Performance Outcomes System Children in Foster Care County Report Report run on August 9, 2017

Background

Two reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data and population-based county groups. 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

This county aggregate report provides updated information on the initial indicators that were developed for the Performance Outcomes System. 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 Foster Care case children and youth under 21 who are receiving SMHS' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. 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. For all of the measures and indicators included in this report, the denominator is the "Unique Count of Children and Youth receiving SMHS" shown on page 3 of the report and is broken out by state FY.

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: Foster Care 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 12/13 through FY 15/16.

• Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 12/13 through FY15/16.

• Child Welfare Services/Case Management System (CWS/CMS) data for children in FY 12/13 through FY 15/16.

Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

Note on Privacy:

The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, 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 "^".

*Population-based report findings may be interpreted alongside the POS statewide report findings.

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

*The **snapshot** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here:

http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

*The psychiatric emergency services/hospital data reported on in the **time to step-down services** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this re port will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the county of the hospital the patient is discharged from and whom has been attributed the time to next service in days used in the calculations for this indicator.

*Data Source Methodology: Demographic & Penetration and Snapshot - based on MEDS data; Utilization - based on Claims Submission data; Time to step-down - based on Inpatient Hospital data.

*Open Child Welfare: Children/youth who are provided child welfare services either while living in their home, or while living out-of-home in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent guardians.

*Foster Care Placement: Children/youth who are removed from their home by a child placement agency, including county child welfare services and probation departments and placed in a foster care setting. Excludes children: placed in California under the jurisdiction of another state (incoming interstate Compact on the Placement of Children (ICPC)) and who are placed with non-dependent legal guardians.

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

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Foster Care Youth in Medi-Cal	Year-Over-Year Percentage Change
FY 12-13	1,816		6,181	
FY 13-14	2,105	15.9%	6,735	9.0%
FY 14-15	2,626	24.8%	6,840	1.6%
FY 15-16	2,590	-1.4%	6,255	-8.6%
Compound Annual Growth Rate SFY**		12.6%		0.4%

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

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

Fiscal Year	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	
FY 12-13	301	16.6%	824	45.4%	535	29.5%	156	8.6%	
FY 13-14	357	17.0%	1,006	47.8%	589	28.0%	153	7.3%	
FY 14-15	465	17.7%	1,232	46.9%	754	28.7%	175	6.7%	
FY 15-16	459	17.7%	1,180	45.6%	784	30.3%	167	6.4%	

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Youth 12-17 Count	Youth 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 12-13	٨	٨	158	8.7%	630	34.7%	853	47.0%	٨	۸
FY 13-14	28	1.3%	181	8.6%	748	35.5%	950	45.1%	198	9.4%
FY 14-15	25	1.0%	321	12.2%	999	38.0%	1,019	38.8%	262	10.0%
FY 15-16	26	1.0%	350	13.5%	1,025	39.6%	941	36.3%	248	9.6%

^ Data has been suppressed to protect patient privacy.

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	821	45.2%	995	54.8%
FY 13-14	986	46.8%	1,119	53.2%
FY 14-15	1,265	48.2%	1,361	51.8%
FY 15-16	1,265	48.8%	1,325	51.2%

Penetration Rates* Report: Children and Youth in Foster Care with At Least One SMHS Visit** Riverside County as of August 9, 2017

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Children and Youth in Foster Care with 1 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 1 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 1 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 1 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate
All	1,816	6,181	29.4%	2,105	6,735	31.3%	2,626	6,840	38.4%	2,590	6,255	41.4%
Children 0-2	^	1,364	٨	28	1,481	1.9%	25	1,578	1.6%	26	1,424	1.8%
Children 3-5	158	1,140	13.9%	181	1,243	14.6%	321	1,211	26.5%	350	1,071	32.7%
Children 6-11	630	1,539	40.9%	748	1,720	43.5%	999	1,737	57.5%	1,025	1,603	63.9%
Youth 12-17	853	1,638	52.1%	950	1,675	56.7%	1,019	1,616	63.1%	941	1,480	63.6%
Youth 18-20	^	500	۸	198	616	32.1%	262	698	37.5%	248	677	36.6%
Black	301	862	34.9%	357	956	37.3%	465	1,010	46.0%	459	948	48.4%
Hispanic	824	3,024	27.2%	1,006	3,331	30.2%	1,232	3,264	37.7%	1,180	2,955	39.9%
White	535	1,741	30.7%	589	1,921	30.7%	754	2,002	37.7%	784	1,847	42.4%
Other	156	554	28.2%	153	527	29.0%	175	564	31.0%	167	505	33.1%
Female	821	2,962	27.7%	986	3,201	30.8%	1,265	3,253	38.9%	1,265	2,960	42.7%
Male	995	3,219	30.9%	1,119	3,534	31.7%	1,361	3,587	37.9%	1,325	3,295	40.2%

Penetration Rates* Report: Children and Youth in Foster Care with Five or More SMHS Visits** Riverside County as of August 9, 2017

		FY 12-13			FY 13-14			FY 14-15			FY 15-16	
	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate	Children and Youth in Foster Care with 5 or more SMHS Visits	Certified Eligible Children and Youth in Foster Care	Penetration Rate
All	1,222	6,181	19.8%	1,420	6,735	21.1%	1,560	6,840	22.8%	1,666	6,255	26.6%
Children 0-2	۸	1,364	٨	11	1,481	0.7%	12	1,578	0.8%	^	1,424	٨
Children 3-5	88	1,140	7.7%	96	1,243	7.7%	131	1,211	10.8%	140	1,071	13.1%
Children 6-11	422	1,539	27.4%	505	1,720	29.4%	546	1,737	31.4%	644	1,603	40.2%
Children 12-17	603	1,638	36.8%	685	1,675	40.9%	708	1,616	43.8%	702	1,480	47.4%
Youth 18-20	۸	500	۸	123	616	20.0%	163	698	23.4%	^	677	۸
Black	207	862	24.0%	255	956	26.7%	279	1,010	27.6%	315	948	33.2%
Hispanic	535	3,024	17.7%	661	3,331	19.8%	704	3,264	21.6%	725	2,955	24.5%
White	377	1,741	21.7%	413	1,921	21.5%	464	2,002	23.2%	531	1,847	28.7%
Other	103	554	18.6%	91	527	17.3%	113	564	20.0%	95	505	18.8%
Female	544	2,962	18.4%	662	3,201	20.7%	723	3,253	22.2%	825	2,960	27.9%
Male	678	3,219	21.1%	758	3,534	21.4%	837	3,587	23.3%	841	3,295	25.5%

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

**Children and Youth in Foster Care that have received at least five SMHS in the Fiscal Year.

Utilization Report*: Approved Specialty Mental Health Services for Children/Youth in Foster Care Mean Expenditures and Mean Service Quantity per Beneficiary by Fiscal Year Riverside County as of August 9, 2017

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Behavioral	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)		Fee for Service Inpatient (Days)		Adult Residential Treatment Services (Days)	
FY 12-13	\$ 4,066.60	0	0	690	1,071	10,423	241	227	11	400	372	4	14	8	0	0	0
FY 13-14	\$ 4,458.16	1,404	683	651	1,029	10,436	243	333	18	509	525	3	18	8	0	0	43
FY 14-15	\$ 4,249.22	1,835	737	855	804	8,445	264	281	20	678	304	4	8	7	26	0	0
FY 15-16	\$ 5,337.49	1,983	614	720	966	8,643	273	311	22	511	500	7	22	9	63	0	14
MEAN	\$ 4,527.87	1,741	678	729	968	9,487	255	288	18	524	425	5	15	8	44	0	28

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

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

Snapshot Report: Unique Count of Children and Youth in Foster Care Receiving SMHS Arriving, Exiting, and with Service Continuance by Fiscal Year Riverside County as of August 9, 2017

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) Count		Exiting Count	Exiting %	Arriving & Exiting Count	Exiting %		Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	416	22.9%	88	4.8%	134	7.4%	366	20.2%	763	42.0%	49	2.7%	1,816	100%
FY 13-14	638	30.3%	86	4.1%	127	6.0%	371	17.6%	824	39.1%	59	2.8%	2,105	100%
FY 14-15	652	24.8%	107	4.1%	181	6.9%	518	19.7%	1,113	42.4%	55	2.1%	2,626	100%
FY 15-16	547	21.1%	138	5.3%	200	7.7%	527	20.3%	1,109	42.8%	69	2.7%	2,590	100%

Time to Step Down Report: Children and Youth in Foster Care Stepping Down in SMHS Services Post Inpatient Discharge* Riverside County as of August 9, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Inpatient Discharges with Step Down within 7 Days of	between 8 and 30	Inpatient Discharges with Step Down between 8 and 30	a Step Down > 30 Days from Discharge or No	Percentage of Beneficiaries with a Step Down > 30 Days from Discharge or No 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 12-13	43	81.1%	۸	^	۸	٨	0	309	14.3	1
FY 13-14	73	74.5%	٨	^	٨	٨	0	77	7.8	1
FY 14-15	82	73.9%	18	16.2%	11	9.9%	0	319	11.5	2
FY 15-16	75	71.4%	18	17.1%	12	11.4%	0	311	13.4	2

* 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.