## Performance Outcomes Adult Specialty Mental Health Services Report Report Date August, 2017

#### Background

This report measures the effectiveness of adult specialty mental health services. It models reports developed to measure Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services as mandated by Welfare and Institutions Code Section 14707.5. The intent of these reports is to improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop a Performance Measurement Paradigm, and to design indicators and measures. The Performance Outcomes System will be used to evaluate the domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Further information on the Performance Measures System implementation is available on the DHCS website. Documents posted include the relevant legislation, plans submitted to the Legislature, and handouts for meetings with the Stakeholder Advisory Committee back to the first meeting in 2012. To obtain this information go to: http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx.

#### Overview

Three reports will be provided: statewide aggregate data; population-based county groups; and county-specific data. These aggregate reports provide adult information on the initial indicators that were developed for the Performance Outcomes System. DHCS plans to move to annual reporting of these data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of adults 21\* and older who are receiving SMHS based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Utilization of services reports are shown in terms of dollars, as well as by service in time increments. Two types of penetration information are provided; both penetration rate tables are also broken out by demographic characteristics. The snapshot table provides a point-in-time view of adults arriving, exiting, and continuing services over a two-year period. The time-to-step-down table provides a view over the past four years of the time to stepdown services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for Fiscal Years (FY) 12/13, 13/14, 14/15, and 15/16.

### Definitions

\*Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:
Age 21 or older during the approved date of service on the claim.

### Data Sources -

Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 12/13 through FY 15/16.
Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 12/13 through 15/16.

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#### **Additional Information**

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at: <a href="http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\_Sept15Reporting\_Final\_1.11.15.pdf">http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\_Sept15Reporting\_Final\_1.11.15.pdf</a>

#### Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium; whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, these data are represented as follows: 1) Data that are missing is indicated as "-" 2) Data that have been suppressed due to privacy concerns is indicated as "^".

### **Report Highlights**

\*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

\*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS methodology for calculating penetration rates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of adults who received a number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible adults for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted.

\*The **snapshot** report provides a point-in-time look at adults' movement through the SMHS system. The report uses five general categories to classify if an adult is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). As of now, this report only classifies adults and their service usage for FY 12/13 through FY15/16. Eventually the snapshot data will be used along with measures of service effectiveness to identify whether adults are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

\*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based on the county of the hospital from which the patient is discharged and receives step-down services.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	3,338		37,875	
FY 13-14	4,310	29.1%	55,148	45.6%
FY 14-15	5,134	19.1%	66,203	20.0%
FY 15-16	5,274	2.7%	71,270	7.7%
Compound Annual Growth Rate SFY**		16.5%		23.5%

Small-Rural Sized Counties as of August, 2017

\*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

\*\*SFY = State Fiscal Year which is July 1 through June 30.

Small-Rural Sized Counties as of August, 2017

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	121	3.6%	59	1.8%	41	1.2%	267	8.0%	2,439	73.1%	24	0.7%	387	11.6%
FY 13-14	141	3.3%	68	1.6%	43	1.0%	334	7.7%	3,231	75.0%	26	0.6%	467	10.8%
FY 14-15	169	3.3%	69	1.3%	59	1.1%	454	8.8%	3,780	73.6%	38	0.7%	565	11.0%
FY 15-16	167	3.2%	68	1.3%	66	1.3%	498	9.4%	3,887	73.7%	37	0.7%	551	10.4%

Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Small-Rural Sized Counties as of August, 2017

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	1,662	49.8%	1,473	44.1%	203	6.1%
FY 13-14	2,199	51.0%	1,858	43.1%	253	5.9%
FY 14-15	2,692	52.4%	2,151	41.9%	291	5.7%
FY 15-16	2,788	52.9%	2,152	40.8%	334	6.3%

Small-Rural Sized Counties as of August, 2017

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	2,207	66.1%	1,131	33.9%
FY 13-14	2,717	63.0%	1,593	37.0%
FY 14-15	3,072	59.8%	2,062	40.2%
FY 15-16	3,155	59.8%	2,119	40.2%

### Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\* Small-Rural Sized Counties as of August, 2017

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	<b>Eligible Adults</b>	Penetration
	with 1 or	Adults and	Rate	with 1 or	and Older	Rate	with 1 or more	Adults and	Rate	with 1 or more	and Older	Rate
	more SMHS	<b>Older Adults</b>		more SMHS	Adults		SMHS Visits	<b>Older Adults</b>		SMHS Visits	Adults	
All	3,338	37,875	8.8%	4,310	55,148	7.8%	5,134	66,203	7.8%	5,274	71,270	7.4%
Adults 21-44	1,662	18,169	9.1%	2,199	26,446	8.3%	2,692	32,891	8.2%	2,788	36,245	7.7%
Adults 45-64	1,473	12,339	11.9%	1,858	21,068	8.8%	2,151	25,027	8.6%	2,152	26,256	8.2%
Adults 65+	203	7,367	2.8%	253	7,634	3.3%	291	8,285	3.5%	334	8,769	3.8%
Alaskan Native or American Indian	121	1,960	6.2%	141	2,727	5.2%	169	3,145	5.4%	167	3,314	5.0%
Asian or Pacific Islander	59	877	6.7%	68	1,224	5.6%	69	1,467	4.7%	68	1,662	4.1%
Black	41	423	9.7%	43	579	7.4%	59	671	8.8%	66	766	8.6%
Hispanic	267	4,529	5.9%	334	6,885	4.9%	454	9,050	5.0%	498	10,298	4.8%
White	2,439	26,711	9.1%	3,231	38,820	8.3%	3,780	45,790	8.3%	3,887	48,628	8.0%
Other	24	262	9.2%	26	398	6.5%	38	506	7.5%	37	501	7.4%
Unknown	387	3,113	12.4%	467	4,515	10.3%	565	5,574	10.1%	551	6,101	9.0%
Female	2,207	22,549	9.8%	2,717	30,432	8.9%	3,072	35,539	8.6%	3,155	37,941	8.3%
Male	1,131	15,326	7.4%	1,593	24,716	6.4%	2,062	30,664	6.7%	2,119	33,329	6.4%

\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

### Penetration Rates\* Report: Adults with Five or More SMHS Visits\*\* Small-Rural Sized Counties as of August, 2017

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
All	2,078	37,875	5.5%	2,631	55,148	4.8%	3,155	66,203	4.8%	3,138	71,270	4.4%
Adults 21-44	973	18,169	5.4%	1,244	26,446	4.7%	1,549	32,891	4.7%	1,530	36,245	4.2%
Adults 45-64	979	12,339	7.9%	1,218	21,068	5.8%	1,417	25,027	5.7%	1,406	26,256	5.4%
Adults 65+	126	7,367	1.7%	169	7,634	2.2%	189	8,285	2.3%	202	8,769	2.3%
Alaskan Native or American Indian	65	1,960	3.3%	86	2,727	3.2%	80	3,145	2.5%	90	3,314	2.7%
Asian or Pacific Islander	38	877	4.3%	38	1,224	3.1%	38	1,467	2.6%	34	1,662	2.0%
Black	27	423	6.4%	28	579	4.8%	33	671	4.9%	47	766	6.1%
Hispanic	169	4,529	3.7%	206	6,885	3.0%	293	9,050	3.2%	294	10,298	2.9%
White	1,501	26,711	5.6%	1,951	38,820	5.0%	2,324	45,790	5.1%	2,301	48,628	4.7%
Other	14	262	5.3%	15	398	3.8%	19	506	3.8%	22	501	4.4%
Unknown	264	3,113	8.5%	307	4,515	6.8%	368	5,574	6.6%	350	6,101	5.7%
Female	1,376	22,549	6.1%	1,679	30,432	5.5%	1,925	35,539	5.4%	1,949	37,941	5.1%
Male	702	15,326	4.6%	952	24,716	3.9%	1,230	30,664	4.0%	1,189	33,329	3.6%

\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

### Utilization Report\*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\*

Small-Rural Sized Counties as of August, 2017

Fiscal Year	SDMC Total Approved	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	\$ 3,285.60	488	788	312	288	25	C	443	5	0	8	9	0	11
FY 13-14	\$ 3,111.03	456	682	298	256	15	0	72	4	32	7	6	0	11
FY 14-15	\$ 3,328.35	435	655	288	245	22	0	159	4	41	9	22	44	10
FY 15-16	\$ 3,280.95	375	633	277	262	23	0	0	4	0	8	7	114	9
MEAN	\$ 3,251.48	438	689	294	263	21	0	225	4	37	8	11	79	10

\*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

^ Data has been suppressed to protect patient privacy.

## Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Small-Rural Sized Counties as of August, 2017

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Adults that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which Adults met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance &	
Exiting	A distinct category in which Adults had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count		Service Continuance (<2 YR) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	604	18.1%	438	13.1%	386	11.6%	525	15.7%	1,298	38.9%	87	2.6%	3,338	100%
FY 13-14	1,169	27.1%	489	11.3%	379	8.8%	478	11.1%	1,721	39.9%	74	1.7%	4,310	100%
FY 14-15	1,007	19.6%	497	9.7%	617	12.0%	813	15.8%	2,107	41.0%	93	1.8%	5,134	100%
FY 15-16	1,021	19.4%	529	10.0%	545	10.3%	911	17.3%	2,167	41.1%	101	1.9%	5,274	100%

## Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge\*

Small-Rural Sized Counties as of August, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with Step Down within	Retween 8 and 30	Inpatient Discharges with Step Down	Step Down > 30	Inpatient Discharges with a	Discharges with		Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 12-13	47	44.8%	۸	۸	40	38.1%	٨	٨	0	365	56.7	10
FY 13-14	45	45.5%	^	۸	37	37.4%	٨	٨	0	293	31.0	12
FY 14-15	63	53.4%	18	15.3%	23	19.5%	14	11.9%	0	345	35.8	5
FY 15-16	69	57.0%	17	14.0%	12	9.9%	23	19.0%	0	204	22.2	2

\* No Step Down is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated. ^ Data has been suppressed to protect patient privacy.