# 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: <a href="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</a>

### 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>

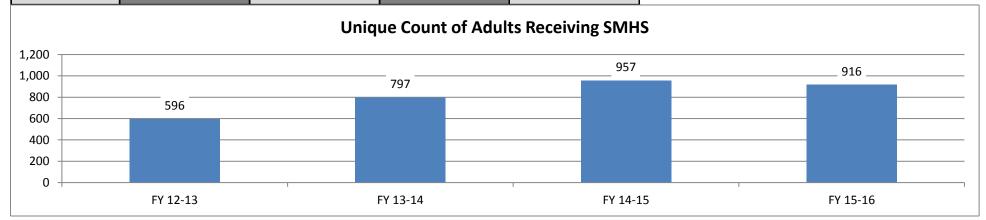
\*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and 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.

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

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	596		11,403	
FY 13-14	797	33.7%	19,442	70.5%
FY 14-15	957	20.1%	25,092	29.1%
FY 15-16	916	-4.3%	27,193	8.4%
Compound Annual Growth Rate SFY**		15.4%		33.6%

El Dorado County as of August, 2017



\*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 El Dorado County as of August, 2017

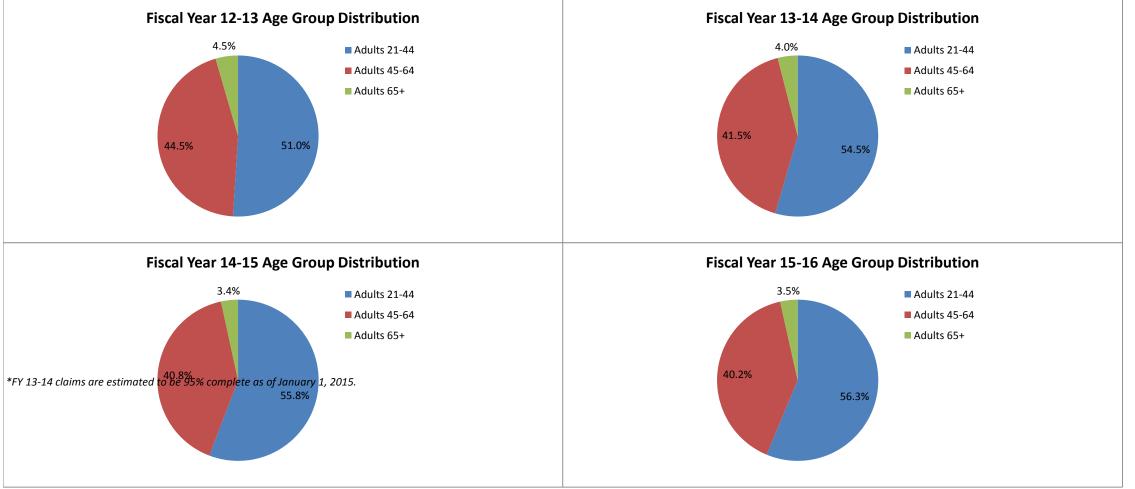
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	٨	٨	۸	۸	۸	٨	36	6.0%	447	75.0%	٨	۸	85	14.3%
FY 13-14	۸	۸	^	^	^	۸	43	5.4%	594	74.5%	17	2.1%	121	15.2%
FY 14-15	۸	۸	14	1.5%		1.4%	64	6.7%	714	74.6%	۸	^	125	13.1%
FY 15-16	^	۸	16	1.7%	13	1.4%	64	7.0%	666	72.7%	^	^	140	15.3%
Fiscal Year 12-13 Race Distribution         A       Alaskan Native or American Indian Asian or Pacific Islander         A       14%       6%         Black       Hispanic         White       Other         75%       Unknown								Fiscal Year 13-14 Race Distribution  Alaskan Native or Americ Indian Asian or Pacific Islander  2%  15%  5% Black Hispanic White  75% Unknown						
		Fiscal Y	<b>CH</b> /ear 14-15 F		NOT PF	RODUC	ED DU	E TO S			<b>ZES.</b> -16 Race Dis	stribution		
		^2% <sup>1</sup>	%	Ala	askan Native or A	American				^2% <sup>1%</sup>		Alaskan Nati	ve or American	
	٨	13% 7	%		dian ian or Pacific Isla	nder			∧ 15%	7%		Indian Asian or Paci	fic Islander	
				Bla	ack							Black		
				His	spanic							Hispanic		
*FY 13-14 c	laims are estima	ted to be 95% c	omplete as of Ja	nuary 1, 2015 <sub>W</sub>	hite							White		
		75%		Ot	her					73%		Other		
		7570		Ur	nknown							Unknown		

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. ^ Data has been suppressed to protect patient privacy.

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

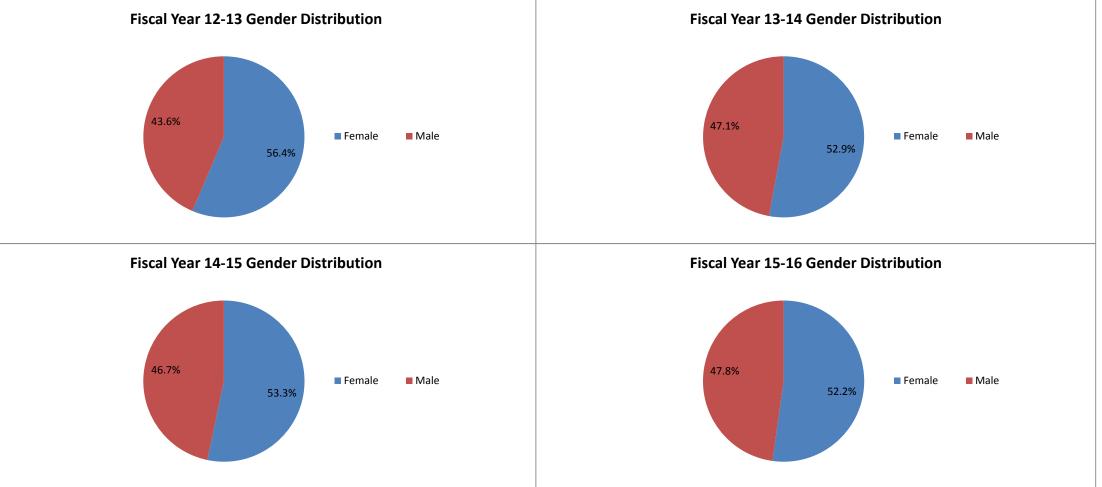
El Dorado County as of August, 2017

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	304	51.0%	265	44.5%	27	4.5%
FY 13-14	434	54.5%	331	41.5%	32	4.0%
FY 14-15	534	55.8%	390	40.8%	33	3.4%
FY 15-16	516	56.3%	368	40.2%	32	3.5%



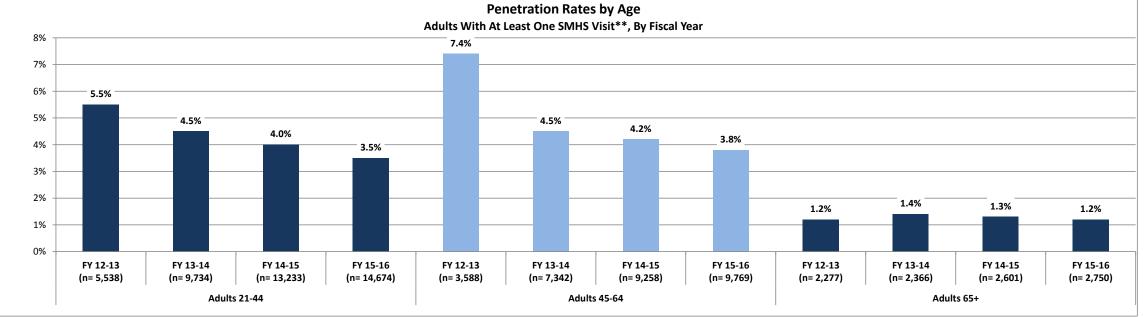
# Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year El Dorado County as of August, 2017

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	336	56.4%	260	43.6%
FY 13-14	422	52.9%	375	47.1%
FY 14-15	510	53.3%	447	46.7%
FY 15-16	478	52.2%	438	47.8%



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

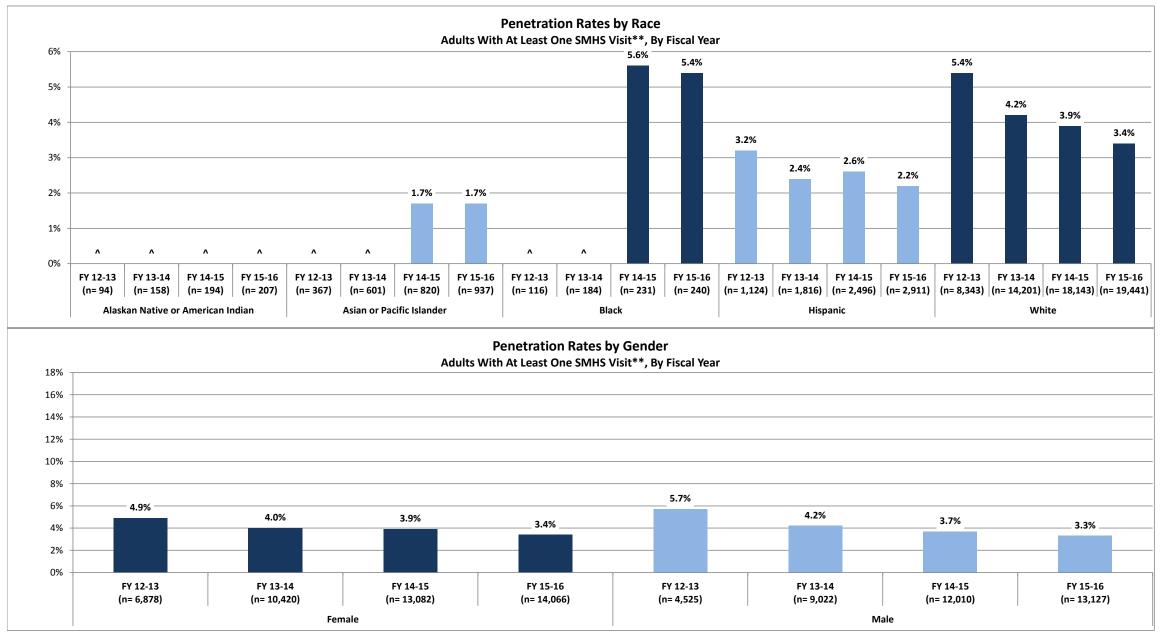
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	596	11,403	5.2%	797	19,442	4.1%	957	25,092	3.8%	916	27,193	3.4%
Adults 21-44	304	5,538	5.5%	434	9,734	4.5%	534	13,233	4.0%	516	14,674	3.5%
Adults 45-64	265	3,588	7.4%	331	7,342	4.5%	390	9,258	4.2%	368	9,769	3.8%
Adults 65+	27	2,277	1.2%	32	2,366	1.4%	33	2,601	1.3%	32	2,750	1.2%
Alaskan Native or American Indian	^	94	۸	۸	158	۸	٨	194	^	^	207	^
Asian or Pacific Islander	۸	367	٨	^	601	^	14	820	1.7%	16	937	1.7%
Black	۸	116	٨	^	184	^	13	231	5.6%	13	240	5.4%
Hispanic	36	1,124	3.2%	43	1,816	2.4%	64	2,496	2.6%	64	2,911	2.2%
White	447	8,343	5.4%	594	14,201	4.2%	714	18,143	3.9%	666	19,441	3.4%
Other	۸	148	٨	17	283	6.0%	^	369	۸	^	312	^
Unknown	85	1,211	7.0%	121	2,199	5.5%	125	2,839	4.4%	140	3,145	4.5%
Female	336	6,878	4.9%	422	10,420	4.0%	510	13,082	3.9%	478	14,066	3.4%
Male	260	4,525	5.7%	375	9,022	4.2%	447	12,010	3.7%	438	13,127	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. 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.

Page 7 of 14

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

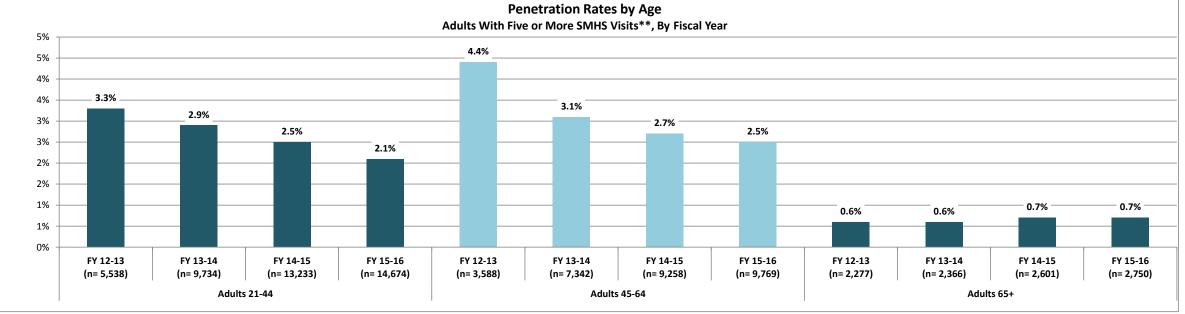


\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/Medi-Cal claiming system on at least one (1) day in the Fiscal Year. ^ Data has been suppressed to protect patient privacy.

Page 8 of 14

# Penetration Rates\* Report: Adults with Five or More SMHS Visits\*\* El Dorado County as of August, 2017

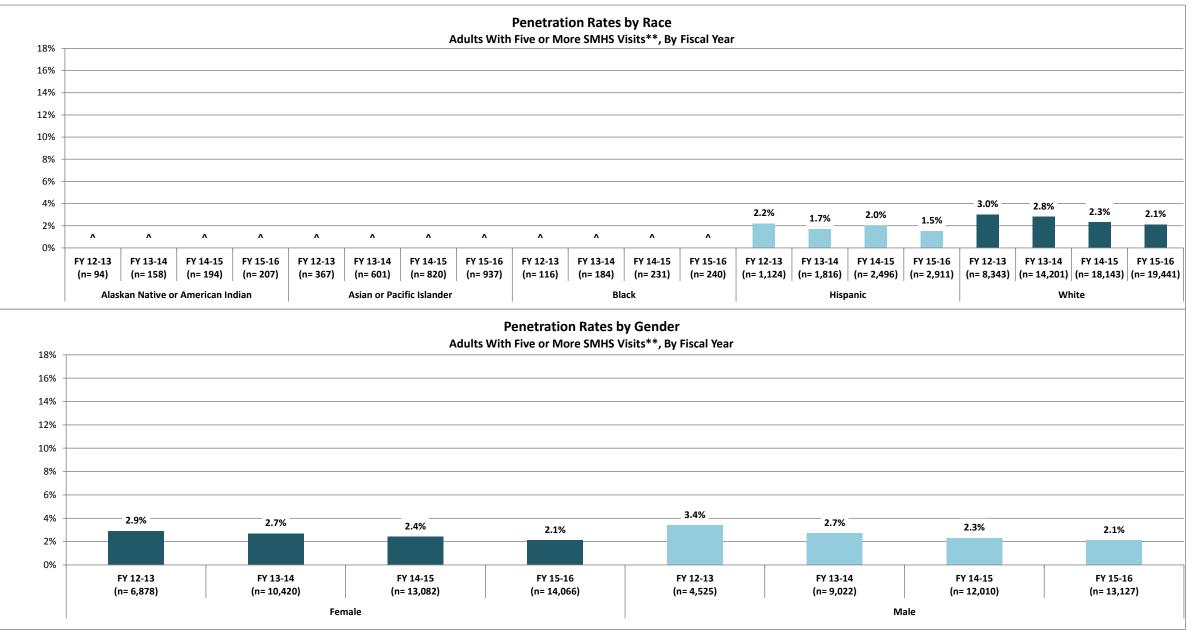
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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
All	353	11,403	3.1%	526	19,442	2.7%	590	25,092	2.4%	574	27,193	2.1%
Adults 21-44	180	5,538	3.3%	280	9,734	2.9%	326	13,233	2.5%	312	14,674	2.1%
Adults 45-64	159	3,588	4.4%	231	7,342	3.1%	247	9,258	2.7%	242	9,769	2.5%
Adults 65+	14	2,277	0.6%	15	2,366	0.6%	17	2,601	0.7%	20	2,750	0.7%
Alaskan Native or American Indian	^	94	۸	^	158	^	^	194	۸	۸	207	٨
Asian or Pacific Islander	۸	367	٨	^	601	^	^	820	۸	۸	937	^
Black	^	116	٨	^	184	^	^	231	۸	۸	240	٨
Hispanic	25	1,124	2.2%	31	1,816	1.7%	49	2,496	2.0%	45	2,911	1.5%
White	254	8,343	3.0%	392	14,201	2.8%	422	18,143	2.3%	416	19,441	2.1%
Other	۸	148	۸	^	283	^	^	369	۸	۸	312	۸
Unknown	59	1,211	4.9%	78	2,199	3.5%	91	2,839	3.2%	90	3,145	2.9%
Female	199	6,878	2.9%	278	10,420	2.7%	316	13,082	2.4%	301	14,066	2.1%
Male	154	4,525	3.4%	248	9,022	2.7%	274	12,010	2.3%	273	13,127	2.1%



\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

El Dorado County as of August, 2017



\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

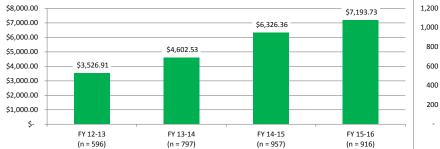
^ Data has been suppressed to protect patient privacy.

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

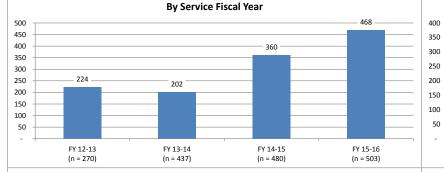
El Dorado County as of August, 2017

Fiscal Year	SDMC T	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	\$	3,526.91	407	397	224	274	25	0	36	7	0	4	21	72	12
FY 13-14	\$	4,602.53	668	460	202	276	14	0	0	6	0	6	14	0	13
FY 14-15	\$	6,326.36	863	921	360	339	25	0	0	33	0	9	20	153	12
FY 15-16	\$	7,193.73	993	899	468	284	24	0	6	4	0	9	11	197	10
MEAN	\$	5,412.38	733	669	313	293	22	0	21	13	0	7	17	141	12

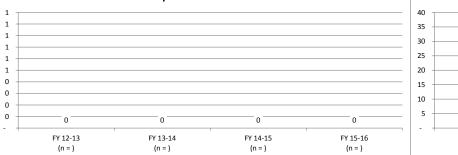
Total Approved Per Unique Beneficiary By Service Fiscal Year







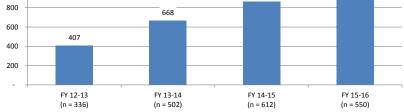
Full Day Treatment Intensive Hours Per Unique Beneficiary By Service Fiscal Year

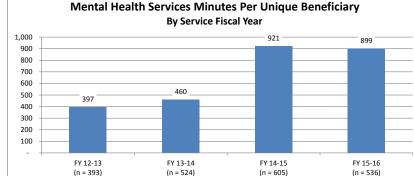


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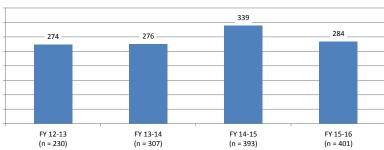
Case Management/Brokerage Minutes Per Unique Beneficiary

**By Service Fiscal Year** 

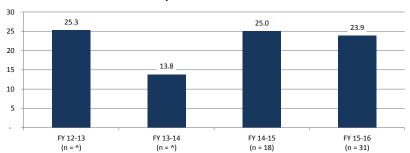




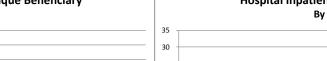
Crisis Intervention Minutes Per Unique Beneficiary By Service Fiscal Year



#### Crisis Stabilization Hours Per Unique Beneficiary By Service Fiscal Year



# Full Day Rehabilitation Hours Per Unique Beneficiary By Service Fiscal Year



FY 12-13

(n = ^)



FY 14-15

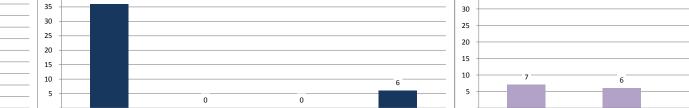
(n = ^)

FY 15-16

(n = ^)

FY 13-14

(n = ^)



FY 15-16

(n = ^)

FY 14-15

(n = )

\*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.

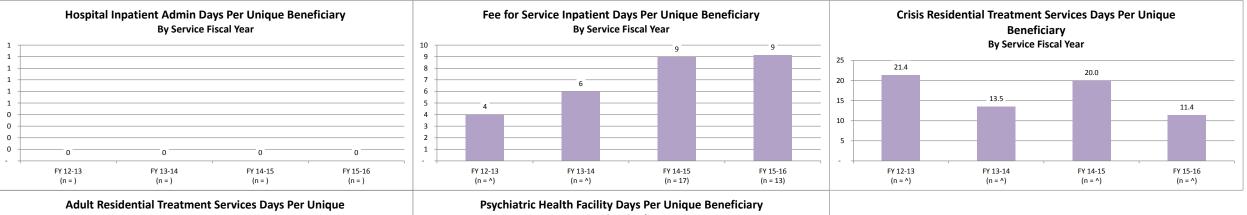
FY 13-14

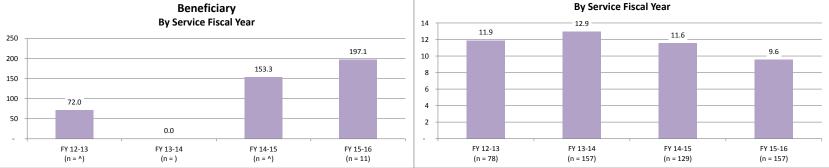
(n = )

FY 12-13

(n = ^)

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





\*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.

 $\ensuremath{^{\mbox{\scriptsize has}}}$  been suppressed to protect patient privacy.

Page 12 of 14

# Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year El Dorado 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		Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	102	17.1%	80	13.4%	۸	٨	84	14.1%	255	42.8%	^	^	596	100%
FY 13-14	230	28.9%	93	11.7%	67	8.4%	77	9.7%	314	39.4%	16	2.0%	797	100%
FY 14-15	163	17.0%	113	11.8%	118	12.3%	134	14.0%	405	42.3%	24	2.5%	957	100%
FY 15-16	131	14.3%	136	14.8%	101	11.0%	132	14.4%	392	42.8%	24	2.6%	916	100%

Service (	r 12-13 Arrivals, Continuance, & Distribution	Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution	Fiscal Year 14-15 Arrivals Service Continuance, & Exits Distribution	, Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution	Arrivals
		2%	3%	3%	Service Continuance (>= 2 YR)
	^ 17%	CHARTS NOT PRODU			Service Continuance (< 2 YR)
43%	13%	39%	42% 12%	15%	Exiting
	۸	12%	12%	11%	Arriving & Exiting
	14%	10% 8%	14%	14%	Service Continuance (>= 2 YR) & Exiting

# Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge\*

El Dorado 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	٨	^	0	0.0%	0	0.0%	^	۸	4	4	4.0	4
FY 13-14	٨	^	^	۸	^	^	^	۸	21	224	91.0	28
FY 14-15	11	44.0%	^	۸	^	^	^	^	0	246	62.7	28
FY 14-15	٨	^	^	۸	^	^	^	^	0	225	38.8	12
	Median Time Between Inpatient Discharge and Step Down       Mean Time Between Inpatient Discharge and Step Down         Service in Days       Service in Days											
30		28		28		100			91.0			
25						80						
20						60				62.7		
15					12	60					-	38.8
10						40						
5	4					20	4.0					
0						0	4.0					
	FY 12-13	FY 13-14		of Discharges	by Time Be	-	ient Dischar	ge and Step	ZES. Down Servio	FY 14-15	FY	14-15
				N N	Within 7 Days Wi	thin 8 - 30 Days 33	1 Days + No Step	Down				
100%		^			٨			^			^	
80%		^			K			•			^	
60%					^			^			۸	
40%		^									٨	
20%					^			44.0%				
0%	( ^ Unique E	Y 12-13 Beneficiaries with Itient Discharges )		( ^ Unique	TY 13-14 Beneficiaries with atient Discharges )			FY 14-15 Je Beneficiaries with Inpatient Discharges )			FY 15-16 ue Beneficiaries with npatient Discharges )	

\* **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.