

PERFORMANCE
OUTCOMES
SYSTEM
MEASURES
CATALOG

Department of Health Care Services

*Methodology
and Measures
Definitions*

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Revision History

Version	Author	Date	Changes, Comments
1.0	Dionne Maxwell	02/17/2015	Initial version posted to the DHCS website
1.1	Dionne Maxwell	03/24/2015	Addition of Foster Care Aid codes
2.0	Dionne Maxwell	09/28/2015	Addition of September 2015 Indicators
3.0	Dionne Maxwell	08/1/2016	Updates to Methodology Changes
3.1	Dionne Maxwell	0/12/2016	Updates to Methodology Changes
4.0	Chelsea Scheiber	05/28/2021	Updates to Links, Methodology Changes, language changes and ADA compliance.

Performance Outcomes System Measures Catalog

Background

The intent of the Legislature, as stated in Welfare and Institutions Code, Section 14707.5, is 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 a critical component of the 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, develop the Performance Measurement Paradigm, and develop indicators and measures. The seven domains of the paradigm selected for evaluation reflect the domains established at the national level by SAMHSA. The Performance Outcomes System will be used to evaluate access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Domains may cross more than one level, thus a domain could provide information about the provider, system and public/community levels.

When the data permits, three reports will be provided to each county: statewide aggregate data; regional data; and county-specific data. Regional data are organized by county size: small-rural, small, medium, and large counties, and Los Angeles. When the dataset is too small to report on without a lot of suppression of the data values in the reports to protect privacy, then the data will not be reported on at that level. Instead, the data will only be provided at the level that allows for the meaningful conveyance of information. The reports will be updated annually and new indicators to include in future reports will continue to be added during the interim between reporting periods.

Purpose of Reports

The initial reports created for the Performance Outcomes system were published in February 2015 and establish a foundation for ongoing reporting. Additional reporting for the POS builds on the initial reports and adds new information where possible. Any changes to the information provided in the reports are documented in the Measures Catalog. The POS reports focus on the demographics of the children and youth under 21 who are receiving Specialty Mental Health Services.

The reports include data on the demographics of this population by age, gender, and race/ethnicity. Penetration information is provided for children/youth served and not served. The importance of including demographic information is to help understand the population of children/youth receiving SMHS'. Utilization of services reports are shown in terms of dollars, as well as by service in time increments. This information helps identify which services are being utilized most over time and those that are not. Building on this picture of the population, the snapshot data provide a view of children/ youth in the system

as of a certain point in time and identifies at a glance what they are doing in terms of mental health service utilization. Additional data is provided on penetration rates broken out by demographic characteristics to show a different view of how children/youth are touching the mental health system. Finally, data on step-down services (i.e., time to next contact after an inpatient discharge) is made available to begin exploring issues of timeliness.

As possible, the reports provide trend information whenever displaying information for four state fiscal years. There is a claims reporting and processing lag of up to 12 months, therefore the numbers for the most current fiscal year reported on may not yet be 100% complete.

Purpose of Measures Catalog

This document provides the methodology and definitions for measures that make up the POS reports. Each measure is defined, the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog will be a living document that continues to be developed with each iteration of reporting and the new measures that are added with each cycle. As new measures are developed and refined, old measures may be removed from the reports themselves, but will be maintained within the Catalog for documentation purposes.

Performance Outcomes System Measures General Methodological Notes

Data Sources

Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service starting in FY10/11 and ending in FY13/14 for the first reports. After the first reports, a new FY's worth of data will be added to the report and the last FY of data will be removed so that, again, four fiscal years' worth of data are presented in each new reporting round.

Data from SD/MC II is limited for POS use back to January 1, 2010, as that is the date counties were required to start submitting claims via SD/MC II. SD/MC II implementation started earlier, 12/31/2009, but counties were allowed to continue submitting SDI claims up till this date. Thus, data submitted prior to January 1, 2010, may not be comparable to data submitted after that date so the POS will only report using SD/MC II data starting in FY10/11.

Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) became available starting in FY10/11.

Child Welfare Services/Case Management System (CWS/CMS) data from the California Department of Social Services starts in FY15/16 and goes through FY18/19 for the September 2020 reports. After the September 2020 reports, a new FY's worth of data will be added to the report and the last FY of data will be removed so that, again, four fiscal years' worth of data are presented in each new reporting round.

Population

Beneficiaries with approved services adjudicated through the SD/MC II claiming system that were:

- Age 20 or younger during the approved date of service on the claim; or
- Age 21 during the approved date of the service on the claim and a birth date on or after January 1st of the Fiscal Year¹.

Notes

- Age is calculated by dividing the number of days between beneficiary's date of birth and SD/MC II claim date of service by 365.25
- A beneficiary's demographic information is taken from the most recently billed SD/MC II claim. This allows for a unique beneficiary count for the entire year across all demographic domains assumes that the most recently billed claim has the most updated MEDS information.
- Unduplicated Count of Children Receiving SMHS is those beneficiaries from the Population that have been claimed through SD/MC II for Specialty Mental Health Services.
- **SMHS Service Description** logic for each of the reported 14 services is based on the approved SD/MC II claim elements identified below. Please see the **Procedure Code Crosswalk**

<https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/MH-Billing-Manual-2019.pdf>

for more information on SD/MC II procedure codes:

- **Intensive Home-Based Services (IHBS):** Approved claims with HCPCS Code **H2015** and modifier **HK**.
- **Intensive Care Coordination (ICC):** Approved claims with HCPCS Code **T1017** and modifier **HK**.
- **Hospital Inpatient:** Approved claims with revenue code **0100**.
- **Hospital Inpatient Admin Day Services:** Approved claims with revenue code **0101**.
- **Crisis Residential Treatment Services:** Approved claims with HCPCS Code **H0018**.
- **Adult Residential Treatment Services:** Approved claims with HCPCS Code **H0019**.
- **Crisis Stabilization:** Approved claims with HCPCS Code **S9484**.
- **Day Treatment Intensive (Half & Full Day):** Approved claims with HCPCS

¹ This is a Substance Abuse and Mental Health Services Administration (SAMHSA) guideline that allows us to capture beneficiaries that were 20 years of age for at least the first 6 months of Fiscal Year 2018-2019

Code **H2012** and Modifier **HE** and **TG**.

- **Day Rehabilitation** (Half & Full Day): Approved claims with HCPCS Code **H2012** and Modifier **HE** and Modifier is not **TG**.
- **Case Management/Brokerage**: Approved claims with HCPCS Code **T1017** and Modifier is not **HK**.
- **Mental Health Services**: Approved claims with any one of the HCPCS Codes **H2015**, **H0032**, **H2017**, or **H2019** and Modifier is not **HK**.
- **Medication Support Services**: Approved claims with any one of the HCPCS Codes **H2010**, **H0034**, or **G8437**.
- **Crisis Intervention**: Approved claims with HCPCS Code **H2011**.
- **Psychiatric Health Facility**: Approved claims with HCPCS Code **H2013**.

Child Welfare Matched Data Reports

Through a cooperative agreement between the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS), data for children in the Child Welfare Services/ Case Management System (CWS/CMS) is linked to Medi-Cal data in the Medi-Cal Management Information System/Decision Support System (MIS/DSS) Data Warehouse.

To merge data from MIS/DSS and CWS/CMS, clients must be matched across systems. The process for the match involves using a probabilistic, multi-step, multi-method algorithm based on a combination of name, social security number, and date of birth records between the two systems.

Open Child Welfare Cases

An Open Child Welfare Case, for the purposes of these reports, includes children and youth who are provided child welfare services either while living in their home or while living out-of-home in a foster care setting.

Current Foster Care Youth/Children

The definition of who is included in the population of current Foster Care Youth and Children, for the purposes of these reports, includes children and youth who are removed from their home by a child placement agency, including county child welfare services and probation departments, and who are placed in a foster care setting. This grouping is a subset of the youth and children represented in the Open Child Welfare Cases.

Population-Based Groupings Reports

Produced in Accordance with EQRO guidelines for population-based groupings using the following criteria:

Category:	Population Size ² :
Small Rural	< 50,000
Small	50,000-199,999
Medium	200,000-749,000
Large	750,000-3,999,999
Very Large ³	>= 4,000,000

² Based on CA DOF E-1: State/County Population Estimates_2020 (https://www.dhcs.ca.gov/Documents/CSD_KS/IN%2020-025/BHIN-20-025-MHSA-Population-Estimates-FY20-21.pdf)

³ “Very Large” is included as an EQRO category but only includes Los Angeles County. Because it is a single county, the POS is including the Los Angeles County Report in the County-Specific reporting and not under Population- Based County Groupings.

Small Rural	< 50,000
Alpine	1,142
Amador	37,676
Calaveras	45,023
Colusa	21,902
Del Norte	27,298
Glenn	29,400
Inyo	18,584
Lassen	28,833
Mariposa	18,067
Modoc	9,570
Mono	13,464
Plumas	18,260
Sierra	3,201
Siskiyou	44,461
Trinity	13,548

Small	50,000-199,999
El Dorado	193,227
Humboldt	133,302
Imperial	188,777
Kings	153,608
Lake	64,040
Madera	158,147
Mendocino	87,946
Napa	139,088
Nevada	98,114
San Benito	62,353
Shasta	178,045
Sutter	100,750
Tehama	65,129
Tuolumne	54,917
Yuba	78,887

Medium	200,000-749,000
Butte	210,291
Marin	260,831
Merced	283,521
Monterey	441,143
Placer	403,711
San Luis Obispo	277,259
Santa Barbara	451,840
Santa Cruz	271,233
Solano	440,224
Sonoma	492,980
Stanislaus	557,709
Tulare	479,977
Yolo	221,705

Large	750,000-3,999,999
Alameda	1,670,834
Contra Costa	1,153,561
Fresno	1,023,358
Kern	917,553
Orange	3,194,332
Riverside	2,442,304
Sacramento	1,555,365
San Bernardino	2,180,537
San Diego	3,343,355
San Francisco	897,806
San Joaquin	773,632
San Mateo	773,244
Santa Clara	1,961,969
Ventura	842,886

Very Large	>= 4,000,000
Los Angeles	10,172,951

Performance Outcomes Systems Domains

There are seven domains that anchor the Performance Outcomes System. The Performance Outcomes System will be used to evaluate access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. The first five domains are organized as series of decision points which are encountered across an episode of care. The decision points typically unfold in sequence and continue throughout the care experience. Client experience at each decision point has implications for both the process and outcome of care. Domains may cross more than one level, thus service effectiveness could provide information about the provider, system and public/community levels.

1. Access

Access is the feasibility and delivery of care and coordination of services to the child/youth. Sample domain categories are children and youth being served or not being served, timeliness of services being delivered, and denial of services.

2. Engagement

Engagement is the participation and empowerment by the child/youth and caregivers with treatment and services. Sample domain categories are participation of children and caregivers in services and the maintenance of services.

3. Service Appropriateness to Need

Service Appropriateness to Need is the determining if services match the individual child/youth's needs and strengths in accordance with system-of-care values and scientifically derived standards of care. Sample domain categories are the standard of quality of care, consistency with treatment and treatment plan, the clinical status of the youth/child, functional status, modality of care or care options, the fidelity of the treatment model to the practice standard, and psychotropic medication.

4. Service Effectiveness

Service Effectiveness is the influence of treatment on a child/youth's mental health symptoms and functioning at home, in school, and in the community. Sample domain categories are the symptomology of the child/youth, the functioning level of the child/youth, the support and social integration, the relationship with family mental health/substance abuse and the child/youth, housing situation, educational progress, juvenile justice involvement, employment, and overall child/youth safety.

5. Linkages

Linkage is the fostering, coordinating, and monitoring of connections with groups

outside the mental health system. This includes academia, public health, healthcare, education, social services, and corrections, with the goal of building on the services and programs for the child/youth. A sample domain category is success in dual program services.

6. Cost-Effectiveness

Cost-Effectiveness is measuring whether the dollars invested have produced the best outcomes possible. A sample domain category is reduced cost to the state by youth being in school, employed and out of jail. Another would be comparing the costs of treatments to identify those that are most successful and cost-effective.

7. Satisfaction

Satisfaction is the perception that the child/youth's needs are being met. A sample domain category is the integration and coordination of care.

Overview of Services

The Medi-Cal Specialty Mental Health Services Program is “carved-out” of the broader Medi-Cal program and is also administered by the Department of Health Care Services (Department) under the authority of a 1915(b) waiver approved by the Centers for Medicare and Medicaid Services (CMS). The Department contracts with a Mental Health Plan (MHP) in each county to provide or arrange for the provision of Medi-Cal specialty mental health services. All MHPs are county mental health departments.

Specialty mental health services are Medi-Cal entitlement services for adults and children that meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. MHPs must certify that they incurred a cost before seeking federal reimbursement through claims to the Department. MHPs are responsible for the non-federal share of Medi-Cal Specialty Mental Health Services. Mental health services for Medi-Cal beneficiaries who do not meet the criteria for Specialty Mental Health Services are provided under the broader Medi-Cal program either through managed care plans (by primary care providers within their scope of practice) or fee-for-service. MHPs provide Children’s Specialty Mental Health Services under the federal requirements of the EPSDT benefit, which is available to full-scope beneficiaries under age 21.

The following Medi-Cal Specialty Mental Health Services are provided for children⁴ and adults⁵:

<u>Services</u>	<u>Children</u>	<u>Adult</u>
Adult Crisis Residential Services ²	X	X
Adult Residential Treatment Services ²	X	X
Crisis Intervention	X	X
Crisis Stabilization	X	X
Day Rehabilitative	X	X
Day Treatment Intensive	X	X
Intensive Care Coordination ⁶	X	
In Home Based Services	X	
Medication Support	X	X
Psychiatric Health Facility Services	X	X
Psychiatric Inpatient Hospital Services	X	X
Targeted Case Management	X	X
Therapeutic Behavioral Services	X	
Therapy and Other Service Activities	X	X

⁴ Children include beneficiaries from birth through to age 20.

⁵ Adults include beneficiaries who are 21 and older.

⁶ Includes children who are 18 through 20.

Service Descriptions

Adult Crisis Residential Services (CRS)

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The Adults crisis residential programs provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Adult Residential Treatment Services

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Intervention

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to one or more of the following, assessment, collateral and therapy.

Crisis Stabilization

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitative (Half-Day & Full-Day)

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Day Treatment Intensive (Half-Day & Full-Day)

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Intensive Care Coordination (ICC)

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services to beneficiaries under age 21 who are eligible for full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to facilitate a collaborative relationship among a youth, his/her family and involved child-serving systems to allow the child/youth to be served in his/her community. The CFT is comprised of, as appropriate, both formal supports, such as the ICC coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals.

Intensive Home Based Services (IHBS)

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's

functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the CFT and in accordance with the CPM. The CFT participates in the development of the child's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

Medication Support

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

A Psychiatric Health Facility is a facility licensed under the provisions of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are provided when a beneficiary's need for acute psychiatric inpatient hospital services ends, but whose stay is extended due to lack of residential placement options at non-acute residential treatment facilities.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and Fee- For-Service/Medi-Cal (FFS/MC) hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to- face or by telephonest with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS)

Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Therapeutic Foster Care

Therapeutic Foster Care are rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes plan development, rehabilitation, collateral, and crisis intervention. Services are provided by another qualified

provider under the direction of a licensed mental health professional.

Therapy and Other Service Activities (formerly referred to as Mental Health Services)

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention focusing primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; meal preparation skills and support resources; and/or obtaining medication education.

Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

The distribution and use of expenditures of each service activity varies over time with changes in client needs.

Psychosocial Services

Services are a comprehensive assessment and treatment of psychological and social aspects related to an individual's social conditions, mental and emotional health. The client's unique combination of psychological factors and the surrounding social environments are assessed and treated to improve the client's physical and mental wellness and their ability to function.

Demographic Items

Age

1. Indicator: #/% of Children/Youth in each age category by FY

Indicator: # and % of children/youth in each age category by FY	
Measure: Age	
Numerator: # of children/youth who fall into given age range	Denominator: Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable values: 0-5 6-11 12-17 18-20	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: The age categories are different than those reported on by EQRO or the Uniform Reporting System so this breakdown provides additional information about children/youth that cannot be obtained elsewhere. Previous study by Charles Holzer used same groupings.	
Reference: https://caleqro.com/data/MH/Reports and Summaries/~/CalEQRO Statewide Annual SMHS Report FY 2019-20 Final 01.11.21 revised.pdf ; https://www.samhsa.gov/data/sites/~/California 2019 URS Output Tables.pdf ; https://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf	

Gender

2. Indicator: #/% of Children/Youth of who endorse a given gender by FY

Indicator : # and % of children/youth of who endorse a given gender by FY	
Measure : Gender	
Numerator: # of children/youth who endorse a given gender	Denominator Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable Values:	

Male
Female
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30 th .

Race/Ethnicity

3. Indicator: #/% of Children/Youth of who endorse a given race/ethnicity by FY

Indicator : # and % of children/youth who endorse a given race/ethnicity by FY	
Measure: Race/ethnicity	
Numerator: # of children/youth who endorse a given race/ethnicity	Denominator: Total # of children/youth who have received specialty mental health services in FY
Data Source(s): SD/MC II	
Variable Values: Alaskan Native or American Indian Asian or Pacific Islander (includes: Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Samoan, Asian Indian, Hawaiian, Guamanian, Laotian, or Vietnamese) Black Hispanic White Other Unknown (i.e., no response or no valid data reported)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30 th .	
Notes: The race/ethnicity values used are those available through SD/MC II; in order to align with USCensus standards and more accurately reflect the ethnic and racial composition of the children and youth receiving SMHS the goal is to transition to CSI and use the data therein for ethnicity and race.	
Reference:	

Performance Outcomes Measures

Access – Children/Youth receiving Specialty Mental Health Service

4. Indicator: Number of children/youth receiving Specialty Mental Health Service

Indicator : Number of children receiving specialty mental health services in FY	
Measure: Access – children/youth receiving Specialty Mental Health Services	
unduplicated count of children/youth receiving one service in FY	
Data Source(s): SD/MC II	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Access – Medi-Cal eligible Children/Youth

5. Indicator: Number of children/youth eligible for Medi-Cal

Indicator: Number of children/youth who are eligible for Medi-Cal	
Measure: Access – Medi-Cal eligible children/youth	
unduplicated count of children/youth eligible for Medi-Cal	
Data Source(s): SD/MC II	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Penetration – Children/Youth served/not served

6. Indicator: Children/youth served by specialty mental health system in FY

Indicator: Children/youth receiving specialty mental health services in FY	
Measure: Penetration	
Numerator: unduplicated total # of clients receiving one service in FY	Denominator: total # of clients eligible to receive services in FY
Data Source(s): SD/MC II (numerator) and MIS/DSS (denominator)	

Variables Computed on: Age Race/ethnicity Gender
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.
Notes: The methodology used is similar to that used by the California Department of Mental Health in past reports on Medi-Cal population. The methodology used to compute this is different than that used by External Quality Review Organization (EQRO) (i.e., use an average monthly unduplicated number of unique Medi-Cal beneficiaries as the denominator) or in California's Mental Health Services Act – Statewide Evaluation (i.e., To calculate the rate of penetration of mental health services the number of all public mental health consumers served (i.e., received at least one service during the given fiscal year, as documented in the CSI database) was divided by the number of Californians estimated to be in need of mental health services and earning less than 200% of the federal poverty income level) .
Reference:

Utilization – Total SD/MC II approved claims in dollars

7. Indicator: Total SD/MC II approved claims in dollars by unique beneficiary for FY

Indicator: Total SD/MC II approved claims in dollars by unique beneficiary	
Measure: Utilization – total SD/MC II approved claims in dollars by unique beneficiary	
Numerator: total dollars spent in approved claims for FY	Denominator: total # of children/youth that received specialty mental health services in FY
Data Source(s): SD/MC II	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Minutes of IHBS use

8. Indicator: Intensive Home Based Service utilization in minutes by unique beneficiary for FY

Indicator: Minutes of IHBS use by unique beneficiary for FY	
Measure: Utilization – Intensive Home Based Service (IHBS) service utilization	
Numerator: total number of minutes of IHBS services used	Denominator: total number of children/youth that received IHBS

	services
Data Source(s): SD/MC II	
Variable Computed: IHBS (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: Specific to Katie A. subclass.	
Reference: http://www.dhcs.ca.gov/Pages/KatieImplementation.aspx	

Utilization – Minutes of ICC use

9. Indicator: Intensive Care Coordination service utilization in minutes by unique beneficiary for FY

Indicator: Minutes of ICC use by unique beneficiary for FY	
Measure: Utilization – Intensive Care Coordination (ICC) service utilization	
Numerator: total number of minutes of ICC services used	Denominator: total number of children/youth that received ICC services
Data Source(s): SD/MC II	
Variable Computed: ICC (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: Specific to Katie A. subclass.	
Reference: https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf	

Utilization - Minutes of Case Management/Brokerage use

10. Indicator: Case Management/Brokerage service utilization in minutes by unique beneficiary for FY

Indicator: Minutes of case management/brokerage use by unique beneficiary for FY	
Measure: Utilization – Case Management/Brokerage service utilization	
Numerator: total number of minutes of Case Management/Brokerage services used	Denominator: total number of children/youth that received Case Management/Brokerage services
Data Source(s): SD/MC II	
Variable Computed: Case Management/Brokerage (minutes)	

Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.
Notes:
Reference:

Utilization – Minutes of MHS use

11. Indicator: MHS utilization in minutes by unique beneficiary for FY

Indicator: Minutes of MHS use by unique beneficiary for FY	
Measure: Utilization – MHS utilization	
Rationale: Know how many minutes of Mental Health Services (MHS) services being used perchild/youth	
Numerator: total number of minutes of MHSservices used	Denominator: total number of children/youththat received MHS services
Data Source(s): SD/MC II	
Variable Computed: MHS (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Minutes of TBS use

12. Indicator: Therapeutic Behavioral Services utilization in minutes by unique beneficiary for FY

Indicator: Minutes TBS use by unique beneficiary for FY	
Measure: Utilization – TBS utilization	
Numerator: total number of minutes of TBSservices used	Denominator: total number of children/youththat received TBS services
Data Source(s): SD/MC II	
Variables Computed: Therapeutic Behavioral Services (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Minutes of MSS

13. Indicator: Medication Support Services utilization in minutes by unique beneficiary for FY

Indicator: Minutes of MSS by unique beneficiary for FY	
Measure: Utilization – Medication Support Services utilization	
Numerator: total number of minutes of MSS services used	Denominator: total number of children/youth that received MSS services
Data Source(s): SD/MC II	
Variable Computed: Medication Support Services (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Minutes of CI

14. Indicator: Crisis Intervention utilization in minutes by unique beneficiary for FY

Indicator: Minutes of CI by unique beneficiary for FY	
Measure: Utilization – Crisis Intervention utilization	
Numerator: total number of minutes of CI services used	Denominator: total number of children/youth that received CI services
Data Source(s): SD/MC II	
Variable Computed: Crisis Intervention (minutes)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Hours of CS

15. Indicator: Crisis Stabilization utilization in hours by unique beneficiary for FY

Indicator: Hours of CS by unique beneficiary for FY	
Measure: Utilization – Crisis Stabilization utilization	
Numerator: total number of hours of CS services used	Denominator: total number of children/youth that received CS services
Data Source(s): SD/MC II	
Variable Computed: Crisis Stabilization (hours)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	

Reference:

Utilization – ½ day units of DTI

16. Indicator: Day Treatment Intensive service utilization in ½ day increments by unique beneficiary for FY

Indicator: ½ day units of DTI by unique beneficiary for FY	
Measure: Utilization – Day Treatment Intensive service utilization	
Numerator: total number of ½ days of DTI services used	Denominator: total number of children/youth that received DTI services
Data Source(s): SD/MC II	
Variable Computed: Day Treatment Intensive (1/2 day increments)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – ½ day units of DR

17. Indicator: Day Rehabilitation service utilization in ½ day increments by unique beneficiary for FY

Indicator: ½ day units of DR by unique beneficiary for FY	
Measure: Utilization – Day Rehabilitative service utilization	
Numerator: total number of ½ days of DR services used	Denominator: total number of children/youth that received DR services
Data Source(s): SD/MC II	
Variable Computed: Day Rehabilitation (1/2 day increments)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Days Hospital Inpatient

18. Indicator: Hospital Inpatient service utilization in day increments by unique beneficiary for FY

Indicator: Days Hospital Inpatient by unique beneficiary for FY
Measure: Utilization - Hospital Inpatient service utilization

Numerator: total number of days of Hospital Inpatient services used	Denominator: total number of children/youth that received Hospital Inpatient services
Data Source(s): SD/MC II	
Variable Computed: Hospital Inpatient (days)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Days Hospital Inpatient Administrative

19. Indicator: Hospital Inpatient Administrative service utilization in day increments by unique beneficiary for FY

Indicator: Days Hospital Inpatient Administrative by unique beneficiary for FY	
Measure: Utilization - Hospital Inpatient Administrative service utilization	
Numerator: total number of days of Hospital Inpatient Administrative services used	Denominator: total number of children/youth that received Hospital Inpatient Administrative services
Data Source(s): SD/MC II	
Variable Computed: Hospital Inpatient Admin (days)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Days CRT services

20. Indicator: Crisis Residential Treatment Service utilization in day increments by unique beneficiary for FY

Indicator: Days CRT services by unique beneficiary for FY	
Measure: Utilization – Crisis Residential Treatment service utilization	
Numerator: total number of days of CRT services used	Denominator: total number of children/youth that received CRT services
Data Source(s): SD/MC II	
Variable Computed: Crisis Residential Treatment Services (days)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	

Reference:

Utilization – Days ART services

21. Indicator: Adult Residential Treatment Service utilization in day increments by unique beneficiary for FY

Indicator: Days ART services by unique beneficiary for FY	
Measure: Utilization - Adult Residential Treatment service utilization	
Numerator: total number of days of ART services used	Denominator: total number of children/youth that received ART services
Data Source(s): SD/MC II	
Variable Computed: Adult Residential Treatment Services (days)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Utilization – Days PHF use

22. Indicator: Psychiatric Health Facility utilization in day increments by unique beneficiary for FY

Indicator: Number of Days of PHF use by unique beneficiary for FY	
Measure: Utilization - Psychiatric Health Facility service utilization	
Numerator: total number of days of PHF services used	Denominator: total number of children/youth that received PHF services
Data Source(s): SD/MC II	
Variable Computed: Psychiatric Health Facility (days)	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference:	

Access – Snapshot Children/Youth in MH system

23. Indicator: Number and percent of children/youth in mental health system in FY

Indicator: Number and % of children/youth in mental health system in FY
Measure: Snapshot of children/youth in MH system

Numerator: unduplicated total # of clients receiving one service in FY	Denominator: total # of clients who received a service in FY
Data Source(s): SD/MC II	
Variables Computed: Arrival – first service date in FY and if no previous service date in previous 3 months, child/youth counted as an arrival Service Continuation - continuation is defined as no interruption in service of 3 months or more in two year time span with two years computed from last date of service in FY Service Continuation >= 2 year – children/youth that met criteria for service continuation Service Continuation < 2 years – children/youth met service continuation pattern but not 2 year threshold Exiting – last service date in FY and if no services in next 3 months, child/youth counted as an exit Arriving & Exiting - child/youth had first service date in FY with no previous date in previous 3 months and had a last service date in FY with no service date in next 3 months after that date Service Continuation & Exiting – children/youth with minimum of 2 years of service continuation going into FY and then had no service date for 3 next months in that FY	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: Same partial methodology as used in the CA Mental Health and Substance Use System Needs Assessment p. 127, but POS added additional categories to be mutually exclusive and mutually exhaustive.	
Reference: Matrix and http://www.dhcs.ca.gov/provgovpart/Documents/1115%20Waiver%20Behavioral%20Health%20Services%20Needs%20Assessment%203%201%2012.pdf	

Access – Time to step-down services post-inpatient discharge

24. Indicator: Mean time to next contact post-inpatient discharge

Indicator: Mean time to step-down services following inpatient discharge
Measure: Access – time to stepdown services post inpatient discharge

Numerator: total number of days elapsed between inpatient discharge and second contact -requires calculating time in days between first inpatient discharge date in FY to next contact forevery client with an inpatient discharge during that FY	Denominator: total # of contacts
Data Source(s): SD/MC II	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: The county the beneficiary is assigned Medi-Cal responsibility for is the county that is given the time elapsed credit for this measure.	
Reference: Matrix	

Access - Time to step-down services post-inpatient discharge

25. Indicator: Median time to next contact post-inpatient discharge

Indicator: Median time to step-down services following inpatient discharge	
Measure: Access –time to stepdown services post-inpatient discharge	
-requires calculating time in days between first inpatient discharge date in FY to next contact forevery client with an inpatient discharge during that FY -then must arrange all values in ascending order	Calculated as: arrange all the day totals in ascending order and find the exact midpoint; ifthe number of day totals is odd, the median equals the exact midpoint of the data range, whereas if the number of day totals is even the median will equal the average of the two midpoints.
Data Source(s): SD/MC II	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes: The county the beneficiary is assigned Medi-Cal responsibility for is the county that is given the time elapsed credit for this measure.	
References: Matrix	

Access – Client perceptions of accessibility of services

26. Indicator: Mean rating & percent above 3.5 for the location of services was convenient for me

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “The location of services was convenient for me”

Measure: Access – Client perceptions of accessibility of services	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Access – Caregiver perceptions of accessibility of services

27. Indicator: Mean rating & percent above 3.5 for the location of services was convenient for us

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “The location of services was convenient for us”	
Measure: Access – Caregiver perceptions of accessibility of services	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Access – Client perceptions of accessibility of services

28. Indicator: Mean rating & percent above 3.5 for services were available at times that were convenient for me

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Services were available at times that were convenient for me”	
Measure: Access – Client perceptions of accessibility of services	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Access – Caregiver perceptions of accessibility of services

29. Indicator: Mean rating & percent above 3.5 for services were available at times that were convenient for us

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Services were available at times that were convenient for us”	
Measure: Access – Caregiver perceptions of accessibility of services	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Access – Client perceptions of accessibility of services

30. Indicator: Client mean rating & percent above 3.5 for Indicators 26 & 28

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 26 & 28	
Measure: Access – Client Perception of Access	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Access – Caregiver perceptions of accessibility of services

31. Indicator: Caregiver mean rating & percent above 3.5 for Indicators 29 & 31

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 29 & 31	
Measure: Access – Caregiver Perception of Access	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Children participate in services – perception of collaborative service delivery

32. Indicator: Mean rating & percent above 3.5 for I helped to choose my services

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I helped to choose my services”	
Measure: Engagement – Children participate in services – perception of collaborative service delivery	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Caregivers participate in services – perception of collaborative service delivery

33. Indicator: Mean rating & percent above 3.5 for I helped to choose my child’s services

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I helped to choose my child’s services”	
Measure: Engagement – Caregivers participate in services – perception of collaborative service delivery	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	

Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.
Notes:
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys

Engagement – Children participate in services – perception of collaborative service delivery

34. Indicator: Mean rating & percent above 3.5 for I helped to choose my treatment goals

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I helped to choose my treatment goals “	
Measure: Engagement – Children participate in services – perception of collaborative service delivery	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Caregivers participate in services – perception of collaborative service delivery

35. Indicator: Mean rating & percent above 3.5 for I helped to choose my child’s treatment goals

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I helped to choose my child’s treatment goals”
Measure: Engagement – Caregivers participate in services – perception of collaborative service delivery

Step 1. Recode ratings of “not applicable” as missing values. Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Step 3. Calculate the mean of the items for each respondent.	
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Children participate in services – perception of collaborative service delivery

36. Indicator: Mean rating & percent above 3.5 for I participated in my own treatment

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I participated in my own treatment”	
Measure: Engagement – Children participate in services – perception of collaborative service delivery	
Step 1. Recode ratings of “not applicable” as missing values. Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing. Step 3. Calculate the mean of the items for each respondent.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Caregivers participate in services – perception of collaborative service delivery

37. Indicator: Mean rating & percent above 3.5 for I participated in my child’s treatment

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “I participated in my child’s treatment”	
Measure: Engagement – Caregivers participate in services – perception of collaborative service delivery	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Children participate in services – perception of collaborative service delivery

38. Indicator: Mean rating & percent above 3.5 for Indicators 32, 34, & 36

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 32, 34, & 36	
Measure: Engagement – Child Participation in Treatment Planning	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Engagement – Caregivers participate in services – perception of collaborative service delivery

39. Indicator: Mean rating & percent above 3.5 for Indicators 33, 35, & 37

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 33, 35, & 37	
Measure: Engagement – Caregivers Participation in Treatment Planning	
Step 1. Recode ratings of “not applicable” as missing values.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.	
Step 3. Calculate the mean of the items for each respondent.	
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

40. Indicator: Mean rating & percent above 3.5 for staff treated me with respect

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff treated me with respect”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child	
Step 1. Recode ratings of “not applicable” as missing values.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.	
Step 3. Calculate the mean of the items for each respondent.	
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver

41. Indicator: Mean rating & percent above 3.5 for staff treated me with respect

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff treated me with respect”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

42. Indicator: Mean rating & percent above 3.5 for staff respected my religious/spiritual beliefs

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff respected my religious/spiritual beliefs”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver

43. Indicator: Mean rating & percent above 3.5 for staff respected my religious/spiritual beliefs

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff respected my religious/spiritual beliefs”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

44. Indicator: Mean rating & percent above 3.5 for staff spoke with me in a way that I understood

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff spoke with me in a way that I understood”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>

Data Source(s): Consumer Perception Survey
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.
Notes:
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver

45. Indicator: Mean rating & percent above 3.5 for staff spoke with me in a way that I understood

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff spoke with me in a way that I understood”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

46. Indicator: Mean rating & percent above 3.5 for staff were sensitive to my cultural/ethnic background

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff were sensitive to my cultural/ethnic background”
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver

47. Indicator: Mean rating & percent above 3.5 for staff were sensitive to my cultural/ethnic background

Indicator: Mean rating and percent of scores greater than 3.5 for answers to “Staff were sensitive to my cultural/ethnic background”	
Measure: Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver	
<p>Step 1. Recode ratings of “not applicable” as missing values.</p> <p>Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.</p> <p>Step 3. Calculate the mean of the items for each respondent.</p>	<p>Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).</p>
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the child

48. Indicator: Mean rating & percent above 3.5 for Indicators 40, 42, 44, & 46

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 40, 42, 44, & 46	
Measure: Service Appropriateness to Need – Child’s Perception of Cultural Sensitivity	
Step 1. Recode ratings of “not applicable” as missing values. Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing. Step 3. Calculate the mean of the items for each respondent.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	

Service Appropriateness to Need – Services are culturally competent and respectful of the culture of the caregiver

49. Indicator: Mean rating & percent above 3.5 for Indicators 41, 43, 45, & 47

Indicator: Mean rating and percent of scores greater than 3.5 for answers to Indicators 41, 43, 45, & 47	
Measure: Service Appropriateness to Need – Caregiver’s Perception of Cultural Sensitivity	
Step 1. Recode ratings of “not applicable” as missing values. Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing. Step 3. Calculate the mean of the items for each respondent.	Note: SAMHSA’s Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).
Data Source(s): Consumer Perception Survey	
Date Range: Each report provides data from four State Fiscal Years (SFY). A SFY runs from July 1st to June 30th.	
Notes:	
Reference: Matrix and http://www.cibhs.org/consumer-perception-surveys	