



California Pan-Ethnic
HEALTH NETWORK



County of San Diego, CPEHN, & SDRCC Focus Group on Behavioral Health

Date & Time

Aug 14, 2025 01:00 PM in
[Pacific Time \(US and Canada\)](#)

Description

The County of San Diego, Behavioral Health Services (BHS), invites you to participate in a discussion on the Behavioral Health Services Act (BHSA). This co-hosted discussion, coordinated by the California Pan-Ethnic Health Network (CPEHN) and the San Diego Refugee Communities Coalition (SDRCC), will provide an overview of BHSA and the current efforts being made to reach communities across the region to identify priority needs related to behavioral health reflective of the diverse landscape of San Diego County. This focus group is designed to bring together a small group of community-based organizations and service providers to ensure that the voices of culturally and linguistically diverse communities are reflected in the County's planning efforts.

This conversation will provide space to:

- *Learn about the County's engagement process and planning timeline
- *Share on-the-ground insights and challenges from the communities you serve
- *Discuss how collectively we can work towards addressing these areas of need

The discussion will be interactive and conducted over Zoom, using tools like Mentimeter to gather and reflect input in real time.

Behavioral Health Services Act Discussion with San Diego Refugee Communities Coalition & California Pan-Ethnic Health Network

**Virtual Input Session - Zoom
Wednesday, August 14th, 2025**

Daniel Romero, MA, Agency Program & Operations Manager,
County of San Diego, Behavioral Health Services – Communication & Engagement Unit



California Pan-Ethnic
HEALTH NETWORK



Today's Agenda



- Welcome & Introductions
- Purpose of Today's Session
- Brief Overview of BHSA & Engagement Efforts
- Input Session
- Next Steps & How to Remain Connected?
- Should additional thoughts/questions surface following: Engage.BHS@sdcounty.ca.gov & Microsoft Form



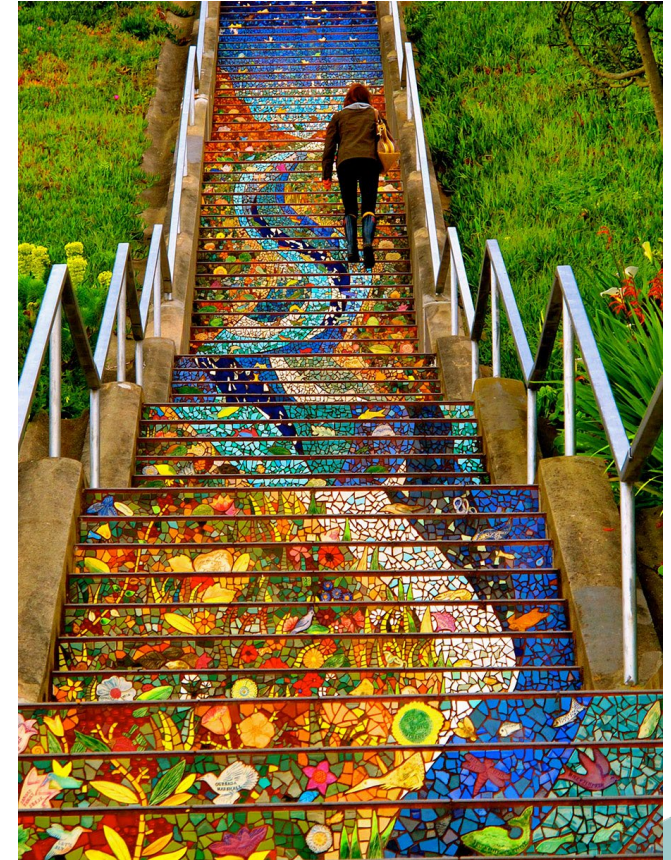
Let's Connect!

- Group introductions
 - County of San Diego, Behavioral Health Services (BHS)
 - California Pan-Ethnic Health Network (CPEHN)
 - San Diego Refugee Communities Coalition (SDRCC)
- Participant Introductions
 - Please unmute and share...
 - Your name
 - Organization you may represent
 - Your connection to the behavioral health field and/or your lived experience



Purpose of Today's Session

- Why We're Here?
- Honoring Your Perspective & Lived Experience
- Framing Our Approach
- How Your Feedback Will be Shared



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.

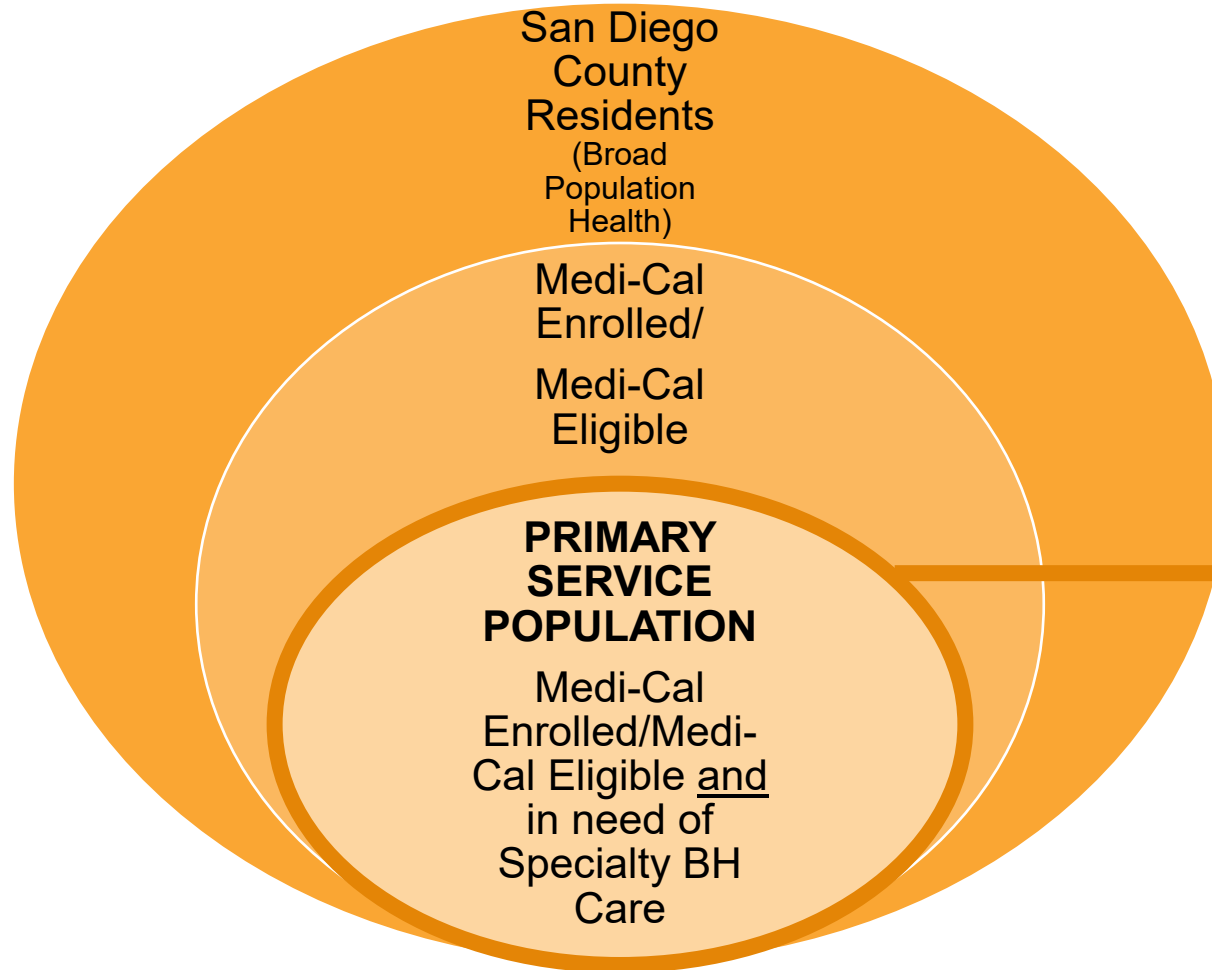
HEALTH PLAN

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



**Public BH
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

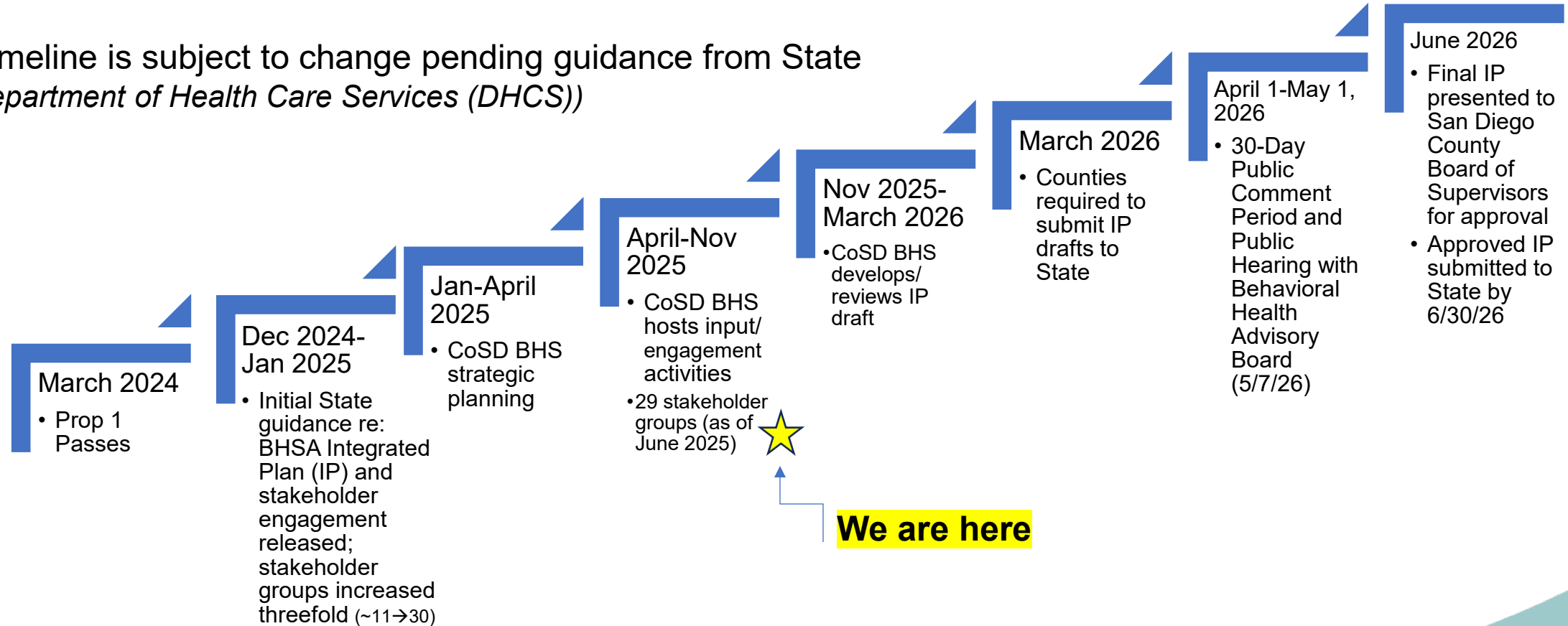
➤ **Emphasis on Data**

Behavioral Health Services Act Updated Timeline (BHSA)



LIVE WELL
SAN DIEGO

*Timeline is subject to change pending guidance from State
(*Department of Health Care Services (DHCS)*)





COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



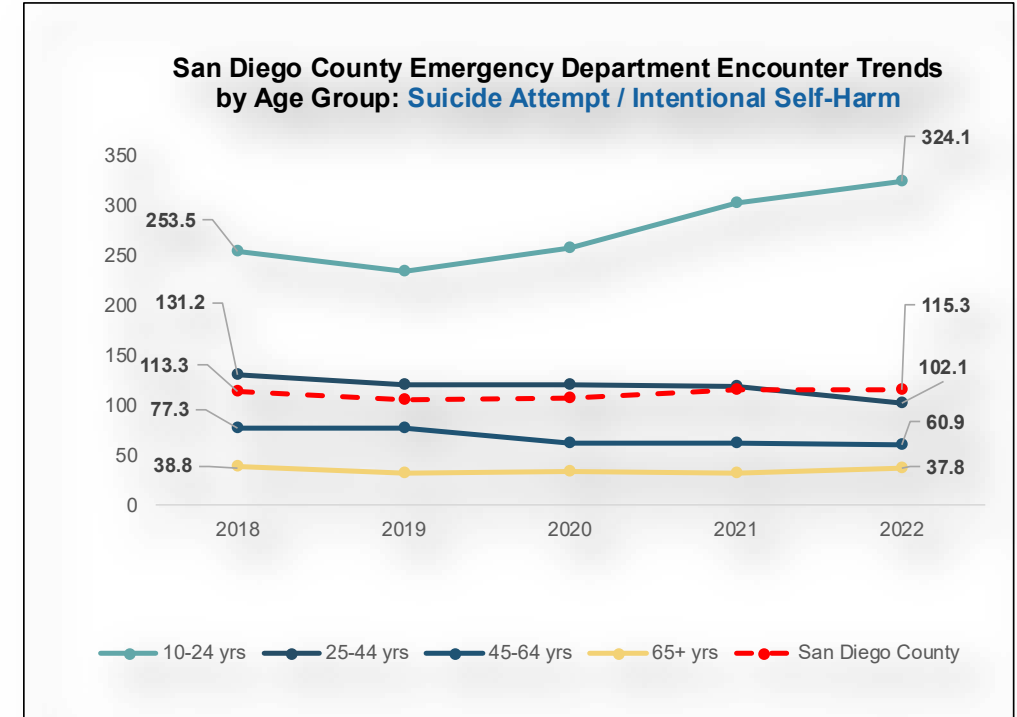
LIVE WELL
SAN DIEGO

Community Behavioral Health Data

The State of Youth Behavioral Health

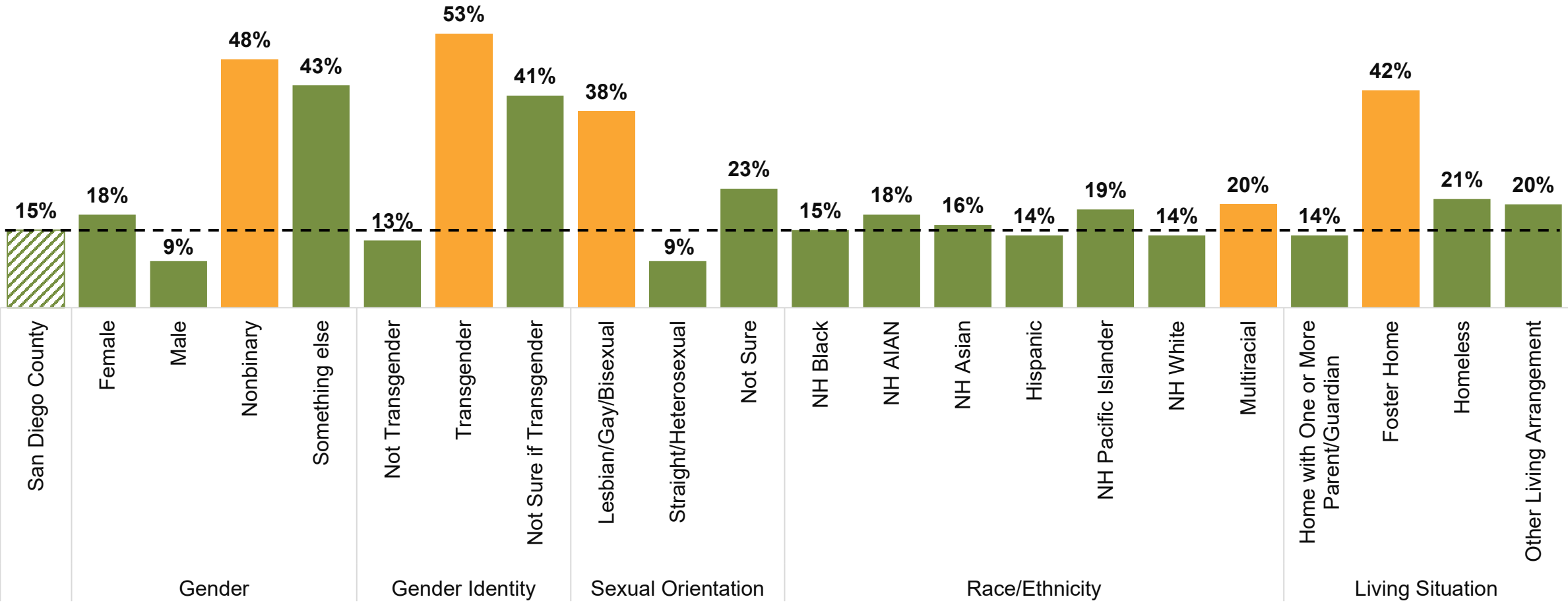


- Locally, we also see youth experiencing mental health challenges
 - 19% increase in emergency department visits for suicidal ideation from 2018-2022
 - 28% increase in suicide attempts/intentional self-harm from 2018-2022
- In 2023, 3 in 10 teens in San Diego County reported needing help for an emotional and/or mental health condition, yet a quarter did not receive counseling within the previous year

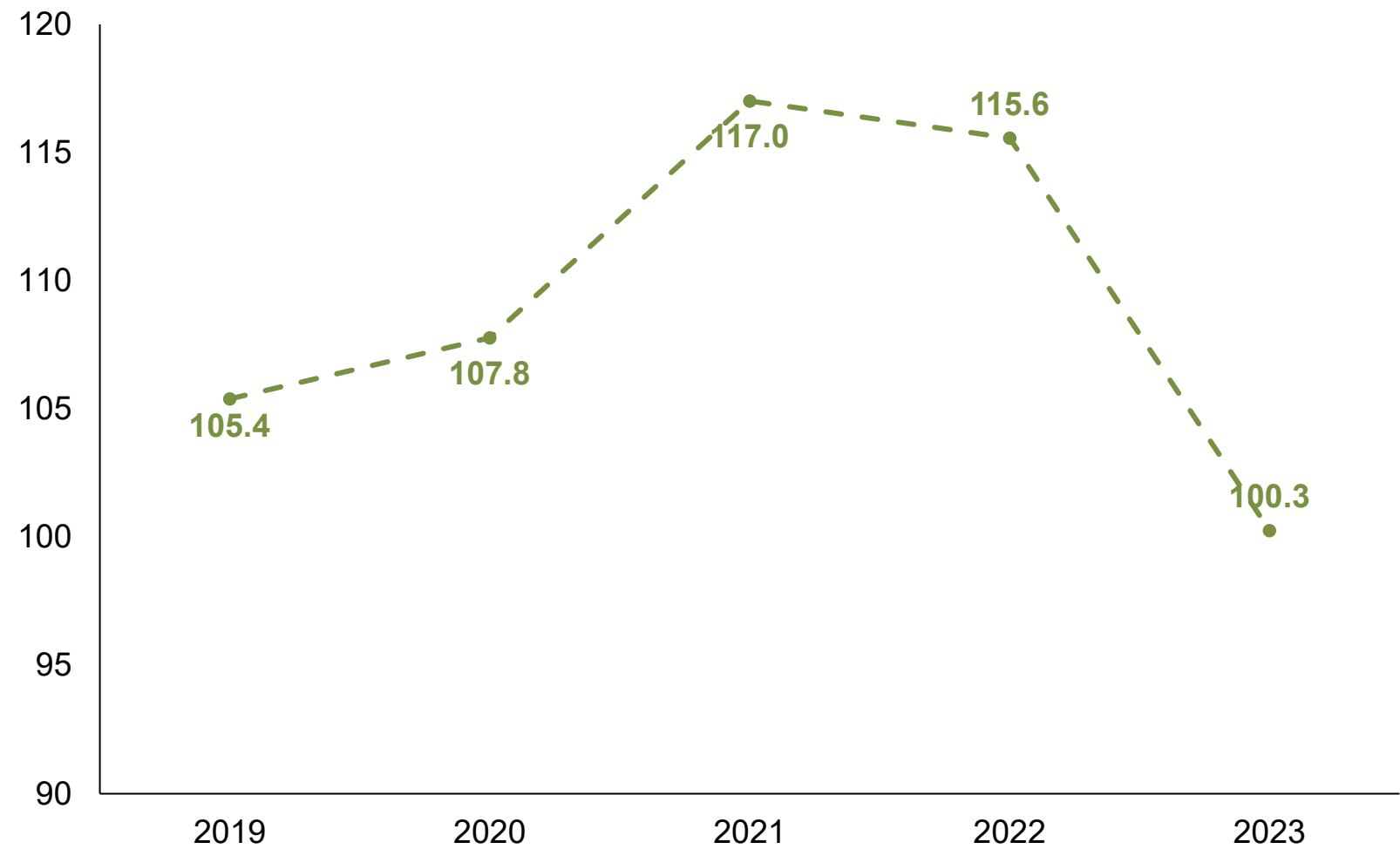


Considered Suicide in Past 12 Months

Percent Reported by 9th Graders, San Diego County, 2021-2023



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

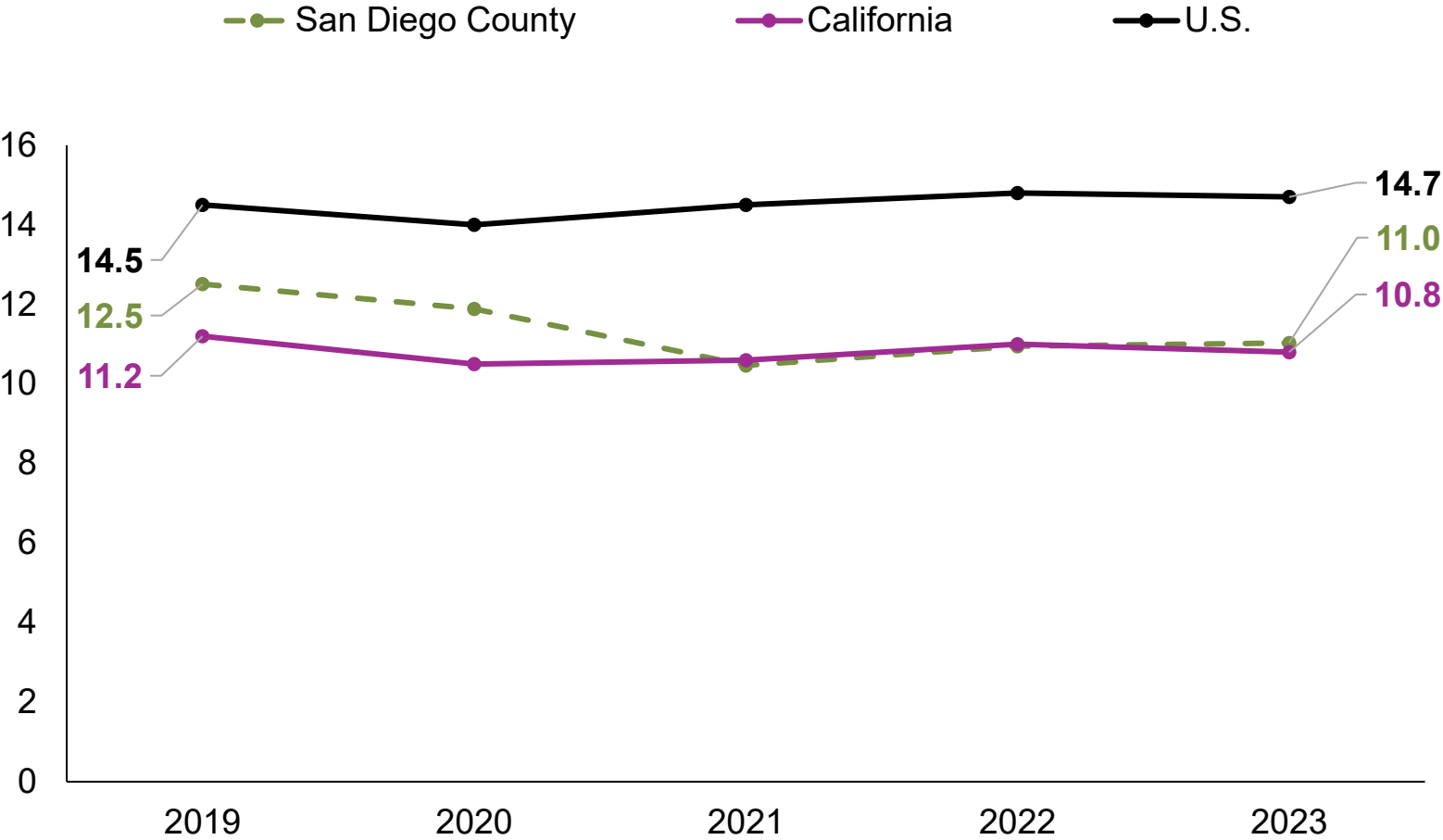


TRENDS	2019 vs 2023	2022 vs 2023
San Diego County	↓5%	↓13%

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 Deaths

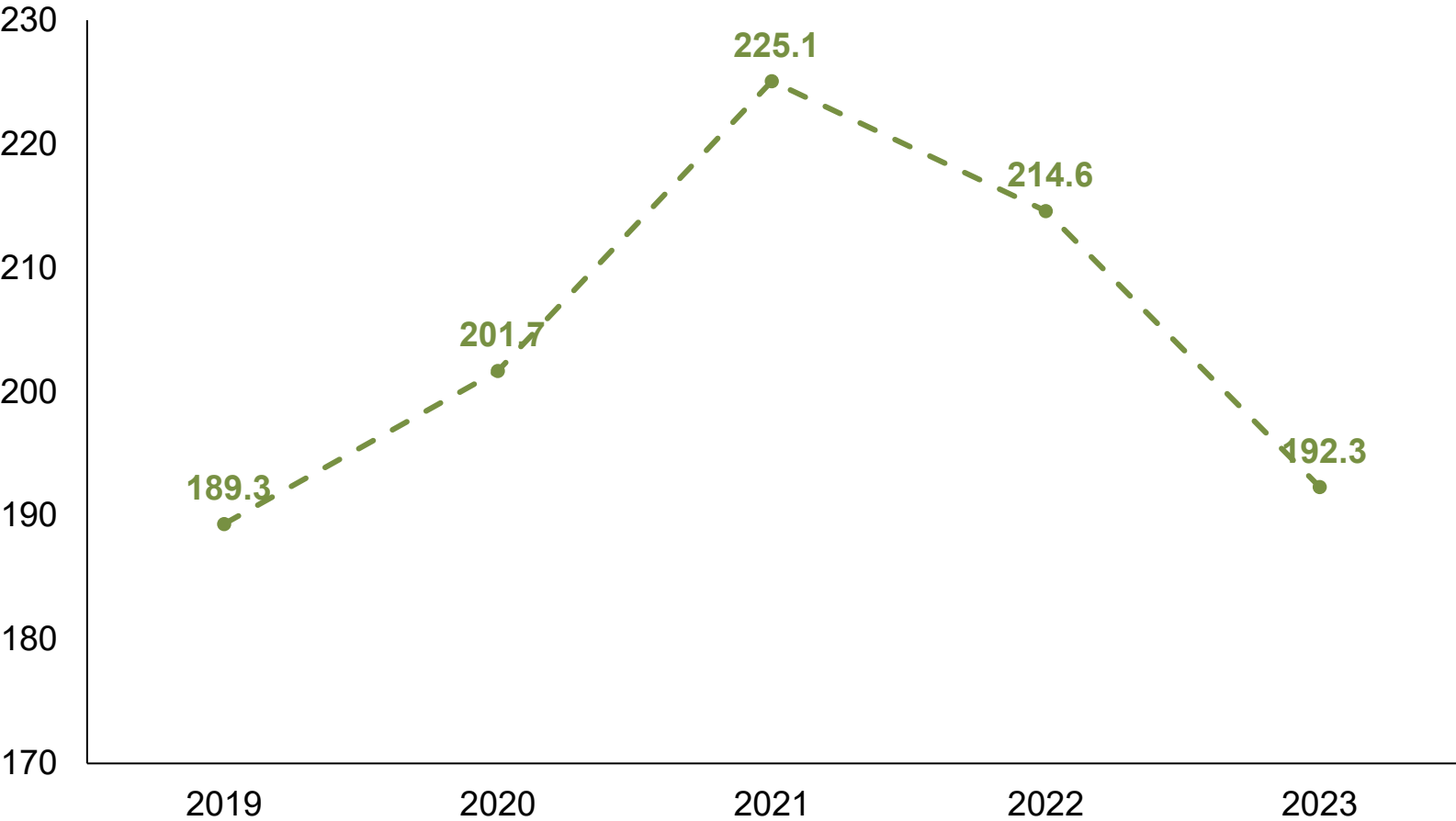
Rate Comparisons, 2019-2023



TRENDS	2019 vs 2023	2022 vs 2023
San Diego County	↓12%	↑1%
California	↓4%	↓2%
United States	↑1%	↓1%

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.

Nonfatal Overdose Emergency Department Encounter Rates, 2019-2023

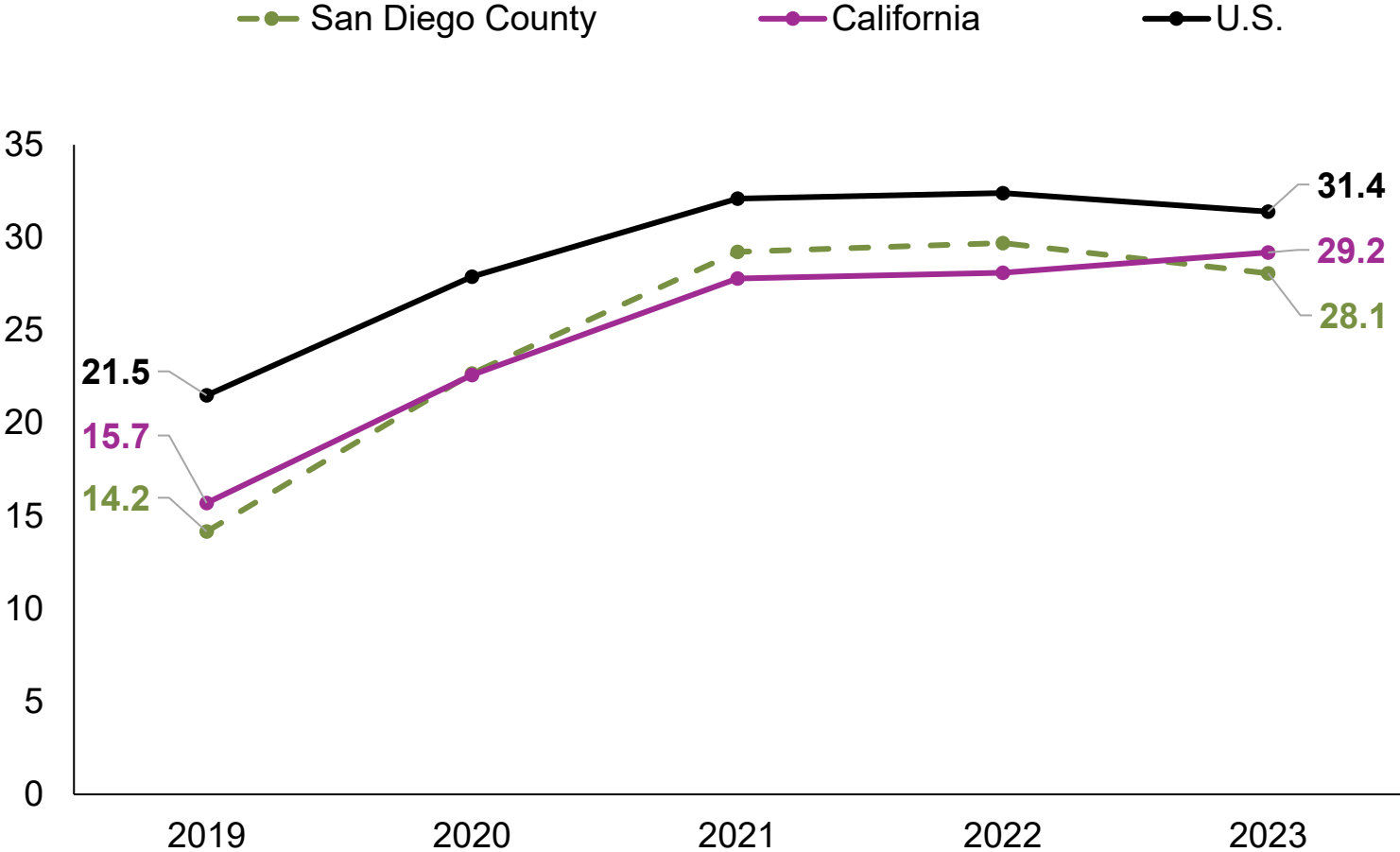


TRENDS	2019 vs 2023	2022 vs 2023
San Diego County	↑2%	↓10%

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)

Overdose Deaths

Rate Comparisons, 2019-2023



TRENDS	2019 vs 2023	2022 vs 2023
San Diego County	↑98%	↓5%
California	↑86%	↑4%
United States	↑46%	↓3%

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.

The State of Behavioral Health



Immigrants' traumatic and often violent migratory experiences, coupled with the stigma and misconception of receiving mental health services, puts physical and mental wellbeing at particular risk.⁵

- A survey conducted among the **refugee population** in San Diego County reports that: ⁶
 - **65%** of refugees surveyed **felt worried about being targeted by a hate crime**
 - **53%** reported **depression and anxiety**
- Following the **COVID-19 pandemic**, the same survey among **refugees** found: ⁶
 - **8%** reported an **increase in household violence**
 - **50%** reported an **increase in poor mental health**
 - **12%** reported an **increase in substance misuse**

⁵ California Pan-Ethnic Health Network (CPEHN), Accessing Mental Health in the Shadows, How Immigrants in California Struggle to Get Needed Care, 2019. Accessed online at [CPEHN Immigrant Mental Health combined.pdf](#) on August 11, 2025.

⁶ Partnership for Advancement of New Americans (PANA), San Diego County Refugee Experiences Report, Executive Summary, 2021. Accessed online at [PANA - San Diego County Refugee Experiences](#) on August 11, 2025.

Why We Need to Hear From You



- **Your lived experience and perspectives matter!**
You work with and support community members who could benefit from this framework; please be vocal and share what matters most
- Your input helps to ensure services and resources are designed to have the greatest impact

Overarching Goal:

To support individuals who may be experiencing mental health and substance use challenges to get the help they need, when they need it, with the best possible outcome.

Discussion



- Instructions:
 - SDRCC will co-facilitate with BHS
 - We have approximately 50 minutes to go thru 3-4 questions to gather your thoughts and opinions
 - Members of the audience will receive an online form after the session to capture any additional thoughts if we run out of time
- Please Keep in Mind:
 - Please listen intently to what is being shared
 - Remember...these are complex questions;
there are no perfect answers



Question 1- Health Disparities



- What do you consider the biggest health disparity or difference in health outcomes when it comes to mental health/substance use in this region/among this community, from the information shared?



Question 2- Barriers



- What factors do you feel contribute to these health disparities/gaps? From your perspective, are there certain populations or communities more impacted than others?



Question 3- Collaborative Opportunities



- How can the County and community work together to address these disparities or gaps to improve mental health and well-being?



Question 4- Group Poll



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

- A. Care Experience
- B. Engagement in School
- C. Engagement in Work
- D. Overdoses
- E. Prevention and Treatment of Co-Occurring Physical Health Conditions
- F. Quality of Life
- G. Social Connection
- H. Suicides

Question 4- Group Poll



Unpacking Additional Goals:

- Care Experience (Patient perception of the quality of services received)
- Engagement in School (Graduated from school on time, meaningful participation, and chronic absenteeism)
- Engagement in Work (Unemployment rate and percent of adults unable to work due to mental problems)
- Overdoses (Overdose death and emergency department visit rates)
- Prevention and Treatment of Co-Occurring Physical Health Conditions (Access to preventive services and diabetes screening/metabolic monitoring for adults/youth on antipsychotics)
- Quality of Life (Perception of functioning & poor mental health days reported)
- Social Connection (Perception of social connectedness & caring adult relationships at school)
- Suicides (Suicide deaths & non-fatal emergency department visits due to self-harm)

Wrap Up



Next Steps



Behavioral Health Services (BHS) Housing Council Input Session

This virtual input session will take place at the BHS Housing Council on Thursday, August 7 from 11:30 am - 1:00 pm. If you're interested in being invited to share your thoughts, please email Engage.BHS@sdcounty.ca.gov.



Youth Optimal Care Pathways Discussion with American Academy of Pediatrics, California Chapter 3 (AAP-CA3)

On Tuesday, August 12 from 12:00 pm - 1:30 pm, BHS will host a virtual input session with members of the AAP-CA3 - Strategic Behavioral Health Initiative. If you're interested in being invited to share your thoughts, please email Engage.BHS@sdcounty.ca.gov.



Youth Optimal Care Pathways Discussion with NAMI Caregivers & Families

NAMI Caregivers & Family members are encouraged to participate in a session to share their experiences supporting youth in accessing behavioral health resources on Wednesday, August 13, 6:00pm-7:30pm. Click here to register.



SCAN ME

Upcoming Engagement Opportunities

Planned Engagement Activities

Past Engagement Materials

Contact Us: Communication & Engagement Unit: Engage.BHS@sdcounty.ca.gov

Thank You!



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HEALTH NETWORK

