Statewide Aggregate Specialty Mental Health Services Performance Dashboard

Department of Health Care Services 2018 Medi-Cal Specialty Mental Health Performance Dashboard

Pursuant to the requirements of the 1915(b) Specialty Mental Health Services (SMHS) Waiver Special Terms and Conditions #1, the SMHS Performance Dashboard makes available to the public data on SMHS provided to Medi-Cal eligible beneficiaries by Mental Health Plans (MHPs) and their contracted organizational providers. To protect patient privacy, all data is published in accordance with the DHCS Public Aggregate Reporting Guidelines. Following publication of the statewide aggregate SMHS Performance Dashboard, DHCS will produce county-specific MHP SMHS Performance Dashboards. These dashboards will be published on the DHCS and MHP websites beginning January 2018. Producing state-level and county-specific dashboards will make information on the performance of California's SMHS readily available to the public and meets the requirements and intention of the 1915(b) SMHS Waiver Special Terms and Conditions.

The statewide aggregate SMHS Performance Dashboard includes two sets of charts and tables that include demographics of children and youth, and adult and older adult populations by age, gender, race, and ethnicity. The first set of charts and tables focus on demographics and service utilization of children and youth age 0 through 20 and the second set focuses on the same data elements for adults age 21 and older. All reports are based on approved claims data for SMHS provided to Medi-Cal eligible beneficiaries.

The charts and tables also include service utilization data that is displayed by dollar amount and units of service. Two types of penetration rate information are provided and categorized by demographic characteristics. Additionally, tables include a point-in-time "snapshot" of populations entering, exiting, and continuing services over a two-year period. Time-to-step-down tables provide data covering the past four years of the time-to-step-down services following psychiatric inpatient discharge. The 2018 SMHS Performance Dashboard includes trend information by displaying information for fiscal years 2013-14, 2014-15, 2015-16, and 2016-17. Subsequent Performance Dashboards will also include updated and additional information as new fiscal year data becomes available.

Notations on the chart and tables define measures used, such as the penetration rate, or explain anomalies in the data. Areas where data is suppressed in order to comply with Public Aggregate Reporting Guidelines, to prevent the release of patient health information, is also noted.

Performance Outcomes System Children and Youth Reports

Performance Outcomes System Initial Reports Report run on March 13, 2018

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decisionmaking related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi-Cal Specialty Mental Health Services (SMHS) for children and youth. Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop 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.asp **Purpose and Overview**

This statewide report provides updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth 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 step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). *Note:* The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.

Performance Outcomes System Initial Reports

Report run on March 13, 2018

Definitions

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

•Age 20 or younger 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 13/14 through FY 16/17. • Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

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/POS_MeasuresCatalog_Sept2016.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, 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, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

Report Interpretation

*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

*New Age Methodology for Identifying Children under 21 (POS reports posted <u>after</u> to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).

The **penetration rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number ofyouth who received one or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetrationrates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted. Penetration rates provide a measure of initial contact with the specialty mental health system.

*The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.

Performance Outcomes System Initial Reports Report run on March 13, 2018

*The *snapshot* report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth 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 reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. 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 off the beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

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 13-14	257,643		5,831,360	
FY 14-15	259,301	0.6%	6,067,423	4.0%
FY 15-16	258,759	-0.2%	6,265,977	3.3%
FY 16-17	259,870	0.4%	6,313,485	0.8%
Compound Annual Growth Rate SFY**		0.3%		2.7%

*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	Native or		Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	1,405	0.5%	7,094	2.8%	31,952	12.4%	136,198	52.9%	53,795	20.9%	8,262	3.2%	18,937	7.4%
FY 14-15	1,404	0.5%	7,197	2.8%	31,226	12.0%	139,498	53.8%	52,754	20.3%	8,103	3.1%	19,119	7.4%
FY 15-16	1,376	0.5%	7,424	2.9%	30,321	11.7%	142,365	55.0%	50,469	19.5%	8,116	3.1%	18,688	7.2%
FY 16-17	1,361	0.5%	7,332	2.8%	28,883	11.1%	148,414	57.1%	48,011	18.5%	7,927	3.1%	17,942	6.9%

*This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12- 17 Count	Children 12- 17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	7,272	2.8%	21,800	8.5%	89,672	34.8%	108,477	42.1%	30,422	11.8%
FY 14-15	7,738	3.0%	22,118	8.5%	89,044	34.3%	109,228	42.1%	31,173	12.0%
FY 15-16	7,840	3.0%	21,675	8.4%	88,955	34.4%	108,472	41.9%	31,817	12.3%
FY 16-17	7,594	2.9%	20,626	7.9%	88,226	34.0%	111,486	42.9%	31,938	12.3%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	112,941	43.8%	144,702	56.2%
FY 14-15	115,757	44.6%	143,544	55.4%
FY 15-16	116,269	44.9%	142,490	55.1%
FY 16-17	118,307	45.5%	141,563	54.5%

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** Statewide as of March 13, 2018

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate
All	257,643	5,831,360	4.4%	259,301	6,067,423	4.3%	258,759	6,265,977	4.1%	259,870	6,313,485	4.1%
Children 0-2	7,272	921,657	0.8%	7,738	933,956	0.8%	7,840	931,923	0.8%	7,594	914,920	0.8%
Children 3-5	21,800	920,526	2.4%	22,118	919,605	2.4%	21,675	928,506	2.3%	20,626	926,968	2.2%
Children 6-11	89,672	1,765,544	5.1%	89,044	1,846,340	4.8%	88,955	1,894,072	4.7%	88,226	1,904,996	4.6%
Children 12-17	108,477	1,551,344	7.0%	109,228	1,617,851	6.8%	108,472	1,724,074	6.3%	111,486	1,761,862	6.3%
Youth 18-20	30,422	672,289	4.5%	31,173	749,671	4.2%	31,817	787,402	4.0%	31,938	804,739	4.0%
Alaskan Native or American Indian	1,405	20,902	6.7%	1,404	21,548	6.5%	1,376	21,484	6.4%	1,361	20,936	6.5%
Asian or Pacific Islander	7,094	415,951	1.7%	7,197	440,260	1.6%	7,424	444,134	1.7%	7,332	438,644	1.7%
Black	31,952	432,122	7.4%	31,226	439,147	7.1%	30,321	436,686	6.9%	28,883	431,466	
Hispanic	136,198	3,424,331	4.0%	139,498	3,524,825	4.0%	142,365	3,628,102	3.9%	148,414	3,646,539	4.1%
White	53,795	871,891	6.2%	52,754	919,102	5.7%	50,469	925,157	5.5%	48,011	906,921	5.3%
Other	8,262	245,978	3.4%	8,103	266,137	3.0%	8,116	285,242	2.8%	7,927	308,578	2.6%
Unknown	18,937	420,185	4.5%	19,119	456,404	4.2%	18,688	525,172	3.6%	17,942	560,401	3.2%
Female	112,941	2,862,815	3.9%	115,757	2,978,632	3.9%	116,269	3,071,596	3.8%	118,307	3,095,205	3.8%
Male	144,702	2,968,545	4.9%	143,544	3,088,791	4.6%	142,490	3,194,381	4.5%	141,563	3,218,280	4.4%

*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.

**Children and Youth 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* Report: Children and Youth with Five or More SMHS Visits** Statewide as of March 13, 2018

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetratio n Rate
All	191,647	5,831,360	3.3%	191,249	6,067,423	3.2%	190,741	6,265,977	3.0%	192,686	6,313,485	3.1%
Children 0-2	3,548	921,657	0.4%	3,900	933,956	0.4%	3,809	931,923	0.4%	3,906	914,920	0.4%
Children 3-5	14,725	920,526	1.6%	14,936	919,605	1.6%	14,640	928,506	1.6%	14,227	926,968	1.5%
Children 6-11	69,356	1,765,544	3.9%	68,300	1,846,340	3.7%	68,711	1,894,072	3.6%	68,509	1,904,996	3.6%
Children 12-17	83,340	1,551,344	5.4%	83,506	1,617,851	5.2%	82,763	1,724,074	4.8%	85,173	1,761,862	4.8%
Youth 18-20	20,678	672,289	3.1%	20,607	749,671	2.7%	20,818	787,402	2.6%	20,871	804,739	2.6%
Alaskan or American Indian	988	20,902	4.7%	987	21,548	4.6%	980	21,484	4.6%	947	20,936	4.5%
Asian or Pacific Islander	5,259	415,951	1.3%	5,339	440,260	1.2%	5,363	444,134	1.2%	5,438	438,644	1.2%
Black	24,139	432,122	5.6%		439,147	5.3%	22,812	436,686			431,466	
Hispanic	100,957	3,424,331	2.9%	102,395	3,524,825	2.9%	104,801	3,628,102			3,646,539	3.0%
White	39,578	871,891	4.5%	38,551	919,102	4.2%	36,710	925,157	4.0%	35,028	906,921	3.9%
Other	6,208	245,978	2.5%	6,016	266,137	2.3%	5,928	285,242	2.1%	5,802	308,578	1.9%
Unknown	14,518	420,185	3.5%	14,628	456,404	3.2%	14,147	525,172	2.7%	13,517	560,401	2.4%
Female	83,193	2,862,815	2.9%	84,388	2,978,632	2.8%	84,882	3,071,596	2.8%	86,699	3,095,205	2.8%
Male	108,454	2,968,545	3.7%	106,861	3,088,791	3.5%	105,859	3,194,381	3.3%	105,987	3,218,280	3.3%

*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. **Children and Youth 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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year Statewide as of March 13, 2018

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Managem ent/ Brokerage (Minutes)	Health Services	Therapeut ic Behavioral Services (Minutes)	n Support	Interventi on (Minutes)	Crisis Stabilizati on (Hours)	Intensive	Full Day Rehabilita tion (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)		Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	\$ 6,407	1,969	1,434	367	1,740	5,112	311	308	15	516	459	8	14	8	19	119	15
FY 14-15	\$ 6,457	2,420	1,656	367	1,713	4,905	319	304	16	528	524	7	13	8	20	99	13
FY 15-16	\$ 6,509	2,372	1,645	372	1,701	4,715	315	299	17	566	537	7	15	8	20	99	12
FY 16-17	\$ 7,579	2,328	1,544	362	1,724	4,519	325	306	17	547	478	7	12	8	18	92	12
MEAN	\$ 6,738	2,250	1,570	367	1,720	4,813	318	304	16	539	500	7	14	8	19	102	12

*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.

Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Statewide as of March 13, 2018

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth 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
Exiting	Children/Youth 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 children/youth met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance	A distinct category in which Children/Youth 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 13-14	63,523	24.7%	20,459	7.9%	22,996	8.9%	52,732	20.5%	87,746	34.1%	10,187	4.0%	257,643	100%
FY 14-15	64,024	24.7%	20,508	7.9%	22,329	8.6%	53,813	20.8%	88,297	34.1%	10,330	4.0%	259,301	100%
FY 15-16	63,877	24.7%	20,463	7.9%	21,778	8.4%	53,836	20.8%	88,020	34.0%	10,785	4.2%	258,759	100%
FY 16-17	63,858	24.6%	20,003	7.7%	21,390	8.2%	53,340	20.5%	89,894	34.6%	11,385	4.4%	259,870	100%

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge* Statewide as of March 13, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	with Step Down within	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			Number of Days between	Maximum Number of Days between Discharge and Step Down		to Next
FY 13-14	11,216	65.6%	2,577	15.1%	2,144	12.5%	1,170	6.8%	0	364	16.5	2
FY 14-15	11,736	62.8%	2,862	15.3%	2,411	12.9%	1,670	8.9%	0	365	18.7	3
FY 15-16	11,380	63.5%	2,498	13.9%	2,182	12.2%	1,857	10.4%	0	365	18.7	2
FY 16-17	12,872	63.7%	2,763	13.7%	2,009	9.9%	2,560	12.7%	0	264	15.9	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 ^ Data has been suppressed to protect patient privacy. Performance Outcomes System Adult Reports

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.asp

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) 13/14, 14/15, 15/16, and 16/17.

Definitions

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

•Age 20 or younger 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 13/14 through FY 16/17. • Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

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_Fin al_1.11.15.pdf

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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.

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*The *snapshot* report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth 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 reported on in the *time to step-down services* report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. 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 off of the county of fiscal responsibility for the patient and whom has been attributed the time to next service in days used in the calculations for this indicator.

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 13-14	297,369		5,753,705	
FY 14-15	341,797	14.9%	7,189,144	24.9%
FY 15-16	346,669	1.4%	7,882,474	9.6%
FY 16-17	341,362	-1.5%	8,220,974	4.3%
Compound Annual Growth Rate SFY**		4.7%		12.6%

*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	Native or	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 13-14	2,052	0.7%	22,680	7.6%	47,759	16.1%	63,960	21.5%	107,432	36.1%	12,633	4.2%	40,853	13.7%
FY 14-15	2,472	0.7%	24,367	7.1%	53,212	15.6%	76,949	22.5%	123,303	36.1%	16,059	4.7%	45,435	13.3%
FY 15-16	2,527	0.7%	23,545	6.8%	53,199	15.3%	82,740	23.9%	122,876	35.4%	16,933	4.9%	44,849	12.9%
FY 16-17	2,457	0.7%	22,497	6.6%	51,732	15.2%	85,652	25.1%	119,159	34.9%	17,379	5.1%	42,486	12.4%

*This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	137,086	46.1%	140,850	47.4%	19,433	6.5%
FY 14-15	165,870	48.5%	155,125	45.4%	20,802	6.1%
FY 15-16	172,744	49.8%	152,184	43.9%	21,741	6.3%
FY 16-17	173,087	50.7%	145,546	42.6%	22,729	6.7%

Fiscal Year	Female Count	Female %	Male Count	Male %		
FY 13-14	164,381	55.3%	132,988	44.7%		
FY 14-15	181,868	53.2%	159,929	46.8%		
FY 15-16	182,258	52.6%	164,411	47.4%		
FY 16-17	177,434	52.0%	163,928	48.0%		

Penetration Rates* Report: Adults With At Least One SMHS Visit** Statewide as of March 22, 2018

		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and Older Adults with 1 or more SMHS Visits	Certified Fligible	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
All	297,369	5,753,705	5.2%	341,797	7,189,144	4.8%	346,669	7,882,474	4.4%	341,362	8,220,974	4.2%
Adults 21-44	137,086	2,726,836	5.0%	165,870	3,632,330	4.6%	172,744	4,085,377	4.2%	173,087	4,305,488	4.0%
Adults 45-64	140,850	1,933,430	7.3%	155,125	2,382,923	6.5%	152,184	2,547,354	6.0%	145,546	2,602,031	5.6%
Adults 65+	19,433	1,093,439	1.8%	20,802	1,173,891	1.8%	21,741	1,249,743	1.7%	22,729	1,313,455	1.7%
Alaskan Native or American India	2,052	31,317	6.6%	2,472	38,020	6.5%	2,527	40,813	6.2%	2,457	41,766	5.9%
Asian or Pacific Islander	22,680	799,902	2.8%	24,367	982,501	2.5%	23,545	1,075,603	2.2%	22,497	1,105,203	2.0%
Black	47,759	569,256	8.4%	53,212	664,907	8.0%	53,199	699,481	7.6%	51,732	719,635	7.2%
Hispanic	63,960	1,981,495	3.2%	76,949	2,532,969	3.0%	82,740	2,827,897	2.9%	85,652	3,024,780	2.8%
White	107,432	1,562,977	6.9%	123,303	1,932,347	6.4%	122,876	2,078,628	5.9%	119,159	2,118,638	5.6%
Other	12,633	301,377	4.2%	16,059	409,757	3.9%	16,933	473,247	3.6%	17,379	513,280	3.4%
Unknown	40,853	507,381	8.1%	45,435	628,643	7.2%	44,849	686,805	6.5%	42,486	697,672	6.1%
Female	164,381	3,319,336	5.0%	181,868	4,019,396	4.5%	182,258	4,374,385	4.2%	177,434	4,550,157	3.9%
Male	132,988	2,434,369	5.5%	159,929	3,169,748	5.0%	164,411	3,508,089	4.7%	163,928	3,670,817	4.5%

*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. **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** Statewide as of March 22, 2018

		FY 13-14			FY 14-15			FY 15-16		FY 16-17			
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetratio n Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Fligible	Penetratio n Rate	
All	187,682	5,753,705	3.3%	212,021	7,189,144	2.9%	214,035	7,882,474	2.7%	209,648	8,220,974	2.6%	
Adults 21-44	81,549	2,726,836	3.0%	96,893	3,632,330	2.7%	100,023	4,085,377	2.4%	100,028	4,305,488	2.3%	
Adults 45-64	93,318	1,933,430	4.8%	101,866	2,382,923	4.3%	100,068	2,547,354	3.9%	95,053	2,602,031	3.7%	
Adults 65+	12,815	1,093,439	1.2%	13,262	1,173,891	1.1%	13,944	1,249,743	1.1%	14,567	1,313,455	1.1%	
Alaskan Native or American Ind	1,283	31,317	4.1%	1,467	38,020	3.9%	1,479	40,813	3.6%	1,399	41,766	3.3%	
Asian or Pacific Islander	16,183	799,902	2.0%	16,286	982,501	1.7%	15,689	1,075,603	1.5%	15,181	1,105,203	1.4%	
Black	29,051	569,256	5.1%	31,848	664,907	4.8%	31,908	699,481	4.6%	30,834	719,635	4.3%	
Hispanic	38,929	1,981,495	2.0%	46,539	2,532,969	1.8%	49,717	2,827,897	1.8%	51,308	3,024,780	1.7%	
White	67,497	1,562,977	4.3%	75,899	1,932,347	3.9%	75,410	2,078,628	3.6%	72,725	2,118,638	3.4%	
Other	7,674	301,377	2.5%	9,514	409,757	2.3%	9,899	473,247	2.1%	10,074	513,280	2.0%	
Unknown	27,065	507,381	5.3%	30,468	628,643	4.8%	29,933	686,805	4.4%	28,127	697,672	4.0%	
Female	103,300	3,319,336	3.1%	113,372	4,019,396	2.8%	113,186	4,374,385	2.6%	109,567	4,550,157	2.4%	
Male	84,382	2,434,369	3.5%	98,649	3,169,748	3.1%	100,849	3,508,089	2.9%	100,081	3,670,817	2.7%	

*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.

**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* Statewide as of March 22, 2018

Fiscal Year	OMC Total	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 13-14	\$ 4,408	402	778	263	228	23	317	247	7	16	12	17	88	12
FY 14-15	\$ 4,906	407	800	278	231	24	246	245	7	19	12	17	89	11
FY 15-16	\$ 5,026	411	812	279	239	25	0	236	7	20	12	18	87	11
FY 16-17	\$ 5.623	422	829	285	252	24	88	222	7	18	12	18	94	12
MEAN	\$ 4,991	410	805	276	237	24	217	237	7	20	12	17	90	12

*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 Statewide as of March 22, 2018

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 &	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 13-14	73,316	24.7%	45,746	15.4%	30,113	10.1%	35 <i>,</i> 563	12.0%	105,367	35.4%	7,264	2.4%	297,369	100%
FY 14-15	61,531	18.0%	43,986	12.9%	44,284	13.0%	53 <i>,</i> 326	15.6%	131,091	38.4%	7,579	2.2%	341,797	100%
FY 15-16	60,955	17.6%	48,548	14.0%	39,168	11.3%	54,068	15.6%	135,913	39.2%	8,017	2.3%	346,669	100%
FY 16-17	53,722	15.7%	46,352	13.6%	34,657	10.2%	55 <i>,</i> 369	16.2%	138,969	40.7%	12,293	3.6%	341,362	100%

Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge* Statewide as of March 22, 2018

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*		Number of Days between	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	to Next
FY 13-14	18,449	49.9%	5,608	15.2%	9,003	24.4%	3,913	10.6%	0	365	36.3	6
FY 14-15	24,849	48.6%	7,386	14.5%	11,241	22.0%	7,629	14.9%	0	365	39.2	8
FY 15-16	26,353	48.9%	7,166	13.3%	12.631	23.5%	7,694	14.3%	0	365	40.0	7
FY 16-17	30,709	52.1%	7,751	13.2%	9,874	16.8%	10,577	18.0%	0	365	31.8	6

*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.