# 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.asp

**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) 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 20 or younger 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 FY16/17.

## 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 children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth 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 reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. 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 off of the county of fiscal responsibility for the patient and whom has been attributed the time to next service in days used in the calculations for this indicator.

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

## Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year
## Shasta County as of March 22, 2018

| SFY | Unique Count Receiving SMHS* | Year-Over-Year Percentage Change | Unique Count of Medi-Cal Eligibles | Year-Over-Year Percentage Change |
|---|---|---|---|---|
| **FY 13-14** | 1,852 | | 35,934 | |
| **FY 14-15** | 2,111 | 14.0% | 42,954 | 19.5% |
| **FY 15-16** | 1,900 | -10.0% | 46,120 | 7.4% |
| **FY 16-17** | 1,726 | -9.2% | 46,470 | 0.8% |
| **Compound Annual Growth Rate SFY**** | | **-2.3%** | | **8.9%** |

**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**
**Shasta 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** | 47 | 2.5% | 69 | 3.7% | 39 | 2.1% | 72 | 3.9% | 1,315 | 71.0% | 15 | 0.8% | 295 | 15.9% |
| **FY 14-15** | 40 | 1.9% | 64 | 3.0% | 40 | 1.9% | 99 | 4.7% | 1,550 | 73.4% | 15 | 0.7% | 303 | 14.4% |
| **FY 15-16** | 47 | 2.5% | 58 | 3.1% | 35 | 1.8% | 91 | 4.8% | 1,367 | 71.9% | ^ | ^ | ^ | ^ |
| **FY 16-17** | 44 | 2.5% | 58 | 3.4% | 43 | 2.5% | 98 | 5.7% | 1,201 | 69.6% | 11 | 0.6% | 271 | 15.7% |

**This report uses the Medi-Cal Eligibility Data System for racial data, while CDSS uses the Child Welfare Services/Case Management System.*
*^ Data has been suppressed to protect patient privacy.*

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year**
**Shasta County as of March 22, 2018**

| Fiscal Year | Adults 21-44 Count | Adults 21-44 % | Adults 45-64 Count | Adults 45-64 % | Adults 65+ Count | Adults 65+ % |
|---|---|---|---|---|---|---|
| **FY 13-14** | 982 | 53.0% | 771 | 41.6% | 99 | 5.3% |
| **FY 14-15** | 1,166 | 55.2% | 837 | 39.6% | 108 | 5.1% |
| **FY 15-16** | 1,042 | 54.8% | 780 | 41.1% | 78 | 4.1% |
| **FY 16-17** | 953 | 55.2% | 679 | 39.3% | 94 | 5.4% |

**Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year**
**Shasta County as of March 22, 2018**

| Fiscal Year | Female Count | Female % | Male Count | Male % |
|---|---|---|---|---|
| **FY 13-14** | 1,009 | 54.5% | 843 | 45.5% |
| **FY 14-15** | 1,105 | 52.3% | 1,006 | 47.7% |
| **FY 15-16** | 979 | 51.5% | 921 | 48.5% |
| **FY 16-17** | 863 | 50.0% | 863 | 50.0% |

**Penetration Rates* Report: Adults With At Least One SMHS Visit****
**Shasta County as of March 22, 2018**

| | FY 13-14 | | | FY 14-15 | | | FY 15-16 | | | FY 16-17 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | Penetratio n 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** | **1,852** | **35,934** | **5.2%** | **2,111** | **42,954** | **4.9%** | **1,900** | **46,120** | **4.1%** | **1,726** | **46,470** | **3.7%** |
| Adults 21-44 | 982 | 18,354 | 5.4% | 1,166 | 22,828 | 5.1% | 1,042 | 24,986 | 4.2% | 953 | 25,148 | 3.8% |
| Adults 45-64 | 771 | 12,971 | 5.9% | 837 | 15,213 | 5.5% | 780 | 16,031 | 4.9% | 679 | 15,901 | 4.3% |
| Adults 65+ | 99 | 4,609 | 2.1% | 108 | 4,913 | 2.2% | 78 | 5,103 | 1.5% | 94 | 5,421 | 1.7% |
| Alaskan Native or American India | 47 | 1,145 | 4.1% | 40 | 1,291 | 3.1% | 47 | 1,403 | 3.3% | 44 | 1,401 | 3.1% |
| Asian or Pacific Islander | 69 | 1,189 | 5.8% | 64 | 1,479 | 4.3% | 58 | 1,636 | 3.5% | 58 | 1,738 | 3.3% |
| Black | 39 | 541 | 7.2% | 40 | 670 | 6.0% | 35 | 715 | 4.9% | 43 | 736 | 5.8% |
| Hispanic | 72 | 2,108 | 3.4% | 99 | 2,756 | 3.6% | 91 | 3,097 | 2.9% | 98 | 3,215 | 3.0% |
| White | 1,315 | 27,441 | 4.8% | 1,550 | 32,564 | 4.8% | 1,367 | 34,697 | 3.9% | 1,201 | 34,649 | 3.5% |
| Other | 15 | 330 | 4.5% | 15 | 437 | 3.4% | ^ | 449 | ^ | 11 | 417 | 2.6% |
| Unknown | 295 | 3,180 | 9.3% | 303 | 3,757 | 8.1% | ^ | 4,123 | ^ | 271 | 4,314 | 6.3% |
| Female | 1,009 | 19,785 | 5.1% | 1,105 | 22,927 | 4.8% | 979 | 24,311 | 4.0% | 863 | 24,638 | 3.5% |
| Male | 843 | 16,149 | 5.2% | 1,006 | 20,027 | 5.0% | 921 | 21,809 | 4.2% | 863 | 21,832 | 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.*
***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****
**Shasta County as of March 22, 2018**

| | 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 | Penetratio n Rate | Adults and Older Adults with 5 or more SMHS Visits | Certified Eligible Adults and Older Adults | Penetratio n Rate | Adults and Older Adults with 5 or more SMHS Visits | Certified Eligible Adults and Older Adults | Penetratio n Rate | Adults and Older Adults with 5 or more SMHS Visits | Certified Eligible Adults and Older Adults | Penetratio n Rate |
| **All** | **1,012** | **35,934** | **2.8%** | **1,022** | **42,954** | **2.4%** | **875** | **46,120** | **1.9%** | **814** | **46,470** | **1.8%** |
| Adults 21-44 | 473 | 18,354 | 2.6% | 484 | 22,828 | 2.1% | 400 | 24,986 | 1.6% | 384 | 25,148 | 1.5% |
| Adults 45-64 | 479 | 12,971 | 3.7% | 480 | 15,213 | 3.2% | 433 | 16,031 | 2.7% | 377 | 15,901 | 2.4% |
| Adults 65+ | 60 | 4,609 | 1.3% | 58 | 4,913 | 1.2% | 42 | 5,103 | 0.8% | 53 | 5,421 | 1.0% |
| Alaskan Native or American In | 20 | 1,145 | 1.7% | 16 | 1,291 | 1.2% | 21 | 1,403 | 1.5% | 16 | 1,401 | 1.1% |
| Asian or Pacific Islander | 47 | 1,189 | 4.0% | 44 | 1,479 | 3.0% | 45 | 1,636 | 2.8% | 37 | 1,738 | 2.1% |
| Black | 19 | 541 | 3.5% | 20 | 670 | 3.0% | 16 | 715 | 2.2% | 18 | 736 | 2.4% |
| Hispanic | 30 | 2,108 | 1.4% | 47 | 2,756 | 1.7% | 33 | 3,097 | 1.1% | 43 | 3,215 | 1.3% |
| White | 718 | 27,441 | 2.6% | 706 | 32,564 | 2.2% | 619 | 34,697 | 1.8% | 541 | 34,649 | 1.6% |
| Other | ^ | 330 | ^ | ^ | 437 | ^ | ^ | 449 | ^ | ^ | 417 | ^ |
| Unknown | ^ | 3,180 | ^ | ^ | 3,757 | ^ | ^ | 4,123 | ^ | ^ | 4,314 | ^ |
| Female | 558 | 19,785 | 2.8% | 531 | 22,927 | 2.3% | 439 | 24,311 | 1.8% | 396 | 24,638 | 1.6% |
| Male | 454 | 16,149 | 2.8% | 491 | 20,027 | 2.5% | 436 | 21,809 | 2.0% | 418 | 21,832 | 1.9% |

**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.*
***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 Y*

**Utilization Report*: Approved Specialty Mental Health Services for Adults - Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year***
**Shasta 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** | $ 4,014 | 347 | 254 | 374 | 182 | 22 | 0 | 792 | 18 | 17 | 11 | 21 | 0 | 13 |
| **FY 14-15** | $ 4,188 | 409 | 328 | 427 | 207 | 25 | 0 | 0 | 4 | 0 | 12 | 24 | 103 | 11 |
| **FY 15-16** | $ 4,336 | 342 | 377 | 480 | 204 | 19 | 0 | 0 | 4 | 12 | 8 | 23 | 79 | 10 |
| **FY 16-17** | $ 4,882 | 389 | 427 | 556 | 207 | 21 | 0 | 0 | 10 | 28 | 8 | 22 | 67 | 10 |
| **MEAN** | **$ 4,355** | **372** | **347** | **459** | **200** | **22** | **0** | **792** | **9** | **19** | **10** | **23** | **83** | **11** |

**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
## Shasta County as of March 22, 2018

| 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 & | 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 13-14** | 268 | 14.5% | 246 | 13.3% | 206 | 11.1% | 197 | 10.6% | 906 | 48.9% | 29 | 1.6% | 1,852 | 100% |
| **FY 14-15** | 195 | 9.2% | 261 | 12.4% | 183 | 8.7% | 244 | 11.6% | 1,184 | 56.1% | 44 | 2.1% | 2,111 | 100% |
| **FY 15-16** | 168 | 8.8% | 184 | 9.7% | 153 | 8.1% | 284 | 14.9% | 1,074 | 56.5% | 37 | 1.9% | 1,900 | 100% |
| **FY 16-17** | 166 | 9.6% | 172 | 10.0% | 128 | 7.4% | 204 | 11.8% | 1,019 | 59.0% | 37 | 2.1% | 1,726 | 100% |

**Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge***
**Shasta County as of March 22, 2018**

| 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 13-14** | 30 | 60.0% | ^ | ^ | 13 | 26.0% | ^ | ^ | 0 | 292 | 18.2 | 0 |
| **FY 14-15** | 26 | 74.3% | ^ | ^ | ^ | ^ | ^ | ^ | 0 | 51 | 3.5 | 0 |
| **FY 15-16** | 13 | 61.9% | ^ | ^ | ^ | ^ | ^ | ^ | 0 | 236 | 36.2 | 5 |
| **FY 16-17** | 29 | 76.3% | ^ | ^ | 0 | 0.0% | ^ | ^ | 0 | 30 | 3.0 | 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.*
*^ Data has been suppressed to protect patient privacy.*