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.

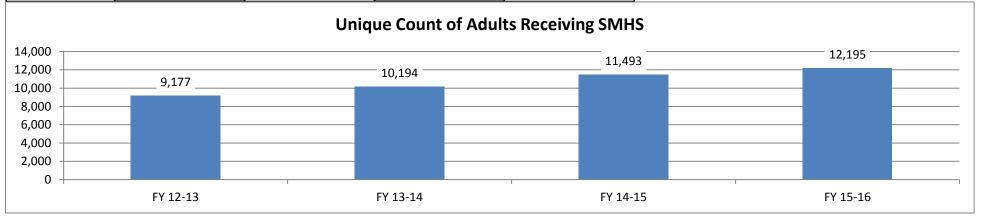
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	9,177		177,295	
FY 13-14	10,194	11.1%	262,353	48.0%
FY 14-15	11,493	12.7%	323,840	23.4%
FY 15-16	12,195	6.1%	353,469	9.1%
Compound Annual Growth Rate SFY**		9.9%		25.9%



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

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

Sacramento County as of August, 2017

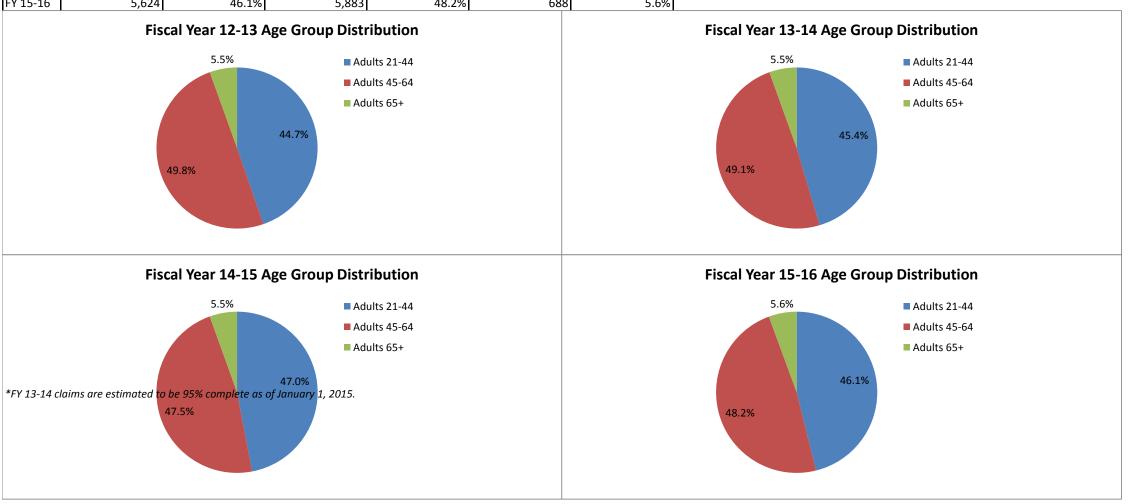
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	109	1.2%	882	9.6%	1,831	20.0%	801	8.7%	3,692	40.2%	692	7.5%	1,170	12.7%
FY 13-14	135	1.3%	921	9.0%	1,972	19.3%	902	8.8%	4,071	39.9%	778	7.6%	1,415	13.9%
FY 14-15	149	1.3%	997	8.7%	2,214	19.3%	1,041	9.1%	4,540	39.5%	941	8.2%	1,611	14.0%
FY 15-16	155	1.3%	1,062	8.7%	2,367	19.4%	1,109	9.1%	4,784	39.2%	1,061	8.7%	1,657	13.6%
	Fiscal Year 12-13 Race Distribution Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic White Other Unknown													
		Fiscal Y	'ear 14-15 F	Race Distrib	ution				Fis	cal Year 15	-16 Race Di	stribution		
*FY 13-14 c	1% Alaskan Native or American Indian Asian or Pacific Islander Black #FY 13-14 claims are estimated to be 95% complete as of January 1, 2015 White 9% Other								14% 9% 39%	1% 9% 19%		 Alaskan Nati Indian Asian or Paci Black Hispanic White Other 	ve or American ific Islander	

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.

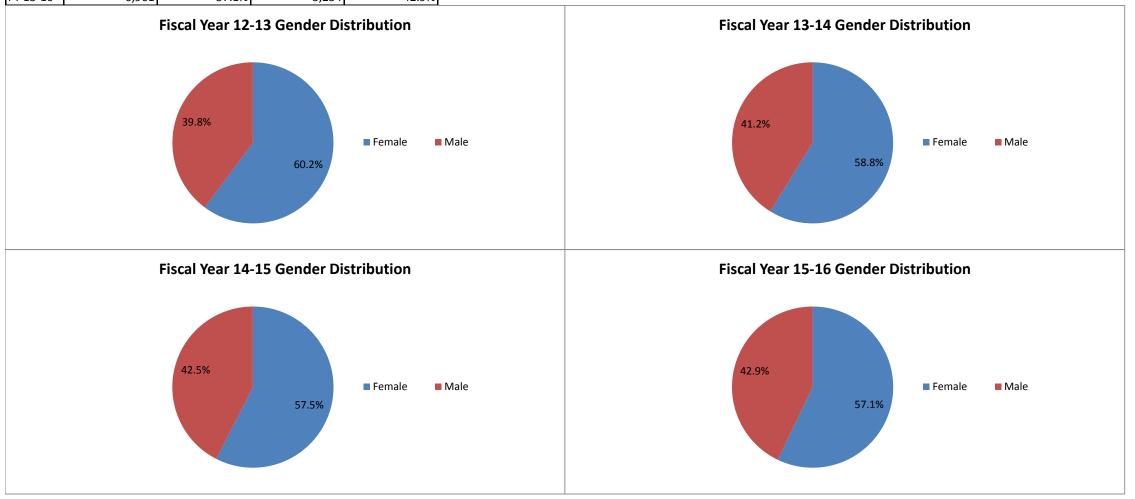
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Unknown

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	4,101	44.7%	4,568	49.8%	508	5.5%
FY 13-14	4,626	45.4%	5,003	49.1%	565	5.5%
FY 14-15	5,407	47.0%	5,455	47.5%	631	5.5%
FY 15-16	5.624	46.1%	5.883	48.2%	688	5.6%

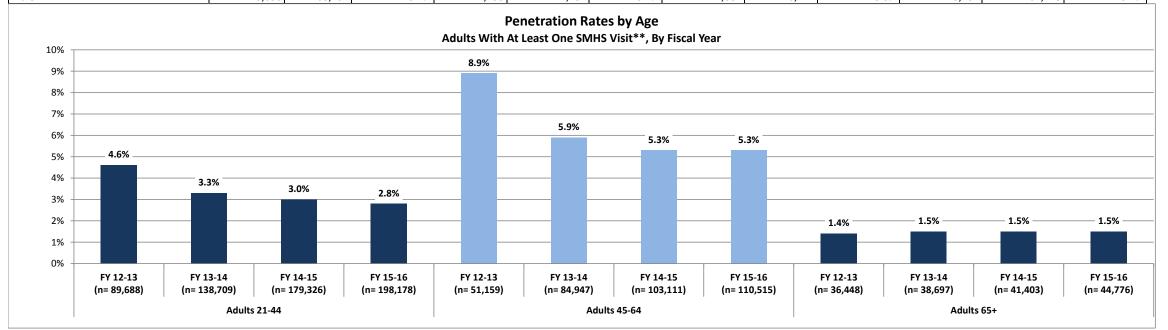


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	5,522	60.2%	3,655	39.8%
FY 13-14	5,999	58.8%	4,195	41.2%
FY 14-15	6,612	57.5%	4,881	42.5%
FY 15-16	6.961	57.1%	5.234	42.9%



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

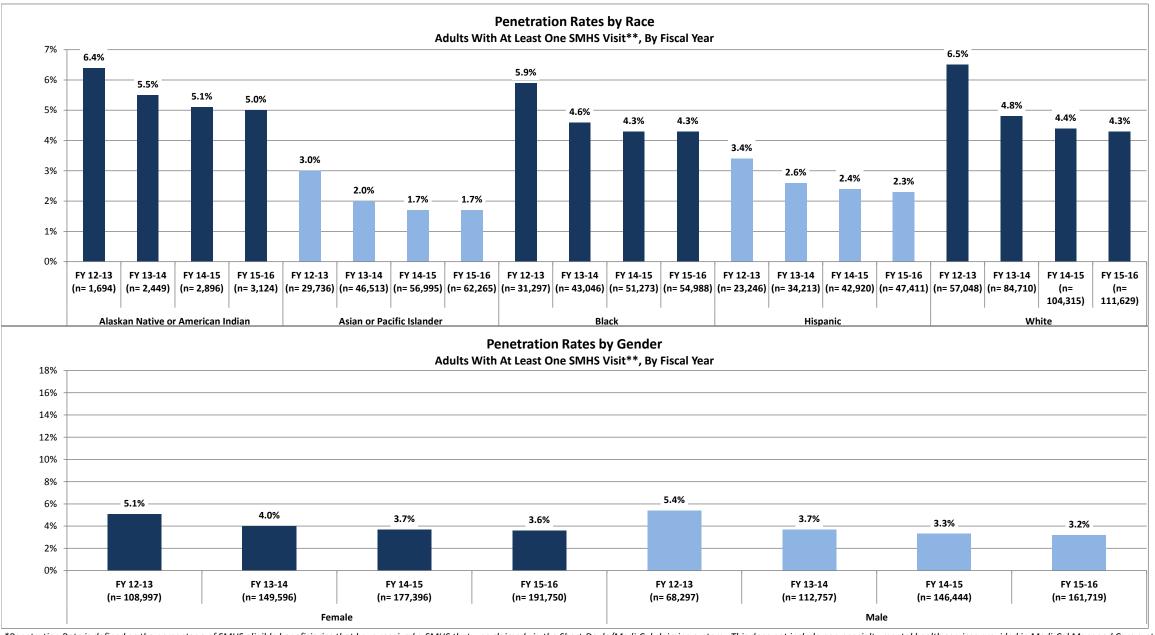
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	9,177	177,295	5.2%	10,194	262,353	3.9%	11,493	323,840	3.5%	12,195	353,469	3.5%
Adults 21-44	4,101	89,688	4.6%	4,626	138,709	3.3%	5,407	179,326	3.0%	5,624	198,178	2.8%
Adults 45-64	4,568	51,159	8.9%	5,003	84,947	5.9%	5,455	103,111	5.3%	5,883	110,515	5.3%
Adults 65+	508	36,448	1.4%	565	38,697	1.5%	631	41,403	1.5%	688	44,776	1.5%
Alaskan Native or American Indian	109	1,694	6.4%	135	2,449	5.5%	149	2,896	5.1%	155	3,124	5.0%
Asian or Pacific Islander	882	29,736	3.0%	921	46,513	2.0%	997	56,995	1.7%	1,062	62,265	1.7%
Black	1,831	31,297	5.9%	1,972	43,046	4.6%	2,214	51,273	4.3%	2,367	54,988	4.3%
Hispanic	801	23,246	3.4%	902	34,213	2.6%	1,041	42,920	2.4%	1,109	47,411	2.3%
White	3,692	57,048	6.5%	4,071	84,710	4.8%	4,540	104,315	4.4%	4,784	111,629	4.3%
Other	692	21,886	3.2%	778	34,391	2.3%	941	45,339	2.1%	1,061	52,671	2.0%
Unknown	1,170	12,388	9.4%	1,415	17,031	8.3%	1,611	20,102	8.0%	1,657	21,381	7.7%
Female	5,522	108,997	5.1%	5,999	149,596	4.0%	6,612	177,396	3.7%	6,961	191,750	3.6%
Male	3,655	68,297	5.4%	4,195	112,757	3.7%	4,881	146,444	3.3%	5,234	161,719	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 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**

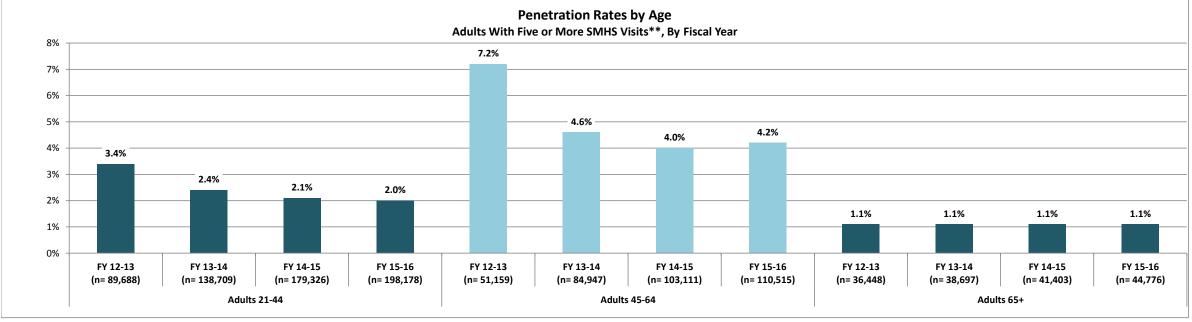


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

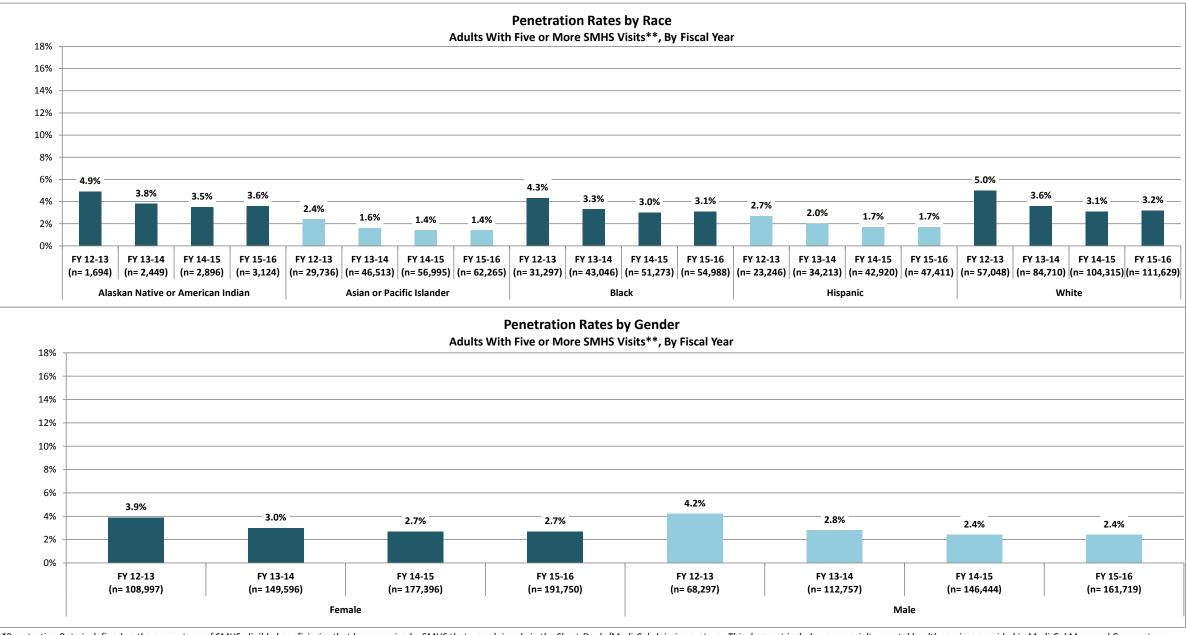
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	7,104	177,295	4.0%	7,676	262,353	2.9%	8,328	323,840	2.6%	9,145	353,469	2.6%
Adults 21-44	3,008	89,688	3.4%	3,303	138,709	2.4%	3,720	179,326	2.1%	4,040	198,178	2.0%
Adults 45-64	3,692	51,159	7.2%	3,943	84,947	4.6%	4,156	103,111	4.0%	4,604	110,515	4.2%
Adults 65+	404	36,448	1.1%	430	38,697	1.1%	452	41,403	1.1%	501	44,776	1.1%
Alaskan Native or American Indian	83	1,694	4.9%	92	2,449	3.8%	101	2,896	3.5%	112	3,124	3.6%
Asian or Pacific Islander	718	29,736	2.4%	736	46,513	1.6%	792	56,995	1.4%	866	62,265	1.4%
Black	1,339	31,297	4.3%	1,421	43,046	3.3%	1,545	51,273	3.0%	1,719	54,988	3.1%
Hispanic	630	23,246	2.7%	691	34,213	2.0%	743	42,920	1.7%	813	47,411	1.7%
White	2,865	57,048	5.0%	3,046	84,710	3.6%	3,278	104,315	3.1%	3,569	111,629	3.2%
Other	533	21,886	2.4%	578	34,391	1.7%	648	45,339	1.4%	751	52,671	1.4%
Unknown	936	12,388	7.6%	1,112	17,031	6.5%	1,221	20,102	6.1%	1,315	21,381	6.2%
Female	4,258	108,997	3.9%	4,495	149,596	3.0%	4,809	177,396	2.7%	5,264	191,750	2.7%
Male	2,846	68,297	4.2%	3,181	112,757	2.8%	3,519	146,444	2.4%	3,881	161,719	2.4%



^{*}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 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**



^{*}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*

Sacramento County as of August, 2017

Fiscal Year	r SI	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	\$	3,755.53	306	1,013	235	151	20	0	166	5	22	10	19	55	13
FY 13-14	\$	3,739.98	325	918	235	149	19	0	207	16	6	11	18	99	12
FY 14-15	\$	\$ 4,018.61	306	923	243	161	19	0	75	8	38	13	25	66	12
FY 15-16	\$	3,710.45	311	845	241	154	21	0	0	8	0	11	21	31	16
MEAN	\$	3,806.14	312	925	238	154	20	0	149	9	22	11	21	63	13



^{*}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*

Sacramento County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

17.9

FY 13-14

(n = 151)

25

20

18.8

FY 12-13

(n = 104)

24.9

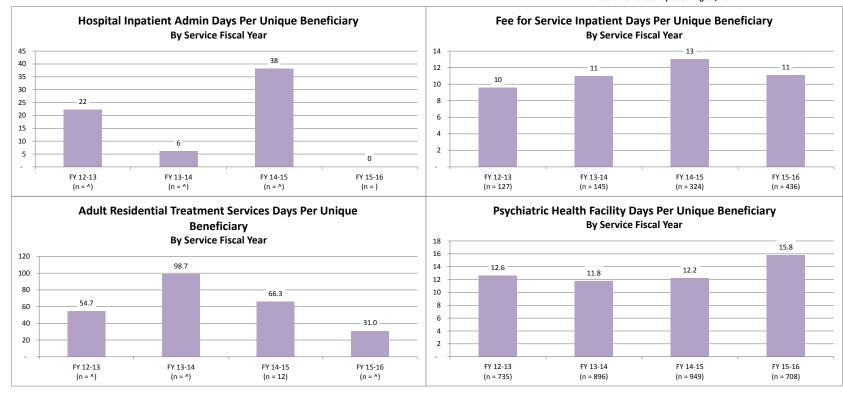
FY 14-15

(n = 177)

20.6

FY 15-16

(n = 135)



^{*}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.

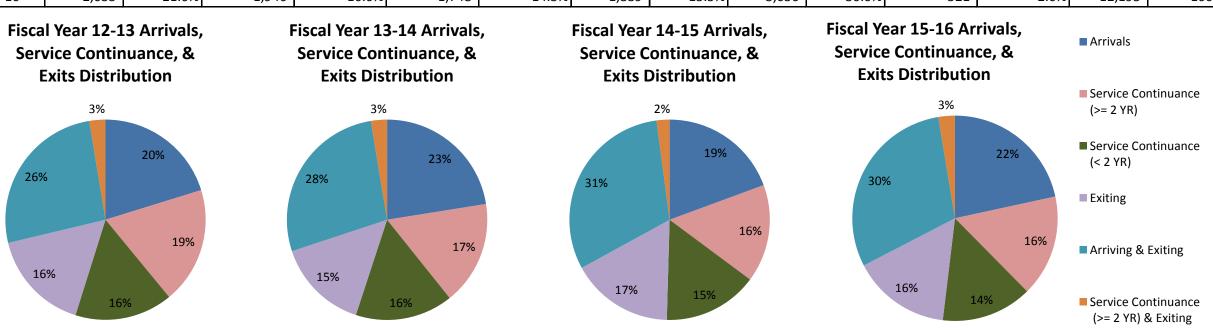
Page 12 of 14

[^] 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

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		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		(>= 2 YR) and	Total Count	Total %
FY 12-13	1,858	20.2%	1,725	18.8%	1,454	15.8%	1,508	16.4%	2,392	26.1%	240	2.6%	9,177	100%
FY 13-14	2,289	22.5%	1,710	16.8%	1,609	15.8%	1,514	14.9%	2,805	27.5%	267	2.6%	10,194	100%
FY 14-15	2,233	19.4%	1,813	15.8%	1,755	15.3%	1,904	16.6%	3,548	30.9%	240	2.1%	11,493	100%
FY 15-16	2,635	21.6%	1,946	16.0%	1,748	14.3%	1,889	15.5%	3,656	30.0%	321	2.6%	12,195	100%



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

Sacramento County as of August, 2017

Percentage of

Percentage of

11.8%

60%

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	111	52.6%	25	11.8%	52	24.6%	23	10.9%	0	350	27.6	
FY 13-14	113		35	14.3%	62	25.4%	34	13.9%	0	341	45.4	g
FY 14-15	225		61			26.0%			0	364		15
FY 15-16	374	59.2%	54	8.5%	101	16.0%	103	16.3%	0	363	33.0	(
	Median Time		patient Discrice in Days	•	tep Down		Mean T	ime Betwee	n Inpatient I Service in I	•	nd Step Dow	n
16 14 12 10 8 6 4 2	4	9		15	0	60 — 50 — 40 — 30 — 10 — 0	27.6		45.4	49.9	3	33.0
	FY 12-13	FY 13-14		FY 14-15	FY 15-16		FY 12-13	FY	13-14	FY 14-15	FY	15-16
100%		10.9%	Percentage o	•	s by Time Be Within 7 Days Wit	•			Down Servi	ce	16.3% 16.0%	

^{14.3%} 11.6% 40% 59.2% 52.6% 46.3% 42.7% 20% 0% FY 12-13 FY 13-14 FY 14-15 FY 15-16 (130 Unique Beneficiaries with (148 Unique Beneficiaries with (313 Unique Beneficiaries with (418 Unique Beneficiaries with 211 Total Inpatient Discharges) 244 Total Inpatient Discharges) 527 Total Inpatient Discharges) 632 Total Inpatient Discharges)

8.5%

^{*} 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.