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.

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

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.

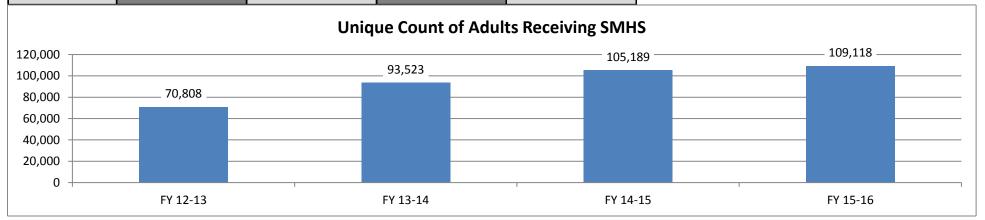
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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 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	70,808		1,081,907	
FY 13-14	93,523	32.1%	1,769,127	63.5%
FY 14-15	105,189	12.5%	2,182,396	23.4%
FY 15-16	109,118	3.7%	2,363,402	8.3%
Compound Annual Growth Rate SFY**		15.5%		29.8%

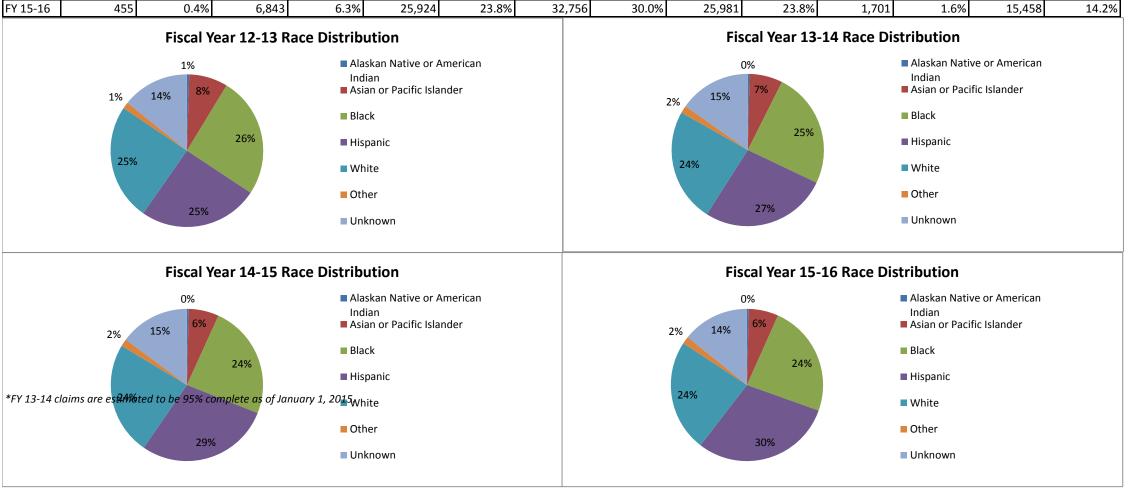


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

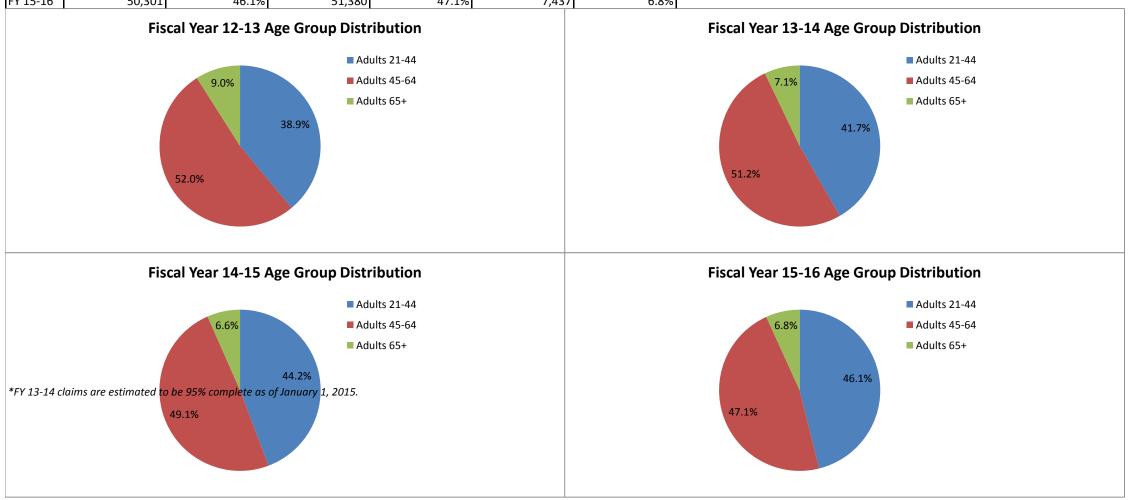
Los Angeles County as of August, 2017

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	323	0.5%	5,797	8.2%	18,116	25.6%	18,009	25.4%	17,501	24.7%	1,023	1.4%	10,039	14.2%
FY 13-14	409	0.4%	6,564	7.0%	23,042	24.6%	25,188	26.9%	22,572	24.1%	1,490	1.6%	14,258	15.2%
FY 14-15	457	0.4%	6,724	6.4%	25,503	24.2%	29,998	28.5%	25,255	24.0%	1,634	1.6%	15,618	14.8%
FY 15-16	455	0.4%	6,843	6.3%	25,924	23.8%	32,756	30.0%	25,981	23.8%	1,701	1.6%	15,458	14.2%

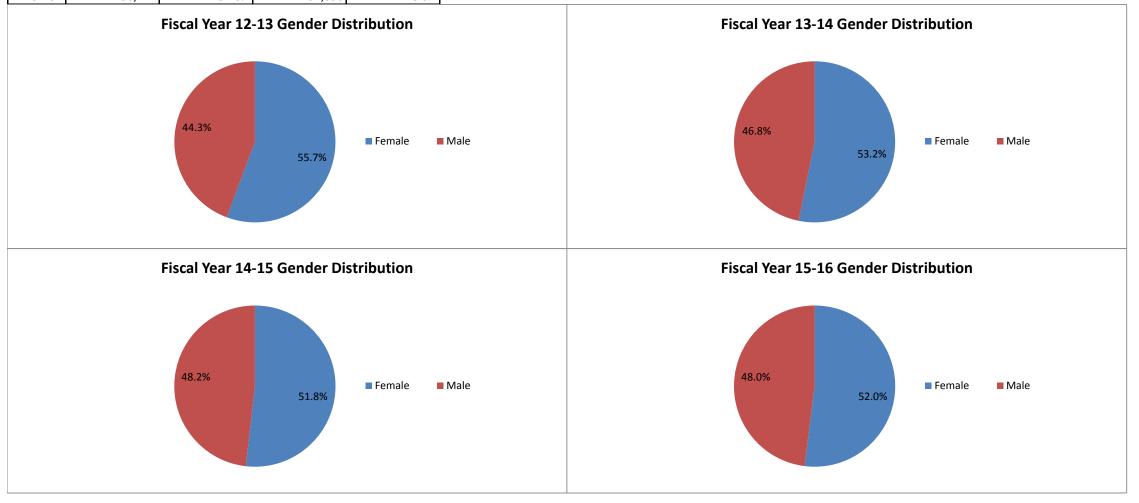


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	27,577	38.9%	36,823	52.0%	6,408	9.0%
FY 13-14	39,019	41.7%	47,899	51.2%	6,605	7.1%
FY 14-15	46,537	44.2%	51,688	49.1%	6,964	6.6%
FY 15-16	50.301	46.1%	51.380	47.1%	7.437	6.8%

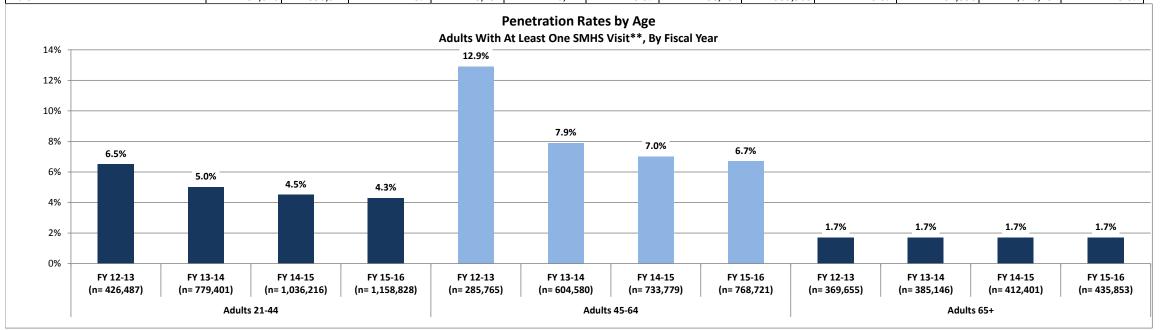


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	39,468	55.7%	31,340	44.3%
FY 13-14	49,726	53.2%	43,797	46.8%
FY 14-15	54,455	51.8%	50,734	48.2%
FY 15-16	56,722	52.0%	52,396	48.0%



Penetration Rates* Report: Adults With At Least One SMHS Visit**

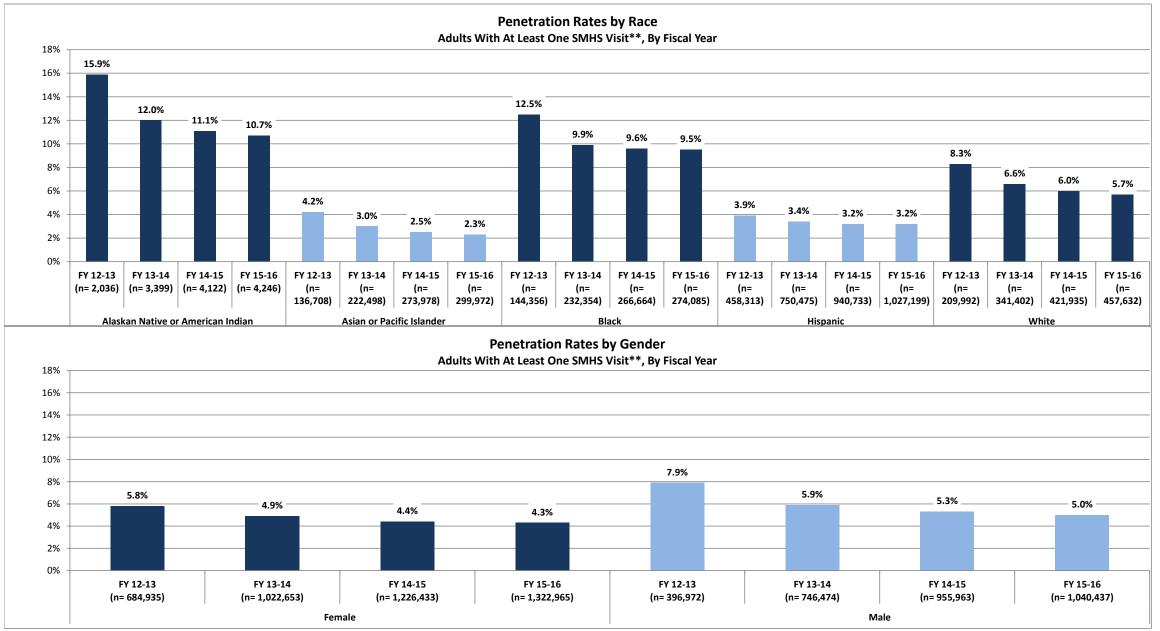
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults and	Rate	with 1 or	and Older	Rate	with 1 or more	Adults and	Rate	with 1 or more	and Older	Rate
	more SMHS	Older Adults		more SMHS	Adults		SMHS Visits	Older Adults		SMHS Visits	Adults	
All	70,808	1,081,907	6.5%	93,523	1,769,127	5.3%	105,189	2,182,396	4.8%	109,118	2,363,402	4.6%
Adults 21-44	27,577	426,487	6.5%	39,019	779,401	5.0%	46,537	1,036,216	4.5%	50,301	1,158,828	4.3%
Adults 45-64	36,823	285,765	12.9%	47,899	604,580	7.9%	51,688	733,779	7.0%	51,380	768,721	6.7%
Adults 65+	6,408	369,655	1.7%	6,605	385,146	1.7%	6,964	412,401	1.7%	7,437	435,853	1.7%
Alaskan Native or American Indian	323	2,036	15.9%	409	3,399	12.0%	457	4,122	11.1%	455	4,246	10.7%
Asian or Pacific Islander	5,797	136,708	4.2%	6,564	222,498	3.0%	6,724	273,978	2.5%	6,843	299,972	2.3%
Black	18,116	144,356	12.5%	23,042	232,354	9.9%	25,503	266,664	9.6%	25,924	274,085	9.5%
Hispanic	18,009	458,313	3.9%	25,188	750,475	3.4%	29,998	940,733	3.2%	32,756	1,027,199	3.2%
White	17,501	209,992	8.3%	22,572	341,402	6.6%	25,255	421,935	6.0%	25,981	457,632	5.7%
Other	1,023	17,470	5.9%	1,490	31,823	4.7%	1,634	42,450	3.8%	1,701	46,287	3.7%
Unknown	10,039	113,032	8.9%	14,258	187,176	7.6%	15,618	232,514	6.7%	15,458	253,981	6.1%
Female	39,468	684,935	5.8%	49,726	1,022,653	4.9%	54,455	1,226,433	4.4%	56,722	1,322,965	4.3%
Male	31,340	396,972	7.9%	43,797	746,474	5.9%	50,734	955,963	5.3%	52,396	1,040,437	5.0%



^{*}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**

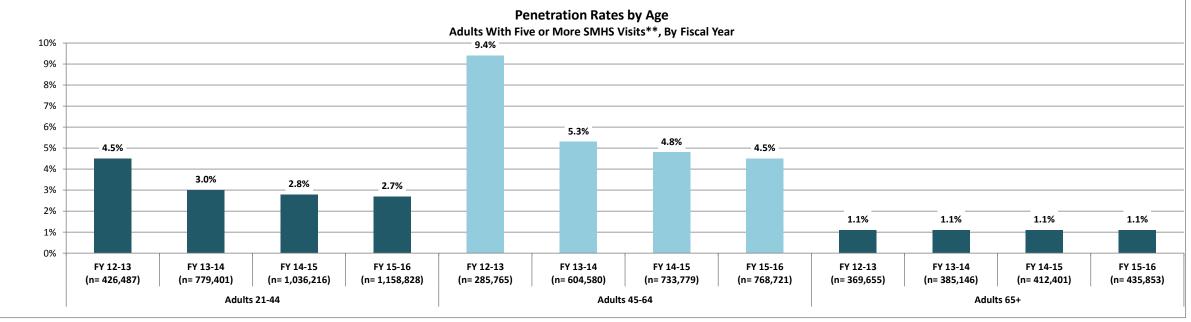


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

Penetration Rates* Report: Adults with Five or More SMHS Visits**

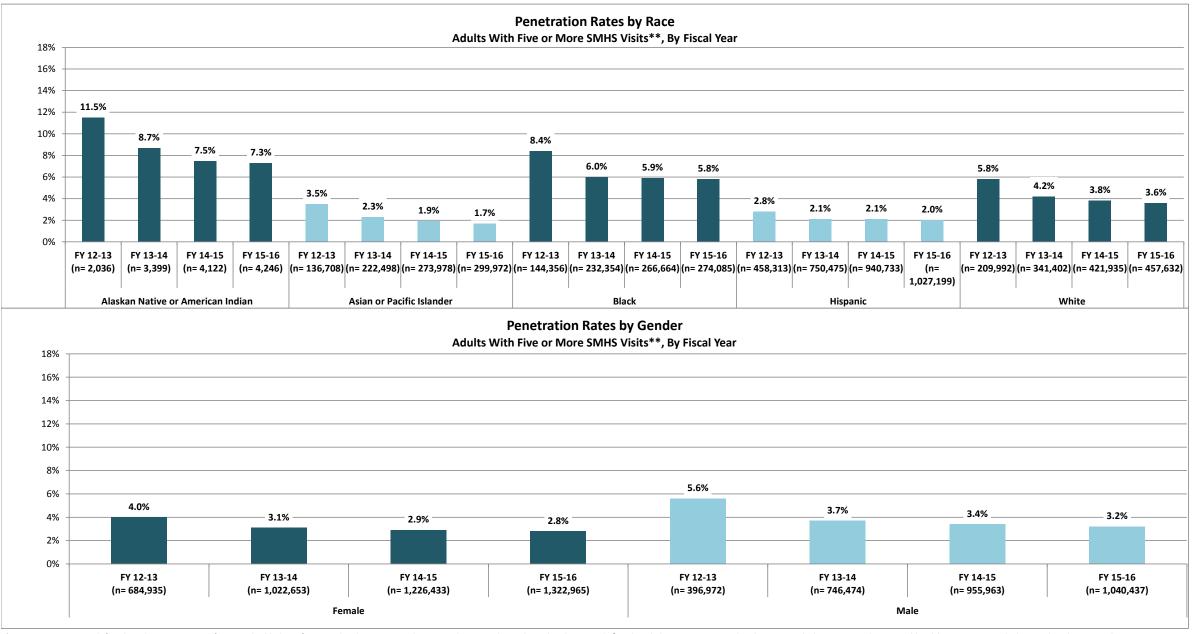
		FY 12-13			FY 13-14			FY 14-15		FY 15-16			
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or 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	49,895	1,081,907	4.6%	59,863	1,769,127	3.4%	68,492	2,182,396	3.1%	70,584	2,363,402	3.0%	
Adults 21-44	19,101	426,487	4.5%	23,715	779,401	3.0%	28,929	1,036,216	2.8%	30,892	1,158,828	2.7%	
Adults 45-64	26,755	285,765	9.4%	31,868	604,580	5.3%	35,216	733,779	4.8%	34,944	768,721	4.5%	
Adults 65+	4,039	369,655	1.1%	4,280	385,146	1.1%	4,347	412,401	1.1%	4,748	435,853	1.1%	
Alaskan Native or American Indian	234	2,036	11.5%	297	3,399	8.7%	311	4,122	7.5%	309	4,246	7.3%	
Asian or Pacific Islander	4,799	136,708	3.5%	5,110	222,498	2.3%	5,171	273,978	1.9%	5,213	299,972	1.7%	
Black	12,127	144,356	8.4%	14,025	232,354	6.0%	15,761	266,664	5.9%	15,949	274,085	5.8%	
Hispanic	12,710	458,313	2.8%	15,857	750,475	2.1%	19,302	940,733	2.1%	20,980	1,027,199	2.0%	
White	12,130	209,992	5.8%	14,285	341,402	4.2%	16,180	421,935	3.8%	16,609	457,632	3.6%	
Other	756	17,470	4.3%	958	31,823	3.0%	1,092	42,450	2.6%	1,118	46,287	2.4%	
Unknown	7,139	113,032	6.3%	9,331	187,176	5.0%	10,675	232,514	4.6%	10,406	253,981	4.1%	
Female	27,577	684,935	4.0%	31,924	1,022,653	3.1%	35,923	1,226,433	2.9%	36,957	1,322,965	2.8%	
Male	22,318	396,972	5.6%	27,939	746,474	3.7%	32,569	955,963	3.4%	33,627	1,040,437	3.2%	



^{*}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.

Penetration Rates* Report: Adults with Five or More SMHS Visits**



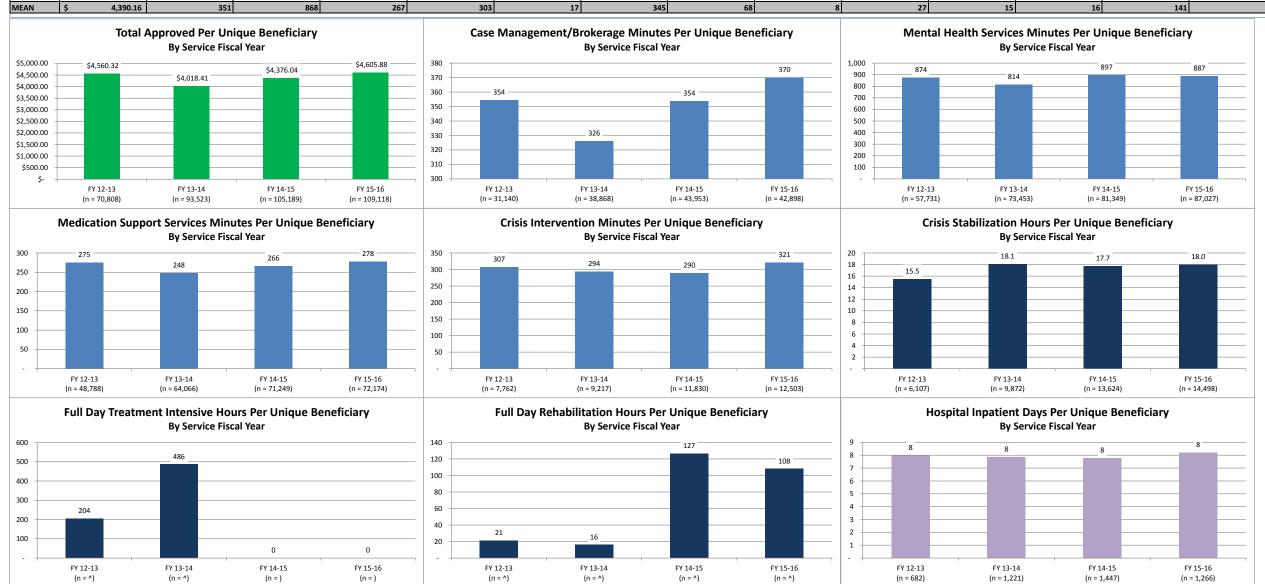
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^{**}Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Los Angeles County as of August, 2017

Fiscal Year	SDMC Tota	tal 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	\$	4,560.32	354	874	275	307	15	204	21	8	24	18	18	113	45
FY 13-14	\$	4,018.41	326	814	248	294	18	486	16	8	23	15	16	140	25
FY 14-15	\$	4,376.04	354	897	266	290	18	0	127	8	31	13	14	153	22
FY 15-16	\$	4,605.88	370	887	278	321	18	0	108	8	29	13	16	160	21
MEAN	\$	4,390.16	351	868	267	303	17	345	68	8	27	15	16	141	28



^{*}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*

Los Angeles County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

14.1

FY 14-15

(n = 483)

16.0

FY 13-14

(n = 379)

16.4

FY 15-16

(n = 473)

20

18

16

14

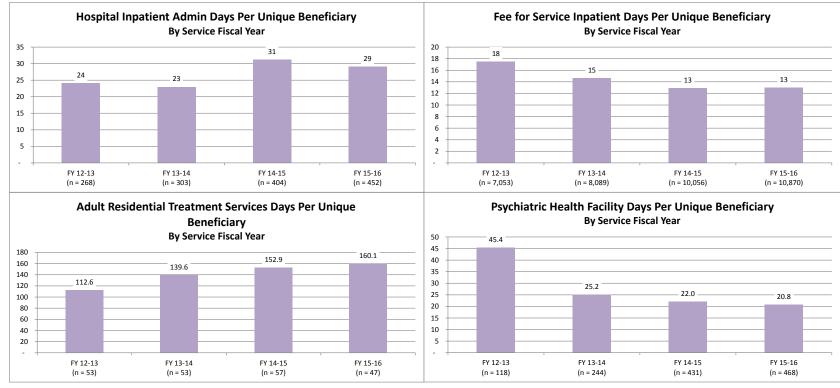
12

10 8

2

FY 12-13

(n = 298)



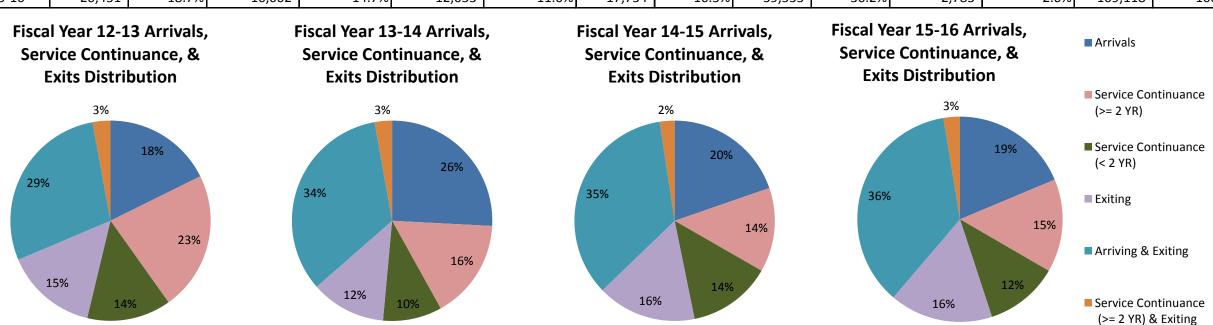
^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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.

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

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	12,506	17.7%	15,910	22.5%	9,637	13.6%	10,519	14.9%	20,171	28.5%	2,065	2.9%	70,808	100%
FY 13-14	24,172	25.8%	15,031	16.1%	8,911	9.5%	11,342	12.1%	31,440	33.6%	2,627	2.8%	93,523	100%
FY 14-15	20,694	19.7%	14,266	13.6%	14,239	13.5%	16,878	16.0%	36,638	34.8%	2,474	2.4%	105,189	100%
FY 15-16	20,431	18.7%	16,002	14.7%	12,633	11.6%	17,734	16.3%	39,535	36.2%	2,783	2.6%	109,118	100%



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

Los Angeles County as of August, 2017

Percentage of

Percentage of

40.1%

FY 12-13

(7,044 Unique Beneficiaries with

18,661 Total Inpatient Discharges)

20%

0%

Percentage of

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Discharges with	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	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	7,490	40.1%	3,419	18.3%	6,106	32.7%	1,646	8.8%	0	365	45.4	1
FY 13-14	8,201	41.1%	3,453	17.3%	6,132	30.7%	,		0	365		1
FY 14-15	10,163		4,501	17.0%						365		1
FY 15-16	11,977	39.5%	4,572	15.1%	7,943	26.2%	5,867	19.3%	0	365	53.3	1
	Median Time	e Between In	patient Disc	harge and S	tep Down		Mean T	ime Betwee	n Inpatient	Discharge ar	nd Step Dow	n
		Ser	vice in Days						Service in I	Days		
20					19	54					5	3.3
				16		52						
15						50				49.0		
	12	12								75.0		
10						48	45.4		46.1			
						46						
5	_					44						
						42						
0 +	FY 12-13	FY 13-14		FY 14-15	FY 15-16	40	FY 12-13	EV	13-14	FY 14-15	EV	15-16
	F1 12-15	F1 13-14		FT 14-15	F1 13-10		FY 12-13	F1	13-14	FY 14-15		12-10
100% —		8.8%	Percentage o	•	within 7 Days Wit	•		Down	Down Servi	ce		
80%								14.6%			19.3%	
60%		32.7%			30.7%			29.9%			26.2%	
40%		18.3%			17.3%			17.0%			15.1%	

38.4%

FY 14-15

(10,239 Unique Beneficiaries with

26,436 Total Inpatient Discharges)

39.5%

FY 15-16

(10,814 Unique Beneficiaries with

30,359 Total Inpatient Discharges)

41.1%

FY 13-14

(8,171 Unique Beneficiaries with

19,975 Total Inpatient Discharges)

^{*} **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.