COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8940 • www.yolocounty.org

Local Mental Health Board

Regular Meeting: Monday, February 25, 2019, 7:00 PM – 9:00 PM

Mary L Stephens Library, Blanchard Community Conference Room

315 East 14th Street, Davis Ca 95616

All items on this agenda may be considered for action.

CALL TO ORDER ---------- 7:00 PM – 7:10 PM

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from January 28th 2019
5. Member Announcements
6. Correspondence: Linda Wight Re: Pacifico

TIME SET AGENDA ---------- 7:10 PM – 7:40 PM

7. Behavioral Health Update and Data- HHSA Director, Karen Larsen

CONSENT AGENDA ---------- 7:40 PM – 8:10 PM

8. Mental Health Director's Report – Karen Larsen
   1. Board Workshop
   2. Pine Tree Gardens
   3. Pacifico (Navigation and Adult Residential Facility)
   4. Juvenile Detention Facility Mental Health Services
   5. Temporary Shelter
   6. Suicide Prevention Sustainability Planning
   7. External Quality Review Organization (EQRO)
   8. Outpatient Specialty Mental Health Services Penetration Rates & Mental Health Utilization Data
   9. State Hearings on Mental Health Financing
   10. AB1315 Advisory Committee

REGULAR AGENDA ---------- 8:10 PM – 8:45 PM

9. Board of Supervisors Report – Supervisor Don Saylor
10. Chair Report – James Glica-Hernandez
    1. EQRO
    2. MHSA Forum

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.

CONTINUED ON REVERSE

3. Tentative Long Range Planning Calendar
4. NAMI, Pat Williams Dinner
5. Training Reminder for all LMHB members
    a. CALBHBC
    b. Ethics Training

PLANNING AND ADJOURNMENT---------- 8:45 PM – 9:00 PM

11. Future Meeting Planning and Adjournment – James Glica-Hernandez

Next Meeting Date and Location – March 25, 2019
Bauer Building, Community Conference Room, 25 Cottonwood St Woodland, Ca 95695

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, February 22, 2019.

BP

Brittany Peterson
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency

Item 3.
Approval of Minutes from Jan 28, 2019

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Local Mental Health Board
Meeting Minutes

Monday, January 28, 2019

AFT Library, Community Conference Room
1212 Merkeley Ave. West Sacramento, CA 95691

Members Present:	James Glica-Hernandez, Sally Manduian, Samantha Fusselman, Serena Durand, Maria Simas, Reed Walker, Bret Bradley, Karen Larsen, Richard Bellows, Brad Anderson, Antonia Tsobanoudis, Nicki King
Members Excused:	Ben Rose
Staff Present:	Karen Larsen, Mental Health Director, HHSA Samantha Fusselman, Deputy Mental Health Director and Manager of Quality Management Services, HHSA Jessica Jones, Assistant Deputy to Supervisor Don Saylor

CALL TO ORDER

1. **Welcome and Introductions:** The January 28, 2018 meeting of the Local Mental Health Board was called to order at 7:00 PM. Introductions were made.
2. **Public Comment:** None
3. **Approval of Agenda**: Nicki King motioned to approve, Reed Walker second. 1 Abstention. Approved.
4. **Member Announcements:** James brought a sympathy card for everyone to sign for June Forbes's loved ones.
5. **Correspondence:** None

TIME SET AGENDA

6. No Presentation

CONSENT AGENDA

7. **Mental Health Director's Report** by Karen Larsen, Mental Health Director, HHSA

    a. Karen mentioned that this was the1st LMHB without June Forbes in many years. Nicki commented on how impressive her service was, she was impressed by the numbers in attendance. Brad followed up with his feelings on June.

b. **Yolo County Mental and Behavioral Health Board name change:** Brad, Karen, and James provided commentary. Nicki expressed concerns regarding the differential between "behavioral" and "mental." James further defined his opinions of behavior vs volition; diagnosis comes from behavior. Richard stated that he agrees with Nicki in determining that both "Behavioral" and "Mental" are needed. Reed supports the Behavioral and Mental Health Board. Sally brought up other options and thoughts regarding the name change and the history of Mental Health names in Special Education. Sally expressed a desire for new letterhead, a website, mission statement etc. James echoed the need to define our mission statement again. Bret also said that we need to redefine our mission and educate the public on what LMHB does. Richard felt the Board of Supervisor was being disrespectful by questioning the name change recommendations. James explained that the Board of supervisors is within their rights question the name and seek input. James expressed concern about not paying enough attention to SUD services. Karen add the comment that SUD services are still a priority and need to be included in the title.

c. **Pine Tree Gardens:** Nancy Temple (Public Comment): Stated that she thinks there are plans to close Pine Tree Gardens and wants to point out that if you put higher level of acuity clients in there you'll be displacing existing clients (28-30 people).

Karen said, there's been a lot going on Pine Tree Gardens. Pine Tree Gardens doesn't currently receive County funding. The County wants to help, but can't assist unless the population changes. The BOS is actively trying to come up with solutions to help. Nobody has any immediate plans to close either Pine Tree facilities. James added that the Pine Tree LMHB Ad hoc committee has been invited to a listening session (2:00pm, Feb 7th).

d. **Pacifico:** Nicki asked for update on Pacifico and Karen said over a 100 people showed up and discussed their concerns at the community input meeting for use permit. Karen said the first community meeting was very small and the second one had over 100 people. Neighbors were angry and spoke rudely about the people we serve. Karen was thankful for NAMI being there. Karen's stated she's not confident in the outcomes. BOS and City are involved at this point.

e. **Involuntary Medication:** Karen explained that she had an update based on a decision of the new Sheriff. She explained that people in Yolo County who are incompetent to stand trial are waiting for a place in the State Hospital, get more sick while waiting. This pilot program would allow for medication administration in jail. The new sheriff agreed to pilot involuntary medication program for 6 months as a trial period to collect data. Karen will report back on the data. James would like invite Sheriff Lopez in March/April.

f. **New Plan to End Homeless:** Karen announced that the new plan to end homelessness was released. Karen brought copies to share and read the high level bullets from the executive summary and the No Place Like Home (NPLH) grant. She mentioned Woodland and West Sacramento both applying for the funds. Davis is working on a development, but they're only seeking homeless funds for Faith Shelters verses a winter shelter. The Point in Time Count (PIT) happened last week, but results have not been released.

g. **Jail Based Competency:** Nicki brought up Jail Based Competency Training. She said Mental Health Oversight OAC is spending 10 million on reducing the number of people to stand trial. Karen helped to define the program and what it means to restore them to competency. Karen explained that people sit in jail too long because they need mental health services and state hospital beds are unavailable.

h. **Suicide Prevention Sustainability:** Karen explained that we're working with neighboring counties to see if we can help with the crisis line. Our county doesn't have as high of numbers as other counties. Richard asked about their current budget: Karen said it's approximately 300k. HHSA contributes approx. $150k. We all agree it's a valuable service and something we want to continue supporting.

i. **Governor Proposed Budget:** Antonia brought up the Governor's Budget and asked about the funding for Law Enforcement Training. Karen explained the difference in training for Police Department in different cities. West Sacramento uses a different provider, but Woodland and Davis do a 40-hour training. Karen feels like training we provide has had a good response. Antonia asked a specific question regarding the response of officers. She wants more from officers in term of getting those who need attention to treatment. Karen mentioned that we should look at the Penal Code to see what the current required training is as she thought it recently changed. James directed the conversation back to agenda.

REGULAR AGENDA

8. Board of Supervisors Report – Supervisor Don Saylor

- None

9. Chair Report – James Glica-Hernandez

- James attended a training in San Diego and would like to share the content with the group. He will share a packet of info at some time in the future. James encouraged everyone to take trainings whenever possible and reminded everyone that they need to take the ethic training.

a. **Discuss New Member Orientation:** We have a high turnover this year and we have not done a new member orientation in sometime. The basics will be covered by Susan.

b. **Rebranding of the Board:** James recommended that the Board consider rebranding and a tri-fold brochure. He'd like to examine the bylaws and prioritize tasks. He said it's time for us to start doing these things.

c. **Strategic Plan:** James would like to discuss the Strategic Plan at the next meeting so he asked for members to be prepared with ideas.

10. Nicki King- Provided an update on Mental Health Services Oversight and Accountability Commission (MHSOA)

Nicki shared information about an at risk teens program in San Francisco (innovation program). It showcases the art work of participants and provides group programs. She

mentioned that the program desires to provide preventive and early intervention services. They specialize in immigrant and refugees and provide trauma informed treatment with these special populations. James brought up Yolo County Health Council, Nicki said she attends those meetings. Karen explained how MHSA funds have oversight via the MHSOA.

James encouraged all members to come back from conferences and share what they've learned.

11. Future Meeting Planning and Adjournment: James Glica-Hernandez

a. James said the Data Note Book is due in March. What they want to know is what we understand about our community. James asked for volunteers. Nicki and James discussed what the Notebook is intended for. James asked for four volunteers to help with Data Notebook.

1. *The following members volunteered to participate: Richard Bellows, Nicki King, Brad Anderson, Serena Durand and James Glica- Hernandez*

- Presentations/ Training Suggestions: Members voted on the presentation topics listed below and James expressed gratitude for participating.

1. Cultural Competency (Theresa Smith, HHSA)
2. PG Update (Quarterly update in Karen's Report)
3. Update from new Yolo County Sheriff (March)
4. Karen mentioned the upcoming Homelessness and Housing as well as Behavioral Health and offered to do them here
5. Facilities Visits (program education?)
6. Early Intervention
7. Consumer Perception Survey
8. Children Mental Health, at risk identification
9. SUD continuum
10. Update LMHB Strategic Plan

James wanted to close out the meeting in honor of June Forbes. James said thank you to everyone present and expressed gratitude for doing all that the LMHB does.

Next Meeting: February 25th 2019, Mary L Stephens Library Blanchard Community Conference Room, 315 East 14th Street Davis Ca 95616

Adjournment: 9:00pm

Item 6.
Correspondence

Dear colleagues:

We received this email through Antonia Tsobanoudis from Linda Wight regarding the Pacifico development in Davis. Please review for comment at our next LMHB meeting.

Thank you,

James C. Glica-Hernandez
Chair
Yolo County Local Mental Health Board

---------- Forwarded message ---------

Subject: Pacifico Advocacy

<<Dear Supervisor,
I recently attended my first Board of Supervisors meeting. I was a little too nervous to speak during the "Public Comment" portion of the meeting. I hope you will consider my written input.

My name is Linda Wight and I am a member of NAMI Yolo County, an affiliate of the country's largest mental health advocacy organization, the National Alliance on Mental Illness. NAMI advocates for quality living situations and community respect for all of its constituents. A large part of that effort focuses on education because dispelling myths and diffusing misconceptions in the community is what can help us break down the barriers of stigma and discrimination.

The level of fear-based thinking which was exhibited at the Pacifico Informational Meeting on January 10 at the Montgomery School library has prompted me to write to you today. As mental health advocates, we have a lot of work to do. While I have empathy for the neighborhood concerns, I cannot support the tone of their dissent. I feel that the objections that were raised fall into three main categories:

1). Increased neighborhood safety concerns
2). Lack of trust
3). Disagreement about the future best use of the unoccupied space at Pacifico.

I would like to discuss these three points and summarize why I support the Change of Use proposal for the Pacifico property:

First, mental health clients in a supportive recovery program cannot be blamed for the current problems that are being reported at this location. Marijuana is now legal and while it may be true that residents in any area of Davis might smell smoke, this is not the fault of mental health clients in recovery programs. An increase in the incidence of crime is not unique to south Davis either and you would find it difficult to find a residential location in Davis that was not close to a school, park or bike path and we think that's a good thing!

As for lack of trust, most mental health meetings are open to the public and citizens are encouraged to attend. Extensive research was conducted through The Mental Health Services Act process and our county has done an exceptional job of managing these funds and responding to the needs of the community. The current property at Pacifico meets this identified need for a community-based navigation center and a supportive housing unit located in Davis. Yolo Housing Authority, Communicare, North Valley Behavioral Health and Yolo County Health and Human Services have a cohesive partnership and have held more outreach meetings than are required by law.

Lastly, student housing and supportive housing are not mutually exclusive concepts. You might be surprised how many of your neighbors, friends, students and co-workers are already mental health clients. The university has a NAMI affiliate on campus and one of the premier brain research departments in the world. This community has a unique opportunity to be on the forefront of best practices in mental health treatment. Since one in five adults will experience a mental illness in any given year, it would be quite helpful to have supportive housing and easy access to mental health wellness services integrated seamlessly into other campus housing units for all to benefit from. The added oversight personnel and smaller number of residents at Pacifico would likely make things better than they are now.

With these things in mind, I would like to concentrate this discussion on our mutual goals:

1). We all want a safer community.

2). We should all have access to the processes of assessing needs and having a productive dialogue about concerns and work to establish trust among the participants.

3). We all recognize that there is a severe shortage of affordable and supportive housing in our county and it is much less efficient and much more costly to place our clients out of county.

I would like to encourage the dissenters of this project to make themselves available for the educational resources that NAMI has to offer. Don't let this discussion deteriorate into an US against THEM mentality where there will be NO winner. As the many signs around the city of Davis proclaim, this is an open and inclusive community. The mental health population is already an integral part of this city and would like the courtesy of feeling welcome anywhere within the community.

Thank you very much!>>

Item 7.
Presentation: Behavioral Health Update

Yolo County Mental Health & Substance Use Disorder Services

Yolo County Board of Supervisors

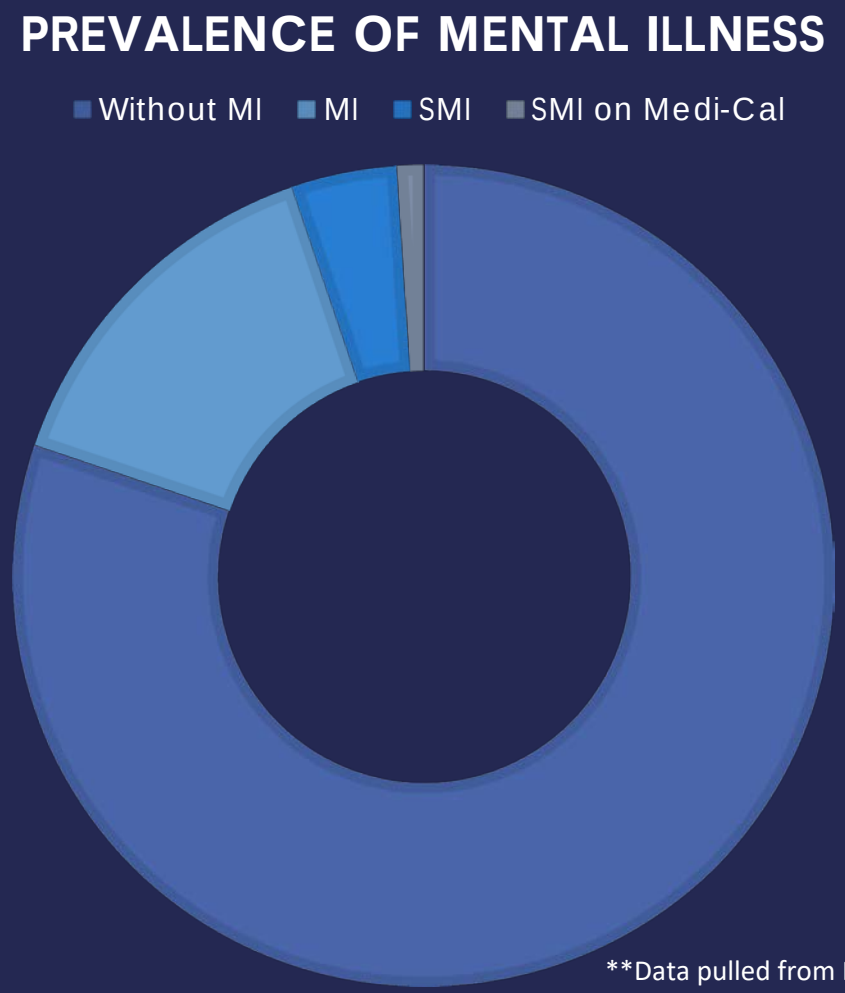
February 5, 2019

Objectives

- Offer data on financing and utilization
- Increase knowledge of HHSA's Services
  - Provide Roadmaps of Services
- Summarize Recent Accomplishments as they relate to our Strategic Goals
- Discuss Future Plans

Who are Our Clients?

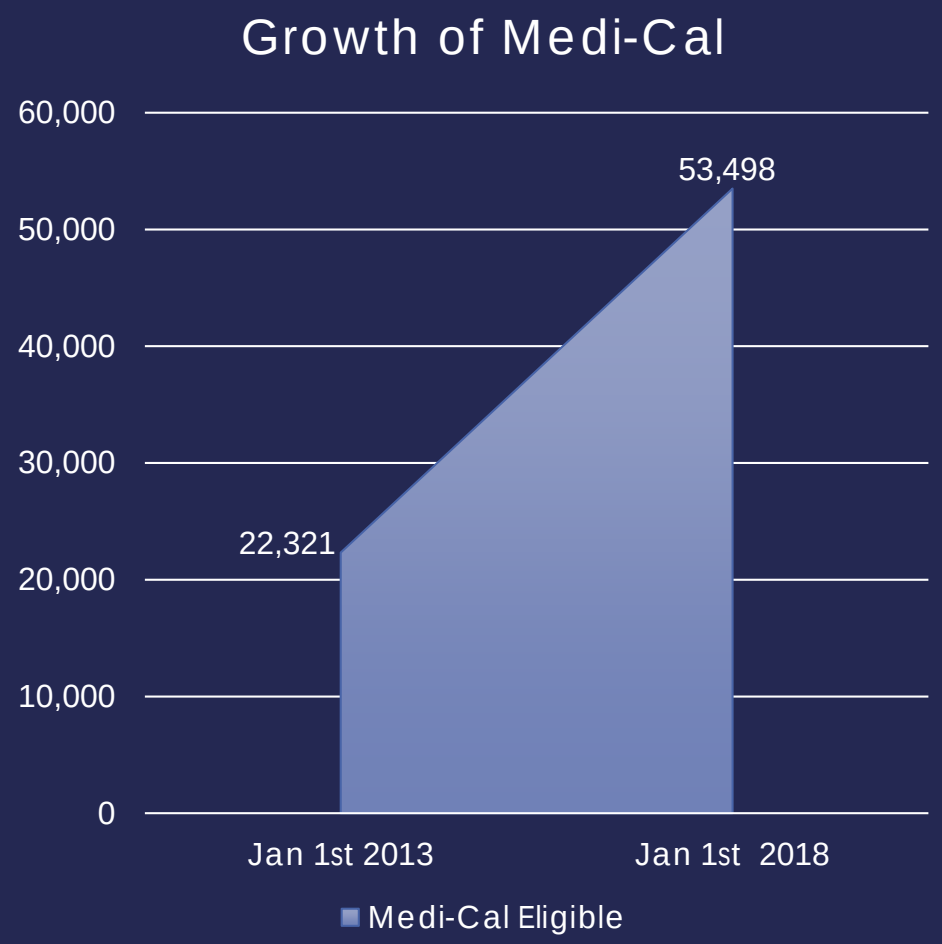
- Yolo County Population: approximately 219,116 (2017) (approximately 25% of our population is on Medi-Cal)
  - 18% of the general population suffers from Mental Illness (MI) (inclusive of SMI):
  - 4% of the general population are severely Mentally Ill (SMI)



**Data pulled from NAMI

Affordable Care Act & Mental Health

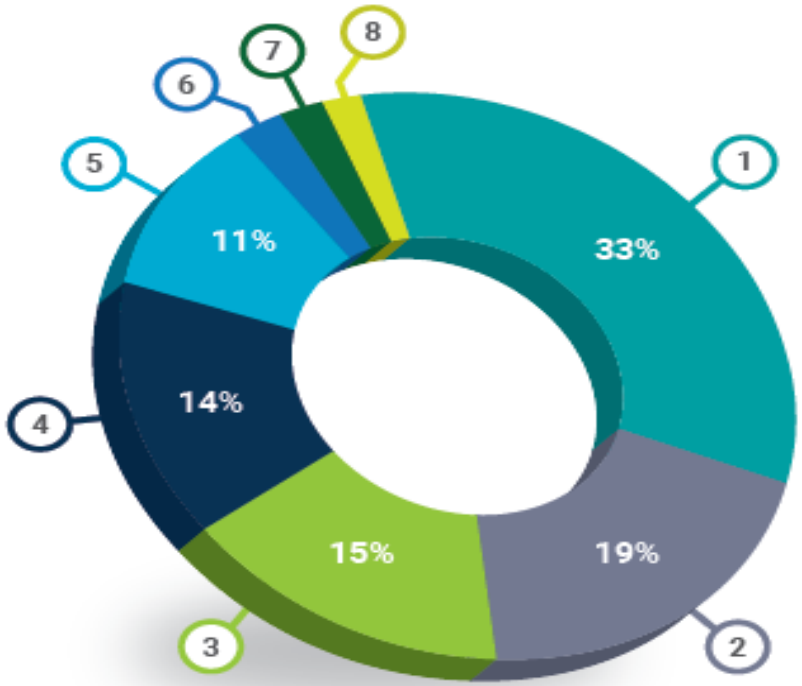
- Expanded Population Served
  - Residents on Medi-Cal more than doubled with ACA
  - Mild to Moderate Benefit
  - Increased SUD Services
  - Benefits managed via Partnership



Mental Health and Substance Use Disorder Financing

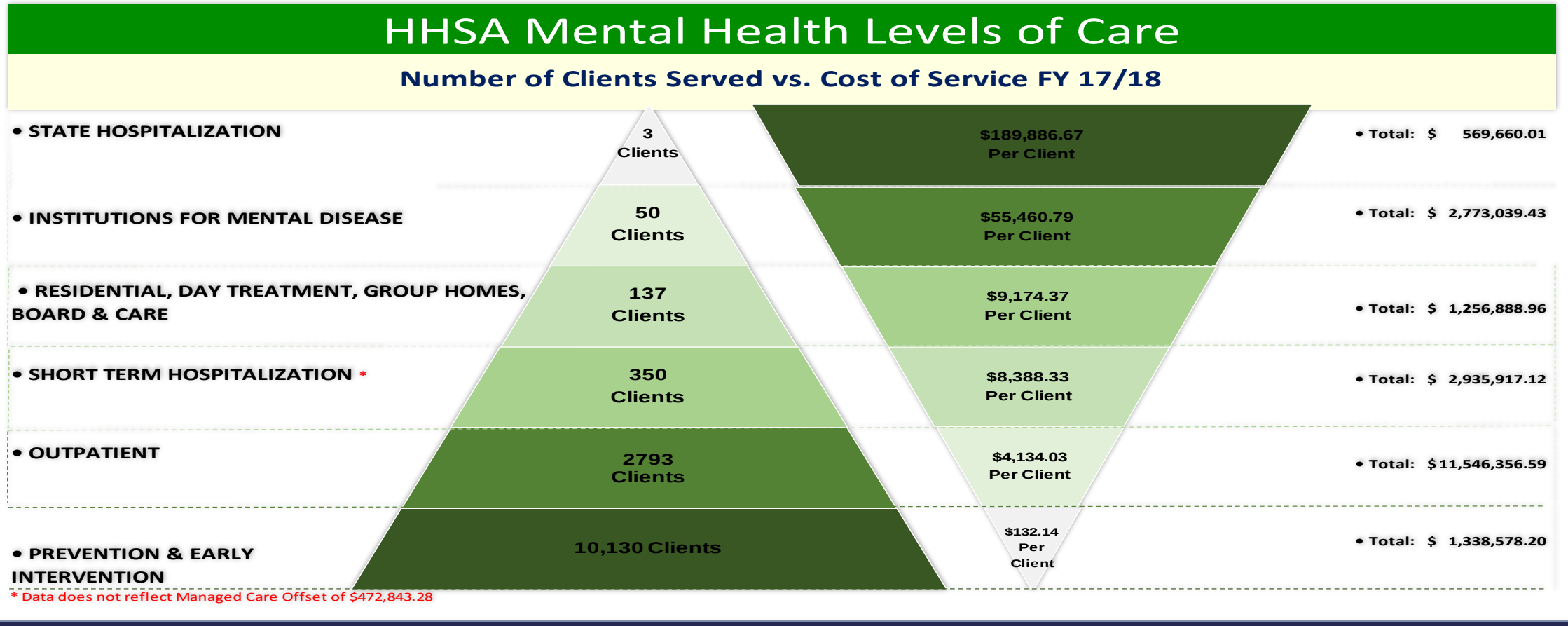
California County Behavioral Health Funding

California counties receive over $8 billion in funds for behavioral health. The money comes from a variety of sources.



1	Federal Mental Health Medicaid Matching Funds	$3.04 billion
2	Mental Health Services Act	$1.77 billion
3	2011 Realignment	$1.39 billion
4	1991 MH Realignment	$1.31 billion
5	Federal SUD Medicaid Matching Funds	$990 million
6	Federal SAPT Block Grant	$225.6 million
7	Other (MH Block Grant, County MOE, County GF)	$212.8 million
8	State General Fund	$162.7 million

Levels of Care and Associated Cost



Access to Services

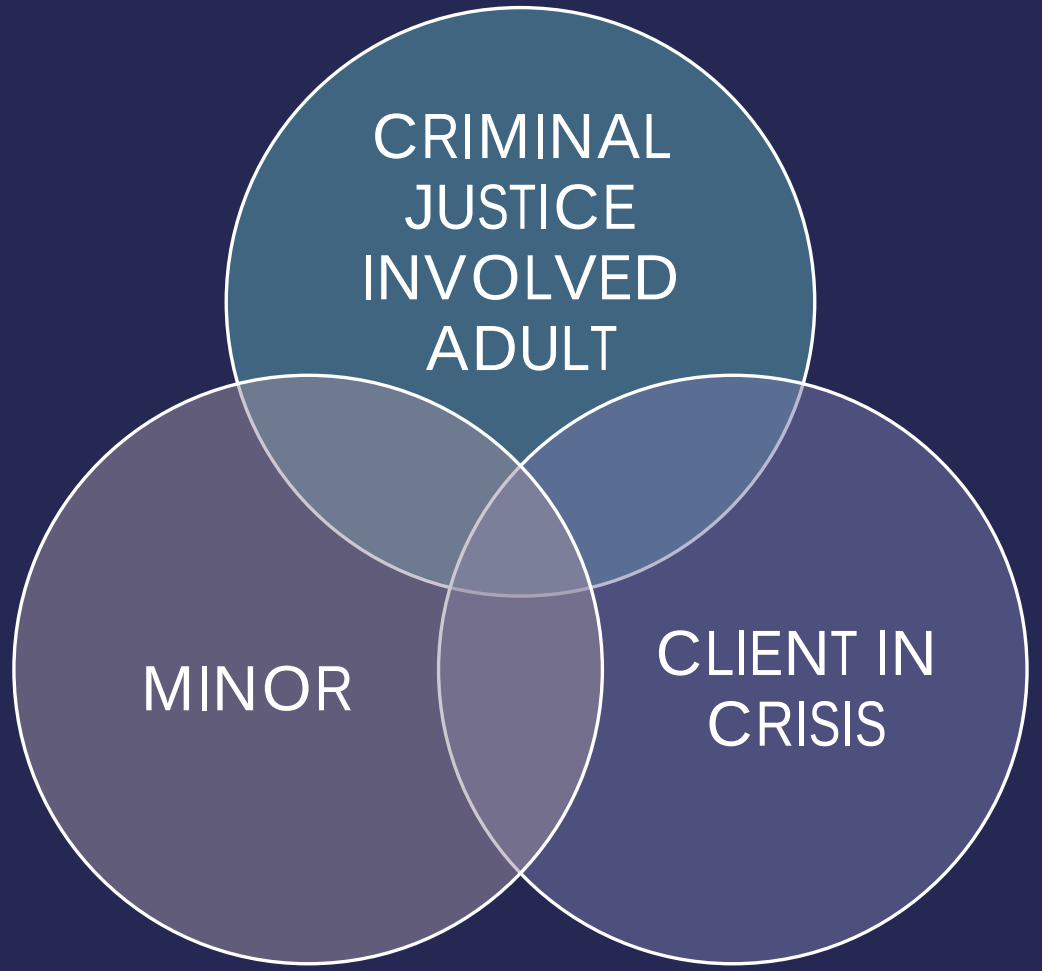
- Three Full Time Clinics
  - Woodland, West Sacramento and Davis
- Community Based Services
  - Homeless
  - CBOs
- Wellness Centers
  - West Sacramento, Woodland, Davis, Woodland Community College

Meet Our Clients

- Client in Crisis (Any age)

- Minor Age 0 - 17 (18-21 if involved with Child Welfare)

- Criminal Justice Involved Adult



Access Points

- Crisis Line, Walk-Ins, Probation, Hospital, Concerned Family/Friends…

- Child Welfare Services, Self Referral, Hospital, School, Probation…

- Probation, Local Law Enforcement, Courts…

Pathway to Service: Client in Crisis

Crisis Clinician Conducts Assessment

- 5150 → Complete 5150 Application → Coordinate Medical Clearance and Transportation if needed → Coordinate Inpatient Admission → Confirm Inpatient Admission
- Other (individualized outpatient services, safety plans) → Develop Safe Plan for Discharge
- Crisis Residential → Completes Residential Crisis Referral → Coordinate Medical Clearance & Transportation → Confirm Crisis Residential Admission

Pathway to Service: Minor

Access

Clinician will review the referral and conduct a phone triage screening

Determination

Clinician will determine eligibility and utilize Medical Necessity form to determine level of care needed

Referral

Clinician will refer to a provider and make necessary recommendations for treatment

Assessment

Provider will further assess for medical necessity and need for Specialty Mental Health Services

Child, Youth & Family Providers

Turning Point Community Programs

- Therapeutic Behavioral Services
- Full Service Partnership
- Primary/KTA (EPSDT)

Victor Community Support Services

- Primary/KTA (EPSDT)
- Wraparound

CommuniCare

- Wraparound
- Primary/KTA (EPSDT)

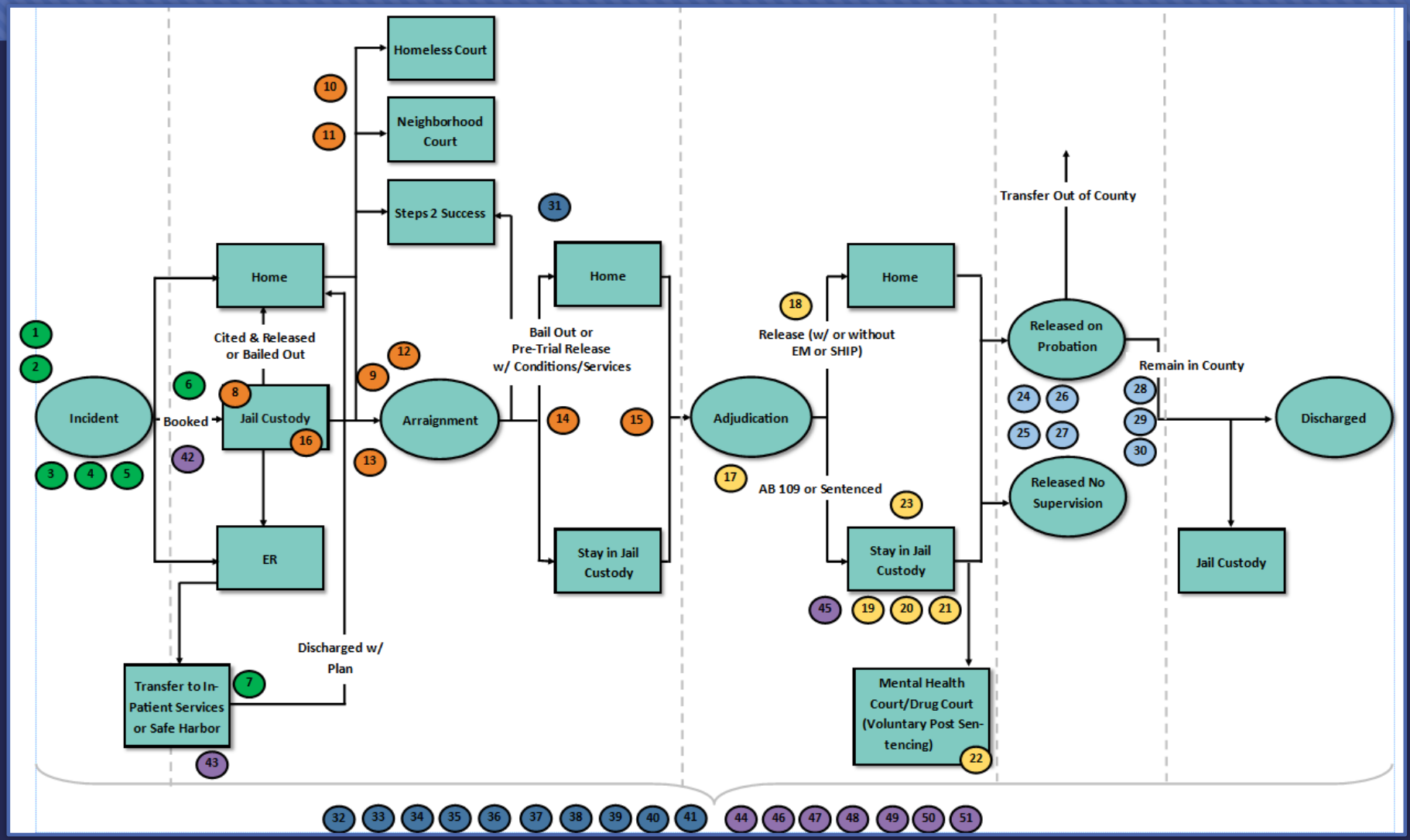
Stanford Youth Services

- Primary/KTA (EPSDT)

CYF Mental Health Team

- Access and Crisis Screening
- Primary/KTA (EPSDT)
- Hospital Discharge Planning

Pathway to Service: Criminal Justice Involved Adult



Yolo County Health and Human Services Agency

2018-2019 Strategic Plan Goals

Goal 1: Improve Outcomes for Clients and the Community

- Collaborate with at least two local jurisdictions to implement policies to improve community health and wellness for residents.
- Improve long-term financial self-sufficiency outcomes for General Assistance clients by strengthening care coordination between public assistance, housing, employment and health care services.
- Increase Medi-Cal funded services in the local substance use disorder treatment continuum of care.
- Improve re-entry coordination for individuals with behavioral health conditions leaving custody settings.
- Ensure timely access to assessment and services for children in Child Welfare Services.
- Achieve exclusive breastfeeding rates at hospital discharge that rank Yolo in the top 10 percent of local health jurisdictions in California.
- Shift the focus of the local CalWORKs case planning system towards client driven goals, benchmarks and aspirations.

Goal 2: Ensure Fiscal Health

- Re-design Agency's fiscal structure and budgets by branch.
- Improve Agency's ability to produce accurate and timely financial reports.
- Oversee implementation of County wide grant procedures on all HHSA grant applications.
- Develop in-house system for tracking realignment revenue and expenditures Agency wide.

Goal 3: Strengthen Integration

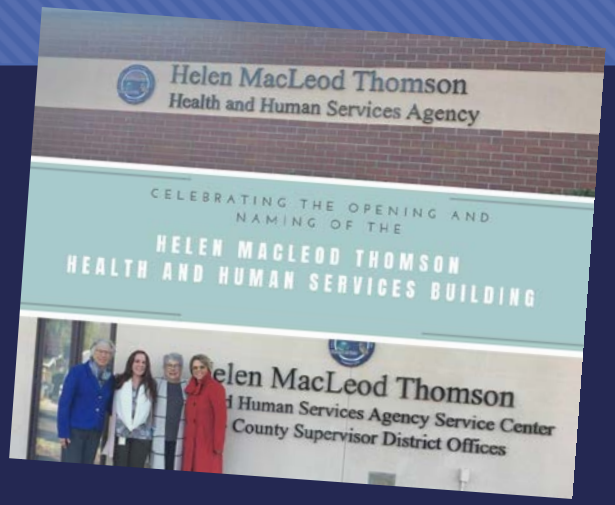
- Provide training and development opportunities for Agency employees.
- Increase employee retention.
- Develop consistent agency wide policies and procedures.
- Improve the Agency's preparedness to respond to emergencies that require the provision of mass care, public health and/or medical services.

Goal 4: Make Data Informed Decisions and Create a Culture of Quality

- Provide timely access to benefit programs for applicants in HHSA Service Centers.
- Improve adult mental health system access and timeliness.
- Improve capacity for conducting continuous quality improvement in Child Welfare.
- Complete a county-wide Community Health Assessment in partnership with Yolo County hospitals and community clinics that identifies key health needs and issues through systematic, comprehensive data collection and analysis.
- Implement use of a performance management system Agency wide.

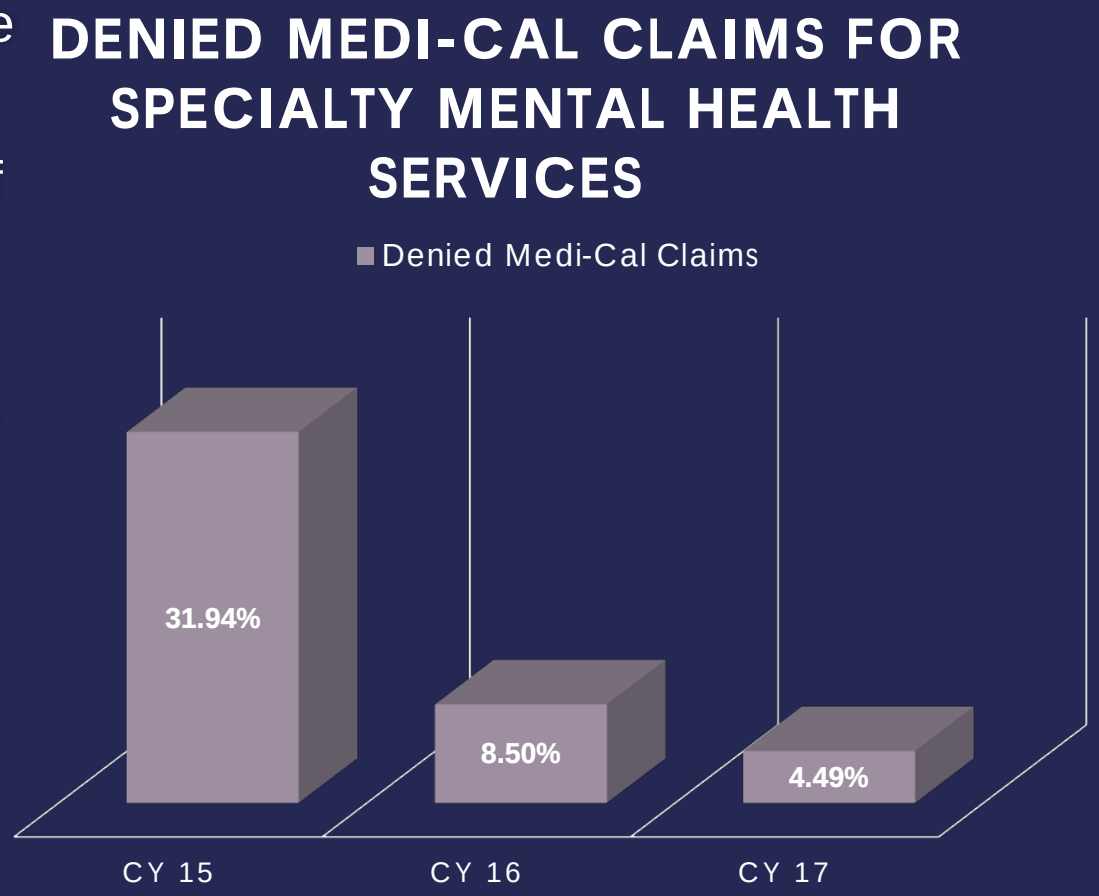
1. Improve Outcomes for Clients & Our Community

- Special Populations Outreach:
  - Native American Community
  - Russian-Speaking Communities
  - Transitional Aged Youth (TAY)
  - Latino Communities
  - Older Adults
- Expanded Crisis Services to 24/7 response
- Implemented Drug-Medi-Cal Organized Delivery System (DMC-ODS)
- West Sacramento Mental Health Urgent Care



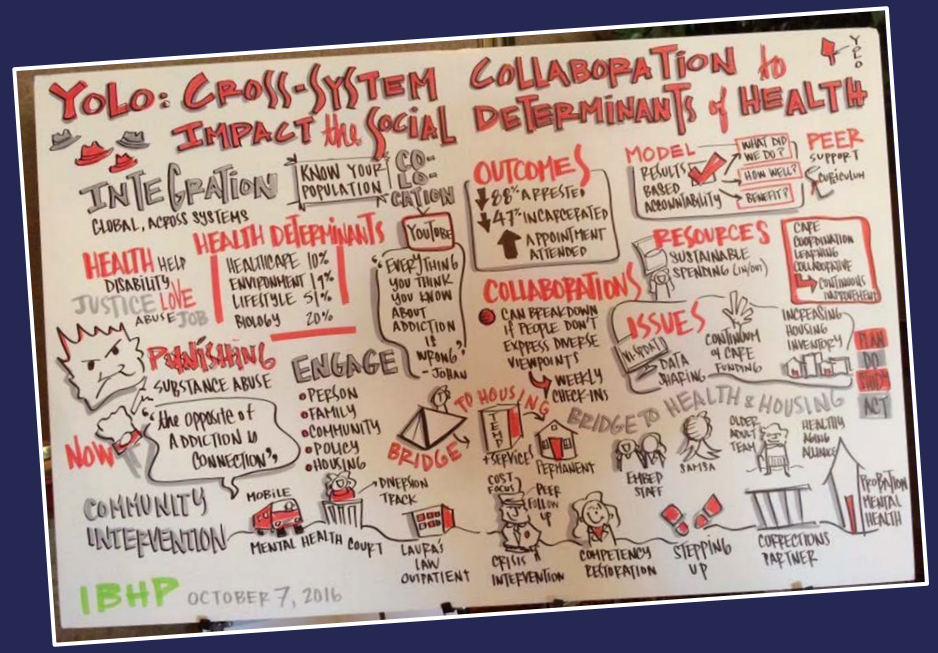
2. Ensure Fiscal Health

- Anticipated reduction in IMD expenditures based on current projections, due to an increase in case management.
  - As each person steps down to a lower level of care the cost decreases for that person.
- Integrated various funding streams into consolidated contracts to best leverage funding.
  - Child Welfare, AB109, CalWORKS, Drug Medi-Cal and Substance Abuse Block Grant
- Affordable Care Act
- Reduction in denied Medi-Cal Claims
- Mental Health Court



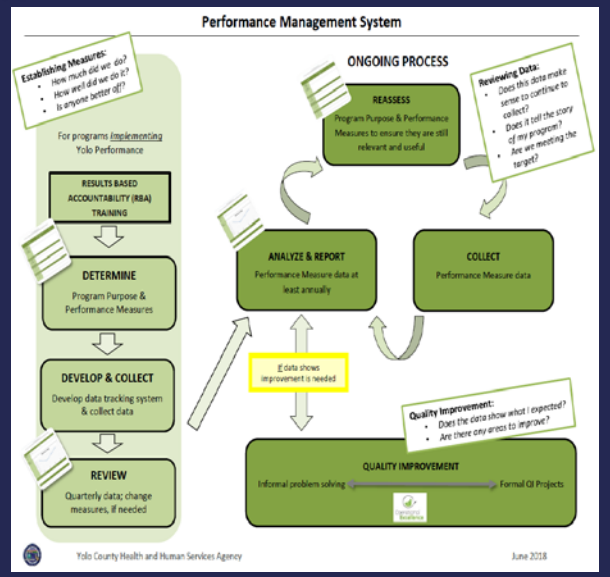
3. Strengthen Integration

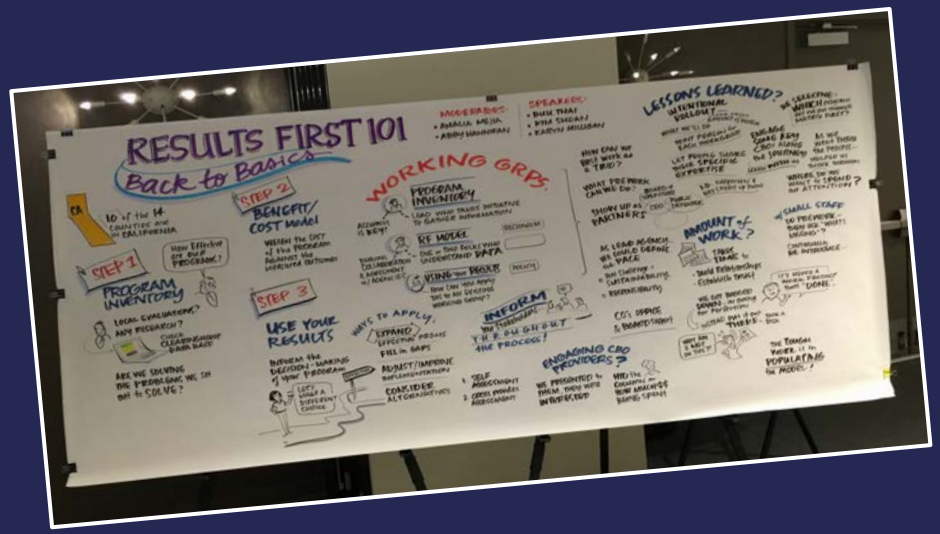
- Collaborated with County departments to start a criminal justice grant group focused on gaps/needs from the Intercept Mapping work
- Mental Health Staff Embedded in Child Welfare
- Integration of Public Guardian and Adult Protective Services
- Homeless Team Coordination with Cities



4. Make Data Informed Decisions & Create a Culture of Quality

- 33 programs and sub programs using Results Based Accountability (RBA) metrics
- Increased offerings of Quality Improvement Staff Trainings
- Utilized SAMHSA's Sequential Intercept Mapping as a framework for Yolo County's Stepping Up Initiative Work





Future Plans:

- Re-think Prevention framework – up stream
- Develop organized delivery system for youth with substance use disorders
- Grow/expand cross departmental initiatives to improve access to care
- Improve integration of physical and mental health and substance use disorder treatment
- Explore with Partnership HealthPlan whether “carve-out” continues to make sense

Questions?

Behavioral Health Update
Local Mental Health Board
Karen Larsen

25 February 2019

OVERVIEW

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

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 counties[17] 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.

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

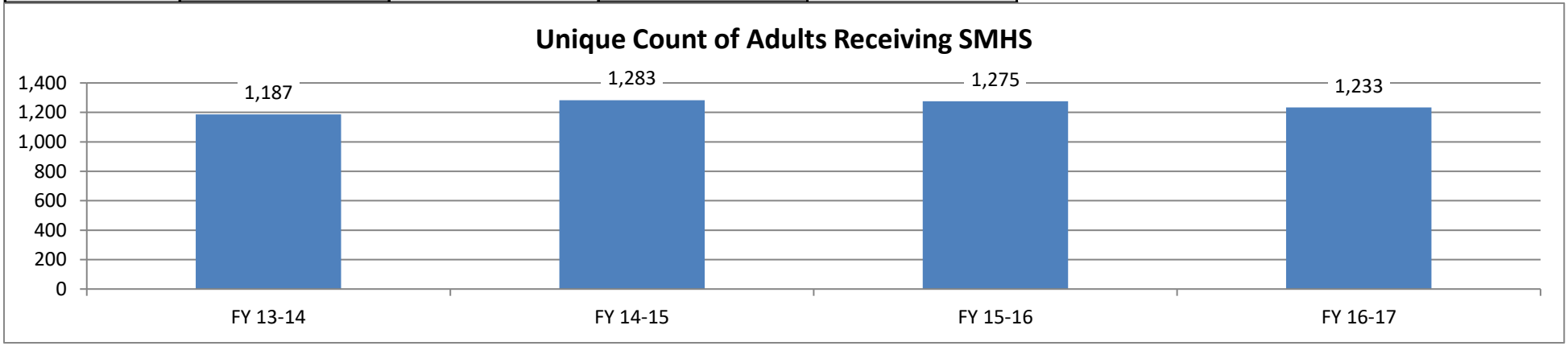
*The psychiatric emergency services/hospital data measured in the **time to step-down services** report relies solely on claims data from Short Doyle/Medi-Cal II. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and 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%**



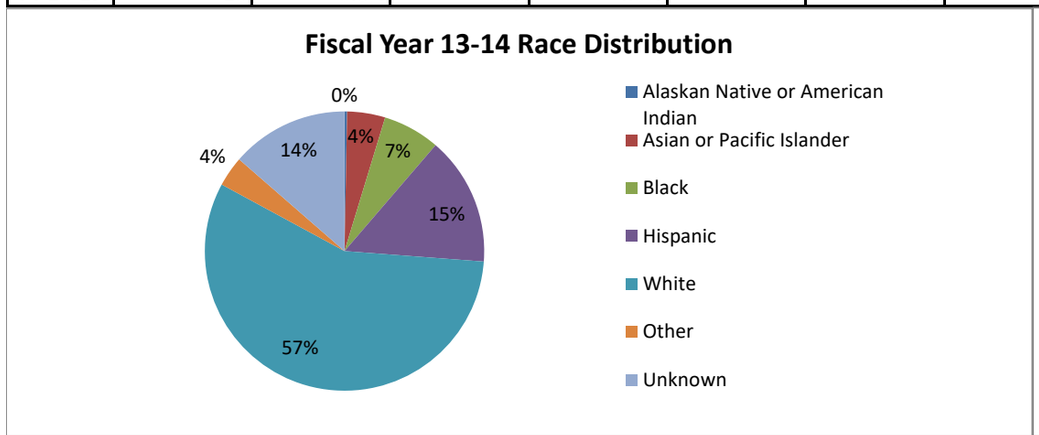
**SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.*

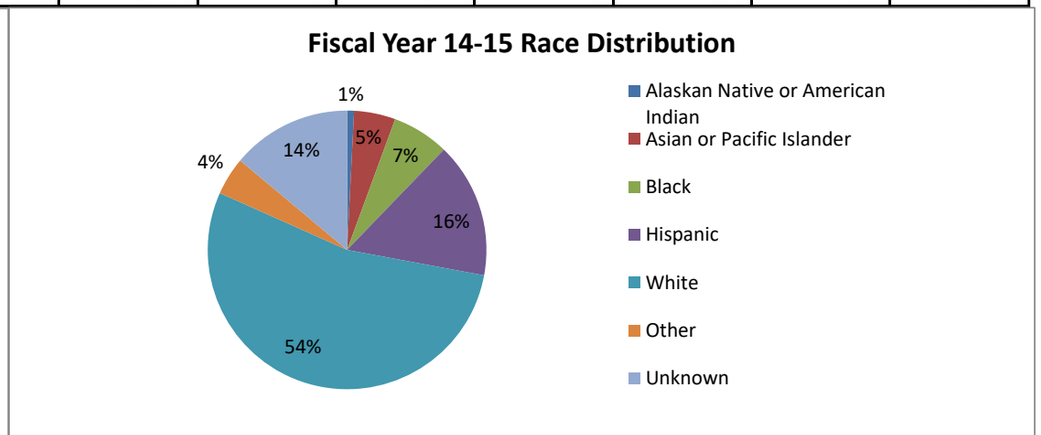
***SFY = State Fiscal Year which is July 1 through June 30.*

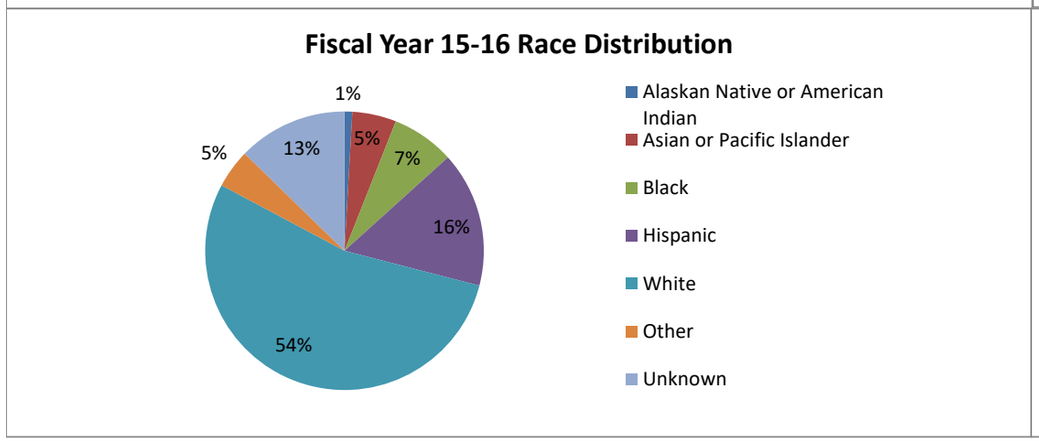
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

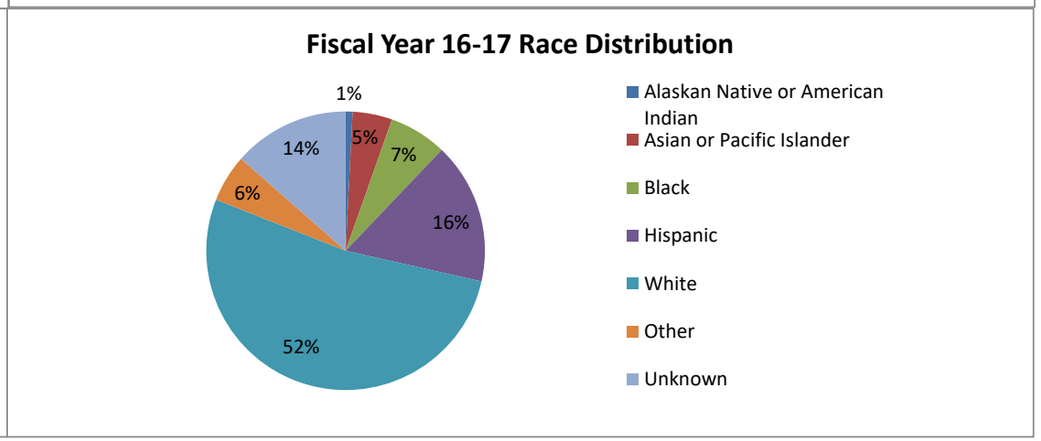
Yolo County as of March 22, 2018

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%







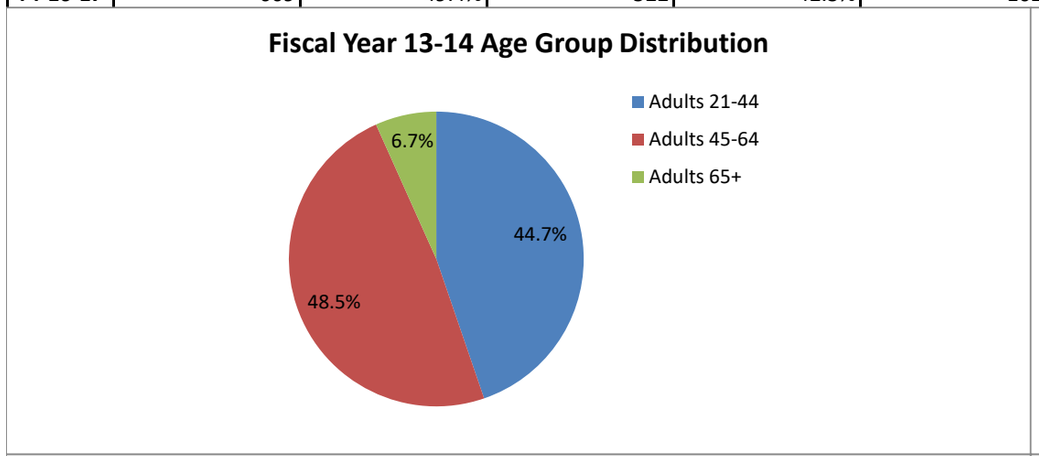


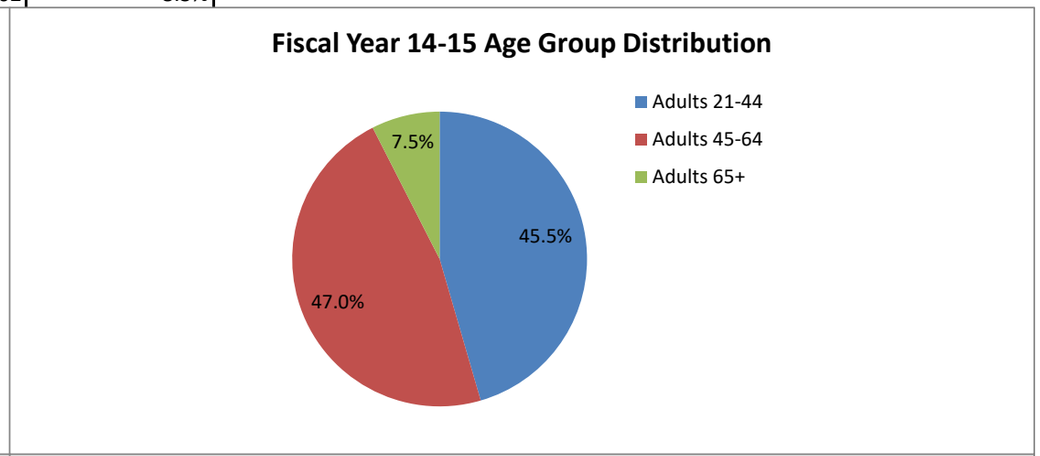
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

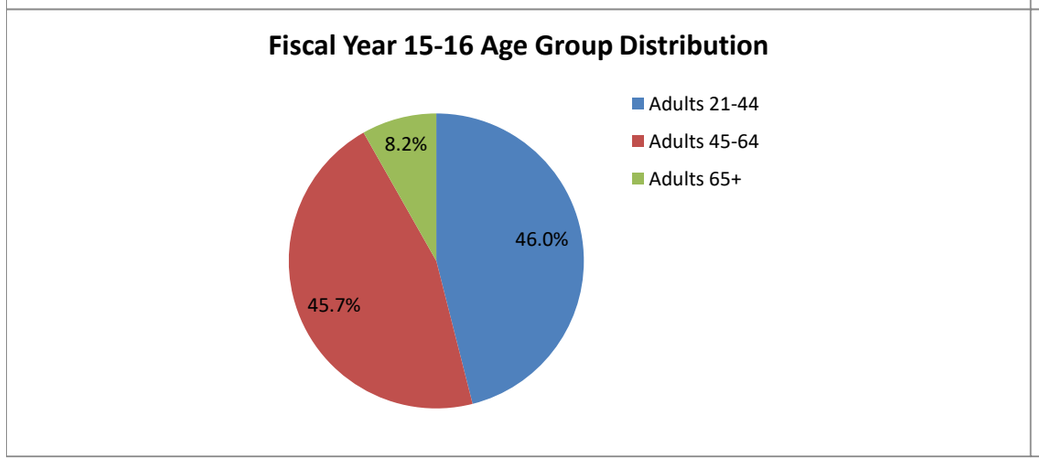
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

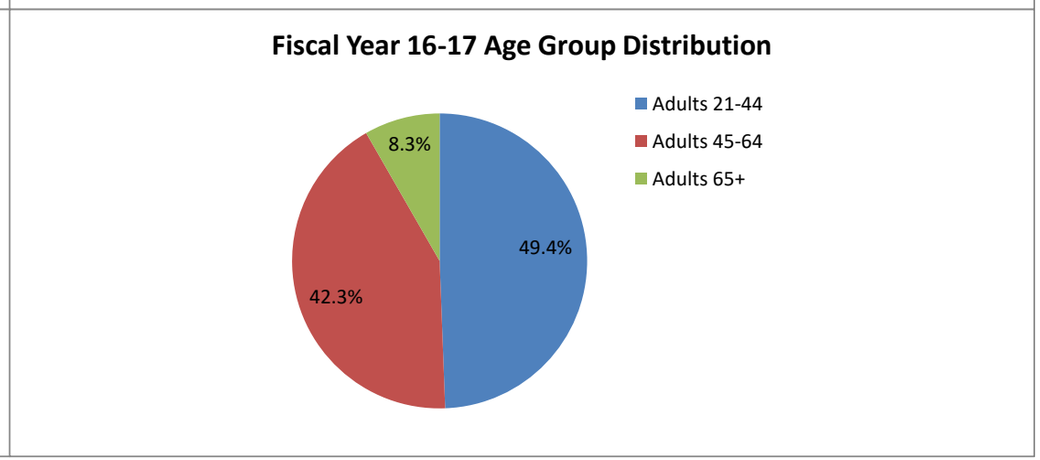
Yolo County as of March 22, 2018

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%





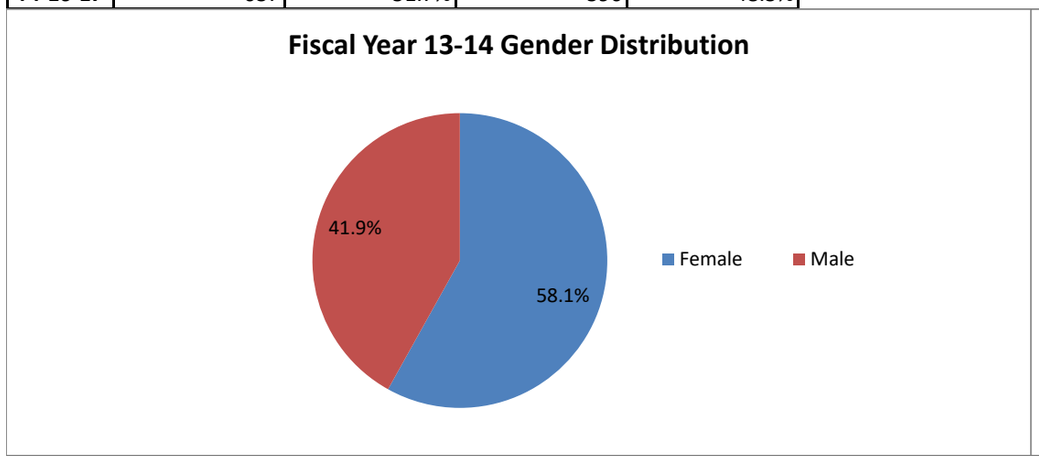


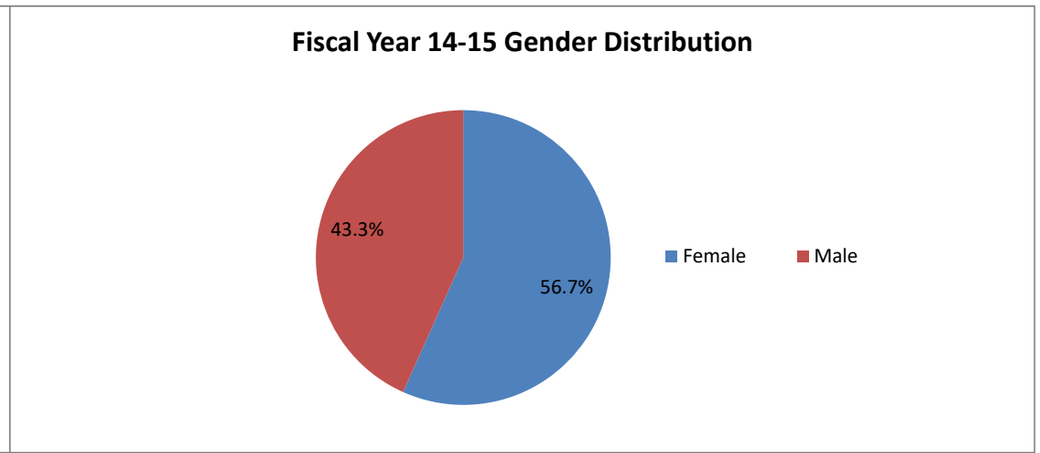


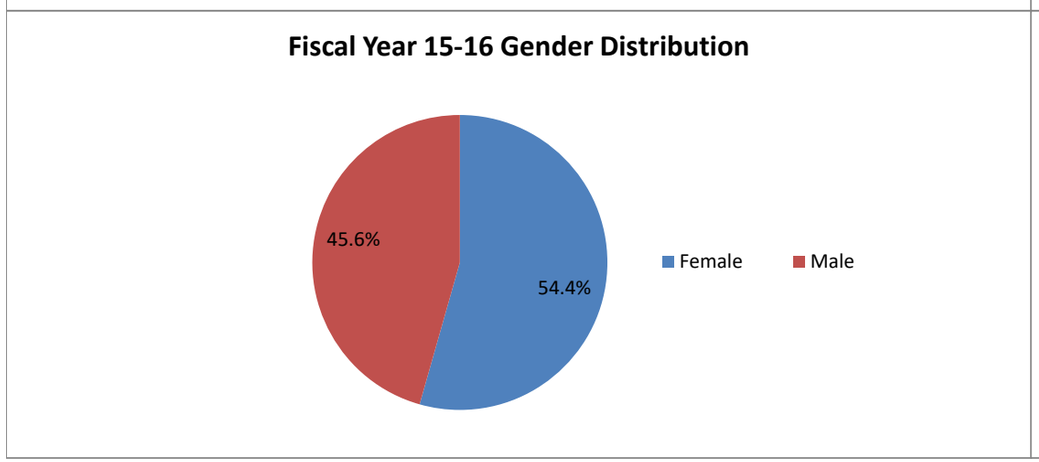
Demographics Report: Unique Count of Adults Receiving SMHS by Fiscal Year

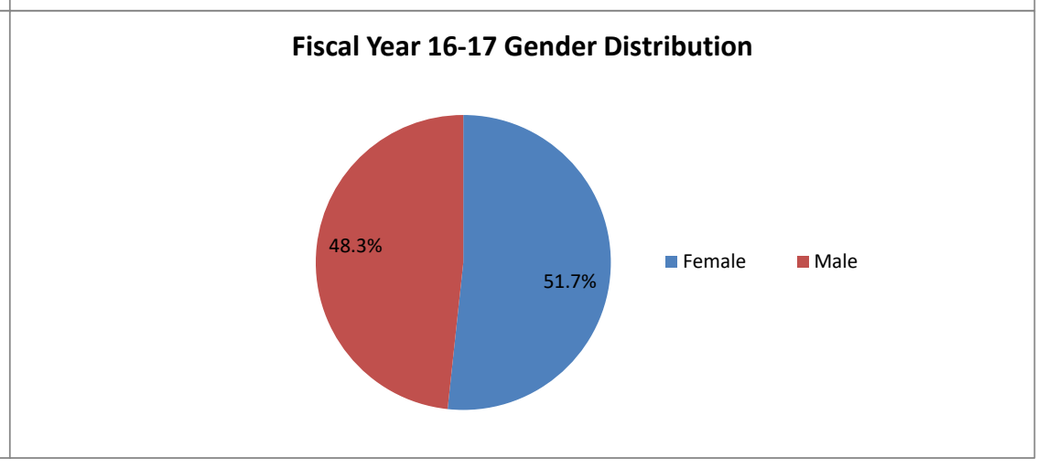
Yolo County as of March 22, 2018

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%





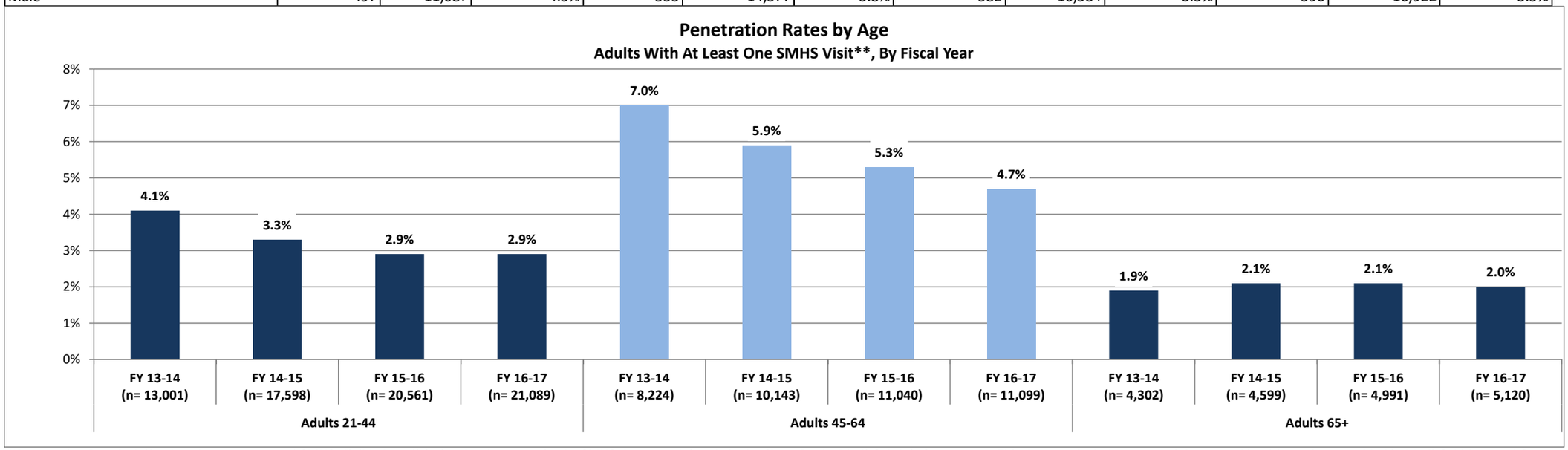




Penetration Rates* Report: Adults With At Least One SMHS Visit**

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%

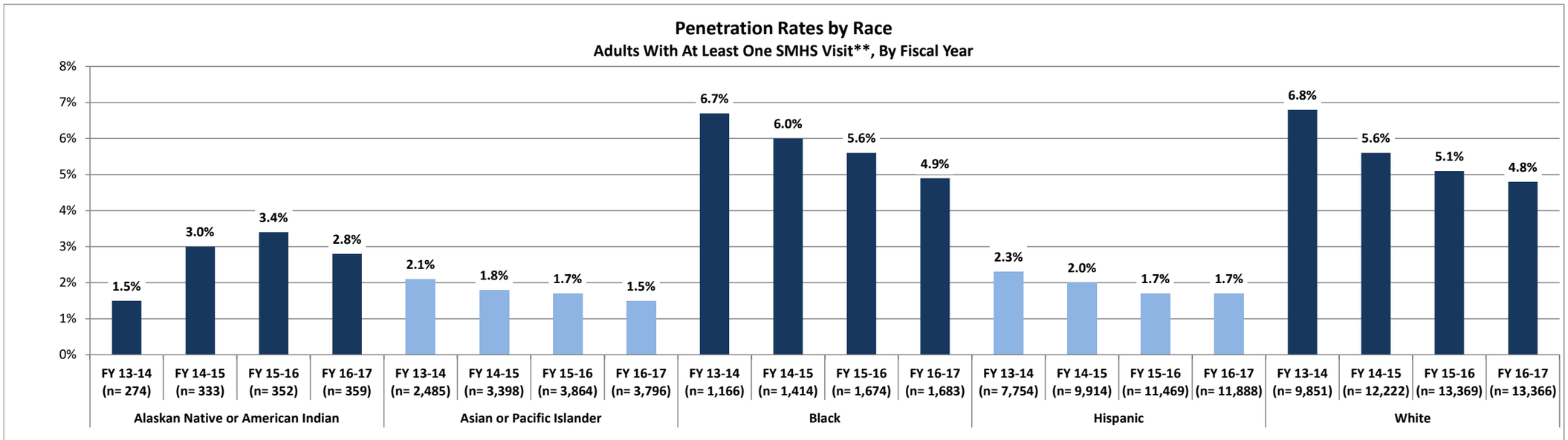


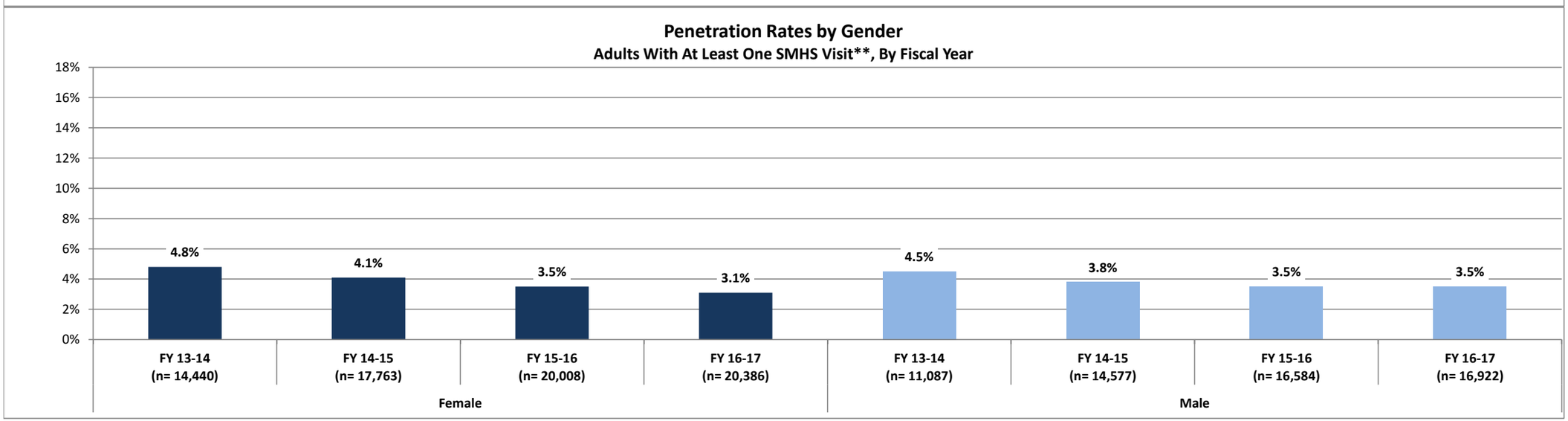
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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





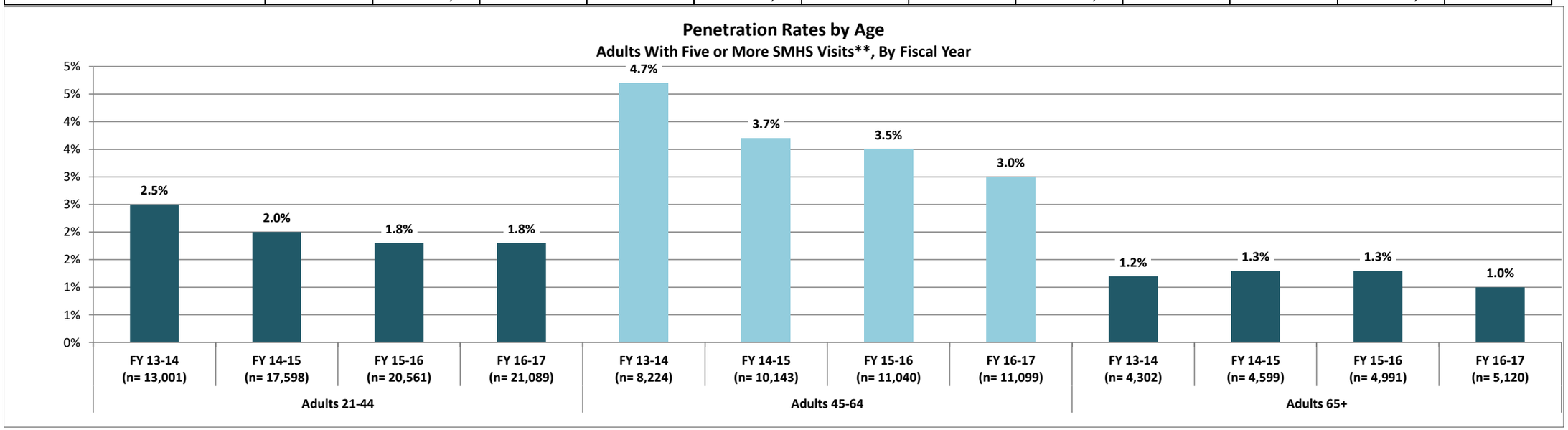
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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 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%

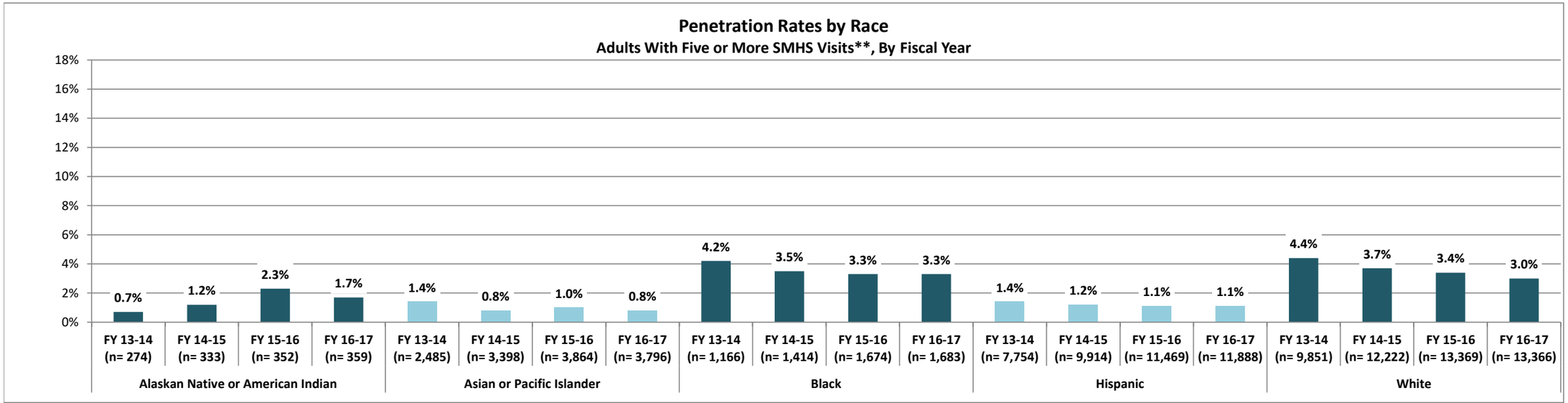


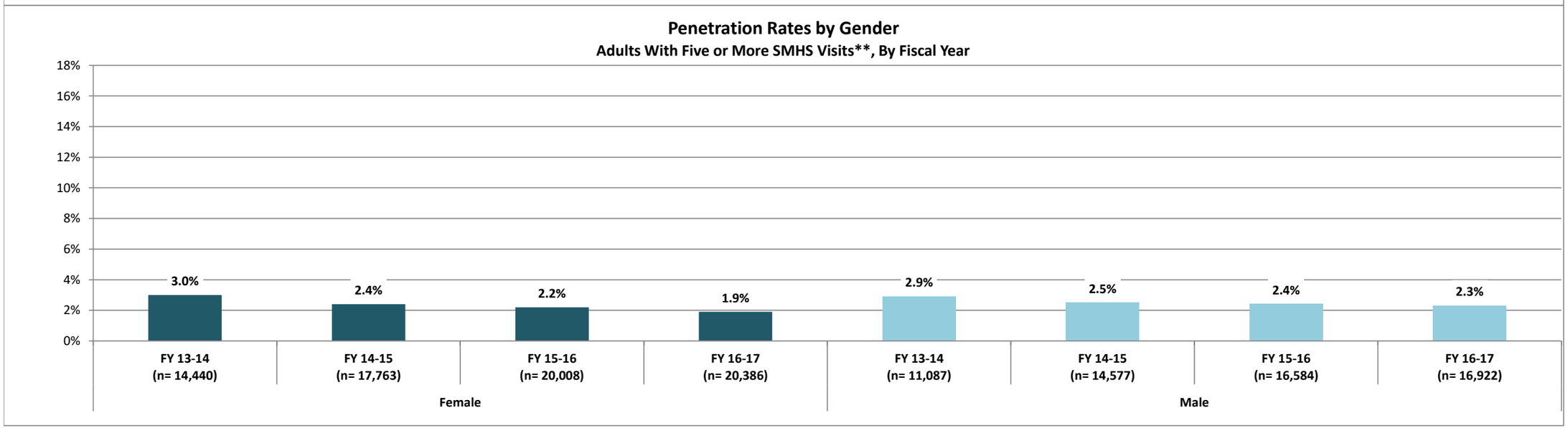
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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**

Yolo County as of March 22, 2018





**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.*

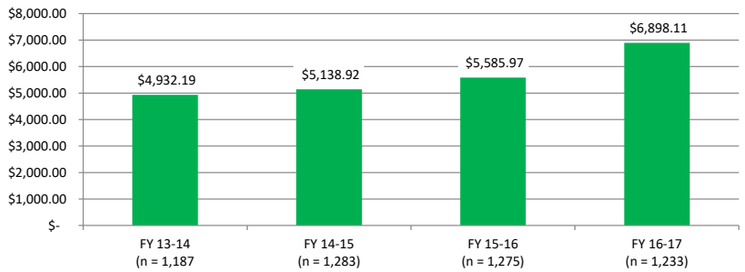
***Adults and Older Adultsthat have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

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

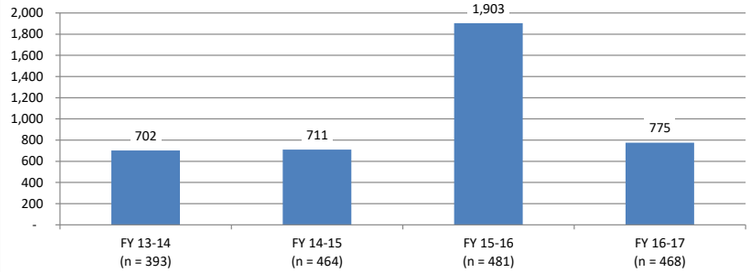
Yolo County as of March 22, 2018

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**

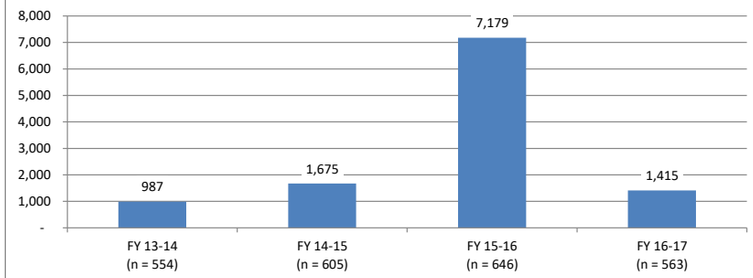
Total Approved Per Unique Beneficiary
By Service Fiscal Year



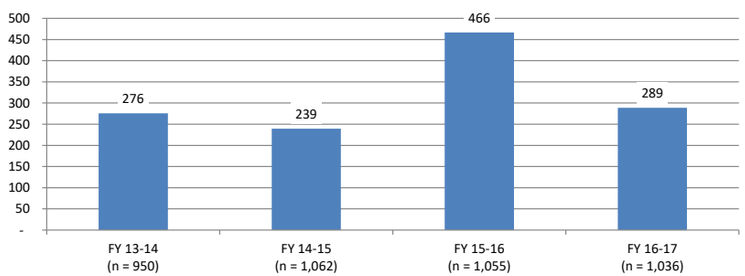
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



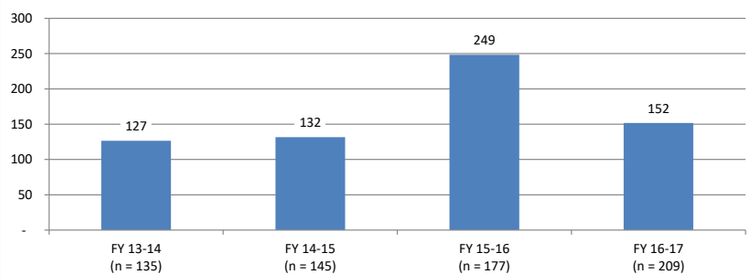
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



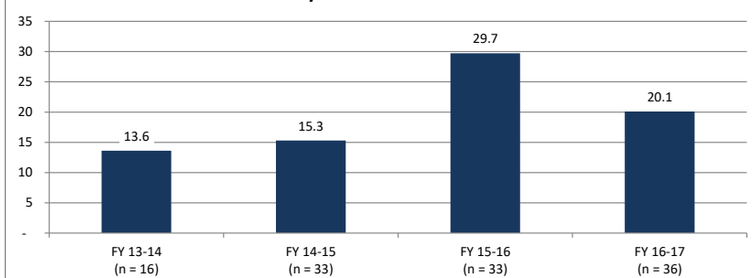
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



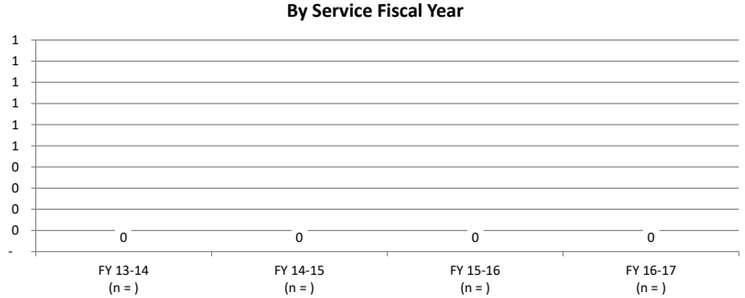
Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



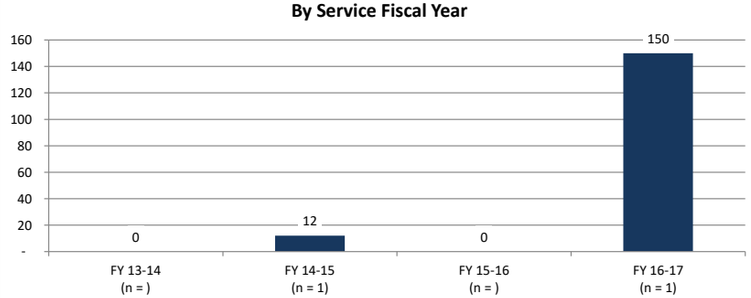
Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year



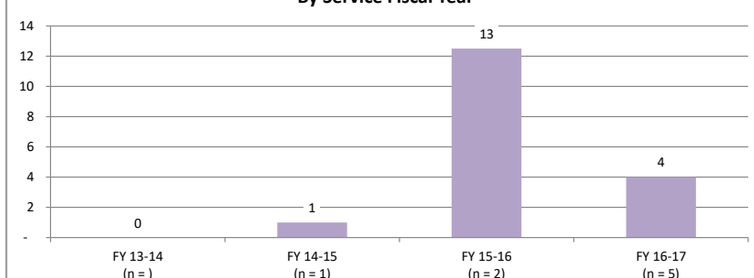
Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year



Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year



Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year

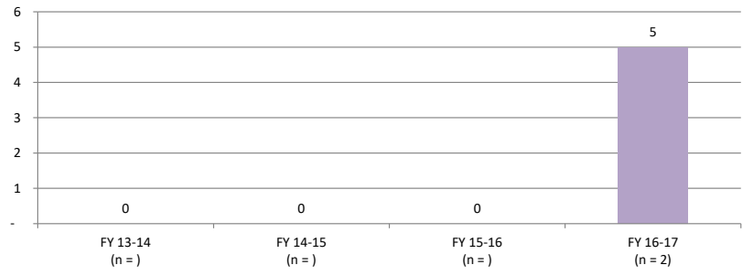


**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

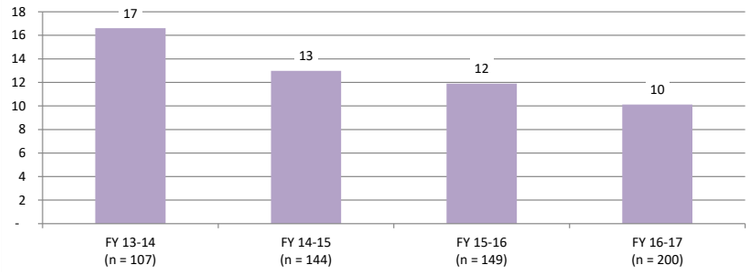
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

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

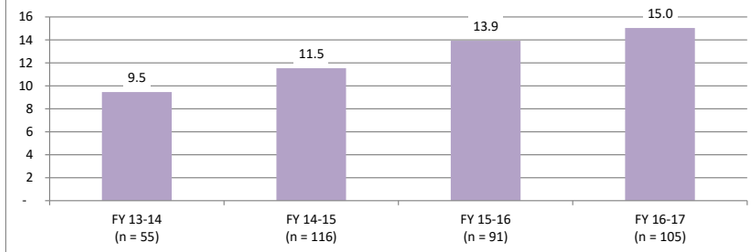
Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year



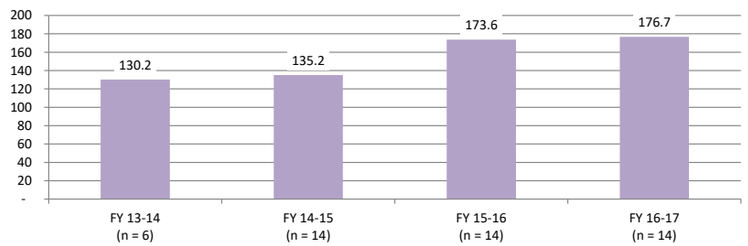
Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year



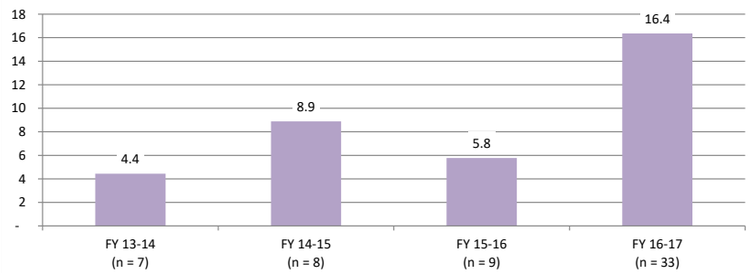
Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year



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.

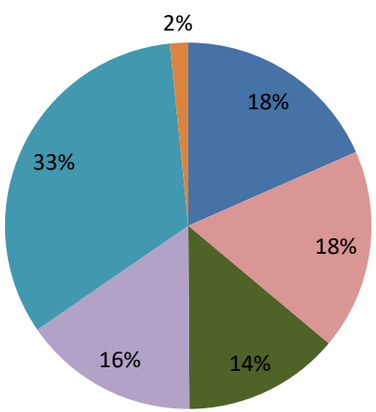
Snapshot Report: Unique Count of Adults Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

Yolo County as of March 22, 2018

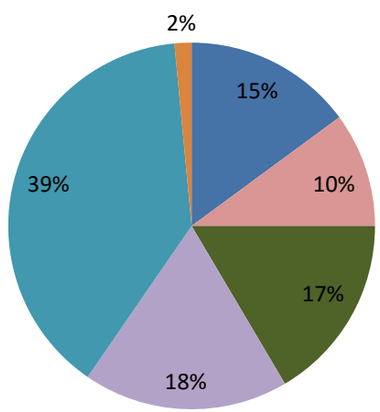
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Adults that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Adults receiving continuous services 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%

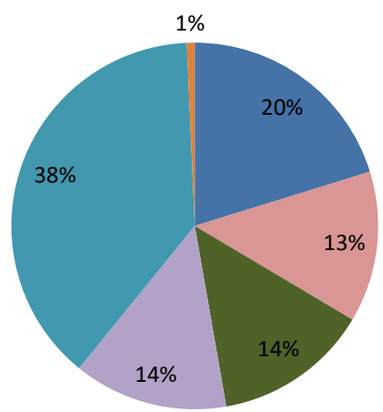
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



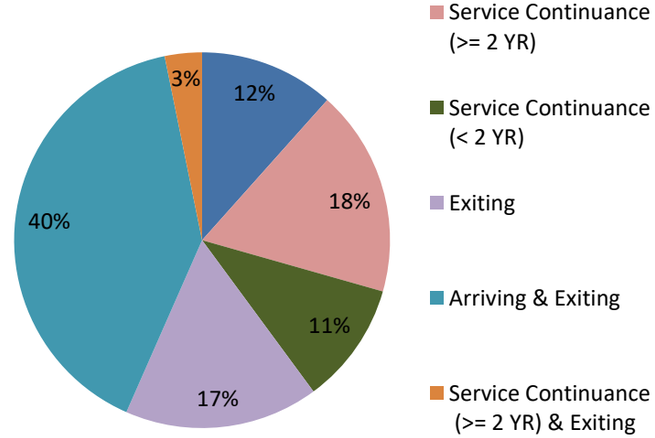
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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



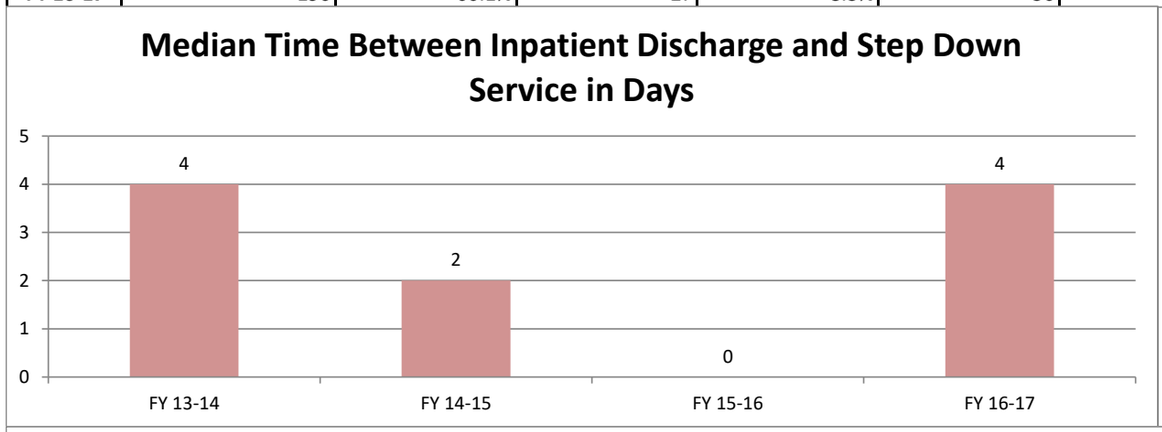
Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution

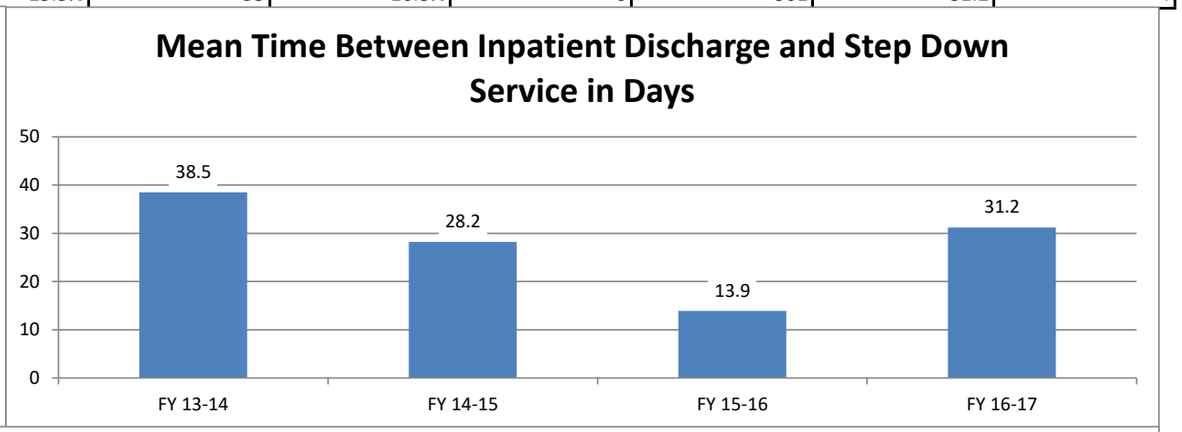


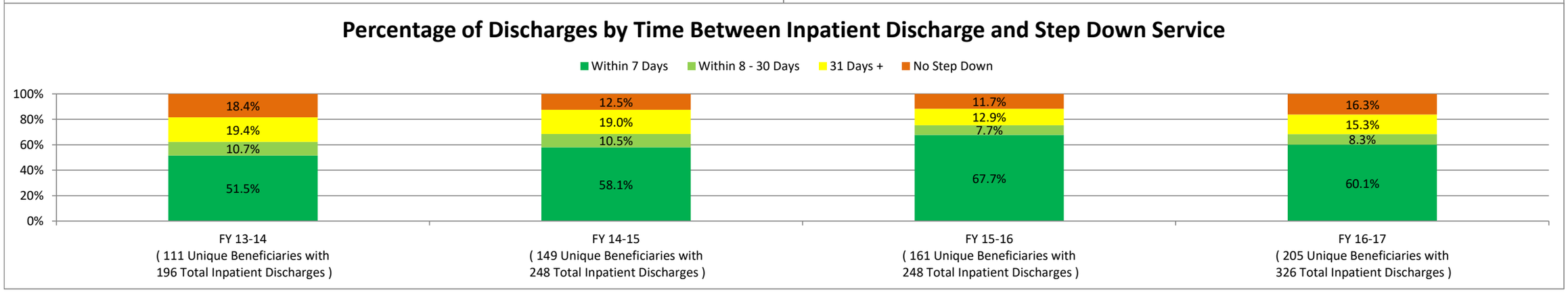
Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge*

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







** **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.

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 penetrationrates 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

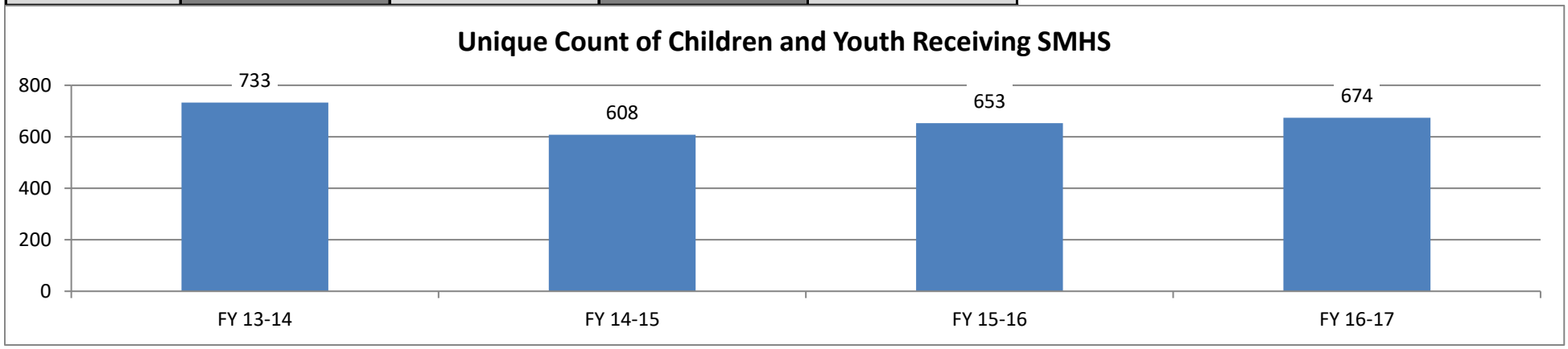
*The psychiatric emergency services/hospital data reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed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



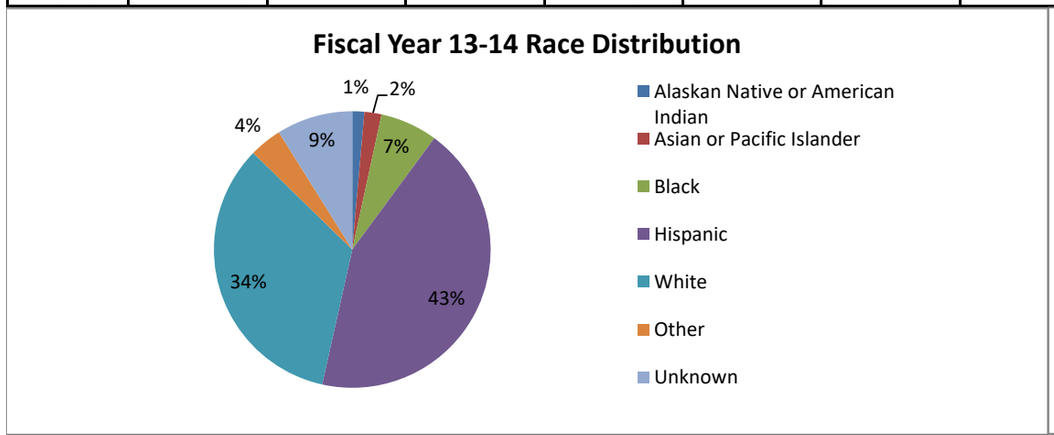
**SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.*

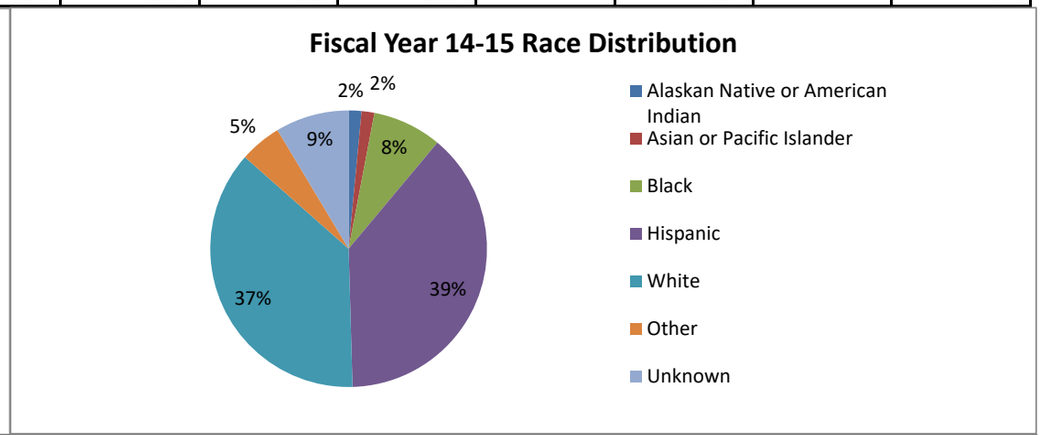
***SFY = State Fiscal Year which is July 1 through June 30.*

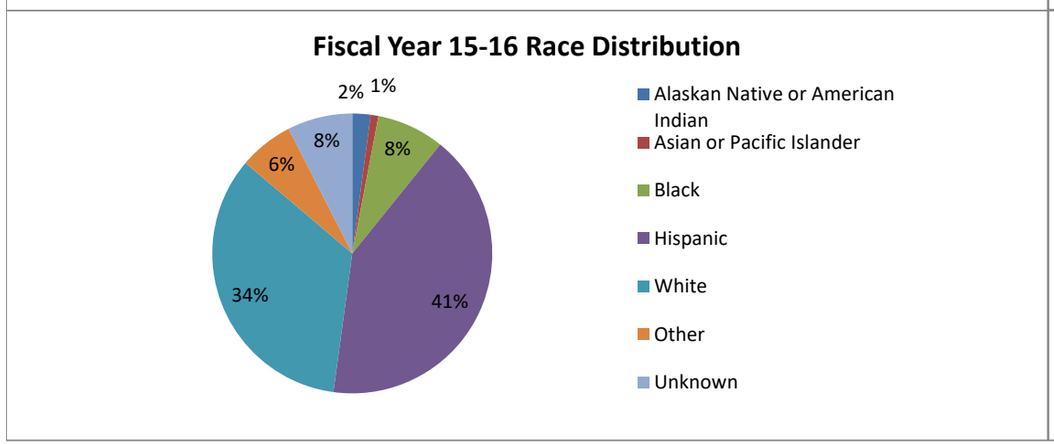
Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

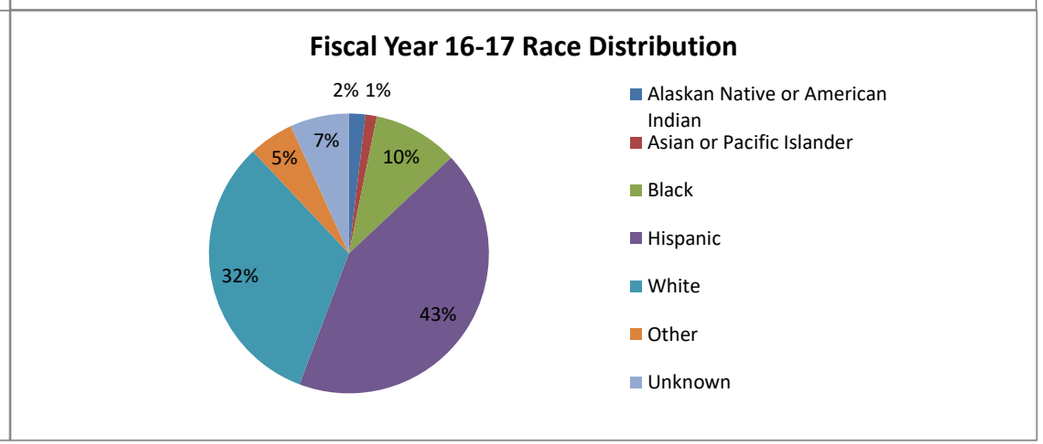
Yolo County as of March 13, 2018

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%









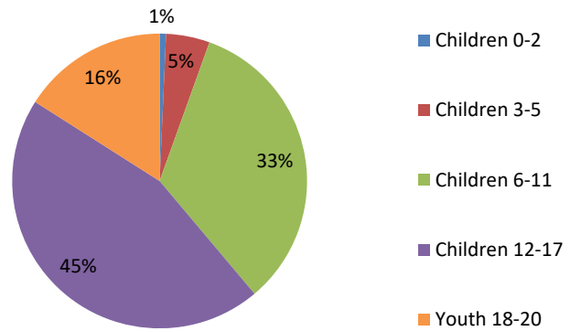
Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

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

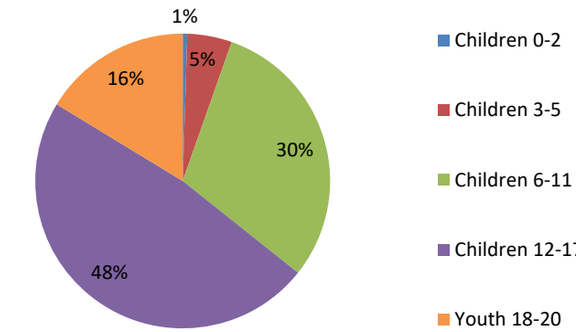
Yolo County as of March 13, 2018

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%

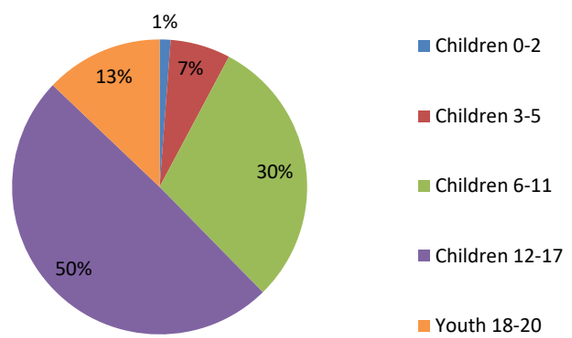
Fiscal Year 13-14 Age Group Distribution



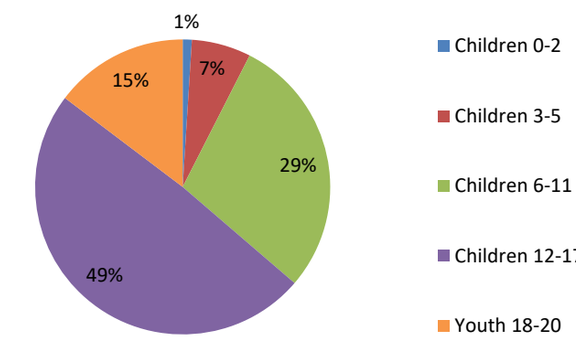
Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution



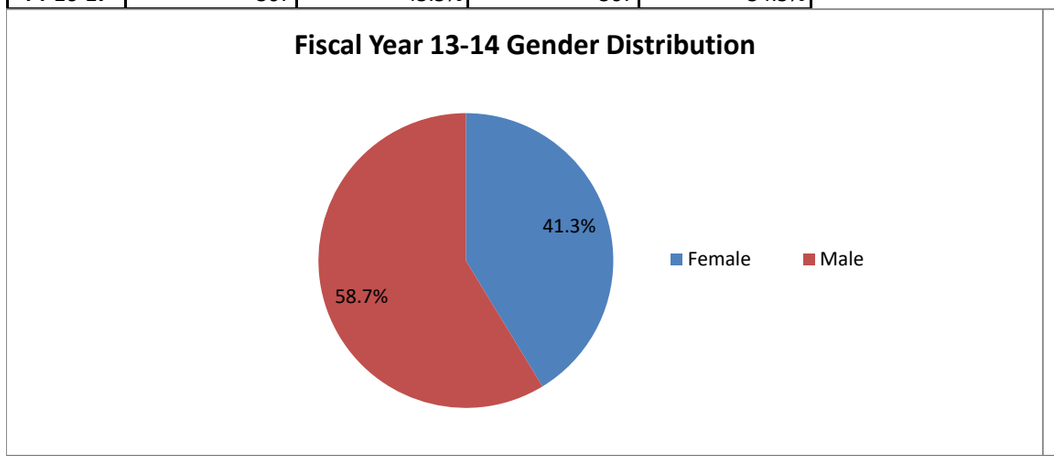
Fiscal Year 16-17 Age Group Distribution

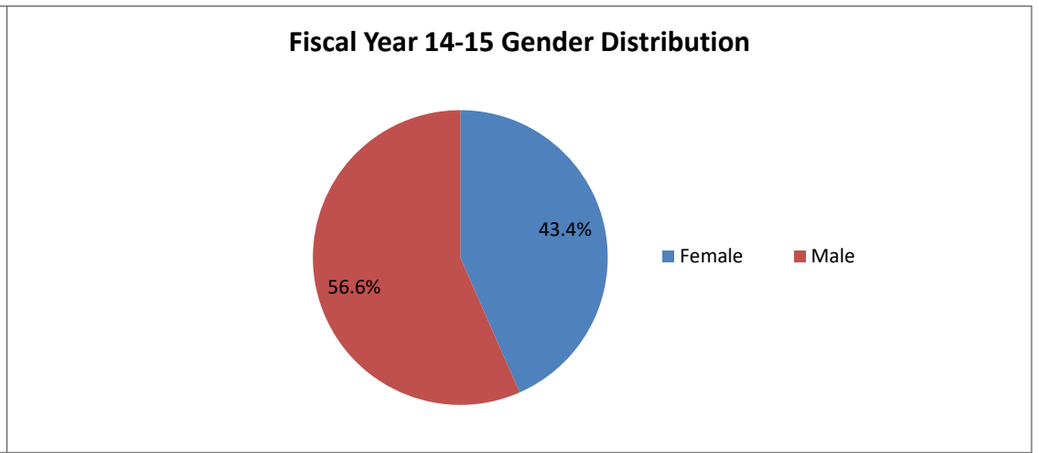


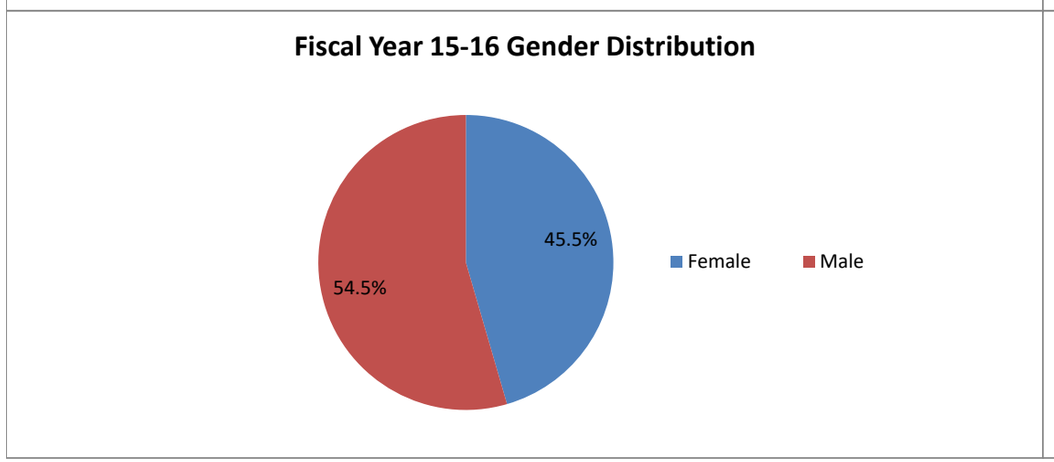
Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

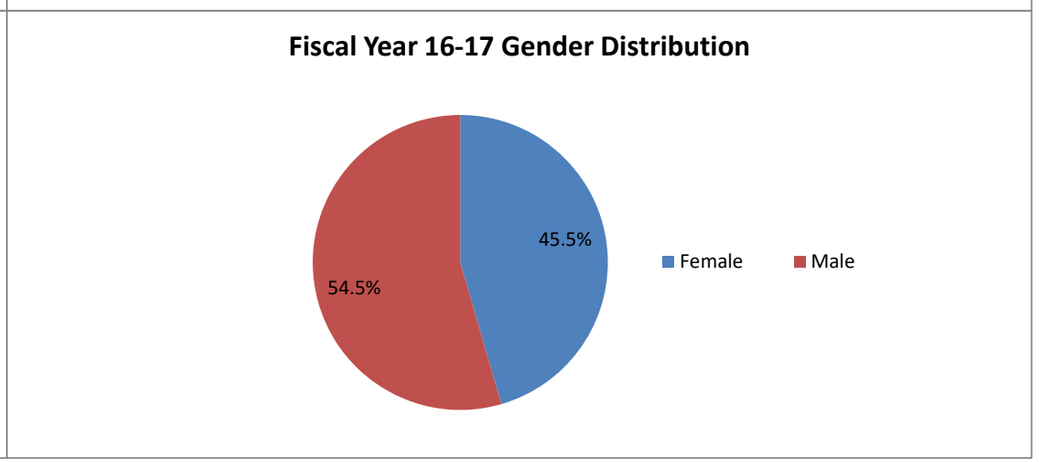
Yolo County as of March 13, 2018

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%









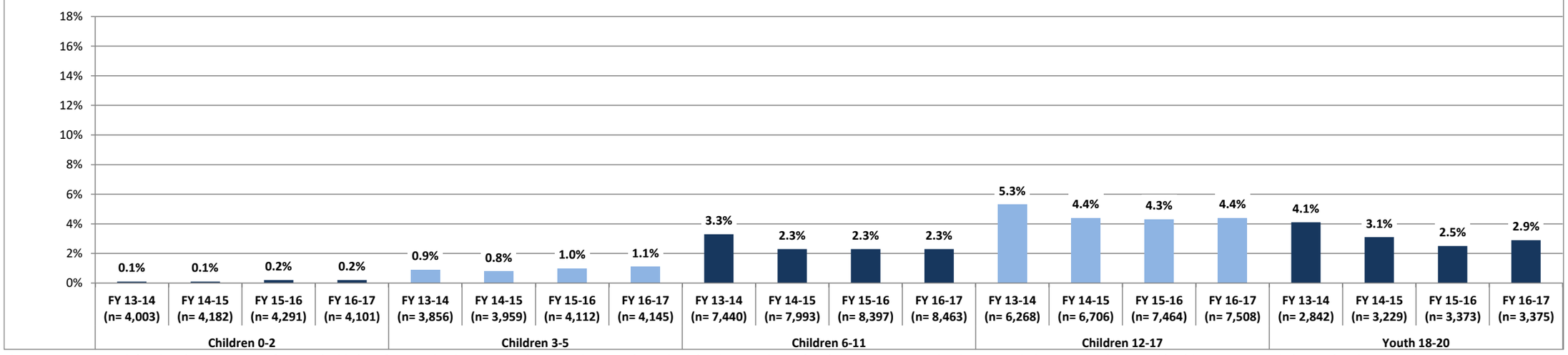
Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

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**

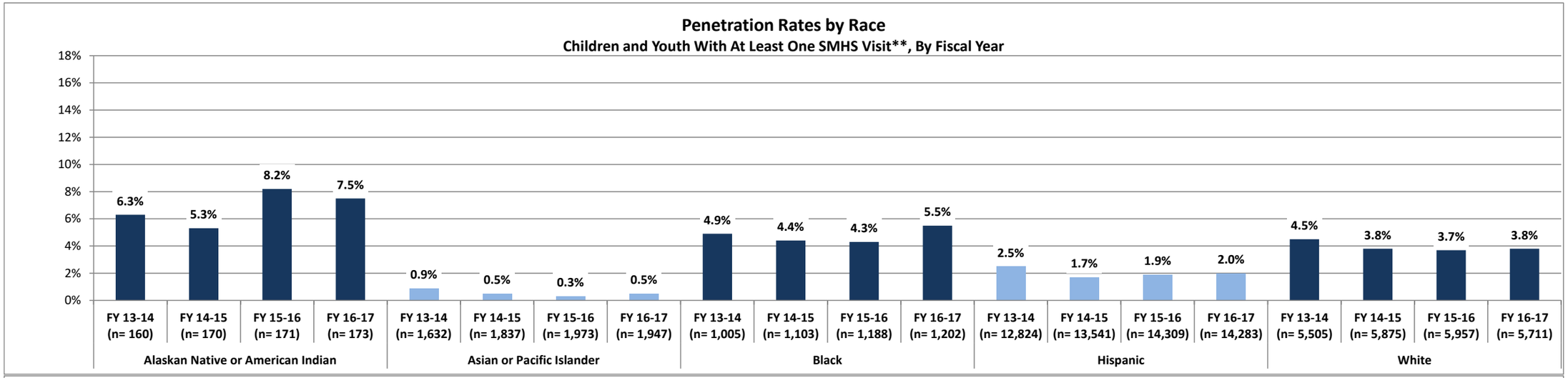


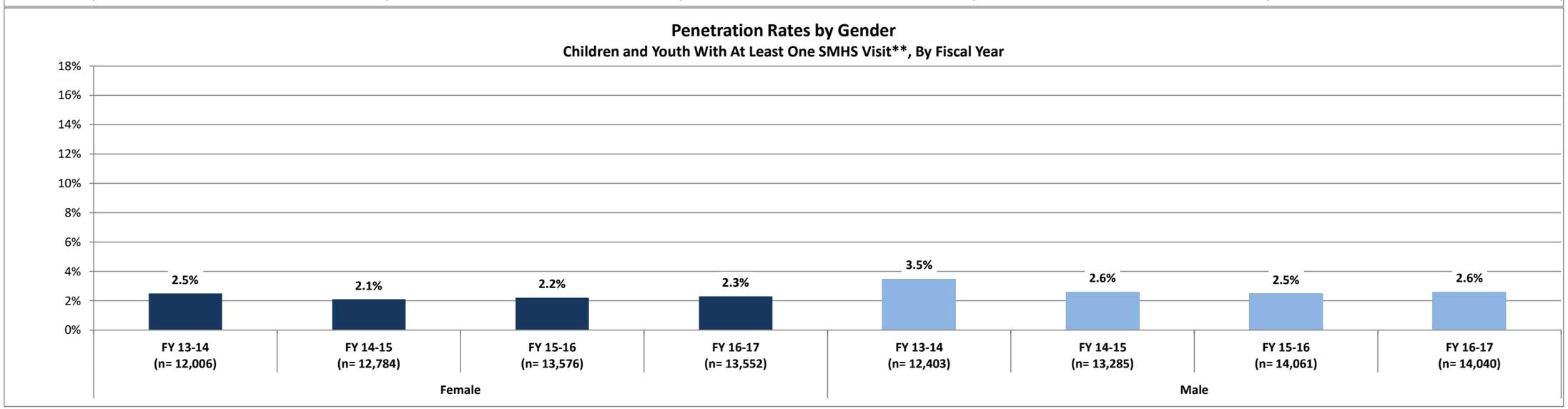
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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





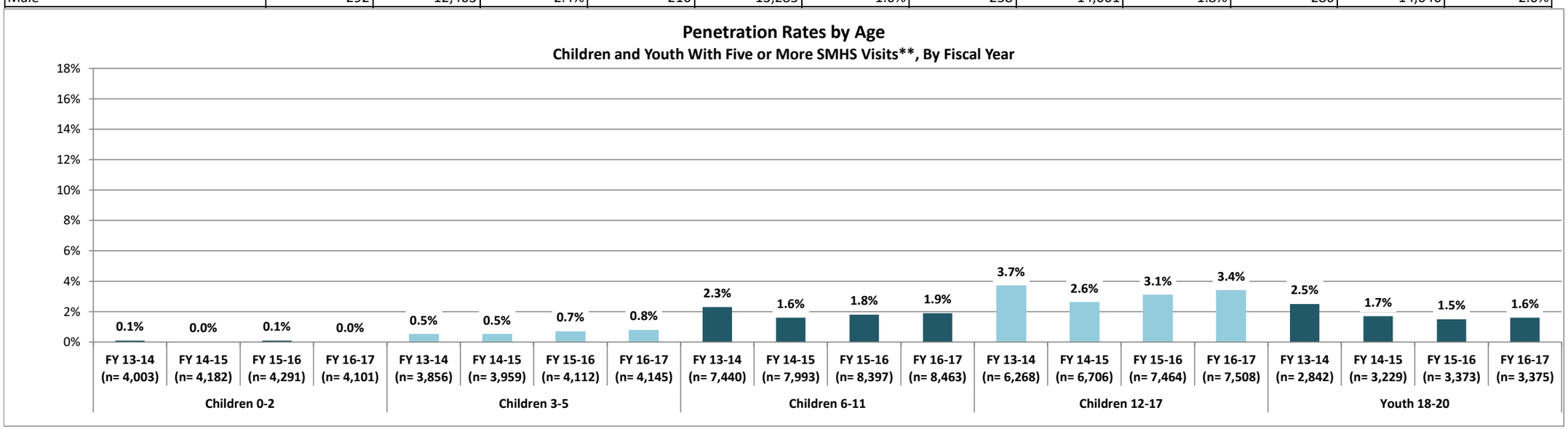
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***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 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.*

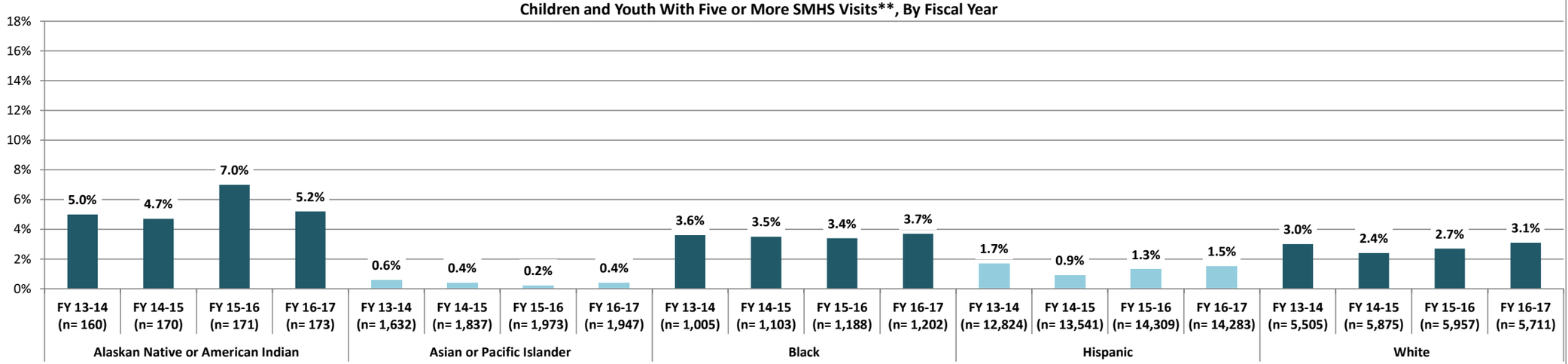
***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

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

Yolo County as of March 13, 2018

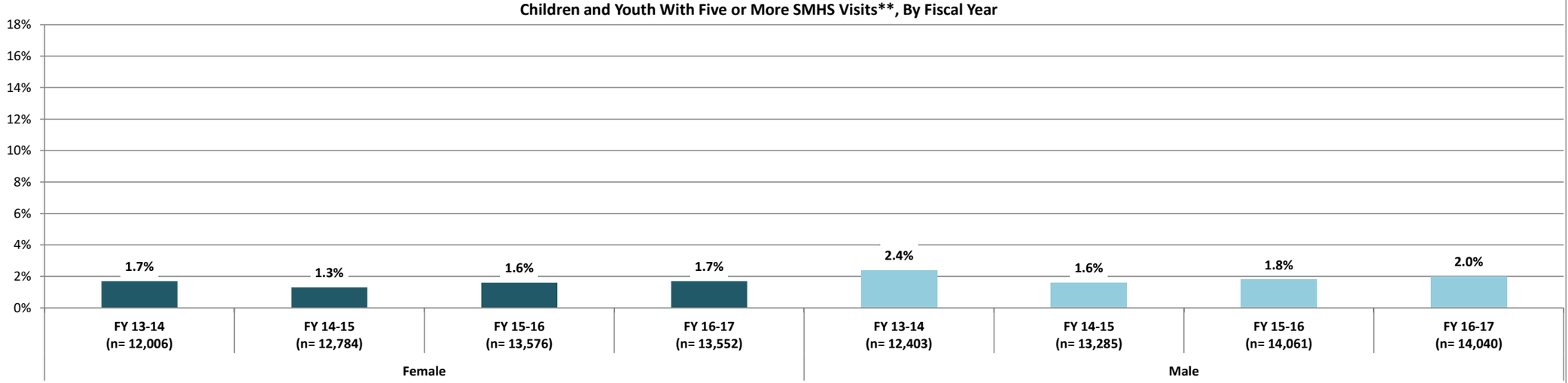
Penetration Rates by Race

Children and Youth With Five or More SMHS Visits, By Fiscal Year**



Penetration Rates by Gender

Children and Youth 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.*

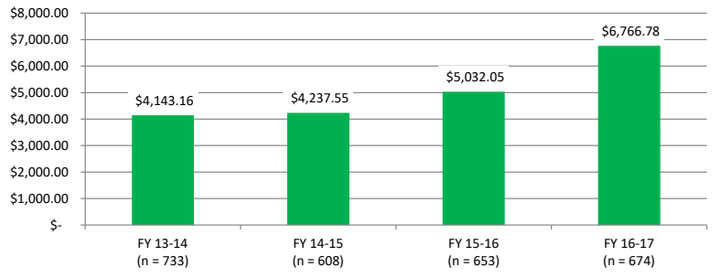
***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

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

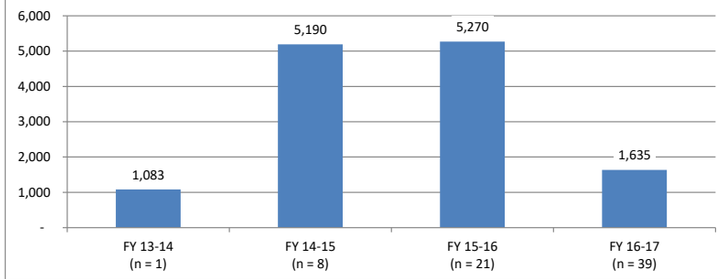
Yolo County as of March 13, 2018

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**

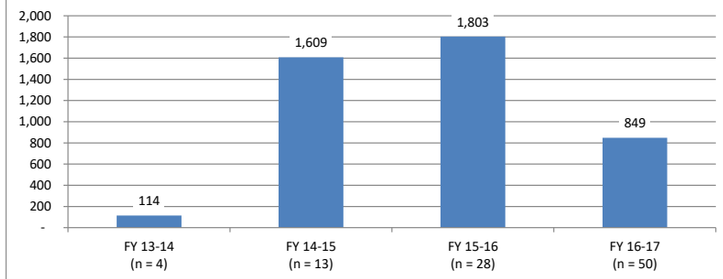
Total Approved Per Unique Beneficiary
By Service Fiscal Year



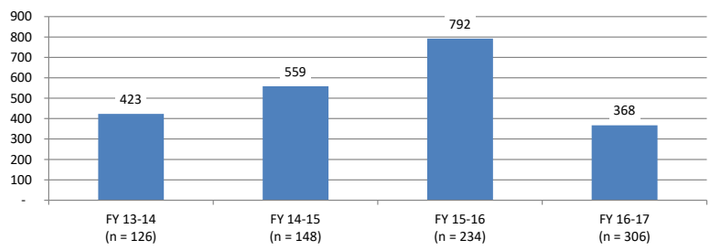
IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year



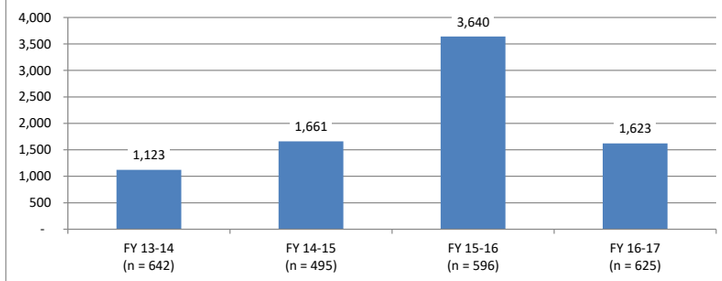
ICC Minutes Per Unique Beneficiary
By Service Fiscal Year



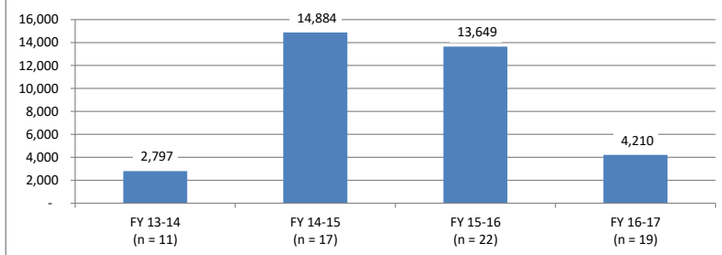
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



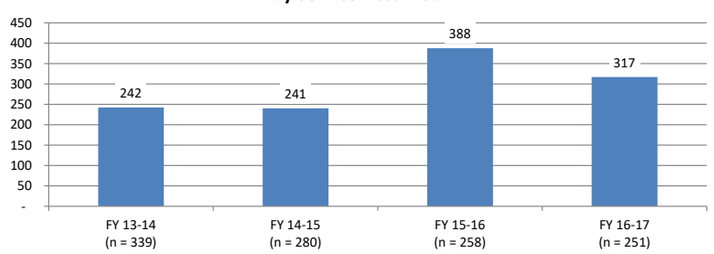
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



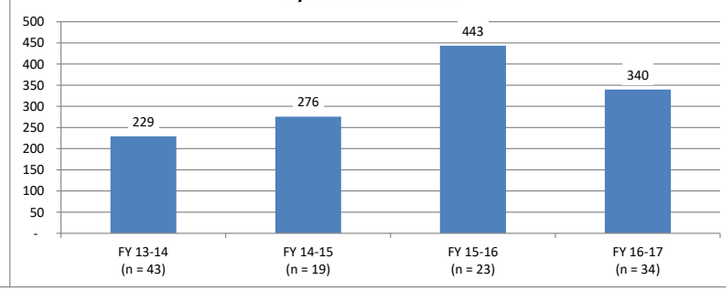
Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year



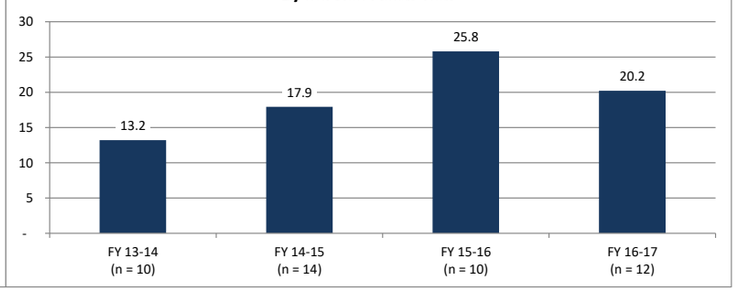
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

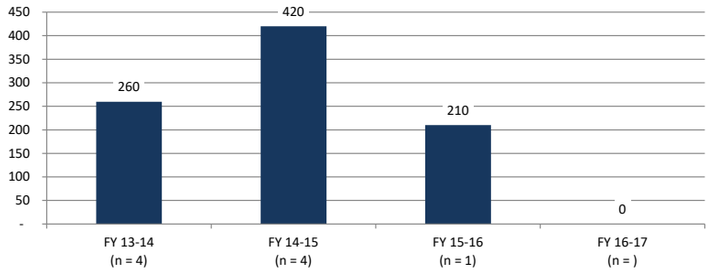


**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

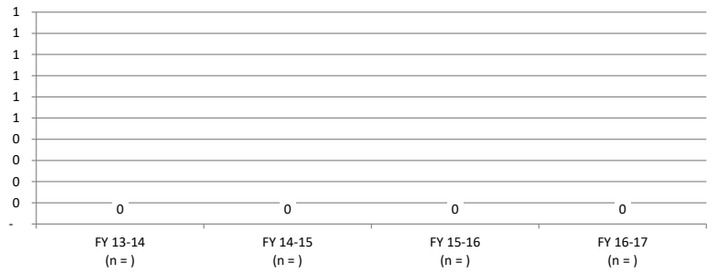
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

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

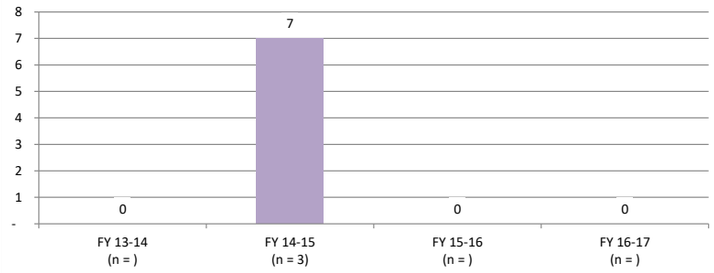
Full Day Treatment Intensive Hours Per Unique Beneficiary
By Service Fiscal Year



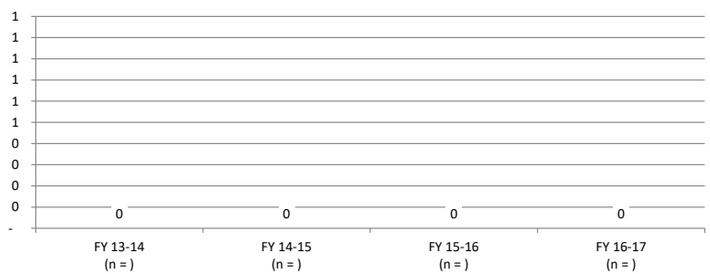
Full Day Rehabilitation Hours Per Unique Beneficiary
By Service Fiscal Year



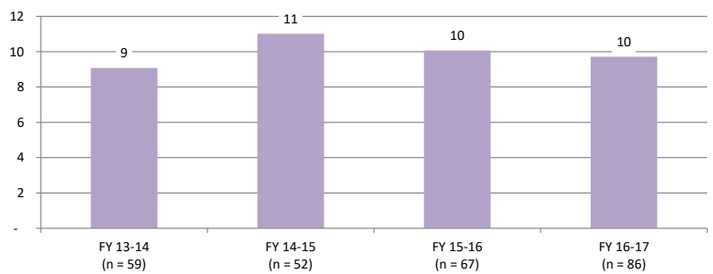
Hospital Inpatient Days Per Unique Beneficiary
By Service Fiscal Year



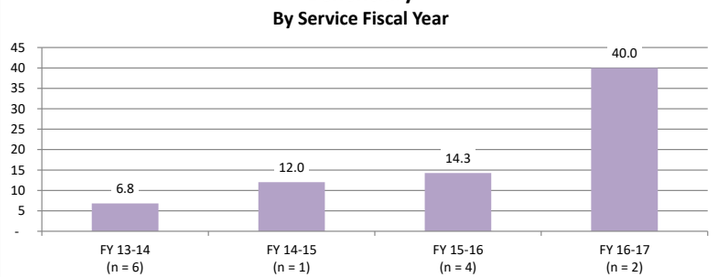
Hospital Inpatient Admin Days Per Unique Beneficiary
By Service Fiscal Year



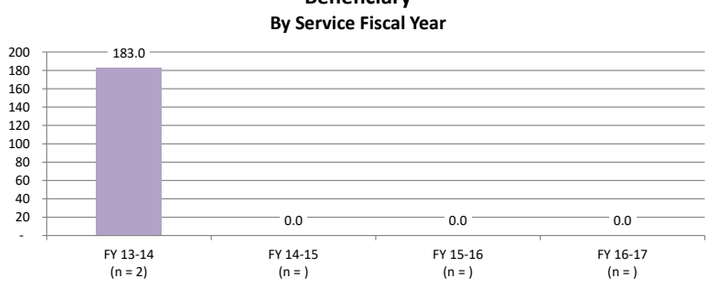
Fee for Service Inpatient Days Per Unique Beneficiary
By Service Fiscal Year



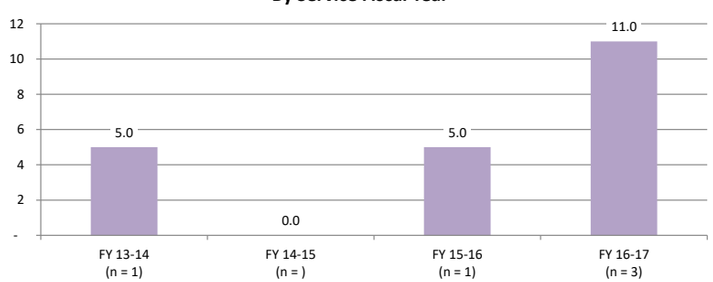
Crisis Residential Treatment Services Days Per Unique Beneficiary
By Service Fiscal Year



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.

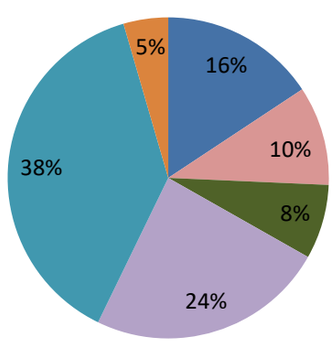
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

Yolo County as of March 13, 2018

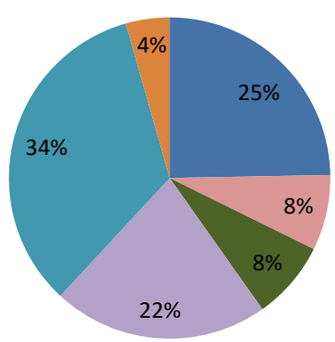
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving 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%

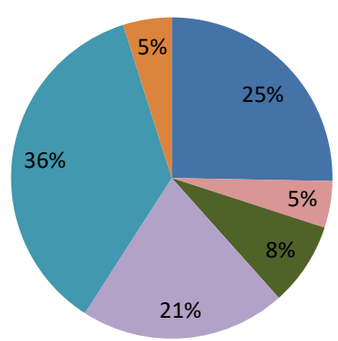
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



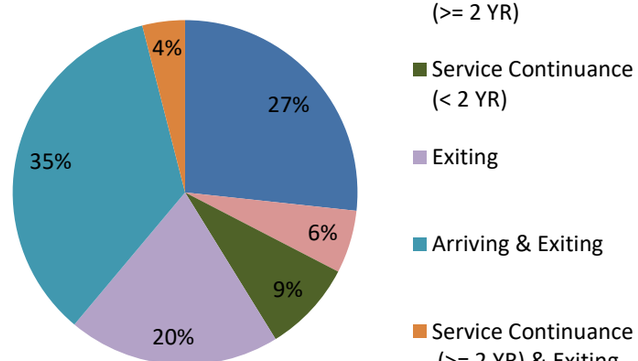
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



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



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

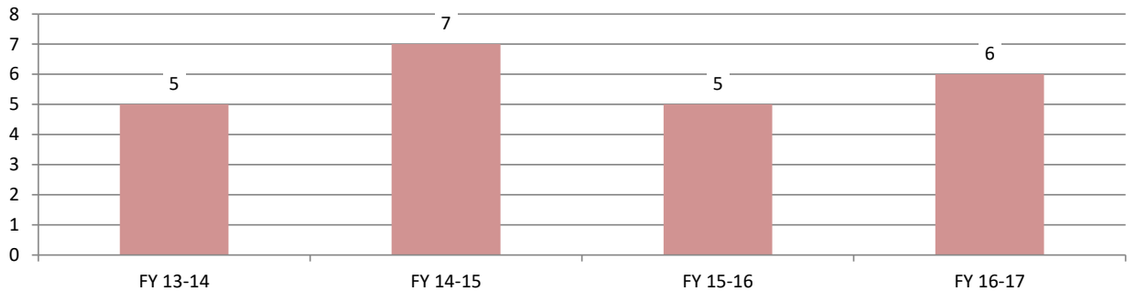


Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

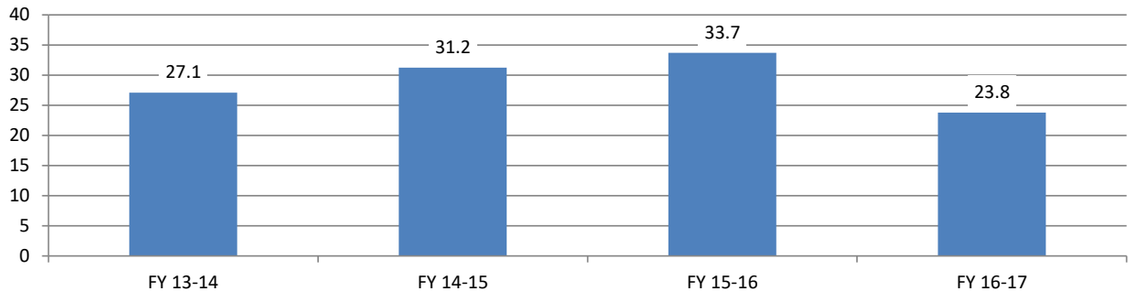
Yolo County as of March 13, 2018

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

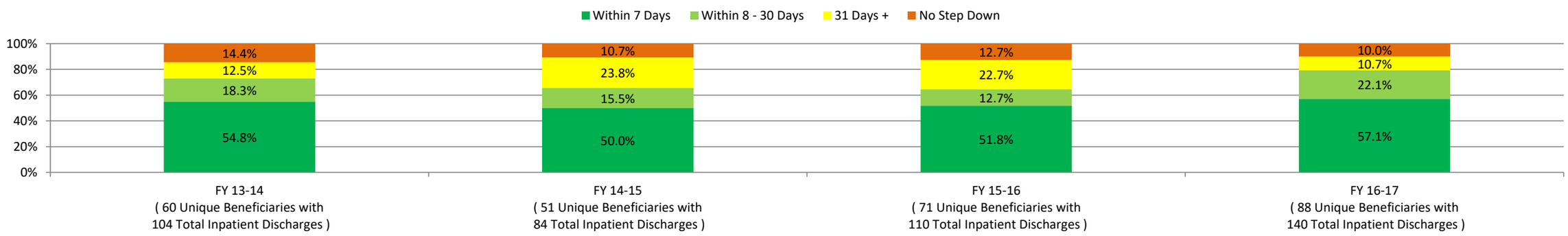
Median Time Between Inpatient Discharge and Step Down Service in Days



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:
    - 1761 jail bed days
    - 91 local hospital bed days
    - 997 department of state hospital bed days

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

  Of the 8 that left MHC in fiscal year post MHC figures:
    - 64 jail bed days **96.37% decrease from pre-MHC figures**
    - 30 local hospital bed days **67.03% decrease from pre-MHC figures**
    - 0 department of state hospital bed days **100% decrease from pre-MHC figures**
    - **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:

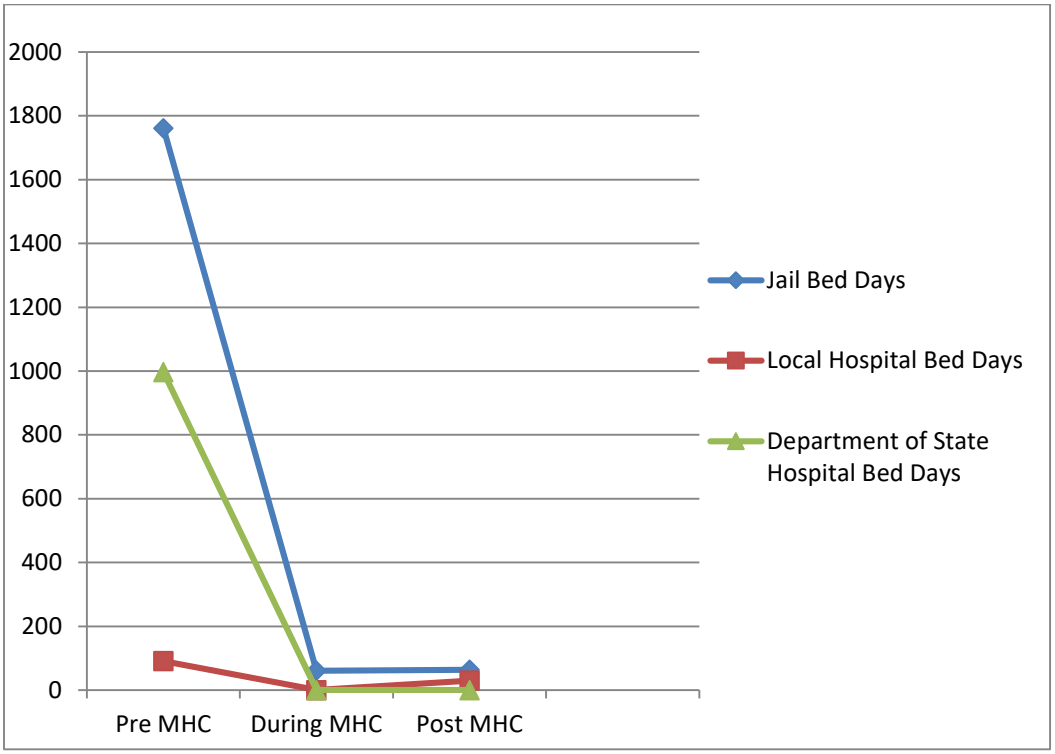
$1, 023,601.11

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

Item 8.
Mental Health Director’s Report

Yolo County Local Mental Health Board
Director's Report
February 25, 2019

Board of Supervisors Workshops- On Tuesday, February 5th, staff from the Yolo County Health and Human Services Agency (HHSA) attended the Board of Supervisors Strategic Planning Workshop to provide updates on the topics of Behavioral Health, Homelessness and Housing. During the presentation, staff shared service roadmaps for Behavioral Health and Homeless Services as well as recent successes in alignment with HHSA's Strategic Goals. The homelessness and housing presentation provided a GIS map of low income housing, and a description of some supportive services offered in Yolo County. The creation of the map was a collaborative effort of staff from HHSA and General Services. After the presentations, the Board, representatives from the County Administrator's Office, and HHSA discussed future plans for Behavioral Health and Homelessness Services.

Pine Tree Gardens- On February 7th, Supervisors Saylor and Provenza hosted a listening session with concerned constituents and family members in regards to Pine Tree Gardens sustainability. The County has committed to increasing support for the Day Treatment program on site so that more residents might be able to participate. The County will be meeting with Turning Point on March 8th to better understand financing and the fiscal gap in order to begin to understand what the County may be able to contribute and for how long. After this meeting we will re-convene the concerned constituent/family group to discuss.

Pacifico (Navigation and Adult Residential Facility) – On February 19th, the Davis City Council received a presentation by Lisa Baker with Yolo County Housing (YCH). This presentation addressed concerns expressed by residents living near the Pacifico site, and was designed to describe the history of the site, as well as current statistics associated with Law Enforcement and other calls for service to the area. Data shows low rates of emergency services utilization for the Pacifico site as compared to the surrounding apartment complexes in the same area. HHSA, City staff, YCH and Board members Jim Provenza and Don Saylor, will continue to work on next steps for the project.

Juvenile Detention Facility Mental Health Services - On January 29th the Board of Supervisors received a comprehensive update from the Probation Department regarding the Office of Refugee Resettlement(ORR) contract with Yolo County. A portion of this funding is directly tied to mental health staffing within the Juvenile Detention Facility(JDF). In light of the increased mental health staffing, the County will be providing the bulk of the mental health services within the JDF, and WellPath (formerly CFMG), will provide Psychiatry and physical health support. We will be working closely with Probation staff and WellPath over the next several months to ensure that this transition is smooth and successful.

Temporary Shelter – Woodland The temporary shelter is continuing through June. The average # of project participants staying in the shelter since December 7th is 16.6 out of 30. Two individuals are now housed. Case management efforts are targeting the self-sufficiency factors associated with obtaining stable housing, including assisting individuals with access and linkage to Yolo County Medi-Cal, ID cards, Birth Certificates and for those eligible, Cal Fresh and SSI. County and City staff are continuing discussions on next steps for interim housing options after the emergency shelter project concludes.

Suicide Prevention Sustainability Planning- As a part of the ongoing effort to assist Suicide Prevention in becoming more sustainable, Karen and County Administrator, Patrick Blacklock, will be meeting with Yolo County Office of Education to discuss ways we might partner toward that end.

External Quality Review Organization (EQRO) - The External Quality Review Organization (EQRO) completed its annual review of the Yolo County Mental Health Plan on February 13, 2019; thank you to the consumers, family members, staff, and community partners for your participation. Following the review, the lead quality reviewer sent a statement, "on behalf of the EQRO team, I thank you and your staff for a successful review. The collaborative spirit of your team and warmth of the people we encountered during our two days in Yolo were a testament to the professionalism of the organization."

Outpatient Specialty Mental Health Services Penetration Rates & Mental Health Utilization Data – As one indicator of system capacity and access to care, we have begun looking at the utilization of specialty mental health services by city of residence. This month focuses on Davis. See attached.

State Hearings on Mental Health Financing

The Assembly and Senate Health Committees will hold a series of hearings on mental health coverage in the Medi-Cal program. The first of two scheduled hearings will be on Tuesday, February 26, 2019 at 1:30 in Room 4202 of the State Capitol is entitled "The Medi-Cal Mental Health Delivery System" and will provide an overview of the current Medi-Cal mental health delivery system to set the stage for subsequent hearings. The hearing will provide an overview of the prevalence of mental health conditions in California with a focus on the Medi-Cal population. The hearing will then provide information on what the Medi-Cal mental benefit consists of, how mental health services are delivered, administered and financed, and how quality is measured and ensured.

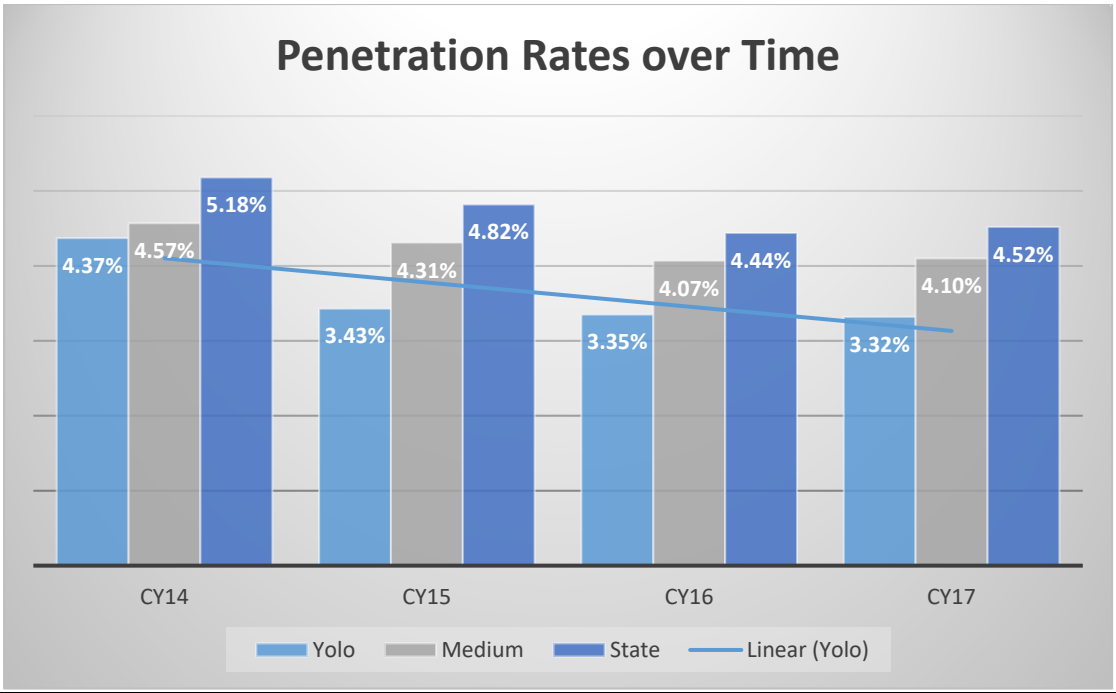
The second hearing will be on Tuesday, March 5, 2019 at 1:30 in Room 4202 of the State Capitol and is entitled "Improving the Medi-Cal Mental Health Delivery System." It will focus on how well the Medi-Cal mental health benefit is delivered. The committee will hear what works well and what needs improvement in the delivery of the Medi-Cal mental health benefit, with a focus on how to improve the delivery of services and how to better integrate the delivery of physical and mental benefits in the overall Medi-Cal health care delivery system.

AB1315 Advisory Committee – HHSA Director, Karen has been appointed to the AB1315 Advisory Committee with the Mental Health Services Oversight and Accountability Commission. As a reminder AB1315 is specific to early psychosis and mood disorder detection and intervention. I have highlighted the role I will be filling.

> Membership on the committee shall be as follows:
> (1) The chair of the Mental Health Services Oversight and Accountability Commission, or his or her designee, who shall serve as the chair of the committee.
> (2) The president of the County Behavioral Health Directors Association of California, or his or her designee.
> (3) The director of a county behavioral health department that administers an early psychosis and mood disorder detection and intervention-type program in his or her county.
> (4) A representative from a nonprofit community mental health organization that focuses on service delivery to transition-aged youth and young adults.
> (5) A psychiatrist or psychologist.
> (6) A representative from the Behavioral Health Center of Excellence at the University of California, Davis, or a representative from a similar entity with expertise from within the University of California system.
> (7) A representative from a health plan participating in the Medi-Cal managed care program and the employer-based health care market.
> (8) A representative from the medical technologies industry who is knowledgeable in advances in technology related to the use of innovative social media and mental health information feedback access.
> (9) A representative knowledgeable in evidence-based practices as they pertain to the operations of an early psychosis and mood disorder detection and intervention-type program, including knowledge of other states' experiences.
> (10) A representative who is a parent or guardian caring for a young child with a mental illness.
> (11) An at-large representative identified by the chair.
> (12) A representative who is a person with lived experience of a mental illness.
> (13) A primary care provider from a licensed primary care clinic that provides integrated primary and behavioral health care.

YOLO COUNTY OUTPATIENT SPECIALTY MENTAL HEALTH SERVICES
FEBRUARY 2019

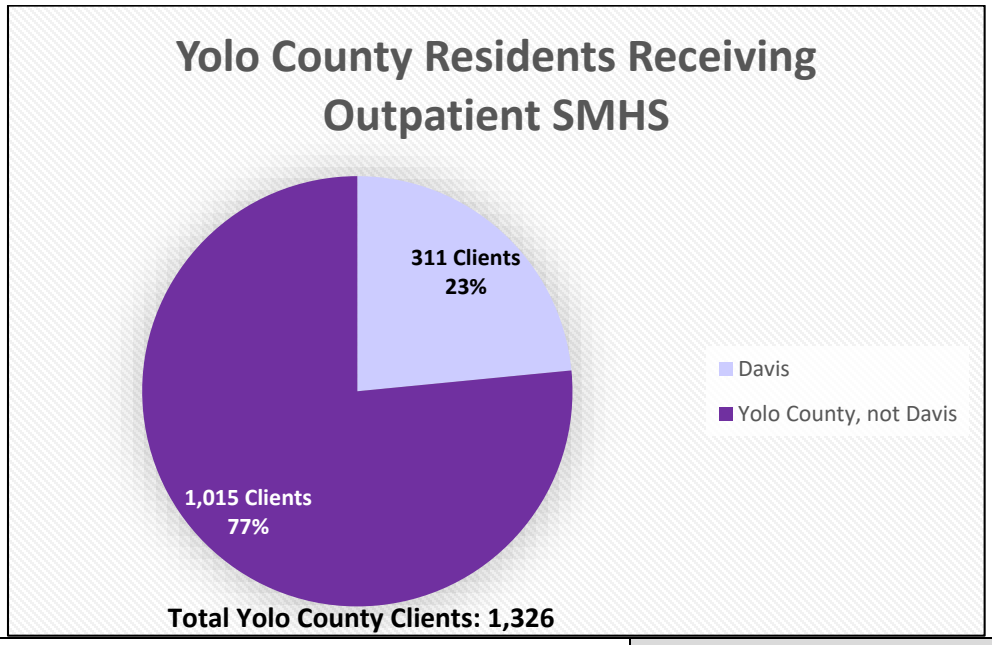
FIGURE 1



	CY14	CY15	CY16	CY17
Yolo	4.37%	3.43%	3.35%	3.32%
Medium	4.57%	4.31%	4.07%	4.10%
Statewide	5.18%	4.82%	4.44%	4.52%

- Figure 1 reflects the change in Penetration Rates among all beneficiaries who received specialty mental health services from 2014 through 2017, comparing Yolo County to other medium-sized Mental Health Plans and to the statewide average.
- Penetration Rate is considered a proxy measure for access to services and is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count.
- Yolo County's overall penetration rate of 3.32% in CY17 is below the penetration rates in other medium MHPs (4.10%) and the State (4.52%); this suggests that Medi-Cal beneficiaries in Yolo County have more difficulty accessing services compared to beneficiaries in other similar-sized counties and the state.

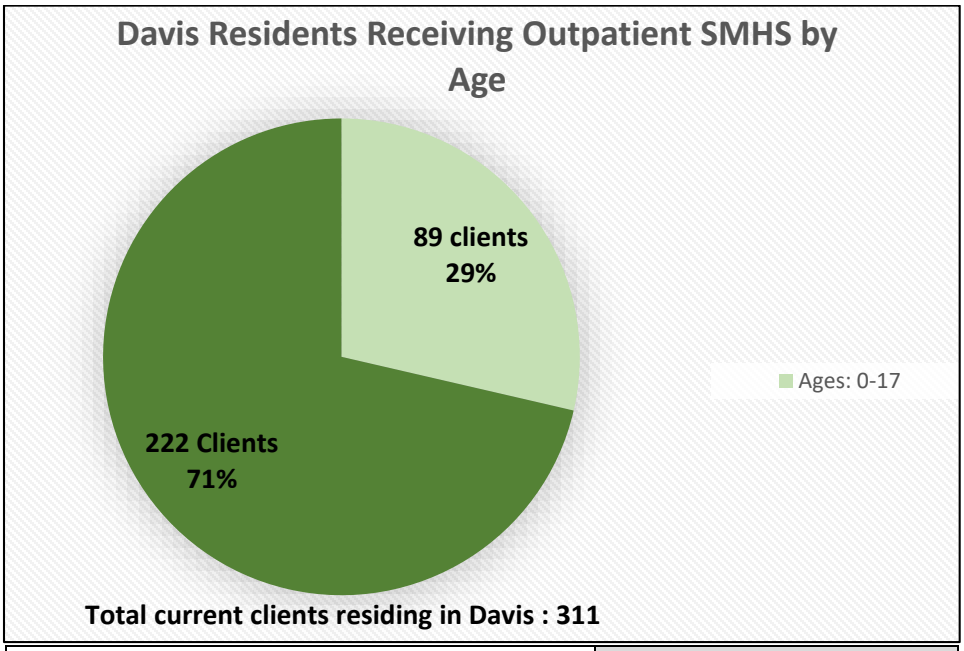
Figure 2



	# of Clients
Davis Residents	311
Yolo County, not Davis	1,015
Total Yolo County	1,326

- Davis residents who receive Outpatient Specialty Mental Health Services (311) account for 23.5% of all Yolo County residents who receive Outpatient Specialty Mental Health Services (1,326)

Figure 3

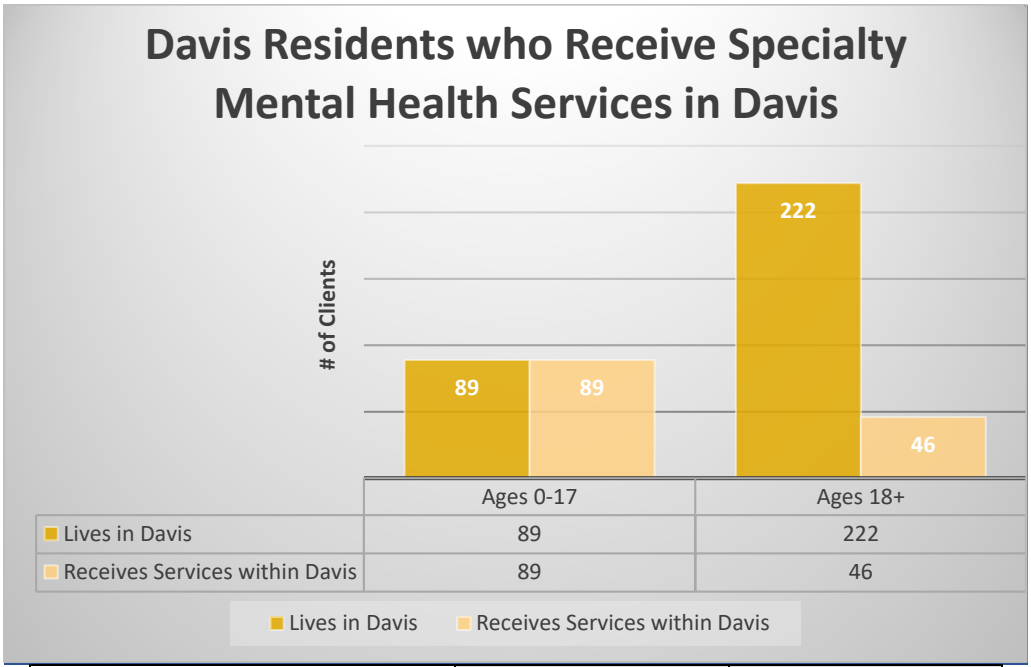


	# of Clients
Ages: 0-17	89
Ages: 18+	222
Total Current Clients	311

- 28.6% (89) of Davis clients are aged 0-17, representing 6.7% of all Yolo County Outpatient Specialty Mental Health Services clients (1,326)

- 71.4% (222) of Davis clients are aged 18+, representing 16.7% of all Yolo County Outpatient Specialty Mental Health Services clients (1,326)

Figure 4



	Ages 0-17	Ages 18+
Total # of Clients Residing in Davis	89	222
# of Davis Clients Receiving Services within Davis	89	46
% of Davis Clients Receiving Services within Davis	100%	43%

Of the current Yolo County clients who receive Specialty Mental Health services and reside in Davis, fewer than half (43%) receive services within Davis.

- All (89) child and youth clients aged 0-17 receive Outpatient Specialty Mental Health services within Davis.
- 21% (46) of clients aged 18+ receive Outpatient Specialty Mental Health services within Davis.

Item 10-3.
Tentative Long Range Planning Calendar

Yolo County Local Mental Health Board
Long Range Planning Calendar 2019

Meeting	Agenda Item	Agency/Presenter	Confirmed	Type	Timing
1/28/19	None	None		Presentation	Past
2/25/19	MH, SUD Update	Karen Larsen	Yes	Presentation	Past
3/25/19	New Jail Construction, CIT Training	Sheriff Lopez	Yes	Presentation	Past
4/22/19	Budget Update	Rebecca Mellott or TBD	TBD	Presentation	Past
5/20/19	*MHSA Update	RDA & Anthony Taula-Lieras	Waiting to confirm with RDA	Presentation	Past
6/24/19	Homelessness and Housing Update	Sandra Sigrist	Yes	Presentation	Past
July Board Recess					
8/26/19	*Block date for following up on MHSA	RDA & Anthony Taula-Lieras	Waiting to hear from RDA	Presentation	Past
09/23/19	LGBT Cultural Competency Training	Sacramento LGBT- Rachel Henry		Presentation	Past
10/28/19	Public Guardian Update	Laurie Haas		Presentation	Past
12/09/19	Children's Mental Health Update	Deputy CYF Director (TBD)			Past

Last Updated 11/28/18