# 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.

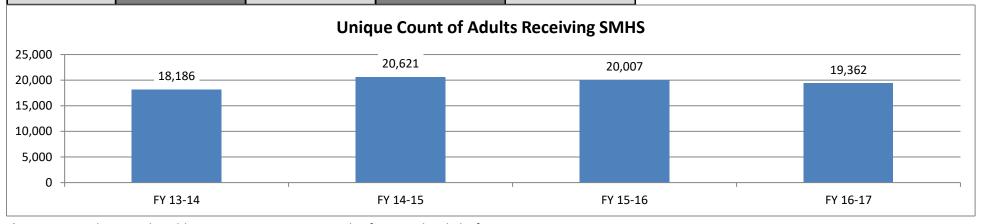
\*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

\*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	18,186		353,958	
FY 14-15	20,621	13.4%	448,978	26.8%
FY 15-16	20,007	-3.0%	498,219	11.0%
FY 16-17	19,362	-3.2%	514,907	3.3%
Compound Annual Growth Rate SFY**		2.1%		13.3%

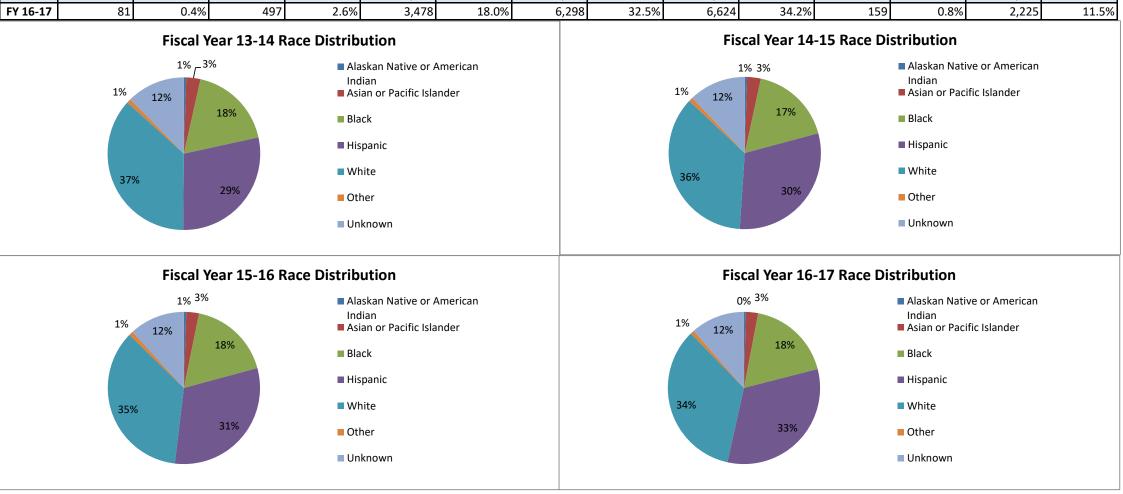


<sup>\*</sup>SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

<sup>\*\*</sup>SFY = State Fiscal Year which is July 1 through June 30.

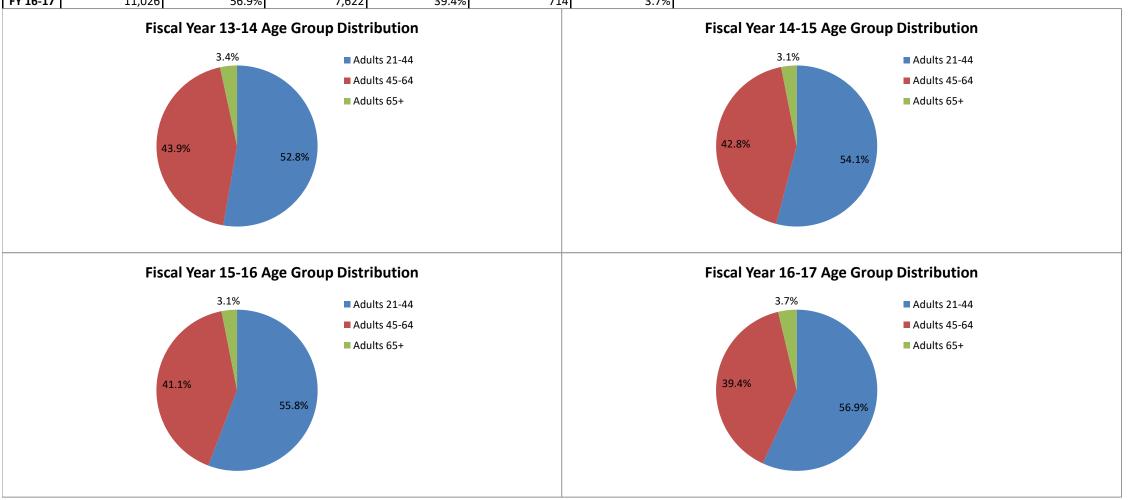
San Bernardino County as of March 22, 2018

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	82	0.5%	541	3.0%	3,283	18.1%	5,203	28.6%	6,663	36.6%	168	0.9%	2,246	12.4%
FY 14-15	95	0.5%	604	2.9%	3,588	17.4%	6,231	30.2%	7,411	35.9%	190	0.9%	2,502	12.1%
FY 15-16	91	0.5%	549	2.7%	3,529	17.6%	6,217	31.1%	7,086	35.4%	175	0.9%	2,360	11.8%
FY 16-17	81	0.4%	497	2.6%	3,478	18.0%	6,298	32.5%	6,624	34.2%	159	0.8%	2,225	11.5%

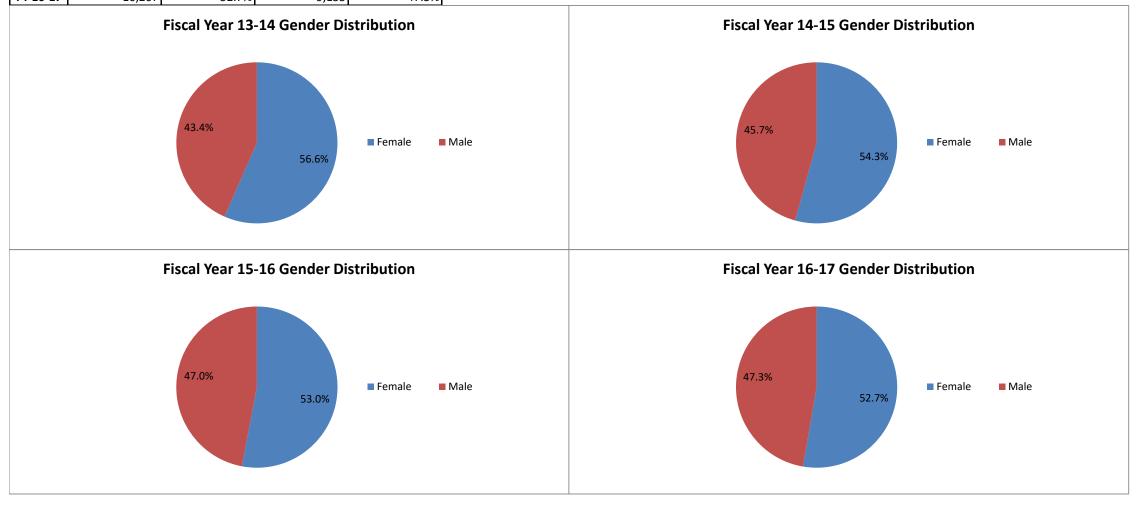


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	9,595	52.8%	7,975	43.9%	616	3.4%
FY 14-15	11,158	54.1%	8,821	42.8%	642	3.1%
FY 15-16	11,156	55.8%	8,223	41.1%	628	3.1%
FY 16-17	11.026	56.9%	7.622	39.4%	714	3.7%

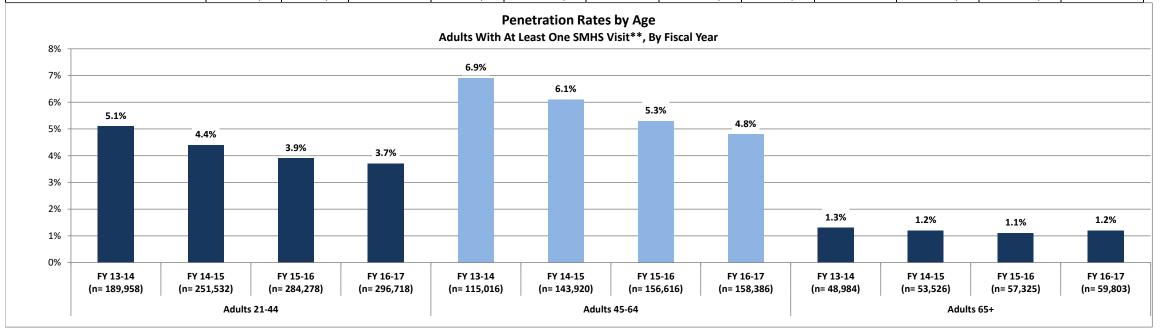


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	10,290	56.6%	7,896	43.4%
FY 14-15	11,187	54.3%	9,434	45.7%
FY 15-16	10,604	53.0%	9,403	47.0%
FY 16-17	10.207	52.7%	9.155	47.3%



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

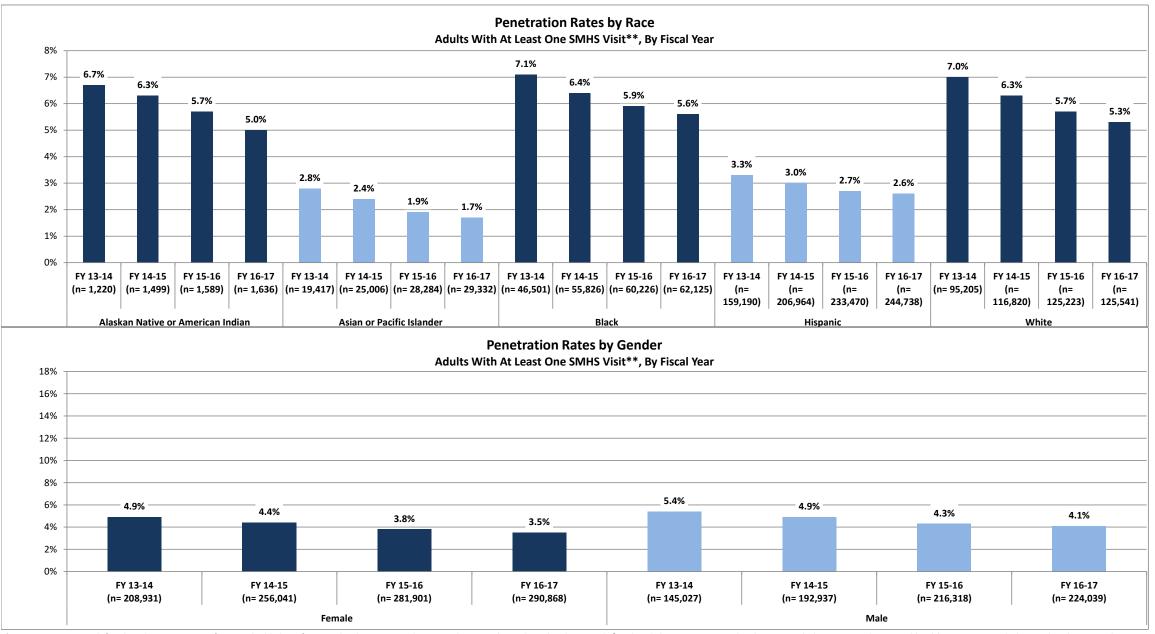
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults and	Rate	with 1 or	and Older	Rate	with 1 or more	Adults and	Rate	with 1 or more	and Older	Rate
	more SMHS	<b>Older Adults</b>		more SMHS	Adults		SMHS Visits	Older Adults		SMHS Visits	Adults	
All	18,186	353,958	5.1%	20,621	448,978	4.6%	20,007	498,219	4.0%	19,362	514,907	3.8%
Adults 21-44	9,595	189,958	5.1%	11,158	251,532	4.4%	11,156	284,278	3.9%	11,026	296,718	3.7%
Adults 45-64	7,975	115,016	6.9%	8,821	143,920	6.1%	8,223	156,616	5.3%	7,622	158,386	4.8%
Adults 65+	616	48,984	1.3%	642	53,526	1.2%	628	57,325	1.1%	714	59,803	1.2%
Alaskan Native or American Indian	82	1,220	6.7%	95	1,499	6.3%	91	1,589	5.7%	81	1,636	5.0%
Asian or Pacific Islander	541	19,417	2.8%	604	25,006	2.4%	549	28,284	1.9%	497	29,332	1.7%
Black	3,283	46,501	7.1%	3,588	55,826	6.4%	3,529	60,226	5.9%	3,478	62,125	5.6%
Hispanic	5,203	159,190	3.3%	6,231	206,964	3.0%	6,217	233,470	2.7%	6,298	244,738	2.6%
White	6,663	95,205	7.0%	7,411	116,820	6.3%	7,086	125,223	5.7%	6,624	125,541	5.3%
Other	168	3,658	4.6%	190	5,133	3.7%	175	5,997	2.9%	159	6,151	2.6%
Unknown	2,246	28,767	7.8%	2,502	37,730	6.6%	2,360	43,430	5.4%	2,225	45,384	4.9%
Female	10,290	208,931	4.9%	11,187	256,041	4.4%	10,604	281,901	3.8%	10,207	290,868	3.5%
Male	7,896	145,027	5.4%	9,434	192,937	4.9%	9,403	216,318	4.3%	9,155	224,039	4.1%



<sup>\*</sup>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.

<sup>\*\*</sup>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\*\*

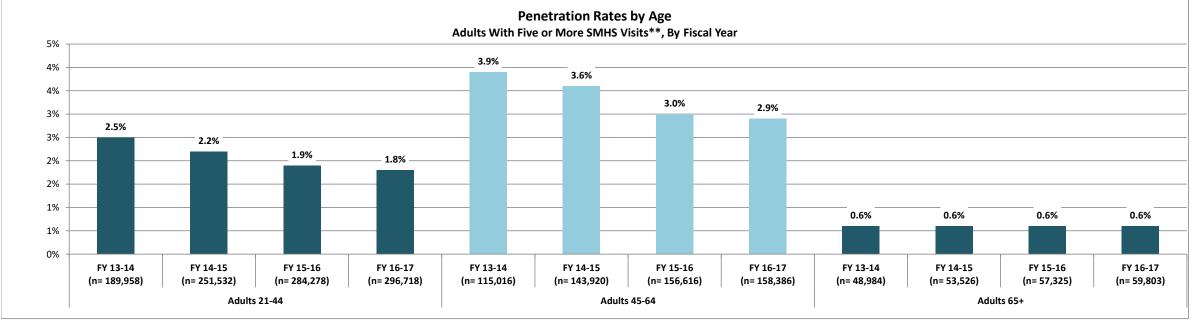


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<sup>\*\*</sup>Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

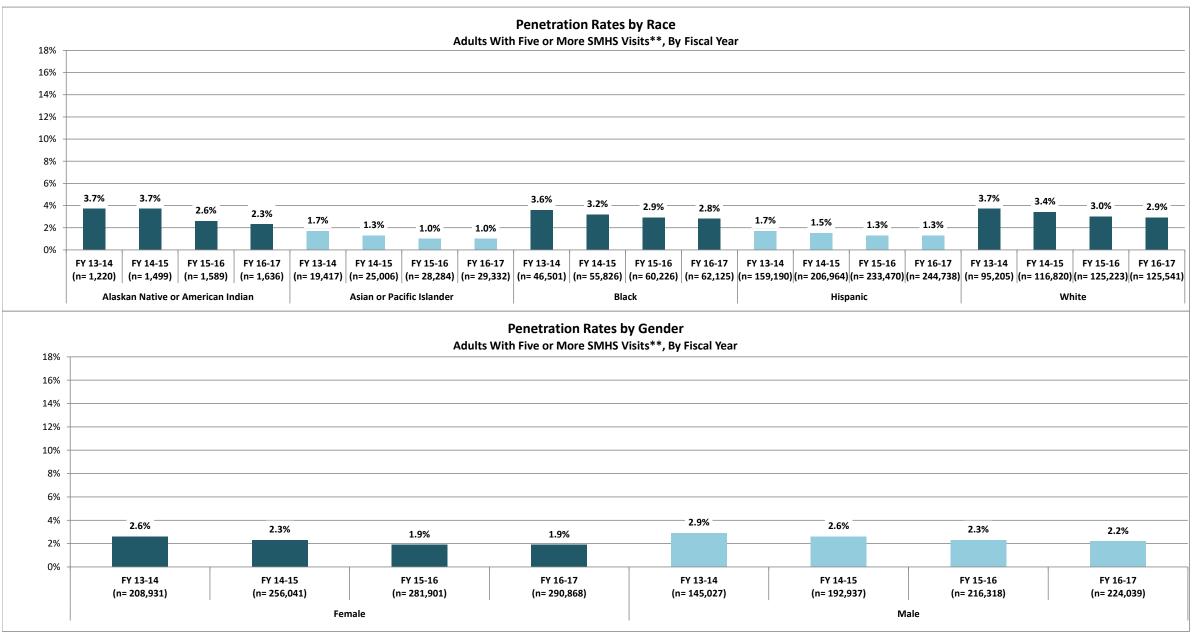
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	9,635	353,958	2.7%	10,899	448,978	2.4%	10,258	498,219	2.1%	10,349	514,907	2.0%
Adults 21-44	4,807	189,958	2.5%	5,466	251,532	2.2%	5,271	284,278	1.9%	5,425	296,718	1.8%
Adults 45-64	4,515	115,016	3.9%	5,122	143,920	3.6%	4,663	156,616	3.0%	4,555	158,386	2.9%
Adults 65+	313	48,984	0.6%	311	53,526	0.6%	324	57,325	0.6%	369	59,803	0.6%
Alaskan Native or American Indian	45	1,220	3.7%	56	1,499	3.7%	42	1,589	2.6%	37	1,636	2.3%
Asian or Pacific Islander	323	19,417	1.7%	332	25,006	1.3%	292	28,284	1.0%	303	29,332	1.0%
Black	1,666	46,501	3.6%	1,807	55,826	3.2%	1,718	60,226	2.9%	1,757	62,125	2.8%
Hispanic	2,685	159,190	1.7%	3,126	206,964	1.5%	3,029	233,470	1.3%	3,254	244,738	1.3%
White	3,508	95,205	3.7%	3,963	116,820	3.4%	3,739	125,223	3.0%	3,609	125,541	2.9%
Other	91	3,658	2.5%	105	5,133	2.0%	101	5,997	1.7%	81	6,151	1.3%
Unknown	1,317	28,767	4.6%	1,510	37,730	4.0%	1,337	43,430	3.1%	1,308	45,384	2.9%
Female	5,472	208,931	2.6%	5,858	256,041	2.3%	5,375	281,901	1.9%	5,423	290,868	1.9%
Male	4,163	145,027	2.9%	5,041	192,937	2.6%	4,883	216,318	2.3%	4,926	224,039	2.2%



<sup>\*</sup>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.

<sup>\*\*</sup>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\*\*



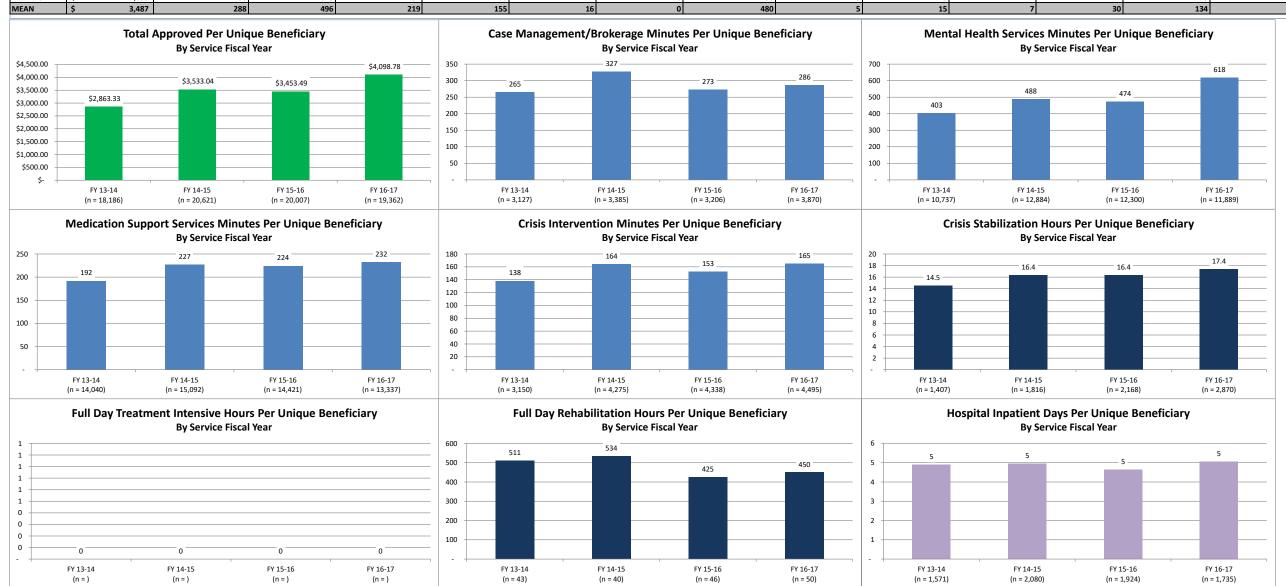
<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

<sup>\*\*</sup>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\*

San Bernardino 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)	Psychiatric Health Facility (Days)
FY 13-14	\$ 2,863	265	403	192	138	15	0	511	5	8	8	24	63	8
FY 14-15	\$ 3,533	327	488	227	164	16	0	534	5	12	7	39	272	5
FY 15-16	\$ 3,453	273	474	224	153	16	0	425	5	20	6	30	75	6
FY 16-17	\$ 4,099	286	618	232	165	17	0	450	5	19	7	27	126	12
MEAN	\$ 3,487	288	496	219	155	16	0	480	5	15	7	30	134	8



<sup>\*</sup>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.

<sup>^</sup> 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\*

San Bernardino County as of March 22, 2018

**Crisis Residential Treatment Services Days Per Unique** 

Beneficiary By Service Fiscal Year

30.2

FY 15-16

(n = 97)

27.0

FY 16-17

(n = 102)

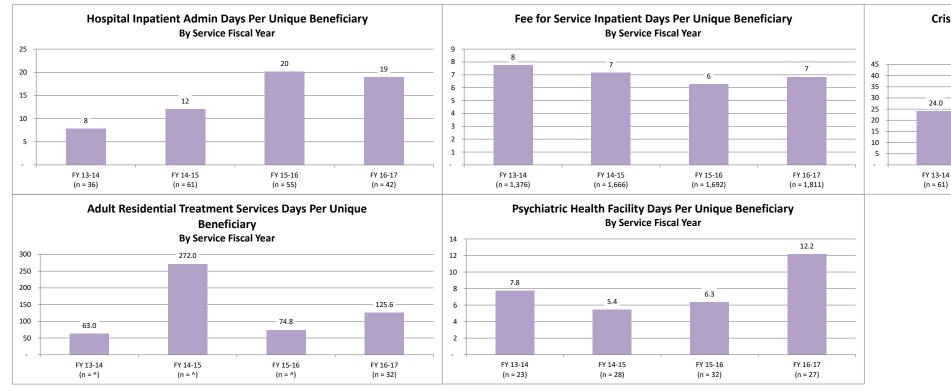
38.7

FY 14-15

(n = 83)

24.0

(n = 61)



<sup>\*</sup>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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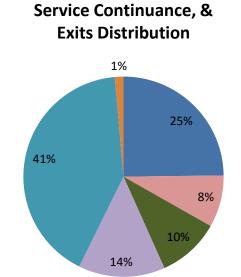
<sup>^</sup> Data has been suppressed to protect patient privacy.

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

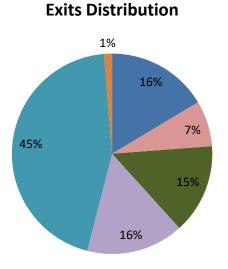
San Bernardino County as of March 22, 2018

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 &	
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 13-14	4,510	24.8%	1,524	8.4%	1,832	10.1%	2,553	14.0%	7,511	41.3%	256	1.4%	18,186	100%
FY 14-15	3,384	16.4%	1,521	7.4%	2,994	14.5%	3,231	15.7%	9,216	44.7%	276	1.3%	20,622	100%
FY 15-16	3,061	15.3%	1,919	9.6%	2,304	11.5%	3,393	17.0%	9,039	45.2%	291	1.5%	20,007	100%
FY 16-17	2,962	15.3%	1,983	10.2%	2,126	11.0%	2,896	15.0%	9,015	46.6%	380	2.0%	19,362	100%

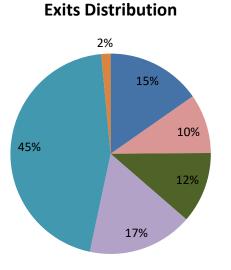


Fiscal Year 13-14 Arrivals,



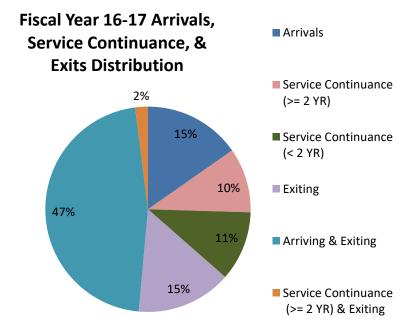
Fiscal Year 14-15 Arrivals,

Service Continuance, &



Fiscal Year 15-16 Arrivals,

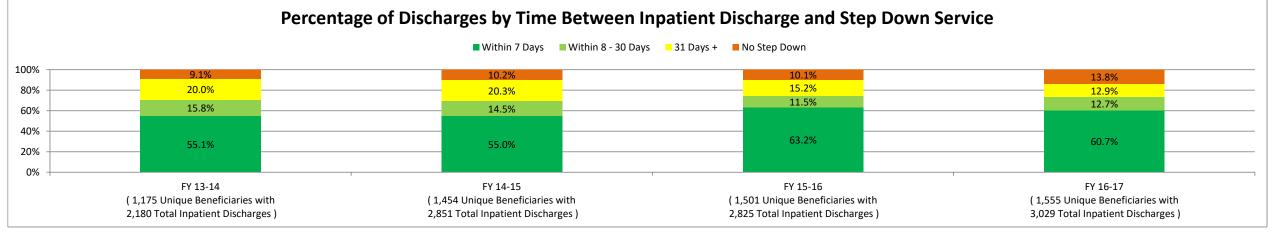
Service Continuance, &



## 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	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	1,201	55.1%	344	15.8%	437	20.0%	198	9.1%	0	362	25.8	4	
FY 14-15	1,568	55.0%	413	14.5%	580	20.3%	290	10.2%	0	365	31.1	4	
FY 15-16	1,786	63.2%	325	11.5%	428	15.2%	286	10.1%	0	361	22.2	0	
FY 16-17	1,838	60.7%	384	12.7%	390	12.9%	417	13.8%	0	348	20.7	1	
	Madian Time Patwoon Innations Discharge and Stan Down  Mean Time Patwoon Innations Discharge and Stan Down												





<sup>\*</sup> 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.