

Sacramento County Mental Health Board Children's System of Care (CSOC) Meeting

MINUTES – IN PERSON MEETING, HYBRID PARTICIPATION OPTION

Tuesday, August 27, 2024

2:30 PM – 4:00 PM

Members Present: Kesha Harris, Theresa Riviera, Corrine Sako, (Staff, Glenda Basina)

Members Absent: Maria Padilla-Castro

Agenda Item

I. Welcome and Introductions

- Introductions
- [Acknowledgement of Conduct Agreement](#)
- Announcements by MHB CSOC Committee Members

Chair Sako commenced the meeting at 2:35pm, introductions were made and Conduct Agreement acknowledged.

Chair Sako shared that she was invited/attended the grand opening of Heartland's newest site at 65th/Stockton a few weeks ago. Beautiful colorful space, exercising their moto of doing whatever it takes. Very soft displays throughout. Excited for these services in the community. Member Riviera asks for information on this site. Sheri happy to provide.

Chair Sako announced that the Source, second presentation on today's agenda, will not be happening. Presenter is ill. They will be invited at next month's meeting.

II. Public Comments Relating to the Sacramento County Behavioral Health Services Children's System of Care – Items Not on Agenda

No comment.

III. Presentation and Roundtable Discussion on "Youth Suicide Prevention Coalition"

Rhapsody Flores, LCSW – Program Planner – Sacramento County BHS

Danica Peterson, Health Program Coordinator – Sacramento County

Brian Lamson, Health Educator – Sacramento County

Felix Tran, Epidemiologist - Sacramento County

Danica introduced the presenters and began speaking about the grant in the attached powerpoint presentation.

Brian continued with the highlights of using the data surveillance system July of this year and the in-person meetings in discussion of the Sac System Map; system entry, contacting the crisis line, warm handoffs and data sharing practices.

Felix spoke on the suicide data shared with external partners as reflected on the powerpoint. Youth suicides deaths taken from vital records. For non-fatal attempts through emergency departments visits and syndromic surveillance system. Went over how syndromic surveillance is conducted.

Proceeded with details on the counts, rates and ages (10-24) of youth suicides. Data is also broken down by race/ethnicity. Suicide rate at age group 14-17 highest. Explained mechanisms involved in non-fatal were mostly poisoning/overdose, cut/piercing while fatal attempts were suffocation and firearm. Samples for mechanism listed under "all other methods" are drowning, walking into traffic and jumping out of vehicles. Member Harris requested for non-fatal numbers of firearms. Per Felix, firearms made up 18% of non-fatal attempts but will get back with number. Sheri - traffic is common for attempts. They see the attempts, but parents never bring to the hospital. Rhapsody sampled what comes in ER; overdosing, cutting and jumping out of cars most common. Other fatal methods include overdose, cuts being fatal, drowning or jumping off a building. Felix continued with the presentation on the data by zip code map with number of suicide attempts/death. The darker the shade, the higher number of suicides. The larger the circle, the more attempts. Also explained the orange coding for residents eligible for MediCal. Zip codes 95823, 95624, 95630, 95608 and 95828 show the highest number of youth suicide attempts and deaths. The Key Takeaway slide summarized the data.

Rhapsody spoke on the Future Efforts slide; increasing behavioral health care access and reducing stigma. Also obtaining more school and districts information through surveys. She continued with the Gap analysis; completed throughout county for efforts, future funding and needed cross collaboration across the county. Sheri - we have a robust mental health plan in the county and wanting to know why this is happening. Rhapsody - looking at the five central zip codes, 95823, 95821, 95826, 95825 and 95824, not many resources. 95823 has services but what's going on. Chair Sako asked about income. Sheri - BOS in process of working on income. Member Riviera asked about the ethnic groups in the 5 zip codes identified. Rhapsody responded will work at it. Member Harris highest are outside the 5 zip codes. Rhapsody agreed. Sheri shared that she's going to churches and talking to parishioners. Rhapsody speaking with others on outreach engagement. Sheri to turn in this information, especially the underserved. Chair Sako most don't know about the services, others know, but don't trust it. Asked for thoughts on navigating these challenges. Sheri - she's making individual outreach. Rhapsody on south area, darkest area 95641 large concentration that can do MediCal but not signed up. Same with 95690. The darker area is where places eligible that aren't receiving it. Member Riviera spoke about townhall meetings in districts and asked if presented. Sheri has, though they mostly were concerned with homelessness. Rhapsody continued with presentation. Spoke about starting a youth coalition, an opportunity to bring everyone together and more access. Sheri - outreach engagement funding to get them enrolled in services and MediCal. Chair Sako on getting movement with the youth voice highlighted, BHYAB would be a significant source to get support. Rhapsody agrees stakeholders are important. Grant given opportunity to get everyone on the table. Sheri trying to get the funding down to the neighborhood level. Waiting on response.

Chair asked committee of any asks. Member Harris - she gives support with caveat to maintain connections and thanked the group for their presentation today. Member Riviera supports as well, looking for accountability and more data on District 5. Chair Sako concurred with the members on the 2 points. Hopes to continue this conversation.

IV. Presentation and Roundtable Discussion on The Source, a program of the Sacramento Children's Home

Daniel Douglas, LMFT - Sacramento Children's Home - Clinical Program Manager, The Source

Presenter out ill. To present at next meeting.

**V. Adjournment
MHB CSOC meets the 4th Tuesday of each month, next meeting scheduled for 9/24/24**

Chair Sako adjourned the meeting at 4:00pm and reminded the committee of the next meeting.

Youth Suicide Prevention Grant

Danica Peterson, MPH

Brian Lamson, MPH

Rhapsody Flores, LCSW

Felix Tran, MPH

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DEPARTMENT OF HEALTH SERVICES

Behavioral Health Services



What is the Youth Suicide Prevention Grant (YSPG)?

- Grant funded through the California Department of Public Health
 - Pilot project, grant runs July 2023-June 2025
 - Focus: Youth/young adults ages 0-25, other priority populations
 - \$16.3 million total for all 10 counties
 - Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Diego, San Joaquin, and Solano
 - \$3.1 million for Sacramento
 - Split between Public Health and Behavioral Health
- Funded as part of Governor Newsom's Children and Youth Behavioral Health Initiative to increase awareness and decrease suicide rate.



Collaboration in Motion

- Collaboration across County Divisions has happened organically, and we are looking for ways to continue these efforts.

For Example:

- SCPH was notified by the Syndromic Surveillance System of a larger-than-expected number of ED visits for suicidal ideation or attempted suicide among youth on July 10 & 12.
- Through internal collaboration, PH was able to create a data alert that was shared with BHS staff and then outpatient providers.

In Person Meetings

- CDPH's Training and Technical Assistance Team hosted an in-person strategic planning session with: Public Health, BHS, Children's Receiving Home-Supporting Community Connections, Bay Area Community Services Navigators, Sacramento Children's Home- The Source, and Student Support Team from Sacramento City Unified School District to learn more about Sacramento County's Crisis Continuum
- Meeting topics included prevention, intervention and postvention efforts; and review and update the Sacramento County System Map created by CDPH.
- Participants committed to developing data sharing practices and how to deliver data to BHS programs that work in these priority communities.



Sources of suicide data

Fatal attempt (i.e. Deaths)

- Vital records and death certificates

Non-fatal attempts

- Emergency department visits
- Syndromic surveillance

HOW WE CONDUCT SYNDROMIC SURVEILLANCE



People seek treatment in a medical facility, such as emergency department or urgent care.



Medical facility sends de-identified data including chief complaint, diagnosis codes, patient characteristics, and location to state and local health departments or to data aggregators such as Health Information Exchanges.



CDC provides

- Analytic tools, services, and system infrastructure
- Funding to health departments
- Technical assistance and training
- Data analysis support
- Collaboration on specific projects



DATA

Public health departments and Health Information Exchanges contribute data to the NSSP BioSense Platform.



NSSP Community of Practice

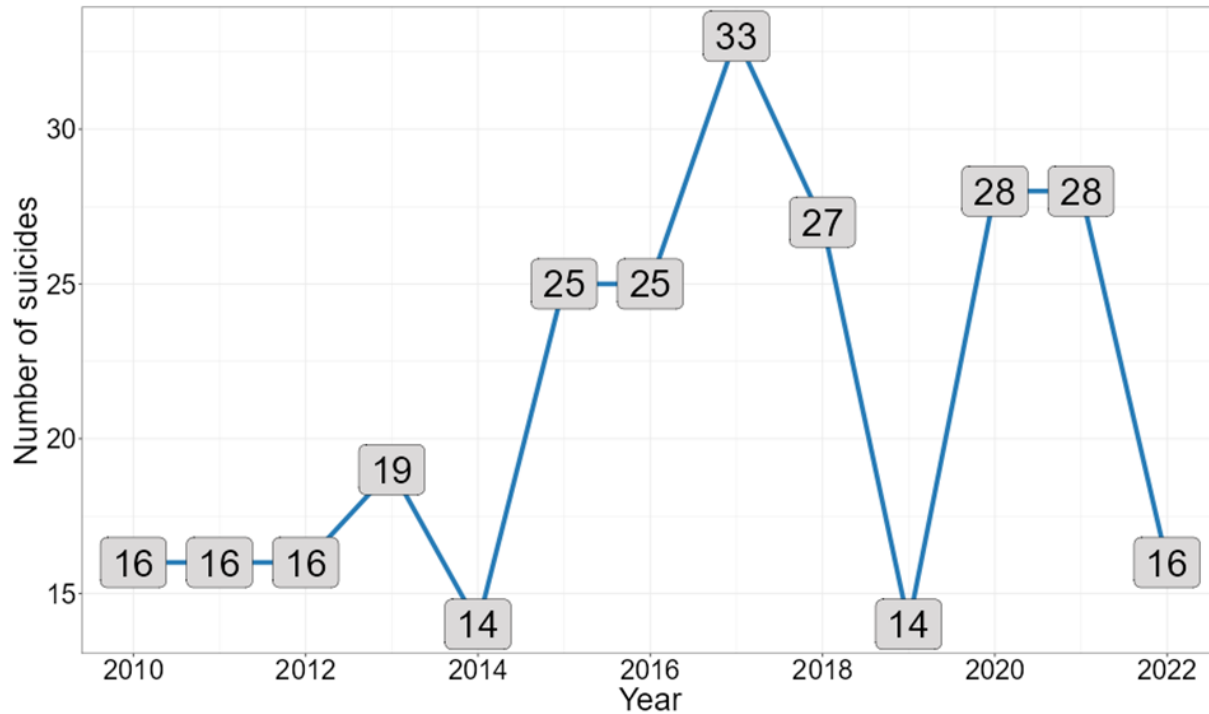


- Conduct syndromic surveillance to monitor public health
- Share data via NSSP BioSense Platform
- Share knowledge
- Build skills via webinars, trainings, and workgroup participation
- Collaborate to develop methods and respond to emergencies

Suicide is the 3rd leading cause of death among youth ages 10 to 24

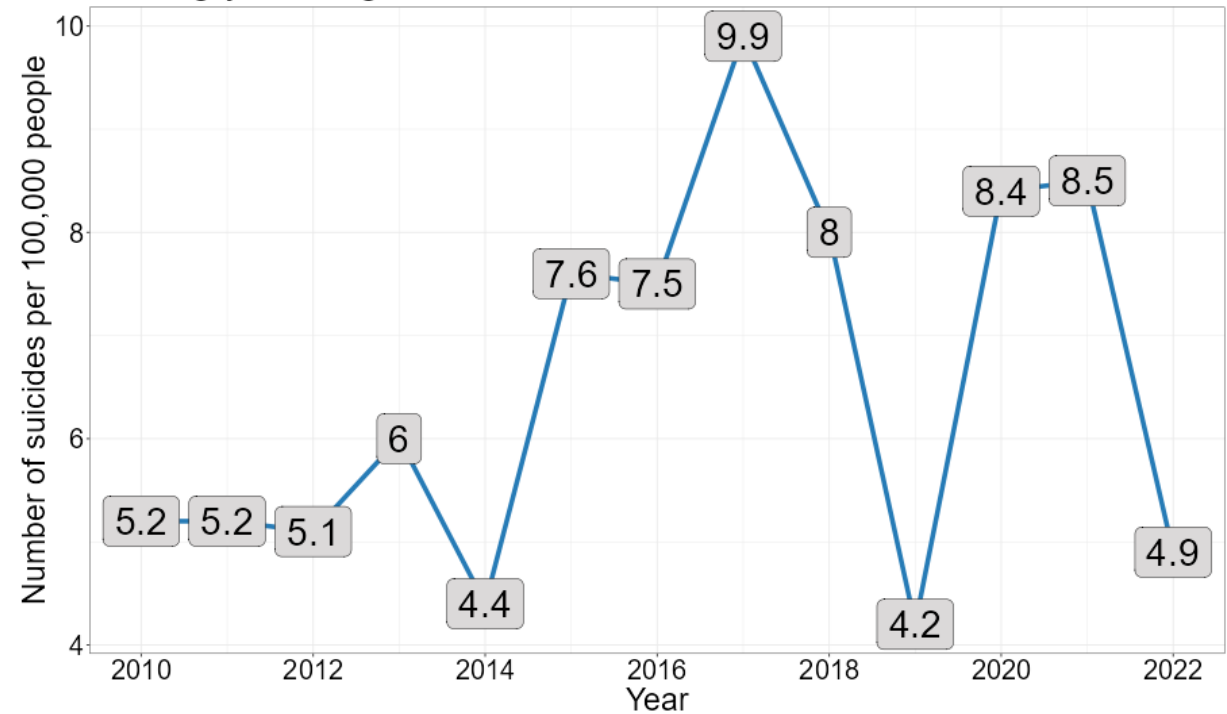
Counts

Sacramento County suicides among youth ages 10-24, 2010-2022



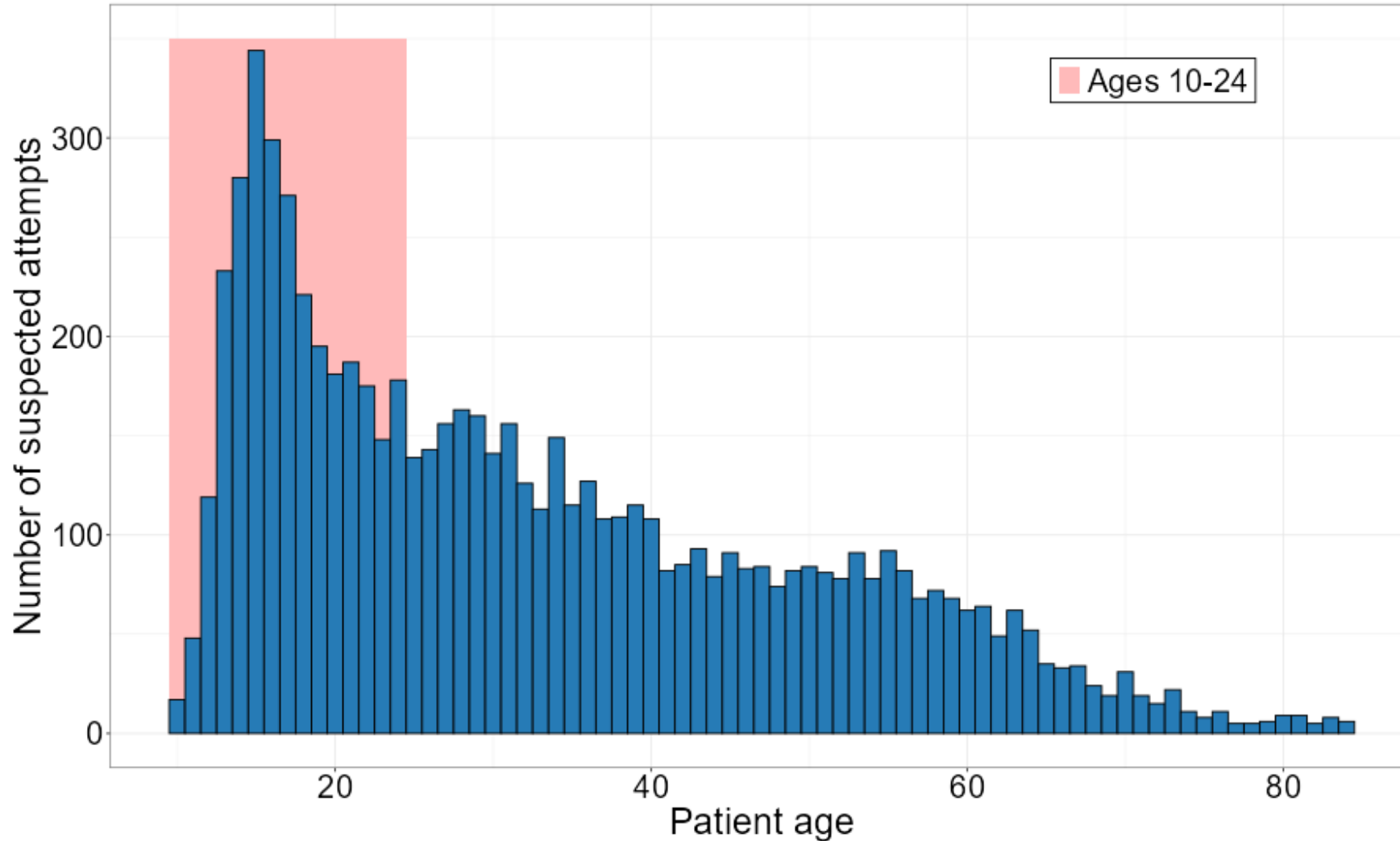
Rates

Number of Sacramento County suicides per 100,000 people among youth ages 10-24, 2010-2022



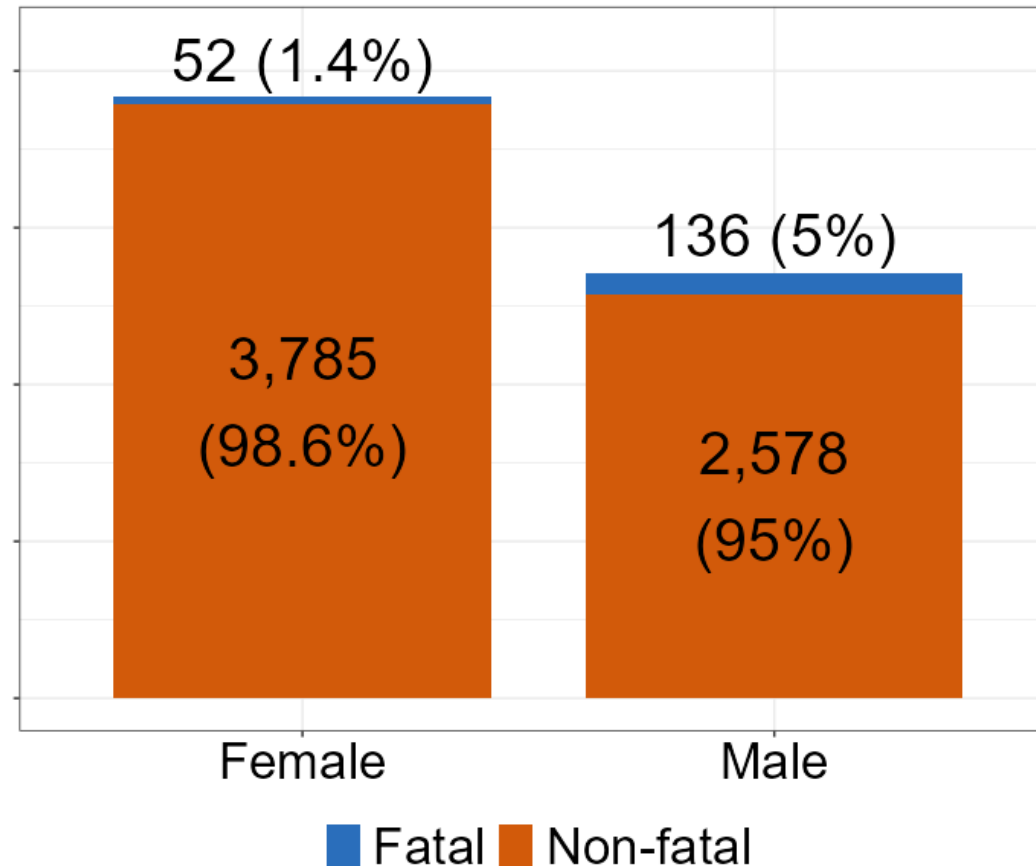
Suicide attempts are most frequent among youth

Number of patients ages 10 to 84 treated for attempted suicide in Sacramento County EDs, 2016-2023



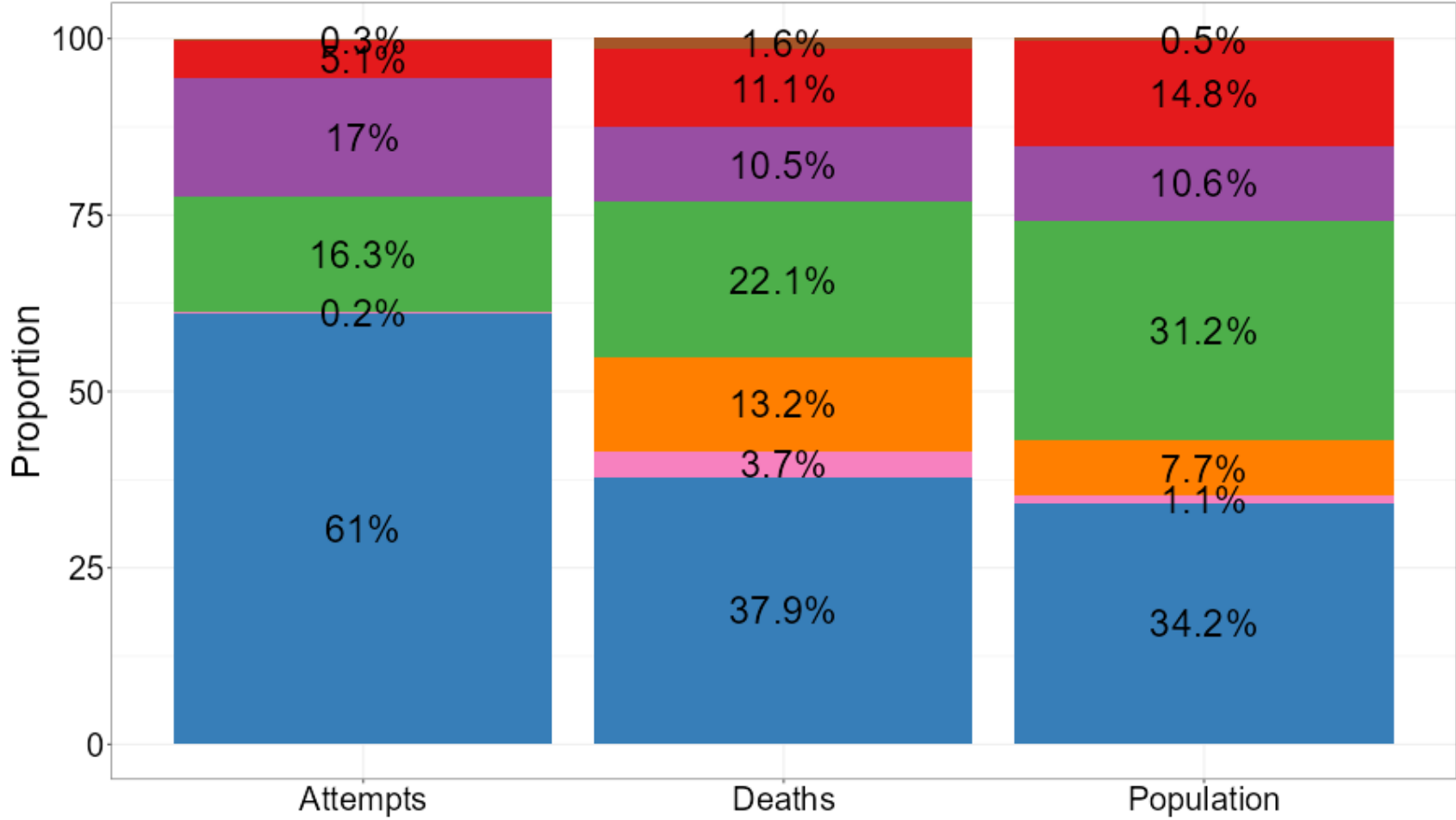
Suicide attempts and deaths stratified by sex

Number of fatal and non-fatal suicide attempts among Sacramento County youth by sex, 2016-2022



Data stratified by race/ethnicity

Fatal and non-fatal attempts among youth stratified by race/ethnicity, 2016-2022

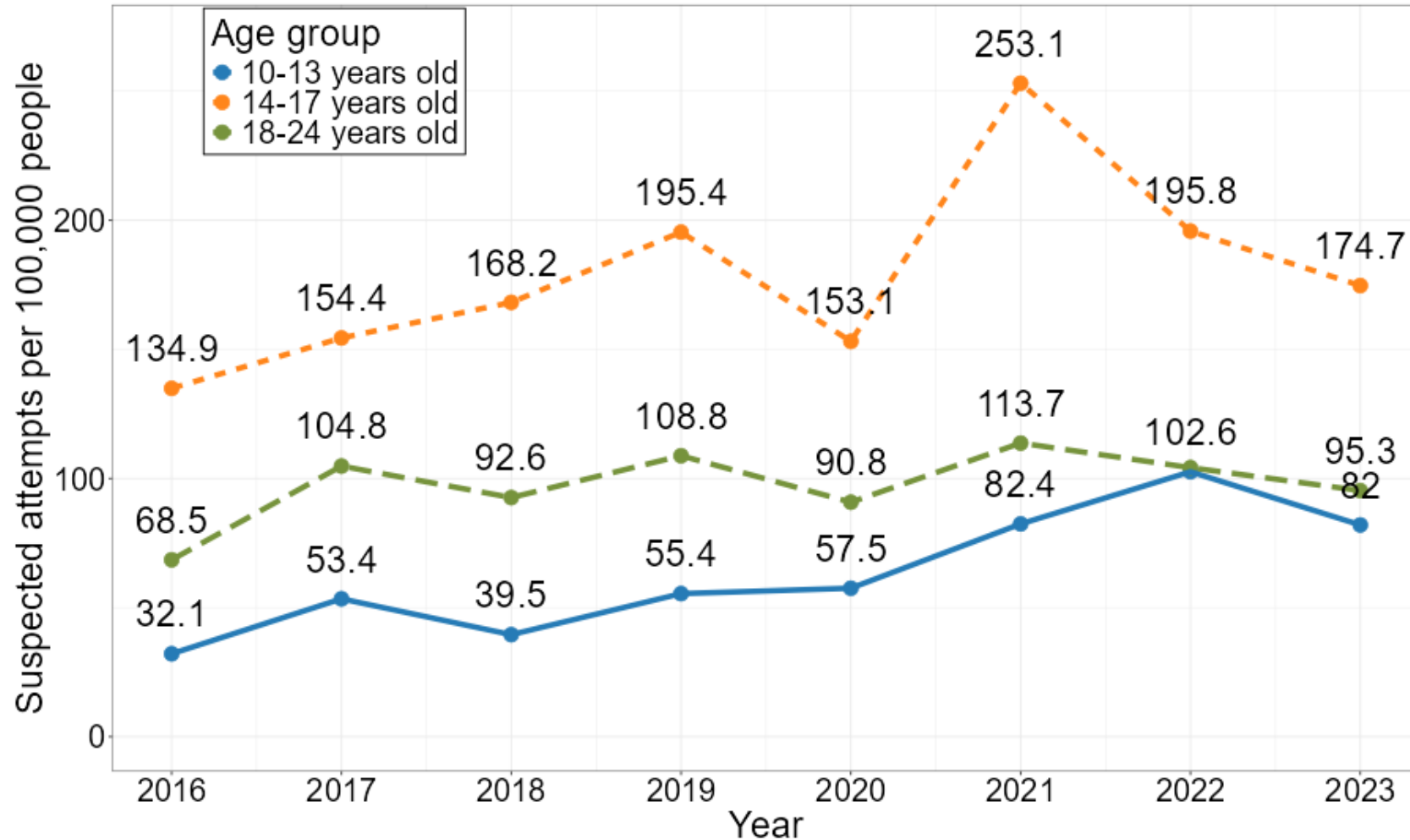


- Race/ethnicity
- American Indian/Alaska Native
 - Asian
 - Black
 - Hispanic
 - Multiracial
 - Native Hawaiian/Pacific Islander
 - White

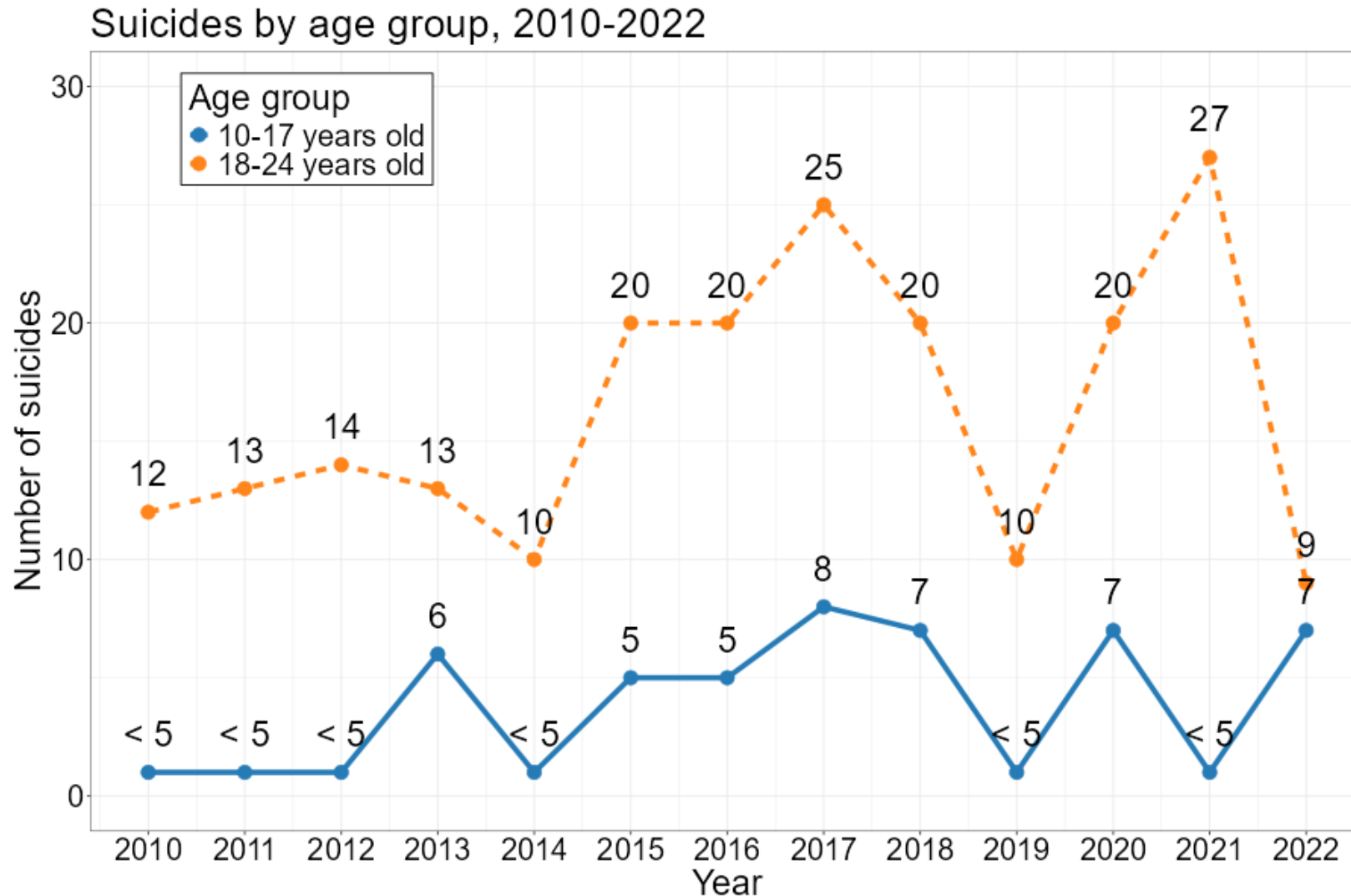
*Syndromic surveillance attempt data currently does not include Multiracial as a patient race/ethnicity option

Suicide attempts stratified by age group

Suspected suicide attempts treated in Sacramento County emergency departments by age group, 2016-2023



Suicides stratified by age group



Mechanisms involved in non-fatal vs. fatal suicide attempts

Non-fatal attempts

- Poisoning (63.1%)
- Cut or pierce (18.1%)
- All other methods (18.8%)

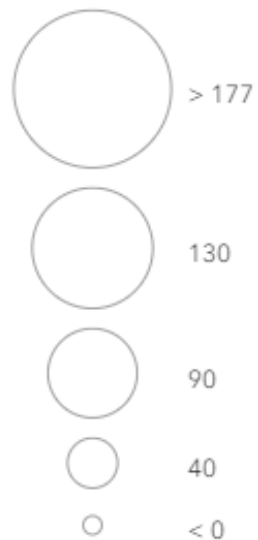
Fatal attempts (i.e. deaths)

- Suffocation (41.1%)
- Firearm (35.5%)
- All other methods (23.4%)

Youth suicide attempts and deaths

- 1. Lowest number of suicides
- 2. Lower number of suicides
- 3. Higher number of suicides
- 4. Highest number of suicides

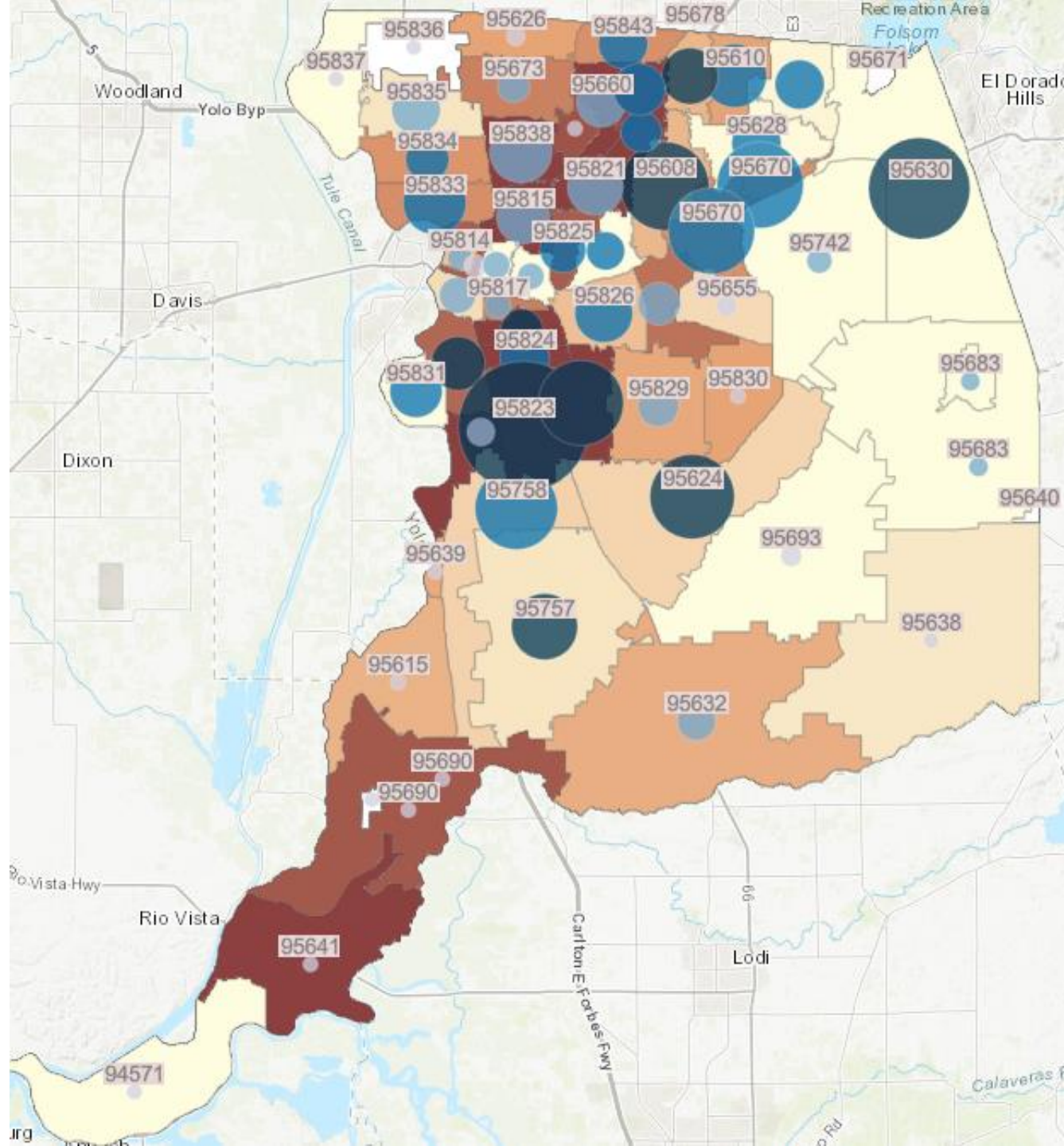
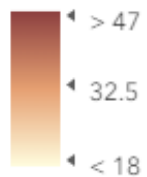
Attempts (2016 to 2023)



Percent of all residents eligible for Medi-Cal



% of all residents who are eligible for Medi-Cal



• Zip codes with the highest number of youth suicide attempts and deaths:

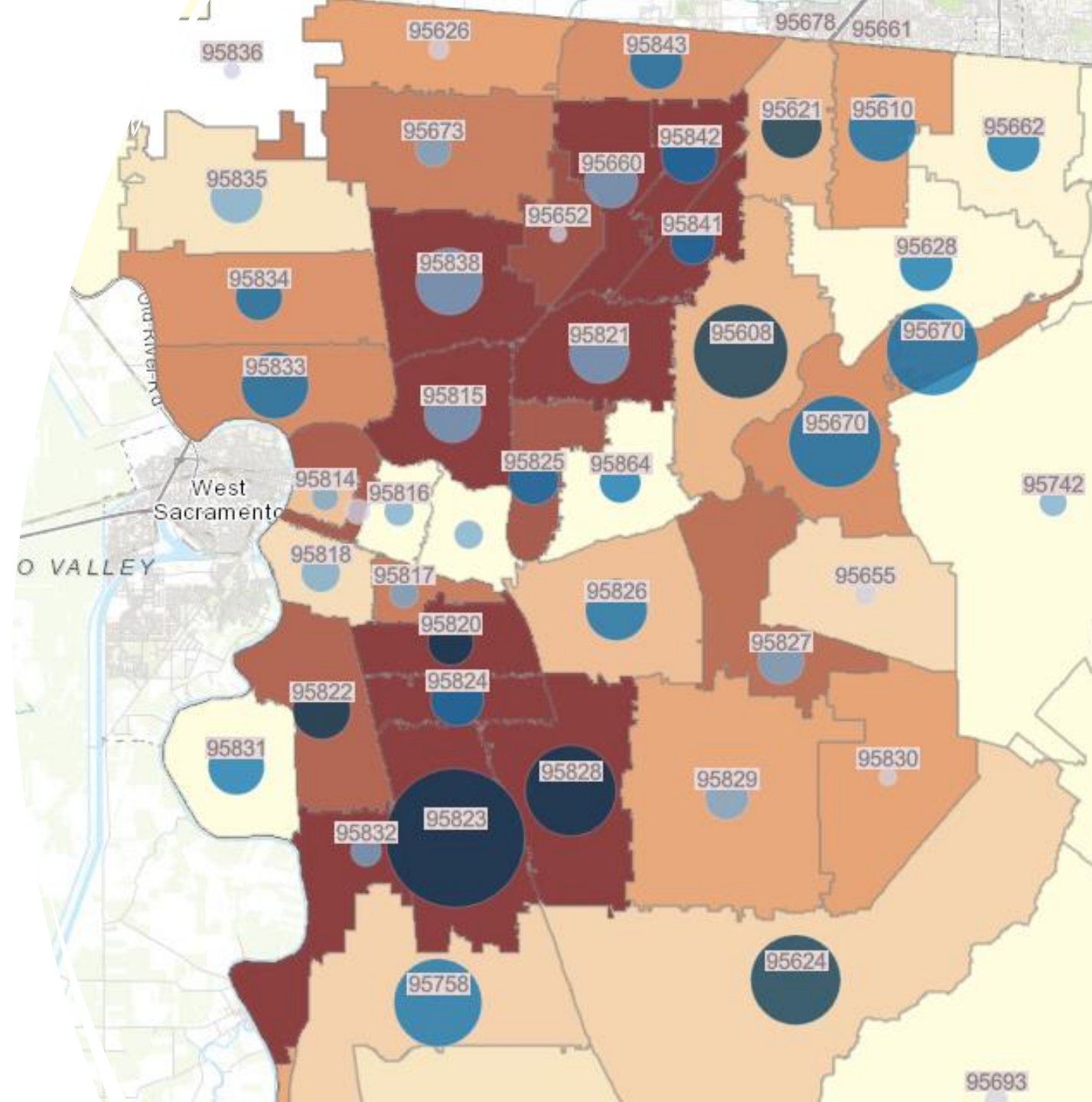
• 95823- West Florin to Sheldon Rd

• 95624- Vineyard- Elk Grove

• 95630- Folsom

• 95608-Carmichael

• 95828- East Fruitridge to Sheldon Rd



Key takeaways

Suicide affects youth of all sexes, ages, and races/ethnicities

Suicide is the 3rd leading cause of death among youth ages 10-24

Sex differences in suicide attempts and deaths

- Most suicide attempts occur among female youth, but most suicide deaths occur among male youth

Race/ethnicity differences

- White and Black youth are disproportionately represented in non-fatal attempts
- Multiracial, AI/AN, and NHPI youth are disproportionately represented in fatal attempts

Age differences

- Youth ages 14-17 (i.e. high school/teenage) have the highest rates of attempted suicide
- Fatal attempts (i.e. deaths) are most frequent among older youth (18-24 years old)

Zip codes with the highest number of youth suicide attempts and deaths:

- 95823- West Florin to Sheldon Rd
- 95624- Vineyard- Elk Grove
- 95630- Folsom
- 95608-Carmichael
- 95828- East Fruitridge to Sheldon Rd

Future Efforts

Increase behavioral health care access and reduce stigma

- Collaborate with community based organizations through a “miniature pilot project” to develop services tailored towards their community and neighborhoods.

Obtain more school and districts information through surveys

- BHS will distribute surveys to all school districts in Sacramento County to collect information on their preventative efforts, response after a suicide attempt, and response after a suicide death.

Gaps Analysis

BHS contracted with Applied Survey Research (ASR) to perform a gaps analysis within Sacramento County. Findings will inform future efforts, future funding applications, and future collaborations across the county.

- Findings:
 - Less programs are in the areas of Sacramento County with the highest rates of suicide attempts and completions.
 - Community programs are situated within five central zip codes: 95823, 95821, 95826, 95825, and 95824.
 - Prevalence of Youth Suicide & Identified Triggers and risk factors:
 1. Health Services Leadership: Covid-19, social media, toxic home environments, lack of trusted adults, & higher suicide rates among Black adolescents
 2. School & Community Providers: Social media, impact of Covid-19, economic challenges, lack of social supports and dysfunctional family dynamics & racial identity challenges
 3. Youth & Young Adults: Poverty, homelessness, family loss, substance abuse, involvement in child welfare & dysfunctional family relationships, social media, pressure to meet basic needs and societal/cultural expectations, struggles navigating social-emotional issues, lack of effective coping skills & rigid social/academic expectations

Local Coalition Efforts

Decrease youth suicide rates and increase access to crisis services and prevention resources through collaborative and unified efforts across Sacramento County.

- Reoccurring interactions to collaborate on mental health prevention resources
- Ensure adequate coverage of services across Sacramento County
- Limit duplication of services as possible
- Increase information and data sharing across entire county in a sustainable way.



Our Ask:

- Existing Coalition
 - We have partnered with the Sacramento County Coalition for Youth (SCCY) to collect data, table prevention resources, and provide workshops.
- Behavioral Health would like to bring together a Youth Suicide Prevention Coalition with members from schools, school districts, SCOE, community agencies, cultural and religious groups, partners who are serving foster, LGBTQ+, and unhoused youth, Public Health, CPS, SUPT and Probation to name a few.
- Is a Youth Suicide Prevention Coalition something that the Children's System of Care Advisory Committee, would be willing to support?



Thank you

Any Questions?

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