## Performance Outcomes Adult Specialty Mental Health Services Report Report Date September, 2016

### Background

This report measures the effectiveness of adult specialty mental health services. It models reports developed to measure Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services as mandated by Welfare and Institutions Code Section 14707.5. The intent of these reports is to improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop a Performance Measurement Paradigm, and to design indicators and measures. The Performance Outcomes System will be used to evaluate the domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Further information on the Performance Measures System implementation is available on the DHCS website. Documents posted include the relevant legislation, plans submitted to the Legislature, and handouts for meetings with the Stakeholder Advisory Committee back to the first meeting in 2012. To obtain this information go to: http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx.

#### Overview

Three reports will be provided: statewide aggregate data; population-based county groups; and county-specific data. These aggregate reports provide adult information on the initial indicators that were developed for the Performance Outcomes System. DHCS plans to move to annual reporting of these data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of adults 21\* and older who are receiving SMHS based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Utilization of services reports are shown in terms of dollars, as well as by service in time increments. Two types of penetration information are provided; both penetration rate tables are also broken out by demographic characteristics. The snapshot table provides a point-in-time view of adults arriving, exiting, and continuing services over a two-year period. The time-to-step-down table provides a view over the past four years of the time to stepdown services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for Fiscal Years (FY) 11/12, 12/13, 13/14, and 14/15.

### Definitions

**\*Population** - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

- Age 22 or older during the approved date of service on the claim; or
- Age 21 during the approved date of the service on the claim and a birth date on or after July 1st of the Fiscal Year.

### Data Sources -

Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 11/12 through FY 14/15.
Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 11/12 through 14/15.

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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 FY14/15. Eventually the snapshot data will be used along with measures of service effectiveness to identify whether adults are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: <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 11-12	2,793		64,663	
FY 12-13	2,812	0.7%	66,242	2.4%
FY 13-14	3,536	25.7%	96,537	45.7%
FY 14-15	4,171	18.0%	119,557	23.8%
Compound Annual Growth Rate SFY**		14.3%		22.7%

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

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

The Measures Catalog may be found at: http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog\_Sept15Reporting\_Final\_1.11.15.pdf

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 11-12	24	0.9%	109	3.9%	178	6.4%	541	19.4%	1,644	58.9%	27	1.0%	270	9.7%
FY 12-13	25	0.9%	116	4.1%	165	5.9%	543	19.3%	1,616	57.5%	28	1.0%	319	11.3%
FY 13-14	32	0.9%	138	3.9%	241	6.8%	748	21.2%	1,943	54.9%	37	1.0%	397	11.2%
FY 14-15	33	0.8%	147	3.5%	288	6.9%	929	22.3%	2,276	54.6%	45	1.1%	453	10.9%

\*FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 11-12	1,460	52.3%	1,174	42.0%	159	5.7%
FY 12-13	1,499	53.3%	1,152	41.0%	161	5.7%
FY 13-14	1,944	55.0%	1,402	39.6%	190	5.4%
FY 14-15	2,319	55.6%	1,660	39.8%	192	4.6%

\*FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	1,652	59.1%	1,141	40.9%
FY 12-13	1,646	58.5%	1,166	41.5%
FY 13-14	2,001	56.6%	1,535	43.4%
FY 14-15	2,171	52.0%	2,000	48.0%

### Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\* Stanislaus County

		FY 11-12			FY 12-13			FY 13-14			FY 14-15	
	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Fligible	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 1 or more SMHS Visits	Certified Eligible Adults	Penetration Rate
All	2,793	64,663	4.3%	2,812	66,242	4.2%	3,536	96,537	3.7%	4,171	119,557	3.5%
Adults 21-44	1,460	32,429	4.5%	1,499	33,508	4.5%	1,944	50,314	3.9%	2,319	65,128	3.6%
Adults 45-64	1,174	18,240	6.4%	1,152	18,349	6.3%	1,402	31,386	4.5%	1,660	38,612	4.3%
Adults 65+	159	13,994	1.1%	161	14,385	1.1%	190	14,837	1.3%	192	15,817	1.2%
Alaskan Native or American Indian	24	274	8.8%	25	273	9.2%	32	362	8.8%	33	441	7.5%
Asian or Pacific Islander	109	4,589	2.4%	116	4,718	2.5%	138	7,140	1.9%	147	8,835	1.7%
Black	178	2,833	6.3%	165	2,974	5.5%	241	4,219	5.7%	288	5,165	5.6%
Hispanic	541	23,626	2.3%	543	24,687	2.2%	748	37,020	2.0%	929	47,643	1.9%
White	1,644	27,538	6.0%	1,616	27,561	5.9%	1,943	40,016	4.9%	2,276	48,412	4.7%
Other	27	585	4.6%	28	563	5.0%	37	735	5.0%	45	877	5.1%
Unknown	270	5,218	5.2%	319	5,466	5.8%	397	7,045	5.6%	453	8,184	5.5%
Female	1,652	40,385	4.1%	1,646	41,480	4.0%	2,001	56,289	3.6%	2,171	67,202	3.2%
Male	1,141	24,278	4.7%	1,166	24,762	4.7%	1,535	40,248	3.8%	2,000	52,355	3.8%

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

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

## Penetration Rates\* Report: Adults With At Least One SMHS Visit\*\* Stanislaus County

		FY 11-12			FY 12-13		FY 13-14				FY 14-15	
	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate	Adults with 5 or more SMHS Visits	Certified Eligible Adults	Penetration Rate
All	2,000	64,663	3.1%	1,977	66,242	3.0%	2,147	96,537	2.2%	2,329	119,557	1.9%
Adults 21-44	984	32,429	3.0%	953	33,508	2.8%	1,064	50,314	2.1%	1,184	65,128	1.8%
Adults 45-64	902	18,240	4.9%	885	18,349	4.8%	923	31,386	2.9%	992	38,612	2.6%
Adults 65+	114	13,994	0.8%	139	14,385	1.0%	160	14,837	1.1%	153	15,817	1.0%
Alaskan Native or American Indian	16	274	5.8%	19	273	7.0%	22	362	6.1%	17	441	3.9%
Asian or Pacific Islander	89	4,589	1.9%	91	4,718	1.9%	95	7,140	1.3%	100	8,835	1.1%
Black	122	2,833	4.3%	112	2,974	3.8%	154	4,219	3.7%	171	5,165	3.3%
Hispanic	353	23,626	1.5%	356	24,687	1.4%	392	37,020	1.1%	451	47,643	0.9%
White	1,194	27,538	4.3%	1,135	27,561	4.1%	1,169	40,016	2.9%	1,258	48,412	2.6%
Other	25	585	4.3%	23	563	4.1%	28	735	3.8%	27	877	3.1%
Unknown	201	5,218	3.9%	241	5,466	4.4%	287	7,045	4.1%	305	8,184	3.7%
Female	1,145	40,385	2.8%	1,106	41,480	2.7%	1,157	56,289	2.1%	1,174	67,202	1.7%
Male	855	24,278	3.5%	871	24,762	3.5%	990	40,248	2.5%	1,155	52,355	2.2%

\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system. \*\*Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year. Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

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

Fiscal Year		Case Management/ Brokerage (Minutes)				Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)		Treatment Convices	Adult Residential Treatment Services (Days)	
FY 11-12	4,843	419	1,064	302	189	0	0	0	0	0	5	0	0	0
FY 12-13	5,964	507	942	326	209	0	0	0	0	0	7	0	0	0
FY 13-14	5,245	507	884	295	235	0	0	0	0	0	7	0	0	6
FY 14-15	5,098	512	842	299	271	0	0	0	0	0	6	0	0	5
MEAN	\$ 5,287.56	486	933	306	226	0	0	0	0	0	6	0	0	6

\*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly. Please note that (n) values listed at the bottom of each bar graph represent the actual number of adults that received the SMHS represented in their respective graph by Fiscal Year.

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

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

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count		Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	(>= 2 YR) and	Total Count	Total %
FY 12-13	400	14.2%	749	26.6%	284	10.1%	269	9.6%	1,033	36.7%	79	2.8%	2,814	100%
FY 13-14	559	15.8%	705	20.0%	295	8.4%	362	10.3%	1,527	43.3%	80	2.3%	3,528	100%
FY 14 - 15	505	12.1%	649	15.6%	382	9.2%	442	10.6%	2,099	50.3%	92	2.2%	4,169	100%

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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with Step Down within	Step Down Between 8 and 30	Inpatient Discharges with Step Down	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Inpatient Discharges with a	Count of Inpatient Discharges with No Step Down*		Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 11-12	630	67.9%	74	8.0%	156	16.8%	68	7.3%	0	365	35.5	0
FY 12-13	707	78.7%	47	5.2%	93	10.4%	51	5.7%	0	365	22.0	0
FY 13-14	491	62.2%	86	10.9%	125	15.8%	88	11.1%	0	365	31.7	0
FY 14-15	471	43.8%	175	16.3%	234	21.7%	196	18.2%	0	365	40.7	6

\* 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.