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Joint Assembly and Senate Health Committee
Informational Hearing
February 26, 2019

Overview

- Sources
- Prevalence
- Access to care
- Medi-Cal
- Impact

Mental illnesses are common, chronic health conditions

Incidence of Mental Illness, Adults and Children, California, 2014







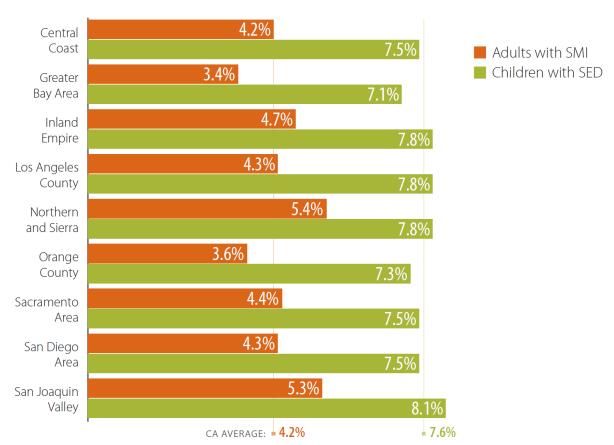
7.6% Children with Serious Emotional Disturbance



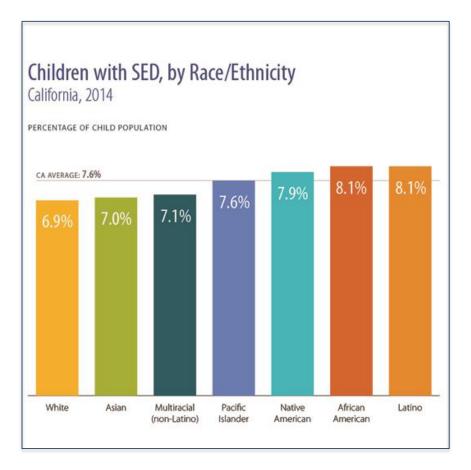
Prevalence varies by region

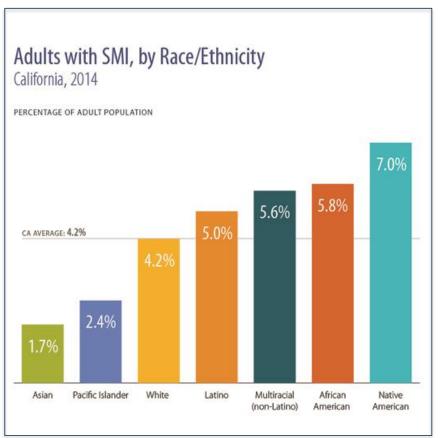
Adults with SMI and Children with SED, by Region, California, 2014





Prevalence varies by race/ethnicity





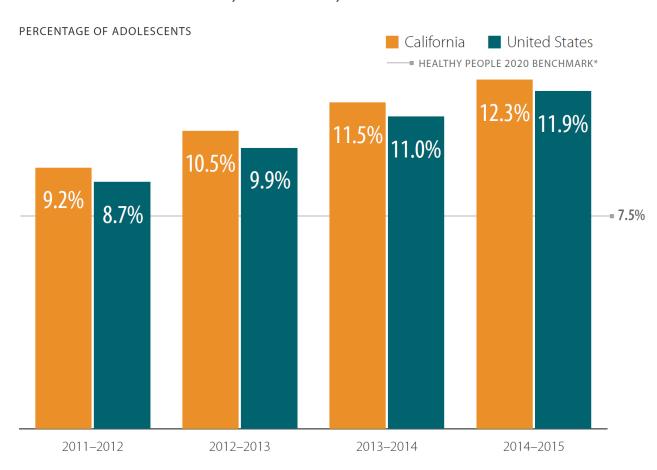
Prevalence varies by income

INCIDENCE, BY INCOME, 2014



Depressive illness has risen among adolescents

Reported Having an Major Depressive Episode Adolescents, California, 2011 to 2015

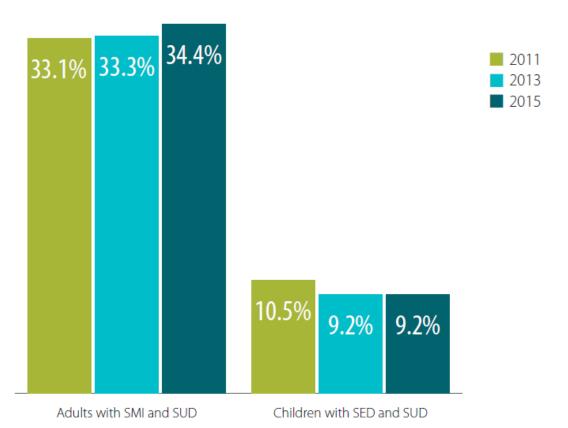


Source: Behavioral Health Barometer: California, Volume 4, Substance Abuse and Mental Health Services Administration, 2017, www.samhsa.gov (PDF).

Many people with mental illnesses also have substance use disorders

Adults with SMI and SUD and Children with SED and SUD California, 2011 to 2015, Selected Years

PERCENTAGE USING COUNTY MENTAL HEALTH SERVICES

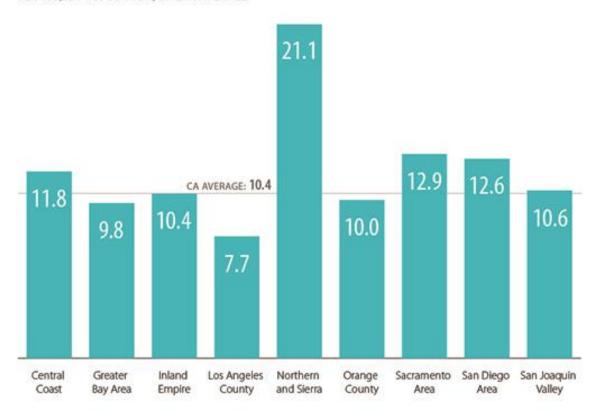


Sources: California Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, 2011–2015, www.samhsa.gov; Sarra Hedden et al., Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2015, www.samhsa.gov (PDF).

Suicide rates are highest in northern California

Suicide Rate, by Region All Ages, California, 2011 to 2013

PER 100,000 POPULATION, 3-YEAR AVERAGE



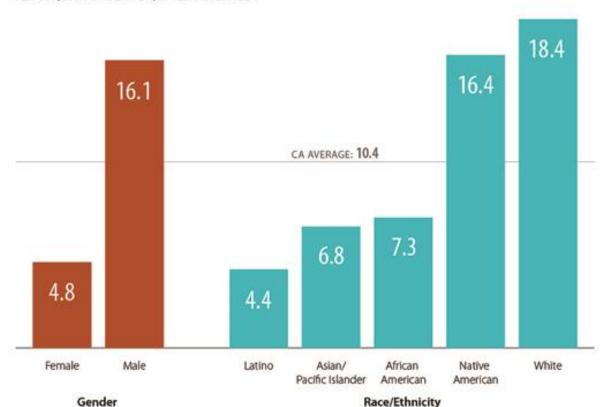
Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," accessed December 22, 2017, charlesholzer.com.

California Health Care Foundation www.chcf.org

Suicide rates vary by gender and race/ethnicity

Suicide Rate, by Gender and Race/Ethnicity All Ages, California, 2011 to 2013

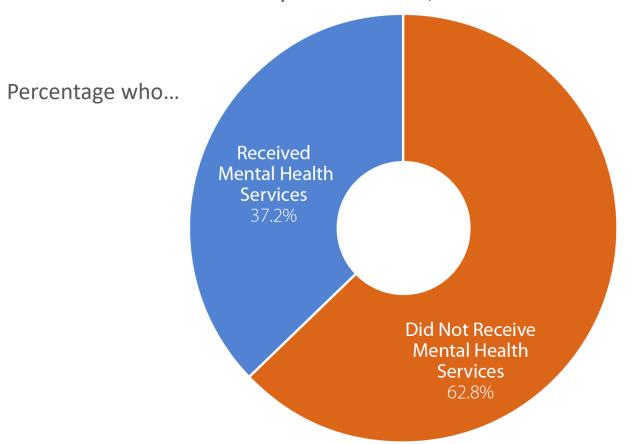
PER 100,000 POPULATION, 3-YEAR AVERAGE



Many California adults with mental illness do not receive treatment

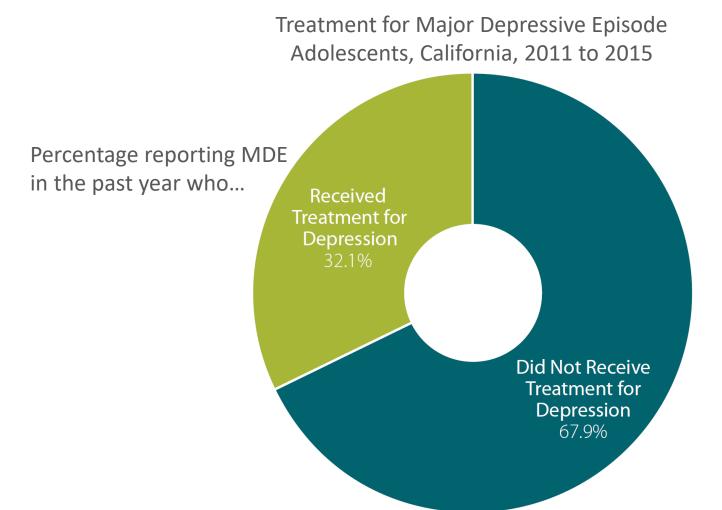
Treatment for Mental Illness

Adults with any mental illness, California 2011 to 2015



Sources: Behavioral Health Barometer: California, Volume 4, Substance Abuse and Mental Health Services Administration, 2017, www.samhsa.gov (PDF); Larry Goldman, Nancy Nielsen, and Hunter Champion, "Awareness, Diagnosis, and Treatment of Depression," Journal of General Internal Medicine 14, no. 9 (September 1999): 569–80.

Access for adolescents reporting major depression is particularly limited

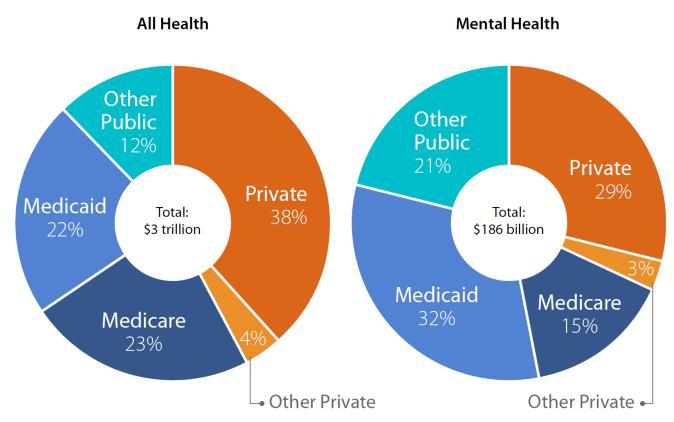


Source: Behavioral Health Barometer: California, Volume 4, Substance Abuse and Mental Health Services Administration, 2017, www.samhsa.gov (PDF).

Medi-Cal and other public programs play a critical role in financing mental health care

All Health vs. Mental Health Expenditures
By Payer, United States, 2015

PERCENTAGE OF TOTAL PROJECTED SPENDING

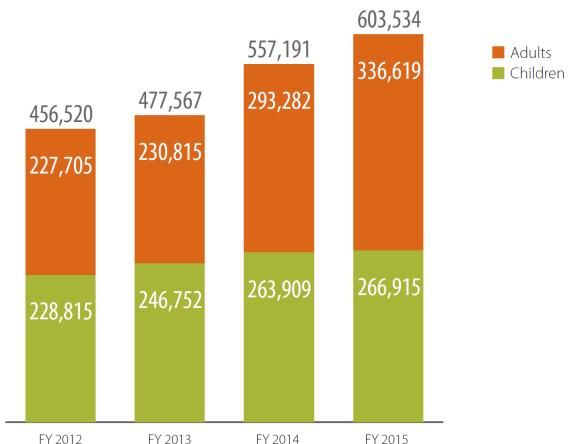


Source: "Table A.7," in Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020, Substance Abuse and Mental Health Services Administration, 2014: A-12 and A-13, store.samhsa.gov.

600,000 Californians receive Medi-Cal specialty mental health services

Adults and Children, California, FY 2012 to 2015





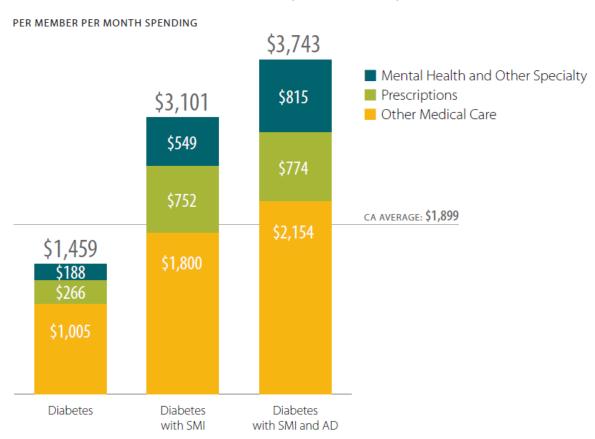
Source: Statewide Aggregate Specialty Mental Health Services Performance Dashboard, California Department of Healthcare Services, 2016, www.dhcs.ca.gov (PDF).

People with behavioral health disorders die far too young

- People with serious mental illness die 25 years earlier
- People with a substance use disorder die 22.5 years earlier
- Many of these deaths are from preventable physical illnesses.

Cost of care is much higher for people who both behavioral and physical health conditions

Medi-Cal Spending on Diabetes, by Service Category With and Without SMI or AD, California, 2011



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Source: Understanding Medi-Cal's High-Cost Populations, Department of Health Care Services, June 2015, www.dhcs.ca.gov (PDF).

