Glenn County Strategic Suicide Prevention Plan

2023 – 2026

Glenn County SPEAKS

Suicide **P**revention, **E**ducation,
Awareness, **K**nowledge, **S**tigma Reduction

Glenn County

STRATEGIC SUICIDE PREVENTION PLAN 2023-2026

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Get Help Now

If you or someone you know needs support now, call or text **988** or chat **988lifeline.org**.

Si tú o alguien que conoces necesita apoyo, llama al **988** (servicio en español) o envía un texto al 988 o chat vía **988lifeline.org** (en inglés).

Glenn County 24/7 Crisis and Access Line: **1-800-503-3530**

Crisis Text Line: **text TALK to 741741**

For veterans, call the Lifeline at **988 or 800-273-TALK (8255) and press 1, or Text 838255**

For people who are deaf or hard of hearing, use your preferred relay service or dial **711 then 988.**

For teens, call the TEEN LINE at **310-855-4673 or text TEEN to 839863.**

For LGBTQIA+ youth, call The Trevor Project at **866-488-7386 or text START to 678678.**

For gender diverse individuals, call the Trans Lifeline at **877-565-8860.**

For law enforcement personnel, call the **COPLINE at 800-267-5463.**

For other first responders, call the **Fire/EMS Helpline at 888-731-FIRE (3473).**

Special Acknowledgements

The Glenn County Suicide Prevention Coalition engaged in the development of a mission statement and coalition goals. One of the primary goals was the creation of a county-wide Suicide Prevention Plan. The coalition members have been actively involved in a community planning process to develop a county-wide Suicide Prevention Strategic Plan. Several coalition members and the Glenn County Behavioral Health Mental Health Services Act (MHSA) Unit organized and facilitated community forums and focus groups, provided data in this plan, and assisted with writing this document. To these individuals: Thank you for your dedication to this cause and your tenacity during this process. Your input and collaborative spirit have made this process possible.

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Glenn County Public Health
Glenn County Social Services
Glenn County Substance Use Disorder Services
Hamilton Unified School District
Lake Elementary School District
Orland Unified School District
Plaza Elementary School District
Stony Creek Joint Unified School District
Westside Domestic Violence Shelter
Willows Unified School District

Community Forum Attendees and Key Informants

We would like to express our sincerest appreciation and gratitude to the community members and partners who attended the community forums, key informant interviews, and/or participated in focus groups. Your input was invaluable. Due to the subject's sensitive nature, focus groups and key informant participant names will remain anonymous.

Community Involvement in Developing the Strategic Suicide Prevention Plan

We recognize that Glenn County's suicide prevention, intervention, and postvention efforts would not be where they are today without community stakeholders' input, involvement, and collaboration.

Dedication

This Plan is dedicated to all the residents of Glenn County who the issue of suicide has touched: whether by suicide attempt, loss survivors, those providing care and support for individuals impacted by suicide, or those in emotional pain and/or struggling with suicidal ideation. We believe that together we can make a difference and prevent the occurrence of suicide in our community.

Introduction

Overview

Suicide is a significant public health issue preventable through a coordinated community approach. The impact of suicide is far-reaching and is not limited to the immediate family but extends throughout communities and across generations. Suicide rates are consistently higher in rural areas than in more urban areas[1]. Glenn County's rate of 20.6% is twice that of California as a whole, 10.9%. As a community, Glenn County can make a difference and save lives by uniting and working collaboratively to increase awareness about mental health stigma and the warning signs of suicide to prevent suicide. There is no single cause of suicide; it is a complex issue.

The Glenn County Strategic Suicide Prevention Plan is intended to increase awareness about suicide and recommend strategies to help prevent suicide. It serves as a guide for the community to work collaboratively to help reduce suicides in our community. The goals of this plan are outlined below and further discussed on page 25 of this document.

Goal 1: Establish a Suicide Prevention Infrastructure

Goal 2: Minimize Risk for Suicidal Behavior by Promoting Safe Environments

Goal 3: Coordinate Collaborative Activities with Efforts to Address Stigma around Help-Seeking in the Community

Goal 4: Establish Support Services Following a Suicide Loss

Goal 5: Support Districts and Schools in Implementing Comprehensive Suicide Prevention Approaches in the School Setting.

The Plan provides relevant County demographics, information related to risk factors, protective factors, and the warning signs of suicide. State suicide data is presented, in addition to the specific Glenn County suicide data, to increase awareness about the impacts of suicide on Glenn residents. The Glenn County Strategic Suicide Prevention Plan is posted on the Glenn County Behavioral Health website at https://www.countyofglenn.net/sites/default/files/Glenn%20County%20Suicide%20Prevention%20Strategic%20Plan.pdf.

Suicide Statistics

U.S. Suicide Statistics

Suicide affects people of all ages and demographic groups. Some populations are disproportionately impacted by suicide. However, the statistics below are from national and California statewide sources.

- As of 2020, suicide is the twelfth leading cause of death in the United States[2].
- The age-adjusted suicide rate in 2020 was 13.48 per 100,000 individuals[3].

- In 2020, firearms accounted for 52.83% of all suicide deaths[4].
- Men died by suicide 4 times the rate of women in 2020[5].

California Suicide Statistics

- In 2020, California experienced 4,144 suicide deaths[6].
- In 2020, 45% of firearm deaths in California were suicides, and 37% of all suicides in California were by firearms[7].
- Suicide is the 14th leading cause of death in California; the 3rd leading cause of death for Californians between the ages of 10-24; and the 2nd leading cause of death for Californians between the ages of 25-34[8].
- Almost five times as many people died by suicide in California in 2019 than in alcohol-related motor vehicle accidents; suicide deaths reflect a total of 80,707 Years of Potential Life Lost (YPLL) before age 65[9].

County Demographics

Glenn County Demographics

Glenn County is located in Northern California, approximately 100 miles north of Sacramento and 95 miles south of Redding. The County is about 1,347 square miles with 21 persons per square mile, classifying Glenn as a frontier county. There are over 1,188 farms producing rice, almonds, dairy products, prunes, and livestock[10]. Glenn County's population is 28,805[11].

The California Health Interview Survey[12] indicates that 39.91% of the population in Glenn County speaks a language other than English. Spanish is the primary threshold language in Glenn County, with approximately 35.94% of the population speaking Spanish[13].

- **Population City Distribution**

There county has four primary towns: Orland[14], population 8,500; Willows[15], population 6,319; Hamilton City[16], population 2,363; and Elk Creek[17], population 134.

It is important to note that Hamilton City's population consists primarily of Latinx residents. 1,431 out of the 2,363 total residents of Hamilton City identify as Latinx[18].

- **Population Age Distribution**

Approximately 13% of the population is 0 – 9 years old; 16% are 10 – 19 years old; 61% are 20 – 69 years old; 10% are 70 years or older[19].

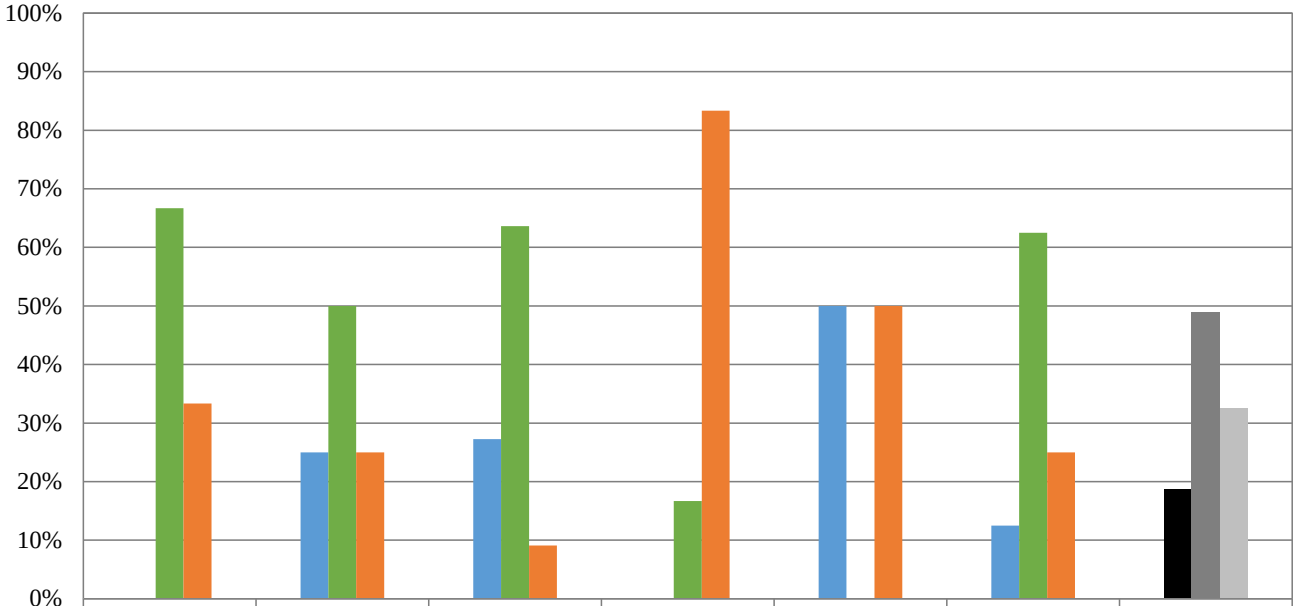
- **Population Race Distribution**

Population data shows that approximately 49.1% of residents are Caucasian; 44% are Latinx; 1.5% are African American; 3% are Asian; 3.4% are American Indian / Alaska Native; 0.3% are Native Hawaiian / Other Pacific Islander, and 3.0% are two or more races[20].

Glenn County Suicide Data: Age Distribution

Figure 1 shows the suicide deaths across the six (6) year period of 2015 - 2020. There were 43 suicide deaths during this six (6) year period. Figure 1 also shows this data by age. Across the six (6) years, 19% of all suicide deaths were for individuals aged 15-25. Individuals aged 26-59 years accounted for 49% of suicide deaths, and 32% were individuals 60+ years.

Figure 1
Glenn County Suicide Deaths by Age
C.Y. 2015 - 2020



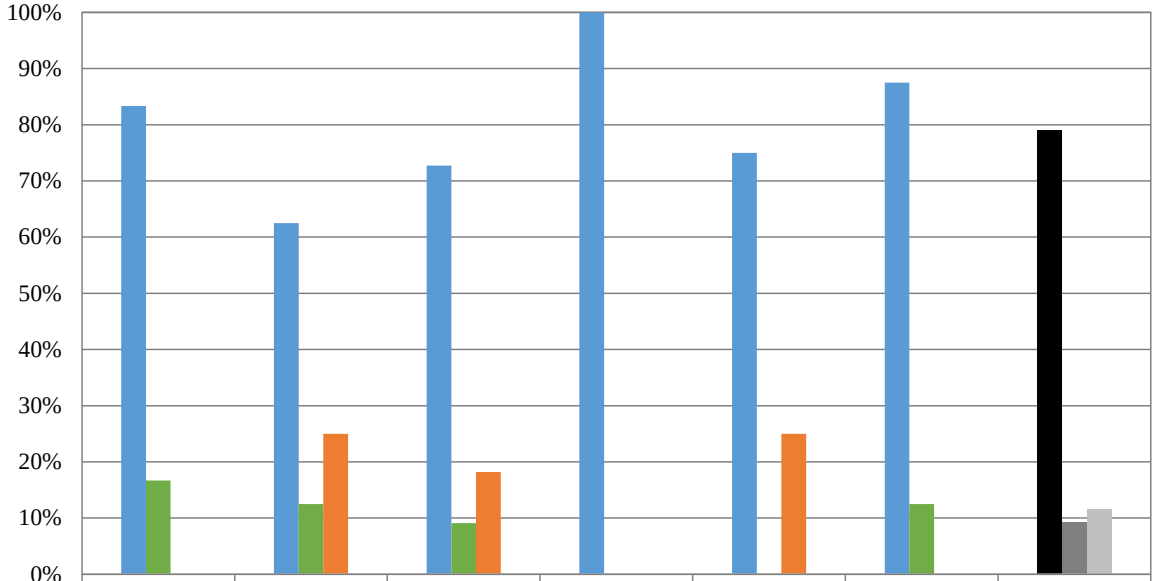
	2015	2016	2017	2018	2019	2020	Total
# 15 - 25	-	2	3	-	2	1	8
% 15 - 25	0.0%	25.0%	27.3%	0.0%	50.0%	12.5%	18.6%
# 26 - 59	4	4	7	1	-	5	21
% 26 - 59	66.7%	50.0%	63.6%	16.7%	0.0%	62.5%	48.8%
# 60+	2	2	1	5	2	2	14
% 60+	33.3%	25.0%	9.1%	83.3%	50.0%	25.0%	32.6%
Total	6	8	11	6	4	8	43

Source: Glenn County Sheriff's Department-Coroner's Office

Glenn County Suicide Data: Race/Ethnicity Distribution

Figure 2 shows the suicide deaths by Race/Ethnicity from 2015 - 2020. Seventy-nine percent (79%) of suicide deaths across the six (6) years were for individuals who were White, 9% were Hispanic/Latino, and 12% were from other races/ethnicities.

Figure 2
Glenn County Suicide Deaths by Race/Ethnicity
C.Y. 2015 – 2020



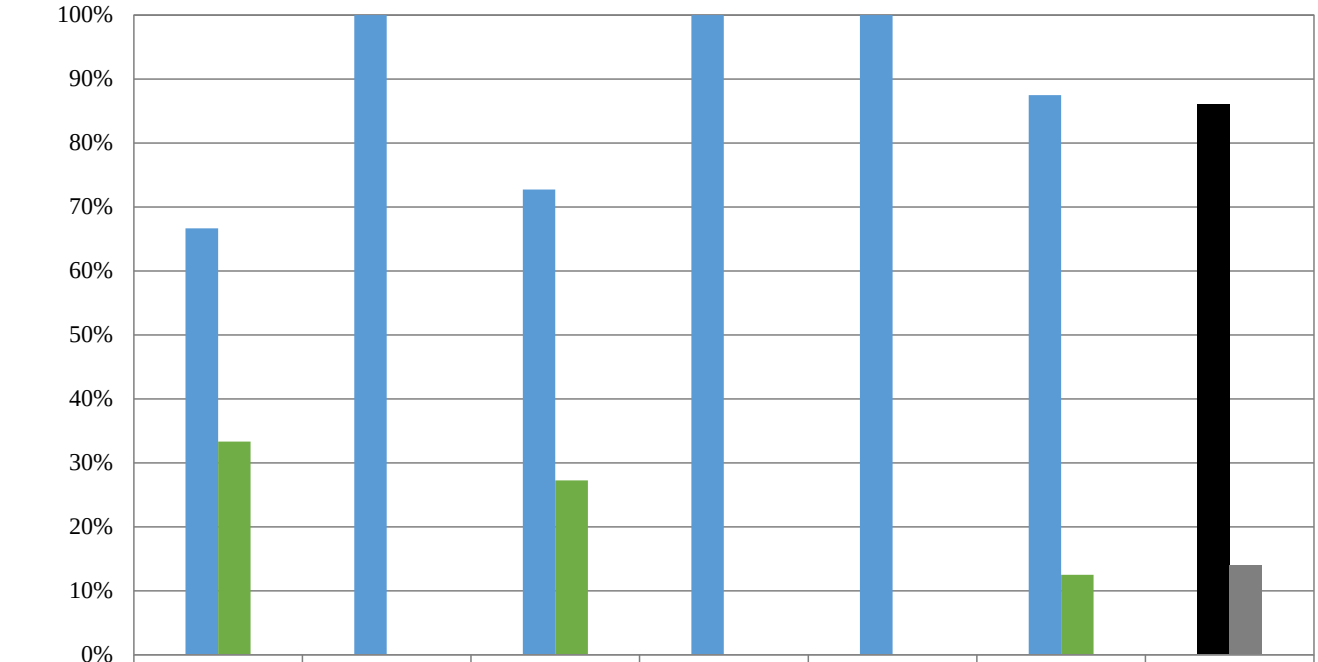
	2015	2016	2017	2018	2019	2020	Total
# White	5	5	8	6	3	7	34
% White	83.3%	62.5%	72.7%	100.0%	75.0%	87.5%	79.1%
# Hispanic/ Latino	1	1	1	-	-	1	4
% Hispanic/ Latino	16.7%	12.5%	9.1%	0.0%	0.0%	12.5%	9.3%
# Other*	-	2	2	-	1	-	5
% Other*	0.0%	25.0%	18.2%	0.0%	25.0%	0.0%	11.6%
Total	6	8	11	6	4	8	43

**'Other' includes Asian; Filipino; East Indian; Native American*
Source: Glenn County Sheriff's Department-Coroner's Office

Glenn County Suicide Data: Gender Distribution

Figure 3 shows the suicide deaths by Gender across 2015 - 2020. Eighty-six percent (86%) of individuals were Male, and 14% were Female across the six (6) years.

Figure 3
Glenn County Suicide Deaths by Gender
C.Y. 2015 – 2020



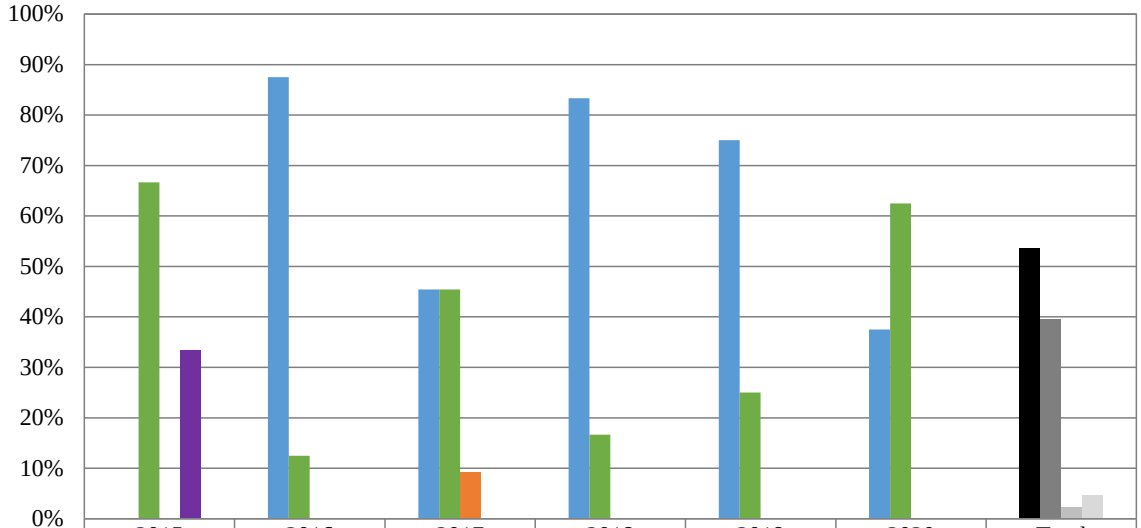
	2015	2016	2017	2018	2019	2020	Total
# Male	4	8	8	6	4	7	37
% Male	66.7%	100.0%	72.7%	100.0%	100.0%	87.5%	86.0%
# Female	2	-	3	-	-	1	6
%Female	33.3%	0.0%	27.3%	0.0%	0.0%	12.5%	14.0%
Total	6	8	11	6	4	8	43

Source: Glenn County Sheriff's Department-Coroner's Office

Glenn County Suicide Data: Means of Suicide

Figure 4 shows the suicide deaths by Means of Suicide from 2015 – 2020. The largest percentage of suicide deaths are the result of a Firearm at 53%, followed by asphyxiation due to Hanging at 40%. Other means include Substance Overdose deaths at 5% and Asphyxia at 2%. The data relating to means correlates with gender in Glenn County, where males are known to use more lethal means.

Figure 4
Glenn County Suicide Deaths by Means of Suicide
C.Y. 2015 - 2020



	2015	2016	2017	2018	2019	2020	Total
# Firearm	-	7	5	5	3	3	23
% Firearm	0.0%	87.5%	45.5%	83.3%	75.0%	37.5%	53.5%
# Hanging	4	1	5	1	1	5	17
% Hanging	66.7%	12.5%	45.5%	16.7%	25.0%	62.5%	39.5%
# Asphyxia	-	-	1	-	-	-	1
% Asphyxia	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	2.3%
# Substance Overdose	2	-	-	-	-	-	2
% Substance Overdose	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%
Total	6	8	11	6	4	8	43

Source: Glenn County Sheriff's Department-Coroner's Office

Data Considerations

All data utilized to inform this plan and the Glenn County Suicide Prevention Coalition has been gathered in partnership with the Glenn County Sherriff's Office and the California Department of Public Health. Collected data is shared with partner agencies and coalition members to formulate suicide prevention, suicide intervention, and suicide postvention processes. Through our strategic plan, we hope to strengthen our available local data through partnerships with the Glenn County Sherriff's Office regarding expanding the collection of ethnicity data, gender data, occupational data, and sexual orientation. All data collected is analyzed to assess needs, discover gaps in services, and establish strategies to address places of improvement.

Suicide Warning Signs

Warning Signs for Suicide

The recognition and appropriate response to warning signs and symptoms of suicide have a more significant potential for prevention when those in a supportive role have the tools and/or resources to link the individual to intervention and treatment services. Warning signs can include but are not limited to:

Image Citation: National Institute of Mental Health. (2022). Warning Signs of Suicide. Retrieved from https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide.

Suicide Risk & Protective Factors

Suicide is a complex public health issue in which multiple intersecting risk and protective factors come into play. Protective factors can increase resilience and can reduce the likelihood for an individual to act on thoughts of suicide. Each individual responds to their environment differently; therefore, what may be a protective factor for one person may not provide any relief or protection for another person. Similarly, risk factors are unique to each individual. Risk may vary by age, culture, gender, sexual orientation, and other factors.

Suicide Risk Factors[21]

Suicide risk factors at the individual level include:

- Prior suicide attempt(s)
- Thoughts of suicide with intent and planning (especially intense, pervasive, and difficult to control)
- Perceiving few reasons for living
- Demographic factors (male sex, Indigenous or white ethnicity, middle to older age)
- Unmet acute or persistent physical health and behavioral health needs, including chronic pain, disability, substance use, and mood disorders
- Access to lethal means and gun ownership, especially having guns in the home.
- Social isolation and low sense of belongingness
- Feeling hopeless about the future
- Unstable mood or sleeping patterns, including insomnia and nightmares
- Hospitalization or incarceration
- New or ongoing financial or employment problems

Suicide risk factors at the relationship level include:

- End of a relationship or marriage, including by death or divorce
- Relational dissatisfaction and problems, including abuse
- Unstable or conflictual relationships

Suicide risk factors at the community level include:

- Lack of access to appropriate and affirmative health, mental health, and substance use disorder care
- Disconnection from culture and cultural practices

Suicide risk factors at the societal level include:

- Cultural beliefs or institutions that promote social isolation
- Sensationalistic media coverage, especially for youth
- Mental health stigma and discrimination

Suicide Protective Factors[22]

Factors that reduce or protect against risk at the personal level include:

- Life skills for coping, especially during stressful events and life changes (including problem-solving skills, coping skills, ability to adapt to change)
- Coping skills and resources acquired after previous suicidal behavior
- Personal or religious beliefs that prohibit or discourage suicide
- High self-esteem and sense of worth
- Strong quality of life with a purpose for living
- High sense of belongingness

Factors that lessen or protect against risk at the relationship level include:

- Connectedness to family or family of choice
- Genuine support from family or family of choice
- Relationships that affirm sexual orientation and gender identity

Factors that lessen or protect against risk at the community level include:

- Access to appropriate and affirmative health, mental health, and substance use disorder care
- Connectedness to neighborhood, community, or social group
- Community members who check in with one another
- Social institutions that promote healthy and active lifestyles

Community Input

Stakeholder Engagement

The Suicide Prevention Coalition is doing excellent work to implement the Suicide Prevention Plan in Glenn County. The coalition started by facilitating the community planning process through stakeholder planning meetings, key informant interviews, and focus groups. The initial community planning process included four key informant interviews and eight focus groups. One key informant interview was utilized to add further context to a focus group. The qualitative data collected from these focus groups and key informant interviews informed the overall planning process of the Strategic Suicide Prevention Plan goals and objectives.

Stakeholder groups included representation from consumers, family members; mental health; substance abuse, and physical health providers; law enforcement; community organizations; first responders; and representatives from the County's unserved/underserved LGBTQIA+ and Latinx communities, including a focus group held in Spanish.

Members of the Glenn County Suicide Prevention Coalition and Glenn County Behavioral Health Mental Health Services Act Unit staff conducted focus groups or key informant interviews with communities at increased risk for suicide.

Populations of Focus

Suicide affects people of all ages and demographic groups, but some populations are disproportionately impacted by suicide. Simply being part of a group does not itself lead to increased suicidal behavior. Instead, it is the fact that certain risk factors, such as stigma, prejudice, and marginalization, can be more prevalent for individuals within that group. The following populations were identified by the Suicide Prevention Coalition and/or the community to be disproportionately impacted by suicide, as evidenced by local, state, and national suicide statistics:

- Transition Age Youth (TAY), ages 16-25
- LGBTQIA+ community
- White/Caucasian Men, ages 25-59, Veterans, and Male Substance Use Disorders
- Older Adults
- Latinx / Hispanic community
- Victims of Intimate Partner Violence (IPV)
- First Responders
- Female Substance Use Disorders
- Loved Ones / Loss Survivors
- School Staff
- Community Forum

Key Stakeholder Findings

Key informants and focus group participants provided a variety of insightful findings and key takeaways. The main takeaways from Glenn County stakeholder participants included increased visibility of crisis lines and mental health information, increased opportunities for peer engagement and support, increased education surrounding mental health and suicide prevention, and increased community engagement with diverse populations.

Key findings also included the desire for the coalition to assist in empowering groups and organizations to respond internally to crises. It was also found that there is a need for increased intervention resources for individuals qualifying for private insurance or individuals who fund their healthcare treatment. Another finding surrounded the identified need for responding to individuals who have experienced a suicide attempt. The Glenn County Behavioral Health Crisis Response and Community Connections team will continue to address this need.

Below is a summary of key findings and takeaways from the populations of focus.

Transition Age Youth (TAY)

TAY stakeholders identified having easy access to counseling or therapy, a private safe space, and a room at school to gather their thoughts for self-regulation while at school. Safe adults or teachers available to listen and support youth feeling depressed or anxious were also identified as readily available.

The participating youth did not believe there was a wide variety of places to express their gender, sexual identity, heritage, or different aspects of themselves. They identified the TAY and close friend groups as safe places to express their gender identity, sexuality, and culture.

Youth recommendations included consistently announcing mental health resources over the intercom during morning announcements at schools. Participants felt this would help to support youth knowing about the TAY and available mental health resources. Recommendations also included integrating mental health subjects into Health classes, and increasing outreach to schools. Other youth suggested providing toolkits for teachers with resources to hang in their classrooms. Youth also discussed the need for consistent messaging throughout the year at the school. Youth participants also recommended increasing the availability of peer support.

Youth participants have several suggestions to amplify TAY voices. Recommendations included inviting youth to participate in critical meetings where decisions will be made. Youth also suggested providing multiple ways to engage and participate in decision-making, including polls and surveys. Another suggestion was to hold meetings at youth-friendly times, such as not during school hours.

LGBTQIA+ Community

Focus group participants identified needed support for LGBTQIA+ individuals experiencing mental health symptoms. Needed supports included easy access to mental health therapy and counseling with individuals who are experienced or comfortable with discussing LGBTQIA + issues and/or are LGBTQIA + identifying. Recommendations also included increased representation of LGBTQIA + communities in Glenn County.

Stakeholders shared that are very few safe places within Glenn County where they feel comfortable being themselves. Safe places in Glenn County include The Alliance groups at local schools, the TAY Center, and friends. Schools were not identified as safe places by stakeholders as they felt there is homophobia and bullying that can take place at school.

Glenn County can promote wellness in the LGBTQIA + community by having more awareness and knowledge. There was some discussion about meeting people where they are and creating a learning environment for others to hear and ask questions. Stakeholders mentioned explicitly for this place to be non-judgmental toward all participants, both those who may have homophobic ideologies and those from the LGBTQIA+ community, to encourage a middle area that enables both parties to learn and grow; within an inclusive atmosphere.

White / Caucasian Males Ages 25-59, Veterans, and Males with Substance Use Disorders (SUD)

Community participants stated various supports are needed for the above-stated communities when individuals are experiencing depression or anxiety. Stakeholders described family, friends, peers, gatekeepers, and mental health treatment as potential supportive resources for individuals. Participants suggested expanding peer support services, specifically for the Veteran community.

Participants suggested amplifying community members' voices through community forums and surveys. It was also recommended to hold discussions at churches, the local Moose Lodge, and

other organizations where people were already gathering. Participants also suggested collecting specific data regarding Veteran suicides in our community.

Additional suggestions included: reducing access to legal weapons that can be used for suicide, suicide prevention training for health care providers, and offering targeted outreach and prevention services.

Seniors / Older Adults and Caregivers

Key informants shared a variety of support needed when senior or older adults experience depression or anxiety. These supports include psychoeducation, awareness, and knowledge. Understanding and knowledge regarding loss and depression; when is a depressive and anxiety response normal and when does it become something that needs more intervention; and demystifying the concept of mental health (stigma) as supportive and necessary. Other recommended supports include regular social interaction, people who visit in-home and check in on Older Adults and assess, and community meeting groups geared toward their generation/social circles. Another identified need is an increase in agencies that focus on older adults' mental and physical health as related issues in a co-occurring capacity. With this population, these two areas are significantly intertwined.

The Glenn County community can support wellness for the older adult population through friendly visitor outreach, hotline/warm line specifically for older adults (such as San Francisco's Friendship Line). Other recommendations include campaigns regarding wellness for older adults to potentially have large banners in Orland – this is where it has been a tradition to advertise events in Orland for years as ways the community can support wellness for seniors. A possible theme of the campaign would be "Checking in on your neighbors." The stakeholder shared that this population primarily receives information by word of mouth. It was suggested to engage with banks, libraries, and doctor's offices to be informed and provide resources supporting the older adult community.

Latinx / Hispanic Community

Focus group participants shared various suggestions for support needed within the Latinx community to support suicide prevention. Recommendations included expanding available Spanish groups, such as more psychoeducational groups, WRAP (Wellness and Recovery Action Planning), and stigma reduction groups. Participants identified a need for an increase of resources within schools, doctor's offices, and the community, and transportation were also identified. Participants identified increased education for community members, including youth and parents, specifically within the Latinx community, regarding stigma around mental health. Another suggestion provided by participants was to begin discusing about suicide and seeking mental health treatment within the Latinx community and Glenn County.
Culturally responsive services identified in Glenn County included Harmony House, the Transition Age Youth Center, and the Spanish language WRAP group when it previously occurred.

Participants also provided feedback regarding amplifying the voices of Latinx community members on issues that impact their community. Suggestions included participating in at Board

of Supervisors meetings and the “Consumer Voice” group at Harmony House. These meetings also hold a barrier, as translation services are not provided during these meetings.

Loved Ones / Loss Survivors

The stakeholder made various suggestions for loss survivors after they have experienced a suicide loss. Access to mental health services following a loss can be critical support. One suggestion was to provide access to loss support groups in our community. The most significant support identified was having individuals a loss survivor can go to, whether this be friends, family, mental health professionals, or community members. The stakeholder also described a desire to connect to individuals who also had experienced suicide loss. Other supports also included faith-based or spiritual communities.

The community member shared ideas for increasing loss survivors’ voices in the context of Postvention and Suicide Prevention. The individual suggested inviting individuals to workgroups or coalition meetings to share their personal experiences and ideas for Postvention services.

Postvention suggestions were provided by the stakeholder. The participant suggested forming a subcommittee to develop a Postvention response for Glenn County. Recommendations also included involving law enforcement in postvention conversations and having individuals who specialize in youth available to respond in the aftermath of suicide if children are present.

Victims of Intimate Partner Violence (IPV)

Key informants shared various suggestions for support for those who have experienced Intimate Partner Violence (IPV). Support needed when an individual who has been a victim of IPV experiences depression or anxiety is to have been having support and someone to ask the hard questions. Experiencing IPV is isolating, and having someone reach out and ask the hard questions about IPV is supporting and having a place to go and process the experience and learning tools to help depression and anxiety. The stakeholders also identified a need for a warm line to call to support IPV survivors when triggered.

Through awareness and knowledge sharing, Glenn County community members can support wellness and suicide prevention for IPV survivors. This awareness and knowledge sharing should begin at a young age that is developmentally appropriate. Lage Community events like SPEAKS or Recovery Happens are recommended to include personal stories of resiliency and recovery. The idea that others have been through similar experiences and talking about it out loud facilitates hope for others and can inspire others to take the first step toward recovery. Participants suggested that there be more provided community training on SafeTalk and also provide START training access for the community. Facilitate community focus groups also to create awareness and knowledge.

First Responders

A need was expressed for first responders in Glenn County to have specified mental health treatment options and resources. Participants shared a need for mental health care that addresses the unique traumas first responders experience, as well as a need for inner-department debriefings after critical incidents. Focus group attendees identified a need for First Responder-

specific crisis resources that can be accessible to alleviate the emotional impact of First Responder duties, and address stigma reduction towards the First Responders that seek the resources.

Participants spoke of current barriers to mental health treatment, mentioning stigma and a fear of a lack of confidentiality. Possible solutions to these barriers include outsourcing first responder-specific mental health care from a larger area, such as Sacramento. Participants felt this distance would decrease the stigma from first responders against utilizing mental health care.

Female Substance Use Disorders (SUD)

The three participating individuals identified several needs for suicide prevention within Glenn County and those engaging in recovery. Individuals identified the need for more community members to feel comfortable asking difficult questions and engaging in uncomfortable conversations surrounding co-occurring disorders and suicidal thoughts.

Mental health and suicide prevention supports that were identified included Glenn County Mental Health, Harmony House, psychiatrists, case workers, child welfare workers, helplines, crisis lines, and the probation office. Participants shared ideas for ensuring that community members' voices are heard. One suggestion was to pay participants for their opinions and time.

Community Forum

Participants identified several areas that could be improved to promote mental health wellness in Glenn County. Stakeholders reported a need for easier access to counseling or mental health services and increased access to psychiatric services. Other suggestions included increasing educational opportunities within the community regarding stigma and suicide risk and providing optional childcare and flexible meeting times during public educational opportunities to allow parents to attend. Participants also suggested meeting community members who already gather, such as churches, events, and local businesses, to connect about educational opportunities. Stakeholders identified the need to ensure all resources are available in threshold languages, positive social outlets are available for all ages, and continued dialogue surrounding mental health and suicide prevention as needed.

Participants identified numerous culturally responsive services available within Glenn County. Generalized culturally responsive services included Westside Domestic Violence Shelter, Glenn County Behavioral Health, Northern Valley Indian Behavioral Health, Northern Valley Indian Health, and faith-based community members. The STAR Center and TAY Center were identified as culturally responsive services specific to youth.

Stakeholders shared several suggestions for amplifying the voices of community members regarding decisions being made for suicide prevention in Glenn County. The utilization of the Behavioral Health Advisory Board was suggested, as well as the usage of surveys and community forums. Participants suggested connecting with youth at after-school programs and partnering with agencies to assist with data collection and feedback.

School Staff
Focus group participants reported collaborative approaches to promote student mental health and suicide prevention. Partnership with the PRISM and the availability of mental health referrals were mentioned. School staff also reported a student wellness club that is focused on connectivity, school culture, and creating a safe and enjoyable space for youth. Participants also mentioned visual cues, including posters and the bathroom stall campaign. Staff also described the availability of safe spaces (counseling offices, quiet corners, etc.) at each school site, with support staff available if needed. Mental health professionals are available at each school site to meet with students.

School staff members shared they have received a variety of training related to suicide prevention. Staff reported receiving the LivingWorks ASIST, LivingWorks SafeTalk, LivingWorks START, and Mental Health First Aid trainings. Participants stated their desire to have one staff member who is CPI (Crisis Prevention Intervention) trained on each campus. Staff also discussed the desire to have youth on high school campuses trained to utilize the LivingWorks START training or Youth Mental Health First Aid.

In-depth information regarding stakeholder feedback is located in the Appendix on page 33.

Suicide Prevention Strategies

Image Citation: Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County's Community-Based Suicide Prevention Strategic Plan, 2018

[24]The problem of suicide is complex, and effective suicide prevention requires a combination of efforts to address different aspects of the problem. A public health approach is comprehensive, including a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

The Suicidal Crisis Path model helps conceptualize a public health approach within the context of an individual's suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway.

The following nine strategies adapted from the Suicide Prevention Resource Center form a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services):

- **Enhance Life Skills and Resilience:** Assist people in building life skills such as critical thinking, stress management and coping to increase protective factors and reduce impacts from risk factors.
- **Promote Social Connectedness and Support**: Supportive relationships and helping people to feel connected can limit impact of risk factors and protect individuals.
- **Increase Help-Seeking**: Help individuals to recognize when they need help, increase their awareness of where to find support can reduce barriers to people reaching out for help in times of distress and prior to times of crisis.
- **Identify and Assist Persons at Risk**: Raise awareness through education, trainings and messaging campaigns to assist in identifying people in need and connecting them to the appropriate support.
- **Ensure Access to Effective Mental Health and Suicide Care and Treatment**: Ensuring individuals experiencing thoughts of suicide have access to timely and effective care.
- **Respond Effectively to Individuals in Crisis**: Provide a full continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting.
- S**upport Safe Care Transitions and Create Organizational Linkages**: Ensure that individuals who have been treated for suicide risk or after a suicide attempt have uninterrupted care transitions.
- **Provide for Immediate and Long-Term Postvention:** Develop postvention plans and supports to provide effective and compassionate care for those impacted by suicide deaths.
- **Reduce Access to Lethal Means and Promote Means Safety:** Prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means to use in a suicide attempt and promote means safety efforts such as gun locks and safe storage and use of medications.

When combining the Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective.

Suicide Prevention Strategies in Glenn County

Glenn County has made significant strides toward implementing programs that address many of the best practices listed above. Below is an overview of Glenn County's current efforts:

Education and Training

Prevention through Knowledge, these trainings below are being provided to and by GCOE and Behavioral Health available to school staff, behavioral health staff, law enforcement, faith-based leaders and community members.

- **Applied Suicide Intervention Skills Training (ASIST)** – An evidence-based model for suicide prevention is a two-day course designed to train individuals over 16 years old to provide suicide first aid. Those trained in the model will be able to recognize and review risk, and intervene to prevent the immediate risk of suicide. The ASIST model teaches effective intervention skills while helping build suicide prevention networks in the community.

- **safeTALK** – A half-day training for individuals ages 15 and older to become a suicide-alert helper. Individuals trained in safeTALK will be able to identify warning signs of suicidal behaviors in others and help connect individuals with appropriate intervention services.

- **START** - "In just 90 minutes online, LivingWorks Start teaches trainees to recognize when someone is thinking about suicide and connect them to help and support." https://www.livingworks.net/start

- **Crisis Intervention Training (CIT)** – Offered as a one-day, two-day, or five-day crisis intervention team (CIT) training. This training is conducted by a community provider and was designed to increase first responders' knowledge and understanding of mental illness. The training was also intended to help develop skills and strategies to interact and intervene with individuals with mental illness.

- **Mental Health First Aid (MHFA)** – An 8-hour course teaches the signs of mental illness and substance use disorders. Training participants will learn skills needed to support someone who may be developing a mental health or substance use problem or experiencing a crisis. A portion of the training focuses on recognizing the signs of suicide; thus, this curriculum further supports the County's suicide prevention efforts.

- **Resiliency Training-** A course created by the Trauma Resource Institute to "create trauma-informed and resiliency-informed individuals and communities." https://www.traumaresourceinstitute.com/about

- **Specialized Trainings –** Glenn County Behavioral Health will provide any suicide prevention trainings for staff, best practices, and situation-specific trainings.

Suicide Prevention Programs

- **System-wide Mental Health Assessment Response Treatment (SMART)**

A Glenn County Behavioral Health Innovation Plan, the System-wide Mental Health Assessment Response Treatment (SMART) Team, responds quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats, suicidal behavior, and/or bullying. The SMART Team's collaborative relationship created a coordinated network to identify high-risk children and youth; identify strategies for engaging family members, and

develop creative solutions to resolve threats or other complex situations in a timely and competent manner. The SMART Team also coordinates services to implement a cohesive plan across partner agencies.

- **Promoting Resiliency and Investing in Student Mental Health (PRISM)**

The PRISM program is funded through the Mental Health Student Services Act (MHSSA) grant. Promoting Resiliency and Investing in Student Mental Health (PRISM); project supports partnerships between educational and county mental health agencies.

- **Welcome Line**

The Welcome Line is part of the Glenn County Behavioral Health Prevention & Early Intervention (PEI) Program. This resource is a non-crisis phone line for individuals interested in accessing Mental Health services, obtaining information, learning about local services, and getting support. The people in our community generated the program. The welcome line is open to anyone who may need support Monday through Friday between 12 pm and 4:30 pm.

- **Harmony House Adult Drop-In Center**

Harmony House is a community-focused wellness center that lends itself to a welcoming and socially friendly environment. Health and wellness are encouraged and promoted through various groups and activities that enhance connection and decrease stigma around mental health.

- **Transition Age Youth (TAY) Drop-In Center**

The TAY Center works to provide a safe and supportive environment to ease and help prepare youth for transition into adulthood. The TAY Center gives youth a voice. The TAY Center plans events and provides outreach to the community to help reduce the stigma around mental health.

- **24/7 Access and Crisis Line: Crisis Response and Community Connections (CRCC)**

As state and federal law requirements, Glenn County Behavioral Health provides a statewide, toll-free, 24-hours a day, seven (7) days-a-week access line. This 24-Hour Crisis/Access Line responds to both routine and crisis calls. It provides information to individuals about accessing services and programs and how to use the beneficiary problem resolution and fair hearing processes.

Behavioral Health Outpatient Treatment Services

- **Glenn County Behavioral Health:** Glenn County Behavioral Health (GCBH) provides mental health and substance use disorder treatment for people who live in Glenn County, including people who are eligible for Medi-Cal.

- **Northern Valley Indian Health Behavioral Health:** "Northern Valley Indian Health's highly seasoned and experienced Behavioral Health staff provide culturally competent, high-quality treatment services." https://nvih.org/services/behavioral-health/

Suicide Prevention Campaigns

- **Suicide Prevention QR Code-Bathroom Stall Campaign:** The Bathroom Stall Campaign (BSC) is a collaborative campaign dedicated to raising awareness regarding available resources within Glenn County. The goal is to provide quick access to local crisis lines and other resources. The idea came from concerned citizens who wanted to make a difference. The project was gifted from the Children's Interagency Coordinating Council (CICC) to the Suicide Prevention Coalition to follow the vision. This project was developed through a partnership between the Suicide Prevention Coalition and the Glenn County Office of Education.

- **Rural Primary Care Provider Campaign:** Members of the Suicide Prevention Coalition and the Public Health Officer outreach to local Primary Care and Pediatric Providers to provide information on suicide prevention. This project aims to increase collaboration between physical health and mental health providers and to increase mental health screenings in Glenn County. Per the Journal of General Internal Medicine, "People who die by suicide are more likely to have seen a PCP in the previous month before their death than any other health care provider"[23].

- **Social Media Campaign:** The Suicide Prevention Coalition has an Instagram page (@GlennCountySPEAKS) and a Facebook page (Glenn County SPEAKS). These pages are regularly updated with information regarding access to crisis resources, local resources, and de-stigmatizing messaging.

- **Safe Storage Saves Lives; A Means Safety Campaign:** The Suicide Prevention Coalition formed a means safety subcommittee campaign. This subcommittee was formed to partner with local law enforcement and other organizations to distribute a wide variety of safety messaging. Goals for this messaging include firearm safety, prescription drug and overdose safety, and disposal. Another goal for this subcommittee is to educate partners on data surrounding suicide attempts and the average duration of crises.

- **Community Outreach:** Members of the Suicide Prevention Coalition outreach to local organizations, businesses, and events to decrease the stigma surrounding mental health and suicide and connect community members to crisis and mental health services.

Community Awareness Events

- Highlight "National Suicide Prevention Week," which can include writing and submitting Proclamations or Resolutions for "Suicide Prevention Week" with the Glenn County Board of Supervisors (County Behavioral Health initiates this). These efforts include a social media campaign and a community SPEAKS (Suicide Prevention Empowerment Awareness Knowledge and Stigma Reduction) event.

- Highlight "May is Mental Health Awareness Month" through social media campaigns, stigma reduction activities, and a CHANGE (Creating Hope and wellness And New Growth Everywhere) event.

- Write and submit Proclamations or Resolutions for "May is Mental Health Awareness Month" with the Glenn County Board of Supervisors (County Behavioral Health initiates this).

Suicide Strategic Plan Goals and Objectives 2023-2026

Goal 1: Establish a Suicide Prevention Infrastructure

Objective 1: Formalize a coalition of private and public partners, including School staff, First Responders, Faith Community, Law Enforcement, Suicide Loss Survivors, Mental Health and SUD Persons with Lived Experience, Behavioral Health, Public Health, and Glenn County Community members; to advance suicide prevention efforts by being an "action arm" to local and regional leaders. Private and public leaders should be brought together to leverage their influence to champion efforts prioritized in their sectors. Within coalitions, sector-specific or strategy-specific subgroups should be created to focus expertise and keep members energized and engaged. Consistent logistical support, strategic guidance, technical assistance, and other infrastructure should be provided to the coalition by local leadership.

Objective 2: Hold regularly scheduled meetings to convene stakeholders, prioritize suicide prevention activities based on data and community input, leverage resources to build capacity across systems and communities/regionally, and expand services based on effectiveness.

Objective 3: Establish consistent and reliable protocols for receiving and reviewing local data on suicidal behavior (deaths, attempts, and ideation), help-seeking, and overdoses.

Objective 4: Create and Establish Glenn County Fatality Review Team that looks at data and recommends policy and local practices to support prevention efforts.

Goal 2: Minimize Risk for Suicidal Behavior by Promoting Safe Environments

Objective 1: Create safe environments by reducing access to lethal means and identify the methods of suicidal behavior used by community members to guide development of focused prevention efforts

Objective 2: Establish local data collection efforts in partnership with Glenn County Sheriff's Office to capture data related to suicidal behavior and death and by specific demographic (such as race/ethnicity, age, sexual orientation, and gender identity) and cultural groups to guide the development of focused prevention efforts.

Objective 3: Evaluate local-level trends in lethal means used for suicidal behavior and develop a local strategy to expand efforts to reduce access to the lethal means identified.

Objective 4: Promote safe medication disposal methods in the community.

Objective 5: Increase the number of healthcare and behavioral healthcare providers trained in Counseling on Access to Lethal Means.

Goal 3: Coordinate Collaborative Activities with Efforts to Address Stigma around Help-Seeking in the Community

Objective 1: Disseminate information about crisis resources and local resources.

Objective 2: Partner with community organizations and businesses to expand awareness of suicide warning signs and prevention resources.

Objective 3: Coordinate suicide prevention awareness campaigns with other social marketing campaigns designed to reduce mental health stigma and discrimination and reduce relevant public safety threats, such as medication misuse or unsafe gun storage practices.

Objective 4: Expand services to increase mental health literacy across the lifespan, encourage people to seek help for health, mental health, and substance use disorder needs, and promote messages of hope that lives can be saved from suicide.

Goal 4: Establish Support Services Following a Suicide Loss

Objective 1: Develop an integrated postvention services plan to guide the delivery of best practices following a suicide loss.

Objective 2: Enter into memorandums of understanding to establish coordinated, timely, and respectful notification and response after a suicide death.

Objective 3: Explore the creation of local suicide bereavement support programs. Glenn County Behavioral Health and the Suicide Prevention Coalition will explore this creation with local resources, including, but not limited to, Friends for Survival.

Goal 5: Support Districts and Schools in Implementing Comprehensive Suicide Prevention Approaches in the School Setting.

Objective 1: Partner with Glenn County Office of Education to assess how districts and schools are aligning with policy mandates for implementing suicide prevention, intervention, and postvention efforts.

Objective 2: Offer trainings and supports to districts and schools to support staff trainings, risk assessments, re-entry protocols after a suicide attempt, youth engagement, and parents' engagement.

Objective 3: Promote programs that increase protective factors and decrease risk factors for suicide on campus, including peer-based clubs and approaches.

Objective 4: Offer trainings and supports to schools to have postvention plans in place in the event of a suicide loss on campus.

This Plan is a comprehensive approach to promoting health and wellness in our community and was developed with stakeholder input. The Plan can be used as a guide for public agencies, county and private health care providers, schools, and individual community members to implement strategies to combat mental health stigma and reduce suicides.

Strategic Suicide Prevention Plan Implementation

The *Glenn County Strategic Suicide Prevention Plan* is intended to galvanize all Glenn County residents, including the public and private sectors. Implementing this Plan will require community members, public and private providers, businesses, law enforcement, local educational agencies, faith-based organizations, etc., to work collaboratively on the various strategies outlined in this document. The Plan calls for a substantial coordinated effort by multiple partners to identify and successfully achieve the necessary program, policy, and system improvements. As such, this will require shared resources and is, therefore, not the sole responsibility of any entity.

Both public and private health care providers have policies and practices related to suicide prevention and suicide crisis response. This Plan intends to guide policymaking and the actual practices deployed in programs and clinics across the County. The Glenn County Suicide Prevention Coalition will act as the holder of the Plan. It will be responsible for organizing targeted workgroups, focus groups, and community-coordinated efforts regarding suicide prevention.

Workgroups will be convened and focused on the various components of plan implementation. The workgroups will be comprised of key stakeholders that can influence change or movement for the particular task assigned. Starting in January 2023 and thereafter, workgroups will be convened to address the following:

- Coordination of training and education
- Stigma reduction and suicide prevention campaigns
- Coordination of care
- Postvention policies and practices

To address the special priority populations, initial focus groups will be held for those special priority populations that have not yet had a focus group. The Glenn County Suicide Prevention Coalition and the Glenn County Behavioral Health MHSA Unit will organize and facilitate these focus groups and all the information will be reported back to the larger Committee for consideration. Additionally, at least annual efforts will be made to have focus groups with all the

priority populations in order to identify any new strategies that warrant consideration for implementation.

Glenn County Behavioral Health will continue to leverage state suicide prevention resources through the Mental Health Services Act funding to provide leadership and guidance regarding stigma reduction and suicide prevention activities available to all community members. Glenn County Behavioral Health MHSA Unit will continue to support the local educational agencies/school districts in developing and implementing their suicide prevention policies and plans.

Get Involved

Glenn County Stakeholders with a desire to get involved with suicide prevention efforts can do so in a variety of ways:

- **Join the Suicide Prevention Coalition:** Coalition membership is open to all Glenn County community members and stakeholders. For information about joining the coalition, please contact Cindy Ross (cross@countyofglenn.net) or Elise Garrison (egarrison@countyofglenn.net).
- **Volunteer to Join the Behavioral Health Advisory Board:** Membership allows advocating for and learning about the community's various challenges. Visit: https://www.countyofglenn.net/dept/health-human-services/behavioral-health/glenn-county-behavioral-health-advisory-board to learn more.
- **Sign up for the MHSA Newsletter:** Subscribe to Glenn County's Mental Health Services Act newsletter to stay updated about local programs, services, and events. Visit: https://mailchi.mp/e4d4efd74519/glenn-county-behavioral-health to subscribe.
- **Visit the American Foundation for Suicide Prevention (AFSP)** to get regionally involved with Suicide Prevention**:** https://afsp.org/.
- **Visit Know the Signs** to learn more about suicide prevention in California: https://www.suicideispreventable.org/.

Local, State, and National Resources

Many organizations focus on suicide prevention efforts and/or crisis intervention. The list of resources below is not exhaustive, but includes information about agencies or organizations providing valuable support to our community.

Local Support

- **Glenn County Behavioral Health Crisis and Access Line /** 24/7 Crisis and Access Services: 1-800-507-3530

- **Glenn County Behavioral Health Welcome Line**: 1-530-865-6733

- **Local Glenn County Emergency Rooms**

  Glenn Medical Center
  1133 West Sycamore St.
  Willows, CA 95988
  530-934-1832

  Enloe Medical Center
  1531 Esplanade
  Chico, CA 95926
  530-332-7330

Statewide Support

- **Take Action for Mental Health**
  Stigma Reduction Campaign
  https://takeaction4mh.com/

- **Know the Signs**
  Suicide Prevention Campaign
  www.suicideispreventable.org

National Support

- **988 Suicide & Crisis Line**
  Call or text 988 or chat at 988lifeline.org.
  The previous Lifeline number will continue to be available: 1-800-273-TALK (8255)
  https://988lifeline.org.

- **The Trevor Project: Suicide Prevention for LGBTQIA+ Youth**
  24/7 Suicide Prevention Hotline for LGBTQIA+ Youth
  1-800-488-7386 call and text capabilities
  www.thetrevorproject.org

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Appendix

Focus Groups

Members of the Glenn County Suicide Prevention Coalition and/or Glenn County Behavioral Health Mental Health Services Act Unit staff conducted 11 different focus groups or key informant interviews with various communities that were identified as being at increased risk for suicide. Strategic questions were used to gain information regarding risk factors for the specific community, strategies to decrease stigma, and suggestions for supporting the family and loved ones after a suicide death. The population of each focus group is shown below.

Date of Forum	Focus Group and Key Informant Population	# Attendees
June 3, 2022	Transition Age Youth (TAY)	7
May 31. 2022	LGBTQIA+	5
May 31, 2022	Latinx / Hispanic	3
June 10, 2022	Older Adults / Caregivers	2
June 10, 2022	Intimate Partner Violence (IPV) Victims / Female Community Members	2
May 24, 2022	Female Substance Use Disorder (SUD)	3
May 26, 2022	Middle-Aged Caucasian Males / Veterans / Male SUD	2
May 25, 2022	First Responders	2
June 10, 2022	Loved Ones / Loss Survivors	1
April 5, 2022	School Staff	9
May 13, 2022	Community Forum	12

Focus Group Feedback from the Populations of Focus

- **Transition Age Youth (TAY) (Ages 16 – 25)**

This meeting was held in person at Glenn County's Transition Age Youth Center.
One of the myths about suicidal talk, and suicide attempts, in young people, is that they are just a bid for attention or "a cry for help." Suicidal ideation should be taken very seriously when working with teens. In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year. A youth focus group was held in 2022 and was comprised of a diverse range of vocal young people who represented themselves and their peers, ranging from 16-25 years old. The TAY group was forthcoming about the risk factors, impacts, and recommended strategies to address stigma reduction and suicide prevention. Across C.Y. 2015-2020, Glenn County had 8 TAY-aged suicide deaths.

TAY youth in Glenn County expressed triggers/risk factors as undiagnosed MH behaviors that have been untreated. Bullying at school – cyber and verbal, bullying in the home, home life triggers from past abuse, chaos in the house from Drugs and Alcohol, loss and grief from family deaths, anniversary dates, and social media, in general, were also identified as triggers or risk factors. The stakeholders identified having easy access to counseling or therapy, a private safe space, a room at school to gather thoughts, safe adult or teacher to listen to and not ask a lot of questions as needed support for youth when they feel depressed or have anxiety.

The youth stated that there is a lack of staff and personnel at school that can handle mental health issues. They also feel the staff can't address the mental health issues and refrain from reaching out. The school staff didn't have the solution the youth would need, and they didn't believe it would make a difference. The youth felt the school staff were judgmental and not open-minded; they would actively bully youth for stuff; and contribute to others making fun of them. Also, they discussed if another youth has a good experience with an adult that helps.

The youth did not believe there was a wide variety of places to express their gender, sexual identity, heritage, or different aspects of themselves. They identified the TAY and close friend groups as a safe place to express themselves.

The youth recommended to announce consistently at school MH resources over the intercom during morning announcements to support youth knowing about TAY and resources, integrating MH subjects in Health class, and outreach more to schools. Also, provide tool kits for teachers to have resources to hang in their rooms. Also, have consistent messaging throughout the year at the school instead of just for one week. Increased peer support was also recommended.

The youth believe there is a disconnect between people who make policies and the youth needs. To include youth's voice, when the decision is being made, they recommended having them at the meetings and also creating other places besides meetings to give input. i.e., polls and surveys, to have meetings during youth-friendly times.

Commonly mentioned risk factors included bullying for youth; trauma; drug and alcohol; bullying; depression; stress and/or loss regarding relationships; LGBTQIA+; and the loss of a loved one.

- **LGBTQIA+ Community**

This meeting was held at the TAY Center. A key informant interview will also be included in the summary.

Stakeholders expressed that triggers and risk factors for LGBTQIA + include rejection from their families and friends for their way of life. Bullying, stigma, and fear of repercussions/judgment from living in a rural county are also risk factors. Stigma/rejection from religious communities due to beliefs and values that are preached. The environment and information create rejection from others and ultimately the rejection of yourself, especially youth and adults who are members of these churches.

Health care providers with awareness and information about LGBTQIA + information and culture; equitable and non-judgmental questions during health appointments. Support needed when LGBTQIA + individuals experience depression or anxiety is easy access to mental health therapy and counseling with individuals who are experienced or comfortable with discussing LGBTQIA + issues and or are LGBTQIA + individuals. Seeing representation of LGBTQIA + in high schools or therapy can help support individuals coming out.

Currently, there is not a lot of representation of safe LGBTQIA + individuals. There was a discussion about one teacher at CK Price, given the population is not that much. To create a safe space, there needs to be more visibility of community, representation of LGBTQIA + acceptance or understanding (displaying PRIDE flags, rainbows, etc.), and representation of gender fluidity would make a safer place for others to be themselves and ask for support. Other ideas for creating a safe place included having the community know baseline information about definitions, individuals expressing inclusive language, using preferred pronouns, and sharing information with others.

The stakeholders stated that they are very few safe places where you can be yourself. The safe places in Glenn County include The Alliance groups at school, TAY, and with friends. Even though there are Alliance groups, it is not safe outside the group. School is not identified as a safe place as there is a lot of homophobia and bullying.

The community can promote wellness in the LGBTQIA + community by having more awareness and knowledge. There was some discussion about meeting people where they are not to create hostility but a learning environment for others to hear and ask questions. A place that can be non-judgmental on both sides (homophobia and LGBTQIA + community) for learning to encourage a middle area where both parties can learn and grow; an inclusive atmosphere.

The areas of growth to support a safer environment for the LGBTQIA + community include looking at our forms and policies to see if they reflect inclusiveness. Also, invite allies and LGBTQIA + to the table when making policy changes to ensure equity in services.

Other ideas to support suicide prevention in the LGBTQIA + community include educating the community about how to create environments that are welcoming, gender-neutral bathrooms, gender neutral environment, accepting others where they are in their process, and trainings staff and community about LGBTQIA + issues and verbiage.

According to a number of regional and national studies, LGBTQIA+ youth and adults face an elevated risk of suicidal thoughts and behavior. The suicide rates among LGBTQIA+ people are unknown because sexual orientation and gender identity are not reported in death records (Health Resources and Services Administration, 2018). Information about suicidality among LGBTQIA+ people is through surveys in which people self-report suicide attempts and ideation.

Participants shared the impact of suicide on the LGBTQIA+ community. This impact creates a feeling of hopelessness within the community, marginalization, and no one cares. There is a feeling of mistrust towards helping sources because they don’t see themselves being represented.

Some therapists and other persons who offer support do not self-identify. These factors continue the feeling of isolation and stigma.

- **White / Caucasian Males Ages 25-59, Veterans, and Males with Substance Use Disorders (SUD)**

A focus group was held for the Glenn County male SUD, veteran, and older adult community. This focus group was held via Zoom and included two participants.

Stakeholders expressed this community's triggers and risk factors as loss, trauma, isolation, and hopelessness. Job loss, role changes, financial stress, and helplessness were also identified as triggers or risk factors. Participants also discussed the impacts of stigma, especially for older adult males, when reaching out for mental health or crisis support.

Participants stated support is needed for these communities when individuals are experiencing depression or anxiety included community. Stakeholders described family, friends, peers, gatekeepers, and mental health treatment as potential supportive resources for individuals. Participants suggested expanding peer support services, specifically for the Veteran community.

Stakeholders shared a desire to increase community gatekeeper trainings, such as the LivingWorks START training. Participants discussed a reduced stigma when discussing mental health struggles with an accepting peer. Stakeholders recommended outreach to specific communities such as churches, local organizations, and businesses to offer gatekeeper trainings.

Participants suggested amplifying community members' voices through community forums and surveys. It was also suggested to hold forums at churches, the Moose Lodge, and other organizations where people were already gathering. Participants also suggested collecting specific data regarding Veteran suicides in our community.

Data shows that white male Caucasians between the ages of 25 and 59 have the highest rates of suicide. By occupation, they are persons who work in construction, carpenters, and other blue-collar professions. The men in this focus group were able to share important information from their perspectives. The impact of suicide is devasting for families and friends. Suicide is a 'taboo' subject; and difficult to discuss. They noted that it is cultural in the US that males can't allow themselves to be seen as weak and 'boys don't cry'. They don't know how to talk about suicide, and lack awareness of the prevalence among this population and how it impacts the community.

Veterans have a similar experience to white males. Homelessness, health, and financial issues are the core factors that continue to impact veterans. PTSD continues to influence their ability to recover, and in the past year, COVID-19 increased feelings of helplessness, difficulty functioning, lost relationships, and disabilities. They have been isolated in their homes; jobs were impacted; it was difficult to access resources and services. The loss of loved ones exacerbated their PTSD symptoms. The isolation prevented attending in-person support groups, and restaurants for social interaction.

Additional suggestions included: reducing access to legal weapons that can be used for suicide, suicide prevention training for health care providers; and offering targeted outreach and prevention services.

- **Seniors / Older Adults and Caregivers**

A key informant interview was held with Glenn County Behavioral Health Adult Unit Staff. Later input was also received from this unit. This feedback is also included in the summary.

This meeting was held on Zoom.

A stakeholder expressed depression is a risk factor for senior and older adults. A discussion around aging and losing loved ones, changes in health, housing, financial income, and social networks are shrinking, and people are no longer in the workforce, leading to losing identity and connections with their generation's social group.

Awareness and knowledge about how loss and depression; when is a depressive and anxiety response normal, and when does it become something that needs more intervention; demystify the concept of mental health (stigma). Support needed when senior or older adults experience depression or anxiety is to provide psychoeducation, awareness, and knowledge. Other supports include regular social interaction, people who visit their homes and check in on and assess them, and community meeting groups geared toward their generation/social circles. Also, agencies that focus on their MH and Health related issues in a co-occurring capacity, as with this population these two areas are intertwined.

Medical personnel, Doctors, and senior centers are considered safe places where the older community can share their mental health struggles.

The community can support wellness for older adults through friendly visitor outreach, hotline/warm lines specifically for older adults (currently one in SF), and campaigns for wellness for seniors to include large banners in Orland – this is where it is a tradition to advertise events in Orland for years as ways the community can support wellness for seniors. A possible theme of the campaign would be "Checking in on your neighbors." A discussion that primarily this population receives information by word of mouth and having banks, libraries, and Dr. Offices be informed and have resources would also support the community. This generation still goes to the bank weekly and builds relationships with the bank staff, and having them educated would increase access to services.

Older adults over 60 make up 18% of the population in California but account for one-third of all suicides, while adolescents account for less than 5 percent of the suicides. The suicide rate of older adults in California is 16.9 per 100,000 – higher than the overall rate of 10.4[30]. By age and gender, the highest suicide rate is males ages 65 and older, males ages 45 to 54, and females ages 45-54, followed by females ages 55-64.

- **Latinx / Hispanic Community**

Two bilingual Behavioral Health clinicians facilitated a focus group for the Glenn County Latinx Community. This focus group was held in Spanish for participants' comfort and linguistic needs.

The meeting was at Harmony House (343 Yolo St., Orland) during Sana Mente, a weekly Latinx group. Participants spoke about various risk factors and triggers for the Latinx community in relation to suicide. Risk factors mentioned included lack of education regarding available mental health resources in the community, including Harmony House and the crisis line. Stigma was identified as a risk factor, as well as a lack of family support or lack of positive support in general. Another risk factor included a feeling of discrimination or a lack of support when asking for help.

Focus group participants shared various suggestions for support needed within the Latinx community to support suicide prevention. Suggestions given included an expansion of available groups in Spanish, such as more psychoeducational groups, WRAP (Wellness and Recovery Action Planning), and stigma reduction groups. Participants also expressed a need for competent staff to run groups and to provide support, especially to individuals who may be isolated. The increasing availability of resources within schools, doctor's offices, and the community, as well as transportation, were also identified. Participants identified increased education for community members, including youth and parents, specifically within the Latinx community, regarding stigma around mental health. Another suggestion provided by participants was to begin discussing suicide and seeking mental health treatment within the Latinx community and Glenn County.

Culturally responsive services identified in Glenn County included Harmony House, the Transition Age Youth Center, and the Spanish language WRAP group when it previously occurred.

Feedback was provided by participants surrounding the promotion of mental health wellness in the Latinx community. Suggestions included increased outreach within the community from mental health programs and increased education about available resources. Feedback also included supporting those who have had positive experiences receiving mental health services to share their experiences and reinforcing that everyone in our community is essential.

Participants also provided feedback regarding amplifying the voices of Latinx community members on issues that impact their community. Suggestions included participating in Board of Supervisors meetings and the "Consumer Voice" group at Harmony House. These meetings hold a barrier, as neither are held in Spanish, and translation services are not provided during these times. A suggestion for overcoming this barrier in terms of Harmony House's Consumer Voice group is to hold a separate Spanish-speaking consumer voice during the Sana Mente meeting.

Latinx/Hispanic youth are at higher risk of suicide than other demographic groups (except Whites), and Latino/Hispanic individuals generally use mental health services at lower rates**.** During the calendar year 2020, there were eight suicide deaths in Glenn County, of which 13% (1) of individuals identified as Latino/Hispanic.

- **Loved Ones / Loss Survivors**

A key informant interview with a Glenn County Loss Survivor was conducted via Zoom.

A stakeholder described a variety of triggers and risk factors for loss survivors. These included: loss or anniversaries surrounding the loved one who passed and a lack of control over information surrounding their loved one's passing. The community member expressed an increased need for family involvement with messaging in the aftermath of a suicide, including which information is shared. The participant also emphasized the need for best practices following a suicide, particularly regarding memorializing services. The stakeholder also discussed the perceived stigma that accompanies being a loss survivor and the triggers associated with this stigmatization. One significant risk factor also included guilt and loss survivors asking themselves, "What could I have done?". For parents, a potential trigger could be being asked how many children you have if you have lost a child to suicide. Similarly, this could be a trigger for siblings.

The stakeholder made various suggestions for loss survivors after they have experienced suicide loss. Access to mental health services following a loss can be critical support. One suggestion was to provide access to loss support groups in our community. The most significant support identified was having individuals a loss survivor can go to, whether this be friends, family, mental health professionals, or community members. The stakeholder also described a desire to connect to individuals who also had experienced suicide loss. Other supports also included faith-based or spiritual communities.

The community member shared ideas for increasing loss survivors' voices in the context of Postvention and Suicide Prevention. The individual suggested inviting individuals to workgroups or coalition meetings to share their personal experiences and ideas for Postvention services.

The stakeholder provided postvention suggestions. The participant suggested forming a subcommittee to develop a Postvention response for Glenn County. Recommendations also included involving law enforcement in postvention conversations and having individuals who specialize in youth available to respond in the aftermath of suicide if children are present.

- **Victims of Intimate Partner Violence (IPV)**

A focus group was held for Glenn County community members impacted by interpersonal violence. Attendees included a total of 2 participants. The focus group was held via Zoom and was made possible through the partnership of Westside Domestic Violence Shelter.

Stakeholders expressed triggers for suicide for IPV included PTSD triggers which included thoughts of the abuse, abuse I self, words that were used during verbal abuse, remembering verbal taunting to kill themselves, which led to feelings of unworthiness and feelings of others are better off without them.

Support needed when IPV experiences depression or anxiety is to have been having support and someone to ask hard questions. Experiencing IPV is isolating, and having someone reach out and ask the hard questions about IPV is supportive. Also, having a place to go and process the experience and learning tools to support depression and anxiety. The stakeholders also identified a warm line to call that would support IPV survivors when they feel triggered.

The community can support wellness and suicide prevention for IPV survivors through awareness and knowledge sharing at a young age that is developmentally appropriate. Lage Community events like SPEAKS or Recovery Happens to include personal stories of resiliency and recovery. The idea that others have been through similar experiences and talking about it out loud facilitates hope for others and can inspire others to take the first step toward recovery. Provides community trainings on SafeTalk and START training access for the community. Facilitate community focus groups also to create awareness and knowledge.

- **First Responders**

A key informant interview for Glenn County First Responders was conducted via Zoom through the partnership of Glenn County's Probation Program. Two individuals were interviewed.

Participants spoke to potential triggers or risk factors within the first responder community for suicide. Financial stress, lack of specified mental health treatment options and resources, and trauma experienced during critical incidents on the job were all mentioned factors. Other factors included were lack of peer support and stigma against seeking mental health treatment, specifically for anxiety or depression. Lack of staffing within first responder agencies is another risk factor for increased risk of suicide as it contributes to increased stress, large workloads, and high expectations.

A need was expressed for first responders in Glenn County to have specified mental health treatment options and resources. Currently, first responders in our community are only offered the EAP (Employee Assistance Program) regarding their mental health concerns. Participants shared a need for mental health care that addresses the unique traumas first responders experience, and a condition for inner-department debriefings after critical incidents. Focus group attendees identified a need for First Responder-specific crisis resources that can be accessible to alleviate the emotional impact of First Responder duties, and address stigma reduction towards the First Responders that seek the resources.

Participants spoke of current barriers to mental health treatment, mentioning stigma and a fear of a lack of confidentiality. Possible solutions to these barriers include outsourcing first responder-specific mental health care from a larger area, such as Sacramento. Participants felt this distance would decrease the stigma from first responders against utilizing mental health care.

It is estimated that 30% of first responders develop behavioral health conditions, including, but not limited to, depression and post-traumatic stress disorder (PTSD), as compared with 20% of the general population. Firefighters were reported to have higher attempt and ideation rates than the general population, and for law enforcement, the estimates suggest that 125 to 300 police officers die by suicide yearly (SAMHSA, 2018).

- **Female Substance Use Disorders (SUD)**

A focus group was held for the Glenn County Female Recovery Community through the partnership of Glenn County's SUD Discovery House program.

The meeting was held in person at 604 E. Walker St., Orland, CA. There were three attendees during this focus group.

For individuals participating in the Glenn County Behavioral Health Discovery House program, stakeholders expressed a variety of risk factors and needs concerning suicide prevention.

Participating individuals identified risk factors for the recovery community, including removing your child from your care, losing "everything at once," impulsively engaging in risky behaviors such as using combined drugs. Bullying was also identified as a risk factor for suicide amongst both youth and within the recovery community, loss of relationships, feelings of hopelessness, lack of belief that recovery is possible, job loss, and loss of stable housing. Participants also identified isolation as a risk factor for suicide.

The three participating individuals identified several needs for suicide prevention within Glenn County and those engaging in recovery. Individuals identified the need for more community members to feel comfortable asking difficult questions and engaging in uncomfortable conversations surrounding co-occurring disorders and suicidal thoughts.

Mental health and suicide prevention supports that were identified included Glenn County Mental Health, Harmony House, psychiatrists, case workers, child welfare workers, helplines, crisis lines, and the probation office.

Participants shared ideas for ensuring that community members' voices are heard. One suggestion was to pay participants for their opinions and time.

- **Community Forum**

A community forum was held for all interested Glenn County residents and stakeholders. Twelve participants were in attendance. The community forum was held via Zoom during the regularly scheduled time of the Glenn County Suicide Prevention Coalition meeting.

Participants identified a variety of triggers or risk factors for suicide for Glenn County community members. Poverty, suicide loss or suicide attempt survivors, high ACES (Adverse Childhood Experiences) scores, and lack of available support were potential risk factors for community members. Alcohol and drug abuse were also identified, as well as bullying, sadness, hopelessness, and a lack of social connectivity. Social media was also recognized as a potential trigger or risk factor for youth, partly because of impressionability and access to information about suicide.

Participants identified several areas that could be improved to promote mental health wellness in Glenn County. Stakeholders reported a need for easier access to counseling or mental health services and increased access to psychiatric services. Other suggestions included increasing educational opportunities within the community regarding stigma and suicide risk and providing optional childcare and flexible meeting times during public educational opportunities to allow parents to attend. Participants also suggested meeting community members who already gather, such as churches, events, and local businesses, to connect about educational opportunities. Stakeholders identified the need to ensure all resources are available in threshold languages, positive social outlets for all ages, and continued dialogue surrounding mental health and suicide prevention.

Participants identified numerous culturally responsive services available within Glenn County. Generalized culturally responsive services included Westside Domestic Violence Shelter, Glenn County Behavioral Health, Northern Valley Indian Behavioral Health, Northern Valley Indian Health, and faith-based community members. The STAR Center and TAY Center were identified as culturally responsive services specific to youth.

Stakeholders shared several suggestions for amplifying the voices of community members regarding decisions being made for suicide prevention in Glenn County. The utilization of the Behavioral Health Advisory Board was suggested, as well as the usage of surveys and community forums. Participants suggested connecting with youth at after-school programs and partnering with agencies to assist with data collection and feedback. The Behavioral Health Quality Improvement meetings were also to amplify community member's voices.

- **School Staff**

A focus group was facilitated for the Glenn County School Staff Community. Attendees included a total of nine participants.

The focus group was held at Willows Intermediate School (1145 W Cedar St, Willows, CA 95988). This focus group was made possible through the partnership of Behavioral Health's PRISM team, who invited us to hold this focus group during their monthly meeting.

School staff members shared that the schools do not currently have a specific suicide prevention plan in place beyond what is required by state legislation. District policy has been written regarding suicide prevention, and a goal has been established for all school staff members to have similar language regarding mental health. Participants reported having brief discussions at the beginning of each school year regarding suicide warning signs and a refresher on crisis procedures. Participants reported partnering with the PRISM team to coordinate care when youth are in crisis but have few resources until a youth has been elevated to that level of need.

Focus group participants reported collaborative approaches to promote student mental health and suicide prevention. Partnership with the PRISM team and the availability of mental health referrals were mentioned. School staff also reported a student wellness club that is focused on connectivity, school culture, and creating a safe and enjoyable space for youth. Participants also mentioned visual cues, including posters and the bathroom stall campaign. Staff also described

the availability of safe spaces (counseling offices, quiet corners, etc.) at each school site, with support staff available if needed. School mental health professionals are available at each school site to meet with students as needed.

School staff members shared they have received a variety of trainings related to suicide prevention. Staff reported receiving the LivingWorks ASIST, LivingWorks SafeTalk, LivingWorks START, and Mental Health First Aid trainings. Participants stated their desire to have one staff member who is CPI (Crisis Prevention Intervention) trained on each campus. Staff also discussed the desire to have youth on high school campuses trained to utilize the LivingWorks START training or Youth Mental Health First Aid. Information about these trainings is planned to be provided in all high school seniors' portfolios.