Performance Outcomes Adult Specialty Mental Health Services Report Report Date March 22, 2018

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-intime 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 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 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 FY 16/17.

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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.

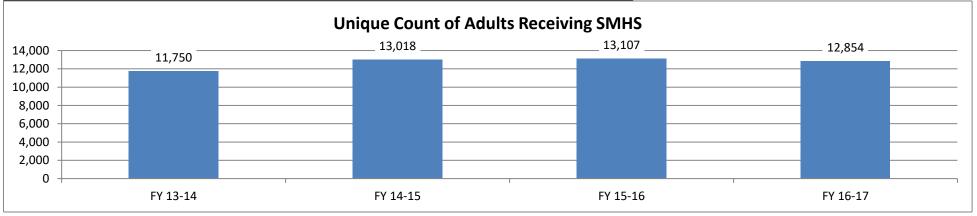
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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 fiscal responsibility for the patient who 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 13-14	11,750		363,687	
FY 14-15	13,018	10.8%	462,856	27.3%
FY 15-16	13,107	0.7%	517,100	11.7%
FY 16-17	12,854	-1.9%	542,176	4.8%
Compound Annual Growth Rate SFY**		3.0%		14.2%

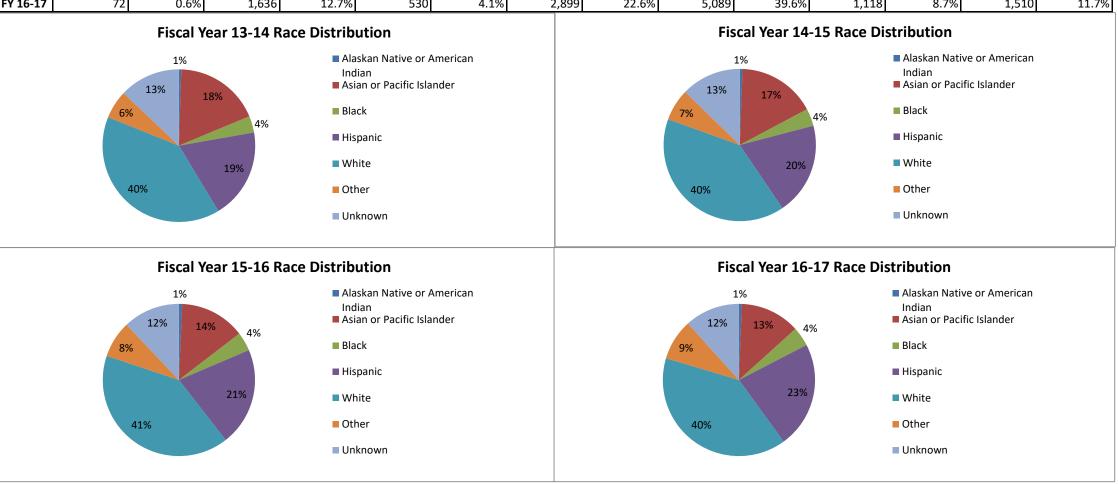


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

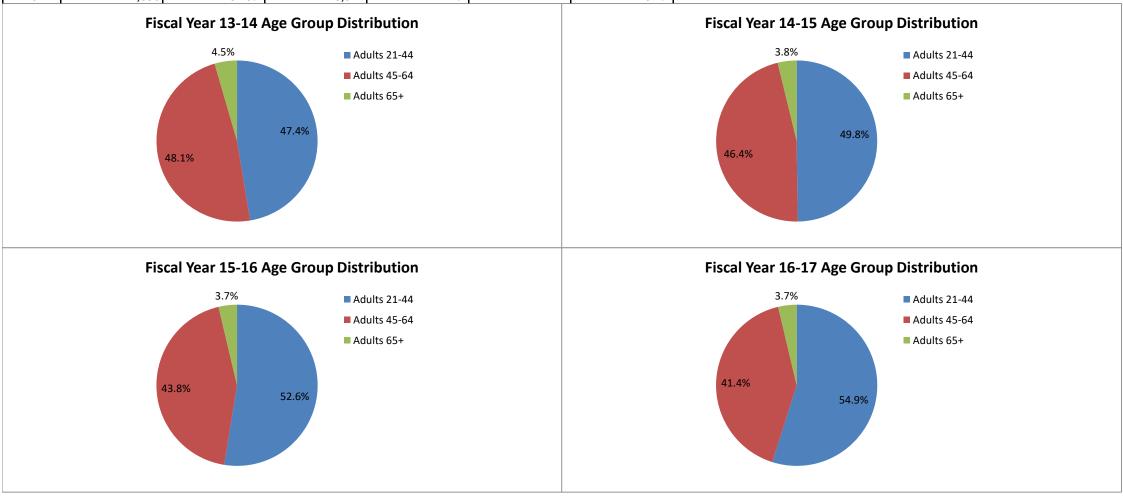
Orange County as of March 22, 2018

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	62	0.5%	2,142	18.2%	412	3.5%	2,243	19.1%	4,664	39.7%	708	6.0%	1,519	12.9%
FY 14-15	76	0.6%	2,163	16.6%	486	3.7%	2,558	19.6%	5,197	39.9%	880	6.8%	1,658	12.7%
FY 15-16	89	0.7%	1,825	13.9%	523	4.0%	2,742	20.9%	5,330	40.7%	1,018	7.8%	1,580	12.1%
FY 16-17	72	0.6%	1,636	12.7%	530	4.1%	2,899	22.6%	5,089	39.6%	1,118	8.7%	1,510	11.7%
		Fiscal Y	ear 13-14 R	ace Distrib	ution				Fis	cal Year 14	-15 Race Di	stribution		

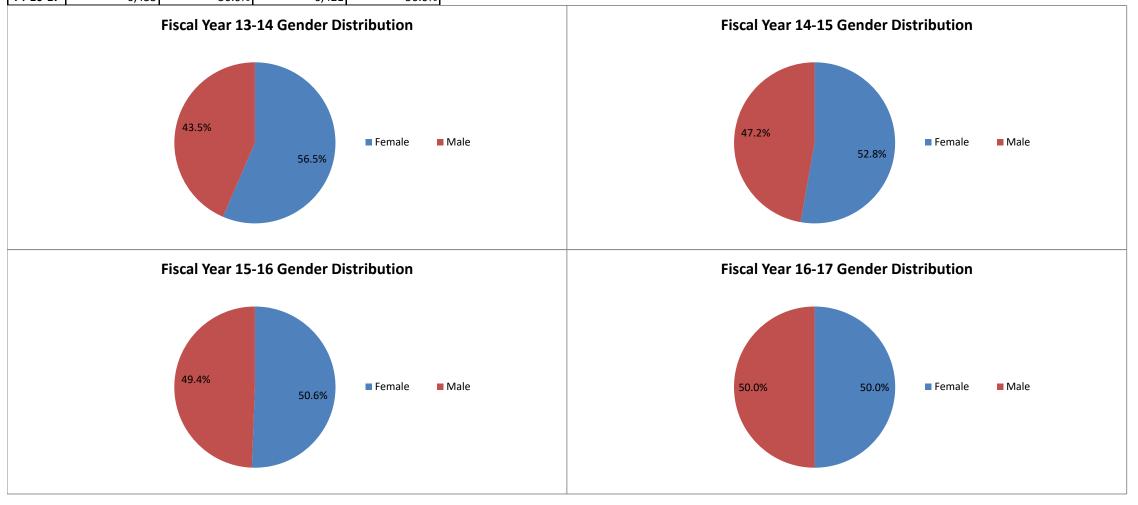


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	5,568	47.4%	5,655	48.1%	527	4.5%
FY 14-15	6,479	49.8%	6,042	46.4%	497	3.8%
FY 15-16	6,888	52.6%	5,739	43.8%	480	3.7%
FY 16-17	7,056	54.9%	5,324	41.4%	474	3.7%

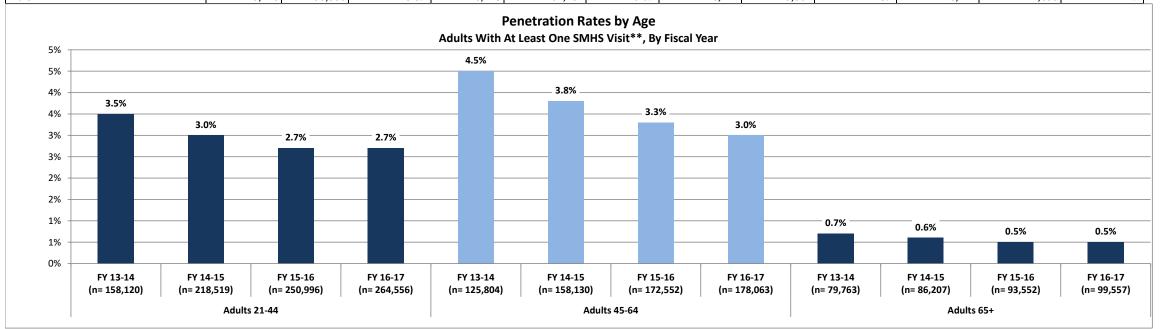


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	6,635	56.5%	5,115	43.5%
FY 14-15	6,873	52.8%	6,145	47.2%
FY 15-16	6,630	50.6%	6,477	49.4%
FY 16-17	6.433	50.0%	6.421	50.0%



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

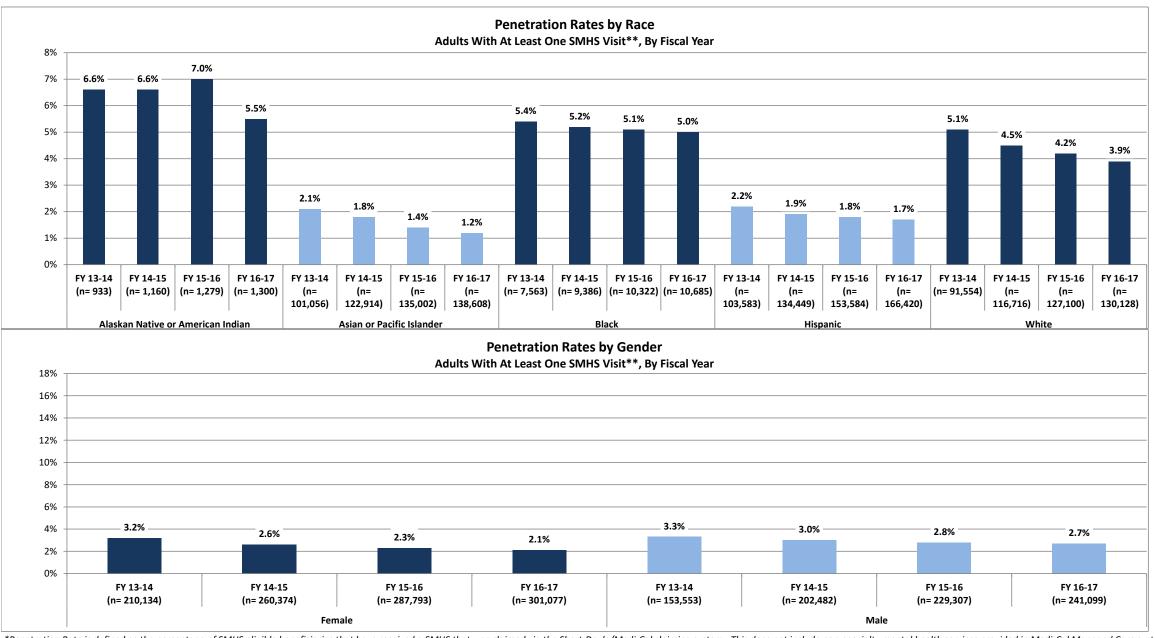
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	11,750	363,687	3.2%	13,018	462,856	2.8%	13,107	517,100	2.5%	12,854	542,176	2.4%
Adults 21-44	5,568	158,120	3.5%	6,479	218,519	3.0%	6,888	250,996	2.7%	7,056	264,556	2.7%
Adults 45-64	5,655	125,804	4.5%	6,042	158,130	3.8%	5,739	172,552	3.3%	5,324	178,063	3.0%
Adults 65+	527	79,763	0.7%	497	86,207	0.6%	480	93,552	0.5%	474	99,557	0.5%
Alaskan Native or American Indian	62	933	6.6%	76	1,160	6.6%	89	1,279	7.0%	72	1,300	5.5%
Asian or Pacific Islander	2,142	101,056	2.1%	2,163	122,914	1.8%	1,825	135,002	1.4%	1,636	138,608	1.2%
Black	412	7,563	5.4%	486	9,386	5.2%	523	10,322	5.1%	530	10,685	5.0%
Hispanic	2,243	103,583	2.2%	2,558	134,449	1.9%	2,742	153,584	1.8%	2,899	166,420	1.7%
White	4,664	91,554	5.1%	5,197	116,716	4.5%	5,330	127,100	4.2%	5,089	130,128	3.9%
Other	708	29,622	2.4%	880	41,937	2.1%	1,018	49,978	2.0%	1,118	55,302	2.0%
Unknown	1,519	29,376	5.2%	1,658	36,294	4.6%	1,580	39,835	4.0%	1,510	39,733	3.8%
Female	6,635	210,134	3.2%	6,873	260,374	2.6%	6,630	287,793	2.3%	6,433	301,077	2.1%
Male	5,115	153,553	3.3%	6,145	202,482	3.0%	6,477	229,307	2.8%	6,421	241,099	2.7%



^{*}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**

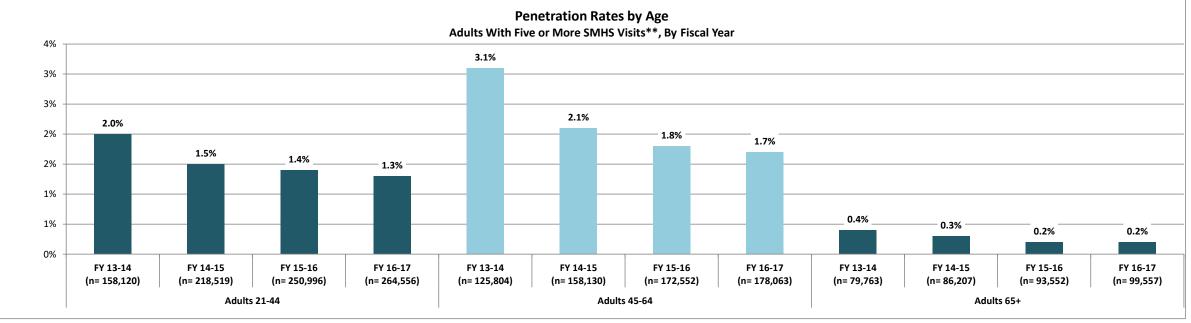


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

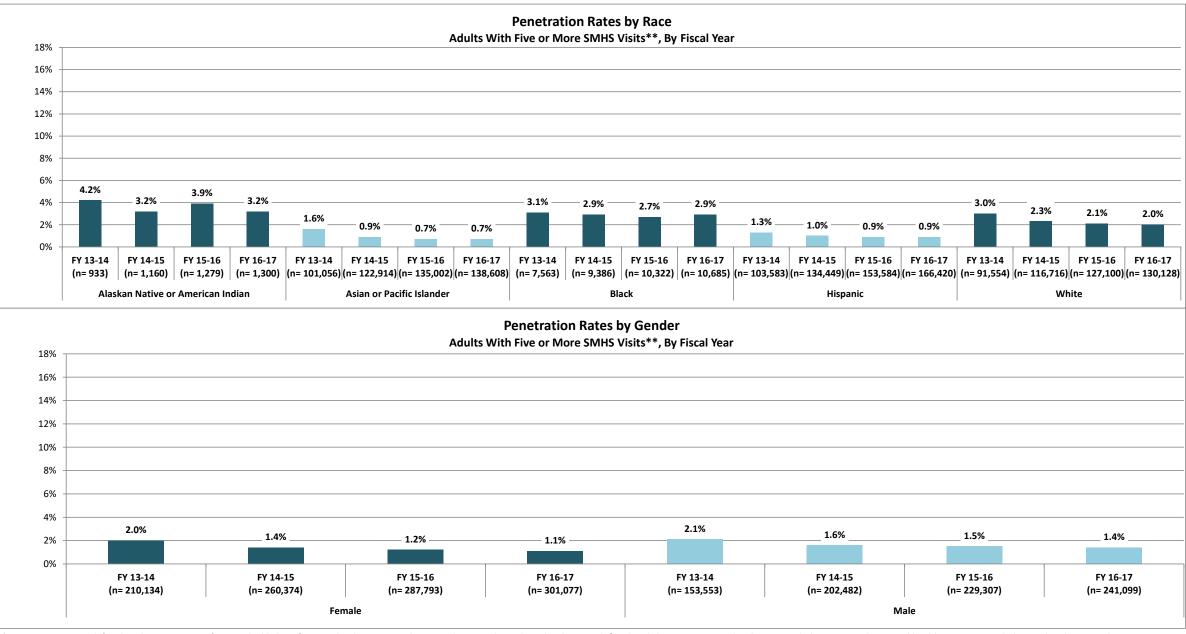
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	7,372	363,687	2.0%	6,810	462,856	1.5%	6,828	517,100	1.3%	6,784	542,176	1.3%
Adults 21-44	3,183	158,120	2.0%	3,229	218,519	1.5%	3,410	250,996	1.4%	3,544	264,556	1.3%
Adults 45-64	3,881	125,804	3.1%	3,309	158,130	2.1%	3,192	172,552	1.8%	2,995	178,063	1.7%
Adults 65+	308	79,763	0.4%	272	86,207	0.3%	226	93,552	0.2%	245	99,557	0.2%
Alaskan Native or American Indian	39	933	4.2%	37	1,160	3.2%	50	1,279	3.9%	42	1,300	3.2%
Asian or Pacific Islander	1,605	101,056	1.6%	1,128	122,914	0.9%	999	135,002	0.7%	968	138,608	0.7%
Black	238	7,563	3.1%	268	9,386	2.9%	274	10,322	2.7%	306	10,685	2.9%
Hispanic	1,296	103,583	1.3%	1,286	134,449	1.0%	1,377	153,584	0.9%	1,464	166,420	0.9%
White	2,770	91,554	3.0%	2,708	116,716	2.3%	2,703	127,100	2.1%	2,576	130,128	2.0%
Other	383	29,622	1.3%	415	41,937	1.0%	461	49,978	0.9%	507	55,302	0.9%
Unknown	1,041	29,376	3.5%	968	36,294	2.7%	964	39,835	2.4%	921	39,733	2.3%
Female	4,149	210,134	2.0%	3,566	260,374	1.4%	3,468	287,793	1.2%	3,362	301,077	1.1%
Male	3,223	153,553	2.1%	3,244	202,482	1.6%	3,360	229,307	1.5%	3,422	241,099	1.4%



^{*}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*

Orange County as of March 22, 2018

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)	
FY 13-14	\$ 3,430	238	424	309	196	18	0	0	7	13	15	13	0	4
FY 14-15	\$ 3,873	182	391	298	173	19	0	0	5	3	16	13	0	5
FY 15-16	\$ 4,127	141	475	205	168	20	0	0	5	16	20	13	0	10
FY 16-17	\$ 4,612	151	527	214	175	23	0	90	5	3	21	12	0	9
MEAN	\$ 4,010	178	454	256	178	20	0	90	6	9	18	13	0	7



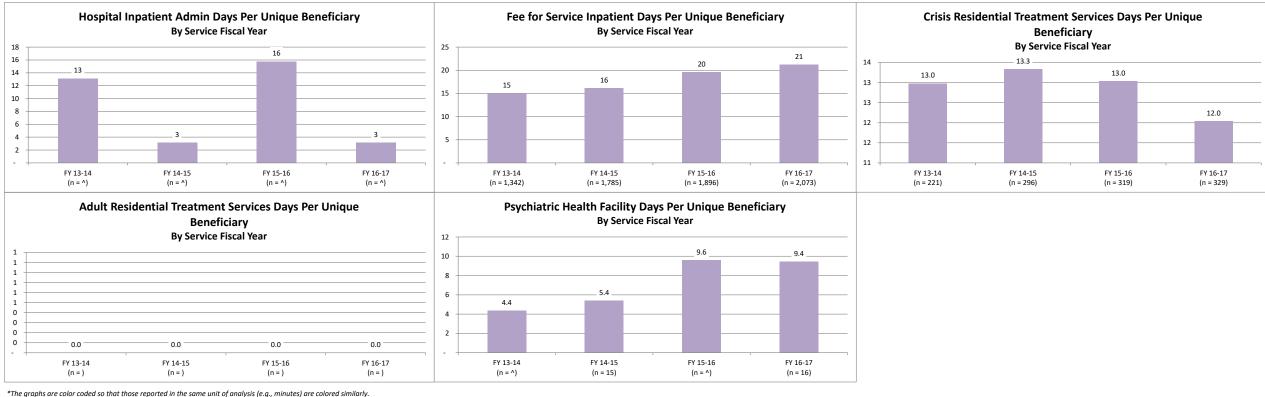
^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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*

Orange County as of March 22, 2018



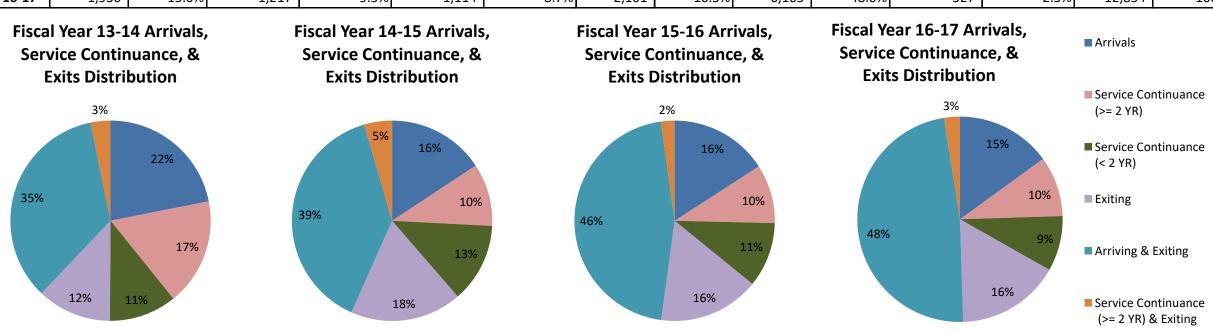
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

[^] 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

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.

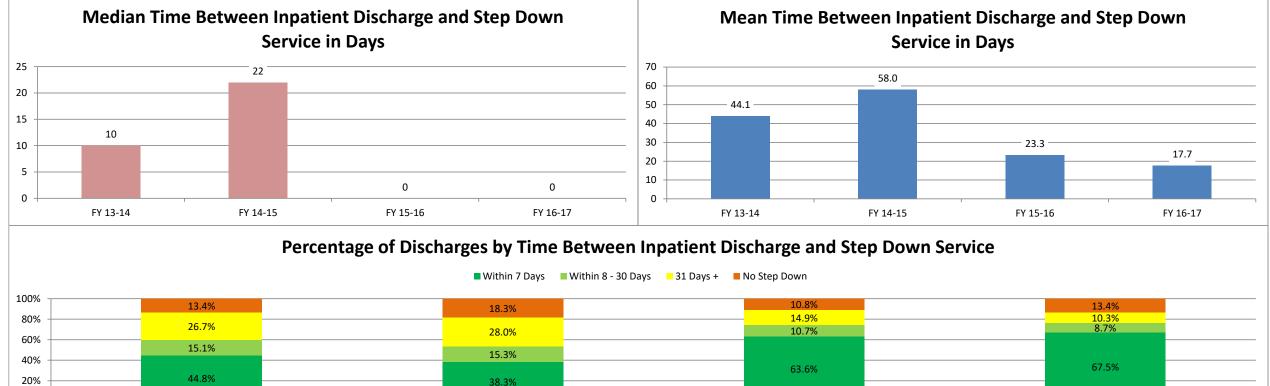
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Continuance	Service Continuance (<2 YR) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		(>= 2 YR) and	Total Count	Total %
FY 13-14	2,569	21.9%	2,029	17.3%	1,281	10.9%	1,413	12.0%	4,078	34.7%	380	3.2%	11,750	100%
FY 14-15	2,044	15.7%	1,321	10.1%	1,666	12.8%	2,346	18.0%	5,050	38.8%	591	4.5%	13,018	100%
FY 15-16	2,080	15.9%	1,240	9.5%	1,379	10.5%	2,131	16.3%	5,986	45.7%	291	2.2%	13,107	100%
FY 16-17	1,930	15.0%	1,217	9.5%	1,114	8.7%	2,101	16.3%	6,165	48.0%	327	2.5%	12,854	100%



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

Orange County as of March 22, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Step Down within	Step Down Between 8 and 30	Inpatient Discharges with Step Down	Days from	Inpatient	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 13-14	968	44.8%	327	15.1%	577	26.7%	289	13.4%	0	364	44.1	10
FY 14-15	1,252	38.3%	500	15.3%	915	28.0%	598	18.3%	0	359	58.0	22
FY 15-16	2,013	63.6%	340	10.7%	472	14.9%	342	10.8%	0	365	23.3	0
FY 16-17	2,330	67.5%	301	8.7%	355	10.3%	464	13.4%	0	364	17.7	0
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FY 14-15

(1,794 Unique Beneficiaries with

3,265 Total Inpatient Discharges)

FY 15-16

(1,879 Unique Beneficiaries with

3,167 Total Inpatient Discharges)

FY 16-17

(2,049 Unique Beneficiaries with

3,450 Total Inpatient Discharges)

0%

FY 13-14

(1,352 Unique Beneficiaries with

2,161 Total Inpatient Discharges)

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