

If you or someone you know or love is in crisis, there are services, resources and help available at Santa Clara County's –

Suicide and Crisis Services (SACS) Hotline
1-855-278-4204
Toll-free, 24/7

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

For Veterans
1-800-273-TALK (8255) press 1

Additional resources are listed on the Santa Clara County's Mental Health Department website: www.sccmhd.org/sp on the Suicide Prevention Resources page.

“Is Suicide a Choice? No.

Choice implies that a suicidal person can reasonably look at alternatives and select among them. If they could rationally choose, it would not be suicide. Suicide happens when all other alternatives are exhausted -- when no other choices are seen.”

Adina Wroblewski

Author: [Suicide: Survivors, A Guide for Those Left Behind](#)

Prepared for the Board of Supervisors,
On behalf of Nancy Peña, Ph.D., Director of Mental Health Department and
the Suicide Prevention Oversight Committee

SANTA CLARA COUNTY SUICIDE PREVENTION OVERSIGHT COMMITTEE

The Oversight Committee represents a cross-section of people who meet every other month to oversee the implementation of the Suicide Prevention Strategic Plan and the work of the various Workgroups. The commitment of this committee demonstrates the passion that comes, in large part, from personal experience with the pain of suicide and a desire to save more lives and reduce suicide deaths in the county.

Members:

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Hospital Council of Northern & Central California

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And, with Special Thanks to:

Members of the Data Workgroup

Members of the Intervention Workgroup

Members of the Policy & Governance Advocacy Workgroup

BETA Testers of QPR online suicide prevention training program

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Santa Clara County Suicide Prevention Action Plan 2011 Annual Report

The following provides the first annual report submitted by the Santa Clara County Suicide Prevention Oversight Committee (SPOC) on behalf of the SPOC and three of the four workgroups planned to implement the Suicide Prevention Action Plan approved by the Board of Supervisors in August 2010. The first year has been very productive and focused on establishing the infrastructure to support the five strategic goals of the Suicide Prevention Plan.

Key accomplishments include the work of the Data Work Group that has begun the task of defining data elements to insure that critical information regarding suicide in our county and the results of our efforts to eliminate death by suicide are available. The Policy and Advocacy Work Group has focused on lobbying for suicide prevention resolutions and policies in city government and school districts; and influencing the way in which public information media represents suicide in public communication venues; along with planning for the formation of the new Communication Work Group. Finally, the Intervention Work Group has embarked on an effort to establish a network of providers throughout the county to improve and increase the capacity of service providers to address suicide prevention and intervention needs of those across the lifespan in Santa Clara County.

Historical Overview

The issue of suicide was brought to the forefront of our communities' attention in 2009, prompted by the suicide of four adolescents in a less than six-month period. With a renewed focus on coordinated and effective suicide prevention services throughout Santa Clara County (SCC), the Board of Supervisors (BOS), with the concerted efforts of Supervisor Liz Kniss, supported the development of an action-based, comprehensive strategic plan between



*Suicide Prevention Planning: Public Forum, April 2010.
Photo by Tracy McGreevy*

December 2009 and May 2010. This plan was developed by a broad-based group of expert-professionals from a wide range of fields, including suicide attempters and survivors of suicide loss, dubbed the Suicide Prevention Advisory Committee (SPAC).

More than 60% of the SPAC's 36 members have personal experience with either the loss of a loved one to suicide or as suicide attempt survivors. The personal knowledge of loss by suicide infused the committee's efforts with a passionate commitment to saving lives. Additionally, as part of the plan's development, more than 100 members of the public also attended the meetings particularly the Public

Forum held in April 2010 where the SPAC's findings and preliminary strategies were shared and discussed.

The result of this work is the **Santa Clara County Suicide Prevention Strategic Plan** (Strategic Plan), and its companion, the **Executive Summary**, approved by the Board of Supervisors (BOS) August 24, 2010. Both are available for download at the Mental Health Department's (MHD) dedicated Suicide Prevention and Local Activities page (www.sccmhd.org/sp). This section of the MHD's website is a direct result of this effort. The Strategic Plan was organized into the following five interconnected strategies:

- Strategy 1. Implement and coordinate suicide intervention programs and services for high-risk populations.
- Strategy 2. Implement a community education and information campaign to increase public awareness of suicide and suicide prevention.
- Strategy 3. Develop local communication "best practices" to improve media coverage and public dialogue related to suicide.
- Strategy 4. Implement a policy and governance advocacy initiative to promote systems change in suicide awareness and prevention.
- Strategy 5. Establish a robust data collection and monitoring system to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts.

With the resource of a dedicated Suicide Prevention Coordinator, who is also SCC's designated liaison to the California State Office of Suicide Prevention, and a supporting Suicide Prevention Associate, several key action items were accomplished prior to the first convening of the various workgroups. Some of the key action items accomplished between the completion of the plan (May 2010) and the first meeting of the dedicated workgroups (January 2011):

- Securing approval of the Strategic Plan by the Board of Supervisors (8/24/2010).
- Creation of dedicated webpages to suicide prevention embedded in the MHD's website (www.sccmhd.org/sp).
- Establishment of the necessary administrative infrastructure to implement the Strategic Plan's strategies with designation of a full-time Suicide Prevention Coordinator, and the hiring of full-time Suicide Prevention Associate to support the Suicide Prevention Coordinator (summer/ fall 2010)
- Proposal and adoption of new suicide prevention program funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, designated PEI Project 5: Suicide Prevention.
- Acquisition of an appropriate, brief, broad suicide prevention/ intervention training that can be administered online or in-person.
- Completion of a pro-bono multi-variable statistical analysis on data from 2009 suicide death reports.
- Initiation of consolidation of the three original Santa Clara County Suicide and Crisis Services (SACS) aka "hotline" local crisis hotline numbers into one Toll-Free number

Suicide & Crisis Hotline
1-855-278-4204
Toll-free 24/7
Crisis & Non-Crisis calls

(consolidation was accomplished in February 2011, and the disconnection of old numbers executed August 24, 2011) More detail is provided in the Strategy 5 section.

- Completion of analysis of whether Santa Clara County's Suicide and Crisis Services (SACS) aka "hotline" should pursue accreditation by the American Association of Suicidology (AAS) and join the National Suicide Prevention Lifeline Network (final analysis concluded that the SACS should pursue accreditation and additional staffing to enable that work to be accomplished was included in the suicide prevention budget).
- Policy advocacy resulting in two school districts adopting suicide prevention plans.
- Policy advocacy resulting in the September 9, 2010 adoption of Resolution of the Santa Clara County Cities' Association Supporting Santa Clara County Suicide Prevention Strategic Plan.

Implementation of the Strategic Plan

In order to achieve these goals, the Mental Health Department (MHD), acting as the lead agency of this county-wide effort, agreed to dedicate seed funding to ensure the coordination of the implementation of this Strategic Plan. Using Mental Health Services Act (MHSA) funds, the MHD proposed, and the State accepted, a fifth new Prevention and Early Intervention (PEI) program, Project 5: Suicide Prevention. An advisory and oversight body was inaugurated on the first meeting held on January 18, 2011. The 25-member **Suicide Prevention Oversight Committee** (SPOC), with members representing more than 19 different agencies, suicide attempters, and survivors of loss and county departments, primarily:

- Oversees the progress of workgroups organized by strategy, and ensures that the focus of these groups is action-oriented
- Ensures faithful implementation of Strategic Plan
- Works closely with the sponsoring agency, the MHD, in an advisory capacity, and
- Identifies means to ensure independent financing of these long-term efforts.

This body meets every odd-numbered month and is chaired by Victor Ojakian, former co-chair of the SPAC planning group and suicide prevention advocate at the local, State, and federal levels.

While the SPOC maintains an overview of the activities implemented, three of the four workgroups identified in the Strategic Plan have been convened. The Communications Workgroup, identified in the Strategic Plan to execute the work of Strategy 2, will be launched in Calendar Year 2012, ideally as a regional workgroup. The work accomplished in each strategy is identified below.

Strategy 1: Intervention Efforts

To address the objectives of Strategy 1 (Implement and coordinate suicide intervention programs and services for high-risk populations), the Intervention Workgroup held its inaugural meeting on July 19, 2011. By the fourth meeting held November 2, 2011, the membership unanimously agreed to increase the frequency of their meeting from every other month to monthly. Given the primary objectives of this workgroup, it is expected to be the largest with perpetual recruitment, to ensure that more county residents can benefit from the increased awareness of suicide prevention where they live. The Intervention Workgroup's primary focus is three-fold:

- Identify means to weave age-focused suicide prevention/ intervention/ postvention activities into the normal work and services currently being offered
- Create a comprehensive directory of current suicide prevention/intervention/ postvention activities and services available in SCC for use by the Suicide Prevention Coordinator
- Create a directory of services for survivors of loss and suicide attempt survivors residing in SCC.

Some early successes include one member creating a weekly suicide prevention peer support group for older adults, and several of the existing Ethnic and Cultural Communities Advisory Council outreach workers actively promoting suicide awareness in their stigma reduction and mental health promotion work.

Strategy 2: Community Education & Information Campaign

The objectives of Strategy 2 (Implement a community education and information campaign to increase public awareness of suicide and suicide prevention). The community education effort is being addressed locally primarily through two training opportunities funded with PEI one-time funds: Applied Suicide Intervention Skills Training (ASIST), and Question-Persuade-Refer (QPR) the acquisition and distribution trainings, as well as the promotion and educational activities being accomplished by the Interventions Workgroup, discussed in Strategy 1.

County Trainings

In May and June 2011, a two-day training targeted to mental health therapists and clergy, was provided on three different times to 89 individuals who regularly provide counseling and intervention services to Santa Clara County residents. The focus of this classroom training was to recognize "cues" given by suicidal individuals, how to intervene with someone actively suicidal, and how

The ASIST workshop "cleared up multiple misperceptions about a suicidal person's experiences; it made me better prepared to help others at-risk"

"It is the MOST helpful training that I have ever attended on suicide intervention."

-excerpts taken from training evaluation forms

to develop a suicide safety plan. In November 2011, Contra Costa County, as part of their state-wide suicide prevention initiative, hosted a five-day ASIST Train-the-Trainer workshop where 24 individuals from Northern California were trained as ASIST trainers, two of whom are SCC residents; one of these is the Suicide Prevention Associate. These trainees committed to conducting at least three ASIST trainings over the course of the next twelve months.

Additionally, 40,000 online QPR trainings and 100 QPR Instructor self-study modules were procured (August 15, 2011). QPR, modeled after CPR training, provides an introduction to suicide that empowers the participant to recognize the possible cues that someone is suicidal; Question the potentially suicidal person, Persuade the individual to agree to seek help and not harm or kill him/herself; and Refer an individual at-risk of suicide to an appropriate resource. Given the multiple considerations for accessing appropriate help, the SACS toll-free hotline (1-855-278-4204), Mental Health Urgent Care (408-885-7855), and 911 are being provided as primary resources for immediate suicide intervention services. Since the purchase of these trainings, acquired in August 2011, the Suicide Prevention Coordinator and Associate have been working closely with the vendor to customize this training on the largest deployment of this product in the vendor's history. The training is currently undergoing Beta testing, 58 of 100 Beta tests have been completed. Large-scale distribution will begin upon completion of the Beta testing, estimated to be completed by January 2012, after which time distribution of all 40,000 licenses will begin, to be completed by June 30, 2014.

"I took the QPR training last night in approximately 45 min. As far as the mechanics of the interface and the speed of the data flow it was superb. Everything worked well and the presentation was quite good.

Overall, the bottom line is I think the program is superb and should be mandatory for all HHS staff as well as being available to the public."

In October 2011, a classroom QPR Training was provided to 27 Stephen ministers¹, lay-people of the Christian community who are trained volunteer/ mentors that provide "one-to-one Christian care to hurting people in their congregation". In this community these ministers provide to young adults ages 21 and older. In addition, in collaboration with the Council on Aging, the MHD will be providing QPR Training to a group of new Senior Peer Advocates who will be working in the community with seniors.

Education Sector Trainings

Palo Alto Unified School District, through their involvement with the municipal suicide prevention effort called Project Safety Net, has trained 30 of their teachers, high school coaches, and music teachers in QPR. Fourteen staff members and 40 students of Gunn High School completed the training in Sources of Strength, a peer model where teens are trained to

¹ <http://www.stephenministries.org/stephenministry/default.cfm/928> Introduction to Stephen Ministries. Accessed: 10/13/11.

identify youth at-risk, and refer them to an adult for help. And approximately 90 students benefitted from tailoring the More Than Sad curriculum in the Palo Alto High School Living Skills class.

County Office of Education has promoted the increased awareness of educators and school counselors with two trainings: a two-day workshop on suicide prevention held January 27, 2011, and a two-hour training in Bullying Prevention where one of our SPAC partners at Foothill Community College, a certified QPR Instructor, provided pro-bono QPR training.

Foster Care System Training

Additionally, in collaboration with the Department of Children and Family Services, a suicide prevention presentation highlighting foster youth was provided to 45 participants, foster parents and social workers on April 12, 2011.

Strategy 3: Media Education & Communications Practices

Some strategies are being managed through partnerships of efforts between the MHD, SCC's Public Information Officer, and other entities or agencies. Strategy 3 (Develop local communication "best practices" to improve media coverage and public dialogue related to suicide) is one example of such partnership, and is being addressed by two separate efforts- the "media education" effort, and the "communications practices". Building on the past efforts of Palo Alto's own municipal suicide prevention and response effort, Project Safety Net, which organized a publisher's luncheon to discuss safe media reporting practices in 2010, a media briefing on safe reporting practices was conducted. Significant efforts were undertaken in 2011 to further the work on this strategy. On July 28, 2011, a Media Briefing on Safe Reporting practices was coordinated by the Suicide Prevention Coordinator in partnership with the MHD, SCC's Public Information Officer (PIO), and the Executive Officer for Public Affairs -- San Mateo County Transit District, SamTrans Caltrain, San Mateo County Transportation Authority. Experience has shown that the work of educating reporters about the recommended safe reporting practices will be an ongoing need and will be continued on a person-by-person basis.

Additionally, a well-received "Suicide Prevention Workshop for Elected Officials: Your Role in Preventing Suicides" was held on September 21, 2011, with a commitment to coordinate another workshop in collaboration with the MHD, SCC PIO, and Santa Clara Cities' Association by end of Fiscal Year 2011-2012. Attendees reported that this workshop educated them on best-practices for responsible discussion of suicides, how to craft safe and effective statements that will not pose greater harm to a suicidal individual in their community, and identifying the community members that should be included in such an event.

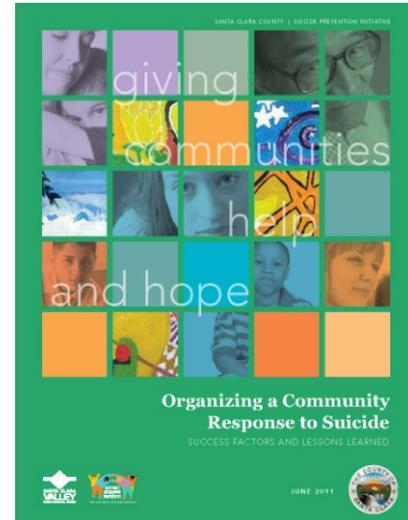
The second part of this strategy, the "communications practices" will be addressed in 2012 with the launch of a fourth workgroup: a regional Communications Workgroup. This yet-to-be-defined group will advise on how best to incorporate the State-funded suicide prevention broad

social marketing campaign recently awarded to Ad-Ease in August 2011, “brand” the Bay Area’s suicide prevention efforts, and help raise awareness of these efforts.

Strategy 4: Policy & Governance Advocacy

Given the long timeframe of the work required to achieve the outcomes of Strategy 4 (Implement a policy and governance advocacy initiative to promote systems change in suicide awareness and prevention), this effort continues as an ad-hoc workgroup of policy advocates. To date great progress has been made on this front.

- Completion of municipal suicide prevention effort “blueprint” *Organizing a Community Response to Suicide: Success Factors and Lessons Learned*. Based on Palo Alto’s Project Safety Net, blueprint completed August 2011 (available to download at www.sccmhd.org/sp under Policy and Governance Advocacy section).
- The SCC Cities’ Association and three cities (Palo Alto, Mt. View, and San Jose) have adopted, or are pending adoption, of resolutions to support the SCC SP Strategic Plan.
- The same three cities named above have also adopted, or are considering adopting, suicide prevention policies.
- Four school districts have adopted a suicide prevention policy to date, and have shared their plans as a template for other cities. These four early adopters are Palo Alto Unified School District; Los Gatos – Saratoga Union High School District; Los Gatos Union School District; Saratoga Union School District.
- Efforts continue to recruit more police departments to participate and provide Crisis Intervention Team (CIT) training, a 40-hour training focusing on mental health and responding to mental health crisis calls, to their officers.



Next steps: As a result of the media briefing and Elected Officials workshop, the PIO and Suicide Prevention Coordinator will join forces with other partner PIOs, beginning in calendar year 2012, to advocate that our local journalism programs adopt policies that ensure safe reporting best practices are taught.

Strategy 5: Data

The first workgroup established to address the outcomes of Strategy 5 (Establish a robust data collection and monitoring system to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts) held its inaugural meeting on April 28, 2011. The 17 members of the Data Workgroup represent thirteen different agencies, and County departments. This dedicated group is working to create what is currently not available- a robust data collection and monitoring system.

Santa Clara County is very fortunate to have a County Medical Examiner/Coroner's Office (ME-C) that understands the significance of providing data to shape suicide prevention work. Providing redacted case reports (case reports with no personally identifying information), the ME-C enables the Data Workgroup and SPOC to delve into the available data on deaths by suicide in this county in 2009 and 2010.

No data is perfect. While relying on case reports by ME-C investigators there is an understanding that the information shared includes a variety of factors, including age, gender, place of death, time of death, etc. After due consideration of all available data from the ME-C, the Data Workgroup will provide a report based on the available data, in order to help draw a better understanding not only of suicide deaths, but also on prevention/ intervention and postvention strategies needed, as well as evaluation of the County-wide suicide prevention effort.

Another system with robust data is the County Juvenile Hall system. It has created a robust process to identify youth who are at-risk or suicidal, as well as making several modifications resulting in a reduction in the suicide rate in their facilities.

As is common at the beginning of every awareness campaign and effort, most systems do not educate their staff on suicide identification and prevention, most systems have not developed a robust process to collect this data, or where the data exists, accessing it is manually intensive and therefore not actively tracked or reported. These are a few examples of some of the barriers that exist to creating a reliable data collection at the County level. The dedicated partners of the Data Workgroup (Probation/ Juvenile Hall, MHD, Department of Alcohol & Drugs Services, Veterans Administration, Medical Examiner/ Coroner's Office, Public Health

Defining our Data

All systems ultimately have some reporting obligation to an agency at the state or federal level. Within each specialty or field, definitions of suicide attempt vary. The Data Workgroup has adopted the following definitions for the purpose of reporting on a standardized set of data across all participating systems.

Suicide Attempt: An intentional act performed by someone for the purpose of ending his/ her own life. This act does not necessarily result in the death of this person.

Suicide Death: An Intentional act performed by someone for the purpose of ending his/ her own life. This act caused the death of this person.

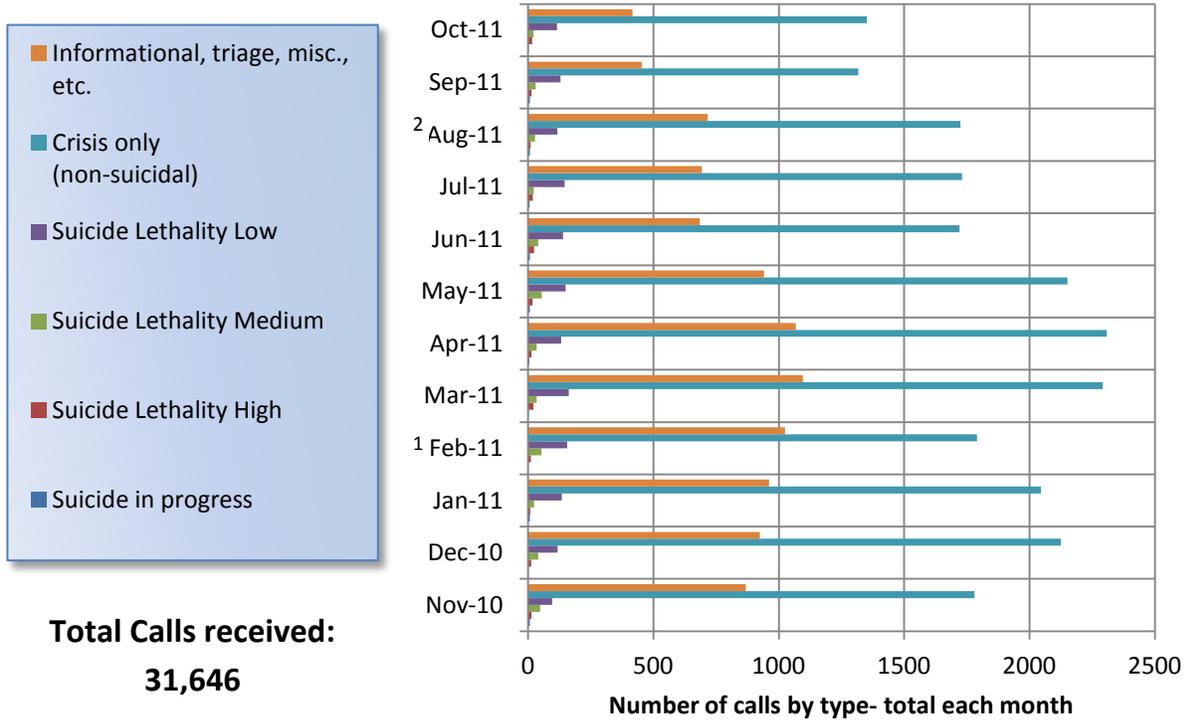
Department, Hospital Emergency Departments, Suicide and Crisis Services Hotline, Sheriff's office and HEARD Alliance), have worked to understand the various systems' and departments' data collection processes and limitations, and identified an improved standard for data collection within our county. Given the complexity inherent in identifying and defining suicidal ideation, and distinguishing between suicidal gestures and attention-seeking behaviors, the workgroup agreed to focus on those areas where alignment and agreement are more easily achieved- suicide attempts and deaths. In the October 2011 meeting, the partners agreed on and adopted a County-wide operational definition of Suicide attempts and suicide deaths (see sidebar) that fits within their own agencies, and across the different systems.

Given that the SACS Hotline consolidated its numbers into one toll-free number, 1-855-278-4204, the tracking of incoming calls, on old-numbers versus new number, was closely monitored by the Data Workgroup, as well as the SPOC. As mentioned, in February 2011 the new Toll-Free Hotline was activated. For several months, the SACS administration tracked the volume of calls coming in from the old numbers versus the new numbers, as well as the types of calls received. By early August, call volume to the old numbers had decreased substantially. SACS volunteers made a concentrated effort to encourage the use of the new phone number with the regular non-crisis callers. After careful review of the incoming call data, in consultation with the Suicide Prevention Oversight Committee (SPOC), and with the approval of Director of the Mental Health Department, the old numbers were discontinued effective August 24, 2011, leaving the new toll-free number, 1-855-278-4204. (See Chart 1 annual overview of calls by category). All callers to the old number hear a recording advising them to call 911 for emergencies, and providing the new hotline number. This recording will be played for one year (August 2011-July 2012).

Call volume is tracked along six call types, with the highest risk calls- Suicide in Progress, averaging five calls a month (range 3-7); Suicide Lethality- High averaging 15 calls a month (range 9-24); Suicide Lethality- Medium averaging 36 calls a month (range 24-55); Suicide Lethality- Low averaging 133 calls a month (range 96-156); Crisis only- Non-Suicidal averaging 1,861 calls a month (range 1,317-2,307); and Informational, triage, other calls averaging 821 calls a month (range 417-1,096). While there has been some decline in the number of non-crisis calls, the variability of the Suicidal calls appears to be within the normal range of calls. Given the SPOC interest in developing a "warm line" and the fact that the large majority of current calls are non-suicidal in nature, the SPOC will work with the MHD to consider how the current SACS Hotline service can be structured to include a more defined "warm line" service.

Next year the Data Workgroup will evaluate and understand available data, and propose to the SPOC how this data can be used in the SPOC's evaluation of the impact that the implementation of the Strategic Plan is having on the suicide attempt and death rates.

**Chart 1: Suicide and Crisis Services (SACS) Hotline Data
Monthly Call Volume by Type - Rolling 12 months
November 2010-October 2011**



¹ Of interest: February 2011- SACS introduced new Toll-Free Hotline phone number: 1-855-278-4204

² August 2011- After significant reduction in utilization of old numbers, and extensive education efforts to repeat, non-crisis callers using this service, SACS discontinued the old phone numbers on August 24, 2011. Callers to the old numbers now hear a recorded message (programmed to play through September 2012) that informs callers that the old number has been discontinued, for emergencies call 911, or call 1-855-278-4204, the new toll-free hotline number.

The Effort Continues

Year one of the implementation of the Suicide Prevention Strategic Plan resulted in the development of a strong organizational structure to execute the work of the Strategic Plan. Through these workgroups our community will benefit from increased awareness of the issue of suicide and a robust multi-pronged effort that will, over the next ten years, result in a significant reduction (40%) in the overall number of suicide deaths and attempts in Santa Clara County. If we are to succeed, we must continue to educate and enlist more individuals in this effort, as everyone has a role to play in suicide prevention.

Additional data and information is posted on the dedicated suicide prevention webpage:

www.sccmhd.org/sp.

NEXT STEPS: Calendar Year 2012

Now that the SPOC and all but one of the identified workgroups are established and understand their roles, this second year will be a year increase awareness of suicide prevention, increase access to the crisis hotlines and other supports for our diverse community, identify core outcome metrics, solidify work plans and their outcomes, and continue to achieve more of the goals and objectives of the Strategic Plan. Chief among those:

- Provide training to Emergency Department nurses and staff on recognizing and responding to acute suicide risk.
- Host a second Suicide Prevention Workshop for Elected Officials by June 30, 2012.
- Advocate for Schools of Journalism to include safe reporting guidelines in their curriculum.
- Enhance and standardize data collection and reporting on suicide attempts and suicide deaths, as much as possible between our participating agencies.
- Distribute a minimum of 14,000 QPR online trainings, with a target rate of 50% completion (standard rate of completion is 20%- per QPR Institute data)
- Recruit and train 25 QPR Instructors.
- Fulfill Year 1 grant requirements for The Bay Area Regional and Local Suicide Prevention Capacity-Building Program (RLSPCBP) grant for Crisis Hotlines: funded by California Mental Health Services Authority.
- Enhance SACS staffing to enable AAS certification and expansion of SACS outreach to underserved communities.
- Convene Communications Workgroup.
- Improve and enhance dedicated Suicide Prevention website.
- Recruit 1.0 FTE Suicide Prevention Coordinator and 1.0 FTE Suicide Prevention Associate to maintain and expand the effort.

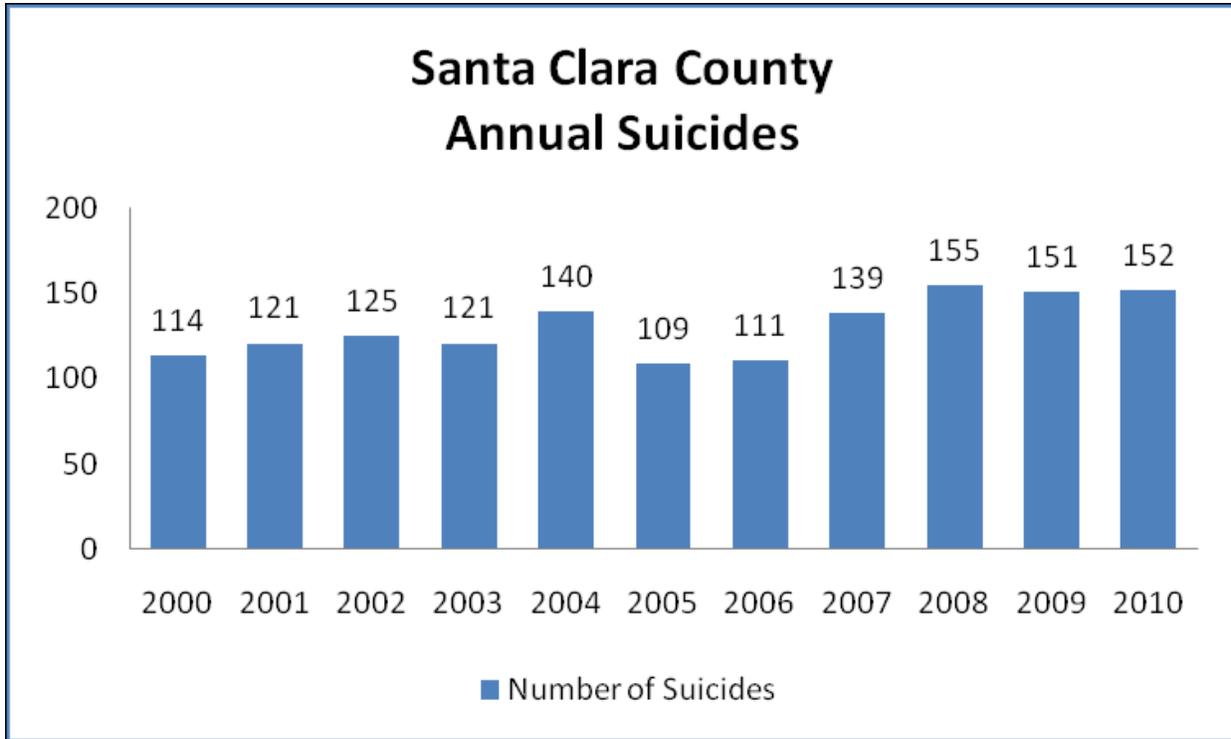
**Table 1: California Violent Death Data 2009:
Santa Clara County Residents Suicide Deaths**

Sex	Race/Ethnicity	N	Percentage of Suicides
Male			
	White	59	64.1%
	Black	3	3.3%
	Hispanic	14	15.2%
	Asian/PI	10	10.9%
	Other/Unknown	6	6.5%
	Subtotal Male	92	
Female			
	White	20	58.8%
	Black	1	2.9%
	Hispanic	3	8.8%
	American Indian	1	2.9%
	Asian/PI	6	17.6%
	Other/Unknown	3	8.8%
	Subtotal Female	34	
	TOTAL	126	

Source: California Department of Public Health, California Violent Death Reporting System (CalVDRS) and California Electronic Violent Death Reporting System (CalEVDRS)

Prepared by: Injury Surveillance and Epidemiology Section, Safe and Active Communities Branch, CDPH and California Research Bureau, State Library Report generated from <http://epicenter.cdph.ca.gov> on: November 07, 2011
<http://www.applications.dhs.ca.gov/epicdata/default.htm>

Chart 2: Santa Clara County Annual Suicides 2000-2010



Data Source: Santa Clara County Coroner's Office