Performance Outcomes System Report run on February 12, 2019

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 14/15 through FY 17/18.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 14/15 through FY17/18.

Performance Outcomes System

Report run on February 12, 2019

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/POS Measures Catalog Sept 2016.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, 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 "^".

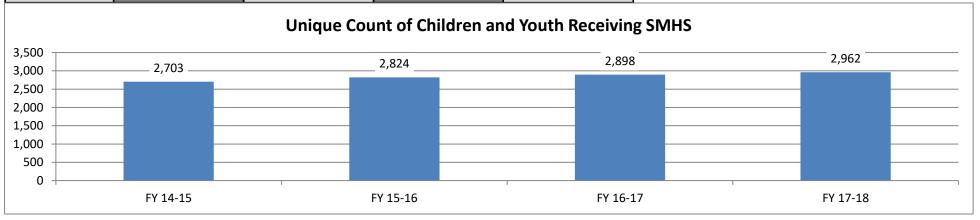
Report Interpretation

- *County-specific findings may be interpreted alongside the POS statewide and population-based report findings.
- *New Age Methodology for Identifying Children under 21 (POS reports posted after to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).
- *The **penetration rates** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number of youth who received one or more SMHS' 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. Penetration rates provide a measure of initial contact with the specialty mental health system.
- *The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.
- *The *snapshot* report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six 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 beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

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

Small-Rural Sized Counties as of February 12, 2019

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 14-15	2,703		47,566	
FY 15-16	2,824	4.5%	49,107	3.2%
FY 16-17	2,898	2.6%	49,604	1.0%
FY 17-18	2,962	2.2%	50,009	0.8%
Compound Annual Growth Rate SFY**		3.1%		1.7%

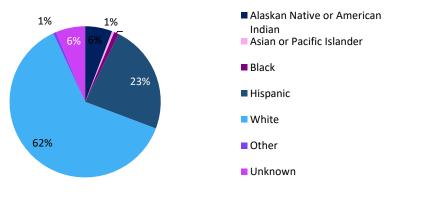


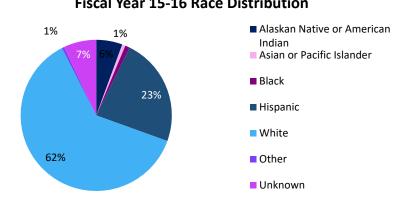
^{*}SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.

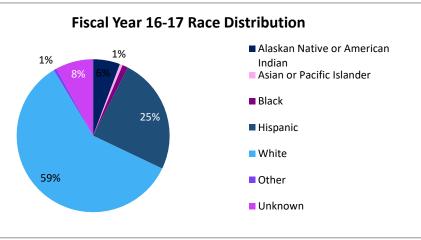
^{**}SFY = State Fiscal Year which is July 1 through June 30.

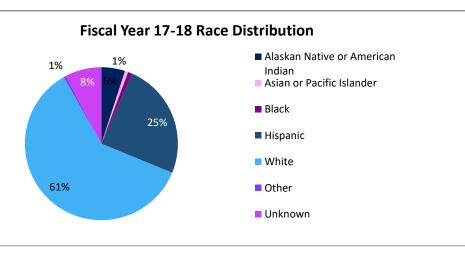
Small-Rural Sized Counties as of February 12, 2019

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 14-15	157	5.8%	13	0.5%	27	1.0%	633	23.4%	1,685	62.3%	17	0.6%	171	6.3%	
FY 15-16	159	5.6%	20	0.7%	27	1.0%	655	23.2%	1,752	62.0%	13	0.5%	198	7.0%	
FY 16-17	164	5.7%	17	0.6%	34	1.2%	714	24.6%	1,721	59.4%	17	0.6%	231	8.0%	
FY 17-18	148	5.0%	20	0.7%	26	0.9%	730	24.6%	1,794	60.6%	16	0.5%	228	7.7%	
		Fiscal Ye	ear 14-15 R	ace Distribu	ution			Fiscal Year 15-16 Race Distribution							
1% 1% Alaskan Native or American Indian Asian or Pacific Islander								1% 1% ■ Alaskan Native or American Indian ■ Asian or Pacific Islander							





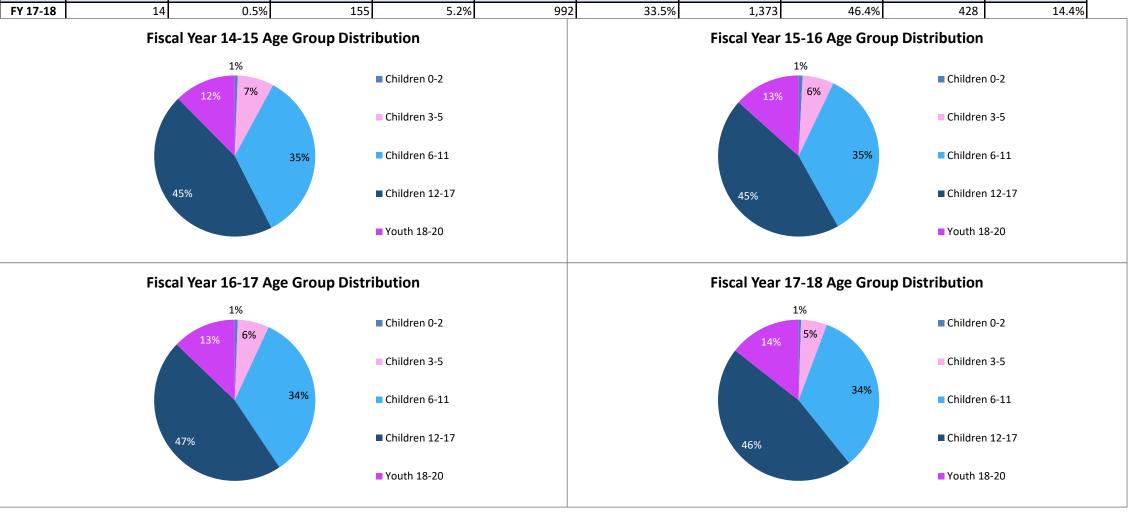




Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

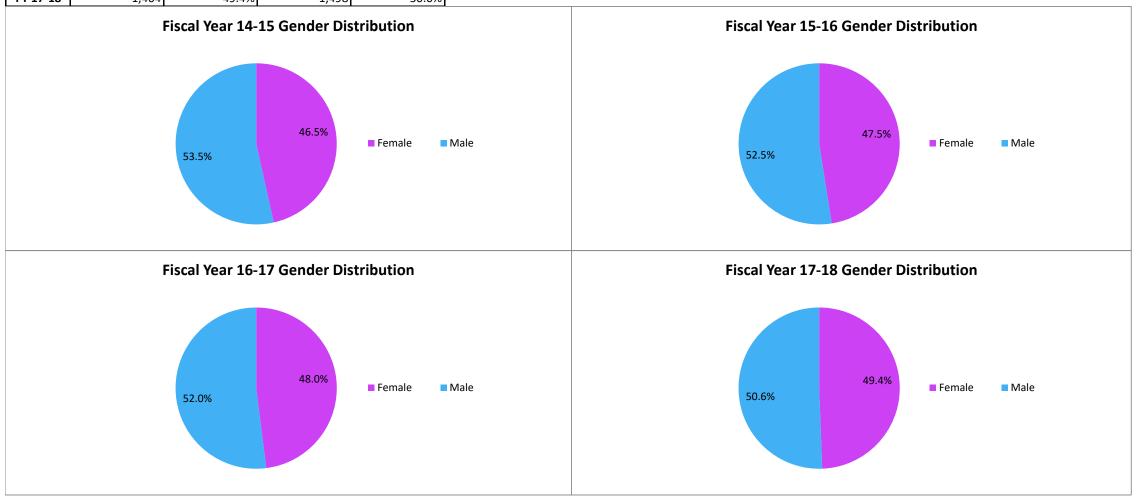
Small-Rural Sized Counties as of February 12, 2019

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 14-15	15	0.6%	198	7.3%	936	34.6%	1,220	45.1%	334	12.4%
FY 15-16	24	0.8%	179	6.3%	982	34.8%	1,261	44.7%	378	13.4%
FY 16-17	17	0.6%	183	6.3%	978	33.7%	1,349	46.5%	371	12.8%
FY 17-18	14	0.5%	155	5.2%	992	33.5%	1,373	46.4%	428	14.4%



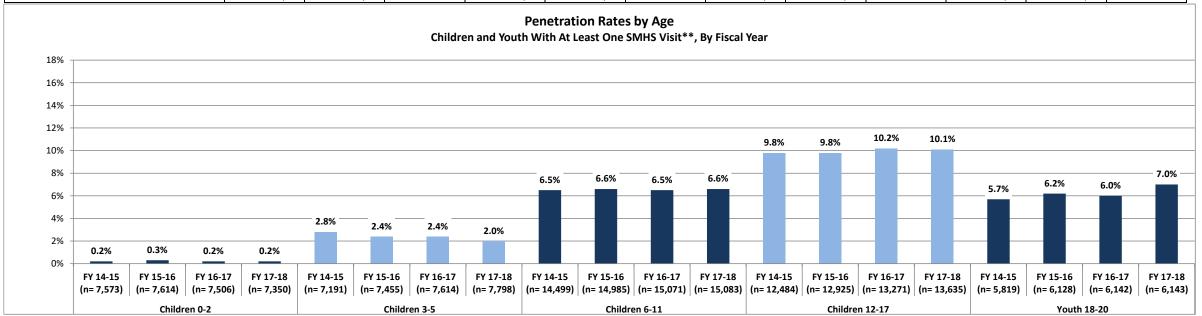
Small-Rural Sized Counties as of February 12, 2019

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 14-15	1,256	46.5%	1,447	53.5%
FY 15-16	1,340	47.5%	1,484	52.5%
FY 16-17	1,391	48.0%	1,507	52.0%
FY 17-18	1.464	49.4%	1.498	50.6%



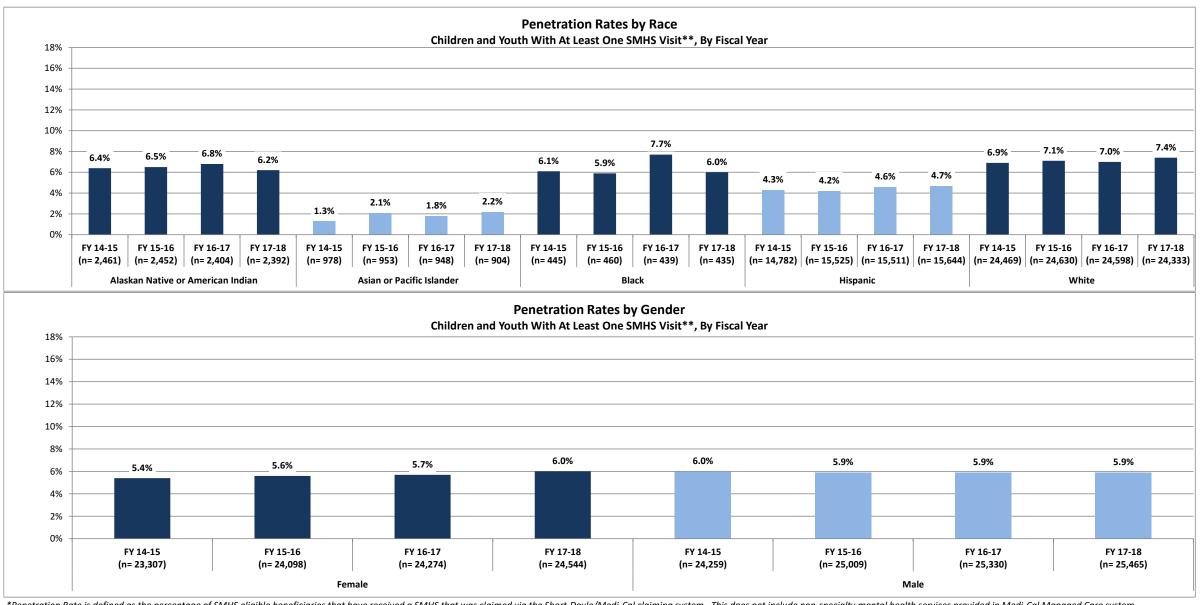
Penetration Rates* Report: Children and Youth with At Least One SMHS Visit** Small-Rural Sized Counties as of February 12, 2019

		FY 14-15			FY 15-16			FY 16-17			FY 17-18	
	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	2,703	47,566	5.7%	2,824	49,107	5.8%	2,898	49,604	5.8%	2,962	50,009	5.9%
Children 0-2	15	7,573	0.2%	24	7,614	0.3%	17	7,506	0.2%	14	7,350	0.2%
Children 3-5	198	7,191	2.8%	179	7,455	2.4%	183	7,614	2.4%	155	7,798	2.0%
Children 6-11	936	14,499	6.5%	982	14,985	6.6%	978	15,071	6.5%	992	15,083	6.6%
Children 12-17	1,220	12,484	9.8%	1,261	12,925	9.8%	1,349	13,271	10.2%	1,373	13,635	10.1%
Youth 18-20	334	5,819	5.7%	378	6,128	6.2%	371	6,142	6.0%	428	6,143	7.0%
Alaskan Native or American Indian	157	2,461	6.4%	159	2,452	6.5%	164	2,404	6.8%	148	2,392	6.2%
Asian or Pacific Islander	13	978	1.3%	20	953	2.1%	17	948	1.8%	20	904	2.2%
Black	27	445	6.1%	27	460	5.9%	34	439	7.7%	26	435	6.0%
Hispanic	633	14,782	4.3%	655	15,525	4.2%	714	15,511	4.6%	730	15,644	4.7%
White	1,685	24,469	6.9%	1,752	24,630	7.1%	1,721	24,598	7.0%	1,794	24,333	7.4%
Other	17	611	2.8%	13	575	2.3%	17	515	3.3%	16	484	3.3%
Unknown	171	3,820	4.5%	198	4,512	4.4%	231	5,189	4.5%	228	5,817	3.9%
Female	1,256	23,307	5.4%	1,340	24,098	5.6%	1,391	24,274	5.7%	1,464	24,544	6.0%
Male	1,447	24,259	6.0%	1,484	25,009	5.9%	1,507	25,330	5.9%	1,498	25,465	5.9%



^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. 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.

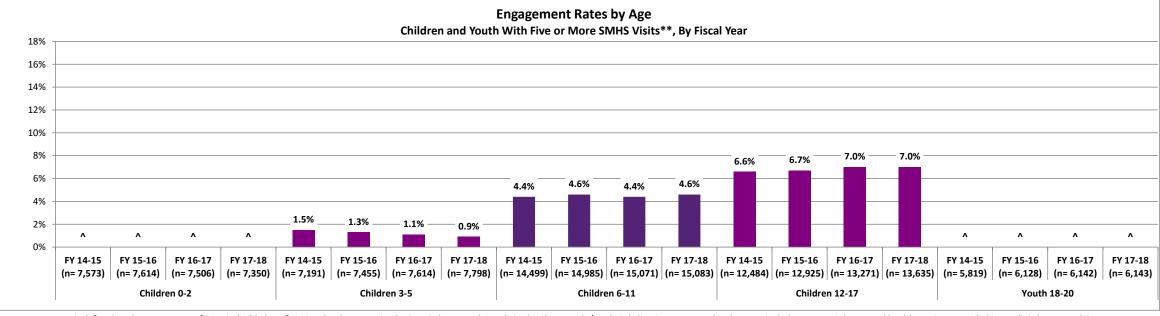


^{*}Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}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.

Engagement Rates* Report: Children and Youth with Five or More SMHS Visits** Small-Rural Sized Counties as of February 12, 2019

		FY 14-15			FY 15-16			FY 16-17			FY 17-18	
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Engagement Rate
All	1,754	47,566	3.7%	1,850	49,107	3.8%	1,913	49,604	3.9%	1,960	50,009	3.9%
Children 0-2	۸	7,573	۸	^	7,614	^	^	7,506	۸	^	7,350	۸
Children 3-5	108	7,191	1.5%	98	7,455	1.3%	87	7,614	1.1%	72	7,798	0.9%
Children 6-11	636	14,499	4.4%	683	14,985	4.6%	669	15,071	4.4%	687	15,083	4.6%
Children 12-17	819	12,484	6.6%	863	12,925	6.7%	934	13,271	7.0%	954	13,635	7.0%
Youth 18-20	^	5,819	۸	^	6,128	^	^	6,142	^	^	6,143	^
Alaskan Native or American Indian	99	2,461	4.0%	99	2,452	4.0%	106	2,404	4.4%	103	2,392	4.3%
Asian or Pacific Islander	^	978	٨	۸	953	۸	12	948	1.3%	16	904	1.8%
Black	14	445	3.1%	۸	460	۸	18	439	4.1%	16	435	3.7%
Hispanic	402	14,782	2.7%	432	15,525	2.8%	469	15,511	3.0%	489	15,644	3.1%
White	1,104	24,469	4.5%	1,153	24,630	4.7%	1,161	24,598	4.7%	1,168	24,333	4.8%
Other	۸	611	٨	۸	575	۸	۸	515	۸	۸	484	٨
Unknown	116	3,820	3.0%	136	4,512	3.0%	^	5,189	^	^	5,817	۸
Female	817	23,307	3.5%	860	24,098	3.6%	910	24,274	3.7%	955	24,544	3.9%
Male	937	24,259	3.9%	990	25,009	4.0%	1,003	25,330	4.0%	1,005	25,465	3.9%



^{*}Engagement 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.

[^] Data has been suppressed to protect patient privacy.

Engagement Rates* Report: Children and Youth with Five or More SMHS Visits** Small-Rural Sized Counties as of February 12, 2019

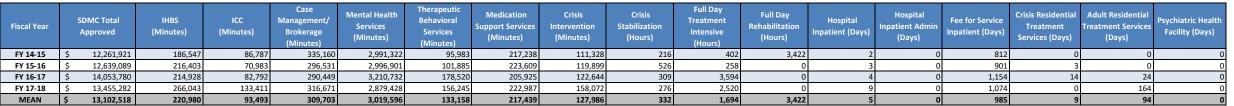


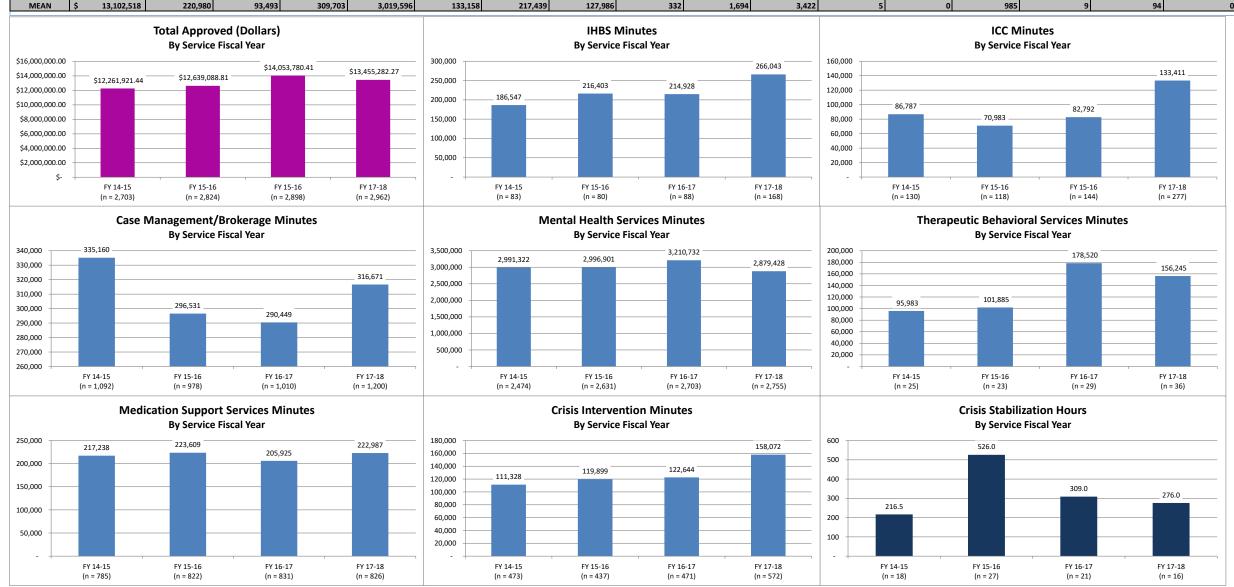
^{*}Engagement Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.

^{**}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.

[^] Data has been suppressed to protect patient privacy.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year Small-Rural Sized Counties as of February 12, 2019





^{*}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.



0.0

FY 15-16

(n =)

80 60 40

20

FY 14-15

(n =)

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.

FY 17-18

(n = ^)

24.0

FY 16-17

(n = ^)

FY 14-15

(n = ^)

0.0

FY 17-18

(n = 41)

0.0

FY 15-16

(n = 16)

FY 14-15

(n = ^)

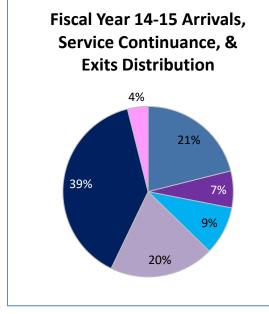
^{*}The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.

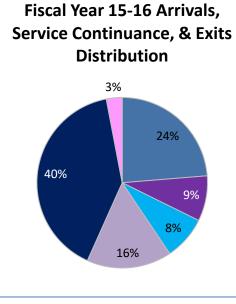
Snapshot Report: Unique Count of Children and Youth Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year

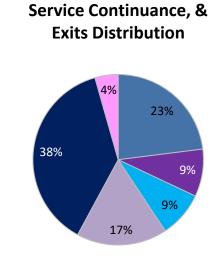
Small-Rural Sized Counties as of February 12, 2019

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.

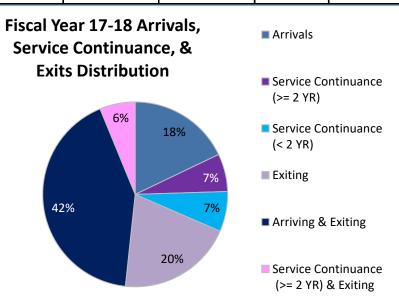
Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 14-15	571	21.1%	188	7.0%	248	9.2%	538	19.9%	1,053	39.0%	105	3.9%	2,703	100%
FY 15-16	669	23.7%	243	8.6%	233	8.3%	455	16.1%	1,138	40.3%	86	3.0%	2,824	100%
FY 16-17	667	23.0%	260	9.0%	252	8.7%	499	17.2%	1,092	37.7%	128	4.4%	2,898	100%
FY 17-18	531	17.9%	195	6.6%	207	7.0%	597	20.2%	1,247	42.1%	185	6.2%	2,962	100%







Fiscal Year 16-17 Arrivals,



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

Small-Rural Sized Counties as of February 12, 2019

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Step Down within	Step Down Between 8 and 30	Inpatient Discharges with Step Down	Step Down > 30 Days from	Inpatient Discharges with a	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	Number of Days	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 14-15	71	67.6%	16	15.2%	۸	۸	۸	۸	0	182	11.9	2
FY 15-16	82	70.1%	۸	۸	14	12.0%	۸	۸	0	237	16.2	1
FY 16-17	112	68.7%	15	9.2%	22	13.5%	14	8.6%	0	364	19.7	2
FY 17-18	97	70.3%	16	11.6%	۸	۸	۸	۸	0	285	13.9	1

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

^{*} **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.

[^] Data has been suppressed to protect patient privacy.