### 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

#### 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: <a href="http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx">http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx</a>

\*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	1,987		23,267	
FY 13-14	2,268	14.1%	33,038	42.0%
FY 14-15	2,452	8.1%	39,919	20.8%
FY 15-16	2,447	-0.2%	44,006	10.2%
Compound Annual Growth Rate SFY**		7.2%		23.7%

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

<sup>\*\*</sup>SFY = State Fiscal Year which is July 1 through June 30.

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	21	1.1%	204	10.3%	56	2.8%	193	9.7%	1,232	62.0%	22	1.1%	259	13.0%
FY 13-14	28	1.2%	208	9.2%	81	3.6%	251	11.1%	1,369	60.4%	32	1.4%	299	13.2%
FY 14-15	24	1.0%	233	9.5%	86	3.5%	296	12.1%	1,489	60.7%	31	1.3%	293	11.9%
FY 15-16	30	1.2%	229	9.4%	81	3.3%	326	13.3%	1,449	59.2%	29	1.2%	303	12.4%

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	910	45.8%	918	46.2%	159	8.0%
FY 13-14	1,046	46.1%	1,043	46.0%	179	7.9%
FY 14-15	1,169	47.7%	1,105	45.1%	178	7.3%
FY 15-16	1,194	48.8%	1,073	43.8%	180	7.4%

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	1,231	62.0%	756	38.0%
FY 13-14	1,386	61.1%	882	38.9%
FY 14-15	1,475	60.2%	977	39.8%
FY 15-16	1,430	58.4%	1,017	41.6%

## Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\* Sutter/Yuba Counties as of August, 2017

		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	<b>Older Adults</b>		more SMHS	Adults		SMHS Visits	Older Adults		SMHS Visits	Adults	
All	1,987	23,267	8.5%	2,268	33,038	6.9%	2,452	39,919	6.1%	2,447	44,006	5.6%
Adults 21-44	910	11,774	7.7%	1,046	17,020	6.1%	1,169	21,139	5.5%	1,194	23,750	5.0%
Adults 45-64	918	6,629	13.8%	1,043	10,951	9.5%	1,105	13,273	8.3%	1,073	14,492	7.4%
Adults 65+	159	4,864	3.3%	179	5,067	3.5%	178	5,507	3.2%	180	5,764	3.1%
Alaskan Native or American Indian	21	261	8.0%	28	341	8.2%	24	404	5.9%	30	447	6.7%
Asian or Pacific Islander	204	3,276	6.2%	208	5,110	4.1%	233	6,379	3.7%	229	7,376	3.1%
Black	56	675	8.3%	81	962	8.4%	86	1,158	7.4%	81	1,260	6.4%
Hispanic	193	5,079	3.8%	251	7,384	3.4%	296	9,457	3.1%	326	10,685	3.1%
White	1,232	12,048	10.2%	1,369	16,654	8.2%	1,489	19,544	7.6%	1,449	21,030	6.9%
Other	22	276	8.0%	32	402	8.0%	31	473	6.6%	29	447	6.5%
Unknown	259	1,652	15.7%	299	2,185	13.7%	293	2,504	11.7%	303	2,761	11.0%
Female	1,231	14,027	8.8%	1,386	18,720	7.4%	1,475	22,071	6.7%	1,430	24,105	5.9%
Male	756	9,240	8.2%	882	14,318	6.2%	977	17,848	5.5%	1,017	19,901	5.1%

<sup>\*</sup>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\*\* Sutter/Yuba Counties 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
All	1,065	23,267	4.6%	1,086	33,038	3.3%	1,132	39,919	2.8%	1,197	44,006	2.7%
Adults 21-44	452	11,774	3.8%	441	17,020	2.6%	477	21,139	2.3%	522	23,750	2.2%
Adults 45-64	522	6,629	7.9%	556	10,951	5.1%	572	13,273	4.3%	589	14,492	4.1%
Adults 65+	91	4,864	1.9%	89	5,067	1.8%	83	5,507	1.5%	86	5,764	1.5%
Alaskan Native or American Indian	11	261	4.2%	16	341	4.7%	12	404	3.0%	۸	447	۸
Asian or Pacific Islander	86	3,276	2.6%	88	5,110	1.7%	94	6,379	1.5%	113	7,376	1.5%
Black	29	675	4.3%	33	962	3.4%	37	1,158	3.2%	42	1,260	3.3%
Hispanic	112	5,079	2.2%	106	7,384	1.4%	130	9,457	1.4%	160	10,685	1.5%
White	674	12,048	5.6%	671	16,654	4.0%	690	19,544	3.5%	693	21,030	3.3%
Other	٨	276	^	14	402	3.5%	۸	473	٨	۸	447	٨
Unknown	^	1,652	^	158	2,185	7.2%	۸	2,504	۸	168	2,761	6.1%
Female	642	14,027	4.6%	663	18,720	3.5%	686	22,071	3.1%	729	24,105	3.0%
Male	423	9,240	4.6%	423	14,318	3.0%	446	17,848	2.5%	468	19,901	2.4%

<sup>\*</sup>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.

<sup>\*\*</sup>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\* Sutter 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	\$ 4,154.00	669	495	290	189	24	0	0	9	17	9	17	0	23
FY 13-14	\$ 3,310.85	632	449	254	174	20	0	0	10	8	10	34	5	16
FY 14-15	\$ 3,330.19	565	403	237	189	30	0	330	13	0	8	8	47	19
FY 15-16	\$ 3,671.84	521	409	250	202	19	0	0	5	12	9	17	57	18
MEAN	\$ 3,616.72	597	439	258	189	23	0	330	9	12	9	19	36	19

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.

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

<sup>^</sup> 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 Sutter 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	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %		Service Continuance (>= 2 YR) and Exiting %		Total %
FY 12-13	178	18.5%	141	14.6%	112	11.6%	137	14.2%	381	39.5%	15	1.6%	964	100%
FY 13-14	219	19.4%	140	12.4%	127	11.2%	142	12.6%	483	42.8%	18	1.6%	1,129	100%
FY 14-15	183	14.5%	131	10.4%	137	10.9%	197	15.7%	587	46.7%	23	1.8%	1,258	100%
FY 15-16	194	15.9%	148	12.2%	119	9.8%	175	14.4%	567	46.6%	14	1.2%	1,217	100%

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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with	Step Down Between 8 and 30	Inpatient Discharges with	Step Down > 30  Days from	Inpatient Discharges with a	Discharges with	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	۸	۸	27	67.5%	۸	۸	0	0.0%	0	265	29.2	27
FY 13-14	۸	۸	۸	۸	۸	۸	0	0.0%	0	100	19.8	3
FY 14-15	۸	۸	۸	۸	۸	۸	٨	٨	0	164	34.3	6
FY 14-15	۸	۸	^	۸	۸	۸	٨	۸	0	31	12.3	6

<sup>\*</sup> **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.

<sup>^</sup> 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\* Yuba 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	\$ 3,164.51	662	510	242	156	15	0	0	0	0	8	4	0	13
FY 13-14	\$ 2,684.15	623	505	220	146	13	0	0	0	0	7	26	16	17
FY 14-15	\$ 2,772.80	400	370	203	149	26	0	0	6	0	7	13	0	19
FY 15-16	\$ 2,609.21	387	349	217	183	24	0	0	0	0	15	2	0	12
MEAN	\$ 2,807.67	518	433	220	159	19	0	0	6	0	9	11	16	15

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.

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

<sup>^</sup> 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 Yuba 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	Continuance	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	176	17.2%	145	14.2%	108	10.6%	149	14.6%	434	42.4%	11	1.1%	1,023	100%
FY 13-14	199	17.5%	162	14.2%	116	10.2%	152	13.3%	494	43.4%	16	1.4%	1,139	100%
FY 14-15	153	12.8%	129	10.8%	142	11.9%	176	14.7%	573	48.0%	21	1.8%	1,194	100%
FY 15-16	203	16.5%	144	11.7%	99	8.0%	169	13.7%	601	48.9%	14	1.1%	1,230	100%

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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Inpatient Discharges with	Step Down > 30  Days from	Inpatient Discharges with a	Discharges with	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 12-13	۸	۸	0	0.0%	۸	۸	0	0.0%	0	64	16.0	0
FY 13-14	۸	۸	۸	۸	۸	۸	0	0.0%	0	274	119.8	103
FY 14-15	۸	٨	۸	۸	۸	۸	٨	۸	11	248	78.2	46
FY 14-15	۸	۸	^	۸	۸	^	۸	۸	0	333	57.7	13

<sup>\*</sup> **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.

<sup>^</sup> Data has been suppressed to protect patient privacy.