Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi- Cal Specialty Mental Health Services (SMHS) for children and youth.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop 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

Purpose and Overview

These county-specific reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth 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 step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). *Note: The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.*

Definitions

Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

• Age 20 or younger 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 13/14 through FY 16/17.
• Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

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/POS_MeasuresCatalog_Sept2016.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, 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, this data is represented as follows: 1) Data that is missing is indicated as "-"   2) Data that has been suppressed due to privacy concerns is indicated as "^".

Report Interpretation

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

***New Age Methodology** for Identifying Children under 21 (POS reports posted after to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).

*The **penetration rates** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number of youth who received one or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth 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. Penetration rates provide a measure of initial contact with the specialty mental health system.

*The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth 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 reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. 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 off of the beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

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

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi- Cal Specialty Mental Health Services (SMHS) for children and youth.

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Purpose and Overview

These population-based reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth 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 step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). *Note: The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.*

Definitions

Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

• Age 20 or younger during the approved date of service on the claim.

Data Sources -

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• Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

Additional Information

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Report Interpretation

*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 make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or 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 youth who received X number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible youth 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 children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth 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 reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. 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 off of the county of fiscal responsibility for the patient and whom has been attributed the time to next service in days used in the calculations for this indicator.

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

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Diego County as of March 13, 2018

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	17,338		394,464	
FY 14-15	17,019	-1.8%	416,974	5.7%
FY 15-16	15,995	-6.0%	433,982	4.1%
FY 16-17	14,859	-7.1%	435,726	0.4%
Compound Annual Growth Rate SFY**		-5.0%		3.4%

Unique Count of Children and Youth Receiving SMHS
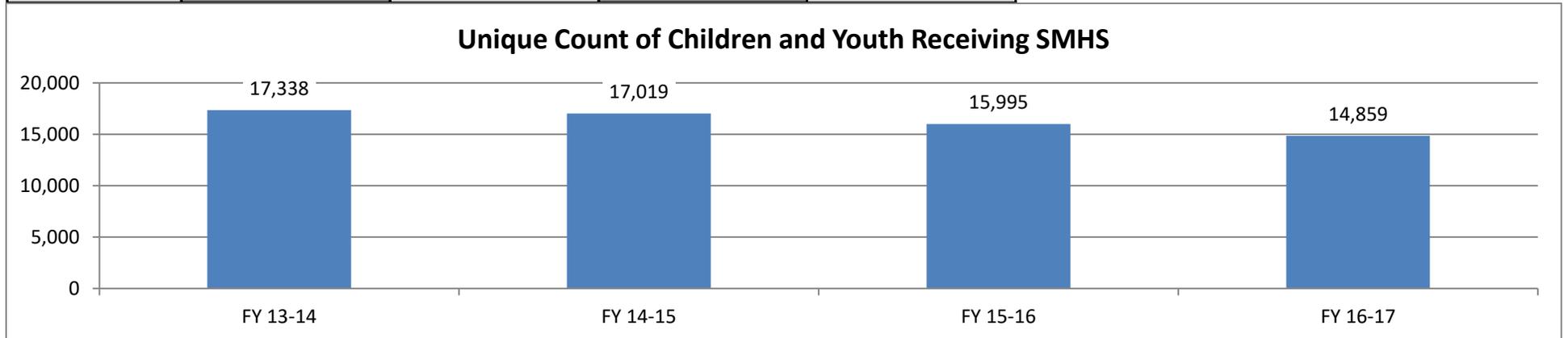
SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.
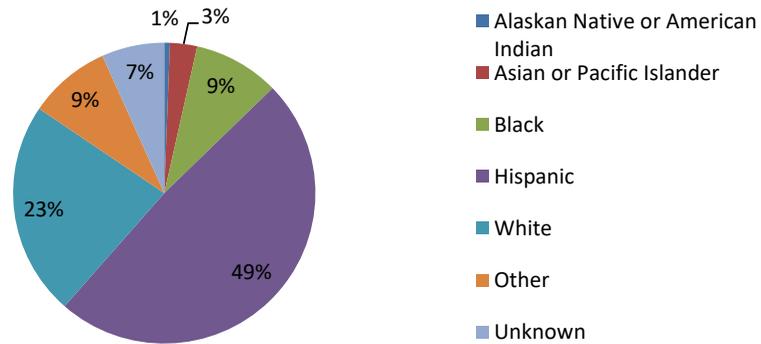
SFY = State Fiscal Year which is July 1 through June 30.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Diego County as of March 13, 2018

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 13-14	111	0.6%	504	2.9%	1,599	9.2%	8,441	48.7%	3,994	23.0%	1,533	8.8%	1,156	6.7%
FY 14-15	116	0.7%	512	3.0%	1,569	9.2%	8,308	48.8%	4,020	23.6%	1,469	8.6%	1,025	6.0%
FY 15-16	100	0.6%	566	3.5%	1,388	8.7%	7,777	48.6%	3,826	23.9%	1,400	8.8%	938	5.9%
FY 16-17	107	0.7%	502	3.4%	1,289	8.7%	7,498	50.5%	3,399	22.9%	1,321	8.9%	743	5.0%

Fiscal Year 13-14 Race Distribution
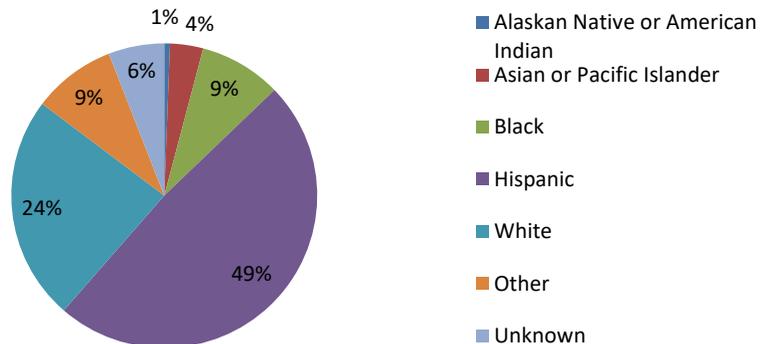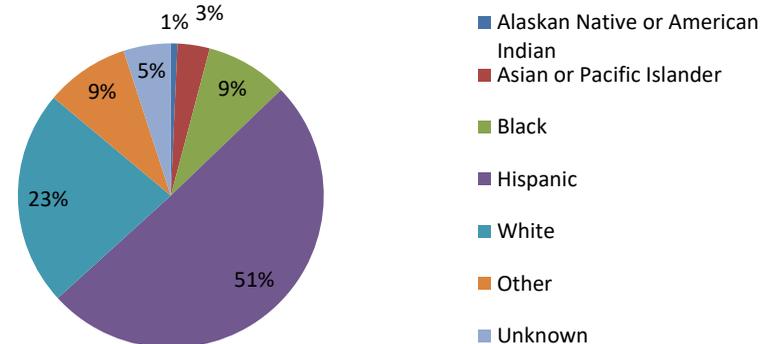

Fiscal Year 14-15 Race Distribution
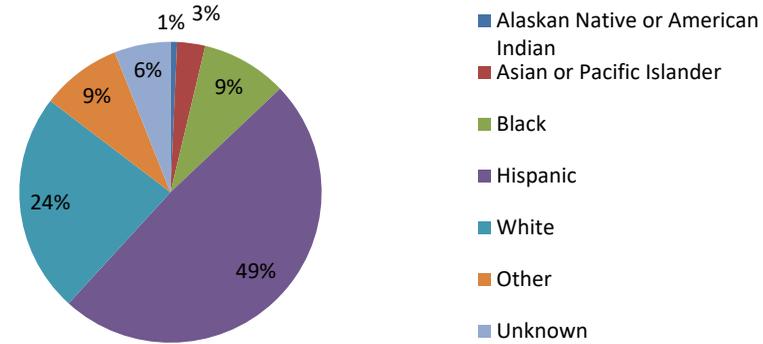
Fiscal Year 15-16 Race Distribution

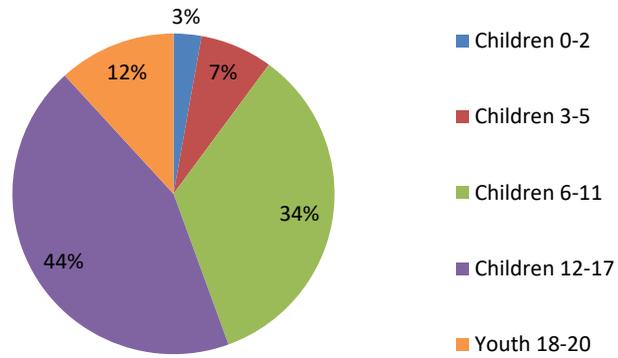### Fiscal Year 16-17 Race Distribution

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 Children and Youth Receiving SMHS by Fiscal Year
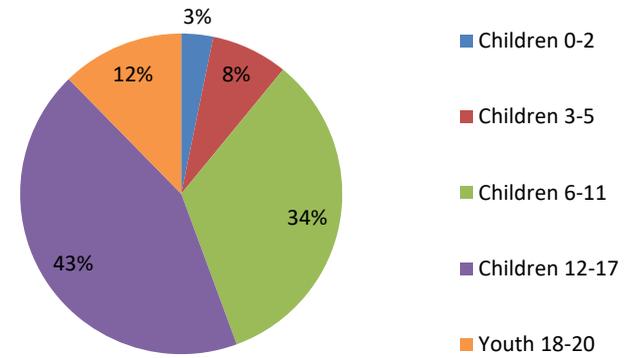
San Diego County as of March 13, 2018

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	486	2.8%	1,267	7.3%	5,958	34.4%	7,586	43.8%	2,041	11.8%
FY 14-15	541	3.2%	1,310	7.7%	5,700	33.5%	7,376	43.3%	2,092	12.3%
FY 15-16	456	2.9%	1,267	7.9%	5,377	33.6%	6,937	43.4%	1,958	12.2%
FY 16-17	391	2.6%	1,144	7.7%	4,968	33.4%	6,515	43.8%	1,841	12.4%

Fiscal Year 13-14 Age Group Distribution

- Children 0-2
- Children 3-5
- Children 6-11
- Children 12-17
- Youth 18-20

Fiscal Year 14-15 Age Group Distribution

- Children 0-2
- Children 3-5
- Children 6-11
- Children 12-17
- Youth 18-20

Fiscal Year 15-16 Age Group Distribution

- Children 0-2
- Children 3-5
- Children 6-11
- Children 12-17
- Youth 18-20
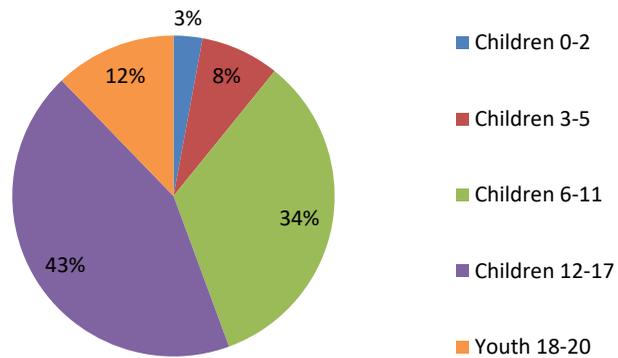
Fiscal Year 16-17 Age Group Distribution
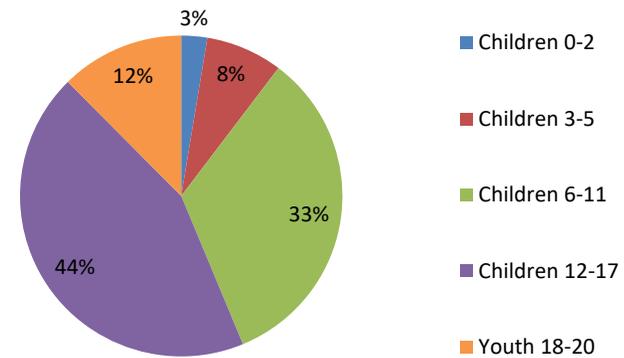
- Children 0-2
- Children 3-5
- Children 6-11
- Children 12-17
- Youth 18-20

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Diego County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	7,673	44.3%	9,665	55.7%
FY 14-15	7,706	45.3%	9,313	54.7%
FY 15-16	7,288	45.6%	8,707	54.4%
FY 16-17	6,798	45.8%	8,061	54.2%

Fiscal Year 13-14 Gender Distribution

44.3% Female, 55.7% Male
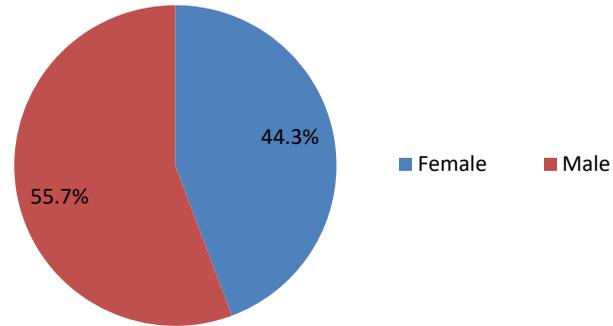
Fiscal Year 14-15 Gender Distribution

45.3% Female, 54.7% Male
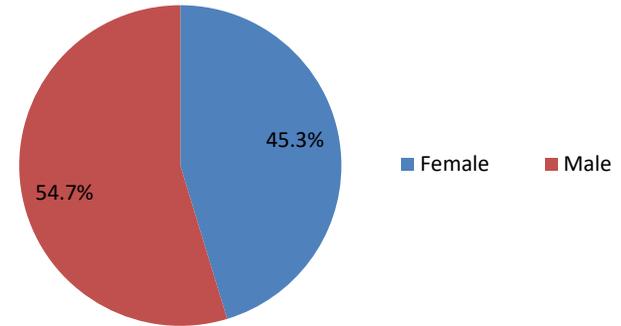
Fiscal Year 15-16 Gender Distribution

45.6% Female, 54.4% Male
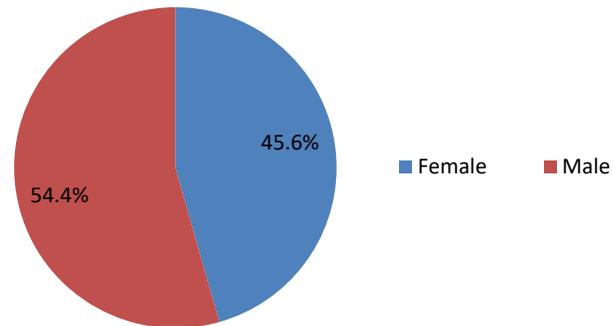
Fiscal Year 16-17 Gender Distribution

45.8% Female, 54.2% Male

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

San Diego County as of March 13, 2018

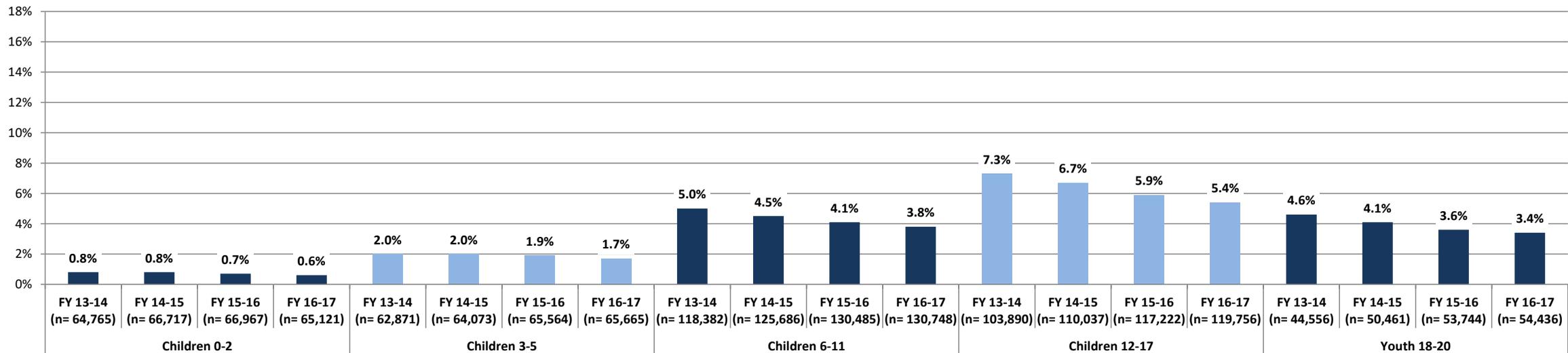|	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**17,338**	**394,464**	**4.4%**	**17,019**	**416,974**	**4.1%**	**15,995**	**433,982**	**3.7%**	**14,859**	**435,726**	**3.4%**
Children 0-2	486	64,765	0.8%	541	66,717	0.8%	456	66,967	0.7%	391	65,121	0.6%
Children 3-5	1,267	62,871	2.0%	1,310	64,073	2.0%	1,267	65,564	1.9%	1,144	65,665	1.7%
Children 6-11	5,958	118,382	5.0%	5,700	125,686	4.5%	5,377	130,485	4.1%	4,968	130,748	3.8%
Children 12-17	7,586	103,890	7.3%	7,376	110,037	6.7%	6,937	117,222	5.9%	6,515	119,756	5.4%
Youth 18-20	2,041	44,556	4.6%	2,092	50,461	4.1%	1,958	53,744	3.6%	1,841	54,436	3.4%
Alaskan Native or American Indian	111	1,418	7.8%	116	1,605	7.2%	100	1,633	6.1%	107	1,615	6.6%
Asian or Pacific Islander	504	25,178	2.0%	512	27,288	1.9%	566	28,315	2.0%	502	27,365	1.8%
Black	1,599	24,823	6.4%	1,569	25,262	6.2%	1,388	25,389	5.5%	1,289	25,167	5.1%
Hispanic	8,441	213,042	4.0%	8,308	222,255	3.7%	7,777	228,829	3.4%	7,498	229,005	3.3%
White	3,994	60,076	6.6%	4,020	65,035	6.2%	3,826	66,411	5.8%	3,399	65,008	5.2%
Other	1,533	43,989	3.5%	1,469	47,758	3.1%	1,400	51,950	2.7%	1,321	55,261	2.4%
Unknown	1,156	25,938	4.5%	1,025	27,771	3.7%	938	31,455	3.0%	743	32,305	2.3%
Female	7,673	193,521	4.0%	7,706	204,688	3.8%	7,288	212,814	3.4%	6,798	213,526	3.2%
Male	9,665	200,943	4.8%	9,313	212,286	4.4%	8,707	221,168	3.9%	8,061	222,200	3.6%

Penetration Rates by Age
Children and Youth With At Least One SMHS Visit**, By Fiscal Year

*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.

**Children and Youth that have received 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: Children and Youth with At Least One SMHS Visit**

San Diego County as of March 13, 2018

Penetration Rates by Race
Children and Youth With At Least One SMHS Visit**, By Fiscal Year

	Alaskan Native or American Indian				Asian or Pacific Islander				Black				Hispanic				White			
Fiscal Year	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 13-14	FY 14-15	FY 15-16	FY 16-17
n	1,418	1,605	1,633	1,615	25,178	27,288	28,315	27,365	24,823	25,262	25,389	25,167	213,042	222,255	228,829	229,005	60,076	65,035	66,411	65,008
Rate	7.8%	7.2%	6.1%	6.6%	2.0%	1.9%	2.0%	1.8%	6.4%	6.2%	5.5%	5.1%	4.0%	3.7%	3.4%	3.3%	6.6%	6.2%	5.8%	5.2%

Penetration Rates by Gender
Children and Youth With At Least One SMHS Visit**, By Fiscal Year

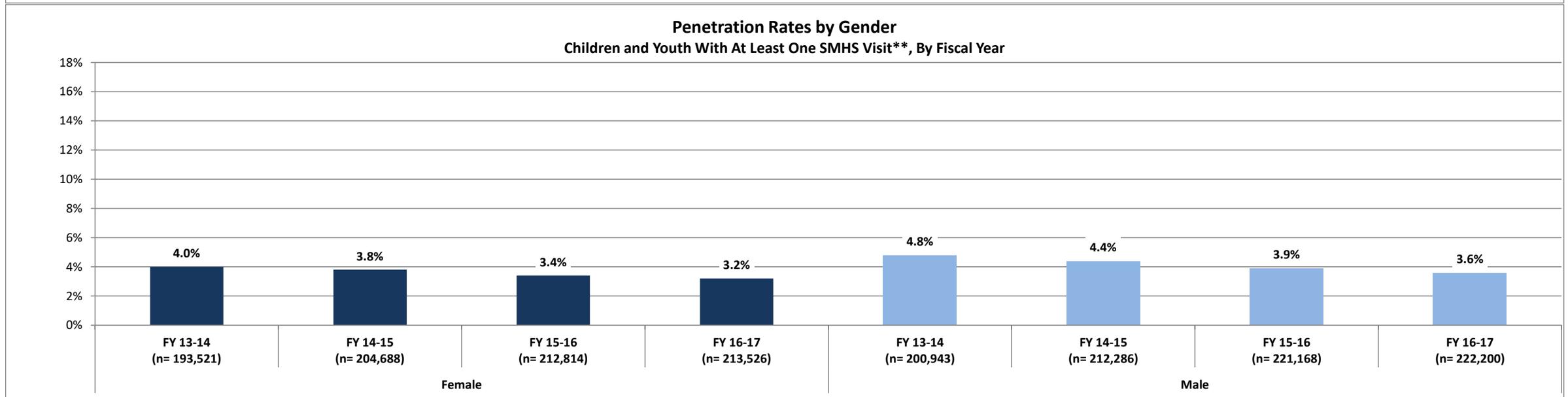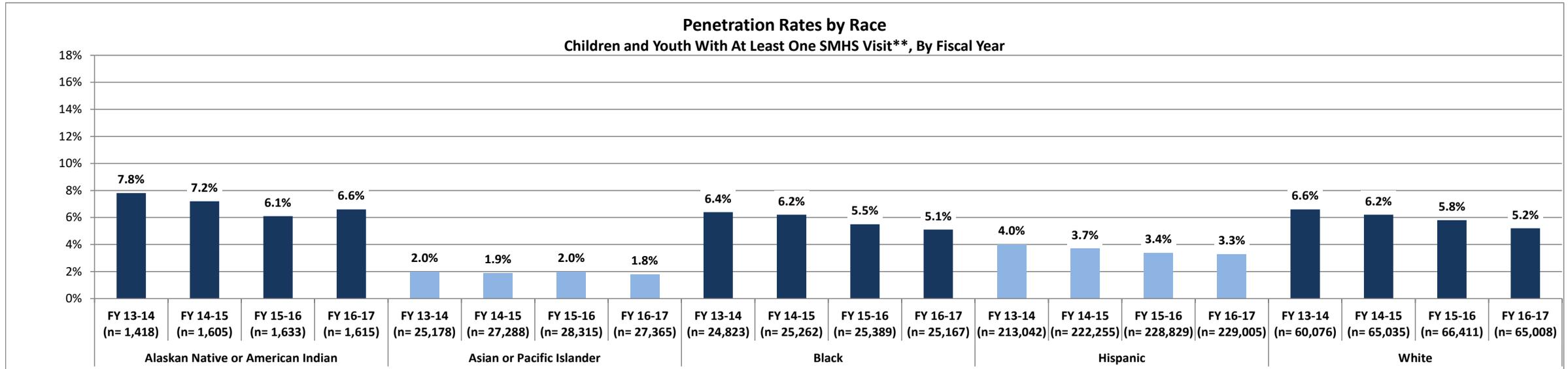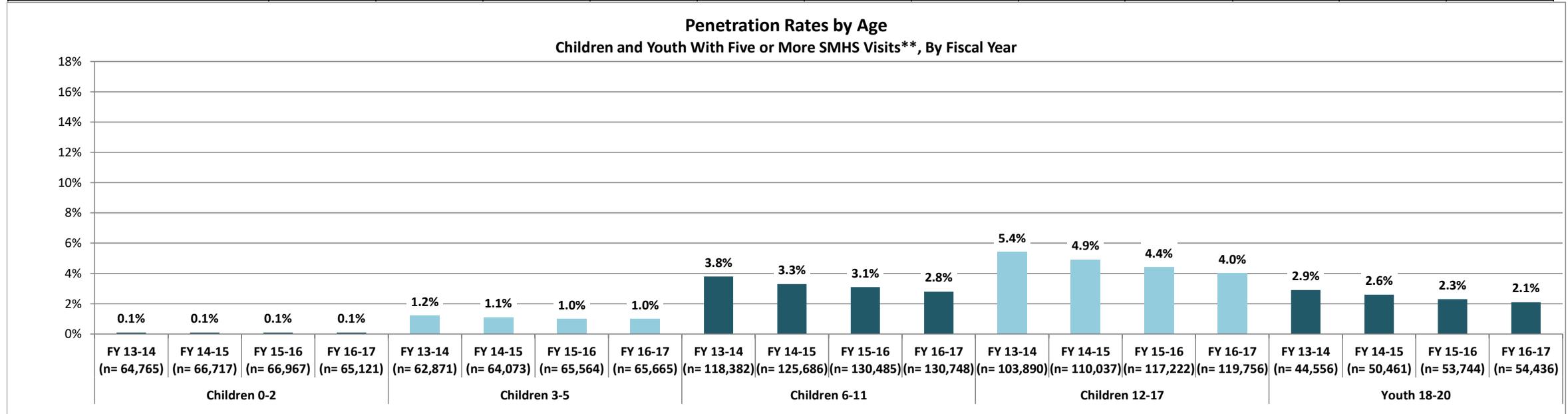|	Female				Male			
Fiscal Year	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 13-14	FY 14-15	FY 15-16	FY 16-17
n	193,521	204,688	212,814	213,526	200,943	212,286	221,168	222,200
Rate	4.0%	3.8%	3.4%	3.2%	4.8%	4.4%	3.9%	3.6%

*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.

**Children and Youth that have received 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: Children and Youth with Five or More SMHS Visits**

San Diego County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**12,231**	**394,464**	**3.1%**	**11,764**	**416,974**	**2.8%**	**11,166**	**433,982**	**2.6%**	**10,377**	**435,726**	**2.4%**
Children 0-2	64	64,765	0.1%	72	66,717	0.1%	77	66,967	0.1%	65	65,121	0.1%
Children 3-5	731	62,871	1.2%	723	64,073	1.1%	684	65,564	1.0%	673	65,665	1.0%
Children 6-11	4,492	118,382	3.8%	4,198	125,686	3.3%	4,012	130,485	3.1%	3,649	130,748	2.8%
Children 12-17	5,650	103,890	5.4%	5,441	110,037	4.9%	5,131	117,222	4.4%	4,847	119,756	4.0%
Youth 18-20	1,294	44,556	2.9%	1,330	50,461	2.6%	1,262	53,744	2.3%	1,143	54,436	2.1%
Alaskan Native or American Indian	75	1,418	5.3%	79	1,605	4.9%	71	1,633	4.3%	81	1,615	5.0%
Asian or Pacific Islander	305	25,178	1.2%	351	27,288	1.3%	350	28,315	1.2%	347	27,365	1.3%
Black	1,121	24,823	4.5%	1,105	25,262	4.4%	969	25,389	3.8%	905	25,167	3.6%
Hispanic	5,996	213,042	2.8%	5,793	222,255	2.6%	5,542	228,829	2.4%	5,258	229,005	2.3%
White	2,867	60,076	4.8%	2,772	65,035	4.3%	2,676	66,411	4.0%	2,388	65,008	3.7%
Other	1,069	43,989	2.4%	980	47,758	2.1%	939	51,950	1.8%	880	55,261	1.6%
Unknown	798	25,938	3.1%	684	27,771	2.5%	619	31,455	2.0%	518	32,305	1.6%
Female	5,372	193,521	2.8%	5,296	204,688	2.6%	5,089	212,814	2.4%	4,750	213,526	2.2%
Male	6,859	200,943	3.4%	6,468	212,286	3.0%	6,077	221,168	2.7%	5,627	222,200	2.5%

Penetration Rates by Age
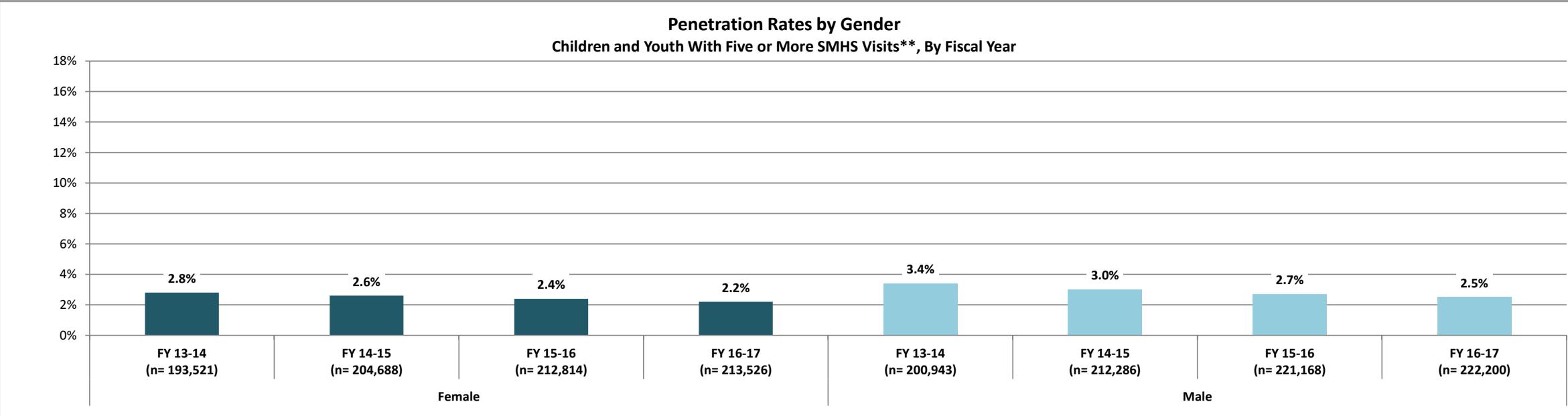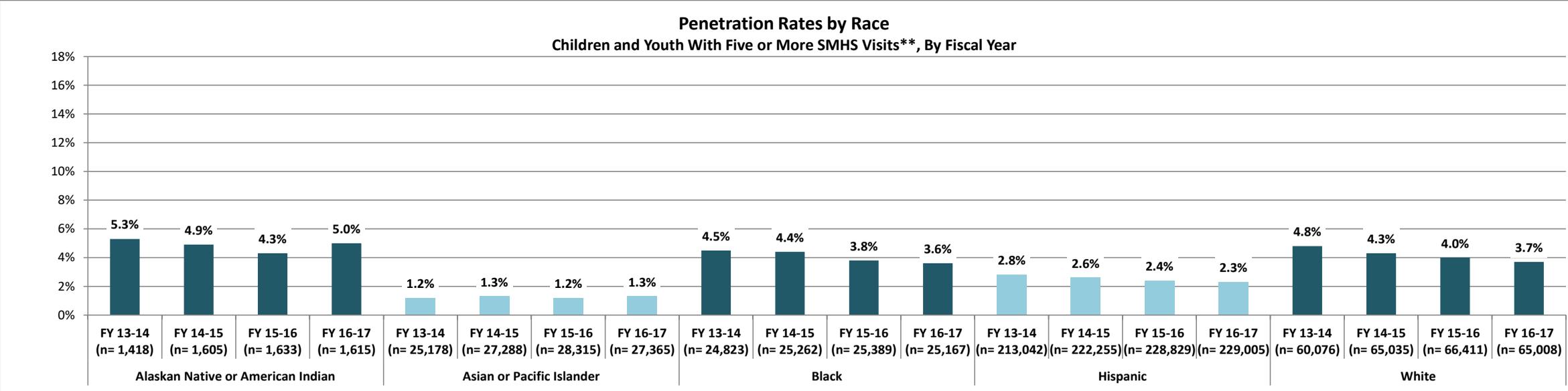### Children and Youth With Five or More SMHS Visits**, By Fiscal Year

*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.

**Children and Youth that 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: Children and Youth with Five or More SMHS Visits**

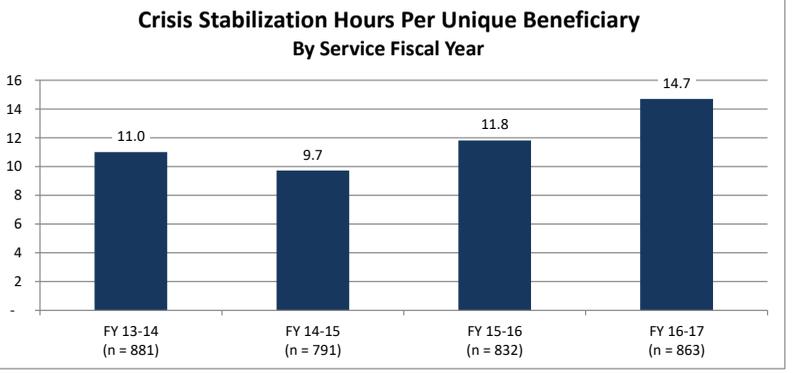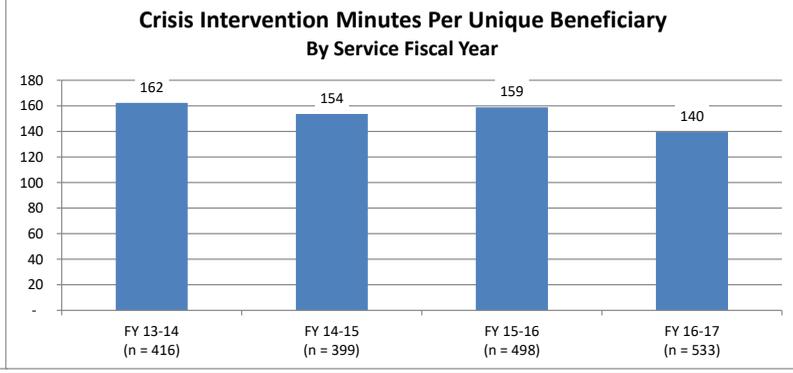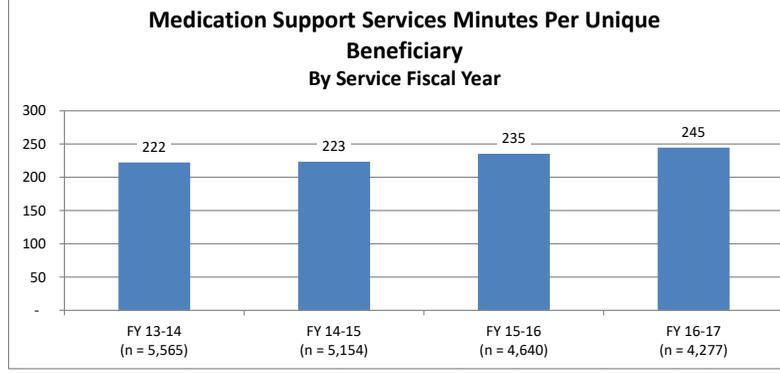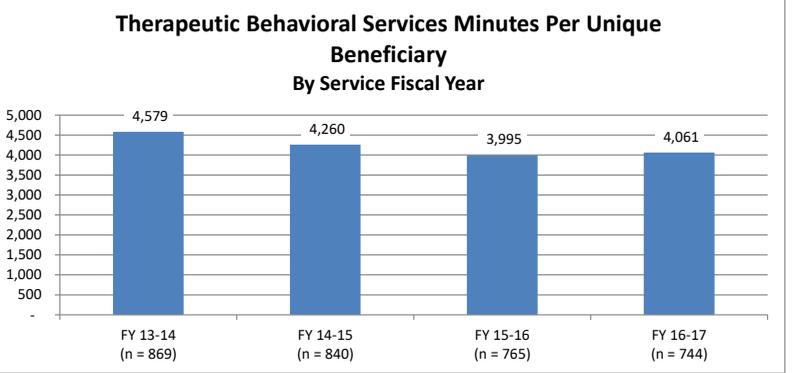**San Diego County as of March 13, 2018**

Penetration Rates by Race
Children and Youth With Five or More SMHS Visits, By Fiscal Year**

Alaskan Native or American Indian:
- FY 13-14 (n= 1,418): 5.3%
- FY 14-15 (n= 1,605): 4.9%
- FY 15-16 (n= 1,633): 4.3%
- FY 16-17 (n= 1,615): 5.0%

Asian or Pacific Islander:
- FY 13-14 (n= 25,178): 1.2%
- FY 14-15 (n= 27,288): 1.3%
- FY 15-16 (n= 28,315): 1.2%
- FY 16-17 (n= 27,365): 1.3%

Black:
- FY 13-14 (n= 24,823): 4.5%
- FY 14-15 (n= 25,262): 4.4%
- FY 15-16 (n= 25,389): 3.8%
- FY 16-17 (n= 25,167): 3.6%

Hispanic:
- FY 13-14 (n= 213,042): 2.8%
- FY 14-15 (n= 222,255): 2.6%
- FY 15-16 (n= 228,829): 2.4%
- FY 16-17 (n= 229,005): 2.3%

White:
- FY 13-14 (n= 60,076): 4.8%
- FY 14-15 (n= 65,035): 4.3%
- FY 15-16 (n= 66,411): 4.0%
- FY 16-17 (n= 65,008): 3.7%

Penetration Rates by Gender
Children and Youth With Five or More SMHS Visits, By Fiscal Year**

Female:
- FY 13-14 (n= 193,521): 2.8%
- FY 14-15 (n= 204,688): 2.6%
- FY 15-16 (n= 212,814): 2.4%
- FY 16-17 (n= 213,526): 2.2%

Male:
- FY 13-14 (n= 200,943): 3.4%
- FY 14-15 (n= 212,286): 3.0%
- FY 15-16 (n= 221,168): 2.7%
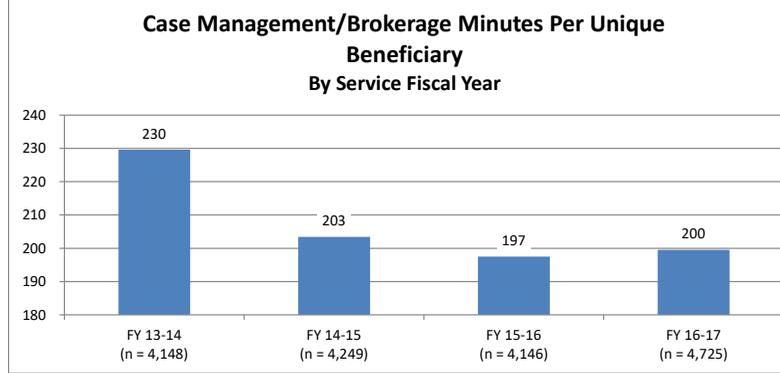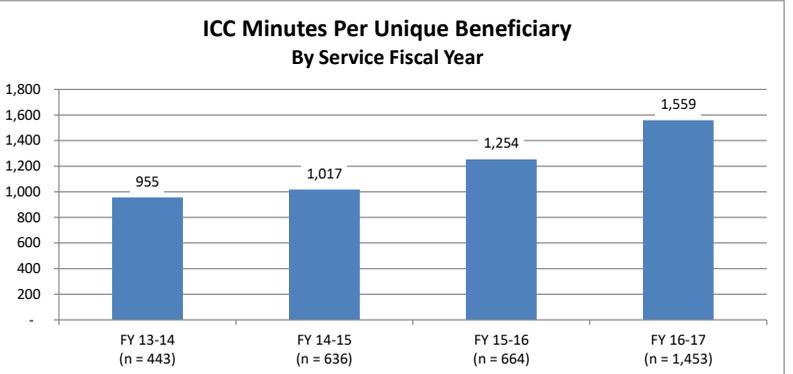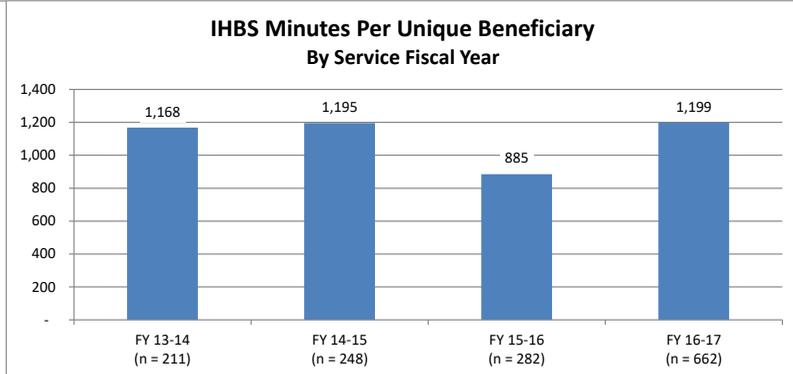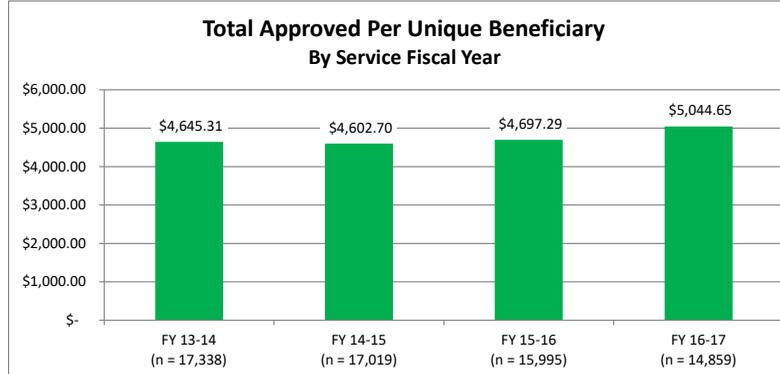- FY 16-17 (n= 222,200): 2.5%

*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.

**Children and Youth that 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 Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
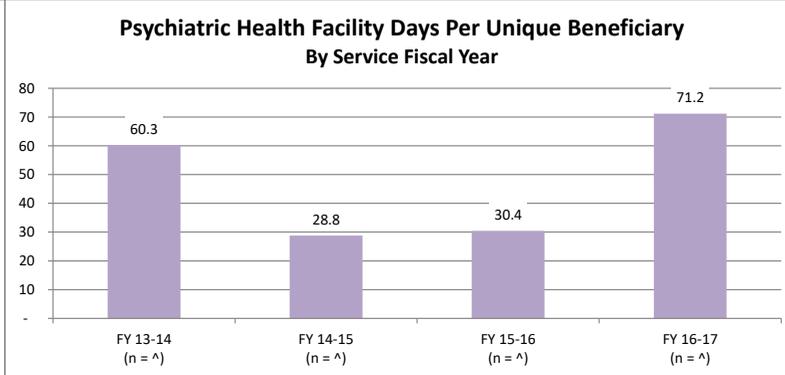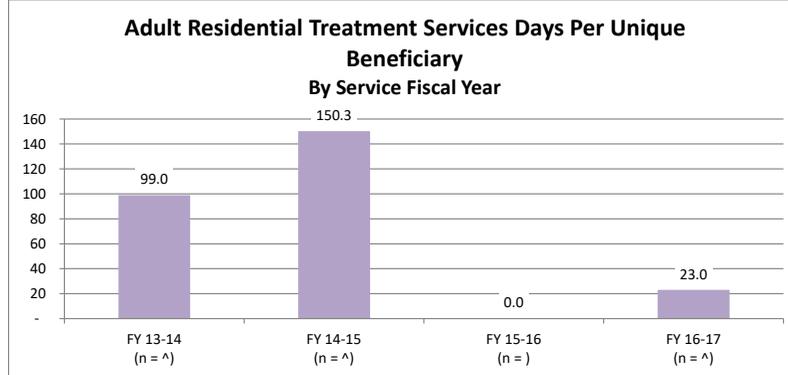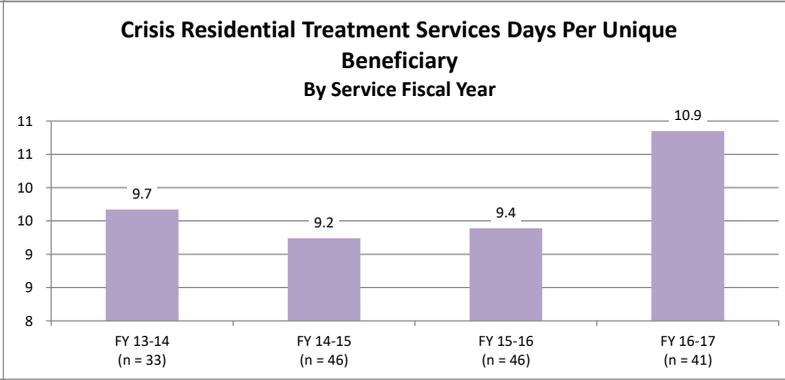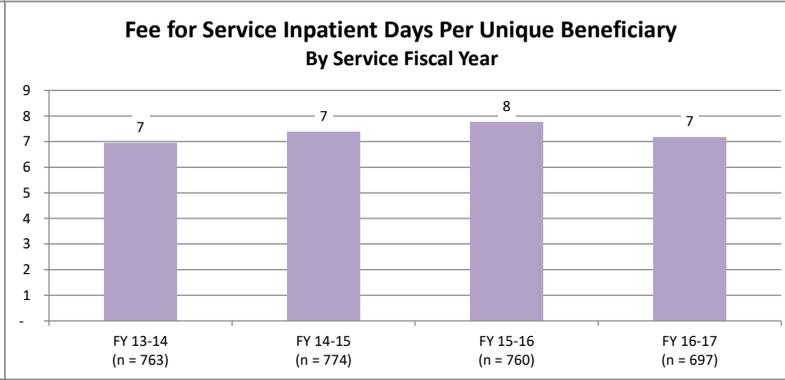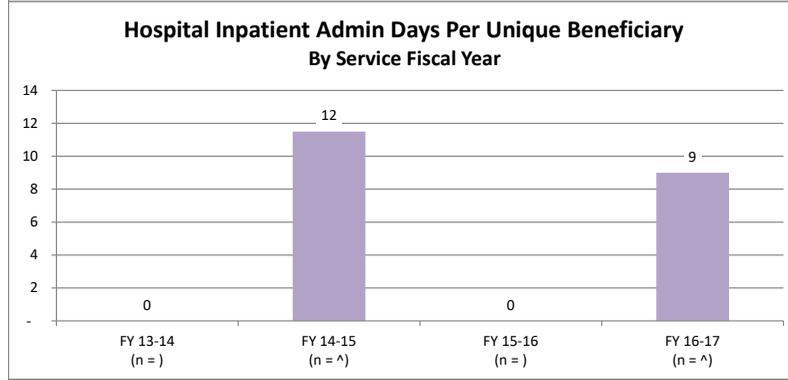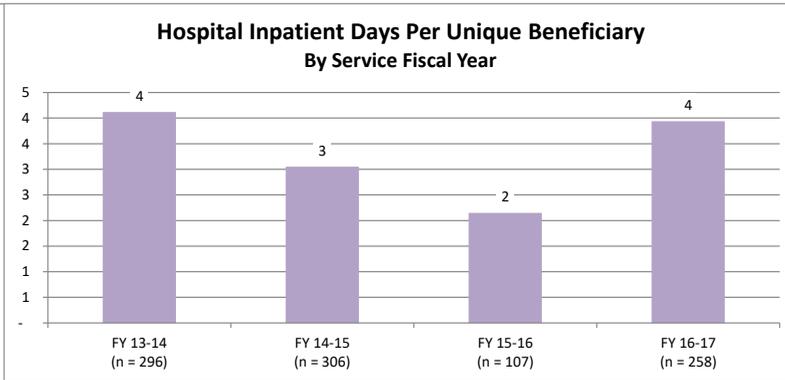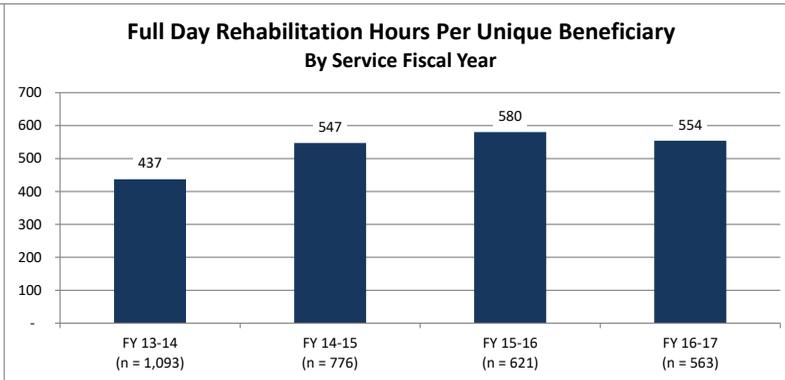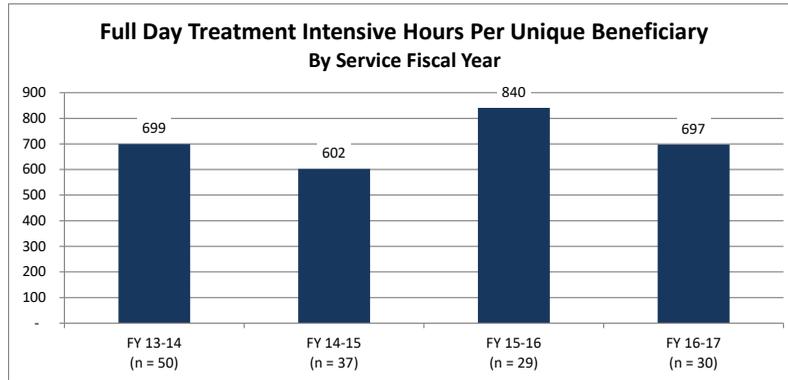San Diego County as of March 13, 2018

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral 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 13-14	$ 4,645.31	1,168	955	230	1,059	4,579	222	162	11	699	437	4	0	7	10	99	60
FY 14-15	$ 4,602.70	1,195	1,017	203	1,056	4,260	223	154	10	602	547	3	12	7	9	150	29
FY 15-16	$ 4,697.29	885	1,254	197	1,109	3,995	235	159	12	840	580	2	0	8	9	0	30
FY 16-17	$ 5,044.65	1,199	1,559	200	1,022	4,061	245	140	15	697	554	4	9	7	11	23	71
MEAN	$ 4,747.49	1,112	1,196	208	1,062	4,223	231	154	12	710	530	3	10	7	10	91	48

Total Approved Per Unique Beneficiary By Service Fiscal Year

IHBS Minutes Per Unique Beneficiary By Service Fiscal Year

ICC Minutes Per Unique Beneficiary By Service Fiscal Year

Case Management/Brokerage Minutes Per Unique Beneficiary By Service Fiscal Year

Mental Health Services Minutes Per Unique Beneficiary By Service Fiscal Year

Therapeutic Behavioral Services Minutes Per Unique Beneficiary By Service Fiscal Year

Medication Support Services Minutes Per Unique Beneficiary By Service Fiscal Year

Crisis Intervention Minutes Per Unique Beneficiary By Service Fiscal Year

Crisis Stabilization Hours Per Unique Beneficiary By Service Fiscal Year

*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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
San Diego County as of March 13, 2018

Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = 50)	FY 14-15 (n = 37)	FY 15-16 (n = 29)	FY 16-17 (n = 30)
699	602	840	697

Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = 1,093)	FY 14-15 (n = 776)	FY 15-16 (n = 621)	FY 16-17 (n = 563)
437	547	580	554

Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = 296)	FY 14-15 (n = 306)	FY 15-16 (n = 107)	FY 16-17 (n = 258)
4	3	2	4

Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n =)	FY 14-15 (n = ^)	FY 15-16 (n =)	FY 16-17 (n = ^)
0	12	0	9

Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = 763)	FY 14-15 (n = 774)	FY 15-16 (n = 760)	FY 16-17 (n = 697)
7	7	8	7

Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = 33)	FY 14-15 (n = 46)	FY 15-16 (n = 46)	FY 16-17 (n = 41)
9.7	9.2	9.4	10.9

Adult Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = ^)	FY 14-15 (n = ^)	FY 15-16 (n =)	FY 16-17 (n = ^)
99.0	150.3	0.0	23.0

Psychiatric Health Facility Days Per Unique Beneficiary
By Service Fiscal Year

FY 13-14 (n = ^)	FY 14-15 (n = ^)	FY 15-16 (n = ^)	FY 16-17 (n = ^)
60.3	28.8	30.4	71.2

*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 Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

San Diego County as of March 13, 2018

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth 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	Children/Youth 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 children/youth met both the criteria for **Arrivals** and **Exiting** above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Children/Youth had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

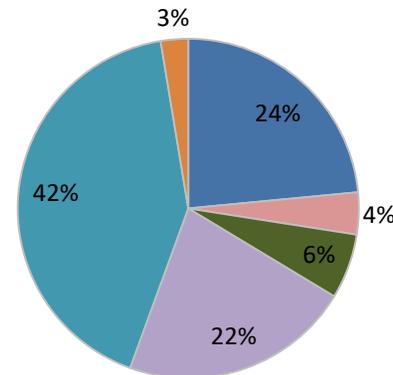| Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13-14	4,037	23.3%	810	4.7%	1,098	6.3%	3,713	21.4%	7,182	41.4%	498	2.9%	17,338	100%
FY 14-15	3,830	22.5%	734	4.3%	962	5.7%	3,777	22.2%	7,245	42.6%	471	2.8%	17,019	100%
FY 15-16	3,757	23.5%	643	4.0%	986	6.2%	3,495	21.9%	6,696	41.9%	418	2.6%	15,995	100%
FY 16-17	3,402	22.9%	573	3.9%	834	5.6%	3,509	23.6%	6,086	41.0%	455	3.1%	14,859	100%

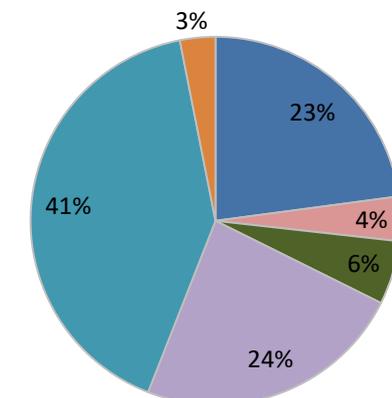### Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution
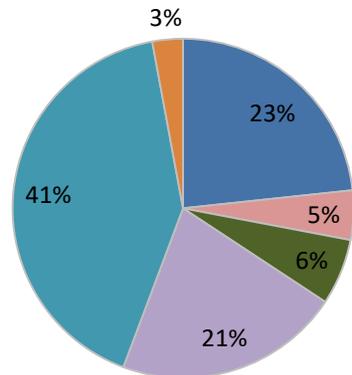
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution
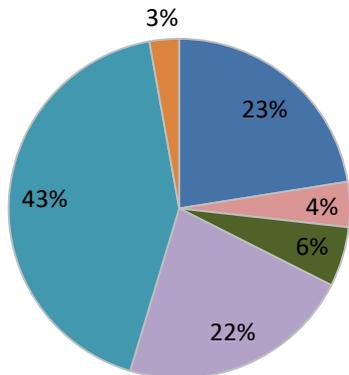
Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution

### Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution

Legend:
- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

San Diego County as of March 13, 2018

| Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of 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 13-14	533	53.1%	203	20.2%	163	16.2%	105	10.5%	0	360	23.9	6
FY 14-15	622	54.7%	196	17.2%	159	14.0%	161	14.1%	0	345	25.6	5
FY 15-16	599	50.4%	191	16.1%	187	15.7%	211	17.8%	0	339	29.7	7
FY 16-17	604	52.8%	150	13.1%	143	12.5%	247	21.6%	0	358	27.9	5

Median Time Between Inpatient Discharge and Step Down Service in Days
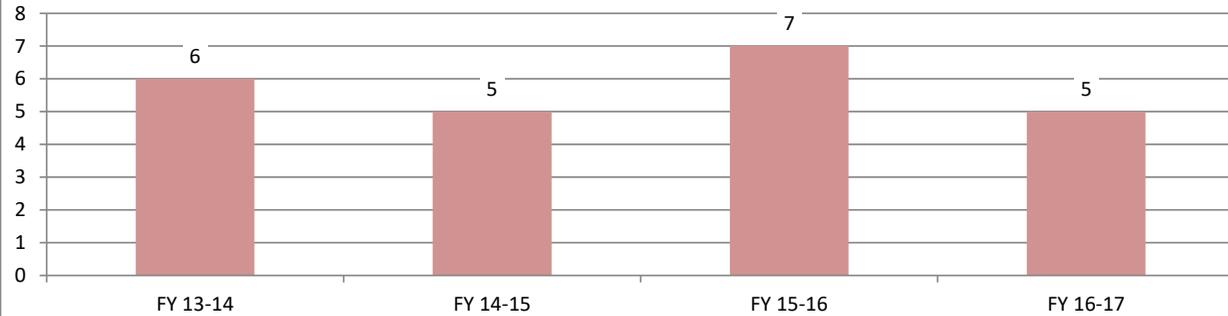
Mean Time Between Inpatient Discharge and Step Down Service in Days
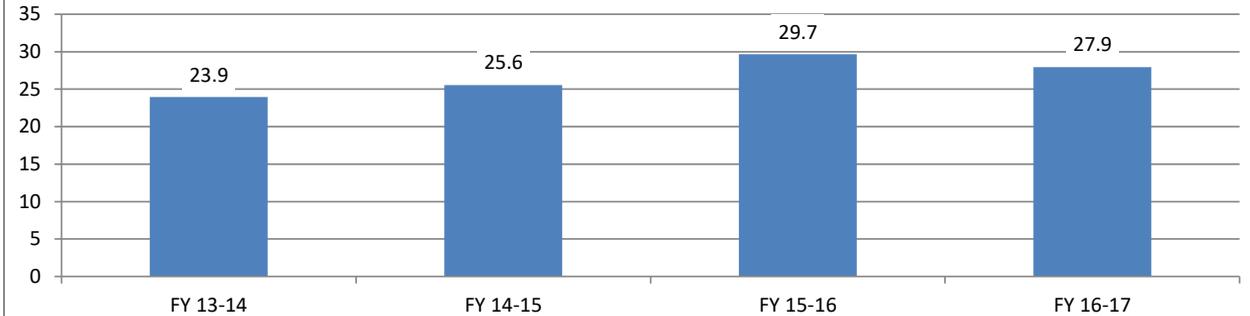
Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service
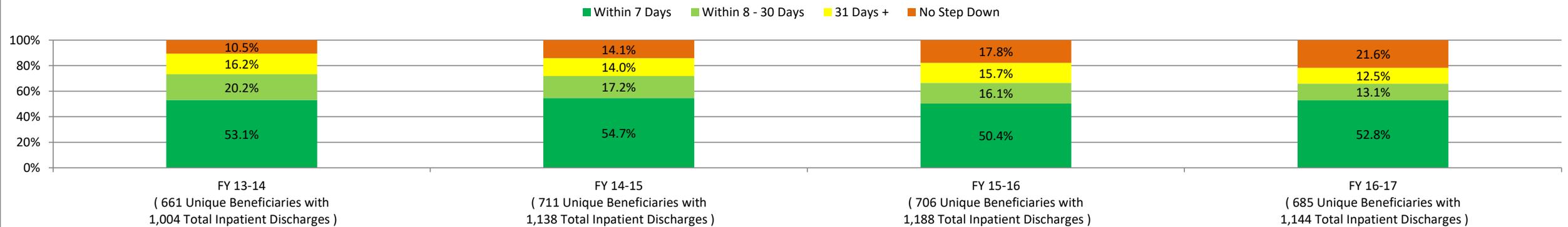
* **No Step Down** is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.