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.

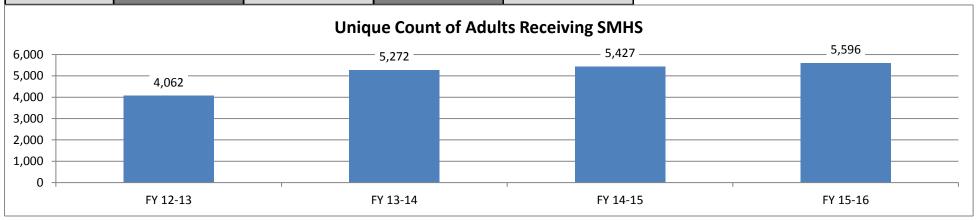
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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	4,062		38,160	
FY 13-14	5,272	29.8%	67,941	78.0%
FY 14-15	5,427	2.9%	85,413	25.7%
FY 15-16	5,596	3.1%	90,919	6.4%
Compound Annual Growth Rate SFY**		11.3%		33.6%



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

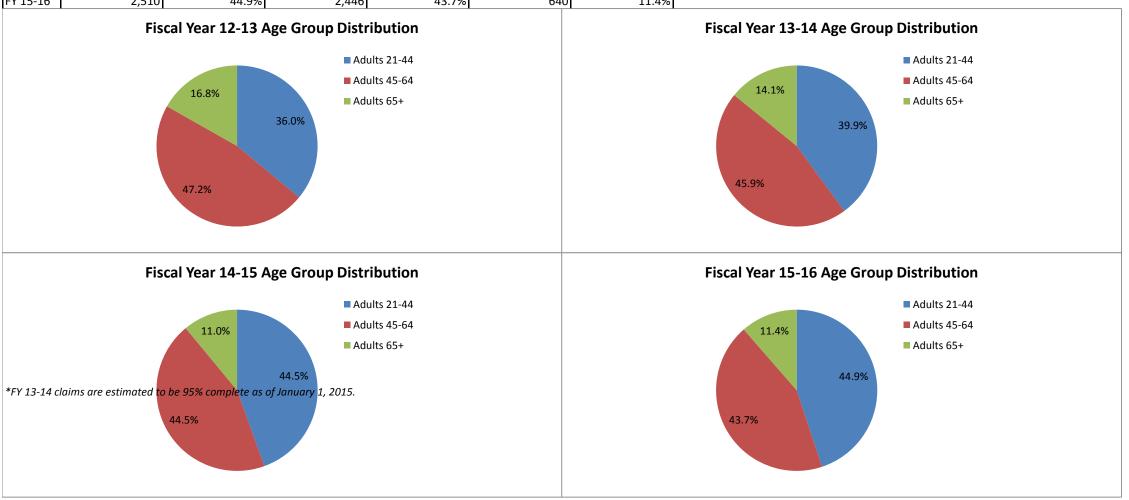
^{**}SFY = State Fiscal Year which is July 1 through June 30.

San Mateo County as of August, 2017

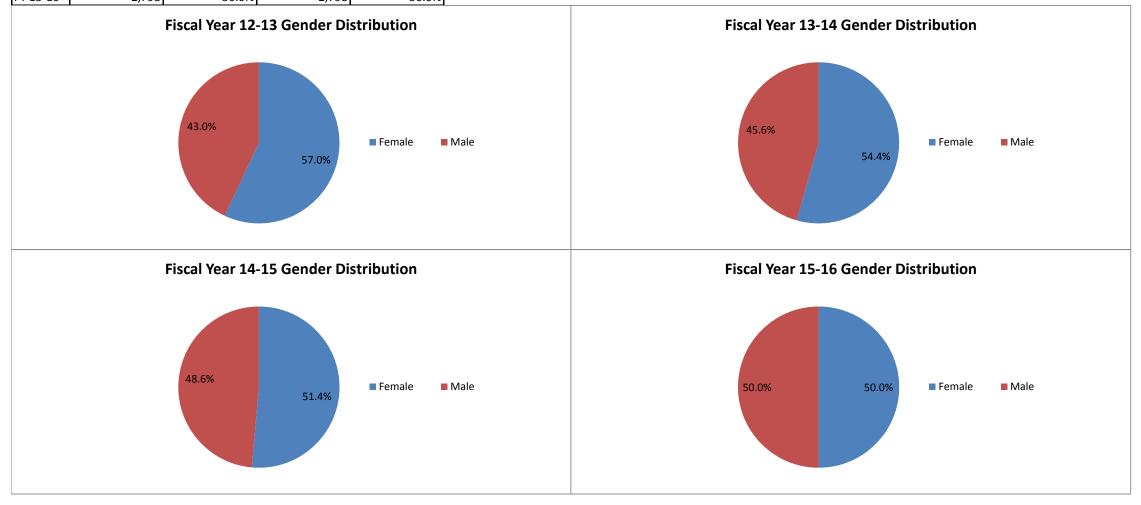
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %	
FY 12-13	23	0.6%	462	11.4%	379	9.3%	697	17.2%	1,672	41.2%	377	9.3%	452	11.1%	
FY 13-14	25	0.5%	588	11.2%	488	9.3%	945	17.9%	2,088	39.6%	551	10.5%	587	11.1%	
FY 14-15	30	0.6%	647	11.9%	501	9.2%	1,020	18.8%	2,044	37.7%	575	10.6%	610	11.2%	
FY 15-16	30	0.5%	678	12.1%	495	8.8%	1,068	19.1%	2,120	37.9%	601	10.7%	604	10.8%	
	Fiscal Year 12-13 Race Distribution 1% 1/4 11% 11% 9% 9% Black Hispanic White Other Unknown								Fiscal Year 13-14 Race Distribution 1% Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic White Other Unknown						
		Fiscal Y	ear 14-15 F	Race Distrib	ution				Fis	cal Year 15	-16 Race Di	stribution			
*FY 13-14 c	Fiscal Year 14-15 Race Distribution 1% Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic *FY 13-14 claims are estimated to be 95% complete as of January 1, 2015 White Other Unknown								11%	1% 12% 9% 19%		 Alaskan Nati Indian Asian or Paci Black Hispanic White Other Unknown 	ve or American ific Islander		

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	1,463	36.0%	1,916	47.2%	683	16.8%
FY 13-14	2,106	39.9%	2,421	45.9%	745	14.1%
FY 14-15	2,413	44.5%	2,415	44.5%	599	11.0%
FY 15-16	2.510	44.9%	2,446	43.7%	640	11.4%

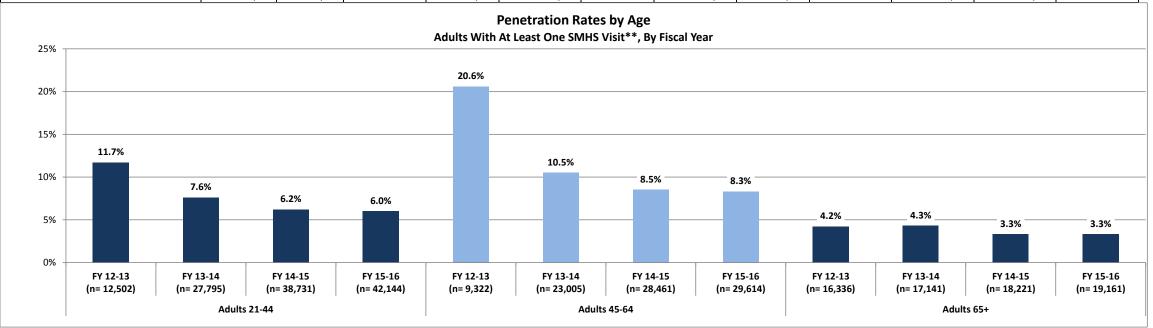


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	2,317	57.0%	1,745	43.0%
FY 13-14	2,869	54.4%	2,403	45.6%
FY 14-15	2,788	51.4%	2,639	48.6%
FY 15-16	2,798	50.0%	2.798	50.0%



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	4,062	38,160	10.6%	5,272	67,941	7.8%	5,427	85,413	6.4%	5,596	90,919	6.2%
Adults 21-44	1,463	12,502	11.7%	2,106	27,795	7.6%	2,413	38,731	6.2%	2,510	42,144	6.0%
Adults 45-64	1,916	9,322	20.6%	2,421	23,005	10.5%	2,415	28,461	8.5%	2,446	29,614	8.3%
Adults 65+	683	16,336	4.2%	745	17,141	4.3%	599	18,221	3.3%	640	19,161	3.3%
Alaskan Native or American Indian	23	113	20.4%	25	190	13.2%	30	252	11.9%	30	259	11.6%
Asian or Pacific Islander	462	10,985	4.2%	588	19,428	3.0%	647	24,168	2.7%	678	26,277	2.6%
Black	379	2,292	16.5%	488	3,485	14.0%	501	3,867	13.0%	495	3,907	12.7%
Hispanic	697	9,798	7.1%	945	17,388	5.4%	1,020	22,741	4.5%	1,068	24,155	4.4%
White	1,672	8,326	20.1%	2,088	15,136	13.8%	2,044	18,406	11.1%	2,120	19,139	11.1%
Other	377	3,454	10.9%	551	7,257	7.6%	575	9,028	6.4%	601	9,854	6.1%
Unknown	452	3,192	14.2%	587	5,057	11.6%	610	6,951	8.8%	604	7,328	8.2%
Female	2,317	24,074	9.6%	2,869	39,212	7.3%	2,788	47,744	5.8%	2,798	50,644	5.5%
Male	1,745	14,086	12.4%	2,403	28,729	8.4%	2,639	37,669	7.0%	2,798	40,275	6.9%

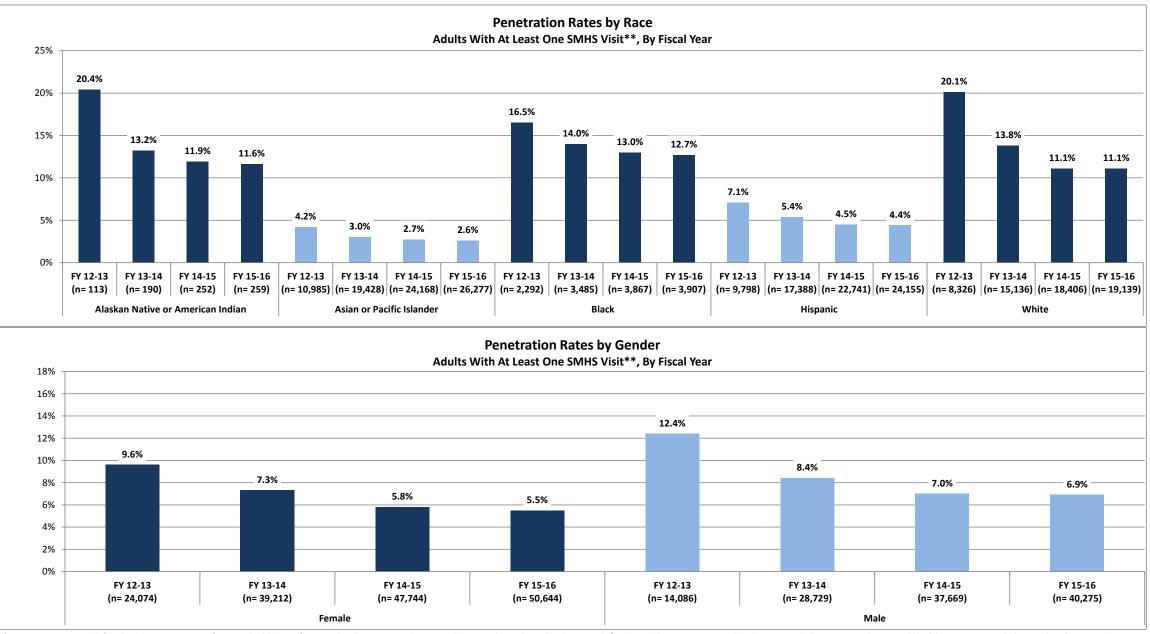


^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Adults 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**

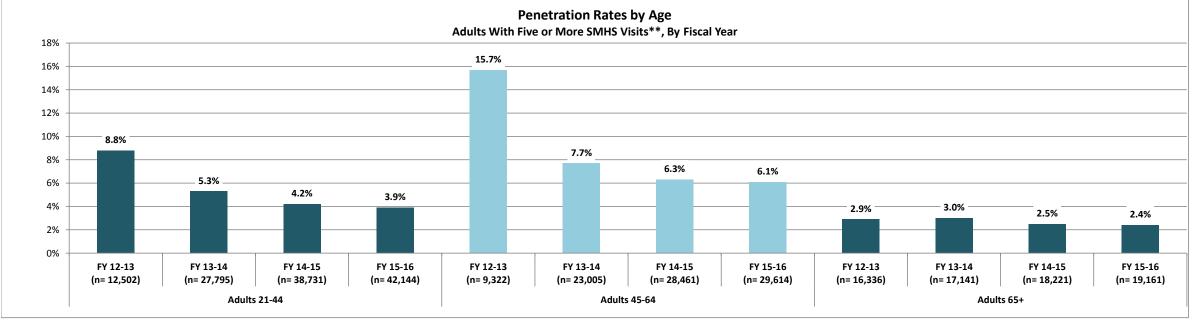


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

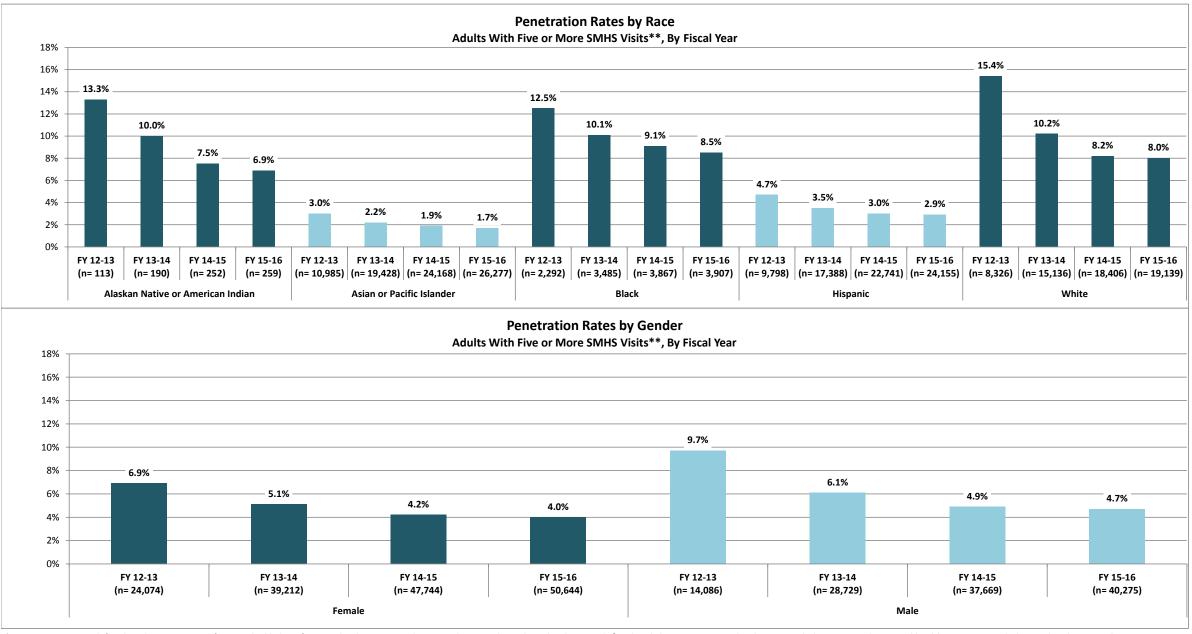
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	3,028	38,160	7.9%	3,773	67,941	5.6%	3,884	85,413	4.5%	3,898	90,919	4.3%
Adults 21-44	1,097	12,502	8.8%	1,473	27,795	5.3%	1,624	38,731	4.2%	1,629	42,144	3.9%
Adults 45-64	1,459	9,322	15.7%	1,779	23,005	7.7%	1,803	28,461	6.3%	1,804	29,614	6.1%
Adults 65+	472	16,336	2.9%	521	17,141	3.0%	457	18,221	2.5%	465	19,161	2.4%
Alaskan Native or American Indian	15	113	13.3%	19	190	10.0%	19	252	7.5%	18	259	6.9%
Asian or Pacific Islander	334	10,985	3.0%	425	19,428	2.2%	464	24,168	1.9%	452	26,277	1.7%
Black	286	2,292	12.5%	352	3,485	10.1%	352	3,867	9.1%	332	3,907	8.5%
Hispanic	460	9,798	4.7%	600	17,388	3.5%	673	22,741	3.0%	704	24,155	2.9%
White	1,279	8,326	15.4%	1,538	15,136	10.2%	1,514	18,406	8.2%	1,529	19,139	8.0%
Other	293	3,454	8.5%	380	7,257	5.2%	409	9,028	4.5%	402	9,854	4.1%
Unknown	361	3,192	11.3%	459	5,057	9.1%	453	6,951	6.5%	461	7,328	6.3%
Female	1,668	24,074	6.9%	2,014	39,212	5.1%	2,021	47,744	4.2%	2,002	50,644	4.0%
Male	1,360	14,086	9.7%	1,759	28,729	6.1%	1,863	37,669	4.9%	1,896	40,275	4.7%



^{*}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**



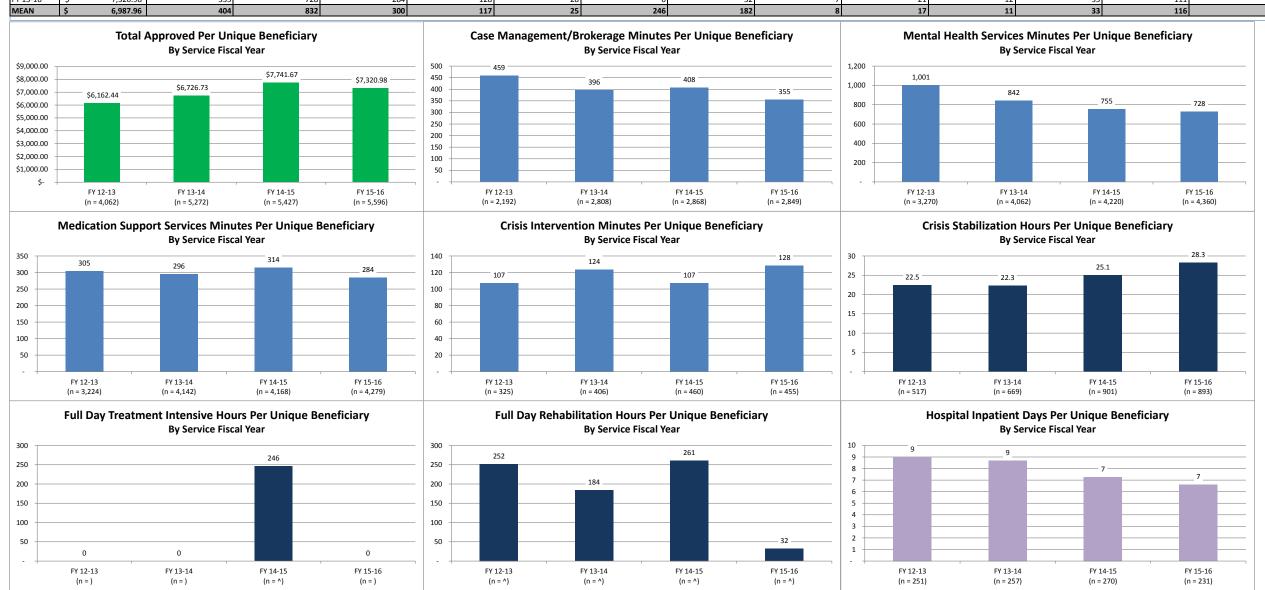
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Utilization Report*: Approved Specialty Mental Health Services for Adults Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year*

San Mateo County as of August, 2017

Fiscal Year	· SD	DMC 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	\$	6,162.44	459	1,001	305	107	22	0	252	9	14	10	32	113	7
FY 13-14	\$	6,726.73	396	842	296	124	22	0	184	9	14	10	33	111	2
FY 14-15	\$	7,741.67	408	755	314	107	25	246	261	7	19	11	31	128	14
FY 15-16	\$	7,320.98	355	728	284	128	28	0	32	7	21	12	35	111	7
MEAN	\$	6,987.96	404	832	300	117	25	246	182	8	17	11	33	116	8



^{*}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*

San Mateo County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

FY 14-15

(n = 135)

33.1

FY 13-14

(n = 106)

33

32 31 30 32.3

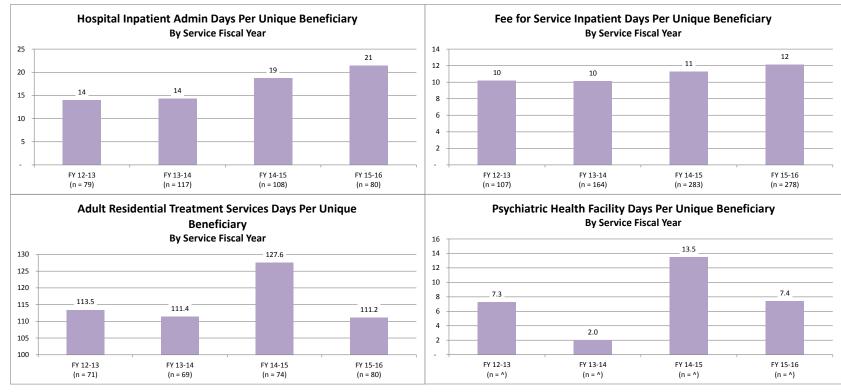
FY 12-13

(n = 92)

34.8

FY 15-16

(n = 123)



^{*}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.

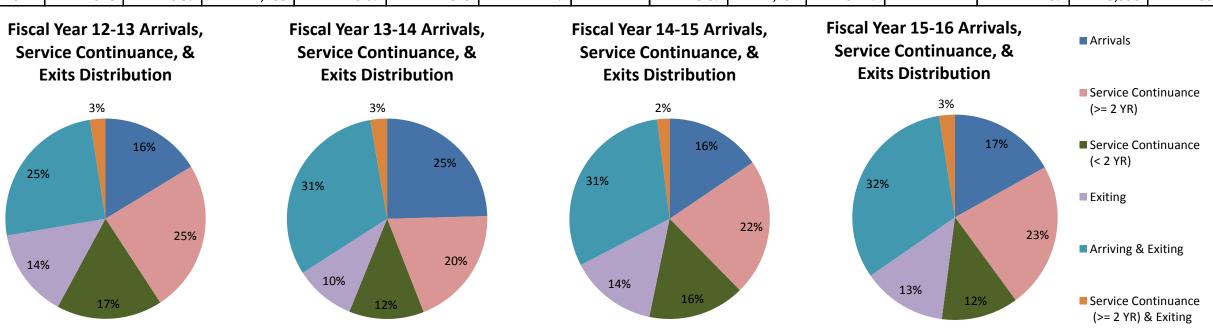
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[^] Data has been suppressed to protect patient privacy.

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

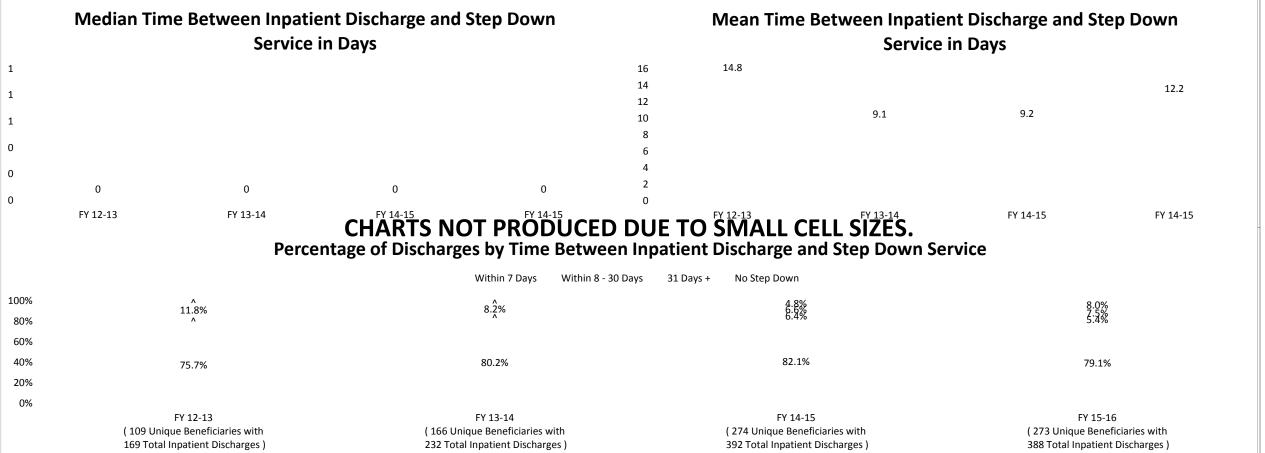
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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		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	663	16.3%	994	24.5%	695	17.1%	585	14.4%	1,022	25.2%	103	2.5%	4,062	100%
FY 13-14	1,295	24.6%	1,027	19.5%	638	12.1%	515	9.8%	1,653	31.4%	144	2.7%	5,272	100%
FY 14-15	842	15.5%	1,202	22.1%	847	15.6%	763	14.1%	1,663	30.6%	110	2.0%	5,427	100%
FY 15-16	948	16.9%	1,286	23.0%	679	12.1%	744	13.3%	1,797	32.1%	142	2.5%	5,596	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	Step Down within	Retween 8 and 30	Inpatient Discharges with Step Down	Days from	Inpatient Discharges with a	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	128	75.7%	۸	۸	20	11.8%	۸	۸	0	272	14.8	0
FY 13-14	186	80.2%	۸	۸	19	8.2%	۸	۸	0	314	9.1	0
FY 14-15	322	82.1%	25	6.4%	26	6.6%	19	4.8%	0	364	9.2	0
FY 14-15	307	79.1%	21	5.4%	29	7.5%	31	8.0%	0	322	12.2	0



^{*} 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.