Performance Outcomes Adult Specialty Mental Health Services Report Report Date March 22, 2018

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-intime 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) 13/14, 14/15, 15/16, and 16/17.

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 13/14 through FY 16/17.

Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY 16/17.

Performance Outcomes Adult Specialty Mental Health Services Report Report Date March 22, 2018

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.

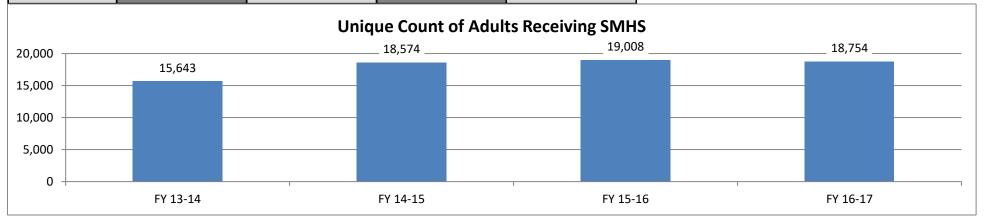
*The **penetration** rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology makes comparison between the POS penetration rates and the EQRO penetration rates not appropriate nor useful. The POS 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 fiscal responsibility for the patient who 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 13-14	15,643		303,404	
FY 14-15	18,574	18.7%	396,657	30.7%
FY 15-16	19,008	2.3%	452,410	14.1%
FY 16-17	18,754	-1.3%	476,073	5.2%
Compound Annual Growth Rate SFY**		6.2%		16.2%

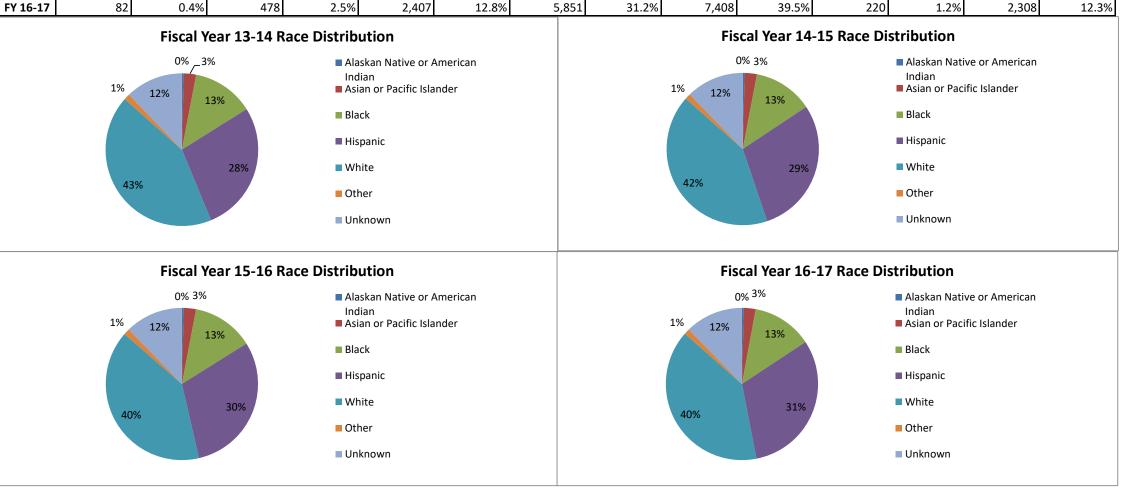


^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

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

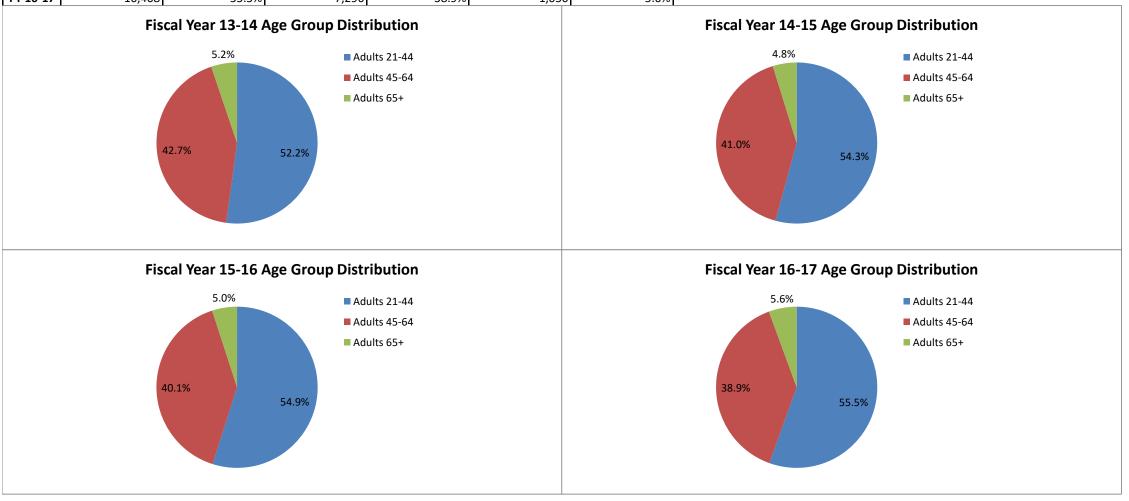
Riverside County as of March 22, 2018

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 13-14	55	0.4%	411	2.6%	2,051	13.1%	4,333	27.7%	6,689	42.8%	197	1.3%	1,907	12.2%
FY 14-15	80	0.4%	474	2.6%	2,350	12.7%	5,415	29.2%	7,756	41.8%	220	1.2%	2,279	12.3%
FY 15-16	84	0.4%	495	2.6%	2,489	13.1%	5,762	30.3%	7,601	40.0%	248	1.3%	2,329	12.3%
FY 16-17	82	0.4%	478	2.5%	2,407	12.8%	5,851	31.2%	7,408	39.5%	220	1.2%	2,308	12.3%
Fiscal Year 12 14 Pass Distribution								Fiscal Year 14 15 Page Distribution						

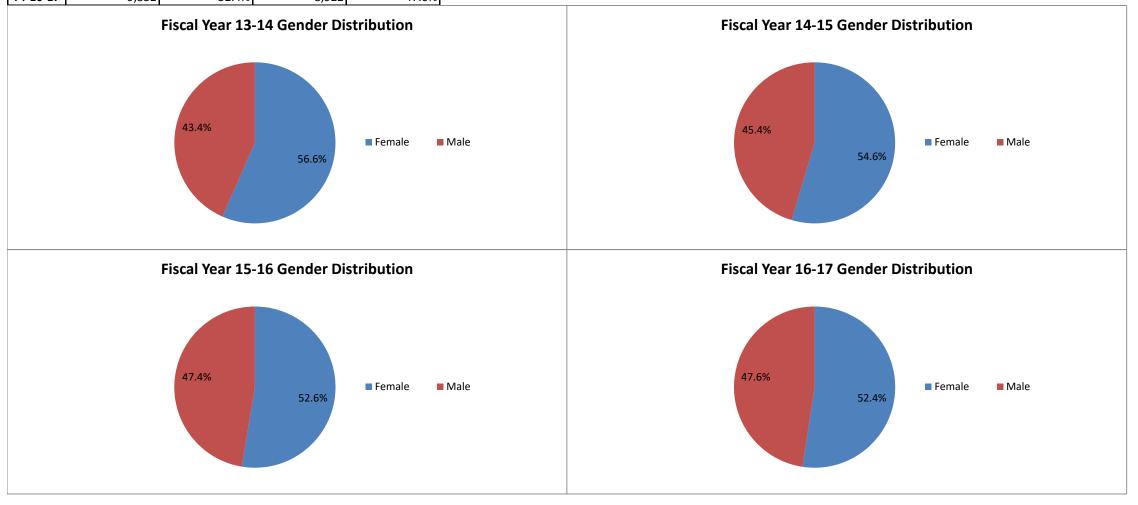


Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	8,160	52.2%	6,673	42.7%	810	5.2%
FY 14-15	10,079	54.3%	7,609	41.0%	886	4.8%
FY 15-16	10,433	54.9%	7,628	40.1%	947	5.0%
FY 16-17	10.408	55.5%	7,296	38.9%	1.050	5.6%

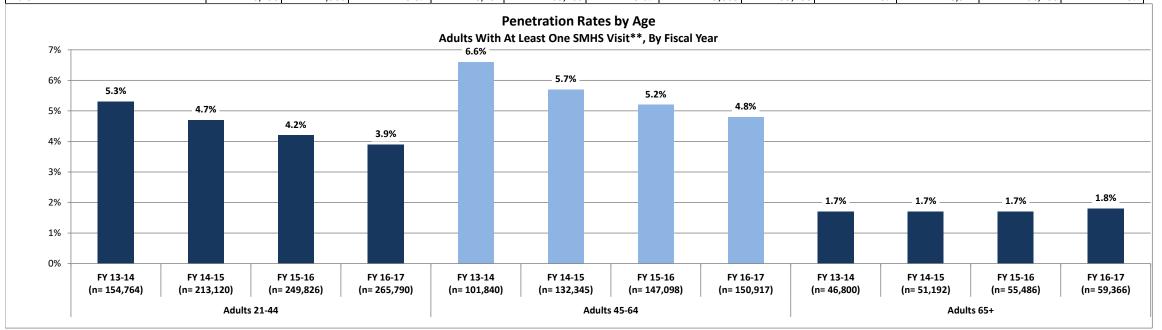


Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	8,850	56.6%	6,793	43.4%
FY 14-15	10,142	54.6%	8,432	45.4%
FY 15-16	9,999	52.6%	9,009	47.4%
FY 16-17	9,832	52.4%	8.922	47.6%



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

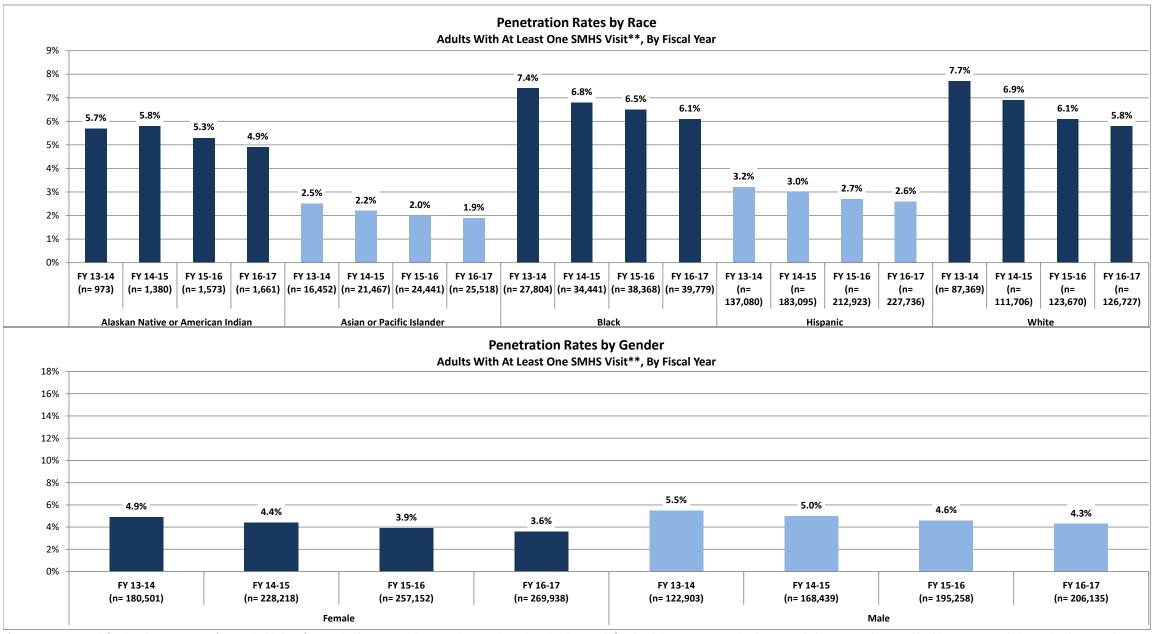
		FY 13-14			FY 14-15			FY 15-16			FY 16-17	
	Adults and	Certified		Adults and	Certified		Adults and	Certified		Adults and	Certified	
	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration	Older Adults	Eligible	Penetration	Older Adults	Eligible Adults	Penetration
	with 1 or	Adults 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	15,643	303,404	5.2%	18,574	396,657	4.7%	19,008	452,410	4.2%	18,754	476,073	3.9%
Adults 21-44	8,160	154,764	5.3%	10,079	213,120	4.7%	10,433	249,826	4.2%	10,408	265,790	3.9%
Adults 45-64	6,673	101,840	6.6%	7,609	132,345	5.7%	7,628	147,098	5.2%	7,296	150,917	4.8%
Adults 65+	810	46,800	1.7%	886	51,192	1.7%	947	55,486	1.7%	1,050	59,366	1.8%
Alaskan Native or American Indian	55	973	5.7%	80	1,380	5.8%	84	1,573	5.3%	82	1,661	4.9%
Asian or Pacific Islander	411	16,452	2.5%	474	21,467	2.2%	495	24,441	2.0%	478	25,518	1.9%
Black	2,051	27,804	7.4%	2,350	34,441	6.8%	2,489	38,368	6.5%	2,407	39,779	6.1%
Hispanic	4,333	137,080	3.2%	5,415	183,095	3.0%	5,762	212,923	2.7%	5,851	227,736	2.6%
White	6,689	87,369	7.7%	7,756	111,706	6.9%	7,601	123,670	6.1%	7,408	126,727	5.8%
Other	197	4,026	4.9%	220	5,771	3.8%	248	6,650	3.7%	220	6,792	3.2%
Unknown	1,907	29,700	6.4%	2,279	38,797	5.9%	2,329	44,785	5.2%	2,308	47,860	4.8%
Female	8,850	180,501	4.9%	10,142	228,218	4.4%	9,999	257,152	3.9%	9,832	269,938	3.6%
Male	6,793	122,903	5.5%	8,432	168,439	5.0%	9,009	195,258	4.6%	8,922	206,135	4.3%



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

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

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

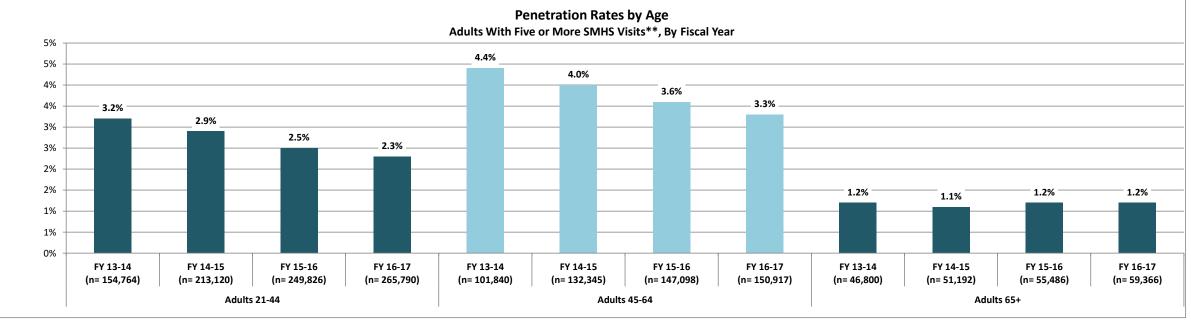


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^{**}Adults and Older Adults at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

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

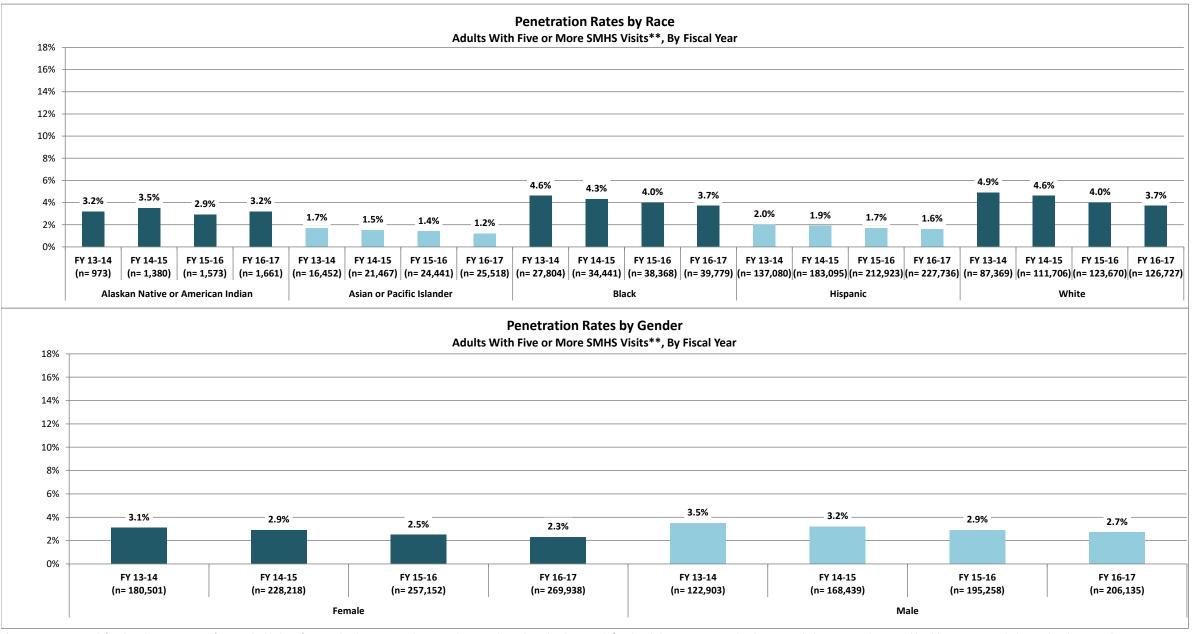
		FY 13-14			FY 14-15			FY 15-16		FY 16-17			
	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 5 or 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	9,979	303,404	3.3%	12,144	396,657	3.1%	12,225	452,410	2.7%	11,864	476,073	2.5%	
Adults 21-44	4,937	154,764	3.2%	6,286	213,120	2.9%	6,274	249,826	2.5%	6,155	265,790	2.3%	
Adults 45-64	4,459	101,840	4.4%	5,273	132,345	4.0%	5,300	147,098	3.6%	4,967	150,917	3.3%	
Adults 65+	583	46,800	1.2%	585	51,192	1.1%	651	55,486	1.2%	742	59,366	1.2%	
Alaskan Native or American Indian	31	973	3.2%	48	1,380	3.5%	45	1,573	2.9%	53	1,661	3.2%	
Asian or Pacific Islander	276	16,452	1.7%	323	21,467	1.5%	346	24,441	1.4%	316	25,518	1.2%	
Black	1,272	27,804	4.6%	1,489	34,441	4.3%	1,537	38,368	4.0%	1,459	39,779	3.7%	
Hispanic	2,722	137,080	2.0%	3,488	183,095	1.9%	3,594	212,923	1.7%	3,633	227,736	1.6%	
White	4,260	87,369	4.9%	5,089	111,706	4.6%	4,965	123,670	4.0%	4,715	126,727	3.7%	
Other	125	4,026	3.1%	138	5,771	2.4%	148	6,650	2.2%	131	6,792	1.9%	
Unknown	1,293	29,700	4.4%	1,569	38,797	4.0%	1,590	44,785	3.6%	1,557	47,860	3.3%	
Female	5,627	180,501	3.1%	6,687	228,218	2.9%	6,514	257,152	2.5%	6,303	269,938	2.3%	
Male	4,352	122,903	3.5%	5,457	168,439	3.2%	5,711	195,258	2.9%	5,561	206,135	2.7%	



^{*}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 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**



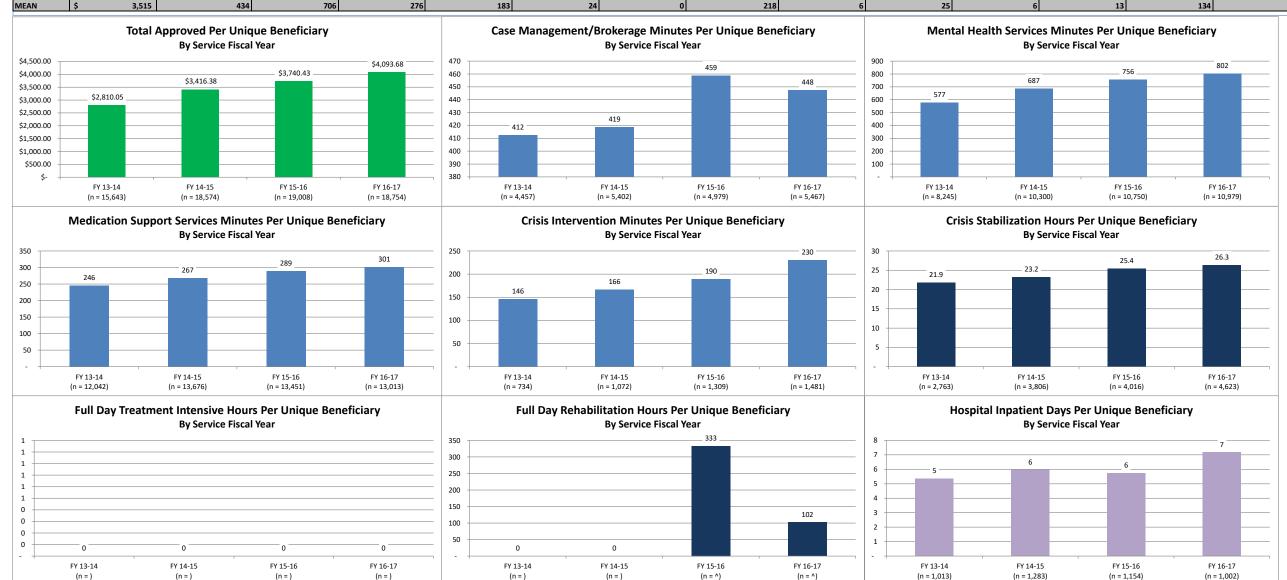
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^{**}Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Riverside County as of March 22, 2018

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 13-14	\$ 2,810	412	577	246	146	22	0	0	5	14	7	12	176	6
FY 14-15	\$ 3,416	419	687	267	166	23	0	0	6	29	6	12	128	7
FY 15-16	\$ 3,740	459	756	289	190	25	0	333	6	28	6	14	99	10
FY 16-17	\$ 4,094	448	802	301	230	26	0	102	7	30	7	14	134	8
MEAN	\$ 3,515	434	706	276	183	24	0	218	6	25	6	13	134	8



^{*}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*

Riverside County as of March 22, 2018

14.0

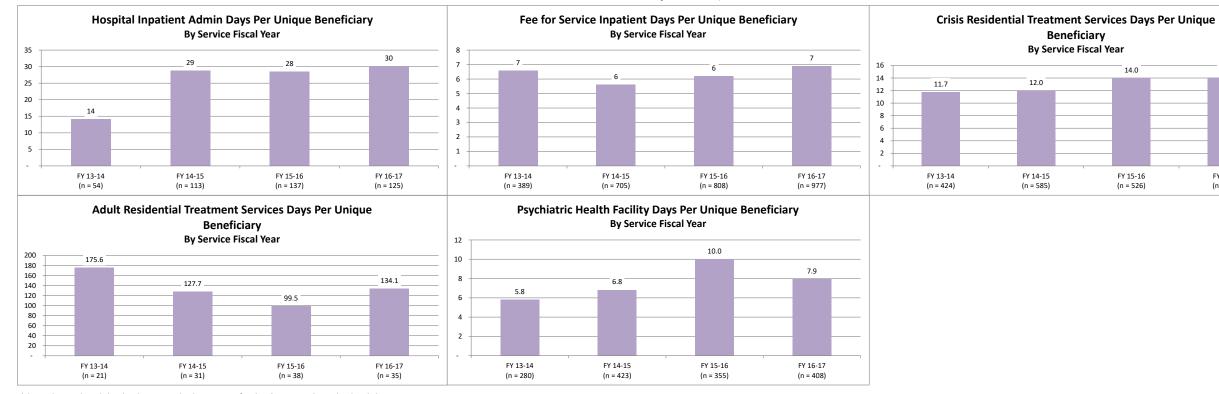
FY 15-16

(n = 526)

14.1

FY 16-17

(n = 548)



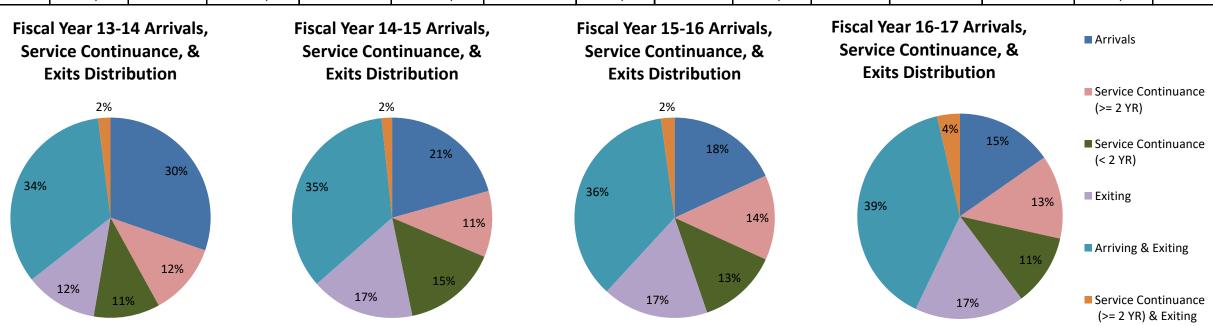
^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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

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.

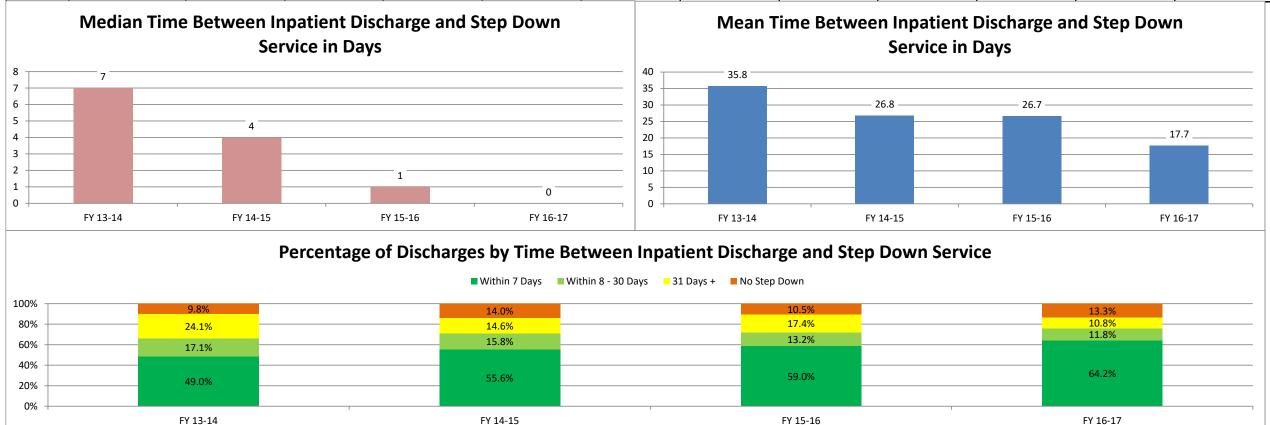
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Continuance	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13-14	4,741	30.3%	1,823	11.7%	1,670	10.7%	1,836	11.7%	5,253	33.6%	320	2.0%	15,643	100%
FY 14-15	3,837	20.7%	1,992	10.7%	2,859	15.4%	3,121	16.8%	6,458	34.8%	308	1.7%	18,575	100%
FY 15-16	3,446	18.1%	2,601	13.7%	2,455	12.9%	3,259	17.1%	6,832	35.9%	415	2.2%	19,008	100%
FY 16-17	2,862	15.3%	2,479	13.2%	2,121	11.3%	3,247	17.3%	7,374	39.3%	671	3.6%	18,754	100%



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

Riverside County as of March 22, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Sten Down within	Step Down Between 8 and 30	Inpatient Discharges with	Step Down > 30 Days from	Innatient	Discharges with		Minimum Number of Days between Discharge and Step Down	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 13-14	189	49.0%	66	17.1%	93	24.1%	38	9.8%	0	364	35.8	7
FY 14-15	504	55.6%	143	15.8%	132	14.6%	127	14.0%	0	354	26.8	4
FY 15-16	641	59.0%	143	13.2%	189	17.4%	114	10.5%	0	363	26.7	1
FY 16-17	836	64.2%	153	11.8%	140	10.8%	173	13.3%	0	362	17.7	0



(705 Unique Beneficiaries with

1,087 Total Inpatient Discharges)

(775 Unique Beneficiaries with

1,302 Total Inpatient Discharges)

(583 Unique Beneficiaries with

906 Total Inpatient Discharges)

(278 Unique Beneficiaries with

386 Total Inpatient Discharges)

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