are connected to suicide.

The following trainings for professionals and paraprofessionals have been offered from July 2011 through June 2014:

- Co-occurring Disorders (offered 2 times)
- Dialectical Behavioral Therapy: Basics and Beyond (1)
- Dialectical Behavioral Therapy: Youth and Their Families (1)
- Motivational Interviewing (4)
- Psychological Autopsy (2)
- safeTALK (1)
- Sudden and Traumatic Loss (2)
- Sudden and Traumatic Loss for First Responders (2)
- Through the Trauma Lens (2)

B. Trainings Appropriate for Non-Professionals

The SPTF has also offered a variety of trainings that are appropriate for people other than professionals and paraprofessionals:

- Applied Suicide Intervention Skills Training (38)
- Applied Suicide Intervention Skills Training – Training for Trainers (1)
- LOSS Team Training for Trainers (1)
- LOSS Team Volunteer Training (1)
- Mental Health First Aid (15)
- Mental Health First Aid – Training for Trainers (1)
- Parliamentary Procedure (6)
- Wellness and Recovery Action Plan (co-sponsored) (1)

The two trainings that were offered most widely are Mental Health First Aid and Applied Suicide Intervention Skills Training. These evidence-based trainings, designed by outside develop-

ers, provide general overviews of their subject matter for non-professionals and specific models that guide those faced with someone expressing thoughts of suicide in how best to get that person the help he or she needs.

1. Mental Health First Aid (MHFA), at a Glance

The Executive Summary of the evaluation report can be found in Appendix 2 and the full report is available on sptf.org.



Intent: MHFA is a workshop that introduces participants to some of the most prevalent mental illnesses and teaches them how to help people developing a mental illness or crisis by connecting them with a trained mental health professional and encouraging self-help and other support strategies. Originally, it was a two-day training, but it was shortened to a one-day training in 2013. The Task Force utilizes the most current version of any available training. MHFA is a promotion and universal prevention effort.

Participants learn basic facts about anxiety disorders, depression and mood disorders, psychosis, substance use disorders, and trauma. MHFA provides participants with a five-step action plan to assess a situation and get help for an individual who may have a mental illness.

Output: Thirteen MHFA trainings were offered in Kings and Tulare counties in 2013 and 2014. They were attended by 234 people.

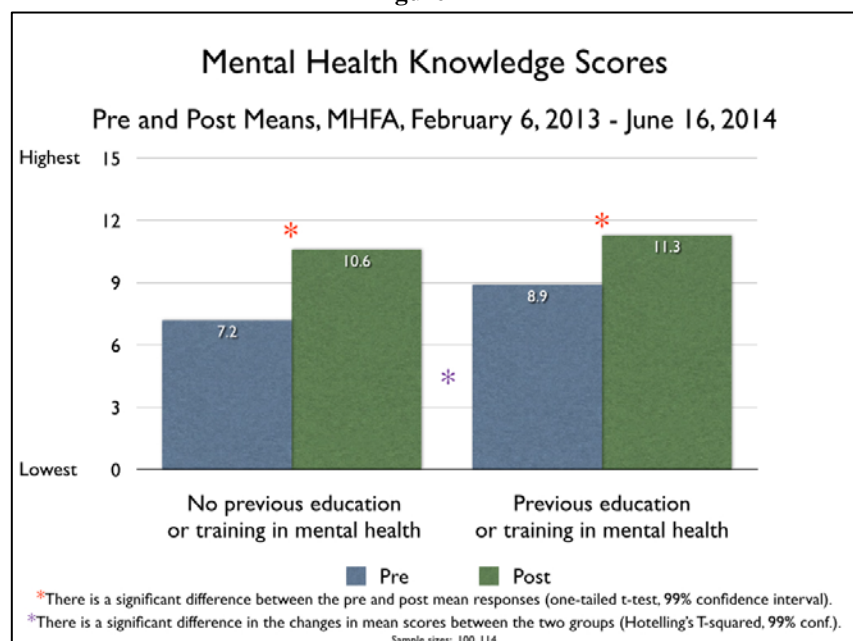
- Participants' knowledge of mental health increased significantly after taking MHFA, both for people with previous training in mental health and for those with no previous training.
- The participants retained most of their newfound knowledge six months later. There was only a 13% decline in participants' knowledge, on average, in the six months since taking MHFA.
- There was a significant decrease in participants' expressed discriminatory and stereotypical thinking about people with mental illness, from before to immediately after MHFA.

MHFA participants

"It helped me be more understanding and empathetic of people with mental health problems. Also, more knowledgeable of how to help."

"I work and live with people with mental illness every day. This course helped me feel more confident in approaching someone in a mental health crisis."

Figure 17



2. Applied Suicide Intervention Skills Training (ASIST), at a Glance

The Executive Summary of the evaluation report can be found in Appendix 2 and the full report is available on sptf.org.

Intent: ASIST is a two-day workshop for people who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Participants in this universal prevention training are given an introduction to suicide, become familiar with a unique suicide intervention model, and learn how to implement the model in real-life situations, by connecting with the individual at risk of suicide, understanding his or her situation mindset, and assist him or her to get immediate help. ASIST includes videos as well as active roleplaying of scenarios for all participants.



ASIST

Applied Suicide Intervention Skills Training

Output: Twenty-one trainings were provided in Kings and Tulare counties in 2013 and 2014, which were attended by 421 individuals. Special sessions were offered for veterans, personnel at Naval Air Station Lemoore, staff of Tulare County Child Welfare Services, and Tulare County Office of Education Behavioral Health employees.

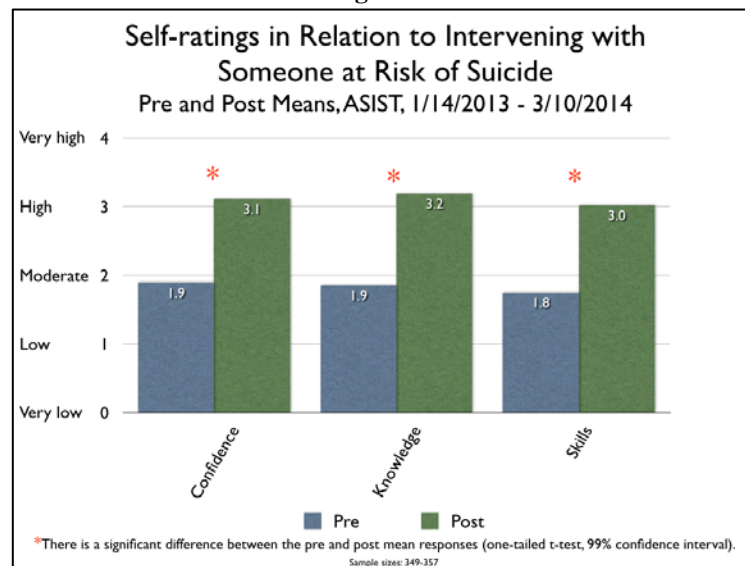
- Participants' average ratings of their confidence, knowledge, and skills in intervening with someone at risk of suicide increased significantly from before ASIST to immediately afterwards. Their average self-ratings increased from "moderate" to "high."
- Following up with the participants six months later, their average self-ratings decreased only slightly. Their self-rated confidence, knowledge, and skills remained just below "high."
- The 98 participants who filled out a follow-up survey about six months after ASIST were asked, "If you intervened with someone at risk of suicide since training in ASIST, how many lives do you think you most likely saved by intervening?" Forty-seven people responded. They collectively report that they most likely saved 134 lives, or 2.85 lives each, on average.

ASIST Participants

"I did not know the signs of suicide when my son took his life. If I can help at least one person then it has been worth it."

"It helped me help a friend who actually attempted suicide this week. I applied everything that I learned and I appreciate how I actually was able to get through to her."

Figure 18



VIII. Programs

The SPTF has developed or supported a host of programs designed to prevent suicide in Kings and Tulare counties. These programs address the problem of suicide in a variety of ways and, in some cases, by serving specific segments of the population.

A. Depression Reduction Achieving Wellness (DRAW), at a Glance

The Executive Summary of the evaluation report can be found in Appendix 2 and the full report is available on sptf.org.

Intent: DRAW is a locally-developed program aimed at reducing the amount of depression and suicide risk in students age 18 and older in Kings and Tulare counties. A recent national health assessment of college students found that nearly 30% experienced feeling “so depressed that it was difficult to function” within the past year.¹³ Depression is major risk factor for suicide. DRAW began in September 2013 and includes promotion as well as selective and indicated prevention.



Output:

- Outreach to students, faculty, and staff in person and with printed materials that describe signs of depression and suicide risk factors and provide information on available resources
- Informational workshops for students, faculty, and staff
- Screening of students for depression and other mental illnesses
- Short-term counseling for students who screen highly for depression and referral to mental health service providers and other resources

Participating educational institutions include:

- The College of the Sequoias (Hanford, Tulare, and Visalia)
- Fresno Pacific University (Visalia)
- The Milan Institute (Visalia)
- Porterville College
- San Joaquin Valley College (Hanford and Visalia)
- West Hills College (Lemoore)

¹³ The American College Health Association’s National College Health Assessment, 2009

Of the 197 students who filled out the screening assessment, 78 students screened at risk for moderate to serious anxiety, 58 for moderate or severe depression, 23 for post-traumatic stress disorder, and four for bipolar disorder.

- 60% of the students who participated in short-term counseling say it was “unlikely” or “very unlikely” that they would have accessed mental health services elsewhere if not for DRAW counseling.
- Participating students respond between “agree” and “strongly agree,” on average, that they are more aware of available mental health services and how to access them, that they are more willing to access mental health services, and that the counseling they received through DRAW helped them with their mental health problem or problems.
- About 30 days after counseling, 91% of the responding participants said that the information or referral(s) they received from DRAW helped to improve their mental health.



A sign on the Visalia campus of the College of the Sequoias advertises the availability of counseling services through the DRAW Program.

B. Ending the Silence

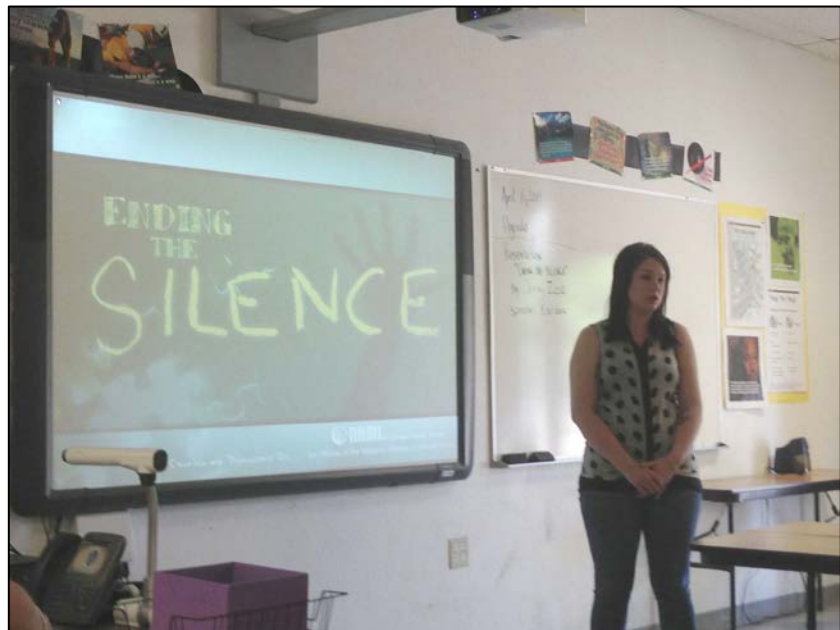
Intent: Ending the Silence (ETS) is a program developed by the National Alliance on Mental Illness's (NAMI's) chapter in DuPage County, Illinois. According to its website, "'Ending the Silence' is designed to provide teens and young adults with the opportunity to learn about the signs and symptoms of mental illness and to receive tips on how to receive help." An additional goal of this promotion and universal prevention program is to reduce the stigma of mental illness in program participants.

Lasting less than an hour, ETS consists of a slide presentation on mental illness in general as well as the seven most prevalent mental illnesses (ADD/ADHD, anxiety disorder, bipolar disorder, depression, obsessive-compulsive disorder, panic disorder, and schizophrenia), combined with a personal story of lived experience with mental illness, told by a screened and trained mental health consumer. The Executive Director of NAMI Tulare County, Denise Nelson, directs the program. The consumer speakers are members of NAMI and/or the Tulare County No Stigma Speakers Bureau.

Output: In 2013 and 2014, presentations were given to 457 individuals in seven schools and at CASA of Tulare County in Visalia and the Fourth Annual Festival of Hope in Tulare.

The schools include: Farmersville High School, Golden West High School in Visalia, La Sierra Military Academy in Visalia, Lemoore High School, University Preparatory High School in Visalia, Valley Oak Middle School in Visalia, and Woodlake High School.

- Participants' self-rated understanding of mental illness and its symptoms increased significantly, on average, from right before to immediately after the ETS presentation.
- Participants' inclination to get help for a hypothetical friend with symptoms of mental illness rose significantly.
- Participants' disagreed significantly more with the false statement, "Most people with severe forms of mental illness do not get better, even with treatment."
- Participants' expressed stereotypical or discriminatory thinking about people with mental illness decreased significantly.



Karissa Hicks discusses her lived experience with mental illness as part of an Ending the Silence presentation at La Sierra Military Academy in Visalia in April 2013.

C. Local Outreach to Suicide Survivors (LOSS) Team

Intent: The Tulare and Kings Counties LOSS Team was established to provide immediate resources and support to residents of Kings and Tulare counties who experience the loss of a loved one to suicide. This indicated prevention is done to support the mental health of those who experience loss and to prevent the loss of those individuals to suicide, as research has shown that people who lose loved ones to suicide are at a suicide risk two to ten times higher than the general population.



Output: Starting on November 23, 2013, residents of Kings and Tulare counties who experience the loss of a loved one to possible suicide receive a visit from the LOSS Team as soon as possible after the event.

LOSS Team members work in conjunction with the coroners of both counties, local mortuaries, organ donation networks, chaplains, and other persons and organizations that are involved in the response continuum following a death. When a possible suicide occurs, at least two LOSS Team members are contacted to dispatch to the scene of the loss. The Team members then provide information, linkage, and guidance to those in need.

The organization and functioning of the LOSS Team has been made possible by the enthusiastic support of the Sheriff's Offices, including the coroner divisions, and other emergency responder organizations in both counties. Other localities throughout the country that have started similar suicide postvention teams took years to do so, because it took that long to convince the coroners and law enforcement of the need and feasibility of the endeavor. Such was not the case in Kings and Tulare counties.

The LOSS Team, which has eight members as of January 2015, does not provide therapy or counseling, but will help those willing to receive these services find appropriate providers. Loved ones are directed to the SPTF's Survivor Grief and Bereavement Support Group and informed of the availability of free survivor counseling vouchers. In addition, the LOSS Team follows up on a regular basis with individuals who have received visits.

The SPTF's LOSS Team is modeled on the team started by Dr. Frank Campbell in Baton Rouge, Louisiana in 1998. Dr. Campbell, who has helped other communities start their own teams, guided the development of the SPTF's LOSS Team and conducted trainings of Team members.

The concept of the LOSS Team can best be summed up with the concept of suicide researcher Dr. Edwin Schneidman, that "postvention" (intervening with those who experienced the death by suicide of a loved one) is "prevention for the next generation." That is, LOSS Team visits help those impacted by the suicide of a loved one to get the help and support they need and thereby potentially prevent the deaths by suicide of those individuals, who, as a class, are at elevated risk of suicide.

As of January 2015, the LOSS Team has made more than 20 visits to individuals affected by a possible death by suicide.

Research that Dr. Campbell conducted of Baton Rouge area residents impacted by suicide shows that before the postvention team was established there, it took an average of 4.5 years for those whose loved one died by suicide to ask for assistance. Those visited by the team, in contrast, took an average of just 45 days to ask for assistance. Preliminary data from Kings and Tulare counties since the launch of the LOSS Team show that individuals who receive a LOSS Team visit take less than three weeks to ask for assistance.



Dr. Frank Campbell trains Kings and Tulare County residents on suicide postvention in Visalia in April 2014.

D. Check-In with You: The Older Adult Hopelessness Screening Program, at a Glance

Intent: Check-In with You: The Older Adult Hopelessness Screening Program (OAHS) is a locally-developed program that was developed to address the rising concern about suicide in the older adult population. In this indicated prevention program, administering the Beck Hopelessness Scale (BHS) screener in the primary care setting helps to assess levels of hopelessness among older adult patients, which, in turn, can help to provide appropriate treatment when needed to prevent exacerbation of serious mental illness that may lead to suicide. OAHS was selected for acceptance into the National Registry for Evidence-based Programs and Practices.

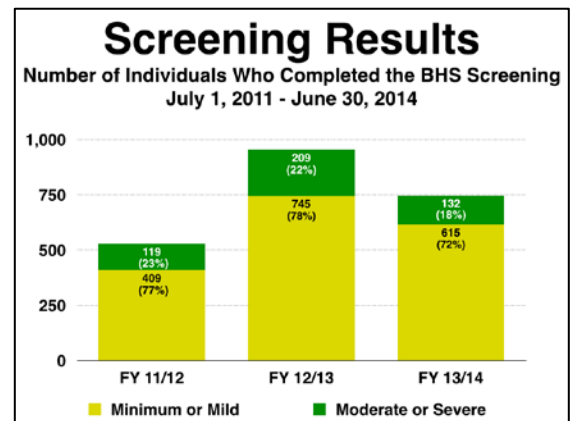
Output: OAHS aims to screen all eligible older adults (55 years of age and older) who receive services at the Visalia Health Care Center using the BHS to assess their degree of hopelessness and suicidal intent. Older adults who screen as moderate or severe are subsequently offered early intervention services such as short-term therapy and warm linkages to appropriate services.

Since the program began in fiscal year 2011-12, 3,545 clients completed the BHS screening.

Individuals who score moderate or severe on the BHS are asked to participate in the program. Those who score minimum or mild may also be provided with OAHS services upon their request or upon the request of their healthcare provider.

Figure 19 displays how many individuals scored moderate or severe on the BHS (in green) and how many scored minimum or mild (in yellow). Eighteen percent to 23% of the individuals who completed the BHS scored moderate or severe.

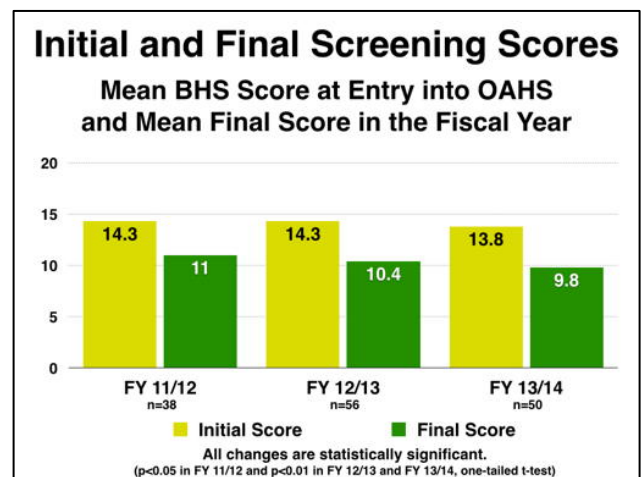
Figure 19



Individuals who enter OAHS are provided with services according to their needs, based on discussions with the participant and with his or her care and service providers, if any. OAHS can provide short-term therapy as well as warm linkages to other programs that can meet a wide variety of needs. The goal of OAHS is for participants to experience a decline in their level of hopelessness, and, by extension, their risk of suicide. Figure 20 shows (in yellow) the participants' mean initial BHS screening score upon entry into OAHS and (in green) their mean final screening score in the same fiscal year.

In each of the three fiscal years, there was a statistically significant improvement (decline) in the participants' mean screening score, which indicates that OAHS has been successful at reducing its participants' mean level of hopelessness and, in turn, their risk of suicide.

Figure 20



E. The Out Loud Support Group

Intent: The Out Loud Support Group, provided by the Tulare Youth Service Bureau, gives teens and people in their early twenties a safe, nurturing, supportive environment that promotes self-esteem, while reducing the risk of depression and suicide in teens identifying as lesbian, gay, bisexual, transgender, or questioning (LGBTQ), or who reside with a family member who identifies as such. It is a selective prevention program. A study published in the American Journal of Public Health found that LGBTQ youth were more than twice as likely to have attempted suicide than their heterosexual peers.¹⁴

Output: Out Loud is a support/psycho-education approach to addressing the needs of LGBTQ adolescents and adolescents who have family members identifying as LGBTQ.

The use of therapists provides the unique opportunity to guide the group, provide containment and safety, as well as model appropriate behaviors. The use of two facilitators enhances the tracking of members' needs, verbal and non-verbal, allows for the addressing of potential individual needs without disrupting the group process and

gives the members an opportunity to observe appropriate social interactions between two adults. The use of mental health therapists also provides the opportunity to determine if a group member is at risk of harm and thus in need of a higher level of intervention.

The group meets weekly for two hours and also participates in community awareness-building activities. As with many support groups, the members determine weekly content and direction. The opportunity to have professional guest speakers from the adult LGBTQ community provides members with a sense of hope for the future. The program began in Tulare in 2012, with SPTF funding starting in March 2013 and enabling the expansion of the program to Visalia.

Since the start of SPTF support, 14 individuals attended the Visalia group and 27 new individuals started attending the Tulare group, with the participants ranging from 13 through 22 years of age. Participants come from communities across Kings and Tulare counties, including Corcoran, Exeter, Hanford, Pixley, Tipton, Tulare, and Visalia. The average meeting size of the Tulare group is eight, while for Visalia it is four.



Image created by members of the Out Loud Support Group in Tulare, combining the faces of core members of the group and two clinicians who ran the group

¹⁴ Russell, Stephen T., and Kara Joyner. "Adolescent Sexual Orientation and Suicide Risk: Evidence from a National Study." *American Journal of Public Health* 91.8 (August 2001).

F. Reduction and Elimination of Stigma Through Art-Targeted Education (RESTATE), at a Glance

The Executive Summary of the evaluation report can be found in Appendix 2 and the full report is available on sptf.org.

Intent: RESTATE is a locally-developed promotion and universal prevention program, in which high school students across Kings and Tulare counties learn about mental health, including depression and suicidal thoughts, and create artistic projects with a theme related to mental health. The aim is that the students will gain knowledge about mental health and that their level of stereotypical or discriminatory (stigma-infused) thinking about people with mental illness will decrease as they develop a more accurate view of people with mental illness. It is also intended that when members of the general public view the artworks the students create about mental illness, their thinking about people with mental illness will also become less stereotypical and discriminatory.

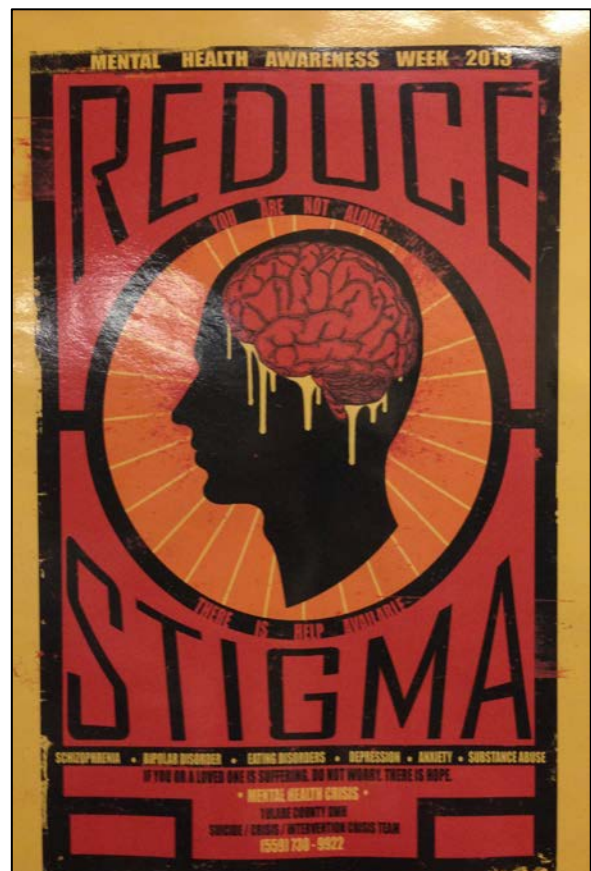
Output: Starting in January 2013, the Tulare County Office of Education has implemented RESTATE in both Tulare and Kings counties. More than 1,000 high school students at 13 sites participated in the program over the course of three semesters. The students attend school in Avonal, Corcoran, Farmersville, Hanford, Lemoore, Strathmore, Visalia, and Woodlake.

Components include:

- Students are trained in the youth version of Mental Health First Aid (MHFA), an evidence-based course that provides an introduction to the most prevalent mental illnesses and gives participants a five-step action plan for how to assess for risk of suicide or other self-harm and encourage someone who may be at risk to get appropriate professional help and other support.
- Students research their chosen mental health project topic.
- Students create artistic projects with a mental health theme.
- Completed projects are displayed in venues across Kings and Tulare counties, to help reduce and eliminate the stigma of mental illness and to educate the public about mental illness as well as the local availability of help for people with mental illness.

Goals include:

- Prevent the development of mental health stigma, stereotyping, and discrimination



A poster created by RESTATE student Melody Wise of Harmony Magnet Academy in Strathmore.

through a public mental health awareness campaign.

- Educate the public about community resources available to assist with mental health-related crises.
- Promote initiatives, programs and curricula to change school cultures and increase social inclusion and social acceptance.
- Deliver mental health education in natural community settings through the creation and implementation of a mental health curriculum.
- Empower youth to educate their community about mental health issues.

After being trained in Mental Health First Aid (MHFA), the students researched a mental health topic of their choice and, while receiving artistic and technical training, created artistic projects with a mental health theme. The projects were in a variety of media, including collages, drawings, paintings, posters, sculptures, mosaics, t-shirts, theatrical performances, and video public service announcements.

The students' completed projects were displayed in venues across Kings and Tulare counties and beyond, with the goals of:

- Educating the public about mental health
- Reducing the stigma of mental illness
- Making people aware of the resources available to help people with mental illness and
- Encouraging them to seek professional help and direct others to help.

RESTATE Participants

"RESTATE helped me realize how important mental health is and how we should help people who are mentally ill."

"It helped me a lot when we talked about suicide and it made me stop thinking about it."

Evaluation findings include:

- The students' knowledge of mental health, on average, increased significantly on nearly all measures from before the MHFA training to after the training.
- There were small but statistically significant decreases in students' stereotypical or discriminatory thinking about people with mental illness from before they took MHFA to after they completed it. Specifically, there were reductions in feeling sorry for, fearing, blaming, and avoiding people with mental illness. These changes continued to the end of the RESTATE class.
- Over four in ten (42%) participants said that since they took MHFA, they tried to help someone with a possible mental illness to get help with it.



Community members view works of art with mental health themes made by RESTATE students, displayed outside the Slick Rock Student Film Festival in Visalia in May 2014.

G. SOS Signs of Suicide Prevention Program, at a Glance

The Executive Summary of the evaluation report can be found in Appendix 2 and the full report is available on sptf.org.

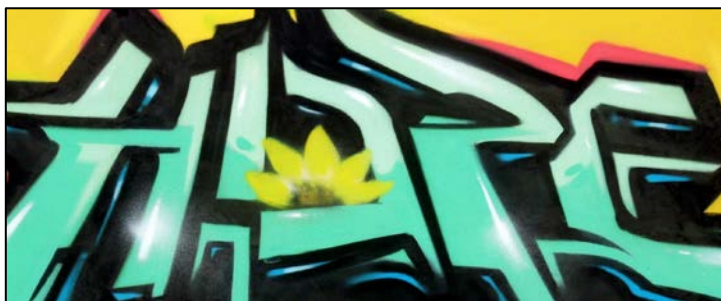
Intent: The SOS Signs of Suicide Prevention Program (SOS) is an award-winning, nationally recognized universal prevention program for middle and high school students.

- SOS teaches students how to identify the symptoms of depression and suicidality in themselves and their friends, and
- SOS encourages help-seeking through the use of the ACT[®] model (Acknowledge, Care, Tell).

Output: SOS presentations were provided for three semesters at 17 locations in Kings and Tulare counties from April 2013 through May 2014, with 3,606 students participating. Over one-third (38%) were middle school-age students while the remaining 62% were of high school age.

The program can be completed in one class period (less than an hour). There are separate versions for middle school students and high school students, with the middle school version modified to be appropriate for the younger age group and including a shorter video.

Both versions include a seven-question Brief Screen for Depression, which the students fill out and which is scored by school staff members and reviewed by the School Counselor or School Psychologist. Students who score high on the assessment are contacted by the School Counselor or School Psychologist and referred to an outside mental health care provider for screening by a clinician, if deemed appropriate.



Painting made by Erik Gonzalez of the Urbanists Collective and sponsored by the Suicide Prevention Task Force

After the SOS presentations, there were approximately 126 students with whom a School Counselor or School Psychologist met. This took place either due to high scores on the Brief Screen for Depression or because of the students' desire to speak to an adult, as expressed on the distributed response card or in conversation with an adult following the presentation. Of these 126 students, approximately 22 referrals were made to a mental health care provider for assessment.

- There were large, statistically significant increases, on average, in student knowledge of depression, suicide, and suicide prevention, from before to immediately after SOS.
- Student knowledge decreased only slightly from when students took SOS to the time of follow-up, an average of 2½ months later.
- There was a large, statistically significant decrease in students' agreement with the statement, "I would keep [my friend's thoughts of suicide] a secret if my friend made me promise not to tell."
- There was a large, statistically significant decrease in students' agreement with the statement, "[If my friend said that he or she was having thoughts of suicide,] I wouldn't know what to do."
- There was a large, statistically significant increase in students' agreement with the statement, "[If my friend said that he or she was having thoughts of suicide,] I would tell an adult about it."

H. Sprigeo

Intent: Sprigeo’s online reporting system is a resource for children who want to communicate with school personnel in a safe and confidential manner. The reporting can be done using free, easy-to-use smartphone apps or on the Sprigeo.com website. Students can report any issues that are of concern to them, but they have mainly used Sprigeo to report incidents of bullying. Reducing the amount of bullying of children is important because some studies have shown that bullying is associated with higher suicide rates, for both the victims and the perpetrators.¹⁵ While Sprigeo is a universal prevention effort, its emphasis on the sub-population of bullied and bullying students is characteristic of indicated prevention.

Output: From 2012 to 2014, with SPTF support, 202 sites across Kings and Tulare counties implemented the Sprigeo online reporting system. These include 184 schools and 18 Boys & Girls Club locations.

A total of 1,033 incidents were reported through March 2014. Of these, there were reports submitted through Sprigeo of:

- 945 incidents of bullying
- 50 of cyberbullying on Facebook
- 24 of verbal harassment
- 4 of physical harassment
- 2 of cyberbullying on Twitter
- 2 of fighting
- 2 of name calling
- 2 of sexual harassment
- 1 of class disruption
- 1 of drugs

The top locations of the reported incidents include:

- 248 in classrooms
- 141 at recess
- 50 on Facebook

In addition, with the support of the SPTF, Erik Gonzalez and the Urbanists Collective have brought Sprigeo to an ongoing discussion on the topic of bullying. Through special community and school-site events, Mr. Gonzalez has increased awareness among youth across both counties.

Educational Administrators

“Last year, after an older student harassed a freshman, a report came in. An administrator confirmed the incident and intervened, and the harassment stopped.”
– Tony Rodriguez, Assistant Superintendent of the Tulare Joint Union High School District

“I have come to truly appreciate Sprigeo. I have access from just about anywhere. This system not only provides a safe outlet for students and families to feel heard, it provides a starting point for administrators to narrow down and identify key signs that could lead to dangerous situations.” – Anjelica Zermeño, Principal/Administrator of La Sierra Military Academy/S.E.E. Programs, Visalia



Poster for an anti-bullying event co-sponsored by the SPTF and the Urbanists Collective in April 2013.

¹⁵ Kim, Young Shin, and Bennett Leventhal. “Bullying and Suicide: A Review.” *International Journal of Adolescent Medical Health* 20:2 (2008), 133-154. Print.

I. Survivor Grief and Bereavement Support Group and Counseling Voucher Program

Intent: In May 2008, Carla Sawyer, voting member of the Task Force and Supervising Nurse I in the Tulare County Public Health Department, founded the Suicide Survivor Grief and Bereavement Support Group to support and provide resources to individuals who are impacted by the suicide of someone they know. This indicated prevention activity supports their mental health and, as research by Dr. Edwin Schneidman and others has shown, support and resources can prevent potential suicides among these individuals, who are at a heightened risk of suicide.

Output: This support group has met in Visalia, at varying locations, nearly every Thursday since then. It has offered peer support as well as information on available resources. Since the group's founding, an estimated 225 suicide survivors have attended. Attendance of support group sessions has ranged from five to approximately 20. While there has been no suicide survivor grief and bereavement support group in existence in Kings County, individuals from Kings County have attended the support group in Visalia. However, no records of participants' places of residence have been kept.

Since 2011, the SPTF has offered counseling vouchers to people impacted by suicide. These vouchers enable individuals who would benefit from grief and bereavement counseling related to a suicide to obtain professional counseling from private clinicians, free of charge. While only 44 people have used a voucher to attend counseling sessions, the existence of the voucher program has enabled these individuals to continue their healing process with the help of a mental health clinician, when they may otherwise not have been able to access this care.



Since 2008, the SPTF's Suicide Survivor Grief and Bereavement Support Group in Visalia has supported and provided resources to individuals who are impacted by the suicide of someone they know.

J. The Trevor Project

Intent: Founded in 1998 by the creators of the Academy Award[®]-winning short film “Trevor,” The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to LGBTQ young people, ages 13-24. The Trevor Project’s focus on this sub-population, which is at higher risk of suicide than the general population¹⁶, categorizes its work as selective prevention. The Trevor Project also works in the areas of promotion and universal prevention.

Output: The SPTF has supported the Trevor Project since November 2009. Under the leadership of Porterville resident William VanLandingham and with the participation of local volunteers, the Trevor Project has engaged in education and outreach in three ways. Firstly, Trevor Project staff and volunteers attended more than 120 events in Kings and Tulare counties from July 1, 2011 through June 30, 2014. They distributed literature produced by the Trevor Project and by the SPTF and spoke to attendees, some of whom confided that they were having suicidal thoughts and received referral to appropriate resources. The Trevor Project’s literature encourages LGBTQ individuals who are having thoughts of suicide to call the Trevor Project’s toll-free suicide prevention hotline and to connect to other available resources.

Secondly, the Trevor Project offers educational workshops. The organization provides the Trevor Lifeguard Workshop to middle and high school students and adults across Kings and Tulare counties. This workshop, which lasts less than an hour and fits into a standard class period, educates participants about LGBTQ individuals and the critical importance of tolerance. It also teaches the students key facts about suicide and suicide prevention, both for the LGBTQ population specifically and for the general population. From June 2011 through June 2014, the Trevor Project offered 96 Lifeguard Workshops in Tulare County and 23 in Kings County. Approximately 2,650 individuals in Tulare County and 620 in Kings County completed a Lifeguard Workshop.

The Trevor Project also offers a workshop, Connect Accept Response Empower (CARE), specifically for adults. CARE is an interactive and intensive training that provides adults with an overview of suicide among LGBTQ youth and the different environmental stressors that contribute to their heightened risk for suicide. Eleven CARE workshops were provided in Tulare County and one was given in Kings County. Approximately 160 individuals in Tulare County and 20 in Kings County completed a CARE workshop.

Finally, beginning in October 2013, the Trevor Project organized and led a new collaborative prevention project called Prevention Youth Summits. These events, which took place five times at two Visalia schools, brought together a variety of organizations in Tulare County to provide prevention information and messages to students.

¹⁶ “Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth” (2008). Suicide Prevention Resource Center. Newton, Massachusetts: Education Development Center, Inc.

The participating organizations include:

- Family Services of Tulare County
- The National Alliance on Mental Illness's Tulare County Chapter
- The Trevor Project
- The Tulare County District Attorney's Office Victim/Witness Assistance Division
- The Tulare County Mental Health Department's Alcohol and Other Drugs Division
- The Tulare County Public Health Department's Nutrition Program,
- The Tulare County Public Health Department's Tobacco Use Prevention Program, and
- The Tulare County Office of Education's CHOICES Prevention Programs.

The Prevention Youth Summits included a plenary session, breakout sessions, and a panel session, with members of the organizations answering questions submitted by students. The breakout sessions were on the topics of alcohol and other drugs; bullying; mental health; nutrition and obesity awareness; social media safety, Internet crime, and cyberbullying; suicide prevention (Trevor Lifeguard Training); teen dating violence; and tobacco and nicotine. Over 625 students took part.



William VanLandingham, who directs the efforts of the Trevor Project in Kings and Tulare counties, provides information and materials from both the SPTF and the Trevor Project at the Pro-Youth/HEART Resource Fair on the College of the Sequoias Visalia campus in July, 2011.

IX. Member Survey

Starting in June 2014, all voting and non-voting Task Force members were invited to fill out an online survey, asking them to report on their participation in the SPTF and to describe their views of the Task Force's activities and impacts. All members were e-mailed requests to complete the survey, with as many as four follow-up reminder messages sent. In addition, Task Force Executive Committee members were interviewed. Their responses are included, without attribution, along with those of the other members.

Thirty-nine members filled out the survey or were interviewed. On average, they had served on the Task Force for 3.7 years.

A. Ways in Which Members Contributed to the Task Force

The members were asked to specify the ways in which they contributed to the Task Force. Table 1 lists the ways the members contributed and the number of members who indicate they contributed in each way. The top four ways members contributed include: distributing outreach materials for suicide prevention (33 members), attending a training sponsored by the Task Force (30), making linkages between community needs and resources (28), and helping with a Festival of Hope or Walk of Hope (25).

Table 1

Ways in Which Members Contributed to the Suicide Prevention Task Force	
Way in Which Members Contributed	Number of Members
Distributing outreach materials for suicide prevention	33
Attending a training sponsored by the Task Force	30
Making linkages between community needs and resources	28
Helping with a Festival of Hope or Walk of Hope	25
Staffing resource booths at which SPTF materials were offered	15
Conducting a training or giving a presentation sponsored by the Task Force	14
Allocation of staff time for trainings and participation in trainings and events	1
AMVETS, Veterans Advocate	1
Assist in public relations and media outreach	1
Committee member for an LGBT program	1
Coordinated Dr. Caitlin Ryan's speaking engagements for the SPTF in Tulare and Kings Counties, written a couple of columns for the Tulare County Medical Society's monthly magazine.	1
LOSS Team	1
Maintaining databases and creating data reports	1
Office	1
Provide surveillance and accomplished suicide data. Provided support to the LOSS Team concept, initiating the policy with the Sheriff's Office	1
Sample size: 39	

B. SPTF-Sponsored Trainings Members Attended

The members were asked what SPTF-sponsored trainings they attended. Their responses are shown in Table 2. The four trainings the most members attended were Applied Suicide Intervention Skills Training (15 members), Mental Health First Aid (14), Hope and Healing by Dr. Frank Campbell (12), and LOSS Team Volunteer Training by Dr. Frank Campbell (10).

Note that most of the trainings were exclusively for professionals or paraprofessionals.

Table 2

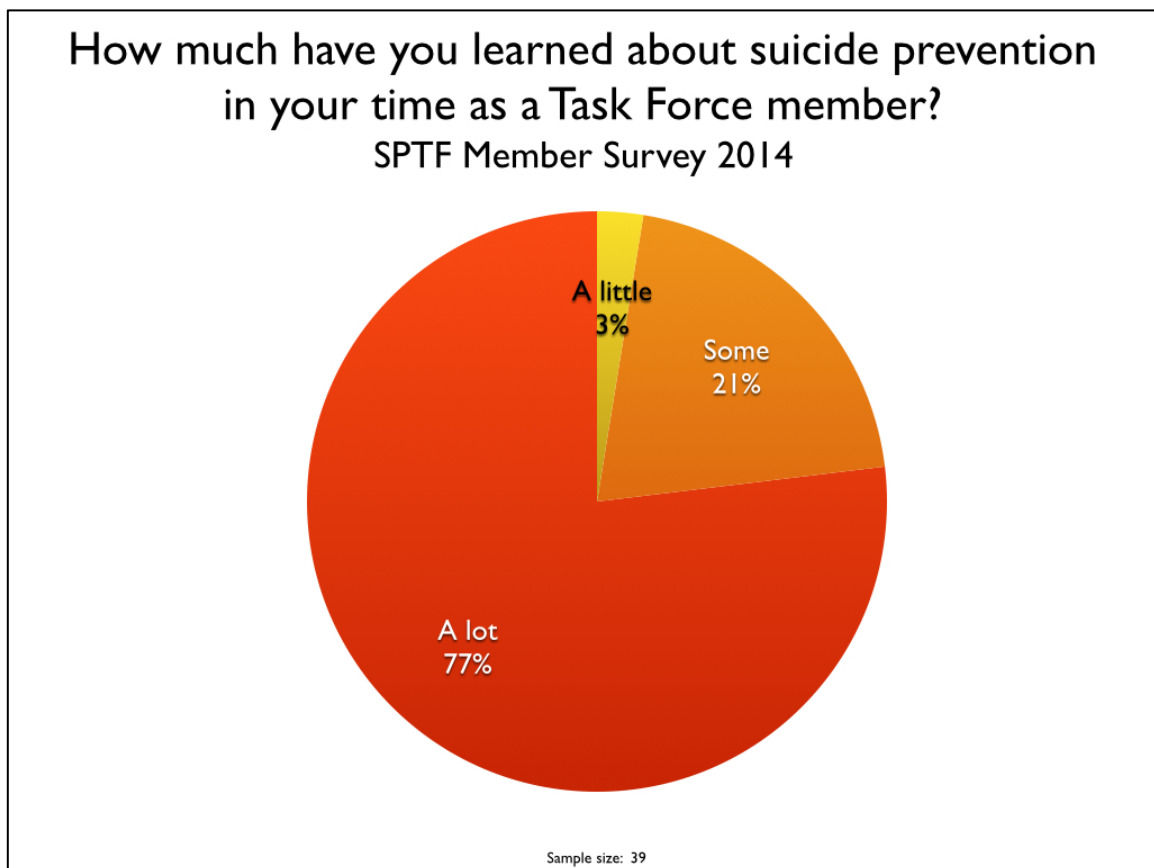
SPTF-Sponsored Trainings Members Attended	
Trainings	Number of Members
Applied Suicide Intervention Skills Training (ASIST)	15
Mental Health First Aid (MHFA)	14
Hope and Healing (by Dr. Frank Campbell)	12
LOSS Team Volunteer Training (by Dr. Frank Campbell)	10
Sudden and Traumatic Loss: A Capacity-Building Workshop	9
Motivational Interviewing	8
Through the Trauma Lens	8
Dialectical Behavioral Therapy (DBT)	7
[None]	7
Next Steps in Postvention (by Dr. Frank Campbell)	6
ASIST instructor training	5
Question, Persuade, Refer (QPR)	5
LOSS Team Training for Trainers (by Dr. Frank Campbell)	4
Parliamentary Procedure	3
Psychological Autopsy	3
safeTALK	3
Trevor Lifeguard Workshop facilitator training	3
Workshops at American Association of Suicidology conferences	2
Co-occurring Disorders	2
MHFA instructor training	2
Sample size: 39	

C. How Much Members Learned About Suicide Prevention While on the Task Force

Next the survey asked the members how much they learned about suicide prevention in their time as a member, with response options including “nothing,” “a little,” “some,” and “a lot.”

Of the 39 members who responded, 30 (77%) answered “a lot,” eight (21%) responded “some” and one member (3%) indicated that she learned “a little.” (See Figure 21.)

Figure 21



D. The Most Useful Things Members Learned While on the Task Force

Willing and Able Received ASIST Lives Ask Attend Suicide Prevention
Effect Community Committed Learned Meetings
Risk Statistics Resources Available

The image above is a word cloud. It shows the most frequently mentioned words and phrases in members' responses. Word clouds are provided for most member survey open-ended questions, those for which the automatically-generated word clouds are of sufficiently high quality.

Following up on the previous question, the members were asked, "What are a few of the most useful things you have learned about suicide prevention during your time on the Task Force?"

The **main themes** of the members' responses include that members learned about:

- The devastating impact of suicide
- Suicide statistics
- The risk factors for suicide
- That suicide is preventable
- The ways in which suicide can be prevented
- The resources and partnerships that exist to prevent suicide
- How best to communicate to the media and with community members about suicide.

A comprehensive list of all members' open-ended responses to this and all other member survey questions are presented in Appendix 3.

E. Impacts of the Task Force

Next the participants were asked, "From what you have seen in your time as a Task Force member, to what extent has the Task Force made a positive impact in the following areas?" Response options ranged from 0 to 10, with 0 meaning "no impact" and 10 indicating "high impact." The members' mean responses, listed in order from highest to lowest, are presented in Table 17.

As Table 3 shows, the **top responses** include increasing awareness of the problem of suicide, increasing the amount of resources and help available for people affected by suicide, increasing awareness of suicide risk factors, increasing the amount of resources and help available for people having suicidal thoughts, increasing awareness of the resources and help available for people having suicidal thoughts, and increasing awareness of suicide protective factors.

Table 3

Impact of the SPTF As Assessed by Its Members	
Area of Impact	Mean Assessed Impact (Maximum possible: 10 Minimum possible: 0)
Increasing awareness of the problem of suicide	8.7
Increasing the amount of resources and help available for people affected by suicide	8.5
Increasing awareness of suicide risk factors	8.5
Increasing the amount of resources and help available for people having suicidal thoughts	8.4
Increasing awareness of the resources and help available for people having suicidal thoughts	8.4
Increasing awareness of suicide protective factors	8.4
Reducing the stigma of suicidal thoughts	8.1
Increasing the amount of resources and help available for people who have attempted suicide	7.9
Reducing the stigma of mental illness	7.7
Preventing deaths by suicide among people 21 years of age and younger	7.2
Preventing deaths by suicide among LGBTQ (lesbian, gay, bisexual, transgender, questioning) individuals	7.0
Preventing deaths by suicide in general	7.0
Preventing deaths by suicide among veterans	6.6
Preventing deaths by suicide among senior citizens	6.5
Sample size: 35	

F. Other Ways the Task Force Made a Positive Impact

Outreach Networking Suicide Believe Training Community Awareness

Next the members were asked, “Are there any other ways you think that the Task Force has made a positive impact? (If so, please describe.)”

The **main themes** of the members’ responses are:

- Reduction of the stigma of the word suicide
- Increased awareness of the problem
- Providing needed trainings for professionals and non-professionals that help to reduce suicide
- Development of community partnerships and collaboration
- Reaching out to all segments of the community with a variety of activities and programs
- Offering help to suicide survivors.

G. Examples of Positive Impacts of the Task Force

LOSS Team Doing Task Force Providing
Festival of Hope Outreach Aware
Positive Impact Mental Health

Then the members were asked, “Can you provide a few examples of ways you have seen the Task Force making a positive impact? (If so, please describe.)”

The **main themes** of the members’ responses are:

- Increasing awareness and understanding of the problem of suicide and its risk factors and the means of preventing it
- Providing resources that can help people thinking about suicide to get help
- Preventing individual suicides in Kings and Tulare counties
- Reaching out to a variety of groups of people (including young people and veterans)
- Providing beneficial programs and trainings
- Increasing understanding of mental illness and suicide and reduction of stigma
- Increasing local networking to address suicide
- Supporting survivors with the LOSS Team
- Tracking the outcomes of activities and programs with evaluation

H. Positive Impacts Outside of Kings and Tulare Counties

Doing Aware Suicide Prevention Suicidology Conference **Task Force** Resources California

The survey then asked the members, “Do you know of any ways the Task Force has made a positive impact OUTSIDE of Kings and Tulare Counties? (If so, please describe.)”

The **main themes** of the members’ responses are:

- Spreading the word about the Task Force’s successes at conferences outside of the local area, including the American Association of Suicidology Annual Meetings and the California State Coroners Association
- The national work of SPTF voting member Tom Donwen for veterans at risk of suicide
- Participation in regional efforts
- Expressed interest at the state level and from other states in Task Force programs, including DRAW and RESTATE
- Articles in publications on the work of the Task Force

I. What the Task Force Has Done Especially Well

The members were then asked, “What, if anything, do you think the Task Force has done especially well?”

The **main themes** of the members’ responses are:

- The Festival of Hope
- Outreach to and education of the public about suicide prevention in a multiplicity of ways
- Providing quality training for professionals and non-professionals
- Providing programs and activities for a variety of groups (including youth, the LGBTQ community, and people in the agricultural sector)
- Collaboration and partnership between the two counties
- Stigma reduction
- The LOSS Team and support to survivors of suicide
- Providing a variety of resources and programs that help to prevent suicide

J. The Degree to Which the Task Force Has Accomplished Its Mission

Next the members were asked, “The mission of the Task Force is: ‘To reduce the rate of completed and attempted suicides in Kings and Tulare counties.’ To what degree do you think the Task Force has accomplished its mission thus far? (Choose any number from 0 to 10.)”

Zero indicates “not at all,” five means “somewhat,” and 10 corresponds to “very much so.”

The members’ mean response was 7.6, nearly right between “somewhat” and “very much so.”

K. Ways the Task Force Could Improve in Its Institutional Operations

The members were then asked, “In its INSTITUTIONAL OPERATIONS (i.e., its meetings, meeting times and locations, agendas, operational guidelines, voting system, etc.), are there ways that the Task Force could improve? (If so, please describe.)”

The main themes of the members’ responses are:

Members generally express satisfaction with the Task Force’s institutional operations, although they provide suggestions for:

- Changing the meeting times (such as after regular work hours so that more members of the public can attend)
- Advertising the meetings more and recording the meetings on video for later viewing by the public
- Never cancelling meetings
- Increasing the number of members from the private sector and non-profit organizations

L. Ways the Task Force Could Improve in Its Activities

Think_{Regular} Training_{Budget} Task Force
Doing_{Continue} Public

Next the members were asked, “In its ACTIVITIES (i.e., programs, trainings, outreach, and the general pursuit of its mission to reduce deaths by suicide and suicide attempts in Kings and Tulare counties), are there ways that the Task Force could improve? (If so, please describe.)”

The **main themes** of the members’ responses are:

While the members are generally positive about the Task Force’s activities, they made the following suggestions:

- Having more regular activities and a higher public profile for those activities
- Offering a continually greater variety of activities
- Continuing to offer and master the current slate of programs and activities rather than expand
- Increasing awareness in the community
- Reaching out more to the senior population
- Having Task Force members appear regularly on a radio program
- Modifying the Task Force mission statement to focus on preventive efforts rather than deaths by suicide because it is so difficult to determine causation
- Considering the effectiveness of the Festival of Hope
- Continuing current trainings
- Offering a training on 5150 hospitalizations
- Providing clinical vouchers for the indigent
- Offering a program for suicide attempt survivors

M. What the Task Force Is Doing That It Should Not Be Doing

The members were then asked, “Are there any things the Task Force is doing that you think it should NOT be doing? (If so, please describe.)”

The following are their responses:

- “No” (5)
- “I don’t think so. I’m really pleased with it.”
- “There are several things that they do, that do not go along with my specialty but other areas need it, so, no, there is nothing I could change with their activities.”
- “Everything we are doing is wonderful. Wouldn't change a thing.”
- “I have questions about the Festival of Hope.”
- “I don’t know about some things, for example the artwork that gets commissioned. I’m not certain that it furthers the mission.”
- “Before the budget reductions, I would have said we should not be doing Sprigeo or SOS. They are not necessarily sustainable by the Task Force. We’ve narrowed it down to a workable Task Force.”
- “Sometimes funds could be spent in ways that would have broader appeal/impact - for example, the concert at the Festival of Hope didn't really do much for suicide prevention, yet it was costly.”

N. What the Task Force Should Do That It Is Not Doing

Support Group Care Suicide Rate Activities

The survey next asked the members, “Are there things you would like to see the Task Force doing that it is not now doing? (If so, please describe.)”

The **main themes** of the members’ responses are:

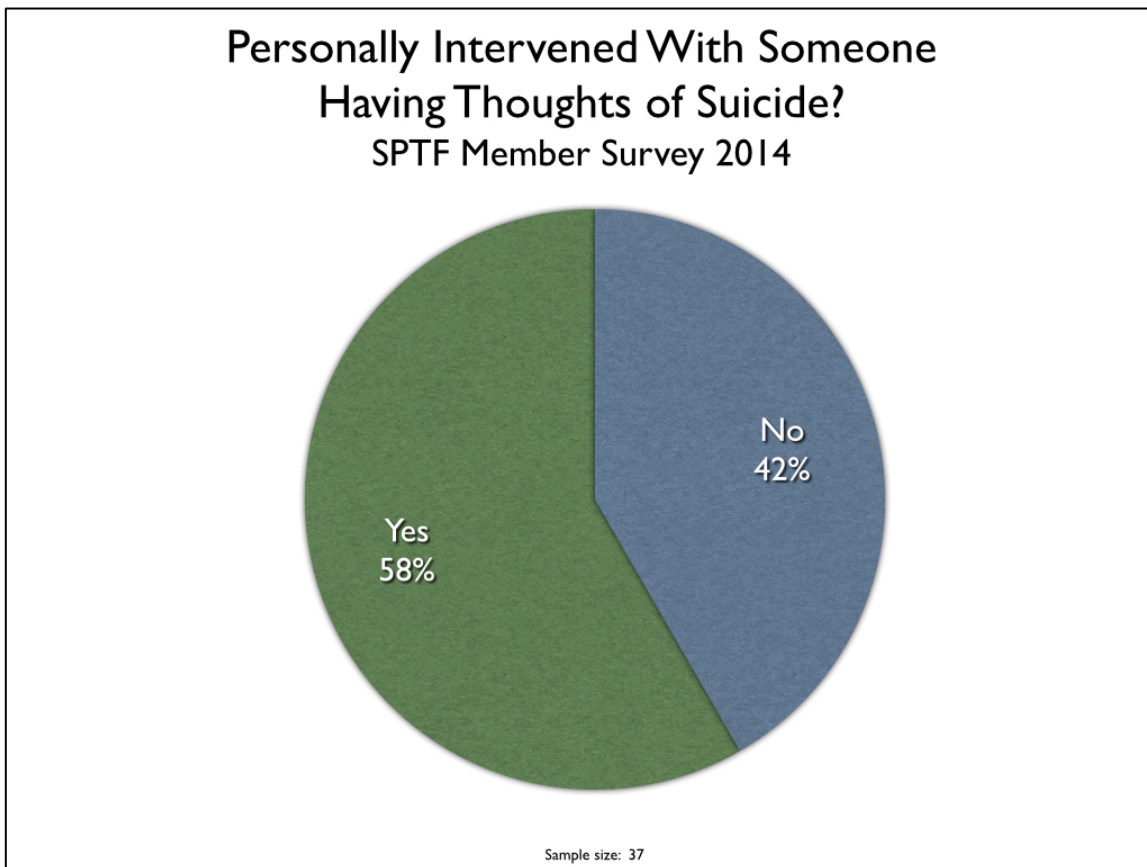
Members had a variety of suggestions, including:

- A support group and follow-up for suicide attempt survivors
- More inclusion of schools and the development of support groups for all youth
- Billboards for the general population
- More outreach to seniors and veterans
- More staff development and training
- More work to bridge the gap between the medical and mental health communities
- An outcome-based Task Force annual report

O. Personal Interventions with Someone Having Suicidal Thoughts

The members were then asked, “In your time as a Task Force member, have you personally intervened with someone having thoughts of suicide?” Of the 37 members who answered the question, 21 (58%) said they intervened at least once.

Figure 22



Finally, the members were asked, “If you answered YES to the above question: Without revealing any personal information about individuals having suicidal thoughts with whom you intervened, would you please share a brief story or two about your intervention(s) since you became a member of the Task Force?” The responses to this question are listed in Appendix 3. They are a strong individual-level indicator of the impact that the Task Force has had in Kings and Tulare counties and elsewhere.

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X. Appendices

A. Appendix 1: Suicide Rate Tables

Whereas Section IV of this report generally displays data on suicide rates in visually appealing graphical formats, the following tables present the specific numbers that underlie the graphs on suicide rates in Fresno, Kern, Kings, and Tulare counties.

Table A1

Suicides and Suicide Rates in Kings County, 2005-2013			
Year	Deaths by suicide	Population	Suicide rate (Deaths per 100,000 population)
2005	9	145,147	6.2
2006	11	147,712	7.4
2007	15	150,420	10.0
2008	12	152,027	7.9
2009	8	152,278	5.3
2010	9	152,982	5.9
2011	11	151,941	7.2
2012	8	151,364	5.3
2013	14	150,960	9.3

Sources: Kings County Coroner, U.S. Census Bureau

Table A2

Suicides and Suicide Rates in Tulare County, 2005-2013			
Year	Deaths by suicide	Population	Suicide rate (Deaths per 100,000 population)
2005	40	407,970	9.8
2006	33	414,921	8.0
2007	51	422,140	12.1
2008	30	429,283	7.0
2009	40	436,987	9.2
2010	43	442,179	9.7
2011	38	447,918	8.5
2012	40	451,977	8.9
2013	47	454,143	10.3

Sources: Tulare County Coroner, U.S. Census Bureau

Table A3

Suicides and Suicide Rates in Fresno County, 2005-2013			
Year	Deaths by suicide	Population	Suicide rate (Deaths per 100,000 population)
2005	66	872,470	7.6
2006	82	883,862	9.3
2007	92	895,933	10.3
2008	70	909,630	7.7
2009	62	921,478	6.7
2010	54	930,450	5.8
2011	90	940,887	9.6
2012	78	947,895	8.2
2013	98	955,272	10.3
Sources: Fresno Survivors of Suicide Loss web site (fresnosos.org), U.S. Census Bureau			

Table A4

Suicides and Suicide Rates in Kern County, 2005-2013			
Year	Deaths by suicide	Population	Suicide rate (Deaths per 100,000 population)
2005	71	760,726	9.3
2006	71	784,511	9.1
2007	90	803,281	11.2
2008	78	818,327	9.5
2009	100	830,137	12.0
2010	92	839,631	11.0
2011	95	849,457	11.2
2012	92	856,158	10.7
2013	114	864,124	13.2
Sources: Kern County Coroner, U.S. Census Bureau			

Table A5

Suicides in Kings County by Age, 2005-2013					
Age Group	Deaths by Suicide	Percentage of Total Deaths by Suicide	Suicide rate, 2005-2013 (deaths per 100,000 population)	California rate in 2013	National rate in 2013
1 to 14	0	0.0%	0.0	0.4	0.7
15 to 19	4	4.1%	4.0	5.7	8.3
20 to 24	7	7.2%	5.9	10.4	13.7
25 to 34	23	23.7%	10.2	10.3	14.8
35 to 44	20	20.6%	10.2	11.6	16.2
45 to 54	15	15.5%	8.5	15.4	19.7
55 to 64	16	16.5%	13.6	17.0	18.2
65+	12	12.4%	10.7	17.0	16.1
Total	97	100.0%			
Sources: Kings County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database					

Table A6

Suicides in Kings County by Gender, 2005-2013					
Gender	Deaths by Suicide	Percentage of Total Deaths by Suicide	Suicide rate, 2005-2013 (deaths per 100,000 population)	California rate in 2013	National rate in 2013
Female	14	14.4%	2.3	4.9	5.7
Male	83	85.6%	10.8	16.2	20.6
Total	97	100.0%			
Sources: Kings County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database					

Table A7

Suicides in Kings County by Race/Ethnicity, 2005-2013			
Race / Ethnicity	Deaths by Suicide	Percentage of Total Deaths by Suicide	Percentage of Each Race/Ethnicity in Kings County (2013)
Caucasian	64	66.0%	71.8%
Hispanic/Latino	23	23.7%	51.5%
African-American	4	4.1%	6.8%
Asian	3	3.1%	3.7%
Native American	2	2.1%	1.2%
Unknown	1	1.0%	0%
Total	97	100.0%	

Sources: Kings County Coroner, U.S. Census Bureau

Note: Percentages in the right-hand column do not total to 100%, because the U.S. Census Bureau considers Hispanic/Latino ethnicity to be separate from race. A person who is Latino may be of any race or multiple races.

Table A8

Suicides in Kings County by Instrumentality, 2005-2013		
Instrumentality	Deaths by Suicide	Percentage
Ligature	43	44.3%
Firearm	31	32.0%
Overdose	9	9.3%
Train	3	3.1%
Carbon monoxide	1	1.0%
Other	10	10.3%
Total	97	100.0%

Source: Kings County Coroner

Table A9

Suicides in Kings County and Whether Alcohol or Other Drugs Were Involved, 2005-2013		
Alcohol or Other Drugs?	Deaths by Suicide	Percentage
Yes	52	53.6%
No	42	43.3%
Pending	3	3.1%
Total	97	100.0%
Source: Kings County Coroner		

Table A10

Suicides in Tulare County by Age, 2009-2013¹⁷					
Age Group	Deaths by Suicide	Percentage of Total Deaths by Suicide	Suicide rate, 2005-2013 (deaths per 100,000 population)	California rate in 2013	National rate in 2013
1 to 14	3	1.4%	0.5	0.4	0.7
15 to 19	13	6.3%	6.8	5.7	8.3
20 to 24	20	9.6%	11.9	10.4	13.7
25 to 34	36	17.3%	11.5	10.3	14.8
35 to 44	40	19.2%	14.5	11.6	16.2
45 to 54	34	16.4%	13.0	15.4	19.7
55 to 64	33	15.9%	16.0	17.0	18.2
65+	29	13.9%	13.4	17.0	16.1
Total	208	100.0%			
Sources: Tulare County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database					

¹⁷ Demographic data on suicides in Tulare County are available starting in 2009.

Table A11

Suicides in Tulare County by Gender, 2009-2013					
Gender	Deaths by Suicide	Percentage of Total Deaths by Suicide	Suicide rate, 2005-2013 (deaths per 100,000 population)	California rate in 2013	National rate in 2013
Female	30	14.5%	2.7	4.9	5.7
Male	177	85.5%	15.8	16.2	20.6
Total	207	100.0%			
Sources: Tulare County Coroner, U.S. Centers for Disease Control and Prevention WISQARS™ database					

Table A12

Suicides in Tulare County by Race/Ethnicity, 2009-2013			
Race / Ethnicity	Deaths by Suicide	Percentage of Total Deaths by Suicide	Percentage of Each Race/Ethnicity in Tulare County (2010)
Caucasian	130	62.6%	58.1%
Hispanic/Latino	66	31.7%	50.8%
Asian	5	2.4%	3.3%
African-American	3	1.4%	1.6%
Southeast Asian	3	1.4%	1.2%
Pacific Islander	1	0.5%	0.1%
Total	208	100.0%	
Sources: Tulare County Coroner, U.S. Census Bureau			
<p><u>Notes:</u> Percentages in the right-hand column do not total to 100%, because the U.S. Census Bureau considers Hispanic/Latino ethnicity to be separate from race. A person who is Latino may be of any race or multiple races.</p> <p>2010 Census data are presented because they include a greater number of Asian ethnicity categories than the 2013 Census Bureau population estimates.</p>			

Table A13

Suicides in Tulare County by Instrumentality, 2009-2013		
Instrumentality	Deaths by Suicide	Percentage
Firearm	98	47.1%
Ligature	72	34.6%
Overdose	19	9.1%
Jump	4	1.9%
Carbon monoxide	1	0.5%
Train	1	0.5%
Other	13	6.3%
Total	208	100.0%
Source: Tulare County Coroner		

Table A14

Suicides in Tulare County and Whether Alcohol or Other Drugs Were Involved, 2009-2013		
Alcohol or Other Drugs?	Deaths by Suicide	Percentage
Yes	113	54.3%
No	94	45.2%
Pending	1	0.5%
Total	208	100.0%
Source: Tulare County Coroner		

B. Appendix 2: Evaluation Report Executive Summaries

1. Applied Suicide Intervention Skills Training (ASIST)

There were statistically significant increases in the ASIST participants' mean self-ratings on indicators of their confidence, knowledge, and skills in intervening with someone at risk of suicide. The self-ratings increased from between "low" and "moderate" to just above "high." There were only very small decreases in each of these indicators six months following the training.

At the beginning and end of the training, the participants were asked to what degree they agreed with four statements pertaining to **intervening with someone at risk of suicide**. There were statistically significant increases in the participants' mean responses to all four statements:

- "If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking of suicide"
- "If someone told me he or she were thinking of suicide, I would do a suicide intervention"
- "I feel prepared to help a person at risk of suicide" and
- "I feel confident I could help a person at risk of suicide."

Participants indicate, on average, that they agree or strongly agree that, as a result, of ASIST they **feel more confident** that they can:

- Recognize the risk signs of suicide
- Reach out to someone at risk of suicide
- Ask a person if she or he is considering killing himself or herself
- Explore with someone their reasons for wanting to live or die
- Review a person's risk of suicide, and
- Make a "safeplan" with someone at risk

The participants' mean responses regarding their **likelihood to intervene** with someone at risk of suicide in both their professional and personal lives fall just below "much more likely."

ASIST training appears to have **reduced stereotypical and discriminatory thinking** on the part of the participants about people with mental illness, at least in the short term. There was a moderate (9%), statistically significant improvement (decrease) in the participants' mean mental health stigma attribution scores (that measure expression of stereotypical or discriminatory thinking) from the beginning to the end of the training. There were statistically significant decreases in stereotypical or discriminatory thinking in nine of the 12 indicators, including perceived dangerousness, fear, blame, and avoidance of people with mental illness.

We compared the stigma attribution scores, both before and after ASIST, of participants with previous mental health education or training to the scores of those who had no previous training. Both groups' scores declined (improved) significantly from before to after ASIST. While those with previous mental health education or training both started and ended with lower scores, compared to those without previous mental health education or training, the latter group's stigma attribution score decreased by 13%, compared to 7% for those with prior mental health education or training. This difference is statistically significant.

Participants' mean **assessments of the ASIST training in general** all fall close to "strongly agree." The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before ASIST; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

The 98 participants who filled out an online **follow-up survey** approximately six months after they completed ASIST were asked, "If you intervened with someone at risk of suicide since training in ASIST, how many lives do you think you most likely saved by intervening?" Forty-seven (47) individuals answered the question. Collectively, they report that they most likely saved 134 lives, or 2.85 lives each, on average.

In addition, 58 of the respondents to the six-month follow-up survey agreed that they had one or more experiences using ASIST when it went well, and just 16 disagreed. Just one person agreed that they had at least one experience using ASIST when it did not go well, while 64 disagreed with this statement.

In **open-ended responses**, participants report having developed suicide prevention and intervention skills and increased their knowledge, felt greater confidence in helping people at risk of suicide, had a higher comfort level with the topic of suicide, and realized the importance of intervening with those at risk of suicide.

(The author wishes to thank Dawn Griesbach and the Scottish Government, who generously gave their permission to use questions from the participant survey employed in their evaluation of ASIST in Scotland published in 2008, titled "The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An Evaluation.")

2. Depression Reduction Achieving Wellness (DRAW)

Outcomes of DRAW include:

- 78 students screened “at risk” for moderate to serious anxiety, 58 for moderate or severe depression, 23 for post-traumatic stress disorder, and four for bipolar disorder. Screening results are not considered diagnostic.
- 95% of faculty and staff workshop participants agree or strongly agree that they feel better prepared to assist a student in distress related to mental illness than before the workshop.
- Survey results show that stereotypical or discriminatory thinking (stigma-infused) about people with mental illness decreased among attendees of a faculty and staff workshop on four of the five indicators. The changes in mean responses in two of the indicators were statistically significant: a decrease in fear of people with mental illness and an increase in expressed desire to help them.
- Counseling participants were asked, “If DRAW Program counseling had not been available to you, how likely is it that you would have accessed mental health services elsewhere?” Six in ten (60%) indicated that it was “unlikely” or “very unlikely” that they would have accessed mental health services elsewhere.
- On average, the counseling participants responded between “agree” and “strongly agree” (3.6 out of 4.0) to “Since receiving DRAW services I am more aware of what mental health services are available in my area” and to “Since receiving DRAW services I am more aware of how to access mental health services in my area.”
- Counseling participants, on average, responded between “agree” and “strongly agree” (3.4 out of 4.0) to “Since receiving DRAW services I am more willing to access mental health services” and (3.6 out of 4.0) to “The counseling I received in this program helped me with my mental health problem or problems.”
- The counseling participants, on average, responded between “agree” and “strongly agree” (3.5 out of 4.0) to “The counseling I received in this program helped me with my depression” and to “This program helped me learn more about depression.”
- About 30 days following their final counseling session, 64% of the responding counseling participants indicated that the information and/or counseling they received from the DRAW therapist was “very helpful.” The remaining 36% said they were “helpful.”
- About 30 days following their final counseling session, 91% of the responding counseling participants responded that the information or the referral(s) they received from DRAW helped to improve their mental health.
- Similarly, about 30 days following their final counseling session, 90% of the responding counseling participants said that the information or the referral(s) they received from DRAW helped to reduce their depression.
- Nearly one-third (27%) of the responding counseling participants say they were able to make contact with the referral(s) the counselor provided to them within 30 days.

The DRAW Program has succeeded in achieving its goal of providing mental health services in a natural setting, on the campuses of the colleges and vocational schools the students attend. These preliminary findings also provide evidence that DRAW has achieved its second goal, of reducing mental health stigma, and its third goal, of reducing the number of untreated cases of depression that may ultimately require a higher level of care, and thereby potentially decreasing the incidence of suicide.

3. Mental Health First Aid (MHFA)

On average, participants' **knowledge about mental health increased significantly** on 14 of the 15 indicators, from immediately before to immediately after MHFA training. The participants' mean knowledge score, calculated by summing their correct responses to the knowledge indicators, increased by a statistically significant 35%.

These results provide good evidence that the participants who completed MHFA, on average, did learn things they did not know before about mental health, including suicide, from the course. The knowledge indicators on which there were statistically significant increases in correct responses include three statements about suicide: "It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head." (False), "Males complete suicide four times more frequently than females." (True), and "People who talk about suicide don't attempt suicide." (False).

The participants with no previous education or training in mental health had a somewhat lower knowledge score before MHFA compared to those with previous education or training. However, by the end of the training the knowledge scores of the two groups were virtually identical. The increases in both groups' knowledge scores were statistically significant, as was the difference in changes in scores between the two groups.

The results from a six-month follow-up survey show that the mean knowledge score of the participants decreased by 13% since the participants completed MHFA, however their mean knowledge score remained far higher than it was before they participated in MHFA.

MHFA training appears to have **reduced stereotypical and discriminatory thinking about people with mental illness** on the part of the participants, at least in the short term. There was a moderate (18%), statistically significant improvement (decrease) in the participants' mean mental health stigma attribution score, from the beginning to the end of the training. There were statistically significant decreases in stereotypical or discriminatory thinking on nine out of the 12 indicators, including perceived dangerousness, fear, anger, and avoidance of people with mental illness. Six months following MHFA, the participants' mean mental health stigma attribution score remained virtually identical to what it was immediately after they completed MHFA.

Immediately following MHFA, the participants were asked to indicate the degree to which they felt more **confident that they could take a variety of actions related to mental health**. The participants responded to these nine statements on a five-point Likert scale, with response options ranging from "strongly agree" to "strongly disagree":

“As a result of this training, I feel more confident that I can ...”

1. “Recognize the signs that someone may be dealing with a mental health problem or crisis.”
2. “Reach out to someone who may be dealing with a mental health problem or crisis.”
3. “Ask a person whether s/he is considering killing her/himself.”
4. “Actively and compassionately listen to someone in distress.”
5. “Offer a distressed person basic ‘first aid’ level information and reassurance about mental health problems.”
6. “Assist a person who may be dealing with a mental health problem or crisis to seek professional help.”
7. “Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.”
8. “Be aware of my own views and feelings about mental health problems and disorders.”
9. “Recognize and correct misconceptions about mental health and mental illness as I encounter them.”

The mean responses of all nine of these statements fell right between or very nearly right between “agree” and “strongly agree.”

On the **six-month follow-up survey**, the participants were asked, “Have you been able to help anyone or refer anyone to help because of what you learned in Mental Health First Aid training?” Of the 45 individuals who answered the question, 22 (49%) said that they have. This finding indicates the positive impact that MHFA has had, and will likely continue to have, in Kings and Tulare counties in helping more people who may have mental illnesses to get the help they need.

Participants’ mean **assessments of the MHFA training in general** also all fall between “agree” and “strongly agree.” The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before MHFA; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

In **open-ended responses**, the largest number of participants (151) report having increased their knowledge of mental illness and developed or improved their skill with interacting with individuals who may have mental illness and need help. Many (15) also report having a higher level of empathy or compassion for people with mental illness. Several mentioned having a less stigma-driven mindset toward individuals with mental illness.

While many (57) participants indicate that MHFA needs no improvement, **participant suggestions** for improving MHFA include: more interaction (17) (such as more role playing and more group exercises), more videos (6), more breaks (4), and updated statistics in the curriculum (3).

(The author wishes to thank Distinguished Professor Patrick W. Corrigan, Psy.D., Director of the National Consortium on Stigma and Empowerment and one of the foremost scholars of the stigma of mental illness, for the development and offer of public use of assessments pertaining to mental illness stigma. The participant survey used in this evaluation includes one of these assessments (the AQ-9) along with several questions from another, longer assessment (the AQ-27) of mental health stigma attribution. These assessments are included in Prof. Corrigan's *A Toolkit for Evaluating Programs Meant to Erase the Stigma of Mental Illness* (2012), published on the website of the National Consortium on Stigma and Empowerment.)

4. Reduction and Elimination of Stigma Through Art-Targeted Education (RESTATE)

The students filled out surveys immediately before and after they took a youth version of Mental Health First Aid (MHFA) training and at the end of their RESTATE class. The results show that the **students' knowledge of mental health**, on average, **increased significantly** on nearly all measures from before the MHFA training to after the training. This shows that the students learned more about mental health from the MHFA training than they knew initially.

The students' mean knowledge level also remained at virtually the same level (at least) at the end of the RESTATE class as it did at the end of MHFA training, on all but one measure. In fact, on six measures the students' knowledge level was markedly higher at the end of the RESTATE class than it was at the end of MHFA training. These results demonstrate that the students not only retained their newfound mental health knowledge at the end of RESTATE; they **actually gained knowledge in the remainder of the class**, while they were working on artistic projects with a mental health theme.

The surveys also include an assessment of **stereotypical or discriminatory (stigma-infused) thinking** about people with mental illness, which was created by Dr. Patrick W. Corrigan and the wording slightly modified so as to be better understood by the student population. The results show a handful of **generally small but statistically significant decreases** in students' stereotypical or discriminatory thinking about people with mental illness, from before they took MHFA to after they completed MHFA. These include decreases in feeling sorry for, fearing, blaming, and avoiding people with mental illness.

Another positive result is that these decreases in stereotypical and discriminatory thinking continued until the end of the RESTATE class. Moreover, the students' mean comfort level with people with mental illness increased significantly from the beginning of MHFA to the end of RESTATE, whereas it remained the same from the beginning to the end of MHFA training. This is an important result because it shows that as the students learned more about mental illness and spent time working on their projects with a mental health theme, they became more comfortable with, and thus more tolerant of, people with mental illness.

Since the participating students took MHFA, a majority (53%) said they **noticed mental health risk factors or warning signs in other people that they learned about** in MHFA or in their research on mental illness.

Nearly four in ten (39%) indicated that since they took MHFA, they suspected that someone they know may have a mental illness. And over four in ten (42%) said that since they took MHFA, **they tried to help someone with a possible mental illness to get help with it**. If this final result reflects reality to even a moderate degree of accuracy, it represents a large number of students who have tried to get someone help with a possible mental illness, most of whom presumably would not have done so had they not participated in RESTATE.

The students, on average, agreed that they learned a lot they did not know before they completed MHFA, that it was a good use of their time, that it was a high-quality training, and that they would recommend it to others. They also expressed satisfaction with all elements of RESTATE.

At the end of the final survey, the students were asked to respond to **open-ended questions** about how RESTATE helped or benefitted them, how it helped or benefitted their schools or communities, the most valuable or memorable things they learned in RESTATE, how they will use MHFA in their lives, what they liked and disliked about RESTATE, how it could be improved, and to describe the main ideas or visions behind their projects. Overall, the students provided highly positive feedback on the program and describe the positive impact that RESTATE has had on them and on their schools and communities.

The **top areas in which the students say RESTATE made a positive impact on them** include:

1. Increased awareness and understanding of mental illnesses, the importance of getting help for mental illness, and how to help people with mental illness,
2. A reduction in stereotypical or discriminatory thinking about people with mental illness,
3. More caring and a greater desire to help others, and
4. Suicide prevention.

5. SOS Signs of Suicide Prevention Program (SOS)

Students filled out surveys both immediately before and immediately following the SOS presentations and some classes filled out follow-up surveys, an average of two-and-a-half months later. As part of the surveys, the students were asked three true-or-false **questions about depression, suicide, and suicide prevention**. There were large, statistically significant **increases in student knowledge**, on average, from before to after SOS.

By the time of **follow-up**, the students demonstrated only small (from four to nine percentage points) but statistically significant decreases in knowledge, compared to their knowledge immediately after the SOS presentation. Some amount of decrease in knowledge is expected, as memories naturally fade with time. However, it is positive that the students' knowledge on all three indicators remained far higher than it was prior to SOS.

Students were then asked to consider what they would do if a friend told the student that he or she was having thoughts of suicide and to indicate the degree to which they agree or disagree with four statements; "I wouldn't know what to do.", "I would keep it to myself", "I would keep it a secret if my friend made me promise not to tell", and "I would tell an adult about it."

Even before SOS, on average the students responded as desired to the four statements (disagreeing with the first three and agreeing with the fourth), however there were **statistically significant changes in the responses to all four statements, in the expected directions** following SOS. The largest change in mean response was to the statement, "I would keep it a secret if my friend made me promise not to tell," which students agreed with less after SOS.

Comparing the students' mean responses immediately after SOS to their responses at the time of **follow-up**, an average of two-and-a-half months later, there was some degree of regression (changes in mean responses toward what they had been before SOS), statistically significant but very small in magnitude, but with the mean responses remaining much closer to the desired responses than they were before SOS.

Next, students were asked to respond to a series of seven questions that assess their degree of **stereotypical or discriminatory thinking about people with mental illness**, a modified version of an assessment made publicly available by one of the foremost scholars on the stigma of mental illness, Patrick W. Corrigan, Psy.D. Comparing the students' mean responses from before and after SOS, we find statistically significant changes, in the direction of reduced stereotypical and discriminatory thinking about people with mental illness, on all seven indicators.

When we compare the students' mean responses immediately after SOS to those at the time of **follow-up**, we find a very small, but statistically significant, degree of regression on five of the seven indicators. The fact that the amount of regression is so small is a positive result. However, the students' mean response to the statement, "How likely is it that you would help Anna [a student with mental illness] with schoolwork?" remained virtually unchanged and the mean response to "I would feel sorry for Anna." actually decreased significantly. This latter result is positive because feeling sorry for people with mental illness is an element of stigma.

On the follow-up survey, we asked the students four questions about their **activities in the area of suicide prevention in the time since they participated** in SOS. Nearly one-quarter (23%) of the students said they noticed someone they thought might be at risk of suicide since they took SOS.

Of these students who said that they noticed someone who might be at risk of suicide, 74% said they reached out to the person and acknowledged there might be a problem, 88% let the person who might be at risk of suicide know that they care, and 66% told someone else that the person might be at risk of suicide. These results are highly positive. (The responses of the middle school students were all higher than those of the high school students, markedly so on the first two questions, regarding acknowledgement and caring.)

C. Appendix 3: Member Survey Open-Ended Responses

1. The Most Useful Things Members Learned While on the Task Force

SPTF members were asked, “What are a few of the most useful things you have learned about suicide prevention during your time on the Task Force?”

The **main themes** of the members’ responses are: Members learned about the devastating impact of suicide, suicide statistics, the risk factors for suicide, that suicide is preventable and the ways in which suicide can be prevented, the resources and partnerships that exist to prevent suicide, and how best to communicate to the media and with community members about suicide.

The following are all of the members’ responses:

- “Awareness of suicide susceptibility among different groups. Resources available to public for suicide prevention. Guidelines for communicating about suicide through media. Existence of support groups. Approaches that ordinary people can take in preventing suicide.”
- “I have learned how much people do care and want to help. Most importantly, I now know suicide really is preventable. I have learned that all it takes to prevent a suicide is a simple helping hand and a heart that truly cares. I know the Suicide Prevention task force is a success because it has helped me heal and make it to the person I am today. Alive and well.”
- “I learned a lot about postvention services and sudden and traumatic loss. The stats are not what people think they are when it comes to suicide. The demographics of those at risk are not known, for example the risk to veterans and their spouses. There are miles to go before we sleep, including with stigma and acknowledging the risks.”
- “That it is a different death than any other and families take years and years to recover their wellness and to recover. I’ve learned about the long-term impact – even if 22 years ago it feels like yesterday. A huge thing was how it impacts professionals – how do they acknowledge their loss and reach out to the family. If you show up to the family and you’re the therapist. I didn’t know about those things.”
- “It was useful to learn that there are trainings like ASIST that can help providers and laypeople.”
- “It was useful to learn about what the Trevor Project offers and what Dr. Caitlyn Ryan had to say.”
- “I learned about what is available for farmers.”
- “You can get information about the backgrounds of people who have committed suicide and the demographics. See whom we can focus on and target populations.”

- “A lot of good practices are out there that we can redefine for our community, for example ASIST and the training for the Farm Bureau. I love RESTATE and DRAW and other innovative programs based on best practices.”
- “Partnerships”
- “Here in our county, the risk exists for all ages and walks of life so be alert for the signs”
- “The importance of normalizing this topic with people. The sense of isolation that people feel in the moment can lead them to the wrong irreversible decision point. It's important to let others know that we as people experience this at times in our lives but that there is hope. We must continue to present that to others no matter the circumstances.”
- “That it's okay to talk about suicide and ask if someone might be considering suicide. Reassure a person that suicidal thoughts are common but don't have to be acted upon and that suicidal thoughts may be associated with a treatable mental illness. Encourage someone who is having suicidal thoughts to seek professional help. The importance of engaging survivors of suicide and helping them access services. Learning the behavior that someone who is contemplating suicide might exhibit.”
- “The most valuable asset I have received through the task force is networking opportunities within the community.”
- “To directly talk to something about suicide. Ask them questions and follow-up. Just to be there ... listen”
- “Through ASIST I was given an extremely useful tool to intervene with those who are at risk for suicide. I have learned the value it can have across the entire community if professionals and community members are all on the same page when working with folks at risk. Now as an ASIST facilitator, I am constantly challenged to use my skills as I to teach others how to assist those who may be at risk in our community.”
- “To be willing and able to talk about suicide because the more it is openly discussed, the more lives we can save. Awareness is key! The sheer size of the problem when you include attempts, potential victims, and completions -We can make a difference!”
- “How to work with families affected by sudden loss... How to help the community understand the widespread effects of suicide... Learned a ton of great resources.”
- “Persuasive statistics about suicides both nationally and locally. Basic intervention techniques anyone can use when coming across someone thinking about suicide. That suicide is an individual act. What may affect me may not effect someone else. That one suicide prevention/intervention/postvention program interfaces with so many other programs.”
- “Most important is that it is preventable. How to recognize the signs of someone in distress and what to do. That you need to simply ASK the person if suicide is a consideration.”

- “I can rarely attend meetings, but have received resource material to hand out, such as the comic books. Enjoy reading the minutes and agendas. Have had a booth of the group at several Health Career Fairs on campus, which has been great.”
- “The unexpected effect suicide has on living members for generations in some cases.”
- “Not to be afraid to ask if someone is going to kill them self”
- “Unfortunately, I have learned that some suicides are not preventable and the prospect of contamination of rescue providers is very high.”
- “The interest level of the community in learning more regarding suicide prevention has been tremendous.”
- “The statistics for our county.”
- “Community awareness and collaboration, opportunity to share the information and workshops offered with other community organizations that I am involved with I am aware of the disconnect between the county programs and the community at large. There is very little community awareness about what the county does or offers in the health areas”
- “ASIST training for intervention”
- “Resources available for consumers.”
- “I have learned a variety of information and resources through my participation as a Task Force member. I have used the resources and connections to make valuable connections to provide outreach and service to my community. Although I have not been able to attend, personally any specific training provided by the Task Force, I have sent colleagues to a variety of trainings that have assisted in our outreach to families.”
- “Participating in Task Force meetings and listening to feedback from other participants, particularly parents, medical responders and those from the gay community. It has also been quite the education to participate in the political dynamics of local school districts. Some school districts wish to engage students by implementing programs to inform students and parents about issues pertaining to suicide prevention, while other larger districts ignore the responsibility to educate and inform students and parents, placing the perceived risk of liability above prevention.”
- “Resources available to the community”
- “How to talk with patients about suicidality risk factors for suicidality”
- “Correct terminology to use when discussing suicide, with attempter/those with thoughts of suicide, survivors of suicide loss, stats among our youth and adults to show the impact on our community. How to educate those in the field of prevention and those not in the field, to be able to include each and everyone one in the outreach for a suicide safer community. Help to make sure everyone could talk openly and directly regarding issues of suicide and ask those who are thinking about it.”

- “There are many committed people in our society who are willing and able to help with suicide prevention and education.”

2. Other Ways the Task Force Has Made a Positive Impact

Next the members were asked, “Are there any other ways you think that the Task Force has made a positive impact? (If so, please describe.)”

The **main themes** of the members’ responses are: Reduction of the stigma of the word suicide, increased awareness of the problem, providing needed trainings for professionals and non-professionals that help to reduce suicide, development of community partnerships and collaboration, reaching out to all segments of the community with a variety of activities and programs, and offering help to suicide survivors.

The following are the members’ responses:

- “I believe it has helped bring the community together and it has made suicide not such a ‘bad word’ to say. Which is AMAZING.”
- “I think the collaborative is a great asset to our communities, in the networking and communication lines that it supports across so many different organizations. I think the Festival of Hope is a great achievement that the community looks forward to every year.”
- “It has brought many persons from diverse backgrounds together and united them in a common cause. Particularly like that the Task Force keeps reaching out to the faith communities.”
- “Even though it is new, I think the LOSS Team will have an important impact on survivors of suicide.”
- “Many...The stretch of these organization is far and wide...”
- “Joining forces with Kings County amplified our outreach and the programs we have funded in schools. Giving kids the freedom and the avenue to learn and talk about suicide, bullying, and mental illness creates changes for a lifetime.”
- “Being at events in the community. Identifying and focusing on at risk populations”
- “The diverse membership of the SPTF contributes to spreading the word and the work of suicide prevention/intervention/postvention. The SPTF seems very positive in their approach with the tasks of the group. There seems to be a sense of ‘how can we do this together.’”
- “By being in the press and public eye”
- “General awareness”
- “I believe including the TAY population through Slick Rock.”
- “They are making good progress with outreach and trainings”
- “I think Ending the Silence and MHFA training in the schools has been very worthwhile but the concept has to be done repeatedly for a true impact to be made some classroom teachers are more at ease with the subject of mental health and are able to do more on an ongoing basis”

- “Increased support for veterans suicide awareness.”
- “Providing training and bringing organizations together to coordinate efforts and share information.”
- “Overall, the Task Force has done a fantastic job of providing information, outreach and training to a vast array of people. I feel that their efforts have been well received and valuable to Tulare and Kings County.”
- “The Task Force has done an excellent job of addressing the issues of suicide and looking at means and support for education, intervention and post-intervention. The Task Force has also endured and persevered through public comment and stayed the course in pursuing their stated objectives. They have made a positive impact in the lives of adults, children and helping professionals. The Task Force has continued to bring exposure to the issue of suicide prevention and has laid a framework for improving the perception of depression and mental illness, dealing with erroneous bias and establishing avenues for training and support.”
- “Awareness”
- “It has promoted networking.”
- “By giving the opportunity to all members of the task force and their agencies to participate in training and trainer training, so that the outreach can spread across both counties. With both counties trainers being able to work together to ensure all requested training is covered.”

3. Examples of Positive Impacts of the Task Force

Then the members were asked, “Can you provide a few examples of ways you have seen the Task Force making a positive impact? (If so, please describe.)”

The **main themes** of the members’ responses are: Increasing awareness and understanding of the problem of suicide and its risk factors and the means of preventing it, providing resources that can help people thinking about suicide to get help, preventing individual suicides in Kings and Tulare counties, reaching out to a variety of groups of people (including young people and veterans), providing beneficial programs and trainings, increasing understanding of mental illness and suicide and reduction of stigma, increasing local networking to address suicide, supporting survivors with the LOSS Team, and tracking the outcomes of activities and programs with evaluation.

The following are their responses:

- “Existence of the Task Force raises awareness of prevention and intervention.”
- “The Task Force has made a positive impact in many ways. I believe it has opened the eyes and helped people that had so many negative views on suicide begin to understand more about suicide. It has helped them understand that suicide is NOT a selfish act and people all over the world suffer from mental illness and suicidal thoughts. It has helped people be able to know when somebody is suicidal and know what steps to take. And to not get mad at them.”
- “I have heard of a number of anecdotal stories how the efforts of the Task Force have been successful and helped people in their hour of need, either had been thinking about suicide or have experienced the loss of someone to suicide. I believe the ability of the Task Force to unite so many people in a common area that impacts mental health has been very successful. I have learned a lot about ways of doing this that are outside the box. For example the comic book. I had never given any of these out personally until yesterday at the Allensworth Summer Nights Light Resource Fair. When I offered a comic book to some of these kids their guard would come down. It helped to open them up and it seemed to help reduce the barriers of simply communicating. They began to share with me about what’s going on in this small community. I was surprised to learn that they have their own school district K-8th. You never know what impact that comic book might have, especially to kids that are living in an isolated part of the county like Allensworth.”
- “I think the most significant impact is awareness through events like the Festival of Hope. The access to services to college students on campus for depression & anxiety. Coloring books for kids.”
- “The most positive impact I have seen is in linking organizations together through networking.”
- “Expanding to include the Walk of Hope was a way for hundreds more people to increase awareness and reduce stigma.”

- “I think the community as a whole has become safer for individuals at risk because others are more aware of the services and resources and are more willing to reach out to others and link them to these services. I think overall, more and more people are becoming aware of the prevalence of suicide and are willing to look at options on how to prevent it.”
- “Community education through school programs, workshops, Festival of Hope, print media, LOSS Team, and counseling services”
- “Festival of Hope was an amazing community event LOSS team does immediate response for those who have just suffered a traumatic loss”
- “Professional staff development and people’s appreciation for having more tools in their toolbox. Four people e-mailed me, thanking me for bringing it to the county.”
- “Just the idea that we have been able to devote funding and resources to materials and outreach with Festival of Hope. Trevor, RESTATE, SOS in high schools – engaging youth like we’ve never seen before.”
- “Access to care and improving care have gotten better.”
- “Giving people permission to speak about it.”
- “It is amazing that the LOSS Team exists. It will have a huge ripple effect down the road and be very impactful.”
- “The ASIST trainings and the LOSS Team.”
- “The Trevor Project. It provides support for people in a preventive way.”
- “Letting people know that they don’t have to be a professional to talk to someone who is in need of help, whether it be someone on Facebook or a child’s friend who comes over to get help. You are touching so many lives out there that you don’t realize you’re touching.”
- “You can make a connection to people who are having a hard time. We’re there to help.”
- “Educating people – Task Force members and others – about the problem of suicide and giving people the tools to help others.”
- “The ASIST training – participants rate it highly. Trainings for non-traditional mental health people, such as through ASIST and the Farm Bureau workshop. Like CPR, we are normalizing the idea of suicide, reducing the stigma of it.”
- “The trainings for mental health professionals were also good, for example Dialectical Behavioral Therapy and Motivational Interviewing. It was good to bring them to our counties and make them affordable for participants.”
- “In our counties people are coming to the table together, disparate agencies and groups.”
- “School aged people being involved in suicide prevention activities, like Slick Rock. Providing no cost or low cost, highly effective suicide prevention / intervention / postvention training programs like ASIST, Suicide First Aid, LOSS. Helping to support programs, financially. The various school aged programs, veteran's related activities, the

Festival of Hope.”

- “Several outreach activities Festival of Hope”
- “The visibility of the Task Force.”
- “We have no evidence of the prevention of deaths.”
- “Actually, prevention of a suicide of a person who attended the first Festival of Hope”
- “Individuals seeking referral through the coroner to SPTF. Individuals responding to the LOSS Team efforts.”
- “The training provided such as ASIST has enabled community members, non mental health professionals, to learn about suicide prevention.”
- “Providing outreach. Doing trainings”
- “I think the workshops they have offered have helped to educate providers and paraprofessionals in their work with clients. Some of these topics have been at least an introduction to the area of focus don't think the community was aware of ASIST and MHFA trainings when I would talk about them no one was ever aware”
- “Providing training and education is the most powerful impact that a Task Force can make to raise the level of competence and compassion for their cause. In addition, helping a variety of organizations and agencies make connections with one another to better serve the community as a whole has been instrumental in bringing many programs into alignment with other programs to better serve.”
- “Community forums. Multi-agency meetings. Multi-county collaboration. Education at the public school level, i.e. RESTATE, SOS, etc. Festival of Hope Billboards Intensive trainings.”
- “Increasing the resources available, increasing public awareness.”
- “The willingness of all Task Force members to step up and talk or present to agencies, organizations and clubs about what we have available to provide as training, and resources. ‘How do we really know?’ We will get a better view by evaluating it. I know that the more you talk about it, the more open people up. I hear from my staff that young people are talking about it. People tell me that the materials help people. It’s still a little unmeasurable. I can hope and I believe.”
- “The Task Force made a huge impact joining with Tulare County, getting out there and interacting with the community, getting to people who might not have heard of us and might have been afraid to seek help. There are so many ways you can touch people who need help. The Task Force has been able to be provide training to people who can talk to someone, provide referrals, and help people. It’s like an octopus branching out – thousands of people have been touched. So many people who need help are out there.”
- “Increase of awareness of resources”
- “We possibly have, to some degree reduced the stigma of suicidal thoughts.”
- “Yes, helping take the stigma away”

- “We have increased awareness significantly.”
- “We have built something that is not going to go away. We have built awareness.”
- “Through the ASIST training we increased the number of people who can recognize the risk factors for suicide. The Trevor Project did similarly.”
- “We have also built a willingness on our part to go out of our comfort zone and do stuff, for example the LOSS Team.”
- “I’m glad that the LOSS Team has been developed. It is difficult to sustain because it’s on a volunteer basis.”
- “N/A”

4. Positive Impacts Outside of Kings and Tulare Counties

The survey then asked the members, “Do you know of any ways the Task Force has made a positive impact OUTSIDE of Kings and Tulare Counties? (If so, please describe.)”

The **main themes** of the members’ responses are: Spreading the word about the Task Force’s successes at conferences outside of the local area, including the American Association of Suicidology Annual Meetings and the California State Coroners Association; the national work of SPTF voting member Tom Donwen for veterans at risk of suicide; participation in regional efforts; expressed interest from CalMHSA and other states in Task Force programs, including DRAW and RESTATE; and articles in publications on the work of the Task Force.

The following are the members’ responses:

- “I know that the Task Force is making news outside of the area we serve in that the model for how we are doing this is being attempted and modified by other counties. Specifically I am not fully aware of how much impact this has had.”
- “The Task Force sponsored ads in the Miss California Pageant program book (a statewide competition held in Fresno each summer) - thousands of people that purchased the program book and attended the Miss California Pageant got the Nation Suicide Prevention Lifeline number. Attending the LOSS Conference in Ohio, and American Association for Suicidology Conferences in Baltimore and Los Angeles also spread the work that this Task Force does.”
- “People from other counties have attended ASIST training, and the folks at Living Works brag about the work of our Task Force - one of our biggest fans is Frank Campbell.”
- “Presenting at the international conference”
- “I always hand out my business cards when out of area which has resources printed on the back.”
- “The LOSS Team concept was shared with the California State Coroners’ Association and its 56 member counties. Sheriff-Coroners are highly interested in seeing their counties adopt the plan after Dr. Campbell made his presentation in San Diego.”
- “They have supported Tom Donwen with his work on veterans and suicide awareness would imagine the presentation they did at the recent suicide prevention national conference has a positive impact on some.”
- “Yes, at one time the Task Force shared resources to other agencies, for me and other trainers to fulfill outside county agencies their need for training in ASIST. Contacted me and The Trevor Project with different counties inquiring about fulfilling their quota for LGBTQ/Diversity training. With us doing Lifeguard Workshops with them. Being a part of the Suicide Prevention Network and for a while part of Madera SPTF, by being presenters and giving input on how their Task Force can be formed.”

- “[Renowned suicide prevention expert Dr.] Frank Campbell has mentioned that our Task Force has had impacts in other parts of the country. My understanding is that the Task Force has tentacles. CalMHSA [the organization formed by California counties to implement statewide initiatives under the Mental Health Services Act] has contacted us repeatedly about getting programs to other parts of the state. Noah [Whitaker, SPTF staff member] is getting lots of calls from other states for information.”
- “The State has observed things that have been done here and will take ideas from what happened here.”
- “Trips to the Suicidology conference – people have heard of us and want to model what we are doing.”
- “We presented on our activities at the American Association for Suicidology conference in Los Angeles. That puts us on the radar. We are willing to go outside of our area to teach about what we have done.”
- “The state Water Board called me. Ag Today interviewed me. I was also on the radio for a 30-second spot.”
- “A couple of people from Fresno County attended the Farm Bureau training.”
- “CalMHSA is looking at DRAW and RESTATE.”
- “I am not personally aware of any.”
- “N/A”

5. What the Task Force Has Done Especially Well

The members were then asked, “What, if anything, do you think the Task Force has done especially well?”

The **main themes** of the members’ responses are: The Festival of Hope, outreach to and education of the public about suicide prevention in a multiplicity of ways, providing quality training for professionals and non-professionals, providing programs and activities for a variety of groups (including youth, the LGBTQ community, and people in the agricultural sector), collaboration and partnership between the two counties, stigma reduction, the LOSS Team and support to survivors of suicide, and providing a variety of resources and programs that help to prevent suicide.

The following are the members’ responses:

- “Festival of Hope.” (2)
- “I think the Festival of Hope and the Walk have been done very well.”
- “Festival of Hope. Outreach materials”
- “Festival of Hope. Training and equipping. Collaboration.”
- “LOSS team, voucher program”
- “The outreach to families affected by the suicide of a family member.”
- “Outreach to the community”
- “Educational outreach”
- “Training. Bringing professional resources to the area. Increasing awareness in a cross section of the population.”
- “Lower the stigma on mental illness and suicidal behaviors/thoughts. Informing parents, friends, family members, and whoever else it may be that SUICIDE IS PREVENTABLE!!!”
- “The large billboards and signs regarding veterans suicide awareness would probably not have been done if not for the Task Force. Trainings in both counties - this Task Force has completed hundreds of hours of trainings, most of which probably would not have been done without this Task Force.”
- “United service providers.”
- “We have partnered with each other, bridged the gap between our two counties. We have brought a lot of different voices together. The idea that two counties can work so closely together and impact so many individuals and all of the good work underneath that.”
- “Providing trainings”
- “The variety in what the Task Force has done, the many different areas they cover. The different ways to touch people – trainings, brochures, newspaper insert, billboards, many

different ways we talk about it and advertise it – there need to be a lot of ways to get to the population.”

- “Trainings”
- “They have been spreading the word on suicide prevention.”
- “Worked hard to provide education and resources to address the stigma of mental illness and suicide by providing quality training, support groups, providing cross-agency collaboration.”
- “Allow a voice to be heard from the public and private sector, along with citizens, helping professionals and victims. Listening to the needs of the community and implementing and supporting programs, activities and education to affect change.”
- “The coordinator is very effective and innovative.”
- “Providing avenue of venues and support to other groups or organizations that was needed in the county to help different aspects of our community. LGBTQ, Farmers/Ag, Cultures and Youth. Without this support with personal and funding, these programs would not have been able to come here and educate us and other on how to reduce the disparities of all groups of diversity/cultures.”

6. Ways the Task Force Could Improve in Its Institutional Operations

The members were then asked, “In its INSTITUTIONAL OPERATIONS (i.e., its meetings, meeting times and locations, agendas, operational guidelines, voting system, etc.), are there ways that the Task Force could improve? (If so, please describe.)”

The **main themes** of the members’ responses are: Members generally express satisfaction with the Task Force’s institutional operations, although they provide suggestions for changing the meeting times (such as after regular work hours so that more members of the public can attend), advertising the meetings more and recording the meetings on video for later viewing by the public, never cancelling meetings, and increasing the number of members from the private sector and non-profit organizations.

The following are the members’ responses:

- “I think our meetings and everything all go very well.”
- “I think the systems are working pretty well.”
- “Very well planned and organized as is”
- “I feel the Task Force has done a good job in this area.”
- “No, I find the meetings to be open and inviting.”
- “Advertising the meeting time and location so that the general public could attend.”
- “Schedule some meetings that are more accessible to the public. Publicize meetings. Video record meetings and post them online.”
- “No. Start times in the morning are next to impossible for the Sheriff’s people due to briefing duties first thing in the morning.”
- “I think they have done a good job of operations and scheduling. There is often a packed agenda and appreciate that they try to make time to hear from members.”
- “Perhaps expand voting membership to include more representation from beyond county employees - there doesn’t seem to be many from the private sector”
- “Updating the operational guidelines. We just accomplished that. Making it reflect the partnership and its strength.”
- “Members – making sure we are incorporating a variety of people as members, for example TAY and veterans”
- “Making sure that we not have just county employees as co-chairs, but also community members”
- “Kings County -- we need to get stronger school representation on the Task Force.”
- “The meeting time works for people that come as part of their job, but not for others who can’t get off work and would like to participate.”

- “Do not cancel any meetings. The commitment of the people is so strong that you have to keep going, even if one person isn’t there. You risk losing your core group and dedication.”
- “Establishing term limits for Executive Committee members. Being able to replace members who have been absent for many meetings.”
- “Having at-large members is good.”
- “Clarifying the roles of the two counties in terms of administrative support. There seems to be a bit of disconnect. Maybe look at funding levels, making it equitable between the counties based on funding from the counties.”
- “The Task Force should have had representation from the community, e.g. CSET, Proteus, Family Services, CASA, Visalia Emergency Aid, etc. including private business leaders and service organizations the monies come from the public but community stakeholders were not included.”
- “I thought that the meetings were well organized and mindful of folks’ time.”
- “As with all operations, time limits some actions but they are always carried over or there is a special session to take care of these items if on a priority scale. Keep up the good work.”
- “N/A”

7. Ways the Task Force Could Improve in Its Activities

Next the members were asked, “In its ACTIVITIES (i.e., programs, trainings, outreach, and the general pursuit of its mission to reduce deaths by suicide and suicide attempts in Kings and Tulare counties), are there ways that the Task Force could improve? (If so, please describe.)”

The **main themes** of the members’ responses are: While the members are generally positive about the Task Force’s activities, they made the following suggestions: having more regular activities and a higher public profile of those activities, offering a continually greater variety of activities, continuing to offer and master the current slate of programs and activities rather than expand, increasing awareness in the community, reaching out more to the senior population, having Task Force members appear regularly on a radio program, modifying the Task Force mission statement to focus on preventive efforts rather than deaths by suicide because it is so difficult to determine causation, considering the effectiveness of the Festival of Hope, continuing current trainings, offering a training on 5150 hospitalizations, providing clinical vouchers for the indigent, and offering a program for suicide attempt survivors.

The following are the members’ responses:

- “Very well planned and organized as is”
- “No, I find the Task Force to be inclusive.”
- “More regular activities. Higher public profile.”
- “N/A”
- “I think one of the biggest challenges to meeting the mission is to be able to collect data that shows that the Task Force has reduced deaths. It would be very difficult to make that determination. I believe that the Task Force should consider that since it is difficult to quantify reduction in suicides or attempts, but instead that the mission should be about the preventative aspects which it has done so well, education, training, awareness and stigma reduction around suicide.”
- “As we continue to reach more people our impact will grow.”
- “Continued training of professionals and community members”
- “Clinical vouchers for the indigent”
- “Continue to do the same with all the services they have been providing.”
- “I think a regular radio talk show appearance would be helpful not just the same two people all the time but involving students and different organization so it is a community involvement the Tulare County coordinator never said the words mental illness the first two years I was on the Task Force. I made it my mission to always use the words. He spoke about suicide but never said mental illness -- there was obvious stigma and negative connotations to the words which made me question how he was going to relate to clients.”
- “Overall, I feel that the Task Force met its target to provide programs, training, outreach

to reduce the deaths by suicide and attempted suicides, as well as to address mental illness and the stigma's attached."

- "It's important that we keep looking to diversify what we're doing. If we're doing video, also add pottery, poetry, etc. Diversify activities."
- "SPTF needs to constantly keep up with the issues that face us. What is the need? Trauma informed care is one of the needs. SPTF on the leading edge of providing needed trainings, for example Through the Trauma Lens."
- "The trainings are the most important piece, more than the events."
- "Another areas we've talked about but have not been able to do anything about is people who have made attempts and making sure they get proper follow-through."
- "I have my doubts about the Festival of Hope. It's a nice event, but I can't tell if it furthers the mission or not."
- "I don't have as much information about DRAW or RESTATE."
- "I can't think of how they can. With the budget being reduced they will have to get tighter and better."
- "I wish we had done a training on 5150 hospitalizations."
- "Stop trying new stuff for a while. Master what we're doing."
- "I have implemented programs at my site to reduce the stigma of mental health issues, inform students of the signs and symptoms of depression, bring awareness to the issue of suicide and suicidal thoughts and get clients to seek help and services. These programs have been highly effective. The challenge of the Task Force, going forward, is to convince other stakeholders, including agencies and schools, that they are a gateway to the door of intervention and that intervention and education should be a #1 priority."
- "I would encourage further outreach to the senior population. I appreciated that the Task Force participated in the Senior Day in the Park. With many seniors raising their grandchildren, there are opportunities to affect two generations at once."
- "Increased public awareness -- difficult to achieve on a limited budget"
- "With the number of trainers and resource materials we have I think we are doing exceedingly well."

8. What the Task Force Is Doing That It Should Not Be Doing

The members were then asked, “Are there any things the Task Force is doing that you think it should NOT be doing? (If so, please describe.)”

The following are their responses:

- “No” (5)
- “I don’t think so. I’m really pleased with it.”
- “There are several things that they do, that do not go along with my specialty but other areas need it, so, no, there is nothing I could change with their activities.”
- “Everything we are doing is wonderful. Wouldn't change a thing.”
- “I have questions about the Festival of Hope.”
- “I don’t know about some things, for example the artwork that gets commissioned. I’m not certain that it furthers the mission.”
- “Before the budget reductions, I would have said we should not be doing Sprigeo or SOS. They are not necessarily sustainable by the Task Force. We’ve narrowed it down to a workable Task Force.”
- “Sometimes funds could be spent in ways that would have broader appeal/impact - for example, the concert at the Festival of Hope didn't really do much for suicide prevention, yet it was costly.”

9. What the Task Force Should Do That It Is Not Doing

The survey next asked the members, “Are there things you would like to see the Task Force doing that it is not now doing? (If so, please describe.)”

The **main themes** of the members’ responses are: Members had a variety of suggestions, including a support group and follow-up for suicide attempt survivors, more inclusion of schools and the development of support groups for all youth, billboards for the general population, more outreach to seniors and veterans, more staff development and training, more work to bridge the gap between the medical and mental health communities, and an outcome-based Task Force annual report.

The following are the members’ responses:

- “No” (5)
- “N/A”
- “I don’t think there is.”
- “More on suicide attempt survivors. Maybe a support group or something.”
- “It doesn’t seem like our suicide rate has decreased since the Task Force started, but then we have been in a very bad economic downturn so perhaps things would have been even worse without their activities. It also may just take time for all the trainings to start to show an effect.”
- “I know that without funding the activities become limited, however, we need to find ways to continue to pursue the activities of the Task Force however it may.”
- “I would like to see more done with the schools why is no one from a school district coming. When I first joined there was a representative from the joint superintendents’ organization that came. The principal and staff at Farmersville High were very interested and receptive. They would be great spokespeople. I would like to see a support group for youth, all youth, not just medically eligible, not just LGBTQ, not drug and alcohol, not something in the less than desirable neighborhoods of communities. We get calls all the time from private providers, parents, and young people about a support group for all held in the evenings in a good location. I have been asking about this for years when I first co-founded the Teen Survival Conference in 1989. I have never understood the lack of interest and concern for our youth, even in years when the suicide rate in the schools has been very high. I also think there was a missed opportunity to not do a billboard on Mooney Boulevard or Highway 65 or 99 to raise awareness it should have been focused on all people.”
- “Maybe the Task Force needs to recognize the strengths of members to do things and trusting them to do things. Also, make sure people have the Task Force’s mission in mind, not personal agendas. But I think the Task Force is doing a great job.”
- “Outreach to the senior population”

- “Would like to see more work with veterans, but am not sure how.”
- “More outside training for us trainers that do not have a license to practice, to enhance our skills or allow us to participate in those training that are schedule up for professionals.”
- “Have a much more tangible measurement of our suicide prevention impact and effectiveness. Let’s do an annual report – reflect back and see. Get annual report out, evaluation tools in place.”
- “To be able to say that the suicide rate is declining.”
- “A lot of discussion seems to be being an exemplary task force or being admired by other people, but I think our focus should always be on our mission rather than on being admired by others.”
- “So many things – more staff development, professional trainings that really assist individuals as service providers”
- “Could probably look at how to bridge gap between medical and mental communities – integrated care.”
- “Helping people who have made suicide events – getting a safety net process in place to make sure they get into follow-up care.”
- “There are a lot of people who don’t ever hear the message. We could be reaching more people.”

10. Personal Interventions with Someone Having Suicidal Thoughts

Finally, the members were asked, “If you answered YES to the above question: Without revealing any personal information about individuals having suicidal thoughts with whom you intervened, would you please share a brief story or two about your intervention(s) since you became a member of the Task Force?”

The following are the members’ responses about their personal interventions with people having thoughts of suicide:

- “Before being on the Task force, I did not know all the facts I know now. I did not have all of the information on services and ways to get help that I do now. I have dealt with more than one suicidal person since being on the task force, one being myself. I am now able to explain what the word HOPE really means and take the correct steps to do whatever I can to prevent a suicide. I was able to get the numbers for the hotlines to a friend who was suicidal, it was a success, she did not complete her suicide. And for myself, I suffer often, but knowing the meaning of hope has kept me alive and always will. Before I had no hope, now I do. Thanks to the Task Force.”
- “I am rarely directly involved as a front line responder on crisis calls, although I do frequently consult with our front line staff. My staff who have been involved in many of the training and activities of the Task Force have shared with me how they have found the trainings useful. They have shared with me that the education, training and awareness staff have developed as result of this find themselves better prepared to give a compassionate response to people that are suicidal.”
- “As Sheriff Sergeant and Chief Deputy Coroner (Now Retired) and Crisis Negotiator (Now Retired), for the Kings County Sheriff’s Office, I have been put into situations wherein communication with suicidal individuals was part of my job function.”
- “One instance that sticks out vividly was when I was able to intervene with a homosexual male who was being outcast by his family for his sexual orientation. He had been struggling with depression for a long time and he felt that he was at the end of his rope. I was able to walk him through the process of agreeing to seek help, and then was able to link him directly to another ASIST trained community member who transported him directly to Mental Health, and got him linked to a provider that was sensitive to his needs. He later came and thanked me for taking the time to spend with him, and told me he had a new hope.”
- “I have been able to more readily discern subtle inferences and address them immediately. I find that people are actually willing to share when asked directly and sometimes I have been surprised by their responses.”
- “My brother is a veteran and suffered from PTSD. Provided him with the Lifeline number and helped link him with VA services.”
- “19 year old youth called and said they were going to ‘end it’ so I drove to pick them up while [name] prepared spare room for them. They spent three nights at our house and we got them to a professional who deals with transgender persons and things have been go-

ing fairly well in the past year.”

- “Several situations have arisen in the course of my duties and resulting contacts unique to law enforcement. Several survivors have confided in sharing ideations due to their loss and perceived culpability in that loss. The LOSS Team has provided an outlet to refer these people. No colorful anecdotes however.”
- “I have been involved with support groups and answering support calls for many years and the topic does come up the vast majority have had many repeat conversations”
- “A Vietnam veteran was displaying destructive behavior. Pointed out this activity to veteran and was able to modify some of this self-destructive attitude, Wife was extremely distraught and was able to talk her down. Received cold call from a veteran in Delaware in stress. Was able to talk this person down. I called back three weeks later and the veteran was doing OK.”
- “I implement the SOS-Signs of Suicide program at my school site. I have had numerous cases where students are screened for depression and educated on the signs and symptoms of depression. As a result, we have intervened on behalf of many students with suicidal ideation, past attempts or we have been given information about a friend or loved one with similar problems. On average, between 9-12% of the students screened have been found to have depressive thoughts and between 1-3% have had some form of suicidal ideation. One student came to my office to alert staff of a friend, at another school, who exhibited the signs and symptoms of depression. When officials at that school were alerted, they found a vial of prescription medicine in the student's purse along with a plan to take their life. Other students have come forth for the first time to discuss their inner feelings of depression and ask to seek professional help. These are but a few stories and of the power of education and intervention.”
- “As a physician I feel more confident talking to depressed patients and their families as I am more aware of resources.”
- “A woman had lost her son to suicide. She saw it happen. Less than a month after his death, she called me on her cell phone. She said, ‘I’m going to kill myself and you’re not going to stop me.’ I called the Lifeline for her. I was going back and forth between her and the Lifeline. She agreed to answer the phone when the Lifeline called her. I drove immediately to her house and the Lifeline called her. Eventually I found someone for her to stay with and gave her medications to that person. She went into counseling the next day. She was moving out of state to teach. One of my friends had a friend visit her in that state. She went with her on Amtrak to Washington State and let her stay with her until she got an appointment. She fought the whole way. She’s struggling but still alive.”
- “Most of my interventions have been with survivors, people who lost people to suicide. A woman lost her daughter to suicide. She and another one of her kids became suicidal. I talked to her a lot during that time. She went through grief and bereavement counseling. She still struggles. Her son – it’s been five years since his sister was lost to suicide – he is going through grief and bereavement counseling, too.”
- “I intervene about six times a year. One was a 16 year old who was pregnant and afraid to tell her parents. I knew her personally. She came to me and we talked about options. In

the end she talked to her parents and suicide was no longer an option. She gave birth and kept the child.”

- “I asked the direct question with a former client. I try to make sure everyone knows to ask the question.”
- “A person at a funeral was planning his suicide. He said later that something I said gave him hope. That person talked to another person and asked the question, ‘Are you thinking of killing yourself.’ It was a positive chain.”
- “My most important intervention was years ago. A group of therapists was at an ASIST training. The therapist realized that a friend of his on Facebook was saying that he wanted to kill himself, with pictures, not words. His friend had a pistol on the table. The therapist prevented the suicide, but ASIST made the prevention possible.”
- “There were an aunt and her niece. The niece completed suicide. The aunt started crying when she talked about the niece youth. I asked if she was OK. She said no and had thoughts of suicide. She and I talked. She was OK then. I checked with her and gave her someone to talk to at the end of the day. I followed her to the counselor’s office. She just needed someone to talk to who was understanding and caring.”
- “In the Fresno airport I was carrying a Festival of Hope bag. A man saw my bag. His brother in law completed suicide and his wife had suicidal thoughts. I got her help.”
- “I was on a bus on the way to a convention, carrying a Festival of Hope bag. Someone saw it and told me she was looking for a support group. Her husband completed suicide several months before. She was worried about her son, who was also on the bus. He agreed to talk to me and I talked to him for three to four hours. I also supported the woman.”
- “I did four interventions in San Diego. People saw my Festival of Hope bag. Another woman on the bus heard me talking. She talked to me later.”
- “Someone at an ASIST class talked to me during a break. The person was feeling low and had attempted before. The person had no plans, but just needed to talk.”
- “A senior citizen at an ASIST class needed to go to assisted living home. He was planning suicide before he had to go in. I helped him realize that people in assisted living could probably use his help. He got resources from me and finished ASIST training. He did not attempt suicide and instead gave me the pills he was carrying in his pocket.”
- “At last year’s Festival of Hope I made two significant contacts, a youth and his mom. The youth was thinking about suicide. The mom brought him for help. We talked and called the Trevor Lifeline. He talked. I took the mother to give him privacy. The son had no more suicide ideation.”
- “The other contact involved a parent with a gay son. The father was embarrassed at having a gay son. His church condemned the son, who was having thoughts of suicide to get rid of the pain. I got him help. One month later he still had thoughts of suicide. I connected him to PFLAG.”
- “One man was not succeeding in his chosen career and had suicidal thoughts, but no plan.

I talked to him.”

- “At Fresno Pride a happy, smiling 19 year old told me that Trevor saved his life when he was 17. His parents rejected him when he came out. He found a Trevor card somewhere and called and got linked to support. He called Trevor again. His mom heard him talking to Trevor. (He had left the door open.) His mom knocked and opened the door crying, saying, ‘I didn’t realize I was really going to lose you.’ They called Trevor together. She said, we need to talk to your dad now. His mom and dad are very supportive now. This year they all went together to Fresno Pride and he helped with the festival. His parents paid for the hotel room.”
- “I was doing outreach at [a casino]. A young woman told me she was feeling rejected because she was trying to come out as a lesbian and was in crisis about what to do. She was having suicidal thoughts, but not verbalizing them. I gave her a ride down the mountain to call Trevor. I have seen her since. She is doing better, but not living on the Reservation.”
- “A transgender man (female to male) completed suicide. He was at the point of completion of his transition. He should have been happy it was done, but there was family rejection. He had five close friends who were supportive, one of whom was going through a transition. Their question was, ‘Didn’t I hear him, didn’t I say the right things?’ The transgender man was wondering if it was going to happen to him. I did peer support with all five of them and they supported each other.”