

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:

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 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: <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.

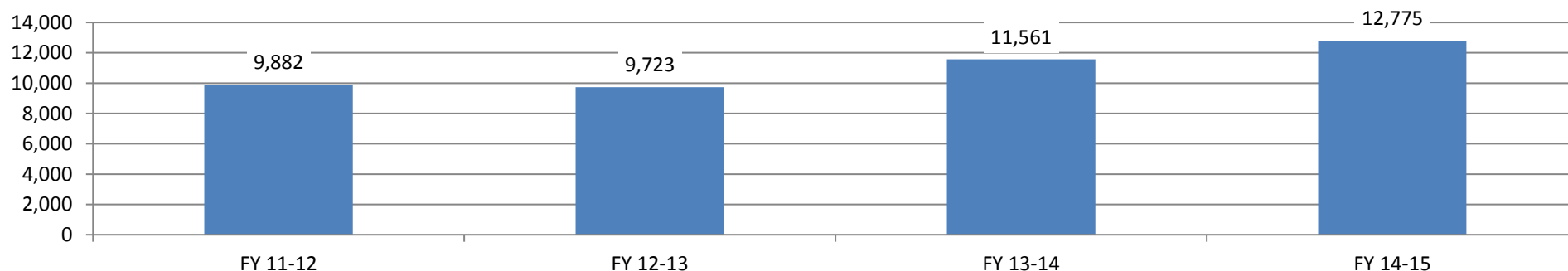
Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

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

Orange County

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 11-12	9,882		192,332	
FY 12-13	9,723	-1.6%	199,668	3.8%
FY 13-14	11,561	18.9%	357,080	78.8%
FY 14-15	12,775	10.5%	454,210	27.2%
Compound Annual Growth Rate SFY**		8.9%		33.2%

Unique Count of Adults Receiving SMHS



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

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

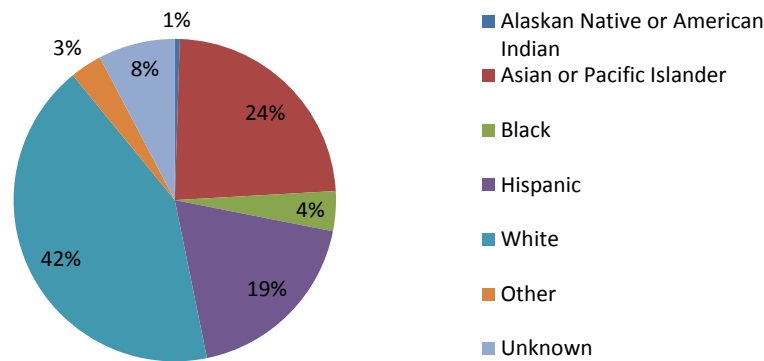
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Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

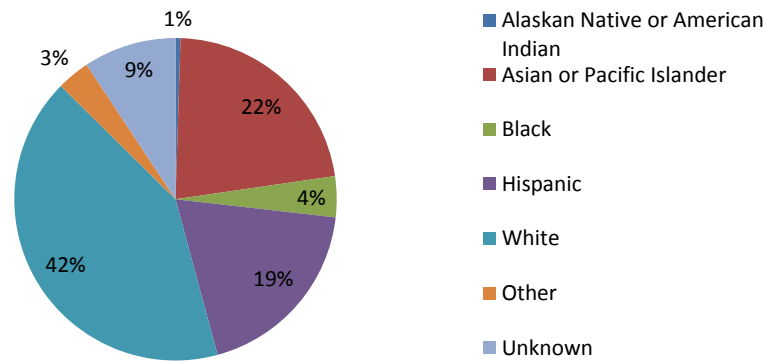
Orange County

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	47	0.5%	2,337	23.6%	396	4.0%	1,848	18.7%	4,183	42.3%	313	3.2%	758	7.7%
FY 12-13	51	0.5%	2,154	22.2%	394	4.1%	1,845	19.0%	4,047	41.6%	325	3.3%	907	9.3%
FY 13-14	69	0.6%	2,246	19.4%	432	3.7%	2,185	18.9%	4,930	42.6%	584	5.1%	1,115	9.6%
FY 14-15	69	0.5%	2,425	19.0%	499	3.9%	2,323	18.2%	5,357	41.9%	821	6.4%	1,281	10.0%

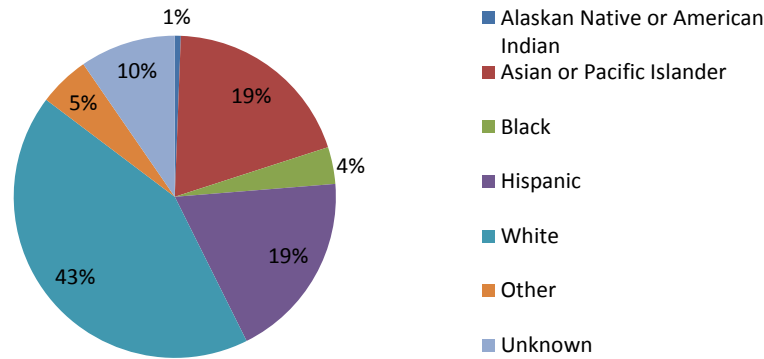
Fiscal Year 11-12 Race Distribution



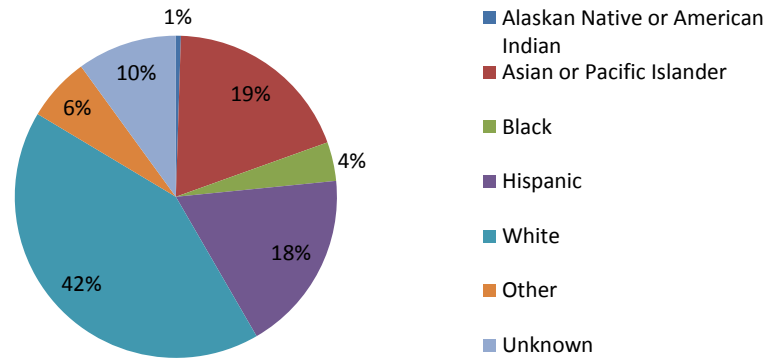
Fiscal Year 12-13 Race Distribution



Fiscal Year 13-14 Race Distribution



Fiscal Year 14-15 Race Distribution

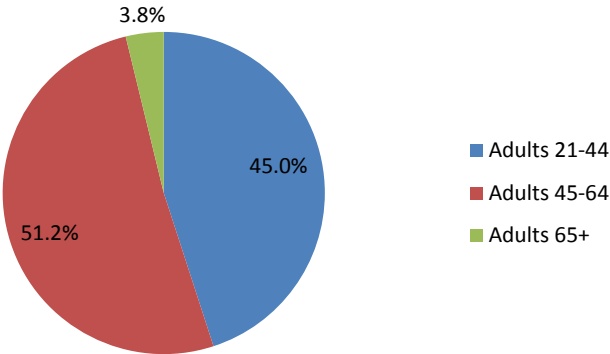


Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

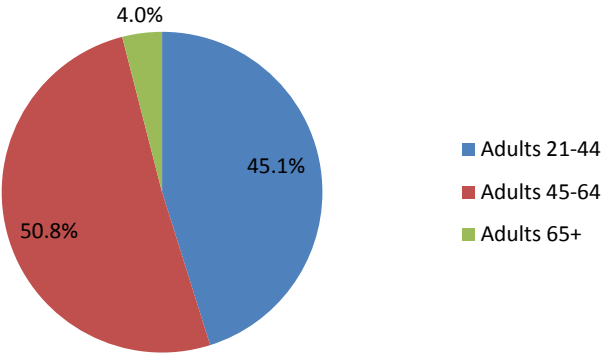
Orange County

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 11-12	4,449	45.0%	5,057	51.2%	376	3.8%
FY 12-13	4,386	45.1%	4,944	50.8%	393	4.0%
FY 13-14	5,438	47.0%	5,740	49.6%	383	3.3%
FY 14-15	6,356	49.8%	6,059	47.4%	360	2.8%

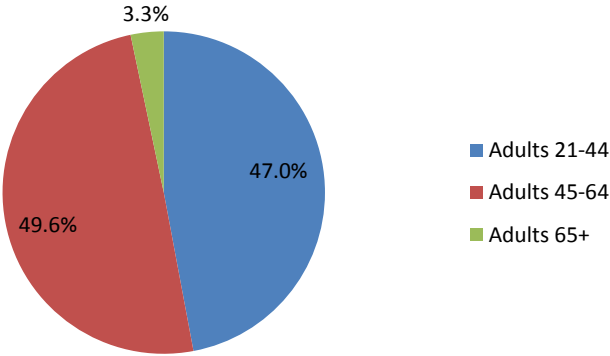
Fiscal Year 11-12 Age Group Distribution



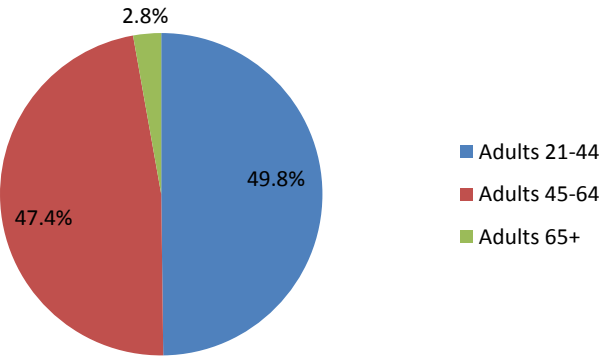
Fiscal Year 12-13 Age Group Distribution



Fiscal Year 13-14 Age Group Distribution



Fiscal Year 14-15 Age Group Distribution

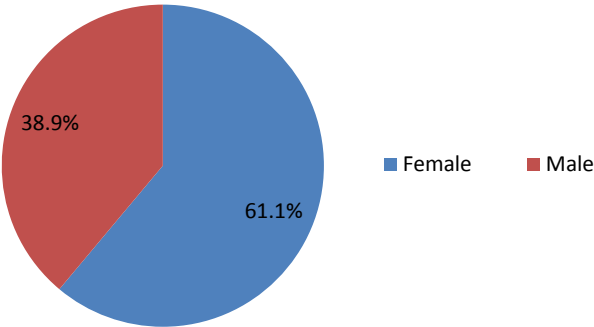


Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

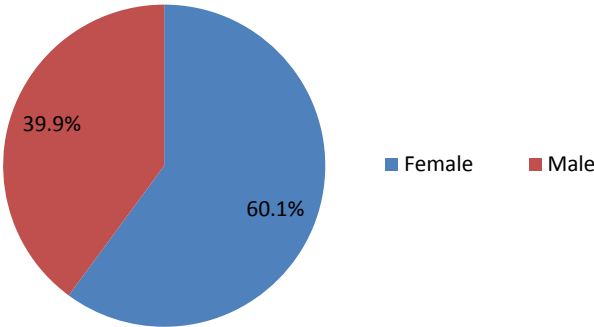
Orange County

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 11-12	6,038	61.1%	3,844	38.9%
FY 12-13	5,846	60.1%	3,877	39.9%
FY 13-14	6,554	56.7%	5,007	43.3%
FY 14-15	6,743	52.8%	6,032	47.2%

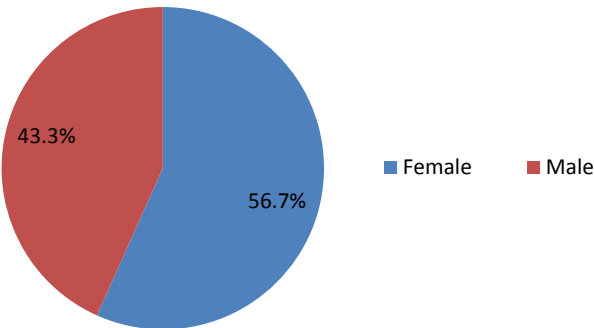
Fiscal Year 11-12 Gender Distribution



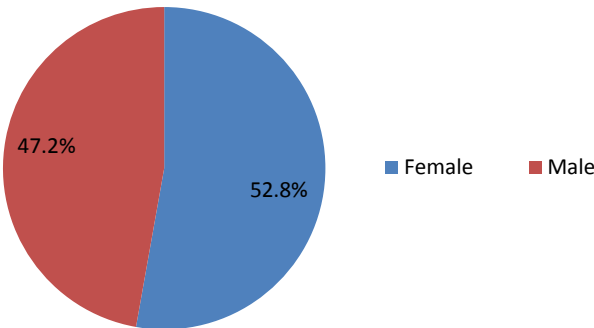
Fiscal Year 12-13 Gender Distribution



Fiscal Year 13-14 Gender Distribution

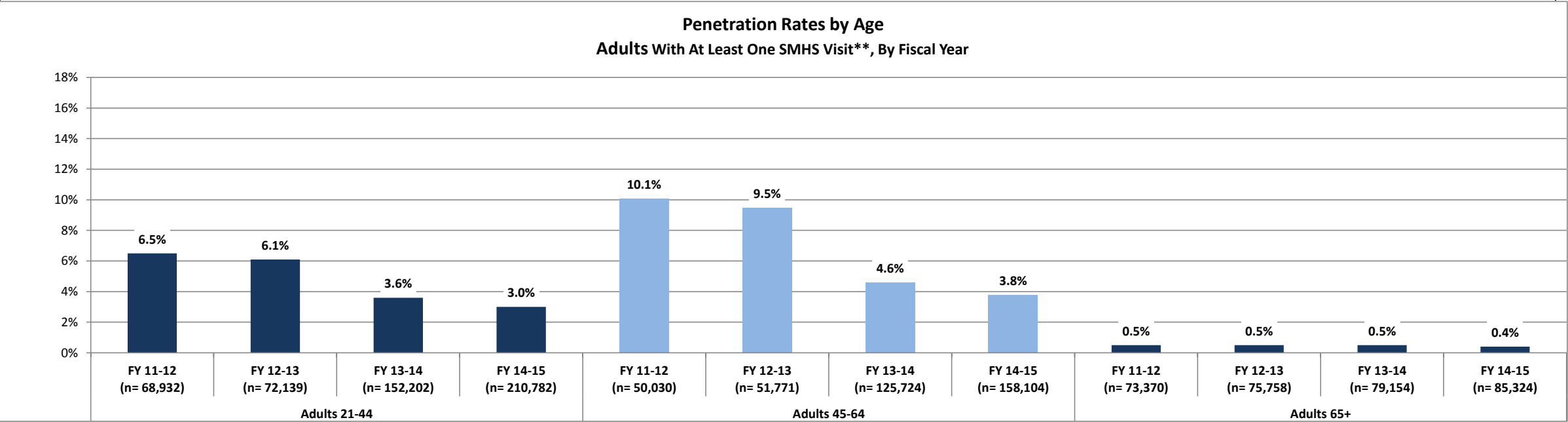


Fiscal Year 14-15 Gender Distribution



Penetration Rates* Report: Adults With At Least One SMHS Visit**
Orange 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 Eligible Adults	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	9,882	192,332	5.1%	9,723	199,668	4.9%	11,561	357,080	3.2%	12,775	454,210	2.8%
Adults 21-44	4,449	68,932	6.5%	4,386	72,139	6.1%	5,438	152,202	3.6%	6,356	210,782	3.0%
Adults 45-64	5,057	50,030	10.1%	4,944	51,771	9.5%	5,740	125,724	4.6%	6,059	158,104	3.8%
Adults 65+	376	73,370	0.5%	393	75,758	0.5%	383	79,154	0.5%	360	85,324	0.4%
Alaskan Native or American Indian	47	512	9.2%	51	537	9.5%	69	961	7.2%	69	1,197	5.8%
Asian or Pacific Islander	2,337	59,423	3.9%	2,154	60,888	3.5%	2,246	113,484	2.0%	2,425	143,284	1.7%
Black	396	4,408	9.0%	394	4,614	8.5%	432	7,607	5.7%	499	9,442	5.3%
Hispanic	1,848	52,782	3.5%	1,845	56,159	3.3%	2,185	89,859	2.4%	2,323	111,927	2.1%
White	4,183	49,204	8.5%	4,047	49,832	8.1%	4,930	92,665	5.3%	5,357	117,904	4.5%
Other	313	10,599	3.0%	325	11,264	2.9%	584	28,582	2.0%	821	41,276	2.0%
Unknown	758	15,404	4.9%	907	16,374	5.5%	1,115	23,922	4.7%	1,281	29,180	4.4%
Female	6,038	119,992	5.0%	5,846	124,822	4.7%	6,554	206,491	3.2%	6,743	255,766	2.6%
Male	3,844	72,340	5.3%	3,877	74,846	5.2%	5,007	150,589	3.3%	6,032	198,444	3.0%

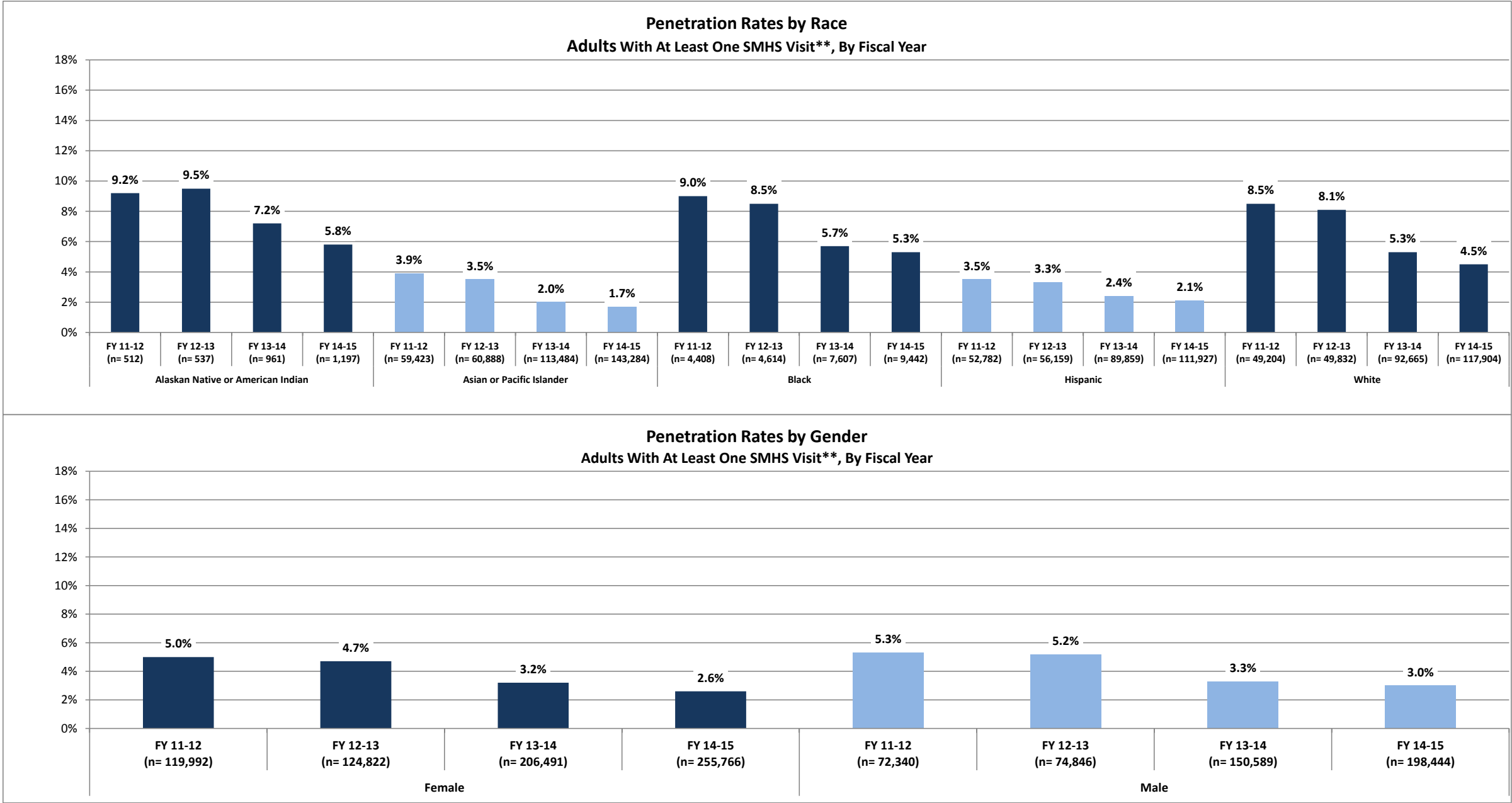


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Adults 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**
Orange County



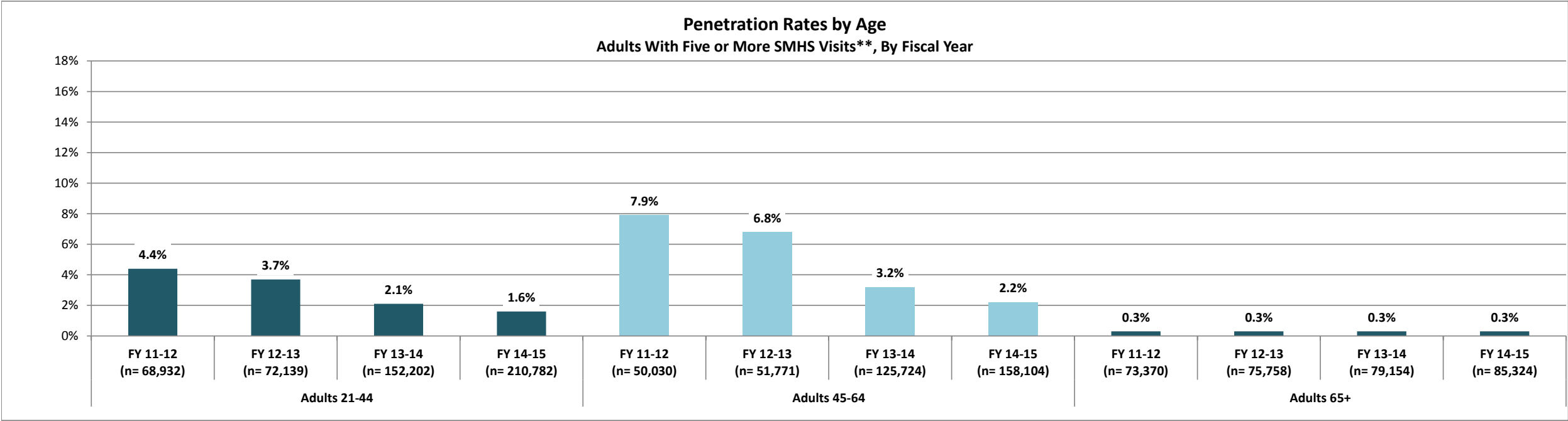
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Penetration rates decreased because the number of Affordable Care Act SMHS eligible beneficiaries increased markedly beginning in SFY 2013-14 while claims increased more gradually.

Penetration Rates* Report: Adults with Five or More SMHS Visits**
Orange 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	7,270	192,332	3.8%	6,421	199,668	3.2%	7,549	357,080	2.1%	7,019	454,210	1.5%
Adults 21-44	3,054	68,932	4.4%	2,643	72,139	3.7%	3,233	152,202	2.1%	3,330	210,782	1.6%
Adults 45-64	3,962	50,030	7.9%	3,514	51,771	6.8%	4,063	125,724	3.2%	3,437	158,104	2.2%
Adults 65+	254	73,370	0.3%	264	75,758	0.3%	253	79,154	0.3%	252	85,324	0.3%
Alaskan Native or American Indian	30	512	5.9%	30	537	5.6%	42	961	4.4%	33	1,197	2.8%
Asian or Pacific Islander	1,986	59,423	3.3%	1,713	60,888	2.8%	1,690	113,484	1.5%	1,302	143,284	0.9%
Black	259	4,408	5.9%	221	4,614	4.8%	270	7,607	3.5%	285	9,442	3.0%
Hispanic	1,218	52,782	2.3%	1,073	56,159	1.9%	1,333	89,859	1.5%	1,240	111,927	1.1%
White	2,945	49,204	6.0%	2,496	49,832	5.0%	3,033	92,665	3.3%	2,973	117,904	2.5%
Other	219	10,599	2.1%	213	11,264	1.9%	347	28,582	1.2%	399	41,276	1.0%
Unknown	613	15,404	4.0%	675	16,374	4.1%	834	23,922	3.5%	787	29,180	2.7%
Female	4,363	119,992	3.6%	3,759	124,822	3.0%	4,246	206,491	2.1%	3,666	255,766	1.4%
Male	2,907	72,340	4.0%	2,662	74,846	3.6%	3,303	150,589	2.2%	3,353	198,444	1.7%

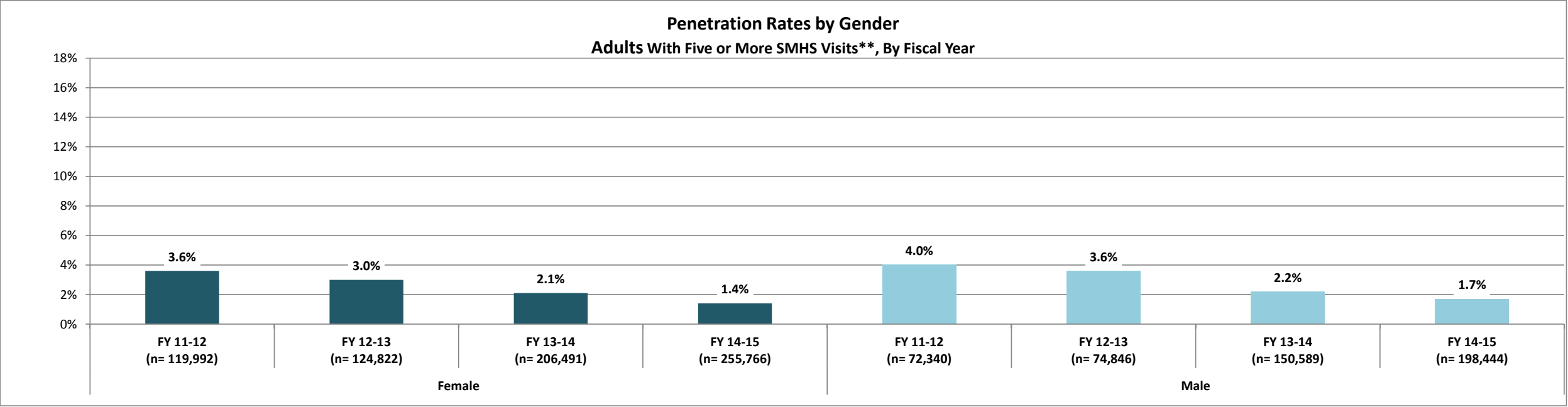
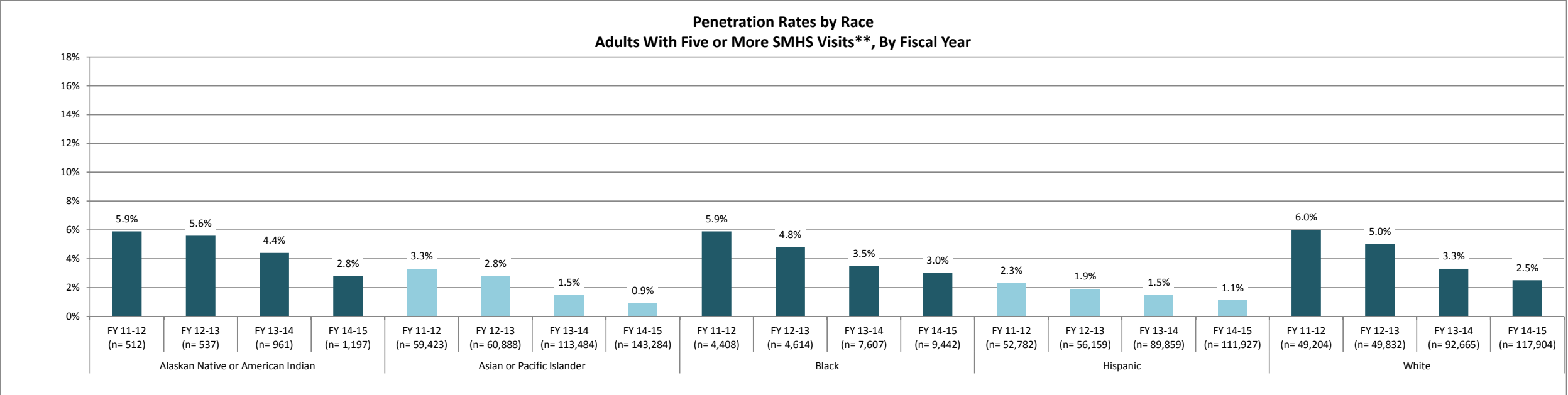


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**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.

Penetration Rates* Report: Adults With Five or More SMHS Visits**
Orange County



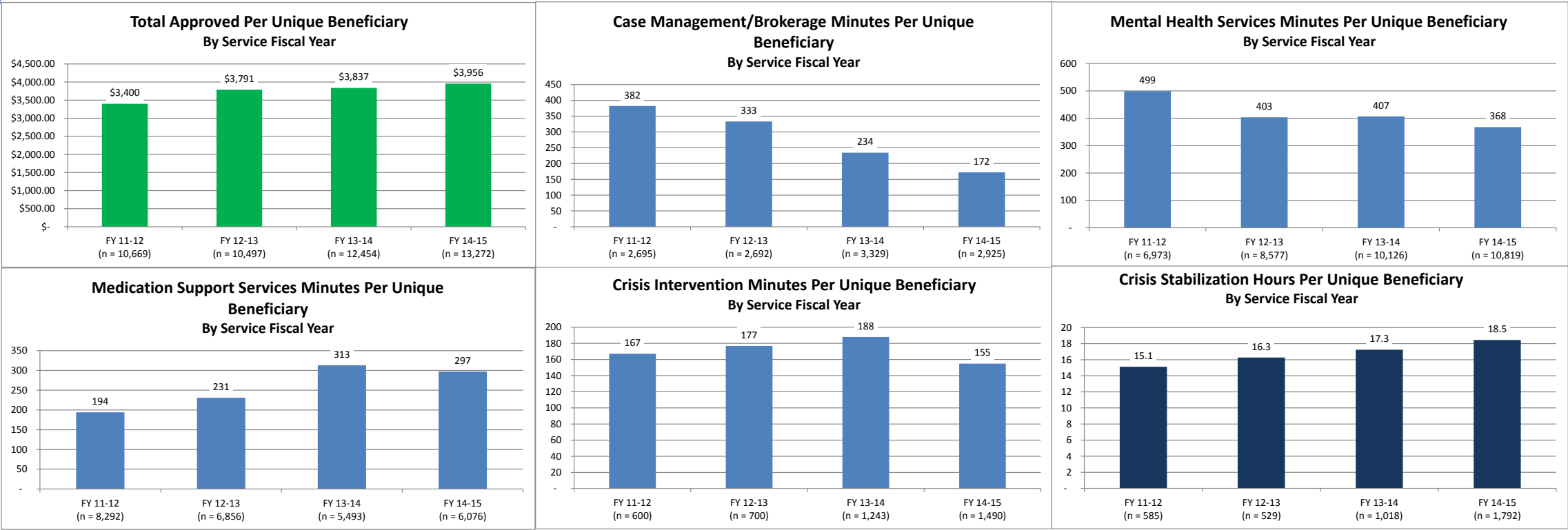
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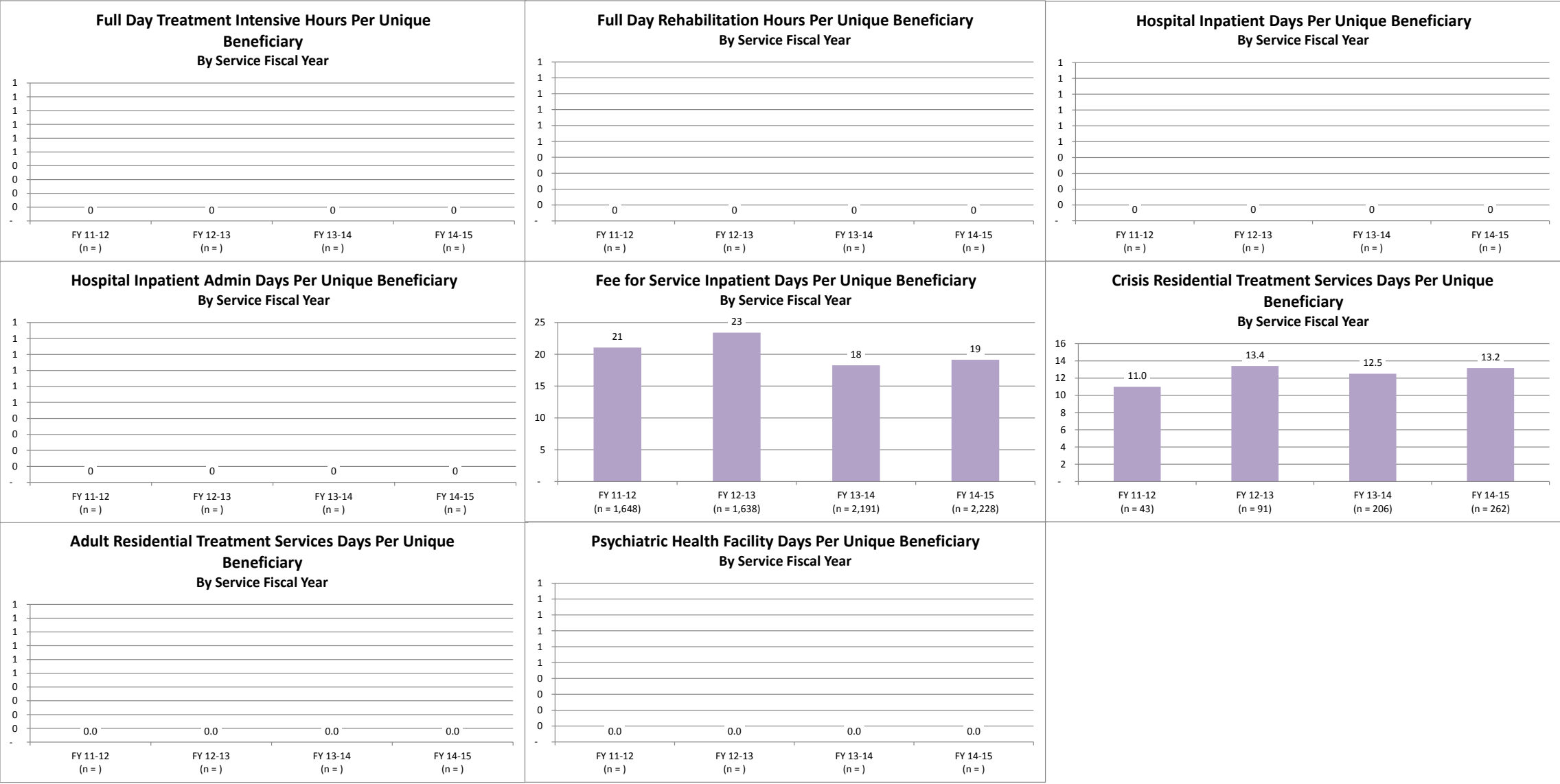
Utilization Report*: Approved Specialty Mental Health Services for Adults
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year*
Orange County

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 11-12	3,400	382	499	194	167	15	0	0	0	0	21	11	0	0
FY 12-13	3,791	333	403	231	177	16	0	0	0	0	23	13	0	0
FY 13-14	3,837	234	407	313	188	17	0	0	0	0	18	13	0	0
FY 14-15	3,956	172	368	297	155	18	0	0	0	0	19	13	0	0
MEAN	\$ 3,745.99	280	419	259	172	17	0	0	0	0	20	13	0	0



*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.

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



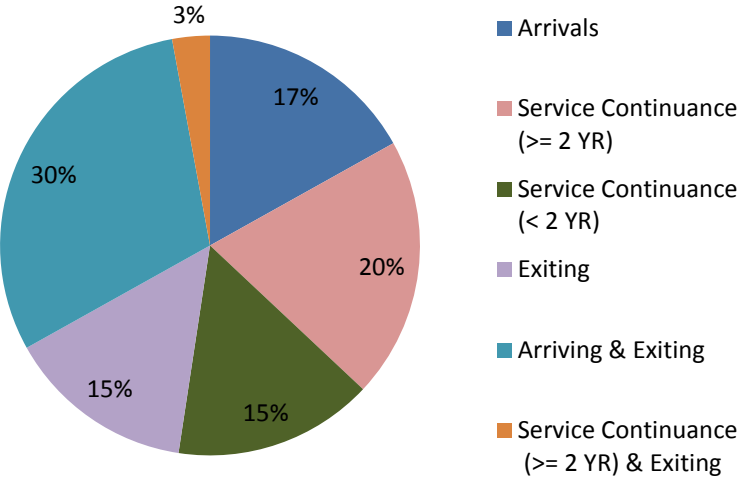
*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.
Please note that (n) values listed at the bottom of each bar graph represent the actual number of adults that received the SMHS represented in their respective graph by Fiscal Year.

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

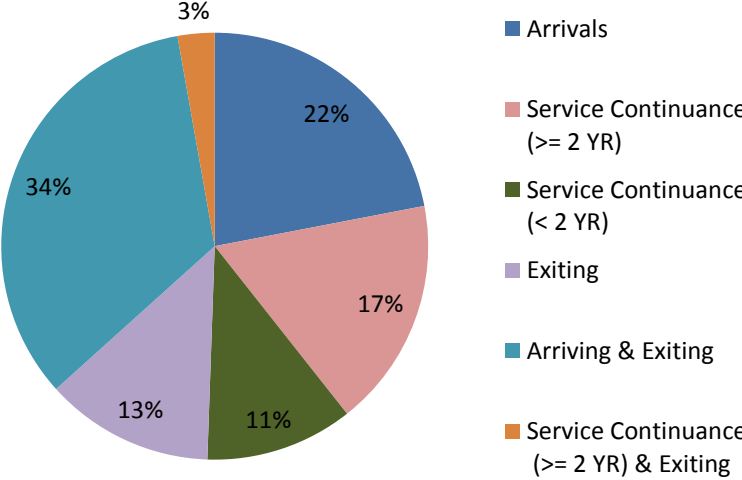
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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) %	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	1,646	16.9%	1,963	20.1%	1,499	15.4%	1,417	14.5%	2,943	30.2%	281	2.9%	9,749	100%
FY 13-14	2,539	22.0%	2,006	17.4%	1,294	11.2%	1,474	12.8%	3,920	33.9%	326	2.8%	11,559	100%
FY 14 - 15	2,015	15.8%	1,292	10.1%	1,617	12.7%	2,414	18.9%	4,900	38.4%	531	4.2%	12,769	100%

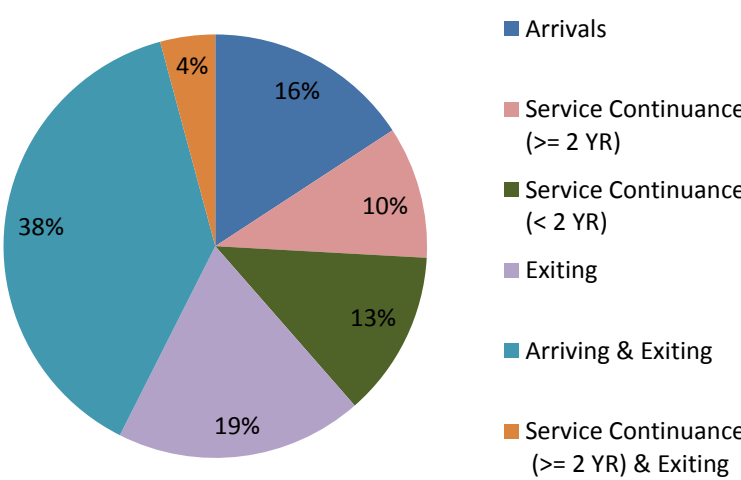
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



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

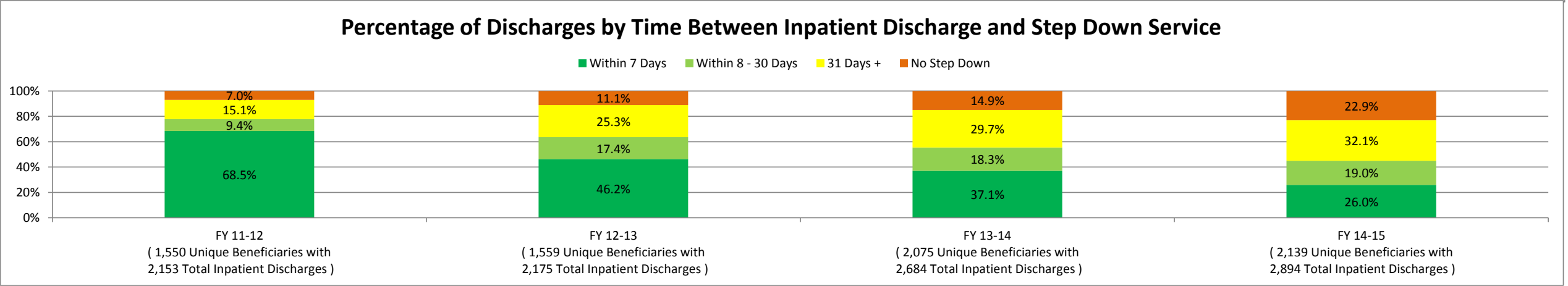
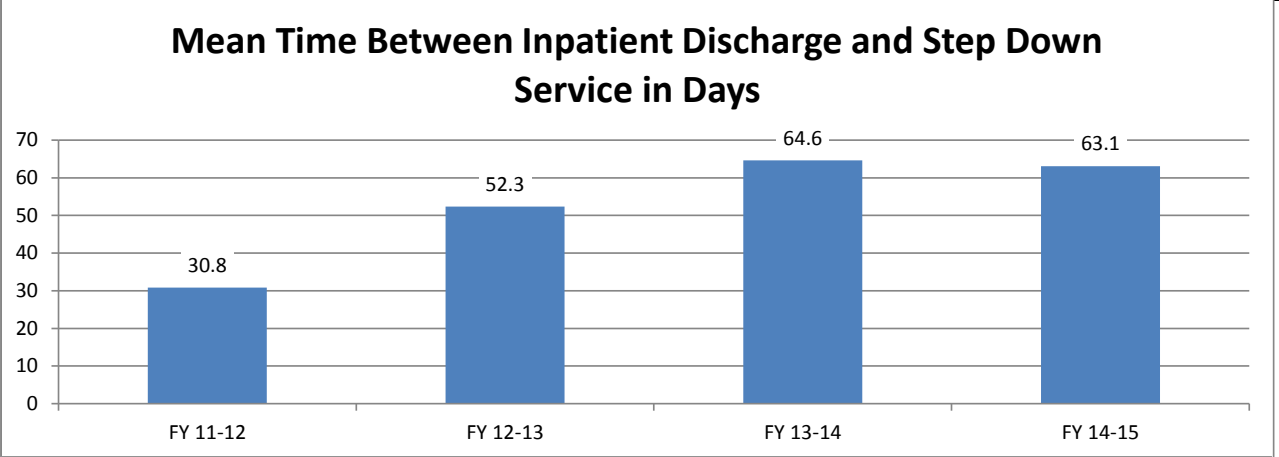
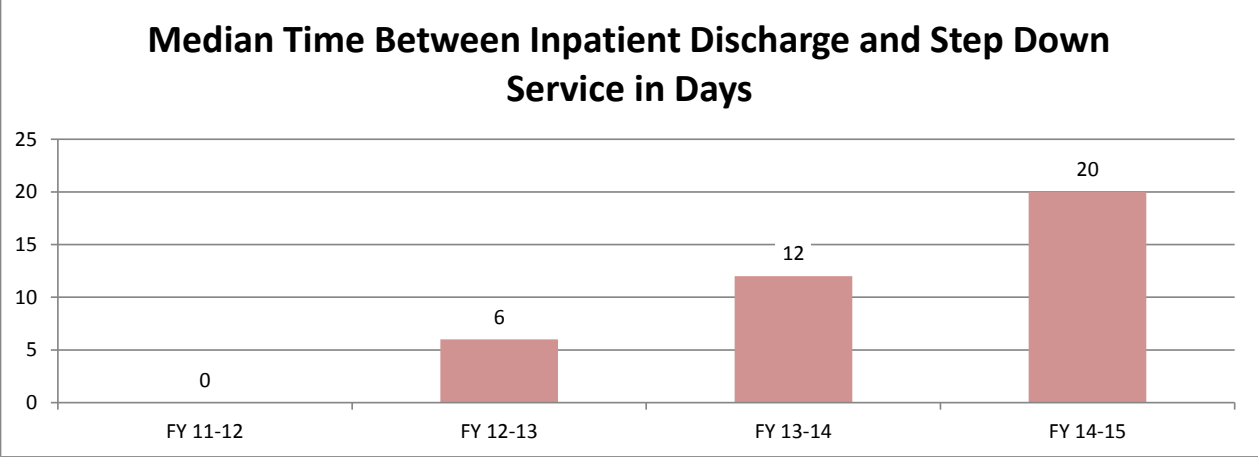


Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge ^a	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 ^b	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 11-12	1,474	68.5%	202	9.4%	326	15.1%	151	7.0%	0	365	30.8	0
FY 12-13	1,005	46.2%	379	17.4%	550	25.3%	241	11.1%	0	365	52.3	6
FY 13-14	995	37.1%	492	18.3%	798	29.7%	399	14.9%	0	365	64.6	12
FY 14-15	751	26.0%	551	19.0%	929	32.1%	663	22.9%	0	365	63.1	20



^a Adults aged 22-64 receiving inpatient services from Institution for Mental Disease (IMD) facilities not included in count of inpatient discharges.

^b **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.