

Behavioral Health Services: Behavioral Health Services Act & Data Presentation

**North Central Community Leadership Team Meeting
Wednesday, July 9th, 2025**



**LIVE WELL
SAN DIEGO**

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)

County of San Diego, Behavioral Health Services

Daniel Romero, MA, Agency Program & Operations Manager, Communication & Engagement Unit

What to Know About Today?



Agenda:

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

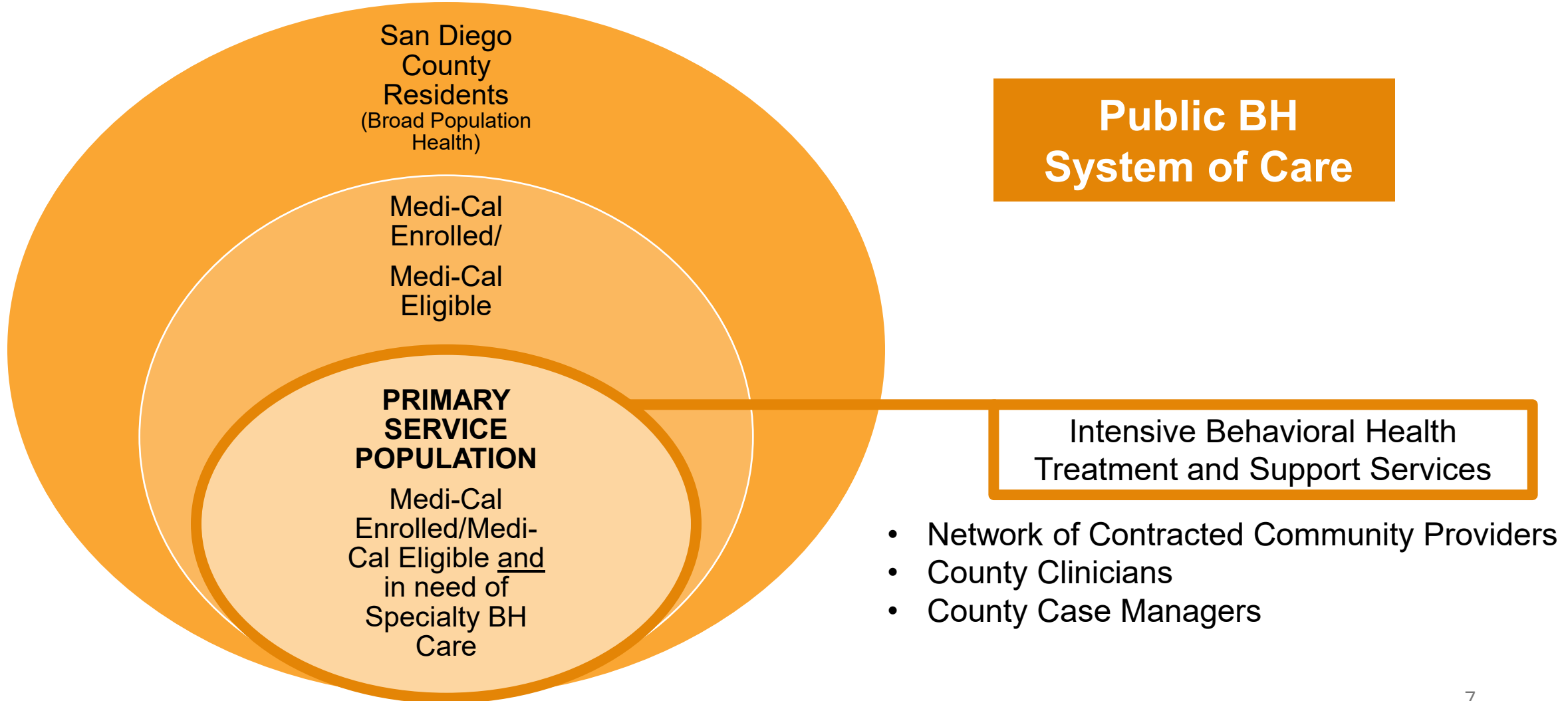
HEALTH PLAN

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**

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

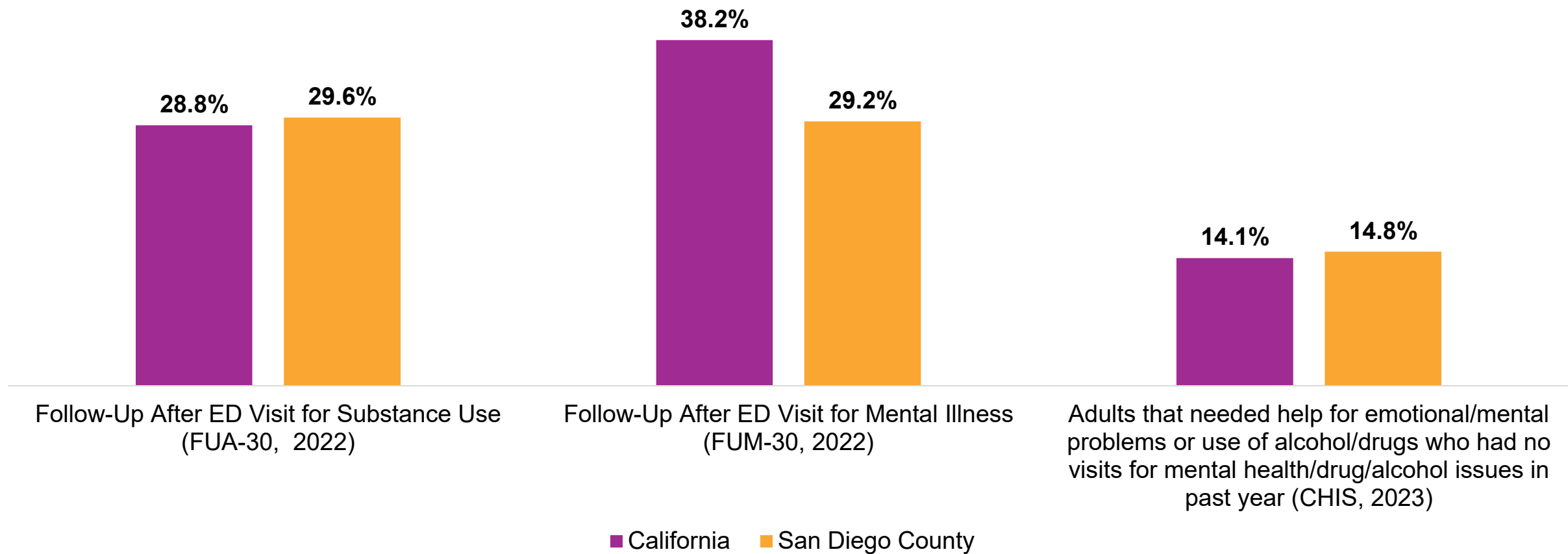
Prevention and Treatment of Co-Occurring Physical Health

Quality of Life

Social Connection

Suicides

BHSA Measure Rates for Untreated Behavioral Health Conditions





COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

North Central Region Overview of Behavioral Health

County of San Diego, Behavioral Health Services
Brittany Wood, MPH, Epidemiologist II, Population Health Unit

- **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).

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.

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

Agenda



1

Mental
Health Data

2

Substance
Use Data

3

Additional
Resources

4

Contact
Information

5

Questions



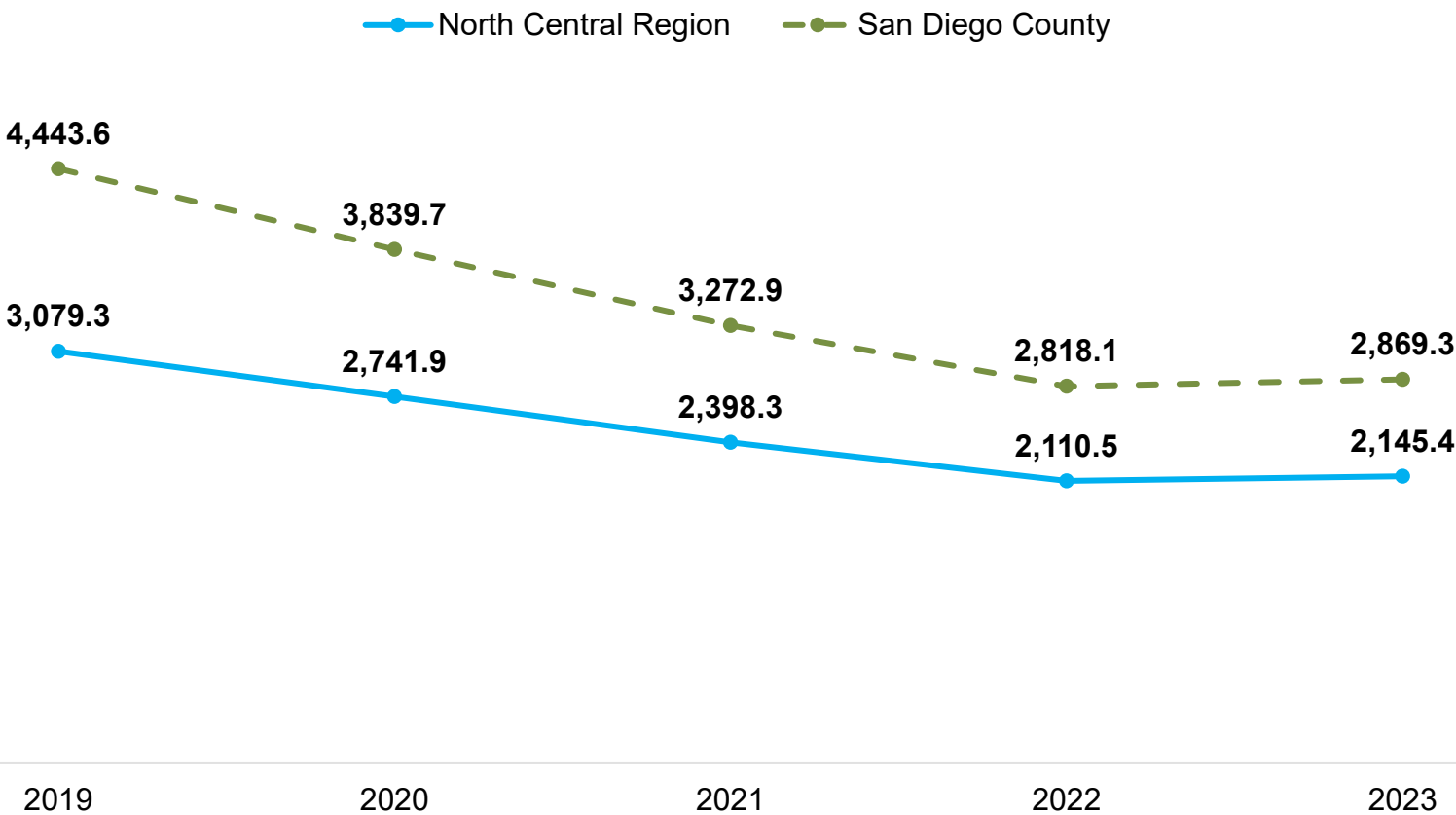


County Mental Health Data

Serious mental illness ED encounter rates decreased by 30% from 2019 to 2023 among North Central residents



Serious Mental Illness Emergency Department Encounter Rates, 2019-2023

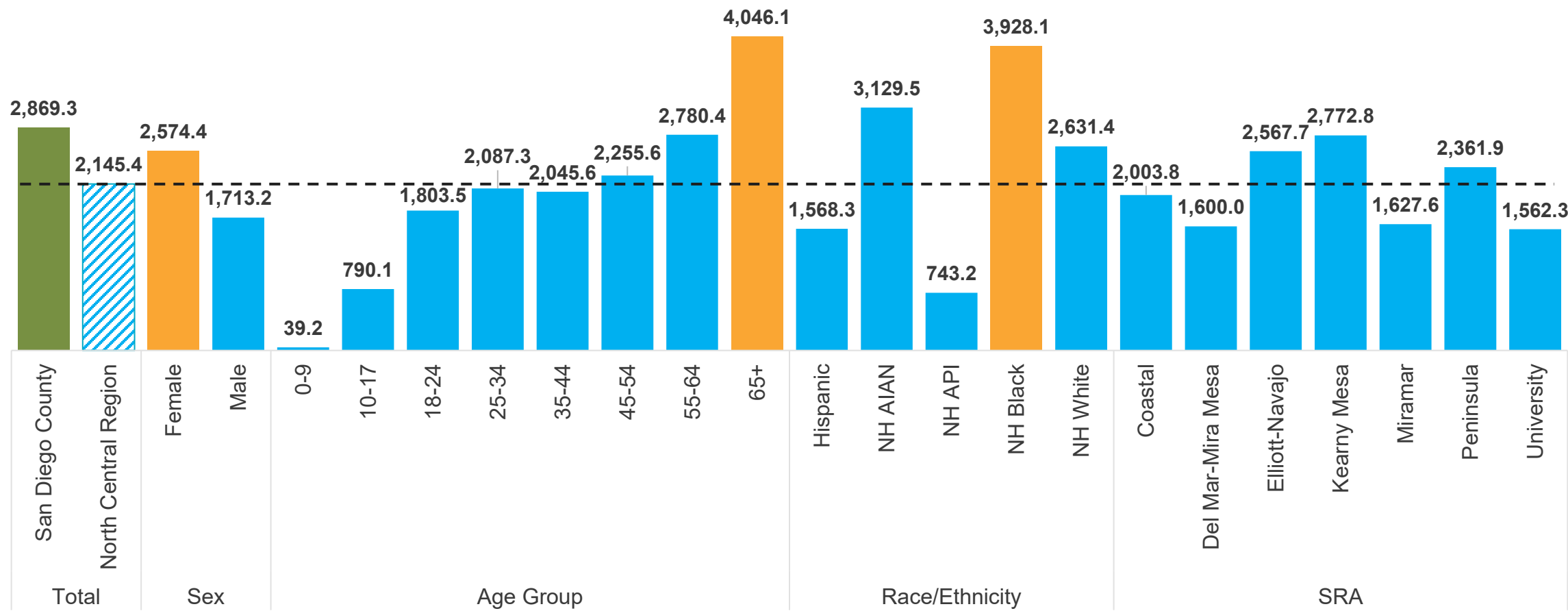


2019-2023, % change		
North Central Region	-30%	↓
San Diego County	-35%	↓

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 ED encounter rates were highest among North Central residents who were female, ages 65+ years, NH Black, and living in Kearny Mesa

Serious Mental Illness Emergency Department Encounter Rates, 2023

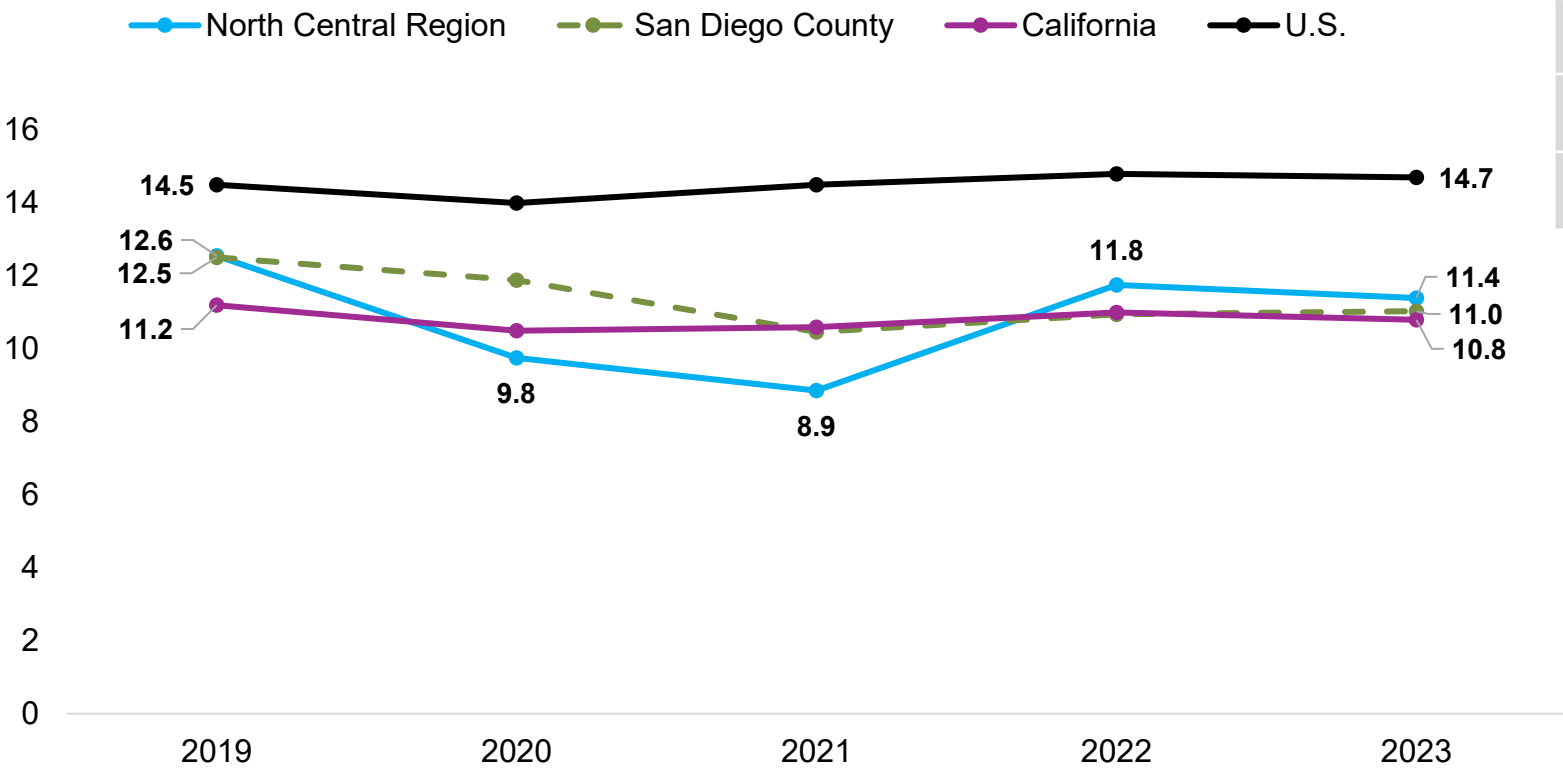


Rate per 100,000 residents. SRA = subregional area. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Suicide death rates in North Central decreased by 10% across 2019 to 2023, though the rate increased by 28% since 2021



Suicide Death Rates, 2019-2023



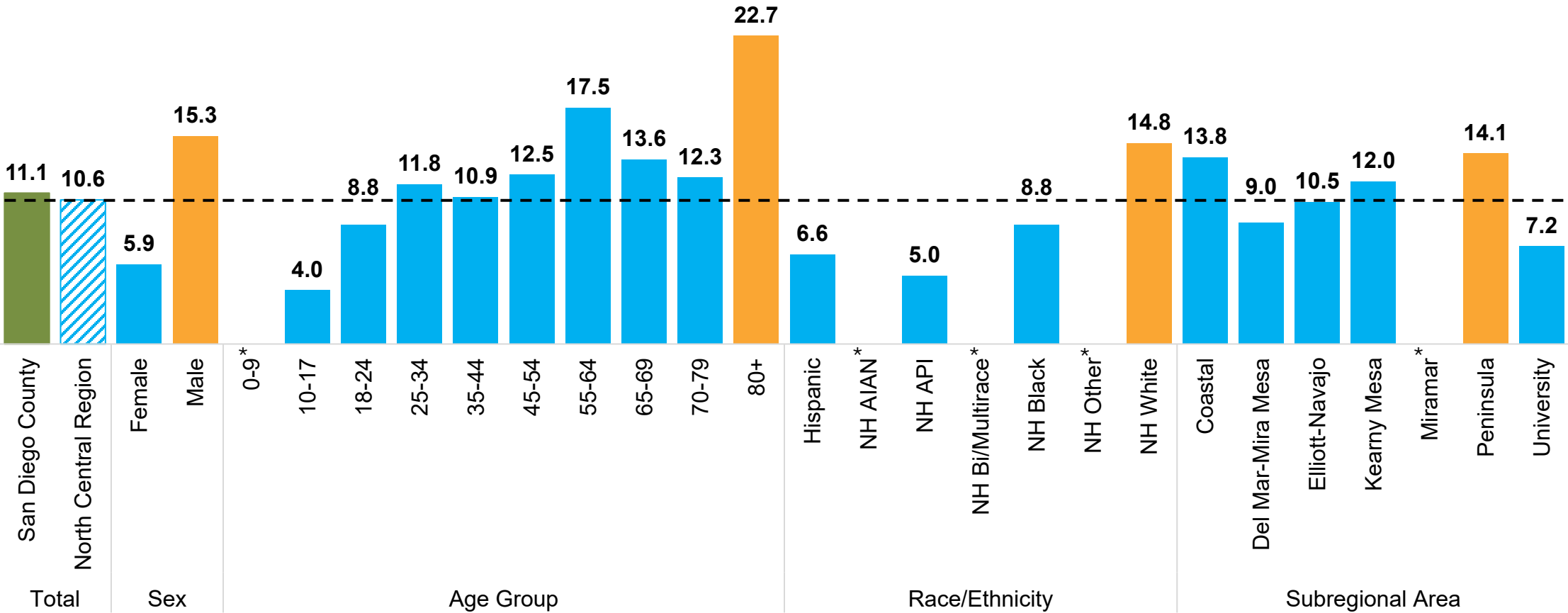
2019-2023, % change		
North Central Region	-10%	↓
San Diego County	-12%	↓
California	- 4%	↓

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 were highest among North Central residents who were male, ages 80+ years, NH White, and living in Peninsula

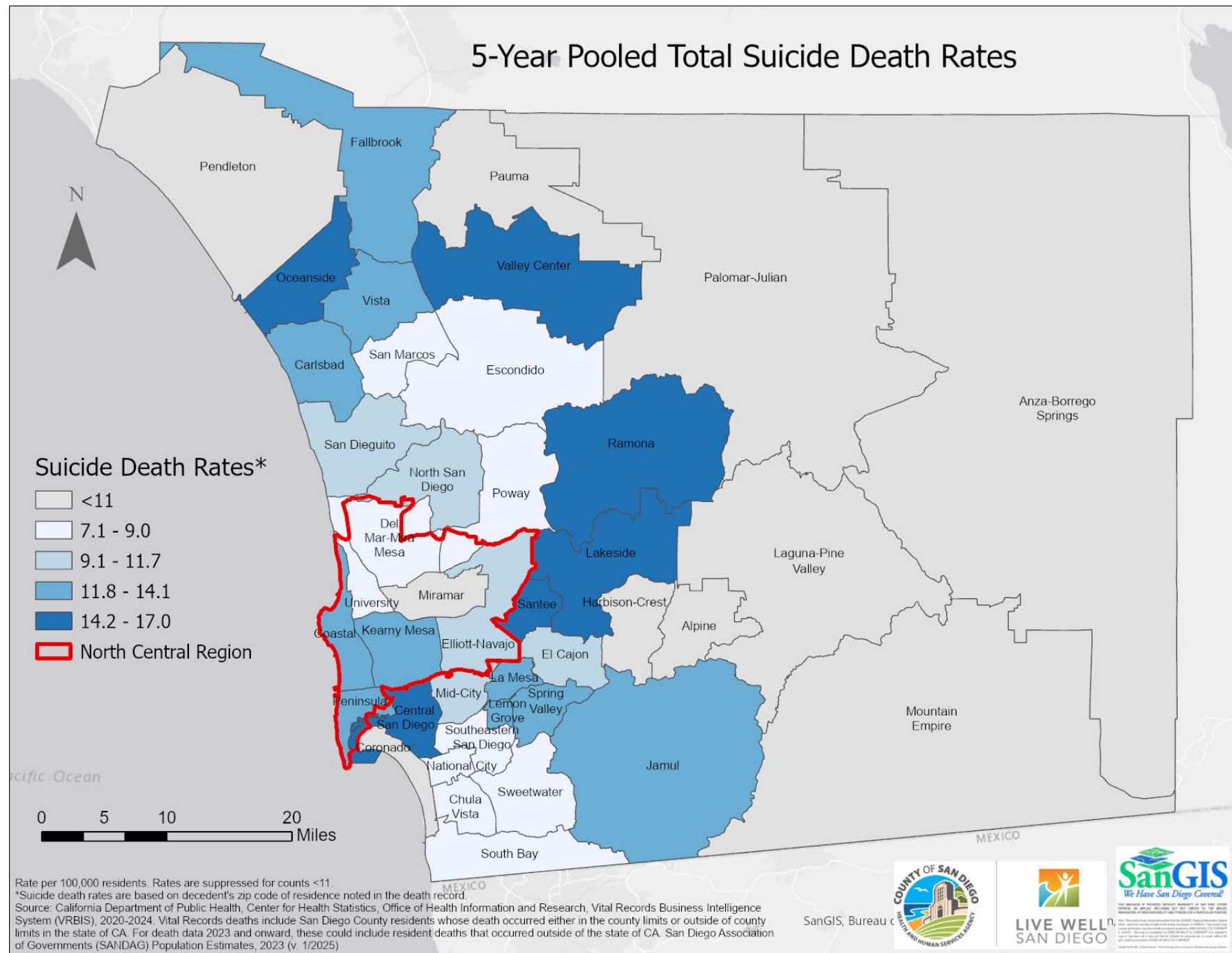


Suicide Deaths, Pooled Total Rates, 2020-2024



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)

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

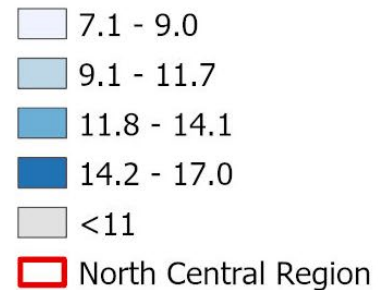


Suicide Death Rates by Subregional Area (SRA) in San Diego County, 2020-2024 (Pooled Totals)

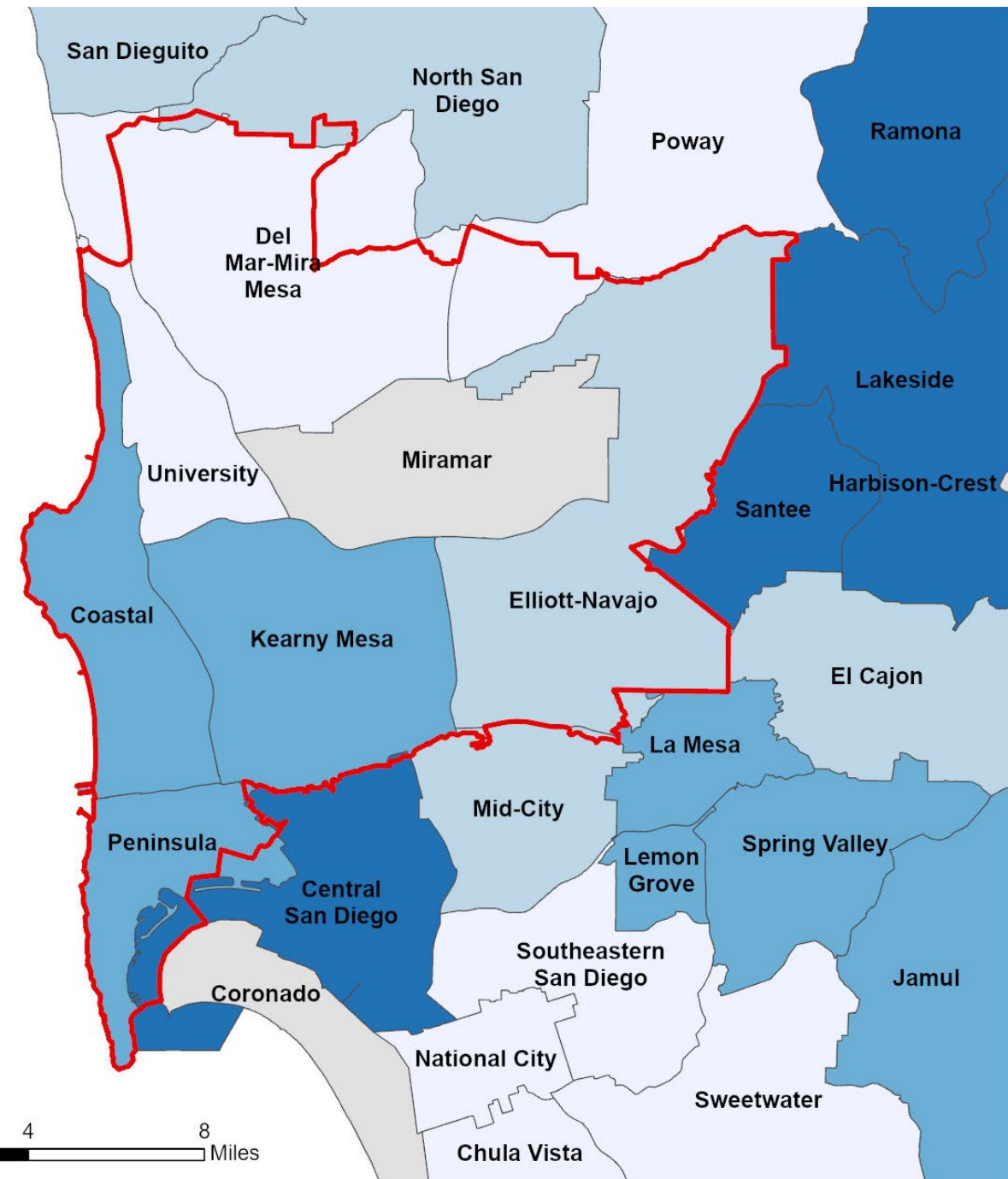
Rates in North Central Region were
higher in:

1. Coastal
2. Kearny Mesa
3. Peninsula

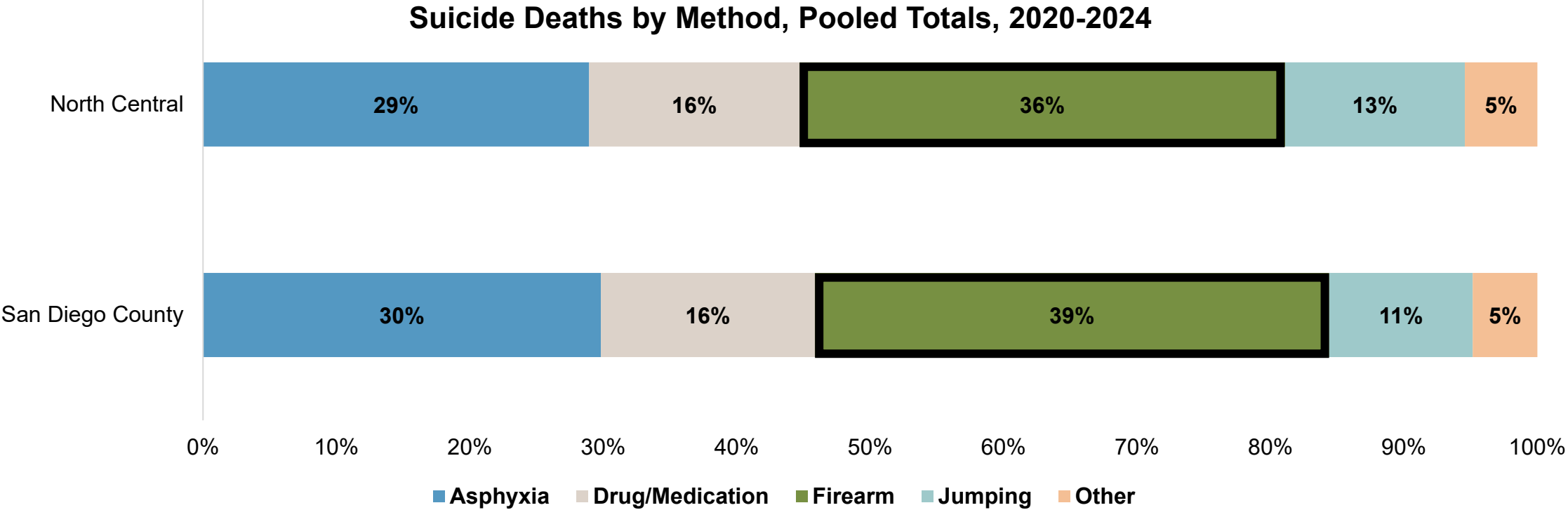
Suicide Death Rates*



0 2 4 8 Miles



The leading method of suicide death among North Central residents was by firearm, followed by asphyxia



Percent of total suicides. Other method includes intentional self-harm by crashing of motor vehicle, by explosive material, by smoke/fire/flames, 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)

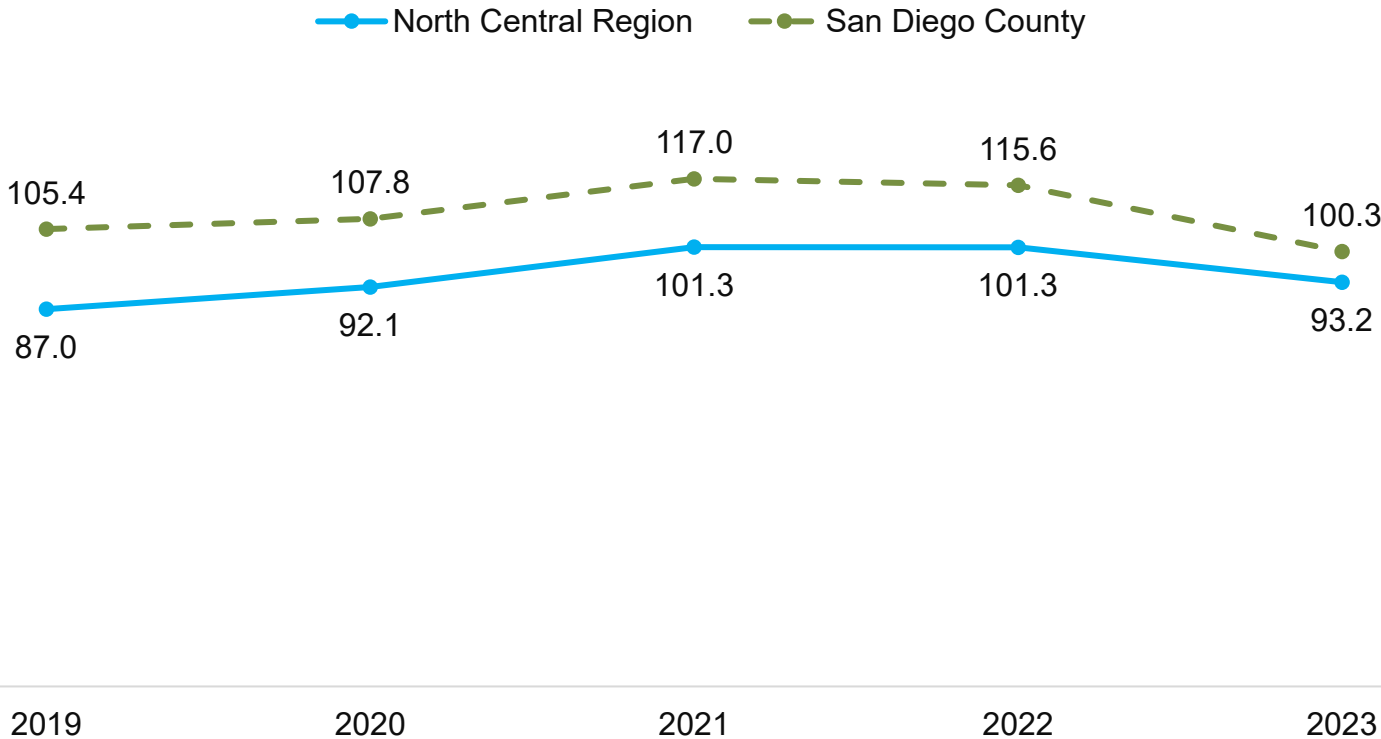
Leading Methods Involved in Suicide Deaths by Subregional Area (SRA), San Diego County, 2020-2024 (Pooled Totals)



Suicide attempt-related ED encounter rates increased by 7% between 2019-2023 among North Central residents



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



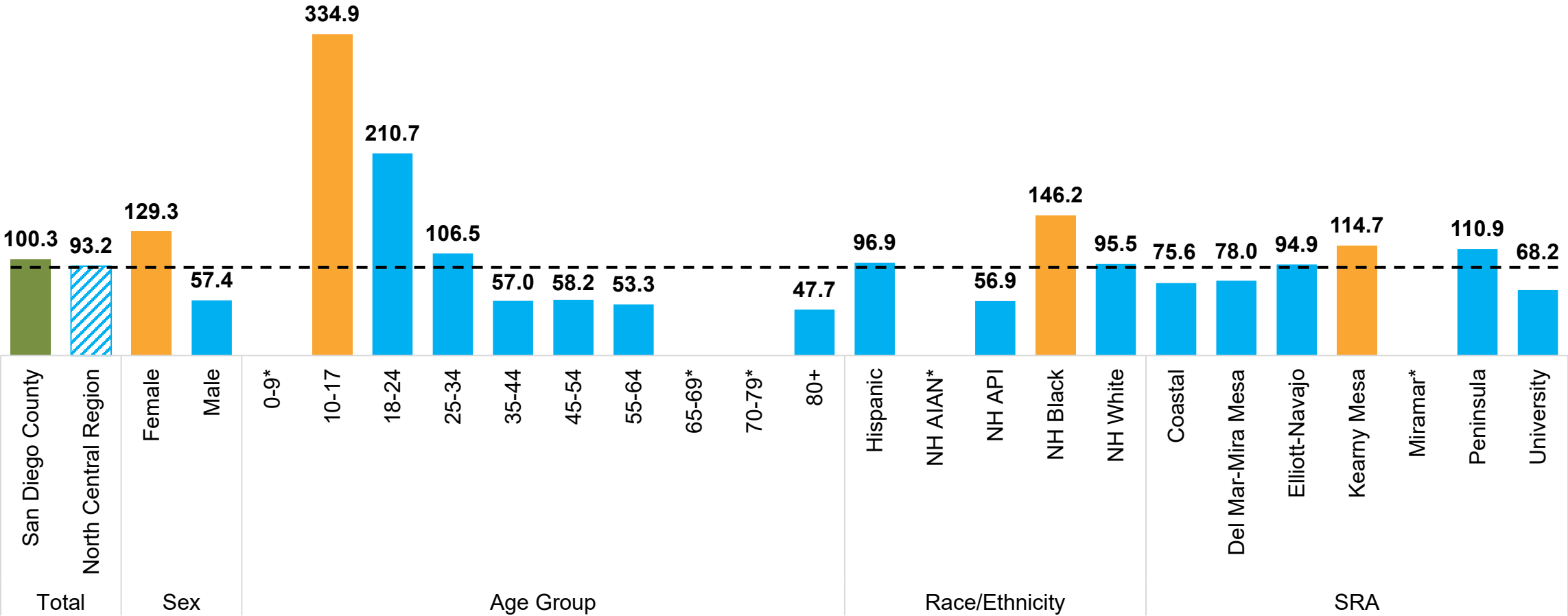
2019-2023, % change	
North Central Region	+ 7% ↑
San Diego County	- 5% ↓

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 attempt-related ED encounter rates were highest among North Central residents who were female, ages 10-17 years, NH Black, and living in Kearny Mesa



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

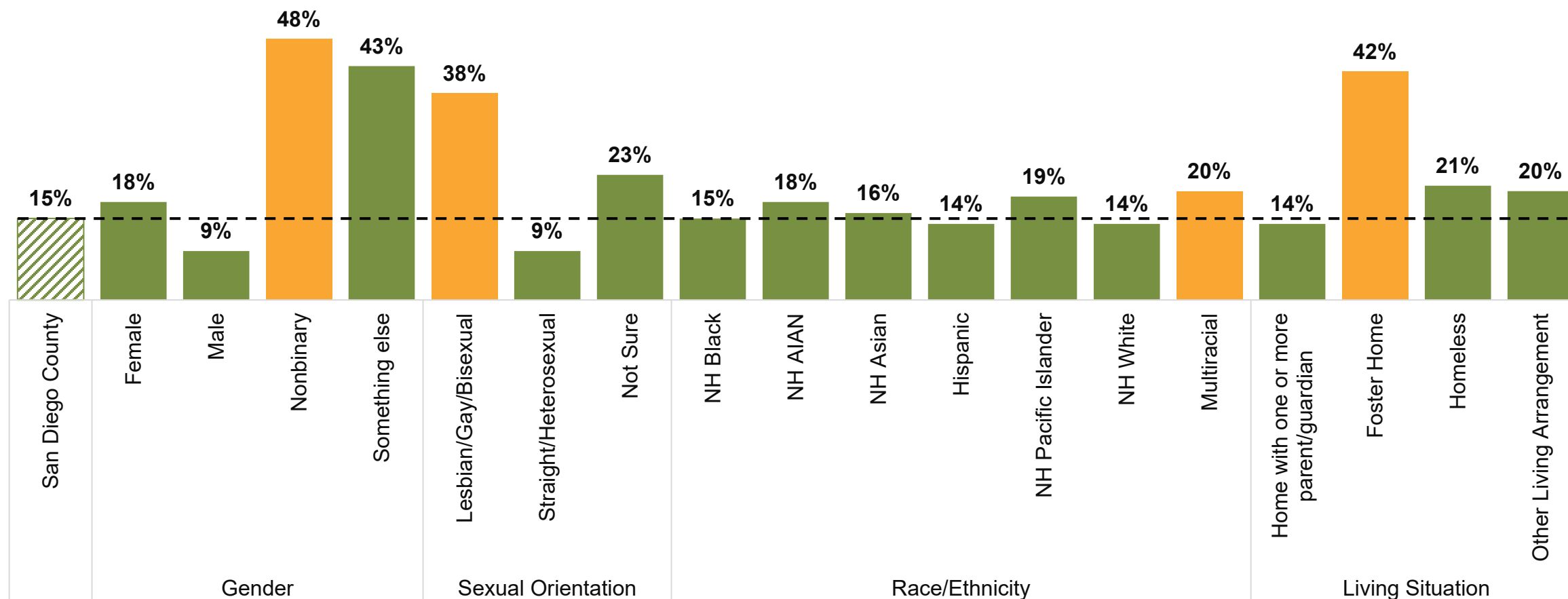


Rate per 100,000 residents. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

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



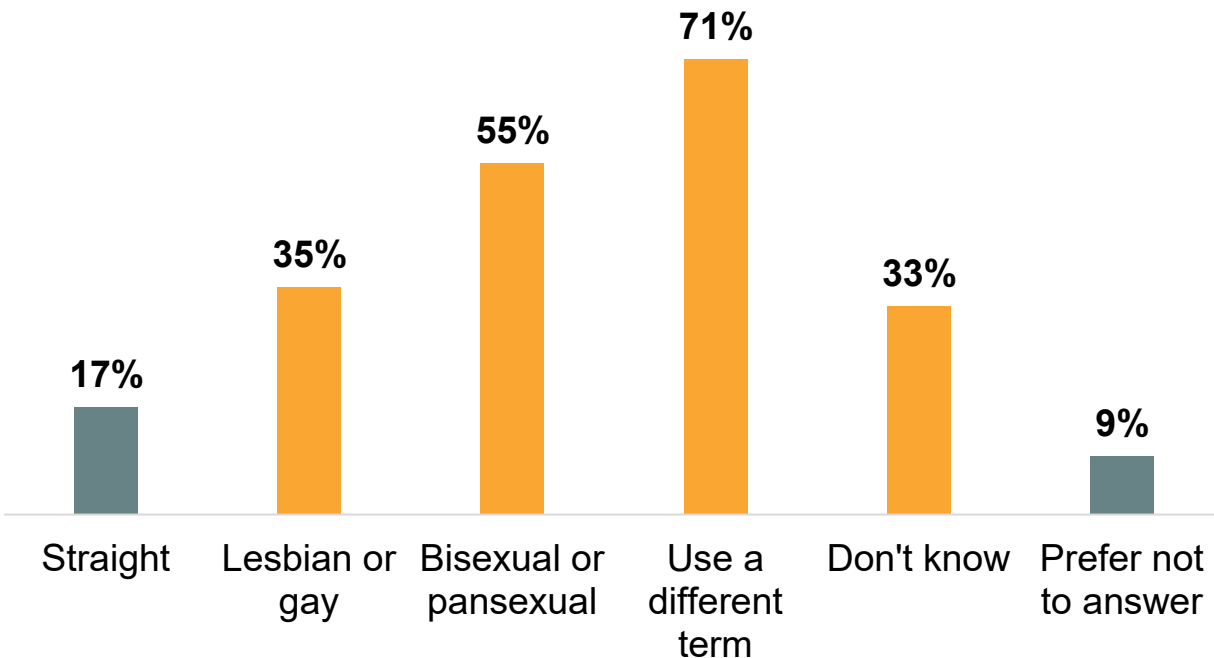
Percent of 9th Grade Students that Considered Suicide in Past 12 Months, 2021-2023



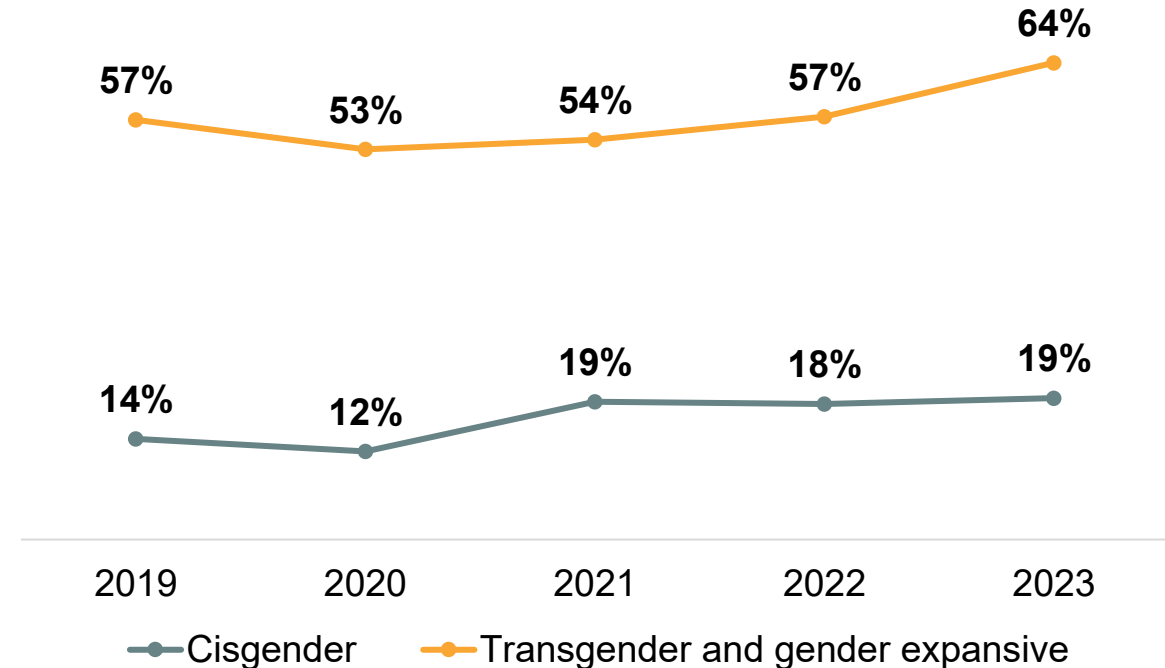
Among California residents, there was higher lifetime suicidal ideation among LGBTQIA+ adults



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



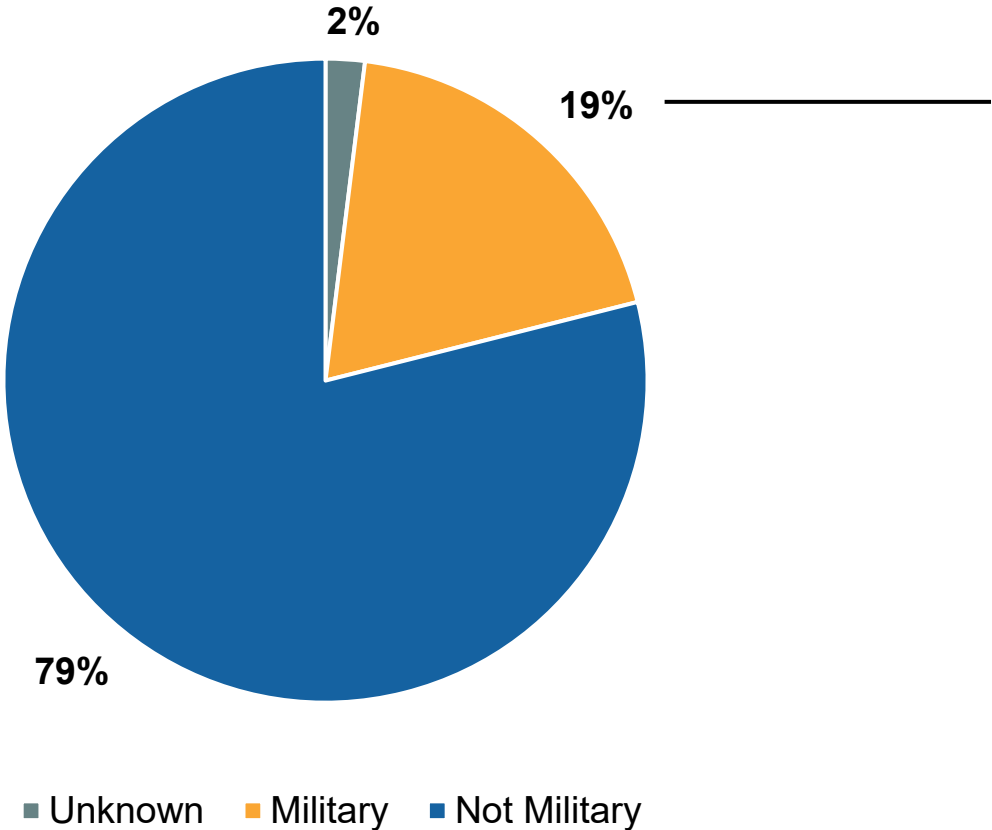
Percent of Adults 18+ that Ever Seriously Considered Suicide, by Gender Identity, California, 2019-2023



Military-affiliated County residents (active duty or veterans) accounted for 1 in 5 suicide deaths



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)

Suicide Prevention Council (SPC)



- 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/>

2024 Annual Report

- [Reports & Resources - Community Health Improvement Partners \(CHIP\)](#)

2024



San Diego County Suicide Prevention Council

Annual Report to the Community 2024

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Suicide is a leading cause of death in the United States and in San Diego County. It is a complex public health issue that requires a multi-faceted approach to prevention and intervention. The San Diego County Suicide Prevention Council (SPC) aims to leverage data to inform suicide prevention efforts, ensuring services are available and accessible where and when they are needed most. By analyzing patterns in our data, we can gain insights on emerging trends, risk factors, and vulnerable populations, allowing us to develop a more comprehensive understanding of suicide in our county. The SPC Annual Report to the Community 2024 presents various data, including local, state, and national suicide rates; suicide rates by demographics and means; and emergency department data on intentional self-harm, suicide attempts, and suicidal ideation.

Although data can be a powerful tool in addressing suicide, we can never forget that this data represents real people – our family, friends, neighbors, and community members. As we strive to better understand suicide in our community, it's vital that we approach this work with compassion, always honoring the humanity behind the numbers.

Each of us plays a crucial role in supporting this effort and prioritizing mental health in our communities. To learn more about how to get involved, please explore the 'Take Action' page in this report or visit the San Diego County Suicide Prevention Council website at www.spcsandiego.org.

The following data in this report contains the most recent information available on suicide death (2023, unless otherwise noted), suicide attempt / intentional self-harm and suicidal ideation emergency department encounters (2022), and local survey data (various years).



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together



**San Diego County
Suicide Prevention
Council**
Powered by Community Health Improvement Partners

Dial 1-888-724-7240 to connect to the **San Diego Access and Crisis Line** for free & confidential behavioral health resources & referrals, available 24/7 in over 200 languages.

Dial 9-8-8 to connect to the **Suicide & Crisis Lifeline** network of crisis call centers, available 24/7.

Dial 2-1-1 for local information & connections to community, health, & disaster resources, available 24/7.

1

Suicide Prevention Council



Interested in Joining a Subcommittee and being added to their mailing list?

Contact spcsandiego@sdchip.org or 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](#)

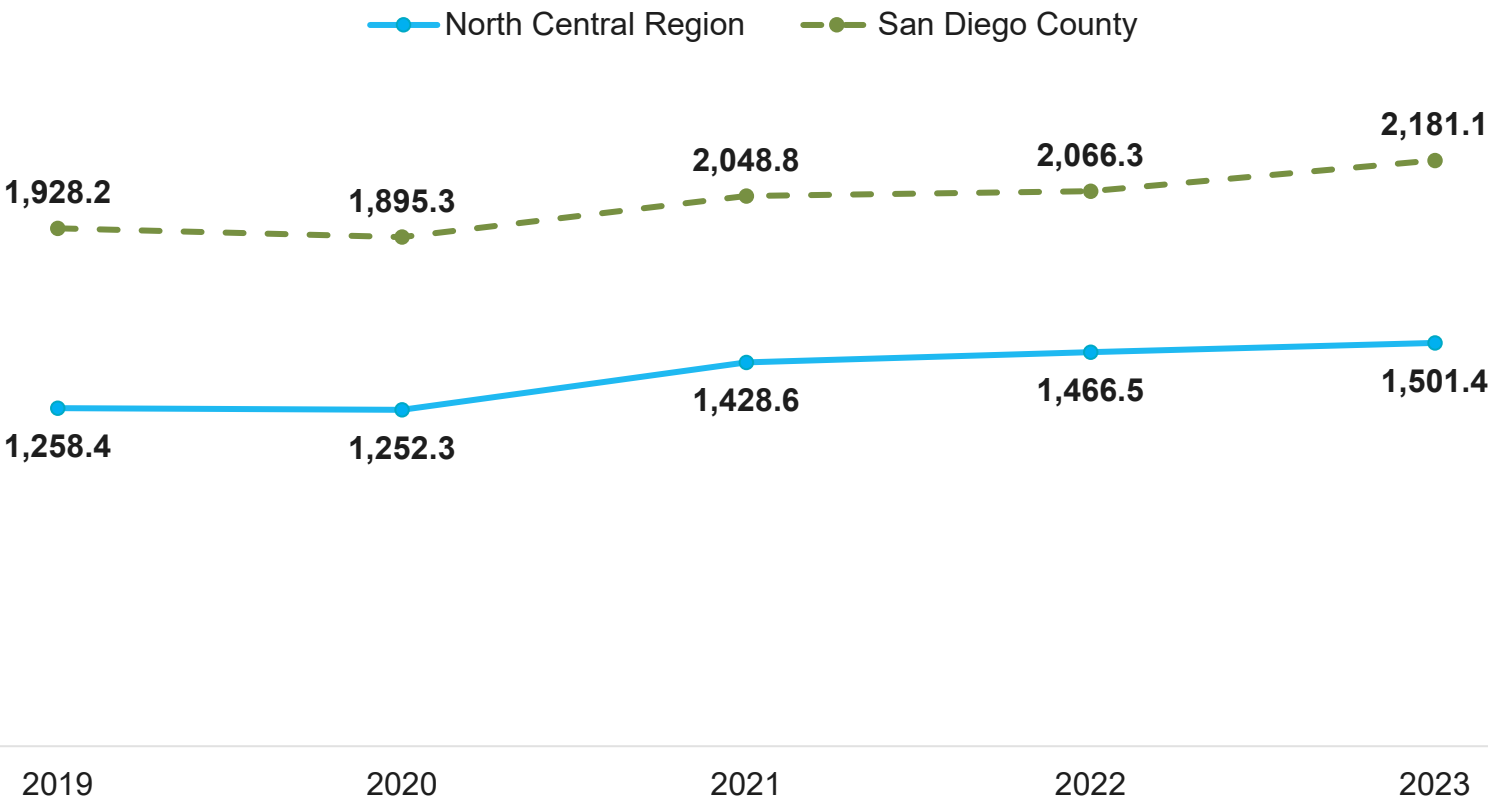


County Substance Use Data

Substance-related disorder ED encounter rates were lower among North Central residents, though the rate increased from 2019 to 2023



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



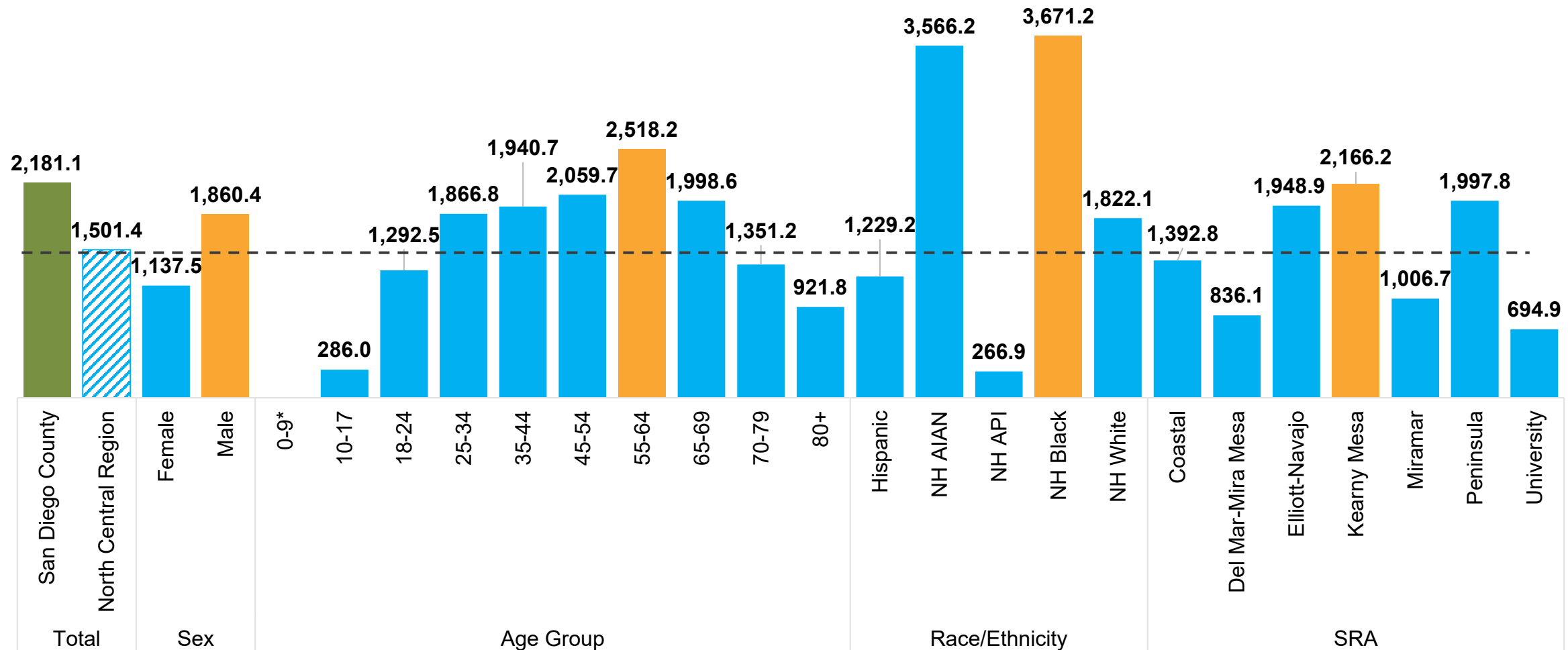
2019-2023, % change	
North Central Region	+19% ↑
San Diego County	+13% ↑

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 ED encounter rates highest among North Central residents who were male, ages 55–64 years, NH Black, and living in Kearny Mesa



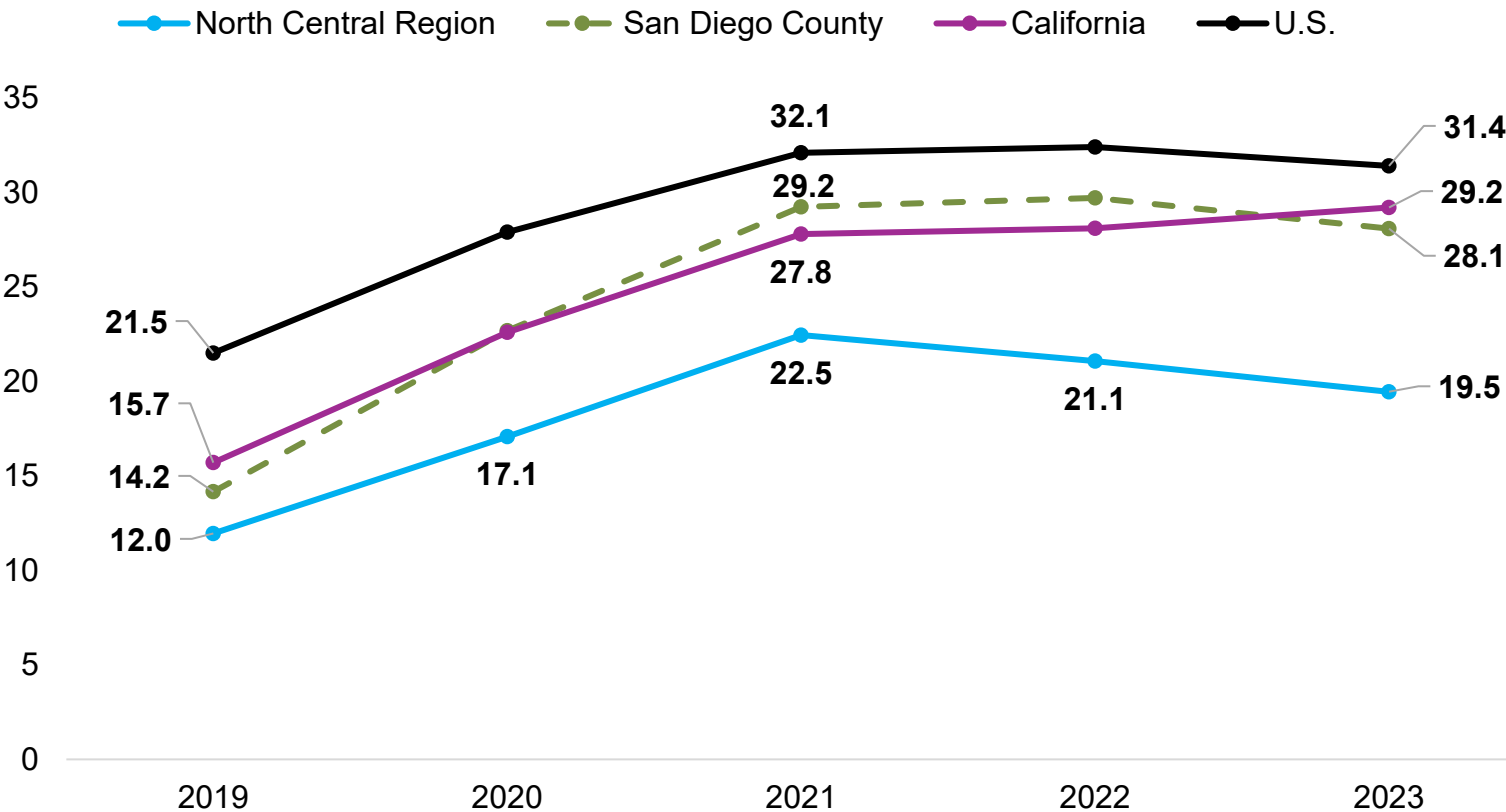
Substance-Related Disorders Emergency Department Encounter Rates, 2023



Among North Central residents, drug overdose death rates rose by 63% across 2019 to 2023, but fell by 13% since 2021



Drug Overdose Death Rates, 2019-2023



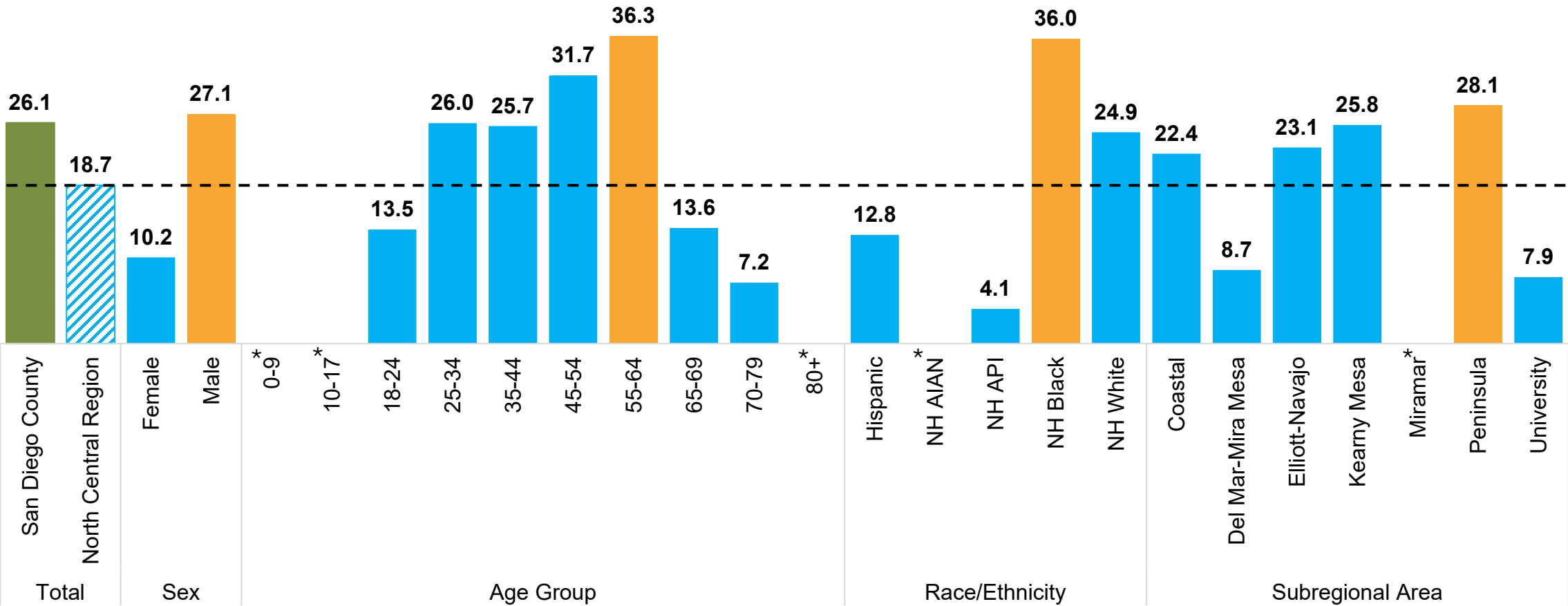
2019-2023, % change		
North Central Region	+63	↑
San Diego County	+98	↑
California	+86	↑

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 highest among North Central residents who were male, ages 55–64 years, NH Black, and living in Peninsula



Drug Overdose Death Rates, Pooled Totals, 2020-2024



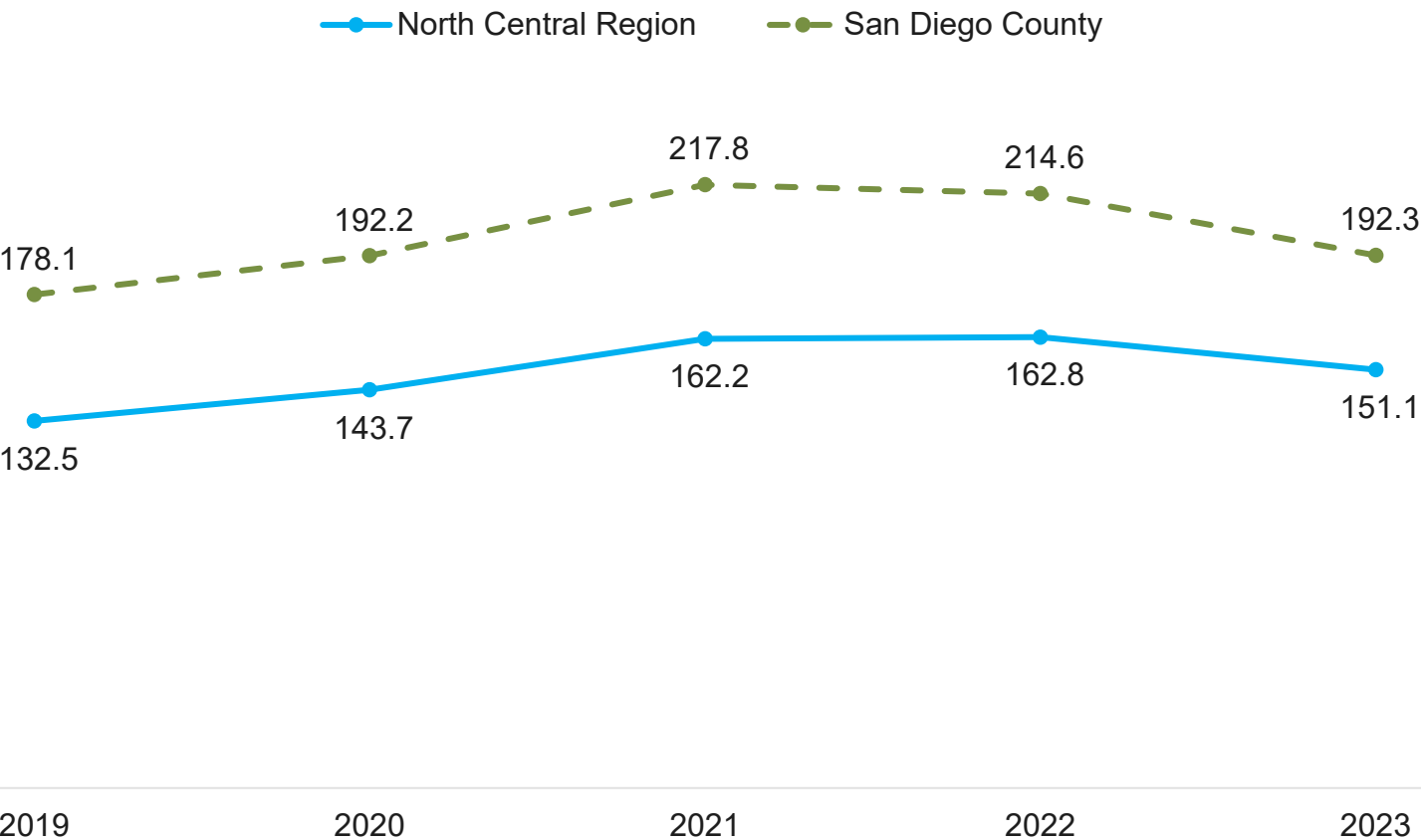
Rate per 100,000 residents. *Rates with counts < 11 were suppressed. SRA = subregional area. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research,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

Drug overdose ED encounter rates among North Central residents increased by 8% across 2019 to 2023, but have recently declined from 2022 to 2023



Drug Overdose Emergency Department Encounter Rates, 2019-2023

2019-2023, % change	
North Central Region	+14% ↑
San Diego County	+8% ↑

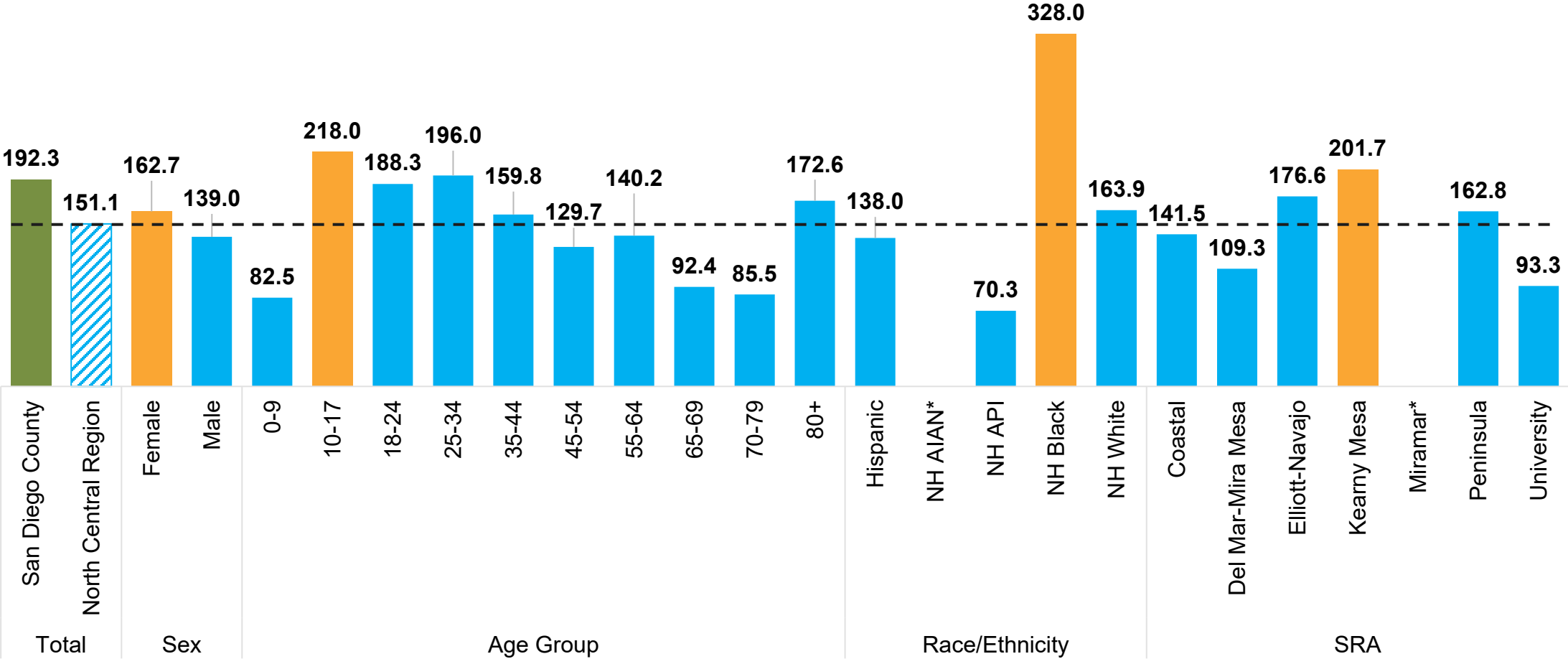


Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. San Diego Association of Governments (SANDAG) Population Estimates, 2023 (v. 1/2025)

Drug overdose ED encounter rates highest among North Central residents who were female, ages 10–17, NH Black, and living in Kearny Mesa



Drug Overdose 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 Surveillance and Response Program (OSAR)



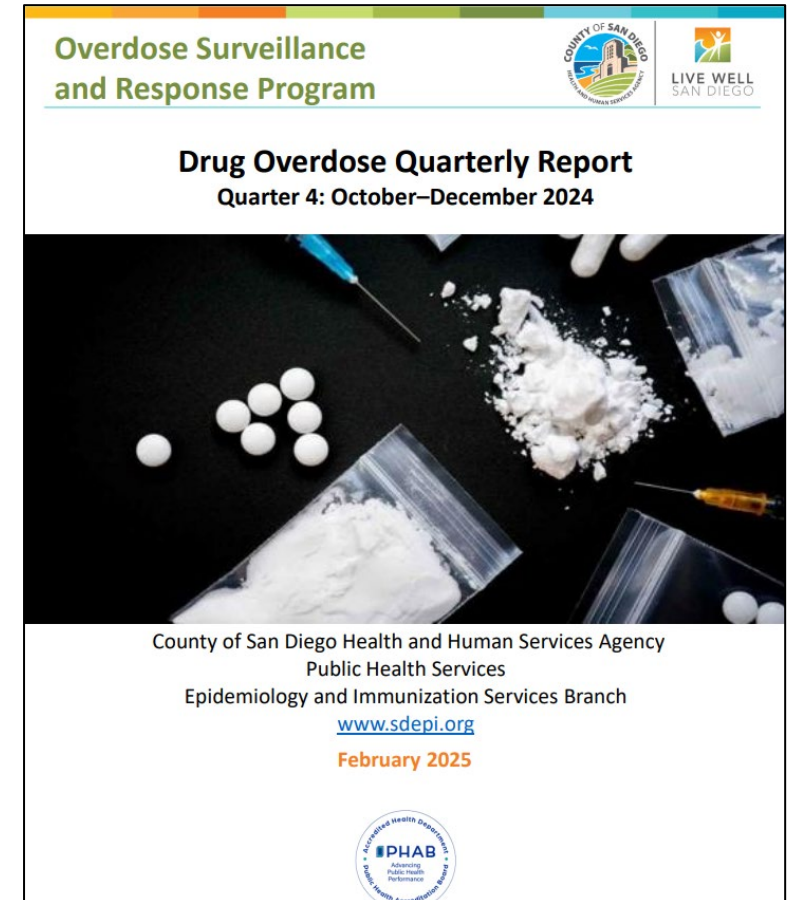
In response to the need for a comprehensive drug overdose surveillance and response system, the County of San Diego created the Overdose Surveillance and Response (OSAR) program in the fall of 2023.

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>



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/>

2024 Annual Report

- <https://www.suopt.org/report-cards>

Community Resources

- <https://www.suopt.org/community-resources>



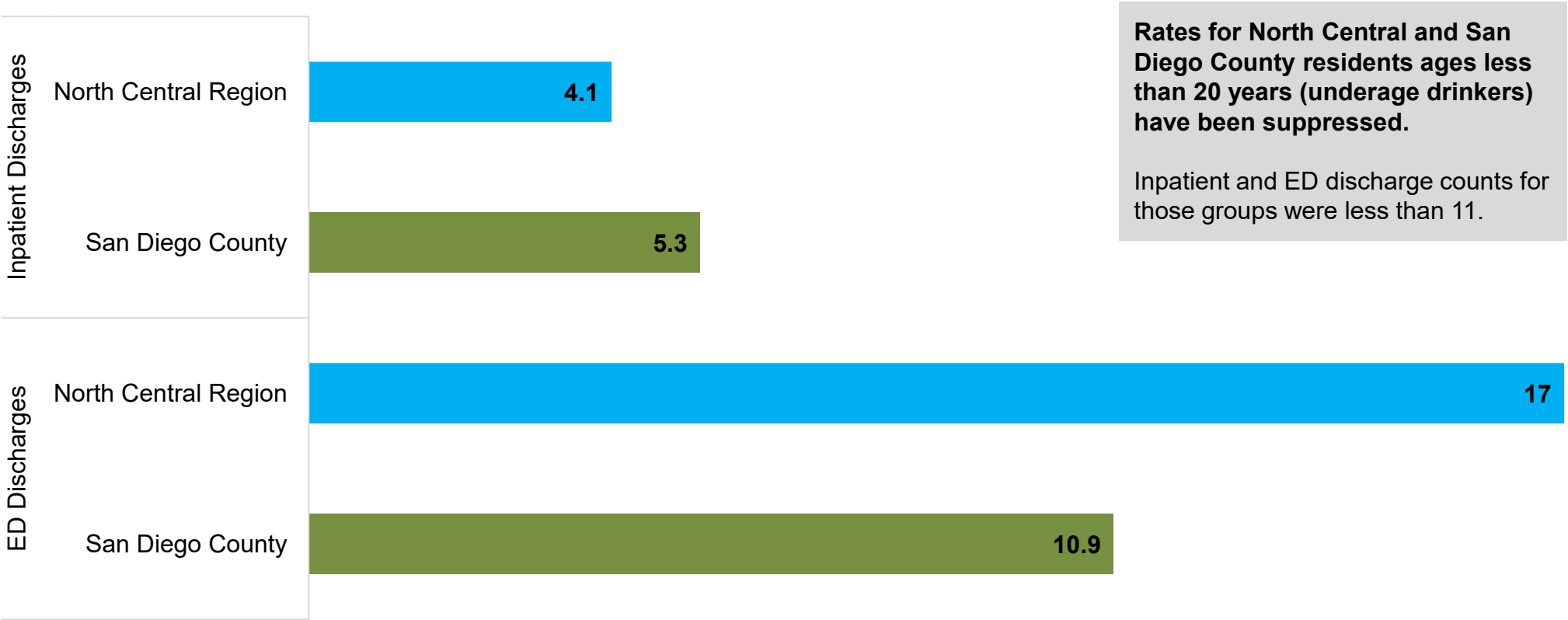
San Diego County Substance Use and Overdose Prevention Taskforce (SUOPT) *2024 Annual Report Card*



North Central Region residents had lower alcohol poisoning hospitalization rates, but higher ED discharge rates



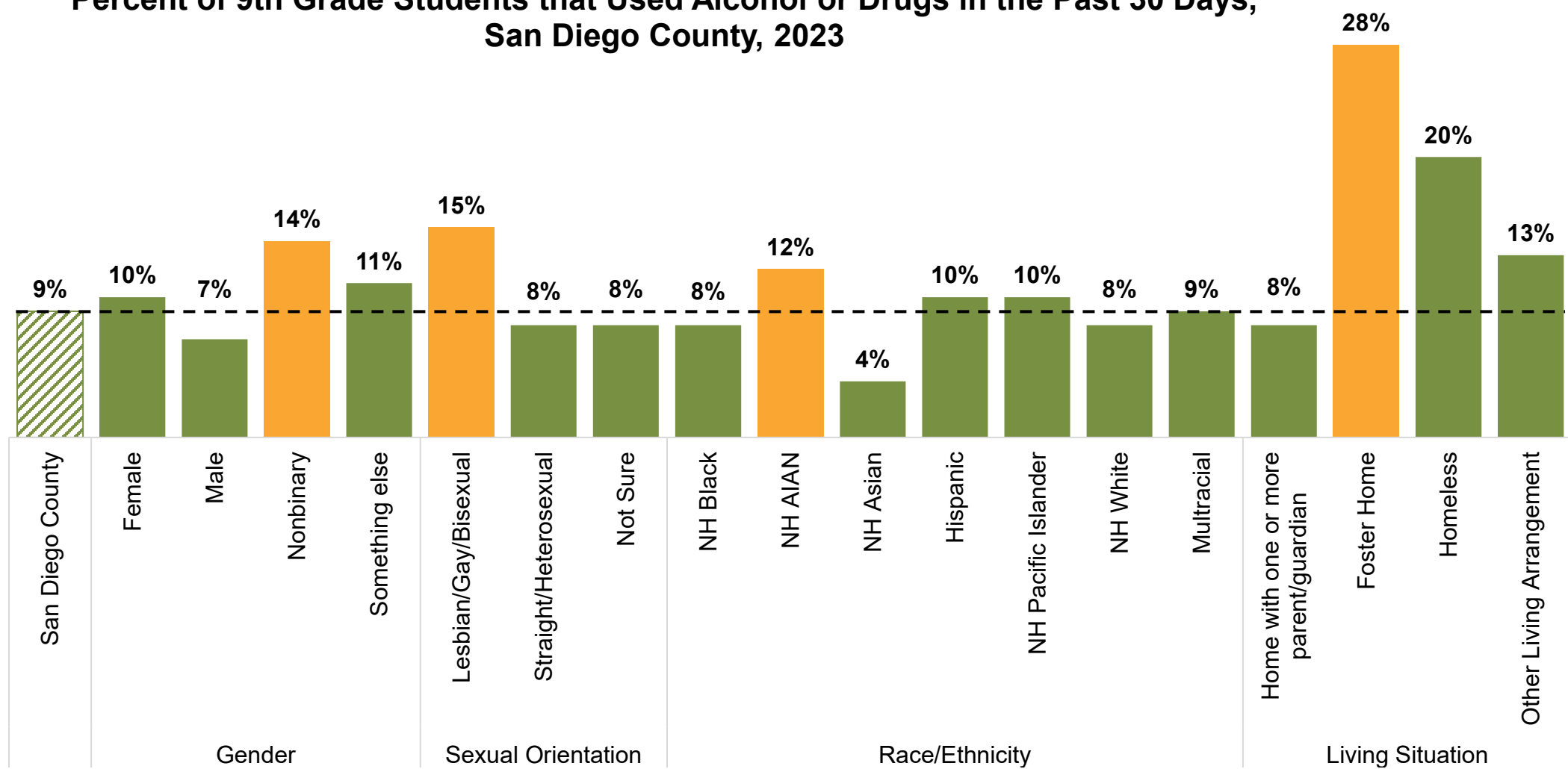
Inpatient and Emergency Department Discharge Rates Alcohol Poisoning, Ages 20 Years and Older, 2022



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



Percent of 9th Grade Students that Used Alcohol or Drugs in the Past 30 Days, San Diego County, 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>

Binge and Underage Drinking Initiative (BUDI)

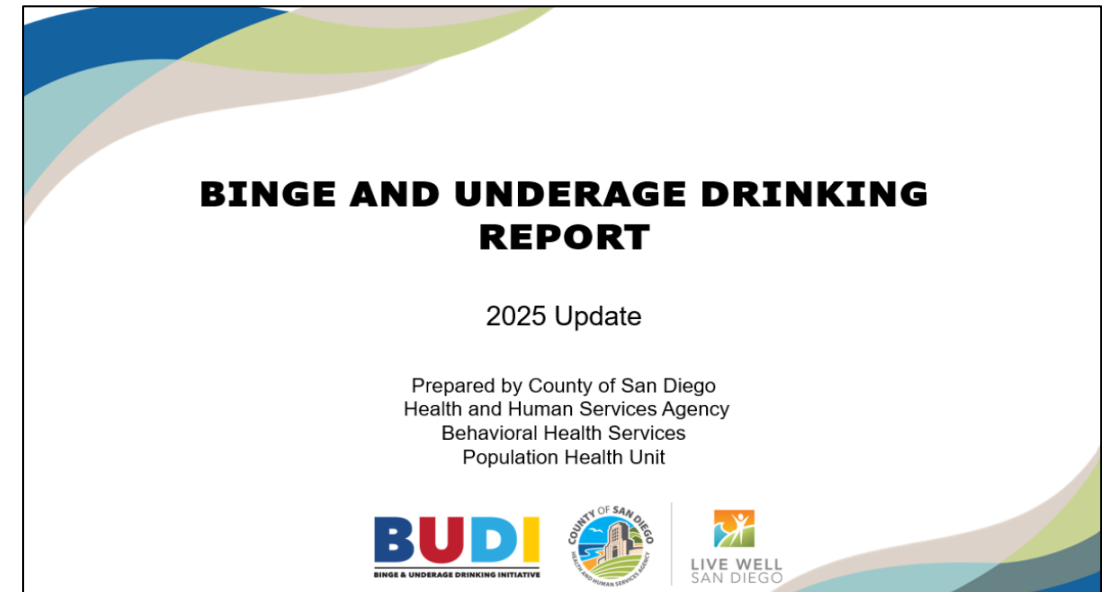


The San Diego County Binge and Underage Drinking Initiative is a strategic, collaborative, multi-agency prevention effort to encourage, support, and promote safe and healthy behaviors and social and community conditions that reduce alcohol-related harms at a population level.

<https://budisd.org/>

2025 Annual Report

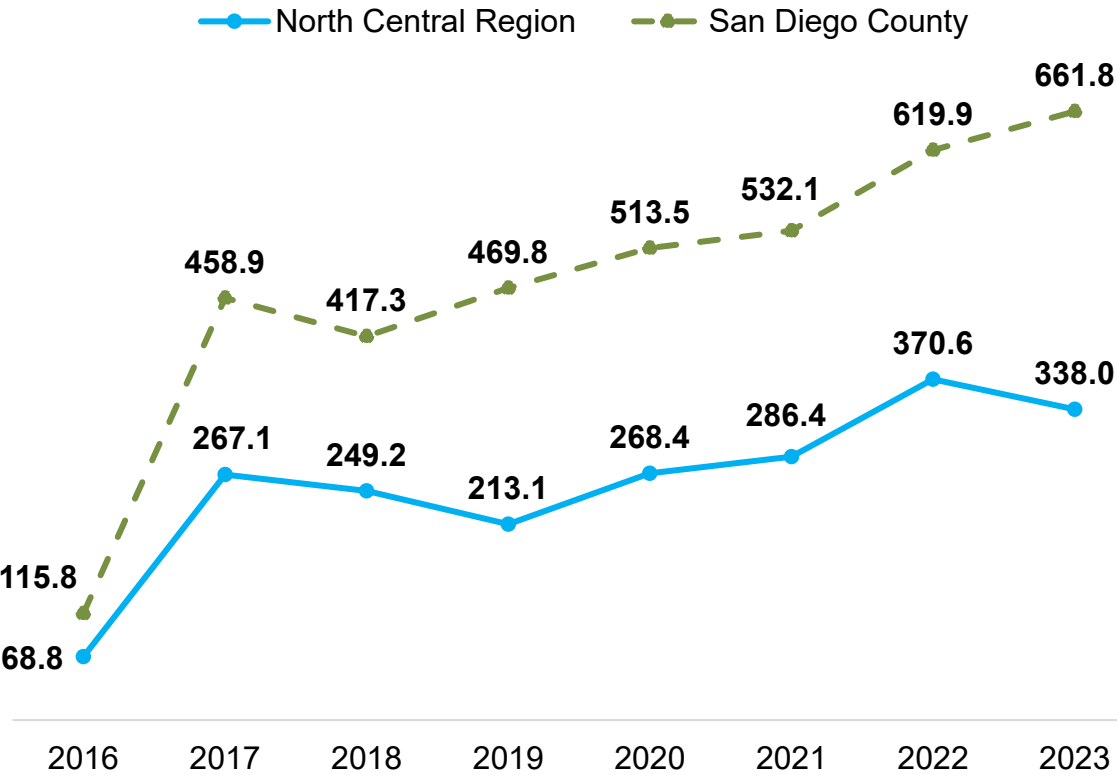
- <https://budisd.org/status-report/>



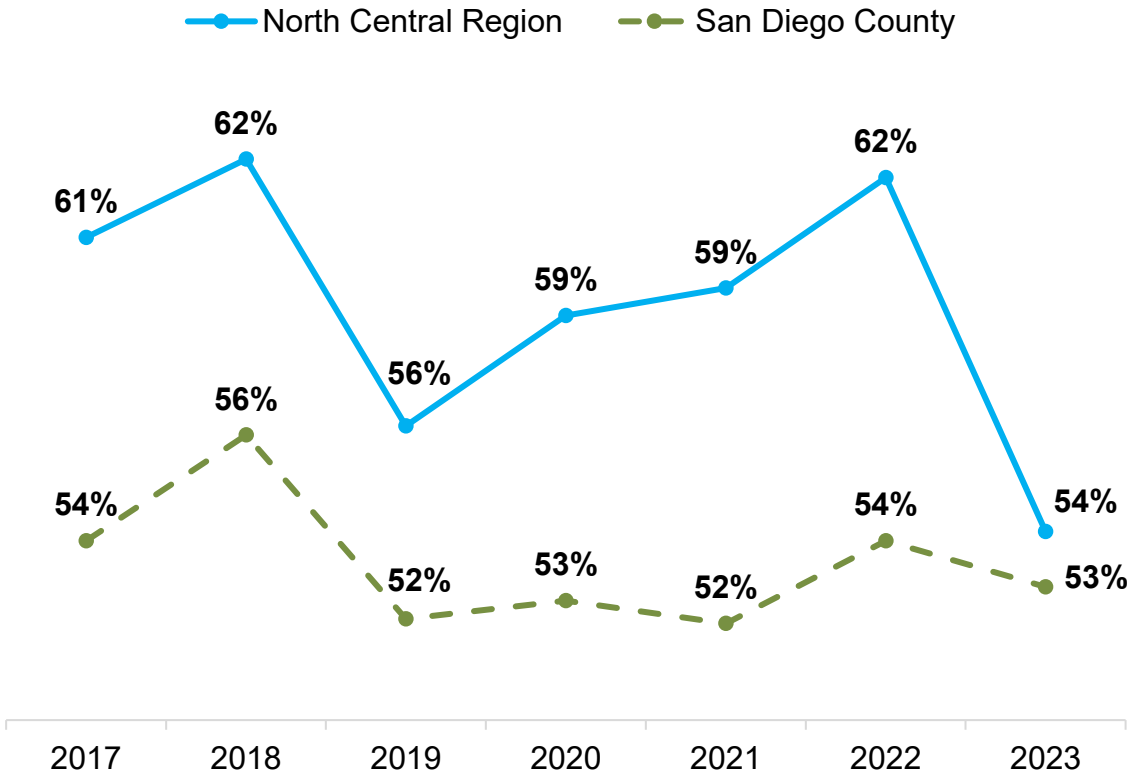
Cannabis-related ED encounters among North Central Region residents have increased, though the percentage of adults 18+ that have ever tried marijuana/hashish has decreased



Cannabis-Related Emergency Department Encounter Rates, 2016-2023



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



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)

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.

Cannabis Public Health Initiative (CPHI)

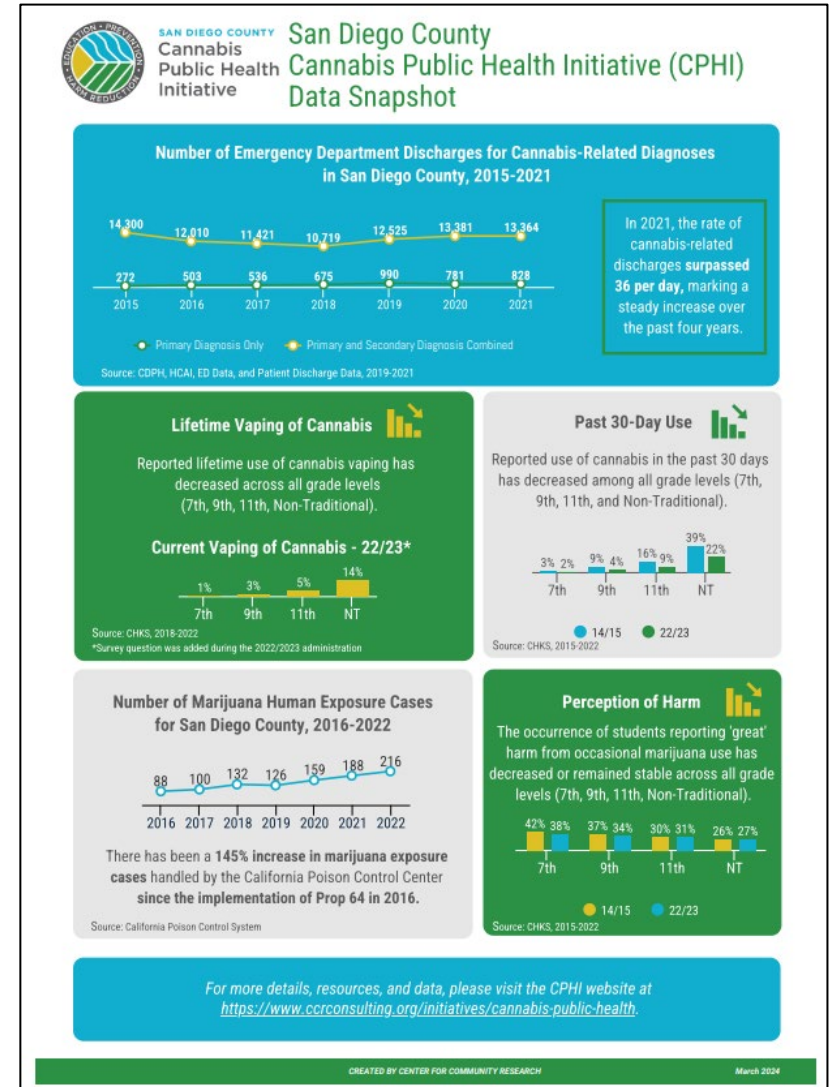


- Works to reduce youth access to cannabis by increasing public awareness regarding the adverse effects resulting from youth cannabis use.
- Efforts are aimed at providing the science behind youth cannabis use and its public health impacts.

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

2024 Data Snapshot

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



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

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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 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 8 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

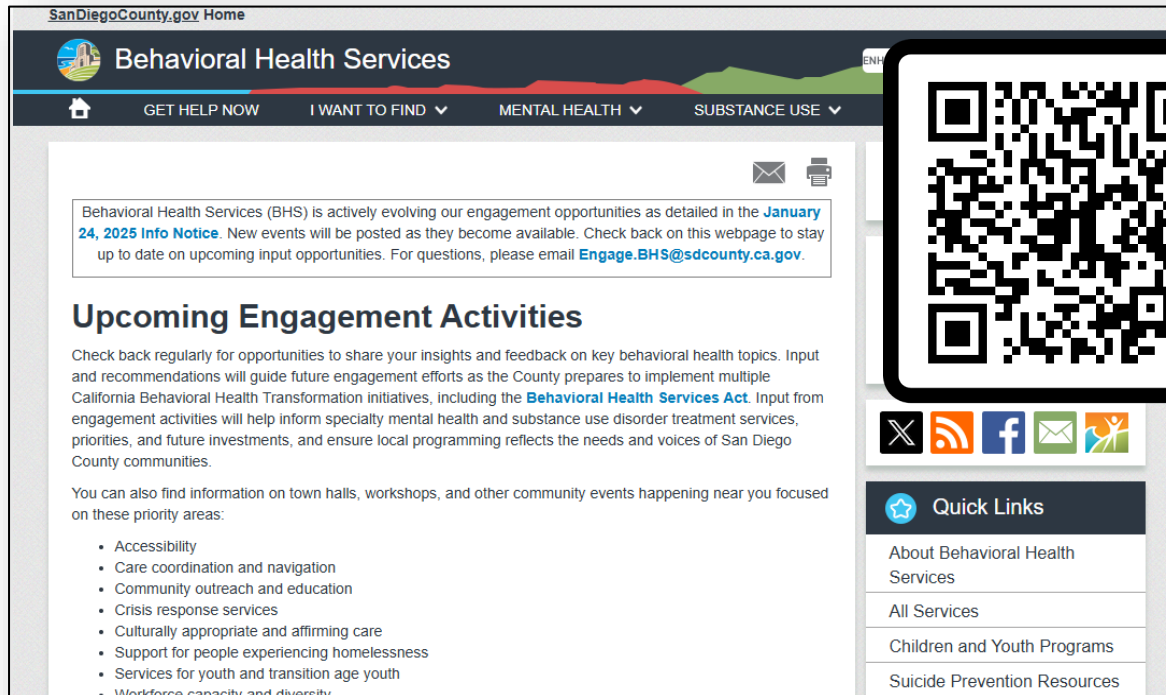
Care Experience
Engagement in School
Engagement in Work
Overdoses
Prevention and Treatment of Co-Occurring Physical Health
Quality of Life
Social Connection
Suicides

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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