Performance Outcomes Adult Specialty Mental Health Services Report Report Date September, 2016

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-in-time 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) 11/12, 12/13, 13/14, and 14/15.

Definitions

***Population** - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

- Age 22 or older during the approved date of service on the claim; or
- Age 21 during the approved date of the service on the claim and a birth date on or after July 1st of the Fiscal Year.

Data Sources -

Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 11/12 through FY 14/15.
Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 11/12 through 14/15.

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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 FY14/15. 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

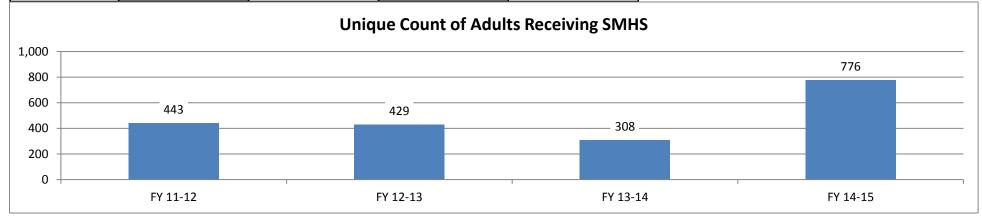
*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and 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 the hospital from which the patient is discharged and receives step-down services.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	443		12,027	
FY 12-13	429	-3.2%	12,180	1.3%
FY 13-14	308	-28.2%	19,076	56.6%
FY 14-15	776	151.9%	22,896	20.0%
Compound Annual Growth Rate SFY**		20.5%		23.9%

Mendocino County



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

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

The Measures Catalog may be found at: http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

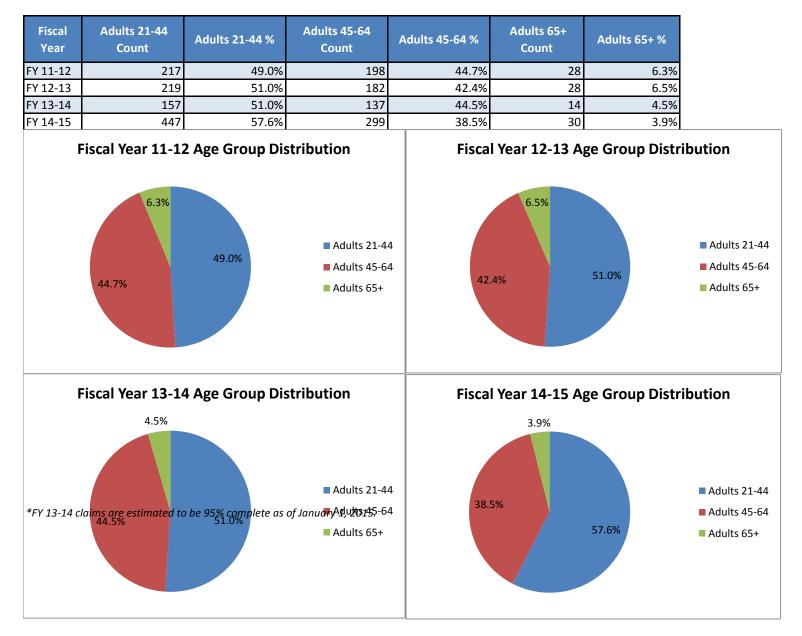
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Mendocino County

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 %
Y 11-12	20	4.5%	٨	٨	٨	٨	15	3.4%	366	82.6%	٨	۸	26	5.9%
Y 12-13	21	4.9%	٨	۸	^	۸	22	5.1%	331	77.2%	۸	٨	37	8.6%
Y 13-14	17	5.5%	^	^	^	۸	14	4.5%	234	76.0%	^	۸	29	9.49
Y 14-15	37	4.8%	15	1.9%	16	2.1%	56	7.2%	573	73.8%	۸	۸	^	۸
		Fiscal Y	'ear 11-12 F	Race Distrib					Fis		-13 Race Di			
		^ 6% 5%	^ _ 3%	Inc	askan Native or A Jian ian or Pacific Isla				^ 9%	^ ^ 5% 5%		Indian	tive or American	
					ack spanic							Black Hispanic		
					nite							White		
		83%		Ot	her				77%			Other		
					known							Unknown		
		Fiscal Y	CHAR 'ear 13-14 F	TS NC Race Distrib	DT PRC	DUC	ED DU	JE TO	SMAL Fis	L CEL	-15 Race Di	S. stribution		
	,	9% 6%	^ 5%	Inc	askan Native or A Jian ian or Pacific Isla				^ ^	^{2%} 2% 5%		Indian	tive or American cific Islander	
				Bla	ack					7%		Black		
Ү 13-14 с	laims are estima	ted to be 95% co	omplete as of Ja	His nuary 1, 2015.	spanic							Hispanic		
					nite							White		
				Ot	her				74%			Other		
		76%							/4/0					

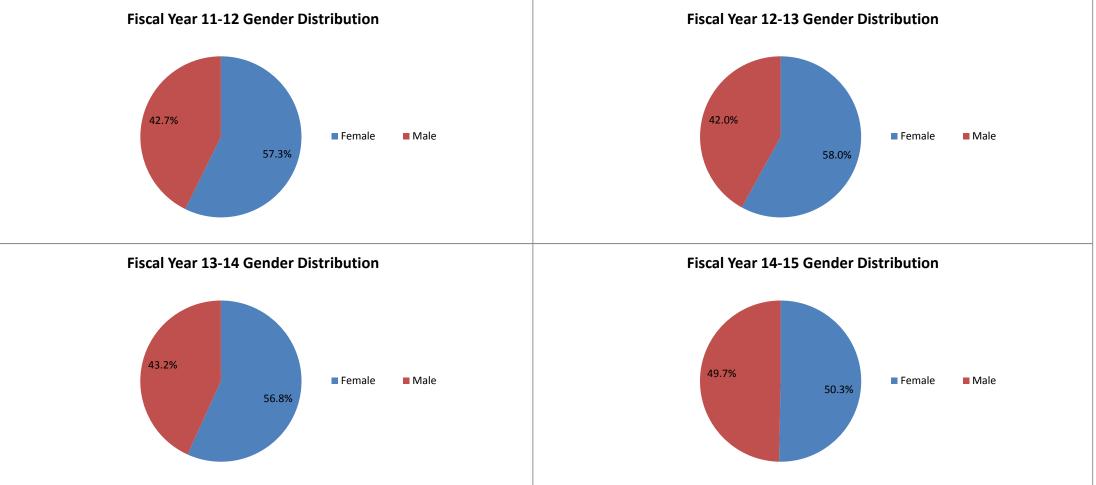
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Mendocino County



Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year Mendocino County

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	254	57.3%	189	42.7%
FY 12-13	249	58.0%	180	42.0%
FY 13-14	175	56.8%	133	43.2%
FY 14-15	390	50.3%	386	49.7%



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

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate
	443	12,027	3.7%	429	12,180	3.5%	308	19,076	1.6%	776	22,896	3.4
ults 21-44	217	5,754	3.8%	219	5,830	3.8%	157	9,433	1.7%	447	11,805	3.8
ults 45-64	198	3,806	5.2%	182		4.8%		6,914	2.0%	299	8,136	3.7
ults 65+	28	2,467	1.1%	28	2,550	1.1%	14	2,729	0.5%	30	2,955	1.0
askan Native or American Indian	20	849	2.4%	21	848	2.5%	17	1,197	1.4%	37	1,356	2.7
ian or Pacific Islander	٨	206	٨	^	208		۸	448	۸	15	579	2.6
ack	٨	131	۸	^	134	^	۸	222	۸	16	271	5.9
spanic	15	1,877	0.8%	22	1,960	1.1%	14	2,879	0.5%	56	3,636	1.5
hite	366	8,175	4.5%	331	8,191	4.0%	234	13,038	1.8%	573	15,425	3.7
her	٨	68	۸	^	64		۸	117	۸	۸	135	۸
known	26	721	3.6%	37	775	4.8%	29	1,175	2.5%	۸	1,494	۸
male	254	7,238	3.5%	249	7,389	3.4%	175	10,528	1.7%	390	12,191	3.2
ale	189	4,789	3.9%	180	4,791	3.8%	133	8,548	1.6%	386	10,705	3.6
18% 16% 14%					Least One SMHS	, by ris						
12%												
10%												
8%				5.20/								
6%	2.00/		2.02/	5.2%	4.8%							
4%	3.8%	7%	3.8%	_	_	2.0%	3.7%					
2%	^{1.}			-				1	.1%	- 1.1%	0.5%	1.0%
0% FY 11-12	FY 12-13 FY 1	3-14	FY 14-15	FY 11-12	FY 12-13	FY 13-14	FY 14-1	5 FY :	11-12	FY 12-13	FY 13-14	FY 14-15

*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 that have received 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.

(n= 3,800)

Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

(n= 11,805)

(n= 3,806)

(n= 5,754)

(n= 5,830)

(n= 9,433)

Adults 21-44

Adults 45-64

(n= 6,914)

(n= 8,136)

(n= 2,467)

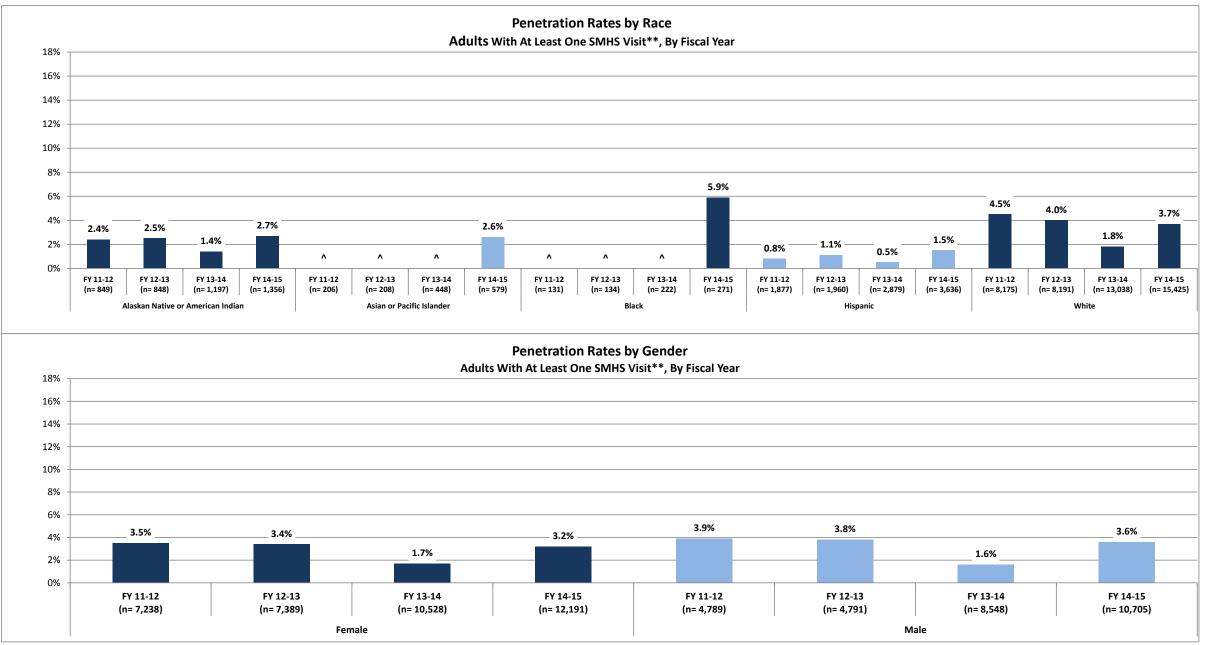
(n= 2,550)

(n= 2,729)

Adults 65+

(n= 2,955)

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



*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 that have received 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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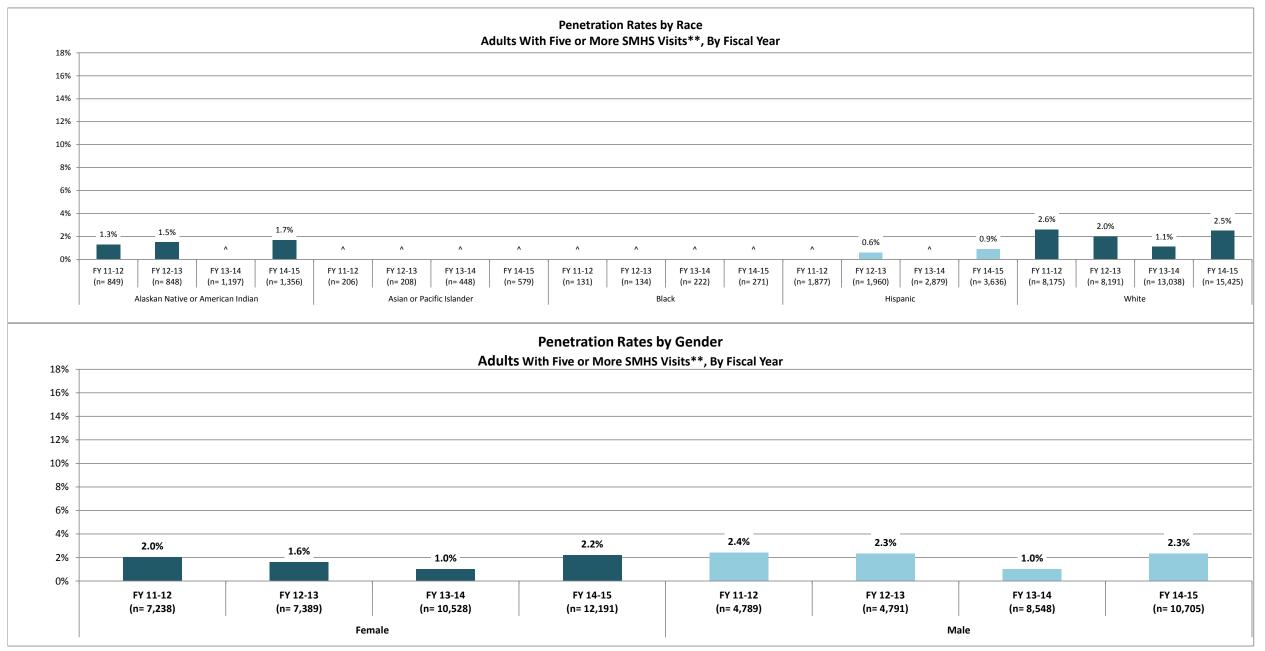
Penetration Rates* Report: Adults with Five or More SMHS Visits** Mendocino County

		FY 11-12			FY 12-13		FY 13-14				FY 14-15	ı
	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate
All	260	12,027	2.2%	226	12,180	1.9%	197	19,076	1.0%	514	22,896	2.2%
Adults 21-44	122	5,754	2.1%	۸	5,830	۸	^	9,433	^	289	11,805	2.4%
Adults 45-64	127	3,806	3.3%	115	3,800	3.0%	89	6,914	1.3%	210	8,136	2.6%
Adults 65+	11	2,467	0.4%	۸	2,550	^	^	2,729	^	15	2,955	0.5%
Alaskan Native or American Indian	11	849	1.3%	13	848	1.5%	^	1,197	^	23	1,356	1.7%
Asian or Pacific Islander	^	206	۸	۸	208	۸	^	448	^	^	579	^
Black	^	131	۸	۸	134	^	^	222	^	^	271	^
Hispanic	^	1,877	۸	11	1,960	0.6%		2,879	^	33	3,636	0.9%
White	209	8,175	2.6%	167	8,191	2.0%		13,038	1.1%	390	,	2.5%
Other	^	68	۸	۸	64	۸	^	117		^	135	۸
Unknown	20	721	2.8%	22	775	2.8%	22	1,175	1.9%	52	1,494	3.5%
Female	147	7,238	2.0%	116	7,389	1.6%	110	10,528	1.0%	264	12,191	2.2%
Male	113	4,789	2.4%	110	4,791	2.3%	87	8,548	1.0%	250	10,705	2.3%
16% 14% 12% 10% 8%												
6%												
4% 2.1%			2.4%	3.3%	3.0% —		2.6	%				
2%	^	۸				1.3%		(0.4%	٨	^	0.5%
		FY 13-14 n= 9,433)	FY 14-15 (n= 11,805)	FY 11-12 (n= 3,806)	FY 12-13 (n= 3,800)	FY 13-1 (n= 6,91				FY 12-13 (n= 2,550)	FY 13-14 (n= 2,729)	FY 14-15 (n= 2,955)
	Adults 21-44				A	dults 45-64				Adults 65	+	

*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 that 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 decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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



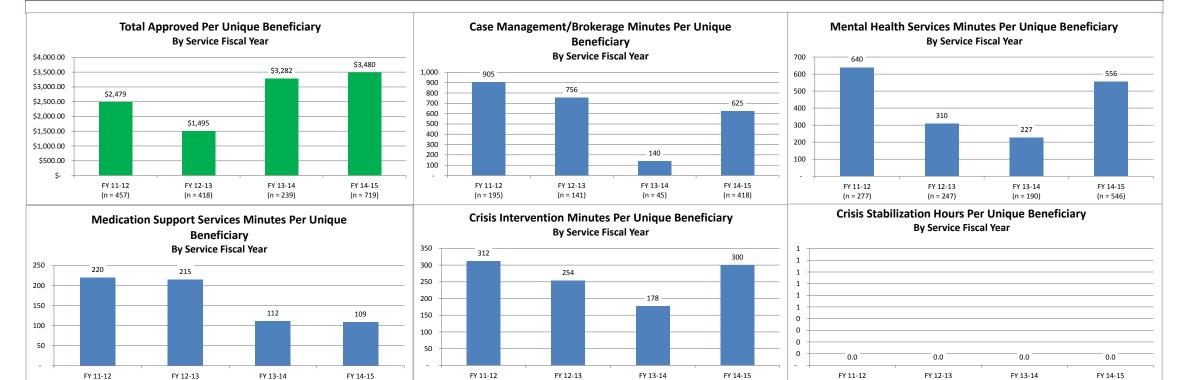
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**Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

Utilization Report*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year* Mendocino County

Fiscal Year		Case Management/ Brokerage (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 11-12	2,479	905	640	220	312	0	0	0	0	0	0	0	0	0
FY 12-13	1,495	756	310	215	254	0	0	0	0	0	0	0	0	0
FY 13-14	3,282	140	227	112	178	0	0	0	0	0	0	0	8	0
FY 14-15	3,480	625	556	109	300	0	0	0	0	0	0	0	13	0
MEAN	\$ 2,684.20	606	433	164	261	0	0	0	0	0	0	0	10	0



(n = 181)

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

FY 12-13

(n = 134)

FY 11-12

(n = 152)

Please note that (n) values listed at the bottom of each bar graph represent the actual number of adults that received the SMHS represented in their respective graph by Fiscal Year. ^ Data has been suppressed to protect patient privacy.

FY 14-15

(n = 201)

FY 11-12

(n = ^)

FY 13-14

(n = 148)

(n = ^)

(n = 286)

(n =)

(n =)

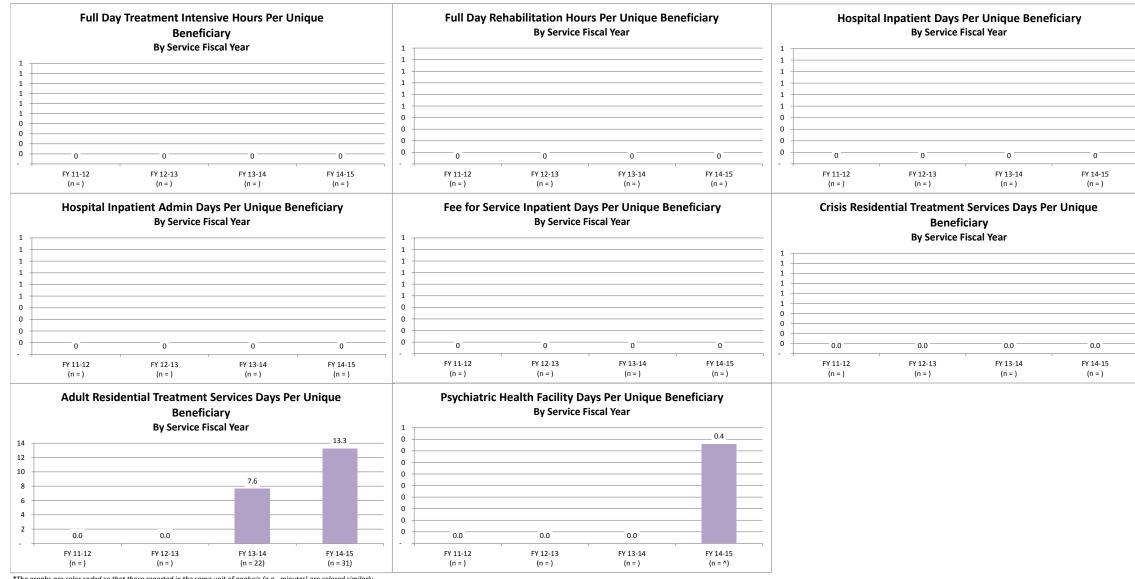
FY 13-14

(n =)

FY 14-15

(n =)

Utilization Report*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year* Mendocino County



*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 adults that received the SMHS represented in their respective graph by Fiscal Year.

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

CategoryDescription (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)ArrivalsAdults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.Service ContinuanceAdults 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).</td>ExitingAdults that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.Arriving & ExitingA distinct category in which adults met both the criteria for Arrivals and Exiting above for the fiscal year.Service Continuance &
ExitingA 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 12-13	38	8.9%	46	10.8%	28	6.6%	62	14.5%	229	53.6%	24	5.6%	427	100%
FY 13-14	54	17.8%	^	^	19	6.3%	69	22.7%	136	44.7%	^	^	304	92%
FY 14 - 15	231	29.8%	^	^	38	4.9%	37	4.8%	439	56.7%	٨	۸	774	96%

Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution

Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution

Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution

	6% 9%		Arrivals	^	Arrivals	٨	Arrivals
	6% 9%	11%	Service Continuance (>= 2 YR)	18%	Service Continuance (>= 2 YR)	30%	Service Continuance (>= 2 YR)
		CH				SIZES.	Service Continuance (< 2 YR)
			Exiting		Exiting 57%		Exiting
54%		15%	Arriving & Exiting	23%	Arriving & Exiting	5% ^ 5%	Arriving & Exiting
			Service Continuance (>= 2 YR) & Exiting		Service Continuance (>= 2 YR) & Exiting		Service Continuance (>= 2 YR) & Exiting

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

	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down within 30 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 30 Days of Discharge	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time t Next Contact Po Inpatient Discharge (Days)
FY 11-12	0		0	0.0%		0.0%	0		0	0	0.0	
Y 12-13	0		0	0.0%		01070	0		-	0		
Y 13-14	0		0	0.0%	-		0					
Y 14-15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0.0	
10 9 8 7			vice in Days	ES	AN		HA	RT	Service in I	•		
	ROC FY 10-11		ED				S _{0.0} FY 10-11			FY 12-13		UE 13-14

* **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.