

Learning Collaborative

Strategic Planning for Suicide Prevention FY 19/20



Learning Module 2:
Addressing Access to Lethal Means



- If you called in on the phone, find and enter your audio PIN
- If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.



Sandra Black, MSW



Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant.



Rosio Pedroso



Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.



Stan Collins



Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.



Jana Sczersputowski, MPH



Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.

Welcome!



Strategic Planning Learning Collaborative Overview

Webinar 2: Addressing Access to Lethal Means

- Tuesday, December 17th 10-11:30am



- Webinar 3: Population Level Strategies
 - January 21st 10am-11:30am
<https://attendee.gotowebinar.com/register/7066667186785414925>
- Webinar 4: Targeting Strategies to High-Risk Populations
 - February 18th 10am-11:30am
<https://attendee.gotowebinar.com/register/8978419939836774669>
- Webinar 5: Assessing Your Crisis Response System
 - March 10th 10am-11:30am
<https://attendee.gotowebinar.com/register/2296286456097925645>

Past Webinars

- Webinar 1: Postvention After a Suicide
 - View Recording:
<https://register.gotowebinar.com/recording/2783486656319297032>

Learning Collaborative In-Person Meeting (Dec 4-5)

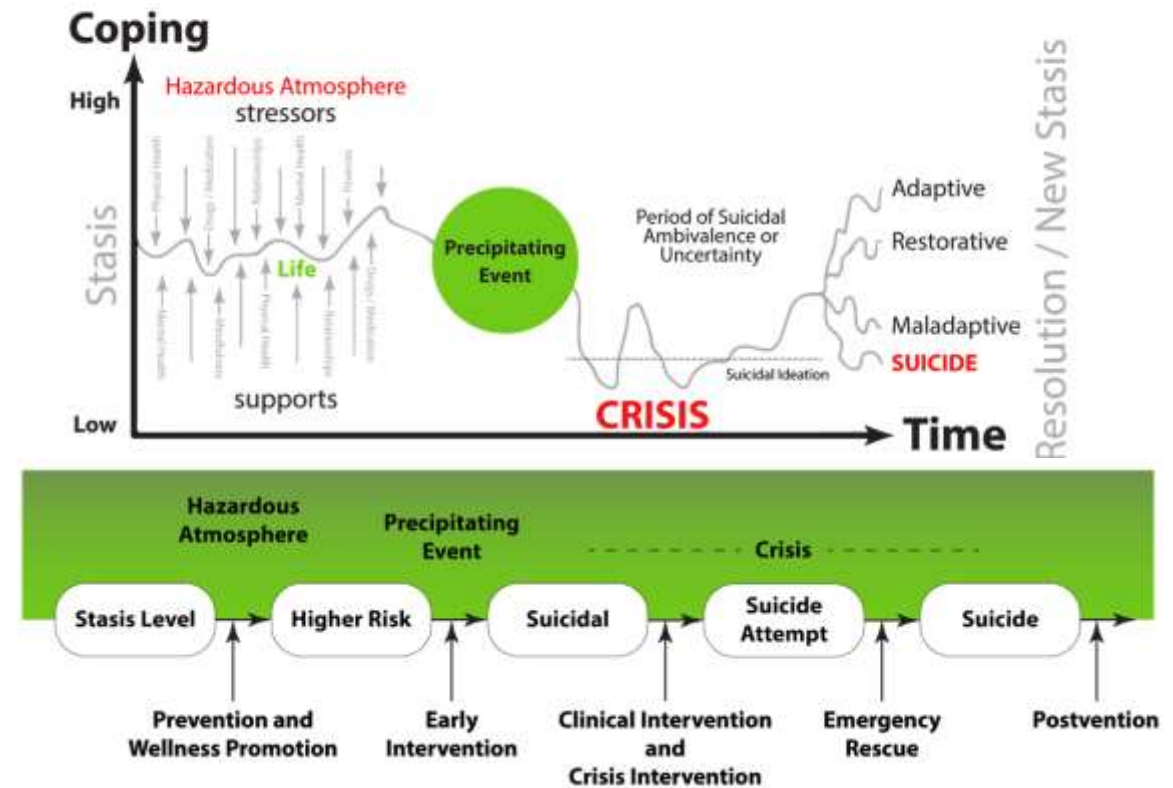
Day 1:

- Strategic Framework for Suicide Prevention
- Understanding Suicide: Coping Crisis Theory and Suicidal Crisis Path (Noah Whitaker)
- Interventions and Self Assessment along Suicidal Crisis Path

Day 2:

- Coalition Building and Engaging Stakeholders
- Describing the Problem of Suicide using Data & Storytelling
- Talking Turkey about Strategic Plans

Model 2: Crisis Coping Theory

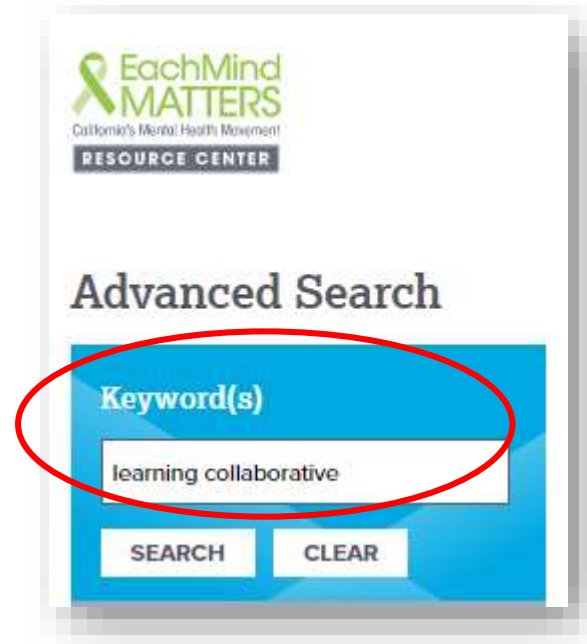


Crisis Coping Theory along Suicidal Crisis Path: Noah J. Whitaker, MBA, and Dr. DeQuincy Lezine

Resources for Learning Collaborative Members

- All past webinar recordings, slides from in-person meeting, and additional resources for the EMM Learning Collaborative can be found in the EMM Resource Center

- Follow the link below, or search for keyword “Learning Collaborative”

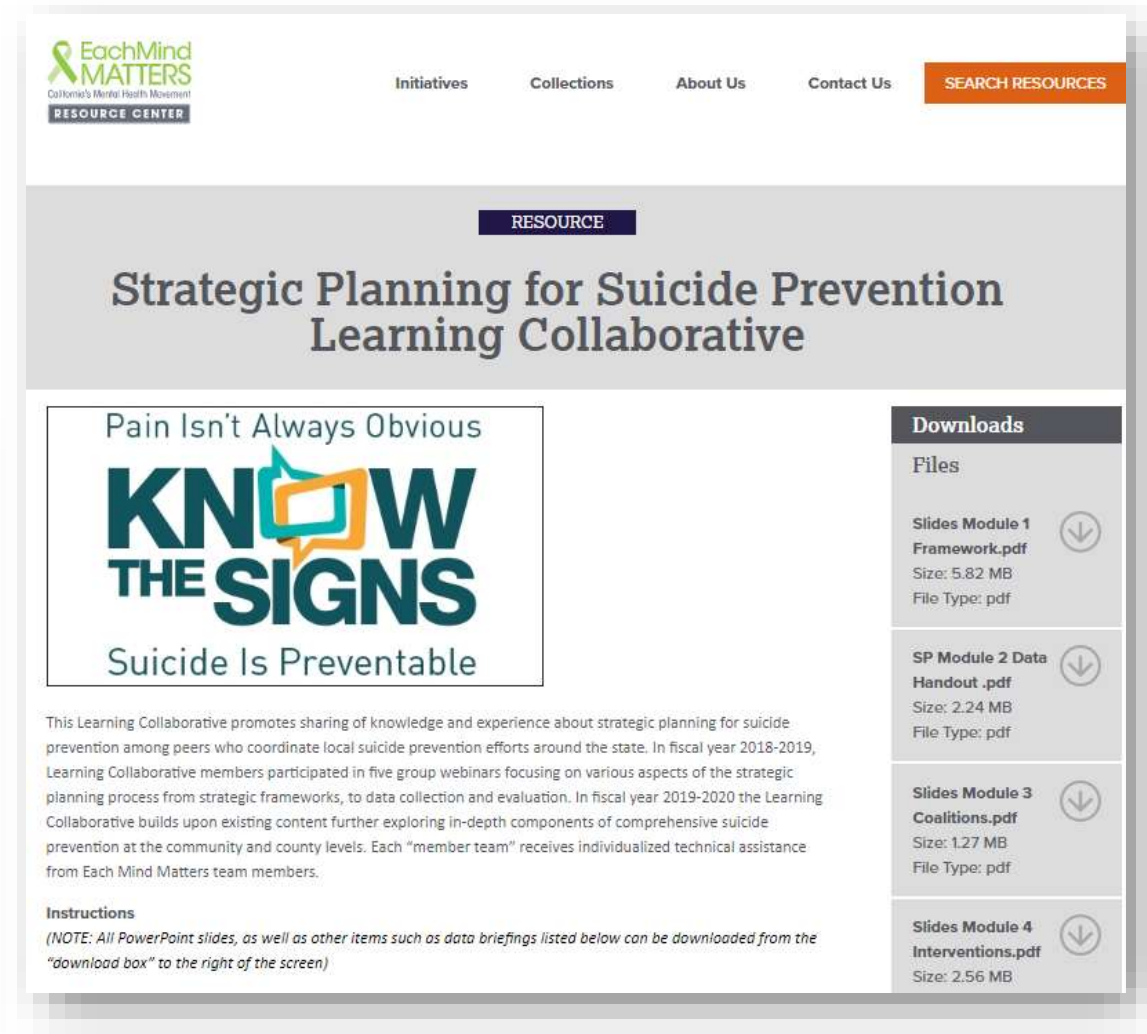


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California's Mental Health Movement
RESOURCE CENTER

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RESOURCE

Strategic Planning for Suicide Prevention Learning Collaborative

Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable

This Learning Collaborative promotes sharing of knowledge and experience about strategic planning for suicide prevention among peers who coordinate local suicide prevention efforts around the state. In fiscal year 2018-2019, Learning Collaborative members participated in five group webinars focusing on various aspects of the strategic planning process from strategic frameworks, to data collection and evaluation. In fiscal year 2019-2020 the Learning Collaborative builds upon existing content further exploring in-depth components of comprehensive suicide prevention at the community and county levels. Each "member team" receives individualized technical assistance from Each Mind Matters team members.

Instructions
(NOTE: All PowerPoint slides, as well as other items such as data briefings listed below can be downloaded from the "download box" to the right of the screen)

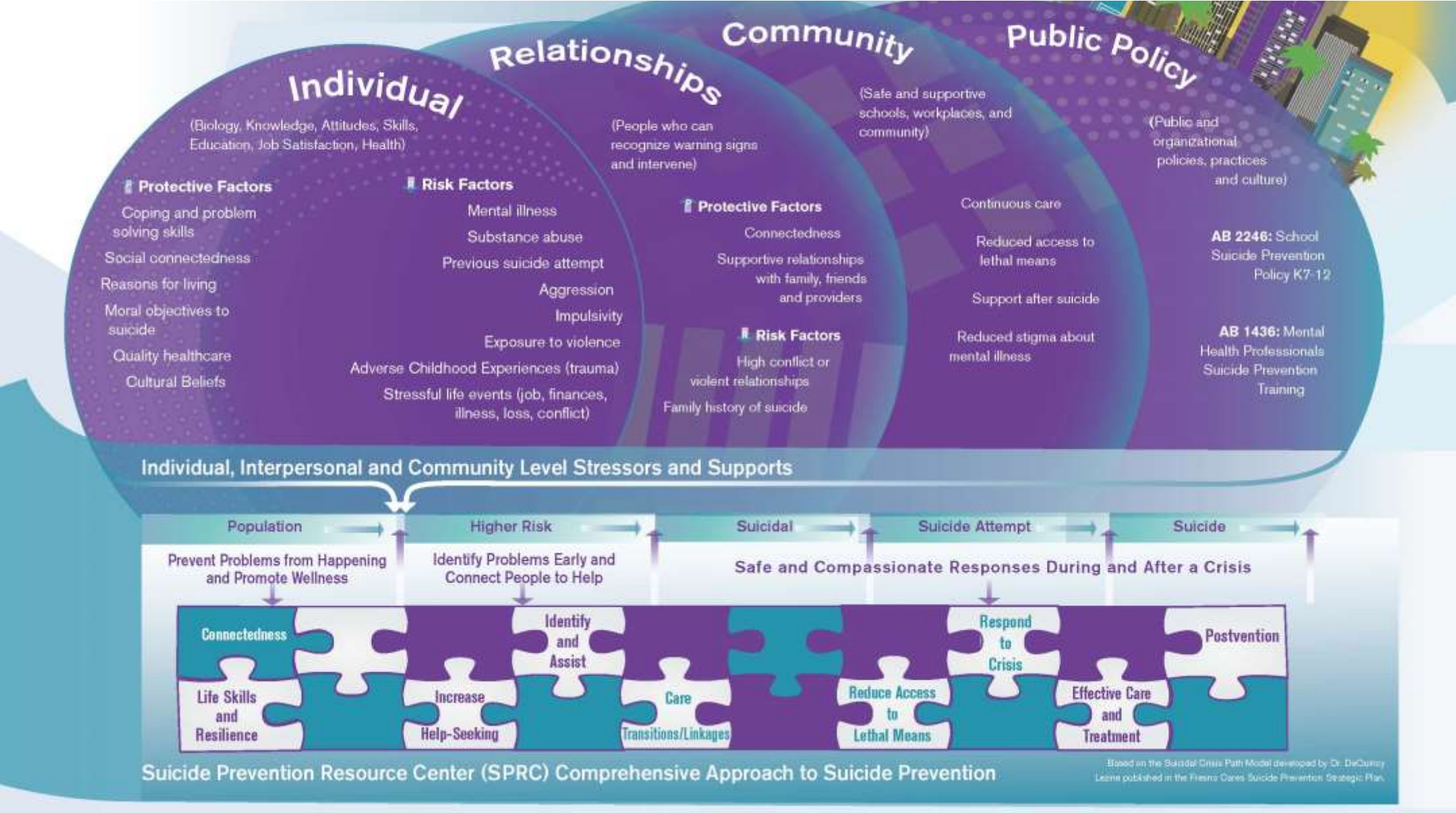
Downloads

Files

Slides Module 1 Framework.pdf	↓
Size: 5.82 MB	
File Type: pdf	
SP Module 2 Data Handout .pdf	↓
Size: 2.24 MB	
File Type: pdf	
Slides Module 3 Coalitions.pdf	↓
Size: 1.27 MB	
File Type: pdf	
Slides Module 4 Interventions.pdf	↓
Size: 2.56 MB	

<https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative>

Ecological Approach to Suicide Prevention Along Suicidal Crisis Path



Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

Prevent Problems from Happening and Promote Wellness

Identify Problems Early and Connect People to Help

Safe and Compassionate Responses During and After a Crisis

Connectedness

Identify and Assist

Respond to Crisis

Postvention

Life Skills and Resilience

Increase Help-Seeking

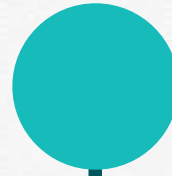
Care Transitions/Linkages

Reduce Access to Lethal Means

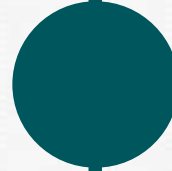
Effective Care and Treatment



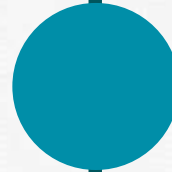
Questions to ask yourself to inform Means Safety strategic planning:



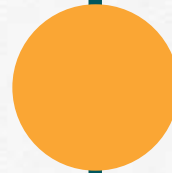
What data collection systems are in place to track trends on means used in suicide deaths/attempts?



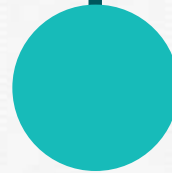
What are the most common methods used for suicide deaths and attempts?



Are there any existing means restriction efforts underway? Are there existing coalitions you can partner with?



Are there any specific sites frequently used for suicide?



Are we providing training on “Counseling on Lethal Means” to gatekeepers and professionals?



Part 1, Means Safety: Principles and Background

**Means safety is
one the most
effective
strategies for
suicide
prevention...**



Most efforts to prevent suicide focus on why people take their lives. But as we understand more about who attempts suicide and when and where and why, it becomes increasingly clear that how a person attempts – the means they use – plays a key role in whether they live or die

- MeansMatter.org

Means Matter

The screenshot shows the Harvard T.H. Chan School of Public Health website. At the top left is the Harvard logo and 'HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH'. To the right are links for 'Email', 'People', 'Departments', 'Calendar', 'Careers', 'Give', 'Frontiers', and 'my.harvard'. Below this is a navigation menu with 'ABOUT', 'FACULTY & RESEARCH', 'ADMISSIONS & AID', 'ACADEMICS', 'EXECUTIVE/CONTINUING ED', and 'NEWS'. The main content area features a 'Means Matter' campaign graphic consisting of a 3x6 grid of speech bubbles. The top row has six red bubbles with 'WHY?'. The middle row has five red bubbles with 'WHY?' and one blue bubble with 'HOW?'. The bottom row has six red bubbles with 'WHY?'. Below the graphic, the text 'MEANS MATTER' is underlined on the left, and 'Suicide, Guns, and Public Health' is centered.

www.MeansMatter.org

Reducing access to lethal means saves lives

“Means safety” (reducing a suicidal person’s access to highly lethal means) is an important part of a comprehensive approach to suicide prevention. It is based on the following understandings:

- Intent isn’t all that determines whether an attempter lives or dies; means also matter.
- Firearms are lethal in 85-95% of suicide attempts
 - As opposed to 0.5-2% of suicide attempts by overdose, and 1-3% of cut/pierce attempts
- 90% of attempters who survive do NOT go on to die by suicide later.
- Numerous studies have demonstrated a lack of substitution for means



Principles of Means Restriction

- The effectiveness of reducing access to lethal means has been demonstrated using a wide range of intervention in multiple countries
- Examples:
 - United Kingdom: reduction of suicide following replacement of coal gas with natural gas
 - Israel: 40% reduction in suicides of soldiers when policies changed to require weapons to be stored on base
 - Sri Lanka: Ban on certain chemicals used in pesticides associated with reduction in suicides
 - New Zealand: Suicide deaths reduced to zero after barriers were reinstalled on bridges
 - Multiple Countries: Limiting prescription size and altering packaging resulted in fewer suicides
- Most effective strategies for lethal means restriction are physical deterrents

Won't people just find another way?

Numerous studies have shown no evidence that individuals experiencing thoughts of suicide sought alternative means, and in many cases suicide overall decreased.

- *Effectiveness of barriers at suicide jumping sites: a case study* (Beautris)
- *Preventing suicide by jumping: the effect of a bridge safety fence* (Pelletier)
- *Securing a Suicide Hot Spot: Effects of a Safety Net at the Bern Muenster Terrace* (Reisch)
- *The coal gas story. United Kingdom suicide rates, 1960-71* (Kreitman)
- *The impact of pesticide regulations on suicide in Sri Lanka* (Gunnell)

How can we restrict or reduce access to lethal means?

- Place the person in a safer environment
- Put a barrier between the person and the means
- Create time between the person and the means
- Make the means (and an attempt) less lethal

Wisdom from Injury Prevention

- **PRIMARY PREVENTION**
 - PREVENT the EVENT from occurring (brakes)
- **SECONDARY PREVENTION**
 - REDUCE the injury impact of the event (crumple zone, air bags)
- **TERTIARY PREVENTION**
 - MITIGATE effects of injury (rapid response, good trauma care)

Key Components of Means Safety Efforts

- Public Awareness:
 - Posters, PSAs, brochures
- Gatekeeper trainings:
 - Pharmacists, firearm instructors, gun shop owners, family members
- Lethal Means Counseling

Statewide Plan- Strategic Direction




2

STRATEGIC
AIM

GOAL 4: CREATE SAFE ENVIRONMENTS BY REDUCING ACCESS TO LETHAL MEANS

Desired Outcome  Decrease in suicides and initial and subsequent intentional self-harm hospital visits.

Short-term Target  By 2025, all counties are using data and information to develop and implement targeted lethal means restriction strategies to prevent suicidal behavior and are measuring effectiveness.

Objectives (State):

- 4a: Research and policy agenda
- 4b: Monitor statewide trends
- 4c: Disseminate information on federal funding

Objectives (Local/Regional):

- 4d: Use data to guide focused prevention efforts
- 4e: Promote safe medication disposal methods
- 4f: Partner with firearms community
- 4g: Disseminate information on overdose prevention and response
- 4h: Site-specific efforts
- 4i: Enhance data collection of preventative acts

THIRD DRAFT NOT FOR
DISTRIBUTION

Statewide Plan- Strategic Direction

Local and Regional Objectives:

- 4d: Use data to guide focused means safety efforts
- 4e: Promote safe medication distribution and disposal practices
- 4f: Implement firearm means safety efforts
- 4g: Disseminate information on overdose prevention and response
- 4h: Site-specific efforts
- 4i: Enhance data collection of preventative acts



Q&A



Part 2, Means Safety: Using data to guide means safety efforts



In order to better understand where and why suicides occur on the railroad right-of-way, it is vital to collect accurate and consistent data on the incidents that occur. With a better understanding of each and every event (intentional and unintentional), more can be learned about preventing similar incidents

*-Countermeasures to Mitigate Intentional Deaths on Railroad Rights-of-Way:
Lessons Learned and Next Steps*

Statewide Plan- Strategic Direction

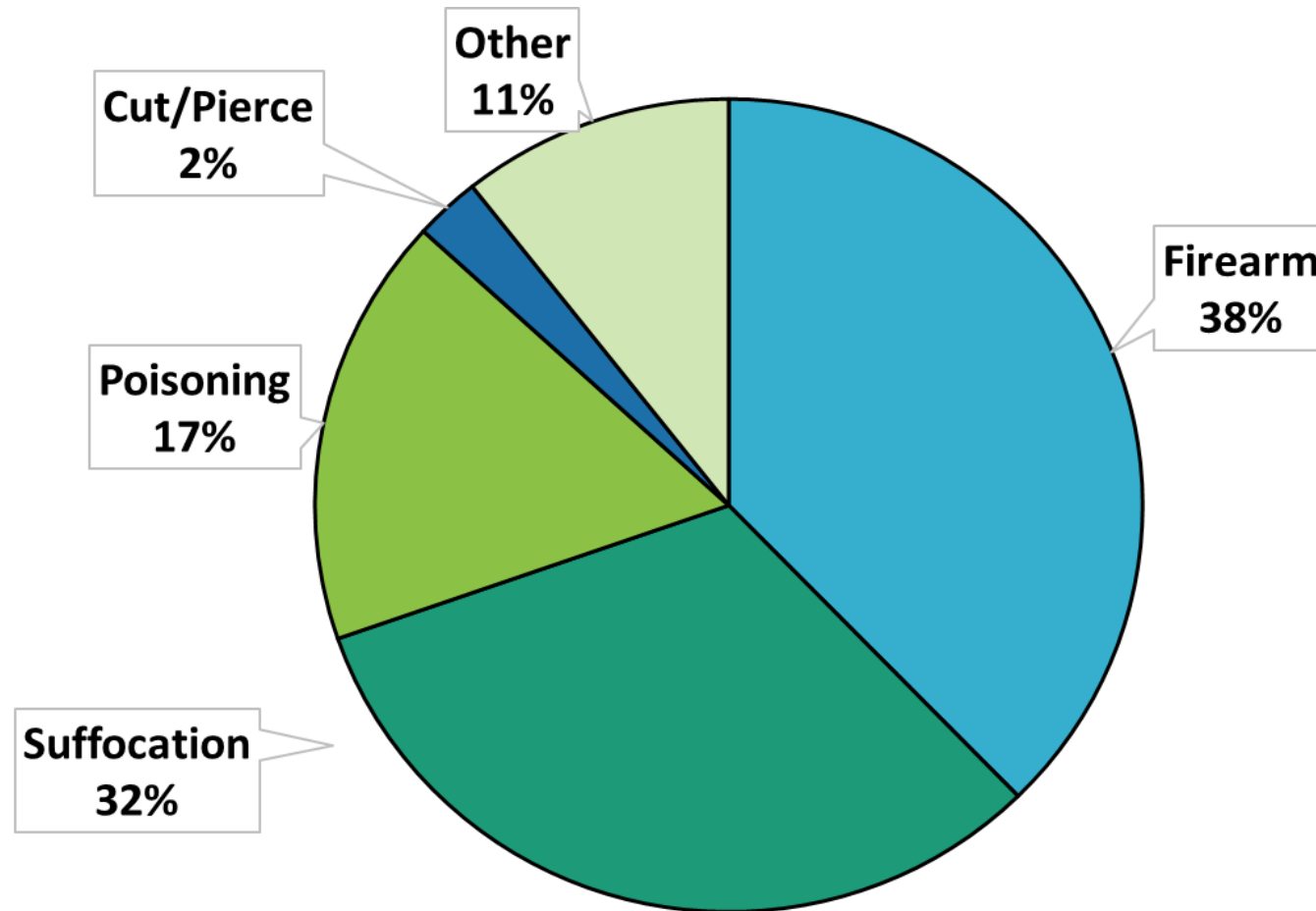
Local and Regional Objectives

Objective 4d Use the Public Health Model to evaluate risk and identify the methods of suicidal behavior used by community members and by specific demographic (such as race/ethnicity, age, sexual orientation, and gender identity) and cultural groups to guide development of focused prevention efforts. Once identified, develop tailored means restriction strategies and evaluate impact.

Steps to implementation

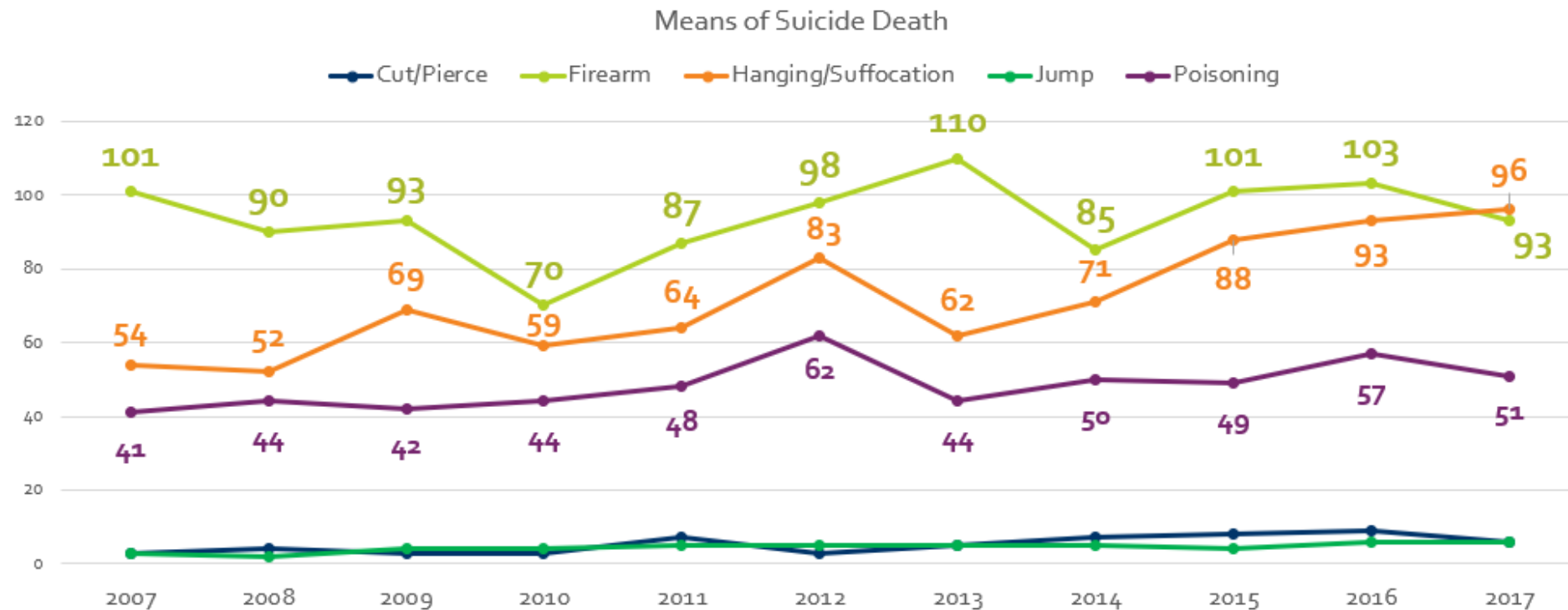
- Review data to identify means/methods used in suicide attempts and deaths
- Explore how means/methods vary by demographics
- Identify and develop tailored means restriction strategies

CALIFORNIA, Suicide by Method, 2013-2017 (ALL AGES)



Overview of Suicide Deaths & Attempts in Riverside County

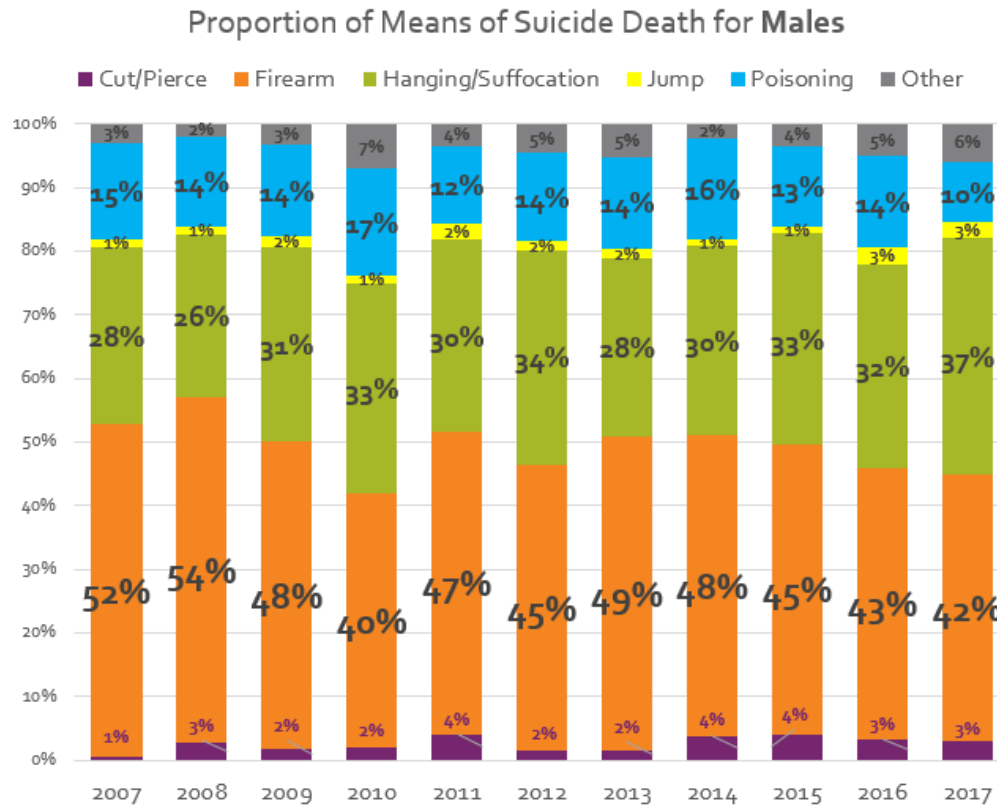
Means of Death



Firearms has been the most often used means of death.
There has been an upward trend of **Hanging/Suffocation** deaths

Overview of Suicide Deaths & Attempts in Riverside County

Means of Death for Males

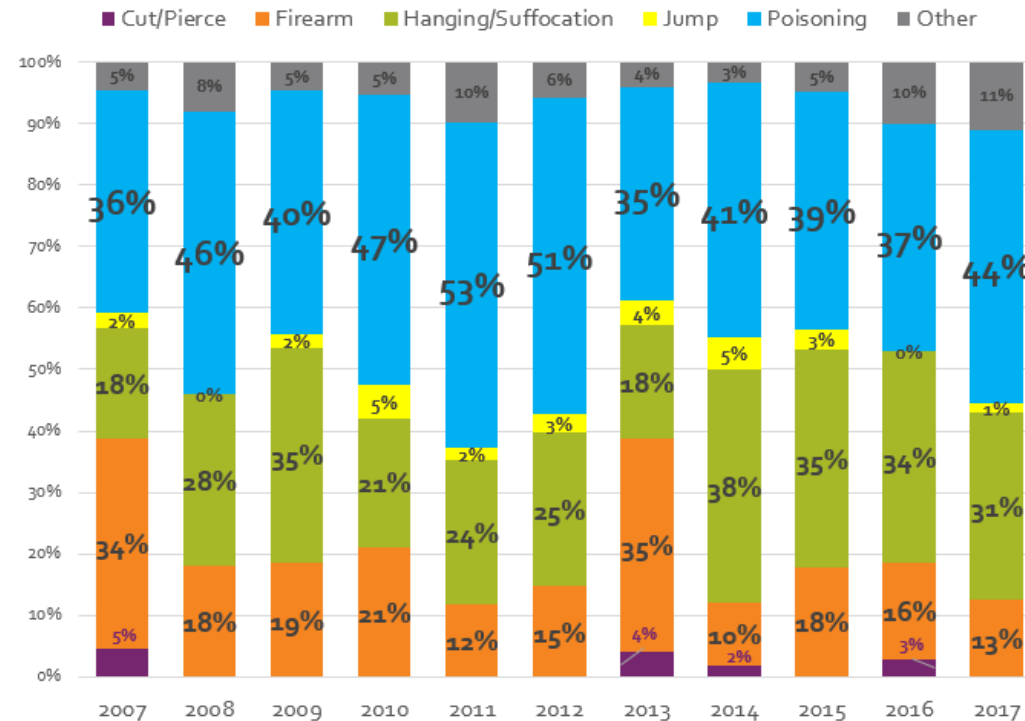


- An average of 52 males a year died by hanging/suffocation
- An average of 82 males a year used firearms

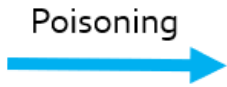
Overview of Suicide Deaths & Attempts in Riverside County

Means of Death for Females

Proportion of Means of Suicide Death for Females



- Average of 21 females a year died by poisoning

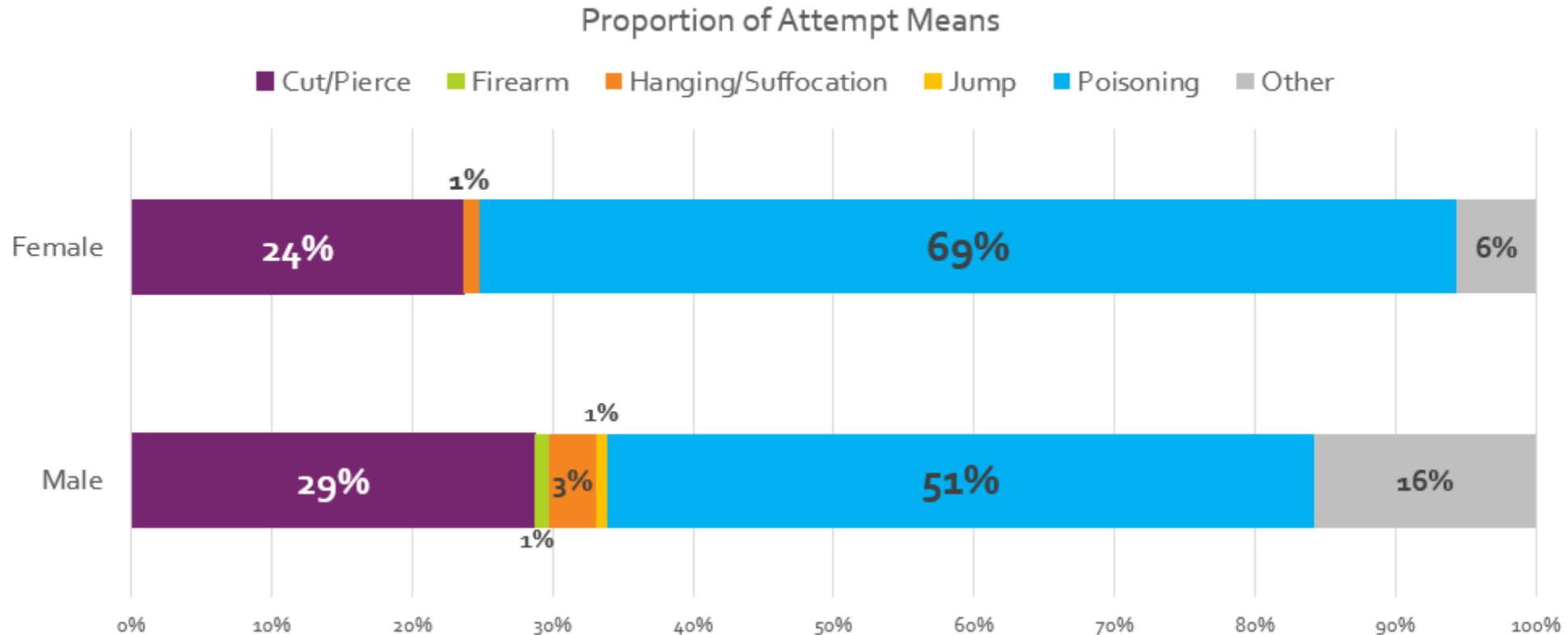


- An average of 14 females a year died by hanging/suffocation



Overview of Suicide Deaths & Attempts in Riverside County

Means of Attempt

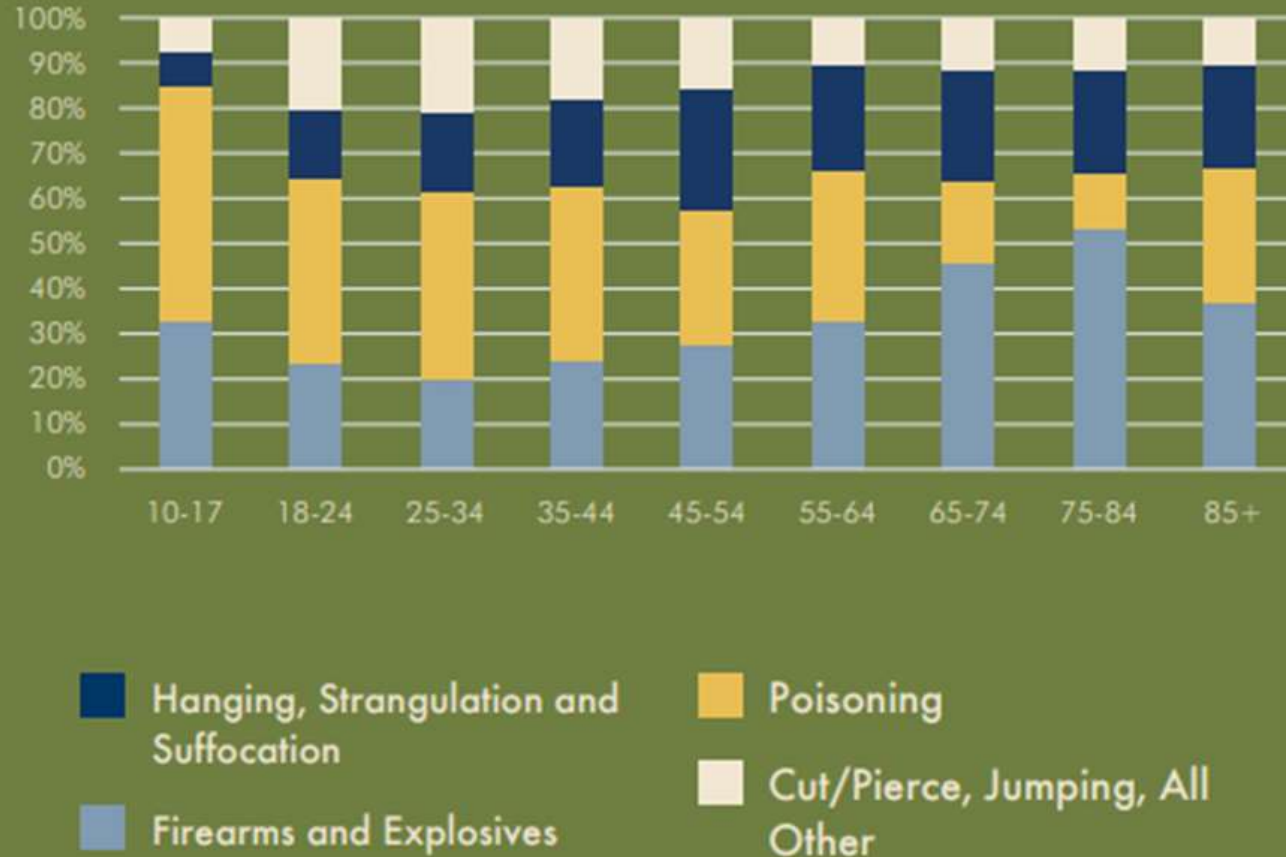


Addressing Means Safety for Hanging/Suffocation

- Like firearms, men are more likely to die by hanging/suffocation than females (more lethal means)
- Individuals younger than 30 years old are more likely to utilize this means
- Means Safety measures around hanging and suffocation are difficult to implement (difficult to restrict access)
- Prevention and early intervention strategies - identifying risk/suicidal ideation, connecting to help, developing a safety plan - however are still available.

Suicide Deaths in Orange County

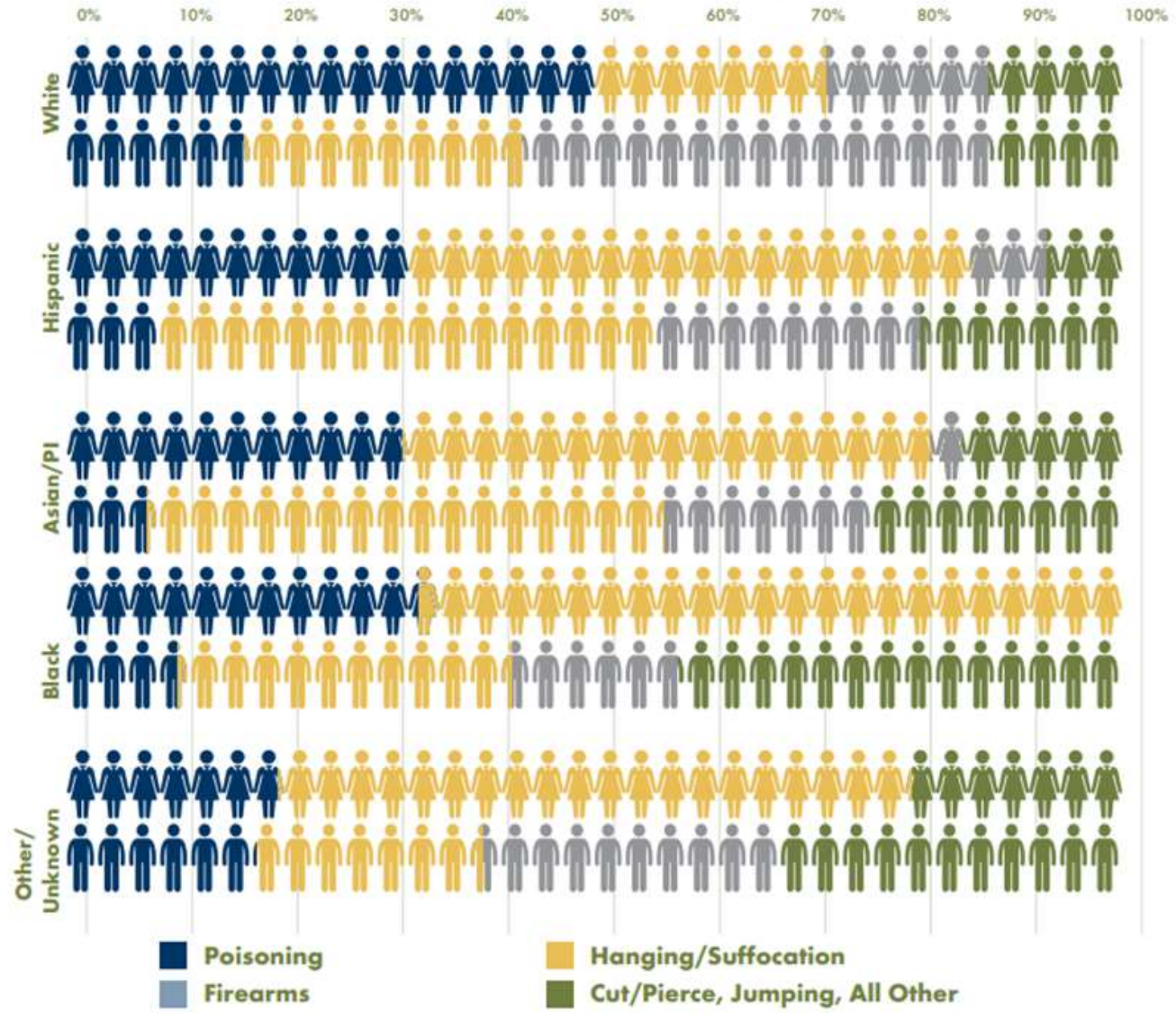
Figure 2 Means of Suicide Death by Age Group (yrs), 2014-2018



Source: CDPH DSMF/VRBIS, 2014-2018

Suicide Deaths in Orange County

Figure 5 Percentage of Suicide Deaths by Gender, Race and Means of Death, Orange County 2014-2018



Source: CDPH DSMF/VRBIS, 2014-2018

Mortality

deaths that were confirmed to be suicide.

Sources	What it tells you
Coroner	Who dies by suicide (demographics) Means of suicide Injury/Death location Toxicology
EpiCenter (CA DPH)	State and county Numbers, rates, means Veteran status All ages and demographics Can create customized queries
Death Review Teams	Demographics and means Warning signs/support systems Risk factors and context Social factors/interactions
CDPH County Health Status Profiles	State and county Rates, 3-year averages, percentages Ranked and compared to national Healthy People 2020 objectives All ages & demographics Data grouped into annual reports

Morbidity

non-fatal, intentional self injuries, or suicide attempts. They exclude accidental self injury.

Co-Morbidity

risk factors that are related to the suicidal behavior.

Sources	What it tells you
Local hospitals EpiCenter (CA DPH)	Non-fatal self injuries treated in hospitals and emergency rooms State and county Non-fatal & fatal injuries by method All ages & demographics Can create queries
CDC WISQARS	Non-fatal self injuries treated in hospitals and emergency rooms State and county Non-fatal self-inflicted injuries & method All ages and demographics Cost of injury reports Can create queries
CDC Behavioral Risk Factor Surveillance System (BRFSS)	Phone surveys Adults 18+ Associated risk factors such as substance use, mental health conditions



Q&A



Part 3, Means Safety: Reducing firearm suicides

Statewide Plan- Strategic Direction

Objective 4f Disseminate information to local gun shop and range owners to increase awareness of suicide prevention efforts, suicide warning signs, and available resources. Partner with local firearm safety trainers to incorporate suicide prevention awareness into trainings. Invite local gun shop and range owners to join local coalitions. Partner with law enforcement to guide dissemination of lawful options for temporarily transferring firearms for storage in times of suicide crisis or when Gun Violence Restraining Orders apply.²⁶ Resources to support this strategy can be found here: <https://emmresourcecenter.org/resources/suicide-prevention-gun-shop-activity>.

Steps to implementation:

- Disseminate information to local gun shops (awareness materials and gatekeeper trainings to staff)
- Partner with local firearm safety trainings to incorporate suicide prevention into trainings
- Disseminate information on lawful options for safe storage
- Provide information on Gun Violence Restraining Order
- Disseminate information to raise awareness of suicide prevention and safe storage/transfer in firearm owner community

PREVENT FIREARM SUICIDES



ARE THEY SUICIDAL?

- Depressed, angry, impulsive?
- Going through a relationship breakdown, legal trouble, or other stressors?
- Using drugs or alcohol?
- Withdrawing from their usual activities?
- Talking about being suicidal or self-harm?
- Losing hope?
- Acting reckless?
- Feeling trapped?

If you or someone you know is in crisis, call the San Diego County Access Line at 1-888-724-7233

Talking to Patients About Gun Safety

HELP KEEP A RIGHT FROM BECOMING WRONG!

Thanks to increased awareness of firearm safety, Shasta County has averaged less than one accidental gun death per year since 2005. However, within that same length of time, more than 300 residents have died by suicide using a firearm, making it the leading method of suicide in our community.

We can reduce this number when we abide by the 11th Commandment and take additional safety precautions when a gun owner is going through a mentally difficult time.

If a family member is going through a rough time, make sure he or she can't get to their guns. To learn ways to get help for your loved one, call the National Suicide Prevention Lifeline at 1-800-273-8255.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-8255

IT'S TIME LET'S TALK. PUBLIC MENTAL HEALTH PREVENTION EVERYBODY BUSINESS

GET PROFESSIONALLY TRAINED IN FIREARM SAFETY

For a complete list of firearm safety instructors in Shasta County, please visit:

www.ShastaSheriff.com



For more information on firearms, safety devices, or classes, please contact:
SHASTA COUNTY SHERIFF'S OFFICE
530-245-6025

Sponsored by Shasta County Health and Human Services Agency in conjunction with our community partners and advisory boards. Funding for this program is provided through the Mental Health Services Act.

THE 11th COMMANDMENTS OF FIREARM SAFETY

11

SECURE IT
KEEP LOVED ONES SAFE

A PROJECT OF:
EFSGV

Prevent Firearm Suicide

Firearm Suicide Prevention Means Safety



**Firearm
Suicide
Prevention**

In the US, where firearms are the method used in approximately **50% of all suicides** and where roughly **1 in 3 homes contains firearms**, even small relative declines in the use of firearms in suicide acts could result in large reductions in the number of suicides, depending on what, if any, method would be substituted for firearms.

- *Breaking through Barriers, The Emerging Role of Healthcare Provider Training Programs in Firearm Suicide Prevention*



**“Safe Harbor”
update to
CA Penal Code**

- Section 27545 does not apply to the transfer of a firearm if all of the following conditions are satisfied:
 - The firearm is **voluntarily and temporarily transferred** to another person who is 18 years of age or older for safekeeping **to prevent it from being accessed or used to attempt suicide by the transferor or another person that may gain access** to it in the transferor’s household.
 - The **transferee does not use the firearm for any purpose** and, except when transporting the firearm to the transferee’s residence or when returning it to the transferor, keeps the firearm unloaded and secured in the transferee’s residence in one of the following ways:
 - Secured in a locked container.
 - Disabled by a firearm safety device.
 - Secured within a locked gun safe.
 - Locked with a locking device as described in Section 16860 that has rendered the firearm inoperable.
 - The **duration of the loan is limited to that amount of time reasonably necessary** to prevent the harm described in paragraph (1).

Prevent Firearm Suicide

Guest Speaker:

Dakota Jablon

Director of
Federal Affairs, Suicide
Prevention Specialist

Coalition to Stop Gun
Violence –
Educational Fund to
Stop Gun Violence

The screenshot shows the website for 'Prevent Firearm Suicide', a project of the EFSGV. The header includes navigation links for 'Interventions + Policies', 'Resources', 'National + State Statistics', and 'About'. A prominent black banner contains the text: 'If you or someone you know needs some support now, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text "HOME" to 741-741.' Below this, a white text box explains that suicide is a public health crisis and that a multilevel approach is needed. It lists four levels of intervention: societal, community, relationship, and individual. A call to action encourages users to click on each level for more resources. The bottom half of the page features a diagram of the social ecological model with four concentric circles: 'Individual' (innermost), 'Relationship', 'Community' (largest and highlighted in blue), and 'Societal' (outermost). The 'Community' circle contains detailed text about its focus on social and physical environments and provides a 'Learn More' link.

Prevent Firearm Suicide — Interventions + Policies Resources National + State Statistics About

If you or someone you know needs some support now, please contact the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or text **"HOME"** to **741-741**.

Suicide is a public health crisis. Firearms are the most lethal and most commonly used suicide method in the United States. A multilevel approach for suicide prevention that addresses access to firearms can save lives:

There are effective, evidence-based interventions for firearm suicide prevention. Our approach organizes these interventions by applying the social ecological model. We focus on four levels of intervention (societal, community, relationship, and individual) to reduce access to firearms by individuals when they are at an elevated risk for suicide.

To learn more, click on each level of intervention for educational materials, initiatives, research, and resources.

Individual

Relationship

Community

The community level examines how the social and physical environments are associated with risk and protective factors for suicide.

Interventions at this level aim to influence the community environment, such as engaging firearm owners about suicide prevention in the community.

Learn More

Societal

preventfirearmsuicide.efsgv.org/

PREVENTFIREARMSUICIDE.EFSGV.ORG



If you or someone you know needs some support now, please contact the National Suicide Prevention Lifeline, **1-800-273-TALK (8255)** or text **"HOME"** to **741-741**.

Suicide is a growing public health crisis and firearms are among the most lethal and most commonly used suicide methods in the United States. **A multilevel approach for suicide prevention that addresses access to firearms can save lives.**

Our firearm suicide prevention model applies the social ecological model and focuses on four levels of intervention to reduce access to firearms from individuals when they are at an elevated risk for self harm.

Individual

Relationship

Community

Societal

ABOUT

Prevent Firearm Suicide

Prevent Firearm Suicide, a project of the Educational Fund to Stop Gun Violence, raises awareness about how temporarily reducing access to firearms during periods of high risk for suicide is life-saving. Prevent Firearm Suicide shares effective, evidence-based interventions for firearm suicide prevention; information on the intersection of firearms and suicide including risk factors and statistics; state-level firearm suicide data for all 50 states and the District of Columbia; and hosts a robust directory of educational materials, initiatives, research, and other resources about firearm suicide prevention and means safety.

A PROJECT OF



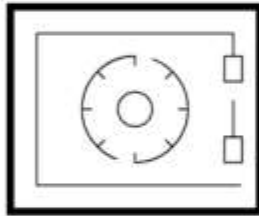
THE EDUCATIONAL FUND
TO STOP GUN VIOLENCE

SOCIAL ECOLOGICAL MODEL: LIMITING ACCESS TO LETHAL MEANS

<i>Level</i>	<i>Intervention</i>
Societal	Extreme risks laws
	Voluntary self-prohibitions
	Policies that reduce availability of firearms
Community	Gun shop projects
Relationship	Family/friends holding onto firearms
	Lethal means safety counseling
Individual	Safer storage

Allchin A, Chaplin C, Horwitz J. (2018).
**Limiting access to lethal means:
applying the social ecological model
for firearm suicide prevention.**
Injury Prevention.

Prevent Firearm Suicide



Individual
Safer Storage



Relationship
Lethal Means
Safety Counseling



Community
Gun Shop
Project

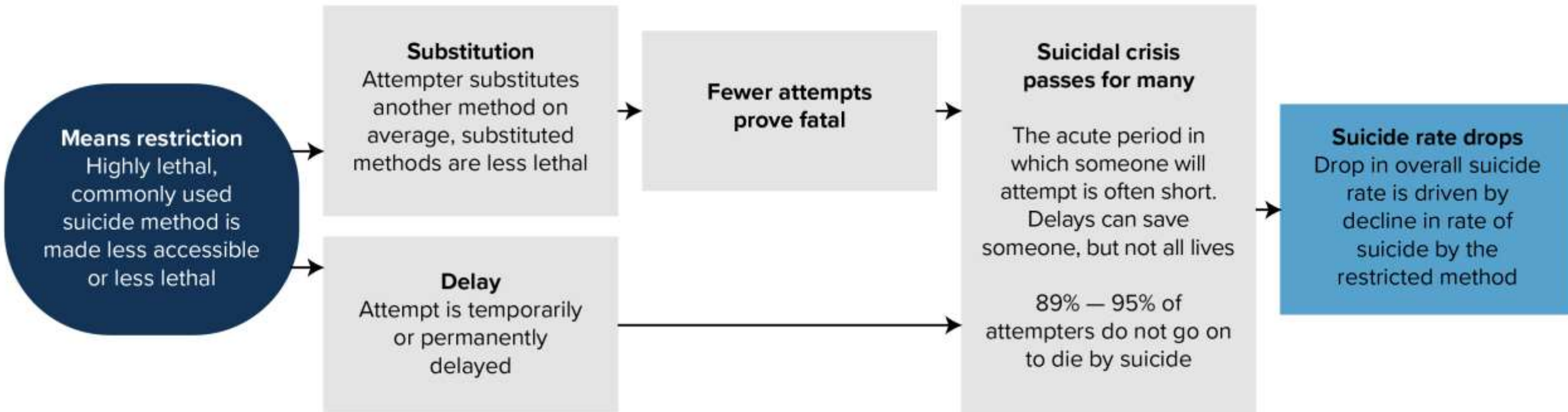


Society
Extreme Risk
Laws

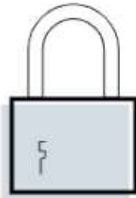
preventfirearmsuicide.efsgv.org/

CONCEPTUAL MODEL

“Means restriction is one of the few empirically based strategies to substantially reduce the number of suicide deaths.”



INDIVIDUAL LEVEL: SAFER STORAGE



*Store firearms unloaded and
locked*



*Store and lock ammunition
separately from firearms*



*Ensure the key and/or combination
is inaccessible to the person in
crisis*



*Temporarily remove firearms from
your home*



**Give your firearms to a family
member or friend (if
permissible under state and
local law)**


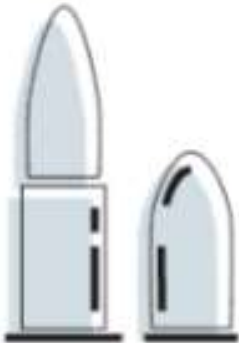





**Temporarily transfer your
firearms to local law
enforcement**



**Store your firearms
at a gun range or store**

RELATIONSHIP LEVEL: LETHAL MEANS SAFETY COUNSELING

Condition	Examples	How to respond when patient has firearm access
Acute risk	Suicidal ideation or intent	- This is an emergency
Individual	 <p>Locked: "Is it locked?"</p>  <p>Loaded: "Is it loaded?"</p>  <p>Little children: "Are there little children</p>  <p>feeling Low: "Is the operator feeling low?"</p>  <p>Learned owner: "Is the operator learned about firearm safety?"</p>	<p>ation</p> <p>es,</p> <p>re to</p>
Demographic group	Children and adolescents	<p>as</p> <p>- Counsel on safe storage</p> <p>- Counsel on risk reduction</p> <p>- For minors, involve parents</p>

SOCIETAL LEVEL: GUN VIOLENCE RESTRAINING ORDER

- A Gun Violence Restraining Order (GVRO) is civil order that temporarily prohibits an individual who poses a significant danger of causing injury to self (including suicide) or others from purchasing or possessing any firearms or ammunition.
- Enables law enforcement and families to proactively intervene and remove firearms from individuals who are suicidal or behaving dangerously
- 3 types of GVROs:
 - Emergency GVRO
 - Temporary (*ex parte*) GVRO
 - Final GVRO

KEY FEATURES OF GVRO

- **Evidence based**: focus on behavioral risk factors, not mental illness
- **Civil procedure**, not criminal
- Creates **safer circumstances** for the individual to seek treatment, services, or otherwise access resources to address the underlying causes of their dangerous behaviors.
- Orders are **temporary** and have built-in due process protections.
 - Based on domestic violence protection orders
- Opportunity for subject of order to contest or petition to terminate early

EMERGENCY GVRO

- **Petitioner:** Law enforcement officer only
- **Standard:** **Reasonable cause** to believe that the person presents an **immediate and present danger** of injury to self or others by having a firearm in his or her possession AND less restrictive alternatives have been ineffective, inadequate, or inappropriate
- **Duration:** Up to 21 days
 - Terminates unless permanent GVRO is ordered
- **Served:** On scene

TEMPORARY (EX PARTE) GVRO

- **Petitioner:** Law enforcement officer or family member*
- **Standard:** **Substantial likelihood** that the subject of the petitioner poses a **significant danger in the near future** of personal injury to himself, herself, or another by having a firearm in his or her possession AND an ex parte order is necessary to prevent personal injury and less restrictive alternatives have been ineffective, inadequate, or inappropriate
- **Duration:** Up to 21 days
 - Terminates unless permanent GVRO is ordered
- **Served:** After order is grant
- *In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school

FINAL GVRO (AFTER NOTICE AND HEARING)

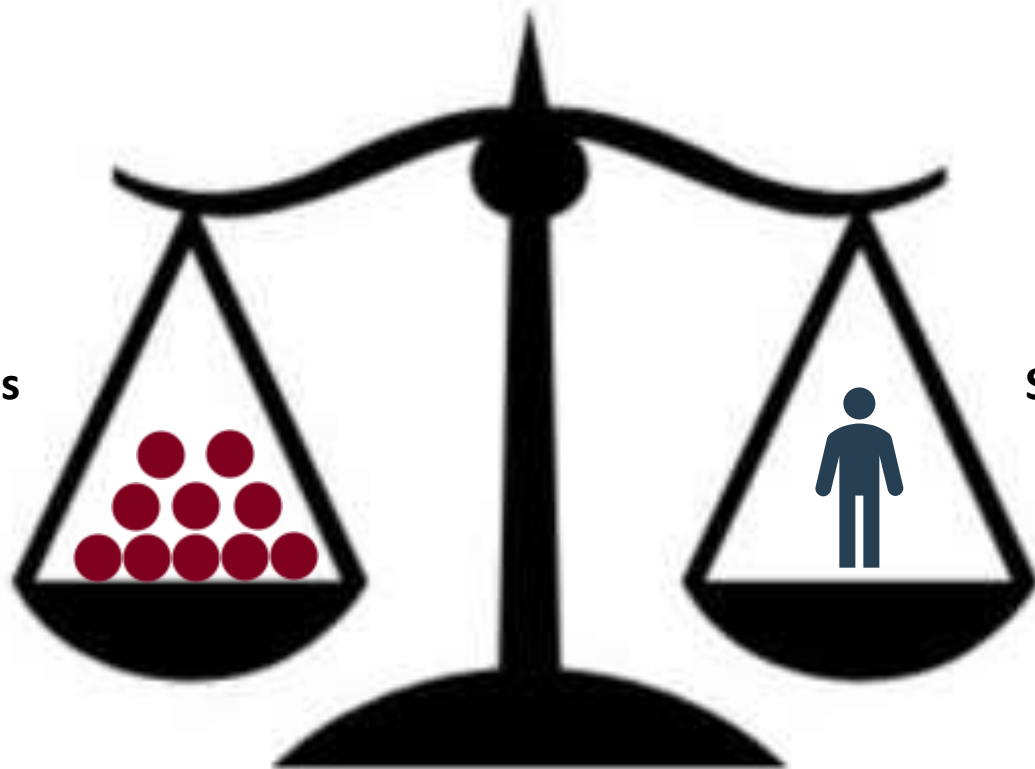
- **Petitioner:** Law enforcement officer or family member*
- **Standard:** The petitioner bears the burden of proving by **clear and convincing evidence** that the subject of the petition poses a **significant danger** of personal injury to himself, herself, or another by having possession of a firearm and that a GVRO is necessary to prevent personal injury AND less restrictive alternatives have been ineffective, inadequate, or inappropriate
- **Duration:** 1 year – subject to renewal or termination*
- **Served:** in Court or after order is granted

- *In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school and the order may be issued for up to 5 years

CA GVRO – FACTORS COURTS SHALL CONSIDER

- A recent threat of violence or act of violence by the subject of the petition directed toward another, himself, or herself.
- A recent threat of violence or act of violence by the subject of the petition directed toward himself or herself.
- A recent violation of a protective order of any kind.
- A conviction of a violent offense.
- A pattern of violent acts or violent threats within the past 12 months, including, but not limited to, threats of violence or acts of violence by the subject of the petition directed toward himself, herself, or another.

10-20
Firearm Removals



1
Suicide Prevented

RESOURCES

- PreventFirearmSuicide.EFSGV.org
 - A website dedicated to firearm suicide prevention
- Health.ucdavis.edu/what-you-can-do/
 - A prevention initiative mobilizing health care providers to engage in clinical strategies for reducing firearm injury and death
- <http://www.courts.ca.gov/forms.htm?filter=GVP>
 - Forms for GVRO
- <https://americanhealth.jhu.edu/implementERPO>
 - Created by the Johns Hopkins Bloomberg American Health Initiative & the Educational Fund to Stop Gun Violence. The website was designed to be a central resource for implementers of the GVRO/ERPO.



Q&A

The Gun Shop Project



**CONCERNED ABOUT
A FAMILY MEMBER
OR FRIEND?**

ARE THEY SUICIDAL?

- Depressed, angry, impulsive
- Going through a relationship breakup, legal trouble, or other setback
- Using drugs or alcohol more
- Withdrawing from things they used to enjoy
- Talking about being better off dead
- Losing hope
- Acting reckless
- Feeling trapped

SUICIDES IN NH
for October to October

FIREARMS ARE THE LEADING METHOD

ATTEMPTS WITH A GUN ARE MORE DEADLY
than attempts with other methods

HOLD ON TO THEIR GUNS

- Putting time and distance between a suicidal person and a gun may save a life

- For other ways to help, call the National Suicide Prevention Lifeline: 1-800-273-8255 (suicide.org)



The Gun Shop Project is a collaborative effort to engage gun shop and firing range owners, their employees and their customers on preventing suicide, the number one type of firearm death in the U.S.

Suicide Prevention Partnerships with Gun Owner Groups



San Diego County

San Diego County customized “Gun Shop” materials based on feedback from gun owners and gun shop employees. Over 12,000 materials have been distributed since fall 2018.

Website supports implementation of the program to provide a resource for community members to learn more and to help identify a gun shop for safe storage

San Diego County is working with firearms instructors to implement suicide prevention content in firearm safety courses.

PREVENT FIREARM SUICIDES

ARE THEY SUICIDAL?
 - Depressed, angry, impulsive?
 - Going through a relationship breakup, legal trouble, or other setback?
 - Using drugs or alcohol more?
 - Withdrawing from things they used to enjoy?
 - Talking about being better off dead?
 - Losing hope?
 - Acting reckless?
 - Feeling trapped?

GUN SAFETY SAVES LIVES

1. Treat every firearm as if it were loaded.
2. Always point the muzzle in a safe direction.
3. Be sure of your target and what extends it.
4. Keep your finger outside the trigger guard until you're ready to shoot.
5. Safely check the barrel and action for any obstructions, and only use proper ammunition.
6. Unload firearms when it is not in use. Leave action open, carry firearm in a case and unloaded to and from the shooting area.
7. Point a firearm only at something you intend to shoot.
8. Don't run, jump, or climb with a loaded firearm. Fall in firearms toward you by the butt, not the muzzle.
9. Store firearms and ammunition separately and safely.
10. Don't drink alcoholic beverages or use drugs before or during shooting.

ABOUT THIS BROCHURE
 It's Up to Us in San Diego's suicide prevention and mental health awareness campaign. Visit www.stopfirearmsuicides.org to learn the warning signs for suicide, find the words to talk to someone you are concerned about, and learn about local mental health and suicide prevention resources.

PREVENT FIREARM SUICIDES

Firearms are the leading method of suicide in San Diego County.
 In fact, suicide by firearm outnumber homicides by firearm approximately 2 to 1.
 Over a 10-year period 1,451 people died of suicides involving firearms in San Diego County.

Look Inside to learn the warning signs for suicide and your safety tips to keep yourself or a loved one safe.

1-888-724-7240

<http://stopfirearmsuicidesd.org/>

San Diego County



Prevent Firearm Suicide

Firearms are the leading method of suicide in San Diego County. Over a 10-year period in San Diego County, 1,451 people died of suicides involving firearms (*San Diego County Health and Human Services (IHI ISA), Emergency Medical Services, Medical Examiner Database, 2008 - 2017*). Every step we can take to put "speed bumps" or barriers between someone's thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. With firearms being the most lethal and also most common means of suicide deaths, it is important to reduce access to firearms to those having thoughts of suicide.

Here are some tips to help you keep yourself or a loved one safe.

1. Learn the warning signs for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If someone you care about is showing one or more of the [warning signs](#), have them or help them call the San Diego Access and Crisis Line at 1-888-724-7240.

2. Keep guns securely stored at all times. A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them. Keeping firearms in locked gun cases, using gun locks, and storing firearms in a certified gun safe are key steps that can prevent unwanted access to firearms. As an additional safety precaution, consider storing the gun safe key in a separate location outside of the home, such as with friends or family.

Keep guns securely stored at all times.

3. Have a Conversation about Suicide Prevention. Individuals in the gun-owning community have strong feelings about their rights and desires to own and possess firearms. Therefore, someone might hesitate to give up their firearms even if they or someone else in the home is thinking about suicide. Or perhaps you are having thoughts of suicide and worry about losing access to firearms by law enforcement. In any of these cases, the most important thing is to keep ourselves or our loved ones safe. Sometimes this means that access to firearms will have to be limited for a period of time.

[Recognizing Symptoms](#)

[Prevent Firearm Suicide](#)

[Treatment and Recovery](#)

[Wellness](#)

[Children's Mental Health](#)

[Suicide Prevention](#)

[Warning Signs for Suicide](#)

[After a Suicide](#)

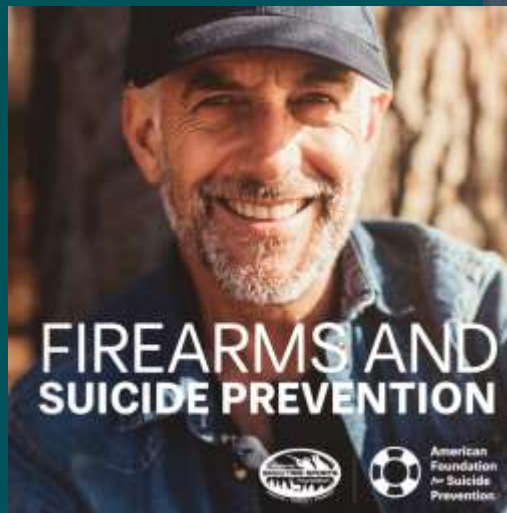
[Personal Stories](#)

[Addiction and Substance Use](#)

American Foundation for Suicide Prevention



AFSP partnered with the National Shooting Sports Foundation to develop a postvention guide for ranges and general awareness materials



After a Suicide:

A Guide for Firearms Retailers and Range Owners

Some People are More at Risk for Suicide than Others



HEALTH FACTORS

Mental health conditions

- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia and psychosis
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders (PTSD)

Serious or chronic health conditions and/or pain

Traumatic brain injury

+



ENVIRONMENTAL FACTORS

Stressful life events, like injuries, deaths, financial crises, or other life transitions or loss

Prolonged stress, such as harassment, bullying, relationship problems or unemployment

Exposure to another person's suicide, or to graphic or sensationalist accounts of suicide

Access to lethal means including firearms and drugs

+



HISTORICAL FACTORS

Previous suicide attempts

Family history of suicide

Childhood abuse, neglect or trauma

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Take Suicide Warning Signs Seriously



TALK

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.



BEHAVIOR

Behaviors that may signal risk, especially if during a time of transition, stress or loss:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too little or too much
- Warning or talking people to stay goodbye
- Giving away prized possessions
- Aggression
- Fatigue



MOOD

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation
- Anger/Agony
- Relief/Sudden improvement

<https://afsp.org/about-suicide/firearms-and-suicide-prevention/>

Example from Other States



<https://vimeo.com/175761640>


Colorado Firearm Safety Coalition

Gun Storage Map

About Colorado Gun Storage Options

This map was developed to help community members seeking local options for temporary, voluntary firearm storage.

Out-of-home gun storage can be especially helpful to persons in crisis at risk for suicide. As of the summer of 2019, the businesses and law enforcement agencies listed on this map are willing to consider requests for temporary, voluntary gun storage.



Colorado Gun Storage Options

If you're looking for temporary gun storage, we encourage you to contact the listed business and law enforcement agencies for further information.

<https://coloradofirearmsafetycoalition.org/>



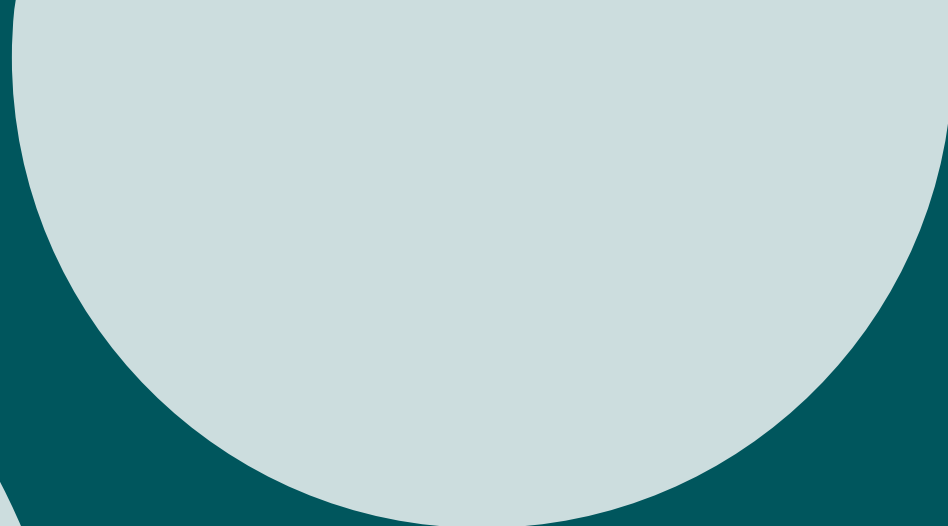
Counseling on Lethal Means

After controlling for state-level suicide attempt rates (2008-2009), higher rates of firearm ownership (assessed in 2004) were strongly associated with higher rates of overall suicide and firearm suicide, but not with non-firearm suicide (2008-2009).

- *Firearms and suicide in the United States: is risk independent of underlying suicidal behavior?*



Q&A



Part 4, Means Safety: Counseling on Lethal Means

Counseling on Lethal Means

What is Lethal Means Safety Counseling?

Lethal means safety counseling is the process that healthcare providers undertake to:

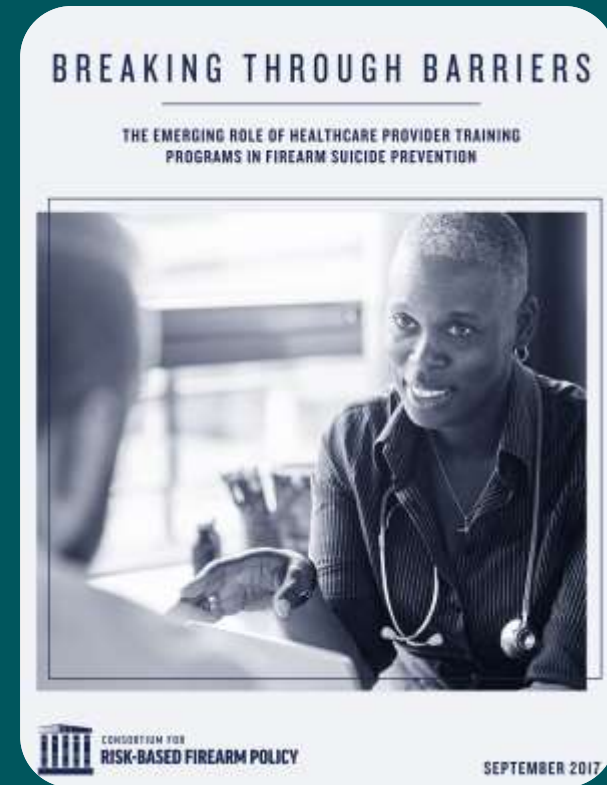
1. **Determine** if an individual at risk for suicide has **access to lethal means** of suicide attempt (such as firearms); and
2. Work with the individual and their family or friends **to reduce access** until the risk of suicide decreases

What should Lethal Means Safety Counseling Training include?

Lethal means safety counseling training should include:

1. Evidence to address common misconceptions
2. Overview of best counseling techniques
3. Information about firearms
4. Tools for providers when patients have access to firearm
5. Important legal information regarding firearms

Counseling
on Lethal
Means



CALM is an online course designed by SPRC for professionals who work with people at risk for suicide. The course covers how to:

- Identify people who could benefit from lethal means counseling
- Ask about their access to lethal methods
- Work with them, and their families, to reduce access
- Website: <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

SPRC Counseling on Lethal Means (CALM)



The logo consists of a dark teal circle with a white border, containing the text 'UC Davis' and 'BulletPoints' in white. It is positioned on the left side of the slide, overlapping a vertical teal bar.

UC Davis BulletPoints

University of California Firearm Violence Research Center (UCFC)

UCFC is beginning development of a comprehensive curriculum to educate health care providers on clinical strategies for reducing firearm injury and death.

The new UCFC **BulletPoints** project will fill this gap by researching, developing, implementing, and evaluating training programs for health care providers to work with patients to prevent firearm-related harm.

Website:

<https://health.ucdavis.edu/vprp/UCFC/BulletPoints.html>

Contact:

Rocco Pallin: rspallin@ucdavis.edu

Safety Planning

About the Safety Planning Intervention (SPI):

- SPI is used to provide people who are experiencing suicidal ideation with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.
- Collaborative efforts between patient and treatment provider

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

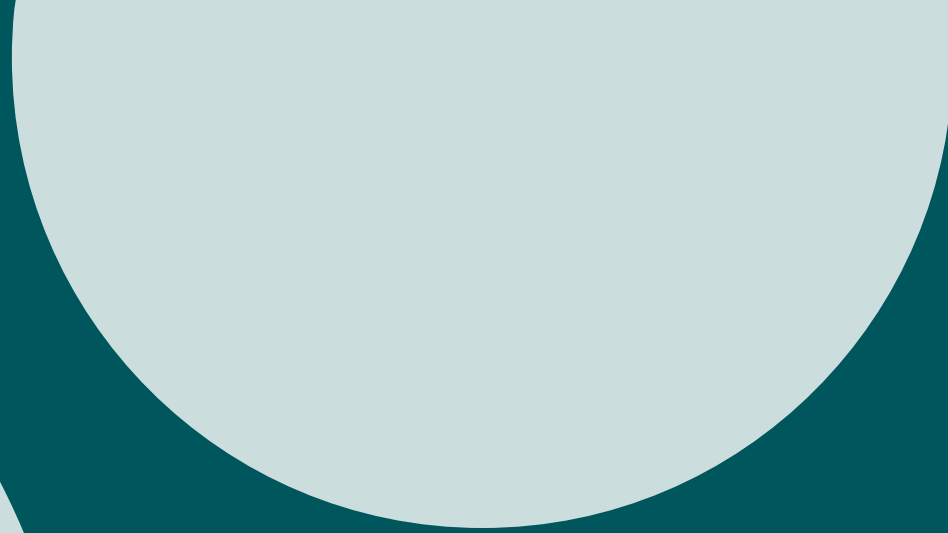
1. _____
2. _____

Safety Plan Template © 2008 Barbara Stanley and Gregory D. Brown. It is provided with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bs@stanleyandbrown.com or <http://www.stanleyandbrown.com>.

The one thing that is most important to me and worth living for is:



Q&A



Part 5, Means Safety: Poisoning (overdose) focused efforts

Statewide Plan- Strategic Direction

Objective 4e Promote safe medication disposal methods in the community or through pharmacies and other health care providers, including activities such as “take back” campaigns led by local public health departments that help people dispose of unused or expired medications. Partner with local pharmacies to increase the availability of methods to dispose of unused medication and highlight suicide and overdose prevention resources for people filling prescriptions.

Objective 4g Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose.

Steps to implementation

- Implement and/or expand existing medication disposal efforts
- Partner with pharmacies to highlight overdose prevention efforts (prescription length, packaging, awareness trainings, etc.)
- Disseminate information about overdose prevention efforts and resources, including medications to counteract overdose

Safe Disposal Efforts

I need to get rid of this medication.

Drug Disposal Options

Do you have medicine you want to get rid of?

Do you have a drug take-back option readily available?

Check the **DEA website**, as well as your local drugstore and police station for possible options.

NO **YES**

Is it on the **FDA flush list**?

NO **YES**

Follow the FDA instructions for disposing of medicine in the household trash.

Immediately flush your medicine in the toilet. Scratch out all personal info on the bottle and recycle/throw it away.

Take your medicine to a drug take-back location.

Do this promptly for **FDA flush list** drugs!

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

Controlled Substance Public Disposal Locations - Search Utility

Zip Code:

-Or-

City:

State:

Search Radius: 5 miles 10 miles 20 miles

FDA Flush List: <https://www.fda.gov/media/109643/download>

DEA Disposal Location Search: <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>

Glenn County

Pharmacy bags with
information on crisis support
and suicide prevention
resources

You have the power
to make a difference.

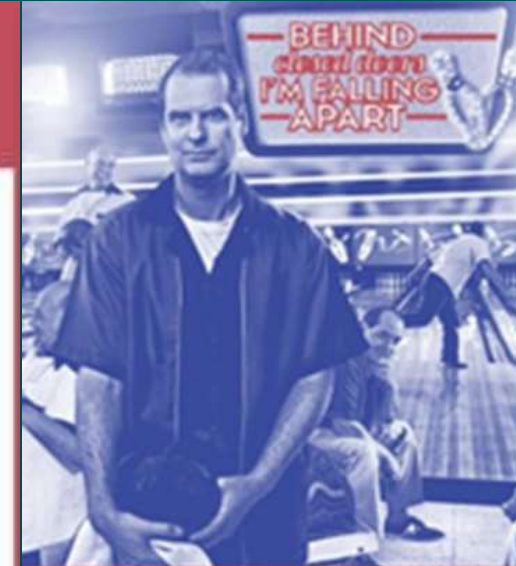
The power to save a life.

In a crisis, call
WellSpace Health
at **1.800.273.TALK (8255)**

For older adults, please call
the Friendship Line
at **1.800.971.0016**



Supported by the
Glenn County Behavioral Health Department



On the surface, a friend experiencing emotional pain or suicidal thoughts may seem OK. The warning signs — like isolation, depression or hopelessness — aren't always obvious. Knowing the signs is the first step toward being there for a friend in need. Visit suicidelpreventable.org to recognize the signs, find the words and reach out. You have the power to make a difference. The power to save a life.

Pat and Karen Obata
**KNOW
THE SIGNS**
Suicide is Preventable



Learn the signs of suicidelpreventable.org

Medication and overdose prevention

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Advanced

Format: Abstract Send to

J Am Pharm Assoc. (2003), 2018 Mar - Apr;58(2):199-204.e2. doi: 10.1016/j.japh.2017.12.007. Epub 2018 Feb 1.

Pharmacist training in suicide prevention.

Painter NA, Kuo GM, Collins SP, Palomino YL, Lee KC.

Abstract

OBJECTIVE: Suicide in the United States is a major preventable public health problem. Pharmacists need to be educated on suicide prevention strategies so that they can increase their own awareness and identify patients at-risk. A training program for pharmacists was used to provide skills necessary to recognize a crisis and the warning signs of suicide. The program's effect on the participant's general perception, self-efficacy, and attitude towards suicide prevention was examined.

SETTING: Various academic, health care, and professional meetings throughout San Diego County.

PRACTICE INNOVATION: First Question, Persuade, and Refer training program targeting pharmacists.

EVALUATION: A self-administered presurvey, postsurvey and, Program Outcome Evaluation were given to participants of the suicide training program. Items included demographics, general perception, self-efficacy, and attitude toward suicide prevention. Descriptive statistics were used to describe participants' demographics. t tests were used to compare general perception, attitudes, and self-efficacy scores between pretest and post-program evaluation survey responses. Nonparametric Wilcoxon signed rank analyses for matched pairs were used to compare survey responses that asked about attitudes before and after trainings. Regression analyses were conducted to assess factors associated with general perception, self-efficacy, and attitudes.

RESULTS: Participants were more likely to update knowledge after training and reported more confidence to make an intervention for a patient at risk for suicide.

CONCLUSION: Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.

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CONCLUSION:

Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.



Q&A



Part 6, Means Safety: Site and location specific efforts

Statewide Plan- Strategic Direction

Objective 4h Form regional and local workgroups composed of community members, first responders, transportation representatives, coroners and medical examiners, and crisis service providers to identify specific sites in the community frequently used for suicide, or those that provide the opportunity for suicide.

- These sites can be in the built environment or natural sites. Common types of sites include buildings, bridges, and train railways. Characteristics communities should consider in identifying sites are places that provide the opportunity for a person at risk to fall from a height and sites from which falling would place a person in front of a moving vehicle, such as a train. More than one suicide at a site should raise safety concerns.
- Once sites are identified, develop and implement plans to construct barriers to deter or prevent falling. Consider the benefits and risks of installing signs that list crisis services resources, such as suicide prevention hotline information, and provide positive, life-affirming messages. One risk, for example, could be drawing attention of people at risk to a particular site.



**Means
Safety:
Barriers on
Bridges**

Comparing Different Suicide Prevention Measures at Bridges and Buildings: Lessons We Have Learned from a National Survey in Switzerland

- Installation of structural measures led to a 71.7% reduction in suicides
 - Safety nets led to a 77.1% reduction of suicides
 - Barriers (fences) led to a 68.7% reduction of suicides
 - *NOTE: Safety nets were not statistically significant more preventive than safety barriers*
- “Complete” barriers led to elimination of suicides at locations
 - Two key characteristics:
 1. Secure the jump site across the entire length
 2. Prevent climbing around the bridgeheads

Barriers on Bridges



Golden Gate Bridge:

- Construction Underway

Coronado Bridge (San Diego):

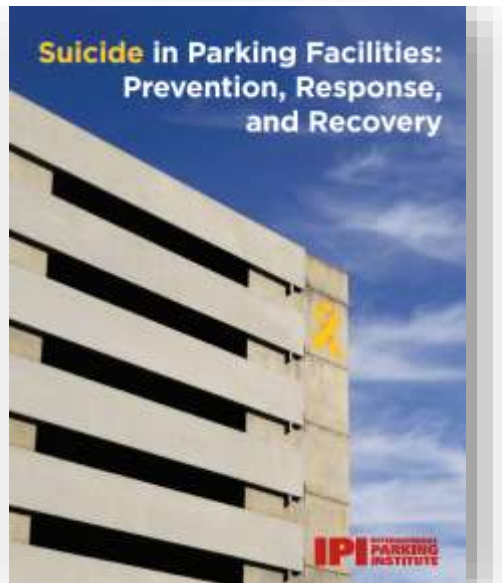
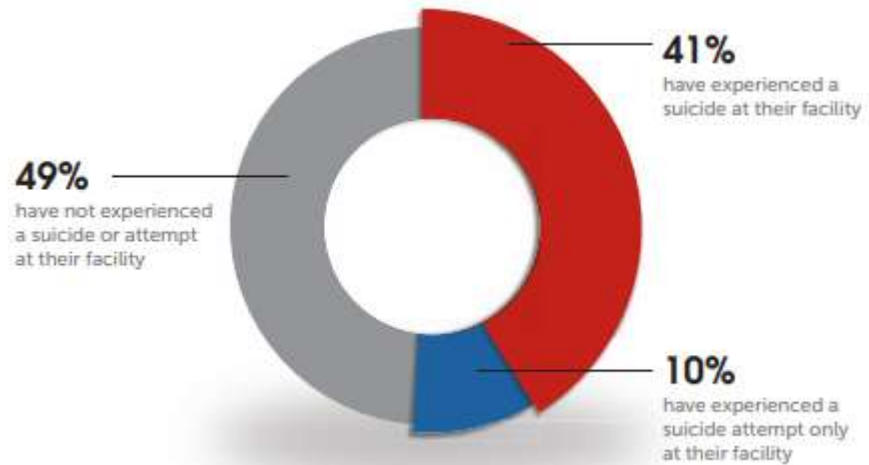
- Still in planning/approval process



Colorado Street Bridge (Pasadena)

- Construction to begin 2020

Means Safety in Parking Structures



- Installing physical barriers, such as:
 - chain-link fencing
 - screening
 - security netting (which is less dense and more attractive)
 - vinyl-coated mesh
 - metal grating, stainless steel, glass barricades
- Other deterrents include geofencing (using closed-circuit television camera coverage) and landscaping

Railway Means Safety



- **Prevention of access to right-of-way is most effective strategy for prevention**
- *Other efforts:*
 - *Blue Lights* implementation
 - Gatekeeper trainings
 - Public Awareness campaigns
 - Signage
 - Reduction of Perceived Viability of Railroad Right-of-Way as Means for Suicide
 - Media Guidelines/Trainings
 - Public Awareness Campaigns

Suicide is not the route.

If you are struggling emotionally or thinking of suicide, call

1-800-273-TALK (8255)

Free and confidential.

Crisis Support Services of Alameda County, Contra Costa Crisis Center
San Francisco Suicide Prevention, StarVista: San Mateo County



Thanks to the courtesy of MTA Long Island Rail Road

BE SAFE AROUND
TRAINS



CRISIS LINE 24/7 LÍNEA DE CRISIS 24/7

There is help



Hay ayuda

MAKE THE CALL

1-800-273-8255

HAGA LA LLAMADA Text/Texto **741741**



Using signage
for means
safety



Part 7, Means Safety: Gathering data on preventative acts

Statewide Plan- Strategic Direction

Objective 4i Create agreements among local bridge and rail authorities, first responders, and crisis services providers to collect data documenting events in which people were prevented from falling, any services they received and the outcomes. Include reporting requirements, such as biannual or quarterly reports.

Steps to implementation

- Partner with local agencies to gather data on interventions and preventative acts
 - Identify what agency is responsible for responding to suicide incidents at locations of frequent suicides
 - Work with local crisis centers to gather data on aborted or interrupted suicides
 - Create agreements for data reporting and sharing



Q&A

Strategic Planning Learning Collaborative Overview

Webinar 2: Addressing Access to Lethal Means

- Tuesday, December 17th 10-11:30am



- Webinar 3: Population Level Strategies
 - January 21st 10am-11:30am
<https://attendee.gotowebinar.com/register/7066667186785414925>
- Webinar 4: Targeting Strategies to High-Risk Populations
 - February 18th 10am-11:30am
<https://attendee.gotowebinar.com/register/8978419939836774669>
- Webinar 5: Assessing Your Crisis Response System
 - March 10th 10am-11:30am
<https://attendee.gotowebinar.com/register/2296286456097925645>

Past Webinars

- Webinar 1: Postvention After a Suicide
 - View Recording:
<https://register.gotowebinar.com/recording/2783486656319297032>

Thank you for attending!



Pain Isn't Always Obvious



Suicide Is Preventable

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).