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.

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

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.

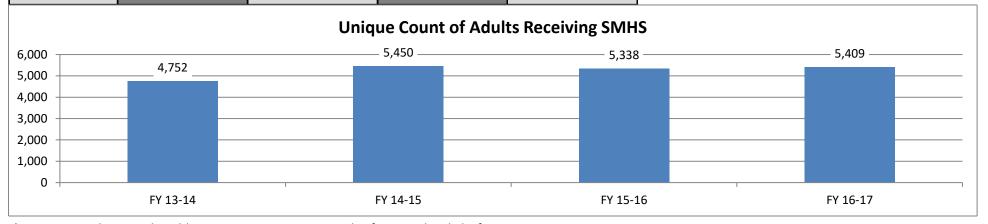
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	4,752		91,511	
FY 14-15	5,450	14.7%	119,761	30.9%
FY 15-16	5,338	-2.1%	131,659	9.9%
FY 16-17	5,409	1.3%	139,120	5.7%
Compound Annual Growth Rate SFY**		4.4%		15.0%

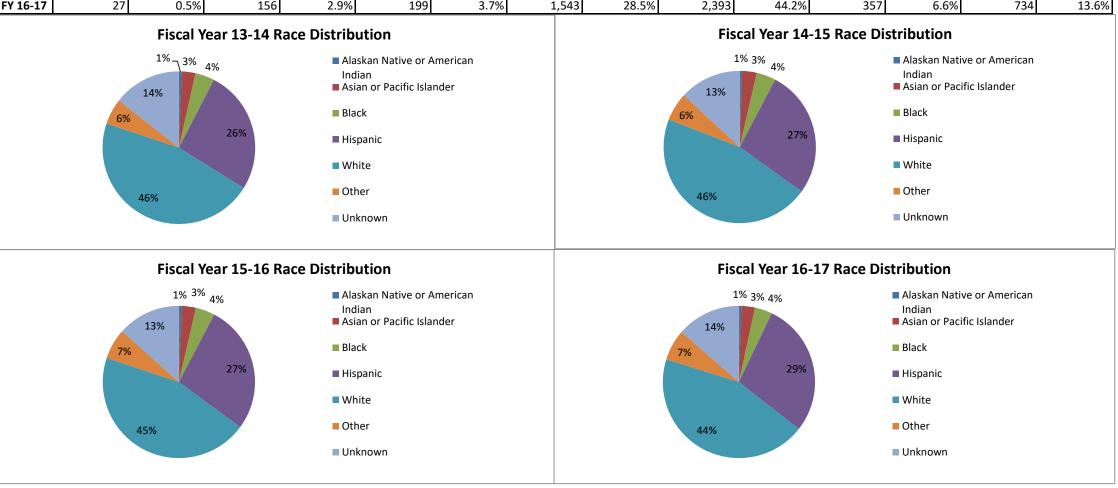


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

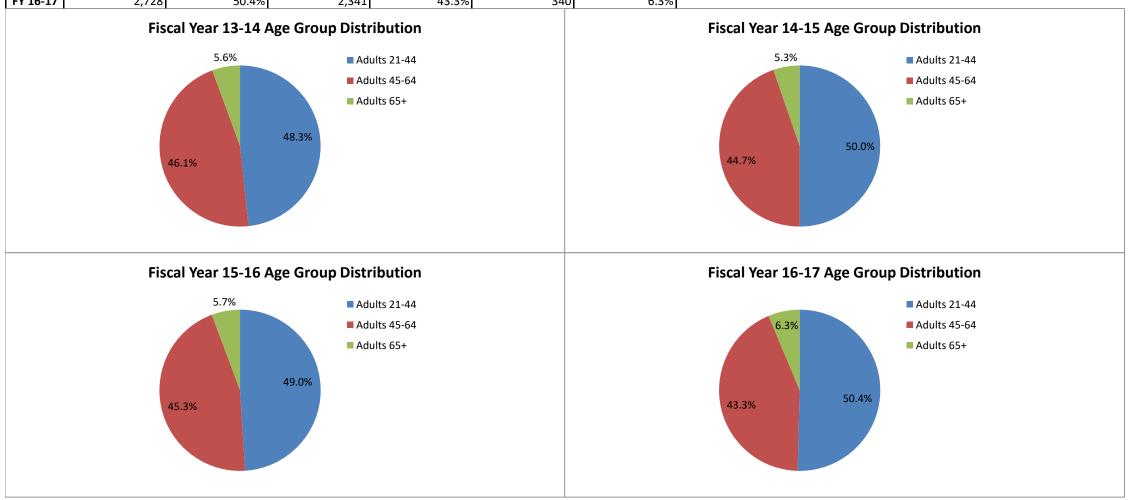
Ventura County as of March 22, 2018

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	27	0.6%	137	2.9%	193	4.1%	1,248	26.3%	2,202	46.3%	263	5.5%	682	14.4%	
FY 14-15	29	0.5%	168	3.1%	224	4.1%	1,482	27.2%	2,502	45.9%	329	6.0%	716	13.1%	
FY 15-16	33	0.6%	160	3.0%	218	4.1%	1,462	27.4%	2,402	45.0%	346	6.5%	717	13.4%	
FY 16-17	27	0.5%	156	2.9%	199	3.7%	1,543	28.5%	2,393	44.2%	357	6.6%	734	13.6%	
		Fiscal V	/ear 13-14 R	ace Distrib	ution			Fiscal Year 14-15 Race Distribution							

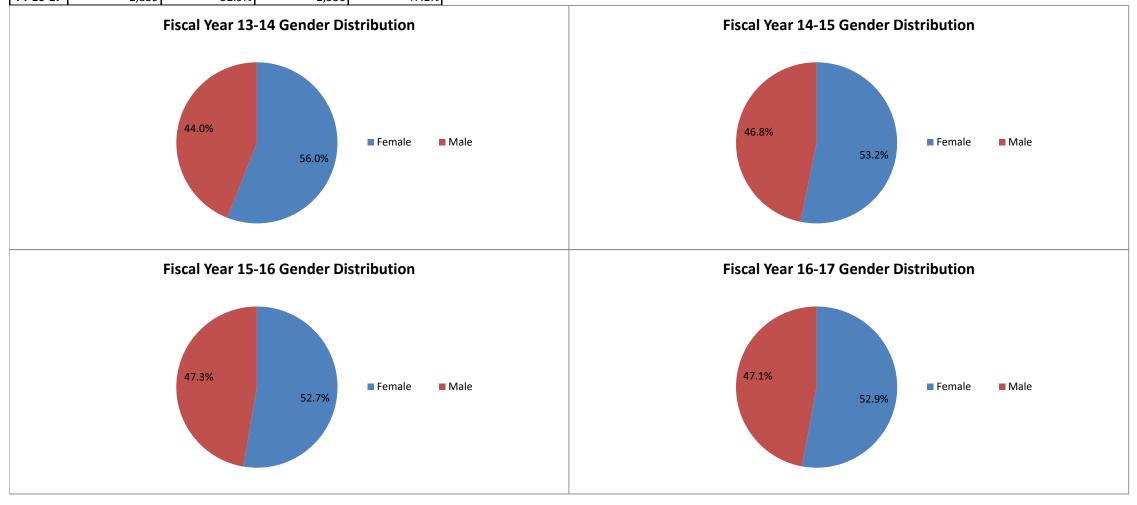


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	2,296	48.3%	2,191	46.1%	265	5.6%
FY 14-15	2,725	50.0%	2,436	44.7%	289	5.3%
FY 15-16	2,618	49.0%	2,418	45.3%	302	5.7%
FY 16-17	2.728	50.4%	2.341	43.3%	340	6.3%

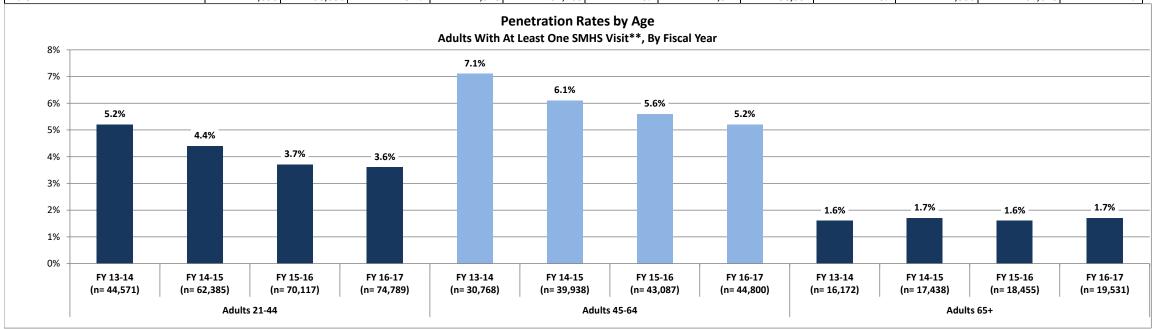


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	2,662	56.0%	2,090	44.0%
FY 14-15	2,902	53.2%	2,548	46.8%
FY 15-16	2,811	52.7%	2,527	47.3%
FY 16-17	2.859	52.9%	2.550	47.1%



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

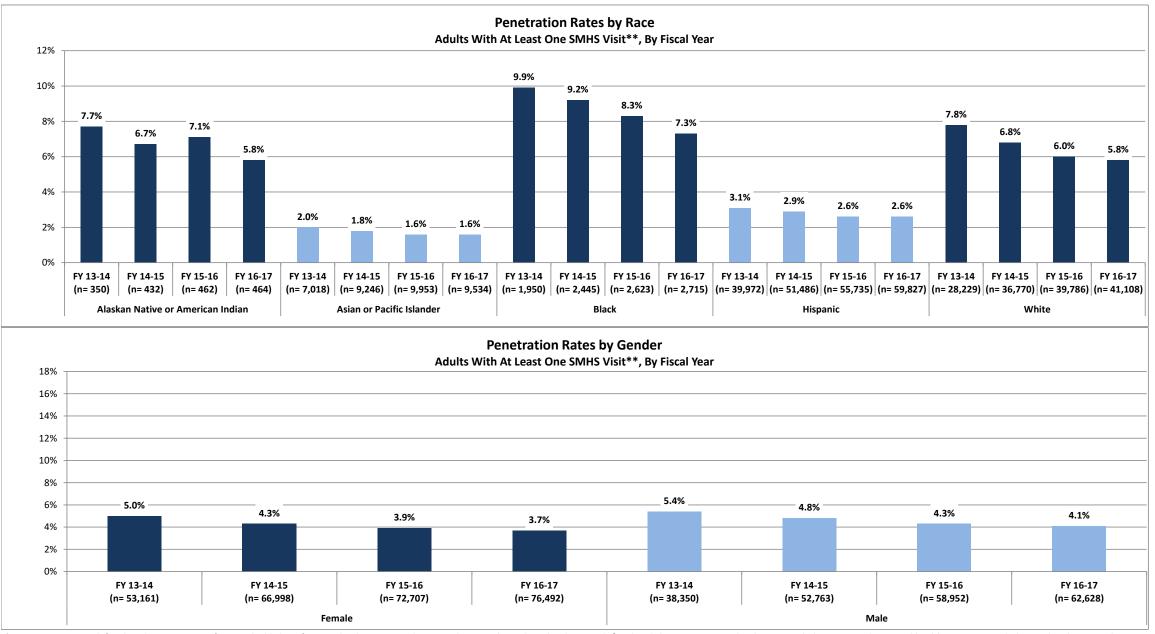
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	4,752	91,511	5.2%	5,450	119,761	4.6%	5,338	131,659	4.1%	5,409	139,120	3.9%
Adults 21-44	2,296	44,571	5.2%	2,725	62,385	4.4%	2,618	70,117	3.7%	2,728	74,789	3.6%
Adults 45-64	2,191	30,768	7.1%	2,436	39,938	6.1%	2,418	43,087	5.6%	2,341	44,800	5.2%
Adults 65+	265	16,172	1.6%	289	17,438	1.7%	302	18,455	1.6%	340	19,531	1.7%
Alaskan Native or American Indian	27	350	7.7%	29	432	6.7%	33	462	7.1%	27	464	5.8%
Asian or Pacific Islander	137	7,018	2.0%	168	9,246	1.8%	160	9,953	1.6%	156	9,534	1.6%
Black	193	1,950	9.9%	224	2,445	9.2%	218	2,623	8.3%	199	2,715	7.3%
Hispanic	1,248	39,972	3.1%	1,482	51,486	2.9%	1,462	55,735	2.6%	1,543	59,827	2.6%
White	2,202	28,229	7.8%	2,502	36,770	6.8%	2,402	39,786	6.0%	2,393	41,108	5.8%
Other	263	6,236	4.2%	329	9,158	3.6%	346	10,803	3.2%	357	12,378	2.9%
Unknown	682	7,756	8.8%	716	10,224	7.0%	717	12,297	5.8%	734	13,094	5.6%
Female	2,662	53,161	5.0%	2,902	66,998	4.3%	2,811	72,707	3.9%	2,859	76,492	3.7%
Male	2,090	38,350	5.4%	2,548	52,763	4.8%	2,527	58,952	4.3%	2,550	62,628	4.1%



^{*}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**

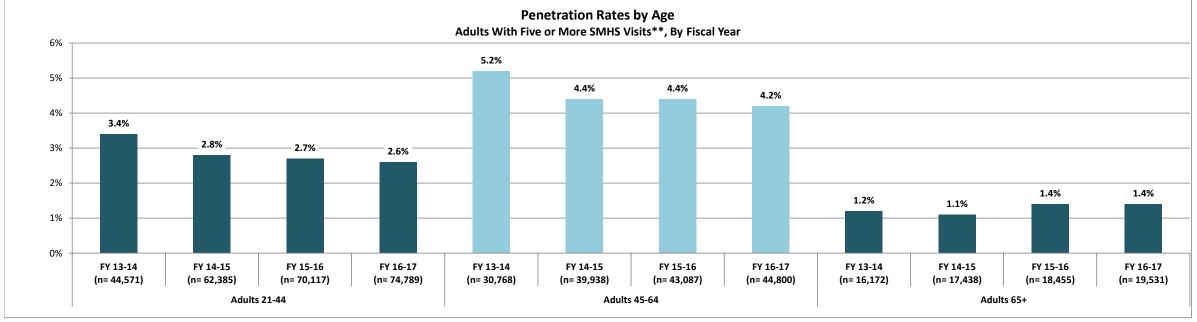


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

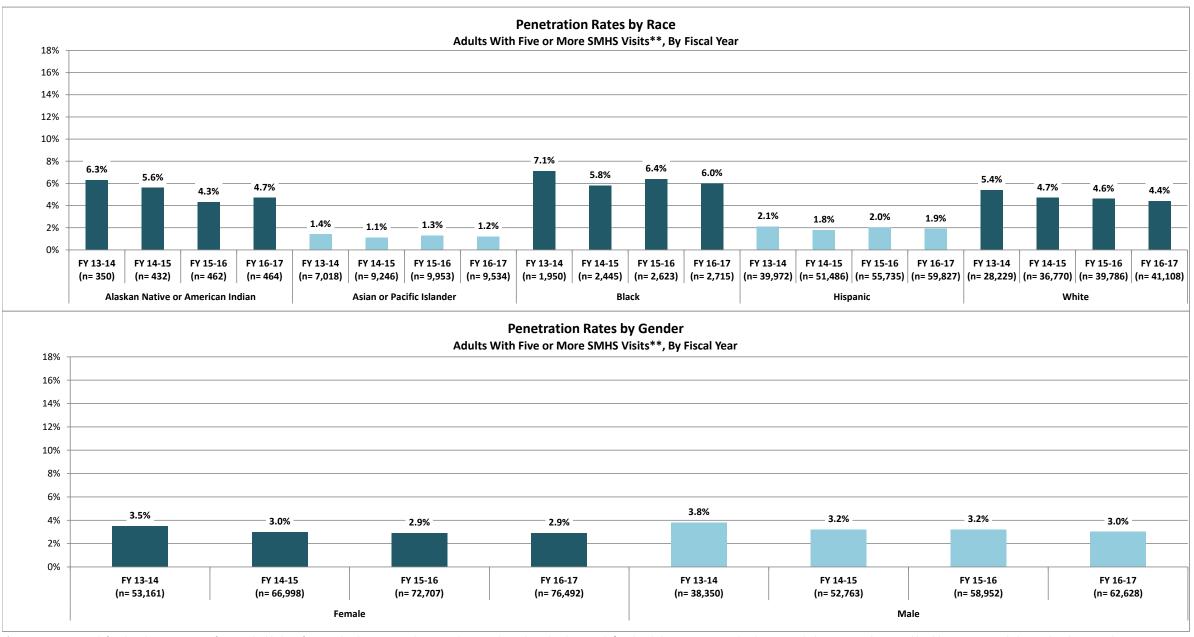
		FY 13-14			FY 14-15			FY 15-16		FY 16-17			
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or 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	3,300	91,511	3.6%	3,703	119,761	3.1%	4,017	131,659	3.1%	4,084	139,120	2.9%	
Adults 21-44	1,522	44,571	3.4%	1,766	62,385	2.8%	1,882	70,117	2.7%	1,925	74,789	2.6%	
Adults 45-64	1,589	30,768	5.2%	1,739	39,938	4.4%	1,885	43,087	4.4%	1,889	44,800	4.2%	
Adults 65+	189	16,172	1.2%	198	17,438	1.1%	250	18,455	1.4%	270	19,531	1.4%	
Alaskan Native or American Indian	22	350	6.3%	24	432	5.6%	20	462	4.3%	22	464	4.7%	
Asian or Pacific Islander	97	7,018	1.4%	104	9,246	1.1%	125	9,953	1.3%	119	9,534	1.2%	
Black	138	1,950	7.1%	143	2,445	5.8%	168	2,623	6.4%	163	2,715	6.0%	
Hispanic	845	39,972	2.1%	949	51,486	1.8%	1,091	55,735	2.0%	1,150	59,827	1.9%	
White	1,530	28,229	5.4%	1,737	36,770	4.7%	1,815	39,786	4.6%	1,807	41,108	4.4%	
Other	161	6,236	2.6%	200	9,158	2.2%	225	10,803	2.1%	250	12,378	2.0%	
Unknown	507	7,756	6.5%	546	10,224	5.3%	573	12,297	4.7%	573	13,094	4.4%	
Female	1,843	53,161	3.5%	2,006	66,998	3.0%	2,127	72,707	2.9%	2,183	76,492	2.9%	
Male	1,457	38,350	3.8%	1,697	52,763	3.2%	1,890	58,952	3.2%	1,901	62,628	3.0%	



^{*}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. 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*

Ventura 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	\$ 4,822	442	823	265	216	14	0	0	4	5	8	17	152	4
FY 14-15	\$ 5,032	385	889	259	225	20	0	0	5	5	6	15	145	7
FY 15-16	\$ 5,852	436	962	303	212	18	0	0	6	4	8	18	164	2
FY 16-17	\$ 6,755	484	931	319	234	21	390	0	8	8	7	16	164	5
MEAN	\$ 5,615	437	901	286	222	18	390	0	6	5	7	17	156	4



^{*}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*

Ventura County as of March 22, 2018

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

FY 15-16

(n = 184)

FY 16-17

(n = 207)

14.8

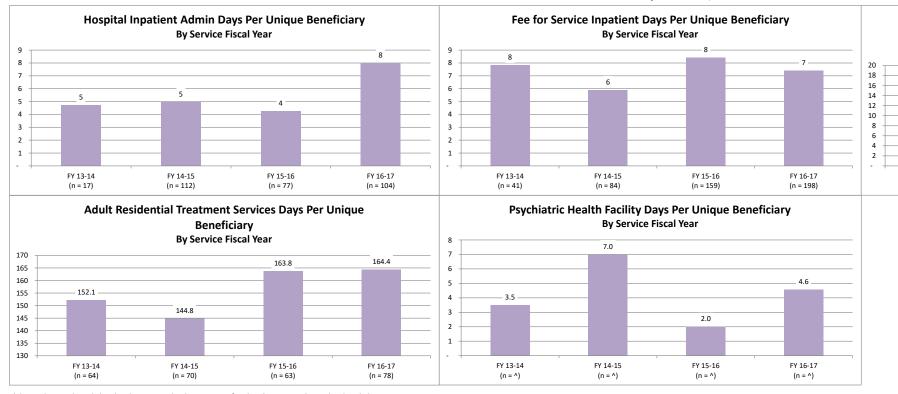
FY 14-15

(n = 214)

17.4

FY 13-14

(n = 142)



^{*}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.

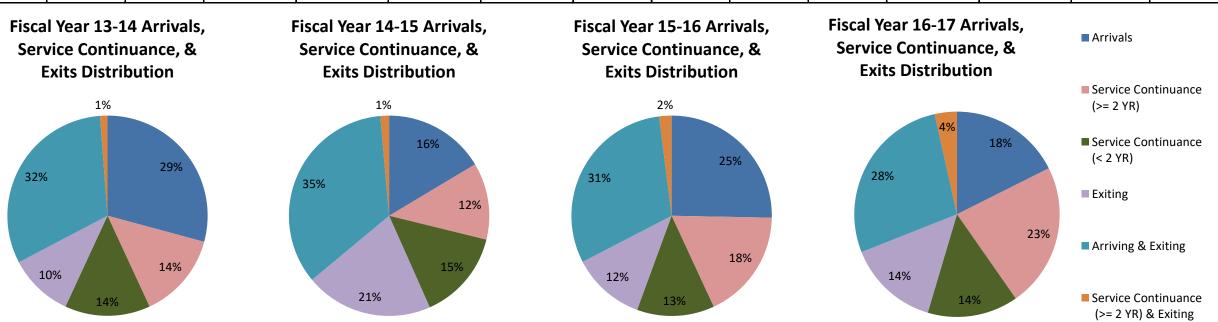
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[^] Data has been suppressed to protect patient privacy.

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

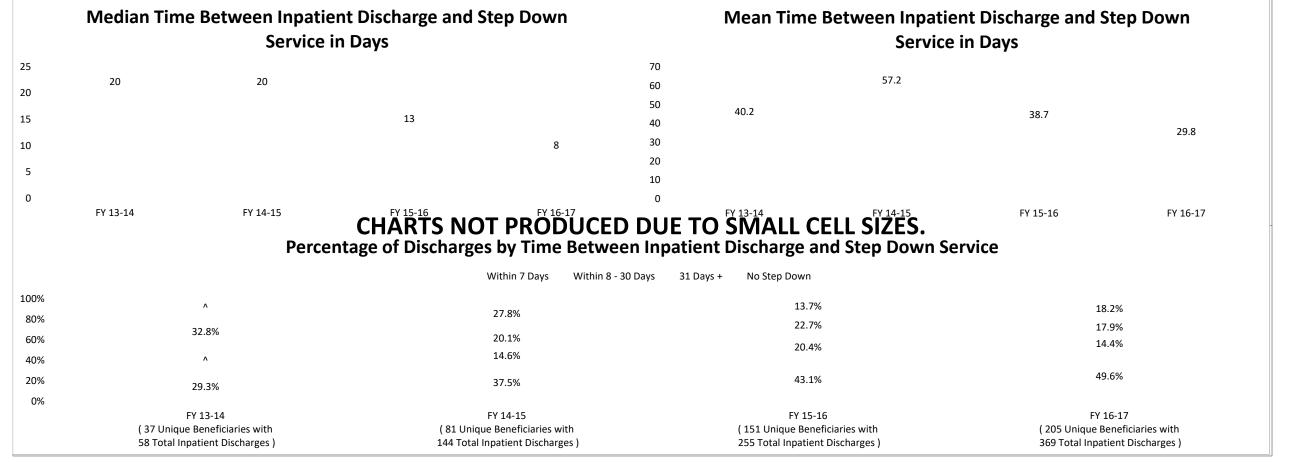
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 13-14	1,388	29.2%	661	13.9%	656	13.8%	493	10.4%	1,495	31.5%	59	1.2%	4,752	100%
FY 14-15	893	16.4%	677	12.4%	791	14.5%	1,125	20.6%	1,887	34.6%	77	1.4%	5,450	100%
FY 15-16	1,351	25.3%	952	17.8%	665	12.5%	632	11.8%	1,631	30.6%	107	2.0%	5,338	100%
FY 16-17	953	17.6%	1,228	22.7%	774	14.3%	778	14.4%	1,487	27.5%	189	3.5%	5,409	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	Inpatient Discharges with	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Inpatient Discharges with	Step Down > 30	Inpatient Discharges with a	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	17	29.3%	۸	۸	19	32.8%	۸	۸	0	248	40.2	20
FY 14-15	54	37.5%	21	14.6%	29	20.1%	40	27.8%	0	364	57.2	20
FY 15-16	110	43.1%	52	20.4%	58	22.7%	35	13.7%	0	364	38.7	13
FY 16-17	183	49.6%	53	14.4%	66	17.9%	67	18.2%	0	309	29.8	8



^{*} 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.

[^] Data has been suppressed to protect patient privacy.