Behavioral Health Services: Behavioral Health Services Act & Data Presentation

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

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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

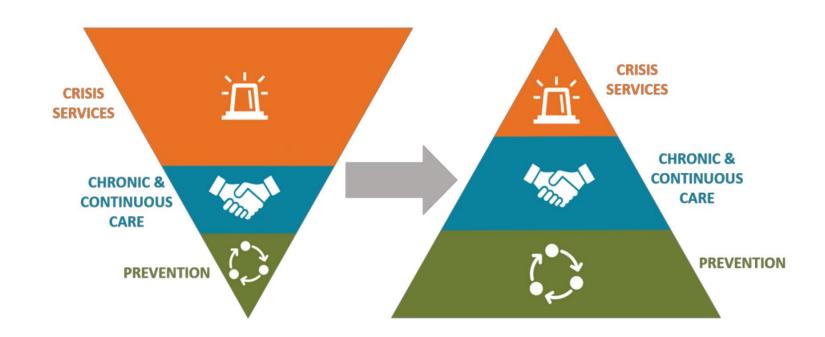


Behavioral Health Services Mission





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







Public BH System of Care

PRIMARY SERVICE POPULATION

Medi-Cal Eligible

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

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, <u>54%</u> 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 Goals to Address

Access to Care

Homelessness

Institutionalization

Justice-Involvement

Removal of Children from Home

Untreated
Behavioral Health
Conditions

Additional County-Selected Goal

Care Experience		
Engagement in School		
Engagement in Work		
Overdoses		

Prevention and Treatment of Co-Occurring Physical Health

Quality of Life

Conditions

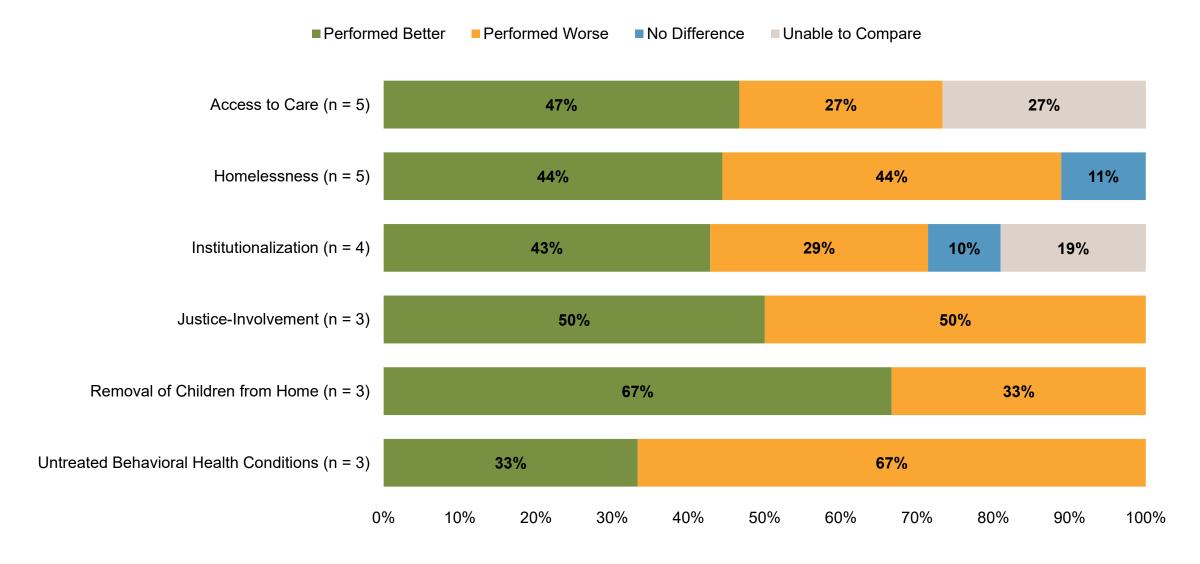
Social Connection

Suicides

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





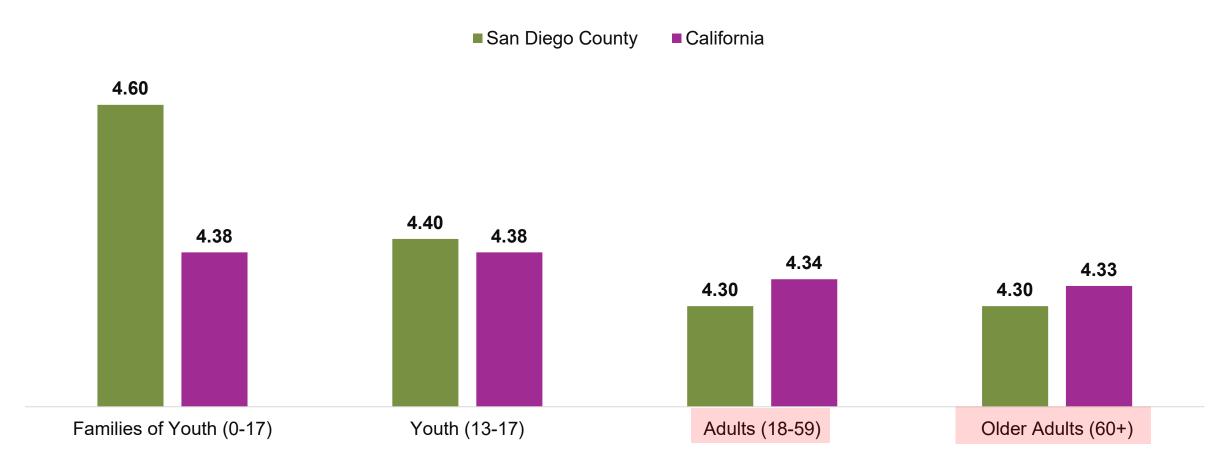


Care Experience: Perception of Cultural Appropriateness of Services





Consumer Perception Survey (CPS) Average Scores, 2023



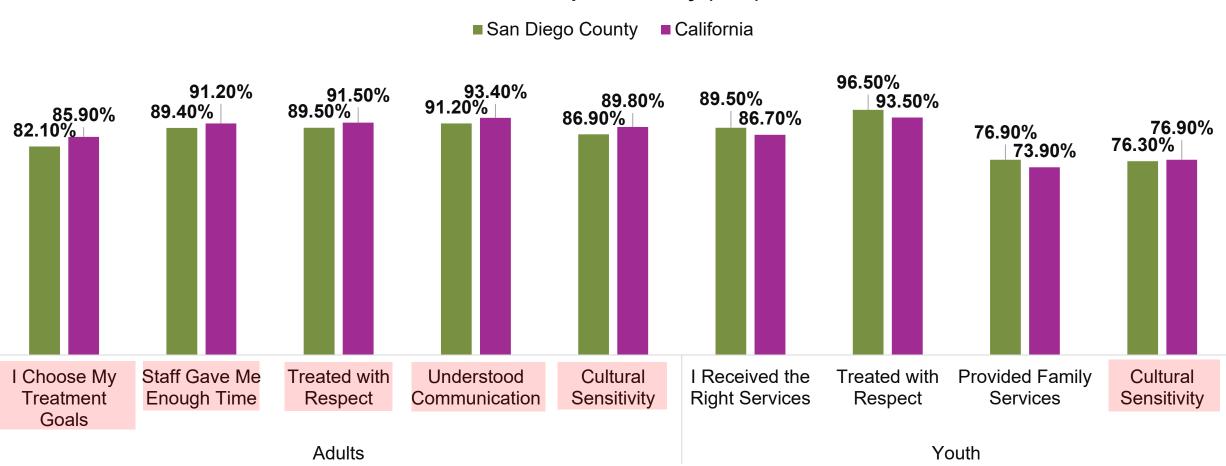
Scoring: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

Care Experience: Perception of Quality of Services





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



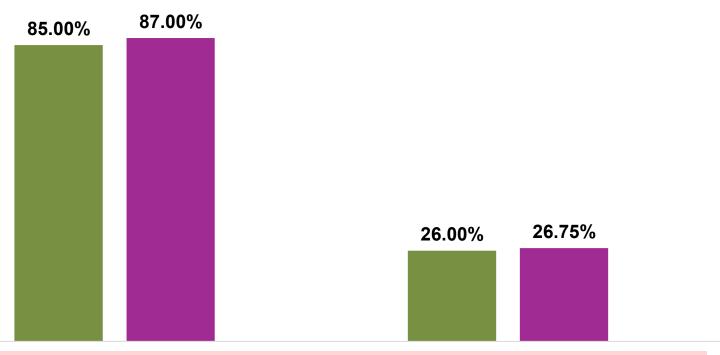
Engagement in School





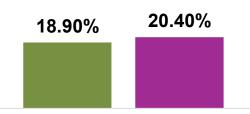
Graduated School on Time, Meaningful Participation, and Chronic Absenteeism, 2022-2023





Percent of 12th graders who graduated high school on time (Kids Count, 2022)

Percent of 7th, 9th, and 11th graders who reported meaningful participation at school (CA Healthy Kids Survey, 2023)



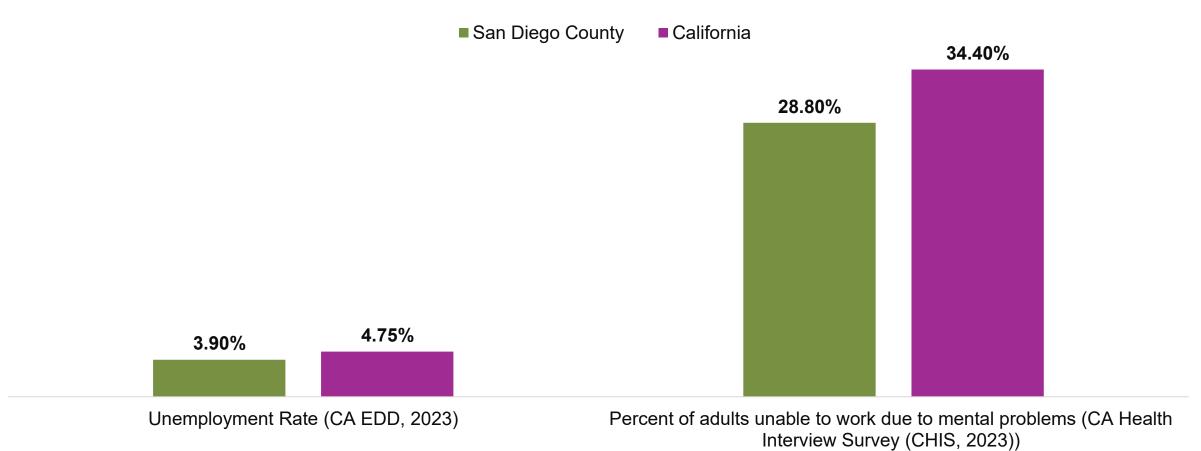
Student Chronic Absenteeism Rate (Data Quest, 2022)

Engagement in Work





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

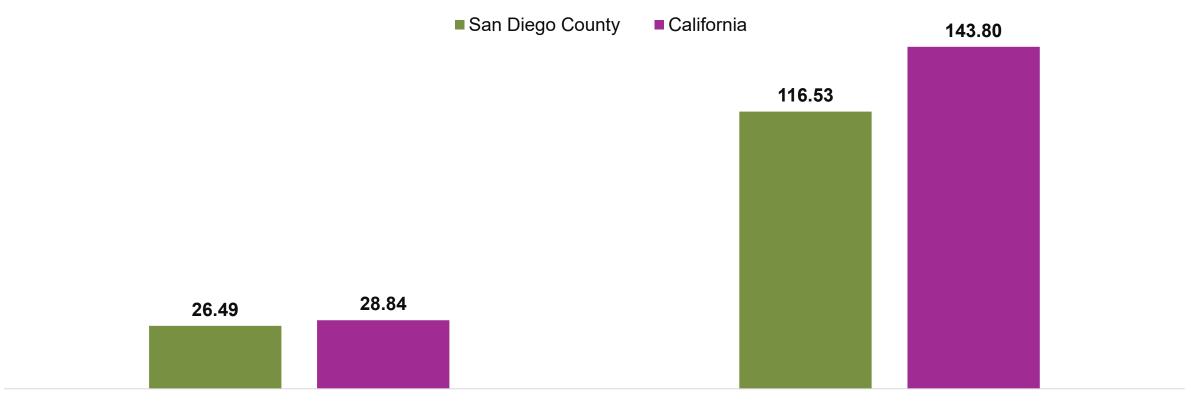


Overdose





Overdose Death and ED Visit Rates, 2022



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

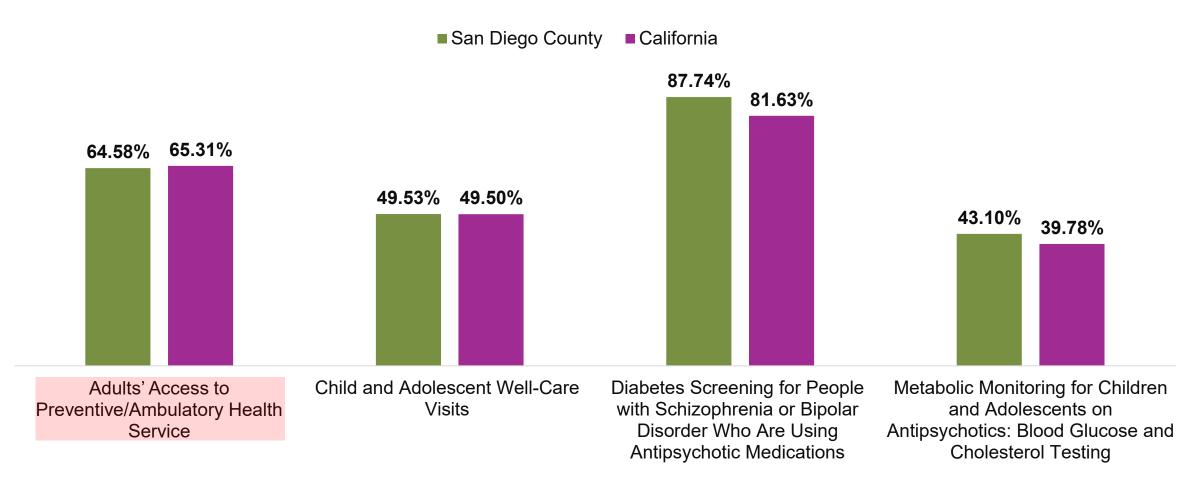
All-Drug Related Overdose ED Visits, Rate per 100K (CDPH, 2022)

Prevention and Treatment of Co-Occurring Physical Health Conditions





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

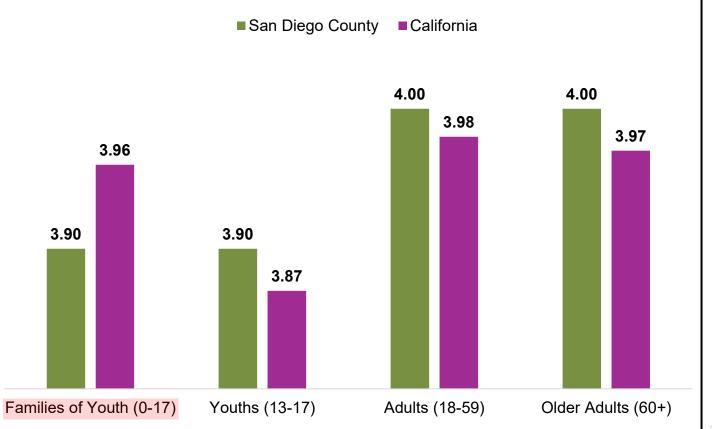


Quality of Life



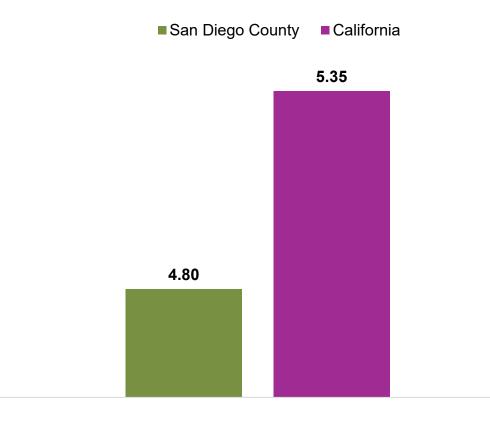






Scoring: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

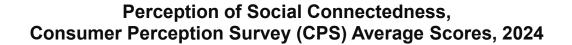
Average Number of Mentally Unhealthy Days Self-Reported in Past 30 Days, Adults 18+, BRFSS, 2024

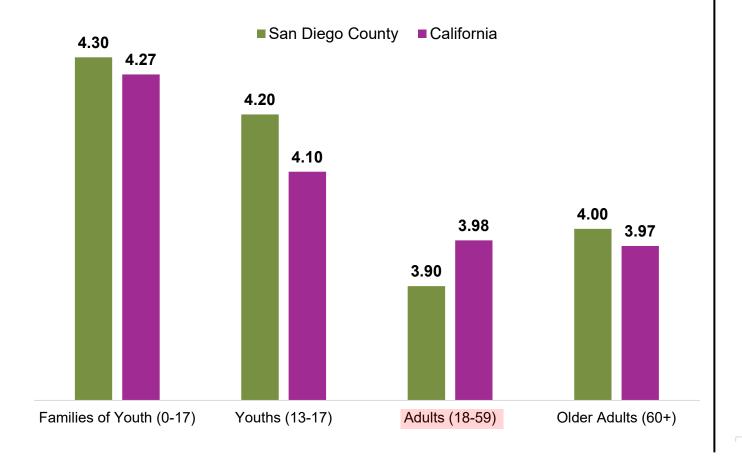


Social Connections



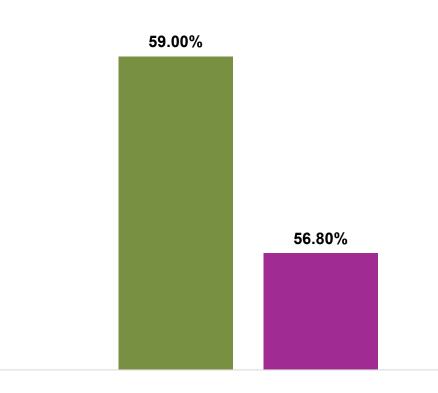






Percent of 7th, 9th, and 11th Graders who Reported Caring Adult Relationships at School, CA Healthy Kids Survey, 2023



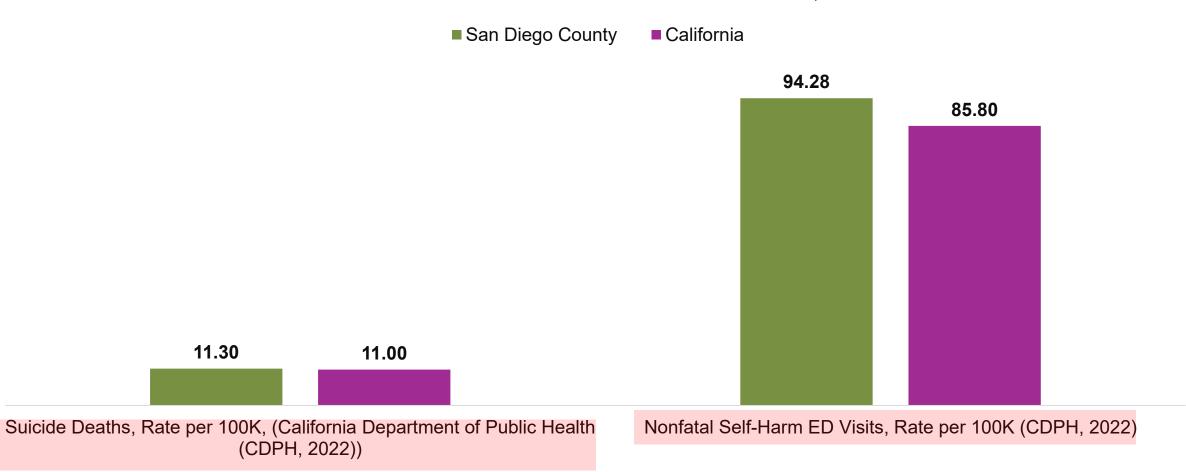


Suicide





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







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

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

Suicide attempt, nonfatal suicide attempt

Fatal suicide attempt





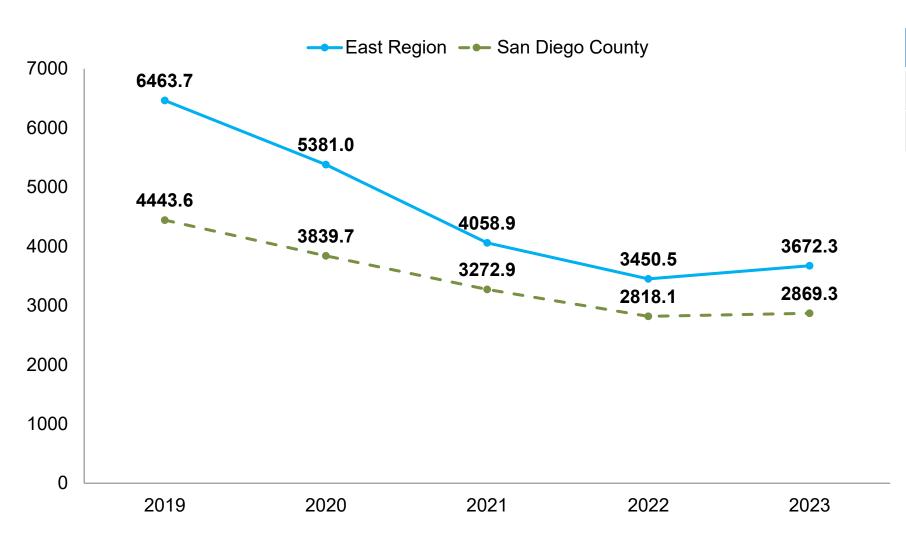
County Mental Health Data

Serious Mental Illness

Emergency Department Encounter Rates, 2019-2023





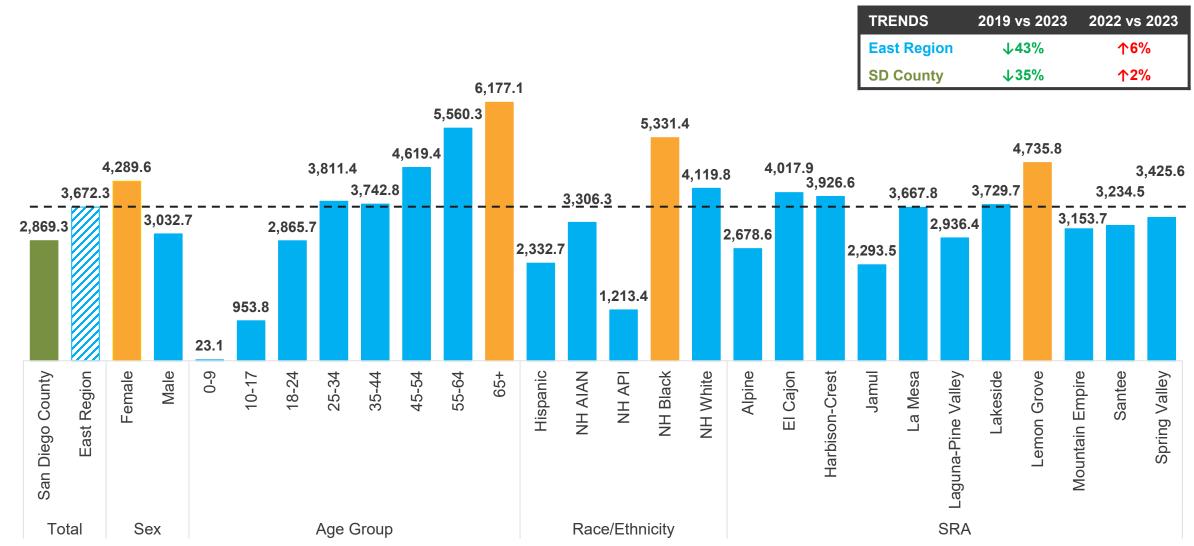


2019-2023, % change			
East Region	-43% 👃		
San Diego County	-35% 👃		

Serious Mental Illness Emergency Department Encounter Rates, 2023



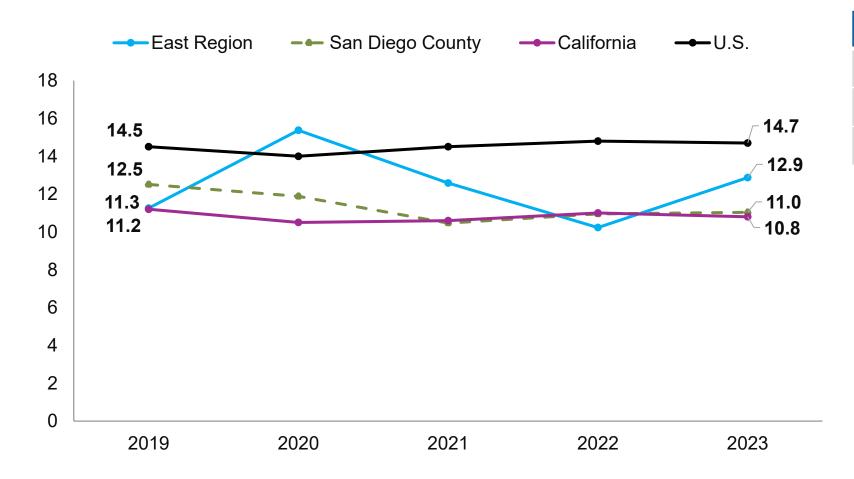




Suicide Death Rate Comparisons, 2019-2023







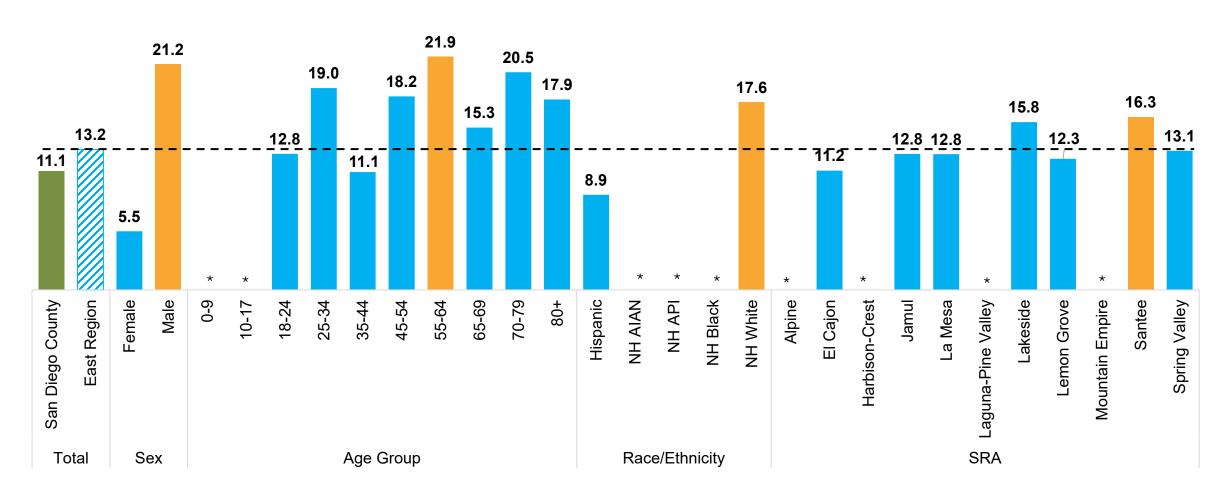
2019-2023, % change				
East Region	+14%	1		
San Diego County	-12%	1		
California	- 4%	1		

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.

Suicide Death Rates Pooled Total Rates, 2020-2024



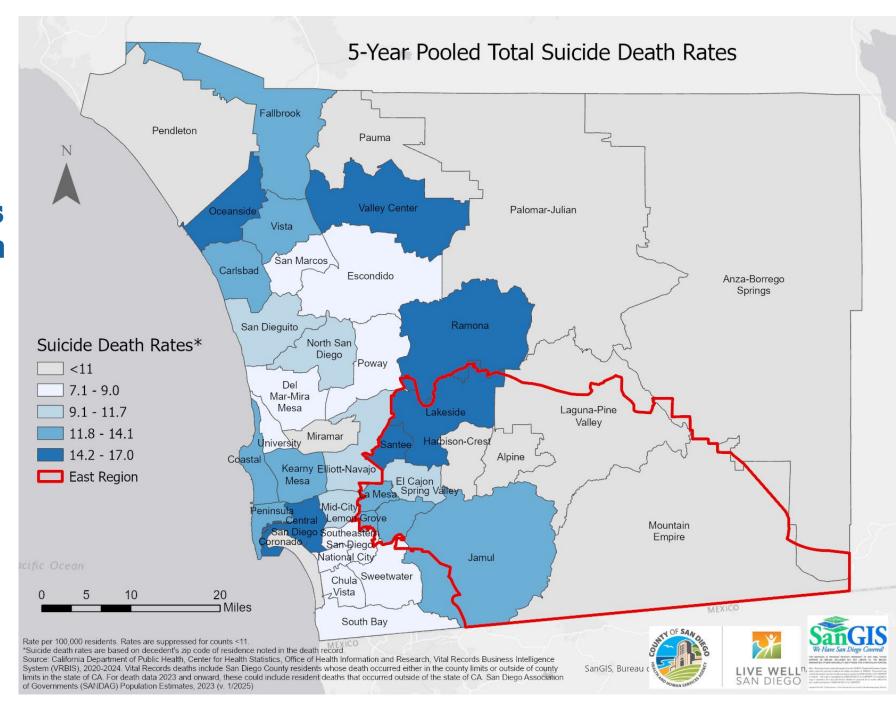




Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 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)





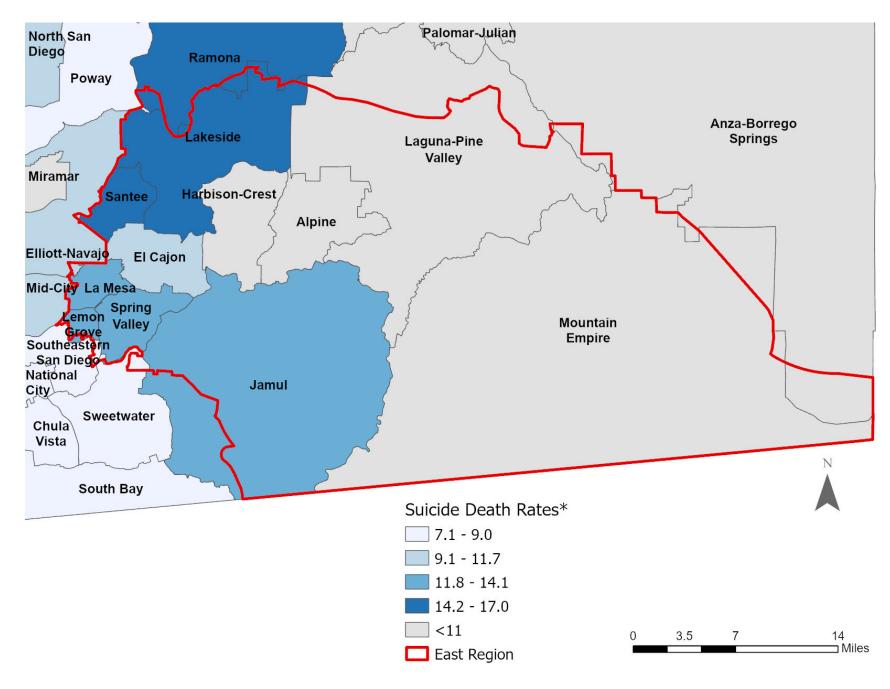


Suicide Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)

Rates in East Region were higher in:

1. Santee

2. Lakeside

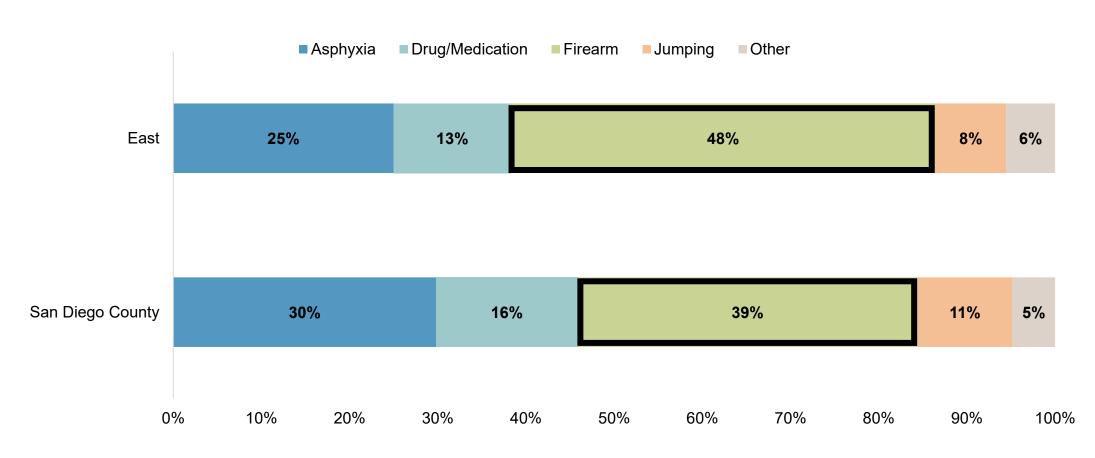


Suicide Death Rates Pooled Total Rates by Method, 2020-2024





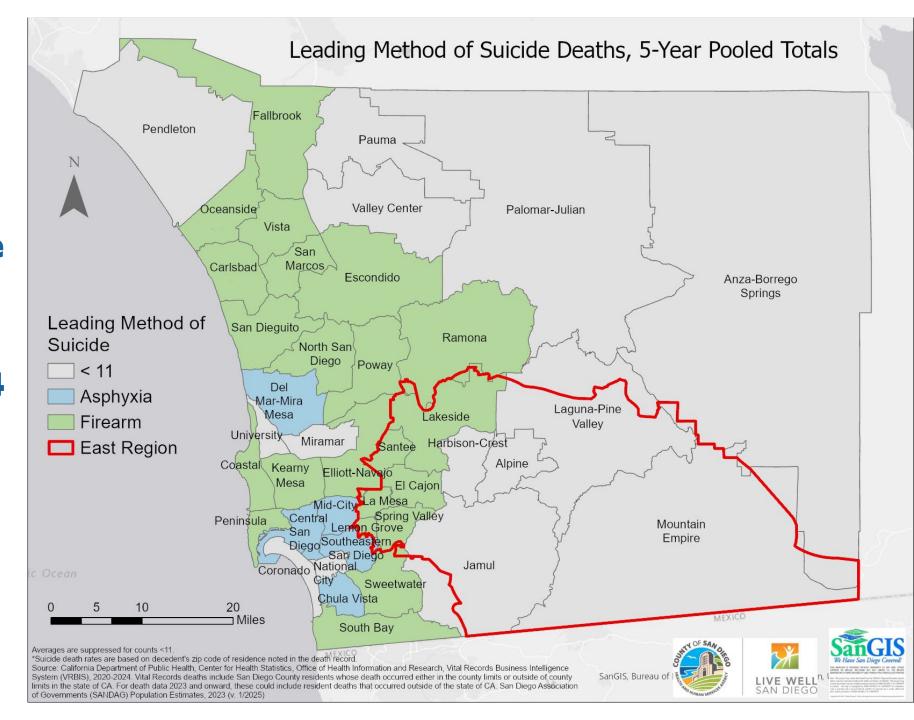
Suicide Deaths by Method, Pooled Totals, 2020-2024







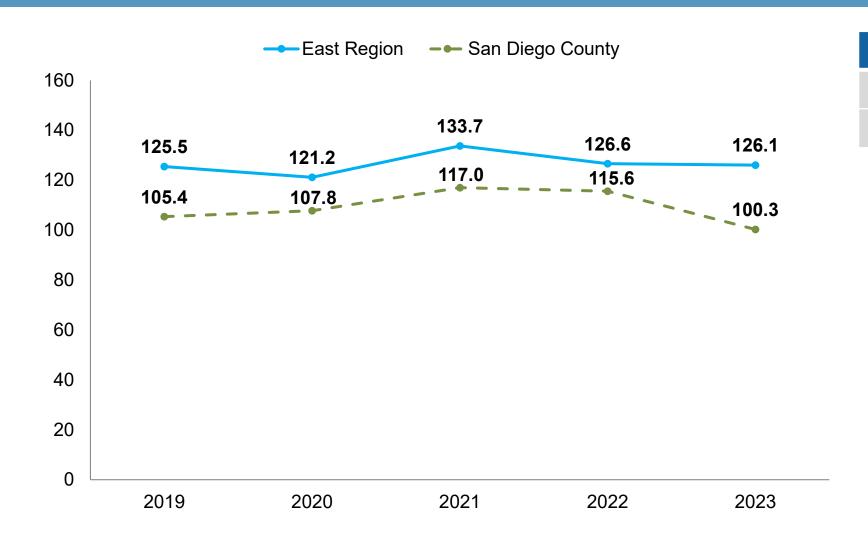
Leading Methods Involved in Suicide Deaths by Subregional Area (SRA), San Diego County, 2020-2024 (Pooled Totals)



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





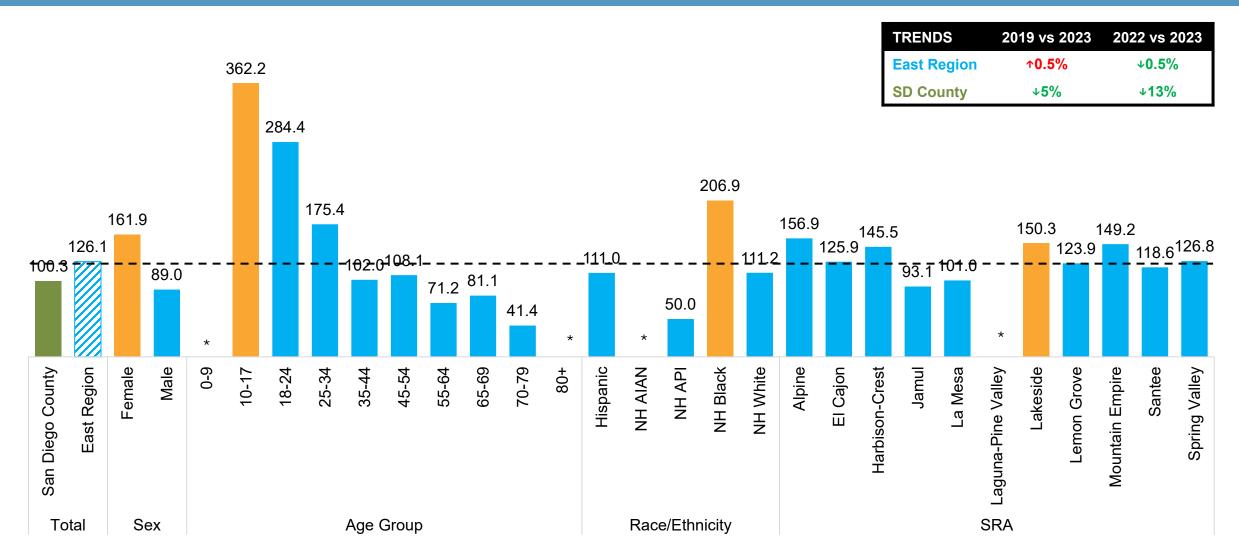


2019-2023, % change			
East Region	+0.5%		
San Diego County	-5%		

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



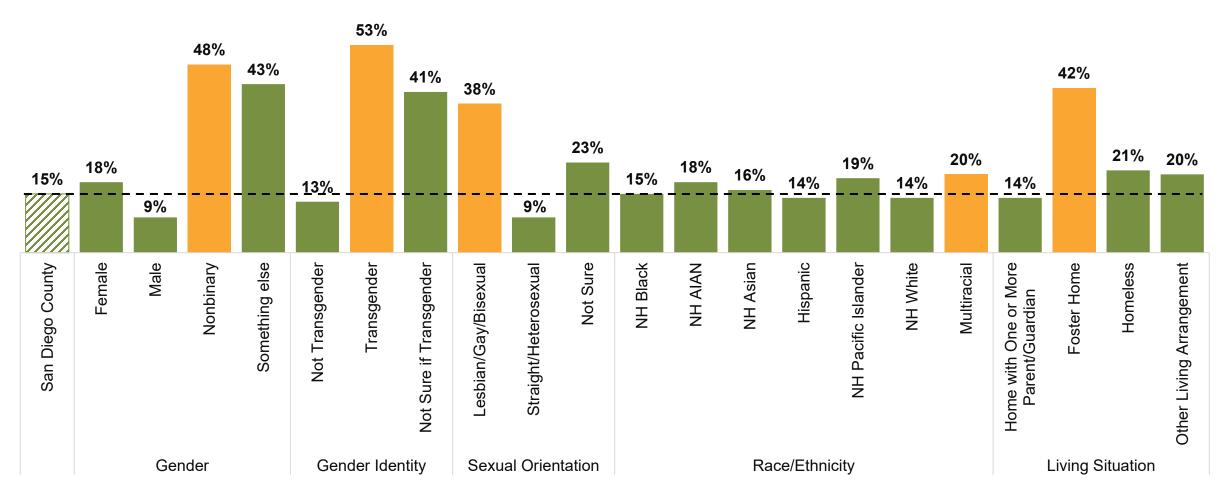




Considered Suicide in Past 12 Months Percent Reported by 9th Graders, San Diego County, 2021-2023







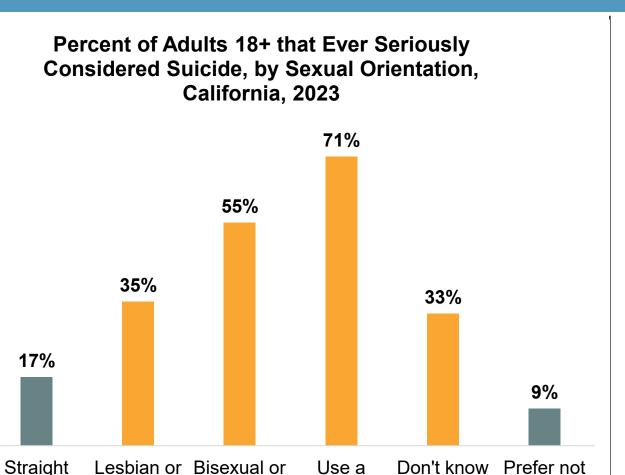
Suicidal Ideation

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

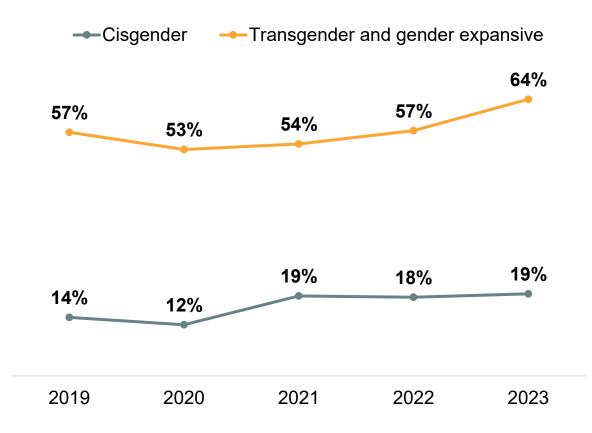
to answer







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



different

term

pansexual

gay

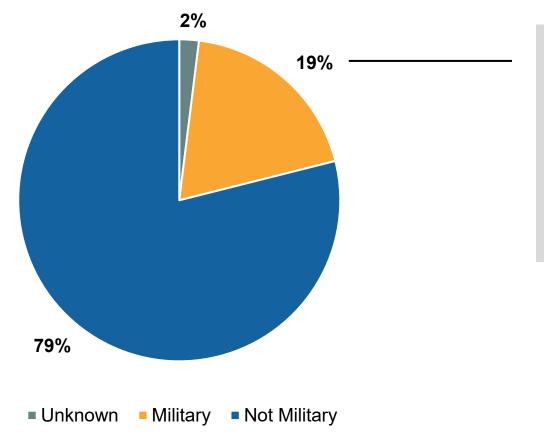
Suicide Deaths

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%)

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

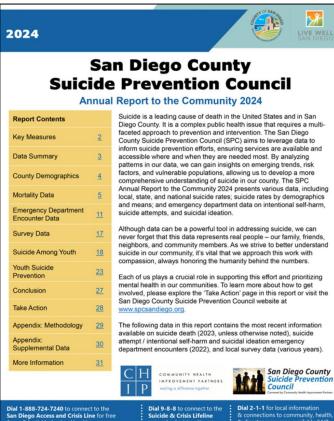
Media Subcommittee

Postvention Subcommittee

Priority Populations Community Subcommittee

School Collaboration K-12 Subcommittee

Training & Education



SPC Resource Guides

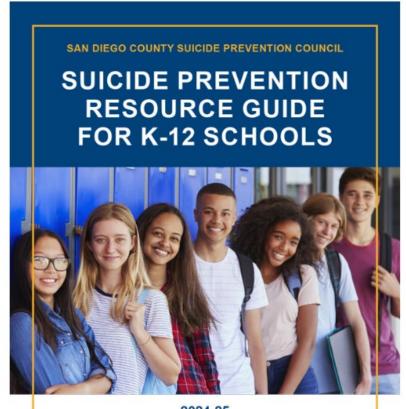




Priority Population Resource Guides

- Asian American & Pacific Islander Suicide Prevention & Mental Health Resources 2024
- Black & African American Suicide Prevention & Mental Health Resources 2025
- <u>Latinx Community Suicide Prevention & Mental Health Resources 2024</u>
- LGBTQIA+ Suicide Prevention & Mental Health Resources 2025
- <u>Middle Eastern / South Asian Suicide Prevention & Mental Health Resources</u> 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
- <u>Suicide Attempt Survivors & Lived Experience Suicide Prevention & Mental</u> <u>Health Resources 2024</u>
- Survivors of Suicide Loss Suicide Prevention & Mental Health Resources 2024
- <u>Transitional Age Youth (16-25 Years) Suicide Prevention & Mental Health</u> <u>Resources 2025</u>

School Resource Guide















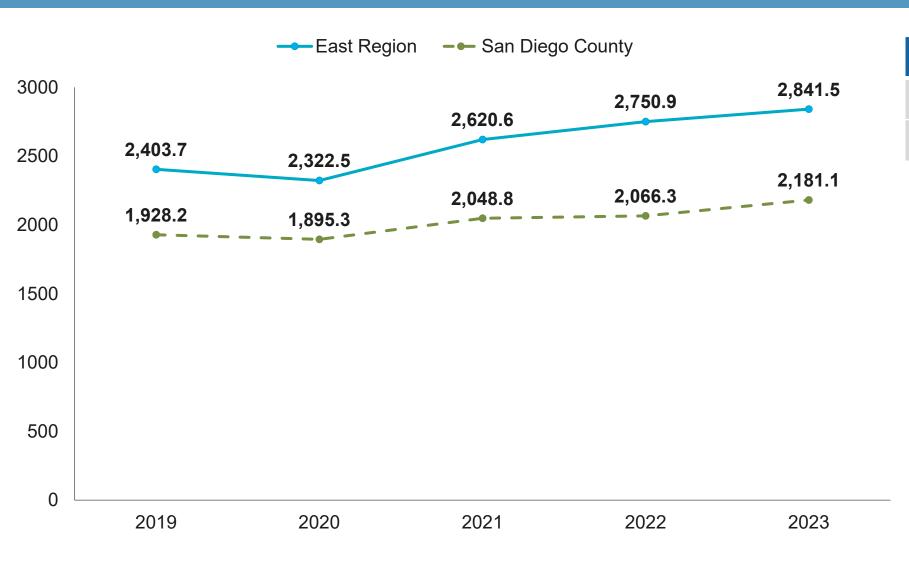


County Substance Use Data

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





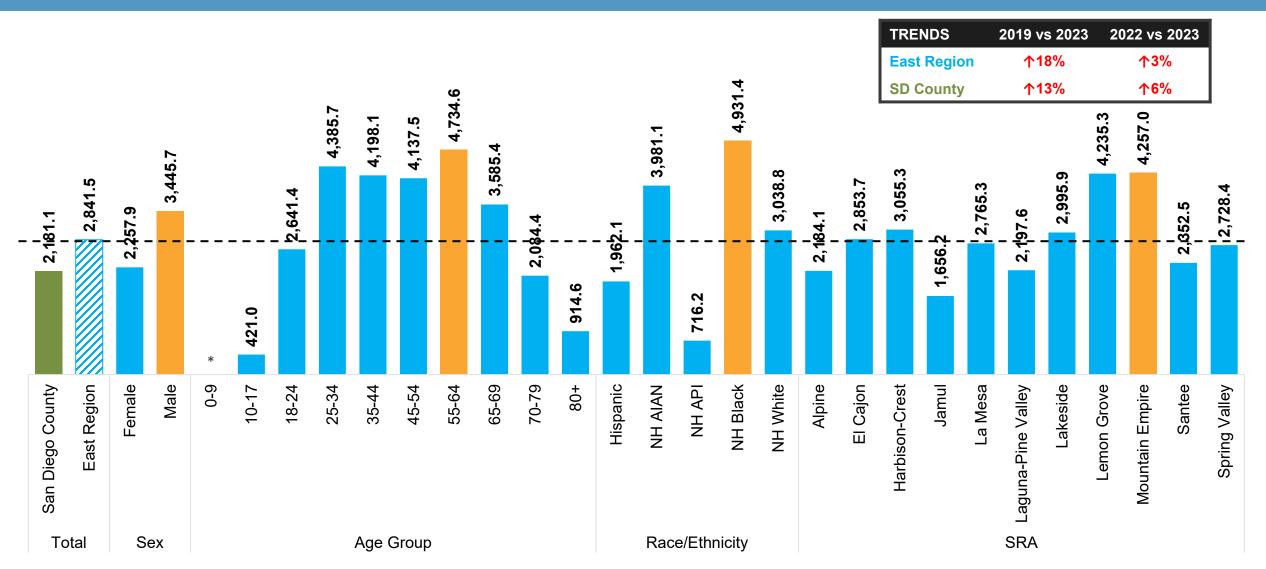


2019-2023, % change		
East Region	+18%	
San Diego County	+13%1	

Substance-Related Disorder Emergency Department Encounter Rates, 2023



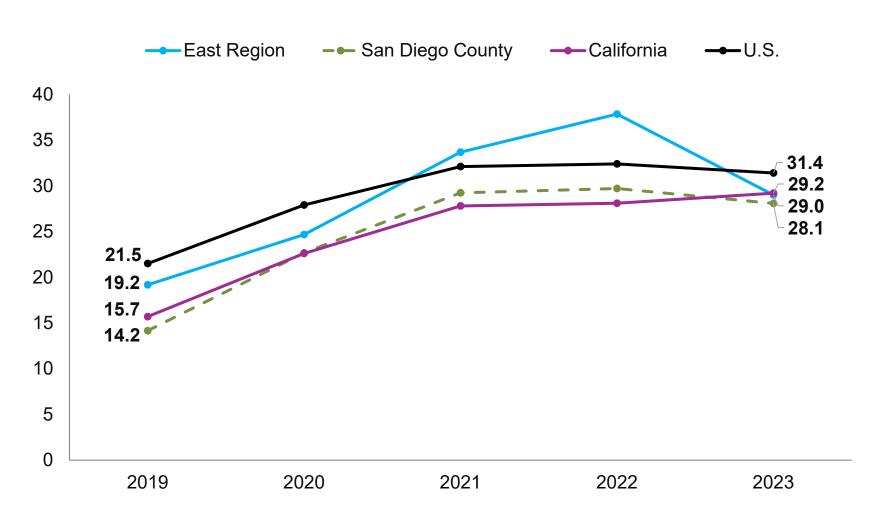




Overdose Death Rate Comparisons, 2019-2023







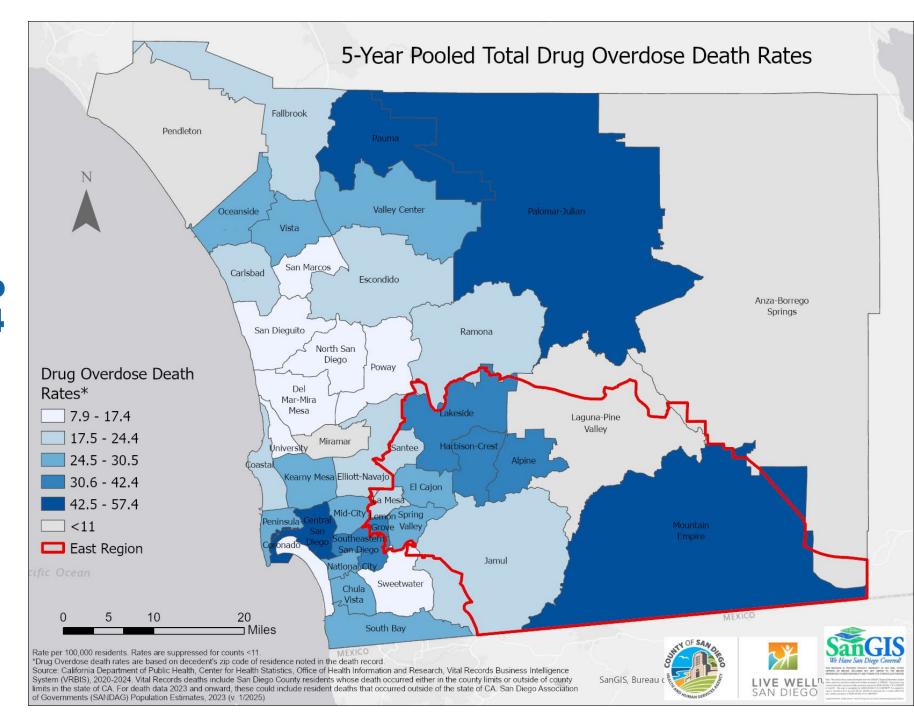
2019-2023, % change		
East Region	+51% 👚	
San Diego County	+98% 👚	
California	+86% 🕇	

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)



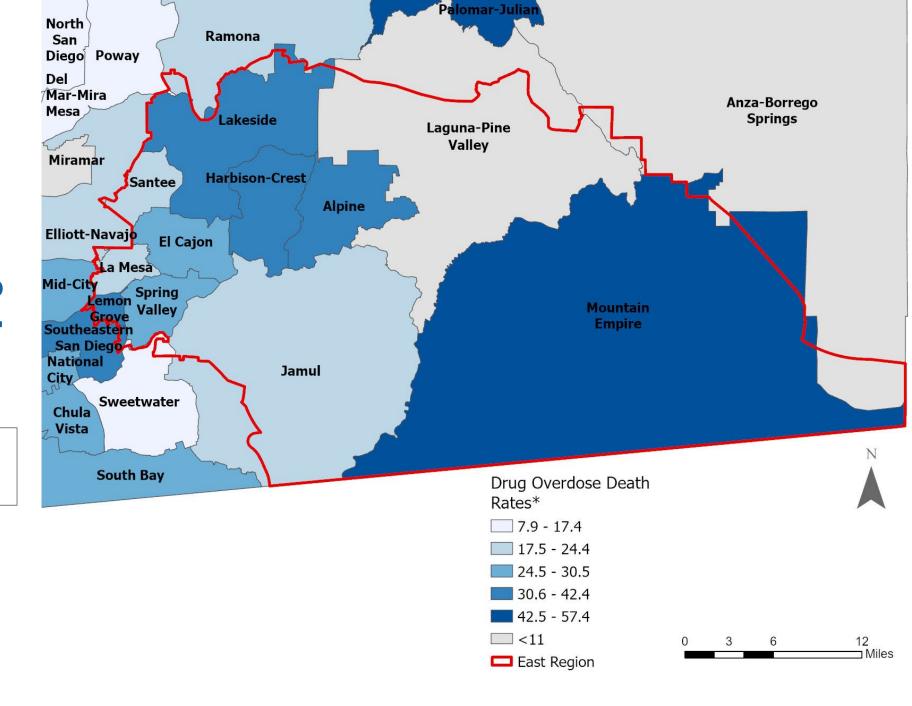




Drug Overdose Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)

Rates in East Region were higher in:

1. Mountain Empire



Most Common Substances Identified in Overdose Deaths





Fentanyl

Methamphetamine

Heroin

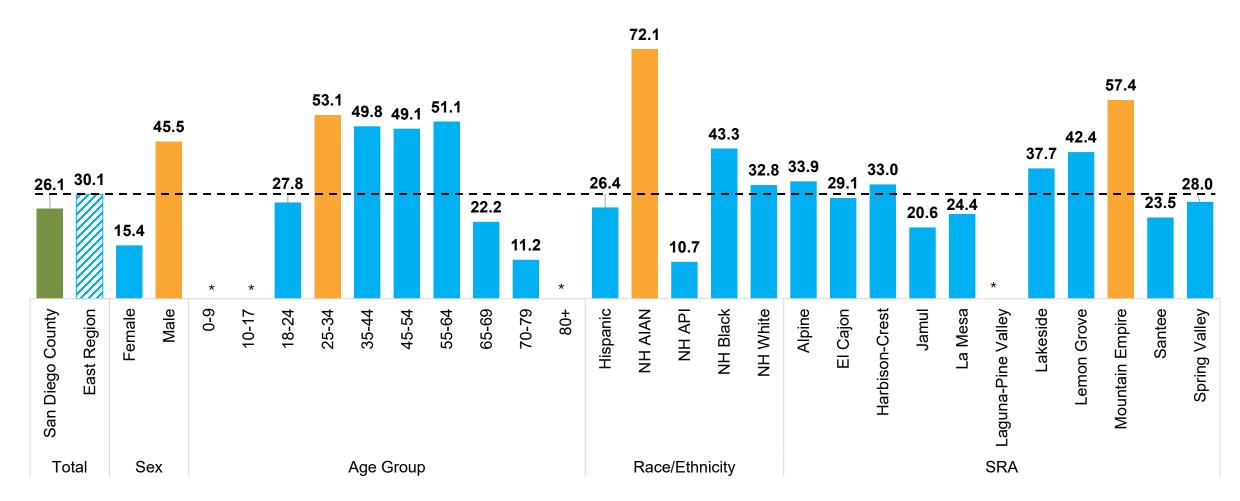
Cocaine

Alcohol

Overdose Death Pooled Total Rates, 2020-2024





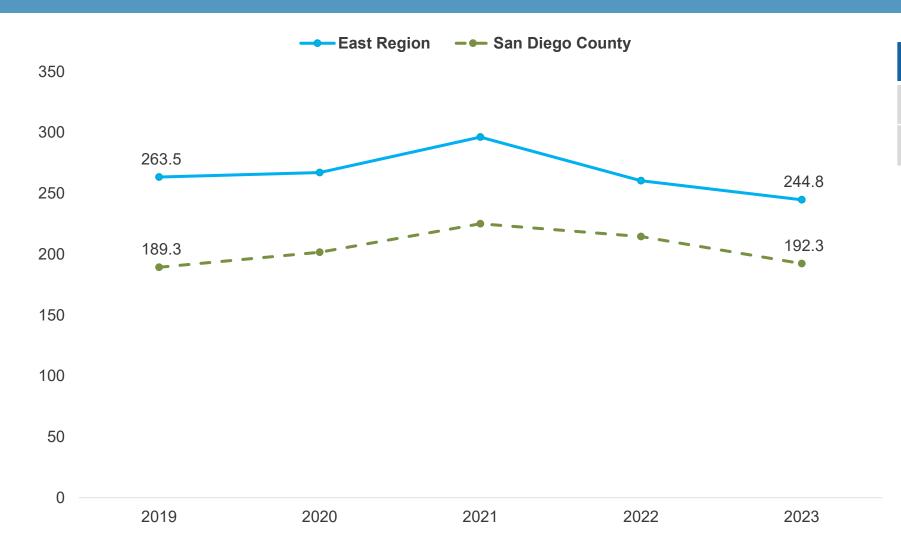


Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 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







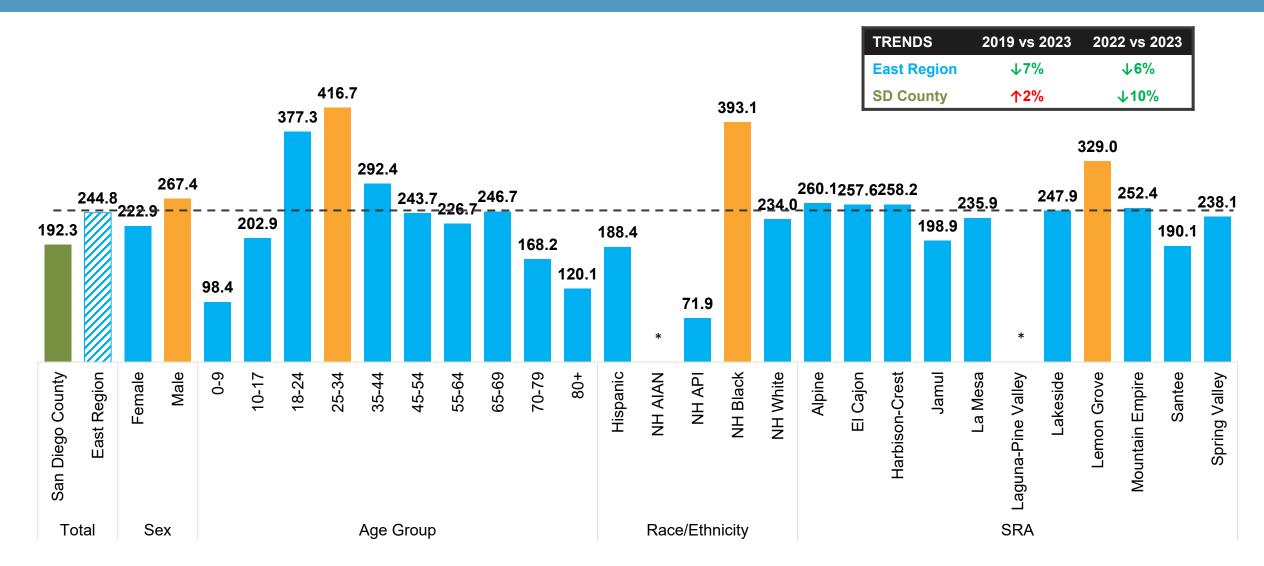
2019-2023, % change		
East Region	-7%	1
San Diego County	+2%	1

Nonfatal Overdose

Emergency Department Encounter Rates, 2019 to 2023







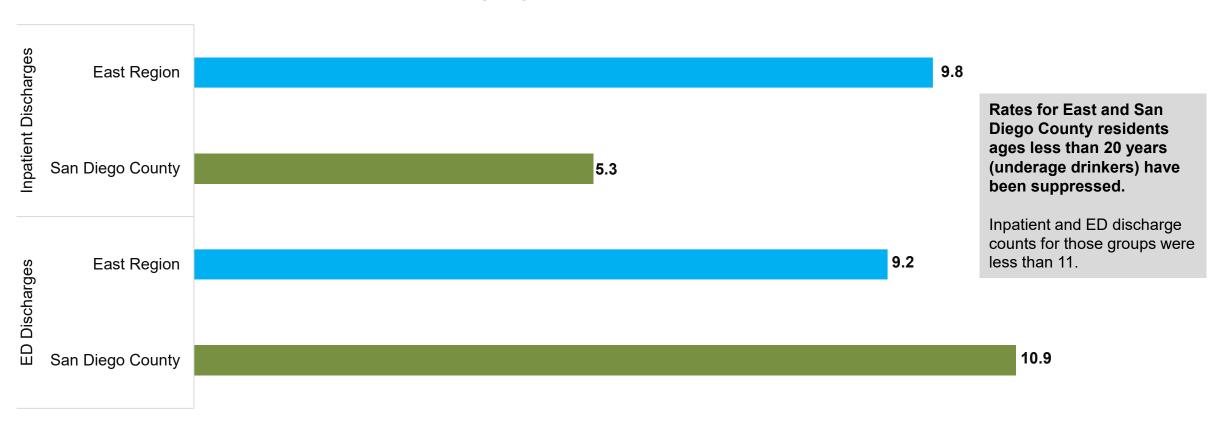
Alcohol Poisoning

Emergency Department and Inpatient Discharge Rates, 2022





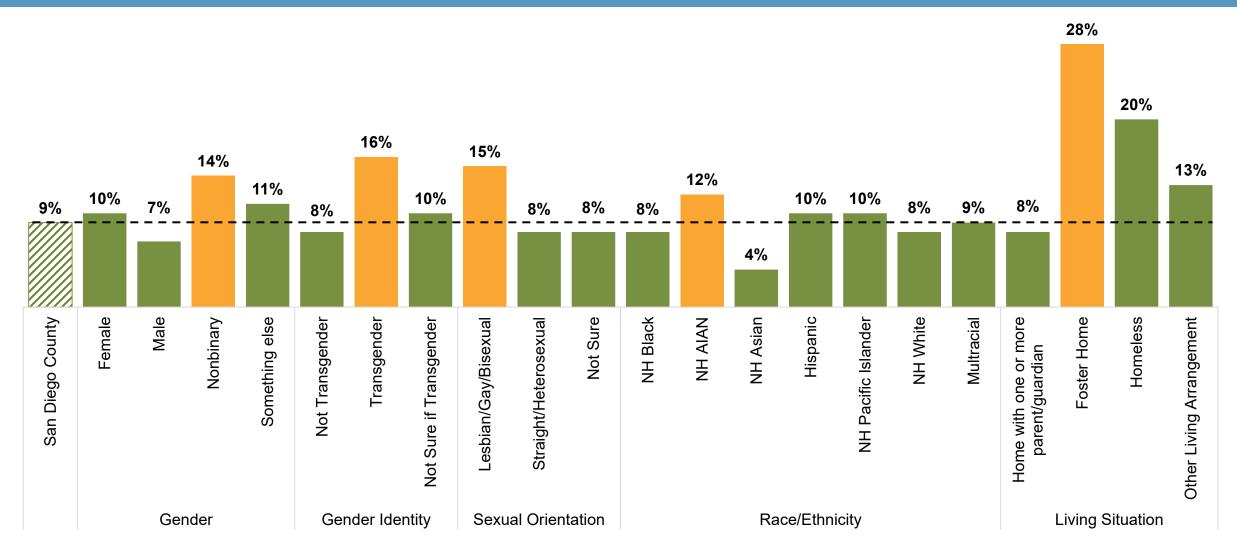
Inpatient and Emergency Department Discharge Rates Alcohol Poisoning, Ages 20 Years and Older, 2022



Alcohol or Drug Use in the Past 30 Days Percent Reported by 9th Graders, San Diego County, 2021-2023







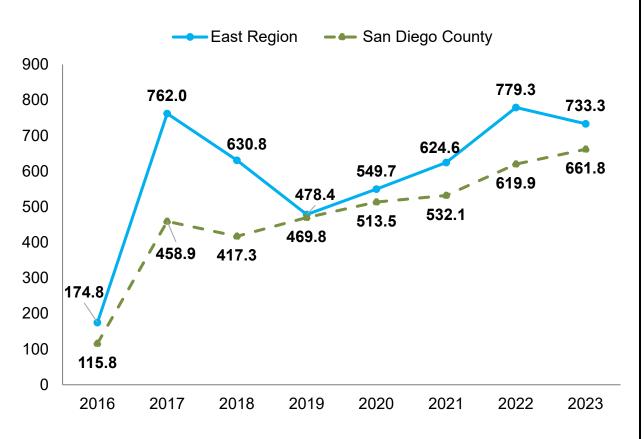
Cannabis-Related Indicators

Emergency Department Encounter Rates, 2016-2023 Reported Lifetime Use, 2017-2023



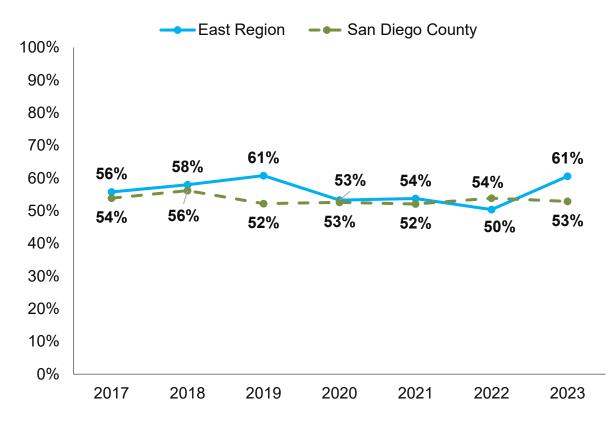


Cannabis-Related Emergency Department (ED) Encounter Rates, 2016-2023



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/

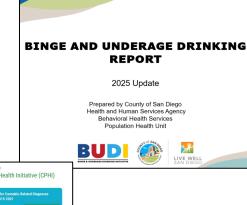
Cannabis Public Health Initiative

- 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.







Overdose Surveillance and Response Program (OSAR)





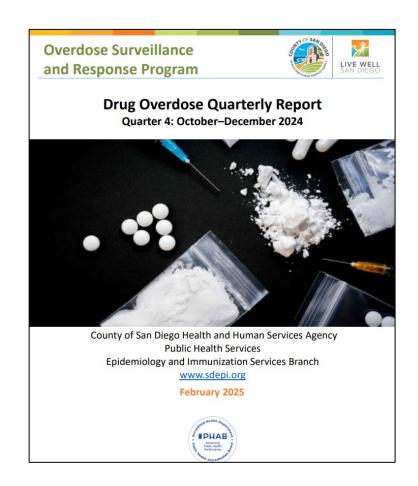
In response to the need for a comprehensive drug overdose surveillance and response system, the County of San Diego created the Overdose Surveillance and Response (OSAR) program in the fall of 2023.

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 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

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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





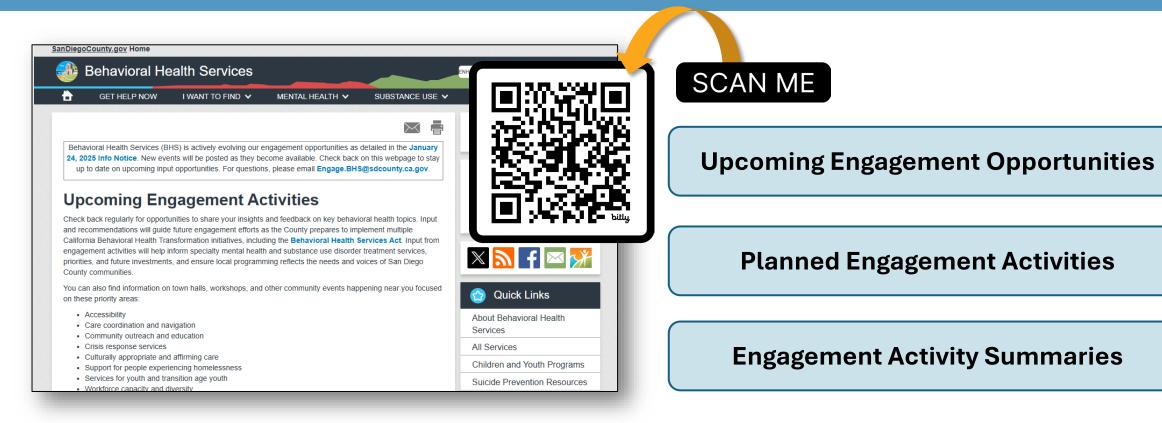
- This is a baseline year, so thank you for helping to set the bar for our County
- Your knowledge, perspective, & feedback are greatly appreciated
- More ways to participate in more robust discussions (interest list)
- Where to go for more information?



BHS Engage







Contact Us

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