

## 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.

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#### Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at:

[http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\\_Sept15Reporting\\_Final\\_1.11.15.pdf](http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf)

#### Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium; whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, these data are represented as follows: 1) Data that are missing is indicated as "-" 2) Data that have been suppressed due to privacy concerns is indicated as "^".

#### Report Highlights

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

\*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS methodology for calculating penetration rates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of adults who received a number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible adults for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted.

\*The **snapshot** report provides a point-in-time look at adults' movement through the SMHS system. The report uses five general categories to classify if an adult is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). As of now, this report only classifies adults and their service usage for FY 12/13 through 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](mailto:cmhpos@dhcs.ca.gov) for any questions regarding this report.

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
Fresno County as of August, 2017**

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
<b>FY 12-13</b>	6,583		138,214	
<b>FY 13-14</b>	8,751	32.9%	196,292	42.0%
<b>FY 14-15</b>	10,728	22.6%	240,917	22.7%
<b>FY 15-16</b>	12,261	14.3%	269,790	12.0%
<b>Compound Annual Growth Rate SFY**</b>		<b>23.0%</b>		<b>25.0%</b>

\*SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

\*\*SFY = State Fiscal Year which is July 1 through June 30.

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
Fresno 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	69	1.0%	686	10.4%	825	12.5%	1,846	28.0%	2,068	31.4%	338	5.1%	751	11.4%
FY 13-14	93	1.1%	930	10.6%	1,063	12.1%	2,364	27.0%	2,659	30.4%	625	7.1%	1,017	11.6%
FY 14-15	110	1.0%	1,157	10.8%	1,259	11.7%	2,903	27.1%	3,241	30.2%	912	8.5%	1,146	10.7%
FY 15-16	141	1.1%	1,345	11.0%	1,362	11.1%	3,461	28.2%	3,596	29.3%	1,135	9.3%	1,221	10.0%

*Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.*

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
Fresno County as of August, 2017**

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	3,507	53.3%	2,723	41.4%	353	5.4%
FY 13-14	4,768	54.5%	3,615	41.3%	368	4.2%
FY 14-15	6,111	57.0%	4,204	39.2%	413	3.8%
FY 15-16	7,126	58.1%	4,658	38.0%	477	3.9%

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year  
Fresno County as of August, 2017**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	4,015	61.0%	2,568	39.0%
FY 13-14	5,014	57.3%	3,737	42.7%
FY 14-15	5,940	55.4%	4,788	44.6%
FY 15-16	6,773	55.2%	5,488	44.8%

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

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	Adults and Older Adults with 1 or more SMHS	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS	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	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
<b>All</b>	<b>6,583</b>	<b>138,214</b>	<b>4.8%</b>	<b>8,751</b>	<b>196,292</b>	<b>4.5%</b>	<b>10,728</b>	<b>240,917</b>	<b>4.5%</b>	<b>12,261</b>	<b>269,790</b>	<b>4.5%</b>
Adults 21-44	3,507	75,348	4.7%	4,768	108,203	4.4%	6,111	137,907	4.4%	7,126	157,945	4.5%
Adults 45-64	2,723	35,127	7.8%	3,615	59,295	6.1%	4,204	72,102	5.8%	4,658	78,742	5.9%
Adults 65+	353	27,739	1.3%	368	28,794	1.3%	413	30,908	1.3%	477	33,103	1.4%
Alaskan Native or American Indian	69	1,046	6.6%	93	1,485	6.3%	110	1,811	6.1%	141	1,964	7.2%
Asian or Pacific Islander	686	20,834	3.3%	930	33,364	2.8%	1,157	42,532	2.7%	1,345	49,099	2.7%
Black	825	10,946	7.5%	1,063	14,538	7.3%	1,259	16,760	7.5%	1,362	17,846	7.6%
Hispanic	1,846	58,492	3.2%	2,364	78,259	3.0%	2,903	96,528	3.0%	3,461	110,055	3.1%
White	2,068	28,592	7.2%	2,659	39,408	6.7%	3,241	46,510	7.0%	3,596	49,635	7.2%
Other	338	8,487	4.0%	625	15,198	4.1%	912	20,365	4.5%	1,135	23,681	4.8%
Unknown	751	9,817	7.6%	1,017	14,040	7.2%	1,146	16,411	7.0%	1,221	17,510	7.0%
Female	4,015	85,568	4.7%	5,014	112,904	4.4%	5,940	133,524	4.4%	6,773	148,016	4.6%
Male	2,568	52,646	4.9%	3,737	83,388	4.5%	4,788	107,393	4.5%	5,488	121,774	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. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

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

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

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
<b>All</b>	<b>3,742</b>	<b>138,214</b>	<b>2.7%</b>	<b>4,792</b>	<b>196,292</b>	<b>2.4%</b>	<b>6,067</b>	<b>240,917</b>	<b>2.5%</b>	<b>6,957</b>	<b>269,790</b>	<b>2.6%</b>
Adults 21-44	1,915	75,348	2.5%	2,549	108,203	2.4%	3,342	137,907	2.4%	3,942	157,945	2.5%
Adults 45-64	1,641	35,127	4.7%	2,032	59,295	3.4%	2,496	72,102	3.5%	2,777	78,742	3.5%
Adults 65+	186	27,739	0.7%	211	28,794	0.7%	229	30,908	0.7%	238	33,103	0.7%
Alaskan Native or American Indian	39	1,046	3.7%	46	1,485	3.1%	67	1,811	3.7%	75	1,964	3.8%
Asian or Pacific Islander	438	20,834	2.1%	542	33,364	1.6%	623	42,532	1.5%	766	49,099	1.6%
Black	408	10,946	3.7%	548	14,538	3.8%	651	16,760	3.9%	697	17,846	3.9%
Hispanic	1,019	58,492	1.7%	1,271	78,259	1.6%	1,640	96,528	1.7%	1,937	110,055	1.8%
White	1,200	28,592	4.2%	1,497	39,408	3.8%	1,901	46,510	4.1%	2,123	49,635	4.3%
Other	184	8,487	2.2%	308	15,198	2.0%	477	20,365	2.3%	614	23,681	2.6%
Unknown	454	9,817	4.6%	580	14,040	4.1%	708	16,411	4.3%	745	17,510	4.3%
Female	2,258	85,568	2.6%	2,747	112,904	2.4%	3,388	133,524	2.5%	3,923	148,016	2.7%
Male	1,484	52,646	2.8%	2,045	83,388	2.5%	2,679	107,393	2.5%	3,034	121,774	2.5%

\*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. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

\*\*Adults and Older 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.



**Utilization Report\*: Approved Specialty Mental Health Services for Adults  
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year\*  
Fresno County as of August, 2017**

Fiscal Year	SDMC Total Approved	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	\$ 4,012.81	377	731	218	134	21	0	366	5	0	10	17	89	20
FY 13-14	\$ 3,846.63	333	648	218	142	23	0	148	5	4	9	16	50	31
FY 14-15	\$ 4,303.83	313	645	232	138	23	0	278	7	43	9	12	150	20
FY 15-16	\$ 4,560.40	358	740	242	153	33	0	0	6	0	10	18	0	15
<b>MEAN</b>	<b>\$ 4,180.92</b>	<b>345</b>	<b>691</b>	<b>227</b>	<b>142</b>	<b>25</b>	<b>0</b>	<b>264</b>	<b>6</b>	<b>24</b>	<b>9</b>	<b>16</b>	<b>96</b>	<b>22</b>

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

Please note that (n) values listed at the bottom of each bar graph represent the actual number of 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  
Fresno County as of August, 2017**

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Adults that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which Adults met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Adults had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	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	1,153	17.5%	739	11.2%	700	10.6%	1,156	17.6%	2,702	41.0%	133	2.0%	6,583	100%
FY 13-14	2,410	27.5%	733	8.4%	831	9.5%	907	10.4%	3,753	42.9%	117	1.3%	8,751	100%
FY 14-15	2,300	21.4%	855	8.0%	1,405	13.1%	1,564	14.6%	4,481	41.8%	123	1.1%	10,728	100%
FY 15-16	2,272	18.5%	1,171	9.6%	1,296	10.6%	1,979	16.1%	5,370	43.8%	173	1.4%	12,261	100%

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

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 12-13	1,074	87.7%	46	3.8%	78	6.4%	27	2.2%	0	331	6.2	0
FY 13-14	1,627	93.3%	32	1.8%	52	3.0%	33	1.9%	0	327	2.8	0
FY 14-15	2,321	82.5%	138	4.9%	218	7.7%	136	4.8%	0	364	10.0	0
FY 14-15	2,492	90.6%	73	2.7%	85	3.1%	100	3.6%	0	319	3.8	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.