Performance Outcomes Adult Specialty Mental Health Services Report Report Date February 12, 2019

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-intime 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) 14/15, 15/16, 16/17, and 17/18.

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 14/15 through FY 17/18.

Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 14/15 through FY 17/18.

Performance Outcomes Adult Specialty Mental Health Services Report Report Date February 12, 2019

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: http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

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.

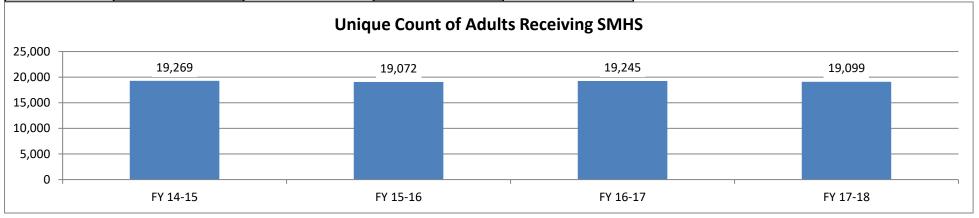
*The **snapshot** report provides a point-in-time look at adults' movement through the SMHS system. The report uses five general categories to classify if an adult is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). As of now, this report only 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: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

*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 fiscal responsibility for the patient who receives step-down services.

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

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year Small Sized Counties as of February 12, 2019

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 14-15	19,269		365,088	
FY 15-16	19,072	-1.0%	396,159	8.5%
FY 16-17	19,245	0.9%	409,569	3.4%
FY 17-18	19,099	-0.8%	410,505	0.2%
Compound Annual Growth Rate SFY**		-0.3%		4.0%

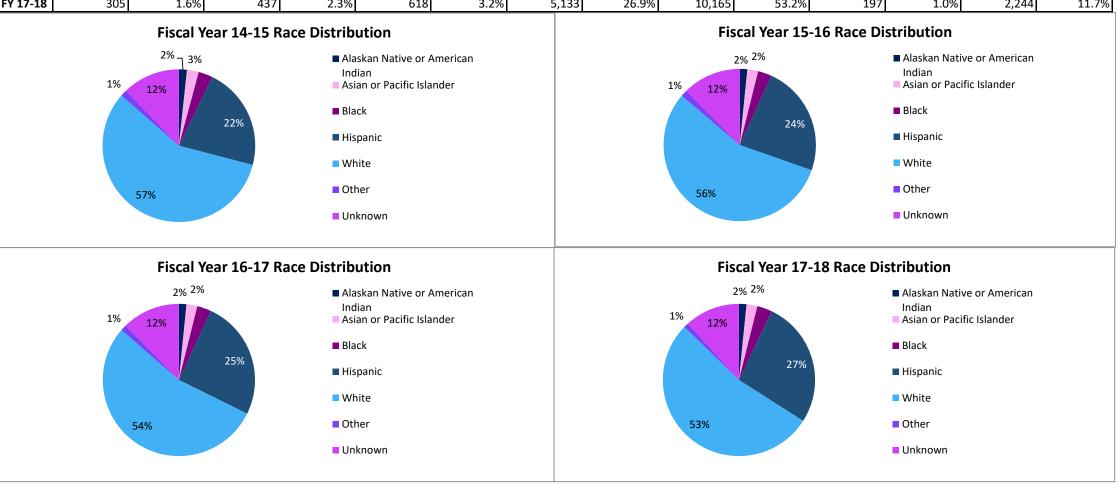


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

^{**}SFY = State Fiscal Year which is July 1 through June 30.

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year Small Sized Counties as of February 12, 2019

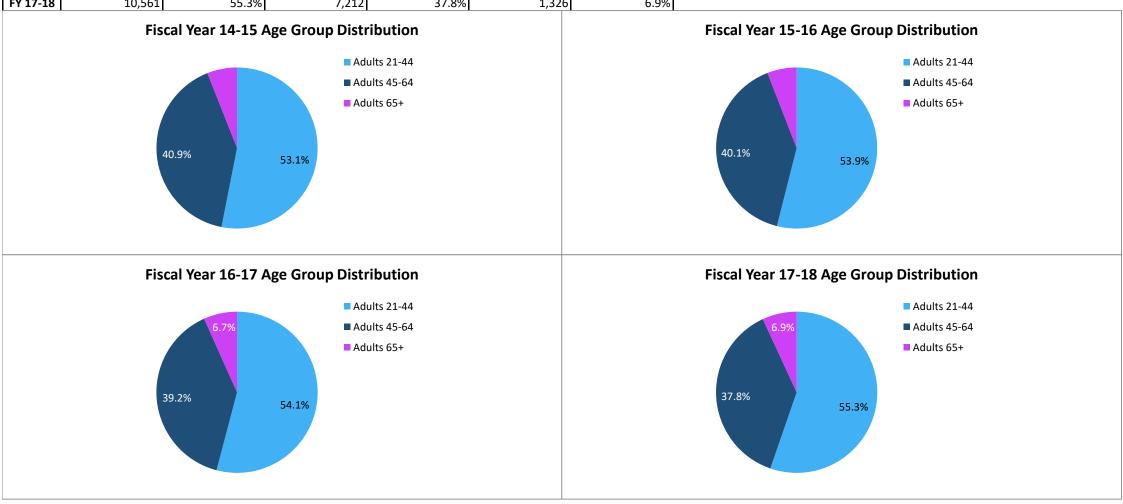
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 14-15	320	1.7%	475	2.5%	574	3.0%	4,220	21.9%	11,063	57.4%	267	1.4%	2,350	12.2%
FY 15-16	306	1.6%	438	2.3%	544	2.9%	4,505	23.6%	10,655	55.9%	262	1.4%	2,362	12.4%
FY 16-17	314	1.6%	437	2.3%	585	3.0%	4,895	25.4%	10,407	54.1%	243	1.3%	2,364	12.3%
FY 17-18	305	1.6%	437	2.3%	618	3.2%	5,133	26.9%	10,165	53.2%	197	1.0%	2,244	11.7%
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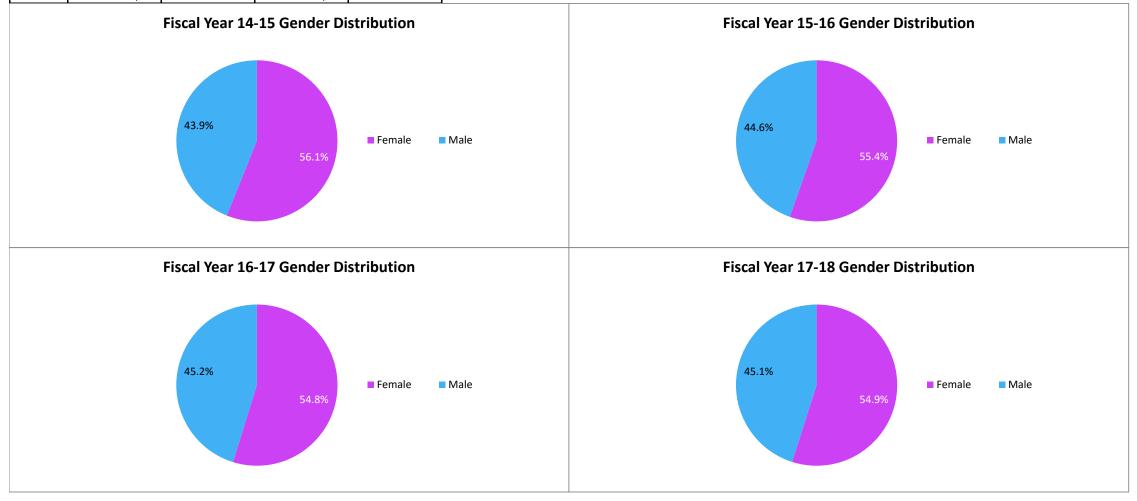
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year Small Sized Counties as of February 12, 2019

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 14-15	10,225	53.1%	7,883	40.9%	1,161	6.0%
FY 15-16	10,286	53.9%	7,656	40.1%	1,130	5.9%
FY 16-17	10,407	54.1%	7,552	39.2%	1,286	6.7%
FY 17-18	10,561	55.3%	7,212	37.8%	1,326	6.9%

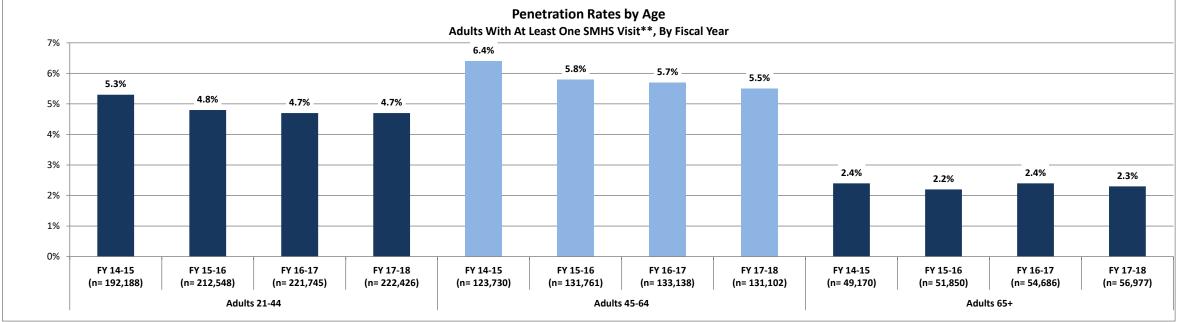


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 14-15	10,807	56.1%	8,462	43.9%
FY 15-16	10,569	55.4%	8,503	44.6%
FY 16-17	10,547	54.8%	8,698	45.2%
FY 17-18	10,482	54.9%	8,617	45.1%



Penetration Rates* Report: Adults With At Least One SMHS Visit** Small Sized Counties as of February 12, 2019

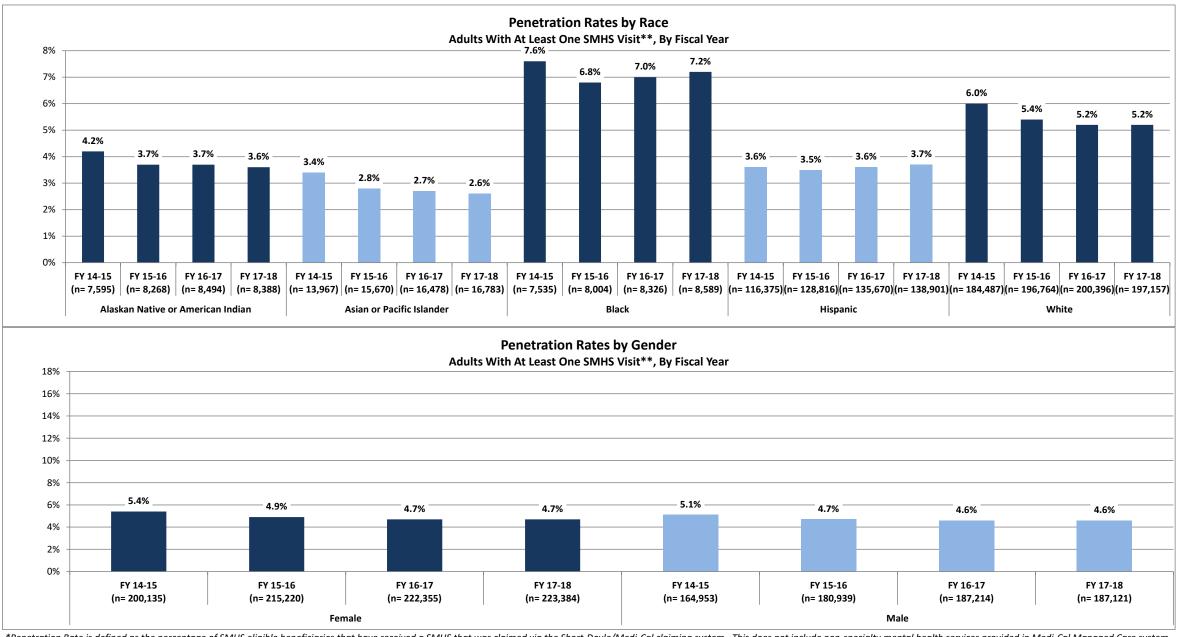
		FY 14-15			FY 15-16			FY 16-17		FY 17-18			
	Adults and Older Adults with 1 or more SMHS	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	
All	19,269	365,088	5.3%	19,072	396,159	4.8%	19,245	409,569	4.7%	19,099	410,505	4.7%	
Adults 21-44	10,225	192,188	5.3%	10,286	212,548	4.8%	10,407	221,745	4.7%	10,561	222,426	4.7%	
Adults 45-64	7,883	123,730	6.4%	7,656	131,761	5.8%	7,552	133,138	5.7%	7,212	131,102	5.5%	
Adults 65+	1,161	49,170	2.4%	1,130	51,850	2.2%	1,286	54,686	2.4%	1,326	56,977	2.3%	
Alaskan Native or American Indian	320	7,595	4.2%	306	8,268	3.7%	314	8,494	3.7%	305	8,388	3.6%	
Asian or Pacific Islander	475	13,967	3.4%	438	15,670	2.8%	437	16,478	2.7%	437	16,783	2.6%	
Black	574	7,535	7.6%	544	8,004	6.8%	585	8,326	7.0%	618	8,589	7.2%	
Hispanic	4,220	116,375	3.6%	4,505	128,816	3.5%	4,895	135,670	3.6%	5,133	138,901	3.7%	
White	11,063	184,487	6.0%	10,655	196,764	5.4%	10,407	200,396	5.2%	10,165	197,157	5.2%	
Other	267	5,206	5.1%	262	5,523	4.7%	243	5,370	4.5%	197	4,905	4.0%	
Unknown	2,350	29,923	7.9%	2,362	33,114	7.1%	2,364	34,835	6.8%	2,244	35,782	6.3%	
Female	10,807	200,135	5.4%	10,569	215,220	4.9%	10,547	222,355	4.7%	10,482	223,384	4.7%	
Male	8,462	164,953	5.1%	8,503	180,939	4.7%	8,698	187,214	4.6%	8,617	187,121	4.6%	



^{*}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 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 At Least One SMHS Visit** Small Sized Counties as of February 12, 2019

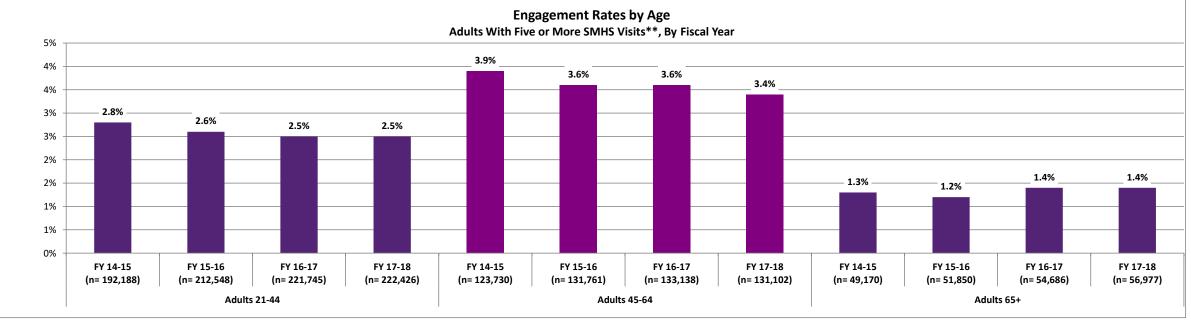


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Engagement Rates* Report: Adults with Five or More SMHS Visits** Small Sized Counties as of February 12, 2019

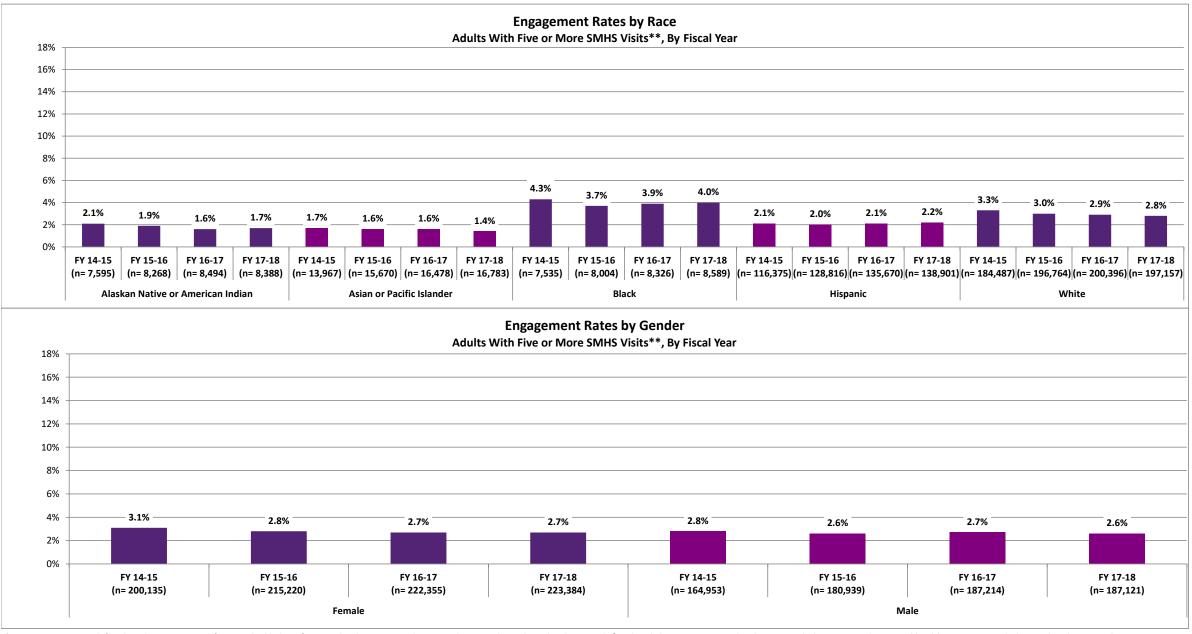
		FY 14-15			FY 15-16			FY 16-17		FY 17-18		
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	10,836	365,088	3.0%	10,810	396,159	2.7%	11,009	409,569	2.7%	10,830	410,505	2.6%
Adults 21-44	5,350	192,188	2.8%	5,422	212,548	2.6%	5,486	221,745	2.5%	5,563	222,426	2.5%
Adults 45-64	4,840	123,730	3.9%	4,779	131,761	3.6%	4,778	133,138	3.6%	4,491	131,102	3.4%
Adults 65+	646	49,170	1.3%	609	51,850	1.2%	745	54,686	1.4%	776	56,977	1.4%
Alaskan Native or American Indian	159	7,595	2.1%	153	8,268	1.9%	136	8,494	1.6%	144	8,388	1.7%
Asian or Pacific Islander	243	13,967	1.7%	257	15,670	1.6%	258	16,478	1.6%	242	16,783	1.4%
Black	322	7,535	4.3%	296	8,004	3.7%	328	8,326	3.9%	347	8,589	4.0%
Hispanic	2,415	116,375	2.1%	2,581	128,816	2.0%	2,883	135,670	2.1%	3,002	138,901	2.2%
White	6,090	184,487	3.3%	5,955	196,764	3.0%	5,811	200,396	2.9%	5,599	197,157	2.8%
Other	140	5,206	2.7%	122	5,523	2.2%	117	5,370	2.2%	111	4,905	2.3%
Unknown	1,467	29,923	4.9%	1,446	33,114	4.4%	1,476	34,835	4.2%	1,385	35,782	3.9%
Female	6,214	200,135	3.1%	6,080	215,220	2.8%	6,019	222,355	2.7%	5,952	223,384	2.7%
Male	4,622	164,953	2.8%	4,730	180,939	2.6%	4,990	187,214	2.7%	4,878	187,121	2.6%



^{*}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.

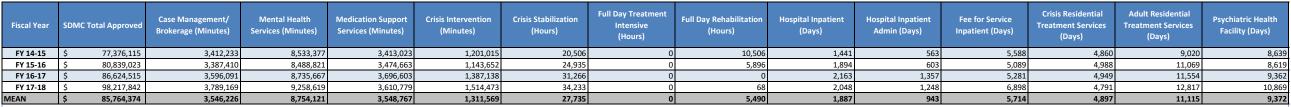
Engagement Rates* Report: Adults with Five or More SMHS Visits** Small Sized Counties as of February 12, 2019

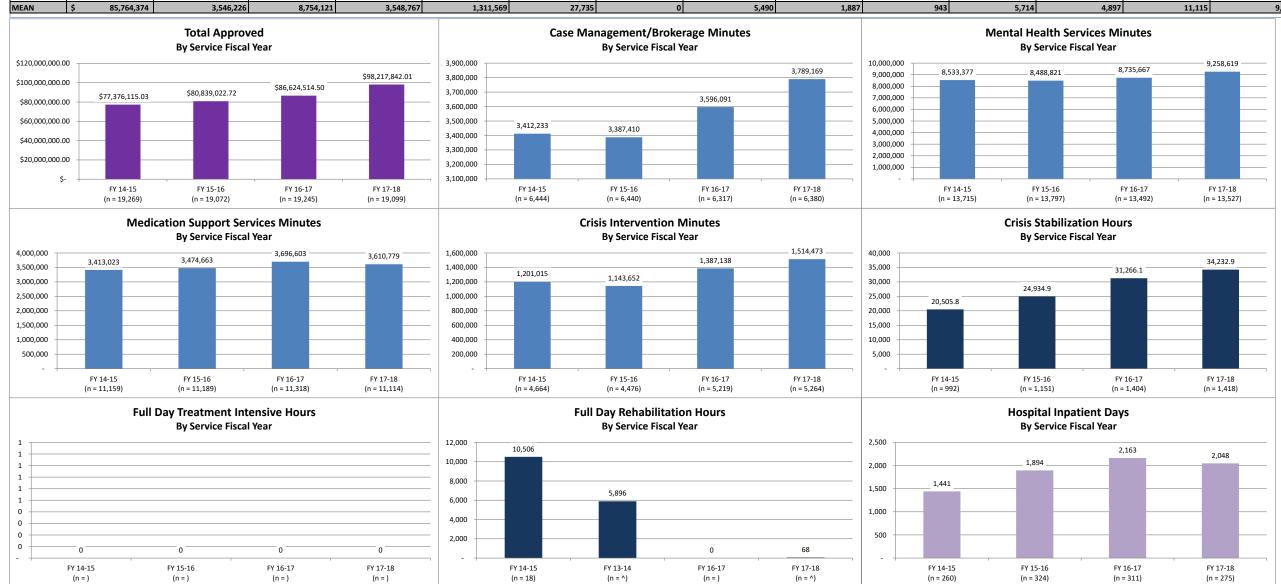


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^{**}Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

Utilization Report*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year* Small Sized Counties as of February 12, 2019





^{*}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.

Utilization Report*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year* Small Sized Counties as of February 12, 2019

Crisis Residential Treatment Services Days

By Service Fiscal Year

4,949.0

FY 16-17

(n = 254)

4,791.0

FY 17-18

(n = 237)

4,988.0

FY 15-16

(n = 242)

4,860.0

FY 14-15

(n = 231)



^{*}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.

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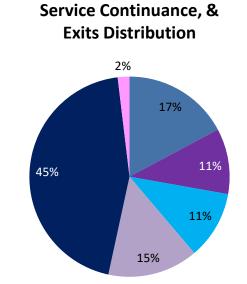
[^] Data has been suppressed to protect patient privacy.

Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

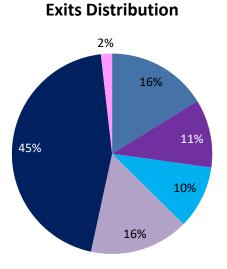
Small Sized Counties as of February 12, 2019

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	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		(>= 2 YR) and		Total %
FY 14-15	3,309	17.2%	2,041	10.6%	2,128	11.0%	2,807	14.6%	8,622	44.7%	362	1.9%	19,269	100%
FY 15-16	3,084	16.2%	2,096	11.0%	1,951	10.2%	3,048	16.0%	8,542	44.8%	351	1.8%	19,072	100%
FY 16-17	6,886	15.8%	6,671	15.3%	4,454	10.2%	5,722	13.1%	18,752	43.0%	1,133	2.6%	43,618	100%
FY 17-18	3,057	16.0%	2,038	10.7%	1,827	9.6%	2,947	15.4%	8,668	45.4%	562	2.9%	19,099	100%

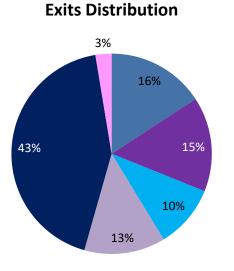


Fiscal Year 14-15 Arrivals,



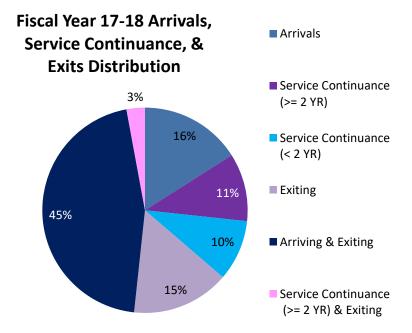
Fiscal Year 15-16 Arrivals,

Service Continuance, &



Fiscal Year 16-17 Arrivals,

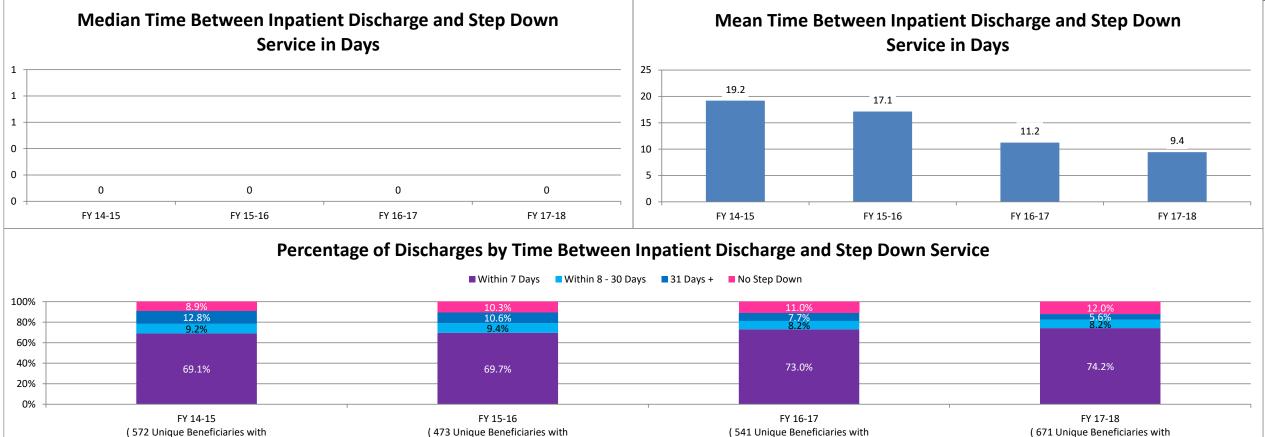
Service Continuance, &



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

Small Sized Counties as of February 12, 2019

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Sten Down within	Step Down Between 8 and 30	Inpatient Discharges with	Days from	Innationt	I DISCHAPOAS WITH		Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 14-15	554	69.1%	74	9.2%	103	12.8%	71	8.9%	0	346	19.2	0
FY 15-16	494	69.7%	67	9.4%	75	10.6%	73	10.3%	0	365	17.1	0
FY 16-17	577	73.0%	65	8.2%	61	7.7%	87	11.0%	0	342	11.2	0
FY 17-18	698	74.2%	77	8.2%	53	5.6%	113	12.0%	0	358	9.4	0
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^{*} **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.

790 Total Inpatient Discharges)

941 Total Inpatient Discharges)

709 Total Inpatient Discharges)

802 Total Inpatient Discharges)