# 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.

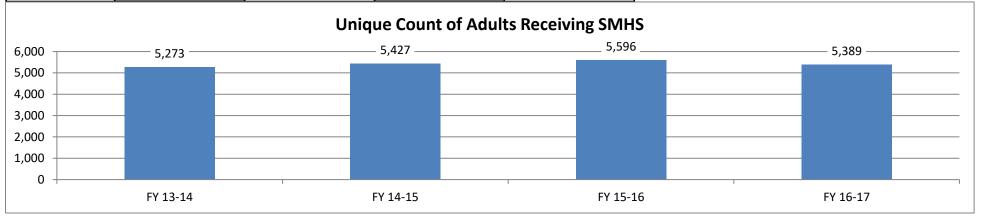
\*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	5,273		67,942	
FY 14-15	5,427	2.9%	85,408	25.7%
FY 15-16	5,596	3.1%	90,909	6.4%
FY 16-17	5,389	-3.7%	91,010	0.1%
Compound Annual Growth Rate SFY**		0.7%		10.2%

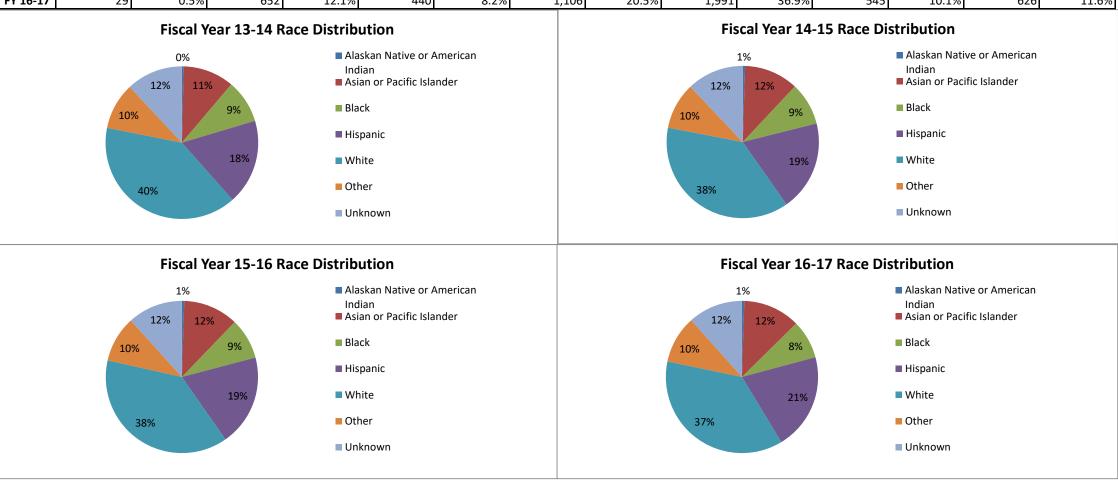


<sup>\*</sup>SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

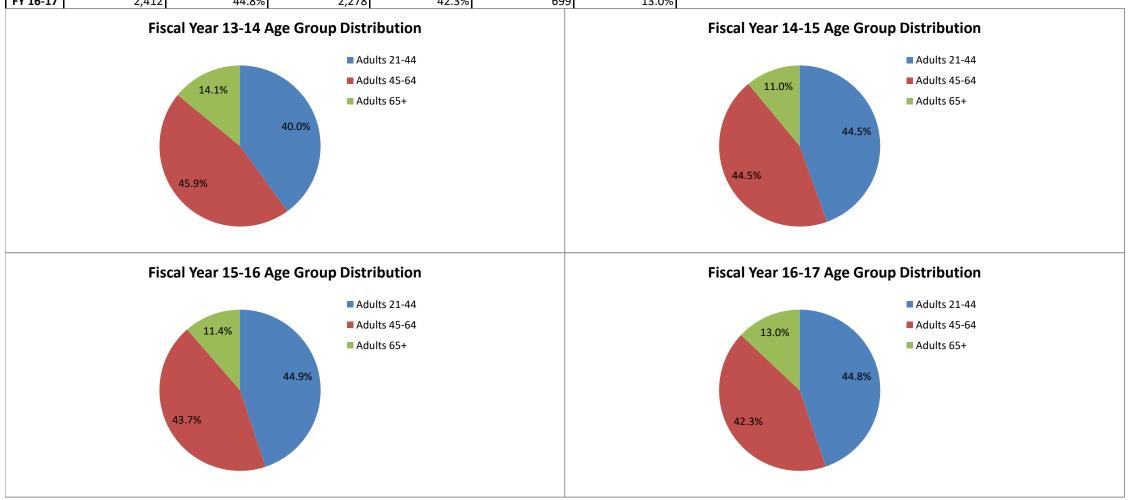
San Mateo County as of March 22, 2018

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	21	0.4%	568	10.8%	483	9.2%	953	18.1%	2,093	39.7%	522	9.9%	633	12.0%
FY 14-15	27	0.5%	622	11.5%	492	9.1%	1,041	19.2%	2,050	37.8%	539	9.9%	656	12.1%
FY 15-16	29	0.5%	652	11.7%	487	8.7%	1,087	19.4%	2,137	38.2%	548	9.8%	656	11.7%
FY 16-17	29	0.5%	652	12.1%	440	8.2%	1,106	20.5%	1,991	36.9%	545	10.1%	626	11.6%
		Fiscal Y	ear 13-14 R	ace Distrib	ution				Fis	cal Year 14	-15 Race Di	stribution		

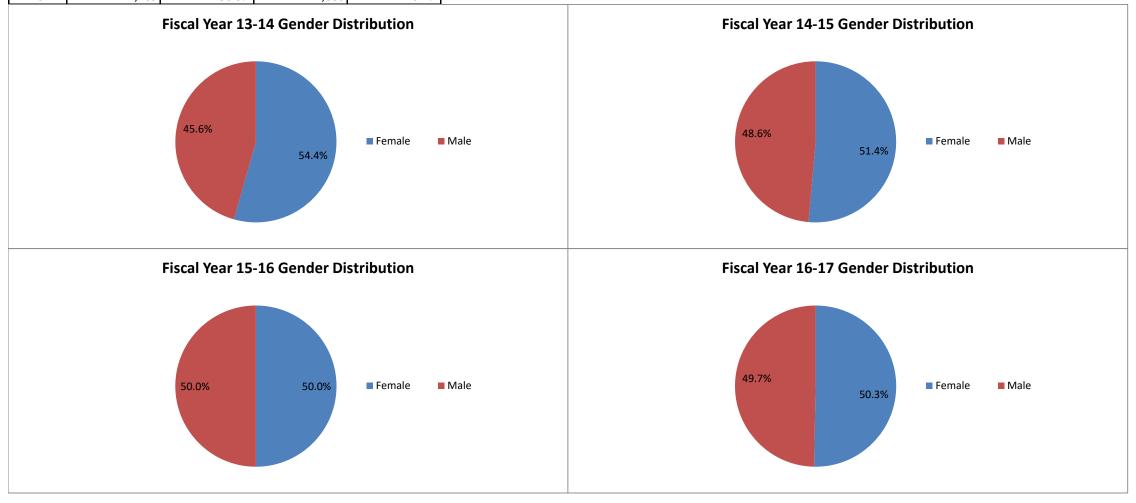


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	2,107	40.0%	2,421	45.9%	745	14.1%
FY 14-15	2,413	44.5%	2,415	44.5%	599	11.0%
FY 15-16	2,510	44.9%	2,446	43.7%	640	11.4%
FY 16-17	2.412	44.8%	2.278	42.3%	699	13.0%

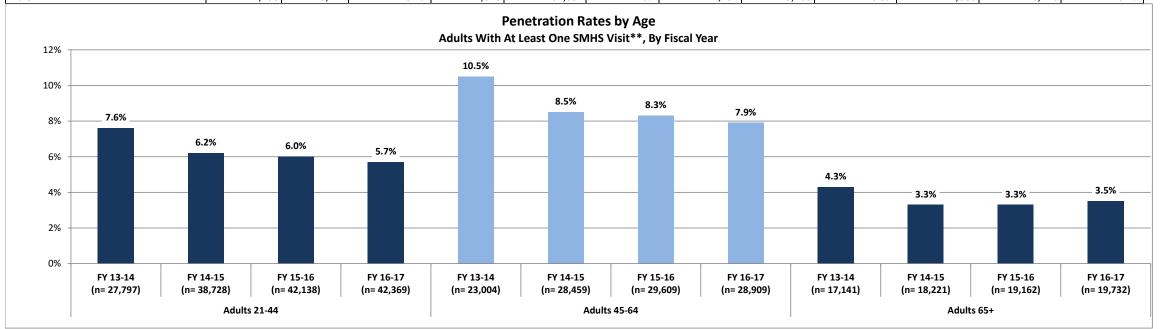


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	2,868	54.4%	2,405	45.6%
FY 14-15	2,787	51.4%	2,640	48.6%
FY 15-16	2,799	50.0%	2,797	50.0%
FY 16-17	2,709	50.3%	2,680	49.7%



## 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	5,273	67,942	7.8%	5,427	85,408	6.4%	5,596	90,909	6.2%	5,389	91,010	5.9%		
Adults 21-44	2,107	27,797	7.6%	2,413	38,728	6.2%	2,510	42,138	6.0%	2,412	42,369	5.7%		
Adults 45-64	2,421	23,004	10.5%	2,415	28,459	8.5%	2,446	29,609	8.3%	2,278	28,909	7.9%		
Adults 65+	745	17,141	4.3%	599	18,221	3.3%	640	19,162	3.3%	699	19,732	3.5%		
Alaskan Native or American Indian	21	189	11.1%	27	250	10.8%	29	252	11.5%	29	226	12.8%		
Asian or Pacific Islander	568	18,967	3.0%	622	23,587	2.6%	652	25,640	2.5%	652	25,478	2.6%		
Black	483	3,454	14.0%	492	3,821	12.9%	487	3,857	12.6%	440	3,644	12.1%		
Hispanic	953	17,578	5.4%	1,041	23,015	4.5%	1,087	24,424	4.5%	1,106	25,287	4.4%		
White	2,093	15,062	13.9%	2,050	18,327	11.2%	2,137	19,014	11.2%	1,991	18,509	10.8%		
Other	522	7,246	7.2%	539	8,995	6.0%	548	9,878	5.5%	545	10,271	5.3%		
Unknown	633	5,446	11.6%	656	7,413	8.8%	656	7,844	8.4%	626	7,595	8.2%		
Female	2,868	39,218	7.3%	2,787	47,751	5.8%	2,799	50,646	5.5%	2,709	50,800	5.3%		
Male	2,405	28,724	8.4%	2,640	37,657	7.0%	2,797	40,263	6.9%	2,680	40,210	6.7%		

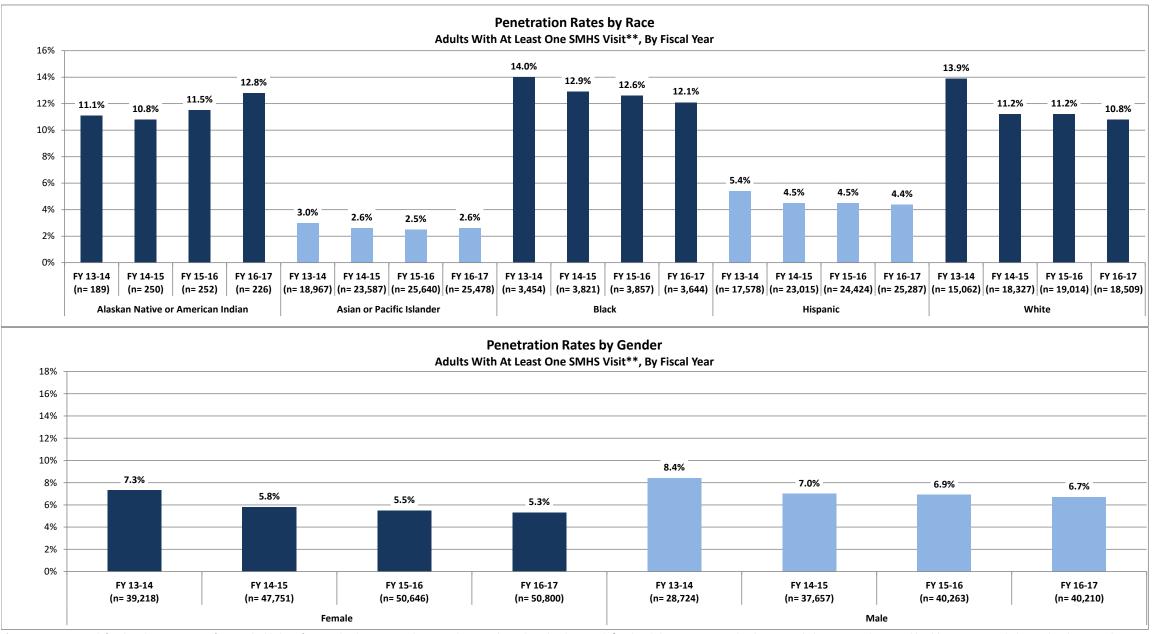


<sup>\*</sup>Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

\*\*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.

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

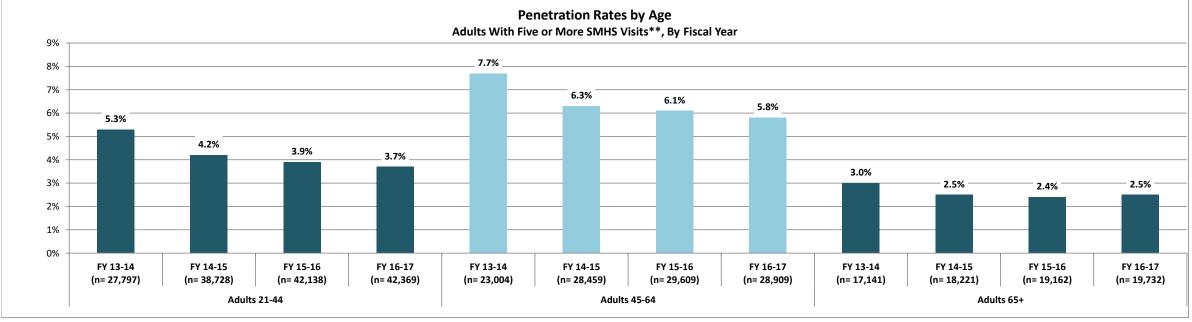


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<sup>\*\*</sup>Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

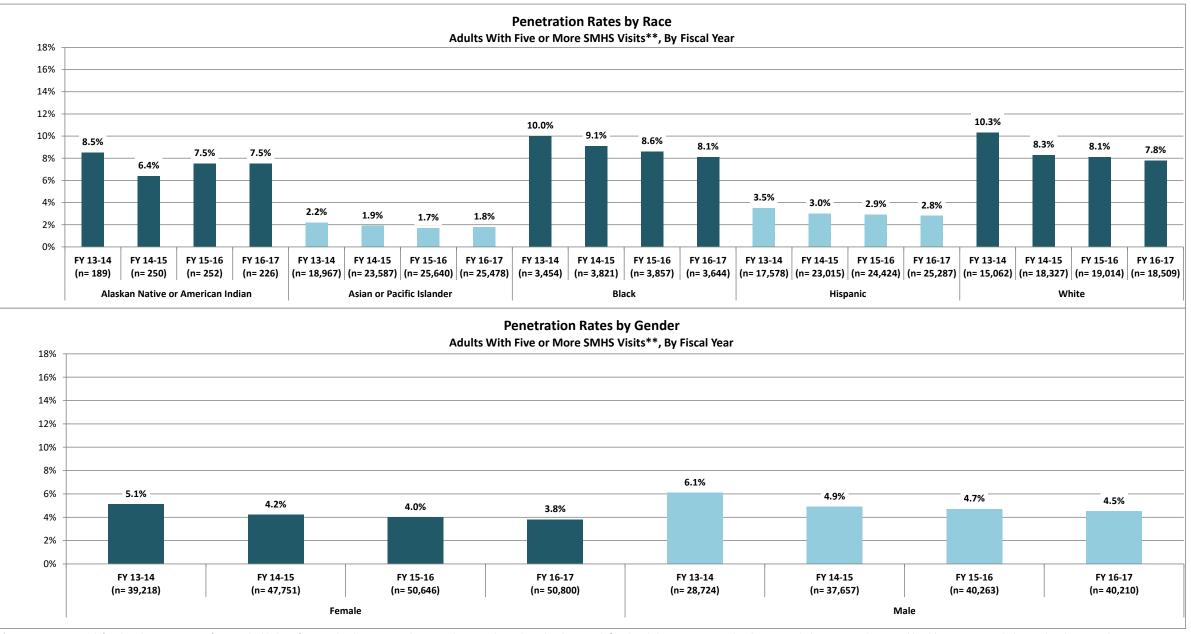
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	3,773	67,942	5.6%	3,884	85,408	4.5%	3,898	90,909	4.3%	3,727	91,010	4.1%
Adults 21-44	1,473	27,797	5.3%	1,624	38,728	4.2%	1,629	42,138	3.9%	1,553	42,369	3.7%
Adults 45-64	1,779	23,004	7.7%	1,803	28,459	6.3%	1,804	29,609	6.1%	1,673	28,909	5.8%
Adults 65+	521	17,141	3.0%	457	18,221	2.5%	465	19,162	2.4%	501	19,732	2.5%
Alaskan Native or American Indian	16	189	8.5%	16	250	6.4%	19	252	7.5%	17	226	7.5%
Asian or Pacific Islander	410	18,967	2.2%	447	23,587	1.9%	436	25,640	1.7%	451	25,478	1.8%
Black	346	3,454	10.0%	346	3,821	9.1%	330	3,857	8.6%	296	3,644	8.1%
Hispanic	612	17,578	3.5%	693	23,015	3.0%	709	24,424	2.9%	696	25,287	2.8%
White	1,544	15,062	10.3%	1,523	18,327	8.3%	1,549	19,014	8.1%	1,441	18,509	7.8%
Other	353	7,246	4.9%	374	8,995	4.2%	363	9,878	3.7%	362	10,271	3.5%
Unknown	492	5,446	9.0%	485	7,413	6.5%	492	7,844	6.3%	464	7,595	6.1%
Female	2,014	39,218	5.1%	2,020	47,751	4.2%	2,004	50,646	4.0%	1,936	50,800	3.8%
Male	1,759	28,724	6.1%	1,864	37,657	4.9%	1,894	40,263	4.7%	1,791	40,210	4.5%



<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 Mateo 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	\$ 6,726	396	842	296	124	22	0	184	9	14	10	33	111	2
FY 14-15	\$ 7,741	408	755	314	107	25	246	261	7	19	11	31	128	14
FY 15-16	\$ 7,318	354	728	284	128	28	0	32	7	21	12	35	111	7
FY 16-17	\$ 7,231	341	924	268	123	29	0	468	8	24	14	36	118	7
MEAN	\$ 7,254	375	812	290	120	26	246	236	8	20	12	34	117	7



<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 Mateo County as of March 22, 2018

Beneficiary By Service Fiscal Year

31.3

FY 14-15

(n = 135)

34.8

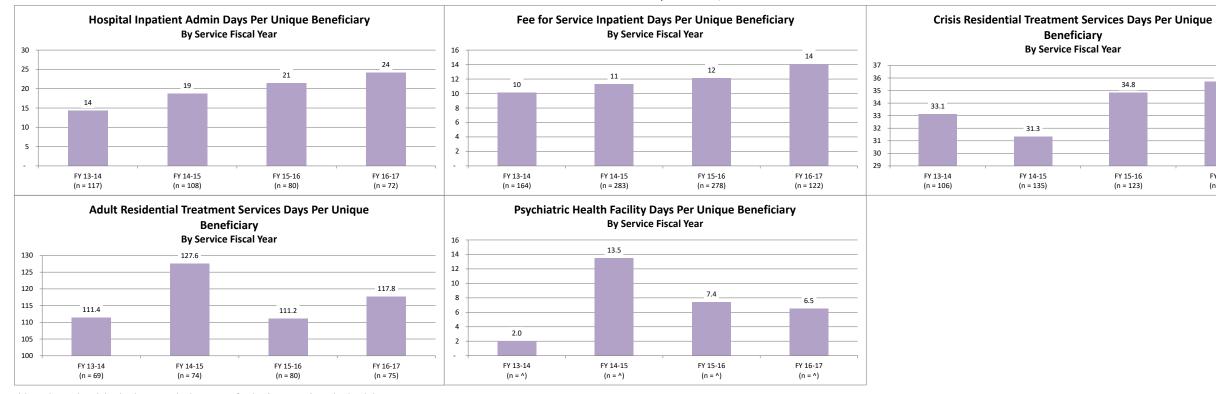
FY 15-16

(n = 123)

35.7

FY 16-17

(n = 121)



<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.

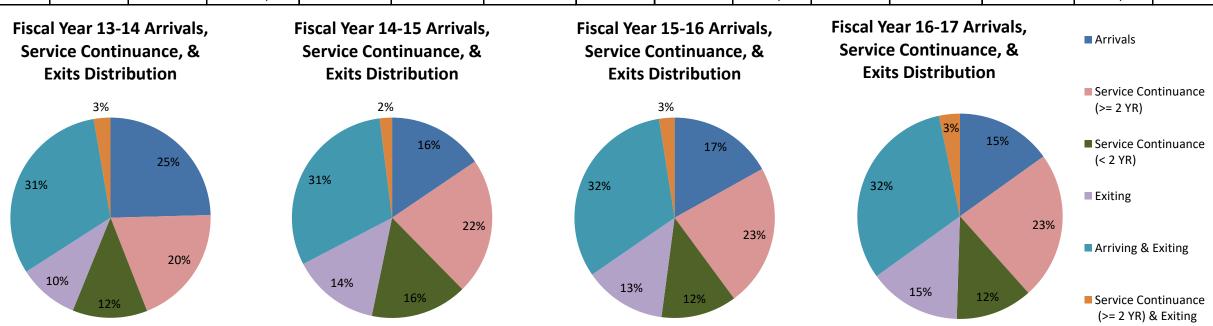
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<sup>^</sup> Data has been suppressed to protect patient privacy.

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

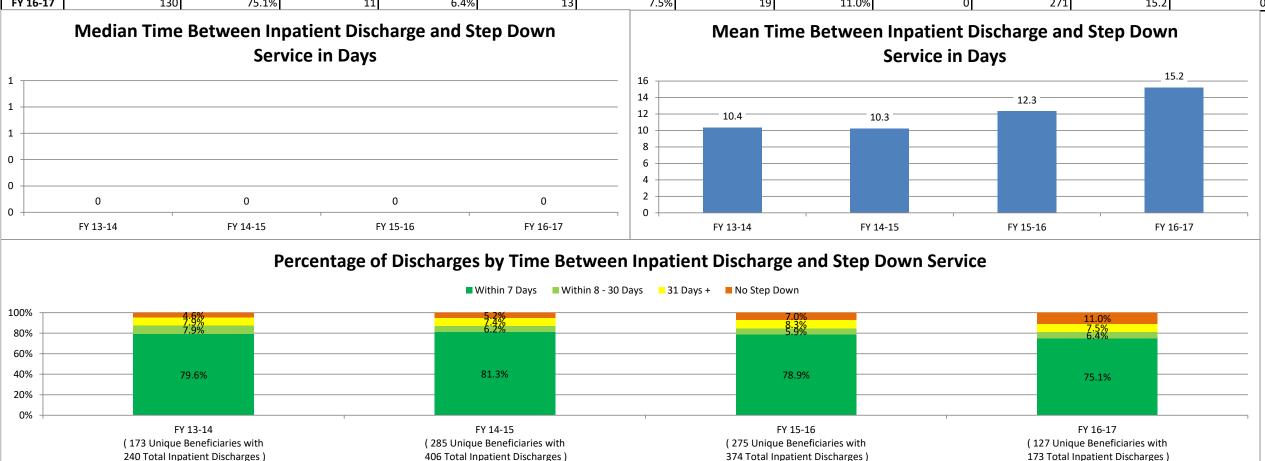
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and		Total %
FY 13-14	1,295	24.6%	1,027	19.5%	638	12.1%	515	9.8%	1,653	31.4%	144	2.7%	5,272	100%
FY 14-15	842	15.5%	1,202	22.1%	847	15.6%	763	14.1%	1,663	30.6%	110	2.0%	5,427	100%
FY 15-16	948	16.9%	1,286	23.0%	680	12.2%	743	13.3%	1,797	32.1%	142	2.5%	5,596	100%
FY 16-17	813	15.1%	1,256	23.3%	654	12.1%	788	14.6%	1,702	31.6%	176	3.3%	5,389	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	Step Down within	Step Down  Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30  Days from	Innationt	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	191	79.6%	19	7.9%	19	7.9%	11	4.6%	0	314	10.4	0			
FY 14-15	330	81.3%	25	6.2%	30	7.4%	21	5.2%	0	364	10.3	0			
FY 15-16	295	78.9%	22	5.9%	31	8.3%	26	7.0%	0	322	12.3	0			
FY 16-17	130	75.1%	11	6.4%	13	7.5%	19	11.0%	0	271	15.2	0			
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<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.