CLERK OF THE BOARD OF SUPERVISORS EXHIBIT/DOCUMENT LOG

MEETING DATE & AGENDA NO. 07/18/2023 #12

STAFF DOCUMENTS (Numerical)

No.	Presented by:	Description:
1	Staff	22 Page PowerPoint
2		
3		
4		•
5		
	PUBLIC DOCUMEN	TS (Alphabetical)
No.	Presented by:	Description:
A	N/A	
В	•	
С		
D		
Е		
F		

Gun Violence Reduction Community Needs Assessment Final Report

July 18, 2023

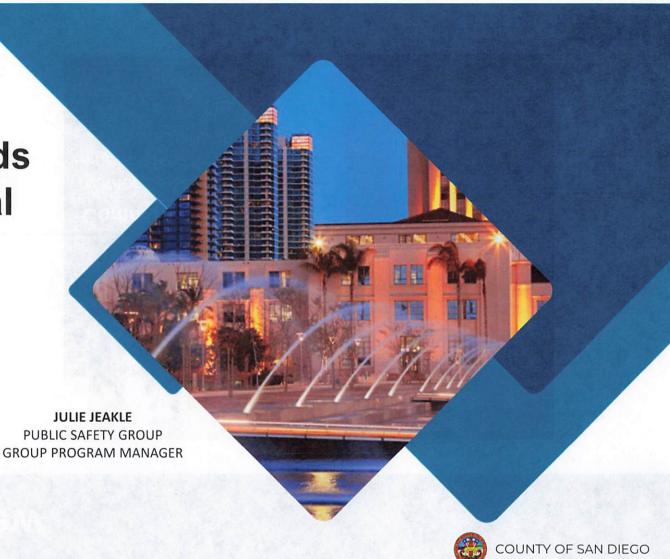
Item #12

HOLLY PORTER

PUBLIC SAFETY GROUP
DEPUTY CHIEF ADMINISTRATIVE OFFICER

DANIEL POLK

HARC, INC.
RESEARCH & EVALUATION ASSOCIATE



Project Overview



Define the Problem (who, where, when)



(gather perspectives, experiences, thoughts and opinions)

Community Input



(best practice identification and recommendations)

Solutions

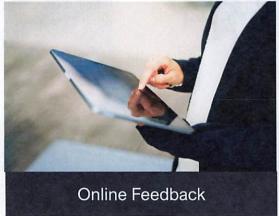


Community Engagement and Input















Define the Problem (who, where, when)



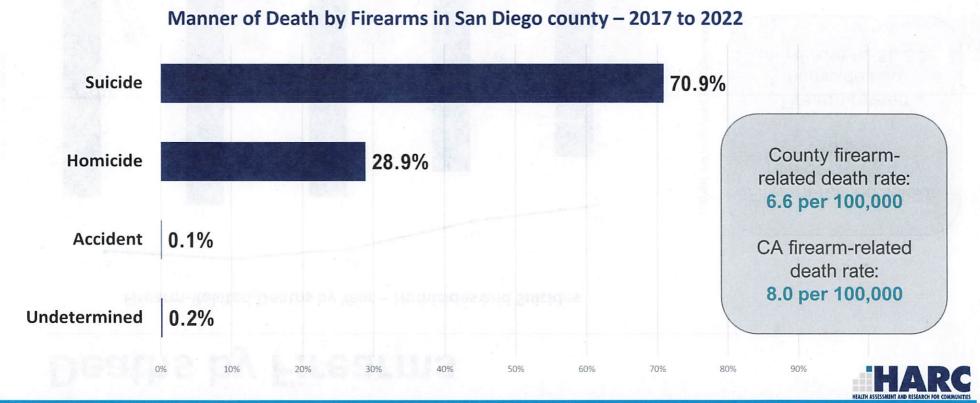
(gather perspectives, experiences, thoughts and opinions)



(best practice identification and recommendations)

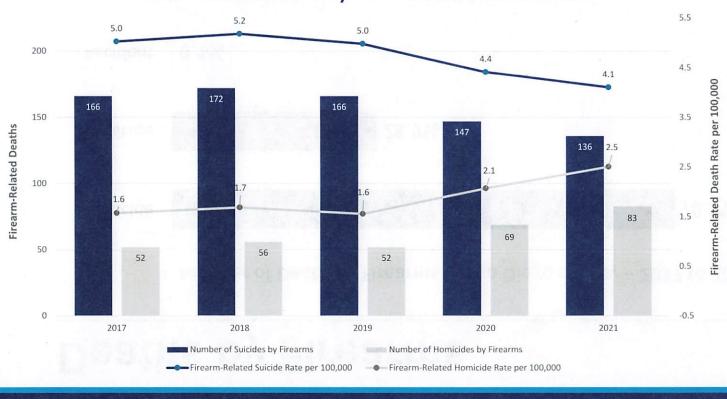


Deaths by Firearms



Deaths by Firearms





Firearm-related suicide rate **decreased** by 18.0%

Firearm-related homicide rate increased by 56.3%

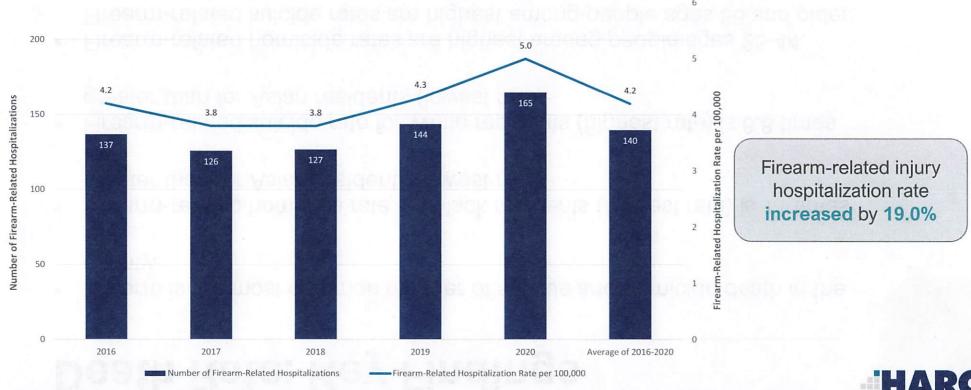


Death Rate: Key Findings

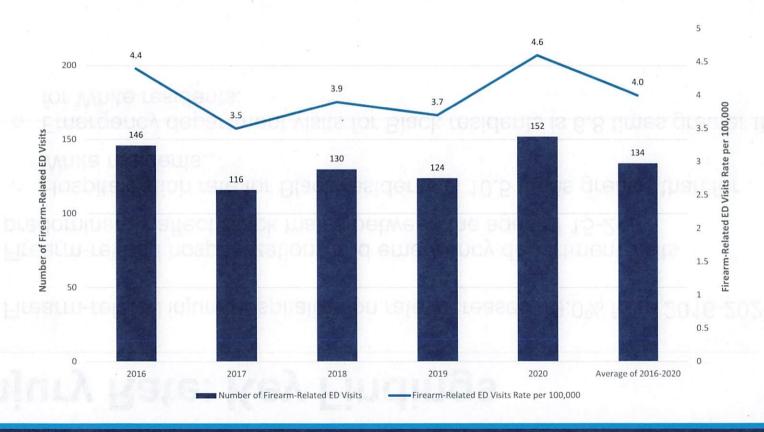
- Firearm is the most common manner of suicide and homicide death in the county.
- Firearm-related homicide rate for Black residents (highest rate) is 11 times greater than for Asian residents (lowest rate).
- Firearm-related suicide rate for White residents (highest rate) is 6.8 times greater than for Asian residents (lowest rate).
- Firearm-related homicide rates are highest among people ages 25-44.
 Firearm-related suicide rates are highest among people ages 65 and older.
- Nearly 1 in 5 (19.3%) firearm-related deaths were indicated as being veterans, the great majority (93.3%) died by suicide.



Firearm-Related Hospitalizations



Firearm-Related Emergency Dept Visits

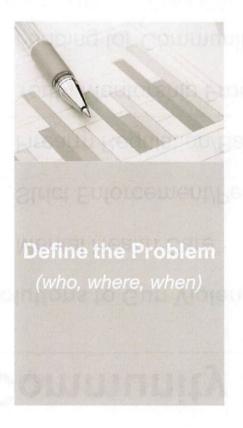




Injury Rate: Key Findings

- Firearm-related injury hospitalization rate increased 19.0% from 2016-2020.
- Firearm-related hospitalizations and emergency department visits predominantly affect Black males between the ages of 15-24.
 - Hospitalization rate for Black residents is 10.5 times greater than for White residents.
 - Emergency department visits for Black residents is 6.8 times greater than for White residents.









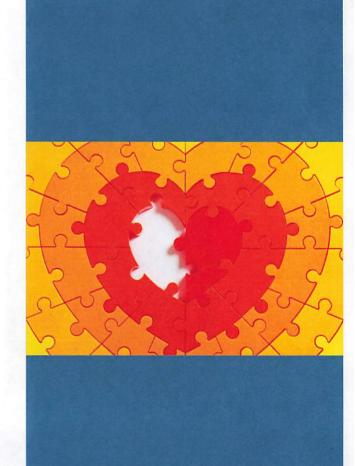
(best practice identification and recommendations)



Community Input: Trends

Solutions to Gun Violence

- Mental Health Care
- Strict Enforcement/Penalties for Crimes
- Firearm Regulation/Background Checks
- Youth Mentorship Programs
- Funding for Community-Based Organizations



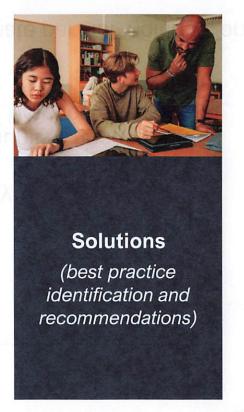




Define the Problem (who, where, when)



(gather perspectives, experiences, thoughts and opinions)





Best Practice Research

- Best practice literature review
- Public Health Approach
 - Prevention Principles: Primary, Secondary, Tertiary
- Four Strategic Areas: Advocacy & Awareness, Community Engagement & Collaboration, Community Health & Trauma-Informed Practice, Planning & Evaluation
- Various types of gun violence: suicide, domestic/intimate partner violence, and community violence



Recommendations

ADVOCACY & AWARENESS

Prevention resources related to suicide, domestic violence and community violence

No-cost gun lock distribution

Gun safety awareness training

Temporary and voluntary firearm transfers

Suicide screening tool for healthcare providers

COMMUNITY ENGAGEMENT & COLLABORATION

Gun Violence Reduction Advisory Group

Networking Events & Roundtables

Online Collaboration
Platform

COMMUNITY HEALING & TRAUMA-INFORMED PRACTICE

Youth-focused programs and services in communities at highest risk

Partnership between trauma hospitals and community-based organizations

PLANNING & EVALUATION

County office or unit to lead gun violence reduction efforts

Strategic plans to address gun violence in communities at highest risk

Monitoring and evaluation framework

Share local data with stakeholders

Townhall/ listening session to share ongoing progress

Fund violence prevention and intervention efforts



Gun Violence Reduction Work Plan

- 18 actions informed by HARC analysis and broad input
- Reflect guiding principles
 - Community-Led
 - Solution-Focused
 - Person-Centered
 - Equity-Oriented
- Span HARC's four key strategic areas and the spectrum of prevention strategies: primary, secondary, tertiary
- Apply to suicide, domestic violence, and community violence



Gun Violence Reduction Work Plan - Year 1

Develop and share educational content related to suicide prevention

Promote gun lock distribution programs

Monitor state/federal actions for opportunities for investment in communities impacted by gun violence

Coordinate Gun Violence Reduction Advisory Group

Create and host online collaboration platform for organizations

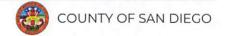
Plan for how gun violence reduction work will be structured within the County

Establish monitoring and evaluation framework

Share local aggregate data on gun violence in the county with stakeholders

Coordinate townhall/listening sessions to evaluate perception of progress

Identify and apply for grant funds to support programs and services



Gun Violence Reduction Work Plan – Future Years

- Develop local strategic plans to reduce gun violence
- Identify opportunities to enhance violence intervention programs
- Identify opportunities to enhance youth-focused violence prevention programs and services
- Establish partnerships with trauma hospitals and community-based organizations to strengthen/enhance support services for firearm injury patients and their families



Recommendations

- Receive Gun Violence Community Needs Assessment Final Report and recommendations.
- Receive Gun Violence Reduction Work Plan.
- Authorize the County to submit grant applications and accept grant funding to support violence prevention and intervention programs and services in San Diego County.
- Return to the Board in early 2024 with a structure, evaluation plan and updates on implementation of the Gun Violence Reduction Work Plan.



Gun Violence Reduction Community Needs Assessment Draft Final Report

July 18, 2023

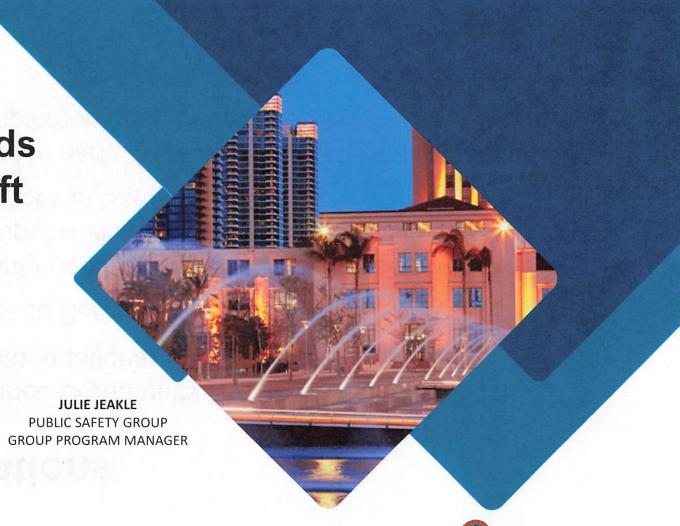
Item #12

HOLLY PORTER

PUBLIC SAFETY GROUP
DEPUTY CHIEF ADMINISTRATIVE OFFICER

DANIEL POLK

HARC, INC.
RESEARCH & EVALUATION ASSOCIATE





Department of the Medical Examiner

San Diego County Suicide Death Counts and Rates per 100,000 of Population, 2017 - 2021

Manner & Method of Death County Population Estimate		2017 3,303,367	2018 3,321,118	2019 3,333,319	2020 3,331,279	2021 3,315,404	5 Year Change +0.4%
Rate	13.7	13.9	12.7	12.4	11.4		
Firearm	Count	166	172	166	147	137	-18%
	Rate	5.0	5.2	5.0	4.4	4.1	-10/0
Asphyxia (Hanging/Suffocation)	Count	135	152	132	142	126	-7%
	Rate	4.1	4,6	4.0	4.3	3.8	
Drug - Medication	Count	67	55	40	47	43	-36%
	Rate	2.0	1.7	1.2	1.4	1.3	
Jumping	Count	37	35	47	43	34	-8%
	Rate	1.1	1.1	1.4	1.3	1.0	
Cutting/Stabbing	Count	14	14	9	9	10	-29%
	Rate	0.4	0.4	0.3	0.3	0.3	
Train	Count	11	11	7	5	7	-37%
	Rate	0.3	0.3	0.2	0.2	0.2	
All Others ²	Count	23	21	22	21	21	-9%
	Rate	0.7	0.6	0.7	0.6	0.6	

Department of the Medical Examiner

San Diego County Homicide Death Counts and Rates per 100,000 of Population, 2017 - 2021

Manner & Method of Death County Population Estimate		2017	2018	2019	2020	2021	5 Year Change
		3,303,367	3,321,118	3,333,319	3,331,279	3,315,404	+0.4%
Overall Homicides ¹	Count	95	93	99	118	138	+45%
	Rate	2.9	2.8	3.0	3.5	4.2	
Firearm	Count	52	56	52	69	83	+59%
	Rate	1.6	1.7	1.6	2.1	2.5	
Law Enforcement Involved Shooting ² (Subset of all Firearm-related Homicides)	Count	14	4	4	9	9	-36%
	Rate	0.4	0.1	0.1	0.3	0.3	
Possible DV Involved Shooting ³ (Subset of all Firearm-related Homicides)	Count	9	13	11	10	3	-67%
	Rate	0.3	0.4	0.3	0.3	0.1	
Cutting/Stabbing	Count	17	19	19	27	22	+29%
	Rate	0.5	0.6	0.6	0.8	0.7	
Blunt Force	Count	3	7	13	9	12	+300%
	Rate	0.1	0.2	0.4	0.3	0.4	
Assault	Count	16	6	1	4	9	-44%
Assault	Rate	0.5	0.2	0.0	0.1	0.3	
All Others ⁴	Count	7	5	14	9	12	+71%
All Others	Rate	0.2	0.2	0.4	0.3	0.4	