# 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.

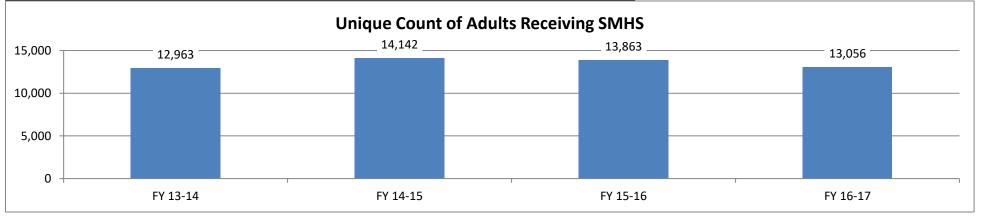
\*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	12,963		150,889	
FY 14-15	14,142	9.1%	177,677	17.8%
FY 15-16	13,863	-2.0%	184,302	3.7%
FY 16-17	13,056	-5.8%	181,887	-1.3%
Compound Annual Growth Rate SFY**		0.2%		6.4%



<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 Francisco 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	75	0.6%	2,254	17.4%	2,250	17.4%	1,275	9.8%	3,857	29.8%	1,626	12.5%	1,626	12.5%	
FY 14-15	95	0.7%	2,402	17.0%	2,322	16.4%	1,409	10.0%	4,230	29.9%	1,909	13.5%	1,775	12.6%	
FY 15-16	106	0.8%	2,323	16.8%	2,293	16.5%	1,420	10.2%	4,024	29.0%	2,037	14.7%	1,660	12.0%	
FY 16-17	100	0.8%	2,186	16.7%	2,124	16.3%	1,410	10.8%	3,670	28.1%	2,065	15.8%	1,501	11.5%	
	Fiscal Year 13-14 Race Distribution  1%  Alaskan Native or American Indian  And								Fiscal Year 14-15 Race Distribution  1%  Alaskan Native or American Indian						
	170							13%  17%  Black  Hispanic  White  Other  Unknown							
Fiscal Year 15-16 Race Distribution  1%  Alaskan Native or American Indian Asian or Pacific Islander  Black  Hispanic										cal Year 16	-17 Race Di		ve or American ific Islander		

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.

White

Other

Unknown

29%

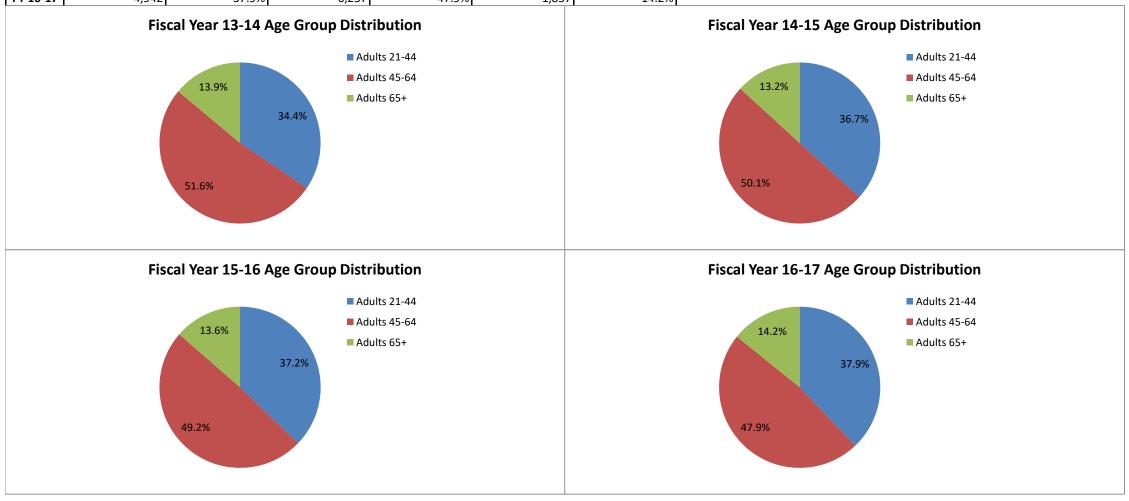
28%

White

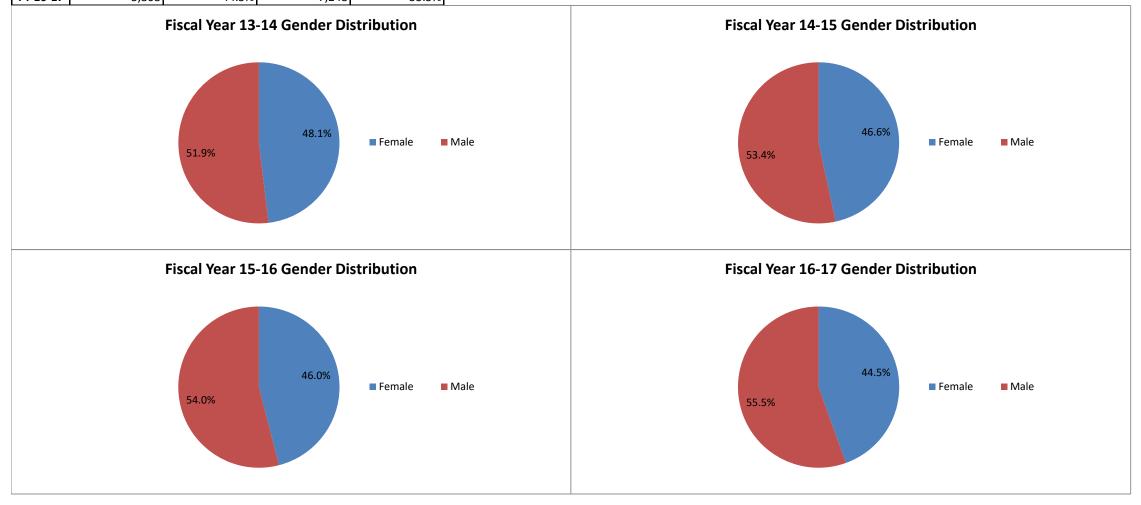
Other

Unknown

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	4,464	34.4%	6,692	51.6%	1,807	13.9%
FY 14-15	5,196	36.7%	7,080	50.1%	1,866	13.2%
FY 15-16	5,161	37.2%	6,821	49.2%	1,881	13.6%
FY 16-17	4,942	37.9%	6,257	47.9%	1,857	14.2%

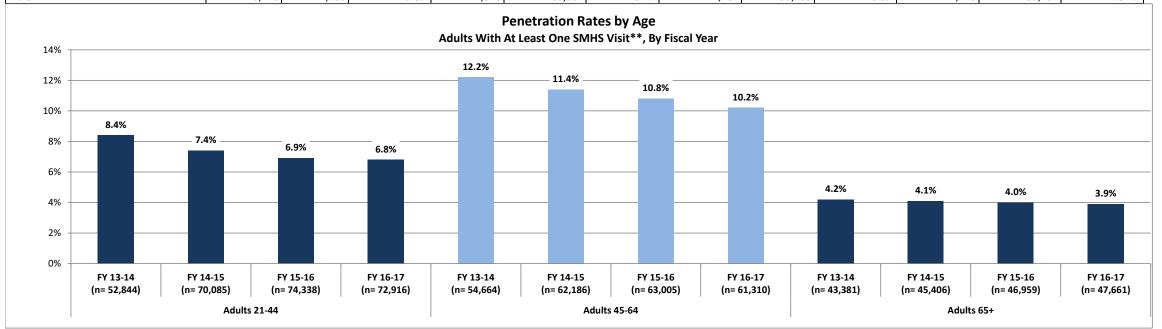


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	6,240	48.1%	6,723	51.9%
FY 14-15	6,594	46.6%	7,548	53.4%
FY 15-16	6,376	46.0%	7,487	54.0%
FY 16-17	5.808	44.5%	7.248	55.5%



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

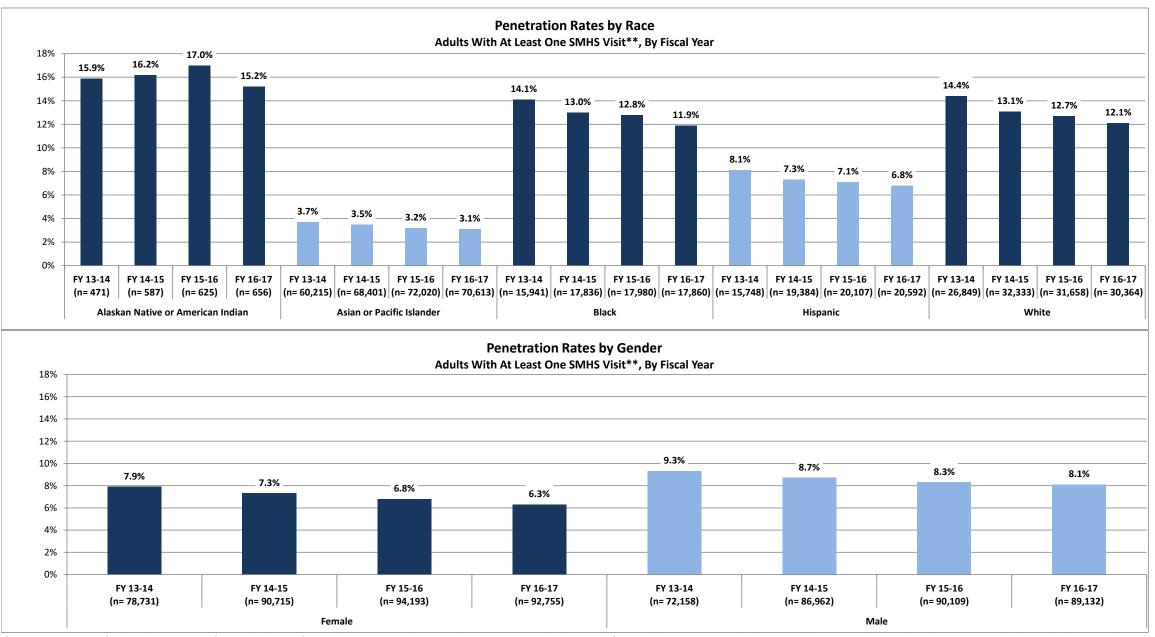
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	12,963	150,889	8.6%	14,142	177,677	8.0%	13,863	184,302	7.5%	13,056	181,887	7.2%
Adults 21-44	4,464	52,844	8.4%	5,196	70,085	7.4%	5,161	74,338	6.9%	4,942	72,916	6.8%
Adults 45-64	6,692	54,664	12.2%	7,080	62,186	11.4%	6,821	63,005	10.8%	6,257	61,310	10.2%
Adults 65+	1,807	43,381	4.2%	1,866	45,406	4.1%	1,881	46,959	4.0%	1,857	47,661	3.9%
Alaskan Native or American Indian	75	471	15.9%	95	587	16.2%	106	625	17.0%	100	656	15.2%
Asian or Pacific Islander	2,254	60,215	3.7%	2,402	68,401	3.5%	2,323	72,020	3.2%	2,186	70,613	3.1%
Black	2,250	15,941	14.1%	2,322	17,836	13.0%	2,293	17,980	12.8%	2,124	17,860	11.9%
Hispanic	1,275	15,748	8.1%	1,409	19,384	7.3%	1,420	20,107	7.1%	1,410	20,592	6.8%
White	3,857	26,849	14.4%	4,230	32,333	13.1%	4,024	31,658	12.7%	3,670	30,364	12.1%
Other	1,626	18,446	8.8%	1,909	23,674	8.1%	2,037	26,781	7.6%	2,065	28,018	7.4%
Unknown	1,626	13,219	12.3%	1,775	15,462	11.5%	1,660	15,131	11.0%	1,501	13,784	10.9%
Female	6,240	78,731	7.9%	6,594	90,715	7.3%	6,376	94,193	6.8%	5,808	92,755	6.3%
Male	6,723	72,158	9.3%	7,548	86,962	8.7%	7,487	90,109	8.3%	7,248	89,132	8.1%



<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\*\*

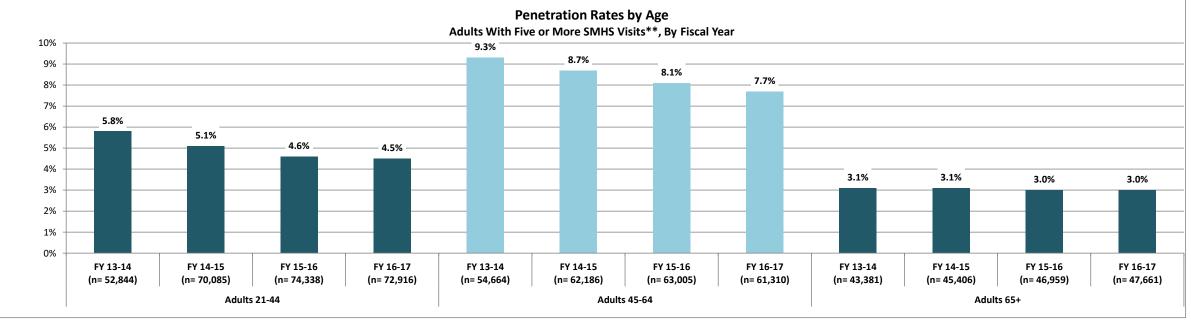


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\*\*Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

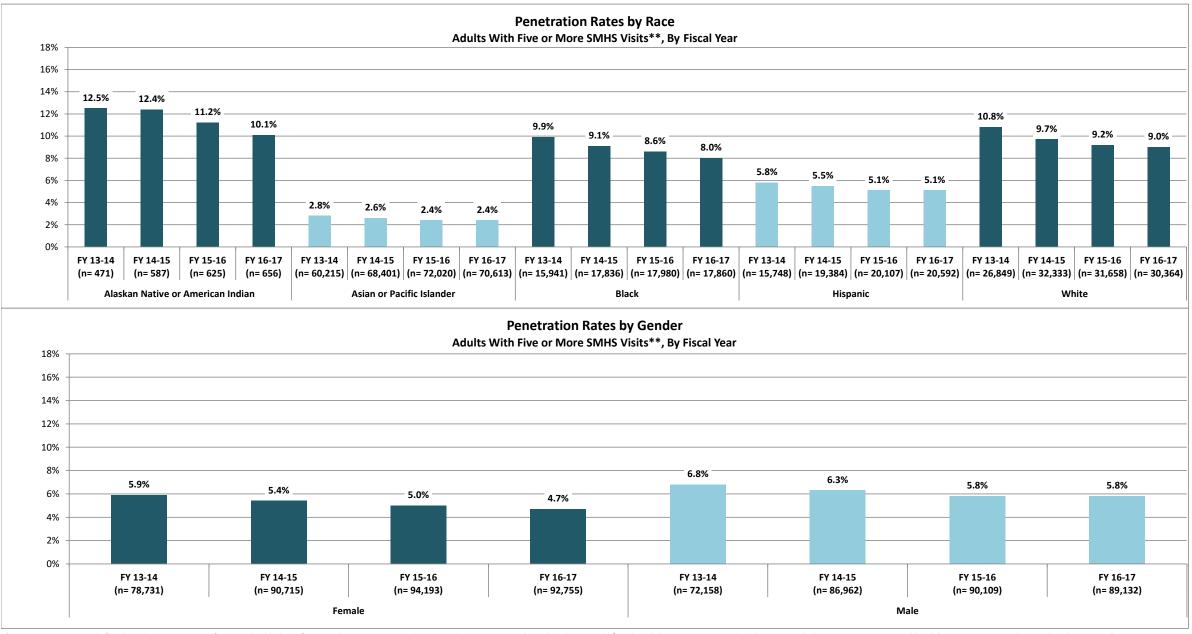
		FY 13-14			FY 14-15			FY 15-16		FY 16-17			
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or 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	9,488	150,889	6.3%	10,367	177,677	5.8%	9,932	184,302	5.4%	9,490	181,887	5.2%	
Adults 21-44	3,077	52,844	5.8%	3,553	70,085	5.1%	3,452	74,338	4.6%	3,303	72,916	4.5%	
Adults 45-64	5,073	54,664	9.3%	5,418	62,186	8.7%	5,090	63,005	8.1%	4,740	61,310	7.7%	
Adults 65+	1,338	43,381	3.1%	1,396	45,406	3.1%	1,390	46,959	3.0%	1,447	47,661	3.0%	
Alaskan Native or American Indian	59	471	12.5%	73	587	12.4%	70	625	11.2%	66	656	10.1%	
Asian or Pacific Islander	1,698	60,215	2.8%	1,779	68,401	2.6%	1,735	72,020	2.4%	1,673	70,613	2.4%	
Black	1,585	15,941	9.9%	1,627	17,836	9.1%	1,550	17,980	8.6%	1,422	17,860	8.0%	
Hispanic	916	15,748	5.8%	1,065	19,384	5.5%	1,021	20,107	5.1%	1,041	20,592	5.1%	
White	2,903	26,849	10.8%	3,147	32,333	9.7%	2,918	31,658	9.2%	2,719	30,364	9.0%	
Other	1,151	18,446	6.2%	1,377	23,674	5.8%	1,403	26,781	5.2%	1,442	28,018	5.1%	
Unknown	1,176	13,219	8.9%	1,299	15,462	8.4%	1,235	15,131	8.2%	1,127	13,784	8.2%	
Female	4,606	78,731	5.9%	4,879	90,715	5.4%	4,673	94,193	5.0%	4,333	92,755	4.7%	
Male	4,882	72,158	6.8%	5,488	86,962	6.3%	5,259	90,109	5.8%	5,157	89,132	5.8%	



<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\*\*



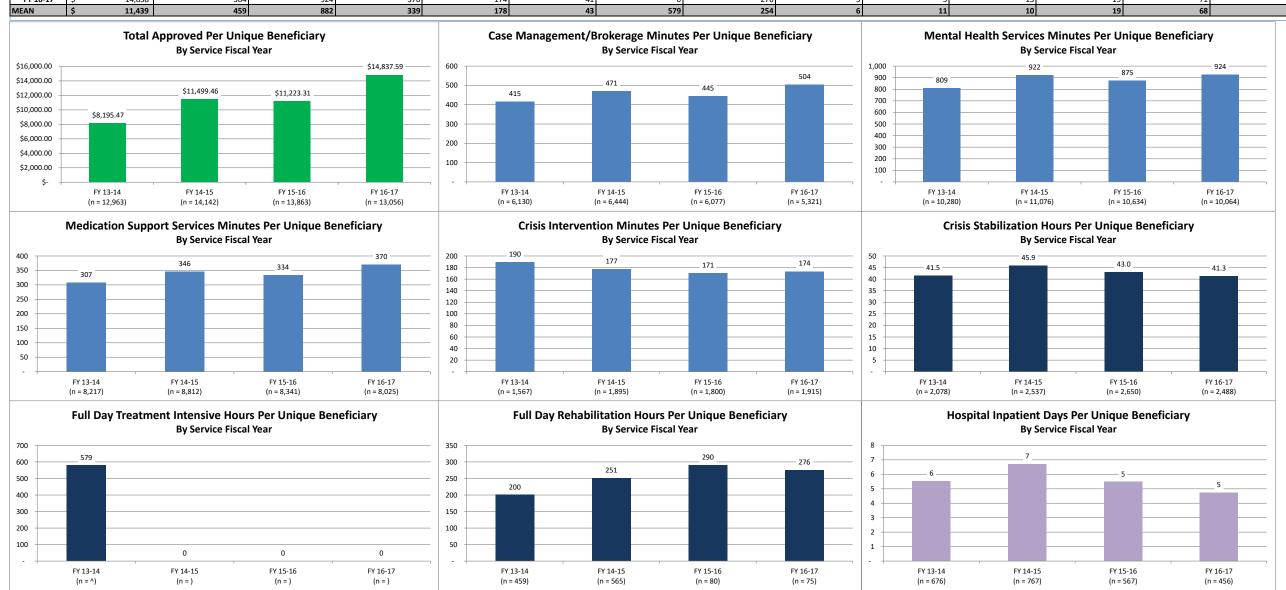
<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

<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 Francisco 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)		
FY 13-14	\$ 8,195	415	809	307	190	41	579	200	6	17	10	18	65	13
FY 14-15	\$ 11,499	471	922	346	177	46	0	251	7	10	8	20	72	9
FY 15-16	\$ 11,223	445	875	334	171	43	0	290	5	13	9	18	64	7
FY 16-17	\$ 14,838	504	924	370	174	41	0	276	5	5	13	19	71	6
MEAN	\$ 11,439	459	882	339	178	43	579	254	6	11	10	19	68	9



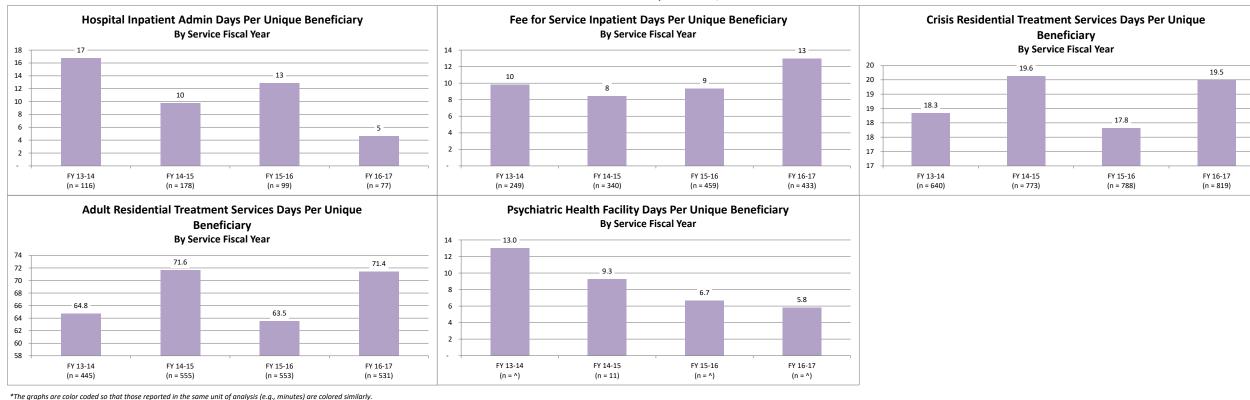
<sup>\*</sup>The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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 Francisco 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.

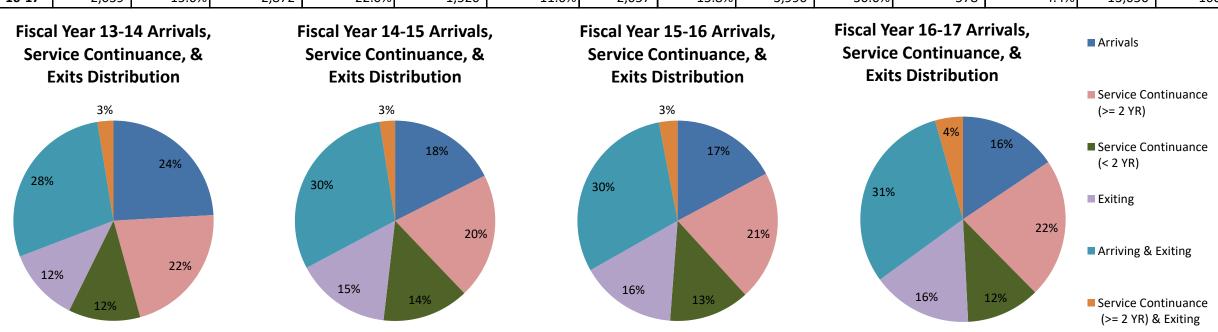
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<sup>^</sup> Data has been suppressed to protect patient privacy.

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

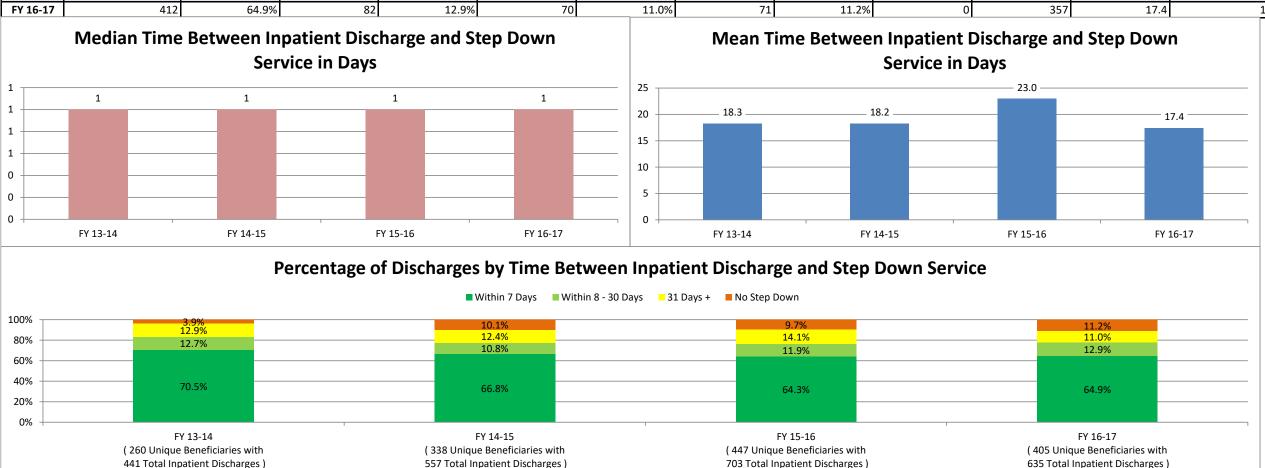
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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) & Exiting Count	(>= 2 YR) and	Total Count	Total %
FY 13-14	3,122	24.1%	2,798	21.6%	1,510	11.6%	1,542	11.9%	3,653	28.2%	338	2.6%	12,963	100%
FY 14-15	2,485	17.6%	2,864	20.3%	1,974	14.0%	2,181	15.4%	4,289	30.3%	349	2.5%	14,142	100%
FY 15-16	2,391	17.2%	2,911	21.0%	1,800	13.0%	2,161	15.6%	4,180	30.2%	420	3.0%	13,863	100%
FY 16-17	2,039	15.6%	2,872	22.0%	1,520	11.6%	2,057	15.8%	3,990	30.6%	578	4.4%	13,056	100%



## 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	Sten Down within	Step Down Between 8 and 30	Inpatient Discharges with	Days from	Innatient	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	311	70.5%	56	12.7%	57	12.9%	17	3.9%	0	361	18.3	1
FY 14-15	372	66.8%	60	10.8%	69	12.4%	56	10.1%	0	334	18.2	1
FY 15-16	452	64.3%	84	11.9%	99	14.1%	68	9.7%	0	354	23.0	1
FY 16-17	412	64.9%	82	12.9%	70	11.0%	71	11.2%	0	357	17.4	1
					_			_	_			



<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.