

Data Team

Team Leader: Galen Main, MSW

- 1) Review and present suicide death and attempt data on an annual basis
- 2) Use data on a continuous basis to inform strategic plan priorities, implementation, and effectiveness
- 3) Monitor data to identify:
 - existing and emerging trends
 - factors that may increase or lessen risk, and
 - at-risk population groups
- 4) Identify opportunities to enhance data capacity and expand data collection processes: today's focus
- 5) Support the development of an annual report on status of suicide related behaviors (deaths, attempts, hospitalizations) as well as prevention activities (i.e. calls to crisis lines)
- 6) Establish data-sharing protocols and refine centralized reporting systems

Data Team

Near Term:

- Invited Coroner's Office to speak with the Team. What we learned.
- Continue collecting and reviewing data and sources (deaths, attempts, ideation, and intervention)
- Preparing for February presentation to the Collaborative. What would you like to know?

Long Term:

- Development of Report Card (eg., Rx Safe Marin)
- Death Review Board

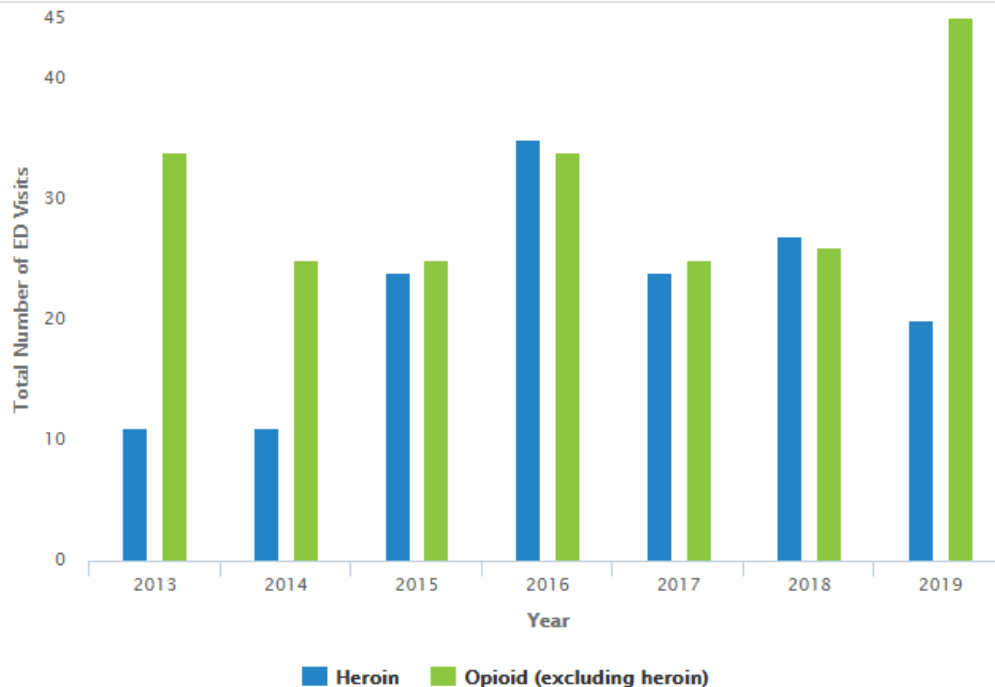
Example: Report Card

Opioid Overdoses

***Note:** Not all overdoses that involve opioids are reported, and may not be represented in chart below. Data below do not include poisoning and other physical and mental health injuries where the opioid use was part of the subsequent diagnoses. While the emergency department visits counted here result from misuse, they can also result from opioid use as directed by a prescriber.

Emergency Department Visits Due to Opioid Overdose, Marin County

Source: California Office of Statewide Health Planning and Development (OSHPD)



The Centers for Disease Control and Prevention (CDC) reports that in 2011, drug misuse and abuse caused about **2.5 million emergency department (ED) visits**. Of these, more than **1.4 million ED visits were related to pharmaceuticals**. [3]

In the United States, **prescription opioid abuse costs were about \$55.7 billion** in 2007. Of this amount, 46% was attributable to workplace costs (e.g., lost productivity), 45% to healthcare costs (e.g., abuse treatment), and 9% to criminal justice costs. [4]

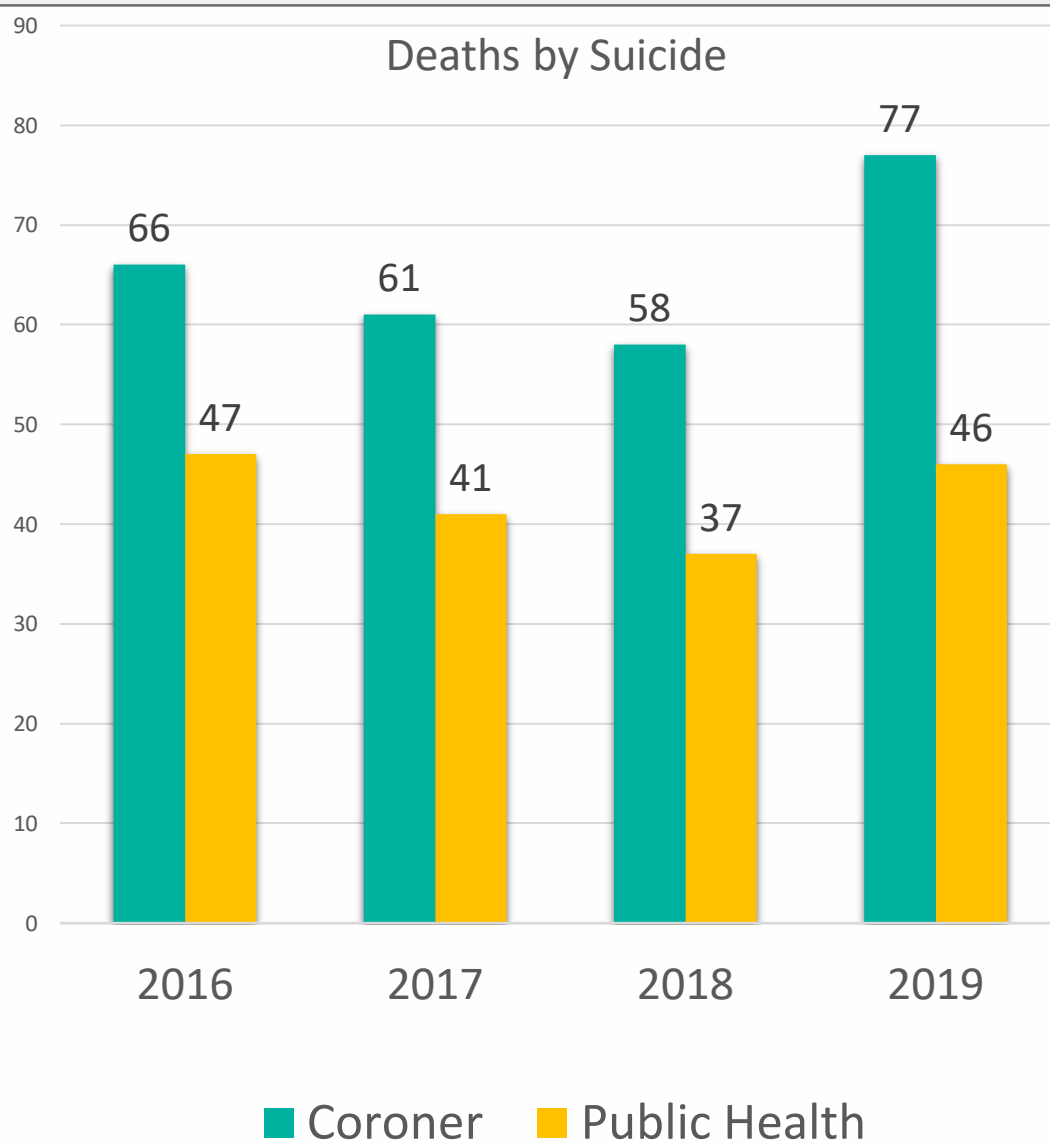
The chart on the left shows that while the number of Emergency Department (ED) visits due to opioid overdose (excluding heroin) has remained relatively stable, the number of ED visits due to heroin overdose has more than doubled in the past five years.

Additional information on what is happening statewide can be found in the [California Opioid Overdose Surveillance Dashboard](#).

UNDERSTANDING THE DATA



Deaths by Suicide



What does each data source show?

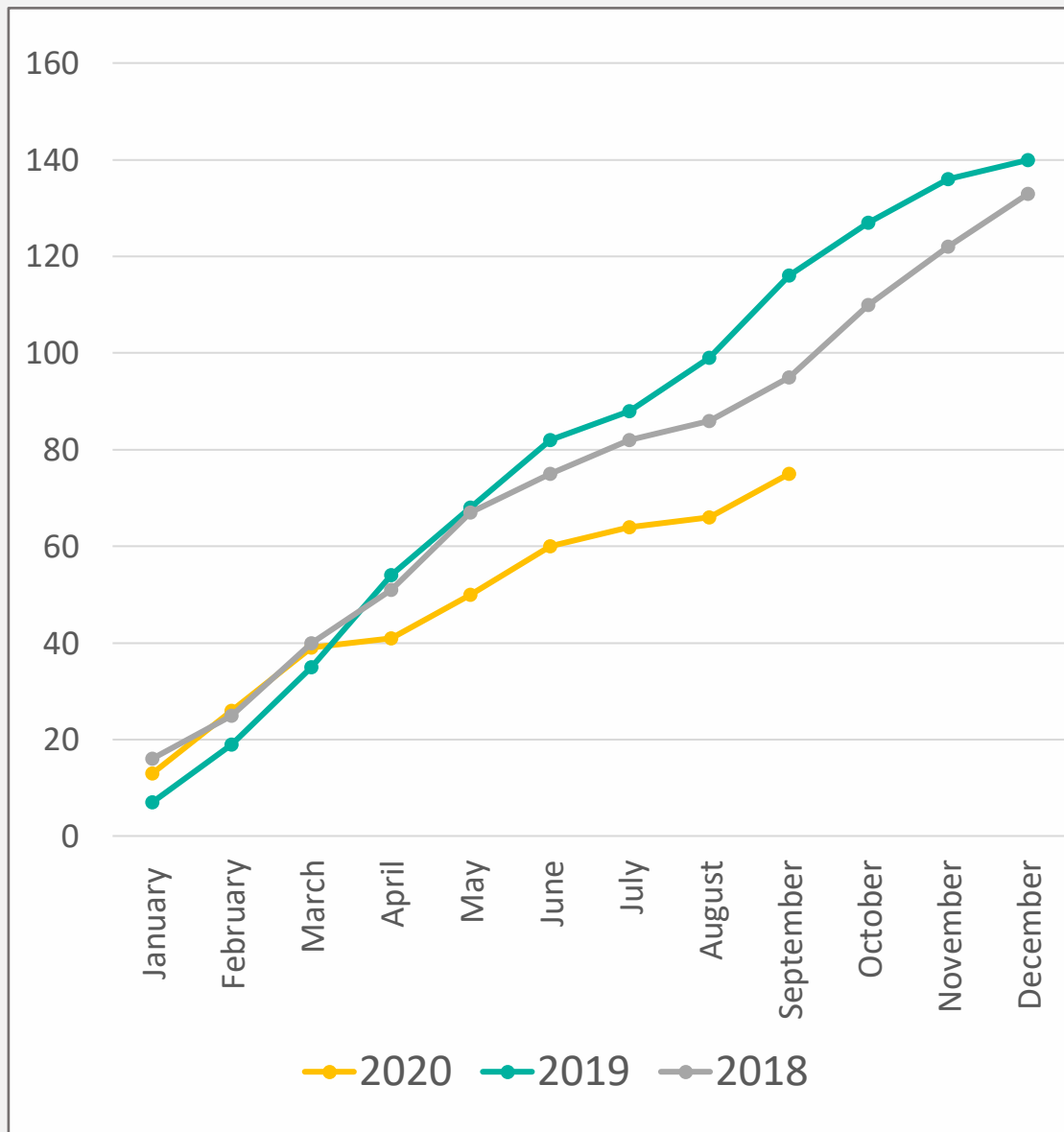
Coroner's Data: Represents data for all investigated deaths in Marin County, regardless of residency of the individual who died.

Public Health Data: Represents data for all Marin County Residents, regardless of where the death occurred.

Examples:

- 1) *If someone from Yolo dies by suicide on the Golden Gate Bridge*
= Coroner's data but not Public Health data
- 1) *If a Marin County resident dies by suicide while attending college out of state*
= Public Health but not Coroner's data

INTERVENTION DATA: Children being taken to the Crisis Stabilization Unit (CSU) under a 5585 hold



49.5% decrease in youth in the CSU under involuntary holds during the COVID-19 *Shelter In Place* period (data for March – September 2020) as compared to the same months of 2019

48 youth holds in March-Sept 2020
97 youth holds in March-Sept 2019

Meanwhile, adult 5150 holds resulting in a CSU visit only decreased by 2.3% during this time period.

INTERVENTION DATA: GOLDEN GATE BRIDGE

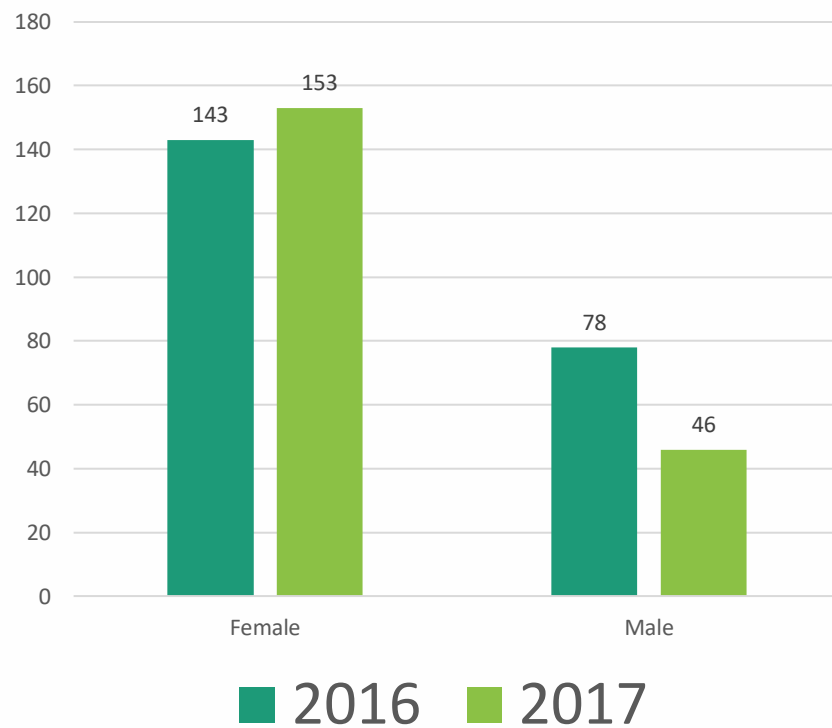


Over the past 4 years, **82%** of the time when first responders negotiated with someone over the rail, they were successfully able to intervene.

TRENDS: Hospitalizations/ER visits



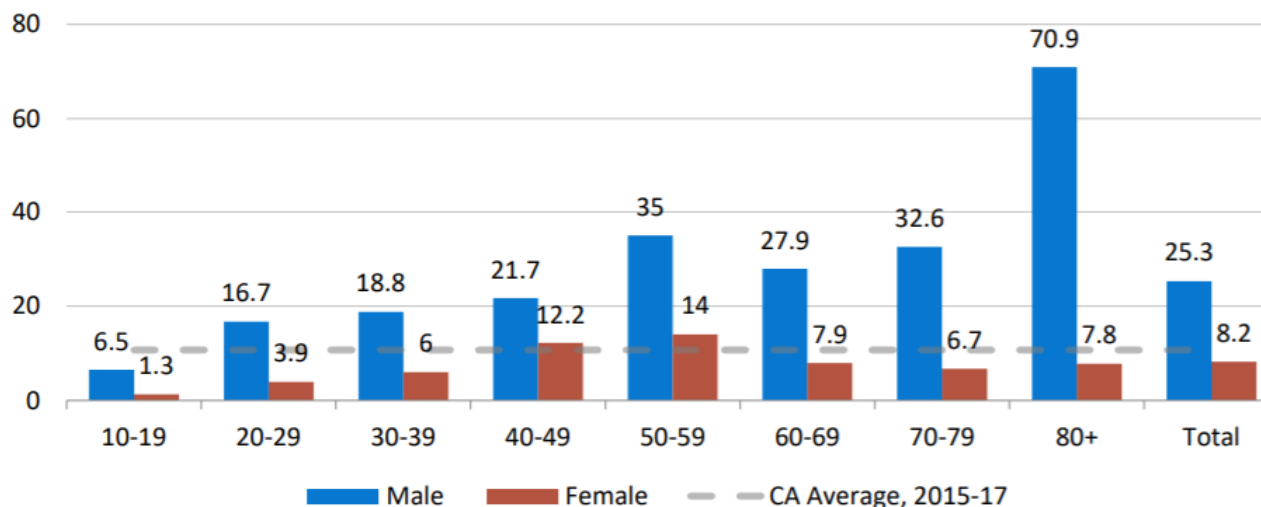
Self-harm Hospitalizations and ER Visits 2016-17



Females were more likely than males to self-harm. Over the two-year period, there was a 7% increase for female self-harm, and a 41% decrease for males.

DEMOGRAPHICS: 2014-2018

**Figure 17: Suicide Rates in Marin County by Age Group and Gender, 2014-2018
(Deaths by Suicide per 100,000 People)**



**Figure 18: Deaths by Suicide in Marin County (2014-2018),
Organized by Race; and County Population by Race**

