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.asp

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) 13/14, 14/15, 15/16, and 16/17.

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/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Fin al_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.

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*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.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	2,043		53,454	
FY 14-15	2,299	12.5%	65,173	21.9%
FY 15-16	2,668	16.1%	71,427	9.6%
FY 16-17	2,718	1.9%	73,460	2.8%
Compound Annual Growth Rate SFY**		10.0%		11.2%

*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information. **SFY = State Fiscal Year which is July 1 through June 30.

Fiscal Year	Alaskan Native or American Indian Count	Native or	Islander	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	13	0.6%	189	9.3%	167	8.2%	583	28.5%	764	37.4%	51	2.5%	276	13.5%
FY 14-15	13	0.6%	190	8.3%	180	7.8%	701	30.5%	866	37.7%	68	3.0%	281	12.2%
FY 15-16	19	0.7%	159	6.0%	238	8.9%	909	34.1%	963	36.1%	71	2.7%	309	11.6%
FY 16-17	13	0.5%	140	5.2%	233	8.6%	951	35.0%	1,012	37.2%	60	2.2%	309	11.4%

*This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	1,045	51.2%	882	43.2%	116	5.7%
FY 14-15	1,187	51.6%	989	43.0%	123	5.4%
FY 15-16	1,453	54.5%	1,082	40.6%	133	5.0%
FY 16-17	1,480	54.5%	1,129	41.5%	109	4.0%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	1,221	59.8%	822	40.2%
FY 14-15	1,311	57.0%	988	43.0%
FY 15-16	1,482	55.5%	1,186	44.5%
FY 16-17	1,489	54.8%	1,229	45.2%

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	FY 16-17			
	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate			
All	2,043	53,454	3.8%	2,299	65,173	3.5%	2,668	71,427	3.7%	2,718	73,460	3.7%			
Adults 21-44	1,045	29,632	3.5%	1,187	37,317	3.2%	1,453	41,530	3.5%	1,480	42,965	3.4%			
Adults 45-64	882	16,032	5.5%	989	19,616	5.0%	1,082	21,093	5.1%	1,129	21,278	5.3%			
Adults 65+	116	7,790	1.5%	123	8,240	1.5%	133	8,804	1.5%	109	9,217	1.2%			
Alaskan Native or American India	13	191	6.8%	13	230	5.7%	19	235	8.1%	13	243	5.3%			
Asian or Pacific Islander	189	4,190	4.5%	190	4,929	3.9%	159	5,376	3.0%	140	5,531	2.5%			
Black	167	2,983	5.6%	180	3,498	5.1%	238	3,741	6.4%	233	3,806	6.1%			
Hispanic	583	27,933	2.1%	701	35,230	2.0%	909	39,661	2.3%	951	41,502	2.3%			
White	764	14,242	5.4%	866	16,797	5.2%	963	17,678	5.4%	1,012	17,654	5.7%			
Other	51	1,041	4.9%	68	1,251	5.4%	71	1,302	5.5%	60	1,300	4.6%			
Unknown	276	2,874	9.6%	281	3,238	8.7%	309	3,434	9.0%	309	3,424	9.0%			
Female	1,221	30,993	3.9%	1,311	36,434	3.6%	1,482	39,601	3.7%	1,489	40,788	3.7%			
Male	822	22,461	3.7%	988	28,739	3.4%	1,186	31,826	3.7%	1,229	32,672	3.8%			

*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. **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.

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Fligible	Penetratio n Rate
All	1,110	53,454	2.1%	1,286	65,173	2.0%	1,332	71,427	1.9%	1,430	73,460	1.9%
Adults 21-44	511	29,632	1.7%	658	37,317	1.8%	654	41,530	1.6%	723	42,965	1.7%
Adults 45-64	533	16,032	3.3%	571	19,616	2.9%	618	21,093	2.9%	652	21,278	3.1%
Adults 65+	66	7,790	0.8%	57	8,240	0.7%	60	8,804	0.7%	55	9,217	0.6%
Alaskan Native or American In	^	191	٨	^	230	٨	12	235	5.1%	^	243	۸
Asian or Pacific Islander	106	4,190	2.5%	118	4,929	2.4%	85	5,376	1.6%	71	5,531	1.3%
Black	85	2,983	2.8%	95	3,498	2.7%	108	3,741	2.9%	111	3,806	2.9%
Hispanic	314	27,933	1.1%	371	35,230	1.1%	403	39,661	1.0%	470	41,502	1.1%
White	425	14,242	3.0%	475	16,797	2.8%	506	17,678	2.9%	552	17,654	3.1%
Other	^	1,041	^	^	1,251	^	39	1,302	3.0%	^	1,300	٨
Unknown	151	2,874	5.3%	184	3,238	5.7%	179	3,434	5.2%	185	3,424	5.4%
Female	624	30,993	2.0%	731	36,434	2.0%	742	39,601	1.9%	768	40,788	1.9%
Male	486	22,461	2.2%	555	28,739	1.9%	590	31,826	1.9%	662	32,672	2.0%

*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.

**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 Y

Utilization Report*: Approved Specialty Mental Health Services for Adults - Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year* Merced County as of March 22, 2018

Fiscal Year	SDMC To Approve		Case ⁄Janagement/ 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 13-14	\$ 4,3	76	659	581	284	133	22	0	134	21	29	23	22	111	8
FY 14-15	\$ 4,5	49	700	564	263	220	19	0	0	13	16	11	5	84	9
FY 15-16	\$ 4,4	80	576	513	274	200	19	0	0	11	25	14	24	39	8
FY 16-17	\$ 4,4	74	574	531	256	239	18	0	0	10	32	12	13	3	10
MEAN	\$ 4,4	70	627	547	269	198	19	0	134	14	25	15	16	59	9

*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.

Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Merced County as of March 22, 2018

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 &	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) %	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	394	19.3%	277	13.6%	191	9.3%	339	16.6%	781	38.2%	61	3.0%	2,043	100%
FY 14-15	496	21.6%	269	11.7%	258	11.2%	325	14.1%	922	40.1%	29	1.3%	2,299	100%
FY 15-16	446	16.7%	268	10.0%	313	11.7%	413	15.5%	1,185	44.4%	43	1.6%	2,668	100%
FY 16-17	460	16.9%	288	10.6%	299	11.0%	406	14.9%	1,207	44.4%	58	2.1%	2,718	100%

Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge* Merced County as of March 22, 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*		Number of Days between	Maximum Number of Days between Discharge and Step Down		to Next Contact Post
FY 13-14	13	31.7%	^	۸	13	31.7%	^	^	0	253	56.5	25
FY 14-15	66	42.3%	23	14.7%	36	23.1%	31	19.9%	0	310	47.9	14
FY 15-16	56	40.0%	19	13.6%	32	22.9%	33	23.6%	0	364	73.0	15
FY 16-17	58	38.7%	16	10.7%	35	23.3%	41	27.3%	0	346	54.0	33

*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. ^ Data has been suppressed to protect patient privacy.