

2020 Edition — Quality of Care: Behavioral Health

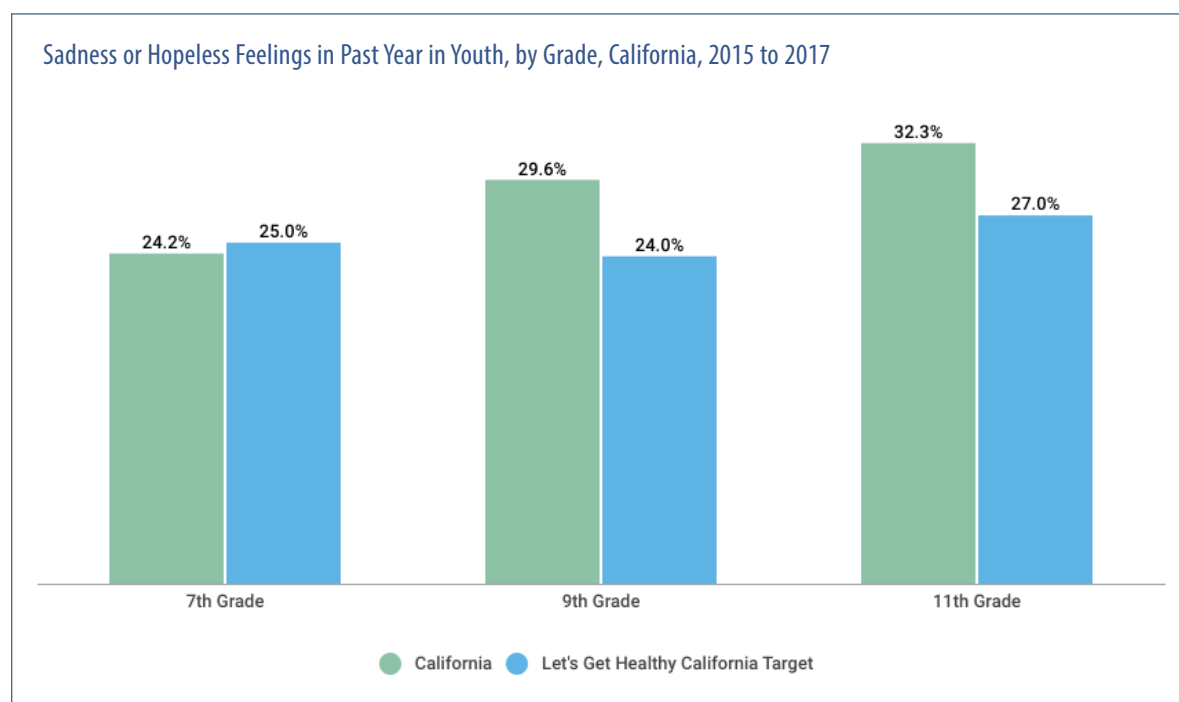
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Over the last few decades, there has been a significant growth in the measurement and reporting of health care quality outcomes. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures CHCF is publishing on the quality of care in our state. Topics range from maternal to end-of-life care, and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on behavioral health, including mental health and substance use.

Many California students report constant feelings of sadness and hopelessness.

A higher percentage of 11th grade students (32%) reported constant feelings of sadness and hopelessness than 9th grade (30%) or 7th grade students (24%).

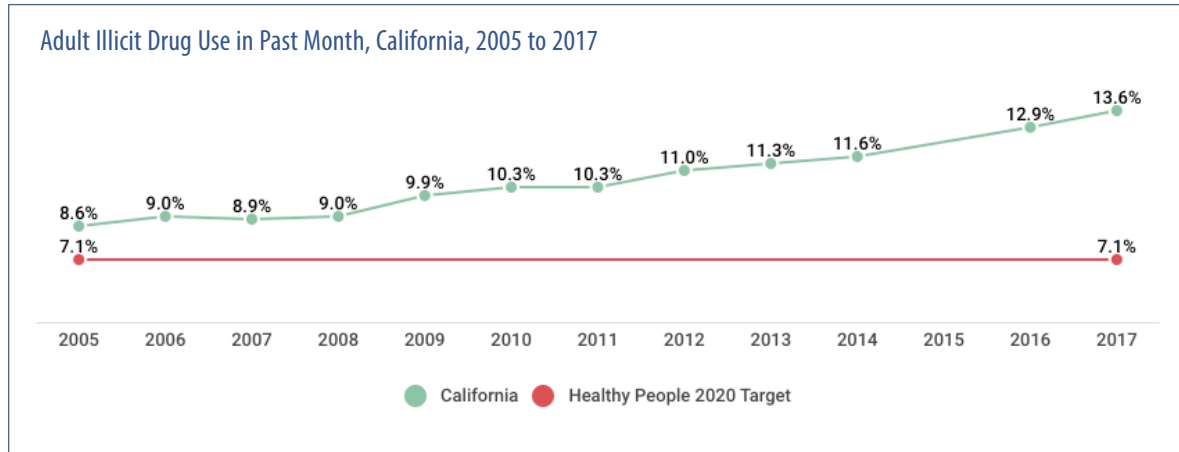


Note: Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs with 10-year improvement targets for 39 health care indicators.

Source: Let's Get Healthy California, <https://letsgethealthy.ca.gov/goals/healthy-beginnings/decreasing-frequency-of-sad-and-hopeless-feelings-in-youth>.

Adult illicit drug use in California increased from 2005 to 2017.

The percentage of California adults who used illicit drugs (such as marijuana, cocaine, or heroin) within the past month increased from 9% in 2005 to 14% in 2017, well above the Healthy People 2020 target of 7.1%.

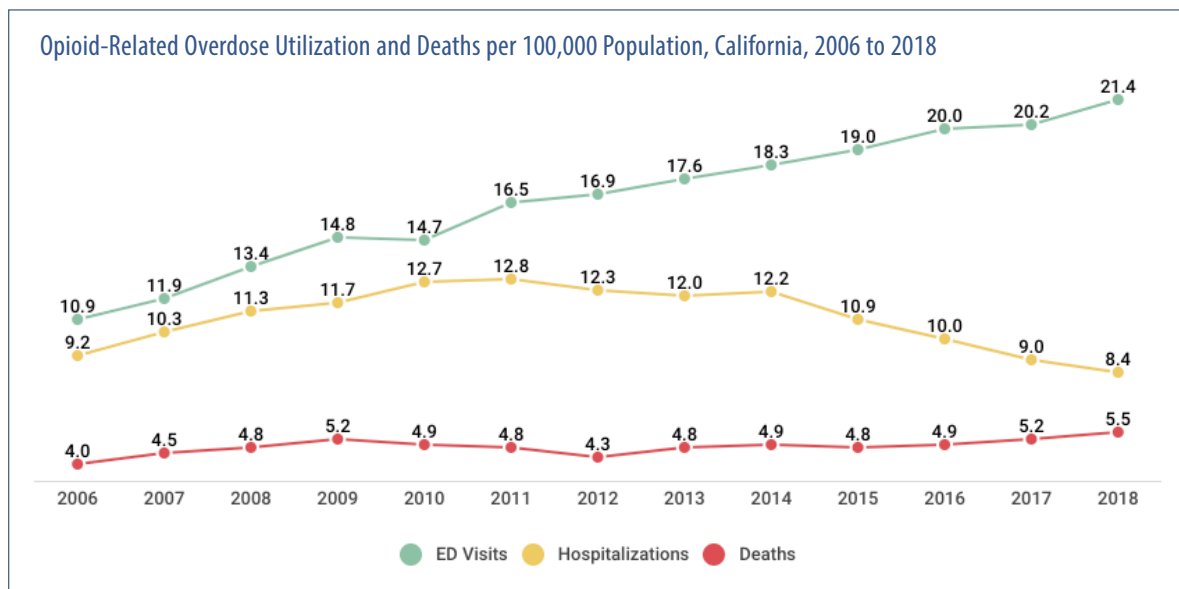


Notes: Adult is age 18+. Illicit drug use includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine; or misused prescription psychotherapeutics. Data are for two-year periods and reported for the second year of two years; for example, 2017 data are 2016–17. Data for 2014–15 were not available. The US government’s Healthy People 2020 establishes science-based 10-year national objectives for improving the health of all Americans, www.healthypeople.gov.

Source: National Survey on Drug Use and Health, Interactive State Estimates, <https://pdas.samhsa.gov/saes/state>.

Opioid-related overdose ED visit and death rates in California have increased since 2006.

California’s rate of opioid-related ED visits per 100,000 population nearly doubled from 10.9 in 2006 to 21.4 in 2018, while the rate of opioid-related deaths increased from 4 to 5.5 over the same time. In contrast, the rate of opioid-related hospitalizations rose from 2006 through 2011 before declining to a 13-year low in 2018.



Notes: Rates are age-adjusted. ED visits and hospitalizations were caused by nonfatal acute poisonings due to the effects of all opioid drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Deaths involve 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.

Source: California Opioid Overdose Surveillance Dashboard, California Dept. of Public Health.

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The companion Excel data file is available for download at www.chcf.org/publication/2020-edition-quality-care-behavioral-health. These materials are part of CHCF's California Health Care Almanac, an online clearinghouse for key data and analyses describing the state's health care landscape. See our entire collection of current and past editions of Quality of Care at www.chcf.org/collection/quality-care-almanac.