Performance Outcomes Adult Specialty Mental Health Services Report Report Date August, 2017

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) 12/13, 13/14, 14/15, and 15/16.

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 12/13 through FY 15/16.

•Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 12/13 through 15/16.

Performance Outcomes Adult Specialty Mental Health Services Report Report Date August, 2017

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.

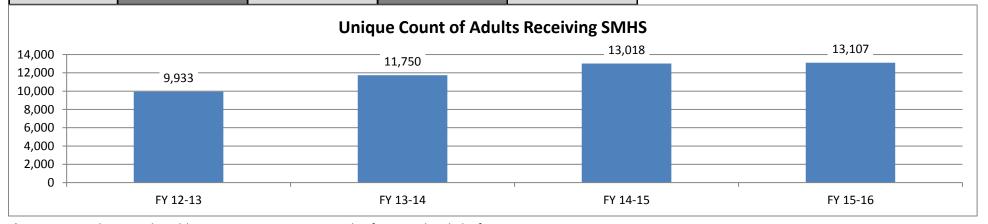
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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 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.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	9,933		205,223	
FY 13-14	11,750	18.3%	363,698	77.2%
FY 14-15	13,018	10.8%	462,877	27.3%
FY 15-16	13,107	0.7%	517,136	11.7%
Compound Annual Growth Rate SFY**		9.7%		36.1%

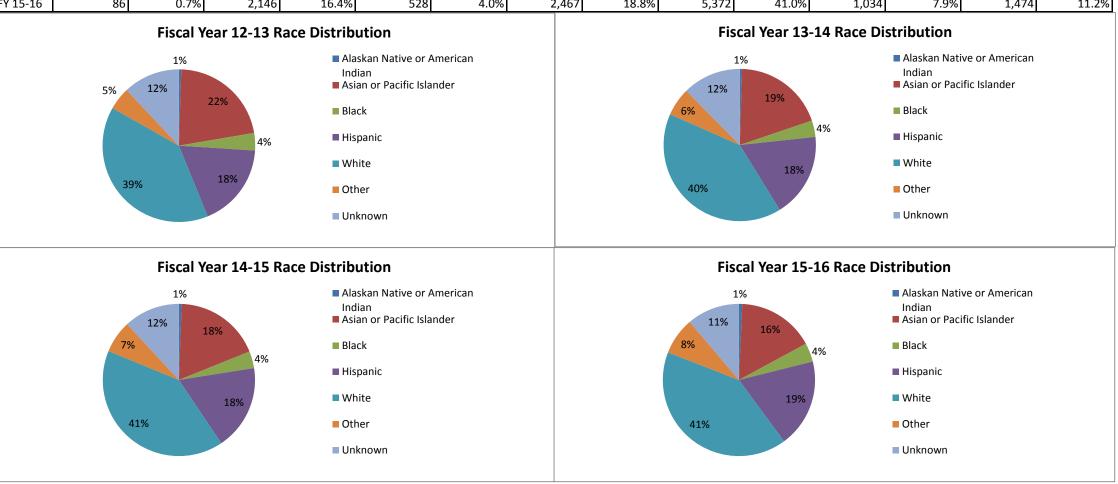


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

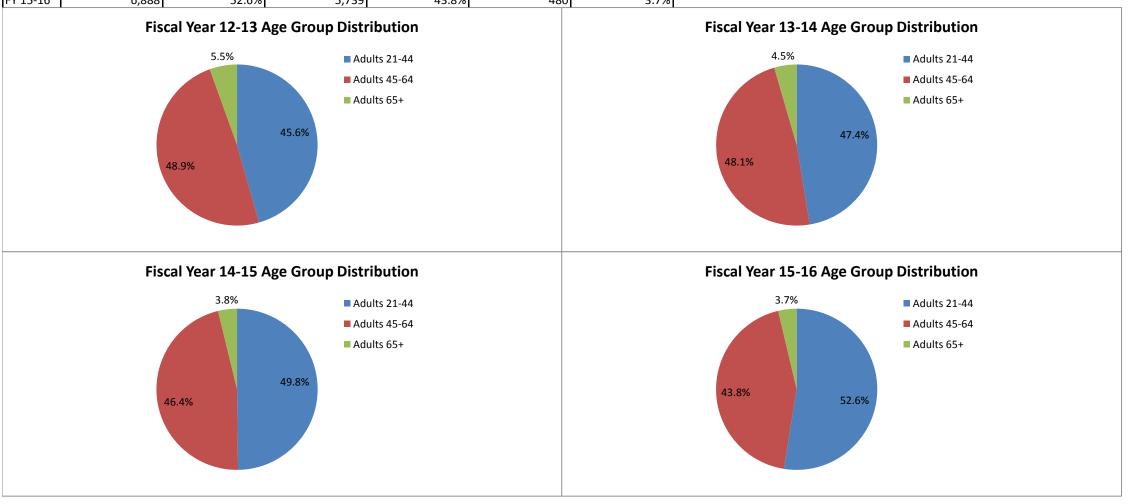
Orange County as of August, 2017

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 12-13	50	0.5%	2,161	21.8%	370	3.7%	1,773	17.8%	3,906	39.3%	480	4.8%	1,193	12.0%
FY 13-14	61	0.5%	2,271	19.3%	411	3.5%	2,106	17.9%	4,745	40.4%	704	6.0%	1,452	12.4%
FY 14-15	77	0.6%	2,377	18.3%	474	3.6%	2,354	18.1%	5,289	40.6%	899	6.9%	1,548	11.9%
FY 15-16	86	0.7%	2,146	16.4%	528	4.0%	2,467	18.8%	5,372	41.0%	1,034	7.9%	1,474	11.2%
		Fiscal Y	⁄ear 12-13 R	ace Distrib	ution				Fis	cal Year 13	-14 Race Di	stribution		

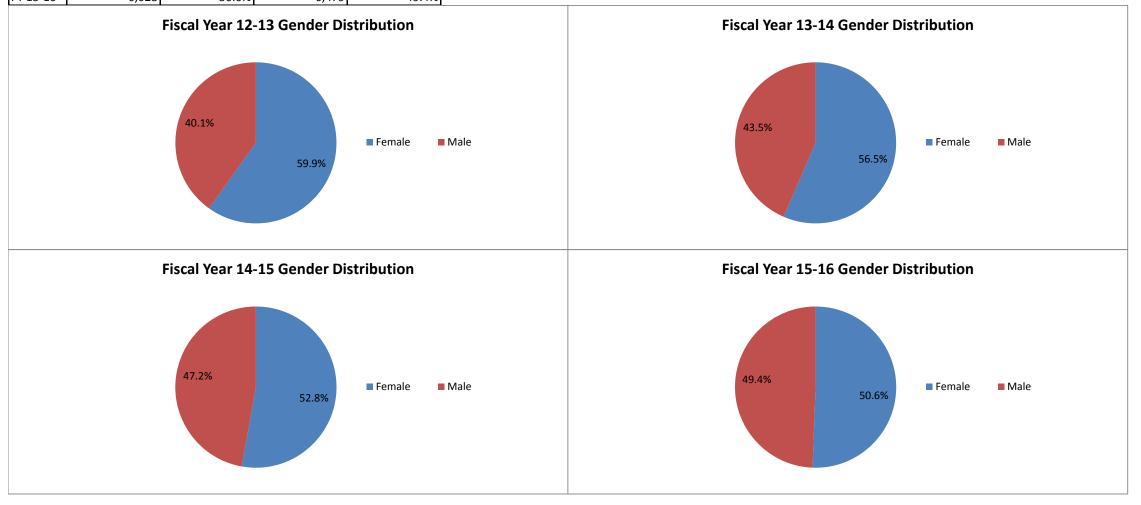


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	4,528	45.6%	4,857	48.9%	548	5.5%
FY 13-14	5,568	47.4%	5,655	48.1%	527	4.5%
FY 14-15	6,479	49.8%	6,042	46.4%	497	3.8%
FY 15-16	6,888	52.6%	5,739	43.8%	480	3.7%

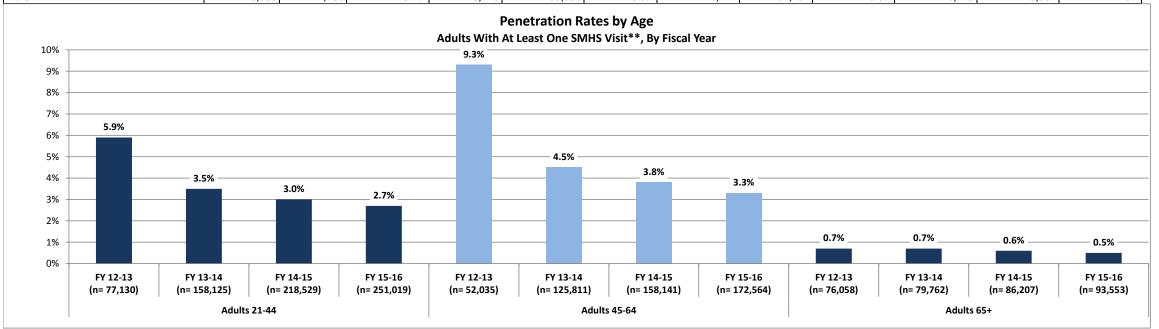


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	5,948	59.9%	3,985	40.1%
FY 13-14	6,637	56.5%	5,113	43.5%
FY 14-15	6,877	52.8%	6,141	47.2%
FY 15-16	6.628	50.6%	6.479	49.4%



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

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	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	9,933	205,223	4.8%	11,750	363,698	3.2%	13,018	462,877	2.8%	13,107	517,136	2.5%
Adults 21-44	4,528	77,130	5.9%	5,568	158,125	3.5%	6,479	218,529	3.0%	6,888	251,019	2.7%
Adults 45-64	4,857	52,035	9.3%	5,655	125,811	4.5%	6,042	158,141	3.8%	5,739	172,564	3.3%
Adults 65+	548	76,058	0.7%	527	79,762	0.7%	497	86,207	0.6%	480	93,553	0.5%
Alaskan Native or American Indian	50	539	9.3%	61	939	6.5%	77	1,182	6.5%	86	1,296	6.6%
Asian or Pacific Islander	2,161	61,373	3.5%	2,271	112,419	2.0%	2,377	141,026	1.7%	2,146	158,594	1.4%
Black	370	4,659	7.9%	411	7,630	5.4%	474	9,473	5.0%	528	10,427	5.1%
Hispanic	1,773	58,590	3.0%	2,106	93,691	2.2%	2,354	117,995	2.0%	2,467	131,772	1.9%
White	3,906	49,950	7.8%	4,745	92,536	5.1%	5,289	117,867	4.5%	5,372	128,334	4.2%
Other	480	12,677	3.8%	704	29,567	2.4%	899	42,094	2.1%	1,034	50,418	2.1%
Unknown	1,193	17,435	6.8%	1,452	26,916	5.4%	1,548	33,240	4.7%	1,474	36,295	4.1%
Female	5,948	127,943	4.6%	6,637	210,141	3.2%	6,877	260,384	2.6%	6,628	287,803	2.3%
Male	3,985	77,280	5.2%	5,113	153,556	3.3%	6,141	202,492	3.0%	6,479	229,332	2.8%

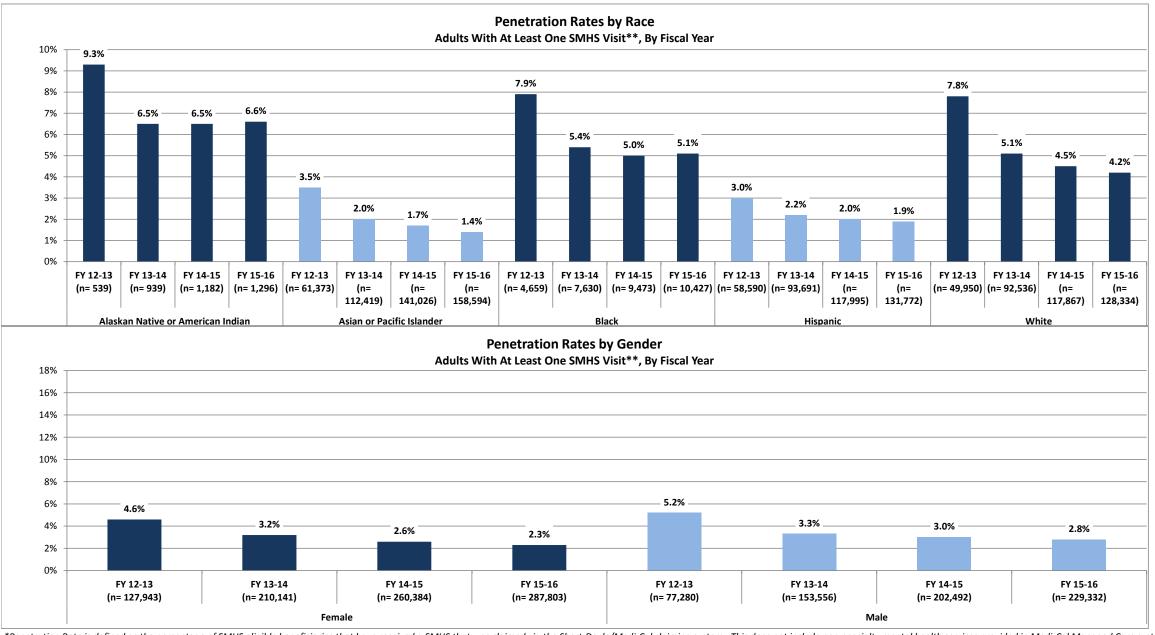


^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**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**

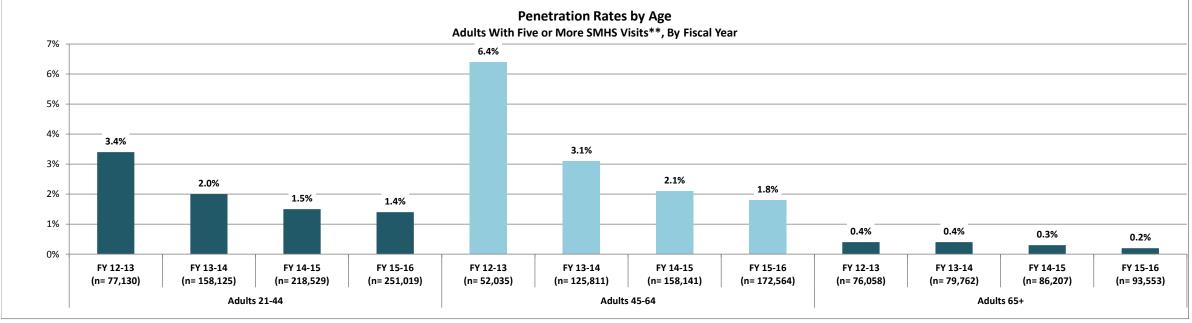


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

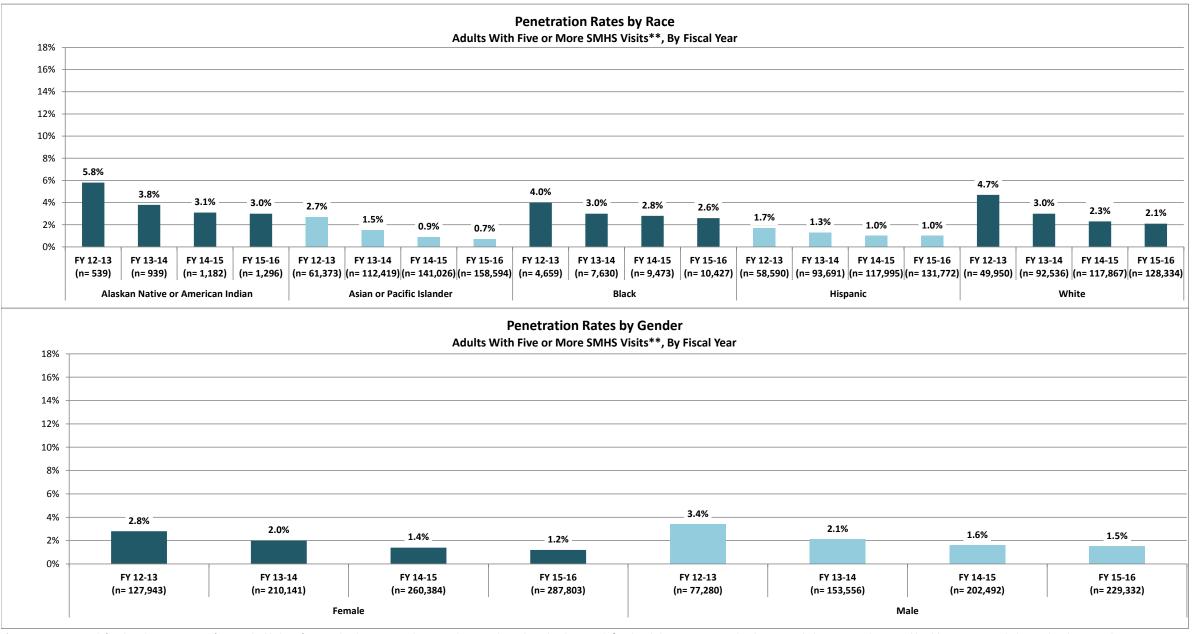
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	6,274	205,223	3.1%	7,372	363,698	2.0%	6,810	462,877	1.5%	6,828	517,136	1.3%
Adults 21-44	2,624	77,130	3.4%	3,183	158,125	2.0%	3,229	218,529	1.5%	3,410	251,019	1.4%
Adults 45-64	3,348	52,035	6.4%	3,881	125,811	3.1%	3,309	158,141	2.1%	3,192	172,564	1.8%
Adults 65+	302	76,058	0.4%	308	79,762	0.4%	272	86,207	0.3%	226	93,553	0.2%
Alaskan Native or American Indian	31	539	5.8%	36	939	3.8%	37	1,182	3.1%	39	1,296	3.0%
Asian or Pacific Islander	1,628	61,373	2.7%	1,666	112,419	1.5%	1,222	141,026	0.9%	1,132	158,594	0.7%
Black	188	4,659	4.0%	232	7,630	3.0%	265	9,473	2.8%	275	10,427	2.6%
Hispanic	991	58,590	1.7%	1,248	93,691	1.3%	1,200	117,995	1.0%	1,267	131,772	1.0%
White	2,332	49,950	4.7%	2,810	92,536	3.0%	2,765	117,867	2.3%	2,755	128,334	2.1%
Other	280	12,677	2.2%	383	29,567	1.3%	409	42,094	1.0%	453	50,418	0.9%
Unknown	824	17,435	4.7%	997	26,916	3.7%	912	33,240	2.7%	907	36,295	2.5%
Female	3,644	127,943	2.8%	4,153	210,141	2.0%	3,568	260,384	1.4%	3,466	287,803	1.2%
Male	2,630	77,280	3.4%	3,219	153,556	2.1%	3,242	202,492	1.6%	3,362	229,332	1.5%



^{*}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*

Orange County as of August, 2017

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 12-13	\$ 3,466.28	332	426	229	192	17	0	162	5	7	25	14	0	8
FY 13-14	\$ 3,429.71	238	424	309	196	18	0	0	7	13	15	13	0	4
FY 14-15	\$ 3,872.99	182	391	298	173	19	0	0	5	3	16	13	0	5
FY 15-16	\$ 4,118.76	142	475	205	168	20	0	0	5	16	20	13	0	10
MEAN	\$ 3,721.94	223	429	260	182	19	0	162	6	10	19	13	0	7



^{*}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*

Orange County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

13.0

FY 13-14

(n = 221)

13.3

FY 14-15

(n = 296)

13.0

FY 15-16

(n = 319)

14

14

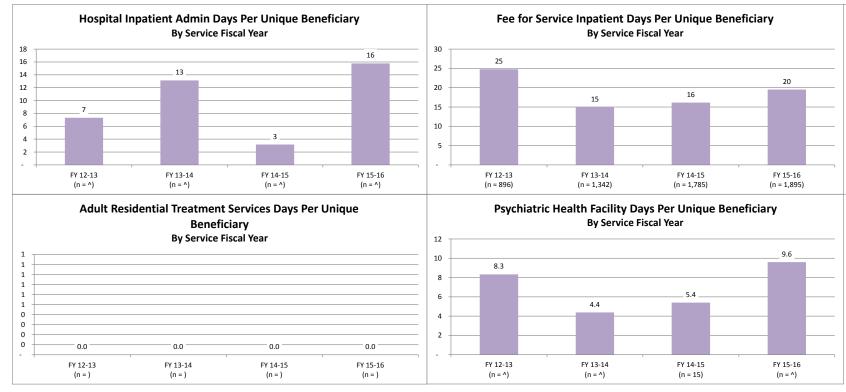
14

13 13

13 13 13

FY 12-13

(n = 104)



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

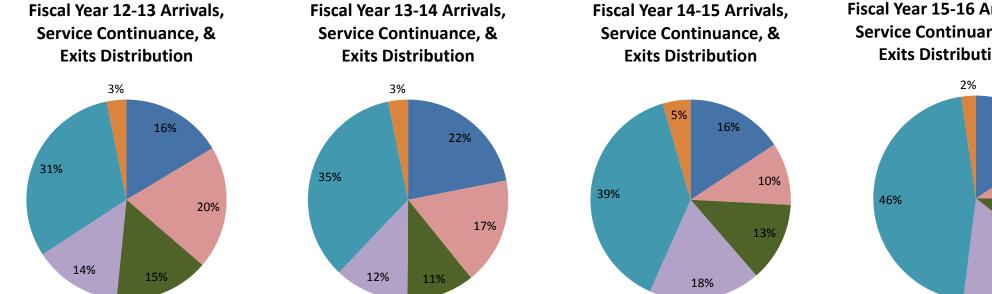
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

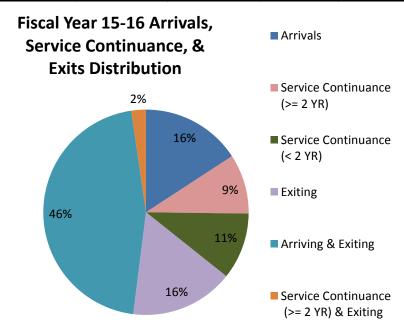
[^] Data has been suppressed to protect patient privacy.

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 %		(>= 2 YR) and	Total Count	Total %
FY 12-13	1,629	16.4%	1,974	19.9%	1,516	15.3%	1,410	14.2%	3,082	31.0%	322	3.2%	9,933	100%
FY 13-14	2,569	21.9%	2,029	17.3%	1,281	10.9%	1,413	12.0%	4,078	34.7%	380	3.2%	11,750	100%
FY 14-15	2,044	15.7%	1,321	10.1%	1,666	12.8%	2,346	18.0%	5,050	38.8%	591	4.5%	13,018	100%
FY 15-16	2,075	15.8%	1,235	9.4%	1,376	10.5%	2,130	16.3%	5,991	45.7%	300	2.3%	13,107	100%

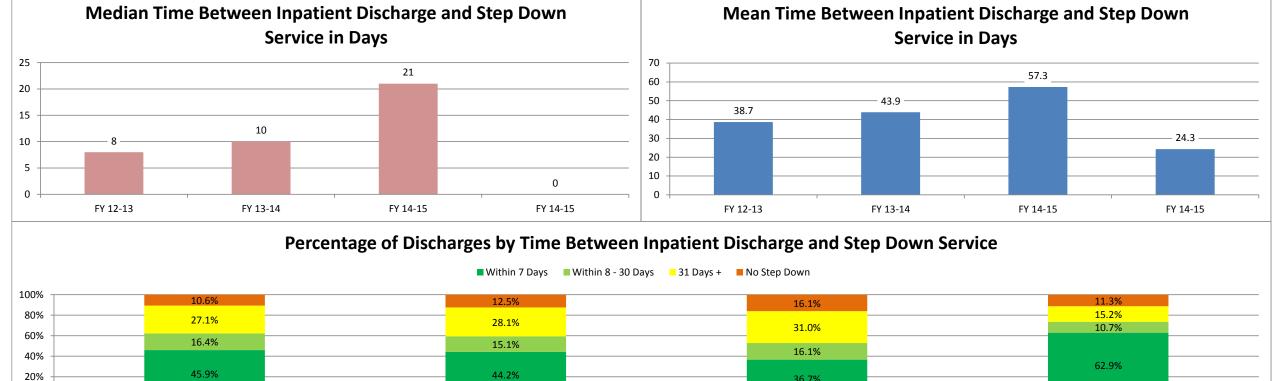




Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge*

Orange County as of August, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge		Step Down Between 8 and 30	Discharges with	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 12-13	703	45.9%	251	16.4%	414	27.1%	162	10.6%	0	362	38.7	8		
FY 13-14	949	44.2%	325	15.1%	604	28.1%	268	12.5%	0	364	43.9	10		
FY 14-15	1,165	36.7%	512	16.1%	984	31.0%	512	16.1%	0	359	57.3	21		
FY 14-15	2,025	62.9%	344	10.7%	488	15.2%	363	11.3%	0	359	24.3	0		
	Median Time Retween Innatient Discharge and Sten Down Mean Time Retween Innatient Discharge and Sten Down													



FY 13-14

(1,313 Unique Beneficiaries with

2,146 Total Inpatient Discharges)

0%

FY 12-13

(873 Unique Beneficiaries with

1,530 Total Inpatient Discharges)

36.7%

FY 14-15

(1,759 Unique Beneficiaries with

3,173 Total Inpatient Discharges)

FY 15-16

(1,842 Unique Beneficiaries with

3,220 Total Inpatient Discharges)

^{*} 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.