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.

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: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

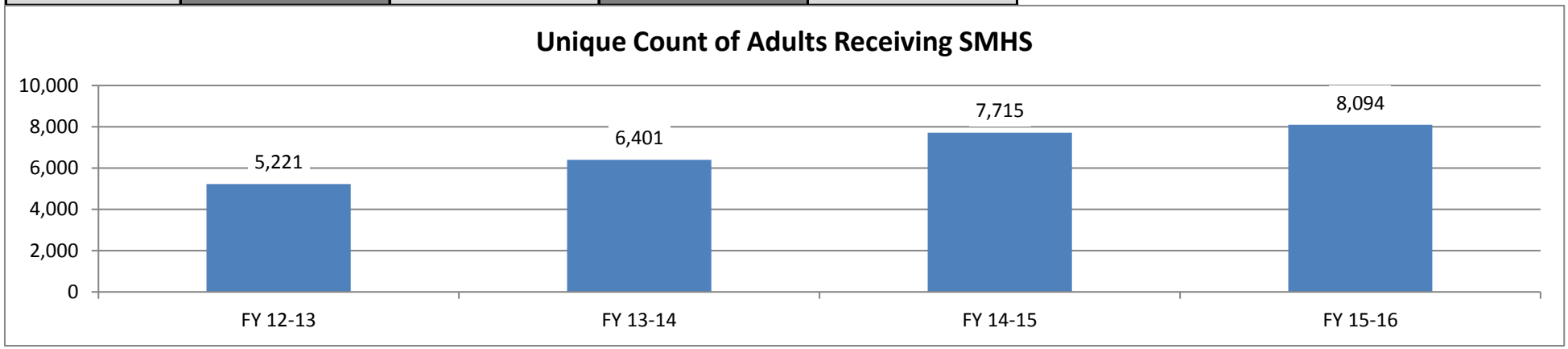
*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and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

Kern 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
FY 12-13	5,221		103,125	
FY 13-14	6,401	22.6%	146,948	42.5%
FY 14-15	7,715	20.5%	187,803	27.8%
FY 15-16	8,094	4.9%	211,916	12.8%
Compound Annual Growth Rate SFY**		**15.7%**		**27.1%**



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

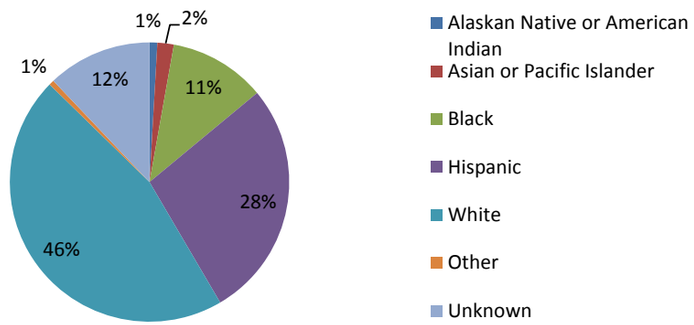
***SFY = State Fiscal Year which is July 1 through June 30.*

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

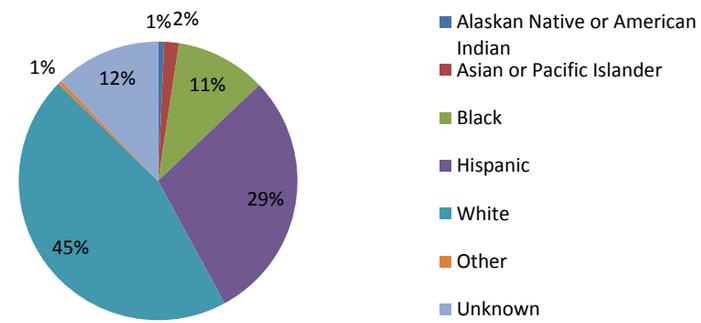
Kern County as of August, 2017

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	48	0.9%	99	1.9%	585	11.2%	1,439	27.6%	2,390	45.8%	29	0.6%	631	12.1%
FY 13-14	46	0.7%	112	1.7%	675	10.5%	1,863	29.1%	2,887	45.1%	34	0.5%	784	12.2%
FY 14-15	50	0.6%	137	1.8%	823	10.7%	2,351	30.5%	3,443	44.6%	53	0.7%	858	11.1%
FY 15-16	44	0.5%	142	1.8%	835	10.3%	2,611	32.3%	3,552	43.9%	50	0.6%	860	10.6%

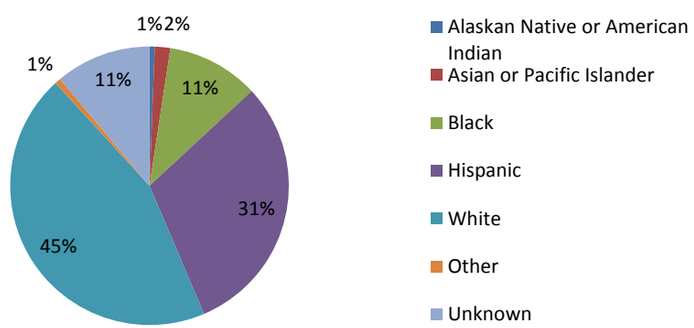
Fiscal Year 12-13 Race Distribution



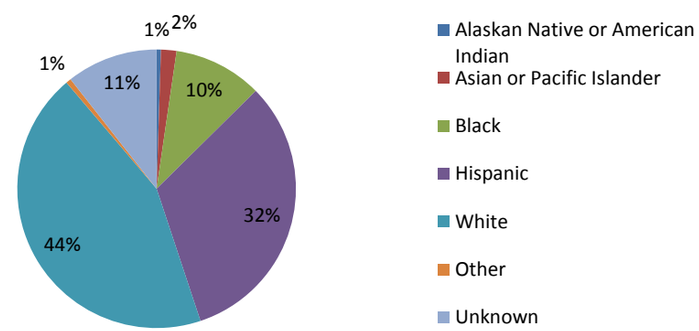
Fiscal Year 13-14 Race Distribution



Fiscal Year 14-15 Race Distribution



Fiscal Year 15-16 Race Distribution



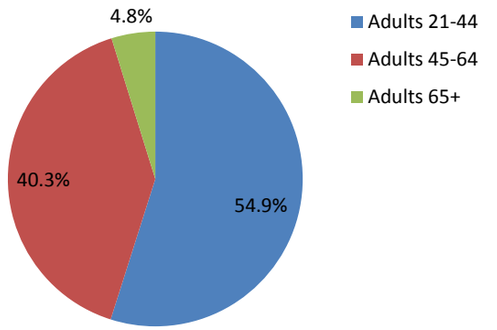
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

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

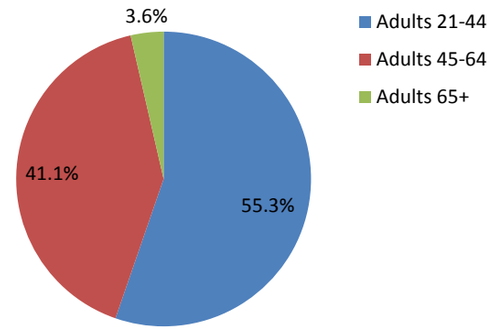
Kern County as of August, 2017

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 12-13	2,865	54.9%	2,106	40.3%	250	4.8%
FY 13-14	3,539	55.3%	2,631	41.1%	231	3.6%
FY 14-15	4,504	58.4%	2,948	38.2%	263	3.4%
FY 15-16	4,914	60.7%	2,905	35.9%	275	3.4%

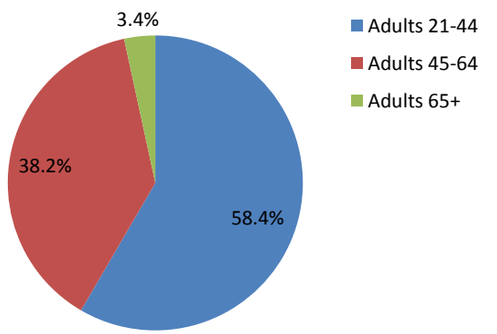
Fiscal Year 12-13 Age Group Distribution



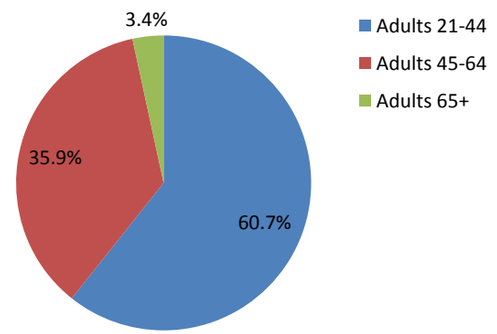
Fiscal Year 13-14 Age Group Distribution



Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution

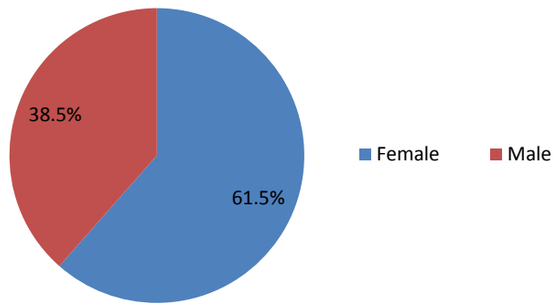


Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

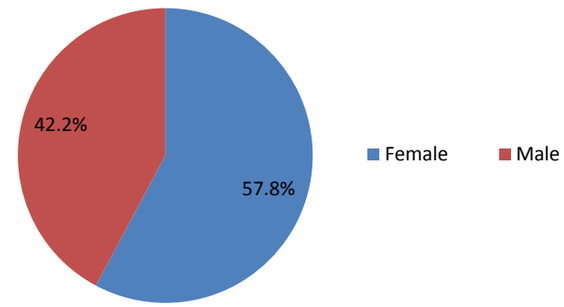
Kern County as of August, 2017

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	3,213	61.5%	2,008	38.5%
FY 13-14	3,697	57.8%	2,704	42.2%
FY 14-15	4,254	55.1%	3,461	44.9%
FY 15-16	4,362	53.9%	3,732	46.1%

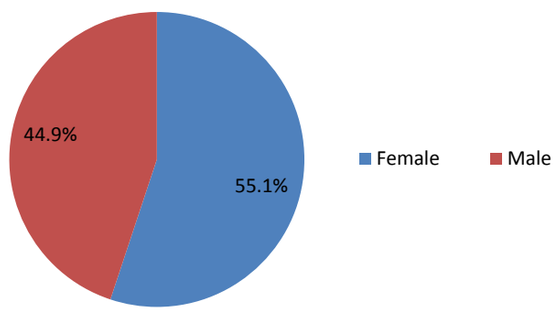
Fiscal Year 12-13 Gender Distribution



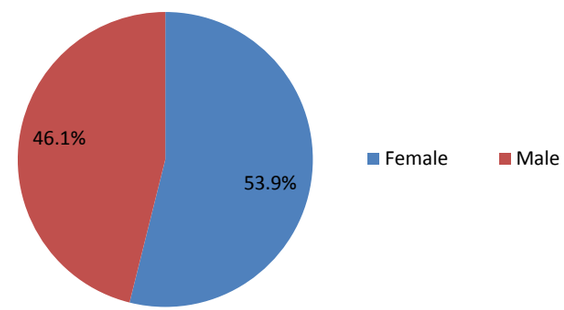
Fiscal Year 13-14 Gender Distribution



Fiscal Year 14-15 Gender Distribution



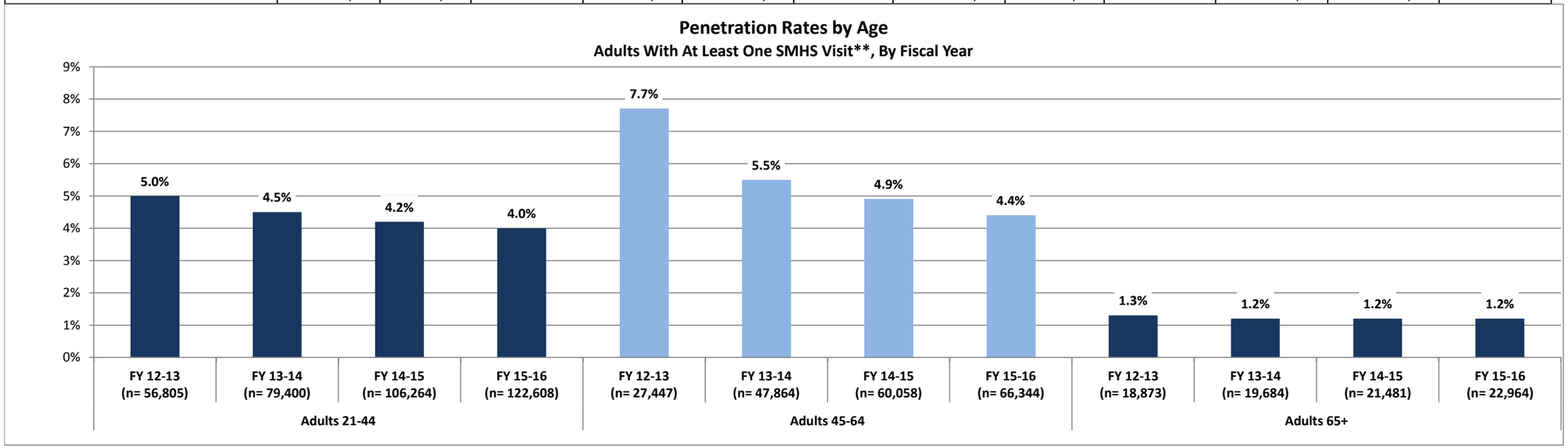
Fiscal Year 15-16 Gender Distribution



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

Kern 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
All	**5,221**	**103,125**	**5.1%**	**6,401**	**146,948**	**4.4%**	**7,715**	**187,803**	**4.1%**	**8,094**	**211,916**	**3.8%**
Adults 21-44	2,865	56,805	5.0%	3,539	79,400	4.5%	4,504	106,264	4.2%	4,914	122,608	4.0%
Adults 45-64	2,106	27,447	7.7%	2,631	47,864	5.5%	2,948	60,058	4.9%	2,905	66,344	4.4%
Adults 65+	250	18,873	1.3%	231	19,684	1.2%	263	21,481	1.2%	275	22,964	1.2%
Alaskan Native or American Indian	48	545	8.8%	46	670	6.9%	50	818	6.1%	44	878	5.0%
Asian or Pacific Islander	99	4,138	2.4%	112	6,508	1.7%	137	8,424	1.6%	142	9,722	1.5%
Black	585	9,854	5.9%	675	12,504	5.4%	823	14,947	5.5%	835	16,201	5.2%
Hispanic	1,439	48,455	3.0%	1,863	70,101	2.7%	2,351	91,733	2.6%	2,611	105,380	2.5%
White	2,390	32,442	7.4%	2,887	45,809	6.3%	3,443	56,890	6.1%	3,552	62,495	5.7%
Other	29	709	4.1%	34	1,108	3.1%	53	1,535	3.5%	50	1,788	2.8%
Unknown	631	6,982	9.0%	784	10,248	7.7%	858	13,456	6.4%	860	15,452	5.6%
Female	3,213	65,057	4.9%	3,697	86,858	4.3%	4,254	106,178	4.0%	4,362	117,897	3.7%
Male	2,008	38,068	5.3%	2,704	60,090	4.5%	3,461	81,625	4.2%	3,732	94,019	4.0%

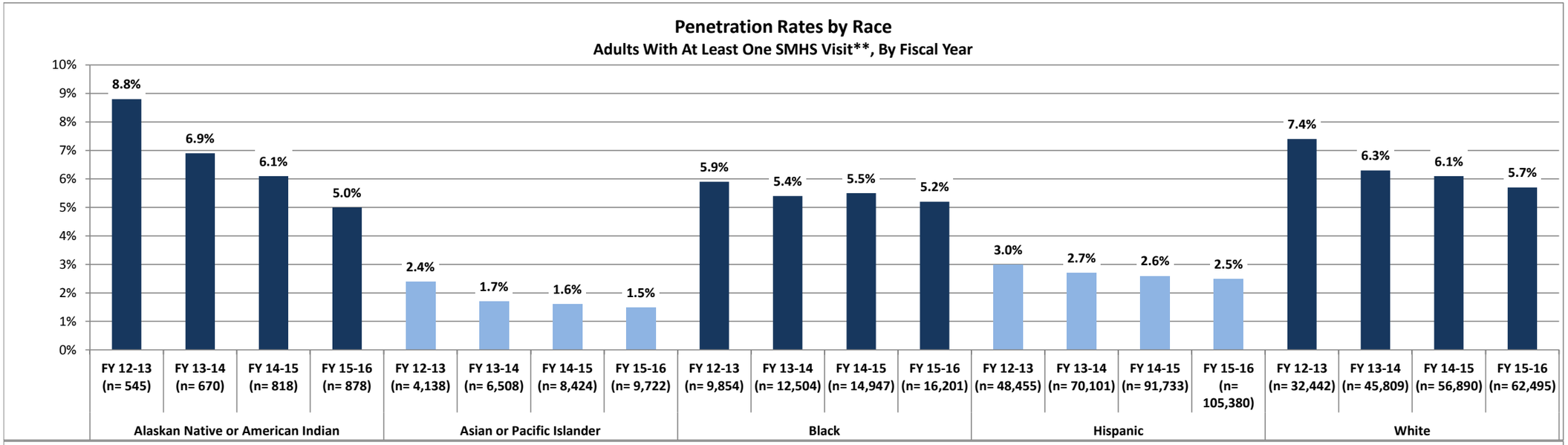


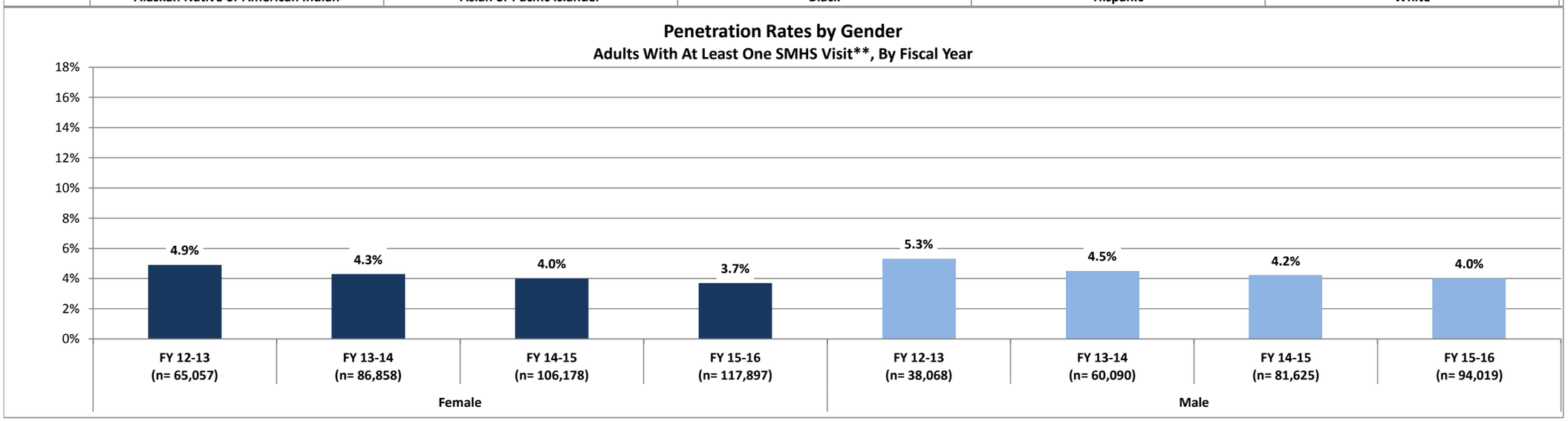
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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**

Kern County as of August, 2017





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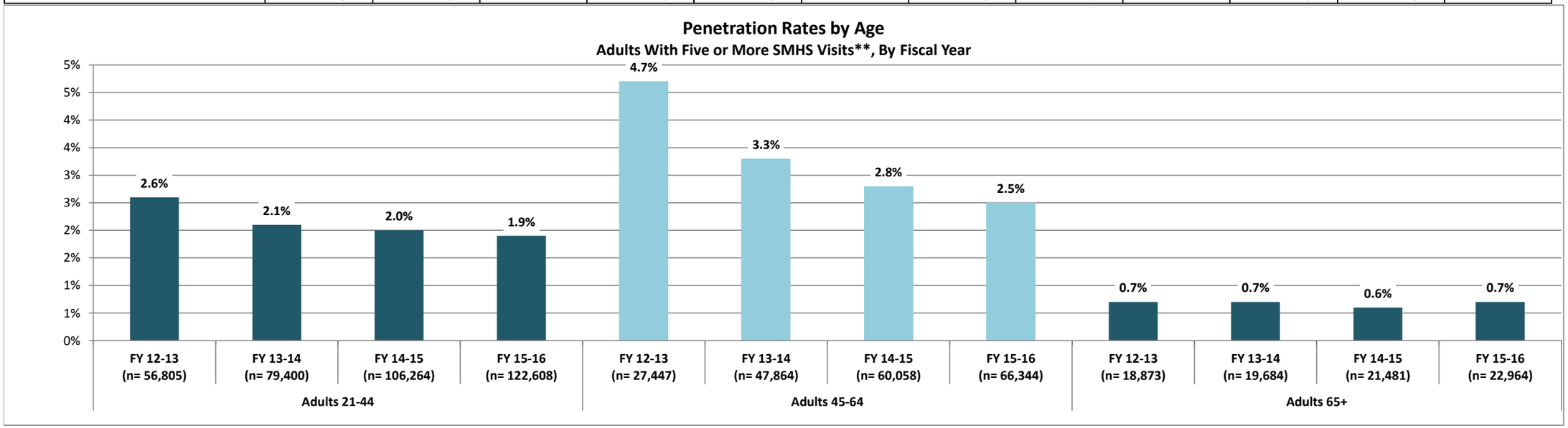
***Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

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

Kern 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	**2,867**	**103,125**	**2.8%**	**3,389**	**146,948**	**2.3%**	**3,888**	**187,803**	**2.1%**	**4,157**	**211,916**	**2.0%**
Adults 21-44	1,452	56,805	2.6%	1,693	79,400	2.1%	2,086	106,264	2.0%	2,324	122,608	1.9%
Adults 45-64	1,285	27,447	4.7%	1,558	47,864	3.3%	1,665	60,058	2.8%	1,671	66,344	2.5%
Adults 65+	130	18,873	0.7%	138	19,684	0.7%	137	21,481	0.6%	162	22,964	0.7%
Alaskan Native or American Indian	23	545	4.2%	29	670	4.3%	20	818	2.4%	17	878	1.9%
Asian or Pacific Islander	65	4,138	1.6%	75	6,508	1.2%	87	8,424	1.0%	88	9,722	0.9%
Black	300	9,854	3.0%	338	12,504	2.7%	377	14,947	2.5%	379	16,201	2.3%
Hispanic	786	48,455	1.6%	950	70,101	1.4%	1,194	91,733	1.3%	1,326	105,380	1.3%
White	1,307	32,442	4.0%	1,502	45,809	3.3%	1,666	56,890	2.9%	1,804	62,495	2.9%
Other	19	709	2.7%	18	1,108	1.6%	29	1,535	1.9%	29	1,788	1.6%
Unknown	367	6,982	5.3%	477	10,248	4.7%	515	13,456	3.8%	514	15,452	3.3%
Female	1,712	65,057	2.6%	1,958	86,858	2.3%	2,175	106,178	2.0%	2,290	117,897	1.9%
Male	1,155	38,068	3.0%	1,431	60,090	2.4%	1,713	81,625	2.1%	1,867	94,019	2.0%

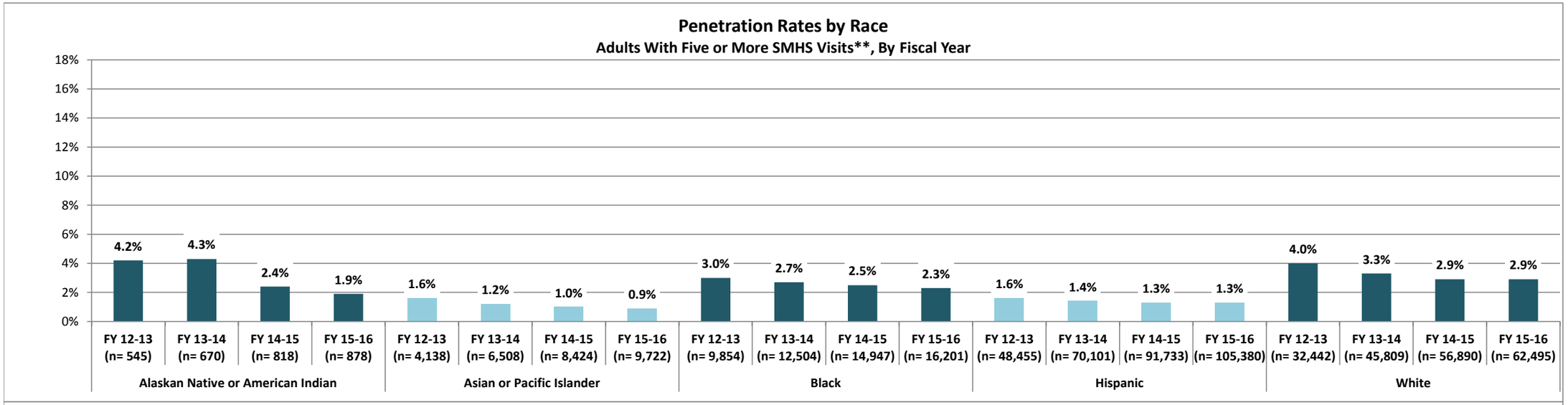


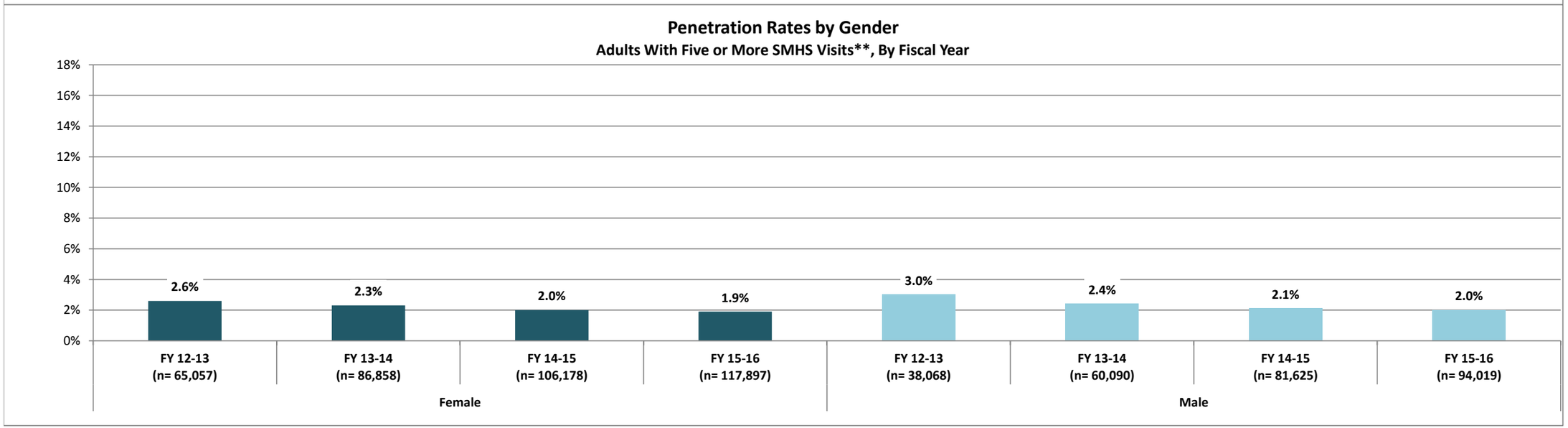
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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**

Kern County as of August, 2017





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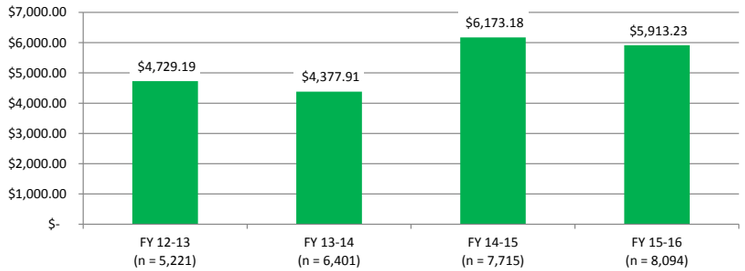
***Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

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

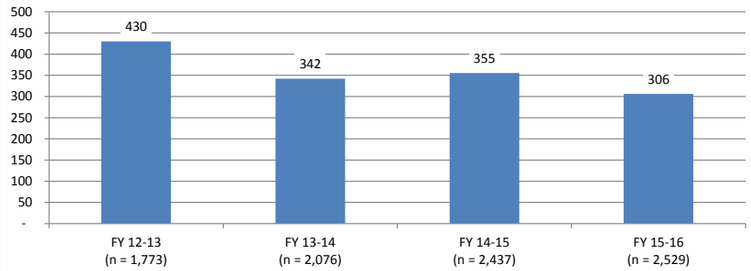
Kern County as of August, 2017

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	$ 4,729.19	430	686	250	229	18	0	0	9	11	10	19	146	10
FY 13-14	$ 4,377.91	342	679	241	235	14	0	0	10	17	9	15	153	9
FY 14-15	$ 6,173.18	355	799	269	217	13	0	0	10	14	6	19	132	10
FY 15-16	$ 5,913.23	306	710	213	206	18	0	0	11	20	8	16	111	9
MEAN	**$ 5,298.38**	**358**	**719**	**243**	**222**	**16**	**0**	**0**	**10**	**16**	**8**	**17**	**136**	**10**

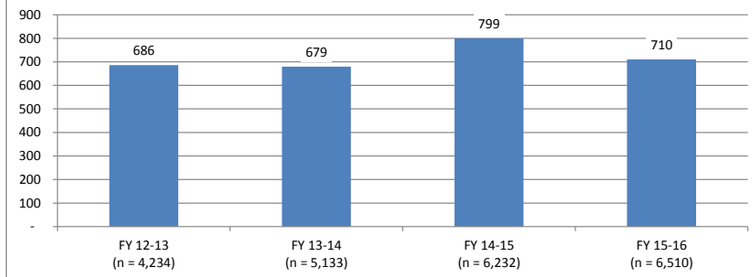
Total Approved Per Unique Beneficiary
By Service Fiscal Year



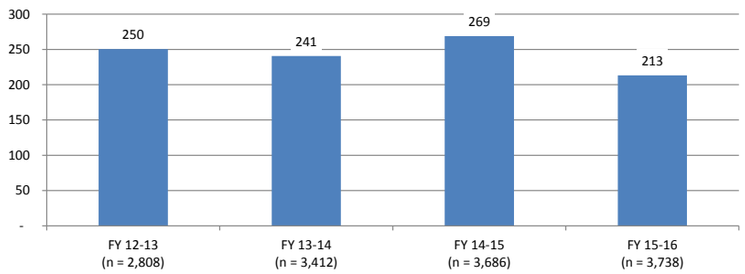
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



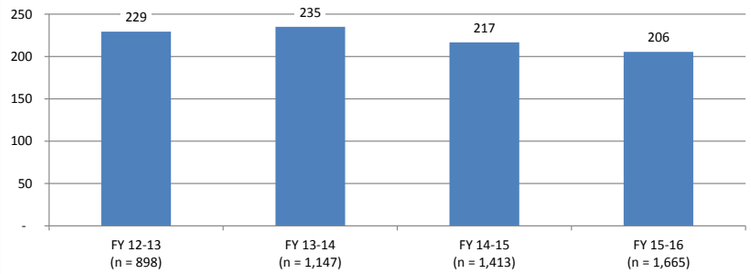
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



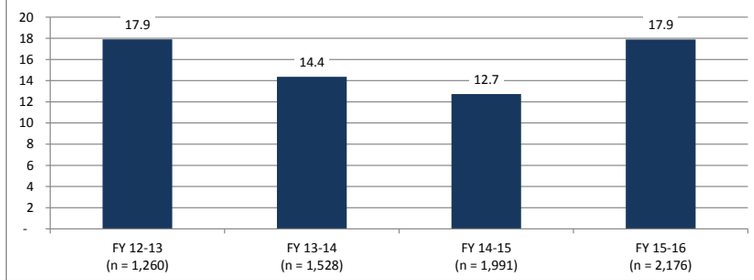
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



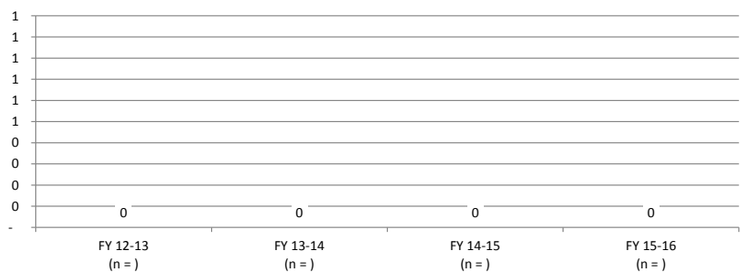
Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



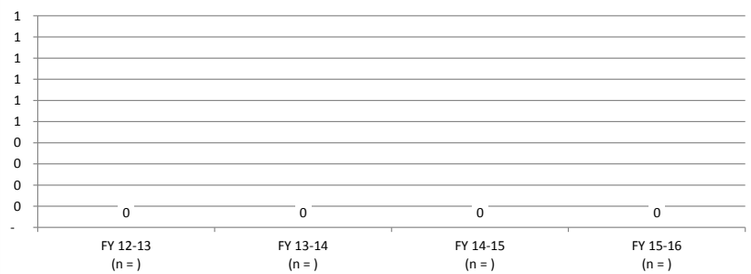
Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year



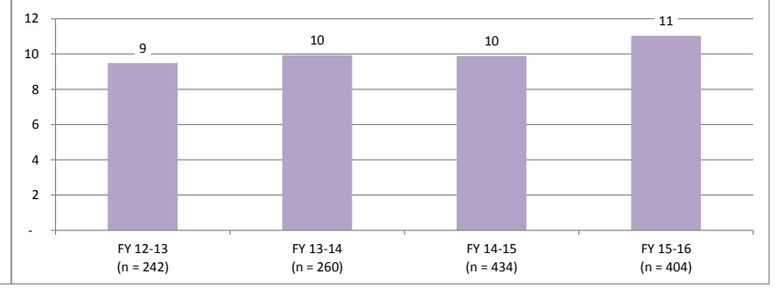
Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year



Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year



Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

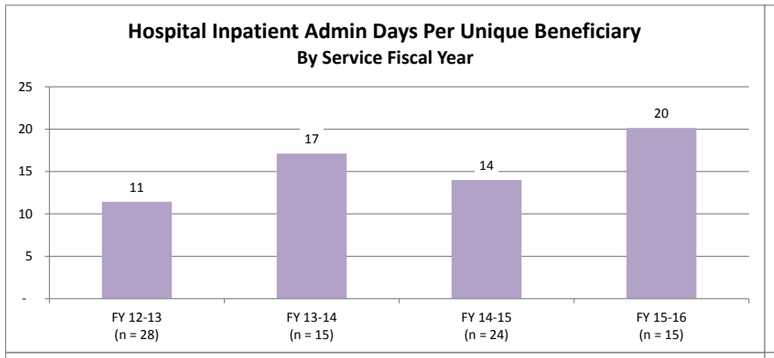


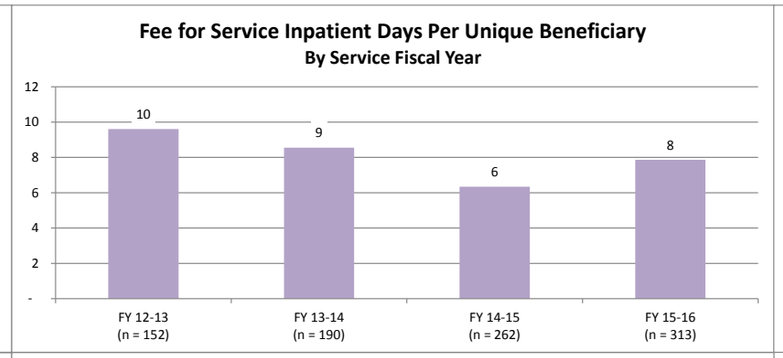
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

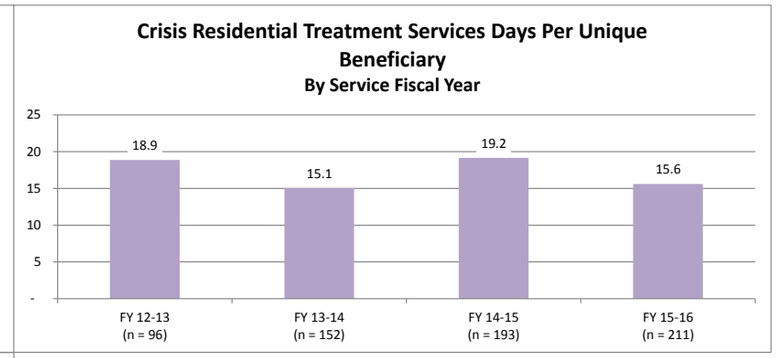
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

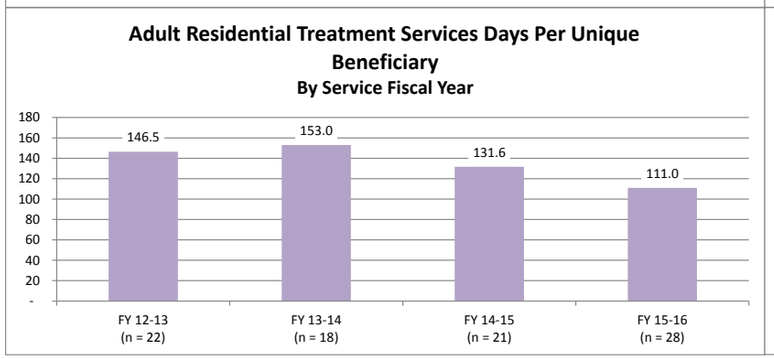
^ Data has been suppressed to protect patient privacy.

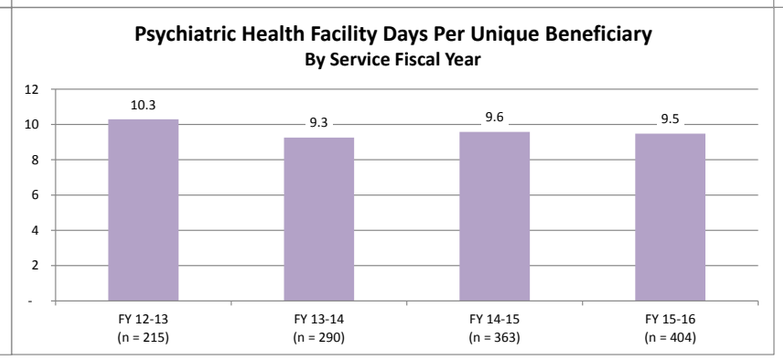
Utilization Report*: Approved Specialty Mental Health Services for Adults
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year*
Kern County as of August, 2017











**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.

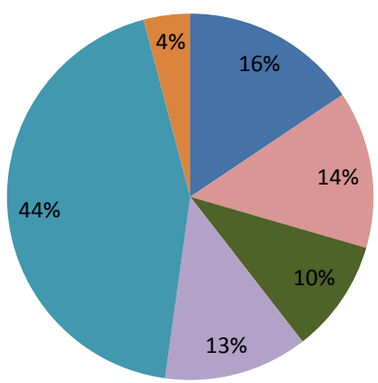
Snapshot Report: Unique Count of Adults Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

Kern County as of August, 2017

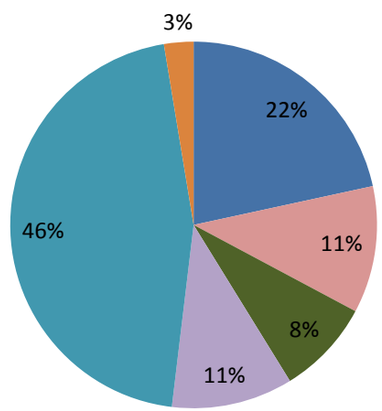
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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	814	15.6%	727	13.9%	523	10.0%	663	12.7%	2,281	43.7%	213	4.1%	5,221	100%
FY 13-14	1,381	21.6%	714	11.2%	537	8.4%	685	10.7%	2,915	45.5%	169	2.6%	6,401	100%
FY 14-15	1,216	15.8%	700	9.1%	734	9.5%	1,095	14.2%	3,799	49.2%	171	2.2%	7,715	100%
FY 15-16	1,396	17.2%	764	9.4%	733	9.1%	1,066	13.2%	3,981	49.2%	154	1.9%	8,094	100%

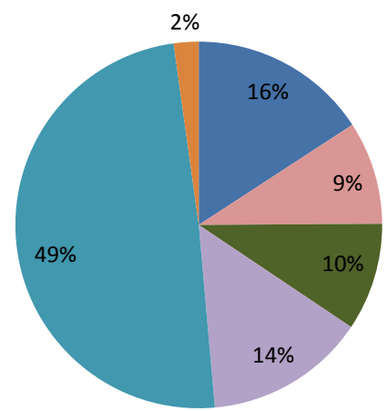
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



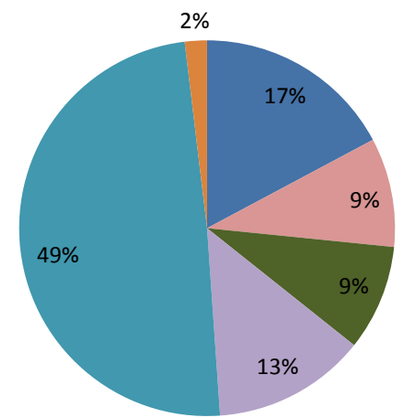
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution



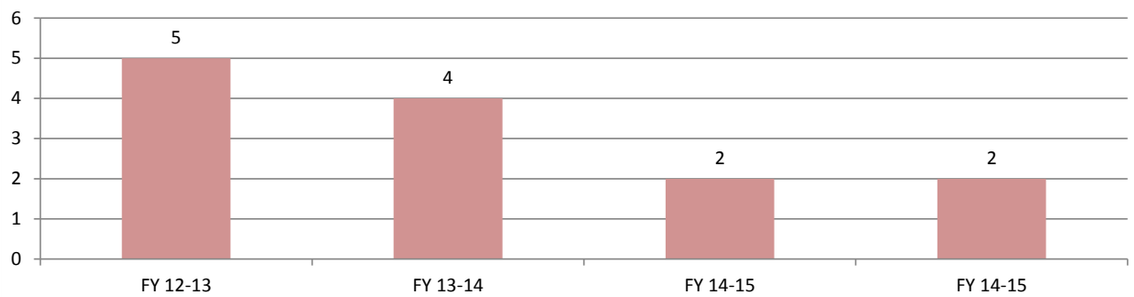
- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

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

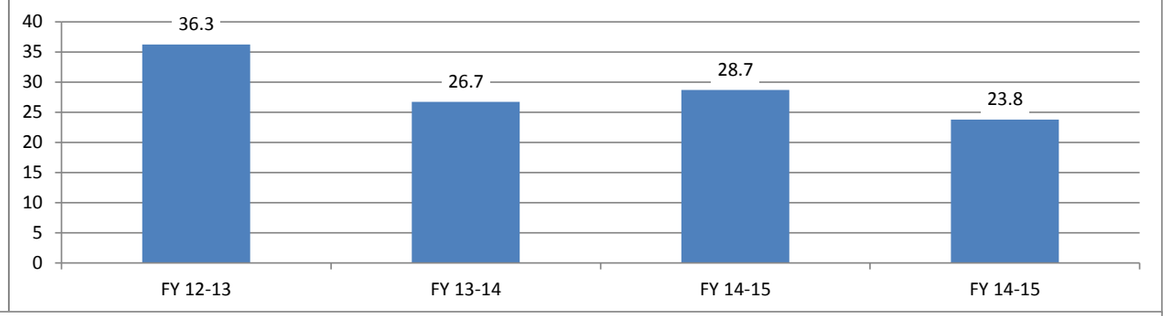
Kern County as of August, 2017

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	237	51.0%	64	13.8%	122	26.2%	42	9.0%	0	365	36.3	5
FY 13-14	278	53.7%	86	16.6%	97	18.7%	57	11.0%	0	364	26.7	4
FY 14-15	454	58.3%	123	15.8%	132	16.9%	70	9.0%	0	352	28.7	2
FY 14-15	485	58.9%	135	16.4%	114	13.8%	90	10.9%	0	364	23.8	2

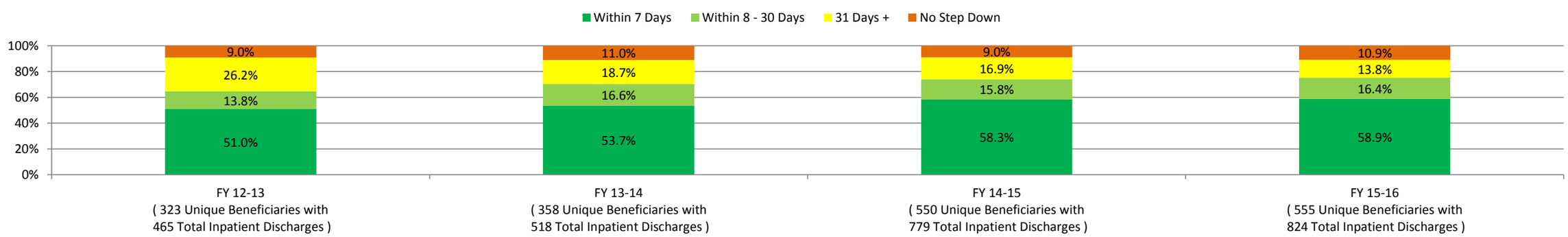
Median Time Between Inpatient Discharge and Step Down Service in Days



Mean Time Between Inpatient Discharge and Step Down Service in Days



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



** **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.*