

Behavioral Health Task Force Meeting

January 28, 2021

California Health and Human Services Agency

Person Centered. Data Driven.

Welcome and Introductions

Secretary Mark Ghaly, M.D., M.P.H.

California Health and Human Services Agency

Person Centered. Data Driven.

Roll Call and Virtual Meeting Protocols

Stephanie Welch, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

WebEx Meeting Protocol for the Task Force

- Meeting is being recorded
- BHTF MEMBERS:
 - Stay **ON MUTE** when not speaking
 - Do **NOT** put your phone **ON HOLD** ever for any reason
 - If there is not enough time for a comment, considering sending a message to the BHTF mailbox
BehavioralHealthTaskForce@chhs.ca.gov
 - Use chat for technical questions only

WebEx Meeting Protocol for the Task Force (2)

- **MEMBERS OF THE PUBLIC:**
 - Stay **ON MUTE** throughout the meeting unless you are making public comment
 - You will be called on to make a comment during the public comment period at the end of the meeting
 - BehavioralHealthTaskForce@chhs.ca.gov can also receive comments via email
 - Do **NOT** put your phone **ON HOLD** ever for any reason
- You don't have to wear a mask during our session!!!

Announcements

[Master Plan on Aging](#)

[Office of the Surgeon General – Road Map to Resilience Report](#)

2021 Taskforce Meeting Dates

March 9, 2021

June 8, 2021

September 7, 2021

December 7, 2021

Task Force Meeting Agenda

- 1. Welcome and Opening Comments (10:00)
Roll Call and Meeting Protocol**
- 2. Stories of Meeting this Moment for Behavioral Health (10:15)**
- 3. Themes and Highlights From Member Interviews and Next Steps (10:45)**
- 4. Suicide Prevention and Issues from the Field (11:00)**
- 5. Member Discussion (12:15)**
- 6. Public Comment (12:45)**
- 7. Adjourn**

Meeting this Moment for Behavioral Health Voices from the Field

Jevon Wilkes, Executive Director, California Coalition for Youth
Christina A. Roup, Executive Director, NAMI Fresno

California Health and Human Services Agency
Person Centered. Data Driven.

Highlights from Member Interviews & Next Steps

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Themes and Highlights from Member Interviews

Reviewed the Stated Purpose of the Taskforce:

The Behavioral Health Task Force will address the urgent mental health and substance use disorder needs across California.

The panel will advise the Administration's efforts to advance statewide behavioral health services, prevention, and early intervention to stabilize conditions before they become severe.

The mission of the task force is to develop recommendations for the Governor about how California can provide timely access to high-quality behavioral health care for all of its residents.

Themes and Highlights from Member Interviews

Key Themes

1. Be Action-Oriented
2. Focus on “Big Picture” Change with Achievable Measurable Goals
3. Collectively and Collaboratively use Member Expertise
4. Apply an Equity and Justice Lens
5. Don't Lose Sight of the Most Vulnerable

Meeting the Moment for Behavioral Health

COVID-19 and Serious Mental Illness are Linked (Lancet Nov 2020)

- People with a pre-existing mental illness were 65% more likely to be diagnosed with COVID-19.
- 18% of COVID-19 survivors were diagnosed with a psychiatric disorder within 90 days – of which 6% were a first psychiatric diagnosis.

Meeting the Moment for Behavioral Health (2)

Numerous Individuals are Suffering from Behavioral Health Issues during the Pandemic, Now there are Many More. (Lancet Dec 2020)

- People with depressive, anxiety, or obsessive-compulsive disorders are experiencing a detrimental impact on their mental health from the COVID-19 pandemic, which requires close monitoring in clinical practice.
- People without depressive, anxiety, or obsessive-compulsive disorders showed a greater increase in symptoms during the COVID-19 pandemic.

Meeting the Moment for Behavioral Health (3)

A Center for Disease Control (CDC) Behavioral Health Survey conducted in June 2020 further found ...

- 40.9% of respondents reported at least one adverse mental or behavioral health condition (anxiety, depression, trauma, stress and substance abuse) related to the pandemic.
- 13.3% reported having started or increased substance use to cope with stress or emotions related to COVID-19.
- 10.7% of respondents reported having seriously considered suicide in the 30 days before completing the survey.

Meeting the Moment for Behavioral Health (4)

Children and Youth are Experiencing More Serious Behavioral Health Issues than Initially Assumed (CDC)

- In the survey mentioned previously, rates of seriously considering suicide were significantly higher (more than double) among respondents aged 18–24 years (25.5% compared to 10.7%).
- An analysis of children’s mental health–related ED visits among all pediatric ED visits increased in April 2020 and remained elevated through October. Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

Meeting the Moment for Behavioral Health (5)

Extensive Disproportional Impact on Behavioral Health for Underserved and Marginalized Groups

- While rates of behavioral health disorders may not significantly differ from the general population, Blacks and Latinos have substantially lower access to mental health and substance-use treatment services.
- CDC survey - rates of seriously considering suicide were higher among racial/ethnic groups (Latinos at 18.6% and Black at 15.1% compared to 10.7% overall). Particularly concerning would be self-reported unpaid caregivers for adults (30.7%) and essential workers (21.7%). Both of these categories are over-represented by women of color.

Meeting the Moment for Behavioral Health (6)

Reduce Increased Risk for Traumatic Outcomes...

- ❑ Homelessness
- ❑ Hospitalization/Institutionalization
- ❑ Incarceration
- ❑ Unemployment/School Failure
- ❑ Out of Home Placement/Foster Care
- ❑ Increased and Poly-Substance Use
- ❑ Crisis/Suicide
- ❑ Domestic and Interpersonal Violence

Next Steps

COVID is an Accelerant for Change:

Pandemic illustrated gaps in our system and issues to prioritize – seek equity and justice in design and delivery.

Focus on getting through the pandemic and its aftermath by highlighting emerging evidence of where the need is greatest and identifying effective responses.

Identify strategies to support the most vulnerable but also prevent the development of more serious and disabling behavioral health challenges.

Develop actionable and measurable goals.

Suicide Prevention and Issues from the Field

California Department of Public Health (CDPH) - Monica Morales, Deputy Director, Center for Healthy Communities, Erika Pinsker, PhD, MPH, & Renay Bradley, Ph.D.

Riverside University Health System - Iman Abouazra, MPH & Dianne Leibbrandt, MPH, MSc.

Department of Health Care Services and CalHOPE
Jim Kooler, Dr.P.H., Assistant Deputy Director

California Health and Human Services Agency

Person Centered. Data Driven.

The Current Drug Overdose Epidemic in California

Erika Pinsker, PhD, MPH

Substance and Addiction Prevention Branch
California Department of Public Health

January 2021

Overdose Prevention Initiative (OPI)

- Addresses the drug overdose epidemic through surveillance and prevention

Surveillance

- Collects and shares emergency department, hospitalization, prescription, and death certificate data on overdoses
- Studies the circumstances surrounding overdose deaths

Overdose Prevention Initiative (OPI) - 2

Prevention

- Promotes the inclusion and use of California's prescription drug monitoring program
- Builds state partnerships via the Statewide Overdose Safety (SOS) Workgroup
 - Approximately 40 state agencies and non-government stakeholder organizations
- Builds local partnerships through Local Opioid Safety Coalitions
 - 23 coalitions serving 32 California counties
- Establishes linkages to care
- Expands the use of evidence-based prescribing and treatment guidelines for providers and health systems

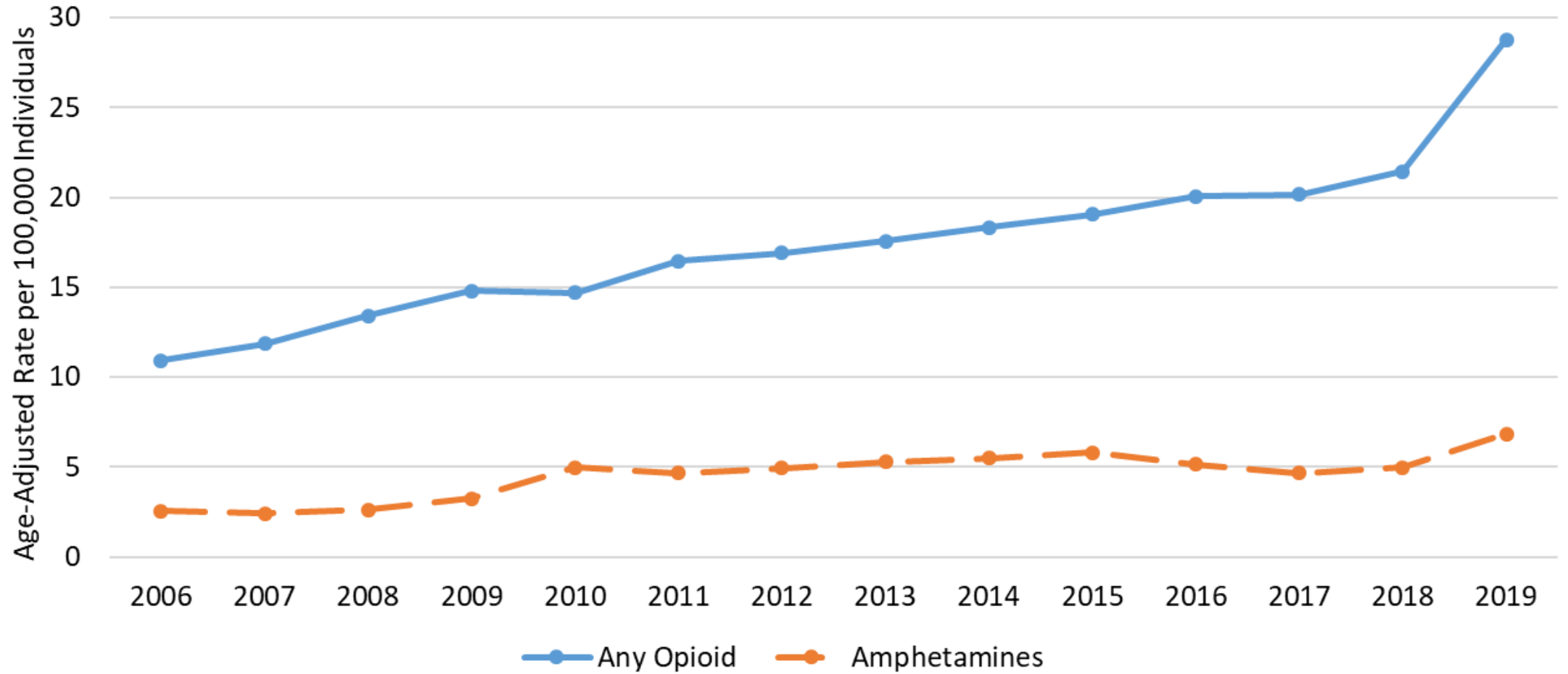
Outline

- Drug overdose historical trends
- Fatal drug overdose recent trends
- Fatal drug overdose by age
- California Opioid Overdose Surveillance Dashboard

Drug Overdose Historical Trends

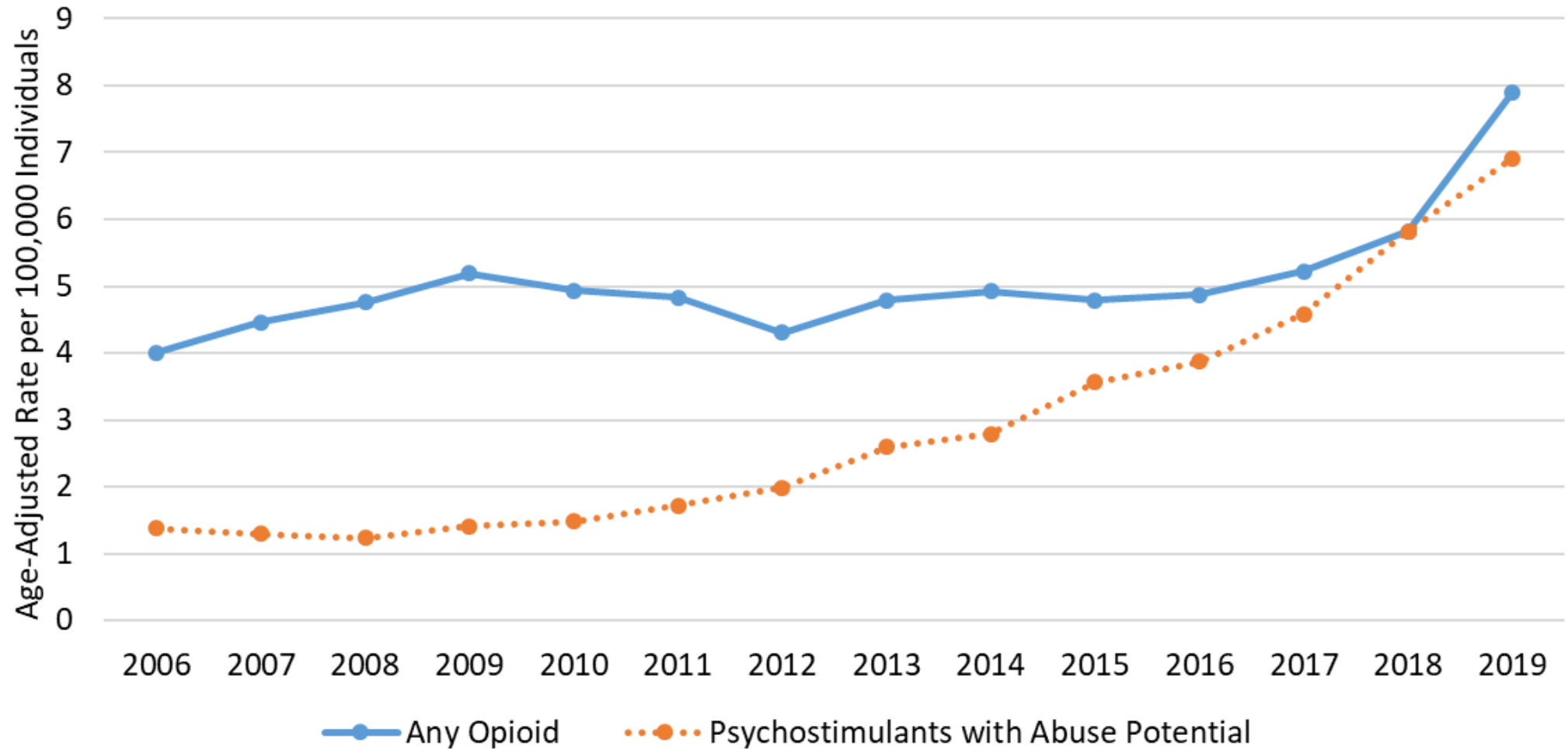
2006-2019

Opioid and Stimulant-Related Non-Fatal Overdose ED Visits in CA Residents



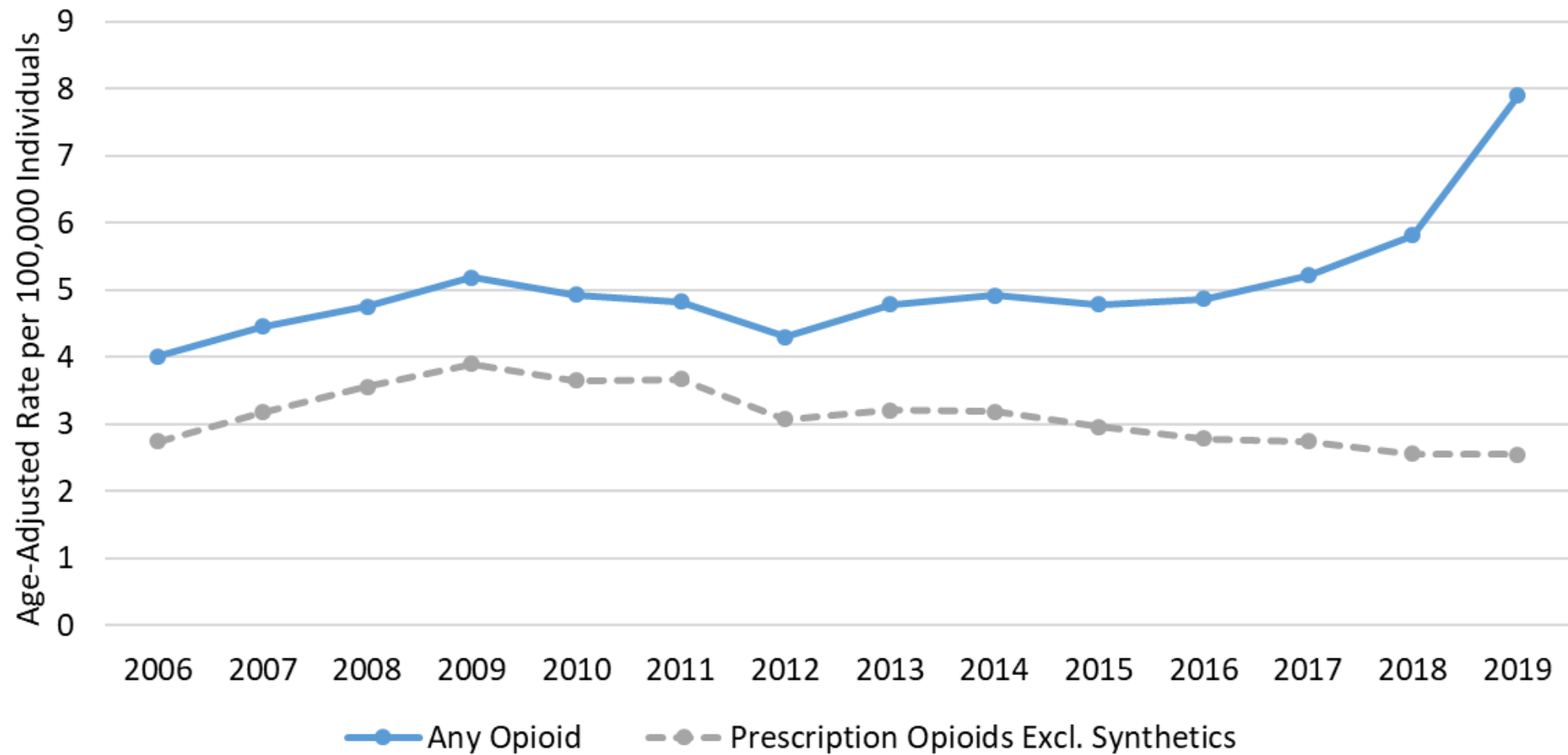
Note: Data include ED visits caused by non-fatal acute poisonings. Indicators are not mutually exclusive. Change from ICD-9-CM to ICD-10-CM occurred in October 2015. ED visits that result in hospital admission are excluded from ED data, but are captured in hospitalization data on the dashboard. Source: [CA Opioid Overdose Surveillance Dashboard](#)

Opioid and Stimulant-Related Fatal Overdose in CA Residents



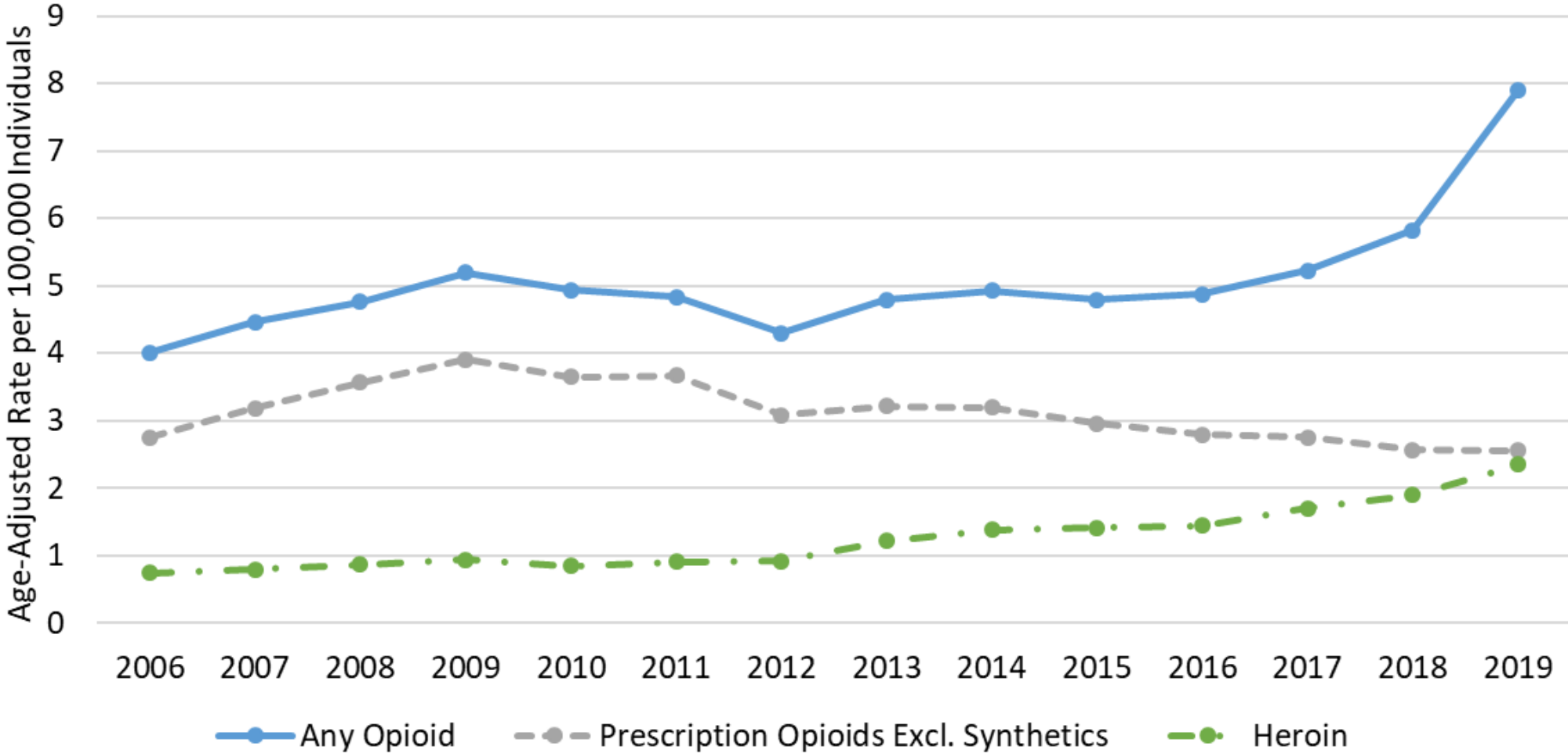
Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Indicators were identified via ICD-10 codes. Source: [CA Opioid Overdose Surveillance Dashboard](#)

Opioid-Related Fatal Overdose in CA Residents



Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Indicators were identified via ICD-10 codes. Source: [CA Opioid Overdose Surveillance Dashboard](#)

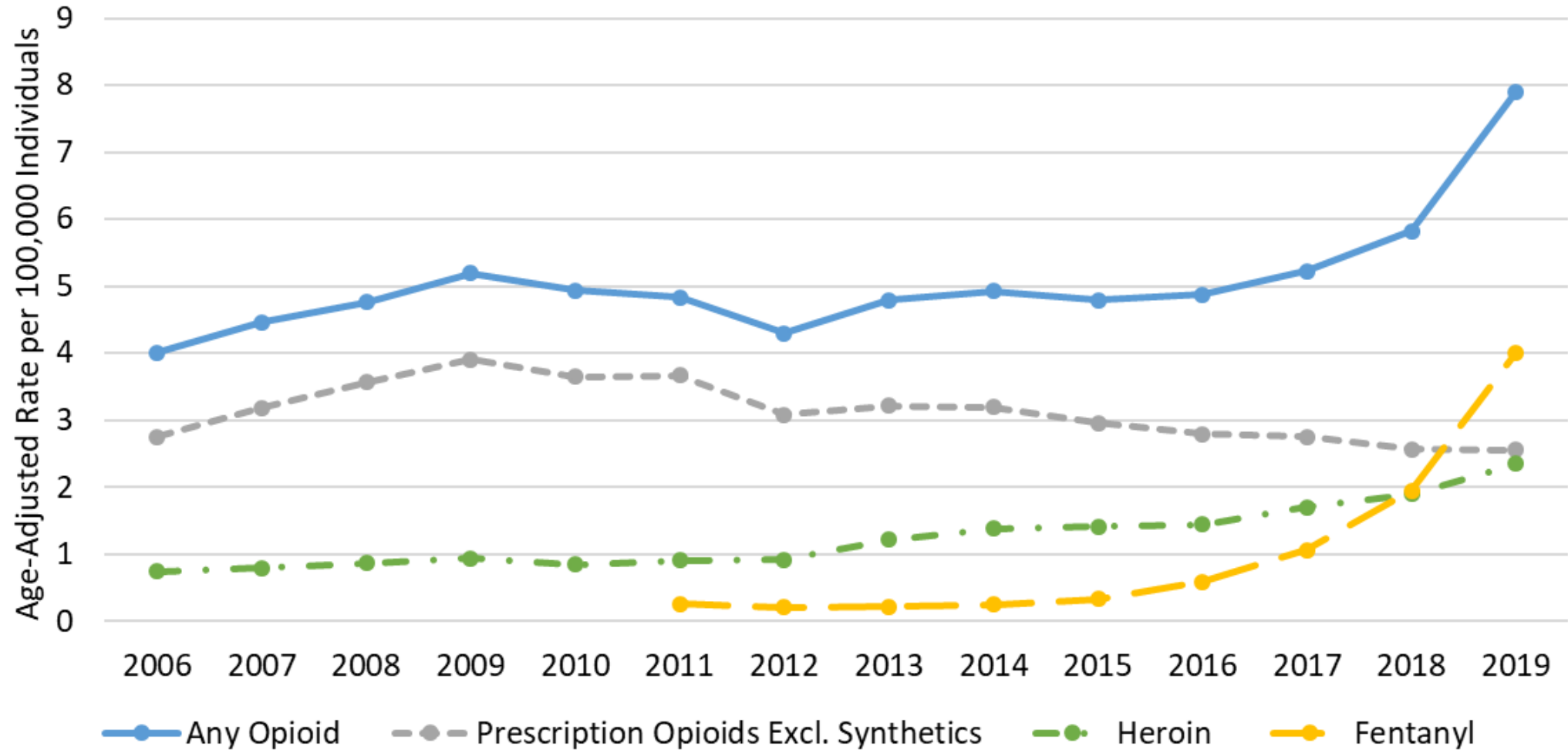
Opioid-Related Fatal Overdose in CA Residents



Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Indicators were identified via ICD-10 codes. Source: [CA Opioid Overdose Surveillance Dashboard](#)



Opioid-Related Fatal Overdose in CA Residents

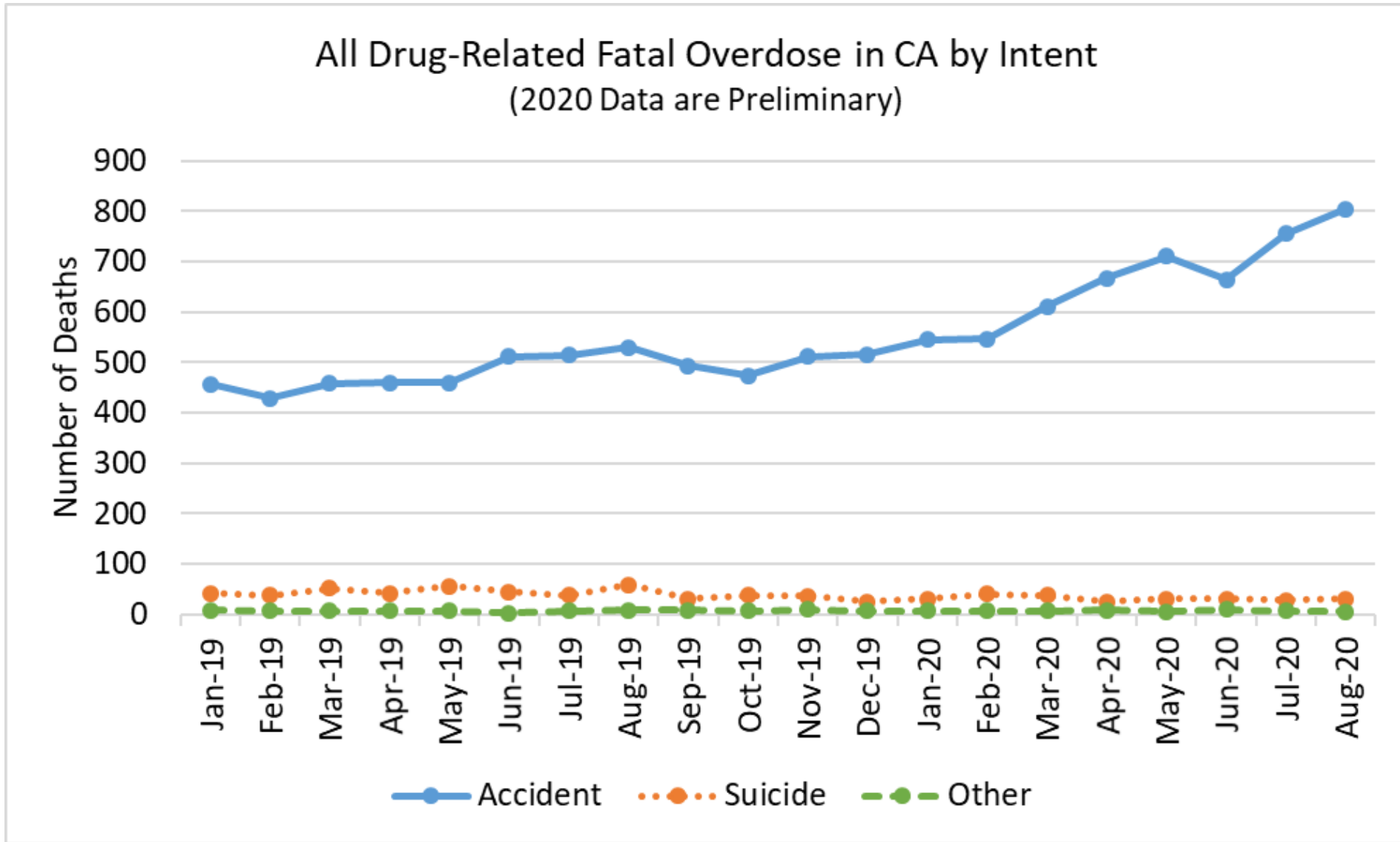


Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Overdose deaths involving fentanyl and fentanyl analogs were identified using a text search algorithm. All other indicators were identified via ICD-10 codes. Source: [CA Opioid Overdose Surveillance Dashboard](#)

Fatal Drug Overdose Recent Trends

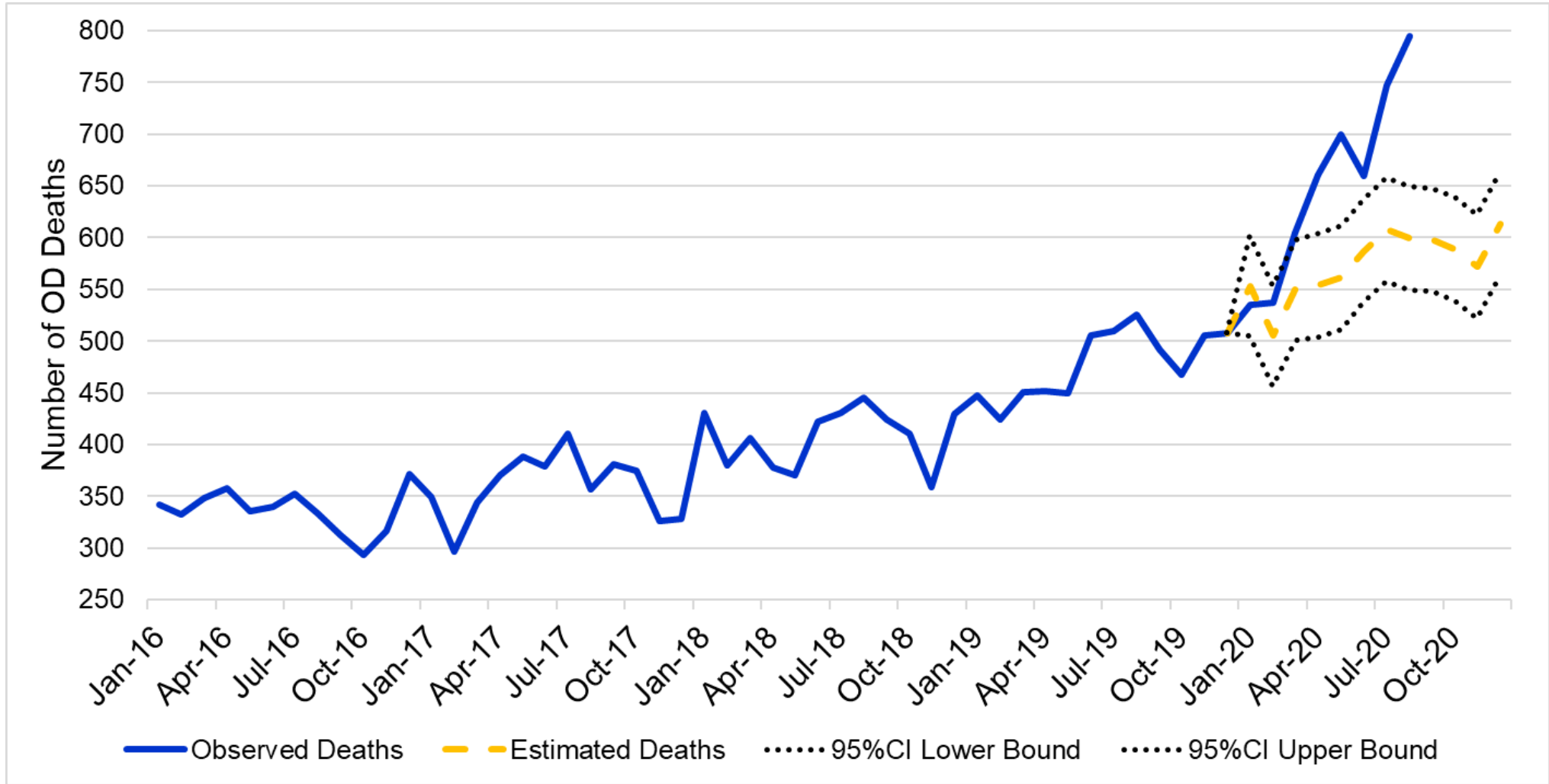
2019-2020

All Drug-Related Fatal Overdose in CA by Intent (2020 Data are Preliminary)



Note: Data include drug overdose deaths caused by acute poisonings. Indicator and intent were identified via ICD-10 codes.

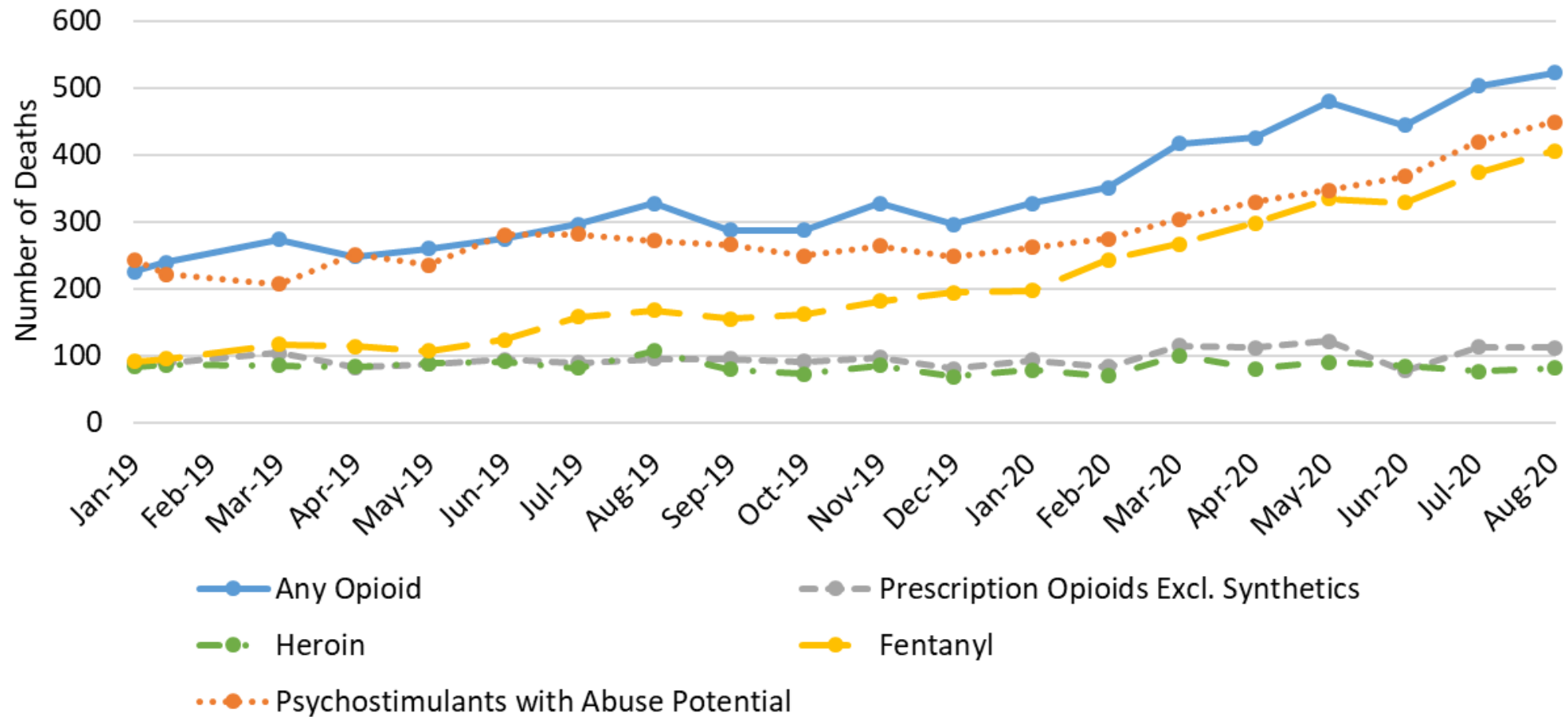
Number of Preliminary Observed and Estimated All Drug-Related Fatal Overdose in California, 2016 – 2020



Note: Data include accidental drug overdose deaths caused by acute poisonings. Indicator and intent were identified via ICD-10 codes. Estimated numbers were calculated using an Autoregressive Integrated Moving Average (ARIMA) model.

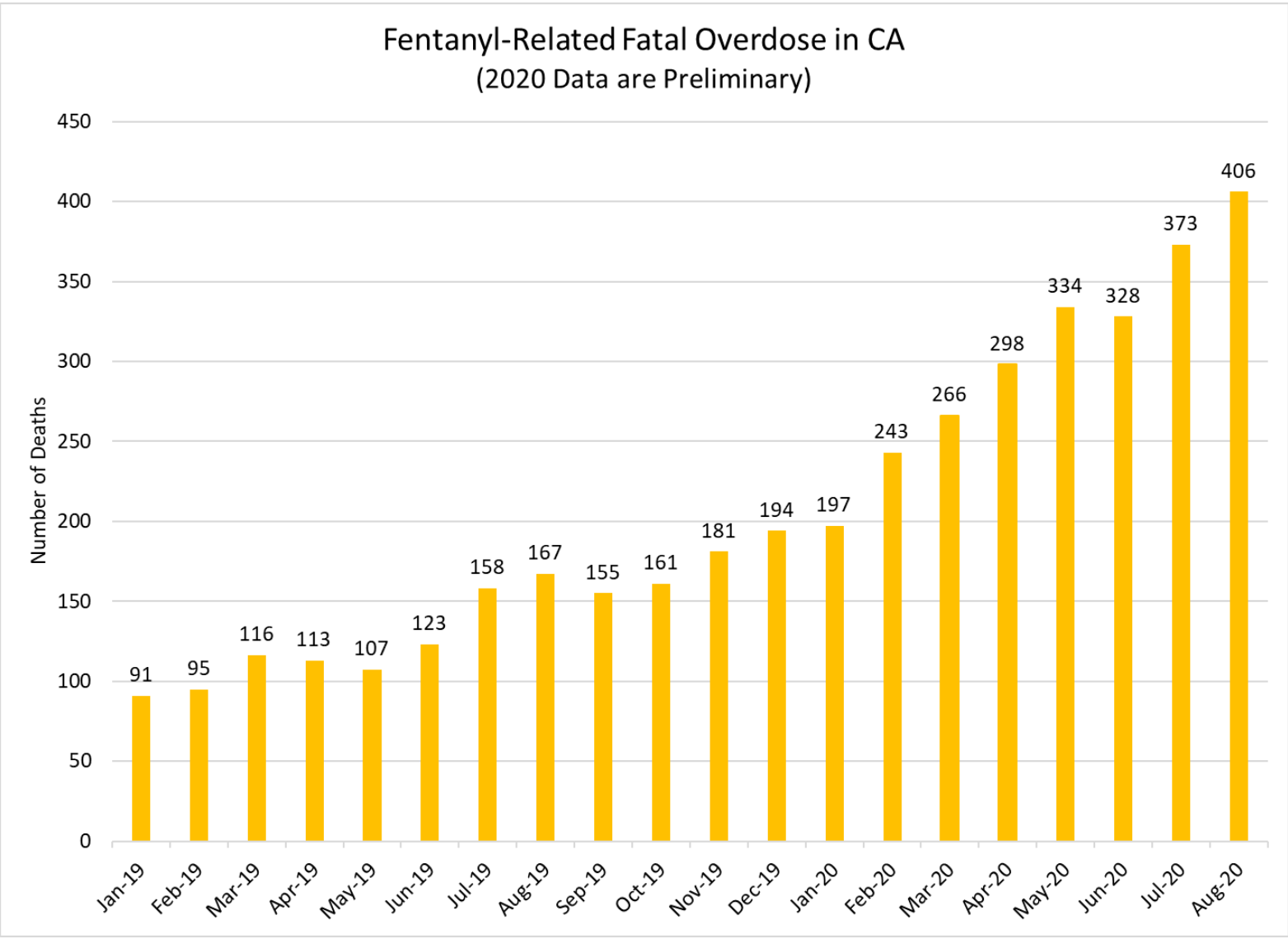


Opioid and Stimulant-Related Fatal Overdose in CA (2020 Data are Preliminary)



Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Overdose deaths involving fentanyl and fentanyl analogs were identified using a text search algorithm. All other indicators were identified via ICD-10 codes.

Fentanyl-Related Fatal Overdose in CA (2020 Data are Preliminary)

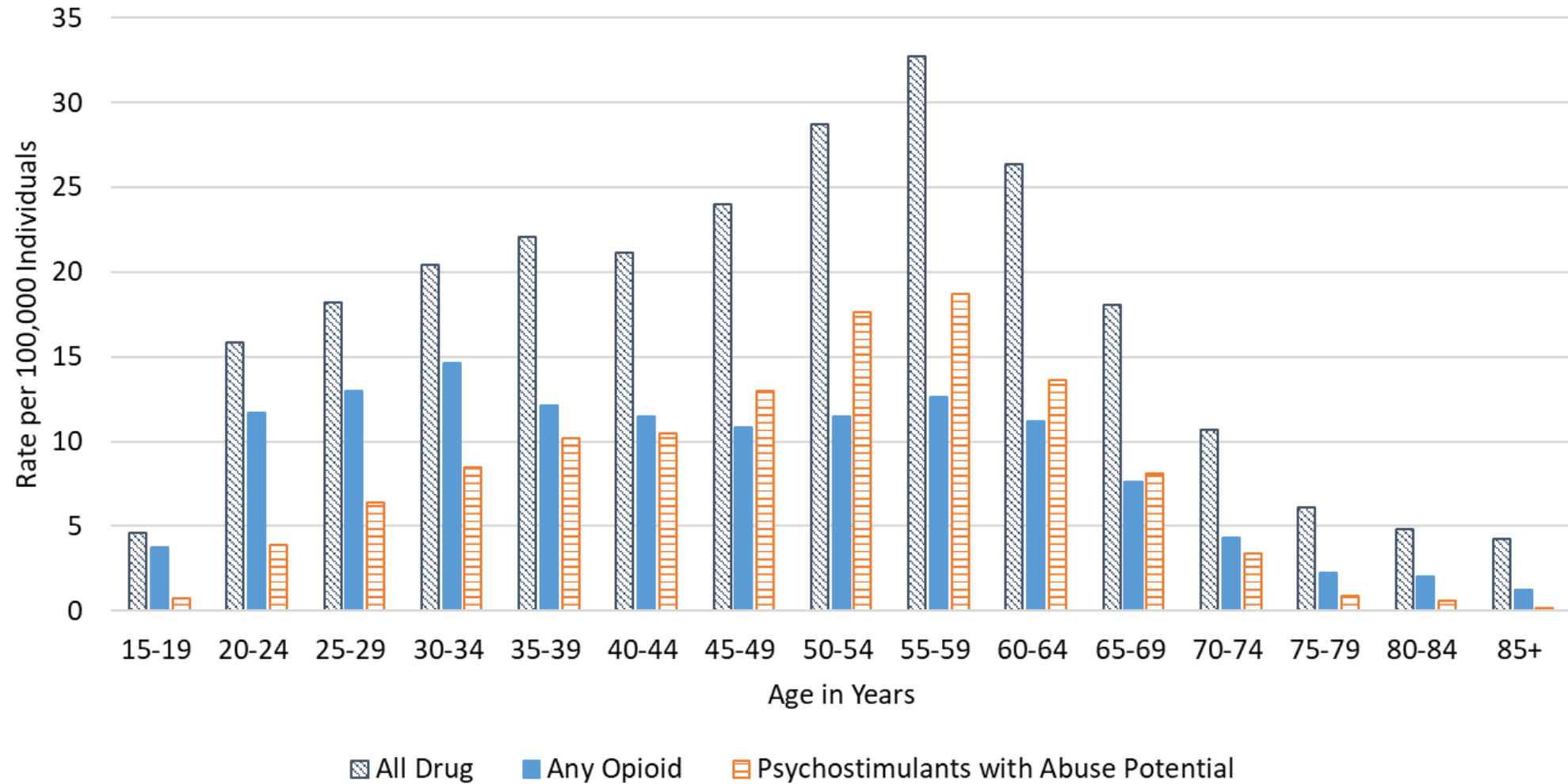


Note: Data include drug overdose deaths caused by acute poisonings. Overdose deaths involving fentanyl and fentanyl analogs were identified using a text search algorithm.

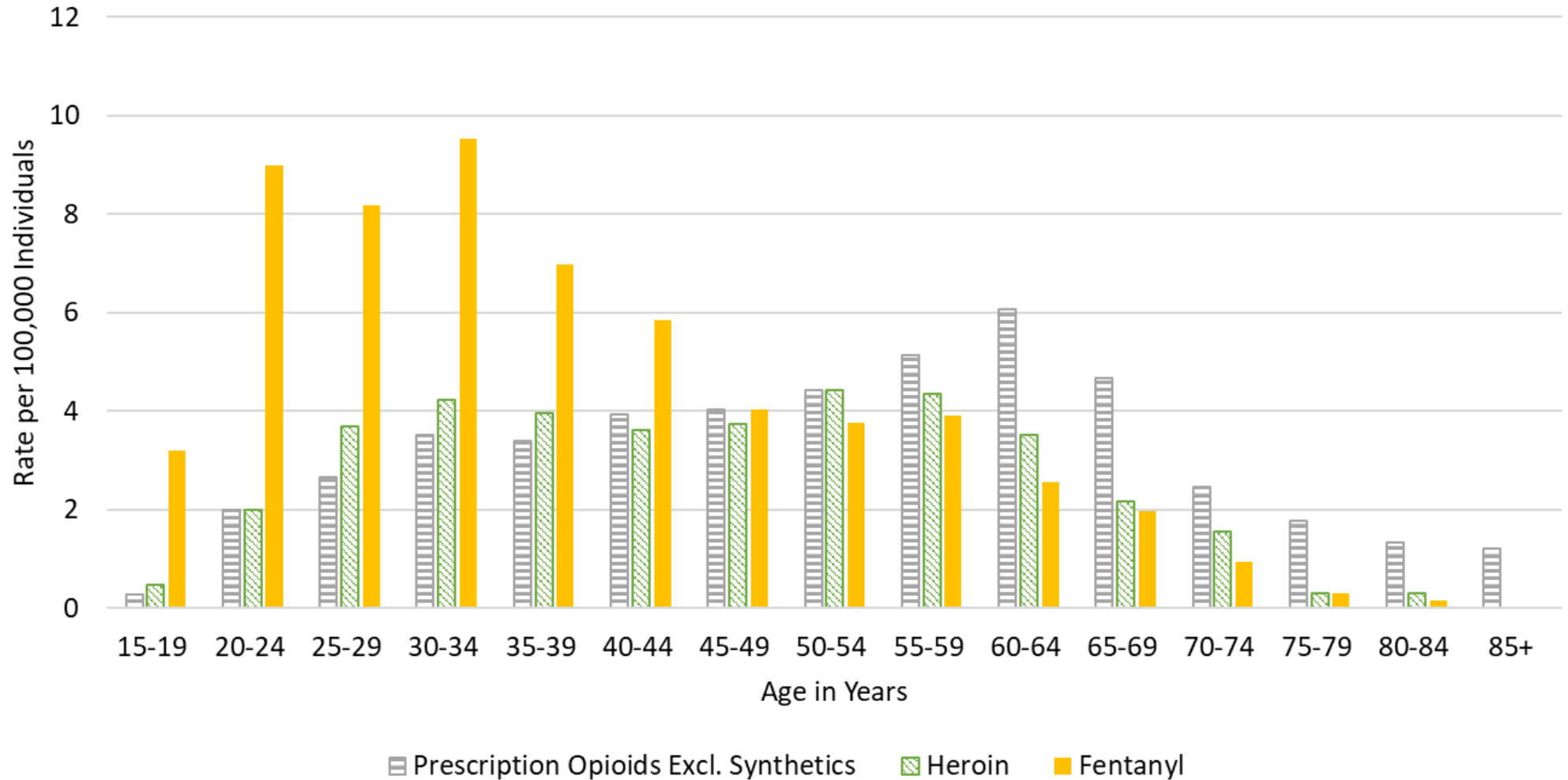
Fatal Drug Overdose by Age

2019

Opioid and Stimulant-Related Fatal Overdose by Age Group in CA Residents, 2019



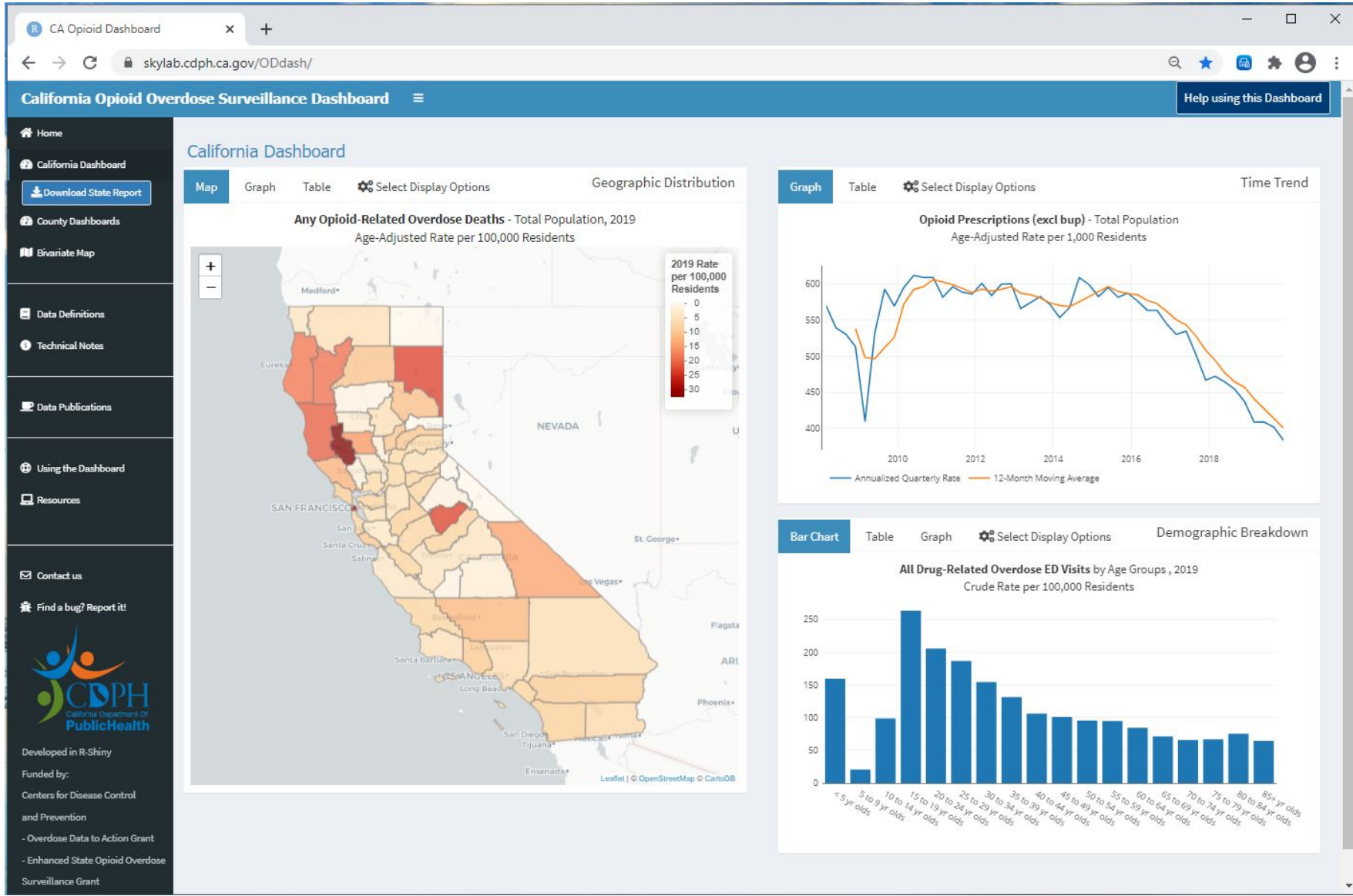
Opioid-Related Fatal Overdose by Age Group in CA Residents, 2019



Prescription Opioids Excl. Synthetics
 Heroin
 Fentanyl

Note: Data include drug overdose deaths caused by acute poisonings. Indicators are not mutually exclusive. Overdose deaths involving fentanyl and fentanyl analogs were identified using a text search algorithm. All other indicators were identified via ICD-10 codes. Source: [CA Opioid Overdose Surveillance Dashboard](#)

California Opioid Overdose Surveillance Dashboard




CA Opioid Dashboard | skylab.cdph.ca.gov/ODdash/

California Opioid Overdose Surveillance Dashboard

Help using this Dashboard

- Home
- California Dashboard
 - Download State Report
- County Dashboards
- Bivariate Map
- Data Definitions
- Technical Notes
- Data Publications
- Using the Dashboard
- Resources
- Contact us
- Find a bug? Report it!



Developed in R-Shiny

Funded by:

- Centers for Disease Control and Prevention
- Overdose Data to Action Grant
- Enhanced State Opioid Overdose Surveillance Grant

California Dashboard

Map | Graph | Table | **Select Display Options** | Geographic Distribution

Please review the [Data Definitions](#) page for how metrics are defined. Selections will be automatically applied.

Select a data source

Deaths ED Visits Hospitalizations Prescriptions

Select the type of drug indicators

Opioids Other Drugs

Mortality (per 100,000 residents) related to:

Any Opioid

Indicator Description:
Acute poisoning deaths involving opioids such as prescription opioid pain relievers (e.g. hydrocodone, oxycodone, and morphine), heroin, and opium. Deaths related to chronic use of drugs are excluded from this indicator.

View indicators by

Total Population Sex Age Race/Ethnicity

Select the type of rate

Crude Rate Age-Adjusted

Select a unit of time for rates

Annual Annualized Quarters

Use the Slider to Select Year:

2008 2019

Source: CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files
Prepared by: California Department of Public Health, Injury and Violence Prevention Branch (formerly the Safe and Active Communities Branch).

Download current selection as .csv file

Opioid Prescriptions (excl bup) - Total Population

Age-Adjusted Rate per 1,000 Residents

Graph | Table | **Select Display Options** | Time Trend

— Annualized Quarterly Rate — 12-Month Moving Average

All Drug-Related Overdose ED Visits by Age Groups, 2019

Crude Rate per 100,000 Residents

Bar Chart | Table | Graph | **Select Display Options** | Demographic Breakdown

Age Group	Crude Rate per 100,000 Residents
< 5 yr olds	~160
5 to 9 yr olds	~100
10 to 14 yr olds	~260
15 to 19 yr olds	~210
20 to 24 yr olds	~190
25 to 29 yr olds	~150
30 to 34 yr olds	~130
35 to 39 yr olds	~110
40 to 44 yr olds	~100
45 to 49 yr olds	~95
50 to 54 yr olds	~90
55 to 59 yr olds	~80
60 to 64 yr olds	~75
65 to 69 yr olds	~70
70 to 74 yr olds	~70
75 to 79 yr olds	~75
80 to 84 yr olds	~65
85+ yr olds	~65



Conclusions

- Since this surveillance system began in 2006, fatal and non-fatal drug overdoses have been increasing
- In 2020, fatal drug overdoses have rapidly increased
- Since 2019, fentanyl became the leading cause of opioid-related overdose deaths
- Fentanyl deaths are especially prevalent among 20-34 year olds

Questions?

Erika Pinsker, PhD, MPH

Surveillance, Epidemiology, and Evaluation Unit Chief

Substance and Addiction Prevention Branch

Erika.Pinsker@cdph.ca.gov

Suicide Rates during the COVID-19 Pandemic

Renay Bradley, Ph.D.
Julie Cross Riedel, Ph.D.

Injury and Violence Prevention Branch (IVPB)
CA Department of Public Health (CDPH)

January 2021

IVPB Suicide Prevention Efforts

- **Violence Prevention Initiative**. CDPH focuses on preventing multiple forms of violence and has established the Violence Prevention Initiative (VPI) with the purpose of elevating violence as a departmental priority, integrating and aligning efforts across multiple CDPH programs, and framing the public health governmental role in addressing violence.
- VPI suicide prevention activities have included:
 - Release of a data brief focusing on homicide and suicide data trends in California: *Data Brief 1: Overview of Homicide and Suicide Deaths in California.*
 - A webinar highlighting suicide prevention where CDPH suicide-related data briefs and local efforts were discussed.
 - Input on the Mental Health Services Oversight and Accountability Commission *California Strategic Plan for Suicide Prevention 2020-2025: Striving for Zero.*

IVPB Suicide Prevention Efforts

- **CDPH Suicide Prevention Program**. IVPB is one of nine recipients of the Comprehensive Suicide Prevention Program Cooperative Agreement award from the Centers for Disease Control and Prevention (CDC).
 - Project goals include implementing evidence-based suicide prevention strategies with the goal of reducing suicide and self-harm rates.

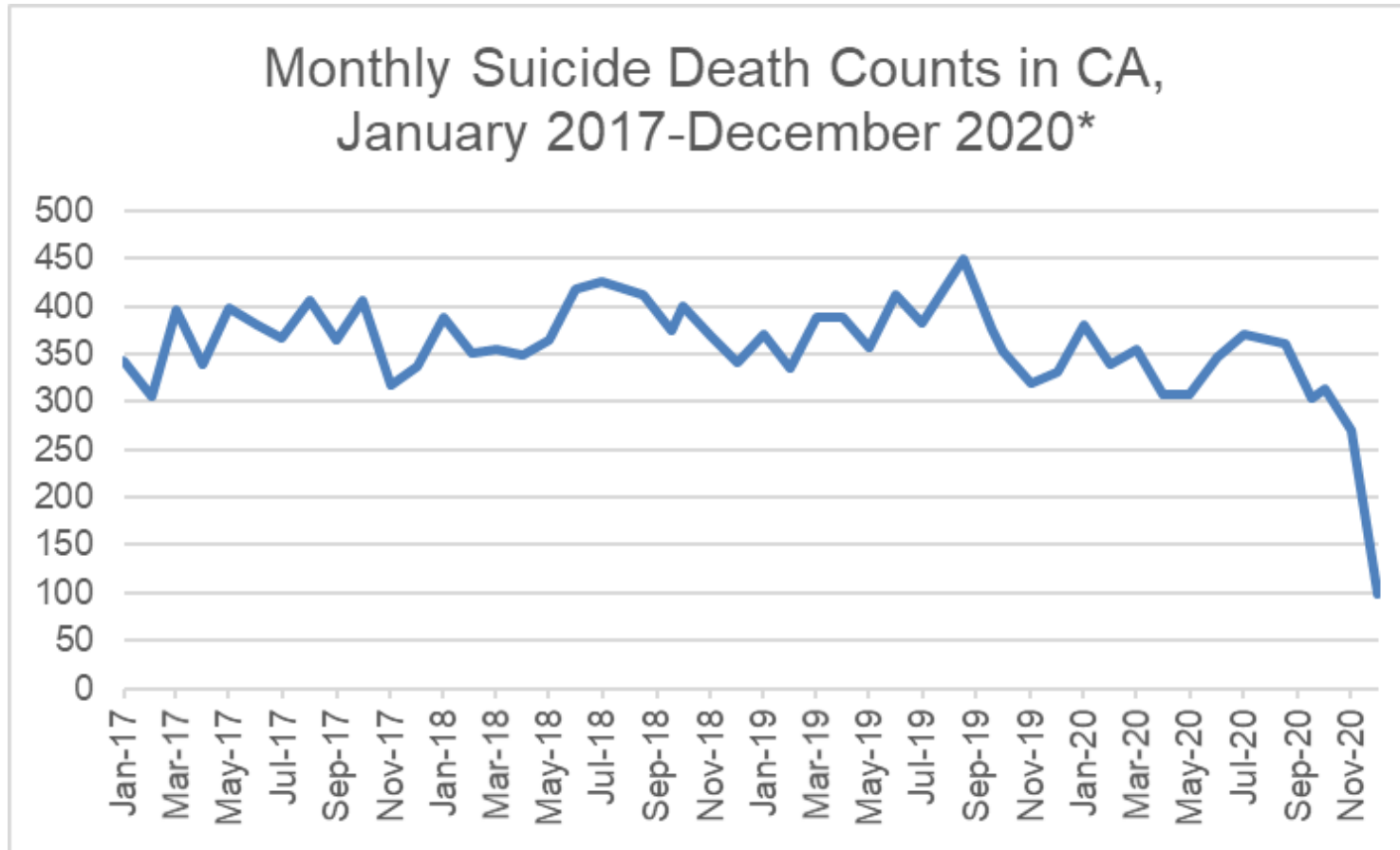
IVPB Suicide Prevention Efforts

- **California Violent Death Reporting System (CalVDRS)**. IVPB is funded by the CDC to obtain additional details surrounding violent deaths that occur across the state, including suicide.
 - CalVDRS uses multiple sources of data (i.e., Coroner/Medical Examiner Reports, Law Enforcement Reports, and Toxicology Reports) in addition to vital statistics to provide further context on violent deaths, with the goal of contributing to efforts to prevent such deaths.

IVPB Suicide Prevention Efforts

- **Office of Suicide Prevention.** Assembly Bill (AB) 2112 was signed into law and became effective January 1, 2021, allowing for the establishment of an Office of Suicide Prevention within CDPH, as recommended by the Mental Health Services and Oversight and Accountability Commission in its *California Strategic Plan for Suicide Prevention 2020-2025: Striving for Zero.*
 - The law proposes many responsibilities for a new Office of Suicide Prevention, including serving as the designated state entity responsible for coordinating and aligning statewide suicide prevention efforts and resources through planning and collaboration across diverse partners and systems, a gap identified in the Commission's strategic plan.
 - No funding source was identified in AB 2112. CDPH is exploring funding opportunities that will allow the Department to establish an Office for Suicide Prevention, as envisioned for the state of California.

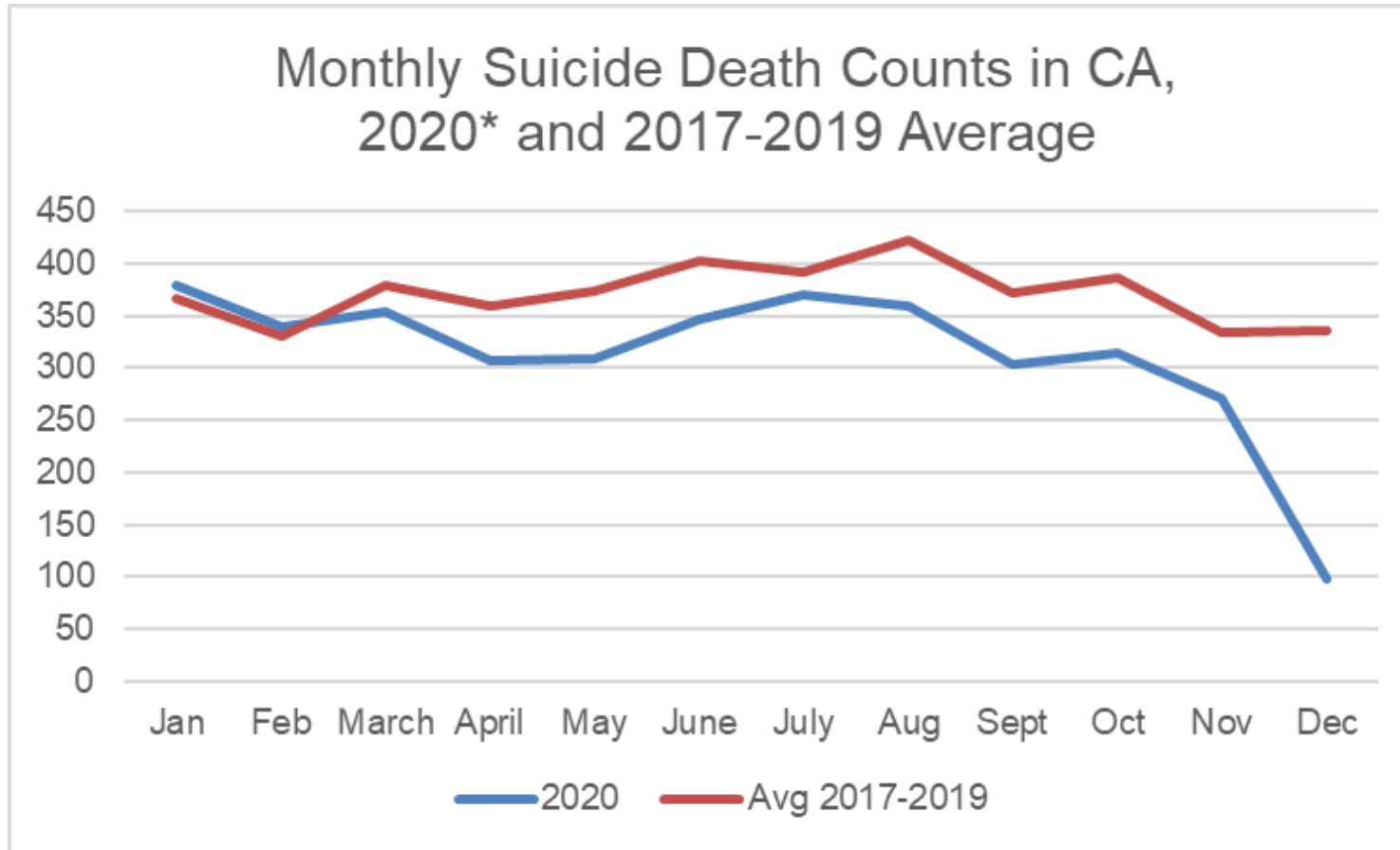
Deaths due to Suicide in California



*NOTE: **2020 Data is preliminary** and includes deaths registered through December 2020, as of 1/11/2021. The drop-off in counts seen at the end of 2020 is primarily a reporting artifact, as there can be delays in registering deaths. Additionally, there may be delays in reports of suicide reflected in earlier months in 2020 since it can take additional time to determine the manner of death as a suicide. Under typical circumstances, it may take several months for a death to be confirmed as suicide. In addition, Coroners and Medical Examiners may be experiencing backlogs due to the impact of the pandemic.

Sources: 2017-2019 deaths: CDPH, CA Comprehensive Master Death File (CCMDF), (occurrent deaths only); 2020 deaths: 1/11/2021 CHSI year-to-date death file with deaths registered through December 2020, *data is preliminary.

Deaths due to Suicide in California



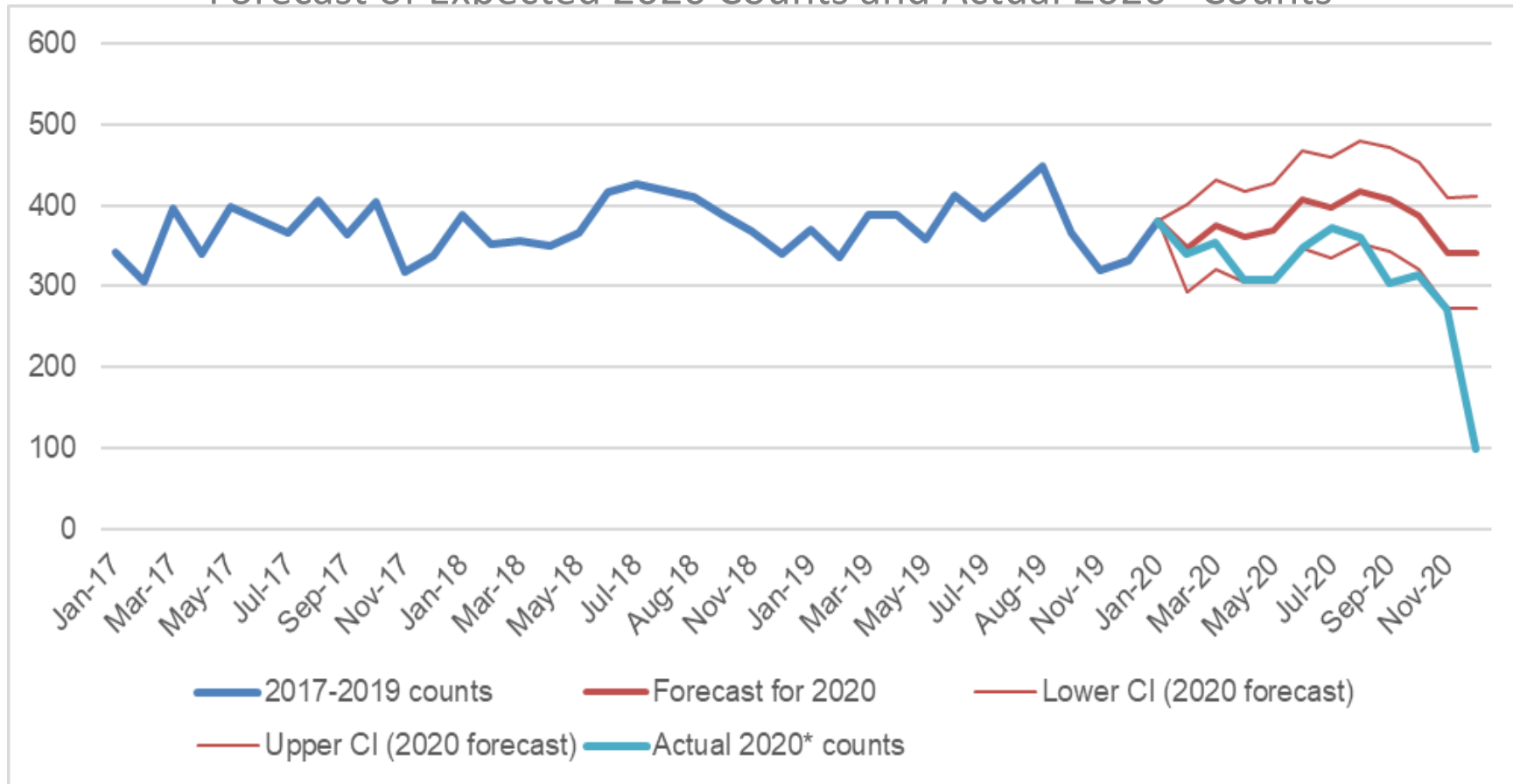
	Avg 2017-19	2020*
Jan	366.667	380
Feb	330.667	339
March	379.667	354
April	358.667	307
May	373.333	308
June	403.333	347
July	391.667	371
Aug	422.000	360
Sept	371.667	303
Oct	386.000	314
Nov	335.000	271
Dec	336.000	98

The monthly counts of death due to suicide for 2020 are generally lower than average monthly counts for 2017-2019.

Sources: 2017-2019 deaths: CDPH, CA Comprehensive Master Death File (CCMDF), (occurrent deaths only); 2020 deaths: 1/11/2021 CHSI year-to-date death file with deaths registered through December 2020, *data is preliminary.

Deaths due to Suicide in California

Monthly Suicide Death Counts in CA, 2017-2019 Plus
Forecast of Expected 2020 Counts and Actual 2020* Counts



- A forecast of “expected” 2020 monthly counts for death by suicide was created based on 2017-2019 counts (red lines).
- Actual 2020 monthly counts (light blue) are lower than the forecast of expected counts.

Sources: 2017-2019 deaths: CDPH, CA Comprehensive Master Death File (CCMDF), (occurrent deaths only); 2020 deaths: 1/11/2021 CHSI year-to-date death file with deaths registered through December 2020, *data is preliminary. Forecast uses an exponential smoothing model, created in Excel.

Conclusions

- The specific relationship between suicide and COVID-19 is not yet clear due, in part, to the time it takes to confirm a death as suicide.
- While there is concern regarding the effect the COVID-19 pandemic may have on suicide rates in California, we do not yet have data that definitively shows an increase in suicide during the pandemic.
- Based on preliminary data, California has not seen an increase in the number of suicides in 2020 when compared to average counts from 2017-2019.
- Until final data become available, it is premature to state that suicide deaths have increased in California since the start of the COVID-19 pandemic.

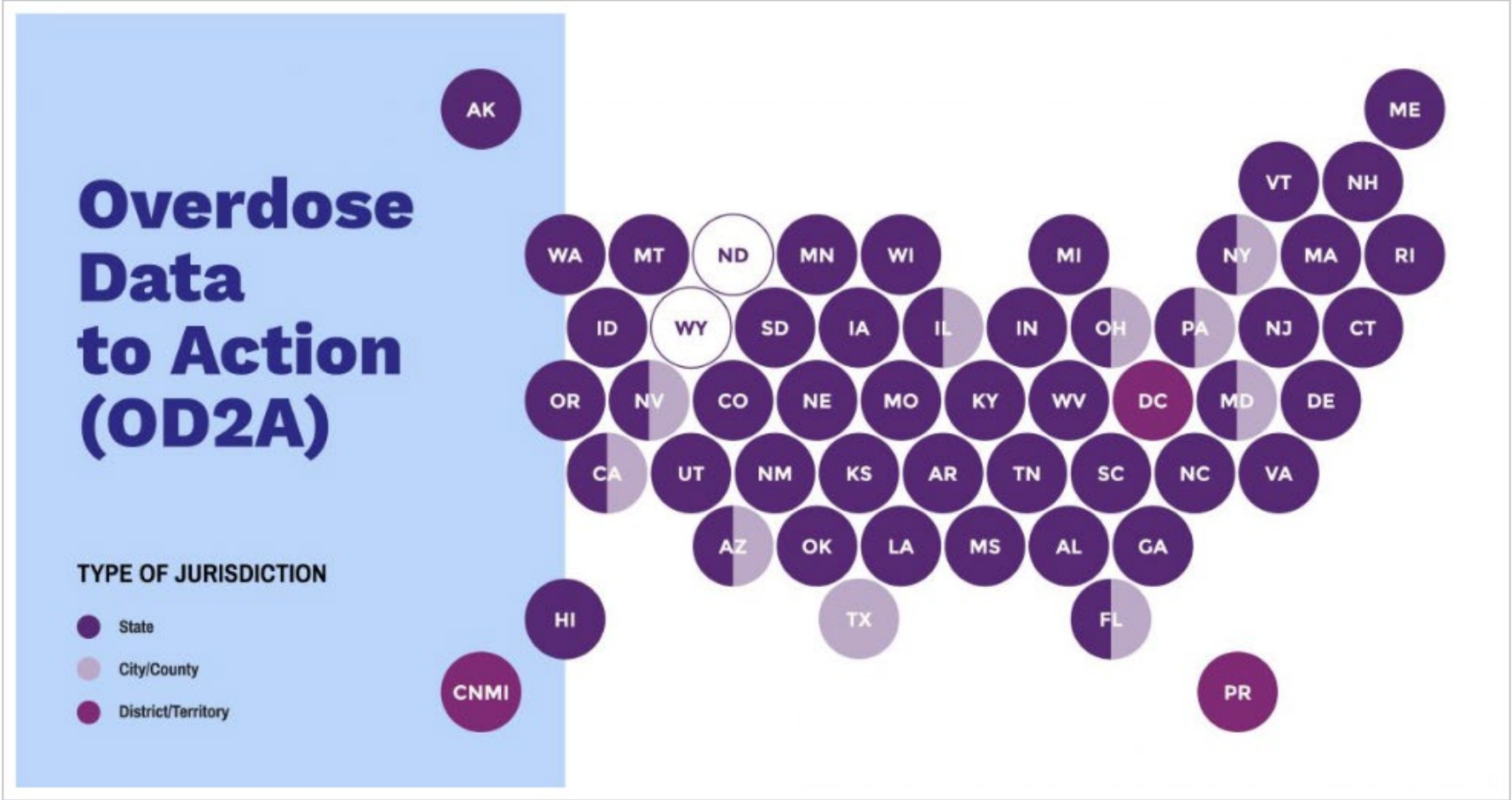
Questions?

- Renay.Bradley@cdph.ca.gov
- Julie.Cross-Riedel@cdph.gov

Riverside County Overdose Data to Action (RODA)

Dianne Leibrandt, MPH MSc
Iman Abouazra, MPH

Funded Jurisdictions

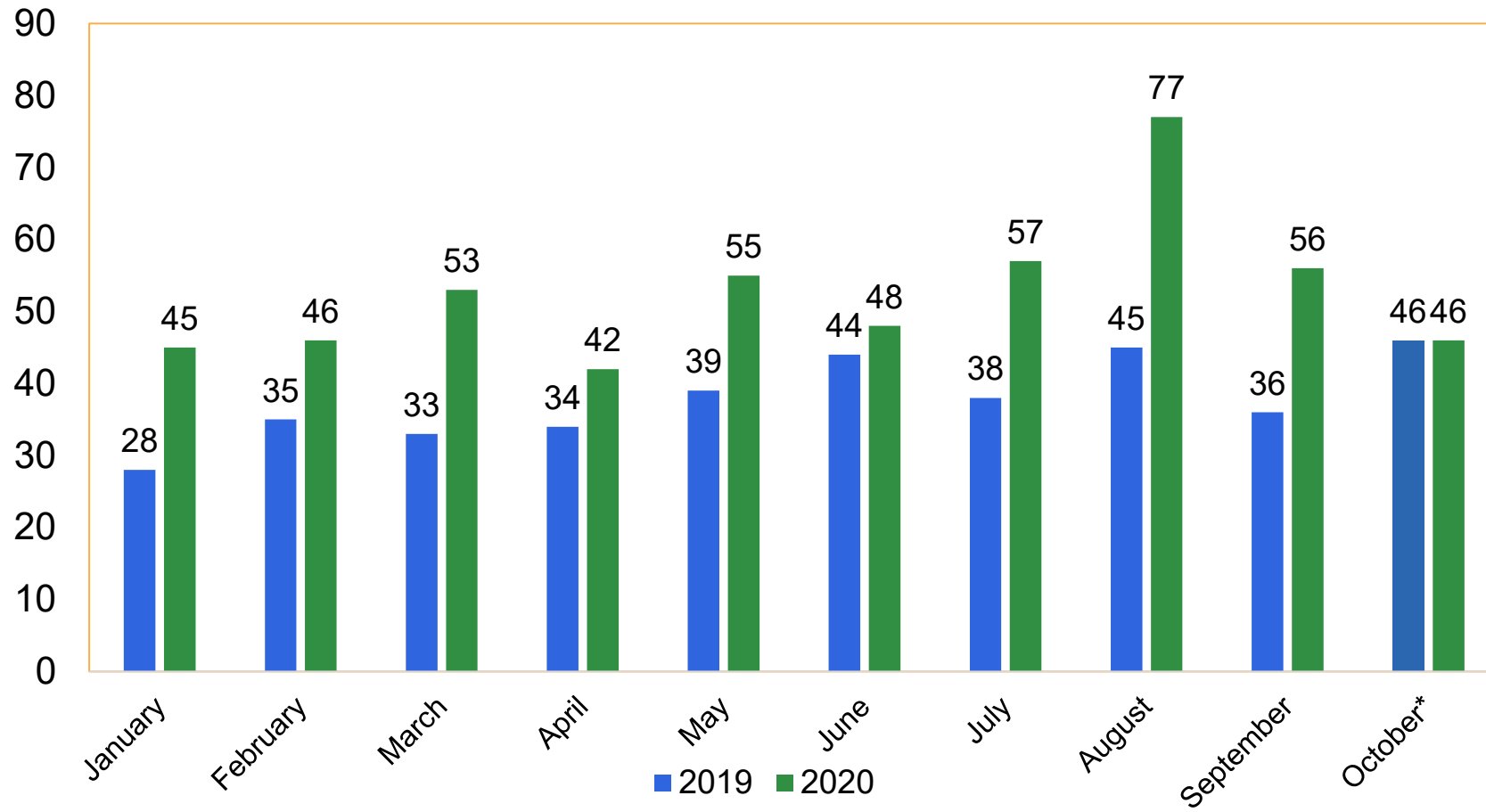


47 states, Washington D.C, two territories, and 16 cities and counties

RODA Grant Overview

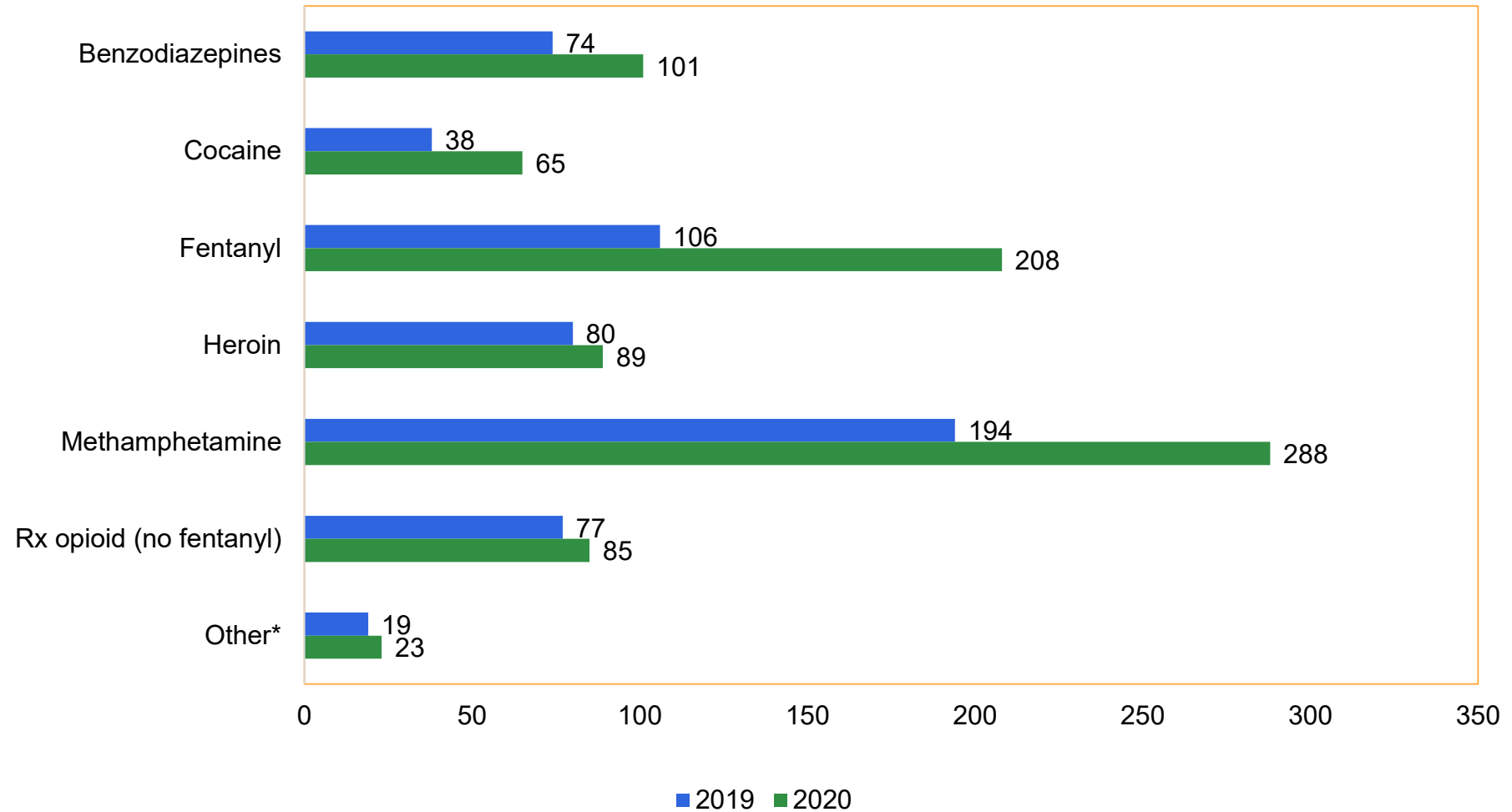
- Surveillance Component
 - Strategy 3: Innovative Morbidity/Mortality Surveillance
- Prevention Component
 - Strategy 4: Prescription Drug Monitoring Programs (PDMPs)
 - Strategy 5: Integration of State and Local Prevention Efforts
 - Strategy 6: Establishing Linkages to Care
 - Strategy 7: Providers and Health Systems Support
 - Strategy 9: Empowering Individuals to Make Safer Choices

Figure 1 : Count of Fatal Overdose by Month January-October 2019/2020



*October 2020 data is preliminary

Figure 2: Count of Fatal Overdose by Drug Class* -Jan-Oct 2019/2020



*The drug categories are not mutually exclusive with the exception of other (overdoses that did not involve any other drug category)

Figure 3: Count of Fatal Overdoses by Age -Jan-Oct 2019/2020

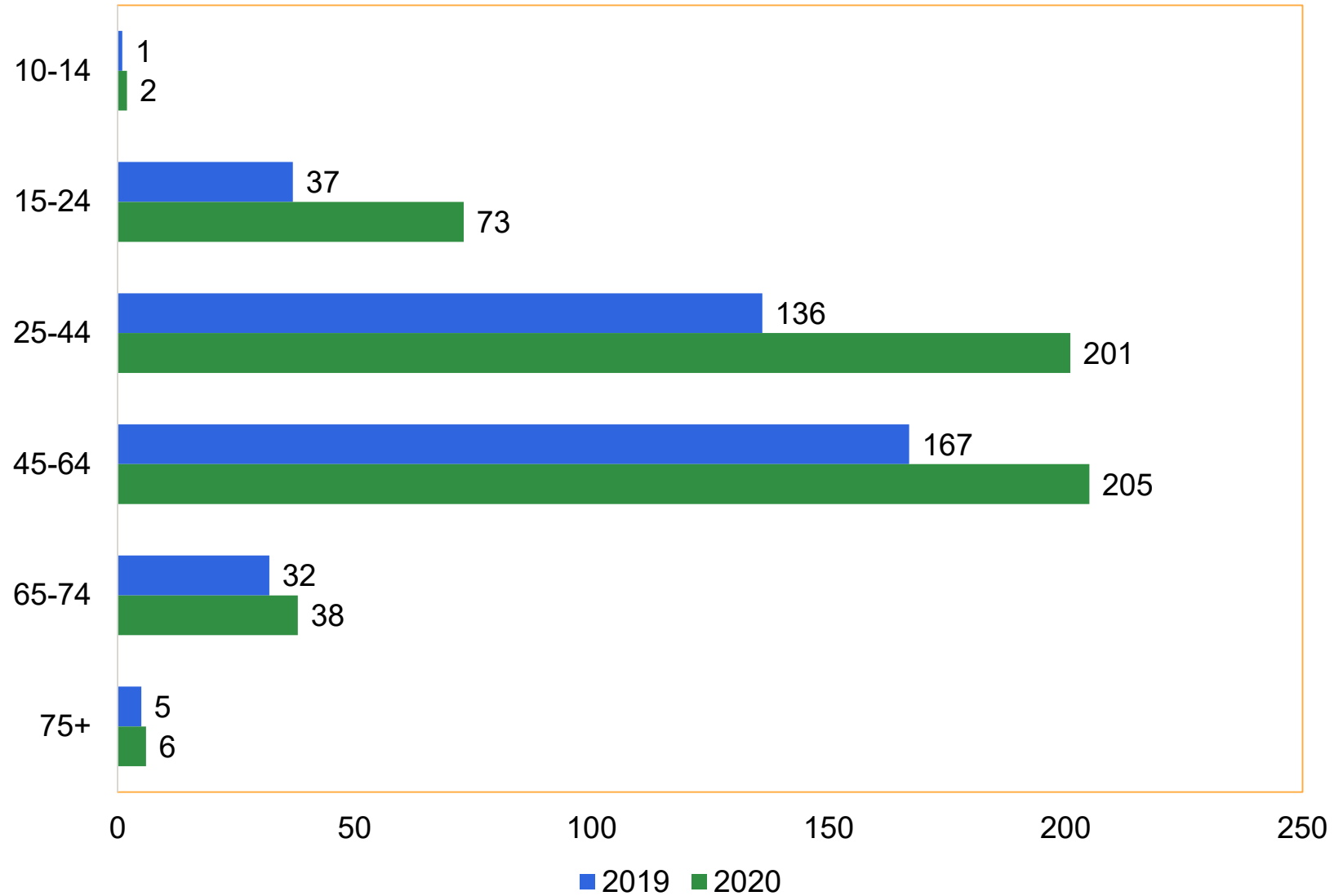
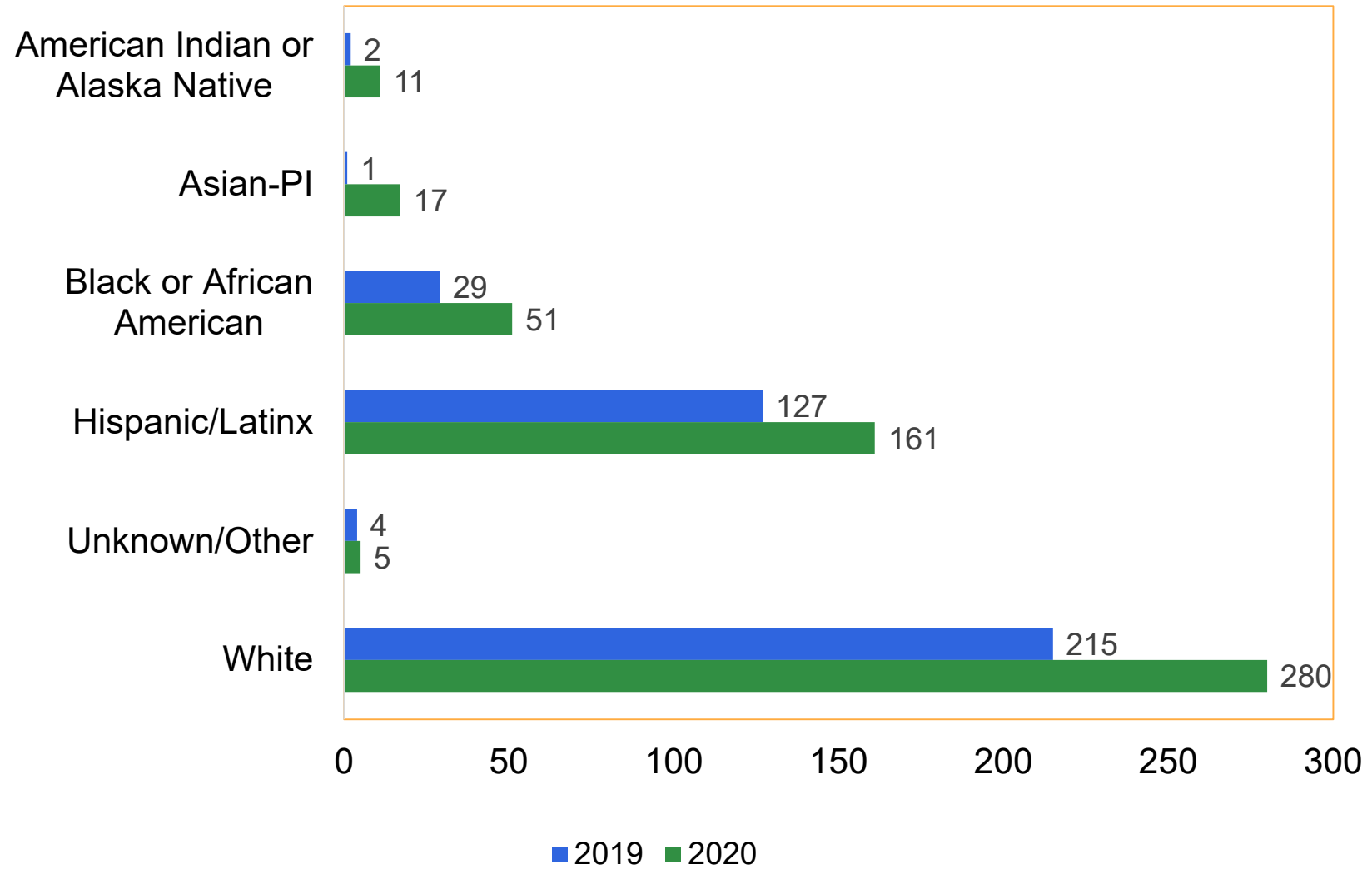


Figure 4: Count of Fatal Overdoses by Race/Ethnicity January- October 2019/2020



January-October 2020- Fatal Overdose by Homeless Status and Evidence of Injection Drug Use

Figure 5: Overdose Deaths by Homeless Status

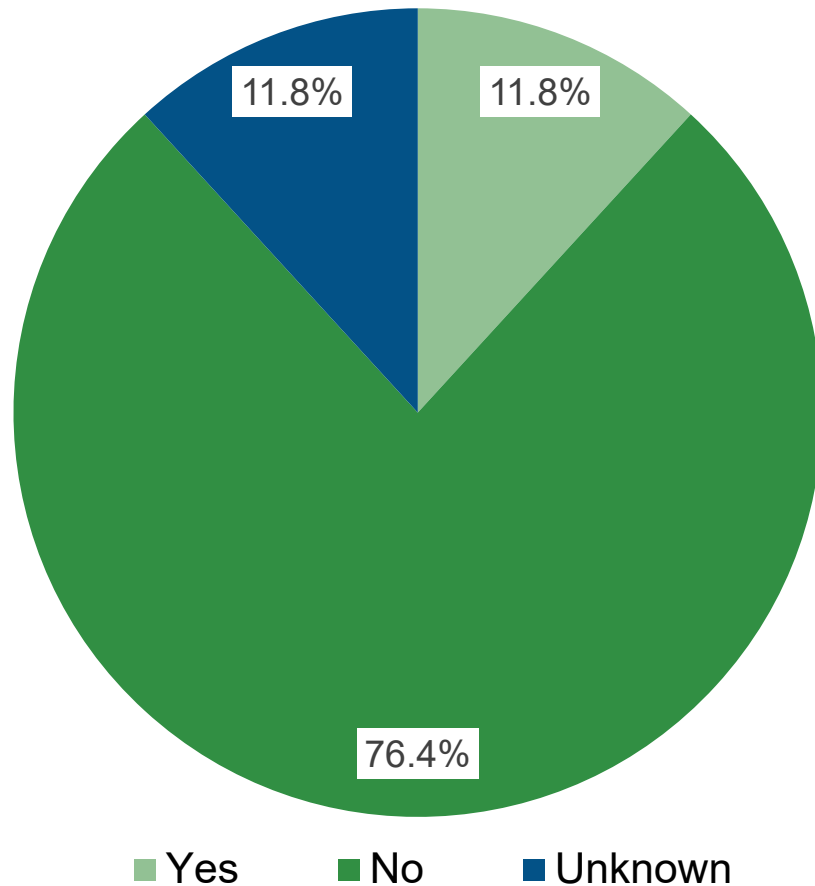
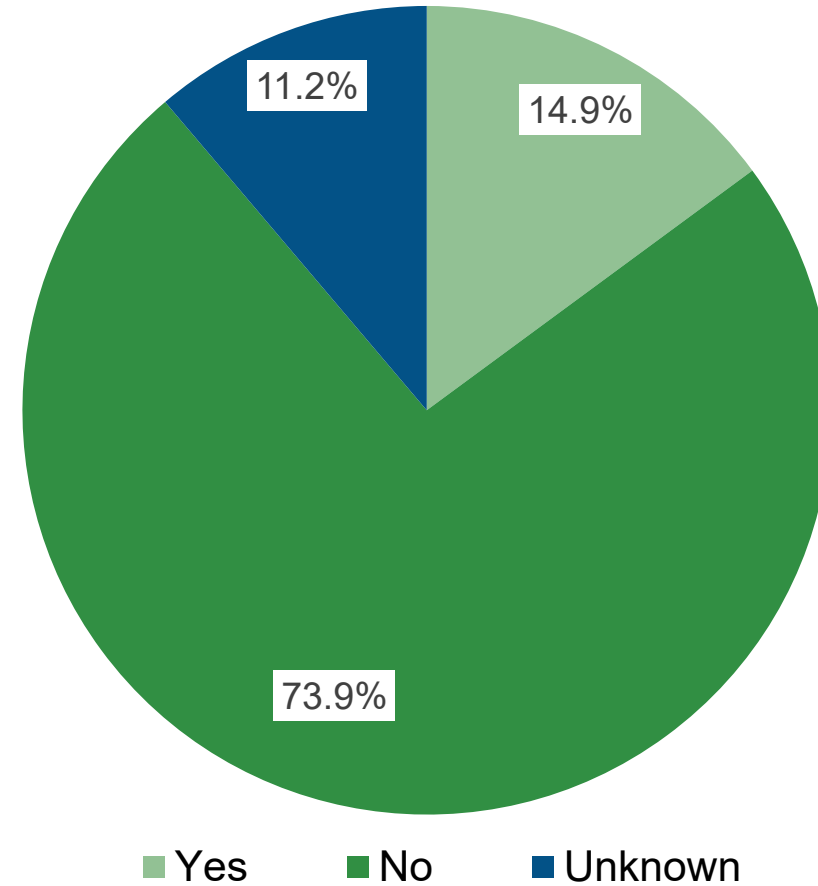


Figure 6: Overdose Deaths with Evidence of Injection Drug Use



Data to Action

- Target population
 - Age
 - Geography
- New activities
 - Harm reduction/naloxone trainings for community
 - QR code resource guides for EMS first responders

Contact Information:

Dianne Leibrandt | Iman Abouazra

951-358-5557

DLeibrandt@ruhealth.org ImaAbouazra@ruhealth.org



California
HOPE

calhope.dhcs.ca.gov

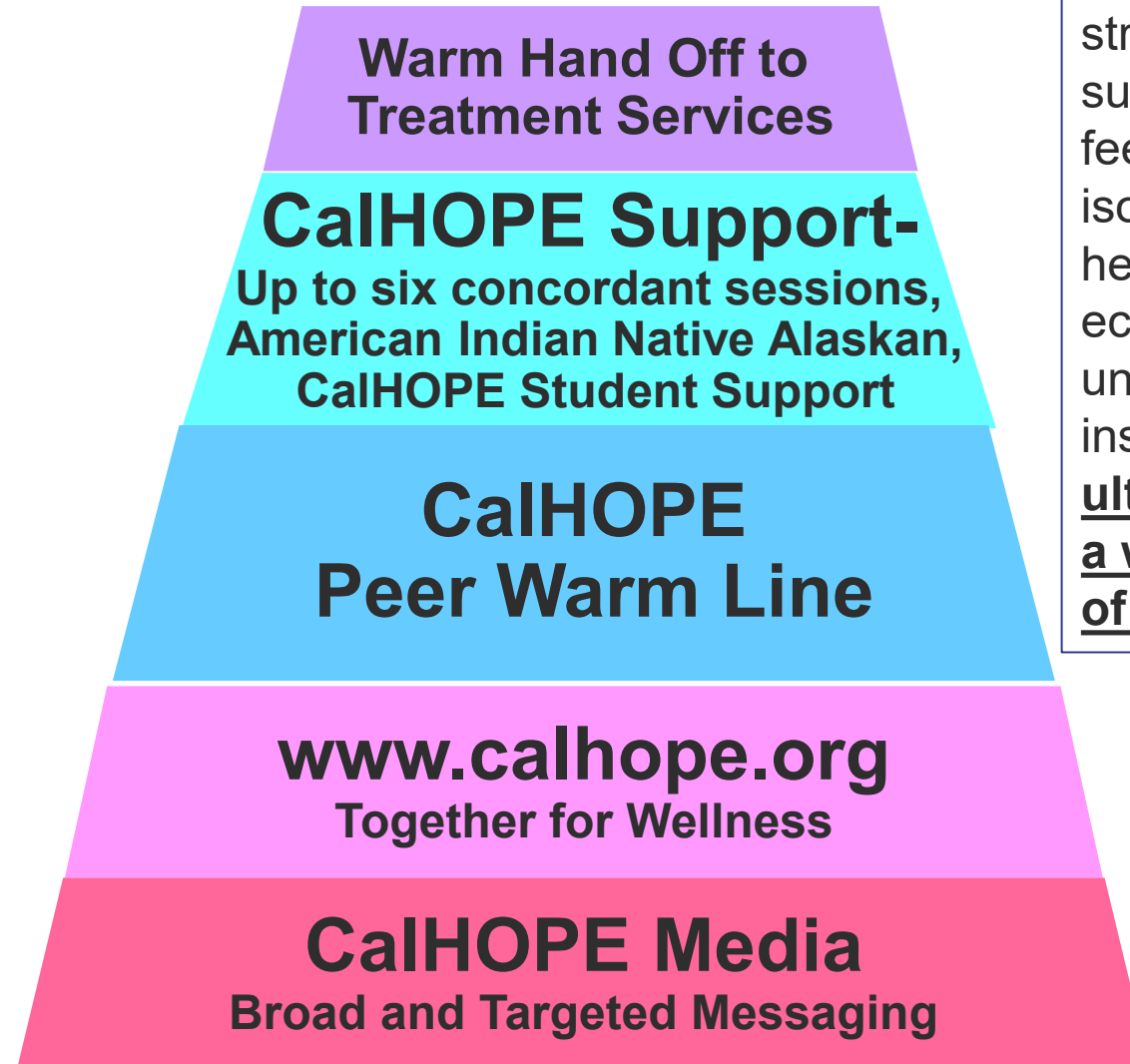
**Feeling
stressed by
COVID-19?**

**Help is just a
call away!**

**CalHOPE Warm Line
(833) 317-HOPE**



CalHOPE Layers of Intervention and Support



Normalize the stress, anxiety and support people feeling the impact of isolation, physical health issues, economic uncertainty, food insecurity- ultimately prevent a wave of deaths of despair!



**Feeling stressed by COVID-19?
Help is just a phone call away!**

**CalHOPE Warm Line:
(833) 317-HOPE (4673)**



**California
HOPE**

**Are you frustrated? Stressed? Worried?
Then call to talk with people like
yourself and get emotional support and
coping tricks. We can connect you with
resources to help during these
uncertain times.**



Member Discussion

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Public Comment

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Adjourn

Next Task Force Meeting: March 9, 2021

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.