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.

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 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.
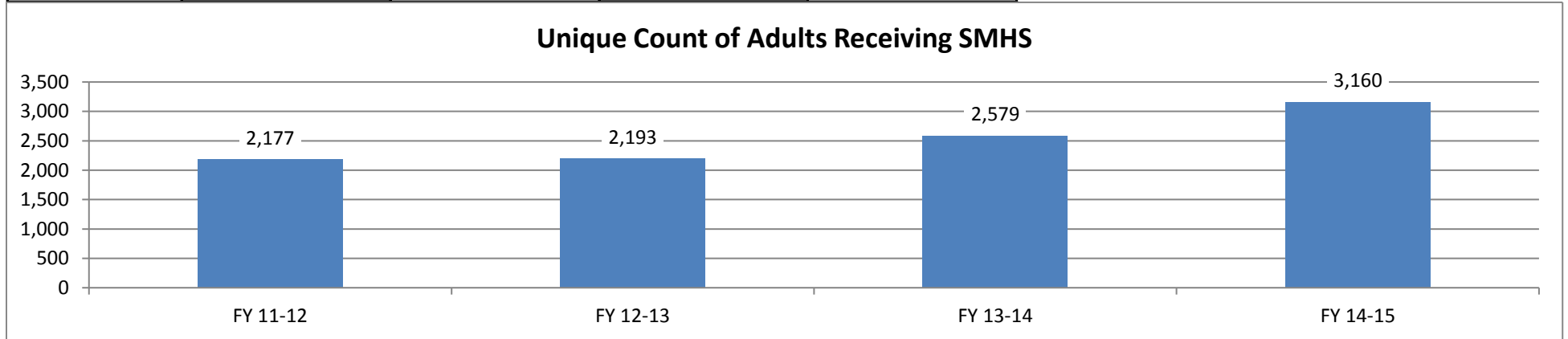
Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Monterey 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	2,177		33,274	
FY 12-13	2,193	0.7%	34,467	3.6%
FY 13-14	2,579	17.6%	51,023	48.0%
FY 14-15	3,160	22.5%	65,858	29.1%
Compound Annual Growth Rate SFY**		13.2%		25.6%

Unique Count of Adults Receiving SMHS

FY 11-12	FY 12-13	FY 13-14	FY 14-15
2,177	2,193	2,579	3,160

*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

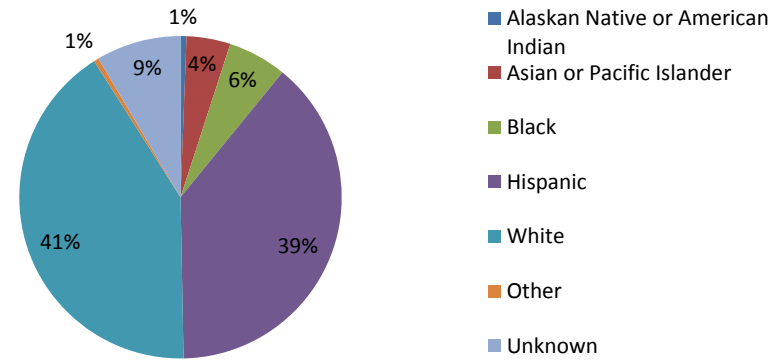# Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year
Monterey County

| 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	14	0.6%	97	4.5%	132	6.1%	860	39.5%	896	41.2%	17	0.8%	161	7.4%
FY 12-13	13	0.6%	97	4.4%	130	5.9%	850	38.8%	905	41.3%	12	0.5%	186	8.5%
FY 13-14	13	0.5%	111	4.3%	141	5.5%	1,040	40.3%	982	38.1%	19	0.7%	273	10.6%
FY 14-15	17	0.5%	140	4.4%	180	5.7%	1,312	41.5%	1,150	36.4%	23	0.7%	338	10.7%

Fiscal Year 11-12 Race Distribution
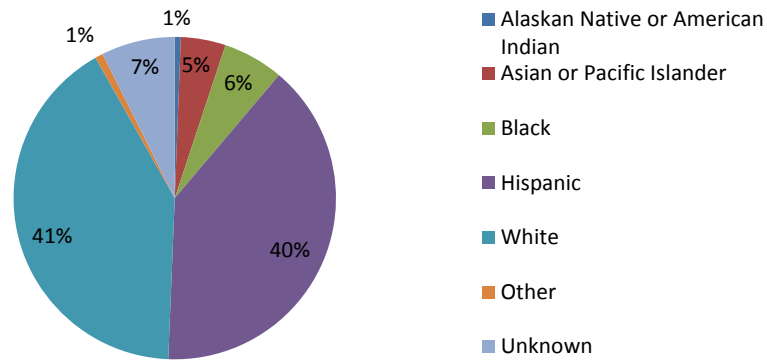
Fiscal Year 12-13 Race Distribution

Fiscal Year 13-14 Race Distribution
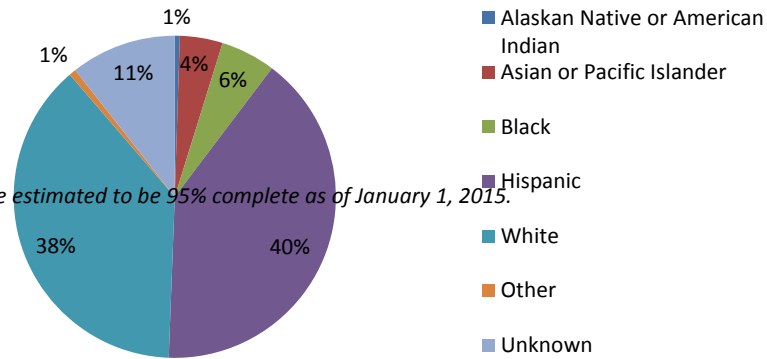
FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.

Fiscal Year 14-15 Race Distribution

Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Monterey 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	1,149	52.8%	894	41.1%	134	6.2%
FY 12-13	1,158	52.8%	893	40.7%	142	6.5%
FY 13-14	1,419	55.0%	1,015	39.4%	145	5.6%
FY 14-15	1,828	57.8%	1,163	36.8%	169	5.3%

Fiscal Year 11-12 Age Group Distribution
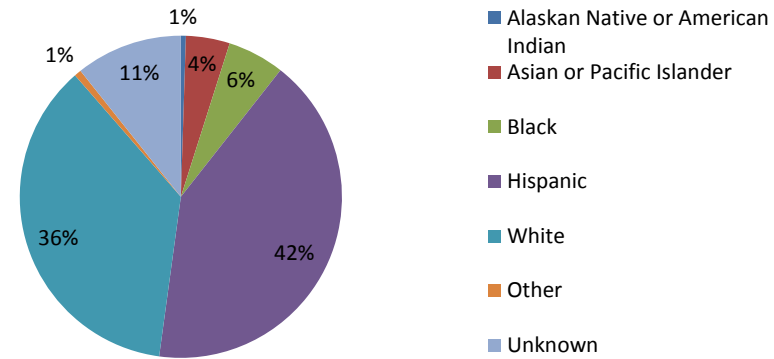

Fiscal Year 12-13 Age Group Distribution
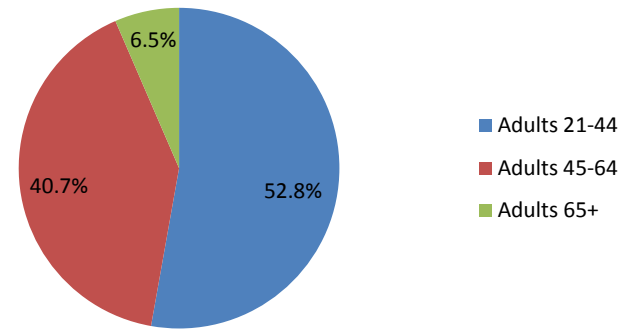
Fiscal Year 13-14 Age Group Distribution

FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.
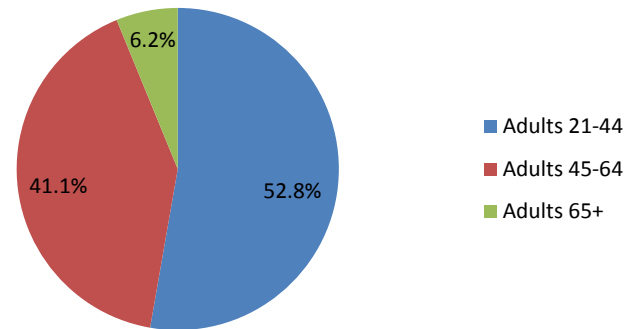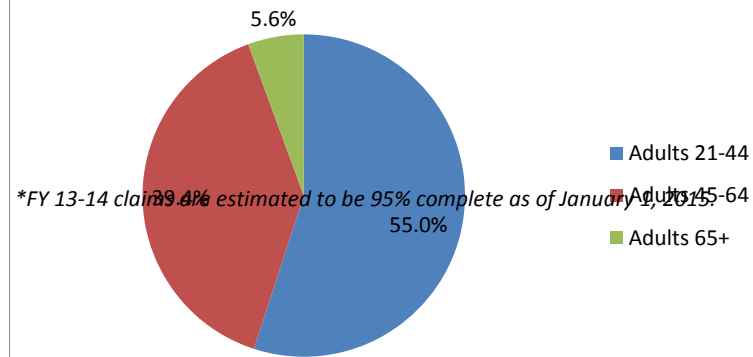
Fiscal Year 14-15 Age Group Distribution
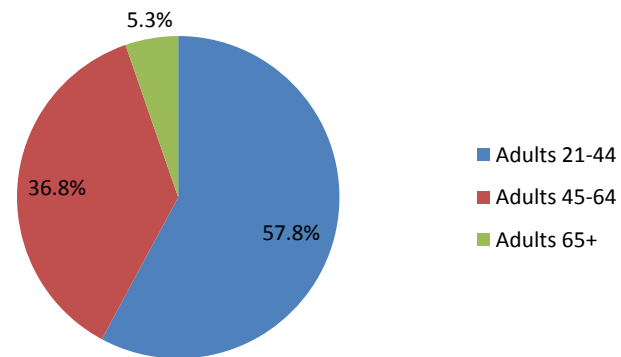
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

Monterey County

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	1,286	59.1%	891	40.9%
FY 12-13	1,306	59.6%	887	40.4%
FY 13-14	1,452	56.3%	1,127	43.7%
FY 14-15	1,762	55.8%	1,398	44.2%

Fiscal Year 11-12 Gender Distribution

40.9%
59.1%
■ Female ■ Male
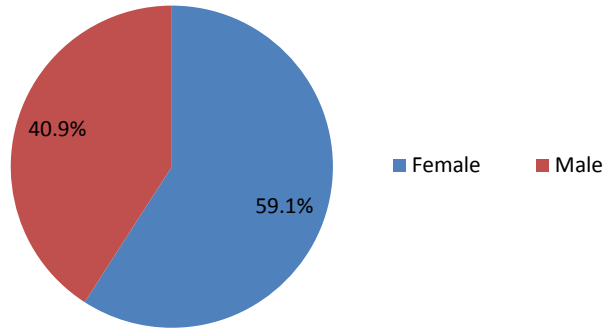
Fiscal Year 12-13 Gender Distribution

40.4%
59.6%
■ Female ■ Male
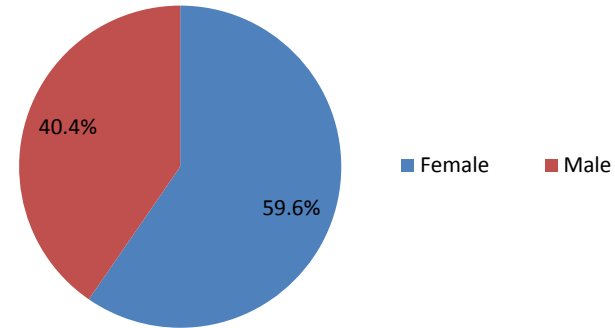
Fiscal Year 13-14 Gender Distribution

43.7%
56.3%
■ Female ■ Male
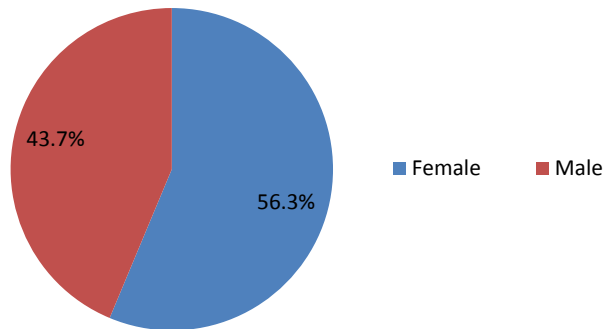
Fiscal Year 14-15 Gender Distribution

44.2%
55.8%
■ Female ■ Male

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

Monterey 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
All	**2,177**	**33,274**	**6.5%**	**2,193**	**34,467**	**6.4%**	**2,579**	**51,023**	**5.1%**	**3,160**	**65,858**	**4.8%**
Adults 21-44	1,149	16,337	7.0%	1,158	17,145	6.8%	1,419	26,141	5.4%	1,828	35,498	5.1%
Adults 45-64	894	8,546	10.5%	893	8,755	10.2%	1,015	15,949	6.4%	1,163	20,701	5.6%
Adults 65+	134	8,391	1.6%	142	8,567	1.7%	145	8,933	1.6%	169	9,659	1.7%
Alaskan Native or American Indian	14	89	15.7%	13	99	13.1%	13	124	10.5%	17	148	11.5%
Asian or Pacific Islander	97	2,116	4.6%	97	2,133	4.5%	111	3,213	3.5%	140	4,043	3.5%
Black	132	1,116	11.8%	130	1,122	11.6%	141	1,659	8.5%	180	1,998	9.0%
Hispanic	860	20,638	4.2%	850	21,626	3.9%	1,040	30,734	3.4%	1,312	40,112	3.3%
White	896	7,048	12.7%	905	7,027	12.9%	982	11,112	8.8%	1,150	13,808	8.3%
Other	17	252	6.7%	12	207	5.8%	19	319	6.0%	23	422	5.5%
Unknown	161	2,015	8.0%	186	2,253	8.3%	273	3,862	7.1%	338	5,327	6.3%
Female	1,286	21,024	6.1%	1,306	21,962	5.9%	1,452	30,118	4.8%	1,762	37,596	4.7%
Male	891	12,250	7.3%	887	12,505	7.1%	1,127	20,905	5.4%	1,398	28,262	4.9%

Penetration Rates by Age
Adults With At Least One SMHS Visit, By Fiscal Year**

*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**

Monterey County

Penetration Rates by Race
Adults With At Least One SMHS Visit**, By Fiscal Year

Race	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Alaskan Native or American Indian	15.7% (n= 89)	13.1% (n= 99)	10.5% (n= 124)	11.5% (n= 148)
Asian or Pacific Islander	4.6% (n= 2,116)	4.5% (n= 2,133)	3.5% (n= 3,213)	3.5% (n= 4,043)
Black	11.8% (n= 1,116)	11.6% (n= 1,122)	8.5% (n= 1,659)	9.0% (n= 1,998)
Hispanic	4.2% (n= 20,638)	3.9% (n= 21,626)	3.4% (n= 30,734)	3.3% (n= 40,112)
White	12.7% (n= 7,048)	12.9% (n= 7,027)	8.8% (n= 11,112)	8.3% (n= 13,808)

Penetration Rates by Gender
Adults With At Least One SMHS Visit**, By Fiscal Year

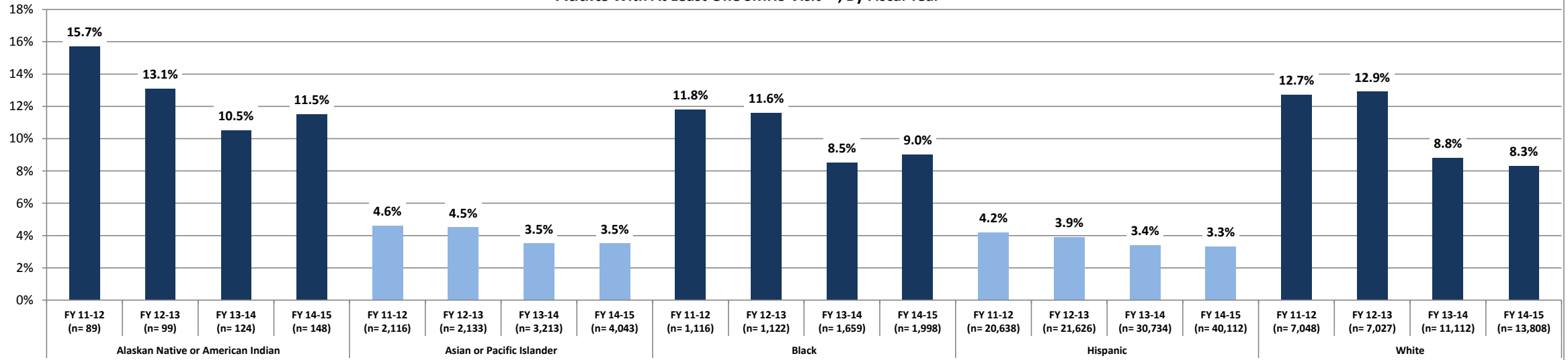| Gender	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Female	6.1% (n= 21,024)	5.9% (n= 21,962)	4.8% (n= 30,118)	4.7% (n= 37,596)
Male	7.3% (n= 12,250)	7.1% (n= 12,505)	5.4% (n= 20,905)	4.9% (n= 28,262)

*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.
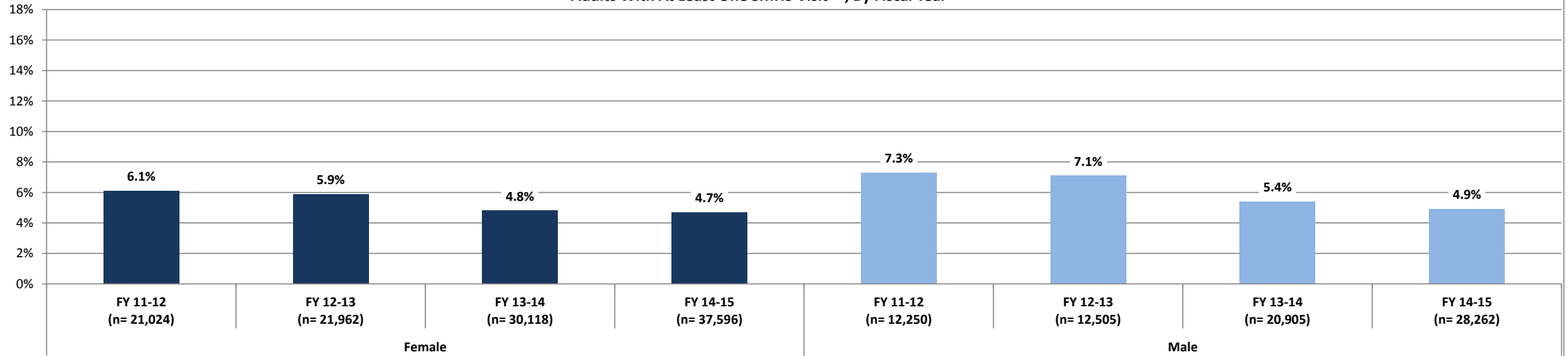
Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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

Monterey 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
All	**1,668**	**33,274**	**5.0%**	**1,652**	**34,467**	**4.8%**	**1,841**	**51,023**	**3.6%**	**2,187**	**65,858**	**3.3%**
Adults 21-44	820	16,337	5.0%	809	17,145	4.7%	977	26,141	3.7%	1,195	35,498	3.4%
Adults 45-64	740	8,546	8.7%	723	8,755	8.3%	755	15,949	4.7%	860	20,701	4.2%
Adults 65+	108	8,391	1.3%	120	8,567	1.4%	109	8,933	1.2%	132	9,659	1.4%
Alaskan Native or American Indian	^	89	^	^	99	^	^	124	^	^	148	^
Asian or Pacific Islander	82	2,116	3.9%	82	2,133	3.8%	90	3,213	2.8%	108	4,043	2.7%
Black	109	1,116	9.8%	103	1,122	9.2%	99	1,659	6.0%	125	1,998	6.3%
Hispanic	585	20,638	2.8%	575	21,626	2.7%	692	30,734	2.3%	827	40,112	2.1%
White	735	7,048	10.4%	723	7,027	10.3%	717	11,112	6.5%	840	13,808	6.1%
Other	^	252	^	^	207	^	^	319	^	^	422	^
Unknown	136	2,015	6.7%	153	2,253	6.8%	220	3,862	5.7%	265	5,327	5.0%
Female	940	21,024	4.5%	922	21,962	4.2%	1,010	30,118	3.4%	1,174	37,596	3.1%
Male	728	12,250	5.9%	730	12,505	5.8%	831	20,905	4.0%	1,013	28,262	3.6%

Penetration Rates by Age
Adults With Five or More SMHS Visits, By Fiscal Year

Adults 21-44:
- FY 11-12 (n= 16,337): 5.0%
- FY 12-13 (n= 17,145): 4.7%
- FY 13-14 (n= 26,141): 3.7%
- FY 14-15 (n= 35,498): 3.4%

Adults 45-64:
- FY 11-12 (n= 8,546): 8.7%
- FY 12-13 (n= 8,755): 8.3%
- FY 13-14 (n= 15,949): 4.7%
- FY 14-15 (n= 20,701): 4.2%

Adults 65+:
- FY 11-12 (n= 8,391): 1.3%
- FY 12-13 (n= 8,567): 1.4%
- FY 13-14 (n= 8,933): 1.2%
- FY 14-15 (n= 9,659): 1.4%

*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. 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.
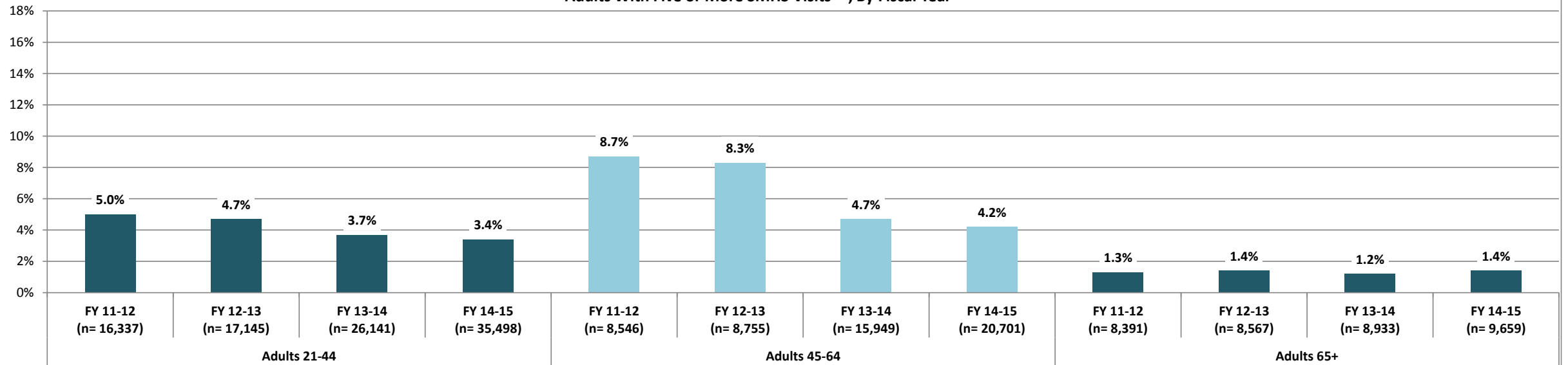
Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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

Penetration Rates by Race
Adults With Five or More SMHS Visits**, By Fiscal Year

	Alaskan Native or American Indian				Asian or Pacific Islander				Black				Hispanic				White			
	FY 11-12 (n= 89)	FY 12-13 (n= 99)	FY 13-14 (n= 124)	FY 14-15 (n= 148)	FY 11-12 (n= 2,116)	FY 12-13 (n= 2,133)	FY 13-14 (n= 3,213)	FY 14-15 (n= 4,043)	FY 11-12 (n= 1,116)	FY 12-13 (n= 1,122)	FY 13-14 (n= 1,659)	FY 14-15 (n= 1,998)	FY 11-12 (n= 20,638)	FY 12-13 (n= 21,626)	FY 13-14 (n= 30,734)	FY 14-15 (n= 40,112)	FY 11-12 (n= 7,048)	FY 12-13 (n= 7,027)	FY 13-14 (n= 11,112)	FY 14-15 (n= 13,808)
Rate	^	^	^	^	3.9%	3.8%	2.8%	2.7%	9.8%	9.2%	6.0%	6.3%	2.8%	2.7%	2.3%	2.1%	10.4%	10.3%	6.5%	6.1%

Penetration Rates by Gender
Adults With Five or More SMHS Visits**, By Fiscal Year

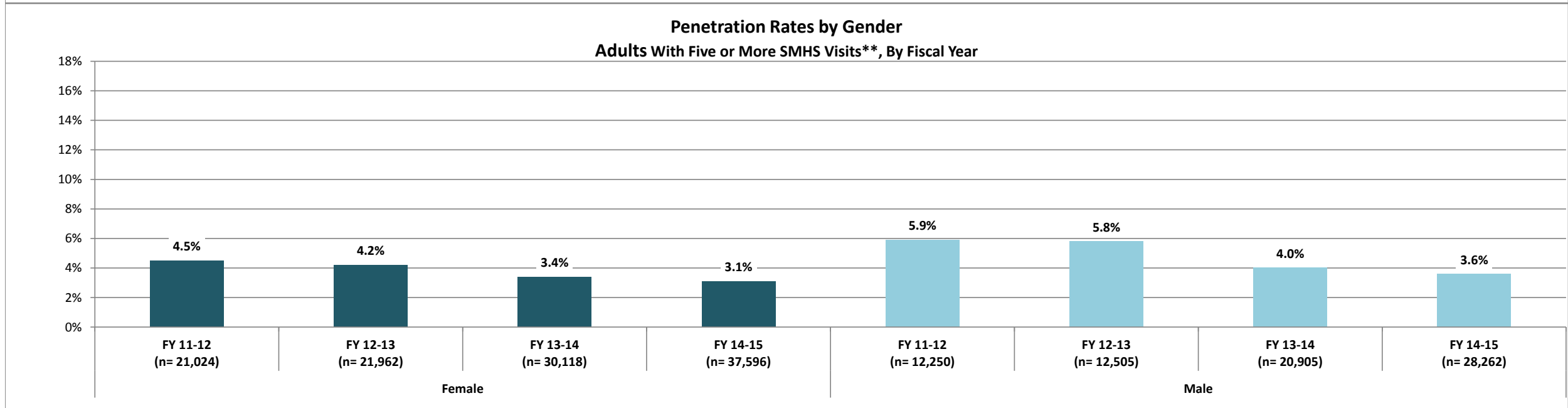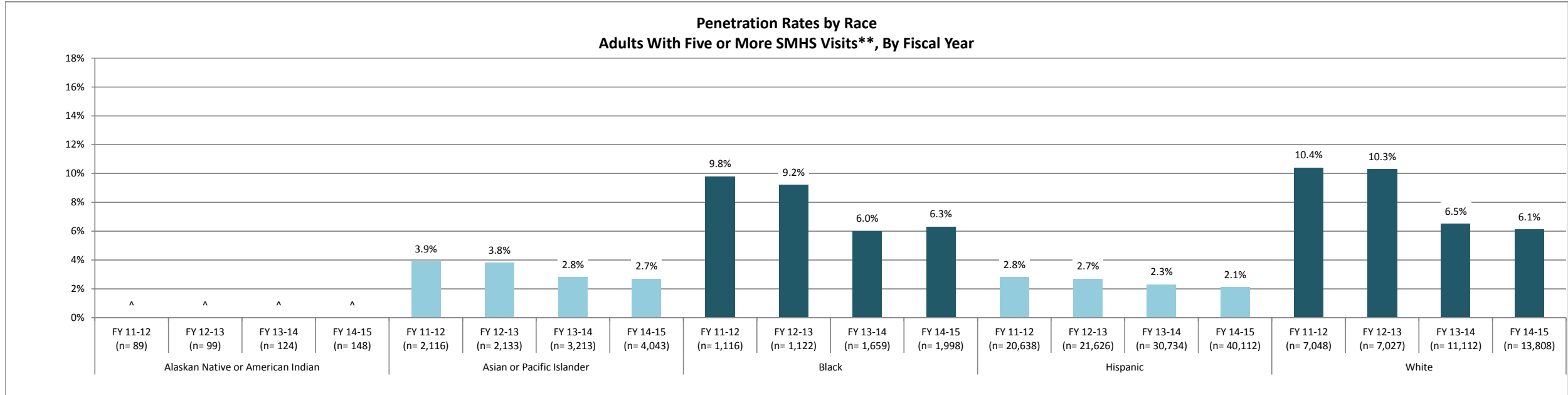|	Female				Male			
	FY 11-12 (n= 21,024)	FY 12-13 (n= 21,962)	FY 13-14 (n= 30,118)	FY 14-15 (n= 37,596)	FY 11-12 (n= 12,250)	FY 12-13 (n= 12,505)	FY 13-14 (n= 20,905)	FY 14-15 (n= 28,262)
Rate	4.5%	4.2%	3.4%	3.1%	5.9%	5.8%	4.0%	3.6%

*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.
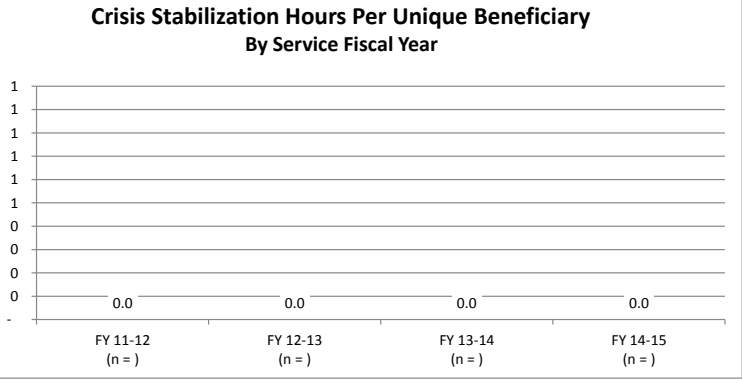
**Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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.

^ Data has been suppressed to protect patient privacy.

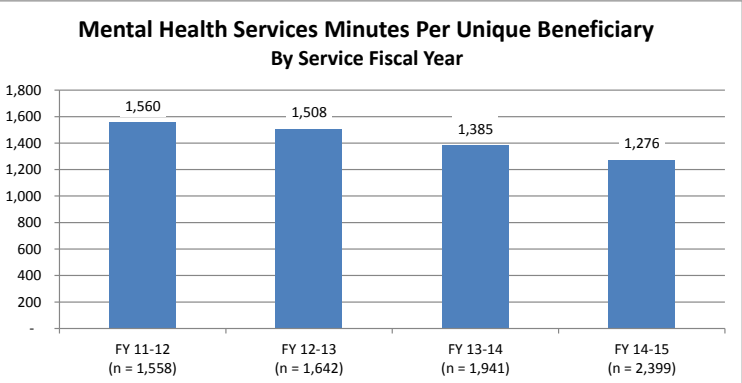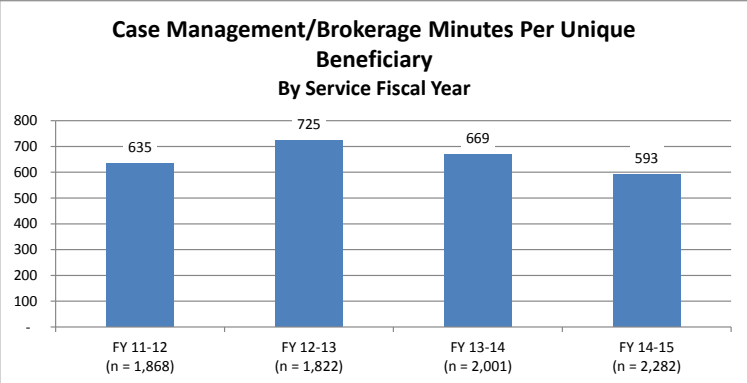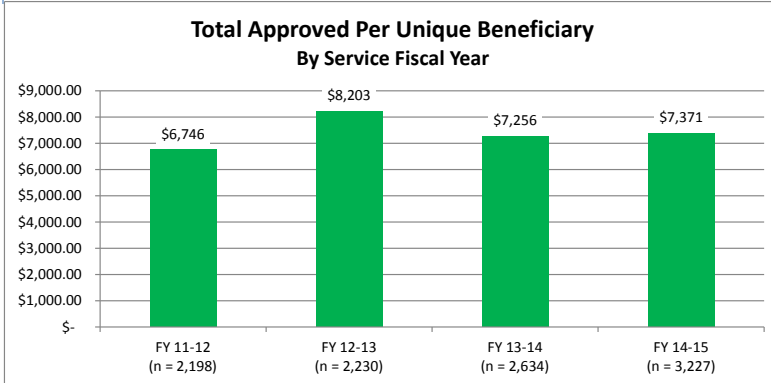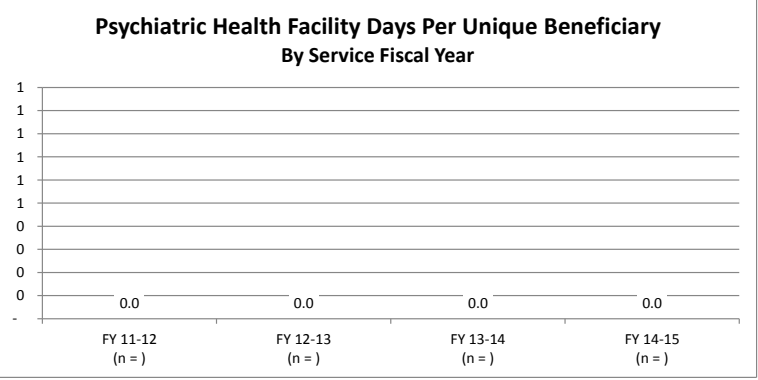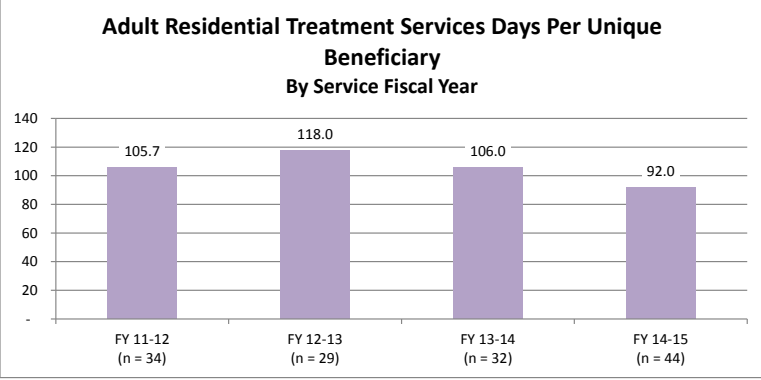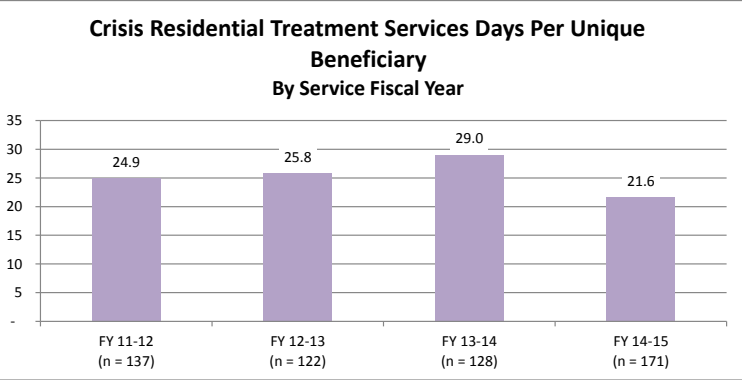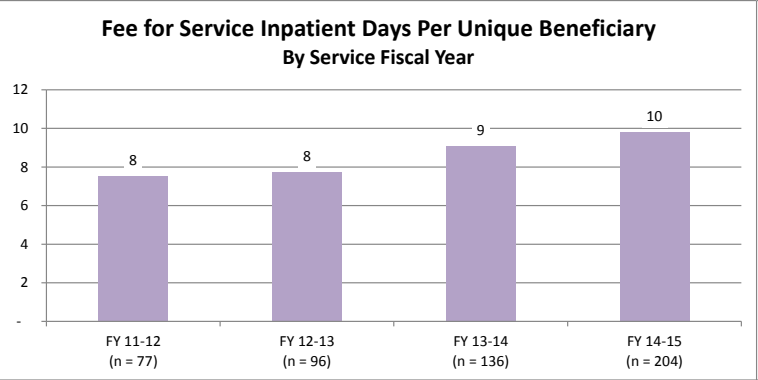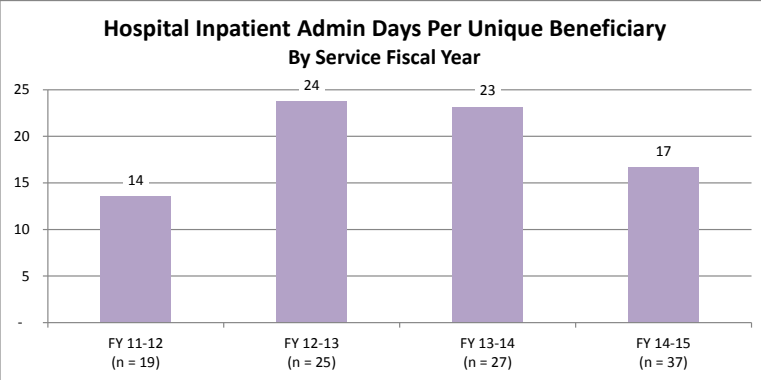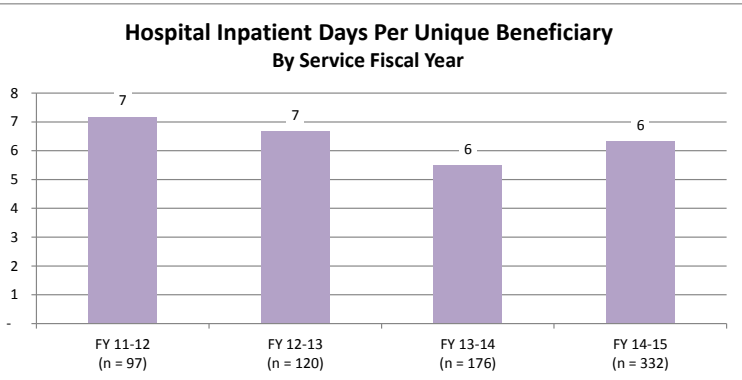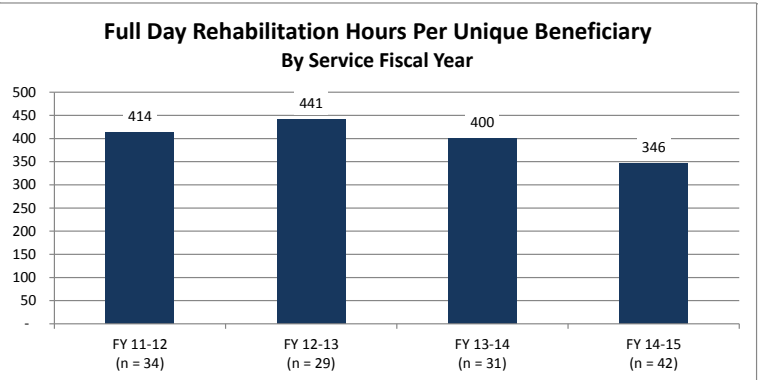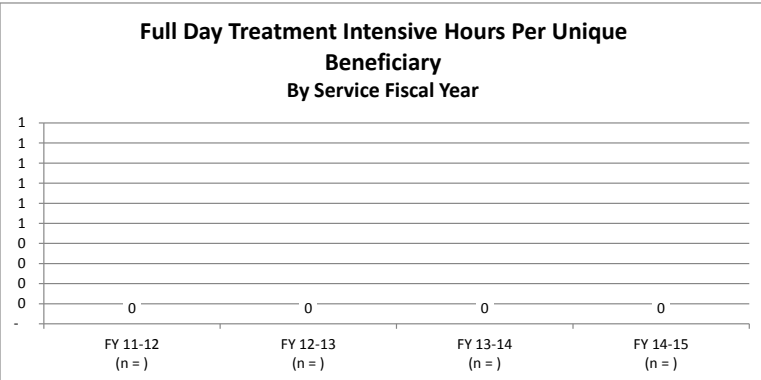# Utilization Report*: Approved Specialty Mental Health Services for Adults
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year*
Monterey County

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	6,746	635	1,560	347	265	0	0	414	7	14	8	25	106	0
FY 12-13	8,203	725	1,508	300	271	0	0	441	7	24	8	26	118	0
FY 13-14	7,256	669	1,385	227	255	0	0	400	6	23	9	29	106	0
FY 14-15	7,371	593	1,276	267	280	0	0	346	6	17	10	22	92	0
MEAN	$ 7,393.98	655	1,432	285	268	0	0	400	6	19	9	25	105	0

Total Approved Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n = 2,198)	FY 12-13 (n = 2,230)	FY 13-14 (n = 2,634)	FY 14-15 (n = 3,227)
Value	$6,746	$8,203	$7,256	$7,371

Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n = 1,868)	FY 12-13 (n = 1,822)	FY 13-14 (n = 2,001)	FY 14-15 (n = 2,282)
Value	635	725	669	593

Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n = 1,558)	FY 12-13 (n = 1,642)	FY 13-14 (n = 1,941)	FY 14-15 (n = 2,399)
Value	1,560	1,508	1,385	1,276

Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n = 1,366)	FY 12-13 (n = 1,389)	FY 13-14 (n = 1,382)	FY 14-15 (n = 1,672)
Value	347	300	227	267

Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n = 341)	FY 12-13 (n = 347)	FY 13-14 (n = 520)	FY 14-15 (n = 755)
Value	265	271	255	280

Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

	FY 11-12 (n =)	FY 12-13 (n =)	FY 13-14 (n =)	FY 14-15 (n =)
Value	0.0	0.0	0.0	0.0

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.

Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n =)	FY 12-13 (n =)	FY 13-14 (n =)	FY 14-15 (n =)
0	0	0	0

Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 34)	FY 12-13 (n = 29)	FY 13-14 (n = 31)	FY 14-15 (n = 42)
414	441	400	346

Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 97)	FY 12-13 (n = 120)	FY 13-14 (n = 176)	FY 14-15 (n = 332)
7	7	6	6

Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 19)	FY 12-13 (n = 25)	FY 13-14 (n = 27)	FY 14-15 (n = 37)
14	24	23	17

Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 77)	FY 12-13 (n = 96)	FY 13-14 (n = 136)	FY 14-15 (n = 204)
8	8	9	10

Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 137)	FY 12-13 (n = 122)	FY 13-14 (n = 128)	FY 14-15 (n = 171)
24.9	25.8	29.0	21.6

Adult Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year

FY 11-12 (n = 34)	FY 12-13 (n = 29)	FY 13-14 (n = 32)	FY 14-15 (n = 44)
105.7	118.0	106.0	92.0

Psychiatric Health Facility Days Per Unique Beneficiary
By Service Fiscal Year

| FY 11-12 (n =)	FY 12-13 (n =)	FY 13-14 (n =)	FY 14-15 (n =)
0.0	0.0	0.0	0.0

*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
Monterey 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 **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	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	286	13.0%	722	32.9%	189	8.6%	281	12.8%	650	29.6%	66	3.0%	2,194	100%
FY 13-14	547	21.2%	643	24.9%	228	8.8%	277	10.7%	840	32.6%	45	1.7%	2,580	100%
FY 14 - 15	562	17.8%	583	18.4%	342	10.8%	446	14.1%	1,176	37.2%	54	1.7%	3,163	100%

Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution
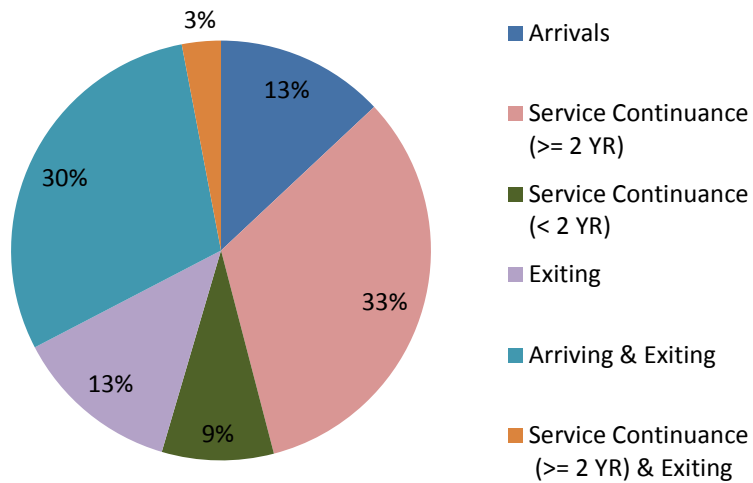
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution
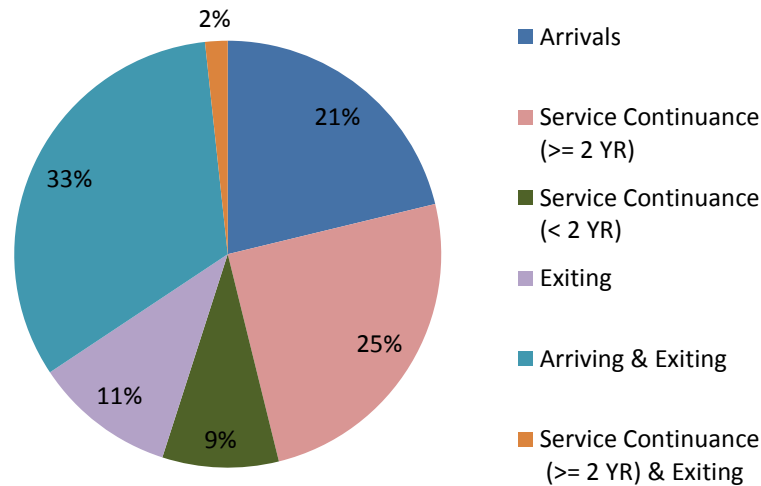
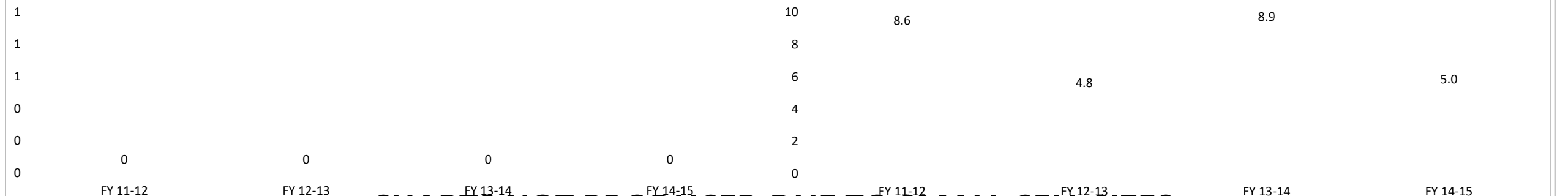Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution
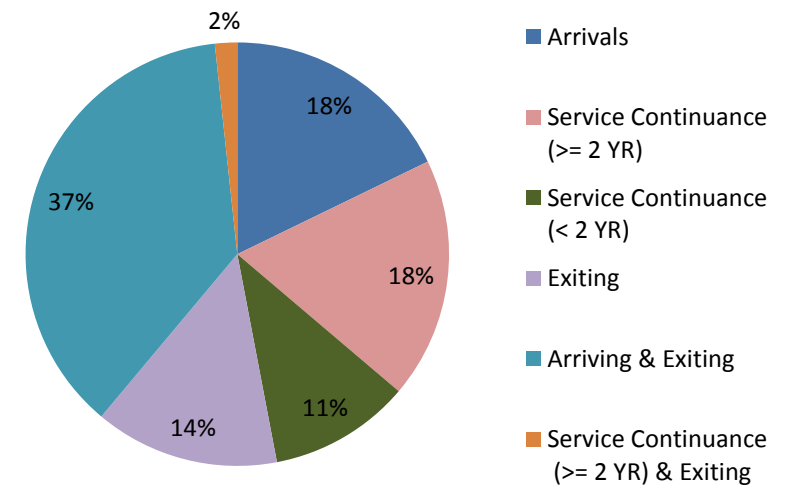
Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge*
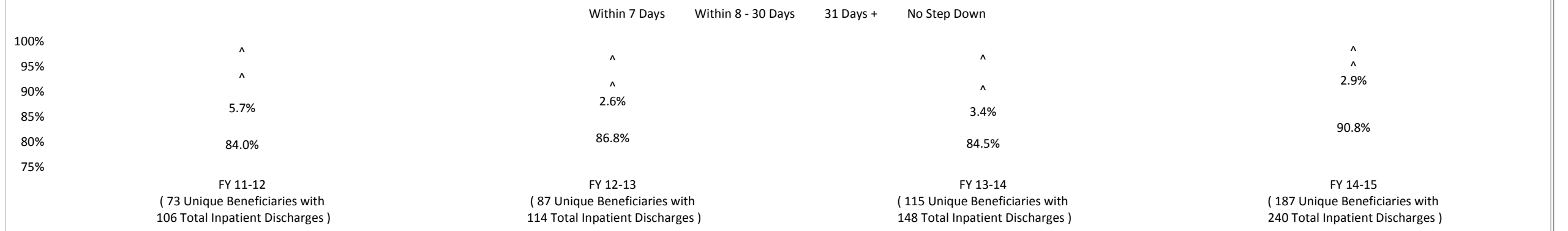
Monterey County

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	89	84.0%	^	^	^	^	^	^	0	365	8.6	0
FY 12-13	99	86.8%	^	^	^	^	^	^	0	284	4.8	0
FY 13-14	125	84.5%	^	^	^	^	^	^	0	297	8.9	0
FY 14-15	218	90.8%	^	^	^	^	^	^	0	365	5.0	0

Median Time Between Inpatient Discharge and Step Down Service in Days

FY 11-12: 0
FY 12-13: 0
FY 13-14: 0
FY 14-15: 0

Mean Time Between Inpatient Discharge and Step Down Service in Days

FY 11-12: 8.6
FY 12-13: 4.8
FY 13-14: 8.9
FY 14-15: 5.0

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service

Within 7 Days   Within 8 - 30 Days   31 Days +   No Step Down

FY 11-12 (73 Unique Beneficiaries with 106 Total Inpatient Discharges)
- 84.0%
- 5.7%
- ^
- ^

FY 12-13 (87 Unique Beneficiaries with 114 Total Inpatient Discharges)
- 86.8%
- 2.6%
- ^
- ^

FY 13-14 (115 Unique Beneficiaries with 148 Total Inpatient Discharges)
- 84.5%
- 3.4%
- ^
- ^

FY 14-15 (187 Unique Beneficiaries with 240 Total Inpatient Discharges)
- 90.8%
- 2.9%
- ^
- ^

*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.