

A Tale of Two Cities

Disparities in mental health

Cal Cities Conference
September 2023

care/solace.

Chad Castruita and Gilbert Livas

Thank you for joining us and hearing our stories.



CHAD CASTRUITA

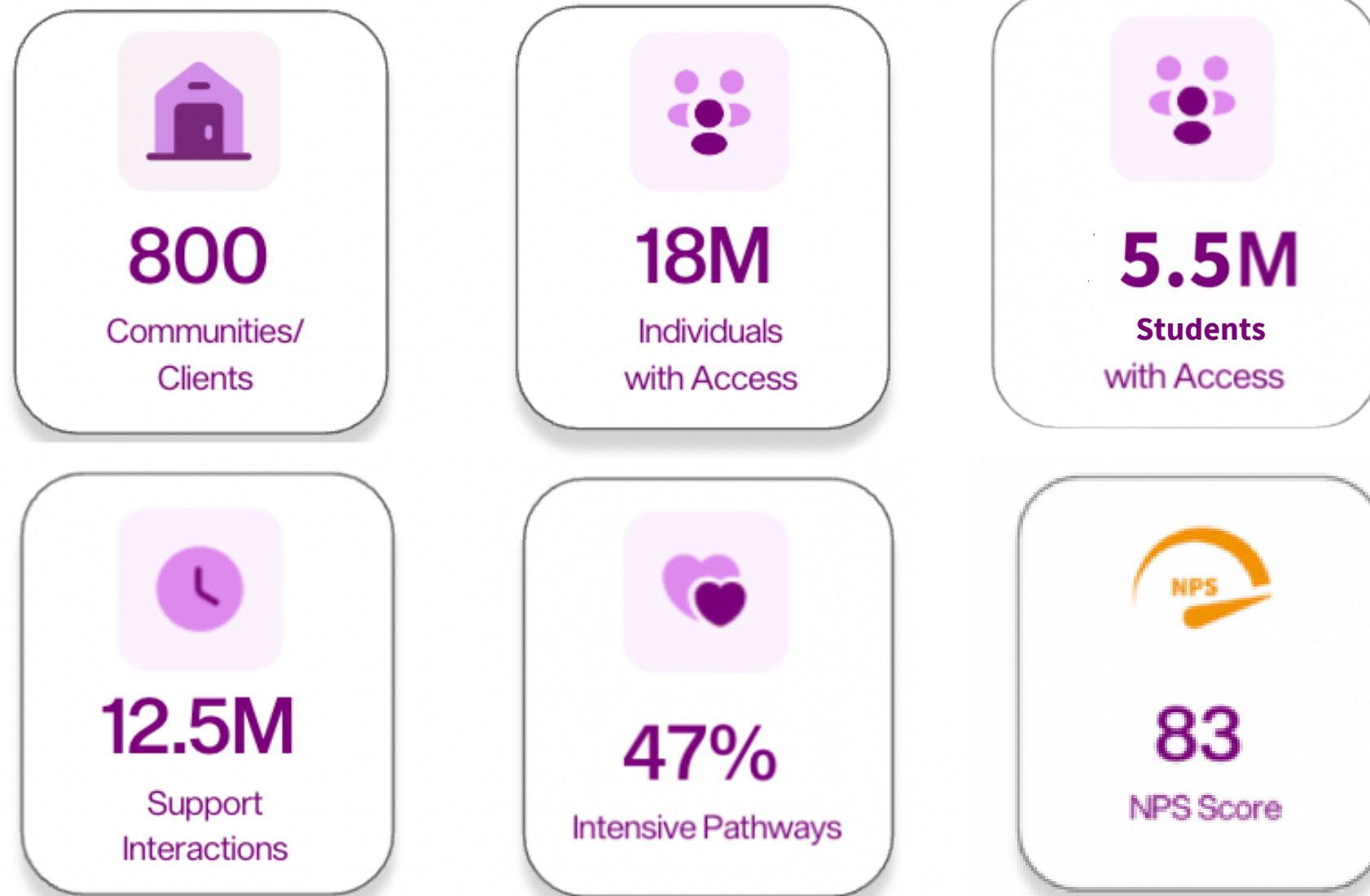
Chad launched Care Solace in 2017 with the mission to break the barriers to accessing mental health care. After a personal struggle with mental health and addiction, Chad discovered his purpose: to be of service to those who are struggling. He earned his MBA from the University of Southern California 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.

We deliver on the mission at scale.



NEWS > ENEWS > FEATURED

An 'Open Table' Solution for Mental Health

HEALTHCARE: Care Solace Expanding into Schools, Municipalities

BY JEFF CLEMETSON

MAY 5, 2023

20



In 2012, Chad Castruita experienced a mental health crisis in that led to substance abuse, thoughts of suicide and, ultimately, homelessness. Although both his parents were educated, well-insured and well-connected in San Diego, it still took them nearly six months to find the treatment he needed to get well.



Chad Castruita
Founder & CEO
Care Solace

“When I was stabilized and started to put the pieces of my life back together, it resonated in me how hard it was for my own family to find support and they have the best insurance and a lot of access,” he said. “I often wondered about those families that don’t have access and are uninsured or under the Medi-Cal system in California. How do they navigate these systems?”

With the pieces of his own life put back together, Castruita set out to improve the process of finding care for mental health and substance abuse issues.

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



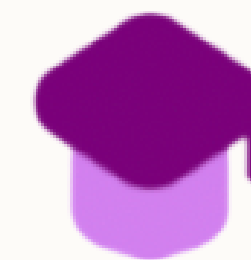
First Responders



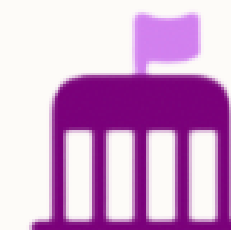
Mental Health Care Providers



County health



School Health Professionals



Justice Systems

Ensuring
community mental
health is a growing
imperative for
every city.

\$300B Lost

The billions our nation loses
per year to untreated mental
illness

40%

Of people experiencing
homelessness have untreated
serious mental health issues

75%

Of individuals with a serious
mental illness go untreated

\$6,608

The average cost to a city per
untreated SMI per year

10.5%

Of all adults live with a serious
mental illness

70%

Of youth in the juvenile justice
system have a diagnosable
mental health condition

National 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 -
40% 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

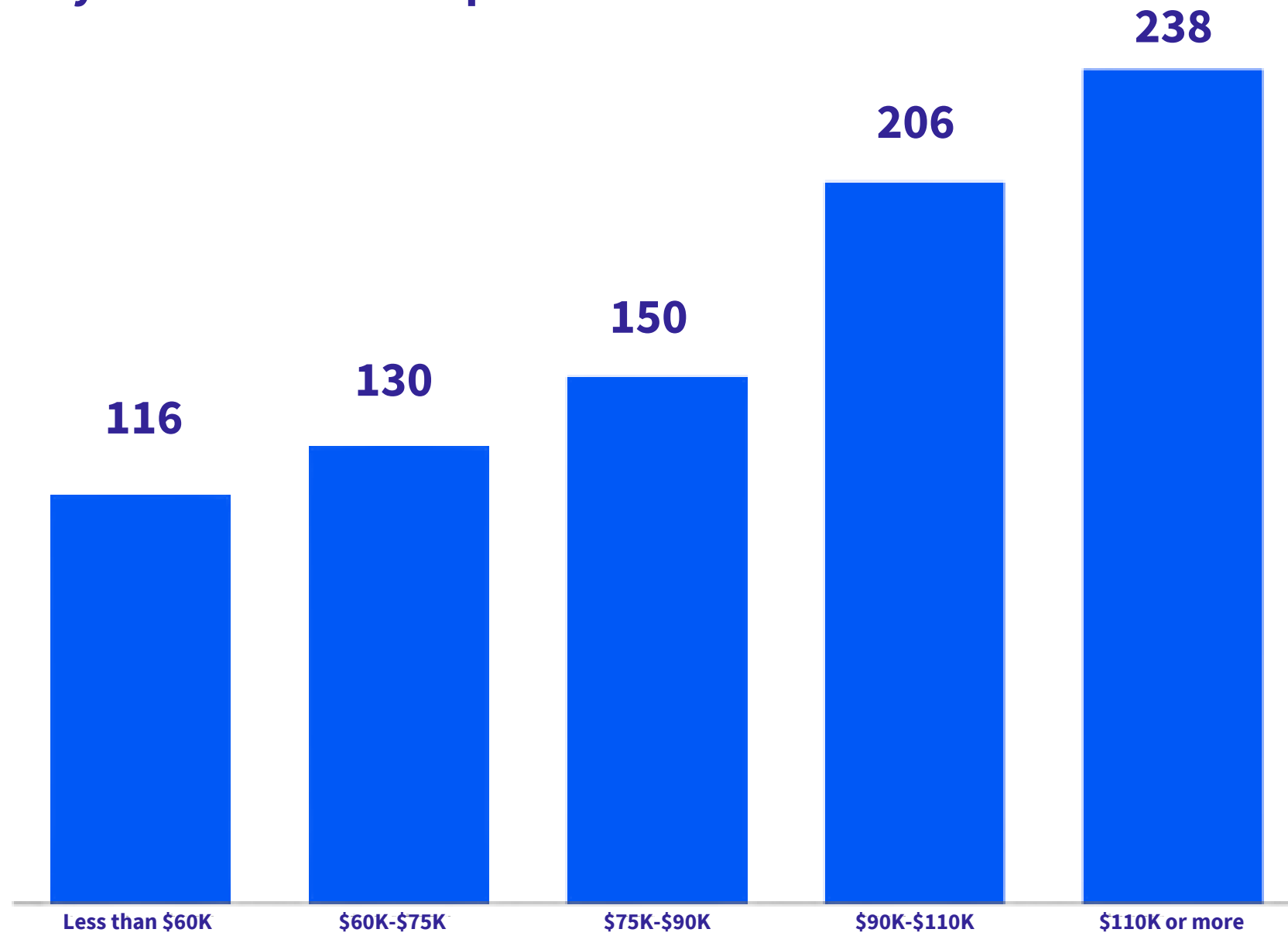
How bad the shortage is depends, in part, on where you live, your insurance, your income, your age, the care you need and whether you want a clinician of color or one who speaks a language other than English.

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.

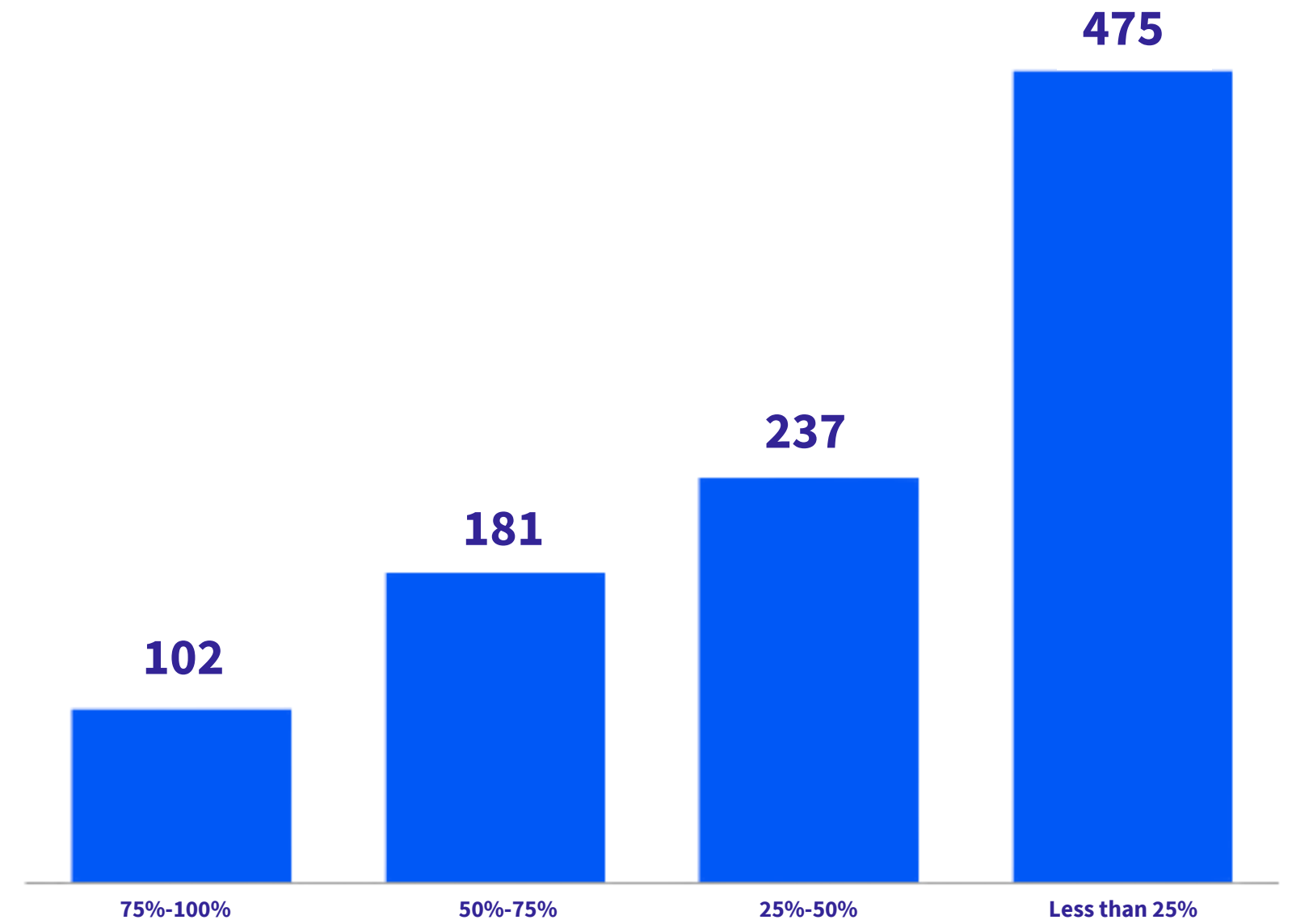
The LA County Example

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

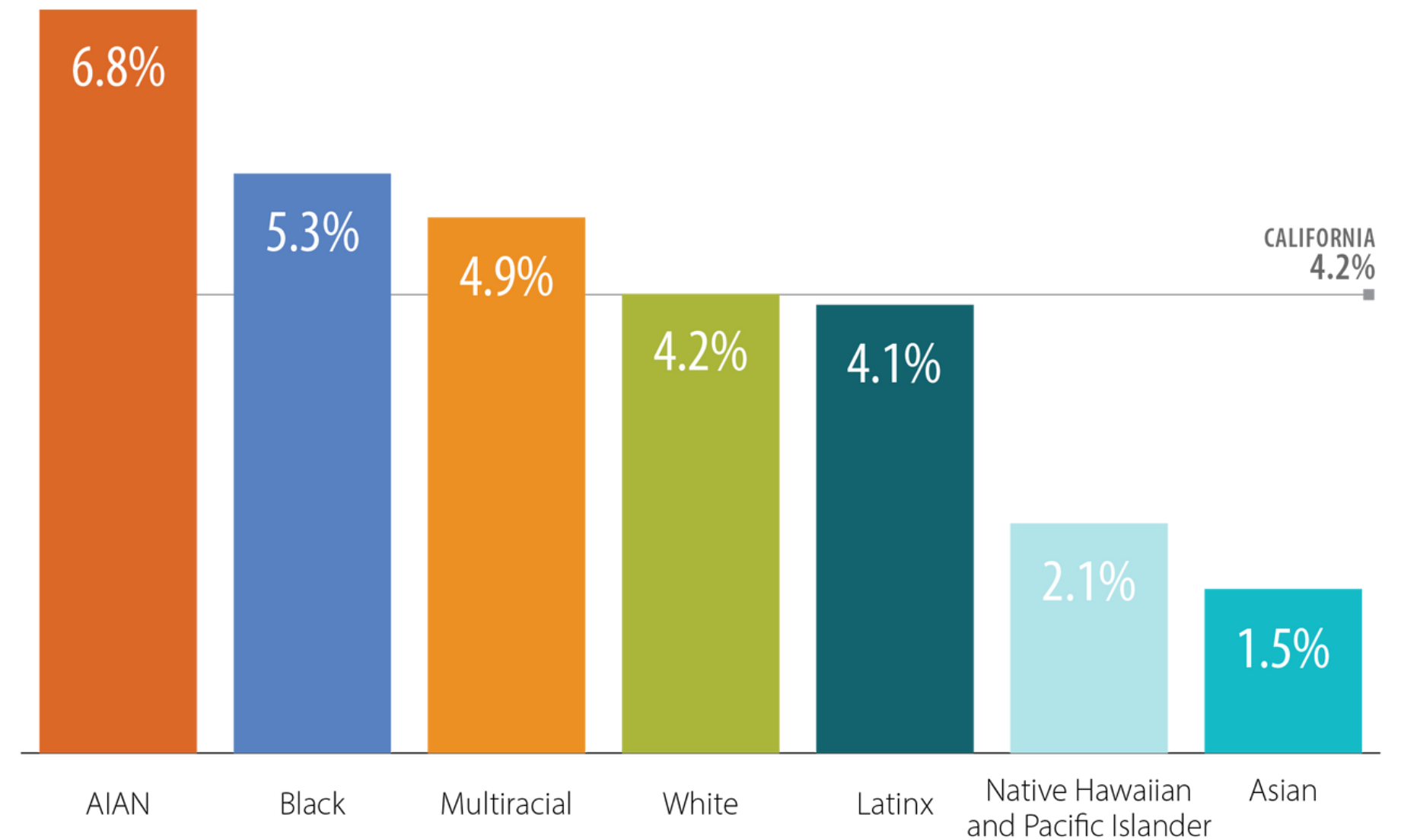


Source: ABC OTV analysis of federal government's health care provider database

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



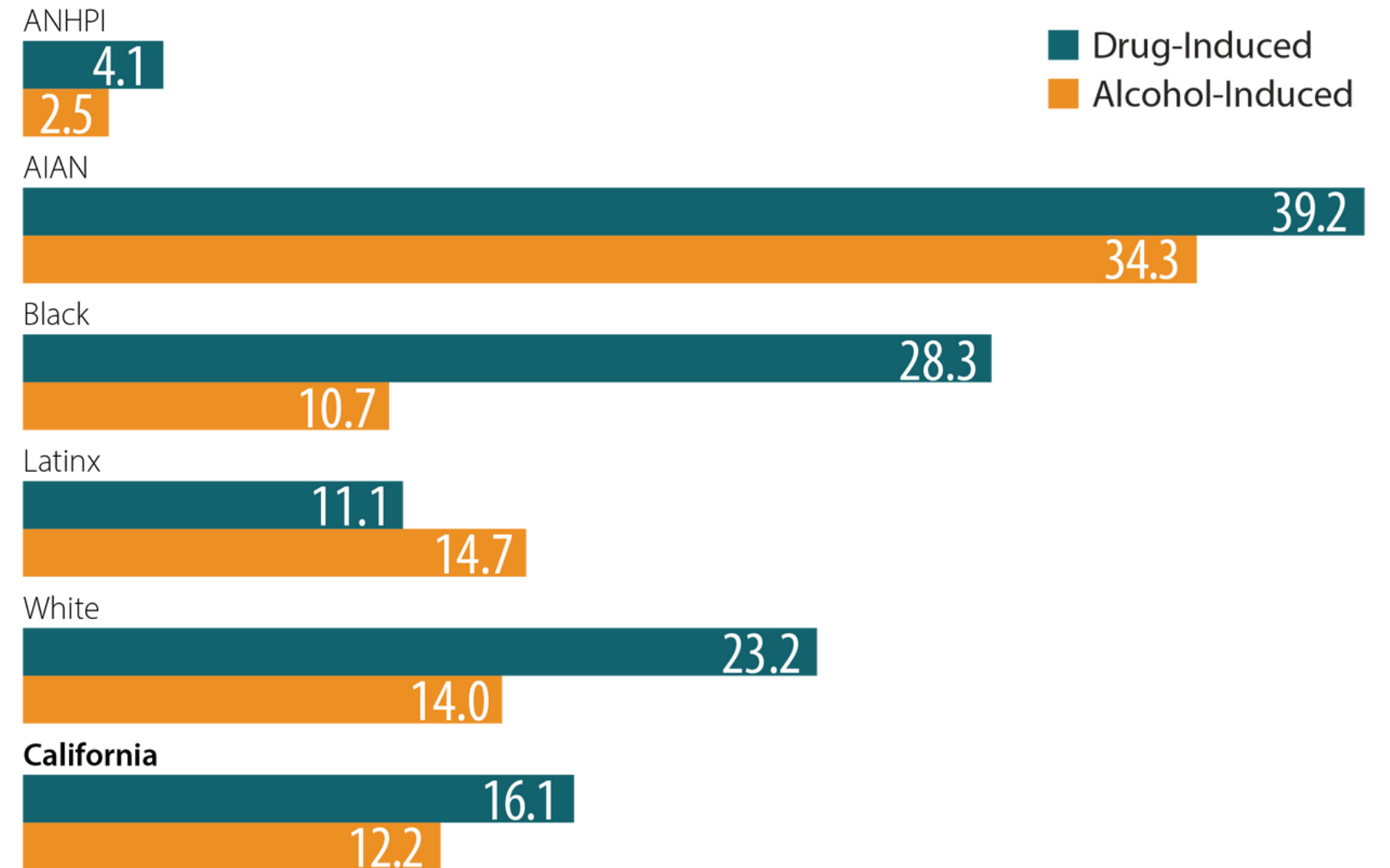
Notes: *Serious mental illness* is a categorization for adults age 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities. *AIAN* is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

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.

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.**

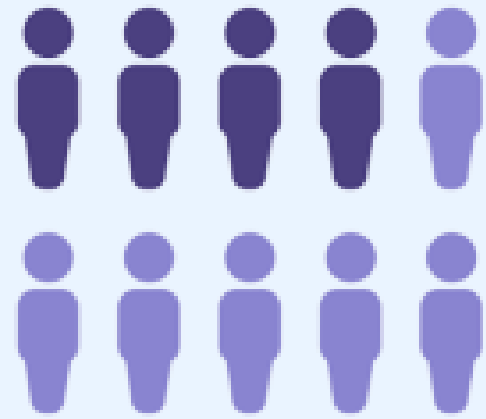
Factors influencing youth mental health.

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.

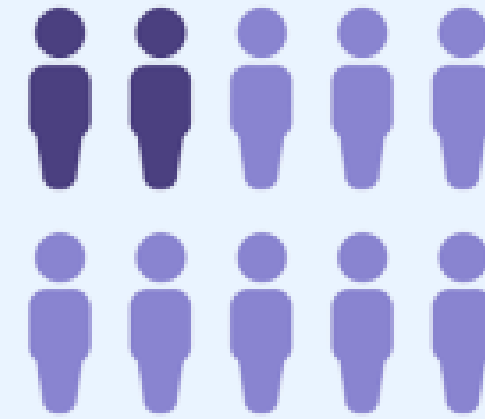
Youth national mental health is at a crisis level.



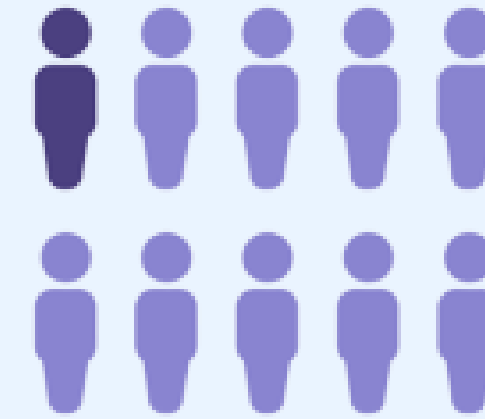
More than
4 in 10
students felt
persistently sad
or hopeless



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



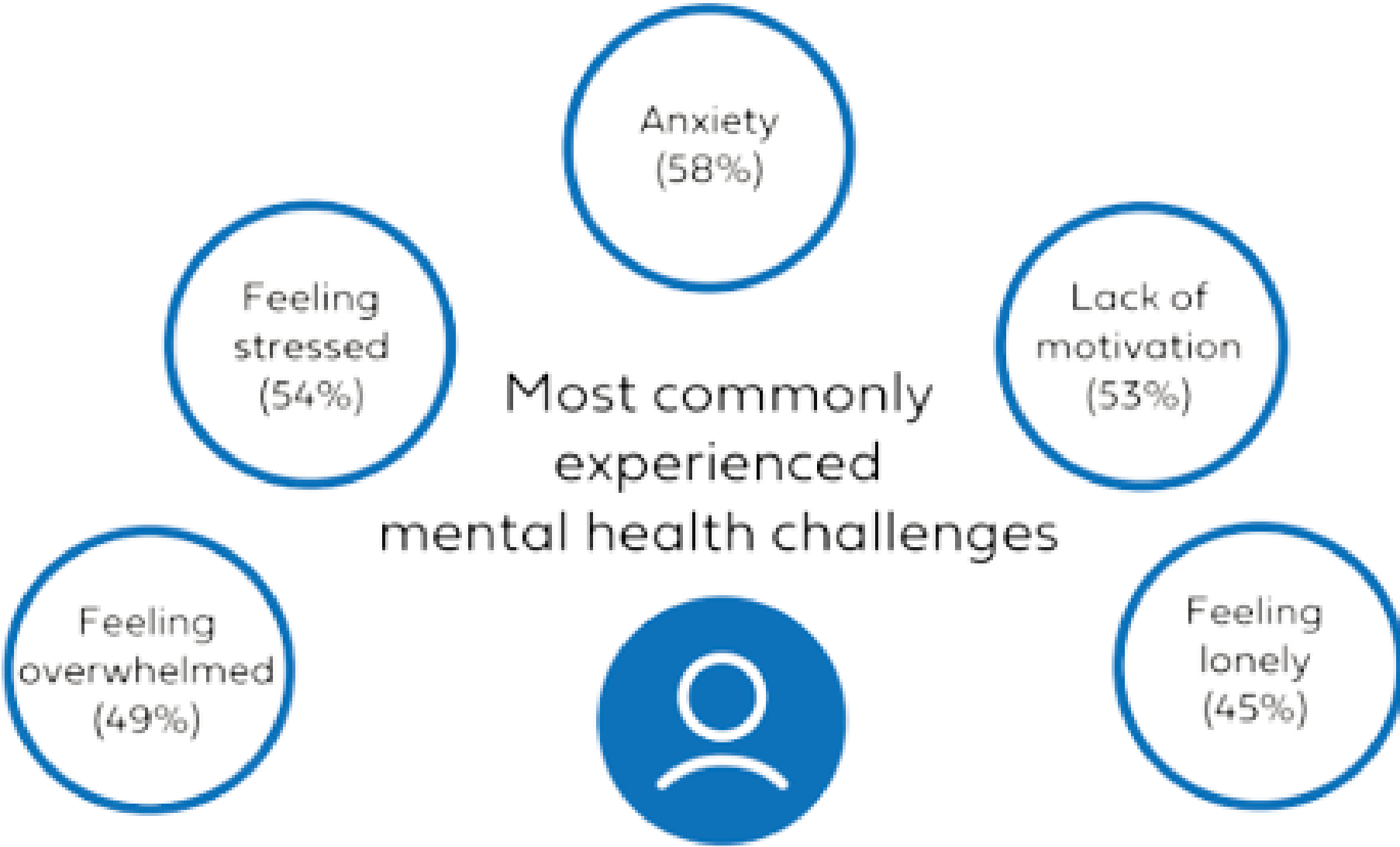
Nearly half of all young adults in California are experiencing anxiety and depression.

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.

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

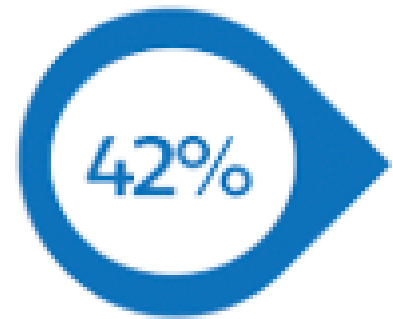
Nearly
9 in 10
experience **mental health challenges**
on a regular basis (87%)



Gen Z worries and stressors impact their mental health



Finding a good job



Dealing with negative body image



Family relationships

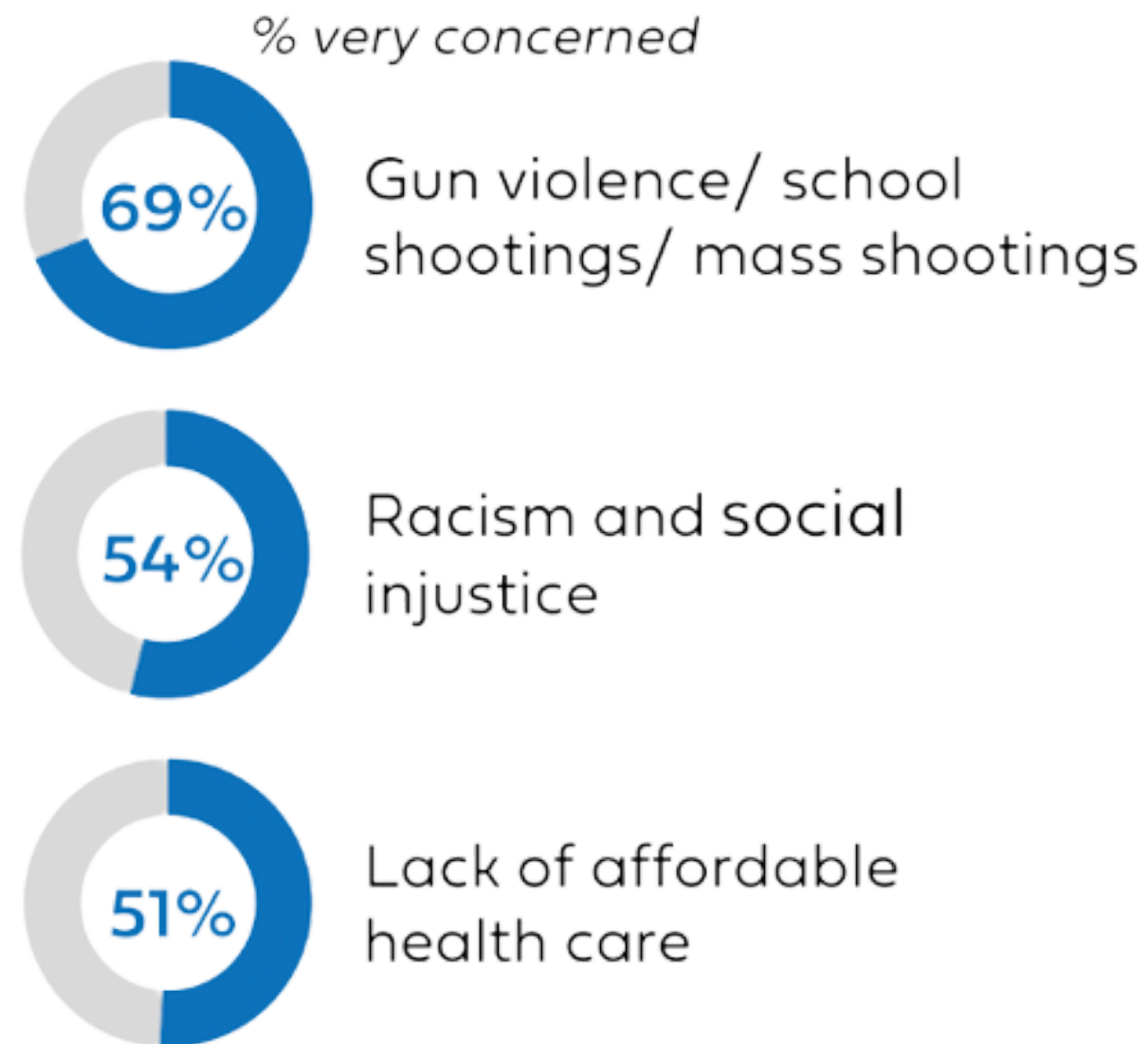
Nearly

1 in 3

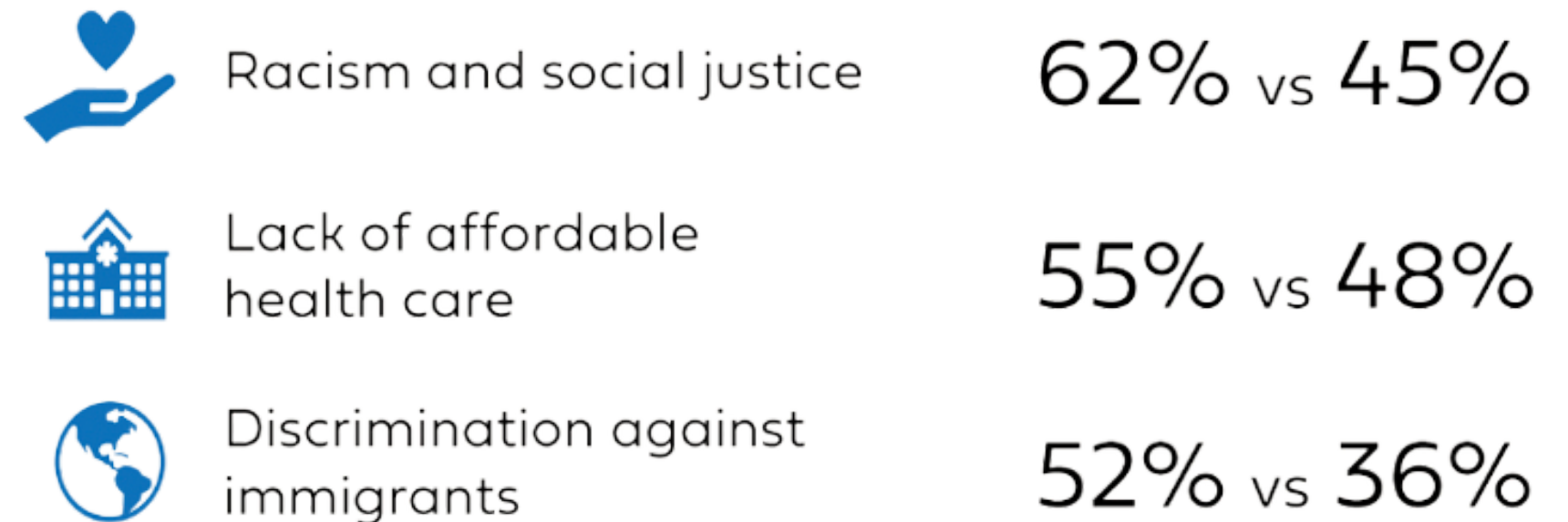
youth of color cite dealing with racism as negatively impacting mental health to the point where it disrupts daily life (32%)

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?

ROI Calculator



Using Care Solace in Lakewood, California to Offset the Cost of Serious Mental Illness (SMI)

	State / City California Lakewood
Census Population Estimate in City (As of July 1st, 2021)	80,611
Estimated Cases of SMI in City	7,658
Estimated Count of Untreated SMI Cases in City	2,719
Estimated Annual Cost per Individual Untreated SMI (KC Study Baselines)	\$6,608.86
Estimated Cost of Untreated SMI in City	\$17,966,874
Care Solace Price per Resident	\$2.00
Estimated Price for Care Solace's Service	\$161,222
Untreated SMI Individuals Breakeven Point	24
Untreated SMI Utilization Percentage Breakeven Point	0.90%
Expected Savings at Utilization Goal (For Untreated SMI Only)	\$377,784
Expected Suicide Preventions at Utilization Goal (For Untreated SMI Only)	1

State

California

City

Lakewood

Care Solace Price per Resident

\$2.00

Care Solace Utilization Goal

3%

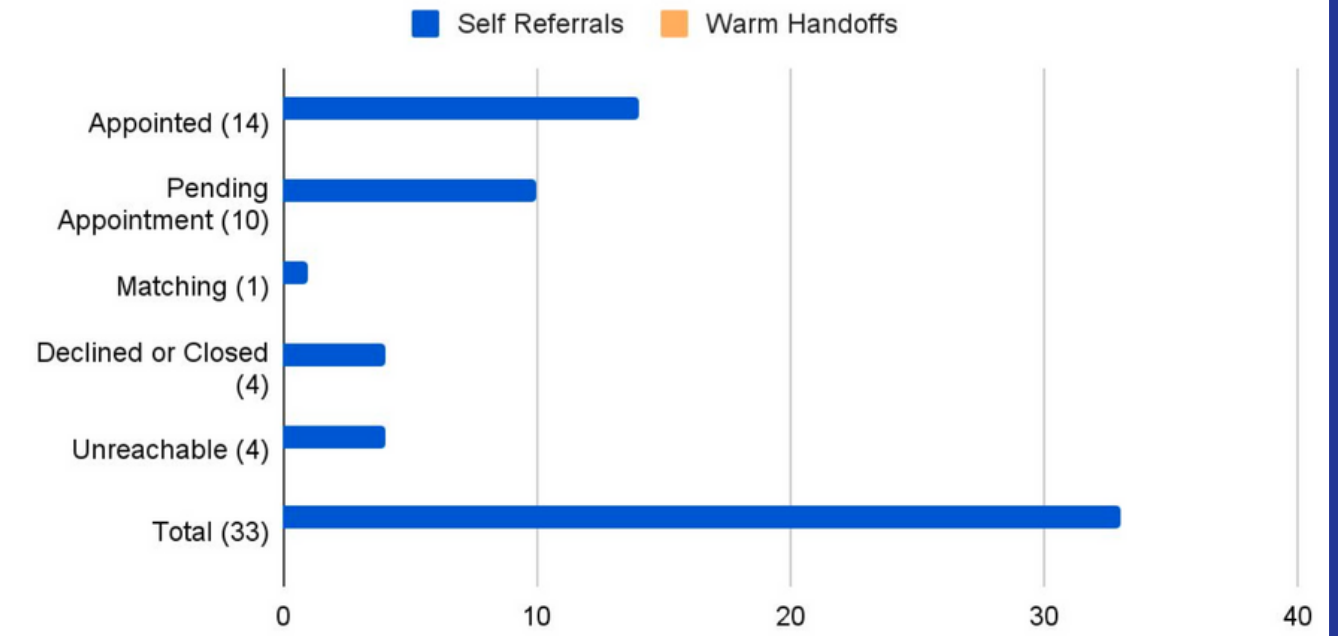
Reporting and Impacts

Cities of Lakewood & Bellflower CA

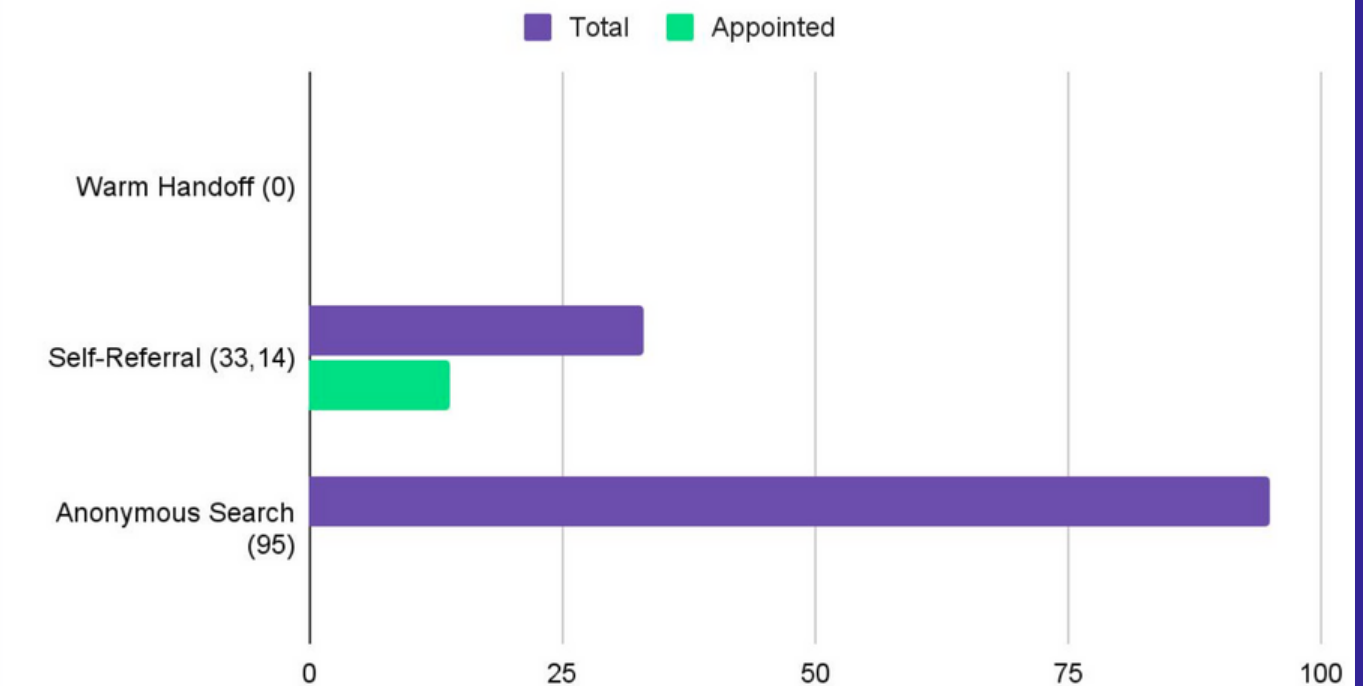
Mental Health / Substance Use: Case Time Data
(excludes anonymous search)

Case Type	Average Days
Time to Match	2.26
Time to Appointment Booked	7.86
Time from Match to Appointment	18.6

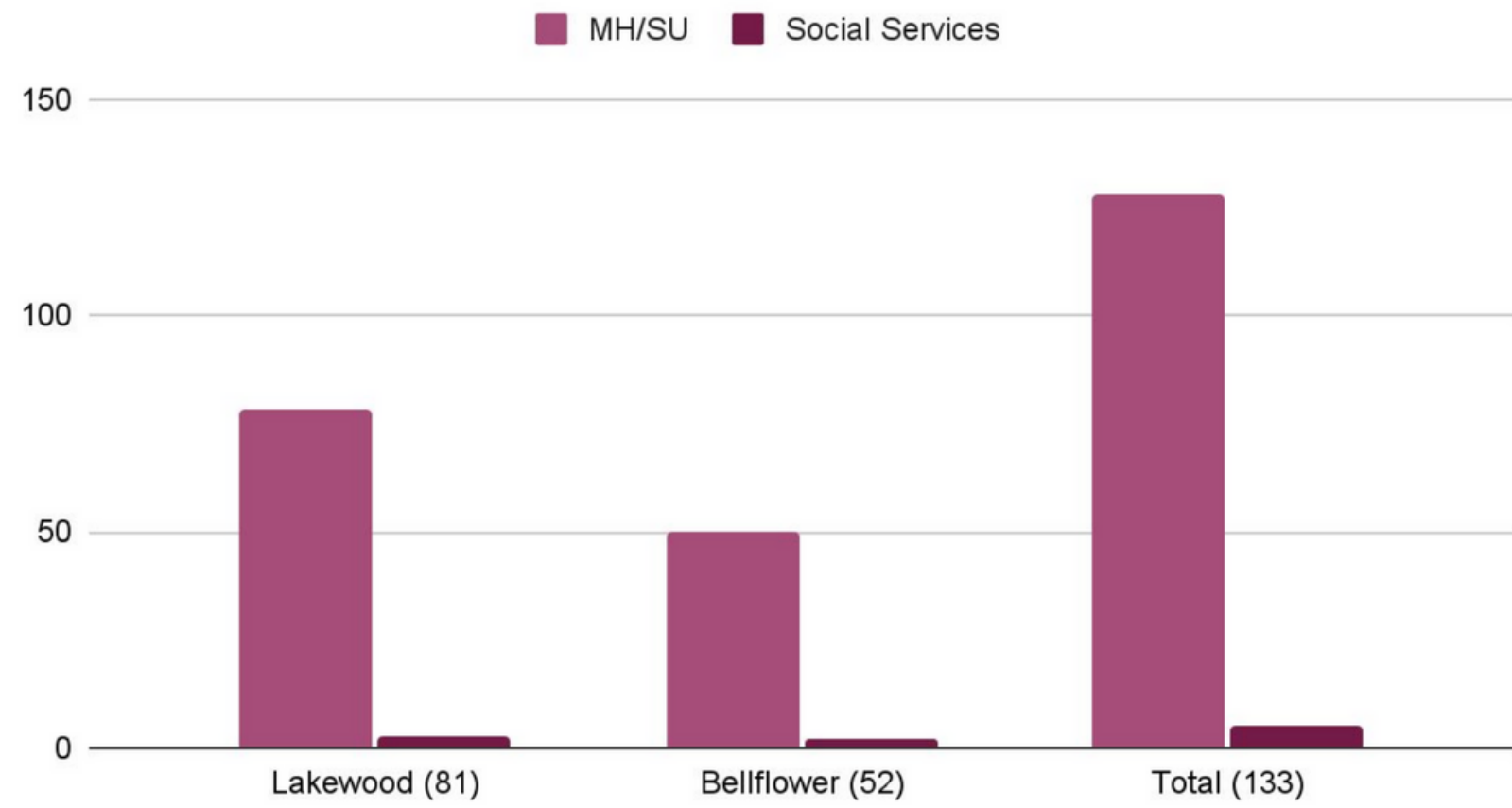
Mental Health / Substance Use Cases By Status (excludes anonymous search)



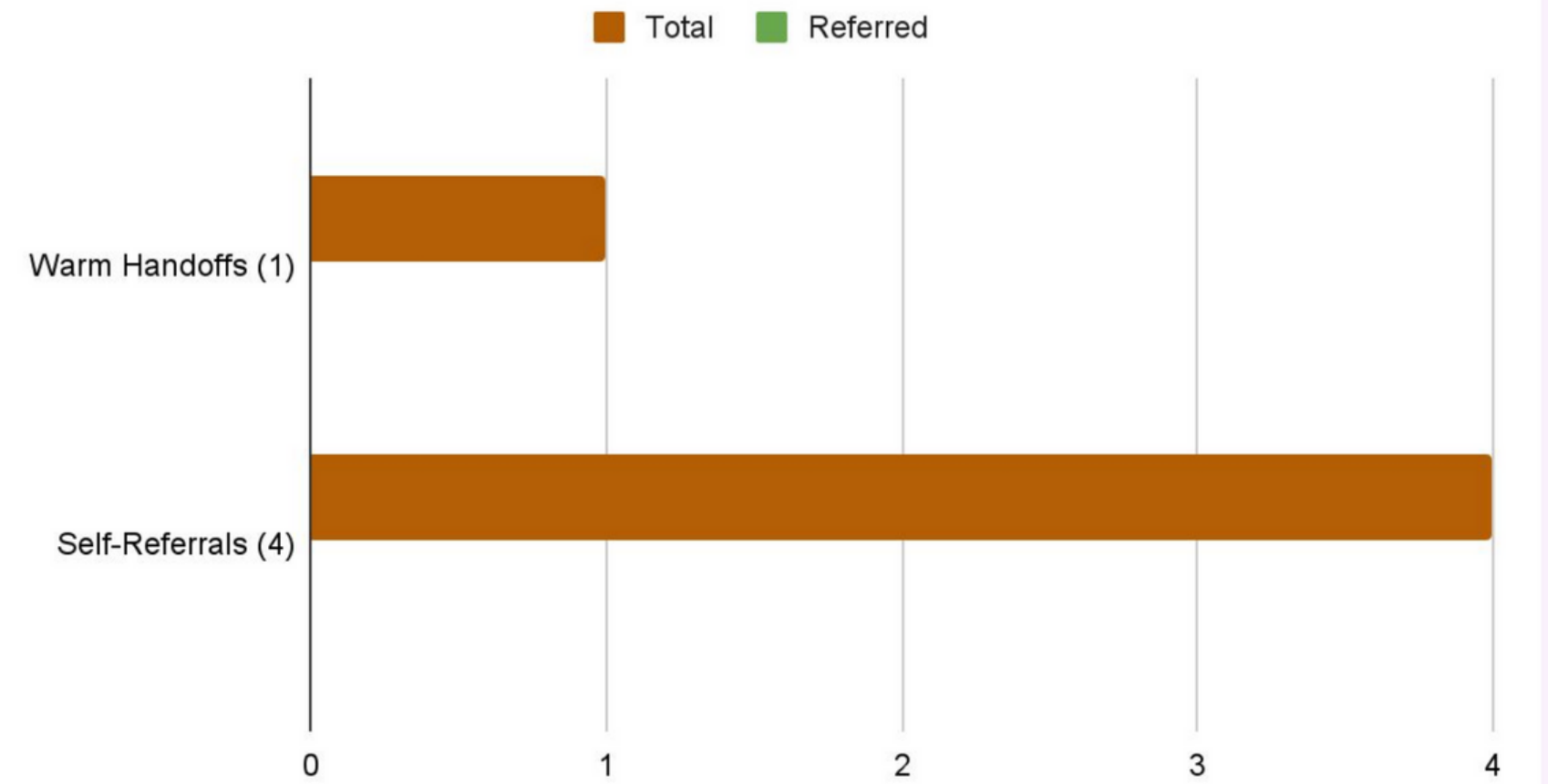
Mental Health and Substance Use Cases



All Cases



Social Services Cases



The stories bring the data to life.



Lakewood example

Client - 41 year old White/Caucasian female seeking individual therapy for anxiety.

Insurance - Health Net PPO.

Day 1: Care Solace received a referral from a city department, and a Care Companion called the client within one minute of receipt of the referral to complete the screening.

Day 2: Care Companion contacted 25 providers and provided the client with 4 strong options based on selection criteria, insurance, language, specialty/licenses, and location.

Day 3: The client selected a provider from the options.

Day 4: The Care Companion then called the provider with the client on the phone and scheduled an appointment.

Day 10: Client attends appointment.

Day 11: Care Companion follows-up with client.

The stories bring the data to life.

Bellflower example

Client - 69 year old African American female with a history of trauma is seeking individual therapy.

Insurance: Blue Shield of California HMO

Day 1: Care Solace received a self-referral, and a Care Companion called the client within one minute of receipt of the referral to complete the screening.

Day 2: Care Companion contacted 70 providers and provided the client with 3 strong options based on selection criteria, insurance, language, specialty/licenses, and location.

Day 3: The client selected a provider from the options.

Day 4: The Care Companion then called the provider with the client on the phone and scheduled an appointment.

Day 10: Client attends appointment.

Day 11: Care Companion follows-up with client.

Example

First Responder Crisis Response

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 Solace 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.

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.

Example

Crisis Response County Social and Clinical Resource

- 1 County clinician, social worker refers to Care Solace local licensed Care Manager (VIP level for higher severity)
- 2 Local licensed Care Manager uses our licensed team, local relationships & database to find care to serve complex needs
- 3 Local licensed Care Manager follows up on connection & satisfaction with care

Example

Resident

1

Resident needs help, but doesn't know where to begin

2

Resident accesses Care Solace from the city's website

3

They have the choice of self-search for help, or calling a Care Companion who will provide personalized support.

4

Care Solace will match the resident with customized resources, coordinate care and closes the loop for the city through reporting.

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.



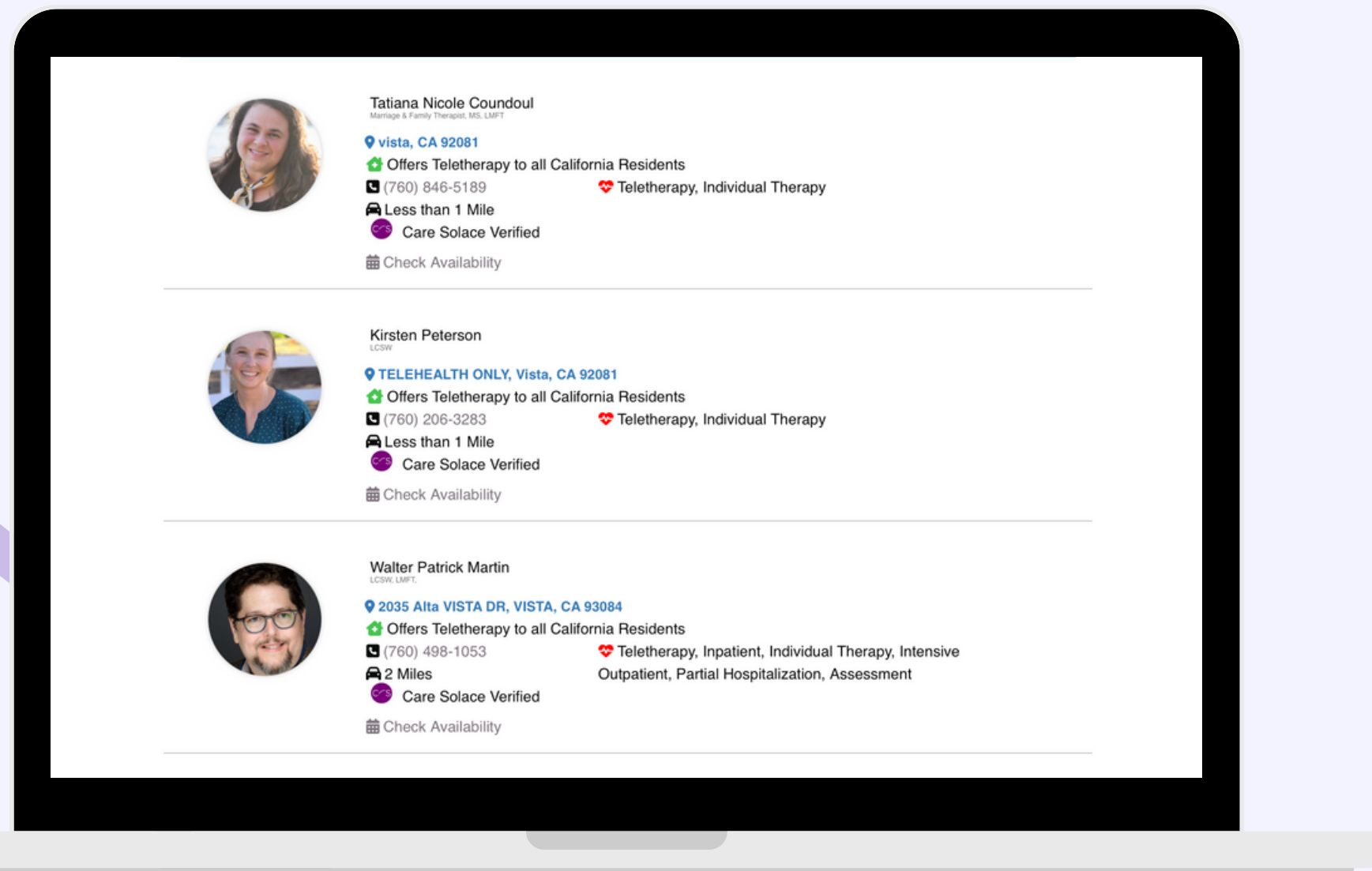
A LACK OF BASIC CUSTOMER SERVICE

Care Solace calms the chaos and
simplifies the complexities.

We are tireless allies on a mission to make access to mental
health care **easy, inclusive, and dignified.**

We exist to **connect people** to the support they need with
respect and trust and **facilitate communication and
collaboration across a continuum of care.**

Care Solace facilitates access to care through its proprietary provider network of 425K in 50 states



Care Solace provides access to mental health providers to anyone, anywhere, anytime.

Matches are made using many factors, including:

- Location and current contact information
- Preferred communication method
- Accepted insurances
- Age groups
- Specializations (DSM-5)
- Availability

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

Examples of those addressing the needs

- Montebello
- Murrieta
- Lakewood
- Bellflower



How we deliver on the mission: products & services

We calm the chaos with our services and timely access to community based care.



Warm Handoff

Referral Submission and
Real-Time Tracking



Care Companions

24/7/365 Multilingual
Navigation Support



Care Match

Anonymous Self-Service
Search Tool

425,000 VERIFIED PROVIDERS

National average days to connect to care with Care Solace



Total Services Provided Nationally

July 2020 - August 2023

Total Services Provided: 12,233,554

Total Phone Calls: 3,682,823

Total Emails: 3,864,901

Total Text Messages: 4,366,562

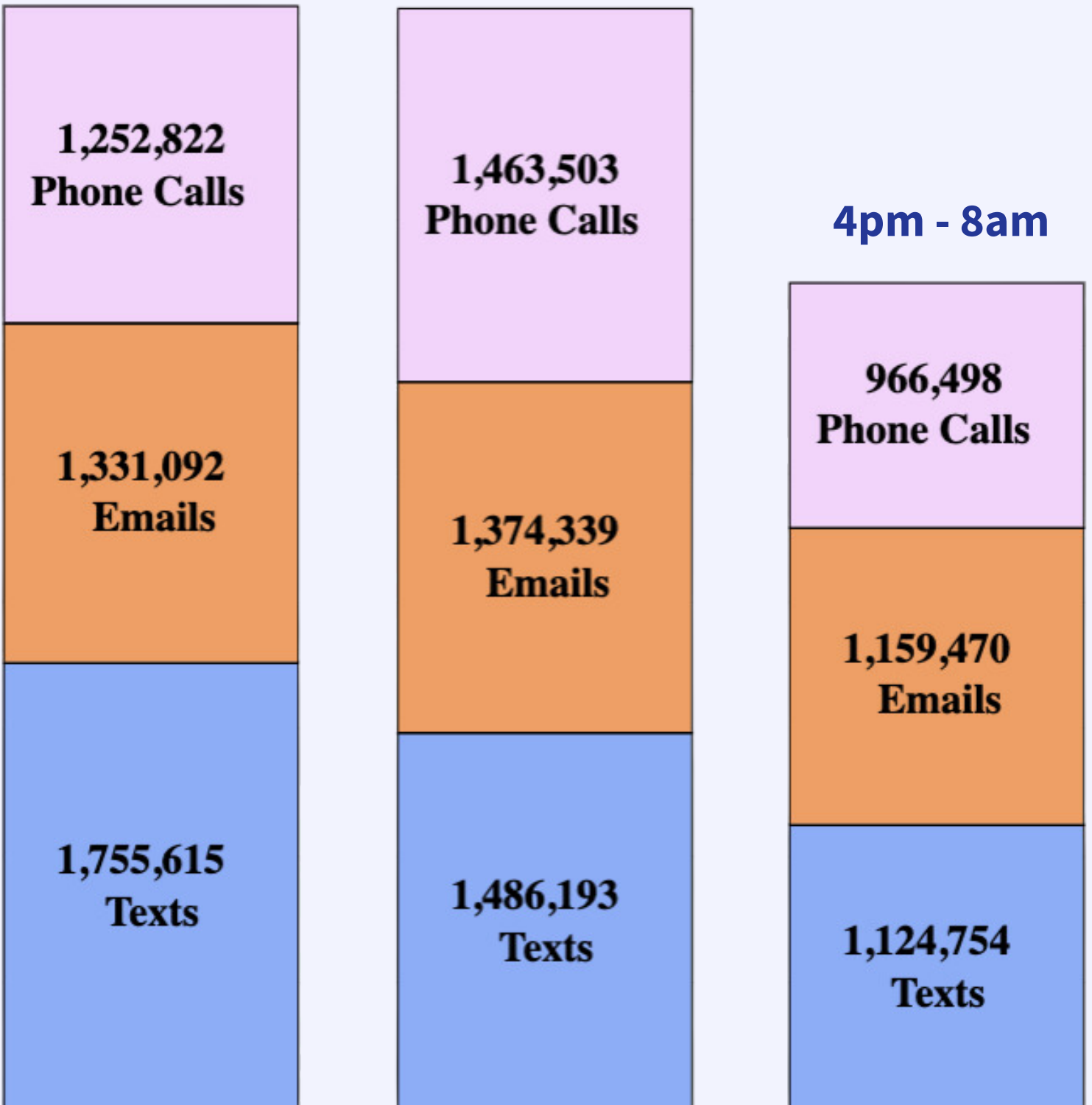
Searches & Referrals: 319,268

Total Communications Saved

8am - 12pm

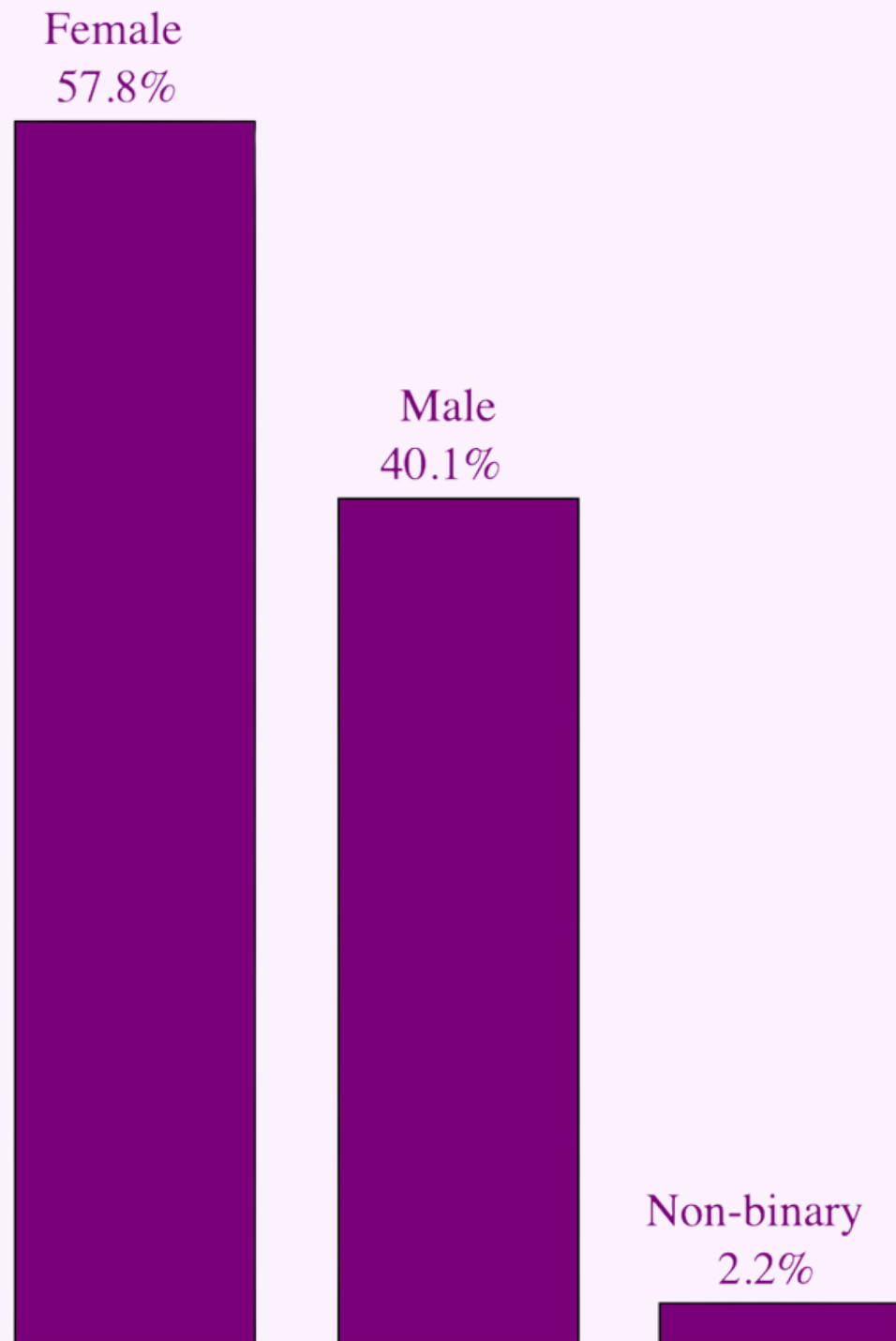
12pm - 4pm

4pm - 8am

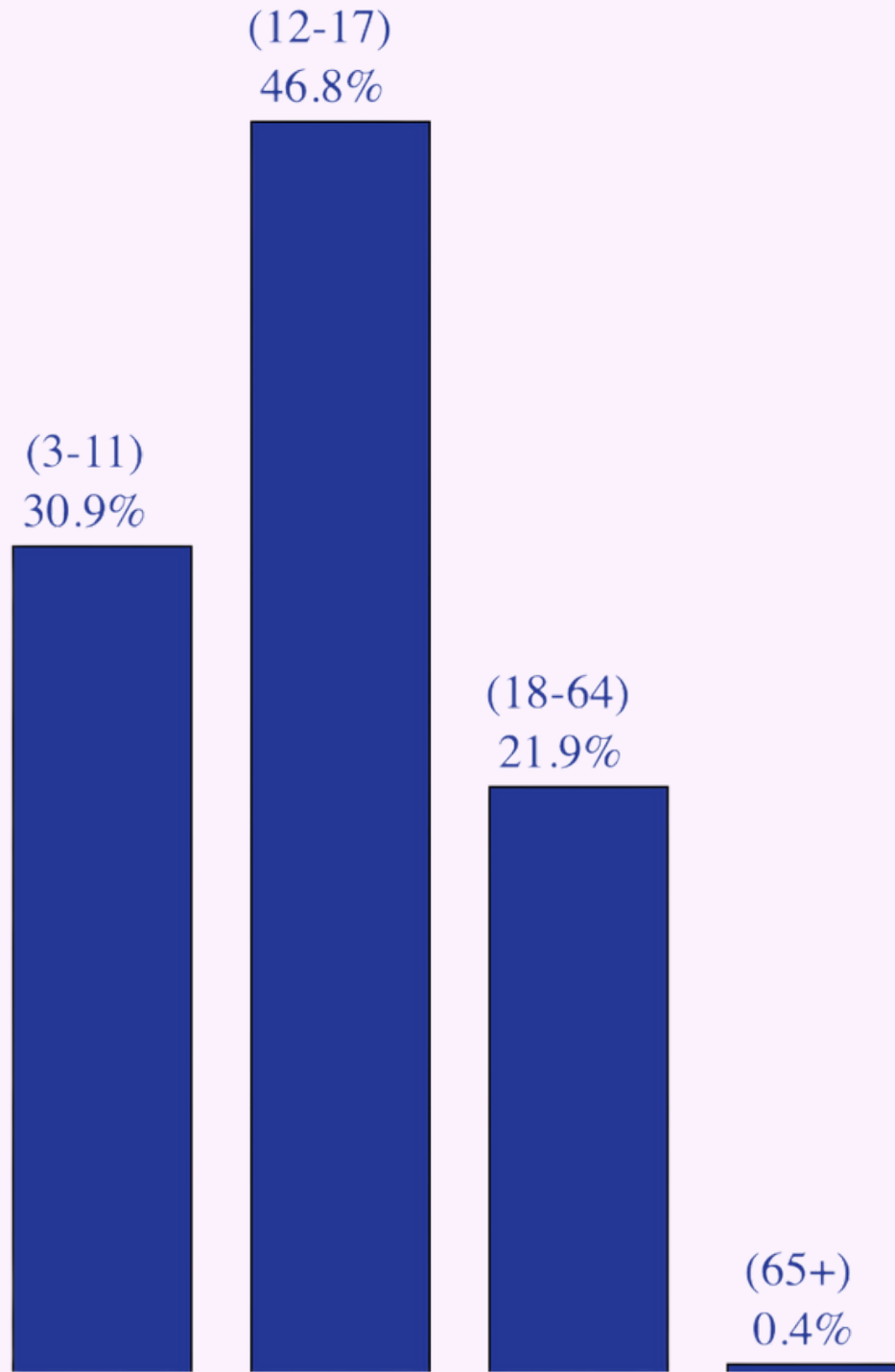


National Requests for Help

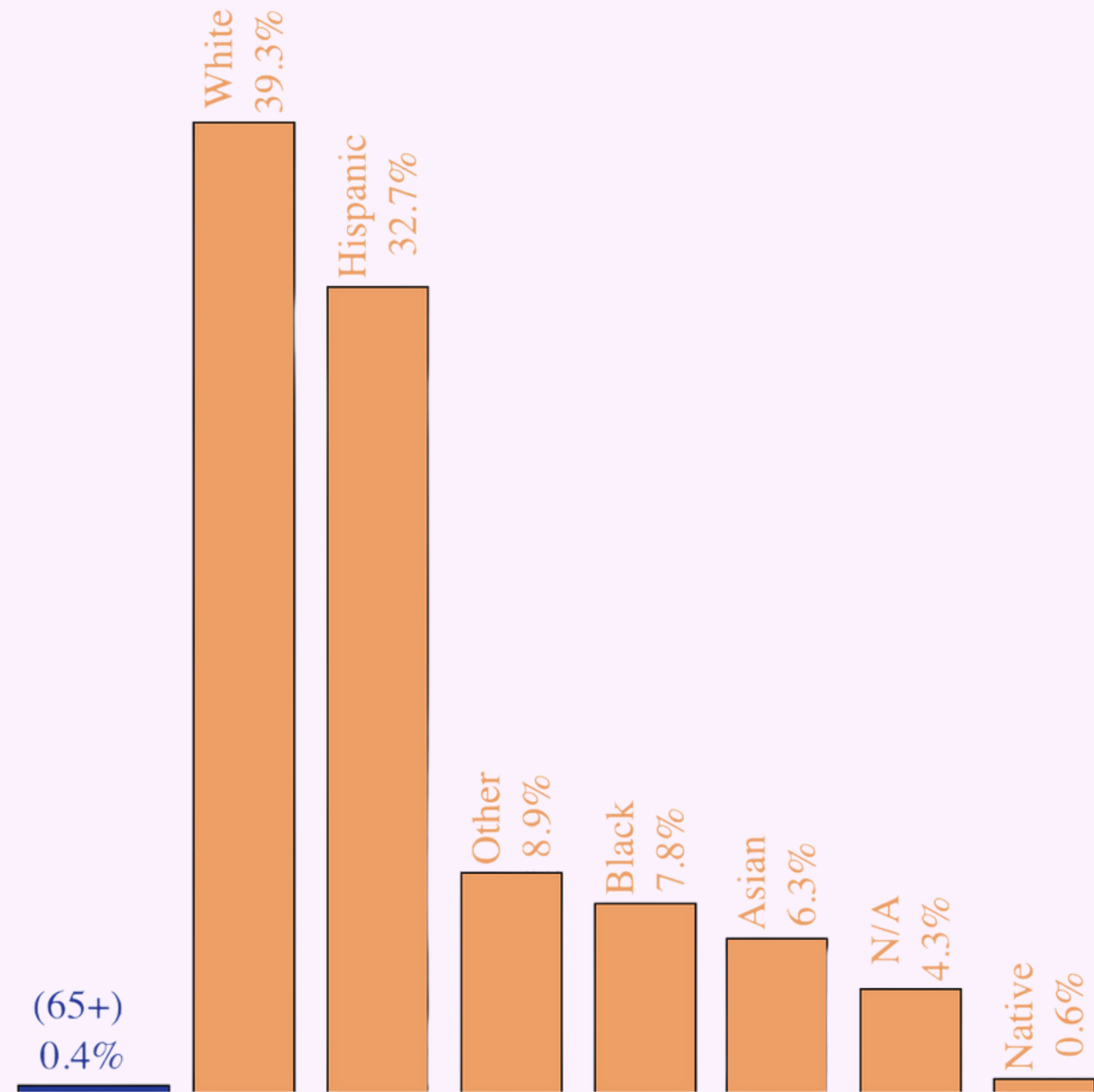
Gender



Age Group



Ethnicity

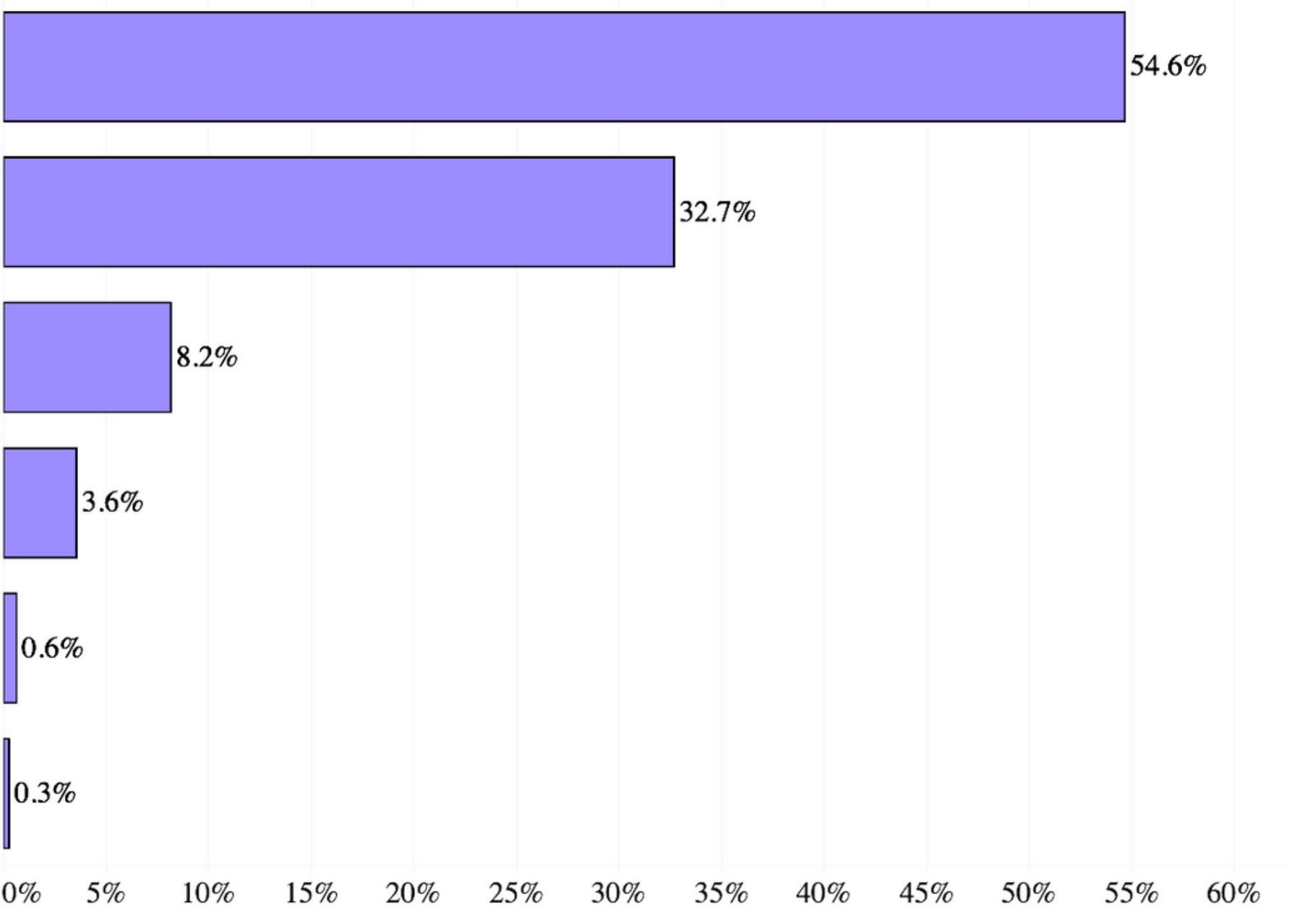


National Requests for Help

By insurance type

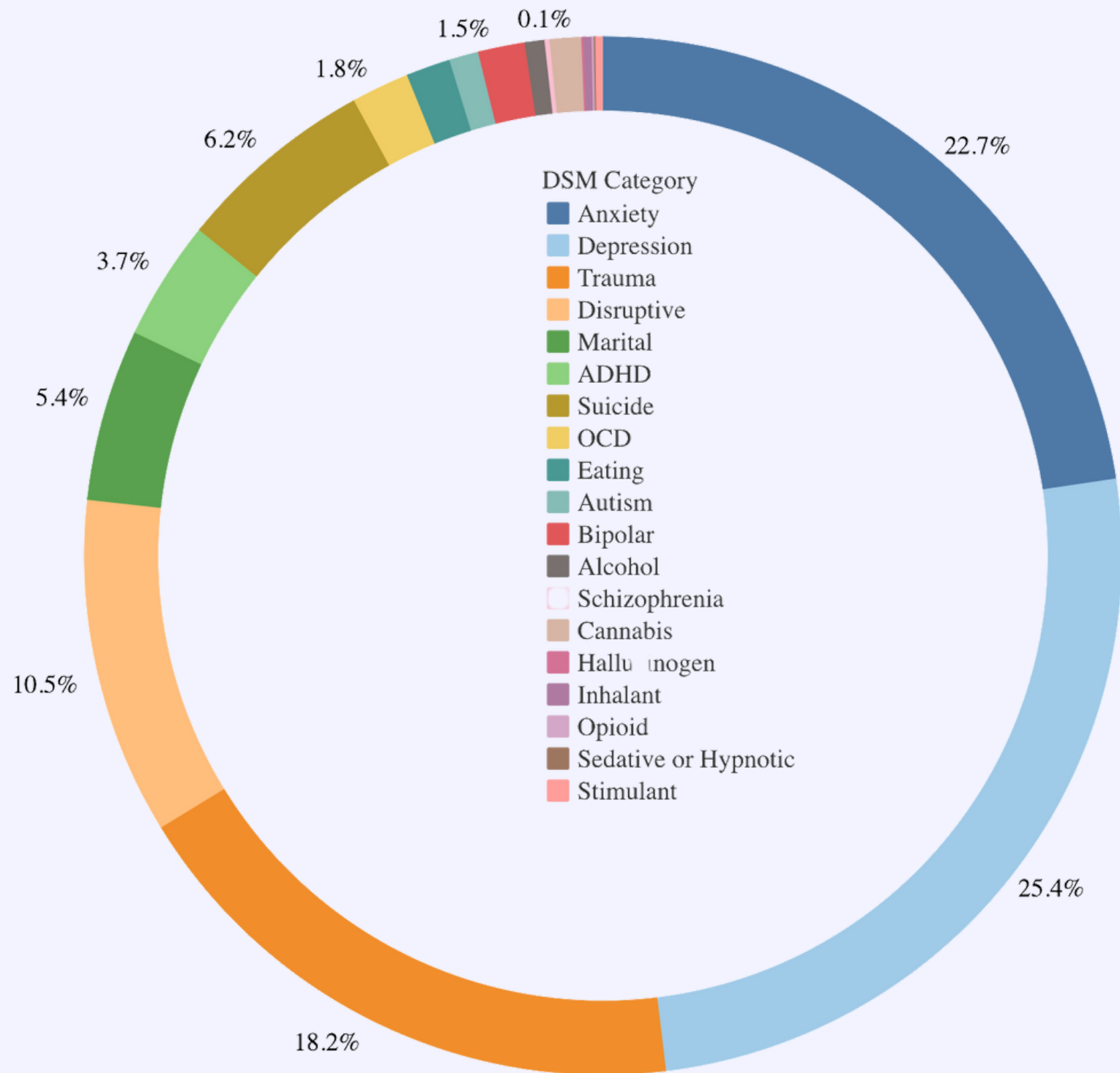
Total requests

- Public Insurance
- Private Insurance
- No Insurance
- Unknown Insurance
- Military Insurance
- Deprecated Self Pay

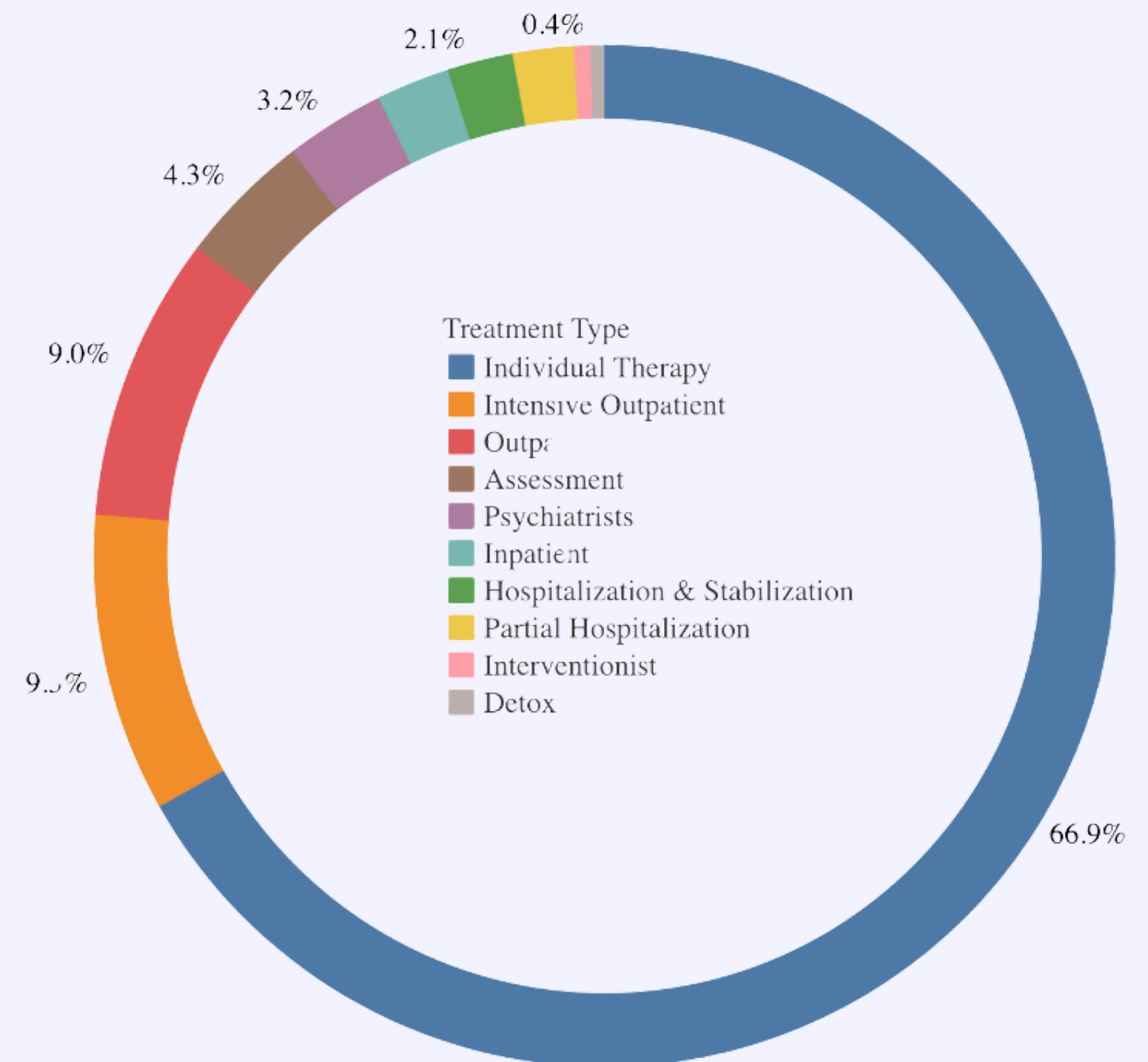


National Requests for Help by Need

DSM Category



Treatment Type



Questions and discussions

care/solace[®]