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	10,753		95,805	
FY 13-14	12,963	20.6%	150,893	57.5%
FY 14-15	14,142	9.1%	177,690	17.8%
FY 15-16	13,854	-2.0%	184,344	3.7%
Compound Annual Growth Rate SFY**		8.8%		24.4%

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

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

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	61	0.6%	2,010	18.7%	2,015	18.7%	1,040	9.7%	3,265	30.4%	1,140	10.6%	1,222	11.4%
FY 13-14	92	0.7%	2,312	17.8%	2,288	17.7%	1,286	9.9%	3,925	30.3%	1,522	11.7%	1,538	11.9%
FY 14-15	101	0.7%	2,474	17.5%	2,366	16.7%	1,423	10.1%	4,311	30.5%	1,808	12.8%	1,659	11.7%
FY 15-16	118	0.9%	2,395	17.3%	2,342	16.9%	1,432	10.3%	4,120	29.7%	1,921	13.9%	1,526	11.0%

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	3,195	29.7%	5,820	54.1%	1,738	16.2%
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	5,159	37.2%	6,814	49.2%	1,881	13.6%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	5,262	48.9%	5,491	51.1%
FY 13-14	6,234	48.1%	6,729	51.9%
FY 14-15	6,587	46.6%	7,555	53.4%
FY 15-16	6,369	46.0%	7,485	54.0%

Penetration Rates* Report: Adults With At Least One SMHS Visit** San Francisco County as of August, 2017

		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	10,753	95,805	11.2%	12,963	150,893	8.6%	14,142	177,690	8.0%	13,854	184,344	7.5%
Adults 21-44	3,195	24,449	13.1%	4,464	52,848	8.4%	5,196	70,093	7.4%	5,159	74,365	6.9%
Adults 45-64	5,820	28,932	20.1%	6,692	54,664	12.2%	7,080	62,191	11.4%	6,814	63,020	10.8%
Adults 65+	1,738	42,424	4.1%	1,807	43,381	4.2%	1,866	45,406	4.1%	1,881	46,959	4.0%
Alaskan Native or American Indian	61	306	19.9%	92	500	18.4%	101	605	16.7%	118	647	18.2%
Asian or Pacific Islander	2,010	38,547	5.2%	2,312	61,318	3.8%	2,474	69,759	3.5%	2,395	73,476	3.3%
Black	2,015	11,908	16.9%	2,288	16,248	14.1%	2,366	18,181	13.0%	2,342	18,390	12.7%
Hispanic	1,040	10,345	10.1%	1,286	15,726	8.2%	1,423	19,290	7.4%	1,432	19,978	7.2%
White	3,265	16,232	20.1%	3,925	27,285	14.4%	4,311	32,912	13.1%	4,120	32,251	12.8%
Other	1,140	9,794	11.6%	1,522	17,517	8.7%	1,808	22,603	8.0%	1,921	25,740	7.5%
Unknown	1,222	8,673	14.1%	1,538	12,299	12.5%	1,659	14,340	11.6%	1,526	13,862	11.0%
Female	5,262	53,039	9.9%	6,234	78,726	7.9%	6,587	90,711	7.3%	6,369	94,193	6.8%
Male	5,491	42,766	12.8%	6,729	72,167	9.3%	7,555	86,979	8.7%	7,485	90,151	8.3%

^{*}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** San Francisco County as of August, 2017

		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	8,153	95,805	8.5%	9,488	150,893	6.3%	10,367	177,690	5.8%	9,926	184,344	5.4%
Adults 21-44	2,386	24,449	9.8%	3,077	52,848	5.8%	3,553	70,093	5.1%	3,451	74,365	4.6%
Adults 45-64	4,523	28,932	15.6%	5,073	54,664	9.3%	5,418	62,191	8.7%	5,087	63,020	8.1%
Adults 65+	1,244	42,424	2.9%	1,338	43,381	3.1%	1,396	45,406	3.1%	1,388	46,959	3.0%
Alaskan Native or American Indian	48	306	15.7%	69	500	13.8%	77	605	12.7%	78	647	12.1%
Asian or Pacific Islander	1,536	38,547	4.0%	1,734	61,318	2.8%	1,830	69,759	2.6%	1,775	73,476	2.4%
Black	1,467	11,908	12.3%	1,616	16,248	9.9%	1,668	18,181	9.2%	1,591	18,390	8.7%
Hispanic	776	10,345	7.5%	934	15,726	5.9%	1,071	19,290	5.6%	1,023	19,978	5.1%
White	2,561	16,232	15.8%	2,947	27,285	10.8%	3,209	32,912	9.8%	2,996	32,251	9.3%
Other	844	9,794	8.6%	1,074	17,517	6.1%	1,295	22,603	5.7%	1,311	25,740	5.1%
Unknown	921	8,673	10.6%	1,114	12,299	9.1%	1,217	14,340	8.5%	1,152	13,862	8.3%
Female	3,967	53,039	7.5%	4,605	78,726	5.8%	4,874	90,711	5.4%	4,669	94,193	5.0%
Male	4,186	42,766	9.8%	4,883	72,167	6.8%	5,493	86,979	6.3%	5,257	90,151	5.8%

^{*}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 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 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	\$ 6,002.13	417	908	307	175	38	0	236	5	15	9	19	71	8
FY 13-14	\$ 8,195.51	415	809	307	190	41	579	200	6	17	10	18	65	13
FY 14-15	\$ 11,500.90	472	922	346	177	46	0	251	7	10	8	20	72	9
FY 15-16	\$ 11,217.06	445	873	334	170	43	0	290	5	13	9	18	64	7
MEAN	\$ 9,228.90	437	878	324	178	42	579	244	6	14	9	19	68	9

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.

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

[^] 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 San Francisco County as of August, 2017

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) and Exiting %		Total %
FY 12-13	1,942	18.1%	2,768	25.7%	1,553	14.4%	1,530	14.2%	2,616	24.3%	344	3.2%	10,753	100%
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	2,370	17.1%	2,893	20.9%	1,786	12.9%	2,181	15.7%	4,191	30.3%	433	3.1%	13,854	100%

Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge* San Francisco County as of August, 2017

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	Step Down > 30 Days from	Innationt	Count 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 to Next Contact Post Inpatient Discharge (Days)
FY 12-13	242	68.8%	62	17.6%	37	10.5%	11	3.1%	0	189	9.1	0
FY 13-14	310	67.2%	67	14.5%	67	14.5%	17	3.7%	0	361	19.4	1
FY 14-15	372	66.9%	62	11.2%	71	12.8%	51	9.2%	0	334	18.3	1
FY 14-15	443	64.4%	77	11.2%	93	13.5%	75	10.9%	0	347	22.1	2

^{*} 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.