BEHAVIORAL HEALTH IN CALIFORNIA

KATIE HEIDORN

DIRECTOR, STATE HEALTH POLICY

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BEHAVIORAL HEALTH LANDSCAPE: 2004 TO PRESENT

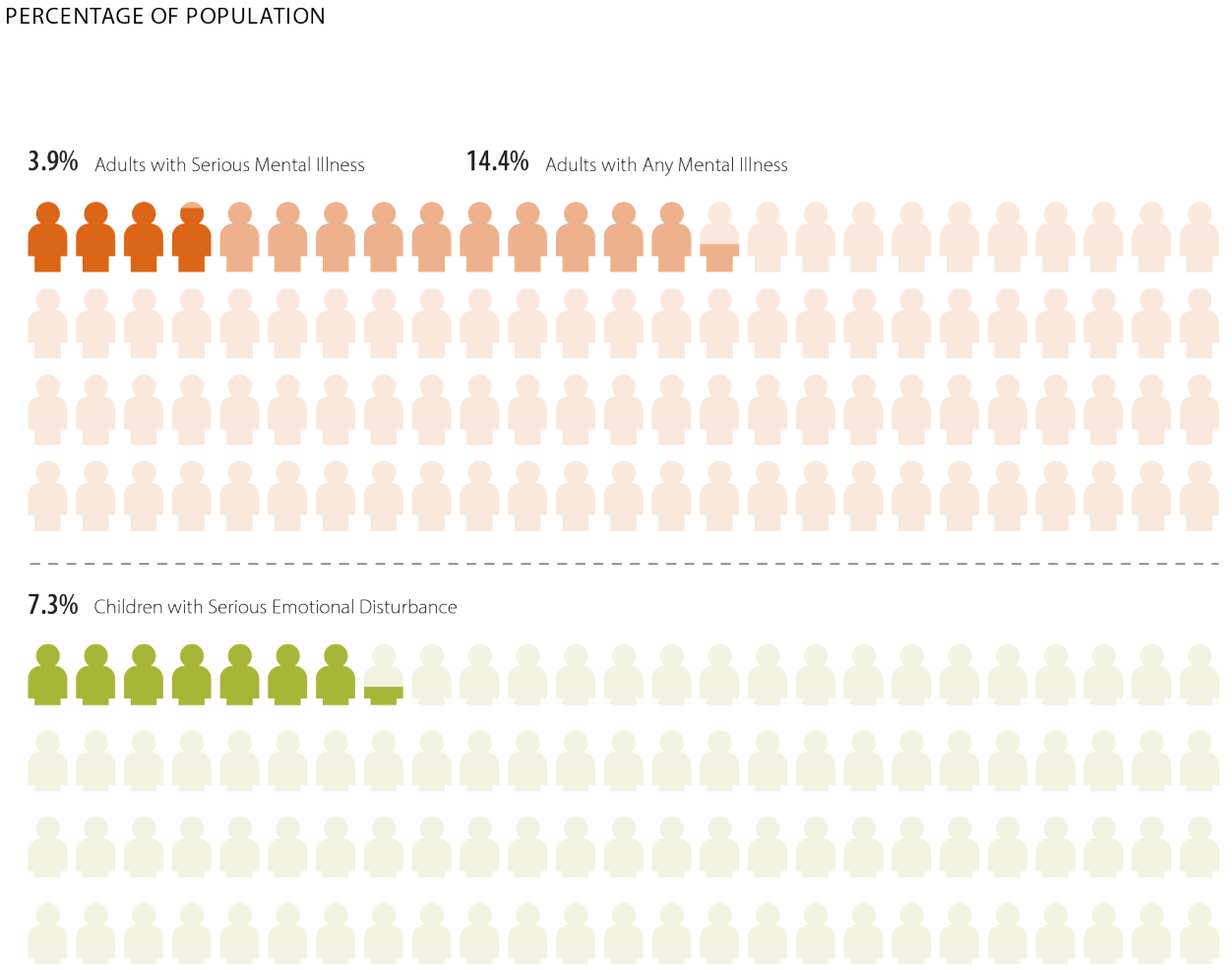
- Coverage: Expansion of insurance coverage for both physical and behavioral health care
  - Affordable Care Act Medicaid expansion, Covered California, and guaranteed issue in the individual and small group markets
  - Medi-Cal expansions regardless of immigration status
  - Mental health parity
- Workforce: Aging and shrinking of the mental health workforce
- Substance Use: Evolution of the substance use treatment system; increased overdoses
- Technology-enabled Care: Expansion of technologies, including telehealth and cell phones
- Criminalization: Continued criminalization of mental illness, substance use, and homelessness
- COVID-19 Pandemic: Increased needs for behavioral health treatment

MENTAL ILLNESSES ARE COMMON, CHRONIC HEALTH CONDITIONS

In California in 2019:

- 1 in 7 adults experienced any mental illness
- 1 in 26 adults experienced a serious mental illness
- 1 in 14 children had a serious emotional disturbance

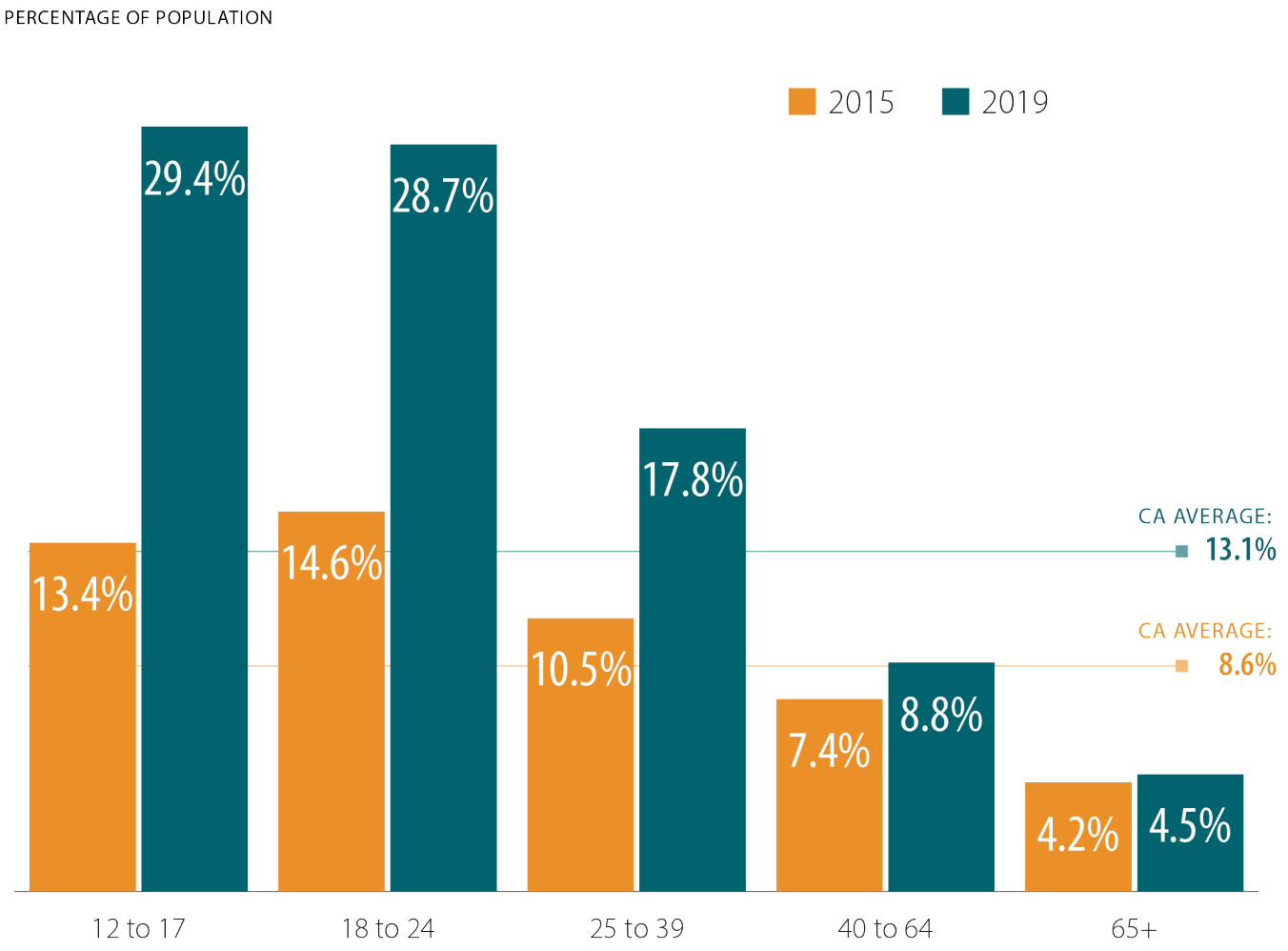
INCIDENCE OF MENTAL ILNESS, ADULTS AND CHILDREN, CALIFORNIA, 2019



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

NEARLY THREE IN 10 CALIFORNIA YOUTH EXPERIENCED SERIOUS PSYCHOLOGICAL DISTRESS IN 2019

SERIOUS PSYCHOLOGICAL DISTRESS IN PAST YEAR, BY AGE GROUP, CALIFORNIA, 2015 AND 2019

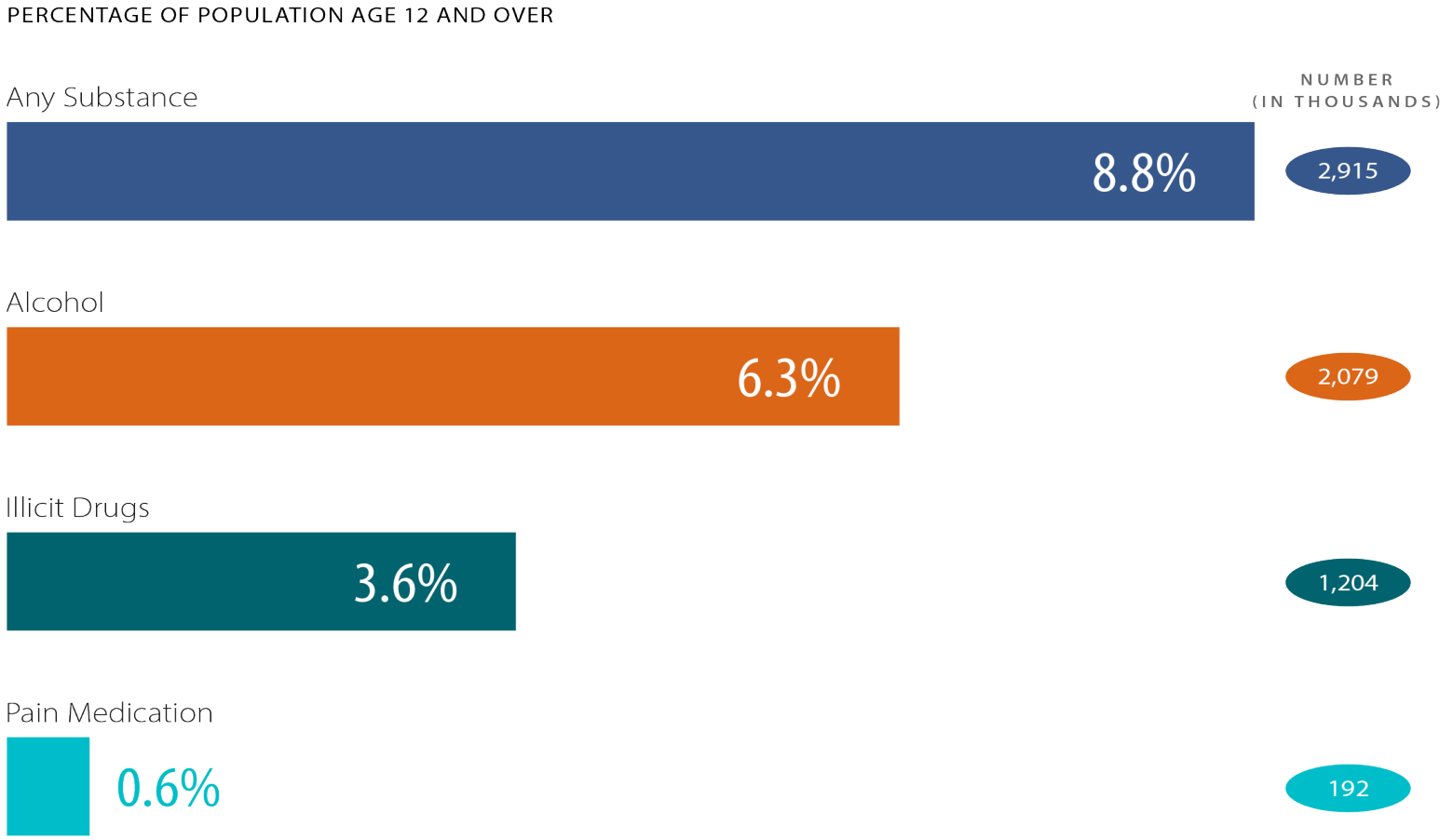


Notes: Serious psychological distress (SPD) is a categorization for adolescents and adults. SPD is assessed for the worst month in the past year.
Source: "AskCHIS," UCLA Center for Health Policy Research.

ALMOST 1 IN 10 CALIFORNIANS HAD A SUBSTANCE USE DISORDER IN 2019

Approximately 2.9 million Californians (9%) age 12 and older had a substance use disorder in the past year. Six percent reported symptoms that met the criteria for abuse of or dependence on alcohol, and about 4% reported meeting criteria for abuse of or dependence on illicit drugs.

SUBSTANCE USE DISORDER PREVALENCE, BY DRUG TYPE, CALIFORNIA, ANNUAL AVERAGE, 2018 to 2019



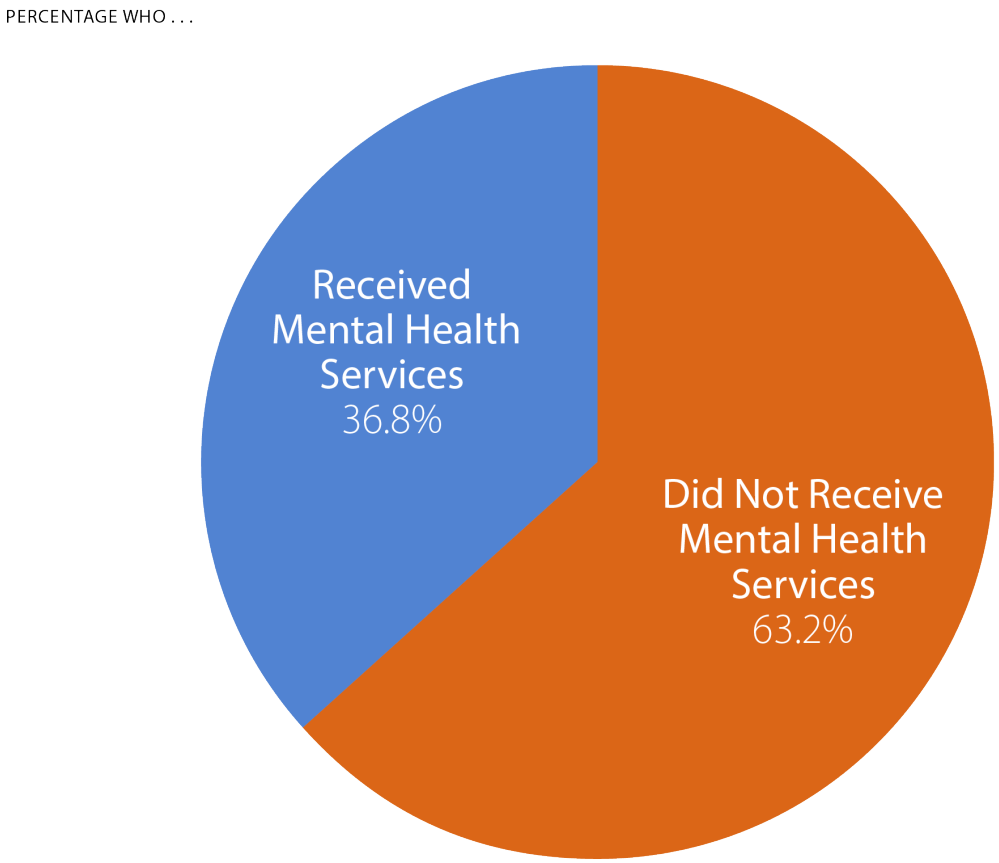
Notes: Substance use disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Illicit drugs includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and nonmedical use of prescription drugs. Pain medication is referred to as pain reliever in the survey and is defined as use in any way not directed by a doctor. See page 4 for further definition of dependence, abuse, and illicit drugs. While California Proposition 64 (2016) legalized recreational use of marijuana for adults over age 21 (effective January 1, 2018), marijuana is still considered an illicit substance at the federal level.
Source: National Survey on Drug Use and Health (2018-2019), Substance Abuse and Mental Health Services Administration, table 20.

MOST CALIFORNIA ADULTS WITH MENTAL ILLNESS DO NOT RECEIVE TREATMENT.

EVEN FEWER PEOPLE WITH SUD GET TREATMENT.

Among California adults with *any* mental illness, just over one-third received treatment, counseling, or prescription medication in the past year.

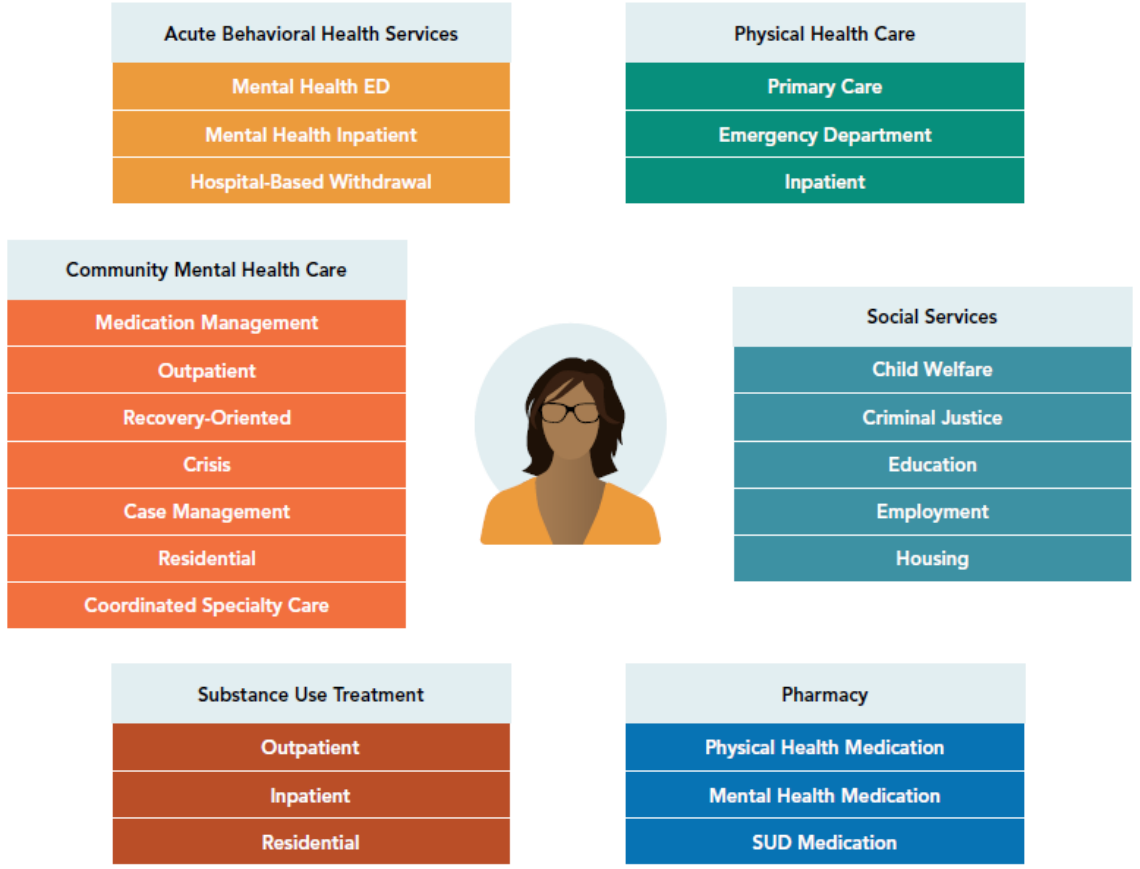
MENTAL HEALTH SERVICE USE, ADULTS WITH AMI, CALIFORNIA, 2017 AND 2019



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.
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.

ESSENTIAL QUESTIONS TO ANSWER IN CALIFORNIA'S PUBLIC BEHAVIORAL HEALTH SYSTEM

- What *kind* of care do people receive and *where* do they receive it?
- Who *provides* that care?
- Who is *responsible for organizing* that care and *paying* for that care?
- How do we *know*?



Source: Next Steps in Value-Based Payment for Medi-Cal Specialty Behavioral Health Care: Lessons from Other States, CHCF, 2022, author analysis.
Notes: *ED* is emergency department. *SUD* is substance use disorder.

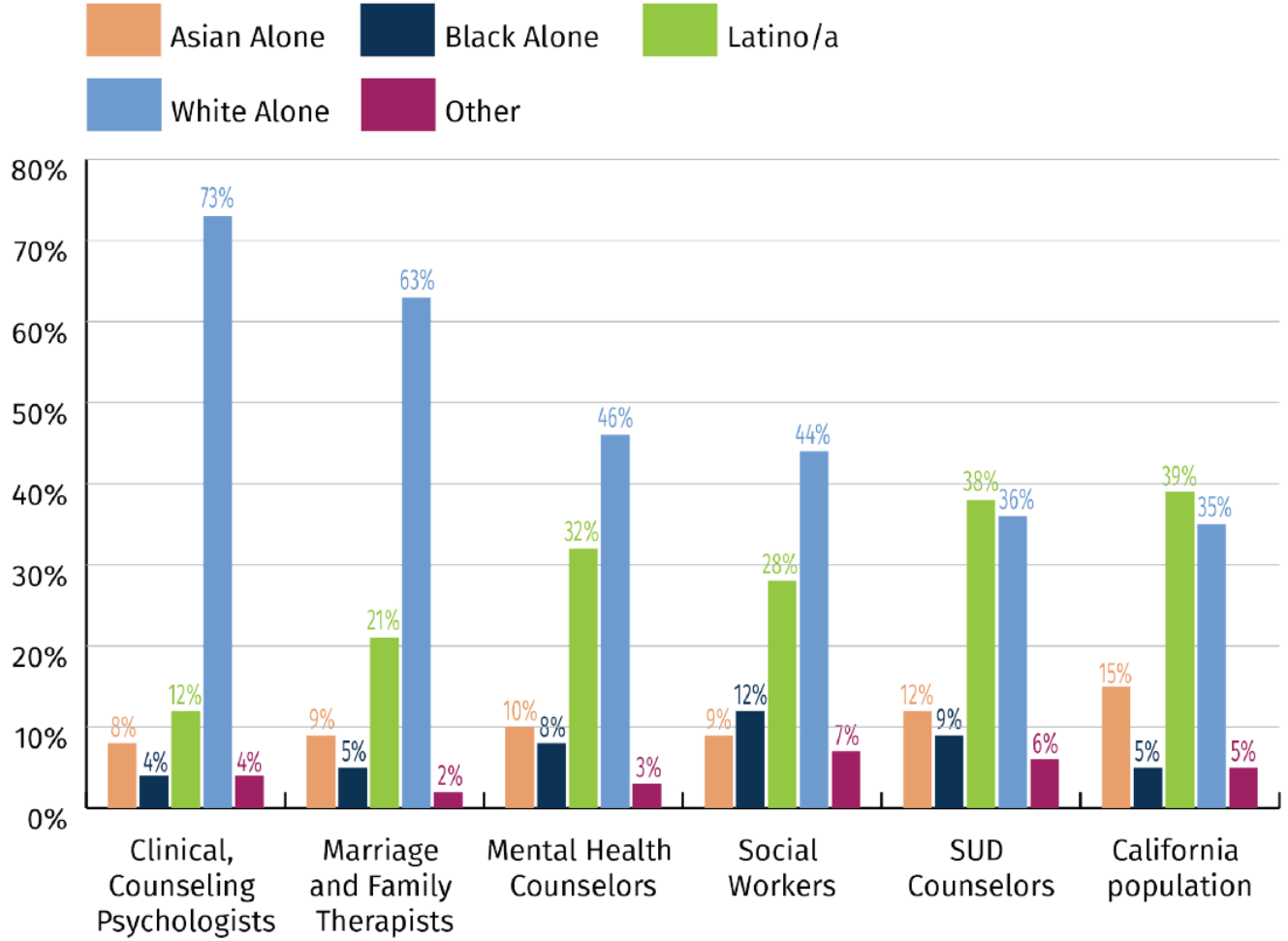
WHAT KIND OF CARE DO PEOPLE RECEIVE AND WHERE DO THEY RECEIVE IT?

- Invest in care that is **person-centered**: culturally and linguistically congruent, low-barrier, based in harm reduction principles, co-designed with people with lived experience.
- **Integrate** mental health and substance use disorder care.
- Meet people **where they are** – literally.
- Take advantage of **telehealth and virtual care**.
- Create **equitable access** across the state in every community.

WHO PROVIDES THAT CARE?

- Focus both on expanding the workforce, and on allocation and distribution
- Invest in licensed *and* community workforce (peers, lay counselors, CHWs, and others) and in diversity and language capacity at all levels
- Upskill other health care workers, especially in primary care
- Provide SUD training across the health care workforce

Race/Ethnicity of Active Non-Prescribing Behavioral Health Professionals, California, 2016-2020



Note: Percentages may not sum to 100 percent due to rounding.
Source: Building the Future Behavioral Health Workforce: Needs Assessment, Janet Coffman and Margaret Fix, Healthforce Center at UCSF February 2023, American Community Survey, 5-Year Estimates, 2016-2020. U.S. Census Bureau, Decennial Census, 2020.

WHO IS RESPONSIBLE FOR ORGANIZING AND PAYING FOR THAT CARE?

- **Address fragmentation** from the person-centered point of view
- **Recognize and address the relationships** of behavioral health care to other systems
- **Hold payers, plans, and providers accountable** for the care they are required to provide
- Design payment models to **incentivize and reward whole-person care**

HOW DO WE KNOW?

- **Invest in data capacity** at all levels of the system to support quality measurement and quality improvement.
- **Develop a comprehensive behavioral health quality strategy.**
  - Find new ways to measure access
  - Measure outcomes, not just processes – including patient-reported outcomes
  - Unified measurement – Do not perpetuate separate measures and requirements for different funding sources.
- **Present information** in ways that people can use

THANK YOU!

Katie Heidorn

Director, State Health Policy

kheidorn@chcf.org

Catherine Teare

Associate Director, People-Centered Care

cteare@chcf.org