The last few decades have seen significant growth in the measurement and reporting of health care quality outcomes, including in behavioral health.

Quality measures help health care providers, plans, and government agencies monitor the quality of care delivered to patients across California and the US.

This short almanac presents three measures of the quality of mental health and substance use care. It is part of a series of measures CHCF publishes on the quality of care in California. Other topics range from maternal to end-of-life care and include measures on chronic conditions and providers.

**California health plans performed slightly better on the initiation of antidepressant medication treatment than on the continuation of that treatment.**

In 2020, 71% of California adults in HMO and PPO plans who were prescribed antidepressant medication took it for the first 12 weeks, and 56% remained on the medication six months following the start of treatment.

Notes: California data are based on the average performance of the 10 largest HMOs and six largest PPOs in the state. *Initiation* is percentage of adults age 18+ diagnosed with major depression who were newly treated with antidepressant medication and remained on their antidepressant medication for the first 12 weeks following the start of treatment. *Continuation* is percentage of adults age 18+ who were newly treated with antidepressant medication and remained on antidepressant medication for six months following the start of treatment.

In California, few HMO and PPO patients with alcohol or drug dependence diagnoses received treatment services.

Slightly less than 4 in 10 adolescent and adult health plan patients in California started treatment services for alcohol or drug dependence within 14 days of being diagnosed. One in 7 health plan patients had treatment services within 14 days and received at least two follow-up treatment services within 30 days of the initial treatment.

Opioid-related overdose emergency department (ED) visits, hospitalizations, and deaths varied by race/ethnicity.

American Indian and Alaska Native (AIAN) Californians were more likely to die from an opioid overdose than Californians of other races/ethnicities. Black Californians had the highest rates of ED visits related to an opioid overdose.

See charts on page 3.
Opioid Overdose ED Visits, by Race/Ethnicity, California, 2020

Notes: Rates are age-adjusted. Emergency department (ED) visits and hospitalizations caused by nonfatal acute poisoning due to the effects of all opioid drugs, regardless of intent. Includes deaths caused by opioids such as prescription opioid pain relievers, heroin, and opium; does not include deaths related to chronic use of drugs.

AIAN is American Indian and Alaska Native; ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses Black/African American, Hispanic/Latino, and Native American / Alaska Native.


The companion Excel data file, which provides these data and more, is available for download at www.chcf.org/publication/2022-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.