



Humboldt County Suicide Fatality Review (SFR)

Annual Report 2022

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Acknowledgements

The Humboldt County Suicide Fatality Review (SFR) would not be possible without the support of the many families who have allowed us to review the death of their loved one. We are grateful for their willingness to allow us to confidentially discuss and share information.

If you or someone you know is thinking about suicide, please tell someone you trust. You are not alone. You can also call, text, or chat the Suicide & Crisis Lifeline at 988. The Lifeline provides 24/7, free and confidential support to people in suicidal crisis or emotional distress.

Disclaimer

This report includes preliminary data. We understand that data can have critical implications for the community which is why Humboldt County SFR will wait to share disaggregated data on suicide risk factors until we have the specialists to ensure data sharing is being done effectively. Humboldt County Public Health is in the process of hiring two epidemiologists who will be able to support this effort in time.

Why Review Suicide

In Humboldt County, suicide is one of the eight leading causes of preventable, premature death and poses as a significant public health challenge. Rates of suicide in Humboldt County are elevated when compared to the national and state rates. During the period 2017-2021, suicide was the third leading cause of death in Humboldt County for people ages 15-44, according to Humboldt County Vital Records. The rate of death by suicide in Humboldt County (19.6 per 100,000 people) is consistently higher than the statewide rate (10 per 100,000 people) and the Healthy People 2030 national target goal rate (12.8 per 100,000 people). It is our goal to reduce and prevent suicide in Humboldt County.

Who We Are

Established in May 2019, the Humboldt County Suicide Fatality Review (SFR) is a multidisciplinary group of professionals that meets quarterly to learn more about the circumstances surrounding suicide deaths in Humboldt County.

The purpose of the SFR is to prevent future deaths by suicide in Humboldt County. Based on the data collected, the SFR identifies risk and protective factors for suicide unique to Humboldt County, and makes recommendations for local policy and practice changes to help reduce suicide risk and promote safety. The SFR has reviewed a total of 26 cases since it began in 2019.

The process begins with our Sheriff-Coroners, who collect risk factor information for every suicide. We then reach out to the families of the deceased, requesting permission to review their loved one's case. If consent is granted by the decedent's legal next-of-kin, we then review the case. We examine individual deaths to understand circumstances of the suicide, the systems that touched the life of the deceased, the relevant risk and protective factors, and the actions that will improve systems and catalyze prevention.

Recommendations from the SFR help to develop prevention, intervention, and postvention strategies across a continuum of care to reduce suicide and suicidal behaviors in Humboldt County and to better support community members affected by suicide. The SFR process does not seek errors by specific individuals or agencies. The SFR process intends to identify areas of improvement and to ensure those affected by a suicide receive needed support services.

Risk Factor Analysis for Suicide in Humboldt County

In 2019, the Humboldt County Sheriff’s Office - Coroner’s Office began collecting risk factor data for suicide deaths using a standardized Suicide Risk Factor Surveillance System (SRFSS) form. The SFR Core Team has analyzed risk factor data from 72% of the decedents who died by suicide between 2019-2022. When looking at the frequency of risk factor results, the following data are statistically significant (showed up in 20% or more of cases with SRFSS data):

FREQUENCY OF RESULTS – HUMBOLDT COUNTY SUICIDE RISK FACTOR SURVEILLANCE SYSTEM (SRFSS), 2019-2022

At time of incident (% Yes):	2019-22
Depressed mood	72.7%
Family relationship stress	44.2%
Physical health problem	41.6%
Disclosed intent to commit suicide	37.7%
Social isolation	36.4%
Current mental health problem	36.4%
Intimate partner problem	33.8%
Alcohol problem	32.5%
Financial problem	27.3%
Current mental health treatment	26.0%

The table above shows that 72.7% of suicide deaths between 2019-2022, where risk factor data was collected, included *depressed mood at the time of the incident* as a risk factor.

FREQUENCY OF RESULTS – HUMBOLDT COUNTY SUICIDE RISK FACTOR SURVEILLANCE SYSTEM (SRFSS), 2019-2022

At any time (% Yes)	2019-22
Suicidal thoughts or plans	44.2%
Mental health diagnosis	34.2%
Suicide attempt	20.8%

The table above shows that 44.2% of suicide deaths between 2019-2022, where risk factor data was collected, included *suicidal thoughts or plans at any time* as a risk factor.

FREQUENCY OF RESULTS – HUMBOLDT COUNTY SUICIDE RISK FACTOR SURVEILLANCE SYSTEM (SRFSS), 2019-2022

Crisis in past 2 weeks (% Yes)	2019-22
Crisis in past 2 weeks (% Yes)	58.4%
If yes, type of crisis:	
CRISIS: Mental health	29.9%
CRISIS: Physical health	27.3%
CRISIS: Family relationship stress	20.8%
CRISIS: Alcohol problem	19.5%
CRISIS: Intimate partner problem	16.9%
CRISIS: Substance abuse	14.3%
CRISIS: Other relationship problem	13.0%
CRISIS: Financial problem	13.0%

The table above shows that 58.4% of decedents between 2019-2022, where risk factor data was collected, *experienced a crisis in the two weeks prior* to their suicide death. Among those, 29.9% were *mental health related* while 27.3% were *physical health related*.

Recommendations





The review process led to the development of the following prevention and intervention strategies, with the focus being to reduce suicide and suicidal behaviors, and to improve systems of suicide care in Humboldt County. The SFR reviewed 5 cases in 2022. The following recommendations were generated during 2022 case reviews. (Please see the Appendix for additional resources and tools.)




1. [Increase the use of routine screening tools for suicide prevention](#)
Encourage use of evidence-based or promising practices screening tools by professionals in medical and behavioral healthcare, including professionals working in substance use treatment programs, including adoption of a formalized policy associated with its use.
2. [Increase suicide prevention and intervention skills](#)
 - a. Offer basic suicide prevention trainings that are accessible across Humboldt County to increase community, family, and friends' knowledge and skills.
 - b. Provide targeted suicide prevention training to those who have a higher likelihood of coming into contact with at-risk individuals. For example, State Park staff, pain clinics, palliative care, mortuary staff, and physical and behavioral healthcare staff.
3. [Increase the use of brief intervention safety planning](#)
 - a. Educate and empower community, family, and friends to plan for safety through trainings, use of safety planning tools and applications, and through collaboration with their providers and support systems.
 - b. Encourage use of brief intervention safety planning by professionals in medical and behavioral healthcare, including professionals working in substance use treatment programs for individuals identified with elevated suicide risk (identified through screening and/or assessment).

4. Improve care coordination and follow up for community members at risk of suicide
 - a. Adopt practice to ensure timely follow-up by primary care provider of patients identified with elevated suicide risk. For example, patients:
 - a. Recently released from inpatient units or emergency departments;
 - b. New or recent mental health diagnosis; or
 - c. Recently prescribed new mental health medication.
 - b. Adopt practice to ensure timely referral to behavioral health services when patient is identified as being at risk of suicide, as identified through screening and/or assessment.
 - c. Adopt practice to ensure timely notification to primary care providers when their patients are released from inpatient units or emergency departments.

Suicide in Humboldt County

Humboldt ranks #5 for highest suicide rate in California and has a suicide rate that is more than double the state average.³

	2021	2022
# Number of suicide deaths ¹	28	38
 Male	86%	84%
 Female	14%	16%
 Firearms were used	50%	61%
 Average age at death	52	52

	2019-2022
 Expressed suicidal thoughts or plans ²	44.2%
 Previous suicide attempt ²	20.8%
 Crisis in two weeks prior to death ²	58.4%

The most common risk factors included: depressed mood, family relationship stress, physical health problem and disclosure of intent to suicide.²

1 Count is preliminary. 2 Data only available for deaths in which a SRFSS form was completed.
3 <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx>

Report Created by the Humboldt County Suicide Fatality Review Core Team

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Open Door Community Health Centers
Humboldt Independent Practice Associates / Priority Care
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Special thanks to those who helped to develop the Humboldt Suicide Fatality Review

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Appendix

Resources and Supplemental Documents

1. General Guidance
 - a. [Recommended Standard of Care for People with Suicide Risk](#), guidelines that provide the first-ever recommendations on suicide-related standard of care for primary care, behavioral health, and emergency department settings.
 - b. [Joint Commission’s Revised National Patient Safety Goal for Suicide Prevention 15.01.0-1](#), Effective January 2020 for hospitals and behavioral health care organizations. Focuses on environmental assessment, screening for suicide, assessment of patients who screen positive for suicide, staff training, follow-up care.
 - c. [The Zero Suicide Toolkit](#), a detailed guide to Zero Suicide implementation and strategy.
 - d. [Suicide Prevention Resource Center](#), the only federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](#).

2. Validated screening tools
 - a. Patient Health Questionnaire ([PHQ-9](#))
 - b. [The Columbia Lighthouse Project](#) provides the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), for use in a multitude of community and healthcare settings. The C-SSRS can be used for both screening and more in-depth assessment.
 - c. [Ask Suicide-Screening Questions \(ASQ\) Tool](#), is a set of four brief suicide screening questions that takes 20 seconds to administer; site includes video of the tool in use in various settings.
 - d. [Safe-T Pocket Card](#) can be used for both screening and more in-depth assessment.
 - e. [Patient Safety Screener \(PSS-3\)](#), a tool for identifying patients in the acute care setting who may be at risk of suicide, not just those presenting with psychiatric issues.
 - i. [ED Safe Secondary Screener](#) can be used in an acute care setting to guide suicide risk stratification for patients who screen positive on the PSS-3

3. Trainings
 - a. [Striving for Zero Training Catalog updated November 2022](#), developed through the Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative, this list includes trainings on screening, assessment, intervention, cultural and equity-based trainings, and much more.
 - b. [Humboldt County Suicide & Violence Prevention \(SVP\) Program Requestable Trainings List](#) and [Training Request Form](#)
 - c. Access training now through [Suicide Prevention Resource Center’s Training page](#)

4. Safety Planning

- a. [Stanley -Brown Safety Planning Intervention](#)
 - i. Watch Suicide Prevention Webinar by the Joint Commission:
[Implementing the Safety Planning Intervention in Your Organization](#)
(scroll down to “resources”).
- b. [Counseling on Access to Lethal Means \(CALM\)](#): This free two-hour online course is open to anyone. It is designed especially for providers who counsel people at risk for suicide, primarily mental health and medical providers, but also clergy and social service providers.
- c. Emotional Fire Safety Plan from [NowMattersNow.org](#) also includes a Help Guide, example documentation for services providers and reference to safe storage decision aid, Lock2Live.org; community and provider trainings also available.