

Behavioral Health Update Local Mental Health Board

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25 February 2019

OVERVIEW

i Presentation Outline:

- *Data on Behavioral Health Financing and Utilization*
- *A Roadmap of Services*
- *Summary of Recent Accomplishments*
- *Discussion of Future Behavioral Health Plans*

2. Data Packet

i Data contained here:

- *History of Mental Health Policies and Financing*
- *Performance Outcomes: Adult Specialty Mental Health Services*
- *Performance Outcomes: Children and Youth Specialty Mental Health Service*
- *Mental Health Court Data*

The History of California's Mental Health Policies and Financing

Events in blue represent law suits.

- **Pre-1957-State Hospitals**—state funding for mental health services was concentrated on eight state hospitals that served approximately 36,000 mental health patients, including children.
- **1957- Short-Doyle Act**—established that mental illness could and should be treated in the community.
- **1965-Medicare and Medicaid amendments to the Social Security Act**—Medicaid allows states to receive a federal match on certain healthcare expenses for covered individuals. The federal government had the authority to waive certain provisions of Medicaid law to give states flexibility to meet the goals of their Medicaid programs. For example:
 - Section 1115(a) of the Social Security Act gave states the ability to plan, negotiate, and implement experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children's Health Insurance Program (CHIP).¹⁶
 - Section 1915(b) of the Social Security Act gave states the ability to restrict enrollees' freedom of choice.
- **1968-Lanterman-Petris-Short Act**—established that for an individual to be involuntarily committed to an institution, a judicial hearing must first be held to ensure their rights were not being circumvented. LPS also required that most counties¹⁷ implement mental health programs.
- **1978-Proposition 13**—capped property taxes across the state, decreasing government revenues dramatically and impacting locally-delivered programs, including community mental health services.
- **1984-AB 3632**—required counties to provide students with disabilities, as designated by their Individualized Educational Plan, any necessary mental health services.
- **In 1995-1915(b) Waiver**—California uses its Section 1915 (b) waiver to implement its Specialty Mental Health Services program (SMHS) through Local Mental Health Plans.¹⁸
- **1991- The California Realignment Act**—required counties to take on new responsibilities for mental health, social service, and health programs and in exchange, counties received a dedicated funding stream from the state.¹⁹
- **1998-Healthy Families Program (HFP)**—created California's children's health coverage program, expanded eligibility for the existing Access for Infants and Mothers (AIM) program, and expanded Medi-Cal's Federal Poverty Level for children.
- **1995-TL v Belshe—resulted in funding to ensure compliance with and implementation of an expanded EPSDT mental health services benefit with counties assuming responsibility for service provision.**
- **2000-AB 88**—California's mental health parity law required health plans to provide coverage for the diagnosis and treatment of severe mental illness of a person of any age and for the serious emotional disturbances of a child under the same terms and conditions applied to all other covered medical conditions.
- **2001-Emily Q v. Belshe—resulted in the creation of a new type of intensive mental health service for children called therapeutic behavioral services.**
- **2003-Proposition 63 (the Mental Health Services Act or MHSA)**—imposed a 1% tax on those who report income of at least \$1 million, and directs revenues to fund programs focused on prevention and early intervention, workforce development, technology, and treatment.
- **2008-The Mental Health Parity and Addiction Equity Act**—required health insurers, including Medi-Cal Managed Care plans, to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care.
- **2010-Patient Protection and Affordable Care Act**—established reforms including that children cannot be denied coverage for pre-existing conditions.²⁰
- **2011 Realignment**—While similar to 1991 realignment, 2011 realignment moved some juvenile justice responsibility from the state to counties and increased funding for community mental health.
- **2011-AB 114**—rendered AB 3632 inoperative and transferred that funding to California school districts requiring them to assume responsibility for ensuring that students with qualifying disabilities, as designated by their Individualized Educational Plan, be offered the mental health services necessary to benefit from their educational programs.
- **2011 Katie A. v. Bontà—required statewide implementation of new home and community-based mental health services to meet the mental health needs of youth in foster care and those at risk of removal from their families. The state later clarified that these services are available to all Medi-Cal eligible children who meet medical necessity for the services (not just foster children or those at risk of removal).**
- **2013-HFP Ends**—eliminated the HFP and AIM: children covered by these programs were absorbed into Medi-Cal, resulting in more children being eligible for the EPSDT benefit.²¹
- **2015 Continuum of Care Reform**—overhauled California's child welfare system to reduce the state's dependence on institutional care and ensure that all foster children are raised in stable family homes.²²
- **2018-SB 1287**—clarified the state's definition of "medical necessity" under EPSDT to align with the broader federal definition.

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-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 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.

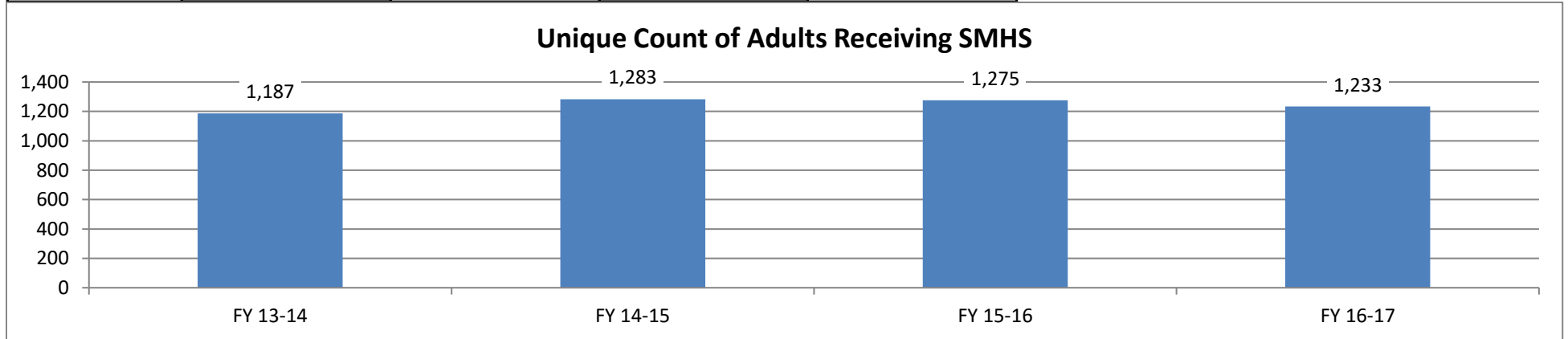
Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

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

Yolo 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	1,187		25,527	
FY 14-15	1,283	8.1%	32,340	26.7%
FY 15-16	1,275	-0.6%	36,592	13.1%
FY 16-17	1,233	-3.3%	37,308	2.0%
Compound Annual Growth Rate SFY**		1.3%		13.5%

Unique Count of Adults Receiving SMHS



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

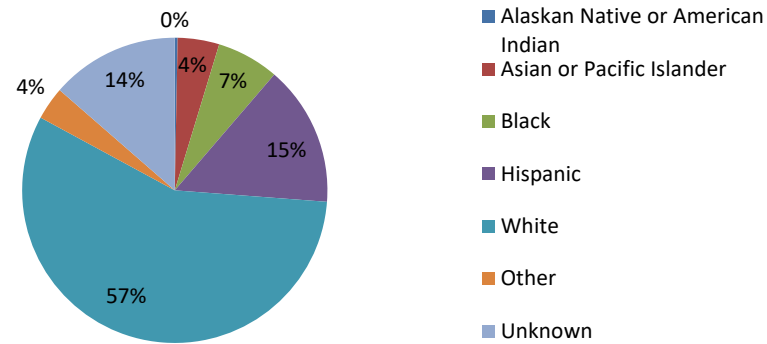
**SFY = State Fiscal Year which is July 1 through June 30.

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

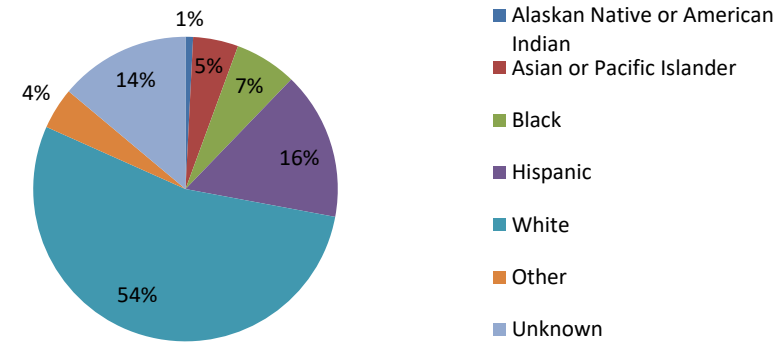
Yolo County as of March 22, 2018

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	4	0.3%	52	4.4%	78	6.6%	177	14.9%	673	56.7%	42	3.5%	161	13.6%
FY 14-15	10	0.8%	62	4.8%	85	6.6%	202	15.7%	689	53.7%	57	4.4%	178	13.9%
FY 15-16	12	0.9%	65	5.1%	93	7.3%	200	15.7%	685	53.7%	58	4.5%	162	12.7%
FY 16-17	10	0.8%	57	4.6%	83	6.7%	202	16.4%	646	52.4%	68	5.5%	167	13.5%

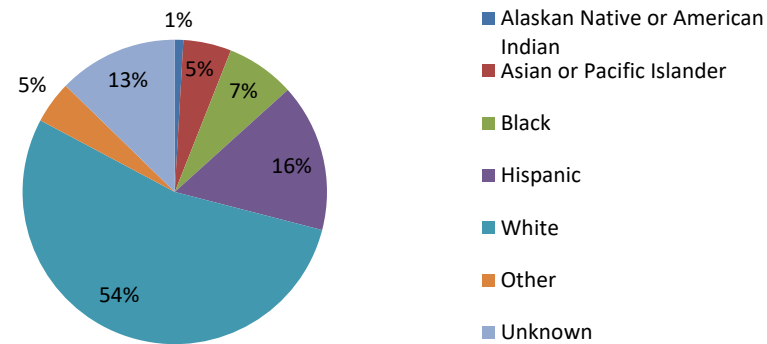
Fiscal Year 13-14 Race Distribution



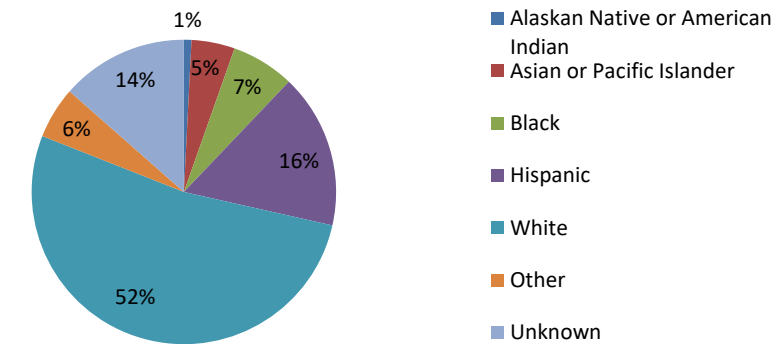
Fiscal Year 14-15 Race Distribution



Fiscal Year 15-16 Race Distribution



Fiscal Year 16-17 Race Distribution



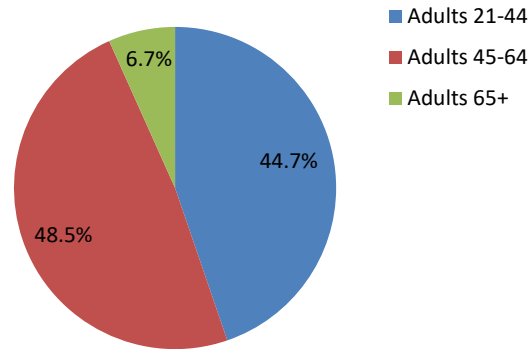
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

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

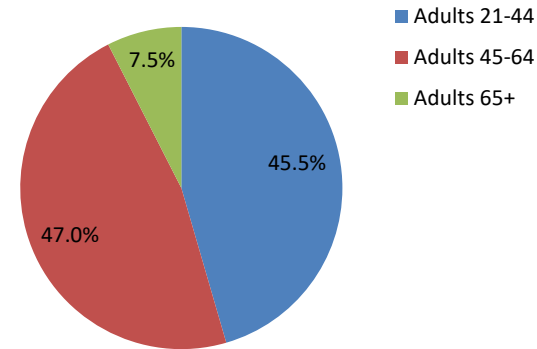
Yolo County as of March 22, 2018

Fiscal Year	Adults 21-44 Count	Adults 21-44 %	Adults 45-64 Count	Adults 45-64 %	Adults 65+ Count	Adults 65+ %
FY 13-14	531	44.7%	576	48.5%	80	6.7%
FY 14-15	584	45.5%	603	47.0%	96	7.5%
FY 15-16	587	46.0%	583	45.7%	105	8.2%
FY 16-17	609	49.4%	522	42.3%	102	8.3%

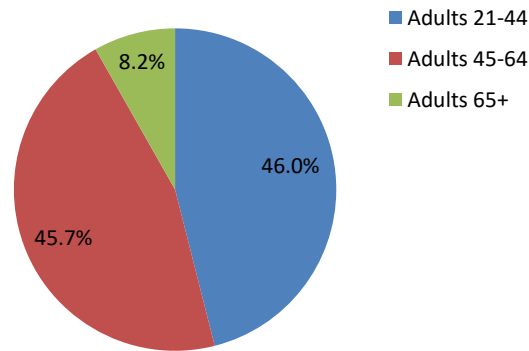
Fiscal Year 13-14 Age Group Distribution



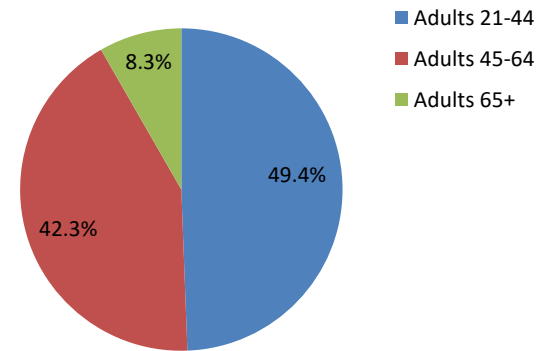
Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution



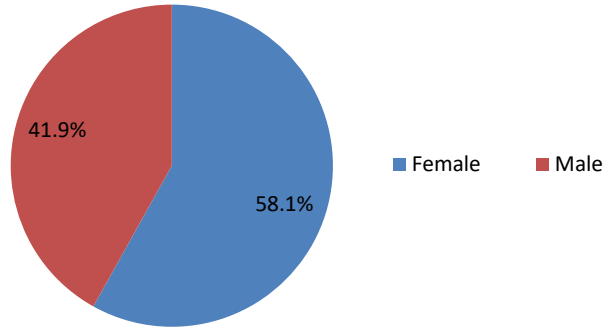
Fiscal Year 16-17 Age Group Distribution



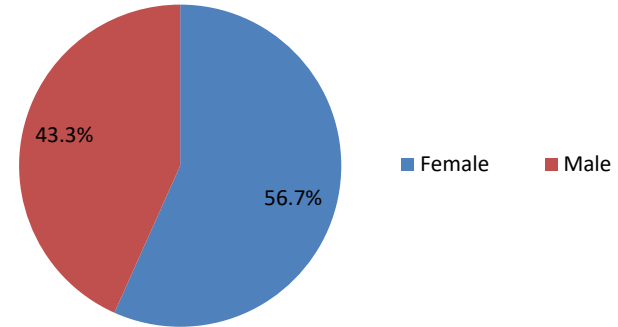
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year
 Yolo County as of March 22, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	690	58.1%	497	41.9%
FY 14-15	728	56.7%	555	43.3%
FY 15-16	693	54.4%	582	45.6%
FY 16-17	637	51.7%	596	48.3%

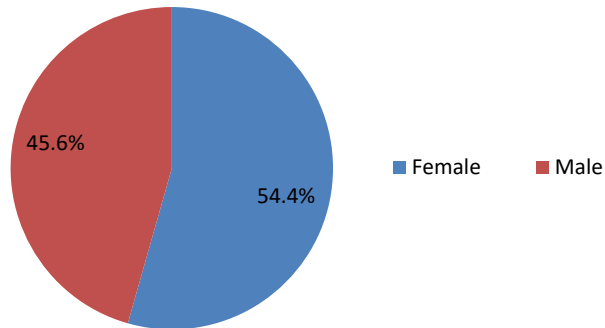
Fiscal Year 13-14 Gender Distribution



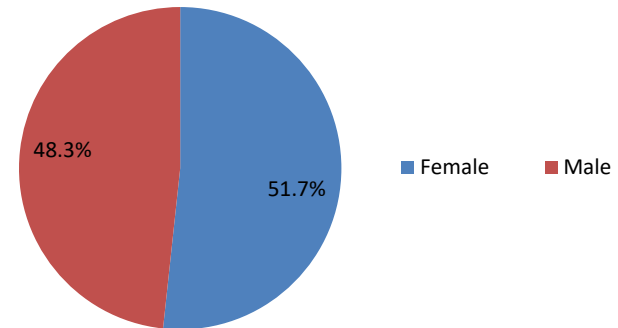
Fiscal Year 14-15 Gender Distribution



Fiscal Year 15-16 Gender Distribution



Fiscal Year 16-17 Gender Distribution

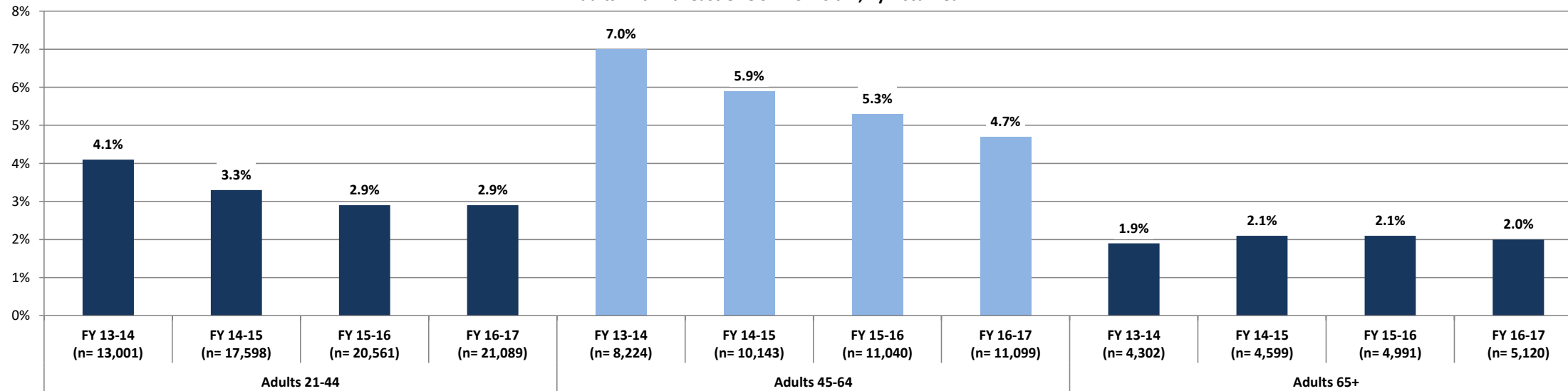


Penetration Rates* Report: Adults With At Least One SMHS Visit**

Yolo 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	Certified Eligible Adults and Older Adults	Penetration Rate	Adults and Older Adults with 1 or more SMHS	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	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
All	1,187	25,527	4.6%	1,283	32,340	4.0%	1,275	36,592	3.5%	1,233	37,308	3.3%
Adults 21-44	531	13,001	4.1%	584	17,598	3.3%	587	20,561	2.9%	609	21,089	2.9%
Adults 45-64	576	8,224	7.0%	603	10,143	5.9%	583	11,040	5.3%	522	11,099	4.7%
Adults 65+	80	4,302	1.9%	96	4,599	2.1%	105	4,991	2.1%	102	5,120	2.0%
Alaskan Native or American Indian	4	274	1.5%	10	333	3.0%	12	352	3.4%	10	359	2.8%
Asian or Pacific Islander	52	2,485	2.1%	62	3,398	1.8%	65	3,864	1.7%	57	3,796	1.5%
Black	78	1,166	6.7%	85	1,414	6.0%	93	1,674	5.6%	83	1,683	4.9%
Hispanic	177	7,754	2.3%	202	9,914	2.0%	200	11,469	1.7%	202	11,888	1.7%
White	673	9,851	6.8%	689	12,222	5.6%	685	13,369	5.1%	646	13,366	4.8%
Other	42	2,279	1.8%	57	3,116	1.8%	58	3,745	1.5%	68	4,081	1.7%
Unknown	161	1,718	9.4%	178	1,943	9.2%	162	2,119	7.6%	167	2,135	7.8%
Female	690	14,440	4.8%	728	17,763	4.1%	693	20,008	3.5%	637	20,386	3.1%
Male	497	11,087	4.5%	555	14,577	3.8%	582	16,584	3.5%	596	16,922	3.5%

Penetration Rates by Age
Adults With At Least One SMHS Visit**, By Fiscal Year

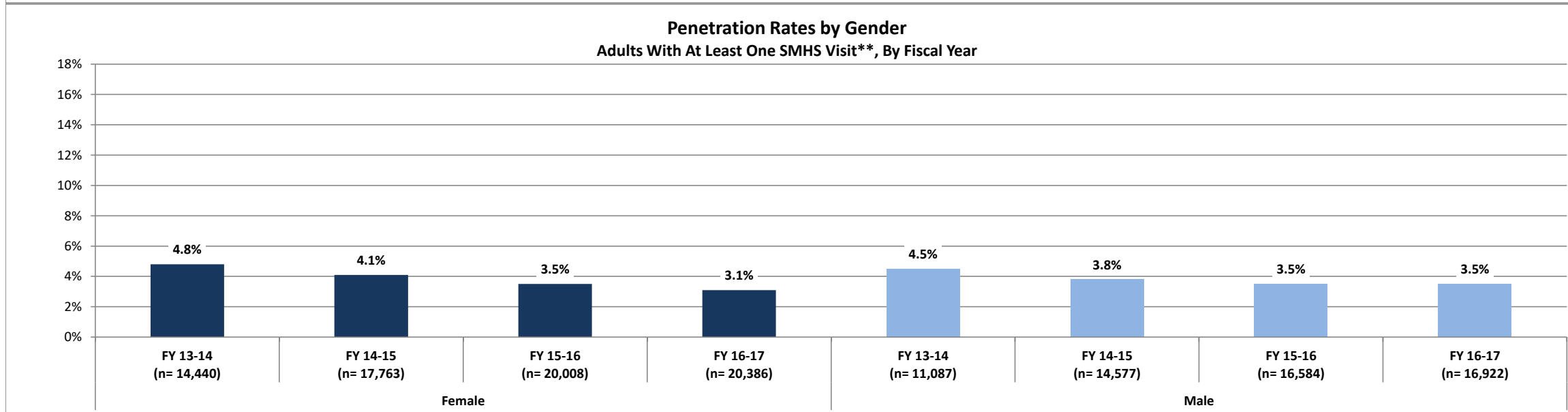
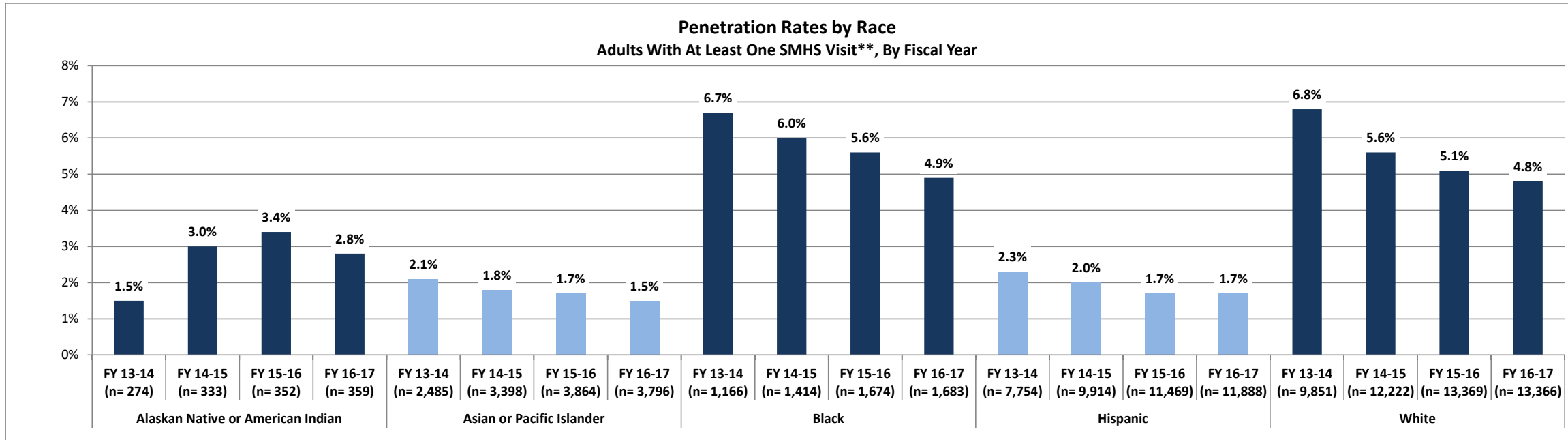


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**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**

Yolo County as of March 22, 2018



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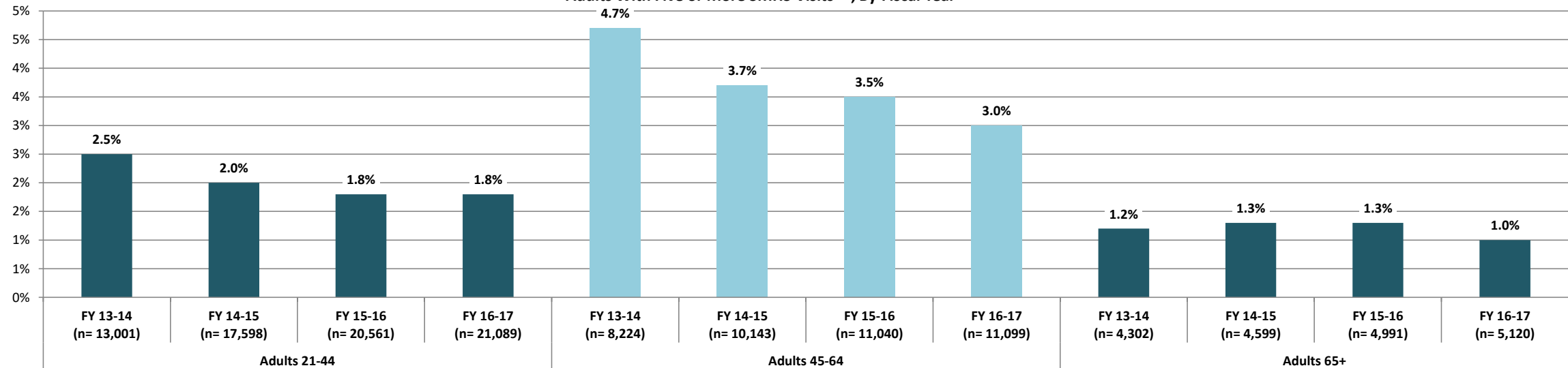
Penetration Rates* Report: Adults with Five or More SMHS Visits**

Yolo 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	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	763	25,527	3.0%	790	32,340	2.4%	829	36,592	2.3%	765	37,308	2.1%
Adults 21-44	324	13,001	2.5%	351	17,598	2.0%	379	20,561	1.8%	377	21,089	1.8%
Adults 45-64	389	8,224	4.7%	380	10,143	3.7%	385	11,040	3.5%	335	11,099	3.0%
Adults 65+	50	4,302	1.2%	59	4,599	1.3%	65	4,991	1.3%	53	5,120	1.0%
Alaskan Native or American Indian	2	274	0.7%	4	333	1.2%	8	352	2.3%	6	359	1.7%
Asian or Pacific Islander	36	2,485	1.4%	28	3,398	0.8%	38	3,864	1.0%	29	3,796	0.8%
Black	49	1,166	4.2%	49	1,414	3.5%	55	1,674	3.3%	55	1,683	3.3%
Hispanic	108	7,754	1.4%	115	9,914	1.2%	122	11,469	1.1%	125	11,888	1.1%
White	438	9,851	4.4%	451	12,222	3.7%	460	13,369	3.4%	402	13,366	3.0%
Other	26	2,279	1.1%	26	3,116	0.8%	36	3,745	1.0%	36	4,081	0.9%
Unknown	104	1,718	6.1%	117	1,943	6.0%	110	2,119	5.2%	112	2,135	5.2%
Female	440	14,440	3.0%	425	17,763	2.4%	439	20,008	2.2%	378	20,386	1.9%
Male	323	11,087	2.9%	365	14,577	2.5%	390	16,584	2.4%	387	16,922	2.3%

Penetration Rates by Age

Adults With Five or More SMHS Visits**, By Fiscal Year



*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.

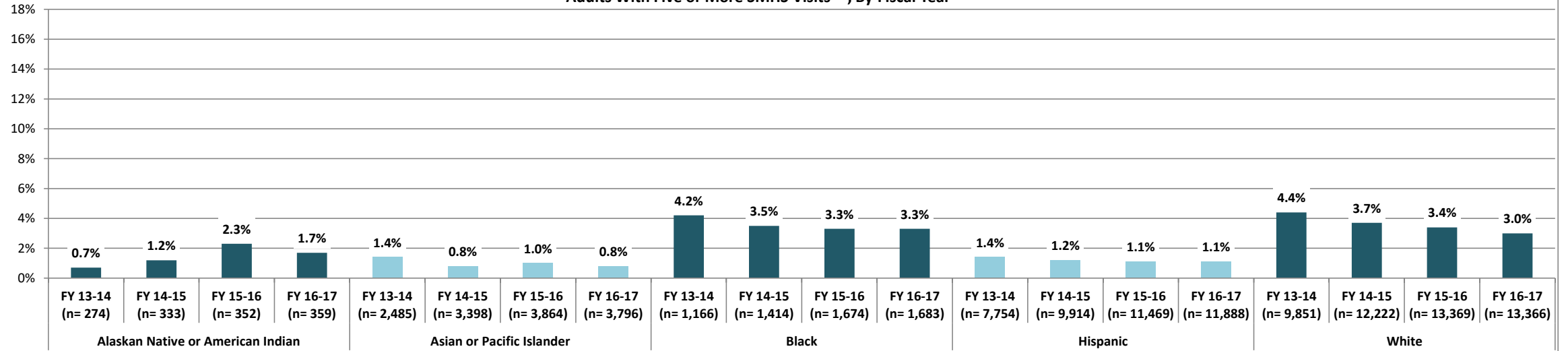
**Adults and Older Adults that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Yolo County as of March 22, 2018

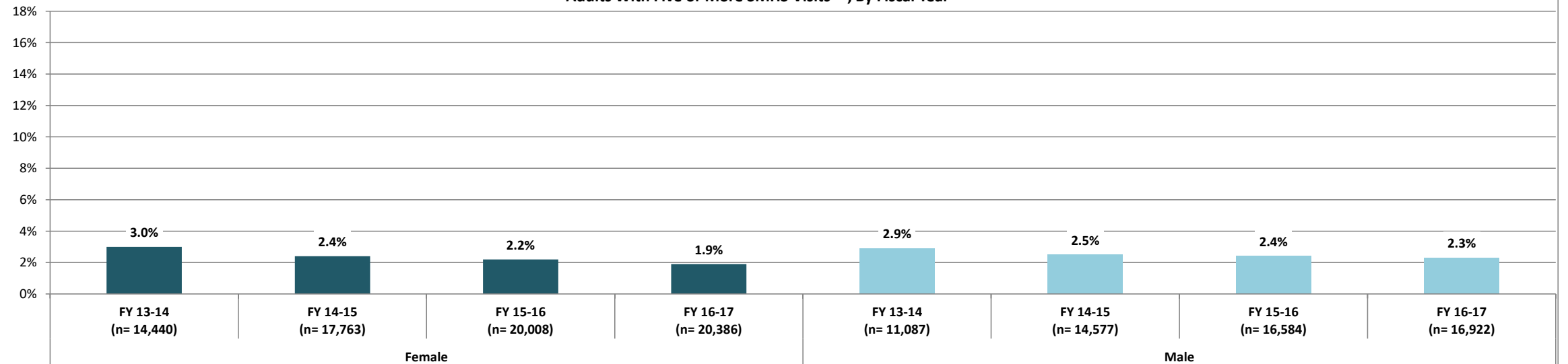
Penetration Rates by Race

Adults With Five or More SMHS Visits**, By Fiscal Year



Penetration Rates by Gender

Adults With Five or More SMHS Visits**, By Fiscal Year



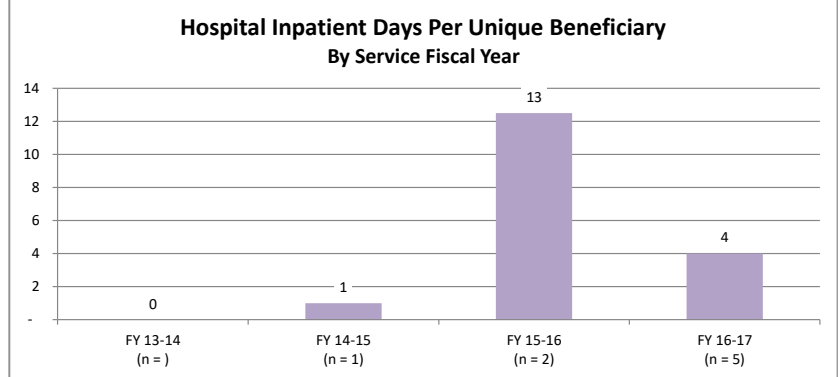
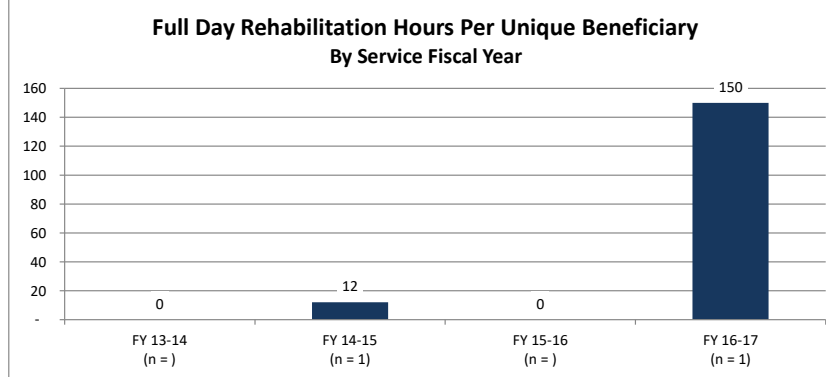
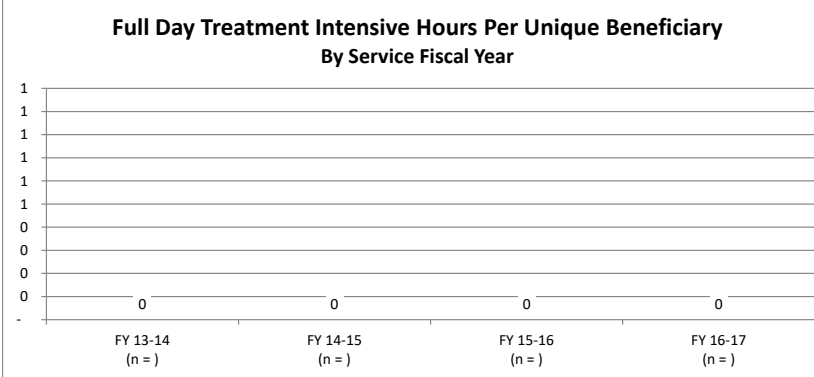
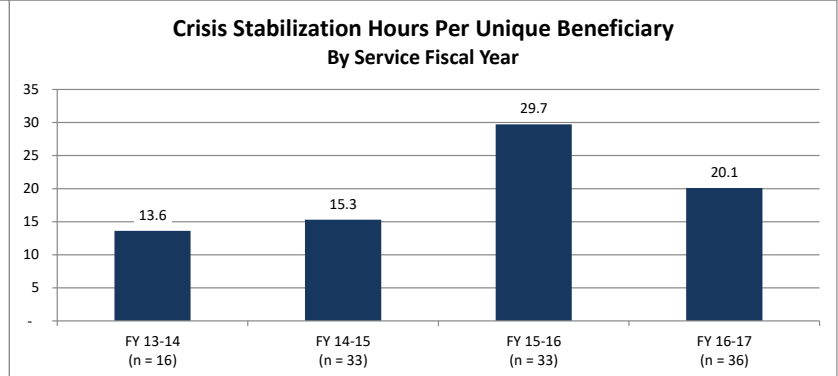
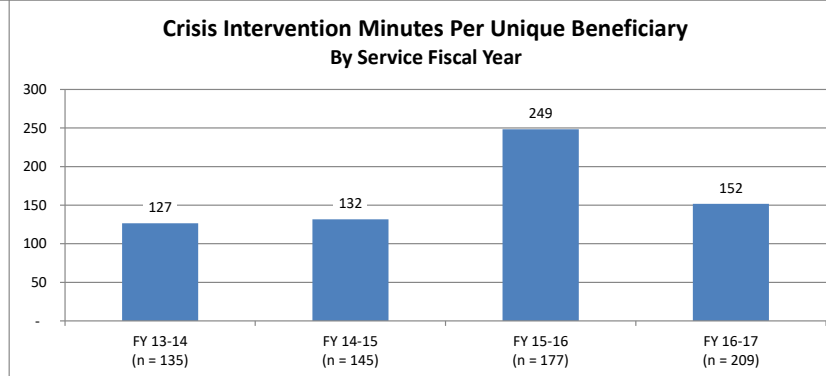
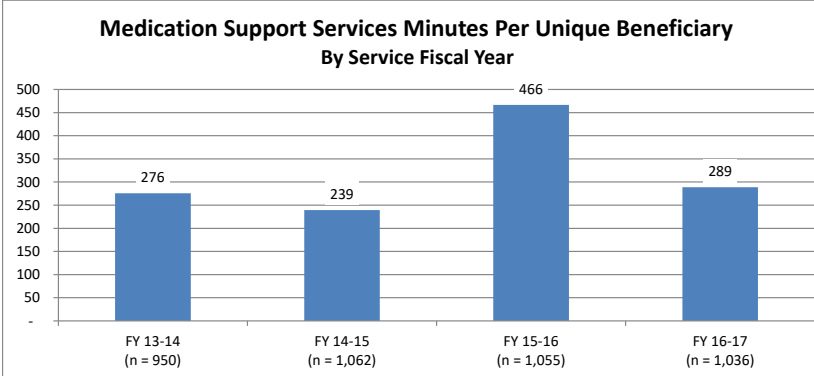
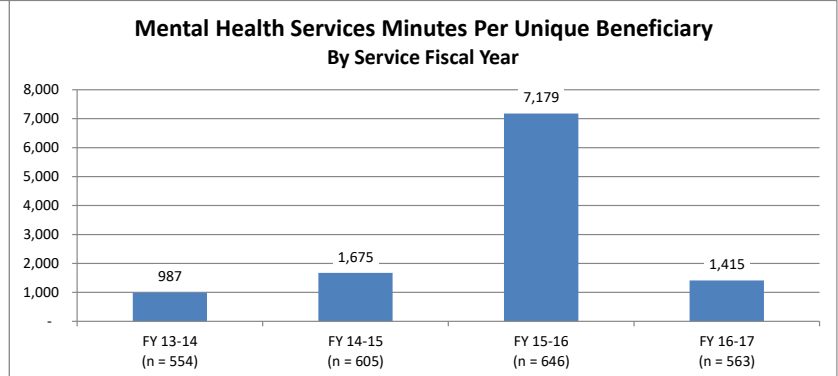
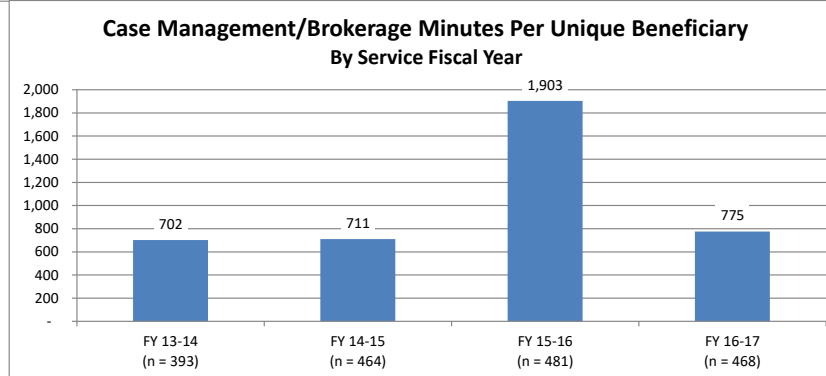
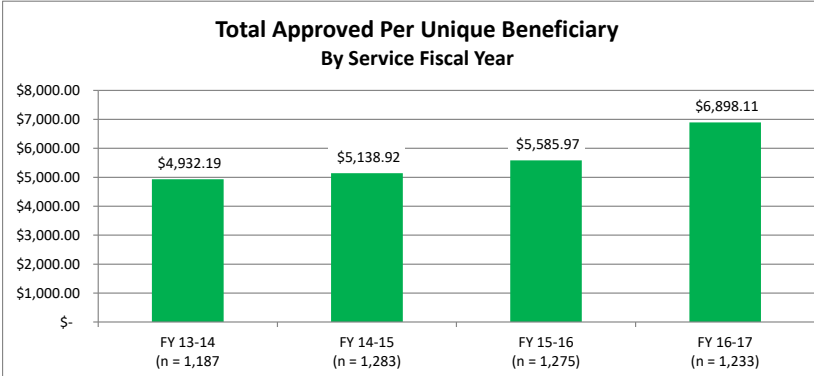
*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Adults and Older Adults 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.

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

Yolo 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	\$ 4,932.19	702	987	276	127	14	0	0	0	0	17	9	130	4
FY 14-15	\$ 5,138.92	711	1,675	239	132	15	0	12	1	0	13	12	135	9
FY 15-16	\$ 5,585.97	1,903	7,179	466	249	30	0	0	13	0	12	14	174	6
FY 16-17	\$ 6,898.11	775	1,415	289	152	20	0	150	4	5	10	15	177	16
MEAN	\$ 5,638.80	1,023	2,814	318	165	20	0	81	6	5	13	12	154	9



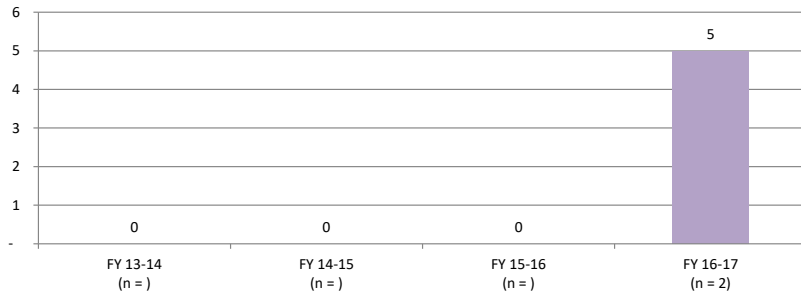
*The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

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.

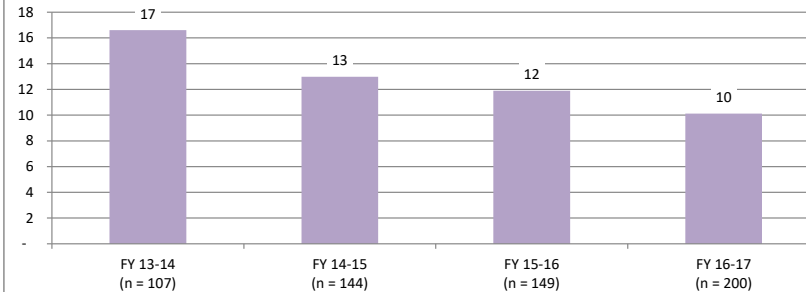
**Utilization Report*: Approved Specialty Mental Health Services for Adults
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year***

Yolo County as of March 22, 2018

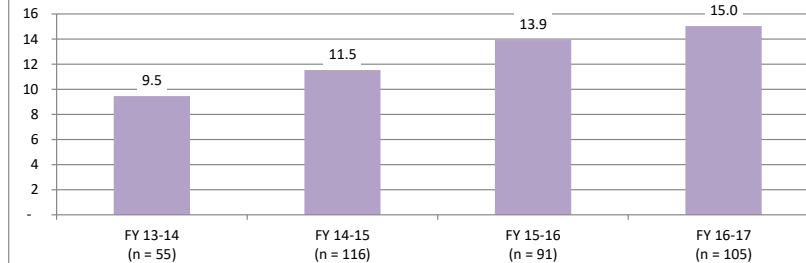
**Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year**



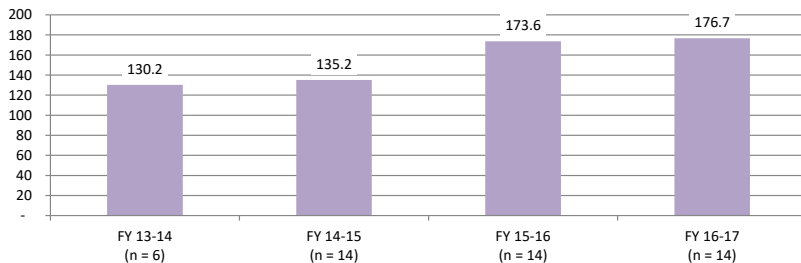
**Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year**



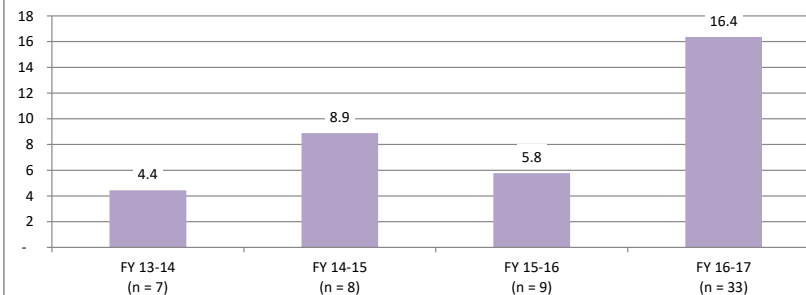
**Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year**



**Adult Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year**



**Psychiatric Health Facility Days Per Unique Beneficiary
By Service Fiscal Year**



*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.

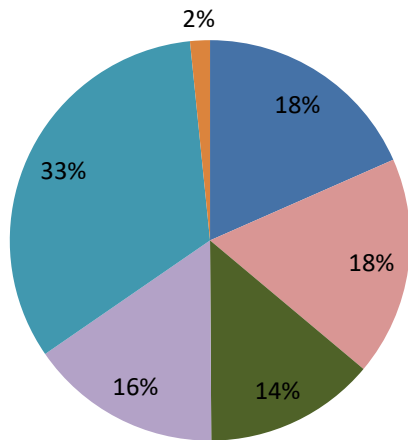
Snapshot Report: Unique Count of Adults Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Yolo County as of March 22, 2018

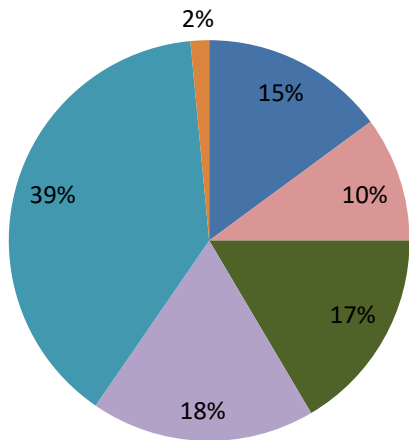
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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 & 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 13-14	218	18.4%	210	17.7%	164	13.8%	184	15.5%	392	33.0%	19	1.6%	1,187	100%
FY 14-15	191	14.9%	130	10.1%	212	16.5%	232	18.1%	499	38.9%	19	1.5%	1,283	100%
FY 15-16	258	20.2%	169	13.3%	175	13.7%	174	13.6%	490	38.4%	9	0.7%	1,275	100%
FY 16-17	143	11.6%	220	17.8%	129	10.5%	206	16.7%	496	40.2%	39	3.2%	1,233	100%

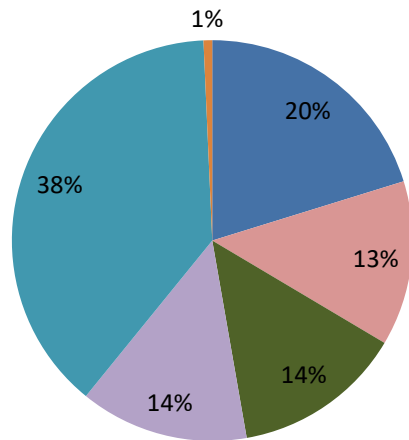
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



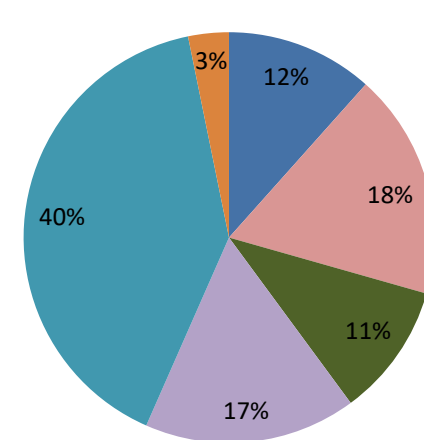
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution



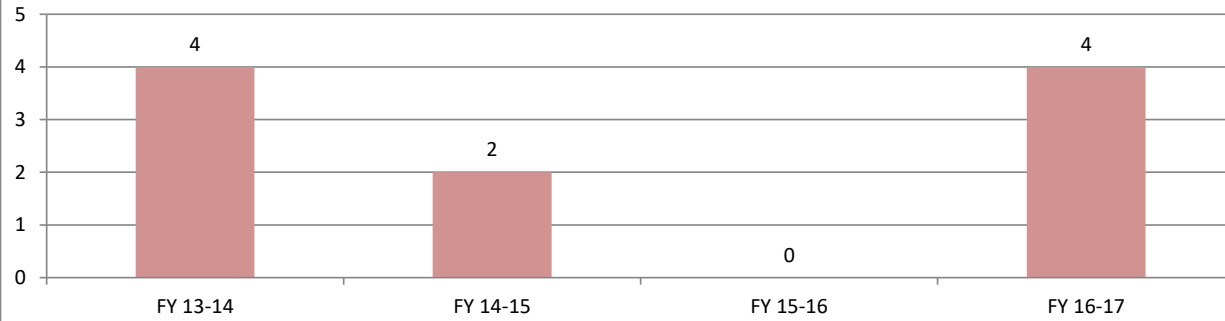
- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

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

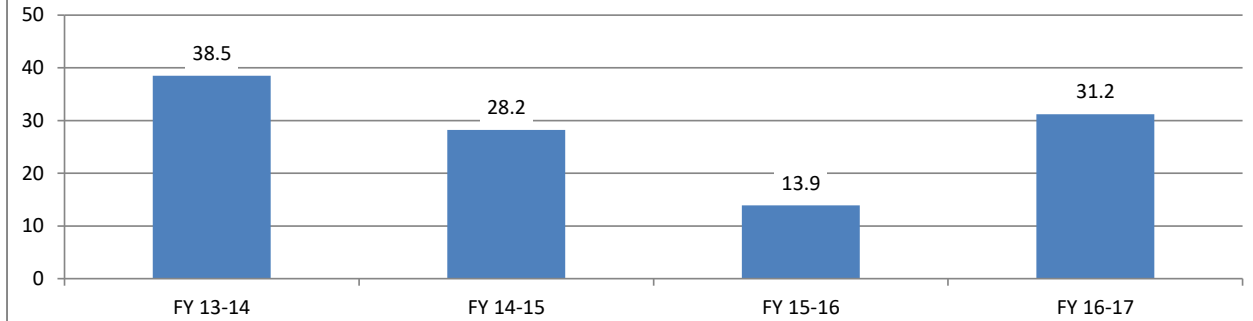
Yolo County as of March 22, 2018

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	101	51.5%	21	10.7%	38	19.4%	36	18.4%	0	329	38.5	4
FY 14-15	144	58.1%	26	10.5%	47	19.0%	31	12.5%	0	354	28.2	2
FY 15-16	168	67.7%	19	7.7%	32	12.9%	29	11.7%	0	347	13.9	0
FY 16-17	196	60.1%	27	8.3%	50	15.3%	53	16.3%	0	361	31.2	4

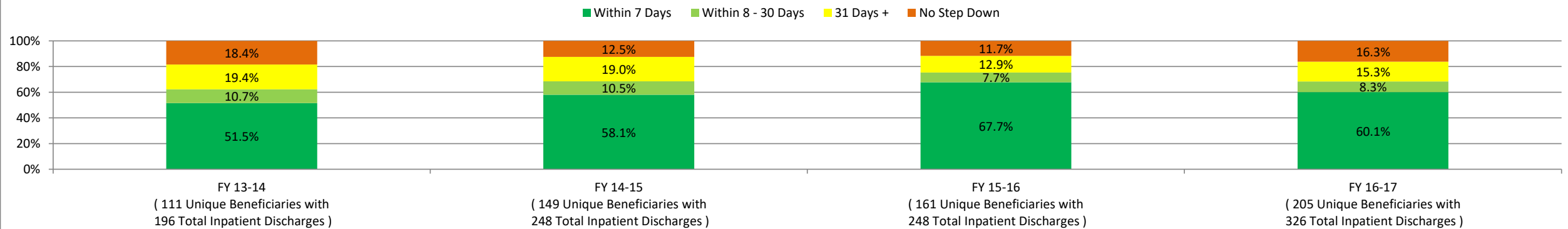
Median Time Between Inpatient Discharge and Step Down Service in Days



Mean Time Between Inpatient Discharge and Step Down Service in Days



Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service



* **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.

Performance Outcomes System

Report run on March 13, 2018

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi-Cal Specialty Mental Health Services (SMHS) for children and youth.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop 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>

Purpose and Overview

These population-based reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth 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 step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). **Note:** *The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.*

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.

Performance Outcomes System

Report run on March 13, 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/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>

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, 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, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

Report Interpretation

*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 make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or 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 youth who received X number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible youth 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>

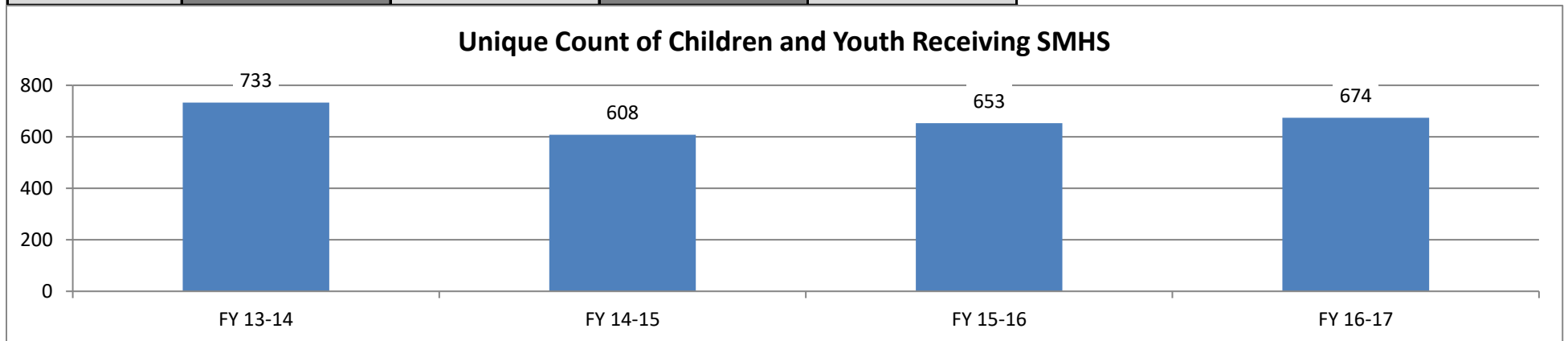
*The psychiatric emergency services/hospital data reported on in the **time to step-down services** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed 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 Children and Youth Receiving SMHS by Fiscal Year

Yolo County as of March 13, 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	733		24,409	
FY 14-15	608	-17.1%	26,069	6.8%
FY 15-16	653	7.4%	27,637	6.0%
FY 16-17	674	3.2%	27,592	-0.2%
Compound Annual Growth Rate SFY**		-2.8%		4.2%



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

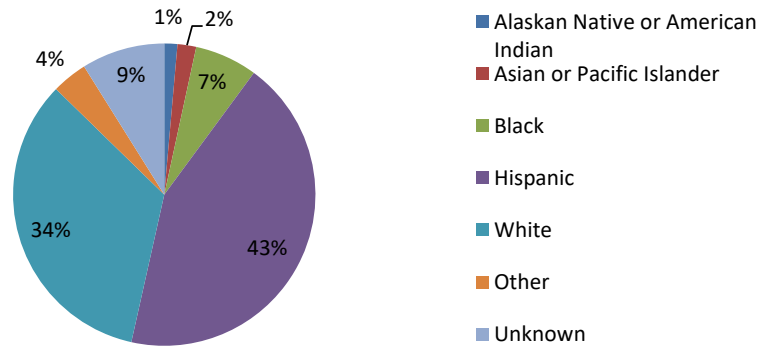
**SFY = State Fiscal Year which is July 1 through June 30.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

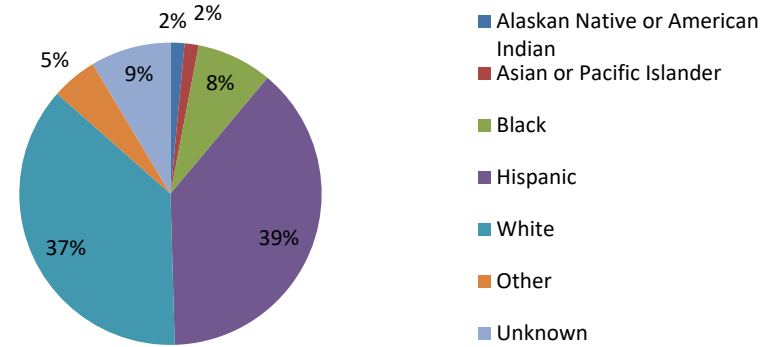
Yolo County as of March 13, 2018

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	10	1.4%	15	2.0%	49	6.7%	318	43.4%	248	33.8%	28	3.8%	65	8.9%
FY 14-15	9	1.5%	9	1.5%	49	8.1%	234	38.5%	225	37.0%	30	4.9%	52	8.6%
FY 15-16	14	2.1%	6	0.9%	51	7.8%	270	41.3%	222	34.0%	41	6.3%	49	7.5%
FY 16-17	13	1.9%	9	1.3%	66	9.8%	288	42.7%	217	32.2%	35	5.2%	46	6.8%

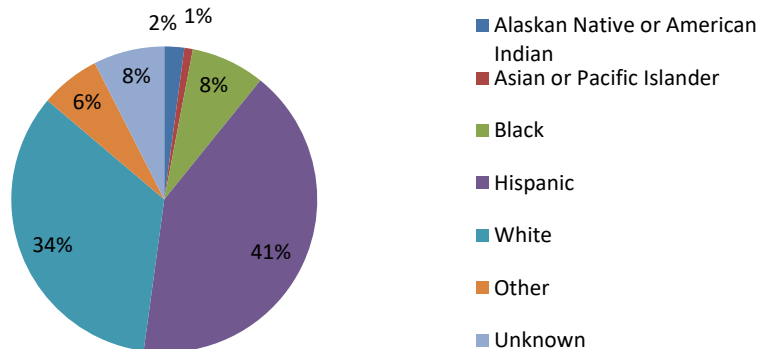
Fiscal Year 13-14 Race Distribution



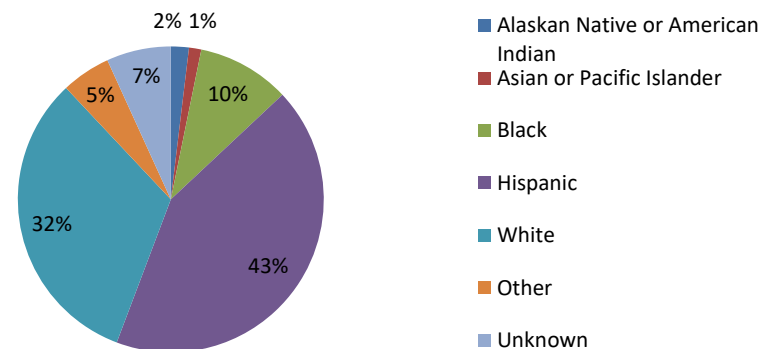
Fiscal Year 14-15 Race Distribution



Fiscal Year 15-16 Race Distribution



Fiscal Year 16-17 Race Distribution



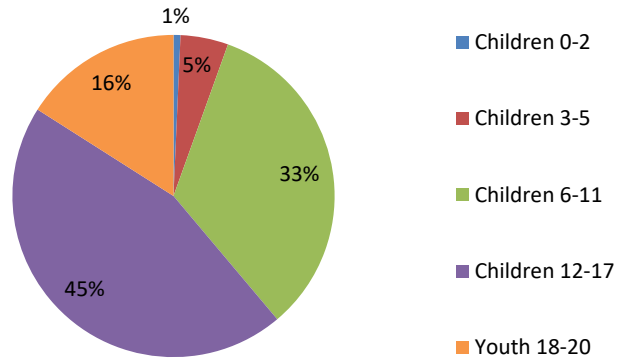
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

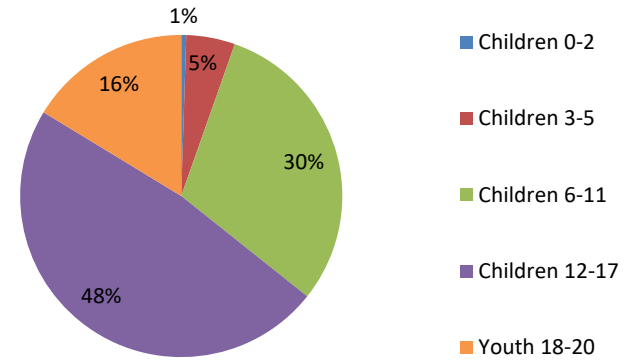
Yolo County as of March 13, 2018

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	5	0.7%	35	4.8%	245	33.4%	331	45.2%	117	16.0%
FY 14-15	3	0.5%	30	4.9%	184	30.3%	292	48.0%	99	16.3%
FY 15-16	8	1.2%	43	6.6%	195	29.9%	323	49.5%	84	12.9%
FY 16-17	7	1.0%	44	6.5%	194	28.8%	330	49.0%	99	14.7%

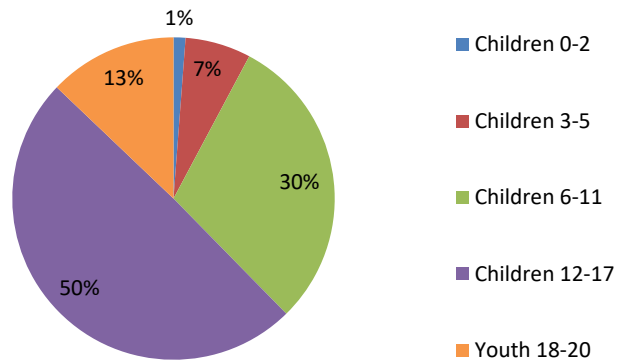
Fiscal Year 13-14 Age Group Distribution



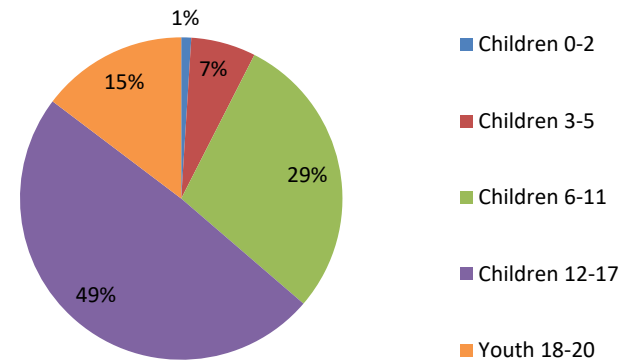
Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution



Fiscal Year 16-17 Age Group Distribution

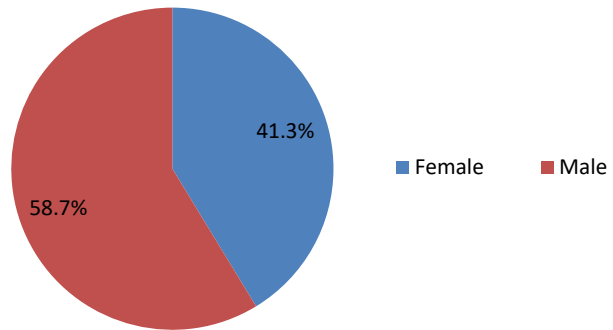


Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

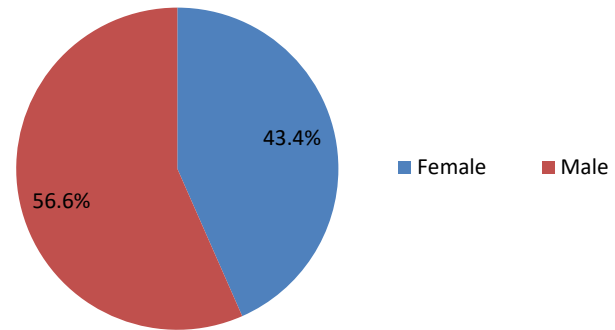
Yolo County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	303	41.3%	430	58.7%
FY 14-15	264	43.4%	344	56.6%
FY 15-16	297	45.5%	356	54.5%
FY 16-17	307	45.5%	367	54.5%

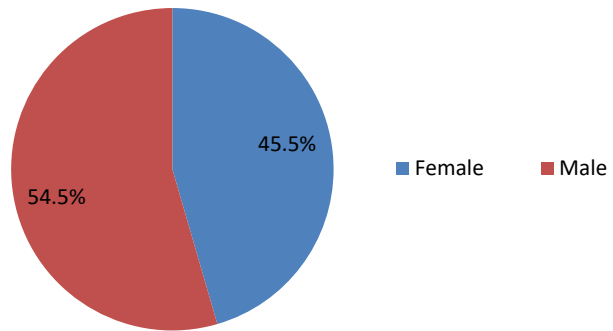
Fiscal Year 13-14 Gender Distribution



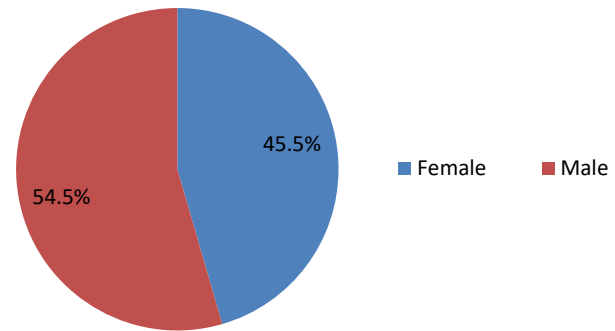
Fiscal Year 14-15 Gender Distribution



Fiscal Year 15-16 Gender Distribution



Fiscal Year 16-17 Gender Distribution

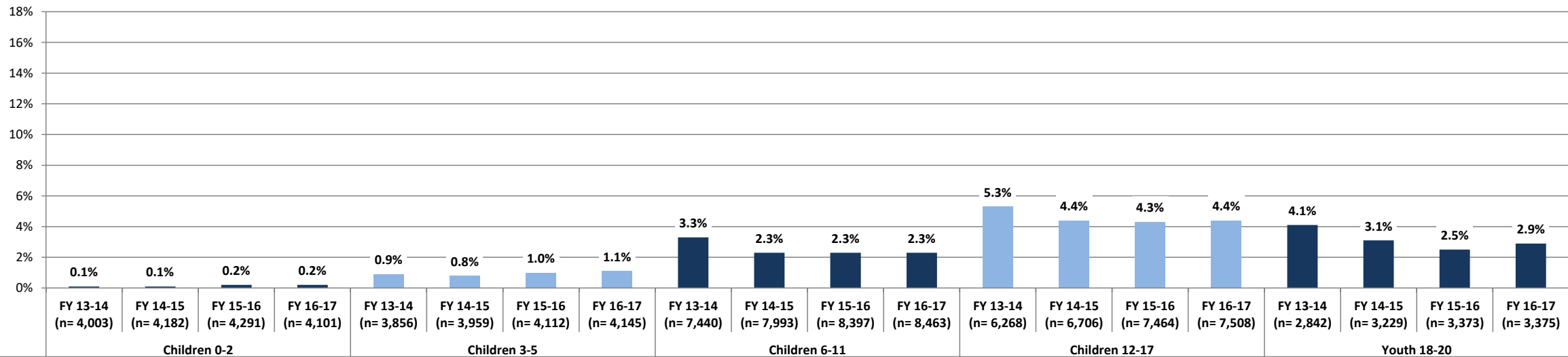


Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

Yolo County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	733	24,409	3.0%	608	26,069	2.3%	653	27,637	2.4%	674	27,592	2.4%
Children 0-2	5	4,003	0.1%	3	4,182	0.1%	8	4,291	0.2%	7	4,101	0.2%
Children 3-5	35	3,856	0.9%	30	3,959	0.8%	43	4,112	1.0%	44	4,145	1.1%
Children 6-11	245	7,440	3.3%	184	7,993	2.3%	195	8,397	2.3%	194	8,463	2.3%
Children 12-17	331	6,268	5.3%	292	6,706	4.4%	323	7,464	4.3%	330	7,508	4.4%
Youth 18-20	117	2,842	4.1%	99	3,229	3.1%	84	3,373	2.5%	99	3,375	2.9%
Alaskan Native or American Indian	10	160	6.3%	9	170	5.3%	14	171	8.2%	13	173	7.5%
Asian or Pacific Islander	15	1,632	0.9%	9	1,837	0.5%	6	1,973	0.3%	9	1,947	0.5%
Black	49	1,005	4.9%	49	1,103	4.4%	51	1,188	4.3%	66	1,202	5.5%
Hispanic	318	12,824	2.5%	234	13,541	1.7%	270	14,309	1.9%	288	14,283	2.0%
White	248	5,505	4.5%	225	5,875	3.8%	222	5,957	3.7%	217	5,711	3.8%
Other	28	2,101	1.3%	30	2,380	1.3%	41	2,721	1.5%	35	3,075	1.1%
Unknown	65	1,182	5.5%	52	1,163	4.5%	49	1,318	3.7%	46	1,201	3.8%
Female	303	12,006	2.5%	264	12,784	2.1%	297	13,576	2.2%	307	13,552	2.3%
Male	430	12,403	3.5%	344	13,285	2.6%	356	14,061	2.5%	367	14,040	2.6%

Penetration Rates by Age
Children and Youth With At Least One SMHS Visit**, By Fiscal Year

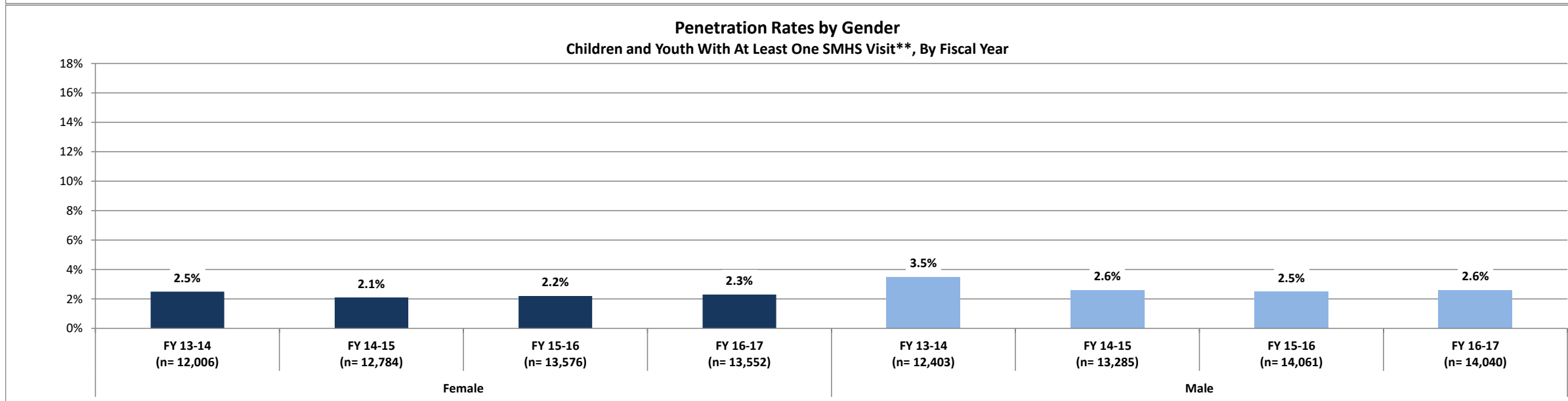
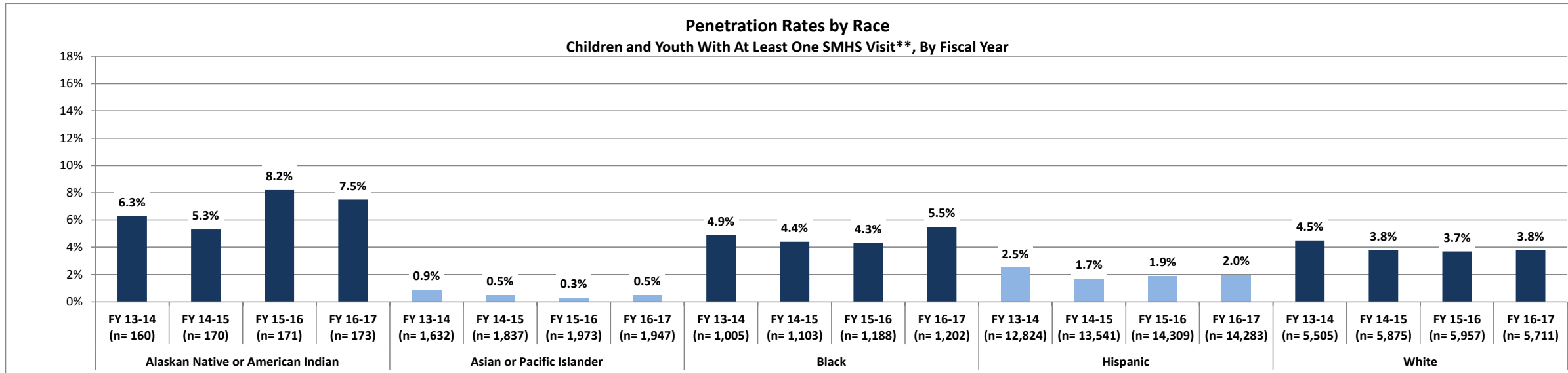


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Children and Youth 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* Report: Children and Youth with At Least One SMHS Visit**

Yolo County as of March 13, 2018



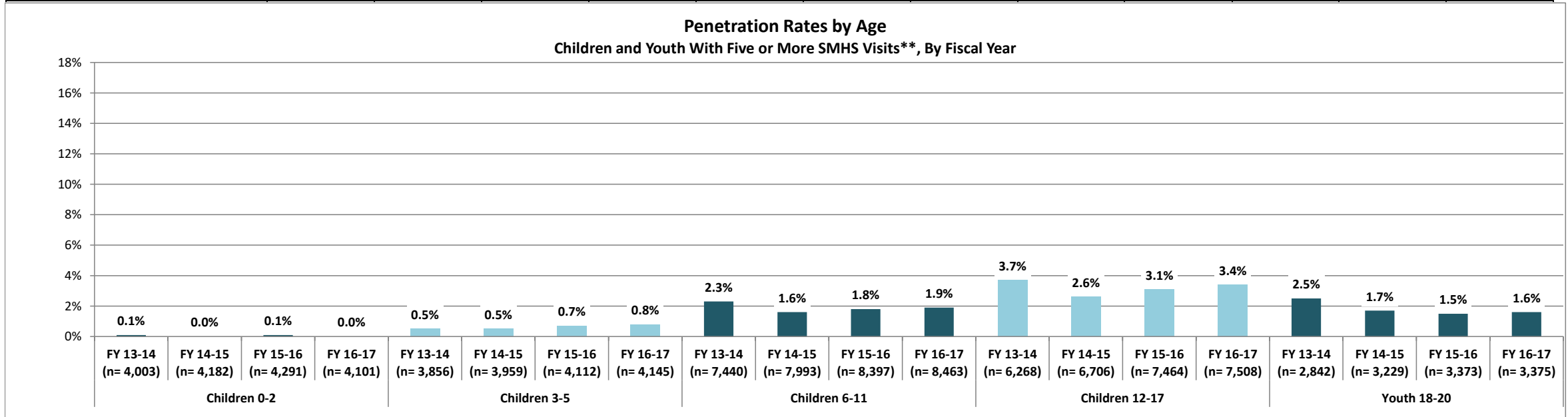
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**Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

Yolo County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	502	24,409	2.1%	377	26,069	1.4%	472	27,637	1.7%	511	27,592	1.9%
Children 0-2	4	4,003	0.1%	1	4,182	0.0%	3	4,291	0.1%	2	4,101	0.0%
Children 3-5	21	3,856	0.5%	20	3,959	0.5%	30	4,112	0.7%	34	4,145	0.8%
Children 6-11	173	7,440	2.3%	126	7,993	1.6%	155	8,397	1.8%	164	8,463	1.9%
Children 12-17	232	6,268	3.7%	174	6,706	2.6%	233	7,464	3.1%	258	7,508	3.4%
Youth 18-20	72	2,842	2.5%	56	3,229	1.7%	51	3,373	1.5%	53	3,375	1.6%
Alaskan Native or American Indian	8	160	5.0%	8	170	4.7%	12	171	7.0%	9	173	5.2%
Asian or Pacific Islander	9	1,632	0.6%	7	1,837	0.4%	4	1,973	0.2%	7	1,947	0.4%
Black	36	1,005	3.6%	39	1,103	3.5%	40	1,188	3.4%	45	1,202	3.7%
Hispanic	217	12,824	1.7%	126	13,541	0.9%	186	14,309	1.3%	208	14,283	1.5%
White	166	5,505	3.0%	140	5,875	2.4%	160	5,957	2.7%	176	5,711	3.1%
Other	18	2,101	0.9%	17	2,380	0.7%	28	2,721	1.0%	25	3,075	0.8%
Unknown	48	1,182	4.1%	40	1,163	3.4%	42	1,318	3.2%	41	1,201	3.4%
Female	210	12,006	1.7%	161	12,784	1.3%	214	13,576	1.6%	231	13,552	1.7%
Male	292	12,403	2.4%	216	13,285	1.6%	258	14,061	1.8%	280	14,040	2.0%

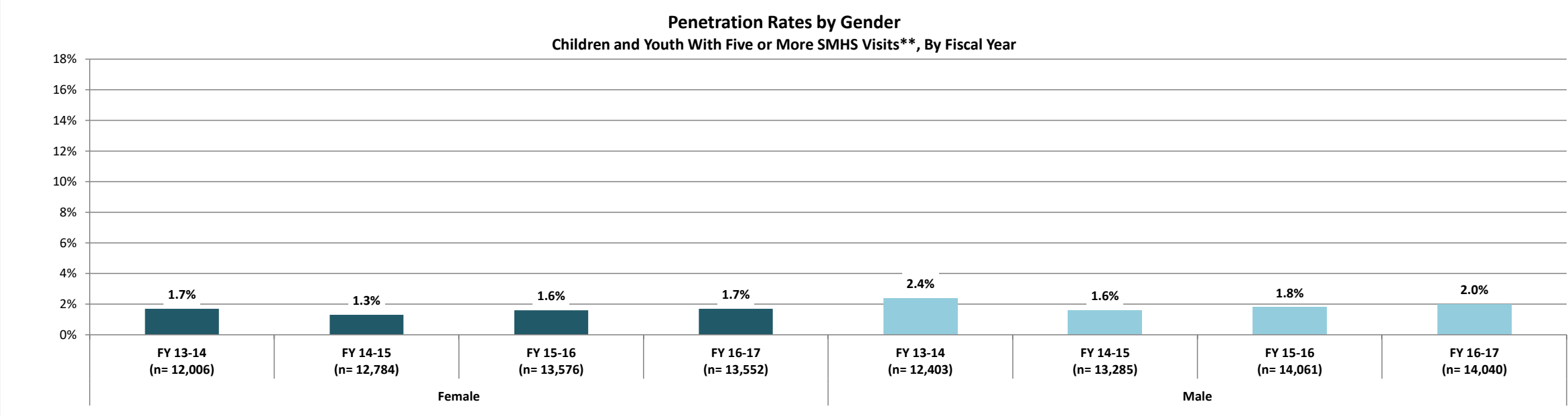
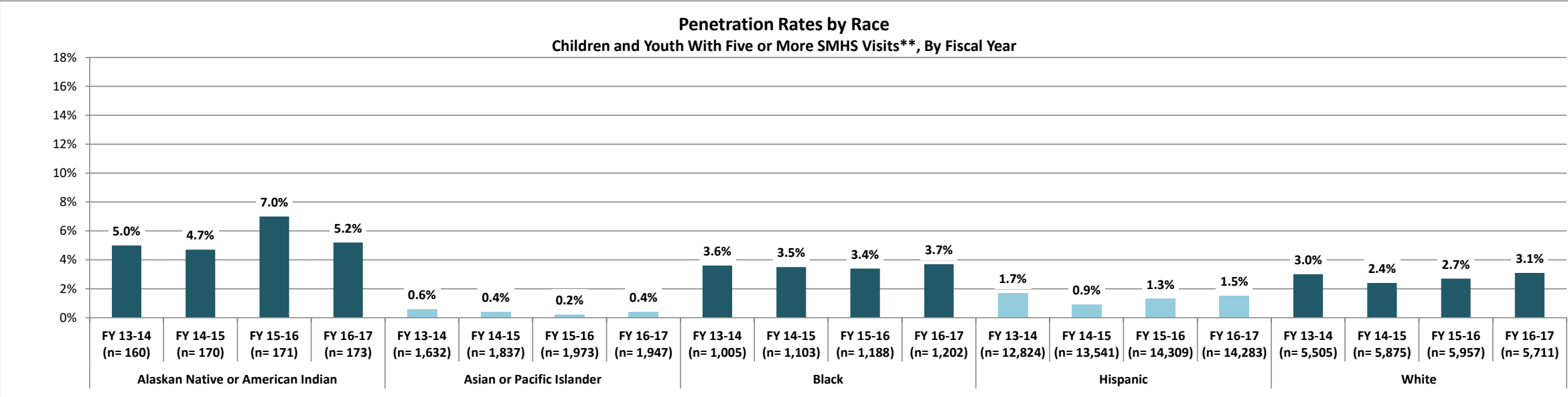


*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

**Children and Youth 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* Report: Children and Youth with Five or More SMHS Visits**

Yolo County as of March 13, 2018



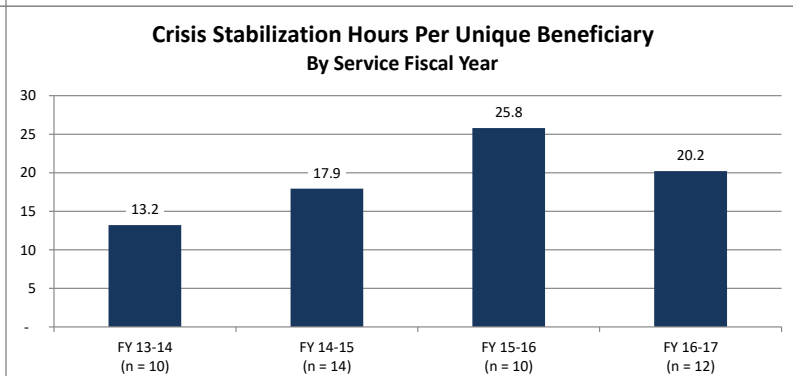
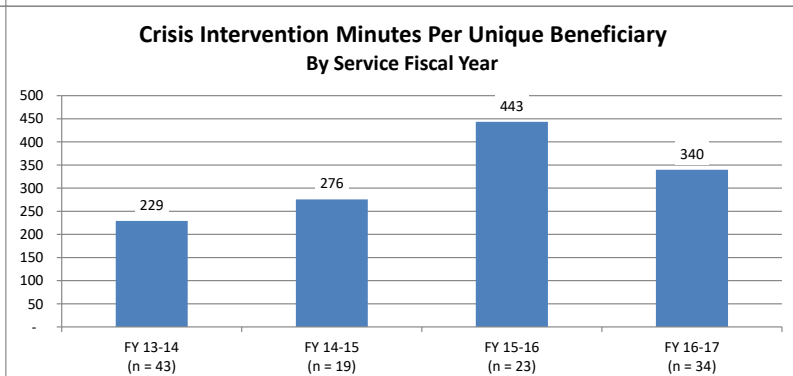
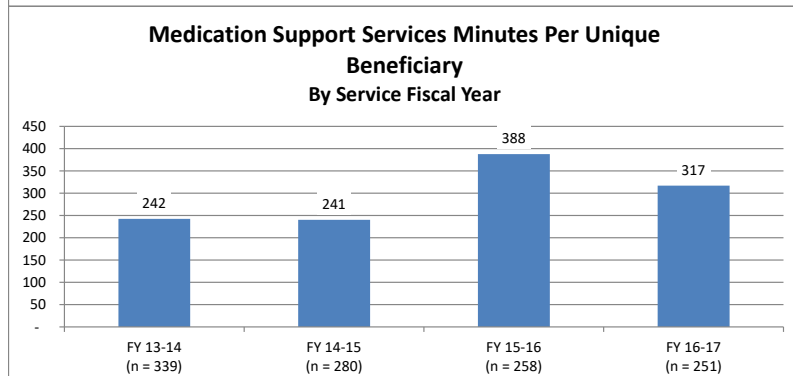
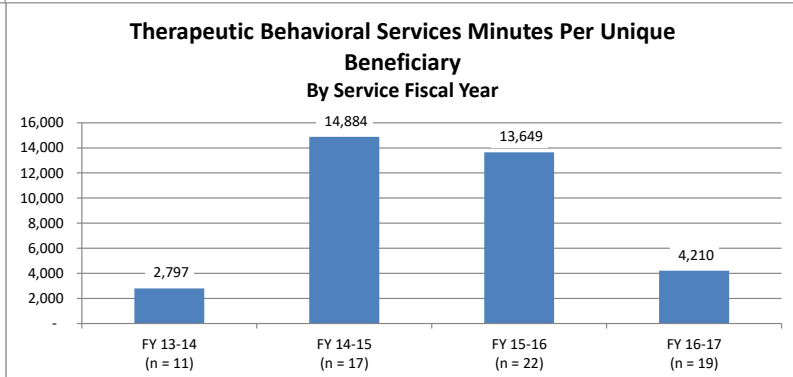
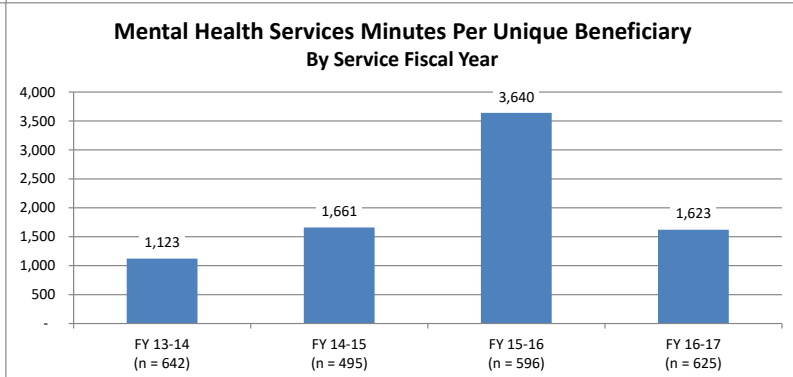
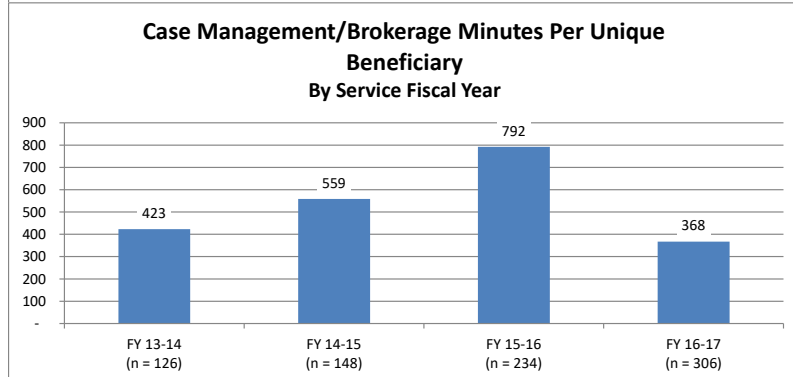
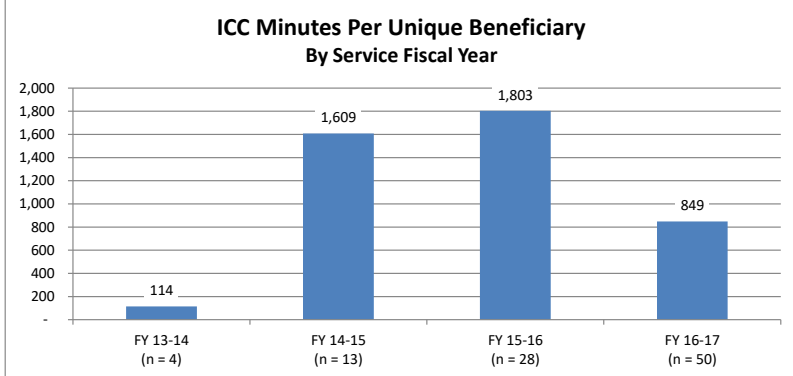
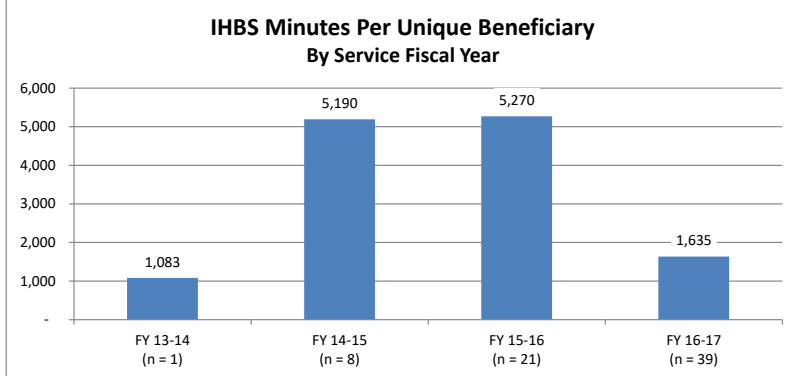
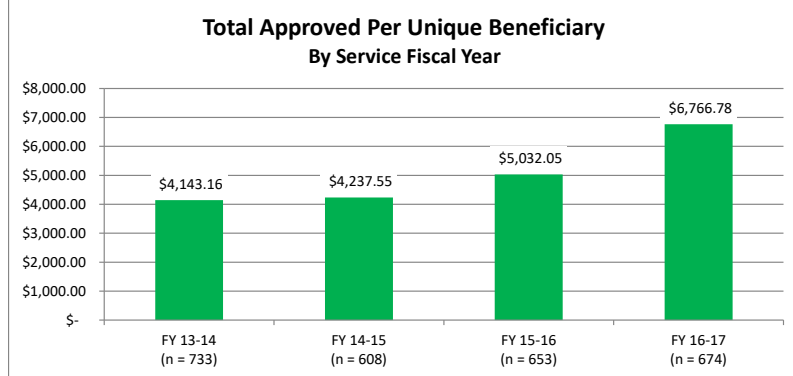
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**Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.

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

Yolo County as of March 13, 2018

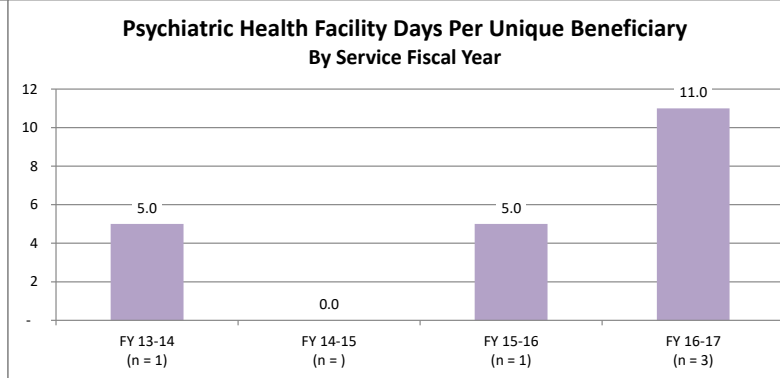
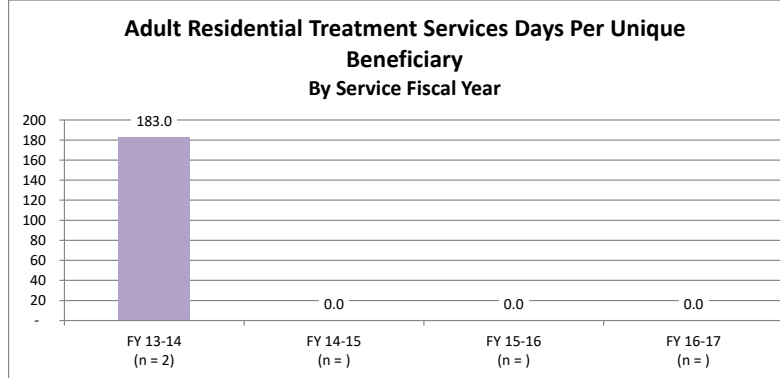
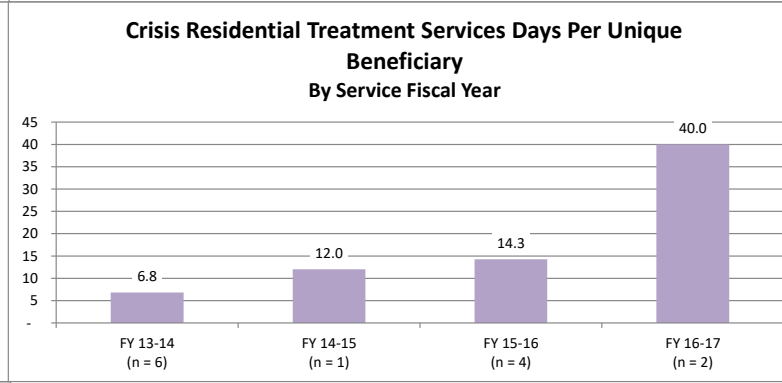
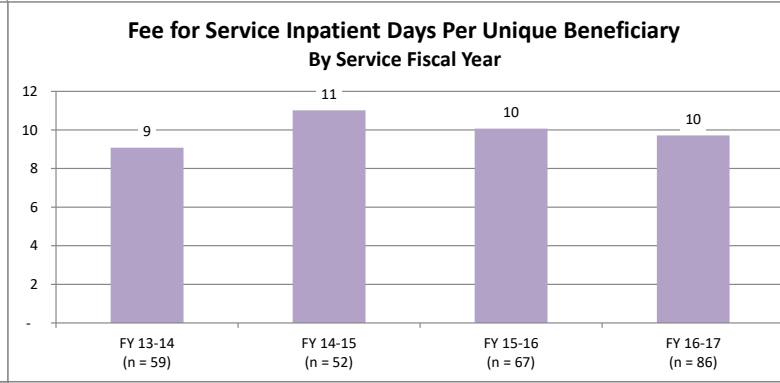
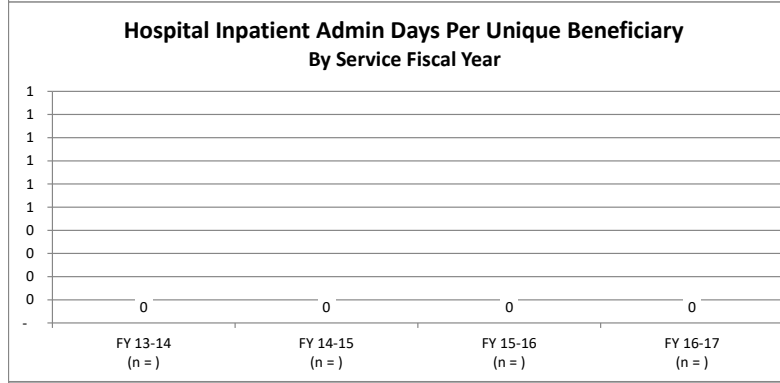
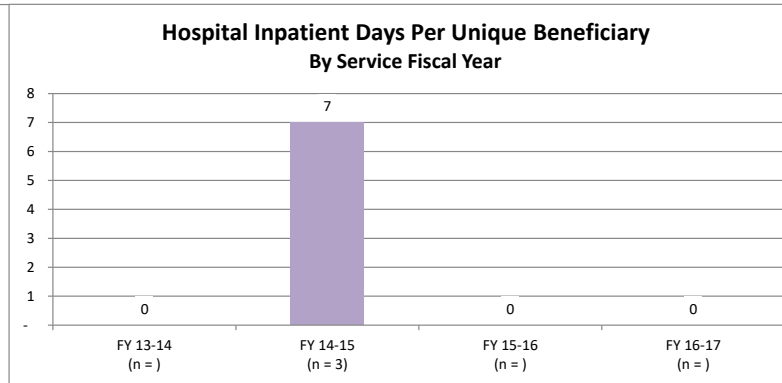
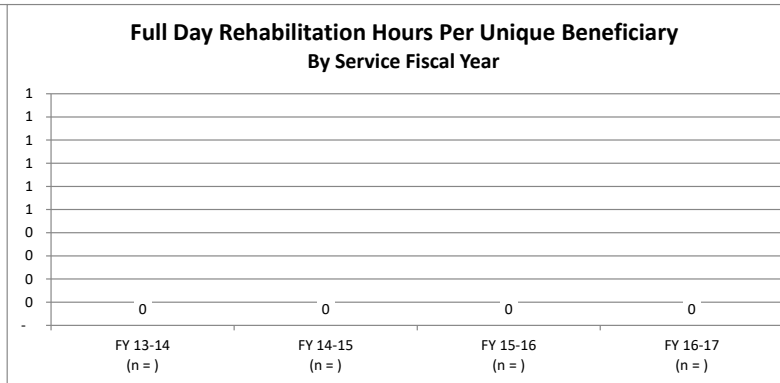
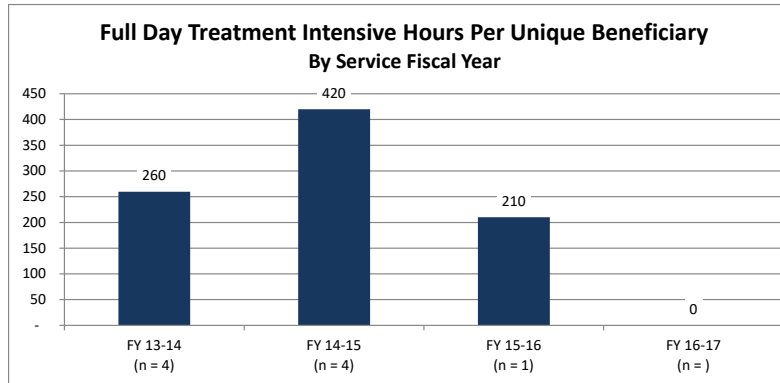
Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	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	\$ 4,143.16	1,083	114	423	1,123	2,797	242	229	13	260	0	0	0	9	7	183	5
FY 13-14	\$ 4,237.55	5,190	1,609	559	1,661	14,884	241	276	18	420	0	7	0	11	12	0	0
FY 14-15	\$ 5,032.05	5,270	1,803	792	3,640	13,649	388	443	26	210	0	0	0	10	14	0	5
FY 15-16	\$ 6,766.78	1,635	849	368	1,623	4,210	317	340	20	0	0	0	0	10	40	0	11
MEAN	\$ 5,044.89	3,294	1,094	535	2,012	8,885	297	322	19	297	0	7	0	10	18	183	7



*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.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
 Yolo County as of March 13, 2018



*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.

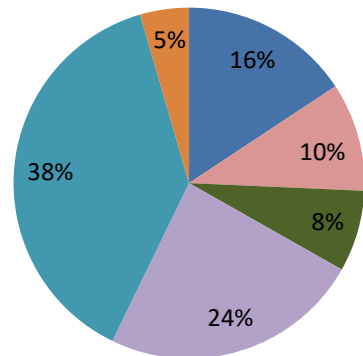
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Yolo County as of March 13, 2018

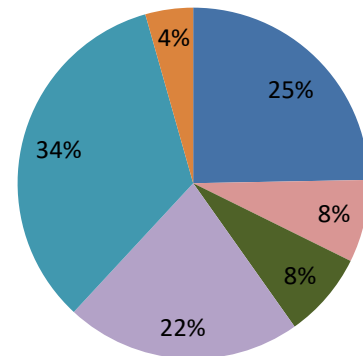
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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	Children/Youth 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 children/youth met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Children/Youth 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	115	15.7%	73	10.0%	55	7.5%	176	24.0%	281	38.3%	33	4.5%	733	100%
FY 14-15	150	24.7%	46	7.6%	48	7.9%	132	21.7%	205	33.7%	27	4.4%	608	100%
FY 15-16	165	25.3%	31	4.7%	55	8.4%	135	20.7%	235	36.0%	32	4.9%	653	100%
FY 16-17	180	26.7%	40	5.9%	58	8.6%	134	19.9%	235	34.9%	27	4.0%	674	100%

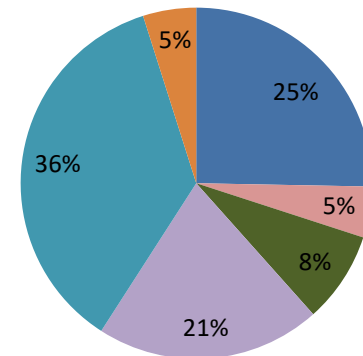
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



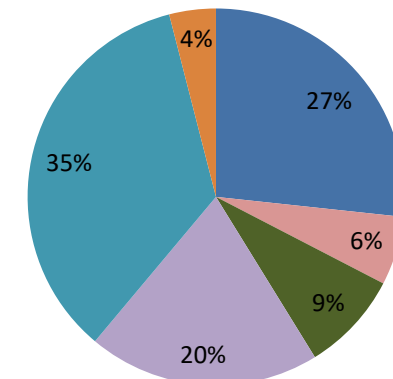
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution



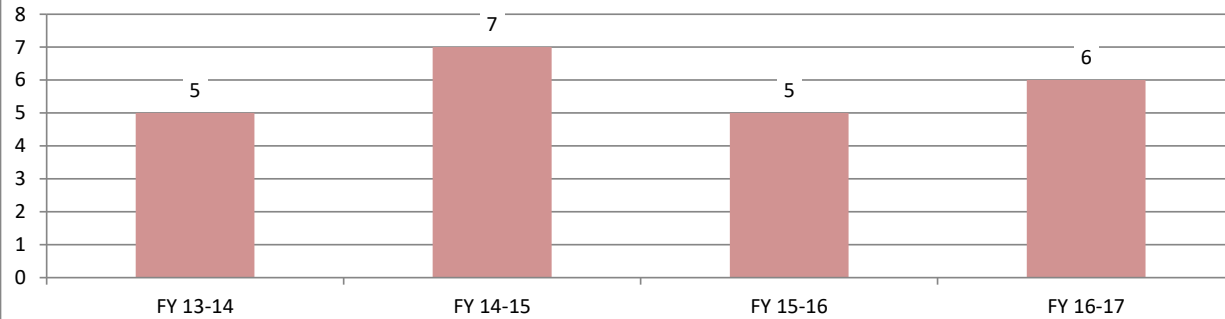
- Arrivals
- Service Continuance (≥ 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (≥ 2 YR) & Exiting

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

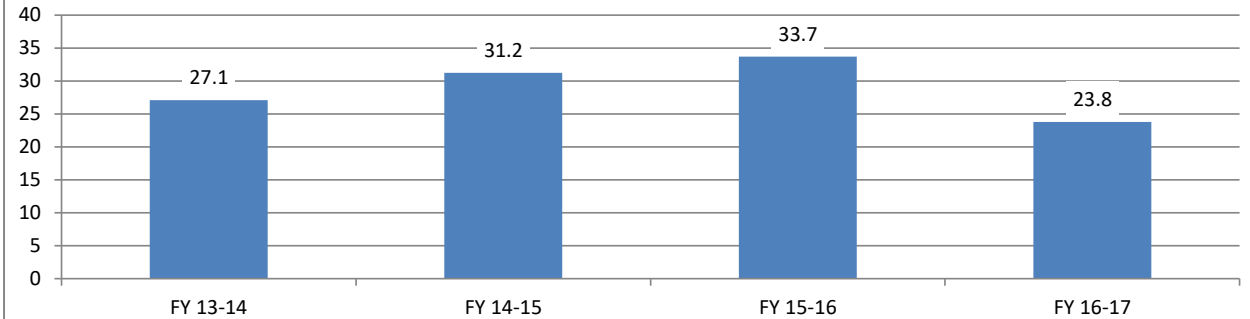
Yolo County as of March 13, 2018

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	57	54.8%	19	18.3%	13	12.5%	15	14.4%	0	307	27.1	5
FY 14-15	42	50.0%	13	15.5%	20	23.8%	9	10.7%	0	340	31.2	7
FY 15-16	57	51.8%	14	12.7%	25	22.7%	14	12.7%	0	315	33.7	5
FY 16-17	80	57.1%	31	22.1%	15	10.7%	14	10.0%	0	350	23.8	6

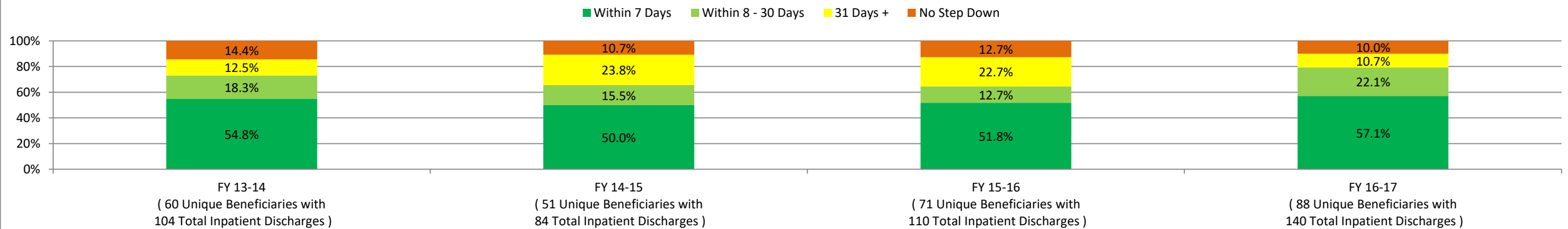
Median Time Between Inpatient Discharge and Step Down Service in Days



Mean Time Between Inpatient Discharge and Step Down Service in Days



Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service



* **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.

Mental Health Court (MHC) STATS FY17/18

- MHC served 19 unique individuals during FY17/18.
- Of that 19, 8 were newly enrolled and 8 left MHC sometime during the fiscal year.
- Of the 8 that left MHC 4 graduated (including 2 DEJs), 2 were successfully transitioned out, and 2 were unsuccessfully discharged.

- Of the 19 people served in MHC in fiscal year their **12 month pre-MHC** figures:
 - o 1761 jail bed days
 - o 91 local hospital bed days
 - o 997 department of state hospital bed days

- Of those same 19 individuals their FY17/18 **12 month enrollment in MHC** figures:
 - o 61 jail bed days **96.54% decrease**
 - o 0 local hospital bed days **100% decrease**
 - o 0 department of state hospital bed days **100% decrease**

Of the 8 that left MHC in fiscal year post MHC figures:

- o 64 jail bed days **96.37% decrease from pre-MHC figures**
- o 30 local hospital bed days **67.03% decrease from pre-MHC figures**
- o 0 department of state hospital bed days **100% decrease from pre-MHC figures**
- o **Breaking Down Numbers by type of MHC Departure**
 - Graduates (4 people) – 0 jail bed days, 9 local hospital bed days, 0 DSH bed days
 - Average: jail – 0, local hospital – 2.25, DSH - 0
 - Success Transition (2 people) – 41 jail bed days, 21 local hospital bed days, 0 DSH bed days
 - Average: jail – 20.5, local hospital 10.5, DSH 0
 - Unsuccessful d/c (2 people) – 23 jail bed days, 0 local hospital bed days, 0 DSH bed days
 - Average: jail – 11.5, Local Hospital – 0, DSH - 0

Monetized Benefit of MHC

12 month pre-MHC costs:

Jail Bed Days: \$211,073.46

Local Hospital Bed Days: \$123,305.00

Department of State Hospital Bed Days: \$696,534.11

12 month MHC enrollment costs:

Jail Bed Days: \$7, 311.46

Local Hospital Bed Days: \$0.00

Department of State Hospital Bed Days: \$0.00

12 month cost savings:

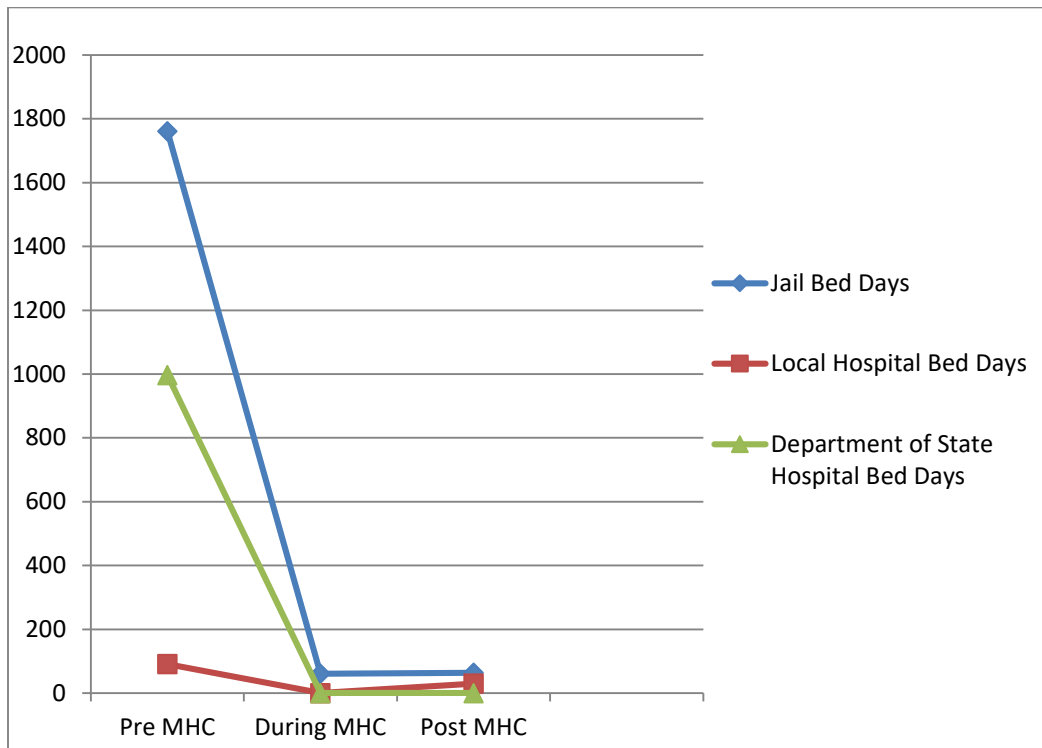
\$1,023,601.11

Annual staff costs:

\$451,084.51

Total Monetized Benefit after staff costs:

\$572,516.60



- Jail bed days decreased by 96.54% while enrolled in MHC; 96.37% post MHC
- Local Hospital Bed Days decreased by 100% while enrolled in MHC; 67.03% post MHC
- State Hospital Bed Days decreased by 100%; 100% post MHC