



Data Explainer Series

Week 5: Overdoses and Suicides

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Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides ← <i>You Are Here</i>
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	9/30/2025	Collaborating with Local Planning Processes

BHT Data Explainer Series

Impact:

Empowers you to interpret data, understand expectations, and engage in data-informed planning to produce your first BHSA Integrated Plan



Thank you to DHCS for sponsoring this series.

CalMHSA

Uplifting community through meaningful behavioral health solutions

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority – an independent government entity – formed in 2009 by counties and cities throughout the state to focus on collaborative, multi-county projects that improve behavioral health care for all Californians.

By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community behavioral health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations.



Housekeeping

- Each week we have a new webinar topic and corresponding office hours.
- The aim of office hours is to dive a bit deeper and respond to questions.
- All webinars will be recorded and placed on our website (*office hours will not be recorded*).
- Switch your Zoom to Gallery View
- Utilize the Q&A for questions

Agenda

Welcome

Recap: Statewide Goals and Measures

Additional Goal: Overdoses

Additional Goal: Suicides

What? (Goal/Measure)

Why? (What Does this Mean?)

Hunches (What Do I Do?)



Statewide Behavioral Health Goals and Associated Measures



Behavioral Health Transformation

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.



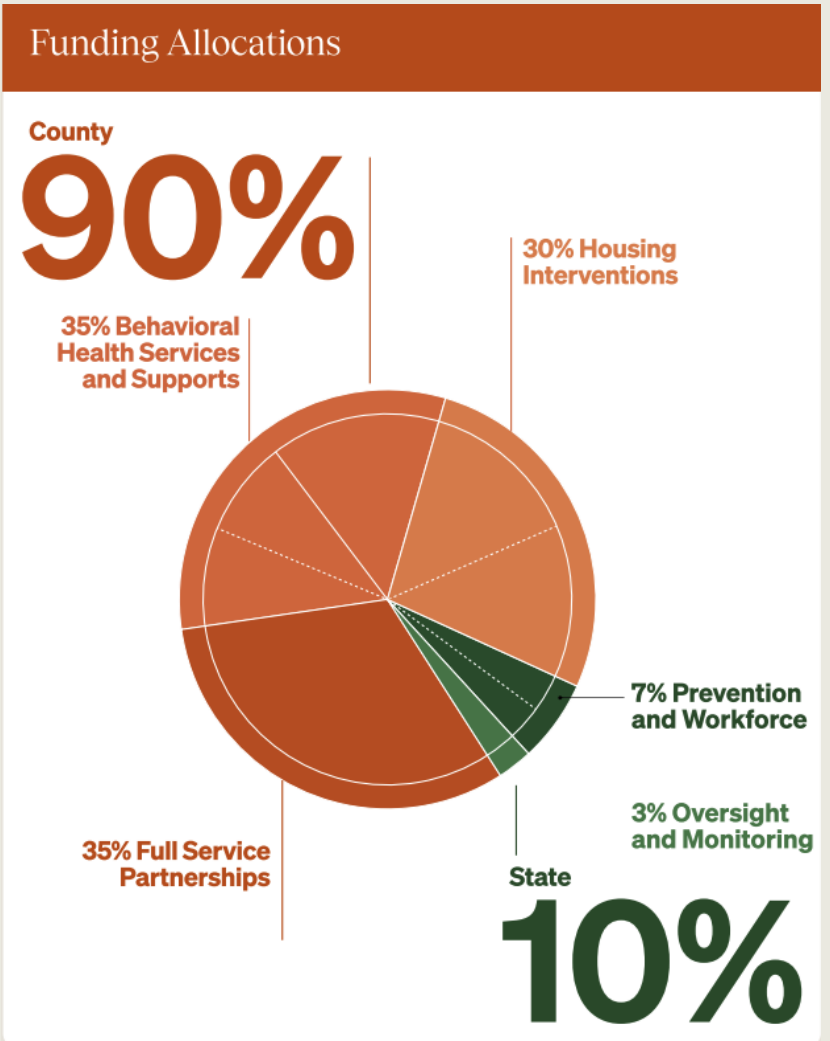
Behavioral Health Services Act

MHSA Modernization = BHSA

- Increased focus on most vulnerable populations
- Broadening of county behavioral health plan responsibilities to include housing interventions
- Expands eligibility to Substance Use Disorder only populations
- Redirecting administration of funding for population-based prevention and workforce programming

Introduces Behavioral Health Services Act Integrated Plan

Introduces Statewide Behavioral Health Goals and Measures



BHT Goal Phase 1

PHASE 1

DHCS has elected to use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Counties will *identify interventions* to improve areas of low performance relative to statewide rate.

Phase 1 Goal & Measure Structure

- Goals - "Priority" and "Additional"
 - Six "Priority Goals" that BHPs must address.
 - BHPs select one "Additional Goal" (from eight options) based upon county performance and local needs.

Phase 1 Goal & Measure Structure

- Measures - "Primary" and "Supplemental"
 - Each goal has one or more associated measures.
 - "Primary Measures" reflect the community's status relative to the goal.
 - "Supplemental Measures" provide additional context.

BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.

Choose at least one



Priority Goals

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice-Involvement
5. Removal of Children from the Home
6. Untreated Behavioral Health Conditions

Additional Goals

1. Care Experience
2. Engagement in School
3. Engagement in Work
4. Overdoses
5. Prevention and Treatment of Co-occurring Physical Health Conditions
6. Quality of Life
7. Social Connection
8. Suicides

Selecting Additional Goals

Start with the Data

- Review baselines for each "Additional Goal" – including disparities – and identify the biggest gaps
- Identify additional goals where your county is performing below the statewide rate/average on the primary measure

Center Community Voice

- Use your CPP engagement results to see which issues matter most to your community

Check Feasibility

- Select a goal where you have partnerships, programs, and resources to realistically make measurable change.
- Select a goal where strategies can be maximized across multiple goals
- **Required:** Select at least one for which your county is performing below the statewide rate/average on the primary measure(s)



Introduction

Overdoses & Suicides

These topics are
difficult and personal.
Take space if you need it.

Talking about overdose
and suicide is *critical* to
making change.

What you're
doing has
been
working.

Cumulative Suicide Deaths Avoided

Programs funded by the California millionaire's tax prevented 5,500 total deaths from suicide through 2019

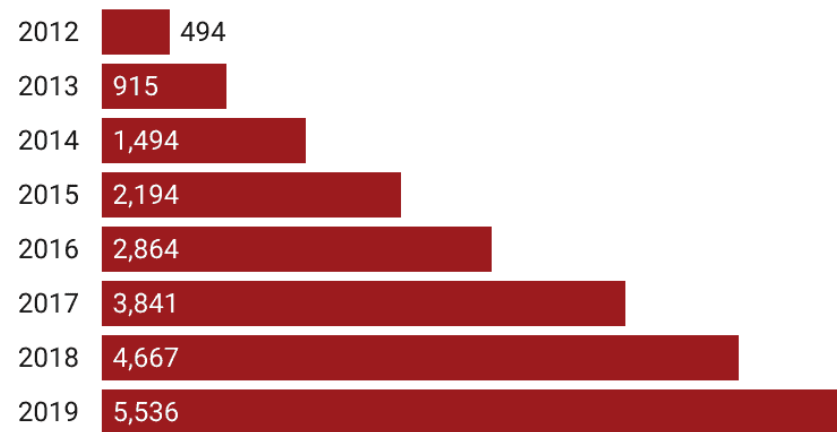


Chart: University of Southern California • Created with Datawrapper

[Source](#)

We are looking at Overdoses and Suicides together because...

- Similar goals, measures, drivers, and data sources
- Stigma exists in talking about these issues
- Focus on upstream prevention and early intervention while also supporting people in crisis moments

Things to keep in mind as we look at the data today:

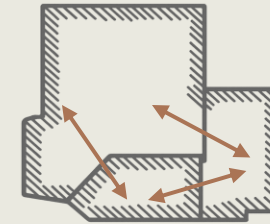
- There is a lag between when death happens and when the data are entered in the system and coded as overdose or suicide
- Surveillance data mostly oriented to county of residence, additional information can be learned from the place where the death occurred
- Emergency Department (ED) visit measures are influenced by who accesses the ED

County Residence vs. Place of Occurrence

Overdoses & suicides among
county residents

Overdoses & suicides by
where the event occurred

*Look at both
locally*



Advantages...	Standard denominator, reduces "over-counting", ability to compare between groups	Captures experience of people using drugs or attempting suicide in your community
Gives you insights into...	Needs among your county residents for overdose & suicide prevention	Drug use or self-harm patterns and overdose or suicide risk in your community



Overdoses

Additional Goal

What?



What is an Overdose?

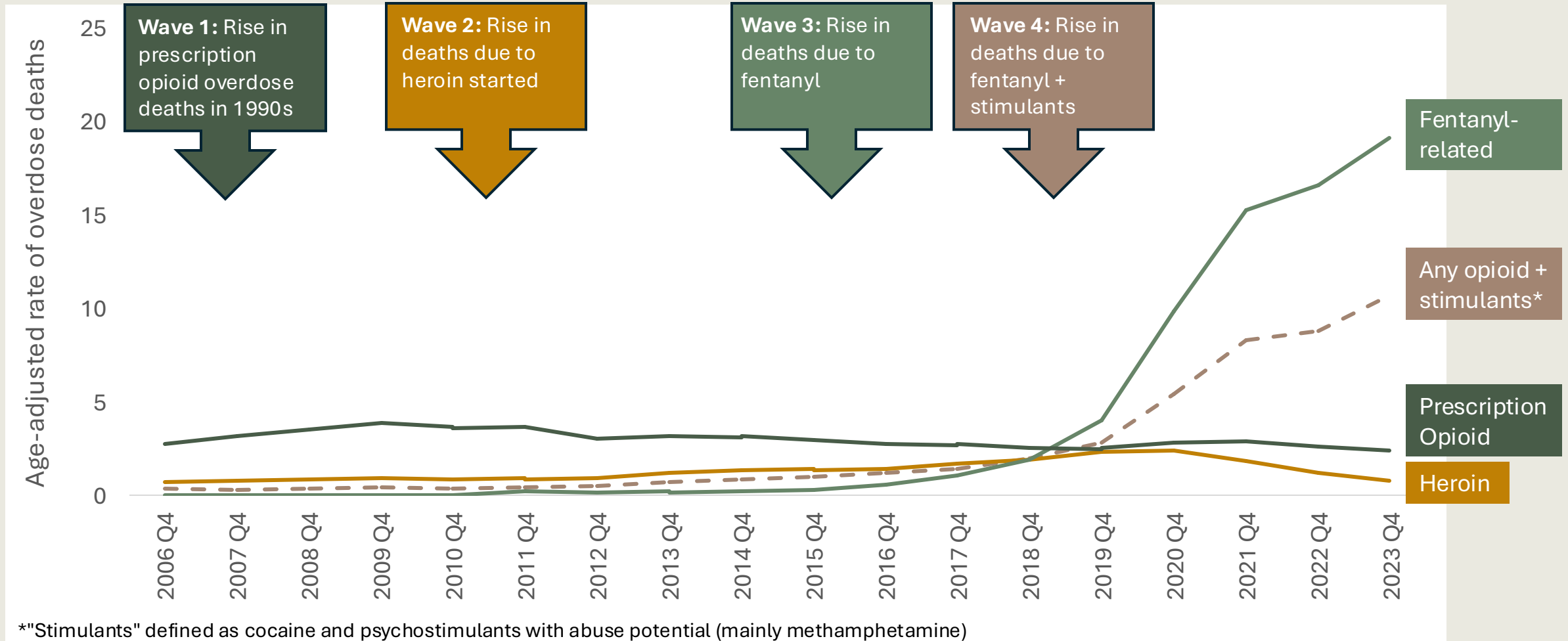
- Overdose occurs when a toxic amount of a drug—or combination of drugs, including prescription medications, illegal substances, or alcohol—overwhelms the body's ability to function.
- Can be *fatal* or *non-fatal*
- Can be *intentional* or *unintentional*
 - **Intentional:** Taking a toxic amount of a drug as part of a suicide attempt
 - **Unintentional:** Using a drug and unaware of its potency or the presence of an adulterant (often referred to as “poisoning”)

Overdoses Measures

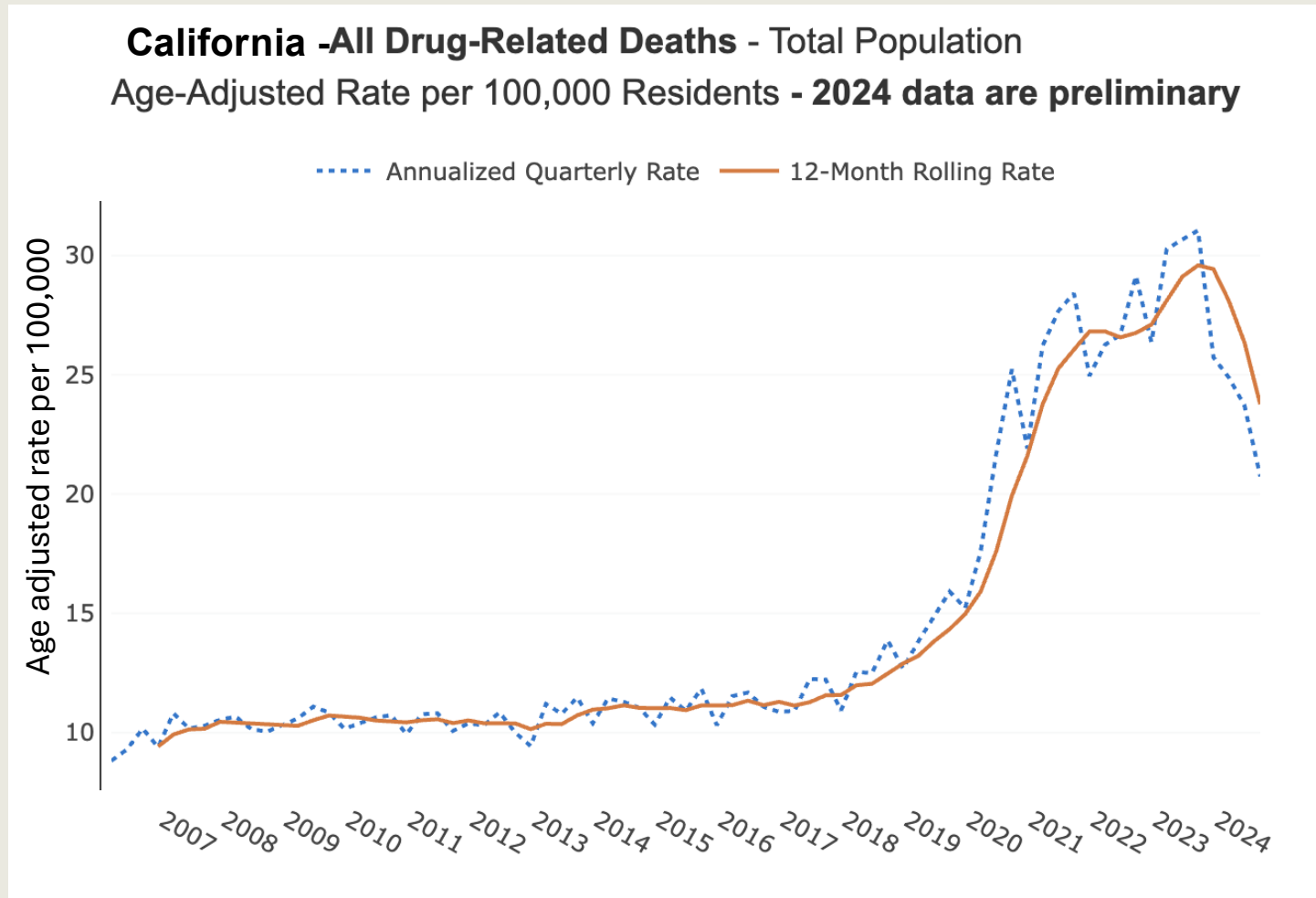
<i>Measure</i>	<i>Type of Measure</i>
1) All Drug-Related Overdose Deaths, 2022 (per 100,000)	Primary
2) All Drug-Related Overdose Emergency Department Visits, 2022 (per 100,000)	Supplemental

Overdose drivers have changed over time

California Age-Adjusted Overdose Deaths – 2006-2023



Overdose deaths are on the decline in California and Nationwide



Source: [California Overdose Surveillance Dashboard](#)

1

All Drug-Related Overdose Deaths, 2022 (age-adjusted rate per 100,000 residents)

Primary Measure

How many people per 100,000 county residents experienced a fatal drug overdose in 2022*, adjusted for age?

*Data not provided for counties with fewer than 6 events in the measurement period

Numerator: Number of county residents who died by overdose in 2022*

Denominator: Total county population

X100,000

Age adjusted

Who is counted in this measure?



Includes all county residents who experienced a fatal overdose for...

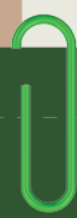
- All manners (e.g., unintentional, intentional, homicide, undetermined)
- All types of drugs



ICD-10 codes*:

- X40-44 (accidental drug poisoning)
- X60-64 (intentional drug poisoning)
- X85 (assault by drugs, medicaments, or biological substances)
- Y10-14 (Undetermined intent drug poisonings)

*Codes used in public health surveillance to identify causes of death from vital statistics records



Who is **not** counted in this measure?



Does not include:

- Deaths related to chronic drug use
- Deaths due to alcohol and/or tobacco
- Alcohol poisonings (e.g., ICD-10 code X45)
- Deaths associated with drug use that are not acute poisonings (e.g., car accident secondary to drug use)

Overdose *deaths* are the tip of the iceberg.

For every one **death**...
there are even more:

- Non-fatal overdose events (EMS calls, ED visits, hospitalizations)
- Drug-related health events
- Increased periods of overdose risk
- Unmet service and social needs among people who use drugs
- Untreated health conditions among people who use drugs



2

All Drug-Related Overdose Emergency Department Visits, 2022 (age-adjusted rate per 100,000 people)

Supplemental Measure

How many emergency department visits due to non-fatal drug-related poisonings were there per 100,000 county residents in 2022*, adjusted for age?

*Data not provided for counties with fewer than 6 events in the measurement period

Numerator: Number of non-fatal emergency department visits due to drug poisoning

Denominator: Total county population

X100,000

Age adjusted

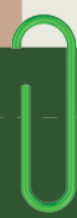
Who is counted in this measure?



Includes all county residents who experienced a non-fatal overdose for...

- All manners (e.g., unintentional, intentional, undetermined)
- All types of drugs
- With drug overdose listed as **primary diagnosis**

People may be counted more than once if they experience multiple overdoses



Who is **not** counted in this measure?



Excludes:

- Newborns
- ED visits resulting in a hospitalization in the same facility
- Events outside California
- People who are not residents of your county



Does not include ED visits exclusively due to:

- Other impacts related to substance use
- Adverse effects or consequences of long-term use (e.g., damage to organs)
- Alcohol poisonings

Consider stratifying overdose data by...



Geography



High risk settings (e.g., jail)



Drug type and route of administration



Equity data (age, race/ethnicity, gender, housing status, occupation)



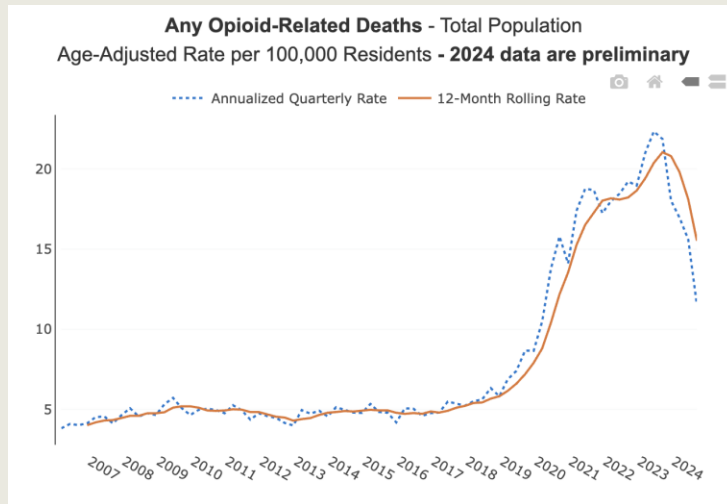
Intentionality: unintentional, intentional (i.e., suicide overdose),
undetermined

What other data measures might be available?

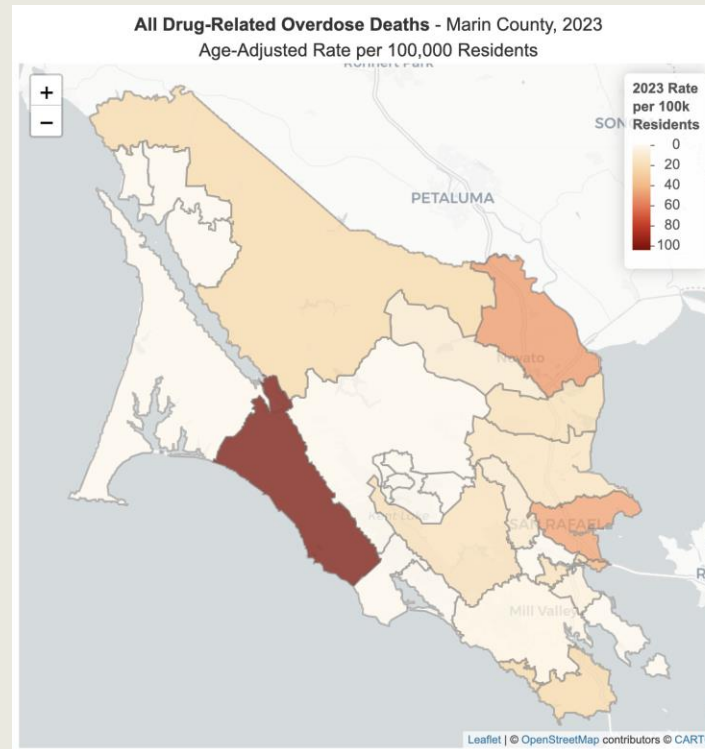


- Use of harm reduction services (e.g., naloxone distribution, SSP)
- MOUD treatment use
- Non-fatal drug-related EMS calls
- Drug-related ED visits
- Drug-related hospitalizations
- Drug-related death surveillance (e.g., chronic use or injury, by type of drug, in high-risk settings)

California Overdose Surveillance Dashboard



Trends



Geography (zip code)

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

- ☒ All Drug/Opioids ☐ Other Drugs

Deaths (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. See the [Data Definitions](#) page for more information about this indicator.

View indicators by

- ☒ Total Population ☐ Sex ☐ Age
☐ Race/Ethnicity

Select the type of rate

- ☐ Crude Rate ☒ Age-Adjusted

Compare this county with another area?

(Comparison area included in data downloads)

- ☐ Yes ☒ No

Indicator

Drug type

Equity data



Suicides

Additional Goal

What?



What is Suicide?

- Suicide, including suicide attempts, is defined as death or non-fatal, potentially injurious harm caused by self-directed behavior undertaken with the intent to die as a result of the action.
- Strengthening California's behavioral health delivery system and implementing targeted, culturally responsive suicide prevention strategies is critical to reducing the state's suicide rate.

What is Suicide?



Suicides Measures

<i>Measure</i>	<i>Type of Measure</i>
1) Suicide Deaths, 2022 (Rate per 100,000 Person-Years)	Primary
2) Non-Fatal ED Visits Due to Self-Harm, 2022 (Rate per 100,000 Person-Years)	Supplemental

1

Suicide Deaths, 2022 (Rate per 100,000 person years)

Primary Measure

How many people per 100,000
county residents died by
suicide* in 2022?

* Data not provided for counties with fewer than 11 deaths
in the measurement period.

Numerator: Number of county residents who
died by suicide in 2022

X100,000

Denominator: Total county population *
years of follow-up

Who is counted in this measure?



Includes all county residents who died by suicide...

- As primary cause of death
- All means (e.g., drug overdose, drowning)



ICD-10 codes*: X71-X83 (Intentional self-harm by specific means)

*Codes used in public health surveillance to identify causes of death from vital statistics records



Data Snack: Person-Years



Interpreted as per person, per year

For a population of 100,000....

Followed for	Person-Years
1 year	100,000
2 years	200,000
3 years	300,000

For a 1-year measure = rate per 100,000 people

2

Non-Fatal ED Visits due to Self-Harm, 2022 (Rate per 100,000 person years)

Supplemental Measure

How many emergency department visits were due to non-fatal self-harm per 100,000 county residents* in 2022?

*Data not provided for counties with fewer than 11 events in the measurement period

Numerator: Non-fatal Emergency Department visits due to self-harm among county residents

Denominator: Total county population * years of follow-up

X100,000

Who is counted in this measure?

Includes ED visits



- Due to intentional self-harm in **any diagnostic field**
- Face-to-face contact with a provider
- That occurred in California
- Among residents of your county



Does not include

- ED visits outside of California
- ED visits that resulted in a hospitalization in the same facility

People may be counted more than once if they experience multiple events

Consider stratifying suicide outcomes by...



Geography



High risk settings (e.g., jail)



Means (e.g., drug overdose, use of a gun)



Equity data (age, race/ethnicity, gender identity, sexual orientation, housing status)

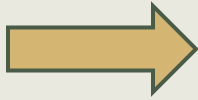
EpiCenter – Explore your Data

Examine

Equity data



Trends over time



Means



Filter by Person ▼

Filter by Place ▼

Filter by Time ▼

Filter by Injury ▼

Injury Intent

Suicide x

Injury Mechanism

filter by injury mechanism - sho

- Cut/Pierce
- Drowning/Submersion
- Fall
- Fire/Burn: Fire/Flame
- Fire/Burn: Hot
- Object/Substance
- Firearm
- Machinery

Currently displaying 21,197 injury deaths from 2019 to 2023 among Californians aged 0 to 100 + years, filtered by:

Injury Intent: Suicide

Custom Table

Time Series

Bar Chart

Group By

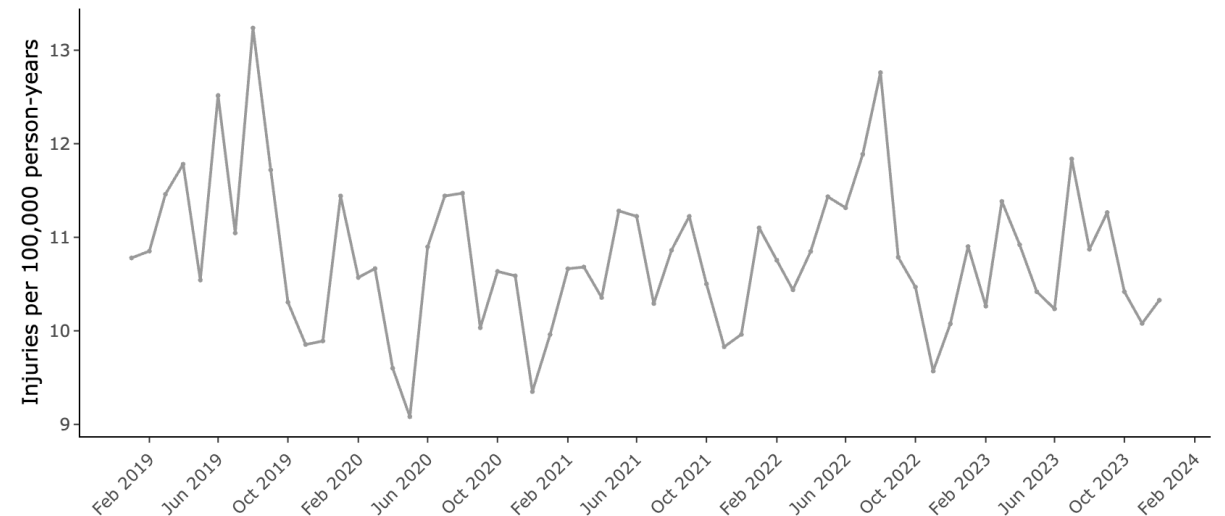
Injury Measure

Time Unit

No Grouping ▼

Rate ▼

Month ▼



https://skylab4.cdph.ca.gov/epicenter/_w_58c1b225/?Home-welcome

CalMHSA Dashboards



CalMHSA is hosting an educational series through Sept. 30 to support counties in advancing California's statewide behavioral health goals and population-level measures under the Behavioral Health Services Act. The webinars and corresponding office hours will help counties incorporate these goals into Integrated Plans and strengthen data-informed strategies that improve population health outcomes. *Please note: Live participation in the series is only for county behavioral health staff.*

Visit this web page for links to recordings of each webinar, printable resource materials, and data dashboards as they are developed.

Each week's offering will focus on one or a related grouping of statewide goals and measures and examine them through:

- **Webinars (Tuesdays, 12-1 p.m.):** Focused on understanding the data, including statewide performance metrics, system context, and county health equity and disparity considerations
- **Office Hours (Fridays, 12-1 p.m.):** A collaborative, open forum for discussion and cross-county learning

CONTENTS

[Webinars](#)[Data Dashboards](#)[BHT Planning Documents](#)

Why?



Understanding Overdose and Suicide

Suicides and overdoses have distinct features yet share similar drivers.

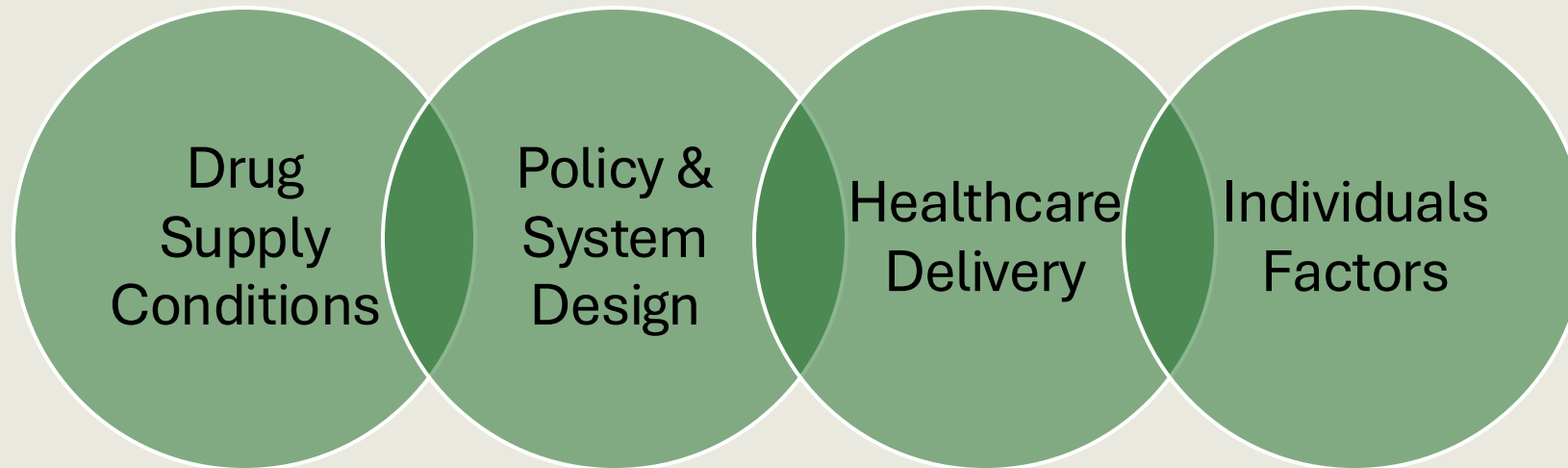
Both are shaped by:

- Similar system interactions
- Crisis/emergency touchpoints
- Social, environmental, and individual conditions

You may notice opportunities to respond holistically.

Unique Overdose Risk Factors

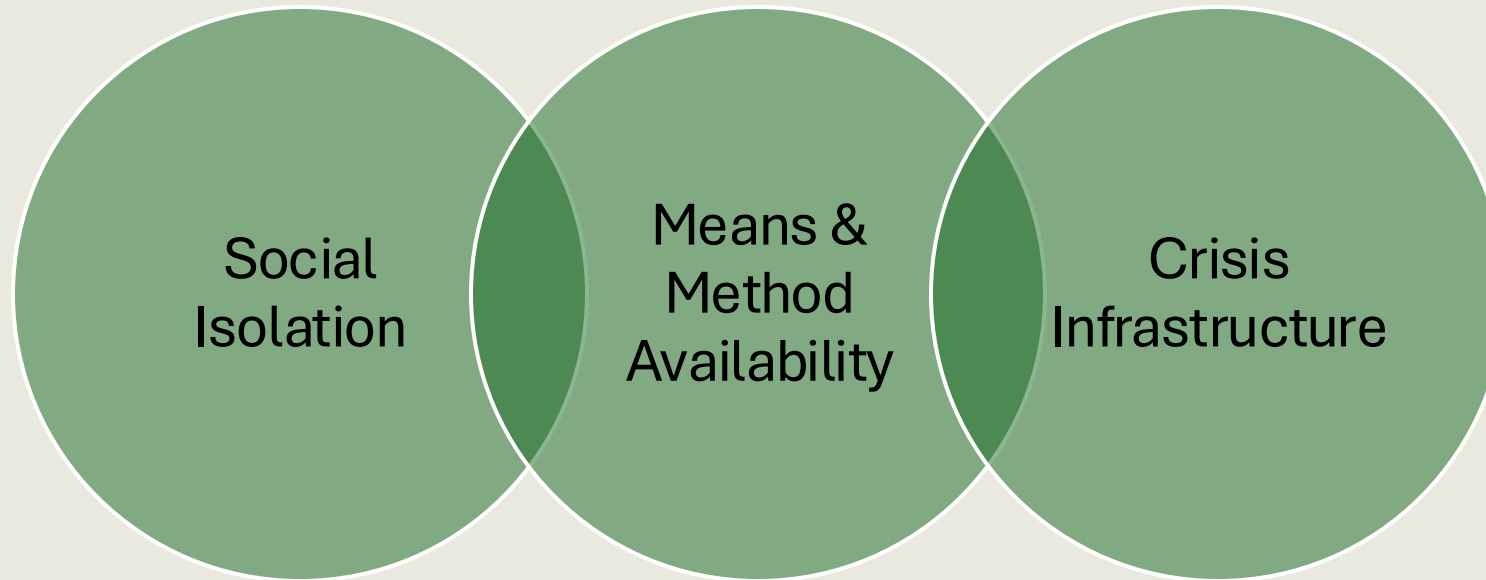
Overdose and ED visit rates can lead to unique insights into substance use trends, system interactions, and population-specific factors within your county. Some examples include:



It is important to identify these contextual factors and consider how they play a role in your county's overdose and ED visit rates to help inform your hunches.

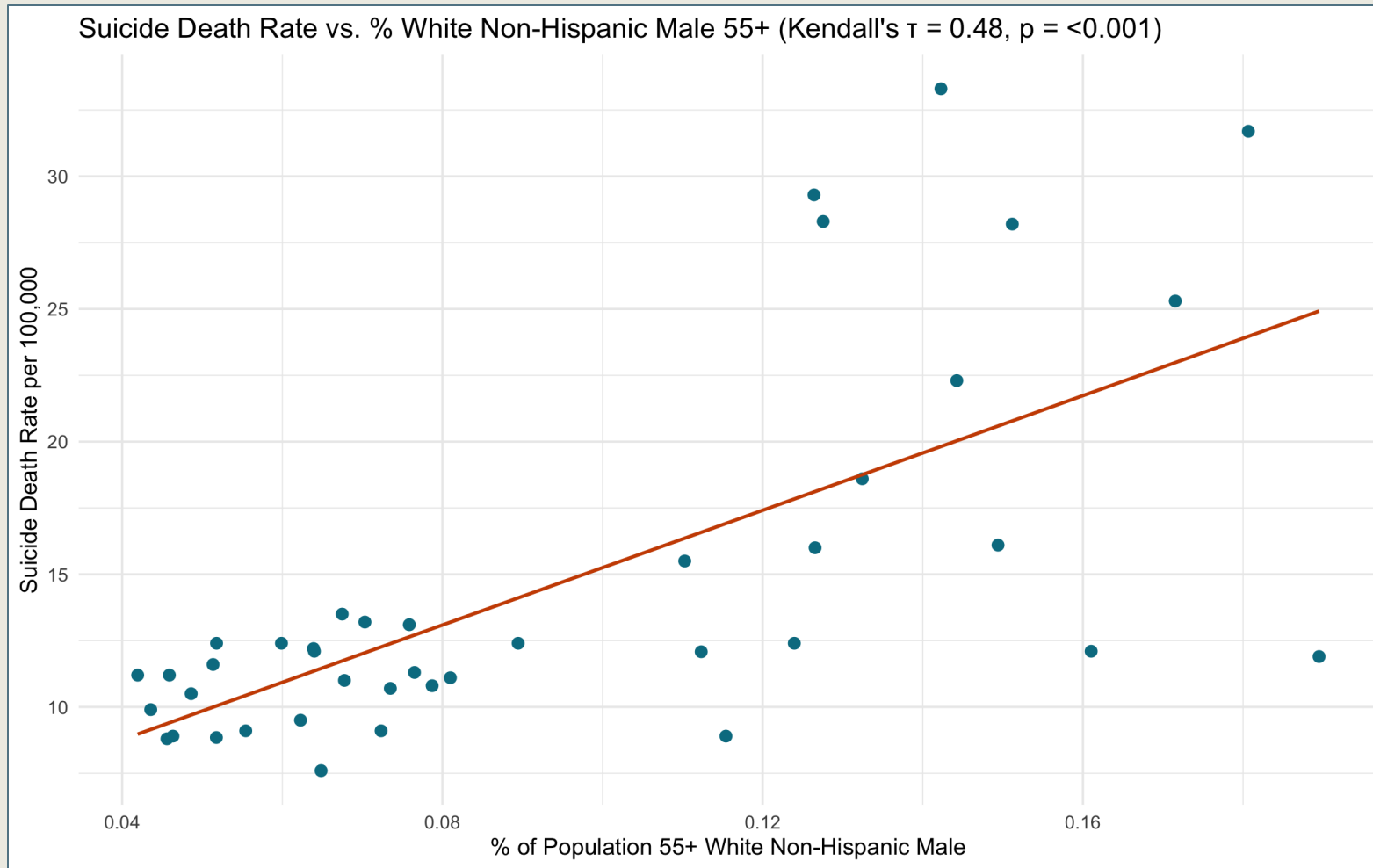
Unique Suicide Rate Factors

Similarly, your county's suicide rates and ED visits due to self-harm will help you uncover unique factors that could potentially be contributing to those rates. Examples include:



As with your overdose rates, it is important to dig beyond the data to identify the unique factors in your community that may be contributing to suicides and suicide attempts.

Suicide Deaths in Context



Source: [EpiCenter California Injury Data Dashboard](#) (2022); US Census Bureau Population Estimates Program (2022). Includes data from 41 counties that have suicide death rates available.

Overlapping Overdose and Suicide Factors

Shared connection points between overdose and suicide can include:

Culture & Demographics

Social & Economic Conditions

Cooccurring BH conditions

System Design and Healthcare Delivery

Policy Environment

Access to Care

Data Quality & Timeliness

Non-Fatal ED Visits in Context

Non-fatal emergency department visits for overdose or self-harm provide critical insight—highlighting both the scale of distress in communities and key opportunities for intervention across the life span.



More frequent than deaths: For every overdose or suicide death, there are **many more** ED visits.



Early warning signal: ED visits can highlight emerging risk patterns.



Intervention opportunities: Every ED visit is a **critical touchpoint** for engagement.

Questions to Ask Yourself

How do partners currently share data about overdoses, suicides, and ED visits?

What processes could be improved to provide a more complete and timelier picture of trends and hot spots?

Which demographic or geographic subpopulations are most disproportionately affected?

At what points of care are we most likely to encounter individuals at high risk or who are disproportionately affected?

What processes are needed to quickly connect people exiting EDs and other controlled environments to services?

Hunches



For Additional Goals, your Integrated Plan must include...

Why this goal was selected: The reason you chose this additional goal as a focus area (e.g., primary measures that are performing below statewide rate/averages, inequities)

Disparities identified: A clear summary of measures where you identified disparities, including data that supported this analysis and specific population(s) affected.

Strategies: The approaches or methods you'll use to reach your goal.

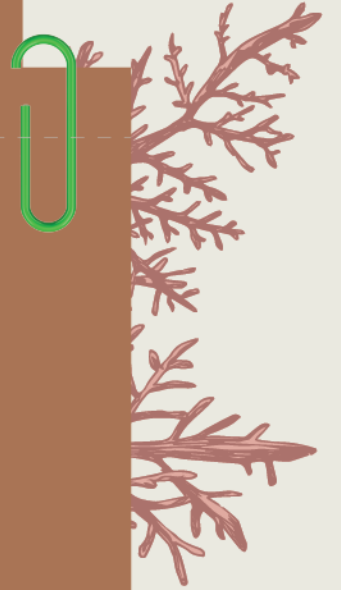
Funding: A description of the category (or categories) of funding that will be used to achieve these strategies.

And today we'll show you examples of what this might look like.



What are Hunches?

- Hunches are **early theories about what we might do next** based on what we see in the data and sphere of influence.
- Hunches can be framed as “**What if...**” **statements that express** ideas and guide conversation.
- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

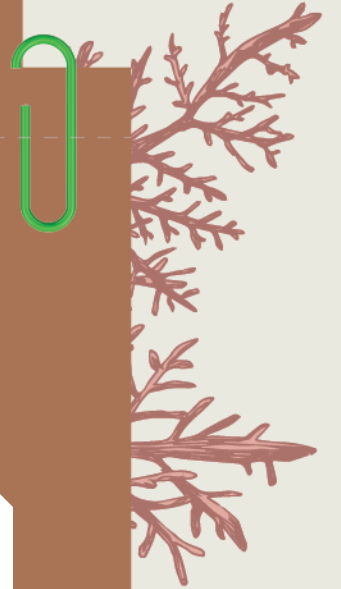


What are Hunches?

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- Hunches can be framed as “**What if...**” **statements that express** ideas and guide conversation.
- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

Example hunch:

What if we improved referral and care coordination between emergency departments and behavioral health access points to connect people with services after ED visits?



Hunch Insights

Suicide, overdose, and ED visit reduction goals dovetail with initiatives you have already worked with, which can allow you to leverage existing partnerships, practices, and policies and expand upon them. Examples include:



CA Bridge



Mobile Crisis

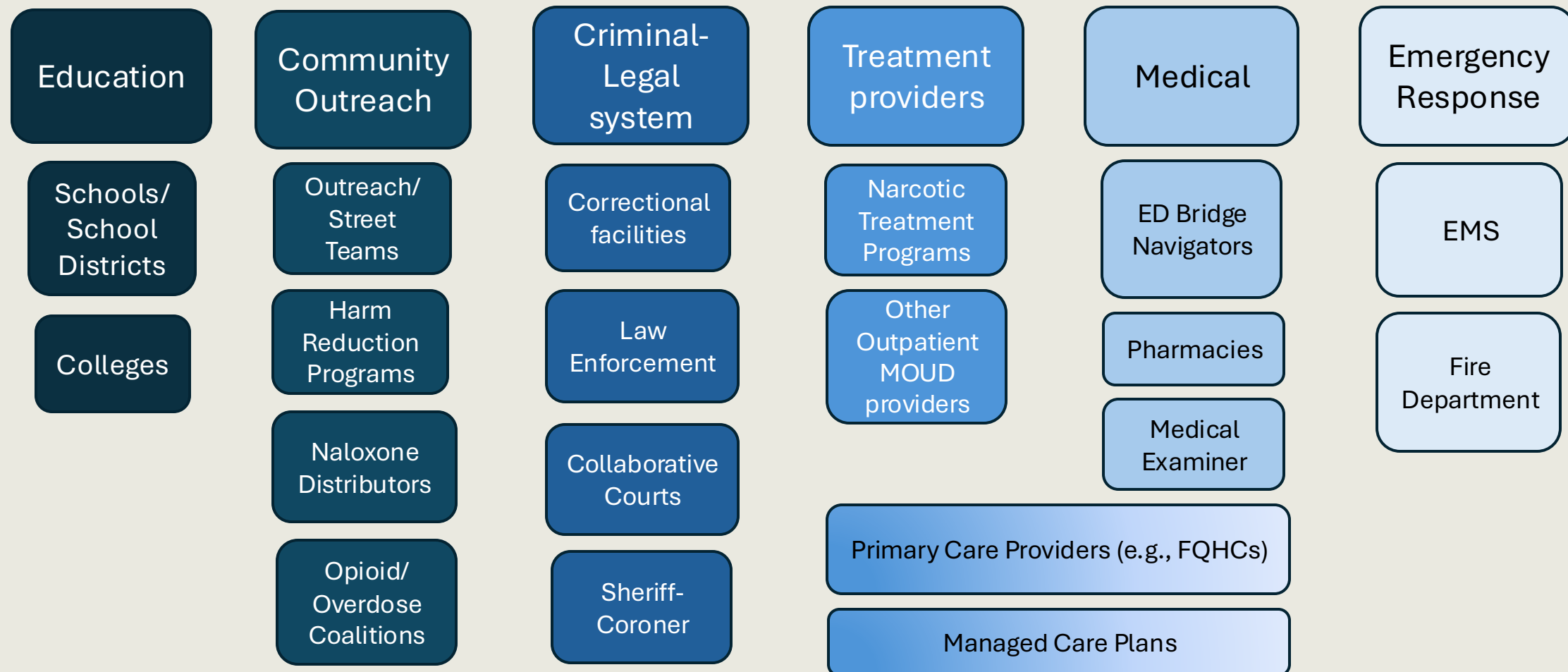


MAT expansion; removal of X-waiver; CCR Title 9 and 42 CFR Part 8 Final Rule changes to NTP/OTP services



HEDIS/BHQIP Performance Improvement Projects (POD, FUA, and FUM)

Hunch Insights: Consider your Key Partners



Hunch Insights: Intervention Strategies



Targeting high-risk populations



ED collaboration and care



Collaboration with prevention partners



Crisis system linkages



Data sharing and partnerships



Intersection with other goals/strategies

Hunch Insights: Points of Intervention

Specific events or time periods in people's lives present unique risks for overdose and opportunities for intervention, including:

While in
school/education
system

When using
drugs in the
community

When becoming
housed

Release from
hospital/ED*

During & post-
release from
incarceration

*Including new mothers who may have an SUD and have just given birth

Hunch Insights: Measuring Equity

What are the main drivers? Identify determinants associated with the measure.

Which populations are most affected? Compare sub-groups to county average and to each another.

Why might you be seeing this result? Examine potential causes of the result you're seeing.

How do you want to make an impact? Set specific goals based on inequities identified and locus of control.

Are you meeting your goals? Monitor progress and adjust when needed, including discussions and feedback from affected communities.

County Example: Marin County

Marin County's Overdoses & Suicides Data Overview

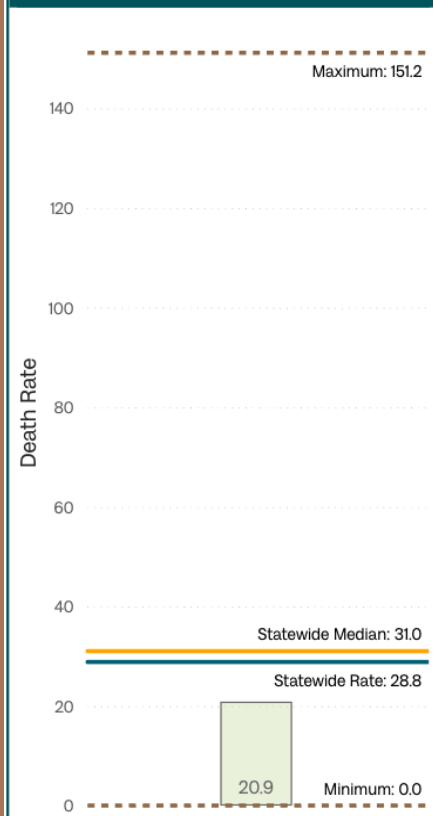
This tab provides an overview of each measure per county goal. County-specific rates are shown on the barplots below with the statewide mean, median, minimum and maximum displayed as horizontal constant lines.

Please select a county:

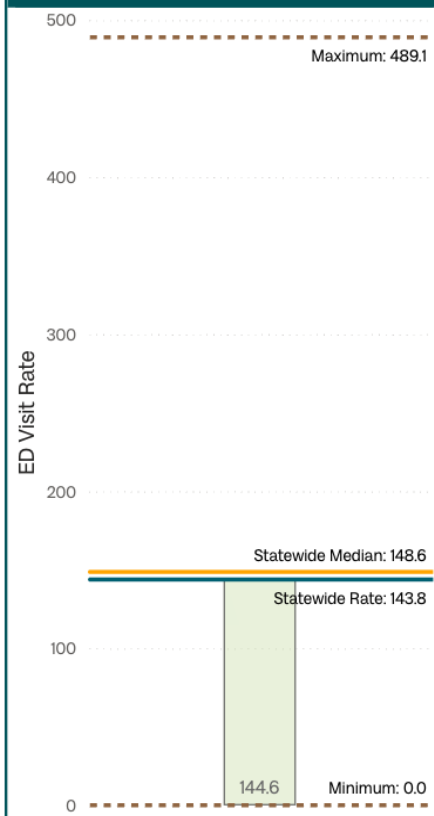
Marin



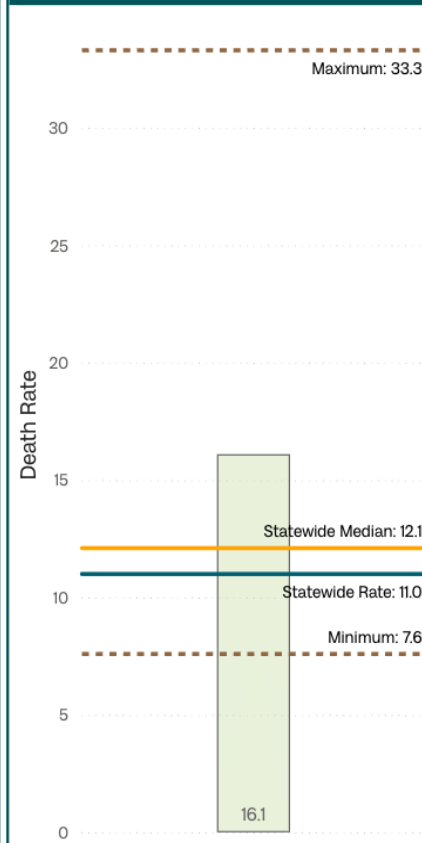
All Drug-Related Overdose Deaths, Rate per 100,000



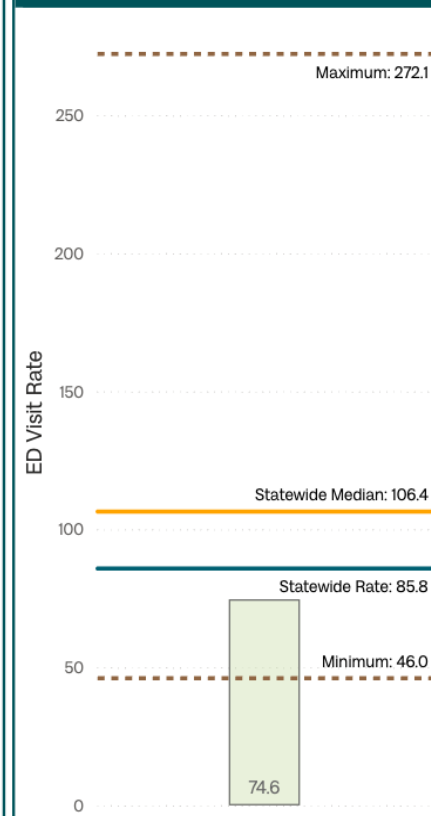
All Drug-Related Overdose ED Visits, Rate per 100,000



Suicide Deaths, Rate per 100,000



Non-Fatal ED Visits due to Self Harm, Rate per 100,000



Marin County Overview: Overdoses

Measure	State Rate	Marin County Rate	Equity-Stratified Data
All Drug-Related Overdose Deaths	28.8	20.9	Higher among residents who are: Black/African American (60.0), men (29.9), aged 35 to 39 (54.2) and aged 60-64 (63.0)
All Drug-Related Overdose ED Visits	143.6	144.6	Higher among residents who are: Black/African American (407.3), Hispanic/Latinx (165.9), aged 20 to 24 (309.6), aged 30 to 39 (243.7)

Marin County Overview: Suicides

Measure	State Rate	Marin County Rate	Equity-Stratified Data
Suicide Deaths	11.0	16.1	Limited publicly available equity data due to small counts, recommend examine data locally
Non-fatal ED Visits due to self-harm	85.8	74.6	Higher among residents who are: Hispanic/Latinx ethnicity (120.6), Female (103.4) sex, Aged 15 to 19 (384.1), 10 to 14 (294.6), and 20 to 24 (247.7)

Example 1: In Marin County, rates of suicide deaths are higher than rates statewide

Observation: Marin County's age-adjusted suicide rate is 16.1 per 100,000 people, significantly higher than the statewide rate. Publicly-available equity data is limited due to small counts, so local data will need to be examined. A low percentage of the population has Medi-Cal (~20%).

Hunches:

- What if we examine the proportion of suicide deaths that are among Medi-Cal populations?
- What if we lean into cross-sector partnerships to review deaths from suicide and overdose to improve coordination and future outcomes?

Example BHSA Integrated Plan: Reducing Suicides

Why this goal was selected:

Marin County selected this goal due to the elevated suicide rate compared to statewide benchmarks. In 2022, Marin County exhibited an age-adjusted suicide rate of 16.1 per 100,000, significantly higher than the California average of 11 per 100,000.

Disparities identified from local data (2015-2024):

- **Gender:** Males account for approximately 74% of suicide deaths in Marin County, despite representing roughly half of the population—indicating a significant overrepresentation.
- **Race/Ethnicity:** White residents are disproportionately affected, comprising approximately 83% of suicide deaths while making up about 70% of the county population.

Strategies:

Marin County plans to strengthen the following existing initiatives:

- **Crisis Aftercare Team (CAT):** Building on the ongoing pilot, CAT will continue to offer outreach to people discharged from the ED following self-harm. From January 2024, CAT served 170 individuals.
- **Suicide and Overdose Fatality Review (SOFR) committee:** Analyze the intersection with suicide deaths and the Medi-Cal population; Develop targeted outreach strategies for people at higher risk for suicide.

Funding:

- BHSA BHSS, 1991 Realignment, FFP, MHBG

Reminder: There are Six Priority Goals and One Additional Goal

Designing strategies that
address more than one
goal/measure at once will
work in your favor!



What's Next?

Overdoses & Suicides

Office Hours: Friday 8/29, 12-1
p.m. Continued Discussion on
Data and Case Studies

Questions:

managedcare@calmhsa.org





Thank You!