

EAST REGION – MENTAL HEALTH



Serious mental illness emergency department encounter rates **decreased by 43%** from 2019 to 2023 among **East Region** residents



Suicide attempt-related emergency department encounter rates **increased by 0.5%** between 2019-2023 among **East Region** residents



Serious mental illness emergency department encounter rates were **highest** among **East Region** residents who were **female**, **ages 65+ years**, **non-Hispanic Black**, and living in **Lemon Grove**



Suicide attempt-related emergency department encounter rates were **highest** among **East Region** residents who were **female**, **ages 10-17 years**, **non-Hispanic Black**, and living in **Alpine**



Suicide death rates among **East Region** residents **increased by 14%** across 2019 to 2023



Suicidal ideation was **highest** among **San Diego County** youth who were **nonbinary**, **transgender**, **lesbian/gay/bisexual**, **multiracial**, and living in a **foster home**



Suicide death rates were **highest** among **East Region** residents who were **male**, **ages 55-64 years**, **non-Hispanic White**, and living in **Santee**



Among **California** residents, there was **higher** lifetime **suicidal ideation** among **LGBTQIA+ adults**



The **leading method** of **suicide** death among **East Region** residents was by **firearm**, followed by **asphyxia**. These two were also the **most common methods** for **San Diego County**.



Among **San Diego County** residents, **military-affiliated individuals** (active duty or veterans) accounted for **1 in 5 suicide deaths**

EAST REGION – SUBSTANCE USE



Substance-related disorder emergency department encounter rates were **higher** among **East Region** residents and the rate **increased by 18%** from 2019 to 2023



Nonfatal overdose emergency department encounter rates were **highest** among **East Region** residents who were **male**, **ages 25–34 years**, **non-Hispanic Black**, and living in **Lemon Grove**



Substance-related disorder emergency department encounter rates were **highest** among **East Region** residents who were **male**, **ages 55–64 years**, **non-Hispanic Black**, and living in **Mountain Empire**



East Region residents ages 20+ had **higher alcohol poisoning** inpatient discharge rates, but **lower** emergency department discharge rates compared to overall rates among **San Diego County** residents



Among **East Region** residents, **overdose** death rates **rose by 51%** across 2019 to 2023, but **fell by 23%** since 2022



Past 30-day alcohol or drug use was **highest** among **San Diego County** youth who were **nonbinary**, **transgender**, **lesbian/gay/bisexual**, **non-Hispanic American Indian/Alaska Native**, and living in a foster home



Overdose death rates were **highest** among **East Region** residents who were **male**, **ages 25–34 years**, **non-Hispanic American Indian/Alaska Native**, and living in **Mountain Empire**



Cannabis-related emergency department encounters among **East Region** residents have **increased**; adult lifetime use has mostly been **stable**, with a recent **increase** from 2022 to 2023



Nonfatal overdose emergency department encounter rates among **East Region** residents **decreased by 7%** across 2019 to 2023

Data Methodology & QR Code for Questions



- **Death data is preliminary:** Data is subject to change near the end of the year as cases are closed.
- **Small Numbers Suppressed:** Counts under 11 are suppressed to protect privacy and avoid unstable or misleading estimates.
- **Timeframe:** Years vary by data source based on availability and whether data needed to be pooled for stability. Five-year trends are used to show meaningful patterns and support decision-making.
- **Geography:** Death and Emergency Department (ED) encounter data are based on the resident's ZIP code, not the location of the event.
- **ED Data Scope:** Includes only civilian hospitals. Encounters include nonfatal dispositions, as death data was examined separately. ED encounters capture both ED discharges and ED discharges resulting in a hospital admission.
- **Behavioral Health Indicators:** Based on any mention of relevant ICD-10-CM codes (i.e., primary/secondary/other diagnosis, external cause).

Please submit questions using the QR code provided below.

Our team will review submissions in real-time and address as many as possible during the presentation.

Any question left unanswered during today's presentation will be addressed and sent out through the regional newsletter.



Behavioral Health Services: Behavioral Health Services Act & Data Presentation

East Region Community Leadership Team Meeting
Thursday, July 17th, 2025

Daniel Romero, MA, Agency Program & Operations Manager, Communication & Engagement Unit
Kim Work, MPH, Chief, Agency Operations, Population Health Unit



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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:

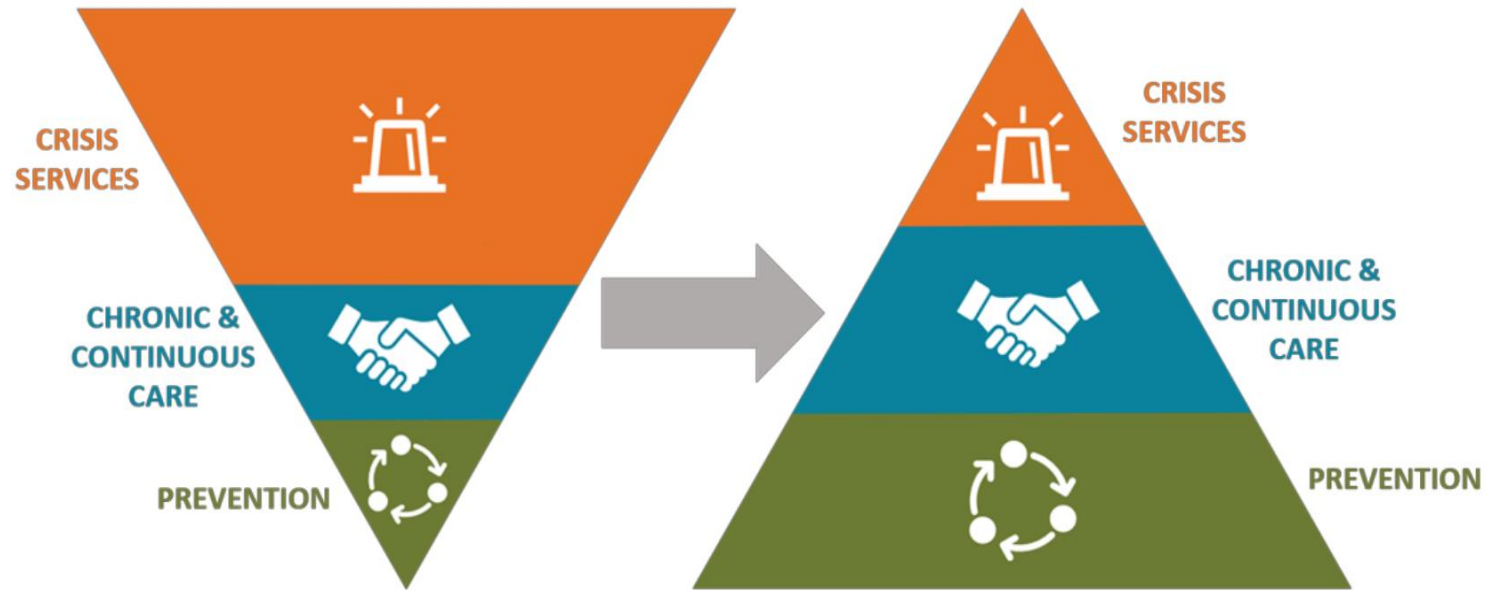
- Brief overview of Behavioral Health Services (BHS)
- Explaining the Behavioral Health Services Act (BHSA) & Goals
- Gentle heads-up – due to the sensitivities of the subject matter we will discuss today, we want to encourage you to pause, step away, and prioritize your well-being if activated or distressed
 - Calling/Texting 9-8-8 as a resource
- Data Discussion will include
 - Self-harm, Suicide, Overdose, & More
- 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.

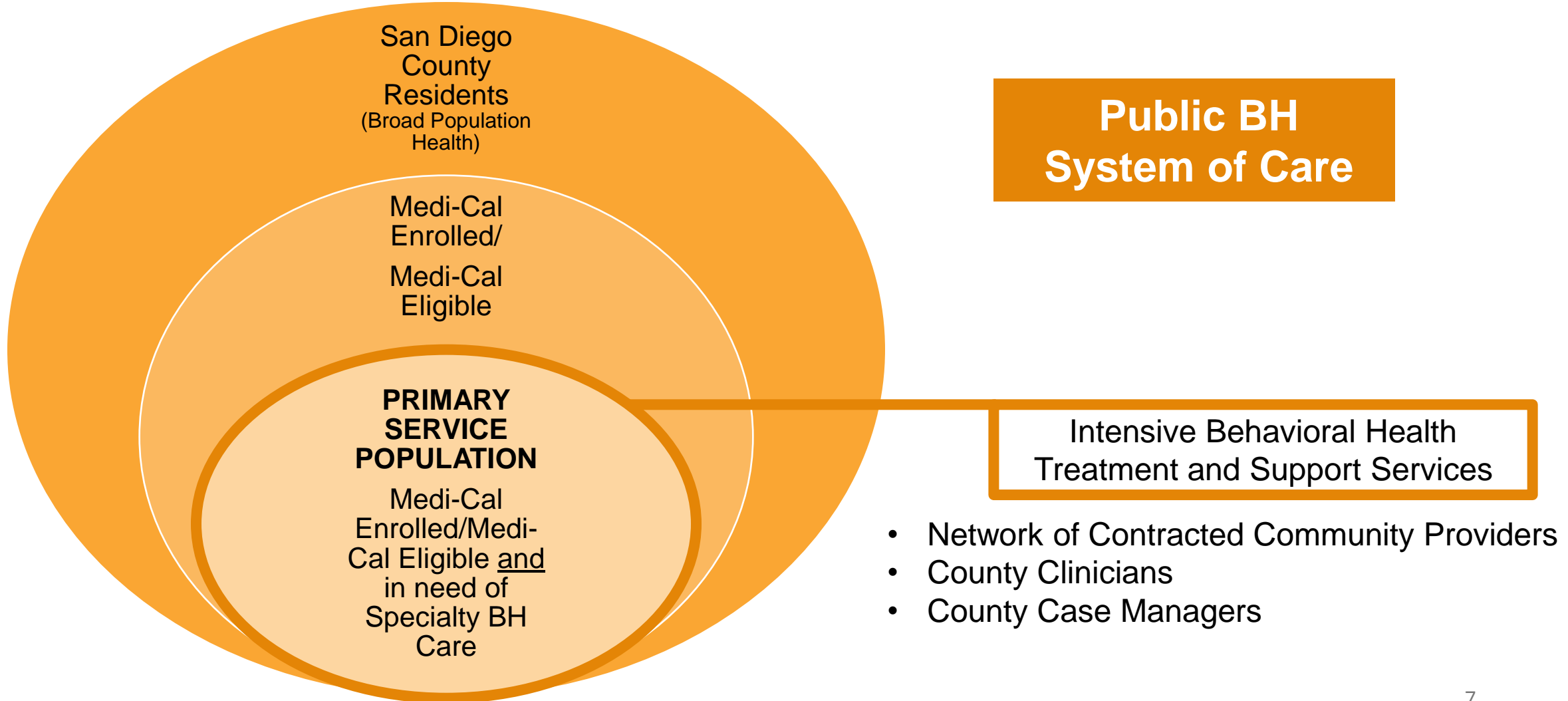
HEALTH PLAN

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



Behavioral Health Services Act (BHSA)



- Established via Proposition 1 (passed by CA voters in March 2024)
- Replaces existing Mental Health Services Act (MHSA)

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**



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



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Behavioral Health Services Act: Population Behavioral Health Goals

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.*

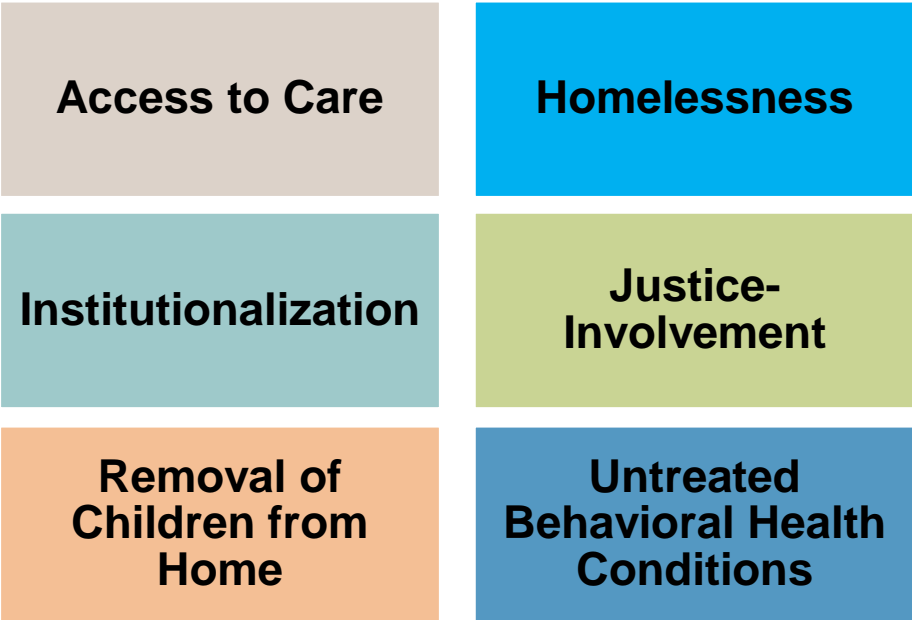
Rates

- 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.

BHSA – Population Behavioral Health Goals



Priority Statewide Goals for Improvement



Additional County-Selected Goal

Additional Goals to Address

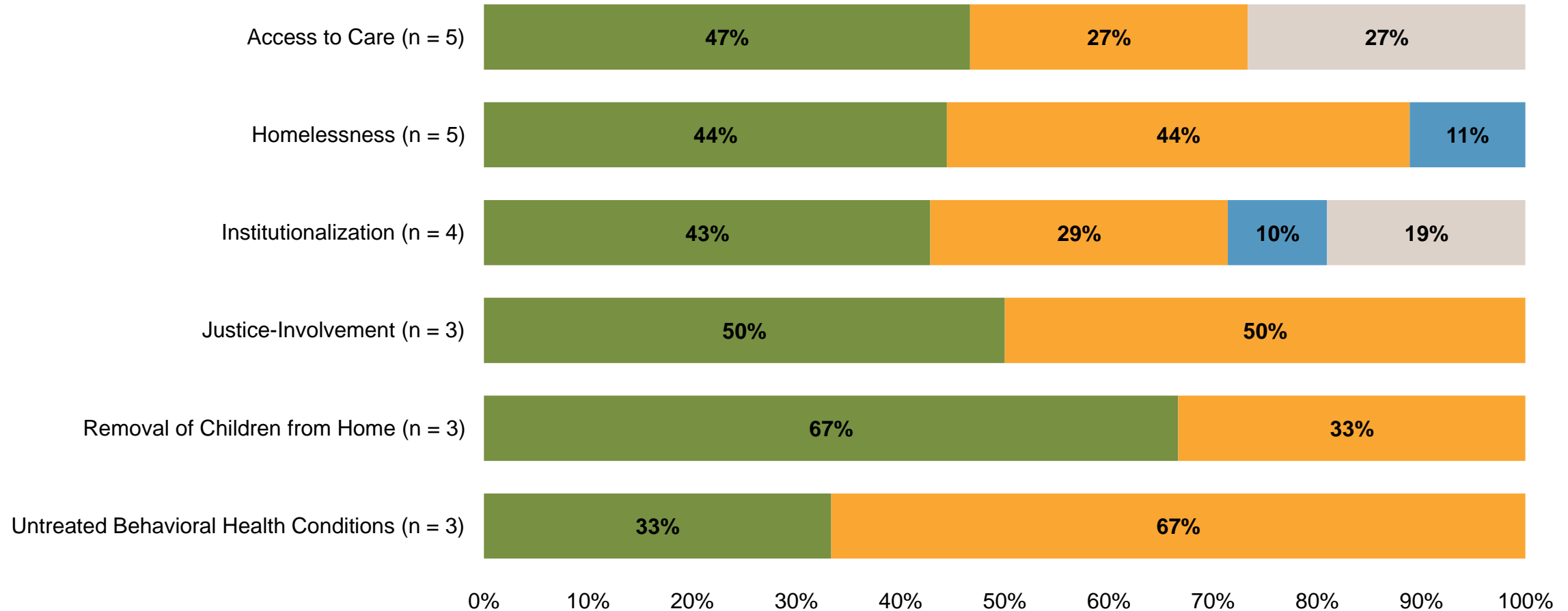
- Care Experience
- Engagement in School
- Engagement in Work
- Overdoses
- Prevention and Treatment of Co-Occurring Physical Health Conditions
- Quality of Life
- Social Connection
- Suicides

BHSA – Priority Statewide Goals

San Diego County's Performance vs. California



■ Performed Better ■ Performed Worse ■ No Difference ■ Unable to Compare

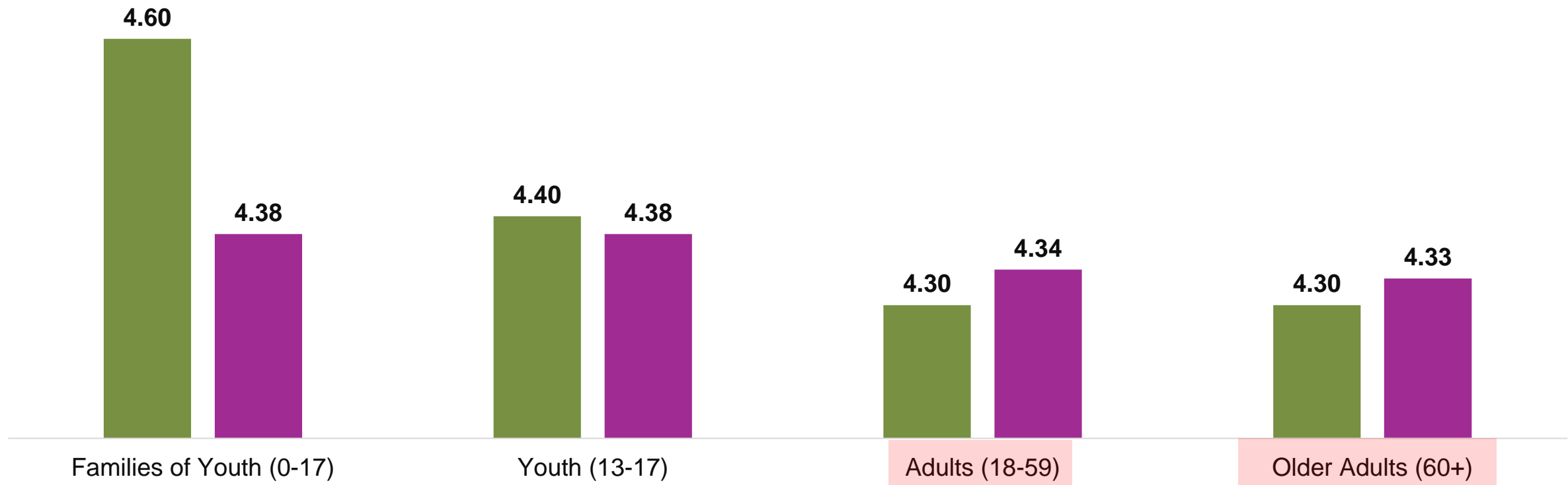


Care Experience: Perception of Cultural Appropriateness of Services



Consumer Perception Survey (CPS) Average Scores, 2023

■ San Diego County ■ California



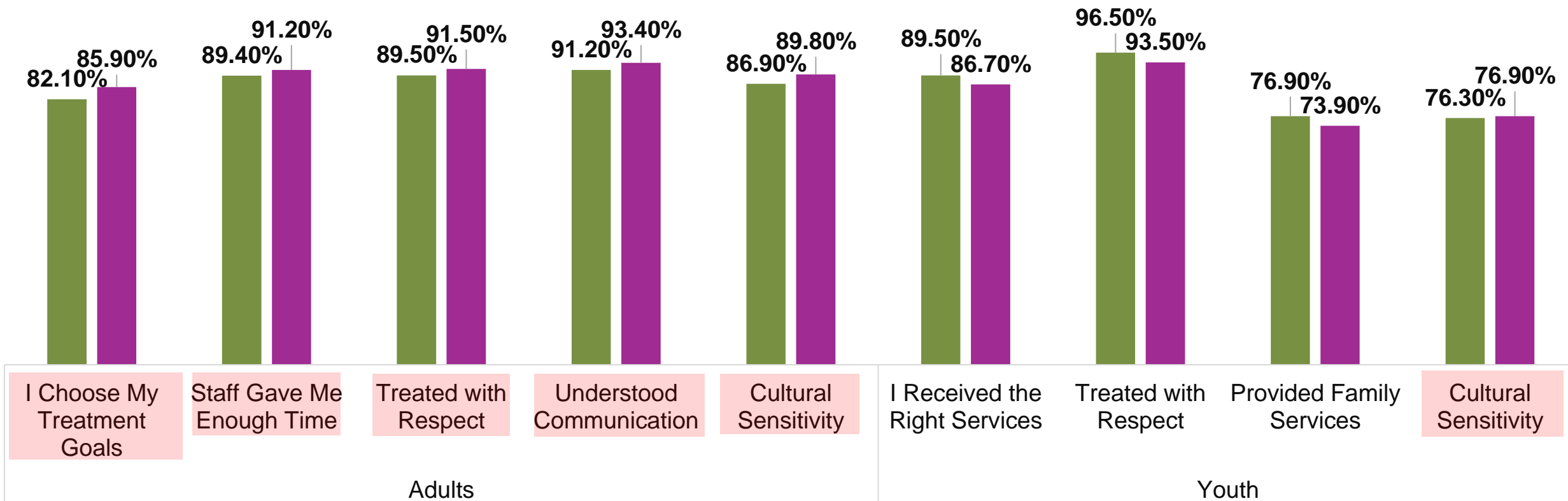
Scoring: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

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

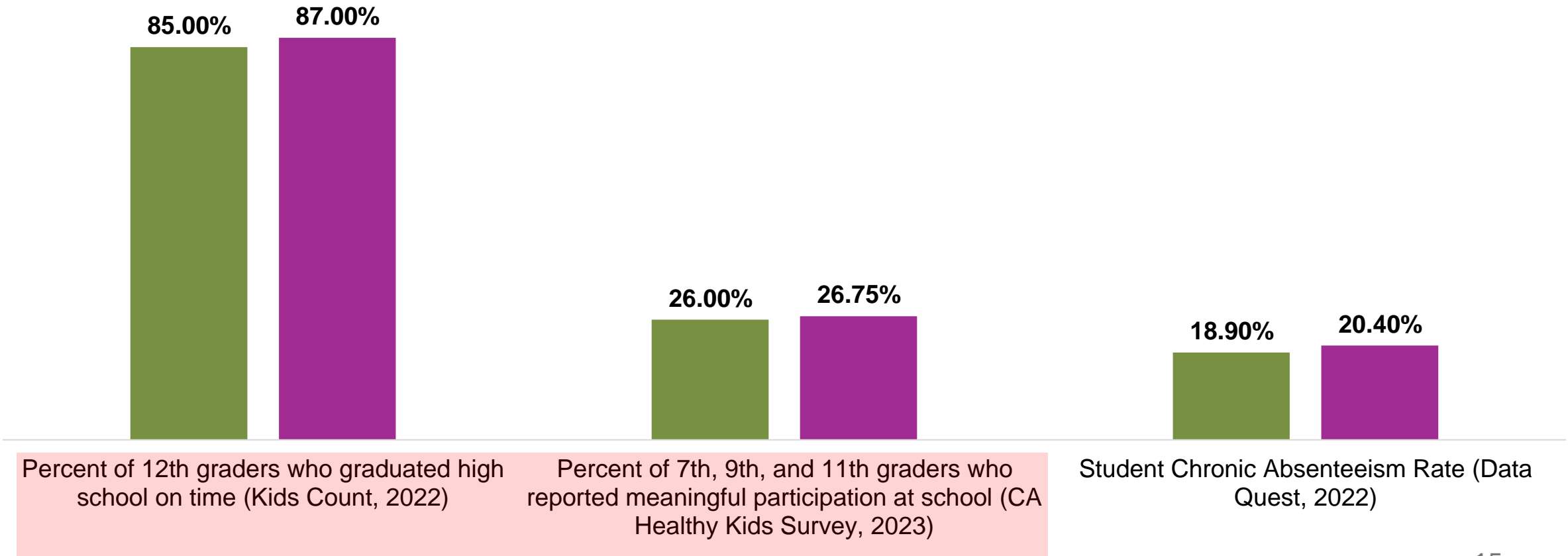


Engagement in School



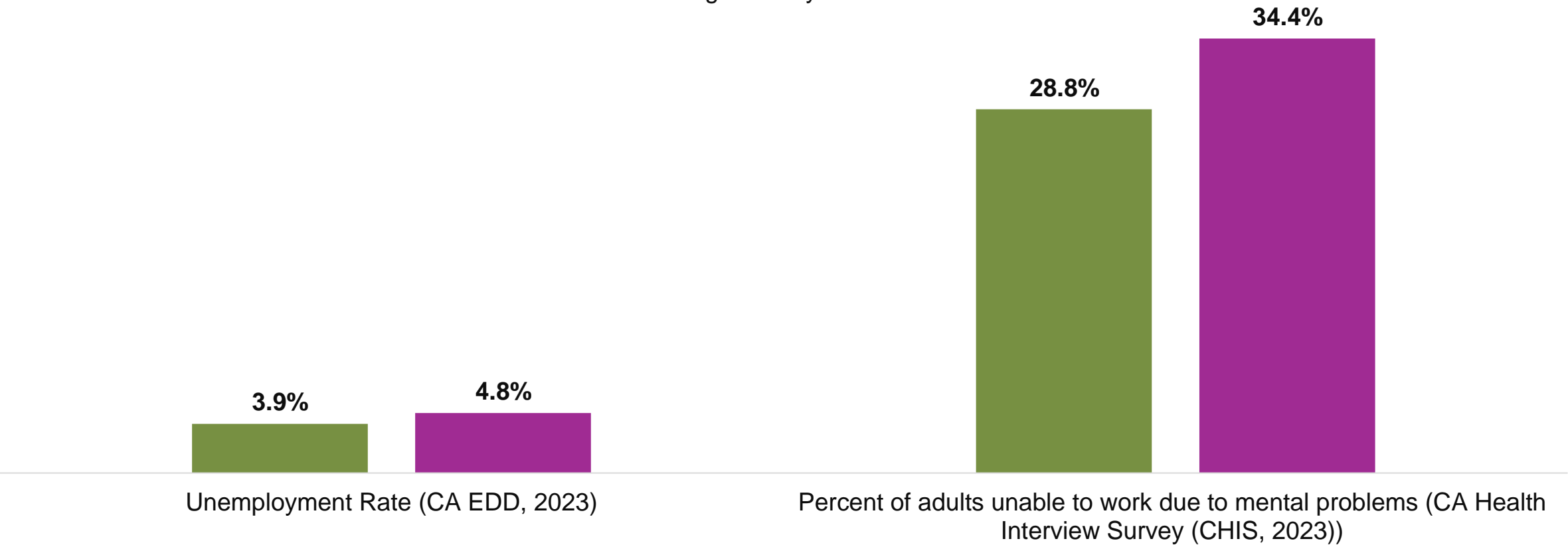
Graduated School on Time, Meaningful Participation, and Chronic Absenteeism, 2022-2023

■ San Diego County ■ California



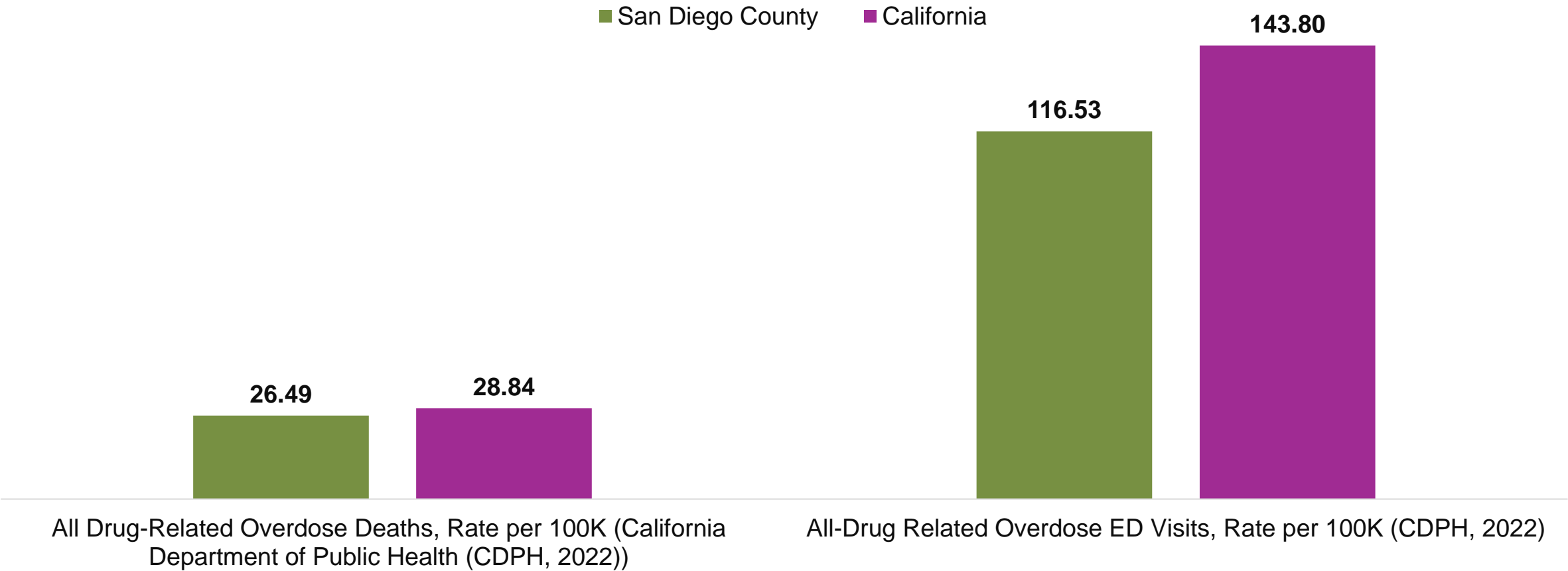
Unemployment Rate and Percent of Adults Unable to Work due to Mental Problems, 2023

■ San Diego County ■ California



Overdose Death and ED Visit Rates, 2022

■ San Diego County ■ California

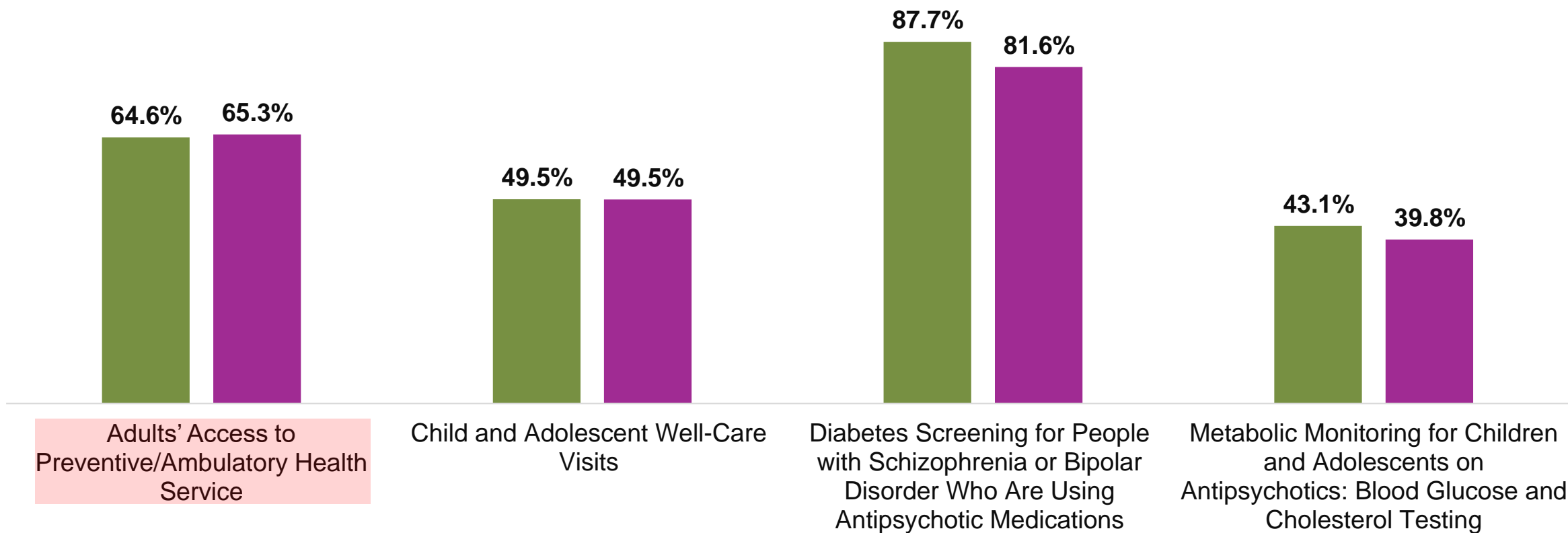


Prevention and Treatment of Co-Occurring Physical Health Conditions



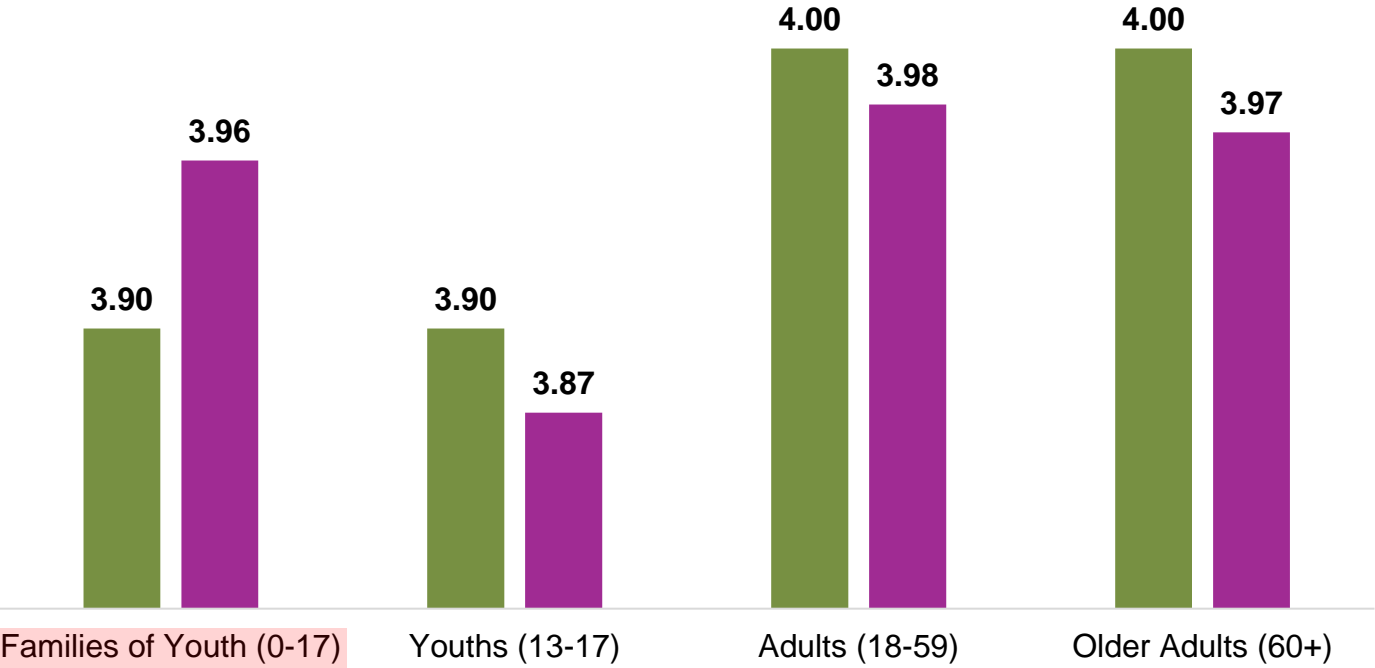
Medi-Cal Managed Care Accountability Measures,
CA Department of Healthcare Services (DHCS), 2022

■ San Diego County ■ California



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

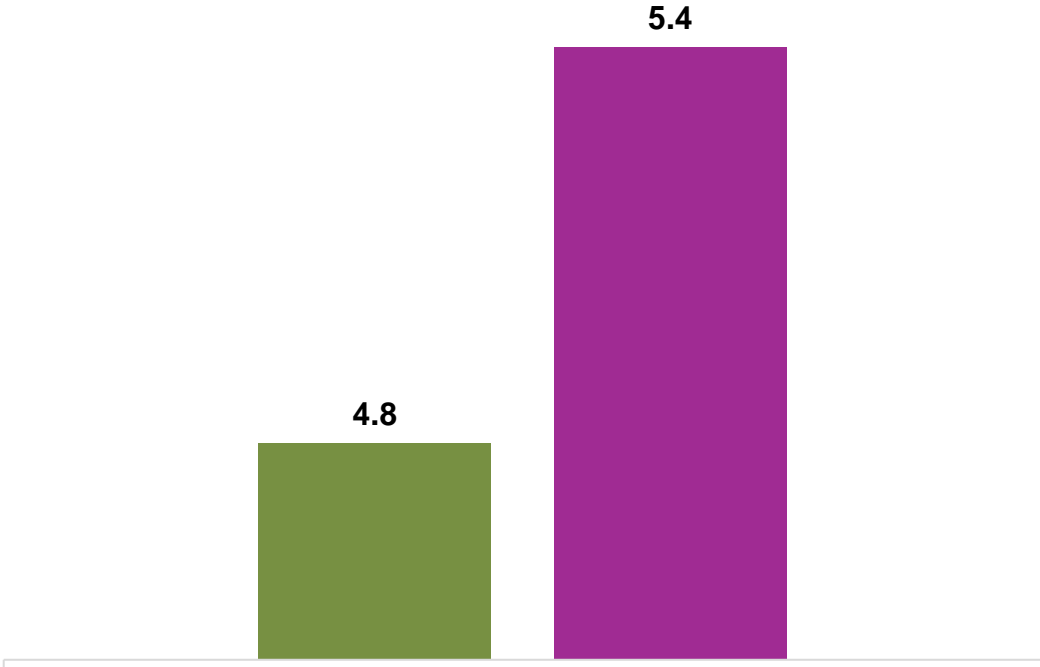
■ San Diego County ■ California



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

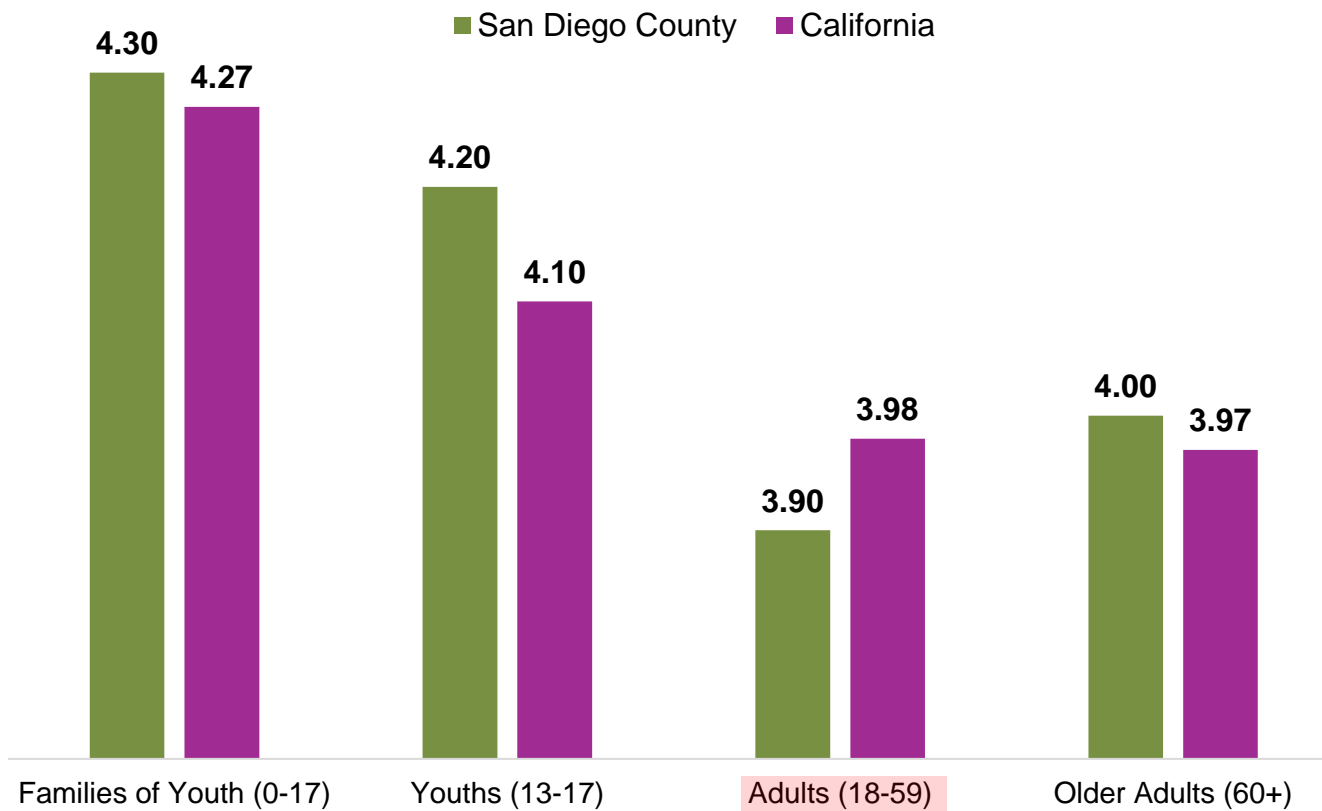
■ San Diego County ■ California



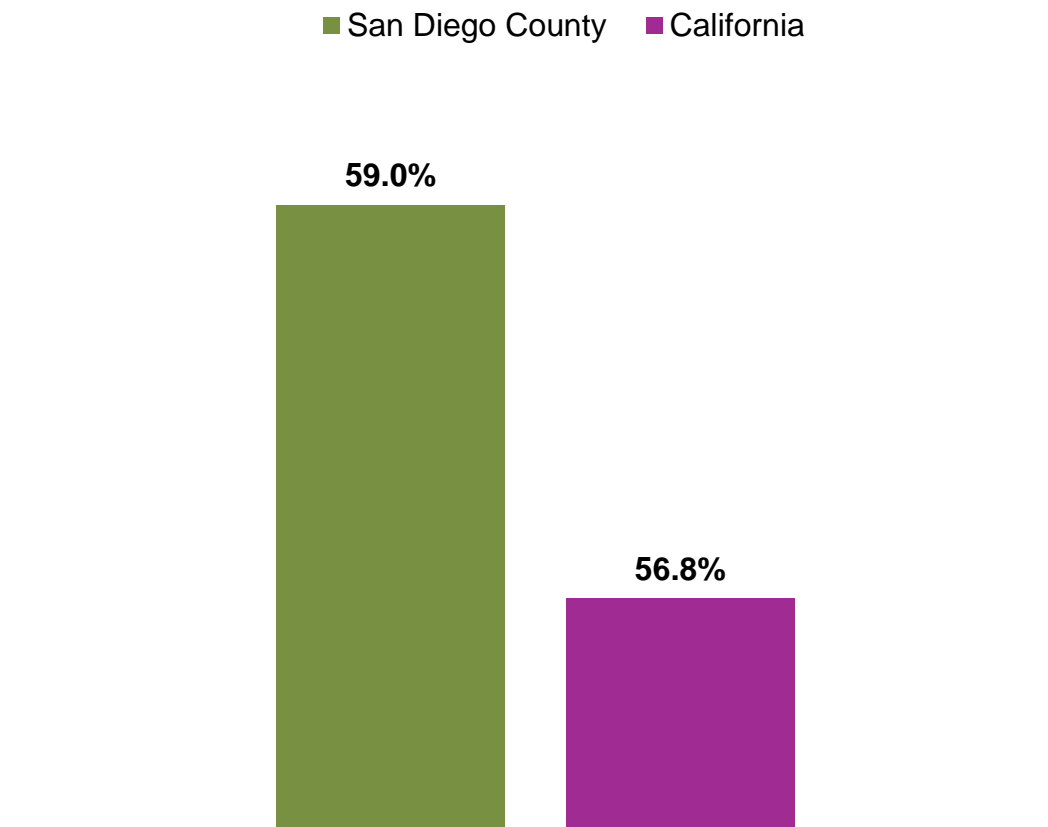
Social Connections



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

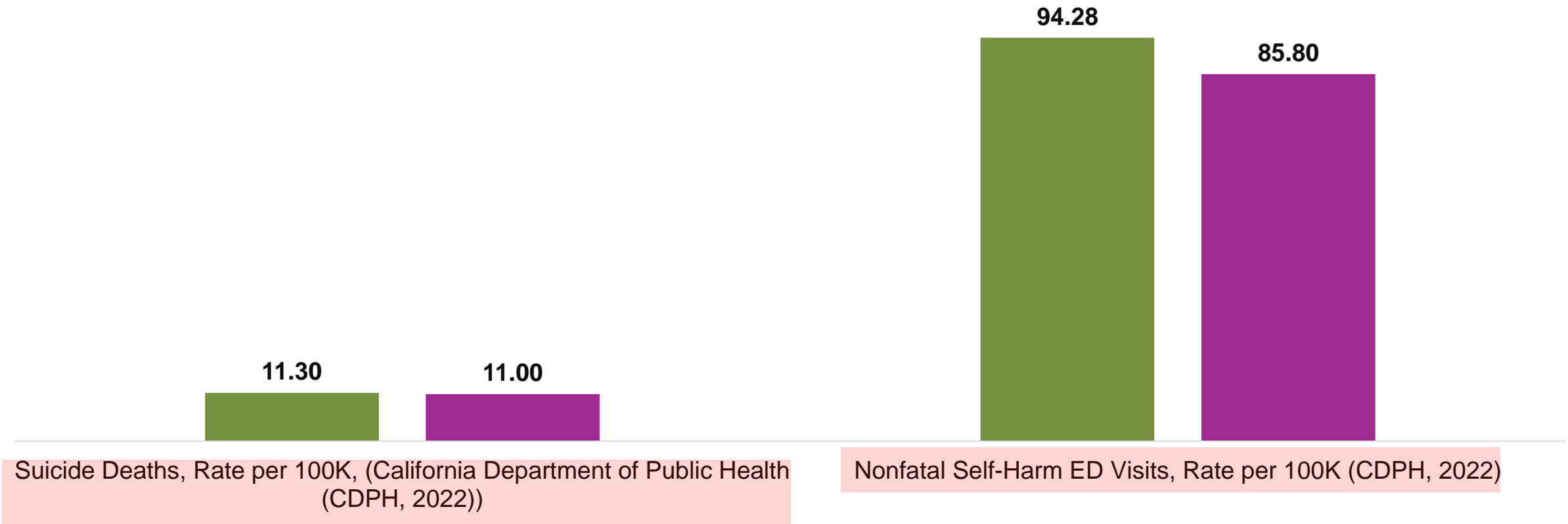


Percent of 7th, 9th, and 11th Graders who
Reported Caring Adult Relationships at School,
CA Healthy Kids Survey, 2023



Suicide Death Rate and Self-Harm ED Visit Rate, 2022

■ San Diego County ■ California





COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



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Community Behavioral Health Data

Data Notes & Methodology



- **Death data is preliminary:** Data may change near the end of the year as cases are closed.
- **Small Numbers Suppressed:** Counts under 11 are hidden to protect privacy and avoid unstable or misleading estimates.
- **Timeframe:** Years vary by source based on availability. Some years may be pooled (combined) for stability.
- **Geography:** Death and Emergency Department (ED) encounter data are based on the resident's ZIP code, not the location of the event.
- **Subregional Areas (SRAs):** Combinations of census tracts and are named for the largest city or community within them. Their boundaries generally remain consistent over time to allow for meaningful statistical comparisons. SRAs are assigned to larger Health & Human Services Agency (HHSA) Regions.
- **ED Data Scope:** Includes only civilian hospitals. Encounters include nonfatal dispositions, as death data was examined separately. ED encounters capture both ED discharges and ED discharges resulting in a hospital admission.
- **Behavioral Health Indicators:** Based on any mention of relevant ICD-10-CM codes (i.e., primary/secondary/other diagnosis, external cause).

Language Guidelines



Instead of this...

Committed suicide, completed suicide,
or suicide victim

Unsuccessful suicide, failed suicide

Successful suicide attempt



...Say this

**Died by suicide, took their own life,
or suicide death**

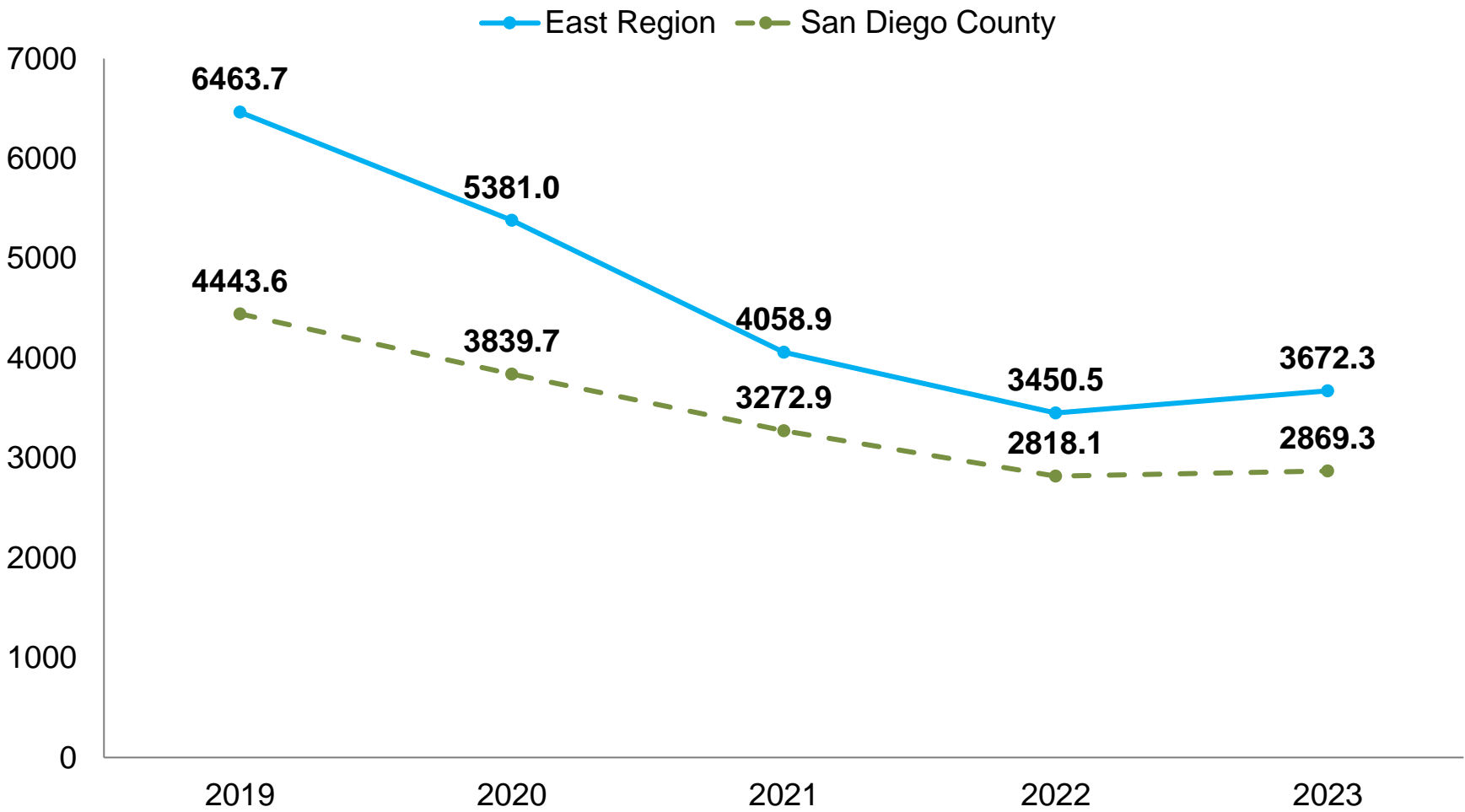
**Suicide attempt, nonfatal suicide
attempt**

Fatal suicide attempt



County Mental Health Data

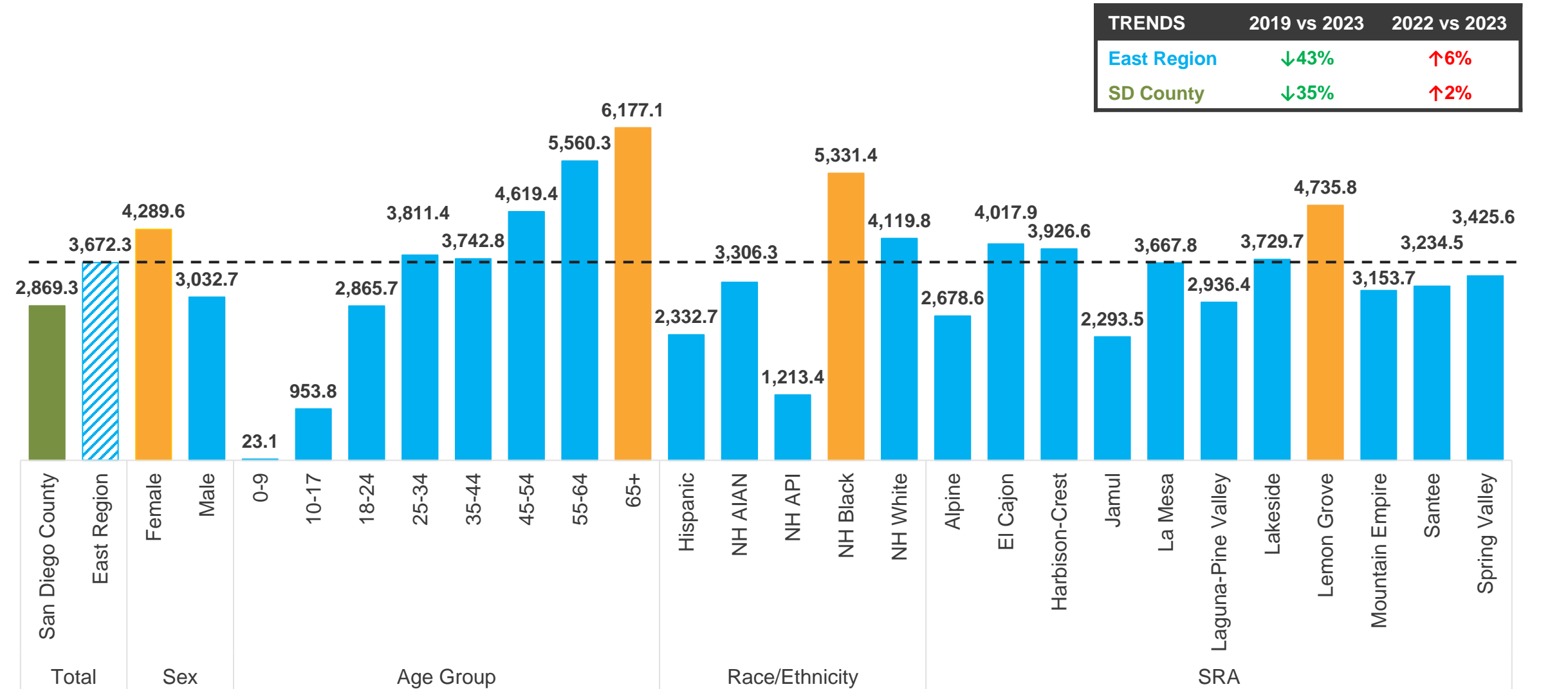
Serious Mental Illness Emergency Department Encounter Rates, 2019-2023



2019-2023, % change	
East Region	-43% ↓
San Diego County	-35% ↓

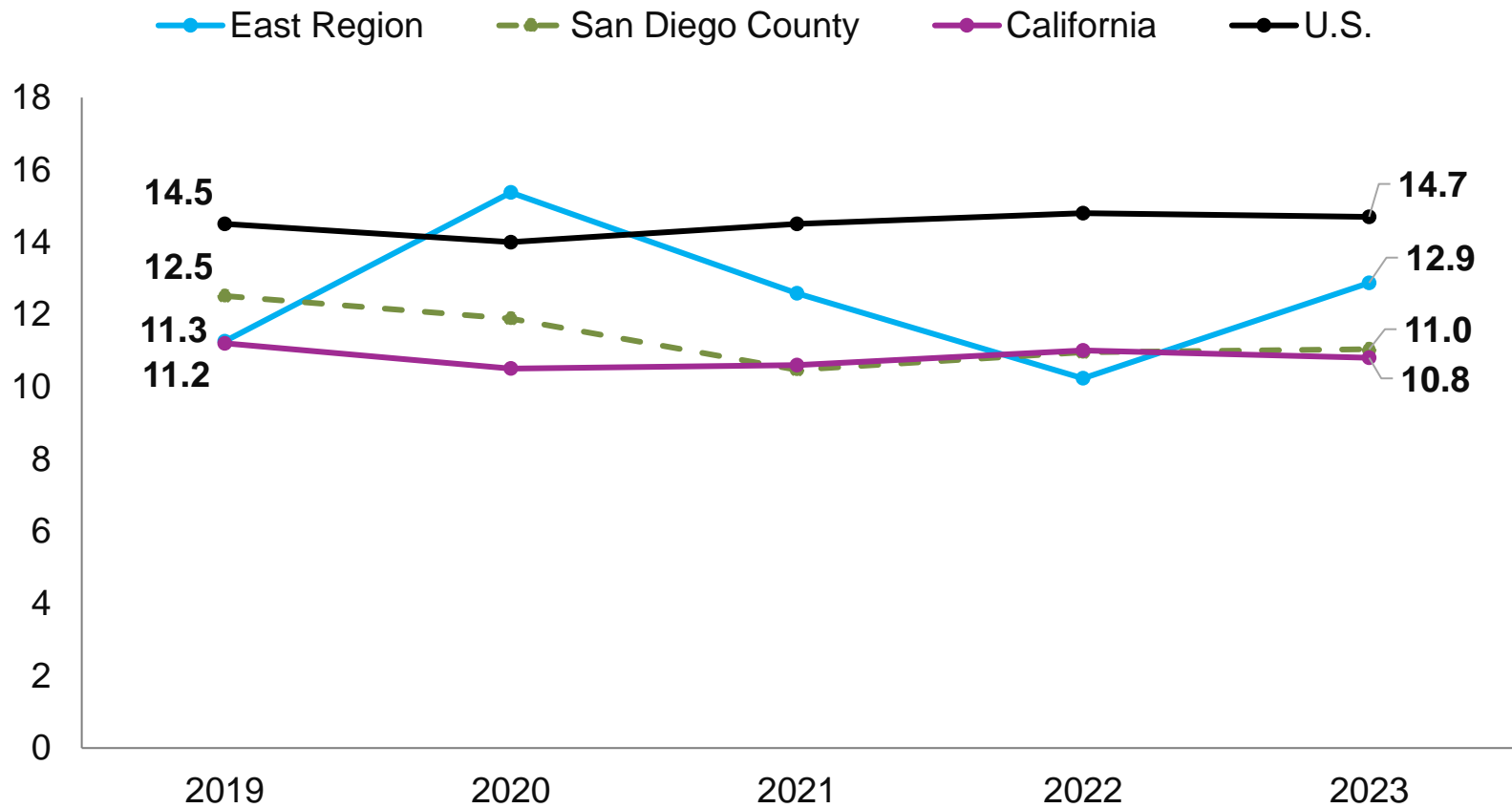
Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Serious Mental Illness Emergency Department Encounter Rates, 2023



Rate per 100,000 residents. 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)

Suicide Death Rate Comparisons, 2019-2023

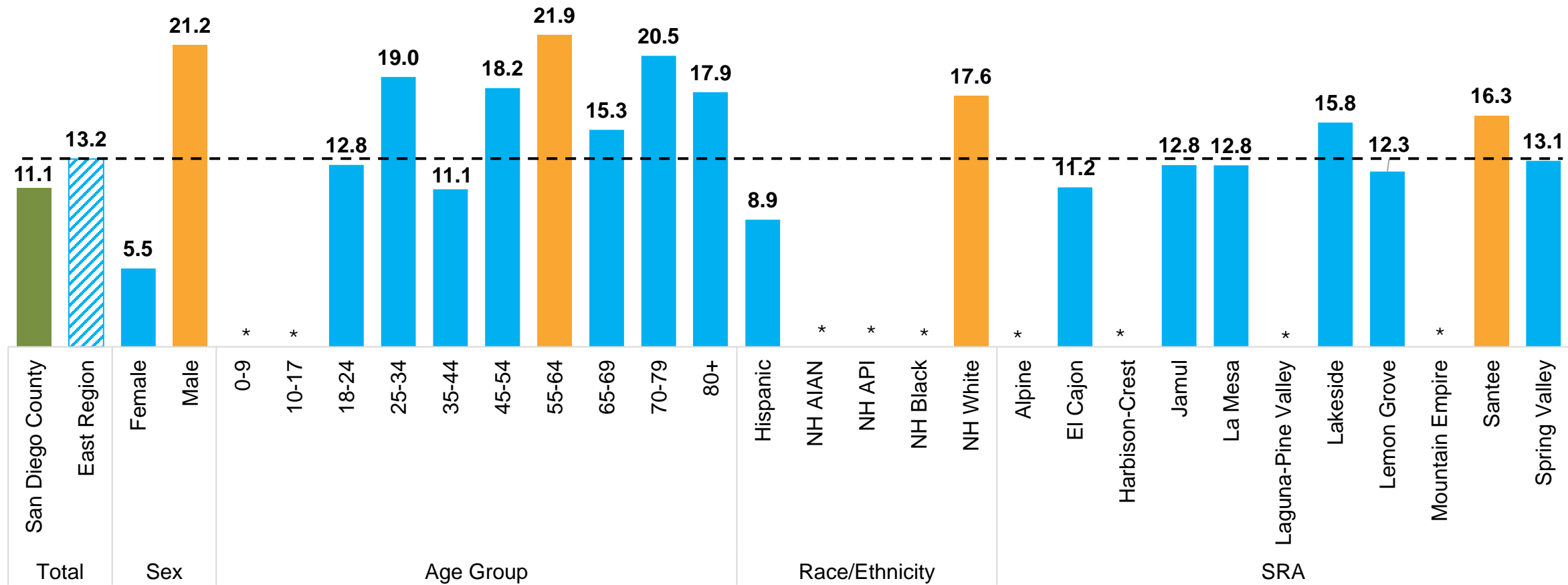


2019-2023, % change	
East Region	+14% ↑
San Diego County	-12% ↓
California	- 4% ↓

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.

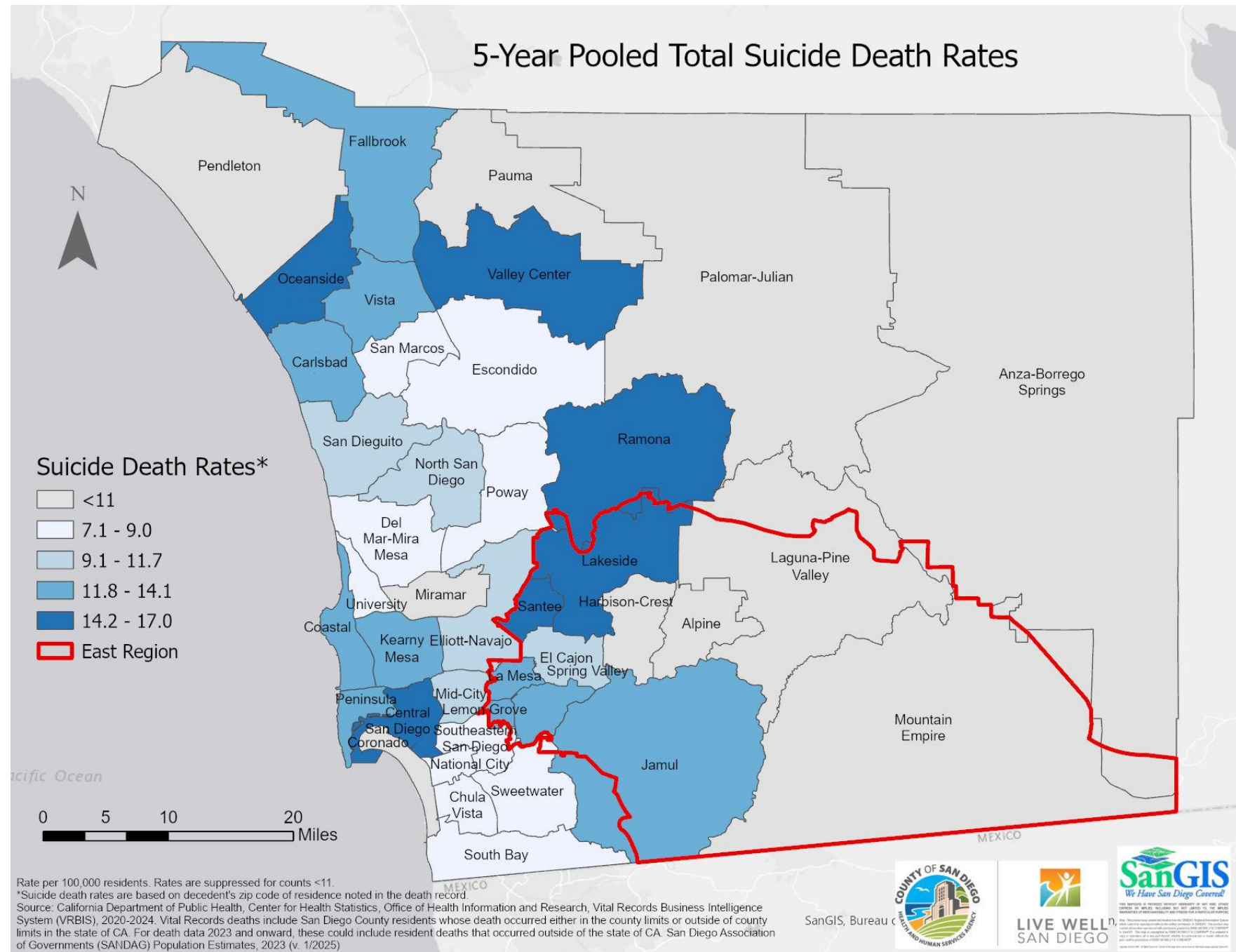
Suicide Death Rates

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)

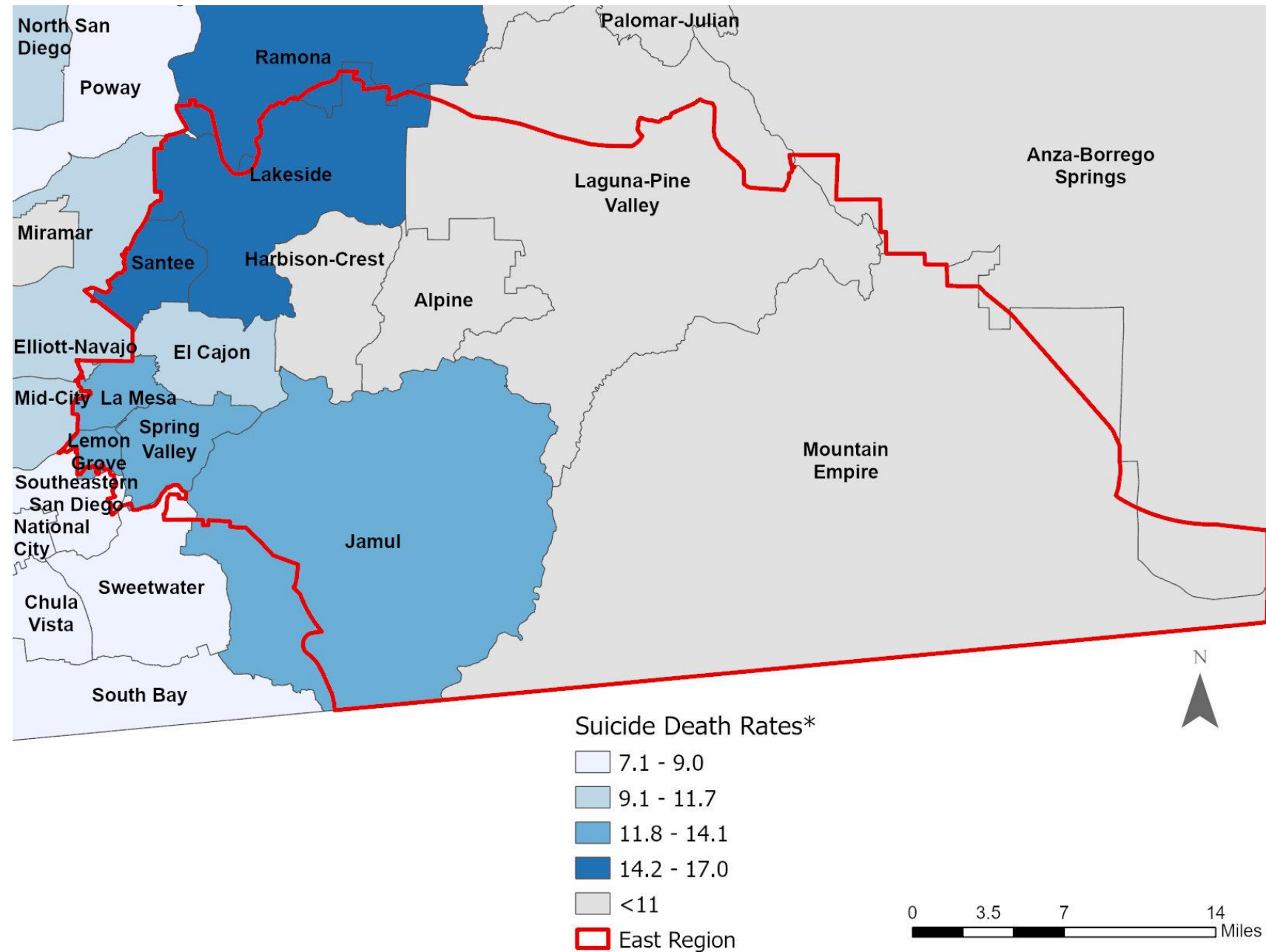
Suicide Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)



Suicide Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)

Rates in East Region were higher in:

1. Santee
2. Lakeside

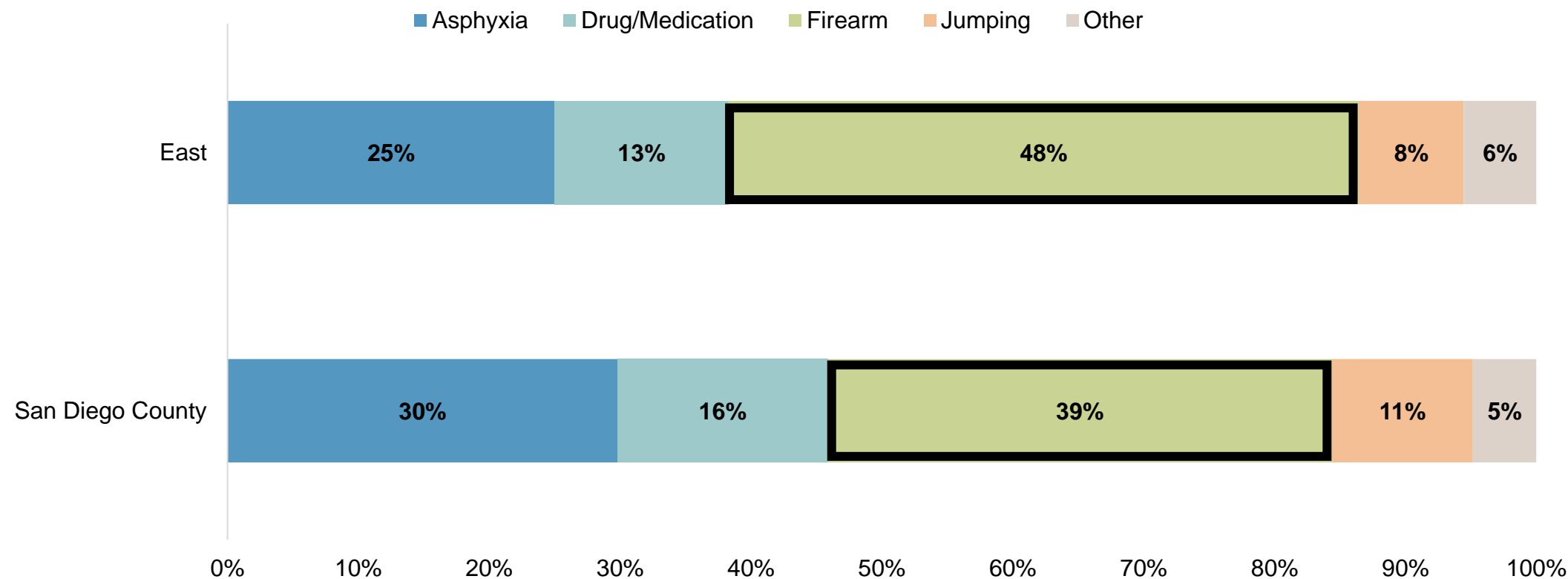


Suicide Death Rates

Pooled Total Rates by Method, 2020-2024

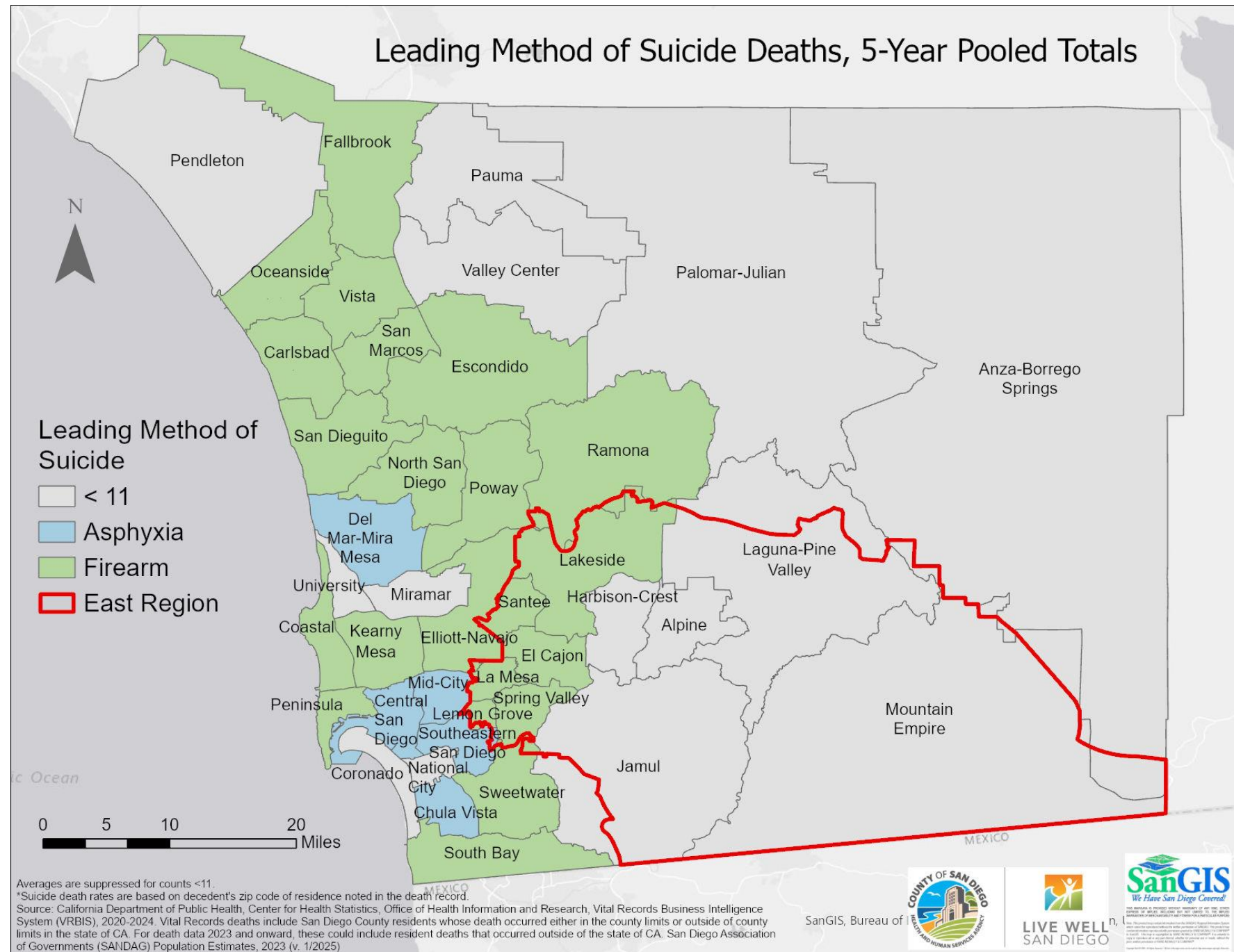


Suicide Deaths by Method, Pooled Totals, 2020-2024

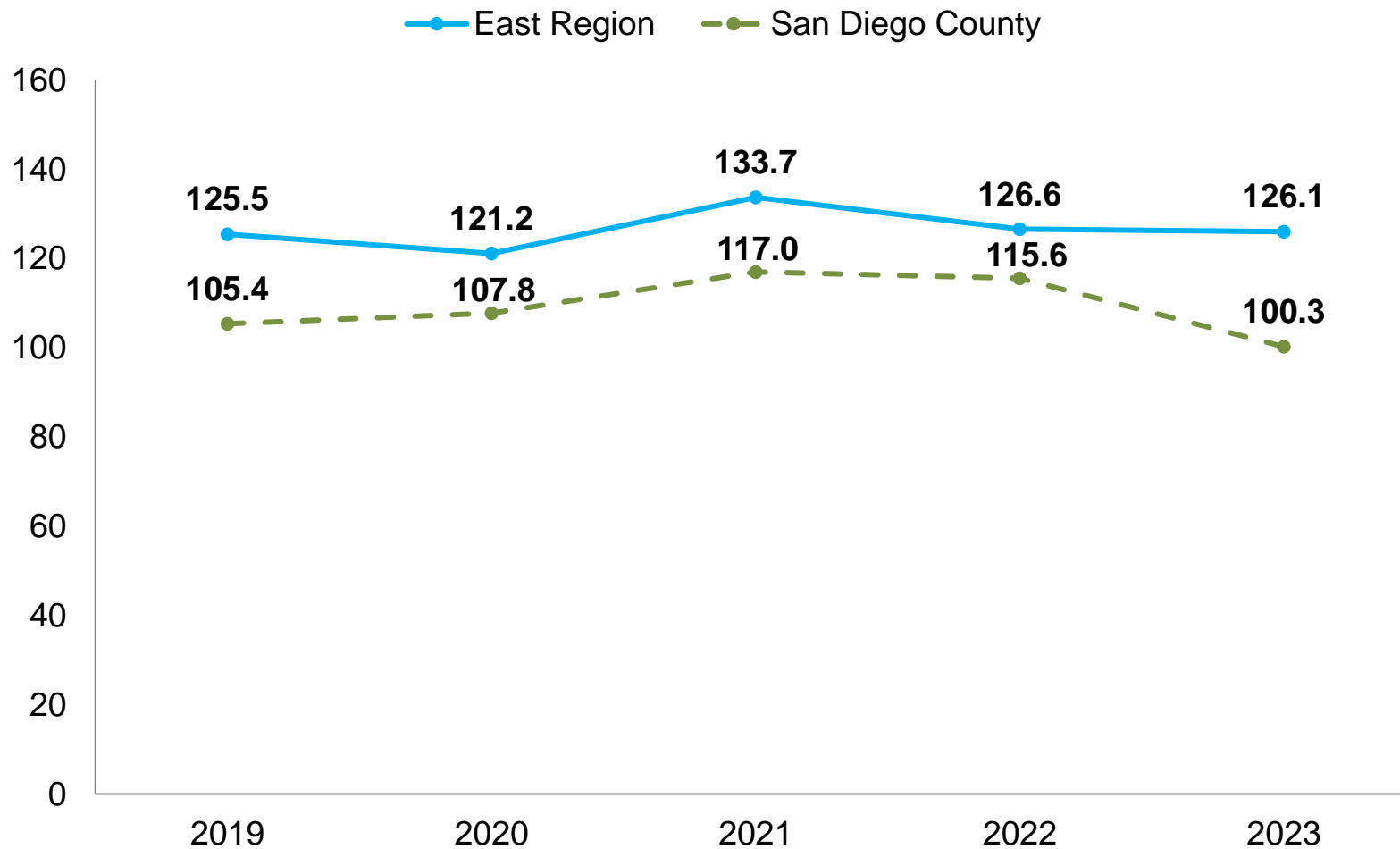




Percent of total suicides. Other method includes intentional self-harm by crashing of motor vehicle, by explosive material, by smoke/fire/flammes, by steam/hot vapors/hot objects, by sharp or blunt object, by terrorism, or other or unspecified means. Source: California Department of Public Health, Center 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)

Leading Methods Involved in Suicide Deaths by Subregional Area (SRA), San Diego County, 2020-2024 (Pooled Totals)

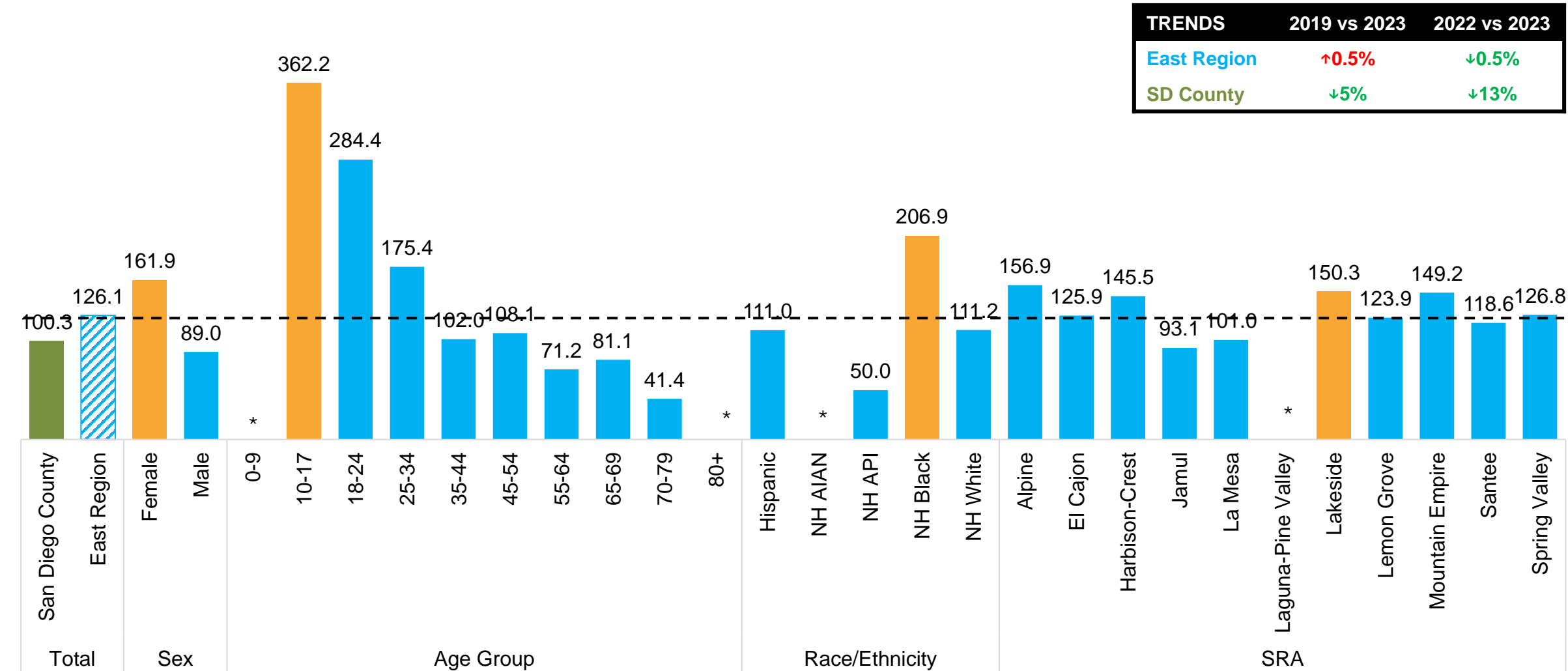


Suicide Attempts and Intentional Self-Harm Emergency Department Encounter Rates, 2019-2023



2019-2023, % change	
East Region	+0.5% 
San Diego County	-5% 

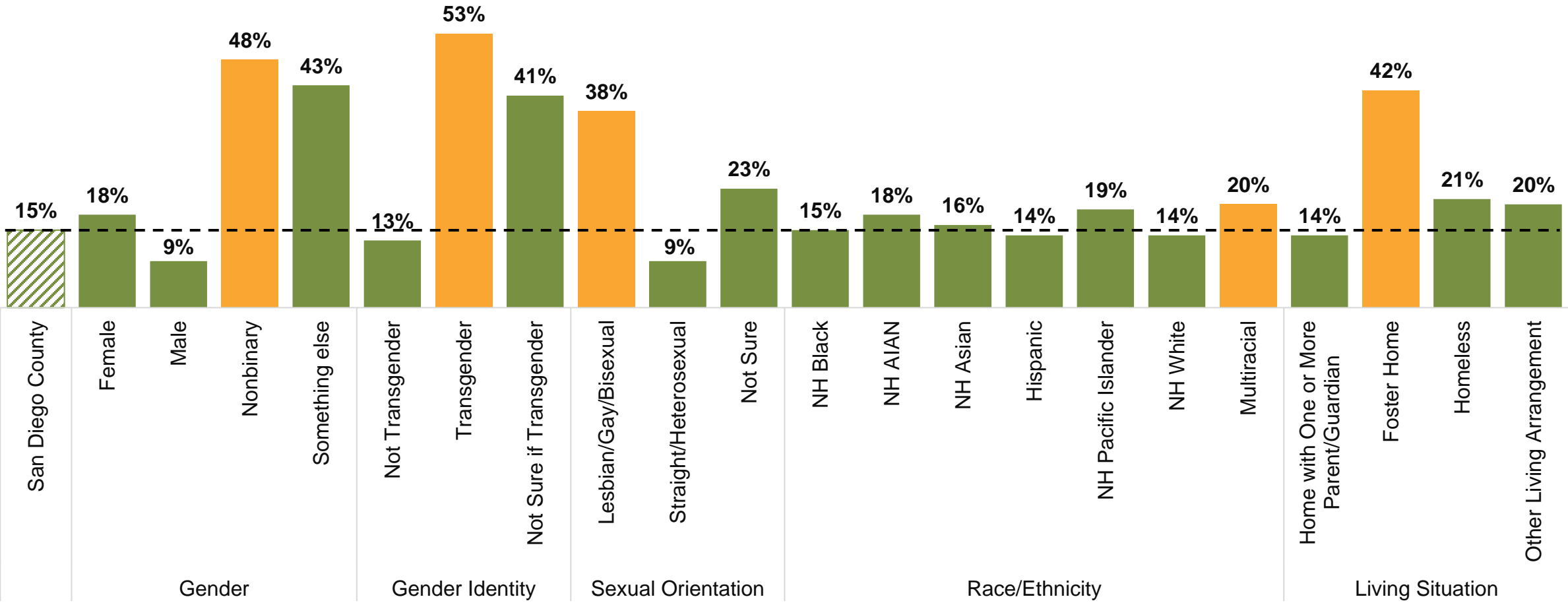
Suicide Attempt and Intentional Self-Harm Emergency Department Encounter Rates, 2023



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)

Considered Suicide in Past 12 Months

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



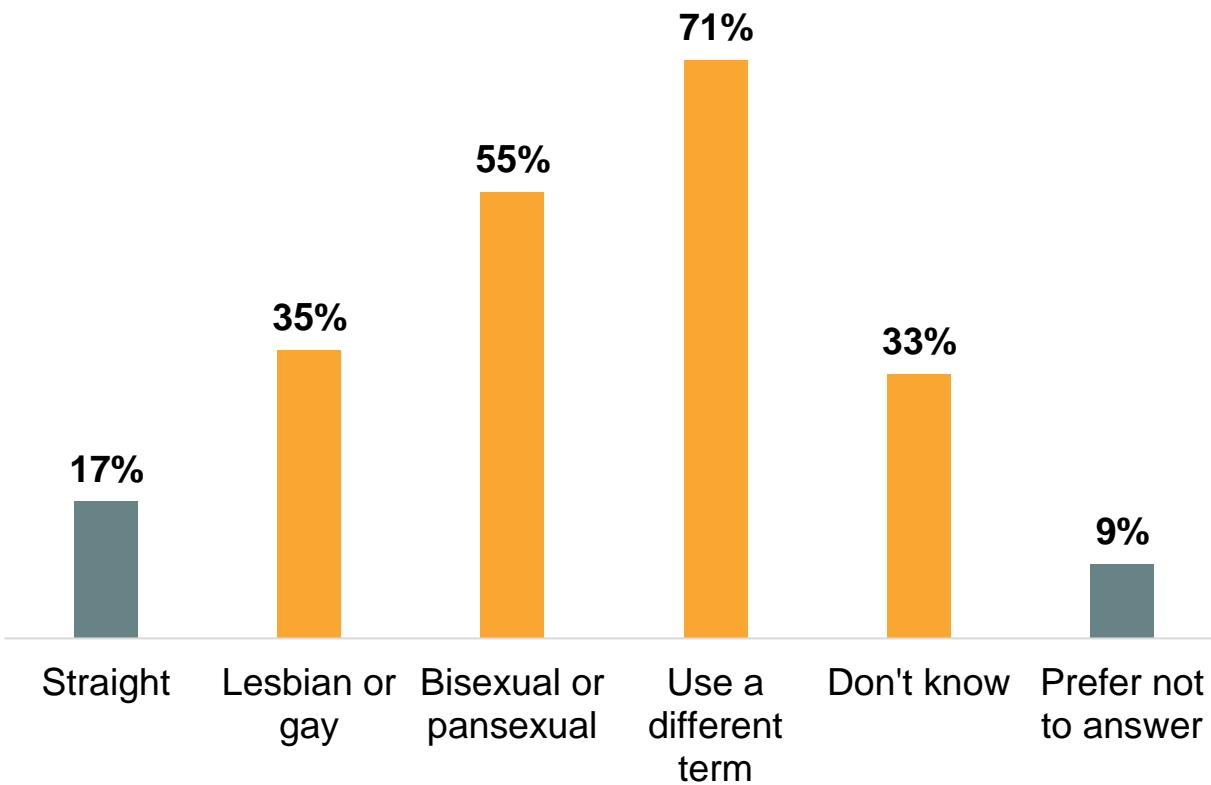
LGB = lesbian, gay, or bisexual. AI/AN = American Indian/Alaska Native. Foster home includes foster home, group care, or waiting placement. Homeless includes friend's home, hotel or motel, shelter, car, campground, or other transitional or temporary housing. Other living arrangement includes other relative's 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>

Suicidal Ideation

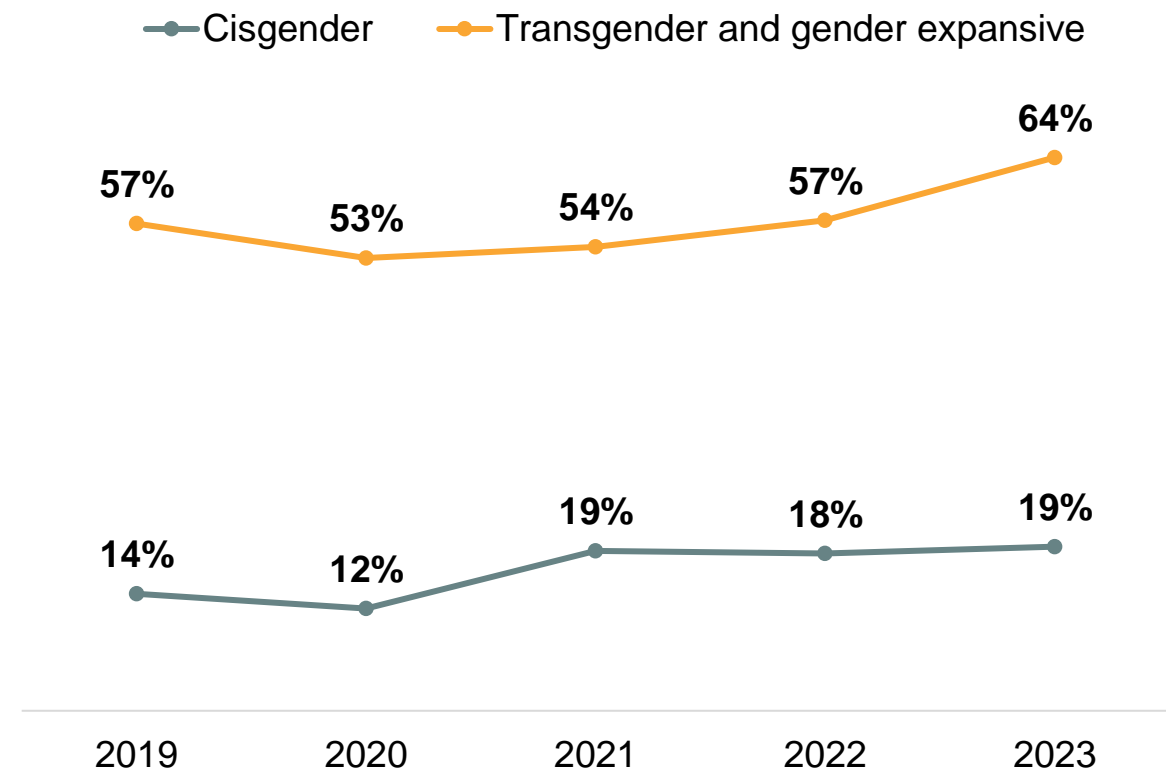
Percentages Among Adults by Sexual Orientation (2023) and Gender Identity (2019-2023)



Percent of Adults 18+ that Ever Seriously Considered Suicide, by Sexual Orientation, California, 2023



Percent of Adults 18+ that Ever Seriously Considered Suicide, by Gender Identity, California, 2019-2023

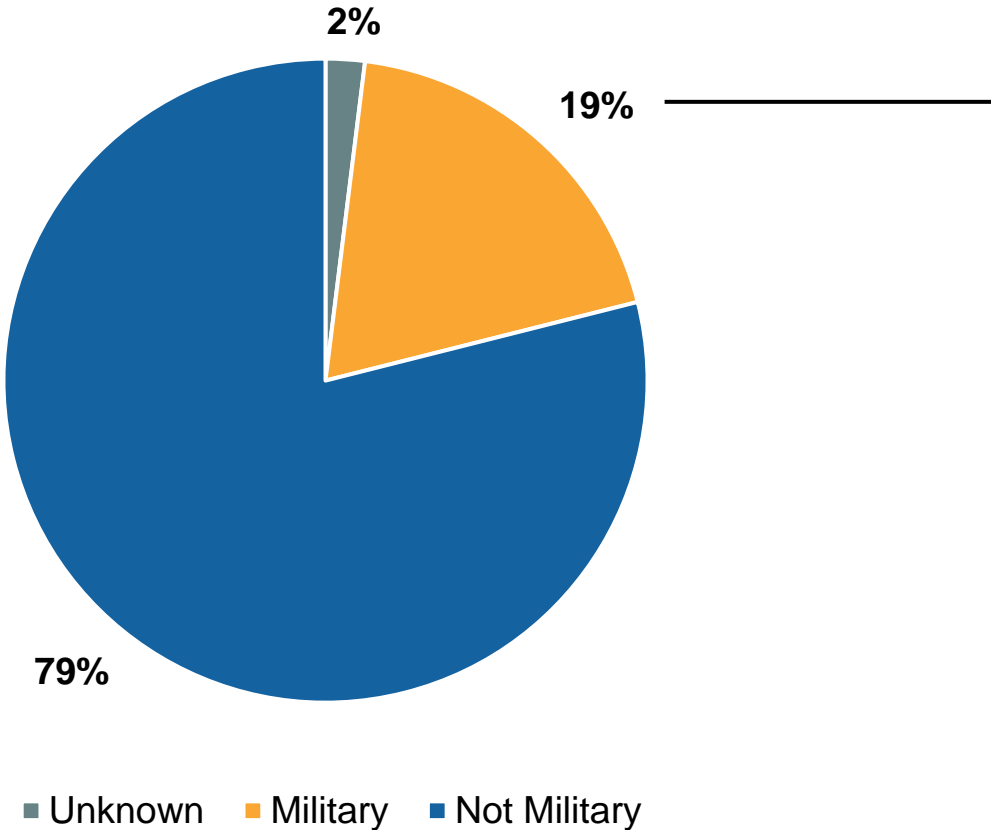


Suicide Deaths

Percentages by Military Status, Pooled Totals 2020-2024



Percent Suicide Deaths by Military Status, Pooled Totals, San Diego County, 2020-2024



Suicide deaths among **military-affiliated residents** of San Diego County were predominantly:

- **male** (94.0%)
- **non-Hispanic White** (70.8%)
- **ages 65+** (35.8%)

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)

Countywide Initiatives



Suicide Prevention Council

- Collaborative, countywide effort dedicated to preventing suicides
- Guided by a public health approach and grounded in equity, the Council promotes culturally sensitive, evidence-based practices and accessible support for individuals, families, and communities
- Vision is zero suicides in San Diego County

<https://www.sdchip.org/initiatives/suicide-prevention-council/>

Join a subcommittee! Visit the website or call 858-609-7976.

[Assessment and Evaluation Subcommittee](#)

[Faith Subcommittee](#)

[Higher Education Subcommittee](#)

[Means Reduction Subcommittee](#)

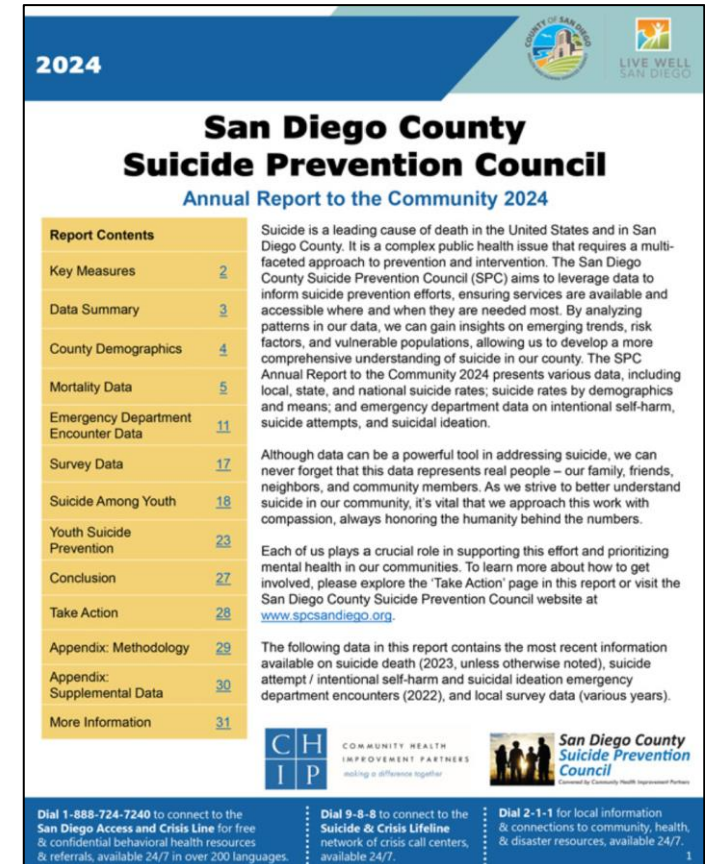
[Media Subcommittee](#)

[Postvention Subcommittee](#)

[Priority Populations Community Subcommittee](#)

[School Collaboration K-12 Subcommittee](#)

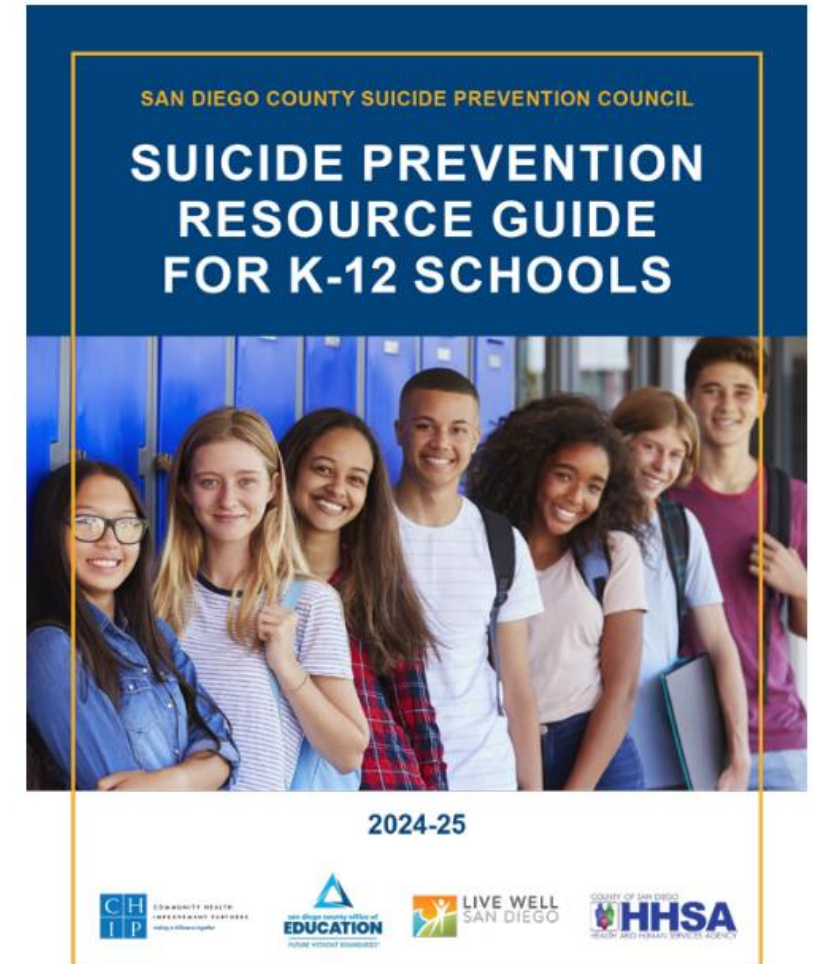
[Training & Education](#)



Priority Population Resource Guides

- [Asian American & Pacific Islander Suicide Prevention & Mental Health Resources 2024](#)
- [Black & African American Suicide Prevention & Mental Health Resources 2025](#)
- [Latinx Community Suicide Prevention & Mental Health Resources 2024](#)
- [LGBTQIA+ Suicide Prevention & Mental Health Resources 2025](#)
- [Middle Eastern / South Asian Suicide Prevention & Mental Health Resources 2024](#)
- [Military & Veterans Suicide Prevention & Behavioral Health Resources 2024](#)
- [Native American & American Indian Suicide Prevention & Mental Health Resources 2025](#)
- [Reentry & Justice Involved Suicide Prevention & Mental Health Resources 2024](#)
- [Senior and Older Adult Suicide Prevention & Behavioral Health Resources 2024](#)
- [Suicide Attempt Survivors & Lived Experience Suicide Prevention & Mental Health Resources 2024](#)
- [Survivors of Suicide Loss Suicide Prevention & Mental Health Resources 2024](#)
- [Transitional Age Youth \(16-25 Years\) Suicide Prevention & Mental Health Resources 2025](#)

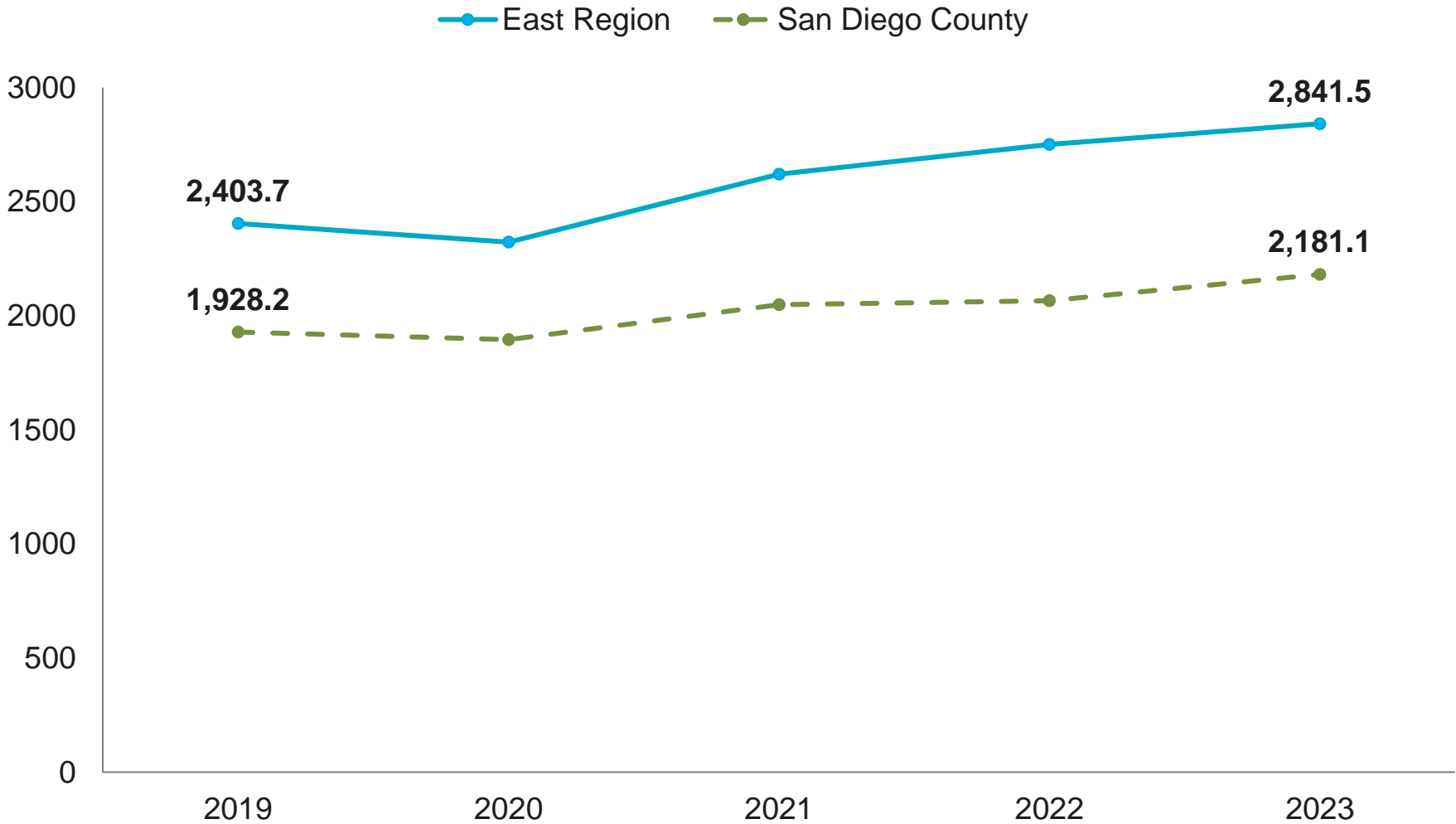
School Resource Guide





County Substance Use Data

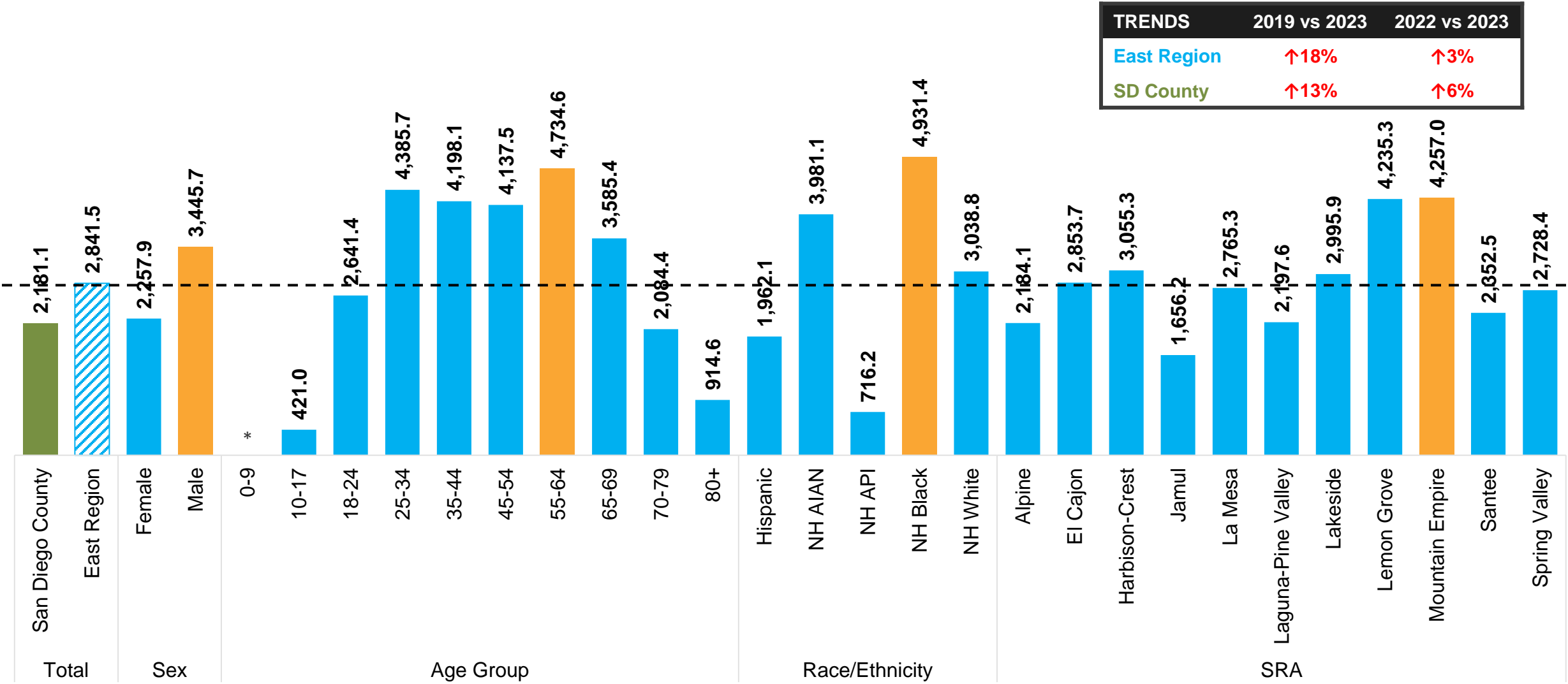
Substance-Related Disorder Emergency Department Encounter Rates, 2019-2023



2019-2023, % change	
East Region	+18% ↑
San Diego County	+13% ↑

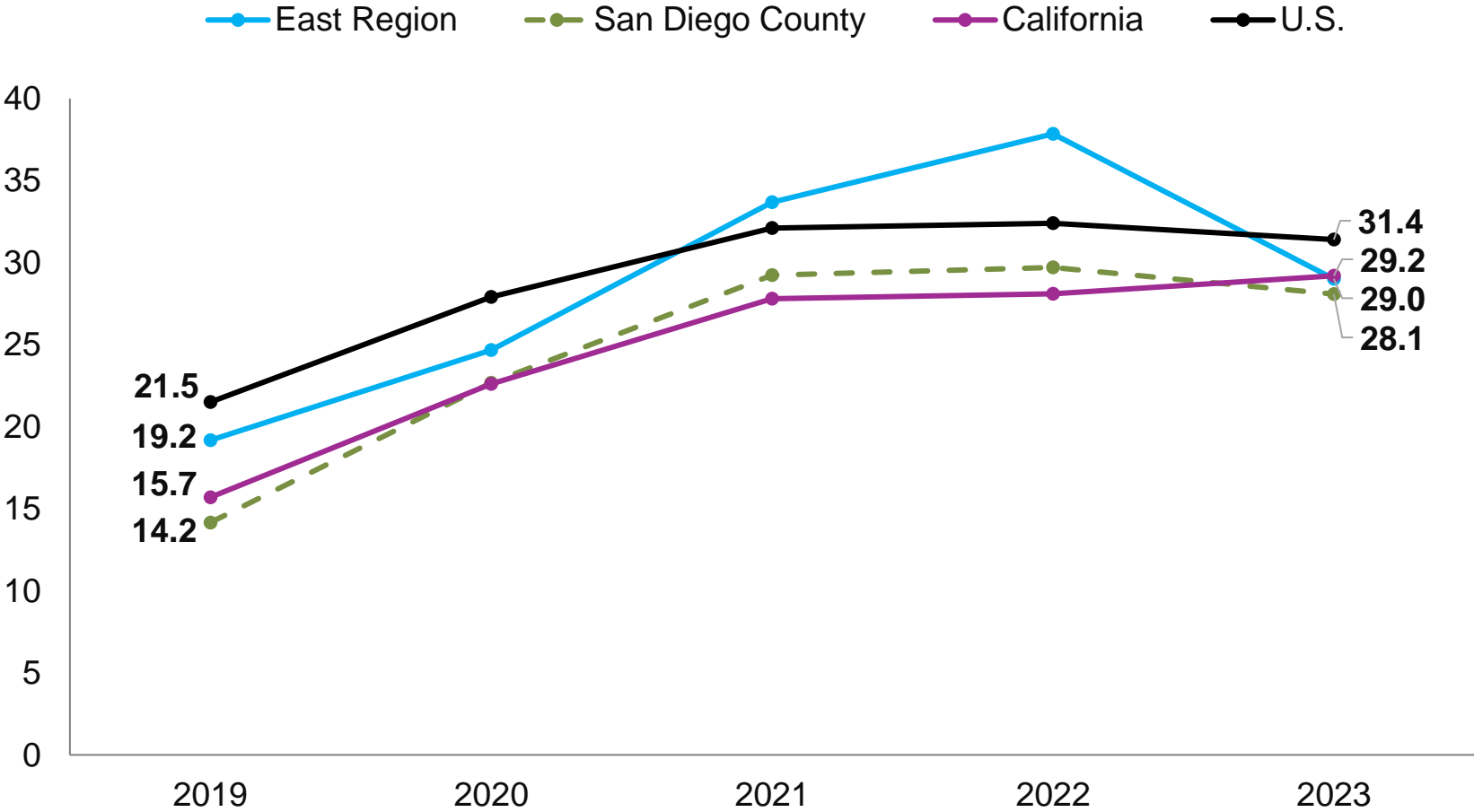
Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Substance-Related Disorder Emergency Department Encounter Rates, 2023



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)

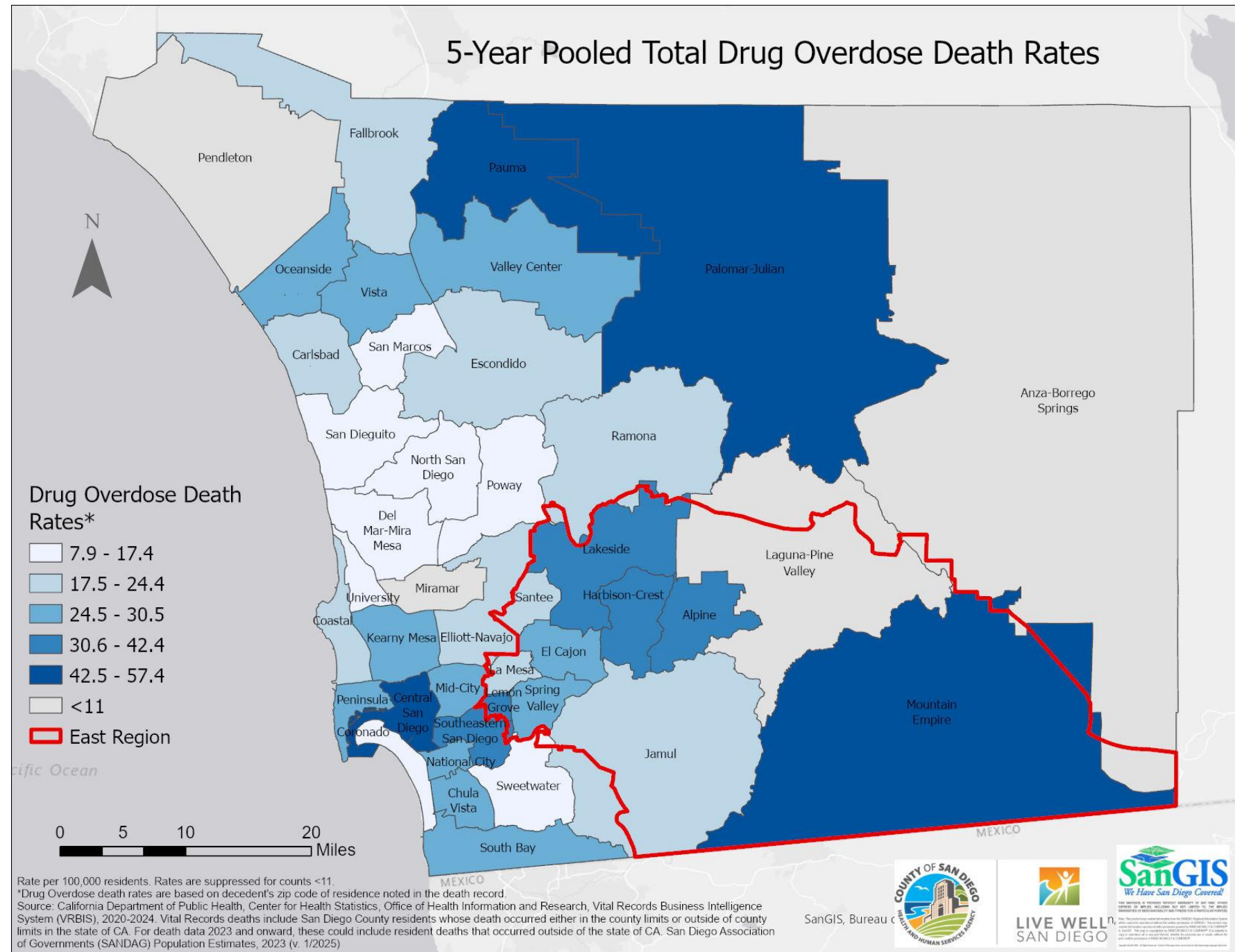
Overdose Death Rate Comparisons, 2019-2023



2019-2023, % change	
East Region	+51% ↑
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.

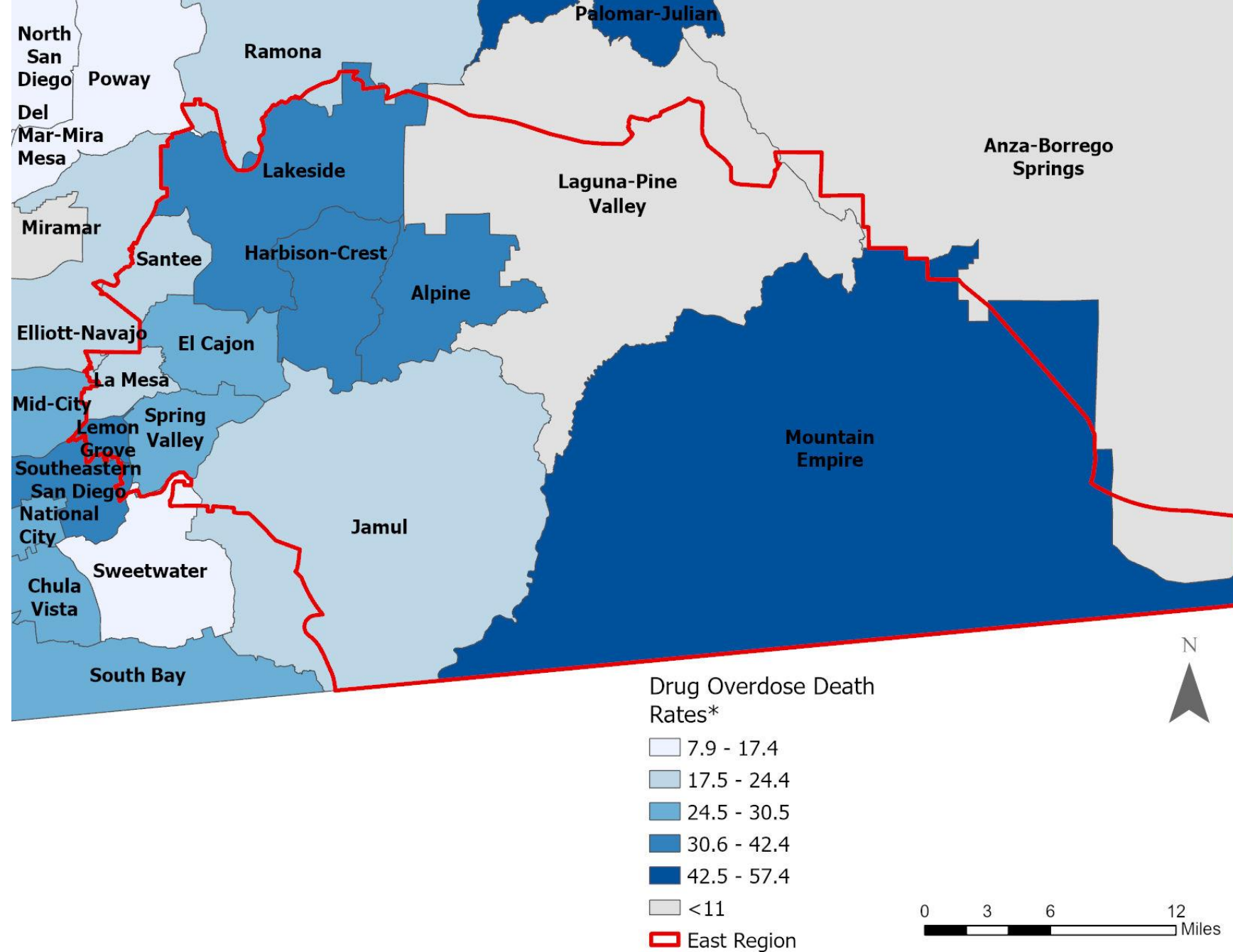
Drug Overdose Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)



Drug Overdose Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)

Rates in East Region were higher in:

1. Mountain Empire



Most Common Substances Identified in Overdose Deaths



Fentanyl

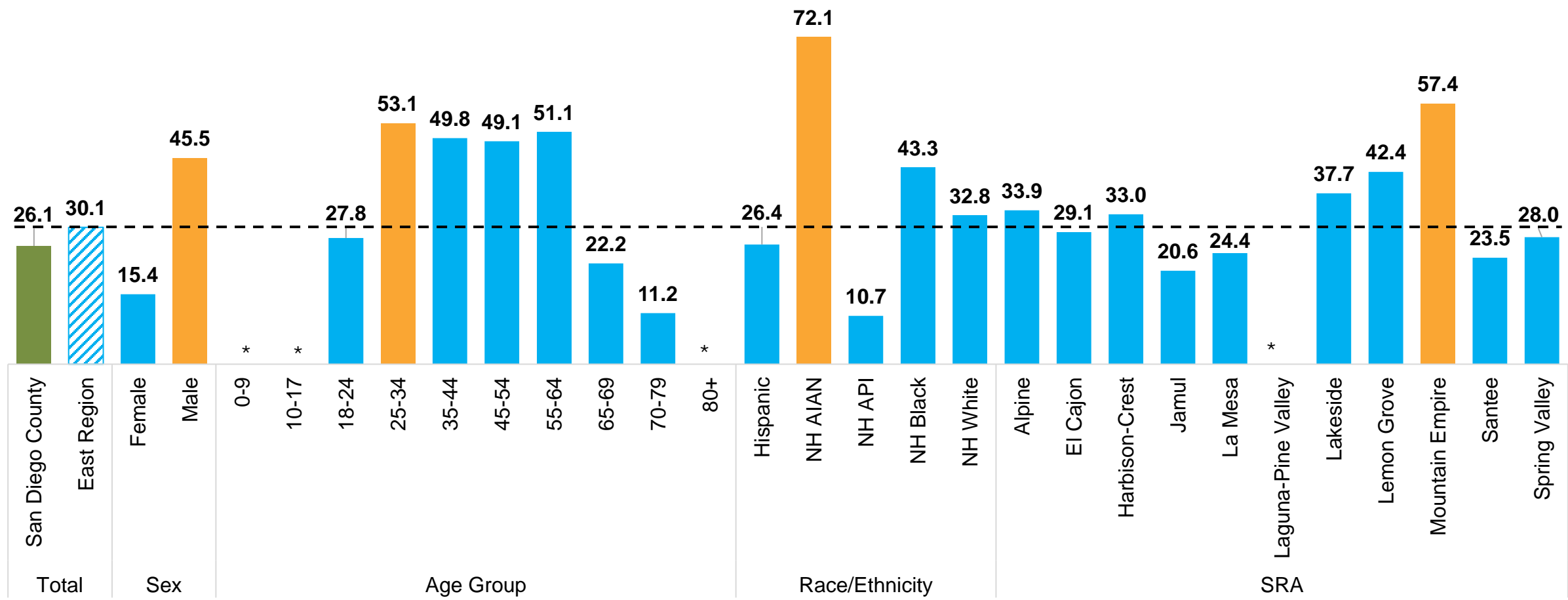
Methamphetamine

Heroin

Cocaine

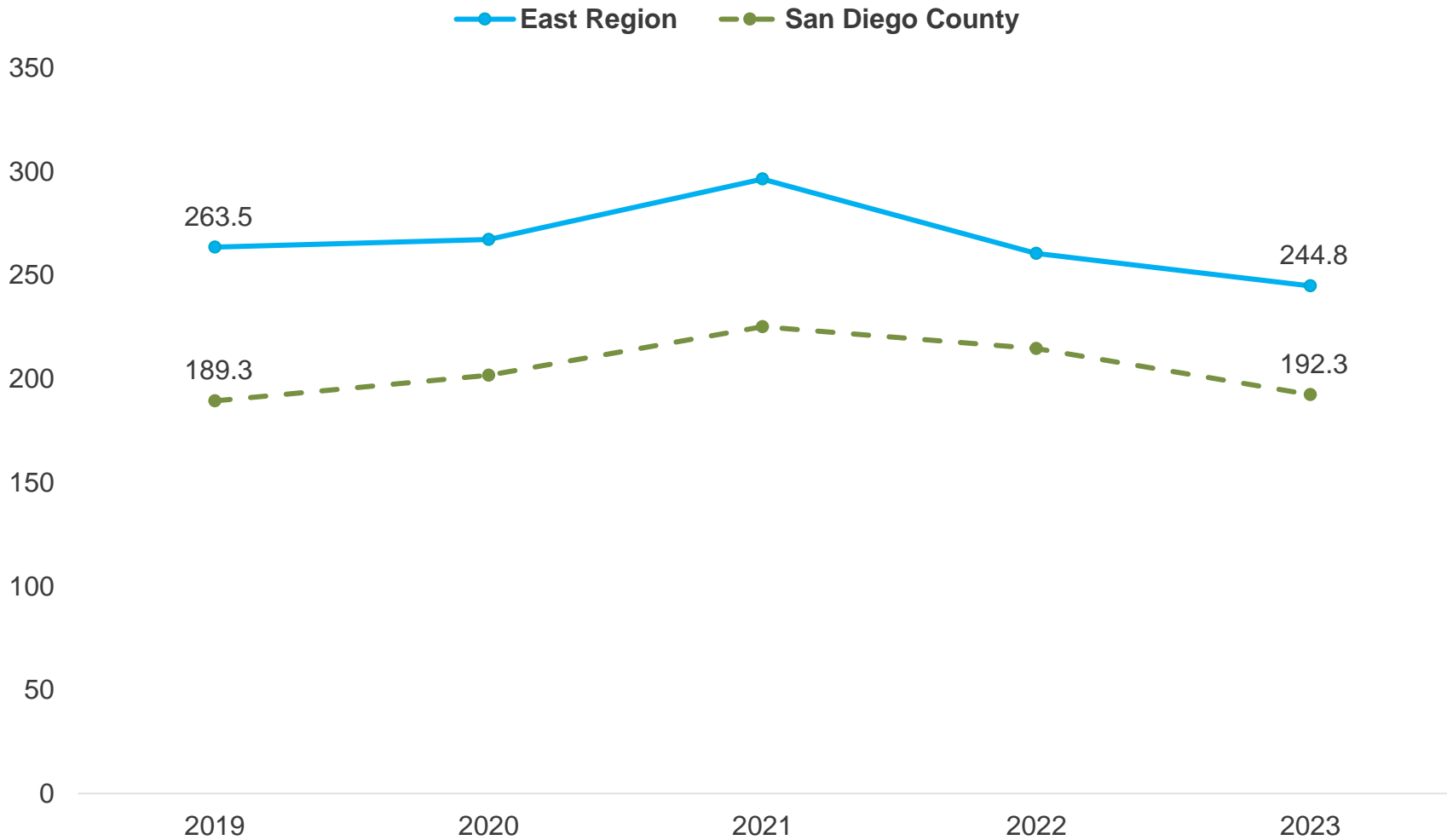
Alcohol

Overdose Death 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), 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)

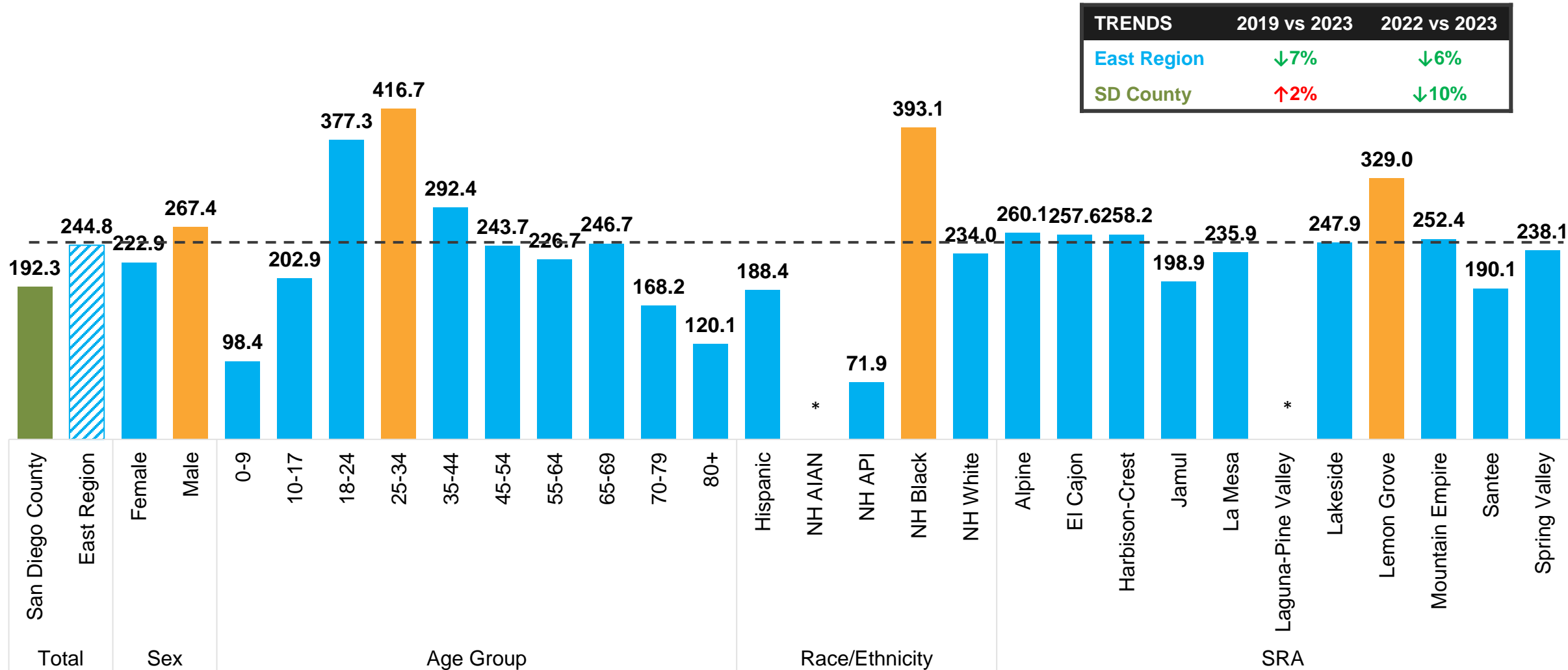
Nonfatal Overdose Emergency Department Encounter Rates, 2019 to 2023



2019-2023, % change		
East Region	-7%	↓
San Diego County	+2%	↑

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)

Nonfatal Overdose Emergency Department Encounter Rates, 2019 to 2023



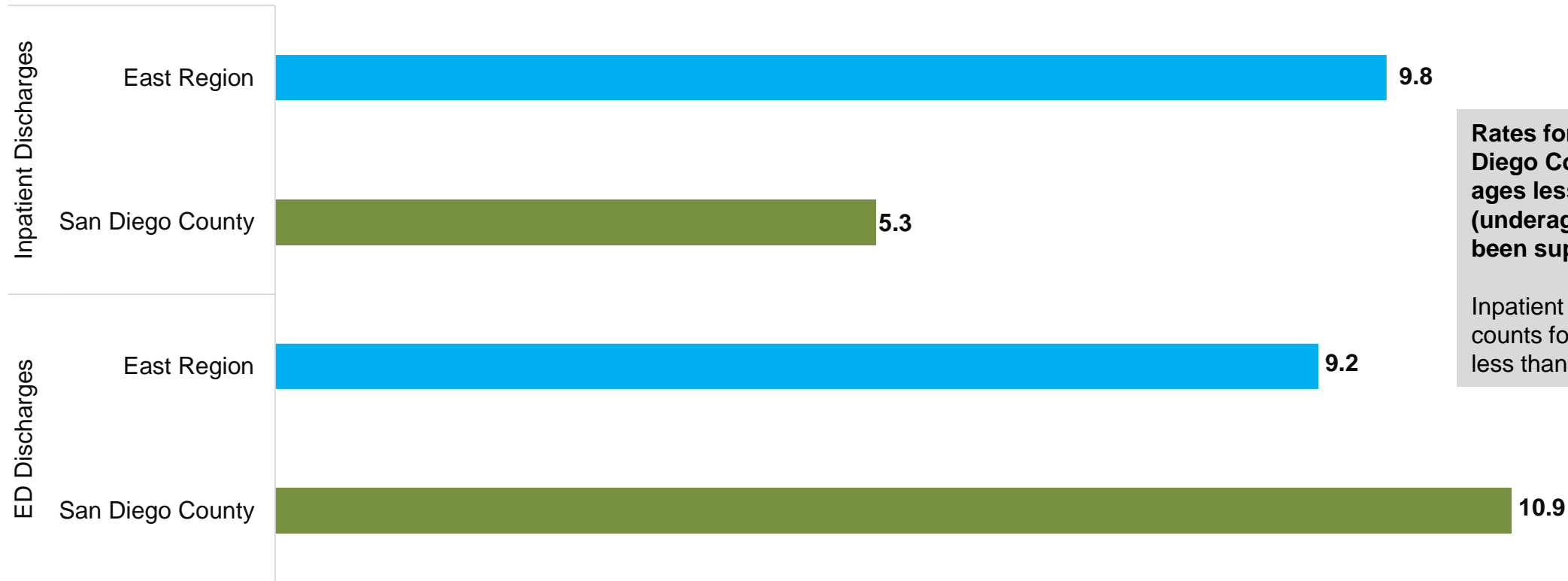
Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates,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

Alcohol Poisoning

Emergency Department and Inpatient Discharge Rates, 2022



Inpatient and Emergency Department Discharge Rates Alcohol Poisoning, Ages 20 Years and Older, 2022

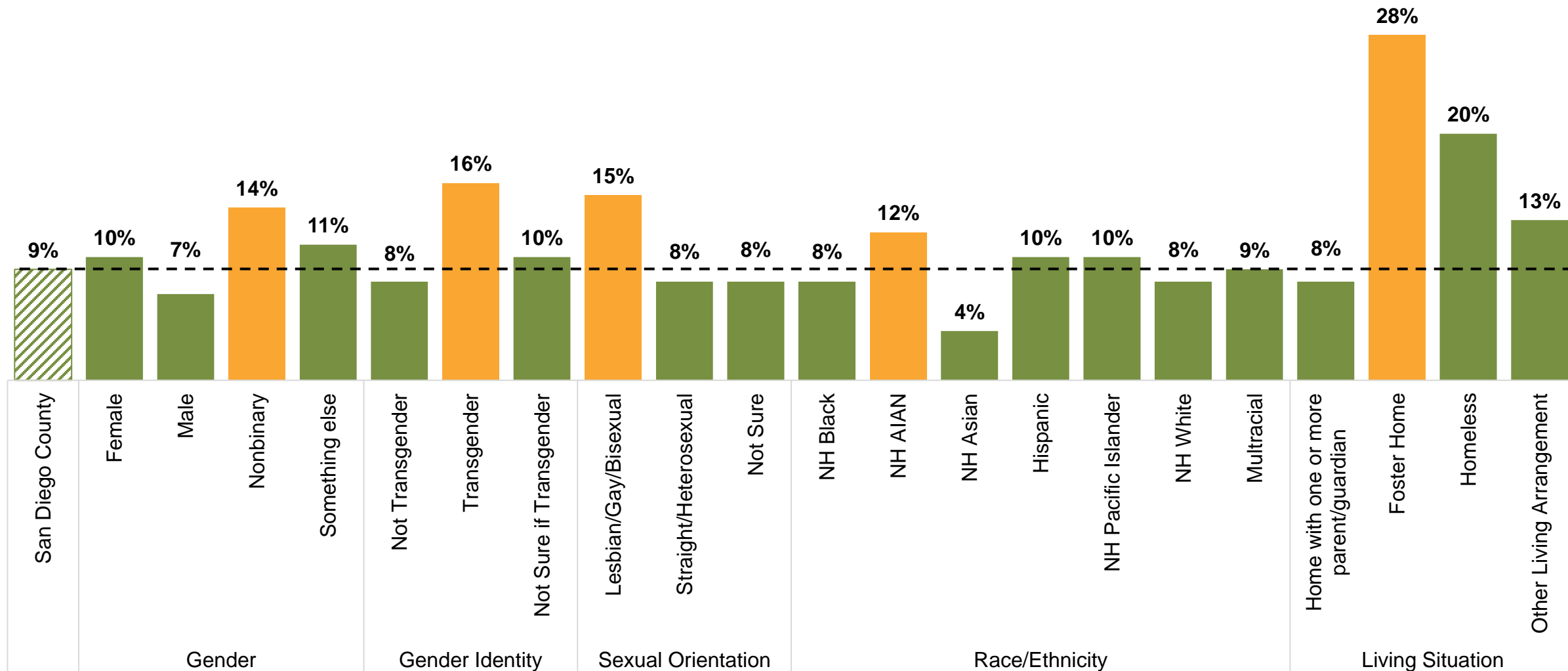


Rates for East and San Diego County residents ages less than 20 years (underage drinkers) have been suppressed.

Inpatient and ED discharge counts for those groups were less than 11.

Alcohol or Drug Use in the Past 30 Days

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



LGB = lesbian, gay, or bisexual. 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>

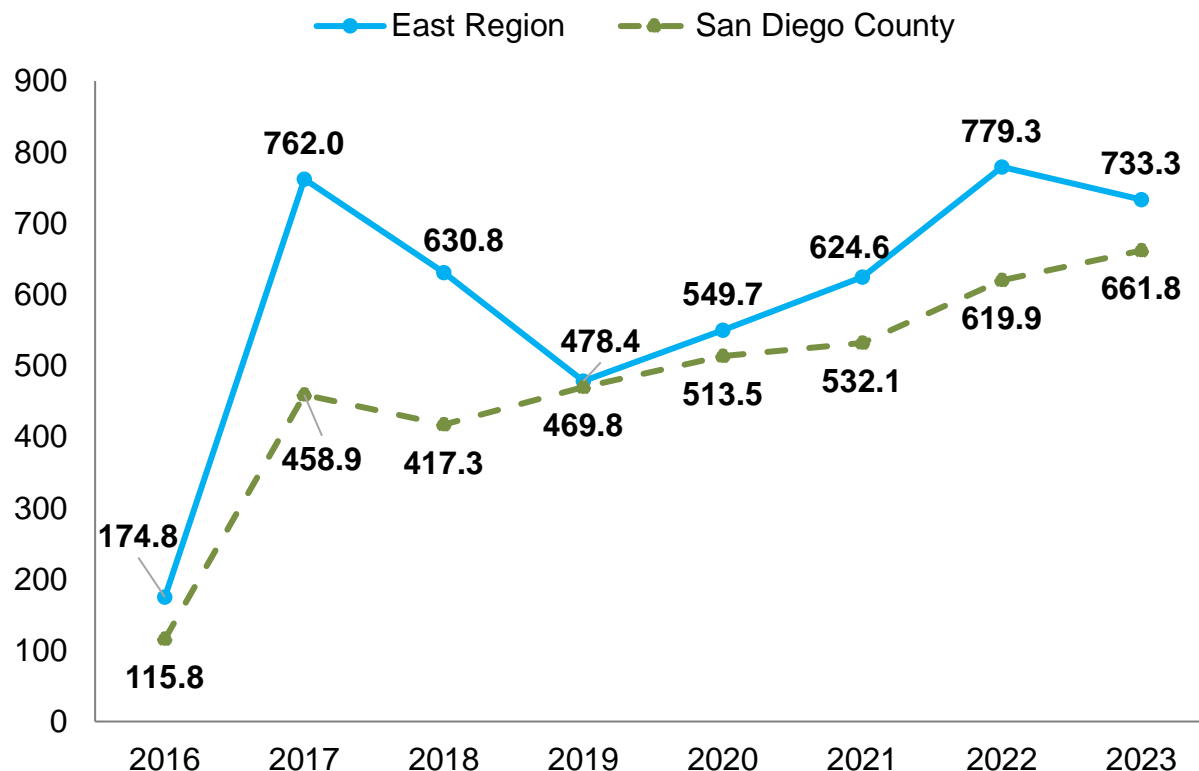
Cannabis-Related Indicators

Emergency Department Encounter Rates, 2016-2023

Reported Lifetime Use, 2017-2023

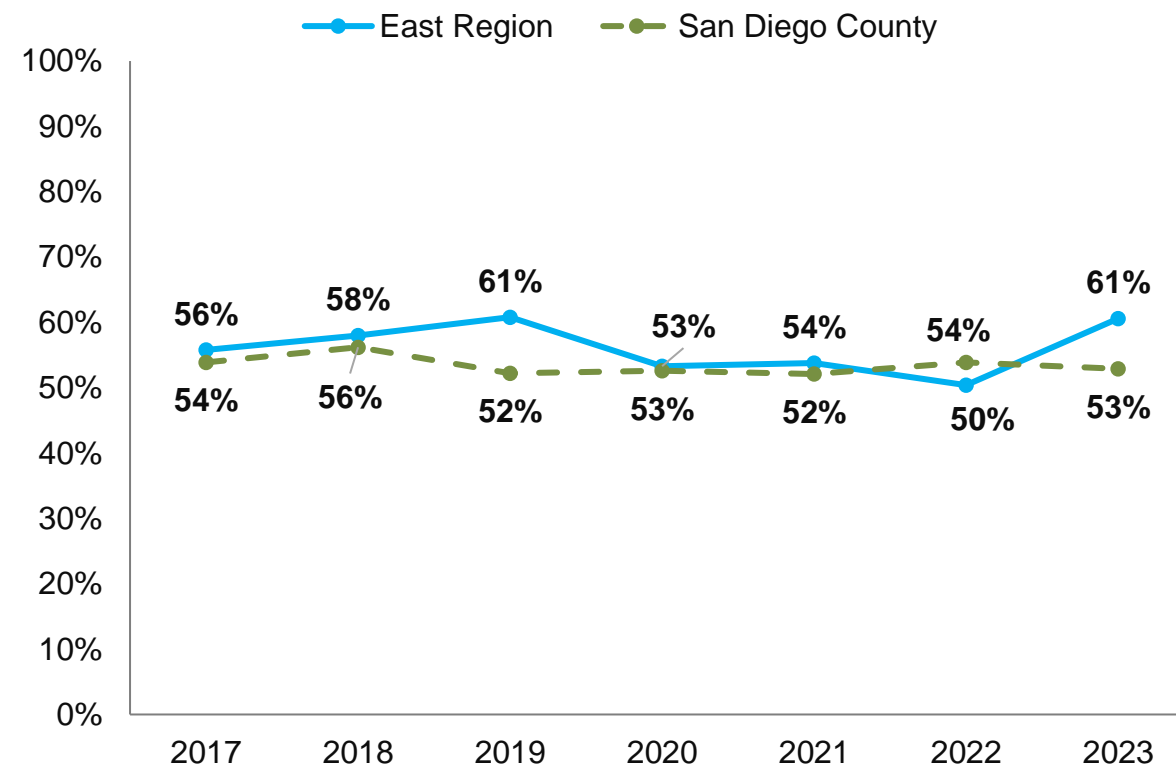


Cannabis-Related Emergency Department (ED) Encounter Rates, 2016-2023



Rate per 100,00 residents. Rates for 2016 and 2017 should be interpreted with caution, as ICD-10 codes specific to cannabis were introduced in October 2015. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2016-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Percent of Adults 18+ That Have Ever Tried Marijuana or Hashish, 2017-2023



Source: 2017, 2018, 2019, 2020, 2021, 2022, 2023 California Health Interview Survey. UCLA Center for Health Policy Research. Accessed at <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard> on 06/18/25.

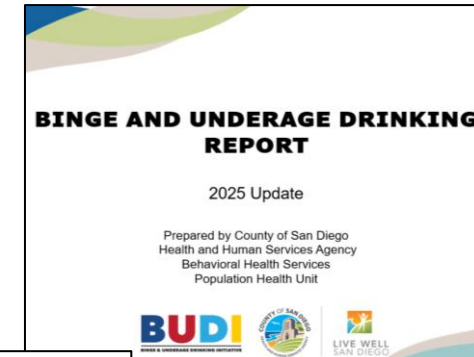
Countywide Initiatives



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.

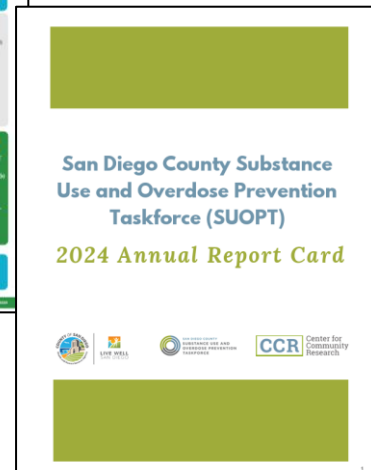
<https://www.ccrconsulting.org/initiatives/cannabis-public-health>



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)



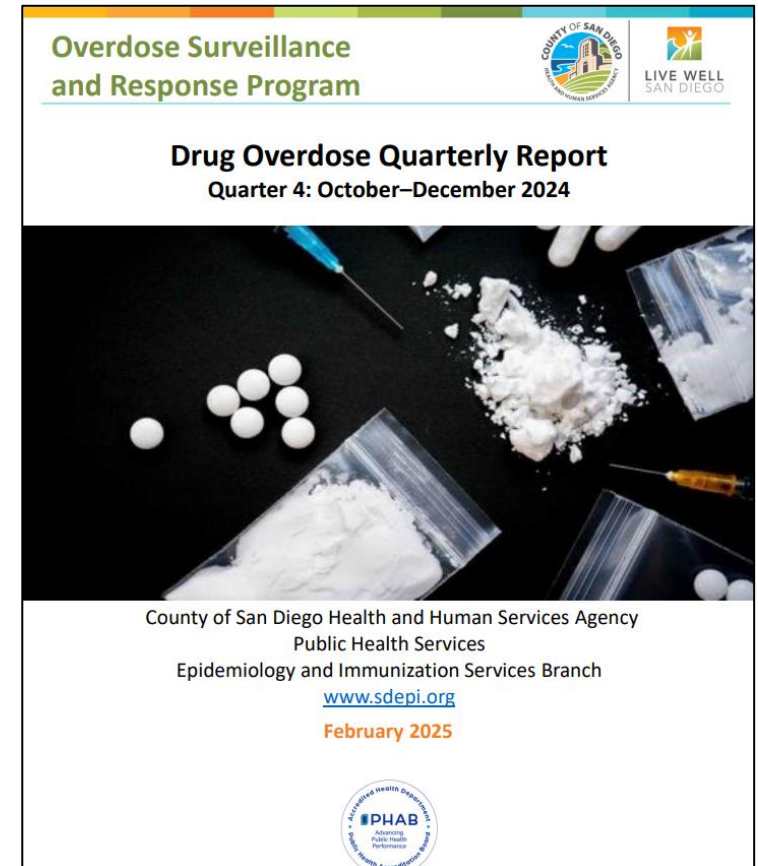
In response to the need for a comprehensive drug overdose surveillance and response system, the County of San Diego created the Overdose Surveillance and Response (OSAR) program in the fall of 2023.

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>



Additional Resources



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

- Available 24 hours/7 days a week
- Confidential and free of charge
- 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

Kim Work, MPH, Chief, Agency Operations

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Behavioral Health Services – Population Health Unit

County of San Diego, Health & Human Services Agency

Let's Discuss - Intention & Instructions



BHS data presentations from year's past:

- Intention to learn from the community what matters most
- What factors and conditions influence your response- snapshots
- How we utilize your feedback- Last Year - public messaging campaigns
(Prioritize Prevention & Early Intervention/School, Expand Data Visualization related to BH Subject Matter, & Focus on Accessibility and Inclusion-tailored language to reach communities)

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 8-10 persons**
- BHS will provide a scribe to take notes, or welcome to leave your thoughts via sticky notes
- 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

Let's Discuss - Activity



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

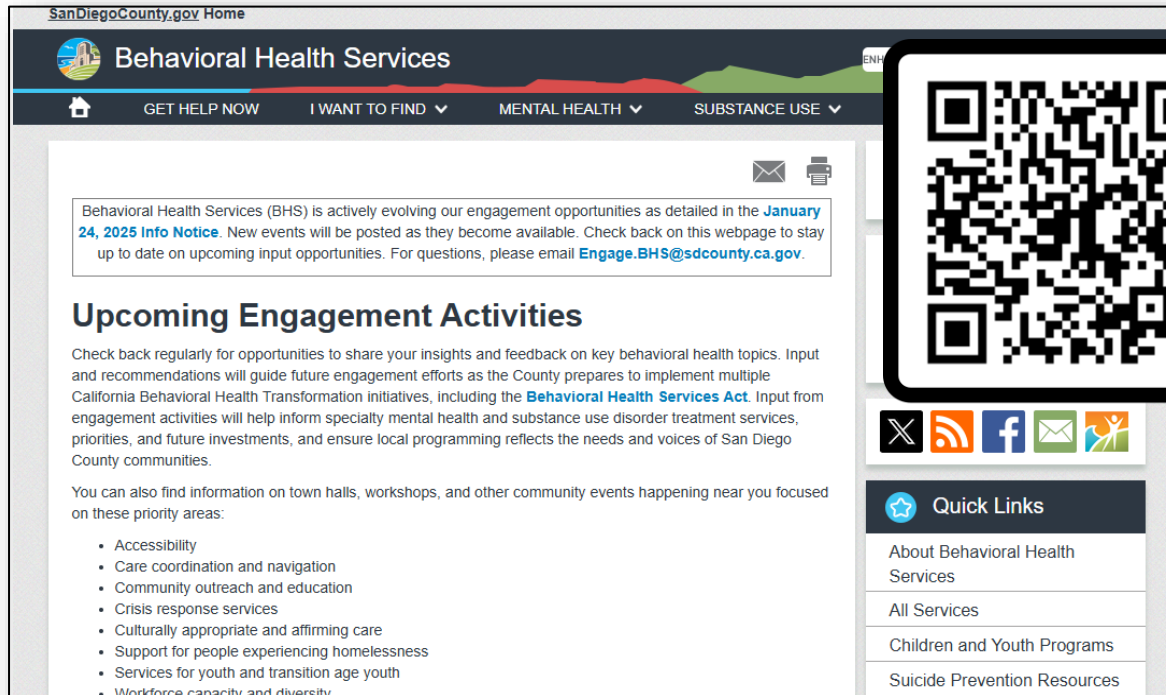
Care Experience
Engagement in School
Engagement in Work
Overdoses
Prevention and Treatment of Co-Occurring Physical Health
Quality of Life
Social Connection
Suicides

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?





SCAN ME

Upcoming Engagement Opportunities

Planned Engagement Activities

Engagement Activity Summaries

Contact Us

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