



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting October 26, 2023 Presentations and Handouts

- Announcements:** •Presentation: MHSOAC → BHSOAC
- Agenda Item 6:**
- Presentation: Coping with Mass Violence
 - Presentation: Impacts of Firearm Violence
 - Presentation: Office of Neighborhood Safety
 - Presentation: The Impact of Firearm Violence
 - Presentation: The Public Health Approach to Gun Violence Prevention
- Agenda Item 8:**
- Handout: Art With Impact
 - Presentation: Art With Impact: Leveraging the Power of Short Film
- Agenda Item 9:** •Presentation: 2024 Legislation

MHSOAC



BHSOAC

October 2023

Tentative Timeline

- **Signed into law by Governor Newsome on October 12, 2024**
 - **Primary Elections in California: March 5, 2024**
- **Rolling implementation starting January 1, 2025**
 - *Commission Statue: January 1, 2025*
 - *Local Funding Buckets: July 1, 2026*

General Scope and Duties

**Promote
Transformational
Change**

**Research,
Evaluation,
Tracking
Outcomes**

Grant Making

**Identify Key Policy
Issues and
Emerging Best
Practices**

**MHSOAC:
Approve Innovation Plans**

**BHSOAC:
Implement Innovation
Strategy**

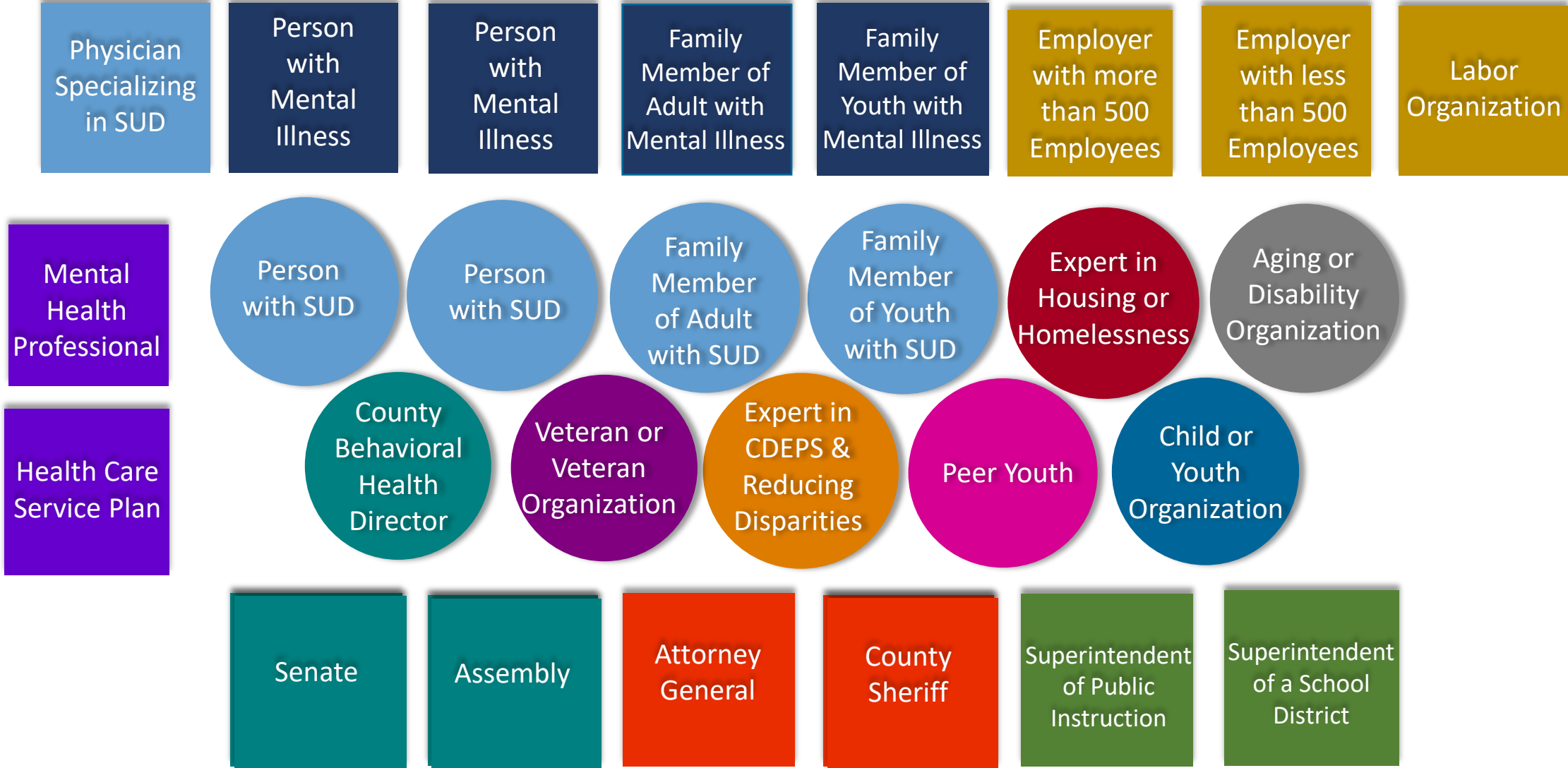
**Promote High
Quality Programs**

**Advise the
Governor and the
Legislature**

**Collaborate with
Other State
Entities**

**Provide Technical
Assistance and
Training**

11 New Governor Appointed Commissioners



■ *New: Assembly and Senate Commissioners may appoint designees*

Three New Reports

Drafted and published by the Commission.

Recommendations for the state based on technical assistance and community engagement

- No specific due date
- In collaboration with DHCS
- Focused on priority populations and diverse communities

Recommendations for improving and standardizing promising practices for BHSA programs

- Due January 1, 2030 and every three years thereafter
- In collaboration with DHCS, the Planning Council, and CBHDA

Key accomplishments of the Innovation Partnership Fund

- Due January 1, 2030 and every three years thereafter

New Consulting Roles

...with Department of Health Care Services

Set early
intervention
priorities

Establish
biennial list of
evidence-based
practices and
CDEPS

Establish FSP
standards of
care & criteria
for step-down

Metrics to
measure and
evaluate
programs and
services

...with Department of Public Health

Best practices
to overcome
stigma and
discrimination

Population-
Based
Prevention
Programs

Other New Roles

Member of the Behavioral Health Services Act Revenue and Stability Workgroup

Provides technical assistance on implementation planning, training, and capacity building investments including on innovative promising practices

Advises the Governor and the Legislature on SUD

Refers county performance issues to DHCS for the new County Behavioral Health Outcomes, Accountability, and Transparency Report

Receives county Integrated Plans and Annual Updates



Questions?

COPING WITH MASS VIOLENCE



E-Psych Services PC

October 26, 2023

Mental Health Services
Oversight & Accountability Commission



RICHARD
ESPINOZA Psy.D.

Understanding Violence

- **Mass violence** encompasses shootings, vehicular violence, explosives, and acts of **terrorism** (SAHMSA, 2022).
- Some instances of violence can be seen as domestic terrorism, causing **community-wide** fear and trauma.
- Understanding violence helps grasp its collective impact, such as group-level **Posttraumatic Stress**.
- The most common form of violence in the U.S. is **firearm violence** & mass shootings.
- In 2022, there were 647 shootings, leading to 44,284 deaths and 38,547 injuries.
- As of **October 6, 2023**, there have been **533 shootings**, resulting in **555 deaths** and **2210 injuries** ([Gun Violence Archive, 2023](#)).



Risks for Professionals

- Public service professionals regularly encounter human suffering & **trauma**.
- **Vicarious trauma & compassion fatigue** pose significant risks.
- **Managing Your New Violence Diet:**
 - Rely on trustworthy and reputable news sources (Buchanan et al., 2021).
 - Consider if you'd use a source in scholarly work.
 - Reflect on the purpose of consuming violent content: **education** or **entertainment**?
 - Avoid doom scrolling by balancing information and well-being.
- **Safety Concerns** for Professionals:
 - Professionals may fear workplace violence.
 - Balancing compassion, ethics, boundaries, and safety is crucial.
 - Obligations for privacy and community safety must be considered.



Coping with Firearm Violence

- Recognize **Warning Signs**:
 - Feeling down, hopeless, or irritable
 - Negative self-talk and emotional numbness
 - Posttraumatic stress symptoms
- **Global Coping Approach**:
 - Adjust thoughts, feelings, and actions
- Take **Threats Seriously**:
 - Address mass shooter jokes
 - Identify potential aggressors

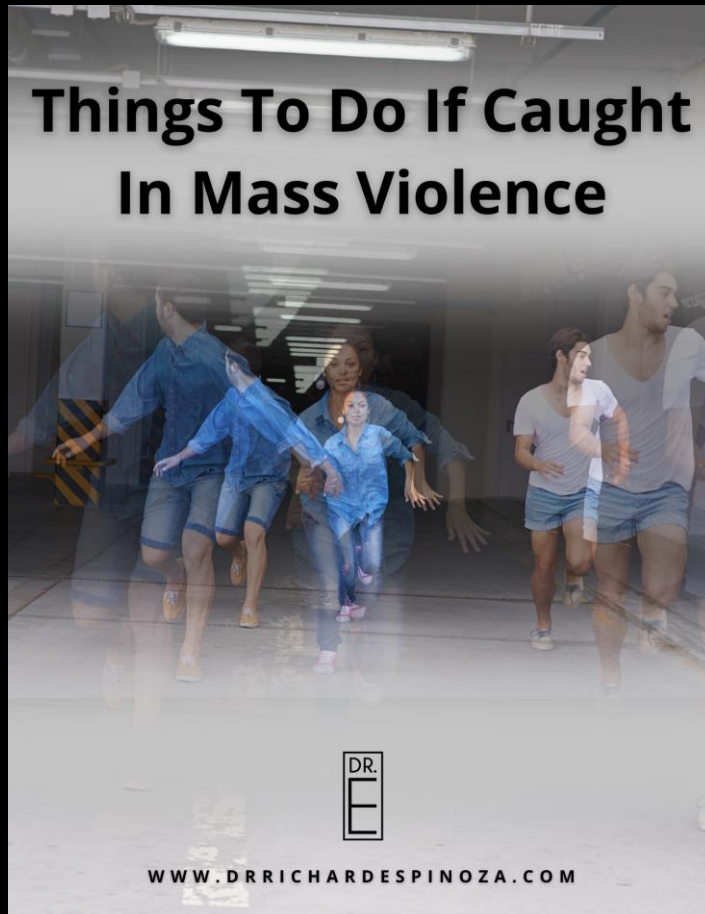


Self-Care

- **Self-Regulation Techniques:**
 - Use calming images or videos
 - Avoid venting on social media
- **Foster In-Person Support:**
 - Create a "regulation buddy" or group
 - Share experiences and process together
- **Preparedness vs. Paranoia:**
 - Distinguish between the two
 - Develop personal plans for violence in public spaces



Building Preparedness & Resilience



This info sheet follows this *Coping with Mass Violence* talk and will help you **develop a plan** as well as a **violence budget** to combat feelings of fear and worry in response to mass violence.

Download using code:
8NY79IX



Breath Pause

Let's try 1-minute of guided mindfulness

If your body allows:

- Place your feet on the ground
- Rest your hands on your lap
- Feel free to close your eyes or focus on something still
- Remember that **air** is the most *abundant & affordable* mind-altering substance



Resources for Coping with Violence

- [American Psychological Association's \(APA\) Mass Shootings/Violence Tips and Tools](#)
- [APA's Resources for Coping with Mass Shootings](#)
- [Understanding Gun Violence](#)
- [FBI's Active Shooter Resources](#)
- [Gays Against Guns](#)
- [How to Talk to Kids About School Shootings](#)



Resources for Coping with Violence

Continued

- [*L.A. DMH's Mental Health Resources for Those Impacted by Recent Mass Shooting Events*](#)
- [*The Rebels Project*](#)
- [*Sandy Hook Promise*](#)
- [*Substance Abuse & Mental Health Services Administration's \(SAMHSA\) Recognizing and Treating Child Traumatic Stress*](#)
- [*Run. Hide. Fight.*](#)



Resources for Coping with Violence

Continued...

- [SAMHSA's Incidents of Mass Violence](#)
- [Senator Anthony J. Portantino's Gun Violence, Safety & Trauma: A Town Hall Discussion](#)
- [Ten Gun Violence Facts About Black, Indigenous and People of Color](#)
- [Talking to Children About Violence: Tips for Parents and Teachers](#)
- [The National Child Traumatic Stress Network's School Shooting Resources](#)



Resources for Coping with Violence

Concluded

- [U.S. Secret Service *National Threat Assessment Center's Mass Attacks in Public Spaces: 2016–2020*](#)
- [Victim Connect Resource Center on Mass Violence](#)





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PROVIDERS COPING WITH MASS VIOLENCE



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Impacts of Firearm Violence

Nicole Kravitz-Wirtz, PhD, MPH

University of California, Davis

Mental Health Services Oversight & Accountability Commission

October 26, 2023



Violence Prevention
Research Program



California Firearm Violence
Research Center

Outline & Objectives

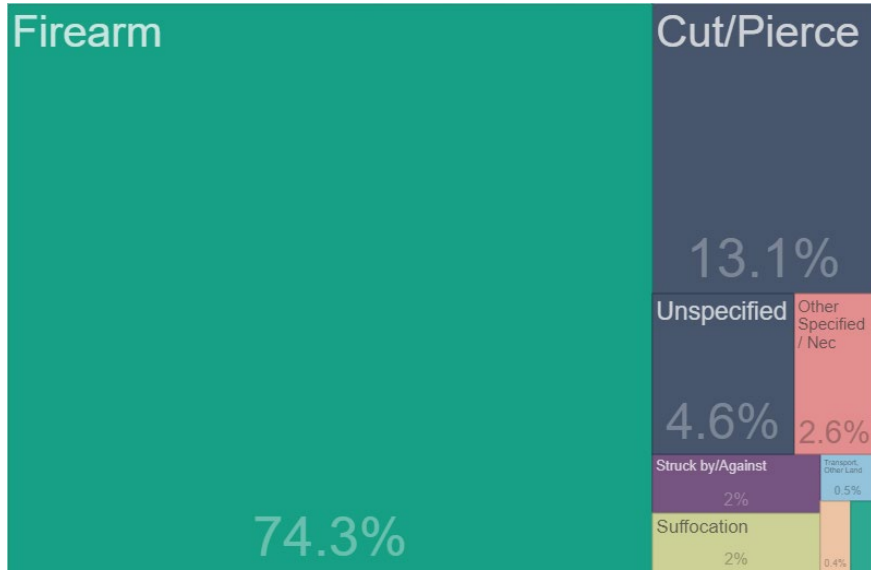
1. Overview of firearm violence in California

2. Social determinants of firearm violence and mental health

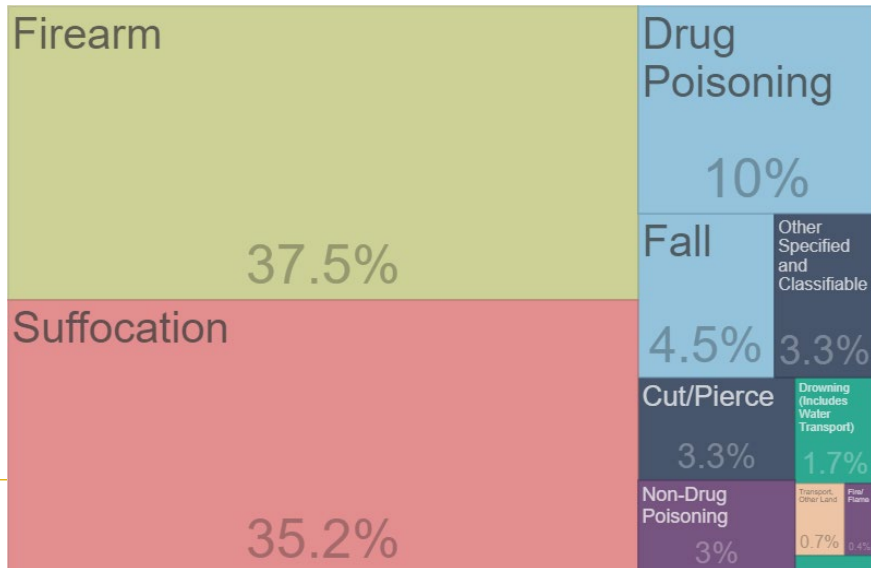
3. Public health and structural approaches to firearm violence prevention

% Violent Deaths by Mechanism in CA, 2020

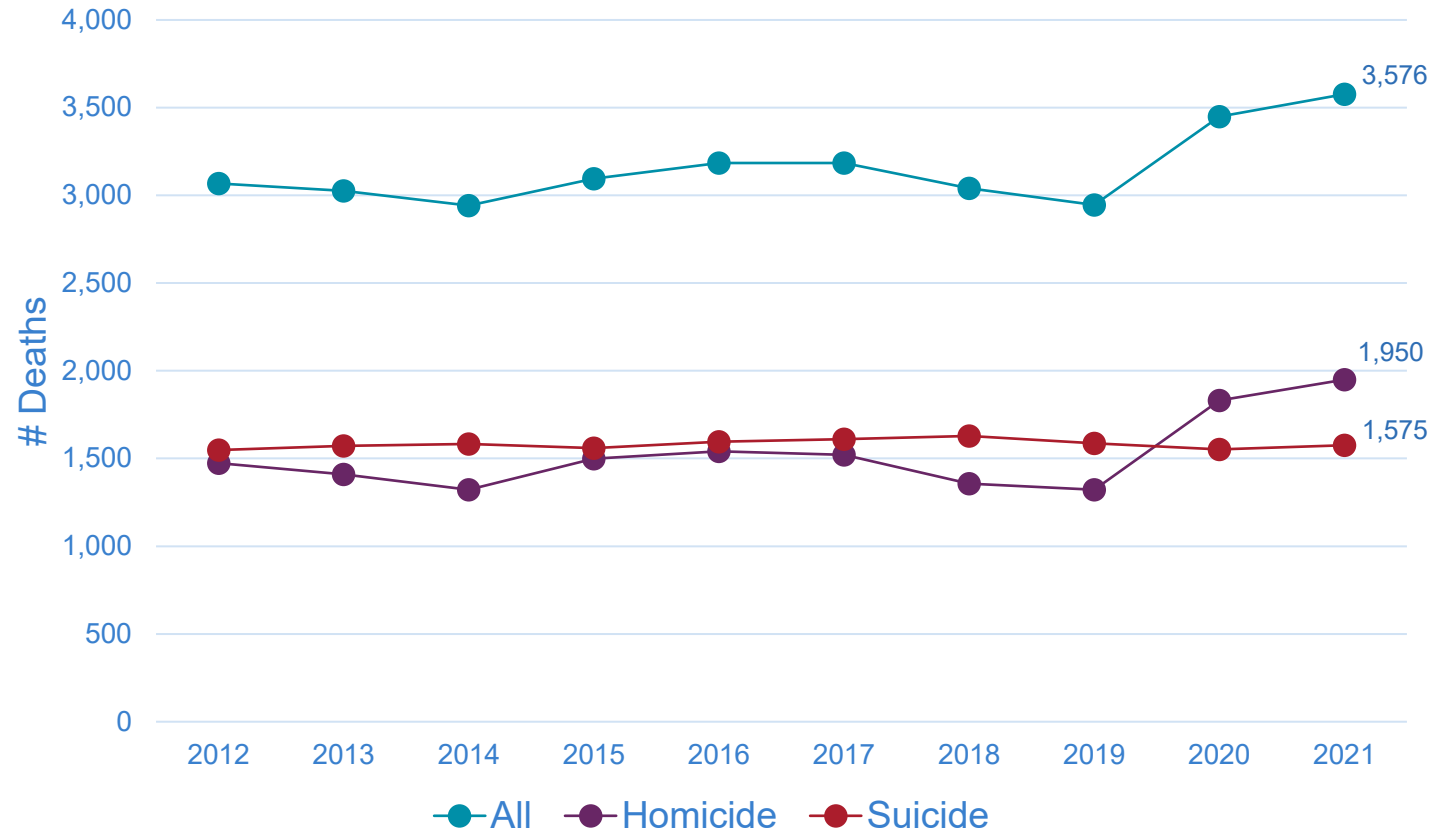
Homicide



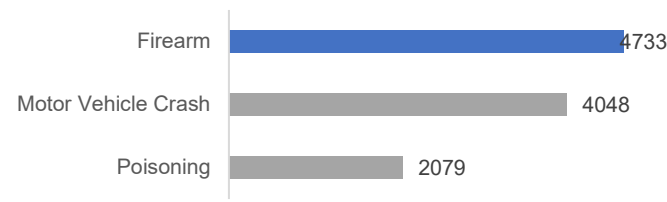
Suicide



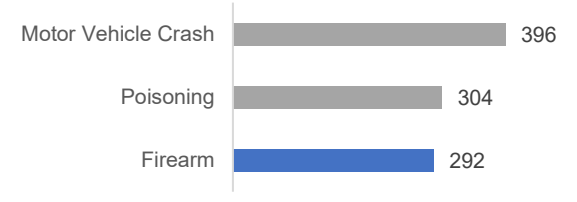
Firearm Deaths Over Time in CA



Deaths among children/teens (1-19) by cause, US 2021



Deaths among children/teens (1-19) by cause, California 2021



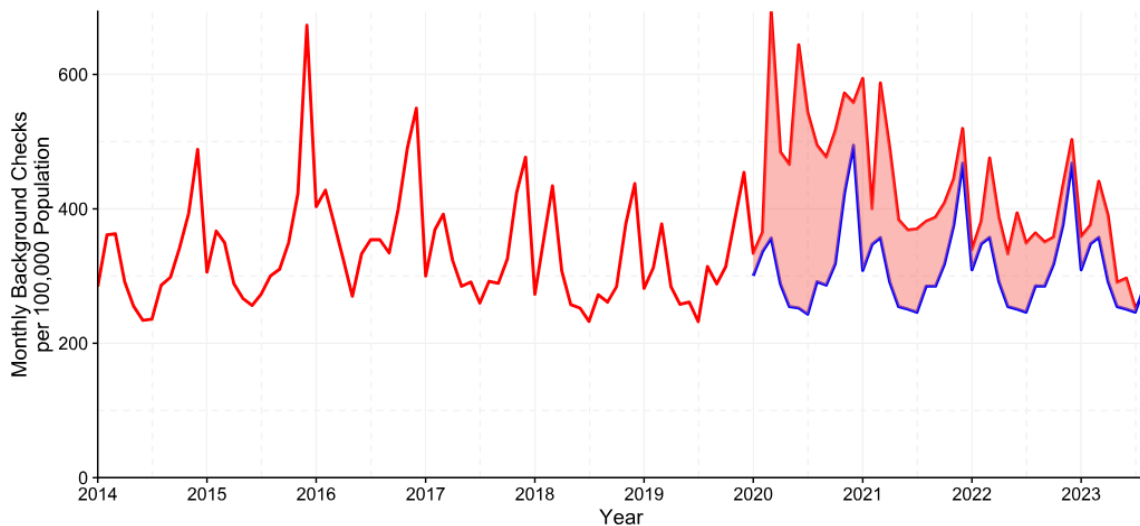
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2023) {cited 2023 Oct 5}. Available from: www.cdc.gov/injury/wisqars

Firearm Violence since 2019: Why the Increase?

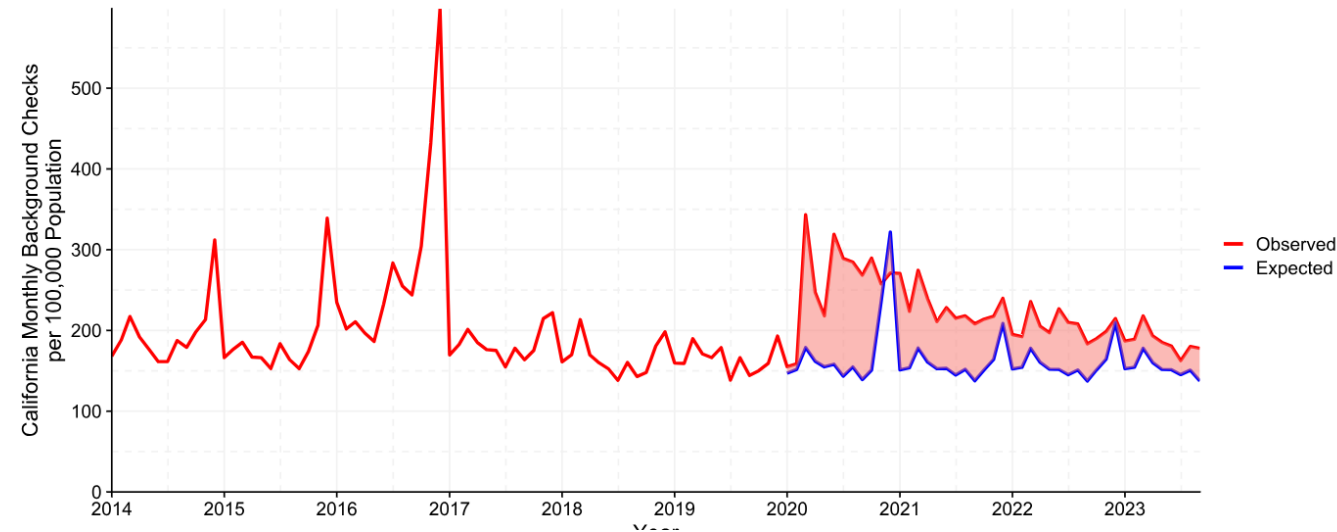
Potential factors:

- Unprecedented rise in firearm sales

Annual Firearms Sales Estimate, United States



Annual Firearms Sales Estimate, California



Handgun ownership is associated with elevated and enduring risk of suicide by firearm

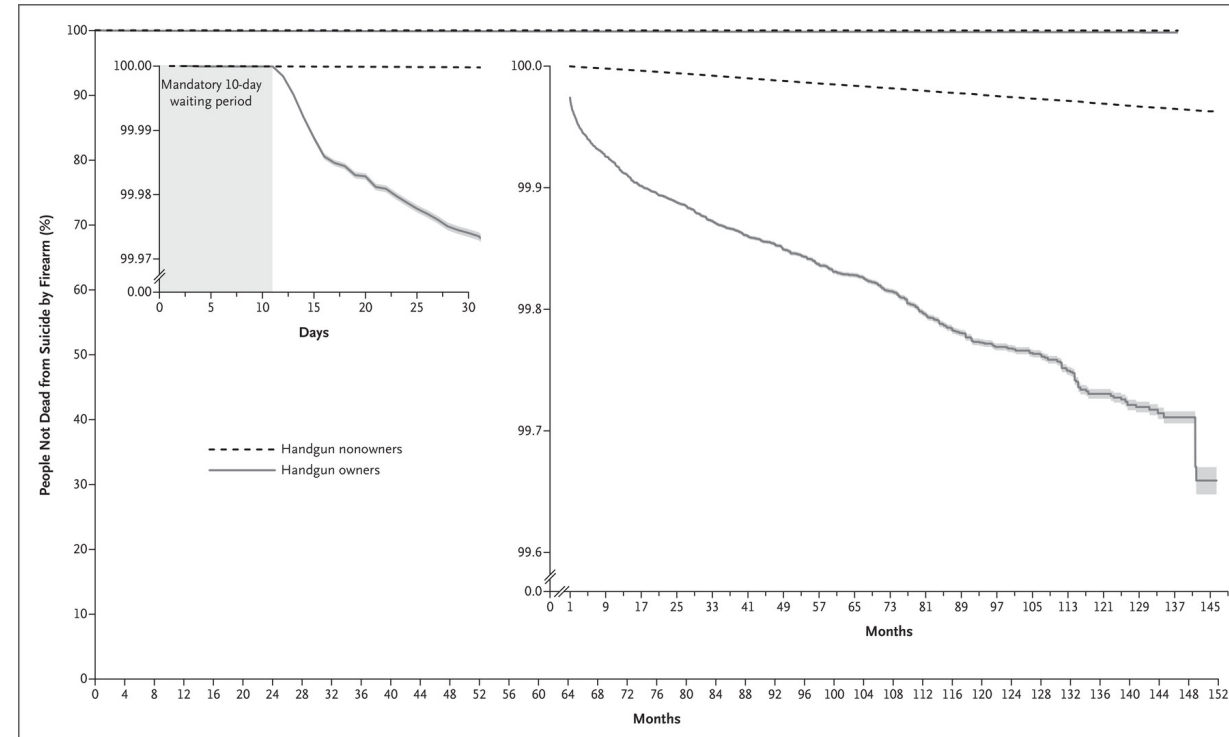
Table 2. Counts, Crude Rates, and Adjusted Hazard Ratios for All-Cause Mortality and Suicide among Cohort Members, According to Handgun Ownership Status.

Cause of Death	Owners		Nonowners		Adjusted Hazard Ratio (95% CI) [‡]
	Deaths*	Crude Rate [†]	Deaths*	Crude Rate [†]	
All causes	10,863	382.94	1,447,118	820.91	0.80 (0.79–0.82)
Male	9,343	409.60	697,731	910.11	0.81 (0.79–0.83)
Female	1,500	271.78	739,924	747.99	0.72 (0.68–0.76)
Suicide	1,354	47.73	16,540	9.38	3.67 (3.46–3.89)
Male	1,132	49.63	11,376	14.84	3.34 (3.13–3.56)
Female	219	39.68	5,107	5.16	7.16 (6.22–8.24)
Suicide by firearm	1,200	42.30	5,491	3.11	9.08 (8.48–9.73)
Male	1,003	43.97	4,575	5.97	7.82 (7.26–8.43)
Female	194	35.15	900	0.91	35.15 (29.56–41.79)
Suicide by other methods	154	5.43	11,049	6.27	0.68 (0.58–0.80)
Male	129	5.66	6,801	8.87	0.64 (0.55–0.76)
Female	25	4.53	4,207	4.25	1.01 (0.68–1.50)

* Death counts for handgun owners refer to deaths among cohort members during a period in which they owned one or more handguns. Death counts for nonowners refer to deaths among cohort members during a period in which they did not own a handgun. Sex-specific totals for all-cause mortality, suicide, and firearm suicide do not sum to the overall total because the overall total includes cohort members with missing values for sex.

[†] Rate denominators for handgun owners consist of the exposure time they contributed while owners. Rate denominators for nonowners consist of the sum of nonexposure time contributed by handgun owners in their nonownership periods and the nonexposure time contributed by nonowners throughout their observation period.

[‡] Adjusted hazard ratios were estimated with the use of Cox proportional-hazards models in which baseline hazards were stratified according to census tract. The models were controlled for age at cohort entry, sex (overall models only), race and ethnic group, and ownership of rifles or shotguns. Complete estimates from the 12 models are shown in Tables S16–S19.



Rate of firearm suicide is **8X** as high as among male owners and **35X** as high among female owners

Risk peaks immediately after first acquisition, but **52%** of all suicides by firearm occur >1 year later

Living with a handgun owner elevates risk for dying by homicide, especially among women

Homicide Rates among Cohabitants of Handgun Owners

All homicides		Adjusted Hazard Ratio (95% CI)
All methods		2.33 (1.78–3.05)
By firearm		2.83 (2.05–3.91)
By other methods		1.52 (0.93–2.48)

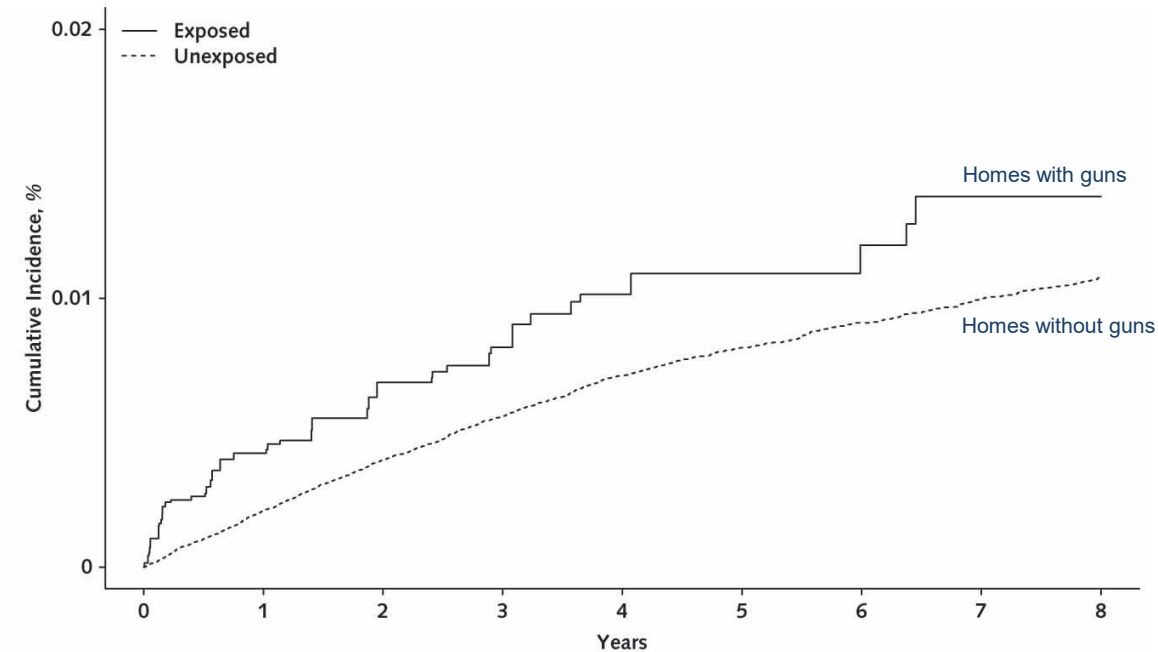
Homicides at home		Homicides away from home	
All methods		1.68 (1.08–2.59)	
By firearm		1.70 (1.03–2.81)	
By other methods		1.63 (0.67–3.96)	

Homicides at home perpetrated by spouses and intimate partners		Homicides at home perpetrated by other family members, friends, and acquaintances		Homicides at home perpetrated by strangers	
All methods		2.45 (1.44–4.15)		1.47 (0.34–6.41)	
By firearm		2.88 (1.40–5.93)		3.57 (0.79–16.07)	
By other methods		2.04 (0.96–4.33)		–*	

Homicides at home perpetrated by spouses and intimate partners	
All methods	4.25 (2.63–6.86)
By firearm	7.16 (4.04–12.69)
By other methods	1.33 (0.48–3.71)

Cohabitants of owners had >2X the homicide rate, especially by firearm at home by spouses/partners

Firearm Homicide Rates Over Time



Participants under observation, n		595 448	438 467	321 035	232 892	173 209	119 396	88 935	61 858	42 222
Exposed										
Unexposed		17 569 096	16 038 264	13 715 450	11 520 631	10 372 146	8 814 454	8 109 225	7 014 065	6 405 442

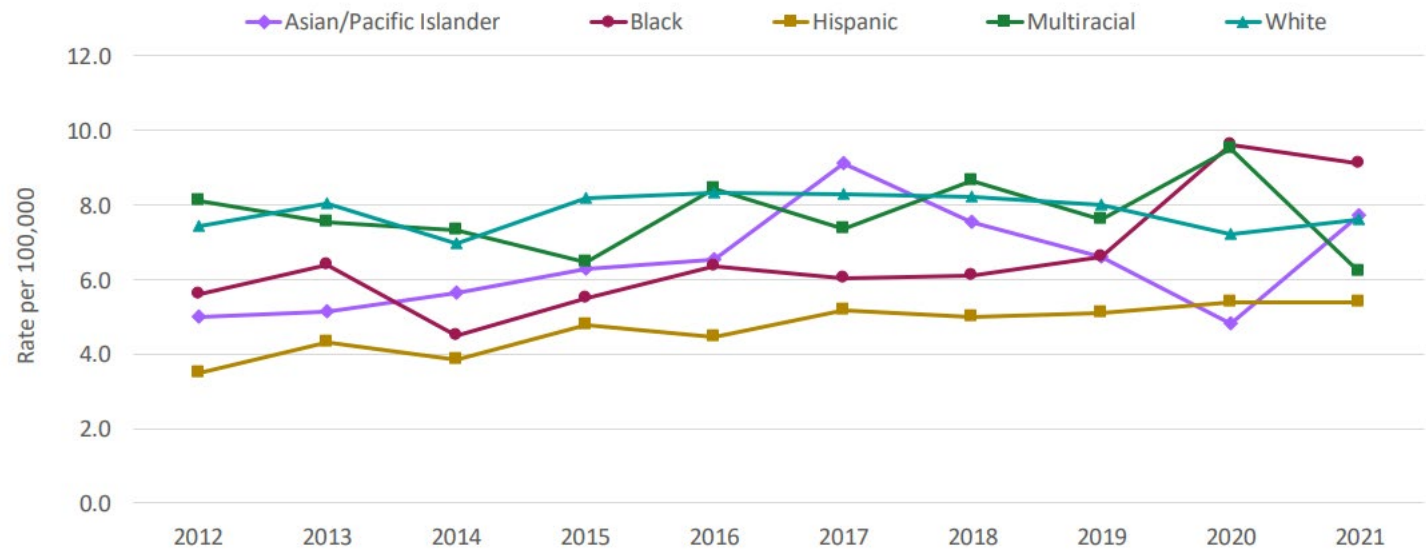
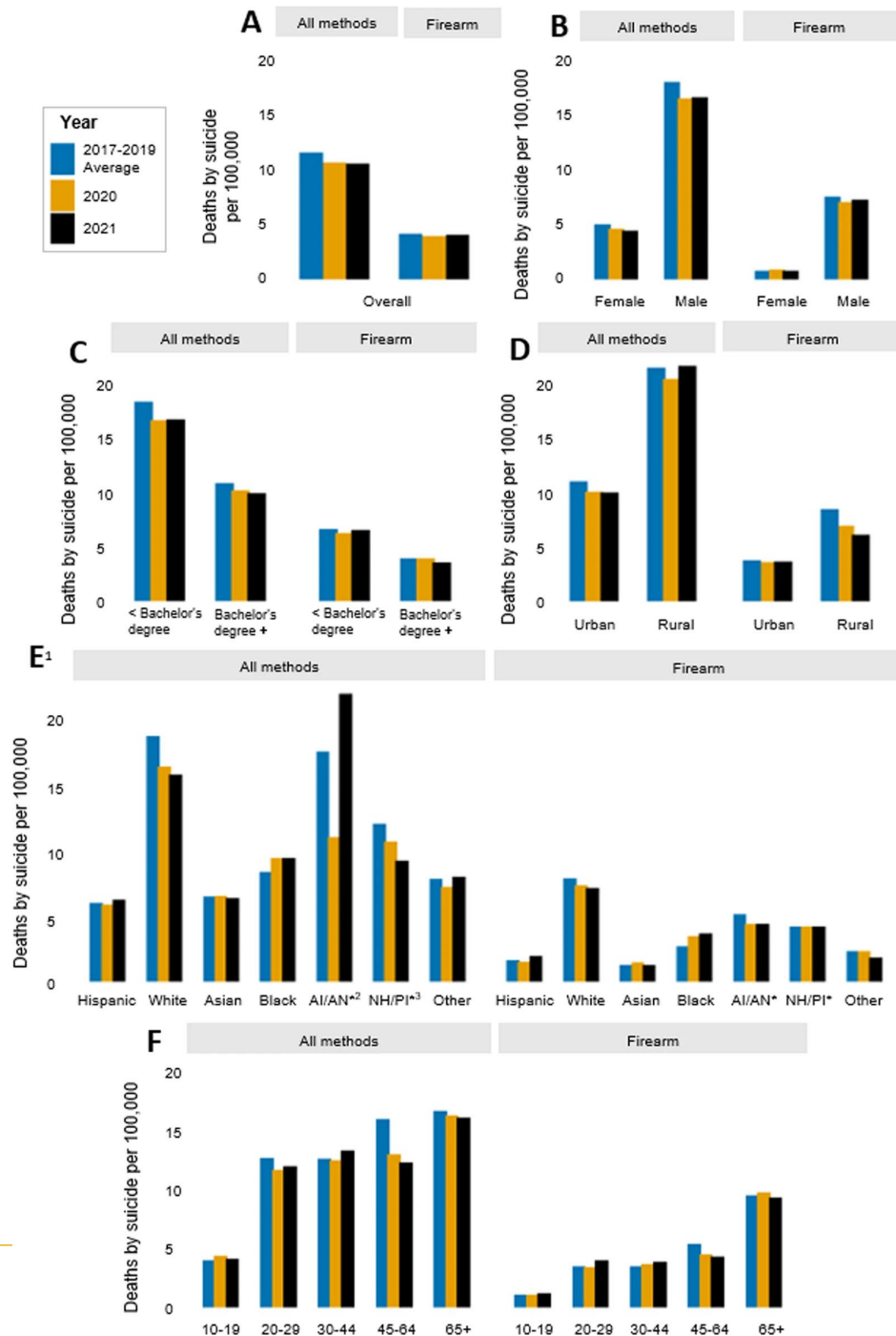
For every 100,000 non-owners whose cohabitant acquired a handgun, 4 more died by firearm homicide in the next 5 years than died among non-owners whose home remained gun-free

Firearm Violence since 2019: Why the Increase?

Potential factors:

- Unprecedented rise in firearm sales
- Disproportionate impacts of COVID-19
- Police violence
- Strains on community-based violence interventions that engage, help resolve conflicts, and provide supports to individuals at high risk of violence
- Resource strains on already vulnerable populations

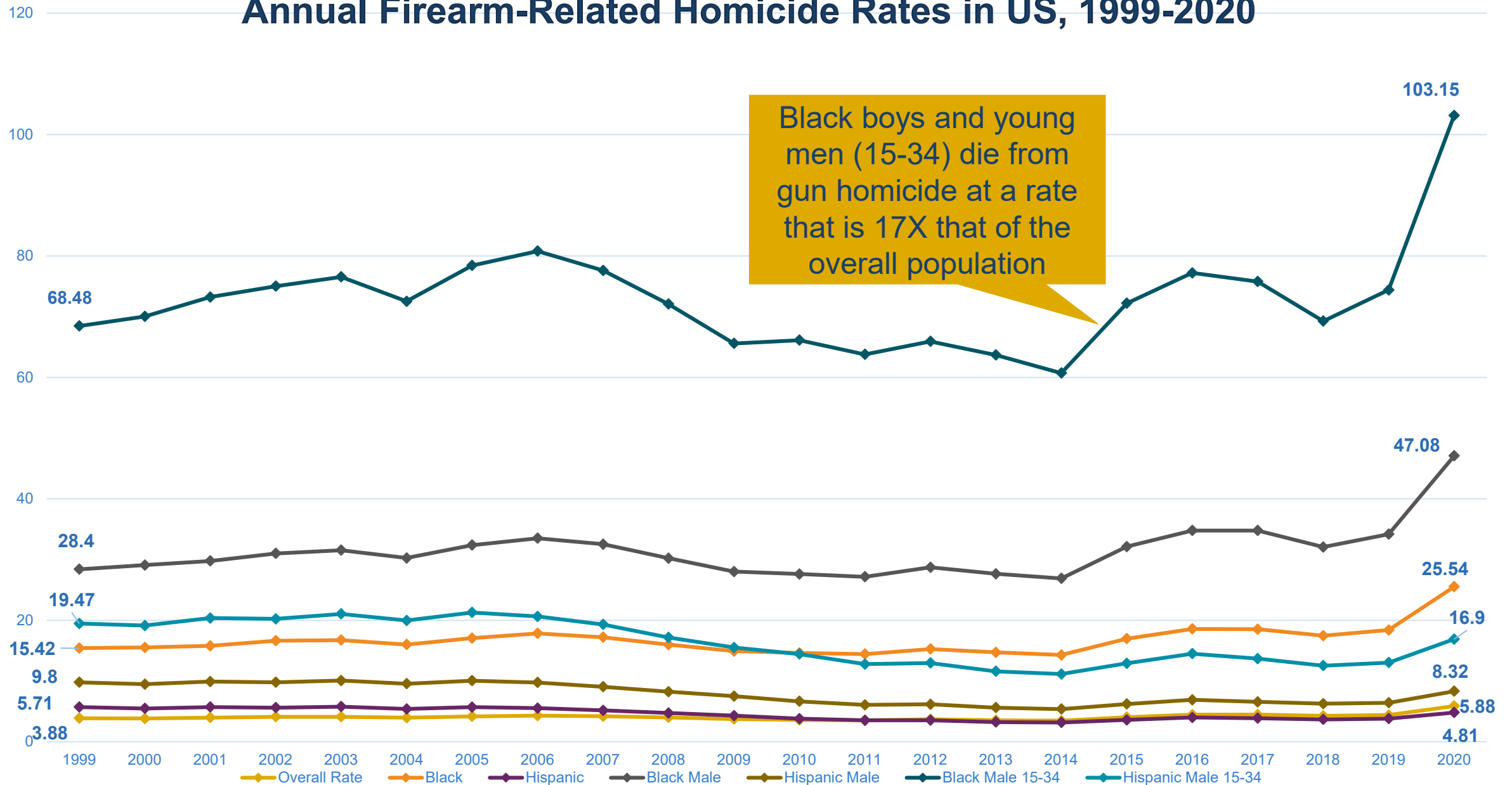
Suicide Rates among Youth (10-24) by Race/Ethnicity, California, 2012-2021



- Suicide deaths due to firearms increased from 2020 to 2021, especially among younger individuals (<25) and for individuals who are Black, American Indian/Alaska Native, and Latinx.
- Black Californians had the highest and most stable increase in firearm suicides following the onset of the pandemic, with 17 more deaths in 2020 and 21 more deaths in 2021 (vs 2017-2019).
- 40% of suicide deaths among Black Californians involve firearms.
- For youth (10-24), Black youth continue to have the highest rates of suicide as of 2021.

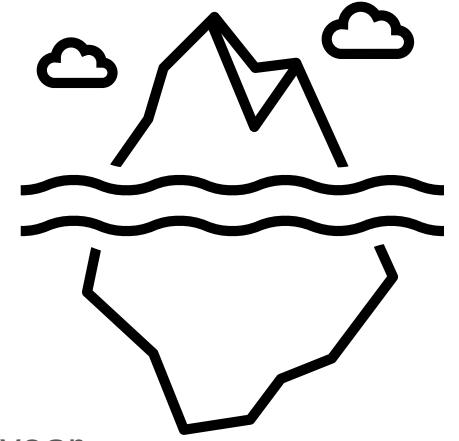
Source: Lund JJ, Tomsich E, Schleimer JP, Pear VA. Changes in suicide in California from 2017 to 2021: a population-based study. *Injury Epidemiology*. 2023;10(1):19. doi:10.1186/s40621-023-00429-6; 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); 2012-2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release.

Annual Firearm-Related Homicide Rates in US, 1999-2020



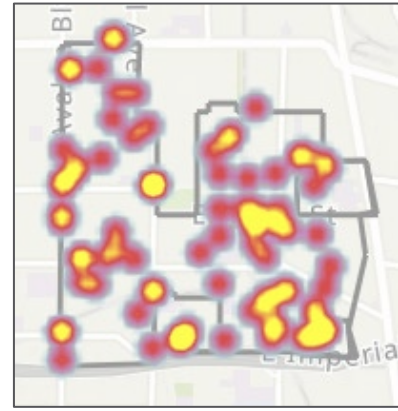
Source: CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System). Fatal Injury Reports, 1999-2020, for National, Regional, and State.

Death is just the tip of the iceberg



- **Nonfatal firearm injuries**
 - Firearm assaults outnumber deaths by at least **2:1**
- **Indirect exposure to firearm violence**
 - **13%** of teens have ever seen or heard a shooting
 - In the most affected communities, **56%** of teens have heard gunshots in the past year
- **Secondary experiences of firearm violence**
 - **40%** of CA adults encounter 1+ sidewalk memorials/week
 - **1 in 5** know 1+ people who have been shot on purpose
- **Anticipatory concerns about firearm violence**
 - **45%** of CA adults worry about getting hit by a stray bullet
 - **1 in 5** know someone, often a friend or family member, at perceived risk of harming either themselves or others
- **Proximal or community experiences of firearm violence**
 - **1 in 4** teens experienced a past-year firearm homicide in their neighborhood; **5X** more likely among Black and Latinx teens
 - Past-year firearm homicide exposure associated with greater **depression** symptoms among Black boys in high-poverty and disinvested neighborhoods

Firearm Violence is Spatially Concentrated...



- Within a select set of high-poverty and disinvested neighborhoods
 - In most cities, about **4%** of city blocks account for ~ **50%** of violence
- And within these neighborhoods, in a select set of “**hot spots**” or “micro-places” – particular street corners, bars, liquor stores, dark parks, etc.
- Even in areas with high rates of gun violence, most incidents of harm are caused by a small fraction of a city’s population
 - Oakland: **60%** of homicides occur within social network of about **0.3%** of city’s population
 - New Orleans: **50+%** of homicides occur within network of **<1%** of population
 - Chicago: **70%** of nonfatal and **46%** of fatal shootings occur within a network containing **6%** of population

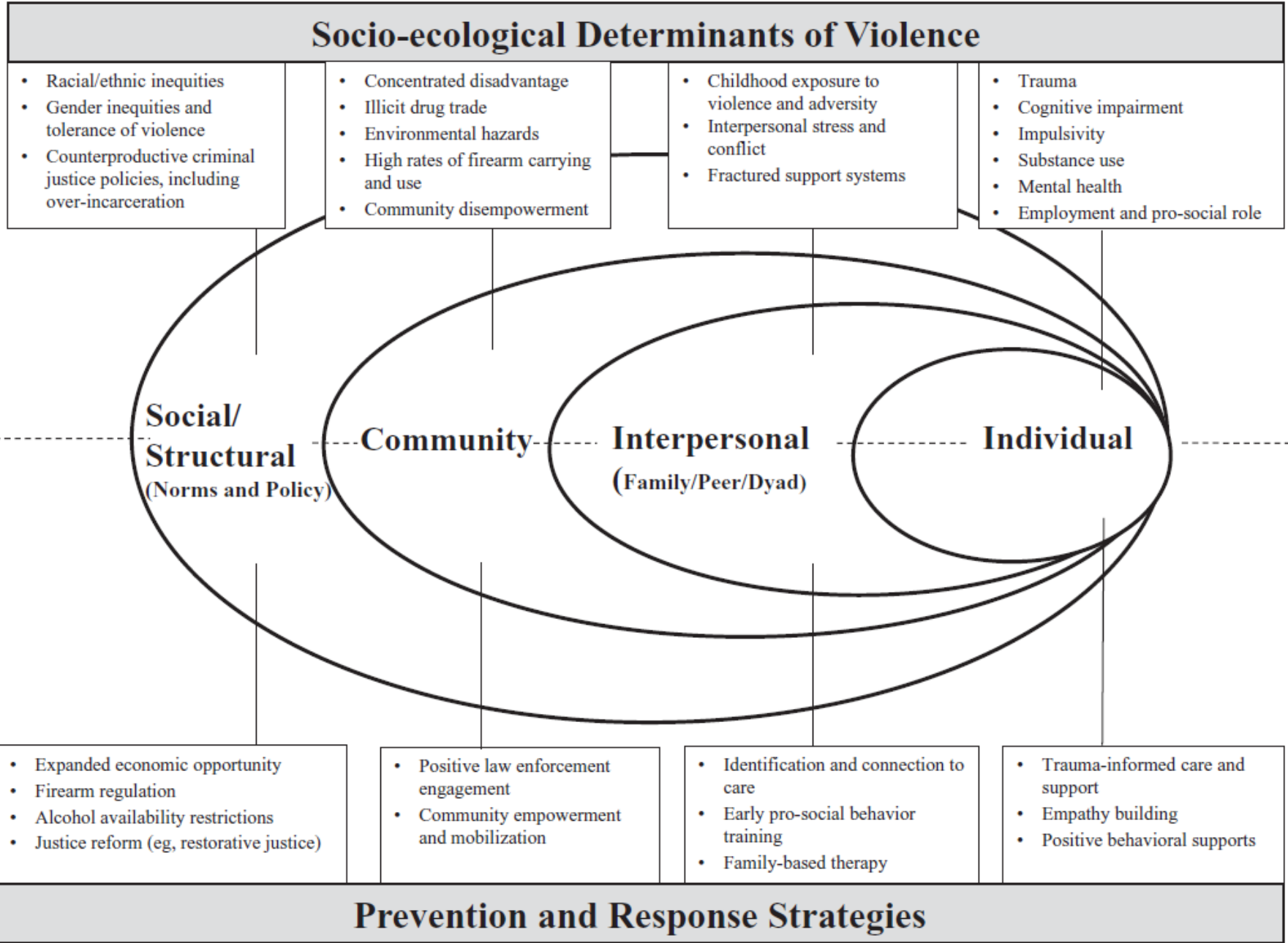
Places Most Affected by Firearm Violence also Plagued by Structural Disadvantage

- Higher rates of **poverty** and income inequality
 - Higher rates of residential and economic **segregation**
 - Lower rates of **educational attainment**/K-12 completion
 - Higher rates of **unemployment**
 - Higher rates of criminal legal contact/**incarceration**
 - Higher rates of **substance use disorder**/drug dependence
 - Higher rates of **chronic disease**
 - Higher rates of **premature death**
-
- Many indicators of structural disadvantage worsened amid COVID-19

Policies and public and private investment decisions rooted in structural racism and oppressive systems lead to local conditions that create and concentrate firearm violence and its consequences.

Residential Segregation, Income Inequality, and Firearm Violence

- **Redlined communities** -> significantly higher rates of firearm injury compared to non-redlined areas (Benns et al. 2020; Poulson et al. 2021)
- **Greater racial and economic segregation** -> geographic concentration of households experiencing deprivation -> concentration of firearm violence (Krivo et al. 2015; Browning et al. 2010) and disparities in firearm homicide between Black & white populations (Wong et al. 2020)
- Living in communities with **concentrated socioeconomic disadvantage** increases probability of involvement in & exposure to community violence (Beardslee et al 2019; Schleimer Buggs et al. 2022)
- Neighborhood disinvestment, including excess **vacant lots and dilapidated buildings**, is predictive of firearm violence (Branas et al 2018)
- Wage differentials and neighborhood-level **income inequality** associated with violent crime (Kennedy et al 1998; Rowhani-Rahbar et al 2019)
- Counties with higher levels of **income disparity** -> higher rates of firearm violence (Johnson et al. 2021)



Systemic, Community-Centered Investments are Key for Preventing and Responding to Firearm Violence and Trauma

- **Enhancing economic opportunity and housing security**
 - Emergency **financial assistance** -> reduced total arrests, including 51% reduction in arrests for violent crimes (Palmer et al 2019)
 - Short term financial assistance, especially if combined with access to therapy -> reduced violence and crime (Blattman et al 2017)
 - **Cash transfers** -> reduced domestic violence (Roy et al 2019)
 - Increased access to rental housing using **Low-Income Housing Tax Credits** -> reduced violent crime (Freedman & Owens 2011)
 - Permanent housing subsidies -> reduced rates of intimate partner violence (Allen 2017)
- **Empowering youth development and education**
 - Youth **workforce development and employment programs** -> reduce violence crime involvement by as much as 45% (Heller 2014)
 - Youth **social and emotional wellbeing programming** -> reduce total arrests by 35%, violent crime arrests by 50%, and youth recidivism by 21% (Heller et al 2017)
 - Increased spending on **low-income schools** -> decreased adult crime rates (Baron et al 2022)

Systemic, Community-Centered Investments are Key for Preventing and Responding to Firearm Violence and Trauma (cont.)

- **Investing in the built environment and public health**
 - **Transforming and cleaning vacant lots** in high-poverty neighborhoods -> 29% reduction in violent crime (Branas et al 2018)
 - **Remediating abandoned homes** -> 39% reduction in firearm assaults (Branas et al 2016)
 - **Urban greening programs** -> reduced violent crime, especially youth gun violence (Kondo et al 2017)
- **Nurturing community and social cohesion**
 - **Community violence intervention (CVI)**, which relies on community outreach and wraparound services by credible messengers to individuals in neighborhoods experiencing high levels of violence -> substantial declines in violence (Pearl 2020)
- **Strengthening civic infrastructure**
 - Every 10 additional **organizations focusing on crime and community life** in a city with 100,000 residents leads to a 9% reduction in the murder rate, 6% reduction in the violent crime rate, and a 4% reduction in the property crime rate (Sharkey et al 2017)

Thank you



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<https://health.ucdavis.edu/vprp/>

Office of Neighborhood Safety

Mental Health Services
Oversight & Accountability
Commission Presentation

October 26, 2023



ONS Mission

The primary goal of the ONS is to dramatically reduce and one day eliminate gun violence and associated homicides in the City of Richmond. We do this by creating and providing attention intensive engagement and support structures that are designed to improve the social and emotional health and wellness of those we serve.

Primary Strategies

❖ Street Outreach

❖ Operation Peacemaker Fellowship

Street Outreach 2022

Street Outreach is when a Neighborhood Change Agent (NCA) engages someone with close proximity, influence, relevance & importance to a Fellow, like a family member, but the person is not a Fellow.

Types of outreach

- ❖ General Conflict Mediations
- ❖ After Hours Conflict Mediations
- ❖ Shooting Responses
- ❖ Cyclical & Retaliatory Gun Violence Interruptions (CRGVI)
- ❖ Social Media conflict mediations

Street Outreach Count	Street Outreach Hours	Conflict Response Count	Conflict Response Hours
1,359	1,505	63	154.5

Operation Peacemaker (OP) Fellowship

- ❖ The Peacemaker Fellowship is a non-mandated intensive mentoring intervention designed for youth identified as being at the center of and most impacted by gun violence in the city of Richmond. The Fellowship is a 18-month intensive mentorship program and consists of seven key components designed to provide fellows with tools, skills, and resources to lead healthy, productive lives.
- ❖ Each Fellow is assigned a primary NCA but all ONS NCAs can engage with and offer mentorship to all Fellows. Each Fellow co-creates a Life Management Action Plan, or LifeMAP, with their NCA, which guides the services and referrals they need to turn their life around from being engaged in gun violence.
- ❖ The ONS has limited resources and in order to be the most effective our Fellows must be selected with the upmost precision. NCA's, Public Safety organizations, CBO's and Community Members are key to providing information to help with that selection process.

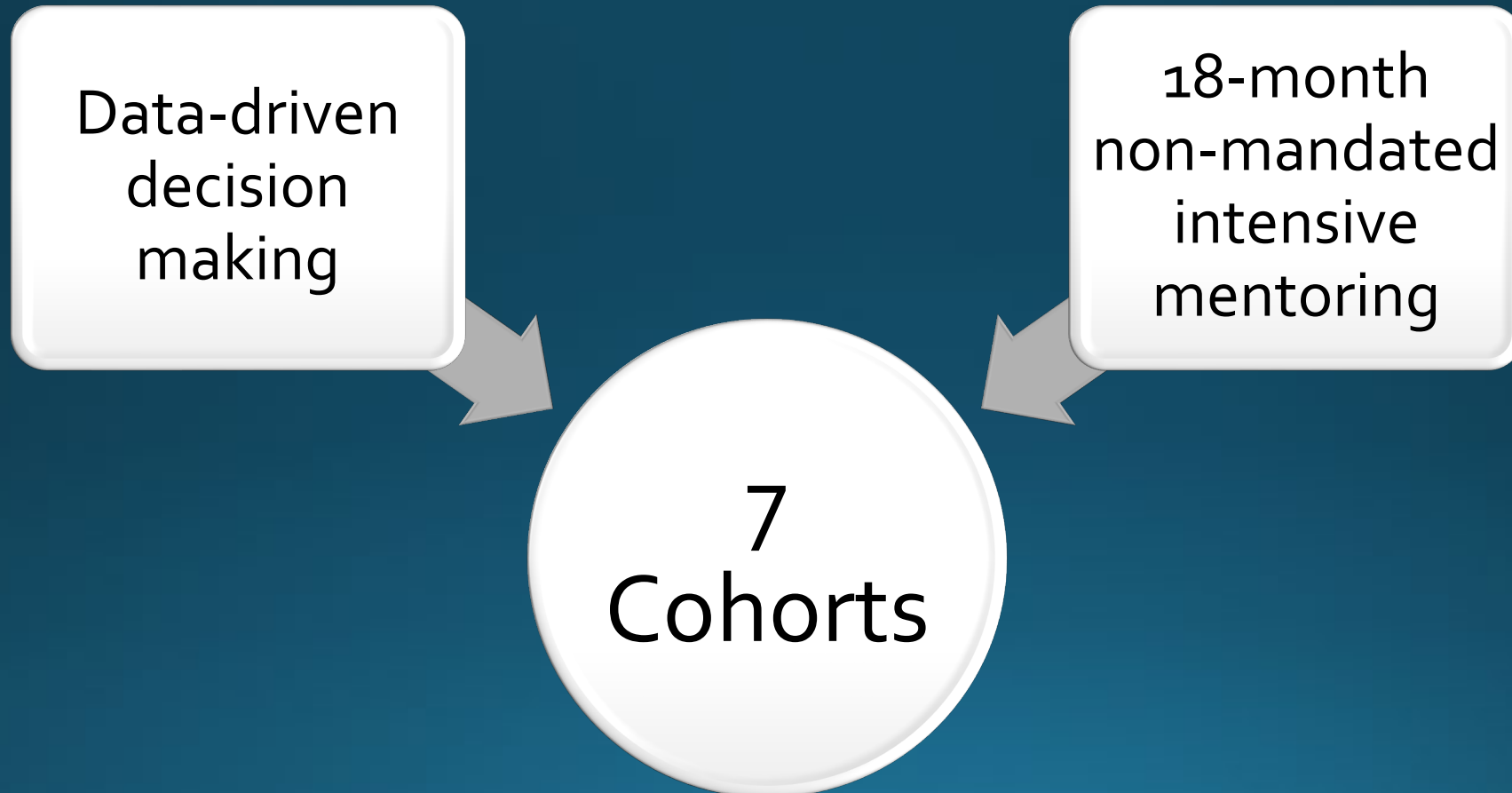
What the OP Fellowship is

- ❖ Multiple daily contacts with staff
- ❖ Weekly Life Skills Classes
- ❖ Life Map (Developing goals)
- ❖ Case Management (Social services navigation support)
- ❖ Transformative travel opportunities
- ❖ Internship opportunities
- ❖ Elders Circle (Intergenerational mentoring)
- ❖ Life Map milestone allowance

What the OP Fellowship is NOT

- ❖ Embracing, encouraging or promoting criminal behavior
- ❖ A get out jail free card
- ❖ Paying criminals to behave

Why the Fellowship?



2022 Fellow Cohort Overview

In 2022, there were 28 active Fellows in the ONS Peacemaker Fellowship. Of those, one was killed, none had a gun-shot related injury, and 23 were not arrested on a firearm related charge.

- ❖ 28 Active Fellows
- ❖ 24 Average age
- ❖ 1 Fellow killed
- ❖ 27 Alive
- ❖ 27 Fellows with no new gun injuries
- ❖ 18 Fellows not arrested
- ❖ 5 Fellows arrested on firearm charge

2022 Fellowship Engagement Statistics

Fellow Engagements are 1-on-1 interactions between an NCA and a Fellow enrolled in the Peacemaker Fellowship.

ONS delivered a total of **3,745 Engagements to their Fellows in 2022.**

Fellow Referrals are when an NCAs refers their Fellows to a social service provider, such as substance abuse or anger management. The NCA most frequently will bring and accompany a Fellow to the social service.

The number of fellow referrals in 2022 were **119** for a total of 220.5 hours.

Fellow Engagements	Fellow Engagement Hours	Fellow Referrals	Fellow Referral Hours	Fellow Services Received	Fellow Touch Points
3,745	3,516	119	220.5	1,247	5,111



THE IMPACT OF FIREARM VIOLENCE

Janiesha Grisham, Violence Prevention Educator Youth Alive!





GETTING TO KNOW YOUR PANELIST

- Introduction
 - My Experience With Mental health
 - The Road To Youth Alive!
- 
- 
- 

Youth Alive!

Prevention

- Teens on Target
- Advocacy

Intervention

- Caught in the Crossfire
- Violence Interruptors
- Pathways

Healing

- Khadafy Washington Project
- Counseling



To break the cycle of violence and uplift a thriving community of leaders rooted in Oakland and beyond through prevention, intervention, healing.




**LETS ADDRESS THE
ISSUE**





WHAT DOES THE COMMUNITY NEED FROM US?

- 
- **Support spreading resources**
 - **We need credible messengers**
 - **We must create a REAL safe space for voices to be heard**





Thank You!

Email: Jgrisham@youthalive.org

California Department of Public Health (CDPH)

The Public Health Approach to Gun Violence Prevention

*Impacts of Firearm Violence Subcommittee
Mental Health Services Oversight & Accountability Commission
October 26, 2023*

California Department of Public Health

Mission

To advance the health and well-being of California's diverse people and communities

Vision

Healthy communities with thriving families and individuals

Core Values

Collaboration, competence, equity, integrity, respect, responsibility, trust, and vision

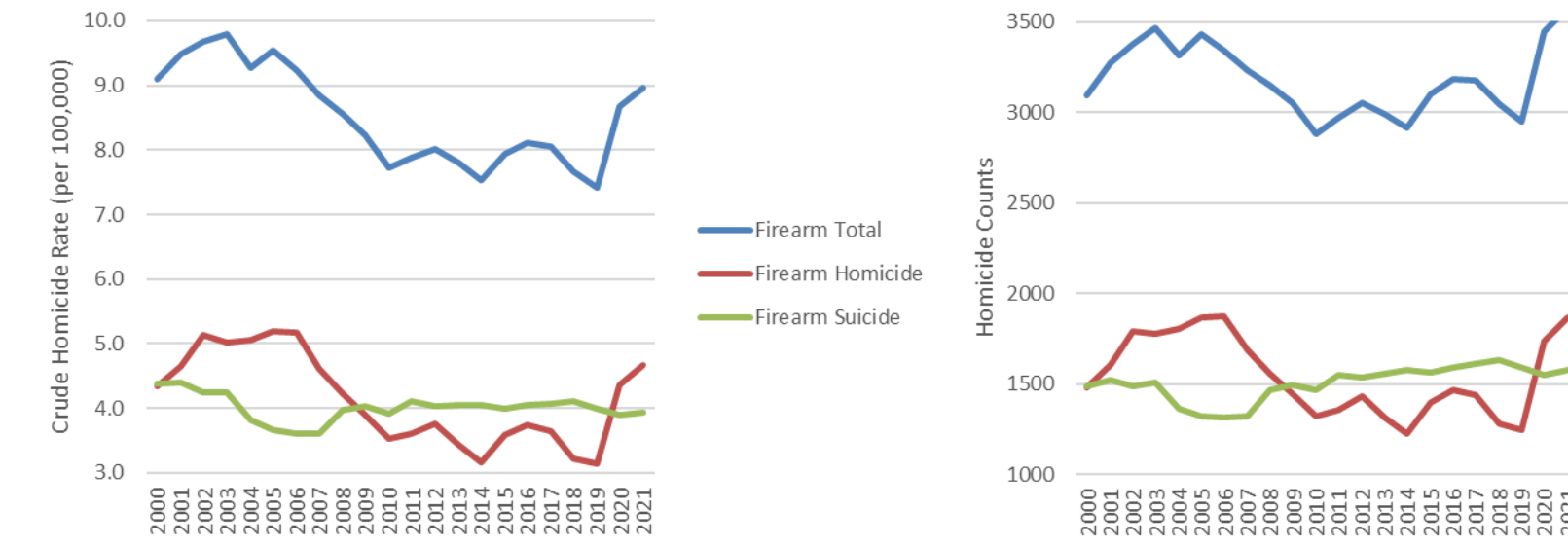
Why is Gun Violence a Public Health Problem?

- Death and injury
- Major impacts to behavioral health
- Barriers to improved health and wellbeing
- Annual costs of \$458 billion

Historic Increases in Firearm Violence

- The overall number of firearm deaths among Californians increased 21% from 2019 to 2021, including a 49% increase in firearm-related homicides
- 7,019 violent deaths occurred to Californians in 2021; 51% of these were due to firearms
- Firearms accounted for 75% of homicides and 38% of suicides in 2021

Trends in Firearm-Related Death, Homicide, and Suicide among Californians, 2000-2021



Prepared by: California Department of Public Health, Injury and Violence Prevention Branch

Source: [EpiCenter: California Injury Data Online](https://epicenter.cdc.gov/data-reports/covid19/covid19-california-injury-data), 2016-2021; CDPH Vital Statistics Death Statistical Master Files (archived EpiCenter), 2000-2015

Equity Issue to Violence

Persistent inequities:

- Largest race/ethnic disparity for any cause of death
- Between 2019-2021, the homicide rate among the Black population was almost 15 times higher than the rate among the group with the lowest rate (Asian individuals)

The COVID pandemic exacerbated trauma and inequitable conditions contributing to violence:

- Including poverty, unemployment, loss, and concentrated disinvestment in basic requisites of life such as food, housing, and schools
- Breakdown of everyday life patterns and social networks that support community connectedness and safety

The Public Health Approach to Gun Violence*

- Primary prevention - “Upstream”
- Community-driven
- Addressing root causes and conditions in which violence occurs
- Data driven
- Policy, environmental, and systems-level changes



*And all forms of violence

Considerations for Gun Violence Prevention Strategies

- The most consistent and powerful predictor of future violence is a history of violent behavior
- Requires an increased investment in children, youth, families, and communities
- Focus resources on communities and individuals with many risk factors and fewer protective factors (e.g. economic security and mobility, protective environments, community connectedness, educational opportunities, income equality, etc.) against violence
- Programs that address gender norms and gender-based violence, including the promotion of healthy relationship skills and mental health, have shown to be effective with young men and boys

Gun Violence Prevention Policy Insights

Association of State and Territorial Health Officers (ASTHO)

Preventing Firearm Misuse, Injury, and Death Policy Statement

- Promote firearm-related injuries and deaths as a **public health issue**.
- Support policies that **promote the safe storage of firearms**
- Enhance **public health surveillance systems**.
- Support federal funding for **research related to preventing firearm injury and death**

Safe States Alliance *Firearm Policy Statement*

- Use credible **research and evaluation** to inform policies and practices in firearm injury prevention
- National, state, and local leaders should adopt **evidenced-informed** policies
- **Remove policy barriers** to effectively prevent firearm injury
- Adopt **policies to improve safety practices**, which will benefit individual firearm owners and communities

Prevention Institute *Recommendations for Preventing Gun Violence*

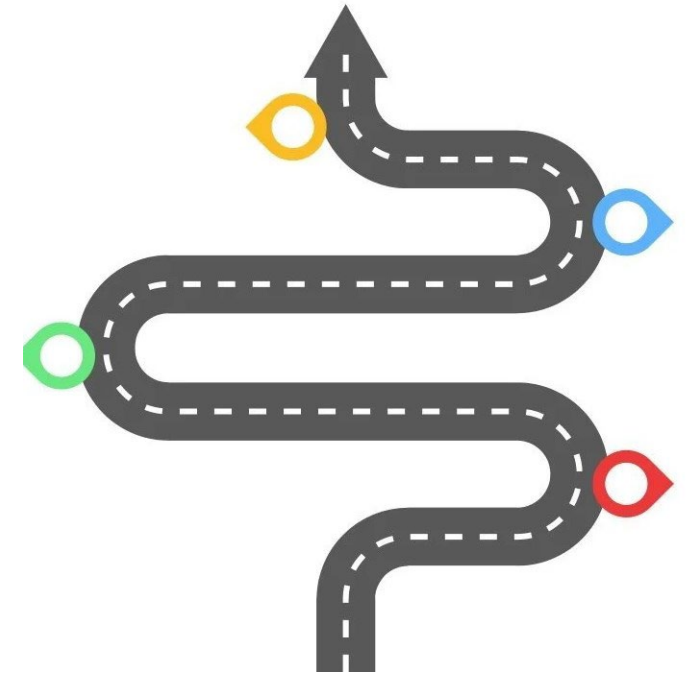
- Reduce the imminent **risk of lethality** through sensible gun laws and culture of safety
- Systematically **reduce risks and increase resilience** in individuals, families and communities
- Building a **prevention infrastructure** with mechanisms to scale, sustainability, and effectiveness
- Continue to learn, innovate, and increase impact through **research and practice**

CDPH: Gun Violence Prevention Efforts

Key Strategy or Policy Recommendations	CDPH Current Work
Public Health Surveillance	<ul style="list-style-type: none"> • California Violence Death Reporting System (CalVDRS) • EpiCenter • California Firearm Data Dashboard (https://skylab4.cdph.ca.gov/firearm-injuries/) • CalVDRS Suicide Dashboard (to be released December 2023) • CalVDRS Homicide Dashboard (to be released July 2024)
Promote Safe Storage	<ul style="list-style-type: none"> • Comprehensive Suicide Prevention Program Safe Storage Activities
Research and Evaluation	<ul style="list-style-type: none"> • California Safety, Health, and Resilience, and Equity Dashboard (CalSHARE)
Policies to Improve Safety Practices	<ul style="list-style-type: none"> • California Reducing Disparities Project
Reducing Risk and Increase Resilience	<ul style="list-style-type: none"> • Youth Suicide Prevention Media and Outreach Campaign • Youth Suicide Reporting and Crisis Response Pilot Program • California Home Visiting Program • Essentials for Childhood Initiative • Multiple youth development programs • All Children Thrive (ACT)
Prevention Infrastructure	<ul style="list-style-type: none"> • Violence Prevention Initiative (VPI)

CDPH VPI: Public Health Policy Roadmap for Violence Prevention Project

- Launched September 1, 2023
- Funded by Centers for Disease Control and Prevention (CDC)
- Educate and inform California state and local decision-makers and public health practitioners on effective and promising **gun violence** policies and strategies that can support improvements in gun and other forms of violence prevention efforts
- Conducting qualitative and quantitative research that will inform a ***Public Health Policy Roadmap for Violence Prevention Report***



Public Health Policy Roadmap for Violence Prevention

Roadmap is intended to provide best practices, evidenced-based, and promising policies and strategies found to be effective in reducing gun violence and other forms of violence. Research components:

- Literature Review
- Policy Landscape Analysis
- State Agency Landscape
- Local Health Department/Jurisdiction Survey
- Key Informant Interviews
- Community Listening Sessions

CDPH

Gun Violence Prevention Successes and Challenges

Successes

- Launch of Public Health Policy Roadmap for Violence Prevention
- New partnerships, collaboration and coordination efforts
 - Office of Gun Violence Prevention (Department of Justice)
 - Hope and Heal Fund

Challenges

- CalVDRS - only 34 counties currently submitting data
- Need to improve data reporting systems to understand firearm-related injuries and deaths, along with better research on firearm related issues and interventions
- Break-down of silos to maximize the impact and efforts across government to address violence and behavioral health challenges

Importance of Public Health and Behavioral Health Partnership

- Shift from individual to collective, population-based, community-level
- Trauma as a risk factor and barrier to prevention efforts
- Addressing complex problems that share multiple risk and protective factors across many forms of violence including:
 - Intimate partner violence/teen dating violence
 - Adverse Childhood Experiences (ACEs)
 - Suicide
 - Youth violence
 - Child maltreatment

For more information about the CDPH Violence Prevention Initiative

Visit the Violence Prevention Initiative webpage

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/ViolencePreventionInitiative.aspx>

Contact the Violence Prevention Initiative team at
Violence.Prevention@cdph.ca.gov

ADDITIONAL PROGRAM INFORMATION

CDPH: Gun Violence Prevention Strategies

California Violence Death Reporting System (CalVDRS)

- Conducts statewide surveillance on violent deaths, including homicide, suicide, unintentional firearm deaths, and deaths of undetermined intent
- Collected through multiple sources – death certificates, medical examiner/coroner’s reports, and law enforcement reports)
- Currently collected and abstracted from 34 CalVDRS counties across California.
- Goes is to promote development of data-driven public health prevention strategies that aim to reduce the number of violence deaths that occur every year



Monitoring Firearm-Related Deaths in California, 2020

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH • INJURY AND VIOLENCE PREVENTION BRANCH



Suicide Death among Veterans in California, 2020

In accordance with Assembly Bill 242 (Chapter 222, Statutes of 2017), the California Department of Public Health (CDPH) has created this annual injury data brief on California veterans (those who have served in the United States Armed Forces) who died by suicide in 2020. It provides information on statewide counts by age, sex, race/ethnicity, county, and method of suicide. Data are compiled from limited information on death certificates in the California Comprehensive Death Files produced by CDPH's Center for Health Statistics and Informatics.¹

Homicide in California Trends in 2020

INJURY AND VIOLENCE PREVENTION BRANCH

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/ViolencePreventionInitiative.aspx>

CDPH: Gun Violence Prevention Strategies

Comprehensive Suicide Prevention Program's Safe Storage Activities

- Five (5) local counties are funded to implement lethal means safety approaches to people at risk, specifically through safe storage practices
- Local firearm retailers, pharmacies, and fire range owners by distributing short/long gun lock boxes and educational materials
- Firearm safety and/or Lethal Means Safety Counseling (LMSC) Training to health and/or behavioral healthcare providers and community members
- Training and building local Suicide and Violence Prevention Program Health Education Specialist staff to facilitate trainings and offering firearm safety course for county staff members to develop firearm knowledge base relationships with firearm retailers

CDPH: Gun Violence Prevention Strategies

CDPH Firearm Data Dashboard

- Provides California data on firearm injuries that resulted in death, hospitalization, or an emergency room visit
- Dashboard allows users to select and visualize firearm injury death by year, intent, severity, age, sex, county, and other factors
- Developed with input from internal and external firearm injury prevention stakeholders

CalSHARE (California Safety, Health, and Resilience, and Equity Data Dashboard)

- Joint effort between CDPH and UC Berkeley School of Public Health
- Provides current health and safety insights to better understand strengths and challenges in local communities across California
- Over twenty data sources to view over 80 indicators of health, safety, and wellbeing at the neighborhood, county, and state level

CDPH: Additional Programs that Address Multiple Forms of Violence

Youth-Leadership and Development Programs

- Foster resiliency
- Self-regulation
- Coping skills
- Effective problem solving

California Home Visiting Program

- Design designed for families who are at risk for ACEs (including child maltreatment), domestic violence, substance abuse, and mental illness

California Reducing Disparities Project

- Statewide policy initiative to reduce mental health disparities and identify solutions for historically unserved, underserved, and inappropriately served communities

Rape Prevention and Education Program

- Funds local rape crisis centers implement and evaluate community/societal-level strategies to prevent sexual violence that focus on health equity in priority populations

Violence Prevention Initiative (VPI)

- Established in 2015, the VPI works to prevent multiple forms of violence, elevate violence as a departmental priority, and align violence prevention efforts across CDPH
- VPI Steering Committee Partners:
 - Center for Healthy Communities
 - Injury and Violence Prevention Branch
 - Office of Policy and Planning
 - Office of Health Equity
 - Center for Family Health
 - Maternal, Child and Adolescent Health Division



California's Office of Gun Violence Prevention (OGVP) Program

Background

- Launched in October 2022 by the California Attorney General (Department of Justice)
- Supports ongoing enforcement of California's existing firearm laws and policies
- Immediate, individual-level strategies to enforce laws and interrupt violence

CDPH Partnership

- Since October 2022, CDPH has regularly met with OGVP to identify ways to integrate a public health perspective into the gun violence prevention efforts
- CDPH and OGVP have continued to explore opportunities to complement each other's important work:
 - OGVP focus on interrupting immediate behaviors and defending California's commonsense gun laws
 - CDPH's focus on community level where efforts are addressed around root causes of gun violence and the context in which it occurs to prevent it happening in the first place



Over the past five years, the MHSOAC’s support of Voices With Impact has resulted in the production of 50 new films on underrepresented topics related to mental health

2019	Mental health stories specific to indigenous communities	Mental health impacts of sexual violence
2020	Mental health stories specific to LGBTQIA+ communities	Mental health issues related to the culture of masculinity
2021	Mental health stories specific to Black communities	Mental health stories related to experiences of immigration
2022	Stories related to experiences of substance use disorder	Stories of Grief and Resilience
2023	Mental health impacts of climate change	Stories about burnout
2024	Cliques and echo chambers	Serious Mental Illness (Schizophrenia, schizoaffective disorder, bipolar disorder)

Voices With Impact Films are reaching people beyond the mental health community by winning awards, securing screenings on TV, and being featured at over 160 festivals over the last three years

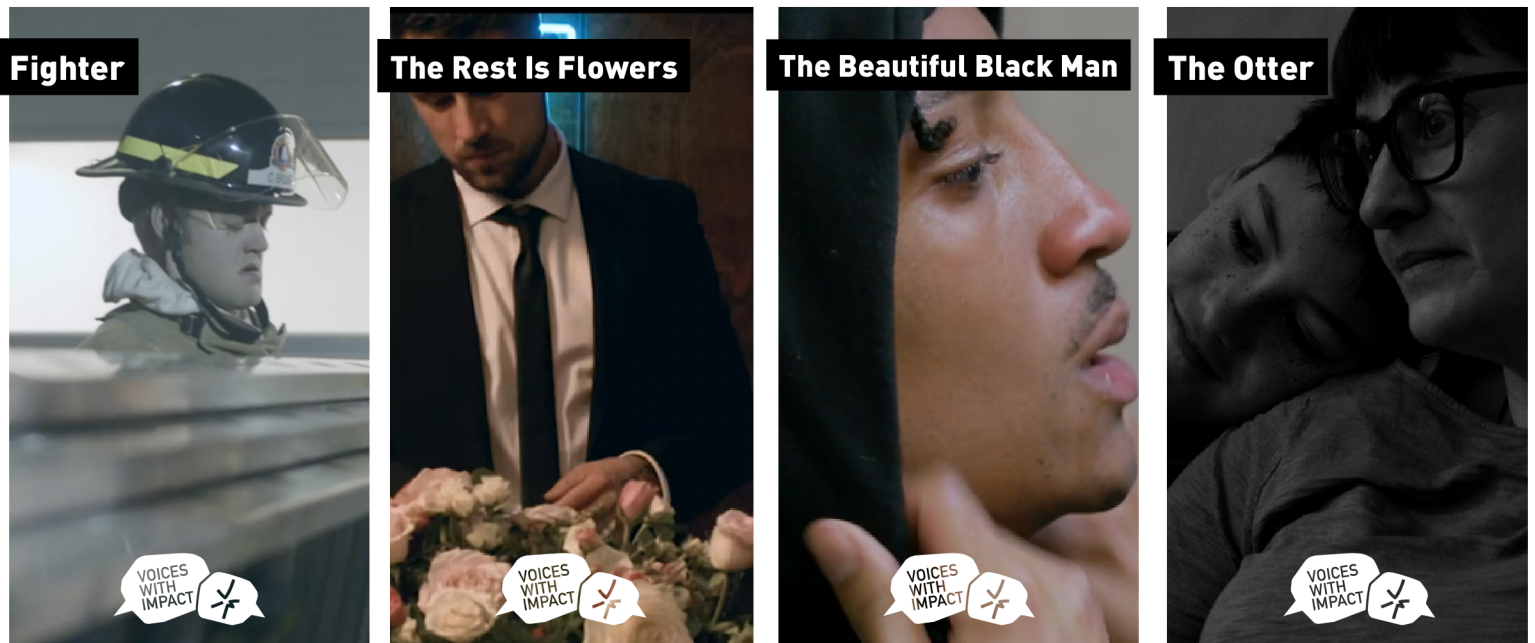


Voices With Impact films are free for educational, clinical, nonprofit, and/or public health use. Film packages include content heads up and mental health resource recommendations

Peer Support Training



Mental Health Education for First Responders



Voices With Impact films are free for educational, clinical, nonprofit, and/or public health use. Film packages include content heads up and mental health resource recommendations

Substance Use Disorder



Mental Health Impacts of Climate Change



Art With Impact

Leveraging the power of short film

*Cary McQueen (she/her)
Founder and Executive Director
Art With Impact*

Let's Look at What



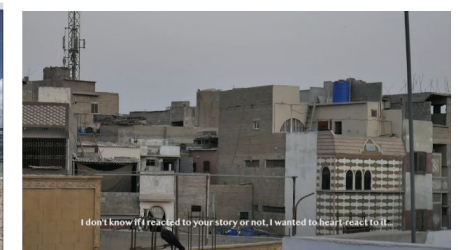
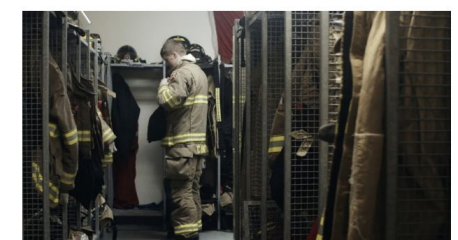
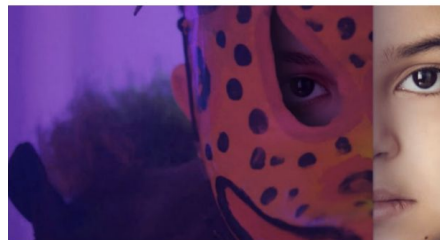
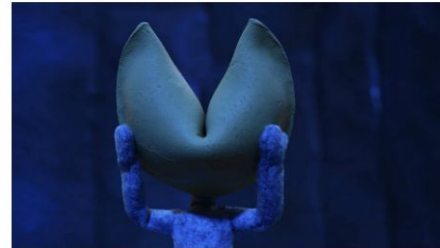
Mental Health Services
Oversight & Accountability Commission

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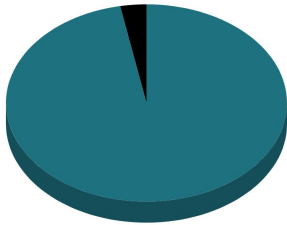


Do Together

Together, we use the power of short film...

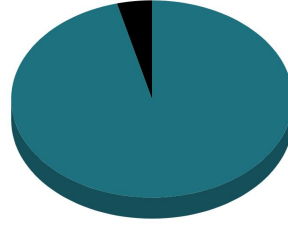


To make significant change.



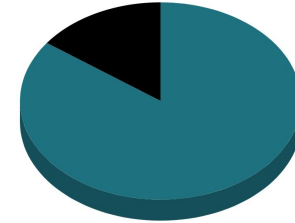
98%

of participants report that our workshops **increase their awareness of mental health issues**



97%

of participants say our workshops **reduce the stigma of mental illness**



85%

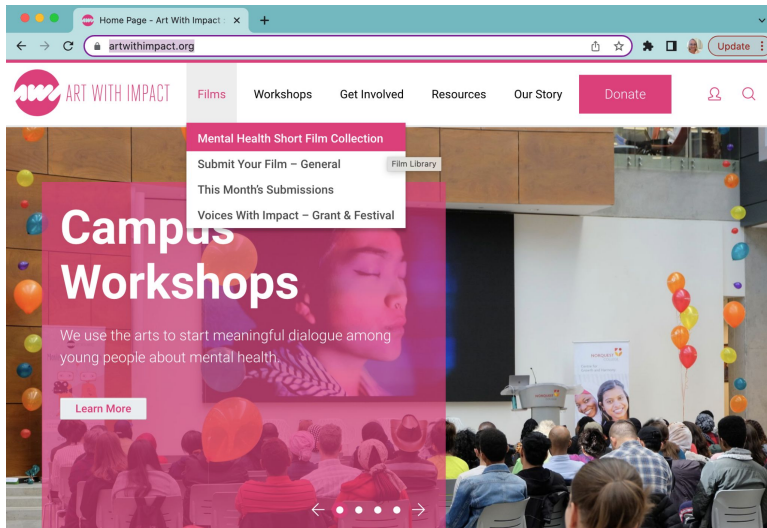
of participants leave our workshops saying they are now **more likely to seek support for their mental health**

"I really haven't been taking care of myself at all lately, and just listening to all these stories has inspired me to go back to working more on my own mental health journey."

- CSU East Bay Participant

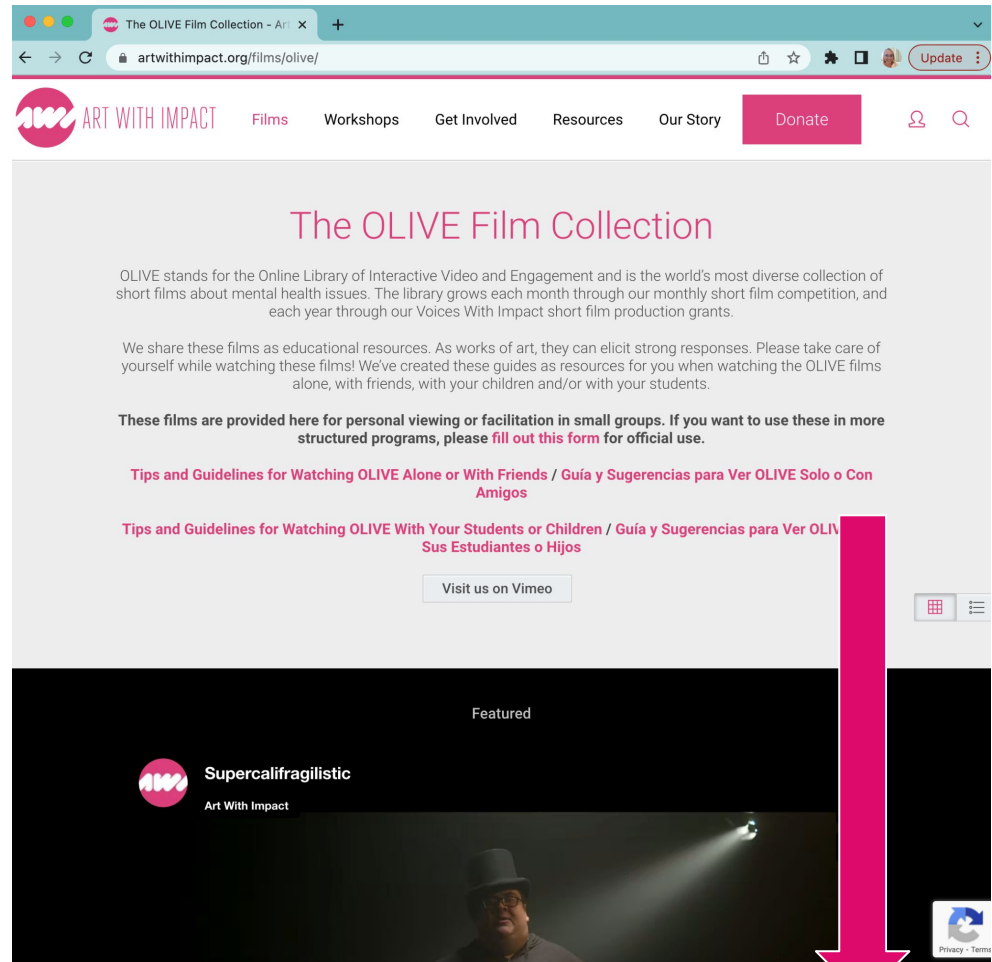
Our film library is extensive, searchable, and free

<https://artwithimpact.org/>



How we do it

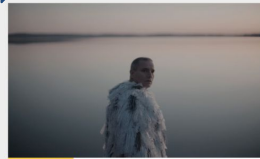
We are committed to a future where artists are revered as cultural icons of courage and change, enabling young people to communicate freely and fearlessly about their mental health.



Filter by

- ✓ All
- AAPI Representation
- ADHD (Attention Deficit Hyperactivity Disorder)
- Anxiety
- Bipolar
- Black Representation
- Borderline Personality Disorder
- Bullying
- Burnout
- Climate Change
- COVID-19
- Culture of Masculinity
- Depression
- Dissociative Identity Disorder
- Eating Disorders
- Grief
- Homophobia
- Immigrant Representation
- Indigenous Representation**
- Intergenerational Trauma
- Latinx Representation
- LGBTQIA+ Representation
- Medication Management
- Mental Wellness
- Misgendering
- OCD (Obsessive Compulsive Disorder)
- Physical Health
- Postpartum
- Psychosis
- PTSD (Post Traumatic Stress Disorder)
- Racism
- Schizophrenia
- Self-harm
- Sexual Violence
- Stigma
- Student Voices
- Substance Use Disorder
- Suicide
- Trauma
- Uncategorized
- Violence
- Wellness

Filter by: Indigenous Representation



Dec 2022
Until Our Spirits Meet Again
Alexander Nystrom



Dec 2022
Sunset Special (trailer)
David Telles and Marlena Robbins



Aug 2020
Staging Face
Steph Young, Jake Ivany & Vie Jones



Aug 2019
The Hurt That Binds Us
Victoria Anderson-Gardner



Aug 2019
The Opioid of Genocide
Georgina Lightning



Aug 2019
Tekona
Tomás Karmelo Amaya & Shalene Joseph

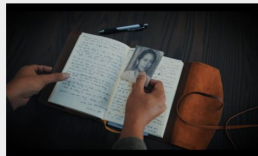


Aug 2019
Tsi Teyotote (Even in the Silence)
Jonathan Elliott

Filter by: Immigrant Representation



Dec 2022
Blue Garden (trailer)
Natalie Murao



Jun 2022
Dear Nay
Nich L. Perez



May 2022
My Mom
Chara Bui



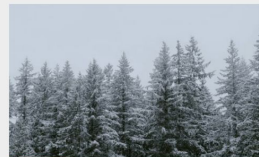
Jun 2021
Frozen Out
Hao Zhou



Jun 2021
Could Have, Should Have
Yao Liu



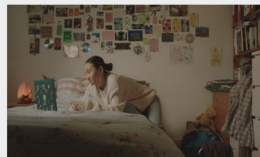
Jun 2021
Esther & Sai Trailer
Rosie Choo Pidcock



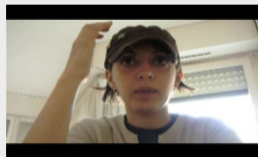
Jun 2021
Nanay
Thea Loo



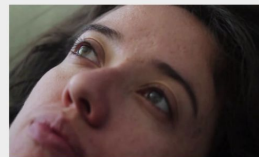
Jun 2021
Rompiendo Olas (Breaking Waves)
Adán Ávalos



Jun 2021
Fish
Emilie Cheung



Sep 2014
Tres
Mariana Osuna



Nov 2013
Gladys
Jessica Jones

Right now, we reach college students



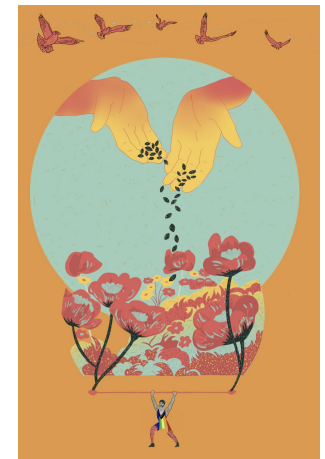
23,372

California youth, educators, and community members have been directly served by the Commission's investment in AWI

Movies for Mental Health



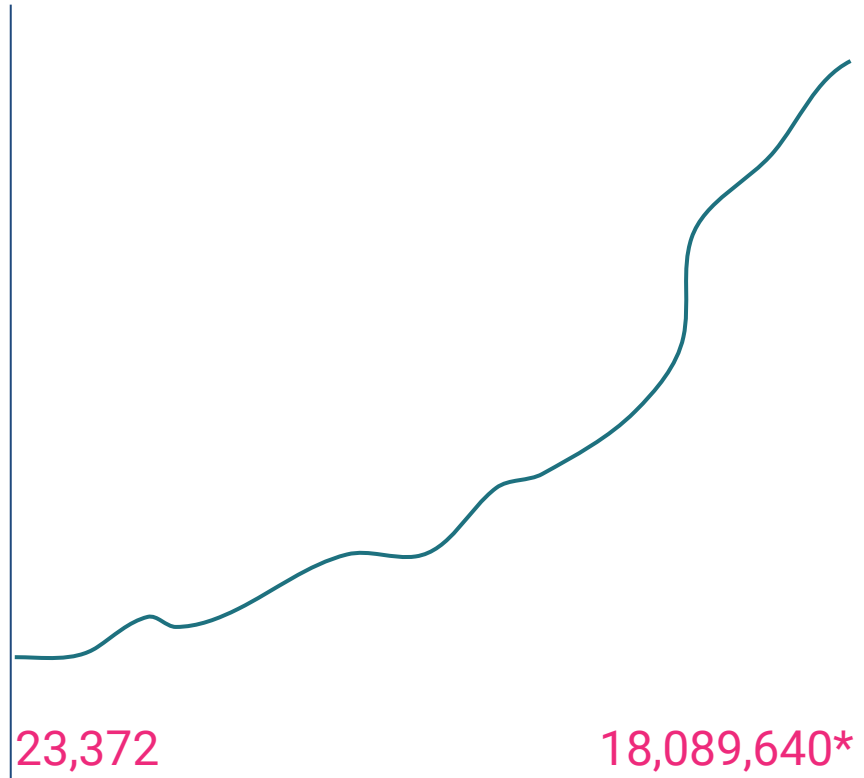
Wellness in Words



“Everyone has challenges. How they are supported makes the difference in getting better.”

- Allan Hancock College Participant

AND... the potential for early intervention & prevention is enormous



“Everyone has challenges. How they are supported makes the difference in getting better.”

- Allan Hancock College Participant

* Estimated number of Californians who experienced symptoms of anxiety or depression in 2021

In today's session let's:

1. **SEE** how the work we do changes the lives of college students throughout California
2. **IMAGINE** the possibilities for growing the impact of our partnership in the coming years

Let's Watch and Discuss A Couple Short Films

Why might a person struggling with SUD resist reaching out for help?

-

Promise

By Lane Michael Stanley
Voices With Impact 2022



CONTENT HEADS UP

Movement-based references to use of pills

Gift yourself a breath, on purpose.



How did you connect with this film?

Emotional connection

Artistic resonance

Your own lived experience

Experience(s) of people you care about

What kinds of conversations could be initiated using this film as a starting point?

-

-

On the Surface

By Fan Sissoko
Voices With Impact 2021



CONTENT HEADS UP

mention of postpartum depression,
race- and gender-based medical discrimination

Gift yourself a breath, on purpose.



How did you connect with this film?

Emotional connection

Artistic resonance

Your own lived experience

Experience(s) of people you care about

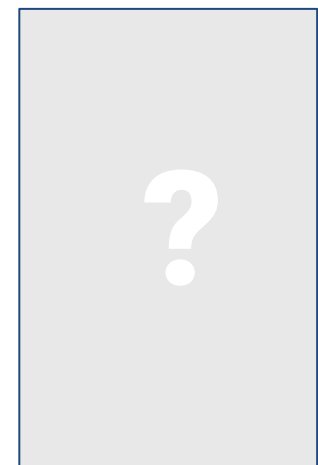
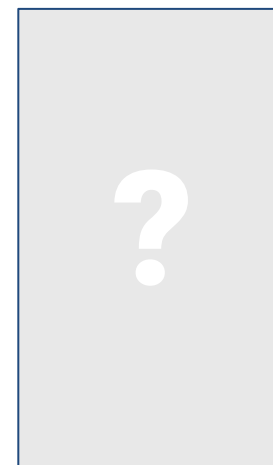
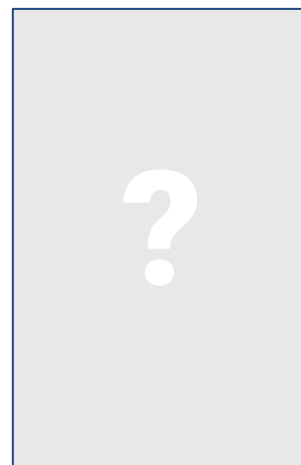
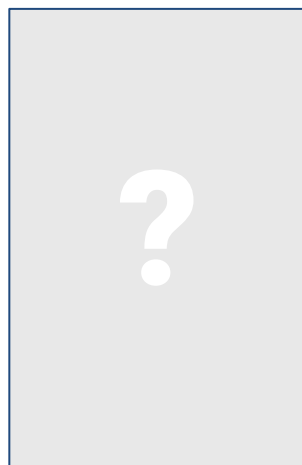
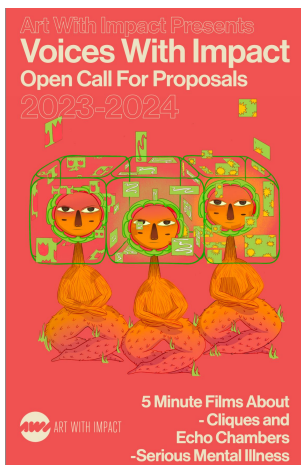
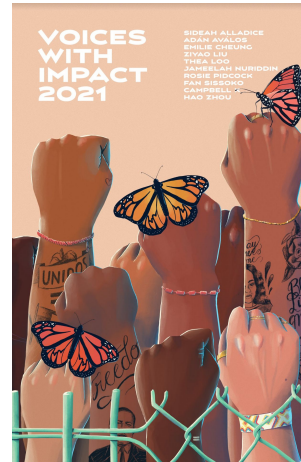
What mental health issues did you see in this film?



How does hope show up in this film?



Where do we go from here?



What complex issues are you seeing more often?



Where could these conversations be helpful?

- Peer support trainings
 - Mental health education for first responders
 - Substance use disorder treatment programs
 - Schools or continuing education environments
-

Any other questions coming up for you?

Thank you!

Stay in touch:

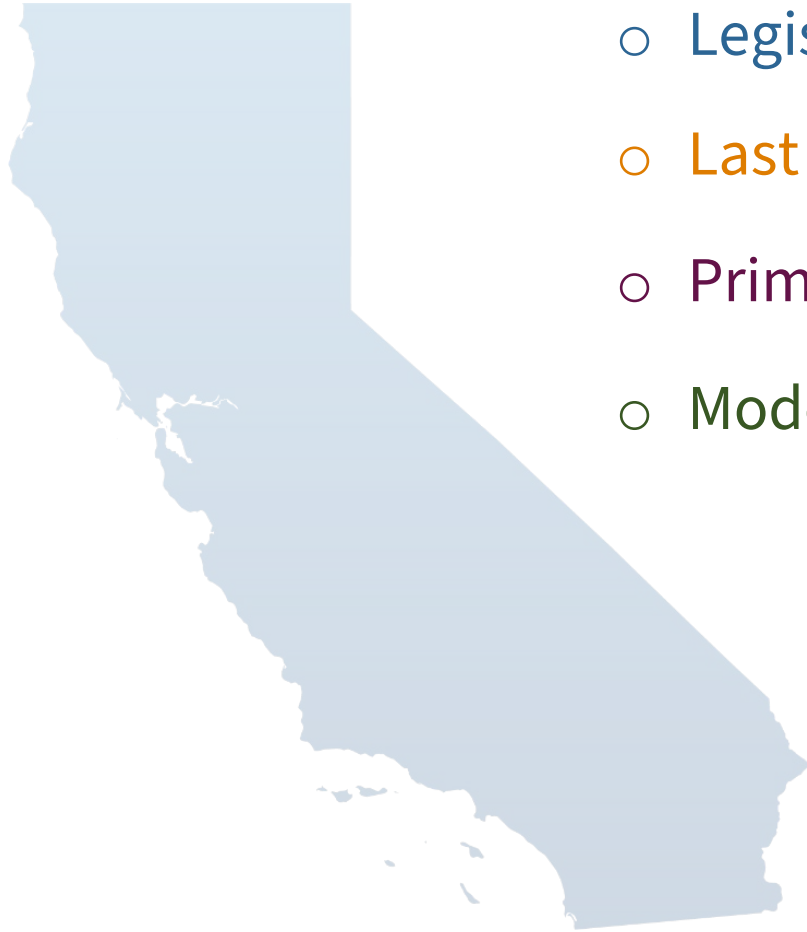
Cary McQueen
cary@artwithimpact.org

2024 Legislation

October 2023

CALIFORNIA'S MENTAL HEALTH SERVICES ACT

Global Considerations



- Legislature Reconvenes : **January 3, 2024**
- Last Day for Bills to be Introduced: **February 16, 2024**
- Primary Election: **March 5, 2024**
- Modernization/BHSA (now “Proposition 1”): **2025/2026**

Potential 2023 Carryover Bills

- **AB 599 (Ward)** – Public Health Approach to Suspensions & Expulsions – **SUPPORT**
- **AB 1282 (Lowenthal)** – Social Media and AI Impacts to Youth Mental Health - **SUPPORT**
- **AB 1450 (Jackson) / AB 1120 (Gabriel)** – Universal Screenings – **Budget Request/SRL Related**
- **SB 509 (Portantino)** – Behavioral Health Training in Schools – **SUPPORT**

Sponsored Bills Legislative History

Outcome

2021

Assembly Bill 573 (Carrillo) Local Youth Advisory Boards

Senate Bill 224 (Portantino) Mental Health Education in Schools

Died during COVID bill limitations

Signed

2020

AB 2112 (Ramos) Office of Suicide Prevention

Signed

2019

AB 46 (Carrillo) Derogatory Terms

Senate Bill 10 (Beall) Peer Specialist Certification Program (co-sponsor)

Senate Bill 11 (Beall) Mental Health Parity Law Compliance Reports (co-sponsor)

Senate Bill 12 (Beall) Local Youth Drop-In Center Grants

Signed

Vetoed – Passed in subsequent year

Died – Reintroduced

Died – Implemented through Budget

2018

Senate Bill 1019 (Beall) MHWA Funds for Local Educational Agencies

SB 1113 (Monning) Workplace Mental Health Standards

Died – Implemented through Budget

Signed

2017

AB 462 (Thurmond) Wage Information Data Access

AB 860 (Cooley) Commission Authority to Review Non-Public Facilities

AB 1134 (Gloria) Policy Fellowship Program

Signed

Vetoed for technical reasons

Signed

A close-up photograph of a man with a beard and mustache, looking upwards and to the right with a thoughtful expression. He is wearing a light-colored suit jacket over a striped shirt. The background is blurred, suggesting an outdoor setting.

Policy Report Recommendations

1. Prevention and Early Intervention
2. Workplace Mental Health
3. Full Service Partnerships
4. Innovation Incubator
5. School Mental Health
6. Suicide Prevention
7. Criminal Justice
8. Reversion

“

It's trying to transform the mental health care system in California. It's not just about doing MORE, it's about doing BETTER.”

Prevention and Early Intervention - 2023

Recommendations	Status
1. Appoint a state leader.	BHSA
2. Formulate a state plan that focuses on reducing risks, especially trauma, and increasing resilience.	BHSA
3. Formulate a plan to increase mental health awareness, fight stigma, and increase access to information and resources.	BHSA
4. Guarantee that everyone can access mental health screening and matching treatment.	Proposal under development

Workplace Mental Health - 2023

Recommendations	Status
<p>1. Launch a center of workplace mental health center of excellence.</p> <ul style="list-style-type: none">○ Establish & implement a research agenda to identify WPMH indicators & monitor progress.	In discussion
<p>2. Work with large healthcare purchasers to enhance mental health coverage for employees.</p>	In discussion

Full Service Partnership - 2023

Recommendations	Status
1. Develop a strategic reporting and capacity building plan that incorporates an advisory group; identifies opportunities for capacity building; includes a landscape analysis; improves data quality; links data to population-based analysis; and provides recommendations for investment opportunities.	Work underway

Innovation Incubator - 2023

Recommendations	Status
1. The Innovation Incubator Model is an effective method of bringing partners together and delivering expert assistance to apply an untested approach to population mental health issues.	Transitioning to BHSA
2. The Innovation Incubator Model can be improved upon in several ways, including educating counties and partners on their project's purpose, goals, and expectations ahead of time.	
3. Building relationships is key to success for the Innovation Incubator Model.	
4. Counties lack the capacity to engage in available opportunities to experiment and learn.	
5. Counties want more opportunities for collaboration and shared learning with other counties.	
6. Counties are eager to learn what other counties are doing in mental health.	
7. People's lived experience as consumers or family members of consumers of mental health services is vital to include in planning and implementation.	

School Mental Health - 2020

Recommendations	Status
1. Establish a leadership structure dedicated to developing schools as centers for wellness and healing.	Testimony presented on this topic
2. Invest significantly to establish schools as centers for wellness and healing.	MHSSA/CYBHI
3. Help counties and school districts develop the capacities required to integrate resources, adopt evidence-based practices, and manage for continuous improvement.	MHSSA/CYBHI

Suicide Prevention - 2019

Recommendations	Status
1. Establish a suicide prevention infrastructure.	OSP established within CDPH
2. Minimize risk for suicidal behavior promoting safe environments, resiliency, and connectedness.	Learning Collaboratives; Trainings; Handoff to CDPH

Criminal Justice - 2017

Recommendations	Status
1. Have a comprehensive prevention-focused plan that reduces the incarceration of mental health consumers in their communities.	988, W2Ds, Stepping Up, FSP, Early Psychosis, Documentary Support, Data Linking
2. Identify, develop, and deploy services and strategies that improve outcomes for mental health consumers in jail.	
3. Maximize diversion from the criminal justice system.	
4. Fortify its efforts to champion collaboration among state agencies to support local prevention and diversion.	
5. Reduce or eliminate barriers so that data and information technology are used to drive decision-making, identify service gaps, and guide investments in program.	
6. Expand technical assistance resources to increase cultural competence, improve cross-professional training, increase the use of data and evaluation, and advance the dissemination of best practices.	

Reversion - 2017

Recommendations	Status
1. Reset reversion policies.	Implemented
2. Extend Reversion from three years to five years.	Transitioning to BHSA
3. Develop regulations or guidance to better clarify how counties are to revise or correct prior annual Revenue and Expenditure Report data.	Implemented
4. Establish a State-level, MHSA Reversion Fund to capture reverted funds that can be allocated by the Legislature to meet local needs in the community mental health system.	Transitioning to BHSA



Discussion:

**Opportunities for the Commission's
2024 Legislative Priorities**