

# CALIFORNIA Health Care Almanac



JULY 2022

## Mental Health in California Waiting for Care

# Executive Summary

Mental illnesses are among the most common health conditions faced by Californians: Nearly 1 in 7 California adults experiences a mental illness, and 1 in 26 has a serious mental illness that makes it difficult to carry out daily activities. One in 14 children has an emotional disturbance that limits functioning in family, school, or community activities.

A number of positive changes have helped strengthen California’s mental health system. These changes include federal and state laws mandating parity in coverage of mental and physical illness, and the expansion of Medi-Cal eligibility and scope of mental health services under the Affordable Care Act. In addition, there have been numerous public and private efforts to expand access to care, encourage better integration of physical and mental health care, and reduce stigma. Nonetheless, a majority of Californians who need it fail to receive needed care.

Using the most recent data available, *Mental Health in California: Waiting for Care* provides an overview of mental health statewide: disease prevalence, suicide rates, supply and use of treatment providers, and mental health in the criminal justice system. The report also highlights available data on quality of care and mental health care spending.

**KEY FINDINGS INCLUDE:**

- The prevalence of serious mental illness varied by income, with much higher rates of mental illness for both children and adults in families with incomes below 100% of the federal poverty level.
- Rates of serious psychological distress reported by California adolescents and adults increased between 2016 and 2019.
- California’s rate of suicide was below both the national rate and the Healthy People 2030 target, although rates varied within the state by gender, race/ethnicity, and county.
- Close to two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment.
- People incarcerated in California’s jails and prisons have high rates of mental illness. In 2019, 30% of female prison inmates and 20% of the male prison population received mental health treatment while incarcerated.

Note: See the current and past editions of Mental Health in California at [www.chcf.org/collection/behavioral-health-california-almanac](http://www.chcf.org/collection/behavioral-health-california-almanac).

## Mental Health

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# Mental Illness Defined

The following are definitions of categories of mental illness used in this publication:

**Any mental illness (AMI)** is a categorization for adults 18 and older who currently have, or at any time in the past year have had, a diagnosable mental, behavioral, or emotional disorder, regardless of the level of impairment in carrying out major life activities. This category includes people whose mental illness causes serious, moderate, or mild functional impairment.

**Serious mental illness (SMI)** is a categorization for adults 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities.

**Serious emotional disturbance (SED)** is a categorization for children 17 and under who currently have, or at any time during the past year had, a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities.

**Serious psychological distress (SPD)** is a measure of psychological distress in the past year using the Kessler 6 series for adolescents and adults.\*

**Anxiety disorder** is excessive anxiety and worry occurring more days than not for at least six months to the degree that it interferes with daily activities such as job performance, school work, and relationships.

**Major depressive episode (MDE)** is a period of at least two weeks when a child or adult has experienced a depressed mood or loss of interest or pleasure in daily activities and has had a majority of specified depression symptoms.

\* For more information, see Ronald C. Kessler et al., "Screening for Serious Mental Illness in the General Population with the K6 Screening Scale: Results from the WHO World Mental Health (WMH) Survey Initiative," *Intl. Journal of Methods in Psychiatric Research* 19, no. S1 (June 2010): 4–22.

Sources: *Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health [Internet]*, Substance Abuse and Mental Health Services Administration (SAMHSA), June 2016, table 3.15; *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, SAMHSA, 2020; and 58 Fed. Reg. 29422 (May 20, 1993).

## Mental Health

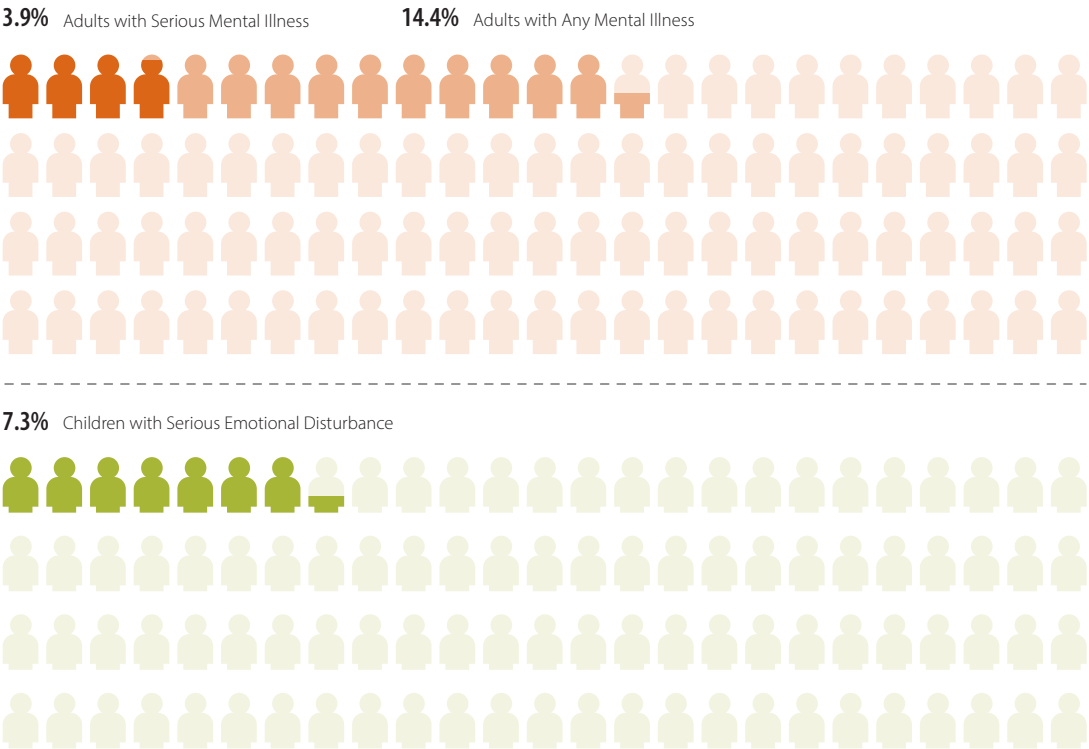
### Overview

Mental illness encompasses many diagnoses, including depression, anxiety, and schizophrenia. These diagnoses may affect a person's thinking, mood, or behavior. Some disorders are short-lived. Others are persistent and can lead to difficulty with functioning and to disability. Psychotherapies, behavioral management, and medications have been proven effective in promoting recovery from mental illnesses.

# Incidence of Mental Illness

## Adults and Children, California, 2019

PERCENTAGE OF POPULATION



Notes: *Serious emotional disturbance* is a categorization for children age 17 and under. *Serious mental illness* is a categorization for adults age 18 and older. Children do not have an equivalent “any mental illness” designation. See page 3 for full definitions. See page 59 for a description of the methodology used to develop these estimates.

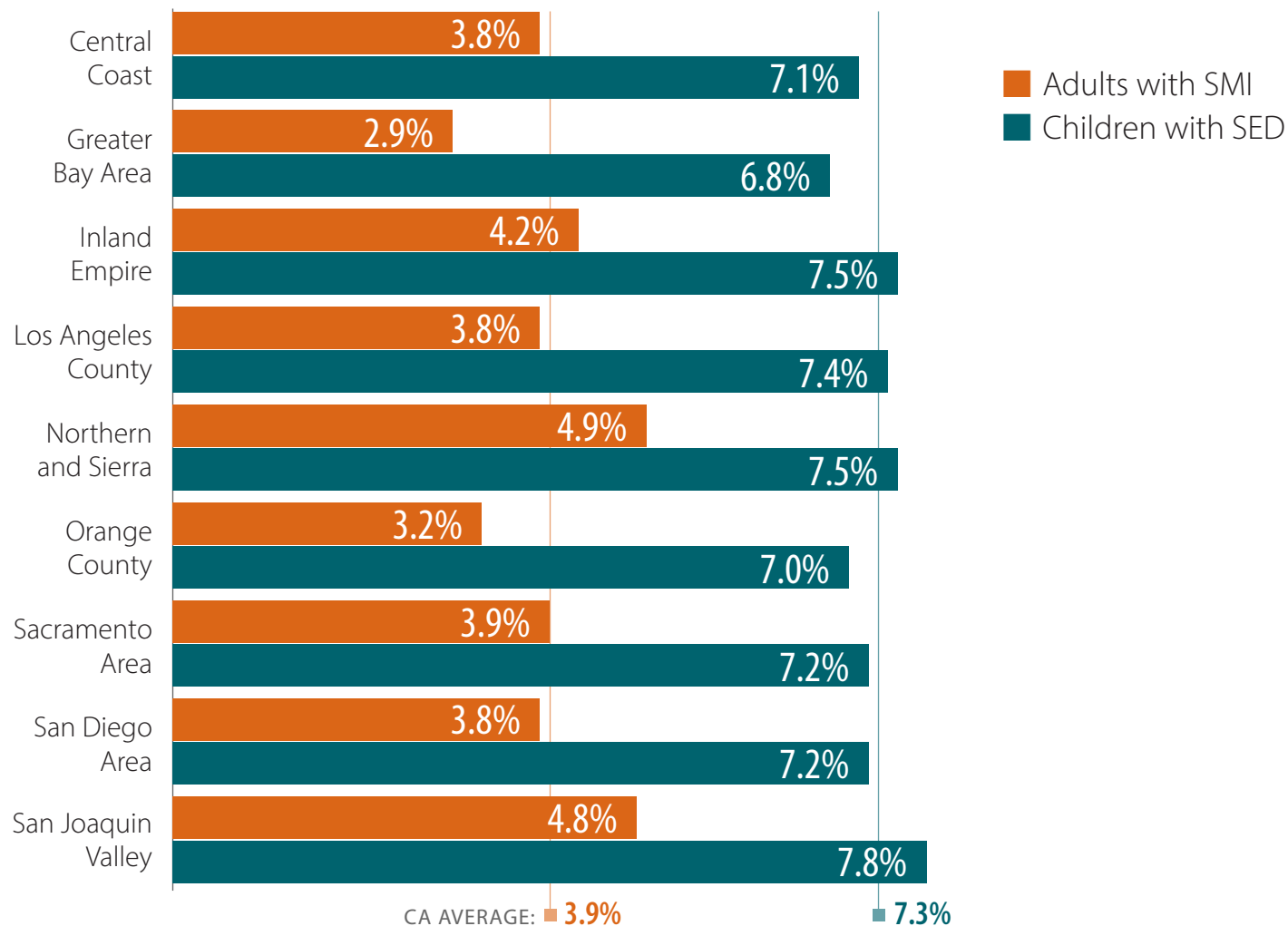
Source: Charles Holzer and Hoang Nguyen, “Estimation of Need for Mental Health Services,” received June 28, 2021.

In 2019, one in 26 adults in California experienced a serious mental illness that resulted in difficulty carrying out major life activities. About one in seven adults experienced a mental, behavioral, or emotional disorder (any mental illness). One in 14 children in California had a serious emotional disturbance that could interfere with functioning in family, learning, or getting along with people.

# Adults with SMI and Children with SED, by Region

## California, 2019

PERCENTAGE OF POPULATION



### Mental Health

#### Prevalence

The prevalence of serious mental illness among adults ranged from highs in Northern and Sierra (4.9%) and San Joaquin Valley (4.8%) to a low in the Greater Bay Area (2.9%). The rate of serious emotional disturbance among children in California regions did not vary much by region.

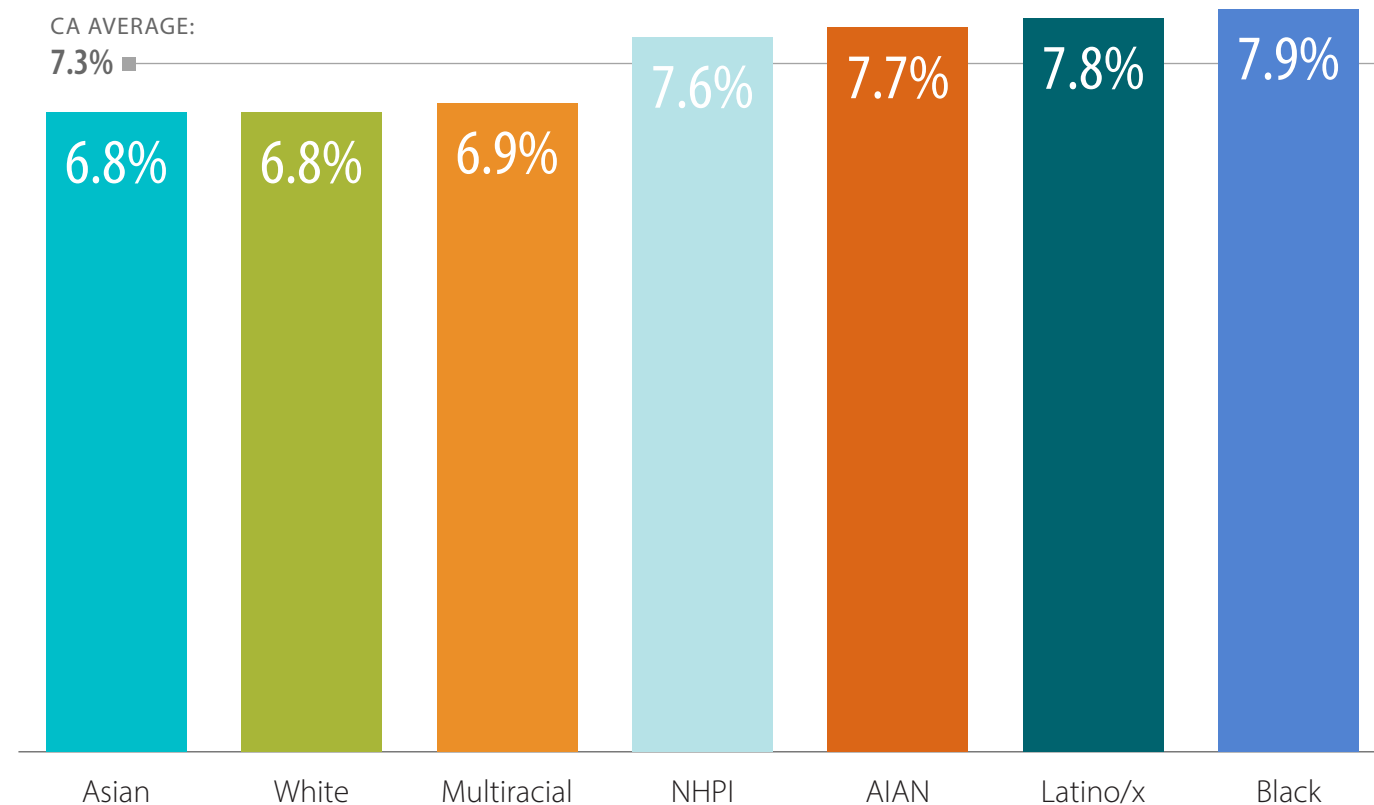
Notes: *Serious emotional disturbance (SED)* is a categorization for children age 17 and under. *Serious mental illness (SMI)* is a categorization for adults age 18 and older. See page 3 for full definitions. See page 59 for a description of the methodology used to develop these estimates. See [Appendix](#) for a map of counties included in each region.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

# Children with SED, by Race/Ethnicity

## California, 2019

PERCENTAGE OF CHILD POPULATION



Notes: *Serious emotional disturbance* (SED) is a categorization for children age 17 and under. See page 3 for full definitions. See page 59 for a description of the methodology used to develop these estimates. *NHPI* is Native Hawaiian and Pacific Islander. *AIAN* is American Indian and Alaska Native. Source uses *African American*, *Hispanic*, and *Native American*.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

### Mental Health

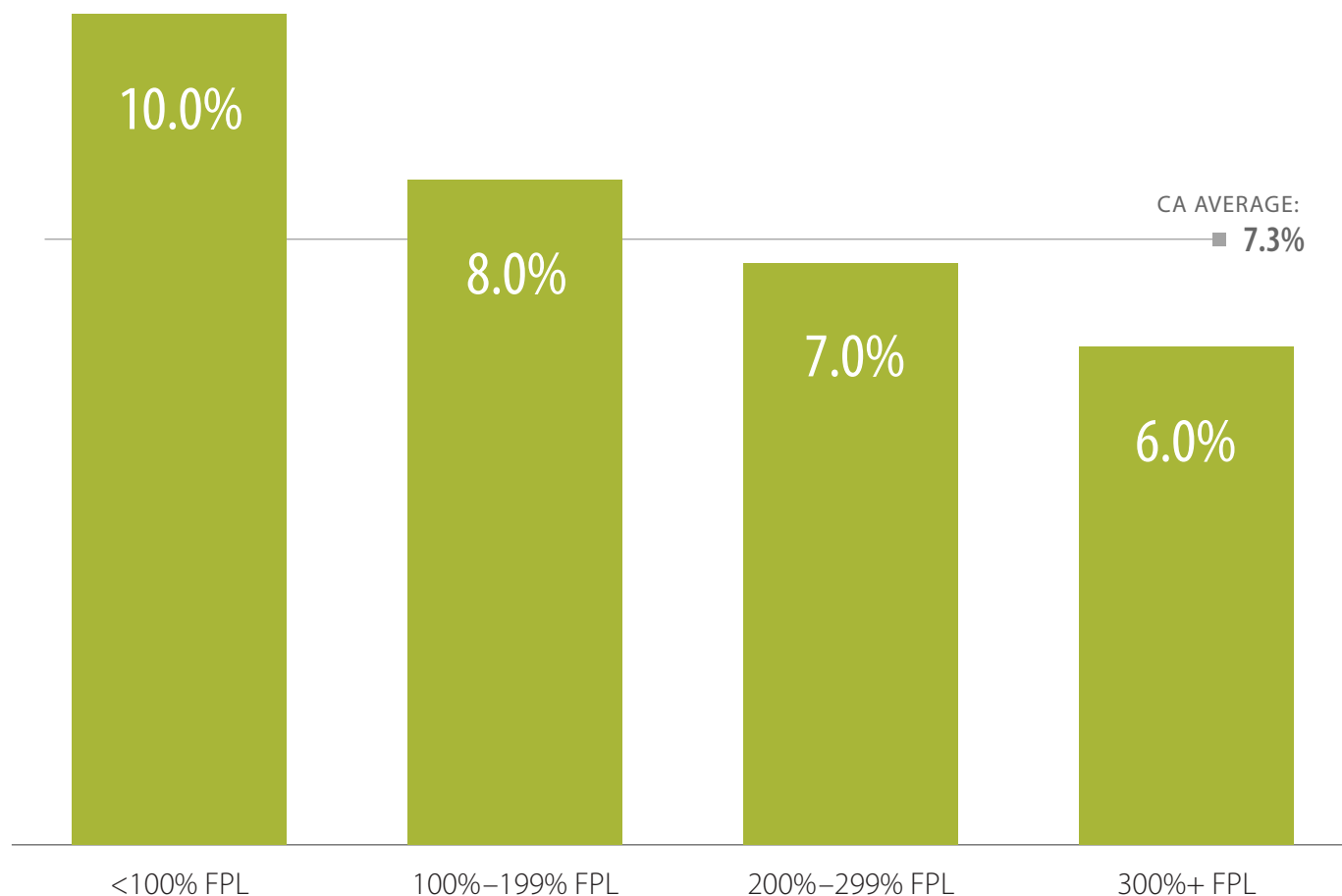
Prevalence

Serious emotional disturbance in California children varied slightly by race/ethnicity.

# Children with SED, by Income

## California, 2019

PERCENTAGE OF CHILD POPULATION



Notes: *Serious emotional disturbance* (SED) is a categorization for children age 17 and under. See page 3 for full definitions. *FPL* is federal poverty level; 100% of FPL in 2019 was an annual income of \$12,490 for an individual and \$25,950 for a family of four. Excludes 2% of children for whom the level of income could not be determined. See page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

### Mental Health

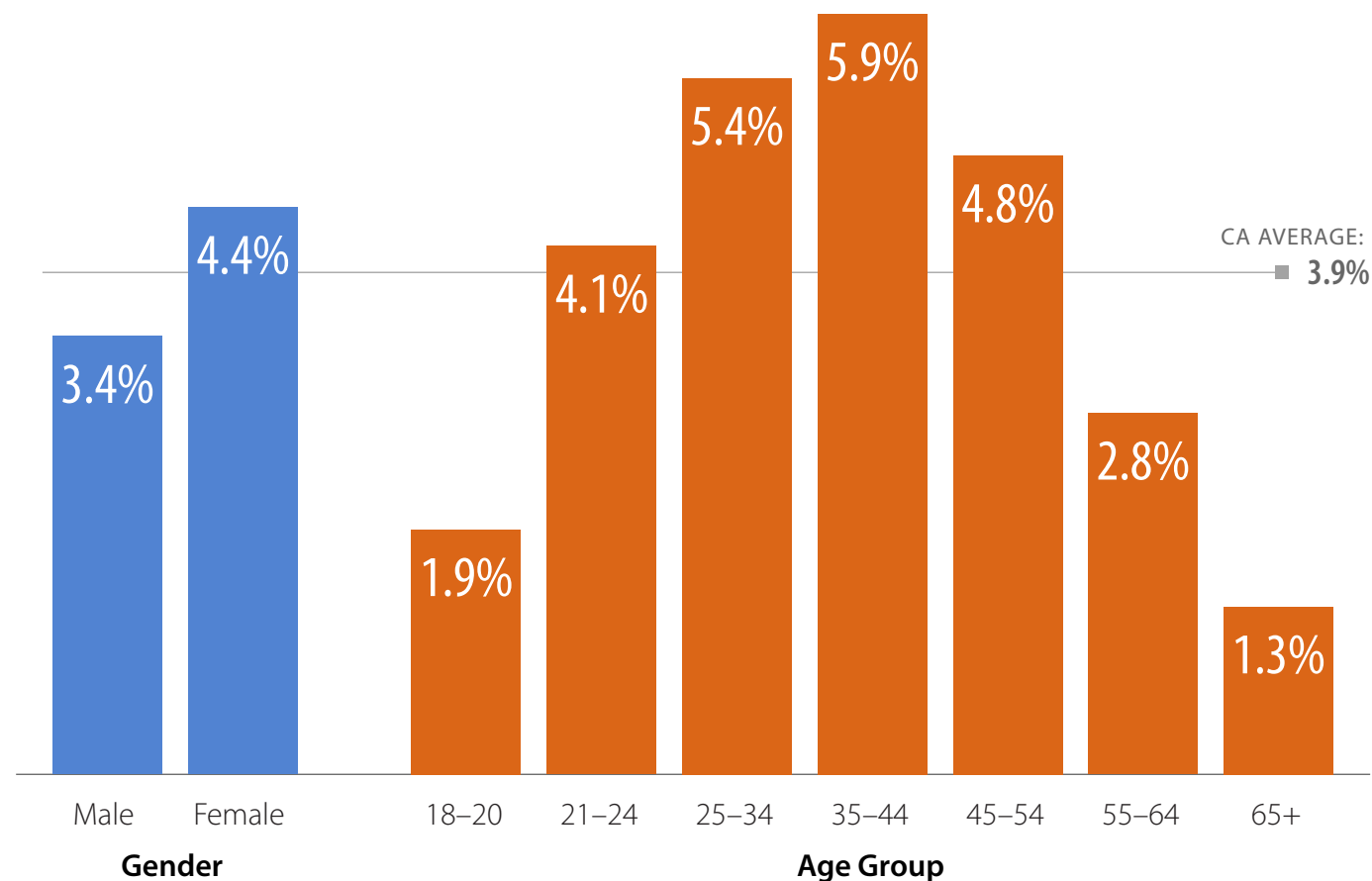
Prevalence

Serious emotional disturbance is more common among children in families with lower incomes. One in 10 children in families below the federal poverty level experienced a serious emotional disturbance.

# Adults with SMI, by Gender and Age Group

## California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: Source did not include additional gender categories. *Serious mental illness* (SMI) is a categorization for adults age 18 and older. See page 3 for full definitions and page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

### Mental Health

Prevalence

In California, females were slightly more likely than males to experience serious mental illness (SMI).

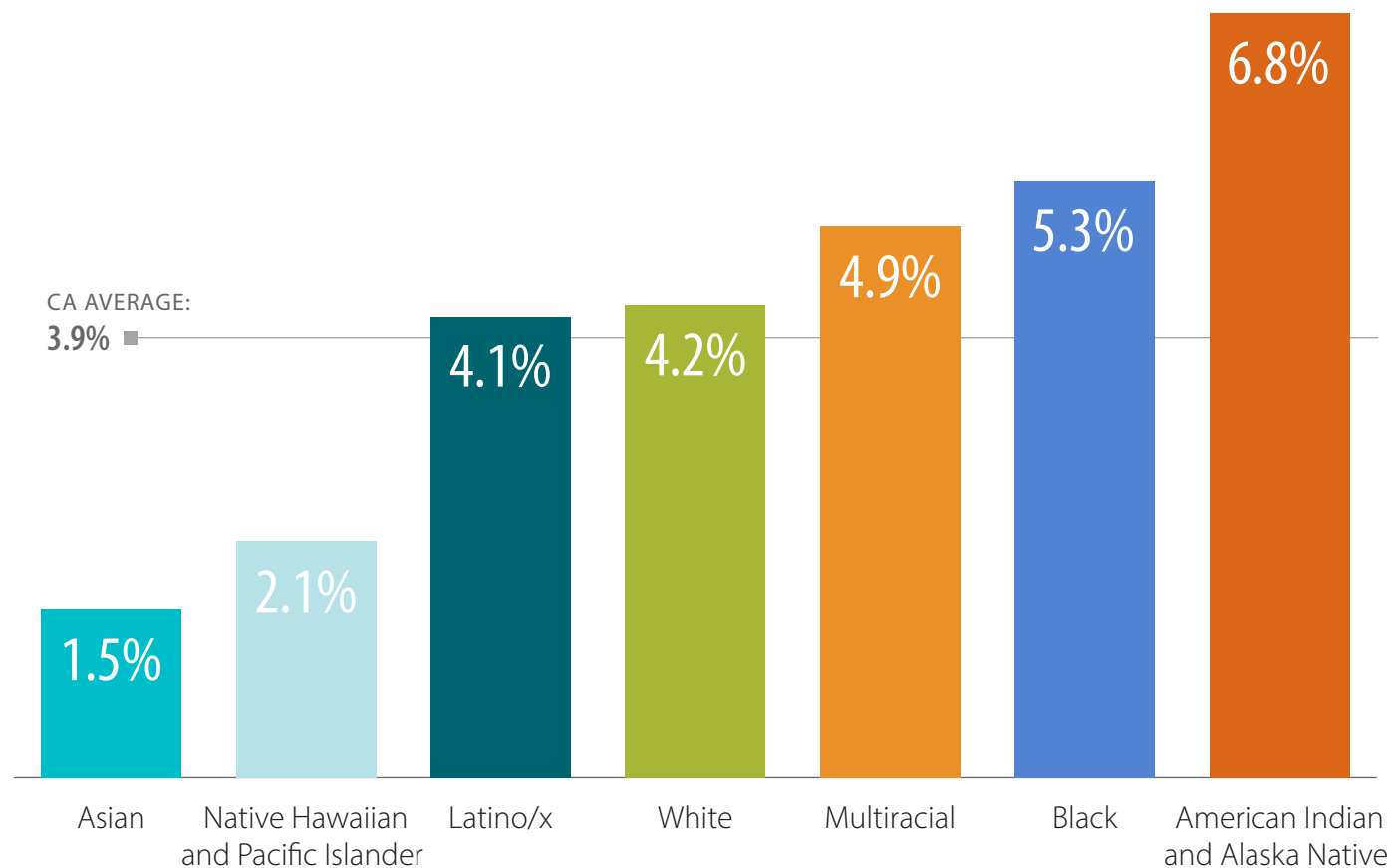
Californians age 35 to 44 had the highest rate of SMI, and those 65 and over had the lowest rate.



# Adults with SMI, by Race/Ethnicity

## California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: *Serious mental illness* (SMI) is a categorization for adults age 18 and older. See page 3 for full definitions and page 59 for a description of the methodology used to develop these estimates. Source uses *African American*, *Hispanic*, and *Native American*.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

### Mental Health

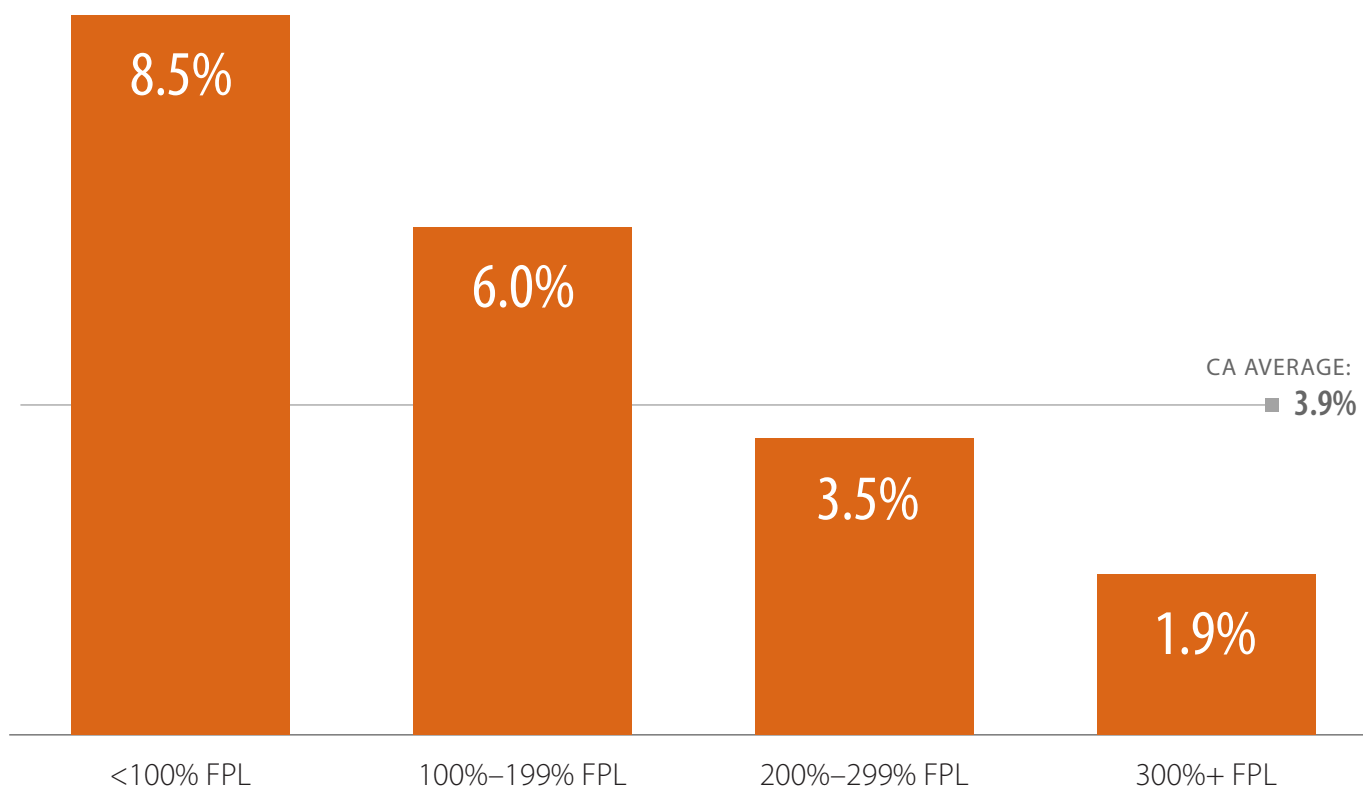
Prevalence

Rates of serious mental illness (SMI) among California adults varied considerably among racial and ethnic groups. American Indian and Alaska Native adults experienced the highest rates.

# Adults with Serious Mental Illness, by Income

## California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: *Serious mental illness* is a categorization for adults age 18 and older. See page 3 for full definitions. *FPL* is federal poverty level. In 2019, 100% of FPL was defined as an annual income of \$12,490 for an individual and \$25,550 for a family of four. Excludes 2% of adults for whom the level of income could not be determined. See page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

### Mental Health

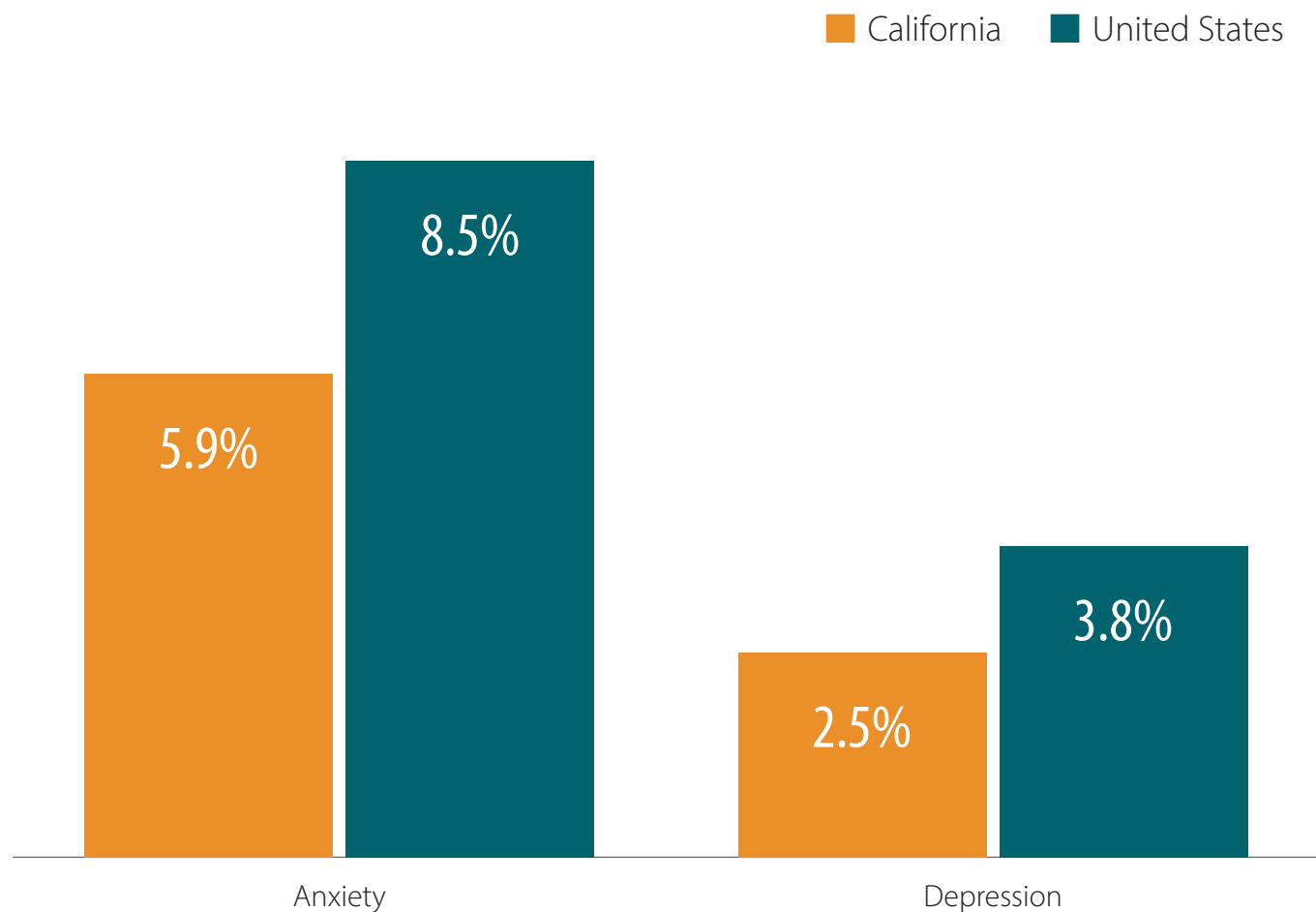
Prevalence

The prevalence of serious mental illness was highest among Californians with the lowest incomes. Nearly one in 12 adults in families with incomes below 100% of the federal poverty level had serious mental illness.

# Children with Anxiety or Depression

## California vs. United States, 2018 and 2019

PERCENTAGE OF CHILDREN WITH ...



Notes: *Children* are age 3 to 17. *Depression* is a mood disorder with symptoms that can include persistent sadness and hopelessness. *Anxiety* symptoms may include being tense or uptight, seeking reassurance, or feeling restless or on edge. These conditions can interfere with work and school performance and affect a child's relationships with peers and parents. Information about children's health conditions is based on recollection of the child's parent or caregiver and is not independently verified. Combined data from 2018 and 2019 surveys.

Source: "Health Outcomes – Children: Heat Map," America's Health Rankings.

### Mental Health

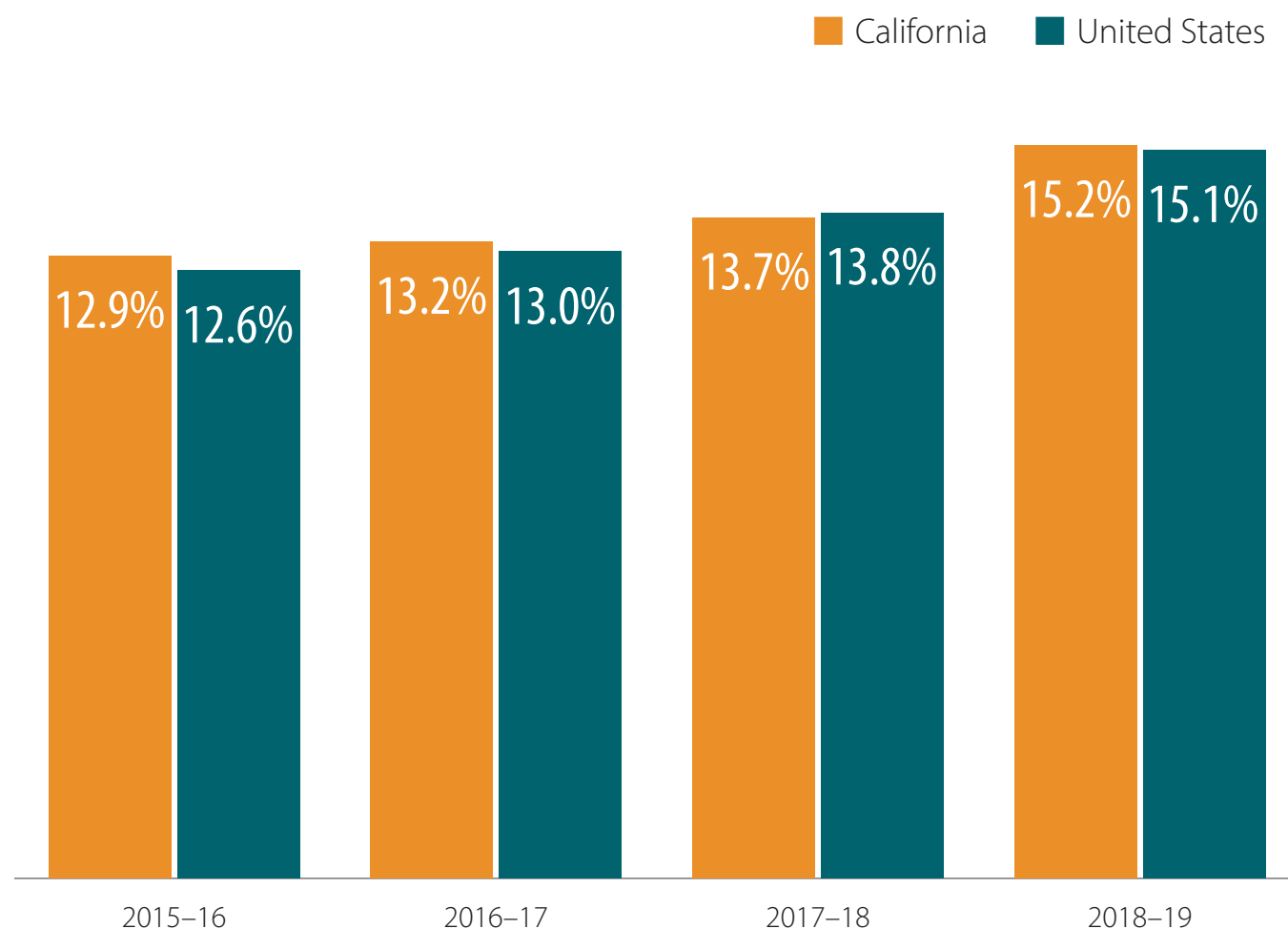
Prevalence

In 2018 and 2019, approximately 6% of California children experienced anxiety and about 3% experienced depression. National rates for both anxiety and depression were higher than California rates.

# Adolescents Reporting an MDE in the Past Year

## California vs. United States, 2015–16 to 2018–19

PERCENTAGE OF ADOLESCENTS



Notes: *Adolescents* are age 12 to 17. *MDE* is major depressive episode. Respondents with unknown past-year MDE data were excluded. State estimates are based on a small area estimation procedure in which two years of state-level National Survey on Drug Use and Health (NSDUH) survey data are combined with local-area county and census block group / tract-level data.

Source: "Interactive NSDUH State Estimates," Substance Abuse and Mental Health Services Administration.

### Mental Health

Prevalence

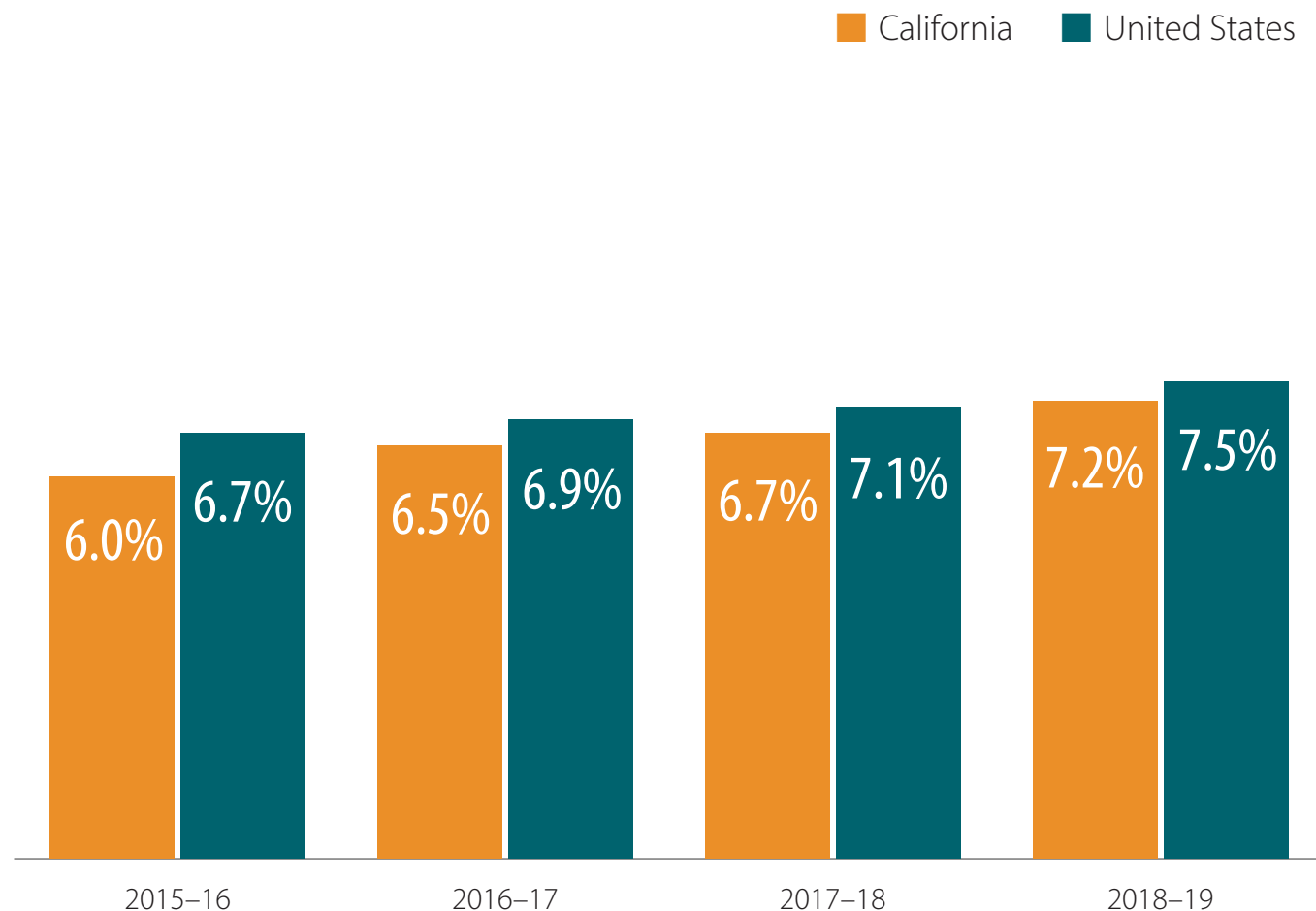
Between 2015–16 and 2018–19, the percentage of adolescents reporting a major depressive episode (MDE) increased in California and the United States. One in seven adolescents reported experiencing an MDE in the past year in 2018–19. Approximately 70% of teens who have an MDE experience functional limitations that meet criteria for severe impairment (not shown).\*

\*"Mental Health Information: Statistics — Major Depression," National Institute of Mental Health, figure 2.

# Adults Reporting an MDE in the Past Year

## California vs. United States, 2015–16 to 2018–19

PERCENTAGE OF ADULTS



Notes: *Adults* are age 18 and older. *MDE* is major depressive episode. Respondents with unknown past-year MDE data were excluded. State estimates are based on a small area estimation procedure in which state-level National Survey on Drug Use and Health (NSDUH) data from two consecutive survey years are combined with local-area county and census block group / tract-level data from the state to provide more precise state estimates.

Source: "Interactive NSDUH State Estimates," Substance Abuse and Mental Health Services Administration.

### Mental Health

Prevalence

Between 2018 and 2019, 7% of adults in California reported experiencing a major depressive episode (MDE) in the past year. The percentage of adults reporting an MDE was slightly lower in California than in the United States between 2015–16 and 2018–19.

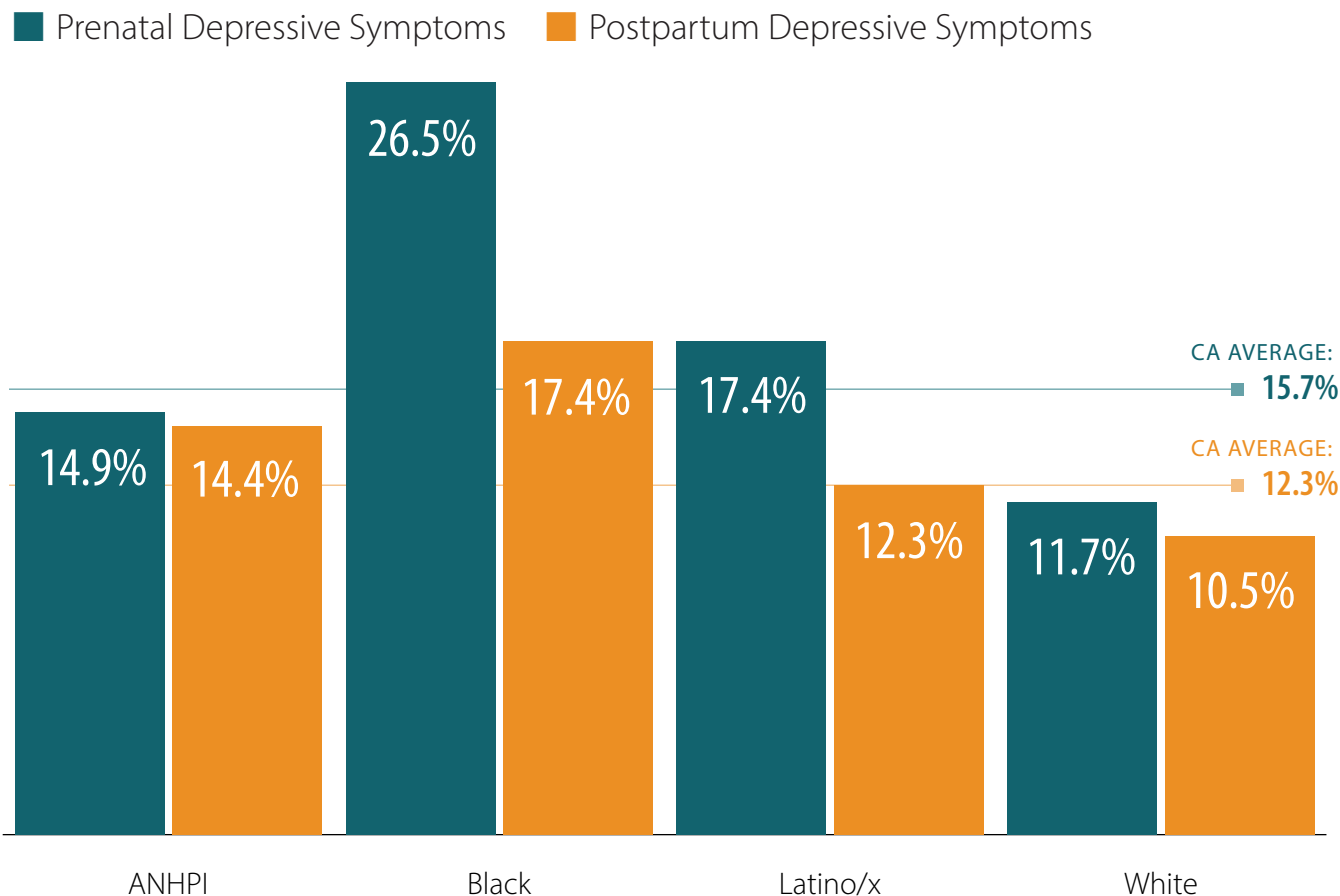
Almost two-thirds of adults with MDE experience functional limitations that meet criteria for severe impairment (not shown).\*

\*"Mental Health Information: Statistics — Major Depression," National Institute of Mental Health, figure 1.

# Perinatal Depressive Symptoms by Race/Ethnicity

## California, 2016 and 2017

PERCENTAGE OF BIRTHING PEOPLE WITH A RECENT LIVE BIRTH



Notes: *Birthing people* is used to recognize that not all people who give birth identify as women. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *women*, *Asian and Pacific Islander*, and *Latino*. *Depressive symptoms* include feeling sad, empty, or depressed for most of the day and losing interest for two weeks or longer in most things usually enjoyed. *Prepartum* is during pregnancy. *Postpartum* is after the birthing person's most recent birth. Data based on a population-based survey of 13,062 women with a recent live birth; 2016 and 2017 data were combined.

Source: 2020 Edition — *Quality of Care: Maternal Health and Childbirth*, California Health Care Foundation, March 2020.

### Mental Health

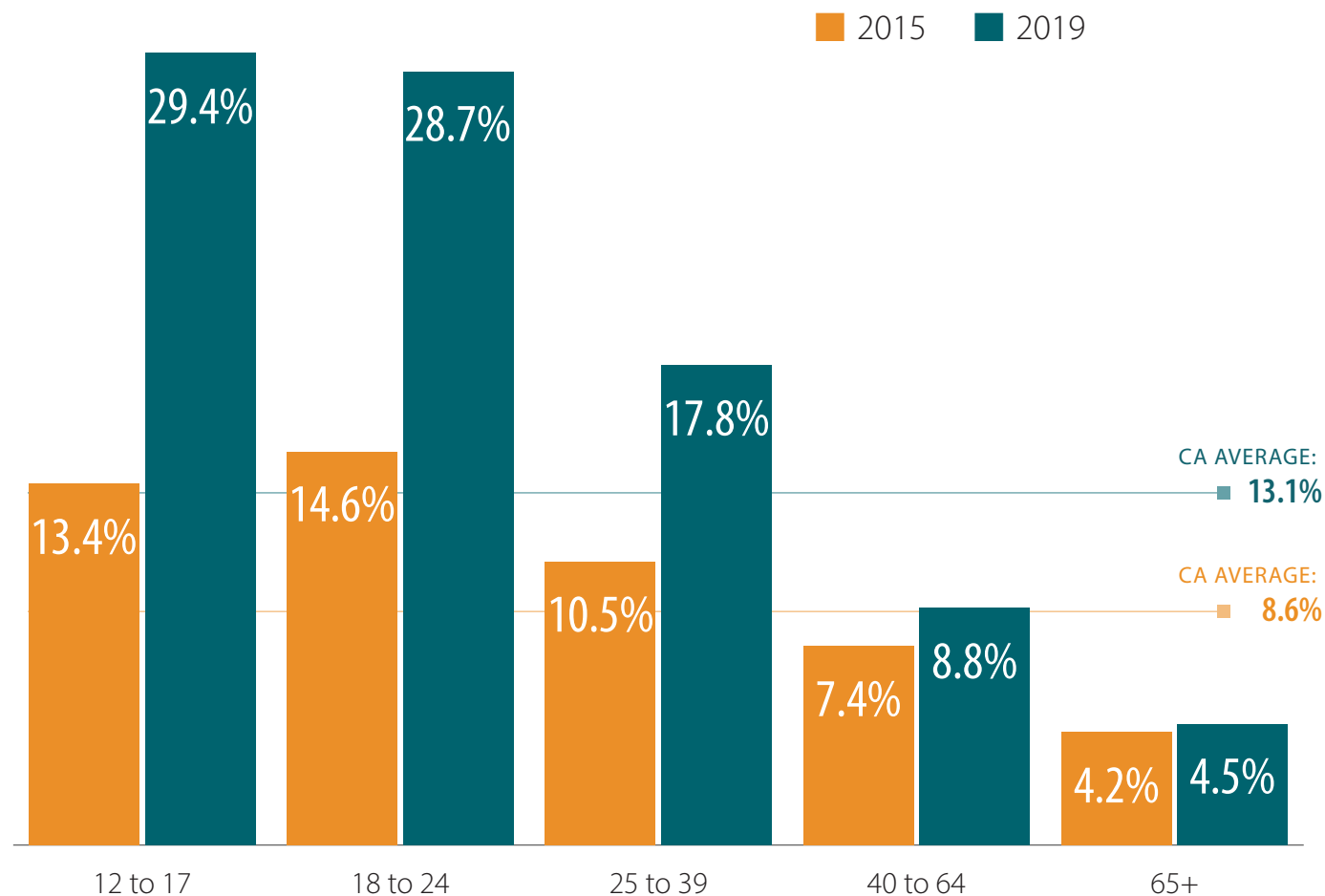
Prevalence

One in six birthing people experienced prenatal depressive symptoms, and one in eight experienced postpartum depressive symptoms, in 2016 and 2017. Rates varied by race and ethnicity. Black birthing people experienced significantly higher rates of prenatal and postpartum depressive symptoms than people of other races/ethnicities.

# Serious Psychological Distress in the Past Year, by Age Group

## California, 2015 and 2019

PERCENTAGE OF POPULATION



### Mental Health

#### Prevalence

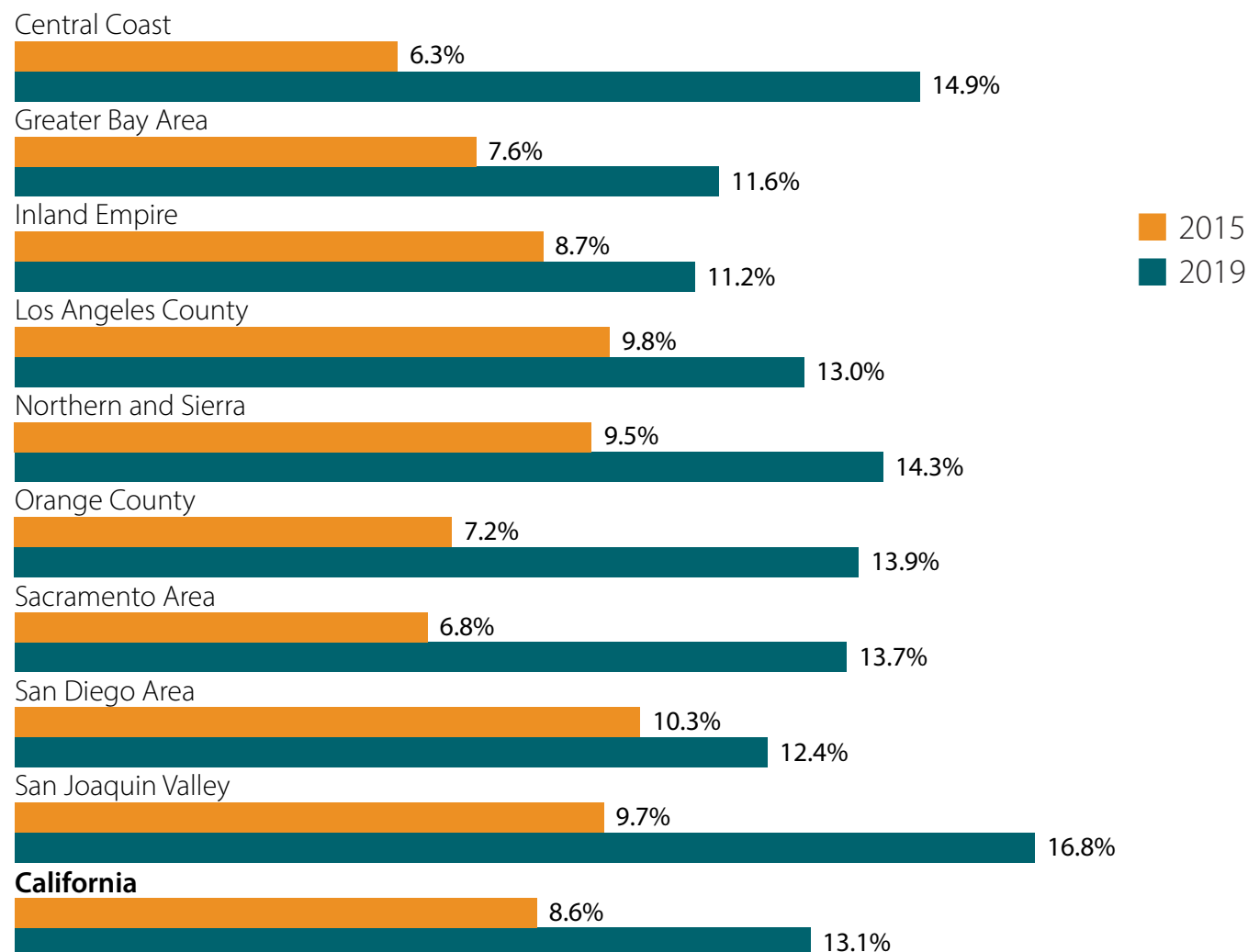
In 2019, about 30% of people age 12 to 24 experienced serious psychological distress (SPD). These rates increased dramatically from 2015 to 2019. Rates of SPD decline with age, and were under 5% among those age 65 and older.

Notes: *Serious psychological distress* (SPD) is a categorization for adolescents and adults. SPD is assessed for the worst month in the past year. See page 3 for full definitions.

Source: "AskCHIS," UCLA Center for Health Policy Research.

# Adults with Serious Psychological Distress in the Past Year, by Region, California, 2015 and 2019

PERCENTAGE OF POPULATION



Notes: Source did not include additional gender categories. *Adults* are age 18 and older. *Serious psychological distress* (SPD) is a categorization for adolescents and adults. See page 3 for full definitions. SPD is assessed for the worst month in the past year.

Source: "AskCHIS," UCLA Center for Health Policy Research.

## Mental Health

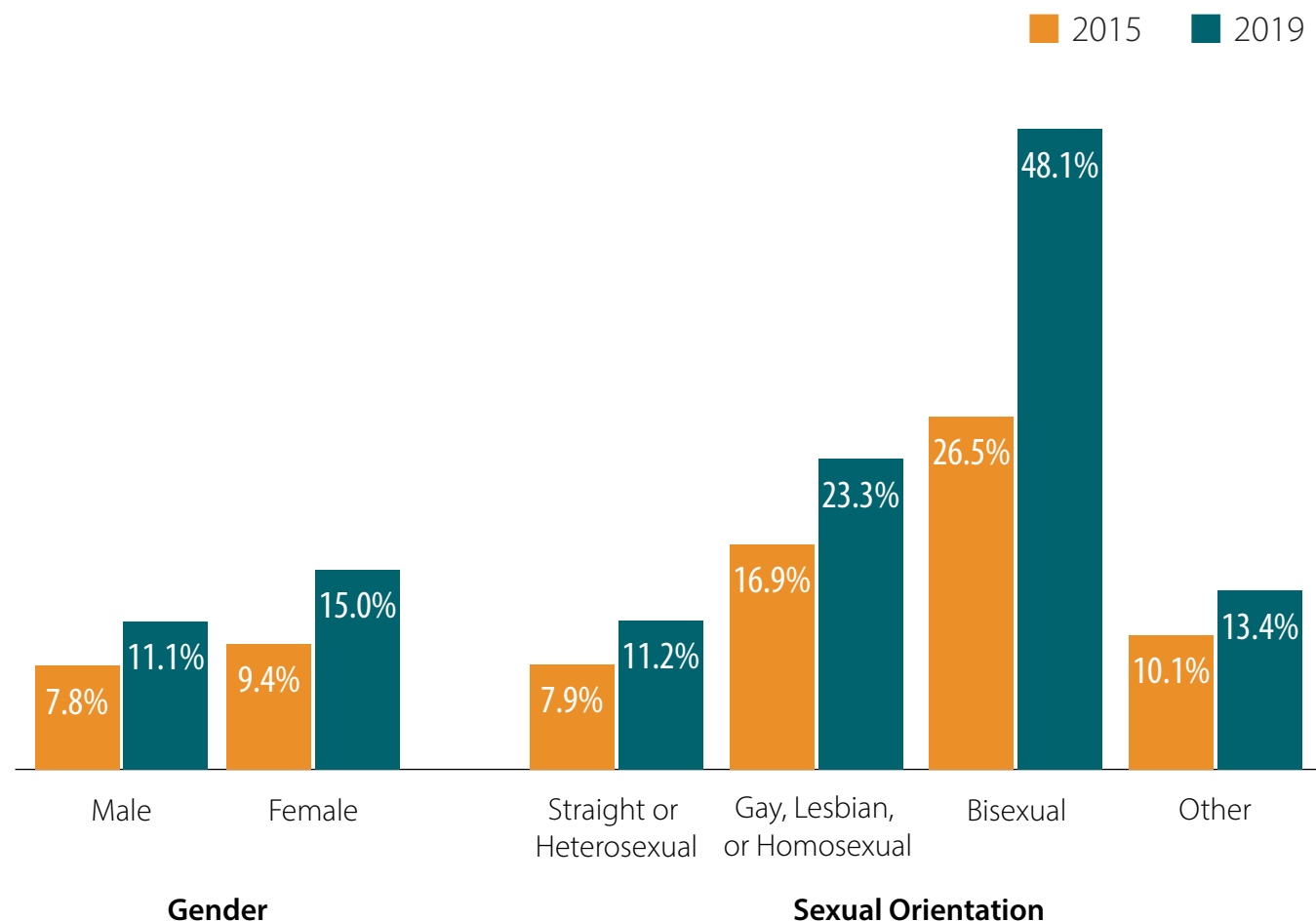
Prevalence

In California, the percentage of adults who reported experiencing serious psychological distress increased by 50%, from 8.6% in 2015 to 13.1% in 2019. Rates for the Central Coast and Sacramento Area doubled. In 2019, the San Joaquin Valley had the highest rate (16.8%) and the Inland Empire had the lowest rate (11.2%).



# Adults with Serious Psychological Distress in the Past Year, by Gender and Sexual Orientation, California, 2015 and 2019

PERCENTAGE OF ADULTS



Notes: Source did not include additional gender categories. *Serious psychological distress* (SPD) is a categorization for adolescents and adults. See page 3 for full definition. SPD is assessed for the worst month in the past year. Sexual orientation was self-reported. *Other* is not sexual, celibate, none or other in the source.

Source: "AskCHIS," UCLA Center for Health Policy Research.

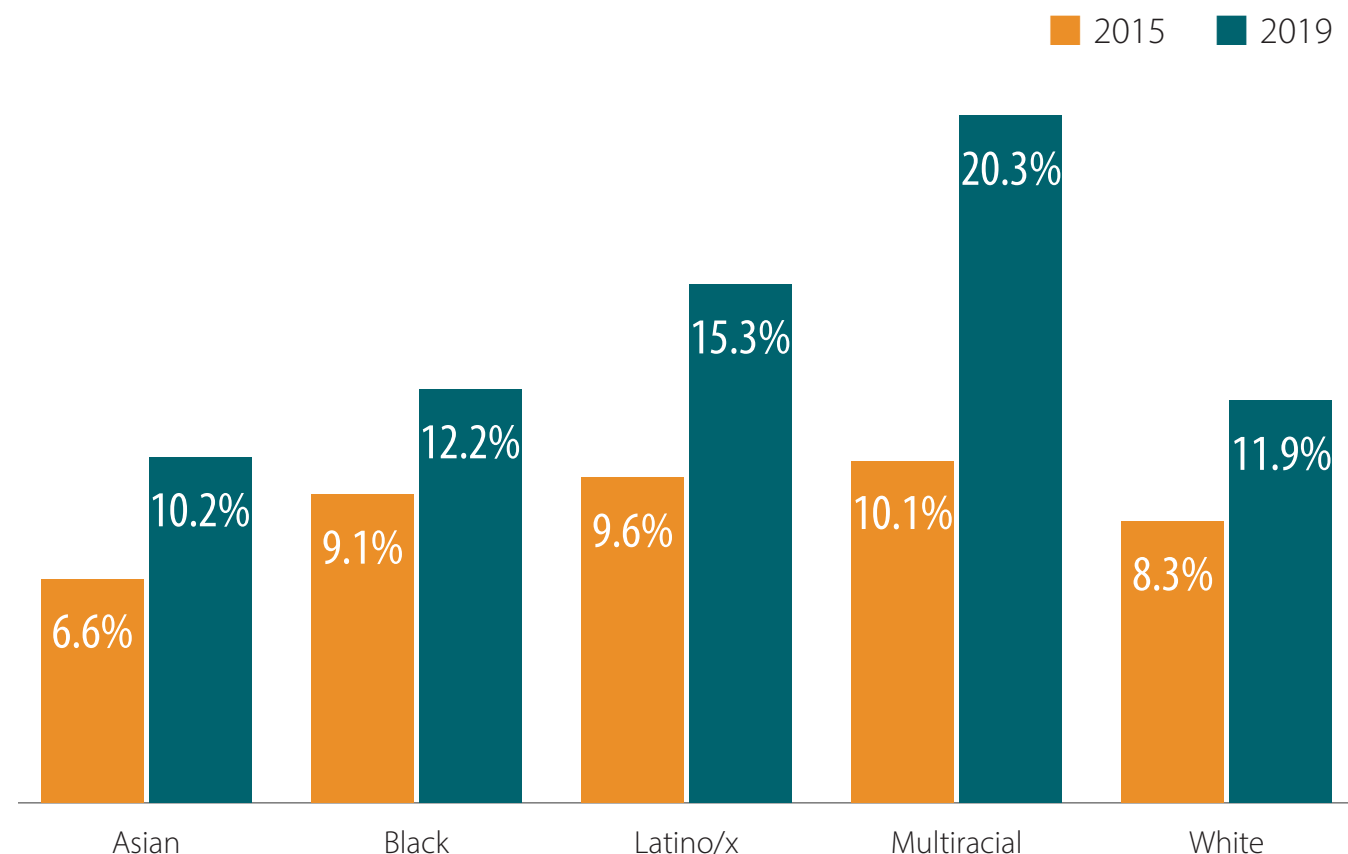
## Mental Health

Prevalence

Adult females in California were more likely than males to experience serious psychological distress (SPD). The rates for females increased 60% from 2015 to 2019. Rates of SPD for adults who are bisexual or who are gay, lesbian, or homosexual were higher than for adults who are straight or heterosexual. Rates for adults who are bisexual increased more than 80% from 2015 to 2019.

# Adults with Serious Psychological Distress in the Past Year by Race/Ethnicity, California, 2015 and 2019

PERCENTAGE OF ADULTS



Notes: Adults are age 18 and older. Serious psychological distress (SPD) is a categorization for adolescents and adults. See page 3 for full definitions. SPD is assessed for the worst month in the past year. Results for American Indian / Alaska Native and Native Hawaiian / Pacific Islander are not shown because they were statistically unstable. Source uses Latino, Black or African American, and Two or More Races.

Source: "AskCHIS," UCLA Center for Health Policy Research.

## Mental Health

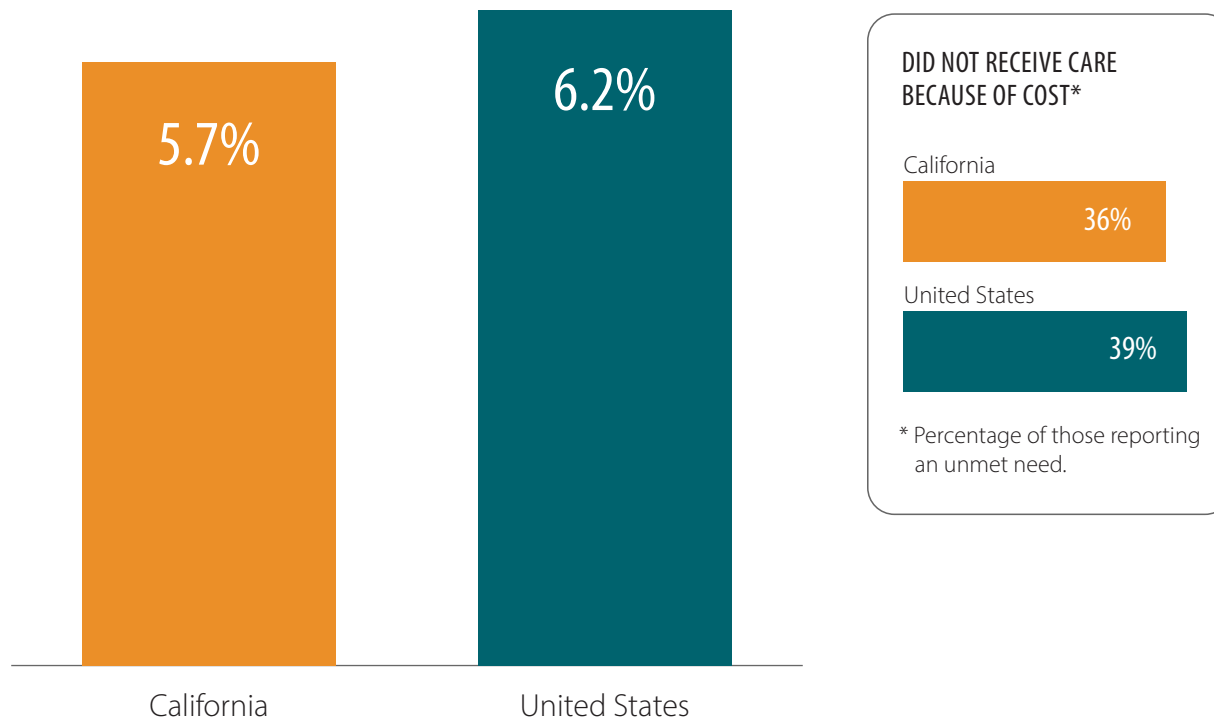
Prevalence

Rates of serious psychological distress in California adults varied among racial and ethnic groups. Rates for all groups increased between 2015 and 2019, with the rate doubling for people who are multiracial. Asian Californians had the lowest rate in both years.

# Unmet Need for Mental Health Treatment, Adults

## California vs. United States, 2018 to 2019

PERCENTAGE OF ADULTS



### Mental Health Treatment

Approximately 6% of both California and US adults reported needing mental health treatment or counseling but not being able to get it. Over a third of these adults reported that they did not receive treatment due to cost.

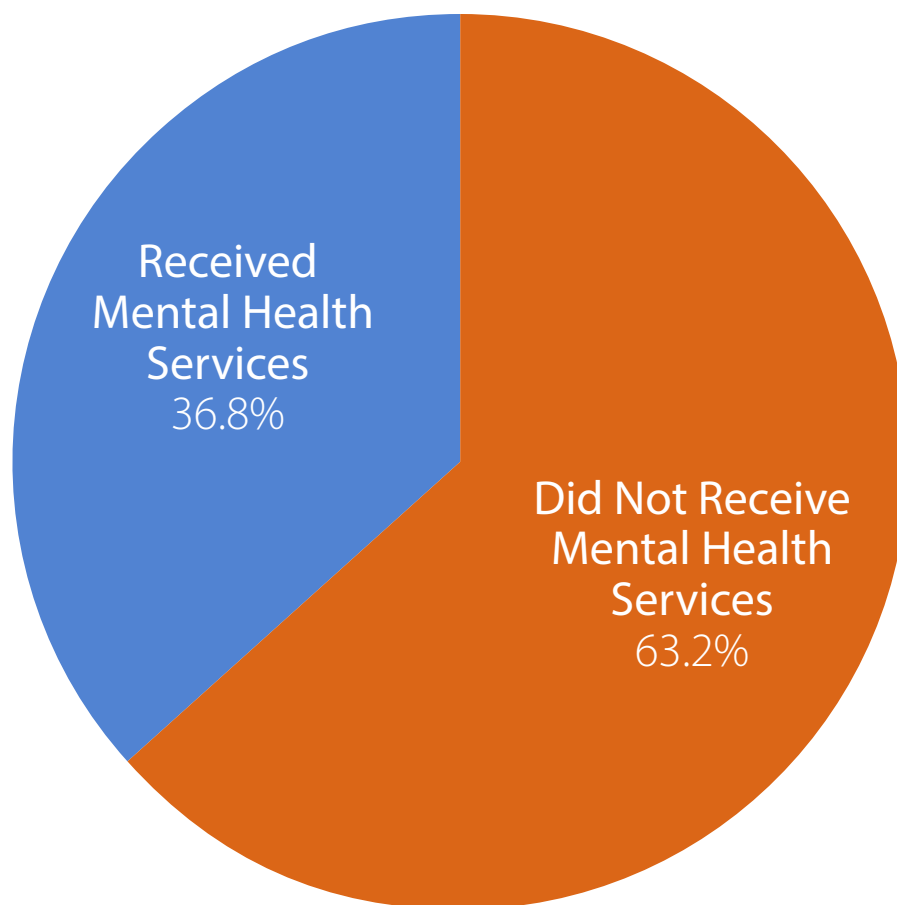
Notes: *Adults* are age 18 and above. *Unmet need* is defined as a perceived need for mental health treatment or counseling in the past year that was not received.

Sources: "Adults Reporting Unmet Need for Mental Health Treatment in the Past Year," KFF; and "Adults Reporting Unmet Need for Mental Health Treatment in the Past Year Because of Cost," KFF, accessed November 30, 2021.

# Mental Health Service Use

## Adults with AMI, California, 2017 to 2019

PERCENTAGE WHO . . .



Notes: Estimates are annual averages based on combined 2017 to 2019 National Survey on Drug Use and Health data. *Mental health service* use is defined as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months before the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of any mental or emotional condition that was not caused by the use of alcohol or drugs. Respondents with unknown service use were excluded. Estimates of any mental illness were based on self-report of symptoms indicative of any mental illness. *Any mental illness (AMI)* is a categorization for adults age 18 and older. See page 3 for full definitions.

Source: *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, Substance Abuse and Mental Health Services Administration, 2020.

### Mental Health

#### Treatment

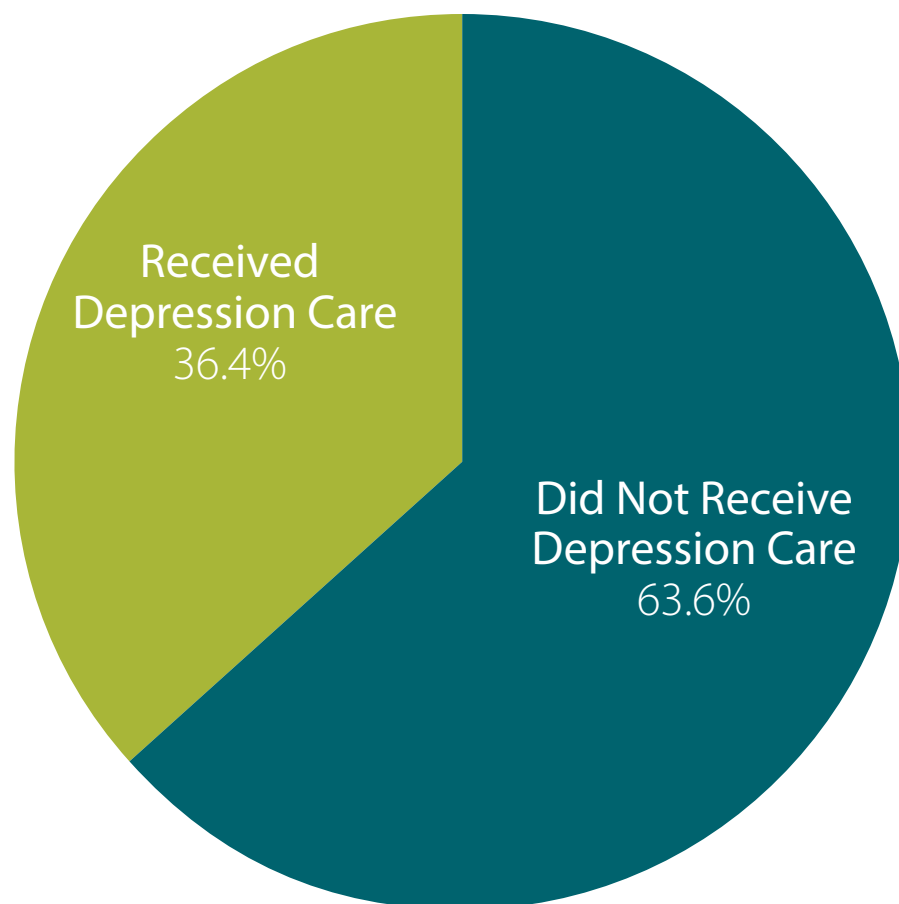
Among California adults with any mental illness, slightly more than one-third reported receiving mental health services, which include treatment, counseling, or prescription medication, during the past year. This was lower than the national rate of 43.6% (not shown). While adults in California with serious mental illness were more likely to receive treatment, 40% did not get any (not shown).\*

\*"Mental Health in California," KFF.

# Treatment for Major Depressive Episode

## Adolescents, California, 2016 to 2019

PERCENTAGE REPORTING MDE IN THE PAST YEAR WHO . . .



Notes: *Adolescents* are age 12 to 17. Estimates are annual averages based on combined 2016 to 2019 NSDUH data. *MDE* is major depressive episode. Respondents with unknown past-year MDE or treatment data were excluded.

Source: *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, Substance Abuse and Mental Health Services Administration, 2020.

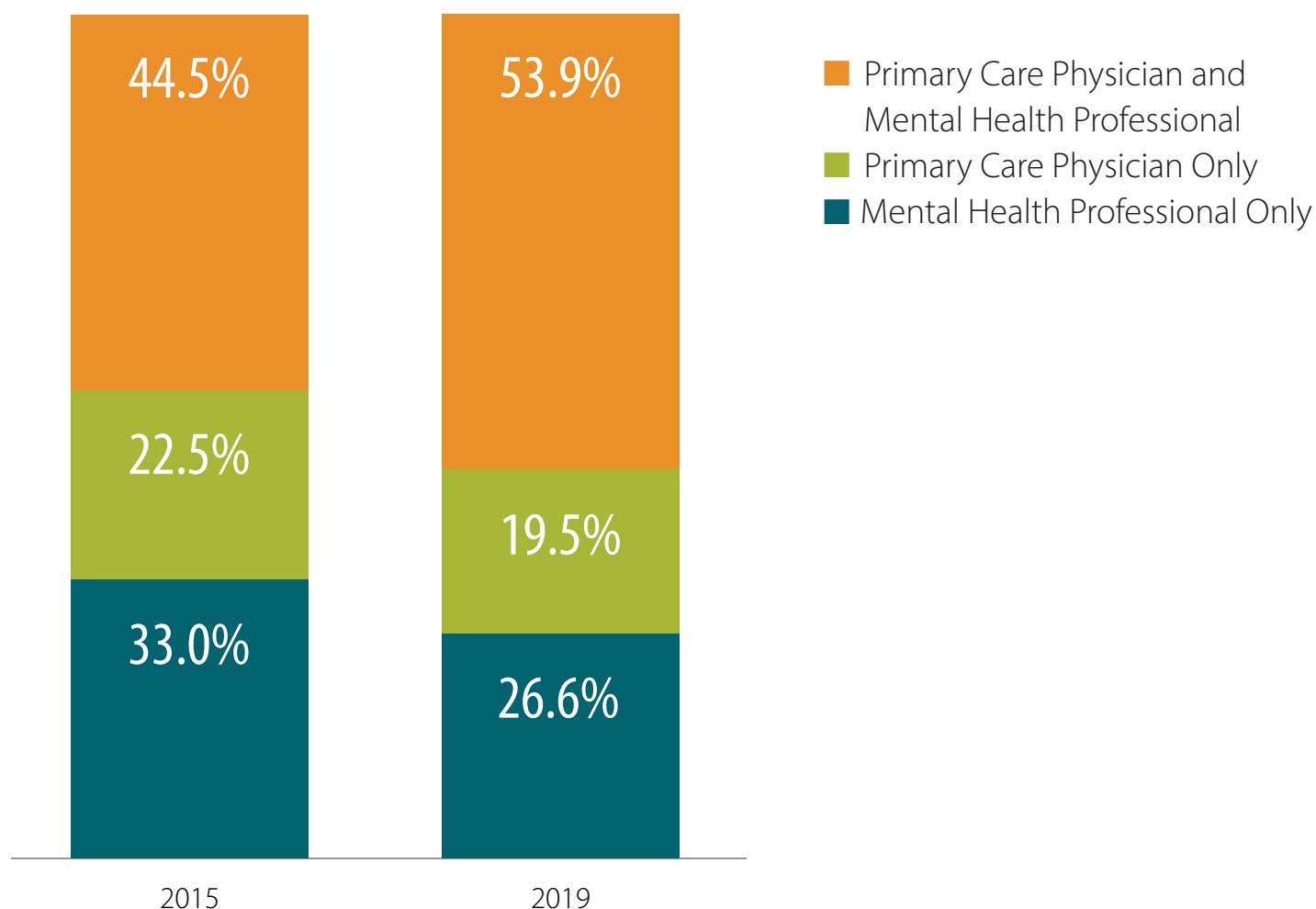
### Mental Health

#### Treatment

Between 2016 and 2019, about one in three California adolescents who reported experiencing symptoms of major depressive episode during the past year received treatment. This was lower than the national rate of 41.8% and the Healthy People 2030 target of 46.6% (not shown).

# Mental Health Care in Past Year by Type of Provider, Adults with SPD, California, 2015 and 2019

PERCENTAGE OF ADULTS WITH SPD RECEIVING CARE FROM . . .



Notes: *Serious psychological distress* (SPD) is a categorization for adults age 18 and older. See page 3 for full definition. Adults with SPD who reported receiving care for mental/emotional problems in the past 12 months indicated whether they had seen a primary care physician or other professional such as a counselor, psychiatrist, or social worker for these problems.

Source: "AskCHIS," UCLA Center for Health Policy Research.

## Mental Health

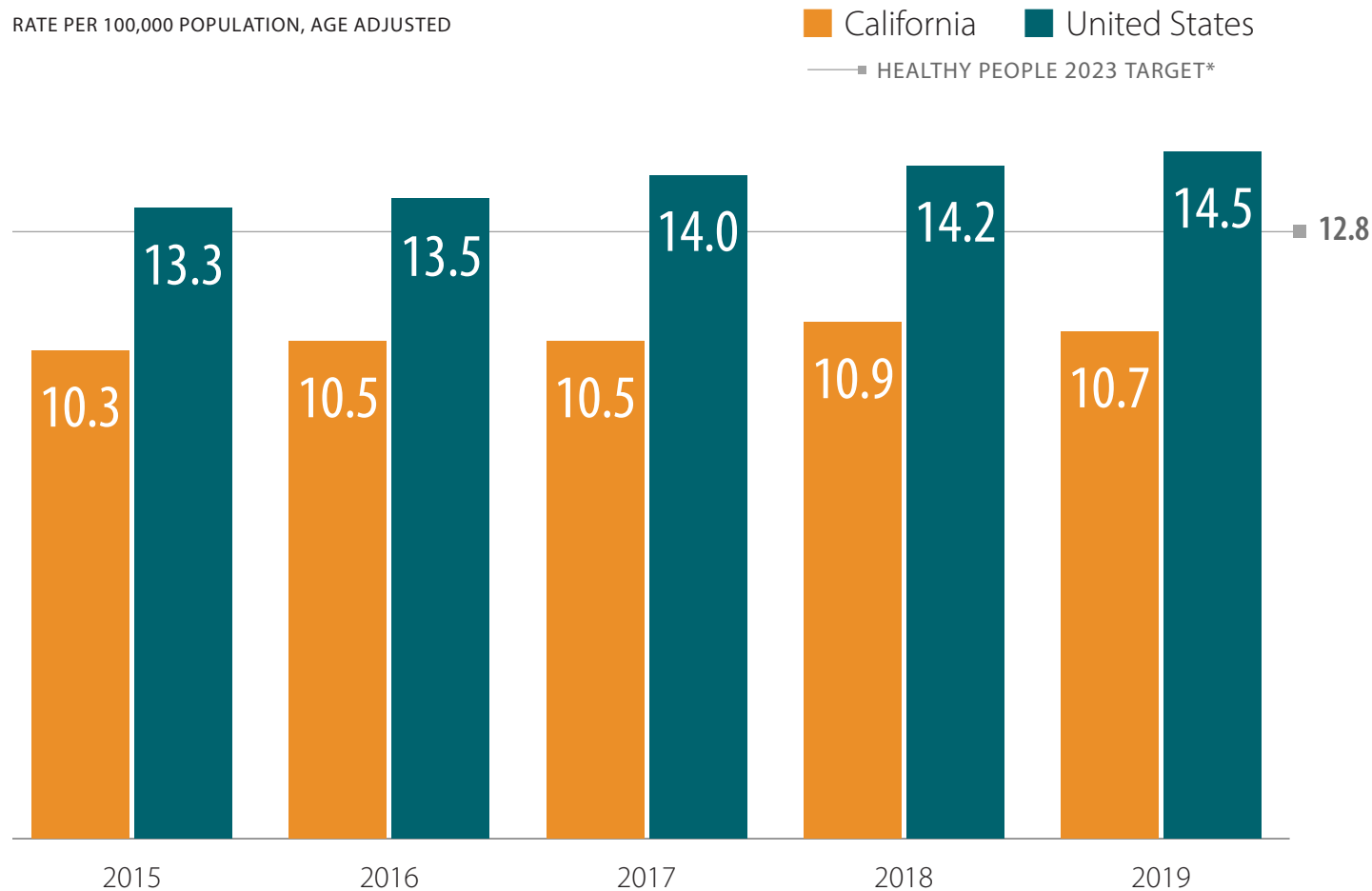
### Treatment

Of the 1.8 million California adults with serious psychological distress in 2019 who received care for mental/emotional issues, about half received that care from both a mental health professional and a primary care physician.

# Suicide Rate

## California vs. United States, 2015 to 2019

RATE PER 100,000 POPULATION, AGE ADJUSTED



\* Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts.

Notes: Suicide is death from a self-inflicted injury. Data are based on information from death certificates filed in the 50 states and the District of Columbia and are processed by the National Center for Health Statistics. Data for 2019 are based on records of deaths that occurred during 2019 and were received as of July 27, 2020.

Sources: Sherry L. Murphy et al., "Deaths: Final Data for 2015" (PDF), *National Vital Statistics Reports* 66, no. 6 (Nov. 27, 2017); Jiaquan Q. Xu et al., "Deaths: Final Data for 2016" (PDF), *National Vital Statistics Reports* 67, no. 5 (July 26, 2018); Kenneth D. Kochanek et al., "Deaths: Final Data for 2017" (PDF), *National Vital Statistics Reports* 68, no. 9. (June 24, 2019); Sherry L. Murphy et al., "Deaths: Final Data for 2018" (PDF), *National Vital Statistics Reports* 69, no. 13 (Jan. 12, 2021); and Jiaquan Q. Xu et al., "Deaths: Final Data for 2019" (PDF), *National Vital Statistics Reports* 70, no. 8 (July 26, 2021).

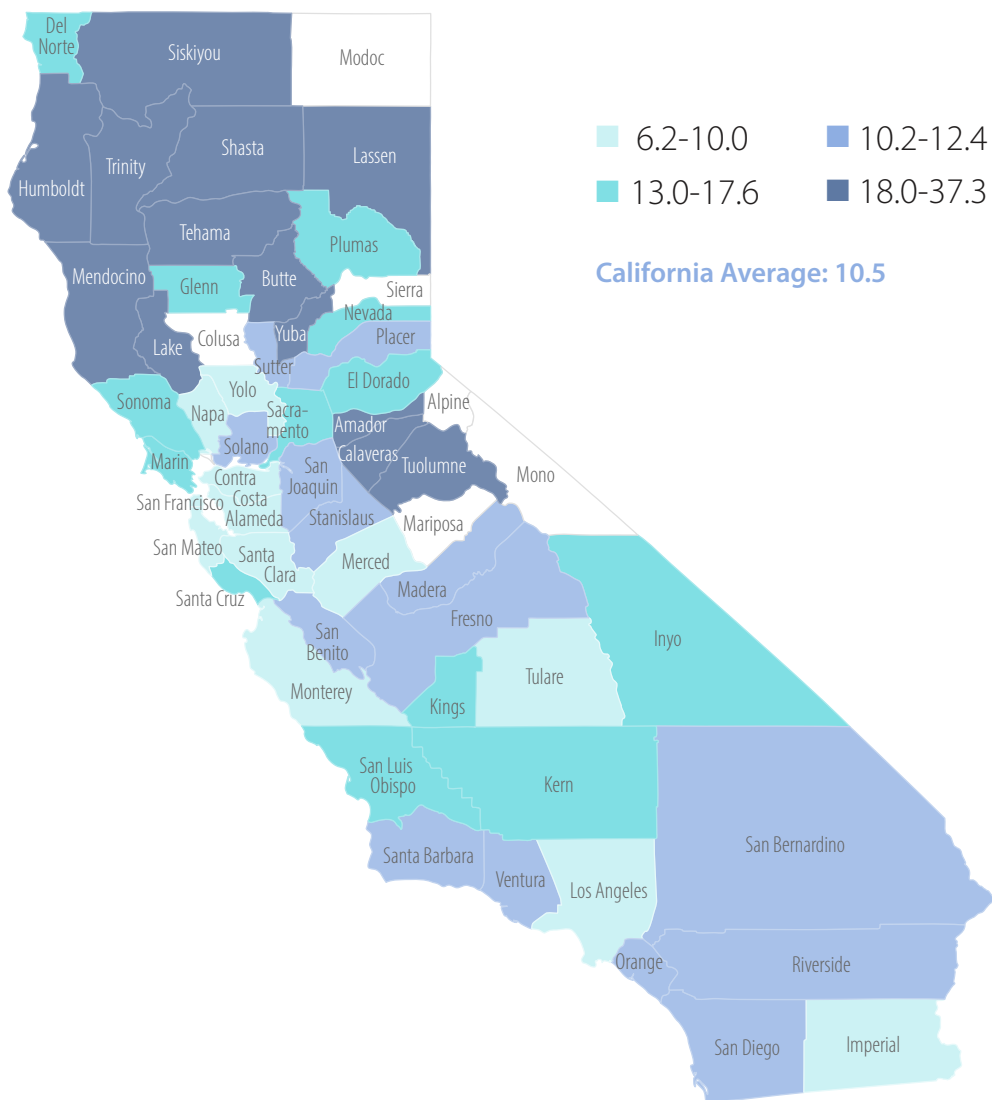
### Mental Health

#### Suicide

California's suicide rate remained relatively stable from 2015 to 2019 and was consistently lower than both the national rate and the Healthy People 2030 target.

# Suicide Rate, by County, California, 2017 to 2019

RATE PER 100,000 POPULATION, AGE ADJUSTED, THREE-YEAR AVERAGE



## Mental Health

### Suicide

Suicide rates varied by county in California. The 2017–19 suicide rate per 100,000 population ranged from a high of 37.3 in Trinity County to a low of 6.2 in Imperial County.

Notes: *Suicide* is death from self-inflicted injury. Data are from registered death certificates. Suicide rates were not available for Alpine, Colusa, Mariposa, Modoc, Mono, and Sierra Counties.

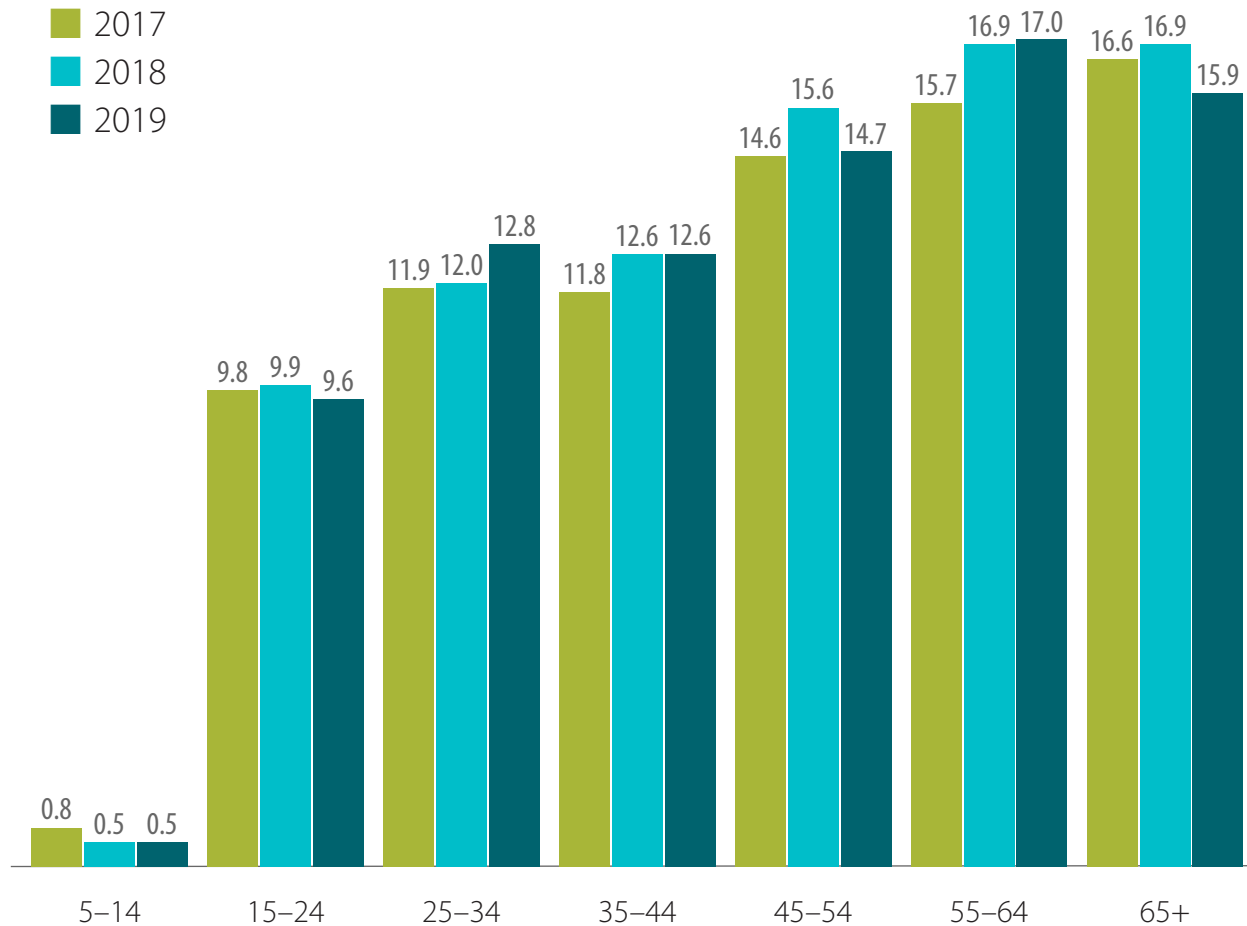
Source: "Living Well / Reducing Suicide," Let's Get Healthy California.



# Suicide Rate, by Age Group

## California, 2017 to 2019

RATE PER 100,000 POPULATION



Notes: *Suicide* is death from self-inflicted injury. Data are based on death certificates from California residents compiled through the Vital Statistics Cooperative Program.  
Source: "Underlying Cause of Death 1999-2019" on CDC WONDER Online Database, Centers for Disease Control and Prevention, 2020.

### Mental Health

#### Suicide

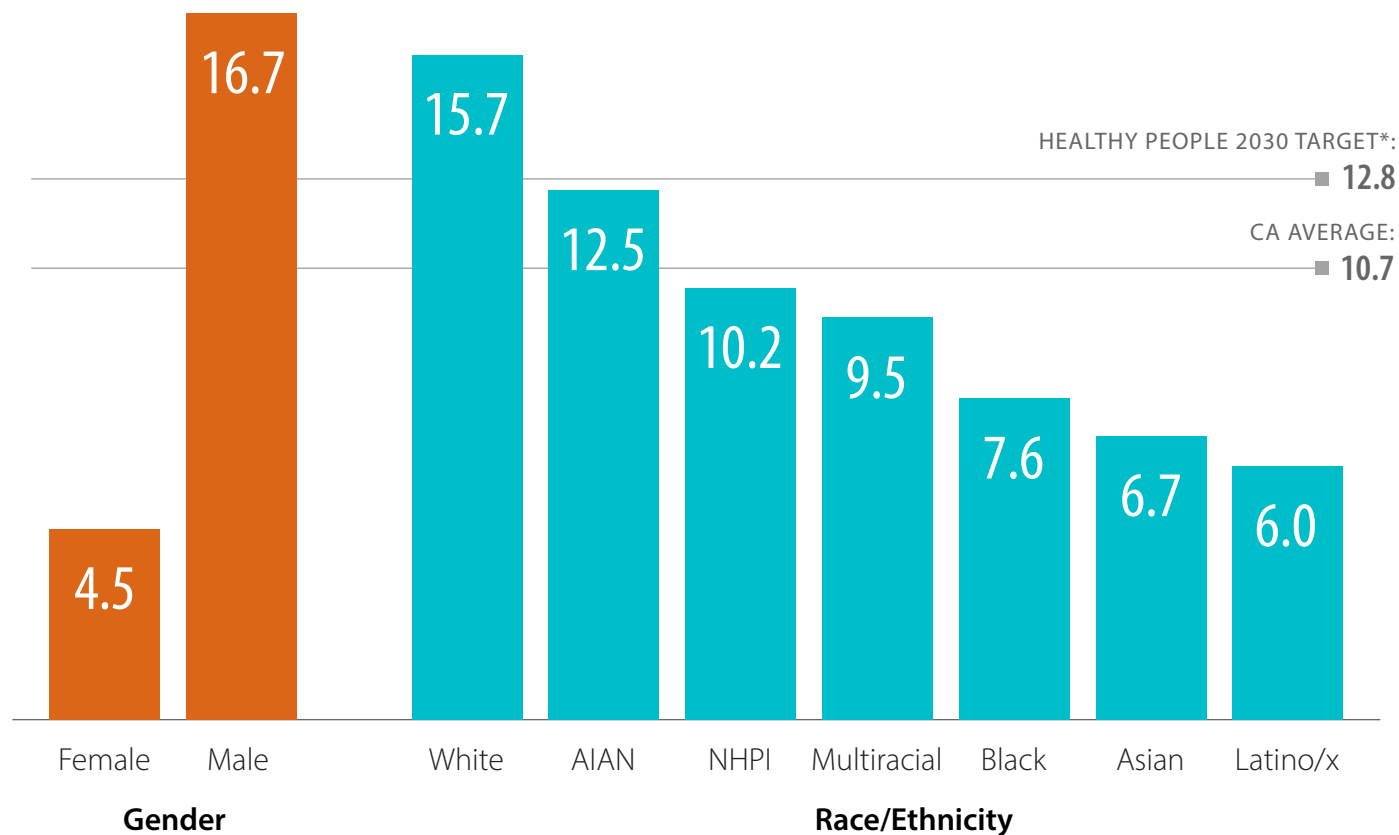
Suicide rates for Californians age 15 and older generally increase with age. Multiple suicide risk factors may affect adults age 65 and older, including psychiatric and neurocognitive disorders, social exclusion, bereavement, cognitive impairment, and physical illnesses.\*

\* Ismael Conejero et al., "Suicide in Older Adults: Current Perspectives," *Clinical Interventions in Aging* 13 (Apr. 20, 2018): 691-99.

# Suicide Rate, by Gender and Race/Ethnicity

All Ages, California, 2017 to 2019

PER 100,000 POPULATION, AGE ADJUSTED, THREE-YEAR AVERAGE



\* Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts.

Notes: Source did not include additional gender categories. *Suicide* is death from self-inflicted injury. Data do not include out-of-state deaths for California residents, nor in-state deaths for non-California residents. Cause of death is determined by coroner or medical examiner. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Latino* and *Multi-race*. Data are not included for those whose race/ethnicity is other/unknown.

Source: "Living Well / Reducing Suicide," Let's Get Healthy California.

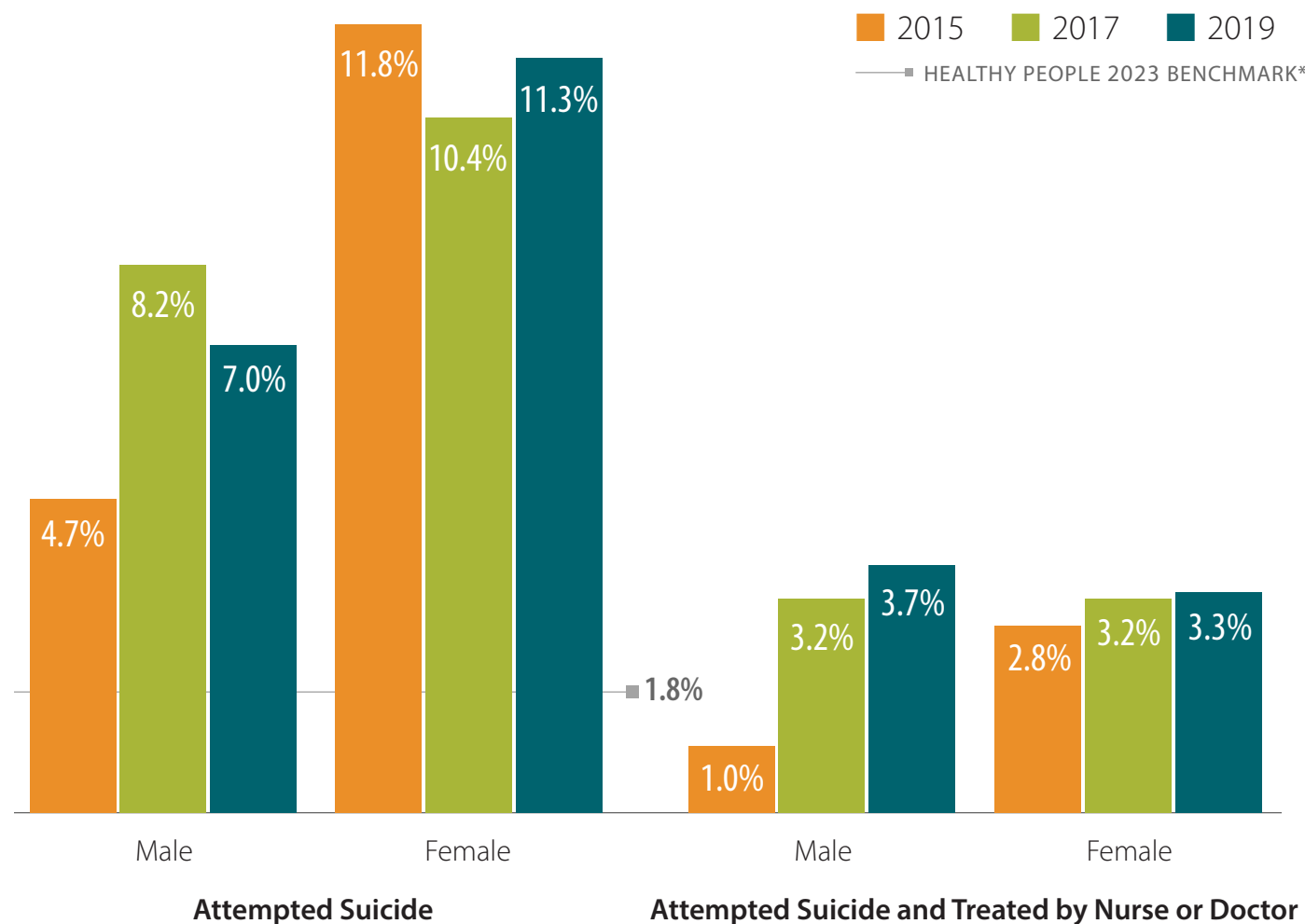
## Mental Health

### Suicide

Suicide rates differed by gender and by race/ethnicity. Males were over three times as likely as females to die by suicide. Rates for White Californians were higher than the state average and than the rates for other races/ethnicities.

# Suicide Attempts and Treatment, High School Students, by Gender, California, 2015, 2017, and 2019

PERCENTAGE OF HIGH SCHOOL STUDENTS



\* Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts.

Note: Source did not include additional gender categories.

Source: "High School YRBS: Youth Online," Centers for Disease Control and Prevention.

## Mental Health

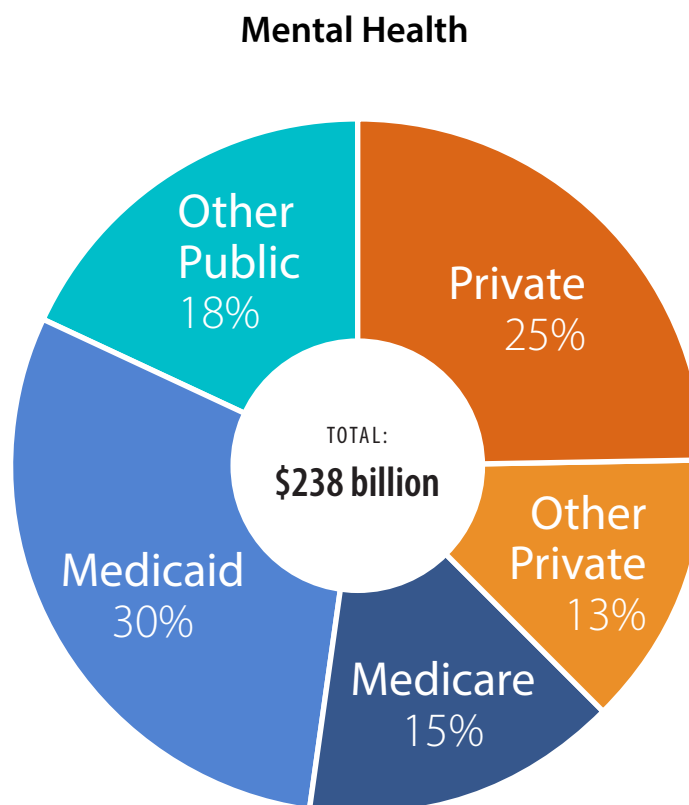
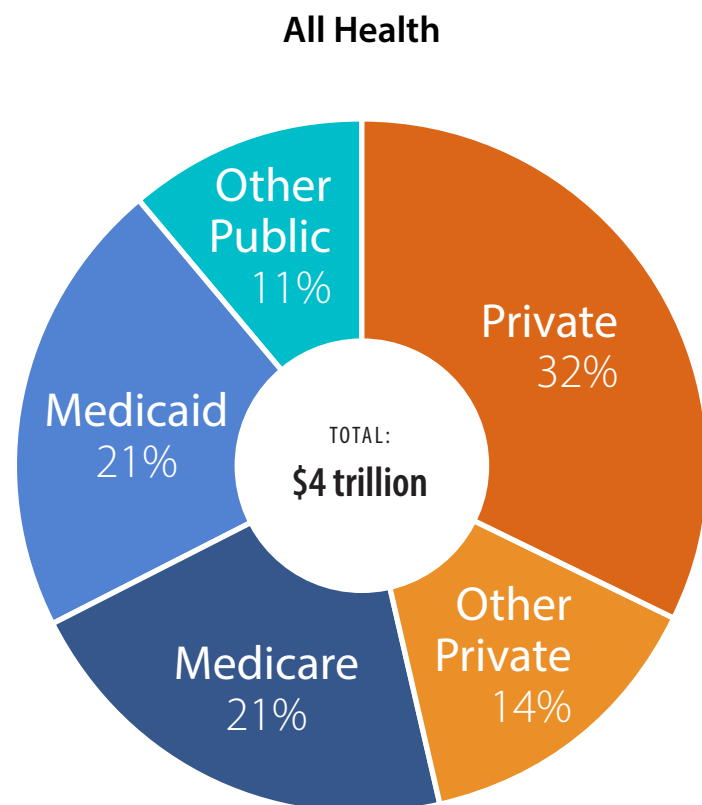
### Suicide

Among California high school students, rates of self-reported suicide attempts in the prior year were higher for females than for males. For males, suicide attempts that required medical treatment more than tripled between 2015 and 2019.

# Expenditures for Health and Mental Health Services, by Payer

## United States, 2020 Projected

PERCENTAGE OF TOTAL SPENDING



### Mental Health

#### Spending

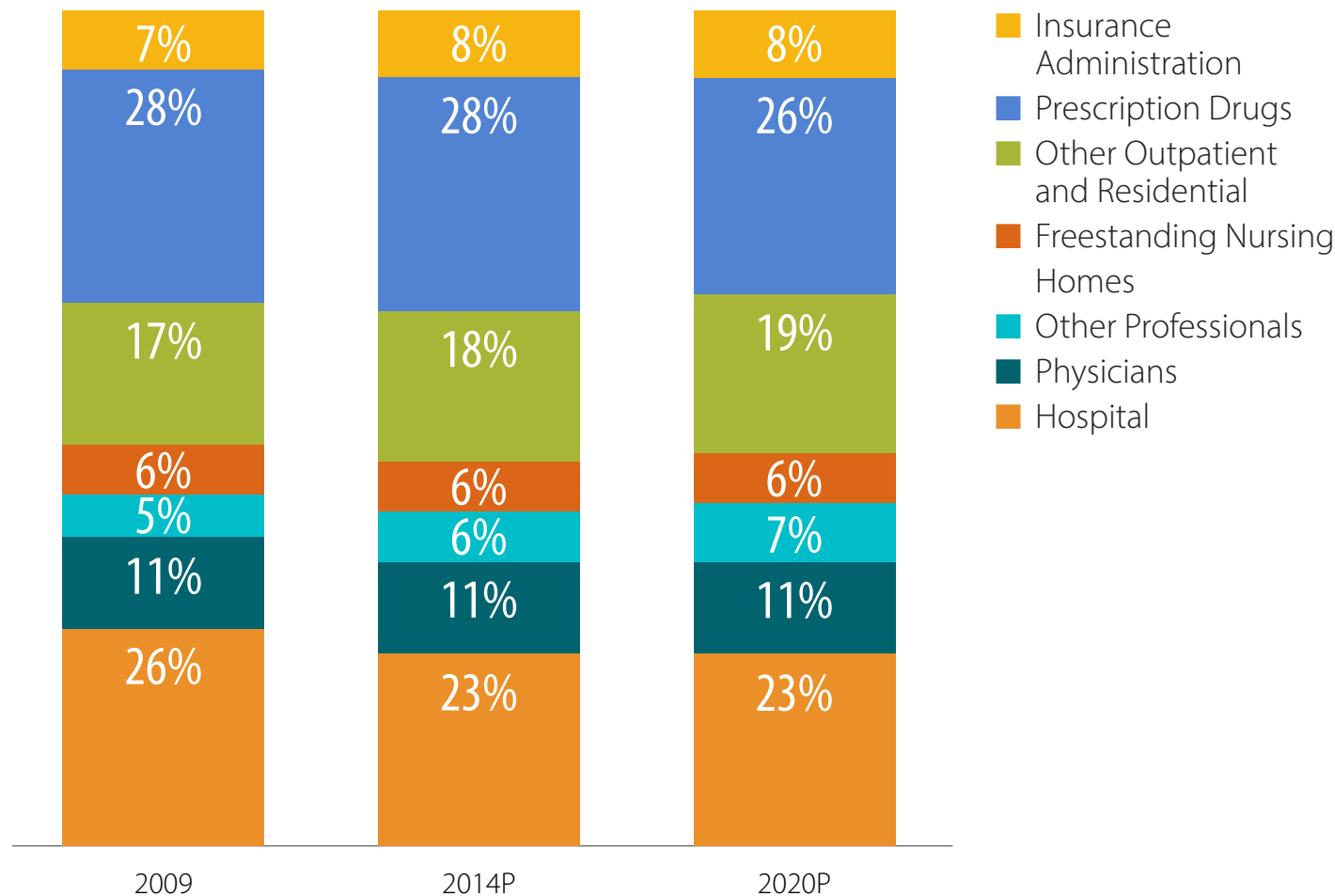
Total US mental health expenditures in 2020 were projected to be \$238 billion, or 6% of total health care expenditures. Public payers (Medicaid, Medicare, and other public) were projected to pay for 63% of mental health expenditures, compared to 53% of overall health expenditures.

Notes: Expenditures are projections. *Other public* includes other federal, state, and local payers. *Other private* includes out-of-pocket and other private expenditures. Mental health estimates include clinical treatment, rehabilitative services, and medications and exclude activities to prevent mental illness and unpaid peer support services. Estimates of Medicare and private insurance mental health spending are based on claims. Payments for all other payers are based on survey and other data sources. Overall health expenditures are from the Centers for Medicare & Medicaid Services National Health Expenditure Accounts.

Source: *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020*, Substance Abuse and Mental Health Services Administration, October 2014.

# Mental Health Expenditures, by Service Category

United States, 2009, 2014, and 2020



Notes: *P* is projection. *Other professionals* covers services provided in establishments operated by health practitioners other than physicians and dentists, including psychologists, psychoanalysts, psychotherapists, clinical social workers, professional counselors, substance abuse counselors, and marriage and family therapists, as well as other health professions. *Other outpatient and residential* includes specialty mental health centers, specialty substance abuse centers, and freestanding home health.

Source: *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020*, Substance Abuse and Mental Health Services Administration, October 2014.

## Mental Health

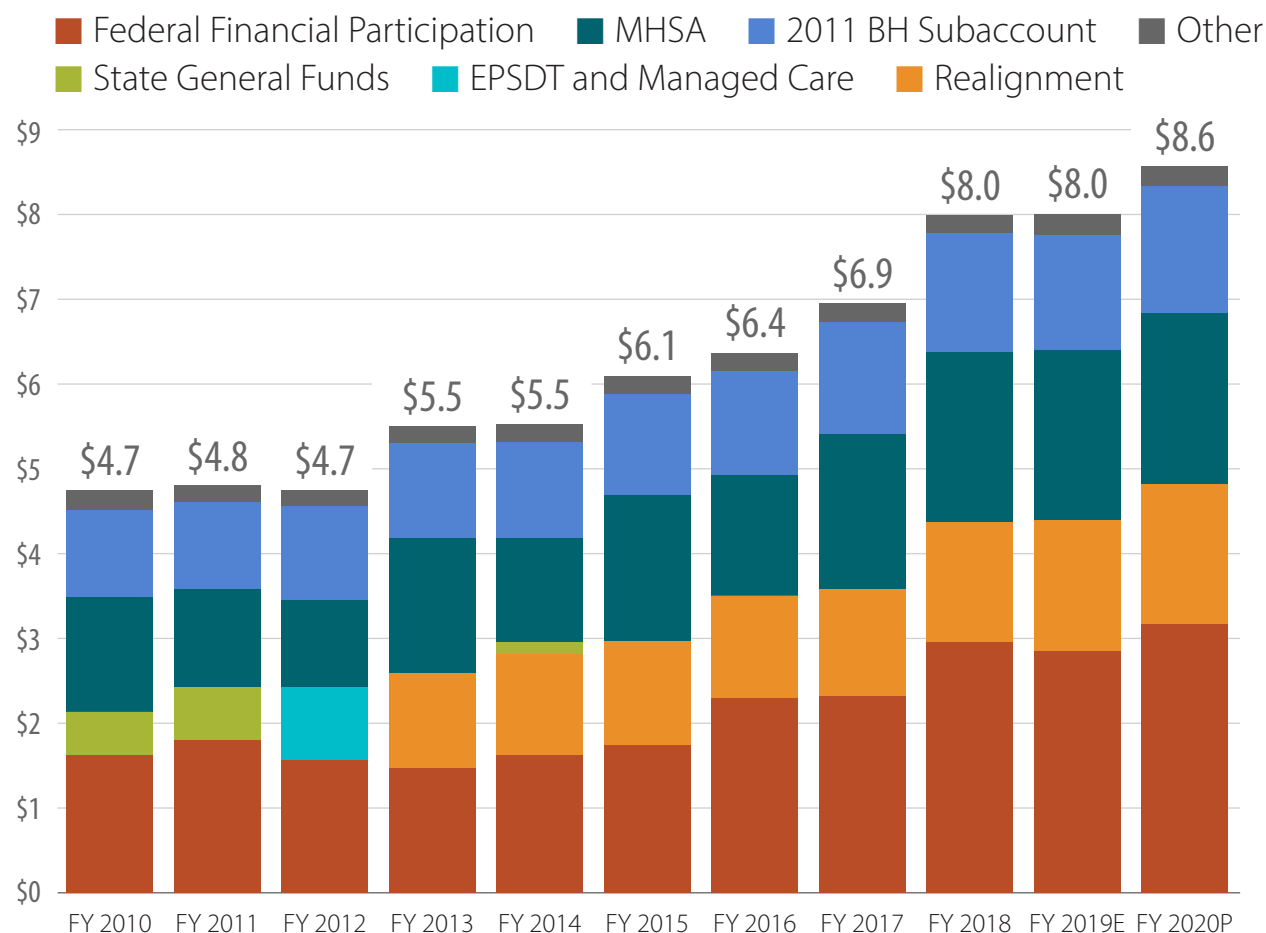
Spending

Between 2009 and 2020, the distribution of total US mental health expenditures was projected to remain relatively stable.

# California County Mental Health Funding

## FY 2010 to FY 2020

IN BILLIONS



Notes: *BH* is behavioral health. *MHSA* is Mental Health Services Act. *EPSDT* is Early and Periodic Screening, Diagnosis, and Treatment. *E* is estimated, and *P* is projected. These figures encompass revenues received or projected to be received by counties to support the Medicaid and safety-net mental health services they provide. Other public mental health services, such as forensic services in state hospitals and mental health services and medications provided by Medicaid health plans and Medi-Cal fee-for-service, are not included.

Source: [Financial Report](#) (PDF), Mental Health Oversight and Accountability Commission, May 23, 2019.

### Mental Health

#### Spending

Funding of California's county-based mental health system was projected to increase 81% from FY 2010 to FY 2020, with the federal reimbursement that counties receive for providing specialty mental health treatment to Medi-Cal enrollees (federal financial participation) nearly doubling.

# Medi-Cal Mental Health Services

## Mental Health

Medi-Cal

**Medi-Cal managed care plans** cover the following nonspecialty mental health services:

- Individual and group psychotherapy
- Psychological testing
- Outpatient services for monitoring drug therapy
- Psychiatric consultation
- Some other mental health services

**Specialty mental health services** are for enrollees who meet certain medical necessity criteria and are administered by county mental health plans. The criteria for specialty mental health services changed effective January 1, 2022. They are different for adult Medi-Cal enrollees and those under age 21.

Specialty mental health services include:

- Rehabilitative mental health services, including medication support, day treatment, crisis services, residential care, and others
- Psychiatric inpatient hospital services
- Psychiatric nursing facility care
- Targeted case management
- Psychiatric services
- Psychological services

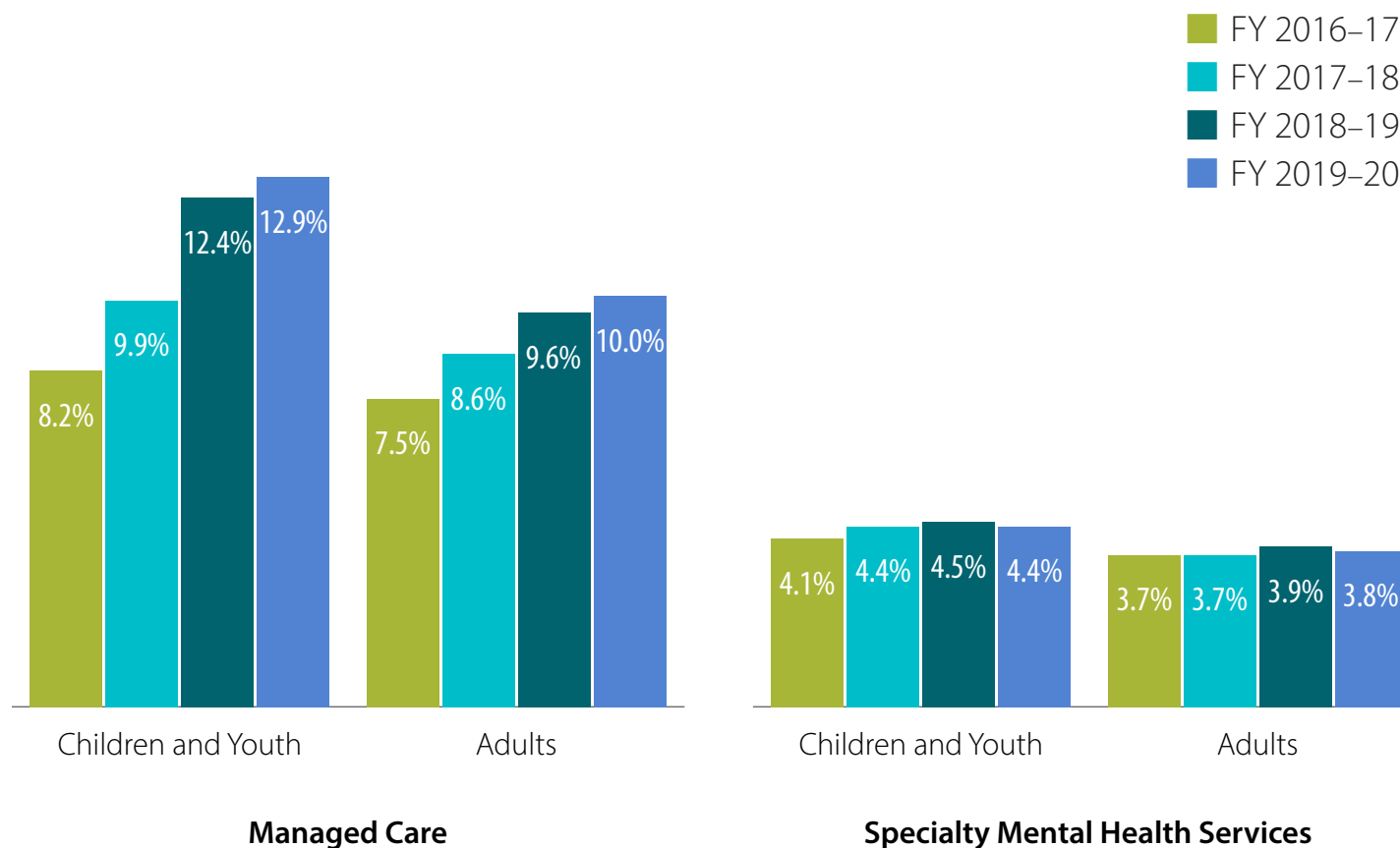
Medi-Cal mental health services are available through Medi-Cal managed care plans and county mental health plans.

Sources: Kimberly Lewis and Abigail Coursolle, *Issue Brief: Mental Health Services in Medi-Cal*, National Health Law Program, January 12, 2017; Shaina Zurlin, "Criteria for Beneficiary Access to Specialty Mental Health Services (SMHS), Medical Necessity and Other Coverage Requirements" (PDF), BHIN 21-073, California Dept. of Health Care Services (DHCS), December 10, 2021; and *Assessing the Continuum of Care for Behavioral Health Services in California* (PDF), DHCS, January 10, 2022.

# Medi-Cal Mental Health Visits

by Delivery System, Children and Youth vs. Adults, California, FY 2017 to FY 2020

PERCENTAGE OF MEDI-CAL ELIGIBLES WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



## Mental Health

Medi-Cal

Use of Medi-Cal mental health services provided through managed care increased substantially between FY 2017 and FY 2020, with visit rates for children increasing by 57%. The increase was due, in part, to a significant increase in the number of developmental screenings reported. Approximately 4% of children and adults had at least one specialty mental health services visit across the four years.

Notes: Percentage of certified Medi-Cal enrollees who had at least one mental health visit in the managed care or specialty mental health services system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Fiscal year is July 1 through June 30 of the named year. *Children and youth* are age 20 and younger. *Adults* are age 21 and older.

\*Fast Facts, California Dept. of Health Care Services, last modified May 31, 2022.

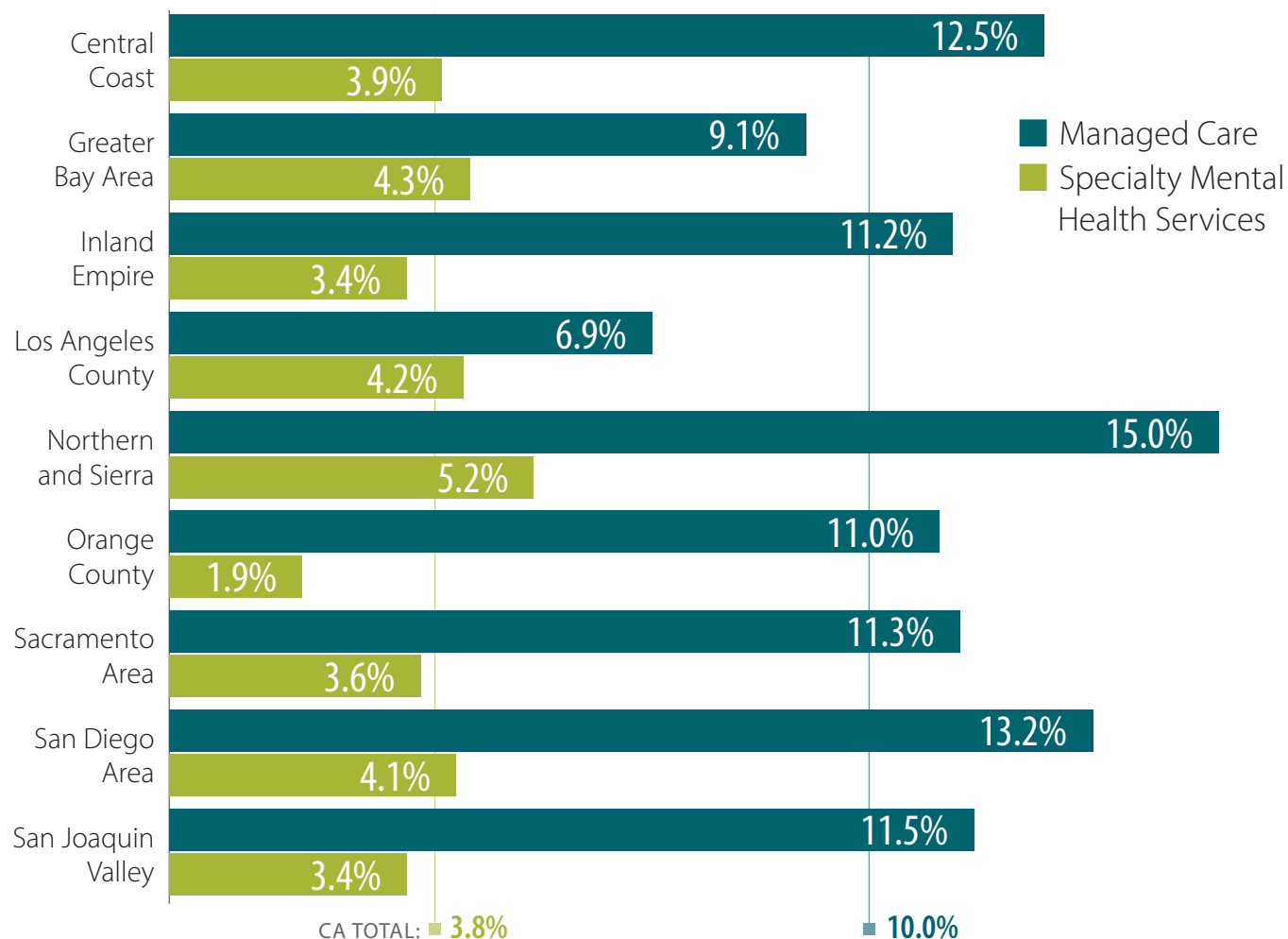
Sources: *Performance Dashboard AB 470 Report Application*, California Health and Human Services (CHHS) Open Data Portal, last updated July 12, 2021; and *Children and Youth Mental Health Services Utilization by Sex*, CHHS Open Data Portal, last updated July 9, 2021.



# Medi-Cal Mental Health Visits

## by Delivery System and Region, Adults, California, FY 2020

PERCENTAGE OF ADULTS ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: Percentage of certified Medi-Cal enrollees who had at least one mental health visit from the managed care or specialty mental health services (SMHS) system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Fiscal year is July 1 through June 30 of the named year. *Adults* are age 21 and older. Managed care and SMHS rates exclude male enrollees from Alameda County and all enrollees from Alpine and Yolo Counties. SMHS rates exclude all Alpine County enrollees.

\*\*Fast Facts, California Dept. of Health Care Services, last modified May 31, 2022.

Source: Author calculation based on *Adult Mental Health Services Utilization by Sex (Suppressed)*, California Health and Human Services Open Data Portal, last updated July 12, 2021.

### Mental Health

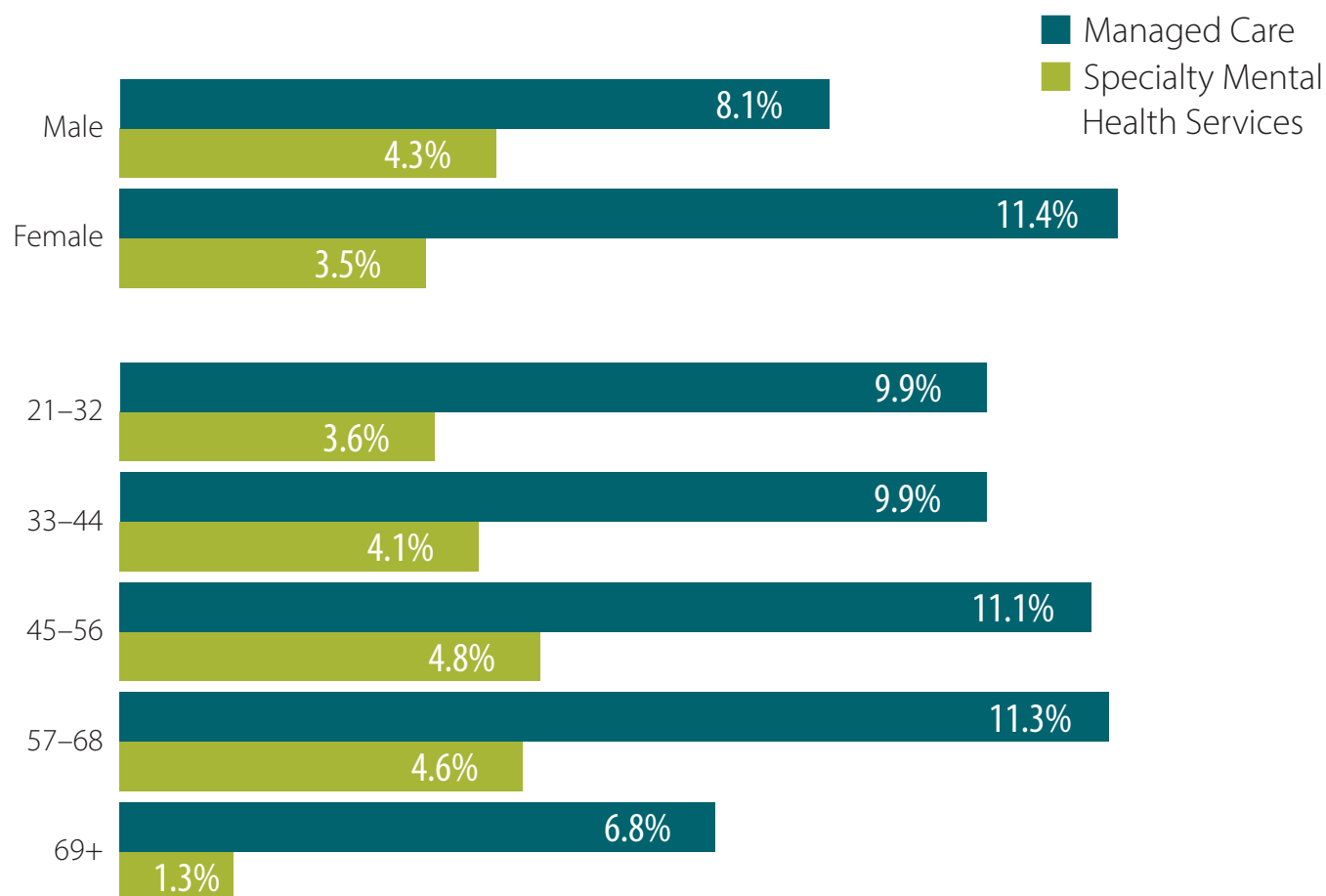
Medi-Cal

Adults in the Northern and Sierra region had the highest rates of mental health visits in both Medi-Cal delivery systems. Adults in Los Angeles County had the lowest rate of mental health visits in the Medi-Cal managed care system, while adults in Orange County had the lowest rate of mental health visits delivered in the specialty mental health services system.

# Medi-Cal Mental Health Visits

## by Delivery System, Age and Gender, Adults, California, FY 2020

PERCENTAGE OF ADULTS ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: Source did not include additional gender categories. Percentage of certified Medi-Cal enrollees who had at least one mental health visit from the managed care or specialty mental health services system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Fiscal year is July 1 through June 30 of the named year. *Adults* are age 21 and older.

\*\*Fast Facts, California Dept. of Health Care Services, last modified May 31, 2022.

Source: "MHS Dashboard Adult Demographic Datasets and Report Tool," California Health and Human Services Open Data Portal, last updated September 28, 2021.

### Mental Health

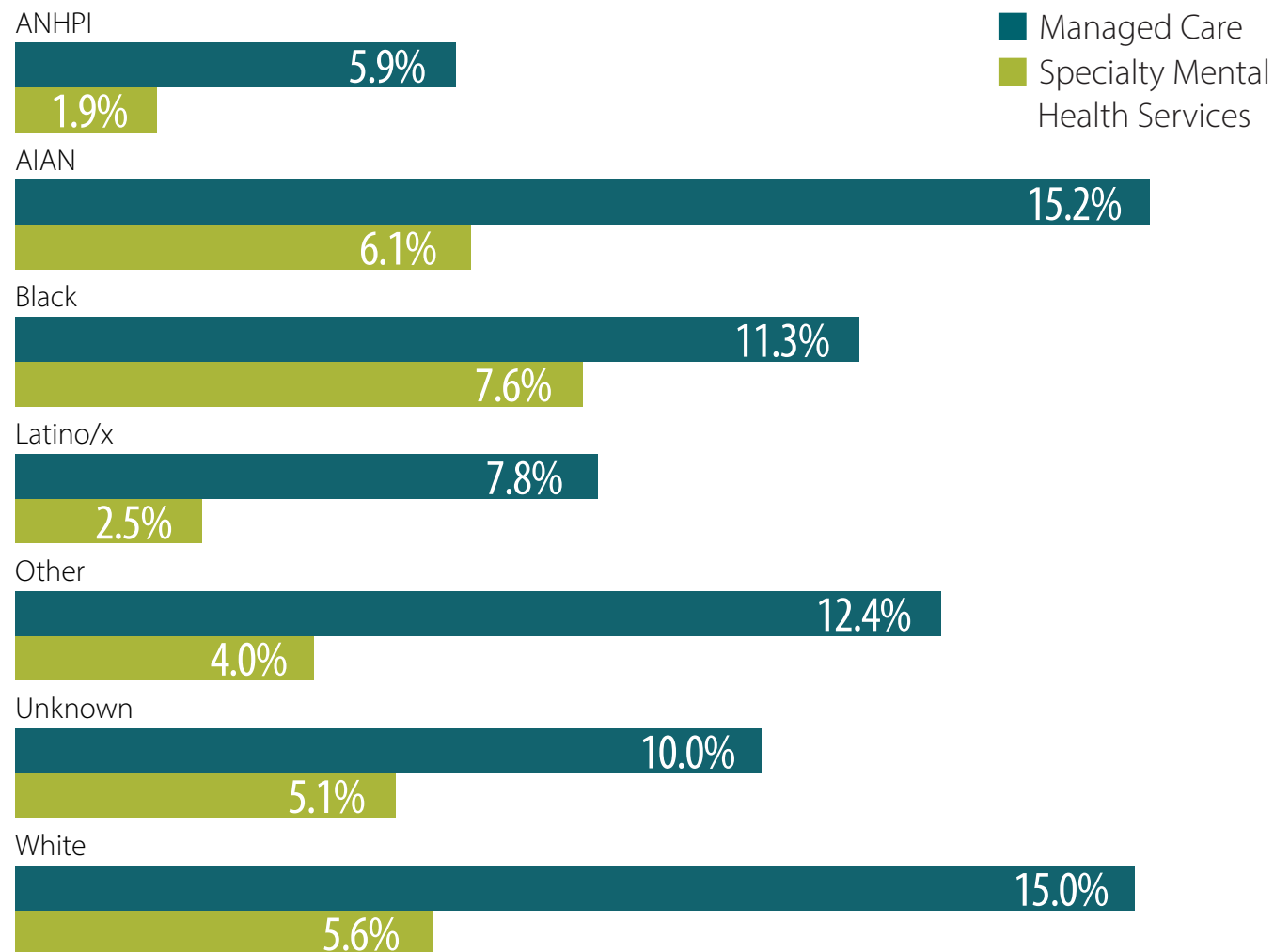
Medi-Cal

Females enrolled in Medi-Cal were 40% more likely than male enrollees to have had at least one mental health visit through the managed care system. In both systems, enrollees age 69 and older were less likely than those in other age groups to have had at least one mental health visit.

# Medi-Cal Mental Health Visits

## by Delivery System and Race/Ethnicity, Adults, California, FY 2020

PERCENTAGE OF PEOPLE ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: ANHPI is Asian, Native Hawaiian, and Pacific Islander. AIAN is American Indian and Alaska Native. Percentage of certified Medi-Cal enrollees who had at least one mental health visit from the managed care or the specialty mental health services system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Data source uses *Hispanic*. Fiscal year is July 1 through June 30 of the named year. *Adults* are age 21 and above.

\*\*Fast Facts,\* California Dept. of Health Care Services, last modified May 31, 2022.

Source: \*MHS Dashboard Adult Demographic Datasets and Report Tool,\* California Health and Human Services (CHHS) Open Data Portal last updated July 9, 2021.

### Mental Health

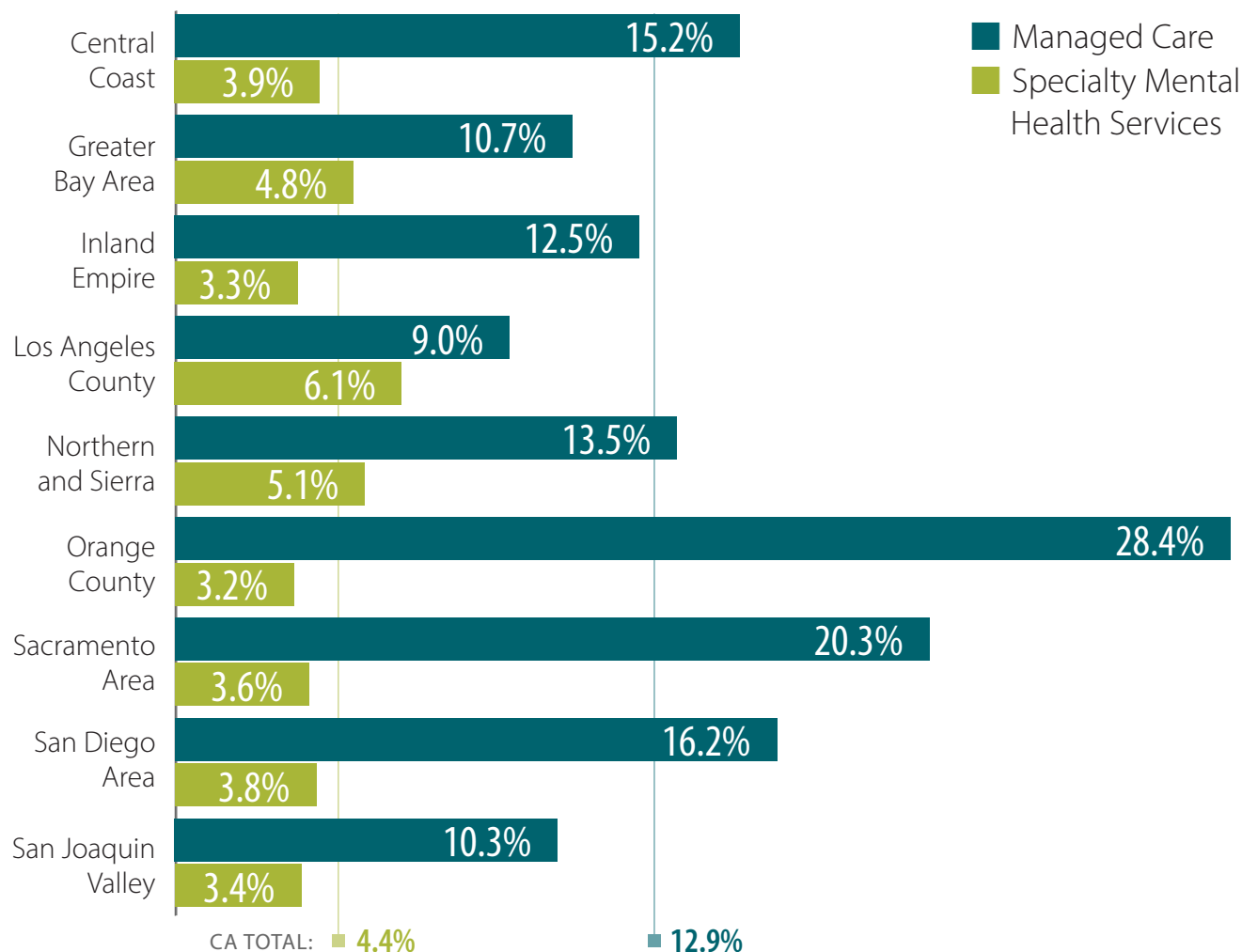
Medi-Cal

In California, the percentage of adults enrolled in Medi-Cal who had mental health visits in the managed care and specialty mental health services system varied by race/ethnicity.

# Medi-Cal Mental Health Visits

## by Delivery System and Region, Children and Youth, California, FY 2020

PERCENTAGE OF CHILDREN AND YOUTH ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: Percentage of certified Medi-Cal enrollees who had at least one mental health visit from the managed care or specialty mental health services (SMHS) system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Fiscal year is July 1 through June 30 of the named year. *Children and youth* are age 0 through 20. Managed care and SMHS rates exclude enrollees from Alpine, Sierra, and Yolo Counties.

\*\*Fast Facts,\* California Dept. of Health Care Services, last modified May 31, 2022.

Source: Author calculations based on *Children and Youth Mental Health Services Utilization by Sex*, California Health and Human Services Open Data Portal, last updated July 9, 2021.

### Mental Health

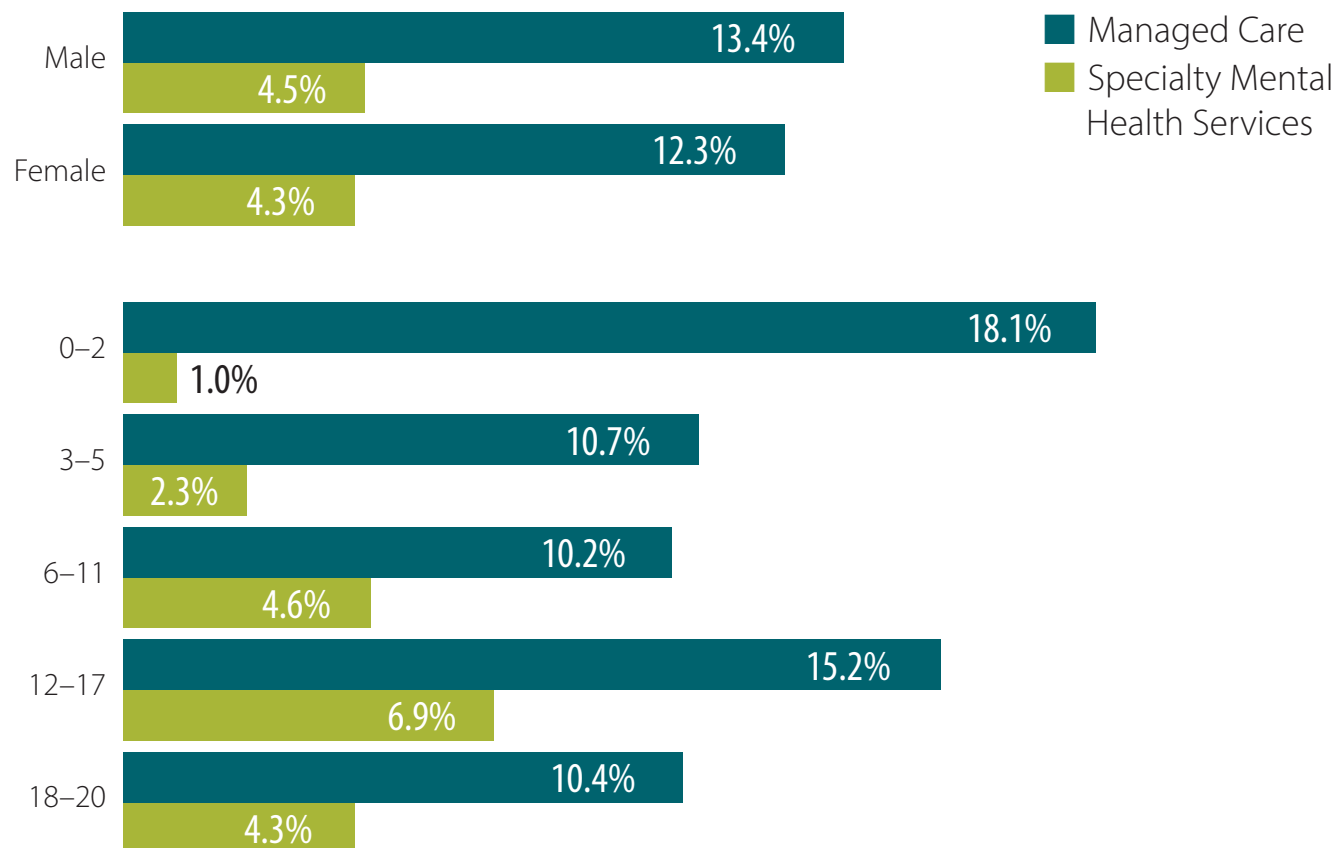
Medi-Cal

Regions differed in the rate that children and youth use the two Medi-Cal mental health delivery systems. Rates in the managed care system ranged from a high of 28% in Orange County to a low of 9% in Los Angeles County.

# Medi-Cal Mental Health Visits

## by Delivery System, Age and Gender, Children and Youth, California, FY 2020

PERCENTAGE OF CHILDREN AND YOUTH ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: Source did not include additional gender categories. Percentage of certified Medi-Cal enrollees who had at least one mental health visit from managed care or the specialty mental health services system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Fiscal year is July 1 through June 30 of the named year. *Children and youth* are age 0 through 20.

\*\*Fast Facts,\* California Dept. of Health Care Services, last modified May 31, 2022.

Source: *Children and Youth Mental Health Services Utilization by Sex*, California Health and Human Services Open Data Portal, last updated July 9, 2021.

### Mental Health

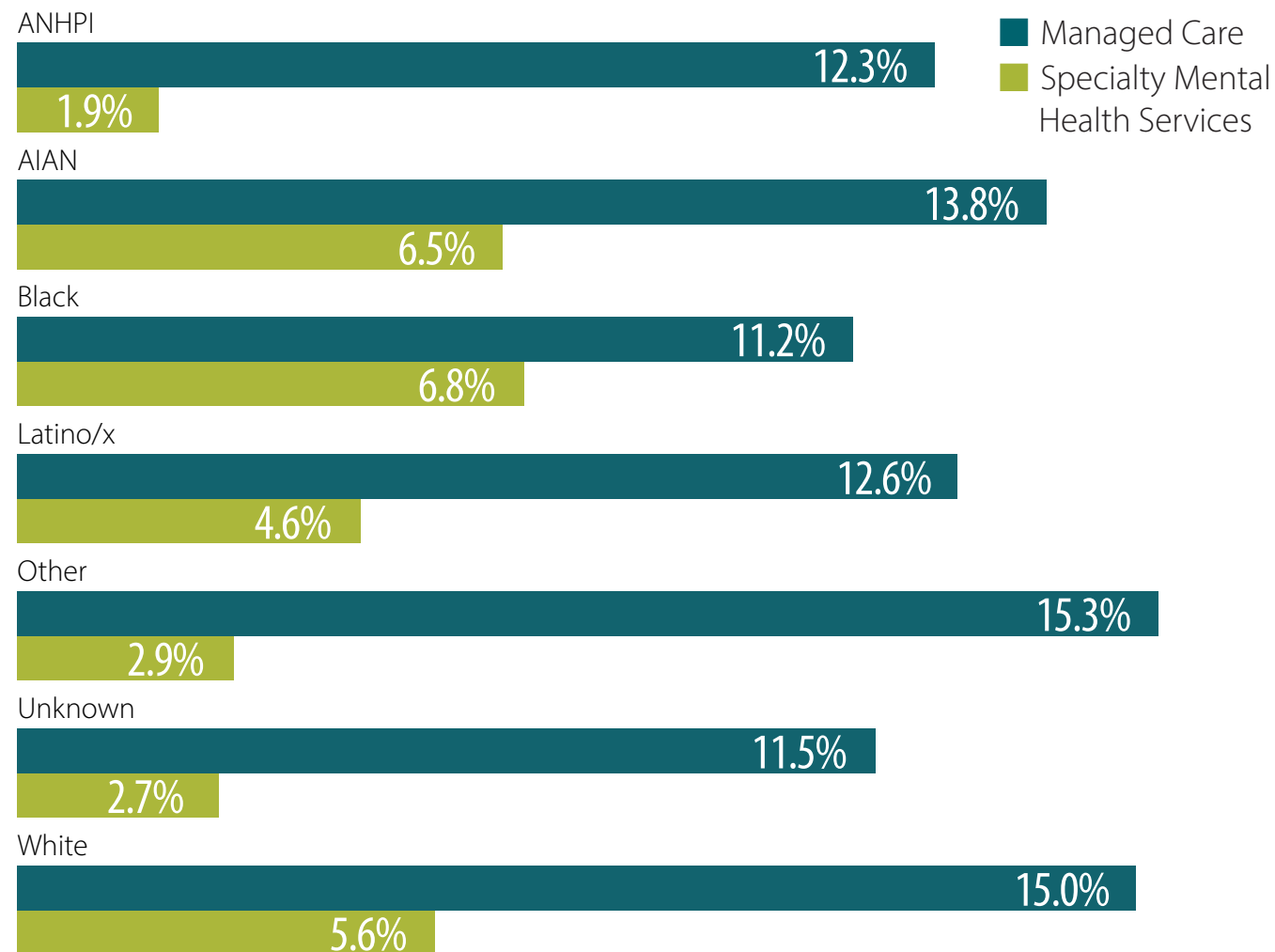
Medi-Cal

For children and youth under 21 in Medi-Cal, there was little difference by gender in the rates at which they received mental health services in the two Medi-Cal delivery systems. Children age two and under were most likely to have a managed care visit (18%) and least likely to have a specialty mental health services visit. Of those age two and under with a managed care mental health visit, 85% had a developmental screening.

# Medi-Cal Mental Health Visits

## by Delivery System and Race/Ethnicity, Children and Youth, California, FY 2020

PERCENTAGE OF PEOPLE ENROLLED IN MEDI-CAL WHO HAD AT LEAST ONE MENTAL HEALTH VISIT



Notes: Percentage of certified Medi-Cal enrollees who had at least one mental health visit from the managed care or the specialty mental health services system. *Certified enrollees* have been deemed qualified and enrolled into Medi-Cal.\* Data source uses *Hispanic*. Fiscal year is July 1 through June 30 of the named year. *Children and youth* are age 0 through 20. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. *AIAN* is American Indian and Alaska Native.

\*\*Fast Facts,\* California Dept. of Health Care Services, last modified May 31, 2022.

Source: *Children and Youth Mental Health Services Utilization by Race Group*, CHHS Open Data Portal, last updated July 9, 2021.

### Mental Health

Medi-Cal

In California, the percentage of children and youth enrolled in Medi-Cal who had mental health visits in the managed care and specialty mental health services systems varied by race/ethnicity.

# Selected Medi-Cal Specialty Mental Health Services by Age Group and Service Category, California, FY 2020

PERCENTAGE OF MEDI-CAL ENROLLEES WHO HAD AT LEAST ONE SPECIALTY MENTAL HEALTH SERVICE VISIT

Mental Health Therapy



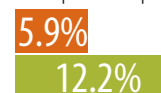
Medication Support Services



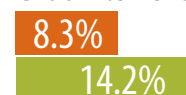
Case Management



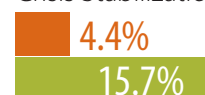
Hospital Inpatient



Crisis Intervention



Crisis Stabilization



Notes: The specialty mental health services (SMHS) delivery system provides Medi-Cal services for adults and children who meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. For enrollees under age 21, federal law requires state Medicaid programs to provide services when they are necessary to correct or ameliorate a child's illness or condition. *Mental health therapy* is individual and group therapy and other interventions (source uses *mental health services*); *case management* assists enrollees to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services (source uses *case management/brokerage*); *hospital inpatient* includes psychiatric health facility, inpatient administrative days, county SMHS, and fee-for-service psychiatric inpatient hospital days. If Medi-Cal enrollees used more than one type of hospital care, they would be counted twice. *Children* are age 0 through 20; *adults* are age 21 and older. Fiscal year (FY) is July 1 through June 30 of the named year.

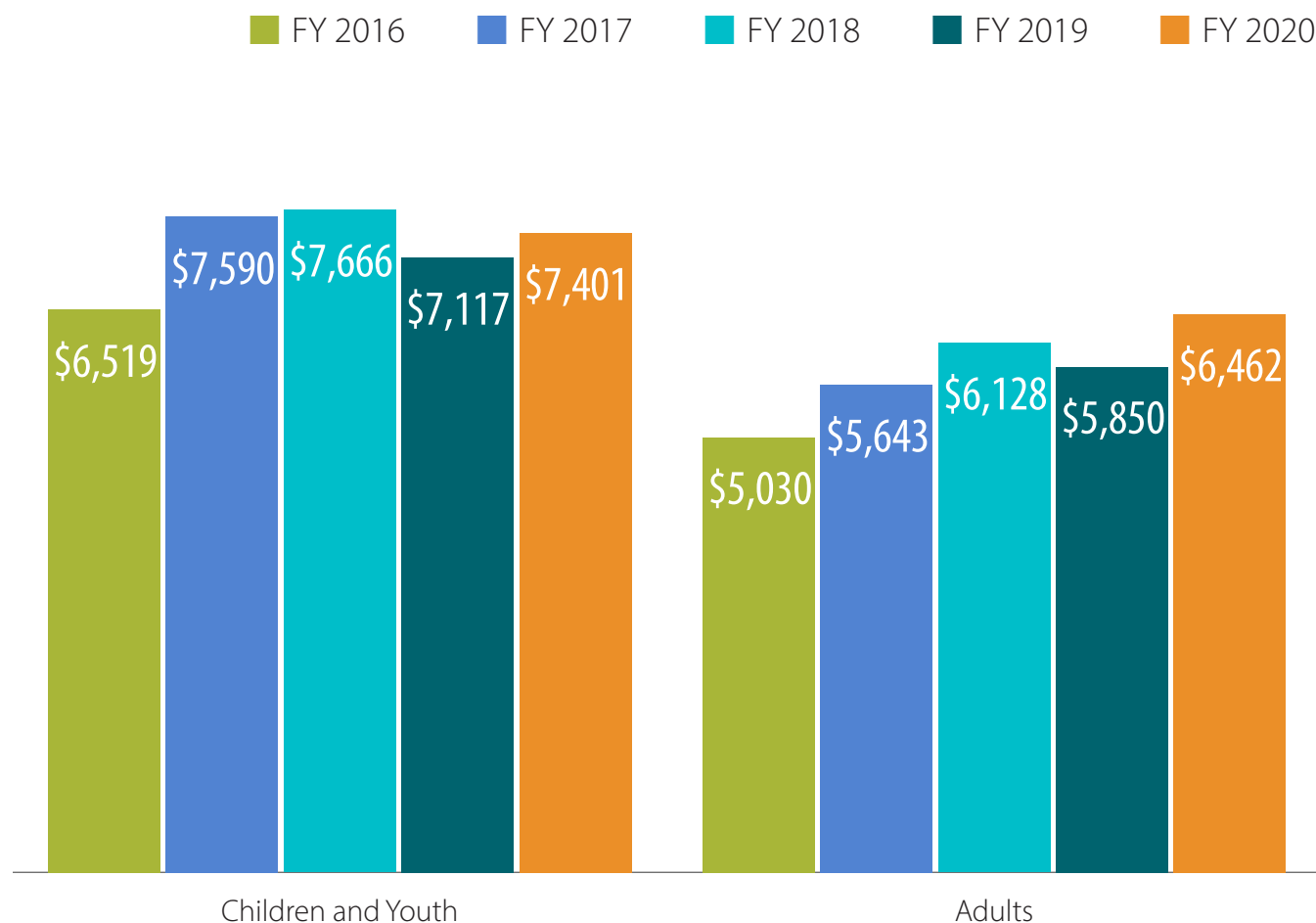
Sources: Author calculations based on *Adult SMHS Utilization*, California Health and Human Services (CHHS) Open Data Portal, last updated December 10, 2021; and *Children and Youth Specialty Mental Health Services Utilization*, CHHS Open Data Portal, last updated December 10, 2021.

## Mental Health

Medi-Cal

Almost all children and youth receiving county specialty mental health services (SMHS) used therapy, and about one-quarter used medication. Approximately three-quarters of adults receiving SMHS used therapy, and approximately two-thirds used medication. Multiple services may be used. Over one-third of children and adults used case management for assistance in accessing treatment and other services.

# Medi-Cal Specialty Mental Health Services Expenditures per Service User, by Age Group, California, FY 2016 to FY 2020



Notes: The specialty mental health services (SMHS) delivery system provides Medi-Cal services for children and adults who meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. For enrollees under age 21, federal law requires state Medicaid programs to provide services when they are necessary to correct or ameliorate a child's illness or condition. Expenditures are the costs of all SMHS used in the fiscal year, divided by the number of Medi-Cal enrollees who used at least one SMHS service. Excludes costs of any Medi-Cal managed care mental health services. *Children and youth* are age 0 to 20; *adults* are age 21 and older. Fiscal year (FY) is July 1 through June 30 of stated year.

Sources: Author calculations based on *Adult SMHS Utilization*, California Health and Human Services (CHHS) Open Data Portal, last updated December 10, 2021; and *Children and Youth Specialty Mental Health Services Utilization*, CHHS Open Data Portal, last updated December 10, 2021.

## Mental Health

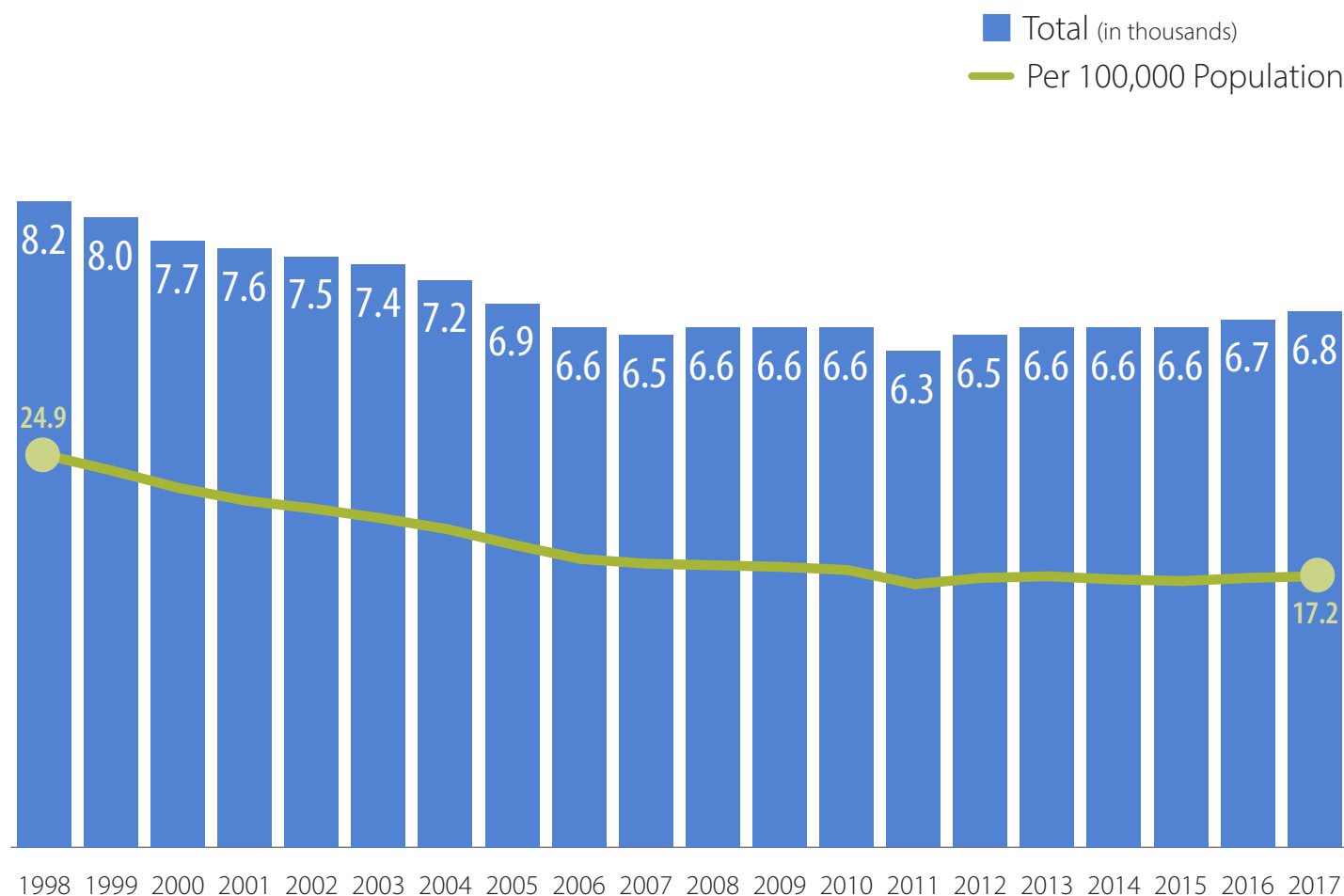
Medi-Cal

Expenditures per Medi-Cal enrollee using county specialty mental health services were higher for children and youth than for adults. Expenditures for adults increased by 28% from FY 2016 to FY 2020. During the same time expenditures for children and youth increased by 14%.



# Acute Psychiatric Inpatient Beds

## California, 1998 to 2017



Notes: Acute psychiatric inpatient beds include those in psychiatric units in general acute care hospitals (including city and county hospitals), acute psychiatric hospitals, and psychiatric health facilities (PHFs). Acute psychiatric inpatient beds are licensed to provide one of the following types of psychiatric service: adult, child/adolescent, geriatric psychiatry, psychiatric intensive care, or chemical dependency. PHFs do not have to meet the same facility regulations as hospitals, and provide medical care through arrangements with other providers. Excludes acute and intermediate beds in California state hospitals, which treat forensic patients committed by criminal courts, and civil patients involuntarily committed by civil courts because they are a danger to themselves or others. (See page 57.)

Source: *California's Acute Psychiatric Bed Loss* (PDF), California Hospital Assn., February 2019.

### Mental Health

#### Facilities

Acute psychiatric beds in both general acute care and psychiatric hospitals are used for people who require 24-hour care for a psychiatric crisis. In California, the number of psychiatric beds per 100,000 population decreased 31% from 1998 through 2017 as 35 facilities either closed or eliminated psychiatric units.

# Adult and Child/Adolescent Acute Psychiatric Inpatient Beds by County, California, 2017



Notes: Acute psychiatric inpatient beds include those in psychiatric units in general acute care hospitals (including city and county hospitals), acute psychiatric hospitals, and psychiatric health facilities (PHFs). Acute psychiatric inpatient beds are licensed to provide one of the following types of psychiatric service: adult, child/adolescent, geriatric psychiatry, psychiatric intensive care, or chemical dependency. PHFs do not have to meet the same facility regulations as hospitals, and provide medical care through arrangements with other providers. Excludes acute and intermediate beds in California state hospitals, which treat forensic patients committed by criminal courts, and civil patients involuntarily committed by civil courts because they are a danger to themselves or others. (See page 57.)

Source: *California's Acute Psychiatric Bed Loss* (PDF), California Hospital Assn., February 2019.

## Mental Health

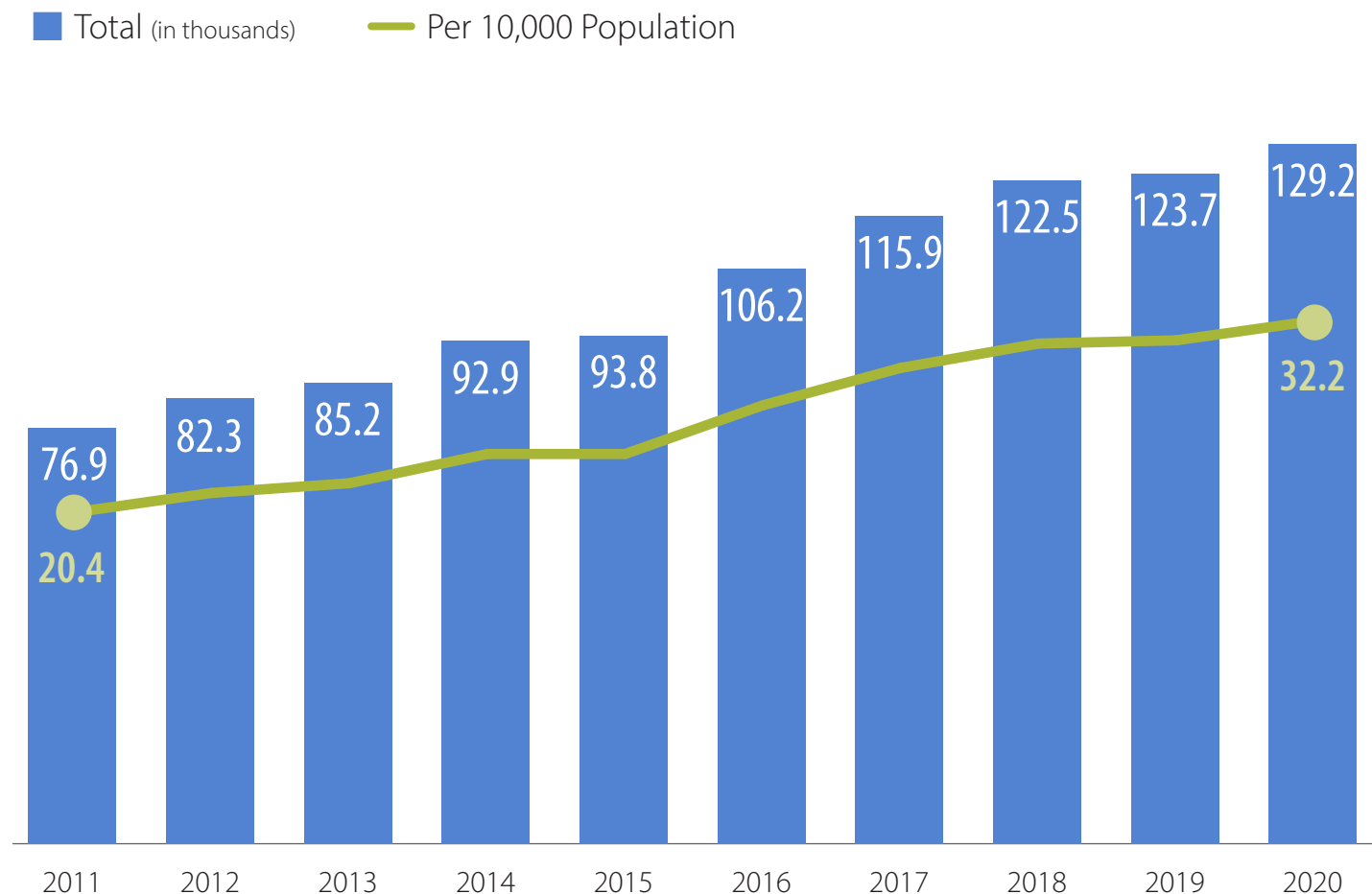
### Facilities

In California, there was significant geographic variation in the availability of beds for psychiatric inpatient care. Twenty-five counties had no adult acute psychiatric beds, and 43 counties had no acute psychiatric beds for children.

# Emergency Department Discharges to Psychiatric Care

## California, 2011 to 2020

ED VISITS WITH DISPOSITION TO PSYCHIATRIC CARE



Notes: ED is emergency department. Disposition to psychiatric care includes discharges or transfers to a psychiatric hospital or distinct psychiatric unit of a hospital, including planned inpatient readmissions. Visits are the total of ED visits and ED admissions with a disposition to inpatient psychiatric care. Due to data limitations, 2011 through 2014 figures include only those from ED visits and not ED admissions.

Sources: Author calculations based on *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)* (2010–20), California Health and Human Services Open Data Portal; and *Report P-2A: Total Population Projections, 2010–2060: California and Counties (2019 Baseline)*, California Dept. of Finance, July 19, 2021.

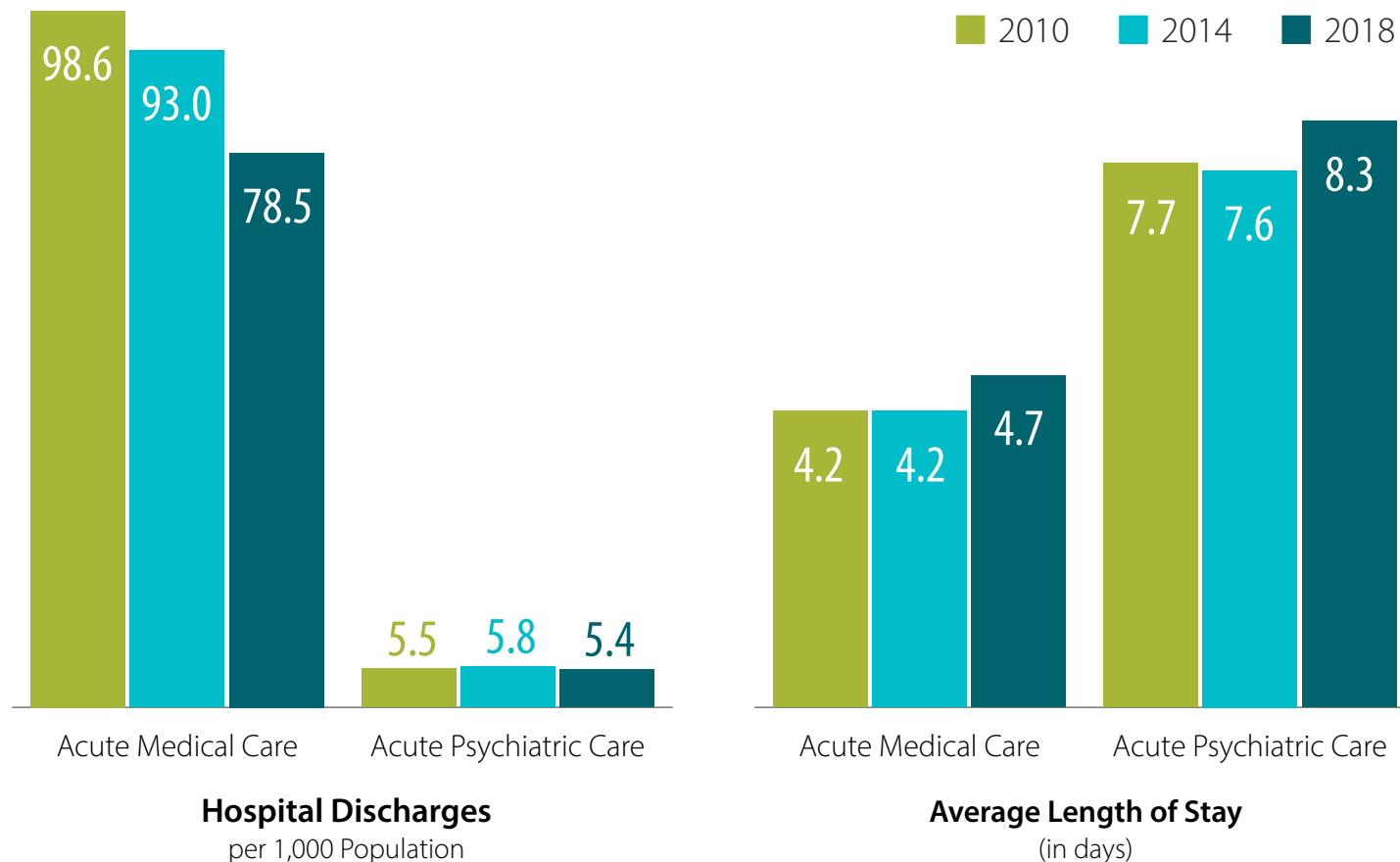
### Mental Health

Facilities

People experiencing mental health crises frequently receive care in hospital emergency departments.

# Hospital Discharges and Length of Stay

Acute Medical vs. Acute Psychiatric, California, 2010, 2014, and 2018



Notes: Includes discharges from general acute hospitals, acute psychiatric facilities, and psychiatric health facilities (PHFs). PHFs do not have to meet the same facility regulations as hospitals, and provide medical care through arrangements with other providers. Discharges from chemical dependency recovery care, physical rehabilitation care, and skilled nursing / intermediate care are not shown.

Sources: Author calculation based on "Type of Care by County of Residence," in "Hospital Inpatient Discharge Rates — County Frequencies" (2010), Office of Statewide Health Planning and Development; *Hospital Inpatient Characteristics – Type of Care by Patient County of Residence* (2014 and 2018), California Health and Human Services Open Data Portal; and *Report P-2A: Total Population Projections, 2010–2060: California and Counties (2019 Baseline)*, California Dept. of Finance, July 19, 2021.

## Mental Health

Facilities

There were far fewer acute psychiatric hospital stays per population than acute medical stays. Average lengths of stay for acute psychiatric care were considerably longer than average stays for acute medical care.

# Mental Health Professions

## Mental Health

### Care Providers

PROFESSION	CREDENTIALS, QUALIFICATIONS, AND CUSTOMARY PRACTICE	PSYCHOTROPIC MEDICATIONS	PSYCHOLOGICAL TESTING	TREATMENT PLANNING	THERAPY	CASE MANAGEMENT	REHABILITATION AND SUPPORT
<b>Physicians</b>	MD/DO with general licensure as physician and surgeon	✓		✓			
<b>Psychiatrists</b>	MD/DO with a specialty in psychiatry, some with a second specialty in child and adolescent psychiatry	✓		✓	✓		
<b>Psychiatric Clinical Nurse Specialists (CNS)</b>	Advanced practice nurses, with a master's or doctoral degree, who specialize in psychiatry	✓		✓	✓		
<b>Nurses</b>	RNs and LVNs with and without specialty psychiatric training, plus licensed psychiatric technicians			✓		✓	✓
<b>Psychologists</b>	Clinical psychologists licensed at the doctoral level, perhaps specializing in psychological or neuropsychological assessment, including diagnostic test administration, assessment, and treatment recommendations		✓	✓	✓		
<b>Licensed Independent Clinical Social Workers (LICSW), Mental Health Counselors (LMHC), and Marriage and Family Therapists (MFT)</b>	Master's level clinicians licensed by the state  LICSWs and LMFTs are eligible for reimbursement under Medi-Cal and Medicare as independent practitioners outside of a clinic.			✓	✓	✓	✓
<b>Occupational Therapists (OT)</b>	Licensed OT			✓		✓	✓
<b>Unlicensed Mental Health Workers Qualified Under the California Medi-Cal Rehabilitation Option</b>	Mental health workers with high school, associate's, or bachelor's degrees providing (under supervision) care management, rehabilitation, behavior management, mentoring, milieu support, respite, and other supportive roles			✓		✓	✓

All licensed mental health practitioners are qualified to conduct assessments, determine diagnoses, develop treatment plans, and provide therapies. Unlicensed mental health staff, including peer providers, offer important case management, rehabilitation, and support services.

Notes: MD/DO is medical doctor / doctor of osteopathic medicine. RN is registered nurse. LVN is licensed vocational nurse.

Sources: California Welfare and Institutions Code; and California Business and Professions Codes.

# Mental Health Professionals

## California, 2020

Marriage and Family Therapist

39,838

Clinical Social Worker

26,055

Psychologist

17,452

Psychiatric Technician

8,951

Psychiatrist\*

4,660

Professional Clinical Counselor

1,985

### Mental Health

Care Providers

California had 98,941 licensed mental health professionals in 2020. Marriage and family therapists composed the greatest share, more than double the number of licensed psychologists.

\* Includes psychiatrists who have completed residency training and are active in patient care at least 20 hours per week

Sources: Public Information Licensee List, California Dept. of Consumer Affairs; Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population for Counties in California: April 1, 2010 to July 1, 2019* (CO-EST2019-ANNRES-06), US Census Bureau, last modified March 26, 2020.

# Licensed Mental Health Professionals, by Region

## California, 2020

PER 100,000 POPULATION

■ HIGHER THAN STATE AVERAGE

	LICENSED PSYCHIATRISTS*	LICENSED CLINICAL SOCIAL WORKERS	LICENSED MARRIAGE AND FAMILY THERAPISTS	LICENSED PROFESSIONAL CLINICAL COUNSELORS	LICENSED PSYCHOLOGISTS	PSYCHIATRIC TECHNICIANS
Central Coast	11.6	61.8	144.4	5.2	47.1	52.6
Greater Bay Area	18.7	82.8	135.3	6.8	72.6	17.9
Inland Empire	8.2	39.0	60.8	3.7	15.9	40.9
Los Angeles County	12.0	81.1	106.2	4.0	48.7	8.8
Northern and Sierra	5.8	65.4	100.3	5.5	21.8	12.8
Orange County	7.9	56.8	106.3	5.6	40.1	15.2
Sacramento Area	12.3	72.6	98.4	5.7	37.6	12.4
San Diego Area	13.3	64.8	94.1	7.3	55.0	3.1
San Joaquin Valley	6.2	35.5	48.2	2.5	16.2	58.3
<b>California</b>	<b>11.8</b>	<b>65.9</b>	<b>100.8</b>	<b>5.0</b>	<b>44.2</b>	<b>22.7</b>

\* Includes psychiatrists who have completed residency training and are active in patient care at least 20 hours per week.

Note: See [Appendix](#) for a map of counties included in each region.

Sources: Public Information Licensee List, California Dept. of Consumer Affairs; Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population for Counties in California: April 1, 2010 to July 1, 2019* (CO-EST2019-ANNRES-06), US Census Bureau, last modified March 26, 2020.

### Mental Health

Care Providers

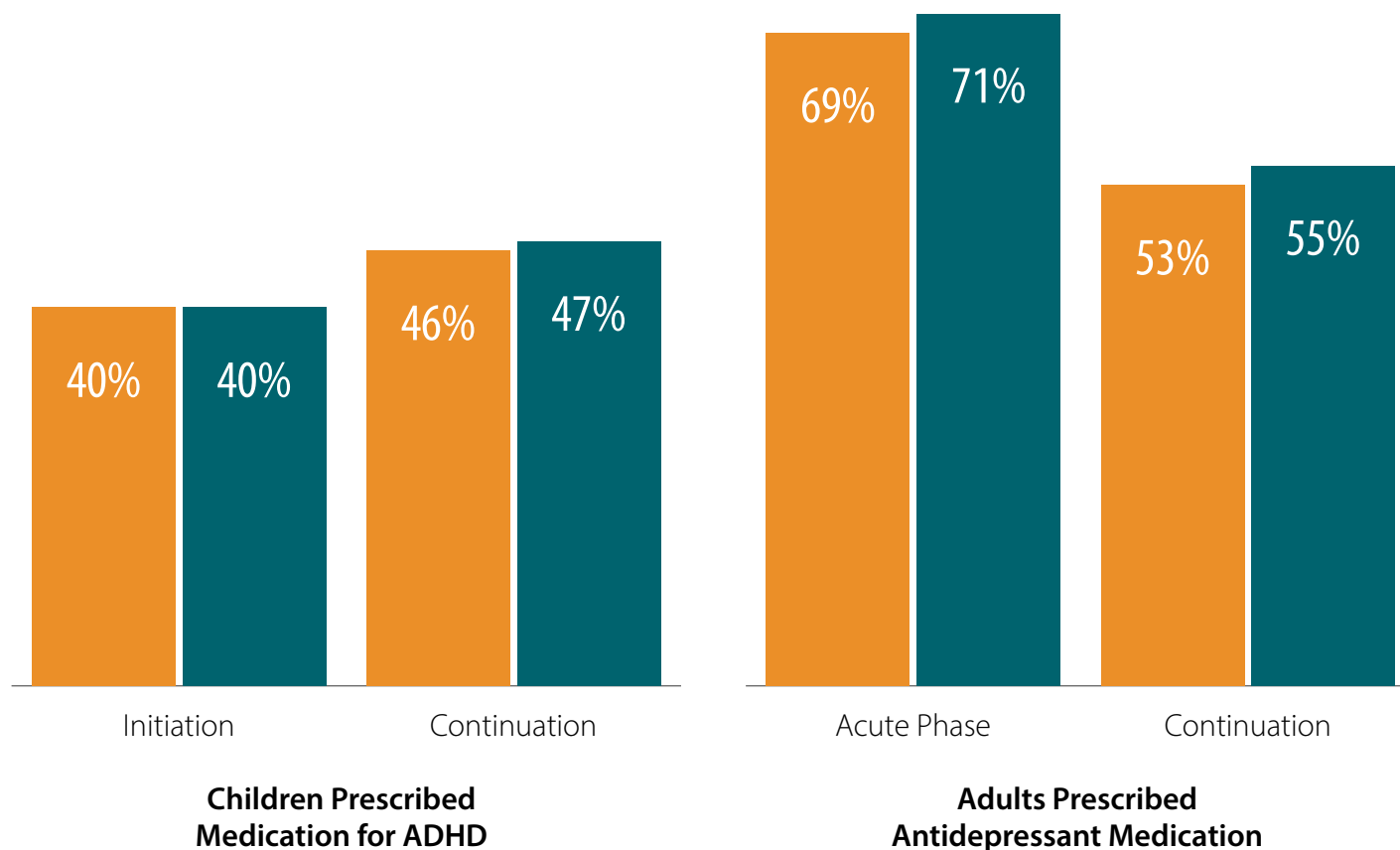
The number of mental health professionals per population varied considerably by region in California. The Greater Bay Area's rates were higher than the state average for almost all of the professions shown, while the Inland Empire and San Joaquin Valley regions had rates that were lower than average for almost all of the professions shown.

# Medication Treatment for Selected Mental Health Conditions

## Commercial HMO and PPO Plans, California vs. United States, 2019

PERCENTAGE OF PLAN ENROLLEES WHOSE TREATMENT MET CRITERIA FOR . . .

California United States



Notes: For children (age 6 to 12), the initiation phase shows how well the health plan did at making sure children prescribed a medication for attention deficit hyperactivity disorder (ADHD) had a follow-up visit within the first month after starting medication. The continuation phase measures how well the health plan did at making sure children prescribed a medication for ADHD remained on medication for about seven months and had at least two additional follow-up visits during the nine months after the first month on the medication and initial follow-up visit. For adults 18 and older, the acute phase shows how well the health plan did at making sure patients diagnosed with depression received treatment during the first 12 weeks following the start of treatment, and the continuation phase measures how many patients treated for depression remained on antidepressant medication for six months following the start of treatment.

Source: "California Health Plans Compared to Health Plans Nationwide," Office of the Patient Advocate.

### Mental Health

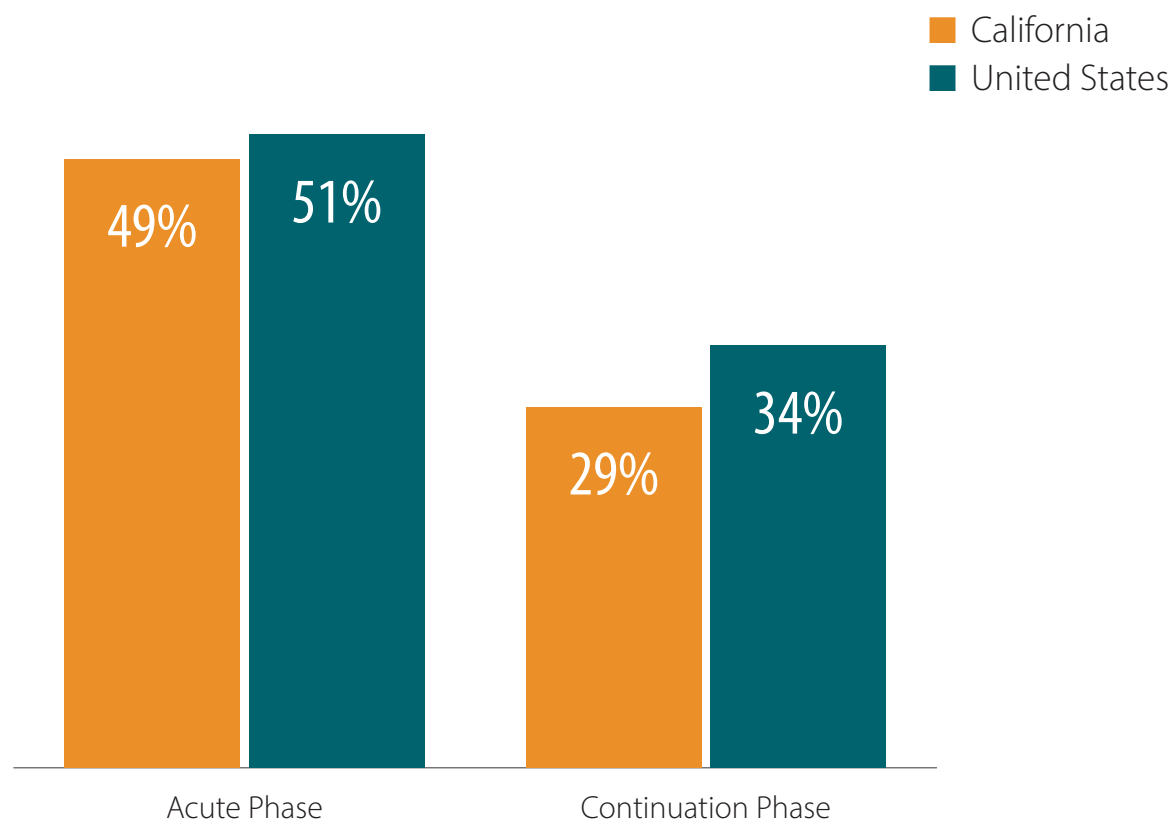
Quality of Care

Less than half of children in California HMOs and PPOs who were prescribed medication for attention deficit hyperactivity disorder had a follow-up visit within a month after starting medication, and two visits in the following nine months. Almost 70% of California adults in HMO and PPO plans who were prescribed antidepressant medication took it for the first 12 weeks, and more than half remained on the medication six months. In both cases, California and US rates were similar.



# Antidepressant Medication, Adults Enrolled in Medicaid California vs. United States, FFY 2019

PERCENTAGE OF PLAN ENROLLEES WHOSE TREATMENT MET CRITERIA FOR . . .



Notes: Adults are age 18 to 64. The acute phase shows the percentage of adults enrolled in Medicaid diagnosed with major depression who were treated with and remained on antidepressant medication for 12 weeks. The continuation phase shows the percentage of adults diagnosed with major depression who were treated and remained on the medication for six months. Measure is a weighted average of adults enrolled in managed care plans and fee-for-service. Federal fiscal year (FFY) 2019 is October 2018 through September 2019.

Sources: *Adult Health Care Quality Measures Dataset, FFY 2019*, Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

## Mental Health

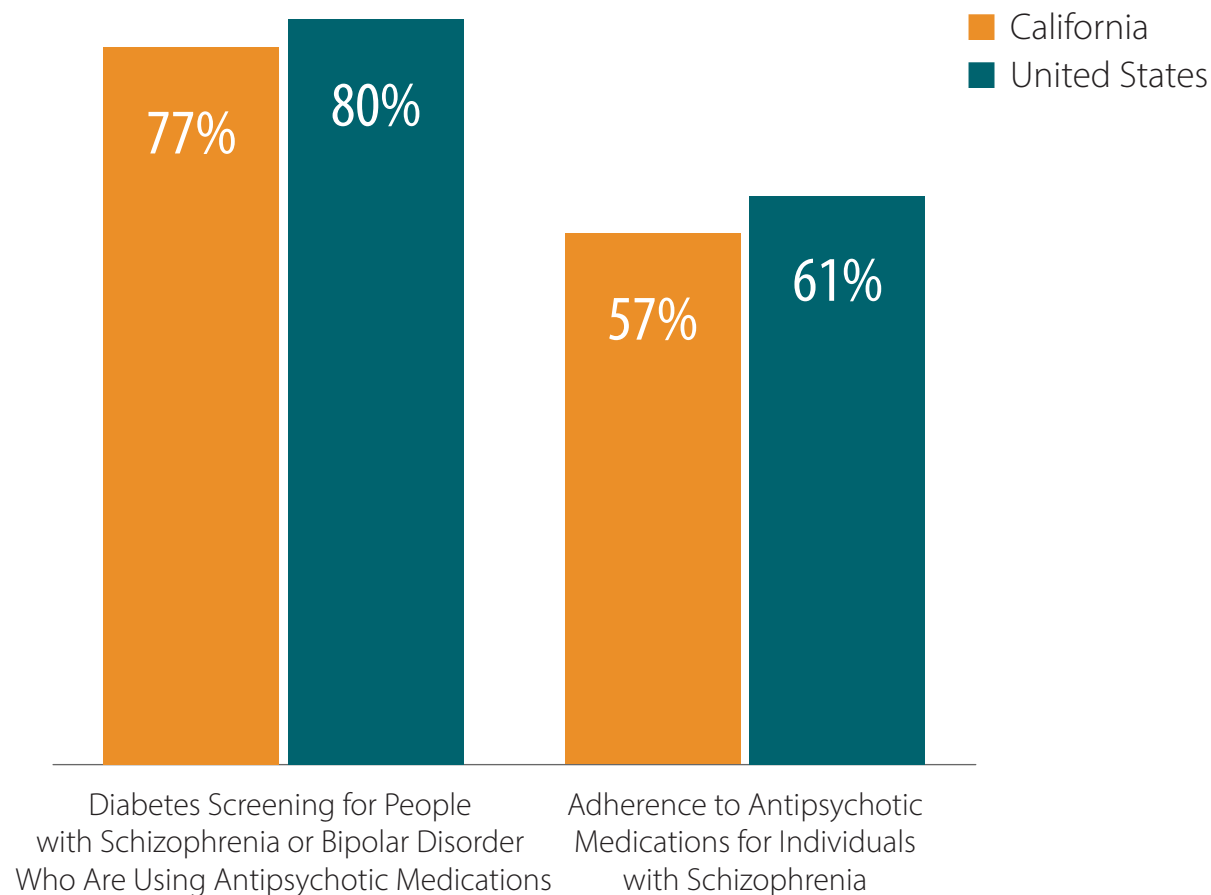
Quality of Care

Half of adults enrolled in Medicaid plans in California and the US who were diagnosed with major depression and were newly treated with antidepressant medication remained on that medication for 12 weeks. In California, less than a third continued on antidepressant medication for six months.

# Antipsychotic Medication, Adults Enrolled in Medicaid

## California vs. United States, FFY 2019

PERCENTAGE OF PLAN ENROLLEES WHOSE TREATMENT MET CRITERIA FOR . . .



Notes: *Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications* assesses adults age 18–64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. *Adherence to antipsychotic medications for individuals with schizophrenia* assesses adults age 18 and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. Federal fiscal year (FFY) 2019 is October 2018 through September 2019.

Sources: *Adult Health Care Quality Measures Dataset, FFY 2019*, Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

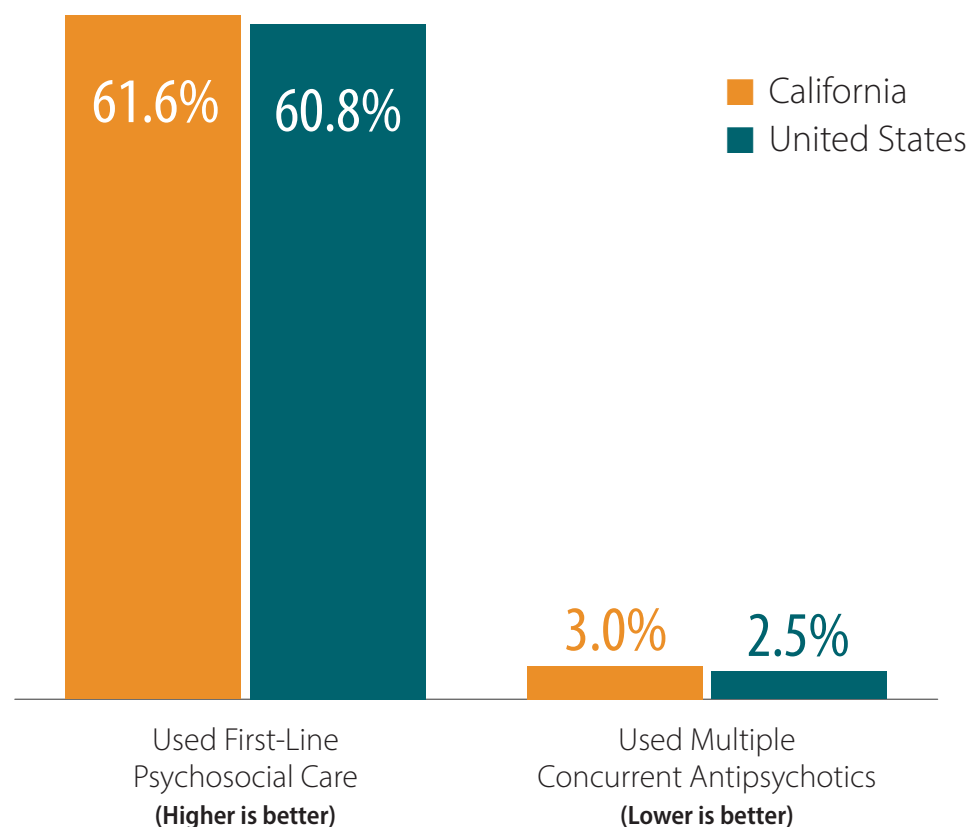
### Mental Health

Quality of Care

Close to 60% of adults enrolled in Medi-Cal who were prescribed antipsychotic medications for schizophrenia remained on them for at least 80% of their treatment period. Antipsychotic medications can raise the risk of diabetes. About 75% of adults enrolled in Medi-Cal who were prescribed antipsychotic medications were screened for diabetes.

# Antipsychotic Medication, Children and Youth Enrolled in Medicaid, California vs. United States, FFY 2019

PERCENTAGE OF PLAN ENROLLEES PRESCRIBED AN ANTIPSYCHOTIC MEDICATION WHO . . .



Notes: *Use of first-line psychosocial care* is the percentage of children and youth with a new prescription for an antipsychotic medication who had documentation of psychosocial care as a first-line treatment. Excludes those who have a Food and Drug Administration primary indication for an antipsychotic. *Use of multiple concurrent antipsychotics* is the percentage of children and youth who were on two or more concurrent antipsychotic medications for an extended period (90 consecutive days or more). *Children and youth* are age 1 to 17. Source uses *children and adolescents*. Federal fiscal year (FFY) 2019 is October 2018 through September 2019. Measures are weighted averages of managed care and fee-for-service enrollees.

Sources: 2019 *Child and Adult Health Care Quality Measures Quality* (FFY 2019), Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

## Mental Health

Quality of Care

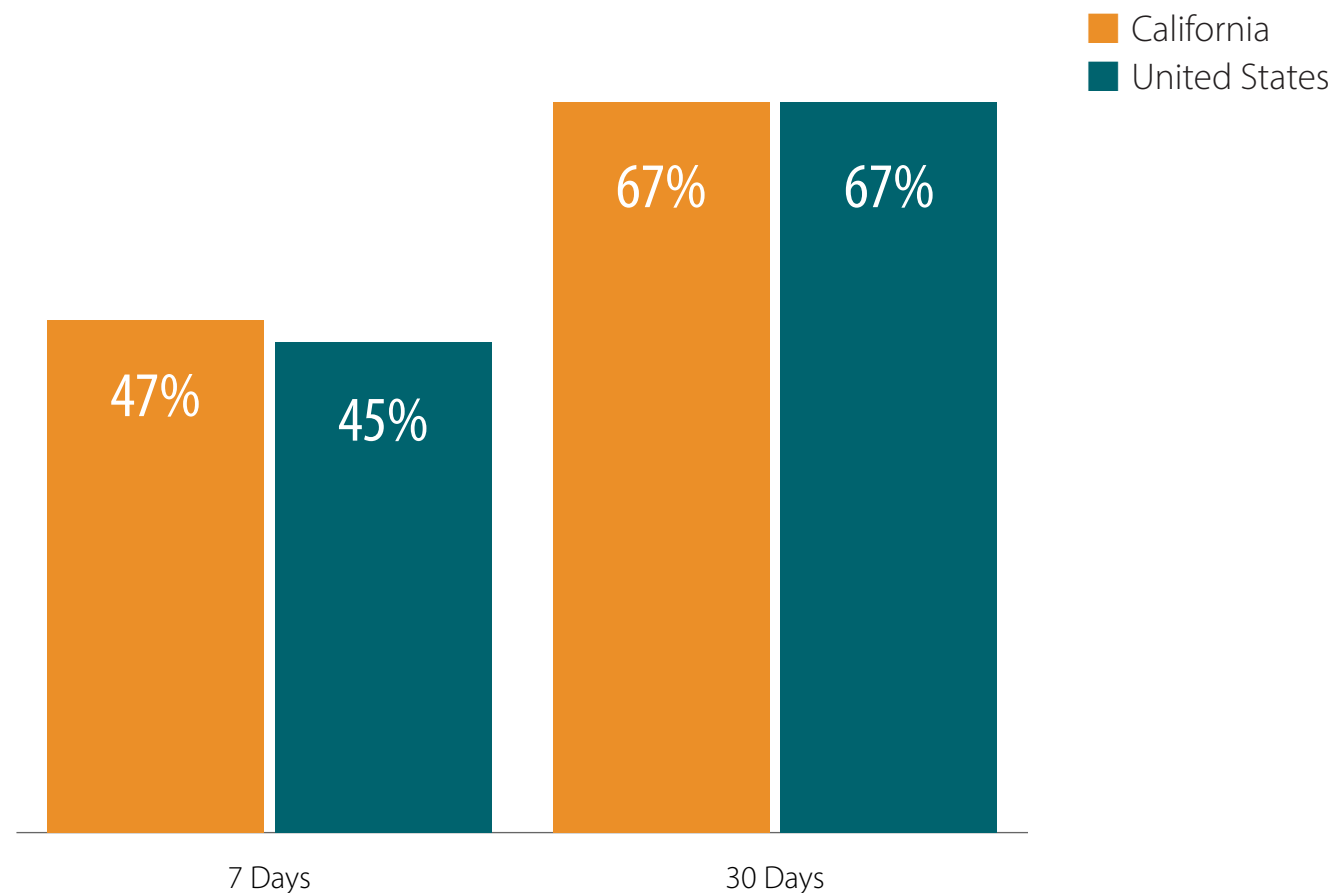
The Pediatric Quality Measures Program states that children and youth who are prescribed new antipsychotic medication should receive psychosocial treatment before or at the same time as medication, and that the use of multiple antipsychotics should be minimized.\* Slightly more than 60% of children on antipsychotics who were enrolled in Medi-Cal received psychosocial treatment. Three percent of children enrolled in Medi-Cal were on multiple antipsychotics for 90 days or more.

\* "HEDIS Measures for the Safe & Judicious Use of Antipsychotic Medications in Children and Adolescents: What Are the Antipsychotic Medication Use Measures?" National Committee for Quality Assurance.

# Follow-Up After Hospitalization for Mental Illness

## HMO and PPO Plans, California vs. United States, 2019

PERCENTAGE OF DISCHARGES WITH A FOLLOW-UP VISIT WITHIN . . .



Notes: Percentage of patients hospitalized for a mental illness who were seen by a mental health provider within 7 days and 30 days after leaving the hospital. Includes HMO and PPO health plan members age six and older.\* *HMO* is health maintenance organization. *PPO* is preferred provider organization. The California plans' scores are the average across all California HMO and PPO health plans. National results are from health plans throughout the US and were calculated giving equal weight to each plan's score regardless of its enrollment.

\*\*Follow-Up After Hospitalization for Mental Illness (FUH),"Nat'l Committee for Quality Assurance.

Source:"California Health Plans Compared to Health Plans Nationwide,"Office of the Patient Advocate.

### Mental Health

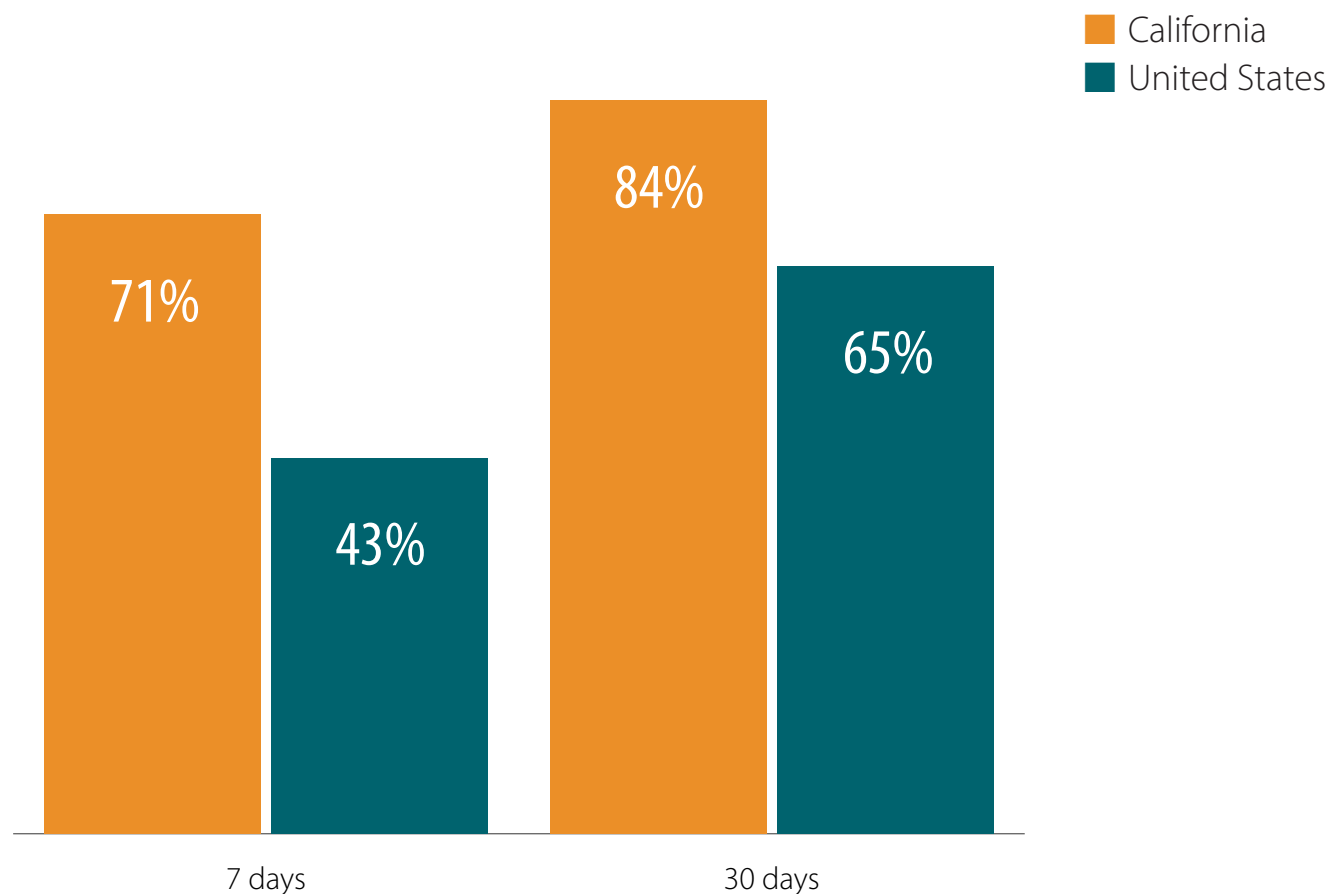
#### Quality of Care

Prompt follow-up with a mental health provider after hospitalization for a mental illness helps care and medication management. California and United States HMO and PPO plans had similar rates of follow-up care. Close to half of patients were seen within seven days after discharge, and two-thirds were seen within 30 days after discharge.

# Follow-Up After Hospitalization for Mental Illness

## Children Enrolled in Medicaid, California vs. United States, FFY 2019

PERCENTAGE OF DISCHARGES WITH A FOLLOW-UP VISIT WITHIN . . .



Notes: Percentage of discharges for children age 6 to 17 hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit within 7 and 30 days after discharge. Federal fiscal year (FFY) 2019 is October 2018 through September 2019. Measure is a weighted average of children enrolled in Medicaid managed care plans and fee-for-service, and the Children's Health Insurance Program.

Sources: 2019 *Child and Adult Health Care Quality Measures Quality* (FFY 2019), Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

### Mental Health

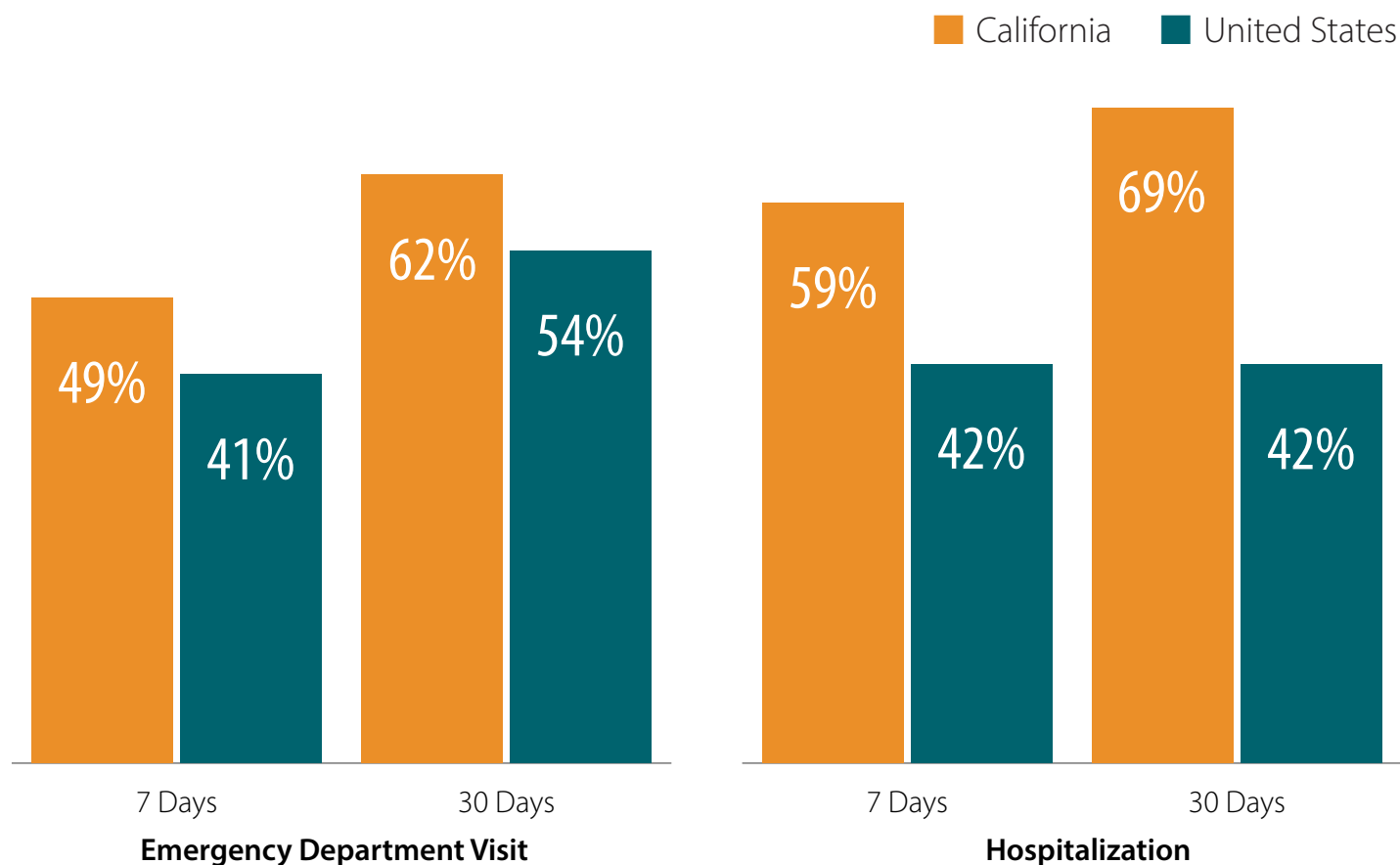
Quality of Care

High percentages of children enrolled in Medicaid received follow-up care after hospitalization for mental illness or intentional self-harm. In California, 71% of children had a follow-up visit within seven days after discharge, and 84% had a visit within 30 days after discharge, both exceeding the national rates.

# Follow-Up After ED Visit and Hospitalization for Mental Illness

## Adults Enrolled in Medicaid, California vs. United States, FFY 2019

PERCENTAGE OF MENTAL HEALTH VISITS / HOSPITALIZATIONS WITH A FOLLOW-UP VISIT WITHIN . . .



Notes: Percentage of emergency department (ED) visits and discharges for adults 18 and over who had a principal diagnosis of mental illness or intentional self-harm with a follow-up visit within 7 days and 30 days of the ED visit. Percentage of discharges for adults 18 and over hospitalized for mental illness or intentional self-harm with a follow-up visit within 7 days and 30 days after discharge. Federal fiscal year (FFY) 2019 is October 2018 through September 2019. Measure is a weighted average of adults enrolled in managed care plans and fee-for-service.

Sources: 2019 *Child and Adult Health Care Quality Measures Quality* (FFY 2019), Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

### Mental Health

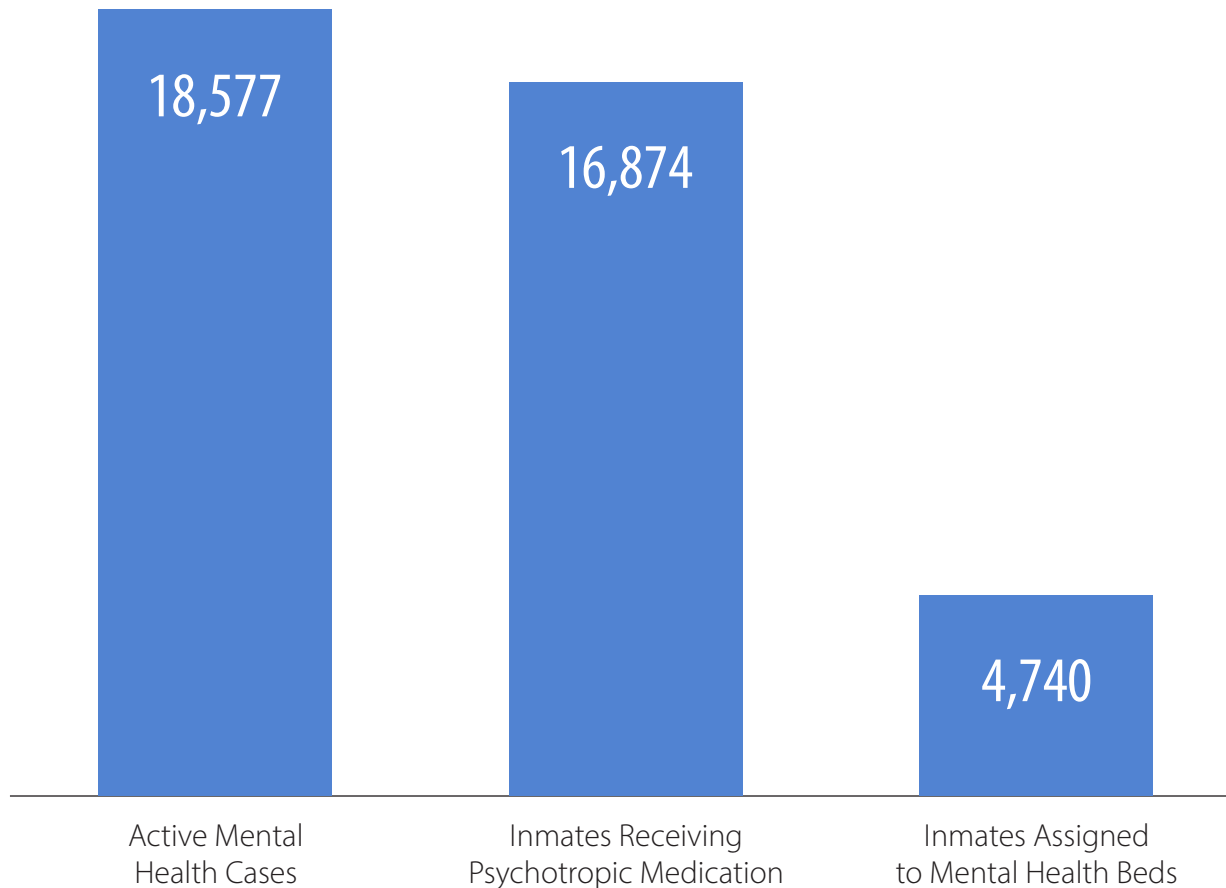
#### Quality of Care

Medi-Cal rates of follow-up care exceeded those for Medicaid programs nationally. Sixty-two percent of adults enrolled in Medi-Cal who had an emergency department visit, as well as almost 70% of those hospitalized for mental illness, had a mental health visit within 30 days of discharge.

# Mental Health Services in Jail

## California, as of December 31, 2020

NUMBER OF INMATES



Notes: *Active mental health cases* refers to people in jail who are identified as having a psychological disorder and who are actively in need of and receiving mental health services. The number of mental health cases and the numbers of people receiving other mental health services in jail are counted on December 31, and so represent a point-in-time count. Average daily jail population is the December monthly average, excluding people on holding status. Only jails that reported all indicators are included in the calculations. Excludes Alpine County jails that did not report any of the measures.

Source: Jail Profile Survey, Board of State and Community Corrections.

### Mental Health

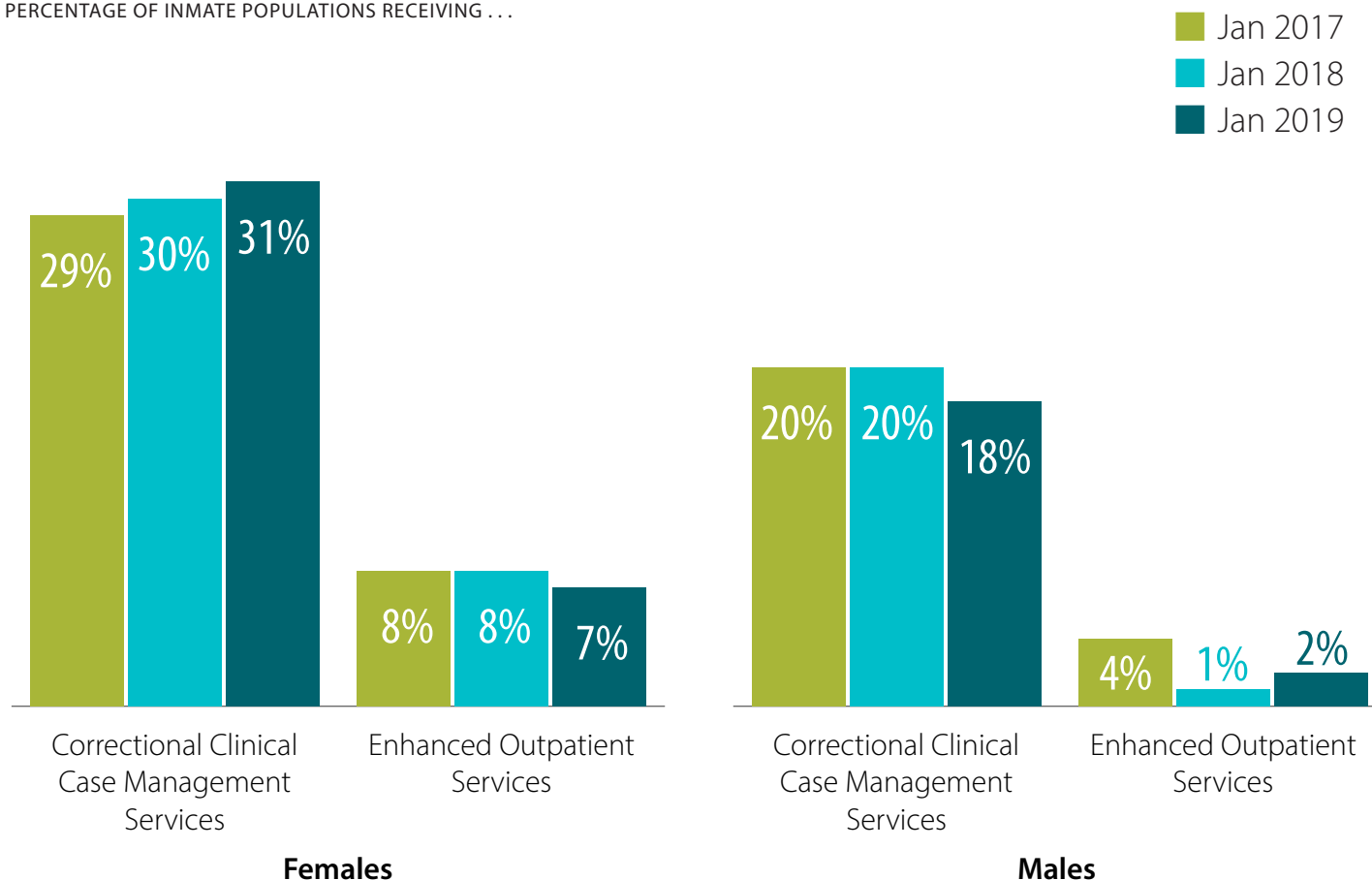
Criminal Justice System

As of December 31, 2020, over 18,000 people in California jails — representing 31% of the average daily population for that month — were identified as having a psychological disorder and receiving mental health services. Most of these individuals, 91%, were receiving psychotropic medications, and 26% were assigned to beds designated for people with mental health conditions.

# Mental Health Services in Prison, by Gender

## California, January 2017 to January 2019

PERCENTAGE OF INMATE POPULATIONS RECEIVING . . .



Notes: Source did not include additional gender categories. *Clinical case management* services are provided by a clinician who assists the inmate to access prison services, provides individual and group treatment, and monitors and tracks how the inmate is progressing. *Enhanced outpatient services* are housed in a dedicated unit structured to manage serious mental illness with functional problems. These services often help transition an inmate from a hospital or crisis program. Male inmates include those in the general population, and exclude those in separate high-security and reception facilities. Female inmates include those in the general population or in the single female reception program, which is housed in a facility for the general population.

Source: Special data request, COMPSTAT DAI Statistical Report - 13 Month, California Dept. of Corrections and Rehabilitation.

### Mental Health

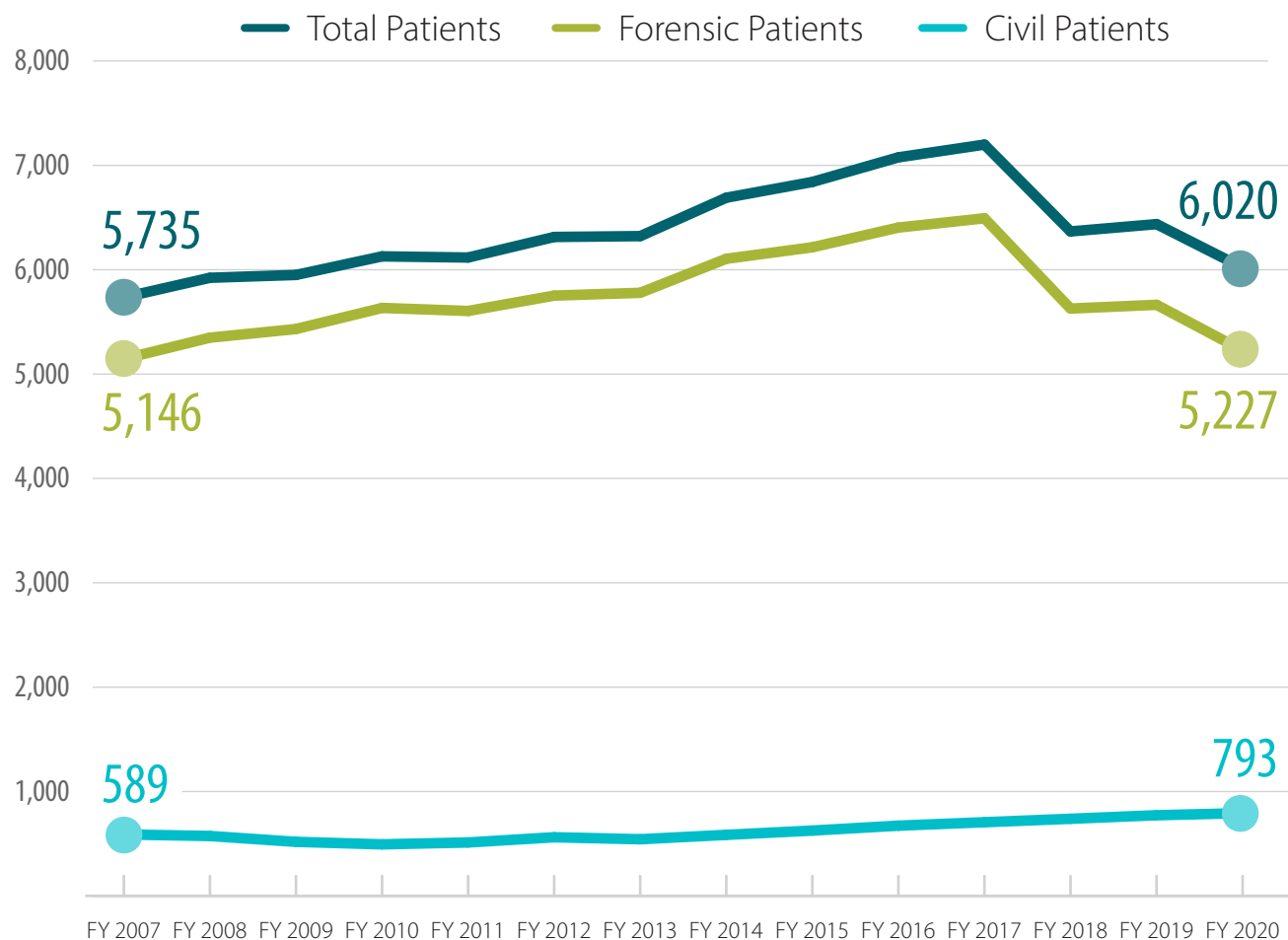
#### Criminal Justice System

From January 2017 to January 2019, California's general prison population grew to almost 50,000 (not shown). During that period, close to one in three California females and one in five males in general prison settings received clinical case management services. Considerably lower percentages of females and males in these settings received enhanced outpatient treatment in dedicated units for inmates with mental illness.



# Patients in State Hospitals, by Type, California, FY 2007 to FY 2020

NUMBER OF PATIENTS (IN THOUSANDS)



Notes: Data are a count of patients admitted to California state hospitals during fiscal years (FY) 2007 to 2020. *Forensic patients* are those sent to the Department of State Hospitals (DSH) through the criminal court system and have committed or have been accused of committing a crime linked to their mental illness. *Civil patients* are committed to DSH from civil courts because they are a danger to themselves or others.

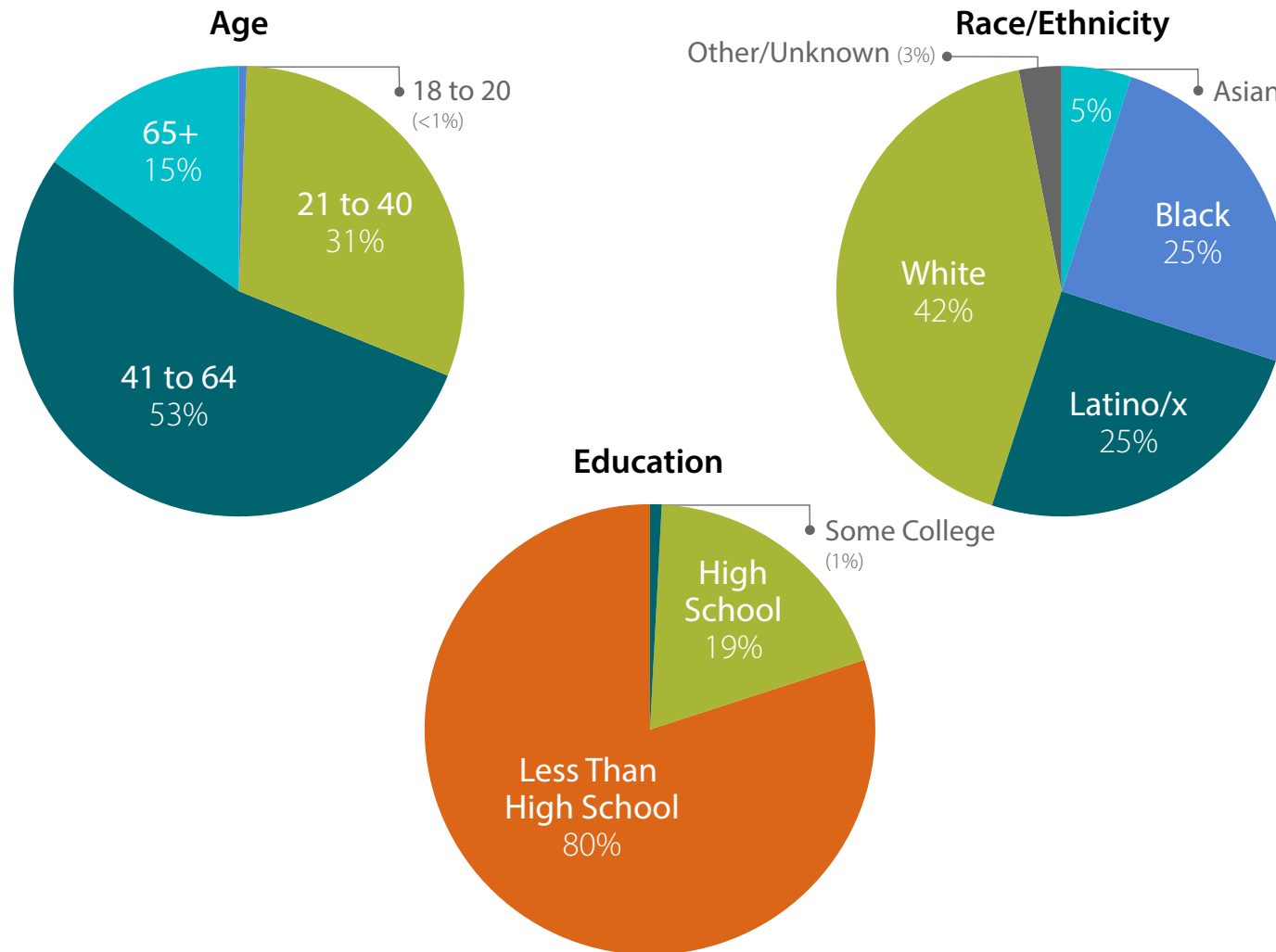
Source: *Department of State Hospitals Forensic vs. Civil Commitment Population*, California Health and Human Services Open Data Portal, last updated March 25, 2021.

## Mental Health Criminal Justice System

The Department of State Hospitals (DSH) oversees the care of patients mandated for mental health treatment by a civil or criminal court. Those mandated by the criminal court system (forensic patients) accounted for about nine in 10 patients in DSH hospitals.

# Patients in State Hospitals, by Demographics

## California, FY 2020



### Mental Health

Criminal Justice System

In 2020, more than half of state hospital patients were between the ages of 41 and 64. Four out of 10 patients were White. Eighty percent of state hospital patients did not graduate from high school.

Notes: The Department of State Hospitals population consists of patients mandated for treatment by a criminal or civil court. Source uses *Hispanic*.  
Source: *Patient Demographics (Age, Education, Ethnicity)*, CHHS Open Data Portal, last updated January 21, 2021.

# Methodology for Estimates of Prevalence of Serious Mental Illness, Serious Emotional Disturbance, and Serious Psychological Distress

This publication includes estimates of different measures of the prevalence of mental illness. Dr. Charles Holzer developed prevalence estimates for serious mental illness and serious emotional disturbance using a sociodemographic risk model. Serious psychological distress prevalence estimates were obtained from the UCLA California Health Interview Survey. The method for each is described here.

**Serious mental illness** was defined as a composite variable including diagnosis of a mental disorder excluding schizophrenia/psychosis and at least 120 days of impairment in the past year. When days of impairment were not available, a score of at least 7 on the Sheehan Disability Scale was used. The SDS measures the extent to which a mental disorder interfered with a person's ability to attend to the home (like cleaning, shopping, and taking care of the house), work or perform schoolwork, and engage in a social life or leisure activities, or by the number of days that activities were limited due to the disorder.

The National Institute of Mental Health's Collaborative Psychiatric Epidemiology Surveys (CPES) were the basis for estimating risk of serious mental illness. CPES combines three nationally representative surveys:

- National Comorbidity Survey Replication (NCS-R)
- National Survey of American Life (NSAL)
- National Latino and Asian American Study (NLAAS)

CPES provided data on the distributions, correlates, and risk factors of mental disorders among the general population, with special emphasis on minority groups. Analyses of these data sets resulted in estimates of the risk of mental disorder associated with seven demographic characteristics: race, ethnicity, age, marital status, education, residential status, and poverty. Resulting risk factors were applied to the demographic characteristics of each California county using American Community Survey (ACS) 2019. An additional adjustment was made to account for population size as estimated by the California Department of Finance.

**Serious emotional disturbance (SED)** in children was estimated based on studies commissioned by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) and published in the *Federal Register*. CMHS's definition of SED is "persons from birth up to age 18, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV-R that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skill."

## Mental Health

### ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at [www.chcf.org/almanac](http://www.chcf.org/almanac).

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# Methodology for Estimates of Prevalence of Serious Mental Illness, Serious Emotional Disturbance, and Serious Psychological Distress (continued)

Dr. Holzer’s estimates were based on estimated rates of SED prevalence for children in families above and below the federal poverty level applied to the poverty and nonpoverty populations in each county using the 2019 ACS adjusted to the population estimates of the California Department of Finance, excluding children living in institutional or group living settings.

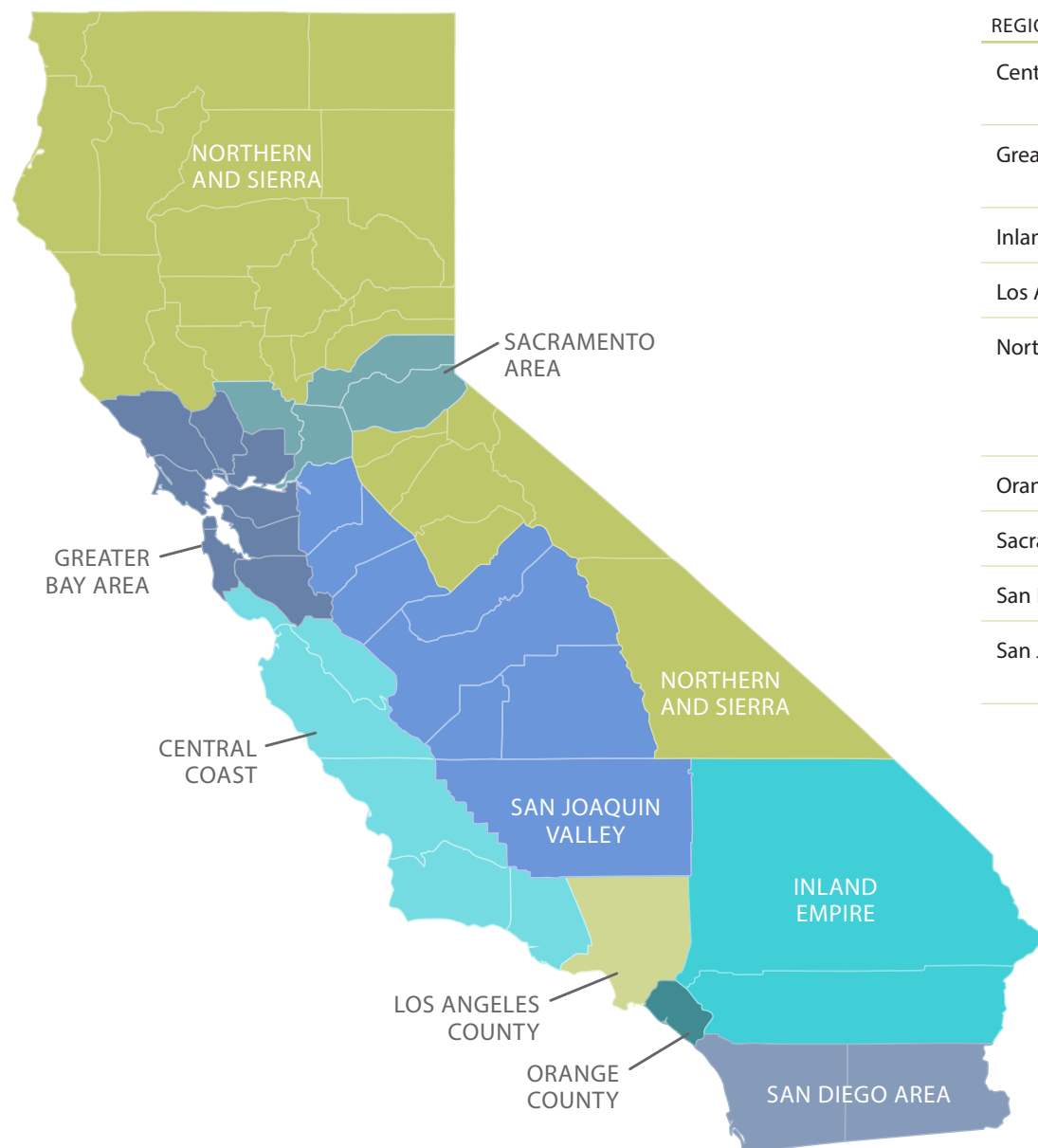
**Serious psychological distress (SPD)** was estimated by the California Health Interview Survey (CHIS) through a mixed method survey administered by a combination of computer-assisted web interviewing and computer-assisted telephone interviewing to a random sample

of California adolescents and adults. Responses were weighted according to California population estimates from the California Department of Finance. Based on the one month in the past 12 months where they were at their worst emotionally, respondents who scored 13 or more on the six symptoms of mental illness based on the Kessler 6 scale, according to the table below, were determined to have experienced SPD during the past 12 months.

DURING THE ONE MONTH IN THE PAST 12 MONTHS WHEN YOU WERE AT YOUR WORST EMOTIONALLY, HOW OFTEN DID YOU FEEL...	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1. So depressed that nothing could cheer you up?	4	3	2	1	0
2. Nervous?	4	3	2	1	0
3. Restless or fidgety?	4	3	2	1	0
4. Hopeless?	4	3	2	1	0
5. That everything was an effort?	4	3	2	1	0
6. Worthless?	4	3	2	1	0

Sources: “A New Design for CHIS 2019-2020,” UCLA Center for Health Policy Research (“Center”); “AskCHIS,” Center; and *CHIS 2019 Questionnaires: Adult*, Center, September 2021.

## Appendix: California Counties Included in Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare