From your perspective, lived experience, and/or expertise...

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?

2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support need - consider access, cultural norms/traditions, etc.)

3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing?   (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.)

4. Cast a vote for what you would like the County to focus on for our future data sets that we share in the future.

Additional Goals

Care Experience

Engagement in School

Engagement in Work

Overdoses

Prevention and Treatment of Co-Occurring Physical Health

Quality of Life

Social Connection

Suicides

Please **Mark/Check/Star** one of the listed "additional goals," below to provide feedback to BHS on what data you'd like to see as prioritized in the future for behavioral health-related data (One Vote per Individual). Facilitators can share the types of indicators we'd be looking out on a county level vs. state level.

Priority Statewide Goals for Improvement

Access to Care	Homelessness
Institutionalization	Justice-Involvement
Removal of Children from Home	Untreated Behavioral Health Conditions
Additional County-Selected Goal	

Additional Goals to Address

Care Experience

Engagement in School

Engagement in Work

Overdoses

Prevention and Treatment of Co-Occurring Physical Health

Quality of Life

Social Connection

Suicides

Please leave any additional context or questions you may have for some of these goals below:

Domain	Measure Type	Measure	Indicator
Care Experience	Primary	Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS))	Statewide Mean: Families of Youth (0-17)
			Statewide Mean: Youths (13-17)
			Statewide Mean: Adults (18-59)
			Statewide Mean: Older Adults (60+)
	Primary	Quality Domain Score (TPS)	Adults: I Choose My Treatment Goals
			Adults: Staff Gave Me Enough Time
			Adults: Treated with Respect
			Adults: Understood Communication
			Adults: Cultural Sensitivity
			Youth: I Received the Right Services
			Youth: Treated with Respect
			Youth: Cultural Sensitivity
			Youth: Provided Family Services
Engagement in School	Primary	Twelfth graders who graduated high school on time (Kids Count)	Total
	Supplemental	Meaningful Participation at School (California Health Kids Survey (CHKS))	Total
	Supplemental	Student Chronic Absenteeism Rate (Data Quest)	Total
Engagement in Work	Primary	Unemployment rate (California Employment Development Department (CA EDD))	Total
	Supplemental	Unable to work due to mental problems (California Health Interview Survey (CHIS))	Total
Overdoses	Primary	All Drug-Related Overdose Deaths (California Department of Public Health (CDPH))	Total
	Supplemental	All-Drug Related Overdose Emergency Department Visits (CDPH)	Total
Prevention And Treatment of Co-Occurring Physical Health Conditions	Primary	Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS)	Adult access
			Child access
	Supplemental	Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS)	Adults-diabetes screening
			Children/youth-metabolic monitoring
Quality Of Life	Primary	Perception of Functioning Domain Score (CPS)	Statewide Mean: Families of Youth (0-17)
			Statewide Mean: Youths (13-17)
			Statewide Mean: Adults (18-59)
			Statewide Mean: Older Adults (60+)
	Supplemental	Poor Mental Health days reported (Behavioral RiskFactor Surveillance System (BRFSS))	Total
Social Connection	Primary	Perception of Social Connectedness Domain Score (CPS)	Statewide Mean: Families of Youth (0-17)
			Statewide Mean: Youths (13-17)
			Statewide Mean: Adults (18-59)
			Statewide Mean: Older Adults (60+)
	Supplemental	Caring Adult Relationships at School (CHKS)	Total
Suicides	Primary	Suicide deaths	Total
	Supplemental	Non-fatal Emergency Department visits due to self -harm	Total

Land Acknowledgement

> We acknowledge that the San Diego region is made up of the traditional lands of the Kumeyaay, Luiseño/Payómkaichum, Cahuilla and Cupeño/Kuupangaxwichem Peoples.
>
> We acknowledge the harmony that existed among the land, nature, and its original Peoples, who have since endured displacement, persecution, and systemic oppression.
>
> We pay our respect to the unceded territory and homelands of the 18 federally recognized tribes in our region.
>
> We honor the ancestral grounds and sovereignty of the Tribal Nations, whose resilience and strength inspire forward movement towards more equitable and sustainable programs, policies, and practices.

Behavioral Health Services (BHS) & Behavioral Health Services Act (BHSA)

What to Know About Today?

Agenda:

- Brief overview of Behavioral Health Services (BHS)
- Explaining the Behavioral Health Services Act (BHSA) & Goals
- Behavioral Health Data Discussion

- During today's discussion, we want to hear from YOU and address your questions related to the data being shared, but due to time, we ask you to use this QR code to share your questions during the presentation (image to the right)
- Remind you to utilize your handouts to review some of today's key takeaways

Behavioral Health Services Mission

Advance equity and accessibility to quality behavioral health supports and care to ensure all San Diego County residents can achieve and sustain wellness.

Behavioral Health Services: Our Role

CONTRACTOR

We fund various behavioral health services through contracts with community partners and providers.

SERVICE PROVIDER

We directly provide services at San Diego County Psychiatric Hospital, Edgemoor, and mental health clinics throughout the region.
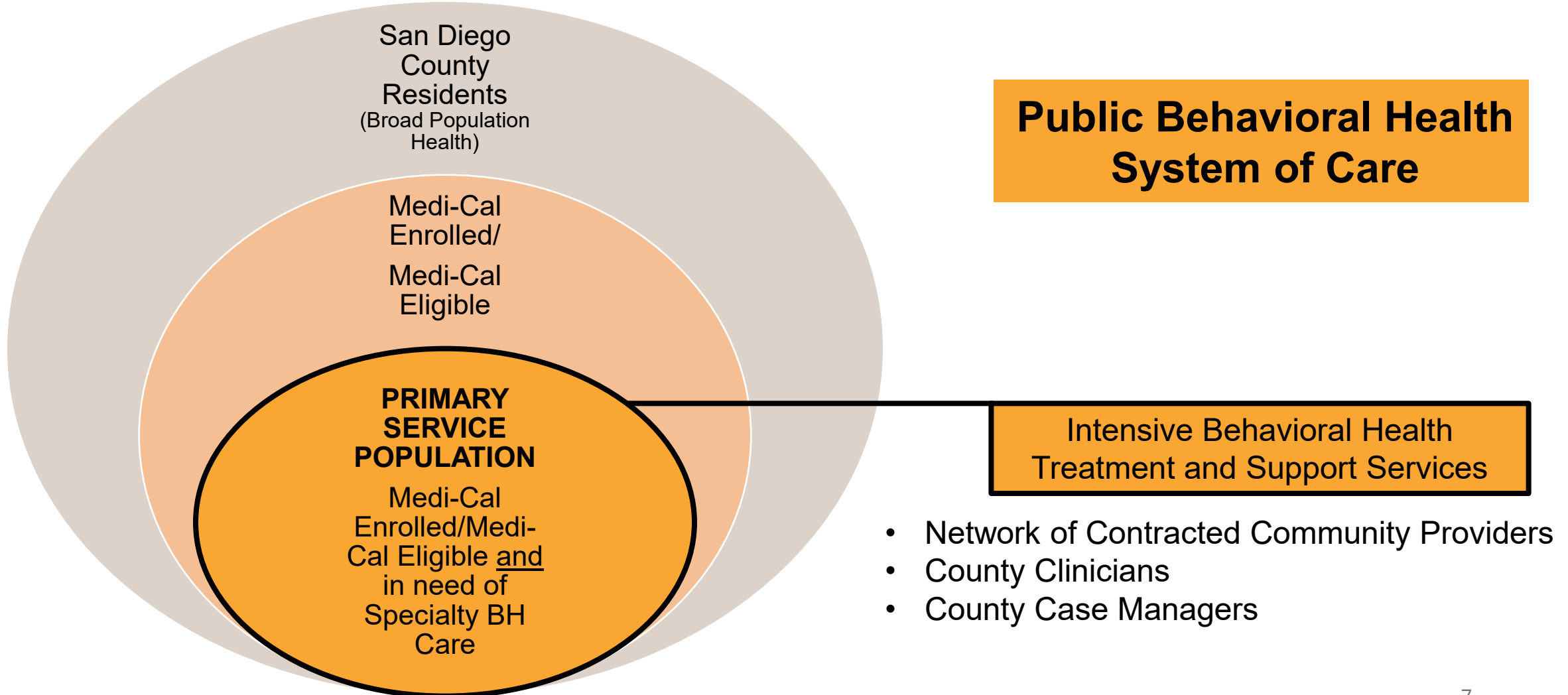
HEALTH PLAN

We serve as the Specialty Mental Health Plan for people enrolled in Medi-Cal with a serious mental illness.

PUBLIC HEALTH

We assess behavioral health at the population level and do what we can to address regional trends, working closely with our Public Health partners

Behavioral Health Services: Who We Serve

San Diego County Residents (Broad Population Health)

Medi-Cal Enrolled/

Medi-Cal Eligible

PRIMARY SERVICE POPULATION

Medi-Cal Enrolled/Medi-Cal Eligible <u>and</u> in need of Specialty BH Care

Public Behavioral Health System of Care

Intensive Behavioral Health Treatment and Support Services

- Network of Contracted Community Providers
- County Clinicians
- County Case Managers

Behavioral Health Services Act (BHSA)

- Established via Proposition 1 (passed by CA voters in March 2024)

- Replaces existing Mental Health Services Act (MHSA); Changes in funding

Main goals:

1. Reach and serve high need priority populations (e.g., justice involved, those experiencing homelessness, among others)

2. Increase access to substance use disorder services, housing interventions, and evidence-based and community-defined practices

3. Expand behavioral health workforce

4. Focus on outcomes, transparency, accountability, and equity

➤ **Emphasis on Data**

Behavioral Health Services Act: Population Behavioral Health Goals

Data Measures

Counts

- **A measure indicating an amount (e.g., individuals, items, events).**
- Example: *There are **six** HHSA regions in San Diego County.*
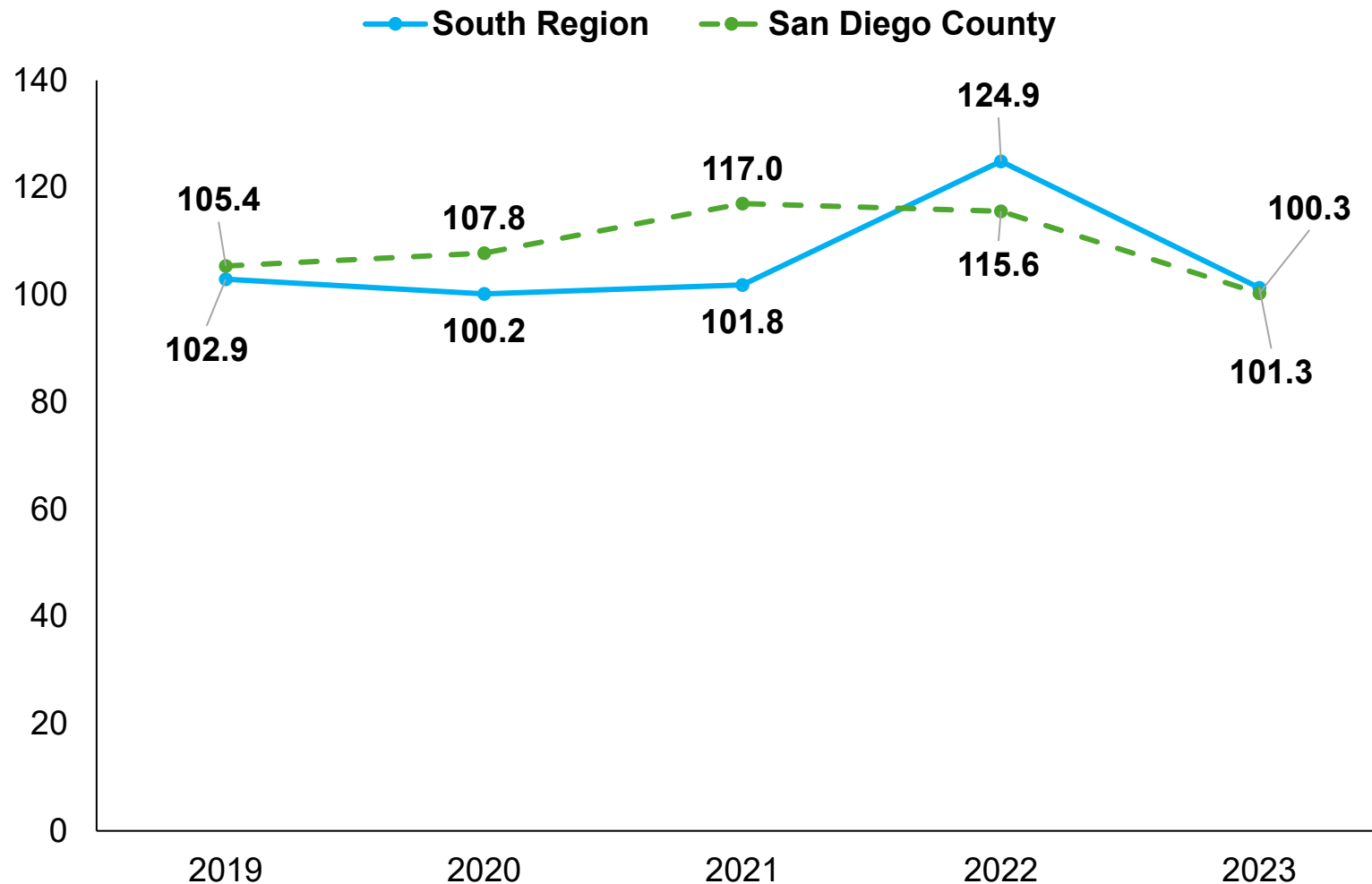
Proportions

- **The comparison of a part to the whole (e.g., percentage, fraction).**
- Example: *In 2023, **54%** of adults residing in San Diego County reported that they had tried marijuana or hashish during their lifetime.*
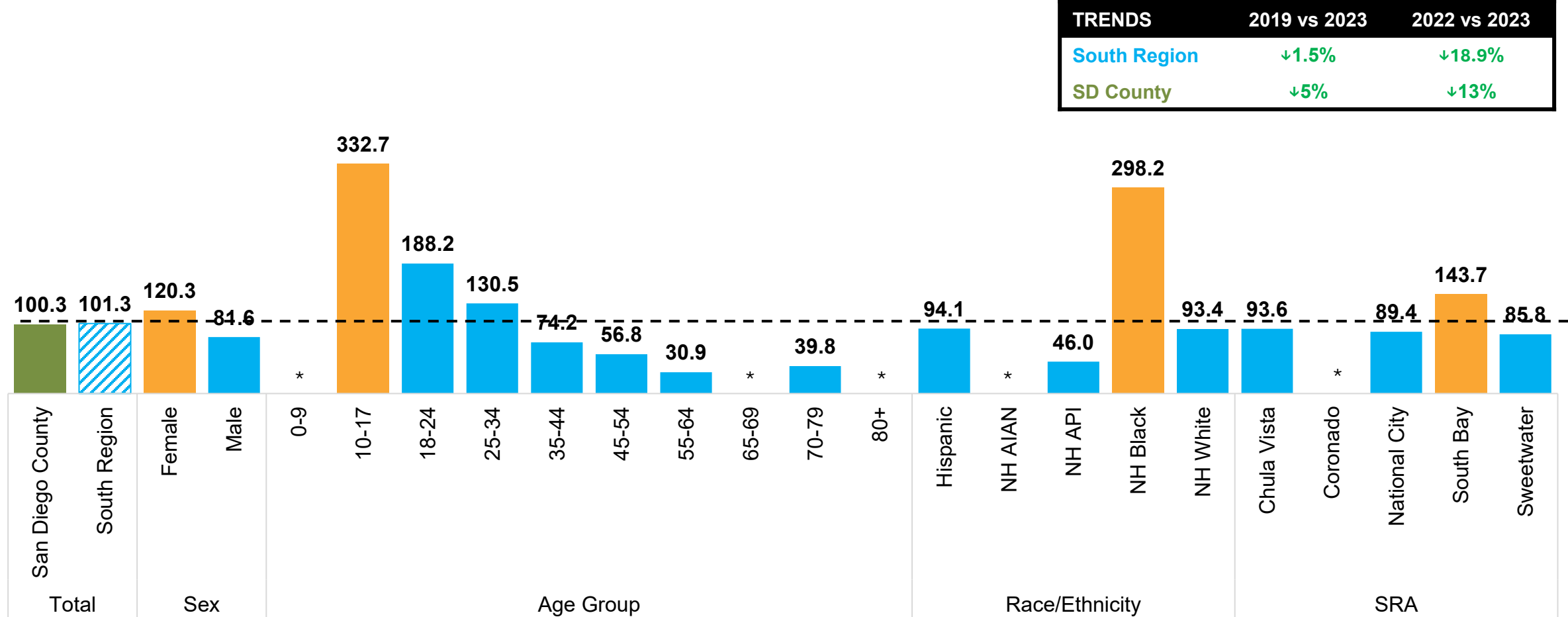
Rates

- **A measure of the frequency showing how often an event occurs in a defined population over a specified period of time.**
- Example: During 2023, the rate of emergency department encounters involving serious mental illness among San Diego County residents was **2,872.3 encounters per 100,000 population**.

Suicide Attempts and Intentional Self-Harm
Emergency Department Encounter Rates, 2019-2023

Legend: ● South Region ●--- San Diego County

2019-2023, % change	
South Region	-1.5% ⬇
San Diego County	-5% ⬇

San Diego County values: 105.4, 107.8, 117.0, 115.6, 100.3

South Region values: 102.9, 100.2, 101.8, 124.9, 101.3

Y-axis: 0, 20, 40, 60, 80, 100, 120, 140

X-axis: 2019, 2020, 2021, 2022, 2023

Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Suicide Attempts and Intentional Self-Harm
Emergency Department Encounter Rates, 2023

TRENDS	2019 vs 2023	2022 vs 2023
South Region	↓1.5%	↓18.9%
SD County	↓5%	↓13%

Total:
- San Diego County: 100.3
- South Region: 101.3

Sex:
- Female: 120.3
- Male: 81.6

Age Group:
- 0-9: *
- 10-17: 332.7
- 18-24: 188.2
- 25-34: 130.5
- 35-44: 74.2
- 45-54: 56.8
- 55-64: 30.9
- 65-69: *
- 70-79: 39.8
- 80+: *

Race/Ethnicity:
- Hispanic: 94.1
- NH AIAN: *
- NH API: 46.0
- NH Black: 298.2
- NH White: 93.4

SRA:
- Chula Vista: 93.6
- Coronado: *
- National City: 89.4
- South Bay: 143.7
- Sweetwater: 85.8

Rate per 100,000 residents. *Rates with counts < 11 were suppressed. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)
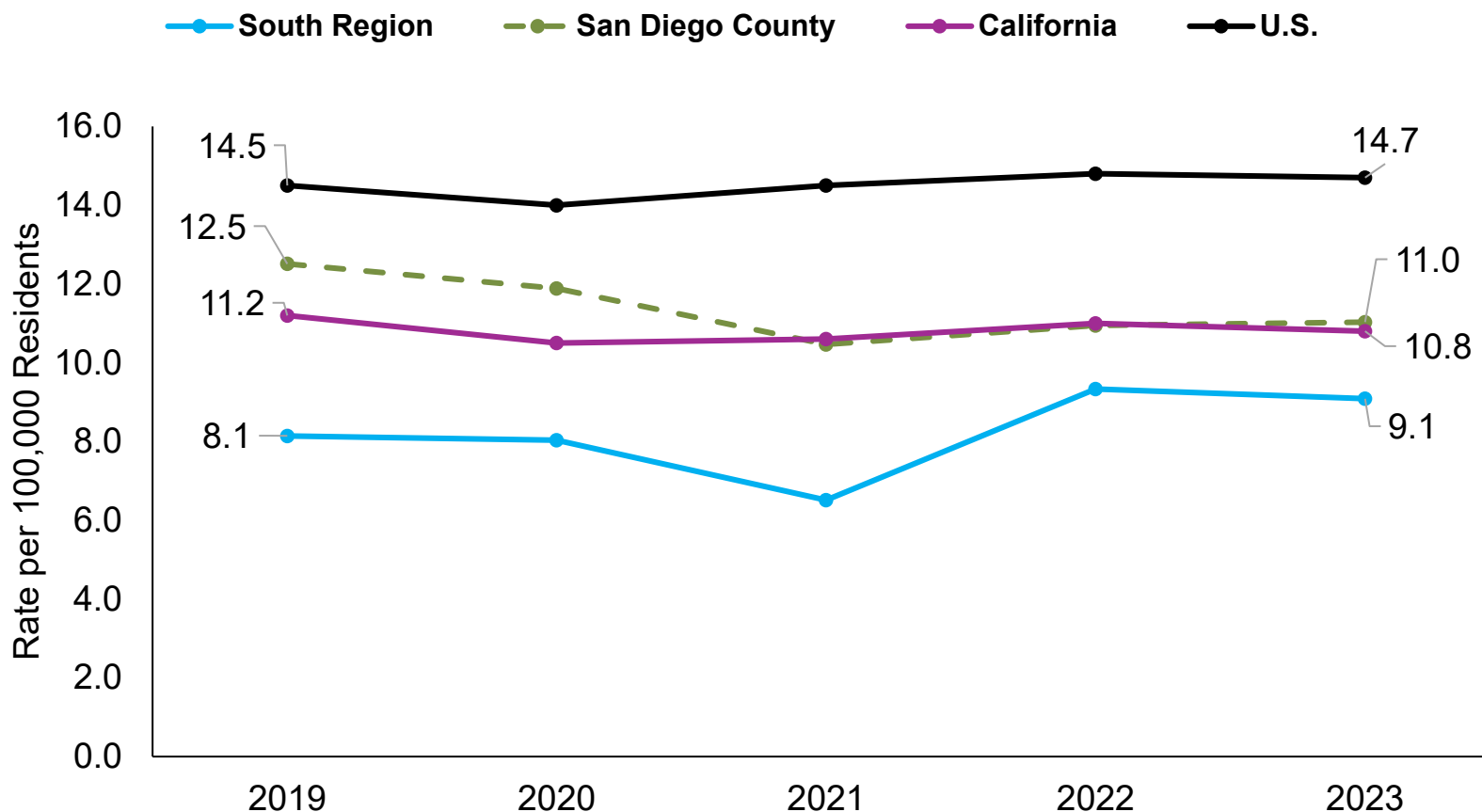
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Considered Suicide in Past 12 Months
Percent Reported by 9th Graders, San Diego County, 2021-2023

Category	Group	Percent
	San Diego County	15%
Gender	Female	18%
	Male	9%
	Nonbinary	48%
	Something else	43%
Gender Identity	Not Transgender	13%
	Transgender	53%
	Not Sure if Transgender	41%
Sexual Orientation	Lesbian/Gay/Bisexual	38%
	Straight/Heterosexual	9%
	Not Sure	23%
Race/Ethnicity	NH Black	15%
	NH AIAN	18%
	NH Asian	16%
	Hispanic	14%
	NH Pacific Islander	19%
	NH White	14%
	Multiracial	20%
Living Situation	Home with One or More Parent/Guardian	14%
	Foster Home	42%
	Homeless	21%
	Other Living Arrangement	20%

AI/AN = American Indian/Alaska Native. Foster home includes foster home, group care, or waiting placement. Homeless includes friend's home, hotel or motel, shelter, car, campground, or other transitional or temporary housing. Other living arrangement includes other relative's home, a home with more than one family, or other living arrangement. Source: California Healthy Kids Survey, 2021-2023. Accessed online 5/23/25 at https://calschls.org/reports-data/public-dashboards
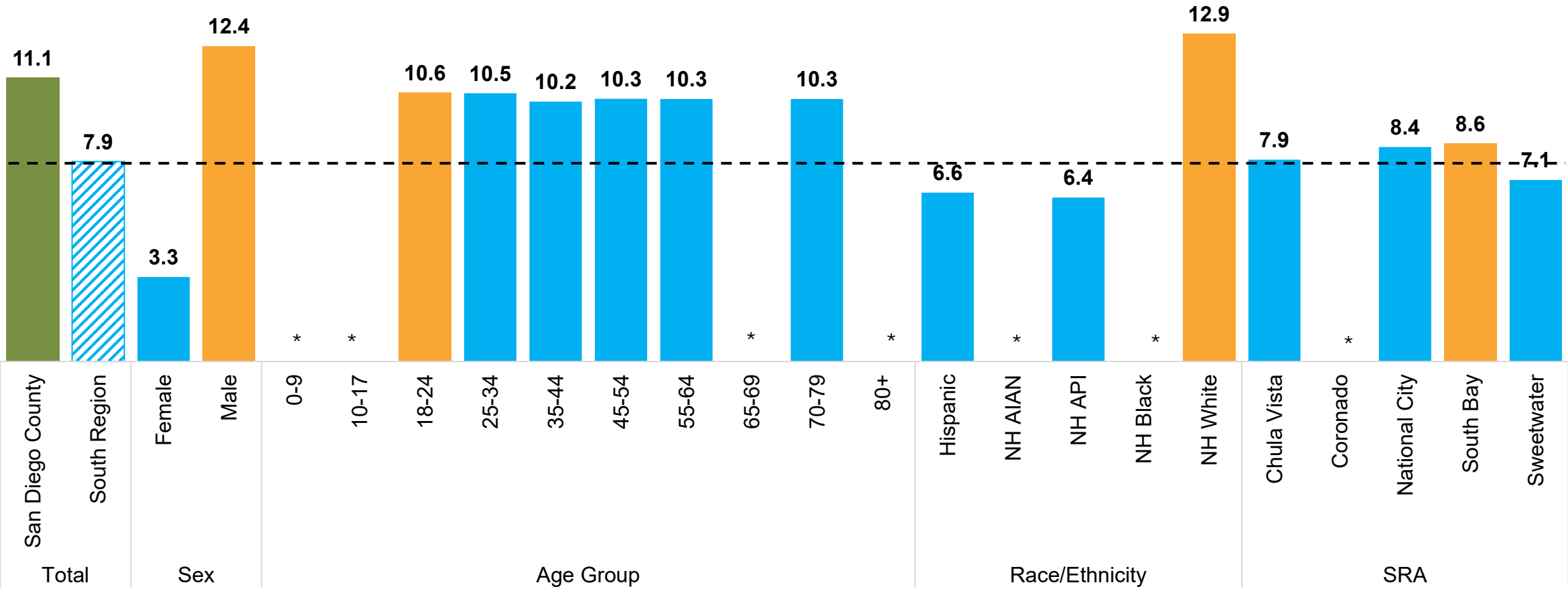
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Suicide Deaths
Rate Comparisons, 2019-2023

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Legend: South Region — San Diego County — California — U.S.

Rate per 100,000 Residents

Year	U.S.	San Diego County	California	South Region
2019	14.5	12.5	11.2	8.1
2023	14.7	11.0	10.8	9.1

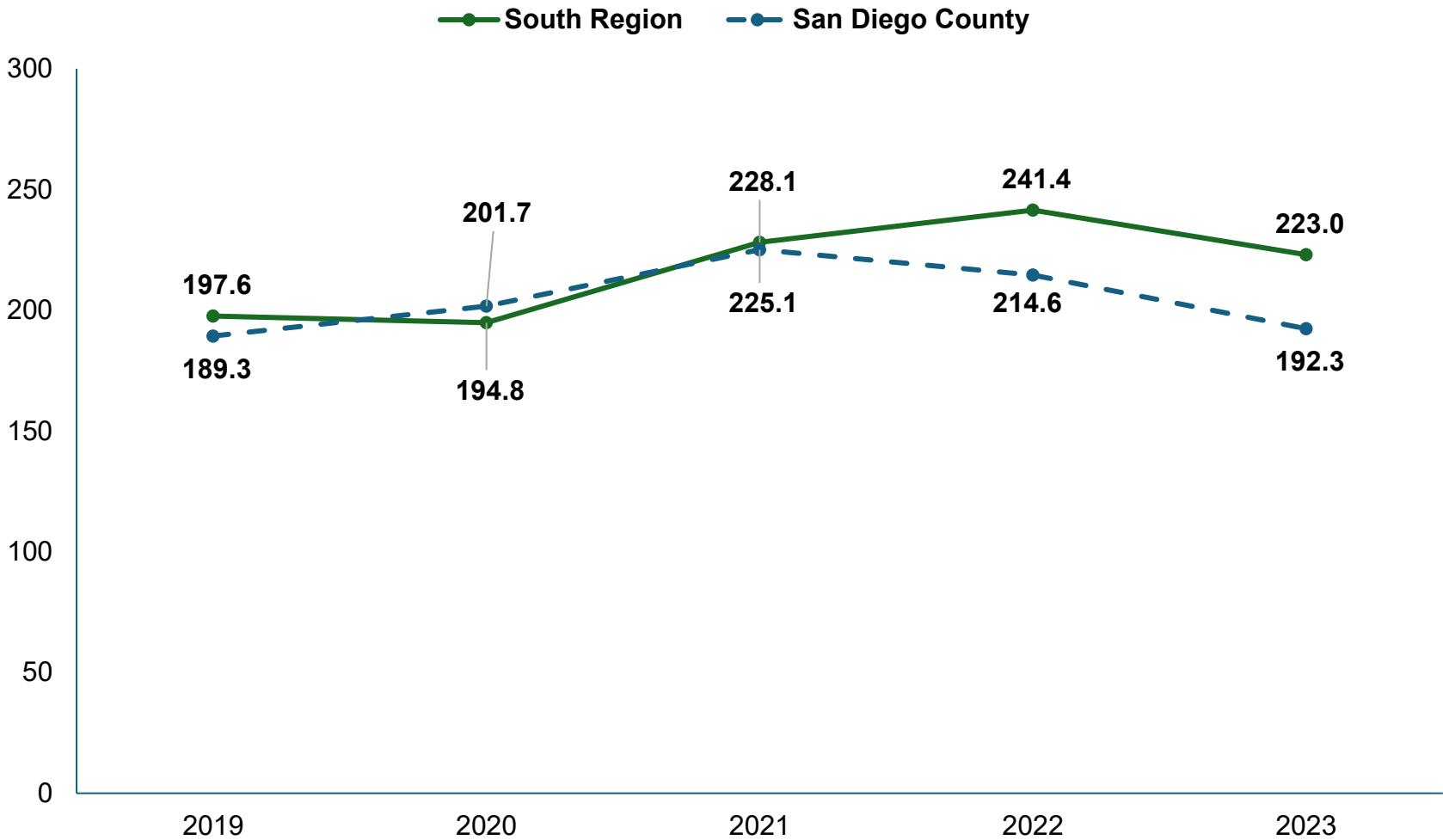| 2019-2023, % change		
Region	-13%	⬇
San Diego County	-12%	⬇
California	- 4%	⬇

Suicide Deaths
Pooled Total Rates, 2020-2024

Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2020-2024. (5/15/25) Vital Records deaths include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of CA. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of CA. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Nonfatal Overdose
Emergency Department Encounter Rates, 2019-2023

Legend: — South Region (solid green), - - San Diego County (dashed blue)

2019-2023, % change	
South Region	+13% ↑
San Diego County	+2% ↑

Chart data:

South Region: 2019: 197.6, 2020: 194.8, 2021: 228.1, 2022: 241.4, 2023: 223.0

San Diego County: 2019: 189.3, 2020: 201.7, 2021: 225.1, 2022: 214.6, 2023: 192.3

Y-axis: 0, 50, 100, 150, 200, 250, 300

X-axis: 2019, 2020, 2021, 2022, 2023

Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

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Nonfatal Overdose
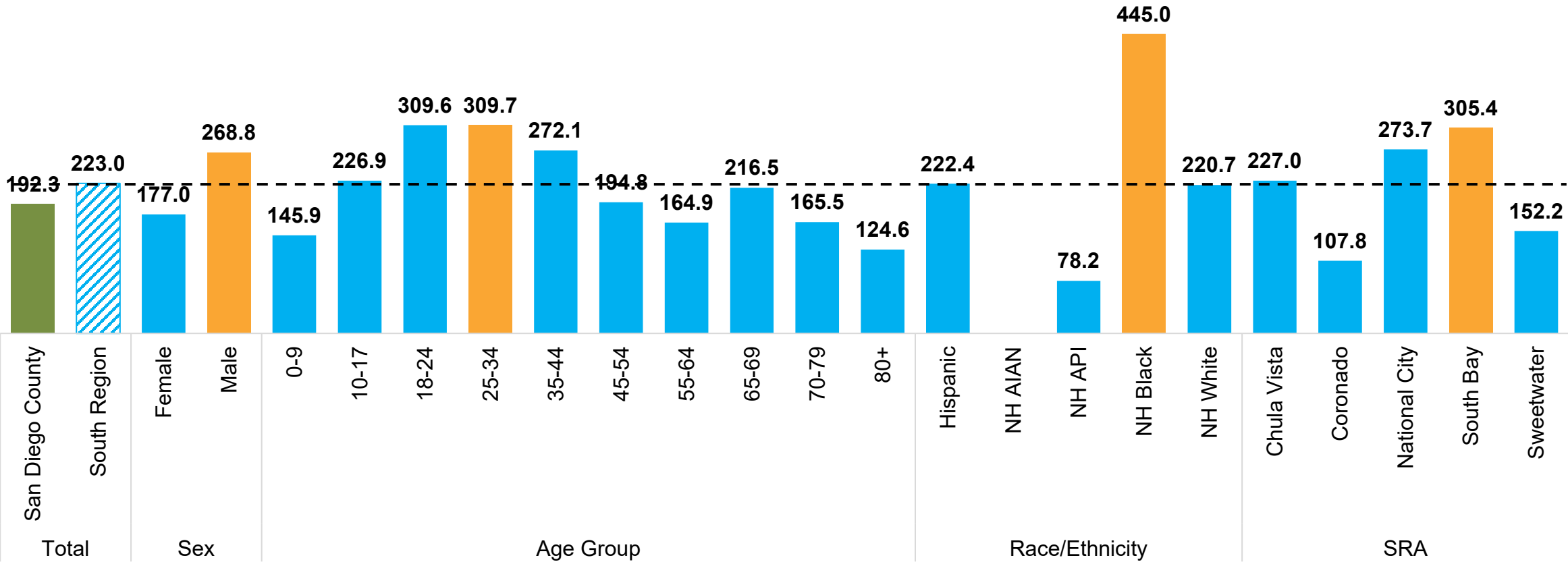## Emergency Department Encounter Rates, 2023

Mesa

TRENDS	2019 vs 2023	2022 vs 2023
South Region	↑13%	↓8%
SD County	↑2%	↓10%

Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)
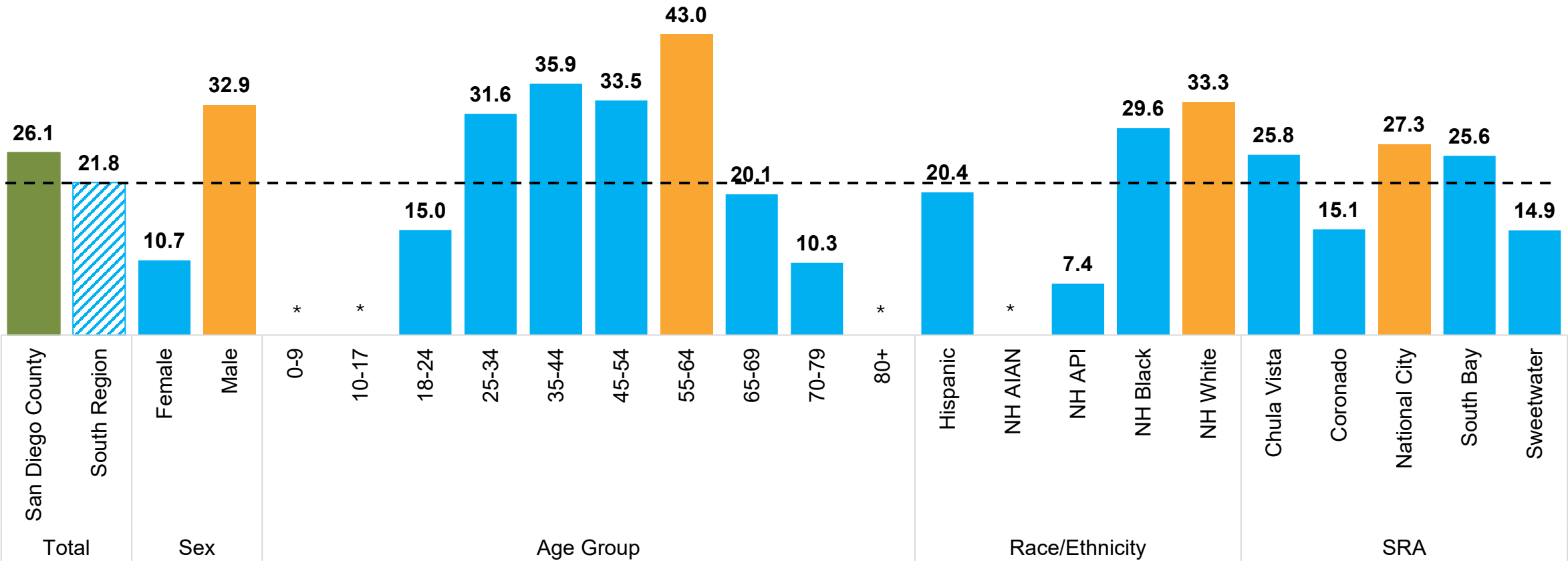
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Overdose Deaths
Rate Comparisons, 2019-2023

Legend: South Region, San Diego County, California, U.S.
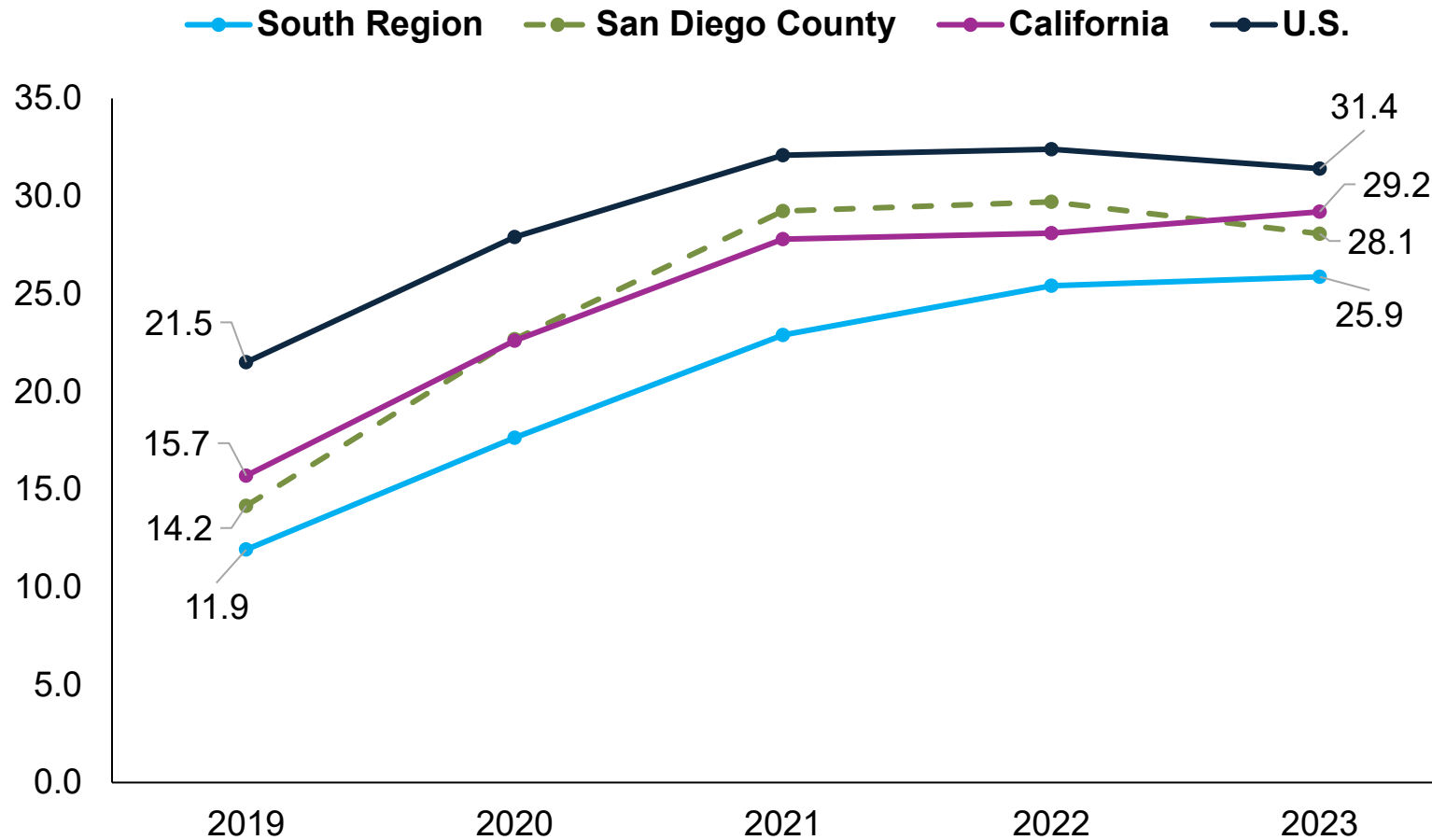
2019-2023, % change	
South Region	+117% ⬆
San Diego County	+98% ⬆
California	+86% ⬆

Rate per 100,000 residents. San Diego County rates are from vital records data to be consistent with the rest of the report. California and United States rates are from CDC Wonder. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. (5/15/25) Vital Records deaths include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of CA. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of CA. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released 2021.Underlying Cause of Death by Single Race 2018-2023 on CDC WONDER Online Database, released 2025. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed 4/2025.

Overdose Deaths
Pooled Total Rates, 2020-2024

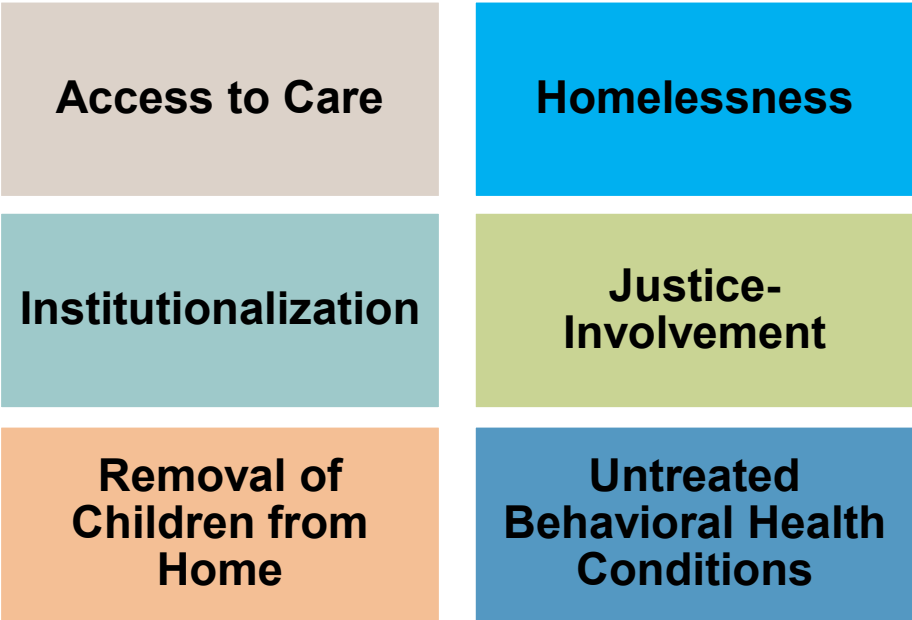|	Rate
Total	
San Diego County	26.1
South Region	21.8
Sex	
Female	10.7
Male	32.9
Age Group	
0-9	*
10-17	*
18-24	15.0
25-34	31.6
35-44	35.9
45-54	33.5
55-64	43.0
65-69	20.1
70-79	10.3
80+	*
Race/Ethnicity	
Hispanic	20.4
NH AIAN	*
NH API	7.4
NH Black	29.6
NH White	33.3
SRA	
Chula Vista	25.8
Coronado	15.1
National City	27.3
South Bay	25.6
Sweetwater	14.9

Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2024. (5/15/25) Vital Records deaths include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of CA. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of CA. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

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BHSA – Population Behavioral Health Goals

Priority Statewide Goals for Improvement

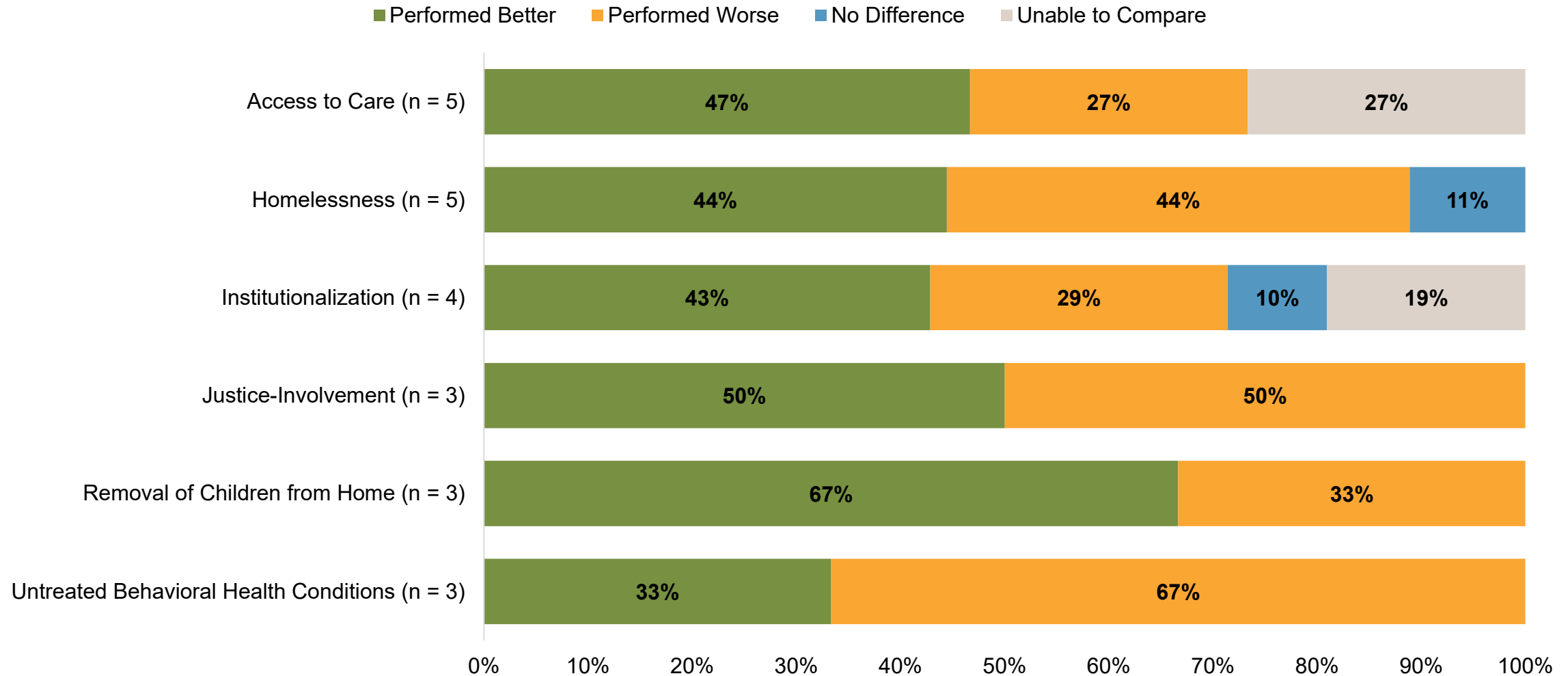| Access to Care	Homelessness
Institutionalization	Justice-Involvement
Removal of Children from Home	Untreated Behavioral Health Conditions

Additional County-Selected Goal

Additional Goals to Address

- Care Experience
- Engagement in School
- Engagement in Work
- Overdoses
- Prevention and Treatment of Co-Occurring Physical Health Conditions
- Quality of Life
- Social Connection
- Suicides

BHSA – Priority Statewide Goals
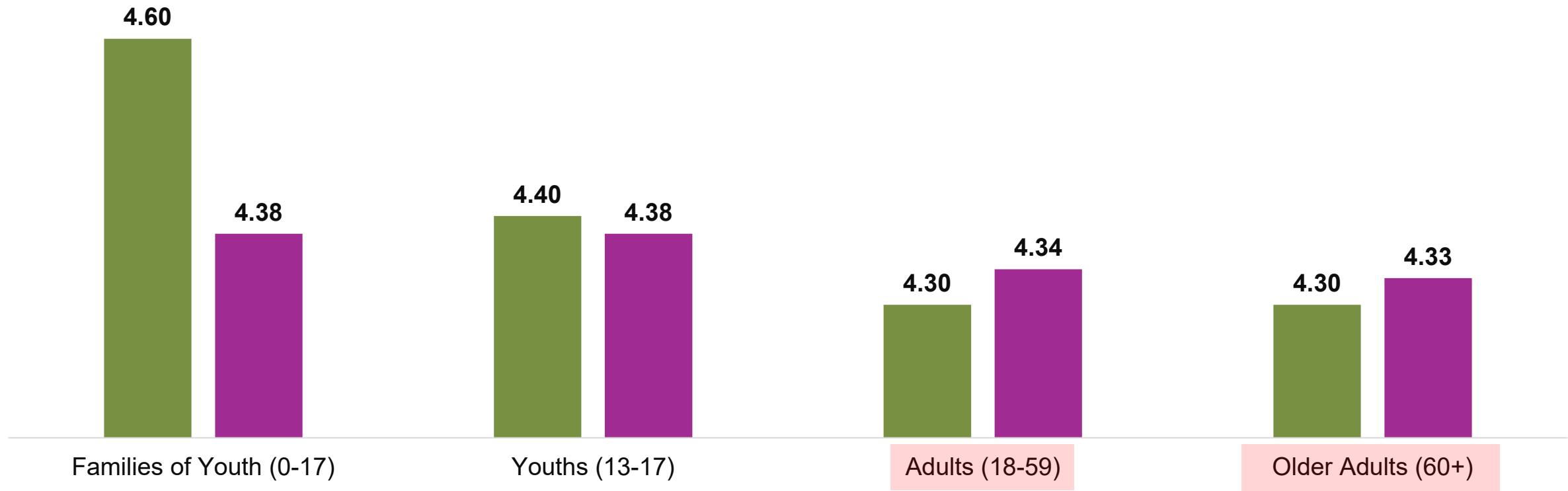## San Diego County's Performance vs. California

Legend: Performed Better | Performed Worse | No Difference | Unable to Compare

Goal	Performed Better	Performed Worse	No Difference	Unable to Compare
Access to Care (n = 5)	47%	27%		27%
Homelessness (n = 5)	44%	44%	11%	
Institutionalization (n = 4)	43%	29%	10%	19%
Justice-Involvement (n = 3)	50%	50%		
Removal of Children from Home (n = 3)	67%	33%		
Untreated Behavioral Health Conditions (n = 3)	33%	67%		

Care Experience
Perception of Cultural Appropriateness of Services

Consumer Perception Survey (CPS) Average Scores, 2023

■ San Diego County   ■ California

	San Diego County	California
Families of Youth (0-17)	4.60	4.38
Youths (13-17)	4.40	4.38
Adults (18-59)	4.30	4.34
Older Adults (60+)	4.30	4.33

Scoring: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

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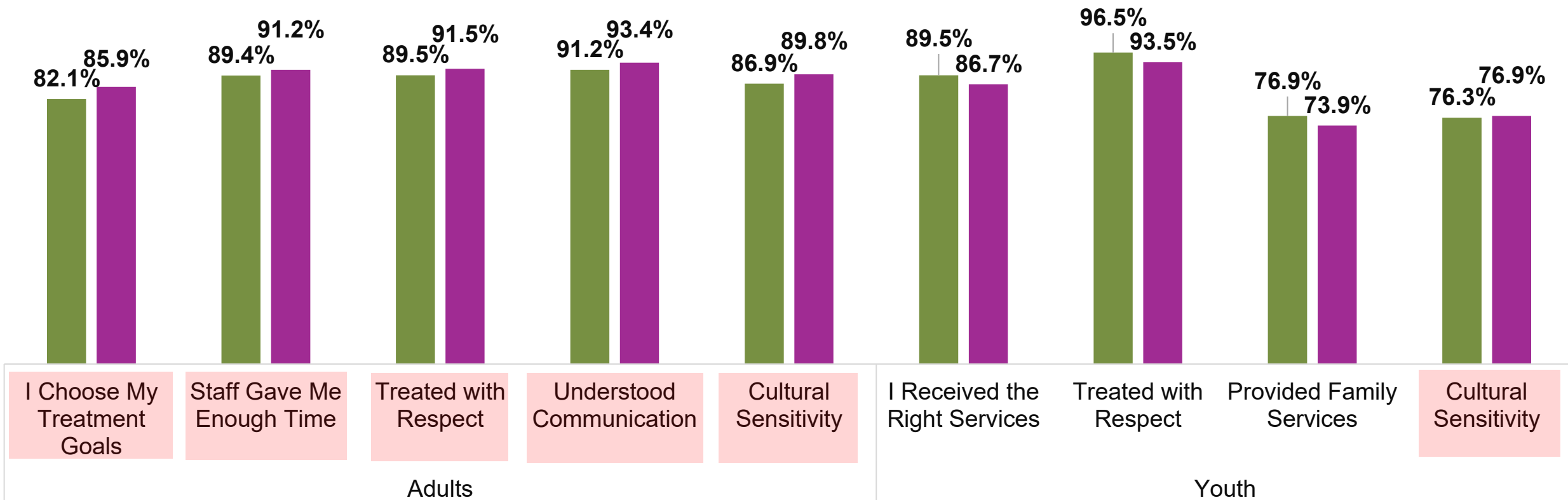Source: California Department of Healthcare Services (DHCS) County Performance Workbook

Care Experience
Perception of Quality of Services

Percent of Individuals who "Agree" or "Strongly Agree" with the Following Statements, Treatment Perception Survey (TPS), 2023
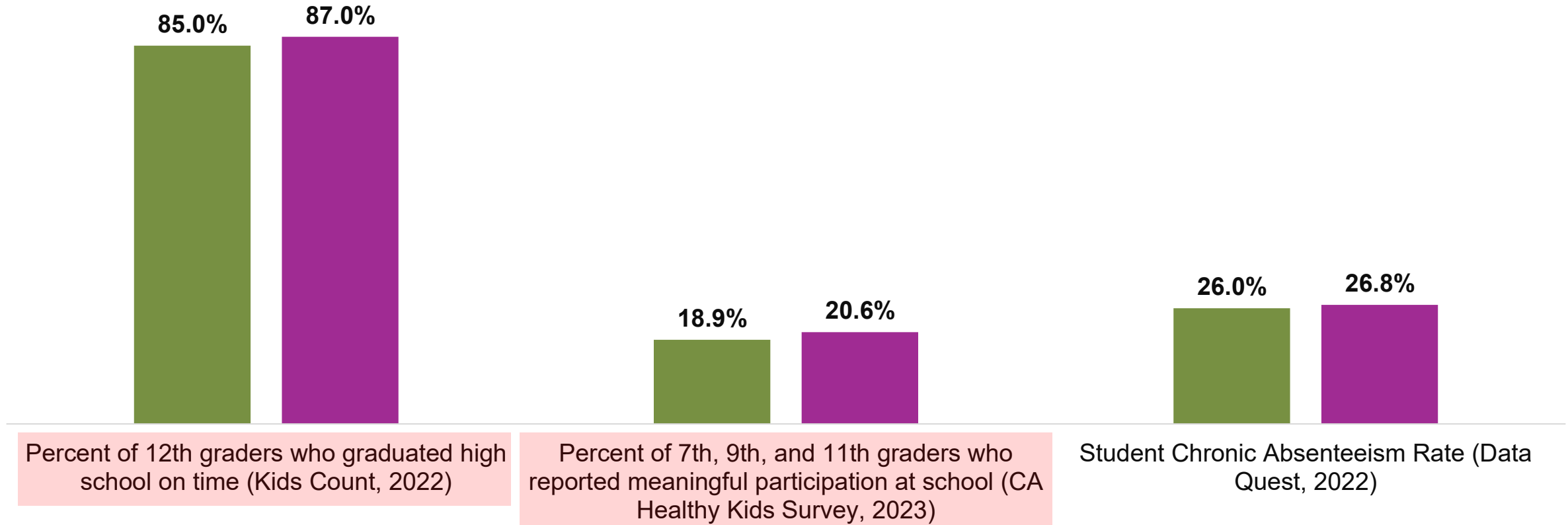
■ San Diego County ■ California

Adults
- I Choose My Treatment Goals: San Diego County 82.1%, California 85.9%
- Staff Gave Me Enough Time: San Diego County 89.4%, California 91.2%
- Treated with Respect: San Diego County 89.5%, California 91.5%
- Understood Communication: San Diego County 91.2%, California 93.4%
- Cultural Sensitivity: San Diego County 86.9%, California 89.8%

Youth
- I Received the Right Services: San Diego County 89.5%, California 86.7%
- Treated with Respect: San Diego County 96.5%, California 93.5%
- Provided Family Services: San Diego County 76.9%, California 73.9%
- Cultural Sensitivity: San Diego County 76.3%, California 76.9%
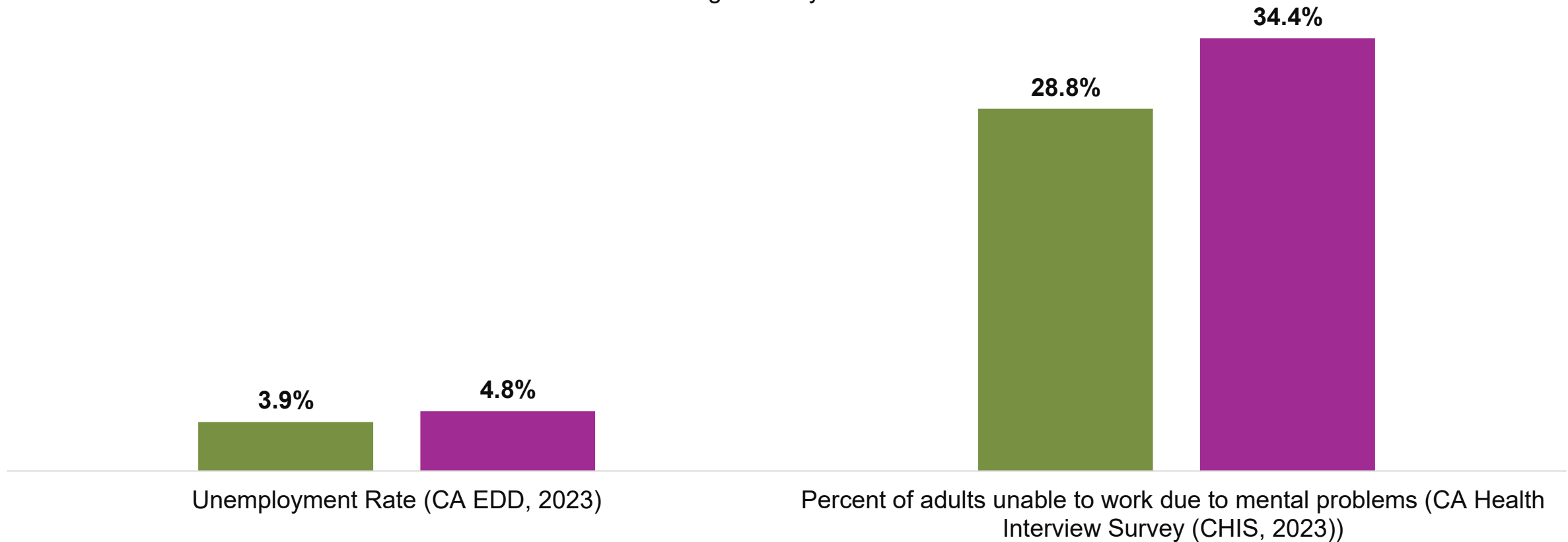
23

Engagement in Work
Unemployment Rate & Unable to Work Due to Mental Problems

Unemployment Rate and Percent of Adults Unable to Work Due to Mental Problems, 2023
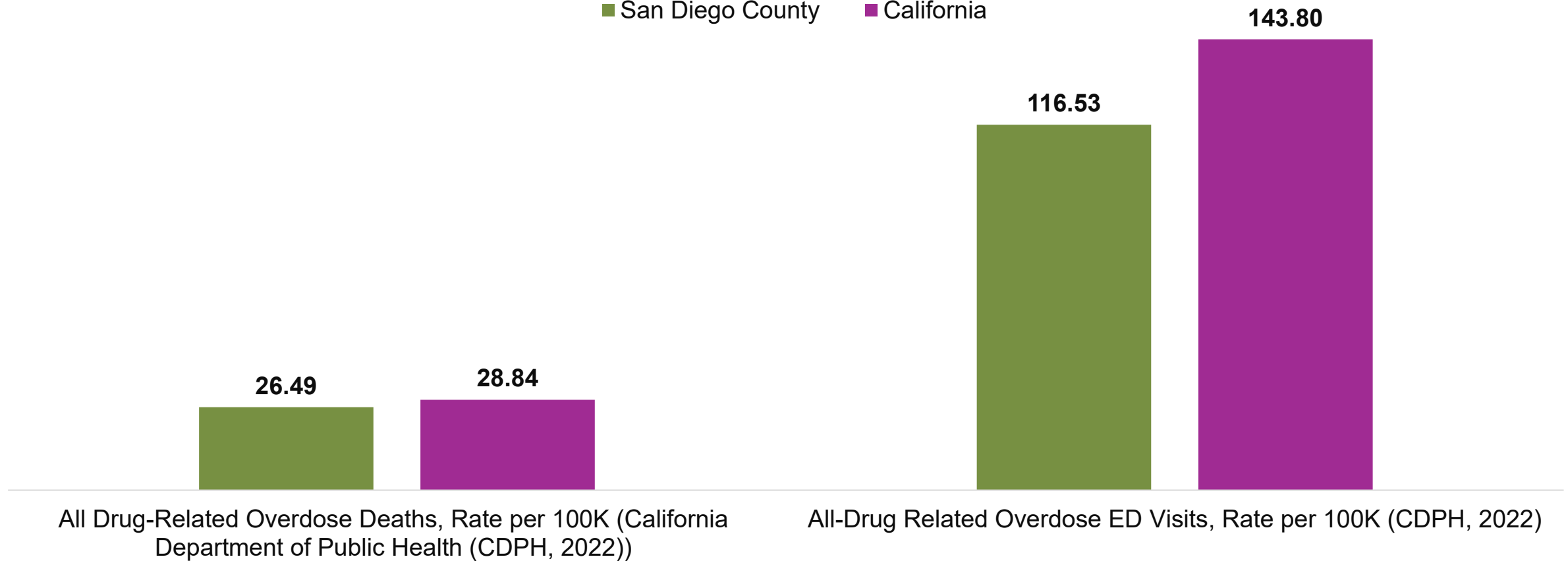
■ San Diego County　■ California

- 3.9% / 4.8% — Unemployment Rate (CA EDD, 2023)
- 28.8% / 34.4% — Percent of adults unable to work due to mental problems (CA Health Interview Survey (CHIS, 2023))

Source: California Department of Healthcare Services (DHCS) County Performance Workbook

Overdose
All Drug-Related Overdose Deaths & Emergency Department Visit Rates

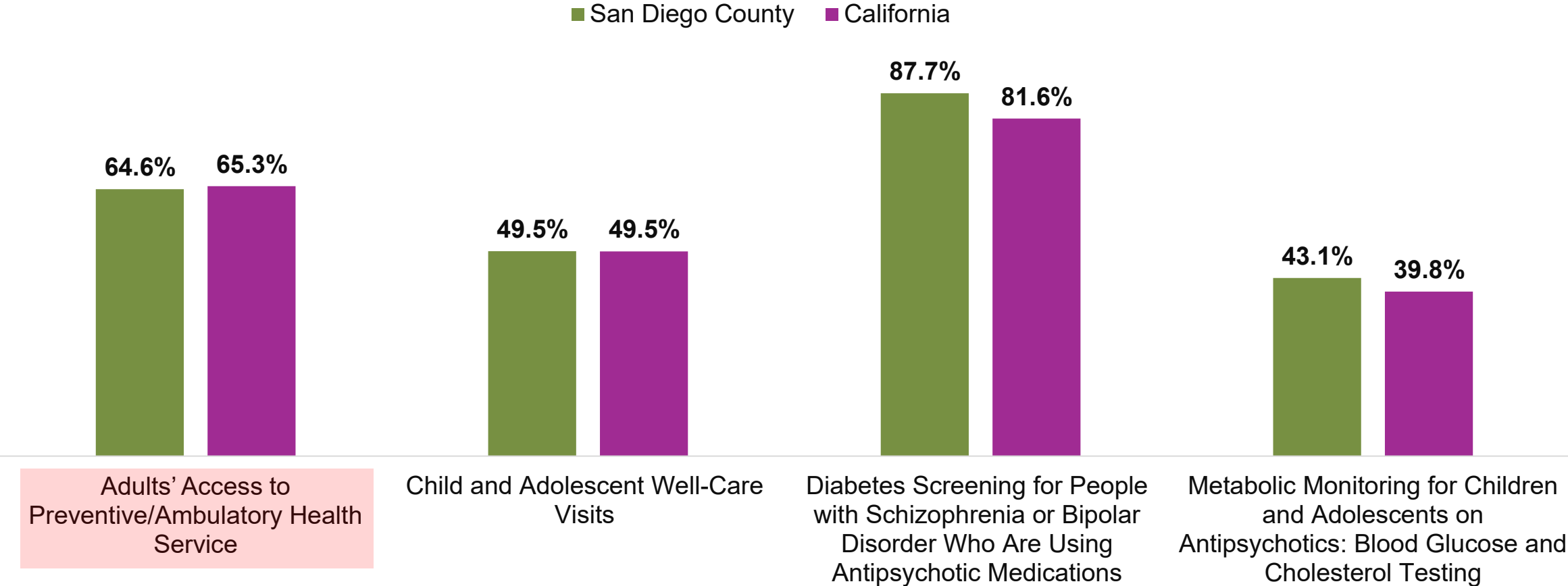**Overdose Death and Emergency Department Visit Rates, 2022**

■ San Diego County   ■ California

143.80

116.53

26.49   28.84

All Drug-Related Overdose Deaths, Rate per 100K (California Department of Public Health (CDPH, 2022))

All-Drug Related Overdose ED Visits, Rate per 100K (CDPH, 2022)

Source: California Department of Healthcare Services (DHCS) County Performance Workbook

Prevention and Treatment of Co-Occurring Physical Health Conditions

**Medi-Cal Managed Care Accountability Measures,
CA Department of Healthcare Services (DHCS), 2022**

■ San Diego County   ■ California

	San Diego County	California
Adults' Access to Preventive/Ambulatory Health Service	64.6%	65.3%
Child and Adolescent Well-Care Visits	49.5%	49.5%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.7%	81.6%
Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing	43.1%	39.8%

Source: California Department of Healthcare Services (DHCS) County Performance Workbook

Quality of Life
Perception of Functioning & Poor Mental Health Days Reported

Perception of Functioning
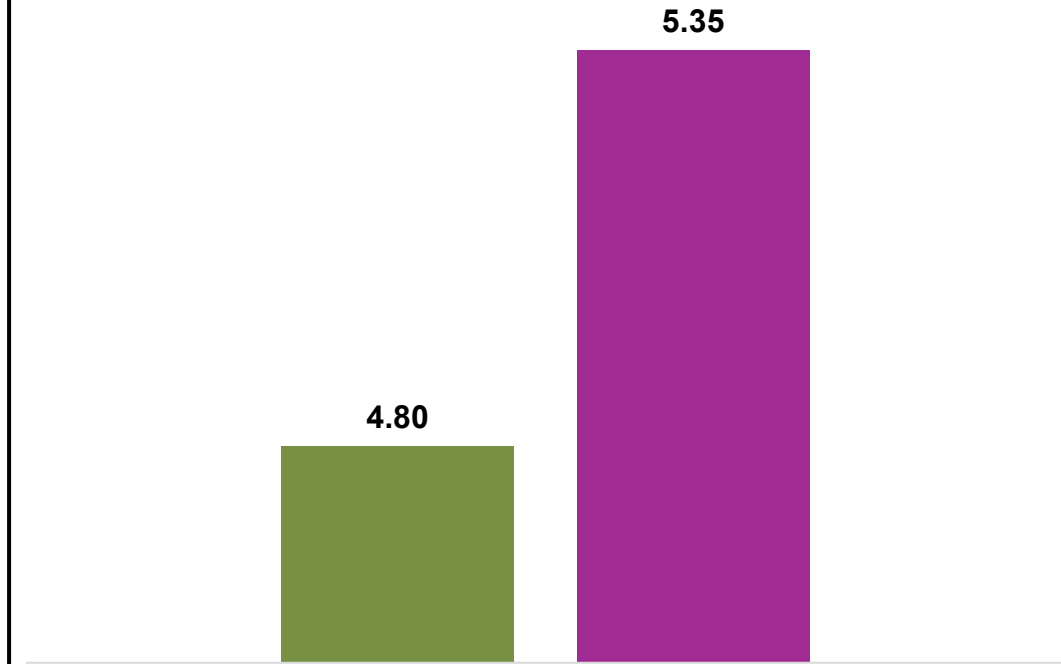**Consumer Perception Survey (CPS) Average Scores, 2024**

■ San Diego County ■ California

- Families of Youth (0-17): San Diego County 3.90, California 3.96
- Youths (13-17): San Diego County 3.90, California 3.87
- Adults (18-59): San Diego County 4.00, California 3.98
- Older Adults (60+): San Diego County 4.00, California 3.97
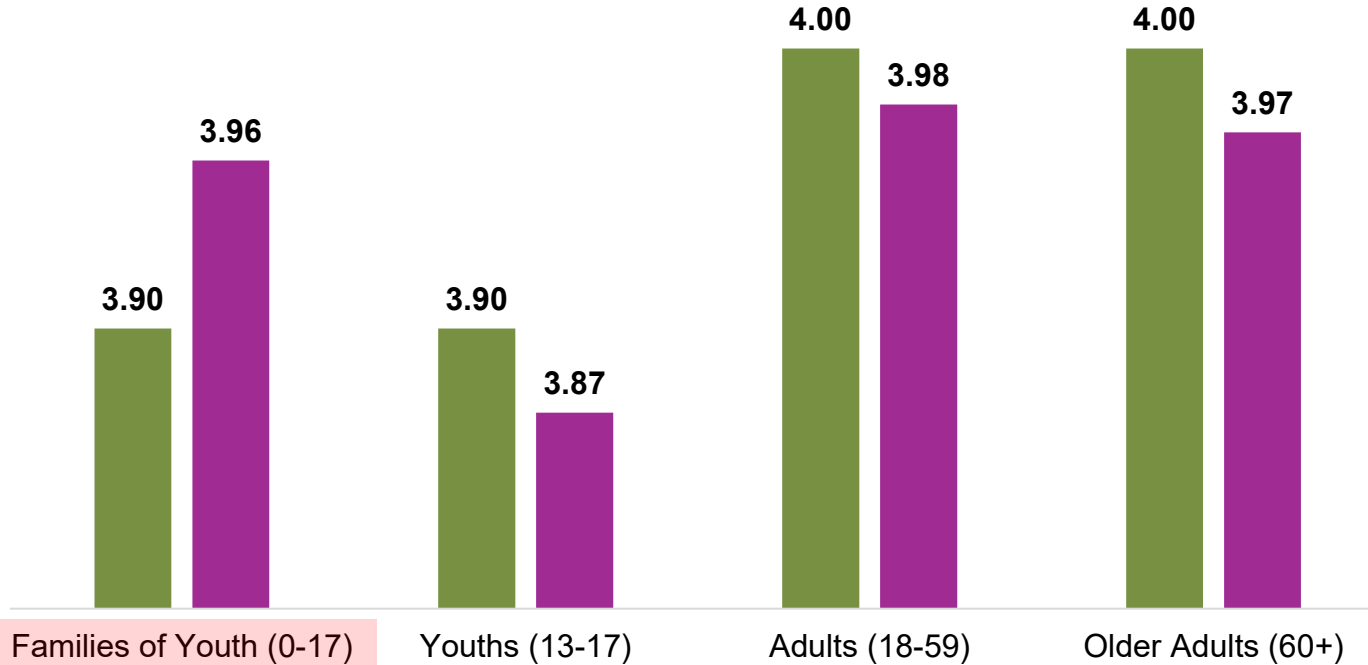
Scoring: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

Average Number of Mentally Unhealthy Days Self-Reported in Past 30 Days, Adults 18+, BRFSS, 2024

■ San Diego County ■ California

- San Diego County: 4.80
- California: 5.35

Source: California Department of Healthcare Services (DHCS) County Performance Workbook

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Social Connections
Perception of Social Connectedness & Caring Adult Relationships at School

Perception of Social Connectedness, Consumer Perception Survey (CPS) Average Scores, 2024

Legend: San Diego County, California

- Families of Youth (0-17): 4.30, 4.27
- Youths (13-17): 4.20, 4.10
- Adults (18-59): 3.90, 3.98
- Older Adults (60+): 4.00, 3.97
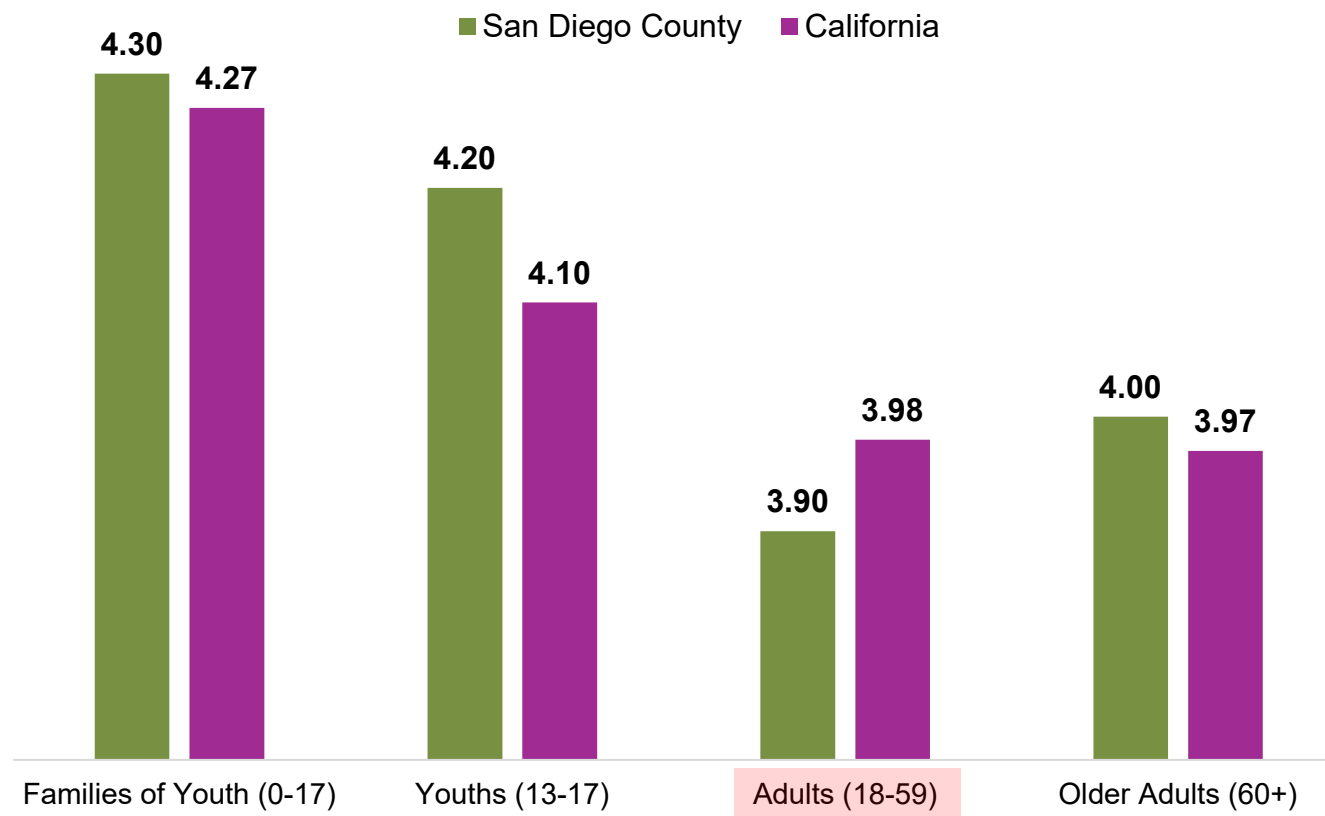
Percent of 7th, 9th, and 11th Graders who Reported Caring Adult Relationships at School, CA Healthy Kids Survey, 2023

Legend: San Diego County, California

- San Diego County: 59.0%
- California: 56.8%
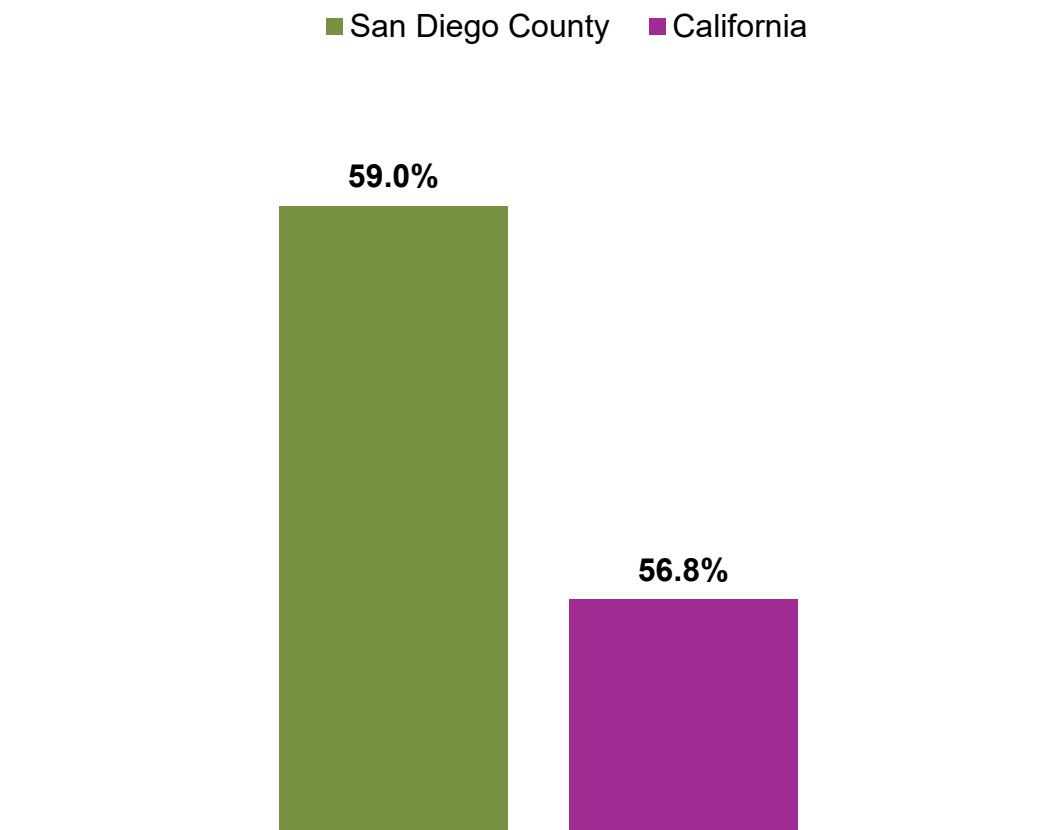
Suicide
Suicide Deaths & Non-fatal Emergency Department Visits Due to Self Harm

Suicide Death Rate and Self-Harm Emergency Department Visit Rate, 2022

■ San Diego County   ■ California

94.28

85.80

11.30   11.00

Suicide Deaths, Rate per 100K, (California Department of Public Health (CDPH, 2022))

Nonfatal Self-Harm ED Visits, Rate per 100K (CDPH, 2022)

30
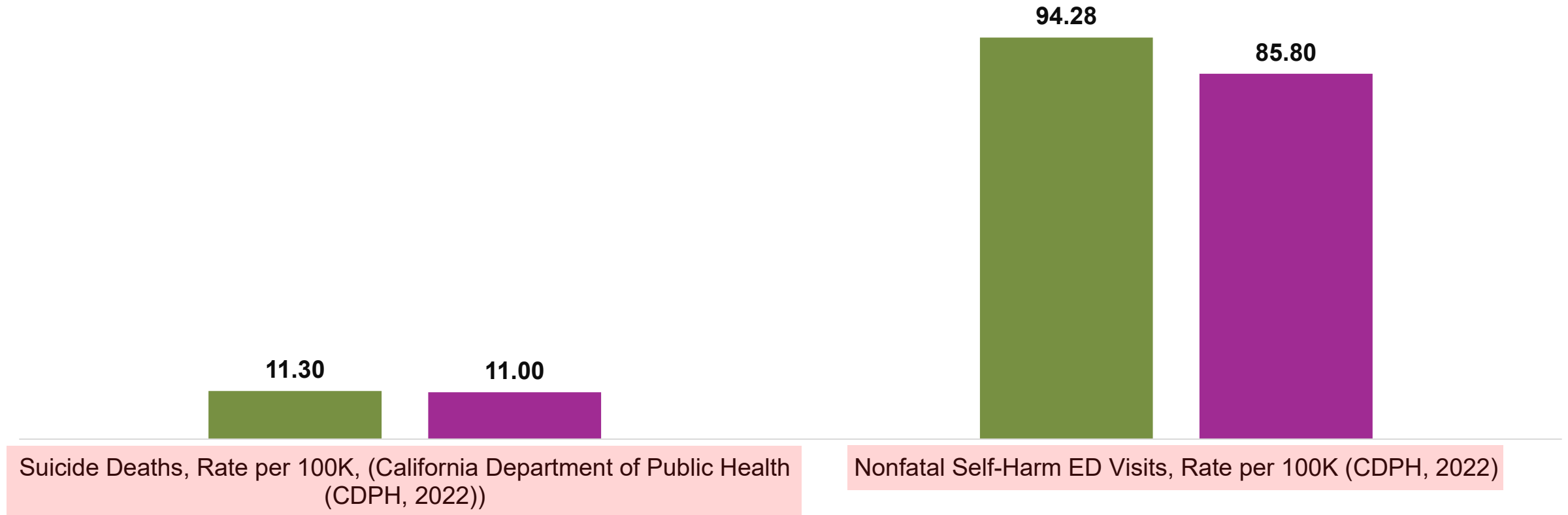
Countywide Initiatives

Binge and Underage Drinking Initiative (BUDI)
- Brings together healthcare providers, educators, prevention specialists, government officials, law enforcement, non-profit organizations, and residents to reduce substance-related harms and save lives.

https://budisd.org/
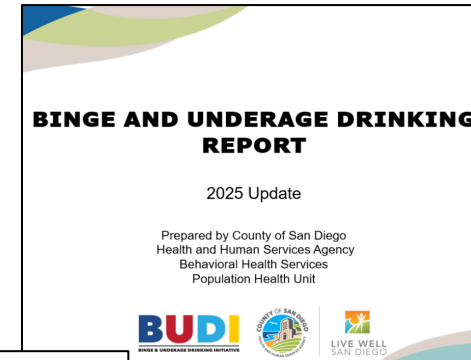
Cannabis Public Health Initiative
- Works to reduce youth access to cannabis by increasing public awareness regarding the adverse effects resulting from youth cannabis use.
- Efforts are aimed at providing the science behind youth cannabis use and its public health impacts.

https://www.ccrconsulting.org/initiatives/cannabis-public-health

Substance Use and Overdose Prevention Taskforce (SUOPT)
- Brings together healthcare providers, educators, prevention specialists, government officials, law enforcement, non-profit organizations, and residents to reduce substance-related harms and save lives.

https://www.suopt.org/

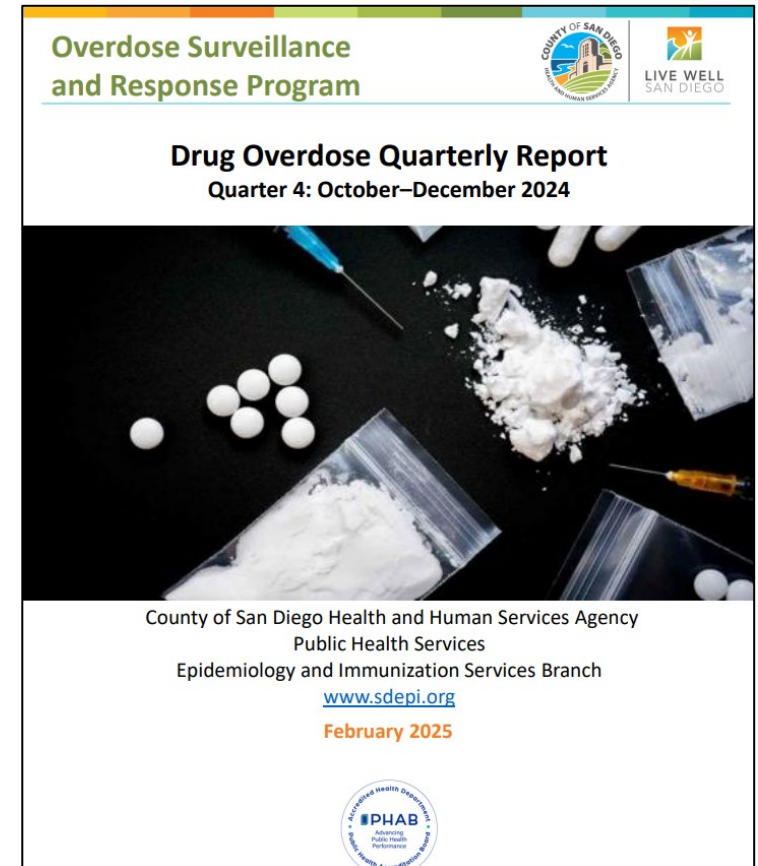# Overdose Surveillance and Response Program (OSAR)

In response to the need for a comprehensive drug overdose surveillance and response system, the County of San Diego created the Overdose Surveillance and Response (OSAR) program in the fall of 2023.

This program is a collaborative effort between County Health and Human Services Agency Public Health Services and Behavioral Health Services, with support from the County Medical Examiner's Office and County Emergency Medical Services.

The program's design is centered around three main pillars:

- Surveillance
- Investigation and Response
- Community Engagement

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/OSAR.html

Overdose Surveillance and Response Program

Drug Overdose Quarterly Report
Quarter 4: October–December 2024

County of San Diego Health and Human Services Agency
Public Health Services
Epidemiology and Immunization Services Branch
www.sdepi.org
February 2025

Additional Resources

Nationwide Mental Health Crises and Suicide Prevention, Dial 9-8-8

- Available 24 hours/7 days a week
- Confidential and free of change
- Connect individuals with trained counselors for immediate support and resources.

San Diego Access and Crisis Line (ACL), Dial: 1-888-724-7240

- Available 24 hours/7 days a week
- Confidential and free of charge
- Support and help in navigating services
- San Diego County Programs

San Diego 211 Resource Connection, Dial 2-1-1

- Available 24 hours/7 days a week
- Confidential and free of charge
- Support and help in navigating services
- Housing assistance, healthcare services, food and meal programs, crisis intervention, and more.

Mental Health & Substance Use Care: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/all_services.html

Overdose Resources: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/OSAR/community.html

Data Sources

1. **San Diego Association of Governments (SANDAG), 2018-2023 Population Estimates (v. 1/2025):** Population estimates and forecasts for the County.

2. **California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2020-2024 (v. 5/15/2025):** Non-public dataset, repository for California's birth, death, and fetal death records. Primary diagnosis unless stated otherwise.

3. **California Department of Health Care Access and Information (HCAI), Emergency Department Data and Patient Discharge Data, 2019-2023:** Non-public dataset, collects data from California-licensed hospitals and emergency departments.

4. **California Healthy Kids Survey (CHKS), 2021-2023:** Accessed online at https://calschls.org/reports-data/public-dashboards. Public dataset, school-based survey for 7th, 9th, and 11th graders.

5. **UCLA California Health Interview Survey (CHIS), 2019-2023:** Accessed online at https://ask.chis.ucla.edu/. Public dataset, CA survey led by UCLA.

Questions

Sienna Rodriguez, MPH, Epidemiologist I

Sienna.Rodriguez@sdcounty.ca.gov

Behavioral Health Services – Population Health Unit

County of San Diego, Health & Human Services Agency

BHS data presentations from year's past:

- Intention to learn from community what matters most
- What factors and conditions influence your response- snap shots
- How we utilize your feedback- Last Year - public messaging campaigns
  (School partnerships, accessibility of messages, & importance of digital engagement)

This year we seek to learn...

- What behavioral health areas/topics are you looking to learn more about?
- What factors do you believe contribute to the data that was presented today?
- How can the County and community work collaboratively to address some of these disparities?

ACTIVITY:

- Break into groups around the room with **no more than 5-7 persons**
- BHS will provide a scribe to take notes or welcome to leave your thoughts via chat
- We will have **approximately 5 minutes** to address each question

Remember- be honest, be thoughtful, and be insightful, as we all have something to contribute

From your perspective, lived experience, and/or expertise...

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?

2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support need - consider access, cultural norms/traditions, etc.)

3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.)

4. Cast a vote for what you would like the County to focus on for our future data sets that we share in the future.

Additional Goals

Care Experience

Engagement in School

Engagement in Work

Overdoses

Prevention and Treatment of Co-Occurring Physical Health

Quality of Life

Social Connection

Suicides

Let's Discuss – Wrap Up

- This is a baseline year, so thank you for helping to set the bar for our County

- Your knowledge, perspective, & feedback are greatly appreciated

- More ways to participate in more robust discussions (interest list)

- Where to go for more information?
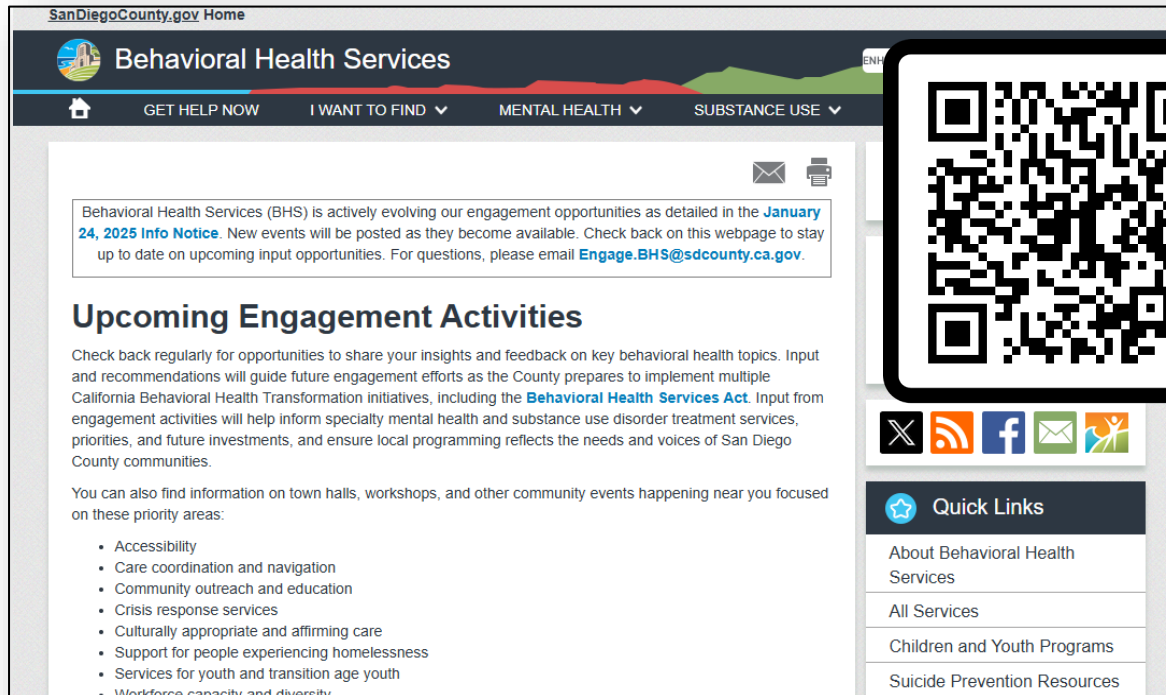
BHS Engage

SCAN ME

Upcoming Engagement Opportunities

Planned Engagement Activities

Engagement Activity Summaries

Contact Us
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Danny Romero: DanielM.Romero@sdcounty.ca.gov