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.

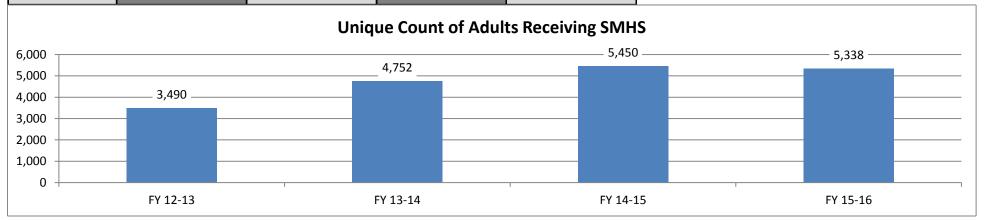
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	3,490		53,374	
FY 13-14	4,752	36.2%	91,513	71.5%
FY 14-15	5,450	14.7%	119,769	30.9%
FY 15-16	5,338	-2.1%	131,681	9.9%
Compound Annual Growth Rate SFY**		15.2%		35.1%

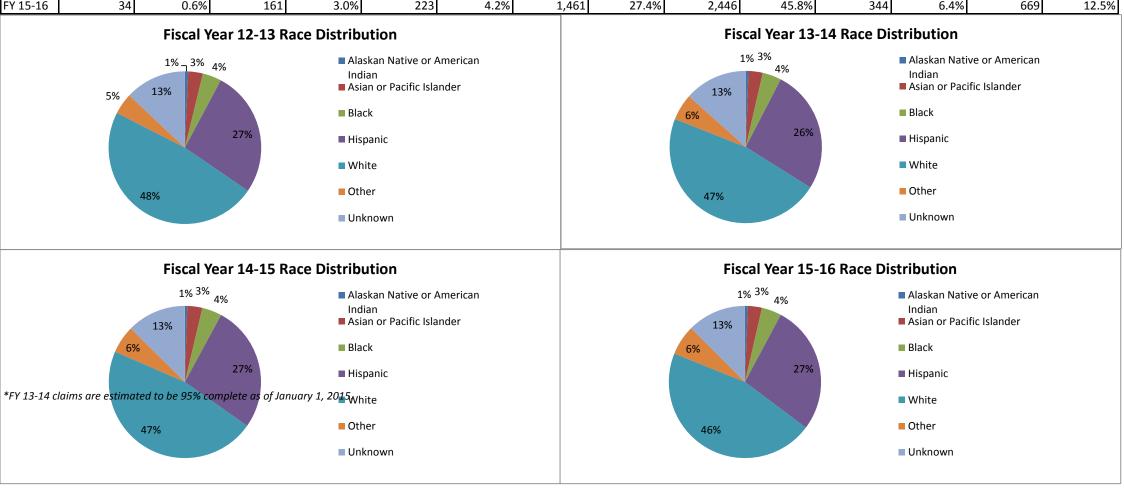


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

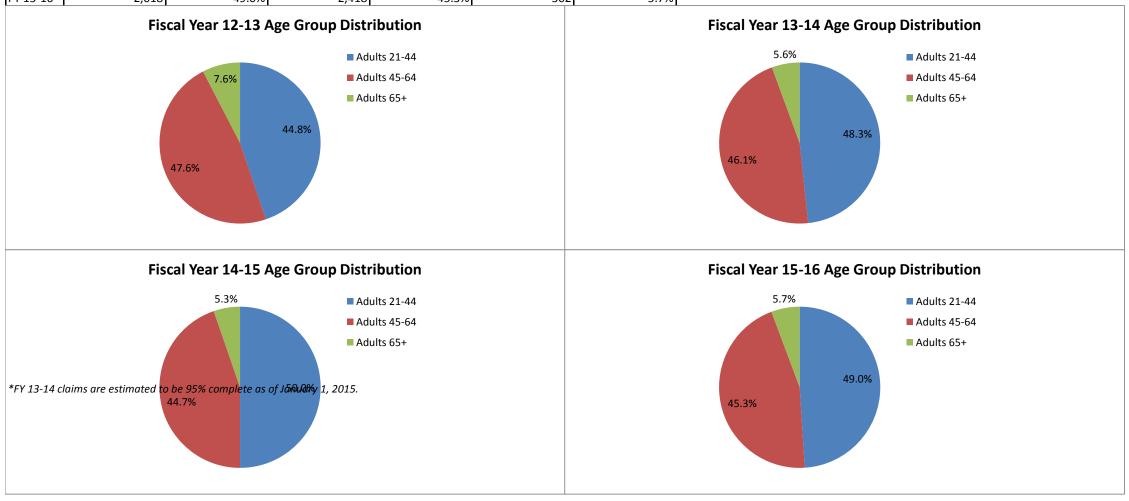
Ventura County as of August, 2017

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	23	0.7%	108	3.1%	139	4.0%	934	26.8%	1,674	48.0%	157	4.5%	455	13.0%
FY 13-14	27	0.6%	141	3.0%	192	4.0%	1,248	26.3%	2,237	47.1%	268	5.6%	639	13.4%
FY 14-15	28	0.5%	175	3.2%	230	4.2%	1,465	26.9%	2,548	46.8%	320	5.9%	684	12.6%
FY 15-16	34	0.6%	161	3.0%	223	4.2%	1,461	27.4%	2,446	45.8%	344	6.4%	669	12.5%
	Fiscal Year 12-13 Race Distribution									cal Year 13	-14 Race Di	stribution		

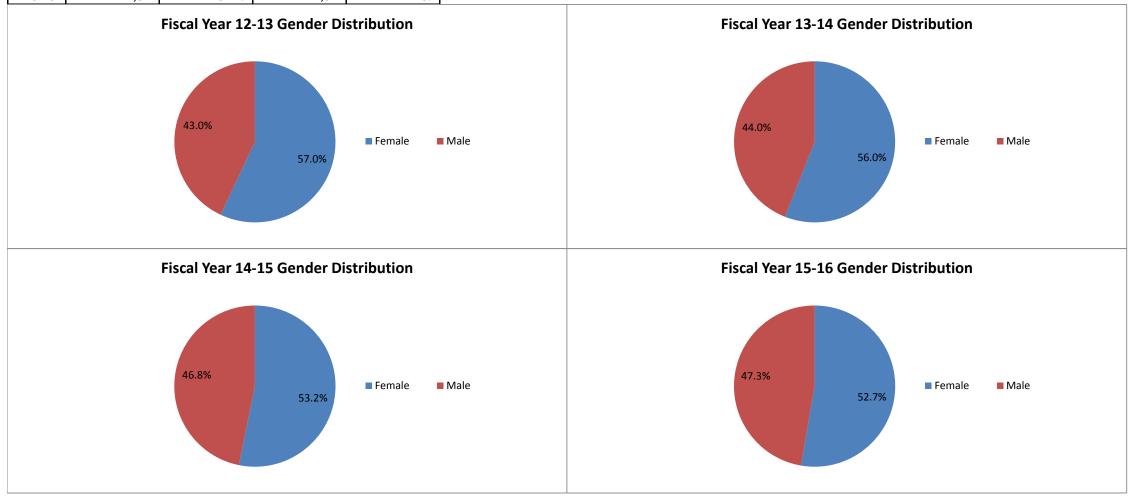


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	1,564	44.8%	1,661	47.6%	265	7.6%
FY 13-14	2,296	48.3%	2,191	46.1%	265	5.6%
FY 14-15	2,725	50.0%	2,436	44.7%	289	5.3%
FY 15-16	2.618	49.0%	2.418	45.3%	302	5.7%

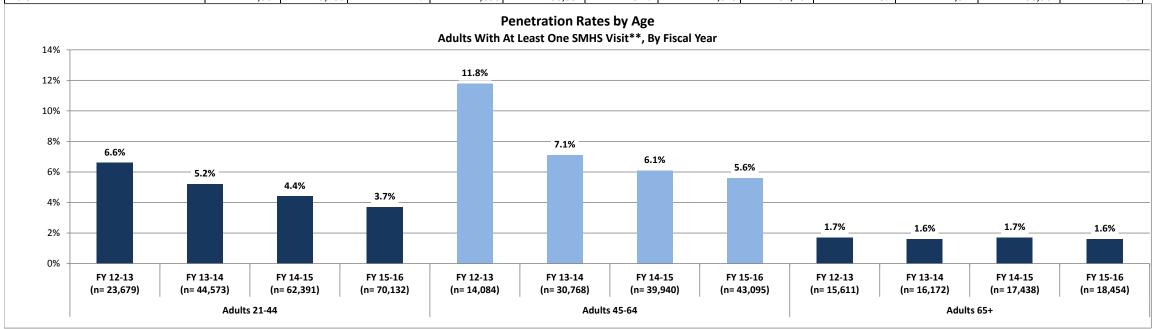


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	1,989	57.0%	1,501	43.0%
FY 13-14	2,662	56.0%	2,090	44.0%
FY 14-15	2,901	53.2%	2,549	46.8%
FY 15-16	2,811	52.7%	2,527	47.3%



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

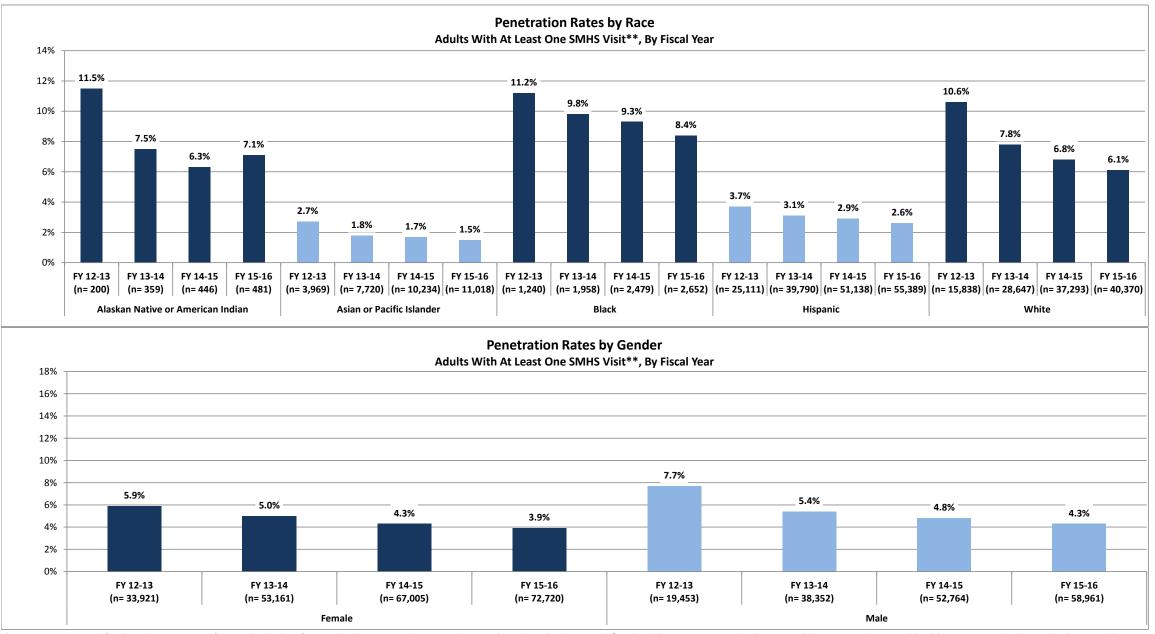
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	3,490	53,374	6.5%	4,752	91,513	5.2%	5,450	119,769	4.6%	5,338	131,681	4.1%
Adults 21-44	1,564	23,679	6.6%	2,296	44,573	5.2%	2,725	62,391	4.4%	2,618	70,132	3.7%
Adults 45-64	1,661	14,084	11.8%	2,191	30,768	7.1%	2,436	39,940	6.1%	2,418	43,095	5.6%
Adults 65+	265	15,611	1.7%	265	16,172	1.6%	289	17,438	1.7%	302	18,454	1.6%
Alaskan Native or American Indian	23	200	11.5%	27	359	7.5%	28	446	6.3%	34	481	7.1%
Asian or Pacific Islander	108	3,969	2.7%	141	7,720	1.8%	175	10,234	1.7%	161	11,018	1.5%
Black	139	1,240	11.2%	192	1,958	9.8%	230	2,479	9.3%	223	2,652	8.4%
Hispanic	934	25,111	3.7%	1,248	39,790	3.1%	1,465	51,138	2.9%	1,461	55,389	2.6%
White	1,674	15,838	10.6%	2,237	28,647	7.8%	2,548	37,293	6.8%	2,446	40,370	6.1%
Other	157	2,657	5.9%	268	5,892	4.5%	320	8,803	3.6%	344	10,455	3.3%
Unknown	455	4,359	10.4%	639	7,147	8.9%	684	9,376	7.3%	669	11,316	5.9%
Female	1,989	33,921	5.9%	2,662	53,161	5.0%	2,901	67,005	4.3%	2,811	72,720	3.9%
Male	1,501	19,453	7.7%	2,090	38,352	5.4%	2,549	52,764	4.8%	2,527	58,961	4.3%



^{*}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**

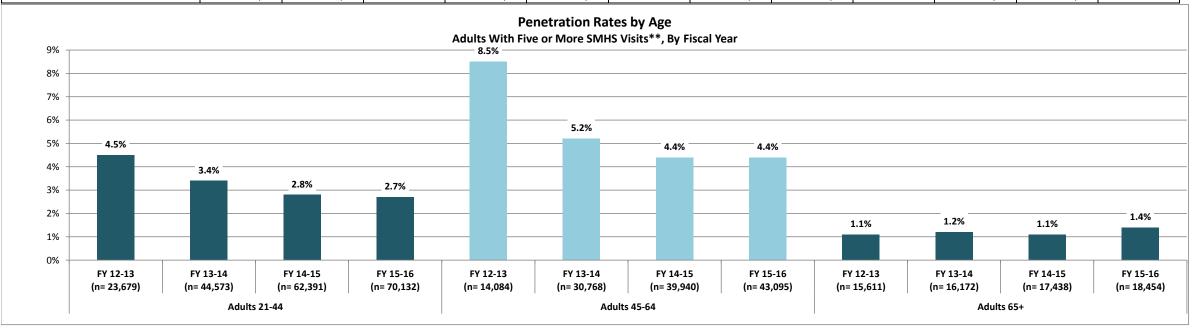


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

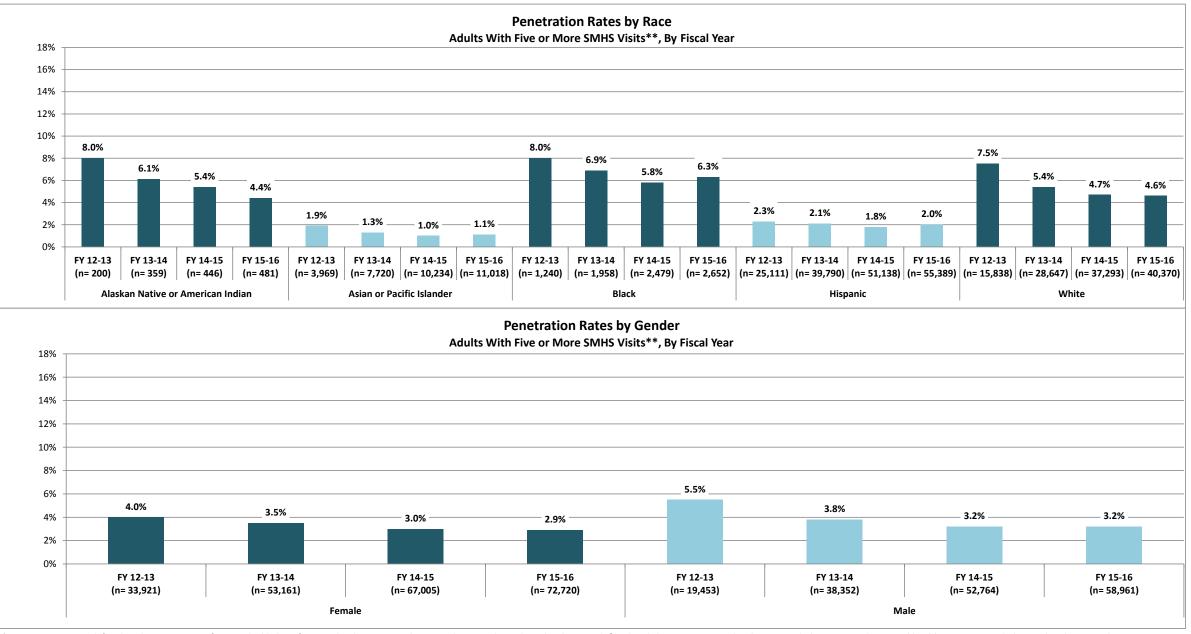
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	2,433	53,374	4.6%	3,300	91,513	3.6%	3,703	119,769	3.1%	4,017	131,681	3.1%
Adults 21-44	1,064	23,679	4.5%	1,522	44,573	3.4%	1,766	62,391	2.8%	1,882	70,132	2.7%
Adults 45-64	1,194	14,084	8.5%	1,589	30,768	5.2%	1,739	39,940	4.4%	1,885	43,095	4.4%
Adults 65+	175	15,611	1.1%	189	16,172	1.2%	198	17,438	1.1%	250	18,454	1.4%
Alaskan Native or American Indian	16	200	8.0%	22	359	6.1%	24	446	5.4%	21	481	4.4%
Asian or Pacific Islander	77	3,969	1.9%	99	7,720	1.3%	107	10,234	1.0%	125	11,018	1.1%
Black	99	1,240	8.0%	136	1,958	6.9%	144	2,479	5.8%	167	2,652	6.3%
Hispanic	589	25,111	2.3%	843	39,790	2.1%	932	51,138	1.8%	1,086	55,389	2.0%
White	1,192	15,838	7.5%	1,550	28,647	5.4%	1,768	37,293	4.7%	1,841	40,370	4.6%
Other	105	2,657	4.0%	171	5,892	2.9%	204	8,803	2.3%	238	10,455	2.3%
Unknown	355	4,359	8.1%	479	7,147	6.7%	524	9,376	5.6%	539	11,316	4.8%
Female	1,357	33,921	4.0%	1,843	53,161	3.5%	2,006	67,005	3.0%	2,127	72,720	2.9%
Male	1,076	19,453	5.5%	1,457	38,352	3.8%	1,697	52,764	3.2%	1,890	58,961	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**



^{*}Penetration Rate is defined as the percentage of SMHS eliqible 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*

Ventura County as of August, 2017

Fiscal Year	SDMC Total Approved	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	\$ 4,515.86	478	805	310	214	14	0	0	3	16	9	20	112	1
FY 13-14	\$ 4,821.84	442	823	265	216	14	0	0	4	5	8	17	152	4
FY 14-15	\$ 5,032.20	385	889	259	225	20	0	0	5	5	6	15	145	7
FY 15-16	\$ 5,852.33	436	962	303	212	18	0	0	6	4	8	18	164	2
MEAN	\$ 5,055.56	435	870	284	217	17	0	0	4	7	8	18	143	3



^{*}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*

Ventura County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

14.8

FY 14-15

(n = 214)

FY 15-16

(n = 184)

17.4

FY 13-14

(n = 142)

25

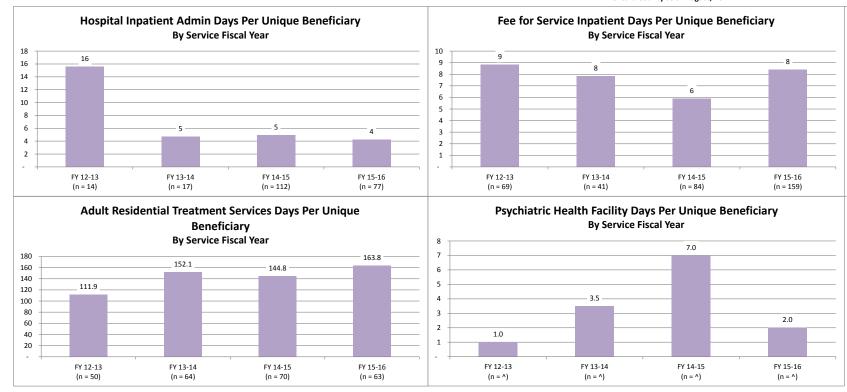
20

10

20.5

FY 12-13

(n = 53)



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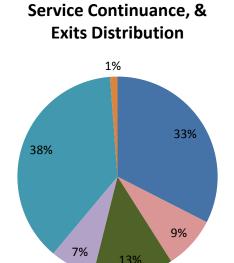
[^] Data has been suppressed to protect patient privacy.

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

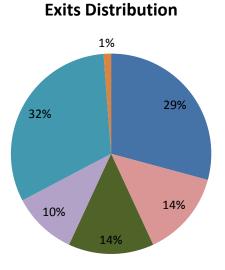
Ventura County as of August, 2017

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

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Continuance	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	1,135	32.5%	298	8.5%	450	12.9%	250	7.2%	1,316	37.7%	41	1.2%	3,490	100%
FY 13-14	1,388	29.2%	661	13.9%	656	13.8%	493	10.4%	1,495	31.5%	59	1.2%	4,752	100%
FY 14-15	893	16.4%	677	12.4%	791	14.5%	1,125	20.6%	1,887	34.6%	77	1.4%	5,450	100%
FY 15-16	1,350	25.3%	952	17.8%	665	12.5%	632	11.8%	1,632	30.6%	107	2.0%	5,338	100%

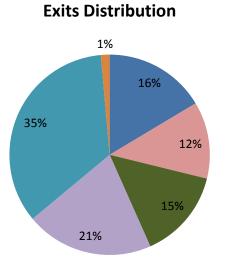


Fiscal Year 12-13 Arrivals,



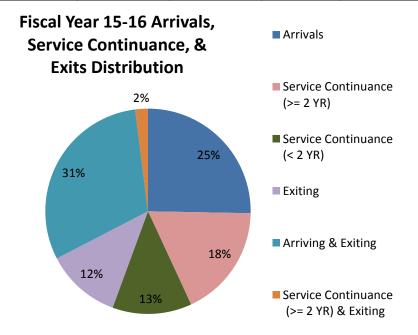
Fiscal Year 13-14 Arrivals,

Service Continuance, &



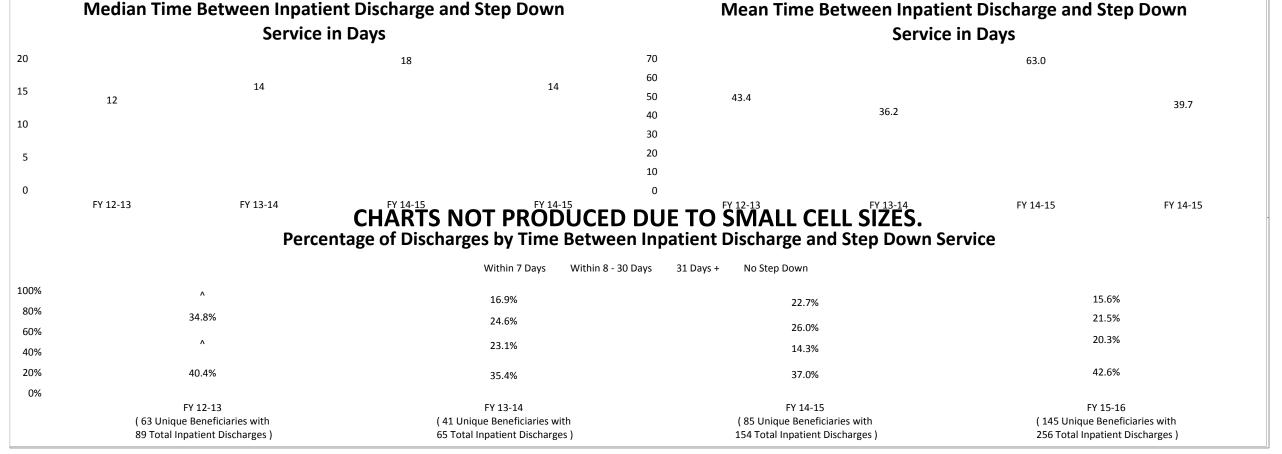
Fiscal Year 14-15 Arrivals,

Service Continuance, &



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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with	Step Down	Inpatient Discharges with	Step Down > 30	Inpatient Discharges with a	Discharges 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 12-13	36	40.4%	٨	۸	31	34.8%	۸	۸	0	308	43.4	12
FY 13-14	23	35.4%	15	23.1%	16	24.6%	11	16.9%	0	248	36.2	14
FY 14-15	57	37.0%	22	14.3%	40	26.0%	35	22.7%	0	324	63.0	18
FY 15-16	109	42.6%	52	20.3%	55	21.5%	40	15.6%	0	307	39.7	14



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

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