

## 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](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](mailto:cmhpos@dhcs.ca.gov) for any questions regarding this report.

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
San Bernardino County**

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	12,811		208,149	
FY 12-13	13,427	4.8%	216,709	4.1%
FY 13-14	17,841	32.9%	346,511	59.9%
FY 14-15	20,159	13.0%	439,463	26.8%
<b>Compound Annual Growth Rate SFY**</b>		<b>16.3%</b>		<b>28.3%</b>

\*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](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  
San Bernardino 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 %
FY 11-12	85	0.7%	494	3.9%	2,441	19.1%	3,288	25.7%	5,272	41.2%	95	0.7%	1,136	8.9%
FY 12-13	76	0.6%	466	3.5%	2,569	19.1%	3,705	27.6%	5,155	38.4%	83	0.6%	1,373	10.2%
FY 13-14	84	0.5%	564	3.2%	3,368	18.9%	5,118	28.7%	6,805	38.1%	122	0.7%	1,780	10.0%
FY 14-15	97	0.5%	647	3.2%	3,637	18.0%	6,087	30.2%	7,479	37.1%	108	0.5%	2,104	10.4%

*\*FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
San Bernardino County**

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 11-12	6,572	51.3%	5,787	45.2%	452	3.5%
FY 12-13	7,094	52.8%	5,837	43.5%	496	3.7%
FY 13-14	9,386	52.6%	7,902	44.3%	553	3.1%
FY 14-15	10,899	54.1%	8,687	43.1%	573	2.8%

*\*FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
San Bernardino County**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	7,899	61.7%	4,912	38.3%
FY 12-13	8,277	61.6%	5,150	38.4%
FY 13-14	10,118	56.7%	7,723	43.3%
FY 14-15	10,969	54.4%	9,190	45.6%

**Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\*  
San Bernardino 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
<b>All</b>	<b>12,811</b>	<b>208,149</b>	<b>6.2%</b>	<b>13,427</b>	<b>216,709</b>	<b>6.2%</b>	<b>17,841</b>	<b>346,511</b>	<b>5.1%</b>	<b>20,159</b>	<b>439,463</b>	<b>4.6%</b>
Adults 21-44	6,572	107,491	6.1%	7,094	112,647	6.3%	9,386	183,236	5.1%	10,899	242,937	4.5%
Adults 45-64	5,787	56,334	10.3%	5,837	58,091	10.0%	7,902	114,726	6.9%	8,687	143,613	6.0%
Adults 65+	452	44,324	1.0%	496	45,971	1.1%	553	48,549	1.1%	573	52,913	1.1%
Alaskan Native or American Indian	85	856	9.9%	76	857	8.9%	84	1,197	7.0%	97	1,473	6.6%
Asian or Pacific Islander	494	11,709	4.2%	466	11,918	3.9%	564	20,912	2.7%	647	27,188	2.4%
Black	2,441	30,594	8.0%	2,569	31,686	8.1%	3,368	45,824	7.3%	3,637	55,035	6.6%
Hispanic	3,288	90,220	3.6%	3,705	95,506	3.9%	5,118	155,219	3.3%	6,087	201,629	3.0%
White	5,272	58,864	9.0%	5,155	59,453	8.7%	6,805	94,596	7.2%	7,479	115,945	6.5%
Other	95	1,259	7.5%	83	1,207	6.9%	122	1,829	6.7%	108	2,199	4.9%
Unknown	1,136	14,647	7.8%	1,373	16,082	8.5%	1,780	26,934	6.6%	2,104	35,994	5.8%
Female	7,899	133,593	5.9%	8,277	139,208	5.9%	10,118	204,695	4.9%	10,969	250,875	4.4%
Male	4,912	74,556	6.6%	5,150	77,501	6.6%	7,723	141,816	5.4%	9,190	188,588	4.9%

\*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.

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 At Least One SMHS Visit\*\*  
San Bernardino County**

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	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
<b>All</b>	<b>8,468</b>	<b>208,149</b>	<b>4.1%</b>	<b>8,149</b>	<b>216,709</b>	<b>3.8%</b>	<b>10,540</b>	<b>346,511</b>	<b>3.0%</b>	<b>12,856</b>	<b>439,463</b>	<b>2.9%</b>
Adults 21-44	4,113	107,491	3.8%	4,121	112,647	3.7%	5,320	183,236	2.9%	6,718	242,937	2.8%
Adults 45-64	4,098	56,334	7.3%	3,803	58,091	6.5%	4,915	114,726	4.3%	5,808	143,613	4.0%
Adults 65+	257	44,324	0.6%	225	45,971	0.5%	305	48,549	0.6%	330	52,913	0.6%
Alaskan Native or American Indian	66	856	7.7%	46	857	5.4%	46	1,197	3.8%	64	1,473	4.3%
Asian or Pacific Islander	360	11,709	3.1%	284	11,918	2.4%	340	20,912	1.6%	409	27,188	1.5%
Black	1,559	30,594	5.1%	1,516	31,686	4.8%	1,916	45,824	4.2%	2,247	55,035	4.1%
Hispanic	2,074	90,220	2.3%	2,193	95,506	2.3%	3,003	155,219	1.9%	3,825	201,629	1.9%
White	3,520	58,864	6.0%	3,120	59,453	5.2%	3,965	94,596	4.2%	4,837	115,945	4.2%
Other	73	1,259	5.8%	59	1,207	4.9%	79	1,829	4.3%	65	2,199	3.0%
Unknown	816	14,647	5.6%	931	16,082	5.8%	1,191	26,934	4.4%	1,409	35,994	3.9%
Female	5,125	133,593	3.8%	4,896	139,208	3.5%	5,873	204,695	2.9%	6,817	250,875	2.7%
Male	3,343	74,556	4.5%	3,253	77,501	4.2%	4,667	141,816	3.3%	6,039	188,588	3.2%

\*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.



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

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 11-12	2,562	304	447	231	199	11	0	685	5	19	6	0	0	0
FY 12-13	2,728	311	425	197	181	12	0	459	6	15	6	0	0	0
FY 13-14	2,811	275	381	188	128	12	0	521	5	7	7	39	0	0
FY 14-15	3,477	350	463	221	153	14	0	515	5	10	6	59	0	0
<b>MEAN</b>	<b>\$ 2,894.30</b>	<b>310</b>	<b>429</b>	<b>209</b>	<b>166</b>	<b>12</b>	<b>0</b>	<b>545</b>	<b>5</b>	<b>13</b>	<b>6</b>	<b>49</b>	<b>0</b>	<b>0</b>

*\*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  
San Bernardino County**

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 <b>Arrivals</b> and <b>Exiting</b> 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	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	2,629	19.6%	1,579	11.7%	1,841	13.7%	2,005	14.9%	5,111	38.0%	279	2.1%	13,444	100%
FY 13-14	4,455	24.9%	1,507	8.4%	1,831	10.3%	2,575	14.4%	7,307	40.9%	187	1.0%	17,862	100%
FY 14 - 15	3,331	16.5%	1,495	7.4%	2,963	14.7%	3,213	15.9%	8,959	44.4%	224	1.1%	20,185	100%

**Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge\***  
**San Bernardino County**

Service FY	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 Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	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 to Next Contact Post Inpatient Discharge (Days)
FY 11-12	2,338	37.2%	1,489	23.7%	1,901	30.3%	555	8.8%	0	365	57.8	13
FY 12-13	785	57.7%	195	14.3%	266	19.6%	114	8.4%	0	365	38.3	1
FY 13-14	1,048	49.5%	369	17.4%	471	22.2%	230	10.9%	0	365	37.7	4
FY 14-15	1,437	51.4%	453	16.2%	555	19.8%	351	12.6%	0	365	31.2	3

\* **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.