

A Tale of Two Cities

Disparities in mental health

Cal Cities Conference
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care/solace.

Chad Castruita and Gilbert Livas

Thank you for joining us and hearing our stories.



CHAD CASTRUITA

Chad launched Care Solace in 2017 with the mission to break the barriers to accessing mental health care. After a personal struggle with mental health and addiction, Chad discovered his purpose: to be of service to those who are struggling. He earned his MBA from the University of Southern California and with his decades of business experience and leadership, Care Solace has doubled in size each year as we broaden our reach across the nation to help people in need.



GILBERT LIVAS

Mr. Livas served as City Manager for the City of Downey from December 2011 to July 2022. He first joined the City of Downey as Community Development Director/Deputy City Manager in 2007 and was promoted to Assistant City Manager in 2010, before his appointment as City Manager. Throughout his career, Mr. Livas has championed fiscal responsibility, economic development, and community revitalization.

Individuals struggle to navigate mental health care.

It takes **50-60 calls** to find available help matched to specific needs. And still **80% of people don't receive the help they need.**

Nationally, more than **14 million** individuals recognize that they need help, but **cannot find the right behavioral healthcare provider or agency.**

Who takes my insurance?

What do I do?

What if I don't have insurance?

Who offers teletherapy?

Who is in my area?

Who is accepting new patients?

Who treats children?

Who speaks Spanish?

Access to mental health care in communities is especially complicated. It can be directed from many places.

Services that are in place are highly fragmented, specific, often unknown, and difficult to access.



Community-Based Organizations

Social Services



First Responders



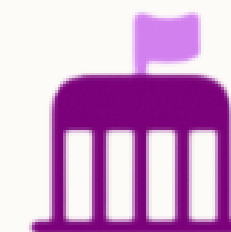
Mental Health Care Providers



County health



School Health Professionals



Justice Systems

There is a mental and behavioral health crisis in our cities.



Jails and hospitals are the default destinations for those with mental health issues.



First responders are often responsible for the medical care via their destination decision.



City, county and social services are fragmented and challenged to meet the needs of the community.



Providers are limited, disproportionately located, and often unavailable.

It is vital to understand the full costs of the mental health crisis affecting our cities.

Residents

Untreated serious mental illness (SMI) comes at significant cost to a city
On average 9% of the population experiences an SMI
On average 35% of those cases goes untreated
Each untreated SMI case costs a city on average \$6,608

Example city

100,000 residents - 9% with SMI
35% of those cases are untreated
Total cost to the city - \$6,608/case

10,734 residents
3,811 cases
\$25,183,847

It is vital to understand the full costs of the mental health crisis affecting our cities.

City employees

4 in 10 employees say they have fair or poor mental health

Note: Nearly half of workers under the age of 30 report that their job causes them stress, depression and other issues.

These employees take an average of 12 unplanned days off annually

The cost of a missed workday averages \$340 per day for full-time workers and \$170 per day for part-time workers

Example city

500 employees - 40% fair of poor mental health
Each take 12 days off annually
Assume all full-time
Total cost to the city

204 employees
2,457 days
\$340/day84
\$835,584

Serious mental illness continues to escalate in America causing strain on the system and increasing the complexities.

ADULTS

21% of all adults over age 18 **are experiencing a mental illness**

55% of adults with a mental illness **receive no treatment**

YOUTH

16% of youth report suffering from at least **one major depressive disorder**

60% of youth with major depression **receive no treatment**

Mental health issues underly at least 2 social crises

HOMELESSNESS

582,000 homeless Americans.
25% with severe mental illness
& 14% with a substance use
disorder

151,000 homeless youth -
21% have a serious
mental health condition

JUVENILE JUSTICE

2 million youth
2 million youth are arrested
each year.

7 in 10 youth
70% of youth in juvenile justice
have a mental health illness

25% of facilities
25% of detention facilities have
few, or no, mental health services



California mirrors the national crisis in many ways

5,566,000 adults
have a mental health condition.

459,000 youth (12-17)
experiencing a mental health disorder.

4.3% of adult Californians are diagnosed with serious mental illness. Latino, African American, Native American, multi-racial, and LGBTQ+ adults have rates of serious mental illness above the state average.

Barriers to mental health care in California

About 2 in 3 adults with mental illness in the state do not receive any California mental healthcare services. More than 3 in 5 (61%) say they have experienced obstacles in trying to receive professional mental health care.

31%

Embarrassed to ask for help or worried about what family, friends and employers will think.

21%

Difficult to find someone - a provider - that the individual can relate to, that takes insurance, that speaks the same language, and is available.

20%

Cannot afford mental health medical care.

Zip codes matter in California mental health access

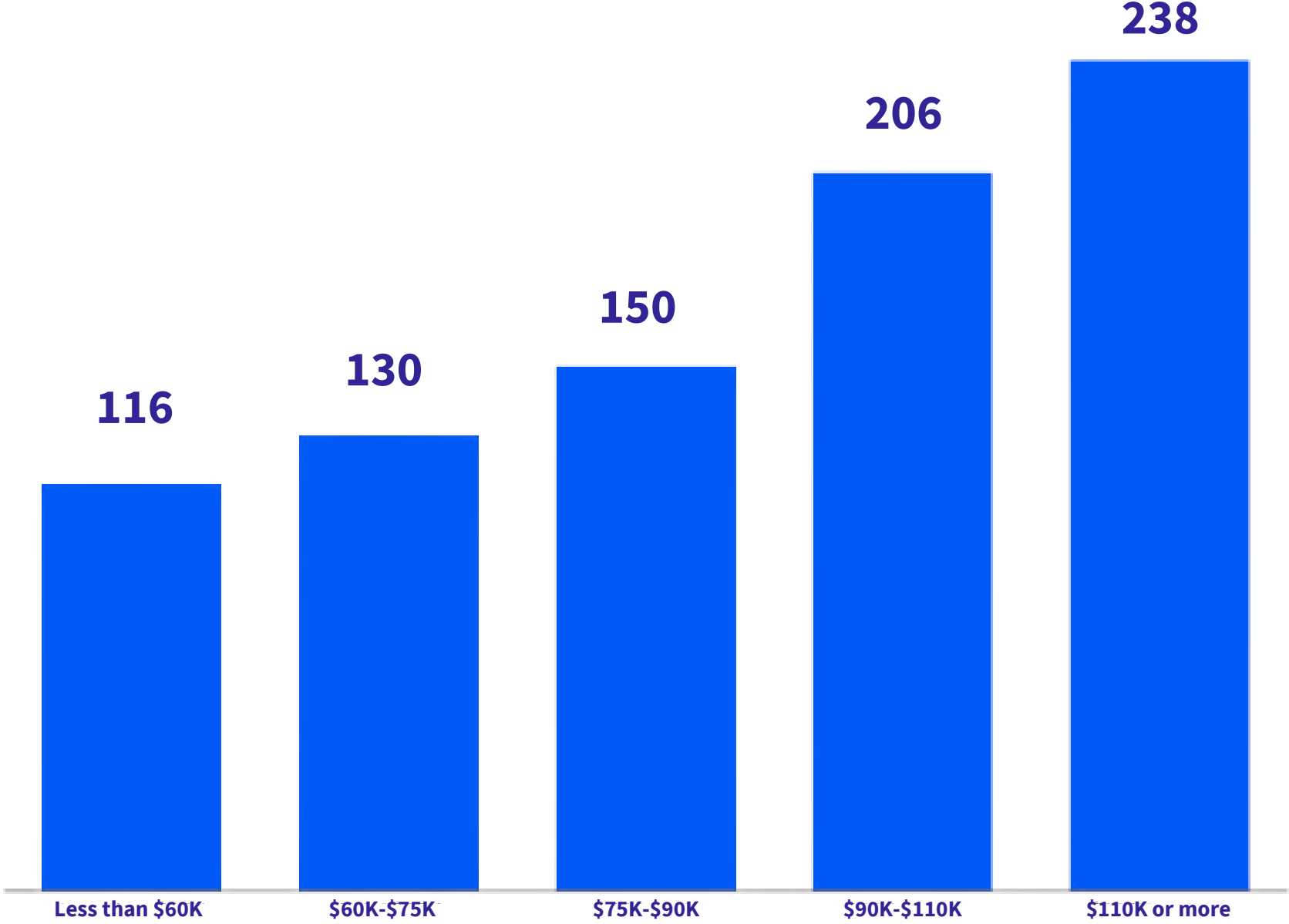
How bad the shortage is depends, in part, on where you live, your insurance, your income, your age, the care you need and whether you want a clinician of color or one who speaks a language other than English.

In zip codes where the median annual income is less than \$60,000, there are about 116 mental health providers per 100,000 residents.

In zip codes with a median annual income of more than \$110,000, the number of mental health providers per 100,000 people is 238.

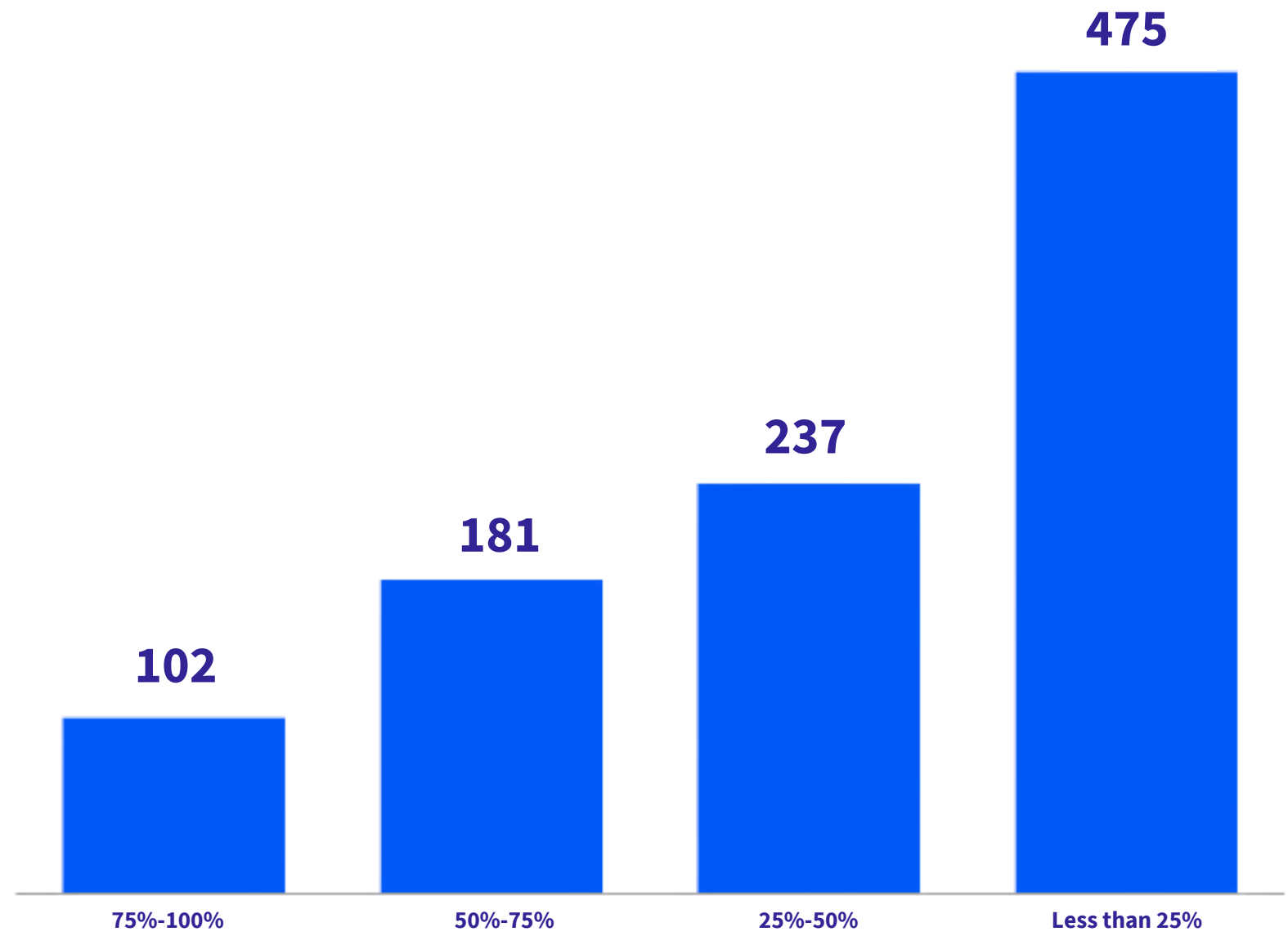
The LA County Example

Mental health providers per 100K people in LA County
By income level in zip codes



Source: ABC OTV analysis of federal government's health care provider database

Mental health providers per 100K people in LA County
By percentage of people of color in zip codes

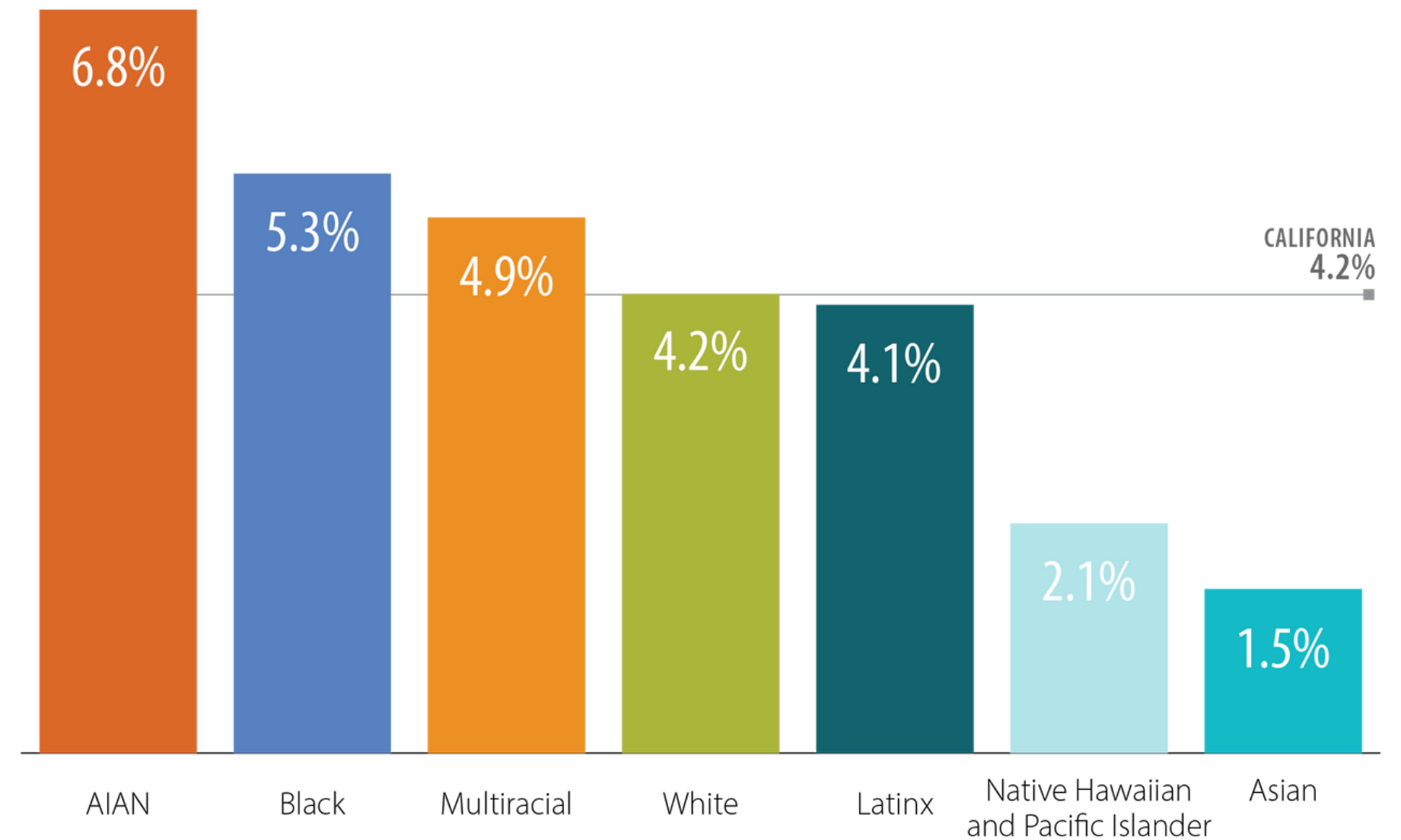


Source: ABC OTV analysis of federal government's health care provider database

Serious mental illness disparities differ significantly by race/ethnicity among adults and youth.

Adults with Serious Mental Illness, by Race/Ethnicity California

PERCENTAGE OF ADULT POPULATION



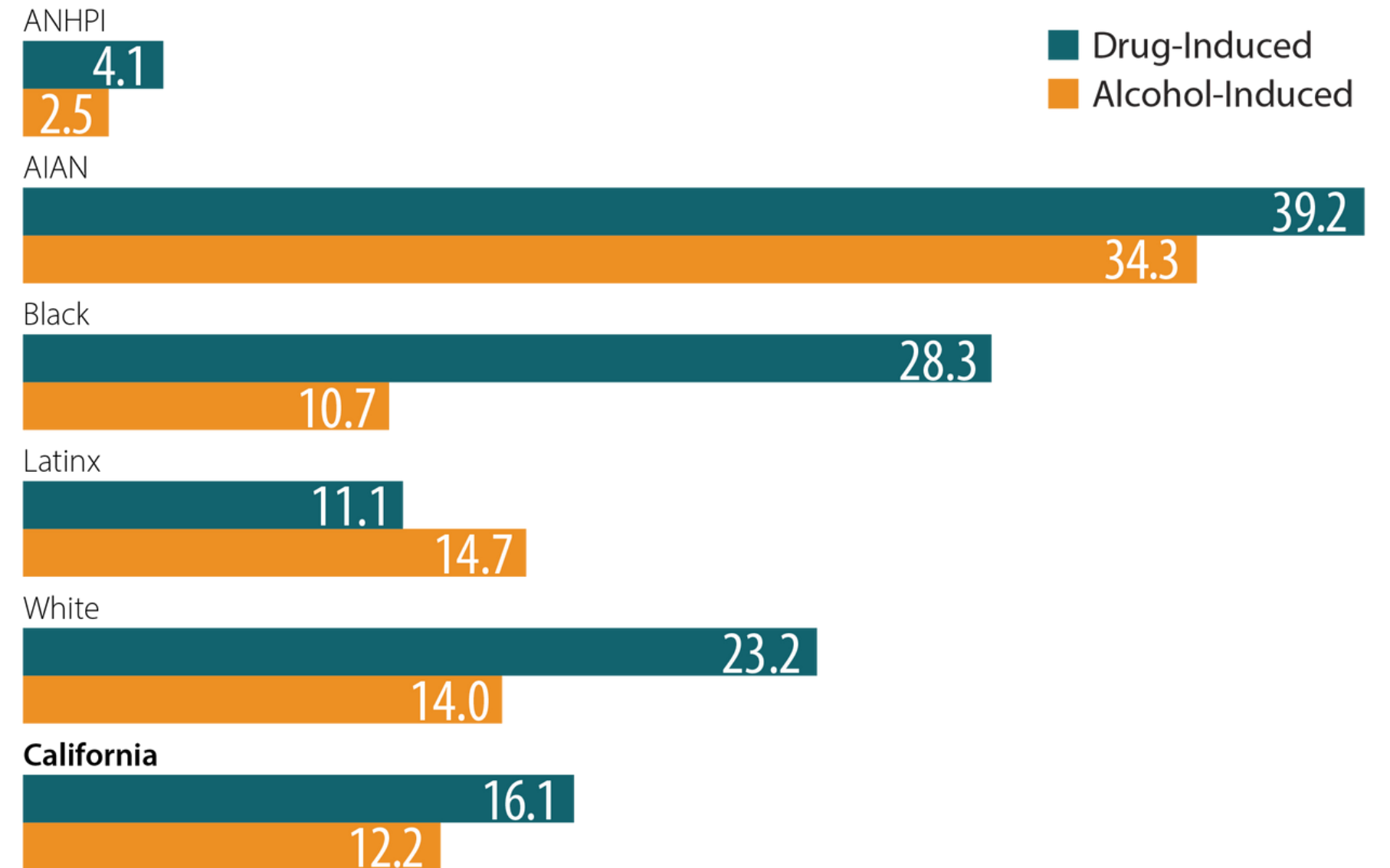
Notes: *Serious mental illness* is a categorization for adults age 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities. *AIAN* is American Indian and Alaska Native. Source uses *Hispanic, African American, Pacific Islander, and Native American*.

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

Drug and alcohol-induced deaths are significantly higher among some of the most vulnerable populations.

Drug- and Alcohol-Induced Deaths, by Race/Ethnicity California

AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Data come from registered death certificates. Excludes deaths when age is not indicated. Drug-induced deaths are those with ICD-10 codes that cover unintentional, suicide, homicide, and undetermined poisoning. Alcohol-induced deaths include accidental or intended poisoning, in addition to other conditions directly induced by use of alcohol. California totals reflect those whose ethnicity is "Not stated." ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian or Pacific Islander, Hispanic or Latino, and Black or African American.

Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention.

Youth mental health is a national crisis.

US Surgeon General issued an advisory on youth mental health.



US Surgeon General Vivek H. Murthy released an Advisory on December 7, 2022 in which he described **the challenges young people face today as “uniquely hard to navigate,”** and called the mental health effects of these challenges **“devastating.”**

Along with referencing the **increasing number of teen emergency room visits for mental health,** the advisory on youth and mental health cites CDC statistics showing a **40 percent increase over the last decade in the number of high school students reporting persistent feelings of sadness and hopelessness.** Moreover, **suicide rates among teens and young adults have gone up by 57 percent since 2007.**

Factors influencing youth mental health.

Factors that are detrimental to youth mental health:

- The negative psychological effects of social media
- Increased academic pressure
- Childhood trauma and other traumatic experiences
- Alcohol and substance abuse among teens and young adults
- Societal issues, such as income inequality, racism, gun violence, and climate change.

In addition, limited access to quality mental healthcare means that teens and families often have no support. Untreated teen mental health issues often continue to get worse—until a youth mental health crisis catalyzes an ER visit.

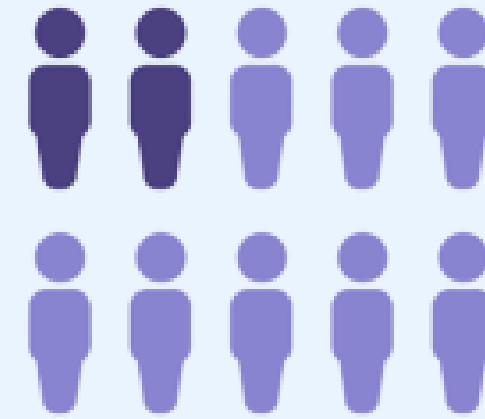
Youth mental health is at a crisis level.



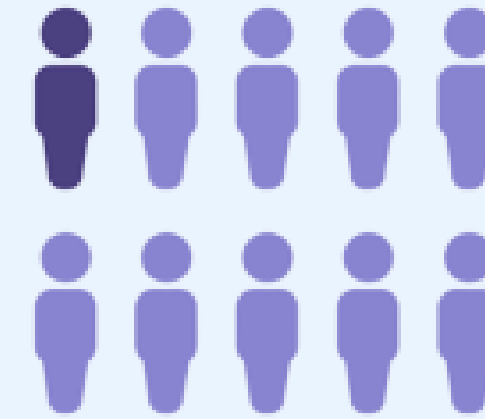
More than
4 in 10
students felt
persistently sad
or hopeless



Nearly
3 in 10
students
experienced poor
mental health



More than
2 in 10
students seriously
considered
attempting suicide



1 in 10
students
attempted
suicide

Nearly 1 in 13 California youth experience a serious emotional disturbance



Nearly half of all young adults in California are experiencing anxiety and depression.

This age group (18–25) is struggling more than any other demographic.

California has one of the worst rankings in the country when it comes to accessing mental health services.

Substance abuse among California youth is at an all-time high.



13 IS THE AVERAGE AGE OF
FIRST-TIME DRUG AND
ALCOHOL USE.



9 OUT OF 10
ADDICTIONS START IN
THE TEEN YEARS.

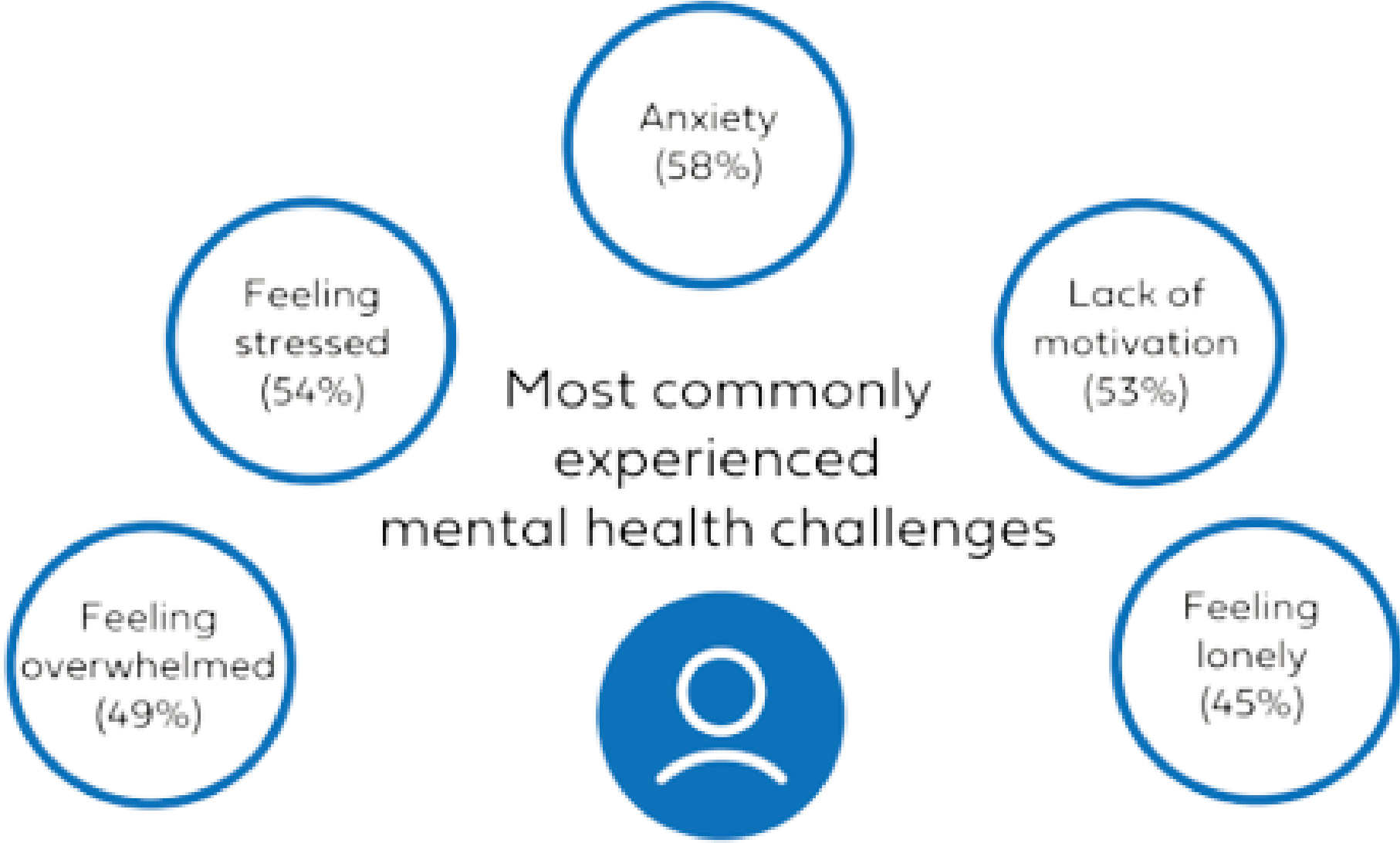
Half of Californians over age 12 reported using alcohol in the past month, and 20% reported using marijuana in the past year.

Nine percent of Californian youth met the criteria for a substance use disorder (SUD) in the last year.

Only about 10% of youth with an SUD in the last year received treatment.

According to the data, Gen Z is experiencing the highest degrees of mental health disturbances

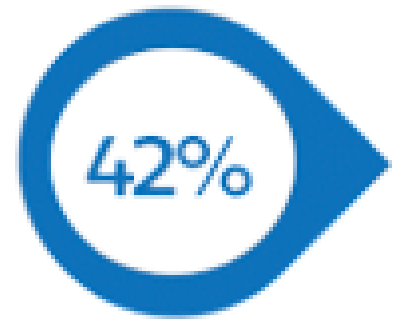
Nearly
9 in 10
experience **mental health challenges**
on a regular basis (87%)



Gen Z worries and stressors impact their mental health



Finding a good job



Dealing with negative body image



Family relationships

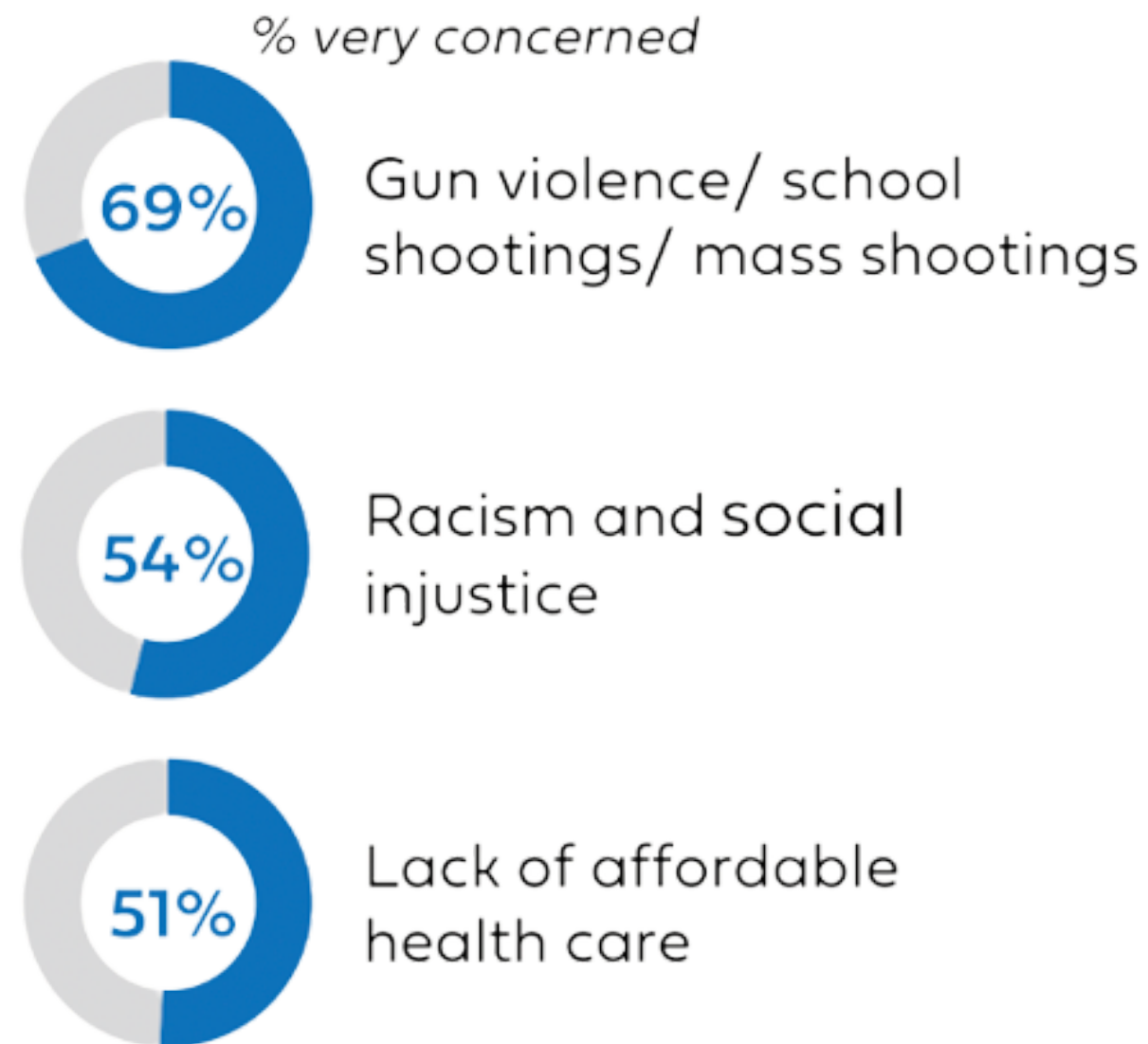
Nearly

1 in 3

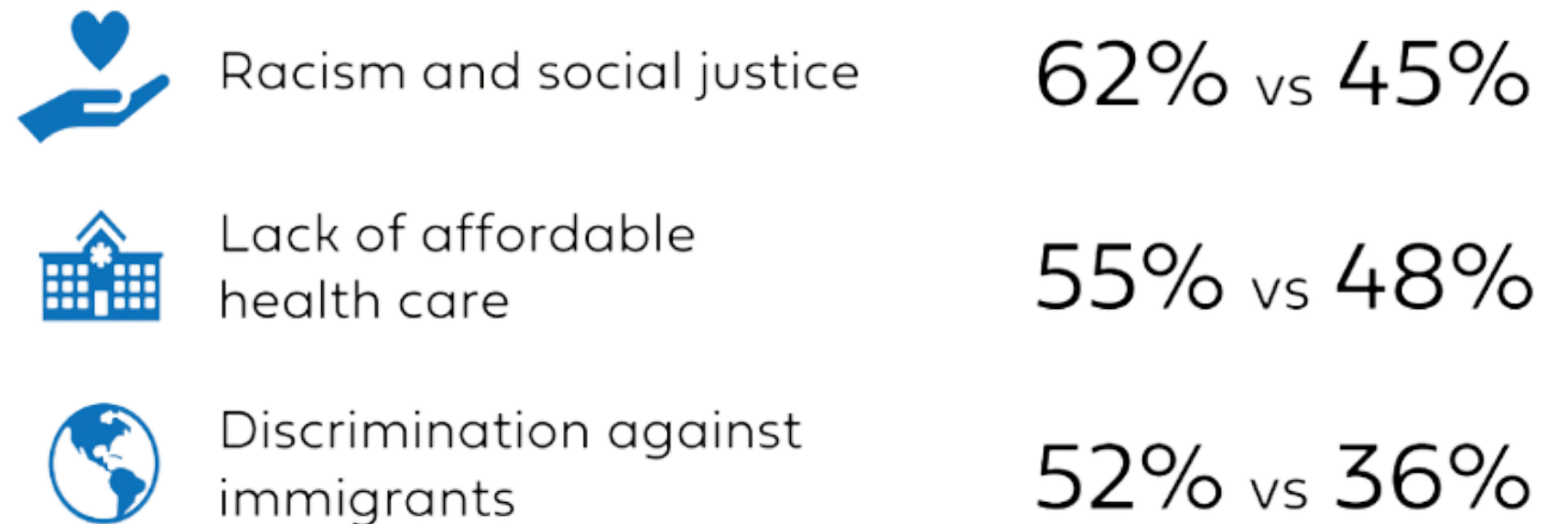
youth of color cite dealing with racism as negatively impacting mental health to the point where it disrupts daily life (32%)

Youth are very concerned about a range of socio-political issues.

Top 3 socio-political issues



Youth of color are more likely than **white youth** to say they are **very concerned** about:





Exploring the solutions What can cities do?

Cities can aggregate and support all mental health and social services for their residents.

Examples of those addressing the needs

- Montebello
- Murrieta
- Lakewood
- Bellflower



Cities can support a central hub for all residents.

- 1** Resident needs help, but doesn't know where to begin.
- 2** Resident accesses a link from the county's and cities' website to search for help on their own using a self-service tool.
- 3** Resident calls, texts, or video chats with a Care Companion who guides them to care and services.
- 4** Care Companions match the resident with customized resources, coordinate care and closes the loop for the city through reporting.

Cities can support First Responders as they address resident mental health care.

- 1** Dispatch receives a call with behavioral health needs and sends a first responder, crisis intervention team or mobile crisis unit.
- 2** Responding officer or team goes to the scene, assesses the situation and determines behavioral health needs.
- 3** First responder refers resident to Care Companion using QR code, phone or Warm Handoff Lite.
- 4** Care Companion will match the resident with customized resources, coordinate care and close the loop with the city.

Questions and discussions

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