



**Riverside County Suicide Prevention Coalition
Quarterly Meeting
January 27, 2021**

Minutes

- I. Welcome & Introductions
 - Self-introductions by the Coalition leadership Diana Brown & Rebecca Antillon
- II. Presentation: “Crisis Coping Theory & The Suicidal Crisis Path: A Context for Understanding Suicide Risk and Intervention” by Noah Whitaker
- III. Progress Reports from sub-Committees
 - Effective Messaging Committee – Sarah reports that their sub-committee has met a few times and have split into two workgroups. One group will provide suicide safe content with individuals from the behavioral health sector and a second group focused on public relations best practices and communications. The sub-committees goal is to produce safe messaging, a social media tool kit, and will be preparing messaging for suicide prevention week in the fall.
 - Measuring and Sharing Outcomes Committee – Suzanna reported that their committee has decided the overall goal is to be the go to for the coalition’s data requests and be the vetting source of data to ensure it aligns with the strategic plan approach. They will work on presentations, data briefs and reports that represent a county-wide story. Included in this goal is the plan to attain more real time data to better inform program planning, expand data sources, and types of data. Additionally, they will create standard briefs to better prepare and respond to requests for data and ultimately develop strategic plan report card for suicide prevention week. So far, they have created a google drive spreadsheet to list current data sources. Suzanna noted that their public health partners have been really great with sharing some data and have created a dashboard with current data that the research and evaluations unit had not previously had access to that gives a lot of data for suicide and suicide attempts with more current real time data. They intend to use this information internally to inform the briefs and data requests.
 - Upstream Committee – Sheree shared that they are focusing on prevention and wellness efforts to build a more connected and resilient community. They began their efforts by filling gaps of representation amongst their committee and got more oriented with the strategic plan and goals for their specific sub-committee. Additionally, they had a presentation by the Measuring and Sharing Outcomes sub-committee and with the information from their presentation, they identified youth 10-14 and elderly as their initial area of focus. Shor then shared that they intend to identify programs that enhance connectedness and engagement. In their efforts they saw some ways to connect the youth with the elderly by



joining the two high risk groups together so they can accomplish goals and simultaneously increase connectedness and reduce isolation between the two groups. Some ideas they have is to create new programs like pen-pal programs, letter writing, video messages, and expanding on existing established programs with office on aging, public health and other key organizations. Additionally, they plan to promote and support mental health awareness and stigma reduction by utilize PEI resource materials.

- Prevention–Trainings Committee – Tishani shared that they plan to educate the community by bringing awareness to suicide prevention. They will be doing this by increasing community knowledge to recognize the signs of suicide, encouraging people to ask for help, and reducing the negative stigma of suicide. Overall they plan to promote wellness by encouraging early intervention. Currently, their committee is working on collecting every ones individual knowledge on suicide prevention, intervention resources, trainings that are accessible to the public, and familiarizing the group with that information so that they can start on the same page. Moving forward, they plan to create an information sheet that includes signs of suicide and resources. They recognize there is a lot of information out there for suicide prevention but they see a problem is the community’s ability to access the material. Their committee hopes to increase everyone's knowledge in general about the resources and trainings that are available. With the information sheet, they plan to include the signs of suicide, resources that are available to the public, and a QR code that guides individuals to suicide prevention training and more in depth resources. They would like their information to be collective and include youth, elderly, parents, and be available across all sectors. In the future they would like to engage with religious communities, homeless shelters, food banks, schools, neighborhoods, and parents. With that they really want to expand the knowledge of the community that is accepting of that information. At their next meeting in February, they will be reviewing information that is being submitted to their clerical support, and then we will start creating the document.
- Prevention-Engaging Schools committee – Dr. Sarmiento shared they are working on three main goals. The first is, consistent standardized and effective implementation of Ed Code Section 215 and other mental health policies across the county. The second, is supporting the implementation of evidence based strategies such as social emotional learning and mindfulness to enhance youth academic achievement and wellness to decrease risky behaviors and improve relationships with peers and teachers to increase student engagement and connectedness. Lastly, their third goal is focusing on reviewing existing suicide prevention youth programs and encouraging districts to facilitate a program so that every school has at least one youth program on campus to increase youth engagement. With the first goal, they will be focusing on ensuring schools are more adaptive to these policies and coming up with specific prevention policies. With goal number two, they are looking at evaluating the different social emotional learning tools that are out there right now within the schools and trying to find one that they can implement across the board. Then with the final goal, they will be emailing out a survey to learn about what programs are currently in use in



regards to youth programs to assist in training our youth which would ultimately connect them to working with the training workgroup on that piece.

- Intervention Committee – Jim shared that they have quickly identified that there is so much knowledge and experience with intervention strategies in every region; which led to the committee separating into regional workgroups. In those regional groups they are working to identify crisis services in each region for all age groups. They are not only looking at crisis services, but also specialty services, outpatient clinics, age specific services, substance abuse services, housing, resources, and housing services. While they are identifying the current crisis services, they are looking at what kind of services are provided, do they handoff services to other agencies, and specifically what kind of services are involved. As a committee, they identified that they are very aware of county services that are available, as well as school based services, but more information is needed from private services to create a unified continuum of care. They are then going to look at what gaps of services are present.
- Postvention committee – Dr. Jill Miller shared that their sub-committee consists of stakeholders, several loss survivors, a deputy coroner, Trauma Intervention Program (Tip), American Foundation for Suicide Prevention, Survivors of Suicide loss, and NAMI. They have decided that we would like the support for postvention, to be a staggered support. Since, their committee includes loss survivors, they have realized that there is need for the initial response for support after a suicide loss, but a few weeks after the loss, and again a few months later. They have been comparing two different models of postvention support. Additionally, New Hampshire NAMI that presented to their committee. Their committee is comparing the Connect model and the LOSS team model of support. They will be reaching out to our neighboring counties to identify what they're doing. In their efforts, they don't want to reinvent the wheel, they want to identify what other counties have in place and then go from there. They hope to decide by our next quarterly meeting which model they will move forward with. Due to the size of the county they recognize there are unique challenges and very limited resources. We want to be able to train faith based communities on loss support. Lastly, they want to recruit specific peer support because they know it is essential in postvention and they hope to expand this throughout Riverside County.

IV. Q&A

- Does the postvention committee also address those who have attempted suicide and survived or are just family and friends that survived the suicide loss?
 - Postvention is focused on the survivors of those who have been lost to suicide, It's very specific to when a suicide death has occurred.
A survivor of a suicide attempt would fall into the Intervention sub-committee's category as they focus on the full continuum of care for someone and would fall under crisis care.



- What is being done to ensure that the transgender people are included?
 - For the Intervention sub-committee, they have connected with The Center in the Desert that provides service in the desert and we have a committee member that works for TruEvolution in Riverside that supports the LGBTQ+ community. We are ensuring that when evaluating crisis services throughout the county, we are including organizations that support the LGBTQ+ community as well.
- Do you have any information on when ASIST, Mental Health First Aid, and other trainings that were mentioned will be provided again and are the trainings not only available to behavioral health staff but the community as well?
 - With the guidance around COVID, we are unable to provide these trainings since they can only be provided in person. When we are able to gather again in person, they will be provided. We provide those trainings not only at our Rustin conference center but at community centers, school sites, and other places out in the community. We need our training committee to help us get a targeted audience and broaden the partners we already have now. We aim to train every person that lives and works in Riverside County, on some level of Suicide Prevention Awareness and intervention, to be able to have that conversation if there's a concern about someone, ask them if they are having thoughts of suicide, and then know how to help connect them. So we're really going to work with the training group on how we expand, who has access to those trainings and we make them all aware of that. Until then, we are offering four virtual trainings: Know the Signs, Mental Health 101, Self-care and Wellness, and Building Resiliency and Understanding Trauma that anyone can attend.

V. Closing remarks

- Anyone with interest in joining a sub-committee of the Suicide Prevention Coalition should contact PEI@ruhealth.org

VI. Next Quarterly Meeting: Wednesday, April 28th, 2021 at 9:00am – 11:00am

Notes recorded by: Melissa Jacks, OAIll