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.

Performance Outcomes Adult Specialty Mental Health Services Report Report Date August, 2017

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.

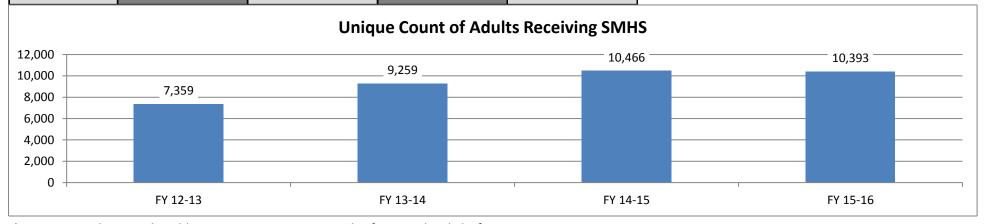
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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.

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	7,359		73,674	
FY 13-14	9,259	25.8%	120,355	63.4%
FY 14-15	10,466	13.0%	152,848	27.0%
FY 15-16	10,393	-0.7%	169,787	11.1%
Compound Annual Growth Rate SFY**		12.2%		32.1%



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

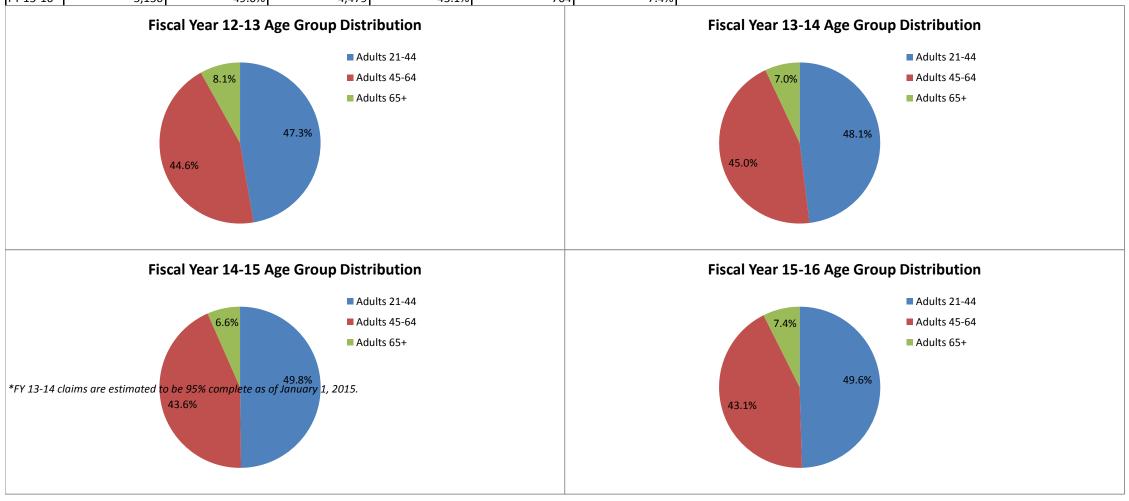
^{**}SFY = State Fiscal Year which is July 1 through June 30.

Contra Costa County as of August, 2017

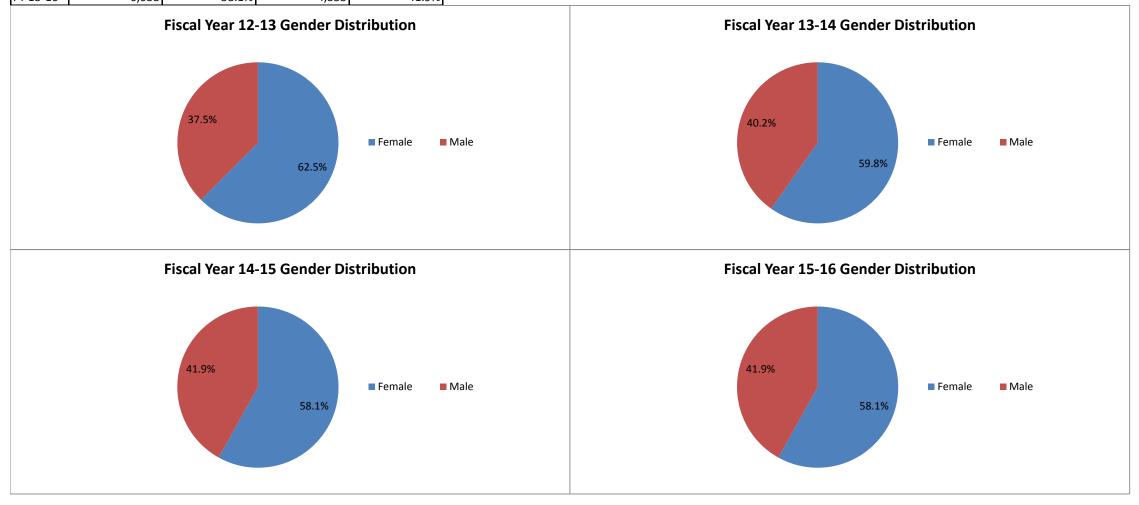
Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	55	0.7%	505	6.9%	1,814	24.7%	909	12.4%	2,794	38.0%	420	5.7%	862	11.7%
FY 13-14	60	0.6%	595	6.4%	2,088	22.6%	1,147	12.4%	3,563	38.5%	716	7.7%	1,090	11.8%
FY 14-15	64	0.6%	686	6.6%	2,227	21.3%	1,436	13.7%	3,935	37.6%	948	9.1%	1,170	11.2%
FY 15-16	64	0.6%	693	6.7%	2,174	20.9%	1,507	14.5%	3,839	36.9%	978	9.4%	1,138	10.9%
	Fiscal Year 12-13 Race Distribution 1% Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic White Other Unknown								_	scal Year 13 1% 6% 23%	-14 Race Di		ve or American ific Islander	
		Fiscal Y	/ear 14-15 F	Race Distrib	ution				Fis	cal Year 15	-16 Race Dis	stribution		
*FY 13-14 c	1% Alaskan Native or American Indian Asian or Pacific Islander Black Hispanic *FY 13-14 claims are estimated to be 95% complete as of January 1, 2015 White 14% Other Unknown								11% 9% 37%	7% 21%		 Alaskan Nati Indian Asian or Paci Black Hispanic White Other Unknown 	ve or American	

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	3,484	47.3%	3,282	44.6%	593	8.1%
FY 13-14	4,450	48.1%	4,165	45.0%	644	7.0%
FY 14-15	5,216	49.8%	4,563	43.6%	687	6.6%
FY 15-16	5.150	49.6%	4.479	43.1%	764	7.4%

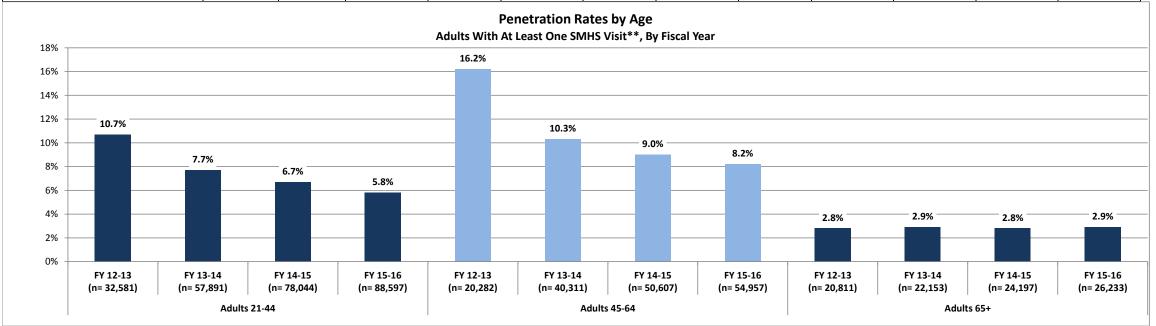


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	4,600	62.5%	2,759	37.5%
FY 13-14	5,538	59.8%	3,721	40.2%
FY 14-15	6,078	58.1%	4,388	41.9%
FY 15-16	6.038	58.1%	4.355	41.9%



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

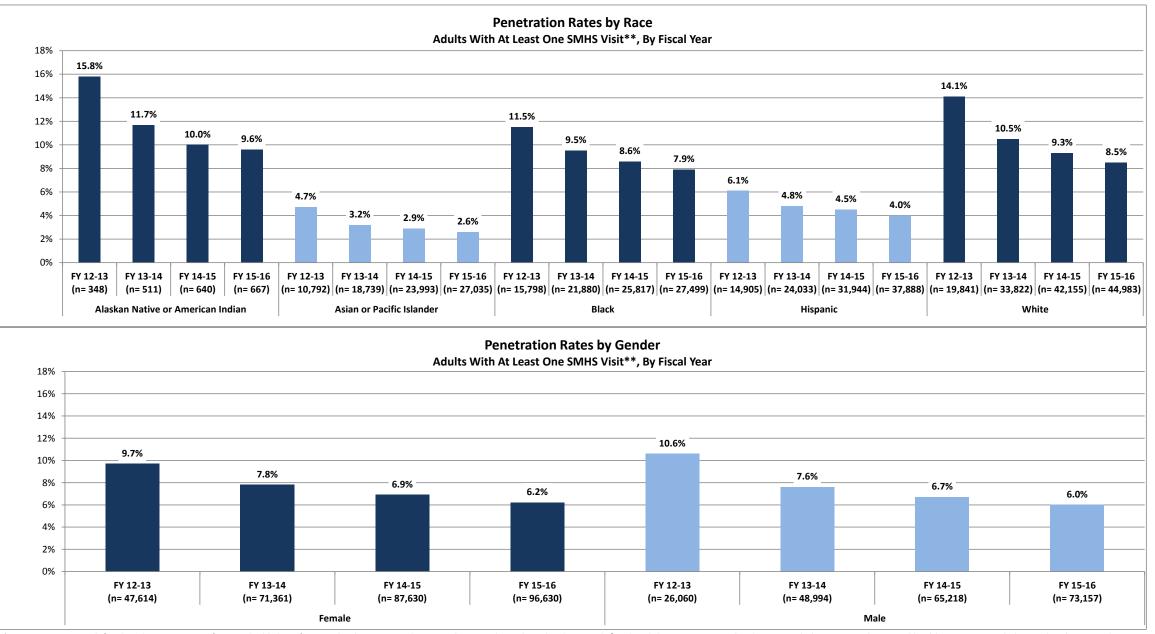
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults and	Rate	with 1 or	and Older	Rate	with 1 or more	Adults and	Rate	with 1 or more	and Older	Rate
	more SMHS	Older Adults		more SMHS	Adults		SMHS Visits	Older Adults		SMHS Visits	Adults	
All	7,359	73,674	10.0%	9,259	120,355	7.7%	10,466	152,848	6.8%	10,393	169,787	6.1%
Adults 21-44	3,484	32,581	10.7%	4,450	57,891	7.7%	5,216	78,044	6.7%	5,150	88,597	5.8%
Adults 45-64	3,282	20,282	16.2%	4,165	40,311	10.3%	4,563	50,607	9.0%	4,479	54,957	8.2%
Adults 65+	593	20,811	2.8%	644	22,153	2.9%	687	24,197	2.8%	764	26,233	2.9%
Alaskan Native or American Indian	55	348	15.8%	60	511	11.7%	64	640	10.0%	64	667	9.6%
Asian or Pacific Islander	505	10,792	4.7%	595	18,739	3.2%	686	23,993	2.9%	693	27,035	2.6%
Black	1,814	15,798	11.5%	2,088	21,880	9.5%	2,227	25,817	8.6%	2,174	27,499	7.9%
Hispanic	909	14,905	6.1%	1,147	24,033	4.8%	1,436	31,944	4.5%	1,507	37,888	4.0%
White	2,794	19,841	14.1%	3,563	33,822	10.5%	3,935	42,155	9.3%	3,839	44,983	8.5%
Other	420	6,006	7.0%	716	12,720	5.6%	948	17,598	5.4%	978	20,584	4.8%
Unknown	862	5,984	14.4%	1,090	8,650	12.6%	1,170	10,701	10.9%	1,138	11,131	10.2%
Female	4,600	47,614	9.7%	5,538	71,361	7.8%	6,078	87,630	6.9%	6,038	96,630	6.2%
Male	2,759	26,060	10.6%	3,721	48,994	7.6%	4,388	65,218	6.7%	4,355	73,157	6.0%



^{*}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**

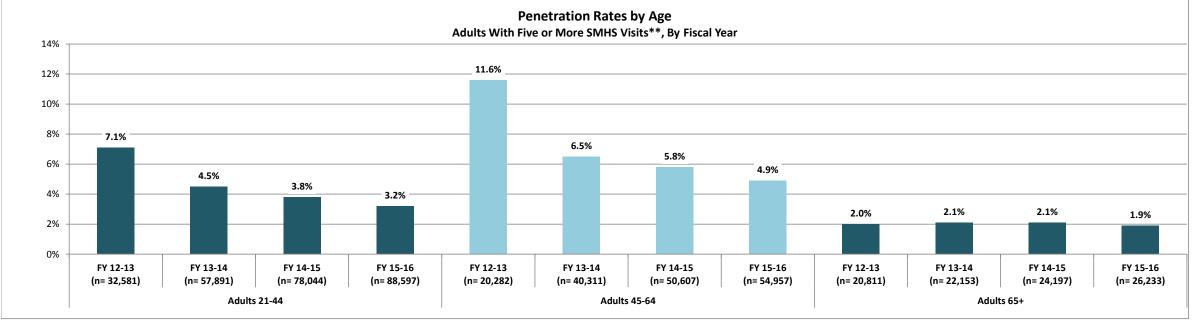


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

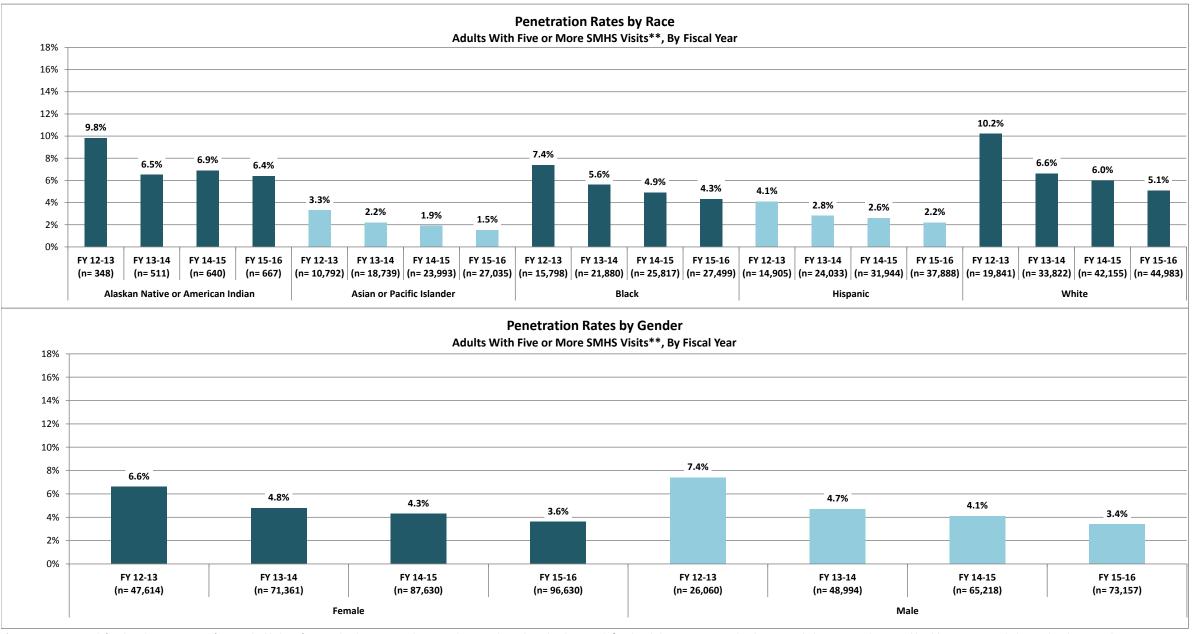
		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more 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	5,060	73,674	6.9%	5,682	120,355	4.7%	6,406	152,848	4.2%	6,029	169,787	3.6%
Adults 21-44	2,297	32,581	7.1%	2,604	57,891	4.5%	2,950	78,044	3.8%	2,819	88,597	3.2%
Adults 45-64	2,350	20,282	11.6%	2,615	40,311	6.5%	2,957	50,607	5.8%	2,713	54,957	4.9%
Adults 65+	413	20,811	2.0%	463	22,153	2.1%	499	24,197	2.1%	497	26,233	1.9%
Alaskan Native or American Indian	34	348	9.8%	33	511	6.5%	44	640	6.9%	43	667	6.4%
Asian or Pacific Islander	351	10,792	3.3%	403	18,739	2.2%	452	23,993	1.9%	402	27,035	1.5%
Black	1,172	15,798	7.4%	1,235	21,880	5.6%	1,265	25,817	4.9%	1,191	27,499	4.3%
Hispanic	608	14,905	4.1%	669	24,033	2.8%	825	31,944	2.6%	839	37,888	2.2%
White	2,019	19,841	10.2%	2,226	33,822	6.6%	2,516	42,155	6.0%	2,311	44,983	5.1%
Other	268	6,006	4.5%	410	12,720	3.2%	518	17,598	2.9%	516	20,584	2.5%
Unknown	608	5,984	10.2%	706	8,650	8.2%	786	10,701	7.3%	727	11,131	6.5%
Female	3,130	47,614	6.6%	3,391	71,361	4.8%	3,747	87,630	4.3%	3,525	96,630	3.6%
Male	1,930	26,060	7.4%	2,291	48,994	4.7%	2,659	65,218	4.1%	2,504	73,157	3.4%



^{*}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**



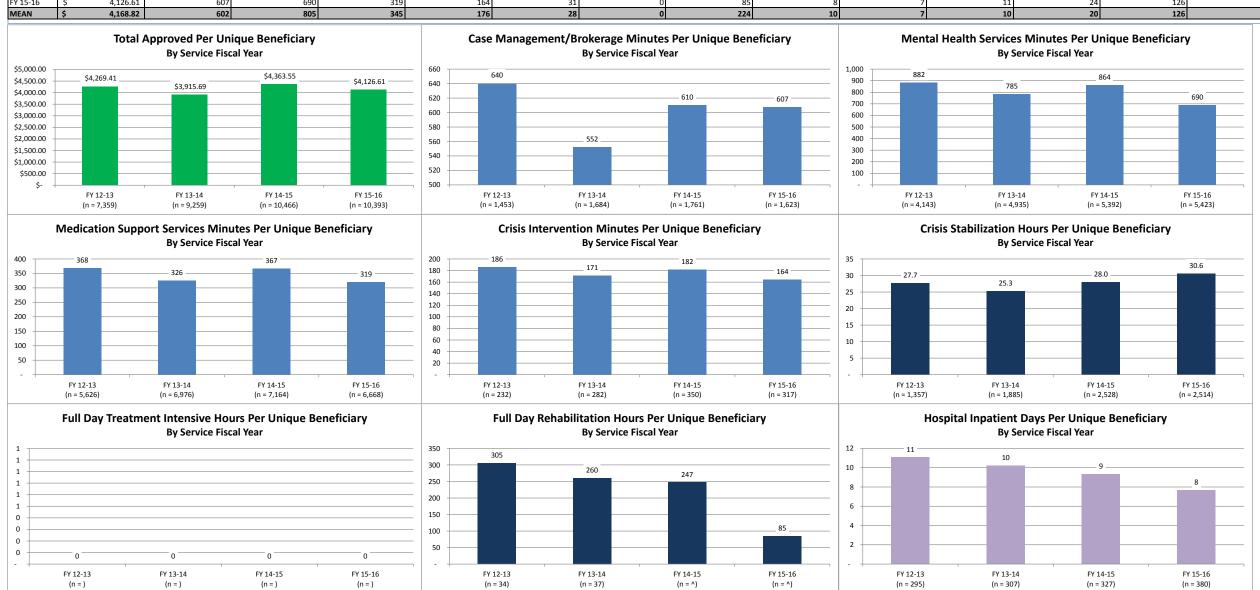
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^{**}Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Contra Costa County as of August, 2017

Fiscal Year	r SI	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	\$	\$ 4,269.41	640	882	368	186	28	0	305	11	5	11	16	110	5
FY 13-14	\$	3,915.69	552	785	326	171	25	0	260	10	5	9	20	126	16
FY 14-15	\$	4,363.55	610	864	367	182	28	0	247	9	13	10	20	142	13
FY 15-16	\$	\$ 4,126.61	607	690	319	164	31	0	85	8	7	11	24	126	6
MEAN	\$	4,168.82	602	805	345	176	28	0	224	10	7	10	20	126	10



^{*}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*

Contra Costa County as of August, 2017

Crisis Residential Treatment Services Days Per Unique

Beneficiary By Service Fiscal Year

19.8

FY 14-15

(n = 240)

19.6

FY 13-14

(n = 170)

25

20

16.3

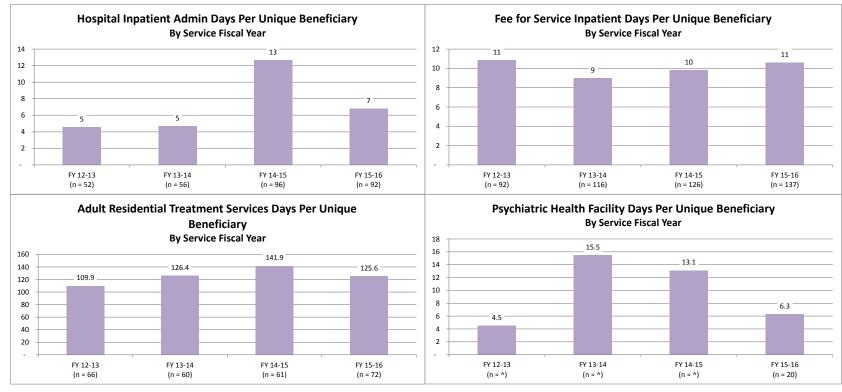
FY 12-13

(n = 123)

24.1

FY 15-16

(n = 297)



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

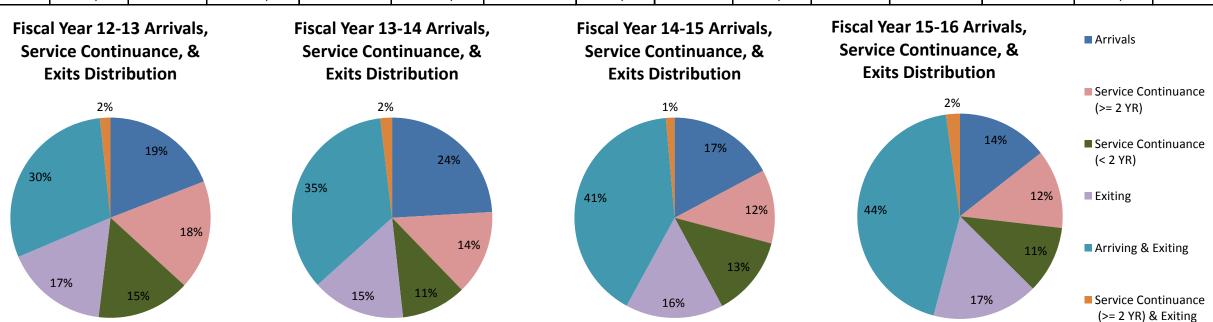
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

[^] Data has been suppressed to protect patient privacy.

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

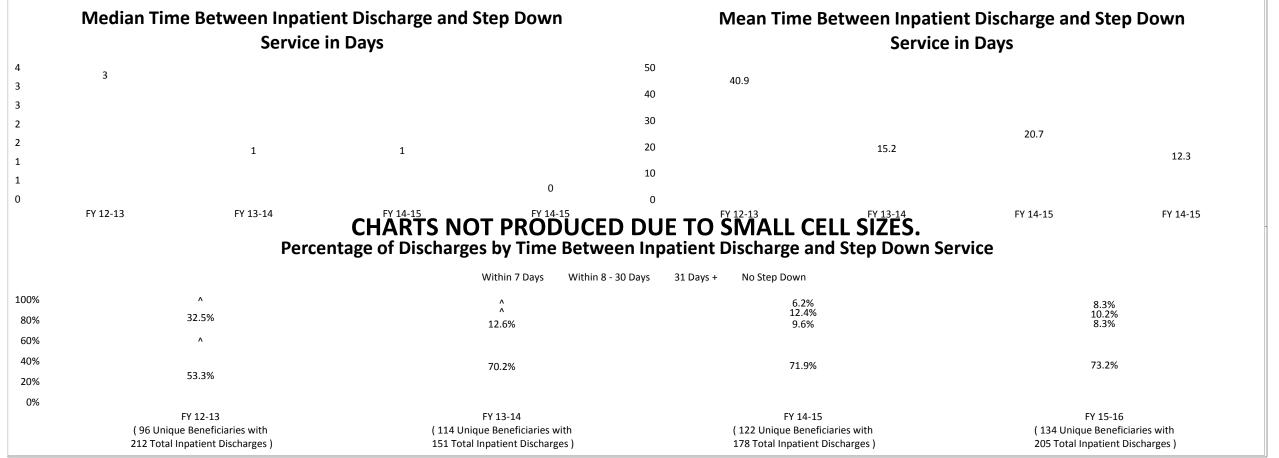
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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 %		(>= 2 YR) and	Total Count	Total %
FY 12-13	1,406	19.1%	1,299	17.7%	1,114	15.1%	1,228	16.7%	2,185	29.7%	127	1.7%	7,359	100%
FY 13-14	2,234	24.1%	1,264	13.7%	968	10.5%	1,396	15.1%	3,224	34.8%	173	1.9%	9,259	100%
FY 14-15	1,805	17.2%	1,249	11.9%	1,358	13.0%	1,658	15.8%	4,246	40.6%	150	1.4%	10,466	100%
FY 15-16	1,497	14.4%	1,291	12.4%	1,106	10.6%	1,740	16.7%	4,531	43.6%	228	2.2%	10,393	100%



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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Step Down within	Retween 8 and 30	Inpatient Discharges with Step Down	Davs from	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	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 12-13	113	53.3%	۸	۸	69	32.5%	۸	۸	0	355	40.9	3
FY 13-14	106	70.2%	19	12.6%	۸	۸	۸	۸	0	188	15.2	1
FY 14-15	128	71.9%	17	9.6%	22	12.4%	11	6.2%	0	332	20.7	1
FY 14-15	150	73.2%	17	8.3%	21	10.2%	17	8.3%	0	249	12.3	0



^{*} No Step Down is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.

[^] Data has been suppressed to protect patient privacy.