

Ventura County Behavioral Health Mental Health Services Act Innovation (INN)

Bartenders as Gatekeepers Final Evaluation Report FY 18/19 - FY 20/21



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I. Introduction

Ventura County Behavioral Health (VCBH) developed the Bartenders as Gatekeepers project to provide targeted suicide prevention for males between the ages of 45 and 64. This population exhibits the highest suicide rates at both the national and local levels, and is one of the most difficult populations to reach for prevention efforts. In Ventura County, middle-aged men (ages 45 to 64) accounted for 37% of suicides in 2018; yet, they had the lowest rates of calls to the local crisis support line (21% of calls). Nationwide, middle-aged men represent 19% of the population, yet account for 40% of suicides. Men ages 45 to 64 experience the highest rates of suicide in America (Department of Health and Human Services, 2016), with a 43% increase in suicide deaths from 1997 to 2014 (Centers for Disease Control and Prevention [CDC], 2014). Substance misuse significantly increases the risk of suicide, with 22% of deaths by suicide in the United States involving alcohol intoxication (CDC, 2014). People with alcoholism are up to 120 times more likely to commit suicide than those who are not dependent on alcohol (Pompili et al., 2010).

A. Project Overview

In an effort to prevent suicide among this “harder to reach population,” VCBH developed a targeted and innovative project (i.e., Bartenders as Gatekeepers) to reach middle-aged men at risk of suicide. The “Gatekeepers Project” was developed and implemented between FY 18/19 and FY 20/21 through Mental Health Services Act (MHSA) Innovation funding. Throughout the three-year project term, a mixed-methods evaluation was conducted by EVALCORP to determine the overall success of the project, as well as capture lessons learned for dissemination with other counties and municipalities.

B. Program Components

The primary components of the project include a suicide prevention training called Question, Persuade, and Refer (QPR) for bartenders and alcohol servers, along with a targeted media campaign (Table 1).



Table 1. Overview of Program Activities

Component	Description
QPR Training	Bartenders at participating sites (bars and restaurants) were trained in a nationally recognized suicide awareness and prevention project known as Question, Persuade, and Refer (QPR). Trainings were facilitated by certified instructors and covered numerous topics including recognizing the signs of suicide risk and engaging individuals in conversation to offer hope and persuade them to seek help.
Media Campaign	<p>A multi-modal media campaign was comprised of targeted advertisements for males between the ages of 45 and 64 and included print and visual media, social media ads, coasters, and posters. Idea Engineering convened an Advisory Peer Group to obtain feedback and help inform the media campaign. This group consisted of men in the target age group who are survivors of attempted suicide, family members of middle-aged men who died by suicide, as well as bar and restaurant owners. The Advisory Peer Group worked on the campaign design and message with the graphic design team and assisted with pilot testing and participated in focus groups. A local celebrity with lived experience agreed to be the face of the campaign and share his story as part of the interactive website. All campaign materials utilized literature-based messaging promoting hope, and helped direct recipients to access local websites and helplines. The campaign materials were distributed in liquor stores, bars, bartending schools and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Additionally, the campaign included an interactive website (“Not Alone VC”), which provided:</p> <ul style="list-style-type: none">• testimonials from family members affected by local suicides in men ages 45-64;• links to other websites for resources on suicide prevention; and• information for suicide prevention resources including phone and text suicide prevention hotlines. <p>Due to the impact of the COVID-19 pandemic, the targeted digital ad campaign was augmented by an expanded campaign targeting additional demographics. Initially campaign materials were only in English and aimed at men ages 45-64. It was expanded to additional age groups as well as women, and materials were available in both English and Spanish.</p>

C. Project Goals

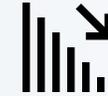
The primary goals established for the project were to:



Increase traffic to local suicide prevention website



Increase utilization of the crisis support line by men aged 45–64



Reduce the number of completed suicides among men aged 45-64 in Ventura County



Increase knowledge, skills, and abilities of alcohol vendors who complete QPR suicide prevention training for intervening when patrons show signs of suicide risk



Determine if alcohol servers are an appropriate population to target in suicide prevention training

D. COVID-19 Impacts and Adaptations

Following stay-at-home orders due to the COVID-19 pandemic, it was challenging to engage bars and restaurants in the QPR suicide prevention trainings. Bars and restaurants across Ventura County had closed down due to local mandates. In response, VCBH made adaptations to the training project to minimize impacts. Examples were:

- Increasing emphasis on website advertising and social media engagements in order to reach people at home.
- Transitioning the QPR suicide prevention training to an online format via Zoom in order to continue trainings.
- Distributing project materials to restaurants in the busy downtown Ventura district to reach individuals at restaurants (rather than bars, as many were forced to close).

Outreach efforts to engage alcohol-serving establishments in the training project included canvassing businesses at the Ventura Harbor Village waterfront retail complex. A few businesses that do not serve alcohol expressed interest in participating in the trainings and were therefore invited to join the Harbor Village trainings, which took place during two sessions in the fall of 2020. These trainings were able to be conducted via an online platform.

II. Evaluation Methodology

A mixed methods approach was employed to evaluate the project from inception to completion. Data collection activities included surveys, key stakeholder interviews, and analyses of relevant secondary data (e.g., hotline calls, suicide rates). Stakeholders were involved and engaged in the evaluation throughout the duration of the project in multiple ways. Stakeholders participated in surveys (following training and months later) all while a pandemic had shut down bars and posed challenges to continuation of the project as planned. VCBH continued to engage with stakeholders online and used alternative methods to keep the project relative and sensitive to the operations of target venues. While bars were closed, the online media campaign continued its efforts at reaching the target population.

In order to make evaluation activities more convenient and accessible for project participants, data collection efforts were available via paper, online, and over the telephone. Surveys remained open for a longer period of time and additional efforts were made to reach project participants, including sending reminders during non-traditional times. As the project was designed around the disparity of white males ages 45-64 being at a higher risk of suicide, the trainings were designed to be inclusive of representatives who interacted most frequently with the target population. Stakeholders of the evaluation were fluent in English and data collection activities took place in alignment with the language skills, literacy levels, and comprehension abilities of participants.

A. Evaluation Questions

The primary evaluation questions used to guide the evaluation implementation included:

- ✓ *Will a targeted outreach campaign increase the traffic on the local suicide prevention website?*
- ✓ *Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?*
- ✓ *Does a suicide prevention training increase the knowledge, skills, and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?*
- ✓ *Are alcohol servers an appropriate population to target in suicide prevention training?*
- ✓ *Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?*

B. Data Collection Strategies and Tools

A variety of strategies were used to collect evaluation data and answer the research questions posed for the Bartenders as Gatekeepers evaluation. The evaluation plan called for quantitative and qualitative research methods, including: (1) collection and analysis of data indicators; (2) surveys; and (3) key stakeholder interviews. Each is described in Table 2.

Table 2. Overview of Evaluation Data Collection

Data Source	Description
Project Tracking Tool	Venue and participant tracking tools were developed to monitor the number of new bars participating in the project; quantity and frequency of trainings provided; and number of staff trained (including where trainees were employed).
QPR Training Surveys	Training participants were asked to complete a QPR training survey upon training completion. Participants were asked about their satisfaction with the training, the overall value of the training, and how they might utilize the QPR training in the future.
Key Stakeholder Interviews	A series of key stakeholder interviews were conducted to obtain information about the project's successes, challenges, and lessons learned from implementation. Project stakeholders interviewed were: a QPR trainer who also assisted with recruiting training participants, the owner of one of the participating alcohol establishments, and the VCBH MHSIA Innovation Program Administrator.
Training Follow-up Survey	A follow-up survey was implemented 8-10 months after participants completed the QPR training to assess the knowledge, skills, and abilities learned and implemented as a result of the training.
Project Website Analytics Reports	Data captured through the "VC Not Alone" website were analyzed to track website traffic after specific social media campaigns, as well as the number of website visitors, sessions, times that users accessed resources on suicide, and number of users who accessed the suicide lifeline.
Suicide Crisis Calls in Ventura County	Didi Hirsch Mental Health Services provided data on Ventura County suicide crisis line calls from 2016–2020.
Ventura County Vital Records Business Intelligence System: Data on Completed Suicides for Ventura County residents	Ventura County's Vital Records Business Intelligence System provided statistics on the number of completed suicides for Ventura County residents by race, ethnicity, age and gender for 2016–2020. This data source includes completed suicides for Ventura County residents, regardless of the location of the suicide. Source: Vital Records Business Intelligence System, 2016-2020, downloaded on 5/10/2021.
Ventura County Medical Examiner's Office: Data on Completed Suicides within Ventura County	Ventura County Medical Examiner's Office provided statistics on the number of completed suicides that occurred in Ventura County for 2016-2020. This data source includes out of county residents who completed suicides within Ventura County.

III. Summary of Findings

All collected data were compiled and analyzed to calculate process metrics, as well as project outcomes and impacts. Below outlines findings from quantitative and qualitative data collection activities for the project including: (a) Process Measures, (b) Not Alone VC Website Metrics, (c) QPR Training Survey Results, (d) Follow-up Survey Results, and (e) Key Stakeholder Interviews.

A. Project Reach

A project tracking tool was utilized to monitor process measures including the number of new bars participating in the project; quantity and frequency of trainings provided; and number of staff trained. Below are findings related to the project's reach.



Participant Characteristics

Below outlines key characteristics of project participants.

Table 3. Training Participant Characteristics (N=12)

Indicator	Category	N
Gender (n=12)	Male	6
	Female	5
	Another gender identity	1
Age (n=12)	16 to 25	0
	26 to 59	10
	60+	2
Race (n=12)	White or Caucasian	10
	More than one race	2
*Ethnicity (n=8)	European	5
	Eastern European	2
	Another Hispanic or Latino ethnicity	1
	Mexican/Mexican American/Chicano	1
Primary Language (n=12)	English	12
Disability Status (n=12)	Yes	1
	No	11
Veteran Status (n=12)	Yes	0
	No	12
Sexual Orientation (n=12)	Bisexual	1
	Heterosexual or Straight	10
	Another sexual orientation	1

**Respondents were able to select more than one response.*

"Not Alone VC" Website Metrics Media Campaign Results

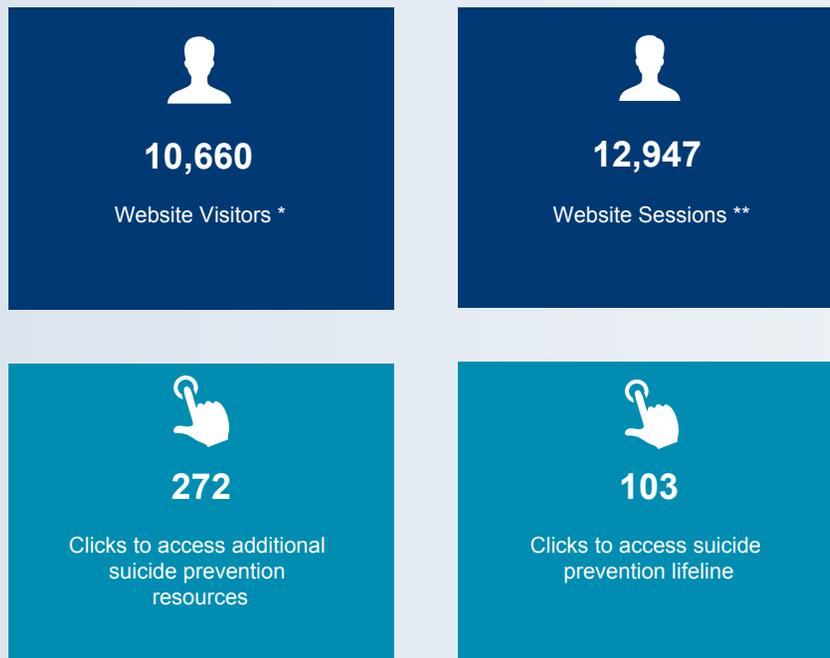
Community-wide messaging augmented the Bartenders as Gatekeepers project, targeting middle-aged men at risk, as well as their friends and family. The "Not Alone VC" website was launched in 2019 and includes personal stories, targeted ads, resources, and a link to a 24/7 confidential suicide prevention lifeline. Additional information on the Media Campaign can be found in Table 1. Overview of Program Activities on Page 4 of this report.

Website analytics tracked metrics on the number of unique website visitors, website sessions, and number of website conversions. A website conversion occurs when a visitor completes an action on the website such as clicking resources or clicking a phone number in order to call a hotline. The results of the website metrics are provided below. Figures 1 and 2 present the website metrics by Fiscal Year.

There was a **4% increase** in website visitors from FY19/20 to FY20/21 (from 5,235 to 5,457). Additionally, there was a **45% increase** in resource link clicks (from 111 to 161) and a **45% increase** (from 42 to 61) in phone calls to the suicide lifeline in FY19/20 to FY20/21.

Of note, the "Not Alone VC" website is currently still in use and available at: <https://www.notalonevc.org/home/>

"Not Alone VC" Website Metrics FY 19/20 - FY 20/21



* Unique website users as reported by Google Analytics. Web analytics numbers are estimates by Google. This number reflects unique users throughout the duration of the project.

** Website sessions count represents the total number of distinct visits to the website and include visits from returning users.

Figure 1. Website Users and Sessions

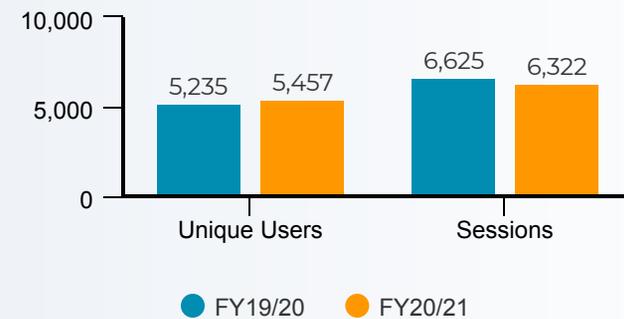
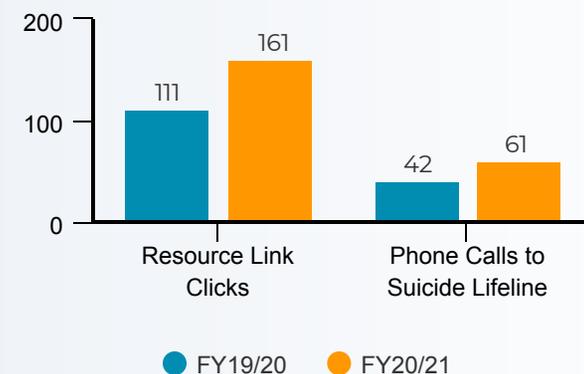


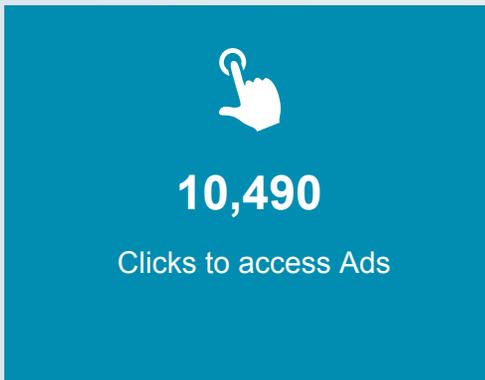
Figure 2. Resource Clicks and Calls



Targeted Ad Campaign Results

The Bartenders as Gatekeepers project developed three targeted ad campaigns from 2019 to 2021 including targeted website ads, and video ads on other platforms such as YouTube. The overall results of the targeted ad campaign are presented below. Additionally, during the two-year timeframe, targeted ad impressions **increased by 228%** (from 708,307 to 2,320,241) and targeted ad clicks **increased by 191%** (from 1,693 to 4,928).

Media Campaign Results FY 19/20 - FY 20/21



** An ad impression is counted whenever an ad is displayed with an app. Ad impression in digital marketing tells advertisers and developers how many times an ad was viewed by users.*

Figure 3. Targeted Ad Impressions

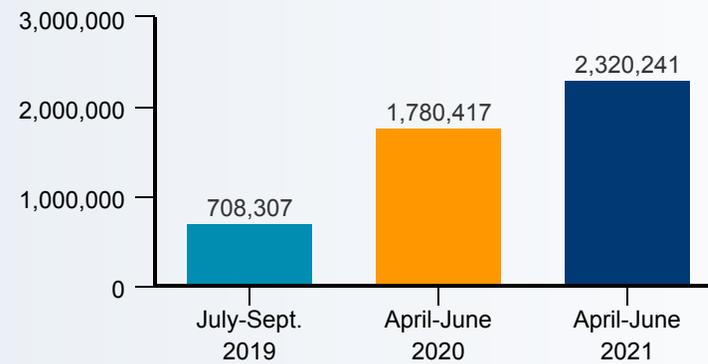
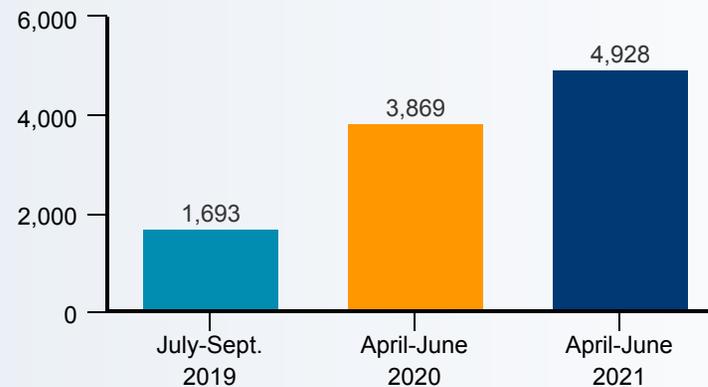


Figure 4. Targeted Ad Clicks



B. Outcomes

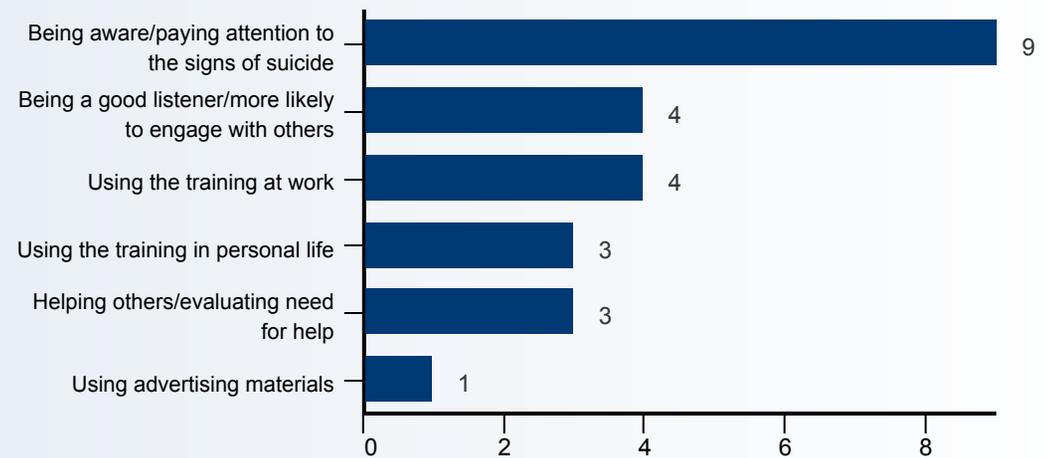
As seen below, over 90% of trainees rated the QPR Training as “above average” or “outstanding”. Open-ended responses to questions asked about the expectations and utilization of the training are summarized in Figures 5 and 6.

Question, Persuade, and Refer (QPR) Training Survey Results

Percent of respondents who rated the following items as "Above Average" or "Outstanding" (n=32-34)

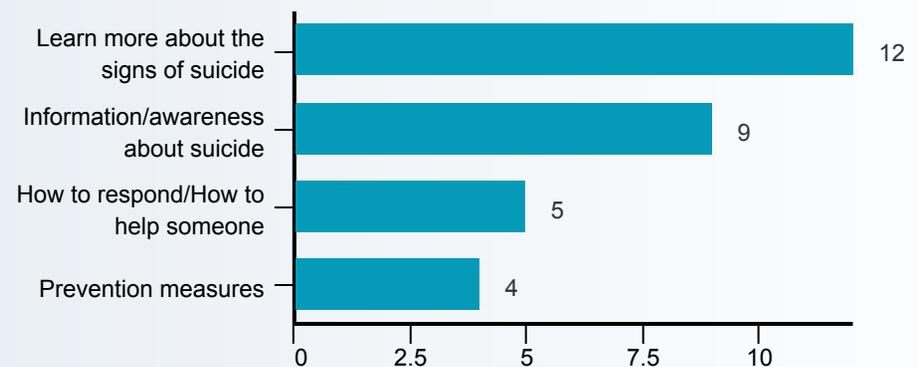
100%	Instructor's knowledge on subject matter
100%	Instructor's presentation of course materials
97%	How well the course met participant expectations
91%	Program content
91%	Program presentation
91%	Overall evaluation of the training
88%	Overall value to the participant
88%	The degree to which the courses provided practical applications to participants

Figure 5. Expected Utilization of QPR Training (n=22)*



* Some responses fit into more than one theme. Therefore, there are more responses than number of respondents.

Figure 6. Training Expectations (n=19)*



* Some responses fit into more than one theme. Therefore, there are more responses than number of respondents.

Question, Persuade, and Refer (QPR) Training Survey Results (cont.)

When asked to provide suggestions for future QPR Trainings, respondents shared the following:

Future QPR Gatekeeper training recommendations

- **Require training**
- **Expand training to other industries**
- **Continue training**
- **Offer more training options**
- **Roleplay suicide intervention**
- **More Q&A**
- **More in-depth information about suicidal ideation**
- **More data about the connection between depression/anxiety and brain functioning**
- **Better aesthetics**
- **Test training video prior to training**

Were your expectations of this training exceeded? If so, in what way?

- **“I was enlightened about things I had never even thought about, like giving away valued personal possessions, getting affairs in order, etc...”**
- **“Yes, Hilary provided a very supportive and caring environment that we could all discuss our experiences before the presentation.”**
- **“Yes, lots of knowledge was shared and I feel like I have a better understanding of what warning signs can look like.”**
- **“I found the specific information on how depression alters one’s experience of life and judgement ability very helpful.”**
- **“One area that exceeded my expectations were the resources available for help. I was fairly surprised that the resources available aren’t common enough knowledge.”**

Suicide Prevention Knowledge, Skills, and Abilities Post-training Survey Results

A follow-up survey was implemented with individuals who participated in the QPR suicide prevention training approximately 8 to 10 months after completing the training (i.e., to assess their knowledge and skills obtained as well as their utilization of the training). All training participants who indicated on the QPR training survey that they would be willing to participate in the follow-up survey were invited to respond. Incentives were provided to encourage participants to complete the survey (Tables 4 and 5).

Suicide Prevention Knowledge, Skills, and Abilities Post-training Survey Results (cont.)

Table 4. QPR Post-training Results (n=12)

Post-training Item	Number of Respondents who "Agree" or "Strongly Agree"
I am more comfortable interacting with persons displaying signs of mental illness.	12
I can more effectively communicate with persons displaying signs of mental illness.	12
I am better able to recognize the signs, symptoms and risks of suicide.	12
I am more willing to reach out and help someone if I think they may be at risk of suicide.	11
I know more about how to intervene (I've learned specific things I can do to help someone who is at risk of suicide).	12
I am more knowledgeable about professional and peer resources that are available to help someone at risk of suicide.	11
I've learned how to better care for myself and seek help if I need it.	12

Table 5. QPR Training Utilization (n=5-12)

Question	Yes	No
Since attending the QPR training, have you intercepted a suicidal communication (n=12)*	5	7
Were you able to apply the QPR method? (n=5)	4	1
Do you believe the intervention you conducted was effective? (n=5)**	4	1
Do you believe the intervention you conducted helped saved a life? (n=5)***	4	1
Have you used the skills you learned with men aged 45-64? (n=12)	6	6
Have any customers commented on or asked you about the coasters, posters, or other materials? (n=12)	5	7

* Out of the five respondents who intercepted a suicidal communication, one indicated that the person they tried to help has started seeing a therapist.

** The one respondent who indicated "No" responded that they did not utilize the QPR method.

*** The one respondent who indicated "No" responded that they did not utilize the QPR method.

Suicide Prevention Knowledge, Skills, and Abilities Post-training Survey Results (cont.)

Figure 7. Reported Use of Information or Techniques From Training (n=12)

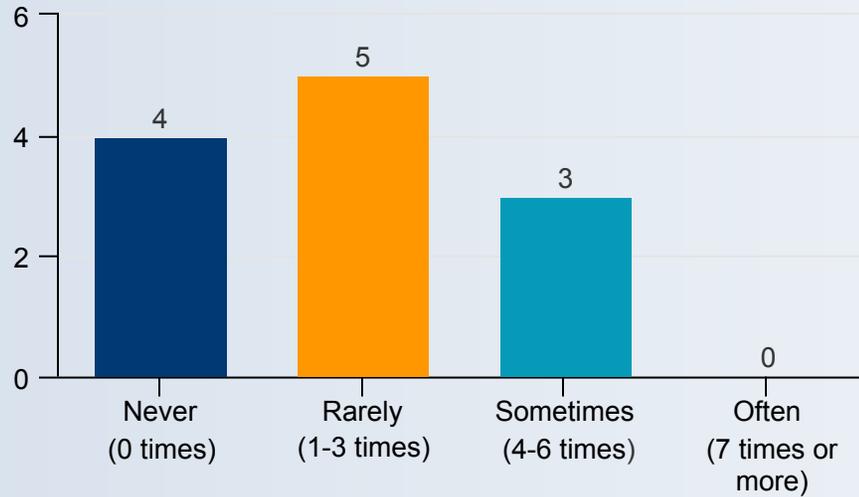
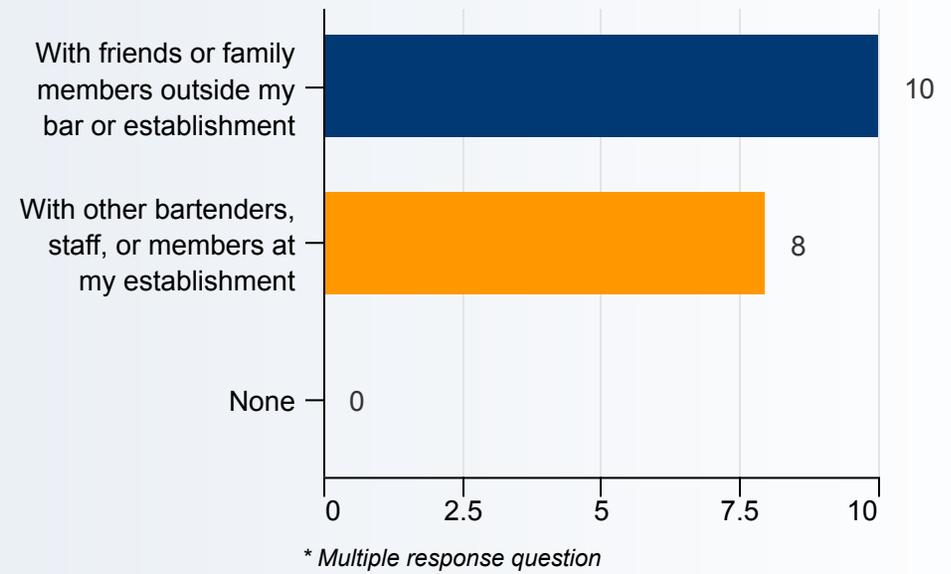


Figure 8. Reported Sharing of Skills or Information From Training (n=12)*



C. Challenges, Lessons Learned, and Successes

In addition to the pre and post-training surveys and secondary data, information on the Bartenders as Gatekeepers challenges, lessons learned, and successes was gathered through key stakeholder interviews.

Challenges

Outreach/Engagement

Difficulties were encountered in engaging bars in initial conversations to discuss the Bartenders as Gatekeepers project without previous connections to the establishment. Further, following initial conversations, many bar owners expressed interest in the project but it was often challenging to engage sites without a connection to the establishment.

Staffing

One of the challenges experienced with implementing the QPR training was the lack of a dedicated staff person to conduct outreach and engagement with bars and restaurants. There was a lot of interest in trainings, however, identifying the appropriate person to approve and coordinate the training with staff was challenging. Once the project had a volunteer to assist with outreach and engagement, they were able to successfully engage with more businesses. An additional challenge faced by the project was identifying sufficient QPR-certified staff to conduct the trainings.

Duration of Project

One of the challenges of implementing the QPR training project was that the timeline was somewhat short to develop a campaign in advance of launching the project. Creating the campaign took quite a bit of time to coordinate and some bars that initially expressed interest in the training were no longer engaged when the training was ready to launch.

Impact of COVID-19 Pandemic

When bars and restaurants closed down for in-person service at the start of the COVID-19 pandemic, the QPR trainings were no longer able to be delivered in person. A further impact of the pandemic was that there was at least one bar that expressed an interest in the training but, unfortunately, the establishment closed down. An additional challenge when bars and restaurants closed for in-person service was a lack of opportunity for staff to engage with bar guests even after they had participated in the training. The project was able to pivot to an online training format to continue the QPR trainings and also opened up the training to other businesses.

Lessons Learned

Online Training

A valuable lesson learned during the implementation of the QPR training was that an online training format was found to be an effective way to reach additional participants. Some found that having an online training option really helped because the bars' schedules are so different and people working in the industry often work more than one job so their availability may be limited. Coordinating in-person trainings was challenging due to scheduling and availability, and online trainings were much easier to coordinate. One key stakeholder shared that they did not notice a difference in engagement in the online training platform and that training participants were engaged and shared personal stories. One downside to the online platform was that there was less of an opportunity for participants to talk to the trainer afterwards and share personal stories in person like they were able to do at the live trainings.

Lessons Learned (cont.)

Training Setting

There were some interesting findings about how the training setting may impact the participants. For instance, one establishment not only included servers but also allowed members (i.e., of their “lodge/organization”) to participate. There were trainings held in the evenings in the bar area where alcohol was being served and there was a broad mix of people including middle-aged white males. Although they were initially not open to participating in the training, towards the end of the training, several members became more engaged. These trainings were very interactive, and several people were engaged. It is uncertain whether this level of engagement would have occurred in a traditional classroom setting. Implementing the training in the Lodge members’ natural environment appeared to be an effective method of reaching the target population.

Additional Findings

Throughout the project, there were occasions where the bartenders/servers also shared personal stories of struggling with suicide. Although they were not part of the target population, they may have benefited from the training themselves. There were also several indications that they were able to utilize the training with people in their personal lives. Another finding was that more businesses than solely alcohol-serving establishments were interested in attending the training.

Successes

Across all interviews, stakeholders shared that the Bartenders as Gatekeepers project is valuable, and it was recommended by two key stakeholders that the training ought to be required by alcohol establishments, similar to the industry-recognized ServSafe training. Several bars and alcohol-serving establishments were very interested in participating in the QPR training. The QPR trainers received positive feedback after every training. Participants approached the trainers afterwards and talked to them to express how important they think this training is as well as to share personal stories.

The QPR training equipped bartenders with the knowledge and confidence to intervene when they noticed customers who were struggling and in need of suicide prevention resources. Prior to the training, many bartenders had seen customers struggling but did not feel comfortable stepping in to help. With the training, they felt a sense of relief to have resources to share with customers in need. On the training follow-up survey, all of the respondents indicated that, as a result of the QPR training, they are more comfortable interacting with persons displaying signs of mental illness, can more effectively communicate with persons displaying signs of mental illness, and are better able to recognize the signs, symptoms, and risks of suicide. One key stakeholder shared that what they heard from bartenders who attended the training is that they feel more comfortable talking to people who they are worried about, whereas they would have previously avoided these conversations because they were afraid of their reactions. Another key stakeholder shared that employees got a boost of confidence in themselves by being able to not only be a server, but also someone who could be helpful to others.

Successes (cont.)

Project Impact

The impact of the QPR trainings was provided through both the training follow-up survey as well as the key stakeholder interviews. One key stakeholder conveyed that they had a bartender who was able to utilize the training with someone who was experiencing suicidal thoughts. Key stakeholders communicated that they experienced training participants reaching out to them to share that they utilized the training with someone who was struggling with suicidal thoughts. On the training follow-up survey, four individuals shared that they were able to apply the QPR method with someone, and all four also indicated that they believe that the intervention was effective and that the intervention helped save a life.

Providing materials such as coasters and posters for the bathrooms was found to be very helpful in reaching customers. Some customers may feel self-conscious reading information about suicide prevention resources in the open; providing discrete materials was found to be a positive way to do outreach and start the conversation without being too direct. Although there is no direct way to measure the impact of the coasters and posters, one of the bar owners shared that the coasters provided an opportunity for customers to be able to receive information on suicide prevention, and that the coasters were effective in that they drew enough interest and attention that their establishment ran out of them. They also shared that they received inquiries from their customers about the posters in the bathroom.

Training Setting

One of the evaluation questions assessed was whether or not alcohol servers are an appropriate population to target in suicide prevention training. Upon completing the QPR training, 88% of training participants indicated that they found the training to be valuable. Moreover, 88% of participants indicated that the course provided practical applications for them. All key stakeholders who were interviewed shared that alcohol-serving establishments are appropriate settings for suicide prevention efforts. One key stakeholder shared that bartenders and servers are a great target population for training as they interact with people who may be thinking of suicide, and additionally found that several training participants had experienced someone in their personal life who had struggled with suicide.

D. Impact

Numerous impacts were achieved through the project beyond increases in knowledge, use of the training, and metrics pertaining to the "Not Alone VC" website.

Ventura County Suicide Crisis Line Data

Suicide crisis line data was provided by Didi Hirsch Mental Health Services. The total number of suicide crisis line calls increased from 2016 through 2019 and then decreased in 2020 (Figure 9). Suicide crisis calls for ages 45–64 decreased from 2016 to 2017 and has been increasing each year, with 2020 having the highest call volume (Figure 10). It should be noted that one of the project goals was to increase traffic on the local suicide crisis line and the data indicates that this goal was achieved. Overall suicide hotline call volume increased by 19% from 2,262 calls in 2018 to 2,692 calls in 2020. Suicide crisis line call volume for ages 45-64 increased by 6% from 227 in 2018 to 240 in 2020. Although it cannot be concluded that suicide related calls were indeed caused by the Bartenders as Gatekeepers project, it is very important to know that calls did increase during the project term (i.e.. amongst all persons ages 45-64).

Figure 9. Ventura County Total Suicide Crisis Line Calls Per Year

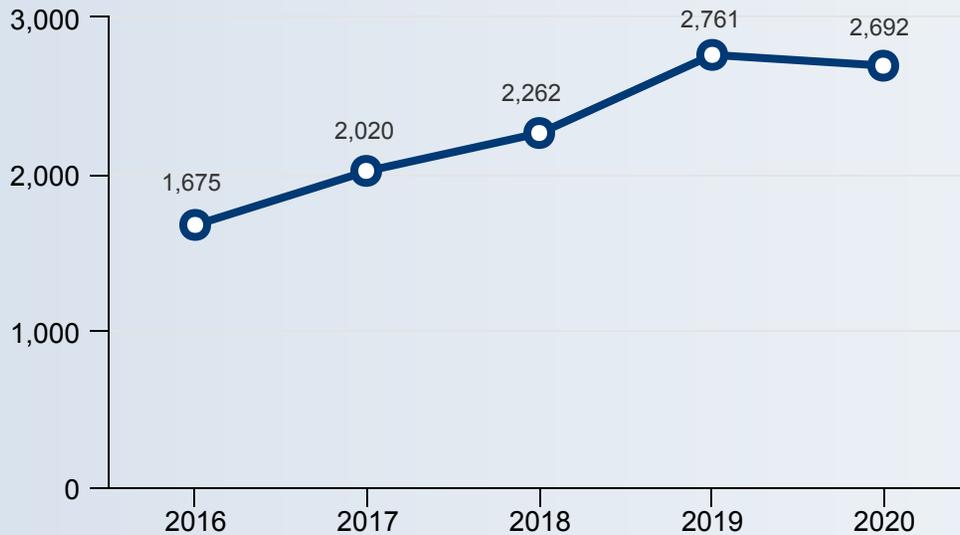
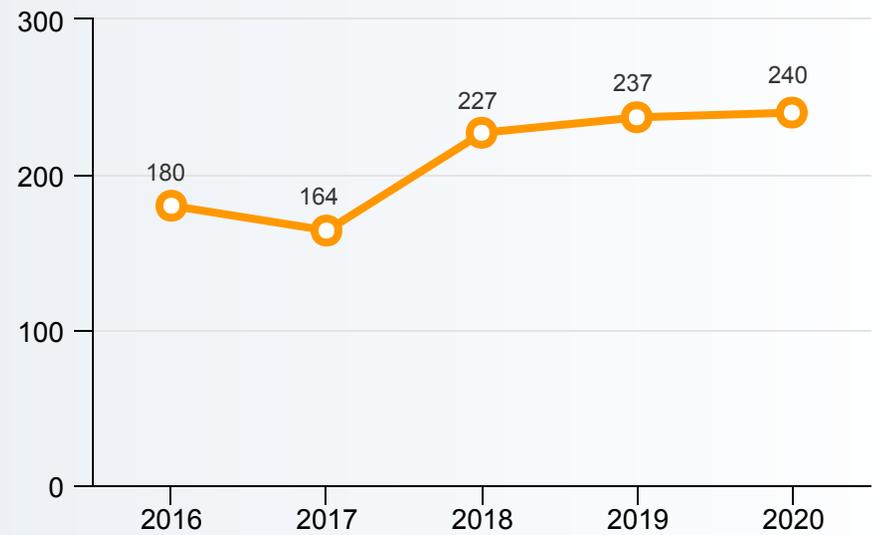


Figure 10. Ventura County Suicide Crisis Line Calls Per Year for Ages 45-64



Ventura County Deaths Due to Suicide

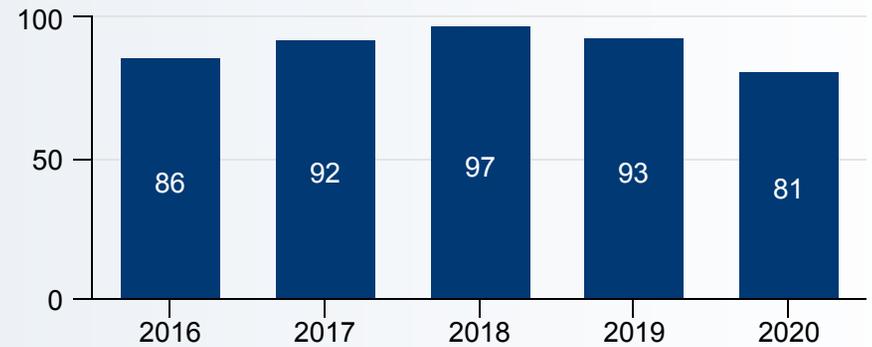
The total number of deaths due to suicide in Ventura County were examined from two sources. The Ventura County Medical Examiner's Office reports statistics on deaths due to suicide that occurred within Ventura County, regardless of residency. Ventura County Vital Records reports statistics on deaths due to suicide for Ventura County residents, regardless of where the suicide occurred. Due to this difference between the two sources, the results for deaths due to suicide per year vary slightly. Both sources were included in this report to examine trends. The number of deaths due to suicide within Ventura County increased from 2016 to 2017 and then decreased from 2018 to 2020. The number of deaths due to suicide for Ventura County residents increased from 2016 to 2018 and then decreased in 2019 and 2020. There were 12 fewer deaths due to suicide for Ventura County residents in 2020 when compared to 2019, which represents a 16% decrease in the number of suicides. The number of deaths due to suicide decreased in 2020 for both sources. The reasons for the decrease in number of suicides are unknown at this time. Although not causally related, secondary data were included to see contextually what is happening with these important indicators across the county.

Figure 11. Total Deaths Due to Suicide Per Year Within Ventura County



Source: Ventura County Medical Examiner, 2016-2020, provided September, 2021.

Figure 12. Total Deaths Due to Suicide Per Year for Ventura County Residents



Source: Vital Records Business Intelligence System, 2016-2020, downloaded on 5/10/2021. Includes deaths for residents of Ventura County that occurred both in and out of county.

Ventura County Deaths Due to Suicide Cont.

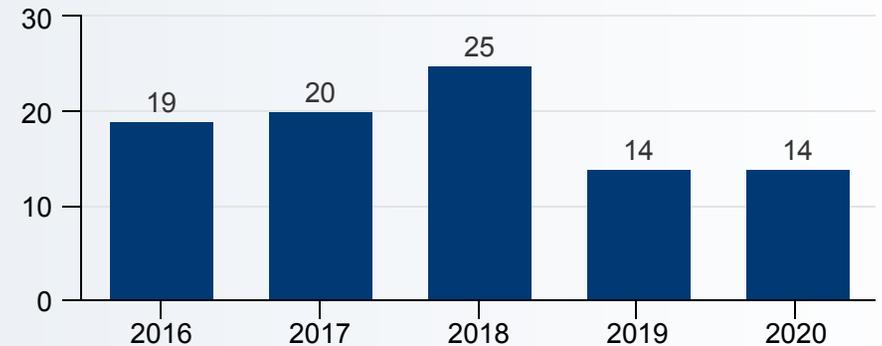
The total number of deaths due to suicide for Ventura County residents by race and age were examined further using Ventura County Vital Records data. The number of deaths due to suicide for white male residents in the target age range of 45-64 increased from 2016-2018 and has been decreasing since (Table 6 and Figure 13). The reasons for the decrease in number of suicides are unknown at this time. Although not causally related, secondary data were included to see contextually what is happening with these important indicators across the county. Data for the table and chart below includes deaths for residents of Ventura County that occurred both in and out of Ventura County.

Table 6. Deaths Due to Suicide Per Year for Ventura County Residents Males Ages 45-64 by Race/Ethnicity

Race	2016	2017	2018	2019	2020
Non-Hispanic White	19	20	25	14	14
Hispanic, Single Race	7	4	4	3	1
Multi-Race, Any Hispanic Status	0	0	1	0	1
Non-Hispanic Black	0	0	0	0	0
Non-Hispanic American Indian/Alaskan Native	0	0	0	0	0
Non-Hispanic Asian	0	0	0	1	0
Non-Hispanic Pacific Islander	0	0	0	0	0
Non-Hispanic Other	0	0	0	0	0

Source: Vital Records Business Intelligence System, 2016-2020, downloaded on 5/10/2021. Includes deaths for residents of Ventura County that occurred both in and out of county.

Figure 13. Deaths Due to Suicide for Ventura County Residents - White Males Ages 45-64



Source: Vital Records Business Intelligence System, 2016-2020, downloaded on 5/10/2021. Includes deaths for residents of Ventura County that occurred both in and out of county.

IV. Conclusion & Recommendations

The Bartenders as Gatekeepers project was able to successfully achieve its outcomes by implementing a multi-faceted approach to reaching the targeted population, including training alcohol servers in suicide prevention and using a targeted media campaign. The findings from the post-training survey indicate that the QPR suicide prevention trainings did increase the knowledge, skills, and abilities of alcohol vendors for intervening when patrons show signs of suicide risk. The results of the post-training survey also indicate that alcohol servers are an appropriate population to target in suicide prevention training. Nearly half (5 out of 12) of the post-training respondents indicated that they intercepted a suicidal communication. The majority (4 out of 5) of post-training respondents who intercepted a suicidal communication indicated they had applied the QPR method, believed that the intervention was effective, and believed that the intervention helped to save a life.

The results of the media campaign indicate that the project was successful at increasing traffic on the local suicide prevention website. The Not Alone VC website also was a key component of the project in that over 10,600 unique users visited the site and hundreds of clicks were made to access both suicide prevention resources and the suicide prevention lifeline. Moreover, significant increases in the number of clicks were evidenced over time. Calls to the County's Suicide Crisis Line increased by 19% from 2018 to 2020, with call volume increasing by 6% for persons ages 45-64 during the same timeframe. Although it may not be possible to fully contribute these results to the Bartenders as Gatekeepers project, it is an overall positive indicator for the county overall. Most compelling, the suicide rate for Ventura County white male residents between the ages of 45-64 has gone down 16% from 2018 to 2020 (i.e., the project timeframe).

Although Ventura County does not have immediate plans to continue the QPR Trainings for alcohol-serving establishments, at least two counties (one in another state) have reached out to inquire about the successes and challenges of implementing the QPR Training. A lack of resources and dedicated staffing make it challenging to continue implementing a campaign and the Bartenders as Gatekeepers training project. The Not Alone VC website is still active and provides suicide prevention resources. VCBH intends to share the Bartenders as Gatekeepers evaluation findings with additional stakeholders and explore opportunities to present findings at state and local conferences in order to disseminate information about suicide prevention among high-risk populations.

Recommendations

The following are a series of recommendations that were informed by feedback obtained from project stakeholders.

1. Provide tailored examples and practice scenarios during the QPR suicide prevention training for bartenders (e.g., walk participants through situations that may arise in order to increase confidence among bartenders to engage customers in need).
2. Although the County is not currently implementing the training project, one way to continue to engage with alcohol-serving establishments and their patrons is to provide coasters and posters that contain suicide prevention resources.
3. Explore options for a self-sustaining campaign to reach alcohol-serving establishments via social media.
4. Contract with QPR trainers who can be available on an as-needed basis.
5. Offer an online option for the QPR training to reach participants who have difficulties attending in person.

V. References

Centers for Disease Control and Prevention. (2014). Surveillance for Violent Deaths—National Violent Death Reporting System, 16 States, 2010. *MMWR*, 63(1). <http://www.cdc.gov/mmwr/pdf/ss/ss6301.pdf>.

Pompili, M., Serafini, G., Innamorati, M., Dominici, G., Ferracuti, S., Kotzalidis, G. D., Serra, G., Girardi, P., Janiri, L., Tatarelli, R., Sher, L., & Lester, D. (2010). Suicidal behavior and alcohol abuse. *International Journal of Environmental Research and Public Health*, 7(4), 1392–1431.

Department of Health and Human Services. (2016). Substance Use and Suicide: A Nexus Requiring a Public Health Approach. Publication No. SMA-16-4935. https://sprc.org/sites/default/files/resource-program/SAMHSA_SbstncUsSuicdNxsPblcHlthAprch2016.pdf.