

Performance Outcomes System Initial Reports

Report run on July 29, 2015

Background

This is the first round of county-specific reporting produced for the Performance Outcomes System which reflects a refresh of the data on the indicators that were reported in February 2015 at the statewide aggregate level. 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, develop the Performance Measurement Paradigm, and 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.

Purpose and Overview

Moving forward, three reports will be created during each new reporting period. The reports that will be produced are the following: statewide aggregate data; population-based county groups; and county-specific data. These are the first county-specific reports providing 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 reports focus on the demographic characteristics of the children and youth under 21 who are receiving Specialty Mental Health Services (SMHS), based on approved claims for Medi-Cal eligible beneficiaries. The reports include data on the demographics of this population by age, gender, race/ethnicity. Two types of penetration information are provided for children/youth served and not served. Both penetration rate tables are also broken out by demographic characteristics.

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). Where possible, the reports provide trend information by displaying information for Fiscal Years (FY) 10/11, 11/12, 12/13, and 13/14.

Note: The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial February report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. Starting with this report, 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; 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 Year.

Data Sources -

- Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 10/11 through FY 13/14.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 10/11 through FY 13/14.

Performance Outcomes System Initial Reports

Report run on July 29, 2015

Additional Information

The Measures Catalog is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at:

http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

Background 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 dating back to the first meeting in 2012. To obtain this information go to:

<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Legislation.aspx>

Report Interpretation

*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

*The penetration rates reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or useful. The POS methodology for calculating penetration rates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of youth who received X number of Specialty Mental Health Services (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted.

*The snapshot report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). As of now, this report only classifies youth and their service usage for FY 12/13 and FY13/14. 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/services/MH/Documents/MedCCC/Library/POSMeasuresCatalog_Sept15Reporting_Final_1.11.15.pdf

*The psychiatric emergency services/hospital data reported on in the time to step-down services report relies solely on claims data from Short Doyle/Medi-Cal II. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems.

*DHCS is in process of updating the data source for the two following types of Service Usage: Hospital Inpatient and Hospital Inpatient Admin.. This is being done to ensure the findings are complete. June 1016 is slated for an update of the POS reports and will include fee-for service data where it is appropriate.

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

**Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Sacramento County as of July 29, 2015**

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 10-11	9,581		195,283	
FY 11-12	10,030	4.7%	200,235	2.5%
FY 12-13	10,182	1.5%	226,052	12.9%
FY 13-14**	10,727	5.4%	245,808	8.7%
Compound Annual Growth Rate SFY**		3.8%		8.0%

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

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

**Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Sacramento County as of July 29, 2015**

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 10-11	107	1.1%	428	4.5%	2,808	29.3%	2,124	22.2%	3,216	33.6%	363	3.8%	535	5.6%
FY 11-12	106	1.1%	441	4.4%	2,916	29.1%	2,311	23.0%	3,217	32.1%	449	4.5%	590	5.9%
FY 12-13	105	1.0%	469	4.6%	2,840	27.9%	2,381	23.4%	3,211	31.5%	526	5.2%	650	6.4%
FY 13-14	95	0.9%	493	4.6%	2,823	26.3%	2,484	23.2%	3,375	31.5%	704	6.6%	753	7.0%

**FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

**Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Sacramento County as of July 29, 2015**

Fiscal Year	Children 0-5 Count	Children 0-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 10-11	1,307	13.6%	3,351	35.0%	3,937	41.1%	986	10.3%
FY 11-12	1,252	12.5%	3,599	35.9%	4,047	40.3%	1,132	11.3%
FY 12-13	1,184	11.6%	3,697	36.3%	4,053	39.8%	1,248	12.3%
FY 13-14	1,213	11.3%	4,033	37.6%	4,231	39.4%	1,250	11.7%

**FY 13-14 claims are estimated to be 95% complete as of January 1, 2015.*

**Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year
Sacramento County as of July 29, 2015**

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 10-11	4,224	44.1%	5,357	55.9%
FY 11-12	4,368	43.5%	5,662	56.5%
FY 12-13	4,479	44.0%	5,703	56.0%
FY 13-14	4,714	43.9%	6,013	56.1%

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit
Sacramento County as of July 29, 2015**

	FY 10-11			FY 11-12			FY 12-13			FY 13-14		
	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	9,581	195,283	4.9%	10,030	200,235	5.0%	10,182	226,052	4.5%	10,727	245,808	4.4%
Children 0-5	1,307	71,052	1.8%	1,252	71,280	1.8%	1,184	75,515	1.6%	1,213	78,338	1.5%
Children 6-11	3,351	50,890	6.6%	3,599	53,197	6.8%	3,697	64,549	5.7%	4,033	70,623	5.7%
Children 12-17	3,937	46,438	8.5%	4,047	46,600	8.7%	4,053	55,511	7.3%	4,231	60,379	7.0%
Youth 18-20	986	26,903	3.7%	1,132	29,158	3.9%	1,248	30,477	4.1%	1,250	36,468	3.4%
Alaskan Native or American Indian	107	1,547	6.9%	106	1,539	6.9%	105	1,600	6.6%	95	1,647	5.8%
Asian or Pacific Islander	428	29,831	1.4%	441	29,701	1.5%	469	34,206	1.4%	493	38,800	1.3%
Black	2,808	39,454	7.1%	2,916	40,593	7.2%	2,840	41,769	6.8%	2,823	43,318	6.5%
Hispanic	2,124	51,888	4.1%	2,311	53,450	4.3%	2,381	60,871	3.9%	2,484	64,738	3.8%
White	3,216	44,805	7.2%	3,217	45,907	7.0%	3,211	51,247	6.3%	3,375	55,841	6.0%
Other	363	18,340	2.0%	449	19,254	2.3%	526	24,711	2.1%	704	28,367	2.5%
Unknown	535	9,418	5.7%	590	9,791	6.0%	650	11,648	5.6%	753	13,097	5.7%
Female	4,224	96,905	4.4%	4,368	99,484	4.4%	4,479	111,699	4.0%	4,714	121,269	3.9%
Male	5,357	98,378	5.4%	5,662	100,751	5.6%	5,703	114,353	5.0%	6,013	124,539	4.8%

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

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

Penetration Rates* Report: Children and Youth With At Least One SMHS Visit**
Sacramento County as of July 29, 2015

	FY 10-11			FY 11-12			FY 12-13			FY 13-14		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	8,079	195,283	4.1%	8,444	200,235	4.2%	8,519	226,052	3.8%	9,046	245,808	3.7%
Children 0-5	1,034	71,052	1.5%	971	71,280	1.4%	917	75,515	1.2%	950	78,338	1.2%
Children 6-11	2,891	50,890	5.7%	3,085	53,197	5.8%	3,137	64,549	4.9%	3,432	70,623	4.9%
Children 12-17	3,354	46,438	7.2%	3,463	46,600	7.4%	3,446	55,511	6.2%	3,617	60,379	6.0%
Youth 18-20	800	26,903	3.0%	925	29,158	3.2%	1,019	30,477	3.3%	1,047	36,468	2.9%
Alaskan Native or American Indian	89	1,547	5.8%	96	1,539	6.2%	88	1,600	5.5%	80	1,647	4.9%
Asian or Pacific Islander	346	29,831	1.2%	369	29,701	1.2%	385	34,206	1.1%	407	38,800	1.0%
Black	2,346	39,454	5.9%	2,406	40,593	5.9%	2,366	41,769	5.7%	2,371	43,318	5.5%
Hispanic	1,775	51,888	3.4%	1,905	53,450	3.6%	1,987	60,871	3.3%	2,044	64,738	3.2%
White	2,747	44,805	6.1%	2,773	45,907	6.0%	2,684	51,247	5.2%	2,885	55,841	5.2%
Other	305	18,340	1.7%	375	19,254	1.9%	452	24,711	1.8%	589	28,367	2.1%
Unknown	471	9,418	5.0%	520	9,791	5.3%	557	11,648	4.8%	670	13,097	5.1%
Female	3,529	96,905	3.6%	3,691	99,484	3.7%	3,716	111,699	3.3%	3,952	121,269	3.3%
Male	4,550	98,378	4.6%	4,753	100,751	4.7%	4,803	114,353	4.2%	5,094	124,539	4.1%

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

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

**Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year**
Sacramento County as of July 29, 2015**

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)***	Hospital Inpatient Admin (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 10-11	\$ 5,699.75	0	0	597	1915	2725	323	111	8	732	834	N/A	N/A	14	0	11
FY 11-12	\$ 5,168.80	0	0	524	1738	2724	308	102	16	630	777	N/A	N/A	13	0	5
FY 12-13	\$ 5,186.29	0	0	481	1748	3049	324	110	13	630	609	N/A	N/A	19	0	12
FY 13-14	\$ 5,025.96	1160	569	480	1691	2575	325	97	12	615	602	N/A	N/A	18	0	12
MEAN	\$ 5,270.20	1160	569	520	1773	2768	320	105	12	652	705	N/A	N/A	16	0	10

*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.

***This report contains inpatient services that were claimed through the Short-Doyle/Medi-Cal claiming system.

**Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year
Sacramento County as of August 3, 2015**

Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Children/Youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which children/youth met both the criteria for Arrivals and Exiting above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Children/Youth had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	3,007	29.5%	880	8.6%	973	9.6%	2,113	20.8%	2,680	26.3%	529	5.2%	10,182	100%
FY 13-14	2,988	27.9%	949	8.8%	1,103	10.3%	2,294	21.4%	2,775	25.9%	618	5.8%	10,727	100%

**Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge
Sacramento County as of July 28, 2015**

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down within 30 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 30 Days of Discharge	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down**	Percentage of Inpatient Discharges with No Step Down	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 10-11	613	58.0%	787	74.5%	177	16.8%	92	8.7%	0	1402	52.9	3
FY 11-12	693	56.8%	884	72.4%	239	19.6%	98	8.0%	0	1303	42.0	3
FY 12-13	935	67.0%	1136	81.4%	150	10.7%	110	7.9%	0	910	23.5	1
FY 13-14	992	61.2%	1266	78.1%	192	11.8%	164	10.1%	0	486	18.5	2

* This report contains inpatient services that were claimed through the Short-Doyle/Medi-Cal claiming system and the Fee-for-Service, California Medicaid Management Information System (CA-MMIS).

**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 w